



IPE Global
Centre for Knowledge
and Development





# MESSAGE FROM THE BOARD

Dear Readers,

I am delighted to share this year's progress with you on behalf of the CKD Board. This report reflects a year of impactful work and steadfast dedication to advancing health, nutrition, education, addressing climate resilience, and empowerment for women, adolescents, and children across India.

CKD's ongoing projects, from advancing adolescent wellbeing through Project Utthan and Astitva, to tackling malnutrition with Prabhat Nutrition and Sashakt 2.0, and addressing non-communicable diseases with Swasthya Sankalp and Arogya Dadri, demonstrate a comprehensive commitment to creating healthier, more equitable communities.

The Board applauds the organization's partnership-driven approach, innovation, and unwavering focus on equity and sustainability. These efforts ensure CKD continues to serve as a trusted catalyst for change in some of the most underserved regions.

As CKD moves forward, the Board remains fully engaged and committed to supporting this vital work—together, we can make a lasting difference in the lives of those we serve.

Thank you for your belief in and support of CKD's mission.

# TANYA SINGH Board Member, IPE Global Centre for Knowledge and Development (CKD)







## FROM THE DESK OF THE CHIEF MENTOR

This year, CKD has not just grown—it has transformed. We are shaping a future where policy becomes action, and action becomes impact at scale.

By forging deep partnerships with governments and leveraging support from CSR, multilateral agencies, and philanthropic foundations, CKD has expanded into new geographies, reaching communities that need us most.

Our flagship programmes — **Utthan, Sashakt,** and **Prabhat Poshan Saathi** — are more than initiatives; they are catalysts for systemic change. From empowering women and adolescents to combating malnutrition and building climate resilience, these models are now setting benchmarks for best practice.

Our vision is bold: to dismantle barriers of inequality and vulnerability and co-create solutions that are inclusive, evidence-driven, and sustainable. We believe in communities leading their own transformation—and we are committed to making that possible.

The journey ahead is clear. CKD will continue to innovate, scale, and advocate—ensuring that every individual, especially those at the margins, can live with dignity, health, and hope.

Together, we are not just imagining a fairer, healthier, and resilient future—we are building it. With gratitude,

#### MK PADMA KUMAR

Chief Mentor, IPE Global Centre for Knowledge and Development (CKD)



## A WORD FROM THE LEAD



Dear Friends and Partners,

It is a privilege to present this year's Annual Report from the Centre for Knowledge and Development (CKD). More than a record of achievements, this report reflects our continued commitment to driving meaningful, evidencebased change for women, adolescents, and children across India.

At CKD, knowledge inspires action, and action must generate impact. Throughout the past year, we have focused on deepening our reach, innovating with our partners, and prioritizing the most underserved. Guided by equity and sustainability, our initiatives span health, nutrition, education, and more.

Our ongoing projects reflect this vision. Advancing adolescent health remains central through Project Utthan and Project Astitva, both strengthening healthcare delivery for young people, including in tribal contexts. We address malnutrition's intergenerational cycle via the Prabhat Nutrition Project and Project Sashakt 2.0, improving the health of mothers and children in vulnerable communities. To confront rising non-communicable diseases, we expanded Project Swasthya Sankalp and Project Arogya Dadri, while ongoing programs to protect newborns and boost immunization coverage focus on lasting health gains. CKD recognizes the urgency of climate action. Through innovative programs that map climate readiness and foster low-carbon pathways, we are sowing the seeds for resilient, sustainable communities.

These milestones are made possible by our dedicated team, trusted partners, and shared belief in social equity. As we look ahead, CKD will stay committed to amplifying voices from the margins, bridging gaps with innovation and data, and building resilience for a changing world.

Thank you for being with us on this journey.

With gratitude,

#### **SEEMA GUPTA**

LEAD, IPE GLOBAL CENTRE FOR KNOWLEDGE AND DEVELOPMENT



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# **EXECUTIVE SUMMARY**

CKD has expanded its portfolio over the past years, deepening its commitment to advancing diversity, equity and inclusion with gender mainstreaming across all programmatic areas. Alongside its core work in education, skill development, health and nutrition, and livelihoods, the organization has placed increased emphasis on adolescent health, nutrition, and the intersecting challenges of climate change-critical areas that are central to buildina resilient and equitable communities.

We have continued to provide evidencebased research, consolidate and disseminate best practices, and offer strategic and policy support to Central and State governments.

Our collaborations with corporates, philanthropic bodies, and communitybased organizations have been further strengthened, fosterina а multistakeholder approach to sustainable development. Key interventions over the past cycle have not only grown in scope but have also embedded a sharper focus on gendered impact and addressing adolescent health and wellbeing, aiming to transform systems and outcomes at scale.



Across villages and cities, CKD's projects center people first—ensuring children stay in school, young people access health and nutrition, and families build resilient livelihoods in a changing climate. We listen, learn, and co-create with communities, turning evidence into solutions that include everyone, especially girls and adolescents.

Our partnerships with governments and grassroots groups help scale what works while honoring local wisdom. Each milestone reflects courage, compassion, and shared accountability. Hope is measurable—in healthier homes, confident learners, and steady incomes. We're proud of our year-on-year financial growth and the increasing diversity of partners joining this journey.



# INTRODUCTION: IPE GLOBAL CENTRE FOR KNOWLEDGE & DEVELOPMENT (CKD)

IPE Global Centre for Knowledge & Development (CKD), is a not-for-profit Section 8 company founded in 2013 and headquartered in New Delhi. CKD remains steadfast in its mission to advance equity, diversity, and inclusion (DEI) through targeted interventions for women, adolescents, and children across India.

Over the years, CKD has strengthened its presence across the bilateral, multilateral, an Corporate Social Responsibility ecosystems, offering technical expertise and programmatic support to design and implement high-quality, inclusive development projects. It has emerged as a leading technical partner across thematic issues —driving knowledge creation, evidence-based programming, and strategic guidance for transformative impact.

CKD's approach integrates cross-cutting thematic domains to address the broader social determinants that influence marginalised groups' access to essential resources and services. By fostering strategic partnerships across sectors, particularly through robust collaborations with central and state governments, and by deepening relationships with donors, CKD continues to advance sustainable and scalable solutions for resilient and inclusive development.

## Vision Creating a



Creating a world imbued with values of diversity, equity and inclusivity where women, adolescents and children realise their full potential.

#### **Mission**

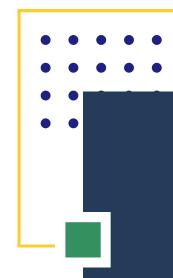


Empower women, adolescents and children to receive equitable access to health and nutrition, 21st century skills and education, and equal employment opportunities

#### Goal



Create alliance of engendered and mission-aligned partners to support 20 million women and girls to realise their full potential by 2040



### **OUR VALUES AND ETHOS**

CKD upholds diversity, equity, and inclusion (DEI) as a foundational principle integral to all its initiatives. The organisation recognises that meaningful inclusion and equity for the communities it serves can be realised only through broader representation of voices, perspectives, and locally relevant solutions. As CKD advances its mission, a culture of active listening, collaboration, and stakeholder engagement continues to inform and strengthen its institutional DEI framework and practices.



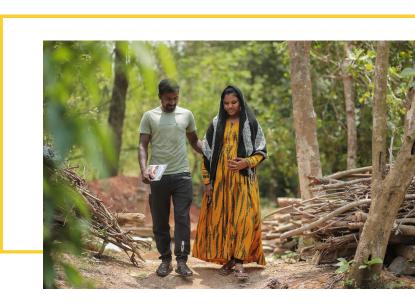




## **OUR APPROACH**

Our approach to designing strategic interventions emphasises multi-stakeholder engagement as a catalyst for holistic change. It incorporates a human-centred design methodology to promote solutions that are responsive to community needs, strengthens systems by leveraging government programmes, and disseminates learnings across diverse platforms. At its core, the approach is anchored in collaboration, continuous evaluation, and the delivery of scalable innovations that drive sustained impact.





## **BOARD OF DIRECTORS**

CKD's Board of Directors constitutes an inimitable mix of pioneers committed to bringing about systemic change that helps solve developmental concerns. Their extensive experience, cutting-edge knowledge, and deep insights are critical in identifying priorities, establishing objectives and goals, finding appropriate resources, and allocating funds. With the onset of the 'new normal', the Board of Directors continue to play a pivotal role in driving decision making throughout a crisis, for which no playbook is yet to be created. Their reviews and direction play a key role in constant evaluation of CKD's work and progress.

# **:KD Board of Directors**



**Kawaljit Singh** 

He has over 40 years of experience in governance, development, valuation analysis, revenue, and policy formulation & implementation.



Padma Shri

He is a pioneer in Magnetic Resonance Imaging. His knowledge, spirit of entrepreneurship, teaching abilities, and social service sets him apart.



Padma Shri
Dr. Randhir Sud

He is a leading gastroenterologist with 37 years' experience, pioneering therapeutic GI endoscopy and advancing GI oncology in India. Respected for teaching and clinical excellence, he received the Padma Shri in 2008.



**Amita Sharma** 

She is a former Civil Servant with 33 years in the development sector as a public policy maker, and program manager in different fields



Geeta Mathur

She has expertise in finance, development, and strategy. Valued for honesty and transparency she contributes as an independent director in many companies.



#### Tanya Singh

She is Committed to creating a gender inclusive environment by mentoring organizations to bring a positive change in the society.



#### Dr. N.H.R Ravindran<u>ath</u>

He is internationally acclaimed for his knowledge, research, academic papers and books interlinking various dimensions of Climate Change.





## PROJECT UPDATES

April 2024 to March 2025



## **PROJECT UTTHAN**



## Adolescent health & wellbeing – improving convergence of programs in Uttar Pradesh

The year focused on strengthening adolescent-friendly health services, gender sensitization, nutrition, and mental well-being of adolescents. On the eve of International Women's Day, Project Utthan coordinated the 11th Mentors Online Session with NHM Uttar Pradesh on Adolescent Abuse, Gender Discrimination, and Violence. Over 500 participants, including counsellors and coordinators, joined the discussion led by experts from NHM and CKD.



Students equipped with information, motivated and consuming IFA tablets weekly.

During Poshan Maah 2024, health camps were held at Kasturba Gandhi School, Bareilly, where hemoglobin testing and IFA distribution promoted awareness on anemia prevention. Two Kishor Swasthya Manch (KSM) events engaged over 2,000 adolescents through testing, role plays, and nutrition rallies.

A three-day review and planning meeting in Lucknow helped teams evaluate progress, plan district action strategies, and reinforce convergence between health and education departments. In Bareilly, a District-Level Review Meeting chaired by the CMO strengthened government ownership and interdepartmental collaboration.

Project Utthan also supported National Deworming Day and celebrated International Youth Day, engaging adolescents on mental health, hygiene, and nutrition. Through these coordinated efforts, Project Utthan continues to build a supportive ecosystem for adolescent health — empowering youth with

A two-day training on Adolescent Emotional Well-being and Counselling, organized jointly with **TeleMANAS** Bareilly, enhanced the skills Adolescent Health Counsellors and Project Utthan teams. Similarly, the CHO orientation (Feb-Mar strengthened the capacity of frontline workers to deliver adolescentresponsive health services.



Health and Wellness Ambassador (teacher) discussing questions put by children in Question Box



Poshan Maah 2024 going beyond being just a campaign. Engaging <u>adolescent</u> girls and boys, supporting the 'Anemia Mukt Bharat' initiative.

for knowledge, confidence, and access to h essential services.



### **PROJECT SASHAKT 2.0**



## Support for Empowering Women and Girls with Knowledge on Health and Nutrition

Project Sashakt 2.0 was initiated in December 2024, as a community-driven initiative aimed at addressing anemia and improving nutritional awareness among women, adolescents, and caregivers in Ganjam district of Odisha. Supported by GAIL Gas Limited under its CSR initiative. the project focused on strengthening health and nutrition practices through awareness. behavioral change, community participation. Recognizing anemia as a major public health challenge that affects over half of Indian women, the project adopts a multi-pronged approach integrating education, testing, and local solutions to break the cycle of malnutrition.



Mid-Media activities to spread awareness on Nutrition

Imbibing sustainability in the project design, District Magistrate, CDMO and block level officials such as the Medical Officers from CHCs, Anganwadi Workers (AWWs), and PRI members, were oriented on the project objectives to facilitate community mobilization. Community representation via existing structures such as Self-Help Group (SHG) members were engaged in mobilizing communities and spreading awareness on nutrition and anemia.



Anemia Testing Camp, Beguniapada, Ganjam, Odisha

demonstrate options To of eating nutritious locally available diverse food, Nutri-Garden sites were identified, and orientation sessions for caretakers were initiated to support garden establishment and management. Community meetings were organized across the selected villages to raise awareness about the importance of nutrition and anemia prevention. In addition, IEC materials such as flyers, posters, and the WIFS self-monitoring tool were developed to strengthen and behavior community outreach change communication.



Nutri-Garden, Ganjam, Odisha



Anemia Testing Camp, Ganjam, Odisha

## PRABHAT NUTRITION PROGRAMME



Reduce wasting & low birth weight in children; Improve health & nutritional status of adolescent, pregnant, & lactating women

The Prabhat Nutrition Programme demonstrated how an integrated approach—combining social and behaviour change, community mobilisation, and systems strengthening—can measurably improve nutrition outcomes for women, children, and adolescent girls across five HUL sites: Sinnar (Nashik), Khamgaon (Buldhana) in Maharashtra, Gandhidham (Kachchh) in Gujarat, Rajpura (Patiala) in Punjab, and Dapada (Silvassa) in Dadra and Nagar Haveli.

Capacity building formed the foundation, with 104 trained Nutrition Buddies anchoring counselling, group facilitation, and field execution. Through interpersonal counselling (IPC), the programme reached nearly 3.5 lakh beneficiaries, focusing on diet diversity, IFA adherence, ANC/VHND participation, and age-appropriate feeding. To reinforce these behaviours, 1,723 community events were organised, complemented by strategic wall paintings to serve as visual nudges and community reminders.

To improve household food security, 9,796 nutri-gardens were established across homes and facilities, with training on composting and water-efficient cultivation. This low-cost intervention enhanced access to micronutrient-rich foods and promoted sustainable diet diversification. Adolescent engagement was another core pillar. The programme conducted 93 school-based sessions on nutrition, menstrual hygiene, and anaemia management, fostering participatory learning and life-stage awareness. Community engagement was further deepened through Participatory Learning and Action (PLA) cycles, enabling communities to identify and address local nutrition barriers collectively.

Momentum was maintained through active participation in national nutrition observances such as Poshan Maah, Poshan Pakhwada, and Breastfeeding Week, aligning local action with national priorities and strengthening convergence with public systems.

As the programme concludes its cycle in Khamgaon, Sinnar, and Gandhidham, it leaves behind strengthened community capacity, visible nutrition cues in public spaces, and thriving nutrigardens that continue to yield produce. Above all, it stands as a replicable model of how private sector CSR, civil society execution, and government alignment can converge to drive sustainable improvements in nutrition outcomes at scale.



Vaishali Sangam Ingle- Aamsari (Khamgaon)



Community engagement, Beguniapada



### PROJECT SWASTHYA SANKALP



A Holistic Approach to Hypertension and Diabetes Management

Swasthya Sankalp, supported by Resolve to Save Lives (RTSL), is advancing health system strengthening across Gujarat, Maharashtra, and Karnataka to combat non-communicable disease (NCD) particularly hypertension and diabetes. Operating in 27 districts of these states and engaging over 3,500 health facilities, the project addresses critical gaps in hypertension and diabetes prevention and management.

To enhance capacity at the primary care level, 1,183 Medical Officers and 3,289 Community Health Officers have been trained through cascade-based programs focusing on opportunistic screening and effective management of hypertension and diabetes. The project also conducted National NCD Portal trainings to improve data management, complemented by hands-on sessions for frontline health workers and medical officers during field visits. Through 260 facility visits, the project has strengthened implementation by providing actionable feedback to facilities and districts through structured reporting and follow-ups. The project is providing strategic advocacy to promote the use of ready reckoners for drug forecasting & indenting, as well as the usage of the e-Aushadhi system to streamline supply chain processes. The project is actively advocating for the availability of validated diagnostic tools at the primary health care level for better patient care services.

To ensure data-driven governance, district fact sheets and data triangulation analyses were regularly conducted and shared during review meetings. Special support is being provided to facilities that have zero data entries as per the NCD portal. A district-based ranking mechanism was introduced in Gujarat and Karnataka, assessing performance across five indicators viz. Screening, Treatment, Follow-up, Control, and ABHA ID, which has since been institutionalised in state review systems.

The project's innovative approaches, have enhanced accountability and performance at multiple levels. In addition, the team has developed a data analysis macro using NCD Portal data to identify missed follow-up cases for hypertension and diabetes, helping improve treatment adherence and patient control rates. With strong state-level endorsement, particularly in Gujarat, where the team has been recognized as a technical training resource, the Swasthya Sankalp Project demonstrates both scalability and sustainability. It continues to serve as a model for evidencesystem-strengthening interventions for NCD management across India.



Block-Level Review and Capacity Building – Buldhana



Incorrect BP measurement technique in SHC, Kalamgavhan, Amravati was later corrected

## **PROJECT ANSH**



#### Advancing Kangaroo Mother Care to Address Neo-Natal Mortality

Supported by Charity Entrepreneurship, Project Ansh was implemented in partnership with the Pratapgarh District Hospital. It focussed on Kangaroo Mother Care (KMC) support, set up for the first time at this District Hospital, with an aim to improve health outcomes for low-birth-weight and preterm infants.

At the core of this initiative was the cost-effective and scientifically proven intervention of KMC, which involves skin-to-skin contact to regulate the infant's body temperature and prevent hypothermia. It closely monitored for early detection of danger signs in both mothers and newborns and promoted exclusive breastfeeding to strengthen the infant's immune system, thus promoting healthy weight gain. A dedicated team, including a Project Coordinator and nurses, worked round the clock in the KMC unit to ensure the effective implementation of Kangaroo Mother Care (KMC) for all low-birth-weight and preterm babies across the Postnatal Wards, Postoperative Wards, and Special Newborn Care Units (SNCU). Their efforts focused on providing breastfeeding counselling, monitoring for danger signs, practising infection prevention and control, and establishing best practices in newborn care. By embedding these interventions within the healthcare system, Project Ansh has set an example for long-term impact and sustainability, offering vulnerable newborns a healthier start in life.



Training nurses in KMC



Implementing Kangaroo Mother Care with new mothers





### PROJECT AROGYA DADRI



## Community interventions for Maternal and Child Health & Non-Communicable Disease Management in Dadri

Arogya Dadri Programme (Phase 1), supported by the Shiv Nadar University (SNU) Community Connect Initiative, was launched to strengthen Maternal and Child Health (MCH) and address Non-Communicable Diseases (NCDs) in Dadri Block, Gautam Buddha Nagar, Uttar Pradesh. Implemented across 20 villages grouped into two clusters (populations of 50,070 and 29,765), the programme focused on improving access to health services, building frontline worker capacity, and raising awareness on preventive healthcare.

Over this implementation period, 42 NCD Diwas were held, conducting 2,551 screenings (1,582 females, 969 males), mainly among adults aged 30+. In addition, 100 Mobile Medical Screening Camps reached 5,245 individuals (2,728 females, 2,517 males), bringing doorstep screening for blood pressure and diabetes and encouraging early detection.



Yoga Session organized for women at Village Chithara

To promote physical fitness and healthy lifestyles, 30 sports events were organised with 534 active participants and 1,705 attendees, featuring Kabaddi, Volleyball, Tug of War, Yoga, and Kho-Kho. Women's yoga sessions provided safe, inclusive spaces for self-expression and empowerment. Twenty wall paintings across ten villages reinforced messages on hypertension, diabetes, and Ayushman Arogya Mandir (AAM) services, ensuring wide community reach.

The programme supported 673 pregnant and lactating women, with 60% completing all three counselling visits. Use of audio-visual tools made sessions engaging, building trust and awareness around MCH and Village Health Sanitation and Nutrition Day (VHSND) services. Furthermore, 79 ASHAs, Anganwadi Workers (AWWs), and Health & Wellness Centre (HWC) staff were trained on MCH and NCDs, enhancing communication and service delivery.



NCD Screening through Mobile Medical Unit

Infrastructure strengthening included upgrading four AAMs and the NCD Cell at CHC Dadri with essential screening equipment and supplies, improving functionality and increasing community footfall for hypertension and diabetes screening.

By actively engaging women and communities, Arogya Dadri Phase 1 successfully strengthened local health systems, built confidence in public facilities, and improved awareness and uptake of preventive health services—contributing to early detection, better maternal and child health outcomes, and a more health-conscious community.

# BOOSTING DEMAND FOR ROUTINE IMMUNISATION & REDUCING ZERO DOSE



## **CHILDREN IN UP**

## Boosting Demand for Routine Immunization and Reducing Zero Dose Children in 6 Districts of Uttar Pradesh

With the aim of leaving no one behind, the project is strengthening the Universal Immunization Programme (UIP) of the Government of Uttar Pradesh by systematically identifying, tracking, and reaching zero-dose and vaccine-hesitant or resistant children. Through strengthened RI microplanning, robust community linkages, and targeted strategies to address vaccine hesitancy, the initiative has identified over 1,721 vaccine-hesitant families and 604 zero-dose children across six districts. This collaborative partnership between CKD, the District Health Departments, and the State RI Cell of the Directorate of Family Welfare has achieved remarkable outcomes, reaching over 77% of zero-dose children and 84% of vaccine-hesitant children. Participatory approaches such as social mapping were effectively used to identify zero-dose children and vaccine-hesitant families, ensuring data-driven and community-owned solutions.

A key achievement has been the mobilization and sustained engagement of 1,531 community-based influencers, who are now actively integrated into ASHA and ANM communication plans to enhance community trust in immunization services and ensure long-term sustainability of outreach efforts. The program has also strengthened the implementation of district and block-level communication plans, institutionalizing a holistic and context-specific Social and Behaviour Change (SBC) approach. Furthermore, it has played a pivotal role in advancing the Government's Vaccine Avoidance Behaviour (VAB) programme by building the capacity of 635 frontline workers (FLWs) in communication skills, identification and line-listing of vaccine-hesitant families, and influencer engagement for family conversion. To sustain these gains, the project has bolstered review and accountability mechanisms at every level through active

participation in District Immunization Task Force (DITF) meetings, block and district review forums, and state-level coordination meetings with the Directorate of Family Welfare.



Training of frontline workers



A zero-dose child getting vaccinated at a routine immunisation (RI) session



Training and oath-taking of community influencers



Community mobilisation rally



## **PROJECT ASTITVA**



## Bridging Gaps in Adolescent Health Education for Tribal Communities and Individuals with Disabilities

Launched in 2024 in Rajasthan, Project Astitva is a UNFPA-supported initiative to bridge gaps in adolescent health education among tribal communities, minorities, and persons with disabilities in Rajasthan. The project strengthens the School Health and Wellness Programme (SHWP) by advancing comprehensive Sexual and Reproductive Health and Rights (SRHR) education, promoting inclusive digital learning, and enhancing institutional capacities.

Working in close collaboration with the Departments of Education, Minority Affairs, Tribal Area Development, and Social Justice and Empowerment, as well as with youth networks, the project embodies CKD's principle of Leaving No One Behind. It promotes inclusive life skills education and sustainable interventions to equip marginalized adolescents with knowledge, confidence, and access to essential health and wellbeing services.



Additional Chief Secretary, Dept. of Minorities Inaugurating the Model Madrasa

Through systematic capacity-building, the project trained 165 Principals and district officials, as well as 241 Teachers from 129 schools, to effectively deliver the SHWP curriculum and engage adolescents. Mentorship and technical support were provided to Madrasa Boards, the Department of Social Justice and Empowerment, and the Tribal Research Institute to facilitate institutional scale-up and ensure sustainability.

Additionally, Astitva established five Model Madrasas that integrate technology-enabled and inclusive learning practices. To promote the inclusion of adolescents with disabilities, an assistive technology lab has been conceptualized to bring life skills and the SHWP curriculum directly to adolescents with disabilities.

Through these interventions, Project Astitva continues to contribute to the creation of inclusive, informed, and empowered adolescent communities across Rajasthan.



SHWP Session in a School



SHWP Session in a School

## **IMPACT TILL DATE**



175,387 +

Adolescents reached with education on health & nutrition



1,453 +

Schools actively engaged to champion health and well-being



2,250 +

Healthcare providers trained to drive change



474,000 +

Pregnant & lactating women sensitized through dedicated home visits



257,000 +

Adolescents, mothers & caregivers engaged in vibrant anemia awareness events



12,500 +

Nutrigardens established to promote healthy nutrition



7,795 +

People screened for NCDs through **140+** community outreach events



300 +

Low birthweight newborns received Kangaroo Mother Care, promoting stronger, healthier beginnings

## **OUR FOOTPRINTS**







# STORIES FROM THE FIELD: BENEFICIARY PROFILES AND SUCCESS NARRATIVES



## NEW IDENTITY, NEW LIFE: ALANDI'S PATH TO RESPECT AND RESILIENCE

**Prabhat Nutrition Project** 



My name is Alandi S. Gawli, and I am 28 years old from Kaucha village. I studied up to the 12th grade and live with my husband and three other family members. Since November 2024, I've been working as a Nutrition Buddy in the Prabhat Nutrition Project.

Before this, I worked as a labourer in places like Vapi and Daman, being the sole breadwinner for my family. Life was extremely hard—my husband only got occasional daily wage work, and we often struggled for food. I sometimes had to depend on wild tubers to survive or go to bed hungry. Due to our poor financial condition, I was looked down upon in the village and felt deeply ashamed. This job changed everything. I've been able to feed my child nutritious food and buy clothes during festivals. Our financial stability has improved significantly. The same people who once ignored me now treat me with respect—some even call me "Asha" or nurse. I feel proud that they listen to me and value my guidance.

Wearing the uniform given to me as a Nutrition Buddy has given me a strong sense of identity. It symbolizes not just my role, but the respect and recognition I've earned in the community. This role has helped me build strong relationships and gain dignity. I'm truly grateful to the Prabhat Nutrition Project for helping me build a new identity and a better future.





# AN ORDINARY WOMAN, EXTRAORDINARY IMPACT: VAISHALI SANGAM INGLE, AAMSARI (KHAMGAON) Prabhat Nutrition Project

Vaishali Sangam Ingle joined the Prabhat Nutrition Programme as a Nutrition Buddy in April 2024. Despite holding B.Ed. and D.Ed. degrees, family responsibilities and restrictions had confined her to her village, where she worked in a low-paying private school. With her husband earning daily wages and no farmland to rely on, financial struggles were constant. When Vaishali learned about the Nutrition Buddy vacancy through the local Anganwadi worker, she applied and was selected—marking a turning point in her life. Stepping into homes, speaking about nutrition, and building trust with mothers were all new experiences for her. The beginning was challenging, but with intensive training and perseverance, she gradually gained confidence.

Over the next year, Vaishali conducted hundreds of household visits and Participatory Learning and Action (PLA) meetings, reaching around 5,000 women—pregnant and breastfeeding mothers, mothers of young children, and adolescent girls—with vital messages on nutrition and health. Her sincerity and growing rapport with the community soon made her a familiar, trusted presence.





Recognising her dedication, the Sarpanch of Aamsari recommended her for the local ASHA (Accredited Social Health Activist) position. Within days, she was officially appointed.

Vaishali's journey—from facing financial hardship to becoming a respected community health worker—reflects the transformative power of opportunity. She now stands as an inspiration for other women in her community, proving that when given a chance, women can truly rise and lead change.





## AROGYA DADRI: MAKING HEALTHCARE ACCESSIBLE Arogya Dadri

Rehnuma, CHO shared - Earlier, not many people came here to avail the health services. They believed that Ayushman Arogya Mandirs only provided maternal and child health services. Now, people are aware about non-communicable diseases as well. Under the Shiv Nadar Community Connect Program, the equipment and support provided has strengthened the delivery of health services.



Outreach session organized at Chithara Village

Rekha from Ramgarh learned about her health condition through the mobile medical unit screening camp, which offered free doorstep health services.



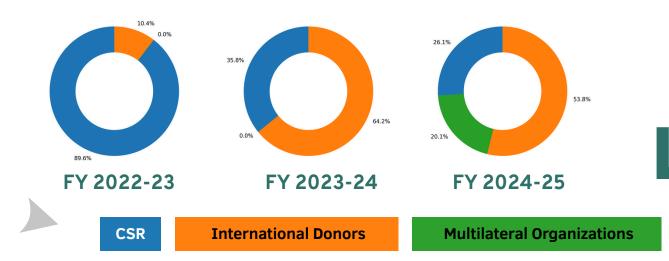
Ms. Rekha receiving treatment from CHC, Dadri



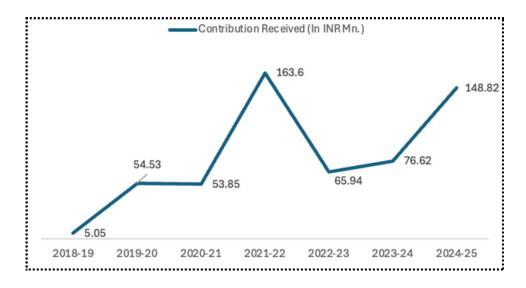
Manju received her MCP card, accessed essential antenatal care services, and delivered a healthy baby in a hospital for the first time.

## FINANCIAL OVERVIEW

#### Distribution of Funding by Nature of Donor



#### Contribution Received (In INR Mn.)



### **OUR PARTNERS**





### IN THE MEDIA

#### किशोर स्वास्थ्य कार्यक्रम आयोजित

र्इएनआई संवाददाता



भमोरा, बरेली। शनिवार को रामभरोसे लाल इंटर कॉलेज देवचरा में राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम के अंतर्गत, किशोर स्वास्थ्य मंच का आयोजन किया गया। कार्यक्रम का शुभारंभ प्रधानाचार्य डॉक्टर लाखन सिंह ने मां सरस्वती के समक्ष पुष्प अर्पित करते हुए किया गया। राष्ट्रीय किशोर स्वास्थ्य मंच में 1850 बच्चों ने प्रतिभा किया। जिसमें से 125 बच्चों का एच बी टेस्ट किया गया। जिसमें 35 बच्चे एनीमिक पाए गए जिनको सीएससी भमोरा रेफर किया गया। किशोर स्वास्थ्य मंच के आयोजन में बच्चों ने उत्साहित होकर कार्यक्रम में प्रतिभा किया जिनमें बच्चों ने नुक्कड़ नाटक ,पोषण ,किशोरावस्था में होने वाले परिवर्तन, एनीमिया आदि पर भाषण प्रतियोगिता में भाग लिया। छात्राओं ने पोषण से संबंधित जागरूकता रैली निकाली जिसमें बच्चों ने स्लोगन का प्रयोग किया "(कदम कदम बढ़ाए जा जंक फूड को भगाए जा")(जंक फूड जो खाएगा वह अस्पताल जाएगा) आदि सेलोगन का प्रयोग किया। साथ ही साथ निबंध प्रतियोगिता पोस्टर प्रतियोगिता ,मेहंदी प्रतियोगिता आदि में बढ़ चढ़कर हिस्सा लिया। जिसमें विद्यालय की शिक्षक, कुमारी प्रिया ,श्री अवनीश कुमार ,श्रीमती रचना सक्सेना ,कुमारी चाँदनी ,श्री विमल कुमार ,श्रीमती पिंकी गंगवार का विशेष संयोग रहा। स्वास्थ्य विभाग के द्वारा राष्ट्रीय किशोर स्वास्थ्य काउन्सलर रोली शर्मा आयुष्मान भारत (सी के डी)से कुमारी अनु तथा राष्ट्रीय बाल स्वास्थ्य से डॉक्टर सबा खान, स्टाफ नर्स सुधांशु मिश्रा तथा बाल विकास परियोजना से सीडीपीओ आदि उपस्थित रहे।

#### सीएचसी पर विश्व माहवारी दिवस मनाया

सीएवसी एवं प्राथमिक स्वास्थ्य केंद्रों पर विश्व माहवारी दिवस का आयोजन हुआ। बिकिस्सा अधीक्षक डा. वागीश कमार ने कहा माहवारी के समय किशोरियों को



• हिन्दस्तन टीम.बरेती Tue, 28 May 2024 08:15 PM





सीएचसी एवं प्राथमिक स्वास्थ्य केंद्रों पर विश्व माहवारी दिवस का आयोजन हुआ। चिकित्सा अधीक्षक डा.वागीरा कुमार ने कहा माहवारी के समय किशोरियों को घबराना नहीं चाहिए। किसी भी तरह की समस्या होने पर परिजनों से खुलकर बात करनी चाहिए। साफ सफाई का विशेष ध्यान रखें। किशोर स्वास्थ्य काउंसलर विवेक नंद ने कहा लड़कियों को मेंसुरेशन के कारण खुन की कमी हो जाती है। इससे उन्हें एनीमिया हो जाता है। खून की कमी हो जाने से वे अपने पदने पर ध्यान नहीं दे पाती। किशोर किशोरियों को अपने खान-पान का विशेष ध्यान रखना चाहिए।

चर जान नहा दे चाता हरूचार दिवसारचा को प्रयोग जाना चानिया। का गच्चाच जान रचना जाहरू। खाने में अधिक से अधिक हरी सर्कियों का प्रयोग करना चाहिए। चिकित्सा अधिकारी डा.रोहन दिवाकर ने कहा मेंसुरेशन के दौरान किशोरियों में चिड़चिड़ापन आ जाता है। ऐसे समय में कियोरियों को बिल्कुल नहीं घबराना चाहिए। आयराज न ।श्वेषद्वान जाता है। ऐसे समय में कियोरियों को बिल्कुल नहीं घबराना चाहिए। आयरान की गोलियों का सेवन करना चाहिए। उलझन होने पर सरकारी अस्पताल में साधिया केंद्र पर किशोर, किशोरी अपनी समस्याओं के समाधान को संपर्क करें। सुषमा गंगवार, माधुरी चंद्रा, पुनीत सक्सेना, प्रेमपाल, एकता यादव मौजद रहीं।

## पोस्टर प्रतियोगिता से बच्चों को दी जानकारी

#### आयोजन

पर जनगर के उनके जो/सामुदानिक स्वास्थ्य केंद्रों /प्राथमिक स्वास्थ्य के जो, करूरूचा गंधी आयासीय बातिका विद्यालय एवं बात गृह बातिका में "ट्रोटर प्रथम अ चिरिवड क्रेडॉनी कर्ड" धीय पर किसोरियों को रात करी स्वच्छाता एवं प्रबंधन के संबंध में जानकारी दी गई।

स्थीन प्रतिचौतित, चेनटर प्रतिचोतित, नाटी मेकिन प्रतिचोतित, खुली बैठक एवं चर्चा तथा आईसी के माध्यम से 164 स्वास्थ्य केन्द्रों पर किशोर मित्रत त्व की बैठक का आयोजन कर महक्तरी स्वच्छता एवं प्रबंधन विषय पर गेप्टी हुई। इसमें 3076 किमोरियों, 1071 किशोरों, 488 अपिपायको एवं 1196 आंतनबादी कार्यकत्रियों

ीटक्कर से



अन्तराष्ट्रीय महत्वारी स्वयंत्रता दिवस पर आयंजित प्रतियोगिता में बेहतर स्थान प्राप्त करने पर किशोरी को पुरस्कृत करते स्वास्थ्य विधान के अधिकारी।

ने प्रतिभाग किया। माहवारी स्वच्छता एवं प्रबंधन विषय पर जागरूकता के लिए आयोजित प्रतियोगिता में प्रथम, डितीय एवं तृतीय स्थान पाने वाले किशोर-किशोरियों को पुरस्कृत भी

गीएमओ हा, अश्वनी कुमार ने जनकर के समस्त किशोरियों एवं महिलाओं

को संदेश देते हुए कहा कि अन्तराष्ट्रीय

को संदर्भ दो हुए कहा कि अनरोपट्टीय माहवारी स्वच्छता दिवस को 28 मई को सबसे जाने के पीछे भी एक खास महाता है। दरअसल, ज्यादाल किक्सीतों एवं महिलाओं को हर कारि 55 दिन का सांतिक पड़े होता है और इस मासिक धर्म का औरत अनगरल 28 दिन का होता है। यहाँ वज्रह है कि

बालिकाएं सफाई का रखें विशेष ध्यान

मासिक के दौरान प्रत्येक 04 एप्टें में संनेटरी पैंड को अवस्य बदल देना चाहिए जिससी संक्रमण को रोका जा सके। मासिक धर्म के

शाखाप्रबंधक को लोको पारालट

उत्तर प्रदेश \gg Bareilly 🚿 Bareilly News: मीरगंज सीएचसी पर आयोजित हुआ विश्व माहवारी स्वच्छता दिवस कार्यक्रम

#### Bareilly News: मीरगंज सीएचसी पर आयोजित हुआ विश्व माहवारी स्वच्छता दिवस कार्यक्रम

Bareilly News: विश्व माहवारी दिवस का कार्यक्रम सामुदायिक स्वास्प्य केंद्र मीरगंज के साथ-साथ अन्य सभी स्वास्थ्य उप केन्द्र पर भी मनाया गया।



Report Sunny Goswami

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Bareilly News: सामुदायिक स्वास्थ्य केंद्र मीरगंज पर विश्व माहवारी दिवस का आयोजन किया गया। विश्व माहवारी दिवस का कार्यक्रम सामुदायिक स्वास्थ्य केंद्र मीरगंज के साथ-साथ अन्य सभी स्वास्थ्य उप केन्द्र पर भी मनाया गया। कार्यक्रम के दौरान सामुदायिक स्वास्प्य के मीरगंज के चिकित्सा अधीक्षक ठॉक्टर वागीय कुमार शर्मा ने बताया कि विश्व माहवारी दिवस 28 मई को ही क्यों मनाया जाता है और माहवारी के समय बच्चों को घबराना नहीं चाहिए यदि किसी को कोई समस्या होती है तो अपने परिवार से खुतकर बात करना चाहिए और साफ सफाई का विग्रेष ध्यान रखना चाहिए।

nome उत्तर प्रदश paremy प्रशिक्षण कार्यक्रम, छात्रों को मिलेगा...

#### Bareilly News: जिला प्रशिक्षकों के लिए आयोजित हुआ चार दिवसीय रिफ्रेशर प्रशिक्षण कार्यक्रम, छात्रों को मिलेगा लाभ

Bareilly News: आयुम्मान भारत स्कूल हेल्थ मोग्राम (SHP) का उद्देश्य छात्रों के स्वास्य और करवाण को बढ़ावा द्वेना है, जिसूमें मानसिक स्वास्थ्य, योषण, बीमारी की रोकथाम, और स्वच्छता जैसे महत्वपूर्ण विषयों पर ध्यान केंद्रित किया गया है।



Report Sunny Goswami





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Bareilly News: राष्ट्रीय स्वास्थ्य मिरान (आरकेएसके प्रभाग), शिक्षा विभाग और सेटर कॉर नॉलेज एंठ डेवलयमेंट (CKD) के संयुक्त तत्त्वावधान में चार दिवसीय रिक्रेगर प्रशिक्षण कार्यक्रम का आयोजन किया गया। यह कार्यक्रम आयुव्यान भारत स्कृत हेस्थ प्रोग्राम के तहत बरेती के 300-बेडेड कोविड अस्पतात में आयोजित किया जा रहा है। प्रशिक्षण का युभारेभ एसीएमओ ठॉक्टर अमित कुमार द्वारा किया गया। प्रशिक्षण में आठ व्लॉकों के प्रतिभागियों ने भाग तिया, जिसमें प्रत्येक क्लॉक से शिक्षा विभाग से एक और स्वास्थ्य विभाग से तीन प्रतिनिधि शामित हुए। प्रशिक्षण सत्र का नेतृत्व SRG सदस्य डॉ. अनित चौबे, SRG सदस्य श्री धर्मबीर, CKD के परितोय वरिष्ठ, और CKD की डॉ. कंचन श्रीवास्तव द्वारा किया



उत्तर प्रदेख VIEW ALL >

Bairampur: जन्माष्ट्रमी पर सजा झारखंडी मंदिर, शाम को तडड़ गोपात को झताया जाएगा झता

## जिला स्तरीय आरकेएसके समीक्षा एवं बैटक सम्पन्न



राष्ट्र जगत संवाददाता बरेली. जिला चिकित्सालय. इंग्नोर हॉल में आज मुख्य चिकित्सा अधिकारी (सीएमओ) की अध्यक्षता में राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम (आरकेएसके) की समीक्षा एवं बैठक सफलतापूर्वक संपन्न हुई। इस बैठक का आयोजन सेंटर फॉर नॉलेज एंड डेवलपमेंट (सीकेडी) के

सहयोग से किया गया बैठक में रवास्थ्य. शिक्षा एवं आईसीडीएस विभाग के जिला स्तरीय एवं ब्लॉक स्तरीय अधिकारी उपस्थित रहे। बैठक के दौरान सीकेडी के राज्य स्तरीय प्रशिक्षण विशेषज्ञ श्री परितोष वशिष्ठ ने आरकेएसके, स्कल हेल्थ प्रोग्राम (एसएचपी) और साप्ताहिक आयरन फोलिक एसिड (डब्लूआईएफएस) कार्यक्रम में सीकेडी द्वारा पिछले वर्ष किए गए सहयोग को विस्तार से प्रस्तुत किया बैठक में आरकेएसके, एसएचपी, डब्लूआईएफएस और और मानसिक स्वास्थ्य कार्यक्रम की समीक्षा की गई तथा उनकी प्रगति पर चर्चा की गई। मुख्य चिकित्सा अधिकारी महोदय ने किशोर स्वास्थ्य को बेहतर बनाने के लिए सीकेडी के प्रयासों की सराहना की और निर्देश दिया

कि डब्लुआईएफएस एवं एसएचपी कार्यक्रमों को सुचारू रूप से क्रियान्वित किया जाए।

बैठक में दिल्ली से सीकेडी की प्रोजेक्ट डायरेक्टर , सीमा गुप्ता, प्रोग्राम लीड , सुकृति जैन, विश्लेषक सुश्री गौरी गुप्ता, एवं जिला समन्वयक श्री कमेश्वर महतो उपस्थित रहे।



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#### Sensity Strait.

राष्ट्रीय स्वास्थ्य मिशन (NHM) आरकेएसके प्रभीग, शिक्षा विभाग, और सेंटर फॉर नॉलेज एंड डेवलपमेंट (CKD) द्वारा आयुष्मान भारत स्कूल हेल्थ प्रोग्राम पर जिला प्रशिक्षकों के लिए 4-दिवसीय रिफ्रेशर प्रशिक्षण आयोजित।



भारकर 🗱

#### मार्च लाइट

- आयुम्बन भारत स्कूल हेल्थ कार्यक्रम का जिला प्रशिक्षण सुरू
- बोली में बार दिवशीय रकुल हेल्थ प्रशिक्षण आयोजित
- राष्ट्रीय स्वास्थ्य मिचन के अंतर्गत स्कृत स्वास्थ्य जगरूकता बढ़ी
- आएम्बन भारत कार्यक्रम से प्राप्तें को मिलेगी रक्तम्य शिक्षा
- व्यक्तों में व्यवकात और केलीम संवेतवर्ग का परिचल सक्त



## **WAY FORWARD**

As we chart our course for the coming years, our work will be anchored in our commitment to embed cross-cutting themes across all our initiatives. We will mainstream gender equality, ensure disability inclusion, and focus on historically marginalized communities-leaving no one behind in our pursuit of impact. By integrating robust social and behavior change communication (SBCC), leveraging digital innovations, and adopting data-driven solutions, we aim to strengthen systems and foster community engagement at every level. Mentorship, participatory approaches, and inclusive design will be at the heart of our work, ensuring that our programs are responsive, equitable, and transformative for all. Our priorities for the next five years are elucidated below.

CKD will strategically expand its focus to address critical frontiers—breaking the intergenerational cycle of malnutrition, building girl capital, women's empowerment, adolescent mental and physical health and well being, digital health solutions, climate resilience—through a multi-pronged approach grounded in capacity building, technomanagerial support, and knowledge generation and dissemination.





### **ANNEXURE 1: PROJECT COLLATERALS**























#### स्वस्थ मन, सशक्त जीवन।

किशोरों और किशोरियों के मानसिक तनाव को अनदेखा न करें।

#### मानसिक तनाव के संकेतों पर ध्यान दें, यह संकेत हमेशा स्पष्ट नहीं होते।

- क्कृत में तिका प्रदर्शन या आहार में अधानक बदताय होगा।
   नतीले पदार्थों पर निर्मतता होगा।
- बुलीइंग या साइबर बुलीइंग से परेशान रहना।



#### बेहतर मानसिक स्वास्थ्य के लिए आप क्या कर सकते हैं।

- नियमित दिनवर्या और स्वस्थ्य आहार का पालन करें सकारात्मक मानशिकता रखें और सुजनात्मक रुपियों के लिए







#### मानसिक तनाव के दौरान सहायता कहाँ से प्राप्त करें

- स्कूल/ कॉलेज में हेल्प एंड बेलनेस एवेसवर (टीक्ट/HWA) से
- आरोग्य संदिर में कम्युनिती हेल्थ आयुष्पान आरोग्य मंदिर ऑफिसर (सीएवओ) से
- कार्यस्य साधिया केंद्र के काउंसालर से





आप पुनः साथिया केंद्र ज़रूर आये।

कार्जसालर का नाम \_\_\_\_

क्लिनिक स्थलने का समय

इस विषय में अगर मन में कोई सवाल है तो आप अपने क्षेत्र में श्याचित साचिया केंद्र की कार्यवातर / आया / ए.एन.एम के भी बात कर सकते हैं।



RKSK (M)

जेंडर को समझना:

समावेशी भविष्य के लिए

किशोरों को सशक्त बनाना

धर्म को खत्म करें और मानसिक रोग के बारे में खुतकर बात करें।















#### टेली-मानस 14416: आपकी 24/7 मानसिक स्वास्थ्य हेल्पलाइन

- मानसिक स्वास्थ्य के परामर्श हेतु टेली-मानस के माध्यम से मनोवैद्यानिकों और परामर्श्वदाताओं से जुड़ें।
- टेली मानस के टॉल प्री नंबर 14416 पर संपर्क करें।
   यह सेवा जनवल सहायता के लिए हर समय नि मूलक उपलब्ध है।
- अरप के द्वारा दी गयी जानकारी गोपनीय रखी जाती है।













😭 💹 🕍 🚳

स्वस्थ मस्तिष्क,

शस्यि वस्ति हैं।

प्राचिक स्वास्त्र में हमारे विचार,

प्राचनी प्राचन में हमारे विचार,

प्राचन के देखने वा नार्याच्या,
अपना माना विचीन में हमारे

प्राचन के हमारे माना माना

प्राचन करी, प्राचनिक कर्मा अपनी हमारे प्राचनिक क्षा प्राचनिक हैं। हमारे त्या कर्मा अपनी हमारे क्षा हमारा करी,

अपनी स्वाचन करी, प्राचनिक क्षा अपनी स्वाचन करी, प्राचनिक क्षा स्वाचन करी कर्मा माना स्वाचन कर्मा अपनी स्वाचन करी कर्मा माना स्वाचन कर्मा अपनी स्वाचन करी क्षा माना स्वाचन कर्मा क्षा क्षा कर्मा क्षा हमारा क्षा हमारा क्षा हमारा क्षा हमारा क्षा हमारा क्षा हमारा क्षा हमारे क्षा हमारा क्षा हमारे क्षा हमारा क्षा हमारे क्षा हमारा क्षा हमारा क्षा हमारा क्षा हमारा क्षा हमारा हमारा

का एक आपना हिंगा है। एक स्थापता जीवन और के लिए अपना प्रार्थिक स्थापता बहुत अवस्थाक है। यह हमें जीवन की पूर्वतिकों और तनक की विस्तिती में की अवस्थानाए तिया की प्रतिकेंत्री और तनक उपना पर जाजित का कर की है। इसा तहे हैं। उपनिक्त स्थापता पर जीवन ब्याम नहें हैं ने मंग्रीर परिचार हैं। इसा ति हैं, जो इस्पी कार्रिक स्थापता और जीवन की गुणवाता को उपना की स्थापता की स्थापता और जीवन की गुणवाता को उपना की स्थापता की स्थापता की

#### लिंग-आधारित हिंसा को कैसे रोके

िकारीत और सभी सीमक व्यक्तियों की सीमक-आधारित हिंद्या की रोकस्थाम और तीमक कोन्द्रन्यशिलता पर शिक्षिक कोन्द्रन्यशिलता पर शिक्षिक के पहुंचाने



- याद रसें कि हिंसा एक विकल्प है और इसे रोका जा सकता है
- पुरुषों और लड़कों को लैंगिक संवेदनशीलता, न्याय, और समानता के लिए प्रेरित करें
- कानूनी सेवाओं, मजबूत रिपोर्टिंग तेत, और सुरक्षित वातावरण के लिए सामुदायिक-आधारित कार्यक्रम स्थापित करें।

क्कशारा म चाँटी: कारण और रोकथाम विश्वने दरक में किशोरी में चौटे विकालता और मुख का मुख्य कारण बन मां है। सक्क बुरेगाओं, गिन्दे और अपन सहते के बारण का किशोर गोर्ग रम से पालत होते हैं या अपनी जन गया देवे हैं। जीविमों के प्रति उत्तरस्व होना और रोकशाम के उचार अपनाम बेहद जररी हैं।

अकस्मात चोटें (दुर्घटनाएँ)	जानबृद्धकर की गई चोटें (हिंसा/उपेक्षा)
<ul> <li>सड़क दुर्घटनाएँ: किशोरों</li> <li>की मीत का मुख्य कारण।</li> </ul>	<ul> <li>खारीरिक हमले: लड़ाई- इमाड़े या हमला।</li> </ul>
<ul> <li>डूबनाः तैराकी के दौरान सुरक्षा उपायों की कमी।</li> <li>जलने से चोटैः घर या बाहर दुर्घटनाएँ।</li> </ul>	आज्ञपाती चोटें: मानसिक स्वास्थ्य समस्याओं के कारण आत्म-क्षति।
<ul> <li>गिरनाः जोसिम भरी</li> <li>गतिविधियों या असुरक्षित</li> <li>वातावरण के कारण।</li> </ul>	<ul> <li>उपेक्षाः असूरक्षित जीवन परिविद्यतियाँ या निगरानी की कमी।</li> </ul>



हुव विकास में आप तम से कोई काला है तो आप आपने होन में क्यांकित सारिक्स केंद्र की कांत्रास्तर (आपता है एक्स पूर्व के भी बात कर सकते हैं। कांत्रास्तर का पान केंद्र प्रकर आपें। कांत्रास्तर का प्रकास कांत्रिक क्यांकित कांत्रिक स्वाप्त केंद्र कांत्रिक स्वाप्त कांत्रास्तर कांत्रिक क्यांकि

क्रेज गति से गादी चलानाः 

- समय पर चिकित्सा सहायवाः

केज गति से गादी चलाने

के करण हीने वाली चोटें।

चिकित्सा सहायवा प्राप्त करें।

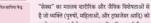












सेक्स और जेंडर में अंतर

उनके प्रजनन अंगों के आधार पर परिभाषित करती हैं। यह पुरी तरह से प्राकृतिक है।

"जेंडर" का मतलब सेक्स के आधार पर समाज दारा निर्धारित भूमिकाएं, व्यवहार, और जिम्मेदारियों से है, जो पुरुषों, महिलाओं, और अन्य समृहों के लिए उपयुक्त मानी

#### कंगारू केयर प्रोग्राम के मुख्य संदेश वज़न और समय से पहले जन्मे बच्चों के शुरुआती विकास के लिए कंगा देखभाल अनिवार्य है !



- गर्माहट मिलती है
   वज़न तेज़ी से बढ़ता है
   संक्रमण से बचाव होता है
   मां और बचों के बीच लगाव
  - बढ़ता है छाती का दूध पिलाने में मदद
- बच्चे न कपड़े नहीं पहने होने चाहिए
   बच्चे को टोपी, मोड़्ते और नैपी पहनाए
   घर का कोई भी स्वस्थ सदस्य दे सकते हैं
   सदस्य की खुली छाती पर बच्चे को











🕡 माँ के दूध के अलावा लिशु को कुछ भी पिलाने से लिशु को संक्रमण और कुपोषण हो सकता है 👔 लिशु को हर 2 घंटे में जगा कर छाती का दूध ज़रूर पिलाए

शिशु को नहलाने और नाल की देखभाल करने का तरीव









शिशु का यज़न 2.5kg होने के बाद ही नेहलाये शिशु को सिर्फ नाल गिरने के बाद नेहलाये गरम गीले कपड़े से बच्चे का हाथ और पैर पॉछ सकते हैं





ଖାତା ପୁସ୍ତ କରିବା ସମୟରେ ସମ୍ପ ସୂହରା ପୁରି ଧାର ଦେବା ଜଣ ଖାତାକୁ ଅଧୁକ ସିମାଲବା ନାହିଁ

## ରକ୍ତ ହୀନତା କଣ ? 914 व्यवस्थ्य प्रश्नाकृत पृष्ट कृत





ଟେଷ୍ଟ, ଟ୍ରିଟ୍ ଓ ଟନ୍ତ୍ର ମତ୍ତ୍ର ଆପଣାକୁ, ଉଲ୍ଲହୀନତାକୁ ଦୂରେଇ ଦିଅକୁ । ଅଧିକ ସ୍ତତନା ନିମରେ ନିକଟସ୍ଥ ସାସ୍ଥାକେନ୍ଦ୍ର, ତଥା ଅଙ୍ଗନ କାଡ଼ି କେନ୍ଦ୍ର ସହ ଯୋଗଯୋଗ କରରୁ (Wall Painting) Maternal Nutrition Poster - Odiya Language - 6.5ft x 7.8ft







#### प्रोजेक्ट सशक्त

किशोर-किशोरियों और महिलाओं के स्वास्थ्य एवं सक्षम होने का एक प्रयास





मेरे बच्चे का जन्म समय से पहले हुआ था और जन्म मेरे बच्चे का जन्म समय से पहले हुआ था और जन्म के समय उसका जजन केबल 1600 ग्राम था, अंच का केएमसी स्टाफ बहुत सहयोगी और मददगार था, मैंने अपने बच्चे के साथ केएमसी का अभ्यास करने का पूरा आनंद लिया, इससे न केवल मेरे बच्चे का वजन बढ़ाने में मदद मिली, बल्कि इससे मुझे भी बहुत

#### बारां के मंगरोल से सलमा

यह कार्यक्रम बहुत अच्छा है, इससे मेरे बच्चे को बहुत यह कायक्रम बहुत अच्छा ह, इसस मर बच्च का बहुत लाभ हुआ है। शुरुआत में दर्द के कारण मैं त्वचा से त्वचा का संपर्क करने में असमर्थ थी, लेकिन केएमसी स्टाफ ने मेरी मदद की, अब मैं इसे बार-बार करने में सक्षम हूं। मेरी सास ने कहा कि वह खुश हैं कि मैं अपने बच्चे की मदद के लिए ऐसी चीजें क ाक म अपने बच्च का मदेद के लिए ऐसी घोज कर सकती हूं, जब उन्होंने जन्म दिया था तो ऐसी कोई चीज मौजूद नहीं थी। आपका केएमसी स्टाफ बहुत अच्छा काम कर रहा है और यह कार्यक्रम जारी रहना



डॉ. बिश्नोई, अधीक्षक , राजकीय बांगड

अंश का KMC कार्यक्रम बहुत अद्भुत है। इसके द्वारा हम सीमित संसाधनों में ज़्यादा प्रभावशाली तरीके जीवन बचाने का कार्य कर पा रहे हैं। इस प्रोग्राम हमारे अस्पताल को जल्द और विशिष्ट स्तनपान करवाने के उदेश्य में भी बहुत सहायता करी है।

#### डॉ. रवि प्रकाश मीना, MCH प्रभारी बारां जिला

यह कार्यक्रम बहुत अच्छा है, इसके द्वारा हमारे अस्पताल के कई बच्चों की जान बची है। क्यूंकि यह कार्यक्रम KMC के लिए पुरे परिवार की काउंसलिंग करता है, KMC के बारे में जानकारी समाज में फ़ैल रही करता ह, кмс क बार म जानकारी समाज म फ़ल रही है। इन के रेगुलर फॉलो उप कॉल्स की जजह से अस्पताल नवजात थिशुओं और उनकी माताओं की देख-भाल और बेहतर कर पा रहा है और इसी लिए हमारे अस्पताल की देखभाल की समग्र गुणवत्ता बढ़ी है।

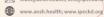


अंश का कंगारू मदर केयर कार्यक्रम



कंगारू केयर ; एक माँ की जादू की झप्पी संपर्क करे

- जिला अस्पताल पाली, राजस्थान
   जिला अस्पताल बारां, राजस्थान
   जिला अस्पताल धौलपुर, राजस्थान
   जिला अस्पताल प्रतापगढ़, राजस्थान
- team@ansh.health; info@ipeckd.org









राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम (आरकेएसके) उत्तर प्रदेश

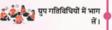
#### स्वस्थ मन के लिए कुछ उपाय

नियमित रूप से व्यायाम करें। 🌳 अपने आप को सक्रिय रखें।

दोस्तों से बात करें। 🧅 दिन की कार्य सूची बनायें ।

संगीत सुने । पौष्टिक भोजन करें।

समय निकालें।



दोस्तों या करीबी लोगो से . अपने मन की भावनाओं को साझा करें ।

अपनी रुचियों के लिए





नकारात्मक सोच को ना आने दे।



श्वास संबंधी व्यायाम करें ।

अपने आसपास ऐसे लोगों के साथ रहें जो आपको खुशी देते हैं।



मुख्य चिकित्सा अधिकारी

जिला स्वास्थ्य समिति जनपद\_

जिला अधिकारी









बीटनी (निप्पल) और उसके चारों तरफ़ का काला हिस्सा बच्चे के मृंह के अंदर होना चाहिए

माँ की उँगलियाँ बच्चे के मुँह से दूर होनी चाहिए

बच्चे का शरीर माँ के शरीर से लगा हुआ होना चाहिए और उसकी नाक दबनी नहीं चाहिए

i. स - सीधा ii. स - समीप

iii. स - सहारा iv. स - सटीक

- याद रखें! बच्चे को हर 2 घंटे में 20-25 मिनट तक दूध पिलाना है। इस से माँ को अच्छे से दूध
- बनेगा और बच्चा भी पेट भर दूध पी पाएगा!
   दूध पिलाने के बाद कम से कम आधा घंटे तक डकार दिलानी है, वरना दूध वापस फेफड़ो में जा







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