



GAIL (India) Limited



Preventive

Health-Care Initiative
by Distributing Nutritious
Poshan Kits & Organising
Mega Health Check-Up &
Nutritional Camp

Project Completion Report

2025-26

Hazaribagh & Ramgarh

A CSR Partnership between GAIL (India) Limited & Youth of India Foundation



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Executive Summary:

The **Distribution of Poshan Kits and Organization of Mega Health & Nutritional Camps** in Churchu block of Hazaribagh district and Dulmi block of Ramgarh district was implemented with the support of **GAIL (India) Limited** as part of its Corporate Social Responsibility (CSR) commitment towards improving health and nutrition in vulnerable communities. The initiative addressed the pressing issue of malnutrition among pregnant women, lactating mothers, and children between 6-36 months in these aspirational blocks, where high rates of anaemia, maternal health risks, and child undernourishment remain persistent challenges. Aligned with the Government of India's flagship Poshan Abhiyaan and the United Nations Sustainable Development Goals (SDGs), the project reached hundreds of families with essential nutrition support and comprehensive health interventions.

A total of **900 Poshan Kits** were distributed - 450 in each block - providing targeted nutritional supplements designed to address local dietary deficiencies. Each kit was composed of 12 key ingredients, and scientific analysis revealed a significant dietary uplift per individual. Protein intake increased by approximately **250-300 grams** through soya chunks, flax seeds, jowar, and bajra; iron consumption improved by **100-120 milligrams** through moringa, dates, bajra, and pumpkin seeds; **calcium intake** increased by **5-6 grams** with chia, flax, and moringa; and **omega-3 fatty acids** rose by about **40 grams**, improving cardiovascular and cognitive health. In addition, **fiber intake** improved by around **150 grams**, enhancing digestion and metabolism; natural sugars from honey and dates contributed nearly **90-100 grams**, reducing reliance on processed snacks; while the **antioxidant load** from moringa, triphala, and seeds reached **70,000 ORAC units per person**, strengthening immunity and cellular protection.

In parallel, **Mega Health & Nutritional Camps** were conducted, offering medical screenings, nutrition counselling, hygiene awareness, and guidance on maternal and child healthcare. Beneficiaries were also supported in accessing government entitlements, including enrolments under the Ayushman Bharat Health Account (ABHA) and other relevant health and nutrition schemes. The initiative went beyond immediate relief by embedding sustainability measures such as behaviour change communication (BCC) workshops, community awareness sessions, and promotion of kitchen gardening through seed distribution. These interventions encouraged families to adopt long-term dietary improvements and fostered community-driven solutions to nutritional challenges.

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This Project significantly contributed to GAIL India's CSR goals under the Health and Nutrition thematic area by strengthening public health outcomes, empowering women, and enhancing child welfare. The approach demonstrated here provides a scalable and replicable model of how CSR interventions can transform vulnerable communities through integrated nutrition, health awareness, and sustainable practice

Project Components:

1. Nutrition Kit Distribution: All 900 kits were distributed in a single-phase (450 in each location), directly benefiting over **900 women**, under a multi-tier verification system, ensuring accuracy and accountability.

2. Health and Nutrition Camps: Delivered critical check-ups and awareness around hygiene, gynaecological care, micronutrient deficiencies, and wellness.

3. Behaviour Change Communication (BCC): Pamphlets and awareness sessions encouraged dietary shifts, kitchen gardening, and traditional food systems.

4. Integration with Government Schemes: Enrolments for **Ayushman Bharat Health Cards** and other central/state healthcare schemes were facilitated on-site.

5. Sustainability and Community Empowerment: Distribution of **Kitchen Garden Seed Kits**, dedicated gardening workshops, and continued access to educational material fostered lasting change.



A unique feature of this project was the **multi-tiered beneficiary verification system**, which ensured transparency, accountability, and precise targeting of support. All beneficiaries were preidentified by the District Health Department through the active involvement of Saiya Didis and Saiyan Saathis - trusted local women health workers who serve as the first point of contact for rural families. Each beneficiary was notified multiple times before the event to ensure their participation. The distribution process itself was designed to uphold **dignity and inclusivity**, with structured seating arrangements, pre-placed kits beneath chairs, systematic crowd management, and continuous personal guidance by trained volunteers. This not only minimized confusion but also reinforced the sense of respect and care extended to every woman and child present.

The project stands as a **powerful example of how CSR funding, when combined with grassroots execution and strong community partnerships, can translate into measurable social impact**. By linking essential nutrition distribution with health camps, enrolment in government schemes, and awareness-building activities, the initiative has contributed directly to improving **public health outcomes, enhancing nutrition security, and empowering women at the household and community levels**. Beyond immediate relief, it has created a framework of sustainable practices - such as kitchen gardening, behaviour change communication, and local health worker engagement - that make it a **scalable and replicable model for rural India**.

Background:

Hazaribagh and Ramgarh, two aspirational districts in Jharkhand, represent some of the most nutritionally vulnerable regions of India. Despite ongoing interventions under national programs like **Poshan Abhiyaan**, both districts continue to grapple with widespread undernutrition, stunting, wasting, and anaemia, particularly among pregnant and lactating women and children below three years of age.

Data from **NFHS-5** highlights the depth of this crisis. In **Ramgarh**, 39.6% of children under five are stunted, 22.4% are wasted, and 39.4% are underweight. Anaemia is alarmingly prevalent, with 67.5% of children (6–59 months) and 65.3% of women (15–49 years) affected. In **Hazaribagh**, 38% of children under five are stunted, 16% wasted, and 32% underweight, while 62% of children and 54% of pregnant women suffer from anaemia. These indicators illustrate a dual burden of undernutrition and micronutrient deficiencies that hinder growth, learning, and survival.

The root causes of this persistent malnutrition are **complex and multidimensional**. Remote tribal and rural belts face inadequate access to healthcare services, compounded by **under-resourced medical infrastructure** and shortages of trained personnel. **Low awareness of maternal and infant nutrition** – such as poor breastfeeding practices, with only 18–22% of mothers initiating breastfeeding within the first hour of birth — exacerbates risks in early life. **Economic hardships and food insecurity** limit households' ability to access balanced diets, while cultural and gender-based barriers restrict women's access to healthcare and decision-making around nutrition.

Recognizing these gaps, the **Youth of India Foundation**, with the support of **GAIL (India) Limited**, launched the project “Distribution of Nutritious Poshan Kits and Implementation of Mega Health & Nutritional Camps” across the **Churchu Block of Hazaribagh** and the **Dulmi Block of Ramgarh**. The intervention was designed to combine **nutritional supplementation, medical screening, and education-based empowerment**, directly targeting the most at-risk populations:

- 👤 **Pregnant Women** – ensuring improved maternal nutrition and reduced pregnancy-related complications.
- 👤 **Lactating Mothers** – enhancing postnatal health and breast milk quality.
- 👤 **Children under three years** – addressing malnutrition during the most critical window of growth and development.



Beyond kit distribution, the initiative included **awareness sessions on diet and hygiene, kitchen gardening training with seed kits** for household-level food security, and **enrolment support in government health schemes** such as Ayushman Bharat and ABHA ID generation. These layered interventions seek not only to meet immediate nutritional needs but also to establish **sustainable health and nutrition practices**, strengthening community resilience.

By focusing on vulnerable households in these aspirational districts, the project aligns with the **Sustainable Development Goals** (SDGs 2: Zero Hunger, 3: Good Health and Well-being, and 5: Gender Equality) and creates a **replicable, community-driven model** to address entrenched malnutrition challenges in rural India.

Challenges:

While the project achieved its intended objectives and reached over 900 verified beneficiaries across Churchu (Hazaribagh) and Dulmi (Ramgarh), the implementation process was not without its challenges. Operating in aspirational districts with limited infrastructure, socio-cultural barriers, and systemic gaps posed several operational and strategic hurdles. These challenges, though mitigated through proactive field coordination, provided valuable insights for future program optimization.

- 👤 **Difficult Terrain and Weather Conditions:** Several target villages in Churchu and Dulmi blocks were located in remote forest-adjacent areas. Poor road infrastructure, exacerbated by monsoon rains, led to **delayed transportation** of materials and required adaptive logistics planning.
- 👤 **Storage and Transit Concerns:** Temporary storage facilities and security arrangements for the kits in the days leading up to distribution were not always optimal. Although each kit was thoroughly quality-checked before dispatch, risks such as moisture exposure, and handling damage, requiring constant monitoring and corrective measures.
- 👤 **Skepticism and Low Awareness:** For many beneficiaries, food items such as flax seeds, moringa powder, and kitchen garden kits were unfamiliar. Initial hesitation and misconceptions were common, as traditional dietary habits often did not include these ingredients. Nutrition experts had to invest additional effort in explaining their usage and benefits.
- 👤 **Last-Moment Absenteeism:** Despite repeated reminders and confirmations, some preidentified beneficiaries failed to show up on the day of the distribution. This created operational inefficiencies and underutilization of resources. The experience highlighted the importance of preparing **additional reserve beneficiary lists**, verified in advance, to ensure that every kit and service reaches an intended recipient without wastage.



- ☹️ **Manual Data Entry Challenges:** Due to limited digital literacy among local volunteers and staff, most verification and attendance data had to be recorded manually. This occasionally led to incomplete records, missed signatures, or delays in consolidation.
- ☹️ **Real-Time Impact Tracking:** In the absence of automated systems or mobile-based tracking tools, beneficiary feedback and scheme enrolment data had to be captured postevent, affecting real-time monitoring.
- ☹️ **Incomplete Documentation:** A number of beneficiaries lacked valid Aadhar cards or health scheme registration, creating delays in **Ayushman Bharat and ABHA ID enrolments** at the camp sites.

Lessons Learned:

The project provided critical insights into how nutrition and health interventions can be effectively delivered in aspirational districts like Hazaribagh and Ramgarh. The following lessons emerged from implementation:

- ☹️ **Pre-Identification Alone is Not Enough:** Even with strong community mobilization by *Saiya Didis* and *Saiya Saathis*, some confirmed beneficiaries did not attend on the day of distribution. Preparing **reserve beneficiary lists** and maintaining buffer stocks proved essential to ensure zero wastage of kits and full utilization of resources.
- ☹️ **Community Health Workers are Key to Outreach:** Local women health workers (*Saiya Didis/Saathis*, Anganwadi staff) were critical to mobilization, verification, and awareness building. Their trust within communities bridged gaps of skepticism and low awareness. Future interventions must institutionalize their role for sustained outreach.
- ☹️ **Multi-Tiered Verification Builds Trust and Accountability:** The three-step verification process (Aadhaar check, gate-level validation, final signature with coupon) ensured transparency and prevented duplication. Such systems increase credibility with both beneficiaries and CSR partners, and should be standard practice.
- ☹️ **Nutrition Orientation Needs Reinforcement:** One-time exposure to nutrition education (via sessions and pamphlets) was not sufficient to drive lasting behaviour change. Sustained follow-ups through community groups, WhatsApp reminders, or repeat camps are necessary to ensure consistent adoption of new dietary practices.
- ☹️ **Logistics Require Flexibility in Aspirational Blocks:** Poor infrastructure, difficult terrain, and monsoon weather posed significant delivery challenges. The use of real-time communication (helplines, WhatsApp groups) and maintaining **buffer stock at central hubs** were effective strategies to mitigate risks.
- ☹️ **Scheme Enrolment Barriers Persist:** Many beneficiaries lacked complete documents or understanding of schemes like Ayushman Bharat or Poshan Abhiyaan. This highlighted the need for **pre-event documentation drives** and continuous handholding for government scheme enrolments.



Successes and Best Practices:

Despite the challenges, the project successfully achieved its intended objectives and delivered measurable improvements in nutrition, health awareness, and community engagement across the **Churchu block of Hazaribagh** and **Dulmi block of Ramgarh**, reaching over **900 verified beneficiaries**. Several notable successes and best practices emerged, providing a replicable model for future interventions:



- ☹️ **Effective Multi-Tiered Beneficiary Verification:** The project introduced a **three-step verification system** - Aadhaar validation, gate-level checks, and final coupon collection with signatures - which ensured transparency and prevented duplication of beneficiaries. This rigorous process was noted as one of the strongest accountability mechanisms in both events.
- ☹️ **Pre-Identification through Local Health Workers:** Beneficiaries were pre-identified by the District Health Department in collaboration with *Saiya Didis* and *Saiya Saathis* (local health workers). Their involvement ensured accurate targeting of pregnant and lactating women, effective communication, and repeated reminders to ensure attendance. This grassroots outreach was critical to mobilizing beneficiaries in remote areas.
- ☹️ **Dignified and Inclusive Distribution Process:** Distribution was designed to uphold dignity and ease for beneficiaries. Kits were pre-packed and placed under the seats of each participant in the auditorium, minimizing wait times and confusion. Queue management was systematic, with village-wise batch entry supported by volunteers. The process was structured, inclusive, and well-received.
- ☹️ **Integration of Health Services with Nutrition Support:** Each distribution event was paired with a **Mega Health & Nutritional Camp**, offering gynaecology consultations, vital checks, optometry screenings, and general consultations. 2 mega health check-ups were conducted across both locations, and **600+ beneficiaries were enrolled in Ayushman Bharat and ABHA IDs**, linking them to long-term government healthcare.
- ☹️ **Behaviour Change Communication (BCC) and Kitchen Gardening:** Every beneficiary received GAIL-branded **IEC pamphlets** on balanced diets, hygiene, and healthy living, along with **Kitchen Garden Seed Kits**. Training sessions were conducted on how to cultivate kitchen gardens, alongside practical guidance on consuming kit items like flax seeds, soya chunks, and moringa powder. This sustainability component directly addressed long-term nutrition security.

- Community-Centric Awareness and Education:** Continuous **LED screenings** displayed educational videos on government schemes, health practices, and special awareness messages, including one from the Hon. Member of Parliament, Shri Manish Jaiswal Ji. This audiovisual approach complemented expert-led nutrition sessions, making complex concepts easier to grasp for rural audiences.
- Strong Stakeholder and Leadership Participation:** The presence of the **Hon. MP Shri Manish Jaiswal Ji**, senior officials from **GAIL (India) Limited**, the Block Development Officer, and district health officials created strong visibility and credibility. Guest addresses emphasized the importance of maternal-child nutrition and healthcare access, further motivating beneficiaries to adopt program learnings.
- Robust Event Management and Infrastructure:** Both events were conducted with waterproof tents, on-site medical support, refreshments, and safe crowd flow management. Free medicines were made available at the health camp, photo booths were installed for awareness and branding, and seating arrangements were managed to prioritize pregnant and lactating women. This attention to detail enhanced beneficiary experience.
- Documentation, Transparency, and Branding:** Comprehensive documentation of procurement, logistics, and distribution was maintained, ensuring accountability. GAIL branding on kits, pamphlets, seed kits, and IEC materials enhanced CSR visibility while reinforcing the message of corporate commitment to community health.
- Healthcare Partnerships Expand Continuity of Care:** Aligning more closely with Primary Health Centres (PHCs) and community clinics could ensure that prescriptions and referrals from the health camps are followed up effectively. This will extend the project's impact beyond the event day.
- Navigating Government Schemes Requires Onsite Support:** Many beneficiaries were eligible for schemes like Ayushman Bharat, POSHAN Abhiyaan, and ICDS, but lacked documentation or digital access. Having dedicated help desks and trained volunteers to assist with real-time registrations proved crucial and should be a standardized feature in all future projects.
- Positioning Nutrition as a Livelihood Strategy Increases Uptake:** The introduction of Kitchen Garden Seed Kits not only promoted better nutrition but also aligned with household economic interests. Framing nutrition within the context of cost savings, food autonomy, and income generation improved receptivity among families.
- Multi-Level Beneficiary Verification:** In both Charhi and Dulmi, beneficiaries underwent a three-step unique verification process:



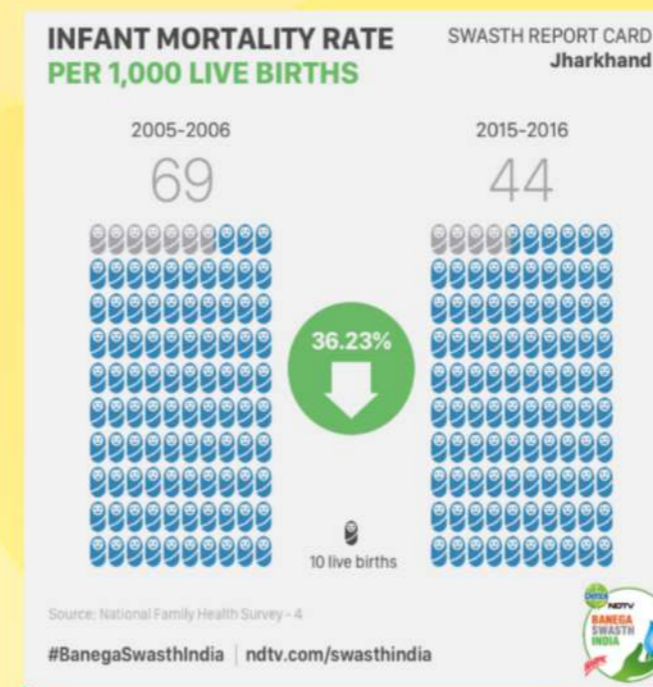
- 1. Initial Verification:** In Charhi, Aadhar and name were verified to issue a **numbered coupon** to the beneficiary. In Dulmi, Aadhar and name were verified along with the beneficiary signing to issue a **Consent Form**, which was kept with the beneficiary.
- 2. Gate-Level Check:** In Charhi, the gate-level check confirmed the beneficiary's presence with the numbered coupon, after which the beneficiary signed the list and consent form. In Dulmi, the consent form and signature on the beneficiary list was verified to ensure the beneficiary's presence, after which the coupon was issued.
- 3. Final Verification:** In Charhi, the beneficiary had to show a uniquely numbered pamphlet before entering the hall. In Dulmi, the beneficiary submitted the uniquely numbered coupon to receive the distribution.

By internalizing these lessons, future nutrition and health initiatives can become more inclusive, impact-driven, and resilient, ensuring not just short-term nutritional upliftment but also long-term transformation in community health behaviors and systems.

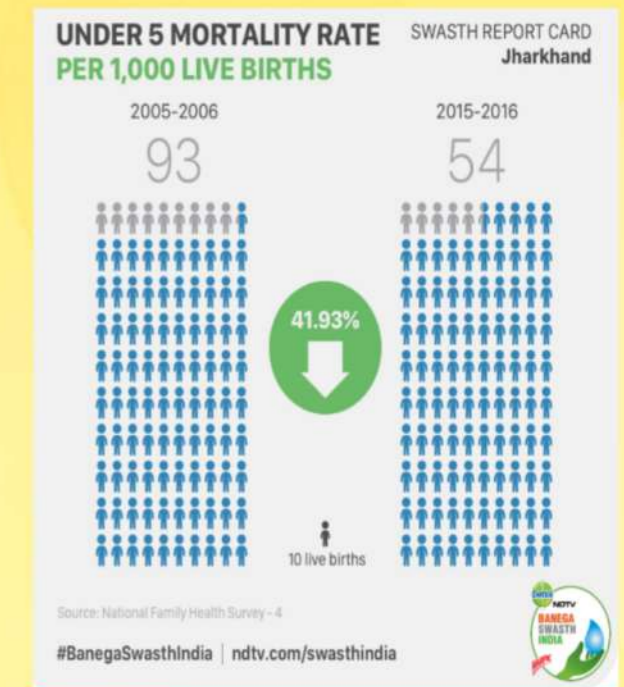
Needs Assessment:

Jharkhand has been grappling with a chronic malnutrition crisis for over a decade. Despite multiple flagship schemes and targeted interventions under **POSHAN Abhiyaan**, the state continues to rank among the poorest performers in India on maternal and child health indicators. Infant and under-five mortality have declined in recent years, yet **42.9% of children in Jharkhand remain underweight**, the highest in the country. Stunting has only marginally reduced from 49.8% to 45.3% over ten years, while **child wasting**, though declining from 32.3% to 29%, still far exceeds the national average. Anaemia remains pervasive across children, adolescents, and women of reproductive age.

The situation is starkly visible in the **aspirational districts of Hazaribagh and Ramgarh**, which continue to face severe and persistent nutritional challenges. These districts were selected under the **Aspirational District Programme** precisely because of their poor health and nutrition outcomes, further compounded by weak infrastructure, socio-economic deprivation, and cultural barriers to health-seeking behaviour.



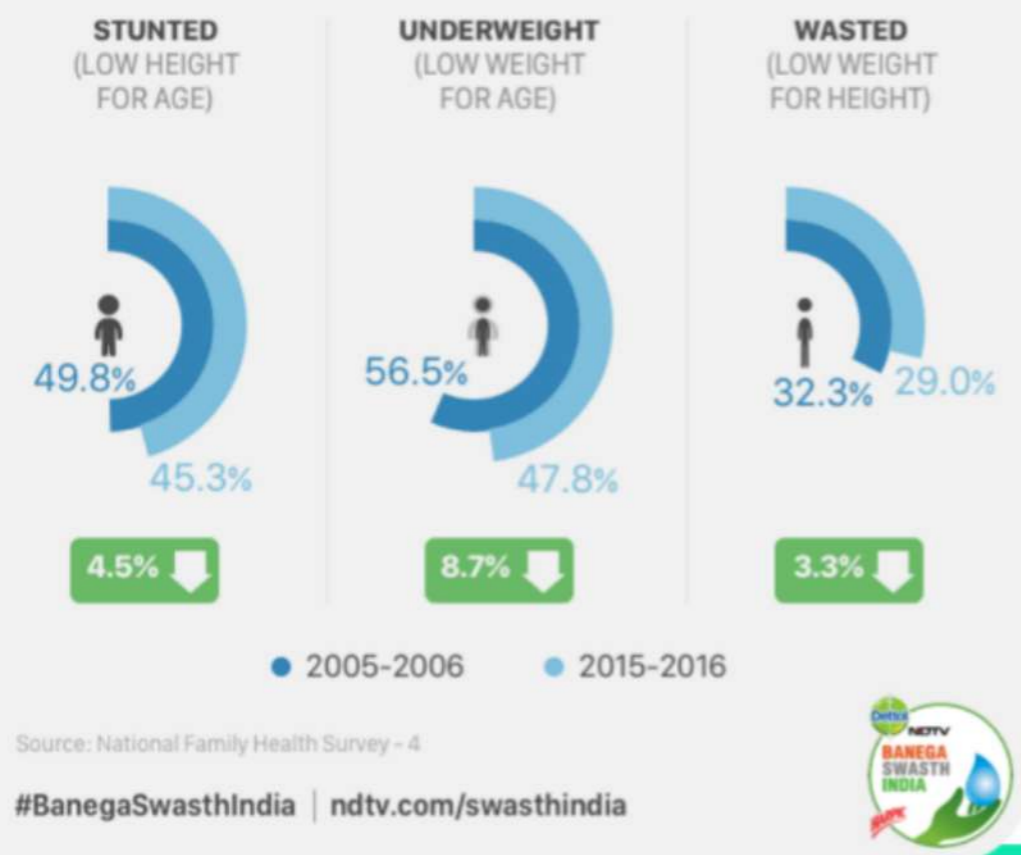
IMR over the years show downwards trend



Under U5MR saw a 42% in the 10-year period

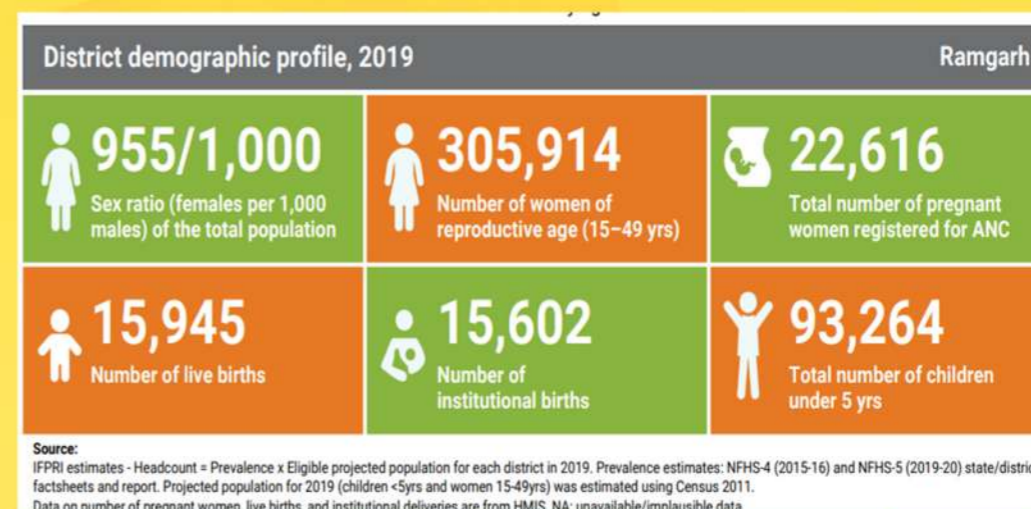
MALNUTRITION IN CHILDREN UNDER 5 YEARS

SWASTH REPORT CARD
Jharkhand

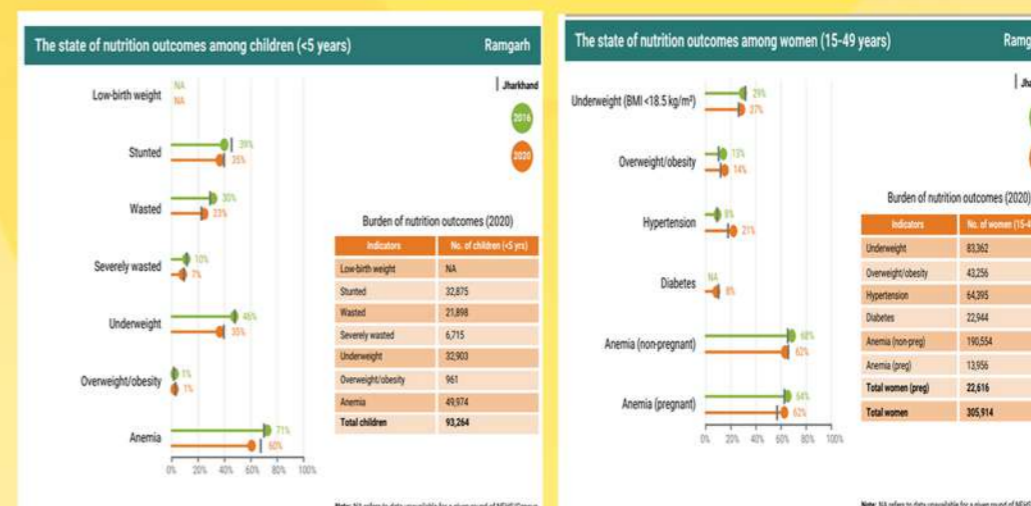


Under U5MR saw a 42% in the 10-year period

As per the NITI Aayog's District Nutrition Profile for Ramgarh:



March 2022



March 2022

March 2022

Dulmi Block, Ramgarh:

Dulmi block reflects the deep structural vulnerabilities of rural Jharkhand. According to the NITI Aayog District Nutrition Profile (2022)¹, nearly **39% of children under five are stunted, 35% wasted, and 30% underweight**, while **46% suffer from anaemia**. Among women aged 15-49 years, nearly **29% are underweight, 64% of pregnant women are anaemic, and 68% of non-pregnant women are anaemic**.

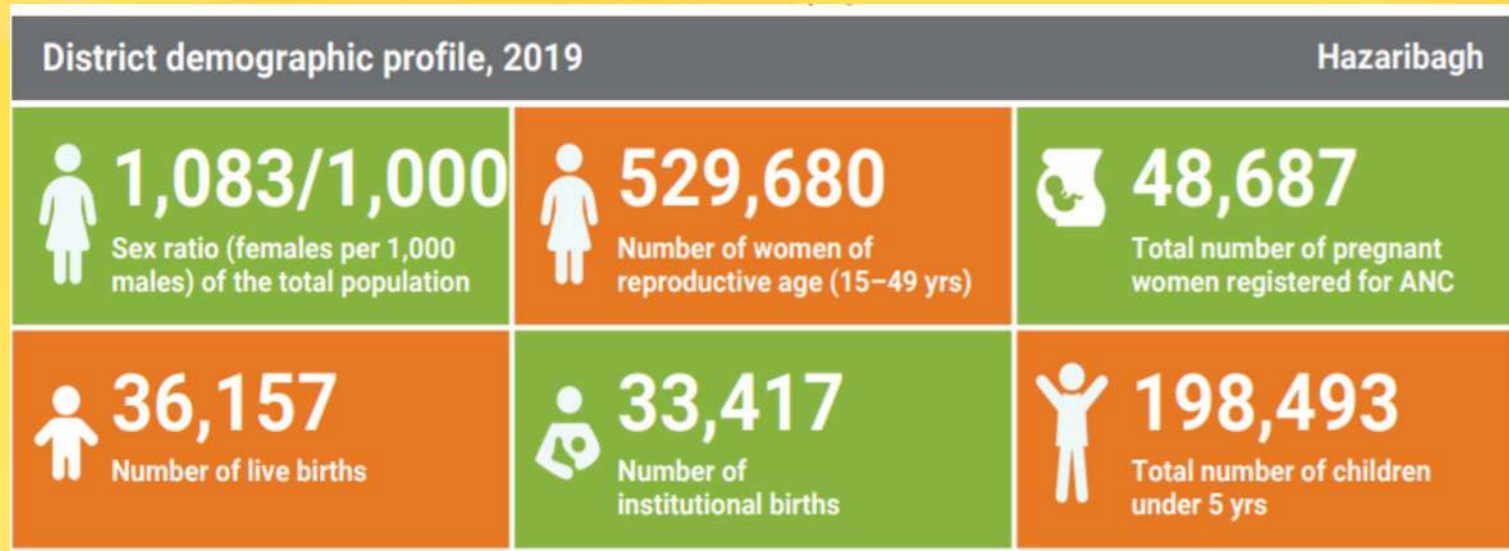
Field findings from the July 19, 2025, distribution confirmed these statistics. **Primary Health Centres (PHCs)** are irregularly staffed, with ASHAs and ANMs reporting shortages of iron and calcium tablets. **ANC coverage** remains incomplete, with many women failing to complete the four mandated check-ups. Household diets are dominated by rice, with low intake of pulses, vegetables, and protein-rich foods. Myths such as avoiding eggs and pulses during pregnancy further weaken maternal nutrition. Awareness of government schemes like Ayushman Bharat, ABHA, and TakeHome Ration (THR) is low, leaving many eligible women outside safety nets.

Churchu Block, Hazaribagh:

Churchu block, a forest-fringe, tribal-dominated region, shows even higher levels of deprivation. The NITI Aayog District Nutrition Profile (2022) reports that **49% of children under five are stunted, 25% wasted, 47% underweight, and 64% anaemic**. Among women aged 15-49 years, **32% are underweight, with 45% of pregnant women and 62% of non-pregnant women anaemic**.

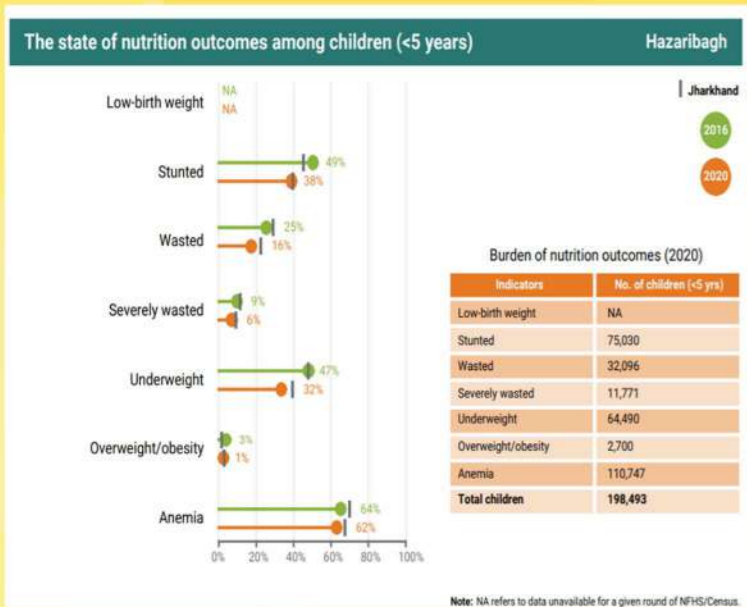
Field observations during the July 17, 2025, camp revealed systemic healthcare gaps. Several hamlets lacked functioning PHCs, and health workers did not visit regularly. **Child growth monitoring** was absent in many villages, leaving underweight or stunted children without followup. Severe anaemia was prevalent among adolescent girls and expectant mothers, many of whom had never received IFA supplementation. Cultural taboos around menstruation, reproductive health, and diet continue to perpetuate intergenerational cycles of malnutrition. Economic insecurity families relying on irregular agricultural labour or forest produce limits access to nutrient-rich diets.

As per the NITI Aayog's District Nutrition Profile for Hazaribagh:

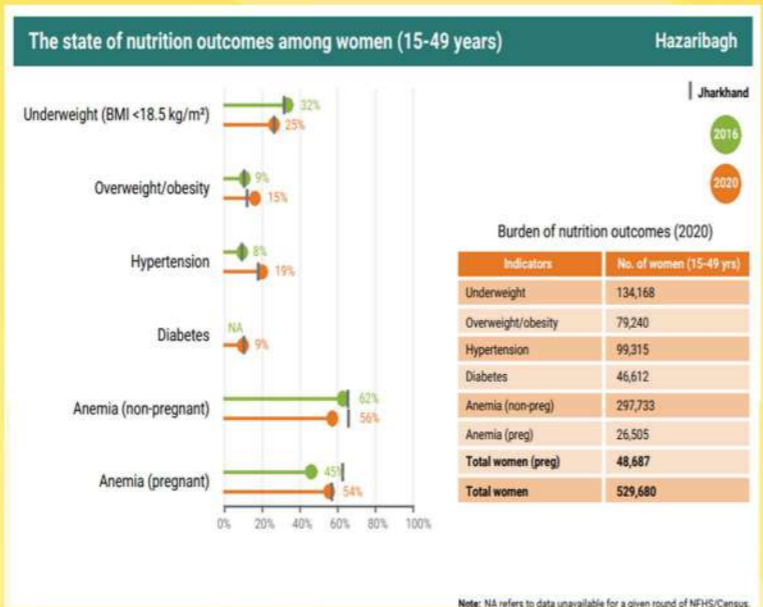


Source: IFPRI estimates - Headcount = Prevalence x Eligible projected population for each district in 2019. Prevalence estimates: NFHS-4 (2015-16) and NFHS-5 (2019-20) state/district factsheets and report. Projected population for 2019 (children <5yrs and women 15-49yrs) was estimated using Census 2011. Data on number of pregnant women, live births, and institutional deliveries are from HMIS. NA: unavailable/improbable data

March 2022



March 2022



March 2022

- ❌ **Poor Uptake of Schemes:** Despite availability, **POSHAN Abhiyaan, ICDS, Ayushman Bharat, and ABHA enrolments** remain underutilized due to documentation gaps, lack of facilitation, and poor scheme awareness.
- ❌ **Healthcare Access Gaps:** Long distances to PHCs, shortage of trained personnel, and irregular ANC coverage limit healthcare access. IFA and calcium supplementation are inconsistent, and high-risk pregnancies often go unmonitored.
- ❌ **Household Food Insecurity:** Seasonal incomes, low agricultural productivity, and lack of kitchen gardens restrict dietary diversity. Packaged nutrition options are unaffordable in local haats.
- ❌ **Target Vulnerable Groups:** Pregnant women (many moderately to severely anaemic), lactating mothers (suffering postpartum undernutrition), and children aged 6-36 months (particularly low birth weight and underweight) were identified as the most critical groups. Additionally, adolescent girls emerged as a preventive target group needing nutrition awareness before first pregnancies.

The needs assessment underscores that **Churchu and Dulmi are trapped in a web of malnutrition, healthcare inaccessibility, low awareness, and cultural resistance.** This creates an intergenerational cycle of poor maternal and child health. The **Poshan Kit Distribution and Mega Health & Nutritional Camps initiative** was therefore conceived to address these immediate gaps through:

- ✅ Provision of scientifically designed **nutritious Poshan Kits**
- ✅ **Health camps** with medical check-ups and preventive screenings
- ✅ **Behaviour Change Communication (BCC)** to break food myths and improve health literacy
- ✅ **Kitchen gardening and seed kit distribution** to enhance household-level food security
- ✅ **Facilitation of government scheme enrolments** to connect families with formal safety nets

By directly targeting the most vulnerable groups and addressing both supply- and demand-side barriers, the initiative is positioned to **interrupt the cycle of malnutrition**, improve maternal and child health outcomes, and lay the foundation for sustainable nutrition resilience in Jharkhand.



Common Needs Across Dulmi and Churchu:

- ❌ **Nutritional Deficits:** Reliance on calorie-dense but nutrient-poor foods (mainly rice) has left severe gaps in protein, iron, calcium, and Omega-3 intake. Pregnant and lactating women, as well as children under three, are the most affected.
- ❌ **Low Awareness and Behavioural Barriers:** Food taboos (avoiding eggs, pulses, leafy greens) and myths around child feeding practices weaken nutrition outcomes. Nutrition literacy, especially around micronutrients, is extremely low.

Key Activities During Site Visits and Needs Assessments:

The preparatory phase of the project included multiple site visits to the **Churchu block (Hazaribagh)** and **Dulmi block (Ramgarh)** to ensure accurate targeting, effective planning, and alignment with community needs. These visits provided critical ground-level insights and informed the design of the intervention. The key activities undertaken were:

1. Stakeholder Consultations

- ☺ Meetings with the **District Health Department**, Block Development Officers, and frontline workers (ANMs, ASHAs, Anganwadi Workers) to map high-burden villages and finalize beneficiary lists.
- ☺ Discussions with local governance institutions to align the project with ongoing government health and nutrition initiatives.

2. Beneficiary Identification and Verification

- ☺ Collaboration with Saiya Didis and Saiya Saathis to pre-identify pregnant women, lactating mothers, and children aged 6–36 months as priority groups.
- ☺ Cross-verification of beneficiary lists with government records to ensure transparency and avoid duplication.
- ☺ Awareness drives through home visits and repeated community-level reminders to ensure confirmed participation.

3. Infrastructure and Logistics Assessments

- ☺ Site inspections of **potential distribution and health camp venues** to assess accessibility, crowd management feasibility, and basic amenities (water, sanitation, shelter).
- ☺ Identification of **transport routes** for kit delivery, including planning around monsoon-related road challenges.
- ☺ Arrangement of storage and packaging hubs at Ranchi, with buffer stock management to counter delays.



4. Health and Nutrition Gap Analysis

- ☺ Interaction with mothers and families to understand dietary practices, food taboos, and awareness of nutrition-rich foods.
- ☺ Field observations confirming poor **ANC coverage, anaemia prevalence, and limited dietary diversity** across both blocks.
- ☺ Documentation of **scheme awareness gaps**, particularly around Ayushman Bharat, ABHA enrolment, and POSHAN Abhiyaan.

5. Behavioural and Cultural Insights

- ☺ Identified **low awareness of maternal and child nutrition**, with many families unfamiliar with the role of proteins, iron, and micronutrients in diets.
- ☺ Noted that **nutrition and reproductive health remain sensitive topics**, often not openly discussed, leaving adolescent girls and young mothers without reliable information.

6. Baseline Data Collection

- ☺ Compilation of government nutrition profiles (NFHS-5, NITI Aayog's District Nutrition Profiles) with field-level validation.
- ☺ Collection of preliminary beneficiary data, and healthcare access challenges.

7. Community Mobilization and Awareness Planning

- ☺ Mobilization of women's groups, SHGs, and local volunteers to support smooth beneficiary engagement.





8. Designing an Evidence-Based Intervention Strategy

- ☺ Community recommendations led to integrating a kitchen gardening component with the Kitchen Garden Seeds Kit which was introduced to encourage self-sufficiency and sustainable food sources.
- ☺ The need for behaviour change communication (BCC) materials was identified to enhance awareness on proper nutrition, hygiene, and maternal-child health practices.
- ☺ Nutritional awareness videos had been showcased along with various state and central Government health schemes video.



United Nations SDGs Localised and Corporate Alignment:

The Project aligns with multiple **United Nations Sustainable Development Goals (SDGs)** beyond just the goals of SDG 2 (Zero Hunger) or SDG 3 (Good Health and Well-being). The table below outlines the alignment of the project with various SDGs:

SDGs	Target and Description (as per UN Goals)	Project Alignment and Contribution	6 CLEAN WATER AND SANITATION	Target 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all. Target 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.	<ul style="list-style-type: none"> ☺ Integrated awareness sessions on hygiene and sanitation during health camps. ☺ Educated mothers on safe water usage, hygiene, and infection prevention in child care.
 <p>2 ZERO HUNGER</p>	<p>Target 2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.</p> <p>Target 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p>	<ul style="list-style-type: none"> ☺ Distributed 900 scientifically designed Poshan Kits across Hazaribagh and Ramgarh. ☺ Focused on malnourished children (6-36 months), pregnant, and lactating women. ☺ Promoted nutrient-dense diets and food diversity. 	 <p>10 REDUCED INEQUALITIES</p>	<p>Target 10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 percent of the population at a rate higher than the national average</p> <p>Target 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status</p>	<ul style="list-style-type: none"> ☺ Focused on tribal and rural communities in aspirational districts of Jharkhand. ☺ Connected beneficiaries to Govt. schemes (ABHA, ICDS, THR) to bridge service delivery gaps.
 <p>3 GOOD HEALTH AND WELL-BEING</p>	<p>Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p> <p>Target 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p>	<ul style="list-style-type: none"> ☺ Organized health & nutrition camps with screening, BMI checks, and counselling. ☺ Addressed maternal anaemia and undernutrition through fortified kits. ☺ Registered 600+ ABHA Health IDs, enabling long-term access to health services. 	 <p>12 RESPONSIBLE CONSUMPTION AND PRODUCTION</p>	<p>Target 12.1 Implement the 10-Year Framework of Programmes on Sustainable Consumption and Production Patterns, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries.</p> <p>Target 12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses.</p>	<ul style="list-style-type: none"> ☺ Promoted kitchen gardening and self-sufficient food production using kitchen garden seed kits. ☺ Encouraged local and sustainable dietary habits through Behaviour Change Communication (BCC).
 <p>5 GENDER EQUALITY</p>	<p>Target 5.1 End all forms of discrimination against all women and girls everywhere.</p> <p>Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p>	<ul style="list-style-type: none"> ☺ Project exclusively targeted pregnant and lactating women, reducing gendered health inequalities. ☺ Conducted gender-sensitive health education sessions and empowered local women as health mobilizers. 	 <p>17 PARTNERSHIPS FOR THE GOALS</p>	<p>Target 17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection.</p> <p>Target 17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.</p>	<ul style="list-style-type: none"> ☺ Modelled a CSR-Government NGO partnership between GAIL (India) Ltd., local administration, and Youth of India Foundation. ☺ Strengthened intersectoral collaboration for rural health and nutrition impact.

Impact and Corporate Brand Value:

Distributed
900
Poshan Kits

900
households
Reached

~2,000
Direct
Beneficiaries

Registered
600+
Ayushman
Bharat Health
Cards

830+
Benefitted from
Mega Health
Check-Up &
Nutritional
Camp

5,44,500
Total Nutritional
Servings

5,231
Total
Beneficiaries

100+
Villages
Impacted

2
Aspirational
Districts

Timeline:

Proposal & Planning

- 07 Oct 2024: Proposal submitted
- 21 Oct 2024 - 19 Feb 2025: Discussions and Clarifications on the Proposal
- 28 Oct - 20 Nov 2024: Beneficiary identification initiated
- 01 - 30 Nov 2024: Vendor Identification

Approvals & Agreements

- 17 Feb 2025: Proposal Accepted
- 29 Feb 2025: Suppliers for Poshan Kits finalized
- 23 April 2025: MOU Executed

Funding & Fieldwork

- 03 May 2025: Requisition for the 1st Instalment
- 30 May 2025: Beneficiaries Identified
- 30 May 2025: Beneficiaries Identified
- May-July 2025: Procurement of goods from identified vendors completed
- July 1 - 16, 2025: Logistics Coordinated (transportation, packaging, storage)
- 18 July 2025: Requisition for the 2nd instalment
- 07 August 2025: 2nd instalment released
- 18 July 2025: Requisition for the 3rd instalment
- 27 August 2025: 3rd instalment released
- August 2025: Requisition for the 4th instalment
- August 2025: 4th instalment released

Project Implementation

- 17 July 2025: Organised Poshan Kit Distribution Drive to 450 beneficiaries & Mega Health-Checkup & Nutritional Camp in Charhi, Churchu block, Hazaribagh
- 19 July 2025: Organised Poshan Kit Distribution Drive to 450 beneficiaries & Mega Health-Checkup & Nutritional Camp in Dulmi block, Ramgarh

Project Closure & Documentation

- 18 July 2025: Submission of the Project Progress Report of Hazaribagh
- 29 July 2025: Submission of the Project Progress Report of Ramgarh
- August 2025: Submission of Project Completion Report

Future Scalability:

The Project demonstrated a high-impact, replicable model that can be expanded and scaled across multiple geographies facing similar malnutrition challenges. The initiative combined immediate nutritional aid, Behavioural change strategies, and sustainable food security solutions, making it a scalable framework for future CSR and development interventions.

1. Geographic Expansion

Given the successful distribution to over **900 beneficiary households**, this model holds immense potential for scaling to other regions facing similar malnutrition and public health challenges. Ideal geographies for expansion include:

- 🌐 **Aspirational districts** with poor nutrition indicators (as per NITI Aayog's delta rankings).
- 🌐 **Tribal and marginalized rural communities** where cultural practices, poverty, and remoteness hinder access to nutritious food.
- 🌐 **Urban slums** experiencing the double burden of undernutrition and food insecurity.

Scalability Strategy for New Geographies

- 🌐 **Baseline Assessments:** Identify priority regions and nutritional gaps through local health data and community consultations.
- 🌐 **Multi-Stakeholder Partnerships:** Collaborate with state governments, NGOs, and CSR teams for coordinated implementation.
- 🌐 **Community-Based Delivery:** Leverage Anganwadi workers, SHGs, Sahiya Didis, and Panchayat leaders for consistent, locally owned outreach.
- 🌐 **Decentralized Distribution:** Establish community-led hubs for efficient logistics and cost-effective delivery.
- 🌐 **Localized Kit Design:** Tailor contents to regional diets and prevalent deficiencies to maximize uptake.



2. Integration with Government Health and Nutrition Programs

To ensure sustainability and cost-effectiveness, the project can be integrated into India's flagship nutrition and health programs, such as:

- 🌐 **POSHAN Abhiyaan (National Nutrition Mission):** Align interventions with government policies on maternal and child nutrition.
- 🌐 **Integrated Child Development Services (ICDS):** Collaborate with Anganwadi centres for wider beneficiary coverage.
- 🌐 **Mid-Day Meal and Public Distribution System (PDS) Reforms:** Enhance the quality and nutritional value of government-provided food.
- 🌐 **National Rural Health Mission (NRHM):** Link beneficiaries to ongoing maternal and child healthcare initiatives.

Scalability Approach through Government Partnerships:

- 🌐 Advocate for policy adoption of project best practices within national nutrition strategies.
- 🌐 Leverage public-private partnerships (PPP) to expand impact through joint funding and execution models.
- 🌐 Create a digitized beneficiary tracking system to link project data with government databases for long-term monitoring.

3. Corporate CSR Replication and Multi-Sector Partnerships

The Project's operational design and measurable outcomes make it ideal for replication across diverse CSR verticals:

- 🌐 **Healthcare & Pharma:** Addressing anaemia and maternal health through nutrition-specific CSR.
- 🌐 **Food & Agri Corporates:** Enhancing rural food security and dietary diversification.
- 🌐 **Tech Firms:** Driving data-led monitoring and awareness delivery through digital solutions.
- 🌐 **Banks & NBFCs:** Supporting financial inclusion of women beneficiaries through microenterprise models.



4. Technology-Driven Scale-Up

Leveraging technology will enhance scalability, accuracy, and cost-efficiency in new geographies.

Tech-Enabled Approaches:

- 📱 **Mobile-based tracking tools** for real-time monitoring of child growth and kit distribution.
- 📱 Use of **WhatsApp and IVR** platforms for delivering BCC (Behaviour Change Communication) content in local dialects.
- 📱 **QR-coded ABHA ID linkage** with kit recipients for health follow-ups.
- 📱 Develop **micro-learning modules** on nutrition and hygiene for field staff and beneficiaries.

5. Self-Sustaining Community Ownership Models

The Project can gradually shift from externally driven delivery to **community-led sustainability models**, such as:

- 📱 Training SHGs to **procure and assemble nutrition kits** using local resources.
- 📱 Establishing **village-level Nutrition Monitoring Committees** with trained volunteers for follow-up.
- 📱 Promoting **seed bank initiatives and kitchen gardens** to localize food production.
- 📱 Enabling micro-business models around **organic produce, handcrafted seed kits, and nutrition-based products** for SHG income generation.

6. Financial Sustainability and Cost-Effective Replication

- 📱 Long-term impact and scale require robust financial models that blend public, private, and community-based contributions.

Suggested Financing Mechanisms:

- 📱 **Blended finance:** Pooling CSR, Government, and philanthropic funds.
- 📱 **Performance-linked CSR models:** Corporate funding linked to impact metrics like reduction in anaemia or increased ABHA enrolments.
- 📱 **Subscription kits:** Introduce nominal-priced, community-subsidized nutrition boxes as recurring support for moderate-risk groups.
- 📱 Encourage **impact investment** through Social Impact Bonds (SIBs) tied to malnutrition reduction targets.



7. Policy and Advocacy for Wider Replication

With documented success and strong impact data, the project can be positioned for replication at a systemic level.

Advocacy Opportunities:

- 📱 Share results with **District Development Coordinators, DMs, and Women & Child Development Departments.**
- 📱 Present a **Policy Brief** on the project at health forums or with POSHAN Abhiyaan monitoring units.
- 📱 Advocate inclusion in **District Nutrition Action Plans (DNAPs)** under State Nutrition Missions.

Sustainability and Exit Strategy:

The Project was designed not only to provide immediate nutritional relief but also to ensure long-term sustainability and self-reliance among the beneficiaries. The exit strategy was planned to ensure that after the completion of direct interventions, target communities continue benefiting from improved nutrition, health awareness, and food security solutions.

1. Community-Led Sustainability

- 📱 **Local Nutrition Committees (LNCs):** Women-led SHGs, Anganwadi workers, and health volunteers continue promoting nutrition awareness and household dietary practices.
- 📱 **Capacity Building:** Training for mothers, caregivers, and village leaders on low-cost nutrition, hygiene, and sustainable health practices.
- 📱 **Kitchen Gardening & Food Production:** Distribution of seed kits and training for home and community gardens, promoting local food availability and preservation.
- 📱 **Behaviour Change Communication:** Reinforcement of nutritional, maternal health, and hygiene messages via leaflets, digital media, WhatsApp groups, and community meetings.

2. Integration with Government Programs

- 📱 **Scheme Enrolment:** Assisted beneficiaries in Ayushman Bharat with Aadhaar-based tracking.
- 📱 **Healthcare Linkages:** Connected families to PHCs and Anganwadi centres for maternalchild healthcare and routine check-ups.
- 📱 **Food Security Support:** Requested to strengthen the mid-day meal programs and public distribution system (PDS) for diversified diets.



3. Financial Sustainability & Livelihood

- 👉 **Women's Microfinance Linkages:** Urged SHGs to Government microfinance programs to scale kitchen gardens into small agribusinesses.
- 👉 **Community Food Production:** Promoted sun-dried vegetables, homemade protein powders, and other local food solutions.
- 👉 **Sustainable Farming Practices:** Introduced composting, organic farming, and water conservation for ongoing food production.

4. Digital & Technological Sustainability

- 👉 **Mobile-Based Monitoring:** WhatsApp groups and simple apps used for child growth alerts, nutrition tips, and health reminders.
- 👉 **Data Tracking for Policy Support:** Collaborated with health centres to maintain growth charts, anaemia tracking, and share data with district authorities.

5. Exit Strategy & Community Ownership

- 👉 **Knowledge Transfer:** Mentorship model where trained community members guide new beneficiaries.
- 👉 **Sustainability Reporting:** Provided CSR teams and government agencies with impact reports and data.
- 👉 **Ongoing Partnerships:** Local NGOs continue nutrition education programs, with potential CSR funding for scaling to new regions.

Media:

The media collage consists of multiple newspaper clippings from various Indian news outlets, including Dainik Bhaskar, Haryana Bazar, and Haryana Today. The clippings feature headlines and photographs related to the '450 Women's Health and Nutrition Kit Distribution Camp' organized by Hazaribagh MP Manish Lalwara. Key headlines include '450 महिलाओं को मिला पोषण किट', 'स्वस्थ मेला-सह-पोषण किट वितरण शिविर में महिलाओं को मिला पोषण किट', and 'चरही में हुआ स्वस्थ मेला एवं शिविर का आयोजन'. The clippings also mention the distribution of health kits, the presence of the MP, and the participation of women from the community.



Gallery:



Testimonials:



"The main intention of this program is to support the child who is about to be born and the pregnant mothers preparing for childbirth. These children are the future of India, and their healthy beginning is our collective responsibility. Through this initiative, we are providing Poshan Kits to expecting and recently delivered mothers so they receive essential Poshan Tattva for their well-being. Looking ahead, we aim to expand such efforts by bringing programs like Smart Classes in schools, strengthening Anganwadis, and providing Solar Kits and Solar Lights in villages through our CSR initiatives, ensuring holistic growth and brighter futures for our communities."

Manish Jaiswal Ji
Hon. Member of Parliament



"This thoughtful support by the Youth of India Foundation and GAIL ensures that mothers receive proper care and nutrition at a crucial time, giving every child a healthier start in life."

Aditya Patil
Sr. HR, GAIL



"We were informed that women with children will receive the kit and that a doctor's checkup will be held here. This thoughtful effort by GAIL and Youth of India Foundation makes us feel cared for, as both nutrition and health needs are being addressed together for the well-being of mothers and children."

Beneficiary



"We received the Poshan Kit through the Youth of India Foundation, GAIL, and Manish Jaiswal Ji. Thank you to all. This support means a lot in ensuring the health and nutrition of both mother and child, and we feel grateful to be remembered and cared for."

Beneficiary



"Today I received a Poshan Kit from the Youth of India Foundation and GAIL, on behalf of Manish Jaiswal Ji. Along with this, health checkups and other helpful facilities are also being provided. This support has given me a sense of relief during my pregnancy, knowing that both my health and my child's well-being are being cared for with such concern."

Beneficiary



"Through Saiya, our name was included in the list. We are very thankful to Manish Jaiswal Ji, the Youth of India Foundation, and GAIL for the kits. This thoughtful initiative makes us feel supported and cared for at such an important stage of our lives, giving us confidence for a healthier tomorrow."

Beneficiary



"The kits, distributed by the Youth of India Foundation, GAIL, and Manish Jaiswal Ji, have been a thoughtful gesture that not only provides essential nutrition but also shows true care for the mothers and their little ones, giving us hope for a healthier future."

Beneficiary



"This program is organized by GAIL and Youth of India Foundation for pregnant women. It is a great help in this important phase of life, as it provides care, nutrition, and reassurance for both mother and child."

Beneficiary



"Through the Youth of India Foundation, GAIL, and Manish Jaiswal Ji, Poshan Kits are being distributed for pregnant women. We are very thankful to them. This timely support ensures that expecting mothers receive proper nutrition and care, making us feel truly valued and supported."

Beneficiary

Annexure A:

Beneficiary Data - Dulmi

Sl. No.	Name	Age	Sex	Marital Status	Religion	Occupation	Income	Address	Mobile No.	Signature	Stamp
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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No	Sl. No.	Name	Age	Gender	Religion	Marital Status	Signature
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Beneficiary Data - Charhi

Sl. No.	NAME	AGE	SEX	RELIGION	EDUCATION	STATUS	REMARKS
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Annexure C:

Beneficiary's Ayushman Bharat Digital Health Card - Dulmi & Charhi

<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Sharda Kumari शर्दा कुमारी Alpha Number/ अय-संख्या 35-6173-8107-1638 Alpha Address/ अय पता 35617381071638@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 06-09-1997 Mobile/ मोबाइल 818299085</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Thaker Sumantraben Jayantibhai थकर सुमनत्राबेन जयान्तिबाई Alpha Number/ अय-संख्या 35-7008-4042-1683 Alpha Address/ अय पता 35700840421683@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 06-11-1995 Mobile/ मोबाइल 968992145</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Laxmi Kumari लक्ष्मी कुमारी Alpha Number/ अय-संख्या 44-1216-7218-0066 Alpha Address/ अय पता 44121672180066@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 02-01-2003 Mobile/ मोबाइल 736099116</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Savitri Thakur सावित्री ठाकुर Alpha Number/ अय-संख्या 91-3526-4058-6386 Alpha Address/ अय पता 91352640586386@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 02-01-2003 Mobile/ मोबाइल 628226189</p> <p>Instructions Toll-Free Number: 1800 114 477</p>
<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Sharda Kumari शर्दा कुमारी Alpha Number/ अय-संख्या 60-0131-4445-4741 Alpha Address/ अय पता 60013144454741@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 11-02-2002 Mobile/ मोबाइल 818299085</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Dimple Kumari दिप्पली कुमारी Alpha Number/ अय-संख्या 91-2132-8110-2342 Alpha Address/ अय पता kumaridewanti2501@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 25-01-1999 Mobile/ मोबाइल 818198151</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Ujala Kumari उजाला कुमारी Alpha Number/ अय-संख्या 91-2784-5564-3652 Alpha Address/ अय पता ujalakumari27005@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 27-01-2006 Mobile/ मोबाइल 736092645</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Asha Kumari आशा कुमारी Alpha Number/ अय-संख्या 91-6044-8603-6188 Alpha Address/ अय पता kumarishashi200712@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 12-12-2007 Mobile/ मोबाइल 861981868</p> <p>Instructions Toll-Free Number: 1800 114 477</p>
<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Laxi Kumari लक्ष्मी कुमारी Alpha Number/ अय-संख्या 91-6556-1636-3736 Alpha Address/ अय पता lakikumari20021212@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 12-02-2002 Mobile/ मोबाइल 966894933</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Pari Kumari पारि कुमारी Alpha Number/ अय-संख्या 91-7463-3553-2824 Alpha Address/ अय पता pari52001@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 01-01-2000 Mobile/ मोबाइल 911700917</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Pari Kumari पारि कुमारी Alpha Number/ अय-संख्या 91-7463-3553-2824 Alpha Address/ अय पता pari52001@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 01-01-2000 Mobile/ मोबाइल 911700917</p> <p>Instructions Toll-Free Number: 1800 114 477</p>	<p>national health authority Ayushman Bharat Health Account (ABHA) अयुष्मान भारत स्वास्थ्य खाता (आय)</p> <p>Name/ नाम Pari Kumari पारि कुमारी Alpha Number/ अय-संख्या 91-7463-3553-2824 Alpha Address/ अय पता pari52001@abdm</p> <p>Gender/ लिंग Female / महिला Date Of Birth/ जन्मदिन 01-01-2000 Mobile/ मोबाइल 911700917</p> <p>Instructions Toll-Free Number: 1800 114 477</p>

Annexure D:

District Authorities Acknowledgement - Dulmi & Charhi

कार्यालय : अरौंधिक श्वास्त्र चिकित्सक सह मुख्य चिकित्सा पदाधिकारी, हजारीबाग

आदेश :-

श्री मनीष जायसवाल, माननीय संसद सदस्य, लोक सभा, हजारीबाग के पत्रांक एमपी/एलएस/हजारीबाग/दिल्ली/2025/276 दिनांक 10.02.2025 के आलोक में माननीय प्रधानमंत्री जी के प्रेरणा से विभिन्न सामाजिक उपरदायिक के अंतर्गत जिला हजारीबाग में "स्वास्थ्य जेला सह पोषण कूट वितरण" कार्यक्रम हेतु कार्यकारी संस्था युव ऑफ इंडिया फाउंडेशन द्वारा आयोजित किया जा रहा है, जिसमें गांववटी महिलाओं, बच्चों (6 माह से 35 माह तक) एवं कुपोषित नव्यौ/बच्चों को स्वास्थ्य लाभ एवं पोषण कूट प्रदान किया जाएगा। इस हेतु कार्यकारी संस्था युव ऑफ इंडिया फाउंडेशन के द्वारा हजारीबाग जिला में कार्यक्रम आयोजित करने हेतु सहयोग एवं सहमति प्रदान करने का निर्देश प्राप्त है।

अतः उनके के आलोक में कार्यकारी संस्था युव ऑफ इंडिया फाउंडेशन को हजारीबाग जिला में कार्यक्रम आयोजित करने हेतु सहमति प्रदान की जाती है।

जिला आरटीसीएच० पदाधिकारी, हजारीबाग एवं जिला यस्मा पदाधिकारी, हजारीबाग को निर्देशित किया जाता है कि कार्यकारी संस्था युव ऑफ इंडिया फाउंडेशन से समन्वय स्थापित करने हुए कार्यकारी संस्था युव ऑफ इंडिया फाउंडेशन को सहयोग प्रदान करना सुनिश्चित करेंगे।

अरौंधिक श्वास्त्र चिकित्सक-सह-मुख्य चिकित्सक प्रमुख, हजारीबाग।

दिनांक 11/02/2025

कार्यकारी संस्था युव ऑफ इंडिया फाउंडेशन को सूचनाई प्रेषित।
जिला आरटीसीएच० पदाधिकारी, हजारीबाग एवं जिला यस्मा पदाधिकारी, हजारीबाग को सूचनाई एवं आवश्यक कार्रवाई हेतु प्रेषित।
श्री मनीष जायसवाल, माननीय संसद सदस्य, लोक सभा, हजारीबाग को उनके पत्रांक एमपी / एलएस / हजारीबाग / दिल्ली / 2025/276 दिनांक 10.02.2025 के क्रम में सादर सूचनाई प्रेषित।

उपायुक्त-सह-जिला दण्डाधिकारी का कार्यालय, रामगढ़ (विकास शाखा)

पत्रांक 1065/वि०

प्रेषक: प्रभारी पदाधिकारी, विकास शाखा, रामगढ़।

सेवा में: प्रखण्ड विकास पदाधिकारी, दुलमी।

विषय- पोषण कूट वितरण एवं स्वास्थ्य जांच शिविर के आयोजन में आवश्यक सहयोग प्रदान करने के संबंध में।

प्रसंग- डॉ० अनुराग पाण्डेय, निजी सचिव, माननीय सांसद, हजारीबाग संसदीय क्षेत्र का पत्रांक एमपी/एलएस/हजारीबाग/दिल्ली-2025/646 दिनांक 08.07.2025

महाराय, उपर्युक्त विषयक प्रसंगिक पत्र द्वारा सूचित किया गया है कि दिनांक 19 जुलाई 2025 को पूर्वाह्न 08.00 बजे से प्रखण्ड कार्यालय परिसर दुलमी में पोषण कूट वितरण एवं स्वास्थ्य जांच शिविर का आयोजन किया जा रहा है। उपरोक्त कार्यक्रम में लगभग 500 से 800 लोगों के आने की संभावना है। कार्यक्रम की गंभीरता को देखते हुए उचित सुरक्षा व्यवस्था/एमुल्स/पैजल हेतु वाटर टैंक-2/स्वचलित टॉयलेट वाहन/अग्निशमन वाहन(एमकल) आदि जनहित में अपेक्षित एवं आवश्यक है।

अतः प्रसंगिक पत्र की ध्याप्रति संतुलन कर निर्देश दिया जाता है कि अपने स्तर से उक्त कार्यक्रम हेतु उचित सुरक्षा व्यवस्था/एमुल्स/पैजल हेतु वाटर टैंक-2/स्वचलित टॉयलेट वाहन/अग्निशमन वाहन(एमकल) आदि की उपलब्धता सुनिश्चित किया जाए। अनुलग्नक यथावत।

विभागाध्यक्ष प्रभारी पदाधिकारी, विकास शाखा, रामगढ़।
दिनांक 10/02/2025

प्रतिनिधि: प्रखण्ड विकास पदाधिकारी, रामगढ़।
कार्यालय अयुक्त, रामगढ़ एवं स्वच्छता प्रमण्डल, रामगढ़ को सूचनाई एवं आवश्यक कार्रवाई हेतु प्रेषित।
प्रतिनिधि: MOIC, दुलमी को सूचनाई एवं आवश्यक कार्रवाई हेतु प्रेषित।
प्रतिनिधि: थाना प्रभारी, दुलमी को सूचनाई एवं आवश्यक कार्रवाई हेतु प्रेषित।

पत्रांक 1065/वि०
उप विकास आयुक्त, रामगढ़/उपायुक्त, रामगढ़ को सूचनाई प्रेषित।
श्री मनीष जायसवाल, माननीय सांसद, हजारीबाग संसदीय क्षेत्र को सूचनाई प्रेषित।

प्रभारी पदाधिकारी, विकास शाखा, रामगढ़।
दिनांक 10/02/2025

कार्यालय :- प्रभारी चिकित्सा पदाधिकारी, सामुदायिक स्वास्थ्य केंद्र, चूरू, हजारीबाग।
पत्रांक 2-38/AR दिनांक 17 जुलाई, 2025

प्रेषक: प्रभारी चिकित्सा पदाधिकारी, सामुदायिक स्वास्थ्य केंद्र, चूरू, हजारीबाग।

सेवा में: गेल इंडिया लिमिटेड रंची।

विषय: गेल इंडिया लिमिटेड के निगमित सामाजिक दायित्व अंतर्गत जिला हजारीबाग के चूरू प्रखंड अंतर्गत चरही में आयोजित कार्यक्रम के संबंध में।

महाराय, आपको सूचित किया जाता है कि निगमित सामाजिक दायित्व अंतर्गत जिला हजारीबाग के चूरू प्रखंड अंतर्गत चरही में दिनांक 17 जुलाई 2025 को आयोजित कार्यक्रम में 450 गर्भवती महिला, धात्री महिला, 6 माह से 36 माह तक के बच्चों का निःशुल्क स्वास्थ्य जांच कराया गया। तदोपरंत सभी 450 लाभार्थियों को गेल इंडिया लिमिटेड द्वारा पूष ऑफ इंडिया फाउंडेशन के माध्यम से सभी लाभार्थियों को पोषण कूट वितरण किया गया।

प्रभारी चिकित्सा पदाधिकारी, सामुदायिक स्वास्थ्य केंद्र, चूरू, हजारीबाग।

कार्यालय : प्रभारी चिकित्सा पदाधिकारी, रामगढ़
सौधवाली, रामगढ़, नियर प्रखण्ड मुख्यालय, रामगढ़ कैंप - 829122
E-Mail: ID- moicramgarh1786@gmail.com

पत्रांक 281-
प्रेषक :- प्रभारी चिकित्सा पदाधिकारी, सामुदायिक स्वास्थ्य केंद्र, दुलमी।

सेवा में: गेल इंडिया लिमिटेड रंची।

विषय :- गेल इंडिया लिमिटेड के निगमित सामाजिक दायित्व अंतर्गत जिला रामगढ़ के दुलमी प्रखण्ड अंतर्गत रामगढ़ में आयोजित कार्यक्रम के संबंध में।

महाराय, आपको सूचित किया जाता है कि निगमित सामाजिक दायित्व अंतर्गत जिला रामगढ़ के दुलमी प्रखण्ड अंतर्गत रामगढ़ में दिनांक 19 जुलाई 2025 को आयोजित कार्यक्रम में 450 गर्भवती महिला/धात्री महिला/6 माह से 36 माह तक के बच्चों का निःशुल्क स्वास्थ्य जांच कराया गया, तदोपरंत सभी 450 लाभार्थियों को गेल इंडिया लिमिटेड द्वारा पूष ऑफ इंडिया फाउंडेशन के माध्यम से सभी लाभार्थियों को पोषण कूट वितरण किया गया।

आपका विश्वास।
प्रभारी चिकित्सा पदाधिकारी, सामुदायिक स्वास्थ्य केंद्र, दुलमी।
दिनांक 21-7-25