

Report on Strengthening Community Action for Nutrition (S-CAN) Process: A joint effort of Finolex Industries, Mukul Madhav Foundation, ICDS & Health Dept, Junnar-Ambegaon and SATHI, Pune

**When People Come Together and Act for Child Nutrition: Empowering Communities Together,
Partnership with Finolex Industries and Mukul Madhav Foundation**

A) Introduction:

Addressing Malnutrition in selected areas of Maharashtra: Insights and Community Interventions

Malnutrition remains a critical challenge in Maharashtra, significantly contributing to child mortality and long-term developmental deficits. The National Family Health Survey (NFHS-4, 2015–16) reported that 38.4% of children under five were stunted, and 26.1% experienced wasting (IIPS, 2017). Despite marginal improvements in NFHS-5 (2019–20), the situation remains alarming, with 35% stunting, 25.6% wasting, and 10.9% severe wasting. Infants under six months, typically expected to receive adequate nutrition through breastfeeding, exhibit high rates of stunting (29%), wasting (31%), and underweight prevalence (29%) (IIPS, 2021). Malnutrition is a key factor in 45% of child mortality cases in India (United Nations, 2020), and Maharashtra's underweight rates exceed those of some of the world's poorest nations, including Bangladesh (33%), Afghanistan (25%), and Mozambique (15%) (Calverton, 2005; Keeley & Little, 2017).

The situation in Pune district reflects similar concerns, with NFHS-5 reporting 32.7% of children under five as underweight, 30.7% stunted, 31.4% wasted, and 14% severely wasted. Additionally, 58.7% of children under five and 51.9% of women (15–49 years) suffer from anaemia, further exacerbating the intergenerational cycle of malnutrition. Of particular concern is the delayed initiation of breastfeeding, as 45.2% of children under three are not breastfed within the first hour of birth, depriving them of critical colostrum and early immune protection. These persistent malnutrition indicators not only hinder individual health outcomes but also have broader socio-economic consequences. The World Health Organization (WHO) estimates that stunting alone can reduce a country's GDP by up to 3% (WHA Global Nutrition Targets 2025: Stunting Policy Brief, WHO, 2014), highlighting the urgency of targeted interventions.

Recognising these challenges, SATHI initiated the "Strengthening Community Action for Nutrition (S-CAN)" process to address malnutrition at the grassroots level. The pilot phase (July–October 2022) and the first full year of implementation (June 2023–June 2024) demonstrated promising results, contributing to improved child nutrition outcomes. By strengthening community engagement, promoting exclusive breastfeeding, and improving access to diverse, nutrient-rich food, S-CAN represents a model for localised, evidence-based interventions to combat malnutrition effectively.

Scope of the Strengthening Community Action for Nutrition Process

The Strengthening Community Action for Nutrition (S-CAN) process is being implemented in collaboration with the ICDS Department, the Department of Health, Finolex Industries, the Mukul Madhav Foundation, and SATHI Pune. Currently, this process is being carried out in a total of 32 habitations/villages across Junnar and Ambegaon blocks in Pune district. The villages included in this initiative are as follows:

Habitations/ Villages of Junnar Block – Ingalun, Damsewadi, Virnakwadi, Sonawale, Bhagatwadi, Amboli, Bhiwade Khurd, Bhiwade Budruk, Anjanawale, Talechiwadi, Ghatghar, Jalwandi, Khadkumbe, Usran, Chavand, Shirol

Habitations/ Villages of Ambegaon Block - Nigdale, Kondwal, Terungan, Rajpur, Gadewadi, Taleghar, Nandurkichiwadi, Chikhali, Pokhari, Gohe Budruk, Aadvire, Malin, Asane, Patan, Pimpri, Darewadi

Activities Conducted under S-CAN Process from June 2023 to June 2024

Strengthening Community Action for Nutrition (S-CAN) Initiative: June 2023 - June 2024

The Strengthening Community Action for Nutrition (S-CAN) initiative is being implemented in collaboration with the Integrated Child Development Services (ICDS) Department, the Department of Health, Finolex Industries, Mukul Madhav Foundation, and SATHI Pune. The process is active in 32 habitations/villages, benefiting a total population of 14,155 in Junnar and Ambegaon blocks. This includes outreach to 106 pregnant and lactating women and 878 children under six years of age.

1. Community Engagement and Capacity Building

Selection and Orientation of Field Facilitators and Aarogya-Poshan Saheli

- During June and July 2023, village-level meetings were conducted to identify and select Aarogya-Poshan Saheli and Field Facilitators, ensuring community representation and engagement. This participatory selection process aimed to involve individuals who could effectively contribute to improving health and nutrition services at the grassroots level. Following the selection, orientation sessions were held in July 2023 to familiarize these community actors with their roles and responsibilities. The sessions provided an in-depth understanding of their functions, emphasizing their role in bridging gaps between the community and service providers, facilitating awareness, and promoting better health and nutrition practices.

2. Training Programs

- A series of training programs were conducted to enhance the knowledge and skills of community health workers in maternal and child health, nutrition, and intervention strategies. On July 26 and August 24, 2023, two specialised training sessions on mother and child care, along with cerebral palsy management, were held at Taleghar PHC for ASHA workers and ANMs. These sessions were facilitated by experts from Mukul Madhav Foundation and Navle Hospital, providing critical insights into improved caregiving practices. Additionally, during September and October 2023, block-level training sessions were organised for Anganwadi Workers, Poshan Saheli, and Field Facilitators, focusing on maternal and child health, nutrition, and effective intervention strategies. To further strengthen on-ground implementation, a re-orientation session was conducted in November 2023 for Poshan Saheli and Field Facilitators. This session emphasised follow-ups for undernourished children and promoting improved home-based nutrition practices, ensuring sustained community engagement and impact.

3. Community Events and Awareness Campaigns

3.1 Breastfeeding and Nutrition Awareness

- A series of awareness initiatives were conducted to promote breastfeeding and nutrition among communities, ensuring greater outreach and engagement. As part of 'Stanpan Saptah' (Breastfeeding Week) in August 2023, group sessions and home visits were held across all intervention villages, reaching 1,940 participants with key messages on the importance of breastfeeding and maternal nutrition. In September 2023, during 'Hirvya Devachi Jatra' under Poshan Maah, large-scale nutrition awareness programs were organised

across 16 villages in Junnar and 10 in Ambegaon, engaging 1,400 participants in discussions on healthy dietary practices and local nutrition solutions. Additionally, as part of the 'Poshan Maah' program, focused sessions were conducted in 10 villages of Ambegaon, emphasising the significance of colourful, diverse, and balanced diets for maternal and child health. These initiatives aimed to reinforce positive nutrition behaviors at the household and community levels.

3.2 Growth Monitoring and Anthropometry

- A comprehensive growth monitoring and anthropometry assessment was conducted to track the nutritional status of children under six years. In September 2023, anthropometric measurements were carried out for 487 children, identifying 15 cases of Severe Acute Malnutrition (SAM) and 77 cases of Moderate Acute Malnutrition (MAM). To ensure continuous monitoring and intervention, weight gain and growth trends were tracked from October 2023 to March 2024 across 32 villages. This systematic approach helped in identifying at-risk children and implementing targeted nutrition interventions. In February 2024, the findings were presented to Gram Panchayats to mobilise local support and resources for addressing malnutrition and fostering community-driven solutions for improved child health and nutrition.

4. Nutrition-Sensitive Interventions

4.1 Establishment of Nutri Gardens

- To promote sustainable food security and improve dietary diversity, 56 Nutri Gardens were developed across Junnar and Ambegaon blocks, actively engaging mothers, school children, and community members in the cultivation process. These gardens served as a local source of fresh, nutrient-rich vegetables, contributing to better household nutrition. Additionally, 100 Drumstick (Moringa) plants and various vegetable seeds were distributed to further enhance access to essential vitamins and minerals, reinforcing long-term nutritional benefits for families and communities.

4.2 Development of Bal Koparas (Child Food Corners)

- To ensure easy access to nutritious foods for children, 80 Bal Koparas (Child Food Corners) were established across intervention villages. These dedicated spaces provided locally available, nutrient-rich food options, encouraging healthier eating habits among children. The initiative was supported by village shopkeepers and local health committees, who contributed by donating storage jars, fostering community ownership and sustainability of the program.

4.3 Promotion of Food Diversity

Efforts to promote food diversity were undertaken through various initiatives to enhance community awareness and encourage sustainable nutrition practices. **Seed Banks** were established in 25 villages with active participation from school children, ensuring the continued growth and maintenance of Nutri Gardens. To further emphasise the importance of diverse diets, an **educational video campaign** was launched, advocating for the consumption of forest vegetables and traditional food sources. Additionally, the **Chatawani Karyakram (Complementary Feeding Ceremony)** was celebrated in Ajnawale and Adivare villages, marking the transition of six-month-old infants to solid foods and reinforcing the significance of balanced, age-appropriate nutrition from an early stage.

5. Policy Advocacy and Stakeholder Engagement

5.1 Government Engagement and Permissions

To ensure effective implementation and alignment with government initiatives, multiple meetings were conducted with district and block-level officials, including the CEO and Dy. CEO of Pune, ICDS officers, and Block Development Officers. These engagements facilitated dialogue on key health and nutrition interventions and strengthened institutional collaboration. As a result, official permission was secured from the CEO of Pune for conducting S-CAN activities and ASHA training sessions, enabling structured capacity-building efforts. Additionally, discussions with the Taluka Health Officer (THO) of Junnar led to the planning of health check-up camps for children under six, reinforcing government-supported health interventions at the community level.

5.2 Addressing Anganwadi Workers' Strike (December 2023 - February 2024)

During the Anganwadi workers' strike from December 2023 to February 2024, the temporary closure of Anganwadi Centres significantly disrupted essential nutrition services for young children. In response, home-based anthropometry and follow-up visits were intensified to ensure continuous monitoring of children's growth and nutritional status. To mitigate the impact of service disruptions, coordination with the Junnar Child Development Project Officer (CDPO) was established, leading to temporary arrangements for key Anganwadi services. This included providing hot cooked meals for children aged 3-6 years, ensuring that critical nutrition support remained available despite the ongoing strike.

6. Health Check-Up Camps and Community Health Actions

- In February 2024, health check-up camps were conducted across all villages in Junnar, including Katkari settlements, with the support of the Public Health Department. These camps provided essential health screenings and medical consultations, ensuring that vulnerable communities received timely healthcare interventions. Additionally, Poshan Saheli and field workers actively participated in key government health initiatives, including Jant Nashak Din (Deworming Day) and Pulse Polio Immunisation Drives, reinforcing community-based health actions and supporting public health efforts to improve overall well-being.

7. Review and Planning for Sustainability

7.1 Review and Planning Meetings

Regular bi-monthly meetings were conducted with Field Facilitators to assess progress, strategise follow-ups, and strengthen the implementation of nutrition and health initiatives. These meetings focused on data-driven decision-making, utilising insights from monthly anthropometry results and field observations to refine intervention strategies and ensure effective community engagement.

7.2 Village Health and Nutrition Fair (June 11, 2024)

A Village Health and Nutrition Fair was organised on June 11, 2024, in Ghodegaon, bringing together 130 participants from 32 tribal villages. The event served as a platform to recognise the dedicated efforts of mothers, Anganwadi workers, and community caregivers in improving child nutrition. As a commitment to sustained action, community members collectively took an oath to work towards creating malnutrition-free villages, reinforcing their role in fostering long-term health and nutrition improvements.

8. Conclusion and Way Forward

The S-CAN initiative has made significant strides in improving community nutrition, particularly in the tribal areas of Junnar and Ambegaon. By emphasising participatory approaches, grassroots capacity building, and collaboration with government stakeholders, the project has successfully strengthened local health and nutrition systems. Moving forward, efforts will focus on further strengthening Nutri Gardens, Seed Banks, and Bal Koparas to enhance food security and dietary diversity. Additionally, scaling up health check-up camps and mother-child follow-up programs will ensure sustained monitoring and early intervention for vulnerable groups. Advocacy for policy changes will remain a priority to institutionalise community-based nutrition approaches within government frameworks. The initiative stands as a testament to the power of collective action in addressing malnutrition at the grassroots level, ensuring that every child receives the nutrition they need for a healthier future.

B) Financial Overview of Strengthening Community Action for Nutrition (S-CAN) Process: (June 2023 - June 2024)

Finolex Industries and the Mukul Madhav Foundation have been instrumental in advancing SATHI's joint mission to improve health and nutrition in tribal communities. From July to September 2022, their generous financial support of ₹6 lakhs enabled SATHI to implement pilot project activities in 10 tribal habitations of Junnar block, laying the groundwork for lasting impact. Recognising the potential of these initiatives, Finolex Industries and Mukul Madhav Foundation further strengthened their commitment by approving a multi-level project on **'Strengthening Community Action for Nutrition to Improve Child Health, Nutrition Services, and Practices and Reviving Food Diversity'** in the selected habitations of Junnar and Ambegaon blocks. With an additional ₹25 lakhs sanctioned for the period from 15th June 2023 to 14th June 2024, this funding is enabling SATHI to expand its reach, bringing vital health and nutrition interventions to 32 tribal habitations across Junnar and Ambegaon blocks of Pune district.

Spearheaded by SATHI, the project is dedicated to fostering a transformative impact in these tribal communities. By enhancing health and nutrition awareness, strengthening linkages between communities and essential services, reviving food diversity through Nutri-Gardens, and promoting improved household nutrition practices through participatory methods, the initiative aims to significantly uplift child nutrition standards. Together, Finolex Industries, the Mukul Madhav Foundation, and SATHI are working towards a healthier future for women and children in these underserved regions.

C) Objectives Set

At the inception of the project, clear objectives were defined to guide its implementation, with a primary goal of improving the nutritional status of children under six years of age. This is being achieved by strengthening community participation, enhancing the knowledge and skills of key stakeholders such as Poshan Sahelis, Anganwadi Workers, and Field Facilitators, and ensuring effective linkages with health and nutrition services. The project also aims to promote food diversity through sustainable Nutri-Gardens and Seed Banks, conduct regular anthropometric assessments and health check-ups, and encourage household-level nutrition improvements through structured awareness campaigns. These objectives are designed to create long-term, community-led solutions that address malnutrition and improve overall child health.

Goal: Improving child nutrition by strengthening nutrition services, enhancing household nutrition practices, and promoting food diversity through active tribal community participation.

Broad Objectives of the Project:

1. Strengthening health and nutrition services through community participation and awareness building, while improving household nutrition practices to meet the nutritional needs of children under six in selected villages of Junnar and Ambegaon blocks of Pune district.
2. Addressing undernutrition among children under six with active community involvement to ensure sustainable interventions.
3. Promoting Nutri-Gardens to enhance food diversity and improve dietary intake among tribal households.

D) Achievements

The project has made significant strides in achieving its objectives. A major milestone was the establishment of 56 Nutri-Gardens across Junnar and Ambegaon blocks has been remarkable achievement, promoting food diversity and improving community engagement in nutrition-based interventions. Furthermore, the introduction of 80 Bal Koparas (Child Food Corners) has provided a consistent source of nutritious food for children, reinforcing the project's impact at the household level. Additionally, the formation of 25 Seed Banks has contributed to the sustainability of the Nutri-Garden initiative by ensuring a steady supply of seeds for community-based cultivation.

a) Establishment of Nutri Gardens in the intervention area of Junnar and Ambegaon Block

Fifty-six Nutri Gardens have been established in Ambegaon and Junnar blocks through active participation from mothers of children under six, community members, school children, Primary School Teachers, Anganwadi Workers, a Field Facilitator, and a Poshan Saheli. This initiative aims to address undernutrition by promoting food diversity. Parents, particularly mothers of undernourished children, showed keen interest and actively participated in setting up household Nutri Gardens. At the Anganwadi level, the collaborative efforts of school children, teachers, Anganwadi Workers, a Field Facilitator, and a Poshan Saheli were essential. Over a year, these efforts led to the successful establishment of 56 Nutri Gardens, effectively combating undernutrition among young children.

a) Establishment of Bal Kopara (Child Food Corner) at household level to address undernutrition

As of June 2024, a significant initiative has led to the development of 80 "Bal Koparas" (Child Food Corners) across all intervention villages. These spaces provide children with easy access to nutritious foods like jaggery and peanut ladoos, rajgira ladoos, murmura, and sprouts. The village shopkeeper in Nandurkichiwadi generously donated numerous jars for storing these nutritious items, playing a crucial role in the initiative's success. Additionally, the Village Health, Nutrition, and Sanitation Committee (VHNSC) spearheaded the establishment of two Bal Koparas in Usran and Khadkumbe in March 2024 by using their local funds. This effort highlights a collaborative approach involving local businesses, community organizations, and government bodies, effectively addressing the nutritional needs of children and emphasizing the importance of community engagement in fostering child well-being.

c) The establishment of Gav Poshan Gat for the active involvement of grassroots stakeholders

In each habitation of the intervention areas of Junnar and Ambegaon blocks, discussions for the establishment of 'Gav Poshan Gat' took place in the initial period of process implementation. Initiatives were taken to reach out to existing members of VHSNC, Mata Committee, and Aahar Committee to form Gav Poshan Gat to address undernutrition among children under six in specific habitations. Meetings were conducted with mothers and caregivers of children under six, villagers, and PRI members, various committee members and a collective decision was made to form a Gav Poshan Gat for the betterment of children under six, as well as pregnant and lactating mothers.

During the initial period of process implementation, 32 Gav Poshan Gats were established and actively involved in various activities of the S-CAN process.

d) Enhancing SEED Bank Initiative and Organising Health Check-up Camps

Seed Bank Initiative: - The development of Seed Banks in 25 villages, with active involvement from school children, teachers, and community members, supported the sustainability of Nutri Gardens. This initiative ensured a continuous supply of seeds for various plants, vegetables, and fruits, fostering long-term food security and nutritional diversity.

Health Check-Up Camps: - Health Check-Up camps were organised in all intervention villages of Junnar block and nearby Katkari settlements as well as in all villages of Ambegaon block, providing comprehensive health assessments for children under six and women. These camps, supported by the Public Health Department and local Community Health Officers, identified health issues early and ensured that necessary medical attention and nutritional support were provided.

E) Impact Assessment

The project has had a profound impact on the targeted communities, particularly in reducing malnutrition rates. In Junnar Block, the proportion of children suffering from Severe Acute Malnutrition (SAM) decreased by 44.12%, while Moderate Acute Malnutrition (MAM) cases reduced by 20.73%. Similarly, in Ambegaon Block, SAM cases dropped to 0% by April 2024, and MAM cases declined by 24.5%. These statistics reflect the effectiveness of community-driven nutrition interventions and the critical role of structured follow-ups and health check-ups in improving child nutrition. Moreover, the establishment of 32 Gav Poshan Gats has facilitated active community participation, enabling collective decision-making for addressing nutrition-related challenges. The adoption of Nutri-Gardens and Bal Koparas has resulted in improved dietary habits, further reinforcing the sustainability of the project's outcomes.

F) Data of the Project and Beneficiaries

The project directly impacted a total population of 14,155 individuals across 32 intervention habitations. Among the direct beneficiaries, 106 pregnant and lactating women and 878 children under six received structured nutrition interventions. Monthly anthropometric assessments covered 862 children, ensuring regular monitoring and timely interventions for those at risk of malnutrition. Additionally, compelling case studies have been documented to illustrate the tangible benefits of the project. One such case is the *Poshan Jagar* initiative, where a mother in Bhagatwadi village identified her child's malnutrition and successfully improved the child's health with the support of a Poshan

Saheli. Extensive image and video documentation have been compiled for advocacy and awareness-building efforts.

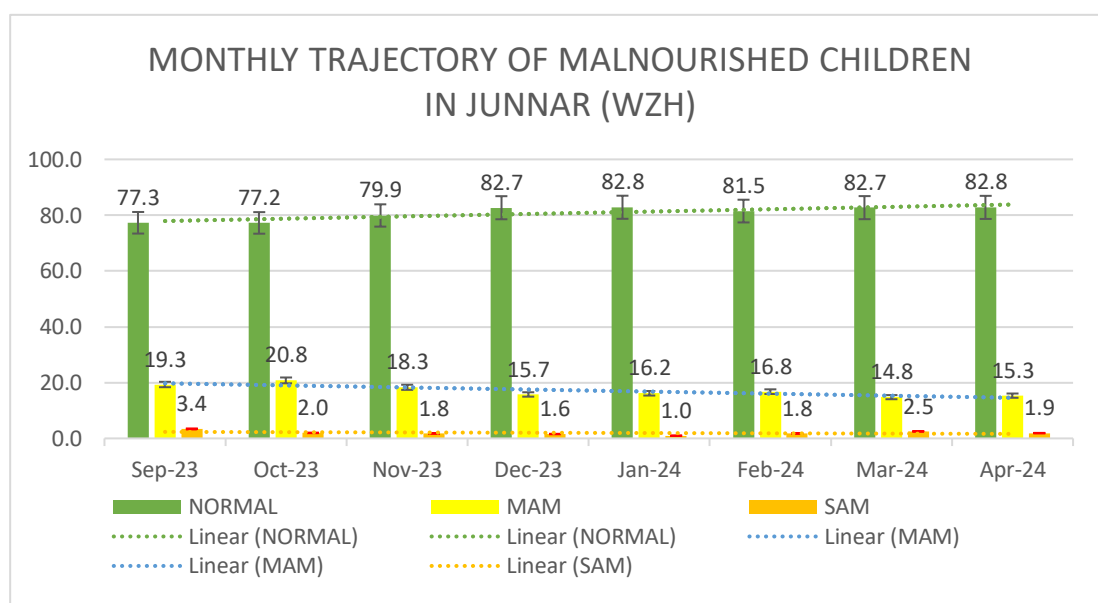
Overall Impact of Strengthening Community Action for Nutrition (S-CAN) Process

a) Reduction in Malnutrition among children under six years of age (Junnar Block)

Junnar: Monthly trajectory of Malnourished children (WZH)

MALNOURISHED	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
NORMAL	77.3	77.2	79.9	82.7	82.8	81.5	82.7	82.8
MAM	19.3	20.8	18.3	15.7	16.2	16.8	14.8	15.3
SAM	3.4	2.0	1.8	1.6	1.0	1.8	2.5	1.9
Total	383	404	393	381	408	394	399	372

An



aggregate analysis of changes in the nutritional status of all children covered under the S-CAN project of Junnar Block indicates significant improvements. The graph below shows a remarkable reduction in the percentage of children suffering from severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) during the period from September 2023 to April 2024.

The proportion of SAM children decreased from 3.4% to 1.9%, indicating a 44.12% reduction in children with SAM grades. Similarly, the proportion of MAM children decreased from 19.3% to 15.3%, resulting in a 20.73% reduction in children with MAM grades. During the same period, the proportion of children with normal nutritional status increased by 9.5%, rising from 77.3% to 82.8%.

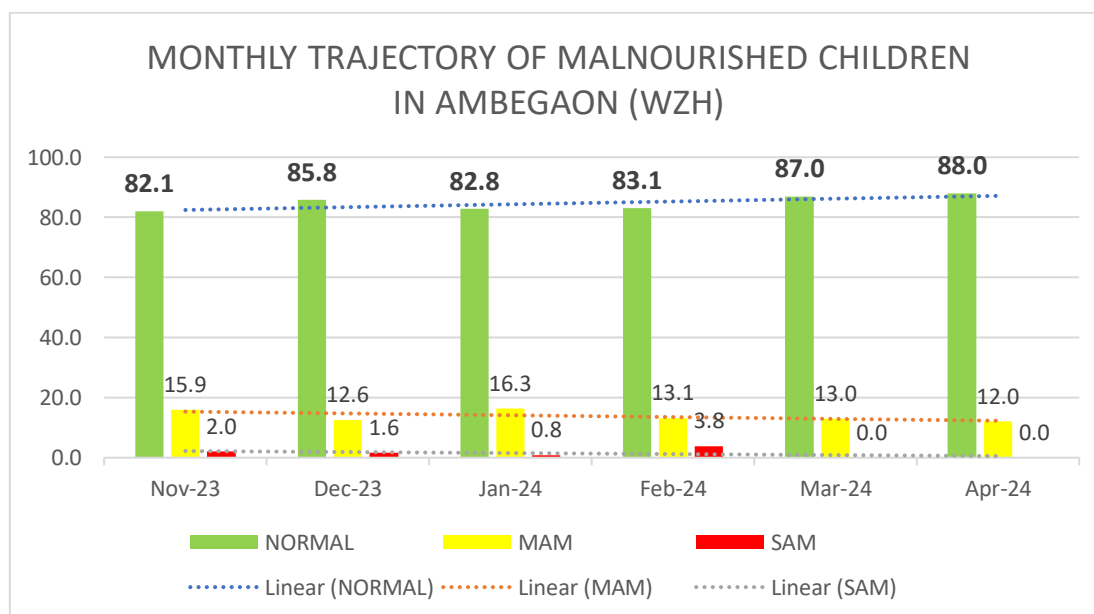
These improvements reflect the effectiveness of the S-CAN project's interventions in combating malnutrition. Enhanced nutritional support, regular health check-ups, and community engagement played crucial roles in achieving these positive outcomes.

Overall, the results of the aggregate analysis show a dramatic reduction in levels of both moderate and severe malnutrition, highlighting the success of the targeted efforts in improving child health and nutritional status in the Junnar Block.

b) Reduction in Malnutrition among children under six years of age (Ambegaon Block)

AMBEGAON: Monthly trajectory of Malnourished children (WZH)

MALNOURISHED	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
NORMAL	82.1	85.8	82.8	83.1	87.0	88.0
MAM	15.9	12.6	16.3	13.1	13.0	12.0
SAM	2.0	1.6	0.8	3.8	0.0	0.0
Total	201	247	239	237	253	258



Aggregate analysis of changes in the nutritional status of all children covered under the S-CAN project of Ambegaon block indicates significant improvements. The graph below shows a remarkable reduction in the percentage of children suffering from severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) during the period from November 2023 to April 2024.

The proportion of SAM children decreased from 2.0% to 0.0%, achieving a 100% reduction in children with SAM grades. Similarly, the proportion of MAM children decreased from 15.9% to 12.0%, resulting in a 24.53% reduction in children with MAM grades. During the same period, the proportion of children with normal nutritional status increased by 5.9% (from 82.1% to 88.0%).

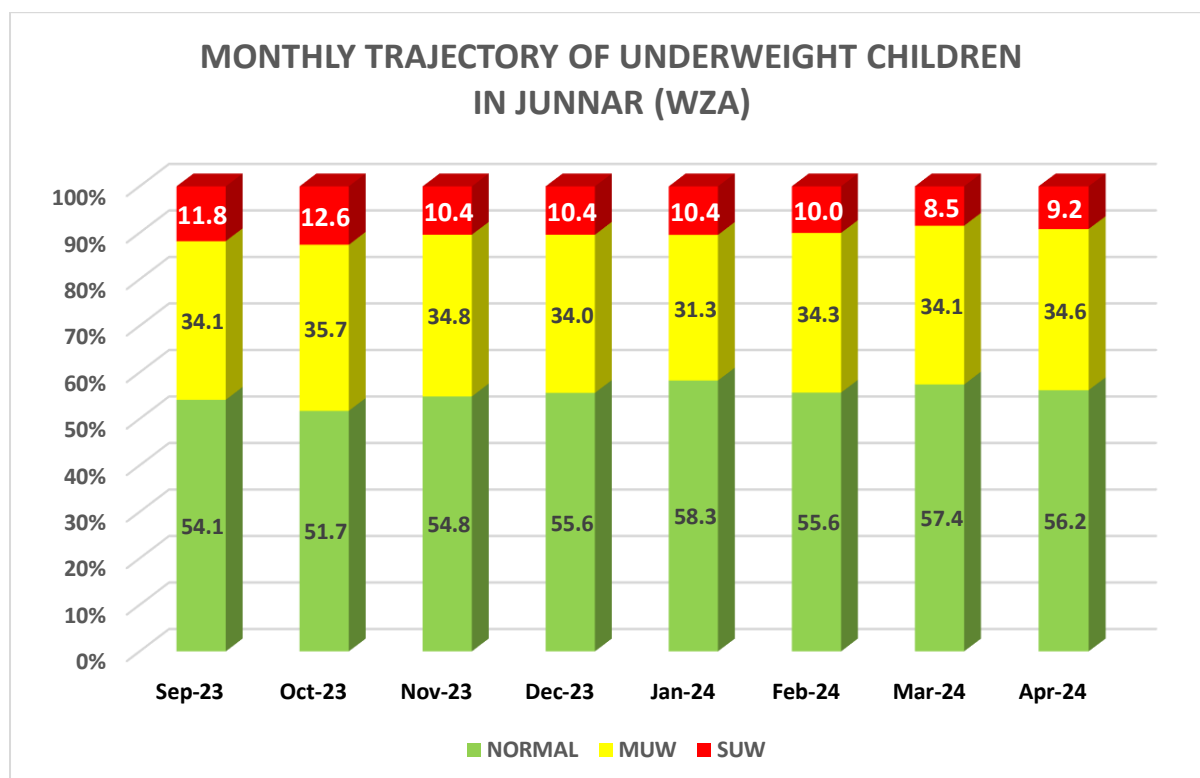
These improvements reflect the effectiveness of the S-CAN project's interventions in combating malnutrition. Enhanced nutritional support, regular health check-ups, and community engagement played crucial roles in these positive outcomes.

Overall, the results of the aggregate analysis show a noticeable reduction in levels of both moderate and severe malnutrition, highlighting the success of the targeted efforts in improving child health and nutritional status in the Ambegaon block.

c) Reduction in undernutrition among children under six years of age (Junnar Block)

JUNNAR: Monthly trajectory of underweight children (WZA)

UNDERWEIGHT	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
NORMAL	54.1	51.7	54.8	55.6	58.3	55.6	57.4	56.2
MUW	34.1	35.7	34.8	34.0	31.3	34.3	34.1	34.6
SUW	11.8	12.6	10.4	10.4	10.4	10.0	8.5	9.2
TOTAL	390	406	394	394	412	399	413	381



Aggregate analysis of changes in the nutritional status of all children covered under the S-CAN project of Junnar block indicates significant improvements. The data was analysed for severely underweight (SUW) and moderately underweight (MUW) children as well. The table below shows a reduction in the proportion of both SUW and MUW children during the period from September 2023 to April 2024.

The proportion of SUW children decreased from 11.8% to 9.2%, indicating an overall reduction of 22.03%. The proportion of MUW children remained somewhat similar i.e. from 34.1% to 34.6%. during the period from September 2023 to April 2024. During the same period, the proportion of children with normal nutritional status increased by 3.8%, rising from 54.1% to 56.2%. These results reflect the effectiveness of the S-CAN project's interventions in combating undernutrition. Enhanced nutritional support, regular health check-ups, and community engagement played crucial roles in these positive outcomes.

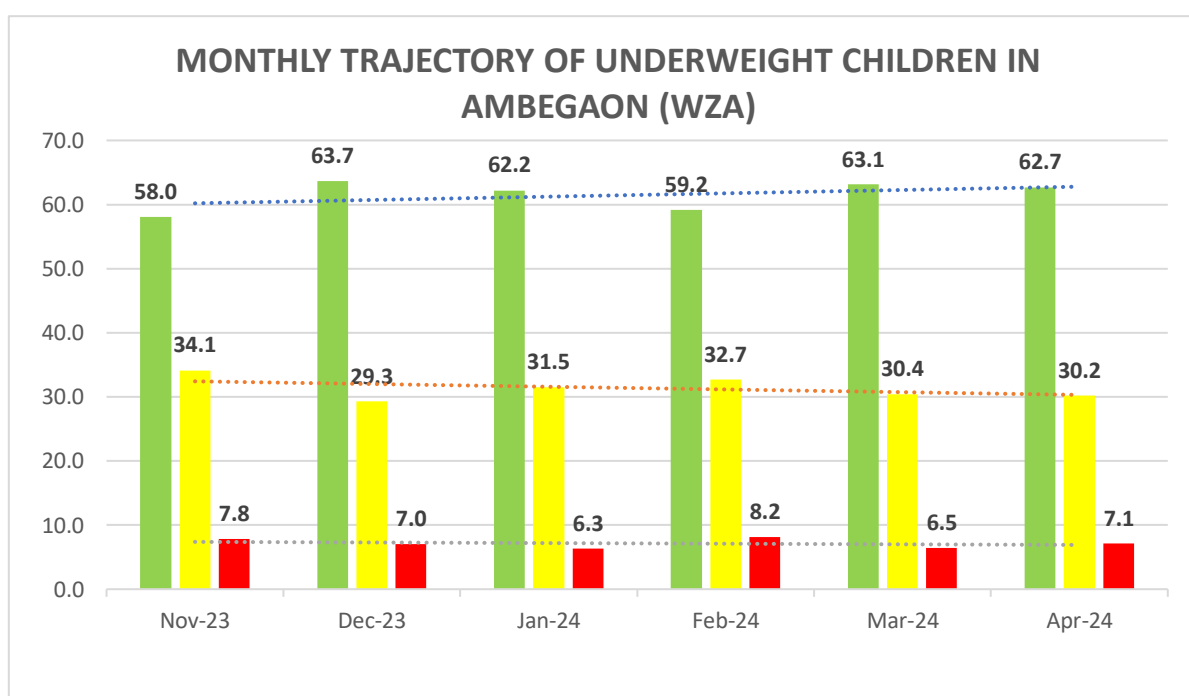
However, the Anganwadi Workers and Helpers strike from December 2023 to February 2024 hampered supplementary nutrition services, resulting in increased undernourishment among children during this period.

Overall, the results of the aggregate analysis show a reduction in levels of both moderate and severe underweight, highlighting the success of the targeted efforts in improving child health and nutritional status in the Junnar block.

d) Reduction in undernutrition among children under six years of age (Ambegaon Block)

AMBEGAON: Monthly trajectory of underweight children (WZA)

AMBEGAON	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
NORMAL	58.0	63.7	62.2	59.2	63.1	62.7
MUW	34.1	29.3	31.5	32.7	30.4	30.2
SUW	7.8	7.0	6.3	8.2	6.5	7.1
TOTAL	205	270	254	245	263	268



Aggregate analysis of changes in nutritional status of all children covered under the S-CAN project of Ambegaon block

The aggregate analysis of the changes in the nutritional status of children under the S-CAN project in the Ambegaon block shows a significant reduction in underweight cases over the period from November 2023 to April 2024. The data reveals a decrease in the proportion of both Severe Underweight (SUW) and Moderate Underweight (MUW) children. Specifically, the proportion of SUW children decreased from 7.8% to 7.1%, reflecting an 8.9% overall reduction. Similarly, the proportion of MUW children decreased from 34.1% to 30.2%, marking an 11.44% overall reduction. Correspondingly, the proportion of children with normal nutritional status increased by 4.7%, from 58.0% to 62.7%.

However, the progress was hindered by a strike by Anganwadi Workers and Helpers from December 2023 to February 2024, which disrupted supplementary nutrition services and contributed to increased undernourishment among children.

Overall, despite the challenges, the aggregate analysis highlights a positive trend with a reduction in both moderate and severe underweight cases among children in the Ambegaon block. The table above provides a detailed summary of these changes.

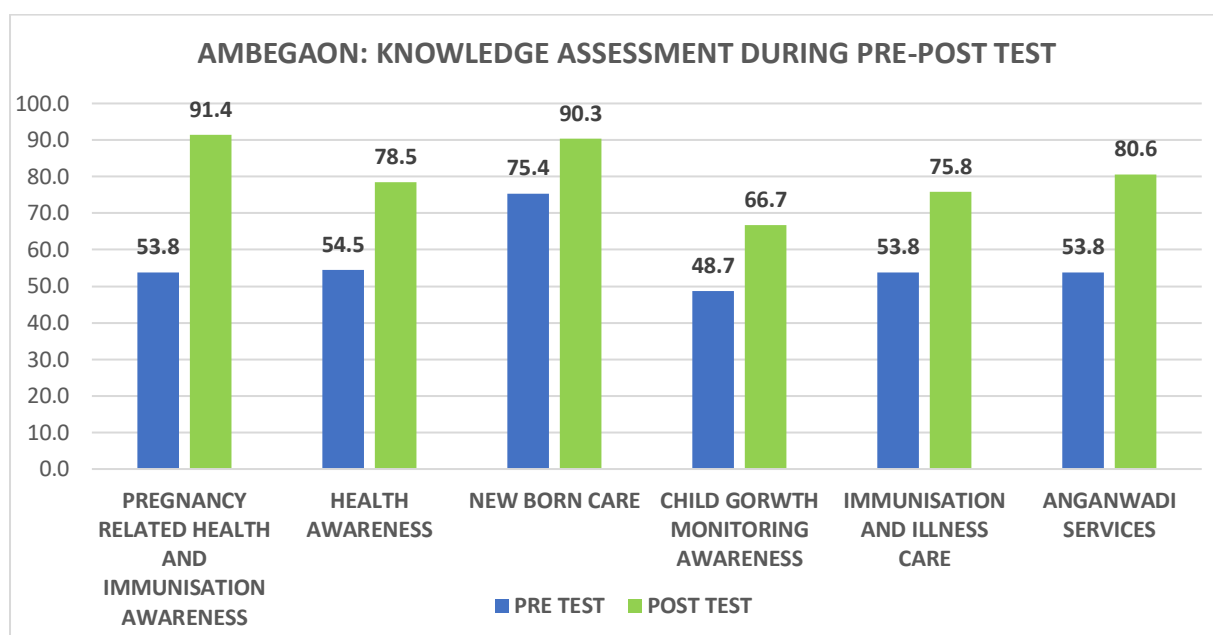
e) Enhancement of Capacity Development of Poshan Saheli, Field Facilitator and Anganwadi Worker

One of the key elements of our initiative is the capacity building of various stakeholders such as Poshan Sahelis, Field Facilitators, and Anganwadi Workers. This aspect is essential to our goal of strengthening nutrition services through active community involvement. By enhancing the nutritional status of children under six through home visits and providing counseling to mothers and caregivers, we aim to ensure comprehensive information dissemination about health and nutrition services.

Recognising the importance of this, we organised a two-day capacity-building workshop for Poshan Sahelis, Field Facilitators, and Anganwadi Workers. The workshop was designed to provide these stakeholders with the necessary knowledge and skills to effectively contribute to the nutrition services in their communities. To measure the impact of the training, we conducted pre-and post-tests.

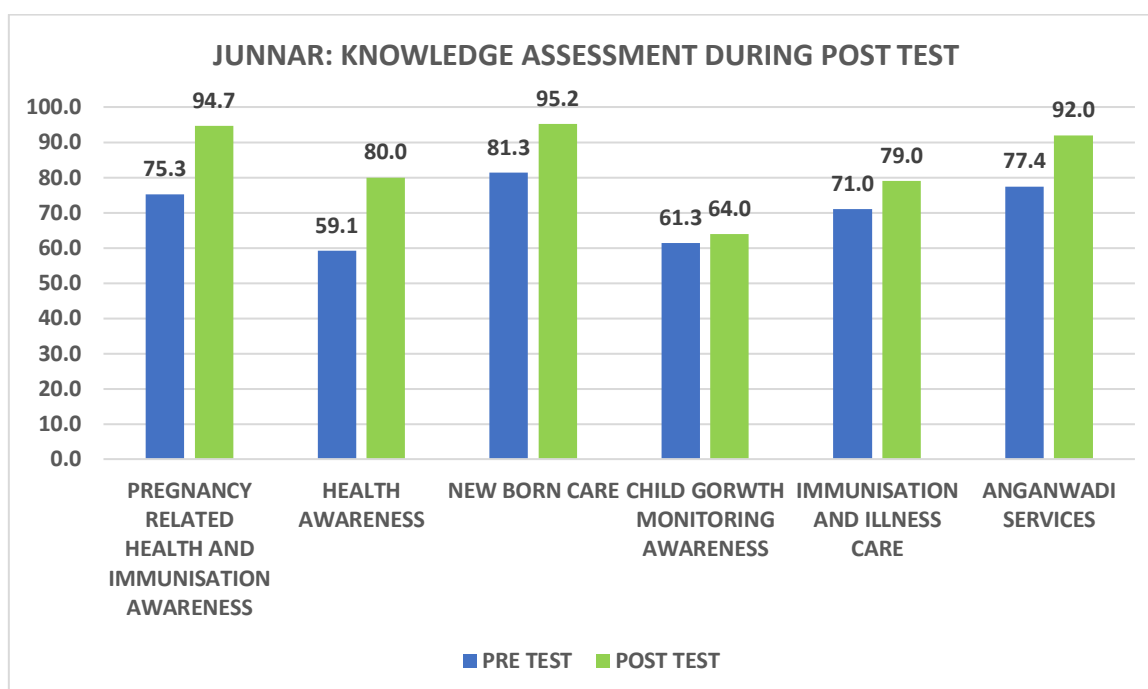
The results from the data analysis of these tests showed noticeable improvements in the participants' capacities. This demonstrates the effectiveness of the workshops in enhancing the stakeholders' ability to support and improve nutrition services in their respective areas. By empowering these key players, we can ensure better health outcomes and nutrition awareness within the communities they serve.

e.1) Knowledge Assessment During Pre and Post-Test (Ambegaon)



We analysed data from pre- and post-tests aimed at enhancing the capacities of key stakeholders such as Poshan Sahelis, Field Facilitators, and Anganwadi Workers. Our assessment focused on the knowledge of key aspects of nutrition and nutrition services for each participant before and after the training sessions. Initially, around 16 Aarogya va Poshan Sahelis, 3 Field Facilitators, and approximately 16 Anganwadi Workers participated in these training sessions conducted in the Ambegaon block during the initial phase of the project. Before the training, participants from the Ambegaon block had a knowledge level of 53.8% regarding pregnancy-related aspects and immunisation, which improved significantly to 91.4% after the training. Knowledge about health awareness increased from 54.5% to 78.5%, while understanding of newborn care rose from 75.4% to 90.3%. Awareness of child growth monitoring improved from 48.7% to 66.7%, and knowledge about immunisation and illness care increased from 53.8% to 75.8%. Additionally, familiarity with Anganwadi services (ICDS) grew from 53.8% to 80.6%. These improvements showcase an overall increase in the knowledge of Anganwadi Workers, Field Facilitators, and Poshan Sahelis, reflecting the effectiveness of the training sessions in enhancing their understanding of crucial health and nutrition aspects.

e.2) Knowledge Assessment During Pre and Post-Test (Junnar)



We analyzed data from pre- and post-tests aimed at enhancing the capacities of key stakeholders, including Poshan Sahelis, Field Facilitators, and Anganwadi Workers. Our assessment focused on the knowledge of key aspects of nutrition and nutrition services for each participant before and after the training sessions. Initially, around 16 Aarogya va Poshan Sahelis, 3 Field Facilitators, and approximately 16 Anganwadi Workers participated in these training sessions conducted in the Junnar block during the initial phase of the project. Before the training, participants from the Junnar block had a knowledge level of 75.3% regarding pregnancy-related aspects and immunisation, which improved significantly to 94.7% after the training. Knowledge about health awareness increased from 59.1% to 80.0%, while understanding of newborn care rose from 81.3% to 95.2%. Awareness of child growth monitoring improved from 61.3% to 64.0%, and knowledge about immunisation and illness care increased from 71.0% to 79.0%. Additionally, familiarity with Anganwadi services (ICDS) grew from 77.4% to 92.0%. These improvements showcase a significant overall increase in the knowledge of Anganwadi Workers, Field Facilitators, and Poshan Sahelis, reflecting the effectiveness of the training sessions in enhancing their understanding of crucial health and nutrition aspects.

G) Program Plan Before March-April 2025

As the project progresses, several key initiatives are planned for implementation before March-April 2025. These include expanding the Nutri-Garden and Seed Bank initiatives to additional villages, strengthening follow-up mechanisms for undernourished children, and conducting advanced training sessions focused on the first 1,000 days of a child's life. Additionally, health check-up camps will be organised in collaboration with the Public Health Department to ensure comprehensive healthcare services for mothers and children. Efforts will also be directed towards enhancing digital awareness campaigns to educate communities on the importance of nutrition and hygiene. *(A project proposal outlining these initiatives for a three-month period has already been submitted to MMF.)*

Program Plan Before March-April 2025

1. Community Awareness on Nutrition, Health, and Anganwadi Services

- Conduct village-level awareness meetings facilitated by Arogya va Poshan Saheli, Block Facilitators, and committee members.
- Disseminate information on health and nutrition services, key government schemes (JSY, PMVY, JSSK, Amrut Aahar Yojana), exclusive breastfeeding, and gender equity in nutrition.
- Utilize IEC materials, audio-visual media, and printed materials for effective outreach.
- Engage in participatory discussions to ensure community involvement.

2. Improving Household Nutrition Practices

- Implement the 'Life Cycle Approach' focusing on the first 1,000 days of a child's life.
- Conduct monthly anthropometry and home visits for follow-up on malnourished children (SAM, MAM, SUW, MUW and GF).
- Provide counseling to parents for early referrals of sick children to health facilities.
- Ensure timely registration, immunisation, and health check-ups for pregnant and lactating women.
- Promote WASH (Water, Sanitation, and Hygiene) practices at the household level.

3. Strengthening Health and Nutritional Status of Pregnant & Lactating Mothers and Women in Reproductive Age

- Organise cluster-level health check-up camps in collaboration with HWC - Primary Health Centers (PHCs).
- Conduct haemoglobin (HB) testing for pregnant and lactating women.
- Provide follow-up counseling on diet and nutrition, emphasising iron-folic acid supplementation.
- Involve ASHAs, Anganwadi Workers, and Poshan Sahelis in nutrition counseling and follow-ups.

4. Promotion of Food Diversity and Nutri-Gardens

- Establish Nutri-Gardens in selected villages to encourage food diversity.
- Revive traditional food sources such as millets and forest vegetables.
- Organise **Hirvya Devachi Jatra (Green God's Festival)** to promote indigenous food consumption.
- Provide guidance on maintaining Nutri-Gardens through regular follow-ups.

5. Facilitative Dialogue at Habitation and Block Level to Strengthen Nutrition Services

- Strengthen the 'Gav Poshan Gat' a consortium of 'Village Health, Sanitation and Nutrition Group' (VHSNC), Aahar Samiti, Mata Samiti.
- Conduct monthly meetings to review nutrition services, identify gaps, and mobilise local resources.

- Escalate unresolved service issues to block-level officials (BDO, CDPO, MO, Supervisors) for intervention.

6. Dialogue with Tribal Elderly Community and Individuals

- Conduct structured **monthly dialogues** with elderly tribal individuals on health, care, and nutrition.
- Organise '**Storytelling Katta**' sessions for documenting traditional nutrition and health practices.
- Integrate tribal elders' insights into modern health strategies to ensure sustainability.
- Address specific health needs of elderly individuals through targeted interventions.

7. Expected Outcomes by March-April 2025

- Reduction in undernutrition among children under six by up to **3%**.
- Establishment of **50 Child Food Corners (Bal Kopara)** at the habitation level.
- Increased awareness (by **20%**) among pregnant and lactating mothers regarding nutrition services.
- Active involvement of grassroots stakeholders (VHSNC, Aahar Samiti, Mata Samiti, PRI representatives) in **60% of villages**.
- Capacity building of **32 Poshan Sahelis, 4 Field Facilitators, and 32 Anganwadi Workers**.
- Documentation of **5-10 success stories and key lessons learned**.

8. Monitoring and Evaluation Plan

- Monthly activity reports from Field Facilitators and Poshan Sahelis.
- Monthly review and planning meetings at the block level.
- Regular field visits by the SATHI technical team.
- Impact assessment using a combination of **qualitative and quantitative methods**.
- Pre and post-assessments of training programs for Poshan Sahelis and Field Facilitators.
- Physical verification of **Nutri-Gardens and Child Food Corners**.

9. Human Resource Deployment

- **32 Arogya va Poshan Sahelis** (one per habitation).
- **4 Field Facilitators/Block Coordinators** (two per block).
- **2 Technical Experts and Administrative Support** for project implementation and monitoring.

10. Budgeting and Branding

- Proposed budget of **₹10.5 lakhs** for the project period **February 2025 – April 2025**.

- Branding of **Finolex Industries and Mukul Madhav Foundation** on all project-related materials, including IEC materials, training manuals, and banners displayed in Anganwadi centers.

This structured approach ensures a **sustainable and impactful** intervention in **Junnar and Ambegaon tribal blocks**, empowering communities to improve health and nutrition outcomes through participatory engagement.

H) Sustainability Plan

Ensuring the long-term sustainability of the project's outcomes is a key priority. To achieve this, the project has adopted a community-driven approach, wherein **Gav Poshan Gats and Village Health, Nutrition, and Sanitation Committees (VHNSCs)** will continue to oversee and strengthen nutrition-related activities at the grassroots level. The **Gav Poshan Gat** is an integrated body comprising members from **VHNSCs, Aahar Committees, and Mata Samitis**, which have been established **under the Public Health Department, Tribal Development Department, and Integrated Child Development Services (ICDS) Department, respectively**. By bringing together these committees, the Gav Poshan Gat will function as a sustainable governance mechanism to enhance **the effectiveness of health and ICDS services while promoting improved household nutrition practices**.

Additionally, the Gav Poshan Gat will ensure the long-term viability of Nutri Gardens and Seed Banks, which are key initiatives aimed at addressing undernutrition among children under six. This will help sustain the project's positive outcomes with minimal external support from the implementing organisation.

A crucial component of sustainability is the **integration of the Nutri-Garden initiative** with existing **government schemes under the ICDS and Agriculture Departments**. This alignment will provide additional technical and financial support, ensuring that the initiative remains viable in the long term. Schools will also play a **pivotal role in maintaining Seed Banks**, enabling future generations to access essential agricultural resources and preserve traditional crop varieties. **Regular refresher training sessions** will be organised for **Anganwadi Workers, Field Facilitators, and community stakeholders** to reinforce best practices, promote continuous learning, and enhance knowledge retention.

Furthermore, the project's **documentation and impact assessment** will be strategically utilised to advocate for **policy-level changes at the block, district and state levels**. The objective is to institutionalise **successful interventions** and integrate them into **existing government nutrition and health programs**. This structured and scientific approach ensures that the project's impact extends beyond its initial implementation phase, fostering **long-term improvements in child nutrition, maternal health, and community resilience**.

I) Difficulties and Further Actions Taken

The project encountered several challenges during its implementation. One major hurdle was the closure of Anganwadi Centers due to a strike from December 2023 to February 2024, which disrupted supplementary nutrition services. This led to increased undernourishment among children aged three to six years. To mitigate this, household-level anthropometric assessments were conducted to ensure continued monitoring of children's nutritional status. Additionally, Gram Panchayat members were engaged to explore alternative food distribution mechanisms and ensure that affected children received adequate nutrition. Limited community participation in certain villages posed another challenge, which was addressed through intensive awareness campaigns and

dialogue with local stakeholders. Despite these difficulties, the project successfully adapted to changing circumstances, demonstrating resilience and commitment to improving child nutrition.

To ensure the long-term impact and sustainability of the S-CAN process, **it is crucial to address the challenge of maintaining the uninterrupted continuation of all activities for at least the next two years.** This requires timely approvals and consistent support, as any delays in these aspects could disrupt the momentum of the intervention.

J) Conclusion

The Strengthening Community Action for Nutrition (S-CAN) initiative has demonstrated that a community-driven, participatory approach can bring about significant improvements in child nutrition and health outcomes. Implemented in collaboration with the Integrated Child Development Services (ICDS), the Health Department, Finolex Industries, Mukul Madhav Foundation, and SATHI Pune, the initiative has successfully engaged local stakeholders, grassroots workers, and caregivers in addressing malnutrition among children under six years of age in Junnar and Ambegaon blocks.

Through structured awareness campaigns, capacity-building initiatives, and direct interventions like Nutri-Gardens, Bal Koparas, Seed Banks, and anthropometric assessments, the project has not only improved nutritional indicators but also strengthened service delivery at the community level. The significant reduction in Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases, as well as improvements in underweight statistics, highlight the effectiveness of this multi-pronged strategy. Additionally, increased community participation through Gav Poshan Gats and Village Health, Nutrition, and Sanitation Committees (VHNSC) has contributed to the sustainability of these interventions.

Despite challenges such as disruptions due to the Anganwadi Workers' strike and the need for sustained community engagement, the project has demonstrated resilience and adaptability in ensuring continued nutrition services. The collaborative approach involving government departments, local governance bodies, and community members has fostered a sense of ownership, ensuring long-term sustainability.

Moving forward, scaling up these interventions and advocating for their integration into existing policy frameworks will be crucial. Strengthening the Nutri-Garden and Seed Bank initiatives, expanding the reach of health check-up camps, and enhancing the role of trained community workers like Poshan Sahelis will further deepen the project's impact. The S-CAN initiative stands as a testament to the power of collective action in addressing malnutrition and improving child health at the grassroots level, paving the way for a healthier and more resilient future for vulnerable communities.
