SUN PHARMA

IMPACT ASSESSMENT REPORT

ANGANWADI DEVELOPMENT PROGRAMME

SoulAce
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

CONTENTS

ABBREVIATIONS

CSR	Corporate Social Responsibility
FY	Financial Year
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
SDG	Sustainable Development Goal
ICDS	Integrated Child Development Services
RTE	Right to Education
AWW	Anganwadi Workers
AWC	Anganwadi Centres
ECCE	Early Childhood Care and Education
UNICEF	United Nations Children's Fund
NITI	National Institution for Transforming India
RO	Reverse Osmosis
LPG	Liquefied Petroleum Gas
FGD	Focus Group Discussion
CAG	Comptroller and Auditor General

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Sun Pharmaceutical Industries Ltd., under its Corporate Social Responsibility (CSR) mandate, implemented the Anganwadi Infrastructure Development initiative as part of its focus on Education and Early Childhood Development. The programme was carried out across key locations, including Vadodara, Halol, Panoli, and Ankleshwar in Gujarat, where the company has a strong presence. Under this initiative, a total of 12 Anganwadis were covered in Panoli and Ankleshwar, while 65 Anganwadis were supported in Halol and Vadodara, strengthening early childhood learning environments and improving essential infrastructure facilities.

The project aimed to strengthen the foundational environment for children aged 0–6 years, pregnant women, and lactating mothers by improving infrastructure and enhancing service delivery at Anganwadi centres. Many centres in semi-urban and industrial regions of Gujarat face infrastructural gaps such as unsafe buildings, inadequate sanitation, and limited child-friendly learning spaces, which affect the quality of service delivery. A recent audit by the Comptroller and Auditor General (CAG) of India also highlighted significant infrastructure deficiencies in AWCs, including gaps in toilets, drinking water facilities, and unsafe buildings, underscoring systemic challenges in ICDS implementation in Gujarat.

The project aimed to strengthen the foundational environment for children aged 0–6 years, pregnant women, and lactating mothers by improving infrastructure and enhancing service delivery at Anganwadi centres. The intervention focused on renovation and upgradation of centres, provision of sanitation and hygiene facilities, strengthening kitchen and nutrition infrastructure, and improving learning environments to support effective early childhood development. Notably, 93.8% of centres were renovated, leading to 100% availability of core infrastructure such as safe buildings, ventilation, lighting, and sanitation facilities, and improved access to learning materials.

As a result, the intervention contributed to improved service delivery, with 100% respondents reporting enhanced functioning of centres, increased enrolment and attendance, and strengthened community trust. Overall, the programme has created a safer, more accessible, and child-friendly ecosystem, improving utilisation of Anganwadi services and supporting better health, nutrition, and early learning outcomes.

PROJECT DETAILS

Project Duration

FY 2020-23

Assessment Year

FY 2025-2026

Implementation Partner

Anwesha Foundation

Project Locations

Halol, Vadodara, Panoli, and Ankleshwar

Sample Size

- 400 AWWs
- 40 Parents

Alignment with the SDGs

Alignment with National Policies

- POSHAN Abhiyaan
- Saksham Anganwadi and POSHAN 2.0
- National Education Policy 2020
- National Health Mission

Source:

- *https://www.pib.gov.in/PressReleasePage.aspx?PRID=1910409®=3&lang=2*
- *https://wcd.gov.in/offerings/nutrition-mission-saksham-anganwadi-and-poshan-2-0-mission-saksham-anganwadi-poshan-2-0*
- *https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf*
- *https://nhm.gov.in/*

PROJECT ACTIVITIES

Upgraded Anganwadi buildings through construction and renovation, including structural repairs, improved ventilation, lighting, flooring, and roofing to create safe and child-friendly spaces.

Developed sanitation and hygiene facilities by constructing and renovating toilets, installing handwashing stations, and providing water storage systems.

Provided safe drinking water facilities through installation of water purification systems, drinking water stations, and ensuring regular monitoring of water quality.

Established and improved kitchen and meal preparation areas, including provision of LPG connections and storage units for safe and efficient nutrition delivery.

Supplied age-appropriate toys, learning kits, and teaching aids to support early childhood education and cognitive development.

KEY FINDINGS

100%
of the availability of safe buildings, toilets, and handwashing stations; sanitation access improved from 77.5% broken toilets/15.0% no facilities (pre) to 100.0% functional facilities (post).

53.4%
of the centres serve more than 60 children; 43.8% serve 41–60 children; 57.5% households have at least one child enrolled and 47.5% children attend for 1–3 years.

93.8%
of the centres have separate kitchens; 87.5% use LPG; 77.5% parents report hygienic cooking conditions.

100%
of the availability of learning materials; 93.8% daily usage; 92.5% parents confirm adequacy of materials.

100%
of the Anganwadi workers very satisfied; 77.5% parents very satisfied and 22.5% satisfied.

75.0%
of the workers and 77.5% parents report consistent access; ~22–25% still face issues.

KEY IMPACTS

94.2%
of the children now practice handwashing at critical times, and 100.0% parents report access to sanitation facilities, indicating long-term improvements in hygiene practices and reduced health risks.

Continued attendance (47.5% for 1–3 years) and universal increase in enrolment (100.0%) indicate sustained reliance on Anganwadi services for child development.

High availability of kitchens and clean fuel usage ensure consistent and safer meal preparation, supporting long-term nutritional outcomes for enrolled children (reflected in continued high enrolment of >60 children in 53.4% centres).

75.0%
of the respondents parents reported significant improvement in children's learning and social skills, while 25.0% observed some improvement, indicating measurable developmental gains.

Indicates long-term acceptance, increasing the likelihood of sustained utilisation and programme continuity.

22.5%
of the respondents dissatisfaction with water quality highlights a persistent gap that may affect long-term health outcomes if not addressed.

01. INTRODUCTION

BACKGROUND AND NEED FOR THE PROGRAM

Early Childhood Care and Education (ECCE) is widely recognised as a critical determinant of lifelong health, learning, and well-being. According to UNICEF, the early years (0–6 years) are foundational for cognitive, physical, and socio-emotional development, and lack of appropriate interventions during this stage can have long-term adverse effects. As per the Ministry of Women and Child Development (MWCD), Government of India, the Integrated Child Development Services (ICDS) scheme serves as the primary platform for delivering nutrition, preschool education, and health services through Anganwadi centres.

Despite its wide reach, several studies highlight persistent gaps in infrastructure and service delivery. Reports by NITI Aayog and Ministry of Women and Child Development have noted that many Anganwadi centres lack adequate buildings, sanitation facilities, and child-friendly learning environments, which directly impact service quality and utilisation. Evidence suggests that only about 36% of Anganwadi centres have functional toilet facilities, while nearly 50% lack access to drinking water, indicating major deficiencies in basic sanitation infrastructure.

The need for the programme arises from the critical importance of early childhood as a foundation for lifelong development, coupled with persistent gaps in the quality of services delivered through existing systems. While the Integrated Child Development Services (ICDS) scheme has achieved extensive outreach through Anganwadi Centres, infrastructural deficiencies, inadequate sanitation, and the absence of child-friendly learning environments continue to limit its effectiveness. These challenges hinder optimal delivery of nutrition, health, and preschool education services, particularly in underserved and semi-urban areas. Therefore, there is a pressing need for targeted interventions that strengthen Anganwadi infrastructure, enhance the quality of early learning environments, and improve overall service delivery to ensure holistic development outcomes for children.

Recognising the critical importance of early childhood development and the existing gaps in the quality of services delivered through Anganwadi Centres, Sun Pharmaceutical Industries Ltd. identified the need to strengthen grassroots ECCE infrastructure and service delivery systems. Despite the wide reach of the Integrated Child Development Services (ICDS) scheme, limitations such as inadequate buildings, poor sanitation, and lack of child-friendly learning spaces were found to hinder effective implementation. In response, Sun Pharma undertook targeted interventions aimed at upgrading Anganwadi infrastructure, improving learning environments, and enhancing access to quality nutrition, health, and preschool education services, thereby contributing to improved developmental outcomes for children.

ABOUT SUN PHARMACEUTICAL INDUSTRIES LTD

Sun Pharmaceutical Industries Ltd. is one of the world's leading specialty generic pharmaceutical companies and the largest pharmaceutical company in India. Founded in 1983, the company has grown into a global healthcare organization with a strong presence in over 100 countries, supported by more than 40 manufacturing facilities and a large, diverse workforce. The company focuses on providing high-quality, affordable medicines across a wide range of therapeutic areas, including cardiology, neurology, gastroenterology, dermatology, and oncology. Its portfolio includes generics, branded generics, specialty medicines, over-the-counter products, and active pharmaceutical ingredients, catering to both acute and chronic treatments. Sun Pharma places strong emphasis on innovation and invests significantly in research and development to address unmet medical needs and improve patient outcomes. The company's guiding philosophy— "Reaching People and Touching Lives"—reflects its commitment to enhancing access to healthcare globally while maintaining high standards of quality, integrity, and reliability in its operations.

ABOUT ANWESHA FOUNDATION (IMPLEMENTING PARTNER)

Anwesha Foundation is a non-profit organisation established in 2014 in Vadodara, Gujarat, working in the field of education and community development. The foundation focuses on providing educational support and opportunities to underprivileged children, women, and youth, with the aim of promoting inclusive and equitable development.

The organisation's mission is to create a holistic learning environment that nurtures intellectual, emotional, and social development, enabling individuals to become confident and responsible members of society. It emphasizes access to quality education, skill development, and empowerment, particularly for marginalized communities.

Through its initiatives such as "Let Every Child Study," the foundation provides financial assistance, mentorship, and learning resources to children from disadvantaged backgrounds. It also collaborates with institutions and communities to improve learning environments and promote social inclusion, guided by values of dedication, discipline, and social responsibility.

INTERACTING WITH CHILDREN AND PARENTS, HALOL

02 RESEARCH METHODOLOGY

PROJECT DETAILS

Sun Pharmaceutical Industries Ltd. commissioned a study to SoulAce to assess the impact of its Anganwadi Infrastructure Development Programme. The initiative aimed to strengthen Anganwadi infrastructure and enhance the quality-of-service delivery related to nutrition, health, and early childhood education. This study conducted by SoulAce, critically analyses the effectiveness, impact, and overall performance of the programme. This chapter outlines the research methodology adopted to evaluate the programme implemented across Halol, Vadodara, Panoli, and Ankleshwar.

The study focused on evaluating improvements in infrastructure, availability of basic facilities, sanitation and hygiene conditions, access to safe drinking water, learning environment, and overall beneficiary satisfaction. It also assessed the extent to which the intervention contributed to better utilisation of services, improved child development outcomes, and enhanced community trust. Qualitative insights from parents and stakeholders were included to understand changes in attendance, hygiene practices, learning behaviour, and perception of Anganwadi centres after the intervention.

OBJECTIVE

To assess the effectiveness of infrastructure development in Anganwadi centres and its impact on service delivery, child development, hygiene practices, and beneficiary satisfaction.

RESEARCH DESIGN

A Mixed-Method Approach was adopted, integrating both quantitative and qualitative techniques to provide a comprehensive understanding of the project's outcomes. This approach enabled a holistic assessment of infrastructure improvements, service utilisation, quality of facilities, and their impact on children and beneficiaries.

APPLICATION OF QUANTITATIVE TECHNIQUES

The study employed structured surveys conducted with 400 Anganwadi workers and 40 parents of children enrolled in Anganwadi centres, selected using a simple random sampling method. The quantitative analysis focused on indicators such as socio-economic status, infrastructure conditions (before and after intervention), availability of sanitation and water facilities, learning resources, and satisfaction with services. The analysis also captured key outcome indicators such as improvement in children's learning and social skills, hygiene practices, and utilisation of Anganwadi services.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative methodology included in-depth interviews and feedback from 15 respondents across all locations, community leaders, and NGO staff and FGD with mothers and caregivers. These interactions provided insights into perceived improvements in infrastructure, safety, hygiene, child engagement, and behavioural changes such as increased attendance and better hygiene practices. The qualitative findings complemented the quantitative data by capturing real-life experiences and community perceptions.

ENSURING TRIANGULATION

To enhance the reliability and validity of findings, triangulation was adopted by integrating quantitative survey data with qualitative insights. This approach helped validate key outcomes such as improved infrastructure, better hygiene practices, enhanced learning environments, and increased beneficiary satisfaction.

SAMPLING FRAMEWORK

The sampling framework consisted of 40 respondents (parents of enrolled children) and 400 AWWs across four locations. The sample represented diverse socio-economic backgrounds, occupations, and social categories, ensuring a comprehensive understanding of beneficiary perspectives.

DATA COLLECTION

Primary data was collected using structured questionnaires and interviews. The tools were designed to capture information related to demographic profile, socio-economic status, infrastructure conditions, service availability, hygiene practices, learning environment, and overall impact. Data collection ensured accuracy, consistency, and proper documentation of responses.

STAKEHOLDERS

We have included the voices of key stakeholders, including parents of enrolled children, Anganwadi workers, implementing partners, and community members. Their inputs were essential in assessing service quality, infrastructure improvements, utilisation patterns, and overall programme effectiveness.

COMMITMENT TO RESEARCH ETHICS

The study adhered to strict ethical standards, ensuring informed consent, confidentiality, voluntary participation, and respect for all respondents. Special care was taken while interacting with beneficiaries to ensure sensitivity and transparency. Maintaining ethical integrity was critical to ensuring the credibility and reliability of the research findings.

INTERACTING WITH PARENTS, VADODARA

03. MAJOR FINDINGS AND ASSESSMENT OF IMPACT

The findings from the impact assessment are presented in two parts – Part A and Part B. The study covers the Anganwadi Infrastructure Development Programme supported by Sun Pharmaceutical Industries Ltd. across Halol, Vadodara, Panoli, and Ankleshwar.

Part A captures insights from 400 Anganwadi workers on infrastructure improvements and service delivery, while Part B focuses on 40 parents to assess service utilisation, child development, and overall satisfaction. The chapter presents key findings from surveys and stakeholder interactions, highlighting improvements in infrastructure, service quality, and programme effectiveness.

SECTION A
PROGRAMME INSIGHTS FROM ANGANWADI WORKERS- THE FRONTLINE WORKERS

PROGRAM COVERAGE AND RESPONDENTS' EXPERIENCE

CHART 1: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY LOCATION

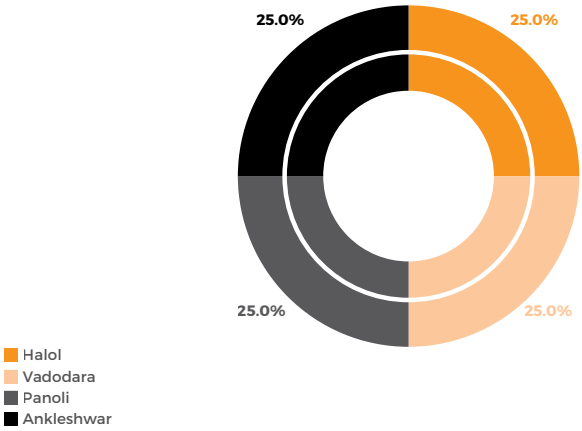
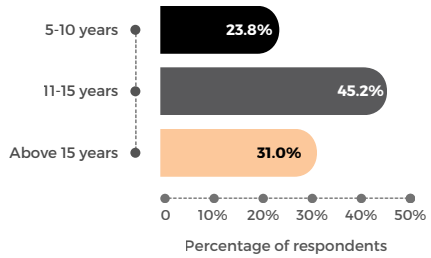


Chart 1 indicates that Halol (25.00%), Vadodara (25.00%), Panoli (25.00%), and Ankleshwar (25.00%) have equal representation of respondents, indicating that the programme has ensured balanced geographical outreach.

CHART 2: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY YEARS OF EXPERIENCE



45.2%

of the respondents have 11–15 years of experience, followed by 31.00% with more than 15 years and 23.8% with 5–10 years, indicating that the majority of Anganwadi workers are highly experienced.

This strengthens programme delivery, as experienced workers are better equipped to implement interventions effectively and sustain outcomes.

Interactions with Anganwadi Workers indicate that the majority possess substantial work experience, with 8/9 having over a decade of service (10–22 years), while only a small proportion 1/9 reported relatively lower experience (around 3 years).

ICDS DEPARTMENT INTERACTION, AKHLESHWAR AND PANOLI

BENEFICIARY COVERAGE AND SERVICE REACH

TABLE 1: NUMBER OF CHILDREN (0–6 YEARS) ENROLLED AT ANGANWADI

Number of Children Enrolled	No. of respondents	% of respondents
20–40 Children	11	2.8
41–60 Children	175	43.8
More than 60 Children	214	53.4
Total	**400**	**100**

53.4%

of the workers have more than 60 children enrolled, while 43.8% have 41–60 children, indicating that most centres are operating at high capacity.

TABLE 2: NUMBER OF PREGNANT WOMEN REGISTERED

Number of Pregnant Women	No. of respondents	% of respondents
0–5 Pregnant Women	83	20.8
6–10 Pregnant Women	109	27.2
11–15 Pregnant Women	177	44.2
More than 15 Pregnant Women	31	7.8
Total	**400**	**100**

44.2%

of the workers cater to 11–15 pregnant women and 27.20% cater to 6–10, indicating that a significant number of beneficiaries are being reached.

This demonstrates the programme's contribution to improving maternal healthcare access at the community level.

TABLE 3: NUMBER OF LACTATING MOTHERS REGISTERED

Number of Lactating Mothers	No. of respondents	% of respondents
0–5 Lactating Mothers	136	34.0
6–10 Lactating Mothers	163	40.8
11–15 Lactating Mothers	61	15.2
More than 15 Lactating Mothers	40	10.0
Total	**400**	**100**

40.8%

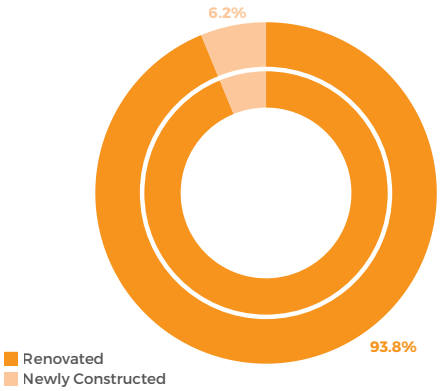
of the workers serve 6–10 lactating mothers, while 34 % serve 0–5, indicating moderate but consistent service coverage.

However, the relatively lower proportion in higher categories suggests scope for expanding outreach to more beneficiaries.

> The Sarpanch shared that prior to the intervention, the terrace was leaking and the walls required painting, reflecting poor infrastructure conditions. After the renovation, painted walls and improved infrastructure made the learning environment more interactive and engaging. Cleanliness practices among children improved, and the availability of chairs encouraged them to stay for longer durations. The improved ecosystem has attracted both children and parents, leading to increased visits and better utilisation of the Anganwadi centre.
>
> **Sarpanch of Panoli, Halima Soyeb Hatia**

INFRASTRUCTURE DEVELOPMENT AND PHYSICAL FACILITIES

CHART 3: STATUS OF ANGANWADI INFRASTRUCTURE (RENOVATED/ NEWLY CONSTRUCTED)



93.8%

of the Anganwadi centres were renovated, while only 6.2% were newly constructed.

This suggests that the programme primarily focused on upgrading and strengthening existing infrastructure rather than building new centres. The high proportion of renovated centres reflects efficient utilisation of resources by improving already established facilities, thereby enabling quicker enhancement of service delivery conditions and wider coverage across locations.

DISCUSSION WITH PARENTS, VADODARA

CHART 4: AVAILABILITY OF INFRASTRUCTURE FACILITIES AT THE CENTRE

Chart 4 indicates that all key infrastructure facilities at the Anganwadi centres are largely available, reflecting strong improvements in the physical environment.

100%

of the respondents reported the availability of a safe building structure, adequate ventilation, proper lighting, and child-friendly seating/furniture, indicating that the centres are well-equipped to provide a safe, comfortable, and conducive learning environment for children.

However, the availability of a safe play area was comparatively lower, with 78.2% of respondents confirming its presence, while 21.8% reported that such a facility was not available. This suggests that although core infrastructure components have achieved universal coverage, there remains a gap in outdoor or recreational facilities, which are important for holistic child development.

The findings reflect that the programme has been highly successful in strengthening essential infrastructure, while also highlighting the need to further improve play areas to ensure a comprehensive child-friendly environment.

FGD WITH PREGNANT AND LACTATING WOMEN

Participants shared that the Anganwadi centre has undergone comprehensive renovation, with the addition of facilities such as clean toilets, an improved kitchen area, repaired platforms, wash basins, safety grills, storage racks, furniture, and electrical fittings. These improvements have made the centre significantly safer and more comfortable to visit. They noted that earlier there was no proper or safe place to sit, but now the availability of adequate facilities, especially clean toilets and seating arrangements, has enhanced their comfort and encouraged greater participation in Anganwadi services

SANITATION, HYGIENE, AND BEHAVIOURAL OUTCOMES

CHART 5: AVAILABILITY OF FUNCTIONAL SANITATION FACILITIES AT ANGANWADI CENTRES

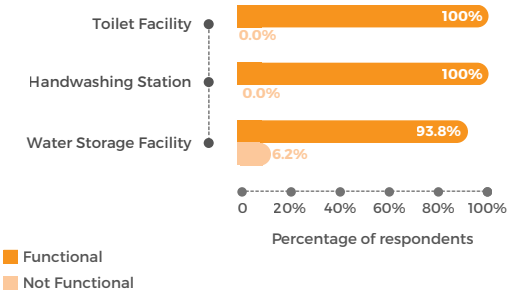


Chart 5 indicates that sanitation facilities at Anganwadi centres are largely functional and well-maintained.

100%

of the respondents reported that both toilet facilities and handwashing stations are functional, reflecting universal access to essential sanitation infrastructure and supporting improved hygiene practices among children and beneficiaries.

93.8%

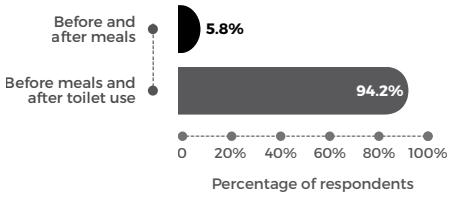
of the respondents confirmed that water storage facilities are functional, while 6.2% reported them as not functional.

This suggests that although the majority of centres have adequate water storage systems, there are minor gaps that may affect consistent access to water for sanitation and hygiene purposes.

The findings highlight that the programme has been highly effective in ensuring functional sanitation facilities, while also indicating the need for minor improvements in water storage infrastructure to achieve complete coverage.

> The Project Coordinator highlighted that challenges still remain in ensuring the installation and provision of safe drinking water across all Anganwadi Centres. However, efforts are currently underway to address these gaps, and the issue is expected to be resolved in the near future.
>
> **Jhanvi P. Khanvilkar, Anwesha Foundation, Vadodara.**

CHART 6: FREQUENCY OF HANDWASHING AMONG CHILDREN



94.2%

of the children practice handwashing before meals and after toilet use, while only 5.8% wash their hands before and after meals.

This suggests strong adoption of critical hygiene practices, particularly related to sanitation, reflecting improved awareness and behaviour among children.

DRINKING WATER FACILITIES

TABLE 4: AVAILABILITY OF SAFE DRINKING WATER

Availability of safe Drinking water	No. of respondents	% of respondents
Yes, all the time	300	75.0
Do not get most of the time	100	25.0
Total	**400**	**100**

75.0%

of the respondents reported that safe drinking water is available all the time, whereas 25.0% reported that it is not available most of the time.

This indicates that while a majority have consistent access to safe water, a considerable proportion still faces gaps in availability.

CHART 7: TYPE OF DRINKING WATER FACILITY

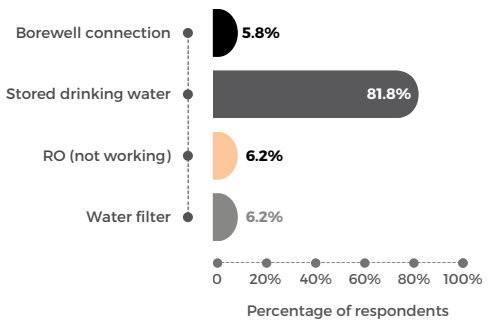


Chart 7 indicates that the primary source of drinking water is stored drinking water, reported by 81.8% of respondents, followed by borewell connections (5.8%), and water filters and non-functional RO systems (6.2% each). This reflects a heavy reliance on stored water systems, with limited access to advanced purification methods.

NUTRITION AND KITCHEN FACILITIES

TABLE 5: AVAILABILITY OF SEPARATE KITCHEN/ COOKING AREA

Availability	No. of respondents	% of respondents
Yes	375	93.8
No	25	6.2
Total	**400**	**100**

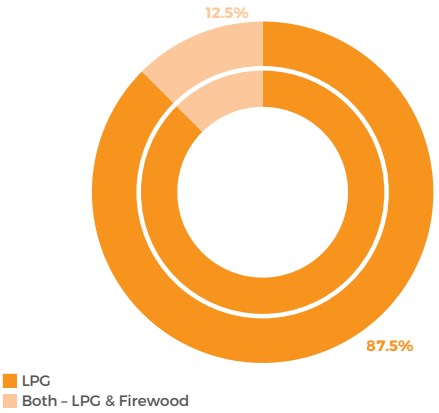
93.8%

of the respondents reported the availability of a separate kitchen or cooking area, while 6.2% reported its absence.

This indicates that most centres have appropriate infrastructure for safe and hygienic meal preparation, though minor gaps persist.

Qualitative interactions with Anganwadi workers from Abhetava, Shamandevi, and Dharampuri revealed that improvements in the kitchen area have facilitated more efficient and hygienic meal preparation and service for children. Workers highlighted that the provision of dedicated storage spaces has enabled safe storage of supplementary nutrition items, reduced the risk of contamination and supported smoother operations. These enhancements have collectively contributed to improved hygiene standards and more effective nutrition delivery at the Anganwadi centres.

CHART 8: TYPE OF COOKING FUEL USED



87.5%

of the centres use LPG as the primary cooking fuel, while 12.5% use a combination of LPG and firewood, suggesting a strong shift towards cleaner cooking practices, although some reliance on traditional fuels still remains.

INTERACTION WITH PARENTS, AKHLESHWAR AND PANOLI

LEARNING ENVIRONMENT AND EDUCATIONAL RESOURCES

CHART 9: AVAILABILITY OF PLAY AND LEARNING MATERIALS IN SCHOOLS/ANGANWADI

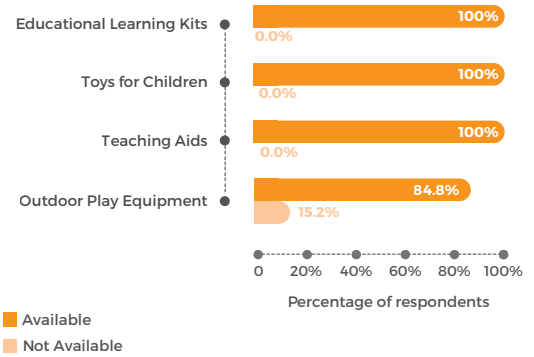


Chart 9 indicates that the availability of play and learning materials in Anganwadi centres is largely comprehensive and well-established.

100%

of the respondents reported the availability of educational learning kits, toys for children, and teaching aids, reflecting complete coverage of essential learning resources and a strong emphasis on early childhood education.

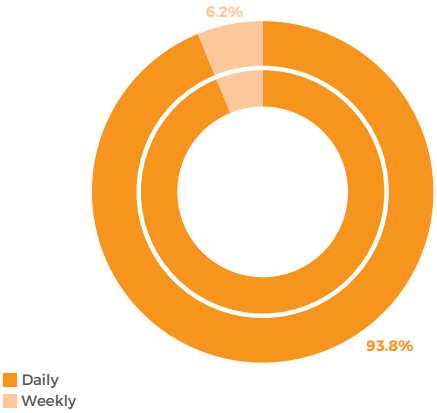
84.8%

of the respondents confirmed the presence of outdoor play equipment; however, 15.2% reported that such facilities were not available.

This suggests that although indoor learning and play resources are fully available, there is still a gap in outdoor recreational infrastructure, which is important for physical development and holistic learning.

> The CDPO highlighted that adequate open space needs to be ensured at some Anganwadi Centres, as encroachment has reduced the available play area for children, limiting opportunities for outdoor activities and physical development.
>
> **Ritaben Gadhavi, CDPO, Ankleshwar**

CHART 10: USAGE FREQUENCY OF LEARNING AND PLAY MATERIALS



93.8%

of the respondents reported that learning and play materials are used daily, while only 6.2% reported weekly usage.

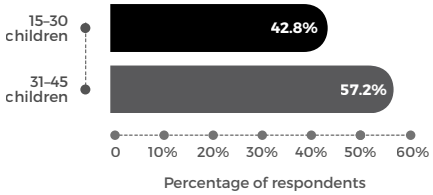
This suggests a high level of integration of these materials into regular Anganwadi activities, reflecting active engagement of children and effective utilisation of available learning resources.

> The implementing team shared that theme-wise and day-wise sessions, supported by toys and visual wall paintings, have enhanced children's understanding and imagination. They noted that learning and play materials are integrated into daily activities, which aligns with quantitative findings. Regular and longer engagement at the centre has also improved children's socialization skills. Additionally, coordination through a WhatsApp group has strengthened planning and monitoring of daily activities, leading to more effective learning outcomes.
>
> **Huzef and Divya Bakshi, Anwesha Foundation, Vadodara.**

INTERACTION WITH PREGNANT AND LACTATING WOMENS, AKHLESHWAR AND PANOLI

SERVICE DELIVERY AND UTILISATION

CHART 11: AVERAGE DAILY ATTENDANCE OF CHILDREN



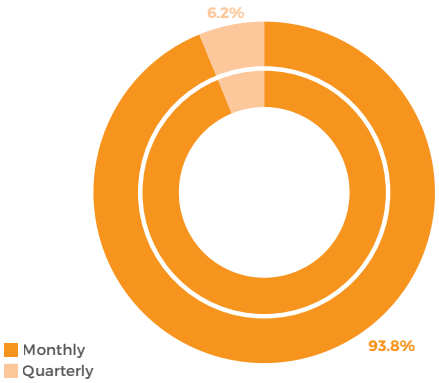
57.2%

of the respondents reported an average daily attendance of 31–45 children, while 42.8% reported attendance between 15–30 children.

This indicates relatively high attendance levels across centres, reflecting improved enrolment, regular participation, and increased utilisation of Anganwadi services.

> Regular monthly meetings are conducted with mothers to monitor children's health and provide counselling. They also distribute Bal Shakti and Matru Shakti packets to support nutrition and overall well-being.
>
> **Parshuram Bhaataa, AWW, Jetalpur**

CHART 12: FREQUENCY OF GROWTH MONITORING ACTIVITIES

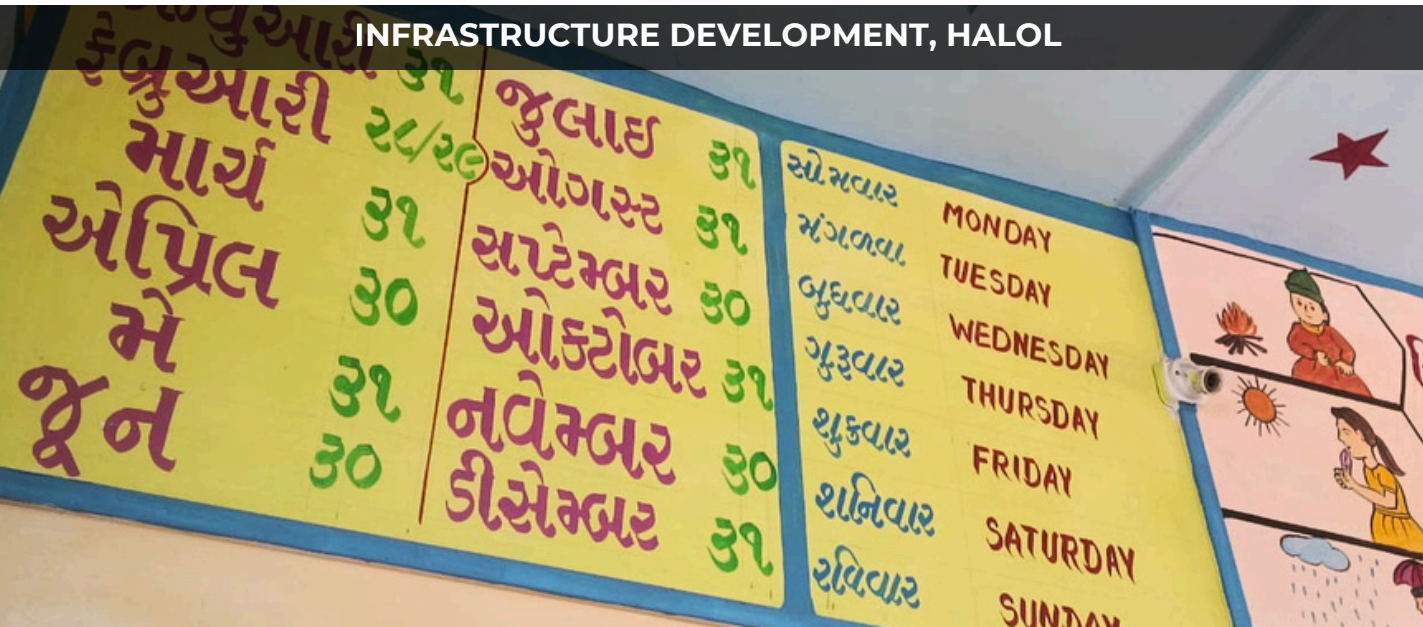


93.8%

of the respondents reported that growth monitoring activities are conducted monthly, while only 6.2% reported quarterly monitoring.

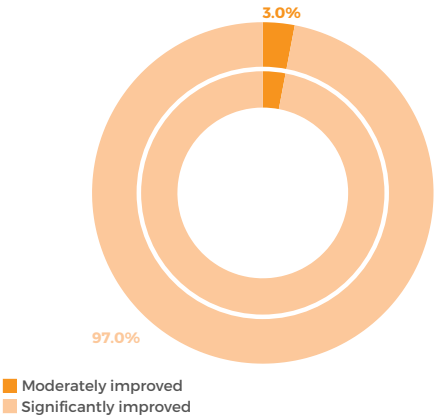
This suggests strong adherence to regular health monitoring practices, ensuring timely tracking of children's growth and development. Additionally, all respondents confirmed that meetings or counselling sessions are conducted monthly, reflecting consistent engagement with parents and caregivers to promote awareness and better childcare practices.

INFRASTRUCTURE DEVELOPMENT, HALOL



IMPACTS AND SATISFACTION OF THE PROGRAM

CHART 13: IMPROVEMENT IN FUNCTIONING OF ANGANWADI CENTRE

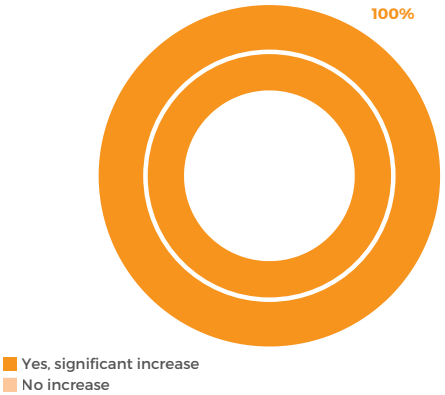


97.0%

of the respondents reported that the functioning of the Anganwadi centre has significantly improved, while only 3.0% reported moderate improvement.

This indicates a very high level of perceived impact, demonstrating that the intervention has been highly successful in enhancing overall service delivery, infrastructure, and operational efficiency of the centres.

CHART 14: INCREASE IN CHILDREN'S ATTENDANCE AFTER IMPROVEMENTS



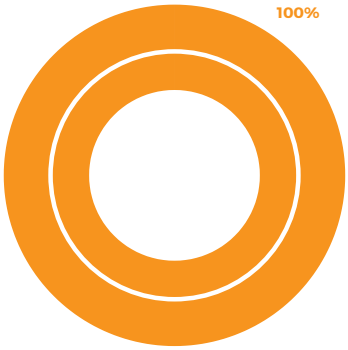
100%

of the respondents reported a significant increase in children's attendance after the improvements, while none reported no increase.

This reflects a strong positive impact of the intervention on enrolment and regular participation, suggesting that enhanced infrastructure and services have made Anganwadi centres more attractive and accessible to beneficiaries.

> The CDPO shared that earlier, community members were reluctant to send their children to the Anganwadi, and children themselves showed low interest in attending, indicating limited engagement and utilisation of services. However, following improvements in infrastructure and the overall environment, there has been a significant increase in children's attendance and interest, aligning with quantitative findings.
>
> **Bhatia Nimish, CDPO, Halol**

CHART 15: OVERALL SATISFACTION WITH ANGANWADI DEVELOPMENT PROGRAMME



100%

of the respondents reported being very satisfied with the Anganwadi Development Programme, with no respondents expressing dissatisfaction.

This indicates extremely high levels of beneficiary satisfaction, reflecting the programme's success in meeting community needs and delivering quality services effectively.

MID-DAY MEAL SERVE TO CHILDREN, AKHLESHWAR AND PANOLI

SECTION B
INSIGHTS FROM PARENTS ON SERVICE UTILISATION AND IMPACT

SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS

SOCIO-ECONOMIC PROFILE OF BENEFICIARIES

RELATIONSHIP WITH CHILD

90.0% Mother	**5.0%** Father	**5.0%** Caregiver

AGE GROUP

42.5% 26–30 years	**40.0%** Above 35 years	**10.0%** 31–35 years	**7.5%** 21–25 years

OCCUPATION/STATUS

30.0% Daily wage labour	**30.0%** Farming	**22.5%** Govt/Private job
7.5% Small business	**7.5%** Livestock	**2.3%** Skilled labour

HIGHEST QUALIFICATION

37.5% Primary	**30.0%** No formal education	**27.5%** Secondary	**5.0%** Higher secondary

90.0%

of the respondents were mothers, highlighting that primary caregivers, particularly women, are the main stakeholders engaged with Anganwadi services, while fathers and caregivers constituted only 5.0% each.

In terms of age distribution, most respondents belonged to the 26–30 years age group (42.5%), followed closely by those above 35 years (40.0%), indicating that respondents were largely in mature and responsible age groups actively involved in childcare.

The occupational profile shows that a significant proportion of families depended on daily wage labour and farming (30.0% each), followed by 22.5% engaged in government or private jobs, reflecting a predominantly low-income and informal workforce. This highlights the economic vulnerability of the beneficiary group and their reliance on Anganwadi services.

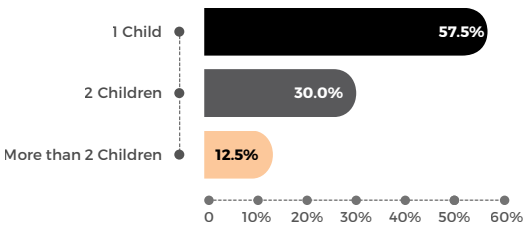
37.5%

of the respondents had primary education, while 30.0% had no formal education and 27.5% had secondary education, indicating relatively low educational attainment.

The findings suggest that the programme is effectively reaching economically and socially vulnerable populations, where support for early childhood care and development is most needed.

HOUSEHOLD-LEVEL UTILISATION AND ENGAGEMENT

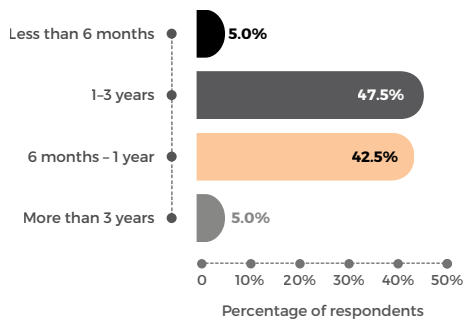
CHART 1: NUMBER OF CHILDREN ENROLLED IN ANGANWADI



57.5%

of the respondents had one child enrolled in Anganwadi, while 30.0% had two children, indicating strong utilisation of services at the household level.

CHART 2: DURATION OF CHILD'S ATTENDANCE AT ANGANWADI

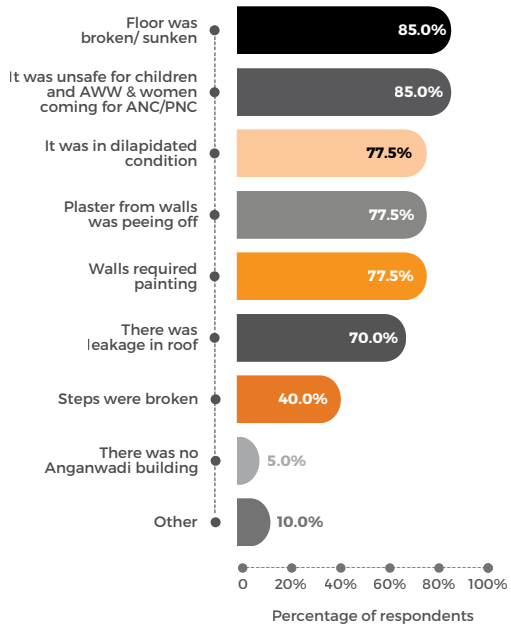


47.5%

of the respondents children had been attending Anganwadi for 1-3 years and 42.5% for 6 months to 1 year, reflecting sustained engagement with services over time.

PRE- AND POST-INTERVENTION INFRASTRUCTURE CHANGES

CHART 3: STATUS OF ANGANWADI CENTRE BEFORE INTERVENTION

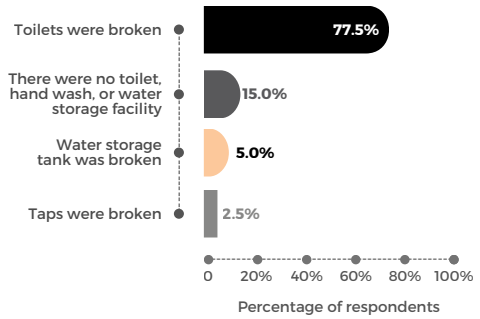


85.0%

of the respondents reported broken floors and unsafe conditions, 77.5% reported dilapidated infrastructure and wall damage, and 70.0% reported roof leakage, indicating severe infrastructural deficiencies prior to intervention.

> "FGD with mothers and caregivers indicated that earlier, some Anganwadi Centres operated from rented or old structures that were not suitable for children, particularly during extreme weather conditions such as summer and monsoon, due to leakage in the roof or no building at all.
>
> **Location- Kasbatiwad, Ankleshwar**"

CHART 4: SANITATION AND HYGIENE FACILITIES BEFORE IMPLEMENTATION



77.5%

of the respondents reported broken toilets and 15.0% reported absence of sanitation facilities, highlighting poor hygiene infrastructure before the project.

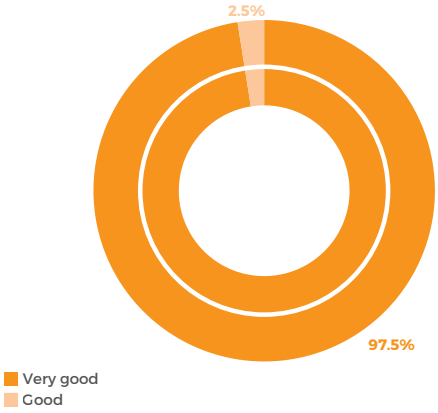
"Prior to the intervention, sanitation conditions at the Anganwadi centre were inadequate, with limited access to clean water, poorly maintained or non-functional toilet facilities, and overall low levels of cleanliness. These challenges created an uncomfortable environment for children.

FGD with mothers and caregivers, Halol village"

"The participants shared that following the renovation, both children and parents feel more secure while visiting the Anganwadi centre. They also noted a reduction in accident incidents, with the centre now perceived as a safer and more comfortable space for children and beneficiaries.

FGD with AWW, Tad faliyu, Vadodara"

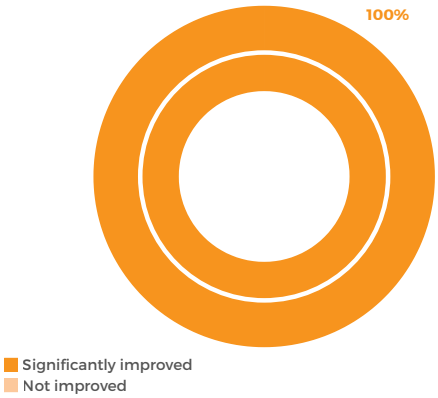
CHART 5: CURRENT CONDITION OF ANGANWADI BUILDING



97.5%

of the respondents rated the current building condition as very good and 2.5% as good, indicating a substantial improvement in infrastructure quality post intervention.

CHART 6: IMPROVEMENT IN ANGANWADI INFRASTRUCTURE

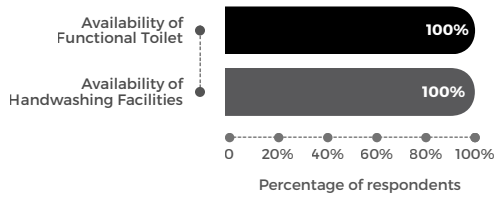


100%

of the respondents reported significant improvement in Anganwadi infrastructure, demonstrating the strong perceived impact of the intervention.

POST-INTERVENTION FACILITIES AND OUTCOMES

CHART 7: AVAILABILITY OF SANITATION AND HYGIENE FACILITIES IN ANGANWADI

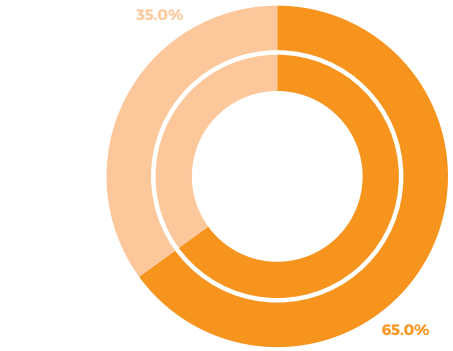


100%

of the respondents availability of functional toilets and handwashing facilities, indicating complete coverage of sanitation facilities after implementation and universal access to hygiene infrastructure, supporting improved health practices.

> Parents shared that children have begun practicing positive hygiene behaviours learned at the Anganwadi centre at home and often encourage family members to follow the same practices. This indicates effective behaviour change and a clear spillover of programme benefits beyond the centre into households.
>
> **Pregnant women and Lactating mothers, Panoli, Ankleshwar**

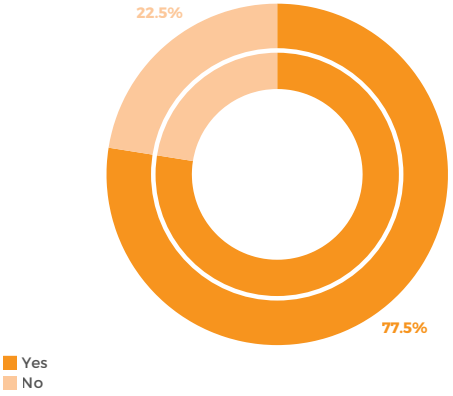
CHART 8: CLEANLINESS AND HYGIENE OF ANGANWADI ENVIRONMENT



65.0%

of the respondents rated the Anganwadi environment as very clean and 35.0% as moderately clean, indicating overall improvement in cleanliness and hygiene conditions.

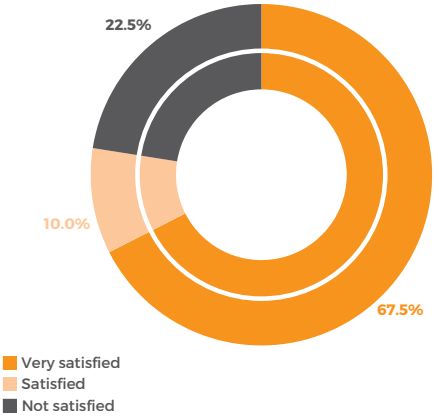
CHART 9: AVAILABILITY OF SAFE DRINKING WATER



77.5%

of the respondents reported availability of safe drinking water, while 22.5% did not, suggesting substantial improvement but with some remaining gaps.

CHART 10: SATISFACTION WITH QUALITY OF DRINKING WATER

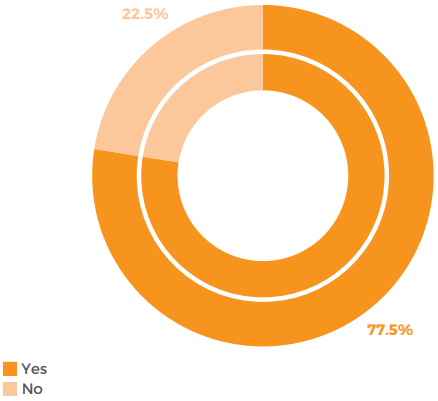


67.5%

of the respondents were very satisfied and 10.0% satisfied with drinking water quality, while 22.5% were not satisfied due to RO not working, indicating generally positive perception with scope for further improvement.

> The stakeholder highlighted that challenges still persist in ensuring the installation and consistent provision of safe drinking water across all Anganwadi Centres. However, efforts are currently underway to address these gaps, and the issue is expected to be resolved in the near future.
>
> **Divya Bakshi, Anwesha Foundation, Vadodara.**

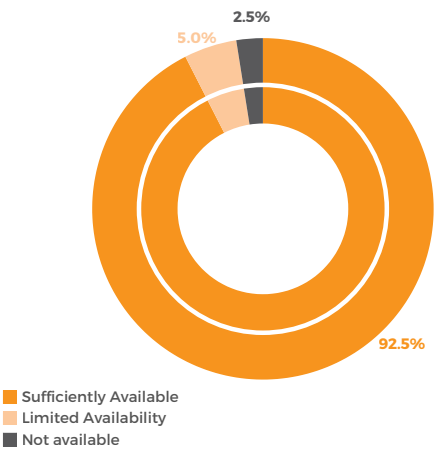
CHART 11: SAFETY AND HYGIENE OF COOKING FACILITIES



77.5%

of the respondents reported safe and hygienic cooking facilities, while 22.5% did not, suggesting progress in meal infrastructure with some gaps remaining.

CHART 12: AVAILABILITY OF TOYS AND LEARNING MATERIALS

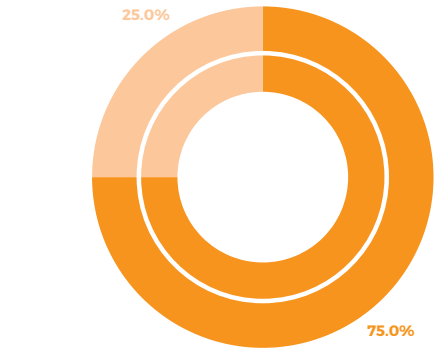


92.5%

of the respondents reported sufficient availability of toys and learning materials, indicating a strong improvement in the learning environment.

CHILD DEVELOPMENT AND OVERALL SATISFACTION

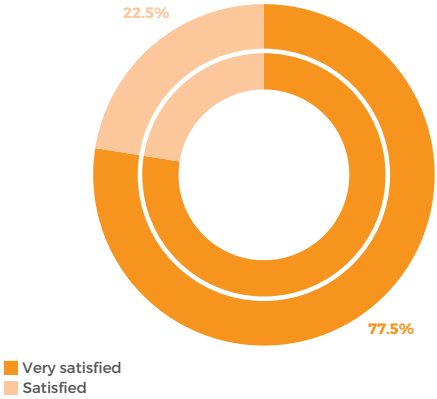
CHART 13: IMPROVEMENT IN CHILD'S LEARNING AND SOCIAL SKILLS



75.0%

of the respondents observed significant improvement in children's learning and social skills, while 25.0% reported some improvement, reflecting positive developmental outcomes.

CHART 14: OVERALL SATISFACTION WITH ANGANWADI SERVICES



77.5%

of the respondents were very satisfied and 22.5% satisfied with Anganwadi services, indicating high overall satisfaction and programme success.

INTERACTION WITH PARENTS, PREGNANT AND LACTATING WOMEN, HALOL

KEY CHALLENGES
(DRAWN FROM QUALITATIVE AND QUANTITATIVE DATA)

GAPS IN DRINKING WATER ACCESS
A section of centres still reported inconsistent availability of safe drinking water, affecting hygiene and daily operations. (quantitative data)

INCOMPLETE INFRASTRUCTURE COVERAGE
While most facilities improved, some centres lacked safe play areas and adequate outdoor infrastructure. (quantitative data)

SANITATION MAINTENANCE ISSUES
Despite the availability of resources, maintaining the cleanliness and functionality of sanitation facilities remains a challenge in some centres. (AWWs interaction)

COOKING FACILITY LIMITATIONS
A few centres reported concerns regarding the safety and hygiene of kitchen facilities, indicating scope for further strengthening. (quantitative data)

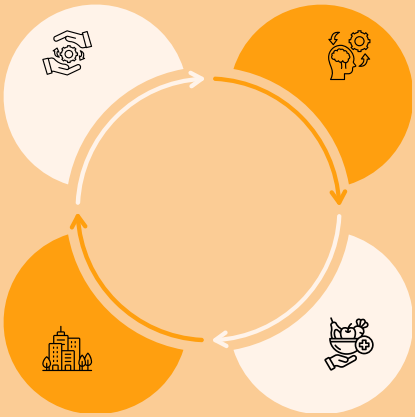
RESOURCE GAPS IN LEARNING ENHANCEMENT
Some locations indicated the need for additional toys, digital learning tools, and play equipment. (parents and AWWs' qualitative interaction)

04. IMPACT CREATED AT DIFFERENT LEVELS FROM THE STUDY

INDIVIDUAL LEVEL

Improved hygiene practices among children, with 94.2% practicing handwashing before meals and after toilet use, and evidence of behaviour adoption at home.

Better nutrition and health outcomes supported by centres having functional kitchens and 100% reporting regular supplementary nutrition services.



Enhanced learning, social skills, and cognitive development, with 75% of parents reporting significant improvement

Increased comfort and safety reflected in 97.5% respondents rating buildings as very good and 100% reporting safe classrooms and infrastructure.

COMMUNITY LEVEL

Increased enrolment and attendance, with 53.4% centres having more than 60 children enrolled and 100% respondents reporting a significant increase in attendance.

Improved community awareness on hygiene and nutrition, indicated by widespread adoption of hygiene practices (94.2% children practicing proper handwashing).

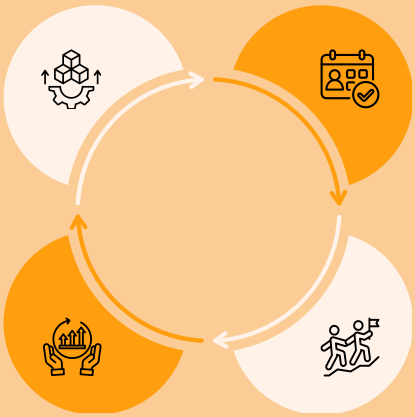
Strengthened trust and positive perception, reflected in 100% satisfaction among Anganwadi workers and 77.5% parents being very satisfied.

Enhanced local engagement, with high utilisation levels (57.2% centres reporting daily attendance of 31–45 children).

STATE LEVEL

Improved quality of early childhood care systems, supported by 100% availability of core infrastructure (buildings, lighting, ventilation, seating).

Contribution to school readiness and enrolment, evidenced by high and sustained attendance (57.2% centres with 31–45 daily attendance and 42.8% with 15–30).



Demonstration of a scalable CSR model, with 93.8% centres successfully renovated, ensuring rapid and wide coverage.

Support to broader child development and public health goals, reflected in 97% reporting significant improvement in Anganwadi functioning and 100% overall programme satisfaction.

INTERACTION WITH SUN PHARMA STAFF, VADODARA

05. OECD-DAC FRAMEWORK ANALYSIS

Relevance | Coherence | Effectiveness | Efficiency | Impact | Sustainability

★★★★★

RELEVANCE

Access to safe, functional, and child-friendly Anganwadi centres remains a significant challenge across India, particularly in semi-urban and industrial regions where infrastructure gaps directly affect early childhood care, nutrition delivery, and maternal health services. Regionally, areas such as Halol, Vadodara, Panoli, and Ankleshwar face additional pressure due to industrialisation and population density, leading to overburdened centres. At the local level, baseline findings highlight severe deficiencies, with 85% reporting unsafe conditions, 77.5% dilapidated infrastructure, and 70% roof leakage, reflecting poor service environments. Additionally, 40% of beneficiary families earning below ₹5,000 per month and a high dependence on informal livelihoods indicate strong reliance on Anganwadi services. The programme directly addressed these multi-level challenges by strengthening infrastructure, sanitation, and service delivery systems, demonstrating strong alignment with community needs.

★★★★★

COHERENCE

The intervention aligns well with national and global development priorities.

It is also aligned with:

- Integrated Child Development Services and POSHAN Abhiyaan.
- Strengthening existing government systems.

The programme complements national efforts in early childhood development and contributes to inclusive community development.

★★★★½

EFFECTIVENESS

The programme has been highly effective in achieving its intended objectives of improving infrastructure and enhancing service delivery. Evidence from the study shows that 100% of respondents reported significant improvement in infrastructure, while 97.5% rated the current building condition as very good. Service outcomes also improved, with 75% reporting significant improvement in children's learning and social skills and 25% reporting some improvement.

Additionally, 100% availability of toilets and handwashing facilities reflects achievement of key health and hygiene targets. These outcomes demonstrate that the intervention successfully translated inputs into tangible improvements in both infrastructure and child development indicators.

★★★★½

EFFICIENCY

The programme demonstrated efficient utilisation of financial, human, and material resources by prioritising the renovation of existing centres (93.8%) over new construction, enabling wider coverage with optimal resource use. Timely upgrades across multiple components such as sanitation, kitchens, and learning materials, indicating well-coordinated implementation. The involvement of local stakeholders, including Anganwadi workers, Panchayats, and community members, further strengthened execution. High satisfaction levels (77.5% very satisfied and 22.5% satisfied) reflect smooth delivery and effective use of resources.

★★★★★

IMPACT

The intervention has led to significant improvements at both the individual and community levels. Enhanced infrastructure resulted in 100% access to sanitation facilities and improved hygiene conditions, with 65% rating centres as very clean. Child development outcomes also improved, with 100% of respondents reporting improvement in learning and social skills. Over the long term, improved infrastructure and service delivery are contributing to better health, school readiness, and overall child development outcomes.

★★★★½

SUSTAINABILITY

The programme shows strong sustainability potential through durable infrastructure, improved service environments, and behavioural change. The universal availability of sanitation facilities (100% toilets and handwashing) and high usage of learning materials (93.8% daily use) indicate continued utilisation. Behavioural spillovers are also evident, as hygiene practices adopted by children are being replicated at home. Community ownership is reflected through increased participation, regular meetings, and stakeholder engagement. However, gaps remain in areas such as drinking water availability (25% reporting inconsistent access) and cooking infrastructure (22.5% gaps), suggesting the need for continued monitoring and convergence with local governance systems to ensure long-term sustainability.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

06. RECOMMENDATIONS

It is suggested to ensure consistent availability of safe drinking water across all Anganwadi centres through timely installation, repair, and maintenance of facilities as 25% of respondents reported that safe drinking water is not available at all time.

It is recommended to further strengthen outdoor play areas to promote physical development and create a more holistic learning environment for children as indicated by qualitative feedback from parents.

It is suggested to enhance kitchen and storage facilities to improve hygiene, safety, and efficiency in meal preparation and distribution as highlighted in qualitative inputs from Anganwadi Workers (AWWs).

It is suggested to augment learning resources by introducing additional toys, teaching aids, and age-appropriate digital learning tools, as enrolment levels have increased, to ensure adequate availability and effective utilisation of resources for all children.

It is recommended to establish a regular maintenance mechanism for infrastructure, including sanitation, electrical fittings, and water systems, to ensure long-term sustainability.

07 CONCLUSION

The assessment of the Anganwadi Development Programme indicates a highly successful intervention that has significantly strengthened infrastructure, service delivery, and beneficiary engagement across centres. The programme demonstrated strong performance across all major evaluation dimensions, particularly in relevance, effectiveness, and impact. It effectively addressed critical gaps in infrastructure and service environments, as reflected in 100% reported improvement in infrastructure and 97.5% rating current conditions as very good. Enhanced facilities translated into improved outcomes, including 75% reporting significant improvement in children's learning and social skills and 100% increase in attendance, indicating higher utilisation and acceptance of services.

The programme's key achievements include universal access to sanitation facilities, improved hygiene practices (94.2% adoption of handwashing at critical times), and strengthened community trust, reflected in high satisfaction levels among both workers and parents. The strategic focus on renovating existing centres (93.8%) also highlights efficient resource utilisation and scalability.

However, some gaps persist, particularly in ensuring consistent access to safe drinking water (25% reporting irregular availability) and improving cooking infrastructure (22.5% gaps), indicating areas for further strengthening.

The intervention has created a positive and enabling ecosystem aligned with national priorities and demonstrated its impact at individual, community, and system levels, with broader significance as a scalable and sustainable model for improving Anganwadi services and advancing child development outcomes.