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Impact Assessment

Project Navodaya | Ensuring a healthy new life and childhood through 1000 Plus days approach

Funded by SBI Life Insurance Company Ltd., implemented by Action Against Hunger (FY 2022-24)

July 2026

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Field visits to program areas were limited to interactions with the beneficiaries / stakeholders identified by the IP. The review did not include conducting any KYC checks of the beneficiaries interacted on field on a sample basis. No physical verification of grant-related assets and documents was carried out.

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List of abbreviations/acronyms

AAH	Action Against Hunger	MCH	Maternal and Child Health
AM	Acute Malnutrition	MCHN	Maternal Child Health and Nutrition
ANC	Ante Natal Care	MCPC	Mother and Child Protection Card
ANM	Auxiliary Nurse Midwifery	MTC	Malnutrition Treatment Centre
ASHA	Accredited Social Health Activist	MUAC	Mid Upper Arm Circumference
AWC	Anganwadi Centre	NGO	Non-Governmental Organization
AWW	Anganwadi Worker	NHM	National Health Mission
CAB	Covid-Appropriate Behaviour	NRC	Nutrition Rehabilitation Centre
CBE	Community Based Events	OECD	Organization for Economic Cooperation and Development
CM	Community Mobilizer	PMMVY	Pradhan Mantri Matru Vandana Yojana
C-MAM	Community-based management of Moderate Acute Malnutrition	PMSMA	Pradhan Mantri Surakshit Matritv Abhiyan
EBF	Exclusive Breastfeeding	PNC	Post Natal Care
FGD	Focused Group Discussion	PPFP	Post-partum Family Planning
FLW	Frontline Worker	PRI	Panchayati Raj Institution
F-SAM	Facility-based management of Severe Acute Malnutrition	PW	Pregnant Women
ICDS	Integrated Child Development Services	RDA	Recommended Dietary Allowance
IFA	Iron Folic Acid	RMNCH+A	Reproductive, Maternal, Newborn Child plus Adolescent Health
IP	Implementing Partner	RMNCHA+N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
IYCF	Infant and Young Child Feeding	SAM	Severe Acute Malnutrition
JSSK	Janani Shishu Suraksha Karyakram	SBCC	Social and Behaviour Change Communication
JSY	Janani Suraksha Yojana	THR	Take Home Ration
KII	Key Informant Interview	TT	Tetanus Toxoid
KMC	Kangaroo Mother Care	VHND	Village Health and Nutrition Day
KPI	Key Performance Indicator	VHSNC	Village Health Sanitation & Nutrition Committee
LW	Lactating Women	WASH	Water Sanitation and Hygiene
M&E	Monitoring and Evaluation	WCD	Women and Child Department
MAM	Moderate Acute Malnutrition		

Project Navodaya

Ensuring a healthy new life and childhood through 1000 Plus days approach

SBI Life Insurance Company Limited ('SBI Life')[1], was incorporated in October 2000 and registered with the Insurance Regulatory and Development Authority of India (IRDAI) in March 2001. In FY 23-24, SBI Life made overall CSR contributions of INR 205.41 million, largely towards areas of child education, healthcare, and environmental projects. Through these investments, the Company touched over 105k+ direct beneficiaries through various CSR interventions.[2]

Project Overview

In compliance with the robust governance protocols that govern the decision making and management of CSR at SBI Life Insurance Company Ltd, Deloitte was tasked with conducting the impact assessment of the Project Navodaya/Ayushmaan Bhava[3] (hereafter referred to as Project Navodaya) which aimed at addressing malnutrition through community-based approaches in the high burden districts of Baran (Rajasthan) and Dhar (Madhya Pradesh), implemented by Action Against Hunger. The project was funded through the SBI Life's CSR grants for three years during the financial year 2022-24 with an overall reported outlay of INR 12,98,21,147.

The high-level project model is as follows:

Project	Strategic area of focus	Grant size
Ensuring a healthy new life and childhood through 1000 plus days approach[4], Action Against Hunger, Dhar (Madhya Pradesh) and Baran (Rajasthan)	**Addressing malnutrition through community-based approaches and referral, Healthcare** (Area of focus identified as per Schedule VII of CSR as per Section 135 of Companies' act)	INR 12,98,21,147/-

[1] Source: Web page excerpt- https://www.sbilife.co.in/en/about-us (accessed 1st June 2026)
[2] SBIL Annual Report 23-24 https://www.sbilife.co.in/documents/20118/433634/integrated-annual-report.pdf/7a2546d9-cdc9-a536-9636-56efa62c5eba?version=1.0&t=1775711641802 accessed on 2nd June 2026
[3] Project Navodaya/Ayushman Bhava refer to the Action Against Hunger's malnutrition project at Baran, RJ and Dhar, MP respectively. Later, the projects were both renamed as Project Navodaya and hence referred similarly within the report.
[4] Source: Project proposal- "Ensuring a healthy new life and childhood through 1000 days approach" submitted by Action Against Hunger India (registered as Fight Hunger Foundation) to SBI Life CSR committee.

Intervention Design

Under the SBI Life-supported initiative, Action Against Hunger India (AAH India) implemented targeted interventions under the 1000 Plus Days program to address maternal and child malnutrition in selected areas of Dhar (Madhya Pradesh) and Baran (Rajasthan). These interventions were deliberately anchored within existing public service delivery frameworks such as ICDS and the public health system, ensuring both relevance and scalability.

Rather than functioning as a parallel system, the project strengthened ongoing government mechanisms while simultaneously building awareness and behavioral change at community level. The project engaged **pregnant women, lactating mothers, and young children (up to 5 years of age),** while also actively involving frontline functionaries.

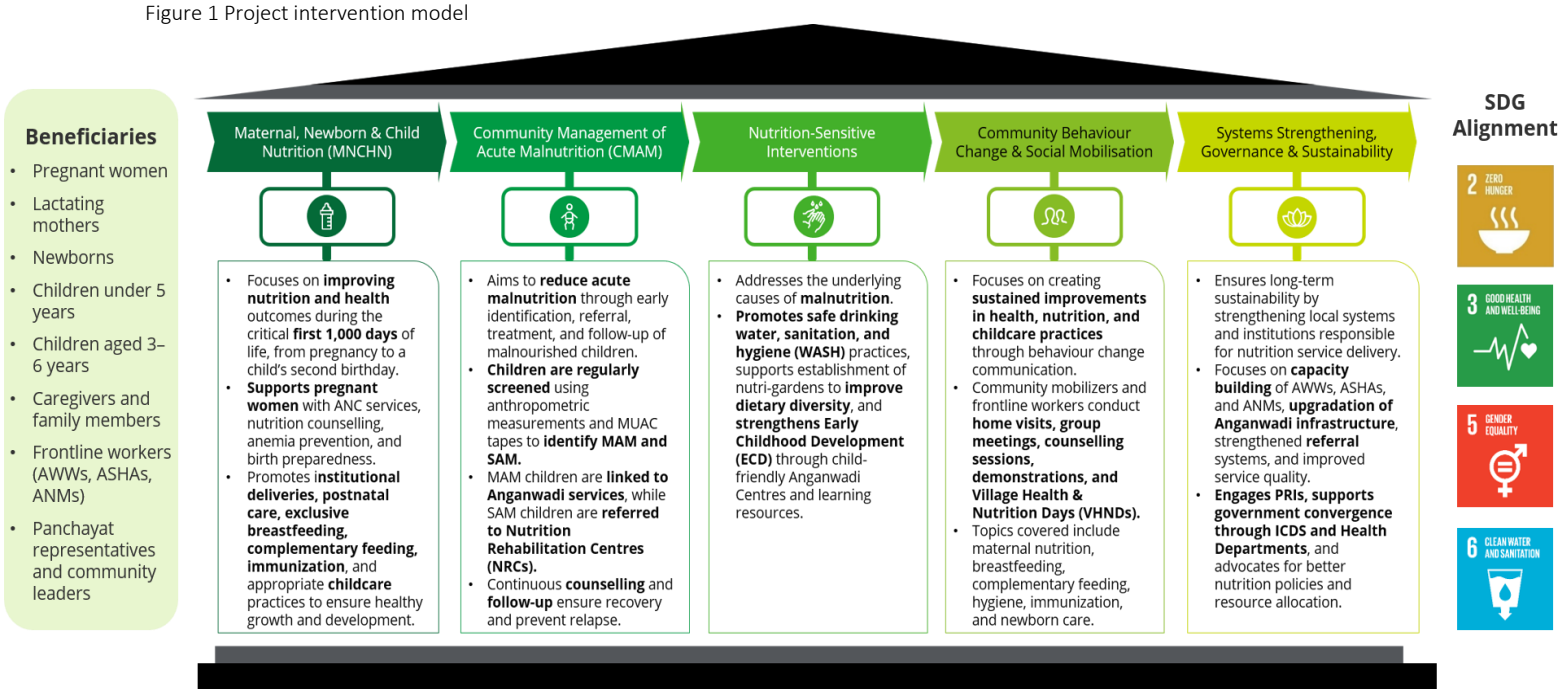
A dual strategy guided implementation:

- Enhancing the reach and effectiveness of institutional health and nutrition services, and
- Driving improvements in community practices through awareness, counselling, and engagement

A core project component involved identification and management of malnutrition among children. Regular screening using anthropometric tools enabled early detection of children suffering from moderate and severe forms of malnutrition. These children were then linked to appropriate treatment channels, including Anganwadi Centres and specialized care facilities such as Nutrition Rehabilitation Centres. In parallel, the project emphasized preventive care particularly through dissemination of information on maternal nutrition, infant feeding practices, immunization, and hygiene behavior. Practical demonstrations, community sessions, and household-level counselling were used to encourage adoption of improved practices.

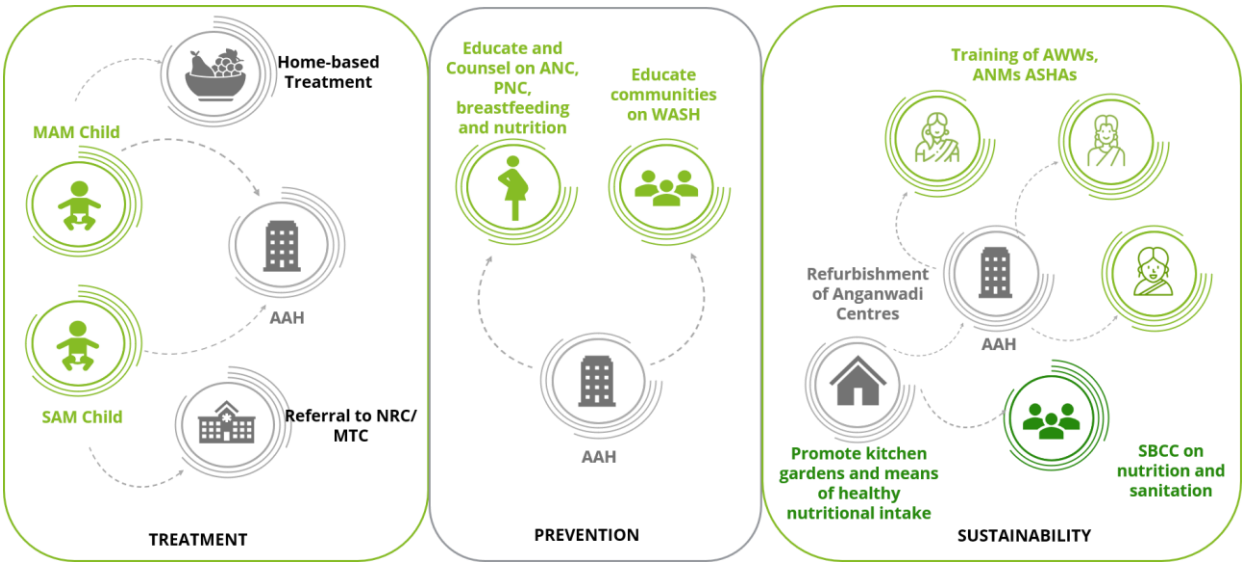
In addition, the project design was informed by evidence generated through baseline and subsequent assessments, enabling interventions to be tailored to specific gaps observed in the target geographies.

Figure 1 Project intervention model



The overall implementation framework can be understood through three interconnected focus areas:

Figure 2: Project approach



Treatment: Efforts under this pillar centred on improving recovery outcomes for malnourished children. Children identified with moderate malnutrition were supported at the household level, while those in severe condition were systematically referred to designated treatment facilities. Follow-up mechanisms ensured continuity of care.

Prevention: A strong emphasis was placed on reducing the incidence of malnutrition through behaviour change. This involved:

- Structured counselling on feeding practices for infants and young children
- Awareness on maternal health during and after pregnancy
- Promotion of immunization and early health-seeking behaviour
- Reinforcement of hygienic practices through demonstrations and community engagement

These activities targeted not just mothers, but also caregivers and family members, encouraging a broader shift in household behaviours.

Sustainability: Sustainability was integrated through investments in capacity building and systems strengthening. Frontline workers were trained to:

- Accurately identify and monitor malnutrition
- Deliver counselling effectively
- Facilitate timely referrals

In addition, improvements to Anganwadi infrastructure and service delivery supported better utilization. Engagement with local governance systems further contributed to long-term ownership and continuity.

Approach and Methodology

Deloitte's tailor-made approach for evaluating the impact of SBI Life funded CSR project Navodaya and identifying potential areas of future intervention was based on substantial experience in conducting evaluations of similar nature and scope. A mixed-method assessment design was deployed for the assessment, focused on primary data collection through field visits and supplemented/triangulated with the help of relevant secondary data and knowledge as available.

Data for the assessment was collected to answer the following research questions:

- Are the CSR initiatives either relevant to the community's needs/aspirations or aligned with the developmental priorities of the region?
- What were the intended or planned outcomes of the initiatives? Are the program's results in line with the anticipated outcomes?
- How have the CSR initiatives impacted beneficiaries and other relevant stakeholders? Explore changes in the physical, economic, and socio-cultural environments.
- How do the beneficiaries and other stakeholders perceive the CSR initiatives undertaken?
- Are the activities ensuring long-term solutions to the developmental issues of the region? What elements have been built into the project design that will ensure sustainability of results.
- Ascertain any other challenges in implementation of the activities that are impeding optimal results.

For the impact assessment, a stratified sampling approach[5] was used for identification of the Anganwadi centres for data collection. This approach accounted for the overall performance classification of the AWCs (high, medium, and low performance). Extensive field-based interactions were conducted at the project locations in Gandhwani block, Dhar, MP and Kishanganj and Shahabad blocks, Baran, Rajasthan. The table below depicts the final list of 26 AWCs selected across the two districts for conducting field visits to undertake impact assessment by Deloitte.

Intervention village					
Dhar, Madhya Pradesh		Baran, Rajasthan			
1.	Kadada	1.	Gopalpura	10.	Shubhdhara
2.	Tadvipura	2.	Moyada	11.	Sahrol Telheti
3.	Nakapura	3.	Jetpura	12.	Peepalghatta
4.	Mundkatiya	4.	Baruni	13.	Khairpur
5.	Jamtalai	5.	Dikoniya	14.	Peepalrundi
6.	Kaliyakua	6.	Peenjana II	15.	Amarpura
7.	Balwari Khurd	7.	Barodiya	16.	Kasbanonera
8.	Khandan Bujurg	8.	Kushalpura	17.	Faredua Telhati
		9.	Semra	18.	Semlifatak

[5] Further reading: https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118445112.stat05999.pub2

The beneficiary selection for the study was based on purposive approach, contingent on availability of target communities at the time of assessment, considering seasonal migration and their nature of work requiring the families to travel to other geographies in search of job or informal work. The field itinerary was finalized in discussion with the IP staff, considering the travel time, availability of front-line workers, beneficiaries and other stakeholders, and overall resources involved in undertaking the field work.

Additionally, a deep-dive and desk review of the MIS records maintained by AAH was done for the SAM and MAM cases identified by the team through the period of implementation. This secondary analysis provided further understanding about the Anganwadi-wise diagnosis, referral and recovery rates, hence providing information about the performance of the project and the impact.

Summary of findings

The current report presents detailed documentation of Deloitte's observations and findings of the impact assessment of SBI Life-funded Project Navodaya, implemented by Action Against Hunger (AAH), which aimed at addressing malnutrition through community-based approaches and referral. A summary of the findings is presented below, while elaborate documentation is available subsequently in the report.

Parameters	Key Findings
Relevance of the intervention	• At each stage during the 1,000-day window of growth and development of an infant, the developing brain is vulnerable to poor nutrition experienced by a young child whose family has experienced prolonged or acute adversity caused by food insecurity[6]. First 1000 days movement provided systematic evidence of the problem of early-life undernutrition and its largely irreversible long-term effects, as well as the availability of high-impact and feasible interventions.[7] • Malnutrition presents as a major public health challenge, which is mostly inter-generational in nature. An undernourished mother is more likely to give birth to a low birth-weight baby; without adequate nutrition the low birth-weight baby grows up as an undernourished adult and parent. Reduced reproductive autonomy of women and high son meta preference in the community leads to multiple parity and hence poor child rearing practices.[8] Hence, there is a high relevance to improve the health and nutrition status of pregnant women, lactating mothers, and new-borns in post-natal period.[9] • Undertrained frontline workers and difficult topography make the basic health care accessibility beyond reach. Moreover, less productive landholding and seasonal migration leaves the pregnant and lactating mothers and young children highly susceptible to health-based vulnerabilities.[10]

[6] Source: Nutrition in the first 1000 days- a foundation for brain development and learning https://thousanddays.org/wp-content/uploads/1000Days-Nutrition_Brief_Brain-Think_Babies_FINAL.pdf
[7] Source: K. Bezanson, "Scaling Up Nutrition: A framework for action," *Food and Nutrition Bulletin* 31/1 (2010), pp. 178–186.
[8] Source: https://www.unicef.org/southafrica/media/551/file/ZAF-First-1000-days-brief-2017.pdf
[9] Source: Journey of The First 1000 Days- Foundation for a Brighter Future, Rashtriya Bal Swasthya Karyakram, Ministry of Health and Family Welfare, Government of India, April 2018, https://nhm.gov.in/images/pdf/programmes/RBSK/Resource_Documents/Journey_of_The_First_1000_Days.pdf, accessed 1st June 2026.
[10] Source: Reproductive health, and child health and nutrition in India: meeting the challenge, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3341742/

Parameters	Key Findings
	• While the first 1,000 days represent a critical window for preventing malnutrition and promoting healthy brain development, emerging evidence supports a "1000+ Days" approach that extends investments into early childhood and adolescence. UNICEF and World Food Programme reports emphasize that sustained nutrition, health, and developmental interventions beyond age two are necessary to maximize human capital, educational achievement, and long-term economic productivity.[11][12] • Thus, Project Navodaya, a focused 1000 plus days intervention, was critical to address such socio-economic barriers and focus on the overall wellbeing of the mothers and children.
Usage and Uptake	• The frontline health workers (FLWs) including Anganwadi workers (AWWs), Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), ICDS and ASHA Supervisors were engaged through an average of 6-7 quarterly handholding touchpoints, ensuring continuous support. This led to their technical upskilling in provision of extended reproductive and health care-based services with focus on nutrition and infant and young child feeding practices (IYCF) practices. The Action Against Hunger staff engaged in the training of FLWs while on field as a part of the implementation. • Overall, the project reached **752 Anganwadi Centres (AWCs) and trained 3,977 frontline workers.** • The project benefitted **1,42,664 children under five years of age and 44,615 pregnant and lactating women.** • The recovery rates of **SAM to normal and MAM to normal were 58% and 64%** respectively. • Over the three-year implementation period, the project achieved a **direct beneficiary outreach of 1,87,279 beneficiaries and indirect outreach of 12,21,653 individuals.**
Impact created	Project Navodaya has contributed to strengthening the continuum of care across the critical 1000 plus days period by improving frontline worker capacity, enhancing service delivery systems, and driving positive behaviour change among beneficiaries resulting in improved maternal and child health outcomes at the community level.

[11] Source: United Nations Children's Fund (UNICEF). Early Moments Matter. UNICEF. Available at: https://www.unicef.org/early-moments
[12] Source: World Food Programme (WFP). Nutrition Programming in the First 1,000 Days. Rome: World Food Programme, 17 July 2024. Available at: https://www.wfp.org/publications/nutrition-programming-first-1000-days

Parameters	Key Findings
1 ***Improved knowledge and technical capacities of frontline workers*** ▪ **3,900+ frontline workers** trained through structured capacity building and supportive supervision ▪ **Strengthened frontline worker competencies** for maternal and child health service delivery ▪ Improved **adoption of malnutrition screening and growth-monitoring practices** ▪ Enhanced **early identification and referral of at-risk children** ▪ Counselling and home visits promoted **positive nutrition and health-seeking behaviour**	**3,977 FLWs** trained with **continuous mentoring** demonstrating **stronger RMNCHA+N competencies** with **greater knowledge and confidence levels** of frontline workers assessed ANC Knowledge: • Diet in pregnancy **(82%)** • Full ANC **(79%)** • Ideal weight gain **(71%)** PNC & Childcare: • Early breastfeeding **(93%)** • Complementary feeding **(88%)** • Ideal birth weight **(100%)** Growth Monitoring: • Weighing frequency **(61%)** • Danger sign identification **(46%)** • **Higher** MUAC/growth chart use Advanced Competencies: • KMC **(70%)** • High-risk pregnancy identification **(45%)** Immunization **(61%)**
2 ***Improved access and utilization of maternal and child health services*** ▪ **40,000+ pregnant and lactating women** reached through community-based interventions ▪ Improved access to **essential maternal and child health services** ▪ Regular home visits strengthened **beneficiary engagement and service uptake** ▪ **Increased utilization of ANC**, IFA supplementation, and take-home rations ▪ **Institutional delivery rates were consistently high,** indicating strong utilization of facility-based maternal healthcare services. ▪ **Enhanced postnatal care** and nutrition support during lactation	**100%** service access at sampled anganwadis **Frequent contact** enabled counselling, monitoring, and follow-up; **more responsive** engagement for high-risk households **59% households** received monthly visits with **41%** received intensified outreach (31% weekly, 10% fortnightly) **Strong access** to ANC, immunization, and growth monitoring services with **68%** reported regular growth monitoring **Higher** continuity of care and follow-up support; **Strong ANC** registration but **ANC 2–ANC 3 drop-offs persist** indicating follow-up gaps **67%** completed 4+ ANC visits with **87%** adhered to full IFA consumption and **72%** received THR regularly Institutional deliveries were **nearly universal** **94%** received at least 1 PNC services with • **100%** accessed THR during lactation • **31%** continued IFA during lactation • **100%** participated in growth monitoring

Parameters	Key Findings
3 ***Enhanced awareness and practices among mothers and caregivers*** ▪ Improved awareness of **optimal infant and young child feeding practices** ▪ **Stronger adoption of early and exclusive breastfeeding practices** ▪ **Increased awareness** of anemia prevention and IFA supplementation ▪ Enhanced knowledge of **age-appropriate complementary feeding** ▪ Regular counselling **promoted positive nutrition, hygiene, and health-seeking behaviour**	**Multiple touchpoints** ensured repeated message reinforcement
	Stronger retention and adoption of key nutrition and health practices
	99% aware of early breastfeeding; **92%** aware of 6-month exclusive breastfeeding.
	92% understood breastfeeding benefits (nutrition, immunity, digestibility
	Stronger translation of knowledge into recommended practices resulting in **better understanding** of health and nutrition outcomes
	~100% knew complementary feeding should start at 6 months
	>80% aware of IFA benefits
	Better knowledge of IFA consumption; **higher awareness** translated into better adherence
	Strong knowledge of food diversity; **knowledge aligned** with recommended practices
	78% received regular counselling through home visits, VHSNDs, and group sessions
4 ***Infrastructure and service readiness at Anganwadi Centres*** ▪ **Improved AWC infrastructure and service readiness** supported effective service delivery ▪ Enhanced cleanliness, amenities, and water access **strengthened AWC functioning** ▪ Better storage and organizational practices **improved programme management** ▪ Increased availability of IEC materials supported **community awareness and engagement** ▪ Access to smartphones and growth-monitoring equipment **enabled more efficient service delivery**	**62% lacked** reliable electricity access
	24% faced water access issues, despite availability of sources
	100% AWCs had adequate space, though ventilation, lighting, and seating issues persist
	43% had toilets available; 67% rated 'Good' for cleanliness by field surveyors, as observed during field visits
	Better overall hygiene and upkeep
	62% AWCs had adequate storage; **50%** were well-organized; **stronger storage and organization**
	48% had IEC materials; **better availability of IEC materials** for beneficiary engagement
	Better availability of growth monitoring equipment; **90% AWCs had weighing scales**
	100% smartphone access
	Poor internet connectivity constrained Poshan Tracker use and digital reporting

Strategic Differentiators	Key strategic differentiators that distinguished the project in terms of its key approaches and strengths, contributing to the overall effectiveness and impact are mentioned below: • Field based mentoring through use of supportive supervision formats allowed the implementation team to engage with AWWs and ASHAs on a regular basis, enabling service quality and frontline worker confidence. • Frequent community engagement through regular home visits strengthened trust and rapport with the FLWs as well as with the community. • Enhanced data-driven beneficiary tracking and follow-ups helped target high-risk villages and anganwadi centres, resulting in targeted interventions and enabling improved project performance. The project's integrated delivery approach and strong alignment with the existing government systems reinforced institutional capacities, fostering scalability, sustainability, and long-term impact.
Recommendations	While the project has successfully concluded and demonstrated significant achievements, the learnings generated provide valuable insights for sustaining gains and informing future interventions. • Strengthen community-led service delivery and inclusion through sustained behaviour change communication, nutrition counselling, community engagement, kitchen garden promotion, convergence with government schemes, and targeted outreach to vulnerable and hard-to-reach populations to improve awareness, access, and uptake of health and nutrition services. • Institutionalise quality, accountability, and scale-up within government systems by embedding supportive supervision, strengthening frontline worker capacities, enhancing digital monitoring and data-driven decision-making, ensuring continued use of essential tools and infrastructure, and replicating successful project models across geographies for sustained impact.

Aanganwadi centre in the intervention village

Survey interview with an Aanganwadi Worker

Focused Group Discussions with the beneficiaries

Interview with a beneficiary

Growth monitoring equipment available at the Aanganwadi centre

Educational material available at the Aanganwadi centre

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