antara foundation

ANNUAL REPORT 2024-2025

THE ANTARA FOUNDATION

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LETTER FROM LEADERSHIP

LETTER FROM LEADERSHIP

This year marks a decade of **The Antara Foundation's (TAF)** programs, chronicling our journey from a small, hopeful startup to its current state: still young and hopeful, but with a decade of deep expertise, impact, and growth behind us. Through **Akshita**, our flagship program in Madhya Pradesh, we now work across **nine districts** and **8,500+ villages**, directly reaching **over 2.1 lakh pregnant women**, **1.6 lakh lactating mothers**, and **6.7 lakh children under five**. In all, nearly **8 million people**, including a quarter of the state's tribal population, are covered through close collaboration with **19,000+ government frontline workers**, bringing care to the last mile.

This year saw several new beginnings. We invested deeply in data and technology on multiple fronts. We launched the TAF's Digital Public Health Program, containing a suite of technology-led programmatic innovations, all designed with a core principle: to solve for a specific last-mile implementation challenge. We were guided, not by the sophistication of technology itself, but by its ease of use, its probability of adoption, and its capacity to scale. Second, we delved deep into our own data, mining it for learnings and insight. The lessons and patterns that emerged helped inform our work moving forward. Third, we partnered with IIT Bombay, working with a dedicated team of scientists focused on tackling India's toughest challenges. Together, we are embarking on an ambitious journey to reduce maternal and child deaths. Finally, we partnered with the Koita Foundation and EdZola to build a state-of-the-art monitoring system, that we call "Aalekha"- literally a map that leads us to better program management, and better outcomes.

This year saw an expansion of our integrated program, where we invested in demand and supply side interventions on a larger scale. Our community engagement work extended into three districts, giving us a way to reach women directly, and finding innovative solutions to traditional, demand side barriers to care. Towards the end of the year, we ran several pilots, focused on solving for the continuum of care for a pregnant woman, recognising that her journey of childbirth

takes her from the Anganwadi to the highest facilities- and that better health outcomes depend crucially on solving for health systems failures and gaps across that continuum.

Internally, we welcomed our largest cohort of Fellows who spent this year learning, discovering, supporting, and very often helping us look at our own work with fresh eyes. Many stayed with us; several went on to other organisations. I am personally incredibly proud of each of them. They will go on to become leaders in the social sector, and we are so pleased that they began this journey with us. We welcomed new senior leadership: Keshav Sahani joined as Chief Strategy Officer, Digital Health, and Paroma Ganguly as Head of Communications. They both add depth and strategic leadership to our team. We are so fortunate to receive support from new partners. We welcomed Incred Finance and Bayer India as new supporters. Our network of partners and supporters is strong and extensive, and we rely on them not just for funding, but for advice and guidance.

Our learnings from this year have set the stage for TAF to move into its next phase: evidence that tells us more about our impact and allows us to scale; new partnerships with government that extend our geographic reach; technology and community programs that will lead our work in the future; and innovations that push at the frontiers of our understanding of maternal and child health.

Most of all, I am proud of the TAF team- we are the largest we have ever been, and the continued dedication and commitment of each of our team members never ceases to awe me. From the youngest and newest team member to our most experienced leaders, we are bound by a common sense of purpose, and an urgent dedication to the women and children of this country.

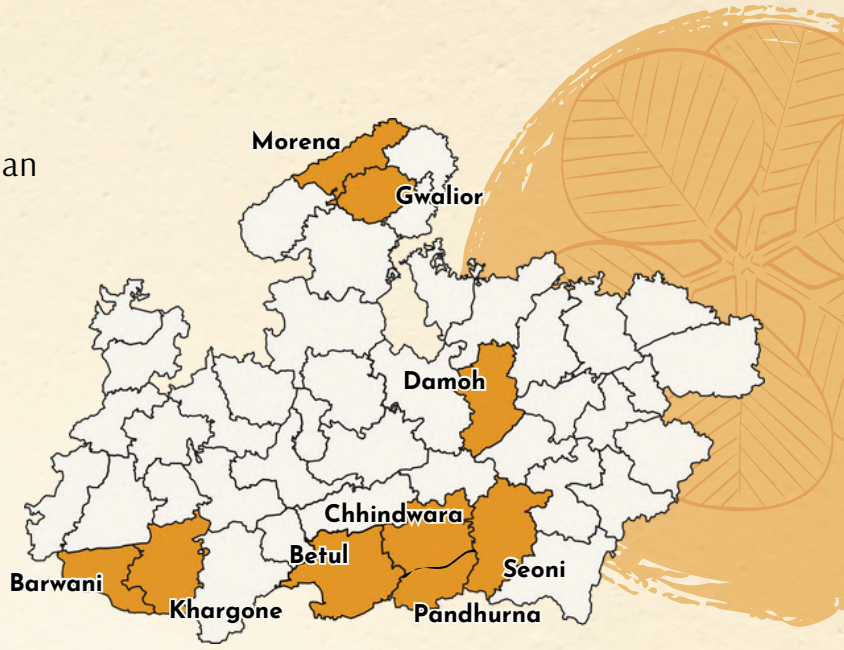
I thank you for your continued support to TAF. These pages will give you stories of impact, dynamism and the everyday heroism of our frontline workers, young mothers, and children battling the odds to thrive. I hope these stories inspire you, as they inspire me every day, to support all those that work so hard to ensure that childbirth is a safe, joyful, and healthy experience for all women and babies in this country.

Chandrika Bahadur
Chief Executive Officer
The Antara Foundation

THE YEAR IN PERSPECTIVE

THE YEAR IN PERSPECTIVE

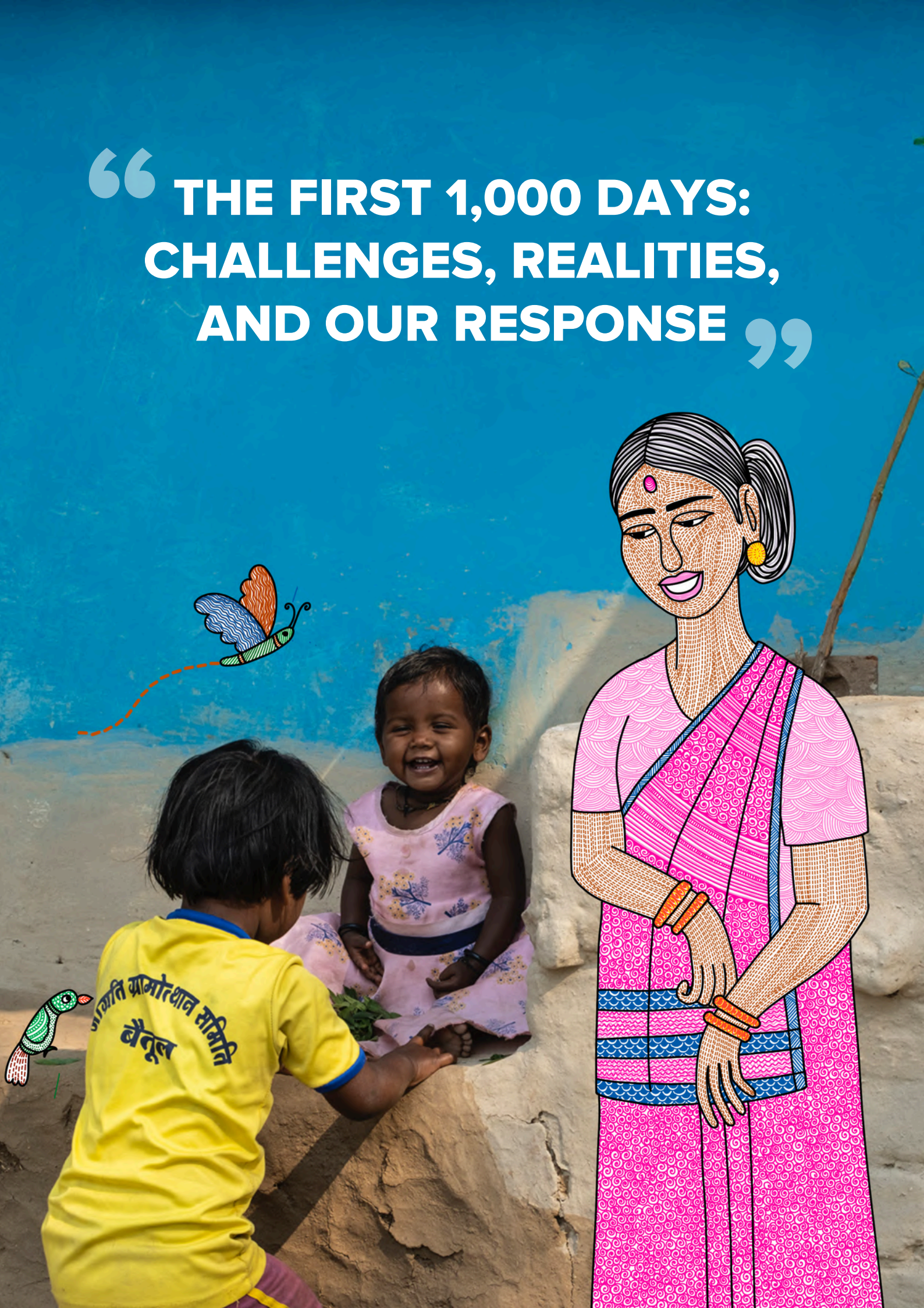
TAF's work today reaches
8,500+ villages.
Through direct activities, TAF reaches more than
2,15,000 pregnant women,
1,63,000 lactating mothers,
and
6,70,000 children under the age of five.
Around
8 million
individuals in rural communities and
25% of the state's tribal population
are covered across TAF's direct intervention geographies, where the foundation works alongside more than
19,000 government Frontline Workers (FLWs).



A year marked by significant milestones:

- **Launch of the Digital Public Health Program (DPHP)** to strengthen data use and tracking at the last mile.
- **Expansion of our nurse mentoring programme (Aaradhya Jeevan)** from **112** to **304** delivery points, including district hospitals.
- **Extension of community engagement through the Participatory Learning and Action (PLA++) model,** reaching more villages and strengthening community-led health dialogues.
- **A new focus on nutrition** in Morena and Chhindwara - **innovative pilots** aimed at better tracking and management of high-risk cases.
- **Our largest ever batch of 31 TAF Fellows,** bringing fresh talent to the organisation.

“THE FIRST 1,000 DAYS: CHALLENGES, REALITIES, AND OUR RESPONSE”



"THE FIRST 1,000 DAYS: CHALLENGES, REALITIES, AND OUR RESPONSE

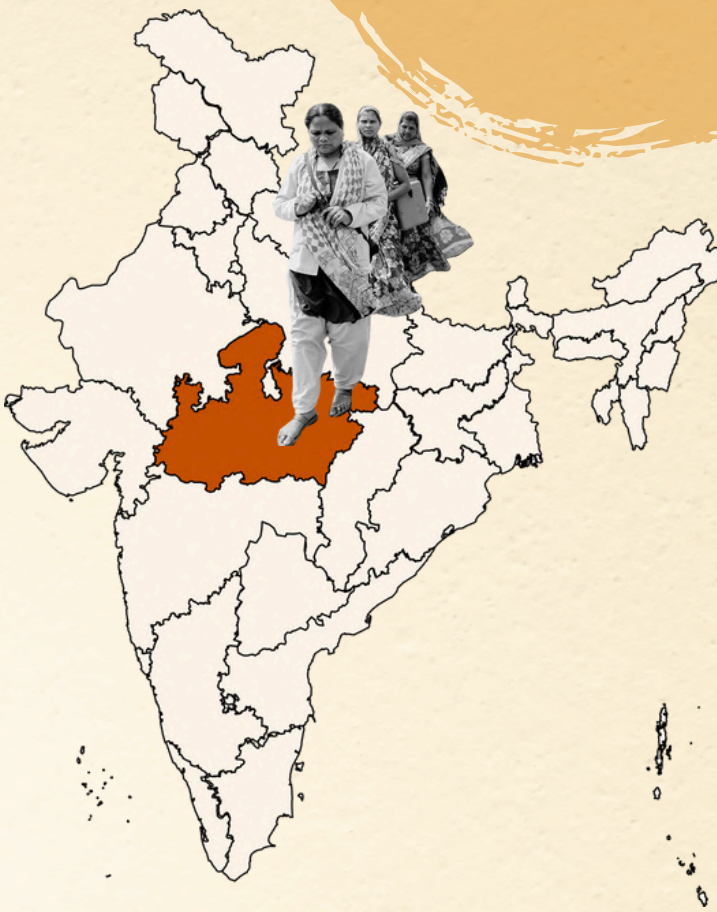
In India, over **7,00,000 children under the age of five die every year**, more than one child every minute. Most of these deaths are preventable. The risk is highest during the **first 1,000 days of life**, from conception to a child's second birthday. This is when access to timely and quality care can mean the difference between life and death.

The geographies we work in are among the most challenging in the country, home to more than **100 million tribal people** living in remote, chronically underserved clusters. These include **705 distinct tribes,** together representing **8.6% of India's total population.**

Madhya Pradesh, where we work, has the largest tribal population in India, **15.3 million people.** **(Census 2011)**.

THE FIRST 1,000 DAYS: CHALLENGES, REALITIES, AND OUR RESPONSE

In **Madhya Pradesh,** our focus districts are home to the **Bhil, Gond, and Korku tribes,** each with distinct social norms, traditions, and practices during the critical **1,000-day window.**



While culturally rich, these often intersect with systemic barriers:

Marginalisation and limited representation in decision-making spaces

Influence of local healers over formal health systems

Low health awareness and scattered settlements with poor road connectivity

Seasonal migration disrupting continuity of care

Socio-cultural norms affecting care-seeking behaviour

OUR INTEGRATED APPROACH

To address these challenges, we work with **government systems** and with **communities** to reduce maternal and child deaths at the last mile:

1. 

Health systems strengthening: Guiding frontline workers to prioritise high-risk mothers and children, training facility staff, upgrading equipment, and improving the quality of care delivered at health facilties.

2. 

Convergence of demand and supply: Addressing community barriers through awareness, access, and encouraging accountability, through initiatives such as Adopt-a-Bindi.

3. 

Community engagement: Empowering communities to seek the care they deserve and hold the system accountable through participatory models like **Participatory Learning and Action (PLA++) and Mothers and Enablers Groups (MEG).**

By weaving together these layers, we aim to ensure that care is not only available but also **accessible, timely, and responsive to the realities of the communities we serve.**


“OUR ECOSYSTEM OF INTERVENTIONS”

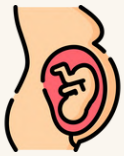
OUR ECOSYSTEM OF INTERVENTIONS

AAA Platform

Across the villages where we work, three frontline health workers- the ASHA (Accredited Social Health Activist), ANM (Auxiliary Nurse Midwife), and AWW (Anganwadi worker), form the **AAA platform.** They are the first line of connection between the health system and the community. Their coordination is critical for ensuring that mothers and children most at risk are identified early, referred on time, and receive follow-up care. Through our facilitation, AAA members meet regularly to review the list of pregnant women and children, share case updates, and resolve service delivery gaps. We work closely with their supervisors to help them use data more effectively, track referrals until completion, and ensure timely follow-ups.

Impact this year:

Number of MNCHN* Beneficiaries reached annually: **1 Million+**



Pregnant and lactating women reached annually: **378,000+**

Under-five children reached annually: **670,000+**

MNCHN: Maternal, Neonatal and Child Health and Nutrition

Looking Ahead: Adopt-a-Bindi

In this intervention, active community members work in partnership with the AAA, attend AAA meetings, and volunteer to support a high-risk case that faces a social or cultural barrier to accessing healthcare. This approach not only strengthens follow-up care but also increases community ownership in seeking timely healthcare. Critical cases are escalated to local authorities when needed. The goal is simple: **no mother or child should fall through the cracks.** The model, piloted in **83 villages** in Chhindwara, is now being expanded to additional **800+ villages.**

SUPPORTIVE SUPERVISION

Frontline workers rely on their supervisors for guidance and support. We work extensively with this supervisory cadre, helping them improve their data management, tracking outcomes, providing technical guidance, and resolving on-the-ground problems.

This year, we worked with district and block health teams to integrate management and data tools into their monthly and quarterly review cycles. This included structured checklists for on-site visits, data triangulation methods to verify service delivery, and simplified dashboards to track performance trends. **Over 900 supervisors** were trained to move beyond "Did you do this?" to "How can we make this better?" This approach created a culture of mentoring rather than monitoring.

“The data was always there, but I didn’t know how to use it for follow-up. Now, when I go to the field, I know exactly what to look for and which case to prioritise”

- Lady Health Visitor, Barwani.

Supportive Supervision is proving that the difference between a missed opportunity and a saved life often lies in how effectively we guide those delivering care, and how quickly they can adapt when challenges arise.

MNCHN CAPACITY BUILDING

Building the skills and confidence of frontline health workers remains central to improving maternal, child health, and nutrition outcomes. Over the past year, we have invested in capacity-building efforts that extend beyond one-time training, ensuring that knowledge is translated into practical application.

Our structured training modules covered key areas, including the identification of high-risk pregnancies, newborn care, growth monitoring, referral protocols, and nutrition counselling. Importantly, the modules were designed to be interactive, using case scenarios, roleplay, and locally contextualised examples, so that workers could internalise technical concepts within the realities of their field conditions.

By year-end, **over 19,000 frontline workers** were trained, of which over **1,900 were Community Health Officers (CHOs)** and Supervisors.

From the start of the program to the latest knowledge assessment conducted in 2024–25, scores improved across the board. For Auxiliary Nurse Midwives, **knowledge levels increased by 28%**, while for CHOs, **scores increased by 24%** on average across our districts.

Capacity building was reinforced through on-site mentoring during Supportive Supervision visits and facility-level refresher sessions. This layered approach helped bridge the common gap between classroom training and real-world application.

A young ANM from Damoh shared:

> **Earlier, I was unsure if I was classifying cases correctly. Now, after the training and follow-up mentoring, I can explain the risks to families with confidence, and they listen.**

Our experience this year confirms that when health workers are well-trained, well-supported, and data-aware, they become the strongest link in ensuring mothers and children get the care they need at the right time.

AARADHYA JEEVAN – NURSE MENTORING AND FACILITY STRENGTHENING

While frontline workers form the first line of care, the quality of facility-based services determines whether timely referrals translate into better outcomes. Aaradhya Jeevan was designed to strengthen this critical link by equipping nurses with the technical knowledge, confidence, and systems support needed to manage maternal and newborn complications.

This year, the program expanded to cover all **304 facilities** in our geographies, including District Hospitals, Community Health Centres, and Primary Health Centres with high delivery loads. TAF staff conducted structured on-site mentoring sessions on essential obstetric and newborn care, infection prevention, partograph use, and emergency response protocols. These sessions were complemented by hands-on skill practice using mannequins and simulation drills.

The program also worked on **facility readiness.** We supported gap assessments and upgrades in labour rooms and Special Newborn Care Unit (SNCUs), improved adherence to clinical checklists, and facilitated alignment with **LaQshya** and **NQAS** quality standards. District and block officials began using Aaradhya Jeevan's progress tracking tools to monitor improvements more systematically.

AARADHYA JEEVAN – NURSE MENTORING AND FACILITY STRENGTHENING

By year-end:

304
labour rooms
have been covered

200,000+
deliveries
attended by skilled birth attendants in these facilities.

50% of TAF facilities
(24 out of 48 eligible)
were certified under LaQshya

A nurse mentor in Barwani described the difference succinctly:

> **Earlier, we would depend on senior doctors for every complication. Now, our nurses can stabilise mothers and newborns and act quickly until further help arrives.**

Aaradhya Jeevan has shown us that when facilities are strengthened and nurses are empowered, every referral completes its journey with care that saves lives.

COMMUNITY INTEGRATION AND ENGAGEMENT

While strengthening systems is essential, meaningful change also requires that communities themselves are empowered to participate in seeking quality care. Our interventions on the ground ensure that mothers, children, and families are not passive recipients of services, but active partners in shaping how healthcare is delivered and received.

Participatory Learning and Action (PLA++)

PLA++ groups continued to serve as platforms for collective learning and problem-solving. Using picture cards, roleplay, and interactive games, discussions were designed to be simple, visual, and inclusive. This approach made complex health information accessible, even in areas with low literacy, while encouraging women and men alike to reflect on local practices and find practical solutions. In 2024–25, the model was replicated from Chhindwara to Damoh, with early evidence showing higher awareness of safe delivery practices and newborn care among participating families.

Faliya Volunteers and Home-delivery Prevention

In many tribal pockets, decisions about childbirth are still heavily influenced by elders and traditional healers. To address this, “Faliya” volunteers – local community members living in distant hamlets or “faliyas”– played a bridging role between households and health services. They supported in identification, management and referrals of high risk pregnancies, while also building accountability within the community for preventing unsafe home deliveries. This approach showed strong results in Barwani and is now embedded into the broader Community Integration Model.

Mothers and Enablers Groups (MEGs)

A third model of community engagement was designed to provide communities with structured spaces to focus on maternal and child health, involving mothers and influential community members. Mothers and Enablers Groups (MEGs) is an innovation that was designed this year and will be rolled out in subsequent months in areas where there is a need to foster dialogue, discussion, and community agreement on health-seeking behaviours.

Together, these interventions reinforced a simple truth: when families and communities take ownership, health systems respond better, and services reach those who need them most.

DIGITAL PUBLIC HEALTH PROGRAM (DPHP)

Digital Public Health Program (DPHP)

Our Digital Public Health Program is built on the simple belief that effective digital solutions must work for the frontline workers and communities they serve. By partnering with public health stakeholders, we harness technology and artificial intelligence to drive meaningful change in maternal, newborn, and child health and nutrition.

DPHP combines the scaling of proven interventions with innovative, leapfrog technologies tailored for the last mile. We design digital tools that are user-friendly, responsive to the needs of frontline workers, and integrated with existing government systems. This reduces the reporting burden and enhances the quality of care provided by ASHAs and Anganwadi workers. Central to DPHP are three ongoing initiatives:

Anugami, a high-risk tracking and nudging system piloted across three districts, followed pregnant women through the last month of pregnancy, childbirth, and the first week postpartum. By **monitoring a cohort of 283 women** in their third trimester, the pilot identified service delays and care gaps that contribute to neonatal mortality and tested a nudging mechanism to improve timely service delivery. The learnings will inform the development of a scalable digital solution for the real-time coordination of high-risk pregnancies and neonatal care.

Akshita Didi, a WhatsApp-based AI companion providing frontline workers with on-demand microlearning, personalised health content for mothers, and multilingual voice support.

AI-Enabled Sensemaking, a continuous feedback loop that gathers community insights to inform and improve program delivery.

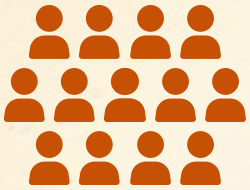
Looking ahead, we aim to introduce voice-activated data entry to ease documentation tasks, implement AI-driven mentoring to provide real-time guidance, and develop predictive models for proactive and context-specific care.

BY THE NUMBERS: OUR ACHIEVEMENTS

BY THE NUMBERS: OUR ACHIEVEMENTS

Our interventions are designed to complement each other, from strengthening the supply side to energising community demand. The results this year reflect not just isolated successes, but the impact of a connected system working better together.

23,000+
AAA meetings conducted



2,900+
VHSNDs[1] observed and facilitated by TAF

3,800+
Home visits to neonates during HBNC[2]

677
PLA++ meetings completed

Observing a total of 11,000+ participants: PLA++ groups and MEGs created spaces where communities came together to learn, share, and act on maternal and child health issues.

304 facilities strengthened:

Under Aaradhya Jeevan, district hospitals, CHCs and other high case load delivery points received continuous nurse mentoring and facility support, raising the standard of care for mothers and newborns.

Frontline capacity built:

Over 19,000 frontline workers trained under the MNCHN program, ensuring better counselling and service delivery at the last mile.

Supportive supervision embedded:

Districts adopted structured review mechanisms that improved oversight, problem-solving, and accountability for **900+ supervisors**.

1.VHSND: Village Health Sanitation and Nutrition Day; 2. HBNC: Home-Based Newborn Care

“SYSTEM-LEVEL ALIGNMENT AND GOVERNMENT PARTNERSHIPS”

SYSTEM-LEVEL ALIGNMENT AND GOVERNMENT PARTNERSHIPS

This year was defined by deeper alignment with government systems and state priorities. We focused on building capacity, enabling convergence, and embedding interventions within existing structures so they are owned and sustained by the public health system.

State-Level Partnerships: The foundation of TAF's operations is a formal Memorandum of Understanding (MoU) with the Government of Madhya Pradesh. This joint agreement enables TAF to operate seamlessly across nine districts, reaching 8,500+ villages, and ensures all innovation and fieldwork contribute directly to strengthening and sustaining the government's own priorities. TAF's relationship with government is not peripheral; our teams work alongside and through the public health system at every step, from frontline delivery to policy review.

This year, we supported the Madhya Pradesh government with flagship programs such as **Dastak Abhiyan, World Breastfeeding Week, and Poshan Abhiyan.** We produced a film on Dastak Abhiyan in partnership with the state government. This collaboration has further enabled the wider integration of initiatives, such as the AAA platform, supportive supervision tools, and the scaling up of CHO-led Health and Wellness Centre meetings.

CHO Flipbooks: Responding to the state's need to strengthen the new Community Health Officer (CHO) cadre, TAF supported the development and roll-out of a comprehensive **CHO Flipbook**. This resource was created in direct partnership with the state government, with the aim of equipping **10,000+ CHOs** across Madhya Pradesh with practical, accessible guidance for primary healthcare delivery and high-risk case management. The flipbook now forms an official component of capacity-building efforts for CHOs across the state. These tools are now being used in multiple districts to guide AAA cadres and ensure improved tracking of high-risk pregnancies, closure of referral loops, and timely referrals.

SYSTEM-LEVEL ALIGNMENT AND GOVERNMENT PARTNERSHIPS

Facility-Level Alignment: Our Aaradhya Jeevan nurse mentoring program continued to drive improvements in labour room practices, newborn care, and infection control. The progress is directly feeding into state and national quality frameworks such as **LaQshya, NQAS,** and **Kayakalp,** ensuring facilities are equipped not just to meet targets but to deliver safer, more reliable care.

Joint Reviews and Endorsements: Structured review meetings with district and state health officials have become integral to monitoring and course correction. Pilot interventions received endorsements for further scale-up, reflecting growing ownership at the system level.

CSR PARTNERSHIPS

Nutrition Partnership: TAF launched a focused nutrition project in six blocks in Morena and Chhindwara districts, supported by Bayer India. This partnership not only brings critical resources and technical knowledge to the table but also signals a new model of tripartite collaboration between the state government, TAF, and external partners. The initiative aims to address persistent gaps identified in the baseline findings, particularly low awareness and coverage of Iron and Folic Acid supplementation, as well as varied district-level vulnerabilities.

Aaradhya Jeevan: TAF entered a partnership with Incred Finance to support Aaradhya Jeevan, helping us support facilities across our geographies. The collaboration with Incred Finance includes the Incred team providing in-kind support through volunteering, which is helping shape our work.

> **Earlier, I had to depend on memory when counselling families. Now, with the flipbook in hand, I can explain high-risk signs clearly, and the AAA workers feel more confident while visiting homes. It has made our meetings sharper and referrals faster.**

- Meena, a Community Health Officer in Barwani

At the facility level, the changes are equally tangible.

> **When I first began mentoring, many nurses were hesitant to use new protocols for managing complications. Now, with regular handholding, they not only follow the checklists but also encourage each other. The labour room feels more prepared, and the staff's confidence has grown immensely.**

- Archana, a facility nurse in Gwalior.

TAF's system-level alignment is not an add-on, but a foundational element of its theory of change, working within Madhya Pradesh's public sector health system. Through formal agreements, joint capacity tools, state-endorsed pilots, shared evidence, and collaborative nutrition initiatives, the foundation strengthens public delivery and sustainability at scale.

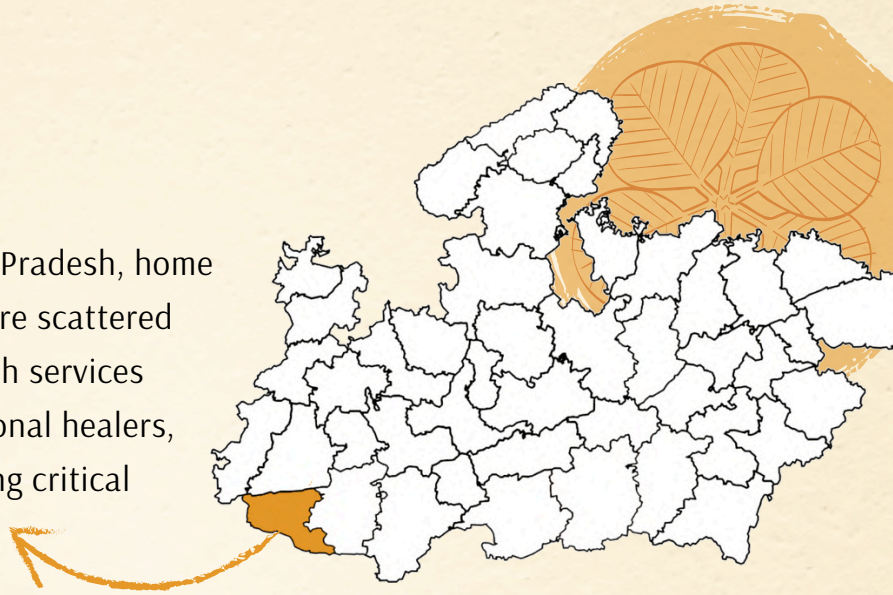
“DISTRICT SNAPSHOTS”

DISTRICT SNAPSHOTS

Each district tells its own story, shaped by its geography, culture, and the rhythms of everyday life. While challenges vary, the thread of progress is clear: stronger frontline systems, improved referrals, and communities increasingly aware of and engaged with their health needs.

Barwani, Madhya Pradesh

Barwani lies in the heart of tribal Madhya Pradesh, home to Bhil and Bhilala communities. Villages are scattered across hilly terrain, making access to health services difficult. Many families still rely on traditional healers, and seasonal migration disrupts care during critical stages of pregnancy and childhood.



Key Achievement: Faliya volunteers, working with the AAA, supported by TAF field coordinators, worked closely with the community to **reduce probable home deliveries by 75%**

> **When Savitri*, a 22-year-old expectant mother from a remote hamlet, was identified as high-risk during routine monitoring by the AAA, her referral was marked urgently. With support from AAA workers and Faliya volunteers, she reached the community health centre well before her delivery. Timely care managed her severe anemia safely, and today, Savitri is home with her healthy baby girl.**

*Names of beneficiaries have been changed to protect their identity and ensure privacy.

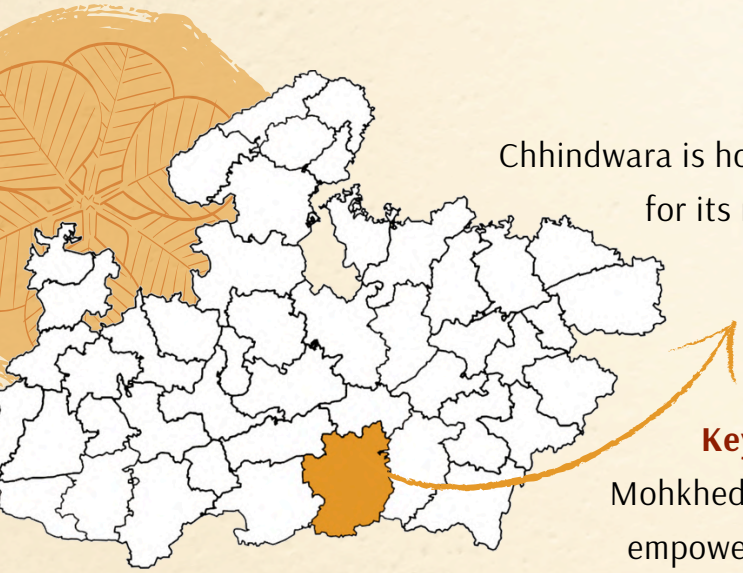
Betul, Madhya Pradesh

Betul's population includes Gonds and Korkus, communities with strong traditions around childbirth. The district also experiences migration for agricultural work, leaving women and children vulnerable.

Key Achievement: : The Poshan Clinic, a TAF-driven innovation helps increase identification and management of malnutrition through increased mobilization, screening and treatment.

In Rambha subcentre, a two-year-old with severe malnutrition was identified through growth monitoring and treated at the Poshan Clinic in Bhimpur. With timely care and counselling, her health improved, and her family adopted better dietary practices—showing how the Poshan Clinic is strengthening early identification and management of malnutrition.

Chhindwara, Madhya Pradesh



Chhindwara is home to both tribal and non-tribal populations, known for its mining belt and forested areas. Among the Gond and Korku tribes, distinct rituals around pregnancy and childbirth sometimes delay timely medical care.

Key Achievement: Participatory Learning and Action in Mohkhed block led to the birth of the *Adopt a Bindi* initiative, empowering communities to track maternal and child health.

Piya*, 22, was underweight and struggling with high blood pressure in early pregnancy, compounded by the trauma of a previous abortion. During routine visits, the AAA and CHO flagged her as being at high risk. With support from Jyoti, an active community leader, her family was counselled on nutrition and care. Over the months, Piya gained weight, stabilised her health, and now awaits her first child with confidence.

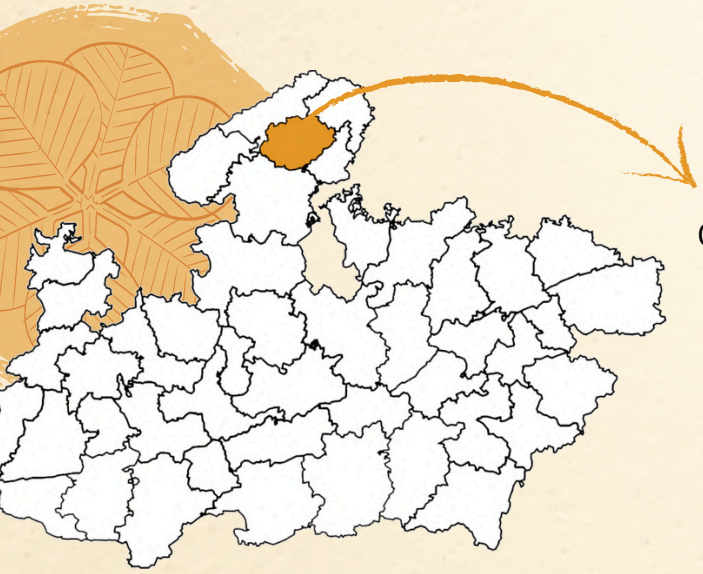
*Names of beneficiaries have been changed to protect their identity and ensure privacy.

Damoh, Madhya Pradesh

Damoh is an aspirational district, marked by weaker health indicators compared to state averages. It became a new ground to replicate successful models that had been piloted in Chhindwara and Barwani.

Key Achievement: TAF teams worked with the district administration to create whatsapp groups to track sick and low birthweight newborns to improve care in the first critical hours after birth.

In Ghatera, Damoh, Maya* delivered her baby at home after being unable to reach the hospital due to waterlogging. She resisted further care until TAF's community supervisor, along with ASHA, Health and Wellness Centre (HWC) staff, and local leaders, persuaded her to go to the district hospital. Their persistence ensured both mother and baby received timely treatment, showing how community support strengthens maternal care even in hard-to-reach areas.



Gwalior, Madhya Pradesh

A major urban-rural district with a mix of populations, Gwalior's health facilities are relatively better resourced but uneven in quality.

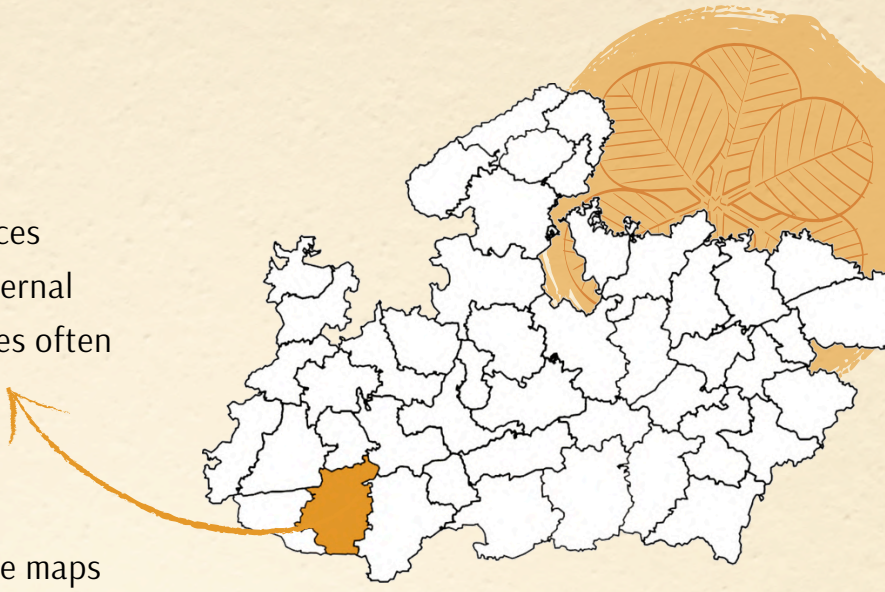
Key Achievement: TAF's outreach work was handed over to the government, highlighting sustainability and system ownership.

Usha Pandey, a dedicated Lady Supervisor, manages one of the most populous sectors in the district. With TAF's support, she learned to identify where Anganwadi workers were misreporting or underreporting in their monthly progress reports. Over time, she led the way in improving accuracy through regular sector meetings, reconciling registers with monthly progress reports, and joint field visits. Her efforts show how supervisors are not only strengthening data quality but also taking ownership of these processes, laying the ground for sustained government-led monitoring.

*Names of beneficiaries have been changed to protect their identity and ensure privacy.

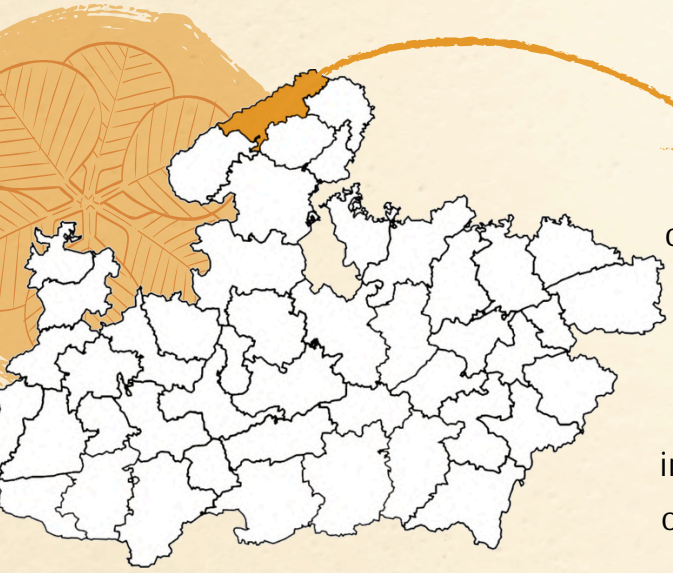
Khargone, Madhya Pradesh

Khargone, with a high tribal population, faces chronic challenges of malnutrition and maternal health risks. Its geography of remote villages often delays access to emergency care.



Key Achievement: The AAA platform was institutionalized across 5 blocks, with village maps in place and AAA members trained.

In Jhirnya block, Reena*, a severely anaemic pregnant woman from a remote hamlet, was identified early by the AAA team. With regular counselling, iron sucrose treatment, and timely referral to Community Health Centre (CHC) Jhirnya, she safely delivered a healthy baby girl. This highlights how coordinated AAA efforts are saving lives in hard-to-reach areas.



Morena, Madhya Pradesh

Located along the Chambal ravines, Morena faces challenges of scattered hamlets, poor nutrition indicators, and a health system under pressure.

Key Achievement: In Morena, TAF launched a major initiative to improve maternal and child nutrition, focusing on improved services and greater community mobilization.

In Ambah block, a severely malnourished child weighing only 1.8 kg was identified during a routine field visit. The AAA team and TAF staff ensured the child's admission to the Nutrition Rehabilitation Centre (NRC), where treatment and counselling were provided. Alongside, the mother, who was anaemic, received supplementation and nutrition education. With community support, the child's condition improved, showing how collective action can combat malnutrition and strengthen maternal and child health.

*Names of beneficiaries have been changed to protect their identity and ensure privacy.

Seoni, Madhya Pradesh

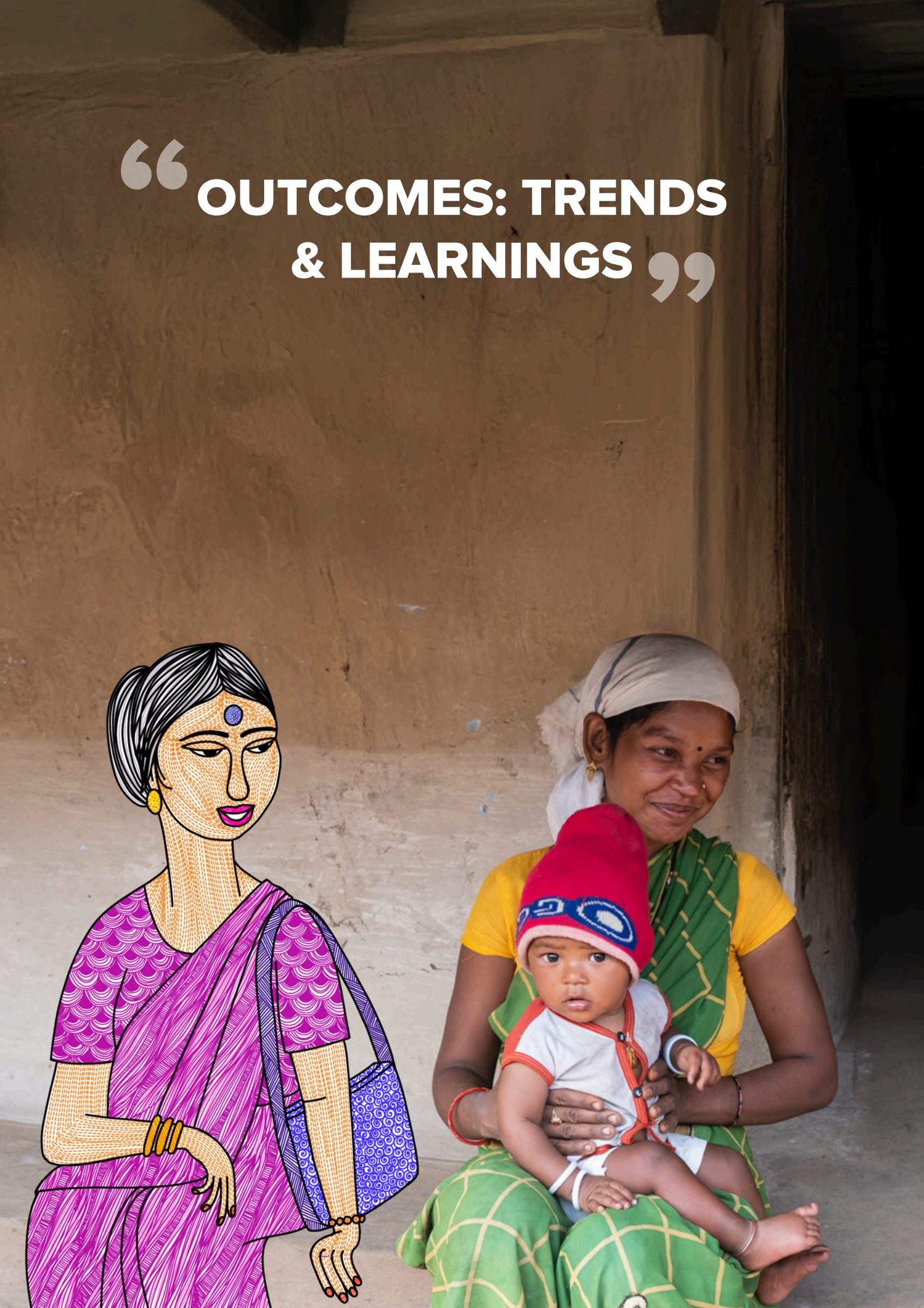
Seoni, a largely forested district bordering Maharashtra, has scattered tribal hamlets and poor connectivity. Many women here walk long distances to access even basic health services.

Key Achievement: The AAA platform intervention was successfully rolled out across five blocks, marking a significant step in strengthening last-mile health systems.

In Balpur village of Ghansour block, Rani*, a high-risk pregnant woman with anaemia and hypertension, repeatedly avoided ANC visits. Despite resistance from her family, the AAA team and supervisors persevered in counselling until she agreed to receive care. Rani received iron sucrose, regular check-ups, and eventually gave birth to a healthy baby boy. The case illustrates how joint efforts and system convergence are embedding TAF's interventions into routine government processes.

*Names of beneficiaries have been changed to protect their identity and ensure privacy.

“OUTCOMES: TRENDS & LEARNINGS”



OUTCOMES: TRENDS & LEARNINGS

Five years into the implementation of the Akshita program, we commissioned an analysis of MNCHN data across our intervention districts to assess progress and identify areas where our intervention ecosystem can be improved. The analysis revealed promising trends in TAF-supported areas compared to neighbouring regions:

Service Coverage and Risk Identification:

- Early antenatal registration increased by **25 percentage points (pp)**, while the share of pregnant women receiving at least four ANC checkups increased by **29 pp** in TAF geographies, surpassing comparison regions.
- Identification of high-risk pregnant women by the AAA increased by **24%**, leading to timely care and management.

Quality of Care: TAF's investments in capacity building for CHWs and labour room nurses led to improvements in service quality observed at VHSNDs and HBNCs in outreach areas, and enhanced infection prevention practices and complication management skills in labour rooms:

- HBNCs conducted by ASHA workers improved in preparedness, counselling, and follow-up, leading to increased identification and referral of sick children from the community to SNCUs.
- Intrapartum complication management rates by nurses **increased from 23% to 53%**, indicating improved detection and management of key maternal and neonatal complications.
- Facilities in TAF-supported districts reached a **57% LaQshya certification rate,** more than double the state average of 27%, showing notable improvements in the quality of care in labour rooms.

Knowledge and Skills of CHWs:

- Among ANMs and CHOs, the percentage scoring 50% and above on MNCHN knowledge assessments **rose from 61% to 91%**; one in four now scores above 75%, compared to just 2% at baseline.
- Among staff nurses, the percentage of labour rooms where nurses scored over 50% **rose from 18% to 71%**, with one in four facilities now achieving over 75%.

Baseline Evaluation Learnings

In addition to TAF's MNCHN data analysis, we also commissioned two independent studies in Damoh, Morena and Chhindwara, to evaluate the contribution of Akshita program on MNCHN outcomes. Findings from these studies are helping us shape the program design going forward:

- **Damoh Evaluation Baseline:** Findings indicate that awareness of pregnancy-related complications, while still limited, is strongly correlated with better health-seeking behaviours. For example, the likelihood of women completing four or more ANC visits jumps from 61% to 74% among those who recognise complication risks. Similarly, IFA (Iron Folic Acid) consumption rates are much higher (25%) in women who understand its importance, compared to those without such knowledge (14%).

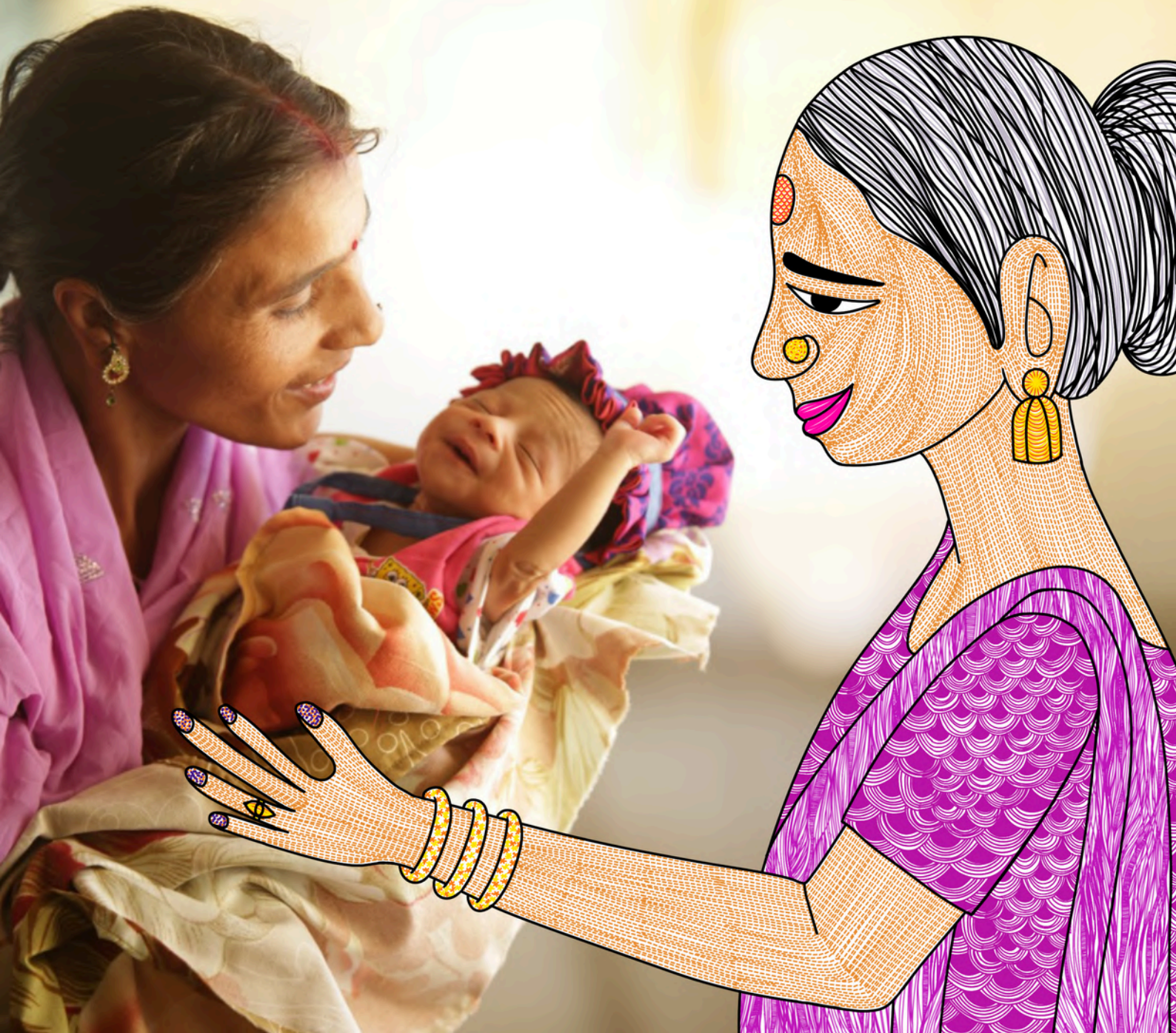
- **Morena and Chhindwara Nutrition Baselines:** Data reveal persistent vulnerabilities in maternal nutrition, antenatal care, and service delivery. Stark differences were noted between the two districts: Morena trails Chhindwara in both service coverage and nutritional indicators, as well as women's reported empowerment to seek health services. These findings reinforce the need for district-specific, data-driven interventions, particularly those that combine community-awareness building with targeted service delivery.

Key Learnings Going Forward:

- Consistent supervision and the integration of new digital tracking platforms show tangible impact when supported with regular field presence and government buy-in.
- Early success in mature districts (such as Chhindwara and Gwalior) suggests that empowering local institutions and facilitating gradual government handover builds both sustainability and accountability.
- Facility-based quality improvement (Aaradhya Jeevan) is most effective when coupled with supportive policy alignment (LaQshya, NQAS, Kayakalp) and hands-on capacity building for facility staff.
- Community integration models (PLA++, Faliya Volunteers) drive measurable reductions in at-home deliveries and increase the overall reach of essential health messages.
- Gaps in nutritional awareness, especially among adolescent and expectant women, require intensified IEC and partnership solutions—work already underway in Morena and Chhindwara.

TAF's monitoring and learning systems underscore that real program improvement comes from embedding measurement into routine fieldwork, using the results to adapt interventions, and staying open to feedback from every participant—from the last-mile volunteer to district authorities.

“OUR ORGANISATION – KEY ACHIEVEMENTS”



OUR ORGANISATION – KEY ACHIEVEMENTS

This section offers insight into the foundational pillars that power The Antara Foundation's impact. Across verticals and teams, the organisation has strengthened capabilities, grown talent, and scaled solutions sustainably.

Human Resources

Largest Fellow Cohort

FY25 saw us onboard the largest-ever cohort of 31 Fellows, representing 14 Indian states and diverse academic backgrounds. These Fellows worked across nine districts, contributing to frontline innovations and community engagement. At the end of the year, approximately 30% of our Fellows transitioned into various roles within TAF, while others moved on to pursue advanced studies and roles in other organisations.

Organisational Leadership

We strengthened our leadership capacity with the appointment of Keshav Sahani as Chief Strategy Officer, Digital Health, and Paroma Ganguly as Head of Communications. A cadre of Program Officers was promoted internally, reinforcing middle management and creating a pipeline of future leaders. Today, we are **149 people strong,** including our field teams—reflecting 20% growth over the last year.

Strengthening our TAF First Culture

Our Founder Director, Ashok Alexander, led organisation-wide culture dialogues, creating safe spaces for open conversations and trust-building. Insights from these have shaped roadmaps to strengthen organisational culture, now being driven by Culture Champions in each district.

At TAF, our culture is rooted in five core practices: a grassroots focus, a willingness to learn, a feedback mindset, an obligation to dissent, and a commitment to creativity and teamwork. These practices are guided by our core values of putting TAF First, humility, freedom with accountability, and obligation to dissent. Together, they shape how we work with communities and government systems, reminding us that **how we achieve impact matters as much as the impact itself.**

Complementing this, our first-ever Sports Championship brought together eight teams over four months in both popular and traditional games, reinforcing team spirit, empathy, and healthy competitiveness as integral parts of TAF's culture.

McKinsey's Ability to Execute (A2E) Program

A cohort of 2 batches with 100 and 70 participants each successfully completed the Ability to Execute (A2E) certification offered by McKinsey.org. This 6-month hybrid experiential capability-building program empowered participants with the toolkits and competencies (such as innovation, driving action, risk mitigation, prioritisation, communication, feedback, and structured problem-solving) needed to drive and sustain transformational change at scale.

Administration and Finance

Systems and Processes

Under the stewardship of the finance and admin teams, ERP (Microsoft Dynamics Business Central) and HRIS (KEKA) platforms were used consistently, ensuring smooth day-to-day operations, compliance, and timely payroll and reporting. The development of new MIS reports streamlined resource utilisation insights for program and leadership teams, supporting data-driven decision-making.

Monitoring & Evaluation

Aalekha Launch

In alignment with TAF's commitment to strengthen learning and accountability, the organisation built 'Aalekha,' an integrated monitoring and evaluation platform. Developed with support from the Koita Foundation, Aalekha centralises program data management and supports real-time analytics, enhancing the responsiveness and effectiveness of field teams and leadership.

Together, these verticals ensure that TAF's programmatic ambitions are grounded in strong organisational health, data-driven management, motivated and skilled teams. This integrated support system is essential as TAF scales impact toward ending preventable maternal and child mortality in Madhya Pradesh.

PREVENTION OF SEXUAL HARASSMENT POLICY

TAF has in place a **Prevention of Sexual Harassment Policy,** which is in line with the requirements of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. In compliance with the provisions of the Act, TAF has constituted an **Internal Complaints Committee (ICC)** to receive and address complaints related to sexual harassment from employees, if any.

During the year under review, the status of complaints was as follows:

Particulars	Sexual harassment complaint
Filed during the year	3
Pending resolution at the end of year	1*
Remarks	*This complaint was filed in March 2025 and closed in April 2025. One complaint was resolved after 90 days due to withdrawal of an external IC member and the subsequent appointment of a new member.

In addition to grievance redressal, TAF undertook awareness initiatives to build sensitivity and compliance. **Awareness sessions were conducted for all new joinees at the time of joining,** with **four such sessions held during FY 2025.**

We affirm that **TAF has complied with the provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.**

FINANCIALS


Eligible Couple Registration
EC Registration
EC Tracking
Husband Details
Family Samagra ID
Samagra ID of Husband
Name of Husband
Current Age (yrs)

FINANCIALS

TAF's financial statements annexed here are prepared in accordance with the Indian Accounting Standards as applicable to a Non-profit company and represent an abridged version of our full financial statements which are available on our website at Financials section. The consolidated statement of financial position should be read in conjunction with the accompanying notes to financial statements and schedules.

THE ANTARA FOUNDATION
CIN: U85100DL2013NPL248051
BALANCE SHEET AS AT MARCH 31, 2025
(All amounts are in Indian Rs.in "Thousand's" unless otherwise stated)

Particulars	Notes	As at 31 March 2025	As at 31 March 2024
EQUITY AND LIABILITIES			
Shareholders' Funds			
Share capital	3	100.00	100.00
Reserves and Surplus	4	1,57,270.43	1,28,835.92
		1,57,370.43	1,28,935.92
Non-Current liabilities			
Long-term provisions	5	-	5,435.86
		-	5,435.86
Current Liabilities			
Trade payables			
(A) total outstanding dues of micro enterprises and small enterprises	6	916.46	503.99
(B) total outstanding dues of creditors other than micro enterprises and small enterprises	6	7,662.15	6,714.34
Other Current Liabilities	7	2,669.16	5,483.91
Short term provisions	8	-	72.78
		11,247.77	12,775.02
Total		1,68,618.20	1,47,146.80
ASSETS			
Non-Current Assets			
Property Plant and Equipments			
- Tangible Assets	9a	8,279.90	8,934.36
- Intangible Assets	9b	6,485.86	3,828.94
Other Non-Current Assets	10	2,422.98	1,962.98
		17,188.74	14,726.28
Current Assets			
Cash and Cash Equivalents	11	1,41,941.65	1,26,979.48
Short-Term Loans and Advances	12	6,808.64	3,390.62
Other Current Assets	13	2,679.17	2,050.42
		1,51,429.46	1,32,420.52
Total		1,68,618.20	1,47,146.80

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 & CO. NEW DELHI CHARTERED ACCOUNTANTS

Adeesh Mehra
Proprietor
Membership No. 87366

Place: New Delhi
Date: August 21, 2025

For and on behalf of the Board of Directors

Ashok Alexander
Director
DIN 02453481

THE ANTARA FOUNDATION NEW DELHI

Chandrika Bahadur
CEO and Director
DIN 06970933

THE ANTARA FOUNDATION
CIN: U85100DL2013NPL248051
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31, 2025
(All amounts are in Indian Rs.in "Thousand's" unless otherwise stated)

Particulars	Notes	For the year ended 31 March 2025	For the year ended 31 March 2024
INCOME			
Grants and Donations Received	14	3,71,223.67	2,95,775.90
Other income	15	5,560.63	5,016.61
TOTAL		**3,76,784.30**	**3,00,792.51**
EXPENDITURE			
Program Expenses	16	2,76,501.48	2,34,641.25
Employee benefit expenses	17	39,278.74	33,604.38
Depreciation and Amortization expenses	9	5,054.83	6,065.12
Other Expenses	18	27,514.75	29,535.90
TOTAL		**3,48,349.80**	**3,03,846.64**
Excess of income over expenditure / (excess of expenditure over income) before tax		**28,434.50**	**-3,054.13**
Tax expense		-	-
Total Tax Expenses		-	-
Excess of income over expenditure / (excess of expenditure over income) after tax		**28,434.50**	**-3,054.13**
Earnings per Share			
- Basic		2.84	(0.31)
- Diluted		2.84	(0.31)

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

ADEESH MEHRA & CO. CHARTERED ACCOUNTANTS NEW DELHI

Adeesh Mehra
Proprietor
Membership No. 87366

Place: New Delhi
Date: August 21, 2025

For and on behalf of Board of Directors

Ashok Alexander
Director
DIN 02453481

Chandrika Bahadur
CEO and Director
DIN 06970933

THE ANTARA FOUNDATION NEW DELHI

ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

We extend our sincere gratitude to our funding partners who continue to believe in and invest in our mission. Their financial and technical support has been instrumental in advancing our work.

Funders

Partners

Government of Madhya Pradesh

Additionally, our collaboration with IIT Bombay will greatly strengthen our digital innovation efforts, including the design and rollout of Project Anugami. Partnerships with government departments at the state and district levels have ensured that our work aligns with and supports public health priorities.

Community Health Workers and Volunteers

Our frontline collaborators—ASHAs, ANMs, Anganwadi Workers, Community Health Officers (CHOs), and trained supervisors—are the backbone of our programs. We also acknowledge the dedication of all our Faliya volunteers and Community Resource Persons who bring services to remote and tribal hamlets, enabling us to reach mothers and children who are most in need.

Our team

TAF's staff and leadership team have remained steadfast in their dedication to advancing maternal and child health, working with passion and commitment in some of the most challenging environments. Our growing team of 149 professionals continues to drive impact across districts. Complementing this, the 31 Fellows inducted during FY25 have brought fresh perspectives and contributed significantly to innovation and program delivery across nine districts. We salute their commitment and enthusiasm.

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 is the CEO of The Antara Foundation. She has previously served as President of the Sustainable Development Solutions Network and chaired the Lancet COVID-19 Commission India Task Force. She is the Founder of the SDG Academy and has worked with the Reliance Foundation and the United Nations. Chandrika has also taught at Harvard and Columbia Universities, and is an alumna of St. Stephen's College, Delhi, IIM Ahmedabad, and the 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 Columbia SIPA graduate, Co-founder at Oorvani Foundation, a founding trustee of Citizen Matters, and has also served 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.

Piyush Mehra is the former CEO of The Antara Foundation with overall responsibility for its programs and functions in India. Currently, he is the Director of Operations and Transformation at Arthur D. Little. He has extensive CXO-level advisory experience in strategy formulation and implementation.

Dr. Rajani Ved, with 30+ years of experience in women and children's health, health systems, and prior leadership at the National Health Systems Resource Center (Government of India), now directs health initiatives at the Bill and Melinda Gates Foundation's India office and serves as a visiting scientist at Harvard's T.H. Chan School of Public Health.

NOTE: Piyush Mehra served as Director until August 14, 2024.
Rajani Ved served as Director until May 8, 2024.

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.

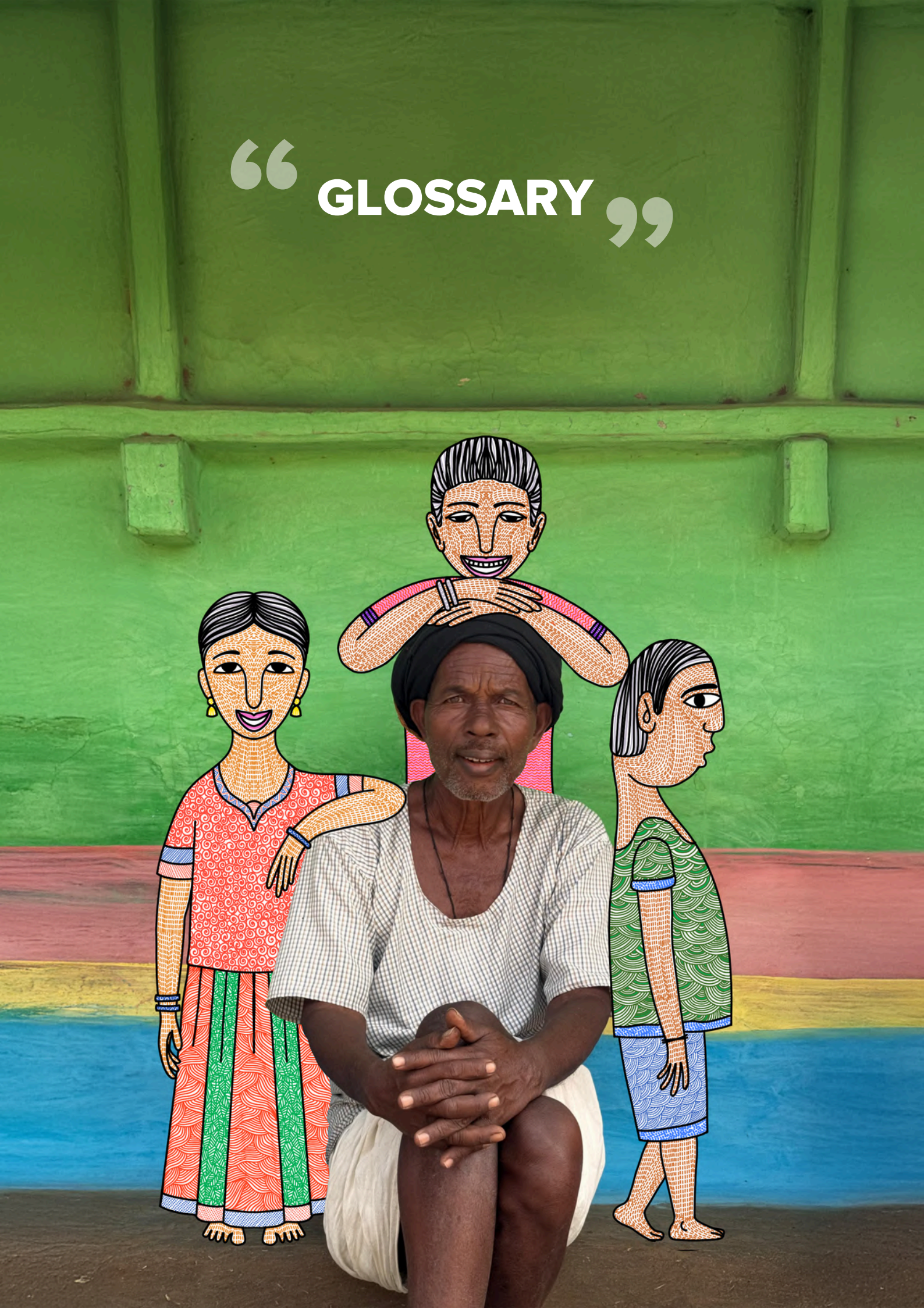
Dr. Prasanta Tripathy - Co-founder and Director of Ekjut. Expert in community interventions and CSR at Tata Steel, Jharkhand.

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.

Suneeta Krishnan leads strategy, operations, and measurement at the Gates Foundation's India Country Office, supporting teams to strengthen programs with data and evidence and advance gender equity goals. She previously served as Country Director at RTI International India and on the faculty at UC San Francisco, with adjunct roles at UC Berkeley, St. John's Research Institute (Bangalore), and the James P Grant School of Public Health (Dhaka). She holds a BA from Barnard College and a PhD in Epidemiology and Biostatistics from UC Berkeley and received the U.S. Presidential Early Career Award for Scientists and Engineers in 2004.

“GLOSSARY”



GLOSSARY

AAA: ASHA, ANM, AWW (the three frontline workers)
AAM: Ayushman Arogya Mandir
ANC: Antenatal Check-up
ANM: Auxiliary Nurse Midwife
ASHA: Accredited Social Health Activist
AWW: Anganwadi Worker
AWC: Anganwadi Centre
CHC: Community Health Centre
CHO: Community Health Officer
CSR: Corporate Social Responsibility
DBMS: Database Management System
DCM: District Community Mobiliser
DH: District Hospital
DMO: District Medical Officer
DoWCD: Department of Women and Child Development
DoHFW: Department of Health and Family Welfare
DPM: District Program Manager
DPO: District Project Officer
ERP: Enterprise Resource Planning
FLW: Frontline Worker
FY: Financial Year
HBNC: Home-Based Newborn Care
HNI: High Net-Worth Individuals
HRC: High Risk Children
HRIS: Human Resource Information System
HRP: High Risk Pregnancy
ICDS: Integrated Child Development Services
IEC: Information and Education Communication
MAM: Moderately Acutely Malnourished
MNCHN: Maternal, Neonatal and Child Health and Nutrition
MO: Medical Officer
MoU: Memorandum of Understanding
MP: Madhya Pradesh
MPW: Multi-Purpose Worker
NHM: National Health Mission
NMFE: Nurse Mentoring and Facility Enhancement
NRC: Nutrition Rehabilitation Centre
PHC: Primary Health Centre
PLA: Participatory Learning and Action
PO T&I: Program Officer – Training and Implementation
PO NMCB: Program Officer – Nurse Mentoring and Capacity Building
SAM: Severely Acutely Malnourished
SHC: Sub-Health Centre (also known as Health and Wellness Centre – HWC)
TAF: The Antara Foundation
VHSND: Village Health, Sanitation and Nutrition Day

Disclaimer: We have obtained due consent from all beneficiaries for the use of their photos.
Illustrations created with inspiration from Gond tribal art of Madhya Pradesh.

antara foundation

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