

THE ANTARA FOUNDATION NEWSLETTER

SUPPORTING GOVT. IN FIGHTING COVID-19 IN INDIA'S VILLAGES



Our response to the pandemic

Several of our initiatives are underway to support government better manage their response to the pandemic in rural India

The prospect of COVID-19 turning into a rural epidemic is worrying. We are actively supporting government in our program geographies in Madhya Pradesh and Chhattisgarh in fighting COVID-19 in India's villages. We are adapting innovations from our program, such as *village maps* to identify individuals and households at the greatest risk of contracting the virus. So far, we have trained frontline workers in almost 700 villages on using the tool. The innovation can easily be scaled-up further.

[Read here](#)

Enhanced ASHA diary

The new diary designed by us has the potential to impact more than 60,000 ASHA workers

We created an enhanced version of the ASHA's record-keeping register (ASHA diary) as part of our program in Madhya Pradesh. The revised design makes data-recording more efficient, reduces errors and makes the diary a job-aid rather than a burden to maintain. The diary is currently in its final stages of being refined. Once launched, the diary will impact more than 60,000 ASHAs across the state.

[Read here](#)

Adopting digital ways of work

Effectively leveraging technology across work amidst the lockdown

We have actively taken to technology while working remotely, both for our internal work, as well as interactions with the government. We talk about five examples where we are effectively leveraging technology in our work.

[Read here](#)



Photo: Snapshot of a virtual training session of frontline workers in Madhya Pradesh being conducted by our team members, Harhini (top-left) and Soumya (bottom-left)

New team members

Get to know more about the newest members of our family

Six new people joined the Antara Foundation family recently. Meenakshi Ramesh is our newest Board Member. Pushpinder Bishnoi and Sushma Taywade join us as Program Officers. Krupa Varghese joins as Monitoring and Evaluation Associate, Pooja Sao as Nurse Mentor, and Nikita Desouza as Communications Fellow. Incidentally all women, they bring varied experiences to the organisation, and add to our diversity! [Read here](#)

Lockdown tales from the field

Prerna Gopal (Program Officer, Chhindwara) shares her lockdown experience

Prerna is one of our many field team members based out of Chhindwara, our focus district in Madhya Pradesh. She shares what life has been for her during the pandemic – “If there is anything that I learnt during the last few months, it is the importance of adapting. It is an underestimated quality that I have now come to value.” [Read here](#)

IN PICTURES: CATCH GLIMPSES FROM OUR FIELD PROGRAMS [HERE](#)

COVID-19

Our response to the pandemic

Several of our initiatives are underway to support govt. manage COVID-19 in villages

India's efforts are in full swing to contain the spread of the deadly virus. However, we fear that the potential rural epidemic is being underestimated. There are all of the ingredients, unfortunately, for the virus to spread rapidly across rural India. There is large-scale rural-urban migration in the hunt for livelihood; there are people living in compact localities, often clustered together; and there are groups of vulnerable populations such as older people, pregnant women and children, often all under the same roof.

This calls for really innovative thinking on how to best identify the people highest at risk, at the individual and household level. The AAA¹ platform is one of our key interventions being rolled-out across focus districts in Madhya Pradesh (MP) and Chhattisgarh. The intervention focusses on increased use and sharing of data, and enables frontline workers to create village level micro-plans, synchronise records, and share learning. A key innovation here is the creation of household-level village maps, where frontline workers use *bindis* to mark critical beneficiaries so as to provide focussed service delivery.

Recognizing this, as of last week, local government in our MP program asked if we can adapt the AAA platform to identify individuals and households at greatest risk of contracting COVID-19. Treating this as an emergency, we have started training frontline health workers in almost 700 villages on how to use the tool to share information on households with infants, pregnant women, migrants, elders, and people with co-morbidities. The prospect of the virus' spread into rural India is worrying. The AAA platform tool can easily be scaled up to help fight the virus at the grassroots level.

Additionally, since June 2020, we have been training frontline health workers through virtual meetings to strengthen their knowledge and skills on the overall COVID-19 response. The topics covered include prevention protocols, special care for high-risk groups, contact tracing, correct use of infra-red thermometers and pulse oximeters, and so on. So far, we have trained around 400 frontline workers across the district of Chhindwara, covering almost 1,000 villages.

We are also providing support to government to ensure continuity of essential maternal and child health services. While our program officers provide on-site handholding support, we created a comprehensive checklist of essential processes and practices for delivering field services such as immunisation and ante-natal check-ups. The checklist has been officially issued by Chhindwara's district health department for use by all government supervisors.

1. AAA refers to the trio of ANM (nurse-midwife), ASHA (community mobiliser) and the Anganwadi Worker (overseer of nutrition for mothers and children)

Adopting digital ways of work

Effectively leveraging technology across internal and external work streams amidst lockdown

Amidst the sombre times of the pandemic, one positive has been the embrace of technology by organisations, including the government. Working remotely over the last three months, we have shifted to digital methods of working (e.g., virtual team meetings, online tools for real-time team participation) for both, our internal work as well interactions with government officials and frontline workers. We are greatly enthused by the willingness of government staff at all levels to adopt technology. Shared here are five examples from our work.

- 1. Internal learning sessions:** Using the lockdown as an opportunity to strengthen internal knowledge, we have conducted over 50 virtual learning sessions till now. Each session is led by groups of team members.
- 2. Capacity building of frontline workers:** We are conducting small group virtual trainings for ANMs, covering key topics like immunisation, and identification of high-risk pregnancies. The ANMs have shown great enthusiasm towards the new digital means of skill-building.

- 3. Intervention roll-out:** As part of the final stage of the ASHA diary design, we held a virtual orientation of officials from all 52 districts – an example of how going digital has made us advance at even faster speed!
- 4. COVID-19 efforts:** We are actively leveraging virtual team meetings to orient and train hundreds of frontline workers.
- 5. Virtual bonding:** We are one small family, and team celebrations and bonding are key to our work ethos. Alongside all the serious work, we've been holding virtual farewells, birthdays, fun sessions and many more to keep the team spirit flying high!

INTERVENTIONS

Enhanced ASHA diary

The new diary designed by us will impact more than 60,000 ASHAs across the state of Madhya Pradesh

A new data-recording register created by us has the potential to improve effectiveness and ease the burden of thousands of ASHA workers across Madhya Pradesh (MP).

The ASHA (Accredited Social Health Activist) is one of the three frontline workers that deliver health and nutrition services in each village in India (the other two being the Anganwadi Worker and Auxiliary Nurse Midwife). She is the community mobiliser who goes door to door, promoting health-seeking behaviour, facilitating access to government health services, providing basic medicines, ensuring proper home-based care for newborns, and so on.

She is mandated to maintain detailed manual records of her work in a register, termed "ASHA diary". Record-keeping is a tedious process, and poorly designed legacy formats make the task even more cumbersome, often demotivating frontline workers. In order to simplify these registers and make data-recording more efficient and effective, we created an enhanced version of the ASHA diary as part of our maternal and child program in MP.

The re-design process was an intensive exercise carried out in close collaboration with the government. It involved analysing existing record-keeping issues in MP, benchmarking against other states, and iterating with ASHAs and related officials. Some key principles used in the process were – ensuring comprehensive capture of services and beneficiaries covered, minimising data-recording errors, reducing data-entry time, highlighting attention on high-risk cases, and enabling entry of unique identifiers to track beneficiaries. The idea was to make the ASHA diary a job-aid and not a burden, and at the same time, boost the morale of ASHAs.



Photo: Excerpt from an ASHA's rough diary, created due to sub-optimal registers currently in use. The new ASHA diaries will eliminate the need for such manual formats

The revised diary is currently in its final stages of being refined. Through video conferencing, an orientation of all 52 district ASHA officials and key state officials was carried out this week in order to incorporate any final feedback. Once rolled-out, more than 60,000 ASHA workers across MP will benefit from its use.

TEAM

New team members

Get to know more about the newest members of our family

Antara Foundation recently welcomed six new women colleagues! Communities of women are the driving force of our work in public health and we are delighted to have more women join our team. Know more about some of our new colleagues below.

Krupa Varghese

Krupa joins us as Associate (Monitoring and Evaluation) and will be based in Delhi. She completed her Integrated Masters in Development Studies from IIT Madras and has previously worked as a public health consultant for PwC India, post which she co-founded a social sector start-up, AuxoHub that supports NGOs across functions.

Why social sector: She strongly believes in the value of investing in education and health, that enables upward mobility and a means to improve one's life.

Interests: She enjoys different genres of music, reading, theatre, watching crime thrillers and long-distance bike riding.

Pooja Sao

Pooja joins us as Nurse Mentor (Mahasamund district, Chhattisgarh). Pooja has graduated in Nursing and her past work experience involves working with the likes of Apollo Hospital, CARE and Ekam Foundation (in partnership with UNICEF).

Why social sector: Her work experience revealed to her the impact of poor knowledge and skills among govt. health staff on mortality and morbidity. She wishes to share her expertise to contribute towards improving India's health outcomes.

Interests: She likes cooking, listening to songs, reading and travelling.

Pushpinder Bishnoi

Pushpinder joins us as Program Officer (Betul district, MP). She has previously worked on issues such as provision of affordable and accessible water and water-related health issues. She has also worked with tribal communities on issues such as caste discrimination and women empowerment in Jharkhand and Madhya Pradesh.

Why social sector: Her motivation is to bring change and fight the "societal enemies", as national duty towards her country.

Interests: She is an avid coin and currency collector, likes travelling, experiencing new cultures, and is a nature and animal lover.

Sushma Taywade

Sushma joins us as Program Officer (Betul district, MP). She has a Masters in Hospital Administration and a Masters in Development Practices from TISS. She has previously worked on multiple government-led programs, focusing primarily on maternal and child health.

Why social sector: Sushma belongs to Betul itself and as a child she observed the grave issue of maternal deaths in her village. She wishes to utilise her education to work for the cause of mothers and children.

Interests: She is a nature lover, loves to spend time with family, and is an avid gardener.

TEAM

New board member

Meenakshi Ramesh



Meenakshi is passionate about working on social and civic causes and strongly believes that individual initiatives matter as much as collective effort. She is a founding trustee of Citizen Matters, an online magazine for increasing citizen engagement in solving urban civic issues, with chapters in Bengaluru, Chennai and Mumbai.

She is currently Executive Director and CEO of United Way Chennai, an organisation that carries out holistic and sustainable interventions across sectors such as education, health, environment, livelihood, and disability. She has spent over seven years with Pratham, India's largest NGO in education. Meenakshi also enjoys volunteering for local cleanliness drives and other civic initiatives.

She has earlier worked with CRISIL and holds an MBA from IIM Ahmedabad.

Lockdown experiences in Chhindwara

Prerna, our program officer based in Madhya Pradesh shares what lockdown meant for her

PRERNA GOPAL

On 24th March 2020, when the government imposed a nation-wide lockdown, I was one of the many unfortunate people who were locked away from home. Although I have been in Chhindwara for a while, my heart is always in New Delhi, with my family and friends. As I tried to make sense of the situation, I couldn't help but wonder what this meant for all those frontline workers I meet every day. How would they face the challenges that lay ahead? Were they protected and safe? Did the people living in untrodden corners of Chhindwara understand what is happening?

I usually spend seven hours a day travelling from village to village, working with frontline workers and government officials. The new normal mandated that I stay put, leaving me with only a phone to stay in touch with them. On the bright side, I had the opportunity to make use of the extra hours I now had to learn and do something different.

I started interacting more with my team members via video conferencing, began diving into new workstreams, and spent spare time learning from veterans in the organisation who are brimming with knowledge.



Photo: Prerna interacting with beneficiaries on a regular day in the field, before the lockdown

One particularly interesting activity that the entire Antara Foundation team took part in was the learning session. Almost every day, from 11 am to 1 pm, the entire organisation would convene over a video call to learn and discuss some of the most pressing topics in maternal and child health. We even signed up for online classes to learn problem-solving skills, as a team. Even if it was for a few hours, life felt normal and I cherished every minute of these virtual interactions with my team.

If there is anything that I learnt during the last few months, it is the importance of adapting. It is an underestimated quality that I have now come to value. It hasn't been the easiest of times, however, the support of my team and loved ones has made it easier.

IN PICTURES



Village map validation being carried out by our program nurse mentor, Soumya as part of the AAA platform intervention in Chhindwara district, Madhya Pradesh



A Village Health and Nutrition Day (VHND) in progress in a village in Chhindwara district, Madhya Pradesh. Special precautions (e.g., social distancing, use of masks) are being taken due to the COVID-19 pandemic.



In the absence of running water supply at most VHND sites, makeshift provisions are being made for handwashing as part of the COVID-19 protocols

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