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Impact Practice by CSRBOX

Executive Summary of Impact Assessment of

SuPoshan Programme

Madhya Pradesh

Table of Contents

List of Tables

List of Figures

List of Images

List of Abbreviations

Abbreviation	Full Form
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
CAM	Child Anthropometric Measurement
CHC	Community Health Centre
CMTC	Community-based Management and Treatment Centre
CSR	Corporate Social Responsibility
DD	Diet Diversity
ESG	Environmental, Social, and Governance
FGD	Focus Group Discussion
FY	Financial Year
ICDS	Integrated Child Development Services
IDI	In-Depth Interview
IFA	Iron and Folic Acid
IRECS	Inclusiveness, Relevance, Expectations, Convergence, Service Delivery
IYCF	Infant and Young Child Feeding Practices
KII	Key Informant Interview
KSY	Kishori Shakti Yojana
LHV	Lady Health Visitor
MAM	Moderate Acute Malnourished
MCP	Mother and Child Protection
MHM	Menstrual Hygiene Management
MoU	Memorandum of Understanding
MUAC	Mid Upper Arm Circumference
NFHS	National Family Health Survey
NFSA	National Food Security Act
NNACP	National Nutritional Anaemia Control Programme
NRC	Nutrition Rehabilitation Centre
OBC	Other Backward Class
PHC	Primary Health Centre
PMMVY	Pradhan Mantri Matru Vandana Yojana
PNC	Post Natal Care
POSHAN	Prime Minister's Overarching Scheme for Holistic Nourishment
Rs.	Rupees
SAM	Severe Acute Malnourished
SC	Scheduled Caste
SDG	Sustainable Development Goal
SHG	Self Help Group

Abbreviation	Full Form
SNP	Special Nutrition Programme
ST	Scheduled Tribe
THR	Take Home Ration
TT	Tetanus Toxoid
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WRA	Women of Reproductive Age

Disclaimer

- This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Reanalysis Consultants Pvt. Ltd. (CSRBOX) and Adani Foundation to undertake the Impact Assessment of their SuPoshan Programme implemented in Neemuch and Nimrani, Madhya Pradesh
- This impact assessment is under the Companies (Corporate Social Responsibility Policy) Amendment Rules 2021, notification dated 22nd January 2021.
- This report shall be disclosed to those authorised in its entirety only without removing the disclaimer. CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.
- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of Adani Foundation, project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been verified for authenticity, CSRBOX has taken due care to receive information from sources generally considered to be reliable.
- In preparing this report, CSRBOX has used and relied on data, material gathered through the internet, research reports, and discussions with personnel within CSRBOX, as well as personnel in related industries.

Specific to the Impact Assessment of "SuPoshan Programme"

CSRBOX has neither conducted an audit and due diligence nor validated the financial statements and projections provided by Adani Foundation

Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same.

- CSRBOX must emphasise that the realisation of the benefits/improvements accruing out of the recommendations set out within this report (based on secondary sources) is dependent on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect such changes in business trends, regulatory requirements, or the direction of the business as further clarity emerges. CSRBOX accepts no responsibility for the realisation of the projected benefits
- The premise of an impact assessment is 'the objectives' of the project, along with output and outcome indicators pre-set by the programme design and implementation team. CSRBOX's impact assessment framework was designed and executed in alignment with those objectives and indicators.

Executive Summary

Executive Summary

Malnutrition continues to be a critical public health challenge in India, with NFHS-5 (2019–21) reporting persistently high levels of child stunting (36.0%), wasting (19.0%), and underweight (32.0%). The nutritional status of women remains equally concerning, with 59.1% of women aged 15-49 found to be anaemic.[1] States such as Madhya Pradesh continue to carry a disproportionately higher burden of malnutrition, driven by socio-economic vulnerabilities, limited dietary diversity, and gaps in access to quality health and nutrition services.

While national initiatives such as ICDS and POSHAN Abhiyaan have contributed to improving nutrition indicators, persistent challenges, including behavioural barriers, micronutrient deficiencies, and inequities in service utilisation, continue to limit their full impact. These gaps underscore the need for community-driven approaches that not only improve awareness but also strengthen last-mile service delivery and utilisation.

About the Programme

The SuPoshan Programme, an initiative of AWL Agri Business Limited and implemented by Adani Foundation, addresses malnutrition and anaemia among children under five, women, and adolescent girls through a community-led model driven by trained SuPoshan Sanginis.

Through household outreach, counselling, and demonstrations, Sanginis promote key practices in nutrition, maternal and child health, breastfeeding, hygiene, and dietary diversity, driving sustained behaviour change at the household level.

The programme also strengthens Sanginis' knowledge, confidence, and leadership, positioning them as local change agents and enabling long-term, community-owned impact through convergence with government systems.

Methodology

The assessment adopted a quasi-experimental design comparing treatment and control groups across 130 villages. A mixed-methods approach was used, combining household surveys, anthropometric measurements, and qualitative interactions with beneficiaries, frontline workers, and Sanginis to evaluate programme impact across inclusiveness, relevance, effectiveness, convergence, service delivery, and sustainability.

Impact Findings (IRECS Framework)

i. Inclusiveness

- Strong inclusion of marginalised groups women beneficiaries: **OBC (44%), SC (23%), ST (22%)**.
- **57%** households are dependent on daily wage labour, indicating a focus on vulnerable populations.

[1] NFHS 5 (2019-21)

ii. Relevance

- Pre-intervention gaps:
  - **41%** women are unaware of NRC services.
  - **35%** adolescent girls had never received nutritional counselling.
  - Nearly **26-35%** households (women and adolescents) had average or poor exposure to nutrition guidance.

iii. Effectiveness

Women of Reproductive Age

- **ANC uptake improved significantly**:
  - **90.6%** of women beneficiary completed **≥4 ANC visits** (vs NFHS-5: 57.5%).
- IFA consumption improved to **54.5%** (vs NFHS-5: 51.4%).
- **80%** of women, breastfeed within one hour of birth post intervention

- **Dietary improvements**:
  - **70%** women increased number of food groups consumed
  - **76%** of respondents increased fruit & vegetable intake
  - **60%** of women reported increased vegetable consumption post demonstrations
- **WASH adoption**:
  - **95%** of beneficiaries handwashing and hygiene adherence
- **NRC utilisation**:
  - **81%** of mothers took their children for NRC treatment

Adolescent Girls

- IFA supplementation reached **74%** of beneficiaries, indicating strong programme coverage
- Regular growth monitoring was reported by 75% of respondents through weight and height tracking
- Anaemia check-ups were accessed by **52%** of respondents, pointing to scope for strengthening diagnostics
- Nearly **69%** of beneficiaries found the nutrition sessions to be highly informative
- Around **65%** of respondents reported consistently engaging in physical activity
- Between **60–69%** of beneficiaries are actively practising and promoting menstrual hygiene behaviours
- Improved nutrition knowledge was reported by **74%** of respondents

Sanginis

- A strong **89%** of women expressed confidence in educating girls on health and nutrition
- Regular participation in community meetings was reported by **83%** of women, reflecting active engagement
- Increased involvement in household decision-making was observed among **89%** of women
- About **78%** of women are mentoring others into leadership roles, indicating a multiplier effect

- **56%** of women reported a significant reduction in malnutrition cases, while others observed noticeable improvements

iv. Convergence

1. Strong linkage with systems:
    - Increased uptake of **AWC services by women (THR 71%, IFA 66%, ANC 52%)**
    - Increased uptake of **AWC services by adolescent girls (Weight and Height 75%IFA 74%, Anaemia checkup 52%)**
    - Improved referrals: **42%** to healthcare facilities
2. Improved trust and utilisation of **PHCs and NRCs**

v. Service Delivery

- High outreach intensity:
    - **52-61 %** households visited twice a month (Adolescent and Women)
    - **9–16%** visited weekly (Adolescent and Women)
- **64%** women rated sessions on nutrition highly informative
- **69%** adolescent rated the sessions on nutrition as well structured and informative

vi. Sustainability

- **72%** of beneficiaries continued practicing and sharing recipes, reflecting strong knowledge dissemination and peer learning at the community level.
- Community support towards the initiative remained encouraging, with **45%** of women reporting increasing community support and **23%** stating that the community is fully supportive.

Recommendations

- Continue periodic awareness and follow-up activities through existing community platforms to sustain healthy practices after programme closure.
- Integrate Sanginis with government frontline systems to continue community support and counselling services.
- Encourage households to sustain affordable nutrition practices such as kitchen gardens and use of local food options.
- Support continued engagement of adolescents, families, and community leaders through schools and community-based platforms.
- Strengthen community ownership and low-cost communication mechanisms to ensure long-term sustainability of programme outcomes.

Chapter 1

Project Background and Overview

1. Project Background and Overview

1.1 Project Context

Malnutrition, as defined by the World Health Organisation, refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients. It includes both undernutrition and overnutrition.[2] In a fast-growing country like India, malnutrition remains a critical concern due to its far-reaching impact on socio-economic development. While some progress has been made over the years, findings from the National Family Health Survey (NFHS-5) indicate that underweight prevalence among children remains above 30% in 12 states, stunting exceeds 30% in 22 states, and wasting is above 20% in 10 states, highlighting the continued burden of undernutrition.[3]

Madhya Pradesh continues to face significant challenges in addressing undernutrition, as highlighted by findings from the National Family Health Survey (NFHS-5). The data indicate persistently high levels of stunting, wasting, and underweight among children, with a disproportionate burden observed among economically vulnerable and rural populations. Additionally, the prevalence of anaemia among women and adolescent girls remains a critical concern, reflecting gaps in dietary intake and health service utilisation.[4]

These patterns suggest that while overall improvements may be visible at the state level, **intra-state disparities continue to limit equitable progress**. The findings reinforce the need for **targeted, community-based interventions** that address both access and behavioural dimensions of nutrition, particularly in underserved regions of Madhya Pradesh.

Addressing malnutrition is particularly challenging because it does not behave like other diseases that follow a defined course and confer immunity upon recovery. Instead, it is a cumulative condition shaped by a complex interplay of socioeconomic and cultural factors, including poverty and gender disparities. Its effects are intergenerational. Malnourished children, especially girls, are more likely to grow into malnourished women, who in turn are at greater risk of having undernourished children. This creates a self-reinforcing cycle of malnutrition. At the same time, this life-cycle dynamic presents important windows for preventive action, particularly through interventions focused on early childhood (children under five years), adolescent girls, and women's nutrition.[5]

To address these critical stages, the government has implemented several targeted interventions such as Integrated Child Development Services (ICDS), POSHAN Abhiyaan, Anaemia Mukt Bharat, and the Mid-Day Meal Scheme. While these initiatives provide a strong policy foundation, challenges in implementation, such as gaps in infrastructure and limitations in monitoring, continue to affect their effectiveness.[6] Tackling malnutrition in India, therefore, requires a

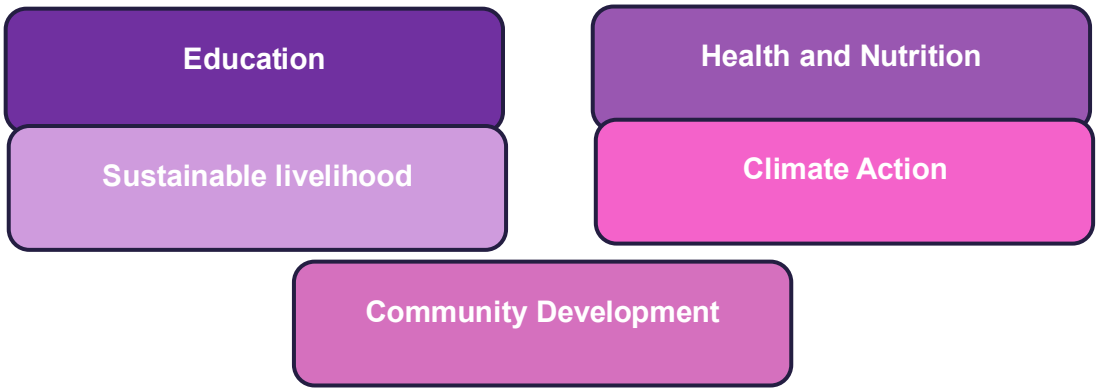
[2] Malnutrition: WHO
[3] How is India Doing on Malnutrition and Non-Communicable Diseases? Insights from the National Family Health Surveys (2005-06 to 2019-21)
[4] NFHS 5 (2019-21)
[5] The Lifecycle of Malnutrition
[6] Nutritional Programmes in India: Ensuring Healthy Growth for Children from Marginalised Communities

comprehensive and scalable approach that addresses its underlying determinants, including poverty, access to WASH (water, sanitation, and hygiene) facilities, awareness around balanced diets and dietary diversity, and the need for stronger systems of accountability.

1.2 CSR Activities of the Adani Group

The Adani Group, through its philanthropic arm, the Adani Foundation, is actively engaged in corporate social responsibility (CSR) initiatives across India. The Foundation currently operates in 22 states, reaching over 3.6 million people. It is guided by a commitment to fulfilling its social responsibilities towards communities while fostering sustainable and integrated pathways for development.

Its interventions are anchored in the promotion of social and economic well-being, with a focus on inclusive growth and community upliftment. The Foundation's key areas of intervention include:



1.3 Programme Details

The SuPoshan Programme, an initiative of AWL Agri Business Limited and implemented by Adani Foundation aimed at addressing India's critical challenges related to malnutrition and anaemia. The programme focuses on recruiting and training community representatives, known as Sanginis, who serve as educators and advocates for healthy living. They promote awareness of balanced nutrition and facilitate access to existing government schemes designed to improve health outcomes.

In addition, Sanginis play a key role in empowering mothers by providing essential guidance on nutrition, breastfeeding practices, sanitation, and healthy dietary habits. By fostering women-led community engagement, the programme not only contributes to improved public health outcomes but also enhances the financial independence of the women involved. Overall, the initiative adopts a sustainable, community-driven approach to combating malnutrition in vulnerable populations.

1.4 Geographical Coverage

The impact assessment was carried out in Madhya Pradesh, where the SuPoshan programme has been running for around 4 years. The Impact Assessment Survey covered the following locations in Madhya Pradesh-

- Neemuch
- Nimrani

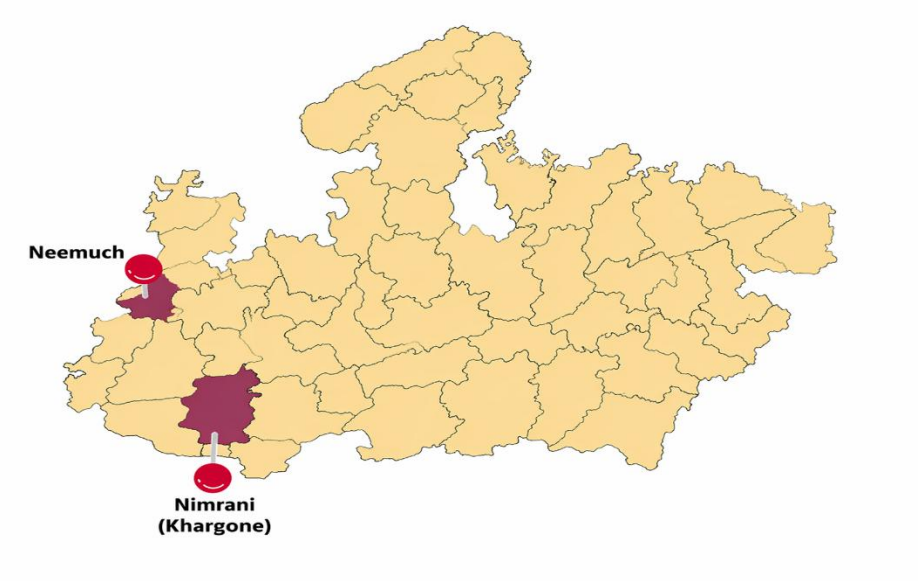


Figure 1-Map of Survey Locations

1.5 Alignment with National Policies

Programme	Programme Description	Alignment with SuPoshan
Integrated Child Development Services (ICDS)	Launched in 1975, ICDS is a flagship programme providing an integrated package of services including supplementary nutrition, immunisation, health check-ups, referral services, pre-school education, and nutrition and health education. It targets children under 6 years, pregnant women, and lactating mothers, aiming to break the intergenerational cycle of malnutrition and improve early childhood development outcomes.	SuPoshan strengthens ICDS by enhancing last-mile delivery through intensive, community-based engagement. By working directly with mothers and caregivers, it improves awareness, uptake, and utilisation of ICDS services, ensuring that service provision translates into sustained behavioural change and improved nutrition outcomes.
Special Nutrition Programme (SNP)	Introduced in 1970–71, SNP aims to improve the nutritional status of vulnerable groups, particularly children under six years and pregnant and lactating women in disadvantaged communities. It provides supplementary nutrition to address calorie and protein deficiencies,	SuPoshan complements SNP by focusing on behaviour change and awareness at the household level. While SNP addresses food supplementation, SuPoshan ensures proper utilisation by promoting appropriate feeding practices, dietary diversity, and nutrition awareness, thereby

Programme	Programme Description	Alignment with SuPoshan
	especially in high-risk geographies such as urban slums, tribal areas, and drought-prone regions.	enhancing programme effectiveness.
Balwadi Nutrition Programme	Initiated in 1970, this programme targets preschool children (3–5 years) through community-based centres, providing supplementary nutrition along with early childhood education. It aims to prevent malnutrition during critical growth years and support holistic child development.	SuPoshan extends the impact of Balwadi services into households by engaging caregivers on feeding practices and child care. This ensures continuity beyond centre-based interventions and helps sustain improvements in child nutrition and development.
National Nutritional Anaemia Control Programme (NNACP)	This programme focuses on preventing and reducing anaemia among children, pregnant women, and lactating mothers through interventions such as iron and folic acid supplementation and deworming. It addresses one of the most widespread nutritional deficiencies in India, which significantly impacts maternal and child health.	SuPoshan aligns with NNACP by improving awareness and adherence to anaemia prevention practices. Through community engagement, it promotes consumption of iron-rich foods, supports compliance with supplementation, and addresses misconceptions, thereby improving programme uptake and outcomes.
Kishori Shakti Yojana (KSY)	Launched in 2007, Kishori Shakti Yojana focuses on improving the nutritional and health status of adolescent girls (11–18 years). It also aims to enhance life skills, awareness of health and hygiene, and vocational capabilities, recognising adolescence as a critical stage for intervention.	SuPoshan complements KSY by working directly with adolescent girls to build awareness around nutrition and health. Its community-based approach supports behaviour change, enabling girls to make informed decisions and adopt healthier practices, thereby strengthening long-term nutrition outcomes.
POSHAN Abhiyaan (National Nutrition Mission)	Launched in 2018, POSHAN Abhiyaan is the Government of India's flagship programme aimed at improving nutritional outcomes for children, pregnant women, and lactating mothers. It focuses on convergence across sectors, real-time monitoring, and behaviour change communication, with a	SuPoshan is strongly aligned with POSHAN Abhiyaan's focus on community-based behaviour change and convergence. By mobilising local women, conducting household-level counselling, and building awareness, SuPoshan directly contributes to POSHAN's goals of improving nutrition outcomes and

Programme	Programme Description	Alignment with SuPoshan
	strong emphasis on the first 1,000 days of life.	accelerating the reduction in malnutrition and anaemia.
POSHAN 2.0	POSHAN 2.0 is the consolidated and updated version of India's nutrition strategy, integrating multiple nutrition-related schemes (including ICDS and SNP) into a unified framework. It strengthens supplementary nutrition delivery, improves monitoring through digital tools like the Poshan Tracker, and enhances targeting of beneficiaries, particularly pregnant and lactating women.	SuPoshan complements POSHAN 2.0 by strengthening last-mile implementation. While POSHAN 2.0 improves systems, delivery, and monitoring, SuPoshan ensures community-level engagement and behaviour change, bridging the gap between service provision and actual adoption of nutrition practices.
Pradhan Mantri Matru Vandana Yojana (PMMVY)	PMMVY is a maternity benefit scheme that provides conditional cash transfers to pregnant and lactating women to support adequate nutrition, rest, and health-seeking behaviour during pregnancy and early childcare. It aims to partially compensate for wage loss and promote institutional care.	SuPoshan is partially aligned with the programme, enhancing the impact of PMMVY by ensuring that financial support translates into improved nutrition practices. Through awareness and counselling, it guides beneficiaries on how to utilise resources effectively for better maternal and child nutrition, thereby strengthening programme outcomes.

Table 1- Alignment of Project with National Priorities

1.6 Alignment with SDGs

The Sustainable Development Goals (SDGs) are a set of 17 global goals adopted by the United Nations in 2015 as a universal framework to address key development challenges such as poverty, inequality, health, education, and climate change. They aim to guide countries and stakeholders towards achieving inclusive and sustainable development by 2030.

SDG Goal	SDG Target	Alignment with the Project
SDG 2: Zero Hunger 	Target **2.1** By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	**Complete Alignment:** SuPoshan programme, by improving access to safe, nutritious, and sufficient food through community-based interventions and awareness-building. Addressing malnutrition and anaemia among children, adolescent

SDG Goal	SDG Target	Alignment with the Project
End hunger, achieve food security, improve **nutrition and promote sustainable agriculture**	Target **2.2** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	girls, and pregnant and lactating women, it contributes to reducing stunting, wasting, and nutritional deficiencies, supporting the goal of ending all forms of malnutrition.
SDG 3: Good Health and Well-Being  Ensure healthy lives and promote well-being for all at all ages	Target **3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births Target **3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to at least 25 per 1,000 live births	**Complete alignment:** By strengthening maternal and child health through improved nutrition, awareness, and health-seeking behaviours. By focusing on pregnant and lactating women, promoting appropriate antenatal care, and encouraging optimal infant and young child feeding practices, the programme contributes to better birth outcomes and reduces risks associated with maternal and child mortality. Its community-based approach further supports early identification and prevention of health and nutrition-related issues, thereby improving the survival and overall well-being of mothers and young children.
SGD 5: Gender Equality 	Target **5.1** End all forms of discrimination against all women and girls everywhere Target **5.5** Ensure women's full and effective participation and equal opportunities for leadership at all levels of	**Complete alignment** By empowering women as community change agents (e.g., SuPoshan Sanginis), improving awareness around nutrition and maternal health, and engaging women in decision-making at the household and community level, the programme promotes gender equality and strengthens

SDG Goal	SDG Target	Alignment with the Project
Achieve gender equality and empower all women and girls	decision-making in political, economic and public life Target **5.6** Ensure universal access to sexual and reproductive health and reproductive rights	women's agency. Its focus on adolescent girls and maternal health also supports informed choices around health and nutrition, aligning with reproductive health and rights.
SDG 8: Decent work and Economic growth  Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Target **8.5** By 2030, achieve full and productive employment and decent work for all women and men, including young people and persons with disabilities, and equal pay for work of equal value	**Partial Alignment:** Through the engagement and training of community-level workers (such as SuPoshan Sanginis), the programme creates local livelihood opportunities and builds skills among women. This contributes to economic participation and empowerment at the grassroots level

Table 2-Alignment with SDGs

1.7 Alignment with CSR Policy

Schedule VII under Section 135 of the Companies Act, 2013, outlines the range of permissible activities that companies can undertake as part of their Corporate Social Responsibility (CSR) initiatives. The table below presents how the SuPoshan programme aligns with these approved CSR activities, highlighting its relevance within the prescribed regulatory framework.

Sub Section	Activities as per Schedule VII	Level of Alignment
i. Promoting healthcare	Eradicating hunger, poverty and malnutrition, 2 [promoting health care, including preventive health] and sanitation 3 [Including contribution to the Swachh Bharat Kosh set-up by the Central	**Complete Alignment**. The SuPoshan programme contributes to promoting healthcare by addressing malnutrition and improving overall health outcomes among children, pregnant and lactating women, and adolescent girls. Through community-based awareness, behaviour change communication, and nutrition counselling, the programme supports preventive healthcare by

Sub Section	Activities as per Schedule VII	Level of Alignment
	Government for the promotion of sanitation] and making available safe drinking water;	encouraging appropriate feeding practices, maternal care, and early identification of nutritional risks. Its focus on improving dietary practices and strengthening linkages with existing health services contributes to better community-level health and well-being.
ii. Reducing inequalities	Measures for promoting gender equality, empowering women and reducing inequalities faced by socially and economically backward groups	**Complete Alignment.** The SuPoshan programme actively works towards reducing inequalities by targeting vulnerable and underserved populations, particularly women, children, and adolescent girls in rural and marginalised communities. By improving access to nutrition knowledge, empowering women as key decision-makers, and addressing intra-household disparities in food and care practices, the programme helps bridge gaps in nutrition and health outcomes. Its inclusive, community-driven approach contributes to more equitable access to information, resources, and services, thereby reducing social and economic disparities.

Table 3-Alignment with CSR Policy

1.8 Alignment with ESG Principles

The programme's intervention also aligns with the ESG principles.

Principle 8 — **Businesses should promote inclusive growth and equitable development**

Chapter 2

Impact Study Design and Approach

2. Impact Assessment Design and Approach

2.1 Objectives of the Impact Assessment

The primary aim of this impact assessment is to conduct a structured, evidence-based review of the **SuPoshan programme** for the FY 2023–24. The evaluation seeks to assess how effectively the programme has improved nutrition awareness, practices, and outcomes among children, pregnant and lactating women, and adolescent girls in the target communities. The specific objectives of the assessment are as follows:

- **To assess the nutritional status of children under five years, including the prevalence of wasting, underweight, and stunting.**
- **To assess programme impact on nutrition outcomes, including IYCF practices, WASH behaviours, dietary diversity, and AWC/NRC utilisation.**
- **To evaluate the knowledge of SuPoshan Sanginis on key nutrition indicators & understand their perceived challenges regarding the project.**
- **Comparative analysis with NFHS-4 and NFHS-5 data to benchmark programme achievements and assess progress relative to national nutrition and health indicators.**

2.2 Theory of Change

Programme Component	Key Activities	Outputs[7]	Outcomes	Impact
Early Identification & Management of Child Malnutrition	• Anthropometric assessment (weight, height, MUAC) • Counselling on IYCF practices • Referral to NRC/CMTC	• 13875 children screened for nutritional status • 27 SAM/MAM cases identified and referred	• Early detection and management of malnutrition • Improved caregiver awareness and feeding practices • Increased utilisation of	• Reduction in child malnutrition (wasting, underweight, stunting) • Improved child growth and reduced morbidity

[7] The output figures presented have been sourced from project documents shared by the Adani Foundation.

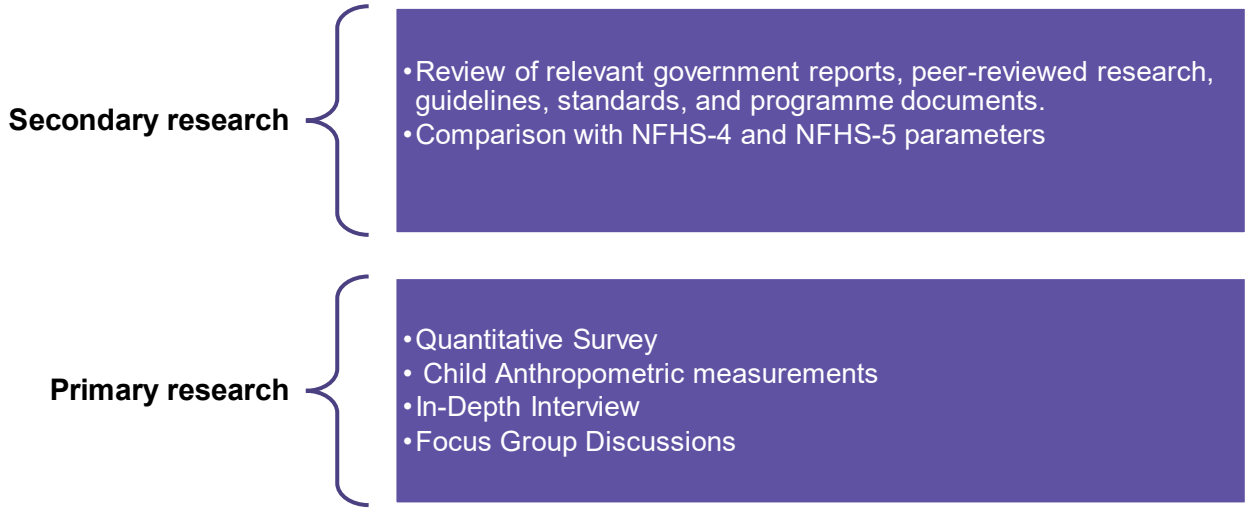
Programme Component	Key Activities	Outputs[7]	Outcomes	Impact
	• Follow-up of SAM/MAM children • Home-based nutrition and sanitation counselling	• Regular follow-ups conducted	NRC/CMTC services	and mortality
Improving Nutrition among Women & Adolescent Girls	• Family counselling and group sessions • Nutrition and anaemia awareness • Cooking demonstrations • Promotion of Poshan Vatika (kitchen gardens) • Screening of women and adolescent girls • Referral support for ANC and institutional delivery	• Community trainings and counselling sessions conducted • 23724 women and 7923 adolescent girls screened • Kitchen gardens established	• Improved dietary diversity and nutrition practices • Increased awareness of maternal and adolescent health • Improved health-seeking behaviour (ANC, institutional care)	• Enhanced maternal and adolescent health outcomes • Reduction in anaemia and nutrition deficiencies • Improved household-level nutrition and hygiene practices
Community Capacity Building through SuPoshan Sanginis	• Identification and training of Sanginis - Capacity building on nutrition, IYCF, WASH • Household surveys and community mobilisation • Strengthening linkages with ICDS and health systems - Supporting referrals and follow-ups	• Trained cadre of community nutrition workers from 209 AWCs • 30154 households outreached and engaged • Strengthened community-institution linkages	• Increased community awareness and participation • Improved access to government services (ICDS, NRC, AWC) • Sustained behaviour change at the household level	• Community ownership and sustainability of nutrition practices • Long-term improvement in health and nutrition outcomes • Women's empowerment and local leadership development

Table 4-Theory of Change

2.3 Approach and Methodology

For the SuPoshan programme, the impact assessment follows a dual approach to data collection and analysis to develop a comprehensive understanding of nutrition practices, health behaviours, and hygiene conditions across the project locations. By integrating both qualitative and quantitative methods, the approach strengthens the robustness of findings and supports evidence-based insights for programme evaluation, learning, and improvement.

The impact assessment adopts a mixed-method research design, wherein qualitative and quantitative tools are used concurrently to capture both measurable outcomes and community-level experiences. This approach enables a holistic assessment of the programme's effectiveness in improving nutrition, health awareness, and behaviour change among target beneficiaries across the intervention areas.



A **case-control study approach** was adopted, wherein the case group comprised communities directly benefiting from the SuPoshan programme across the project intervention areas.

2.4 Sampling

Since the study followed a mixed methods approach, including both quantitative and qualitative methods to ensure a comprehensive understanding of the impact, separate sampling methods were employed for each method of data collection.

Quantitative Sampling

The quantitative sampling followed a purposive sampling approach, wherein villages with the highest number of programme beneficiaries were selected from the list of intervention villages across Neemuch and Nimrani. This approach was adopted to maximise respondent availability and ensure adequate representation of key beneficiary groups. Within the selected villages, respondents were covered across target categories to capture programme-level outcomes.

Primary Stakeholders	Sample Size	Mode of Data Collection
Children below 5 years	174	CAM

Primary Stakeholders	Sample Size	Mode of Data Collection
Women of Reproductive Age	224	On-Field Survey
Adolescent Girls	81	On-Field Survey
SuPoshan Sanginis	18	On-Field Survey
Total Sample Covered	495	

Table 5-Quantitative Survey

Qualitative Sampling

The qualitative sampling followed a purposive sampling approach; wherein key stakeholders were intentionally selected based on their relevance to programme implementation and community engagement across the intervention locations. This included frontline workers, service providers, community representatives, and programme staff to capture diverse perspectives. The approach ensured in-depth insights into programme processes, challenges, and perceived outcomes through IDIs, FGDs and KIIs.

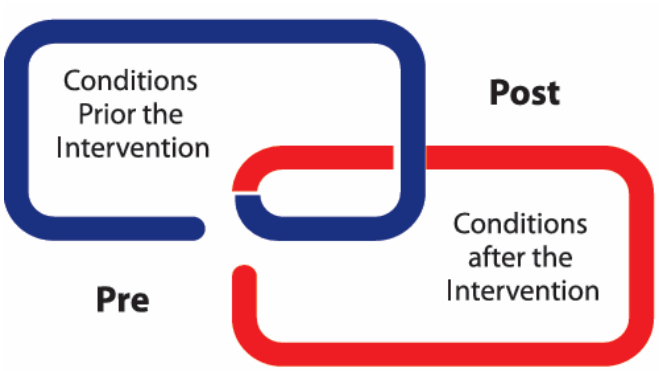
Stakeholder	Sample Covered	Mode Of Data Collection
Men (Married)	2	FGD
ASHA Workers	3	IDI
Panchayat Members	1	IDI
Anganwadi Workers (AWW)	4	IDI
Adani Foundation Team	2	KII
Total	11	

Table 6-Qualitative Survey

2.5 Evaluation Framework

In line with the study's objectives and key areas of investigation, the evaluation's design prioritised learning as its primary goal. This section outlines our strategy for developing and implementing a robust, dynamic and outcome-focused evaluation framework/design. To gauge the impact, the study proposes a pre-post programme evaluation approach that relies on respondents' recall capacity. Under this method, beneficiaries are surveyed about their conditions before and after the programme intervention. Analysing the difference helps to discern the programme's contribution to enhancing the intended condition of the beneficiary. While this approach can effectively comment on the programme's role in improving living standards, it may not entirely attribute all changes to the programme.

For the programme assessment, a two-pronged approach to data collection and review has been employed, including secondary data sources and literature, as well as primary data collected through qualitative methods. The figure below illustrates the study approach used in data collection and review. The secondary study involved a review of government reports and of other studies and research by renowned organisations available in the public domain to draw insights.



2.5.1 IRECS Framework

The evaluation adopted the IRECS(S) framework to assess key dimensions such as inclusiveness, relevance, expectations, convergence, service delivery, and sustainability of the programme. Anchored in a logic model approach, the framework provided a structured basis to evaluate effectiveness, efficiency, impact, and overall programme value. It enabled a comprehensive assessment of contributions and outcomes while accounting for external factors influencing results.

Inclusiveness

- The extent to which communities equitably access the benefits of the programme.

Relevance

- The extent to which the programme effectively addressess the actual needs of the community.

Expectations

- The extent to which the programme achieved its desired outputs and goals

Convergence

- The extent to which the programme aligns with other existing initiatives.

Service Delivery

- The extent to which efficient methods and processes were used to achieve results.

2.6 Challenges and mitigation measures adapted

Challenges faced	Mitigation measures adapted
Limited availability of pregnant women, recently delivered mothers, and children aged 6 months to 2 years was observed in certain locations. This was primarily because many women temporarily relocate to their maternal homes during pregnancy and the postnatal period, which are often in different villages or districts, making them unavailable at the project sites during data collection	To address this, the sample for these categories was proportionately increased in other locations where access was higher. Additionally, in locations where these respondents remained limited, the sample size for other relevant groups, such as mothers of children under five and women of reproductive age, was expanded to ensure adequate coverage and maintain the overall robustness of the dataset.

2.7 Ethical Practices

Informed Consent:

All participants were informed about the purpose, scope, and voluntary nature of the SuPoshan impact assessment prior to participation. Clear explanations were provided regarding the type of information being collected, including nutrition, health, and household practices, and its intended use. Verbal consent was obtained before conducting surveys and interviews, and participants were informed of their right to withdraw at any stage without any consequences.

Additionally, the consent of the beneficiaries was taken before clicking their photographs or during the interaction process. The respondents were also informed that the photos could be used in the Impact Assessment report, which might be available in the public domain.

Confidentiality and Data Protection:

Strict measures were followed to ensure the privacy and confidentiality of participants. Personal identifiers were excluded from all documentation and reporting to maintain anonymity. All data collected during the assessment was used solely for evaluation purposes and stored securely, with access restricted to the assessment team. The names mentioned in the case study are used solely for illustrative purposes and do not represent real individuals, ensuring respect for privacy and confidentiality.

Voluntary Participation and Non-Maleficence:

Participation in the assessment was entirely voluntary, with no coercion or undue influence. Special care was taken while engaging with women, children, and adolescent girls to ensure that discussions around nutrition, health, and personal practices were conducted sensitively. The assessment process was designed to avoid any harm, discomfort, or disruption to beneficiaries and ongoing community or health services.

Chapter 3

Key Findings of the Impact Assessment

3.Major Impact Findings

The SuPoshan Programme has emerged as a pivotal intervention in advancing the nutritional and health outcomes of women of reproductive age, adolescent girls, and children under five. Anchored by the dedicated efforts of Sanginis-trained community nutrition champions, the programme has effectively addressed critical challenges such as malnutrition, anaemia, and inadequate dietary diversity. Through a combination of awareness generation, improved service access, and sustained behaviour change communication, the initiative has fostered meaningful and lasting improvements in community health outcomes.

Anchored in the IRECSS framework, the assessment offers a holistic evaluation of the programme's performance across key dimensions of inclusiveness, relevance, effectiveness, and sustainability. The multi-pronged engagement strategy adopted by Sanginis, including community awareness sessions, regular household visits, personalised counselling, participatory cooking demonstrations, WASH interventions, and strengthened convergence with Anganwadi Centres (AWCs), has been instrumental in driving positive shifts in nutritional practices, enhancing healthcare utilisation, and improving overall well-being among vulnerable populations.

This chapter presents a comprehensive account of the programme's impact, capturing measurable outcomes, behavioural transformations, and systemic changes that underscore the effectiveness of the SuPoshan Programme in creating resilient and health-conscious communities.

I. Women of Reproductive Age

i. Inclusiveness

This section assesses the extent to which programme benefits have reached all sections of the community, especially vulnerable and marginalised groups. It examines equitable access to services and participation across different beneficiary segments.

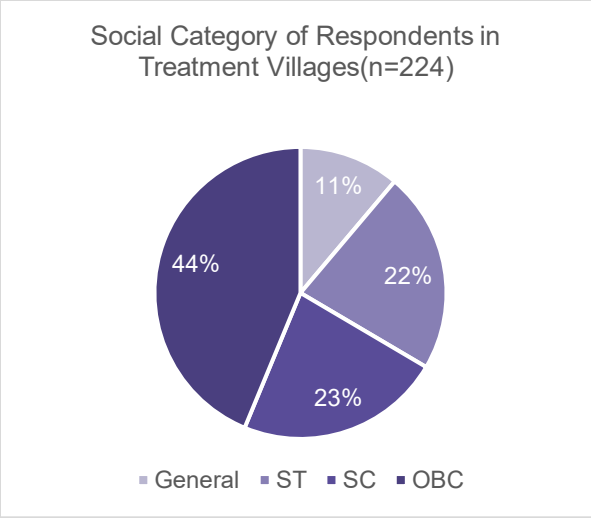


Figure 2-Caste Composition of Women of Reproductive Age in Treatment Villages

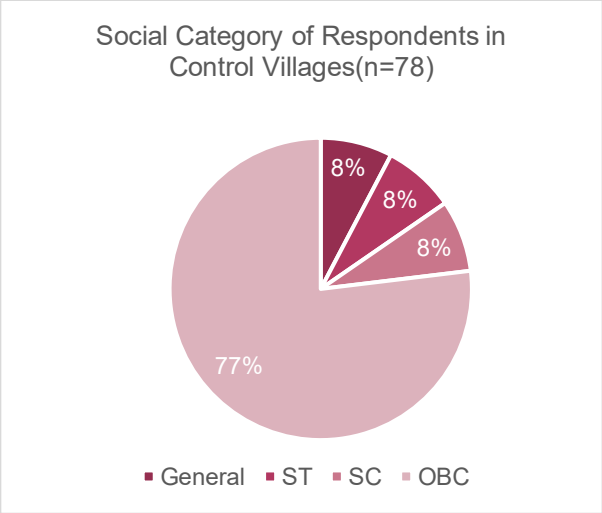


Figure 3-Caste Composition of Women of Reproductive Age in Control Villages

The social category distribution across treatment and control villages highlights differences in inclusiveness. Treatment villages show a relatively diverse composition, with **OBC (44%), SC (23%), and ST (22%)** forming a substantial share, indicating broader outreach among socially disadvantaged groups.

In comparison, the control villages exhibit a highly homogeneous structure, with a dominant concentration of OBC respondents (77%), and minimal representation from SC, ST, and General categories (8% each).

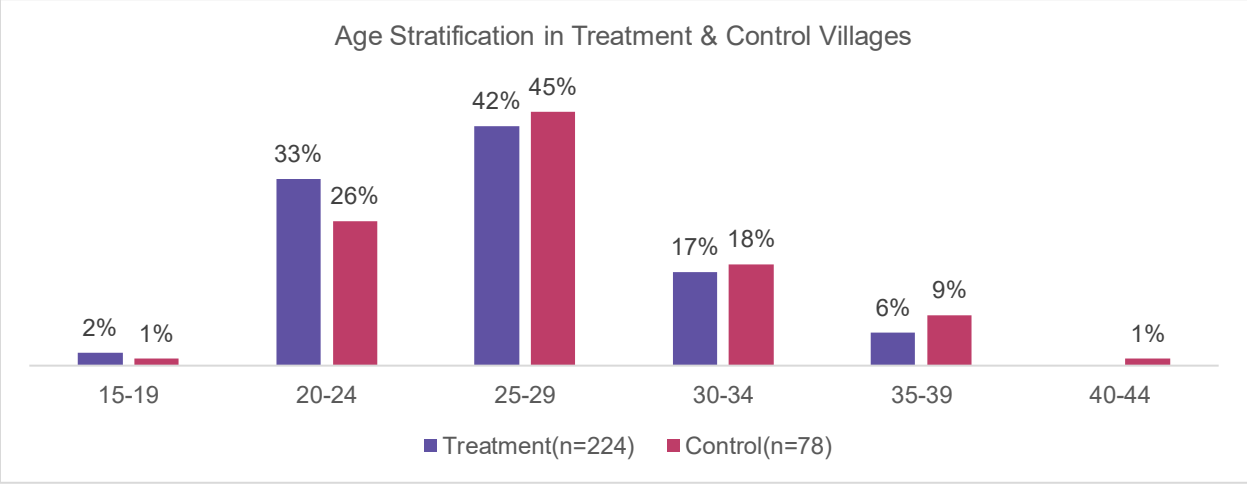


Figure 4-Age Composition of Women of Reproductive Age

The age distribution across both treatment and control groups indicates that the **majority of women fall within the 20–29 age range**, aligning with the programme's focus on reproductive health and capturing women in their prime childbearing years.

In comparison with NFHS-5 state data, where 5.1% of women aged 15–19 were pregnant or mothers, the assessment findings indicate a lower prevalence (2%) in the treatment areas. This reduction can be attributed to improved awareness and behavioural change promoted through the programme, particularly around early marriage, reproductive health, and family planning.

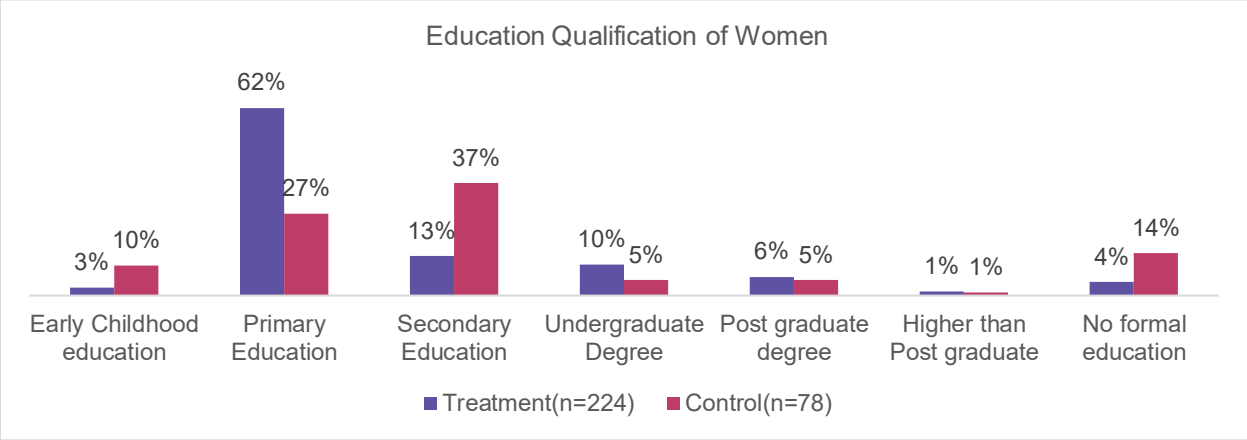


Figure 5-Education Qualification

The educational attainment of women across treatment and control groups reflects a concentration at lower levels of schooling, with primary education dominating in treatment areas (62%). The limited progression to higher education and the presence of women with no formal education, particularly in rural areas (14%), indicate potential gaps in health literacy and awareness regarding nutrition and hygiene practices.

This suggests that the programme has been implemented in areas with greater vulnerability, where limited education may influence health awareness and practices, thereby justifying the need for targeted interventions.

Figure 6-Interaction with Women Stakeholders

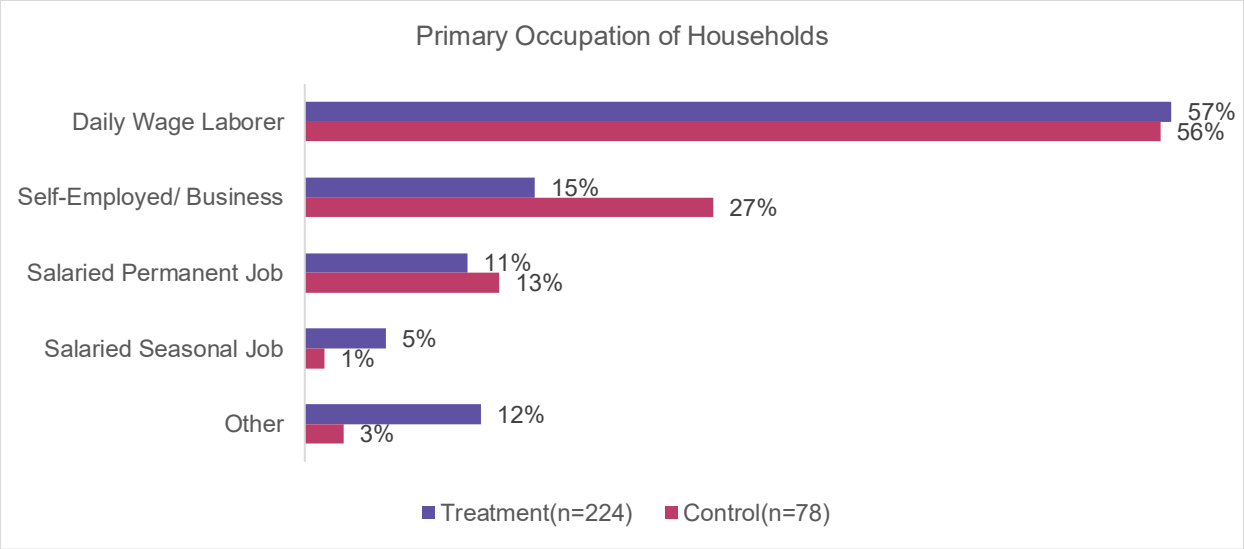


Figure 7-Primary Occupation of Households of Women

The graphs highlight the **economically vulnerable profile of households**, with a clear dependence on daily wage labour and limited engagement in stable or diversified livelihoods. This reflects a predominance of informal employment, which often leads to income instability.

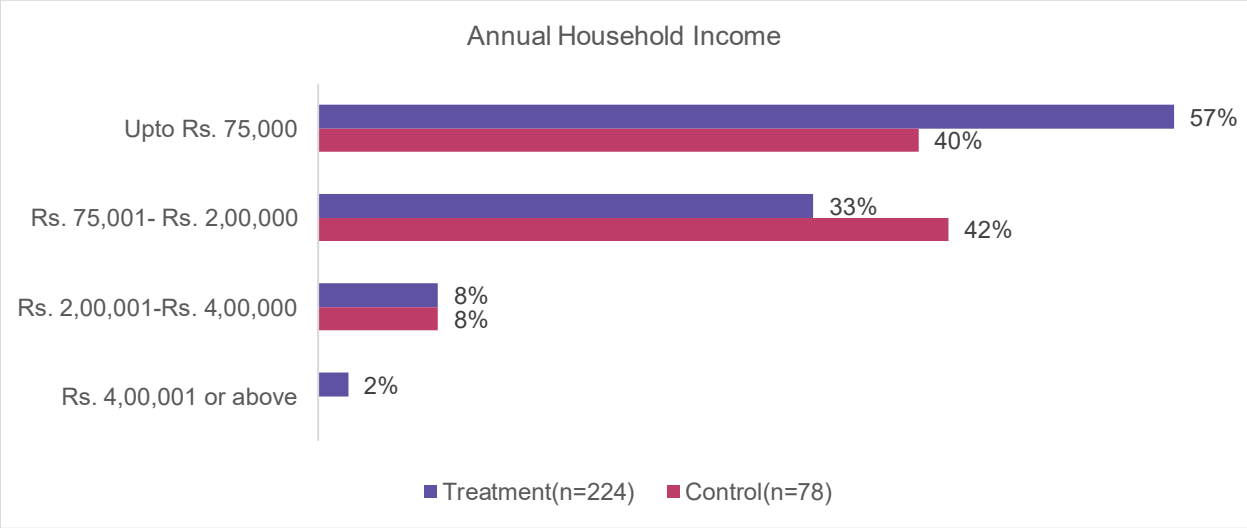


Figure 8-Annual Household Income of Women

The income distribution reinforces this trend, with most households concentrated in lower income brackets and a minimal presence in higher income categories, indicating limited financial security. The findings reflect the programme's strong inclusiveness, effectively targeting economically disadvantaged communities where livelihood and social welfare interventions are most needed.

ii. Relevance

This section evaluates how well the programme aligns with the needs and priorities of the community. It reflects the responsiveness of interventions to local challenges and contextual realities.

Gap persists in critical WASH behaviours, including handwashing with only water (78%), limited water treatment (70%), and continued open defecation (37%).	74% of the respondents were fully aware of ANC and PNC services prior the intervention	Pre intervention, 51% had low awareness of nutritional needs for mothers and children
Prior the intervention 41% of respondents did not know NRCs or their functions	A **39% gap** exists in IYCF practices, indicating incomplete awareness and inconsistent adoption.	**19%** of respondents (10% aware but not availing and 9% unaware) indicates a gap in awareness and utilisation of AWC services

a) Prior Knowledge on Nutrition

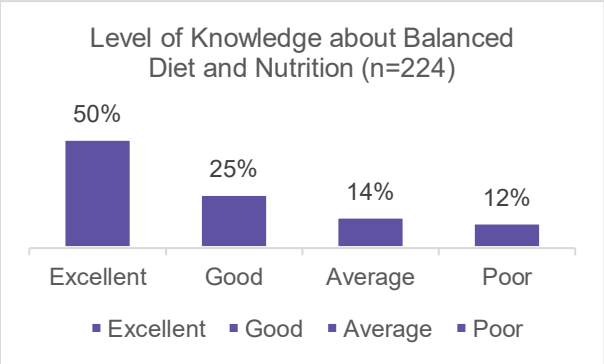


Figure 9-Knowledge about Nutrition Before Intervention

While 50% of respondents reported excellent knowledge, gaps persist across other groups. Low awareness, driven by limited discussions, restricted mobility, and access constraints, along with underutilisation of schemes and traditional beliefs. These findings highlight the strong relevance of the programme in addressing critical gaps in awareness, access, and practices related to maternal and child nutrition within vulnerable communities.

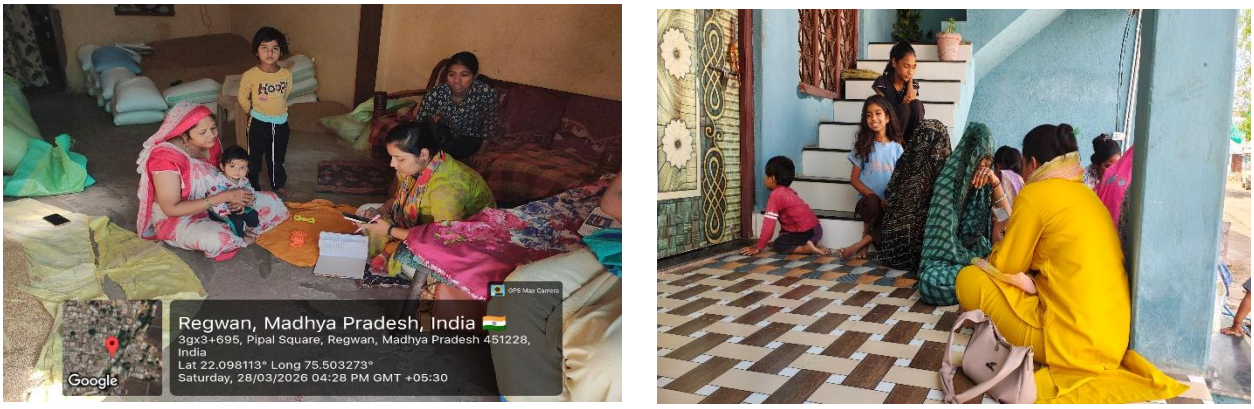


Image 1-Understanding Knowledge of Women about Nutrition

b) Prior Knowledge about NRC

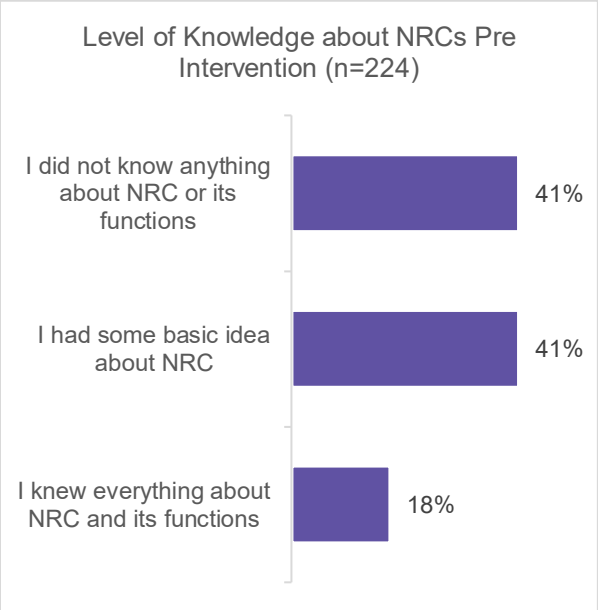


Figure 10-Extent of knowledge about NRC pre intervention

The pre-intervention findings indicate **low awareness of Nutritional Rehabilitation Centres (NRCs)**, with only 18% of respondents having complete knowledge, while 41% had no awareness, and another 41% had only a basic understanding. Those with basic awareness knew that NRCs existed as places for checking malnutrition, but were **not fully aware or confident about their services and benefits**.

Through interactions with SuPoshan Sanginis, it was observed that prior to the SuPoshan Programme, community members rarely visited NRCs, indicating low awareness and utilisation of available services, **underscoring the need for targeted awareness and mobilisation efforts to improve uptake of NRC services**.

Image 2-Understanding Women's Knowledge about NRC through Interactions

c) Prior Knowledge about ANC and PNC Services

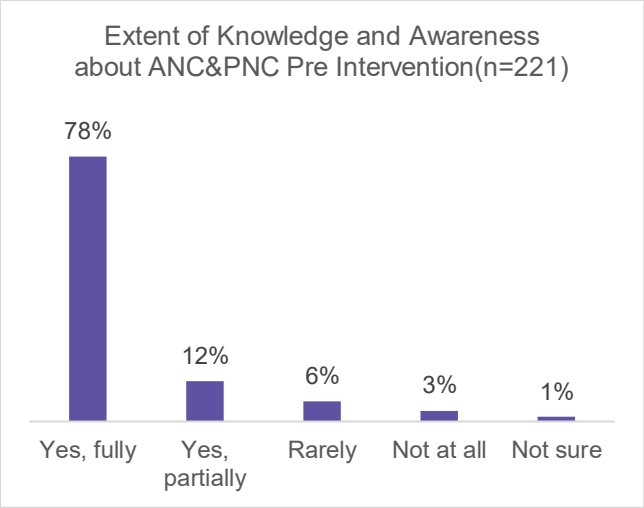


Figure 11-Level of Knowledge about ANC and PNC Before Intervention

While most respondents (78%) shared that they received complete ANC/PNC services, some women (12%) could only access these services partially, often missing important aspects like regular check-ups, vaccinations, or counselling. These findings highlight that the programme continues to be highly relevant, especially in improving awareness, encouraging women to complete all required services, and supporting timely healthcare access. In this process, community facilitators like Sanginis play a crucial role in guiding and motivating women towards better health-seeking practices and ensuring more comprehensive care.

d) Prior Knowledge about AWC Services

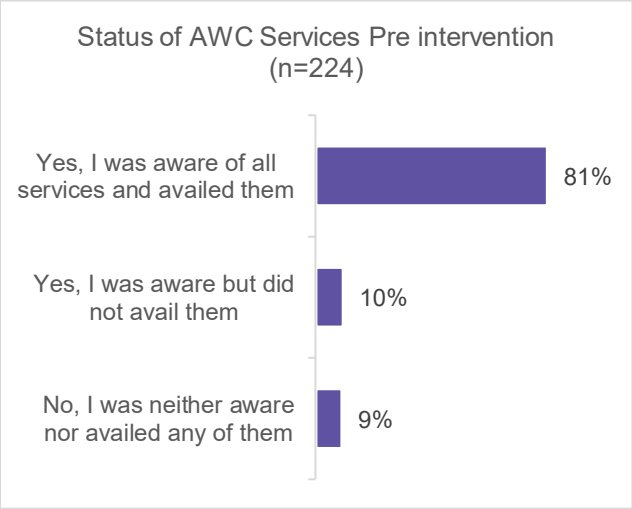


Figure 12-Pre Intervention Knowledge about AWC Services

While a majority of respondents (81%) had basic awareness of AWC and availed AWC (Anganwadi Centre) services, gaps remain, as some households were either unaware or did not utilise available services. Key challenges such as **lack of awareness, service quality concerns, and accessibility issues** continue to affect utilisation. In this context, the role of **SuPoshan Sanginis is highly relevant**, as they actively bridge information gaps, raise awareness about available services, and support communities in improving access and consistent utilisation of AWC services.

"Earlier, we didn't understand why regular check-ups were important, but now we make sure to visit the centre and follow what is advised."

- Shared by a mother from a village named in Neemuch

e) Prior Knowledge of IYCF Practices

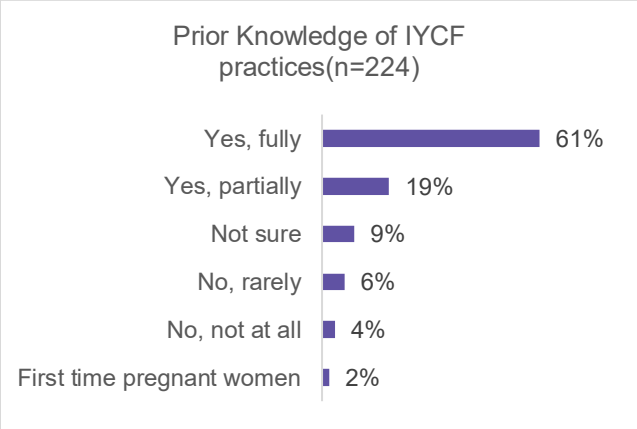


Figure 13-Knowledge about IYCF Practices before Intervention

While a majority of respondents followed IYCF practices, gaps remain in consistent and correct adoption, with some women having partial or limited awareness. These gaps highlight inconsistencies in proper feeding practices, particularly around complementary feeding and dietary diversity. Hence, the **continued relevance of the programme**, where SuPoshan Sanginis play a key role in improving awareness and promoting proper feeding practices.

f) Status of WASH Practices Pre-Intervention

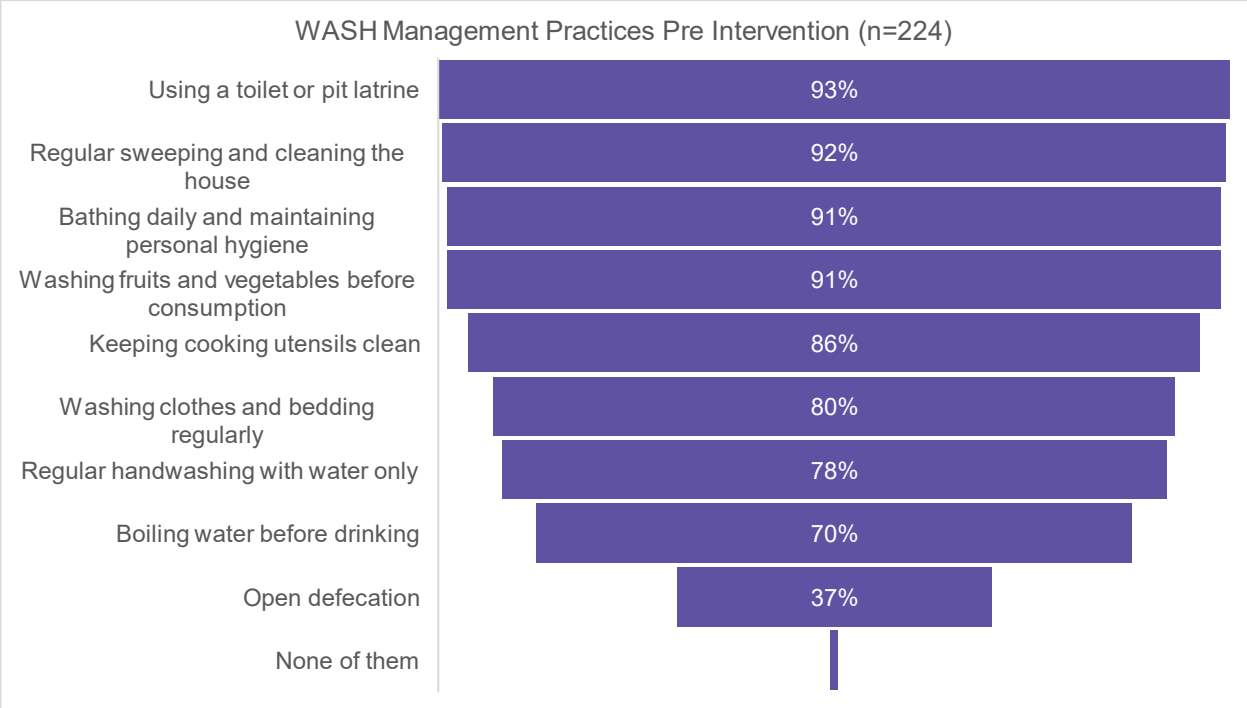


Figure 14-WASH Practices Followed Before Intervention

While most households reported following basic WASH practices, **gaps remain in critical behaviours such as handwashing with soap and safe water use, along with the continued presence of open defecation.**

A clear shift is needed from awareness to **everyday practice**, with behaviour-focused interventions that ensure consistent and correct adoption, reinforcing the role of **community-led efforts in strengthening WASH outcomes**.

Figure 15-Ineraction with Pregnant women

iii. Effectiveness

This section analyses the extent to which the programme has delivered intended outcomes and broader socio-economic benefits. It also captures any additional positive changes experienced by beneficiaries.

95% of women reported practising handwashing with soap, reflecting strong adoption of hygiene behaviours

90.6% of women completed at least four ANC check-ups, showing strong improvement in maternal healthcare practices

81% of mothers of malnourished children have taken their child to an NRC

77% of households adopted kitchen gardens, supporting access to fresh and nutritious food

70% of women reported full understanding of NRC and its purpose in treatment areas

54.5% of women reported consumption of IFA tablets, indicating improved awareness on anaemia prevention

a) Understanding of NRC Post-Intervention

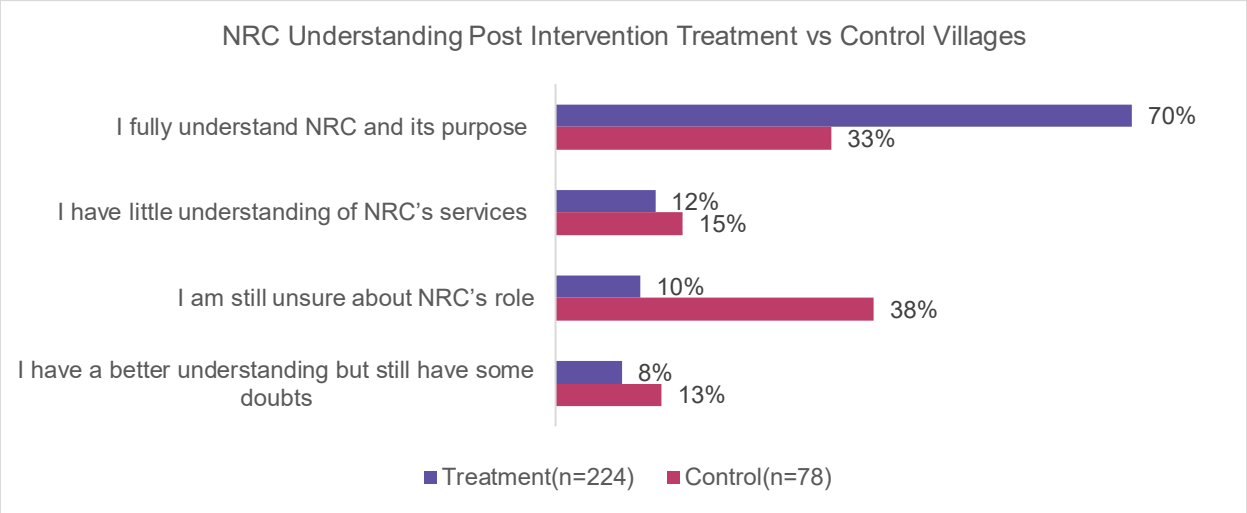


Figure 16-Knowledge about NRC-Pre Intervention

The post-intervention findings indicate a **clear improvement in awareness and understanding of NRCs**, particularly in treatment areas where a majority of **respondents now demonstrate a strong understanding of their purpose and services**. Compared to control areas, treatment communities show significantly lower uncertainty and confusion, reflecting the effectiveness of sustained awareness efforts. However, a small proportion still reports partial understanding or doubts, suggesting the need for continued engagement.

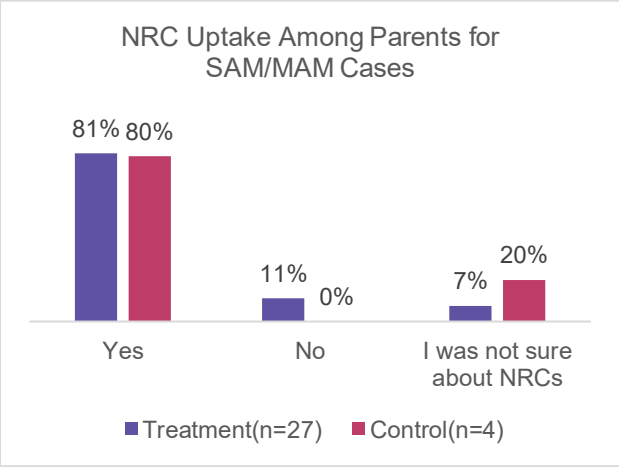


Figure 17- Percentage of Mothers taking their malnourished Children to NRCs

This improved awareness has translated into **positive health-seeking behaviour**, with a **high proportion of parents opting to take their children to NRCs for treatment of malnutrition**. At the same time, the presence of some uncertainty, especially in control areas, indicates gaps in information and outreach.

This transformation reflects the effectiveness of the SuPoshan programme not only in identifying malnutrition but also in facilitating access to institutional care by addressing both structural and behavioural barriers.

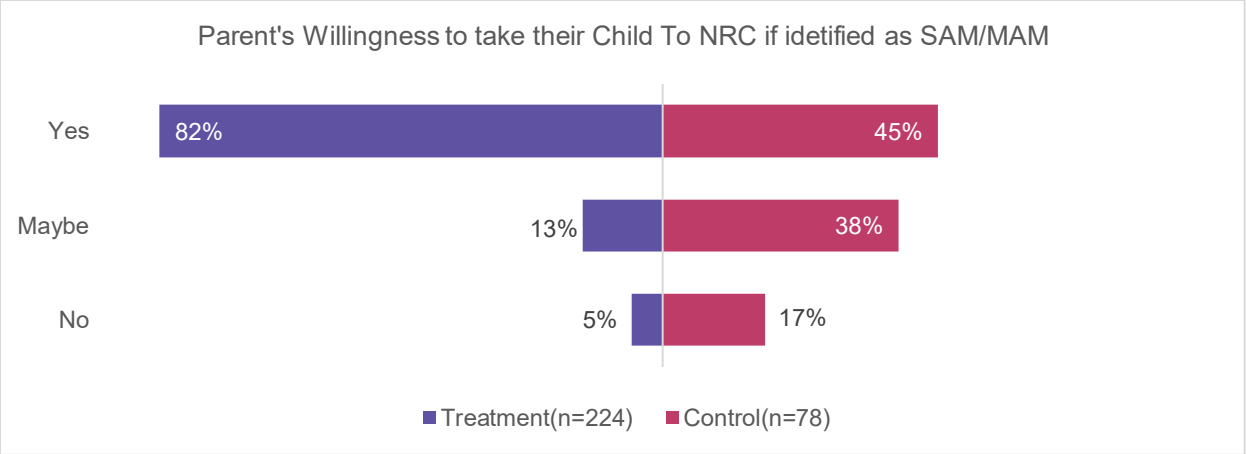


Figure 18-Parents Willingness to take their Children to NRC

This shift is also reflected in **parental willingness**, with a significantly **higher proportion of respondents in treatment areas expressing readiness to take their children to NRCs** if identified as SAM/MAM, compared to control areas where hesitation and uncertainty remain higher. This indicates improved confidence and trust in NRC services among intervention communities.

With Sangini-led interventions, there has been a clear improvement in awareness, trust, and utilisation of NRC services, reinforcing the value of **community-driven engagement in overcoming misconceptions and promoting timely health-seeking behaviour**.

b) Status of ANC Services Post Intervention

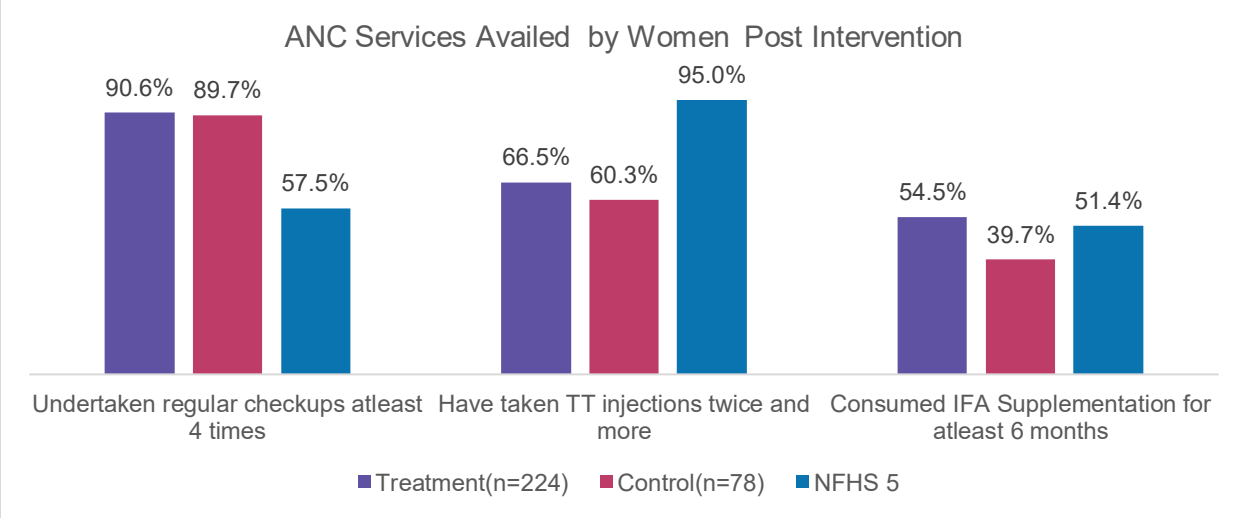


Figure 19-Current Status of ANC Services availed by Women

The findings reflect a **clear positive shift in ANC practices**, with a significantly higher proportion of women in treatment areas (90.6%) undertaking at least four check-ups compared to NFHS-5 (57.5%), indicating improved awareness and engagement in maternal healthcare. IFA

consumption (54.5%) is slightly higher than NFHS-5 (51.4%), showing that awareness around anaemia prevention is translating into action, while TT coverage (66.5%) still indicates scope for improvement.

This improvement highlights a **strong behavioural shift in health-seeking practices**, where increased awareness has led to better utilisation of ANC services. The role of **SuPoshan Sanginis has been instrumental** in driving this change through continuous engagement, awareness generation, and encouraging timely service uptake.

c) Status of PNC Service and IYCF Practices Post Intervention

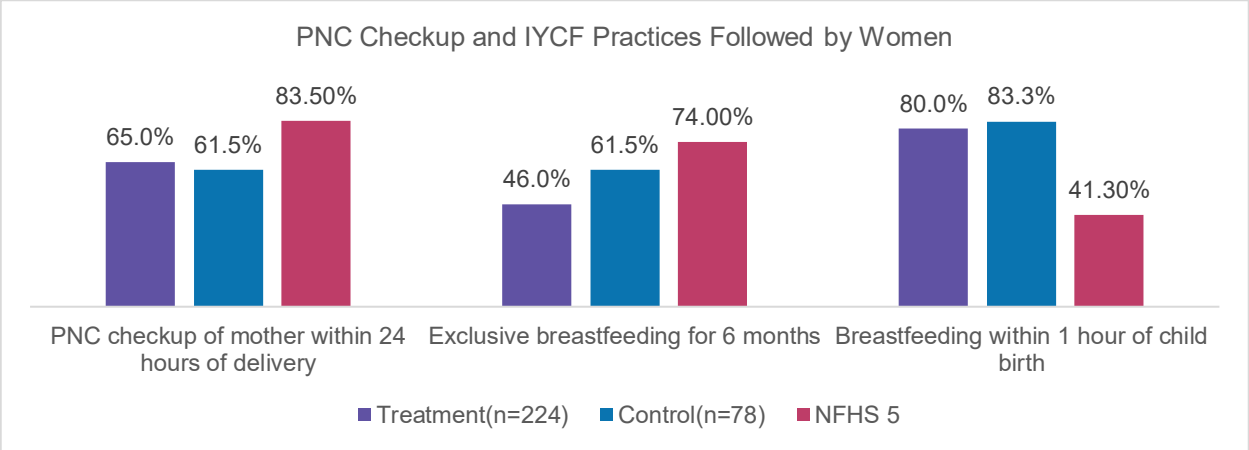


Figure 20-Comparative Analysis of Status of ANC Services with Control Villages and NFHS 5

The findings indicate that **basic understanding and adoption of key PNC and IYCF practices have improved post-intervention**, with treatment areas performing better than control in PNC check-ups within 24 hours of delivery-65.0% in treatment villages vs. 61.5% in control villages, though still lower than NFHS-5 (83.5%). Breastfeeding within 1 hour is strong in both groups, with treatment (80.0%) comparable to control (83.3%) and significantly higher than **NFHS-5 (41.3%)**, reflecting improved awareness.

While early initiation of breastfeeding shows strong improvement, exclusive breastfeeding for six months remains a critical gap. Treatment areas (46.0%) perform lower than both control (61.5%) and NFHS-5 benchmarks (74.0%), indicating challenges in sustained adoption of recommended practices. This suggests that while awareness has improved, continued behavioural reinforcement, particularly addressing household norms, caregiver influence, and maternal constraints, is required to ensure consistent practice. This gap may be influenced by factors such as early introduction of supplementary feeding, return to work, and traditional beliefs promoted by elders.

The findings reflect a **positive shift in awareness and early adoption of practices, with clear progress over baseline behaviours** and strong potential for improvement and behaviour change.

"Now we understand that feeding the baby within one hour of birth is very important. Earlier, we didn't know this and used to follow what elders said."

- Radha Prajapat, Jamuniya Kala, Neemuch (MP)

d) Uptake of AWC Services

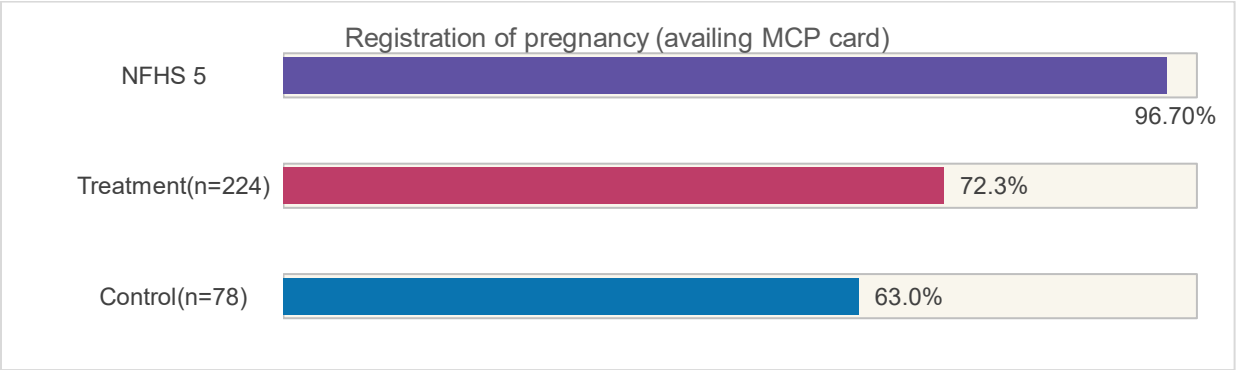


Figure 21-Receiving the MCP card by Women Post Intervention

The findings indicate that **uptake of AWC services has improved in treatment areas compared to control**, particularly in maternal services such as IFA consumption, antenatal check-ups, and referrals, reflecting better awareness and linkage to services. While improvement is observed, pregnancy registration remains substantially lower (72.3%) than NFHS benchmarks NFHS-5 (96.7%), but is steadily improving with increased awareness among women. Qualitative insights suggest that earlier low awareness led to delayed or missed registrations, whereas now women are becoming more proactive in timely enrolment.

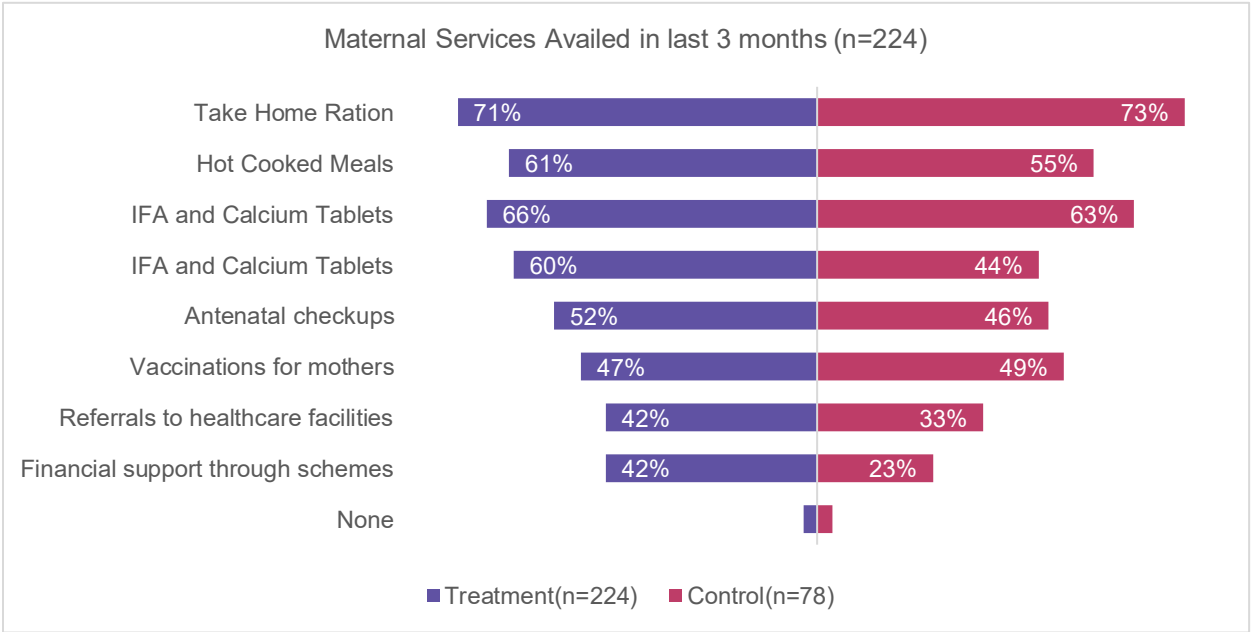


Figure 22-Type of maternal health services availed in last 3 months

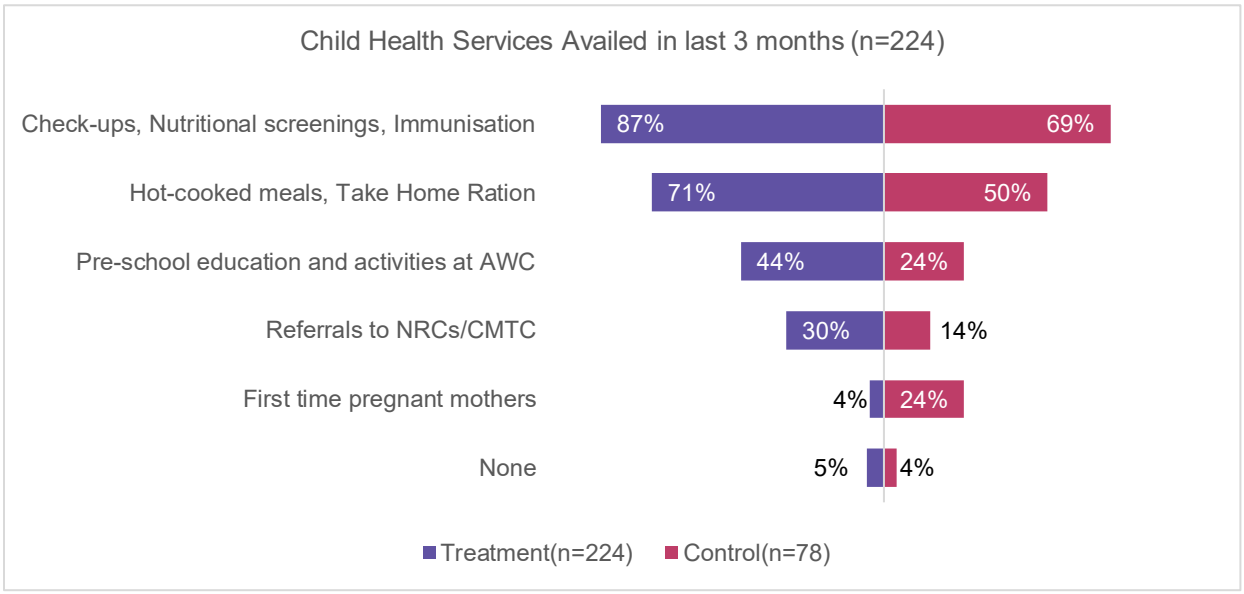


Figure 23 Type of child health services availed in last 3 months

For child health services, the graph clearly shows that children in treatment areas are **more actively engaged with AWC services** compared to control areas. Services like check-ups, nutrition support, and even pre-school participation are being accessed more regularly.

From interactions, it is evident that caregivers are now **more aware and comfortable approaching Anganwadi centres**, leading to more consistent utilisation of services. This reflects the role of **SuPoshan Sanginis in strengthening early childhood care and development**, as their regular home visits, caregiver engagement, and coordination with AWC workers have improved awareness and encouraged greater use of available services, contributing to better outcomes for children.

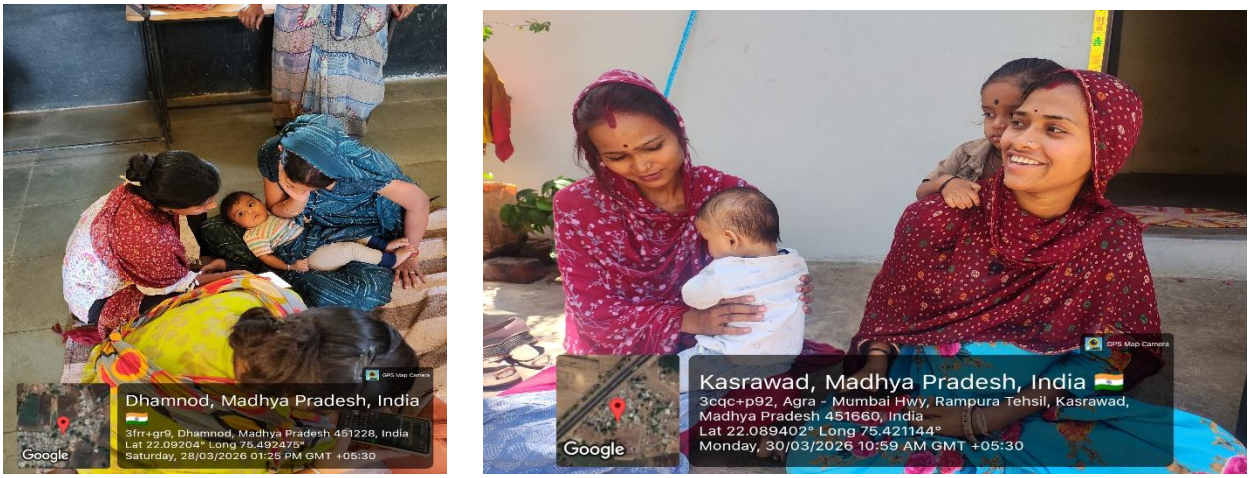


Image 3-Happy Mothers with Healthy Children

e) Cooking Demonstrations

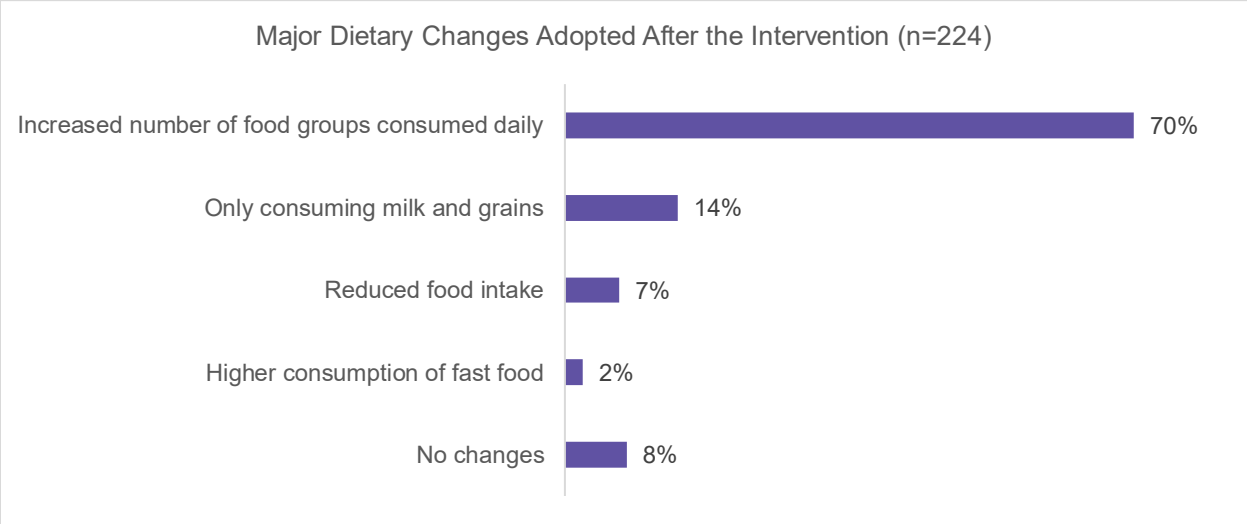


Figure 24-Major Dietary Changes Adopted Post Intervention

The findings highlight a **strong positive shift in dietary practices post-intervention**, with a majority of respondents (70%) reporting an increase in the number of food groups consumed daily, indicating improved dietary diversity and awareness. This reflects the effectiveness of cooking demonstrations in promoting healthier eating habits.

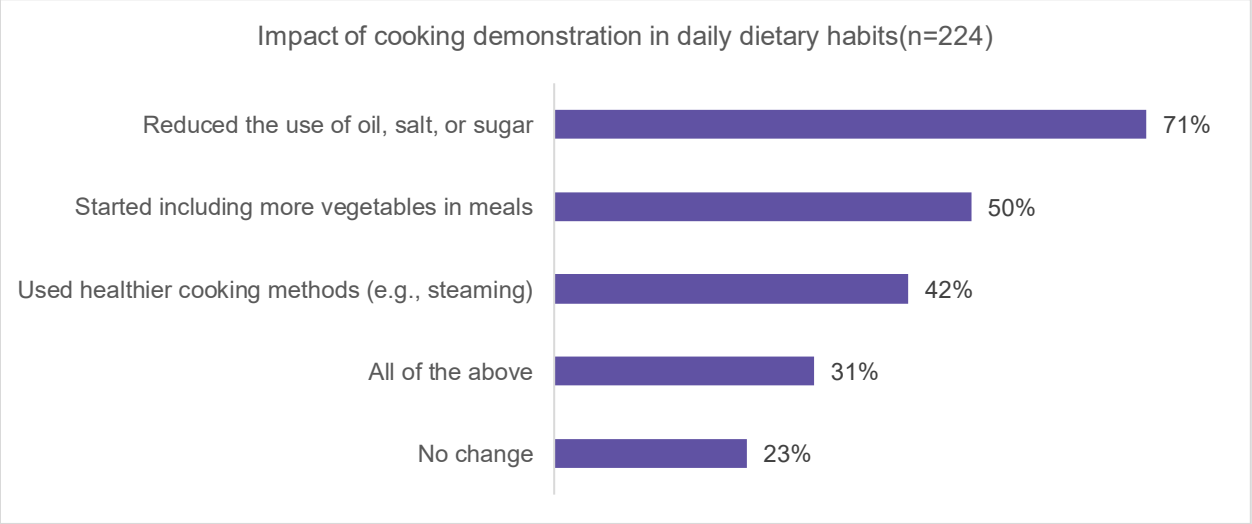


Figure 25-Impact of cooking demonstration on daily diet habits

Cooking demonstrations have led to noticeable dietary improvements, with **many women reducing oil, salt, and sugar intake and increasing vegetable consumption, indicating a shift towards healthier eating habits.**

With field interactions, we came to know that practical, easy-to-replicate recipes encouraged adoption, though some households showed no change due to constraints like affordability or preferences. Hence, **the intervention effectively translated awareness into behaviour change**.

f) Status of Nutri Gardens Post Intervention

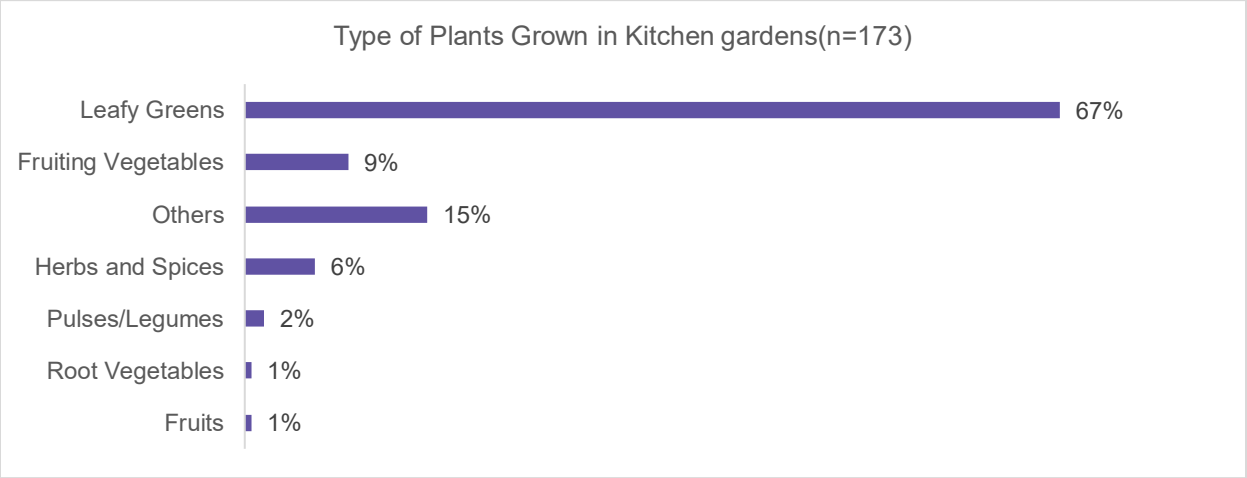


Figure 26-Type of plants grown in kitchen gardens

The findings indicate that **kitchen gardening has been adopted by a section of households**, with around **77% (173 out of 224) reporting engagement**, reflecting growing acceptance of the practice. Among these, **leafy greens (67%) are the most commonly grown**, followed by other vegetables and herbs, primarily due to their ease of cultivation, nutritional value, and suitability for small spaces.

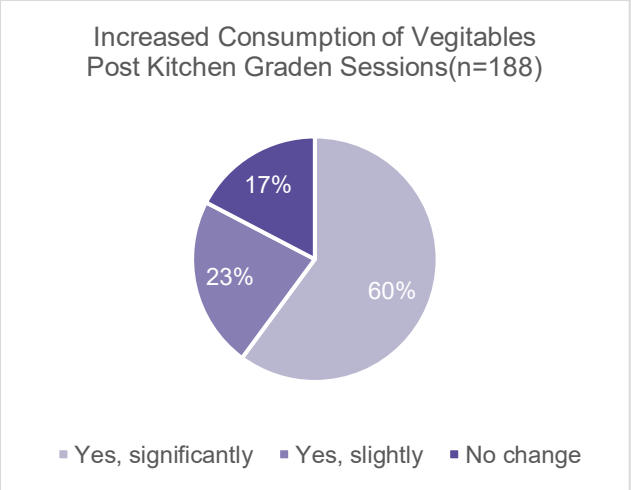


Figure 27-Consumption of Vegetables from Kitchen Garden Post Intervention

Despite these constraints, the intervention has led to **positive dietary outcomes**, with a majority of households reporting increased vegetable consumption-**60% significantly and 23% slightly**-demonstrating that even small-scale kitchen gardens are contributing to improved nutrition.

SuPoshan Sanginis have played a crucial role in this shift through consistent engagement, practical demonstrations, and guidance, enabling households to adopt feasible kitchen gardening practices.

"Earlier, vegetables were something we bought only when we could afford them. Now, since I grow them at home, they are part of our daily meals."

- Sonam, Barkheda Hada, Neemuch (MP)

g) Status of WASH Practices Post Intervention

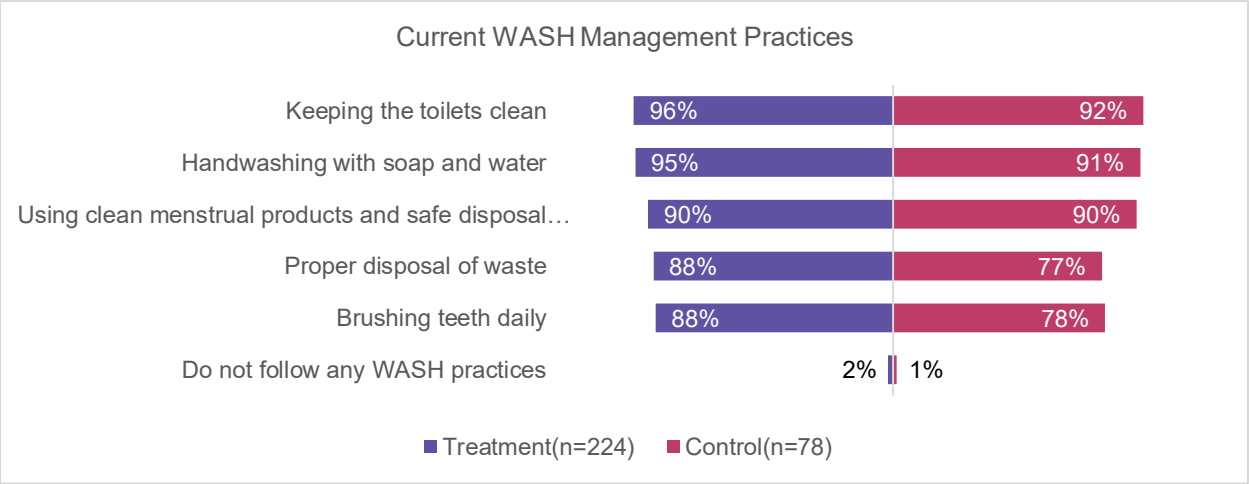


Figure 28-WASH Management Practices Followed Post Intervention

The graph reflects a **strong adoption of WASH practices post-intervention**, with treatment areas showing consistently high adherence across key behaviours such as keeping toilets clean (96%), handwashing with soap (95%), and safe menstrual hygiene practices (90%). Compared to control, treatment areas demonstrate slightly better adoption, particularly in waste disposal and personal hygiene practices.

This shift indicates that hygiene practices have become **more regular and embedded in daily routines**, rather than occasional behaviours. During interactions, community members shared that practices like **handwashing with soap and maintaining cleanliness** were key learnings from Sanginis' sessions and are now being followed more consistently.

h) Status of Menstrual Hygiene Practices Followed by Women Post Intervention

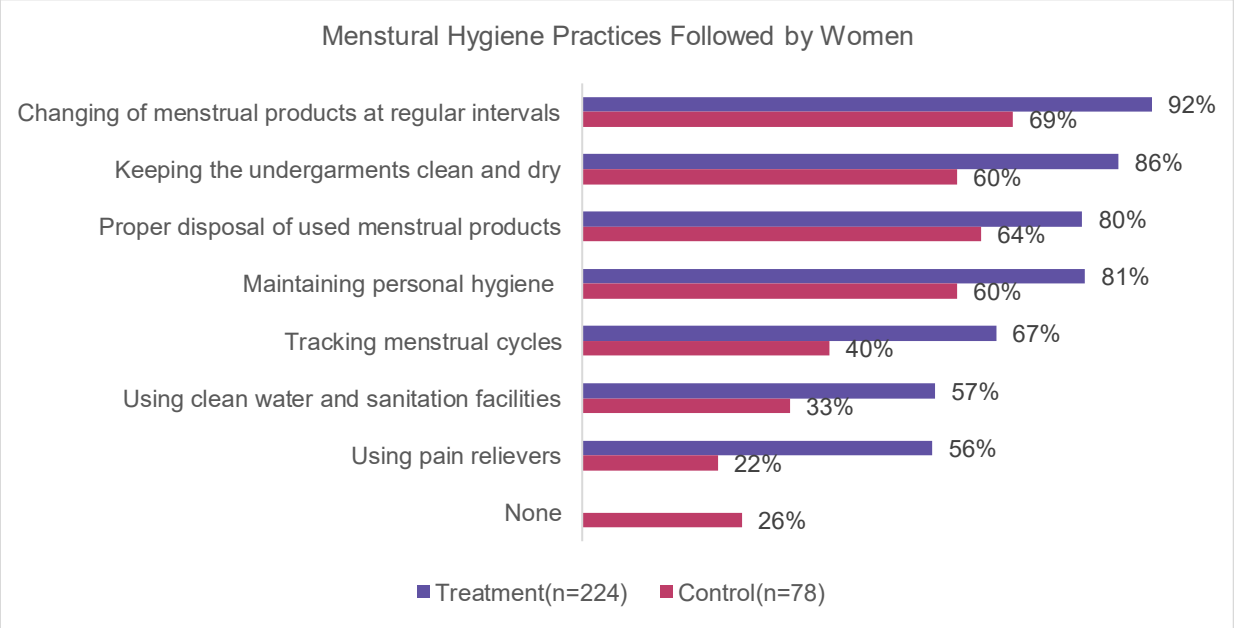


Figure 29-Menstural Hygiene Practices -Post Intervention

Menstrual hygiene practices show significant improvement in treatment areas, reflecting the effectiveness of Sanginis' interventions in promoting awareness and behaviour change. **Higher adherence to practices such as regular changing of products, maintaining hygiene, and safe disposal indicates improved understanding and adoption of healthy practices.**

The increased uptake of cycle tracking, use of sanitation facilities, and pain management further highlights enhanced confidence and informed decision-making among women.

These outcomes demonstrate strong effectiveness, with Sanginis successfully translating awareness into sustained menstrual hygiene practices and improved well-being among women.

i) *Sustained Health and Nutrition Outcomes from the Suposhan Program*

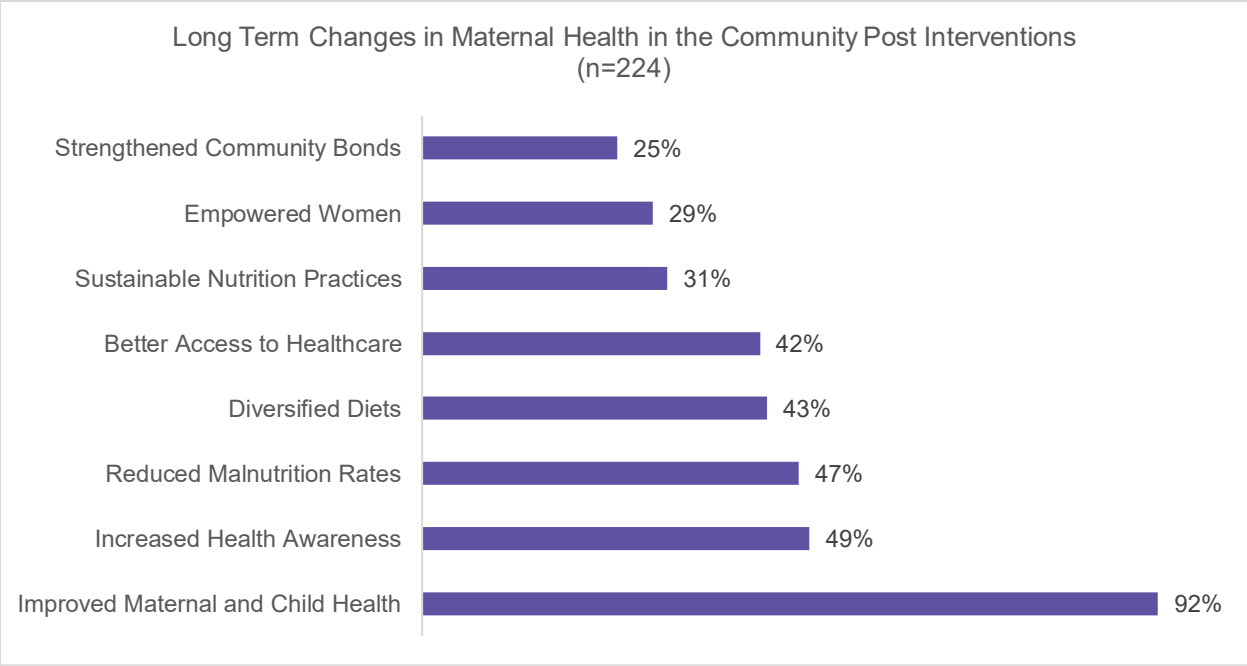


Figure 30-Overall Impact on the Community in the Aspect of Maternal Health

A strong and sustained improvement in maternal and child health, reflecting the programme's effectiveness in driving meaningful behavioural change within the community. Increased awareness, improved access to healthcare, and better nutrition practices suggest a shift towards more informed and proactive health-seeking behaviour among women.

The **adoption of diversified diets and sustained nutrition practices highlights that the intervention has moved beyond awareness to long-term habit formation**. At the same time, improvements in women's confidence and community engagement point to broader social empowerment outcomes

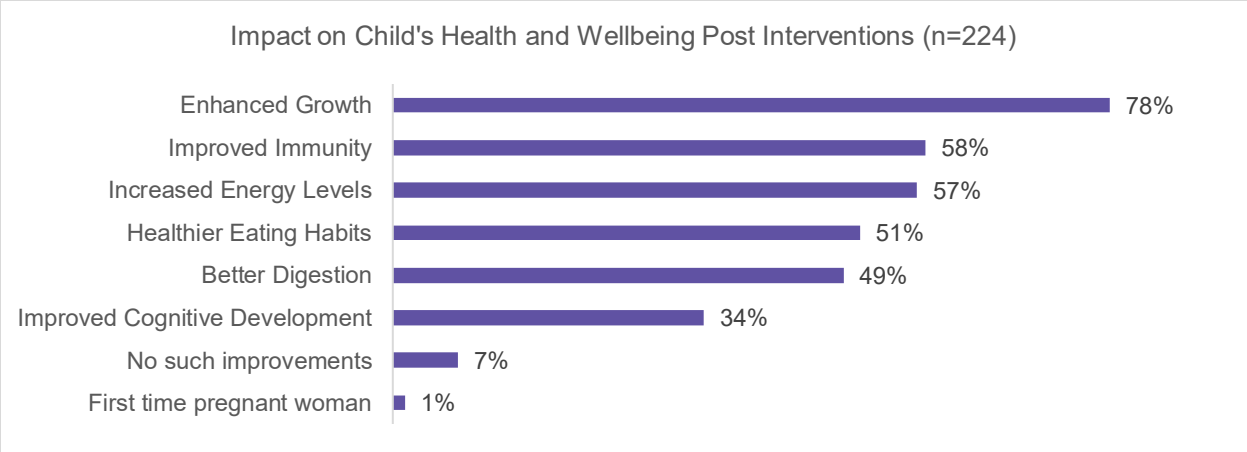


Figure 31-Impact on Child's Wellbeing Post Interventions

Sanginis' interventions have led to clear improvements in children's health, particularly in growth, immunity, and energy levels, reflecting better nutrition and caregiving practices.

Adoption of healthier eating habits and improved digestion indicates effective uptake of counselling and demonstrations, while qualitative insights show caregivers actively applying these learnings. Hence, the integrated approach has enabled early identification, improved care practices, and sustained behaviour change, contributing to better child health outcomes.

> *"After attending the cooking sessions, I started preparing more nutritious food at home, like mixed vegetable sabzi, dal, and eggs. Earlier, we mostly ate simple meals, but now my child eats a wider variety of food. Within a few months, I could see a clear improvement in his health, weight, and energy levels."*
>
> -Mother of child 3-year-old child, Nimrani

Diet Diversity of Women

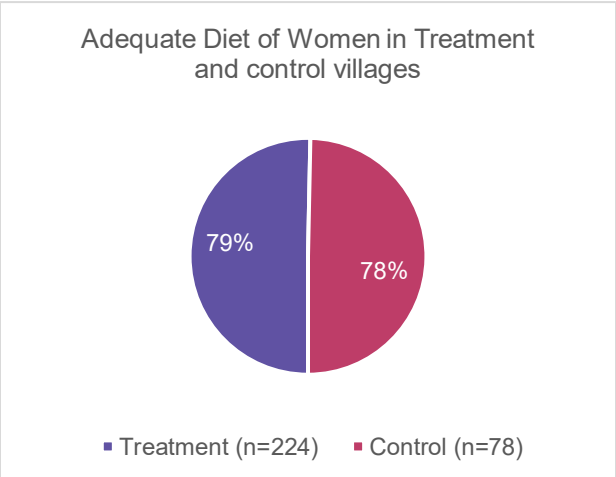


Figure 32-Percentage of Women receiving Adequate Diet based on 24 hours recall

The graph presents the dietary diversity of women based on a 24-hour recall, indicating a high prevalence of adequate diet intake across both treatment and control groups, indicating a generally improved pattern of nutrition and food consumption. The similar distribution across both groups suggests that dietary diversity is not significantly differentiated between intervention and non-intervention areas.

This trend suggests that efforts of Sanginis, such as awareness sessions, counselling, and demonstrations, have contributed to encouraging balanced diets, with regular inclusion of essential food groups.

Diet diversity among women of reproductive age shows improved nutritional practices in treatment areas, reflecting the effectiveness of Sangini's interventions in promoting balanced diets. Higher intake of dairy, green leafy vegetables, Vitamin A-rich foods, and other vegetables indicates a shift towards more diverse and nutrient-rich consumption.

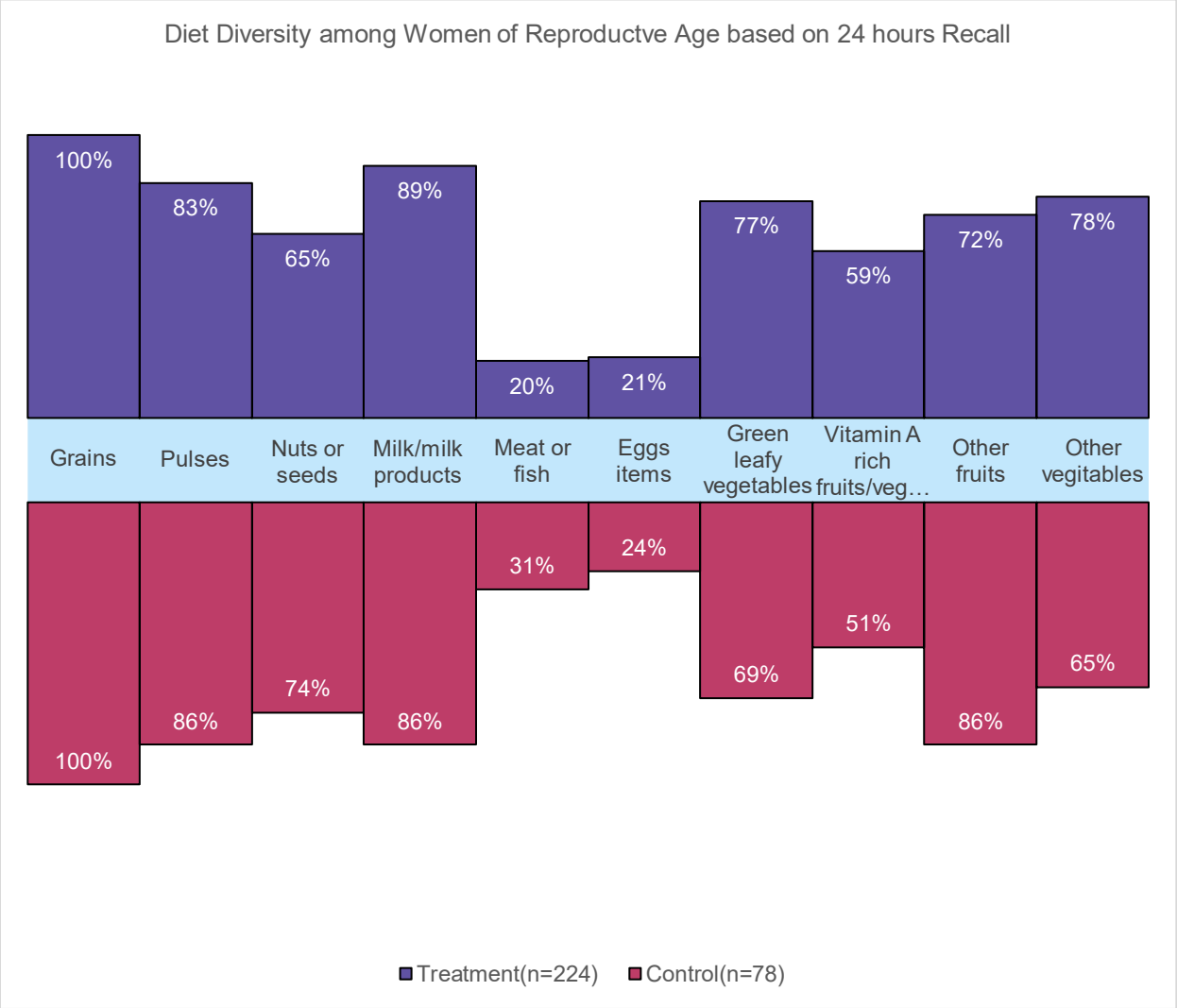


Figure 33-Type of Food Groups consumed by women of reproductive age

This improvement is driven by sustained engagement through awareness sessions, cooking demonstrations, and promotion of affordable, locally available foods, enabling women to adopt better dietary practices despite economic constraints.

Qualitative insights reveal active adoption of seasonal foods and demonstrated recipes, supported by simplified and consistent messaging by Sanginis, indicating effective translation of awareness into sustained behaviour change.

j) Child Immunisation Status

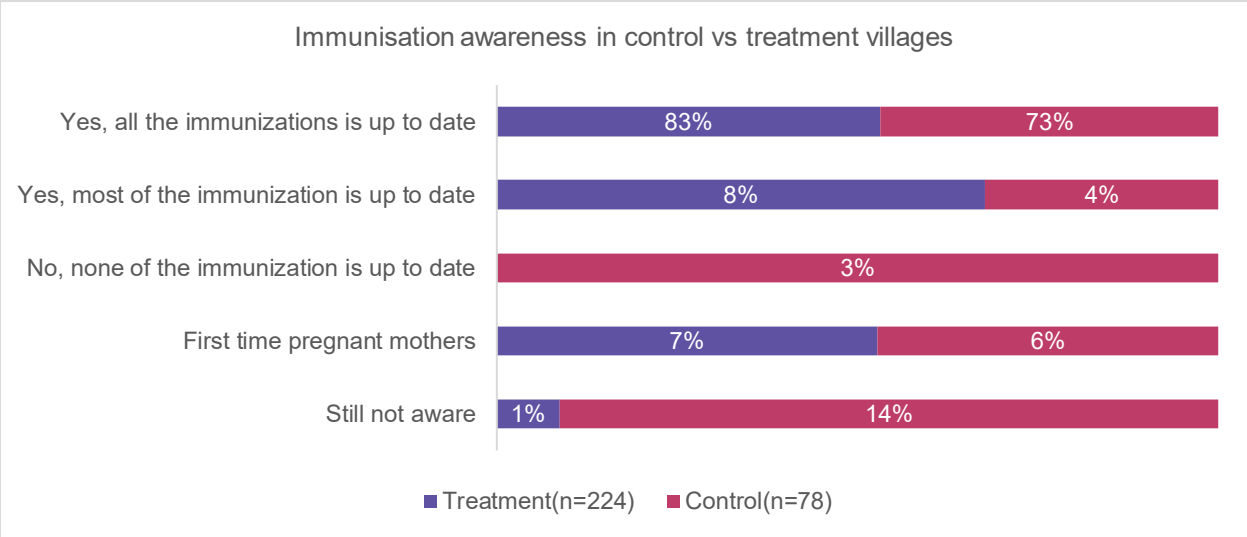


Figure 34-Awareness about Immunisation

The findings indicate higher immunisation awareness and completion in treatment areas, with a greater proportion of respondents reporting that all vaccinations are up to date, alongside significantly lower levels of unawareness compared to control villages.

This improvement **reflects the effectiveness of Sanginis in strengthening awareness, follow-ups, and linkages with healthcare services**. Their regular household visits and counselling have enabled mothers to better understand the importance of timely immunisation and ensure completion of vaccination schedules.

Qualitative insights suggest that Sanginis played a key role in reminding caregivers about due vaccinations, addressing misconceptions, and facilitating access to services, leading to more consistent and informed health-seeking behaviour.

Image 4-Happy and Healthy Children in Treatment Village

Child Anthropometric Measurements

Anthropometric measurements-such as height, weight, and body mass index-are essential tools for assessing the nutritional status of children. The prevalence of wasting, stunting, and underweight among children serves as a critical indicator of nutritional status and overall health in a population.

The following table projects the percentage of girls and boys within the age group of 6-24 months who are severely and moderately underweight, wasted, and stunted. In accordance with the standard data proposed by WHO 2006, the following calculation and representation have been undertaken.

Children (6-24 months)						
Category	**Boys(n=42)**		**Girls(n=51)**		**Total(n=93)**	
	Treatment (n=27)	Control (n=15)	Treatment (n=43)	Control (n=8)	Treatment (n=70)	Control (n=23)
Underweight (WAZ)						
Severe	14.8%	13.3%	7.0%	0.0%	10.0%	8.7%
Moderate	14.8%	20.0%	14.0%	0.0%	14.3%	13.0%
WAZ					**-1.19±1.50**	**-0.28±2.38**
Wasting (WHZ)						
Severe	18.5%	6.7%	11.6%	0.0%	14.3%	4.3%
Moderate	18.5%	26.7%	7.0%	25.0%	11.4%	26.1%
WHZ					**-1.09±1.47**	**-0.80±2.00**
Stunting (HAZ)						
Severe	11.10%	20.00%	7.00%	0.0%	8.60%	13.00%
Moderate	14.80%	13.30%	16.30%	0.0%	15.70%	8.70%
HAZ					**-0.77±1.86**	**0.74±4.43**

Table 7-CAM Measurements of Children (6-24 months)

The data presents the nutritional status of children across two age groups, 6-24 months and 2-5 years, highlighting differences between treatment and control areas across underweight, wasting, and stunting indicators.

In the 6-24 months group, treatment areas show slightly higher severe underweight and wasting, but lower moderate wasting (11.4% vs 26.1%) and severe stunting (8.6% vs 13.0%) compared to control, indicating early identification and management of malnutrition.

Children (2-5 years)						
Category	**Boys(n=73)**		**Girls(n=70)**		**Total(n=143)**	
	Treatment (n=52)	Control (n=21)	Treatment (n=52)	Control (n=19)	Treatment (n=104)	Control (n=40)
Underweight (WAZ)						
Severe	7.8%	5.0%	7.8%	16.7%	7.8%	10.5%
Moderate	19.6%	20.0%	23.1%	11.1%	21.4%	16%
WAZ					**-1.50±0.95**	**-1.63±1.25**
Wasting (WHZ)						
Severe	5.8%	9.5%	0.0%	22.3%	2.9%	15.4%
Moderate	7.7%	19.0%	15.4%	16.7%	11.5%	17.90%
WHZ					**-0.90±1.11**	**-1.30±1.48**
Stunting (HAZ)						
Severe	17.6%	0.0%	13.5%	5.6%	15.5%	2.6%
Moderate	17.6%	38.1%	26.9%	33.3%	22.3%	35.9%
HAZ					**-1.54±1.30**	**-1.32±1.25**

Table 8-CAM Measurements of Children (2-5 years)

In the 2–5 years group, treatment areas demonstrate better outcomes, with lower severe underweight (7.8% vs 10.5%), suggesting a shift from severe to moderate conditions and significantly reduced wasting levels (both severe and moderate) compared to control. Moderate stunting is also lower in treatment areas (22.3% vs 35.9%), reflecting improved long-term nutritional outcomes.

Qualitative insights suggest that regular screening, counselling, and timely referrals, especially to Nutrition Rehabilitation Centres NRC), have enabled early detection and improved recovery. Caregivers reported better feeding practices, improved appetite, and reduced illness among children.

The findings indicate that treatment areas are progressing towards improved child nutritional status, with a transition from severe to moderate malnutrition and strengthened caregiving practices contributing to better health outcomes.

Multiple Anthropometric Deficits

[8]Children (6-24 months)						
	Boys (n=42)		Girls (n=51)		Total (n=93)	
Category	Treatment (n=27)	Control (n=15)	Treatment (n=43)	Control (n=8)	Treatment (n=70)	Control (n=23)
S+UW+W	14.8%	13.3%	7.0%	13.3%	10.0%	8.7%
S+UW-W	0.0%	6.7%	9.3%	6.7%	5.7%	4.3%
S+W-UW	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
W+UW-S	14.8%	13.3%	4.7%	13.3%	8.6%	8.7%
Children (2-5 years)						
	Boys (n=73)		Girls (n=70)		Total (n=143)	
Category	Treatment (n=52)	Control (n=21)	Treatment (n=52)	Control (n=19)	Treatment (n=104)	Control (n=40)
S+UW+W	3.8%	14.3%	3.8%	15.8%	3.8%	15.0%
S+UW-W	17.3%	9.5%	17.3%	0.0%	17.3%	5.0%
S+W-UW	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
W+UW-S	5.8%	0.0%	9.6%	10.5%	7.7%	5.0%

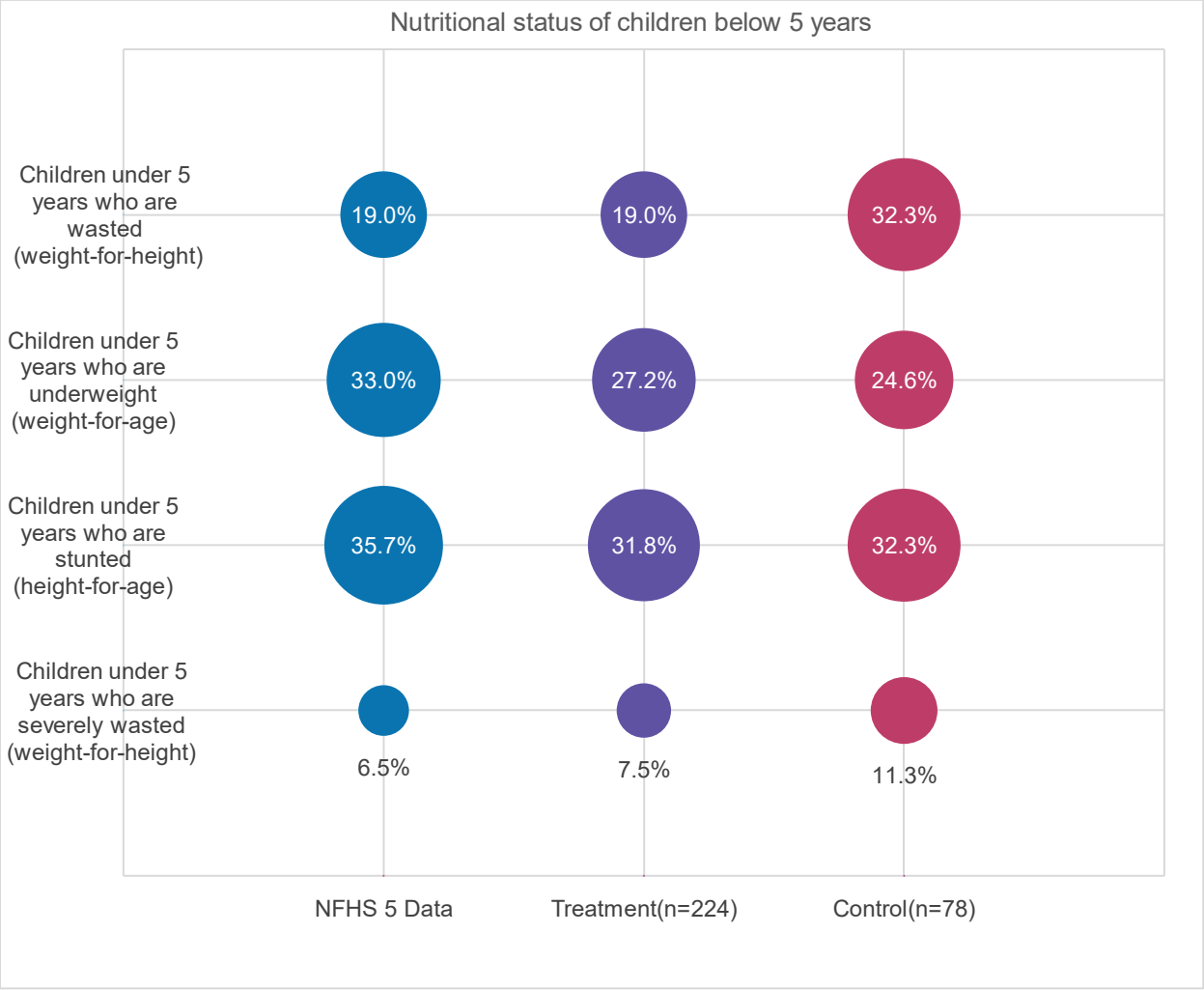
Table 9-Multiple Anthropometric Deficits

Treatment areas show reduced clustering of severe multiple malnutrition conditions, especially among older children.

The pattern suggests a shift from multiple severe deficits to fewer overlapping conditions, indicating improved early detection and management of malnutrition.

[8] S= Stunting
W= Wasting
UW= Underweight

The graph illustrates a comparative analysis of child nutritional indicators in treatment areas against NFHS-5 data, highlighting progress across key dimensions of malnutrition.



[9]

Figure 35-Comparative analysis of the current status of wasting, severe wasting, stunting and underweight with Control Villages and NFHS 5

Indicator	Current Scenario (NFHS-5 vs Treatment)
Wasting	Wasting in treatment areas remains at par with NFHS-5 (19.0%), indicating stabilisation in acute malnutrition and improved management through better IYCF practices and nutrition awareness.
Severe Wasting	Severe wasting is slightly higher in treatment (7.5%) compared to NFHS-5 (6.5%), suggesting the need for continued focus on early detection and timely intervention for high-risk children.

[9] Madhya Pradesh State NFHS 5 data is compared with the Neemuch and Nimrani block data

Indicator	Current Scenario (NFHS-5 vs Treatment)
Underweight	The prevalence of underweight has reduced to 27.2% from 33.0% (NFHS-5), reflecting improvements in overall child nutrition driven by better maternal awareness and dietary practices.
Stunting	Stunting has declined to 31.8% from 35.7% (NFHS-5), indicating a gradual improvement in long-term nutritional outcomes supported by improved feeding practices and access to nutrition services.

Image 5-Taking Length Measurement of Children on Infantometer

Image 6-Taking Height Measurement of Children in a Stadiometer

Image 8-Measuring Height of Child on Weighing Machine

Image 7-Measuring OEDMA of Child

Image 9-Measuring MUAC of a Child

iv. Convergence

This section examines the level of coordination and collaboration with government systems and other stakeholders. It highlights the effectiveness of partnerships in enhancing programme reach and impact.

National Priorities:

PM POSHAN

NATIONAL FOOD SECURITY – My Ration - My Right

Integrated Child Development Services

SDG Alignment:

2 ZERO HUNGER

3 GOOD HEALTH AND WELL-BEING

5 GENDER EQUALITY

Convergence with Anganwadi Services (ICDS):

Anganwadi workers improved awareness and utilisation of nutrition and maternal health services among beneficiaries.

Convergence with PHCs/CHCs:

Strong linkages with public health systems enabled timely referrals and increased access to antenatal and maternal healthcare services.

Convergence with NRCs:

Improved coordination with NRCs facilitated early identification and referral of malnourished children, supporting better recovery outcomes.

v. Service Delivery

This section reviews the efficiency and effectiveness of processes adopted for programme implementation. It focuses on the timeliness, quality, and cost-effectiveness of service delivery mechanisms.

80% of women reported that their child has been screened for one-three times in last three months

64% of women reported the session on nutrion and balanced diet as Excellent and highly informative

63% of women reported the session on IYCF practices as "excellent and highly informative

61% of respondents reported that sanginis visit their household twice a month

a) House Visits by Sanginis

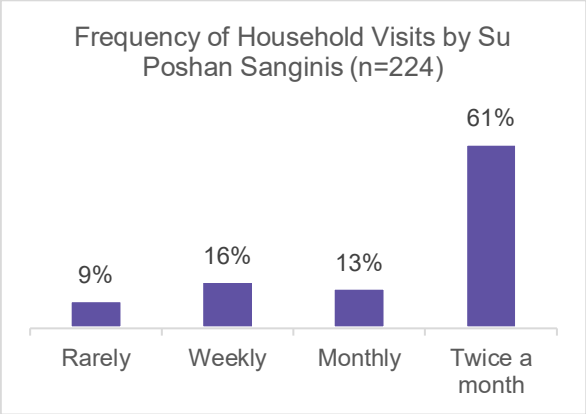


Figure 36-Frequency of household visits by Sanginis

The frequency of household visits reflects strong and consistent engagement by Sanginis, with the majority of households receiving visits about twice a month. A notable share also receives weekly and monthly visits, ensuring regular follow-up and continuous support.

This consistent interaction enables effective monitoring, personalised counselling, and reinforcement of key health and nutrition practices, highlighting **strong service delivery and sustained community engagement**.

b) Women's Rating Session on Nutrition and Balanced Diet

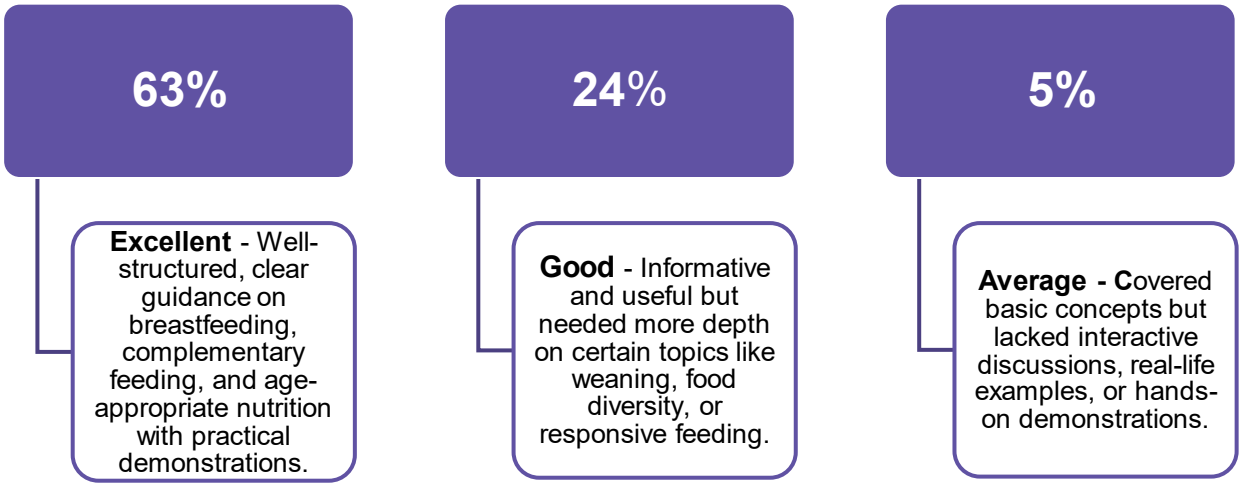
64% Excellent	•Well-structured, scientifically accurate, engaging discussions, and practical tips for daily nutrition
24% Good	•Informative with useful insights but needed more depth, examples, and interactive elements.
7% Average	•Covered basics but lacked detailed explanations, engagement, or real-life applications.

The feedback reflects **strong satisfaction with the nutrition sessions, with a majority rating them highly for clarity, practicality, and ease of application in daily life**. A substantial share also found the sessions useful, though suggesting scope for more interactive and detailed engagement.

The positive feedback reflects the effectiveness of Sanginis in enhancing nutrition awareness and equipping women with actionable knowledge to improve their dietary practices and overall well-being.

> "Before, we used to cook the same type of food every day. After attending the sessions, I understood the importance of different food groups and started including more variety. Now my children are more active and fall sick less often."
>
> *-Woman beneficiary, Madhya Pradesh*

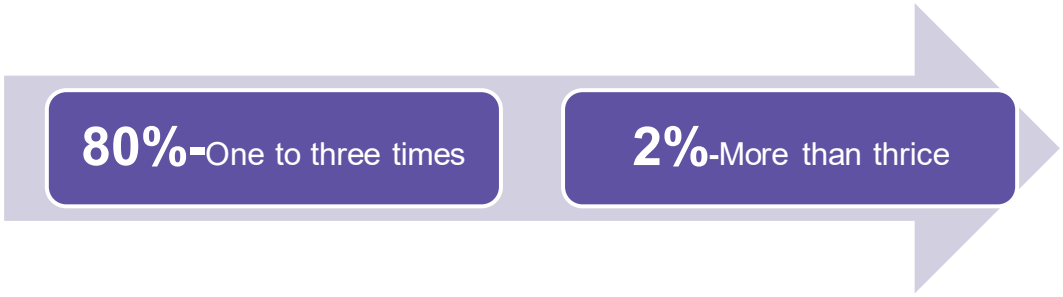
c) Rating of Sessions on IYCF Practices



The rating indicates **high satisfaction with IYCF (Infant and Young Child Feeding) sessions, with a majority rating them excellent, reflecting clear, structured, and practical guidance on key practices** such as breastfeeding and complementary feeding. A significant proportion also found the sessions useful, though highlighting the need for deeper coverage on specific topics.

This reflects strong service delivery by Sanginis, with effective communication and practical demonstrations enabling better understanding and application of IYCF practices, along with scope for enhancing depth and interactivity.

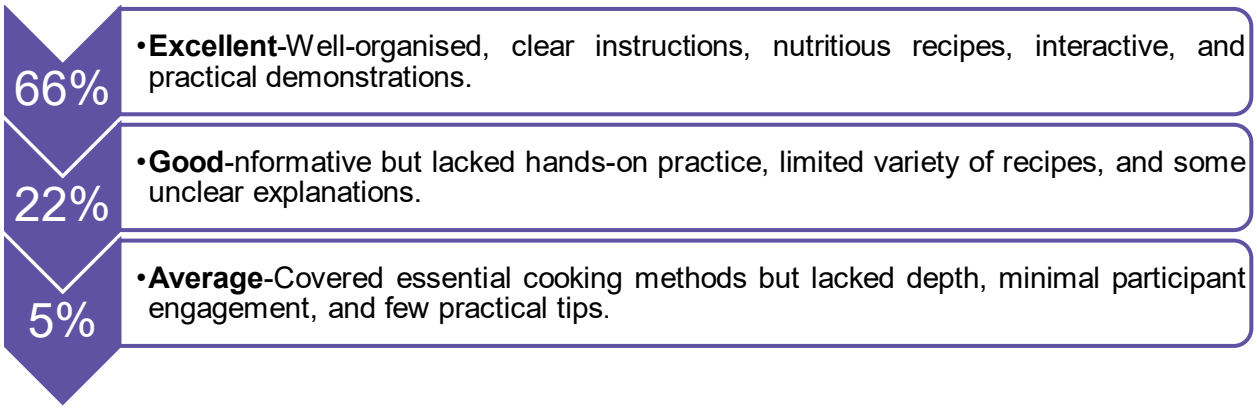
d) *Frequency of Screening by Sanginis*



The data reflects the active role of Sanginis in promoting child growth monitoring through regular screenings. A majority (80%) of children have been screened one to three times in recent months, indicating strong awareness among caregivers about tracking key indicators such as height, weight, and MUAC (Mid-Upper Arm Circumference), oedema to assess nutritional status.

The **consistent screening highlights the effectiveness of Sangini's interventions in enabling early detection of malnutrition, along with personalised counselling and timely referrals, contributing to improved child health outcomes** and overall nutritional well-being within the community.

e) *Women Rating Cooking Demonstrations by Sanginis*



The feedback indicates high satisfaction with cooking demonstrations, with a majority rating them excellent, highlighting their clarity, practicality, and relevance to daily cooking. A considerable proportion also found the sessions informative, though some noted the need for more hands-on practice and greater variety in recipes.

Women reported that the sessions were easy to follow and helped them prepare nutritious meals using locally available ingredients. Many have started applying these methods at home, while some expressed the need for more interactive sessions and a wider range of recipes to further strengthen their learning.

vi. Sustainability

This section assesses the likelihood of continued benefits beyond the programme period. It considers community ownership, capacity building, and long-term viability of interventions.

72% of women reported following the recipes learned during demonstrations (regularly or occasionally) and sharing them with others

45% of women noted early hesitation towards Sanginis' efforts, but community support has steadily strengthened over time

a) Sustainability of Recipes taught during Cooking Demonstrations

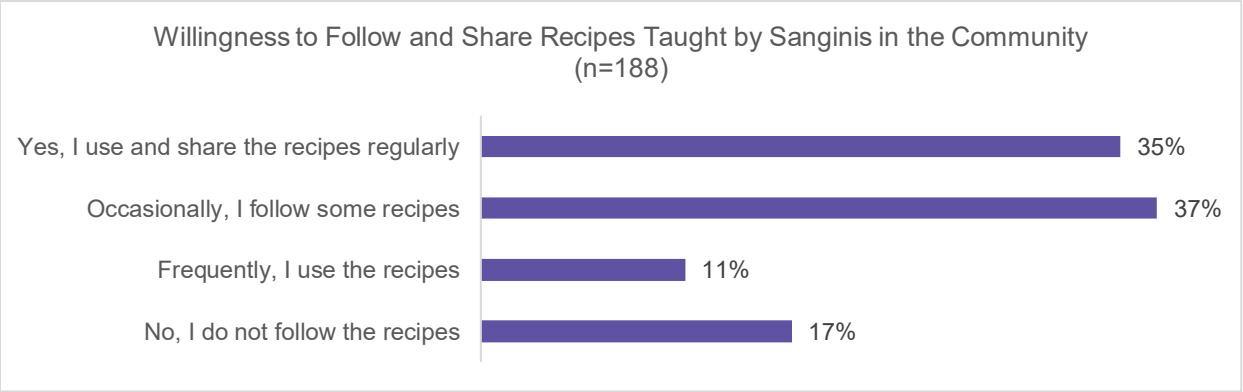


Figure 37-Sustainability in following the Recipes taught in Cooking Demonstrations

The findings reflect the strong sustainability potential of the cooking demonstrations, with a majority of women engaging with the recipes, indicating continued adoption of healthy practices using locally available foods. However, those not regularly following the recipes cited challenges such as limited availability of ingredients, time constraints, household preferences, and affordability. Despite this, they demonstrated improved awareness of healthy cooking practices.

This suggests that while consistent adoption varies, the programme has **successfully built awareness that can support future behaviour change and long-term sustainability**.

Extent of Community Support for the Interventions

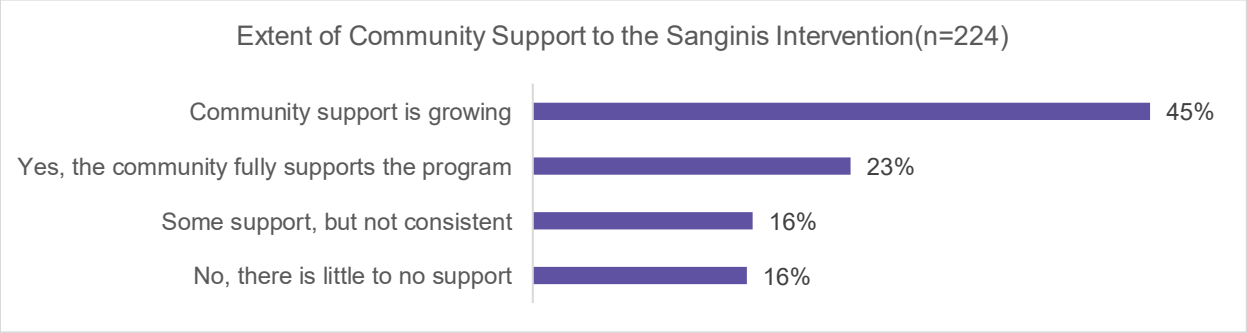


Figure 38-Status of Community Support to the Sanginis

The **presence of full support alongside growing support suggests that the intervention has built trust and relevance within the community**. While some groups still report inconsistent or limited support, the overall trend indicates gradual and sustained acceptance.

This indicates strong sustainability potential, with community-driven continuation of practices likely to persist beyond the intervention period.

II. Adolescent Girls:

I. Inclusiveness

44% of the adoloscent girls are from OBC Category

Daily wage labour is the primary occupation for **40% of respondent households**

37% of adoloscent girls are between 14-16 years age

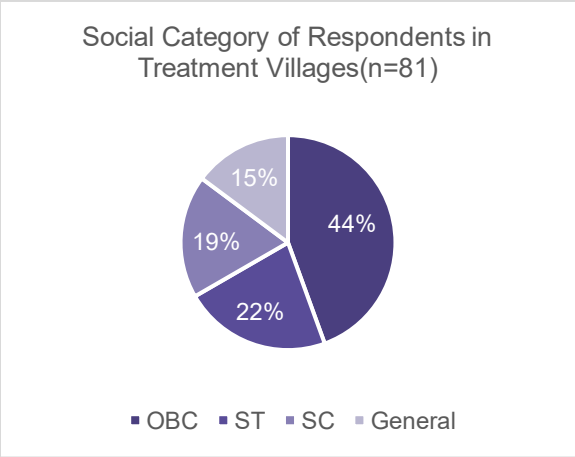


Figure 39-Caste Composition of Adolescent Girls in Treatment Villages

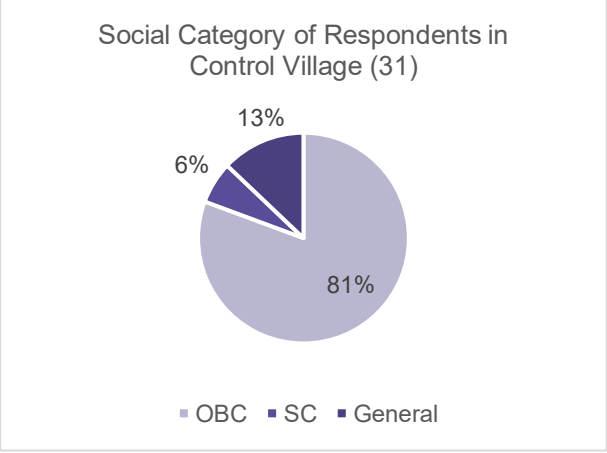


Figure 40-Caste Composition of Adolescent Girls in Control Villages

The social distribution of adolescent girls in treatment areas is more diverse, with representation across OBC, SC, and ST groups, indicating inclusive outreach. In contrast, control areas are largely dominated by a single category, reflecting limited diversity. This suggests that the intervention has effectively reached marginalised adolescent girls, enhancing inclusivity and equitable access.

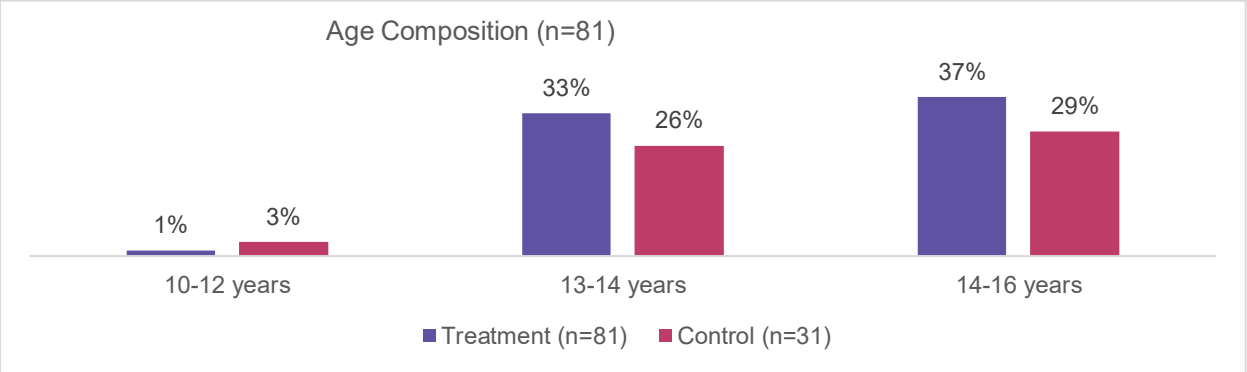


Figure 41-Age Composition of Adolescent Girls

The age distribution of adolescent girls is fairly balanced across treatment and control areas, with the majority falling in the 13–16 years of age group, which is critical for targeted health and nutrition interventions.

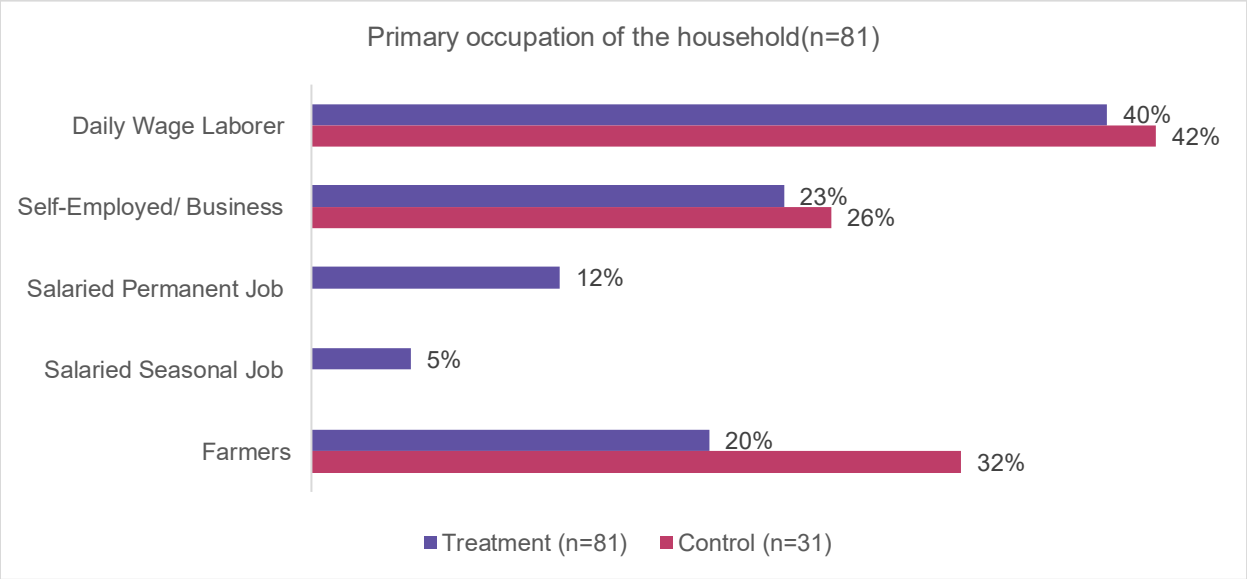


Figure 42-Primary Occupation of the Households of the Adolescent Girls

The occupational profile shows a predominance of daily wage labour, indicating that the programme has targeted economically vulnerable households.

This reflects that the intervention is focused on sections where awareness generation on health and nutrition is most needed and can create a meaningful impact.

Image 10-Interaction with Adolescent Girls

II. Relevance

Around **35% of respondents** had not received any nutritional guidance

For many adolescent girls, menstruation was not well understood before their first experience, reflecting gaps in early awareness

a) Prior knowledge of Nutrition and Balanced Diet

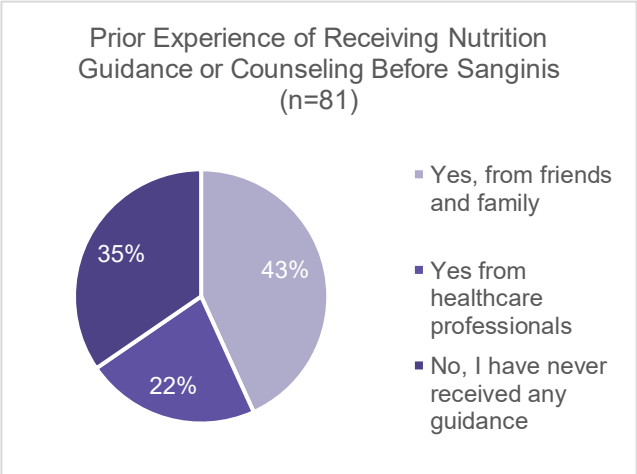


Figure 43-Extent of Knowledge about Nutrition and Balanced Diet Pre Intervention

The analysis of prior nutrition knowledge among adolescent girls indicates notable gaps in structured awareness. A considerable proportion had either never received any guidance or relied primarily on informal sources such as family, while only a smaller segment had access to professional advice from a healthcare provider.

This dependence on informal channels highlights limited exposure to accurate and structured nutrition information, underscoring the need for targeted interventions.

b) Knowledge and Awareness about Menstruation Pre-Intervention

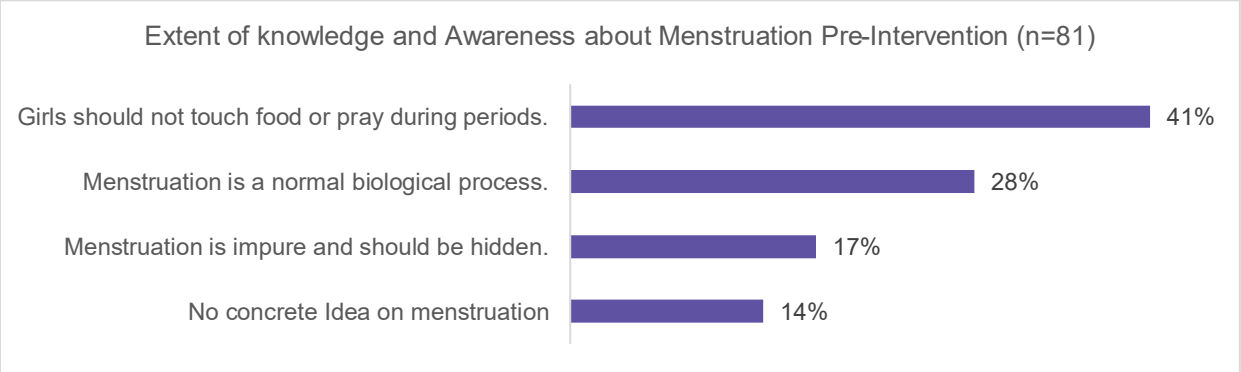


Figure 44-Pre Intervention Knowledge about Menstruation

Prior to the intervention, adolescent girls exhibited a limited and often distorted understanding of menstruation, shaped largely by cultural taboos and misinformation. A significant proportion associated menstruation with restrictions such as avoiding religious practices or food handling, reflecting deep-rooted societal beliefs.

At the same time, **only a smaller segment recognised menstruation as a natural biological process, while many lacked clear knowledge altogether, indicating gaps in accurate and structured awareness.**

The reliance on informal sources and the absence of consistent guidance from community or institutional platforms further contributed to these misconceptions. This highlights a critical need for structured, evidence-based menstrual health education, underscoring the relevance of interventions like Sanginis in addressing stigma and improving awareness.

Image 11-Data Collection with Adolescent Girls in a Community Space

III. Effectiveness

74% of adolescent girls reported accessing services including iron and folic acid (IFA) supplementation

74% of respondents demonstrated improved awareness of healthy dietary practices

65% of adolescent girls are actively involved in physical activities, indicating improved adoption of healthy lifestyle practices

60% of girls reported practice of changing menstrual products at regular intervals

c) Services Availed for Adolescent Wellbeing Post Intervention

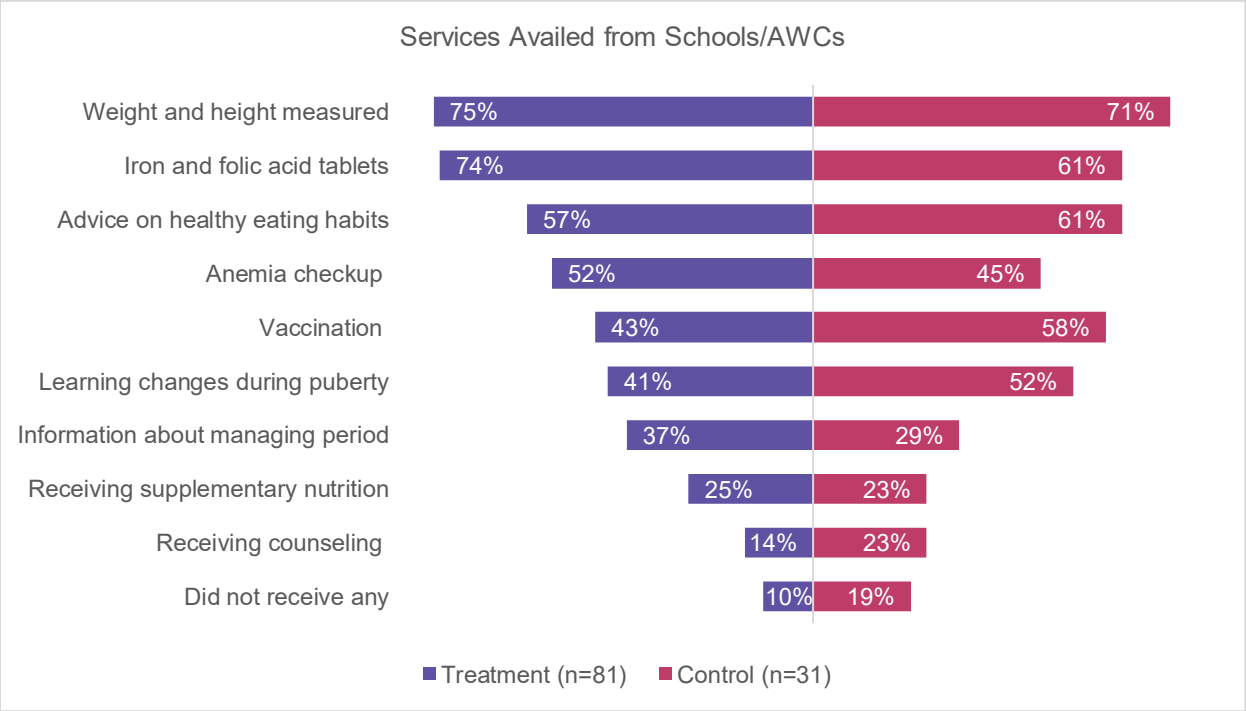


Figure 45-Post Intervention-Services availed by the Adolescent Girls

The findings indicate that adolescent girls in **treatment areas have relatively better access to key health and nutrition services**, particularly in growth monitoring, iron supplementation, and health awareness. This suggests improved service utilisation and outreach in intervention areas.

However, as AWC services are not extended to adolescent girls, especially those out of school, they continue to miss essential health and nutrition support. This highlights the effectiveness of the intervention in strengthening access to essential health and nutrition services for adolescent girls.

"Before, no one checked our weight or height regularly, so I never paid much attention to my health. Now it is monitored, and I understand how it is linked to my well-being. I am also receiving iron tablets regularly, and I now know that they help prevent weakness and anaemia."

-Pooja, Barkheda Hada, Neemuch (MP)

d) Menstrual Hygiene Practice Followed Post Intervention

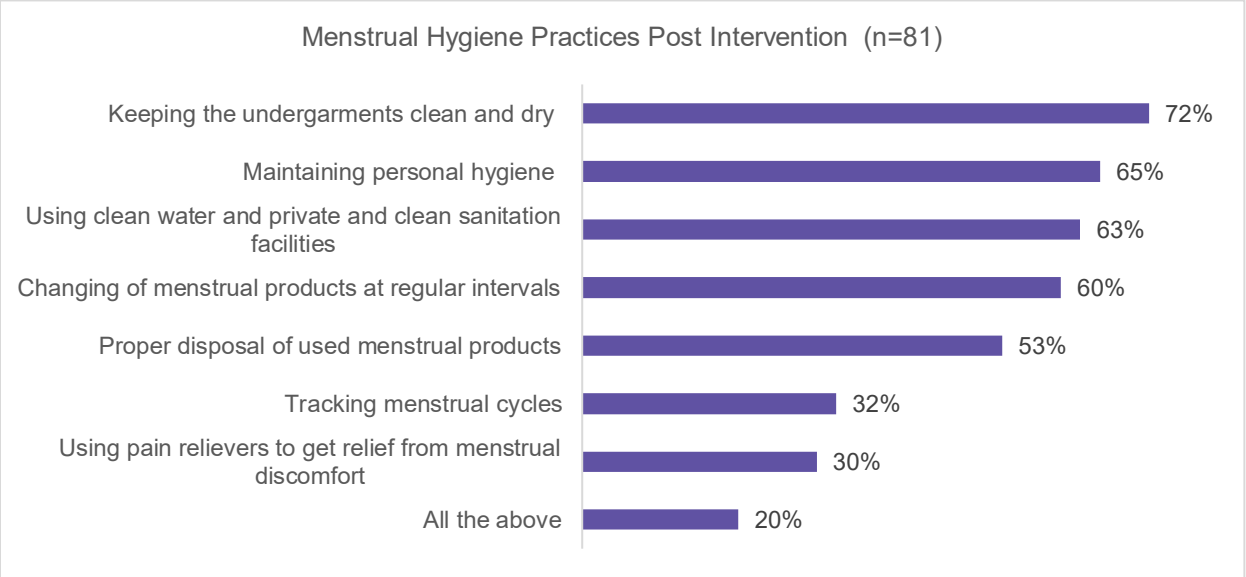


Figure 46-Type of Menstrual Hygiene Followed Post Intervention

A **clear improvement in menstrual hygiene practices is observed post-intervention**, with a majority of adolescent girls adopting essential behaviours such as maintaining personal hygiene, using clean sanitation facilities, and changing menstrual products at regular intervals.

Improved practices around safe disposal and hygiene reflect increased awareness, confidence, and comfort in managing menstruation. While aspects such as cycle tracking and use of pain relief show relatively lower uptake, they indicate emerging awareness in these areas.

Image 12-Data Collection with Adolescent Girls

e) Extent of Engagement in Physical Activities

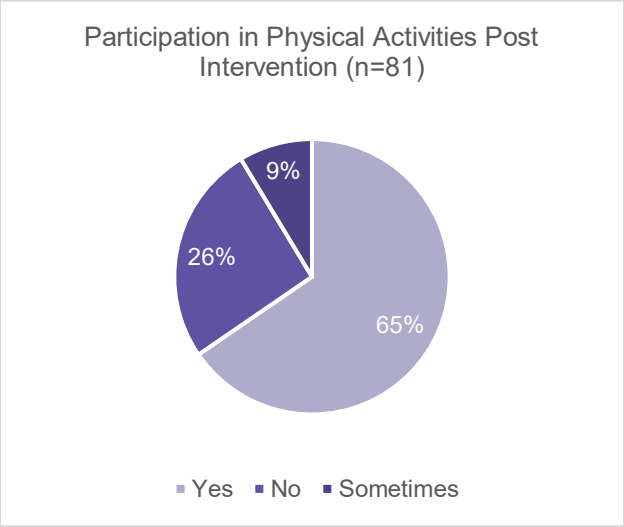


Figure 47-Percentage of Girls engaged in Physical Activities

The findings indicate a **high level of engagement in physical activities**, with a majority of participants regularly involved, reflecting the effectiveness of the intervention in promoting active lifestyles and integrating physical activity into daily routines.

To address this, Sanginis actively reinforce participation through regular follow-ups, group engagement, and community interactions, encouraging sustained adoption of physical activity and supporting long-term behavioural change.

f) Impact on Personal Life of Adolescent Girls after the intervention

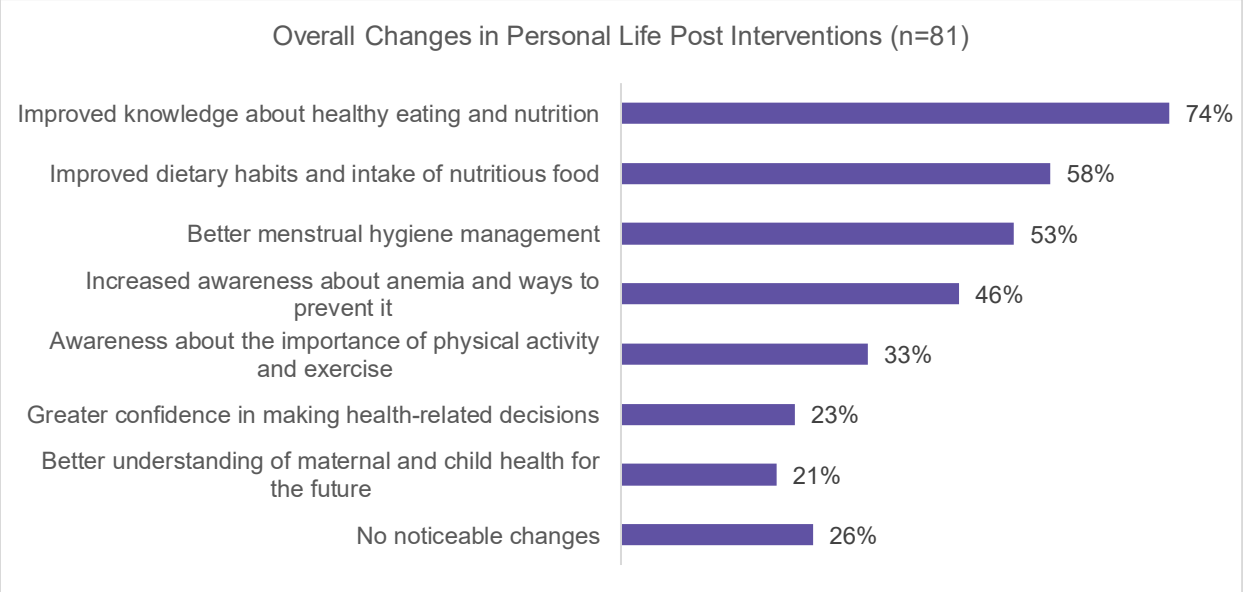


Figure 48-Impact on the Personal Life of the Girls Post Interventions

A notable improvement is observed in the personal lives of adolescent girls, particularly in increased knowledge of nutrition and healthier dietary practices. Enhanced menstrual hygiene management and greater awareness of anaemia further indicate strengthened health-related understanding.

The **rise in awareness around physical activity and growing confidence in making health-related decisions reflect positive behavioural and mindset shifts**. Improvements in understanding maternal and child health also point towards long-term impact on future well-being.

ii. Convergence:

National Priorities:

PM POSHAN

NATIONAL FOOD SECURITY — My Ration - My Right

Integrated Child Development Services

SDG Alignment:

Collaboration with ICDS	Sanginis worked closely with Anganwadi Centres to support outreach and engagement of adolescent girls and women. During sessions and community events, Anganwadi workers played an active role in mobilising beneficiaries, facilitating participation, and strengthening access to nutrition and health services.
Collaboration with PHCs/CHCs	• In cases of health concerns such as anaemia and menstrual health issues, Sanginis guided beneficiaries to nearby health facilities for timely check-ups and treatment. Health professionals also supported awareness sessions on adolescent health, reproductive health, and nutrition, ensuring improved access to essential healthcare services.

iii. Service Delivery

69% of adolescent girls rated sessions on balanced diet and nutrition as excellent or good, highlighting them as highly informative

52% of respondents reported that Sanginis visit their households twice a month

Girls shared that the sessions helped them **better understand balanced diets and encouraged healthier daily food choices**

a) *Frequency of Household Visits*

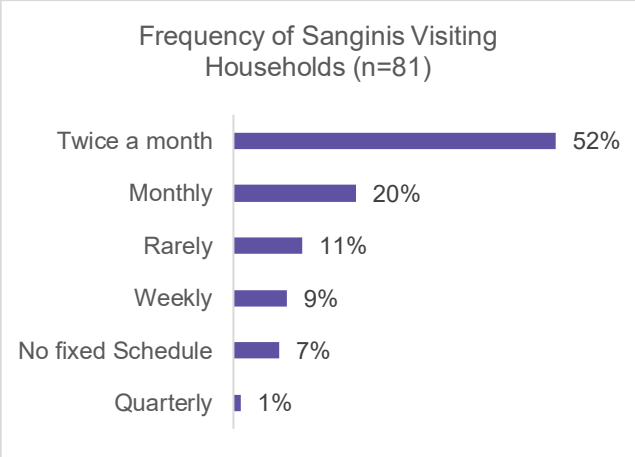


Figure 49-Frequency of Visits by Sanginis

Household visits are conducted with strong regularity, with a majority of respondents reporting visits about twice a month, followed by a notable share receiving monthly support. The presence of weekly visits for some households further reflects targeted and need-based support, indicating consistent engagement and structured outreach by Sanginis.

b) *Rating of Sessions on Nutrition and Balanced Diet*

41%

Excellent - Well-structured, scientifically accurate, engaging discussions, and practical tips for daily nutrition.

28%

Good - Informative with useful insights but needed more depth, examples, and interactive elements.

The sessions were well received, with participants demonstrating a clearer understanding of balanced diets and healthy eating practices. Through interactions, girls expressed that they learned the importance of including green vegetables, maintaining a varied diet, and making healthier food choices in their daily meals.

They also showed awareness of the role of nutrition in improving energy levels, preventing anaemia, and supporting overall health.

iv. Sustainability

69% of adolescent girls reported actively following and sharing menstrual hygiene management practices

21% of adolescent girls reported full community support for Sanginis' initiatives, while **33% observed that support is steadily increasing**

a) Willingness to Sustain Menstrual Hygiene Practices Among Women -Post-Intervention

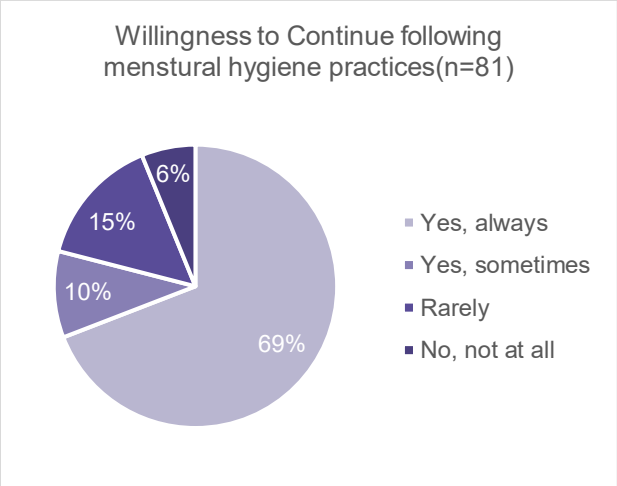


Figure 50-Sustainability of MHM Practices within the Adolescent Girls

The findings indicate a strong willingness among women to continue menstrual hygiene practices, with a majority of **69% consistently following safe behaviours.** This reflects successful behaviour change and internalisation of hygiene practices beyond the intervention period.

The presence of a smaller segment showing occasional or low adherence suggests that while awareness has been established, sustained practice may still be influenced by factors such as access, affordability, or social norms.

The high level of continued adoption highlights the strong sustainability of outcomes, indicating that the intervention has effectively translated awareness into long-term behavioural change.

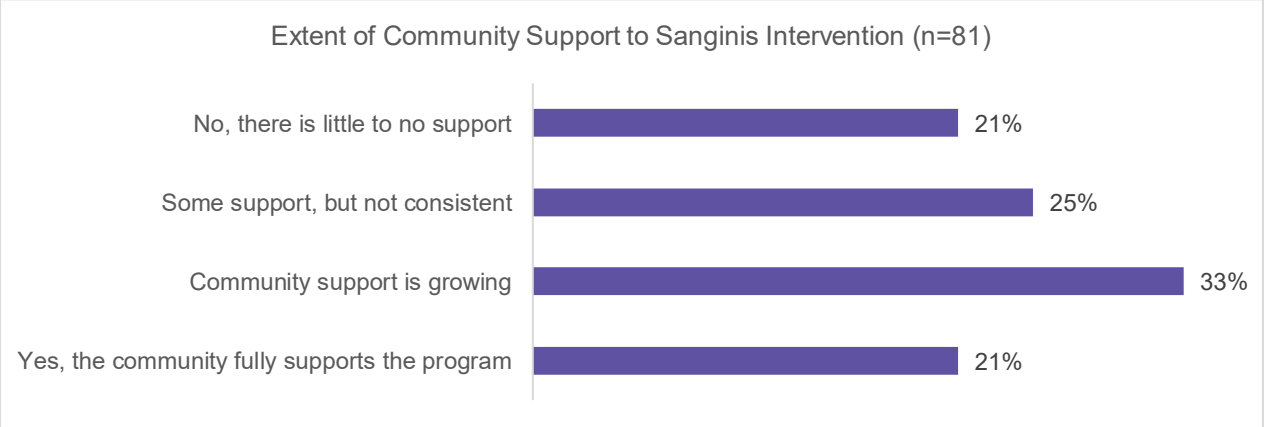


Figure 51-Community Support to the Sanginis

The findings indicate a positive trajectory towards sustainability, with growing community support for Sangini's interventions, reflecting increasing ownership and acceptance at the local level. This expanding support also signals a shift in community attitudes towards adolescent well-being, with greater openness to issues such as reproductive health, nutrition, and girls' education.

However, the presence of inconsistent or limited support among some groups highlights the need for continued engagement and trust-building efforts. Strengthening community participation and collective responsibility will be essential to sustain behavioural changes and ensure the long-term impact of the programme.

III. Sanginis

a) Socio-Demographic Profile

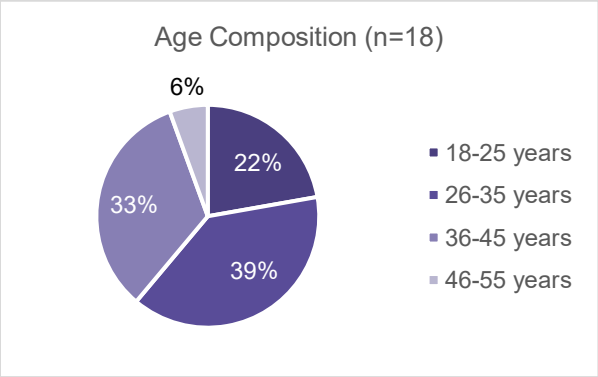


Figure 53-Age Composition of Sanginis

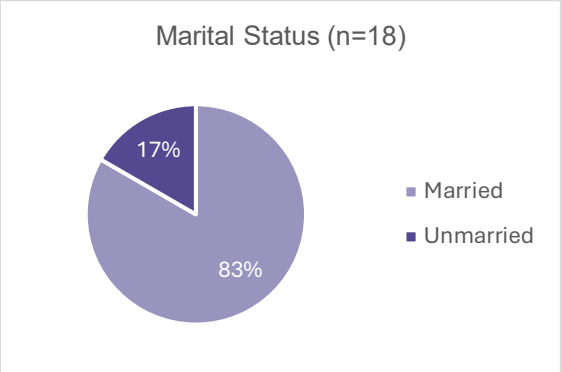


Figure 52-Marital Status of Sanginis

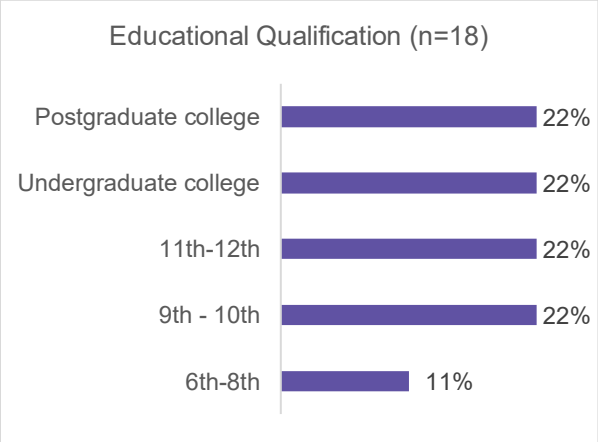


Figure 54-Education Qualification of Sanginis

The socio-demographic profile of Sanginis indicates a mature and experienced group, with the majority falling within the 26–45 years age range. This suggests their strong social connections and ability to effectively engage with community members.

A large proportion are married, which further enhances their acceptance and trust within the community, enabling better communication on sensitive topics such as health, nutrition, and hygiene.

In terms of education, Sanginis exhibit a fairly diverse yet well-balanced profile, with most having secondary to higher education qualifications. This level of education supports their ability to understand programme content and effectively deliver information to beneficiaries.

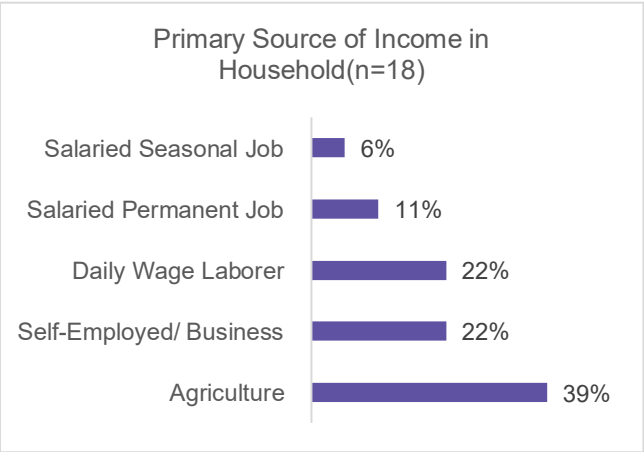


Figure 55-Primary Source of Income

The primary income sources of Sanginis' households indicate a mix of agriculture and informal livelihoods, with a significant proportion dependent on agriculture, daily wage labour, and self-employment.

This reflects their connection to economically modest backgrounds, enabling strong relatability and trust within the community. At the same time, the programme provides an opportunity for their empowerment by enhancing their knowledge, skills, confidence, and social standing.

b) Motivation to Join the Programme

Figure 56-Motivation of the Sanginis to join the Programme

Motivation to join the programme is primarily driven by **a desire to gain knowledge on health and nutrition and contribute meaningfully to community well-being**, reflecting strong intrinsic motivation and a sense of social responsibility among Sanginis.

While financial incentives and recognition are also factors, they appear secondary, indicating that participation is not solely income-driven but rooted in purpose and community engagement.

This combination of social commitment and personal benefit suggests that Sanginis are highly invested in their roles, with the programme acting as a catalyst for building confidence, enhancing skills, and fostering long-term empowerment.

> "It gave me a chance to do something meaningful for my village, not just for myself but for others as well."
>
> -*Sangini*, Barkheda Hada, Neemuch (MP)

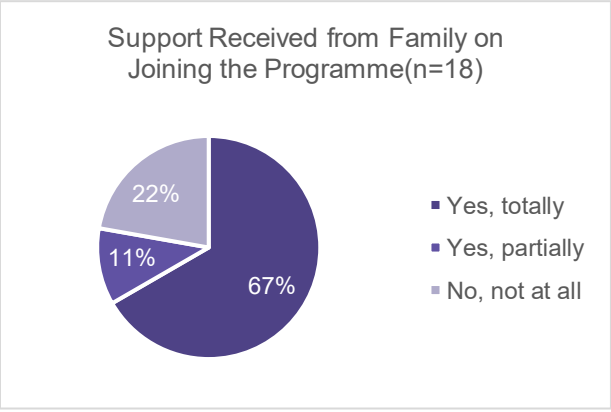


Figure 57-Support Received from Families on joining the Programme

A majority of Sanginis reported receiving **full support from their families**, indicating a favourable household environment for their participation.

This strong family backing likely enhances their confidence and ability to actively engage in programme activities.

Image 13-Interaction with the Sanginis

c) Awareness and Knowledge Gain Post Intervention

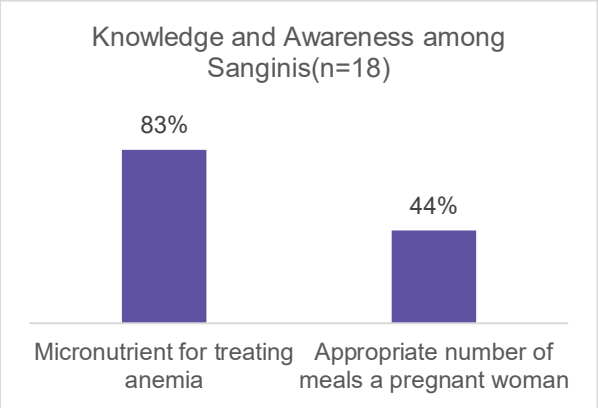


Figure 58-Knowledge and Awareness of Sanginis about treating Anaemia and Adequate Diet for Pregnant Women

The **programme has significantly strengthened the knowledge and capacity of Sanginis in key areas of nutrition, enabling them to effectively support maternal and child health**. Sangini's growing ability to promote iron-rich foods reflects their strengthened role in addressing anaemia and improving community nutrition. This indicates that the programme has effectively built its capacity to act as a reliable source of health information, enabling it to influence dietary behaviours at the household level.

"Now I can explain how many meals a pregnant woman should have and what should be included in her diet. Women in the community listen to me and try to follow it."

- Sangini, Karnawati, Neemuch

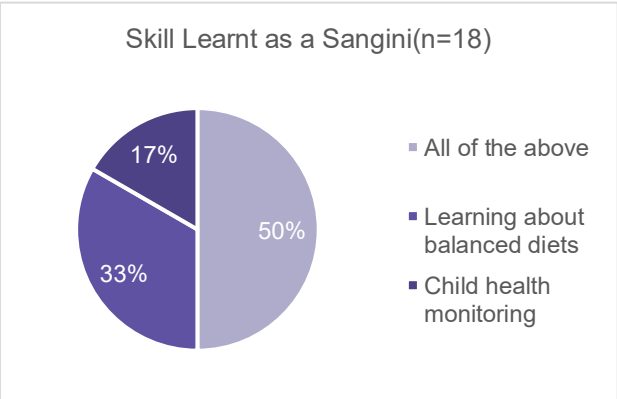


Figure 59-Useful Skills Learnt as Sangini

In addition to knowledge gains, **Sanginis have developed practical skills in balanced diet planning and child health monitoring, equipping them to provide informed counselling at the community level.**

By enabling informed decision-making at the community level, the SuPoshan Programme was able to drive sustained and meaningful improvements in maternal and child well-being.

d) Perceived Status of Nutrition in the community and its Impact

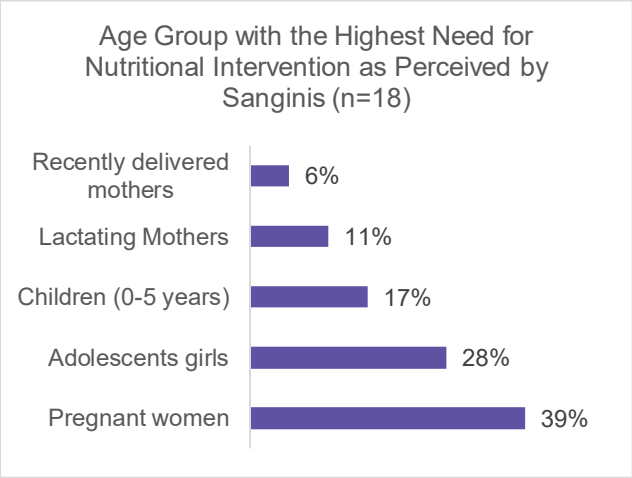


Figure 60-Age Group with the Highest Need for Nutritional Intervention According to Sanginis

Sanginis prioritise pregnant women and adolescent girls as they represent critical windows in the nutrition lifecycle where deficiencies can have immediate and intergenerational consequences. Inadequate nutrition during adolescence can lead to anaemia and poor reproductive health, while poor maternal nutrition increases the risk of low birth weight, complications during pregnancy, and impaired child development.

Targeting these groups ensures that interventions are timely, as improvements during adolescence and pregnancy can significantly influence maternal strength, birth outcomes, and early child development.

This indicates strong programme alignment with community needs, with Sanginis effectively prioritising vulnerable groups to maximise impact on maternal and child health outcomes.

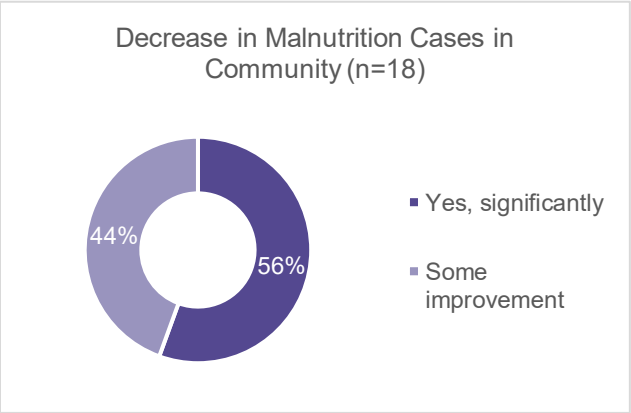


Figure 61-Extent of Decrease in Malnutrition Cases Post Intervention according to Sanginis

From the Sangini's perspective, there has been a noticeable **decline in malnutrition cases in the community**, with many observing clear improvements and others seeing gradual positive changes. This reflects how consistent efforts on the ground are starting to make a real difference.

Qualitative insights:

- Regular home visits and counselling have helped families better understand healthy diets and appropriate feeding practices.
- Simple, consistent conversations have made nutrition concepts easier to relate to and adopt in daily life.
- Continuous growth monitoring has enabled early identification of issues, allowing timely guidance and support.
- Improved hygiene practices and increased awareness have contributed to better overall health conditions.
- Sustained engagement and trust-building by Sanginis have played a key role in driving behavioural change and improving nutrition outcomes within the community.

Figure 62-Interaction with Sangini to Understand What Motivated her to join the Programme and What Challenges she faced

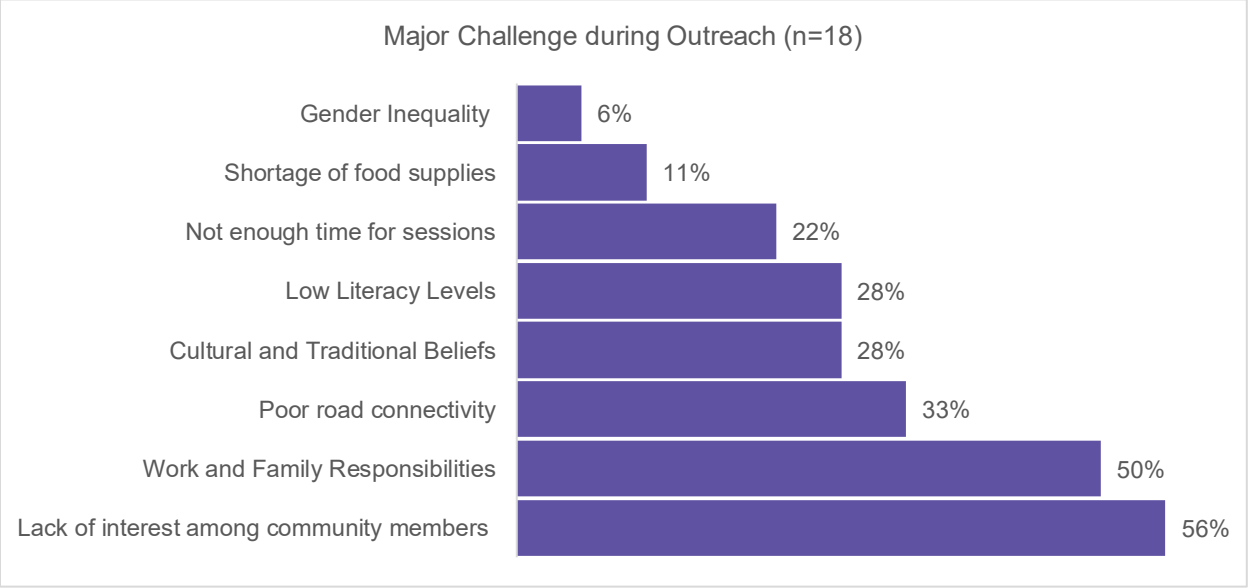


Figure 63-Major Challenge faced by Sanginis during Outreach

The challenges reflect that behaviour change, not access, is the primary barrier. While infrastructure issues like road connectivity exist, the dominant constraints, low interest and competing responsibilities, indicate that community members may not yet perceive nutrition and health as immediate priorities.

Work and family burdens, especially on women, suggest that time poverty is a critical constraint, limiting their ability to participate even when awareness exists. At the same time, low literacy and cultural beliefs point to deep-rooted behavioural and social norms, which require more than one-time sessions; they need repeated, trust-based engagement.

Sangini's experience highlights that building trust and relevance is key when communities see direct benefits (health improvements, reduced illness), participation tends to improve.

Impact on Financial Independence of Sanginis and Empowerment Post-Intervention

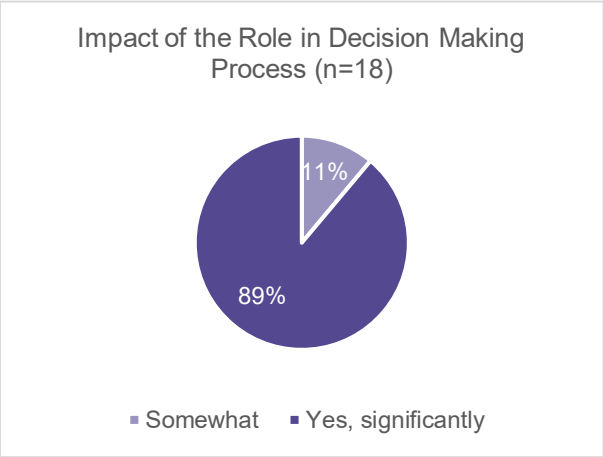


Figure 65-Impact of the Role in Decision Making Process in the Community

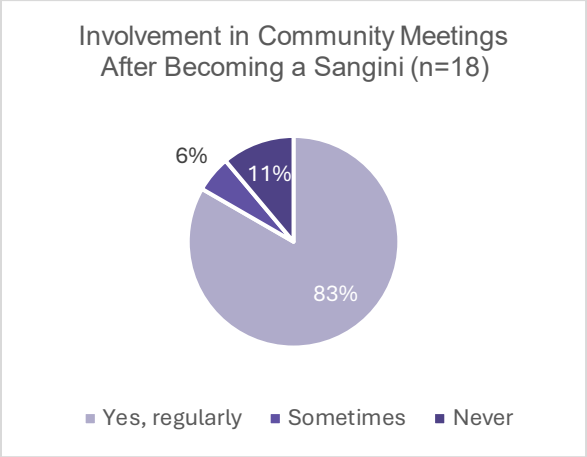


Figure 64-Involvement in Community Meeting Post becoming a Sangini

The results indicate **a clear shift in the social and decision-making position of Sanginis**, with most reporting **increased involvement in household decisions**. This reflects enhanced confidence, credibility, and a stronger voice within the family.

Their active participation in community meetings highlights **increased visibility and recognition, positioning them as trusted community influencers**. This growing involvement also signals a shift in traditional gender roles, with women taking a more active role in decisions related to health, nutrition, and well-being.

The change extends beyond financial aspects, reflecting deeper empowerment through increased agency, respect, and social standing.

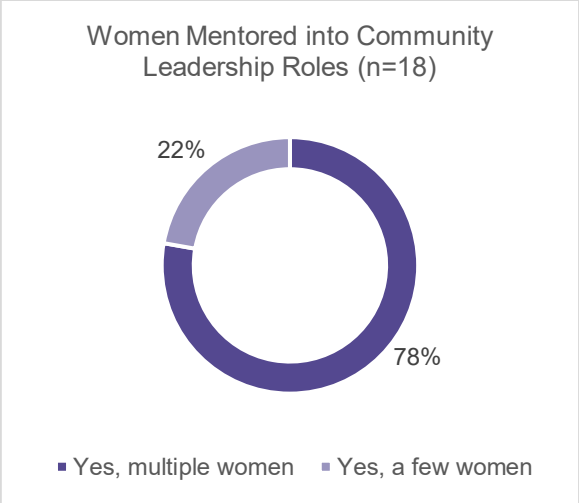


Figure 66-Women mentored by Sanginis in Leadership Roles

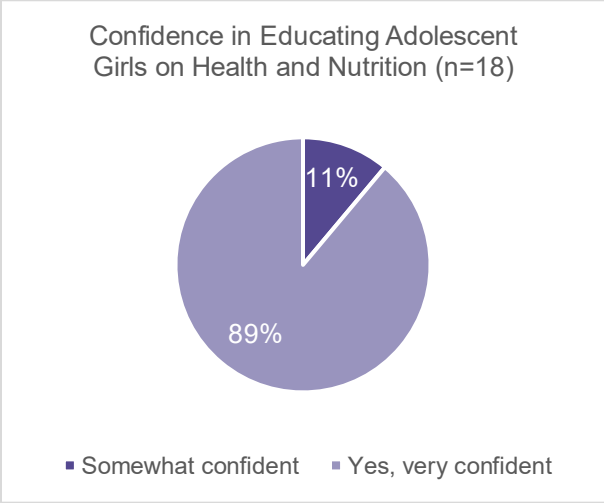


Figure 67-Level of Confidence in Engaging with Adolescent Girls

Sanginis have evolved beyond their roles as facilitators to become community enablers, with a large proportion actively mentoring other women into leadership roles. This indicates a multiplier effect, where knowledge and confidence are being transferred within the community, strengthening local leadership structures.

Their strong confidence (89%) in educating adolescent girls on health and nutrition ensures that accurate and timely information reaches young women, enabling them to make informed choices. This plays a critical role in addressing malnutrition and building a foundation for long-term community well-being.

As the programme concludes, many Sanginis express confidence in continuing their work, striving for financial independence, and remaining active contributors to community development. The programme has provided them with a sense of identity, purpose, and direction, supporting both their personal growth and social impact.

Beyond individual gains, their journey reflects a **broader shift in women's roles within the community**. By strengthening decision-making power and promoting healthier, more informed households, Sanginis are contributing to a more inclusive and progressive social environment where women's voices are increasingly recognised and valued.

Chapter 4

Recommendations and Way Forward

4. Recommendations

Current Scenario	Proposed Recommendation
Improved awareness and behaviour change in nutrition, IYCF, and WASH practices, but the consistency of adoption varies across households.	**Strengthen Behaviour Reinforcement Mechanisms** • Promote peer-led groups (mothers, adolescents) for continued knowledge sharing. • Facilitate periodic community interactions to reinforce key practices.
Sanginis have developed strong knowledge, confidence, and leadership, emerging as trusted community influencers.	**Institutionalise the Role of Community Cadres** • Integrate Sanginis with ICDS, ASHA, and Panchayat systems. • Enable them to continue as local resource persons for awareness and counselling.
Dietary diversity has improved; however, affordability and access influence regular consumption of nutritious foods.	**Promote Sustainable Nutrition Models** • Strengthen kitchen garden adoption through local seed sharing and training. • Encourage use of affordable, locally available food options.
Increased awareness among adolescent girls on nutrition and menstrual hygiene, but need for continued structured engagement.	**Strengthen Adolescent Engagement Platforms** • Establish school and community-based adolescent groups. • Continue sessions on nutrition, anaemia, and menstrual health using peer educators.
Improved utilisation of health services (ANC, NRC, immunisation), though reliance on external facilitation remains.	**Enhance Convergence with Government Systems** • Strengthen coordination with AWWs, ASHAs, and health institutions. • Ensure continued follow-up and referral mechanisms.
Cultural beliefs and social norms still influence certain practices and decision-making.	**Adopt Context-Specific Behaviour Change Approaches** • Use visual, demonstration-based communication tools. • Engage community leaders and influencers to shift norms.
Time constraints and household responsibilities limit the participation of women.	**Promote Family-Centric Engagement** • Involve husbands and elders in awareness sessions. • Encourage shared responsibility for health and nutrition practices.
Cooking demonstrations have improved knowledge, but adoption varies across households.	**Enhance Practical and Follow-Up Learning** • Conduct refresher demonstrations through local groups.

	• Focus on simple, time-efficient, and cost-effective recipes.
Community support is increasing but not uniformly institutionalised.	**Strengthen Community Ownership** • Facilitate formation of community-led groups or committees. • Encourage local leadership to sustain initiatives.
Knowledge gains are evident, but risk of decline over time without reinforcement.	**Leverage Low-Cost Communication Channels** • Use IEC materials, wall paintings, and mobile-based messaging. • Promote continuous awareness through existing community platforms.

Table 10-Recommendations

Chapter 5

Case studies

Case Studies

1. Anjali's Journey: From Silence to Self-Awareness

Anjali, a 15-year-old girl, grew up in an environment where conversations around health and nutrition were limited. Like many girls in her community, she had little understanding of what constituted a balanced diet and followed several restrictions during menstruation without questioning them.

Her perspective began to change through regular sessions in the village, where she learned about the importance of iron-rich foods, personal hygiene, and menstrual health. What made these sessions meaningful for her was the open and comfortable environment, where she could ask questions without hesitation.

Over time, Anjali started including green vegetables in her meals, became more conscious about her hygiene practices, and even began participating in physical activities. Today, she shares her learnings with her friends, encouraging them to take care of their health.

Her journey reflects a quiet but powerful shift from limited awareness to informed decision-making,

2. Rani's Story: Breaking Myths Around Menstrual Health

Rani, an adolescent girl, grew up with a limited understanding of menstruation. Like many others in her community, she associated it with restrictions and hesitation, with very little open discussion around it.

Through awareness sessions, she began to understand menstruation as a natural process. She learned about hygiene practices, the importance of using clean materials, and maintaining personal health during her cycle.

What stood out for her was the safe space created during these sessions, where she could ask questions without fear or judgment. Over time, her hesitation reduced, and she became more confident in managing her health.

Today, Rani not only follows safe practices but also encourages her friends to do the same. Her journey reflects a shift from silence and stigma to awareness and confidence.

3. Savitri's Story: Turning Awareness into Action

Savitri, a woman of 29 years of age, always prioritised her family's needs over her own health. While she ensured that meals were prepared regularly, she had limited awareness about nutritional balance and dietary diversity.

Through regular home visits and counselling sessions, she began to understand the importance of including different food groups in daily meals. She learned how small changes, like adding seasonal vegetables or reducing excess oil, could make a significant difference.

Gradually, Savitri started adopting these practices. She began making conscious food choices, ensured better meals for her children, and paid more attention to hygiene and health practices at home.

Today, she feels more confident in managing her family's nutrition and often shares these practices with other women in her neighbourhood. Her story highlights how awareness, when translated into simple actions, can lead to meaningful improvements in household well-being.

4. Suman's Story: Small Changes, Big Impact

Suman, a mother of two, had always cooked meals based on what was easily available and affordable. While she ensured that her family was fed, she never really thought about the nutritional value of the food. Vegetables like spinach or seasonal greens were rarely part of daily meals.

Things began to shift when she attended cooking demonstrations conducted in her community. Through these sessions, she learned how to prepare simple, nutritious recipes using locally available ingredients. What surprised her most was that healthy food could also be tasty and affordable.

Gradually, Suman started making small changes, adding greens to meals, reducing excess oil, and trying out new recipes she had learned. She noticed that her children were more active and fell sick less often, which encouraged her to continue these practices.

Today, Suman not only follows these habits but also shares them with other women in her neighbourhood. Her story highlights how practical, easy-to-adopt interventions can lead to lasting improvements in everyday nutrition.

5. Mahima's Journey: Building Awareness and Leadership in Chaldu Village

Mahima, a Sangini from Chaldu village, has emerged as a key driver of change within her community. When she first began her journey, awareness around nutrition, maternal health, and hygiene practices was limited, with most families relying on traditional beliefs and irregular health practices.

Through regular household visits, counselling sessions, and community interactions, Mahima played a crucial role in gradually shifting these behaviours. She engaged closely with mothers, adolescent girls, and families, explaining the importance of balanced diets, antenatal care, child growth monitoring, and hygiene practices in a simple and relatable manner.

Over time, visible changes began to emerge. Mothers became more conscious of their diets and began incorporating locally available nutritious foods. Adolescent girls showed increased awareness of menstrual hygiene and nutrition, and families became more open to accessing health services such as check-ups and referrals.

Mahima's role extended beyond awareness creation. She became a trusted figure in the village, often approached for guidance on health and nutrition-related concerns. Her consistent engagement helped build trust, enabling more open conversations within households and encouraging participation in community-level activities.

At a personal level, this journey also strengthened Mahima's confidence and position within her family and community. She is now actively involved in discussions and decision-making, reflecting a shift in traditional roles.

Mahima's story highlights how sustained engagement and community trust can lead to meaningful behavioural change. Her efforts have not only improved awareness at the individual level but have also contributed to creating a more informed and health-conscious community in Chaldu village.

Annexures

Annexures

The following table provides a comparative analysis of the major impact findings from the survey with district-level NFHS 5 data of Madhya Pradesh and Control Villages.

Indicator	NFHS 5	Survey data (n=224)	Control data (n=78)
Child Feeding Practices and Nutritional Status			
Children under age 3 years breastfed within one hour of birth	41.3%	80.0%	83.3%
Children under age 6 months exclusively breastfed	74.0%	46.0%	61.5%
Children under 5 years who are stunted (height-for-age)	35.7%	31.8%	32.3%
Children under 5 years who are wasted (weight-for-height)	19.0%	19.0%	32.3%
Children under 5 years who are severely wasted (weight-for-height)	6.5%	7.5%	11.3%
Children under 5 years who are underweight (weight-for-age)	33.0%	27.2%	24.6%
Maternal and Child Health			
Mothers who consumed iron folic acid for 100 days or more when they were pregnant	51.4%	54.5%	39.7%
Mothers whose last birth was protected against neonatal tetanus	95.0%	66.5%	60.3%
Mothers who had at least 4 antenatal care visits	57.5%	90.6%	89.7%
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/Midwife/Other health personnel member within 2 days of delivery	83.50%	65.0%	61.5%
Registered pregnancies for which the mothers have received an MCP (Mother and Child Protection) card	96.70%	72.3%	63.0%

Diet Diversity

Women of Reproductive Age: Consumption of 5 or more food groups from the items given below in last 24 hours signifies adequate diet for a woman of reproductive

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A-404-405, SWATI TRINITY
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Shela Ahmedabad, Gujarat 380058