Convergence with Other Social Sector Programs Particularly ICDS

Second Meeting of Steering Committees on Health & AYUSH for the Twelfth Five Year Plan (2012–2017)
Persistent burden of communicable and nutritional disorders particularly in women and children

Exponential rise of non-communicable diseases during the last decades

“Demographic –Dividend” of the country is likely to be eroded due to an ailing work force
Health & Environment

- Health behavior and health practices
  - Aggregation of personal decisions
  - Decision are strongly modulated and influenced by environmental factors

- Nutrition – a strong correlate of health
  - To be considered along with health
Health & Environment

- Intense and continuous impact of non-health sectors
  - Political and policy implication
  - Development and economic changes have greater impact
  - Health determinants of non-health sectors
  - For effective preventive and promotional strategies, a more convergent approach desirable

- Need for Health-Nutrition-Economic Convergence
  - Major policy and structural changes along with instruments of good governance

- NRHM already provides a convergence framework
Policy options

- **Underlying paradigm**
  - Health & Nutrition are integral to development
  - Comprehensive health: considering social determinants (distal / proximal determinants) in the context of rapid economic growth & changing life style, & ensuring inclusion of most vulnerable and marginalized
  - Holistic approach to disability and gender based violence
  - Convergence between economics, development and health
  - Achieving national health goals
Health Impact Analysis (HIA)

- Health impacts of sectors/ministries along with their development & economic influences
- Reflected in Program Implementation Plans, Results Framework Document, & 5-yr Strategic Plans
- Matrix of sectors and potential action points for developing well defined health & nutrition indicators (*live document*)
- Establish a monitoring & surveillance system
Development of Convergence Model

- “Whole of Government” (WoG)
  - Inter-sectoral coordination for policy & program development at national and state level

- “Whole of Society” (WoS)
  - Rendition of trans-sectoral harmonization at point of implementation for convergence in true spirit through involvement of all key stakeholders
Inter-sectoral Coordination

Policy Formation

Program Implementation
Inter-sectoral Coordination & convergence

Local self government bodies (Development & Health)

Field / Community
Inter-sectoral Coordination & convergence (NRHM)

Expanded mandate of institutional arrangements for health & development

Field / Community

Mission Steering Group
Program Consultative Committee
State Health Mission

Local self government bodies (Development & Health) (VHSNC)
Inter-sectoral Coordination & convergence

Mission Steering Group
Program Consultative Committee
Human Development Mission

Expanded mandate of institutional arrangements for health & development

Local self government bodies (Development & Health) (VHSNC)

Field / Community
Convergence Process

- **Building on existing frameworks**
  - NRHM
  - Expansion of mandate to incorporate social determinants & development

- **Agreement with recommendation of**
  - HLE Report
  - Draft 12\textsuperscript{th} Plan Approach Paper
Accountability Framework

- **Political Accountability**
  - Central: Mission Steering Group
  - State: State Health Mission

- **Performance & Resource Accountability**
  - Central: Program consultative Committee
  - State: State Health Society

- **Community Processes**
  - PRI-village, block, district
  - [Social accountability & Responsiveness]
Convergence of Activities Between Health & ICDS program

- Harmonization ICDS & Health blocks/reporting units
- AWC – wider & deeper reach
  - Platform for delivering both health & ICDS packages
- Roles of grass root workers (AWW, ASHA, ANM) and other functionaries at block level:
  - Clear delineation: Team work with women group/ PRI
- Joint field operational plan for result oriented prevention, identification & management of nutritional problems
- Joint social mobilization & education for nutrition, health & parenting issues
Convergence of Activities Between Health & ICDS program

- **Functional & effective VHND**
  - Joint ICDS-NRHM Mother & Child Protection Cards
  - Tool for cohort tracking, counseling, care seeking, preventive & health promotional activities
  - Disability & gender based violence

- **Supervision**
  - Dotted line responsibilities
  - Nutrition – to ICDS supervisors
  - Health – to health supervisors

- **Functional convergence between two departments**
  - As a stewardship example between wider health and non-health sectors
Harmonization of High Focus Districts

- NRHM (264 districts) & Multi-sectoral high burden nutrition districts (200 districts)
- Convergence of programs and services
- Accelerated reduction in maternal, neonatal & child mortality, morbidity, under nutrition and anemia
- Additional resources and human resources for addressing social determinants:
  - Safe drinking water, hygiene, sanitation at village and panchayat level
Institutional Mechanisms to Enhance Capacity

- Expanded structures and roles for
  - NRHM mission & societies
  - PRI members
- Risk of proposed institutions abdicating their responsibilities to prevailing systems
- Development of integrated curriculum for addressing health determinants of non-health sectors
- National training task force
- NGOs can play catalytic role
Institutional Mechanisms to Enhance Capacity

- Panchayats and their sub-committees (VHSNC)
  - Flexi-funds for local actions to achieve progress on health outcomes while pursuing development agendas
  - Contribution to flexi-funds by non-health sectors
  - Recognition & awards for achievers
    - E.g. Nirmal Gram Purskar for TSC
Additional Issues

- Updating National Health Policy
  - Incorporating concept and relevance of social determinants and convergence between health and economics
  - Defining health in a more comprehensive manner