



SWASTHYA AUR SURAKSHA

Impact Assessment Report 2025-2026

Funding Year: 2023-2024

Impact Assessment by: give | grants

TABLE OF CONTENTS

Executive Summary	01
Introduction	13
Scope of Study & Methodology	17
Theory of Change	19
Logframe Analysis	20
Findings and Analysis	23
SWOT Analysis	76
Way Forward	78



EXECUTIVE SUMMARY

The Swasthya Aur Suraksha Integrated Development Project aims to improve health, nutrition, and overall well-being among underprivileged communities. Guided by the organization's Vision, Mission, and Core Values, the initiative seeks to enhance the quality of life for economically disadvantaged populations by increasing access to healthcare, nutrition, education, and livelihood opportunities. The programme also contributes to sustainable development goals such as Zero Hunger, Poverty Reduction, Health & Well-Being, Climate Action and Quality Education. It is implemented across select locations in Assam, Himachal Pradesh, Uttarakhand, Uttar Pradesh, and Madhya Pradesh, benefiting children, adolescent girls, pregnant and lactating women, household and community members, and students.



The impact assessment employed a mixed-methods approach, combining quantitative and qualitative surveys, to evaluate the programme's effectiveness. Findings highlight the programme's collaborative model, adherence to core values, delivery approach, and overall efficacy, as well as its tangible and intangible impacts on beneficiaries and communities. The impact assessment covered Tezpur (Assam), Baddi (Himachal Pradesh), Pithampur (Madhya Pradesh), Rudrapur (Uttarakhand), and Hapur (Uttar Pradesh) as the sample locations. Data were collected between December 2025 and January 2026, and this report summarises the key findings across three assessment areas: Programme Design, Programme Delivery, and Impact and Sustainability.

PROGRAMME DESIGN

Need-Based and Contextually Relevant Programme Design: The Swasthya aur Suraksha programme demonstrates strong design relevance through a need-based, participatory approach that integrates community realities, geographic specificity, and stakeholder inputs, ensuring alignment with Dabur's Vision, Mission, and Core Values. Baseline needs assessments identified critical gaps in nutrition awareness, access to safe and nutritious food, hygiene, and sanitation, which directly informed the programme's focus on health promotion, dietary practices, and household-level behaviour change.

Importantly, 69.6% of community members reported that their views and suggestions were reflected in the programme design, indicating meaningful community participation and ownership. This integration of local voices – supported by partnerships with schools, frontline institutions, and community groups – has enhanced contextual relevance and laid a strong foundation for sustainability and long-term adoption of healthy practices beyond the programme lifecycle.

Participatory Implementation through Stakeholder Partnerships: Programme implementation reflects a robust participatory model, characterised by structured engagement with government systems, schools, frontline functionaries, and community institutions. This multi-stakeholder collaboration ensured alignment with public service delivery mechanisms while reinforcing local responsiveness. Active involvement of the CSR team and systematic incorporation of stakeholder feedback further strengthened community ownership, implementation efficiency, and outcome sustainability across project locations.

Focused Targeting of Vulnerable and Marginalised Populations: The programme's design is highly relevant in its intentional targeting of vulnerable and marginalised groups, particularly women and socially disadvantaged communities. Women constitute 98% of community beneficiaries, predominantly within the 18–45 age group (79%), many of whom have limited livelihood engagement (25%), underscoring their heightened vulnerability to health and nutrition risks. Additionally, a substantial proportion of beneficiaries belong to socially backward groups (OBC: 53.4%, SC: 8.8%, ST: 19.6%), reinforcing the programme's equity-driven focus and alignment with inclusive CSR objectives.

Similarly, 78% of the student beneficiaries were female adolescents, with students from Scheduled Castes (35%) and Other Backward Classes (30%) forming the majority, followed by the General category (24%), while Scheduled Tribes (7%) and other categories (3%) accounted for smaller proportions.

High Relevance and Strong Beneficiary Preference for Programme Interventions: Beneficiaries rated the programme interventions as highly relevant and aligned with their development needs. The Kitchen Garden component was valued by 98.6% of community members for its direct contribution to household food security and nutrition, while 96.6% preferred the Safe & Nutritious Food intervention for its role in improving diet quality and nutrition awareness. The Health & Well-Being component was also positively perceived, with 64.9% of respondents recognising its importance in promoting preventive health and hygiene practices.

High Perceived Helpfulness Across Beneficiaries and Stakeholders: Community members overwhelmingly perceived the interventions as helpful and impactful, with 99.3% endorsing both the Kitchen Garden and Safe & Nutritious Food components, and 97.3% rating Health & Well-Being activities positively. Student feedback further reinforces this perception, with 98% reporting the Safe & Nutritious Food component as very helpful, 95% for the Kitchen Garden, and 100% for Health & Well-Being. Notably, 96% of students rated the Self-Defence sessions as very helpful, indicating strong engagement and perceived value across all programme areas.

Consistent Relevance Across Regions with Contextual Adaptability: Despite minor regional variations, the programme's relevance and developmental approach remain consistently strong across implementation geographies. Both Kitchen Garden and Safe & Nutritious Food interventions were widely valued for strengthening nutrition outcomes, food security, and household health. Observed variations reflect context-specific implementation dynamics rather than dissatisfaction, underscoring the programme's adaptability and practical relevance across diverse settings.

Child-Centric and Age-Appropriate Programme Design: Student feedback confirms that the programme adopts a child-focused and child-friendly approach, with activities that are ageappropriate, engaging, and effective. The interventions have successfully enhanced nutrition awareness, healthy practices, and household-level behaviour change, while promoting sustained learning and relevance for children.

Collectively, the programme's need-driven design, participatory implementation, and focused targeting of vulnerable populations make it highly relevant, context-responsive, and well positioned for sustainable impact.









PROGRAMME DELIVERY

The Impact Assessment (IA) observes that the programme was implemented efficiently, with timely delivery, full coverage of target beneficiaries, and strong partnership-based coordination involving government, institutional, and community-level stakeholders, ensuring both reach and operational effectiveness.

- **Distribution of Benefits in Kind:** The program primarily distributes 4 types of benefits – seeds, manures and essential equipment for kitchen garden, Safe & Nutritious Food (SNF) kits for students, health & hygiene kits and well-being products. Nearly all community respondents acknowledged benefits from the Kitchen Garden initiative and the Safe & Nutritious Food programme (both 98.6%), indicating strong reach and acceptance at the household level. In comparison, 70.3% of respondents perceived benefits related to the Promotion of Health & Well-Being. Similarly, all the student beneficiaries received kitchen garden items and nutritional food items as part of the program.
- **Distribution Pattern:** The distribution pattern across locations was predominantly event-based rather than regular, with a majority of beneficiaries reporting receipt of items once during the programme, particularly for the Kitchen Garden (58.8%) and Safe & Nutritious Food programme (66.9%). Monthly distribution was largely confined to select locations – most notably Pithampur, Rudrapur, and Hapur – reflecting geographical variation in implementation intensity. In comparison, the Promotion of Health and Well-Being component exhibited lower and more uneven distribution, suggesting differential prioritisation or delivery modalities across programme sites.
- **User Satisfaction over Product Quality:** User satisfaction was extremely high, with nearly all student beneficiaries across project locations reporting that they liked the SNF items, recording affirmative responses at or near 100%, which reflects strong acceptance in terms of taste, familiarity, and ease of use.





Community Health Education and awareness generation constituted a key programme deliverable, implemented through targeted trainings for adolescent girls, including Menstrual Health Management and Self-Defence sessions. The Impact Assessment found these training and capacity-building initiatives to be effective, enabling beneficiaries not only to internalise the knowledge and skills gained but also to cascade learning by sharing key messages and practices with their families and wider community members.

- **Training and Orientation for the Beneficiaries:** Across project locations, the programme achieved moderate to strong training coverage across its core components. Capacity building on Kitchen Garden practices reached a substantial proportion of beneficiaries (70.3% community members and 100% students). Awareness and orientation on SNF and Health & Well-Being are near-universal (94% and 95%, respectively). The IA finds a strong reach and effective awareness creation, notwithstanding minor location specific variations.

Training Efficacy:

- **Kitchen Garden:** The findings demonstrate very high self-efficacy among student beneficiaries in relation to growing their own produce, with 97% of respondents expressing confidence in their capabilities, reflecting the Kitchen Garden intervention's effectiveness in building practical skills and hands-on knowledge.
- **Safe & Nutritious Food:** The programme demonstrated strong outcomes in nutrition literacy, with 84% of students reporting that they gained essential knowledge on identifying food groups and associating nutrients with different foods. This indicates that the intervention enhanced foundational understanding of nutrition, reinforcing its dual focus on food security and informed dietary practices.
- **Health & Well-Being Training:** The **Health and Well-Being component** demonstrates high training efficacy, with near-universal affirmation of knowledge gains and behaviour influence across project locations, as 100% of respondents reported that the health camps provided adequate knowledge to maintain personal health, reflecting the strong effectiveness of the training content and delivery.
- Coverage of **Oral Hygiene** was particularly strong, with 99% of respondents acknowledging receipt of relevant information, while **Menstrual Health and Hygiene** showed moderate and uneven reach, with 59% of respondents reporting exposure and notable variation across locations, indicating scope for more consistent integration of this component.
- **Self-Defence Training:** The programme effectively trained students in self-defence as reported by 95% of the participants. All participants affirm increased awareness of women and girls' safety. Students also reported high perceived helpfulness of the sessions, with 80% stating that the training was very helpful in enabling them to defend themselves and respond appropriately to risky situations.

PROGRAMME DELIVERY

Adoption of Key Practices:

- **Kitchen Garden:** Kitchen Garden practices demonstrate substantial household-level uptake, with the majority of participating beneficiaries establishing gardens and only 1.4% of respondents reporting non-participation. Across all locations, 93.5–100% of community members and 94–100% of student beneficiaries reported enjoying participation in kitchen gardening activities, underscoring high levels of engagement, acceptance, and positive reception of the programme.
- **Clear Household-Level Nutrition Benefits:** Tangible outcomes are evident, as 60.1% of community members and 45% of students reported consuming produce from kitchen gardens, while 54.7% of community members and 54% of students highlighted harvesting as a key value addition, reflecting improved access to fresh food and household nutrition.
- **Uneven Depth of Technical Engagement, especially among Students:** While 69.6% of community members valued learning to use gardening tools and 53.4% appreciated vermicomposting and organic practices, student engagement in these technical aspects was lower (31% for tool use and 10% for organic inputs), pointing to scope for strengthening hands-on and advanced skill-building components in school settings.
- **Safe & Nutritious Food:** Community practices related to growth monitoring and addressing malnutrition reflect a combination of direct household involvement and reliance on formal health systems. While 32.4% of community members reported personally tracking children's height and weight, a larger proportion (79.1% overall) depended on Anganwadi centres or local healthcare facilities for growth monitoring data, underscoring the central role of public health systems. However, only 19.6% of respondents reported consulting Nutrition Rehabilitation Centres (NRCs) upon identifying severe malnutrition.
- Communities actively **track anaemia**, with over half observing physical signs (54.7%) and most monitoring symptoms like fatigue or dizziness (73%). Use of formal diagnostics is moderate (blood tests 39.9%, haemoglobin checks 37.8%), and 47.3% consult a doctor for severe cases.
- **Health & Well-Being Training:** The findings indicate high adherence to basic personal hygiene practices, with 94.6% of respondents completely avoiding open defecation through consistent use of household toilets and 92.6% practising handwashing before meals. However, adherence to broader sanitation behaviours was comparatively lower, with 56.1% following WASH guidelines and 76.4% practising proper waste disposal, reflecting variability in knowledge, access, and sustained practice beyond individual hygiene behaviours.
- **Health & Hygiene Practices among Students:** Students demonstrated strong adoption of routine hygiene behaviours, with high levels of handwashing (87%) and regular tooth brushing (96%), reflecting effective uptake of programme-promoted practices. Menstrual hygiene practices showed positive but uneven progress, with just over half using appropriate products (54%) and 64% reporting proper disposal, indicating persistent gaps linked to access, comfort, and infrastructure.
- **Strong Engagement and Skill-Building:** High levels of participation were reported in core kitchen garden activities, with 81.8% of community members and 66% of students valuing plant and crop cultivation, and 74.3% of community members and 60% of students appreciating active engagement in garden spaces, indicating effective experiential learning and skill acquisition.

Overall, communities are aware of nutrition monitoring systems, but individual-level engagement varies widely. While household awareness is strong, there remains significant scope to strengthen clinical monitoring and increase engagement with formal healthcare services for early detection and intervention.

IMPACT & SUSTAINABILITY





Kitchen Garden

Nutrition Self-Sufficiency: The intervention has resulted in a notable improvement in nutrition self-sufficiency among beneficiary households and students.

- Cumulatively, a substantial majority of community members (83.8%) reported that kitchen garden produce is sufficient to meet their family's daily consumption needs, indicating strong household-level nutrition security outcomes, with only a small proportion reporting partial (10.1%) or no sufficiency (6.1%).
- Among students, nearly seven in ten (69%) reported improved nutrition self-sufficiency, reflecting positive spillover effects of the intervention on younger beneficiaries, while 27% reported no self-sufficiency and a marginal 2% reported partial sufficiency.

The IA finds that the programme is highly effective in enhancing access to diverse and regular food sources, thereby contributing to improved nutritional resilience among participating communities.

Furthermore, stakeholders affirmed that the kitchen garden programme has contributed to improving the nutritional quality of school mid-day meals by enabling access to fresh, locally grown produce.

Emerging Economic Benefits: The programme has demonstrated emerging economic benefits through the utilisation of kitchen gardens for supplementary income generation.

- Overall, 8.8% of community members and 15% of students reported selling excess produce in local markets, indicating the beginnings of market-oriented engagement beyond subsistence consumption.
- Among those generating income, earnings were modest but meaningful: 4.7% reported weekly earnings less than ₹1,000, 3.4% earned between ₹1,001–₹5,000, and a smaller proportion (0.7%) reported earnings exceeding ₹5,000, suggesting early-stage but positive livelihood diversification outcomes. All student beneficiary earnings are less than ₹1,000.

The IA findings affirm that, though the economic gains are currently secondary to nutrition objectives, kitchen gardens are gradually contributing to supplemental household income and strengthening economic resilience in select locations.



Safe & Nutritious Food

Healthy Eating Habits: The Safe and Nutritious Food component of the programme has demonstrated strong positive impacts at the household level, reflected in improved perceptions, knowledge, and practices related to healthy eating and food safety.

- An overwhelming majority of community members (98.6%) and 96% of students now perceive home-cooked meals as healthy and nutritious, indicating enhanced awareness of balanced diets, fresh food consumption, and safe food practices promoted through the intervention.

This shift has translated into behaviour change, with 98.0% of respondents actively encouraging family members to adopt healthy eating and cooking practices, highlighting the programme's influence beyond individual participants and into intra-household norms.

Safe & Hygienic Food: Most households report adopting key practices to improve food quality and hygiene, indicating that the intervention has effectively advanced both the availability of nutritious food and the adoption of safe, hygienic food practices, contributing to more resilient and health-conscious households across intervention locations.

- **Improved Dietary Practices:** Students demonstrate strong and consistent dietary practices as a result of the programme. A large majority report regular consumption of fruits and vegetables, routine adoption of nutritious breakfast habits, and conscious avoidance of junk and fast food. These behaviours collectively reflect improved awareness of balanced nutrition and the integration of healthy, routine-based eating practices among students.
- **Safe & Hygienic Cooking:** Community households demonstrate strong adoption of safe food handling and hygiene practices. A significant majority consistently prepare and consume freshly cooked meals (83.1%) and actively prioritise the use of fresh ingredients (75.7%), reflecting improved risk perception related to food contamination and food safety. Additionally, 77% of households report thorough washing of raw ingredients prior to cooking, indicating heightened awareness of basic food hygiene norms.
- Students across locations exhibit encouraging food hygiene behaviours. A majority report purchasing and using fresh ingredients (67% overall) and consuming freshly cooked meals (71%), demonstrating growing awareness of safe cooking practices. Consistent washing of raw vegetables, fruits, and meat before cooking is reported by nearly half to over half of students (49–59%), indicating a sound understanding of pre-cooking hygiene. Select locations show particularly high adoption levels across multiple practices, underscoring effective behavioural uptake and reinforcement of hygiene messaging among students.

Notably, near-universal adoption of pre-cooking hygiene practices in select locations highlights strong internalisation of programme messaging within these communities.

The Safe and Nutritious Food programme is widely appreciated by frontline stakeholders for its combined focus on direct nutritional support and longer-term community capacity-building. Anganwadi workers, ASHA workers, and community health officers consistently perceive the provision of nutritious products as helpful or very helpful, citing its contribution to improved dietary quality and overall community nutrition.

Beyond product distribution, stakeholders emphasise the value of accompanying awareness and education components, which enhance understanding of healthy eating and enable more informed dietary choices. Importantly, the inclusion of seed distribution was highlighted – particularly by ASHA workers – as promoting household-level self-sufficiency through organic food cultivation, thereby linking immediate nutrition outcomes with sustainable practices and strengthened food security.









Promotion of Health & Well-Being

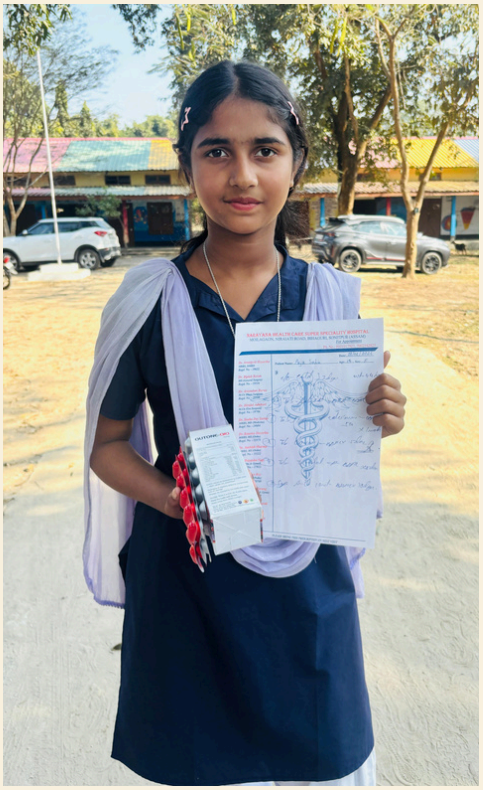
The promotion of Health & Well-Being interventions have achieved strong impact among community members and students, fostering both individual behaviour change and community-level advocacy.

- Overall, 86.5% of community respondents reported actively encouraging good health and hygiene practices within their families and neighbourhoods.
- 100% indicated they are motivated to consult a doctor when facing health challenges, reflecting enhanced health awareness and proactive care-seeking.
- Community-led promotion of hygiene is primarily driven through practical, everyday behaviours. Overall, respondents most frequently endorse proper waste disposal (48.0%) and reinforcement of basic hygiene practices (45.3%), followed by advocacy for WASH protocols (33.8%).
- The programme has also made a significant contribution to Menstrual Hygiene Management (MHM) by improving awareness among adolescent girls, addressing a critical and often under-recognised aspect of adolescent health, dignity, and overall well-being.
- School stakeholders consistently affirm that the programme strengthens health and wellbeing by combining structured health and hygiene awareness sessions with the practical provision of essential hygiene products.

The programme demonstrates strong diffusion and spillover effects, with both community members and students actively promoting healthy behaviours beyond direct beneficiaries. A large majority of community members encouraged good health and hygiene practices within their families and neighbourhoods, while nearly all students influenced family members and peers to adopt similar practices, indicating the successful creation of community and youth-level change agents that reinforce and sustain positive behaviours.















Self-Defence Training

The Self-Defence component has generated a strong ripple effect on community safety awareness through peer-to-peer knowledge sharing.

- An overwhelming majority of student respondents (96%) reported using their training to educate female friends and relatives on women's safety, highlighting the programme's potential for sustained, community-level impact.
- Overall, 84% of respondents actively shared learnings from the sessions, primarily through discussion and guidance, while smaller proportions focused on general safety information (11%) or physical self-protection techniques (2%), indicating that knowledge dissemination is largely conversational rather than demonstration-based.











INTRODUCTION

Swasthya Aur Suraksha (SAS) is an integrated community development initiative led by Dabur and implemented through its CSR arms Jivanti Welfare and Charitable Trust and SUNDESH. The programme aims to improve health, nutrition, and overall well-being among socio-economically disadvantaged rural populations, with a particular focus on the holistic development and empowerment of women and the girl child. Rooted in Dabur's organizational vision, mission, and core values, SAS reflects the company's long-standing commitment to preventive healthcare and promoting healthy lifestyles. As a leading Ayurveda-based organisation, Dabur integrates its philosophy of natural well-being with community development efforts, contributing to improved quality of life for populations living below the poverty line. The initiative also aligns with key Sustainable Development Goals, particularly Zero Hunger, No Poverty, Good Health and Well-being, and Gender Equality.

The programme adopts a multidimensional and community-centric approach, combining awareness generation, capacity building, and service delivery in rural schools and villages. Implemented across clusters in Hapur (Uttar Pradesh), Rudrapur (Uttarakhand), and Tezpur (Assam), SAS responds to local health, nutrition, and safety needs through context-specific interventions aimed at strengthening individual capacities, household resilience, and community systems.



- **Safe and Nutritious Food (SNF):** Nutrition awareness campaigns conducted in schools and communities to promote balanced diets and healthy food practices, accompanied by the distribution of safe and nutritious packaged food items to targeted beneficiaries.
- **Promoting Kitchen Gardens:** Promotion of household and school-level kitchen gardens through the distribution of vegetable, fruit, and spice seeds, along with training on organic cultivation and vermicomposting to ensure improved nutrition among the beneficiaries with special reference to the women and children. This component enhances dietary diversity, improves access to fresh produce, and enables supplementary income generation through the sale of surplus harvests.
- **Promoting Health and Well-Being:** Preventive and promotive health interventions, including medical camps, oral hygiene and handwashing sessions, menstrual health education, and targeted awareness on nutrition and communicable diseases, supported by the distribution of health and well-being products based on local needs.
- **Self-Defence Training:** Structured self-defence training for adolescent girls aimed at building self-confidence, strengthening personal safety, and fostering essential life skills for social and personal empowerment.

This impact assessment examines the project's influence on healthcare awareness, hygiene practices, adoption of self-sustained nutritious food systems, and the overall health and well-being of children and community members. In addition, the assessment analyses variations in programme implementation and outcomes across target locations and beneficiary groups, identifies key challenges in programme delivery, reviews the extent to which programme objectives have been achieved, and provides evidence-based recommendations to strengthen sustainability and long-term impact



Coherence

Coherence with the Sustainable Development Goals (SDGs)

SDG GOAL	Target	Project Contributions
	1.2 Reduce poverty in all dimensions 1.4 Equal access to basic services	Improves access to nutrition, preventive healthcare, sanitation, and income-supporting kitchen gardens for vulnerable households
	2.1 Access to safe and nutritious food 2.2 End malnutrition 2.4 Sustainable food production systems	Nutrition awareness, safe & nutritious food distribution, promotion of climate-appropriate kitchen gardens and organic practices
	3.2 Child health and nutrition 3.8 Access to preventive healthcare 3.d Health risk awareness and prevention	Health camps, hygiene and oral health sessions, menstrual health education, disease and nutrition awareness
	4.7 Education for sustainable development	School-based awareness on nutrition, hygiene, health, environmental sustainability, and life skills
	5.1 End discrimination against women and girls 5.6 Sexual and reproductive health awareness 5.c Women and girls' empowerment	Self-Defence and Life-Skills training, menstrual health education, nutrition and health empowerment of women and adolescent girls

SDG GOAL	Target	Project Contributions
6 CLEAN WATER AND SANITATION	6.2 Access to sanitation and hygiene	Hygiene promotion, handwashing practices, menstrual hygiene awareness
12 RESPONSIBLE CONSUMPTION AND PRODUCTION	12.2 Sustainable use of natural resources 12.8 Awareness for sustainable lifestyles	Promotion of organic kitchen gardens, vermicomposting, sustainable food consumption practices
13 CLIMATE ACTION	13.3 Climate awareness and adaptive practices	Climate-resilient kitchen gardening, local food systems reducing environmental footprint

COHERENCE WITH THE MINISTRY OF CORPORATE AFFAIRS (MCA) RULES SECTION VII OF COMPANIES ACT, 2013

The project directly contributes to Item (i) of Schedule VII of the Companies Act, 2013 by addressing hunger, poverty, and malnutrition and by promoting preventive healthcare, hygiene, sanitation, and access to safe and nutritious food. Through nutrition awareness, kitchen gardens, health camps, menstrual health education, and WASH-related interventions, the programme strengthens core determinants of health and well-being among children and vulnerable rural communities.

In addition, the project indirectly contributes to Item (ii) by promoting education, life skills, and livelihood enhancement through school-based awareness programmes, capacity-building initiatives, and self-sustained food systems that support household nutrition and supplementary income.

The initiative also indirectly aligns with Item (iii) by advancing gender equality and empowering women and adolescent girls through self-defence training, improved access to health and nutrition information, and interventions that enhance safety, confidence, and social participation.

Further, the project indirectly contributes to Item (iv) by promoting environmental sustainability through kitchen gardens, organic cultivation practices, vermicomposting, and sustainable food production, thereby supporting responsible natural resource use and improved soil health.



SCOPE OF STUDY

Objectives

01 Evaluation of the processes employed and the quality of implementation of the project

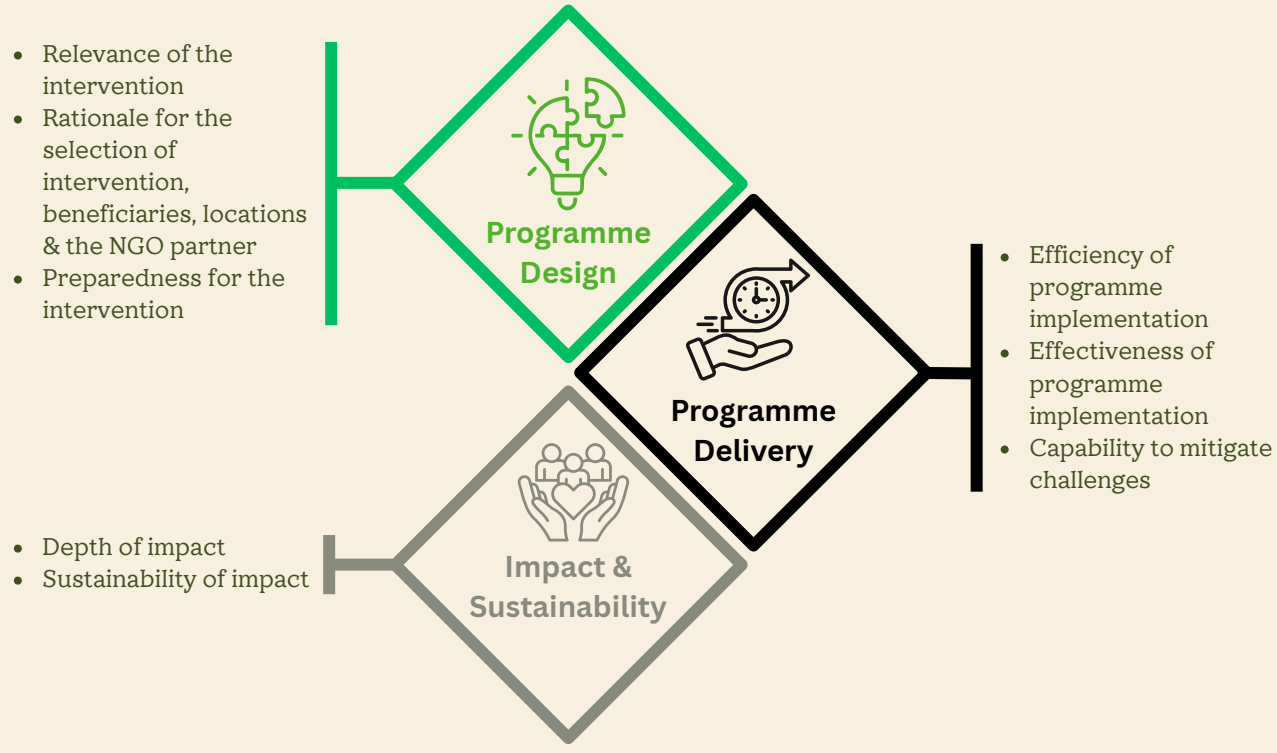
02 Documenting impact of the project on beneficiaries and other concerned stakeholders

03 Assess the project on the goals, activities, outputs, and outcomes for achieving the overall impact

04 Assess the project on parameters such as relevance, inclusivity, impact, and sustainability on the stakeholders of the programme

Methodology

The three-point assessment framework used in the assessment is developed by the Give Grants based on the OECD-DAC framework for impact assessment. It broadly investigates the following aspects:



Sampling Strategy

383
Total Sample Size

365
Beneficiary Surveys with Students and Community members

18
Interviews with other Stakeholders

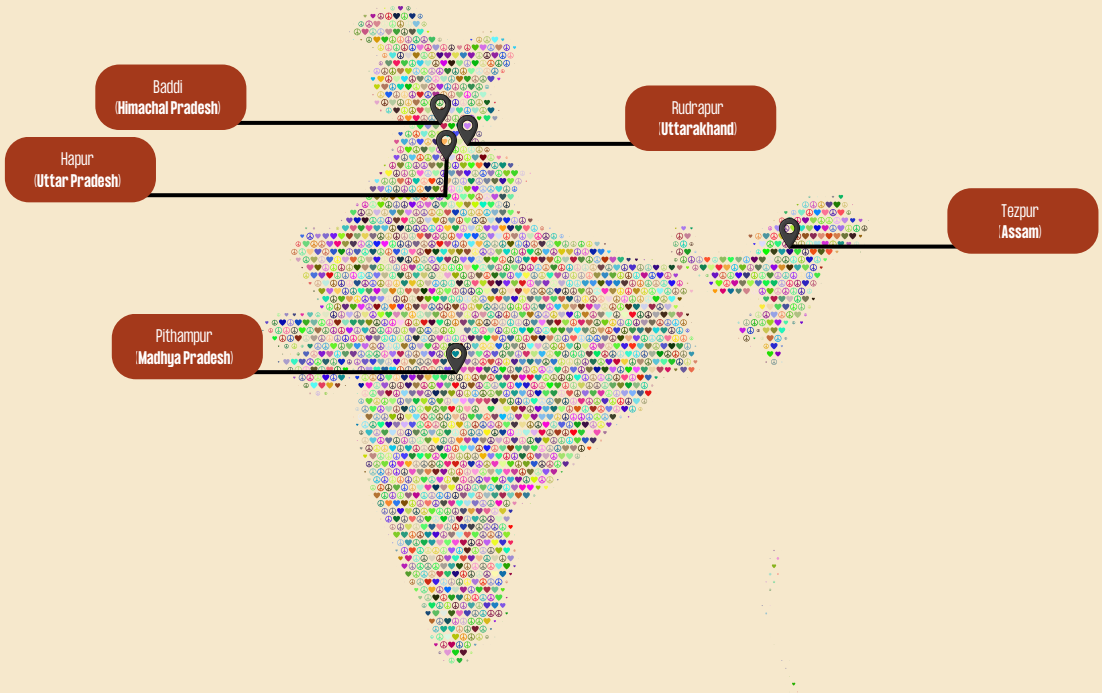
Sample Size Rationale

- Stratified sampling; Sample size predefined
- Purposive sampling at study locations
- Representatives of key stakeholders involved in the programme, in addition to beneficiries

Key Informant Interviews

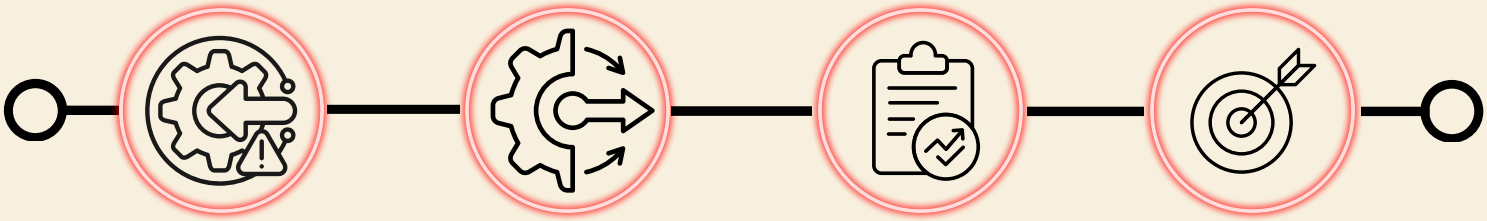
- TEACHERS 05
- HEAD MASTER 03
- HEALTH STAFF 06
- PROGRAMME TEAM: 04

Study Locations



THEORY OF CHANGE

The Theory of Change Framework (ToC) for the given programme is illustrated below:



Input

The specific actions or processes that a programme undertakes to achieve its goals and objectives.

Output

The direct and immediate results or products of the activities undertaken.

Outcome

The changes or effects that occur as a result of the outputs and activities.

Impact

The ultimate and long-term effect or result that a programme or intervention aims to achieve.

Input	Output	Outcome	Impact
• *Health, nutrition, and hygiene campaigns, events* • *Self-Defence training & MHM training for adolescent girls* • *Distribution of seeds, manure and pesticides for kitchen garden programme* • *Distribution of Safe and Nutritious food items* • *Distribution of Health and Well-Being products* • *Implementation of Self-Defence classes*	• *No. of students receiving Safe & Nutritious Food items* • *No. of students receiving Well-Being products* • *No. of students participating in Kitchen Garden activity* • *No. of students attending Self-Defence sessions* • *No. of students attending health, nutrition and hygiene related campaigns/events* • *Frequency of schools receiving products/benefits* • *No. of community members receiving the seeds* • *No. of community members using the seeds to grow crops* • *No. of community members receiving health and well-being products* • *No. of community members utilizing the products* • *No. of community members attending health, nutrition and hygiene related campaigns/events*	• *Increase in number of people having healthy and nutritious food habit* • *Increase in number of people opting for preventive healthcare and benefitting from healthcare system* • *Increase in number of people opting for healthy and hygienic living condition* • *Improvement in self-resilience and personal growth among adolescents girls*	• *Improved status in Health, Nutrition and Well-Being amongst the underprivileged sections of the society* • *Nutrition resilience in the communities*

LOGICAL FRAMEWORK ANALYSIS

A logical framework model is created against the identified ToC to reflect the identifiable indicators, means of verification, and assumptions, as given below:

	Project Summary	Indicators	Means of Verification	Assumptions
Impact ⇧	• *Improved status in Health, Nutrition and Well-Being amongst the underprivileged sections of the society*	• *% decrease in communicable diseases* • *% decrease in the dropout rate of the students* • *% improvement in students' all-round development* • *% increase in safety and security among adolescent girls* • *% number of people with improved physical and mental health*	• *M&E reports, progress reports and secondary data sources* • *KII with key stakeholders of the programme such as the ASHA/ANM/ Anganwadi workers, Dabur CSR team, teachers & Head Masters, etc.*	• *The programme has generated positive impact in the integrated development themes of Health, Nutrition, and Safety Standard in rural India*
Outcome ⇧	• *Increase in number of people having healthy and nutritious food habit* • *Increase in number of people opting for preventive healthcare and benefitting from healthcare system* • *Increase in number of people opting for healthy and hygienic living condition* • *Improvement in self-resilience and personal growth among adolescent girls*	• *% increase in food security* • *% decrease in malnutrition among the targeted beneficiaries* • *% decrease in the number of anaemic cases* • *% decrease in the number of cases for acute diseases* • *% improvement in Hygiene including menstrual hygiene behavior* • *% increase in capacity among adolescent girls to defend themselves from potential risks* • *% increase in Attendance rate of the students* • *% increase in household savings*	• *M&E reports, progress reports and secondary data sources* • *KII with key stakeholders of the programme such as the ASHA/ANM/ Anganwadi workers, Doctors team, teachers and Head Masters, etc.* • *Interactions with direct and indirect beneficiaries*	• *Benefits of the programme are reaching to the targeted community and schools* • *The targeted benefits are equipped with the knowledge and skill to keep themselves healthy*

	Project Summary	Indicators	Means of Verification	Assumptions
Output ⇧	• *No. of students receiving Safe & Nutritious food* • *No. of students receiving well-being products* • *No. of students participating in Kitchen Garden activity* • *No. of students attending self-defence sessions* • *No. of students attending health, nutrition and hygiene campaigns* • *Frequency of schools receiving products and benefits of the programme* • *No. of community members receiving seeds* • *No. of community members using seeds to grow crops* • *No. of community members receiving health and well-being products* • *No. of community members utilising health and well-being products* • *No. of community members attending health, nutrition and hygiene related campaigns/events*	• *No. of healthy students* • *No. of students having knowledge on health, nutrition and hygiene* • *No. of students having nutritious food, balanced diet* • *No. of students attending school regularly* • *Trainer/instructor to trainee/students ratio* • *No. of healthy community members* • *No. of community members having knowledge on health, nutrition and hygiene* • *No. of community members diversifying their diet* • *No. of community members having an additional source of income*	• *Interaction with beneficiaries and key stakeholders M&E reports, progress reports and secondary data sources*	• *Programme content is relevant to the local and current context* • *There is a continued demand for the programme*
Input ⇧	• *Distribution of seeds* • *Distribution of Safe and Nutritious food items* • *Distribution of Health and Well-Being products* • *Implementation of self-Defence classes* • *Implementation of health, nutrition and hygiene campaigns/events*	• *Resource availability to implement the programme* • *No. of schools onboarded* • *No. of community members engaged in the programme* • *Type of stakeholders engaged for effective programme delivery* • *No. of Subject Matter Experts and other stakeholders engaged in the programme*	• *M&E report, progress report, and program-matic documents* • *KII with programme team and key programme stakeholders*	• *Adequate resources are available for implement-ing the programme* • *Dedicated stakeholder s to facilitate the programme*

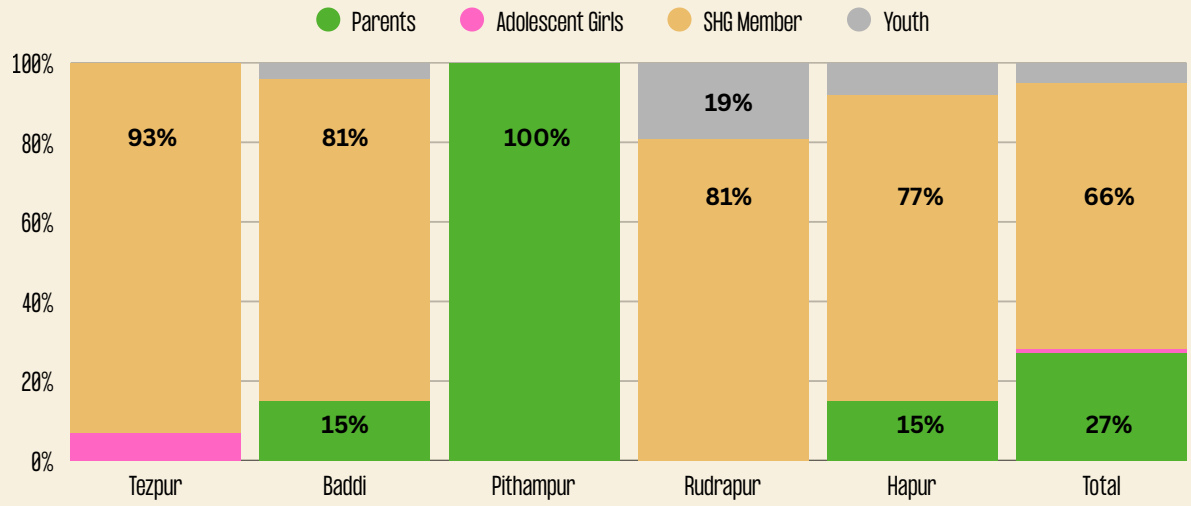

IFFCO
IFFCO


COMPUTER LAB
RULES
posture
Do not change any setting
Work quietly
Log off Properly
Your fingers
Have a home
GOVT. UPPER PRIMARY SCHOOL
U.S.NAGAR

FINDINGS & ANALYSIS

Profile of Beneficiaries

Direct Beneficiaries – Community Members

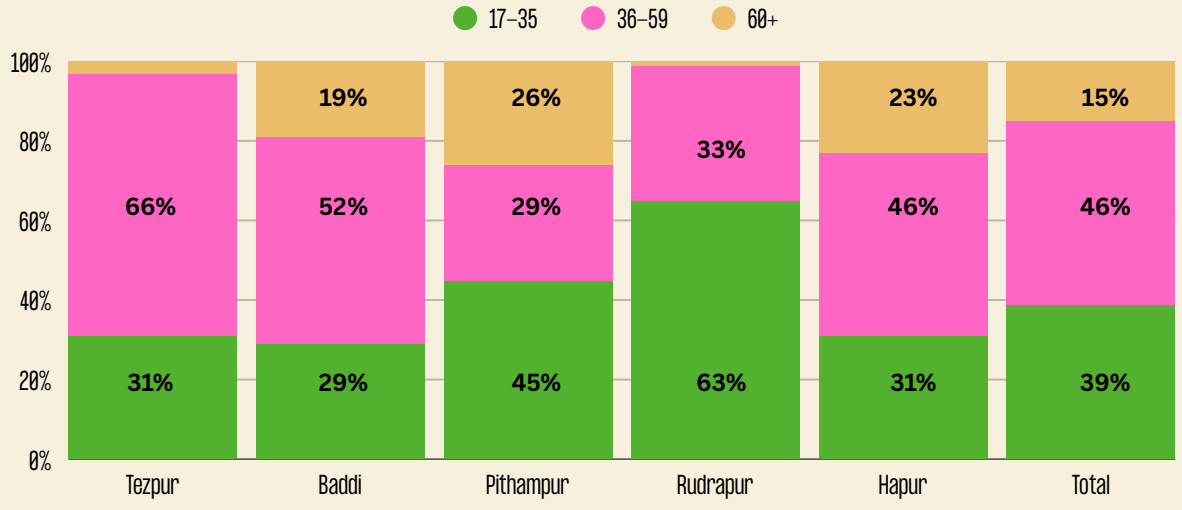


Beneficiary Composition

Across the five locations, stakeholder representation was predominantly driven by SHG members, reflecting the programme's strong engagement with women's collectives. SHG participation ranged from 77% in Hapur to 93% in Tezpur, highlighting their central role in programme activities and feedback. Youth engagement was limited overall, with the highest representation in Rudrapur (19%) and minimal inclusion elsewhere. Adolescent girls were included only in Tezpur (7%), while parents were primarily represented in Pithampur (100%) and Hapur (15%).

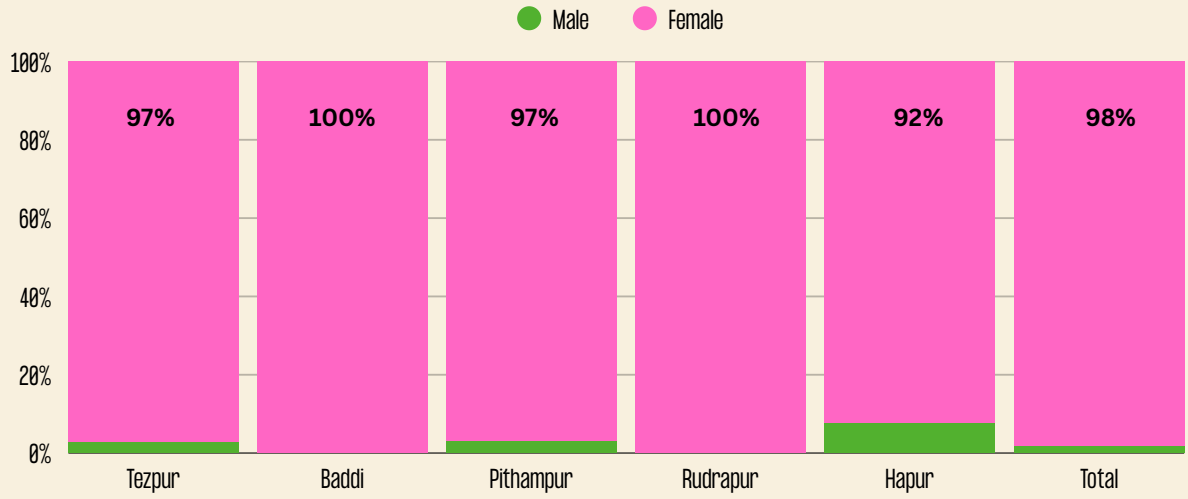
Age Distribution

The age profile of community respondents indicates a broad participation across different adult age groups, reflecting inclusive engagement in programme activities. Most respondents were concentrated in the 25–45 years age range, suggesting that the programme primarily reached working-age adults who are likely to influence household decision-making and community practices. A smaller proportion of respondents were under 25 years while those above 45 years constituted a minor share of the sample.



Gender Distribution

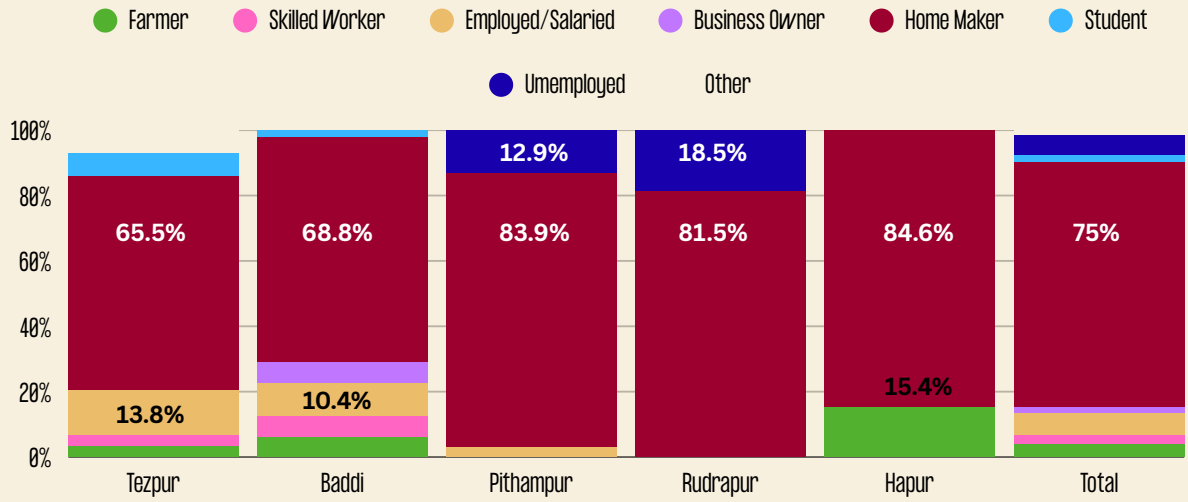
Across all locations, community respondents were predominantly female (98%). Female representation was highest in Baddi and Rudrapur (100%), while Hapur had the highest male participation at 7.7%. This pattern underscores the programme's effectiveness in reaching women, with limited male involvement suggesting potential for broader gender-inclusive engagement.



Livelihood Profile

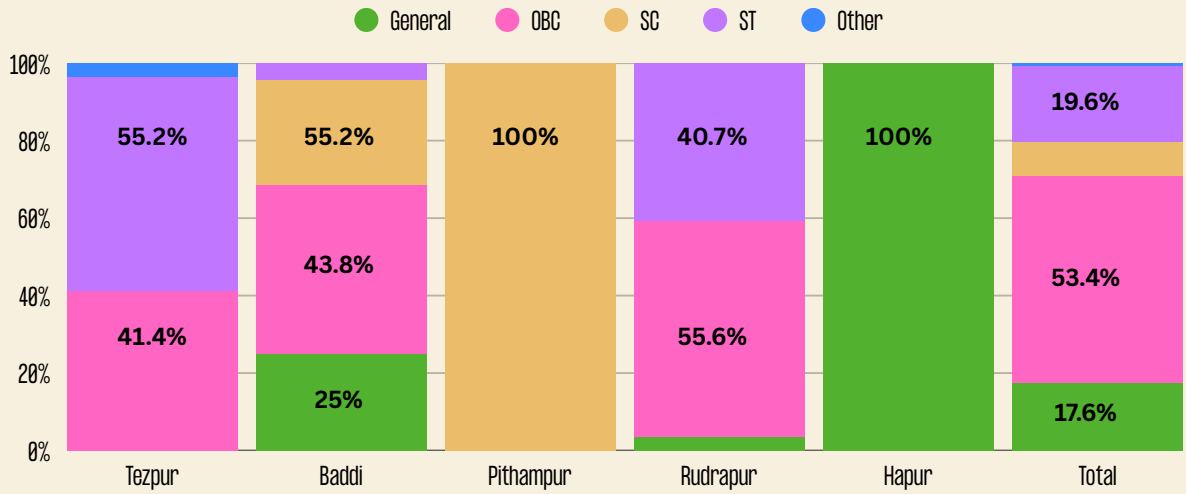
Community respondents were predominantly home makers, highlighting limited livelihood participation. Cumulatively, 75% of respondents identified as homemakers, with the highest proportions in Pithampur (83.9%), Rudrapur (81.5%), and Hapur (84.6%).

Engagement in the agrarian sector was limited, with only 4.1% of respondents identifying as farmers. Hapur had the highest representation in this sector (15.4%), followed by Baddi (6.3%).



Participation in skilled work and salaried employment was also modest, with skilled workers constituting 2.7% of respondents and employed/salaried individuals accounting for 6.8%. Tezpur showed slightly higher salaried employment at 13.8%. Business ownership and entrepreneurship were minimal overall (2%), with a small presence in Baddi (6.3%). Other livelihood categories, including students, unemployed, and other types of work, made up a minor share of respondents. Students accounted for 2%, mainly in Tezpur and Baddi, while 6.1% were unemployed and 1.4% fell under other categories.

Social Background



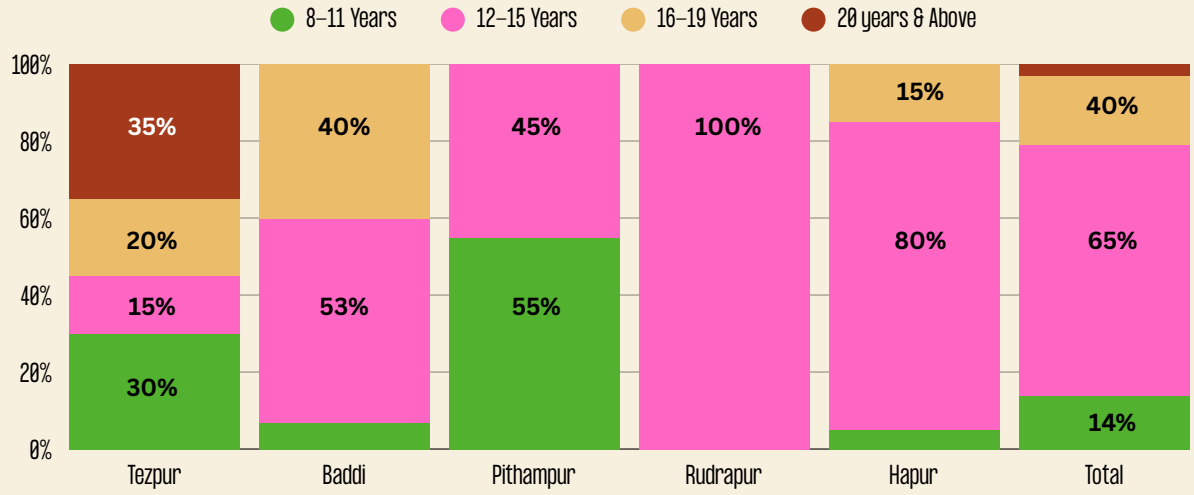
Across the surveyed locations, the majority of community respondents belonged to Other Backward Classes (OBC), accounting for 53.4% of the total sample. Scheduled Castes (SC) made up 8.8%, while Scheduled Tribes (ST) represented 19.6%, and the General category accounted for 17.6%. Location-wise, Pithampur and Hapur were entirely composed of respondents from a single category (100% SC in Pithampur and 100% General in Hapur), whereas Tezpur, Baddi, and Rudrapur displayed more diverse social representation.



Direct Beneficiary - Students

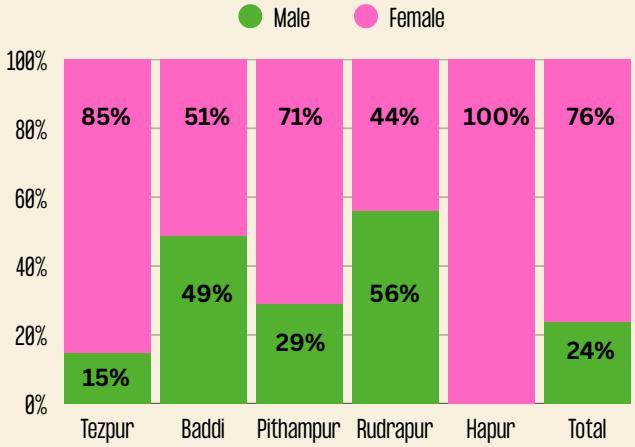
Age Distribution

The majority of student respondents are in the 12–15 years age group (65%), followed by 16–19 years (18%) and 8–11 years (14%), with only 3% aged 20 and above. Location-wise, younger students (8–15 years) dominate in Pithampur, Rudrapur, and Hapur, while Tezpur shows a more even spread across age groups, including a notable proportion above 20 years. Overall, the programme primarily engages early and mid-adolescents, with limited participation from older students.



Gender Distribution

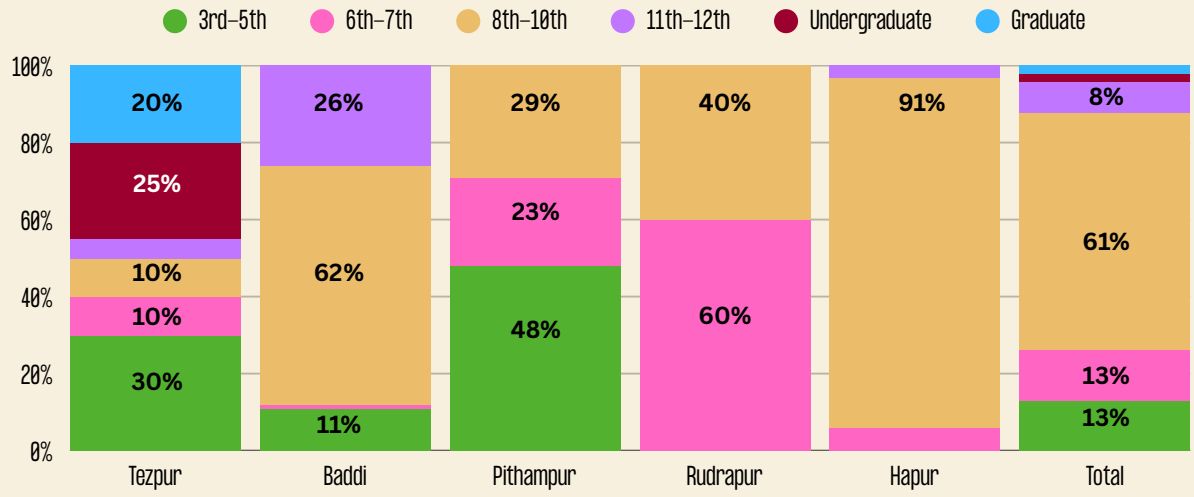
The gender distribution of student respondents shows a higher participation of female students overall, with girls accounting for 76% of the total sample compared to 24% boys. Location-wise, female students predominated in Tezpur (85%), Pithampur (71%), and Hapur (100%), indicating strong engagement of girls in these locations. Baddi demonstrated a near gender balance, with 51% female and 49% male students, while Rudrapur was the only location with a higher proportion of male students (56%).





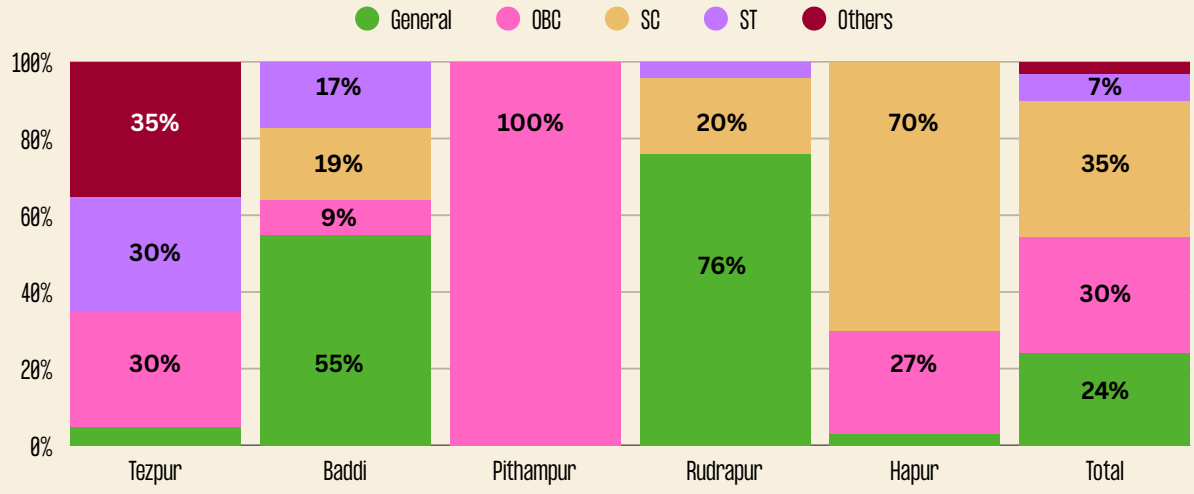
Education Profile

The education profile of student respondents indicates that the programme primarily reached middle and secondary-school students. In aggregate, the largest share of students were enrolled in Classes 8–10 (61%), followed by Classes 3–5 and 6–7 (13% each). Students in higher secondary education (Classes 11–12) constituted 8%, while undergraduate and graduate students accounted for a small proportion (2% each). Location-wise, Hapur and Baddi were dominated by students in Classes 8–10, Rudrapur primarily engaged students in Classes 6–7, and Pithampur included a higher proportion of primary school students. Tezpur showed a more diverse educational spread, including students from primary to graduate levels.



Social Background

The social category profile of student respondents reflects participation from diverse social groups, with a higher representation of historically marginalised communities. At the aggregate level, Scheduled Castes (35%) and Other Backward Classes (30%) together constituted the majority of students, while those from the General category accounted for 24%. Students from Scheduled Tribes represented 7%, and a small proportion (3%) belonged to other categories. Location-wise, Pithampur had exclusive representation from OBC students, Hapur was dominated by SC students, and Rudrapur had a strong presence of General category students. Tezpur and Baddi showed a more mixed social composition.














YZ
STAR

Programme Design

Need Assessment for Programme Design

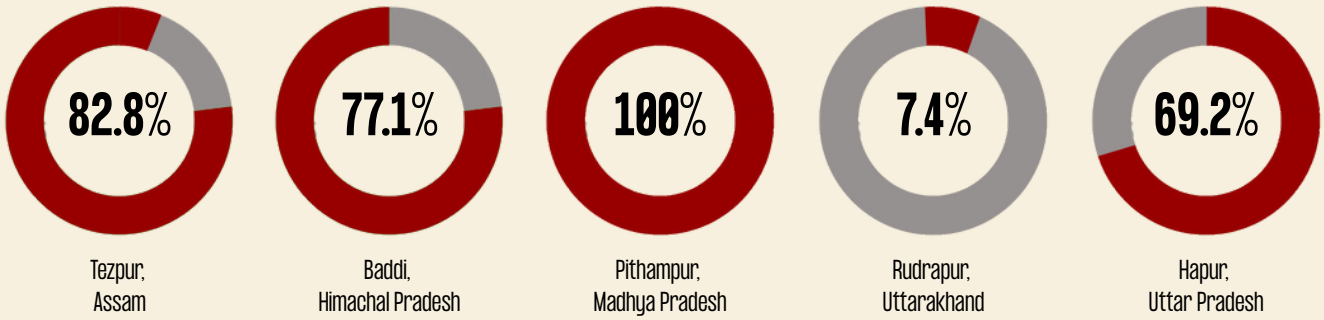
The programme design is grounded in a structured, needs-driven approach that incorporates local context, geographic specificity, and the prevailing development challenges identified through engagement with stakeholders and beneficiaries. Aligned with Dabur's Vision, Mission, and Core Values, the Swasthya aur Suraksha programme places strong emphasis on social welfare, preventive health, and the promotion of healthy living, including the principles of Ayurveda.

Needs assessments revealed critical gaps in nutrition awareness, access to quality food, hygiene practices, and sanitation. These findings directly shaped the programme's thematic focus on safe and nutritious food, health and hygiene, and behaviour change at both household and community levels. Geographic specificities and local development conditions informed context-responsive design adjustments, while partnerships with stakeholder institutions and beneficiary groups formed a central pillar of the implementation strategy.

Beneficiary and Stakeholder Engagement in Need Assessment

In aggregate, 69.6% of community members affirmed that their viewpoints and suggestions were incorporated into the programme design.

Community Engagement in Need Assessment & Programme Design



The programme's school-based implementation engaged teachers during the needs assessment phase primarily to understand school and student-level requirements and to guide the planning of programme inputs. This process involved consultations with school authorities and, in some cases, community representatives, ensuring that interventions were broadly aligned with identified needs. However, teacher engagement during the assessment and design stages remained largely limited and supportive rather than participatory. Most teachers reported having minimal or no direct role in identifying needs or influencing programme design.

Local Adaptations in Implementation Strategies and Stakeholder Engagement

The programme adopted a locally anchored, participatory design built on strong partnerships with schools, Anganwadi centres, ICDS functionaries, ASHA workers, community institutions, and grassroots health systems to ensure contextual relevance and effective delivery. Programme teams played an active role in site selection, programme conceptualisation, budgeting, coordination, and implementation, particularly in Pithampur and Rudrapur, where locations were chosen based on assessed community needs. Collaboration with Panchayats, SHGs, civil society actors, and subject-matter experts, along with the integration of stakeholder feedback, strengthened programme ownership, alignment with ground realities, and the sustainability of interventions across diverse geographies.



Institutional Partners

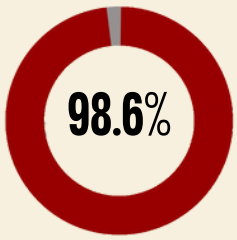
Type of Stakeholder	Agencies	Engagement Type
Governance Systems	*Block Development Office, Local Panchayat, Health Department, Education department*	*Securing approvals, Coordination with school administration, PHC and ICDS Reach out to community members, Baseline assessments for identifying local needs*
Primary Health Centres and Allied Grassroot level health workers (ASHA, ANM, AWW, etc)	*PHC, ICDS Centre*	*Health and Well-being messaging, screening (oral hygiene), MHM messaging, addressing malnutrition and anaemia*
Education Institutions	*Schools*	*Health messaging for children, distribution of products (kitchen garden, SNF, Wellness products), Monitoring, on-ground logistics*
Civil Society Organizations/ Collectives	*Self Help Groups*	*Health messaging for children, distribution of products (kitchen garden, SNF, Wellness products), Monitoring, on-ground logistics*



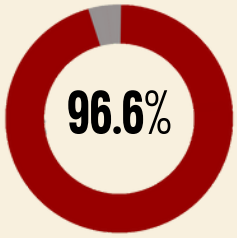
Kitchen Garden, Safe & Nutritious Food Programme

The IA findings affirm that the programme demonstrates strong relevance across all implementation locations, as it effectively addresses three interlinked and contextually significant challenges:

- Increasing household food expenditure
- Limited access to chemical-free and nutritious vegetables, and
- Gaps in nutrition awareness, particularly among women and children



Kitchen Garden



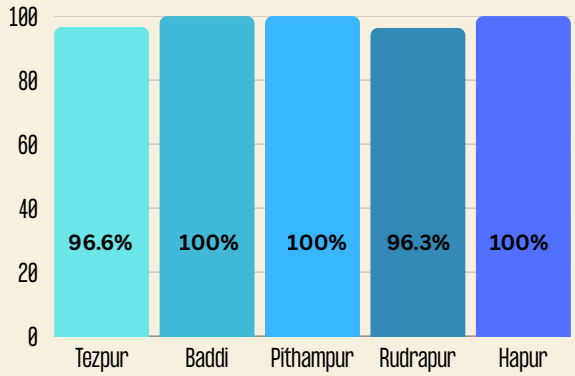
Safe & Nutritious Food

Community Preference of Programme Components

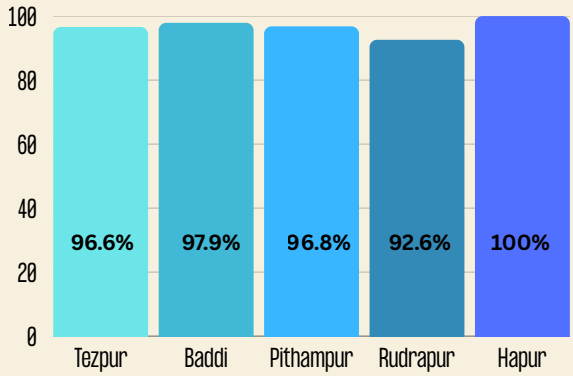
Community preference across programme components is strongly positive, with the Kitchen Garden and Safe & Nutritious Food interventions emerging as the most valued. Overall, 98.6% of respondents reported the Kitchen Garden as highly preferred, reflecting its direct household-level benefits and its relevance to food security and improved nutrition. Similarly, 96.6% of community members expressed a high preference for the Safe & Nutritious Food component, indicating strong acceptance of interventions aimed at enhancing diet quality, food safety, and nutrition awareness.

The intervention is especially relevant in Tezpur and Hapur, where the community members reported high market dependency and price volatility. In Pithampur and Baddi, relevance is reinforced through alignment with existing agrarian practices and backyard land availability.

Community Preference of Programmes - Kitchen Garden



Community Preference of Programmes - Safe & Nutritious Food

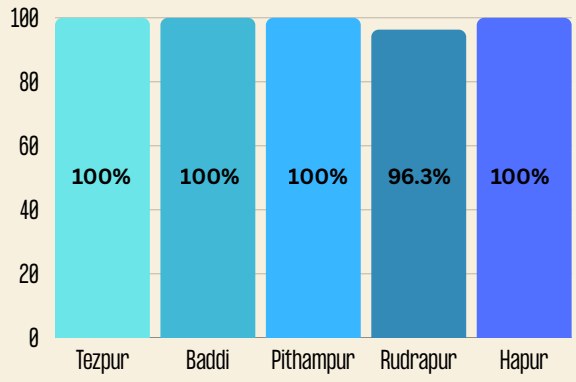


Across all locations, these preferences reflect that the programme design is context-responsive, need-driven, and aligned with local realities, fostering meaningful engagement and ownership among participants. The strong preference for programme components underscores their practical applicability, immediate relevance, and potential for sustainable adoption, confirming the programme's effectiveness as a development approach.

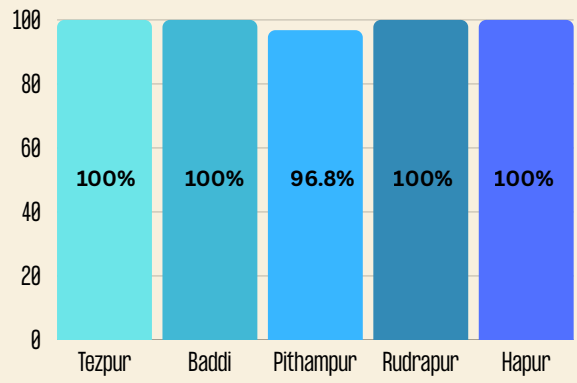




Community's Perceived Helpfulness - Kitchen Garden



Community's Perceived Helpfulness - Safe & Nutritious Food

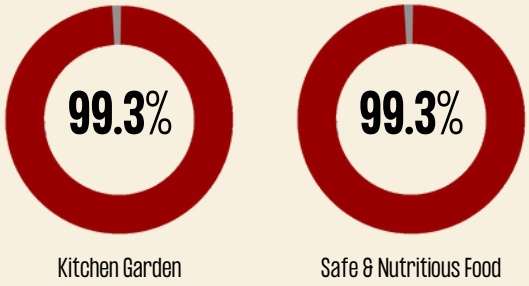


Perceived Helpfulness of the Programme Components

The programme components were perceived as highly helpful by beneficiaries across all locations, reflecting strong functional relevance and effective delivery. Both the Kitchen Garden and Safe & Nutritious Food interventions received near-universal positive responses, with 99.3% of respondents reporting that they found the activities helpful.

Location-wise variance was minimal, with all sites reporting above 96% of beneficiaries finding the interventions helpful. Slight differences, such as the 96.3% in Rudrapur for the Kitchen Garden and 96.8% in Pithampur for the Safe & Nutritious Food programme, are minor and do not indicate any substantial disparity in programme effectiveness.

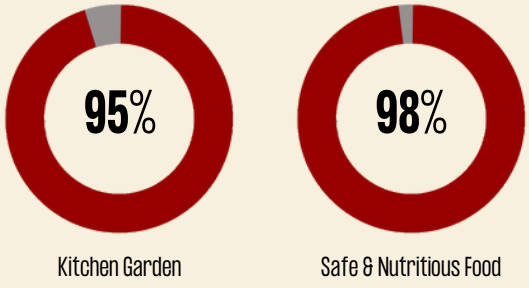
Community Perceiving Programme Components as Helpful

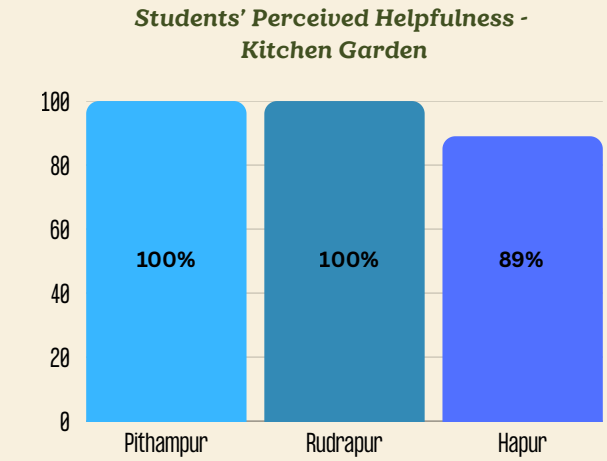


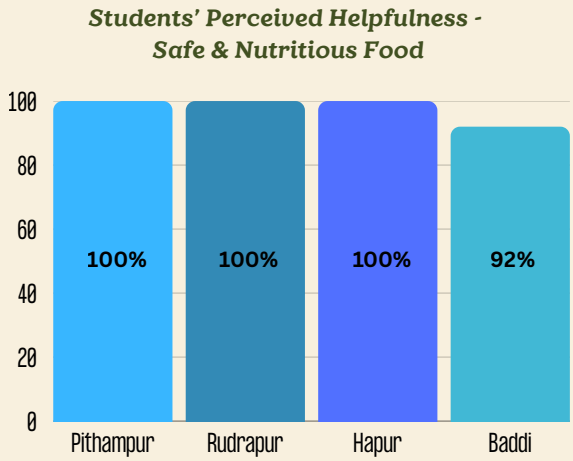
Across programme components, beneficiaries reported very high levels of perceived helpfulness, indicating strong relevance and effective delivery. The Safe & Nutritious Food (SNF) intervention was rated as very helpful by an overwhelming majority of respondents (98% overall), with only a small proportion (2%) finding it somewhat helpful.

Similarly, the Kitchen Garden component received strong affirmation, with 95% of respondents overall rating it as very helpful and only 5% indicating it was somewhat helpful.

Students Perceiving Programme Components as Helpful







*The kitchen garden was a school-based intervention in Baddi; hence, data was not collected.

The findings underscore that both programme components were widely perceived as highly helpful, reinforcing their practical value, acceptance, and effectiveness in meeting beneficiary needs across diverse geographic contexts.





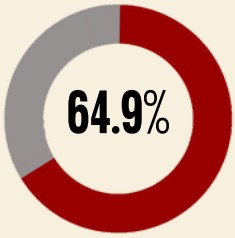




Promotion of Health & Well-Being

At the aggregate level, the Promoting Health and Wellbeing component received a strongly positive response from beneficiaries. Nearly two-thirds of respondents (64.9%) rated the programme as highly preferred, indicating high perceived relevance and usefulness. A smaller share (7.4%) reported the programme as somewhat preferred, suggesting moderate engagement among a limited group.

Community's Preference of Programme Compenents



Health & Well-Being

The Promoting Health and Well-Being programme shows clear regional variation in beneficiary preference. Hapur (Uttar Pradesh) emerges as the most relevant and effective location, with 100% of respondents rating it as highly preferred, followed closely by Tezpur (Assam) and Pithampur (Madhya Pradesh), both reporting very high levels of strong preference (96.6% and 93.5% respectively). Rudrapur (Uttarakhand) demonstrates slightly lower but still positive acceptance (88.9%). In contrast, Baddi (Himachal Pradesh) records predominantly not preferred responses (79.2%).

Across both communities and students, the Health & Well-Being awareness component was perceived as highly helpful, with overwhelmingly "very helpful" ratings and negligible variation across locations. Minor differences observed at select sites reflect contextual engagement dynamics rather than limitations in relevance or effectiveness.

Perceiving Programme Component as Helpful



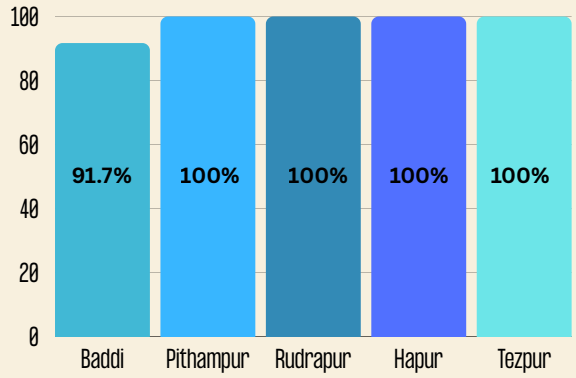
Community Students



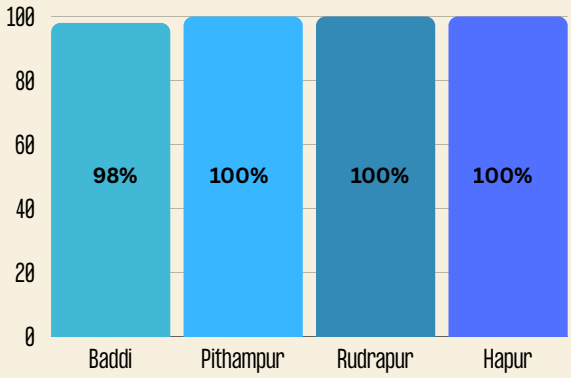
The programme effectively enhances knowledge of personal health, oral hygiene, and hygiene mindfulness, while also addressing menstrual health, where applicable. Nearly all students reported that the health camps provided adequate knowledge to maintain their health and encouraged them to adopt good hygiene practices at home, in school, and in public spaces.

Location-wise variation was limited and marginal. All locations, except Baddi, reported near universal very helpful responses, with minor variation observed only in Baddi, where a small share of respondents rated it as somewhat helpful.

Perceived Helpfulness - Community Members



Perceived Helpfulness - Students



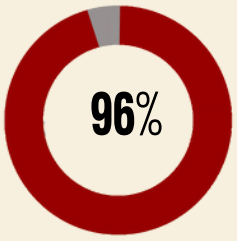




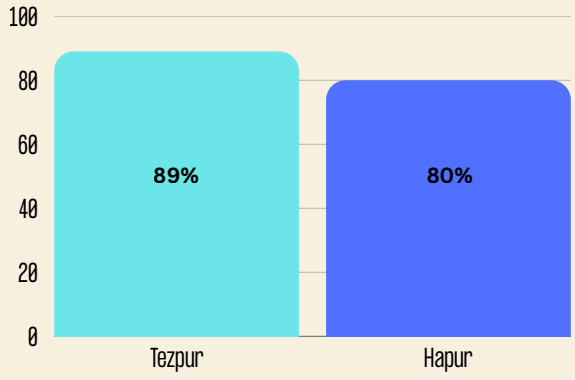
Self-Defence Training

Student perception data clearly indicate that the self-defence training is highly relevant for adolescent girls across the programme locations. The overwhelming majority of respondents rated the sessions as very helpful (96%), and none rated them as not helpful, reflecting strong alignment with adolescents' safety, confidence-building, and gender empowerment needs. The consistently high perceived helpfulness suggests that the training was age-appropriate, contextually grounded, and responsive to the real and perceived safety concerns faced by adolescent girls.

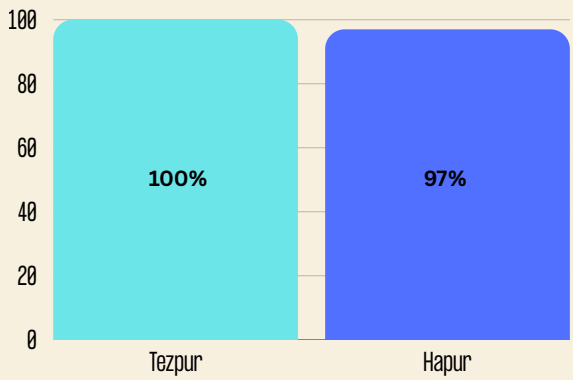
Students Rating Programme Component as Helpful



Helpfulness in General Terms Self-Defence



Helpfulness in Educating Gendered Safety Challenges and Risks



Tezpur: The majority of students (89%) rated the self-defence training as very helpful, while 11% found it somewhat helpful, indicating high relevance with minor variation in perceived helpfulness. All students reported that the training provided helpful information on the safety of women and girl child. Of these, 44% stated that the training enabled them to defend themselves and navigate risky situations effectively, while 56% reported gaining basic knowledge but expressed a desire for additional or more advanced training.

Hapur: Students in Hapur demonstrated exceptionally high acceptance, with 100% rating the self-defence training as very helpful. All participants affirmed that the training provided helpful information on women and girls' safety, with 97% reporting strong confidence in their ability to defend themselves and respond to danger. Only 3% indicated that while the training was helpful, further reinforcement could enhance their confidence. Self-Defence training was not implemented in Rudrapur, Baddi and Pithampur, and hence no data on student perceptions is available.



Conclusion

Overall, the programme demonstrates strong relevance to the needs of direct beneficiaries living in geographically dispersed and socio-economically disadvantaged settings. The high concentration of participants from rural and semi-urban areas, the significant representation of women, students from marginalised social groups, and households engaged primarily in domestic or informal livelihoods all highlight the programme's alignment with structural vulnerabilities. By integrating interventions across health, nutrition, safety, and well-being, the programme effectively addresses critical gaps in access, awareness, and protective resources, making it well-suited to the lived realities of underserved communities.

Voices Of Our Stakeholders

With our intervention, enrolment strength in government schools has increased, contributing to improved access and quality of education. By distributing health and nutrition products, we have helped reduce dropout rates, as healthier students attend school more regularly. Delivering the programme within schools ensures that nutritional awareness and essential products support children to stay healthy, reduce illness, and engage more effectively in learning.

Key Informant Interviews with Programme Implementation Team

The programme helped us realise the health risks of chemical-based vegetables and showed us how growing our own organic vegetables at home is better for our family's nutrition.

Community Member, Tezpur

Students receive fruit juices and Chyawanprash under the SNF programme, which are expensive outside and unaffordable for them on their own.

Praveen Kumary, School Teacher, Baddi



Programme Delivery

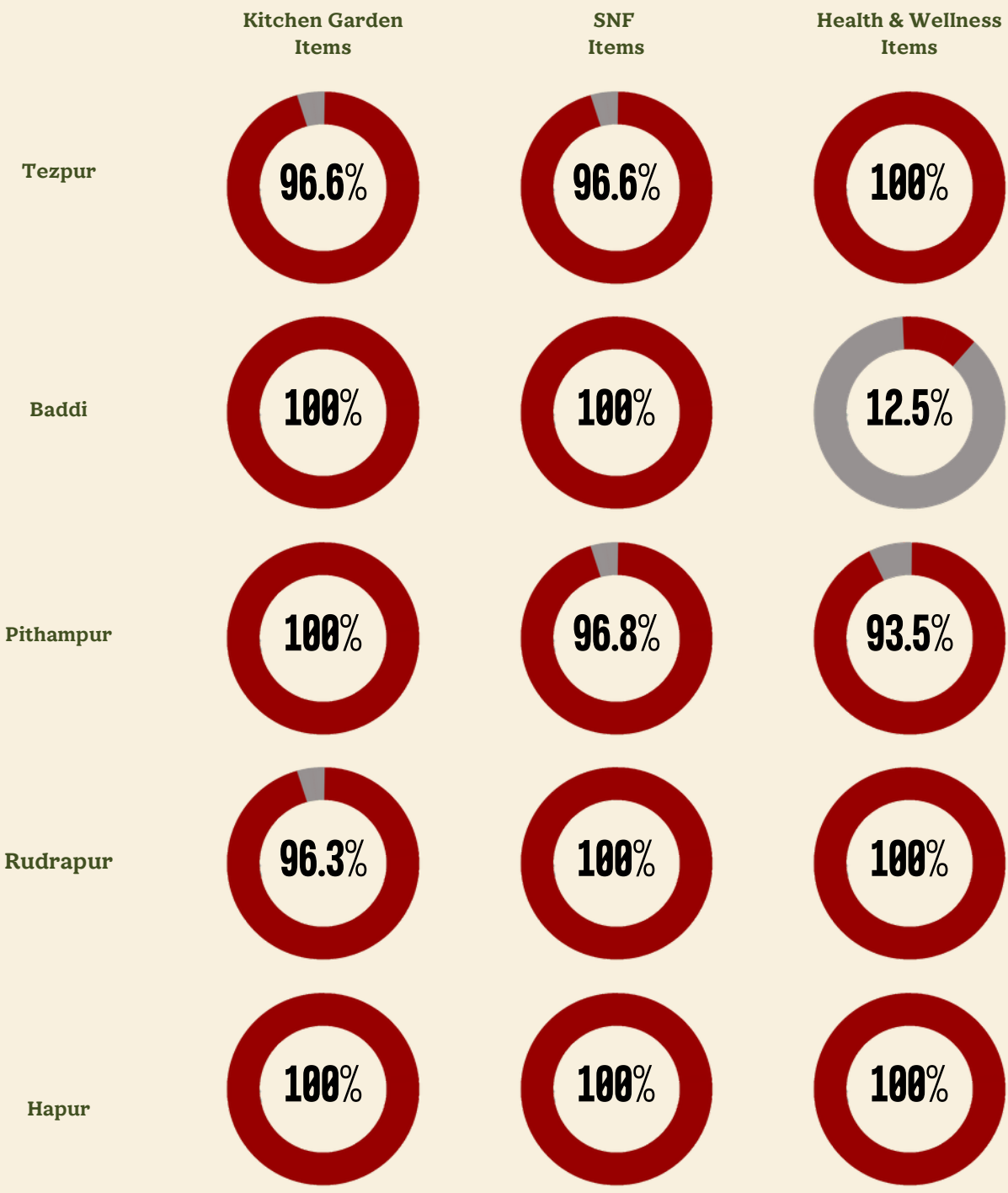
Distribution of Benefits in Kind (Community Members)

Efficiency of item delivery under the Dabur Swasthya aur Suraksha (SAS) Project varied across locations in terms of coverage, frequency, and distribution models, as reported by community members.

- **Tezpur:** 96.6% of respondents received Kitchen Garden items, 96.6% received Safe & Nutritious Food items, and 100% received Health & Well-Being items. Items were largely received once during the programme (96.6% for Kitchen Garden, 93.1% for Safe & Nutritious Food, and 96.6% for Health & Well-Being), indicating a one-time distribution model with limited recurring supply.
- **Baddi:** 100% of respondents received Kitchen Garden and Safe & Nutritious Food items, while among the sampled beneficiaries, only 12.5% received Promotion of Health & Well-Being items. Kitchen Garden items were received either once during the programme (54.2%) or monthly (45.8%), Safe & Nutritious Food items were predominantly received once (83.3%), and 87.5% of respondents reported not receiving any Health & Well-Being items.
- **Pithampur:** Demonstrated near-universal receipt, with 100% receiving Kitchen Garden items, 96.8% receiving Safe & Nutritious Food items, and 93.5% receiving Promotion of Health & Well-Being items. Distribution was primarily one-time, with 100% receiving Kitchen Garden items once, 96.8% receiving Safe & Nutritious Food items once, and 93.5% receiving Health & Well-Being items once, reflecting consistent but non-recurring input delivery.
- **Rudrapur:** 96.3% received Kitchen Garden items, and 100% received both Safe & Nutritious Food and Health & Well-Being items. However, distribution followed a recurring monthly model, with 92.6% receiving Kitchen Garden items monthly and 96.3% receiving both Safe & Nutritious Food and Health & Well-Being items monthly, indicating higher delivery intensity.
- **Hapur:** 100% of respondents received items across all three components, with a predominantly monthly distribution pattern (92.3% for Kitchen Garden, Safe & Nutritious Food, and Health & Well-Being), while 7.7% reported one-time receipt, suggesting regular and sustained input delivery.



Community Members Received Provisions



Overall, the findings indicate high delivery efficiency in terms of coverage, alongside location-specific variations in distribution frequency and component reach, reflecting different operational efficiency trade-offs across project sites.

Distribution of Benefits in Kind (Students)

Type of food items - SNF

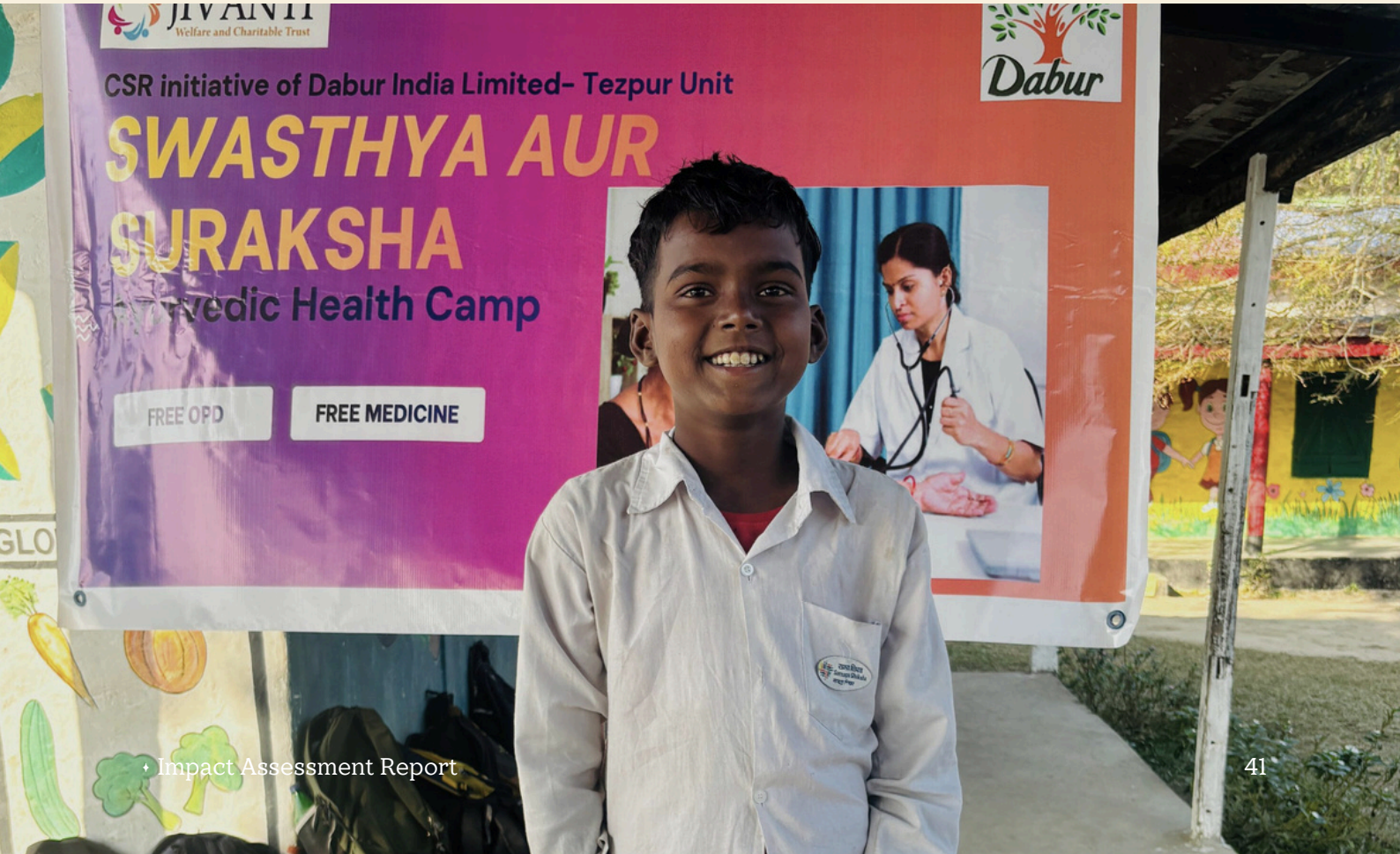
Across locations, almost all students (~100%) reported receiving packaged juice and food items, indicating uniform coverage of core nutrition support. Health and nutritious items such as honey and ghee were received by 75% of students overall, with near-complete coverage in Pithampur, Rudrapur, and Hapur but lower uptake in Baddi. Ration kits were reported by 30% of students overall and were exclusively received in Hapur (70%), reflecting a location-specific, need-based intervention.

Student feedback indicates very high acceptability of the food items, with nearly all respondents (~100%) across all locations reporting that they liked the food provided. This suggests that the products were age-appropriate and aligned with students' taste preferences, supporting regular consumption. A large majority of students (89%) also reported sharing the food items with family members, reflecting positive household-level spillover effects. However, 11% – primarily from Hapur (26%) – did not share the items, indicating some location-specific variation in consumption and sharing practices.

Frequency of Distribution

Overall, most students reported receiving food items either once every three months (52%) or once a month (42%), indicating relatively regular distribution cycles under the programme. Quarterly distribution was predominant in Baddi (96%), Pithampur (65%), and Rudrapur (100%), while monthly distribution was more common in Hapur (80%) and Tezpur (71%, combining monthly and annual). A very small proportion of students (1%) reported receiving items once every six months, limited to Baddi. Annual distribution was reported by 5% of respondents, mainly from Hapur (10%) and Tezpur (14%), reflecting some location-specific variation in delivery frequency.

Overall, 61% of students reported that the food items lasted for about one month, indicating general adequacy of the support provided. Sixteen percent stated that the stock lasted for more than a month, driven mainly by Pithampur (77%) and Tezpur (86%). In contrast, 23% reported that the items were consumed immediately upon receipt, particularly in Baddi (64%) and Hapur (14%). These variations reflect differing household needs and food security contexts across locations.



Key Findings

Universal Coverage of Kitchen Garden Inputs: 100% of students across all locations, except Baddi, received seeds, demonstrating effective last-mile delivery and complete coverage of the Kitchen Garden component.

Differentiated Distribution Models for Safe & Nutritious Food: Monthly distribution in Hapur and Pithampur supported regular consumption. In contrast, quarterly distribution Rudrapur reflected adaptive but lower-intensity logistical models.

Stock Adequacy Varies by Location: Rudrapur showed well-calibrated provisioning with one-month stock adequacy; Pithampur's bulk distribution ensured longer availability but may affect intake continuity; immediate consumption in Baddi indicates possible under-provisioning; Hapur displayed relatively balanced adequacy.

Standardised yet Context-Responsive Food Composition: Packaged food and juice items ensured uniform baseline coverage, while nutritious add-ons such as honey and ghee enhanced dietary value across most locations; ration kits in Hapur reflect a consolidation strategy to maximise household utility.

High Overall Delivery Efficiency with Scope for Optimisation: While coverage and delivery efficiency are strong across both components, closer alignment between distribution frequency, quantity, and nutritional objectives would further improve efficiency and sustained impact across locations.

Extremely High Satisfaction: Nearly all student beneficiaries across all project locations reported liking the SNF items, with affirmative responses at or near 100%, reflecting strong acceptance in terms of taste, familiarity, and usability.

Household-Level Impact: A majority of students (89% overall) reported sharing the food items with family members, indicating that SNF support extended benefits beyond direct beneficiaries and contributed to household nutrition.

Context-Specific Patterns: Lower sharing levels in Hapur appear to reflect more individualised consumption rather than dissatisfaction, underscoring that the SNF component was broadly well-received and socially valued.





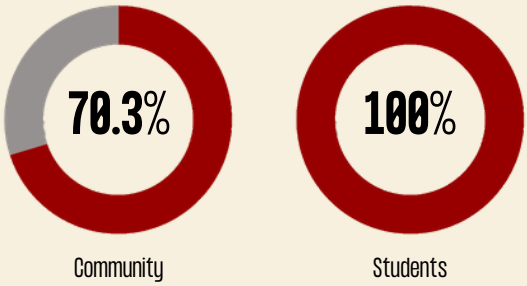


Awareness Creation & Capacity Building

Kitchen Garden

The beneficiaries were offered training for efficient and effective implementation of the project. Overall, 70.3% of community respondents and 100% students reported being taught how to set up a kitchen garden, indicating moderate-to-high coverage of capacity-building interventions across project locations.

Received Training on Kitchen Garden Set-Up







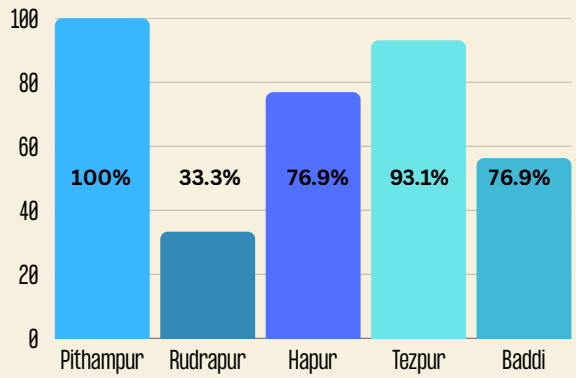
Training coverage among community members was highest in Pithampur (100%) and Tezpur (93.1%), reflecting a strong emphasis on awareness creation and skill development. Hapur also demonstrated substantial coverage, with 76.9% of respondents reporting receipt of training, indicating effective household-level capacity development.

In contrast, Baddi (56.3%) and Rudrapur (33.3%) reported comparatively lower coverage, largely attributable to beneficiaries' pre-existing knowledge of kitchen gardening (43.8% and 48.1%, respectively). This suggests a partial reliance on existing community capacities rather than exclusively on structured, programme-led training interventions.

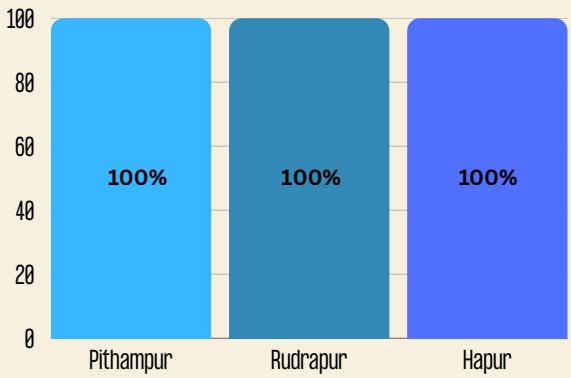
Training coverage among students was uniformly high across Pithampur, Rudrapur, and Hapur, where 100% of student respondents reported receiving guidance related to Kitchen Garden activities, reflecting strong integration of capacity-building components within school settings.

In Tezpur, all participating students (7 out of 7) similarly reported having received training on setting up and maintaining kitchen gardens.

Kitchen Garden Training Coverage: Community Members

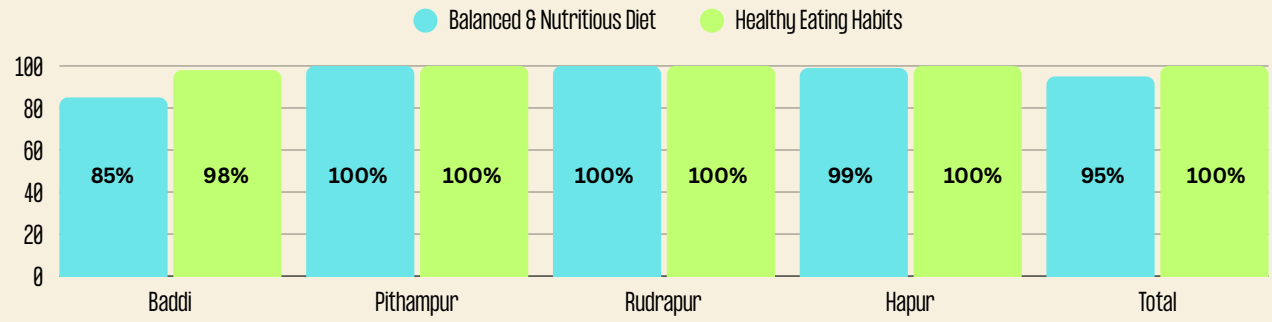


Kitchen Garden Training Coverage: Students



Awareness on Safe & Nutritious Food

The assessment indicates very high awareness of Safe and Nutritious Food (SNF) among student beneficiaries, with 95% demonstrating understanding of a balanced and nutritious diet and 100% reporting awareness of healthy eating habits across all project locations.



Key Findings

High Overall Awareness: Across locations, student understanding of balanced diets and healthy eating habits was strong, with Pithampur and Rudrapur achieving universal awareness and Hapur recording near-universal comprehension, reflecting effective nutrition education delivery.

Strong Knowledge of Food Groups: 84% of students overall reported that the programme equipped them with essential knowledge on assigning nutrients to different food groups, with full understanding reported in Tezpur and Pitampur. Baddi (91%) and Hapur (81%) also showed high awareness, indicating successful dissemination of nutrition concepts. Rudrapur showed comparatively lower clarity, with only 56% of students reporting full understanding and 44% indicating partial or no awareness, suggesting the need for more structured or reinforced nutrition education in this location to strengthen conceptual comprehension.

While the programme effectively improves awareness and promotes healthy eating habits in most locations, targeted reinforcement in lower-performing areas can ensure uniform comprehension and facilitate deeper application of nutrition knowledge in daily food choices. Baddi showed a small gap between habit-based awareness and conceptual nutrition understanding, while Hapur recorded near-universal awareness, indicating effective message dissemination with only limited scope for reinforcement.

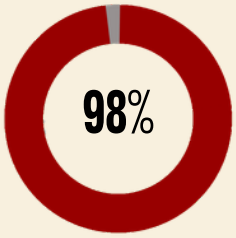


Training Efficacy

The findings indicate very high training efficacy in equipping beneficiaries with essential knowledge and skills related to nutrition, kitchen gardening, and safe and nutritious food practices. An overwhelming 98% of respondents reported that the programme equipped them "to a great extent", demonstrating strong effectiveness of the training design, content relevance, and delivery mechanisms. Only a small minority (2%) felt that the programme equipped them "to a certain extent".

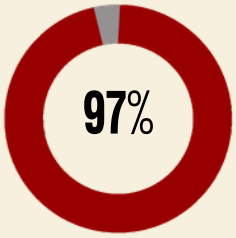
Overall, 97% of student respondents expressed confidence in their capabilities, reflecting the effectiveness of the Kitchen Garden intervention in building practical skills and knowledge. This confidence was uniformly strong across locations, with 100% affirmative responses in Pithampur and Rudrapur, and 97% in Hapur, suggesting consistent outcomes across diverse contexts.

Community Members Reporting Improved Knowledge and Skills after Training



Community

Students Reporting Confident to Set-Up Kitchen Garden after Training



Students



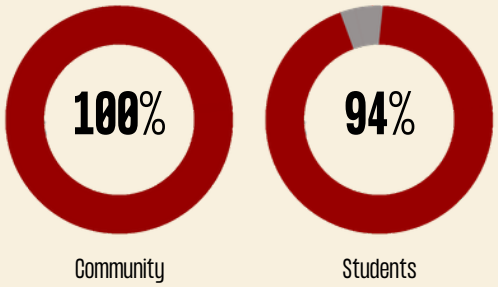




Health & Well-Being

Health & well-being training for community members show a universal coverage (100%) for all locations, and for student beneficiaries it is 94%. While full coverage achieved in Baddi, Pithampur, Rudrapur, and Hapur, Tezpur reported comparatively lower coverage (35%).

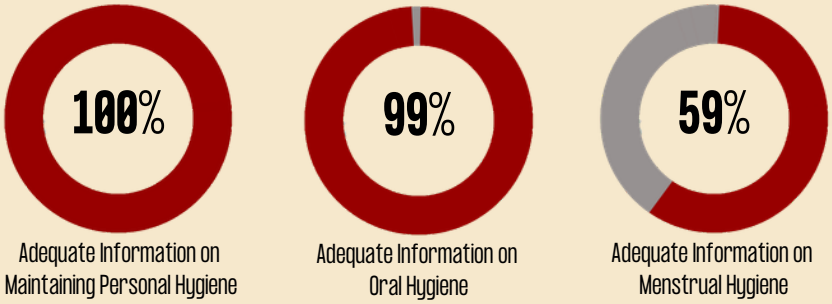
Received Training on Health & Well-Being



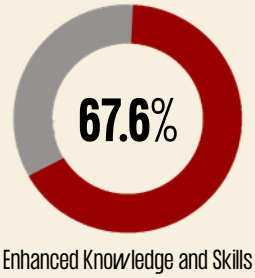
Training Efficacy

The Health and Well-Being component demonstrates high training efficacy, with near-universal affirmation of knowledge gains and behaviour influence across project locations. All student respondents (100%) reported that the health camps provided adequate knowledge to maintain personal health, indicating strong effectiveness of the training content and delivery.

Students on Health & Well-Being Training Efficacy



Community Members on Health & Well-Being Training Efficacy



Awareness creation on oral hygiene was particularly robust, with 99% of respondents overall acknowledging receipt of relevant information, reflecting consistent messaging and effective dissemination across sites. In contrast, coverage of menstrual health and hygiene showed moderate and uneven reach, with 59% of respondents overall reporting exposure to this topic and notable variation across locations. This suggests that while the component was impactful where delivered, its implementation was selective or context-dependent, indicating scope for standardisation and deeper integration across all geographies.

Importantly, the training translated into positive behavioural intent, as 100% of respondents reported that the programme encouraged them to practise good hygiene at home, in schools, and in public spaces.

Furthermore, majority of community members (67.6%) reporting that the programme enhanced their knowledge and skills to a great extent, indicating meaningful learning outcomes in most locations. However, a notable proportion (25.7%) reported no change, suggesting uneven baseline knowledge levels or variability in engagement and exposure.



Self-Defence Training

Student perceptions of the self-defence training were strongly positive in the two locations where it was implemented – Tezpur and Hapur. In Tezpur, 16 out of 18 students felt the programme trained them well in self-defence, and all students reported gaining awareness on the safety of women and girls. In Hapur, 97% of students reported effective self-defence training and 100% affirmed improved safety awareness, indicating high relevance and impact of the intervention.

Students reported high perceived helpfulness of the self-defence training, with 80% overall stating that it was very helpful in enabling them to defend themselves and navigate risky situations. The remaining 20% found the training somewhat helpful, indicating that while foundational skills were gained, there is demand for deeper or refresher training to strengthen confidence and application.

The efficiency of the self-defence training is reflected in both the delivery methods adopted and the strong learner response in the implementing locations. In Tezpur, the training followed a blended approach, combining lectures, visual references, and demonstrations, enabling 17 out of 18 students to report development of instinctive self-defence skills, while all participants expressed satisfaction with attending the sessions.

In Hapur, the training was delivered entirely through demonstrations, reflecting a highly practical and time-efficient approach, with 100% of students reporting that the training helped develop instinctive self-defence and that they enjoyed attending the sessions. Overall, the consistently high effectiveness and satisfaction levels indicate that the self-defence training was efficiently delivered, with context-appropriate pedagogical choices contributing to strong learning outcomes and participant engagement.

Training Efficacy

The self-defence training covered a broad mix of practical and cognitive skills, with strong emphasis on physical preparedness and situational awareness. In both Tezpur and Hapur, a high proportion of students reported learning to use physical strength for self-protection and to stay alert to their surroundings, along with effective use of everyday objects as tools for defence, indicating a practical and context-relevant training design.

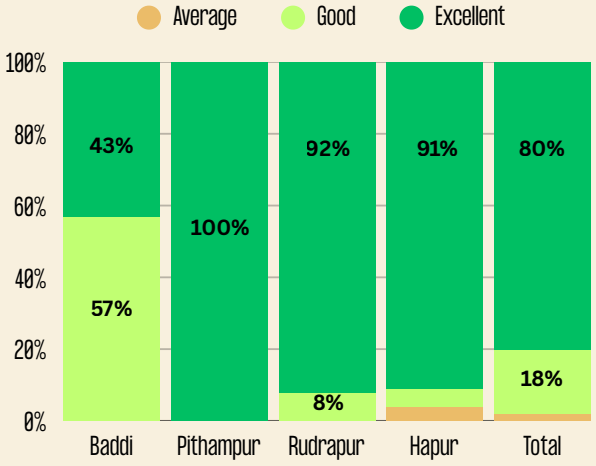
However, comparatively fewer students reported being trained in staying calm during stressful situations or receiving all components comprehensively, suggesting that while physical and tactical aspects were well covered, there is scope to strengthen the psychological preparedness and integrated skill-building elements of the training.



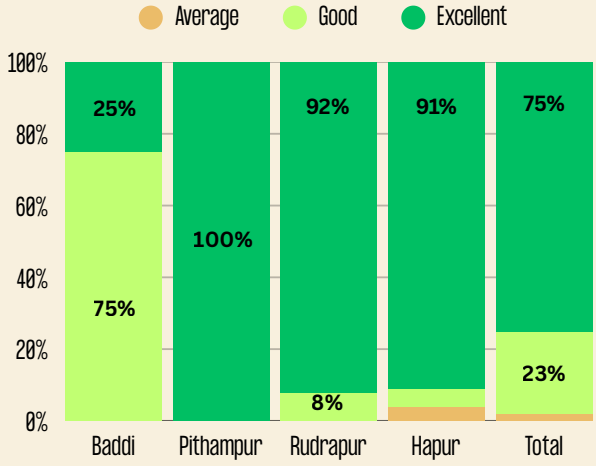
Participant Perception on Training Efficiency

Students

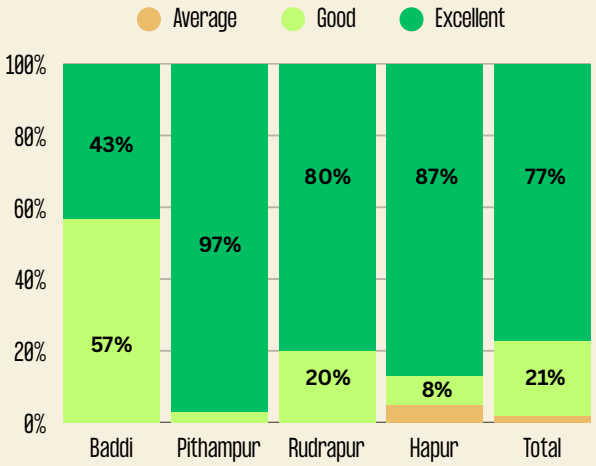
Trainers'/Instructors' Knowledge



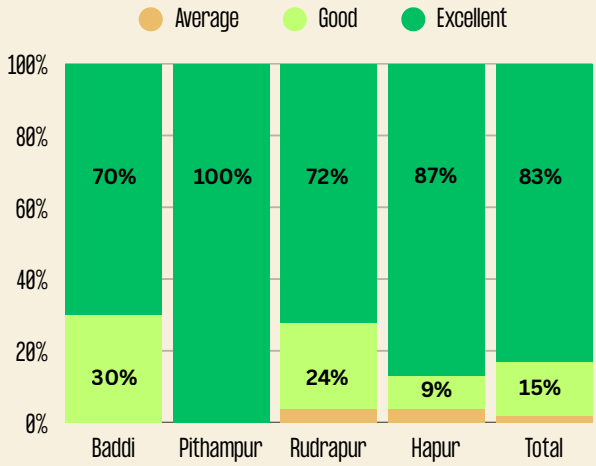
Trainers' Response to Queries



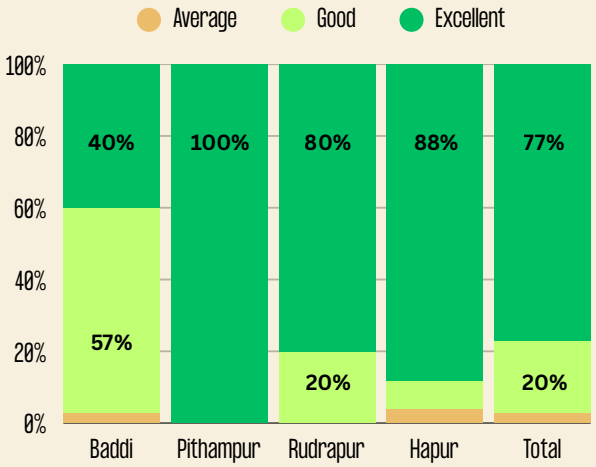
Practical/ Demonstration Sessions



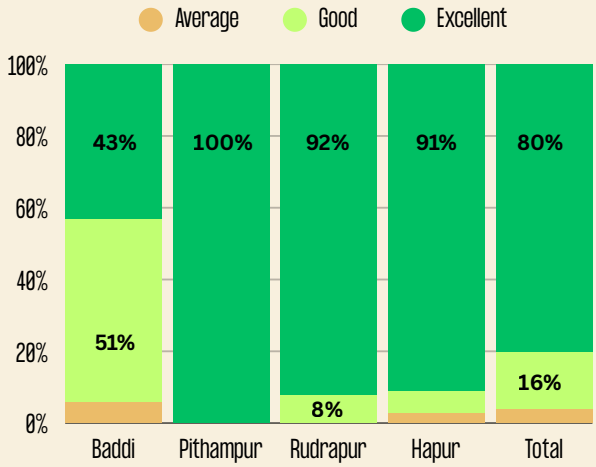
Training Module/Content/Activity



Resources (Infrastructure, Training-Learning Aid, etc.)



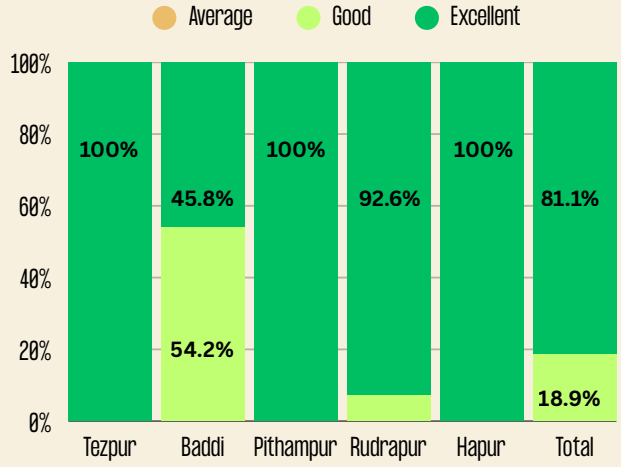
Overall Experience



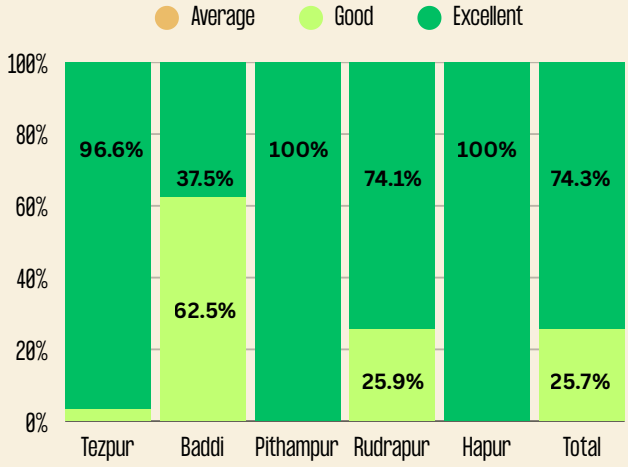
Participant Perception on Training Efficiency

Community Members

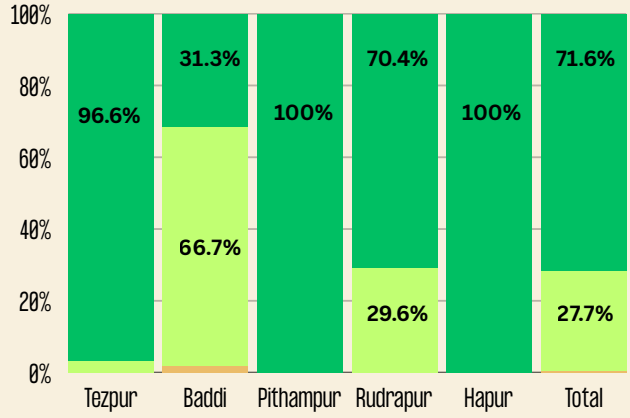
Trainers'/Instructors' Knowledge



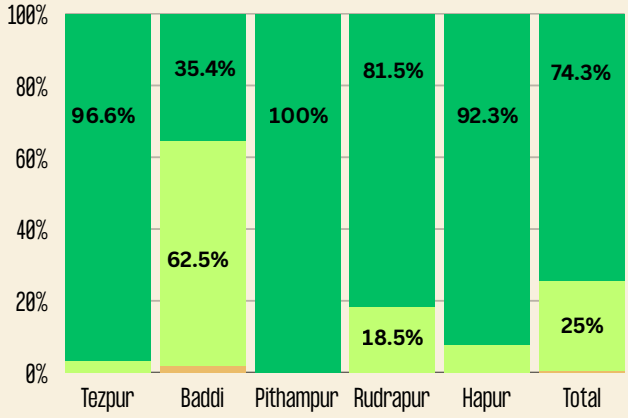
Trainers' Response to Queries



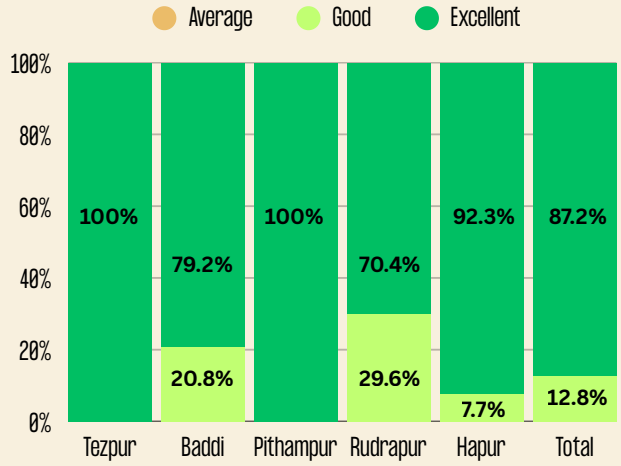
Practical/ Demonstration Sessions



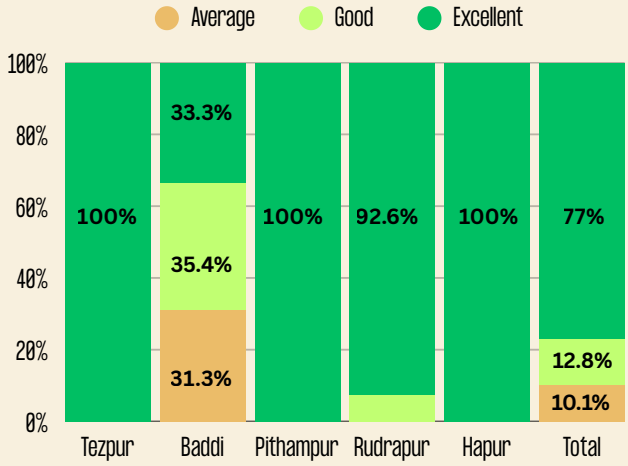
Training Module/Content/Activity



Resources (Infrastructure, Training-Learning Aid, etc.)



Overall Experience




JIVANTI
DABUR
WELLNESS CENT
By Jivanti Welfare and Charitable Trust
(CSR arm of Dabur India Ltd.)
In Association With
Regional Heritage and sustainable Future Foundation (NGO)
Ayurveda
FOR ONE HEALTH
ALWAYS HEALTHY WITH
YOGA

GALLERY








आत्मरक्षा प्रशिक्षण
कार्यशाला


सस्टेनेबल डेवेलपमेंट सोसाइटी (संदेश)
स्वास्थ्य और सुरक्षा पहियोजना के अंतर्गत
महावारी स्वच्छता प्रबंधन कार्यशाला



GALLERY


ITC MISSION SUNEHRA KAL
सुनहरा कल
AL MAJRA 02090701701 At & P.O. GURU MAJRA TEH BADDI SOLAN HP
डाबर के सौजन्य से संदेश संस्था द्वारा प्रदत्त
रा.उ.मा. पाठशाला - गुरुमाजरा (हि.प्र.)


माहवारी को न समझो परेशानी, यह तो है नारी शक्ति की निशानी।



Behaviour Change Practices/Adoption of Practices

Kitchen Garden

The adoption of Kitchen Garden practices among beneficiaries demonstrates substantial household-level uptake, with near-total of community members and students (98% each) reported enjoying participation in kitchen gardening activities, reflecting strong engagement and positive reception of the programme. The majority of those who participated established gardens in their backyards (52.7% overall). A smaller proportion used common spaces near their homes (4.7%) or farms (12.8%), reflecting adaptation to local land availability and household contexts. Some respondents relied on prior knowledge (24.3%) or indirect participation through another family member receiving seeds (3.4%), while only 1.4% of all respondents did not partake, indicating strong overall adoption of the intervention among engaged households.

- **Tezpur:** Most beneficiaries established gardens in their backyards (79.3%), with some using a common space near the house (13.8%) and a small share not participating (6.9%).
- **Baddi:** Half of the participants set up gardens in backyards (50%), 6.3% used common spaces, and 43.8% relied on prior knowledge rather than formal training.
- **Pithampur:** Gardens were primarily set up on farms (61.3%) and backyards (38.7%), reflecting rural and agrarian contexts.
- **Rudrapur:** Gardens were mostly established in backyards (33.3%), with 18.5% of cases where another family member received the seeds, indicating indirect participation; 48.1% relied on prior knowledge.
- **Hapur:** Backyards were the predominant location (76.9%), with 23.1% already knowing how to set up gardens, showing strong household-level adoption.

Overall Engagement of the Beneficiaries in the Kitchen Garden Activity

The Kitchen Garden intervention generated clear value addition through hands-on engagement, with both community members and students expressing strong appreciation for practical, outcome-oriented activities.

- **Growing Plants and Crops:** Widely valued by both groups (81.8% of community members and 66% of students), reflecting strong appreciation for cultivation skills and increased self-reliance in food production.
- **Working in Garden Spaces:** Valued by 74.3% of community members and 60% of students, highlighting the importance of dedicated spaces for active, experiential learning and regular engagement.
- **Using Tools and Gardening Equipment:** Recognised by a high proportion of community members (69.6%), indicating effective skill-building, while lower student engagement (31%) suggests scope for strengthening hands-on exposure among students.
- **Using Vermicompost and Other Organic Practices:** Appreciated mainly by community members (53.4%), with limited student engagement (10%), reflecting differing levels of technical understanding and practice.
- **Harvesting:** Valued almost equally by community members (54.7%) and students (54%), demonstrating recognition of tangible outcomes and a sense of achievement from the intervention.
- **Consuming Produce from the Kitchen Garden:** Reported by 60.1% of community members and 45% of students, reinforcing the link between participation in gardening activities and improved household nutrition and dietary practices.





Location-Wise Trends

Community respondents in Tezpur and Pithampur demonstrate exceptionally high adoption across the full value chain – from working in the garden and using tools to harvesting and consuming produce (above 90% for most practices), signalling deep integration of kitchen gardening into daily routines. In contrast, Baddi, Rudrapur, and Hapur show uneven community uptake, particularly in advanced practices such as vermicomposting and harvesting, suggesting constraints related to space, time, or sustained facilitation.

Student engagement, while less practice-intensive, is marked by high enjoyment of experiential and visible outcomes. Across locations, students most enjoyed growing plants and crops, working in gardens, and watching the final product grow, with particularly strong responses in Hapur and Pithampur. However, student interest drops sharply for technical or process-heavy activities such as vermicomposting and tool usage, indicating limited exposure or lower appeal of labour-intensive components within school settings.

Overall, it highlights a clear distinction: Community members exhibit higher functional adoption and behavioural change, while students show strong affective engagement and learning-orientation.







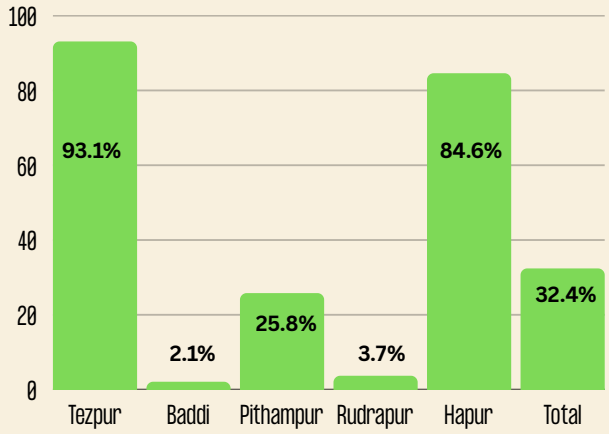


Safe & Nutritious Food

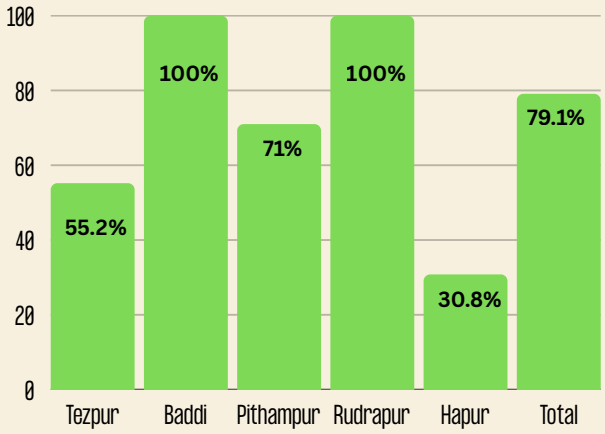
Monitoring malnutrition and anaemia, along with early detection and care-seeking in partnership with grassroots-level government stakeholders, emerged as a key behavioural change under the Safe and Nutritious programme component.

Managing Malnutrition - Community Members

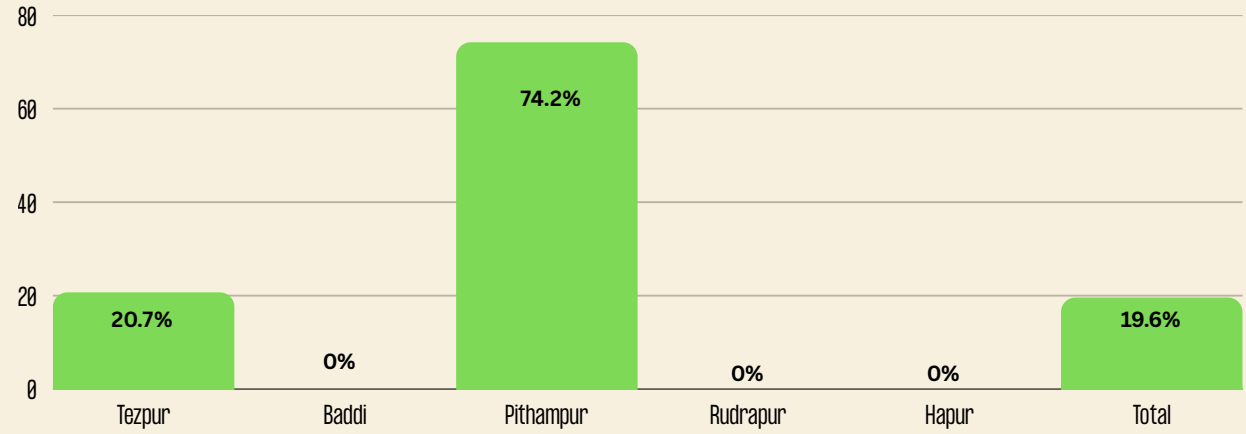
I Monitor Height and Weight



I Rely on Anganwadi Data/Local Healthcare Facility Data



After Detecting Severe Malnutrition, I Consult Nutritional Rehabilitation Centre





Overall, community practices related to growth monitoring and addressing malnutrition show a mix of direct involvement and reliance on local health systems.

Direct Monitoring of Children's Growth: Overall, 32.4% of community members reported personally tracking children's height and weight. Tezpur showed the highest proactive engagement (93.1%), followed by Hapur (84.6%). Pithampur had moderate involvement (25.8%), while Baddi (2.1%) and Rudrapur (3.7%) showed minimal direct monitoring.

Use of Local Health Facility Data: A majority of respondents relied on Anganwadi or local healthcare data (79.1% overall). Reliance was universal in Baddi and Rudrapur (100%), high in Pithampur (71%), moderate in Tezpur (55.2%), and lower in Hapur (30.8%), indicating variation in balancing personal versus system-based tracking.

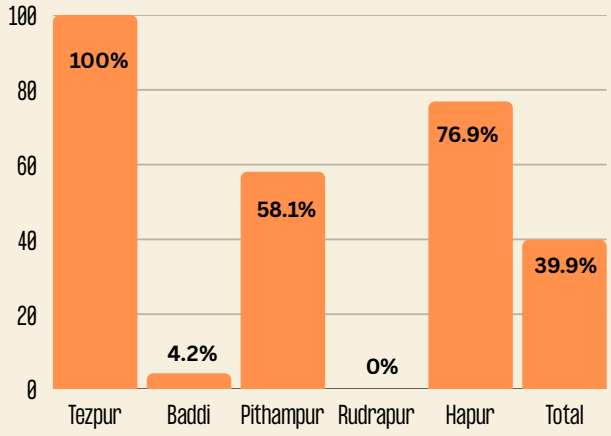
Referral to Nutritional Rehabilitation Centres: Only 19.6% of respondents reported consulting NRCs after detecting severe malnutrition, suggesting that while awareness of formal referral pathways exists, uptake remains limited across all locations.

Communities demonstrate awareness of nutrition monitoring systems, but individual-level proactive engagement varies widely by location, with Tezpur and Hapur showing strong ownership, and Baddi and Rudrapur largely dependent on formal mechanisms. This highlights opportunities to strengthen household-level monitoring and early intervention practices.

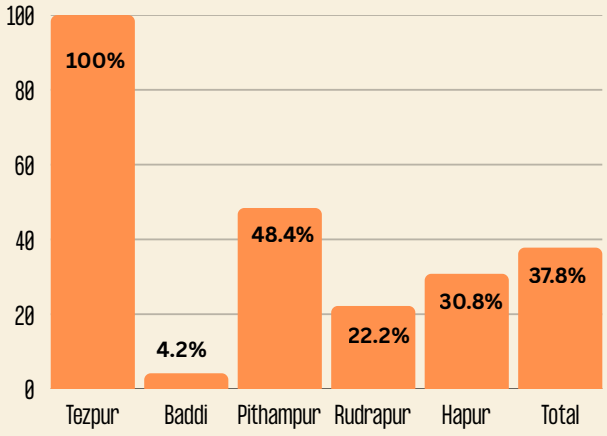


Managing Anaemia - Community Members

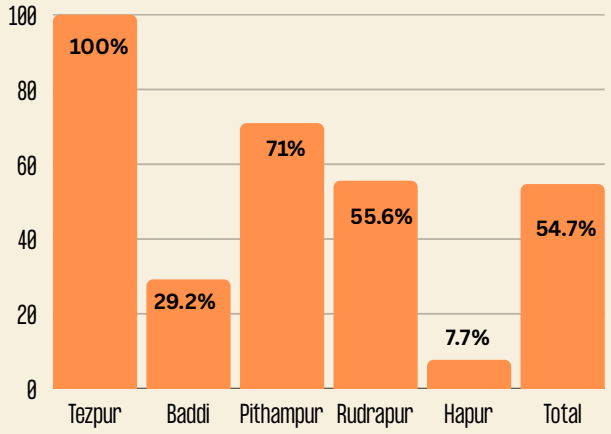
Rely on Blood Test Report



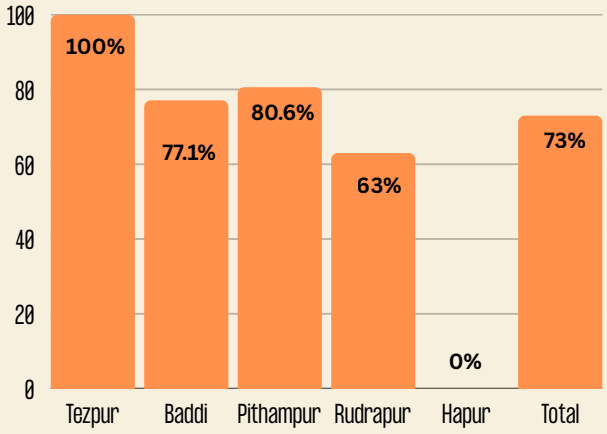
Check Haemoglobin Level



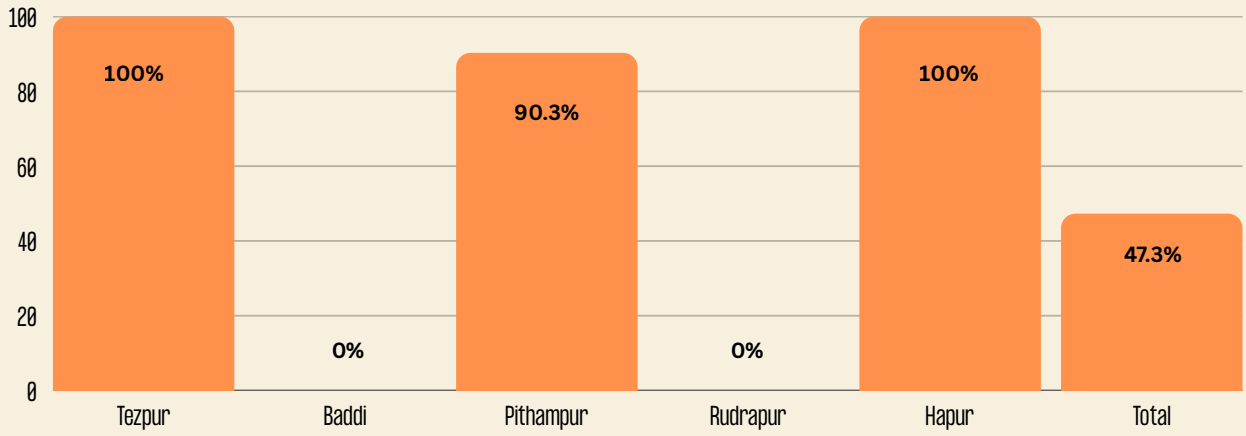
Monitor Physical Signs such as Pale Skin, Whiteness of Eyes, Brittle Nails, etc.



Check for Symptoms such as Fatigue, Dizziness upon Standing, etc.



After Detecting Severe Malnutrition, Physician/Doctor should be Consulted



Key Findings

- **Physical Signs and Symptom Monitoring:** Overall, 54.7% of respondents reported observing physical signs of anaemia, such as pale skin, whiteness of eyes, or brittle nails, while 73% monitored symptoms like fatigue or dizziness, indicating that a majority of communities actively track observable indicators of anaemia at home.
- **Use of Diagnostic Testing:** Fewer respondents relied on formal diagnostics, with 39.9% using blood tests and 37.8% checking haemoglobin levels as part of routine anaemia monitoring, showing moderate adoption of clinical methods for early detection.
- **Consultation with Physicians:** Approximately 47.3% of community members reported consulting a doctor after identifying severe anaemia, reflecting moderate engagement with formal healthcare services for treatment and guidance.

Location-Wise Trends

- **Tezpur:** In Tezpur, all respondents (100%) combined diagnostic testing, haemoglobin monitoring, symptom observation, and physician consultation, demonstrating strong awareness and proactive management of anaemia.
- **Baddi:** In Baddi, reliance on blood tests and haemoglobin checks was very low (4.2%), but 77.1% of respondents monitored symptoms, suggesting a predominantly symptom-driven approach to anaemia detection.
- **Pithampur:** Pithampur showed a balanced approach, with 58.1% of respondents using blood tests, 48.4% checking haemoglobin, 71% monitoring physical signs, and 80.6% tracking symptoms, reflecting combined self-monitoring and engagement with formal healthcare channels.
- **Rudrapur:** In Rudrapur, 63% of respondents tracked symptoms and 55.6% observed physical signs, while diagnostic testing was rarely used, indicating heavy reliance on informal home-based monitoring.
- **Hapur:** Hapur communities showed high use of blood tests (76.9%) but limited attention to physical signs (7.7%) and haemoglobin checks (30.8%), reflecting a preference for formal diagnostics over home-based observation.

These findings reveal that while community awareness of anaemia is widespread, practices differ substantially by location, highlighting opportunities to reinforce diagnostic testing, symptom recognition, and timely medical consultation, complementing government priorities for nutrition and preventive healthcare.



Stakeholder Engagement in Managing Malnutrition and Anaemia

Across locations (Rudrapur, Pithampur, Baddi), key stakeholders – including Medical Officers, Anganwadi workers, ASHAs, and Community Health Officers – actively contribute to monitoring, prevention, and treatment of malnutrition and anaemia. Their responsibilities include conducting weight and height measurements, referring severe cases to PHCs, providing iron and multivitamin supplements, and counseling families on diet and hygiene.

Stakeholder Affirmations about Project Contributions

- **Provision of SNF & Well-Being Products:** The Dabur CSR interventions – such as distribution of nutritious food products (honey, ghee, packaged nutrition items), awareness sessions on balanced diets, and promotion of kitchen gardens – reinforce the government's efforts through Anganwadi and ASHA networks.
- **Improving Nutrition Quality at Household (HH) Level:** By supplementing home-based nutrition and improving awareness of iron-rich foods and hygiene practices, the programme strengthens the uptake of RBSK (*Rashtriya Bal Swasthya Karyakram*) and routine PHC checkups, creating a synergistic effect between NGO and government initiatives.
- **Awareness and Education:** Stakeholders highlighted nutrition counseling as a key activity, emphasising consumption of green vegetables, milk, pulses, and home-cooked meals, combined with hygiene practices like clean water and handwashing. These messages target both malnutrition and anaemia prevention, addressing early signs such as weakness, low weight, pale eyes, and dizziness.
- **Early Detection Practices:** Stakeholders affirmed that community participation in government initiatives for malnutrition and anaemia is strong, with high reliance on PHC and Anganwadi data, regular awareness sessions, periodic growth monitoring and health checks, and distribution of nutritional supplements, demonstrating effective alignment and complementarity with national health and nutrition priorities.

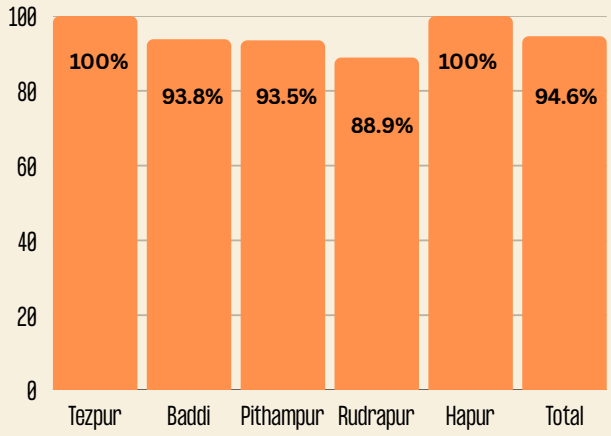
Stakeholders affirmed that the programme significantly contributes to their efforts by complementing government initiatives, strengthening preventive nutrition education, and providing essential nutrition products to address gaps in availability and affordability. By promoting early health-seeking behaviour through monitoring, counseling, and referrals, the programme enhances the effectiveness of existing government schemes. Overall, stakeholders perceive the interventions as highly synergistic, bridging knowledge gaps, reinforcing healthy practices, and ensuring continuity of nutrition support, thereby amplifying community-level impact on malnutrition and anaemia (Source: KII with PHC Doctors, ASHA Workers, and AWWs).

> *NGOs like Jivanti, Dabur India Limited's CSR arm, strengthen government efforts in implementing the* Rashtriya Bal Vikas Suraksha Karyakram *(RBSK).*
>
> **Dr. Om Nath Okha,**
> **Medical Officer (AYUSH), Rudrapur**

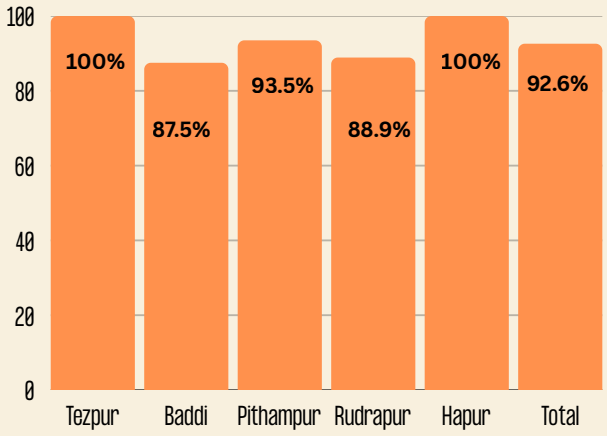
> *The programme has been very helpful, as the community now has better access to nutritional information and products, along with improved awareness of health and hygiene practices.*
>
> **Dr. Vaishali,**
> **PHC Doctor, Pithampur**

Health & Well-Being Practices - Community Members

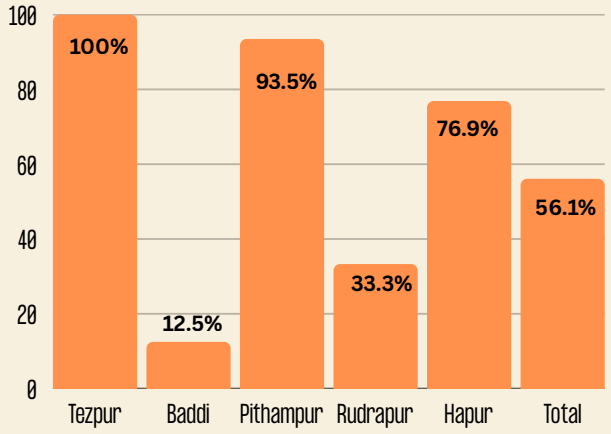
Using HH Toilet (Completely Avoid Open Defecation)



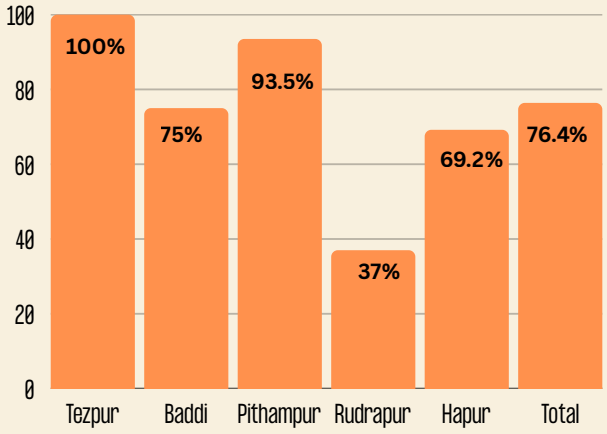
Washing Hands Before Eating



Follow WaSH (Water, Sanitation and Hygiene) Protocol



Dispose Waste Properly

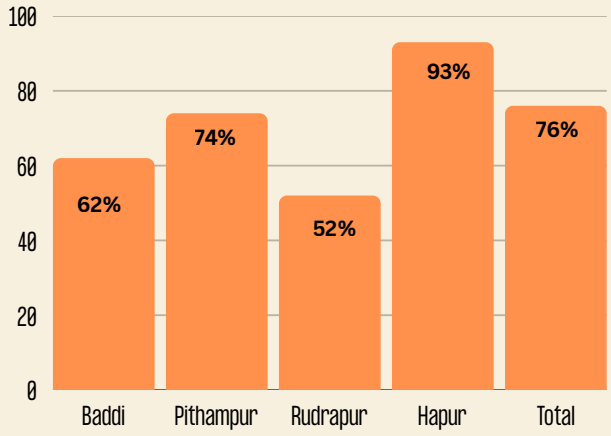


- **Strong Uptake of Basic Personal Hygiene Practices:** Community members demonstrated high adherence to core hygiene behaviours, with 94.6% avoiding open defecation and using household toilets and 92.6% washing hands before eating, indicating effective internalisation of fundamental WaSH messages across project locations.
- **Moderate Adoption of Broader Sanitation Practices:** Compliance with extended sanitation behaviours was comparatively lower, with 56.1% following WaSH guidelines and 76.4% practising proper waste disposal, suggesting uneven translation of hygiene awareness into comprehensive sanitation practices, influenced by varying levels of access, infrastructure, and reinforcement.
- **Location-Specific Variations in Practice Depth:** While some locations exhibited consistently high adherence across all hygiene and sanitation indicators, others showed a clear gap between personal hygiene and community-level sanitation practices, highlighting the need for context-specific strategies that strengthen structured sanitation education, enable behaviour change, and address infrastructural constraints.

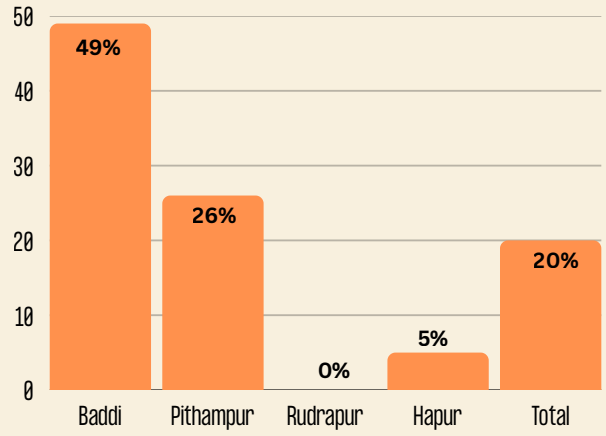


Health & Well-Being Practices - Students

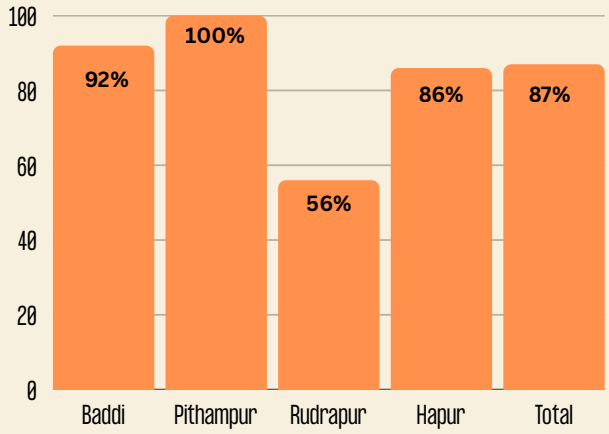
Brushing Teeth Twice a Day



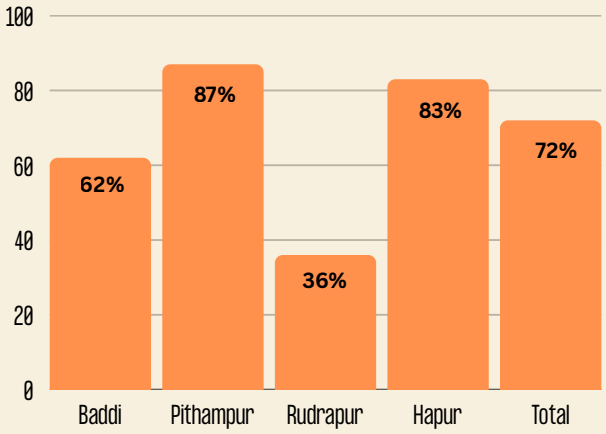
Brushing Teeth Once a Day



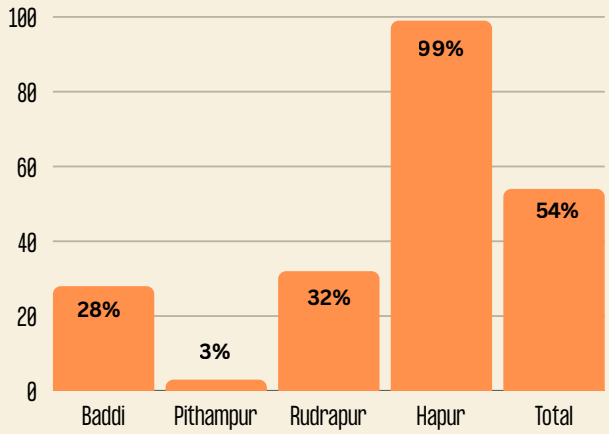
Wash My Hands Frequently



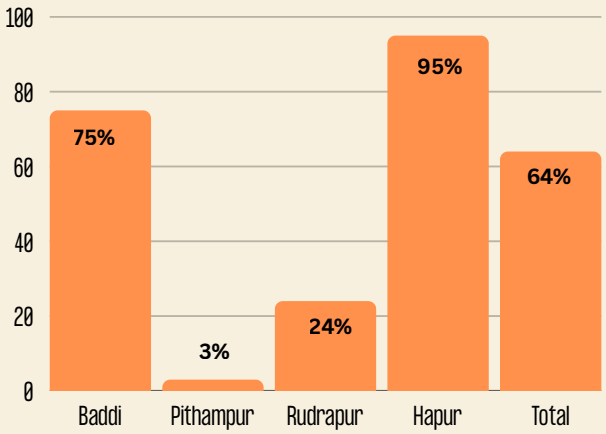
Use the Toilet in School and at Home



Use Menstrual Products (Sanitary Napkin/Period Cup/Tampon) During Periods



Dispose Of Menstrual Waste Properly



- **Strong Adherence to Routine Personal Hygiene Practices:** Students reported high compliance with daily hygiene behaviours, particularly frequent handwashing (87%) and tooth brushing habits, with 76% brushing twice daily and an additional 20% brushing once daily, indicating strong uptake of basic health practices promoted through the programme.
- **Positive But Uneven Adoption of Menstrual Health Practices:** Just over half of the students (54%) reported using appropriate menstrual products, while 64% reported proper disposal of menstrual waste. This reflects meaningful progress in menstrual hygiene awareness, alongside persistent gaps in access, comfort, and consistent practice across student groups.
- **Moderate Use of Sanitation Facilities:** A substantial proportion of students (72%) reported regular use of toilets at school and at home, suggesting improved sanitation behaviour, though continued reinforcement is needed to ensure universal and consistent adoption.
- **Variation Across Practices Rather Than Resistance:** Overall patterns suggest that students readily adopt visible, routine hygiene behaviours (handwashing, brushing), while more sensitive or infrastructure-dependent practices (menstrual hygiene, toilet use) show comparatively lower uptake, underscoring the need for sustained school-based engagement, gender-sensitive programming, and supportive facilities to deepen behaviour change.










कक्षा 1-8 तक कैपिटेशन फीस एवं अन्य सभी शुल्क प्रतिबंधित।
6 से 14 वर्ष के विद्यालय न गये बच्चों को आयु के अनुसार कक्षा में प्रवेश व विशेष प्रशिक्षण का अधिकार।
प्रवेश के लिए जन्म/आयु प्रमाण पत्र की बाध्यता नहीं।
एक विद्यालय से दूसरे विद्यालय में कभी भी स्थानांतरण का अधिकार - स्थानांतरण प्रमाण पत्र की बाध्यता नहीं।
कक्षा 1 से 8 के सभी बच्चों को गर्म पका-पकाया- मध्यान्ह भोजन।
स्वच्छ पेय जल और बालक बालिका हेतु पृथक- पृथक शौचालय।
आत्मरक्षा प्रशिक्षण
कार्यशाला

GALLERY









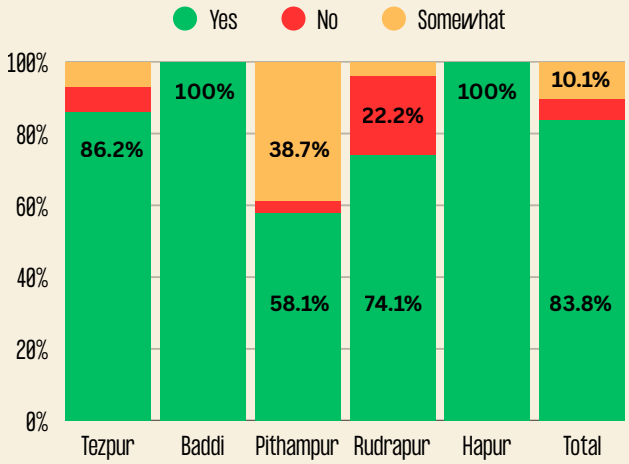
Impact & Sustainability

Kitchen Garden

Nutrition Self-Sufficiency

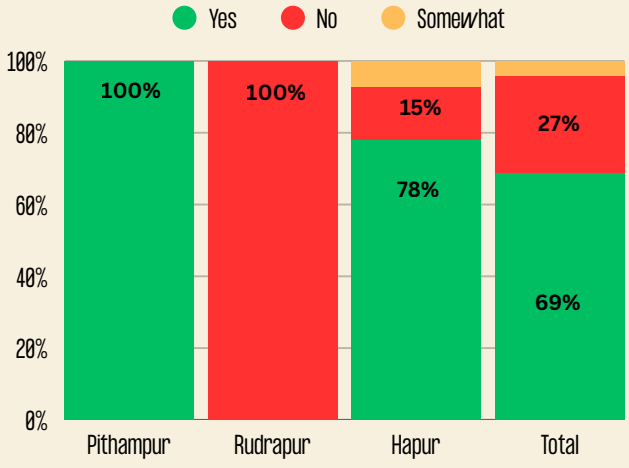
The Kitchen Garden intervention has contributed positively to household-level nutrition self-sufficiency. Overall, 83.8% of community members reported that kitchen garden produce is sufficient for daily family consumption. Only 6.1% indicated insufficiency, while 10.1% reported partial sufficiency, suggesting that the intervention has largely strengthened regular access to fresh food, with some variability linked to scale of production, maintenance intensity, and local conditions.

Kitchen Garden Produce is Sufficient for the Daily Consumption of the Family - Community Members



Location-wise, Baddi and Hapur demonstrated complete nutrition self-sufficiency, with 100% of respondents reporting that kitchen garden produce met daily household consumption needs, reflecting strong adoption and effective utilisation. Tezpur also showed high impact, with 86.2% reporting sufficiency and minimal gaps. In Rudrapur, while a majority (74.1%) reported sufficiency, a relatively higher proportion (22.2%) indicated insufficiency, pointing to constraints in production or continuity. Pithampur presented a mixed outcome, with 58.1% reporting full sufficiency and a substantial share (38.7%) indicating partial sufficiency, suggesting that while kitchen gardens contribute meaningfully to diets, they may function more as a supplementary nutrition source rather than a fully self-sustaining one in this context.

Kitchen Garden Produce is Sufficient for the Daily Consumption of the Family - Students



Similarly, student-reported findings reflect a mixed but encouraging picture of nutrition self-sufficiency, indicating that the impact observed among community members is also translating to student households to a certain extent. Overall, 69% of students reported that kitchen garden produce was sufficient for daily household consumption, while 27% indicated insufficiency and 2% reported partial sufficiency, suggesting that the intervention has contributed positively to food availability, though outcomes vary across locations.

At the location level, Pithampur shows strong outcomes, with 100% of students reporting full nutrition self-sufficiency, indicating effective adoption and utilisation of kitchen gardens. In contrast, Rudrapur reflects significant gaps, where all students (100%) reported insufficient produce, pointing to challenges in sustainability or scale of garden practices. Hapur presents relatively positive results, with 78% of students reporting sufficiency, though a minority still reported insufficient (15%) or somewhat sufficient (7%) produce. In the case of Tezpur, 6 out of 7 students reported that the produce is sufficient for the daily consumption of their family.

Improved Dietary Quality

In the KIIs, key stakeholders (school teachers, HMs, and PHC doctors) affirmed the impact of kitchen gardens on improving the dietary quality of meals for children.

> *Dabur provides good-quality seeds to the students and promotes healthy eating habits through their sessions, helping households grow their own organic food.*
>
> **Charan Singh Choudhari,**
> **School Head Master, Pithampur**

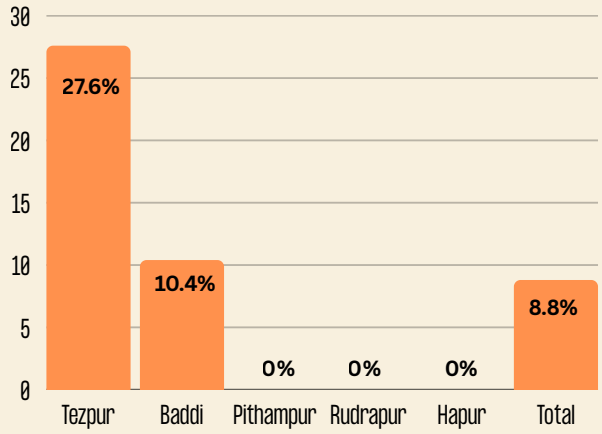
> *This programme has helped improve the quality of mid-day meals for students, ensuring they receive nutritious food that supports their health and learning.*
>
> **Sanjay Kumar Kushwaha,**
> **School Head Master, Rudrapur**

> *We have seen multiple positive impacts of the Kitchen Garden initiative on community livelihoods, health, and household economics. By enabling households to grow and consume fresh vegetables at home, the programme has promoted organic farming practices, leading to improved dietary diversity and healthier eating habits among children. This has contributed to a reduction in disease incidence and decreased healthcare costs for families.*
>
> **Key Informant Interviews with**
> **Dabur CSR Team**

Economic Earnings from Surplus Produce

Promisingly, the Kitchen Garden intervention has begun to generate early livelihood spill-over effects among a small proportion of community members, moving beyond subsistence nutrition towards limited income generation. Overall, 8.8% of respondents reported selling excess produce, indicating that while the primary impact remains household consumption, a segment of beneficiaries has achieved surplus production sufficient for market engagement.

HHs Able to Earn by Selling Surplus Produce from the Kitchen Garden



Location-wise, Tezpur shows comparatively higher market linkage, with 27.6% of households reporting sale of excess produce and small but tangible weekly earnings, including 17.2% earning up to ₹1,000 and 10.3% earning between ₹1,001–5,000. In Baddi, market participation was lower (10.4%), with minimal earnings reported and only isolated instances of higher income brackets, indicating constrained surplus generation. In Pithampur, Rudrapur, and Hapur, no households reported selling produce, reinforcing that in these locations the Kitchen Garden primarily functions as a nutrition security intervention rather than a livelihood strategy.

On the contrary, economic earnings from kitchen gardens remain limited among students (15%), indicating that production is largely oriented towards household consumption rather than market integration. Only a small proportion of respondents reported selling excess produce, with marginal participation observed in Tezpur (2 students) and Hapur (13%).

The programme team affirmed that the Kitchen Garden initiative not only strengthens food security and nutrition but also promotes sustainable livelihoods, generates cost savings, and enhances overall community well-being.

> *Households are saving more each month, as the money they previously spent on vegetables and medical expenses can now be used for other needs.*
>
> ***Programme Implementation Team, Baddi***

> *Kitchen gardens cultivate more than vegetables, they cultivate economic resilience. When students grow their own greens, they learn sustainability, reduce household expenses, & ensure access to fresh, affordable food.*
>
> ***Jitendra Joshi, School Teacher, Pithampur***



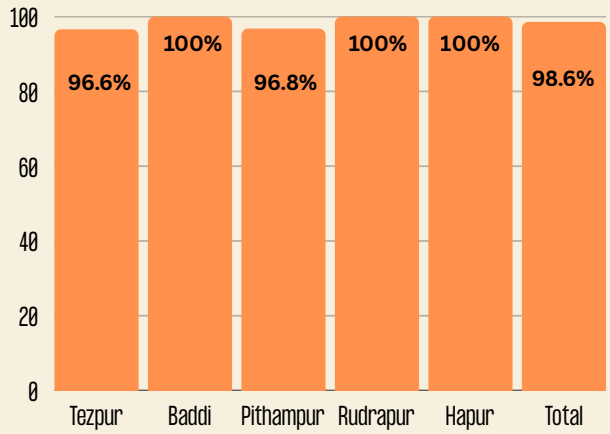




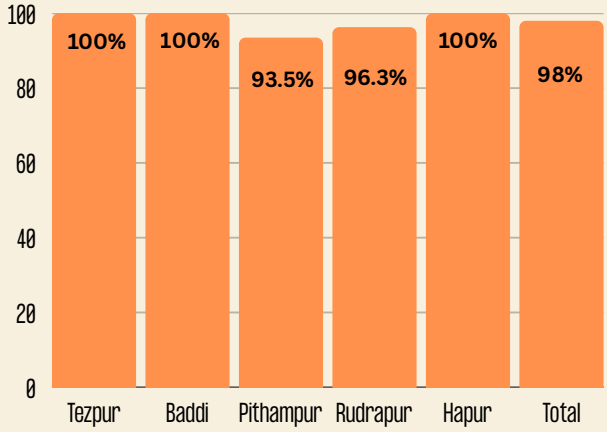
Safe & Nutritious Food

Following the programme interventions, beneficiaries reported a positive shift in household practices, increasingly perceiving home-cooked meals as healthy and nutritious due to improved awareness of balanced diets, fresh produce, and safe food practices. This positive perception is strongly evidenced across all project locations, with an overwhelming majority of respondents (98.6%) affirming that meals prepared at home are healthy and nutritious. Location-wise findings reinforce the consistency of this impact, with near-universal affirmation in Tezpur (96.6%) and Pithampur (96.8%), and complete consensus in Baddi, Rudrapur, and Hapur (100% each).

Perceiving Home-Made Food as Healthy & Nutritious



Beneficiaries Encouraging HH Members to Consume Healthy & Nutritious Food - Community Members



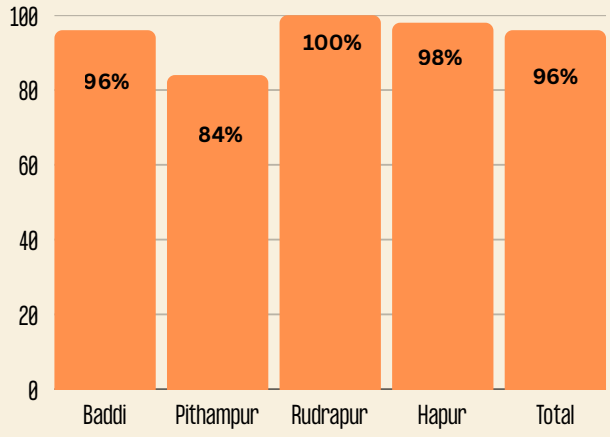
Cascading Information Dissemination and Health Education

Building on this shift, 98.0% of community respondents reported that their participation in the Kitchen Garden programme strengthened positive intra-household influence, leading them to actively encourage family members to eat healthy and prepare nutritious meals at home. This behaviour was consistently high across locations – 100% in Tezpur, Baddi, and Hapur, 96.3% in Rudrapur, and 93.5% in Pithampur – indicating that improved nutrition awareness has translated into sustained household-level advocacy and reinforcement of healthy dietary practices.

The IA observes a remarkable improvement in students' awareness on safe & nutritious food. Across all locations, 100% of students reported that the meals cooked at home are healthy and nutritious.

Furthermore, Children are playing a significant role in promoting healthy eating habits at home, with the vast majority (96% overall) encouraging their families to cook and consume nutritious meals following their participation in the Kitchen Garden programme. This influence is particularly strong in Rudrapur (100%) and Hapur (98%).

Beneficiaries Encouraging HH Members to Consume Healthy & Nutritious Food - Students



Voices Of Our Stakeholders

Through the programme, we learned that hygiene is not just about cleanliness but about preventing diseases. The products helped us practice this every day.

Community Member, Pithampur

There is a high level of awareness regarding Anaemia and Malnutrition. Parents can now identify symptoms and prioritise green vegetables specifically for their children's growth.

Community Member, Rudrapur

Handwashing before meals and proper waste disposal are the most followed practices now. Cleanliness to prevent illness has become part of our daily routine.

Community Member, Pithampur

The programme enabled families to have a consistent source of nutritious food at home. It reduced the need to travel to weekly markets and ensured that "fresh and healthy" vegetables were always available.

Community Member, Rudrapur

The programme helped us manage our kitchen gardens in a more organised way. We now grow a wider variety of crops like ladyfinger and fruits, especially because we understand their nutritional value.

Community Member, Hapur

The distribution of hygiene products like toilet cleaners and handwash really helped change our household cleaning habits. We now wash raw materials before cooking, wash our hands before eating.

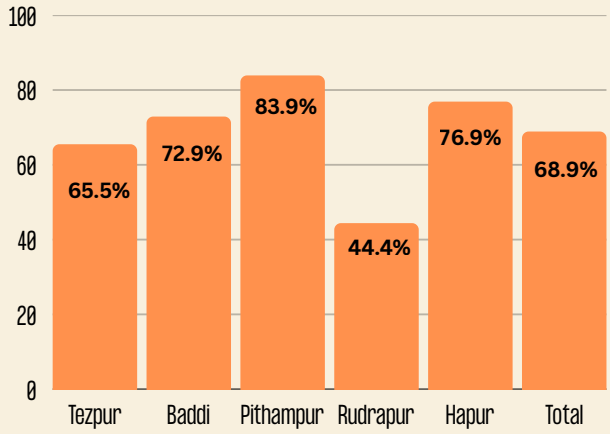
Community Member, Hapur



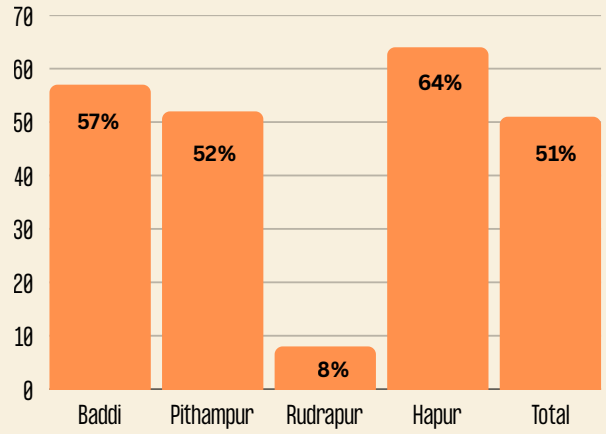
Healthy Eating Habits Adopted

Avoids Junk/Fast Food

Community Members

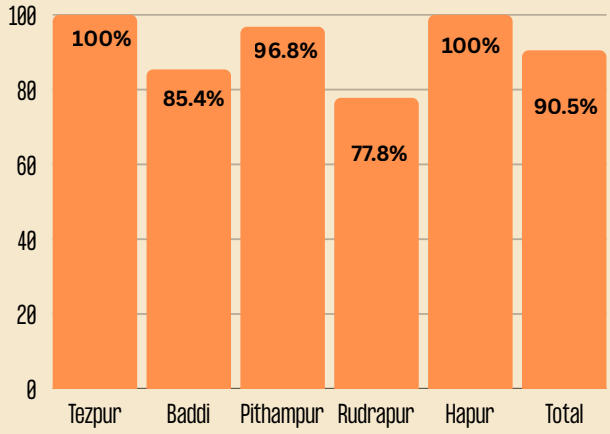


Students*

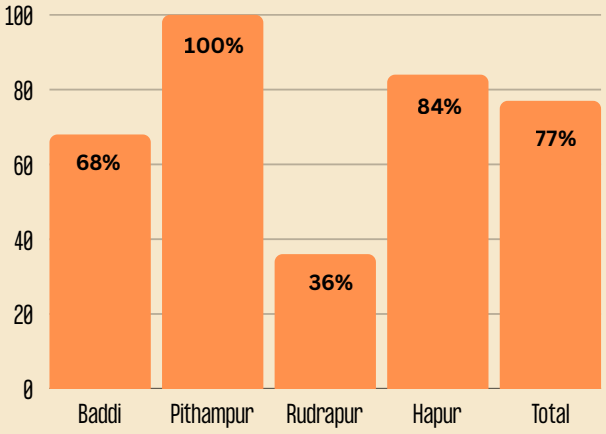


Incorporate Fruits, Vegetables, and Leafy Vegetables in Meals

Community Members

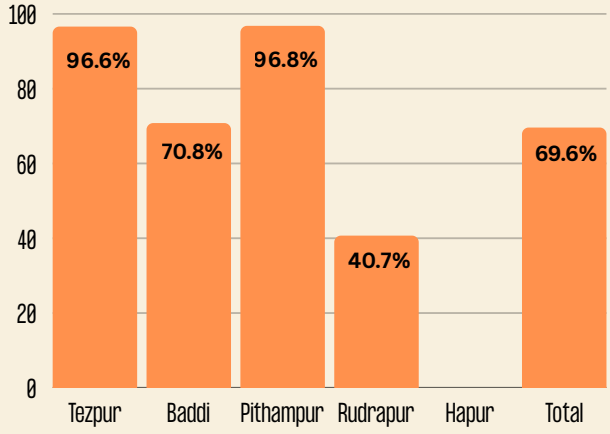


Students*

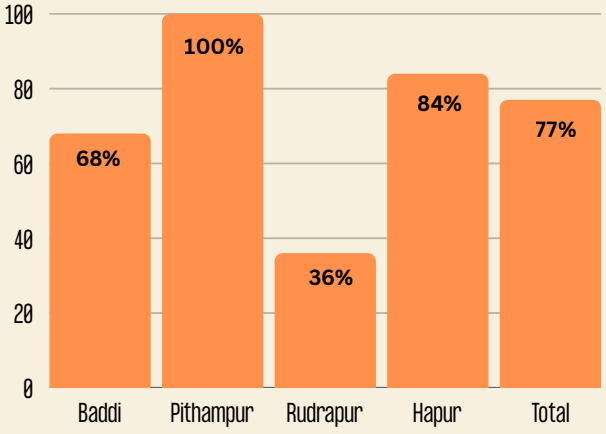


Starts the Day with a Healthy Breakfast

Community Members



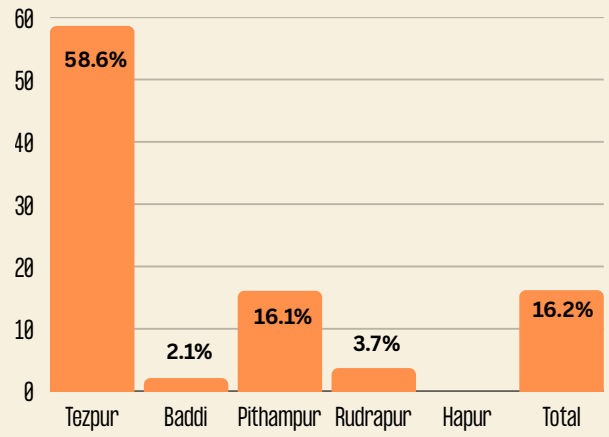
Students*



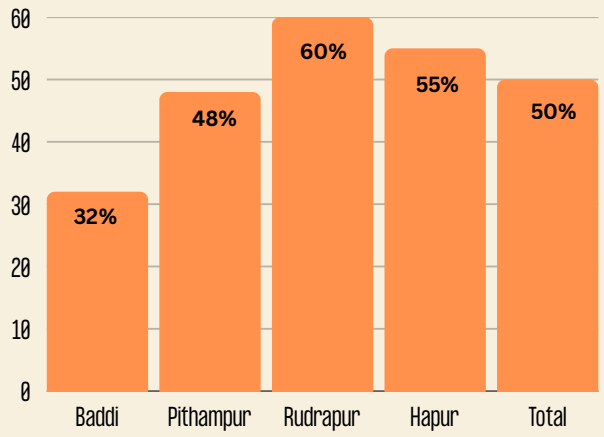
*Tezpur Data is not represented as sample size is less for statistical significance.

Eat Fast Food Only Occasionally

Community Members



Students*



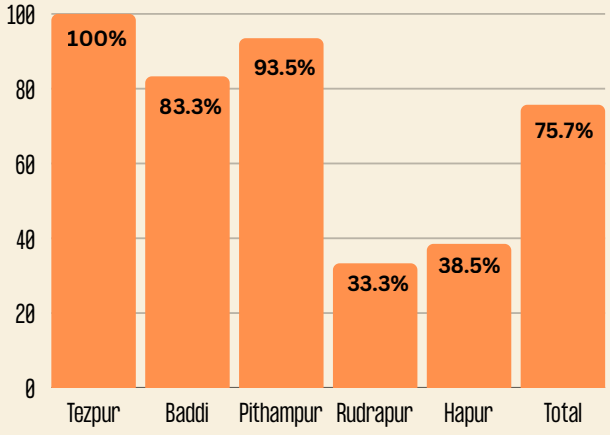
*Tezpur Data is not represented as sample size is less for statistical significance.

- Both community members and students show substantial adoption of healthy eating behaviours, emphasising dietary quality and routine-based meal practices. The most common strategies reported include incorporating fruits, vegetables, and leafy greens into meals and starting the day with a healthy breakfast.
- Community members have adopted best dietary behaviours like high fruit and vegetable consumption, with 90.5% including them in daily meals and 69.6% of respondents have adopted healthy breakfast routines. A further 68.9% consciously avoid junk and fast food, demonstrating deliberate behavioural change towards healthier eating habits.
- Strong dietary practice among students is another significant finding. Across locations, students demonstrate healthy eating behaviours, including high fruit and vegetable intake (Pithampur 100%; Hapur 84%), consistent adoption of a nutritious breakfast (Pithampur 100%; Baddi 68%), and conscious avoidance of junk and fast food (Hapur 64%; Baddi 57%; Pithampur 52%), reflecting good awareness of balanced diets and routine-based healthy eating habits.

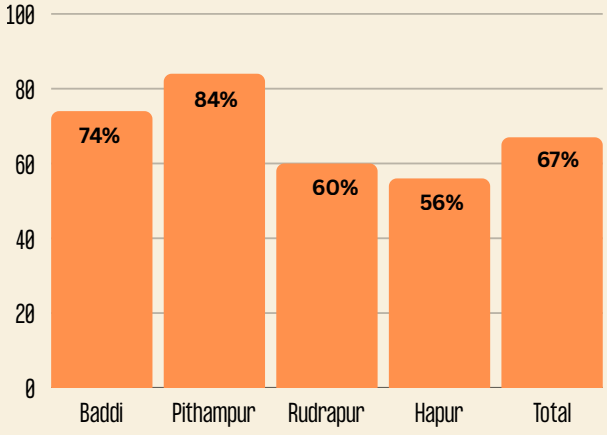
Key Practices Adopted to Ensure Food Safety

Fresh Ingredients are Purchased and Used

Community Members



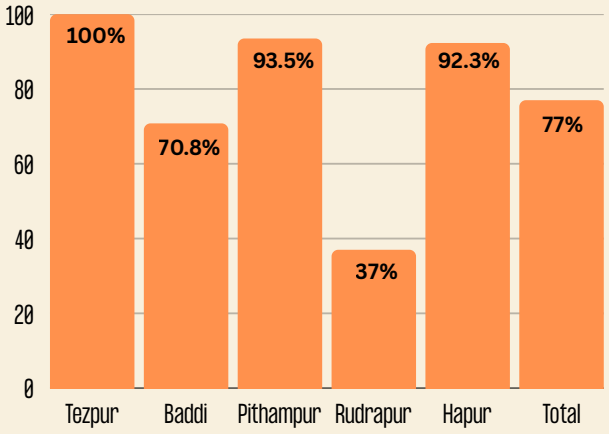
Students*



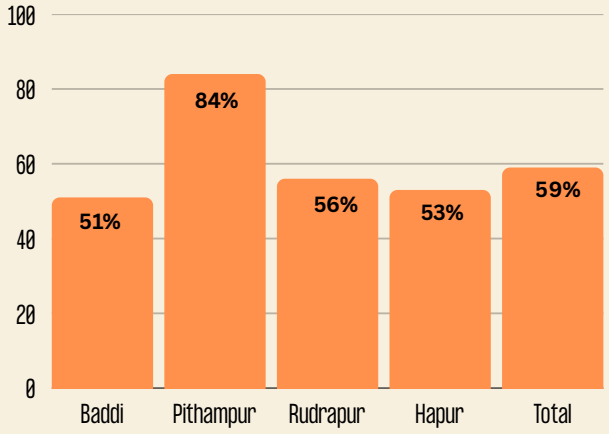
*Tezpur Data is not represented as sample size is less for statistical significance.

Wash All Raw Vegetables, Fruits, and Meat Thoroughly Before Cooking

Community Members

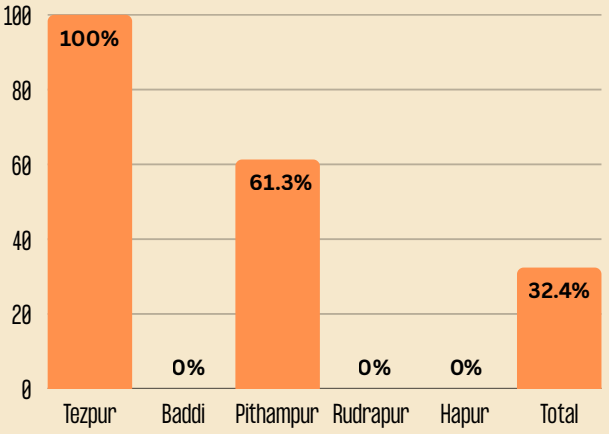


Students*

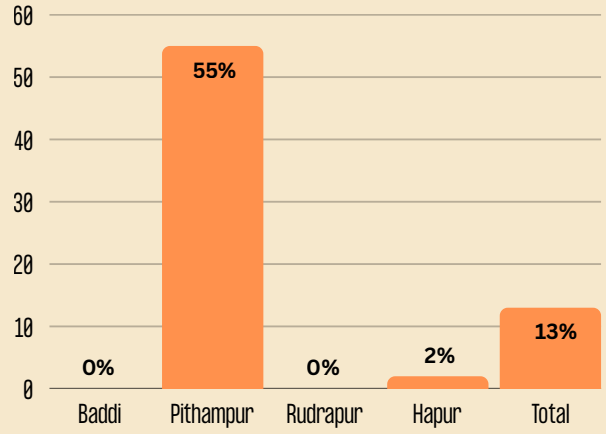


Store Leftovers Properly in the Refrigerator

Community Members

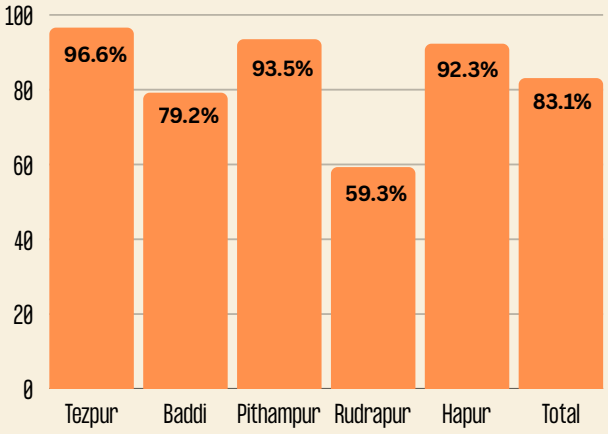


Students*

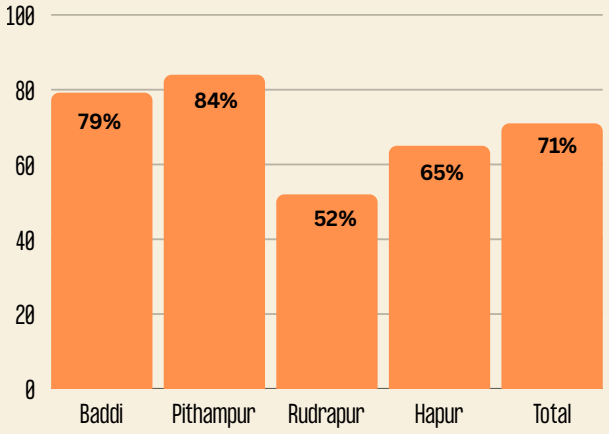


Prepare and Consume Freshly Cooked Meals Only

Community Members



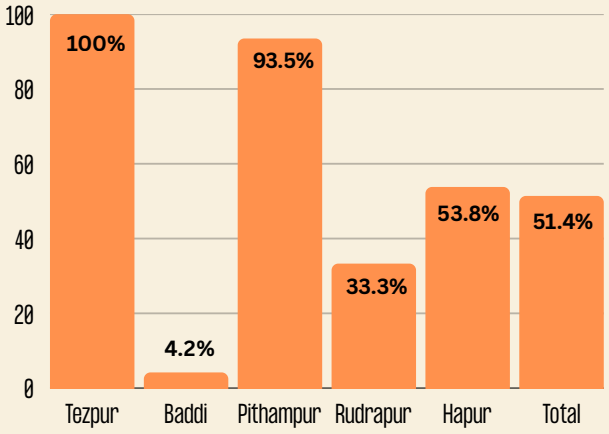
Students*



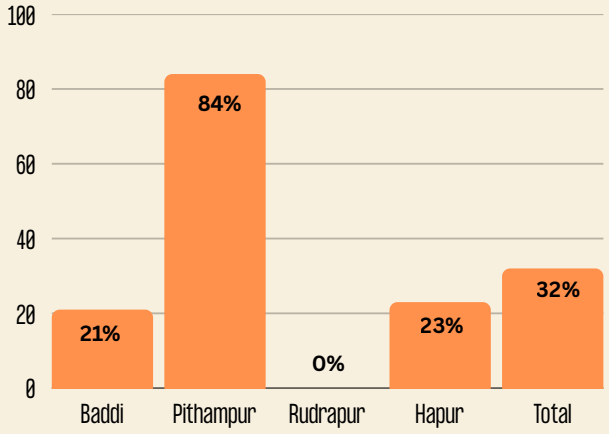
*Tezpur Data is not represented as sample size is less for statistical significance.

Discard Any Food that Shows Signs of Spoilage

Community Members



Students*



*Tezpur Data is not represented as sample size is less for statistical significance.

Best Practices - Community Members

- **Fresh Meal Preparation and Use of Fresh Ingredients:** 83.1% of households consistently prepare and consume freshly cooked meals, while 75.7% actively prioritise fresh ingredients, reflecting strong adoption of safe cooking practices and improved risk perception regarding food contamination.
- **Thorough Washing of Raw Ingredients:** 77.0% of households ensure proper washing of raw ingredients before cooking, demonstrating heightened awareness of basic food hygiene norms.
- **Location-Specific Excellence:** Tezpur and Pithampur show near-universal adoption of pre-cooking hygiene practices, indicating strong internalisation of programme messaging across these communities.

Best Practices - Students

- **Use of Fresh Ingredients and Freshly Cooked Meals:** Across locations, a majority of students reported that they purchase and use fresh ingredients (67% overall) and prepare/consume freshly cooked meals (71%), reflecting strong awareness of safe cooking practices.
- **Washing Raw Ingredients:** Many students consistently wash raw vegetables, fruits, and meat before cooking, with 49–59% overall reporting thorough washing practices, indicating good understanding of pre-cooking hygiene.
- **Location Highlights:** Pithampur shows near-universal adoption across most practices (84%), followed by Baddi (moderate adoption), demonstrating strong internalisation of hygiene behaviours in these locations.

KIIs with key stakeholders affirmed programme contribution towards ensuring safe and nutritious food at low cost for the economically vulnerable families.

> *The students come from financially disadvantaged backgrounds and cannot afford juices, so the SNF programme is very helpful in providing them nutritious food.*
>
> ***Ishaq Mohammed,***
> **School Head Master, Baddi**

> *Students have learned the importance of maintaining oral hygiene. It has been very helpful. Along with distributing nutritious food like juices, Dabur also provide healthy essentials such as toothpaste, increasing their awareness about overall health.*
>
> ***Kripya Devi,***
> **School Teacher, Baddi**

The Safe and Nutritious Food programme is broadly well-received by frontline stakeholders, who recognize its dual impact on direct nutritional support and community capacity-building for healthy eating. Across respondents, the products and associated awareness interventions were seen as valuable tools for enhancing dietary quality, promoting health, and fostering nutritional behaviour change.

- **Positive Impact on Nutrition:** Most stakeholders – including Anganwadi workers, ASHA workers, and community health officers – perceived the provision of nutritious products as very helpful or helpful, noting that it supports improved nutrition among community members.
- **Awareness and Education Benefits:** Stakeholders highlighted that the programme also provides nutritional information, enhancing understanding of healthy eating and enabling communities to make informed dietary choices.
- **Promotion of Self-Sufficiency:** ASHA workers specifically noted that providing seeds encourages households to grow their own organic food, linking nutrition provision to sustainable practices and greater food security.







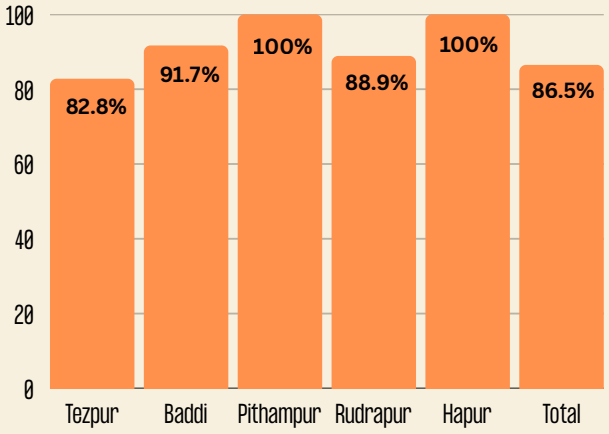


Promotion of Health & Well-Being

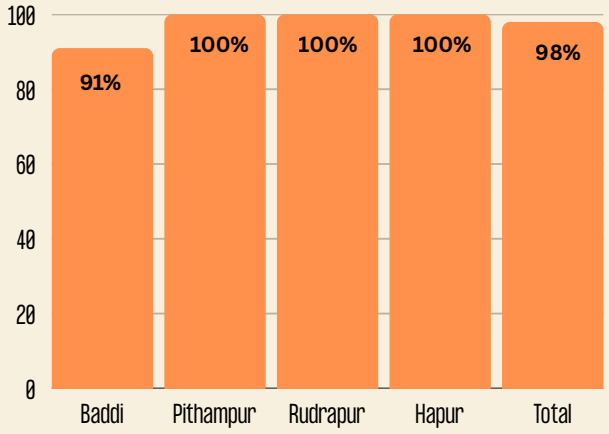
Findings reflects a transition from individual behaviour change to community-level influence, suggesting that beneficiaries are internalising programme messages and acting as informal health promoters, which is critical for sustaining health and hygiene gains beyond the intervention period.

Participants Encouraging Family Members to Follow Health & Hygiene Practices

Community Members



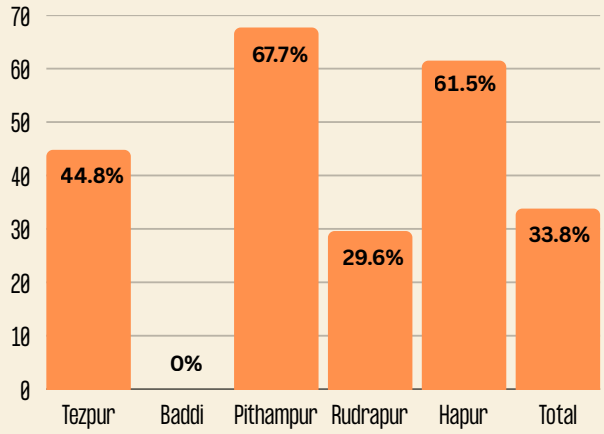
Students*



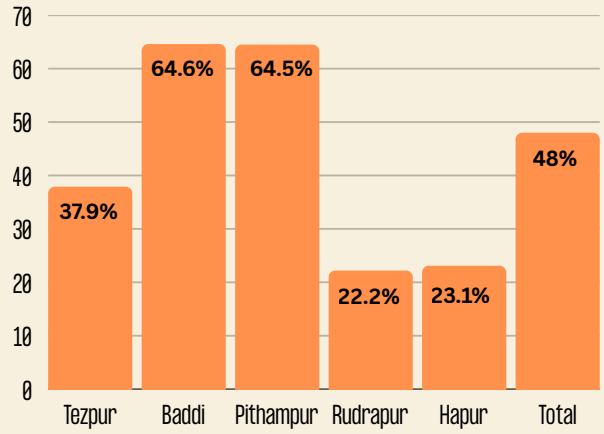
*Tezpur Data is not represented as sample size is less for statistical significance.

Key Health & Hygiene Practices Endorsed

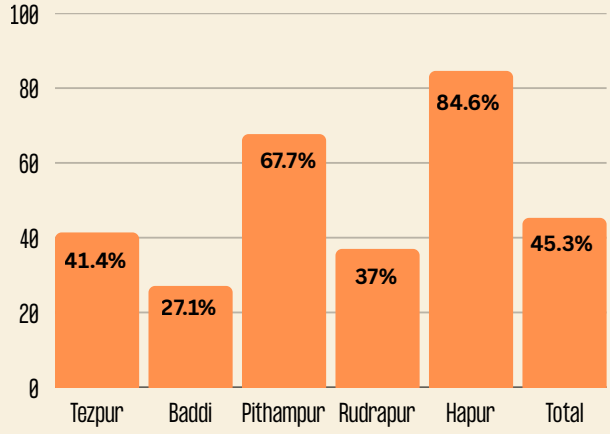
Follow WaSH Protocols



Discard Waste Properly



Maintain Basic Hygiene Tips



Overall, respondents most commonly encourage good health and hygiene by promoting proper waste disposal (48.0%) and reinforcing basic hygiene practices (45.3%), followed by advocacy for WaSH protocols (33.8%). Location-wise, Pithampur and Hapur show stronger emphasis on maintaining everyday hygiene norms, while Baddi and Pithampur highlight waste management practices, indicating that community-level health promotion is largely driven through practical, observable behaviours rather than formal messaging.

Beneficiaries Educating Family and Neighborhood on Health and Hygiene

- The programme demonstrates strong diffusion and spill-over effects across both community members and students. Among community members, a substantial majority (86.5%) actively encourage good health and hygiene practices within their families and neighbourhoods, with particularly strong advocacy in Hapur (100%), Baddi (91.7%), and Rudrapur (88.9%).
- Similarly, students show an exceptionally high level of peer and family influence, with an overall 98% encouraging family members and female friends to adopt good health and hygiene practices, and universal encouragement reported in Baddi, Pithampur, Rudrapur, and Hapur. Together, these patterns indicate that the programme has successfully fostered community and youth champions who reinforce positive behaviours beyond direct beneficiaries.

Enhanced Care-Seeking Behaviour among Beneficiaries

- The programme has strongly reinforced proactive care-seeking behaviour among community members, with 100% of respondents across all locations reporting that they are motivated to consult a doctor whenever they face health challenges. This uniform response indicates a robust shift towards timely medical consultation, improved health awareness, and greater trust in formal healthcare systems, reflecting effective internalisation of programme messaging on preventive care and early treatment.
- The programme has been highly effective in motivating students to adopt proactive health-seeking behaviour, with 100% of students in Baddi, Pithampur, Rudrapur, and Hapur reporting that they would seek a doctor's help when facing health challenges.

Stakeholder Affirmations

- **School Stakeholders** consistently affirm that the programme promotes good health and well-being by raising awareness on hygiene and health through structured sessions while simultaneously enabling practice through the provision of essential hygiene products such as toothpaste, toothbrushes, handwash, sanitiser, and toilet cleaners, thereby strengthening daily hygiene behaviours among students and extending positive health practices to families and the wider community.
- **Menstrual Hygiene Management:** The programme has strengthened awareness among adolescent girls on menstrual hygiene, addressing a critical and often under-addressed dimension of adolescent health, dignity, and overall well-being.



Self Defence Training

The Self-Defence component of the programme has had a significant ripple effect on community safety awareness, with 96% of student respondents, from Tezpur and Hapur, reporting that they actively use their training to educate female friends and relatives on women's safety, demonstrating strong peer-to-peer knowledge transfer and the potential for sustained community-level impact.

- The Self-Defence training has translated into practical peer-to-peer support, with the majority of beneficiaries actively sharing their knowledge with female friends and relatives.
- Overall, 84% of respondents reported conveying what they learned during the training sessions, while smaller proportions focused on sharing general information on women's safety (11%) or demonstrating physical techniques for self-protection (2%), indicating that knowledge dissemination primarily occurs through discussion and guidance rather than direct physical demonstration.









SWOT ANALYSIS

Opportunities

- ***Strong and Participatory Implementation Strategy:*** *The programme demonstrates a robust implementation approach anchored in partnerships with communities and key stakeholders, ensuring effective coordination, local relevance, and shared ownership throughout execution.*

- ***Efficient and Complementary Input Mix:*** *The combination of awareness creation, education and training, and provision of essential inputs in kind has proven highly efficient, mutually reinforcing behaviour adoption and sustained practice at the household and community levels.*

- ***High Relevance, Community Ownership, and Contextual Fit:*** *Programme components are closely aligned with community preferences and priorities, fostering strong community ownership while addressing region-specific needs – such as infrastructure improvements and self-defence training – thereby enhancing contextual relevance and strengthening healthcare, nutrition, and education outcomes for children with a* potential for creating economic benefits, thereby supporting mainstreaming the communities, with special reference to the marginalized and women.

- ***Strong Gender and Girl-Child Focus:*** *The programme places explicit priority on girls and young women, integrating gender-responsive interventions such as self-defence training, menstrual health education, and nutrition awareness.*

Weaknesses

- ***Regional Variation in Inputs and Outputs:*** *The programme exhibits region-wise variations in both input delivery and output-level performance, reflecting differences in implementation intensity and local contextual factors.*

- ***Inconsistent Distribution Patterns:*** *Distribution modalities vary across locations (e.g., monthly versus one-time distribution), indicating the need for greater standardisation to improve efficiency, predictability, and overall programme effectiveness.*

Opportunities

- ***Strengthening Economic Outcomes:*** *While the Kitchen Garden intervention contributes to household income and improved nutrition, the currently moderate earnings highlight an opportunity to scale and deepen the model to enhance long-term financial stability of beneficiaries. Integrating improved economic outcomes as a formal key performance indicator would strengthen the programme's livelihood and sustainability focus.*

- ***Scaling Hygiene and WaSH Interventions:*** *High community demand for Water, Sanitation, and Hygiene (WaSH) interventions presents a strong opportunity to extend and intensify hygiene-related components, enabling deeper behaviour change and improved public health outcomes at the community level.*

Threats

- ***Climatic Vulnerability Risk:*** *Exposure to irregular rainfall, temperature extremes, poor land availability and water stress poses a significant threat to kitchen garden productivity, potentially affecting crop yields, continuity of produce, and the long-term sustainability of nutrition and income benefits for beneficiaries.*



WAY FORWARD

Program Scalability

- **Foster Child Participation and Agency:** Strengthening children's engagement in programme design and implementation is strongly recommended. Meaningful child participation can harness their potential as change agents, enabling peer-to-peer influence, household-level diffusion of positive practices, and deeper, long-term developmental impact.
- **Scale Up WaSH Infrastructure and Practices:** Expanded investment in WaSH infrastructure – paired with sustained behaviour-change interventions – is needed to reinforce community hygiene practices and improve overall health outcomes. Enhancing access to clean water, sanitation, and hygiene facilities will further consolidate the gains achieved through programme activities.
- **Leverage Self-Defence Training for Gender Equity:** Expanding and strengthening self-defence training can play a pivotal role in addressing gender-based barriers to education and livelihoods. Such training enhances safety, confidence, and agency among girls and young women, contributing to broader gender-equitable outcomes.

Program Delivery

- **Standardise Delivery and Distribution Mechanisms:** Streamline programme delivery schedules (e.g., distribution frequency, training cycles, and follow-up support) across locations while allowing limited contextual flexibility. This will improve operational efficiency, ensure equitable input access, and strengthen consistency in outputs and outcomes.
- **Strengthen Monitoring, Documentation, and Adaptive Management:** Establish a unified monitoring framework with clear indicators, regular data capture, and documentation of implementation processes (including infrastructure-related interventions).

Impact & Sustainabillity

- **Institutionalise Child and Community Participation for Sustainable Outcomes:** Formalise mechanisms for child and adolescent participation – such as student clubs, peer educator groups, and community forums – to promote protection, health, and hygiene behaviours. Positioning children and youth as active change agents will enhance safeguarding, social accountability, and long-term behavioural sustainability.
- **Strengthen Pathways for Economic Mainstreaming:** Scale up Kitchen Garden interventions with market linkages, value-addition training, and convergence with government livelihood schemes. Integrating income enhancement and financial resilience indicators will support sustainable economic mainstreaming, particularly for women and marginalised households.






RED
Fresh
SUPER SAVER PACK
Neem
SMILE
MORE

GALLERY




Dabur
Chyawanprash
3X





GALLERY









Designed by:

Impact Assessment by: give | grants

Implemented by:

Dabur

DABUR INDIA LIMITED

8/3, Asaf Ali Road,
New Delhi - 110002

www.dabur.com
corpcomm@dabur.com