
THE CHALLENGE OF CONVERGENCE UNDER NRHM:

The case for convergence

- One of the key strategies of NRHM is to enhance Intersectoral convergence with the wider determinants of health
- Outcomes are better obtained- or obtained only- if the departments act in synergy.

The approach to integration...

Integration.. synergy between different divisions within the health sector- intra-sectoral convergence...eg. Communicable diseases (eg malaria, HIV, TB) + Reproductive health+ Child Health +non communicable diseases+ Ayush

Integration: has focus on four areas

- In programme planning(especially the district plan)
- In infrastructure planning
- In monitoring and evaluation.
- In human resource development and deployment.

Case for Intersectoral convergence

- Water and sanitation- RD.
- Food and nutrition including ICDS-AWW
- School health and education-EDU.
- Poverty & Marginalised groups: Affirmative action: Linkage with welfare and special sectional provisions for SC/ Tribals /Fisherfolk ,handicapped, migrants, etc
- Panchayati Raj

NRHM “Opportunities” for Convergence:

- Village/Block Health plan.
- A VH&SC linked to the gram panchayat
- An effective **district health plan**.
- District level Missions created with Zilla Parishad in the chair. Representation from most departments + civil society participation
- RKS with public participation.
- Untied flexible funds at different levels.
- Civil Society/NGOs- to strengthen/facilitate all above structures “to seek their entitlements with respect to all public goods”- Community Monitoring Structures in 9 states

Progress made on convergence with wider determinants

- VHND as platform for community action.
- ICDS fully involved.
- Water and sanitation activities from untied funds. ASHAs promoting rural toilets.
- School Health Programmes proposed – many successful examples.
- ICDS without public health care deficits.
- DPC approval of District Health Action Plans – use of other Funds.
- Over all umbrella of PRIs.

Convergence with wider determinants:

- About 2.98 lakh Village Health & Sanitation Committees have been formed, over 8 million Village Health & Nutrition Days have been organized,
- More than two lakh Joint Accounts are operating in SCs with ANMs & Gram Pradhan.

Convergence with wider determinants:

- Over 80 % Districts have prepared District Health Action Plans. All District Health Action Plans necessarily have section on intersectoral convergence covering wider determinants of health like drinking water, sanitation, school education, nutrition, female literacy etc. Advisory group of NGOs on Community Action has taken up Community Monitoring in 9 States.

Convergence with wider determinants:

- Many States have involved the Panchayati Raj Institutions in monitoring and implementation.
- 3933 Doctors & 831 paramedics have been engaged under AYUSH.
- Many Blood Banks have been established in health facilities in collaboration with the NACP.
- School Health programme have been approved in more than 20 States

Issues in Convergence for consideration of CRM teams

- Issues in intrasectoral integration
- Extent of interdepartmental coordination
- Use of DHAP as a platform for convergence
- Convergence in field (PRI Involvement, synergies with ICDS and AWW, Education and School health , Rural Development for water and sanitation, etc)
- Any replicable best practise

Thank You