As we set foot into 2021, the progress of our work in the past year makes us greatly excited about the possibilities ahead. The year 2020 has been unique for us in many respects. We are fortunate for the momentum that has been built in our programs in the states of Madhya Pradesh and Chhattisgarh, despite the pandemic.

Madhya Pradesh stands out as one of India’s biggest states, with a population of about 73 million spread over 52 districts. Here, we took up a new district Betul. We started working in four blocks (typically ~160 villages, ~140,000 population in each). We have commenced work in a new block called Ghodadongri, which is especially challenging. There we have a population that is almost 60% tribal, scattered widely over extremely difficult terrain. Our goal is to work with government to transform the health of the poorest mothers and their children, in Ghodadongri. In Chhattisgarh, we have taken up one more block – Tumgaon in Mahasamund district, launching our work there with the nurse mentoring intervention. We are excited about expanding our work in these two key central India states.

All this and more has been possible because of the vibrant partnership we have with our donors – both existing and new. They range from some of the most eminent organizations in the development and corporate sectors to family foundations and individual givers. In this edition, we feature one of our earliest champions, mentor and supporter Arjun Malhotra. In a conversation with us, he talks about his journey with the Antara Foundation.

This edition also features an interview with our nurse mentor, Pooja Sao, who shares her experience and provides insights into our nurse mentoring and facility enhancement intervention in Bagbahara block, Chhattisgarh. We also have our communications Fellow, Nikita Desouza, sharing her experience from her first few months into the Fellowship.

Our hope for 2021 is to grow stronger, building on from the past year’s momentum. We hope to establish our interventions in full swing in new geographies as well as have new partners on board.

I hope you enjoy reading our first newsletter of 2021. My best wishes to you for the new year.

Note: Figures as per 2011 Census

Supporting us in our mission: Arjun Malhotra
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FEATURED VIDEOS
Watch our new in-house 360-degree films on YouTube
Get an immersive experience of the regions and communities we work with. Drag the videos around for 360-degree views.

Life in rural India
See what life is like in Madhua Dhana, a typical central Indian village we work in.

A Day in the Life of an Auxiliary Nurse Midwife (ANM)
The ANM is one of the three frontline workers in each village we closely work with. Watch to know what life is like for them.
Supporting us in our mission: Arjun Malhotra

Arjun has been supporting our cause since the very beginning; in an interview with us, he shares his journey so far with the Antara Foundation.

Arjun Malhotra is one of Antara Foundation’s (TAF) earliest patrons, having invested at a time when the idea of TAF had just been formulated. As a donor and mentor, Arjun has been an integral part of TAF’s journey. In addition to his financial support, he actively contributes in shaping our strategy and fundraising efforts.

In conversation with us, Arjun talks about his philanthropic journey with the organization.

Some of the key points extracted from the conversation are:

**Why did you decide to invest in TAF?**

I believe non-profits play a significant role in civil society. In order to make a meaningful change, they must have a well-defined vision and a clear understanding of the impact they aspire for.

In TAF, I saw a unique vision to scale preventive public health innovations at the national level – a scale few organizations aim for.

Ashok had conceptualized a powerful model, that drew lessons from his Avahan experience, while leading the Gates Foundation’s work in India. Aspects such as working closely with communities through smart use of data were critical to achieving sustainable large-scale impact in HIV prevention, and TAF was now applying them in maternal and child health.

Moreover, it was reassuring to see a non-profit that was willing to collaborate with government – without which, in my opinion, achieving large scale in India is quite difficult.

**Your thoughts on the organization’s evolution so far**

TAF has come a long way over the past few years. In 2015, we set out to address issues such as maternal and infant mortality, and malnutrition among children by piloting solutions in select districts of Rajasthan. In a matter of three years, the AAA Platform (one of TAF’s flagship interventions) was rolled out by the Rajasthan government across the entire state, covering almost 46,000 villages.

The result of this pioneering work led to expansion into new geographies such as Madhya Pradesh (MP) and Chhattisgarh. Early results from the work in these new geographies are also noteworthy.

I am delighted to witness the momentum TAF has carried on in 2020 despite the pandemic. It was encouraging to see its interventions such as the AAA platform being swiftly adapted to address rural COVID-19 in MP, while ensuring maternal and child health work continued alongside.

It is also heartening to see new donors come on board to support TAF in its expansion efforts.

**How was your Rajasthan field visit experience?**

My field visit to Rajasthan was an eye-opener. I witnessed something completely different to my knowledge then about rural India. On one hand, I saw villages with beautiful landscapes and plush farm fields. At the same time, they were also some of the poorest and most difficult-to-reach areas. Some villages were only accessible by foot via narrow lanes. It was shocking to see people living in these circumstances, with limited access to even basic amenities such as water, sanitation and electricity.

I recall visiting a public health facility with the program team in Jhalawar district and was surprised to see nurses instead of doctors conducting deliveries. They were working double shifts due to lack of staff. I saw overcrowded hallways with people who had travelled long distances to avail health services. The state of the infrastructure in the facility was nowhere close to that in city hospitals.

**What were your observations on TAF’s programs in the field?**

Amidst all difficult circumstances, I was elated to see the change that was being brought about by the team. When I met nurses in delivery rooms who were mentored by TAF, I was impressed by their adeptness in explaining and demonstrating the new skills they had learned. It was great to see the nurse mentoring and labor room improvement solutions in action, so as to ensure quality services for mothers and babies even in public facilities.

Based on my enriching experience, I often encourage people in my networks to make a field visit, especially those mulling over which causes to support. This is the best way to witness a program live, interact with communities, and experience the potential for impact – more powerful than any other media.

**Your thoughts on TAF’s journey ahead.**

My hope for TAF is to continue expanding in its journey of scale. MP and Chhattisgarh together account for over 20% of India’s infant deaths, and I look forward to TAF soon reaching state-wide impact in both states, and significantly transform their health status.

I am confident of TAF’s vision to achieve national level impact in the time to come. I wish for TAF to become a benchmark organization in scaling systemic public health innovations in maternal, child health and nutrition, and even beyond.

**Your message for people looking to support Antara Foundation.**

There are several reasons why I feel TAF provides a unique social investment opportunity. It focuses on an area of dire national need that unfortunately receives very little attention – preventive maternal, child health and nutrition. They have a proven model that ensures close collaboration with government as well as communities at the grassroots.

I was struck by my interaction with adolescent girls as part of TAF’s Jagori Kishori program. These young girls explained to me with the utmost confidence, how they were being trained to become change agents within their communities, and how they would visit their neighborhoods to spread key health messages.

Their strong leadership traits and the passion to bring change at such a young age was infectious. They were truly our leaders of tomorrow.

I urge people to read more about TAF’s work, speak to the team, and even better, plan a field visit!
INTERVENTIONS

Nurse mentoring and facility enhancement

Pooja, our nurse mentor in Chhattisgarh, speaks about the intervention and shares her field experiences.

Antara Foundation’s (TAF) nurse mentoring intervention focuses on enhancing labor rooms and improving knowledge and skills of nurses tasked with conducting deliveries in public health facilities. The intervention saw great results in our focus district in Rajasthan and is now being implemented in our Chhattisgarh and Madhya Pradesh programs.

In a conversation with us, Pooja Sao (our nurse mentor in Mahasamund district, Chhattisgarh), talks more about the intervention and shares her field experiences.

Tell us about your background as a nurse mentor

I completed my bachelor’s degree in Nursing Studies. Alongside, I worked part time shifts as a staff nurse across rural government facilities where I got a first-hand view of the poor state of public health facilities, and the inadequate skills of staff. These experiences motivated me to become a trainer, to apply my expertise towards improving India’s maternal and child health outcomes.

I went on to work with organizations such as Apollo Hospital, CARE India, Ekam Foundation, and finally with TAF as a nurse mentor.

Describe the typical work activities in your current role with TAF

My work as a nurse mentor involves end-to-end processes in skillling delivery nurses and enabling them in re-organizing labor rooms. For example, starting with assessment of existing staff knowledge, assessment of delivery room readiness, designing tailored trainings, to delivering a combination of classroom and bedside teaching. We use birthing simulators to ensure our mentees are able to handle even complicated delivery scenarios. We also observe live deliveries and provide handholding support on a regular basis.

How would you compare TAF’s nurse mentoring to others you have seen?

Our nurse mentoring program’s biggest strength is that it does not adopt a one-size-fits-all approach and is tailored to specific needs.

For example, in Chhattisgarh, we have adopted a mixed approach where intensive facility-based trainings are being conducted in select high volume delivery points, and classroom trainings in batches with on-site handholding in the rest. The idea is to achieve full coverage with the optimum level of training needs. The curriculum is designed keeping in mind the facility-level. For example, primary-level sub-centers have a 3-week training cycle, while higher facilities have 5-week cycles that also include complication management.

Moreover, I greatly enjoy the process of designing the training myself. In many of my previous roles, the materials were simply handed over to us.

Why is a well-organized labor room important?

Along with imparting the required knowledge and skills, ensuring a well-equipped labor room, with all protocols and guidelines duly displayed can save several preventable maternal deaths, neonatal deaths and still-births. It is critical to ensure proper infection prevention mechanisms, as well as the supplies to timely manage delivery-related complications such as hemorrhage, obstructed labor, sepsis, and so on.

Could you share few examples of the most critical gaps you usually observe on the field?

One of the most prominent issues I observe is nurses not following updated protocols and using outdated delivery methods. Further, they are unable to identify and manage complications. Most facilities do not have referral data, and in some cases referral registers are not even available. This makes it difficult to track past cases and identify areas of improvement.

The availability of equipment and medicines is also a major issue. Poor training of staff on supply chain management makes matters worse.

Tell us more about different components of TAF’s nurse mentoring program?

Our nurse mentoring curriculum includes a comprehensive range of topics such as: antenatal care, safe delivery, intrapartum care, managing maternal and child complications (e.g., hemorrhage, prolonged labor, eclampsia, child hypothermia), neo-natal care, and family planning counselling. Special focus is placed on infection prevention, including proper bio-medical waste management and instrument sterilization. We also teach practices such as Kangaroo Mother Care for low-birth weight babies, which can be critical for the baby’s life. Additionally, we ensure all participants are aware of how to properly record and report information on services provided.

As part of the training on labor room organization, we teach participants how to maintain the essential ‘7 trays’, create a proper newborn care corner, and ensure availability of critical drugs and supplies such as oxytocin, Vitamin K, Ambu bag, and so on.

How has the response from your mentees been so far in Bagbahara block (Chhattisgarh)?

I have finished all the baseline assessments in my block and I’m very excited now to start the training process. The staff nurses have warmly welcomed our program and are extremely motivated to build their skills. Some participants mentioned how they are getting trained almost six to seven years, and are very appreciative of our work. I am optimistic and look forward to the transformation.

“...I'm really looking forward to receiving new information as part of the trainings. I have been told that we will receive training on updated guidelines, something which was not covered earlier in government trainings. We have recently set up the delivery room. Earlier, we faced difficulty as the trays were not organized but now, we have nicely set up all seven trays in the correct manner. I’m sure we will not face any issues now during delivery, and have access to all instruments and medicines”

Smt. Teshkumari Dewan, Rural Health Organizer Female (ANM), SIC Pandrani, Bagbahara

Pooja, our nurse mentor in Mahasamund district, Chhattisgarh, shares her field experiences.

**Note:** Impact data from Chhattisgarh and Madhya Pradesh programs.
**PROGRAM UPDATES**

**Overall program highlights**
*Updates from our Madhya Pradesh and Chhattisgarh programs*

**Chhindwara program**
- Village maps installed in all 1,000+ anganwadi centers in TAF’s five focus blocks.
- Initiation of AAA meetings, orientation of block and district officials currently underway.
- AAA platform scale-up by government progressing strongly in non-TAF blocks.
- New flipbooks rolled out for all ANMs and supervisors. Conceptualized and designed in-house, they supplement our capacity building efforts and act as handy job-aids. Topics include maternal and child health, roles and responsibilities, COVID management, etc.

**Chhattisgarh program**
- AAA platform process fully established in Bagbahara block (Mahasamund district), with AAA meetings fully underway across the block.
- Review of AAA platform formally incorporated within government sector and block-level meeting agendas – a key step in our model of institutionalizing processes within the government health system to ensure sustainability.

**Betul program**
- Work initiated in our new block, Ghodadongri; newly recruited field staff being deployed.
- Work across remaining four blocks in Betul progressing well; more than 70% village maps created.

**TEAM DIARY**

**Looking through the viewfinder**
*Nikita shares field experiences from her first few months as a Communications Fellow*

**NIKITA DESOUZA**

On July 18th, amidst the pandemic, I reached Chhindwara in the state of Madhya Pradesh. It was the red pin in my journey. In wonder, I double tapped and zoomed in. The dot was split into five blocks where I would eventually work. The names of these blocks initially seemed alien to me, but I now know them as if they were my spare. I had made. All added to my experience on a daily basis.

My adventure started with working on a film to capture one of our interventions – the AAA platform and how it was being adapted to identify and provide focused attention to beneficiaries at high risk of COVID-19. With a recce across several villages to start with, I finally found the right one, we made a script, and I was off to shoot.

As I reached my shoot location, I was welcomed with smiles and wonder. None of the frontline workers had ever been filmed before. They practiced their portions and sat in front of the camera. The moment I looked into my viewfinder; I saw the frontline worker breaking a sweat. I had to improvise and make them feel comfortable. Little did I know that my skill of knowing Marathi would come in handy! The moment I spoke in Marathi and asked them questions about what they ate, discussed what they liked to do in their spare time and where they got their saree blouses from, they opened up - I had finally managed to break the ice. They even gave me suggestions on where I could shoot a particular scene, which house and with whom. They became my co-directors.

The second day of shooting was a hot day! In order to replicate the lighting from the previous day, I had to figure a way to soften the light somehow. I took help from four didis (frontline workers) present there; they held up a large white sheet over our heads. There was sweating again but a fun giggle soon followed. They remarked on how all this felt like they were on the set of a film. After we finished shooting, we sat to eat a meal together. The anganwadi worker offered me some fried pumpkin, another delicacy she had made. All added to my satisfaction.

My journey then took me into the realm of 360-degree films. This was a whole new world, and it overwhelmed and excited me at the same time. It was a way to bring a more immersive experience to our films. Shooting these films, led me to explore the inside of people’s houses. I trekked through forests, crossed rivers, made makeshift stands, and even placed the camera in the middle of a river to shoot. The diversity of places and terrain ensured I always had my thinking hat on and came up with clever ways of using the resources I had. I’ve visited vaccination storage rooms, labor rooms, community health centers and Nutrition Rehabilitation Centers (NRCs). This tiny camera has taken me to many places.

Having interacted with many people, I learnt how villagers get excited about little things and even dress up to go to the NRC. It made me wonder how I’m sometimes very ungrateful for all the things I get to experience on a daily basis. Once, I visited a village for a shoot and met the ASHA’s family and the kids had made a miniature house, complete with plants and furniture and a detachable roof using the wrapper of a packet of chips. I saw the outcome of using resources to the best of your abilities.

In a conversation with frontline workers, I learned about incidents they encountered – of how young girls have children, and how so many of them lose their child, how running away and getting married is a common occurrence and family planning is one that is scarce.

Being on the field has given me a closer look into the lives of these villagers and frontline workers and it has shown me both the good and the bad, and how sometimes a small effort made can make a big difference in the long run.
IN PICTURES

A sub-health centre staff nurse being oriented on labor room organisation by our program nurse mentor, Pooja Sao, in Mahasamund district. In the photo, we see protocols for the “7 essential trays” being displayed.

As part of scale-up through government in our non-focus blocks, a training being conducted on village mapping by a Lady Supervisor (supervisor for auxiliary nurse midwives) in Jamai block, Chhindwara district.

Orientation of frontline workers on conducting AAA meetings being carried out by our Program Officer (Training & Implementation), Shankar Panwar, in Chhindwara district.

Orientation of frontline workers on village mapping process being carried out by our Program Officer (Training & Implementation), Atul Sharma, in Betul district.

COMMUNITY SPOTLIGHT

As part of our new Instagram series called Community Spotlight, we regularly feature stories about rural communities we interact and work with. Read other inspiring stories on our Instagram page HERE.

“My name is Savita Sangode. I’m an Anganwadi Worker in Gulsi Jalatola village. I have been an Anganwadi Worker for the past ten years.

Last month, there was a home delivery in my village because the ambulance could not get there on time. Soon after the delivery, I went to visit the baby and found her to be very weak and not crying or moving much. I realized that the mother wasn’t lactating correctly and thus wasn’t able to feed the baby. It took me three hours of trying various methods until finally the mother was able to feed the baby, and the baby showed signs of activity.

Due to religious customs, sometimes community members do not like frontline health workers visiting mothers who have just given birth. But as an Anganwadi Worker, it is my duty to ensure children and mothers receive good nutrition. The baby is now healthy and playing. And nothing makes me happier.”

Note: All photographs have been taken by our program team with due consent.