THE
Annual
Report

2023-2024

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antara*foundation*

ABOUT OUR WORK

1.2 million steps forward

Imagine a mother in a remote village, cradling a newborn, a future shimmering with possibility. Yet, for millions in India, especially in Madhya Pradesh, this future is threatened by a lack of access to basic healthcare.

The Antara Foundation (TAF) was born out of a simple yet powerful belief: every mother and child deserves a healthy start.

By collaborating closely with government systems, we work to strengthen the health supply side, training and empowering frontline healthcare workers and handholding their supervisors to ensure they can reach even the most remote corners. We don't create parallel systems; instead, we empower the existing public health infrastructure, the backbone of rural healthcare.

But how do we find the women most at risk, needles in a vast haystack?

TAF stepped into this struggle with a laser focus: identifying high-risk beneficiaries. Our partnership with the government aims to address these gaps and build a more resilient healthcare system, ensuring that even the most vulnerable mothers and children receive the care they need.

While Madhya Pradesh has made significant strides in improving maternal and child health, there's still a long way to go. The state has the third-highest maternal mortality rate in India, with progress lagging behind the national average. Here, tribal communities, constituting 15% of the nation's tribal population, face a unique challenge. Limited access to care, coupled with social norms that hinder healthcare seeking, leaves mothers and children particularly vulnerable.

In the context of 2024,

climate vulnerability adds another layer of complexity to the problem. The region's vulnerability to natural disasters, such as floods and droughts, and climate change-induced extreme weather events can disrupt healthcare services and exacerbate existing health challenges. The risk of compromised food crop production can increase the chances of malnutrition and other health problems. These interconnected factors create a complex web of challenges that hinder progress in maternal and child health in Madhya Pradesh.

Restricted access to care for a socially complex population divided by class, gender, ethnicity, culture, and caste, coupled with cultural barriers that impede healthcare seeking, renders Madhya Pradesh's populations particularly vulnerable.

Tribal communities, comprising 15% of the nation's tribal population, are further affected by these disparities.

The confluence of these factors—geographical isolation, limited infrastructure, sociocultural challenges, and environmental stressors—contributes to the persistent disparities in maternal and child health outcomes in Madhya Pradesh.
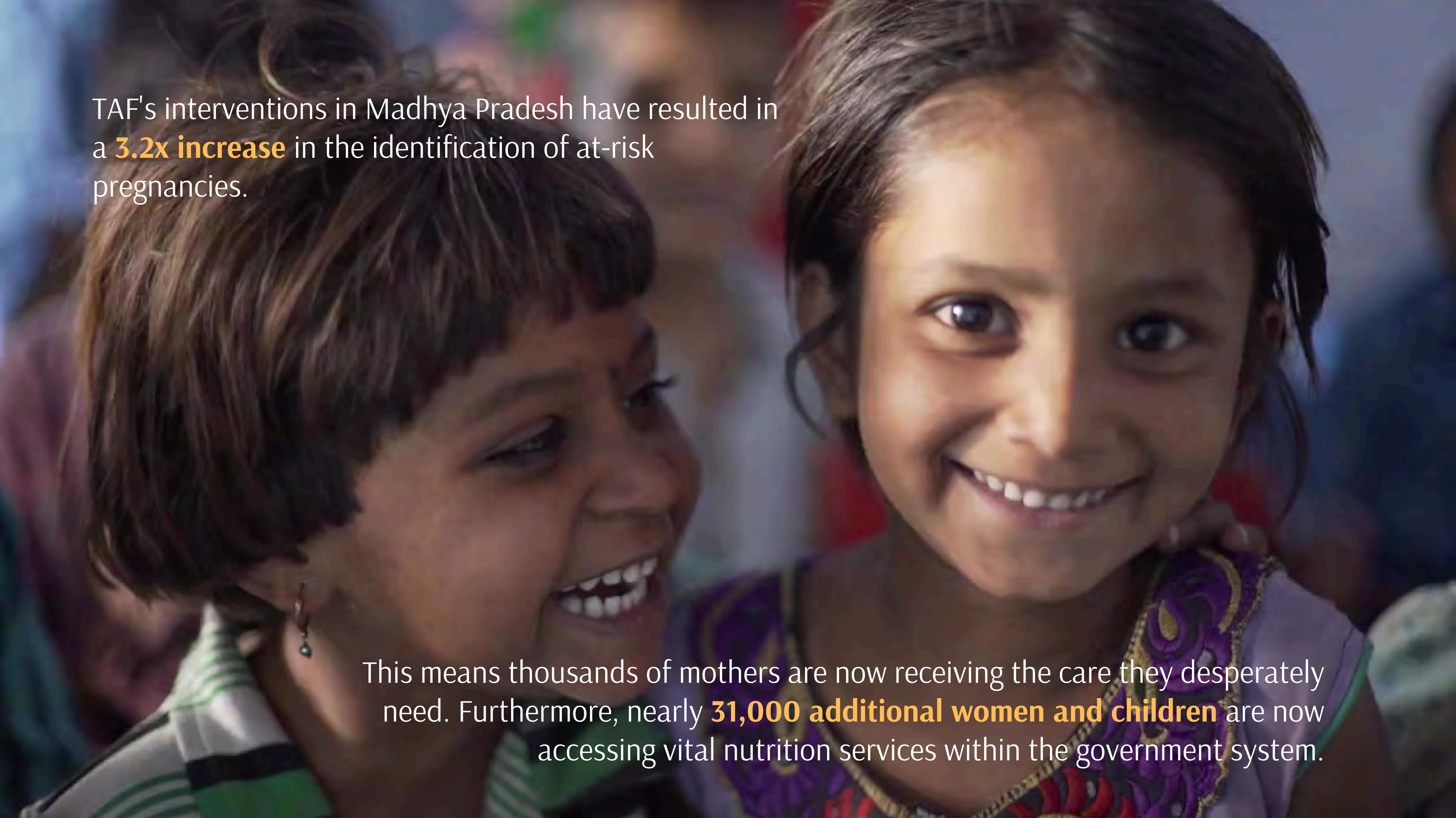
TAF's interventions in Madhya Pradesh have resulted in a **3.2x increase** in the identification of at-risk pregnancies.

This means thousands of mothers are now receiving the care they desperately need. Furthermore, nearly **31,000 additional women and children** are now accessing vital nutrition services within the government system.

Central to our approach is a robust ecosystem of interventions that integrate data-driven insights. We engage at every level of the healthcare system—from village-level frontline workers to district and state-level government officials—to achieve the following:

Training frontline healthcare workers

Equipping them with the skills, knowledge, and tools to effectively identify, diagnose, and manage at-risk pregnancies and nutritional deficiencies.

Making beneficiaries aware

Raising awareness among women and children about their health rights, the importance of preventive care and ways to access the available services.

Integration of the demand and supply sides

Fostering collaboration between beneficiaries and healthcare providers to ensure that services meet the specific needs of the population.

Use of data to inform and perfect our strategy:

Leveraging data analytics to identify trends, gaps, and areas for improvement, allowing us to refine our interventions and optimize resource allocation.

Our ecosystem of interventions serves as the backbone of this system, capacitating these workers with the resources they need to make timely, life-saving decisions. By fortifying the existing public health infrastructure, **TAF ensures that care reaches those who need it most, right where they are, and just when they need it.**
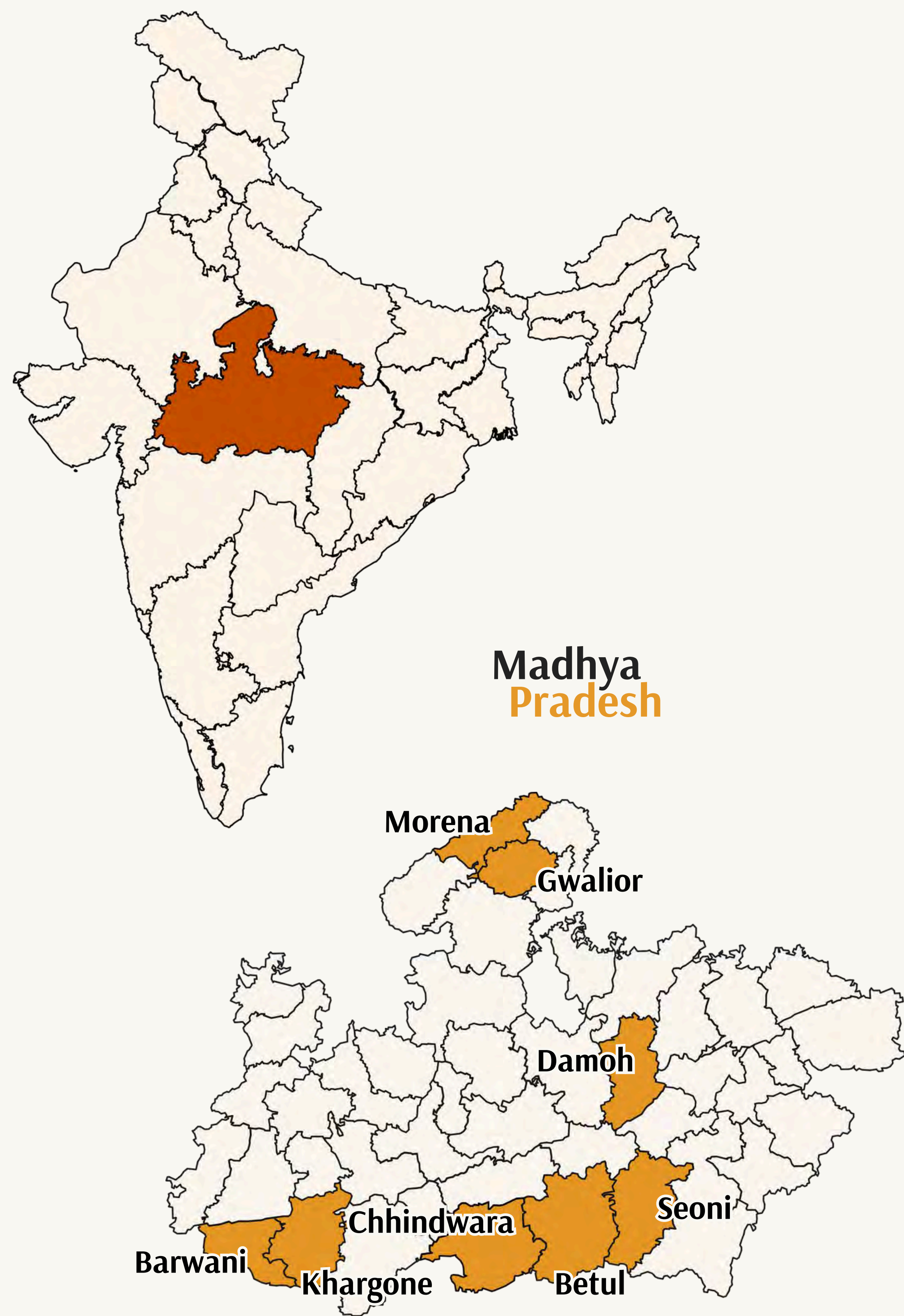
Our work in Madhya Pradesh currently **impacts**

More than **1.2 million**
Mothers and children

across

~5700 Villages	9 districts	38 Blocks

Madhya **Pradesh**

Morena
Gwalior
Damoh
Seoni
Chhindwara
Barwani
Khargone
Betul

EMPOWERING THE HANDS THAT HEAL

Identification is just the first step. Through capacity building programs, we've seen a **16% increase* in the expertise, knowledge and skills of frontline workers and their supervisors.** This translates into better equipped medical professionals, confident in handling complications and saving lives.

*ANMs and supervisors on MCHN topics

A RIPPLE EFFECT

TAF's impact extends beyond statistics. We've witnessed a ripple effect – **empowered communities taking ownership of their health.** With women being agents of change – communities increased awareness, women are taking charge of their pregnancies, demanding better care – transforming the ways communities think about, interact with and participate in last-mile health systems

1.2 MILLION LIVES TOUCHED: A STORY UNFOLDING

Our journey in Madhya Pradesh has touched the lives of over 1.2 million people. But this is merely the prologue. We continue to work tirelessly, scaling our interventions and collaborating with the government to ensure every mother and child has a fighting chance. As you read on, uncover the chapters that tell the true story of our shared journey and the resilient communities we serve

THE MISSING MOTHERS

18 thousand missing mothers found

Reena, a young mother in the advanced stages of pregnancy, was growing increasingly concerned about persistent cramps that refused to subside. Despite the oppressive summer heat in June, she quietly endured her discomfort, unaware of the potential dangers lurking beneath the surface. It was during one of the routine Village Health, Sanitation, and Nutrition Days (VHND) that her plight came to light.

The AAA platform—our flagship intervention that brings together the ASHA, ANM, and Anganwadi Workers—played a pivotal role in identifying Reena as a high-risk pregnancy.

Utilizing no-tech data tools like village maps marked with coloured bindis, the AAA workers were able to pinpoint mothers like Reena who might otherwise have been missed. The regular AAA meetings, a cornerstone of this intervention, ensured that her case was reviewed meticulously, leading to the creation of a tailored plan that included timely hospital referrals.

Reena's story is just
one among thousands.

Across Madhya Pradesh, **18,000 mothers,** who once faced significant obstacles in accessing healthcare, have been connected with the support and resources they need to thrive.

This success is not merely a result of good fortune; it is the outcome of a meticulously designed system where data drives decisions.

The AAA platform, combined with Maternal and Child Health and Nutrition (MCHN) Capacity Building and Supportive Supervision interventions, has transformed how healthcare is delivered in these remote regions.

In Khargone, another compelling story unfolds. During a routine visit to the Segaon Sub-Health Centre, a pregnant woman was identified with dangerously low haemoglobin levels and a history of sickle cell disease. The frontline workers, trained under TAF's MCHN Capacity Building program, recognized the severity of her condition and initiated immediate action.

Despite initial resistance from her family, who feared the financial and social repercussions of hospital care, the healthcare team's relentless support led to a successful blood transfusion and a safe delivery. This story, like Reena's, is a testament to the life-saving potential of well-trained health workers equipped with the right tools and knowledge.

The impact of these interventions is reflected in the data

STRENGTHENING CADRES

The **CHO Flipbook,** a tool for on-the-ground learning, will be scaled up across Madhya Pradesh to better equip Community Health Officers for handling high-risk cases.

EARLY IDENTIFICATION

8440 Village maps are now mounted in Anganwadi Centres, serving as blueprints for tracking and managing healthcare in rural Madhya Pradesh's remotest areas.

IMPROVING SERVICE DELIVERY

With **more than 11,330 AAA meetings** observed and supported, the frontline workers' knowledge scores have improved, leading to better service delivery.

In Morena's Pahadgarh village,

a newborn was saved from a life-threatening infection because an ASHA worker, with the guidance of her supervisor during a Home-Based Newborn Care (HBNC) visit, recognized the early signs of sepsis.

With transport challenges, the community came together to ensure the baby reached the nearest health centre in time. This incident highlights the critical role of supportive supervision, where TAF's involvement has strengthened the capacity of supervisors to guide and empower their cadres, ensuring they can reach more beneficiaries effectively, equipped with the skills and knowledge to provide better care.

Our interventions work across levels and cadres to bring sustainable change in the health systems.

TAF's ecosystem of interventions are network of interconnected strategies rather than isolated approaches. We address every level—from the village to the district and state—engaging all frontline worker cadres and their supervisors to ensure no mother or child is overlooked.

Our interventions have observed a reduction in data variance between the Health Management Information System (HMIS) and the Integrated Child Development Services (ICDS) datasets, which directly reflects the success of our efforts, resulting in more precise tracking and identification of at-risk pregnant women, and overall enhanced maternal and child health outcomes.

These stories, backed by hard data, underscore a simple yet profound truth: with the right support, the most vulnerable can be found and saved. TAF's work in Madhya Pradesh is more than just numbers on a page; it is lives touched and transformed, one mother, one child at a time.

VOICES FROM THE COMMUNITY

1thousand voices, one story.

Lalita, a woman in her early twenties, begins her day at dawn in Boreganv, Chhindwara.

Apart from being a homemaker and supporting her husband in the fields she takes on an important role in her community. Each week, she supports TAF facilitators engage the women of her village in discussions about their health and well-being with an effort to 'integrate' the service seekers to the providers. They gather for Participatory Learning and Action (PLA) meetings, taking the first step to address the health needs of their families.

Lalita's story exemplifies how community-led efforts have empowered residents in Chhindwara, bridging the gap between the healthcare system and the communities it serves.

Drawing from Ekjut's Participatory Learning and Action (PLA) approach,

The Antara Foundation has implemented the Community Integration model with a focus on collective agency, enabling communities to take charge of their health outcomes. Central to this approach, PLA sessions incorporate interactive elements such as games, roleplays, and group activities that are designed to engage local women, helping them identify health challenges and collaboratively develop tailored solutions. This pedagogical approach ensures that education and awareness are both accessible and effective, making health interventions more impactful.

In Chhindwara, the impact of this approach is clear. Women who once hesitated to seek medical help are now actively participating in health discussions, ensuring that their families and neighbours do not miss out on essential healthcare. Lalita herself, once unaware of the health services available, now leads others in her community to do the same.

Across the region, the PLA sessions saw a steady rise in attendance from April to March, **with over 1,000 community gatherings held across the region. These meetings covered nearly 22,800 participants** and provided crucial information on maternal and child health practices: dispelling harmful myths and encouraging the use of available healthcare services. The consistent participation of community members in these gatherings highlights the model's success in fostering a proactive approach to health.

Replicability of our
localized solutions

The achievements in Chhindwara have paved the way for replicating the Community Integration Model in other regions, such as **Damoh—an aspirational district** with its own set of challenges. The adoption of this model in Damoh, with support from the Infosys Foundation, has already shown promising results, with communities there embracing the approach and making significant strides in improving health outcomes.

At the heart of this model is the concept of an **'aware and empowered community.'** By empowering women leaders at the last mile to lead these revolutions, we foster strong ties between community members and healthcare providers. This ensures that health services are not just available but actively sought after by those who need them the most.

The Barwani Model

In Barwani, a district characterized by its undulating terrain and dispersed tribal populations, The Antara Foundation adapted the Community Integration Model to address local needs. The region faced unique geographical and cultural challenges, which required a tailored approach.

To address the high rates of home deliveries, a common practice that often led to complications, The Antara Foundation, with support from Antara International, introduced the Home Delivery Prevention Framework. This framework focused on identifying at-risk pregnancies and promoting hospital births through tailored birth plans.

A key element of the intervention was the introduction of Faliya volunteers, who have brought a transformative change. These volunteers, deeply rooted in the local communities and fluent in the dialects and customs of their neighbours, became vital connectors between healthcare services and the people.

Their presence in the villages was more than just logistical support; it was a bridge built on trust and understanding. As they engaged with their fellow villagers, they shared critical information about the risks associated with home deliveries and the benefits of hospital births.

Their relatable approach and personal connections helped dispel fears and misconceptions, encouraging many families to opt for institutional deliveries. Thanks to their dedicated efforts and the Home Delivery Prevention Framework, Barwani witnessed a significant drop in home deliveries, leading to safer births and healthier outcomes for mothers and children.
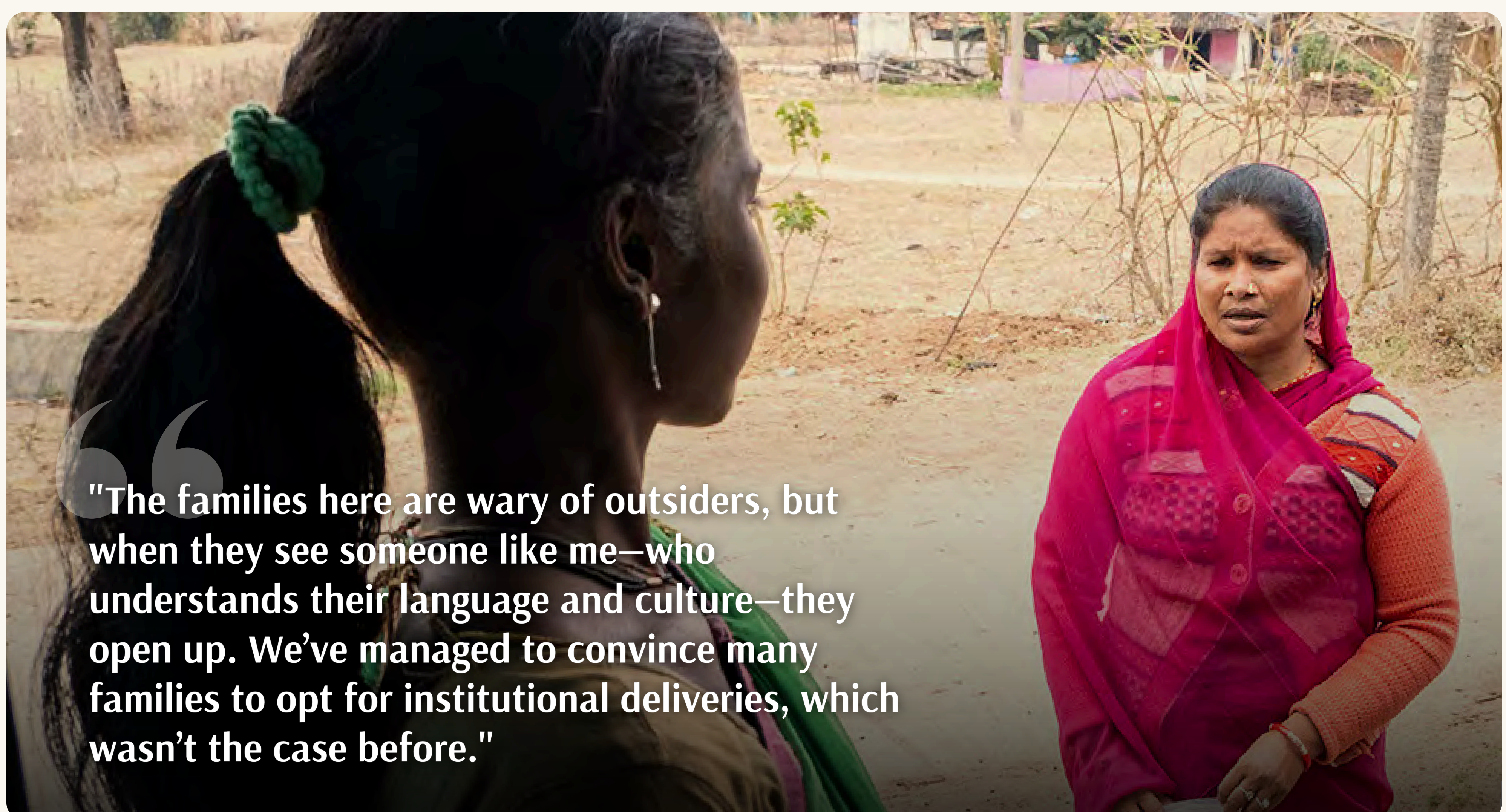
Voices from the Field

The success of these models is best captured in the words of those who experienced it firsthand. Poonam, a TAF community facilitator from Boreganv, shares -

"Before Lalita joined the efforts, it was challenging to get women to attend the PLA sessions regularly. But with her involvement, we've seen a remarkable change. The women trust her because she's one of them, and she speaks from her own experiences."

Similarly, in Barwani, Faliya volunteer Rajni describes her work -

"The families here are wary of outsiders, but when they see someone like me—who understands their language and culture—they open up. We've managed to convince many families to opt for institutional deliveries, which wasn't the case before."

The Antara Foundation's Community Integration Model is not just about bridging healthcare gaps; it's about empowering communities to take control of their health.

The successes in Chhindwara, Barwani, and now Damoh, illustrate how collective action and local leadership can transform healthcare delivery. As this model continues to expand, it holds the potential to significantly improve maternal and child health across Madhya Pradesh, ensuring that every community has the tools and knowledge to thrive.

HEALTHCARE AT THE LAST MILE

66 Healthcare Points

Out of 128 healthcare points supported by TAF, 66 have achieved national and state-level quality certifications. This milestone reflects significant improvements in infrastructure, service quality, and respectful care for pregnant women and newborns across these facilities.

In the heart of
Madhya Pradesh

where healthcare access is often hindered by challenging circumstances, the commitment of healthcare providers shines through.

At the forefront are the nurses and facility staff who, with consistent support and training, have enhanced their ability to manage birth complications and provide high-quality maternal and child healthcare.

TAF's Nurse Mentoring and Facility Enhancement (NMFE) intervention has been pivotal in this journey, offering on-site mentoring and training that have empowered healthcare workers to address complex cases effectively.

One such story unfolds

at the Community Health Centre in Pati, Barwani. A 22-year-old woman, already facing a difficult journey to the facility, gave birth on the way.

She encountered severe complications, including a retained placenta and postpartum haemorrhage. The situation was dire, but the nurses on duty had been prepared for such challenges through the NMFE intervention.

TAF's Nurse Mentoring Program Officers had provided long-term guidance and training which enabled the facility nurses to manage the case with confidence.

The staff successfully stabilized both the mother and child, showcasing the true impact of sustained capacity building.

Health and Wellness Centres:
Building a Stronger Network of Care

The work doesn't stop at delivery points. Our Health and Wellness Centres (HWCs) intervention is pivotal in closing the referral loop for high-risk pregnancies (HRP) and enhancing maternal, neonatal, and child health services. Through our HWC intervention, we facilitate regular meetings led by the Community Health Officer (CHO), who trains the AAA cadres to strengthen their capacity in managing hiangh risk pregnancies and ensuring timely referrals.

before

after

In Lakhnadon block, Seoni, the HWC intervention, in conjunction with the NMFE initiative, showcased its impact at a non-TAF delivery point in Dhankakdi sector. When a child was born with birth asphyxia, the lack of essential equipment made the situation more difficult to manage.

TAF's intervention stepped in by providing comprehensive training to the facility staff, equipping them to manage such emergencies more effectively. The Community Health Officer (CHO), working alongside the facility staff, played a crucial role in addressing the immediate challenge. The CHO facilitated a training session and guided the team in procuring vital equipment like a radiant warmer and suction machine.

This is an instance of how our interventions work together holistically. The HWC meetings, led by the CHO, provide a platform to refine skills and ensure effective management of high-risk pregnancies (HRPs) and timely referrals.

By linking village-level care with facility enhancements, the HWC intervention ensures that every step, from identification to follow-up, is covered comprehensively.

At the delivery points, our NMFE intervention ensures the facility nurses are capacitated and prepared to manage complications and further referrals.

In this ecosystem, the HWC serves as a vital link, bringing together the strengths of the AAA and NMFE interventions. While AAA identifies high-risk cases in villages, the HWC ensures these cases receive the right care at higher facilities. **This collaboration improves healthcare delivery and equips frontline workers and supervisors with the necessary tools and knowledge.**

As a result of this
targeted support,

many non-TAF delivery points in the region have requested similar training, reflecting the effectiveness of the NMFE initiative.

The story of this young mother is just one of many. **TAF has been working since 2021 across 128 public facilities in Madhya Pradesh,** to strengthen delivery points through the NMFE initiative. By focusing on both the physical infrastructure and the skill development of healthcare staff, TAF has ensured that these facilities are not just functional but are capable of providing high-quality care in line with national and state guidelines.

We have scaled up the Nurse Mentoring and Facility Enhancement (NMFE) intervention to cover all 313 facilities across our districts, with formal support from district and block officials. This expansion represents a significant advancement in improving maternal and child health outcomes through targeted NMFE workshops in partnership with the government.
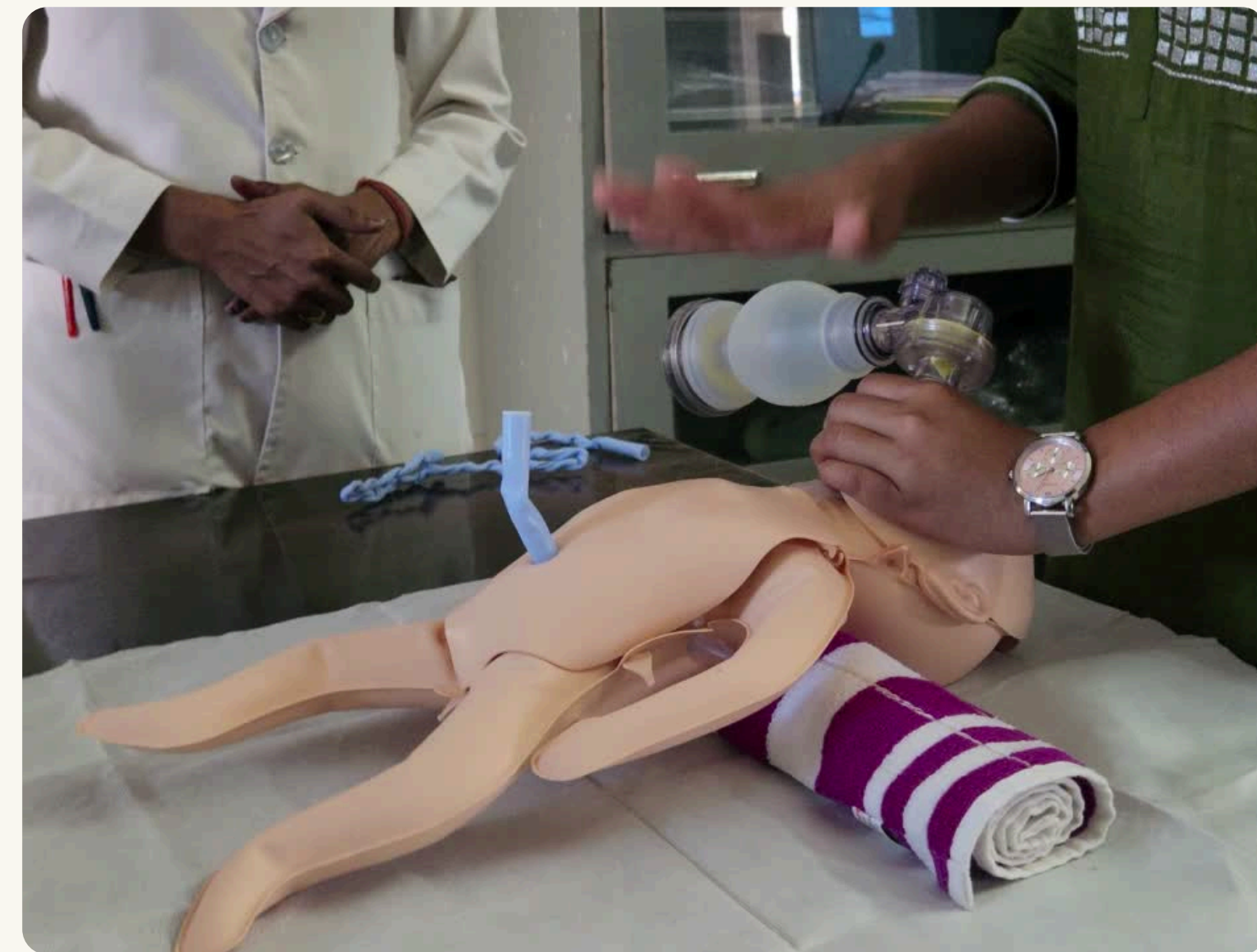
The numbers speak volumes

FACILITY INFRASTRUCTURE

157% improvement in infrastructure at delivery points, increasing from 28% at baseline to **72% at the last midline.**

COMPLICATION MANAGEMENT

90% improvement in the ability of nursing staff to manage complications, **rising from 40% at baseline to 76%.**

Beyond the numbers, it's the stories of lives saved, and futures secured that truly capture the impact of this work.

FELLOWSHIP AT TAF

27 bright Minds, One Mission

The Antara Foundation (TAF) is experiencing a period of dynamic growth and transformation. Our Fellowship Program has been a cornerstone of this evolution, driving forward our mission and expanding our impact across districts.

TAF is currently at its largest size ever, **with over 130 team members.** We are proud to welcome our **largest batch of 28 Fellows across 9 districts.**

The TAF
Fellowship Program

Our Fellowship Program is designed for emerging professionals eager to make a tangible impact. Each Fellow is placed in one of our districts, where they work alongside our District Leads (DLs) and contribute to both administrative and programmatic functions.

The Fellowship is a full-time, 18-month grassroots learning experience for those looking to advance their careers, enhance their professional skills, or deepen their understanding of the social impact sector. Fellows receive mentorship from industry leaders and our experienced team, gaining invaluable insights and hands-on experience. They come from diverse backgrounds with degrees in fields such as economics, social work, public health, and design, and may have up to two years of work experience or be recent graduates.

Growth and Development at TAF

Our growth is complemented by significant advancements in our organizational strategy

Monitoring and Evaluation (M&E)

We are developing a new Database Management System (DBMS) to enhance data collection efficiency and improve the effectiveness of our support to beneficiaries. Collaborating with EdZola Technologies and supported by the Koita Foundation, this state-of-the-art system will strengthen our efforts to support mothers and children at the last mile.
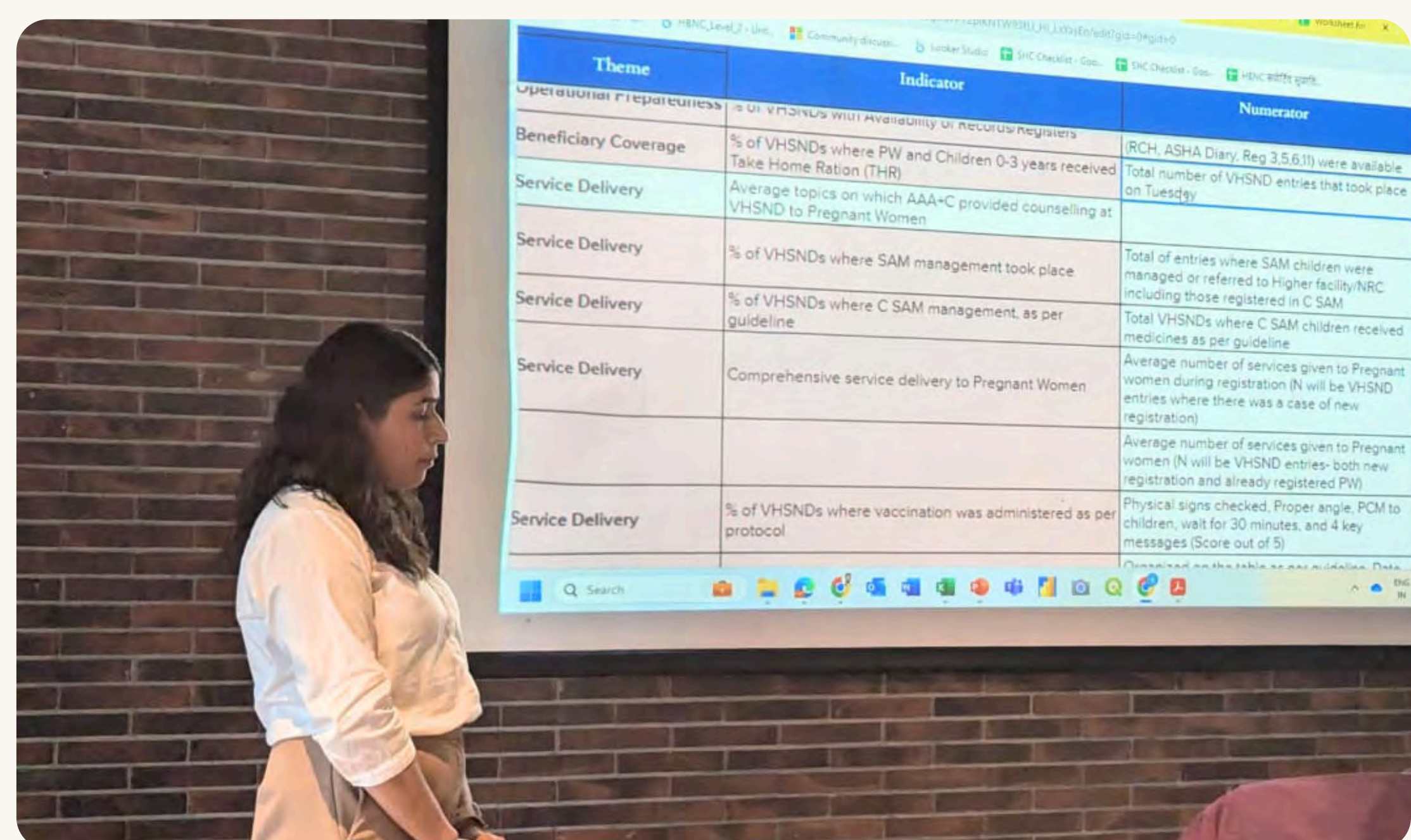
Knowledge Management

Our Knowledge Management team positions TAF as a public and global health thought leader by using our field experience to influence policy. We've also participated in five major international events, including the Skoll Forum, UNGA, and the IMNCH Conference, to showcase our work and learn from global peers.
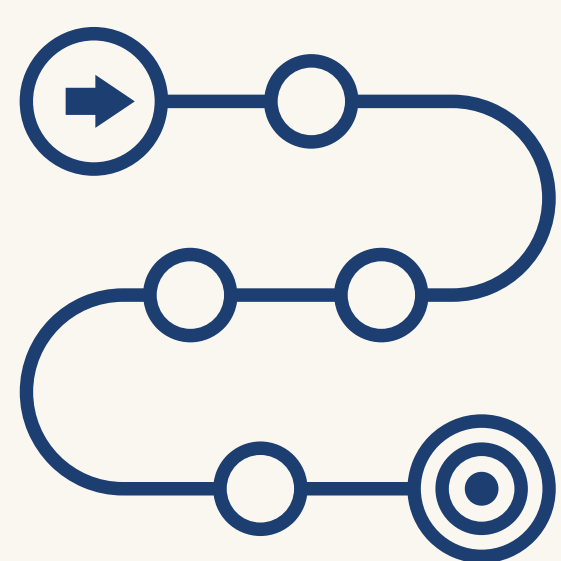
Implementation Strategy Cell

We have set up an Implementation Strategy Cell to streamline our operational processes and ensure effective program delivery.

Outcome Harvesting Study

·An outcome harvesting study has been commissioned to capture program impact data across three districts, providing valuable insights into our interventions.

Additionally, **TAF has partnered with McKinsey to launch the A2E program,** further enhancing our staff's capabilities and fostering professional development.

The Emergence of Faliya Volunteers

In Barwani, our Community Integration Model has introduced a new cadre of Faliya (village) volunteers. These indigenous volunteers are pivotal in bridging cultural and geographical gaps, raising awareness about healthcare services, and supporting the Home Delivery Prevention Framework. Their deep understanding of local dialects and customs has been instrumental in promoting safe maternal and child health practices.

TAF Faliya (Village) volunteer speaking to the community in their local language

As we continue to expand, TAF remains committed to its mission of improving maternal and child health in remote areas. Our growth is a testament to the dedication and expertise of our team, including the impactful contributions of our Faliya volunteers and Community Facilitators. **We look forward to the continued success and influence of our programs and initiatives.**

OUR SUPPORTERS

30 allies who share our vision

At The Antara Foundation, our success is deeply rooted in the strength of our partnerships. We are proud to collaborate with a diverse group of organizations and individuals who share our commitment to improving maternal and child health. This section highlights our key partners, including our recent collaborations with the Infosys Foundation and Koita Foundation, and our recognition from the government.

Our Esteemed Partners and Supporters

Our partners play a crucial role in amplifying our impact. Here, we celebrate the organizations and individuals who stand by us in our mission

We are grateful for the invaluable support from the governments of Rajasthan and Madhya Pradesh in advancing our work.
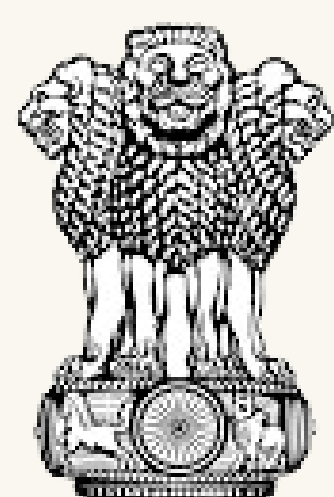
Government of Rajasthan   Government of Madhya Pradesh

We are deeply thankful to our donors for their unwavering support and commitment to our mission.

OUR PRESENT DONORS

antara INTERNATIONAL

APOLLO

BILL & MELINDA GATES foundation

Give2Asia

Infosys Foundation

KOITA FOUNDATION

LGT Venture Philanthropy

Mackenzie Scott Grant (SVCF)

OUR PREVIOUS DONORS

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ADITYA BIRLA CAPITAL
PROTECTING INVESTING FINANCING ADVISING

BAJAJ AUTO LTD.
Distinctly Ahead

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CIFF CHILDREN'S INVESTMENT FUND FOUNDATION

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H T Parekh FOUNDATION

TINI THE INDIA NUTRITION INITIATIVE AN INITIATIVE OF TATA TRUSTS

ZURICH FOUNDATION

Board members

Anjali Alexander is former Chairperson of Mobile Creches, an organization that focuses on early childhood care for children of marginalized communities. She started her journey with Mobile Creches as a volunteer in 1994 and has worked in various capacities on the Governing Board since then.

Ankur Puri is a Partner with McKinsey & Company, based in its New Delhi office. He supports organizations adopt advanced analytics and artificial intelligence (AI) in businesses at scale and helps lead McKinsey's Analytics Academy globally.

Ashok Alexander is the heart and soul of Antara Foundation. He led Avahan, the world's largest private HIV prevention program and oversaw grants amounting to a billion dollars. He was earlier the Director of McKinsey and Co. He was Menschel Senior Fellow at the Harvard School of Public Health.

Chandrika Bahadur was former President of the Sustainable Development Solutions Network. Chair of the Lancet COVID-19 Commission India Task Force. Founder of SDG Academy. Experience with Reliance Foundation and the United Nations. Teaching experience at Harvard and Columbia Universities. Alumnus of St. Stephen's College Delhi, IIM Ahmedabad, and Harvard Kennedy School.

Krishan Dhawan served as CEO for seven years with Shakti Sustainable Energy Foundation. He is a founding trustee of IIMPACT. He was previously the MD of Oracle India, as well as MD of Bank of America's Asia Corporate Banking Group in Los Angeles.

Meenakshi Ramesh is a founding trustee of Citizen Matters, currently serving as the Executive Director and CEO of United Way Chennai. With over seven years at Pratham, India's largest NGO in education, she also has prior experience with CRISIL and holds an MBA from IIM Ahmedabad.

Technical Advisory Group

Dr. Ajay Mahal - Faculty member at the Nossal Institute for Global Health, University of Melbourne. Alan and Elizabeth Finkel Chair of Global Health at Monash University. Faculty member at Harvard T.H. Chan School of Public Health.


Dr. Audrey Prost - Professor of Global Health and Director of the Centre for the Health of Women, Children and Adolescents, University College London (UCL). Expert in social epidemiology, community interventions, early childhood development, and adolescent health.

Dr. Prasanta Tripathy - Co-founder and Director of Ekjut. Expert in community interventions and CSR at Tata Steel, Jharkhand.

Dr. Purnima Menon Senior Director at the International Food Policy Research Institute. Director of POSHAN (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India). Specialist in nutrition, health, and food systems.
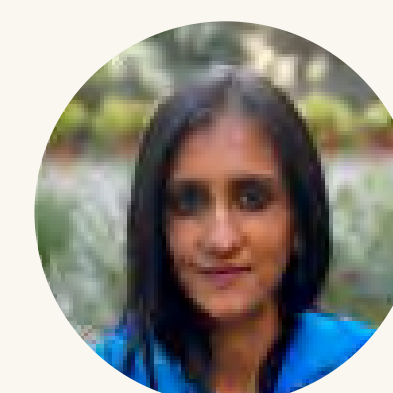
Dr. Sapna Desai - Former Senior Fellow at the Population Council, New Delhi. Co-lead of the Evidence Consortium on Women's Groups. Experience with SEWA India. Specialist in women's health, community-based interventions, and health systems research.

OUR FINANCIALS

THE ANTARA FOUNDATION
CIN: U85100DL2013NPL248051
BALANCE SHEET AS AT MARCH 31, 2024
(All amounts are in Indian Rs.in "Thousand's" unless otherwise stated)

Particulars	Notes	As at 31 March 2024	As at 31 March 2023
EQUITY AND LIABILITIES			
Shareholders' Funds			
Share capital	3	100.00	100.00
Reserves and Surplus	4	128,835.92	131,890.05
		128,935.92	**131,990.05**
Non-Current liabilities			
Long-term provisions	5	5,435.86	4,654.08
		5,435.86	**4,654.08**
Current Liabilities			
Trade payables			
(A) total outstanding dues of micro enterprises and small enterprises	6	503.99	230.22
(B) total outstanding dues of creditors other than micro enterprises and small enterprises	6	6,714.34	6,271.58
Other Current Liabilities	7	5,483.91	3,824.53
Short term provisions	8	72.78	70.99
		12,775.02	**10,397.32**
Total		**147,146.80**	**147,041.45**
ASSETS			
Non-Current Assets			
Property Plant and Equipments			
- Tangible Assets	9a	8,934.36	9,675.12
- Intangible Assets	9b	3,828.94	5,807.93
Other Non-Current Assets	10	1,962.98	1,962.98
		14,726.28	**17,446.03**
Current Assets			
Cash and Cash Equivalents	11	126,979.48	126,191.50
Short-Term Loans and Advances	12	3,390.62	2,014.56
Other Current Assets	13	2,050.42	1,389.36
		132,420.52	**129,595.42**
Total		**147,146.80**	**147,041.45**

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

For and on behalf of the Board of Directors

Adeesh Mehra
Proprietor
Membership No. 87366

Ashok Alexander
Director
DIN 02453481

Chandrika Bahadur
CEO and Director
DIN 06970933

Anjali Alexander
Director
DIN 06450946

Place: New Delhi
Date: September 29, 2024

THE ANTARA FOUNDATION
CIN: U85100DL2013NPL248051
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31, 2024
(All amounts are in Indian Rs.in "Thousand's" unless otherwise stated)

Particulars	Notes	For the year ended 31 March 2024	For the year ended 31 March 2023
INCOME			
Grants and Donations Received	14	295,775.90	269,731.06
Other income	15	5,016.61	3,716.44
TOTAL		**300,792.51**	**273,447.50**
EXPENDITURE			
Program Expenses	16	230,611.12	170,463.93
Employee benefit expenses	17	33,604.38	36,566.37
Depreciation and Amortization expenses	9	6,065.12	4,324.41
Other Expenses	18	33,566.02	34,263.78
TOTAL		**303,846.64**	**245,618.49**
Excess of income over expenditure / (excess of expenditure over income) before tax		**(3,054.13)**	**27,829.01**
Tax expense		-	-
Total Tax Expenses		-	-
Excess of income over expenditure / (excess of expenditure over income) after tax		**(3,054.13)**	**27,829.01**
Earnings per Share			
- Basic		(0.31)	278.29
- Diluted		(0.31)	278.29

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.
Chartered Accountants
Firm Regn No. 008582N

For and on behalf of Board of Directors

Adeesh Mehra
Proprietor
Membership No. 87366

Ashok Alexander
Director
DIN 02453481

Chandrika Bahadur
CEO and Director
DIN 06970933

Anjali Alexander
Director
DIN 06450946

Place: New Delhi
Date: September 29, 2024

antarafoundation

1.2 million steps forward

18 thousand missing mothers

1 thousand voices, one story

66 health facilities

27 bright minds, one mission

30 allies who share our vision

FINANCIALS

BACK TO HOME ⌄