

The Antara Foundation is an Indian non-profit working to prevent maternal and child deaths, focusing on the first 1,000 days of life. Operating across nine districts of Madhya Pradesh — a state accounting for more than 12% of India's under-five deaths — it strengthens the government health system at the grassroots, training community health workers and improving labour room practices, while mobilising women's groups to demand better care.

My work with Antara was an independent economics research paper examining preventive investment in maternal and child health in India, set in the Madhya Pradesh context. The central argument was fiscal: that preventive maternal and neonatal spending is more economically defensible than absorbing the downstream costs of poor health outcomes — the hospitalisations, the lost productivity, the long-term human capital losses that follow from preventable conditions in early life.

Building this required constructing a cost-benefit framework from real Antara programme data alongside scenario-based estimates and published epidemiological sources, framed around human capital theory. The analysis was deliberately positioned as establishing fiscal plausibility rather than causal attribution — a distinction that mattered for the paper's credibility given the data available. The work involved substantial quantitative modelling: cost-per-beneficiary calculations, assumptions about intervention coverage and uptake, and estimates of downstream cost avoidance.

The paper went through two rounds of review. Feedback from Avantika Bagai, Head of Data Systems at the Antara Foundation, led to a significant revision: I strengthened the literature review by grounding the methodology in established precedents — Alderman and Behrman's work on the economics of early childhood investment — and integrated India's actual maternal and child health scheme architecture into the analysis, covering JSY, JSSK, PMMVY, POSHAN Abhiyaan, and ICDS. Key cost parameters were re-grounded in cited sources rather than estimates. The paper was also reviewed by Dr. Sonia Sachs, Director of the Health Sector at Columbia's Center for Sustainable Development and a leading figure in global maternal and child health, who encouraged me to continue the work.

Working on this taught me how development economics actually functions as an argument. A programme's value is rarely self-evident to the people holding the budget. Making the case requires translating health outcomes into fiscal terms without reducing them to fiscal terms — a tension I found genuinely difficult and genuinely worth engaging with.