

Executive Summary

Community Nutrition Initiative



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Introduction

RBL Bank's Community Nutrition Initiative (CNI), was implemented in Bhiwandi, Maharashtra in the year 2020 to 2023. Bhiwandi, home to a predominantly Muslim and rest Hindu population, faces challenges such as extensive slum areas, poor ICDS delivery, and low awareness of proper pregnancy care. The influx of migrant workers and low educational attainment among women further underscores the need for CNI interventions to improve maternal and child health, enhance nutrition awareness, and promote sustainable health practices in this underserved community.



RBL Bank partnered with the Foundation for Mother and Child Health (FMCH) to implement the Community Nutrition Initiative (CNI), aimed at addressing maternal and child malnutrition through a systems-based approach.



As the implementation partner, FMCH employs innovative strategies to achieve sustainable health outcomes. The CNI programme emphasizes:

- Community education to raise awareness about maternal and child nutrition.
- Personalized home-based counselling for pregnant and lactating women, enabling families to adopt better nutritional and healthcare practices.
- Strengthening government systems, particularly through collaboration with ICDS- Anganwadi Workers (AWWs).

The programme aligns with RBL Bank's overarching mission to create impactful and sustainable initiatives that address critical social challenges.

Relevance of the project

RBL Bank's Business School on Wheels and Chamber of Commerce project is a significant and impactful initiative aimed at tackling the socio-economic challenges prevalent in rural communities, with a special focus on empowering women. In many parts of rural India, women face limited access to formal education, financial literacy, and entrepreneurial training—critical elements needed to achieve economic independence and self-sufficiency. The project has strategically bridged these gaps by bringing business education, vocational training, and financial resources directly to the doorsteps of rural populations. By equipping women with the knowledge, skills, and tools to start or expand their businesses, the initiative not only promoted individual growth but also contributed to the broader development of rural economies.

Project Objectives

The Community Nutrition Initiative (CNI) aimed to improve health and nutrition outcomes for pregnant and lactating women, and children under two years of age. Its key objectives included:

Linking with ICDS and empowering AWWs

- Strengthening access to local government health programmes, including ICDS.
- Training Anganwadi Workers to improve service delivery.

Personalised Counseling and Guidance to women and their families

- Providing tailored advice on nutrition, health, and hygiene to pregnant women, lactating women and mothers of upto 2 years children.
- Raising awareness about health and nutrition through talks with families.

Reducing Malnutrition in children upto 2 years of age

- Addressing issues like Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) in children through targeted interventions.

Sustainability on continuing the practice

- Assuring that the learnings are practiced for long term to promote health improvements.

Geographic Coverage & Socio-Demographic Profile

The project was implemented in Bhiwandi Taluka, Thane District, Maharashtra, focusing on pregnant women, lactating women and mothers of child up to 2 years of age. It covered 10 townlets including Padma Nagar, Nadi Naka, Gauri Pada, Barfgali, Fenegaon, Vinayak Nagar, Harishchandra Nagar, Kaurpada, Nachan Compound, and Gayatri Nagar. These townlets were strategically chosen to address their needs and issues faced during pregnancy.

Thane District- Maharashtra



The beneficiaries consisted of the following target groups:

- Women between the ages of 18 and 35 years.
- Women who are pregnant, in the lactation phase, mothers of children up to 2 years of age.
- Women belonging to Below Poverty Line (BPL) households, with a monthly income of up to ₹20,000, primarily engaged in daily wage labour.

Project Activities

The activities under the work scope of the implementation partner encompassed

- 1. Identification of pregnant/ lactating women and children under age two
- 2. Training for AWW on Nutrition
- 3. Supporting AWW in growth monitoring for women and children
- 4. Conducting Pregnancy club and Nutrition club sessions
- 5. Ensuring ANC checkups during pregnancy period
- 6. Identifying High Risk pregnancies
- 7. Conducting community events and education sessions with families

Sampling

A simple random sampling approach was followed to ensure the sample's representativeness, encompassing beneficiaries across all socio-economic strata. Following to technical sampling calculation methods, the total sample size for the study was kept to be 378. However, on the field, the team achieved a sample of **430 surveys** (Pregnant women- 125, Lactating mother – 164 and Mothers of children up to 2 years of age- 141) from the primary beneficiaries along with 17 qualitative interviews (In- Depth Interviews).

Key Findings

Key Objective	Achievement Status	Remark
Identification of pregnant/lactating women and children under age two.	Fully Achieved	Successfully implemented, with high participation and engagement from beneficiaries.
Training for AWW on Nutrition	Fully Achieved	Observations noted that the AWW were highly supported by Field Officers.
Supporting AWW in growth monitoring for women and children.	Fully Achieved	Successfully incorporated, field officers supported AWW.
Conducting Pregnancy club and Nutrition club sessions	Fully Achieved	Successfully implemented, beneficiaries actively participated and enjoyed the sessions.
Identifying High Risk pregnancies	Fully Achieved	Successfully identified and referred to the nearest healthcare facility for timely medical intervention.
Conducting community events and education sessions with families	Fully Achieved	Successfully conducted, leading to increased awareness among family members.
Ensuring ANC checkups during pregnancy period.	Partially Achieved	While some beneficiaries attended ANC checkups regularly, others faced challenges such as time constraints, long travel distances affecting consistent follow-up.

In relation to the achievement of project objectives, the following analysis provides an in-depth understanding of the evaluation framework and key outcomes. The impact assessment for the Community Nutrition Initiative was conducted on a sample of 430 beneficiaries, using the IRECS Framework This framework evaluates five critical dimensions: Inclusiveness, Relevance, Expectations, Convergence, and Service Delivery. It offers a structured approach to assessing the project's success in including diverse beneficiaries, meeting community needs, fulfilling participant expectations, integrating with other initiatives, and delivering services effectively.

This section presents a detailed analysis of the project's outcomes. Notable findings include significant improvements in financial literacy levels, increased entrepreneurial activity, and enhanced access to sustainable livelihood opportunities for women beneficiaries. These results highlight the project's transformative potential in empowering women and fostering long-term economic growth.

Inclusiveness

(The extent to which communities equitably accessed the benefits of assets created and services delivered)

Age: 283 women beneficiaries belonged to the 26-35 age group, aligning with the target demographic of women in their reproductive years, particularly those who are pregnant or lactating.

Educational Qualification: 288 women beneficiaries completed only the secondary school, which highlights they are more unlikely to know about child and maternal health.

Locations Covered: 17 various locations were included to ensure maximum coverage of beneficiaries.

Relevance (The extent to which the project is geared to respond to the 'felt' needs of the community.)

Household Members: 382 women beneficiaries have family sizes of 4 to more than 6 members, with some as large as 11, often living in small houses. This underscores the challenges of managing large households in limited spaces and the need for targeted support.

Beneficiary's Employment: 94 women beneficiaries were employed during early 1000 days of pregnancy, their earnings were vital for meeting basic needs, reflecting their resilience and contribution to household income despite pregnancy.

Household Income: 374 women beneficiaries have a household monthly income of ₹20,000 or less, mainly from daily wages, reflecting a reliance on low to semi-stable income sources.

Expectations

(The extent of intended and unintended positive benefits, socio-economic and cultural changes have accrued for beneficiaries.)

Frequency of meals (women): Out of 125 pregnant women, 81 women started having 3 or more meals after intervention signifying a healthier pregnancy.

Frequency of meals (children): Out of 141 mothers to children up to 2 years, 126 mothers started feeding their children 3 and above meals per day post intervention.

Pregnancy sessions attended: Out of 125 pregnant women, 95 women have attended almost 8 to 10 Pregnancy Club sessions.

Concerns Addressed: Out of 125 pregnant women, 122 women reported receiving clarity on their doubts related to pregnancy from FMCH.

Community Events: 421 women beneficiaries found the community events very valuable, indicating a strong appreciation for the activities and content shared.

Home Visits: 421 women beneficiaries reported that FMCH staff regularly visited their homes to monitor their child's growth.

Convergence
 (Assessing the degree of convergence with government / other partners; the degree of stakeholder buy-in achieved)

Alignment with National Policies: Full alignment with National Nutrition Mission (POSHAN Abhiyaan), Integrated Child Development Services (ICDS), Janani Suraksha Yojana (JSY), Rashtriya Bal Swasthya Karyakram (RBSK).

Alignment with SDGs: SDG 2: Zero Hunger, SDG 3: Good Health and Well-being, SDG 5: Gender Equality, SDG 10: Reduced Inequality, SDG 17: Partnerships for the Goals

Service Delivery
 (The extent to which cost-efficient and time-efficient methods and processes were used to achieve results.)

Programme Outreach: 335 women beneficiaries became aware of the CNI through ICDS workers followed by family and friends.

Programme Recommendation: 387 women beneficiaries recommended the clubs and sessions to other women in need showing their satisfaction with the initiative.

Note: The denominator for certain data points may vary based on the number of respondents relevant to each survey question.

Theory of change

The table below presents the outputs, outcomes, and overall impact achieved during the implementation phase of the project.

Activities	Output	Outcome	Impact
Identification of pregnant/ lactating women and children under age two.	- Identified 21,000 households; identified 1541 pregnant women, 7739 lactating women and 10003 children under age 2.	- Increased healthcare facility visits.	- Improved Maternal and Child Health - Reduction in Malnutrition amongst children. - ICDS System strengthened.
Training for AWW on Nutrition	- 140 AWW trained.	- Enhanced Capacity Building of ICDS Workers	
Supporting AWW in growth monitoring for women and children.	- 463 children identified with SAM and 943 children identified with MAM		
Conducting Pregnancy club and Nutrition club sessions	- 1233 enrolled for Pregnancy club and 3901 enrolled for Nutrition Club	- Increased awareness on pregnancy and nutritional care amongst the women.	
Ensuring ANC checkups during pregnancy period.	- 21,000 families educated - 5000 beneficiaries participated in community events	- Increased prevention of High-Risk Pregnancies	
Identifying High Risk pregnancies		- Increased awareness of pregnancy and	

Activities	Output	Outcome	Impact
Conducting community events and education sessions with families		nutrition amongst families.	

In conclusion, the project Community Nutrition Initiative (CNI) has significantly contributed to improving maternal and child health by enhancing access to nutrition services, promoting awareness, and strengthening local health systems. Through targeted interventions such as household screening, growth monitoring, capacity building of ICDS workers, and community engagement, the project has successfully addressed key gaps in maternal and child nutrition. CNI has particularly empowered pregnant and lactating mothers from low-income backgrounds, with the knowledge and support necessary for better health outcomes. Additionally, integration of digital tool- FMCH Nu Tree app has further strengthened counselling and monitoring efforts, ensuring informed decision-making at the grassroots level.

Recommendations

Following are the recommendations for the partners to enhance the project outcomes.

Sr. No.	Particulars	Impact Findings	Recommendations for Funding Agency	Recommendations for Implementation Agency
1	Low attendance at ICDS centre sessions	Limited motivation among beneficiaries, household responsibility	Integration with higher authorities of ICDS workers, to understand the issue.	Conducting sessions as per beneficiary's convenience times.
2	Beneficiaries face financial constraints	Limited income, irregular earnings, and inability to afford nutritious food or health services	Provide funding and nutritional food	Initiate skill-building workshops for women on home-based small businesses like tailoring, candle-making, or food processing.
3	Beneficiaries live in unhygienic conditions	Overcrowded homes, lack of sanitation facilities, and improper waste disposal	Collaborate with local authorities to improve access to sanitation facilities such as toilets and clean drinking water.	Conduct hygiene awareness campaigns focusing on the importance of cleanliness and basic sanitation practices.



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