Inspirational Stories

Stories of District-Led Transformation Across Uttar Pradesh

A COMPENDIUM FROM PPIA FELLOWS

2024 - 2026

Transform Rural India

Transform Rural India Foundation

मनोज कुमार सिंह
मुख्य कार्यकारी अधिकारी
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Message

Good governance is not defined merely by the policies we formulate, but by the positive change they bring to the lives of citizens. Across Uttar Pradesh, district administrations are continuously demonstrating that innovation, local leadership, and collaborative action can transform developmental challenges into opportunities for inclusive growth. The experiences documented in this booklet are a reflection of that spirit.

The Government of Uttar Pradesh, under the visionary leadership of Hon'ble Chief Minister Shri Yogi Adityanath Ji, has consistently promoted institutional excellence, innovation, and evidence-based governance. The Public Policy in Action (PPiA) Fellowship reflects this commitment by bridging academic learning with public administration, enabling young professionals to contribute meaningfully to district governance under the guidance of district leadership.

Every district presents a unique development context, shaped by its distinct opportunities and challenges. The initiatives featured in this booklet demonstrate how responsive leadership, inter-departmental convergence, community participation, and innovative approaches can deliver meaningful outcomes for citizens. Covering diverse sectors such as Public Health and Nutrition, Women's economic empowerment, Education, Digital governance, and Social inclusion, these experiences offer valuable lessons in effective public administration. By documenting both the outcomes and the processes behind them, this compilation creates a repository of practical knowledge that can inform replication, foster cross-learning, and strengthen governance across districts.

I appreciate the efforts of the district administrations, the PPiA Fellows, Praxis, Transform Rural India (TRI), and all collaborating institutions for creating this valuable repository of field experiences. Their collective endeavor demonstrates that when governments, knowledge institutions, and development partners work together with a shared purpose, they can generate sustainable and scalable public value.

I hope this publication will encourage administrators, public policy practitioners, researchers, and young professionals to learn from these experiences and continue advancing innovative, accountable, and citizen-focused governance. May these stories inspire many more initiatives that contribute to the vision of a prosperous, inclusive, and self-reliant Uttar Pradesh.

Manoj 24.7.26

(Manoj Kumar Singh)

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Transform Rural India

FOREWARD

It is my pleasure to know that Inspirational stories of the PPiA (Public Policy in Action) Fellows of 2024-26 batch in Uttar Pradesh are documented and get compiled in this booklet. These fellows deployed in 10 districts across the state carrying state mandate of certain public policy facing programs under guidance of district administration.

The Fellows are part of the two-year Public Policy in Action Prasis Residency Certificate Program, designed for professionals with at least three years of work experience. The program combines academic rigor with hands-on public policy practice by placing Fellows within government institutions, enabling them to apply policy concepts in real-world settings. Through this immersive experience, Fellows develop practical skills, gain insights into public systems, and build the leadership capabilities needed to become purpose-driven change agents.

Public policy creates meaningful change only when it is translated into effective action on the ground. Across Uttar Pradesh, district administrations are continuously innovating to address complex developmental challenges with limited resources, strong local leadership, and collaborative partnerships. This compendium captures some of those remarkable stories of innovation and transformation.

The initiatives featured in this publication span public health, maternal and child care, water conservation, sanitation, rural livelihoods, women's economic empowerment, tribal entrepreneurship, education, and digital governance. While each initiative addresses a unique local challenge, they share common principles, like- collaborative leadership, data-driven decision making, community participation, and a commitment to improving public service delivery.

The contributions of PPIA Fellows extend beyond documentation. Working alongside District Magistrates, Chief Development Officers, departmental officials, and frontline workers, they have supported program design, convergence, digital innovations, monitoring systems, capacity building, and knowledge management. Their role demonstrates how young professionals can become effective partners in strengthening public institutions while gaining invaluable experience in governance.

We express our sincere gratitude to the Government of Uttar Pradesh, district administrations, Praxis, Tri team at all levels and all partner institutions for their guidance and support. Most importantly, we acknowledge the dedication of the PPiA Fellows whose commitment, perseverance, and belief in public service have helped translate policy into meaningful outcomes for communities.

We hope these stories inspire administrators, policymakers, practitioners, and young professionals to continue building innovative, inclusive, and citizen-centric governance systems that improve lives and strengthen public institutions.

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स्वच्छ सर्वेक्षण ग्रामी
वर्ष- 2025

State Lead's Message

The stories presented in this compendium reflect the spirit of the Public Policy in Action Fellowship, where young professionals work alongside district administrations to translate development priorities into practical, citizen-centred action.

Across ten districts of Uttar Pradesh, the 2024–2026 cohort partnered with public systems to identify implementation gaps, strengthen institutional coordination, leverage evidence for decision-making, and co-create context-specific solutions. These stories demonstrate that meaningful change is often driven not by new schemes, but by improving the effectiveness of existing institutions, resources, and technologies through collaborative leadership and sustained engagement.

The Fellows have served as catalysts for innovation and capacity multipliers within the public system, contributing to stronger governance while gaining invaluable experience in responsive, accountable, and collaborative public service. The initiatives documented in this compendium stand as examples of how committed young professionals, working in close partnership with government and communities, can generate tangible improvements in service delivery and rural development outcomes.

I extend my sincere appreciation to the Government of Uttar Pradesh, district administrations, departmental officials, frontline functionaries, community institutions, Praxis, and the TRI teams and mentors for their invaluable support. I also commend the Fellows for their dedication and commitment to public service.

May this compendium inspire the adaptation and scaling of these initiatives across districts, strengthening our collective efforts towards inclusive and sustainable rural transformation.

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EDITOR'S NOTE

Every story in this compendium began with a real challenge faced by people and communities. What transformed these challenges into stories of hope and progress was not a single intervention, but the collective commitment of district administrations, communities, and the PPiA Fellows who worked tirelessly on the ground. The deepest gratitude goes to the PPiA Fellows, who immersed themselves in district systems, built partnerships across departments, gathered evidence, and remained committed until meaningful change was visible. These stories are, above all, a reflection of their dedication and perseverance.

Names of Fellows and their districts:

Aishi Mukherjee	Aligarh	Rushikesh Kokare	Bahraich
Ashish Sourabh	Banda	Muhammed Salim	Basti
Anshu Anand	Gorakhpur	Austami Bhuyan	Hamirpur
Amal M	Lakhimpur Kheri	Dipti Arora	Prayagraj
Sriya Rane	Sultanpur	Leela Jerard Kurian	Varanasi

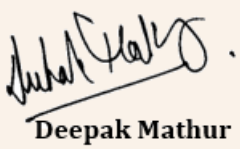
I sincerely thank **Shri Manoj Kumar Singh**, Former Chief Secretary, Government of Uttar Pradesh, for envisioning and enabling this transformative initiative, and **Shri Deepak Kumar**, Agriculture Production Commissioner, Government of Uttar Pradesh, for his continued guidance and unwavering support in strengthening the Fellows' engagement across the state.

I am equally grateful to my colleagues, **Mr. Himanshu Mangal** and **Mr. Parthajit Baruah**, whose thoughtful efforts in compiling, refining, and presenting these stories have transformed field experiences into a meaningful collection that reflects the spirit of public service and innovation.

My heartfelt appreciation also goes to the District Administrations, the CAL Team, the State Team, and the **Senior leadership of Transform Rural India** for their constant encouragement, collaboration, and trust. Their collective support provided the foundation on which every initiative featured in this booklet was built.

I hope these stories inspire readers to believe that lasting change is possible when committed individuals work together with purpose, empathy, and a shared vision for better public service.

With gratitude,



Deepak Mathur

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About PPiA Fellowship

Building India's Next Generation of Policy Leaders at the Grassroots

UTTAR PRADESH · LAUNCHED JULY 2024

Public Policy in Action, or PPiA, is built on a simple conviction: that some of India's toughest development challenges are best solved not from a distance, but from inside the district administrations working on them every day. Launched in July 2024 across selected districts of Uttar Pradesh under the state's mandate, the Fellowship places young professionals directly under guidance of government officers bringing fresh perspective and strategic thinking to grassroots public systems, while helping the administration manage development programmes more effectively on the ground.

The arrangement is deliberately non-financial and two years in length, embedding each Fellow within the district administration rather than alongside it. Their first mandate was hospital administration strengthening and monitoring, sharpening how public health systems function day to day and from there, Fellows have gone on to support inter-departmental coordination and strategic planning across health, nutrition, and livelihood programmes. The district administration, in turn, provides them the workplace and institutional backing to do this work, with the shared goal of improving both service delivery and governance outcomes across the state.

The Fellowship is implemented by the Transform Rural India Foundation (TRIF), which provides Fellows with structured mentorship, training, and guidance throughout their tenure drawing on public, private, and civil society resources in a deliberately collaborative model. Selection is competitive, and every Fellow goes through rigorous onboarding in public policy analysis, government functioning, data systems, and community engagement, backed by continuing mentorship from TRIF and senior officials at the state and national level.

Fellows are placed within district administration offices, often in challenging districts including those having TRI's CAL (Community Action Lab) teams at block level engaged directly with the community, as direct support to officers on strategic management and implementation. For the district, this means fresh talent and added capacity; for the Fellow, it means first-hand experience in governance and policy action exactly where it counts. That collaboration extends outward to line departments and civil society as well, creating a genuinely multi-stakeholder environment for delivering programmes on the ground.

When young talent works inside government rather than around it, governance itself becomes the training ground for the next generation of policy leaders.

This work spans five interlocking pillars: health and nutrition, education, rural development and livelihoods, water sanitation and hygiene, and governance and institutional strengthening. Across all five, Fellows draw on data pulled directly from government scheme and department portals, apply the CAL Block team's conceptual grounding, and use Locality Compact to guide community engagement turning raw information into evidence the administration can act on. The District Magistrate serves as mentor and guide throughout, ensuring every intervention stays aligned with district priorities, while line departments provide technical support and community organisations anchor local ownership. It is this integrated framework government, implementation partner, and community working in the same direction that lets PPiA Fellows deliver sustainable outcomes across Uttar Pradesh.

2-year	**5**	**July 2024**
Non-financial fellowship term	Strategic intervention pillars	Launched in Uttar Pradesh

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About the Fellowship

The Praxis PPiA Fellowship is an intensive programme that will provide highly motivated yount professionals marginalised communities in rural India. Praxis PPIA Fellows will get an exciting opportunity to assist and work closely with the District Administration to provide inputs on strategy setting, planning, implementation, monitoring, and reporting for critical high-impact public programmes. The fellows will be **Transform Rural India** to support District Administration in accelerating livelihood opportunities in resource constrained geographies through public system delivery improvements with spill over effects on health & nutrition, education, agriculture & allied activities, and other public services.

SECTION 2.1 · INSPIRATIONAL STORY

Mission Maidan

Turning Empty Rooftops into Rural India's Playgrounds

LAKHIMPUR KHERI DISTRICT · UTTAR PRADESH

On a monsoon afternoon in Lakhimpur Kheri, when the fields turn to mud and the skies refuse to clear, a different kind of playground comes alive. On the rooftop of a village school a space that once sat bare and forgotten children's laughter now rises with the clatter of carrom coins and the soft thock of a shuttlecock. This is Mission Maidan: a quiet revolution built on a simple conviction that the right to play should never depend on the weather, or on the size of a school's compound.

Across rural Uttar Pradesh, generations of children have grown up believing that sport belongs elsewhere to schools with sprawling grounds, city academies, and fair-weather afternoons. Mission Maidan set out to rewrite that belief across the whole of Lakhimpur Kheri, one rooftop, one courtyard, one repurposed room at a time and has now done so district-wide.

The Idea Behind the Movement

Mission Maidan was launched under the joint stewardship of district and municipal authorities in Lakhimpur Kheri, with a mandate that is refreshingly direct: give every rural school child a place to play that no rainy season, no cramped campus, and no lack of budget can take away.

At the heart of the initiative lies a simple but powerful design choice the indoor gaming zone. These are spaces where play continues regardless of the weather outside, ensuring that a child's chance to run, laugh, and compete is never rained out. It is an idea born of practicality, but rooted in something larger: the belief that physical play is not a luxury reserved for well-resourced schools, but a birthright for every child, everywhere.

Where space is scarce, imagination builds anew.

Building the Playground, Room by Rooftop

Rather than waiting for new land or new budgets, Mission Maidan looks first at what already exists a bare rooftop, an unused classroom, a forgotten storeroom and reimagines it. These spaces are converted into dedicated indoor gaming areas equipped for chess, carrom, table tennis, badminton, and more, each built to defined standards of safety and structural integrity.

- **Multi-sport development:** Beyond the indoor zones, schools are being equipped for kabaddi, volleyball, and badminton, giving children with different interests and talents a sport to call their own.
- **Infrastructure upgradation:** Neglected or unsafe spaces are being repaired, repainted, and rebranded transformed from forgotten corners into vibrant centres of daily activity.
- **Safety and monitoring:** Every facility follows strict safety norms secure fencing, proper flooring, and regular supervision with construction quality tracked at every stage of the build.
- **Inclusive access:** The first phase alone reaches roughly 1200 rural schools, giving students who may never have had access to organised sport a place of their own to build discipline, teamwork, and confidence.

3,106 Schools covered district-wide	**2** Phases: 1,200 + 1,906 schools	**0** New land required

Designed to Scale

What sets Mission Maidan apart is not just what it builds, but how easily it can be rebuilt elsewhere. Its indoor gaming zones are modular by design replicable in a large school or a small one, in a pucca building or a modest structure, without demanding a uniform footprint.

Because the model leverages existing infrastructure rooftops, vacant rooms, underused spaces rather than requiring fresh land acquisition, it is uniquely suited to resource-constrained rural areas where land is often the hardest resource to find. Close coordination between education and municipal departments has been built in from the start, ensuring that these spaces are not just inaugurated but actively maintained and used long after the ribbon-cutting is over.

That ambition has now been fully realised: with Phase 2 complete, all 3,106 schools across Lakhimpur Kheri are covered by Mission Maidan a full district rolled out, not a pilot awaiting expansion. The model now stands ready as a template that other districts, and eventually other states, can adopt as their own. Once ranked 72nd out of 75 districts in the NIPUN Assessment, Lakhimpur Kheri transformed its performance to secure the 26th position, demonstrating the impact of focused interventions and sustained efforts.

Part of a Larger Story

Mission Maidan was never conceived as an isolated infrastructure project. It sits at the intersection of education, public health, and social inclusion three priorities that rarely receive a single, shared solution.

- **Health and development:** Regular physical activity is essential to childhood development and a proven safeguard against the lifestyle diseases now emerging even in rural India.
- **Inclusion by design:** The playgrounds and gaming zones are built to welcome children of all genders and abilities, widening the circle of who gets to play, compete, and belong.
- **A replicable template:** By proving that a scalable, low-cost model can work in one district, Mission Maidan offers a blueprint that feeds directly into broader state and national sports development missions.

A Model Worth Replicating

Mission Maidan stands out not for its scale alone, but for its ingenuity an initiative that asked what was already available, rather than what was missing, and built a movement from the answer. Its emphasis on accessible indoor gaming zones, uncompromising construction

quality, and a deliberate, phased rollout to full district coverage offers a working model that other districts can adopt with confidence.

In the end, Mission Maidan is a story about what becomes possible when creativity meets collaboration: an empty rooftop turned into a child's first playground, and a district's ambition turned into a template for the nation.

Every rooftop is a playground waiting to be discovered.

SECTION 2.2 · INSPIRATIONAL STORY

Project Jagriti

A District's Digital Fight to Make Hamirpur TB-Free

HAMIRPUR DISTRICT · UTTAR PRADESH

Tuberculosis has always thrived in silence in the reluctance to name a cough, in the fear of being shunned by neighbours, in records that never quite caught up with reality. In Hamirpur, that silence is being broken deliberately and systematically. Project Jagriti the word itself means 'awakening' set out to do something rare in India's public health landscape: fight a century-old disease with a district administration's full weight behind a data dashboard, a door-to-door campaign, and a simple refusal to let any patient go uncounted.

Launched under the leadership of District Magistrate Shri Ghanshyam Meena, IAS, Project Jagriti is Hamirpur's district-led answer to a national mission: a TB Mukt Hamirpur, in step with the Government of India's National Tuberculosis Elimination Programme (NTEP) and the Ni-kshay 2.0 digital platform. It brings together district administration, health officials, and the Transform Rural India Foundation (TRI), whose Public Policy in Action (PPIA) Fellow,

Ms. Austami Bhuiyan, was deployed on the ground to help turn the district's ambition into daily, on-the-ground practice.

Three Pillars of an Awakening

Project Jagriti was never conceived as a single campaign but as an integrated strategy one that treats awareness, data, and partnership as three legs of the same table, each holding up the goal of a TB-free Hamirpur.

- **Community awareness and behavioural change:** TB Jagriti Rallies, door-to-door campaigns, and panchayat-level sensitization drives work to catch cases earlier, chip away at stigma, and keep patients on their treatment course.
- **Digital patient tracking and data analytics:** Ni-kshay 2.0 is woven into district-level dashboards, giving officials real-time visibility into patient notifications, treatment progress, and private-sector reporting turning scattered records into a single, living picture of the district's fight against TB.
- **Multi-stakeholder and CSR convergence:** Potential CSR partners and institutional actors are being brought to the table to widen resource mobilisation and build local capacity in support of the national TB-free India 2025 goal.

A disease fought in silence needs a district that refuses to stay silent.

The Fellow on the Frontlines

Behind every dashboard update and every rally banner in Hamirpur's TB campaign was a great deal of quiet, unglamorous groundwork and much of it ran through Ms. Austami Bhuiyan, TRI's PPIA Fellow stationed in the district. Her role was less about any single intervention and more about the connective tissue that makes a multi-department mission actually work.

She helped plan, coordinate, and monitor district-level activities; facilitated convergence across departments that don't always speak the same administrative language; and mobilised self-help groups and frontline workers who form the last, crucial mile of any health campaign. She also helped design awareness materials for the rallies and campaigns, and supported the development of the digital tracking dashboards that now sit at the heart of the district's monitoring effort.

Her sustained presence in the field moving between health officials, panchayat representatives, and community members did something dashboards alone cannot: it built trust. That trust translated directly into sharper data accuracy and faster patient notification timelines, the two metrics on which any TB elimination effort ultimately stands or falls.

3	30	2025
Integrated strategic pillars	National award-winning districts	Target year for TB-free India

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Recognition and the Road Ahead

In 2025, Project Jagriti's innovative approach and digital monitoring framework were recognised at the national level with the ET Government DigiTech Annual Award, in the category of Innovative Digital Health Services and Public Health Data Analytics. Conferred at the DigiTech Conclave in New Delhi, the award placed Hamirpur among just thirty national winners honoured for advancing digital health innovation at the district level.

But the more lasting recognition may be practical rather than ceremonial: Project Jagriti's toolkit its awareness materials and its digital patient-tracking sheets has been put forward as a reference model for TB Mukt Gram Panchayat interventions and for the wider Ni-kshay 2.0 platform, with replication nationally recommended by the Ministry of Health.

What Hamirpur has demonstrated is deceptively simple to state and genuinely hard to execute: that a localised, data-driven model, led by district administration and grounded in community trust, can move the needle on one of India's oldest public health challenges. Ms. Austami Bhuiyan's contribution as a PPIA Fellow stands as a marker of what young professionals, working shoulder to shoulder with district administrations, can achieve when innovation, coordination, and community participation are allowed to move together.

Jagriti an awakening, one household, one record, one rally at a time.

SECTION 2.3 · INSPIRATIONAL STORY

Sabal Kashi

Ensuring Every Child Gets the Best Start in Life

VARANASI DISTRICT · UTTAR PRADESH

Every child deserves a healthy beginning. But for many newborns, the difference between a full life and a lifelong disability has often come down to a matter of days how quickly a birth defect is noticed, how fast a referral is made, how well one healthcare worker's record reaches the next. For too long, delayed diagnosis, fragmented paper records, and poor coordination between facilities meant that children who needed specialised care the most were the ones most likely to be found too late.

The Sabal Kashi Initiative turned that long-standing gap into an opportunity. By building a single digital ecosystem for the early detection, tracking, and referral of birth defects across Varanasi, it connected frontline health workers, Primary Health Centres, and higher-level healthcare facilities into one continuous chain of care ensuring that no vulnerable child could quietly fall through the cracks of the system.

Building a Digital Lifeline

At the foundation of Sabal Kashi is a simple but far-reaching shift: birth defect surveillance across every single Primary Health Centre in Varanasi is now digital. Health workers record cases the moment they are identified, monitor follow-up visits over time, and initiate referrals directly through an integrated platform replacing what used to be a scattering of paper registers with one seamless continuum of care.

It is a change that sounds administrative, but its consequence is deeply human: a newborn with a congenital condition is no longer dependent on a file physically travelling from one desk to the next. The record moves as fast as the need for care does.

Seeing Trouble Before It Grows

A defining innovation of the initiative is its real-time early-warning dashboard, giving health administrators a live view of emerging cases, referral delays, and treatment pathways across the district. With actionable data available at every level of the system, decisions move faster, interventions become more targeted, and service delivery grows measurably more responsive.

Every early diagnosis is an opportunity to change a child's future.

Connecting Every Link in the Chain

Sabal Kashi's impact rests as much on relationships as on technology. The initiative has strengthened the working connection between frontline workers and referral hospitals, so that digital alerts and structured referral pathways ensure children requiring specialised diagnosis and treatment reach the right facility at the earliest possible stage improving the odds of timely medical intervention and a genuinely positive long-term outcome.

Beyond Technology: A Model for India

The deeper story of Sabal Kashi is a shift in posture from reactive healthcare to predictive, data-driven public health, where digital systems help a district act before a small health concern hardens into a lifelong disability. By combining technology, community outreach, and institutional coordination, the initiative has built a model that other districts can realistically replicate for maternal and child healthcare.

100%	Real-time	2
PHCs digitised in Varanasi	Early-warning dashboard	National awards won

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National Recognition

Sabal Kashi's innovation and impact have earned it some of the country's most prestigious public sector honours, including the ET DigiTech Award and the SKOCH Award recognitions that underscore its contribution to advancing both digital governance and public health practice in India.

Impact Highlights

- ✓ Digitised birth defect surveillance across 100% of Primary Health Centres in Varanasi.
- ✓ Established a real-time tracking and early-warning dashboard for proactive monitoring.
- ✓ Integrated health workers, PHCs, and referral hospitals through a seamless digital referral system.
- ✓ Enabled early detection, timely referral, and continuous follow-up for newborns with congenital conditions.
- ✓ Improved programme monitoring through real-time, evidence-based decision-making.
- ✓ Recognised nationally with the ET DigiTech Award and the SKOCH Award for excellence in digital public health innovation.
- ✓ Demonstrated how digital governance can strengthen healthcare delivery while ensuring that no child is left behind.

By connecting data with timely care, Sabal Kashi ensures every newborn has the best possible start in life.

SECTION 2.4 · INSPIRATIONAL STORY

Lakhira

One Brand, a Thousand Livelihoods: Giving Kheri's SHG Products a Name of Their Own

KHERI DISTRICT · UTTAR PRADESH

Across Kheri, women in Self-Help Groups have spent years turning local skill into real products handicrafts, processed foods, household essentials, each one carrying the care of hands that know their craft well. What most of them lacked was never quality. It was a name customers could trust and a market big enough to match the effort behind the work. Lakhira was built to be exactly that: a common brand under which SHG products from across the district could finally stand together and reach beyond the next village fair.

Lakhira is not a single product line or a single community's brand it is the umbrella under which SHG enterprises across Kheri, producing everything from food items to textiles to handicrafts, are brought together with shared quality standards, shared certification, and shared access to digital markets.

One Brand for a Thousand Products

Building a shared brand meant building shared foundations first. Standard Operating Procedures were put in place to keep quality, packaging, and presentation consistent across every SHG enterprise operating under the Lakhira name, whatever it produced. To make these products genuinely market-ready, the initiative also facilitated the certifications formal retail demands including FSSAI and ISI registrations where applicable so Lakhira-branded goods could meet regulatory requirements and enter wider markets with real credibility, not just craftsmanship.

That credibility opened doors. Women artisans across the Lakhira umbrella were supported in showcasing and selling their products through online platforms, including onboarding onto the Government e-Marketplace (GeM) for institutional buyers, and listings on Flipkart and Amazon for retail customers nationwide. Training in product presentation, packaging, digital marketing, and order management gave SHG entrepreneurs the practical skills to run this side of the business themselves.

Under the Umbrella: The Tharu Artisan Workshop

One of the initiatives operating under the Lakhira brand focuses specifically on the Tharu tribal community of Kheri renowned for generations of traditional craftsmanship that, until recently, rarely reached beyond local markets. A dedicated community workshop for Tharu artisans was established in Palia, giving them a common production and collaboration space to strengthen quality and output, and a direct pathway onto the same e-commerce platforms available to every other enterprise under Lakhira.

For Tharu artisans, this workshop means their traditional products carry the same Lakhira certification and market access as any other SHG enterprise in the district while remaining unmistakably their own. It is a specific, community-rooted initiative operating inside a much larger brand, proof that Lakhira's model can flex to carry both broad-based SHG livelihoods and the particular cultural heritage of a single community, side by side.

When tradition meets technology, every handcrafted product becomes a bridge between heritage and opportunity.

A Livelihood Rooted in Dignity

The impact of Lakhira reaches well past a sales ledger. Across the district, it has helped turn SHG craftsmanship Tharu and non-Tharu alike into a source of dignity, confidence, and economic independence for the women behind it. What the initiative demonstrates is a broader principle: when local producers are given a shared, credible brand and genuine market access, livelihoods scale in ways no single workshop or scheme could manage alone.

1	Palia	3
Umbrella brand for all SHG products	Tharu artisan workshop under Lakhira	Marketplaces: GeM, Flipkart, Amazon

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Impact Highlights

- ✓ Launched Lakhira as the common umbrella brand for SHG products across Kheri district.
- ✓ Facilitated FSSAI and ISI certifications, enhancing product credibility and market readiness across the brand.
- ✓ Enabled online sales through GeM, Flipkart, and Amazon for SHG products under Lakhira.
- ✓ Built the digital and entrepreneurial capacities of SHG women through training and handholding.
- ✓ Established a dedicated Tharu tribal handicrafts community workshop in Palia as a specific initiative within Lakhira, focused on bringing Tharu artisans' products onto e-commerce platforms.
- ✓ Preserved Tharu cultural heritage while creating new digital livelihood opportunities for tribal women artisans.
- ✓ Demonstrated a scalable model where one common brand carries both district-wide SHG livelihoods and community-specific cultural preservation.

LAKHIRA
लखीमपुर का हीरा

SECTION 2.5 · INSPIRATIONAL STORY

Har Gaon Talaab

Reviving Water, Revitalizing Villages

KHERI DISTRICT · UTTAR PRADESH

Water has always been the quiet foundation of rural prosperity the difference between a field that yields and one that waits, between a herd that thrives and one that struggles. In Kheri, that foundation was about to be rebuilt at a scale rarely attempted anywhere: not one pond, or a dozen, but 1,164 of them, across an entire district, in just thirty days.

The Har Gaon Talaab initiative literally, 'a pond in every village' turned an ambitious vision into an extraordinary achievement. Implemented under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), it mobilised Gram Panchayats, local communities, and the district administration around a single, shared task: build community ponds at a scale and speed that would set a new national benchmark. The result earned Kheri a place in the India Book of Records.

Thirty Days, Thousands of Hands

A record of this scale is never the product of a single decision it is the sum of hundreds of smaller ones, made correctly and simultaneously. Site selection, technical approvals, labour mobilisation, and continuous field monitoring all had to move in step across the district, so that construction could progress at once rather than village by village in sequence.

Every one of the 1,164 ponds was documented through geo-tagging, photographs, and verification reports building a transparent, credible record of exactly what was built, where, and by whom. It is this discipline of documentation, as much as the scale of construction, that turned a district campaign into a record recognised nationally.

1,164	30	1
Community ponds built	Days to completion	India Book of Records entry

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Beyond the Record

The real story of Har Gaon Talaab lies past the headline number. Each new pond enhances rainwater harvesting, supports groundwater recharge, and improves water availability for agriculture and livestock a direct, tangible upgrade to the resource every rural livelihood in the district ultimately depends on. The ponds also contribute to ecological restoration, giving local ecosystems a foothold that had, in many villages, been eroding for years.

And because the work was carried out under MGNREGA, the initiative generated thousands of person-days of employment along the way proof that livelihood creation and natural resource management do not have to compete for the same budget or the same season. Done well, they reinforce each other.

Every pond created is more than a water body it is an investment in livelihoods, resilience, and the sustainable future of rural communities.

A Movement, Not Just a Campaign

What began as a district-wide public works target evolved into something more durable: a shared sense of purpose around conserving water for the villages of tomorrow. Har Gaon Talaab illustrates what collective action can achieve when visionary leadership, an effective public programme, and genuine community participation move in the same direction delivering immediate livelihood benefits and long-term environmental resilience in the very same stroke of a spade.

Impact Highlights

- ✓ 1,164 community ponds constructed in 30 days under MGNREGA.
- ✓ Recognised by the India Book of Records for the achievement.
- ✓ Comprehensive site verification, geo-tagging, and documentation ensured transparency and credibility.
- ✓ Strengthened rainwater harvesting and groundwater recharge.
- ✓ Created durable community assets supporting agriculture, livestock, and local ecosystems.
- ✓ Generated substantial rural employment through MGNREGA.
- ✓ Demonstrated a scalable model of convergence between public employment and natural resource management.

SECTION 2.6 · INSPIRATIONAL STORY

Akanksha Store

Taking Rural Enterprise from Kheri to the Digital Marketplace

KHERI DISTRICT · UTTAR PRADESH

For generations, women in Kheri's Self-Help Groups have turned local skill into quality products handicrafts, processed foods, household essentials, each one carrying the care of hands that know their craft well. What they lacked was never quality. It was reach. Most of what they made was sold within nearby villages and local fairs, a market too small to match the effort behind it.

The Akanksha Store was built to change that equation. Conceived as a common brand for SHG products, it gave rural entrepreneurs something they had never had before: a structured platform to connect with institutional buyers and digital consumers across the entire country, not just the next village over.

A Partnership, Formally Launched

The journey began with the formal launch of the Akanksha Store by the Chief Development Officer (CDO) and the Nodal Cluster Level Federation (CLF) a moment that symbolised something larger than a ribbon-cutting: a genuine partnership between government institutions and community-led enterprise.

That partnership needed a backbone, and Standard Operating Procedures were developed to provide exactly that covering product quality, branding, packaging, inventory management, and order fulfilment. It was unglamorous groundwork, but it is precisely this kind of consistency that turns a collection of village products into a credible, sustainable rural enterprise model.

From the Village to the Marketplace

Recognising the potential of digital commerce, the district administration supported SHGs in onboarding their products onto major online platforms. Products were successfully listed on Flipkart, while dedicated handholding enabled women's groups to register on the Government e-Marketplace (GeM) opening the door to supplying government departments and institutions directly. The district team went further still, facilitating onboarding to Amazon and meaningfully expanding the market reach of these local enterprises.

1	**3**	**SOPs**
Common SHG brand established	Marketplaces: GeM, Flipkart, Amazon	Set for quality & fulfilment

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What Changes When Markets Open

The impact has been transformative in the most concrete sense. Women who once relied solely on local demand are now reaching customers far beyond district boundaries. Digital marketplaces have diversified their income sources, increased product visibility, and strengthened the confidence of SHG entrepreneurs to compete in formal markets on equal footing. Every online order is more than a sale it is recognition of the quality and entrepreneurial spirit of rural women who have long deserved exactly that recognition.

Akanksha Store demonstrates a lesson that goes beyond Kheri: empowering women entrepreneurs takes more than financial support alone. It takes access to markets, digital capability, and an institutional ecosystem willing to walk enterprises through that access, step by step. By connecting rural producers with national marketplaces, the initiative is helping turn self-help groups into resilient, market-ready businesses and building sustainable livelihoods for thousands of women in the process.

When rural products find national markets, women don't just earn higher incomes they build stronger enterprises, greater confidence, and brighter futures for their families.

Impact Highlights

- ✓ Established Akanksha Store as a common brand for SHG products in Kheri.
- ✓ Developed Standard Operating Procedures (SOPs) for quality assurance, branding, packaging, and operations.
- ✓ Facilitated onboarding on the Government e-Marketplace (GeM) for institutional procurement.
- ✓ Successfully listed SHG products on Flipkart and supported expansion to Amazon.
- ✓ Expanded market access beyond local boundaries through digital commerce.
- ✓ Generated supplementary income for SHG members while strengthening women-led enterprises.
- ✓ Created a scalable model for integrating rural producers into formal and digital markets.

SECTION 2.7 · INSPIRATIONAL STORY

Swachh Aligarh

Empowering Local Governance through Digital Monitoring

ALIGARH DISTRICT · UTTAR PRADESH

A clean village is rarely just a matter of infrastructure. It is a matter of accountability of whether a blocked drain gets reported the same day it's noticed, whether a broken facility gets fixed before it becomes a habit to ignore it, whether anyone beyond the village itself is watching closely enough to notice at all. Swachh Aligarh was built on that understanding.

Introduced as an innovative digital solution under the Swachh Bharat Mission (Grameen), the Swachh Aligarh App set out to strengthen sanitation monitoring and improve governance at the Gram Panchayat level not by adding new infrastructure, but by making the infrastructure that already existed impossible to lose track of.

From Paper Trails to Real-Time Truth

The mobile application changed, in one stroke, how sanitation-related activity was tracked and managed across the district. Instead of relying on paper-based reports that arrived days after the fact if they arrived at all field functionaries could now capture and upload information the moment they saw it, giving officials instant visibility into the status of sanitation infrastructure, waste management practices, and compliance with programme guidelines.

It is a small technical shift with an outsized practical consequence: a problem that once took a week to surface on someone's desk could now be seen, and acted on, within hours.

Building the Habit of Data

Technology alone does not change governance the people using it do. A phased capacity-building programme was undertaken for officials of the Department of Panchayati Raj, Gram Panchayats, and frontline functionaries, training participants to use the application for field inspections, digital reporting, and issue escalation. What began as a rollout of software gradually became something more durable: a working culture of data-driven decision-making.

Real-time	Phased	3
Field reporting enabled	Capacity building rollout	Stakeholder groups trained

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What Transparency Changes

The impact of Swachh Aligarh reached well beyond digitisation for its own sake. Gram Panchayats became more accountable under transparent monitoring, while district officials gained the ability to identify implementation gaps, track compliance, and respond swiftly to challenges as they emerged in the field. Issues tied to sanitation facilities, waste management, and programme implementation could now be escalated and resolved significantly faster than the old paper-based system ever allowed.

Swachh Aligarh shows what happens when technology is used to connect the people doing the work with the people making decisions, in something close to real time. By making monitoring more transparent, more responsive, and more evidence-based, the initiative has contributed both to cleaner villages and to a sharper, more effective form of local governance.

Digital governance is not just about collecting information it is about enabling timely action, strengthening accountability, and delivering better public services to every village.

Impact Highlights

- ✓ Digital monitoring application developed for Swachh Bharat Mission (Grameen).
- ✓ Enabled real-time field reporting and compliance tracking.
- ✓ Reduced dependence on paper-based reporting systems.
- ✓ Strengthened Gram Panchayat accountability through transparent monitoring.
- ✓ Enabled faster identification and escalation of sanitation and waste management issues.
- ✓ Capacity building conducted in phases for officials and frontline functionaries.
- ✓ Supported the Department of Panchayati Raj in adopting digital governance practices for improved service delivery.

SECTION 2.8 · INSPIRATIONAL STORY

e-SAATHI

A Digital Companion for Every Mother

VARANASI DISTRICT · UTTAR PRADESH

Pregnancy is a journey made of anticipation, questions, and decisions that often cannot wait for the next scheduled visit. For many women, especially in resource-constrained settings, the hardest part was never a lack of care it was the silence in between visits, the days when a question had nowhere reliable to go. e-SAATHI was created to fill exactly that silence, placing trusted maternal healthcare guidance directly into the hands of expectant mothers, wherever they were.

Built as a WhatsApp-based digital platform, e-SAATHI delivers personalised, stage-specific information throughout pregnancy and the postnatal period. Once enrolled, a woman receives guidance matched to exactly where she is in her pregnancy reminders for antenatal check-ups and immunisations, nutritional advice, the warning signs that call for immediate medical attention, breastfeeding support, and newborn care. Every message is aligned with national and global maternal health guidelines, so what reaches her phone is accurate, practical, and easy to understand.

A Conversation, Not Just a Broadcast

What sets e-SAATHI apart is its focus on empowering women, rather than simply pushing information at them. The chatbot actively encourages mothers to ask questions, seek clarification, and make informed decisions about their own health treating each woman as a participant in her own care, not a passive recipient of messages.

It also opens a feedback channel through which women can share their experiences after health facility visits, giving programme managers and health administrators a direct, honest line of sight into where service quality is working and where it still needs attention.

Strengthening the Human Network

e-SAATHI was never designed to replace the frontline health workers who form the backbone of maternal care. ASHAs, ANMs, and Anganwadi Workers use the platform to support their own counselling, reinforce key health messages, and encourage timely care-seeking. Instead of substituting for human interaction, the platform complements it making sure essential information reaches a woman between visits, so that continuity of care holds throughout pregnancy and into early motherhood.

WhatsApp	**2-way**	**3**
Platform for widest reach	Chatbot enables real feedback	Frontline worker cadres supported

Small Reminders, Stronger Beginnings

By combining digital technology with community-based healthcare, e-SAATHI shows how innovation can make maternal health services more responsive, more accessible, and more person-centred. Every reminder sent, every question answered, and every informed decision made adds up to healthier pregnancies, safer deliveries, and stronger beginnings for newborns across Uttar Pradesh.

When knowledge reaches a mother at the right time, it becomes one of the most powerful medicines for a healthy pregnancy.

Impact Highlights

- ✓ WhatsApp-based digital companion for pregnant and postpartum women.
- ✓ Provides personalized, stage-specific guidance on antenatal care, nutrition, immunization, danger signs, breastfeeding, and newborn care.
- ✓ Enables two-way communication, allowing women to ask questions and provide feedback on health services.
- ✓ Supports ASHAs, ANMs, and Anganwadi Workers by reinforcing counselling and follow-up.
- ✓ Demonstrates how digital innovation can improve health awareness, service uptake, and the quality of maternal and newborn care.

SECTION 2.9 · INSPIRATIONAL STORY

Mission Parivartan

Reimagining Urban Anganwadis for Every Child

VARANASI DISTRICT · UTTAR PRADESH

The foundation of a child's future is built in the earliest years of life—often within four walls that the wider city barely notices. For thousands of children and mothers living in urban settlements, the Anganwadi Centre is the first point of contact with nutrition, early learning, immunisation, and essential health services. Whether that first contact happens in a safe, functional, welcoming space—or in one struggling with poor infrastructure—can shape far more than a single morning's visit.

In Varanasi, the district administration recognised that strengthening Anganwadis required more than repairing buildings. It required understanding every centre, listening to every community, and making decisions based on evidence rather than assumptions. This vision gave rise to Mission Parivartan—a district-wide initiative that combined digital technology, evidence-based planning, and community participation to transform urban Anganwadi Centres into vibrant spaces for early childhood development.

Seeing Every Centre Clearly

Mission Parivartan began with a comprehensive digital assessment of urban Anganwadi Centres across the district. Instead of relying solely on periodic inspections and paper-based reports, field teams used digital tools to capture real-time information on infrastructure, sanitation, drinking water, kitchens, classrooms, play spaces, electricity, child-friendly facilities, and the availability of learning resources.

Every centre was mapped against objective parameters, creating a district-wide evidence base that enabled administrators to identify deficiencies with precision. Rather than responding to isolated complaints, officials could now visualise patterns, prioritise investments, and allocate resources where they were needed most.

For the first time, every Anganwadi became visible through data.

Beyond Repair: Reimagining the Anganwadi Experience

The digital assessments were never intended to be an end in themselves. They became the foundation for a broader transformation.

Using the evidence generated through Mission Parivartan, urban Anganwadi Centres were progressively upgraded to become safer, brighter, and more child-friendly environments. Improvements included better sanitation facilities, safe drinking water, functional kitchens, improved learning spaces, age-appropriate play areas, colourful educational wall paintings, and enhanced infrastructure that supported both nutrition and early childhood education.

Rather than simply repairing physical assets, the initiative reimagined Anganwadis as nurturing spaces where children could learn through play, mothers could access essential services with dignity, and frontline workers could deliver programmes more effectively.

Listening to the True Custodians

Mission Parivartan recognised that the best judges of public services are the people who use them every day.

Alongside infrastructure assessments, the initiative established digital feedback mechanisms through which parents, caregivers, and community members could share their experiences and report local issues directly. This continuous flow of citizen feedback strengthened

transparency, encouraged accountability, and ensured that improvements reflected the needs of beneficiaries rather than only administrative observations.

By placing communities at the centre of monitoring, Mission Parivartan strengthened trust between citizens and public institutions.

Convergence in Action

The transformation of urban Anganwadis was made possible through close collaboration across departments and institutions.

The Department of Women and Child Development, district administration, urban local bodies, health officials, development partners, and local communities worked together to address infrastructure gaps while strengthening nutrition, health services, and early childhood education.

This convergence ensured that improvements extended beyond buildings. Better facilities were complemented by stronger service delivery, demonstrating how coordinated governance can produce outcomes that no single department could achieve alone.

100%	**2-way**	**Real-time**
Urban Anganwadis digitally audited	Citizen feedback mechanism	Evidence for planning

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From Data to Decisions

The information generated through digital assessments and citizen feedback fundamentally changed how planning was undertaken. Administrators gained access to real-time evidence that enabled them to:

- ✓ identify infrastructure deficiencies quickly,
- ✓ prioritise centres requiring urgent intervention,
- ✓ allocate resources more efficiently,
- ✓ monitor improvements over time, and
- ✓ track progress through transparent data.

Infrastructure issues that previously remained unnoticed for months could now be identified and acted upon much earlier, resulting in faster corrective action and more responsive governance.

Mission Parivartan demonstrated that digital technology is most powerful not when it replaces people, but when it helps administrators make better decisions.

The PPIA Fellow's Contribution

Working closely with the district administration, the PPIA Fellow supported the implementation of Mission Parivartan by strengthening its digital governance architecture. The Fellow contributed to the design and rollout of digital infrastructure assessments, coordinated field-level data collection, supported the development of evidence for planning, and helped establish mechanisms that brought citizen feedback into administrative decision-making.

By converting field observations into actionable insights, the Fellow enabled district officials to move from reactive problem-solving to systematic planning, helping ensure that investments were directed where they would have the greatest impact.

When every Anganwadi becomes a space of care, learning, and dignity, every child is given a stronger start to life.

Impact Highlights

- ✓ Conducted digital infrastructure audits of urban Anganwadi Centres.
- ✓ Introduced community-driven digital feedback mechanisms to strengthen accountability.
- ✓ Generated real-time evidence for planning infrastructure improvements.
- ✓ Enabled faster identification and resolution of facility gaps.
- ✓ Strengthened transparency through data-driven monitoring and citizen participation.
- ✓ Improved the quality of urban Anganwadi infrastructure under Mission Parivartan.
- ✓ Demonstrated how digital innovation can make public services more responsive, inclusive, and child-centric.

SECTION 2.10 · INSPIRATIONAL STORY

Kayakalp

Transforming Public Health Facilities through Cleanliness and Quality

ALL 10 DISTRICTS · UTTAR PRADESH

A clean hospital is more than a well-maintained building. It is a first impression that arrives before any diagnosis, any treatment, any doctor's word a quiet signal to every patient walking through the door that they are about to be treated with dignity. Recognising that patient experience begins long before treatment itself, Public Policy in Action (PPiA) Fellows have played a central role in strengthening the Kayakalp Initiative across all the districts of their deployment in the state, helping healthcare facilities reach higher standards of cleanliness, hygiene, and patient-centric service. Here are the highlights of few of them.

Working alongside district administrations and health departments, Fellows have acted as catalysts for institutional improvement their role extending well past routine monitoring to include planning, documentation, capacity building, and sustained engagement with healthcare teams, so that quality standards became part of everyday hospital operations rather than a periodic performance for inspectors.

Bahraich: Steady Progress Through Change

In Bahraich, Fellows worked closely with the District Hospital to strengthen Kayakalp implementation supporting the installation of Information, Education and Communication (IEC) materials, documenting progress, and coordinating between hospital management and district authorities. Even through periods of infrastructure development and ongoing construction, when it would have been easy for quality efforts to pause, they maintained regular follow-up, ensuring improvement activities continued and the facility stayed genuinely prepared for Kayakalp assessments rather than scrambling before them.

Sultanpur: Building the Habit of Self-Assessment

In Sultanpur, Fellows conducted quarterly internal Kayakalp assessments across Community Health Centres in Dubeypur, Baldirai, Kurwar, Kurebhar, and Bhadaiyan. These structured reviews let facilities identify their own operational gaps, prioritise corrective action, and improve compliance with Kayakalp standards well before any external evaluation arrived. Just as importantly, the exercise fostered a sense of ownership among healthcare staff encouraging continuous monitoring as a habit, rather than a scramble timed to the next audit.

5	Quarterly	2
CHCs assessed in Sultanpur	Internal assessment cycle	Districts strengthened

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Building a Culture, Not Just a Checklist

Beyond assessment and documentation, PPiA Fellows have supported healthcare teams in adopting best practices in sanitation, waste management, infection prevention, patient amenities, and facility management. Their collaborative approach working with staff rather than simply auditing them has strengthened institutional capacity while nurturing a culture

of continuous quality improvement inside public health facilities that will outlast any single Fellow's posting.

The Kayakalp story illustrates what sustained field engagement, data-driven monitoring, and collaborative problem-solving can do to a healthcare environment over time. By helping hospitals and health centres maintain high standards of cleanliness and service quality, PPiA Fellows are contributing to safer facilities, better patient experiences, and stronger public confidence in the healthcare system itself.

Quality healthcare begins with a clean, safe, and dignified environment. Every improvement in hospital hygiene is an investment in healthier communities and better patient care.

Impact Highlights

- ✓ Strengthened implementation of the Kayakalp Initiative across multiple districts.
- ✓ Conducted quarterly internal assessments of Community Health Centres to improve audit preparedness.
- ✓ Supported installation of IEC materials and documentation of quality improvement initiatives.
- ✓ Enabled healthcare facilities to identify operational gaps and implement timely corrective measures.
- ✓ Promoted best practices in cleanliness, infection prevention, waste management, and patient-friendly infrastructure.
- ✓ Fostered collaboration between district administrations, hospital management, and frontline healthcare teams.
- ✓ Contributed to building a culture of continuous quality improvement and institutional accountability in public health facilities.

SECTION 2.11 · INSPIRATIONAL STORY

Fire and Power Safety Audit

How PPiA Fellows Turned a Tragedy in Jhansi into a State-Wide Safety Check

10 DISTRICTS · UTTAR PRADESH

On the night of 15 November 2024, a fire broke out in the Neonatal Intensive Care Unit of Maharani Laxmi Bai Medical College in Jhansi, killing ten newborn babies and injuring sixteen others. It is the kind of tragedy that no policy document can undo, and no chapter should try to soften. What it can do what it must do is change what happens next in every hospital ward built to protect the most fragile patients a health system serves.

In its aftermath, the Principal Secretary (Health) issued a government order to the heads of every hospital, medical college, and Chief Medical Officer in Uttar Pradesh, directing an immediate review and audit of fire and electrical safety provisions. To follow up on the ground, PPiA Fellows across 11 healthcare facilities in 10 districts Aligarh, Bahraich, Banda, Basti, Gorakhpur, Hamirpur, Kheri, Sultanpur, Varanasi, and Prayagraj were asked to gather firsthand information on safety protocols at their assigned facilities.

What the Fellows Found

The questions Fellows put to each facility covered the basics that matter most in an emergency: whether fire and electrical safety provisions existed, whether an emergency plan was in place and displayed, whether staff had been trained to use the equipment around them, and whether mock drills had actually been run. The pattern that emerged across all ten districts was consistent and specific: most hospitals had the core safety facilities in place, but the visible signage was often missing, and staff still needed training to use the equipment they already had.

The audit records bore this out district by district. In Aligarh, the last power equipment audit was recorded simply as 'Not Done.' In Hamirpur, the most recent audit on file dated back to January 2021 nearly four years stale. By contrast, Kheri's audit was completed on 18 November 2024, just days after the Jhansi fire, and Varanasi's records showed audits marked complete across the board. The same unevenness ran through fire safety audits: some districts current within the month, others years behind.

10	11	6
Districts covered	Healthcare facilities audited	Concrete recommendations issued

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A Snapshot from Each District

The on-ground detail Fellows brought back paints a more textured picture than any single compliance score could. Bahraich and Gorakhpur had both conducted mock drills. Aligarh had fire extinguishers correctly placed alongside IEC signage explaining their use while at Banda, extinguishers stood without any accompanying signage at all, and the female hospital was flagged for needing illuminated signage at its emergency evacuation points. Basti had a working fire alarm in place. Varanasi emerged as the strongest performer of the group: IEC material displayed beside fire equipment, clear signage throughout, staff training completed, and its emergency evacuation plan actually displayed for public view the combination every other district was still working toward. Prayagraj had fire exit signage in place, and Sultanpur had completed fire safety training for its staff.

One finding stood apart from the rest: at the Autonomous State Medical College in Lakhimpur Kheri, Fellows flagged an infrastructure problem serious enough to be recorded as an ongoing threat to safety a reminder that in some facilities, the gap between policy and practice is not about missing signage, but about the building itself.

A fire alarm no one has been trained to hear might as well be silent.

Turning Findings into Fixes

The Fellows' ground-level findings were translated into six concrete recommendations for hospital administrators across the state.

- **Regular fire and power audits:** conducted on a fixed schedule, not only after an incident forces the question.
- **Equipment maintenance:** all electrical systems and fire extinguishers kept in working order, with unfinished electrical work completed rather than left pending.
- **A backup water source:** available on hospital premises for emergencies, separate from the regular water supply.
- **Illuminated, visible signage:** power and fire safety IEC material displayed near every relevant equipment site, with illuminated signage at emergency exits and evacuation routes.
- **A working public announcement system:** in place and tested, not assumed to be functional.
- **More frequent mock drills:** with a quality assurance officer appointed to ensure every staff member is actually trained in fire prevention, evacuation, and extinguisher use and building maintenance kept current so that hydrants and sprinklers meant to fight fires don't themselves become a source of water damage.

A Distributed Safety Net

What this exercise demonstrates is less a single innovation than a capability: a network of Fellows, already embedded across ten districts, able to turn a state government order into ground-verified, district-specific findings within weeks not months. That same distributed presence that reports on TB follow-up, malnutrition, and rural sanitation could, when the moment demanded it, just as quickly turn its attention to fire exits, extinguisher placements, and the currency of a safety audit. It is a quieter kind of impact than a ribbon-cutting, but it is exactly the kind of institutional reflex that keeps a tragedy like Jhansi from repeating itself.

Impact Highlights

- ✓ Triggered by the 15 November 2024 NICU fire at Maharani Laxmi Bai Medical College, Jhansi, and the subsequent Government Order from the Principal Secretary (Health).
- ✓ PPiA Fellows across 11 healthcare facilities in 10 districts Aligarh, Bahraich, Banda, Basti, Gorakhpur, Hamirpur, Kheri, Sultanpur, Varanasi, and Prayagraj conducted on-ground fire and power safety assessments.
- ✓ Found that most facilities had core safety equipment in place, but lacked visible IEC signage and adequately trained staff.
- ✓ Documented uneven audit currency across districts, from audits years overdue to ones completed within days of the Jhansi incident.
- ✓ Flagged a specific infrastructure risk at the Autonomous State Medical College, Lakhimpur Kheri, requiring urgent attention.
- ✓ Proposed six concrete recommendations covering regular audits, equipment maintenance, backup water sources, illuminated signage, PA systems, and more frequent, properly supervised mock drills.

SECTION 2.12 · INSPIRATIONAL STORY

The Kashi Strategy

Ten Points, One Mission: A Malnourishment-Free Varanasi

VARANASI DISTRICT · UTTAR PRADESH

According to the National Family Health Survey (NFHS-5) in 2019, one in every seven children in Varanasi fell into the Severe Acute Malnutrition category one of the highest rates anywhere in the state. Of the roughly 400,000 children aged 0-6 in the district, more than 60,000 were severely acutely malnourished. Behind that number sat a harder truth: malnutrition rarely announces itself loudly. It has to be measured, tracked, and met, household by household, before it can be reversed.

To meet that challenge, Varanasi adopted the 10-Point Kashi Strategy not a single scheme, but ten coordinated interventions spanning measurement, nutrition, infrastructure, and behaviour change, all held together by one dedicated control room watching the data in real time.

Seeing Every Child Clearly

Progress began with accuracy. Intensive training, regular assessments, and mid-month reviews pushed measurement quality to the point where 99.89% of children aged 0-6 in Varanasi are now accurately tracked on the POSHAN Tracker. That data fed into a Dedicated Control Room, where attendance, verification, and feedback were monitored continuously across all ten interventions allowing the strategy to be adjusted in real time rather than reviewed after the fact.

A System of Nutrition, Not Just a Programme

At the centre of the strategy sat Abhinav Pehel, a joint effort of the Health and ICDS Departments providing daily multivitamin syrup, alternate-day Iron Folic Syrup, and six-monthly Albendazole Syrup to pregnant mothers and children aged 0-6. Piloted in a single block before going district-wide, it lifted the recovery rate from SAM to a healthy category to 94%, compared with 38% without the intervention helping 10,304 children recover. Alongside it, 2,700 Nutritional Gardens were established to grow spinach, cauliflower, and moringa for lactating mothers, while six Take Home Ration plants run by Self-Help Groups

employing over 300 women produced fortified Pre-Mix Ladoos and Dalia, delivered to households through Ajeevika Express Vehicles. In step with the International Year of Millets, Millet Bars and Ragi Ladoos were distributed to SAM and Moderately Acute Malnourished children, improving both nutrition and attendance at Anganwadi Centres.

Frontline moments from the Kashi Strategy: nutrition supplements, THR production, a nutritional garden, and Anganwadi children in Varanasi.

Catching the Most Fragile Moments

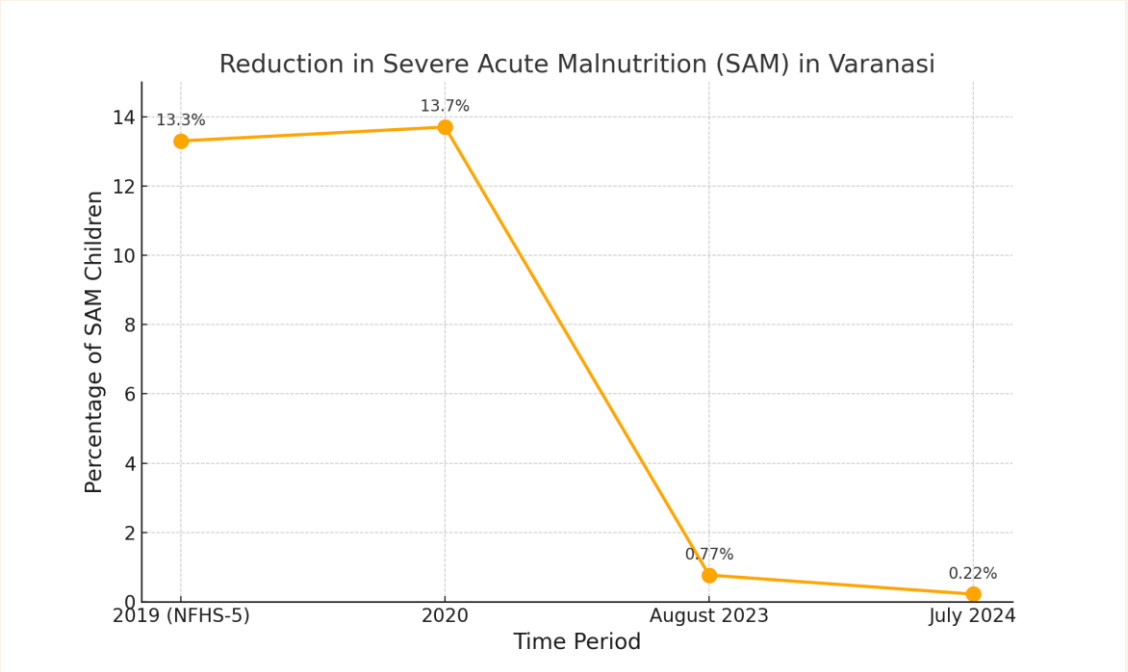
For newborns at risk of low birth weight, ten air-conditioned Mother and Newborn Care Units were built alongside Special Newborn Care Units and Newborn Care Units, using methods like Kangaroo Care to help infants reach a healthy weight. Exclusive breastfeeding for infants aged 0-6 months was promoted through campaigns involving elder women and Self-Help Groups, closely monitored with model trainers lifting exclusive breastfeeding rates by 30%. And where the district-level Nutritional Rehabilitation Centre could once treat only 15 children a month due to distance and limited capacity, 13 Decentralized Mini-NRCs at Community Health Centres expanded that capacity to 100 children every month.

Change That People Carry Forward

Numbers alone don't shift behaviour people do. Mothers of 300,000 healthy children were awarded a Healthy Kids Certificate, while 15,000 mothers of SAM children were paired with Buddy Mothers: women drawing on their own experience recovering a child from malnutrition to guide and support others through the same journey.

The Result, In the Data

The combined effect of all ten interventions shows clearly in the district's own numbers: the percentage of SAM children fell from 13.7% in 2020 to 0.77% by August 2023, and further to 0.22% by July 2024 a reduction that has brought Varanasi to the edge of eliminating severe acute malnutrition entirely.



Reduction in Severe Acute Malnutrition (SAM) in Varanasi, 2019–2024.

0.22%	10,304	3,914
SAM prevalence, July 2024	Children recovered under Abhinav Pehel	Anganwadi Workers, Sahayikas & staff

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This progress is the work of 3,914 Anganwadi Workers, Sahayikas, supervisors, and CDPOs, who carried the strategy from control-room data into daily household visits ensuring every child's right to a healthy, safe start in life. The improvement shows up not only in nutrition status, but in the learning levels of the children themselves.

Ten strategies, one goal: to make sure no child in Varanasi is failed by malnutrition again.

Impact Highlights

- ✓ SAM prevalence in Varanasi fell from 13.7% (2020) to 0.22% (July 2024).
- ✓ 99.89% of children aged 0-6 now accurately tracked on the POSHAN Tracker.
- ✓ 10,304 children recovered from SAM through the Abhinav Pehel supplement programme, at a 94% recovery rate versus 38% without it.
- ✓ 2,700 Nutritional Gardens established to supply lactating mothers with fresh produce.
- ✓ 10 air-conditioned Mother and Newborn Care Units built, alongside SNCUs and NBCUs, to address low birth weight.
- ✓ Exclusive breastfeeding rates increased by 30% through community-led campaigns.
- ✓ 13 Decentralized Mini-NRCs expanded treatment capacity from 15 to 100 children per month.
- ✓ 6 Take Home Ration plants, run by SHGs employing 300+ women, supplying fortified nutrition to households.
- ✓ 300,000 mothers awarded Healthy Kids Certificates; 15,000 SAM-affected mothers supported by Buddy Mothers.
- ✓ All ten interventions tracked continuously through a Dedicated Control Room.

SECTION 2.13 · INSPIRATIONAL STORY

The ARV Follow-Up Portal

Making Sure a Free Vaccine Actually Finishes the Job

LAKHIMPUR KHERI DISTRICT · UTTAR PRADESH

Rabies is almost perfectly preventable and almost perfectly fatal nearly 100% of cases end in death once symptoms appear, and nearly all of them could have been stopped by a vaccine that costs the patient nothing. India carries a disproportionate share of this burden, accounting for roughly 36% of the world's rabies deaths an estimated 5,700 lives lost every year. In Lakhimpur Kheri alone, animal bite cases arrive at a rate of nearly 8,000 a month, the overwhelming majority from dog bites. The vaccine to prevent rabies after such a bite is free. The challenge, it turned out, was never access. It was follow-through.

A Schedule Meant to Save Lives, Quietly Abandoned

A facility-based baseline assessment in January 2026, covering 1,279 bite patients across three Community Health Centres Dhaurhara, Khamaria, and Mohammadi laid the problem bare. Every patient took the first dose. Only 76.1% returned for the second. Only 59.5% made it to the third. By the fourth and final dose, only 18.8% remained and district-wide, the full four-dose completion rate stood at just 9.7%.

The pattern of loss was not evenly spread. 24% of patients dropped out between the first and second dose, and a further 21.8% between the second and third. But the sharpest cliff came at the very end: between the third and fourth doses, 68.5% of remaining patients never returned the single largest point of failure in the entire schedule. Telephonic checks with a random sample of these defaulters confirmed the uncomfortable truth: almost none had simply continued treatment elsewhere. Most had just stopped.

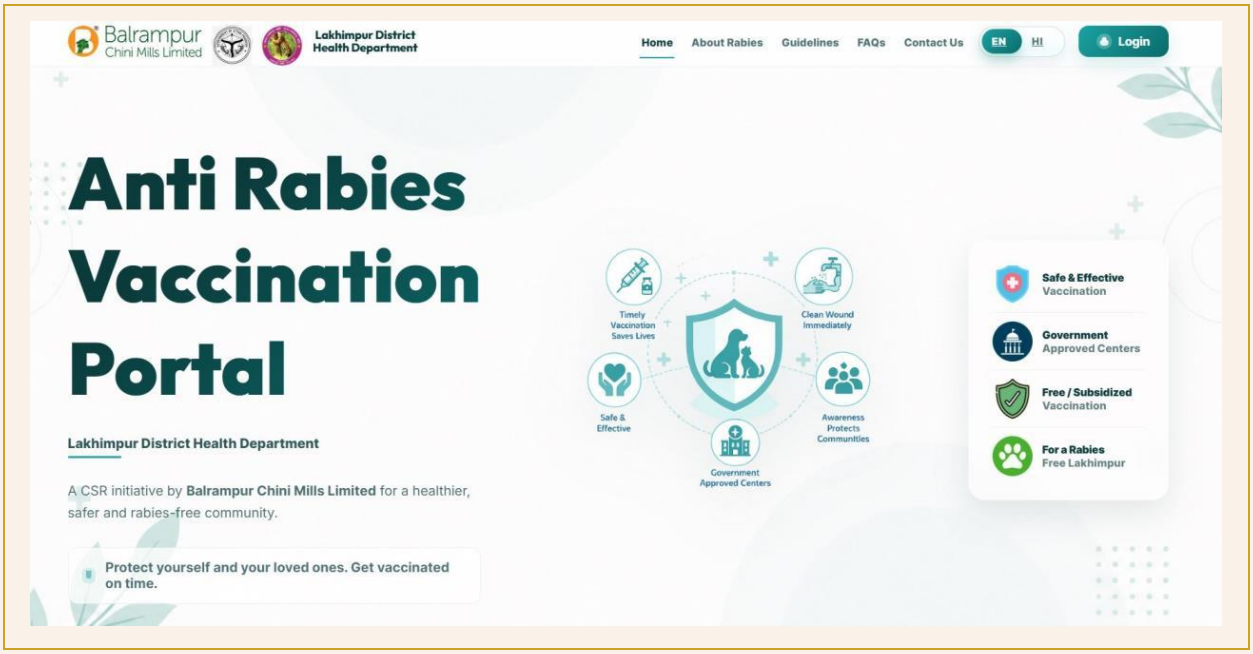
Why Patients Disappear

The dropout pattern reflected two things happening at once. On the patient side: forgotten dates, a fading sense of urgency once the wound stopped hurting, and the quiet assumption that feeling fine meant being safe. On the system side: no centralised tracking of who owed which dose and when, no reminders, no real-time visibility for facility staff, and no structured process to chase down a patient who didn't show up. Between those two gaps human forgetting and institutional blind spots patients fell through at every stage, with nothing in place to catch them.

Building the Portal

In response, the District Administration of Lakhimpur Kheri, with CSR support from Balrampur Chini Mills Ltd. (BCML), built the Anti-Rabies Vaccination Follow-Up Portal a digital tracking system at www.arvup.com designed to close exactly the gaps the baseline study had exposed.

The portal runs on a simple, six-step loop: a patient is registered with full details at their first dose; the system automatically schedules every subsequent dose against the PEP regimen; an SMS reminder goes out a day before each one is due; staff record each dose as it's administered; any missed dose is automatically flagged; and health facility staff then follow up by phone directly through the portal. The cycle repeats until the full schedule is complete turning what used to be a one-time registration into a tracked, closed-loop process.



The Anti-Rabies Vaccination Portal homepage, a CSR initiative of Balrampur Chini Mills Limited with the Lakhimpur District Health Department.

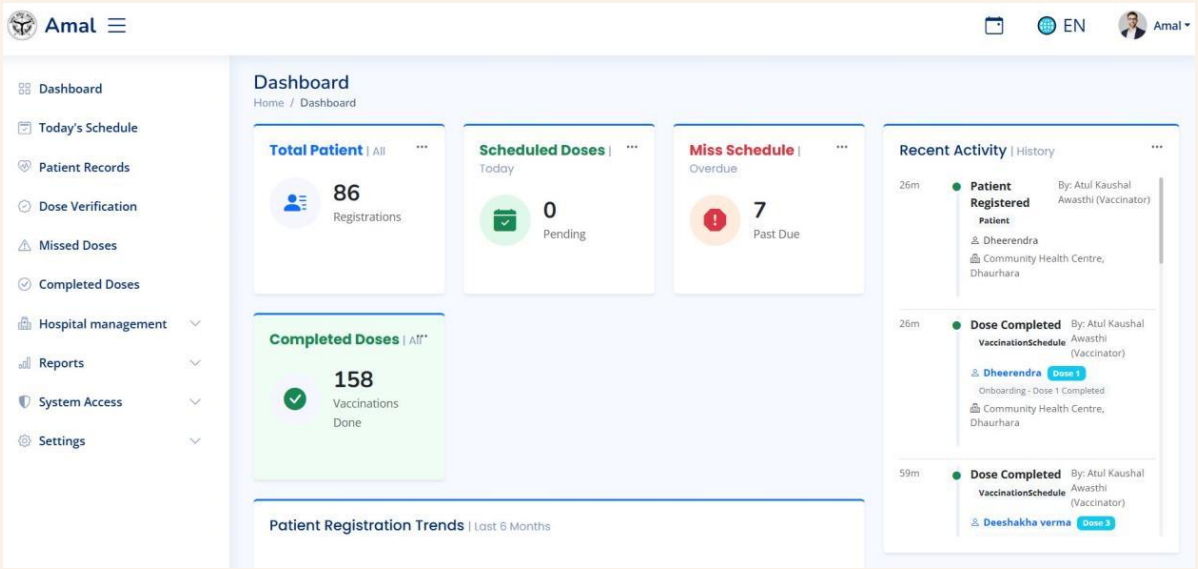
What the Portal Actually Tracks

› **Digital registration:** complete patient details, exposure information, and vaccination history captured from the very first visit.

› **Automated SMS reminders:** sent to every beneficiary ahead of each due date, replacing memory with a system.

› **Defaulter tracking:** automatic identification of missed doses, with built-in follow-up rather than silent record-keeping.

› **Facility, block, and district dashboards:** real-time visibility for vaccination staff, Medical Officers In-Charge, and district authorities alike, each seeing exactly where compliance is slipping.



The facility-level dashboard, showing registrations, completed doses, and overdue patients in real time.

The Pilot: From 76% to 92%

The portal was first piloted at CHC Dhaurhara over 14 days, registering 86 new patients with SMS reminders and digital tracking live from day one. The result: 79 of 86 patients 92% returned for their second dose, against a pre-intervention baseline of 76.1%. Of the 7 who missed their appointment, health facility staff followed up by phone directly through the portal. The pilot also surfaced quieter operational gains: better visibility of which patients were due, sharper monitoring by MOICs and district officials, and far less dependence on manual paper registers.

9.7% **Baseline district-wide completion**	**92%** **Pilot second-dose compliance**	**8,000** **Monthly bite cases in the district**

Scaling District-Wide

Following the pilot's results, the Anti-Rabies Vaccination Follow-Up Portal was rolled out across every government health facility in Lakhimpur Kheri on 9th June 2026. The expectation is straightforward: stronger vaccination compliance, better public health surveillance, sharper accountability in follow-up, and steady progress toward eliminating preventable rabies deaths in the district. Plans are already underway to extend the model to other districts, offering a replicable template for digital ARV follow-up across Uttar Pradesh.

A free vaccine still fails if no one remembers the next dose. Reminding someone, on time, can be the intervention that saves their life.

Impact Highlights

- ✓ Baseline assessment identified a 9.7% district-wide PEP completion rate, with the sharpest dropout (68.5%) occurring between the third and fourth doses.
- ✓ Digital portal built with CSR support from Balrampur Chini Mills Ltd., automating registration, scheduling, reminders, and defaulter follow-up.
- ✓ Pilot at CHC Dhaurhara lifted second-dose compliance from a 76.1% baseline to 92% in just 14 days.
- ✓ Facility, block, and district-level dashboards give staff and officials real-time visibility into due, completed, and missed doses.
- ✓ District-wide rollout completed on 9th June 2026 across all government health facilities in Lakhimpur Kheri.
- ✓ Positioned as a replicable model for digital ARV follow-up across other districts of Uttar Pradesh.

SECTION 2.14 · INSPIRATIONAL STORY

A Health-Secure Mahakumbh

One PPiA Fellow's Month Behind the World's Largest Gathering

PRAYAGRAJ DISTRICT · UTTAR PRADESH

For forty-five days between January and February 2025, Prayagraj hosted one of the largest gatherings of human beings anywhere on Earth. Every pilgrim who came to bathe at the Sangam needed the same quiet assurance in the background: that if something went wrong, help would already know where to find them. Building that assurance meant turning hundreds of hospitals, ambulances, duty rosters, and contact numbers into a single, usable system and much of that unglamorous, essential work fell to a PPiA Fellow working through the month of January.

Ms. Deepti Arora, deployed as a PPiA Fellow with the district health administration, spent January 2025 compiling, designing, and finalising the health action plans for Mahakumbh 2025 working under the guidance of Dr. A.K. Tiwary, Chief Medical Officer, and Dr. Ravendra Singh, Additional CMO, alongside hospital readiness checks, staff training programmes, and public awareness campaigns. Her work touched nearly every layer of the district's medical preparedness for the mela.

Building the Book Behind the Ground Plan

At the centre of her work was the district's health action plan later compiled into a single reference booklet that anyone from a nodal officer to an ambulance driver could consult in the middle of the mela. Ms. Arora compiled and finalised the data behind it: snapshots of every health facility inside the mela area, the layout of temporary hospitals, the full list of officials on duty, district-wide hospital listings, the nodal officers responsible for each health facility, hospitals mapped along every road, railway junction, airport, and bus stand leading into the district, ambulance duty rosters, the schedule of medical coverage for each major bathing festival, and the list of blood banks and their capacity.

The scale behind those pages was considerable: 3,000 reserved beds across government and private hospitals, including 300 reserved ICU beds; a fleet of 122 ambulances 9 Advanced Life Support, 20 Basic Life Support, and 93 more under the 102 and 108 services alongside 7 river ambulances and 1 air ambulance for emergencies; and 19 blood banks, government and

private, mapped and ready. None of it was useful scattered across departments. Assembled into one booklet, it became something an on-duty doctor could actually open and use.

45	3,000	122
Days of Mahakumbh coverage	Reserved beds compiled	Ambulances mapped district-wide

• • •

Getting the Right People to the Right Place

A hospital bed is only as useful as the staff standing beside it. Supporting Dr. Ashu Pandey (Joint Director, Health) and Dr. Jyoti, Ms. Arora sorted and prepared the master deployment sheets tracking healthcare professionals posted across the mela's hospitals work that fed directly into identifying vacant posts across Community Health Centres and Primary Health Centres, so that gaps in coverage could be spotted and addressed before, not during, the crush of pilgrims.

Teaching Pilgrims to Stay Safe

Medical infrastructure only helps the people who know it exists. Under the guidance of Dr. Ashu Pandey, Ms. Arora facilitated IEC (Information, Education, and Communication) campaigns covering national health programmes, available health facilities, and government services across the mela area, preparing both the presentation materials and the activity roster that carried the campaign forward.

She also helped develop the public-facing guidance material itself practical, plain-language advice for pilgrims before they travelled to Prayagraj and once they reached the ghats: what to carry, how to stay safe in the crowds at the Sangam, precautions for the elderly, pregnant women, children, and those managing chronic conditions, and exactly who to call in an emergency. It is the kind of material that rarely gets a byline, but is read by more people than almost anything else the health department produced that month.

Behind every bed count and duty roster lies a single conviction: that no pilgrim's emergency should ever meet an unprepared system.

Training the People Who Keep the Mela Safe

Two further threads of her work centred on training frontline staff directly. Alongside Dr. Ajay Raja (Divisional Surveillance Officer), Dr. Ankita, and Dr. Aakrsh of the Public Health Engineering team, Ms. Arora conducted water surveillance training sessions for Sanitation Inspectors, focused on keeping water safe for a population the size of a small country compressed into one district and set up and ran a WhatsApp group to keep that data flowing between teams in real time.

She also conducted training sessions, alongside the PHE team, for paramedics on the Real-Time Bed Availability Reporting Portal (RT-BARP) the digital system that let hospital staff report bed availability as it changed, rather than after the fact, so that a patient needing care was never sent toward a bed that no longer existed.

What One Month of Groundwork Adds Up To

None of these six threads the booklet, the HR sheets, the IEC campaigns, the safety material, the water surveillance training, the RT-BARP sessions makes for a dramatic headline on its own. Together, they are what a health-secure Mahakumbh actually looks like from the inside: not a single grand intervention, but dozens of details compiled, cross-checked, and coordinated by someone willing to do the unglamorous work of making a system usable under pressure. Ms. Deepti Arora's month in Prayagraj stands as a reminder that behind every well-run mega-event is a PPiA Fellow, quietly turning scattered information into a system that health workers, officials, and pilgrims alike could depend on.

Impact Highlights

- ✓ Compiled and finalised the district health action plan for Mahakumbh 2025, later published as a reference booklet covering facilities, hospitals, nodal officers, and duty rosters district-wide.
- ✓ Supported HR deployment data compilation, preparing master deployment sheets for healthcare professionals posted across mela hospitals.
- ✓ Facilitated IEC campaigns on national health programmes and available services, preparing presentations and activity rosters for the mela area.
- ✓ Helped develop public safety and guidance material for pilgrims undertaking Kumbh Snan.
- ✓ Conducted water surveillance training for Sanitation Inspectors alongside the Public Health Engineering team, and set up a WhatsApp-based data coordination system.
- ✓ Conducted RT-BARP (Real-Time Bed Availability Reporting Portal) training sessions for paramedics to enable real-time hospital bed tracking.

LETTERS ISSUED FROM GOVERNMENT OF UTTAR PRADESH FOR ENGAGING PPIA FELLOWS WITH DISTRICT ADMINISTRATION

No. 543 /73-Sam-2024

From:

Manoj Kumar Singh,
Infrastructure & Industrial Development Commissioner,
Govt. of Uttar Pradesh.

To:

The District Magistrate,
Districts- Aligarh, Bahraich, Banda, Basti, Hamirpur, Khiri, Mirzapur, Prayagraj, Sultanpur, Varanasi, Gorakhpur.

Lucknow: Date: 24 July 2024

Subject: Engagement of District Public Policy in Action (PPiA) Fellow in Health Management Improvement at Public Hospitals and Planning, Implementation & Monitoring of Priority Development Programs of the Government.

Sir,

In order to give professional support in development program management to thedistrict,Transforming Rural India Foundation (TRIF) is placingPublic Policy in Action (PPiA) Fellows in the identified districts. The PPiA Fellows will work in your guidance and take up Health Management Improvement at Public Hospitals as their first assignment. For the assignment, PPiA Fellow will work with district administration in close network with Health department and will seek inter-departmental consultation.PPiA fellow are meant to provide strategic inputs in State's development agenda through integrated inter-departmental and responsive requirements and priorities such as universalization of Livelihoods among rural poor through integrated approach of UPSRLM, Mnrega, GPDP integration with VPRP, Panchayati Raj Institutions and State's priorities & initiatives. The PPiA Fellow will be placed initially for 3 years period on non-financial arrangement with the TRIF.

A descriptive note on Uttar PradeshSustainable Health And Nutrition for All (UPSHANA)with examples of the other states and the roles and responsibilities (Terms of Reference -ToR)of the Public Policy in Action Fellows is enclosed for your reference (Annexure-I).

The following support is expected from the District Administration namely:

1. Notification and introduction line department heads to the PPiA Fellows.
2. Provide working space with necessary infrastructure to the PPiAFellows at appropriate place.
3. Involve the PPiA Fellows in planning, implementing, and monitoring of District administration development schemes.

4. Facilitate their local travel and visits within the district as and when required.
5. Initial Logistics and onboarding support.

I am sure this professional support will prove instrumental in the quick transformation of identified districts.

24.7.24

(Manoj Kumar Singh)
Infrastructure & Industrial Development Commissioner
Government of Uttar Pradesh

No. 543 /73-Sam-2024

Copy to: For information and necessary action.

1. **Shri Himanshu Kumar, Additional Chief Secretory, Department of Rural Development, GoUP.**
2. **Shri G. Guruprasad, The Principal Secretory, Revenue Department, GoUP.**
3. **Shri Partha Sarathi Sen Sharma, Principal Secretory, Department of Health, GoUP.**
4. **Shri Atal Rai, Director, Panchayati Raj, GoUP.**
5. **Ms. Deepa Ranjan, Mission Director, UPSRLM, Lucknow.**
6. **Mr. Anish Kumar, Managing Director, TRIF, New Delhi.**
7. **Office Copy.**

(Manoj Kumar Singh)
Infrastructure & Industrial Development Commissioner
Government of Uttar Pradesh

No. 184/73-Sam/2026 Dated: 07 May 2026

From:

Deepak Kumar
Agriculture Production Commissioner (APC)
Govt. of Uttar Pradesh

To,

The District Magistrate,
Districts- Aligarh, Bahraich, Banda, Basti, Hamirpur, Lakhimpur-Khiri, Mirzapur, Prayagraj, Sultanpur & Varanasi.

Sub.: Engagement of District Public Policy in Action (PPIA) Fellow for Planning, Implementation, and Monitoring of Agriculture & FPO related Programs along with Priority Development Programs of the Government.

Ref.: Letter of ACS, IIDC for engagement of PPIA Fellow No. 543/73-Sam-2024 Dated 24-07-2024 and Letter of APC, GoUP for having the progress report No. 394/O/APC/2025 Dated 10-11-2025.

Sir,

With reference to the above-mentioned letters and in continuation of the earlier engagement of Public Policy in Action (PPIA) Fellows in the district to provide professional support in managing the development programs, it is to inform that Transforming Rural India Foundation (TRIF) is facilitating the placement of new PPIA Fellows in select districts.

Over the past period, a few Fellows have discontinued their engagement due to personal reasons, and suitable replacements have now been identified. These newly onboarded PPIA Fellows shall work under your guidance to support the district administration.

The core engagement of the PPiA Fellows will be on **Farm Prosperity throughAgriculture and Allied Activities, Farmer Producer Organizations (FPOs), specially covering the women famers and other key priority initiatives of the Government.** The Fellows will contribute towards strengthening livelihoods, enhancing agricultural value chains, promoting FPO ecosystems, and supporting convergence across relevant departments. A Concept Note and PPiA Fellows' placement detail is attached for reference.

The PPIA Fellows shall provide strategic and implementation support through an integrated, inter-departmental approach aligned with district priorities. They shall assist in the planning, implementation, monitoring, and documentation of various development programmes, particularly those related to rural livelihoods, agriculture, and allied sectors. The Fellows shall submit their monthly progress reports to you through the Deputy Director (Agriculture) and the Chief Development Officer.

The Fellows will be placed for a period two-years on a non-financial basis with TRIF. The following support is requested from the District Administration:

1. Formal introduction of the PPIA Fellows to concerned line departments/District-level Officers.
2. Provision of suitable workspace along with basic infrastructure.
3. Engagement of Fellows in district-level planning, implementation, and monitoring processes.
4. Facilitation of field visits and inter-departmental coordination as required.
5. Necessary onboarding and logistical support.

It is expected that this professional support will further strengthen district efforts towards achieving developmental goals, particularly in agriculture and rural livelihoods.

Encl.: As above

(Deepak Kumar)
Agriculture Production Commissioner
Government of Uttar Pradesh

Copy to: For your kind information.

1. Principal Secretary, Agriculture, Agriculture Education and Research, Govt. of Uttar Pradesh
2. Chief Development Officer, District- Aligarh, Bahraich, Banda, Basti, Hamirpur, Khiri, Mirzapur, Prayagraj, Sultanpur & Varanasi, Uttar Pradesh
3. Officer on Special Duty (OSD), Agriculture Production Commissioner Wing, Govt. of Uttar Pradesh
4. Shri Anirban Ghosh, Managing Director, Transform Rural India, New Delhi.
5. Guard File.

(Deepak Kumar)
Agriculture Production Commissioner
Government of Uttar Pradesh


Besan
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Lucknow – 226010
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