IPE Global Centre for Knowledge and Development (CKD)

Centre for Knowledge & Development









Annual Report

FY 2025-2026





















CONTENTS

Section 1: Message from CKD's Board

Section 2: From the Desk of the Chief Mentor

Section 3: A Word From The Lead

Section 4: About Centre for Knowledge and Development

- CKD's Vision, Mission and Goal
- CKD's Values And Ethos

Section 5: Board of Directors

Section 6: Project Updates for 2025-26

CKD's Impact

- Adolescent Health (AH)
- Non-Communicable Diseases (NCD)
- Immunization
- Nutrition
- Climate Action

Section 7: Financial Overview

Section 8: The Way Forward

Section 9: Our Partners

Section 10: IEC/BCC Collaterals

Section 11: Reach Us

Section 12: CKD's footprint

SECTION 1

MESSAGE FROM CKD'S BOARD



Dear Readers,

On behalf of the CKD Board, I am pleased to share with you this year's Annual Report, which reflects a period of meaningful growth, innovation, and sustained impact. Throughout the year, CKD continued its steadfast commitment to advancing health, nutrition, education, climate resilience, and the empowerment of women, adolescents, and children across India.

Our ongoing initiatives including Project Utthan, Astitva, Prabhat Nutrition Program, Swasthya Sankalp and Arogya Dadri have continued to strengthen communities and improve lives. These efforts demonstrate CKD's human-centered approach to address interconnected developmental challenges for creating healthier, more equitable futures.

Drawing on nearly three decades of experience in the development sector, I have seen that sustainable impact is built through institutions that are able to respond to emerging challenges while remaining rooted in community realities. Over the past year, CKD has continued to strengthen its technical leadership and expand its footprint across geographies and thematic areas. The organisation has deepened its engagement in public health, nutrition, climate resilience, maternal and child wellbeing, immunization, and community development, while forging new collaborations that enhance its ability to deliver evidence-driven solutions at scale. By combining strong technical expertise with partnerships across government, philanthropy, corporate social responsibility, and development agencies, CKD is helping create more resilient systems and improving outcomes for vulnerable populations across the country.

The Board applauds CKD's partnership-driven approach, its culture of innovation, and its unwavering focus on equity, inclusion, and sustainability. As we look ahead, the Board remains fully committed to guiding and supporting CKD's mission and strategic vision. Together with our partners, donors, communities, and dedicated team, we will continue to create lasting opportunities and positive change for those we serve.

We extend our sincere gratitude to all our supporters and stakeholders for their trust, collaboration, and belief in CKD's mission. Your continued partnership makes our work possible and inspires us to strive for even greater impact.

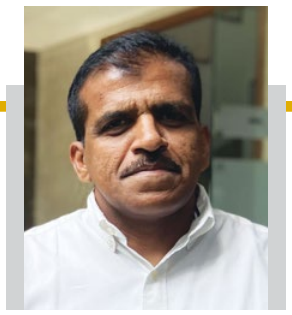
Thank you for being part of this journey.

Warm regards,

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

SECTION 2

FROM THE DESK OF THE CHIEF MENTOR



This year, CKD has not just grown-it has evolved. By forging deep partnerships with governments and leveraging support from CSR partners, multilateral agencies, philanthropic foundations, and development organizations, CKD has expanded its reach and diversified its portfolio to address emerging development challenges. Our work now spans nutrition, adolescent health, non-communicable diseases, climate action, maternal and child health, immunization, and community resilience, reaching communities that need us most.

Our flagship programmes-Utthan, Astitva, Swasthya Sankalp, Arogya Dadri, and the Prabhat Nutrition Programme-are more than initiatives; they are catalysts for change. At the same time, new partnerships and projects in climate adaptation, low-carbon development pathways, maternal and child health, immunization, and early childhood development are strengthening CKD's ability to create integrated and lasting solutions.

Our vision remains 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 advance-ensuring that every individual, especially those at the margins, can live with dignity, and opportunity.

Together, we are not just imagining a fairer, healthier, and more resilient future-we are building it.

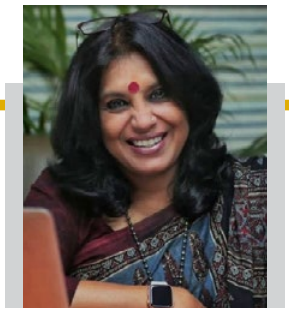
Warm regards,

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



SECTION 3

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, evidence-based change for women, adolescents, children, and communities across India.

At CKD, knowledge inspires action, and action must generate impact. Throughout the past year, we have focused on deepening our reach, strengthening partnerships, and expanding into new areas of work that respond to emerging development priorities. Guided by equity, innovation, and sustainability, our initiatives now span health, nutrition, adolescent wellbeing, non-communicable diseases, climate action, maternal and child health, immunization, and community resilience.

Our ongoing projects reflect this vision. Advancing adolescent health remains central through Project Utthan and Project Astitva, both strengthening access to quality services and improving outcomes for young people, including in tribal and underserved contexts. We continue to address the intergenerational cycle of malnutrition through the Prabhat Nutrition Programme and other nutrition-focused initiatives that support the health and wellbeing of mothers and children. To confront the growing burden of non-communicable diseases, we have strengthened programmes such as Swasthya Sankalp and Arogya Dadri, while new efforts in maternal and child health, immunization, and early childhood development are helping build stronger foundations for healthier communities.

CKD also recognizes the urgency of climate action. Through innovative initiatives focused on climate readiness, climate adaptation, and low-carbon development pathways, we are supporting evidence-based solutions that strengthen resilience and promote sustainable development.

CKD's projects have received widespread recognition. Prabhat Nutrition Program in Dapada (Dadra and Nagar Haveli) was awarded the best Nutrition project under the Prabhat Program by Hindustan Unilever Limited. Project Sashakt 2.0 received recognition from the District Magistrate and Collector, Ganjam District Odisha for bringing healthcare closer to the lives of women, adolescents and girls. Similarly, Project Utthan's Mentors' Online has been recognised as a Best Practices initiative by the NITI Aayog.

These milestones have been made possible by our dedicated team, trusted partners, donors, and the communities we serve. As we look ahead, CKD remains committed to amplifying voices from the margins, leveraging data and innovation to address complex challenges, and creating opportunities for communities to thrive in an increasingly dynamic world.

Thank you for being part of this journey and for your continued trust and partnership.

With gratitude,

SEEMA GUPTA
Lead, IPE Global Centre for Knowledge and Development (CKD)


JUTBAG

SECTION 4

ABOUT CENTRE FOR KNOWLEDGE AND DEVELOPMENT



IPE Global Centre for Knowledge & Development (CKD) is a Section 8 not-for-profit company founded in 2013 and headquartered in New Delhi. CKD remains steadfast in its mission to empower women, adolescents, and children to get equitable access to health and nutrition, 21st century skills, education and equal employment opportunities.

Over the years, CKD has strengthened its presence across the bilateral, multilateral, philanthropic, and Corporate Social Responsibility ecosystems, providing technical expertise and programmatic support for the design and implementation of high-quality, inclusive development initiatives. It has emerged as a trusted technical and implementation partner across a diverse range of thematic areas, including adolescent health, nutrition, maternal and child health, non-communicable diseases, immunization, climate action, and climate-smart agriculture—driving knowledge creation, evidence-based programming, innovation, strategic guidance for transformative impact, and on ground implementation.

CKD's approach integrates cross-cutting thematic domains to address the broader social, economic, and environmental determinants that influence marginalized populations' access to essential resources and services. By fostering strategic partnerships across sectors, particularly through robust collaborations with central and state governments, development partners, and donors, CKD continues to advance sustainable, climate-resilient, and scalable solutions that promote inclusive development and strengthen community resilience.

CKD'S VISION, MISSION AND GOAL

VISION

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 get equitable access to health and nutrition, 21st-century skills, education and equal employment opportunities.

GOAL

Create an alliance of engendered and missionaligned partners to support 20 million women and girls to realise their fullest potential by 2040.



CKD'S 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. CKD's values are grounded in co-creating sustainable solutions with partners and communities, learning from its work to foster innovation, remaining optimistic about community-led transformation, respecting differences through a non-partisan approach, propelling technology for good, and responding to obstacles with resilience.

SECTION 5

BOARD OF DIRECTORS



Dr. Harsh Mahajan

is a pioneer of advanced diagnostic imaging in India and founder of Mahajan Imaging. A Padma Shri awardee, he guides CKD's board on tech-enabled care, quality standards and patient-centred expansion—bringing deep expertise in MRI, PET-CT and integrated diagnostics to strengthen accessible healthcare systems in India.



Dr. Randhir Sud

is among India's leading gastroenterologists, credited with pioneering therapeutic GI endoscopy and GI oncology in the country. On CKD's board, he strengthens clinical governance, safety and outcomes-led programmes, drawing on decades of excellence in care delivery, medical education and research.



Tanya Singh

brings over three decades of experience in leadership, governance, strategic communications, and social impact. As a CKD board member, she helps shape inclusive strategies, strengthen institutional effectiveness, and advance initiatives that empower women and youth - translating vision into measurable impact and sustainable social change.



Dr. N.H.R Ravindranath

is an internationally recognised climate scientist and former professor at the Indian Institute of Science, Bengaluru. A contributor to multiple IPCC assessment reports, he supports CKD's board with guidance on climate risk, sustainability strategy and resilience, linking research to responsible growth.



Amita Sharma

brings over three decades of experience in governance, public policy and social development. As a CKD board member, she strengthens oversight, compliance and stakeholder engagement, helping shape inclusive strategies, institutional capability and partnerships that translate into sustainable social impact.



Dr. Lena Gupta

is a leading practitioner in Obstetrics & Gynaecology. She has over 25 years of experience in the medical field. As a trustee of The Arpana Trust, she has worked relentlessly with under privileged sections of the society and trained a group of over 2700 women become self-sufficient.

SECTION 6

IMPACT AT A GLANCE

FOR FY 2025-26

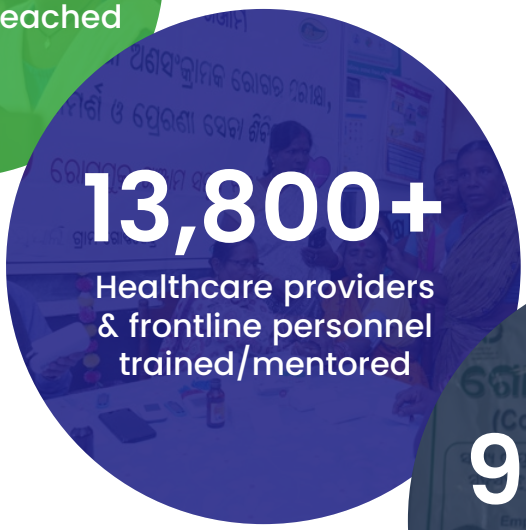




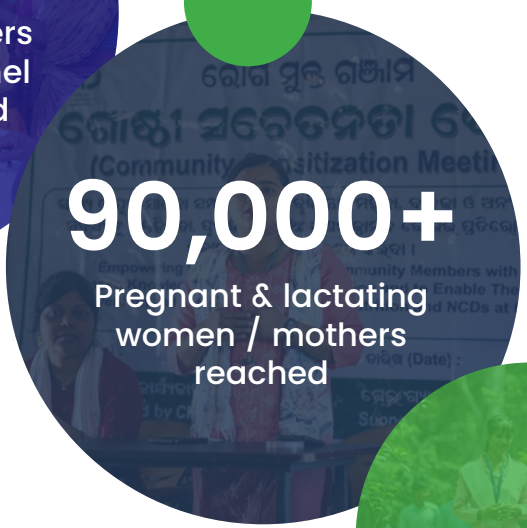
17,000+
Community members reached through immunization mobilisation

14 States + 1 UT
Geographic footprint

7.65M+
Adolescents reached



13,800+
Healthcare providers & frontline personnel trained/mentored



90,000+
Pregnant & lactating women / mothers reached



ADOLESCENT HEALTH (AH)

The choices, habits , and support adolescents receive today shape who they become tomorrow.





PROJECT UTTHAN

Adolescent Health & Wellbeing – Improving Convergence of Programs in Uttar Pradesh

YEAR

2023 Onwards

Barabanki, Bareilly, and Sohnbhadra Districts of Uttar Pradesh

Adolescent Girls and Boys

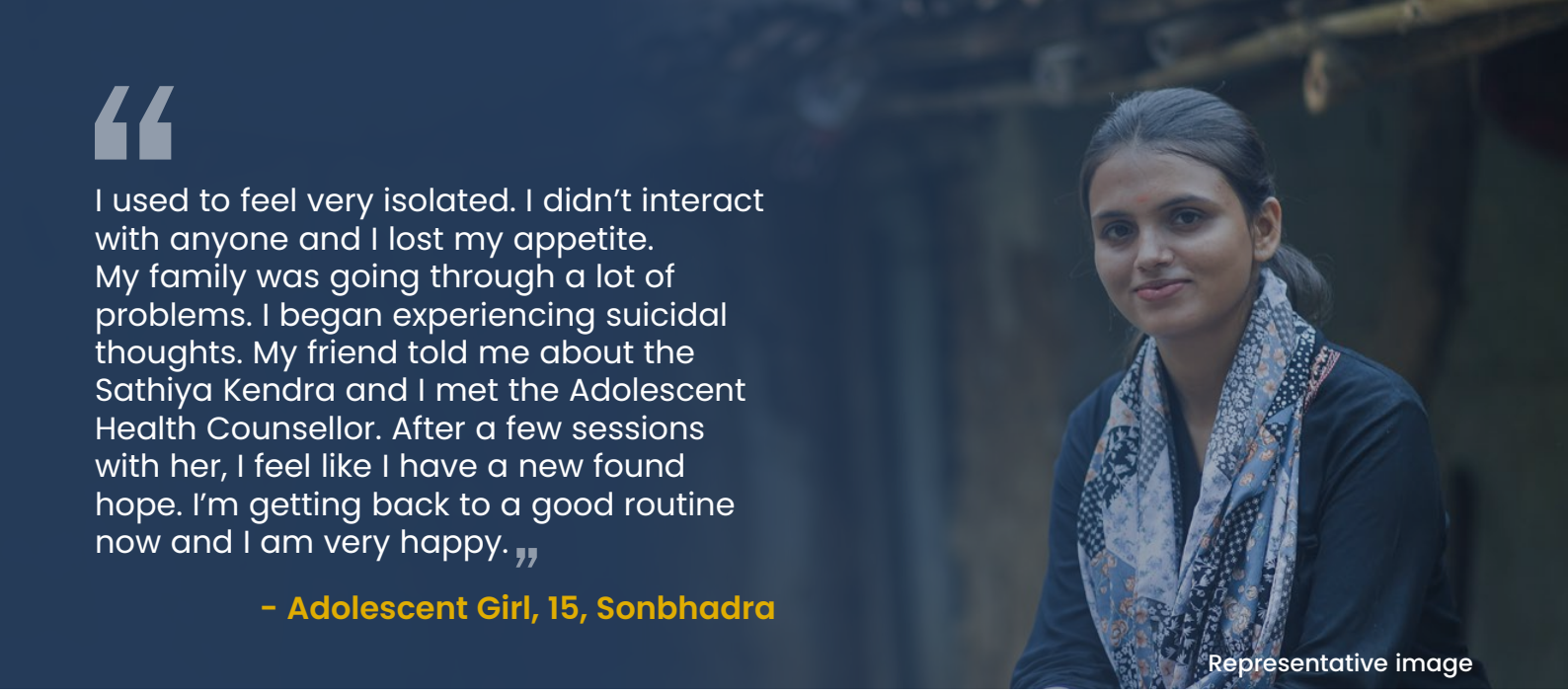
Watch the Utthan Film here

Programme Overview

Utthan strengthens **convergence across government adolescent health programs - Rashtriya Kishor Swasthya Karyakram (RKSK), School Health & Wellness Programme (SHWP), and Mental Health Programs** for improving the health and wellbeing of school going adolescents. Implemented through an MoU with National Health Mission, UP, the project provides technical assistance to the State while demonstrating district-level innovations and models across 17 blocks in Barabanki, Bareilly and Sonbhadra, that strengthen service delivery for over 3.5 lakh adolescents across 1,120 government schools. The project also builds the capacities of state, district, and block-level health and education functionaries on adolescent health, gender, and mental wellbeing. Cross-sectional studies and thematic assessments support evidence-based decision-making.

FY 2025-26 Highlights

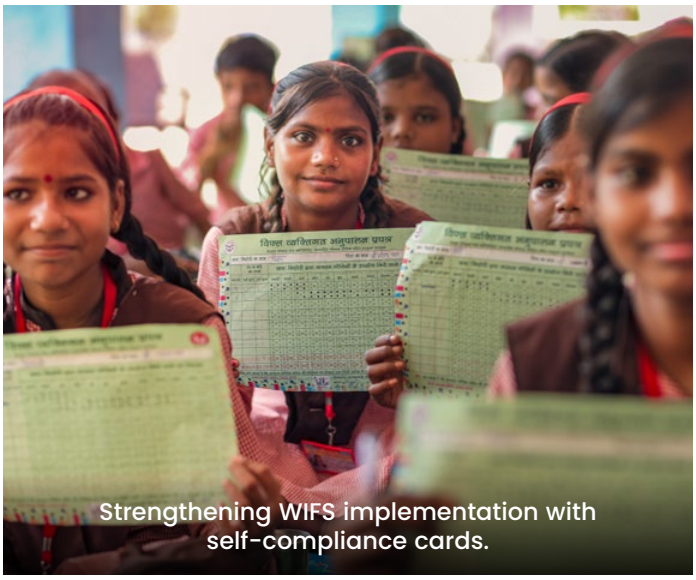
- **1000+ district and block-level convergence & review meetings** facilitated between the Health and Education Departments
- **1,300+ Health & Wellness Ambassadors** trained on SHWP Modules & Kishore Swasthya Kunji
- **44 Adolescent Health Counsellors and 30+ State-level Master Trainers** trained on the Adolescent Emotional Wellbeing and Counselling Skills module co-developed with SIMHA-TISS.



“I used to feel very isolated. I didn’t interact with anyone and I lost my appetite. My family was going through a lot of problems. I began experiencing suicidal thoughts. My friend told me about the Sathiya Kendra and I met the Adolescent Health Counsellor. After a few sessions with her, I feel like I have a new found hope. I’m getting back to a good routine now and I am very happy.”

- Adolescent Girl, 15, Sonbhadra

Representative image



Strengthening WIFS implementation with self-compliance cards.

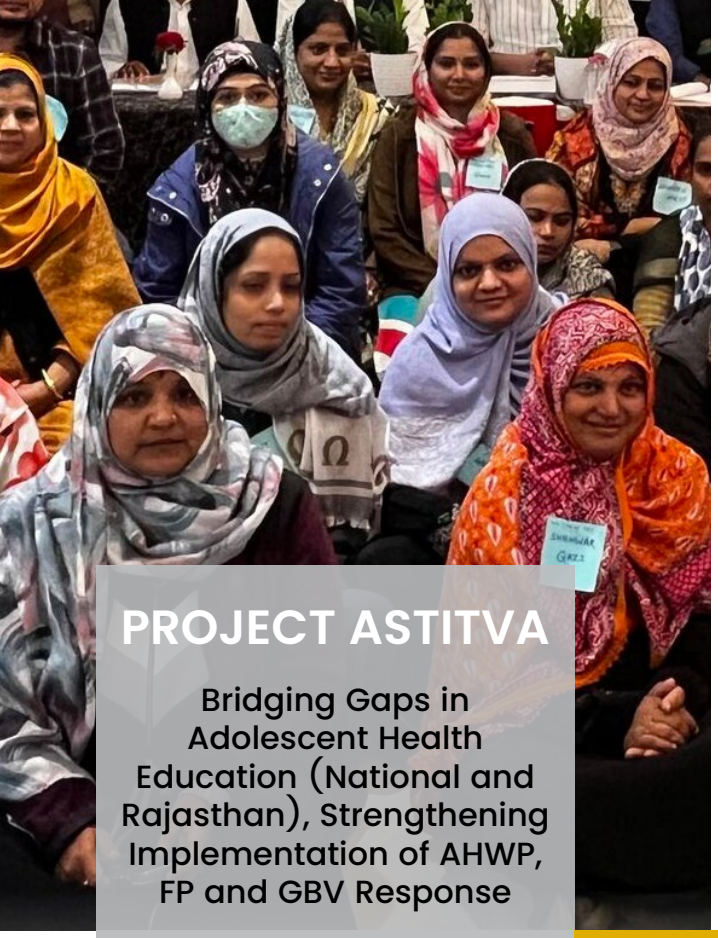


PLA in schools to improve knowledge and foster healthy discussions on adolescent wellbeing.



Building counsellors’ capacities to ensure quality care and timely referrals for adolescents in need.

- Supported the rollout of the **HPV vaccination program** contributing to **~31,000 vaccinations**
- **121 State Master Trainers** developed on the Gender Sensitive Comprehensive Adolescent Health (GSCAH) Module
- **94% of intervention schools** ensured availability of Iron and Folic Acid (IFA) tablets up from 62%
- **2,781 adolescents screened for anaemia** through strengthened Kishore Swasthya Manch platforms
- Mental health pilot in 10 government inter-colleges of Bareilly reaching adolescents through **354 individual counselling sessions, 118 group counselling sessions, 211 referrals, and 119 follow-ups**



PROJECT ASTITVA

Bridging Gaps in Adolescent Health Education (National and Rajasthan), Strengthening Implementation of AHWP, FP and GBV Response

YEAR

2024 Onwards

National-Level & Bihar, Madhya Pradesh, Odisha, and Rajasthan

Adolescent Girls and Boys, Adolescents from tribal communities, madrasas, and disability-inclusive institutions

Programme Overview

The program supports the Adolescent Health Division, Ministry of Health & Family Welfare (MoHFW) in strengthening the implementation of RKSK, SHWP, Family Planning Programme, and Gender-Based Violence (GBV) response.

Through a combination of capacity building, systems strengthening, and service delivery innovations, the project is enhancing the quality, accessibility, and responsiveness of services for adolescents and young people, with a deeper focus on four UNFPA priority states.

FY 2025-26 Highlights

- **37 National and 129 State Master Trainers trained on the revised Peer Educator curriculum**
- **79 RMNCH+A Counsellors trained on inclusive counselling, adolescent health, digital reporting, and youth-centred service delivery**
- **Piloted a peer-led Health & Wellness Messenger (HWM) model in 50 govt. schools, engaging 613 HWMs, 100 HWAs, and 55,000+ adolescents**
- **National Package of Adolescent Obesity Prevention Communication resources developed**
- **257 HWAs, 300 Peer Educators, 177 principals and district officials, 67 Madrasa Master Trainers, and 30 Community Health Officers trained in Rajasthan**
- **52,000+ HWAs, 5,72,000+ HWMs, and 4.15 million students reached through strengthened SHWP-MIS implementation**
- **4 model disability-inclusive Adolescent Friendly Health Clinics (AFHCs) established across 4 states, with first-time developed disability inclusive solutions using assistive technologies, Braille and tactile IEC materials, including board games, Indian Sign Language-enabled communication tools like videos.**
- **National Package of Adolescent Obesity Prevention Communication resources developed**
- **8,400+ adolescents reached by connecting 53 tribal schools in Rajasthan through Sanchar Setu**
- **5 ICT-enabled Model Madrasas, 3 Assistive Technology Labs, and 8 accessible digital learning modules established**
- **300+ healthcare providers mentored, 80+ implant insertions supervised, and Antara SC services introduced**
- **18,000+ young people reached, 16,000+ youth enrolled on the Just Ask chatbot in Rajasthan**

NON-COMMUNICABLE DISEASES (NCD)

Early screening, steady treatment, healthier habits can prevent today's risk of NCDs for tomorrow's healthier families.





PROJECT SWASTHYA SANKALP 2.0

YEAR

2024 Onwards

27 Districts across Gujarat, Karnataka, and Maharashtra

Adults aged 30+

Programme Overview

Advancing health system strengthening to combat non-communicable disease (NCD) – hypertension and diabetes – through state-level MoUs. Transitioned from foundational support provided in the first year of the project to institutionalization and scale-up of quality NCD care this year. The project addressed persistent gaps in the continuum of care, data use, resilient supply chains, and community-level accountability.

FY 2025-26 Highlights

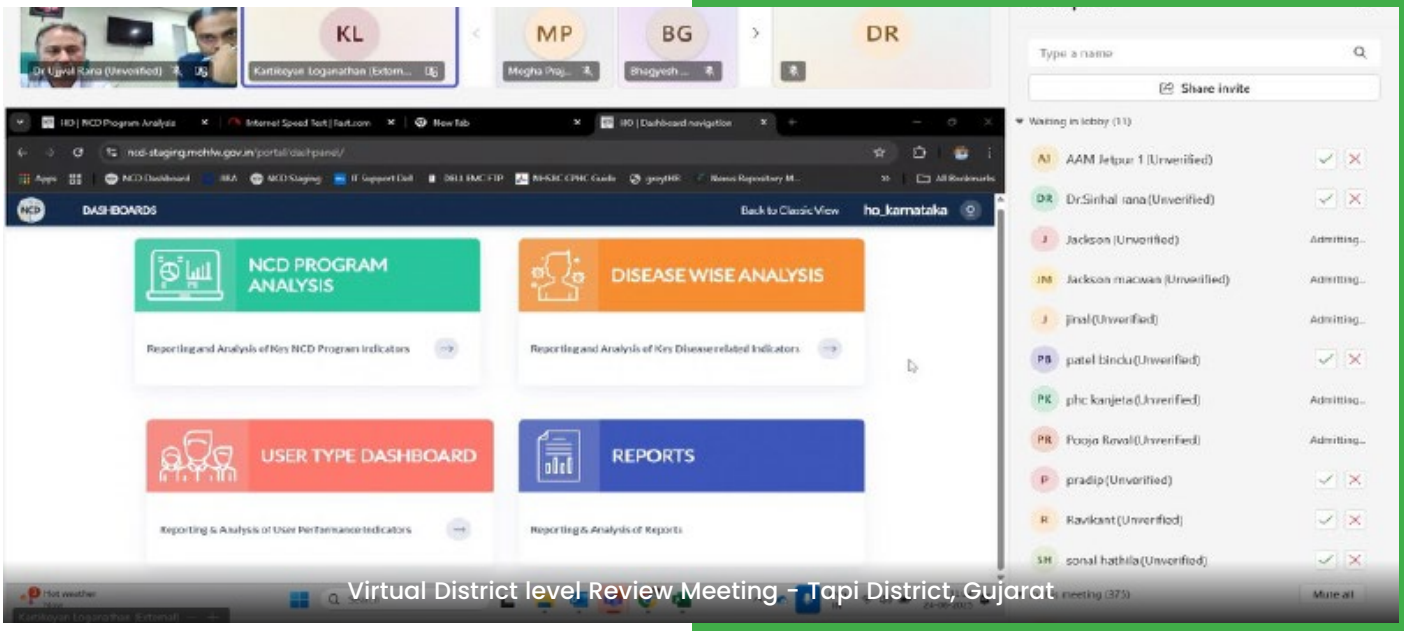
- **11,803 healthcare providers trained on opportunistic screening, protocol-based management and continuity of care**
- **State-Level Review and Capacity Building Meeting organised in Karnataka to strengthen programme governance and monitor district performance**
- **Supportive Supervision Visits (SSVs) conducted across 561 health facilities**
- **District performance ranking framework developed including ABHA integration adopted by state and district teams**
- **Pioneered the implementation of an MS Excel-based Follow-up Due List Tool to identify missing patients in Gujarat, expanded to Karnataka and Maharashtra**
- **Monthly State Feedback Sheets and programme performance analyses developed and shared with State NCD Cells**



State level Review Meeting,
Arogya Soudha, Karnataka



District level Review cum Training Meeting,
Hingoli District, Maharashtra



Virtual District level Review Meeting - Tapi District, Gujarat



SSV to Somathana SHC, Nanded District, Maharashtra
with RTSL team led by Country Director



Representative image



ಜಿಲ್ಲಾ ಆರೋಗ್ಯ & ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳ ಕಾರ್ಯಾಲಯ ಯಾದಗಿರಿ

:: ಅಧಿಕೃತ ಜಾಪನ ಪತ್ರ ::

ವಿಷಯ : ಗೃಹ ಆರೋಗ್ಯ ಮತ್ತು WIFS ಕಾರ್ಯಕ್ರಮದ ಔಷಧಿಗಳ ನಿರ್ವಹಣೆ ಬಗ್ಗೆ.

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ಗೃಹ ಆರೋಗ್ಯ ಕಾರ್ಯಕ್ರಮಕ್ಕೆ ಸಂಬಂಧಪಟ್ಟ ಔಷಧಿಗಳಾದ 1. Amlodipine (5mg), 2. Telmisartan (40mg), 3. Chlorthalidone (12.5mg), 4. Metformin SR 500mg, 5. Metformin SR 1000mg, 6. Glimepiride 1mg ಔಷಧಿಗಳನ್ನು ಮತ್ತು WIFS ಕಾರ್ಯಕ್ರಮದಡಿ ಕಬ್ಬಿಣಾಂಶದ ಮಾತ್ರೆಗಳನ್ನು (PINK & BLUE) ಎಲ್ಲಾ ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳಿಗೆ ಸರಬರಾಜು ಮಾಡಲಾಗಿರುತ್ತದೆ ಸದರಿ ಔಷಧಿಗಳನ್ನು ಸಮರ್ಪಕವಾಗಿ ಎಲ್ಲಾ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳಲ್ಲಿ ಹಾಗೂ ಅವಧಿ ಮುಗಿಯುವ ಹಂತದಲ್ಲಿರುವ ಔಷಧಿಗಳನ್ನು ಎಲ್ಲಾ ಹಂತದ ಕೇಂದ್ರಗಳಲ್ಲಿ/ಶಾಲೆ/ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಲ್ಲಿ ಉಪಯೋಗಿಸಿಕೊಳ್ಳುವುದು ಮತ್ತು ಅಗತ್ಯ ಔಷಧಿಗಳ ಕೊರತೆಯಾಗದಂತೆ ಮತ್ತು ನಿರಂತರ ಲಭ್ಯತೆಯನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳುವುದು.

ಆಡಳಿತ ವೈದ್ಯಾಧಿಕಾರಿಗಳು ಮತ್ತು ಫಾರ್ಮಸಿ ಅಧಿಕಾರಿಗಳು, CHO & PHCO ರವರು ಕಡ್ಡಾಯವಾಗಿ ಸದರಿ ಔಷಧಿಗಳ ಪ್ರಸ್ತುತ ಭೌತಿಕ ದಾಸ್ತಾನು ಪರಿಶೀಲನೆ ಮಾಡುವುದು ಮತ್ತು ಪ್ರತಿಯೊಂದು ಕೇಂದ್ರಗಳಲ್ಲಿನ ಪ್ರಸ್ತುತ ದಾಸ್ತಾನು ಮತ್ತು ದಿನಗಳ ದಾಸ್ತಾನು (ಪ್ರಸ್ತುತ ಬಳಕೆಯ ಆಧಾರದ ಮೇಲೆ ಅಳಿದ ಅವಧಿ), ಮತ್ತು ಬ್ಯಾಚ್‌ವಾರು ಮುಕ್ತಾಯದ ದಿನಾಂಕಗಳನ್ನು ಪರಿಶೀಲಿಸುವುದು.

ಮುಂದುವರೆದು ಹೆಚ್ಚುವರಿ ದಾಸ್ತಾನು ಇರುವ ಕೇಂದ್ರಗಳಲ್ಲಿ ಅಗತ್ಯ ಇರುವ ಕೇಂದ್ರಗಳಾದ ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ನಗರ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ನಮ್ಮ ಕ್ಲಿನಿಕ್ ಗಳಿಗೆ ದಾಸ್ತಾನು ನೀಡುವುದು ಮತ್ತು ಹೆಚ್ಚುವರಿ ದಾಸ್ತಾನು ಇರುವ ವಿವರವನ್ನು ಸೈಡ್ ಶೀಟ್ ನಲ್ಲಿ ಅತಿ ಜರೂರಾಗಿ ನಮೂದಿಸುವುದು.

ಔಷಧಿಗಳನ್ನು ಸಮರ್ಪಕವಾಗಿ ಉಪಯೋಗಿಸದ ಇದ್ದಲ್ಲಿ ಮತ್ತು ಹೆಚ್ಚುವರಿ ದಾಸ್ತಾನು ಉಳಿಸಿಕೊಂಡಲ್ಲಿ ಸದರಿ ಅಧಿಕಾರಿಗಳನ್ನೇ ನೇರ ಜವಾಬ್ದಾರರನ್ನಾಗಿ ಮಾಡಿ ಅವರ ಮೇಲೆ ಶಿಸ್ತು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು.

(Metformine 1000mg ExpDate: 09-2026, Metformine 500mg ExpDate: 11-2026, Chlorthalidone 12.5mg ExpDate: 09-2026)

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ
ಅಧಿಕಾರಿಗಳು ಯಾದಗಿರಿ.

ಗೆ,
ಆಡಳಿತ ವೈದ್ಯಾಧಿಕಾರಿಗಳು
ಸ.ಆ.ಕೇಂದ್ರ/ಪ್ರಾ.ಆ.ಕೇಂದ್ರ/ನ.ಪ್ರಾ.ಆ.ಕೇಂದ್ರ/ನಮ್ಮ ಕ್ಲಿನಿಕ್
.....ಜಿಲ್ಲೆ : ಯಾದಗಿರಿ.

ಪ್ರತಿಯನ್ನು ದಯಾಪರ ಮಾಹಿತಿಗಾಗಿ ಸಲ್ಲಿಸಿದೆ:
* ಮಾನ್ಯ ವ್ಯವಸ್ಥಾಪಕ ನಿರ್ದೇಶಕರು (KSMSCL) ಬೆಂಗಳೂರು
* ಮಾನ್ಯ ವಿಭಾಗೀಯ ಸಹ-ನಿರ್ದೇಶಕರು ಆ.ಕು.ಕ.ಇಲಾಖೆ ಕಲ್ಬುರ್ಗಿ.

Office Memorandum issued from Yadgir district regarding Gruha Arogya drugs (including HTN and DM STP drugs) effective utilization



PROJECT NIRAMAYA GANJAM

Rog Mukt Ganjam

2025 Onwards

Chatrapur and Rangeilunda Blocks of Ganjam District, Odisha

Women, adolescents, pregnant and lactating mothers, and senior citizens

Programme Overview

Reaching 18,000+ people across eight Gram Panchayatsin Ganjam district, Odisha , the project addresses critical health concerns such as anaemia, malnutrition, diabetes and hypertension among women, adolescents and senior citizens. Adopting a community-centred approach, the initiative combines health screening, nutrition promotion, behaviour change communication and stakeholder engagement to improve awareness and encourage early health-seeking practices. The project works closely with frontline workers, schools, Self-Help Groups (SHGs), Panchayati Raj Institutions and local administration to foster community ownership and sustain health-positive behaviours.

Key Pillars

EDUCATE

Raise awareness on nutrition, anaemia, diabetes, hypertension and preventive healthcare.

ENGAGE

Mobilise communities through health camps, school outreach, street plays, miking campaigns and community meetings.

EMPOWER

Promote sustainable health practices through Tiranga Thali demonstrations, nutri-gardens and access to screening services.

Women in our village now understand why regular checkups matter. Earlier, many women and adolescent girls in our village were unaware of anaemia and other health issues. People suffering from BP and diabetes were also not going regularly for check-ups. After the health camps and awareness sessions, held by the Niramya Ganjam team along with govt health teams, more people are now coming for regular medical examinations and taking their health seriously. *(transcribed from Odiya)*"

- Osari Nahak, Anganwadi Worker



Representative image

The health camp helped me understand how to manage BP and diabetes Before attending the health camp, I did not know much about BP and diabetes. The doctors explained how to take medicines properly, what food habits to follow and why regular testing is important. Now I plan to go for regular check-ups every few months and remain more careful about my health. *(transcribed from Odiya)*"

- Rama Nahak, Community Member



Representative image

FY 2025–26 Highlights

- **15,000+** reached through mid-media activities like miking, Gram panchayat & SHG meetings, wall paintings and street plays
- **400+** women, elderly reached directly and **1000+** indirectly through **20 community meetings**
- ***Tiranga Thali*** demonstrations reached **100+** families on healthy eating and balanced meals
- Supported **50 nutri-gardens** benefiting **250 households**, now established and maintained by community and SHG members
- **2,600+** women, adolescents and senior citizens screened and counselled on anaemia, diabetes and hypertension through 15 health camps




ରୋଗମୁକ୍ତ ଗଞ୍ଜାମ


ରୋଗମୁକ୍ତ ଗଞ୍ଜାମ (Rog Mukt Ganjam)
ମହିଳା ତଥା ଜିଶୋରୀ ମାନେ ସୁସ୍ଥ ତଥା ସକ୍ଷମ ହେବା ନିମନ୍ତେ ଏକ ପ୍ରୟାସ





PROJECT AROGYA DADRI 2.0

Addressing Non-Communicable Diseases by Leveraging Ayushman Arogya Mandirs

2024 Onwards

30 Villages of Dadri Block Gautam Buddh Nagar District, Uttar Pradesh

High-risk Adults (30+ men and women) & Adolescents (10-19 year olds) in school

Programme Overview

A community-driven initiative, the project is reducing the burden of hypertension and diabetes, operating under the guidance of government officials. It strengthens the National Programme for Prevention and Control of Non-Communicable Diseases in India (NP-NCD) by building the capacity of frontline workers and strengthening the service delivery through Ayushman Arogya Mandirs (AAMs). It reaches beneficiaries through mobile medical units, school-based "Arogya Shiksha" events, and targeted screening camps, thereby ensuring last-mile health delivery, improved treatment adherence, and early prevention for previously unreached populations.

FY 2025-26 Highlights

- 126 NCD Diwas Screening Camps facilitated screening 4,964 30+ adults; 77.5% of those diagnosed were referred to public health facilities
- 1,494 High-Risk Individuals counselled and linked to treatment via rigorous telephonic and home-visit
- 35 influencer-led meetings convened, mobilizing 423 high-risk and on treatment patients
- 61 Inclusive Community Sports Events including International Yoga Day organised mobilizing 1,112 participants and 4,343 community members
- 105 frontline health workers trained on clinical risk factors, CBAC form filling, eKavach digital entry, and interpersonal communication.
- Transformative Resource Deployment across 7 Public Health Facilities
- "Arogya Shiksha" interventions across 10 schools where 648 students counselled & screened for BMI
- 49 Mobile Medical Unit (MMU) camps provided NCD screening for 30+ adults

Through the regular Arogya Shiksha sports sessions and structured BMI counseling, our mid-school students have developed a keen understanding of physical activity and the hazards of processed food. It's no longer just a curriculum topic; healthy eating and movement have become a regular habit within our campus."

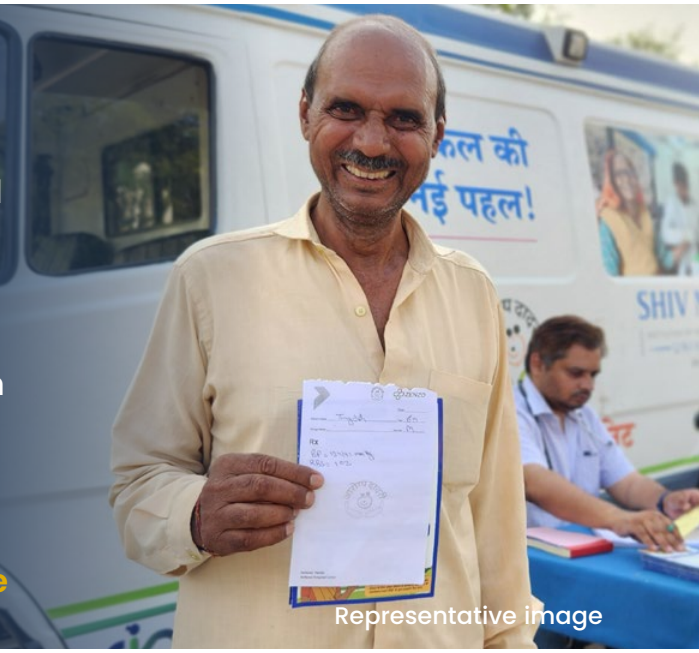
- School Principal, Composite School, Khursaidpura, Dadri Block



Representative image

During the NCD Diwas camp in my village, the health team tested my blood pressure and found it much higher than safe levels. I was hesitant to take daily medicines, but the regular home visits and telephonic counselling from the CKD team member showed me how managing my habits protects my family's future. I now go to the health camps conducted by CKD team as and when informed for screening, and also visit *"Sarkari Davakhana at Dadri"*"

- Community Member (Age 52), Cluster 1 Village



Representative image



Awareness on Healthy Eating, Healthy Living using Flipbook to school children in Kathehra village



HO and CKD team screen and counsel community members during NCD Diwas in Kaimrala village



Male participants (30+) play Kabaddi to promote physical activity and healthy living at a Community Sports Event in Nayi Basti village



Influencer-led community meeting with patients with elevated blood pressure/blood sugar in Kalonda village

FULL IMMUNIZATION

Missed vaccine is a missed opportunity - full immunization ensures a healthy start to each child.





BOOSTING DEMAND FOR ROUTINE IMMUNISATION AND REDUCING ZERO DOSE CHILDREN

YEAR

2024 Onwards

Banda, Chitrakoot, Hamirpur, Bhadohi, Mirzapur and Sonbhadra districts of Uttar Pradesh

Families of Zero Dose children (0-2 years) who have not received any dose of DPT vaccine and Families of VAB (Vaccine Avoidance Behaviours) children (0-5 years)

Programme Overview

This project aims to contribute to a **30% reduction in zero-dose (ZD) children and achieve a 50% conversion rate among vaccine-hesitant families** by strengthening government systems and community-led demand generation for routine immunization. The project works to address vaccine avoidance behaviours (VAB) through **evidence-based, equity- and gender-responsive communication strategies.**

Our Interventions

- Social mapping & transect walk to identify and map ZD children and VAB families
- Training of FLWs, community-level influencers, religious leaders, SHGs
- Community mobilisation rallies across 241 ASHA areas with 1300 influencers trained
- Identification & conversion of ZD, VAB and potential zero dose children
- District level workshop of district and block health officials
- Nukkad Natak (street plays) in 100 villages with high density of ZD children





FY 2025–26 Highlights

- Identified 2,016 VAB children across 91% VAB households
- Identified 642 ZD children across 87% ZD households
- Covered 87% of the identified potential Zero-Dose (PZD) children (516 out of 491 PZD)
- Trained 1,473 frontline workers on communication skills for routine immunisation
- Oriented 54 District level officials & 156 Block Response Team (BRT) members on community engagement strategies
- 17,000 engaged through community mobilization rallies for enhanced demand for routine immunization services

NUTRITION

Good Nutrition Enables Children to Grow, Mothers to Thrive, and Families to Build Healthier Futures Across Generations.





PRABHAT NUTRITION PROGRAM

YEAR

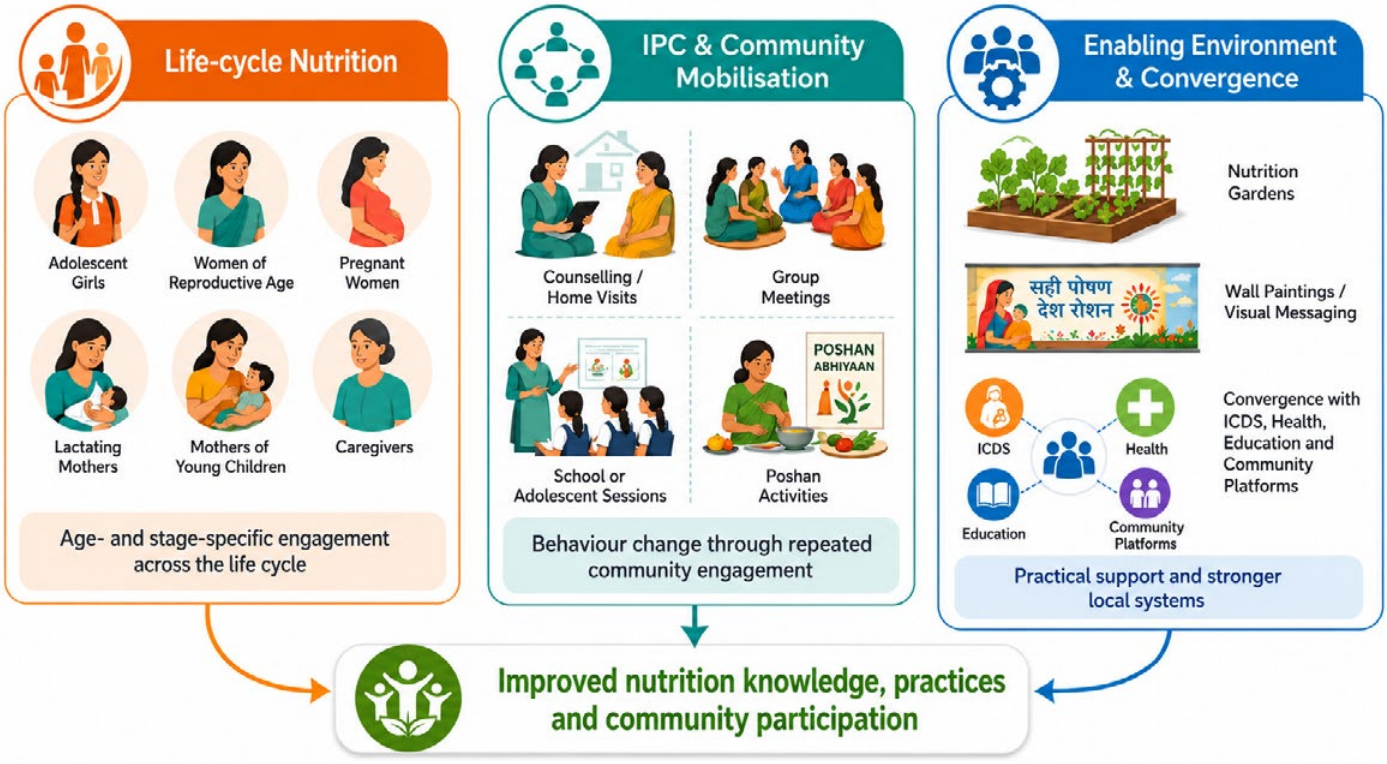
2022 Onwards

Kutch (Gujarat), Buldhana (Maharashtra) Patiala (Punjab) & Silvasa (Dadar and Nagar Haveli)

Adolescent Girls, Pregnant and Lactating Women

Programme Overview

Strengthening preventive nutrition practices through a life cycle and community-based approach, with age- and stage-appropriate nutrition information and practical support. The interventions created repeated opportunities for families and communities to understand and practise appropriate maternal, infant, young child and adolescent nutrition behaviours. The programme also worked through local health, ICDS, education and community platforms to reinforce government nutrition priorities and strengthen the reach of community-level nutrition messaging.





After my delivery, I was uncertain about caring for my newborn and worried that my breastmilk was insufficient. Nutrition Buddy counselled me on exclusive breastfeeding, proper feeding techniques, and the importance of a nutritious diet for my recovery. Her guidance gave me the confidence to breastfeed exclusively. Today, my two-month-old son is healthy, growing well, and I feel stronger and more empowered to provide the best care for my child.

- Ramandeep Kaur, Rajpura, Punjab



I have been serving as an ASHA Worker in Jamalpada. For the past two years, I have worked closely with the Nutrition Buddy from the Prabhat Nutrition Program. Her support in community mobilization, identifying and registering pregnant women, and conducting home visits has strengthened our outreach. The trust she has built within the community encourages families to access health services, enabling us to provide timely antenatal care and counselling to pregnant women.

- Dhaklu Praveen Gavli, Dapada, Dadra and Nagar Haveli

FY 2025–26 Highlights

- **4,56,771 reported beneficiary** contacts/interactions including ~83,000 adolescent girls, ~1,14,000 women of reproductive age, ~12,000 pregnant women, ~72,000 with lactating mothers and mothers of young children, and ~1,74,000 with caregivers.
- **2,129 community meetings,** involving 35,968 participants
- **3,200 nutrition gardens** supported and **59 wall paintings** completed
- **4,157 participant engagements** through Poshan Pakhwada and Poshan Maah activities



SASHAKT 2.0

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

YEAR

2024-2025

Ganjam and Beguniapada Blocks of Ganjam District, Odisha

Women, Adolescents, Pregnant & Lactating Mothers

Watch the Sashakt 2.0 Film here.

Programme Overview

The project aimed to address anaemia and improve nutrition awareness through a community-led and sustainable approach. It received recognition from the Shri V. Keerthi Vasan, IAS, District Magistrate and Collector, Ganjam District, Odisha for bringing healthcare closer to the lives of women, adolescents and pregnant and lactating mothers. The intervention worked closely with district and block-level stakeholders, including the District Administration, health officials, Anganwadi Workers, Panchayati Raj Institution representatives, and Self-Help Groups (SHGs), ensuring strong community ownership and institutional support.

Key Pillars

Nutrition Awareness & Behaviour Change

Promoting informed dietary choices through SBCC campaigns, community engagement, recipe demonstrations, and awareness activities to encourage adoption of healthy nutrition practices.

Anaemia Screening & Preventive Health

Strengthening early detection and prevention of anaemia through community-based screening camps, counselling, referrals, and awareness on iron supplementation and healthy behaviours.

Community Ownership & Sustainable Solutions

Building local leadership through SHGs, government convergence, and Nutri Gardens to create sustainable, community-led approaches to nutrition improvement and food security.



Sashakt 2.0 “Key Achievements, Awards and Recognition” event- Pictures



Orientation of School children on anaemia and nutrition



Anaemia Screening Camp at Beguniapada and Ganjam blocks

FY 2025–26 Highlights

- The District Magistrate of Ganjam – V. Keerthi Vasan, recognized the project achievements as the Chief Guest of “Sashakt 2.0 Key Achievements, Awards and Recognition” event
- Mobile Awareness Campaign reached 10,000+ community members through Jingle and videos, 18 street plays & 30 wall paintings
- 15 Health Camps screened and counselled 2,500+ beneficiaries on anaemia
- 30 community meetings and 15 recipe demonstrations sensitized 580+ women on balanced diets, iron-rich foods, and the Tiranga Thali approach
- 150 Household Nutri Gardens built, encouraging consumption of locally available, nutrient-rich foods



India MCHN programme

Empowering Mothers with Birth Readiness, Agency & Care

Reducing Low Birth Weight through an Integrated Cash-Plus Model

YEAR

2025-2031

Assam, Chhattisgarh, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab & Rajasthan

Pregnant Women and Families



Programme Overview

India MCHN programme is a multi-state initiative focused on reducing low birth weight (LBW) through an integrated cash-plus approach that combines maternity cash benefits with social and behaviour change interventions. The programme works alongside state Women and Child Development departments to strengthen the reach and timely uptake of the Pradhan Mantri Matru Vandana Yojana (PMMVY) while promoting improved maternal nutrition, dietary diversity and healthy gestational weight gain.

The programme leverages existing government platforms, including Anganwadi Workers, ANMs, ASHAs and community-based platforms, to deliver state-specific nutrition and behaviour change interventions. Through strengthened frontline capacity, community engagement, outreach to husbands and families, and data-driven programme monitoring, this initiative aims to improve maternal nutrition practices and contribute to reductions in LBW.

Starting across **36 districts in 10 state**s, the programme will scale statewide from Year 4 and aims to reach **4.4 million additional women** through cash benefit schemes and train **1 million frontline workers by 203**1.



State-level Training of Trainers (ToT) on PMMVY for district and block officials in Chhattisgarh.



District-level ToT on PMMVY for ICDS officials at ICAR–Krishi Vigyan Kendra, Raichur, Karnataka.



Group counselling session with pregnant and lactating women in Madhya Pradesh, alongside weight monitoring and health check-ups.

FY 2025–26 Highlights

- **300+ staff onboarded** across 36 districts and 10 states, with offices established across all programme states and partnerships formalised with state Women and Child Development departments.
- **1,81,243 ICDS functionaries trained** on PMMVY, with district- and block-level training cascades nearing completion in 8 of 10 states.
- **58% of the annual PMMVY enrolment target** of 8,20,739 women achieved by June 2026, reaching **141% of the June milestone**.
- State and district-level inductions completed across all 10 states, along with a **mid-year review** bringing together state programme teams.
- **Baseline indicators finalised** through baseline surveys and a formative SBCC study, with findings integrated into state-specific Social and Behaviour Change Communication strategies.
- PMMVY training coverage and programme outcomes featured on the **official social media platforms of state departments**, including Assam, Jharkhand, Himachal Pradesh and Karnataka.

CLIMATE ACTION

Climate change is already here - preparing people, systems, and economies to adapt is no longer optional, it's essential.





SCALING UP CLIMATE READINESS THROUGH SCENARIO

Based Low Carbon Pathways Modelling (CRI II)

YEAR

2025 Onwards

Uttar Pradesh, Maharashtra, Gujarat, Madhya Pradesh, Chhattisgarh, Rajasthan, Tamil Nadu, Andhra Pradesh, West Bengal and Odisha

Population of States, policy Makers and Other Stakeholders

Programme Overview

CRI II is an evidence-based framework assessing preparedness of India's top ten GHG-emitting states to plan, finance and deliver a low-carbon transition projecting climate readiness trajectories through 2030, 2050 and 2070. Readiness is assessed across 22 indicators spanning Systemic, Financial and Technological readiness, and projected under three scenarios aligned with the IPCC Shared Socioeconomic Pathways of Business-as-Usual (BAU), Accelerated Growth and Net Zero. The analytical framework is integrated into an AI-enabled Climate Readiness Index Decision Support System (CRI-DSS), giving policymakers, investors and development partners a practical tool to compare scenarios, benchmark states and prioritise investment.

FY 2025–26 Highlights

- All Ten states assessed and projected across three-time horizons and three transition pathways
- 22 indicators mapped across systemic, financial and technological readiness
- West Asia Crisis tracked as a distinct scenario within the CRI-DSS allowing users to simulate state-level readiness under this energy-security stress test directly on the dashboard
- Findings fed into a sequenced set of short (to 2030), medium (to 2050) and long-term (to 2070) recommendations, and are being mainstreamed through the CRI-DSS to support state-level investment prioritisation and evidence-based climate planning


Climate Readiness Index (CRI)
Home
CRI
About
FAQs
Scenario CRI
TRANSITION SCENARIO
Business-As-Usual
Accelerated Growth
Net Zero
West Asia Crisis
SELECT STATE
Chhattisgarh
TIME HORIZON
2030
2050
2070
RUN SIMULATOR
RESET
Chhattisgarh
BUSINESS-AS-USUAL: 2050
Medium
CLIMATE READINESS INDEX
Sub-National Ranking
CRI Ranking
Net Zero
2030
2050
2070
UP
MH
GJ
OD
AP
MP
CG
WB
RJ
TN
Medium
Low
Medium
BASE LINE CRI SCORE
SYSTEM READINESS INDEX
FINANCIAL READINESS INDEX
TECHNOLOGY READINESS INDEX
RECOMMENDATIONS
Short Term
Mid Term
Long Term
AT&C Losses
EV Policy Adoption
City Climate Action Plans
State Climate Change Cell
MSME Transition Schemes
Reliability Model
RPO Indicator
Ambition Indicator
Green Bonds / Municipal Finance
Fossil Fuel Subsidy
Payment Delay (DISCOMs)
CAMPA / Gim Fund Utilisation
RE Budget
Central Assistance
Coal Penalty
Industrial Electrification Pilots
Green Hydrogen Pilots
Smart Meter Penetration
Solar Capacity Installed Per MW Demand
Capacity Utilisation
Skilled Workforce Availability


Representative image



DEVELOPING FINANCING PATHWAYS FOR LOW CARBON TARGETS IMPLEMENTATION IN ODISHA

2025 Onwards

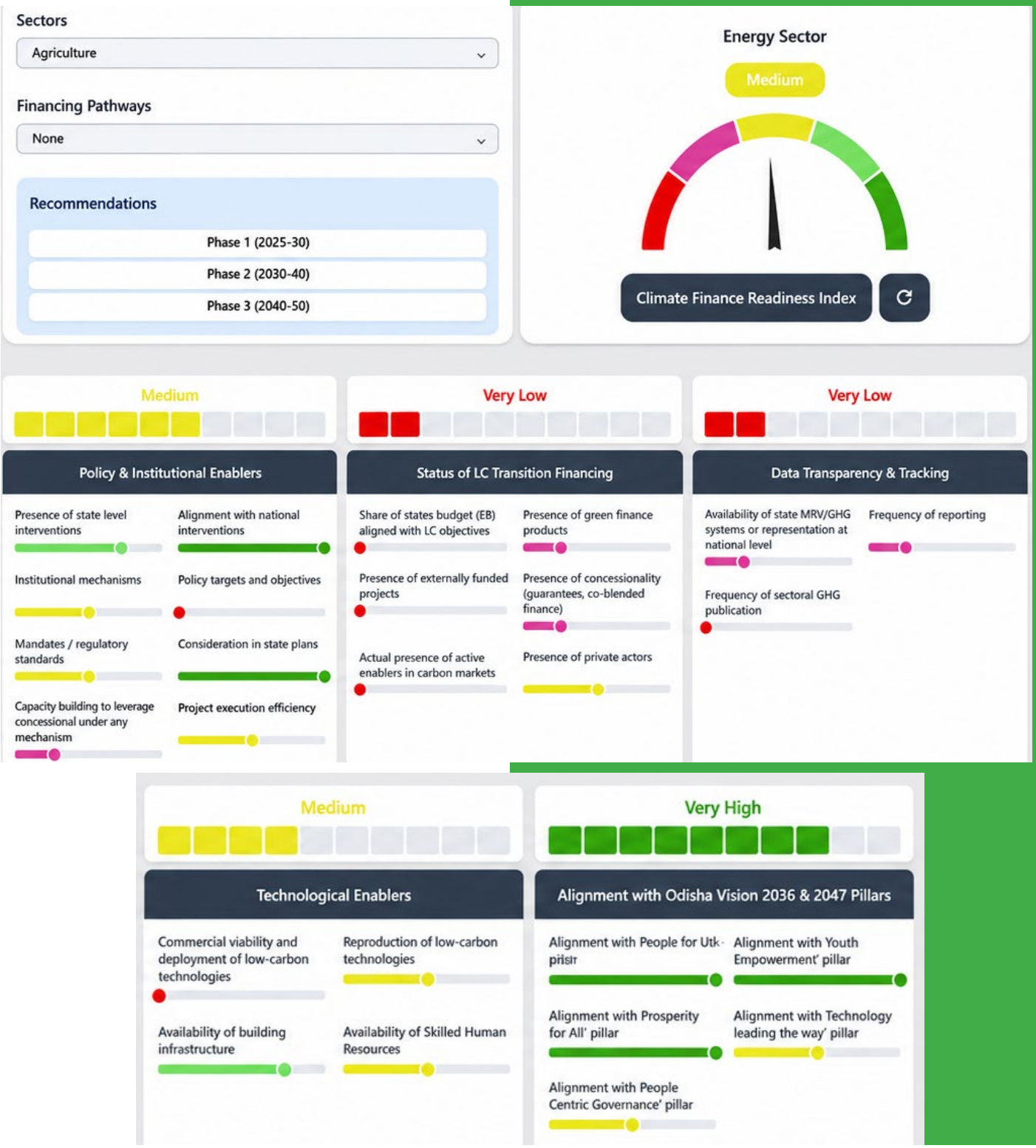
Odisha

Population of the State, Police Makers and Other Stakeholders



Programme Overview

A subnational climate finance study, it assesses the scale of investments required for Odisha's low-carbon transition and identifies strategic pathways to mobilise climate finance across the state's key emitting and climate-vulnerable sectors. The study covers eight priority sectors of energy, industry, transport, urban development, agriculture, forestry, steel and mining, and fisheries & livestock. Sectoral preparedness is assessed through a Climate Finance Readiness Index (CFRI) built on 5 dimensions of policy and institutional enablers, status of low-carbon transition financing, technology enablers, data transparency and tracking, and alignment with Odisha Vision 2036 & 2047. Findings are operationalised through a dynamic 'Financing Low Carbon Transition' Decision Support System (DSS) that enables policymakers, planners and financiers to assess readiness gaps, simulate the impact of interventions, and identify phased financing pathways across three transition horizons – 2025-30, 2030-40 and 2040-50.



FY 2025–26 Highlights

- Eight priority sectors assessed and projected across the three transition phases, aligned with India's LT-LEDS and Odisha Vision 2036 and 2047
- CFRI constructed across 5 dimensions and aggregated using AHP-based MCDA weighting
- Cumulative low-carbon financing gap for Odisha estimated at approximately INR 60,901 crore till 2050
- Phased financing pathways developed for each sector across short (to 2030), medium (to 2040) and long term (to 2050) horizons
- Findings mainstreamed through the 'Financing Low Carbon Transition' Decision Support System dashboard enabling sector-wise readiness assessment, policy simulation and access to phased pathway recommendations



INTEGRATED APPROACH TO CLIMATE ADAPTATION WITH THE PRIVATE SECTOR IN BIHAR AND ASSAM

YEAR

2025 Onwards

Bihar and Assam

Smallholder and Women-headed Farmers

Programme Overview

The project aims to pilot, scale, and institutionalize innovations that improve the resilience and sustainable livelihoods of smallholder and women-headed farmers in Bihar. It aims to deepen climate-smart agriculture (CSA) impact and scale proven model in adjacent districts or blocks through government systems. It anchors Programme Facilitation Unit (PFU), and will convene government, private sector, and development actors for scaling Climate Smart Villages (CSV) model.

Project mandate includes

- Co-development of **context-specific CSV models** for both states and mobilise governmental buy-in and investments
- Develop Measurement, Reporting and Verification (MRV) systems and track outcomes and results with state governments
- Facilitate Agri start-up partnership with CSV; and mentoring support of SME
- Support scaling through Jeevika and the government and identify opportunities for co-investment

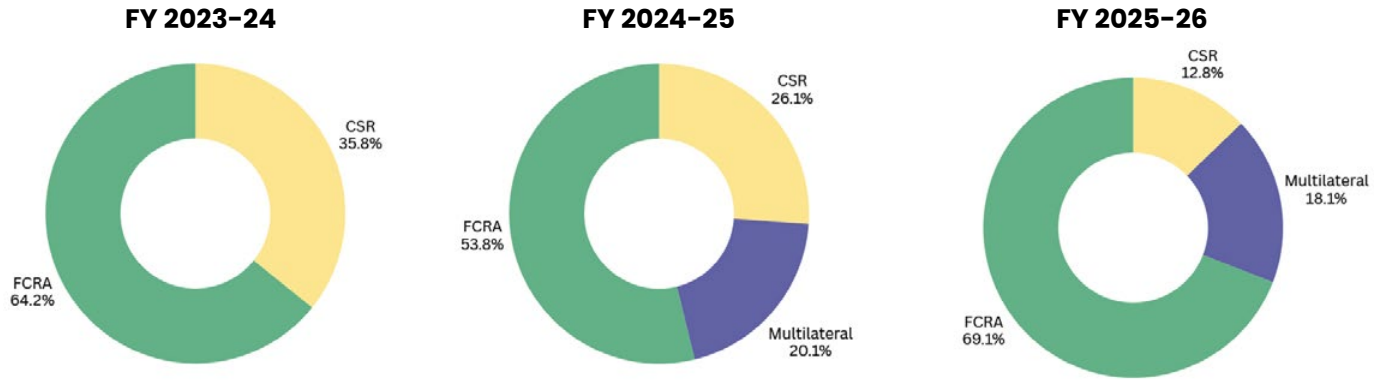
FY 2025–26 Highlights

» State mobilisation and model co-creation is in progress in Bihar. Additionally, a scoping review has been conducted for existing CSV sites and identifying potential sites for expansion.

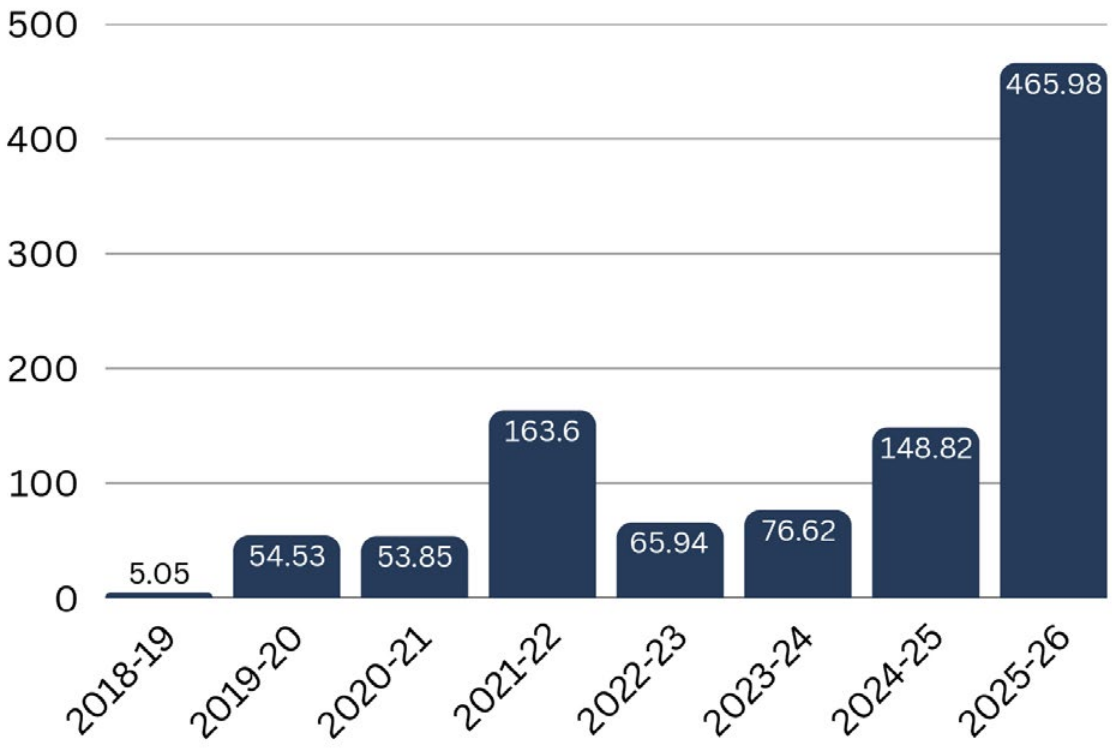
SECTION 7

FINANCIAL OVERVIEW

Funding Distribution by Nature (FY 2023-24 to FY 2025-26)



Contribution Received (In INR Mn.)




POST



SECTION 8

THE WAY FORWARD

As we look to the future, CKD will continue to advance its mission through an integrated and inclusive development approach that places equity, sustainability, and resilience at the centre of its work. Across all programmes, we will strengthen the mainstreaming of gender equality, disability inclusion, and social inclusion to ensure that historically marginalized and underserved populations are able to access opportunities and services that improve their quality of life.

We will continue to leverage social and behaviour change communication (SBCC), digital innovations, data-driven decision-making, and evidence-based programming to strengthen systems, enhance service delivery, and foster meaningful community engagement. Through strategic partnerships with governments, development partners, academic institutions, and the private sector, CKD will support scalable solutions that drive sustainable impact.

Over the next five years, CKD will consolidate and expand its work across adolescent health and wellbeing, nutrition, maternal and child health, immunization, non-communicable diseases, climate action, and climate-smart agriculture. Particular emphasis will be placed on breaking the intergenerational cycle of malnutrition, improving health outcomes for women, adolescents, and children, strengthening community resilience to climate change, and promoting sustainable development pathways.

Our approach will continue to be grounded in capacity building, technical and managerial support, knowledge generation, and evidence dissemination. By fostering innovation, strengthening local systems, and enabling communities to lead their own development journeys, CKD aims to create lasting, equitable, and transformative change for the populations it serves.

SECTION 9

OUR PARTNERS





















































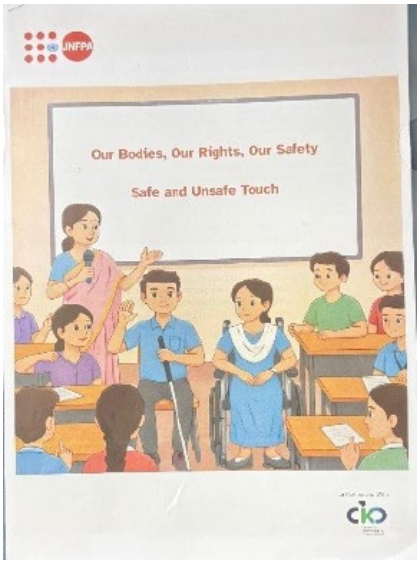


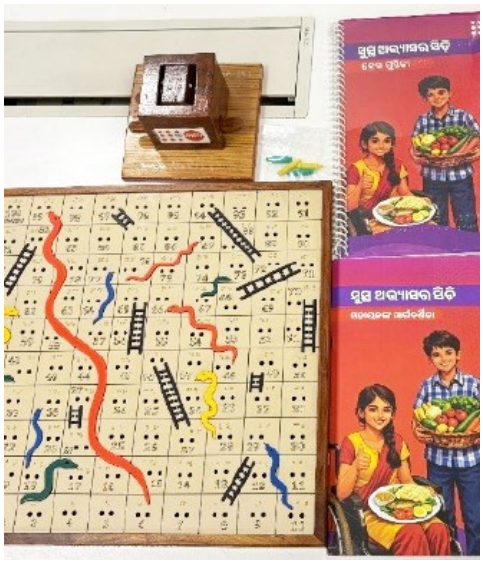




SECTION 10

IEC/BCC COLLATERALS







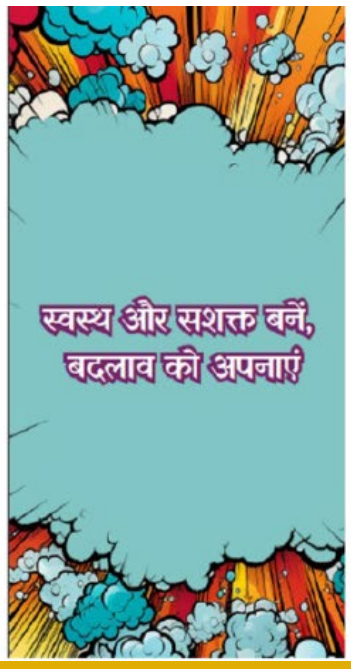




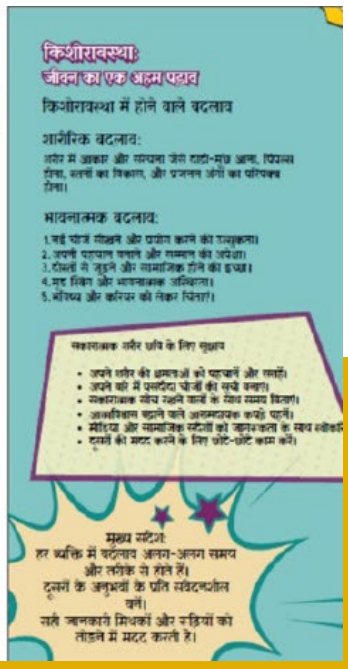








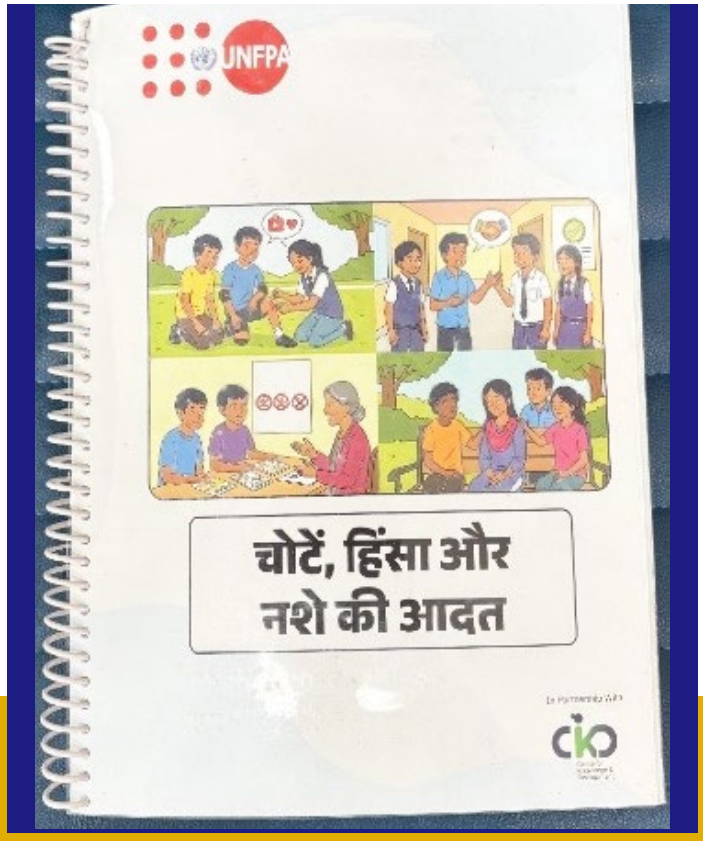





ରୋଗମୁକ୍ତ ଗଞ୍ଜାମ (Rog Mukt Ganjam) : ମହିଳା ଓ ଶିଶୁରୋଗୀଙ୍କୁ ସ୍ୱାସ୍ଥ୍ୟସେବା ଦିଆଯାଉ -ଏହା ହେଉଛି ଭିତ୍ତିର ଭାବନା ଆଜି ।
ଗର୍ଭବତୀ ମହିଳାଙ୍କ ନିମନ୍ତେ ୫ଟି ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ସୂଚନା
1 ଶିଶୁର ମସ୍ତିଷ୍କ ଓ ହୃଦ୍‌ପିଣ୍ଡ ଉପଯୁକ୍ତ ବିକାଶ ନିମନ୍ତେ ୩ୟରୁ ୬ଷ୍ଠ ମାସରେ ଲୌହ ଓ ଓମେଗ ୩ ଯୁକ୍ତ ଖାଦ୍ୟ ଖାଆନ୍ତୁ
2 ଲୌହ ହେଉ ନଥିଲେ ମଧ୍ୟ ଖାଆନ୍ତୁ ଯେପରିକି ଗର୍ଭସ୍ଥ ଶିଶୁ ଲୌହରେ ନ ରହେ
3 ଆଇରନଯୁକ୍ତ ଖାଦ୍ୟ ଅଧିକ ମାତ୍ରାରେ ଖାଆନ୍ତୁ, କ୍ୟାଲ୍ସିୟମ୍ ବଟିକା ସହାୟତେ ଓ ଦ୍ୱିପହରରେ ଡରା ଆଇରନ୍ ବଟିକା ରାତିରେ ଶୋଇଯାଇବେବେ ଖାଆନ୍ତୁ, କ୍ୟାଲ୍ସିୟମ୍ ଓ ଆଇରନ୍ ବଟିକା ଏକା ସଙ୍ଗେ ଖାଆନ୍ତୁ ନାହିଁ
4 ରାତିରେ ପୁରା ଶୋଇବା ସଙ୍ଗେ ସଙ୍ଗେ ଦିନବେଳେ ଦୂର ଘଣ୍ଟା ଆରାମ୍ କରନ୍ତୁ
5 ପ୍ରସବ ପୂର୍ବ ପରୀକ୍ଷା ନିମନ୍ତେ ନିଶ୍ଚୟ ଯାଆନ୍ତୁ ଓ ଆ ନିଜ ଓଜନ ମଧ୍ୟ ପରୀକ୍ଷା କରନ୍ତୁ
ସେଫ୍, ଫ୍ରିଟ୍ ଓ ସସ୍ତର ମଦ୍ୟ ଆସୋସିଏସନ୍, ଭବାନୀଶଙ୍କର୍ ଦ୍ୱାରେ ନିର୍ମିତ୍ତ ।
ଅଧିକ ସୂଚନା ନିମନ୍ତେ ନିକଟସ୍ଥ ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ର, ଓଡା ଆଙ୍ଗନ ବାଡ଼ି କେନ୍ଦ୍ର ସହ ଯୋଗାଯୋଗ କରନ୍ତୁ


ରୋଗମୁକ୍ତ ଗଞ୍ଜାମ (Rog Mukt Ganjam) : ମହିଳା ଓ ଶିଶୁରୋଗୀଙ୍କୁ ସ୍ୱାସ୍ଥ୍ୟସେବା ଦିଆଯାଉ -ଏହା ହେଉଛି ଭିତ୍ତିର ଭାବନା ଆଜି ।
ରକ୍ତ ହୀନତା କଣ ?
ରକ୍ତ ହୀନତା ର କାରଣ
ରକ୍ତ ହୀନତା ର ଲକ୍ଷଣ
ରକ୍ତ ହୀନତା ପ୍ରଭାବ
ଖାଦ୍ୟ ପ୍ରାକୃତିକ ପରାମର୍ଶ
ଅଧିକ ସୂଚନା ନିମନ୍ତେ ନିକଟସ୍ଥ ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ର, ଓଡା ଆଙ୍ଗନ ବାଡ଼ି କେନ୍ଦ୍ର ସହ ଯୋଗାଯୋଗ କରନ୍ତୁ
ସେଫ୍, ଫ୍ରିଟ୍ ଓ ସସ୍ତର ମଦ୍ୟ ଆସୋସିଏସନ୍, ଭବାନୀଶଙ୍କର୍ ଦ୍ୱାରେ ନିର୍ମିତ୍ତ


ରୋଗମୁକ୍ତ ଗଞ୍ଜାମ (Rog Mukt Ganjam) : ମହିଳା ଓ ଶିଶୁରୋଗୀଙ୍କୁ ସ୍ୱାସ୍ଥ୍ୟସେବା ଦିଆଯାଉ -ଏହା ହେଉଛି ଭିତ୍ତିର ଭାବନା ଆଜି ।
ଲୌହସାରଯୁକ୍ତ ଖାଦ୍ୟ ଖାଆନ୍ତୁ, ରକ୍ତ ହୀନତାକୁ ଦୂରେଇ ଦିଅନ୍ତୁ ଓ ସୁସ୍ଥ ରୁହନ୍ତୁ
ଏହି ସବୁ ଖାଦ୍ୟ ଖାଇବା ସହ ଆଇରନ୍ ବଟିକା (ଆଇ. ଏଫ୍. ଏ.) ମଧ୍ୟ ଖାଆନ୍ତୁ
ଗର୍ଭବତୀ ଓ ସ୍ତନ୍ୟଦାନ କରୁଥିବା ମହିଳା
୧୦ରୁ ୧୯ ବର୍ଷର କିଶୋର ଓ କିଶୋରୀ
ନଅମାସରୁ ୬ ବର୍ଷ ବୟସ୍କ ପର୍ଯ୍ୟନ୍ତ ଗର୍ଭବତୀ/ଧାତ୍ରିକା (ଆଇ.ଏଫ୍.ଏ. ସିରପ୍)
ସେଫ୍, ଫ୍ରିଟ୍ ଓ ସସ୍ତର ମଦ୍ୟ ଆସୋସିଏସନ୍, ଭବାନୀଶଙ୍କର୍ ଦ୍ୱାରେ ନିର୍ମିତ୍ତ ।
ଅଧିକ ସୂଚନା ନିମନ୍ତେ ନିକଟସ୍ଥ ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ର, ଓଡା ଆଙ୍ଗନ ବାଡ଼ି କେନ୍ଦ୍ର ସହ ଯୋଗାଯୋଗ କରନ୍ତୁ


UNFPA
चोटें, हिंसा और नशे की आदत

SECTION 11

REACH US

www.ipeckd.org

B-84 Defence Colony, New Delhi-110024

+91 11 4075 5900

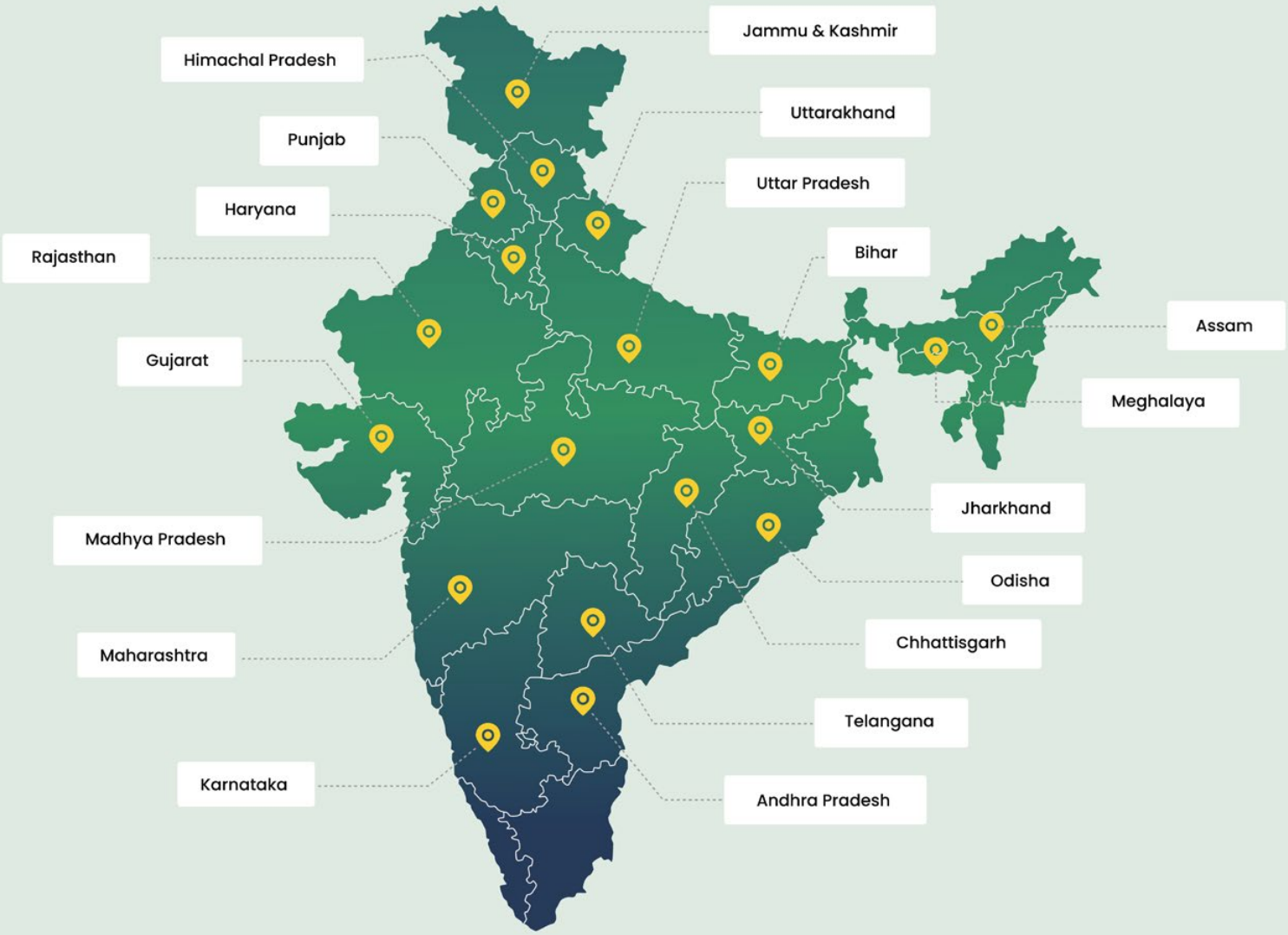
Info@ipeckd.org



SECTION 12

CKD'S FOOTPRINT

Over the years, CKD has co-created solutions across the country.





Centre for
Knowledge &
Development

B - 84, Defence Colony, New Delhi-110024

+91 11 4075 5900 +91 11 2433 9534 info@ipeckd.org

For more details log on to **www.ipeckd.org**