

POSHAN GHAR STORIES

Community Driven Action to Transform Maternal and Child Nutrition Status: A Case Story from Rajasthan

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The first 1,000 days of life, from conception to a child's second birthday, is a critical window for ensuring healthy growth and development. During this window, nutrition interventions have a lasting impact on a child's health, cognitive development, and future productivity. However, multiple barriers, such as poor dietary diversity, limited decision-making power of women, entrenched social norms, and other determinants prevent many families from adopting and sustaining positive behaviours. To close this gap, RajPusht was launched in 2017 as a focus group intervention that not only addressed economic vulnerabilities through financial support, but also placed behaviour change at the centre of its approach.



Image Source: RajPusht

RajPusht is a collaborative effort of the Government of Rajasthan, Children's Investment Fund Foundation (CIFF), and IPE Global that integrates evidence-based strategies to enhance maternal and child health outcomes in these first 1,000 days. The initiative adopted a 'Cash Plus' model, linking direct benefit transfers with conditional cash incentives to pregnant and lactating women with nutritional counselling and behaviour change support. The 'Plus' represents intensive counselling and Behaviour Change Communication (SBCC) and interpersonal counselling by Anganwadi Workers (AWWs), supported by tools like seasonal Poshan C campaigns and multimedia campaigns. These efforts aim to improve maternal nutrition, child growth tracking, and feeding practices.

The DBTs enabled women to afford nutritious food and incentivised time seeking behaviours. SBCC efforts built awareness, shifted attitudes, and positive nutrition and caregiving practices. By embedding SBCC at its cc RajPusht not only delivered information but also created demand for health practices and services within the community.



Image Source: RajPusht

Interpersonal Communication Approach

Interpersonal home counselling formed the core of the SBCC strategy. The community mobilisers, supported by frontline workers, conducted house-to-house visits to deliver nutrition and care messages in a familiar and trusted environment. These sessions created space for dialogue on key practices such as early pregnancy registration, optimal weight gain, birth preparedness, breastfeeding practices, and complementary feeding. The approach focused on triggering reflection, encouraging peer dialogue, and reinforcing small doable actions to influence

behaviour from within the community itself. Beyond home counselling, S interventions included:

- Individual counselling by Auxiliary Nurse Midwives (ANMs),
- Group sessions by Anganwadi workers,
- Participatory learning and action (PLA) meetings,
- Community events (e.g., wall paintings, street plays),
- Digital media content dissemination.

Tools to Enable Behavioural Dialogue

To support these interactions, the programme developed structured Interpersonal Communication (IPC) materials, including home counselling cards, flipcharts, and nutritional risk assessment tools, and digital tools. These tools explained 'what', and 'how' of essential behaviours in clear, stage specific formats. The programme engaged not only mothers, but also husbands and mothers-in-law to promote shared understanding and collective decision making within households.

The counselling strategy structured the first 1,000 days into:

- 270 days of antenatal care with a focus on maternal nutrition and weight gain
- 180 days for breastfeeding counselling (early initiation and exclusive breastfeeding),
- 550 days for complementary feeding guidance to establish healthy eating patterns



Image Source: RajPusht

The initiative prioritised counselling on gestational weight gain (GWG), as it is vital in maternal and foetal health, influencing birth outcomes and long-term wellbeing. Community workers encouraged regular weight monitoring and addressed widespread myths related to maternal diet. IPC materials provided practical, locally adapted advice based on food availability and cultural norms. The program encouraged mothers to set small, achievable goals related to their nutrition and health, such as using locally available foods to increase dietary diversity. It reinforced the idea that change is possible and is within their control, an important aspect of SBC.

Measurable Behavioural Impact

To monitor the programme's effectiveness, a biannual concurrent monitoring system collected data on knowledge and dietary practices. Consolidated

2020 to 2025 showed measurable improvements:

- Knowledge of balanced meals increased from 66% to 86%,
- Awareness of supplementary snacks rose from 45% to 78%,
- Dietary diversity (consumption of five or more food groups) improve percentage points.

These behavioural shifts reflect not just awareness but motivation and action which are central to any successful SBC strategy.



दो वक्त का खाना समझो अपने लिए,
बाकी खाओ आने वाली चैम्पियन के लिए।

समेकित बाल विकास सेवाएँ, महिला एवं बाल विकास विभाग, राजस्थान

स्मार्गपुरा - 1245

“

I did not eat peanuts earlier [due to local taboos]. After seeing the poster, however, I started eating them.

*Lali, 25 years,
Pregnant Woman, Mehro ka Gurha*

The wall painting gives me a good idea about what I should ask my family to feed me during my pregnancy.

*Nema Rangi, 22 years,
Pregnant Woman, Toos Dangiyan*

”

Image Source: RajPusht

Changing Norms through Community Led Change

These encouraging outcomes demonstrated the impact of combining financial support with sustained, context specific behaviour change communication. RajPusht shows that when cash support is paired with community led committees, families can make informed choices that benefit both mothers and children. Home visits, inclusive conversations, and locally adapted materials helped build norms, and create enabling environments for sustained behaviour change. This reaffirmed the role of communities not just as beneficiaries, but as active participants in shaping healthier practices and challenging deep rooted beliefs.

The initiative also underscores the importance of long-term collaboration between government, civil society, and communities for sustained change. This involves integrating nutrition modules into ANM training, co-developing SBCC tools, creating audio-visual content between different stakeholders, and reinforcing supervision through state, district, and block-level resource groups. Moving forward, RajPusht aims to institutionalise these SBC strategies, focus on strengthening and gradually transition them into government systems for implementation and community ownership and engagements through regular reviews, digital content posting, and strengthened supervision.

Have stories, insights, or case studies on health, nutrition, WASH, child protection or social behaviour change? We would love to hear from you. Reach out at arpita.d@zealgrit.com.

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