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# Private-public partnerships in action in India: Experiences from the Nand Ghar programme

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*We would like to acknowledge the Government of India and various state governments for their collaboration and support. Further, we acknowledge our implementing partners, without whom the execution of the project at scale would not have been possible.*

**What we know:** Basic health, nutrition, and early learning services are essential in supporting optimum early childhood development, but are often under-resourced. Private-public partnerships (PPPs) can be a solution, helping to leverage more sustained resources.

**What this adds:** This article provides a practical example of a PPP in action at the state and district levels in India. Through the Nand Ghar model, Vedanta addresses identified needs in service delivery, infrastructure, capacity, and data collection and monitoring, with a systems strengthening approach. Key lessons learned are highlighted.



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Malnutrition, in all its forms, continues to be a pressing concern in India, disproportionately affecting women and children. Among children aged 0-59 months, estimated rates of stunting were 36%, underweight 32%, and wasting 19% in 2019-21. (IIPS & ICF, 2021). Anaemia prevalence remains alarmingly high among both women and children. For example, among children aged 6-59 months, anaemia prevalence was 80% in Gujarat, 73% in Madhya Pradesh, and 72% in Rajasthan in 2019-21 (IIPS & ICF, 2021). Only 23% of children aged 6-23 months consumed foods from at least five of eight food groups, while just 11% received a minimum acceptable diet in the same period (IIPS & ICF, 2021).

## The Anganwadi centres

In 1975 the central government of India instituted the community-based *Anganwadi* system to promote early childhood development at the same time as responding to high malnutrition rates and improving health service coverage. These *Anganwadi* centres were set up to provide a wide range of services (Table 1) (KPMG & Nand Ghar, 2021).

**Table 1: Integrated Child Development Services (ICDS) to be provided at *Anganwadi* centres**


Services	Target group
Supplementary nutrition	Children aged less than six years; pregnant and breastfeeding mothers
Pre-school education	Children aged 3-6 years
Nutrition and health education	Women aged 15-45 years
Immunisation	Children aged below six years; pregnant and breastfeeding mothers
Home visits	

Anganwadi workers and helpers, together with Accredited Social Health Activist (ASHAs) and auxiliary nurse-midwives, form the frontline delivery mechanism of the Anganwadi centres. As of 2025, about 100 million service users were being reached through more than 1.4 million Anganwadi centres (Gol, 2025).

However, the Anganwadi system faces ongoing structural and operational challenges, with fragmented service delivery, insufficient infrastructure, inconsistent frontline capacity, and sporadic coordination across departments. For example, many Anganwadi centres function out of rented or inadequately maintained spaces. In remote areas, shortages of trained human resources often affect regular functioning and service quality. In contrast, in urban and peri-urban areas, the presence of private schools and childcare centres offers families alternative options, resulting in lower attendance at Anganwadi centres.

The various challenges facing the Anganwadi system result in modest service uptake and low parental engagement, and constrain the ability of frontline workers to provide holistic support during the most critical stages of a child's development.

## **Opportunity for a public-private partnership**

In 2015 the Prime Minister of India underscored the need to strengthen the Anganwadi system. Vedanta responded by collaborating with the  EN through a public-private partnership (PPP) to reimagine

Anganwadi centres. Vedanta is a leading global natural resources and technology conglomerate operating across India, South Africa, Liberia, and Namibia. It has a strong corporate social responsibility (CSR) department. See more on PPP and CSR in Box 1.

## **Box 1: Public-private partnerships and corporate social responsibility explained**

Public-private partnerships (PPPs) are collaborative arrangements whereby governments and private actors pool resources, expertise, and capacities to achieve shared social objectives.

Corporate Social Responsibility (CSR) is a way for a company to integrate social and environmental concerns in their business operations, in order to contribute to the society in which they operate. In India, the statutory CSR framework under the Companies Act, 2013, enables corporate funding to operate as flexible, complementary capital alongside public expenditure.

## **The Nand Ghar model**

This PPP gave rise to the *Nand Ghar* initiative, which involved implementing ‘smart’ Anganwadi centres. This aimed to contribute to the national vision of eradicating child malnutrition, providing education and healthcare, and bringing about women’s empowerment (KPMG & Nand Ghar, 2021). Within *Nand Ghar*, needs-based, context-specific interventions were designed to complement public systems and to strengthen frontline capacity.

This article describes the *Nand Ghar* model and highlights the key lessons learned from this PPP.



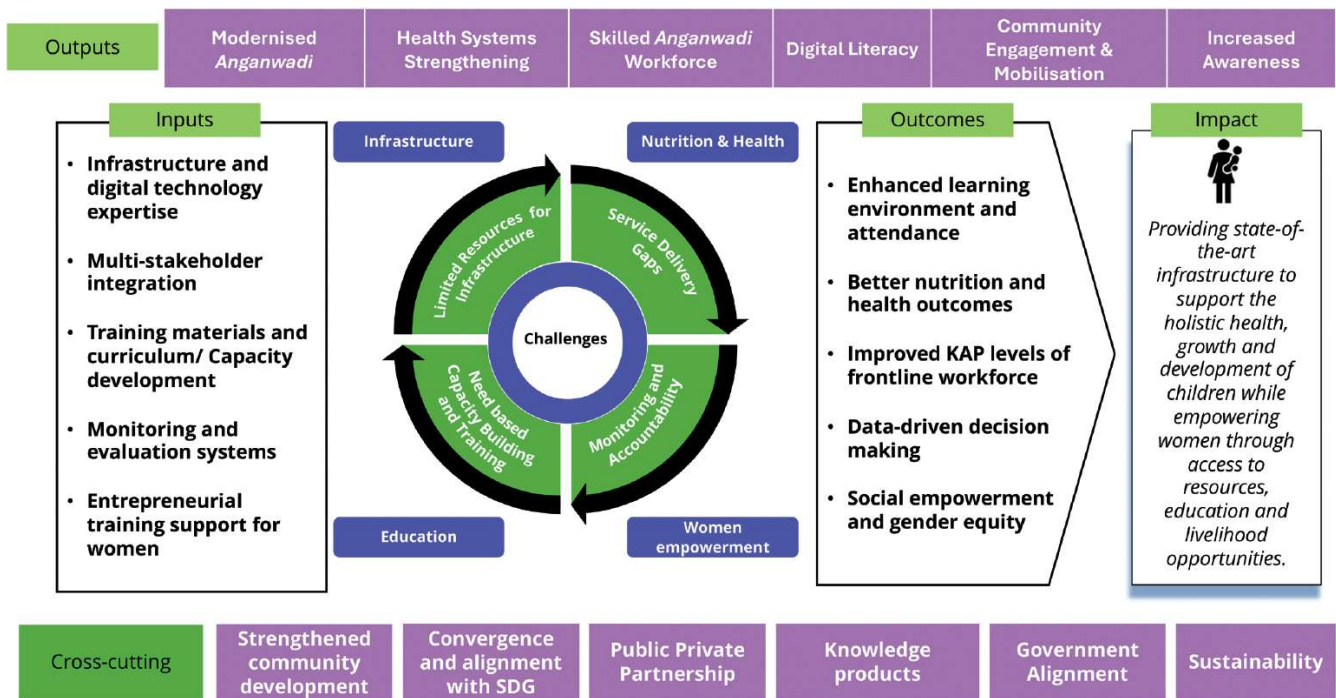
**ional model and partnership structure**

The partnership began with an initial conception and needs assessment phase. Priorities were jointly identified with state and district officials within the Ministry of Women and Child Development, including Integrated Child Development Services (ICDS) functionaries. This ensured alignment with policy objectives and operational realities. Formal engagement with government was established through memoranda of understanding at the state or district level. Within these, roles, timelines, and ownership were agreed upon, with the government retaining full authority over *Anganwadi* centres and service delivery.

Throughout implementation, designated counterparts within the Ministry of Women and Child Development served as collaborative points for coordination. *Nand Ghar* supported implementation through regular review meetings with district administrations and line departments. These departments functioned in practice as steering mechanisms to guide progress and resolve operational bottlenecks, even where formal committees were not constituted.

Vedanta acted as an enabler and accelerator, and the government remained the system owner and scaler. The government provided the policy frameworks, human resources, supplementary nutrition and health services, legitimacy, geographic reach, and limited, non-recurring budgets for infrastructure, ensuring scale and continuity. The theory of change (Figure 1) highlights the key challenges identified, and the complementary inputs provided by the *Nand Ghar* project, focused on infrastructure, digital technology, human capital, and community ownership, to improve service quality and sustainability.

## **Figure 1: The *Nand Ghar* theory of change**



The *Nand Ghar* approach aimed to complement core government funding streams with Vedanta resources. At the district level, flexible district funds and CSR were utilised to address identified gaps in the *Anganwadi* centres. In Rajasthan, the *Nand Ghar* model was also integrated into government departmental and district annual plans to help secure recurring budget allocations for both infrastructure and service delivery, reinforcing sustainability beyond project timelines.

*Anganwadi* centres were selected for upgrade from official government lists. Joint site assessments were conducted by a technical construction partner engaged by *Nand Ghar* to determine structural readiness and the scope of upgradation. Infrastructure improvements were delivered through specialised construction partners using standardised design templates. An external operations and maintenance partner was also engaged for a defined handholding period to support day-to-day functioning, build the capacity of frontline workers, and stabilise service quality. All of this was done prior to handover back to the appropriate governmental authority.

# **Nand Ghar interventions to address identified challenges**

## ***Limited resources for infrastructure***

Selected centres were upgraded such that the buildings were well-ventilated, with vinyl flooring and open spaces, allowing for a child-friendly environment. Water and sanitation services were improved through renovating toilets and pipe systems. Water purification systems were also installed to ensure access to safe drinking water.

In a small subset (149) of Nand Ghar centres, decentralised solar power and passive cooling systems were installed, including reflective roofing. This reduced the temperatures in the centres by 2-5°C, improving the comfort of those working and utilising the centres. Solar power also enabled energy for lighting, ventilation, and other electrical appliances. Local women and youth received training on maintaining the solar panel systems, to strengthen the sustainability and community ownership of the new assets.

## ***Needs-based capacity building and training***

Capacity gaps were identified in the training of Anganwadi workers and their supervisors, which led to the provision of targeted trainings and on-site handholding. Training modules covered maternal nutrition, child growth monitoring, anaemia prevention, as well as early learning techniques. Frontline engagement was also sustained through routine communication and joint reviews.

## ***Service delivery gaps***

Where gaps were identified in diet quality, the government's supplementary nutrition programme was strengthened and additional nutrition supplements were provided to improve dietary diversity. Embedded within daily centre functioning, **fortified food provision and regular health and growth monitoring** were provided, as well as timely referrals. Targeted behaviour change communication sessions on health and nutrition topics were also conducted with caregivers.

The *Nand Ghar* model integrated **nutrition-sensitive agriculture** through establishing kitchen gardens ('nutri-gardens') at *Nand Ghar* centres and in nearby communities. These aimed to increase access to diverse and locally grown foods. Aligning with government policy, the cultivation of millets, an indigenous and climate-resilient crop (FAO, 2023), was promoted at these gardens, along with seasonal vegetables and legumes. *Anganwadi* workers received practical guidance on gardening techniques, composting, and seasonal planning to ensure sustainability. To strengthen community participation, community members and elected representatives were mobilised to support the development and maintenance of these nutri-gardens.

While they provided education, nutrition, and health services in the morning, *Nand Ghar* centres also functioned as community spaces in the afternoon, creating opportunities to support **women's empowerment**, including for adolescent girls. Skills labs and self-help groups were established, through which vocational training, linkages to existing government credit schemes, and behaviour change communication on topics such as dietary diversity were provided.

To improve **education** service provision for early learning, digital media tools and television screens were installed. Interactive play-based



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methods, including the programme's 'Building as Learning Aid'

approach were taught to *Anganwadi* workers and ‘early learning activity’ kits were provided.

### **Monitoring and accountability**

Throughout implementation, the *Nand Ghar* centres were integrated into existing government monitoring and reporting systems.

In addition, a dedicated mobile application was developed to allow workers at *Nand Ghar* centres to input data that enabled the tracking of child growth, and the monitoring of attendance at pre-schools, as well as nutrition service delivery. Artificial intelligence-enabled dashboards enabled real-time monitoring and data-driven oversight both by relevant state authorities and also by *Nand Ghar*.

**Community engagement** was considered an important factor for accountability and sustainable change. This involved mobilising and leveraging new and existing caregiver groups, mother circles, and village forums to strengthen trust and increase service uptake. Community stakeholders were systematically engaged through established community platforms.

## **Impact**

As of 2025, Vedanta had invested nearly USD 60 million in upgrading *Anganwadi* centres into *Nand Ghar* centres. As a result, more than 12,000 *Nand Ghar* centres were established across 17 states, touching the lives of 480,000 children and 207,000 women. To date, over 6,000



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ns have been established across 15 states.

Box 2 presents a story that reflects the broader impact of the *Nand Ghar* model. It illustrates how *Anganwadi* centres can evolve from basic service points into structured, welcoming, and community-supported spaces. Through joint planning, adaptive learning, and monitoring mechanisms, this PPP connected local priorities to national goals on improving early childhood outcomes.

## **Box 2: One family's experience of the *Nand Ghar* model**

In a village in Dholpur, Kamla Devi\* looks after her young grandchildren – Ravi\*, aged five years and Meena\*, aged three years – while their parents are away at work. Prior to *Nand Ghar*, she only rarely took the children to the local *Anganwadi* centre for health and nutrition check-ups since the services provided were often limited and unpredictable. The children were often reluctant to go and Kamla Devi often prioritised household work over persuading them to attend. Meals were available at the centre, but learning felt secondary, and attendance depended largely on convenience.

The transformation of the *Anganwadi* centre into a *Nand Ghar* centre brought gradual but visible changes. This was supported by the leadership of the District Collector, who leveraged Aspirational District Programme funds from the NITI Aayog, an Indian government agency, and partnered with Vedanta to contribute to *Nand Ghar* outcomes in the district. The physical space was the first element to be improved, with clean floors, better lighting, and a more child-friendly environment. Soon after, structured routines were introduced. Children began receiving meals at fixed times, engaging in guided play and early learning activities, and participating in group routines that brought predictability to their day. For Ravi and Meena, the centre began to feel less like an obligation and more like a place they wanted to attend.

Over time, attendance stabilised. The children reminded their grandmother when it was time to leave, and often returned home talking about songs, games, and meals they had shared. Kamla Devi noticed small but meaningful changes in the children, like improved appetite, better social interaction, and a growing sense of curiosity and confidence.

"Since the *Nand Ghar* was introduced, children are attending the centre more regularly," she shared. "As a family, we try our best to support and help in every way we can."

For Kamla Devi, the *Nand Ghar* centre now offers reassurance during long workdays. She knows her grandchildren are spending time in a safe environment, where they are learning, eating well, and being cared for. The changes extend beyond her family. Other caregivers in the village have begun attending meetings, supporting daily operations, and encouraging neighbours to enrol their children, strengthening trust in the centre.

\*Names and place names have been changed to protect the individuals

# Lessons learned

The *Nand Ghar* experience suggests that PPPs in early childhood systems are most effective when they are designed as instruments that bring about convergence between different public and private actors and systems, rather than parallel service delivery models. In this case, the partnership operated as a catalytic layer within the existing *Anganwadi* system, deliberately working through government structures, administrative processes, and frontline delivery mechanisms rather than establishing separate channels. This strengthened institutional ownership, facilitated frontline adoption, and enabled scalability through established public systems.

Addressing infrastructure quality, accountability mechanisms, workforce capacity, and dietary diversity simultaneously enabled improvements in overall service quality, rather than isolated gains. Regular coordination with district administrations through joint reviews and routine problem-solving forums allowed for contextual adaptation, resolution of operational bottlenecks, and alignment with district and state priorities.

Early co-design with state and district officials ensured that interventions responded to system-identified gaps and aligned with policy objectives and operational realities. The use of existing ICDS platforms for training, monitoring, and community engagement reduced transaction costs for frontline workers and avoided duplication. External support for operations, maintenance, and capacity strengthening was time-bound, which enabled a clear pathway for handover back to government systems. Importantly, digital tools were designed to complement government monitoring frameworks, strengthening



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ity without creating parallel reporting burdens.

However, the partnership faced notable challenges. Variation in administrative capacity, government officials being reassigned regularly, and approval processes across states affected timelines and required adaptive planning. In many locations, the prevalence of rented or structurally unviable *Anganwadi* buildings constrained the scope of infrastructure upgrades. Misalignment between private project timelines and government budgeting and approval cycles necessitated iterative engagement and flexibility. Digital adoption among frontline workers required sustained on-the-job support, underscoring the importance of investing in change management alongside technology deployment.

These experiences point to several broader lessons for the design of effective PPPs in social sector systems. First, partnerships are most effective when they reinforce existing public delivery structures, rather than operating as substitutes, as working within government systems strengthens legitimacy, institutional ownership, and scalability. Second, governance architecture matters: clear role delineation, structured coordination mechanisms, and defined accountability processes are essential, particularly in multi-state contexts with heterogeneous administrative capacity. Third, while flexible private financing can enable early-stage innovation, long-term viability depends on embedding successful components within public systems, budgets, and planning cycles. Institutionalisation, supported by sustained community engagement, is critical to ensure continuity, service uptake, and trust beyond the lifecycle of private support.

## Conclusion



The transformation of *Anganwadi* centres into *Nand Ghar* centres demonstrates that strengthening early childhood and nutrition systems requires more than physical infrastructure upgrades. When improvements in infrastructure are combined with strengthened frontline capacity, digital monitoring, nutrition-sensitive interventions, and sustained community engagement, community centres can evolve into trusted, functional, and community-owned hubs.

The *Nand Ghar* model illustrates how a well-structured PPP can act as a catalytic layer within government systems, accelerating quality, responsiveness, and accountability without displacing public ownership or creating parallel delivery mechanisms. By aligning private resources with public priorities, embedding innovations within government workflows, and investing in institutionalisation and community participation, the *Nand Ghar* partnership enabled both scale and sustainability.

As countries seek scalable solutions to persistent challenges in early childhood nutrition and development, the experience from *Nand Ghar* offers a practical blueprint for how corporate and philanthropic actors can complement public programmes to address systemic gaps. Designing PPPs around convergence, co-ownership, and adaptive implementation will be critical to ensuring that such partnerships strengthen public systems and deliver lasting impact.

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**Resources**

Food and Agricultural Organization (FAO) (2023) Unleashing the potential of millets

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