

# Towards Convergent Action



**NITI Aayog**

**National Institution for Transforming India  
Government of India**

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# The Big Picture

- #1. Imposes an *Income Penalty* of about 9-10%
- #2. Burden due to lack of Sanitation: Roughly 6% of GDP

*Every 2<sup>nd</sup> Women is Anemic*



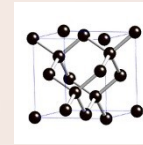
*Every 3<sup>rd</sup> Child is Stunted*



*Every 5<sup>th</sup> Child is Wasted*



## CHALLENGES



Complex Nature  
of  
Malnutrition

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Lack of  
Convergence

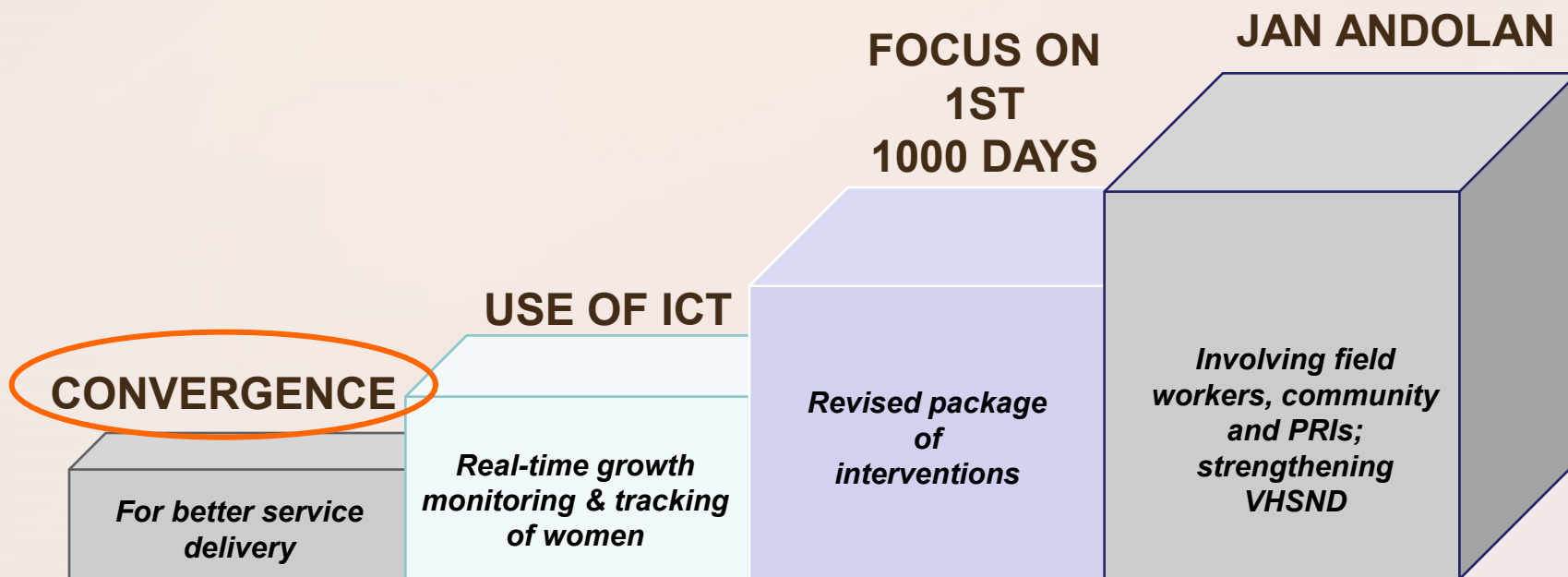
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Lack of Knowledge/  
Awareness

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# Building Blocks of POSHAN Abhiyaan



# Why Convergence

## WHY?

- Multi-dimensional nature of Malnutrition
- Lack of Clarity on Roles for Nutrition
- Scattered Approach: Geographic, Planning, Programmatic & Review

## Benefits

- Greater Impact on Outcomes
- Participation helps Ministries/ Departments Achieve their Goals
- Shared Responsibility & Accountability

# Nutrition: Package of Interventions

## Pre-Pregnancy Period

- Education of the Girl Child
- Late Marriage leading to Delayed Age at Pregnancy
- Birth Spacing

## Pregnancy Period

- Early Registration of Pregnancy
- Uptake of Health/ Anganwadi Services
- Regular Ante Natal Care (ANC) Check Ups
- Iron & Folic Acid Supplementation
- Weight Gain during Pregnancy
- Essential Nutrient Intake
- Supplementary Nutrition at Anganwadi Centre

## At Birth

- Institutional Delivery
- Early Initiation of Breastfeeding (within 1 hour)

## Post Pregnancy

- Home-Based Young Child Care by ASHA Worker
- Completion of Immunization Cycle- Rota Virus & Pneumococcal Vaccinations (wherever applicable)
- Growth Monitoring
- Early Detection- Diseases, Malnutrition
- Feeding Practices-
  - Exclusive Breastfeeding for 6 months
  - Complementary Feeding from 6 months onward
  - Iron & Folic Acid/ Vitamin A/ Deworming

Supported by **Behavioral Change Campaigns** to- enhance uptake of Health & Nutrition Services, Ensure Participation in Village Health, Sanitation, Nutrition Days (VHSND), Inform about WASH Practices, Nutrition Education, etc.

# Overall Strategy

**Harmonized  
Package of  
Interventions**

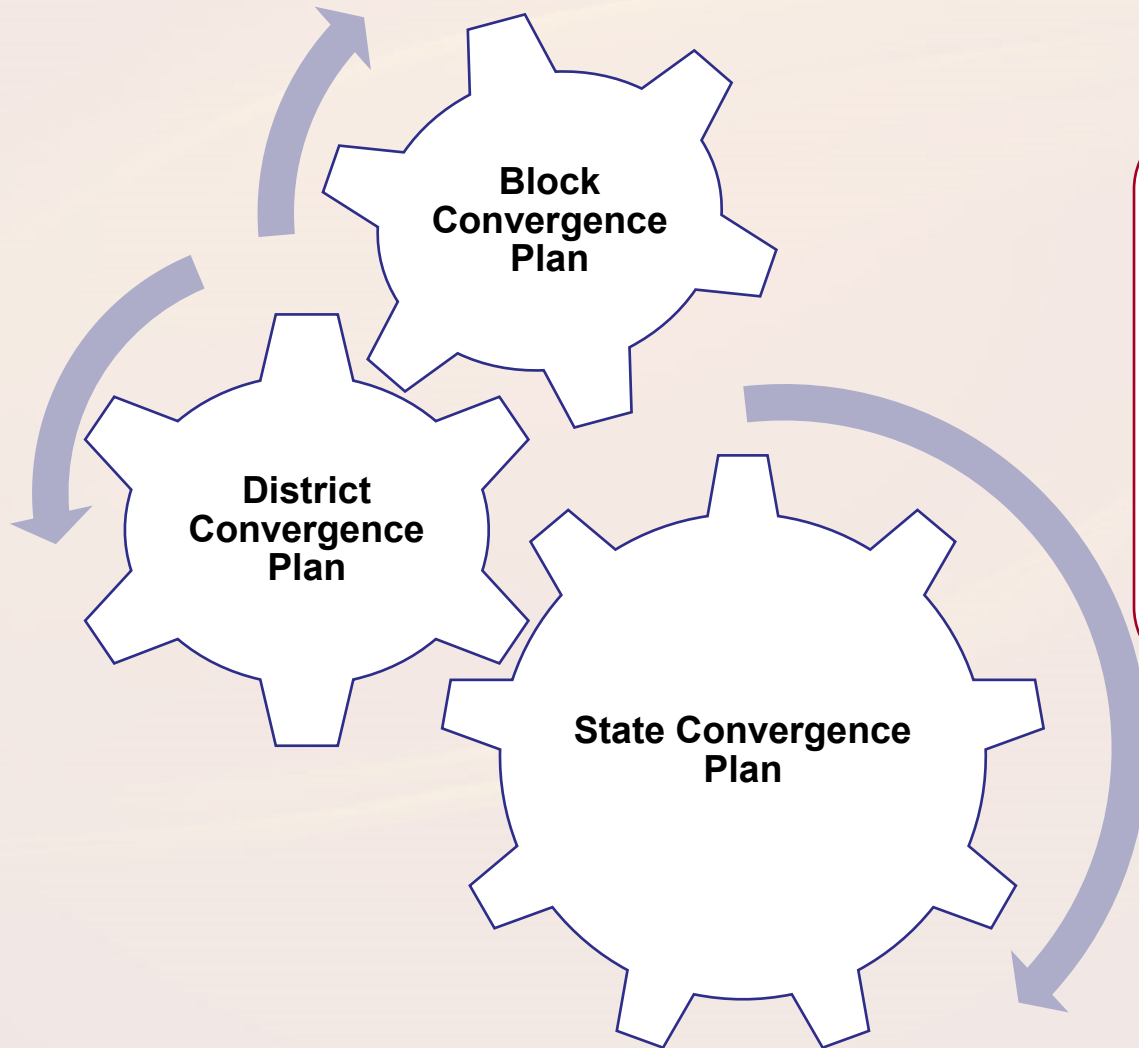
Implementation  
Strategy & Fixed  
Outcomes

Common SBCC Strategy

Measurement at the Ground  
(Processes & Outcomes)

Joint Review/ Evaluation Mechanism

# Joint Convergent Action



## Key Partners

- Women & Child Development
- Health
- Drinking Water & Sanitation
- Panchayati Raj
- Rural Development

# Elements for Convergence



## GEOGRAPHIC

- Common Priority Districts (101 Aspirational Districts)
- Alignment of program areas at field level



## PLANNING

- Prioritizing Nutrition in Sectoral Plans



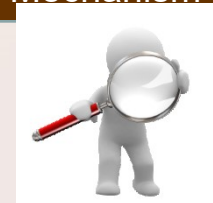
## CONVERGENCE

## PROGRAMMATIC

- Focus on the Continuum of Care during the 1<sup>st</sup> 1000 Days

## REVIEW

- Joint Review Mechanism

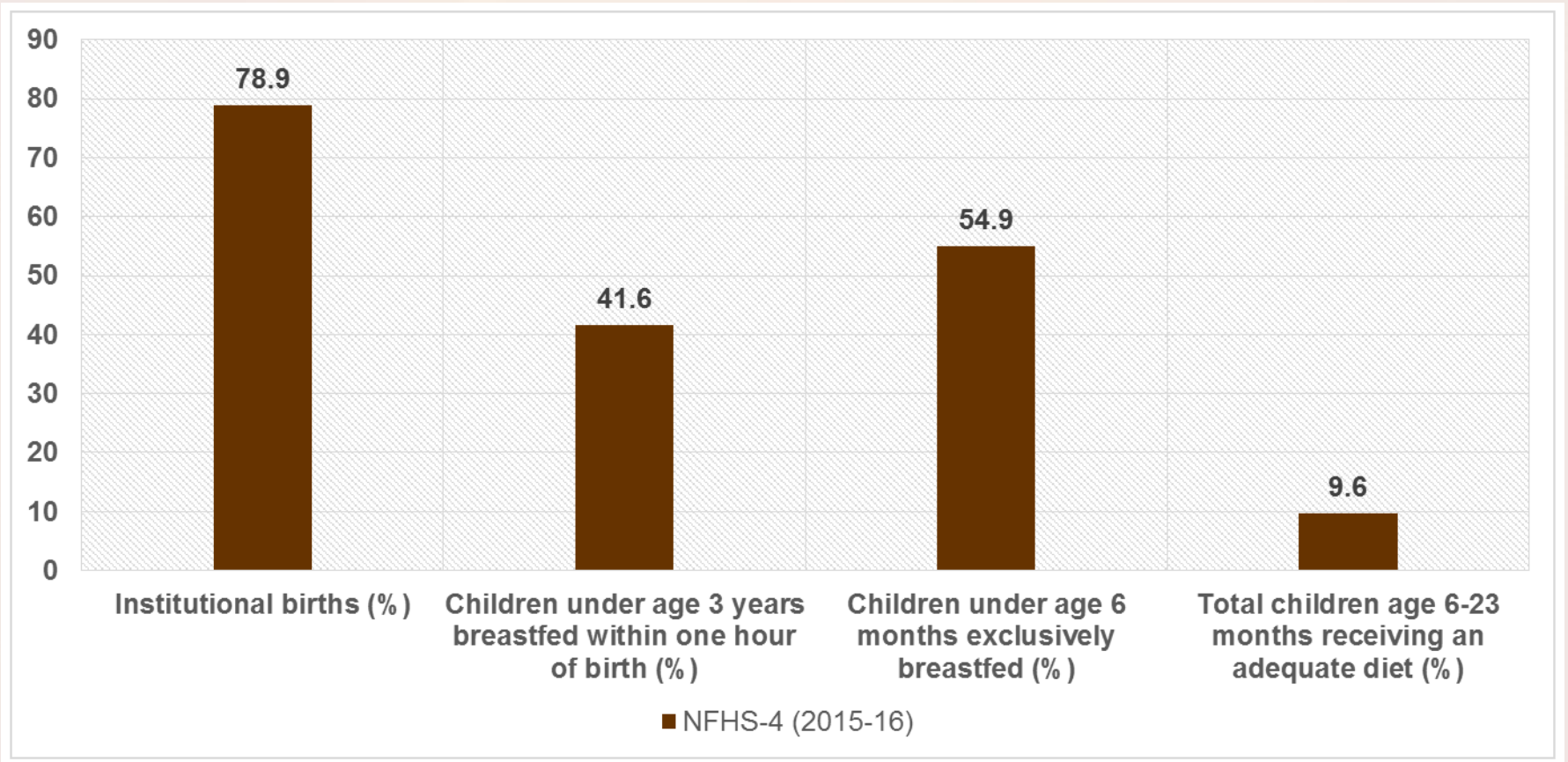




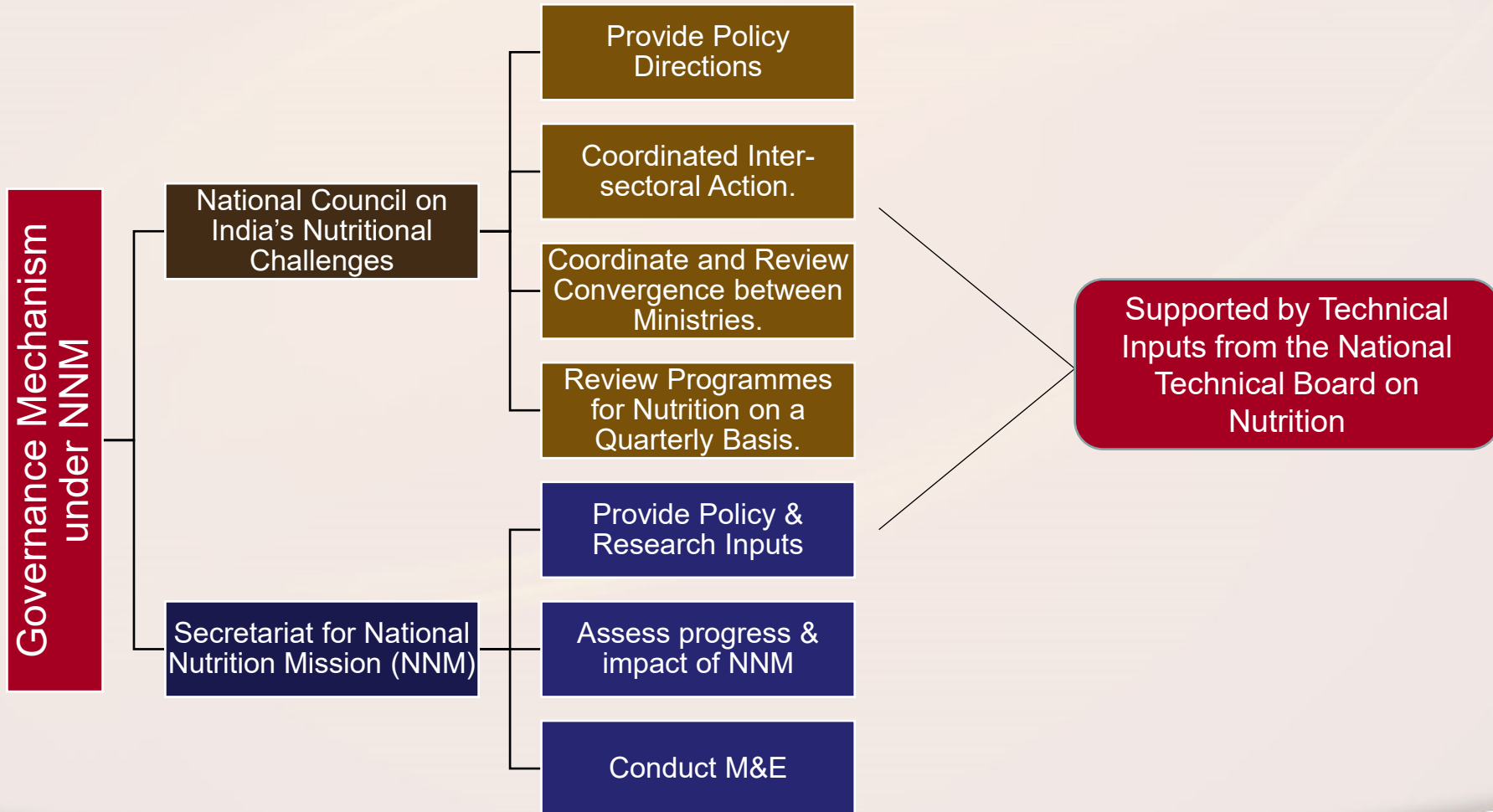
## Nuapada (Odisha) vs. Bongaigaon (Assam): Similar stunting levels and different levels of determinants

Indicator	Nuapada (Odisha)	Bongaigaon (Assam)
<b>IMMEDIATE DETERMINANTS</b>		
Exclusive breastfeeding	49.2%	68.3%
<b>COVERAGE OF NUTRITION INTERVENTIONS</b>		
Institutional delivery	84.7%	67%
Full immunization	83.8%	42.4%
Women literate	49.9%	71.4%
Households with an improved drinking water source	95%	74%
Open defecation	84.6%	42.2%

# Easily Achievable Targets



# NITI Aayog's Role



**Thank You!**