



SROI Evaluation

Nutrition India Programme '19-20

Foreword

Over the past few decades, with the introduction of various initiatives such as the community health worker programme, India's public health system has evolved. However, with 11.9% of all maternal deaths and 18% of all infant mortality in the world still occurring in India, there is undoubtedly still a long way to go. Progress in this area is slow because expanding and fortifying public health systems, while crucial, must first overcome the complex challenges of reaching vulnerable people in the country's most hard to reach places.

In India, malnutrition amongst children is a silent national emergency. Presently, it accounts for 68% of infant mortality, with 1 in 25 children dying before they reach 5 years of age. Most of these deaths are as a result of pneumonia, diarrhoea and malaria. These diseases represent poor sanitation and hygiene as well as malnutrition, which reduces immunity and increases susceptibility to infection.

The Nutrition India Programme (NIP) was conceptualised to bring people together with a shared mission of improving prenatal and postnatal nutrition, preventing premature deaths and improving the quality of life for its beneficiaries. The programme is presently working to support the government's mission to end malnutrition, working in communities with the assistance of technology and innovative behaviour change initiatives to bring successful interventions to hard to reach places. Currently, it is operating in Maharashtra, in the districts of Amravati and Nandurbar, the state's toughest regions.

NIP's approach is focused on transforming the first 1000 days of a child's life. This five year goal is to cover 1000 villages, using digital and artificial intelligence based training modules to strengthen the health, hygiene and nutrition status of pregnant women and children. The aim of this project is to achieve a 40% reduction in the number of children under five who are stunted, and reduce childhood wasting to less than five percent.

India has shown an immense commitment to reaching Sustainable Development Goal (SDG) number 2: to end hunger, achieve food security, improve nutrition and promote sustainable agriculture. The Nutrition India Programme is a response to the need for multi-stakeholder partnerships to achieve the ambitious targets of Agenda 2030. If good nutrition and hygiene practices can be brought to every household, it will build a strong foundation for the future of Indian society.

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Why measure the Impact of the Nutrition India Programme?

-  Formally Prove Programme Effectiveness
-  Encourage Government Scale-up & Uptake
-  Test Sustainability of Existing Model
-  Increasing Financing Through Innovation



The purpose of the study is to evaluate and prioritize social needs of the Nutrition India Programme. This study serves to answer many questions. But first, it is important to understand that the purpose of the Nutrition India Programme (NIP) is to save lives. Lives that would otherwise be lost, because few are equipped to be able to find and build trust with these remote, tribal mothers in rural Maharashtra.

How does this programme look in comparison to other prenatal and postnatal health and nutrition programmes in India and abroad?

In a world of social distancing, how do we ensure that the most distant people from us are not left alone for too long? How does the COVID-19 lockdown and the likely economic recession affect a remote nutrition programme for daily wage earners who were already struggling to make ends meet?

Many of these questions will continue to puzzle us for the foreseeable future. This study hopes to at least lend context and insightful supporting evidence to inspire expansion and duplication of efforts undertaken by the Nutrition India Programme by Plan India in 2019.



Rani, a 6-month-old baby girl in Dharni, who's life was saved after receiving support from the Nutrition India Programme.

Executive Summary



Stakeholders



Beneficiaries

The direct beneficiaries are pregnant women, mothers of under five children, and women facing challenges with lactation located in the Nandurbar and Amravati districts in the state of Maharashtra.

- Getting more respect and care has resulted in improving the status of women in the community and an increased trust in institutions due to CNWs, by adopting institutional delivery
 - Increase in awareness of hygiene practices by adopting hand wash with soap, keeping drinking water safe from contamination and hygienic cooking practices
 - Decrease in pregnancy related anxiety due to feeling safe because of skilled health workers like CNW in proximity
 - Increased knowledge has led to increased confidence and ownership among mothers
 - Increased anthropometric measurement of child and usage of chart led to early identification, there by treatment and reduction in childhood stunting
 - Reduction in childhood mortality rate (24.1% reduction in 2017-18 to 50.4% reduction in 2018-19)
- Increased institutional delivery due to increased trust in government institutions
 - Increased perception of government effectiveness due to CNWs capacitating processes
 - Reduction in a visit to health facilities: Reduction in the number of visits to the healthcare providers due to the intervention
 - Reduction in number of SAM and MAM children due to early identification of complex cases, timely referral and treatment with the help of voucher scheme Increased nutrition of mothers and pregnant women due to food security
 - Increase in diet diversity of mothers and pregnant women due to introduction of kitchen garden
 - Reduction in maternal mortality, low weight babies and birth related economic burdens with the help of the voucher scheme



Community Nutrition Workers (CNWs)

Community Nutrition Workers are the foot soldiers of NIP programmes, they help the Plan India team to reach out to the most remote locations of Nandurbar and Amravati

- Increased influencing capacity as a result of an increase in trust
- Increased respect as they save lives
- Increased employability due to development of skills (technical and soft skills)
- Increase in self-value as they progress personally and professionally
- Increased support for families as a result of stable income and better job opportunities
- Increased technical skills as a result of continuous training from Plan India
- Increased community trust



Auxiliary Nurse Midwife (ANMs):

Auxiliary Nurse Midwives is a village-level female health worker in India who is known as the first contact person between the community and the health services, or Antenatal Care Centres (ANC).

- Increased identification of critical cases due to early reporting and collaborative work with CNWs



Anganwadi Workers (AWWs):

Anganwadi Workers (AWW) coordinate Anganwadi's (rural child care centres) day to day activities as part of the government of India's Child Development Services Programme, to combat child hunger and malnutrition.

- Increased enthusiasm due to best practices followed with the help of CNWs
- Increased identification of critical cases due to regular presence of beneficiaries and AWWs during immunisation day



ASHAs

(An accredited social health activist):

ASHA is a community health worker instituted by the government of India's Ministry of Health and Family Welfare (MoHFW) as a part of the National Rural Health Mission (NRHM).

- Increased identification of HRPW due to best practices in counselling and more door to door visits with CNW
- Reduction in disease prevalence due to timely distribution of medicines

About Nutrition India Programme

Improving pregnancies



Increasing institutional births



Nutrition India Programme



Improving infancy nutrition



Reducing stunting in under-5 childhood

Nutrition India Programme (NIP) is an innovative project to strengthen the Indian Public Health System by improving the status of Hygiene and Nutrition at both grassroots and policy-making levels, increasing access to care for people living in remote, hard to reach areas. The programme achieves this through a well-managed Community Nutrition Worker (CNW) model. NIP recruits and trains CNWs in 1) Community Health and Surveillance 2) Child Health and 3) Maternal and Neonatal health.

Reckitt Benckiser is investing in developing a scalable and replicable model to address the challenge of malnutrition in two of the worst affected districts of Maharashtra; Amravati and Nandurbar. The project was piloted during 2019-20.

NIP aims to improve nutritional status during the first 1,000 days of life, with a goal of reducing stunting by 40% in children under 5 and keeping childhood wasting rates below 5%. Over the next 5 years, NIP aims to reach 177,000 mothers of undernourished children across 1,000 villages.

Working with local communities to build up a workforce of travelling Community Nutrition Workers (CNWs), the project delivers rigorous training by a team of public health experts, paediatricians, gynaecologists and community development specialists. The CNWs go door-to-door and village-to-village in order to build trust, then deliver simple and effective lessons on nutrition and hygiene to stimulate behavioural change using specially designed games, nutrition kits, multimedia stimuli and community festivals. It has also employed a host of behavioural nudges, apps, games,

nutrition kits, multimedia stimuli and engaging-social experiences to build the communities awareness of nutrition and hygiene. All interventions are delivered by members of their community, in a locally understood language.

Technology has been deployed in various forms throughout the programme. From using real time data monitoring, blockchain to track and enable conditional cash transfers to women who travel to nutritional rehabilitation centres, as well as verifying service provision at every touch point. Most importantly, the entire programme hinges on its synchronisation with local health cultures and close collaboration with a network of traditional health providers and communities who are not passive beneficiaries, but key actors in the process of transformation. The project has started showing early positive trends, with the lives of around 6,500 children under five being saved over a ten-month timespan, which is hugely encouraging.

The programme has adopted a three-part model which enables it to cover a large group of beneficiaries across Amravati and Nandurbar and makes NIP's interventions holistic:

- i. **Care of women during first 270 days** - though immunization, hygiene and adequate diet
- ii. **Care of mother and child for 2 years** - Delivery, exclusive breastfeeding, diet diversity and immunization.
- iii. **Care of (SAM/MAM/SUW)** - Therapeutic food at NRCs, management of lactation challenges



ASHAs teaching young children in Nandurbar effective handwashing techniques, under the Dettol Banega Swasth India initiative.



Impact of the programme: 40% reduction in stunting, and a reduction and maintenance of wasting to <5%

	PREGNANCY	BIRTH	INFANCY	UNDER-5 CHILDHOOD
Year 2020 targets	<ul style="list-style-type: none"> - 50% increase in full ANC coverage - 50% Increase of pregnant women who gained appropriate weight during pregnancy (10-12 kg) - 50% reduction in pregnant women with anemia 	<ul style="list-style-type: none"> - 50% increment in exclusive breast-feeding up to 6 months of age - 50% increment in timely initiation of complementary feeding - 50% increment in initiation of breastfeeding-within 1 hr, of birth - 30% increment in diet diversity of pregnant and lactating women 	<ul style="list-style-type: none"> - 50% reduction in undernutrition among 24 month old children 	<ul style="list-style-type: none"> - 10 % reduction in stunting - 40% reduction in childhood wasting
Year 2019	<ul style="list-style-type: none"> - 7% Increase in proportion of pregnant women with Complete ANC Coverage - 22.35% Increase in proportion of pregnant women consumption of 100 IFA tablets - 23% Reduction in pregnant women with anemia 	<ul style="list-style-type: none"> -59% increase in Institutional birth at public facility - 56% Reduction in proportion of low birth weight babies - 37% Increase in proportion of children with breast feeding initiated within 1 hr of birth * - 11.6% Increase in proportion of lactating women whose diet diversity is ensured * 	<ul style="list-style-type: none"> - 13.9% Increase in proportion of children with exclusive breast-feeding up to 6 months - 71% Increase in proportion of children with timely initiation of complementary feeding 	<ul style="list-style-type: none"> - 7.4% Reduction in proportion of severely Acute Malnourished children *
Baseline	<ul style="list-style-type: none"> - Only 47% of pregnant women had complete ANC coverage - 46% of pregnant women consumed 100 IFA tablets - 58% pregnant women are anemic 	<ul style="list-style-type: none"> - Only 52.5% institutional births are at public facilities - 63.35% breastfeeding initiated within 1 hour of birth 	<ul style="list-style-type: none"> - 64.4% exclusive breastfeeding - 4.7% infants – timely initiation of complementary feeding 	<ul style="list-style-type: none"> - 11.2% children with Severe Acute Malnutrition - 42.1% children stunted - 40.4% children with wasting

Reckitt Benckiser is investing in NIP to develop a scalable and replicable model to address the challenge of malnutrition in two of the worst affected districts of Maharashtra; Amravati and Nandurbar.

About Sustainable Square



Sustainable Square is an advisory firm that delivers impact through redefined solutions in the field of social investment, sustainability and environmental practices. More than just an advisory firm however, Sustainable Square is a culture in itself.

Sustainable Square has developed a globally robust Social Impact Measurement Framework and ensures that each intervention is localised and assessed on an individual basis. The Sustainable Square team will scrap what they know in order to achieve the best results in any context.

Sustainable Square's team of experts have served leading organisations in various industries across the globe, transforming the way businesses are conducted. The team consists of advisors with expertise covering a spectrum of industry relevant disciplines. This diversity means that clients can tap into a broad knowledge base and ensures that delivery is always to a high-level global standard. The following table includes all the services Sustainable Square currently offers:



Assessment Team



Eric Hensel
Co-Founder and Sustainable Square India - CEO Stakeholder Engagement and Research Incharge



Eman Hussain
Sr. Sustainability and Social Impact Advisor - Global Research Lead



Jinu George
Project Manager - India Operations Lead



Subhag Raj
Social Impact Advisor - India Local Stakeholder Engagement Team

The assessment was conducted independently by Sustainable Square.



ESG

- ESG Due Diligence.
- ESG Strategies Implementation.
- ESG Benchmarking Analysis.
- ESG Disclosure and Reporting.



Impact Investment

- Impact Portfolio Strategy Development and Management.
- Designing Impact Funds/Bonds and Transaction Advisory.
- Impact Portfolio Evaluation and Management.
- Impact Investment Ecosystem Building.



Sustainability & Climate change

- Sustainability Benchmark & Materiality Analysis.
- Sustainability Strategy and Integration.
- Sustainability Reporting & Assurance.
- Sustainable Supply Chains & Procurement.
- SDGs Alignment and Strategies.
- Climate Change Risk Assessment.
- GHG Protocols and Reporting.
- Corporate and Products' Carbon Footprints.



Social Impact

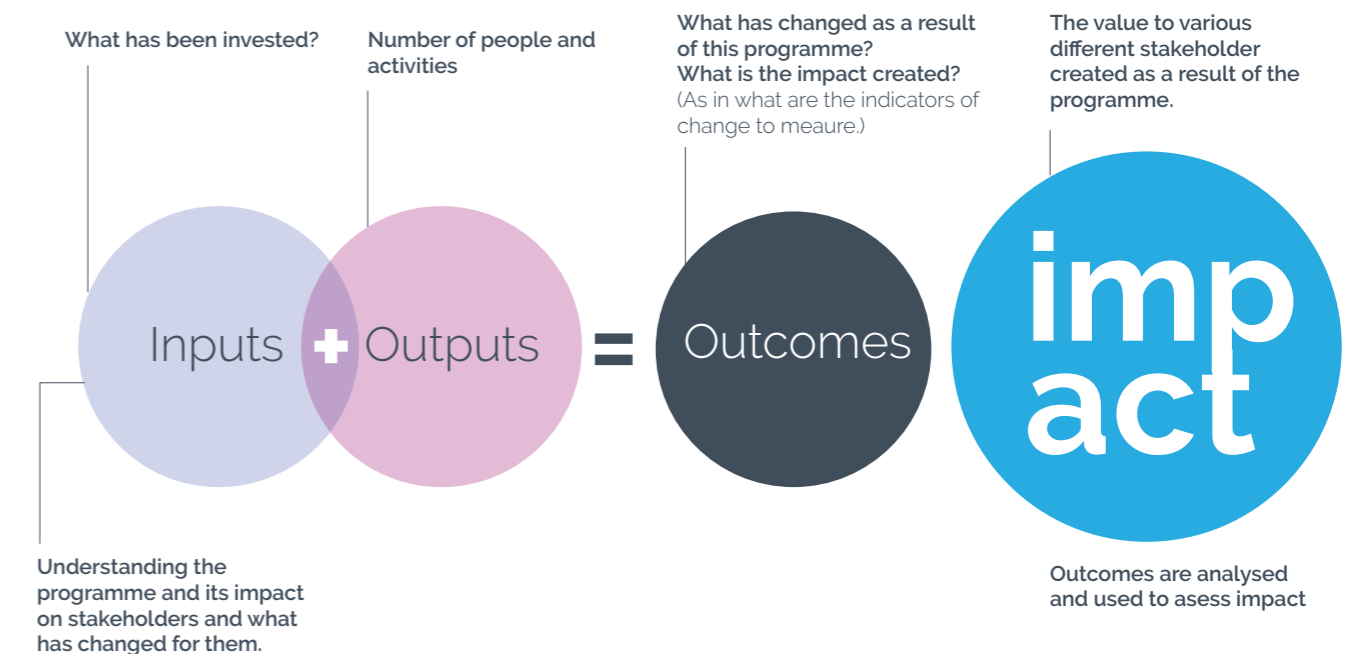
- Social Investment Strategies.
- Human Rights Impact Assessments.
- Social Impact Monitoring, Evaluation and Measurement.
- Community Needs Assessments.
- Charity & Philanthropy Management.
- Social Economic Study

Aims of Evaluation

After successfully completing its first full year of operation, the Nutrition India Programme wishes to perform a third-party social impact assessment of its performance. The results of this study will help to inform decisions on which activities and outcomes result in the highest value, how to increase value and to inform decisions about future expansions and scalability.

SROI Methodology

For this assessment, the methodology used is the Social Return on Investment (SROI) framework formalised by Social Value International. At its core, SROI is a measurement valuing both financial and non-financial outcomes of social interventions. There are four main elements to how we have measured social value: inputs, outputs, outcomes, and impact (the SROI) as detailed below.



ENGAGEMENT PROCESS

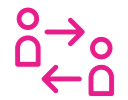
1. Mapping out key stakeholders of the programme.
2. Identifying how and which resources were used to deliver activities.
3. How these activities resulted in the outcomes for the target audience.
4. Evaluating and evidencing outcomes and elected values based on stakeholder feedback.
5. Assessing the impact and the extent to which the activities have contributed to this impact.

7 PRINCIPLES OF SROI



1. Involve stakeholders

We interviewed direct stakeholders who have benefited directly from the programmes.



2. Understand what changes

We looked for the changes that stakeholders have experienced after the programmes came into effect – keeping in mind both positive and negative impacts as well as intended and unintended consequences.



3. Value the things that matter

In calculating the SROI ratio, we have included mainly direct benefits stated by the direct stakeholders.



4. Only include what is material

We have looked at the information collected and included only information and evidence that provide a realistic and genuine picture of the programme; reasonable conclusions can accordingly be drawn about their impact.



5. Do not over-claim

We are aware that investing in social programmes has other indirect benefits, such as improving the well-being of other community members. We have illustrated these indirect benefits in the report but have not counted them within the SROI ratio calculation.



6. Be transparent

We have demonstrated the basis of the analysis and the study limitations



7. Verify the result

The results were discussed and verified with a 3rd party expert.

Scope of Evaluation

Assessment Year **2019-2020**



Stakeholders

Beneficiaries, ASHA Workers, CNWs, Traditional healers, Government Agencies-ANMs, Government Hospitals and Health Department.



Objectives

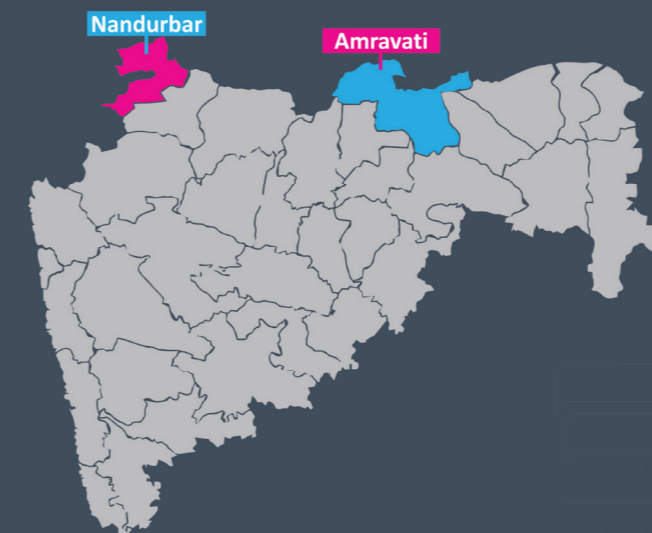
- To improve the nutritional status of children during the first 1,000 days of birth.
- 40% reduction in the number of children under five who are stunted.
- Reduce and maintain childhood wasting less than 5%.



Key Considerations for the Assessment

- Behavioural change communication
- Reduction in number of deaths
- Trust in community
- Sustainability and scalability of the model
- Voucher program and its efficiency

Project Location



Amravati and Nandurbar, Maharashtra

Stakeholder Mapping

Community Nutrition Workers are the foot soldiers of NIP programme, they help the Plan India team to reach out to the most remote locations of Nandurbar and Amravati

41



ASHA Facilitators conduct village visits, conducting community/VHSNC meetings, attending Village Health and Nutrition Days

204



Donors and Partners: Reckitt Benckiser is the donor of Nutrition India Programme.

1



Nutrition India Programme

Direct beneficiaries (Pregnant Women/ Mothers/ Women with lactation issues and children) are the ones who got identified by CNWs and are receiving the benefits of the Nutrition India Programme.

7378



Auxiliary Nurse Midwives (ANM) is a village-level female health worker in India who is known as the first contact person between the community and the health services, or Antenatal Care Centres (ANC).

61



Angan Wadi Workers (AWW) coordinate Anganwadi's (rural child care centres) day to day activities as part of the government of India's Child Development Services Programme to combat child hunger and malnutrition

417



Sampling Process

Stakeholders	Scope	Sample #	Type of Engagement
<ul style="list-style-type: none"> - Beneficiaries - Community - ANM, ASHA, - Traditional Healers - Local Hospital - Health Department - Non-direct Intervention beneficiary - Non-intervention ...villages - VSTF 	<ul style="list-style-type: none"> - Prior to Intervention: ...Year 0 ... (May 2019) - Intervention: Year 1 ... (May 2019- April 2020) 	<p>Year 1</p> <ul style="list-style-type: none"> - Children: 251 - Women facing Lactation Issues: 108 - High Risk Pregnant women: 248 - Total - 607 - Representative Control: 1-2 villages to account for similar criteria without NIP implemented 	<ul style="list-style-type: none"> - Face to face ...interaction with all ...beneficiaries. - Qualitative/ ...Quantitative surveys ...for indirect ...beneficiaries and ...stakeholders.

Data collection was completed over two phases:

Qualitative Stakeholder Engagement

This stage identifies the complete narrative of change the constituents are experiencing as a result of participating in the programme either through:

- Direct interviews with programme implementers .
- Direct interviews with a group of constituents.

Quantitative Stakeholder Engagement

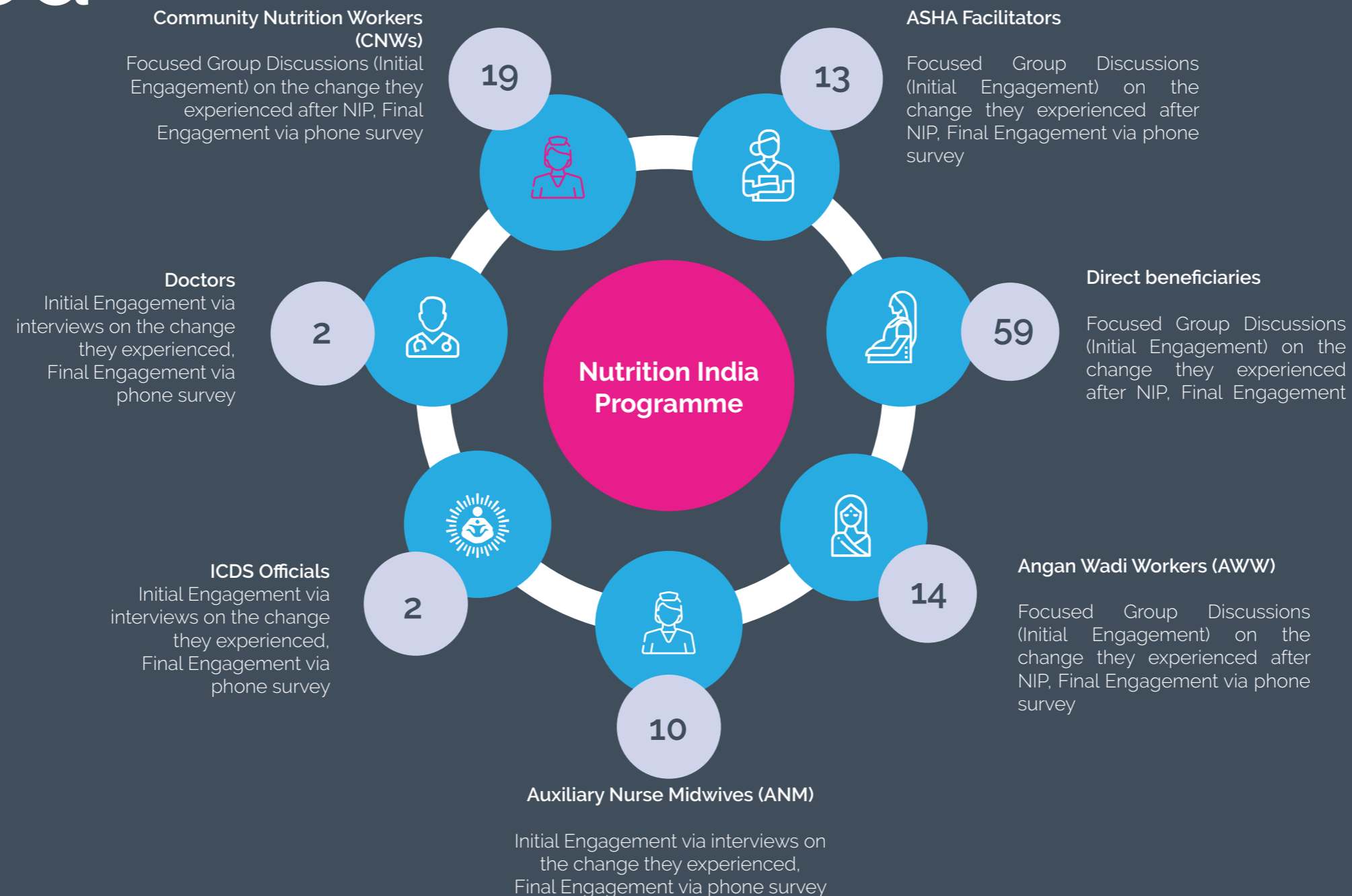
Engagements with a larger group of the constituents took place to understand

how many have been affected by the changes identified during the qualitative engagements using telephonic and video call.



Sustainable Square and Plan India conducting stakeholder engagements in Nandurbar, Maharashtra.

Stakeholder Engagement Method

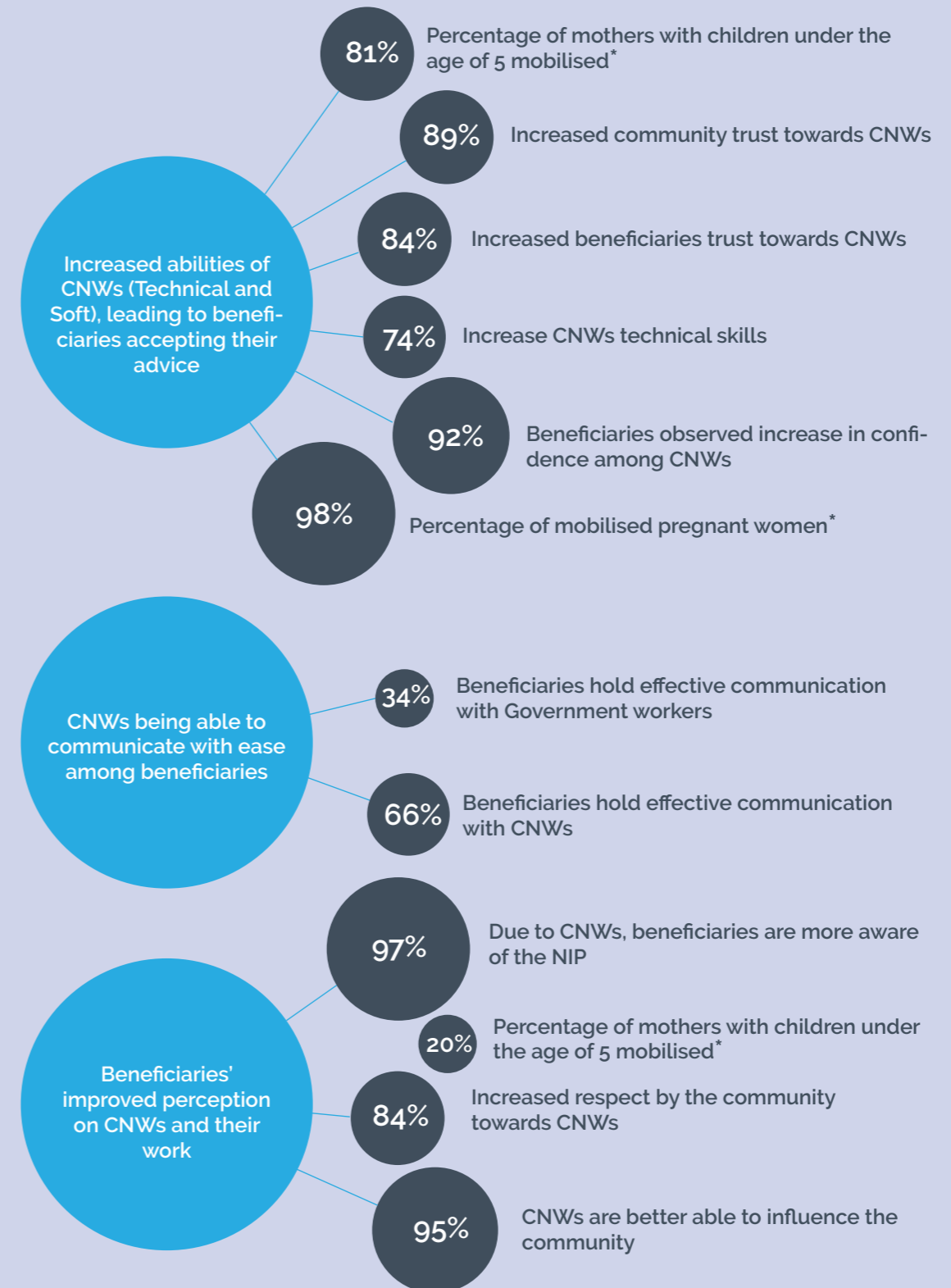




Results of SROI

A young beneficiary, with her healthy infant, who is part of the Nutrition India Programme in Amravati.

Understanding Change- **Outcomes** Change for CNWs

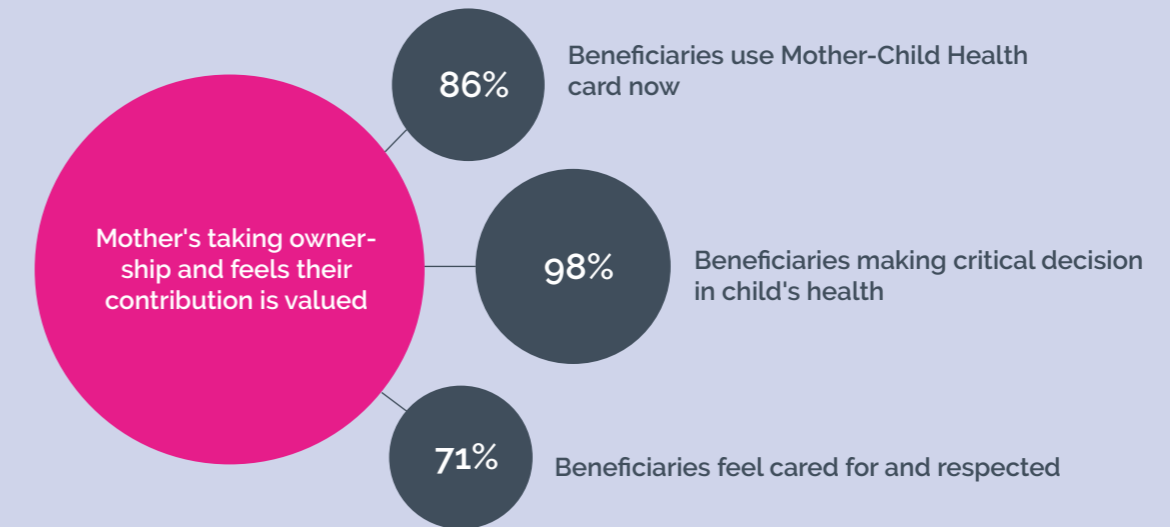
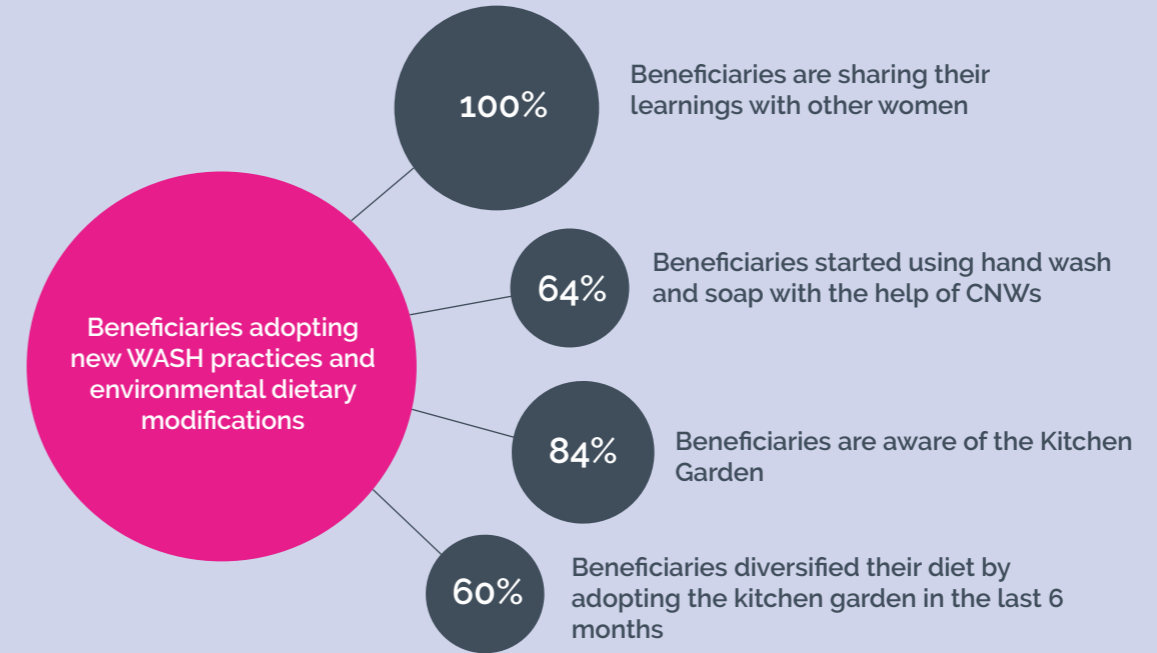
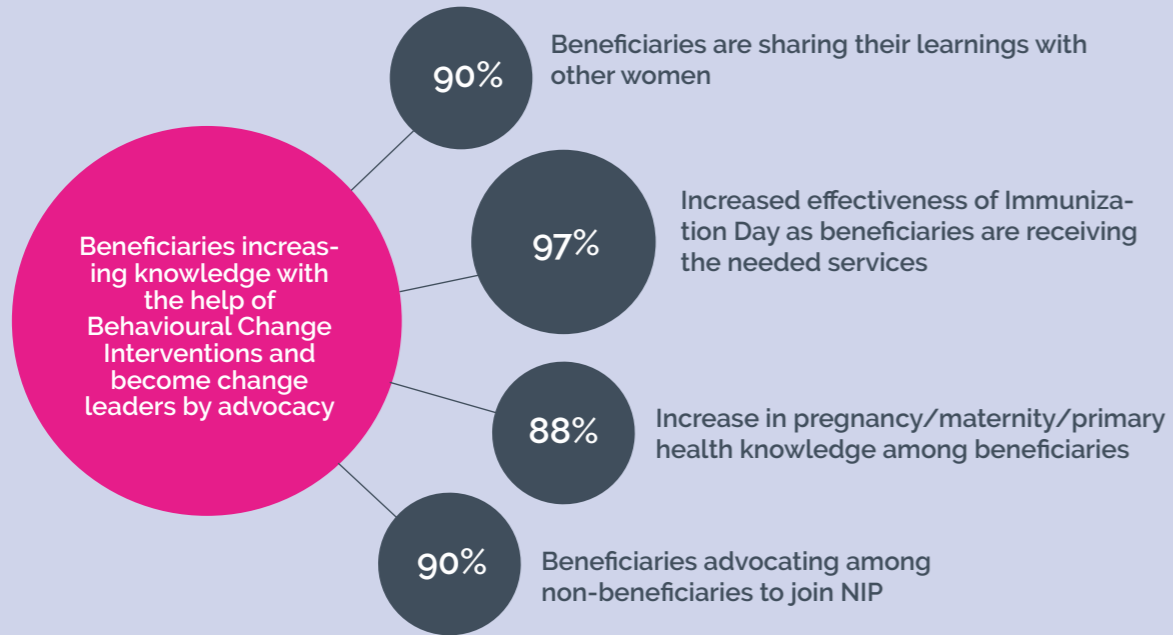
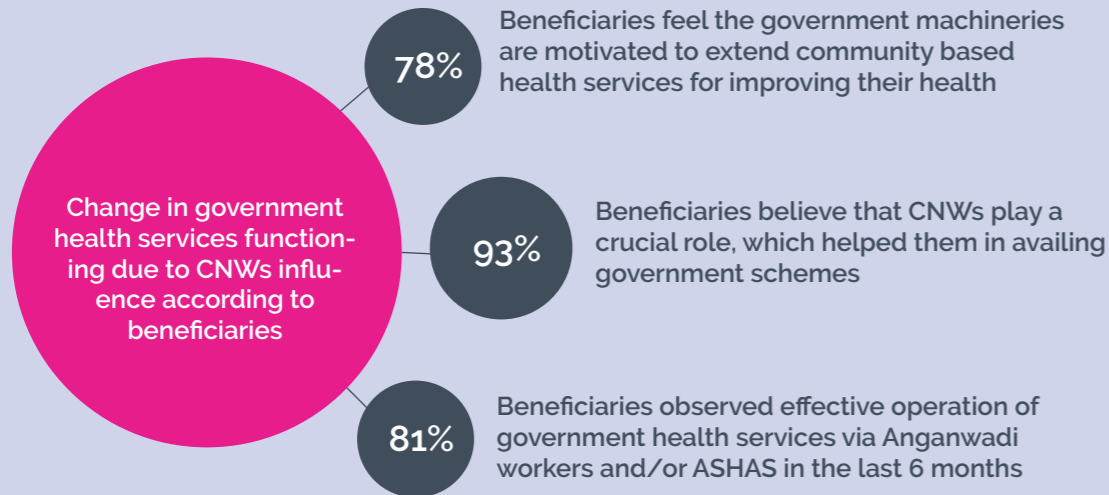


* Changes were gathered from NIP's research report. Note: Certain indicators have been excluded to avoid double counting. Please refer to Annexe F

Understanding Change- **Outcomes**

Change for Beneficiaries

(Pregnant women and mothers in rural Maharashtra)



Note: Certain indicators have been excluded to avoid double counting. Please refer to Annexe F

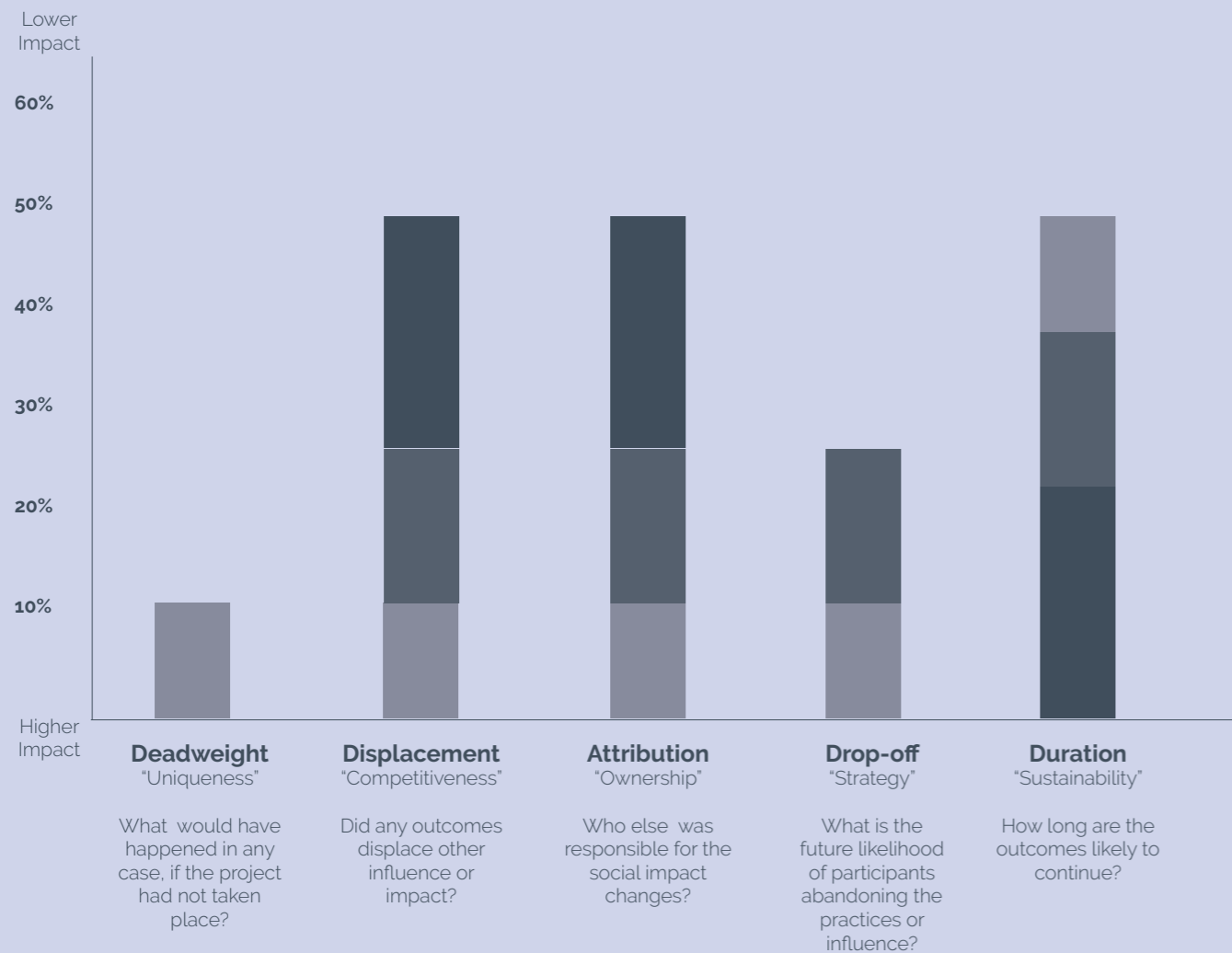
Understanding Change- Calculation

To gauge the amount of social value and impact created in monetary terms, it is necessary to assign financial value to things that do not have a market price. Financial proxies primarily refer to the outcomes of the programme, so that we can calculate the true social return of the programme for all stakeholders.

For this programme, the financial proxies were determined using secondary data extracted from scientific research studies. The secondary data used has been adjusted to fit the context of people in India.

Please refer to the Conclusion - Full resources and Impact Map section - for the full calculation.

Understanding Change- Externalities



Note: Graph for representation only, externality values have been included in the Impact Map.

This impact assessment exercise has taken into consideration the impact of the external factors on NIP's social interventions so we can account for them during our impact calculation, thus obtaining the real impact created for all constituents.

Deadweight: Low deadweight means that the programme is unique and that there are not many similar programmes by other organisations.

Drop-off: Low drop-off means that the change/impact rate will not reduce over the years, making the impact much higher.

Displacement: Low displacement means that the constituents preferred this programme over similar programmes (if any available).

Duration: High duration means that the change will last for a long time.

Quantity: High quantity means that the programme's reach is very wide

Attribution: Low to medium attribution means that there are a number of factors outside the programme that influence the beneficiaries.

Please refer to the Conclusion - Full resources and Impact Map section - for the full calculation.



ASHA's delivering an awareness session to other ASHA's and women in the community, thus helping women increase their knowledge regarding health and nutrition.

Impact Values



7,378

Total Number of Mothers reached



₹ 107,805,000

Total cost leveraged through all partners



₹ 3,977,885,332

Total Social Value Created

₹ 37
₹ 1

For every ₹1 invested in the Institution of the Nutrition India Programme delivers ₹36.90 of social value.



HEALTH • HYGIENE • HOME

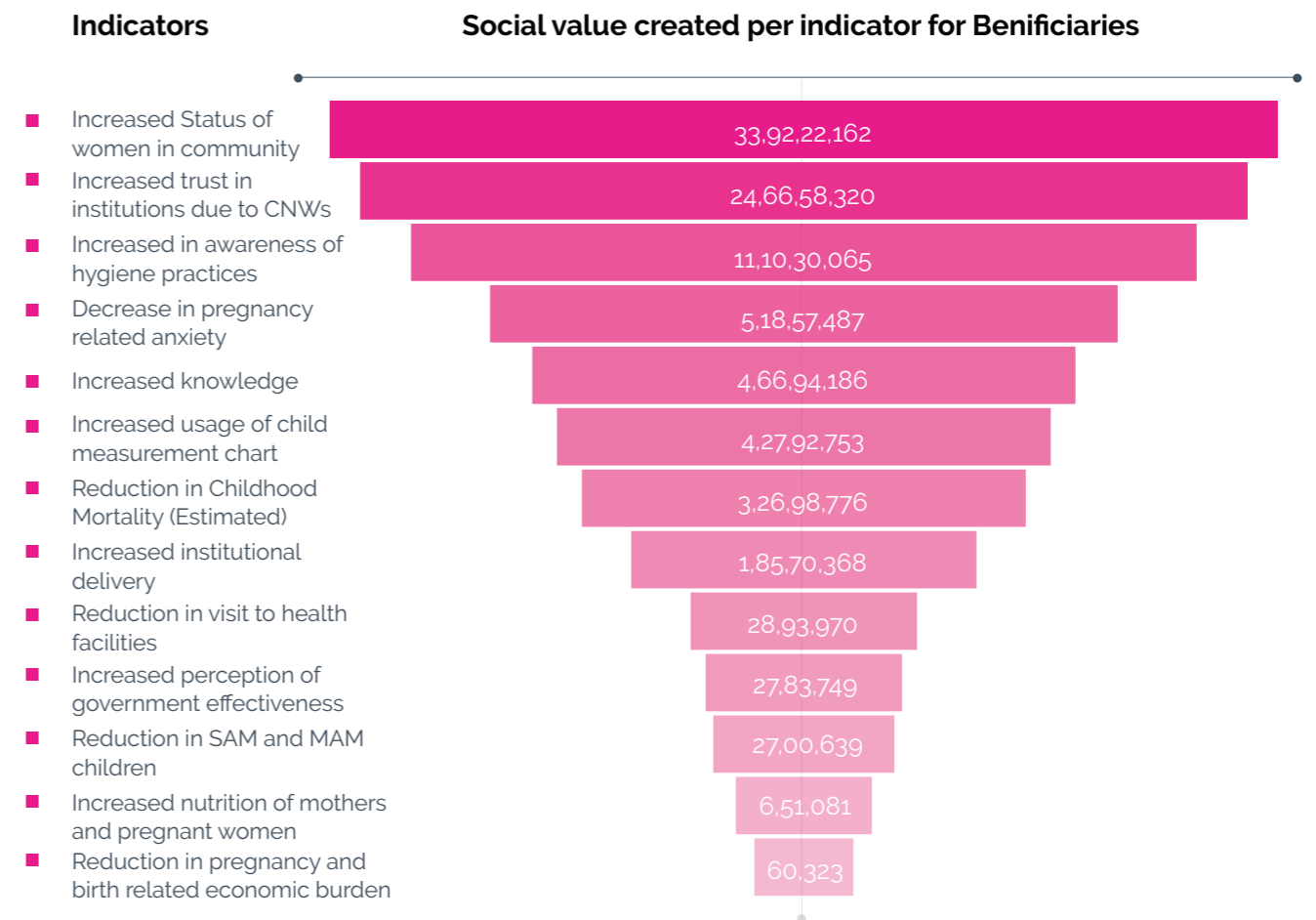
Sensitivity Analysis

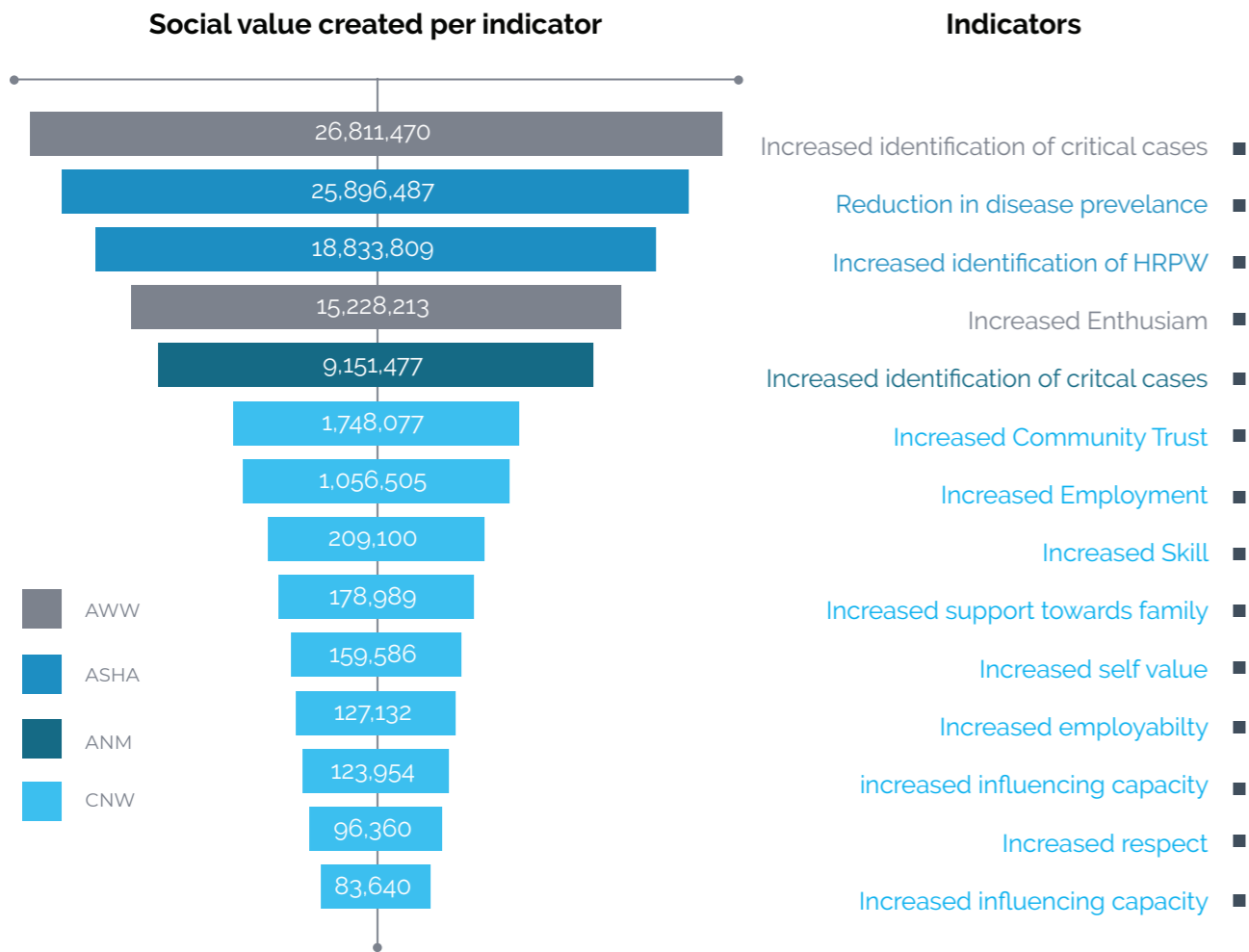
Undertaking a sensitivity analysis is important to ensure that results have not been subject to bias and the assumptions are not unreasonable. The validation looks into the percentages determined for the deadweight, displacement, attribution and drop off of the programme, in addition to the duration.

Externalities: Deadweight, attribution and drop off were adjusted by 5% to represent the influence of other existing programmes and the continuity of newly adopted behaviours by the constituents at the end



Indicators and Valuations





“If we don’t save our children’s lives, who will?”

- (Notes from a CNW during stakeholder engagements)

Data Source

Data source	Data collection methods	Limitations	Applications
Qualitative Data	Direct and Group engagements (pre-COVID-19 Lock-down)	Were conducted prior to this study concluding	To inform assessor’s observational reports
Quantitative Data	Phone and Video call interviews	Few beneficiaries have access to a phone (n=59 out of 7378) Language barriers required the use of programme partners and neighbours to access them during the COVID-19 lockdown	To provide quantities of change and inform externalities and durations of impact
Previous SROI studies	Desk research	None	Valuations
Choice Modelling	Video call interviews	Few beneficiaries were interviewed (n=5) as language barriers required the use of the ASHA workers during the COVID-19 lockdown	To identify the values and importance of the changes based on revealed preferences of the stakeholders

Social and Economic Lifetime Return on Investment for Stunting

As actual results in curbing stunting cannot be measured until year 2 of this programme, this study has included a cost benefit economic value to demonstrate the most probable future returns. These gains are captured from age 15 until age 60.

Economic value (cost benefit methodology) estimate in India for future 40 years of productive work from will return \$87 for every \$1 invested. These values include:

- Higher level of education attainment = Increased income
- Increased stature among future work = Increased income
- Cognitive effect = higher earning for non-stunted children

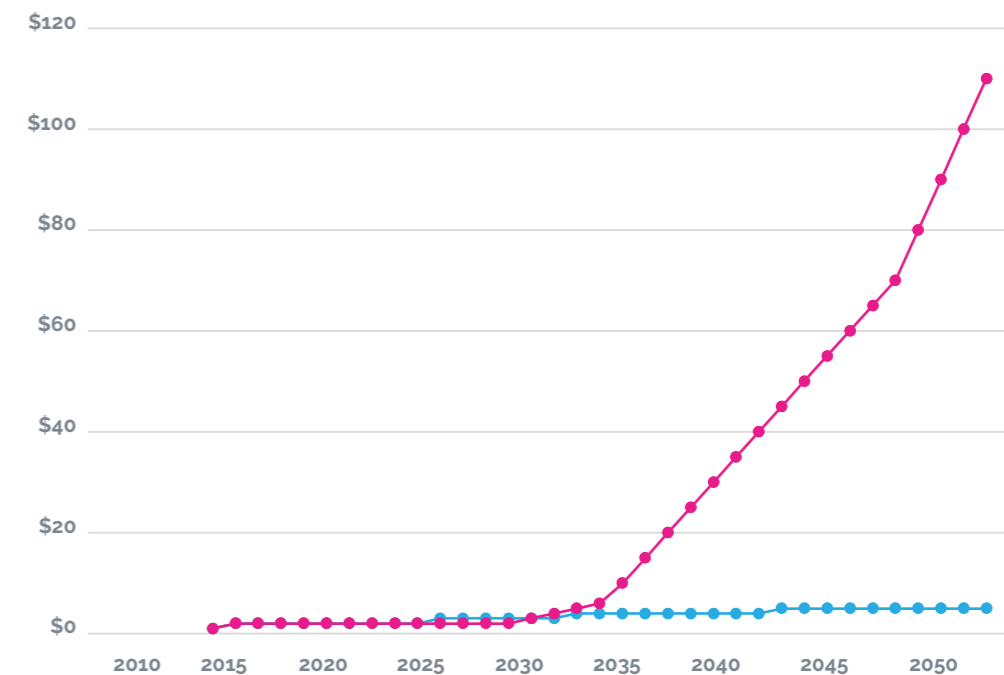
Lifetime Economic Cost Benefit (87x) + 5 year projection of social value (36.90x) =

1:123.9

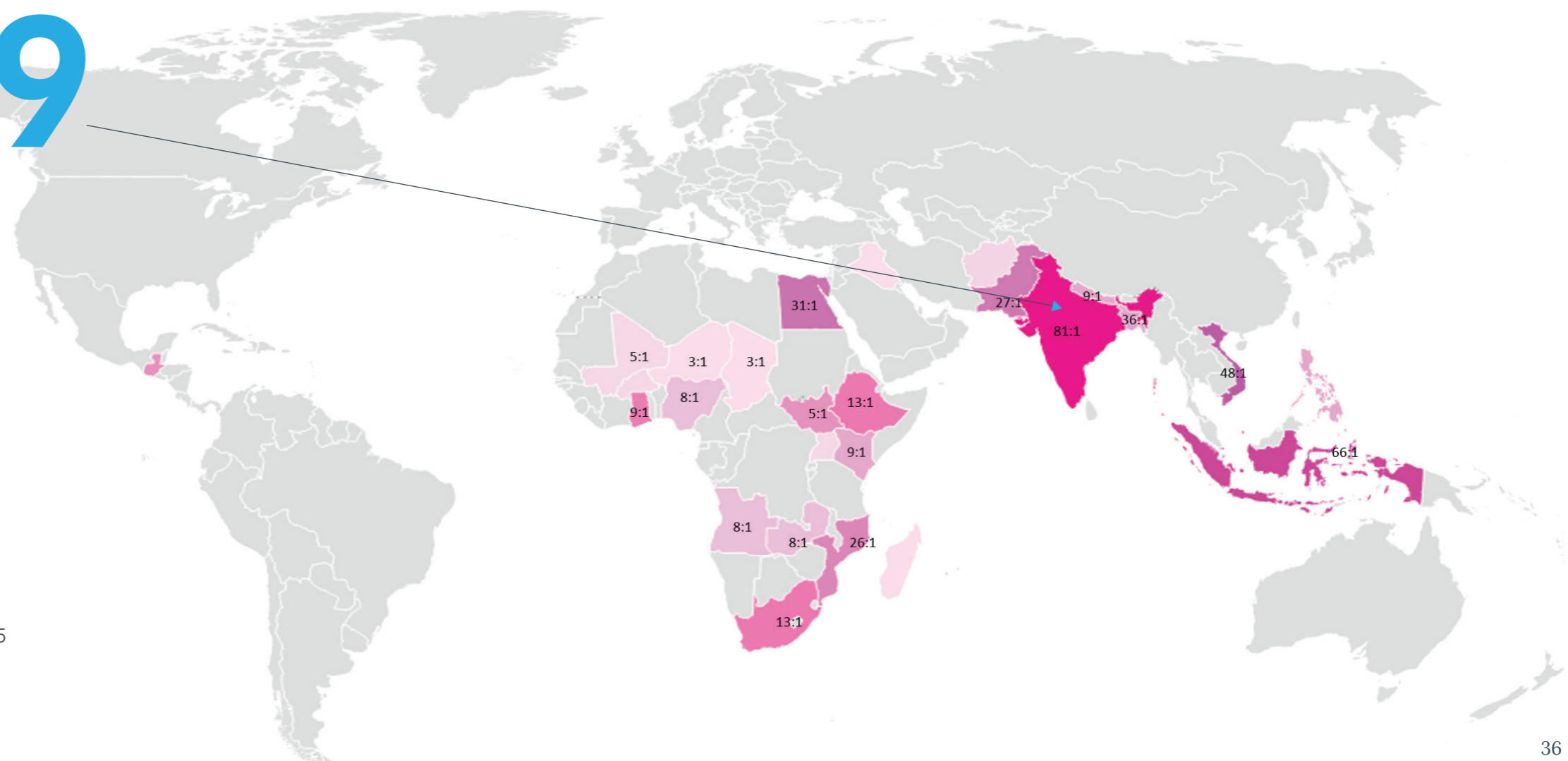
For every ₹1 invested a lifetime return of ₹123.9

Rates of return to nutrition project, by country

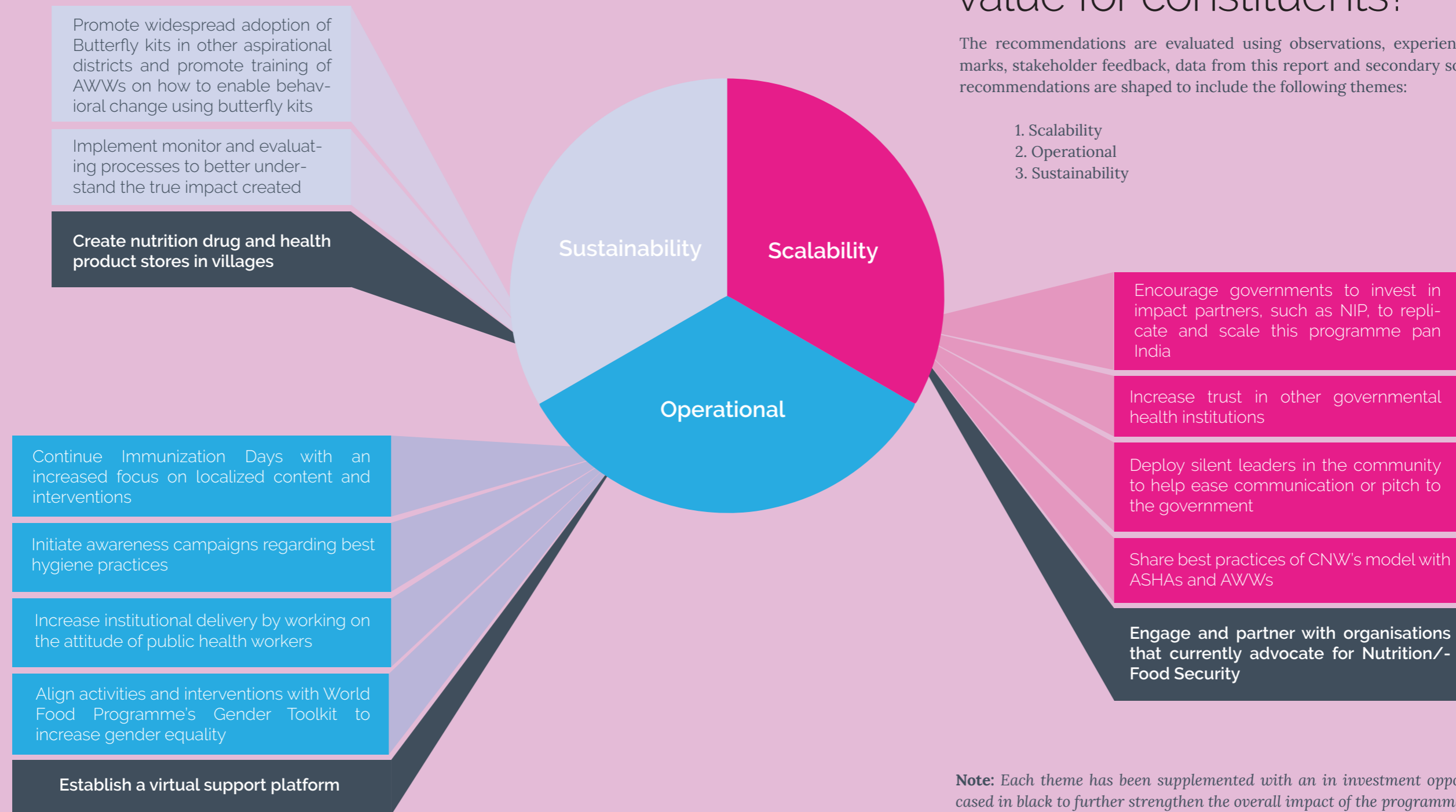
Source: <http://documents.albankaldawli.org/curated/ar/528901533144584145/pdf/WPS8536.pdf> Page 25



Time path of per capita costs and benefits of the nutrition program



Recommendations

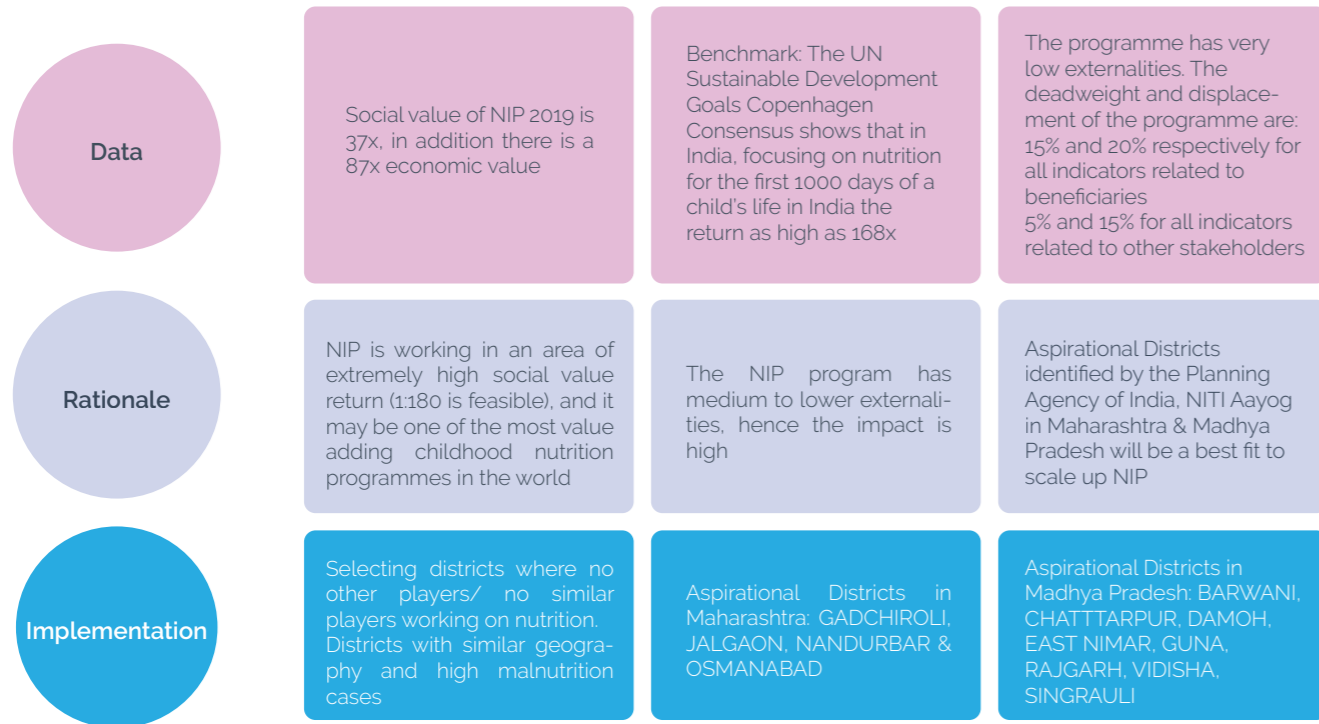


How can NIP scale up and sustain while also increasing value for constituents?

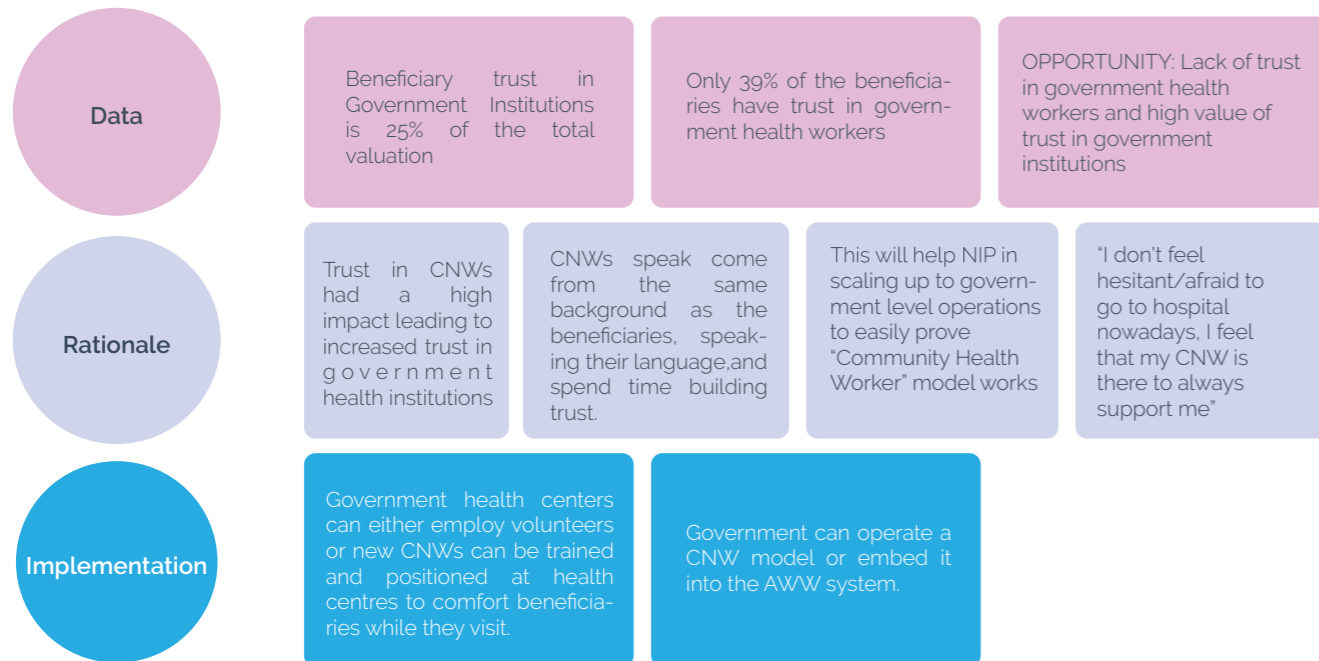
The recommendations are evaluated using observations, experience, benchmarks, stakeholder feedback, data from this report and secondary sources. The recommendations are shaped to include the following themes:

Note: Each theme has been supplemented with an investment opportunity, showcased in black to further strengthen the overall impact of the programme.

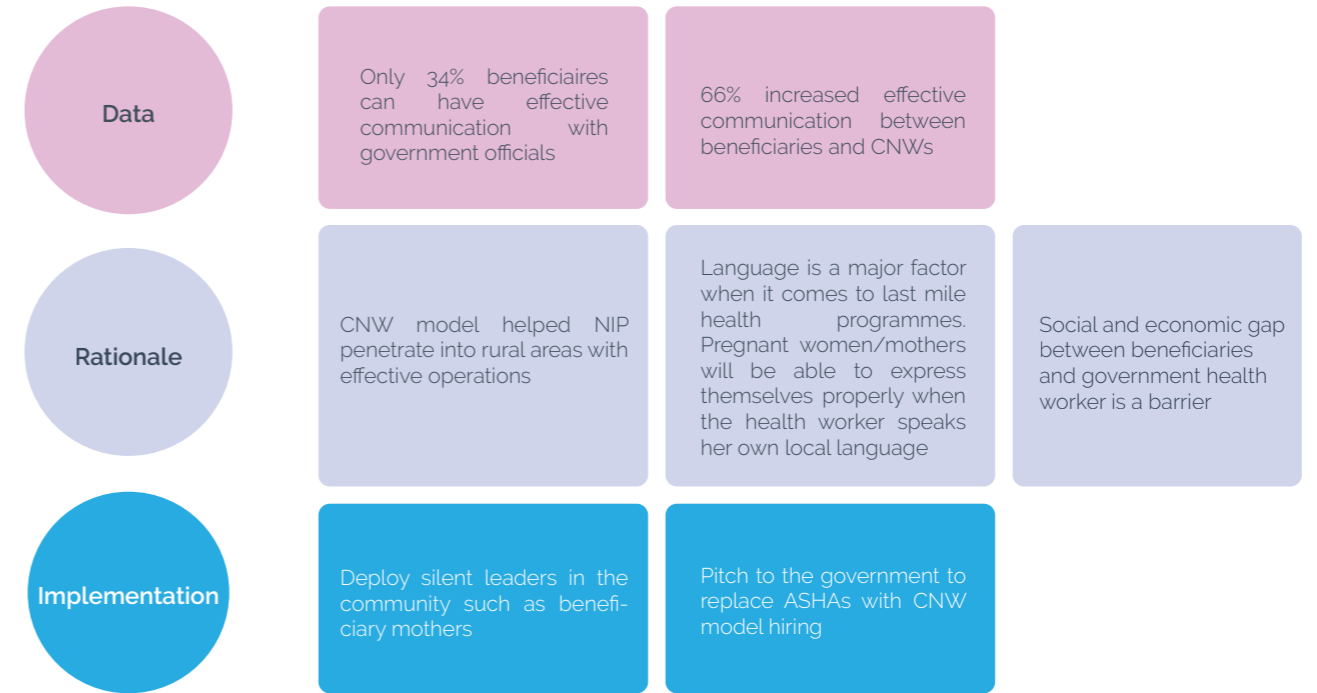
Encourage governments to invest in impact partners, such as NIP, to replicate and scale this programme pan India



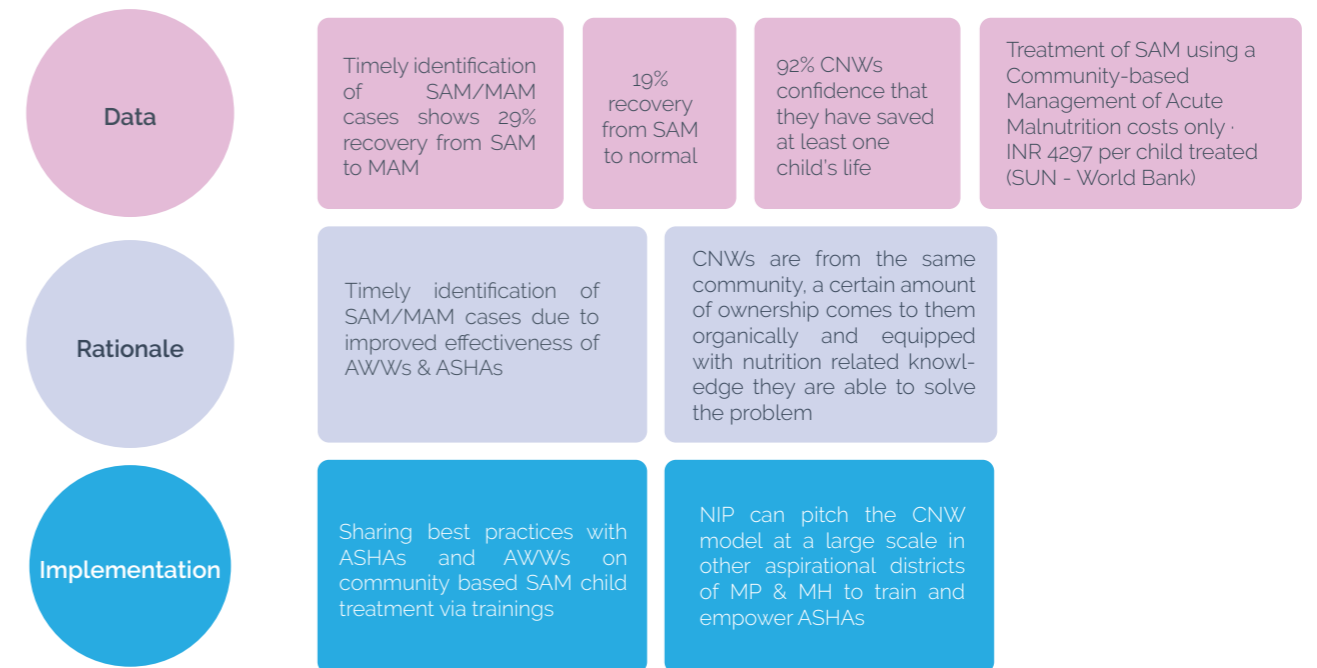
Increase trust in other governmental institutions



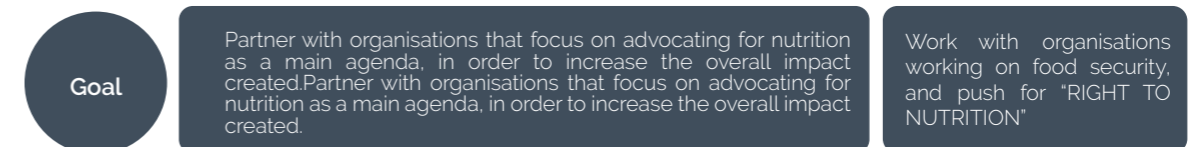
Deploy silent leaders in the community to help ease communication or pitch to the government replace ASHAs with CNW model hiring



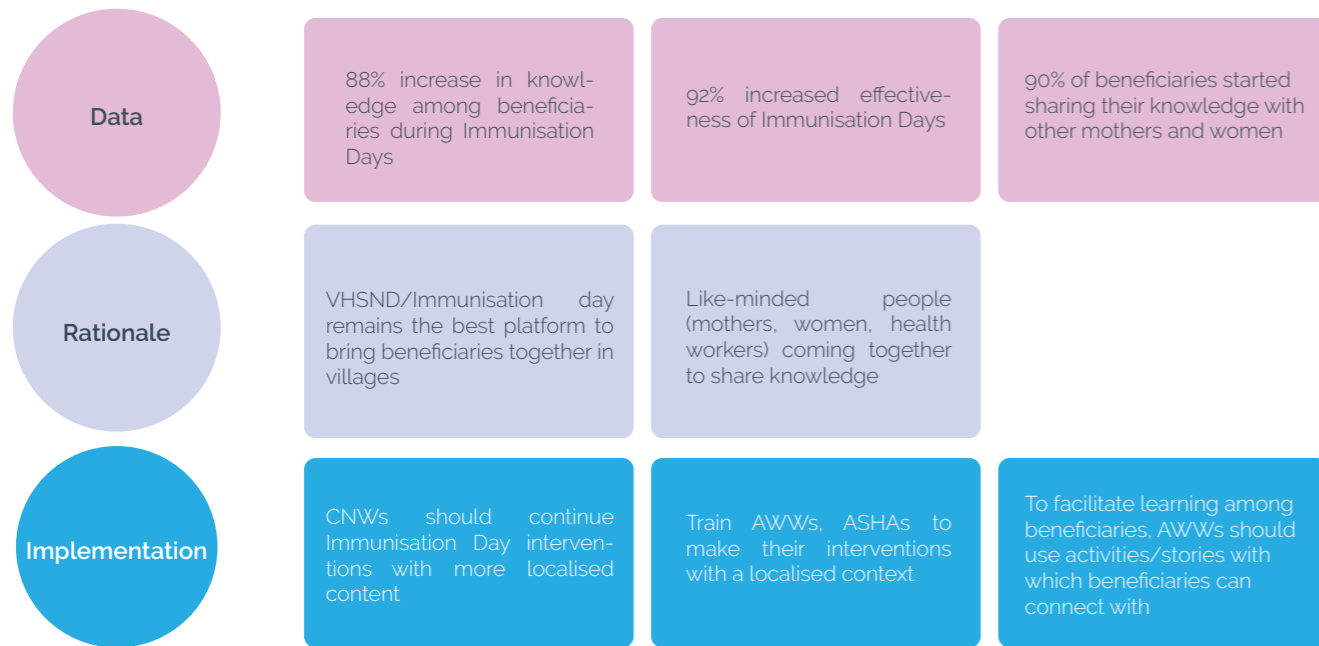
Share best practices of CNW's model with ASHAs and AWWs



Engage and partner with organisations that currently advocate for Nutrition



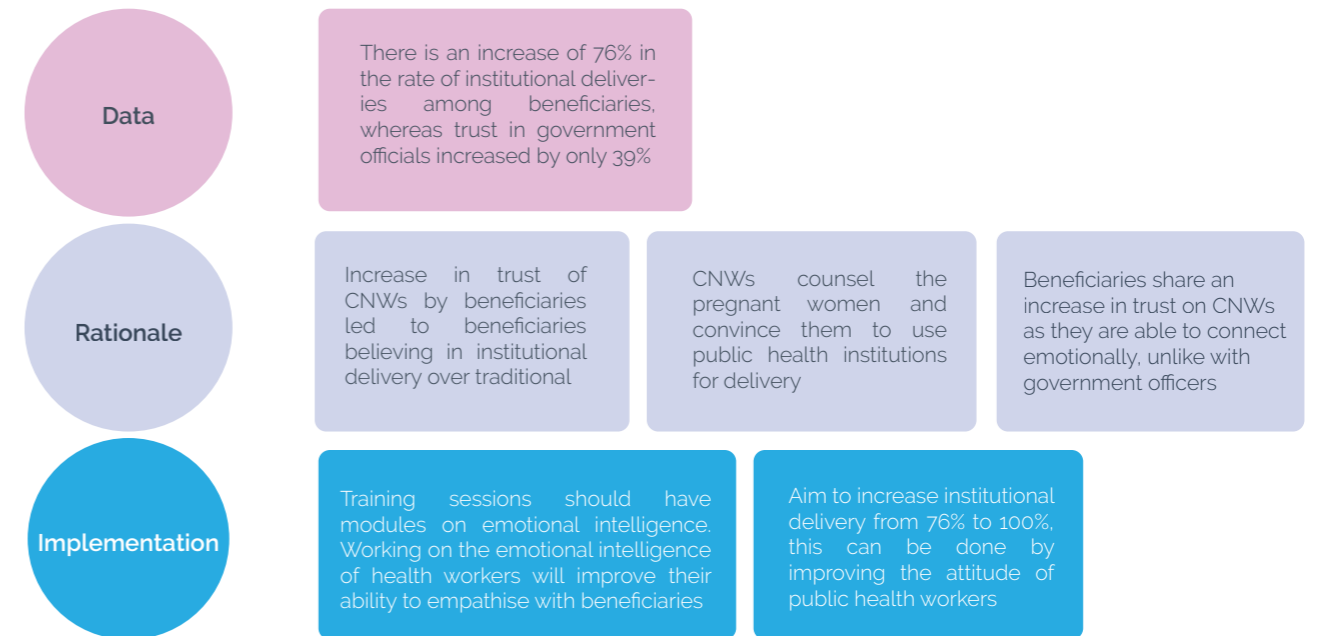
Continue Immunization Days with an increased focus on localized content and interventions



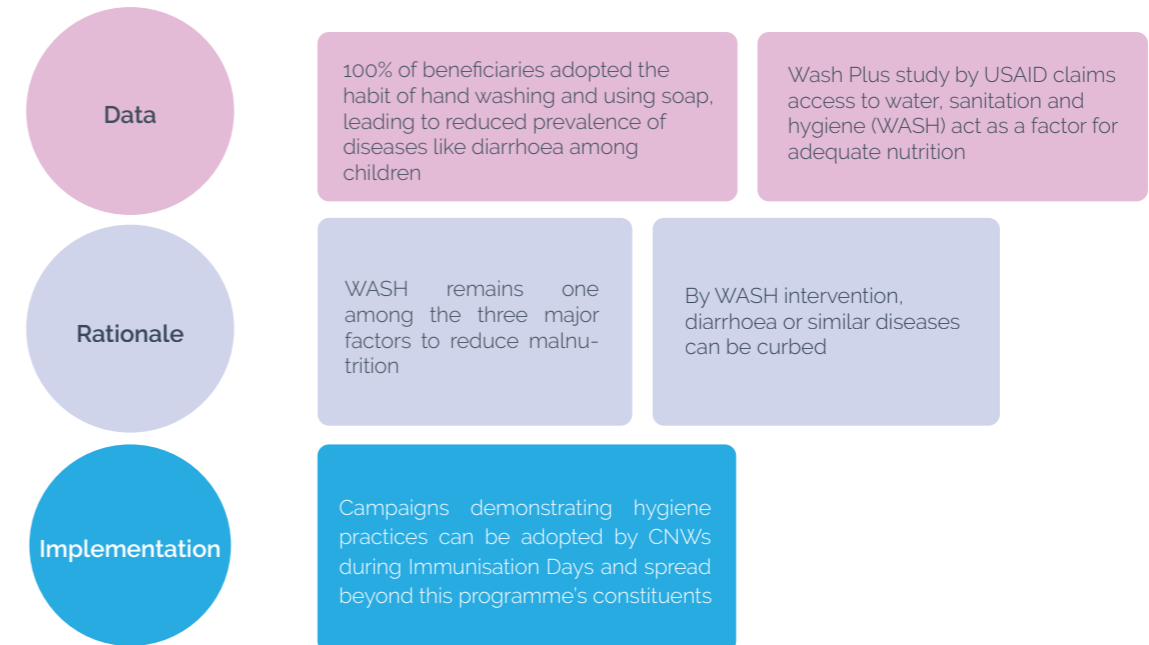
Align activities and interventions with World Food Programme's Gender Toolkit to increase gender equality



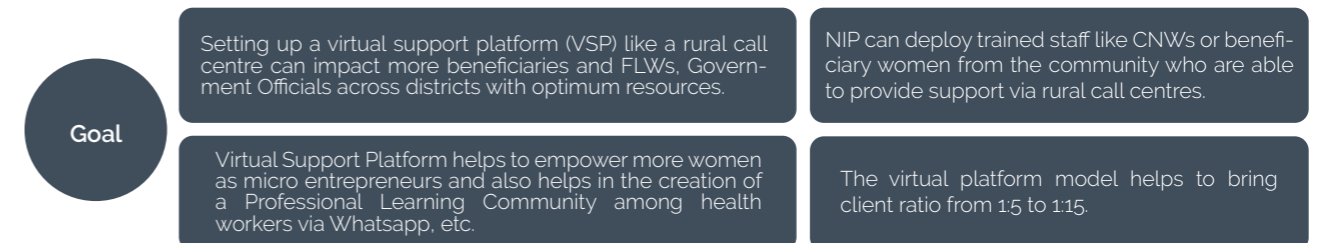
Increase institutional delivery by working on the attitude of public health workers



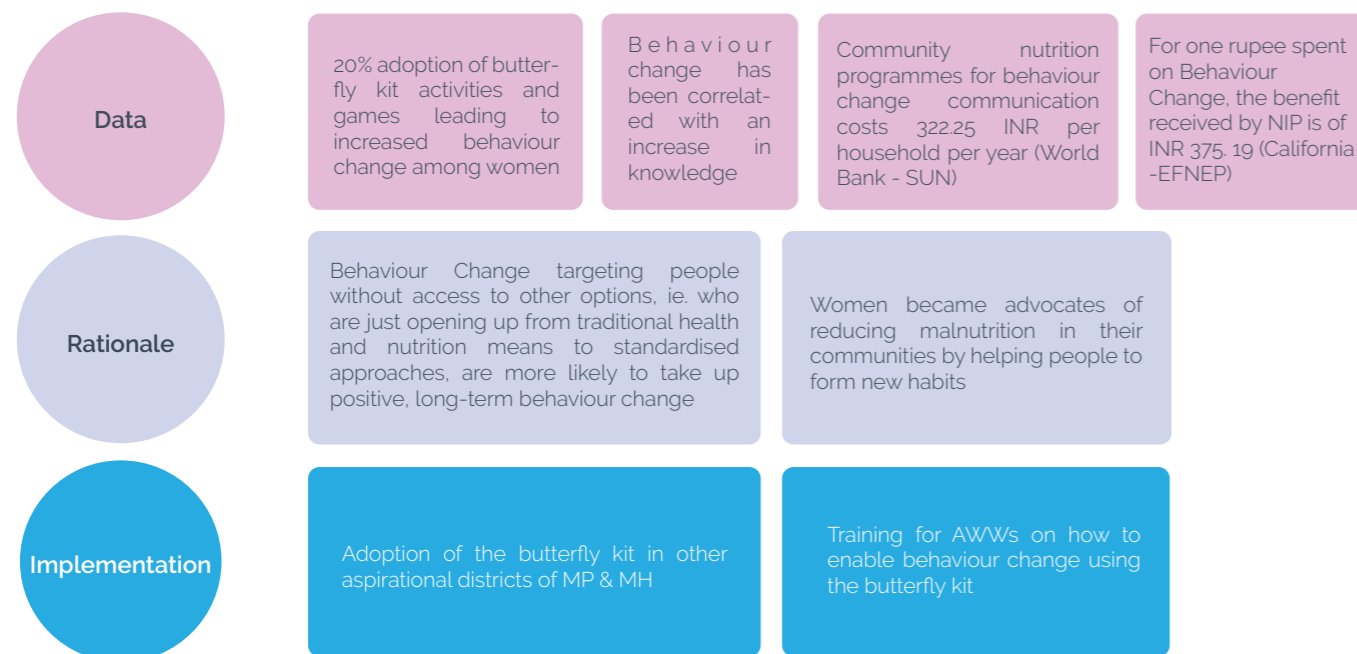
Initiate awareness campaigns regarding best hygiene practices



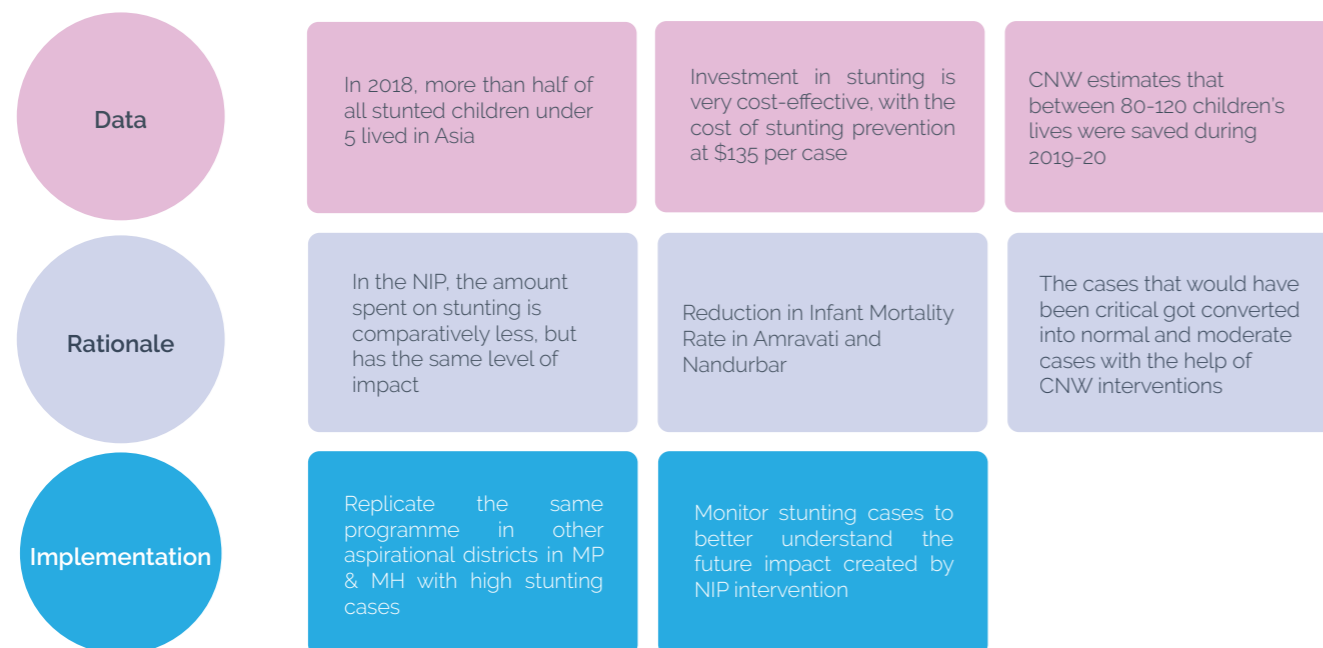
Establish a virtual support platform



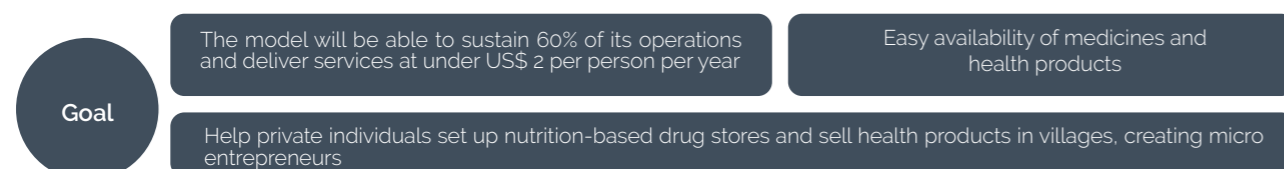
Promote widespread adoption of butterfly kits [AS1] in aspirational districts and training AWWs how to enable behavioural change with the butterfly kits



Implement monitoring and evaluating processes to better understand the true impact created



Create nutrition drug stores in villages



Conclusion

The Nutrition India Programme (NIP) targets prenatal and postnatal nutrition, areas which are in much need of improvement throughout India. While good nutrition is required for all, this programme operates in the highest value country in the world for prenatal and postnatal nutrition (World Bank, 2016).

As a result, the programme has one of the highest social and economic returns. Due to India having the highest cost-benefit return in the world (1:87 \$ Average), NIP will have one of the highest return rates of any reduced stunting programme in the world. Other factors contributing to NIP's success and its high rate of return, include:

1. The programme's operation model, which takes place in remote parts of India (selecting areas where there is a high need, but lack of field interventions)
2. Use of advanced techniques, such as behaviour change communication and the voucher scheme
3. The programme's emphasis on a localised design (conducting ethnographic studies to ensure that interventions are relevant and effective)

Despite its young age, the Nutrition India Programme continuously pushes the bar and is a benchmark for others. Compared to standard interventions to reduced stunting and improve nutrition, NIP has reached some of the most remote and difficult constituents in India and improved their overall nutrition.

Post COVID-19, further on the ground study and analysis, along with comparison of the results from the second year of operation, will bring us much closer to understanding just how far NIP can reach and the full impact that has been created.

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Annexes

A. Benchmarking and Advantages of the RB approach

Organisation Name	Nutrition as focus area, specific	Work directly with beneficiaries or support as donors	Behaviour Change & technology used or not	Work in remote areas
Piramal Foundation	Yes, Integrated Child Care	Works directly with district administration, also are donors	No	No
Nestle	Yes, school going students' nutrition	Works with NGOs as donors	No	No
Danone	Yes, Integrated Child Care	Works with NGOs as donors	No	No
GSK	Yes, school going students' nutrition	Works with NGOs as donors	No	No
Akshaya Patra	Yes, midday meal	Works directly with government schools	No	Yes
Tata Trusts	Yes, Integrated Child Care	Works directly with district administration, also donors	No	Yes
Armman	Yes, Integrated Child Care and overall health in rural areas	Direct implementation with beneficiaries	Yes	Yes

B. Our Value Map

The following indicators of change have been sorted from the highest value to the lowest. Colour Code

for Indicator of Change:

Black: Beneficiary

Green: ASHA

Pink: Anganwadi Worker

Blue: CNW

Orange: ANM

Indicator of Change	Total Social Value
Increased Status of Women (Respected and cared for)	339,222,162
Trust in CNWs	246,658,320
Increased awareness of hygiene practices	111,030,065
Increase in perception of effectiveness of government workers by mothers and pregnant women	57,051,379
Reduced pregnancy related anxiety	51,857,486
Increase in knowledge	46,694,187
Reduction in Stunting	42,792,753
Reduction in disease prevalence	27,165,923
Increased identification of critical cases	26,811,470
Increased identification of HRPW	19,757,035
Increased institutional delivery	18,570,368
Increased enthusiasm	15,228,213
Increased identification of critical cases	13,352,155
Reduction in wasting	9,843,112
Reduction in number of visits to the hospital	2,893,971
Increased community trust	1,748,077
Increased employment	1,056,505
Change in behaviour	651,081
Improved technical skills	209,100
Increased family support	178,990
Increased Self Value	159,586
Increased employability	127,133
Increased influencing capacity	123,954
Increased respect from family members	96,360
Increased influence on community members to change behaviours	83,640
Use of voucher scheme*	60,323

* Vouchers were launched in March 2020 and this report only goes up to the end of March 2020, only 50 vouchers had been used by this time.

C. Limitations and COVID Lockdown

Phone Survey Inputs

Due to the COVID lockdown, the SROI study's final engagement was conducted via phone surveys and video calls.

The few challenges we faced were:

- CNWs and other institutions were unreachable. On average, out of 5 CNWs, only 3 were able to respond and complete a survey via phone call
- Of the core beneficiaries, including pregnant and recent mothers, only 159 had mobile numbers on file. Of them, only 59 proved to be legitimate or still working

The SROI research team did their best to access high-quality and low-cost data from hard-to-reach, low income populations.

With the COVID-19 crisis preventing in-person data collection in many countries, phone surveys are now vitally important in collecting actionable data for policymakers. All of Sustainable Square's surveys, on topics from maternal health to rural institutional development, are conducted over the phone.

Limitations of the study



Out of 197 available beneficiary phone numbers, only 59 were reachable for the study (including CNW interventions). Margin of Error: ±12.708%



Beneficiaries with mobile phones are less remote and likely higher income earners.



Valuations were mostly secondary sources and cost-based valuations; few from primary data.



Inputs include relevant costs from both NIP and related leveraged government support. The input and outcome values by the government delivering healthcare were excluded.



Behaviour change was part of this study, but the responses were not conclusive to assess its effectiveness.



Stunting: As a year 1 study, evidence and data doesn't exist for reduction of stunting.



Childhood deaths (reduction in) will be estimated from NIP results against district-wide estimations.



Post COVID-19, further field engagements should be conducted in order to decrease margin of error, conduct primary valuations, confirm year end data for mortality reduction and assess behaviour change effectiveness.

D. Success Stories

Rani, a 6-month-old baby girl in Dharni, a tribal block of Amravati district of Maharashtra, was diagnosed with severe acute malnutrition, she was also suffering with an edema (swelling) and risked losing her life.

One of NIP's Community Nutrition Workers (CNW) came into contact with Rani in the village and urged the family to bring her to a health institution. After two days of discussion, the family agreed and the child was admitted to the Nutrition Rehabilitation Centre (NRC). Baby Rani underwent intensive treatment for 21 days at the centre, where she gained weight and was eventually discharged. The Community Nutrition Worker monitored the child after her discharge and advised her mother on post discharge nourishment.

“Proud to announce, not only did Rani survive but now she is a healthy growing baby” – her CNW.

Another case is of Ritu (name changes), who became pregnant at the age of 16. The girl took several abortion pills but was unsuccessful due to the advanced stage of pregnancy. Ritu weighs 32kg and is severely anaemic (HB 5). She was at a high risk of delivering an underweight baby and losing her own life.

AA Community Nutrition Worker (CNW) came into contact with Ritu and urged the family to register for an antenatal check-up. She also gave them guidance on diet and took the girl to the hospital, where Ritu was administered with two units of blood. She received benefit from the voucher scheme to cover transportation costs and subsistence allowance, covering the cost of food for 4 days, compensating for the loss of her parent's wages.

The CNW visited Ritu on a regular basis, offering counselling at every stage. Ritu started gaining weight but her haemoglobin levels remained low. The girl's parents agreed to an institutional delivery where the baby was delivered safely, weighing 2.5kg. Ritu later became a campaigner for the project and urged other pregnant women to go for their checkups and opt for an institutional delivery.

“Ritu is healthy, and is now motivating other pregnant women to complete health checkups and opt for institutional delivery.” – Ritu's CNW

NIP deployed females from the same community as CNWs – which helped them to get employment, as well as enabling mothers to openly share their pregnancy related problems. This led the NIP to excel in its results.

Many programmes offer external solutions to local problems, whereas CNWs are internal, and therefore more effective, solutions to local problems related to malnutrition.

E. Input Cost calculation

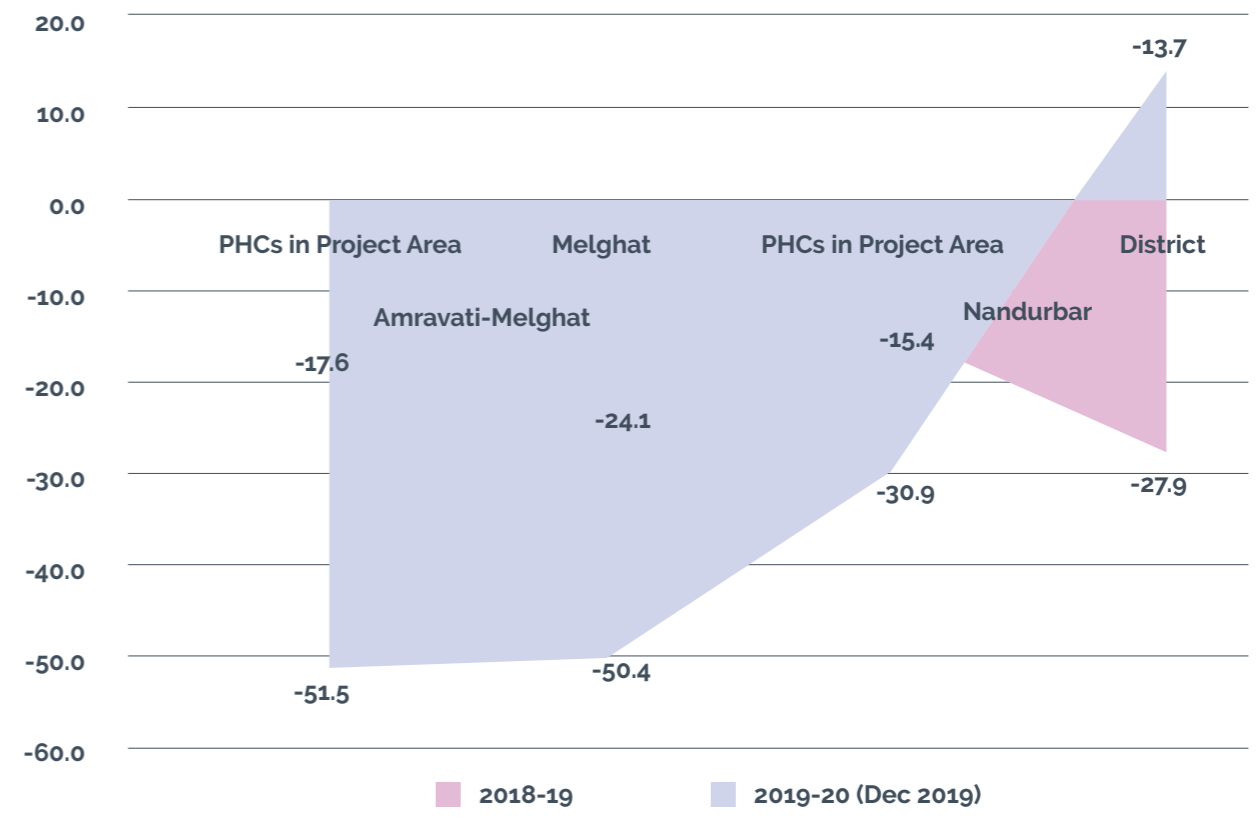
Donor and Partner	Input Type	Work in remote areas
Reckitt Benckiser	Direct Donation	68,500,000
RB	Cost leveraged	28,000,000
GOI	Cost leveraged	1,500,000
GOM	Cost leveraged	5,000,000
Plan India	Cost leveraged	20,805,000
Total Investment		123,805,000
Cost reduced for fixed cost	Reduction of fixed asset for other years	(16,000,000)
Total Input		107,805,000

F. NIP Research

Indicators Included	Indicators Excluded (To ensure no double counting and are covered in the corresponding indicator)
'Increase in knowledge' & 'Reduction in wasting'	Percentage of mothers with children under 5 mobilized via NIP
Increased identification of HRPW (High Risk Pregnant Women)	Increase in support to the identified pregnant women through NIP interventions'
Increased identification of critical cases among beneficiaries	Percentage of number of identified SAM children who completed mandated treatment and recovered
Reduced pregnancy related anxiety & Increased institutional delivery	Percentage of mobilized pregnant women via NIP

Under Five Mortality Rate			
District	Particulars	2018-19	2019-20
Amravati-Melghat	PHCs in Project Area	-17.6	-51.5
	Melghat	-24.1	-50.4
Nandurbar	PHCs in Project Area	-13.4	-30.9
	District	-27.9	13.7

Under Five Mortality (Yearly calculation on 2016-17 Baseline)



G. References

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- c. *World Bank Study: Estimating the cost of delivering direct nutrition interventions at scale: national and subnational level insights from India.* <http://siteresources.worldbank.org/HEALTH-NUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/ScalingUpNutrition.pdf>
- d. World Bank - Power of Nutrition
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- f. *Cost estimation for stunting: World Bank* https://www.who.int/nutrition/events/2016_side-event-presentation-Shekar-WorldBank.pdf
- g. *An Investment Framework for Nutrition in Kenya: Reducing Stunting and Other Forms of Child Malnutrition 2016*
- h. *Wash Plus Study by USAID* http://www.susana.org/_resources/documents/default/3-2648-7-1476256525.pdf

“Wherever we live, whatever we do, we want to secure a healthy and happy life for ourselves and those closest to us. Therefore, we research, test, create and produce effective and convenient solutions to the everyday challenges faced by people all over the world.”



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