



 *antara*foundation



# Why we exist ?



**Across the world, poorly functioning health systems affect vulnerable women and children the most**

## 290K



Women died during and following pregnancy and childbirth

## 2.4M



Newborns died in their first month

## 85M



Children under the age of 5 are underweight

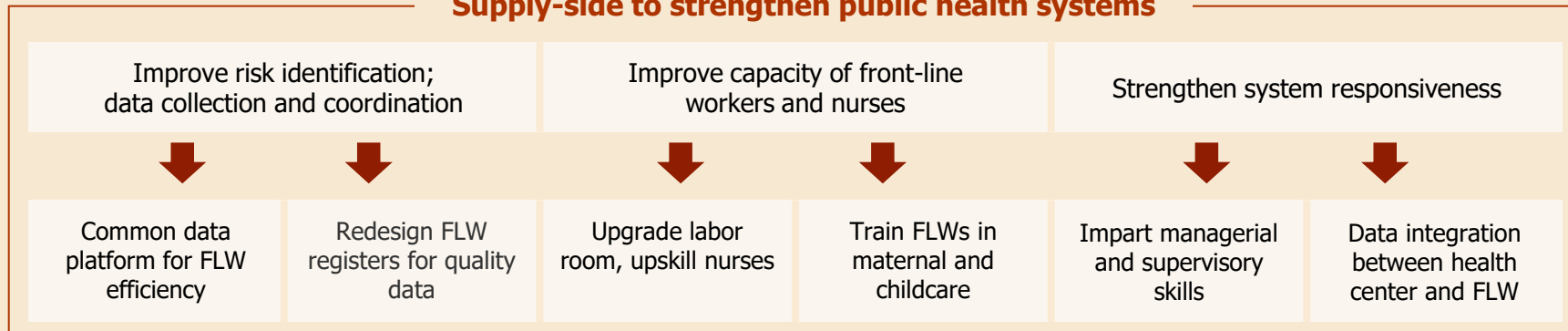
# Where are we now



**TAF supports governments for effective health outcomes for pregnant women, mothers, children up to two years of age**

**Launched 6 interventions** in 5.7k+ villages in MP<sup>1</sup>, scaled 2 interventions in 46k+ villages in RJ<sup>1</sup>, ran pilot in CH<sup>1</sup>

## Supply-side to strengthen public health systems



## Driving exemplary on-ground results

**60%** Increase in identification of high-risk pregnancy

**1.7x** Increase in pregnant women receiving 4 ANC<sup>2</sup>

**3x** Increase in Identification of malnourished children <5Y

# There are eight steps at the heart of TAF's strategy



**1**

**Add global  
dimension  
to mission**



**2**

**Strategy  
context and  
framework**



**3**

**Integrate:  
transform  
operating  
model**



**4**

**Build a  
sustainable  
scale model**



**5**

**Evolve  
support  
functions to  
enhance  
scale**



**6**

**Prepare  
organization  
for  
strategy**



**7**

**Secure  
financing  
to support  
strategy**



**8**

**Manage  
risks**

# Our Vision and Mission



## Vision

Every mother and each child deserves an equal start to a healthy life

### PILLAR 1

## India (Current focus)

To develop and deploy a model for public health delivery at scale, for state and national impact by partnering with the government and community



### PILLAR 2

## Global (Expanded focus)

Make a strong contribution to the global health agenda, by continuously sharing knowledge gained from our work in India

**TAF Mission – 2 pillars**

# Integrating supply and community models critical to improve maternal and child health outcomes



## 01 Supply-side interventions



**Challenge:** Fail to address demand-led barriers to health access and behaviors

## 02 Community-side interventions



**Challenge:** Demand for better health outcomes remains unaddressed

### Challenges if both interventions are run in isolation

Front line workers struggle to meet ideal coverage, and high-risk identification and management goals which impacts health outcomes



Communities can voice their demands but may not be able to access better health care



**Supply and Community interventions must come together to improve health outcomes**

# We are pivoting to an integrated model



## Integrated model

### Supply-side

Improve risk identification;  
data collection and coordination

Improve capacity of front-line  
workers and nurses

Strengthen system  
responsiveness



Common data  
platform for FLW  
efficiency

Redesign FLW  
registers for  
quality data

Upgrade labor  
room, upskill  
nurses

Train FLWs in  
maternal and  
childcare

Impart  
managerial and  
supervisory skills

Data integration  
between health  
center and FLW

### Community-side

Community awareness to  
seek quality health service



Participatory Learning and  
Action approach



## Key expected outcomes

Community **empowered** to hold  
government systems **accountable**

**Timely referral** through community  
ownership, **quality care** enabled via  
supply-side interventions

**High-risk cases supported** and  
adopted **by community**



# TAF's scale-up strategy



1

**Systems strengthening:** Interventions designed to improve existing public systems

2

**Government partnership:** Working with and through the public health system

3

**Knowledge:** Disseminate on-ground learnings and results to support TAF's advocacy efforts

4

**Advisory Service:** Support Govt with program design, contextualize trainings, and M&E



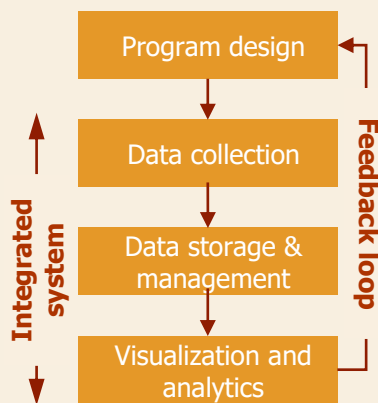
# TAF plans to invest in key enablers



## Monitoring & Evaluation



**M&E as a learning system**  
to generate critical insights



**Independent evaluation** to  
generate credible evidence



## Knowledge Management



Investment in KMS tool



## Organization

- Build **pipeline**, hire specialized talent
- Place **A-talent in business-critical roles**
- **Invest in** next line of managers
- **Create exciting career paths**
- Ensure **Competitive compensation, benefits**
- Embed and **reinforce TAF's culture**

# Where we are heading



	Wave 1 (FY 24-26)	Wave 2 (FY 27-29)
Scale-up	<ul style="list-style-type: none"> <li>• Supply: scale through technical advisory</li> <li>• Integrated: Implement in 2 districts; generate evidence for scale-up</li> <li>• Deepen partnership with government</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated: Scale through technical advisory</li> <li>• Deepen partnership with government</li> </ul>
Monitoring & Evaluation	<ul style="list-style-type: none"> <li>• Transition to integrated DBMS</li> <li>• Complete external evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Complete programmatic evaluation of integrated model</li> </ul>
Knowledge Management	<ul style="list-style-type: none"> <li>• Institutionalize Knowledge Hub via a KMS tool</li> <li>• Engage in national, global conversations on public health</li> <li>• Publications in research papers</li> </ul>	<ul style="list-style-type: none"> <li>• Deepen policy, academic engagement on public health</li> <li>• Establish thought leadership in maternal and child health space</li> </ul>
Technology	<ul style="list-style-type: none"> <li>• Pilot 5-6 tech interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Scale-up as part of integrated model</li> </ul>
Organization	<ul style="list-style-type: none"> <li>• Augment org, hire and retain the right talent, invest in growth needs</li> <li>• Create PO pipeline from Fellowship program</li> </ul>	<ul style="list-style-type: none"> <li>• Hire dedicated resources for growth areas</li> </ul>