

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, are critical for ensuring healthy growth and development. During this window, nutritional 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 economic determinants, prevent many families from adopting and sustaining positive behaviours. To close this gap, RajPusht was launched in 2017 as a focused 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 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 Social and Behaviour Change Communication (SBCC) and interpersonal counselling by Anganwadi Workers (AWWs), supported by tools like seasonal Poshan Cup multimedia campaigns. These efforts aim to improve maternal nutrition, child growth monitoring, 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 core, RajPusht not only delivered information but also created demand for healthy practices and services within the community.



Image Source: RajPusht

Interpersonal Communication Approach

Interpersonal home counselling formed the core of the SBCC strategy. Trained 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 change.

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 Inte Communication (IPC) materials, including home counselling cards, flipbc nutritional risk assessment tools, and digital tools. These tools explained 'what', and 'how' of essential behaviours in clear, stage specific formats. engaged not only mothers, but also husbands and mothers-in-law to prc 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 we
- 180 days for breastfeeding counselling (early initiation and exclusive breastfeeding),
- 550 days for complementary feeding guidance to establish healthy i



Image Source: RajPush

The initiative prioritised counselling on gestational weight gain (GWG), recognising 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) improved percentage points.

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



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 communication, families can make informed choices that benefit both mothers and children. Home visits, inclusive conversations, and locally adapted materials helped build social norms, and create enabling environments for sustained behaviour change. This reaffirmed the role of communities not just as beneficiaries, but as active agents, 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 is achieved through integrating nutrition modules into ANM training, co-developing SBCC tools, sharing 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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