



**NOURISHING. NURTURING.  
NATION BUILDING.**

**ANNUAL  
REPORT  
2022-23**

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# SNAPSHOT OF 2022-23

## AT A GLANCE



**4,77,484**

Total population reached

**9,697**

Malnourished children referred and treated

**98,585**

Home visits conducted

**3,541**

Frontline workers trained

**445**

Kitchen gardens planted

**126**

Vermicompost beds

**1,272**

Villages reached

**4,342**

Children cured

**4,077**

Telephonic counseling

**3,005**

Anganwadi centers covered

**120**

Poultry units installed

**104**

Wello wheels distributed

**66,498**

Screening under age of five

**51,923**

Pregnant & Lactating women reached

**5,804**

Group discussions & demonstrations conducted

**50**

Anganwadi centers refurbished

**100**

Tippy taps installed

**259**

PRI members sensitized

# MANAGEMENT MESSAGE

## LETTER FROM THE CHAIRPERSON



The urgency of global warming and its implications for food security demand innovative solutions and unwavering commitment. As we celebrate our successes, we remain steadfast in our resolve to be part of the solution – advocating for sustainable practices, raising awareness, and forging partnerships that transcend borders.



### Dear Friends and Partners,

It is with immense pride and gratitude that I share with you the remarkable accomplishments of Action Against Hunger India over the past year. Our collective efforts have not only transformed lives but have also forged a path towards addressing some of the most pressing global challenges we face today. In the pursuit of our unwavering commitment to make India free from malnutrition, we undertook initiatives to eradicate malnutrition, promote healthy living, and bolster local livelihoods.

We, as an organization, are mindful of the responsible role that India's non-profit sector can play in realizing the country's vision to become a 5-trillion-dollar economy by 2025. Our work resonates deeply with the country's aspirations and our own endeavors have benefitted from the fact that India is one of the fastest growing major economies and projections of growth remain encouraging and optimistic for India.

Hunger and malnutrition are complex problems that require equally bold and collaborative solutions. Small steps are already being taken and an innovative real-life application is being developed and piloted by Action Against Hunger. This app will utilize a simple photograph taken by the mother on her smartphone or by an ASHA or Anganwadi worker in the village. This photograph will be geotagged, analyzed for malnutrition using AI, and will then be entered into a central cloud database. This is one of the many innovations we are leading currently. While these initiatives reflect the remarkable progress we have made, they also underscore the complexity of the challenges that persist.

Similarly, one of our initiatives globally, Together Against Hunger, that attracted more than 500

people globally, tackles big questions that will require large investments and buy-in from new partners by bringing in other international NGOs and stakeholders on the same platform. While giving my opening remarks at the Summit, I emphasized that hunger does not receive the investment it deserves because it does not affect people equally. Now more than ever, we need to grow a broader movement, challenge traditional ways of thinking, and inspire others to join the fight. At the World Economic Forum at Davos, I further shared my concern with the audiences, 'Were it not for technology and innovation, we may still have been at the losing end of our battle with Covid-19. Technology enabled rapid detection of the infection and the innovation of its vaccine that eventually contained Covid-19. The time has come for all the tech giants of the world to put their shoulder to the wheel and contribute to societal causes'.

The urgency of global warming and its implications for food security demand innovative solutions and unwavering commitment. As we celebrate our successes, we remain steadfast in our resolve to be part of the solution – advocating for sustainable practices, raising awareness, and forging partnerships that transcend borders.

Thank you for standing by us, for being the driving force behind every milestone achieved. Together, we are not only transforming lives but also contributing to a world where resilience, sustainability, and compassion reign supreme.

With profound gratitude and optimism,

**Ashwini Kakkar**

Chairperson  
Action Against Hunger International  
Action Against Hunger India

# CEO'S COMMUNIQUE

## MESSAGE FROM THE CEO'S DESK



In our unyielding commitment to fostering personal connections, our teams conducted a remarkable 98,585 home visits and offered 4,077 telephonic counseling sessions. These interactions allowed us to extend our reach beyond physical boundaries, touching lives, and providing personalized guidance to those in need.



### Dear Friends and Partners,

I am pleased to present the annual report of Action Against Hunger India for 2022-23, reflecting the impact achieved over the year through our dedicated efforts in underserved communities in four states. With pride and enthusiasm, I share the progress we have made in our mission to address the issue of child malnutrition in our country.

Over the course of 2022-23, we have touched the lives of a vast population, reaching a staggering total of 4,77,484 individuals residing in 1,272 villages. This monumental outreach is a testament to the unwavering commitment of our team and the enduring support of our donors.

I am delighted to report that 66,498 children under the age of five were screened for signs of malnutrition. Our efforts bore fruitful results, as 4,342 children were successfully cured during this period, ensuring they are now equipped for a healthier and brighter future.

Furthermore, we recognize the pivotal role of women in building strong communities. Our program interventions positively impacted the lives of 51,923 pregnant and lactating women, providing them with essential care and counselling support during critical phases of their lives.

In our unyielding commitment to fostering personal connections, our teams conducted a remarkable 98,585 home visits and offered 4,077 telephonic counseling sessions. These interactions allowed us to extend our reach beyond physical boundaries, touching lives, and providing personalized guidance to those in need.

An atmosphere of shared learning and motivation was fostered through 5,804 group discussions. These dynamic sessions enabled participants to exchange knowledge, inspire each other, and collectively contribute to achieve positive outcomes in their communities.

The impact that we achieve through our collective efforts is both humbling and empowering. It reinforces our belief in the transformative power of compassion and dedication. We owe this success to the relentless dedication of our team members, the generosity of our donors, and the trust bestowed upon us by the communities we serve.

In the pursuit of transparency and accountability, the annual report summarizes the details of our routine programs and strategic initiatives. It is a comprehensive reflection of our responsible uses of resources and our continued commitment to the highest standards of grassroots work.

We extend our heartfelt gratitude to all our stakeholders, partners, and supporters for joining hands with us in this journey. Together, we are sowing the seeds of change, nurturing the future, and empowering communities to build a more resilient and equitable future.

Thank you for your unwavering belief in our vision and mission. We look forward to continuing our partnership as we march towards even greater milestones in the years to come.

Sincerely,

**Vinay Iyer**

Chief Executive Officer  
Action Against Hunger India

# ACTION AGAINST HUNGER

## A LEADING NOT-FOR-PROFIT ORGANIZATION



## Who are we?

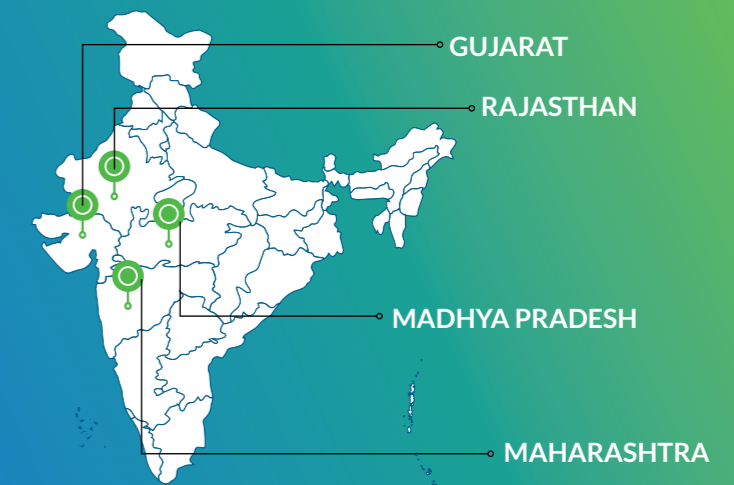
Action Against Hunger is a global humanitarian organization that leads the global fight against hunger. Operating in over 50 countries for more than 40 years, we have been determined in our pursuit to predict, treat and prevent the causes and consequences of hunger. We take action to save lives, enable people and communities with the right tools and training to become resilient, and lead research for long-term solutions.

In India, our operations, from the grassroots upwards, are focused on taking decisive action against malnutrition's long-term causes and effects. We operate in 1,272 villages in Maharashtra, Madhya Pradesh, Rajasthan, and Gujarat.

While hope connects, it's the action that moves.

## Where do we work?

Currently, we operate in 1,272 villages covering 3,005 Anganwadi centers in the states of Maharashtra, Madhya Pradesh, Rajasthan, and Gujarat, including six slum pockets in Mumbai.



### SDGs Impacted

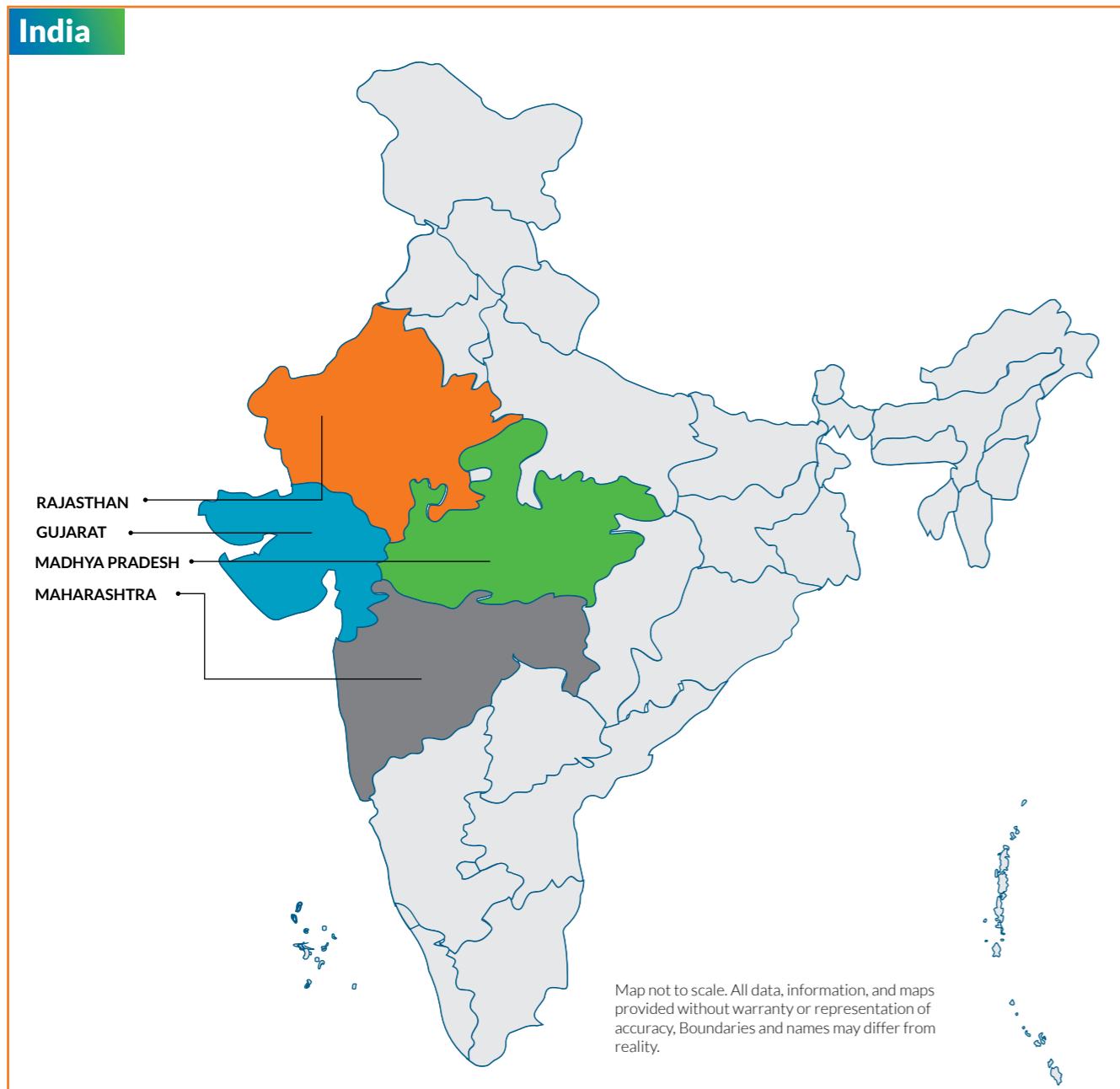
<p>1 NO POVERTY</p>	<p>2 ZERO HUNGER</p>	<p>3 GOOD HEALTH AND WELL-BEING</p>
<p>6 CLEAN WATER AND SANITATION</p>	<p>17 PARTNERSHIPS FOR THE GOALS</p>	

Global

# OUR PRESENCE



Disclaimer: This map is a generalised illustration only for the ease of the reader to understand the locations and is not intended to be used for reference purposes. The representation of political boundaries and the names of geographical features/states do not necessarily reflect the actual position. The Company or any of its Directors, Officers or Employees, cannot be held responsible for any misuse or misinterpretation of any information or design thereof. The Company does not warrant or represent any kind of connection to its accuracy or completeness.



## OUR CORE COMPONENTS

Community-centered program design, detailed planning, technology-enabled baseline, midline, and end-line evaluations provide us with parameters to assess the root causes of problems, their magnitude, and measure their impacts. Through our comprehensive 1,000 Days Life Program, we address all three pillars.

Our work encompasses three broad pillars:



### Treatment

We strengthen early identification of malnutrition in communities, providing home-based treatment to children suffering from Moderate Acute Malnutrition (MAM), while referring children with Severe Acute Malnutrition (SAM) to the nearest Nutrition Rehabilitation Centers (NRC). We also ensure close follow-up and counseling at both the community and facility level to promote treatment adherence, early recovery, and prevention of relapse.



### Prevention

We educate and build the capacity of mothers and the community at large to improve maternal and child nutrition, recognize the causes and symptoms of malnutrition, take preventive actions, and ensure access to various nutrition-sensitive interventions, such as WASH, Food Security, and Livelihood programs. Additionally, we raise awareness and connect beneficiaries to various health and nutrition-related Government schemes.



### Sustainability

All programs are implemented in close collaboration with local Governments and the health and nutrition ecosystem. We conduct capacity-building sessions for Anganwadi and ASHA workers, as well as Panchayati Raj Institute (PRI) members, to identify early signs of malnutrition, take corrective actions, and create an enabling environment for improving the nutrition of children and mothers.





# ABOUT OUR INTERVENTION MODEL

Action Against Hunger India works on three major domains namely, Nutrition & Health, Water Sanitation and Hygiene (WASH) and Food Security and Livelihoods (FSL).

The nutrition & health domain has the **First 1,000 Days+ of Life** model based on preventative care and aims to break the cycle of malnutrition through interventions at key touch points during pregnancy and the child's early years (from birth till two years of age). The interventions focus on nutrition and health knowledge, access, and security, integrated with WASH and FSL activities.

Interventions under the **'First 1,000 Days of Life'** Model

## Prevention of Anemia

Helping pregnant and lactating women to prevent iron deficiencies which could in turn affect the development of their child. We also work with adolescent girls to build their capacity and agency for ensuring their own health and nutrition status by ensuring regular testing for anemia and regular uptake of Government services, such as IFA tablets.

## Ante-Natal Care (ANC) and Post-Natal Care (PNC)

We ensure that all pregnancies are registered early at health centers and provide them with the required care and attention for the survival and development of mother and child. This includes:

- Home-based visits to individually counsel and build awareness among all members of the family.
- Group activities and discussions on care during pregnancy, ensuring institutional delivery, IYCF, sanitation and hygiene, accessing Government services, and immunization, among others



## Child Care



Enabling the proper physical and mental development of mother and child, including infant and young child feeding, early childhood development and immunization. A targeted focus is given towards promoting and ensuring early, exclusive, and optimal breastfeeding practices & behaviors

and improving infant health outcomes by establishing a supportive and promotive environment in the community. Strengthening the infrastructure for screening of malnutrition and referrals to existing health centers and anthropometric measurements to determine child's nutritional status.



## Our Complementary Measures

These are implemented along with our core measures depending on the situation.

### Water, Sanitation & Hygiene (WASH)



We train communities in safe and hygienic practices like the safe disposal of human waste, washing hands before five critical time points - before eating, after using toilet, before cooking, before feeding child, and after cleaning child - boiling water before drinking it and storing it safely, and ensuring a clean environment for children.

We also ensure improved access to clean drinking water and install tippy taps and promote hand washing at the houses of our beneficiaries and at Anganwadi Centers. At places where water needs to be transported over long distances, we provide wello wheels to beneficiaries for easy transportation of water. This helps local communities raise the standard of hygiene.

### Food, Security & Livelihoods (FSL)



We provide communities with the means to a livelihood as well as better nutrition. This is done by helping them install, grow and sustain their own nutri-gardens, raise chickens for consumption and selling of eggs and poultry, practice organic and sustainable farming, and fish farming, among others.

### Advocacy



We work with the policymakers and other decision-makers to influence nutrition policies and programs based on research and evidence. In the states where we are actively working, our teams work with the local administration and state Government departments to translate program learning into program and policy improvements. Our grassroots advocacy efforts aim to strengthen Government program delivery by involving the elected members of Panchayats, local administration, ASHAs and Anganwadi workers, and empowering beneficiaries with the right information.

We are working for nutrition sensitive planning by ensuring Anganwadi Centers (AWCs) are functional with all the required equipment and infrastructure and there is a legislative environment to support nutrition specific programs. We are also focusing on building Jan Andolan under POSHAN 2.0 and the process of localizing the SDGs, which is the Government's mandate to achieve the SDGs by 2030. In this process we are working closely with the local governance structure i.e. Panchayati Raj Institutions (PRIs). In districts where we are active, we are focusing on strengthening District Nutrition Committees to ensure the accountability of every stakeholder to eliminate malnutrition.

### Use of Technology



We leverage technological solutions at multiple stages of our program. We have incorporated technology right from the visible front at the grassroots level to the backend operations of our work. These include:

- Recognizing hotspots of malnutrition through secondary data sources
- Identification of malnutrition using artificial intelligence (AI) and machine learning (ML) through close collaboration with global organizations
- Use of audio-visual media for prevention, treatment and behavioral changes around malnutrition
- Geotagging of beneficiaries
- Monitoring and evaluation of the programs, using CommCare and the KOBO Toolbox

### Capacity Building



- Yearly need-based training and capacity building for Government frontline workers, such as Anganwadi workers and Accredited Social Health Activists (ASHAs)
- Training of Panchayati Raj Institutions on a monthly/quarterly basis
- On-job support is provided to all trained Government workers



# INTERVENTIONS UNDERTAKEN IN 2022-23

## The SAM Photo Diagnosis App

The SAM Photo Diagnosis App is an innovative tool that aids in the early detection and monitoring of malnutrition in children. It is an innovative artificial intelligence (AI) and machine learning (ML)-based application, developed by Action Against Hunger Spain, that aids in identifying acute malnutrition in children under five years of age based on morphometric analysis. In collaboration with Action Against Hunger Spain, Action Against Hunger India, through a pilot research project, aims to contextualize and adapt the application for screening of wasting in Indian children aged 6-59 months just by capturing an image of their left upper limb through the mobile application. Through this initiative, Action Against Hunger India intends to improve the overall nutritional outcomes for vulnerable children and communities across the country. By combining modern technology with an understanding of India's diverse landscape and nutrition-related issues, the SAM Photo Diagnosis App will pave the way for a more contextually relevant and impactful approach to combating malnutrition in India. Thus, the full development of the SAM Photo Diagnosis App will help us move one step closer to a breakthrough: making nutritional diagnosis and treatment accessible to all and, especially, to the most vulnerable families.



## Kangaroo Mother Care (KMC) Unit at an Urban Healthcare Facility

KMC is a proven and effective method to save the lives of premature or low birth weight infants by promoting skin-to-skin contact with their mothers. Action Against Hunger India has embarked on a pilot project aimed at refurbishing and operating a KMC Unit within an urban healthcare facility – HBT Medical College & Dr. R.N. Cooper Municipal General Hospital in Mumbai. The pilot project's core objective is to create a nurturing and supportive environment where mothers and their babies can receive specialized care and attention. The refurbished KMC Unit will provide a comfortable space for mothers to engage in skin-to-skin bonding with their newborns, fostering a sense of security and emotional well-being. Moreover, trained healthcare professionals will offer guidance, and training to the mothers, ensuring the best possible care for their infants. Through this pilot project, Action Against Hunger India strives to enhance the overall healthcare system's capacity and seeks to promote and ensure optimal breastfeeding and skin-to-skin contact between mother and her newborn and address the critical issue of neonatal mortality.



## Project Shubharambh (Towards Ensuring Health for Adolescent Girls)

This year, Action Against Hunger India has taken up the crucial challenge of addressing anemia in adolescent girls through a pilot project in rural Sanand, Gujarat. Recognizing the severe impact of anemia on the health and development of these young girls, the pilot is conceptualized and designed to increase testing and treatment of anemia in adolescent girls between the ages of 15-19. The pilot program aims to create awareness and overcome the barriers faced by adolescent girls in rural communities in accessing healthcare services by educating the girls and their families about the importance of early detection of anemia and inculcating proper nutrition and health practices. To create sustainable change, the pilot is engaging Government frontline workers and building their capacity in empowering adolescents to take charge of their health, ensuring continuous access to T3 Camps (test, treat, talk) and ensuring the availability of iron supplements.



## CommCare

### Why do we need CommCare?

- 1 Has the feature of digital data collection
- 2 Easy to collect data for multiple forms and to maintain follow-up records
- 3 Easy to monitor and visualize the data
- 4 Data warehouse for long-term data collection

### Trainings and Outcome

In Maharashtra, Gujarat, Madhya Pradesh, and Rajasthan, 177 young individuals from tribal communities have undergone training to become barefoot professional social workers. The training focused on utilizing CommCare for digital data collection purposes.

The project aims to use CommCare technology for data collection by the community. We have started training the youth to collect and monitor their data, enabling them to become skilled development professionals.

### Outcome of the Training

- Trained youth will take responsibility for their community's development and welfare
- The youth will, in turn, ensure the use of technology at Panchayat level and by Anganwadis within their respective villages, thereby establishing a sustainable and replicable model for development
- This will enhance the quality of the data and report, which will also empower the community towards their self-development

### USPs of CommCare

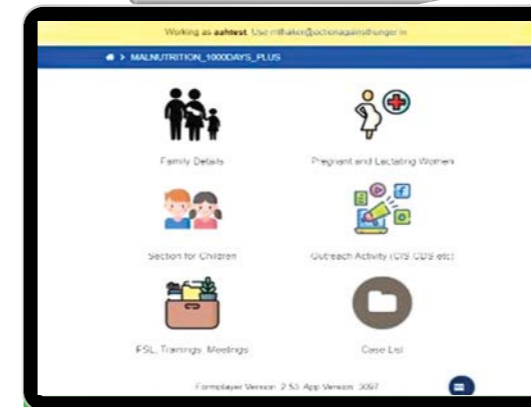
#### Household (HH) Geotagging

- Community mobilizers (CMs) have the capability to obtain the precise distance of beneficiaries from their current location
- The geographic coordinates (latitude and longitude) of each beneficiary will be accessible
- This enables the exploration of spatial data analysis opportunities

#### QR Code Facility

- Each beneficiary is assigned a unique QR code for identification purposes
- Community mobilizers (CMs) simply need to scan the QR code to access the CommCare form and begin data entry
- Scanning the QR code effectively prevents duplicate beneficiary registration

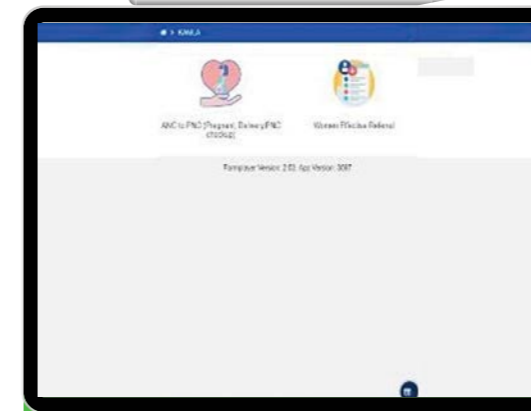
## Graphical User Interface (GUI) of the CommCare Application



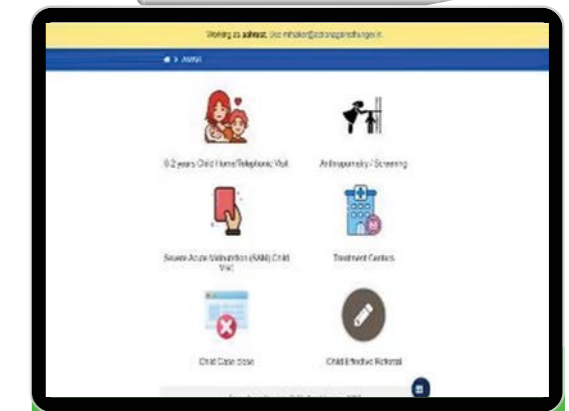
New Application 1,000+ Days + CMAM



Family Details



Pregnant and Lactating woman



Child Section

## Team Workshops

CommCare Training  
Palghar & Dharni Team



CommCare Training  
Baran & Dhar Team



CommCare Training  
Andheri & Govandi Team



Regional Highlights

# SHOWCASING OUR REGIONAL IMPACT

Action Against Hunger is working to address the root causes of malnutrition in different regions of India.

## Rajasthan & Madhya Pradesh

This project is supported by SBI Life Insurance and has been implemented in two states: Baran in Rajasthan and Dhar in Madhya Pradesh. The project in both districts is based on the '1,000 Days of Life Program' approach.

Baran majorly consists of tribal families that make a living off small-scale farming, manual labor or the sale of minor forest produce. Dependency on the rain and therefore inconsistent income, have led to a lack of proper nutrition, particularly among children. We started working in Baran in 2011, one of the few organizations at the time to focus on malnutrition and its causes. Our malnutrition treatment program here was awarded the 'Most Promising Social Program that complements the Zero Hunger – aligned with Sustainable Development Goal at the 'Cause Because' event in June 2018.

### Key Highlights

#### Workshop with PRI Members (District Townhall)

Action Against Hunger convened a 'District-level Townhall' in collaboration with the members of Panchayati Raj Institutions (PRI). The primary focus of the event was on AAH's efforts to combat malnutrition, and the participants engaged in meaningful discussions about the significance of eradicating malnutrition. Moreover, the gathering delved into other crucial topics, such as the Sustainable Development Goals (SDGs) pertaining to food and nutrition security and the promotion of gender equality. A key highlight of the workshop was emphasizing the pivotal role of PRIs in achieving a malnutrition-free India by spearheading efforts to eradicate malnutrition within their respective panchayats.

In Baran, the townhall saw an impressive turnout of 73 attendees, including 34 Sarpanches, among whom 12 were female, indicating a commitment to gender inclusivity. Additionally, 16 Government representatives from various departments, nine media personnel, and 14 AAH employees participated in the event.

In Dhar, the workshop was attended by 110 participants, including PRI members, ICDS supervisors and Gram Sachiv.

#### Workshop with NGOs

In the Aspiration District Program, fostering collaboration among NGOs operating within the district stands as a crucial pillar. AAH conducted a one-day workshop aimed at bringing together local NGOs in Baran & Dhar districts to promote such coordination. The invitation was extended to all NGOs and CSR partners actively involved in the Health

and Nutrition sector in the region. During the workshop, a comprehensive action plan was devised, outlining strategies and objectives. This plan will be shared with all partners, as well as with the district administration, to ensure everyone is aligned in their efforts.

The workshop was attended by a total of 24 dedicated NGO workers in Baran and 30 NGOs in Dhar, reflecting the commitment of the local community to collaborate and work collectively towards common goals.



#### State-Level Workshop in Rajasthan

A significant state-level workshop titled 'Poshit Rajasthan' took place in Jaipur. The event welcomed esteemed guests, including the Panchayati Raj Secretary, Mr. Naveen Jain, and the Director of the Women and Child Development (WCD) Department, Mr. Ramavatar Meena, who graced the occasion as chief guests.

During the workshop, Mr. Jain delivered a speech highlighting the importance of the CMAM (Community-based Management of Acute Malnutrition) program, while Mr. Meena emphasized the utilization of millets for nutrition. The event garnered participation from numerous development partners, along with representatives from the Health Department and the ICDS (Integrated Child Development Services) department. The workshop provided a platform for meaningful discussions and collaboration towards the betterment of nutrition and well-being in Rajasthan.

#### State-Level Consultation in Madhya Pradesh

A consultation took place with the primary objective of sharing the insights from the SBI Life project in Dhar and fostering a platform for incorporating nutrition into the localization of Sustainable Development Goals (SDGs). The event saw participation from 48 attendees, including 34 development partners and 14 AAH team members. Furthermore, local development partners from different districts were invited by the ICDS department to contribute their knowledge and experiences to the consultation. The session featured constructive discussions with development partners actively involved in the field to gain valuable insights into the most effective practices.



#### Implementation of 'Naya Savera', a Project to Tackle Malnutrition in Kishanganj and Shahabad Blocks by District Administration

The Chief Secretary of Rajasthan organized a meeting to encourage innovation in the districts, during which the District Collector was tasked with initiating a pioneering project. Our Project Manager was privileged to be invited to this meeting, where he proposed the implementation of Community-Based Management of Acute Malnutrition (CMAM) in the intervention area. The District Administration warmly embraced this suggestion, leading to the preparation and submission of a proposal to the Chief Secretary of Rajasthan.

The proposal found favor with the authorities, prompting a visit from senior IAS officer, Mr. Naveen Jain, to Baran for an orientation session on the project. During the session, the Navodaya project team presented the CMAM program, which the Government subsequently decided to implement in the Kishanganj and Shahabad blocks of Baran district following the meeting.

Action Against Hunger played a pivotal role in providing technical support for the preparation of guidelines for the project. Additionally, the team helped in designing and printing data collection formats for the smooth execution of the initiative.

#### Strengthening Community-based Events

The AAH team actively contributes to strengthening community-based events, aiding in their successful organization at the AWC (Anganwadi Center) level. In Baran, these events are planned monthly, based on communication received from the state ICDS (Integrated Child Development Services) department. Conversely, in Dhar, these events are fixed to take place every Tuesday. These community-based events hold significant importance as they serve as a vital platform for disseminating essential information.



The major events celebrated in the intervention areas are Godh Bharai, Annaprashan, Jan Swasthya Sandesh Diwas, Baal Chaupal, and Lalima Diwas.

In Baran, a total of 640 events have been supported by the AAH team, with 8,263 beneficiaries actively participating. In Dhar, the AAH team has provided support for 379 events, benefiting 2,260 beneficiaries.

**Social Audit of 'Adopt an AWC Scheme' in Dhar**

Action Against Hunger has received a letter from the ICDS department requesting a social audit of the AWCs (Anganwadi Centers) that have been adopted by various organizations under the 'Adopt an AWC initiative.' The social audit aims to assess and evaluate the impact of the 'Adopt an AWC initiative' on these centers and the communities they serve.

**Awards and Recognition**

- Three members of our team were honored by Government officers on August 15
- The field supervisor received recognition from the Block Administration of Kishanganj
- The MTC Counsellor was felicitated by the Health Department in Shahabad
- Our community mobilizer was acknowledged and honored by the Panchayat Samiti in Shahabad
- During a district-level Republic Day event, the Project Manager of Baran received appreciation from the District Administration for AAH's support in implementing nutrition-related interventions in the district

**Installation of Solar Panels**

Solar panels have been successfully installed at all 22 AWCs in each location, providing them with power for tube lights, bulbs, and fans.



**Early Childhood Development (ECD) Kit for AWC**

To foster early childhood development activities at AWCs, ECD kits are distributed, which consist of wooden educational toys for children in Baran, the ECD kit includes craft items, such as colors, drawing papers, and crayons, among others.

'Empowering Caregivers: Combating Child Malnutrition at Home in Baran!'

The primary objective of the activity was to promptly detect malnutrition among children. Since the AAH team ceased screening in the field, community mobilisers took charge and began training mothers or caregivers at home to utilize MUAC (Mid-Upper Arm Circumference) tapes with color coding. Caregivers then relayed the color grade obtained from the MUAC measurement to the Anganwadi Workers (AWWs) or the AAH team.

This initiative was set in motion in January, 2023, and has already reached 5,224 beneficiaries in Baran.



**Digital Innovation for Zero Hunger 2.0: CGM (Child Growth Monitor) Project**

- Data collection in the field: As a component of machine learning, Action Against Hunger is undertaking data collection in the field, which involves both manual measurements and scans. Following the acquisition of ethical approval and HMSC (Human Subjects Review) approval, the AAH team initiated the data collection process in the field
- To guarantee the accuracy and precision of the measurements, both enumerators and Anganwadi workers take part in the standardization test. Those who pass the test successfully collaborate with us in collecting gold standard data for application development
- Training of other partners: The project team conducted a training session for other international partners of CGM. The training covered two main topics:
  - The utilization of ENA software for generating reports of the standardization test
  - Techniques for generating QR codes efficiently

**Impact at a Glance**

**428**

Villages Reached

**42,514**

Children under five, screened for signs of malnutrition

**6,427**

Malnourished children referred and treated

**3,065**

Children cured

**30,464**

Pregnant & lactating women reached

**1,332**

Frontline workers trained

**3,386**

Group discussions and demonstrations

**54,381**

Home visits

**Case Study**

In the remote village of Doondabar, Rajasthan, lies a close-knit community of the Shahariya tribe, heavily reliant on the forest, agriculture, and daily labor for their sustenance. Among them, 10-month-old Mayawati's (name changed) family struggled to make ends meet, with her parents working as daily wage laborers, earning a meager income of Rs. 25,000 per year.

During a routine screening, Mayawati was identified as severely acute malnourished (SAM), weighing only 5 kg with a Z-Score of <-3SD. Our dedicated team, determined to help Mayawati, engaged in extensive counseling efforts to convince her mother to admit her to the nearest malnutrition treatment center. Although Mayawati's mother initially agreed, the celebration of festivals led her parents to reconsider, and they brought Mayawati back home after two days of admission.

Undeterred by the setback, we enrolled Mayawati in the 'Naya Savera Program a Government initiative to combat malnutrition at the community level through energy-dense nutrition supplements. Despite facing challenges of inaccessibility due to heavy rainfall and adverse weather conditions, our team ensured that Mayawati received regular EDNS supplies through the Anganwadi worker and Auxiliary Nurse and Midwife.

Monitoring her health and growth was not easy, but our team persevered. We provided the family with extensive orientation on health practices, nutrition, WASH practices, and even cooking demonstrations, ensuring they were equipped to care for Mayawati effectively.

Her health condition had left her unable to walk and visibly irritated, but with constant efforts and regular support, Mayawati began to show signs of recovery. A few months later, her measurements were truly heartening, with her weight at 8.1kg, height at 74.5 cm, MUAC at 125 mm, and Z-Score at 1SD.

Mayawati's transformation was astounding. From a SAM child to a normal, happy, and active little one, she even began walking, much to the joy of her family and the entire community. This inspiring journey of recovery exemplifies the power of dedicated efforts, timely interventions, and community support in combating malnutrition, even in the most challenging environments. Mayawati's story is a testament to the impact that proactive and caring organizations like ours can make in the lives of vulnerable children and their families.



## Maharashtra

### MUMBAI ANDHERI - PROJECT KHWAISH

This project – financed by Givaudan and Credit Agricole. The project is implemented in a suburb of the crowded city of Mumbai, which is home to many migrant and daily-wage laborers. Literacy and a lack of job security in these suburbs lead to negligence in children's upbringing. The same is reflected in major health issues like malnutrition, which goes unrecognized. Numerous pathogens and diseases like cholera and diarrhoea come with changing seasons, such as the monsoons. The unhygienic living conditions prevalent in these suburbs further aggravate problems.



### Key Highlights

- A felicitation program was held to honor caregivers of children who have successfully recovered from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). This commendation plays a crucial role in keeping parents motivated to provide ongoing care for their children and prioritize their health

Furthermore, the event aimed to serve as a source of motivation and inspiration for other parents, encouraging them to diligently work towards curing their children and completing their treatment. A total of 275 children received felicitations during this program.

Distinguished guests and stakeholders attended the event, including Dr. Kembhave (HOD) and Dr. Smita Chavan (Professor) from the Community Medicine Department at Dr. R. N. Cooper Hospital. Additionally, Mr. Mousin Hyder, the local Corporator from Gaondevi, Andheri, and Ms. Sandhya Paunekar, the ICDS Supervisor from Amboli Beat, were present to support the initiative.

- A capacity building session was held for 93 AWWs (Anganwadi Workers) from the Andheri ICDS Project 2. Each beat had a one-day session, where topics covered included Anthro error and methods to enhance food nutrition during cooking

- Additionally, a two-day soft skill training program focusing on 'Communication' was conducted for all staff members. The primary goal of this training was to enhance communication skills within the team and during counseling sessions, enabling effective interactions with beneficiaries

- The Monitoring, Evaluation, Adaption & Learning (MEAL) team conducted a five day CommCare training for both

field and project staff. The main aim of the training was to familiarize the staff with the new version of CommCare, enabling them to efficiently capture data through the app, while working in the field

- A male engagement activity was conducted with caregivers of Pregnant and Lactating Women (PLWs) and fathers of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) children. This initiative comprised six educational sessions, involving 228 husbands, wherein various essential topics were discussed. These included the significance of the First 1,000 Days of a Child's Life, the effects of malnutrition on child growth, a comparison between healthy food and junk food, and the importance of immunization



### Impact at a Glance

4

Intervention areas

5,933

Children under five screened for signs of malnutrition

1,142

Malnourished children referred and treated

292

Children cured

4,392

Pregnant & lactating women reached

93

Frontline workers trained

411

Group discussions and demonstrations

16,190

Home visits

### Case Study

Shaneen Sheikh's (name changed) journey in the Nehru Nagar slum became an inspiring case study for the dedicated team working on maternal and child healthcare. At 27 years old, Shaneen lived a modest life with her husband and children in a rented house, with her husband being the sole breadwinner for the family. It was during her second pregnancy that she enrolled with us in our healthcare program aimed at supporting pregnant women and new mothers in the slum.

Throughout her pregnancy, the healthcare team diligently visited Shaneen's house, providing her with essential prenatal care and educating her about the significance of exclusive breastfeeding for her newborn. Shaneen seemed committed and assured the team that she was following their instructions carefully.

In November, Shaneen gave birth to her baby, and the team continued their regular visits. However, during one visit in April, Shaneen informed the team that she had visited Cooper Hospital and obtained the necessary medicine for her baby's condition. However, she also revealed that her family had started giving complementary feedings to the baby, contrary to their earlier advice on exclusive breastfeeding.

The team didn't lose hope and persisted in educating Shaneen about the significance of exclusive breastfeeding until the baby reached six months of age. They explained the potential risks of introducing solid foods too early and the benefits of breast milk for the baby's overall health and development. Shaneen, despite her family's pressure, promised the team that she would not initiate any complementary feeding until her baby completed six months.

Shaneen's determination to prioritize her baby's health and follow the team's guidance even amid familial pressures impressed the healthcare workers. Her willingness to

embrace change and learn about better healthcare practices made her a role model for other mothers in the community.

The success story of Shaneen Sheikh and her baby became an example of how education, persistence, and genuine care can make a significant difference in the lives of vulnerable families. The healthcare program in Nehru Nagar slum continued its mission, inspired by Shaneen's journey, to improve maternal and child healthcare outcomes in the community.



## GOVANDI

This project financed by Societe Generale. Govandi, a suburb in the crowded city of Mumbai, is home to many migrant and daily-wage laborers. Illiteracy and a lack of job security result in their children often being neglected, and malnutrition goes unrecognized. The monsoons bring diseases like cholera and diarrhoea due to dirty water and unhygienic living conditions. Combined with poor maternal health, proximity to the country's largest dumping ground, and a lack of knowledge, 51% of the children growing up in this community are stunted.

- On March 28, 2023, a felicitation program was arranged to acknowledge and appreciate the efforts of children and their parents who successfully treated malnourished children after being identified through screening in the previous year. This program serves as a means of recognition to motivate parents in their dedicated care for their children's health. Moreover, it aims to inspire other parents to diligently work towards the recovery and completion of treatment for their children



The event saw a total of 25 Severe Acute Malnutrition (SAM) and 217 Moderate Acute Malnutrition (MAM) children being honored. Additionally, 39 caregivers of SAM and MAM children, along with 37 AWWs, were present to participate in the event.

During the program, ICDS Anganwadi teachers organized an exhibition stall focusing on 'Poshan Pakhwada' centered around millets. The primary objective of this exhibition was to raise awareness among parents about the nutritional benefits of millets and encourage their incorporation into regular diets.

- Early detection of TB complications in malnourished children, is a collaborative effort underway with Doctors Without Borders (MSF). This collaboration aims to identify TB-related complications in Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) children, allowing for timely initiation of treatment based on their respective diagnoses. As part of the pilot testing for TB screening, two Anganwadi Centers (AWCs) were selected, and 15 children were screened under the supervision of MSF. This initiative seeks to improve the health outcomes of malnourished

children by ensuring the early detection and appropriate management of TB-related complications

- To enhance referral services, we have established a collaboration with MCGM Hospital, where we host health and nutrition events on their premises. This partnership has led to improved and smoother referrals, especially for ANC (Ante-Natal Care) check-ups, deliveries, and Post-Natal Care check-ups. Additionally, the cooperation of Government staff has increased as a positive outcome of these joint events
- A coordination meeting was conducted with officials from Shivaji Nagar Hospital and Deonar Hospital. During the meeting, an agreement was reached to refer Moderate Acute Malnutrition (MAM) children for health check-ups and to organize nutrition month activities in collaboration with the hospitals. In the months following the meeting, MAM children from our intervention areas have been successfully referred to these hospitals for the required care and services
- Youth Skill development meetings with Kotak Education Foundation - Kotak Education Foundation conducted two orientation sessions for youth, focusing on skill-based courses. These sessions provided detailed information about various courses, including customer relations and sales, hospitality, general duty assistant, computer literacy, and personality development, among others. A total of 108 youth participated in these informative sessions, with 65 of them expressing their interest in enrolling in the courses provided by Kotak Education Foundation. The primary aim of these sessions was to motivate the youth in the community to pursue skill development for better livelihood and employment opportunities
- Male Engagement Activity with PLW, SAM, and MAM caregivers, involved four educational sessions with 169 husbands of Pregnant and Lactating Women (PLWs) and fathers of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) children. The sessions covered essential topics such as the importance of the First 1,000 Days of a Child's Life, the impact of malnutrition on child growth, the difference between healthy food and junk food, and the significance of immunization



## Impact at a Glance

2

Intervention areas

5,690

Children under five screened for signs of malnutrition

898

Malnourished children referred and treated

425

Children cured

4,226

Pregnant & lactating women reached

270

Frontline workers trained

442

Group discussions and demonstrations

13,773

Home visits

## Case Study

Suhana Akhtar's (name changed) life took a remarkable turn when she encountered the compassionate team from Action Against Hunger. Living with her son, Naved Akhtar (name changed), Suhana was concerned about her child's health. Naved was identified as suffering from Moderate Acute Malnutrition (MAM) when the Action Against Hunger staff first met them. Suhana had also noticed her son's weakness but felt clueless about what steps to take to improve his health and nutrition.

Everything changed when she visited the Action Against Hunger Outpatient Therapeutic Program (OTP) center and met our counselor, Farida. Farida quickly assessed the situation and empathized with Suhana's concerns. The guidance from Farida proved to be a turning point for Suhana and her son. Farida recommended Suhana to stop giving Ramzan tea and junk food, which provided little to no nutritional value. Instead, she advised Suhana to incorporate more nutritious options like eggs, milk, and homemade meals that could significantly benefit Ramzan's health.

Suhana was determined to follow Farida's advice diligently. She began preparing healthy and delicious homemade meals for Ramzan every day, making sure he received the nourishment he needed to thrive. To track his progress, Suhana visited the OTP center every 15 days for regular weight checkups.

Farida went the extra mile to ensure Ramzan received comprehensive medical attention. She recommended Suhana to take Ramzan to Deonar Hospital for a health check-up. Understanding the importance of the doctor's evaluation, Suhana accompanied her child to the hospital with Farida by her side.

The doctor at Deonar Hospital examined Ramzan and prescribed the necessary medications to address any underlying health issues. With the combination of proper

nutrition and medical care, Ramzan's health started showing visible improvements.

As the months passed, during the seventh month of Ramzan's journey towards better health, Farida happily shared that the child's weight had significantly increased. Suhana's commitment to feeding him homemade food had paid off.

The transformation in Ramzan's health and well-being brought immense joy to Suhana. She expressed her gratitude to Action Against Hunger and especially to Farida for guiding her through this transformative journey. Suhana felt empowered and now had the knowledge and confidence to provide her son with the best nutrition and care.

"Muze bahot khushi hai ki aap ki santha humare yaha kam kar rahi hai, aur hume acchi bate batate hai. Mai aap ke santha ko shukriya bolti hu." - Suhana Akhtar, Mother of Naved Akhtar





## PALGHAR – MOKHADA & JAWHAR

This project – financed by Intesa Sanpaolo (ISP) for the Jawhar block and Action contre la Faim (ACF) Italy for the Mokhada block. The Palghar district of Maharashtra is home to a large tribal population, but the hilly terrain makes their main occupation, agriculture, difficult to sustain all year. This leads to lower income, a lack of access to nutritious food, and seasonal migration. In 2015, we conducted a survey that revealed Jawhar and Mokhada were the areas with the highest % of stunting and wasting in children under five years of age.

- To encourage institutional and safe deliveries, we provide preparation assistance to pregnant women in their last trimester, ensuring readiness for the upcoming delivery and birth of the child. The birth preparedness kit consists of essential items such as a scarf for the mother, cotton clothes for the baby, hair oil, sanitary pads, a hand wash bottle, bath soap, a file for important documents, a plastic box, and a cotton towel, among other useful items
- To ensure the safety, hygiene, and proper nutrition of newborn children and prevent child mortality, we distribute newborn care kits. These kits consist of essential items, such as baby oil, baby soap, baby powder, a mosquito net, leg and hand socks, baby cotton clothes, a baby blanket, a baby towel, a baby nail cutter, a baby cap, and other necessary items. These care kits are designed to provide the newborns with the best start in life and support their overall well-being
- We launched 200 food corners in the households of 86 malnourished children and 114 pregnant and lactating mothers. The main purpose of these food corners is to

ensure that nutritious snacks are readily available for the children in the comfort of their homes. To achieve this objective, we have procured and stored items like (Amaranth) rajgira laddu, peanut and jaggery chikki (peanut brittle), and puffed gram in these food corners. These carefully selected snacks are intended to provide essential nutrients and contribute to the overall health and well-being of both children and mothers in our project area

- We provided 104 Wello Water Wheels to the caregivers of 104 malnourished children. The primary aim was to reduce the time spent fetching water from distant sources, enabling caregivers to dedicate more time to caring for their own health and nutrition, as well as that of their children. Additionally, the distribution of wello water wheels helps alleviate the physical strain and drudgery associated with carrying water over long distances
- As part of our project activities, we successfully completed several food security and livelihood initiatives. This includes developing 45 poultry units at the households of SAM and MAM children, establishing five farm pond units at the households of pregnant and lactating mothers, creating 96 kitchen gardens for malnourished children, pregnant women, and lactating mothers, setting up 21 demonstration plots at the same households, and establishing 44 vermicompost beds to support their nutrition and well-being. These activities have significantly contributed to improving the food security and livelihoods of the targeted beneficiaries



### Impact at a Glance

71

Villages

7,501

Children under five screened for signs of malnutrition

737

Malnourished children referred and treated

257

Children cured

7,609

Pregnant & lactating women reached

47

Frontline workers trained

1,240

Group discussions and demonstrations

9,043

Home visits

### Case Study

The case story of Hiral (name changed) is a testament to the dedication and effectiveness of community mobilizers like Tejas Korada, and the collaborative efforts of Action Against Hunger India, ICDS, the health department of Jawhar P.S., and local NGOs.

In the Katkari hamlets of Nandgaon village, Tejas, our community mobilizer was conducting routine screening activities when he came across Hiral (name changed) and her daughter Prema (name changed). Immediately recognizing the signs of malnutrition in the 22-month-old child, Tejas decided to screen her for further evaluation. The screening revealed that Prema's weight-for-height Z score was -3SD, indicating severe acute malnutrition (SAM).

Tejas wasted no time and, together with an Aganwadi worker, visited Prema's household to inform her caregivers about the seriousness of malnutrition and the need for immediate treatment. The caregivers were counseled on various aspects of malnutrition and convinced to admit Prema to the Nutrition Rehabilitation Centre (NRC) at the sub-district hospital in Jawhar.

On the same evening, Prema was admitted to the NRC, where she stayed for 14 days, undergoing treatment as per protocol. Tejas provided continuous follow-up during her stay, ensuring she received the care and attention she needed to recover. However, upon discharge, it was observed that Prema had only gained 0.2 kg of weight during her time at the NRC, which was not sufficient for her full recovery.

Recognizing the need for further intervention, Action Against Hunger India, ICDS, the health department of Jawhar P.S., and a local NGO jointly organized a health check-up camp for SAM and MAM children who were not showing progress despite treatment. Prema was referred to this camp, and transport arrangements were made to ensure her attendance.

During the camp, Prema underwent a thorough examination, and her blood and sputum samples were sent for testing. The results revealed that her hemoglobin levels were

dangerously low, necessitating a blood transfusion. Additionally, it was discovered that Prema had developed a pediatric tuberculosis infection, and she was immediately put on medications to begin her treatment.

Throughout this challenging period, Mr. Tejas Korada continued to provide firm support. He conducted home visits to ensure Prema was receiving proper medication as directed by the medical officer.

In November, as part of routine follow-up, Prema was screened again, and the results were heartening. Her weight had increased to 8.00 Kg, and her height remained at 71 cm. Her weight-for-height Z score was now at -1SD, indicating that she had successfully overcome malnutrition and was on the path to recovery.

The success of Prema's treatment was not only due to the efforts of the healthcare professionals and the community mobilizer but also because of the accountability and dedication shown by Prema's caregivers. The timely and effective referral to institutional services played a vital role in ensuring Prema received the necessary medical attention and recovered from malnutrition.



## DHARNI, AMRAVATI

This project – financed by NAOs and implemented in Dharni, a hilly region of Melghat, Amravati district. This region largely consists of the tribal community. Unfortunately, clean drinking water and means to earn a living are not available all year round. This is a major reason for communities living there choosing to migrate seasonally to avail themselves of the necessities of life. The level of poverty, early marriages, multiple pregnancies, poor sanitation, and inability to get nutritious food have been leading to severe malnutrition among the children in that area.



### Impact at a Glance

39

Villages

3,327

Children under five screened for signs of malnutrition

396

Malnourished children referred and treated

303

Children cured

3,940

Pregnant & lactating women reached

120

Frontline workers trained

293

Group discussions and demonstrations

5,020

Home visits

### Case Study

एक दिन एक्शन अगेंस्ट हंगर संस्था के कम्युनिटी मोबिलाईजर कुलदीप गार्गे द्वारा विनीता आठवले (नाम बदल दिया गया है) के घर विजिट की गई जिसमें कम्युनिटी मोबिलाईजर द्वारा पोषण वाटिका का सर्वे किया गया एवं ताजी हरी पत्तेदार सब्जीया खाने के लिए समझाया गया एवं पोषण वाटिका लगाने के फायदे बताये गये।

फिर उनसे पुछा गया कि क्या आपके घर के पिछे या आस पास पोषण वाटिका लगा सकते है घर के सदस्यों की सहमति होने पर जगह साफ व बराबर करने के लिए कहा गया । अगले दिन राहुल आठवले (नाम बदल दिया गया है) द्वारा कुलदीप को फोन करके बताया गया कि पोषण वाटिका के लिए आपके द्वारा बताए अनुसार जगह तैयार है फिर अगले दिन कम्युनिटी मोबिलाईजर कुलदीप गार्गे द्वारा पोषण वाटिका का लेआउट डालकर कर उसमें अभी खरीफ के मौसम में भिण्डी, लौक, गिलकी, बैंगन, टमाटर, ककड़ी, चावल, करेला ८ प्रकार की सब्जी के बीज लगवाये गये है। सुनिता और विनीता आठवले द्वारा बहुत ही अच्छी तरह से पोषण वाटिका का निर्माण किया गया है एवं उसमें बेल वाली सब्जी के पौधो के लिए सारजे भी लगाये गये है।

ष्कर्ष - अभी इनकी पोषण वाटिका में सब्जीया भी लग रही है अब इनके परिवार द्वारा रोजाना स्वच्छ एवं ताजी सब्जीयो का सेवन किया जा रहा है। घर की ताजी सब्जीया खाने से विनीता बाई का वजन भी बढ रहा है व इनके ससुरजी के स्वास्थ्य में भी सुधार हुआ है। राहुल आठवले ने संस्था का आभार व्यक्त करते हुये कहा कि एक्शन अगेंस्ट हंगर संस्था द्वारा गरीब लोगों के लिए अच्छा काम किया जा रहा है पहले हमे पोषण वाटिका के बारे में जानकारी नही थी। हमारी इतनी जगह हमेशा खाली पडी रहती



थी लेकिन आपने बहुत अच्छी जानकारी दी जिससे पोषण वाटिका लगाकर उसका सही उपयोग हो रहा है। अब में हर साल पोषण वाटिका लगाउंगा जिससे परिवार को ताजी सब्जीया तो मिलेगी ही साथ ही पैसो की बचत भी होगी। राहुल आठवले को कहना है कि में अगली बार ज्यादा मात्रा में सब्जिया लगाकर बाजार में भी बेचुंगा जिससे परिवार की आमदनी भी बढेगी।

## Gujarat

### SANAND

Project Trupti, initiated in May 2022, financed by Baxter, was launched in the Sanand block of Ahmedabad district. The project aimed to target 16 villages and 39 Anganwadis, with an estimated population of 42,000 people. The site, located in a dense industrial zone close to Ahmedabad, presented both opportunities and challenges.

The field operation began with baseline training, completing the baseline study on schedule. The team actively engaged with Panchayati Raj Institute members and local influencers. They underwent capacity building training, enabling them to efficiently identify and register beneficiaries. Protocol implementation commenced in January 2023.

In the last quarter, the primary objective was to enroll as many beneficiaries as possible into the CommCare software and conduct thorough screenings of the children. We celebrated Health Day in the community and conducted workshops for the Panchayati Raj Institution (PRI).



### Impact at a Glance

16

Villages

1,533

Children under five screened for signs of malnutrition

97

Malnourished children referred and treated

1,292

Pregnant & lactating women reached

32

Group discussions and demonstrations

178

Home visits



Case Study

In the bustling intervention area of Sanand, community mobilizers were on a mission to register beneficiaries for the Anganwadi center. As they embarked on this task, they encountered a group of migrant workers who seemed unaware of the benefits and services available at the center. These workers, fresh to the area or unfamiliar with Government provisions, were inadvertently missing out on crucial resources.

Recognizing the significance of bridging this information gap, the community mobilizers took it upon themselves to provide need-based counseling to the migrant workers. Their goal was to enlighten them about the plethora of services offered at the Anganwadi center and how these provisions could positively impact their lives.

Taking their efforts, a step further, the community mobilizers registered the migrant workers as beneficiaries in CommCare, a digital platform for better tracking and managing beneficiary information. This ensured that the workers' details were securely stored for future reference and assistance.

But the mobilizers didn't stop there. Understanding that formal registration at the Anganwadi center was vital for the workers to avail themselves of Government services and schemes, they proactively assisted the workers in completing the registration process, including enrolling their children of eligible age.

The impact of the community mobilizers' work was immense. Not only did they empower the migrant workers with essential knowledge about available benefits but also facilitated their inclusion into a supportive system that could enhance their well-being and livelihoods.



This case story exemplifies the remarkable dedication and compassion of community mobilizers. By reaching out to vulnerable populations, providing tailored counseling, and facilitating access to vital services, they play a pivotal role in uplifting the lives of beneficiaries in the intervention area. From pregnant women to migrant workers, their efforts create a positive ripple effect that echoes through the community, fostering a brighter and more inclusive future for all.

PROJECT VRUDDHI

SABARKANTHA & BHAVNAGAR

Project Vruddhi: A consortium of CARE and Action Against Hunger, this initiative aimed to improve the community's essential health and nutrition practices and provide technical support for strengthening service delivery. Its goal is to tackle the problems of childhood malnutrition and maternal and child anemia. The initiative was carried out in Bhavnagar and Sabarkantha districts of Gujarat. In this regard, a non-financial MOU was signed with the Health and Family Welfare Department & Women and Child Development Department, Government of Gujarat. Sabarkantha and Bhavnagar continue to perform below the Gujarat average in several key determinants of nutrition, such as the timely initiation of breastfeeding, Ante-Natal Care (ANC) coverage, consumption of iron and folic acid (IFA) supplements, and children in the age bracket of 6-23 months receiving an adequate diet. The coverage of health and nutrition interventions also remains poor.



Key Highlights

- The 'Completion of Community Consultations Study' is a comprehensive project aimed at strengthening health and nutrition service delivery and utilization in selected Anganwadi Centers (AWCs) in the Sabarkantha and Bhavnagar districts
- Data Dissemination, Planning, and Consultations Meeting: The project likely began with data dissemination and planning sessions, where relevant stakeholders from the Government, including those at the state and district-level, were engaged
- Learning Pilot - Strengthening health and nutrition service delivery: A learning pilot was initiated as part of the project to test and refine the strategies and interventions planned for improving health and nutrition service delivery
- AWC Assessment and Identification for Pilot: In this step, 40 AWCs in Sabarkantha and 50 AWCs in Bhavnagar were selected for inclusion in the pilot program
- AWCs Survey Registers Update and Enumeration: To establish a comprehensive baseline and track the progress of the pilot, the survey registers of the selected AWCs were updated
- Training and Strengthening: The success of the pilot depended on building the capacity of the internal team and supervisory cadre from both the Health and Integrated Child Development Services (ICDS) departments. This training likely focused on enhancing skills related to MIYCN services, counseling, and overall program management
- Joint Home Visits and Counseling: One of the central components of the pilot involved strengthening the counseling services provided to beneficiaries, particularly during joint home visits
- Digitalization of the Tracking Sheet: To enable effective concurrent monitoring of the pilot, a tracking sheet was digitized, likely using software or application
- Development and Field Testing of Counseling Cards: To aid in the counseling process, 11 counseling cards were developed and tested in the field. These cards likely contained essential information and guidance on various aspects of maternal and child health and nutrition
- District-level Training of Trainers (ToT) on SBCC of MIYCN Interventions: A training of trainers was organized at the district-level, involving medical officers (MOs), lady supervisors from the health and ICDS departments, and other relevant personnel. This training likely focused on Social and Behavioral Change Communication (SBCC) strategies related to MIYCN interventions
- SBCC Meetings at the Community level: After the district-level ToT, implementation action plans were developed for SBCC MIYCN interventions. These plans were carried out in coordination with the Health and ICDS departments and implemented across the Sabarkantha district, covering all eight blocks



Impact at a Glance

712

Villages reached

1,766

anganwadis

1,679

Frontline workers trained

Project Vruddhi Case Story

Project Vruddhi's team and Front Line Workers (FLWs) conduct home-visits and interact primarily with the mothers in the communities they serve. In the segment of society, they work with, both husbands and wives often have jobs to make ends meet, but unpaid care and domestic work typically fall on the women, affecting their quality of life.

Meena and Kishor (names changed), a couple who moved to Gujarat for better opportunities, have three children. Kishor, a laborer, actively participates in understanding growth monitoring and ensuring optimal nutrition for their youngest child, Alka. His involvement in domestic chores and parenting sets an inspiring example for the community.

Both Meena and Kishor work to support their family and have received counseling on age-appropriate nutrition practices for their children. They are committed to providing their children with the best opportunities for growth and development, despite their limited literacy.



Project Vruddhi's efforts, along with the parents' dedication, ensure proper dietary practices and regular growth monitoring of their children. Meena and Kishor's aspiration for their children's education and well-being drive their commitment to their children's health and progress in life.



MOUs Signed

# OUR SYNERGIC ENDEAVORS



The MOU with The Maharaja Sayajirao University, Baroda, has led to fruitful intern onboarding, collaborative research, grant writing, technical partnership, and knowledge sharing.

The MOU with Vivekanand Education Society's Institute of Technology, Mumbai, has facilitated the technology-based solutions for various aspects of malnutrition prevention and treatment. The agreement includes intern onboarding, technical partnership, and knowledge sharing.

Signed an MOU with HBT Medical College & General Hospital, Mumbai, an urban healthcare facility for the set-up of a 'Breastfeeding and Kangaroo Mother Care Unit', to promote and ensure optimal breastfeeding and skin-to-skin contact between mother and her newborn (for stabilized infants born per-term and/or with low-birthweight).

Our Ambassadors

# CHAMPIONS OF TRANSFORMATION – OUR AMBASSADORS FOR CHANGE



**Mary Kom & Rani Rampal collaborate with Action Against Hunger India to promote health and well-being among women and children in India.**

Action Against Hunger India has collaborated with Indian sports icons, including MC Mary Kom, a London 2012 Olympics Bronze Medalist, and Former Hockey Captain Rani Rampal, to support the overall health and well-being of women and children in India. The collaboration aligns with the United Nations' Sustainable Development Goal 2 of Zero Hunger by 2030, which aims to eliminate hunger and malnutrition globally. By raising awareness and promoting solutions, this partnership seeks to positively impact the lives of numerous women and children.

"Ensuring a healthy and bright future for our children should be our first priority". "I believe that we all have a responsibility to help our disadvantaged children and their parents to ensure that our children have access to opportunities and a level-playing field. I am excited to be working with Action Against Hunger India to make a difference in the lives of these children."

Mary Kom  
Indian Olympic Boxer



"I am truly honored to join forces with Action Against Hunger. As an athlete, I understand the significance of proper nutrition in achieving optimal performance and realizing one's potential. It is disheartening to witness the devastating impact of hunger and malnutrition on millions of lives, particularly among children. Through this association, I aim to contribute towards a world where every individual has access to nutritious food and the opportunity to thrive."

Rani Rampal  
Former Captain, Women's Hockey Team, India

Knowledge Sharing

# ENLIGHTENING MINDS THROUGH LEARNING SESSIONS

## Comprehensive Community Assessment Study

A comprehensive community assessment study was completed in two of Action Against Hunger India's intervention sites to assess and explore comprehensive community based on maternal & child nutritional care practices, and the factors determining the access & uptake of services among caregivers and stakeholders. It was a mixed-methods study conducted in the rural district of Baran in Rajasthan and the urban slum settlements of Govandi located in Mumbai, Maharashtra, with qualitative data collection through in-depth interviews, observations, and focus group discussions with our beneficiaries (caregivers of SAM & MAM children, pregnant and lactating women), the frontline workers, and the key-representative Government officials of the ICDS & health departments. Quantitative data collection was completed on nutrition and care practices of children under five years with primary caregivers. The study enabled Action Against Hunger India to understand and explore the barriers and boosters to behavior change related to nutritional care practices, access to and utilization of Government entitlements pertaining to - maternal & child nutritional care practices in the communities where it has its operational presence.



## Delivered Roundtables and Lectures

- Director - AAH's Technical & Research Director Dr. Patil was invited to Azeem Premji University, Bangalore (Karnataka) as a guest lecturer to 2<sup>nd</sup>-year graduate students on the development of community-based health education and communication interventions. Through the lectures, he demonstrated the use of a theoretical foundation in designing behavioral change interventions, with an emphasis on community-centered design
- Dr. Patil - AAH's Technical & Research Director was invited to participate in a roundtable discussion among diverse development partners on strategies to augment Poshan Abhiyaan hosted by NITI Aayog and Save the Children in Delhi
- Dr. Patil attended Poshan Dialogue, a multi-stakeholder consultation organized by CTARA-IIT Bombay and Save the Children, on strengthening maternal, infant and young child feeding nutrition. He was one of the panel members, representing Action Against Hunger India for strategies on convergence, the use of technology, and as a hub of innovation for reducing malnutrition



# VOICES OF IMPACT – TESTIMONIALS FROM PARTNERS



**Karthikeyan Shanmugam**  
Company Manager, Regional Ops Support  
Manager, APAC & Ops Director, Fragrance &  
Beauty Manufacturing, Givaudan

“Givaudan proudly celebrates its transformative partnership with Action Against Hunger, funding a vital health and nutrition project in Andheri. This collaboration reflects our strong commitment to creating positive change in the communities around us. Action Against Hunger’s dedication to tackling malnutrition and healthcare access in Andheri has been exemplary, driving the project’s success. Together, our continued financial support and their established programs have improved countless lives, especially those of women and children. Empowering local communities with knowledge and resources has led to enhanced well-being and resilience. Positive changes in dietary diversity, maternal and child health, and reduced undernutrition rates demonstrate the effectiveness of our joint efforts.

Together, we have created a ripple effect of positive change, enhancing the quality of life for thousands of people, and leaving a legacy of health and well-being. We are excited about the possibilities that lie ahead and look forward to continuing our partnership with Action Against Hunger in their mission to fight hunger and malnutrition worldwide.”



**Shalini Shetty**  
Associate Program Director,  
Maternal & Child Health (Aahar Program),  
SNEHA,

“We wish to express our sincere gratitude for accepting and facilitating the anthropometry session with the Kasara ICDS Anganwadi sevikas. The expertise and effective communication style of the Action Against Hunger team have made intricate concepts comprehensible and captivating. We hold your contribution to our learning journey in high regard”.

We have gathered feedback from supervisors, Anganwadi sevikas, and our team members, and we would like to highlight a few points:

- The use of simple, lucid language combined with relevant information was highly effective
- The utilization of demonstrations proved instrumental in grasping the nuances and gaps within the anthropometry process
- The session fostered active participation, with a significant number of sevikas engaging and enhancing the process



Board of Directors

# ESTEEMED BOARD MEMBERS – OUR GUIDING VISIONARIES



**Mr. Ashwini Kakkar**  
Chairperson

Ashwini Kakkar is widely recognized as a leader in the tourism industry. He previously served as the Chairman of Mercury Travels and Co-founder and Chairman of Via.com. His leadership roles included President of the Bombay Chamber of Commerce and Industry and President of the Travel Agents Association of India. Additionally, he serves as the President of Action Against Hunger's international network.



**TCA Rangachari**

Ambassador Rangachari has served in a variety of posts across different locations during his 36-year career with the Indian Foreign Service. Mr. Rangachari is a former diplomat and the former director of the MMAJ Academy of International Studies, New Delhi. He has served on the boards of UNICEF, UNDP, and UNFPA, among others.



**Vipul Jain**

Mr. Vipul Jain is the Chairman of Catalyst for Social Action and Chairman of Accelya Kale Solutions Ltd. He was also a recipient of the Asia-Pacific Entrepreneurship Award in the outstanding category for the India Chapter in 2015, for creating a leading software product company in Accelya Kale and his passionate contribution to the social sector.

# OUR ADVISORY BOARD



**Denis Metzger**

Denis Metzger is a professional merchant banker in New York, London, and Paris. Denis Metzger has pledged to fight hunger and other important causes. Additionally, he founded the 'Institut National pour la Simplification' (1992), the 'Appel pour le Combat de l'Abbé Pierre' (1994), 'Droit d'Urgence' (1995), and 'Action Against Hunger India' (2013).



**Rohan Parikh**

Rohan Parikh is the Managing Director of Apurva Natvar Parikh Group. He has a diverse presence in real estate development, logistics, shipping, education, and hospitality. Mr. Parikh is also the Managing Director of The Acres Foundation, which was founded to innovate and improve India's educational system.

# SHOWCASING OUR COLLABORATIVE PARTNERS



# FINANCIAL PROFILE

**ACTION AGAINST HUNGER FOUNDATION**  
Balance Sheet as at 31st March, 2023

Particulars	Note No.	As at 31.03.2023 (Rs.)	As at 31.03.2022 (Rs.)
<b>EQUITY AND LIABILITIES</b>			
<b>Shareholders' Funds</b>			
Share Capital	1	100,000	100,000
Reserves and Surplus	2	59,983,784	59,042,934
		60,083,784	59,142,934
<b>Non-Current Liabilities</b>			
Long-term Provisions	3	4,328,593	3,035,123
		4,328,593	3,035,123
<b>Current Liabilities</b>			
Grant Received in Advance	4	49,919,128	77,595,155
Trade Payables	5		
Due to Micro Enterprises and Small Enterprises		847,432	-
Due to Creditors other than Micro Enterprises and Small Enterprises		6,561,380	7,752,556
		7,408,812	7,752,556
Other Current Liabilities	6	2,720,093	2,676,143
Short-term Provisions	7	471,817	328,112
		60,519,850	88,351,966
<b>Total</b>		<b>124,932,227</b>	<b>150,530,023</b>
<b>ASSETS</b>			
<b>Non-Current Assets</b>			
Property, Plant and Equipment and Intangible Assets			
- Property, Plant and Equipment	8	17,012,647	17,372,725
- Intangible Assets	8	582,808	276,881
		17,595,455	17,649,606
Other Non-current Assets	9	2,389,657	1,565,019
		19,985,112	19,214,625
<b>Current Assets</b>			
Cash and Cash Equivalents	10	99,045,537	129,381,103
Short term Loans and Advances	11	2,460,916	1,592,973
Other Current Assets	12	3,440,662	341,322
		104,947,115	131,315,398
<b>Total</b>		<b>124,932,227</b>	<b>150,530,023</b>
SIGNIFICANT ACCOUNTING POLICIES	17		
NOTES TO FINANCIAL STATEMENTS	18		

The accompanying notes are an integral part of the financial accounts

As per our report attached  
SHARP & TANNAN  
Chartered Accountants  
Firm's Registration No. 109982W  
by the hand of

EDWIN PAUL AUGUSTINE  
Partner  
Membership No. 043385

Place: Mumbai  
Date: 25th August, 2023



VIPUL JAIN  
Director  
DIN: 00142518

TCA RANGACHARI  
Director  
DIN: 01516949

Place: Mumbai  
Date: 25th August, 2023



**ACTION AGAINST HUNGER FOUNDATION**  
Income and Expenditure Account for the year ended 31st March, 2023

Particulars	Note No.	2022-23 (Rs.)	2021-22 (Rs.)
<b>Income</b>			
Income from Grants and Donations	13	185,647,576	199,223,246
Other Income	14	4,675,148	6,039,410
		190,322,724	205,262,656
<b>Expenses:</b>			
Programme cost	15	163,031,287	168,539,183
Depreciation and Amortisation	8	8,349,648	4,720,005
General and Administrative cost	16	18,000,939	12,804,962
		189,381,874	186,064,150
Excess of Income over Expenditure for the year		940,850	19,198,506
<b>Tax Expenses:</b>			
- Current tax	18(12)	-	-
- Deferred tax		-	-
Surplus/ (Deficit) for the year		940,850	19,198,506
<b>Basic and Diluted Earnings per equity share:</b>			
Face value per equity share	18(7)	94.08	1,919.85
		10.00	10.00
SIGNIFICANT ACCOUNTING POLICIES	17		
NOTES TO FINANCIAL STATEMENTS	18		

The accompanying notes are an integral part of the financial accounts

As per our report attached  
SHARP & TANNAN  
Chartered Accountants  
Firm's Registration No. 109982W  
by the hand of

EDWIN PAUL AUGUSTINE  
Partner  
Membership No. 043385

Place: Mumbai  
Date: 25th August, 2023



VIPUL JAIN  
Director  
DIN: 00142518

TCA RANGACHARI  
Director  
DIN: 01516949

Place: Mumbai  
Date: 25th August, 2023



# GLOSSARY

1	SDGs	Sustainable Development Goals
2	MAM	Moderate Acute Malnutrition
3	SAM	Severe Acute Malnutrition
4	NRC	Nutrition Rehabilitation Centers
5	RUTF	Ready to Use Therapeutic Food
6	ASHA	Accredited Social Health Activist
7	PW	Pregnant Women
8	WASH	Water Sanitation and Hygiene
9	FSL	Food Security & Livelihood
10	PRI	Panchayati Raj Institute
11	LW	Lactating Women
12	IFA	Iron and Folic Acid
13	ANC	Ante-Natal Care
14	PNC	Post-Natal Care
15	IYCF	Infant and Young Child Feeding
16	AI	Artificial Intelligence
17	ML	Machine Learning
18	MTC	Malnutrition Treatment Centers
19	POSHAN	Prime Minister's Overarching Scheme for Holistic Nutrition
20	AWCS	Anganwadi Centers
21	ICDS	Integrated Child Development Services
22	CM	Community Mobilizer
23	FLWs	Frontline Workers
24	MCMG	Municipal Corporation of Greater Mumbai
25	CDPO	Child Development Project Officer
26	MUAC	Mid Upper Arm Circumference
27	OTP	Outpatient Treatment Point
28	PHC	Primary Health Center
29	MIYCN	Maternal, Infant, and Young Child Nutrition
30	FCs	Field Coordinators
31	IPC	Inter Personal Communication
32	MTC	Malnutrition Treatment Centers

## Recognition from the Government of Maharashtra



We received recognition from the Government of Maharashtra for our initiatives in delivering food baskets to tuberculosis patients and their families amid the Covid-19 pandemic.

Our CEO, Mr. Vinay Iyer, had the honor of accepting a certificate of appreciation on behalf of our organization, presented by the esteemed Governor of Maharashtra, Mr. Bhagat Singh Koshiyari.

**FOR FOOD.**  
**AGAINST HUNGER**  
**AND MALNUTRITION.**

**FOR CLEAN WATER.**  
**AGAINST KILLER DISEASES.**

**FOR CHILDREN THAT GROW**  
**UP STRONG.**  
**AGAINST LIVES CUT SHORT.**

**FOR CROPS THIS YEAR,**  
**AND NEXT.**  
**AGAINST DROUGHT**  
**AND DISASTER.**

**FOR CHANGING MINDS.**  
**AGAINST IGNORANCE AND**  
**INDIFFERENCE.**

**FOR FREEDOM FROM HUNGER.**  
**FOR EVERYONE.**  
**FOR GOOD.**

**FOR ACTION.**  
**AGAINST HUNGER.**

## **Action Against Hunger**

704, 7<sup>th</sup> floor, Antariksh Thakur House,  
Makwana Road,  
Marol, Andheri (East)  
Mumbai - 400 059, Maharashtra

Action Against Hunger Foundation is  
Registered Under Section 8 of the Indian  
Companies Act.

CIN No. U85100MH2012NPL234573

**Website:** [www.actionagainsthunger.in](http://www.actionagainsthunger.in)

