



**Nourishing Lives
Through Maternal
and Child Care**



**ANNUAL REPORT
2024-25**

About Action Against Hunger Foundation	3
Our Presence	4
Letter from the Chairperson	6
Letter from the CEO	8
Reach Numbers for 2024 - 2025	10
Core Components	11
Intervention Model	12
Regional Highlights & Impact	16
Maharashtra	16
Gujarat	29
Rajasthan & Madhya Pradesh	34
Chhattisgarh	38
Celebrating Health Days	40
Our People, Our Strength	42
Financial Profile	44
Our Partners	46
Glossary	48



ABOUT US

At Action Against Hunger Foundation, we drive change from the ground up, aiming to cultivate a healthier world.

Since inception in 1979, our work has impacted the lives of 26 Million individuals through a network of 8,500 humanitarian professionals across 59 countries. In India, our operations from the grassroots upwards, are focused on taking decisive action to create a healthier nation.

In India, we are one of the few NGOs focusing specifically on maternal and child health with various nutrition-sensitive and nutrition-specific interventions. Our teams engage with communities in remote and hard-to-reach areas, identifying and addressing nutritional challenges in children. We empower mothers and families with knowledge and awareness so they can see their children grow up strong and for whole communities to prosper.

We operate in 870 villages in Maharashtra, Madhya Pradesh, Rajasthan, Chhattisgarh, and Gujarat.

VISION

Nation without Malnutrition.

MISSION

Empowering women and children to break the cycle of malnutrition by implementing innovative and sustainable solutions.

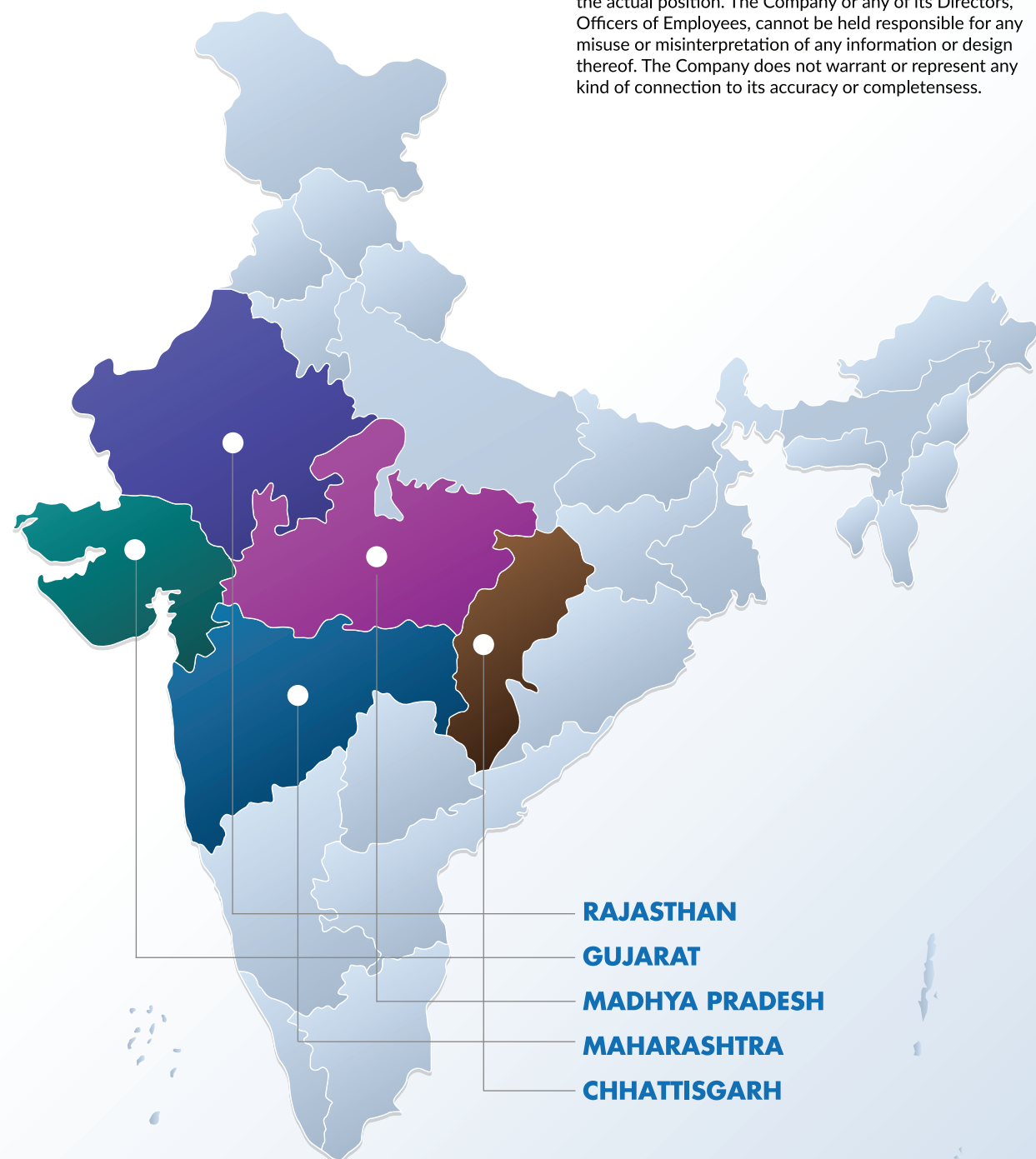
COMMITMENT TO SDGs

Action Against Hunger is fulfilling the objective of Sustainable Development Goals (SDGs) through its initiatives that compliments efforts of government and communities.



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.





Ashwini Kakkar
Chairperson

Letter from the Chairperson

Dear Friends & Partners,

Welcome to the Action Against Hunger Foundation India Annual Report 2024–2025. Firstly, I would like to extend our sincere gratitude to our donors, partners, employees, and the communities we serve for their continued trust in our mission and unwavering support. Together, we are fostering resilience, driving hope, and creating sustainable, lasting change.

This year reflects our collective resolve to create lasting change — from the tribal belts of Maharashtra and Madhya Pradesh to the aspirational districts of Rajasthan and Gujarat.

The year was defined by innovation, resilience, and collaboration. Our teams worked tirelessly to improve the health and nutrition of women and children, strengthen community systems, and prevent malnutrition. Their dedication to challenging environments continues to inspire us every day.

As part of a global network active in 59 countries, Action Against Hunger Foundation India remains deeply rooted in local solutions. Our impactful programmes such as the Strengthening of Anganwadi Centres in Dhar and Baran, nutrition-focused initiatives like Jeevan Dhara – Jeevan Amrut in Dharni, Project Sneha in Andheri, and Project Trupti in Gujarat continued to drive our mission of eliminating malnutrition. This year, we also expanded to a new state — **Chhattisgarh**, in **Gariaband district**, where we are refurbishing Anganwadi Centres to create safe, inclusive, and nurturing spaces for children and nourishing lives through maternal and child-care.

During the year, the Technical and Research Department advanced its research agenda through empirical and implementation studies on maternal and child nutrition. Manuscripts based on programmatic learnings from Gujarat captured evidence on feeding practices, behavior change interventions, and system-strengthening for

improved nutrition outcomes. Additionally, a new research initiative on migration and nutrition among tribal communities was launched to explore the link between mobility, service access, and nutritional vulnerabilities.

Beyond India, we stood in solidarity with global communities. Through the **Action Against Hunger International Network**, we supported humanitarian aid for families affected by the **Gaza conflict**, providing life-saving food and nutrition assistance.

We were deeply saddened by the loss of our colleagues in Gaza — courageous humanitarians who served with compassion and integrity. Their commitment to saving lives, even amid great danger, will continue to guide our global family and strengthen our shared resolve.

As we work toward the Sustainable Development Goal of Zero Hunger by 2030, we recognise that achieving this vision requires stronger partnerships and collective action. We continue to build climate-resilient nutrition models integrating livelihoods, water, sanitation, and hygiene (WASH), supported by partners such as NAOS, Givaudan, and Intesa Sanpaolo (ISP). These collaborations show how compassion and cooperation can create lasting impact.

As we celebrate our progress, we remain mindful of the challenges ahead — from climate change to inequality. These realities compel us to innovate and empower communities to be resilient and self-reliant.

Thank you for your continued trust and partnership in our mission.

Warm regards,

Ashwini Kakkar

Chairperson

Action Against Hunger India

Action Against Hunger International



Vinay Iyer
Chief Executive Officer

Letter from the CEO

Dear Friends & Partners,

As we reflect on FY 2024–2025, I am filled with pride and gratitude for the progress we've made toward building a healthier India, hunger-free India.

This year, we reached over **five lakh individuals** across **870 villages**, through **23,590 home visits**, **13,862 child screenings**, and support for **61,988 pregnant and lactating women**. Our efforts led to the treatment of **1,425 malnourished children**, with **727 recoveries**—a testament to our shared commitment to improving lives.

We continued to strengthen our work under **Maternal and Child Nutrition, Water, Sanitation and Hygiene promotion** as well as **Food Security & Livelihoods**. Our **Kangaroo Mother Care (KMC)** unit in HBT Medical College And Dr. R N Cooper Municipal General Hospital, Mumbai achieved higher recovery rates through a cost-effective, family-centered approach, ensuring newborns receive vital care and warmth.

This year also marked our **entry into a new state - Chhattisgarh**, with **Anganwadi refurbishments in Gariaband district**, creating safe, engaging spaces for children. Similar initiatives in Dhar and Baran reinforced our focus on early childhood development, while our **Migration Project in Gujarat** continued to support families on the move.

As we look ahead, we call upon CSR partners and institutions to join us in expanding impactful health and nutrition programs that empower communities across India.

We extend our heartfelt thanks to all our donors, supporters, employees, and the communities we serve for believing in our mission and walking alongside us in this journey. Together, we are nurturing resilience, hope, and lasting change.

With gratitude,

Vinay Iyer

Chief Executive Officer

Action Against Hunger Foundation India



REACH NUMBERS FOR 2024-25

5,11,020	Total population reached
870	Villages reached
13,862	Screenings under age of 5
1,425	Malnourished children referred and treated
727	Children cured
61,988	Pregnant & Lactating women reached
23,590	Home visits conducted
1,108	Telephonic counselling
3,456	Group discussions & Demonstrations conducted
4,342	Frontline workers trained
2,250	Anganwadi centres covered
35	Anganwadi centres refurbished
224	Nutri gardens planted
215	Poultry units installed
177	Tippy taps installed
64	Whello wheels distributed
35	Vermicompost beds
86	PRI members sensitised



Core Components

MULTI-DIMENSIONAL FIGHT AGAINST MALNUTRITION

Our programs are anchored in a community-first philosophy. With careful planning and technology-driven evaluations, we delve into the fundamental causes of malnutrition, its severity, and the influence of our interventions. Through our all-encompassing 'First 1,000 days+ of Life Program' Program, we combat malnutrition along three fundamental pillars: Treatment, Prevention and Endurance.



OUR CORE COMPONENTS ENCOMPASS THREE BROAD PILLARS:



Treatment

We focus on the early identification of malnutrition within communities. Children with Moderate Acute Malnutrition (MAM) receive home-based treatment, while those with Severe Acute Malnutrition (SAM) are referred to the nearest Nutrition Rehabilitation Centers (NRC). Our approach emphasizes continuous follow-up, counseling, and engagement with families at both community and facility levels to ensure adherence to treatment, promote faster recovery, and prevent relapse.



Prevention

Prevention is key to breaking the cycle of malnutrition. We empower mothers and communities with the knowledge to recognize the signs of malnutrition, understand its causes, and take preventive steps. Through nutrition education, we ensure that maternal and child health improves. Our efforts extend to providing access to nutrition-sensitive interventions such as Water, Sanitation, and Hygiene (WASH), Food Security, and Livelihood programs. We also help connect beneficiaries with essential health and nutrition-related government schemes.



Sustainability

To create lasting change, we collaborate closely 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 enable them to identify early signs of malnutrition and take corrective actions. By strengthening local systems, we foster an environment that supports improved nutrition for mothers and children, ensuring that the positive outcomes of our programs are sustainable.

Intervention Model

TACKLING MALNUTRITION FROM EVERY ANGLE

Comprehensive Intervention Model

At Action Against Hunger Foundation India, our mission is firmly rooted in addressing malnutrition through a diverse and integrated framework. Our intervention strategy comprises three fundamental pillars: Nutrition & Health, Water, Sanitation & Hygiene (WASH), and Food Security & Livelihoods (FSL).

Central to this initiative is the 'First 1000 Days+ of Life' framework, which prioritizes early preventative measures to disrupt the cycle of malnutrition during its most crucial phases—from conception to a child's second birthday. By integrating efforts across nutrition, health, hygiene, and livelihoods, we forge a robust support system that nurtures vulnerable communities at all levels.



Core Measures: 'First 1,000 Days+ of Life Model'

The 'First 1,000 Days+ of Life Program' is integral to our focus on Nutrition & Health. It highlights the crucial phase of development from pregnancy to early childhood, directing interventions that promote health, nutrition, and holistic well-being at key developmental benchmarks.

Preventing Anemia and Iron Deficiency

We collaborate closely with pregnant and nursing women to avert iron deficiencies, which can adversely impact both maternal and child health. Furthermore, we advocate for adolescent girls by encouraging regular health assessments and ensuring they receive iron-folic acid (IFA) supplementation via government programs, empowering them to safeguard their future well-being.



Comprehensive Ante Natal Care (ANC) & Post Natal Care (PNC)

Our teams ensure the timely registration of pregnancies at health centers, providing a seamless continuum of care for both mothers and infants. This includes individualized home visits to counsel families on pregnancy care, collective discussions to encourage institutional deliveries, Infant and Young Child Feeding (IYCF) practices, and hygiene protocols, as well as facilitating access to critical government services like immunization and healthcare.



Child Care and Early Development

Guaranteeing the sound physical and mental development of children is a significant goal. We focus on championing optimal breastfeeding practices, enhancing infant health outcomes, and establishing infrastructure for effective malnutrition screening. Through these initiatives, we cultivate nurturing environments that promote healthy growth during the most critical early years of life.



Complementary Measures: STRENGTHENING COMMUNITIES AND SYSTEMS

At the core of our work lies a commitment to nutrition and health, complemented by essential efforts in WASH and livelihoods to achieve sustainable change. These initiatives are designed to strengthen community resilience and build strong frameworks that underpin enduring health and nutrition.

Water, Sanitation & Hygiene (WASH)

Improving hygiene and sanitation is vital in our fight against diseases that lead to malnutrition. We engage communities by teaching essential practices, such as effective handwashing at five crucial times: before eating, after using the toilet, before cooking, before feeding a child, and after cleaning a child. To ensure families have better access to clean drinking water, we have also installed tippy taps. These efforts create healthier environments, nurturing the well-being of both families and children.



Food Security & Livelihoods (FSL)

We empower communities with sustainable income sources that strengthen their food security and nutritional health. Through initiatives such as nutrition gardens, poultry production, organic farming, and aquaculture, families improve their diets and generate earnings. These practices encourage self-reliance and resilience, lessening dependency on external support and promoting overall well-being.



Capacity Building: Empowering Frontline Workers

The effectiveness of our interventions depends on the knowledge and dedication of frontline workers. We prioritize capacity building through:

- **Training Government Workers:** Regular, need-based training sessions are conducted for Anganwadi workers, Accredited Social Health Activists (ASHAs), and other key players. This includes on-the-job support and mentorship to ensure they are well-equipped to deliver vital health and nutrition services.
- **Strengthening Panchayati Raj Institutions (PRIs):** By training local governance bodies, we help them play a proactive role in implementing health and nutrition programs, fostering accountability, and ensuring that government services reach the most vulnerable.



Advocacy: Influencing Change at the Policy Level

Action Against Hunger India understands that meaningful, enduring change necessitates systemic transformation. Our advocacy initiatives are centered on converting grassroots experiences and research into actionable insights that shape policy and program development.

- We collaborate closely with state and local governments, harnessing our learnings to enhance the delivery of government programs. By engaging elected officials, local administrations, ASHAs, and Anganwadi workers, we ensure that community voices resonate loudly, making government services more attuned to the needs of the most vulnerable.
- A pillar of our advocacy is nutrition-sensitive planning, which emphasizes strengthening the capabilities of Anganwadi Centers (AWCs) through essential infrastructure and equipment. Additionally, we strive to establish a legislative framework that not only supports nutrition-specific programs but also promotes accountability via the formation of District Nutrition Committees.
- In alignment with national mandates, we actively endorse the Jan Andolan under POSHAN 2.0 and are dedicated to localizing the Sustainable Development Goals (SDGs), working tirelessly toward the elimination of malnutrition by 2030.



Leveraging Technology: Innovating for Greater Impact

Technology plays a pivotal role in enhancing the reach and effectiveness of our interventions. We embrace innovative tools and solutions to optimize our programs at every stage:

- **AI and Machine Learning:** We collaborate with global organizations to use AI and ML for identifying malnutrition hotspots and improving the accuracy of malnutrition detection.
- **Geotagging:** Beneficiaries are geotagged to ensure precise, location-based interventions and track progress over time.
- **Behavioral Change through Audio-Visual Media:** We use media to educate communities about malnutrition prevention and treatment, driving positive behavioral shifts around nutrition and health.
- **Monitoring & Evaluation Tools:** Platforms like CommCare and Kobo Toolbox enable real-time data collection, allowing for continuous monitoring and fine-tuning of our programs.

REGIONAL HIGHLIGHTS & IMPACT



In Andheri, Mumbai Action Against Hunger Foundation implemented impactful project: in partnership with Givaudan – Project SNEH & ACF Italy – Project Umang aimed at improving maternal and child health and nutrition.

KEY HIGHLIGHTS

Nutrition Interventions and Counselling

We conducted a total of 3,614 counselling sessions with caregivers of children suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). These sessions empowered caregivers with knowledge on complementary feeding, dietary diversity, WASH practices, and the health risks of junk food.

- 20 SAM children received Medical Nutrition Therapy (MNT)
- 147 MAM children received continuous support and follow-ups

Additionally, 2,746 counselling sessions were held with pregnant and lactating mothers, addressing key topics such as ANC checkups, nutrition, breastfeeding, newborn care, and Kangaroo Mother Care (KMC)

Capacity Building for Lasting Impact

- **Internal Team Training:** A two-day workshop was held in Jawahar for 9 frontline team members to enhance leadership, communication, and technical knowledge of maternal and child health.
- **Anganwadi Training:** We trained 258 Anganwadi Sevikas and 3 ICDS Supervisors across four batches on the CMAM protocol and the importance of the first 1000 days of a child's life, enhancing local capacity for early detection and treatment of malnutrition.

Celebrating Success: Felicitation of Recovered Children

A heartfelt felicitation ceremony held in February 2025 honoured 60 children who successfully recovered from malnutrition. The event brought together health officials, ICDS supervisors, caregivers, and Action Against Hunger representatives to celebrate recovery milestones and amplify community participation in child health.



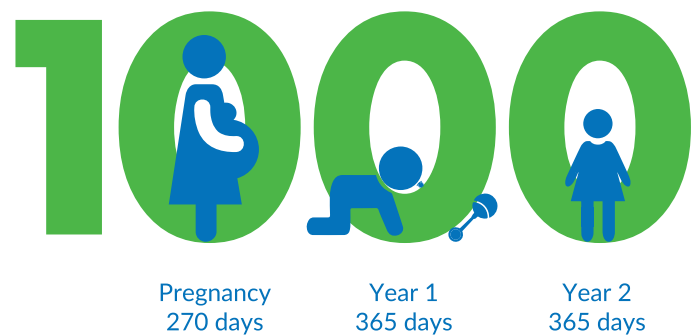
Connecting urban and rural Maharashtra through Health and Nutrition initiatives.

Accessing Government Services/schemes: (Take Home Ration (THR))

Pregnant and Lactating Women (PLW) received take home ration from the Anganwadi Centre. Total PLW enrolled in the program was 593, out of which, THR distribution was done with 440 women, 65 PLW migrated, and 35 of them did not have appropriate required documents and 53 were not interested. All the PLW were referred for THR but some of them do not have proper residential documents as they are on rent. Hence did not receive THR.

Training of AWW on 1000 days

A two-day training program was conducted in four batches for a total of 258 Anganwadi Sevika of K-West ward, focusing on the critical importance of the first 1000 days of a child's life right from conception till 2 years of age and its long-term impact on health and development. The training covered the identification and management of Severe Acute Malnutrition (SAM), emphasizing referral to Nutrition Rehabilitation Centers (NRCs) for complicated cases and implementation of the Enhanced Diet and Nutrition Feeding (EDNF) protocol for stable cases, with paediatrician approval.



Malnutrition Treatment Centre (MNT) Intervention for SAM Children at Cooper Hospital:

In the existing year also, SAM children received MNT from the Cooper hospital. 14 children were identified as SAM. 12 SAM children have received MNT cups and all of them have started MNT. Out of the children who were on MNT, 3 children were cured.

Meeting with Women and Child Development Department (WCD)

In October 2024, a joint meeting was successfully organized by the WCD department to foster collaboration between NGOs and ICDS. Mr. Abdul Chaudhari, CDPO-Andheri West, invited

participation in this meeting to showcase ongoing work. The meeting focused on aligning efforts to achieve the key indicators of the "First 1000 Days" initiative, strengthening partnerships for improved outcomes

Meeting with Health Department

Dr. Bhavesh – a Paediatrician from N. J. Wadia Health Post, K West Ward appreciated us for collaborative work with health department. He has also participated and shared his valuable knowledge with beneficiaries.

Cooper Hospital, Andheri – Kangaroo Mother Care (KMC) Unit

Kangaroo Mother Care (KMC) is an effective and natural form of human care that involves skin-to-skin contact between mother and child (also possible with another caregiver) for as long as possible and exclusive breastfeeding. It is an effectively proven way to meet a baby's needs for warmth, breastfeeding, protection from infection, stimulation, safety, and love. It significantly improves the premature (born before term) and LBW baby's chances of survival – reducing the mortality among hospitalized infants by almost 40%.

Action Against Hunger India, in collaboration with HBT Medical College & Dr. R. N. Cooper Municipal General Hospital, Mumbai set up and launched a Kangaroo Mother Care (KMC) Unit with the aim of improving the health outcomes for stable, preterm and low birth weight babies and reducing infant mortality. This 24-hour unit has trained nurses and doctors from Action Against Hunger India to run the unit, along with counselling sessions for the mothers and telephonic follow-up post-discharge of the mother and child.

Admissions and Discharges

- **Mothers Discharged:** 151 mothers were admitted to the KMC unit.
- **Newborns Discharged:** A total of 161 newborns were discharged from the KMC unit, with 75 male and 86 female infants.

Neonatal Mortality

There was 5 neonatal mortality (deaths in infants less than 28 days) among the newborns.

Average Time Spent in the KMC Unit

- On average, mothers spent 4 hours and 40 minutes daily in the KMC unit.

Average number of days in the KMC Unit

- Mothers spent an average of 8 days in the unit.

Average number of Visits to the KMC Unit

- On average, each newborn was brought to the unit 25 times during their stay

Weight Outcomes

- **Average Weight Gain in grams per kg per day:** On average, newborns gained 13.5 grams per kg of their weight per day, with males gaining 12.9 grams and females 14 grams
- **Average Daily Weight Gain:** The average weight gain per day for newborns was 20.5 grams, with male infants gaining 19.7 grams/day and female infants achieving 21.3 grams/day.
- **Average weight Gain During Stay:** The overall weight gain during the KMC stay averaged 98.4 grams, with male newborns gaining 100.1 grams and female newborns 69.8 grams.



Impact Story:**A Mother's Touch:
Power of Kangaroo Mother Care**

Rani Jha (name changed), a graduate living in Nehru Nagar, first met the community mobilizer during her third month of pregnancy in November 2023. Initially unregistered at a hospital, she was counseled on the importance of early registration and referred to one. Over subsequent visits, the mobilizer monitored her health and addressed concerns about the baby's low weight, providing guidance on nutrition and pregnancy care. By her eighth month, despite following dietary advice, the baby's weight gain remained slow, prompting further counseling.

In April 2024, Rani delivered a baby girl weighing 1.8 kg in Delhi. The mobilizer provided telephonic counseling to her and her husband on Kangaroo Mother Care (KMC) and exclusive breastfeeding, emphasizing their role in improving the baby's health. After discharge, follow-ups revealed that both parents practiced KMC for 1–2 hours daily and that Rani was exclusively breastfeeding. By early May, the baby's weight had increased to 2.4 kg, reflecting the positive impact of consistent counseling and care.

* This photo is only for representational purpose.

**Shatabdi Hospital, Govandi – POSHAN
OPD and NRC Unit**

Action Against Hunger India, in collaboration with Madanmohan Malviya Shatabdi Hospital, Govandi, Mumbai set up and launched a Poshan OPD and NRC with the aim of improving the health outcomes. Combating child malnutrition and promoting the overall well-being of affected children. Together, we are committed to fostering a healthier nation.

The program focuses on providing preventive and curative services for malnourished children through specialized outpatient departments (OPDs) in various healthcare facilities.

This unit has trained nurse and NRC Field Officer from Action Against Hunger India to run the unit, along with counselling sessions for the mothers and telephonic follow-up post-discharge of the mother and child.

3473 children screened in OPD Shatabdi Hospital. 95 SAM children and 402 MAM children are identified during 1st April 2024 to 31st March 2025. All identified SAM children are referred to NRRTC Chota Sion for further treatment but during follow up parents informed us that as NRRTC is far from our place and due to household responsibilities, we will not visit there.

**Strengthening Anganwadi Workers' Capacity on Malnutrition Management**

In January 2025, Action Against Hunger conducted an eight-day capacity-building program for 349 Anganwadi workers from the ICDS Deonar and Shivaji Nagar Projects, focused on strengthening their role in preventing and managing Severe and Moderate Acute Malnutrition (SAM/MAM). Led by experts Dr. Rachna Keshwani, Mr. Akshay Kamble, and Mr. Pradeep Pawar, the training covered key areas such as fundamentals of child nutrition, NRC admission and treatment protocols, accurate anthropometric assessments, and community-based management of malnutrition. Using interactive methods—including role plays, demonstrations, and group activities—the sessions equipped frontline workers with practical skills to improve growth monitoring, reduce errors, and ensure timely referrals of malnourished children to NRCs. The initiative was well-received by ICDS officials and supervisors, with participants expressing confidence and commitment to applying these learnings in their daily work to strengthen community-level nutrition outcomes.





Impact Story

Helping Rajeshwari Recover & Grow

Rajeshwari Kate (name changed), an 11-month-old from PMCP Colony, Mankhurd, was admitted to Shatabdi Hospital on October 23, 2024, with cold, cough, and fever. During the admission, the Action Against Hunger (AAH) team assessed her health and found her to be moderately malnourished, weighing 6.9 kg, with a height of 69 cm and a MUAC of 117 mm. She remained in the hospital for three days under medical care.

Throughout her stay, the AAH nurse maintained close contact with Rajeshwari's mother, learning about her daily diet and advising on nutritional improvements to support weight gain and recovery. After discharge, the nurse continued follow-ups through phone calls, providing guidance on hygiene, immunization, and complementary feeding, while regularly tracking her health progress.

IMPACT AT A GLANCE



Anganwadi's covered
50



Children under five screened
for signs of malnutrition
287



Malnourished children
referred and treated
55



Children cured
55



Pregnant & Lactating
women reached
974



Group discussions and
demonstrations
155



Home visits
8,960



Frontline workers
trained
92



Telephonic counselling
914



DHARNI, AMARAVATI

Supported by NAOS, this initiative is implemented in the tribal-dominated regions of Dharni and Amravati in Maharashtra's Melghat hills—an area marked by poor access to clean drinking water, limited livelihood opportunities, and high seasonal migration. These challenges contribute to alarming rates of child malnutrition, driven further by poverty, early marriage, inadequate sanitation, frequent pregnancies, and lack of nutritious food.

KEY HIGHLIGHTS

Early Detection and Referral

Between October and December, Action Against Hunger screened 3,531 children aged 6 to 59 months across 39 villages, identifying 4 new cases of Severe Acute Malnutrition (SAM) and 64 new cases of Moderate Acute Malnutrition (MAM). While screening is typically carried out by Anganwadi workers, our team conducted this round to ensure accuracy through cross-verification.

- **Child Referrals:** 28 children were referred to health facilities for treatment of cold, cough, fever, and diarrhoea.
- **SAM Admissions:** 19 children were admitted to Nutrition Rehabilitation Centres for therapeutic care.
- **Pregnancy Support:** 73 high-risk pregnant women were referred to public health facilities for iron sucrose treatment to address anemia and related complications.

Collaborative Health Planning

On October 25, Action Against Hunger participated in a key meeting on the Melghat People's Health Action Plan, organized by the Melghat Development Coordination Committee. The forum, attended by 46 stakeholders including government health officials, focused on addressing the region's urgent public health concerns—malnutrition, anemia, and maternal and child mortality—by strengthening healthcare access and nutrition services.

Integrated Nutrition and Livelihood Interventions

Kitchen Gardens

- 170 new kitchen gardens were established (162 fully functional), yielding over 1,981 kg of vegetables.
- 157 gardens from the previous year were revived, offering 5–10 varieties of vegetables for daily use and dietary diversity.

Vermicompost

25 vermicompost units were installed and are fully operational, helping families enrich their soil with organic compost for kitchen gardens and demo plots.

Poultry Units

65 poultry units were distributed to families of 15 SAM and 50 MAM children to improve protein intake and livelihood resilience. Additionally, 62 units from the previous year were re-established and over 2,472 chicks were independently purchased by beneficiaries, indicating a strong adoption of poultry farming practices.

Demonstration Plots

25 demo plots were established for households of 2 MAM children, 6 pregnant women, and 17 lactating mothers to promote organic farming, kitchen gardening, and improved dietary diversity.

Drumstick Nurseries

Two drumstick nurseries were established in Titamba and Rajpur villages. Moringa (drumstick) plants, rich in essential vitamins and amino acids, are being distributed to 115 kitchen garden beneficiaries to enhance household nutrition.

WASH and Hygiene Promotion

To promote safe hygiene practices:

- 101 tippy taps were installed at homes of 13 SAM and 8 MAM children and in 7 schools.
- Over 850 individuals, including 467 school children, were trained in proper handwashing techniques through interactive sessions led by schoolteachers.



Capacity Building and Training

Frontline Worker (FLW) Training

A two-day refresher training was conducted in collaboration with ICDS Dharni on ILA Module 21, focusing on newborn care and family planning. A total of 56 participants, including Anganwadi workers, benefited from video-based learning and group discussions, with support from ICDS officials.

Kitchen Garden Training

Held on June 19–20, this training engaged 200 participants (including caregivers of SAM/MAM children, pregnant and lactating women, and Anganwadi workers), equipping them to start and maintain nutrition gardens using organic methods and greywater reuse.

Poultry Farming Training

Conducted on September 27, the training for 65 caregivers covered disease prevention, vaccinations, housing, and feeding. Facilitated by veterinary experts, it promoted sustainable poultry practices to enhance nutrition and income.

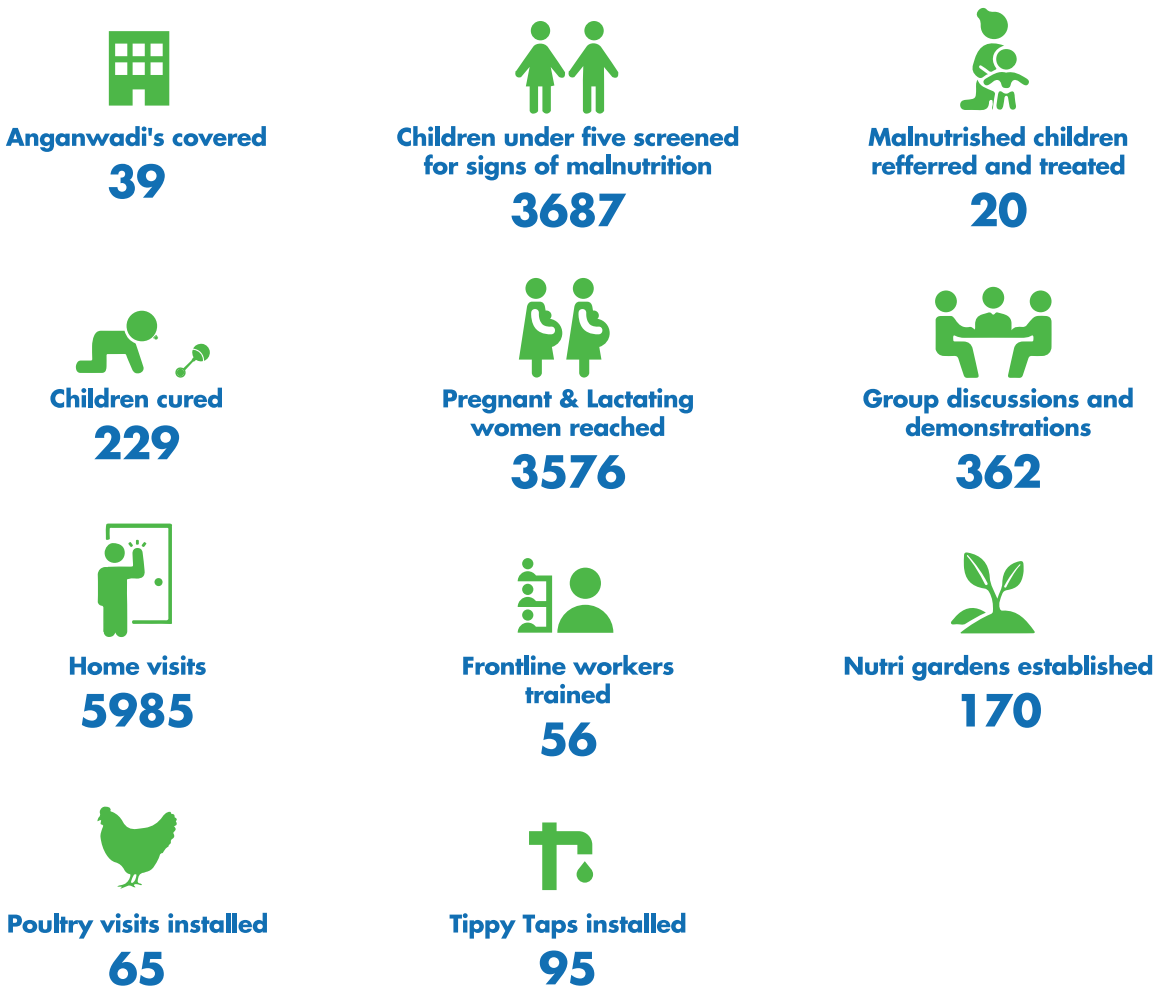


Panchayati Raj Institutions (PRI) Engagement

A dedicated workshop on the Role of Panchayati Raj Institutions (PRIs) in Improving Child and Maternal Health was held on October 4 with 26 participants. Key government officials and subject experts led sessions on government schemes, the Gram Panchayat Development Plan (GPDP), and the PESA Act—reinforcing PRI accountability and action at the grassroots level.

Through a blend of health, nutrition, agriculture, and governance-focused interventions, Action Against Hunger continues to create sustainable change in the Melghat region—empowering communities, strengthening resilience, and transforming the future for tribal families.

IMPACT AT A GLANCE



Impact Story: Seeds of Change: Fresh Vegetables, Better Health, Brighter Future.

In Patharpur village, pregnant beneficiary Rimpal Jawarkar (name changed) faced a critical health risk with haemoglobin levels as low as 4 g/dl, endangering her and her baby. The Action Against Hunger team, through the NAOS Project, provided nutrition counseling, iron supplements, and encouraged her family to set up a home nutrition garden.

With guidance from the community mobilizer, Rimpal's family cultivated 14 varieties of vegetables, ensuring a steady supply of fresh, nutrient-rich food. Within months, her haemoglobin improved to 9 g/dl, leading to a healthy delivery. The family continues to benefit from the garden, selling surplus produce, and inspiring neighbours to adopt the practice—strengthening nutrition and food security in the community.



In Maharashtra's Palghar district, the project is supported by Intesa Sanpaolo (ISP) for the Jawhar block. This region is home to a large tribal population, with agriculture being their primary livelihood. However, the rugged, hilly landscape makes year-round farming difficult, resulting in lower incomes, restricted access to nutritious food, and seasonal migration.

KEY HIGHLIGHTS

- **Capacity building of internal staff:** We conducted several capacity building exercises for our internal staff to build their skills, knowledge and attitude to strengthen the effective service delivery. Capacity building programs organized in financial year 2024-25 were:
 - One day induction training of newly joined staff,
 - 3-day training workshop on CommCare application,
 - 3-day training workshop on 1000 days and CMAM,
 - Two days training workshop on Soft Skills and High-Risk tracking of Pregnant women.
- **As a part of project activities, we provided following benefits to our project beneficiaries:**
 - We provided 48 food corners to the households of 48 malnourished children in our project location with the objective to enable the availability of nutritious snack for children within their household. We have sourced and stored (Amaranth) Rajgira Laddu, Peanut and Jagger Chikki (peanut brittle) and Puffed Gram in the food corners.

- We distributed 62 wello water wheels to caregivers of 62 Pregnant and Lactating women. The objective was to decrease time spent in fetching water from distance, so that caregivers spend more time caring for their health and nutrition and that of their children. It also helps in reducing drudgery of carrying the water.
- We distributed 82 Tippy Tap units to 82 malnourished children and Anganwadi Centers (AWCs) to promote improved WASH (Water, Sanitation, and Hygiene) practices. The objective was to encourage better hygiene behaviour's through an engaging, hands-on approach using the Tippy Tap model. This Do-It-Yourself (DIY) model can be easily constructed using locally available materials such as plastic drums, wooden sticks, soap, and rope.
- 16 Kangaroo Mother care to 16 newly became LMs with low birth weight baby. We provided training for effective use of KMC.
- A total of 458 caregivers of program-enrolled children were provided with MUAC tapes and trained on their proper use. The objective was to empower caregivers with the knowledge and skills to regularly monitor their child's growth and nutritional status using the MUAC tape.
- Healthy Baby Competition: To promote good practices related to maternal and child nutrition within the community, a Healthy Baby Competition was organized in March 2025. The project team identified lactating mothers who followed essential health and nutrition practices to support their baby's growth milestones. These included attending three or

more antenatal check-ups, ensuring timely immunization, effectively utilizing referral services for malnourished children, incorporating Take-Home Ration (THR) as complementary food, and practicing exclusive breastfeeding. The event provided a platform for these mothers to share their experiences and efforts with fellow community members, inspiring others to adopt similar positive behaviour's. A total of 120 women participated in the program including 47 LMs and 2 PWs and 10 caregivers of malnourished children, which was held across three different locations.

- **Food Security and Livelihoods Activities:** As a part of project activities, we successfully completed following food security and livelihoods activities:
 - Total 150 Poultry units developed at the households of SAM and MAM children, Pregnant and Lactating women.
 - Total 54 kitchen gardens developed at the households of malnourished children, pregnant women and lactating mothers.
 - Total 10 demonstration plots development at the households of malnourished children, pregnant women and lactating mothers.
 - Total 10 vermi compost beds established at the households of malnourished children, pregnant women and lactating mothers.

- Total 2 Jasmine plots development at the household of Pregnant and Lactating mothers.
- **System Strengthening:** As a part of our project activities, we successfully completed following system strengthening activities:
 - Provided mobilization support to the Rashtriya Bal Swasthya Karyakram (RBSK) Jawhar unit for organizing a health camp for malnourished children, ensuring transportation for 134 children who attended the camp.
 - Facilitated mobilization support for Balchavani Camps, Jawhar unit, to conduct a health camp for malnourished children, arranging transport for 134 children to access the camp services.
 - Total 60 Panchayat Raj Institutions (PRI) representatives were trained for the importance of Health and Nutrition in Village development and its integration into village-level planning (GPDP).
 - Total 150 FLWs from Jawhar project were trained for two days on standardization process of anthropometry measurement during screening of the children, Community based management of acute malnutrition post NRC treatment.



IMPACT AT A GLANCE



Villages covered
49



Children under five screened
for signs of malnutrition
4824



Malnourished children
referred and treated
224



Children cured
228



Pregnant & Lactating
women reached
267



Group discussions and
demonstrations
76



Home visits
3439



Frontline workers
trained
150



Kitchen gardens planted
54



Poultry visits installed
150



Tippy Taps installed
82

Impact Story:

Breaking the Cycle of Malnutrition: Sakshi's Journey to Recovery

Sakshi Korda (name changed), a three-year-old from Tadachi Machi, Jawhar, slipped into moderate malnutrition due to inadequate breastfeeding, poor diet, and her parents' financial struggles. A screening was conducted by Action Against Hunger, she weighed 9.2 kg and measured 84 cm. The team, along with the Anganwadi worker, counseled her parents on nutrition, hygiene, and home-based meals, while monitoring her growth through regular follow-ups.

To improve her diet, the family received seeds and training to start a backyard nutrition garden, ensuring a steady supply of fresh vegetables. Combined with dietary changes and medical support, Sakshi's weight rose to 10 kg and her height to 86 cm —lifting her out of malnutrition and giving her a healthy start to life.



GUJARAT

**Empowering families
through Nutrition and
Migration support
across Gujarat's
heartlands.**





Integrated Nutrition and Health Initiatives in Sanand Block, Ahmedabad

In Sanand Block, Ahmedabad, Gujarat, Action Against Hunger India implemented two impactful projects: Project Trupti in partnership with Baxter Pharmaceuticals India Pvt. Ltd. and a complementary initiative supported by IHG both aimed at improving maternal and child health and nutrition.

Project Trupti focused on breaking the intergenerational cycle of malnutrition during the critical first 1000+ days of life. It targeted pregnant and lactating women and children under five through a comprehensive approach involving community engagement, system strengthening, capacity building of frontline workers, and behaviour change communication. The project enhanced convergence between health and nutrition departments, improved community health-seeking behaviour, and increased caregiver participation in nutrition-sensitive practices. Sustainability was ensured through government handovers, community empowerment, and the establishment of referral and monitoring mechanisms.

Complementing this, the IHG-supported project focused specifically on children under five, emphasizing Infant and Young Child Feeding (IYCF) practices, timely diagnosis and treatment of severe acute malnutrition (SAM), and home-based management of moderate acute malnutrition (MAM). It also included refurbishment of Anganwadi centres to create a more child-friendly learning and care environment.

Together, these initiatives created a robust, community-driven model addressing nutrition and health holistically strengthening systems, building capacity, and fostering long-term behavioural and structural change.

KEY HIGHLIGHTS

Kangaroo Mother Care - Community Initiative

24 low birth weight (LBW) infants were identified in collaboration with ICDS and the Health Department, and caregivers were provided with Kangaroo Mother Care (KMC) wraps. Community Mobilizers demonstrated proper KMC practices, emphasizing its benefits for weight gain, bonding, and thermoregulation. Wraps were distributed on a rotational basis to support new LBW cases. Regular home visits, care logs, and follow-ups ensured consistent monitoring and caregiver engagement, contributing to improved neonatal health outcomes.



Refurbishment of Anganwadi Centers for a Better Learning Environment

Anganwadi Centers serve as essential hubs for early childhood education, health, and nutrition. Over time, due to continuous use, environmental exposure, and limited upkeep, these facilities tend to get deteriorated, impacting their ability to provide a nurturing space for young children. Action Against Hunger, with support from Baxter and IHG refurbished three Anganwadi Centers in Sanand. The refurbishment initiative aimed to revitalize the centers into safe, engaging, and child-friendly environments. The transformation included civil repairs, structural and aesthetic enhancements, the implementation of BALA (Building as Learning Aid) artwork, as well as improvements in utilities and maintenance support. This initiative showcases the power of collaboration between corporate partners, implementing agencies, and the local community. As a result of these joint efforts, the centers have been transformed into vibrant and stimulating spaces that support young learners.

Early childhood development kit distribution

As part of the initiative to enhance early childhood learning and cognitive development, Early Childhood Development (ECD) Kits were distributed to 39 Anganwadi Centers (AWCs) over a span of three years. These kits were designed to facilitate interactive and experiential learning for young children,

fostering their cognitive, motor, and sensory skills through structured play-based activities.

Polio Vaccination Drive Support

Upon invitation from the Medical Officer, the Project Trupti team extended support to the Polio Vaccination Drive across three villages. The team actively contributed to community mobilization and provided on-ground assistance to frontline workers. To ensure maximum coverage, a door-to-door campaign was also carried out.



IMPACT AT A GLANCE



Villages covered
16



AWCs refurbished
3



Children under five screened for signs of malnutrition
3013



Pregnant & Lactating women reached
552



Group discussions and demonstrations
148



Home visits
3439



SABARKANTHA & BHAVNAGAR

Impact of Seasonal Migration on Nutrition and Health of Tribal Children Under Five

Action Against Hunger launched a new project in Himmatnagar Block of Sabarkantha District, Gujarat, focusing on the impact of seasonal internal migration among tribal communities on the nutrition and health outcomes of children under five. The project aims to better understand the linkages between migration and child health, while co-designing innovative, sustainable, and scalable intervention models in collaboration with migrant families to minimize the adverse effects of migration. Insights from this initiative will also help inform and strengthen nutrition programs and policies of both ACF India and the government, ensuring improved support for tribal children affected by migration.



Villages reached
740



Anganwadi's covered
1922



Front-line workers
trained
4178



Pregnant & Lactating
women reached
53000

Project Vruddhi - Sabarkantha

As part of Capacity Building and Training, a five-day District Level Workshop on Maternal, Infant, and Young Child Nutrition (MIYCN) was organized in May 2024, with technical support from Project Vruddhi—an initiative by Action Against Hunger—in collaboration with ICDS-WCD, Health Departments, and the Jilla Panchayat, Sabarkantha. The workshop was led by Dr. Rupal Dalal, Director of Maternal and Child Health (SMDT), along with her team. It focused on breastfeeding techniques and successfully trained and sensitized 50 Health and ICDS-WCD officials. These trained officials later mentored 1,000 new champions across Sabarkantha through a cascade training model centered on breastfeeding and growth monitoring. Extracts from

this training were developed into 13 topic-specific online training modules, which are made available on the ACF website and used to deliver digital training for all ICDS frontline workers.

A comprehensive Social and Behavior Change (SBC) package was submitted to the Women and Child Development Department, Government of Gujarat. This package featured infotainment videos and jingles in the Gujarati language to promote awareness around the first 1,000 days. The package was titled “Jaagta Rehjo”, with the tagline “ane bija ne pan jagadjo,” meaning “stay aware and spread awareness among others.” During the Navratri festival (October 2024), a full-length Sanedo-format audio track titled “Mata-Balak Ni Bhalai no Aa Sanedo” (Sanedo for the betterment of mother and child) generated lively district-wide engagement in collaboration with the Health Department.

To mark World Breastfeeding Week 2024, a focused training on the Cross Cradle Breastfeeding Technique was held on August 6, 2024, at GMERS Medical College and General Hospital, Himmatnagar. The session was facilitated by Project Vruddhi, in partnership with the Health Department and Jilla Panchayat. Additionally, Project Vruddhi also supported WCD to organize a Digital training on MIYCN through Video conferencing for 5 days for the AWWs across the state of Gujarat which successfully trained 53,000+ AWWs during the Breastfeeding week, August 1-7, 2024.

Simultaneously, Jaagta Rehjo campaign jingles were played on mobile vans across Sabarkantha, while awareness videos were displayed on digital hoardings in Gandhinagar, the capital of Gujarat.

As part of Poshan Maah (September 2024), Action Against Hunger organized a series of Community-Based Events (CBEs) in Sabarkantha to raise awareness about holistic nutrition. These included SBC meetings, Poshan Chaupal (nutrition forums), and traditional folk theatre—Bhavai—which served as a cultural medium to promote adequate nutrition for mothers and children.

Lastly, an endline survey was conducted between September and November 2024, comparing interventions in the Sabarkantha district with Aravalli district, which served as the control—mirroring the baseline study to assess changes over time. This comparison provided valuable insights. The findings were presented at dissemination events held at both district and state levels, with participation from representatives of the Health and Family Welfare Department, the Women & Child Development Department, development partners, and ACF's Senior Management Team.

Impact Story

A Journey of Hope and Resilience

Team Project Vruddhi – an initiative by Action Against Hunger supports Frontline Workers (FLWs) during Community-Based Events (CBEs). At a Mamta Diwas event in Malpur village - Vadali block, Sabarkantha; Fanika Panchal (name changed), a three-month-pregnant woman weighing only 32 kg was a participant. An ASHA worker explained the need for a consuming balanced diet and medications. Later, a joint home visit was planned with team Project Vruddhi. Initially reluctant, Fanika revealed that she had a miscarriage previously and feared a similar outcome. The team discovered that she was consuming calcium and iron tablets together, which hindered nutritional absorption. Hence she was advised a four-hour gap between doses and adding Vitamin C-rich foods with IFA tablets. Gradually, Fanika trusted the team, attended various mother's meetings. The team also celebrated her baby shower during a 'Suposhan Divas'.

In her first trimester, Fanika's haemoglobin (Hb) was 8.5 g/dl. After constant follow-up and nutrition counseling, her Hb improved to 11 g/dl at delivery, and her weight increased to 43.2 kg. Although her baby was born with a low birth weight of 1.9 kg, she proactively sought for help. The team provided continuous post-delivery support, teaching proper breast feeding positioning and latching techniques, new born care and Kangaroo Mother Care (KMC). This helped the child progress from the SAM to MAM (red to yellow zone on the growth chart) in four months, weighing 4.800 kg.

Later, Complementary feeding was also timely initiated for the baby and by seven months, the baby had gained healthy weight of 6.2 kg, progressing from MAM to healthy weight (green zone on growth chart) and gaining 9.600 kg by one and a half years.

Fanika's journey showcases the power of family support and effective counseling, highlighting Project Vruddhi's significant impact in transforming lives and fostering hope.





RAJASTHAN & MADHYA PRADESH

Strengthening early Childhood Care through Anganwadi refurbishment and capacity building across Rajasthan.



BARAN & DHAR

In Dhar & Baran, the project is supported by Altius in Strengthening Anganwadi's Centres and creating a safe space for children. Dhar and Baran face severe child health and nutrition challenges. Wasting levels are critically high—29.5% in Dhar and 21% in Baran—well above state and national averages. Underweight prevalence is also alarming, with 35.9% in Dhar and 41% in Baran, while stunting remains a concern, especially in Baran (46%). These figures point to systemic gaps—poor Anganwadi infrastructure, limited MAM/SAM screening, weak referral systems, and inadequate home-based counselling. Strengthening growth monitoring, timely referrals, caregiver counselling, and Anganwadi refurbishment is critical to improve outcomes. Source: NFHS-5 (2019–21).

Refurbishment of 32 AWCs - 32 Anganwadi Centres were upgraded to provide safe, child-friendly spaces equipped for early learning, growth monitoring, and community engagement. This improved service utilization and created a welcoming environment for children and caregivers.

Training FLW - Frontline workers began delivering focused counselling on Infant and Young Child Feeding (IYCF), Kangaroo Mother Care (KMC), and dietary diversity, improving caregivers' knowledge and practices.

Screening camps to identify and timely referral of SAM to NRC:

Screening camps were organized regularly, enabling early identification of Severe Acute Malnutrition (SAM) cases and ensuring timely referral to Nutrition Rehabilitation Centres (NRCs). 1767 nos. of children screened and Mothers and caregivers of 181 SAM & MAM children were individual counselled.

The project led to several significant qualitative outcomes that contributed to strengthening early childhood development and improving child nutrition and health outcomes in Dhar and Baran. One of the most visible impacts was the transformation of Anganwadi Centres (AWCs) into vibrant, functional, and child-friendly spaces. This not only enhanced the quality of early learning environments but also built greater trust among community members, especially caregivers, who began engaging more actively with the centres. As a result, there was a noticeable improvement in attendance and participation of both children and caregivers in regular services.

Another key outcome was the enhanced knowledge and confidence among frontline workers, including Anganwadi Workers, ASHAs, and ANMs. Through hands-on training and continuous field support, these workers became more skilled in using anthropometric tools, identifying malnutrition, counselling caregivers, and managing MAM cases at the household level. Their improved capacities translated into better service delivery and stronger engagement with families.

The project also led to positive behavioural changes within households. Caregivers reported improved feeding practices, such as increased dietary diversity and timely initiation of complementary feeding, following counselling and community demonstration sessions. Many families adopted the recommended nutrition practices using locally available resources, showing improved awareness and ownership of child health needs.

Community awareness also increased significantly due to sustained mobilization efforts, home visits, and community-based information sessions. Mothers and extended family members began recognizing early signs of malnutrition and sought services more proactively. Village Health and Nutrition Days (VHNDs) were strengthened as platforms for screening, referrals, and education, leading to better coordination among stakeholders and more inclusive service delivery.



IMPACT AT A GLANCE



Villages covered
26



Children under five screened
for signs of malnutrition
2051



Malnourished children
referred and treated
18



Pregnant & Lactating
women reached
18



Frontline workers
trained
60



Group discussions and
demonstrations
144



Home visits
1003



AWC refurbished
54

BEFORE



Pipalaghat



Chakliya

AFTER



Pipalaghat



Chakliya

Anganwadi refurbishment work





CHHATTISGARH

Enhancing early
Childhood Care through
refurbished
Anganwadis and
capacity building across
rural & tribal blocks.



CHHATTISGARH

In February 2025, Action Against Hunger India expanded its footprint to a new state — **Chhattisgarh**, marking a significant milestone in our efforts to address malnutrition and strengthen early childhood development systems. Supported by **SBI Mutual Fund**, this initiative focuses on refurbishing and revitalising 26 Anganwadi Centres (AWCs) across Gariaband district in Chhattisgarh and Dhar district in Madhya Pradesh.

Located in central India, **Gariaband** is a predominantly rural and tribal district where limited access to quality health, nutrition, and early learning services presents persistent challenges. The project seeks to address these gaps by creating safe, inclusive, and child-friendly learning environments that support holistic child development.

Key components of the initiative include:

Refurbishing and strengthening Anganwadi Centres to create enabling environments for children.

Building the capacity of frontline workers to improve Infant and Young Child Feeding (IYCF) practices.

Facilitating early detection of malnutrition among children under five years of age.

This partnership reflects our continued commitment to fostering healthier beginnings for children and empowering communities through sustainable, community-led solutions.

BEFORE



Aamdi



Aamaroda

AFTER



Aamdi



Aamaroda

Anganwadi refurbishment work



PROMOTING WELLNESS THROUGH EVENTS



World Breastfeeding Week (Aug 1–7, 2024)

Awareness programs were held across Andheri, Dharni, and Palghar to promote exclusive breastfeeding and proper feeding techniques through IEC sessions, demonstrations, and community interactions.

In Andheri, celebrations spanned seven locations — Cooper Hospital (PNC & ANC OPD), Nehru Nagar Health Post, Nehru Nagar Community, MJ Wadia Health Post, and Gaodevi Nehru Nagar — engaging 498 participants, including:

- 70 pregnant women, 131 lactating mothers, 68 caregivers, 40 men, 58 ICDS/MCGM staff, and 117 others.

In Dharni and Palghar, similar awareness drives reached over 250 participants, reinforcing the importance of breastfeeding for infant and maternal health.



National Nutrition Month (September 2024)

Observed across Andheri, Dharni, and Palghar, Action Against Hunger celebrated Poshan Maah in collaboration with ICDS and the Health Department by organizing awareness rallies, wild vegetable recipe demonstrations, and community events, reaching over 1,000 community members in Palghar.

In Andheri, focused activities were held at Cooper Hospital, Nehru Nagar, MJ Wadia Health Post, and Gaondevi, reaching a total of 659 participants, including:

In Dharni, awareness sessions, rallies, and video screenings under the theme “Nutritious Food for All” reached 166 participants, emphasizing balanced diets and healthy cooking practices.



Global Handwashing Day (Oct 15, 2024)

Action Against Hunger organized Global Handwashing Day celebrations across Andheri, Govandi, and Dharni, focusing on the importance of hand hygiene, clean water use, and disease prevention.

In Andheri and Govandi, sessions and group discussions were conducted at Cooper Hospital (PNC & ANC OPD), N.J. Wadia Health Post, Nehru Nagar, and Gaodevi. A total of 502 beneficiaries participated, including:

- In Dharni, celebrations in Ranapisa, Hirabambai, and Rajpur villages engaged over 460 participants, including 423 schoolchildren, 11 teachers, 2 Gram Panchayat members, 1 Anganwadi ASHA worker, 6 pregnant women, 12 lactating mothers, and 5 community members. Demonstrations on proper handwashing techniques and hygiene practices emphasized the vital role of handwashing in preventing infections and promoting community health.



World Food Day (Oct 16, 2024)

Action Against Hunger celebrated World Food Day across Andheri, Govandi, and Dharni, emphasizing the importance of balanced diets, nutritious eating, and reducing food waste.

In Andheri and Govandi, awareness sessions and group discussions were conducted across multiple sites, engaging 454 participants, including: pregnant women (PW), lactating mothers (LM), SAM/MAM caregivers, caregivers, government officials and others.

In Dharni, celebrations in Dhodra village highlighted the value of nutritious food for a healthy life and reducing food waste. The event engaged 94 participants, including school teachers, school children, Anganwadi worker, pregnant mothers, lactating mothers, and villagers.



Newborn Week (Nov 15–21, 2024)

The week focused on promoting newborn health and maternal care through interactive community sessions and demonstrations.

In Palghar, community events targeted 50+ lactating mothers with one-month-old infants. Caregivers were sensitized on the promotion of exclusive breastfeeding, hygiene and newborn care practices, identifying danger signs in infants, and the importance of immunization and vaccination schedules.

In Dharni, Newborn Care Week was celebrated in Ranapisa and Dabida villages through Community Information Sessions (CIS) and video presentations. Topics included breastfeeding, skin-to-skin contact, immunization, keeping the baby warm, and maternal bonding. The sessions reached 36 participants, including 7 pregnant women (PW), 19 lactating women (LW), and 10 frontline workers (FLW).



Human Resources

OUR PEOPLE, OUR STRENGTH

Last financial year, the Human Resources team focused on enhancing employee knowledge to navigate processes and systems effectively. Regular internal sessions and initiatives upgrade understanding of HR policies and systems. Compliance and POSH training sessions were conducted regularly. The team successfully closed all relevant openings within set timeframes, ensuring seamless transitions. Additionally, interim and donor audits, performance management, and compliance matters were handled promptly.

Organized POSH (Prevention of Sexual Harassment) training for all employees & POSH committee members as it's a crucial step in creating a safe and respectful work environment. This training aimed to educate employees on what constitutes sexual harassment, its consequences, and the procedures for reporting incidents.

Launch of a new HR initiative aimed at enhancing employee knowledge and understanding of key policies. This initiative features interactive virtual sessions. Our first series focused on Leave and Holidays policies.

TRAININGS:

- **Conducted a comprehensive virtual training session** for all staff members, focusing on Statutory Benefits, specifically Provident Fund (PF) and Employees' State Insurance Corporation (ESIC), to educate employees on their contributions and benefits.
- **Virtual Campus** – Mandatory Safeguarding & Gender Learning
- **Refresher Trainings on Performance Management** – Performance Management is the base of our organization. We strive hard to give refresher training on all phases (Planning, Performing & Reviewing). This is imperative to maximize employee performance and success.

Our **Employee Engagement (EE) program** is designed to foster a sense of unity and team spirit among team members. We've organized a range of activities under the EE umbrella, including Cultural dances, Team-building exercises like 'Let's Hunt', Summer camps for employees' children, Base office visits by HR, featuring games and interactive activities. These initiatives have not only promoted team bonding but also provided an enriching and fulfilling experience for all participants.



FINANCIAL PROFILE

ACTION AGAINST HUNGER FOUNDATION Balance Sheet as at 31st March, 2025

(Rs. in lacs)			
Particulars	Note No.	As at 31.03.2025	As at 31.03.2024
EQUITY AND LIABILITIES			
Shareholders' Funds			
Share Capital	2	1.00	1.00
Reserves and Surplus	3	328.51	466.01
		329.51	467.01
Non-Current Liabilities			
Long-term Provisions	4	-	41.00
		-	41.00
Current Liabilities			
Grant Received in Advance	5	276.95	290.69
Trade Payables	6		
Due to Micro Enterprises and Small Enterprises		10.64	11.06
Due to Creditors other than Micro Enterprises and Small Enterprises		17.77	14.87
		28.41	25.93
Other Current Liabilities	7	25.89	27.57
Short-term Provisions	8	7.37	6.43
		338.62	350.61
Total		668.13	858.62
ASSETS			
Non-Current Assets			
Property, Plant and Equipment and Intangible Assets			
-Property, Plant and Equipment	9	33.24	97.01
- Intangible Assets	9	2.76	5.91
		35.99	102.92
Other Non-current Assets	10	20.20	163.40
		56.19	266.31
Current Assets			
Cash and Cash Equivalents	11	534.16	459.19
Short term Loans and Advances	12	30.48	30.45
Other Current Assets	13	47.30	102.67
		611.94	592.31
Total		668.13	858.82
SIGNIFICANT ACCOUNTING POLICIES	1	(0)	(0)
NOTES TO FINANCIAL STATEMENTS	18		

The accompanying notes are an integral part of the financial statements

As per our report attached,
For J K V S & Co.
Chartered Accountants
Firm Registration No: 318086F

Vijay S Bapna
Partner
Membership No: 016040

Place: Mumbai
Date : 27th September, 2025



VIPUL JAIN
Director
DIN: 00142518

TCA Rangachari
Director
DIN: 01516949

Place: New Delhi
Date : 27th September, 2025



ACTION AGAINST HUNGER FOUNDATION Balance Sheet as at 31st March, 2025

(Rs. in lacs)			
Particulars	Note No.	As at 31.03.2025	As at 31.03.2024
EQUITY AND LIABILITIES			
Shareholders' Funds			
Share Capital	2	1.00	1.00
Reserves and Surplus	3	328.51	466.01
		329.51	467.01
Non-Current Liabilities			
Long-term Provisions	4	-	41.00
		-	41.00
Current Liabilities			
Grant Received in Advance	5	276.95	290.69
Trade Payables	6		
Due to Micro Enterprises and Small Enterprises		10.64	11.06
Due to Creditors other than Micro Enterprises and Small Enterprises		17.77	14.87
		28.41	25.93
Other Current Liabilities	7	25.89	27.57
Short-term Provisions	8	7.37	6.43
		338.62	350.61
Total		668.13	858.62
ASSETS			
Non-Current Assets			
Property, Plant and Equipment and Intangible Assets			
-Property, Plant and Equipment	9	33.24	97.01
- Intangible Assets	9	2.76	5.91
		35.99	102.92
Other Non-current Assets	10	20.20	163.40
		56.19	266.31
Current Assets			
Cash and Cash Equivalents	11	534.16	459.19
Short term Loans and Advances	12	30.48	30.45
Other Current Assets	13	47.30	102.67
		611.94	592.31
Total		668.13	858.82
SIGNIFICANT ACCOUNTING POLICIES	1	(0)	(0)
NOTES TO FINANCIAL STATEMENTS	18		

The accompanying notes are an integral part of the financial statements

As per our report attached,
For J K V S & Co.
Chartered Accountants
Firm Registration No: 318086F

Vijay S Bapna
Partner
Membership No: 016040

Place: Mumbai
Date : 27th September, 2025



VIPUL JAIN
Director
DIN: 00142518

TCA Rangachari
Director
DIN: 01516949

Place: New Delhi
Date : 27th September, 2025



OUR PARTNERS



Integrated Child
Development
Services



Givaudan



Altius



BLOOM



THE POWER OF
nutritioⁿ

VOICES OF IMPACT

Ms. Ishita Medhekar,
CHRO - ALTIUS

"At Altius, we believe real impact begins at the grassroots. Our partnership with Action Against Hunger's (AAH) community-based child nutrition and development programme is a testimony of our commitment to support transformative, locally driven initiatives that improve child health and development. From revitalising Anganwadi Centres to equipping caregivers and frontline workers with practical skills, their work is helping nurture healthier childhoods in some of the most vulnerable communities. Through malnutrition screening camps and hands-on interventions, they're addressing core issues tied to hunger and health. We're proud to stand beside them in this journey that gives every child a right to have a healthier future."



Leyla Haghi,
Area Managing Director NAOS MIDDLE EAST

"Since 2018, the NAOS Village - Dharni Project has evolved into a holistic model addressing critical issues such as health, nutrition, and education support, while also aiming to become a self-sustainable project through local income-generating initiatives. By aligning closely with the Sustainable Development Goals of Zero Hunger and Good Health & Well-being, NAOS has brought measurable, positive change to some of the most underserved communities. This initiative continues to deliver real impact with heart. NAOS Middle East in partnership with Action Against Hunger is proud to contribute to this transformative journey and looks forward to building on this momentum to create healthier, more resilient futures."



GLOSSARY

AAO	▶	Assistant Administrative Officer
ACF	▶	Action contre la Faim
AI	▶	Artificial Intelligence
ANC	▶	Ante-Natal Care
ANM	▶	Auxiliary Nurse Midwifery
ASHA	▶	Accredited Social Health Activist
AWC	▶	Anganwadi Center
AWW	▶	Anganwadi Worker
BCMO	▶	Block Chief Medical Officer
CDPO	▶	Child Development Project Officer
CGM	▶	Child Growth Monitor
CM	▶	Community Mobilizer
CMAM	▶	Community-based Management of Acute Malnutrition
FC	▶	Field Coordinator
FLW	▶	Frontline Worker
FS	▶	Field Supervisor
FSL	▶	Food Security & Livelihood
ICDS	▶	Integrated Child Development Services
IFA	▶	Iron and Folic Acid
IPC	▶	Inter Personal Communication
IYCF	▶	Infant and Young Child Feeding
KMC	▶	Kangaroo Mother Care
KPI	▶	Key Performance Indicator
LBW	▶	Low Birth Weight
LFA	▶	Logical Framework Approaches
LW	▶	Lactating Women
MAM	▶	Moderate Acute Malnutrition
MCMG	▶	Municipal Corporation of Greater Mumbai

MCP	▶	Mother and Child Protection
MEAL	▶	Monitoring, Evaluation, Accountability, and Learning
MIYCN	▶	Maternal, Infant, and Young Child Nutrition
ML	▶	Machine Learning
MLAs	▶	Members of the Legislative Assembly
MGNREGS	▶	Mahatma Gandhi National Rural Employment Guarantee Scheme
MTC	▶	Malnutrition Treatment Center
MUAC	▶	Mid-Upper Arm Circumference
MVP	▶	Minimum Viable Product
NICU	▶	Neonatal Intensive Care Unit
NRC	▶	Nutrition Rehabilitation Center
OTP	▶	Outpatient Treatment Point
PHC	▶	Primary Health Care
PLAN	▶	Play, Learn, Act for Nutrition
PNC	▶	Post-Natal Care
POSHAN	▶	Pradhan Mantri Poshan Shakti Nirman (Prime Minister's Overarching Scheme for Holistic Nourishment)
PRI	▶	Panchayati Raj Institute
PW	▶	Pregnant Women
RUTF	▶	Ready to Use Therapeutic Food
SAM	▶	Severe Acute Malnutrition
SBC	▶	Social and Behavior Change
SDGs	▶	Sustainable Development Goals
SHG	▶	Self Help Group
SOP	▶	Standard Operating Procedure
THR	▶	Take Home Ration
UHTC	▶	Urban Health Training Center
WASH	▶	Water Sanitation and Hygiene
WCD	▶	Women and Child Development

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 Foundation

Unit 602, 6th Floor, Ashok Premises,
Cooperative Society, Old Nagardas Road,
Nicholas Wadi, Andheri East, Mumbai 400069,
Maharashtra.

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

CIN No.: U85100MH2012NP:234573

www.actionagainsthunger.in

Photography Credits - Aneri Nihalani for ACF India and
Rohit Jain for the The Power of Nutrition

