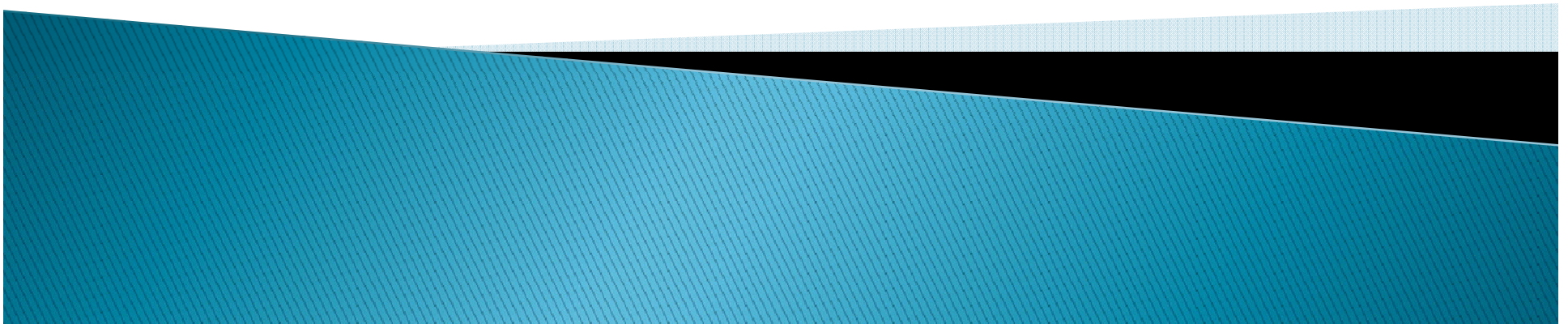


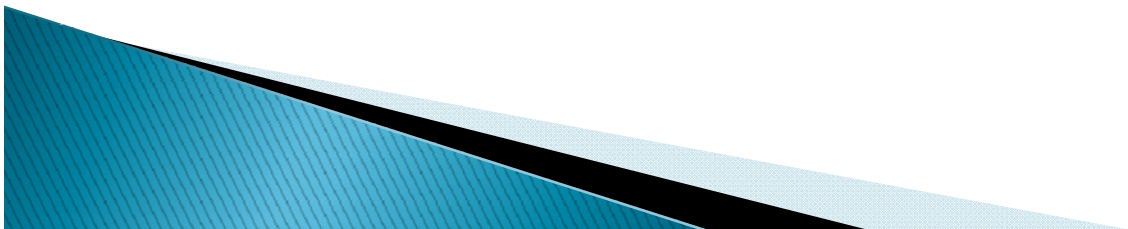
Convergence with Other Social Sector Programs Particularly ICDS

Second Meeting of Steering Committees on Health & AYUSH for the Twelfth Five Year Plan (2012–2017)



National Health Profile 2010

- ▶ **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**



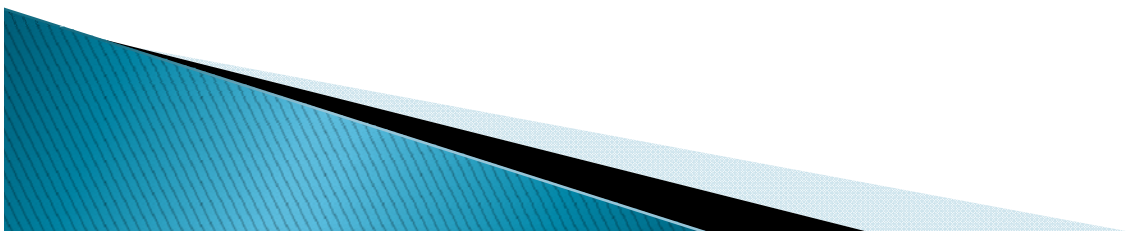
Health & Environment

▶ **Health behavior and health practices**

- Aggregation of personal decisions
- Decision are strongly modulated and influenced by environmental factors

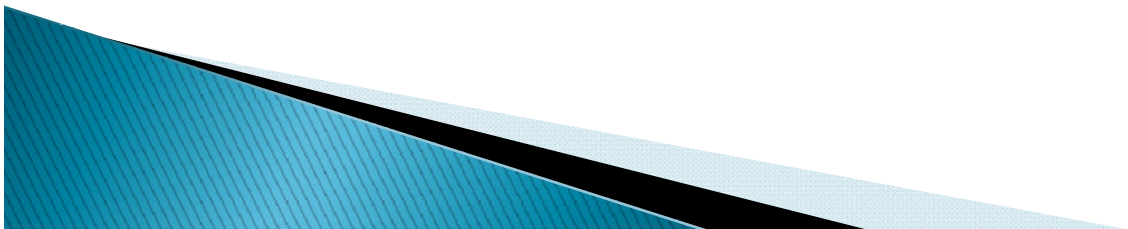
▶ **Nutrition – a strong correlate of health**

- 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



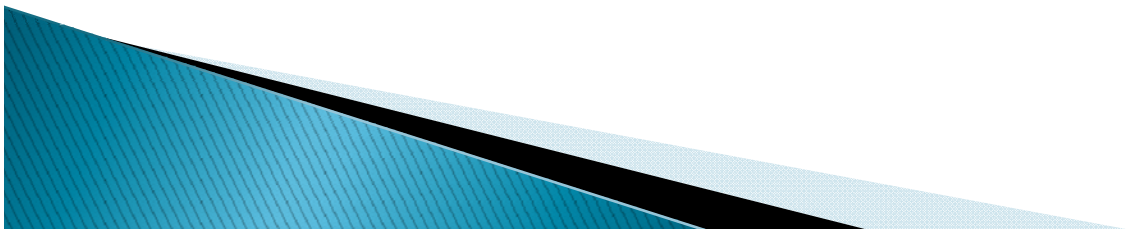
Health Impact Analysis (HIA)

- ▶ **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**

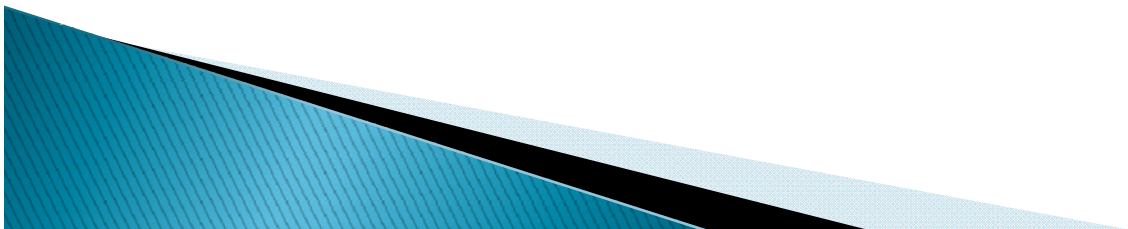
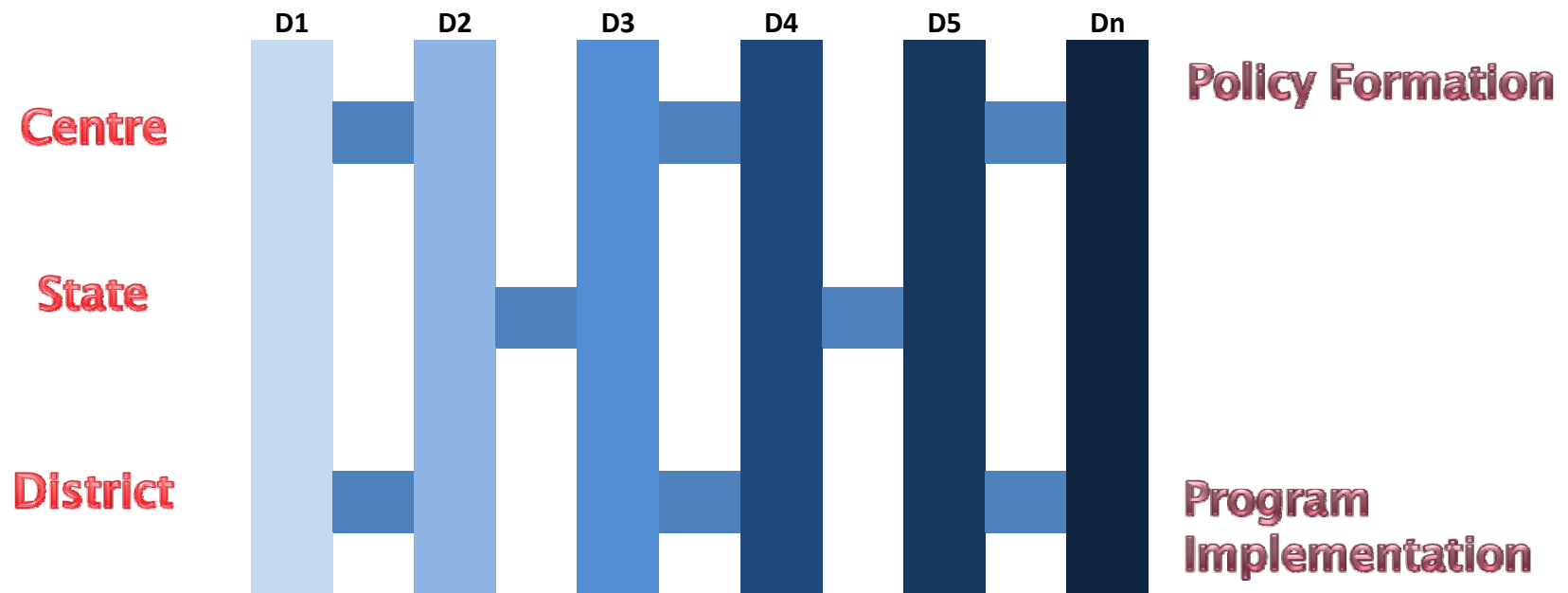


Development of Convergence Model

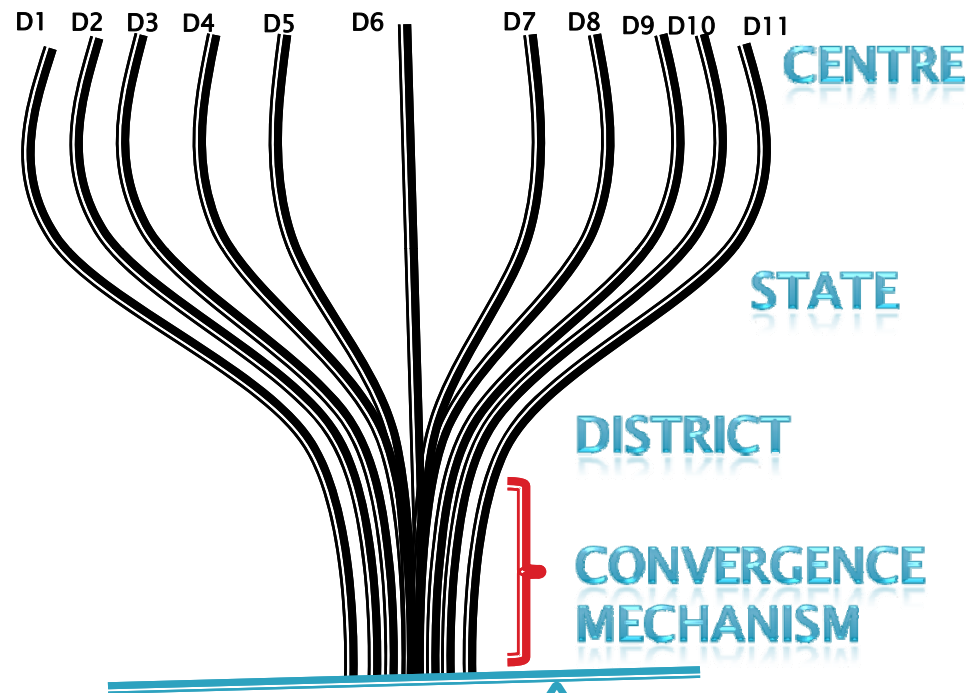
- ▶ **“Whole of Government” (WoG)**
 - Inter-sectoral coordination for policy & program development at national and state level
- ▶ **“Whole of Society” (WoS)**
 - Rendition of trans-sectoral harmonization at point of implementation for convergence in true spirit through involvement of all key stakeholders



Inter-sectoral Coordination



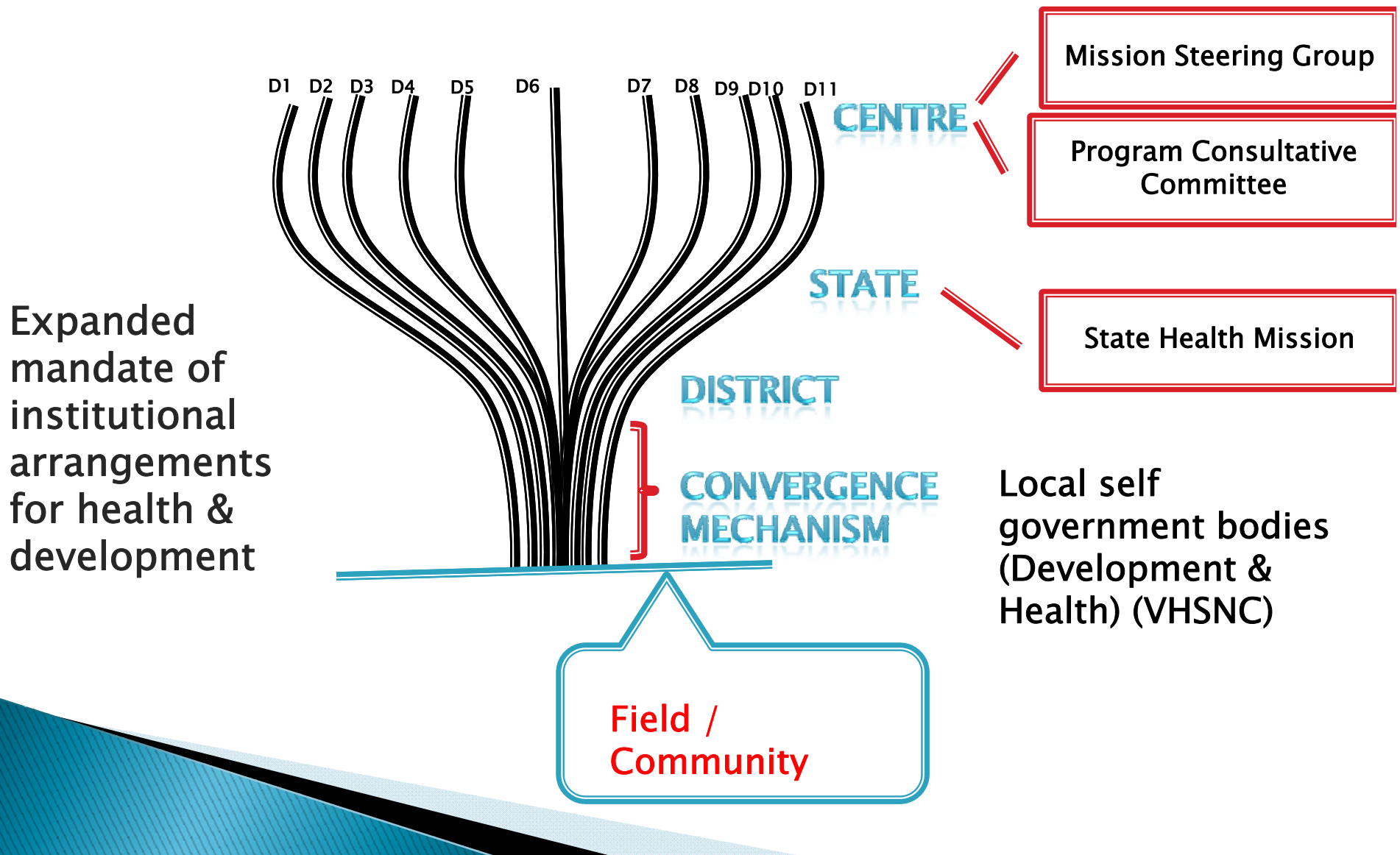
Inter-sectoral Coordination & convergence



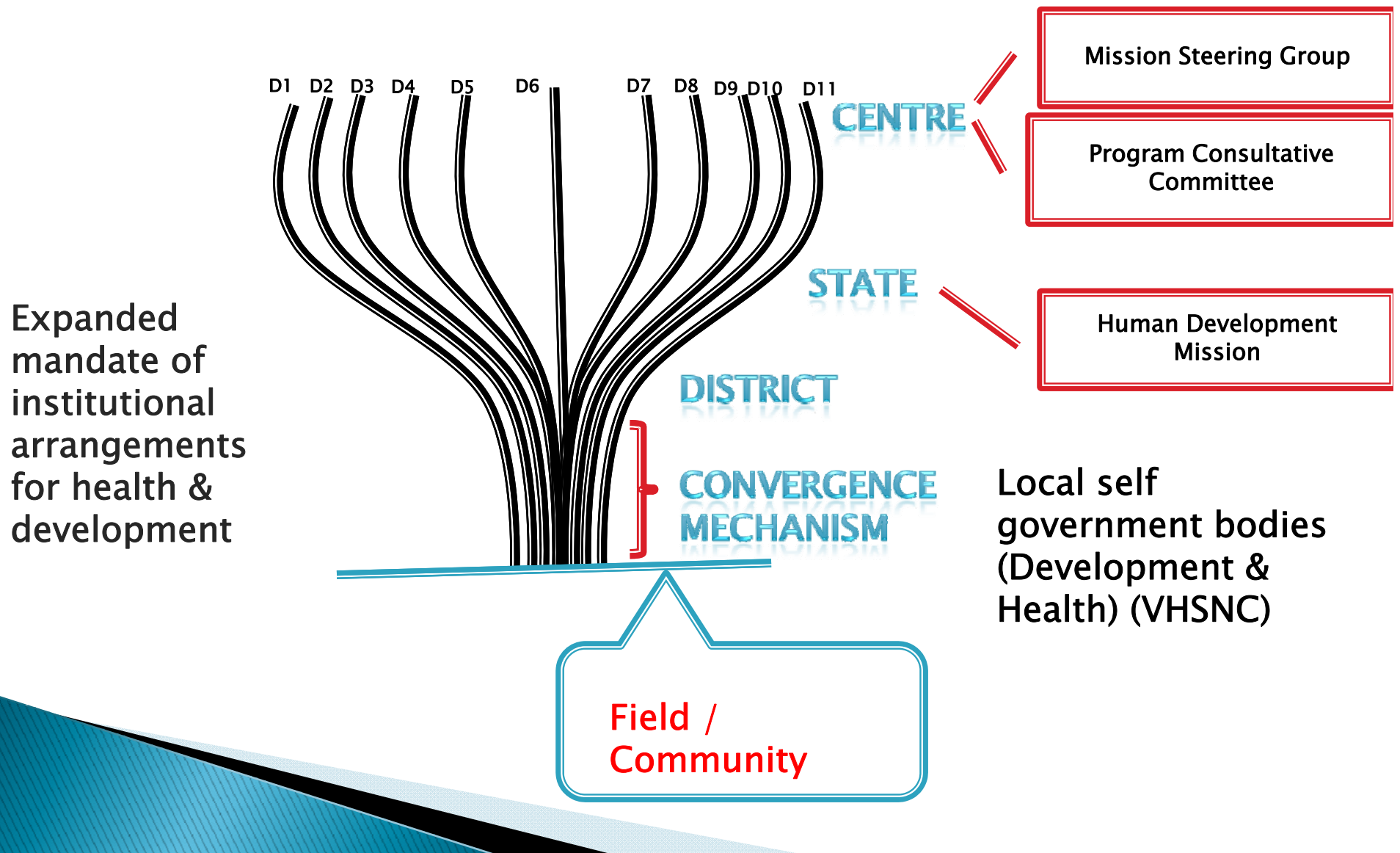
Local self
government bodies
(Development &
Health)

Field /
Community

Inter-sectoral Coordination & convergence (NRHM)

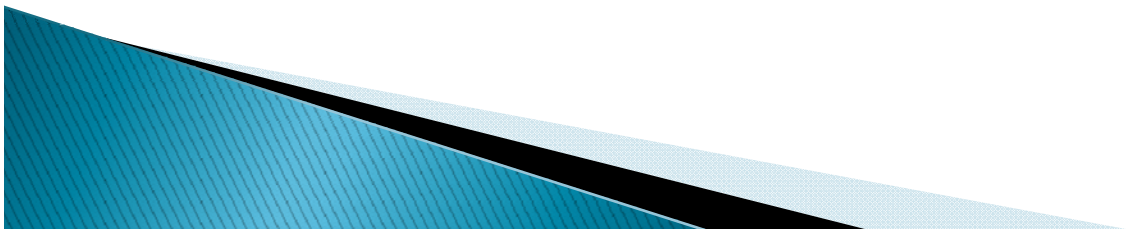


Inter-sectoral Coordination & convergence



Convergence Process

- ▶ **Building on existing frameworks**
 - NRHM
 - Expansion of mandate to incorporate social determinants & development
- ▶ **Agreement with recommendation of**
 - HLE Report
 - Draft 12th Plan Approach Paper



Accountability Framework

▶ **Political Accountability**

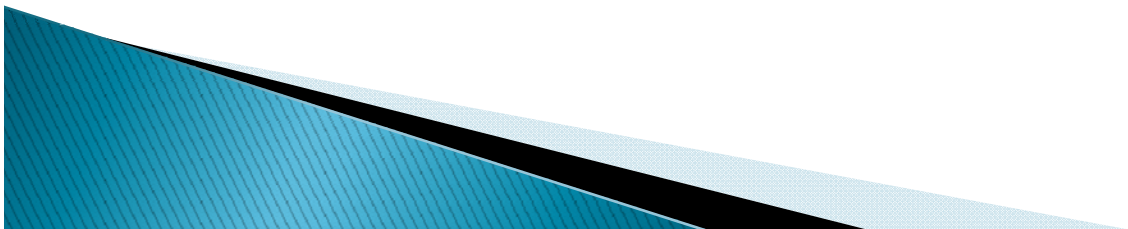
- Central: Mission Steering Group
- State: State Health Mission

▶ **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

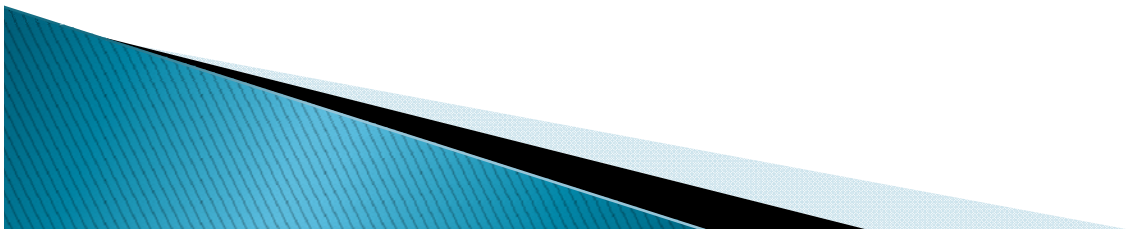
- ▶ **Expanded structures and roles for**
 - NRHM mission & societies
 - PRI members
- ▶ **Risk of proposed institutions abdicating their responsibilities to prevailing systems**
- ▶ **Development of integrated curriculum for addressing health determinants of non-health sectors**
- ▶ **National training 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

