



धर्मो रक्षति रक्षितः

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योगी आदित्यनाथ
मुख्यमंत्री,
उत्तर प्रदेश

प्रगति और विश्वास, निरंतर बढ़ता औद्योगिक विकास



नन्द गोपाल गुप्ता 'नन्दी'
मंत्री, औद्योगिक विकास
उत्तर प्रदेश सरकार



- **औद्योगिक भूखण्डों का आवंटन:** प्राधिकरण ने कलस्टर आधारित उद्योगों के विकास हेतु प्रभावी कार्यवाही की है। प्राधिकरण के औद्योगिक सेक्टरों में MSME पार्क, टॉय सिटी एवं हैण्डिक्राफ्ट पार्क एवं अपरेल पार्क का विकास किया गया है। वित्तीय वर्ष 2017 से 31 जनवरी 2024 तक कलस्टर आधारित औद्योगिक पार्कों एवं मिश्रित भू-उपयोग में कुल 2209 औद्योगिक ईकाइयों की स्थापना हेतु भूमि का आवंटन किया गया है। इन उद्योगों के स्थापना से प्राधिकरण क्षेत्र में लगभग 31,000 करोड़ रुपये का निवेश प्राप्त होगा तथा 3,61,593 लोगों को रोजगार की प्राप्ति होगी।
- **मेडिकल डिवाइस पार्क:** भारत सरकार की योजना के अन्तर्गत मेडिकल डिवाइस पार्क की स्थापना यमुना एक्सप्रेस प्राधिकरण द्वारा सेक्टर-28 में की जा रही है। मेडिकल डिवाइस पॉलसी के अन्तर्गत रु. 100 करोड़ का ग्रांट भारत सरकार द्वारा दिया जाना है जिसके सापेक्ष रु. 30 करोड़ प्राप्त हो चुके हैं। मेडिकल डिवाइस पार्क में इकाइयों की स्थापना के लिए भारत सरकार द्वारा सैद्धान्तिक अनुमति में वर्णित विशेष प्रोत्साहन लाभ प्रदान करने हेतु फार्मास्यूटिकल मैनुफैक्चरिंग नीति-2018 (यथा संशोधित) के प्रस्तर-12.5 के तहत प्रस्ताव पर मा. मंत्री परिषद द्वारा दिनांक 14.06.2022 को अनुमोदन प्रदान कर दिया गया है। Scheme for promotion of Medical Devices Park के अनुसार मेडिकल डिवाइस पार्क योजना 02 वर्ष में क्रियान्वित की जानी है। मेडिकल डिवाइस पार्क योजना के अन्तर्गत फेज-1 में 35, फेज-2 में 23 एवं फेज-3 में 14 भूखण्डों का आवंटन हो चुका है। इस योजना में लगभग 3800 करोड़ का निवेश प्राप्त होगा साथ ही 15000 रोजगार का सृजन होगा।
- **इन्टरनेशनल फिल्म सिटी:** उ.प्र. में अन्तर्राष्ट्रीय स्तर की फिल्म सिटी के स्थापना की उ.प्र. शासन की परिकल्पना ने लिया आकार। यमुना एक्सप्रेसवे औद्योगिक विकास प्राधिकरण के विकसित क्षेत्र में 230 एकड़ में फिल्म सिटी की स्थापना हेतु निर्माता निर्देशक बोनी कपूर एवं भूतानी इंफ्रा कम्पनी Bayview Projects LLP इनके द्वारा ड्राइंग डिजाइनिंग डीपीआर तैयार किया जा रहा है।
- **नोयडा इन्टरनेशनल एयरपोर्ट, जेवर:** नॉयडा इन्टरनेशनल एयरपोर्ट, जेवर नागरिक उड्डयन विभाग, उ.प्र. शासन की पी.पी.पी. मोड पर आधारित परियोजना है। इसका विकास प्राधिकरण के मास्टर प्लान क्षेत्र इन्टरनेशनल एयरपोर्ट एण्ड एविएशन हब के अन्तर्गत 1334 हेक्टेयर क्षेत्र में जेवर के निकट किया जा रहा है। इस हेतु 1334 हेक्टेयर भूमि का अधिग्रहण किया जा चुका है तथा भारत सरकार की विभिन्न एजेंसियों से सभी प्रकार की एन.ओ.सी. एवं इन्वारियमेंट क्लीरेंस प्राप्त हो चुका है। ग्लोबल बिडिंग प्रक्रिया से Zurich Airport International AG का चयन कंसेशनार/विकासकर्ता के रूप में किया गया है। समस्त भूमि का कब्जा विकासकर्ता को प्रदान किया जा चुका है तथा विकास हेतु Master Plan एवं Development Plan अनुमोदित किया जा चुका है। वर्तमान में विकासकर्ता Yamuna International Airport Pvt. Ltd. जो Zurich Airport International AG की (SPV) है के द्वारा Terminal Building, रनवे, ATC Building के निर्माण कार्य किया जा रहा है। प्रथम चरण में 12 मिलियन यात्रियों के लिए एयरपोर्ट का निर्माण होगा जिसमें रु. 5730 करोड़ की धनराशि कम्पनी द्वारा व्यय की जाएगी। एयरपोर्ट की स्थापना से औद्योगिक अवस्थापना का संरचनात्मक विकास होगा, जिससे रोजगार के अवसर बढ़ेंगे, विनिर्माण एवं निर्यात को प्रोत्साहन मिलेगा तथा हवाई यातायात सुगम होगा साथ ही पर्यटन में उल्लेखनीय वृद्धि होगी।
- **हेरीटेज सिटी:** राया नगरीय केन्द्र (वृन्दावन) प्राधिकरण की महायोजना में शासन द्वारा अनुमोदित है, जहाँ प्राधिकरण द्वारा हेरीटेज सिटी के रूप में विकास किये जाने की योजना है। इसके अध्ययन हेतु M/s CBRE South Asia Pvt. Ltd. को परामर्शदाता के रूप में चयन किया गया है। ब्रिज विकास परिषद के सुझाव पर इसका विकास श्री बांकेबिहारी मंदिर के समीप ग्रीनफील्ड एरिया में किया जाएगा जहाँ पर पूर्व से ही भगवान श्रीकृष्ण से सम्बन्धित

- कई पौराणिक स्थल मौजूद हैं। इस योजना में यमुना एक्सप्रेसवे से श्री बांकेबिहारी मंदिर हेतु ग्रीनफील्ड कनेक्टिविटी प्रदान की जाएगी साथ ही रिवर फ्रन्ट, योग केन्द्र, प्रार्थना स्थल आदि का भी विकास हेरीटेज सिटी में सम्मिलित है। इसका DPR कंसलटेन्ट द्वारा तैयार किया जा रहा है। DPR के अनुमोदन के उपरान्त विकासकर्ता का चयन पी.पी.पी. मोड पर किया जाएगा। मास्टर प्लान दिनांक 21.10.2024 को शासन से अनुमोदित हो गया है।
- **गुप हाउसिंग भूखण्डों का आवंटन:** प्राधिकरण द्वारा दिनांक 01.08.2024 को सेक्टर 18 एवं 22डी गुप हाउसिंग भूखण्ड योजना (वाईईए-जीएच-08/2024) लायी गई थी। उक्त योजना में कुल 9 भूखण्डों का आवंटन किया जा चुका है।
- **डेटा सेन्टर पार्क:** सेक्टर-28 में डेटा सेन्टर पार्क 50 एकड़ में विभिन्न आकार के 6 भूखण्डों के आवंटन की योजना लायी गयी है। डेटा सेन्टर पार्क और एविएशन हब के बीच 2.5 कि.मी. की दूरी है। डेटा सेन्टर पार्क के अन्तर्गत 2 भूखण्डों का आवंटन हो चुका है।
- **संस्थागत:** प्राधिकरण के संस्थागत उपयोग हेतु प्रशिक्षण संस्थानों की स्थापना हेतु प्रभावी कार्यवाही की गई है। प्राधिकरण के संस्थागत सेक्टरों में Degree College, PG College, Medical College Management Institute/Technical Institute, Vocational College/Institute, Sport College/Sports Academy, Senior/Higher Secondary School, Integrated Residential Schools, Nursery School, Hospital, Nursing Home, Corporate Office etc. के उपयोग हेतु 238 भूखण्डों का आवंटन किया गया है।
- **ग्रामों का सेक्टरों की तर्ज पर स्मार्ट विलेज के रूप में विकास:** प्रथम फेज में प्राधिकरण द्वारा अधिग्रहित क्षेत्र के कुल 29 औद्योगिक नगरों को स्मार्ट विलेज के रूप में विकसित किया जाना प्रस्तावित है। 06 औद्योगिक नगरों (निलोनी, रामपुर बांगर, अच्छेजा बुजुर्ग, डूंगरपुर शीलका, मिर्जापुर व रूस्तमपुर का कार्य पूर्ण करा दिया गया है। 13 औद्योगिक नगरों (सलारपुर, मूँजखेडा, चपरगढ़, (माजरा-मिर्जापुर), गुनपुरा, मुरादगढ़ी, मोहम्मदपुर गुर्जर, खेरली भाव, औरंगपुर, अट्टा गुजरान, दनकोर जगनपुर, अफजलपुर, रौनीजा एवं चांदपुर) में कुल रुपये 9584.08 लाख के विकास कार्य प्रगति में हैं। शेष 11 औद्योगिक नगरों के प्राक्कलन तैयार किया जाना प्रस्तावित है।
- **प्राधिकरण के 96 औद्योगिक नगरीय क्षेत्रों के अन्तर्गत स्कूलों के कार्यालय के कार्य:** ऑपरेशन कार्यालय के अंतर्गत परिषदीय विद्यालयों को अवस्थापना से संतुष्ट कराये जाने हेतु बेसिक शिक्षा अधिकारी द्वारा कराये गये सर्वे में 14 मानकों के अन्तर्गत 89 प्राइमरी स्कूल तथा 34 जूनियर हाई स्कूल में कार्य पूर्ण कराये जा चुके हैं।
- **अभ्युदय कम्पोजिट विद्यालय:** प्राधिकरण सीमा के अन्तर्गत आने वाले 15 विद्यालयों की सूची तैयार कर प्रस्तुत की गयी है, जिसमें नयी शिक्षा नीति-2020 के अनुरूप At Grade Learning की अवधारणा के आधार पर उक्त चिन्हित विद्यालयों में पढ़ रहे बच्चों को विश्वस्तरीय एवं आधुनिक अवस्थापना सुविधाओं के साथ बेहतर शैक्षणिक परिवेश में शिक्षा प्रदान करने के उद्देश्य से परिषदीय कम्पोजिट विद्यालयों को अभ्युदय कम्पोजिट विद्यालय के रूप में उच्चिकृत किये जाने हेतु प्रस्ताव प्रेषित किया गया है। इसके अन्तर्गत विद्यालय में 05 कक्षाओं से युक्त 01 एकीकृत भवन का निर्माण किया जाएगा, जहाँ निम्नलिखित आधुनिक अवस्थापना सुविधाओं को विकसित किया जाएगा: • Library with dedicated reading Corner • Computer lab with language lab solution • Modular composite (Math & Science) laboratory • High-tech Smart class by interactive display smart board with virtual class room • Staff room with attached toilet. अभ्युदय कम्पोजिट विद्यालय राष्ट्रीय शिक्षा नीति-2020 के निर्धारित लक्ष्यों के अनुरूप डिजिटल शिक्षा पर विशेष ध्यान देने के उद्देश्य से बच्चों को डिजिटल एजुकेशन प्लेटफॉर्म एवं डिजिटल लर्निंग के माध्यम से गुणवत्तापरक शिक्षा उपलब्ध कराने के लिए आधुनिक स्मार्ट क्लास शैटअप को भी तैयार किया जायेगा। प्राधिकरण द्वारा कुल 12 विद्यालयों को दो चरणों में अभ्युदय कम्पोजिट विद्यालयों के रूप में विकसित किये जाने हेतु कार्य प्रगति में है।



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From the Desk of Editor-in-Chief



Dear Readers,

Mental health in modern India, is a subject which is still not being taken seriously, as it ought to be. So much progress has been made in the arena of physical/holistic health, but in the process of improving general medical infrastructure and facilities, there is still wide scope for improvement when it comes to mental health.

We have taken up the cause of mental health in this issue to understand its nuances and have tried to explain as to how and why it must be taken seriously. We at 'Governance Mirror' feel that it shall pave the way to bring it into more focus of the policy makers.

Another big achievement towards eradication of malnutrition is the evolution and stabilisation of Poshan Tracker app. It provides real time data of children aging 06 months to 6 years to understand and monitor the issue of malnutrition pan India by just tapping few buttons. It is by any standard no mean achievement for a country of our size. No wonder it was appreciated and awarded the Prime Minister's Award for Excellence in Public Administration. We give you the complete story of its conceptualisation and evolution in the present form and the people behind this path breaking tool to help government of the day.

Another Stellar achievement as a nation for India was passing out of first batch of Lady Cadets from India from National Defence Academy (NDA). We have covered this historical event in detail.

The instances of landslides happening this year because of cloud bursts specially in Himachal Pradesh and Uttarakhand, prove the warnings of ecologist and environmental specialist right. Unless pragmatic and Area specific measures as suggested by experts are not taken on priority things may become worse in coming years.

Happy reading, we shall wait for your reactions.

Capt. Prabhanshu Kr Srivastav, IAS (Retd)

The March of E Q U A L I T Y



When the Uniform Became GENDERLESS...

National Defence Academy (NDA), Pune since its establishment in 1954, witnessed a historic march on May 30, 2025, when the first batch of 17 women cadets alongside the 300 male cadets walked past the 'Antim Pag (Final Step)' at the parade ground of the triservices academy during the Passing Out Parade of the 148th course of NDA. This day marked not only a ceremonial triumph but a tectonic shift in India's defence establishment — the formal induction of women into the country's premier tri-service training institution.

From Tokenism to Transformation :-

India has gradually opened its armed forces to women since the late 20th century. Women were first inducted into the Military Nursing Service in 1958 and later commissioned as officers in non-combat roles in 1992. However, these roles were often framed as support functions. Real transformation began with judicial interventions in the 2010s and was further propelled by sustained public discourse.

I remember when on August 13, 2021 In a nationally broadcast video conference where I urged Defence Minister Rajnath Singh to institutionalise gender parity in military recruitment and training to which he responded positively . National women President Bhootpurva Sainik Vikas Samiti Captain Amrit Kaur added further moral and strategic weight to the cause. Their voices, amplified by media and civil society, catalysed the government's policy turnaround.

A Legacy Rewritten :-

For over six decades, the NDA symbolised elite military training — exclusively for men. From 1954 until 2021, its gates remained closed to half of the nation's population. Women aspiring to become officers were relegated to other entry paths, primarily via the Short Service Commission. This exclusion was not merely procedural; it mirrored deep-seated institutional barriers that equated leadership with masculinity.

Detailed Timeline of Women's Entry into the Indian Armed Forces

1888 Indian women were inducted into the Military Nursing Services, a legacy inherited from the British. 1950 After the establishment of the Republic of India, it was recognized as a permanent and regular service in the Indian Army under the name Military Nursing Service (MNS). It functions as a specialized service under the Army Medical Corps (AMC).

1958 For the first time, women were commissioned as doctors in the Indian Army Medical Corps.

1992 The Indian Army launched the Special Entry Scheme, allowing women to be commissioned as Short Service Commission (SSC) officers in non-combat roles.

2008 The Indian Air Force inducted women pilots into its transport and helicopter squadrons for the first time.

2015 Following the intervention of the Supreme Court, a landmark decision was taken to offer Permanent Commission to women, enabling them to pursue long-term careers in the armed forces. The initiative began with SSC women officers in the Judge Advocate General (JAG) and Army Education Corps (AEC) branches.

Expanding Opportunities and the Call for Gender Equality in a Changing India:

2019 The Government of India agreed to grant Permanent Commission to women officers in non-combat categories but continued to exclude them from command responsibilities.

2020 Women officers were granted both Permanent Commission and the authority to hold command positions.

Aug 13, 2021 The Government of India responded positively to calls for gender equality in the military - During a nationwide video conference during day Defence Minister Rajnath Singh gave positive and firm response to Bhootpurva Sainik Vikas Samiti National President appealed to grant equal rights to women in the armed forces.

Aug 18, 2021 Interim Order by the Supreme Court: The Supreme Court declared the restriction on women entering

the National Defence Academy (NDA) as unconstitutional. A bench comprising Justice Sanjay Kishan Kaul and Justice Hrishikesh Roy directed the Union Public Service Commission (UPSC) to allow women to appear for the NDA entrance examination.

Sep 8, 2021 Initial Response from the Central Government: The government informed the Supreme Court that it was "in principle" ready to admit women into the NDA, but requested more time for infrastructural preparations.

Sep 22, 2021 Court Rejects Government's Request for Delay: The Supreme Court denied the plea for more time, ordering that women be allowed to appear for the 2021 NDA examination itself. The Court observed, "This change is the need of the hour. It cannot be postponed any longer."

Nov 2021 First NDA Entrance Exam Open to Women: For the first time, the UPSC invited applications from female candidates. Women appeared for the NDA exam for the very first time.

July 2022 First Batch of Women Joins NDA: The first cohort of women cadets was inducted into the NDA. Approximately 19 women cadets were admitted.

March 2023 The first batch of 272 women Agniveers joined the INS Chilka training center of the Indian Navy. The Indian Air Force and the Indian Army also initiated the process of offering opportunities to women Agniveers.

May 30, 2025 First Female Batch Graduates from NDA: Seventeen women cadets successfully graduated from the NDA. They are now eligible for permanent commission in all three branches of the Indian Armed Forces – the Army, the Air Force, and the Navy.

NDA Eligibility for Women :-

NDA eligibility criteria for women is same as the male counterparts. NDA age limit for girl is 16.5 to 19.5 years. For Army, candidates must have passed Class 12 or equivalent. For Navy and Air Force, candidates must have passed Class 12 or equivalent with Physics, Chemistry and Maths. Candidates must be physically fit to carry on their roles and responsibilities.

A Gruelling Journey, A Glorious Triumph :-

The NDA is not merely an academy; it is a crucible. Its three-year programme — rigorous in academics, military strategy, leadership, and physical training — is designed to produce tri-service leaders. The first batch of women joined NDA in December 2022, selected from among over 1.7 lakh

female applicants — a record number. Out of these, 19 cadets successfully completed the grueling, three-year training course. The NDA undertook major structural and cultural adjustments to integrate women cadets. So far 126 women cadets have joined the NDA across six batches (Course Serial 148 to 153), with five resignations reported so far. The training remains largely gender neutral.

Despite challenges — physical, mental, and social — these women excelled in drill, academics, leadership, and sports, proving that capability knows no gender. Indeed, the 2025 batch has not just graduated; it has shattered long-held assumptions about capability, endurance, and command potential.

What This Milestone Represents :-

A Paradigm Shift in Military Ethos :-

Women's presence in NDA is not about token representation — it is structural reform. It rewires the very ethos of an institution built on hierarchy and tradition. The Indian military, long perceived as a bastion of masculine authority, is now evolving into a more representative and modern force.

The Civil-Military Interface Redefined

This shift also reverberates beyond cantonments and parade grounds. It signifies a maturing republic that aligns national defence with constitutional equality. When the military embodies inclusivity, it strengthens its moral authority as a pillar of democracy.

Towards a Gender-Neutral Command Structure

The induction of women from NDA paves the way for their future participation in combat arms — a realm still largely closed to them. As these women progress through the ranks, they must be afforded equal opportunities for command, promotion, and deployment. Anything less would render the current achievement hollow. Over the next decade, we can expect to see women commanding frontline units, occupying strategic staff positions, and representing India in military diplomacy.

Structural and Cultural Challenges Ahead..

This moment of celebration must not blind us to the work that lies ahead. India's military infrastructure — from field postings to barrack design — remains male-centric. Investments in inclusive facilities and sexual harassment redressal mechanisms are imperative.

Moreover, change must percolate through attitudes. Commanding officers and soldiers alike must undergo gender sensitisation programmes to eliminate latent biases. It is not enough to open doors; those who enter must find respect and parity inside.

Strategic and Symbolic Value

The strategic argument for women's inclusion is compelling. Modern warfare values intelligence, adaptability, and technological acumen — attributes in which women excel. Excluding them weakens, rather than strengthens, the military's potential.

Symbolically, too, these women are now standard-bearers of a more egalitarian India. In a country grappling with gender disparities in education, employment, and safety, their presence in uniform projects a new ideal — one of courage, competence, and constitutional empowerment.

Looking Forward

As these cadets enter commissioned service, they must not be the exception — they must become the norm. The next steps are clear:

Women must be granted command roles and combat postings on merit.

Defence institutions must rapidly modernise infrastructure to accommodate and empower female personnel.

Promotion pathways must remain transparent and gender-neutral.

Finally, the armed forces must continue to serve as a beacon of national unity, drawing strength from its diversity.

Conclusion: The Dawn of a New Order

May 30, 2025, will be etched in Indian history not as an end, but as a beginning — the day when the future stood tall in uniform, saluting the tricolour. These women are not just officers; they are trailblazers, change-makers, and custodians of a new military ethos. As India aspires to be a global power, it must ensure that its daughters march shoulder to shoulder with its sons — not only in ceremony but in strategy, in sacrifice, and in service.

Let this not be a fleeting headline. Let this be a legacy



Col. Dev Anand Lohamaror
The Writer is a Veteran and Defence Expert

Iran-Israel Ceasefire: A Fragile Pause in a Never-Ending Conflict



Col. Dev Anand Lohamaror
The Writer is a Veteran and Defence Expert

The guns may have fallen silent, but the dust hasn't settled yet. After nearly two weeks of relentless strikes, fiery rhetoric, and mounting global anxiety, Iran and Israel have agreed to a ceasefire. But as both sides rush to claim victory, the question remains — who really won, and at what cost?

It all began with Israel's dramatic airstrikes on June 13. Fighter jets, precision-guided missiles, and drones targeted what Israel described as Iran's nuclear weapons infrastructure. Tel Aviv called it a necessary preemptive move, accusing Iran of edging dangerously close to crossing the nuclear threshold. The strikes were sharp, calculated, and intended to send a message: Israel will not tolerate a nuclear Iran.

But Tehran wasn't going to sit idle. Within hours, Iranian ballistic missiles lit up the skies over Israeli cities. Sirens blared in Tel Aviv and Haifa. Civilians scrambled for cover. For the first time in years, Israel's Iron Dome faced saturation attacks, forcing residents to experience the raw reality of modern warfare.

And then, as tensions soared, came the wildcard — America. In a dramatic escalation, former President Donald Trump, now at the forefront of U.S. foreign policy once again, ordered stealth bombers to strike deep into Iranian territory. Speaking to the media, Trump boldly declared Iran's nuclear capabilities "obliterated," comparing the operation to the shockwaves of Hiroshima. But while his words made headlines, experts weren't buying it.

Satellite images showed destruction, but Iran's key underground facilities remained partially intact. Intelligence leaks suggested Tehran's nuclear program suffered a setback, but it was far from eliminated. Within military circles, the assessment was clear — Iran's ambitions might have been delayed, not destroyed.

Twelve days of high-stakes brinkmanship later, a ceasefire deal was brokered, largely under American pressure. And in classic fashion, both Iran and Israel spun their own tales of victory. Prime Minister Benjamin Netanyahu addressed his nation with defiant confidence, claiming Israel had "neutralized" the immediate threat and safeguarded regional security. Across Tehran, President Ebrahim Raisi struck a similar tone, hailing Iranian resilience and portraying the ceasefire as proof that their enemies couldn't defeat them militarily. But away from the political podiums, the reality paints a murkier picture.

Israel did succeed in damaging Iran's nuclear sites, but the nuclear threat isn't gone. Iran retaliated fiercely, demonstrating its missile capability is not only intact but more precise than ever. Both nations suffered — casualties, economic disruptions, and psychological scars are hard to miss.

For the people caught in between, it's a different story. In Israeli cities, families lived underground for days, children too afraid to go outside. In Iran, hospitals overflowed with the wounded, blackouts hit major cities, and civilians braced for the worst. While leaders exchanged boasts, ordinary lives were left shattered.

On the global front, oil prices spiked, markets dipped, and world leaders scrambled to prevent a larger war. The UN condemned the violence but achieved little beyond statements. European nations called for de-escalation, but behind the scenes, arms deals flourished and military build-ups intensified.

Iran's parliament, meanwhile, took aggressive steps to restrict international nuclear inspectors, a move that could trigger further instability. In Israel, the military remains on high alert, aware that the current calm could be temporary.

So, did anyone really win? The truth is more complicated. Israel delivered a tactical blow but failed to fully dismantle Iran's nuclear infrastructure. Iran showcased its ability to strike back, but its economy took another hit, and its global isolation deepened. The United States proved it still calls the shots in Middle Eastern affairs, but at the risk of fueling new proxy conflicts.

If history is any guide, this isn't over. Proxy groups in Lebanon, Syria, and Iraq remain active. The nuclear question is unresolved. Deep-rooted ideological divides persist. What we've witnessed is not the end of the conflict — just another dangerous chapter in a long, unfinished story.

For now, missiles are grounded, speeches are over, and both sides return to their familiar postures. But make no mistake — beneath the silence, the region remains a powder keg, and the next spark may not be far away.

The real victory, it seems, belongs not to the side that claims it loudest, but to the side that prepares quietly — for the inevitable next round.



Mental Health: CURRENT ISSUES AND CHALLENGES IN INDIA



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The World Health Organisation defined “Health as a state of complete physical, mental and social being and not merely absence of the disease or infirmity”. It is very vital for the growth, development and productivity of a society. There is no health without mental health as it is the integral and essential component of health. Mental disorders are known to be caused by a complex interaction of biological, social, environmental, cultural and economic factors. A close association between mental disorders and several other morbid conditions or diseases was shown by different studies. For example, depression and cancer are known to coexist, while anxiety disorders are linked to the occurrence of cardiovascular disorders. Non-recognition of associated mental health problems often leads to delayed recognition and recovery. Mental disorders are gradually on increase in recent times. This is probably due to industrialisation, rapid urbanization, globalization, changing lifestyles, acculturation, improved recognition, and biological vulnerabilities. Consequently, depression, anxiety, alcohol use, suicidal behaviours, drug use, sleep disorders and several others are on the increase.

It is estimated that 6-7% of population suffers from Mental and behavioural disorder. Together these disorders account for 12% of the global burden of disease and an analysis trends indicates this will increase by 15% by 2020. As per Global Burden of Disease report, mental disorders accounts for 13% of total DALYs lost for Years Lived with Disability (YLD) with depression being the leading cause. Depression,

alcohol abuse disorders, schizophrenia and bipolar disorders constitute the top 10 conditions contributing to the global burden of disease among the age group of 15-44 years. Mental and behavioral disorders are present, in about 10% of the adult population, at any given point of time. Mental health is now recognised as a critical requirement and is engaging the attention of policy-makers, professionals and communities in India and across the globe. Recognizing the importance, severity and consequences World Health Organization (WHO) observed this year on the most important mental health disorder-“Depression which affects people of all ages, from all walks of life, in all countries. The risk of becoming depressed is increased by poverty, unemployment, life events such as the death of a loved one or a relationship break-up, physical illness and problems caused by alcohol and drug use. Untreated depression can prevent people from working and participating in family and community life.

Mental Health and Sustainable Development goals:

Within the health related SDGs, two targets are directly related to mental health and substance abuse.

Target 3.4

“By 2030, reduce by one third premature mortality from Non communicable diseases through prevention and treatment and promote mental health and well-being.”

Target 3.5

requests that countries: “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.”

Mental Health: Current Issues in India

India has given importance to the health of people and has highlighted the need for a physically and mentally healthy society. With hanging health patterns among Indians, mental, behavioural and substance use disorders are coming to the fore in health care delivery systems. These disorders contribute for significant morbidity, disability and even mortality amongst those affected. Due to the prevailing stigma, these disorders often are hidden to the society and consequently persons with mental disorders lead a poor quality of life. Prevalence rates of mental disorders are also critically influenced by a wide variety of actors, ranging from socio-economic and other environmental determinants, variations in perceived threshold of stress differences in assessment tools, choice of symptom thresholds in disease definition and interpretations of results.

It is evident from different studies, reviews, Data analysis and independent reports that nearly 100 million persons in India are in need of systematic care. Health and family welfare minister JP Nadda informed the Lok Sabha in May 2016, Nearly 10-20 million (1-2% of the population) Indians suffered from severe mental disorders such as schizophrenia and unipolar disorder, and nearly 50 million (5% of population) suffered from common mental disorders like depression and anxiety at the end of 2005. Even though several studies point to the growing burden, the extent, pattern and outcome of these mental, behavioural and substance use disorders are not clearly known.

To ensure availability of mental health care services for all, especially the community at risk and underprovided section of the population, to encourage application of mental health knowledge in general health care and social development, Government of India has launched the National Mental health Programme during 1982. With a vision to promote mental health, prevent mental illness, treatment of mental illness, promote destigmatization and socioeconomic inclusion of the mentally ill person by providing accessible, affordable and quality health and social care, Govt. of India has launched National Mental Health Policy on the occasion of the World Mental Health day (10th October 2014.). In addition, recommendations from National Human Rights Commission and directives from the Supreme Court of India have accelerated the pace of implementation of mental health services. Several advocacy groups, including media,

have highlighted need for scaling up services and providing comprehensive mental health care.

Though unmeasured, the social and economic impact of these conditions is huge. To develop data driven programmes, the Ministry of Health and Family Welfare, Government of India commissioned NIMHANS to plan and undertake a national survey to develop data on prevalence, pattern and outcomes for mental disorders in the country and also systematic assessment of resources and services that are available to meet the current demands was felt. Thus, the National Mental Health Survey was undertaken by NIMHANS to fulfil these objectives across 12 selected states of India during 2015 - 16.

Current Challenges in India

It was observed from the National Mental Health Survey 2016 that mental morbidity excluding tobacco use disorders currently is 10.6% and life time prevalence was 13.7%. Mental Morbidities include a range of mental disorders F10 - F49 categories within the International Classification of Diseases (ICD - 10). It was estimated that nearly 150 million Indians are in need of active interventions (National Mental health Survey, 2016). Substance use disorders (SUDs), including alcohol use disorder, moderate to severe use of tobacco and use of other drugs (illicit and prescription drugs) was prevalent in 22.4 % of the population above 18 years in all the 12 surveyed states. Nearly 1% of the population reported high suicidal risk. Nearly 1.9% of the population were affected with severe mental disorders in their lifetime and 0.8% was identified to be currently affected with a severe mental disorder. The most common prevalent problems were Depression (2.7%), Agoraphobia (2.3%), Intellectual Disability (1.7%), Autism Spectrum disorder (1.6%), Phobic anxiety disorder (1.3%) and Psychotic disorder (1.3%). The prevalence of depression for both current and life time was 2.7% and 5.2%, respectively, indicating that nearly 1 in 40 and 1 in 20 suffer from past and current depression, respectively. Age wise prevalence of all disorders showed peak in the age group of 30-49 years and thus affecting work productivity and earning potential, and quality of life. Among the adolescents, prevalence was 7.3% and nearly equal in both genders. Prevalence of mental disorders was nearly twice (13.5%) as much in urban metros as compared to rural (6.9%) areas. The prevalence in urban metros is higher than in rural and urban non-metro areas (with less than 10 million populations). The prevalence of schizophrenia and other psychoses (0.64%), mood disorders (5.6%) and neurotic or stress related disorders (6.93%) was nearly 2-3 times more in

urban metros. Despite prior and current efforts in enhancing mental health care delivery across the country, the study revealed that a huge treatment gap still exists for all types of mental health problems: ranging from 28% to 83% for mental disorders and 86% for alcohol use disorders .

Stigma contributes to the huge burden of mental morbidity, being a road-block to treatment seeking. Nearly 80% of persons suffering from mental disorders had not received any treatment despite the presence of illness for more than 12 months. Stigma associated with mental disorders affects access to work, education and marriage of those with a disorder and it also affects family members of those affected.

The key components of mental health system includes policy and legislative framework, community mental health services, mental health in primary health care, human resources, Intersectoral co-ordination, monitoring and research. The Mental Health Programmes in India have a low priority on the public health agenda-mental health programmes and activities were fragmented and had a low priority during implementation. It is important for all states to have a policy as seen in other health and non-health programmes as it sets a vision, mission and direction for future activities. In all the surveyed states, health management information systems were in different stages of integration and implementation. With the predominant focus being on maternal and child health and a few other national programmes, a fully integrated system was absent. The current mental health programmes in India are hampered by the lack of valid, reliable, timely, sensitive and specific outcome indicators for mental health developed on routine data gathering methods.

According to WHO report, budgetary allocation on mental health is only 0.06% of health budget in India whereas most developed country spends about 4%. There is a paucity of mental health professionals (psychiatrists, psychologists and psychiatric social workers) in India. This necessitates the engagement of non specialist professionals for mental healthcare. The health workforce density (per lakh population) across states ranged from 146 in Uttar Pradesh to 995 in Kerala. In five states (Kerala, Manipur, Punjab, Rajasthan and Tamil Nadu), the density of the health workforce was relatively higher. The doctor (MBBS) density (per lakh population) varied widely across states from 64.4 in West Bengal to 5 in Chhattisgarh. With grass root level health functionaries like ASHA / USHA, ANM and health workers contributing significantly to the workforce density, there is a need to involve them in mental health programmes

through the development of skill enhancing programmes. Past experiences and reviews have shown the feasibility of involving primary care doctors, health workers, general practitioners, and others and such practices need to be made the norm.

This huge burden of mental, behavioural and substance use disorders, in India, calls for immediate attention of political leaders, policy makers, health professionals, opinion-makers and society at large. Most significantly, mental health should be given higher priority in the developmental agenda of India. All policies and programmes in health and all related sectors of welfare, education, employment and other programmes should include and integrate mental health agenda in their policies, plans and programmes. Mental health care should be included as one of the elements of Primary Health Care and integrated with programmes of NCD prevention and control. The primary health workers should be properly trained for screening of the common mental disorder during their day to day activities and should involve in continuity of care and referral.

A National Commission on Mental Health comprising of professionals from mental health, public health, social sciences, the judiciary and related backgrounds should be constituted to oversee, support, facilitate, monitor and review mental health policies - plans - programmes in a continuous manner. Such a task force that works closely with the Ministries of Health at the national and state levels can provide strategic directions for mental health care programming to ensure speedy implementation of programmes.

The development of the National Mental Health Policy (2014), a new Mental Health Bill (2016), recent judicial directives, initiatives by the National Human Rights Commission (2016) increase in resource allocation, expansion of the District Mental Health Programme to 241 districts, establishment of new Centre of Excellence, improvement of care in mental hospitals are few examples of new hopes in this direction.

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Bridging the Faultline: TACKLING DRUG ADDICTION THROUGH SYSTEMS THINKING AND COMMUNITY-LED CARE



Johnny Gill,
ICU Nurse & Community
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A Crisis in the Veins of the Nation

When Harjeet Singh, a 19-year-old from rural Amritsar, dropped out of school and started injecting chitta (heroin), his family didn't know who to call. His mother went to the local panchayat, his father to a private doctor, and his sister looked for answers on WhatsApp. When Harjeet was finally admitted to a de-addiction centre in Tarn Taran, it was already too late to prevent irreversible nerve damage. Yet, thanks to community volunteers and a local gurdwara-led recovery program, Harjeet is now three years clean and a mentor to other young men. Harjeet's story reflects both the cracks in India's addiction response system—and the remarkable power of grassroots healing.

Understanding India's Drug Challenge

Drug addiction is not merely a personal failing; it is a structural health and governance issue. It stems from systemic neglect, poor awareness, gaps in rural healthcare infrastructure, and lack of coordination across ministries and stakeholders.

State-Level Innovations

Punjab Community rehab via gurdwaras and local panchayats

Mizoram & Manipur Church-run care networks and harm reduction

THE GRIM REALITY

16 crore+ use alcohol;
5.7 crore need treatment



2.6 crore use opioids;
77 lakh need help

1.2 crore use cannabis;
adolescents are
increasingly affected



Punjab, Uttar Pradesh,
Delhi, Maharashtra,
and Northeast India are
high-burden zones

Only 1 in 10 people with
addiction receive any
formal treatment



Delhi Outreach programs for homeless substance users

Karnataka Mobile rehab units and school de-addiction awareness drives

Addiction: A Multisectoral Governance Challenge

Addressing drug addiction cannot rest solely with the health ministry. It requires whole-of-government and whole-of-society collaboration:

Systems Thinking Required Across:

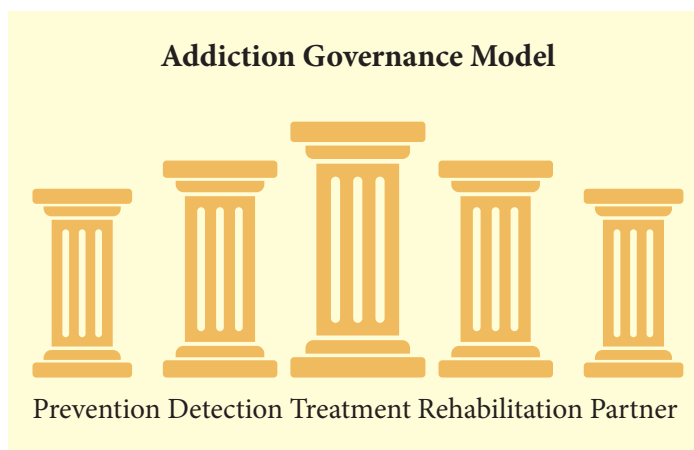
- Health: Access to detox and mental health care
- Education: Awareness and screening in schools
- Justice: Rehabilitation, family support
- Law Enforcement: Anti-trafficking, but with public health sensitivity
- Panchayati Raj & ULBs: Community mobilisation, local data, safe spaces

NATIONAL AND STATE INTERVENTIONS: CURRENT LANDSCAPE		
Initiative	Agency	Key Highlights
NDPS Act (1985)	MoHA	Legal framework on narcotics control
Nasha Mukht Bharat Abhiyaan (2020)	MoSJE	Active in 372 districts; targets youth and families
Integrated Rehabilitation Centres for Addicts (IRCA's)	MoSJE	500+ centres offering detox, therapy, rehab
National Drug Dependence Treatment Centre (NDDTC)	AIIMS	Training, digital platforms, helplines (1446)

From the Frontlines: A Nurse's Perspective on System Gaps

As an ICU nurse, I've treated dozens of overdose cases, but here's what's broken at the ground level:

- No linkage between PHCs and de-addiction centers
- staff with no mental health or addiction training
- Zero awareness in families on detox and relapse prevention
- Addiction seen as a crime, not a health issue



Solutions: Governance and Grassroots Must Intersect

1. Decentralized Screening & Early Intervention

- Train ASHA workers, ANMs, and Anganwadi workers to screen and refer
- Mandatory school-based awareness campaigns under SSA/RMSA
- Mobile de-addiction vans for underserved rural belts

2. Community-Based Rehabilitation Models

- Partner with religious institutions (gurdwaras, temples, mosques, churches, NGO's)
- Set up youth clubs, local support groups, vocational reintegration

3. Capacity Building of Allied Health Professionals

- Multitherapy training: physiotherapy, basic counselling, detox support
- programs under Skill India or NHM fellowships
- Equip PHC nurses to provide first aid during overdose

4. Data & Monitoring for Smart Governance

- Geo-tagging high-risk zones (slums, border districts)
- Unified dashboard integrating MoHFW, MoSJE, and state data
- Real-time tracking of rehabilitation outcomes and relapse cases

5. Public-Private-Civil Society Partnerships

- Fund NGOs working in hotspots
- helpline-backstopped tele-counselling hubs in tier-2/3 cities
- Incentivize corporate CSR for rehab infrastructure in rural belts

Evidence-Based First Aid for Suspected Overdose

Emergency Response Steps (The ABC + CPR Protocol)

1. Check ABC First

- A. Airway: Ensure the airway is clear (tilt head back gently)
- B. Breathing: Look, listen, and feel for breathing (for 10 seconds)
- C. Circulation: Check proximal pulse (carotid or brachial) to assess blood flow

2. Immediate Actions

- Call nearby emergency services
- Shift immediately to the nearest healthcare department
- Put person in a recovery position (lying on their side with the mouth downward to drain fluids)
- Prevent aspiration: Clear the mouth of vomit, fluids, or obstructions
- Provide a comfortable position to reduce distress (ideally semi-prone if breathing)

3. CPR Readiness

- Every person should know CPR
- Include CPR training in all college curriculums, especially for health, teaching, and social work streams
- If no pulse and no breathing, begin chest compressions and rescue breathing (30:2 ratio), only if trained

Additional Safety Measures

- Do not give food or water
- Avoid forcing the person to vomit
- Stay calm, reassure the person if conscious, and keep bystanders away to reduce crowding
- After recovery, refer the individual to a de-addiction specialist or centre

From Harjeet to Hope: Why We Must Act Now

Harjeet Singh could've been another statistic—but timely community intervention, religious institution-led care, and follow-up support saved his life.

His story shows us what works: localized, culturally rooted, coordinated care.

But without scaling such interventions through a governance lens, we will continue to lose a generation to addiction.

Call to Action for Policymakers and Administrators

- Mainstream addiction care into National Health Mission frameworks
- Ensure interoperability between ministries and departments
- Train frontline workers in psychological first aid and harm reduction
- Include addiction recovery metrics in district performance indices
- Promote addiction care in PRIs and Smart City planning



Rehabilitation: A CALL FOR INTEGRATED, HOLISTIC RECOVERY IN INDIA



Hitesh Gupta
Occupational therapist
with specialization in Dysphagia /
Swallowing Disorder Management

In a small village in Jharkhand, a 52-year-old farmer named Ramesh suffered a stroke that left him unable to walk or speak. With no rehabilitation center nearby and no knowledge of how to access therapies, his family assumed his condition was permanent. That is, until a community health worker trained in basic rehabilitation exercises helped him regain movement in his limbs over six months.

Ramesh's case is not unique—it is the story of countless Indians whose recovery depends not just on medicine, but on timely, holistic rehabilitation.

Across the nation, from stroke survivors in Bihar to amputees in Maharashtra, individuals are falling through the cracks—not for lack of medical treatment, but due to the absence of rehabilitation: the structured, person-centered support system that enables physical, mental, cognitive, and social recovery after illness, injury, surgery, or age-related decline.

Rehabilitation is no longer a niche service—it is a core pillar of recovery and health, especially in the context of India's rising non-communicable diseases (NCDs), aging population, and increasing trauma-related injuries. From an economic, public health, and governance perspective, rehabilitation is a critical lever to reduce healthcare costs, improve productivity, and support long-term recovery and overall wellbeing.

As India charts its path toward universal health coverage, rehabilitation must move to the heart of governance and public health policy. This is not just a clinical issue—it is a governance challenge that intersects with workforce planning, capacity development, digital access, infrastructure development and patient care for long-term health outcomes.

1. Why Rehabilitation Must Be a National Priority

- From an evidence-based policy lens, rehabilitation is essential in managing the growing burden of:
- Chronic Conditions like diabetes, cancer, Parkinson's, and arthritis.
- Neurological Impairments post-stroke or brain injuries.
- Mental Health and Cognitive Disorders, including trauma recovery and psychiatric illness.
- Developmental Disabilities such as autism, dyslexia or cerebral palsy in children.
- Age-related Functional Decline, with India's elderly population set to double by 2050.

These conditions are no longer rare. With non-communicable diseases (NCDs) accounting for over 60% of

deaths in India, and traffic injuries on the rise, rehabilitation has become integral to health outcomes, workforce productivity, and human dignity.

2. The Urban-Rural Chasm: Inequity in Access

India's rehabilitation landscape is deeply fragmented.

Urban India

Cities like Mumbai, Delhi, and Bengaluru offer high-quality services—multidisciplinary clinics where physiotherapists, occupational therapists, and speech therapists coordinate care. But even here, integration is partial and care is expensive and fragmented.

Rural India

In contrast, rural areas face acute shortages:

- No trained therapists, No community rehab centers
- Long distances to care
- High costs and low awareness

Take the case of Nirmala, a farm worker from Vidarbha, who underwent a hysterectomy. Without access to post-surgical pelvic rehabilitation, she developed chronic pain and depression—preventable with basic therapy and emotional support.

This inequity has cascading economic effects: loss of livelihood, long-term dependence, and additional health burdens on already stretched public health systems.

3. Workforce Crisis: Investing in Locally Trained Allied Health Professionals

A critical bottleneck in India's rehabilitation ecosystem is the scarcity of trained professionals, particularly in rural and remote areas. According to recent data, India has fewer than 1 trained rehabilitation specialist per 10,000 people, a figure that drastically drops outside major metros.

Addressing this requires targeted skilling and deployment of allied and healthcare professionals at local or regional levels. In the context of rural India—where patients may need to travel hours to see a specialist—this becomes not just a clinical solution, but a governance imperative.

Multitherapy Training: A Scalable and Cost-Effective Solution

In rural settings, physiotherapists and occupational therapists can serve as pivotal change agents—but only if equipped with a broader, integrated toolkit.

By training these professionals across related disciplines such as physiotherapy, occupational therapy, speech therapy, basic orthotic support, and general mental health counselling, they become multidisciplinary service providers who can manage:

- Neurological conditions (stroke, Parkinson's, cerebral palsy)
- Post-surgical recovery (orthopedic, gynecological, cancer rehabilitation)
- Musculoskeletal injuries (common in agrarian laborers)
- Women's health issues (pelvic dysfunction, postnatal recovery)
- Developmental delays in children

Such training models maximize the impact of limited human resources, ensure continuity of care, and reduce dependency on overburdened tertiary hospitals. Patients no longer need to make long journeys to cities; care comes to them, adapted to local needs and language.

As part of India's broader strategy to strengthen health systems, investing in multitherapy training for allied professionals is a practical, scalable, and economically wise solution. This approach aligns with the objectives of Skill India, Ayushman Bharat's Health & Wellness Centres, and the National Health Mission's rural strengthening goals.

4. The Case for Integrated, Person-Centered Care

Rehabilitation services in India are often siloed. One facility offers physiotherapy, another mental health support, and a third speech therapy and fourth occupational therapy—without coordination. This results in:

- Duplication of services
- Delayed recovery
- Frustrated patients and families
- Higher overall costs

System Reform Required:

- Establish interdisciplinary teams at district hospitals
- Mandate joint care plans and review protocols
- patient progress records for shared access

In practice, this would mean a child with developmental

delays would be seen by a pediatrician, speech therapist, psychologist, and occupational therapist—together, building a cohesive and dynamic care plan.

5. Technology: A Tool, Not a Panacea

Tele-rehabilitation has emerged as a transformative solution. Platforms offering:

- Video-based home therapy
- Virtual consultations
- Wearable sensors for movement tracking

However, key challenges remain:

- Poor internet in rural areas
- Low digital literacy among patients
- of standard protocols for remote therapy

Policy Push Needed:

- Integrate tele-rehab into Ayushman Bharat benefits
- Equip Health & Wellness Centres with basic digital rehab kits
- Partner with NGOs for digital literacy among patients and families

6. Government and Legal Frameworks: Present but Patchy

India has policy frameworks that mention rehabilitation:

- National Health Mission funds training and rehabilitation units, but execution varies across states.
- Ayushman Bharat PM-JAY covers some rehab services, but lacks standardized coverage across conditions.
- Rights of Persons with Disabilities Act (RPwD), 2016 mandates access to rehab, inclusive education, and care—but enforcement is weak, especially in rural areas.

Governance Action Plan:

- Make rehabilitation a core indicator under NHM and AB-HWC performance metrics
- Increase state-level budget allocations for community-based rehab
- Set up District Rehab Units co-located with district hospitals

7. Community-Based Rehabilitation: Scaling from the Ground Up

India has piloted and succeeded in community-based rehabilitation (CBR) in states like Tamil Nadu, Kerala, and Jharkhand. These models train local youth, caregivers, and ASHAs to:

- Provide basic physical therapy
- Teach exercises
- Support mobility and ADLs (Activities of Daily Living)

CBR Success Story:

In Tamil Nadu, a community-led rehab project trained over 500 village health workers to support stroke and orthopedic patients, reducing hospital readmissions by 30% in three years.

Scaling CBR nationally can reduce hospital burden, empower local communities, and restore dignity and productivity to millions.

8. Conclusion: Health Systems Must Heal, Not Just Cure

Rehabilitation is not an auxiliary service—it is a public health investment, a human rights obligation, and a governance necessity.

India cannot afford to let people survive illnesses only to struggle with daily living. We must invest in helping people walk again, speak again, work again, and hope again.

From policy to practice, India's health system must:

- Scale multi-therapy skilling
- Embed rehab into district health systems
- Invest in tele-rehab and community models
- Remove stigma
- And ensure every Indian—rural or urban, rich or poor—can reclaim their right to recover.

Let rehabilitation be the bridge between surviving illness and living life fully. Let it be central to how India governs health, equity, hope and human resilience.

Mental Health as Public Health:

INTEGRATING SERVICES IN PRIMARY HEALTHCARE IN INDIA



Meeta Mishra
Director, Mental Health Foundation (India)



Introduction: The Invisible Engine of Well-being

In the pursuit of a healthy nation, India has made significant strides in physical health indicators such as maternal mortality, immunization, and infectious disease control. However, a growing body of evidence suggests that mental health is not a standalone domain but an essential engine that drives overall well-being. A train may have sturdy compartments (physical, social, economic health), but without the engine of mental strength and resilience, it cannot move. This metaphor captures the essence of what India's public health system must now embrace: a truly holistic model of health that integrates physical, psychological, social, and spiritual wellness.

Why Mental Health is Public Health

Mental health affects every facet of life—from education and employment to social relationships and civic participation. The World Health Organization (WHO) defines health as not merely the absence of disease but a state of complete physical, mental, and social well-being. Yet, India continues to treat mental health in silos, often reactive, underfunded, and stigmatized.

According to the National Mental Health Survey (NMHS, 2015-16), nearly 14% of India's population lives with some

form of mental disorder, with common conditions including depression, anxiety, and substance use disorders. The economic burden of untreated mental illness is estimated to cost India \$1.03 trillion between 2012 and 2030 (Lancet Psychiatry, 2020).

The Government Response: National Mental Health Programme (NMHP)

Launched in 1982, the National Mental Health Programme (NMHP) was one of the earliest state-sponsored mental health policies globally. It aimed to integrate mental health with primary health care through the District Mental Health Programme (DMHP). Key components include:

- Mental health services at the district level
- Training of primary care physicians and health workers
- Public awareness campaigns
- Monitoring and evaluation mechanisms

While commendable in vision, the on-ground implementation of NMHP has been inconsistent:

- As of 2023, only 704 districts out of over 750 have DMHP units.
- Only one psychiatrist is available for every 100,000 people, against the WHO recommendation of 1:10,000.

- Only 1.3% of India's total health budget is allocated to mental health (Union Budget 2023–24).

Gaps in the System

1. **Severe Human Resource Shortage:** India has approximately 9,000 psychiatrists, 2,000 clinical psychologists, 1,500 psychiatric social workers, and 900 psychiatric nurses—far below the need.
2. **Low Budget Allocation:** The mental health budget is only a fraction of total health spending, with minimal funding at state levels.
3. **Licensing and Regulation Gaps:** The Mental Healthcare Act (2017) mandates mental health professionals be registered with State Mental Health Authorities, but many states have yet to fully implement this.
4. **Stigma and Awareness:** Social stigma and lack of culturally-sensitive education hinder early help-seeking behavior.
5. **Urban-Rural Divide:** Over 70% of India's population lives in rural areas, but most professionals and infrastructure are concentrated in cities.

Solution-Oriented Innovations

Several innovative and replicable models are bridging the gap between policy and people:

- **Tele-MANAS:** India's national 24x7 tele-mental health helpline with over 50 operational centers.
- **MiHOPE (Mental Health on Phone):** WhatsApp-based mental health support offering regional language access.
- **Project MATE (Meghalaya):** Adolescent mental well-being program implemented in schools, reaching over 5,000 students.
- **Kerala's Kudumbashree Model:** Grassroots women's networks acting as mental health ambassadors.
- **ASHA Mental Health Modules:** Pilots in states like Karnataka and Tamil Nadu have trained ASHAs to identify and refer cases.

Best Practices from India and Abroad:

- Task-shifting to lay health workers (e.g., Zimbabwe's Friendship Bench model)
- Mandatory mental health inclusion in school curricula (e.g., Delhi Government's Happiness Curriculum)

- National licensing and continuing education for mental health professionals
- Community-led resilience programs in post-conflict and disaster settings

The Road Ahead: Towards a Holistic Public Health Model

Imagine an India where we measure our national health not just by disease statistics, but by how people feel, cope, connect, and contribute. This shift to well-being indicators would include:

- Emotional Resilience Index (population-level mental fitness)
- Community Belonging Score (sense of connection and social trust)
- Workplace Mental Energy Surveys (productivity and burnout metrics)

Strategic Policy Recommendations:

- Mandate mental health screening at all Health and Wellness Centres under Ayushman Bharat.
- Increase budget allocation to at least 5% of the total health budget.
- Incentivize mental health education in medical colleges and paramedical institutions.
- Strengthen State Mental Health Authorities for professional licensing and monitoring.
- Develop a National Well-being Dashboard to track integrated physical-mental-social health metrics.

Conclusion: Mental Health is Nation Health

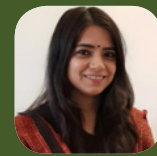
Mental health is not a luxury; it is the cornerstone of a thriving democracy and economy. As India prepares for its centenary in 2047, we must evolve our metrics of success—from GDP to Gross Well-being Product.

India stands at the crossroads: it can either reinforce the status quo, or ignite a transformation where mental resilience powers national growth. With integrated efforts, innovative models, and inclusive policies, mental health can truly become the soul of India's public health journey.

Let us not treat the mind as an afterthought. Let us make it the mainstay.

Rethinking Health:

WHY HOLISTIC HEALTH MUST BE INDIA'S NEXT LEAP



Meeta Mishra

Director, Mental Health Foundation (India)

Holistic health must be understood as a partnership between curing disease and restoring the whole person—physically, mentally, nutritionally, and socially. Especially in India, where burdens borne by women and children are enormous, our systems must go beyond pills, plasters, or surgeries toward integrated care models.

- India today is simultaneously battling the old and the new: infectious diseases like TB and dengue on one hand, and a tidal wave of noncommunicable diseases (NCDs) and mental health disorders on the other.

Key National Health Indicators:

- Non-communicable diseases (NCDs) account for 63% of all deaths in India (WHO, 2023).
- Cardiovascular diseases, chronic respiratory diseases, cancers, and diabetes are the leading contributors.
- India has one of the largest numbers of people with diabetes—over 101 million adults (NFHS-5, ICMR 2023).
- Hypertension prevalence is at 21.3% among women and 24% among men.
- Over 135 million Indians suffer from mental health disorders, with 1 in 7 people affected (Lancet Psychiatry, 2020).

The Mental Health Crisis:

- Depression and anxiety are the most common disorders.
- India accounts for 36.6% of global suicides among women and 24.3% among men under age 40 (National Crime Records Bureau, 2021).
- The mental health treatment gap stands at over 80%, meaning 4 out of 5 people get no support.
- The Gender and Age Burden: Women and Children at the Epicenter
- Women and children in India carry a disproportionate share of the nation's health burden.

Women's Health:

- 57% of women aged 15–49 are anemic (NFHS-5).
- One in five women suffers from reproductive health disorders.
- Mental illness in women is underdiagnosed, often masked by somatic complaints or social stigma.
- Postpartum depression, sexual trauma, and chronic pain syndromes are rising, yet largely untreated.

Child Health:

- India has the highest number of stunted and wasted children globally.
- 35.5% of children under 5 are stunted, 19.3% are wasted, and 32% are underweight (NFHS-5).
- Post-hospital recovery for malnourished children is weak: they require ongoing food therapy, counselling, and play-based rehabilitation.

Cure is Not Healing: The Missing Middle in Healthcare

A fractured leg may get a plaster. A fever may get a tablet. But what comes after?

- The post-treatment phase—rehabilitation, counselling, nutrition, physiotherapy—is either underfunded or nonexistent.
- recovering from strokes, fractures, chronic pain, childbirth, or mental illness require integrated care, not episodic interventions.
- healing means restoring dignity, productivity, and quality of life—not just suppressing symptoms.

Post-treatment Support Gaps:		
Domain	Estimated Need	Gap
Physiotherapy & Rehabilitation	10–15 million patients/year	<20% reach services
Nutritional Rehabilitation	2.5–3 million malnourished children/year	NRCs reach <30%
Psychological Counselling	100–130 million people	>80% untreated
Postpartum Care & Support	27 million women/year	Largely missing outside metros

Government Interventions: What’s Being Done

India is not starting from scratch. Several model initiatives point the way toward integrated care.

1. Ayushman Bharat – Health and Wellness Centres (HWCs)
 - Over 1.6 lakh HWCs established to offer comprehensive primary care, including mental health, yoga, and NCD screening.

- However, many lack trained counsellors and rehabilitation support.

2. Nutrition Rehabilitation Centres (NRCs)

- Provide therapeutic nutrition, counselling, and structured follow-up for severe acute malnutrition (SAM).
- Need to be scaled and better linked to community care and ICDS programs.

POSHAN Abhiyaan

- Aims to reduce stunting, anemia, and low birth weight by integrating nutrition and maternal health.
- Digital Poshan Trackers now enable real-time monitoring of child nutrition status.

National Mental Health Programme (NMHP)

- Operational in only 47% of districts.
- Focuses on community-based care, but needs expansion in staffing, infrastructure, and public awareness.

Model Projects

- Sambhav Abhiyan 5.0 in Uttar Pradesh aims to monitor and rehabilitate SAM/MAM children via Anganwadi-led interventions.
- Sickle Cell Wellness Hubs offer integrated diagnosis, diet, counselling, and lifestyle management—serving tribal women and children.

What Needs to Change: A Holistic Way Forward

To create a system that heals not just disease but the person, India must take a five-pronged approach:

1. Expand Community-Based Rehabilitation

- Introduce physiotherapists, occupational therapists, and rehab nurses at PHC level.
- Train ASHA workers in basic rehab and postnatal recovery protocols.

2. Mainstream Mental Health Support

- Every PHC and HWC must have a trained mental health counsellor.
- peer-support networks, especially for women, adolescents, and elderly.

3. Strengthen Nutrition-Linked Recovery

- Scale up NRCs, link them with food support and maternal counselling.
- programs like Telangana's Arogya Lakshmi, which offers meals to pregnant and lactating mothers.

4. Ensure Continuity of Care

- Use digital health records to track patients post-discharge.
- hospitals with home-based follow-up and counselling via telemedicine and community visits.

5. Shift Policy Metrics

- Measure not just mortality and morbidity, but also functionality, emotional well-being, and quality of life.
- budget for allied health services, not just hospital-based treatment.

Conclusion: From Disease-Centric to People-Centric Healthcare

India's demographic dividend, its aspirations, and its future depend on a healthcare system that looks beyond the pill and the plaster. When we centre our care around rehabilitation, counselling, nutrition, mental well-being, and community participation, we don't just cure illness—we create a healthier, more resilient nation.

In the lives of women, children, and the general public, cure is only the beginning. True health demands a return to wholeness.



A photograph of a woman with long dark hair, wearing a light-colored sari, holding a young child in her arms. They are outdoors with a blurred green background.

From Vision to Reality:

THE JOURNEY OF THE



In the world's largest democracy, a digital revolution in the form of a smart-phone based tool, is reshaping the fight against malnutrition. This tool, called The Poshan Tracker, is transforming how the nation monitors and improves the nutritional health of millions of its most vulnerable citizens. Launched by the Ministry of Women and Child Development, the Poshan Tracker represents a paradigm shift in nutrition governance.

Historical Context: The Long Battle Against Malnutrition

To fully appreciate the significance of the Poshan Tracker, it is essential to understand the historical context of malnutrition in the country. For decades, India has grappled with the persistent challenge of malnutrition, particularly among children and women. Despite economic growth and various government initiatives, progress in combating malnutrition has been slow and uneven.

The Integrated Child Development Services (ICDS) scheme was launched in 1975 as a flagship program to address malnutrition. While ICDS made significant strides, it faced challenges in data collection, real-time monitoring, and targeted interventions. Subsequent programs like the National Nutrition Mission (NNM) in 2018 aimed to create synergy and accelerate progress in improving nutritional outcomes.

These efforts, however, were hampered by delayed data, fragmented information systems, and the sheer scale of the challenge. There was a pressing need for a comprehensive, real-time monitoring system to ensure transparency in governance, reporting and delivery. To fulfil this need, the Poshan Tracker was conceptualised and developed.

The Power of Digital Transformation

At the heart of the Poshan Tracker, lies an astounding achievement: every month, the Poshan Tracker monitors the growth of over 80 million (8 crore) children. The massive scale of this real-time monitoring is unprecedented in the history of public health initiatives.

The sheer number of children tracked and supported through the Poshan Tracker is staggering. It is not just about collecting data; it is about creating a real-time picture of the nation's nutritional health, child by child, village by village. This comprehensive coverage ensures that no child falls through the cracks.

The impact of this wide-reaching monitoring system cannot be overstated. It allows for the early identification of malnourished children, enabling swift interventions that can, quite literally, save lives. Moreover, it provides an unprecedented level of insight into the country's nutritional status, allowing for more targeted and effective policies and programs.



POSHAN TRACKER

Capt. Prabhanshu Kr Srivastav
with inputs from
Ms. Reshma Reghunathan Nair,
Ms. Arkaja Das & Ms. Shalini Bajaj



Technical Architecture: The Backbone of the Poshan Tracker

The Poshan Tracker's success is built on a robust technical architecture designed to handle massive amounts of data while ensuring accessibility and security. The system uses a cloud-based infrastructure, allowing scalability and real-time data processing.

The Poshan Tracker's micro-services architecture, enables different components of the application to be developed, deployed, and scaled independently. This provides the flexibility to add new features and allows integration with other systems without disrupting the entire platform.

Given the sensitive nature of the data collected, data security is of the utmost importance. To this end the Poshan Tracker employs end-to-end encryption for data transmission and storage, and multi-factor authentication to ensure that only authorised personnel can access the system. Regular security audits and penetration testing are conducted to identify and address any vulnerabilities.

The front end of the Poshan Tracker is a user-friendly mobile application designed for use by Anganwadi workers. It features an intuitive interface with offline capabilities, recognising the connectivity challenges in many rural areas. Data synchronization occurs automatically when internet connectivity is available.

On the back-end, powerful data analytics engines process the incoming data in real-time and machine learning algorithms are employed to identify trends, predict potential hot-spots of malnutrition, and generate insights for policymakers.

Real-Time Monitoring: The Cornerstone of Timely Decisions

The Poshan Tracker's most revolutionary aspect is its real-time monitoring capabilities, enabling swift and informed decision-making at all levels of governance. The administrative supervision has improved multi fold due to capturing of features like number of anganwadi centres open, attendance, infrastructure details etc.

Now, with the Poshan Tracker, malnutrition hotspots can be identified and addressed. This real-time capability is already creating a profound impact on the ground.

From Data to Decisions: Shaping Policy at All Levels

The Poshan Tracker has rapidly become an integral tool for policy decisions at both the Centre and State level. Its comprehensive data and analytics capabilities are reshaping nutrition policy formulation and implementation across the nation.

At the central level, the data from the Poshan Tracker is informing national nutrition strategies and resource

allocation. For example, the recently launched Protocol for Management for Malnutrition in Children “CMAM Protocol” was heavily influenced by trends identified through the Poshan Tracker.

States are using the platform to tailor interventions to specific challenges and track the impact of their programs in real-time.

The Poshan Tracker allows for both macro and micro-level decision making. While it informs broad national policies, it also empowers local officials to make informed decisions for their communities. Officers from national up-to block level across the States/UTs can now access detailed, up-to-date nutrition data for their area.

This data-driven approach to policy-making represents a significant shift in governance. It moves away from a one-size-fits-all solution, towards more targeted, evidence-based interventions. This leads to more effective policies, better resource utilisation, and ultimately, improved nutritional outcomes for millions of children across the country.

Open API: The Foundation of Integrated Governance

One of the most innovative aspects of the Poshan Tracker is its open API (Application Programming Interface) platform. This feature has transformed the Tracker into a ‘source of truth’ at the village level, not just for nutrition programs, but for a wide array of state and central initiatives.

The open API architecture of the Poshan Tracker allows seamless integration with other government programs, creating a unified ecosystem of social welfare services. This integration has far-reaching implications:

- Health, education, and social welfare programs now work in tandem using the same up-to-date information.
- Different government departments avoid duplicating efforts and resources with a single ‘source of truth’. This saves time, money and reduces the burden on beneficiaries who would otherwise need to provide the same information to multiple agencies.
- Policymakers can design comprehensive interventions addressing multiple aspects of a children’s well being simultaneously. The Ministry of Rural Development uses Poshan Tracker data to identify Malnutrition Free Gram Panchayat under child friendly Panchayat initiative.

The open API approach also fosters innovation. State governments and other Government agencies can create

Epicentre of all Technological Initiatives & Tech Interventions in Contemporary India.
Shri Narendra Modi, Prime Minister of India



additional applications that build on the Poshan Tracker data, extending its utility further. For example, a state government might develop a predictive analytics tool that uses Poshan Tracker data to forecast potential malnutrition hotspots, allowing for pre-emptive interventions.

Transforming Lives: The Real Impact of Data-Driven Nutrition Governance

While the technological aspects of the Poshan Tracker are impressive, the true measure of its success lies in its impact on the ground. Since its implementation, there have been significant improvements in key nutrition indicators:

- Wasting rates among children under five have decreased by 13%
- Underweight prevalence among children under five has reduced by 15%
- Severe Wasting among children under 5 years have reduced by 6%

Bar graphs showing the improvement in nutrition indicators before and after Poshan Tracker implementation

These numbers represent millions of children growing up healthier, with better cognitive development and improved life prospects. This impact extends beyond just health metrics. By improving childhood nutrition, the Poshan Tracker is contributing to better educational outcomes, increased economic productivity, and ultimately, a stronger, healthier nation.

The Tracker has also empowered communities. With access to real-time data about their village's nutritional status, local leaders and community groups are taking ownership of nutrition issues. In many villages, 'nutrition committees' have been formed, using Poshan Tracker data to monitor progress and hold local officials accountable.

Case Studies: Success Stories from Across the Nation

The impact of the Poshan Tracker is best illustrated through these case studies that demonstrate its transformative power:

1. Tribal Areas of Maharashtra:

In the remote tribal areas of Maharashtra, where malnutrition rates have historically been high, the Poshan Tracker has enabled targeted interventions. In Gadchiroli district of Maharashtra, the data collected through Poshan Tracker application helped administration design and curate a hyper local, nutrient-rich foods into the supplementary nutrition program to tackle malnutrition, and this intervention proved successful.

2. Assam:

In the Bongaigaon district of Assam, the Poshan Tracker helped to identify and pair the mothers of healthy child and malnourished child. This led to award (Prime Minister's Awards for Excellence in Public Administration) winning Project Sampurna for in reducing child malnutrition through the concept of Buddy Mothers. This concept involved pairing two mothers, one with a healthy child and the other with a malnourished child. These mothers exchanged best practices and collaborated on creating diet charts to monitor the daily food intake of their children. This approach aimed to address malnutrition and promote healthier habits by leveraging the knowledge and experiences of mothers within the community.

3. Uttar Pradesh:

Intensive campaign for addressing childhood wasting in Uttar Pradesh, to mitigate the prevalence of malnutrition in UP, the state ICDS department conceptualized a comprehensive strategy for addressing childhood wasting using Poshan Tracker data. A four-month intensive campaign known as "SAMbhav Abhiyaan" was conducted from June to September 2021 which corresponds to the period with a high caseload of SAM and increased childhood health issues like diarrhoea. Campaign approach tried to bring together both Health and ICDS department. The State government is conducting campaign for three consecutive years for including all the registered

The Visionary of Poshan Tracker
Smt. Smriti Irani, Ex-Minister MWCD



SAM children in the State and impacting lives of families by providing proper healthcare and nutrition services to the children and linking the families with the other government schemes. The State was awarded with SKOCH award (Platinum) for the campaign.

4. Effective Nutrition Service Delivery in Challenging Geographies of Rajasthan

The implementation of the Poshan Tracker revealed significant gaps in home visit coverage across Rajasthan, particularly in the southern tribal and western arid districts. These insights underscored the urgent need for targeted interventions to improve the delivery of nutrition services. In response, a comprehensive state-wide in-person training program focused on the use of the Poshan Tracker application and dashboard, growth monitoring, and effective counselling, with special attention given to the underperforming southern tribal and western arid districts was conducted in March 2023. The results of these efforts were remarkable. Continuous monitoring and support at each administrative level led to a dramatic increase in home visits and growth monitoring.

These case studies demonstrate the versatile uses and effectiveness of real-time data gauged through the Poshan Tracker, in addressing diverse nutritional challenges across different geographical and socio-economic contexts.

Efficiency Gains: Maximising Impact, Minimising Waste

The digitization of processes through the Poshan Tracker has led to remarkable leaps in efficiency:

- The time taken to identify and enrol new beneficiaries has reduced by 60%



The Prime Minister Award for Excellence in Public Administration 2024

- Resource allocation efficiency has improved

These efficiency gains mean that more children and women can be served with the same resources, amplifying the impact of every rupee spent on nutrition programs. The streamlined processes have also reduced the administrative burden on frontline workers, allowing them to focus on direct service delivery.

The efficiency improvements extend to the supply chain as well. With real-time data on consumption patterns and beneficiary needs, the procurement and distribution of nutritional supplements have become more accurate and timely. This has led to reduced wastage and ensured that the right supplies reach the right beneficiaries at the right time.

Data Analysis Techniques: Turning Information into Insight

The Poshan Tracker's effectiveness is not just in its data collection, but in the analysis and utilization of that data. Advanced data analysis techniques are employed to extract meaningful insights from the vast amount of information collected:

- Identifying clusters of similar nutritional patterns enables policymakers to design targeted interventions for specific demographics or geographic groups.
- Tracking nutritional indicators over time helps understand seasonal variations and long-term trends, enabling more effective long-term planning.
- Mapping nutritional data geographically aids in identifying regional disparities and targeting resources to areas of greatest need.

These analytical techniques transform raw data into actionable intelligence, enabling evidence-based decision-making at all levels of governance.

User Experience: Empowering Frontline Workers

The success of the Poshan Tracker heavily relies on its adoption by frontline workers, particularly Anganwadi workers. Considerable effort has been put into ensuring that the user interface is intuitive and user-friendly, even

for those with limited digital literacy.

The app features a simple, icon-based interface with minimal text, making it accessible to workers with varying levels of education. It supports 24 languages, ensuring that language is not a barrier. The app also includes built-in tutorials and help features to guide users through its various processes.

The height and weight measurement data uploaded in Poshan Tracker by AWWs for each child is used to automatically calculate the nutritional status of the child using WHO growth standards. For understanding of the AWWs, auto calculated nutritional status of children is displayed in the form of WHO growth charts.

Based on the beneficiaries, AWWs have to perform daily Home Visit. These home visits are automatically scheduled in Poshan Tracker. Prompter is available to complete daily tasks like home visit Growth monitoring etc. Further, resource material in the form of videos is also available for disseminating information to the beneficiaries during home visit.

All these features in Poshan Tracker facilitate the AWWs to perform their duty efficiently.

Offline functionality is a key feature, recognizing the connectivity challenges in many rural areas. Workers can input data offline, which automatically syncs when internet connectivity is available. This ensures continuous data collection even in remote areas.

For higher-level officials, a web-based dashboard provides a comprehensive overview of nutritional indicators. This dashboard includes customizable reports, allowing officials to access specific data points or view broader trends as needed.

Continuous feedback from users has been integral to improving the Poshan Tracker. Regular updates incorporate suggestions from frontline workers, ensuring that the tool evolves to meet their needs and challenges.

Challenges and Solutions: Overcoming Hurdles

Despite its successes, the implementation of the Poshan Tracker has not been without challenges. Some of the key hurdles faced and the solutions implemented include:

- Digital Literacy: Many Anganwadi workers, especially in rural areas, had limited experience with smartphones. To address this, comprehensive training programs were rolled out, including hands-on workshops and video tutorials. A mentorship system

Concept and Execution Team of Poshan Tracker



Shri Indevar Pandey
Ex-Secretary - MWCD



Shri Ram Mohan Mishra
Ex-Secretary - MWCD



Smt. Aditi Das Raut
Ex-Addl Secretary - MWCD

was also established, pairing tech-savvy workers with those needing additional support.

- **Connectivity Issues:** Poor internet connectivity in remote areas initially hampered real-time data uploading. The development of robust offline functionality addressed this, allowing data to be collected offline and synced when connectivity is available.
- **Data Privacy Concerns and strict access controls.** Regular security audits are conducted, and all users undergo mandatory training on data protection protocols. A comprehensive data governance framework was also established to ensure compliance with national and international data protection standards.
- **Hardware Availability:** Ensuring that all Anganwadi workers had access to smartphones was a significant logistical challenge.
- **Integration with Existing Systems:** The Poshan Tracker needed to integrate with various existing government databases and systems. This required extensive collaboration between different government departments and technical teams. A dedicated inter-departmental task force was established to oversee this integration, ensuring seamless data flow while maintaining data integrity.
- **Data Quality:** Ensuring the accuracy of data entered by millions of users was a significant challenge. To address this, the app incorporates built-in data validation checks. Additionally, a system of random spot checks

and data audits was implemented. Machine learning algorithms are also used to flag potentially erroneous data entries for human review.

These challenges, while significant, have been met with innovative and collaborative solutions, demonstrating a commitment to making the Poshan Tracker a robust and effective tool in the fight against malnutrition.

Recognition and Replication: A Model for the World

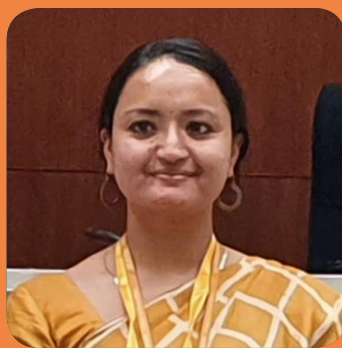
The success of the Poshan Tracker has not gone unnoticed. It has garnered several accolades, including the prestigious e-Governance Award 2024. More importantly, it has caught the attention of policymakers and health experts worldwide.

- The World Health Organisation (WHO) has applauded the efforts made by the Ministry of Women and Child Development (MoWCD) on Poshan Tracker mentioning the 'POSHAN Tracker' as one of the exemplar platforms for flawlessly collecting routine administrative data on nutrition.
- UNICEF has appreciated the simplicity of Poshan Tracker application and how it has made the work of Anganwadi Workers easier; and ensured tracking of children and mothers on key health and nutrition related information.
- During the G-20 Ministerial Conference on Women Empowerment 2023, Poshan Tracker was also showcased and discussed. All the members were greatly impressed by the same. Moreover, it was part of the Chair's statement. The members recognized

The Foot Soldiers of Poshan Tracker



Capt. Prabhanshu Srivastav
Ex-DS, MWCD



Ms. Reshma R Nair
Ex-DS, MWCD



Arkaja Das
Director, MWCD



Ms. Shalini Bajaj
GM, Digital India Corp.

the importance of deployment of technology for monitoring nutrition and health services and early childhood care service delivery for pregnant women, lactating mothers, adolescent girls and children and took note of the Poshan Tracker application, a unique digital platform which seeks to digitize data near-real time monitoring and enabling policies for targeted intervention.

Economic Impact: Investing in the Future

The long-term economic benefits of improved nutrition are substantial. By addressing malnutrition in early childhood, the Poshan Tracker is contributing to the development of human capital, which is crucial for the country's economic growth.

Studies have shown that every dollar invested in nutrition can yield up to \$16 in returns through increased productivity and reduced healthcare costs. By improving the efficiency of nutrition programs and enabling more targeted interventions, the Poshan Tracker is maximizing the impact of this investment.

Economists estimate that reducing stunting and malnutrition could potentially increase the country's GDP by 4-11% in the long term. This translates to billions of dollars in economic growth, highlighting the critical role of nutrition in national development.

Moreover, the Poshan Tracker is creating a new ecosystem of digital health services, spurring innovation and creating job opportunities in technology, data analysis, and public health sectors.

Uninterrupted Service delivery to Migrant Workers

To ensure that children, especially of migrant parents

shifting from one state to another, are not left bereft of benefits of 'take-home ration' from Anganwadi units, migration facility has been introduced in Poshan Tracker App. By using the feature on mobile phones, migrant workers can now access to nutrition services wherever they live. Even if people relocate to another State, they can avail of the benefits given to children under six years and pregnant women and lactating mothers by the government. A child enrolled at any anganwadi across states is able to avail of the same services and get the cooked meals and rations at a centre in another district of the same state or in a different state by citing the Aadhaar-enabled registration details available on the Poshan platform.

This step is critical as a large number of families availing anganwadi services include migrant workers who often move out of their villages for work to urban areas. Among beneficiaries there are also seasonal migrants who leave for cities when the agriculture season is over and return after some months to the villages. It is seen that in such cases there is a strong possibility of the child dropping out of the anganwadi system that supports the monitoring of development of children and identifying deficiencies and preventing malnutrition.

Stakeholder Perspectives: Voices from the Ground

The impact of the Poshan Tracker is best understood through the voices of those directly involved:

Anganwadi Worker, Ghaziabad, Uttar Pradesh: "Earlier, we had to maintain multiple registers and it was difficult to track each child's progress. Now, with just a few taps on the phone, I can see a child's entire growth history. It helps me provide better care and advice to mothers."

Mother, Uttar Pradesh: "I feel more involved in my child's

growth now. The Anganwadi worker shows me my child's progress on the app, and I can understand it better with the graphs and colours.”

Nutrition Expert, UNICEF India: “The Poshan Tracker is setting a new global standard in nutrition monitoring. Its ability to provide real-time, granular data is unprecedented and could be a game-changer in the global fight against malnutrition.”

Deputy Director Poshan Abhiyaan Jammu & Kashmir: “This technology has brought transparency and accountability to our nutrition programs.”

These perspectives highlight the multi-faceted impact of the Poshan Tracker, from improving service delivery at the grassroots, to informing high-level policy decisions.

The Future: A Data-Driven Path to a Healthier Nation

As we look to the future, the Poshan Tracker stands as a testament to the power of technology in addressing age-old challenges. It represents not just a digital tool, but a new approach to governance – one that is data-driven, transparent, and responsive to the needs of the people.

A projection of key health indicators for the country over the next decade, based on Poshan Tracker data

Future developments for the Poshan Tracker are already in the pipeline:

- Plans are underway to integrate the Poshan Tracker with the national digital health mission, creating a comprehensive health profile for each citizen from birth.
- Blockchain technology will be implemented to track the supply chain of nutritional supplements, ensuring quality and preventing leakages.
- More health indicators will be included, such as immunization status, cognitive development milestones, and environmental factors affecting nutrition.
- Features allowing community members to participate in nutrition initiatives will be developed, fostering a sense of collective responsibility for child health.
- The system's ability to predict and prevent nutritional emergencies before they occur will be enhanced through advanced predictive analytics.

These developments promise to further enhance the Poshan Tracker's role as a cornerstone of public health governance in the country.

Conclusion: Nourishing a Nation's Future

The Poshan Tracker represents more than just a technological solution; it embodies a new approach to governance – one that is data-driven, responsive, and centred on the needs of the most vulnerable. It demonstrates how digital tools, when thoughtfully implemented, can transform the delivery of essential services and improve the lives of millions.

By monitoring 80 million (8 crore) children monthly, facilitating real-time decision-making, informing policy at all levels, and serving as an open platform for integrated governance, the Poshan Tracker has truly revolutionised nutritional governance in the country.

In the unfolding story of the nation's fight against malnutrition, the Poshan Tracker may well be remembered as the turning point – the moment when technology and governance united to nourish a nation of over a billion dreams. As it continues to evolve and expand, the Poshan Tracker holds the promise of a future where every child in the country has the opportunity to grow up healthy, strong, and ready to contribute to the nation's progress.

Poshan Tracker: By the Numbers

- 100 million: beneficiaries registered in Poshan Tracker
- 80 million: Children monitored monthly for growth
- 1.4 million: Anganwadi Centers connected
- 24: Languages supported by the app
- 13% reduction in Wasting rates among children under five
- 15% reduction in Underweight prevalence among children under 5
- 6% reduction in Severe Wasting among children under 5

As the sun rises on a new era of nutrition governance, the Poshan Tracker stands as a beacon of hope, illuminating the path towards a healthier, more prosperous future for millions of children across the nation. It is a testament to what can be achieved when cutting-edge technology is harnessed to address fundamental human needs. The journey of the Poshan Tracker is far from over, but it has already set in motion a transformation that promises to reshape the health and well-being of an entire generation. In this digital age, the Poshan Tracker serves as an inspiration and a model for how nations can leverage digital innovation to tackle their most pressing social challenges.

LIGHTHOUSES OF LEARNING



Anil Swaroop
An Author &
A Former Civil Servant



The innovative Mission Parivartan in Varanasi has transformed thousands of Anganwadi Centres into vibrant tech enabled child friendly spaces that address Malnutrition, education and urban space constraints.

The integrated child development services, (ICDS) department and Anganwadi workers have a critical role to play in the nation's development. Beyond just being a centre for gathering children, an Anganwadi Centre is a place where large scale issues like malnutrition and pre-school education are addressed. As the country hits towards reaping, the fruits of the demographic dividend, investment in children's future becomes even more critical. A number of researches have revealed that the initial six years of a child's life is crucial for both mental and physical development. This has also been recognised in the national education policy.

With the spirit of transforming anganwadis into advanced learning centres, an attempt is being made in Varanasi to equip them with both basic necessities and advanced learning infrastructure such as smart TVs, business and learning aid (BaLa), structural design, rooftop rainwater harvesting systems, solar panels, furniture for children, toys, learning material, etc. Mission Parivartan has been launched in Varanasi with this objective. This approach is not limited to a few centres. Attempt is to provide scalable and district wide solutions to the problem, to

be implemented across all 3000 Anganwadi Centres in Varanasi.

The mission Parivartan initiative has achieved a remarkable milestone in transforming Anganwadi Centres across the district over the last three years. As part of the initiative, a total of 2382, Anganwadi buildings have been rejuvenated with an impressive 96% saturation. Additionally, 692 new Anganwadi Centres have been constructed bringing the total to 3074. This transformation, aims to provide a conducive learning environment for young children, promoting their overall development and well-being. Over 3.5 lakh children aged 6 months to 6 years, have benefited from this intervention in the district over the last two and half years.

The upgraded Anganwadi Centres boast several key features, including the saturation of all 18 basic parameters of Kayakalp, such as Baby friendly toilets, hand washing units, Bala based painting and LED TVs to support learning and make education more engaging for children. This is also ensuring a comfortable and interactive environment. Further more, these centres are now solar powered, enabling a round the clock electricity supply. Other notable features include Poshan Vatika to promote health, hygiene and sustainability. Outdoor play equipment has also been installed to encourage physical activity and development. The design of these centres have been kept in consonance



with the idea of learning and mental growth, ensuring that every part of the Centre serves as a source of education. Features such as writable floors, low wall green boards, low hanging paintings and wall displays ensure that each activity comes with learning and the building's architecture itself, acts as a source of learning to the kid.

Beyond just the infrastructure, simple things like furniture, kitchen items, storage boxes, utensils, toys, first aid kit and utility kit with mirror towel and nail cutter have also been provided at all centres so that these centres function on a learning by doing Model.

In urban areas, Mission Parivartan has made significant strides in addressing the challenge of space and land availability. Very rarely has any solution to the urban Anganwadi Centre problem being attempted in the past. In city-based district and with the ever growing size of cities, this problem is expected to become even more severe in the future. This problem existed in 991 urban Anganwadi Centres in Varanasi, which were functioning and dingy streets and corridors. To address this, a total of 750 new rented buildings have been provided to accommodate Anganwadi Centres with new rent agreements while 65 old and unused buildings have been repurposed into Anganwadi Centres. Additionally, 25 Porta Cabins and recycled bus compartment-based Anganbadi Centres have been set up in congested areas, ensuring accessibility and

convenience. These Porta Cabins have been particularly effective in solving the issue of space constraints, allowing Anganwadi centres to operate in parks and playgrounds. The centre now exist in beautiful air conditioned rooms with smart classes for learning. The once deserted Anganwadi Centres now have over one lakh children proudly attending them daily.

Assistance came from engineering departments, CSR partners, and NGOs, who devised standard guidelines and evolved models to address local issues. Subsequently, all field staff were trained to use these guidelines and models. Supervisors and Anganwadi workers also played a pivotal role in adopting new and upgraded tools of learnings like tablets, smart TVs and various learning material for children.

A huge challenge was to ensure land for new centres, identifying rented buildings in urban areas and planning the priority and locations in a manner that benefited the whole district in a phased manner. Weekly meetings were held with supervisors, CDPO's and BDOs to coordinate these efforts. Standardised new rent agreements were drafted. Within a month of these interventions, results started coming up. For monitoring different components. Control room was set up at ICDS office and Google Forms were used for daily reporting on various indicators. CSR funds came in handy for rolling out the programme. Help came from companies like Vedanta and Reliance Foundation. Besides CSR, MGNREGA funds, Grama Panchayat funds and Critical Gap funds were also utilised to bridge small gaps in the campaign- such as for Poshan Vatika, electrification, boundary walls, etc. There was a enormous support from political leadership.

The impact of Mission Parivartan has been profound. Attendance at Anganbadi Centre has increased significantly from 35% to 80% indicating improved engagement and enthusiasm among children. Moreover, severe malnourishment has decreased dramatically from 7.7% to 0.12% reflecting the effectiveness of the program. Learning outcomes have improved dramatically. NIPUN assessment results show remarkable improvement from 40% to 90% of class one students in government primary schools. Parents are also now sending their children in Anganbadi Centres instead of private play schools, highlighting the success of the initiative.

What has been achieved in Varanasi under the inspired leadership of this young IAS officer Himanshu Nagpal is amazing. Here is a model that can be replicated and skilled through public private partnership and the true spirit of Nexus of good.

CASE STUDY



Himanshu Nagpal I.A.S.
CDO - Varanasi

OVERVIEW

Urban areas often pose unique challenges for public service delivery — high population density, lack of available land, and informal settlements frequently leave young children and mothers underserved. In Varanasi, the situation was no different. Of the 991 urban Anganwadi centres in the district, most operated from congested corridors or open streets, with poor facilities, limited attendance, and inadequate infrastructure. The environment was unfit for meaningful early childhood development.

To address this critical gap, Mission Parivartan was launched under the leadership of the District Administration and the ICDS department. The initiative aimed to reimagine and rejuvenate urban Anganwadi centres as vibrant, child-friendly learning spaces using innovative infrastructure models suited to the spatial constraints of cities. The mission has since transformed the urban landscape for child development in Varanasi, ensuring over 1 lakh children now attend safe, engaging, and modern Anganwadi centres every day.

Mission Parivartan

Transforming Urban Anganwadi Centres in Varanasi



Mission Parivartan

INTERVENTION STRATEGY:

The urban component of Mission Parivartan focused on scalability, innovation, and inclusiveness. Key steps included:

- Identification of New Spaces: 750 new rented buildings were identified and formalized with fresh agreements, offering secure and clean spaces for Anganwadi operations.
- Repurposing Abandoned Infrastructure: 65 old, unused government buildings were renovated and converted into fully functioning Anganwadi centres.
- Portable and Recycled Solutions:
 1. 25 Porta Cabins were introduced in highly congested urban pockets, especially near slums and construction zones.
 2. These mobile solutions allowed centres to operate within parks and public grounds, without needing permanent land.
- Model Infrastructure Design:
 1. Urban centres were equipped with air-conditioning, smart TVs, BaLA-inspired educational murals, writable floors, green boards, and learning corners.
 2. All 18 Kayakalp parameters were saturated including baby-friendly toilets, handwashing units, and bright, interactive learning materials.
- Saturation of Essentials: Each urban centre was supplied with complete kits — furniture, toys, kitchen equipment, storage, first aid kits, and daily utility kits (mirror, towel, nail cutter, etc.).

CONTEXT SPECIFIC INNOVATION:

“Porta cabins and recycled buses turned congested city corners into children’s learning havens.”

- Porta cabins enabled service delivery in zero-availability land scenarios.
- Flexible architectural designs ensured that every corner served as a learning space — with walls that teach, floors that engage, and colours that stimulate growth.



- Digital learning tools (smart TVs, tablets) were embedded even in compact spaces, providing equitable access to modern education.

CAPACITY BUILDING & MONITORING:

- Training was conducted for ICDS supervisors and Anganwadi workers to use smart learning tools effectively.
- Weekly monitoring meetings with CDPOs and field staff ensured area-wise progress tracking.
- A centralized control room at the ICDS office was set up to collect daily updates via Google Forms.
- Engineering departments, CSR partners, and NGOs created standardized cost-effective models for diverse urban challenges.



CONVERGENCE & COLLABORATION:

- Major CSR contributions from Vedanta, Reliance Foundation, Feeding India, and Yuva Unstoppable enabled capital-intensive transformations.
- Public funds like Critical Gap Funds and 15th FC funds helped bridge remaining needs.
- Strong support from political and administrative leadership was pivotal in enabling land acquisition, permissions, and outreach.

IMPACT:

Mission Parivartan has yielded quantifiable and transformative results across the city of Varanasi:

- Out of 991 total urban Anganwadi centers,
 - o 750 new rented buildings were secured with

formalized rent agreements.

- o 65 unused government buildings were refurbished and repurposed into fully functional Anganwadi centres.

- o 25 Porta Cabins were deployed in high-density slum and congested areas.

- As a result, 840 out of 991 urban centres (85%) now operate from upgraded, dedicated buildings — a massive leap from earlier setups in corridors, stairwells, and makeshift alleys.

- The number of children attending urban Anganwadi centres has surged. Immensely with attendance improved from 35-40% average to 70-75% at these centres.

- Centre-level infrastructure improvements:

o 100% saturation of all 18 Kayakalp parameters.

o 991 smart TVs, outdoor play equipment, baby-friendly toilets, BaLA-based learning elements, and solar electrification were provided to all upgraded centres.

• Workforce development:

o Over 3,000 Anganwadi workers and supervisors were trained in use of smart technology, BaLA concepts, and health monitoring tools across the district — with full coverage of urban centres.

• Malnourishment Outcomes:

• Improved infrastructure and consistent service delivery in urban AWCs have led to a clear decline in severe malnutrition among children. Severe and Moderate Malnourishment numbers have reduced radically.

• SAM numbers have come down from 7.7% (NFHS 5) to 0.17% now. Similarly, Moderate Malnourishment numbers have reduced from 14% to less than 2%.

• Early Learning Outcomes:

Urban children transitioning from upgraded Anganwadi centres to government schools show significantly better readiness in foundational literacy and numeracy.

• The transformation benefitted more than 1,00,000 urban children in the 6 months–6 years age group, delivering better nutrition, stronger school readiness and improved overall well being.

CONCLUSION

Mission Parivartan has demonstrated that with innovative models, committed leadership, and community support, even the most neglected corners of a city can become sanctuaries for childhood development. Urban Anganwadi centres, once invisible and dysfunctional, are now vibrant spaces of hope and learning — a true transformation at the heart of India’s demographic dividend.



When the Hills Rebel: A STATE'S JOURNEY FROM EDEN TO EMERGENCY



Rattan Chand Sharma

The Paradise That Was

As a senior citizen in my mid-sixties, I have witnessed the transformation of Himachal Pradesh from a pristine Himalayan paradise into a landscape scarred by unchecked development. The state I knew in my youth was a tapestry of lush forests teeming with life- monkeys, wild boars, hares, leopards, and langurs called these woodlands home, while a symphony of bird song filled the air.

The roads and highways were natural corridors, flanked by verdant canopies that embodied the very essence of Himachal's environmental heritage. My village was embraced by magnificent mango trees, mulberry (shahtoot), sacred fig (pipal), mountain ebony (kachnar), and jamun trees that stood like sentinels across agricultural fields and kharaitars.

Childhood memories are painted with scenes of accompanying my grandmother on expeditions to find monkeys for our religious rituals. We would call out "lae mano chhole" – our voices echoing through the forests as we sought these creatures to offer them gram (chana). It was a time when wild animals had their rightful place in the jungle, safely separated from human settlements.

Natural disasters were rare occurrences. Floods and cloudbursts were virtually unknown, save for occasional

surges in the mountain streams (khuds) that would quickly subside. The boundary between civilization and wilderness was clearly defined and respected.



(A view of Shimla, possibly hidden from our policy makers!)

The Concrete Invasion and Nature's Fury

Today, that delicate balance has been shattered. Over the past four decades, I have watched helplessly as human settlements have encroached upon jungles, stream beds, and riverbanks. Monkey's now roam freely through villages- not as revered guests but as agricultural pests. The majestic trees that once graced our villages have vanished, replaced by concrete structures that stand as monuments to misguided progress.

Cities across Himachal Pradesh are transforming into concrete jungles, aided by administrative apathy and short-sighted planning. Agricultural activity has declined precipitously, discouraged by the monkey menace, poor economic returns, and the exodus of youth seeking opportunities beyond the state's borders.

This environmental degradation has not gone unnoticed by nature. For three consecutive years, Himachal Pradesh has faced the fury of floods and cloudbursts during monsoons. These are not mere weather events but nature's violent response to human excess. Disproportionately heavy water volumes, torrential currents, characterize the devastation and debris-laden floods carrying stones, boulders, muck, tree trunks, and landslide masses. Roads, highways, homes, villages, culverts, and bridges are swept away with terrifying ease. The menace of shooting stones on highways has become a deadly reality.

While climate change plays a role, the primary culprit is the massive human-induced imbalance between environmental preservation and development needs. We have pushed nature beyond its breaking point, and now we face the consequences.

The Anatomy of Environmental Destruction

The causes of this environmental catastrophe are manifold and interconnected. The four-laning of national highways has involved cutting through ecologically fragile slopes and hills with surgical precision but environmental blindness. These vertical cuts destabilize entire hillsides, creating potential disaster zones. Massive hydroelectric projects have been established with minimal regard for environmental impact. While these projects promise energy security, they often compromise the very ecosystems they depend upon.

Widespread tree felling for development projects has stripped hillsides of their natural protection against erosion and landslides. Indiscriminate construction in river and streambeds has blocked natural water flow patterns, creating artificial dams that inevitably fail during heavy rains. Poor garbage disposal practices have contaminated waterways and soil, further degrading the environment. Meanwhile, illegal and unregulated mining has lowered water tables, causing summer water scarcity while simultaneously destabilizing terrain.

Himachal Pradesh's tourism industry, while economically vital, has become part of the problem. Tourists come to experience the state's natural beauty- its scenic hills

and pristine landscapes – not to witness the four-lane highways they encounter daily in the plains. What the state needs is not grandiose infrastructure projects but thoughtful widening of existing roads that preserve the natural character that draws visitors in the first place. The current approach of imposing plain-land solutions on mountain terrain is both environmentally destructive and economically counterproductive.

The indiscriminate cutting of hills, deforestation, diversion of streams, and shrinking of green belts in urban and semi-urban areas have created a cascade of environmental problems. These activities loosen hill strata, destabilize entire ecosystems, and create conditions ripe for disaster. When monsoons arrive, the compromised hill systems collapse under the pressure of seasonal rains. The result is human misery, death, and devastation on an unprecedented scale.

There is an old saying in the hills: "In the land of Lama, do not try to be Gama." While traditionally meant to caution travellers about the dangers of high-altitude terrain, this wisdom now applies to bureaucrats and politicians who approach mountain development with plains-land arrogance. The state's decision-makers must abandon their "Gama" attitude and embrace scientific temperament in development planning. Hills demand respect, not conquest. Those who fiddle with hill ecosystems do so at their own peril- and more tragically, at the peril of innocent citizens.



Day view of the Concrete Jungle at Dharamshala

Building a Sustainable Future

Meaningful change requires unprecedented cooperation between government, opposition, bureaucracy, and citizens. We must develop a scientific approach to development that respects the fragile nature of hill ecosystems. The state must identify high-risk zones prone to disasters and strictly regulate construction activities in these areas, implement comprehensive post-disaster assessments to understand and prevent future damage, and establish mandatory environmental impact assessments for all development projects.

Environmental protection must begin in schools. Children need to understand not just the theory of environmental conservation but its practical applications. Schools should establish environment clubs, conduct tree-planting drives, and teach students to become environmental stewards. This educational foundation must extend through colleges and into communities, creating a generation of environmentally conscious citizens who will demand better from their leaders.

The state needs to create environment protection committees at every level- from schools to government departments. These committees should ensure that two-thirds of their members are independent experts with binding authority over environmental decisions. All government departments, including public works, irrigation, public health, and electricity boards must have environmental oversight committees. Additionally, the state must implement slope stabilization measures for all hill-cutting projects and develop scientific protocols for muck disposal from excavation projects.

The monsoons are a regular feature of Himachal's climate- they cannot be regulated or controlled. However, how our hills respond to the seasonal rains can be managed through balanced development that considers the fragile nature of mountain ecosystems. The choice before us is stark: we can continue on the current path of environmental destruction and face escalating human misery, death, and devastation with each monsoon season, or we can embrace a sustainable approach that balances development needs with environmental preservation.

Policy planners in Himachal Pradesh must wake up to environmental realities before it is too late. The state stands at a crossroads- it can choose to be a model of sustainable mountain development or continue down the path of environmental destruction. The signs are clear, the warnings have been issued, and nature's patience is exhausted. Unless we act now with wisdom and determination, the degree of human suffering will only increase with each passing monsoon season. The hills are calling for sanity.

The question is: are we listening?



GOVERNANCE FOUNDATION

OUR VISION

The Foundation envisions to become an exemplar having highest standards of Governance and its proponent for citizens, societies, and institutions globally. The Foundation aims to facilitate and empower peoples by working on governance issues thereby making the world a better place for our future generations.

FOCUS AREAS

People Governance in any society is a reflection of strengths & beliefs in core values of its legal residents including both citizens and institutions. The Foundation believes that people of any country comprising its citizens, communities and corporate institutions (link to the sections below) will be as strong as the system of governance that they are part of. Any nation which chooses to ignore or allows erosion of ethical or moral values of its citizens/ institutions will ultimately bear the brunt of its actions or inactions. The Foundation works towards identifying governance issues and addressing them by conducting in-house research, advocacy on policies/programs, spreading awareness and conducting capacity enhancement sessions.

Media The evolution of media remains a fascinating journey and serves a vital role in dissemination of information. The Foundation strongly believes that two key components of governance are freedom of communication and public access to information and any movement or revolution for equity and social justice necessarily requires a free press for it to work. The role of the media has become extremely critical for smooth functioning of democracy, good governance, and awareness, especially for broadcasting public opinion as a measure of protecting the citizens.

Technology Governance and technology are intertwined, reshaping the dynamics of societal control, policy implementation, and public engagement. In this digital era, governments leverage cutting-edge technologies like artificial intelligence, blockchain, and big data analytics to enhance efficiency, transparency, and responsiveness. This fusion offers immense possibilities, such as streamlining bureaucratic processes, combating corruption through greater transparency, and fostering inclusive citizen participation via e-governance platforms. However, it also presents challenges including privacy concerns, the digital divide, and the potential for surveillance and control.

Environment A natural ecosystem is a biological environment consisting of a community of living organisms (plants, animals, and microbes) in conjunction with the nonliving components of their environment (like air, water, and mineral soil), interacting as a system. These biotic and abiotic components are linked together through nutrient cycles and energy flows. Ecosystems provide a variety of services that are crucial to the well-being of the planet and all organisms living on it.

The governance of natural ecosystems involves processes by which public and private actors address societal challenges and manage the interaction between human social systems and natural systems.

State A “state” typically refers to a political entity or a defined geographical region with a government that exercises authority and control over its territory and population. The state is characterized by a set of institutions and structures responsible for making and enforcing laws, maintaining order, providing public services, and representing the interests of its citizens on the international stage.

The connection between the “state” and “governance” is that governance refers to the processes and mechanisms through which the state exercises its authority and manages the affairs of the society. Governance encompasses the decision-making procedures, policies, and practices that guide how a state functions. It involves not only the formal institutions of government (e.g., the executive, legislative, and judicial branches) but also the interactions between these institutions, as well as the engagement of civil society, the private sector, and other stakeholders in the decision-making process.

In the context of state and its governance, political governance becomes an intrinsic connection between the two. Political Governance is the exercise of political and administrative authority at all levels to govern the affairs of a country. It comprises the institutions, procedures, and mechanisms that enable people to express their opinions, assert their legal rights, fulfill their obligations, and resolve conflicts. Further, democratic governance is specifically stated as “a process of building and preserving an environment for inclusive and responsive political processes and solutions.” How well public policies and objectives are implemented, particularly in the provision of services, is determined by institutional and human capacities for governance.

OUR SERVICES

INNOVATION & RESEARCH

Conducting in-house research in the field of governance, developing new citizen-centric and inclusive models of governance.

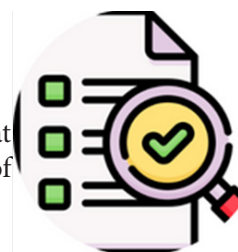


AWARENESS & CAPACITY ENHANCEMENT

Conducting training programs on state-of-the-art governance models, spreading awareness by identifying governance issues and ways of combating them

GOVERNANCE AUDIT

Performing governance audit at regular intervals to assess impact of welfare schemes and policies



ADVISORY SERVICES

Advisory to organizations on governance models suited to their unique requirements.

ADVOCACY ON POLICY & PROGRAMS

Advocating importance of human rights, rule of law and advisory to organizations on governance models suited to their unique requirements through e-newsletters / articles / concept notes, social & digital media.



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