Health and Nutrition Strategy:

NITI Aayog's 25 Aspirational Districts

January 31st, 2018

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1. **Indicators – Focus Areas**

2. 25 Districts – Location

3. Preliminary Ranking

4. Strategy – Phase wise

5. Approach

6. Stakeholders – Roles and Responsibilities
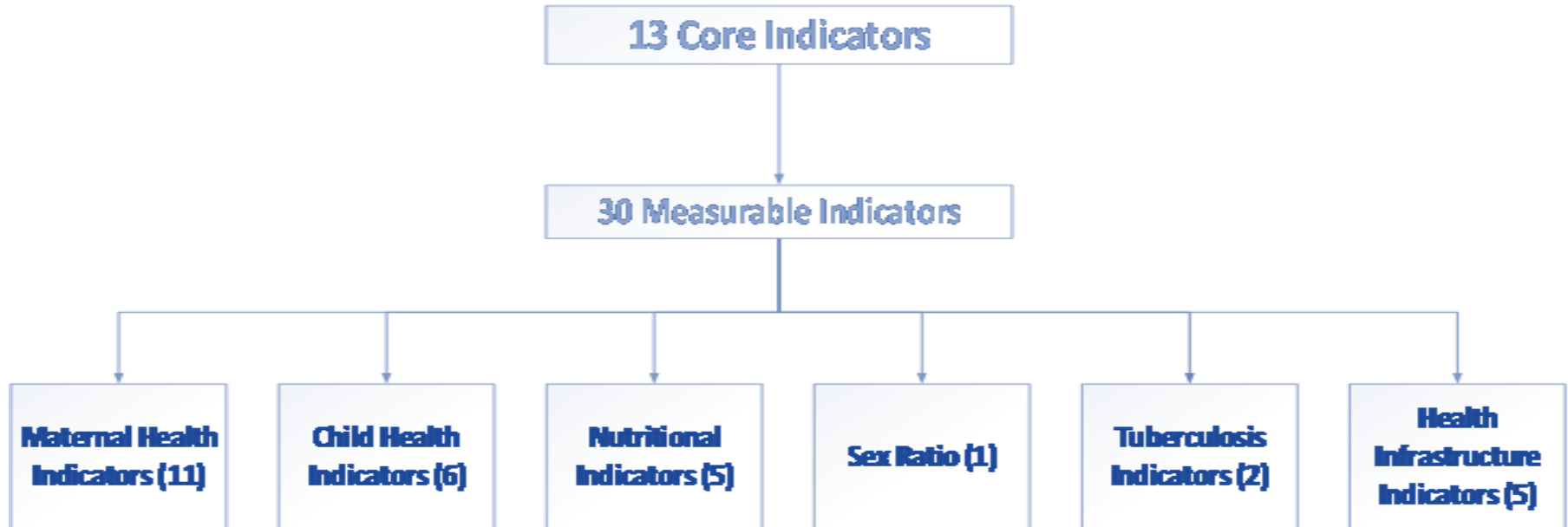
7. Organization Structure

8. Next Steps

Health and Nutrition make up 30% of the total weights for ranking

13 Core Indicators

30 Measurable Indicators

| Maternal Health Indicators (11) | Child Health Indicators (6) | Nutritional Indicators (5) | Sex Ratio (1) | Tuberculosis Indicators (2) | Health Infrastructure Indicators (5) |

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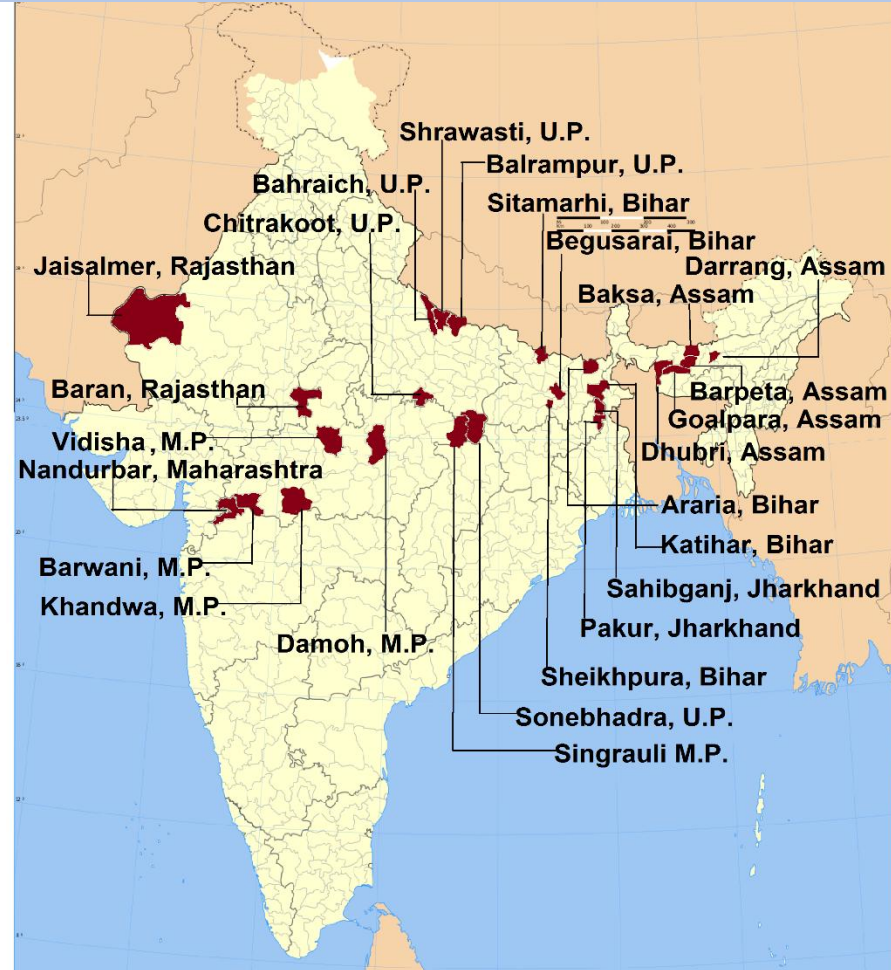
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We are 25 Districts across 7 States

State	Selected Districts
Assam	5
Bihar	5
Madhya Pradesh	5
Uttar Pradesh	5
Jharkhand	2
Rajasthan	2
Maharashtra	1
Total	25

Shrawasti, U.P.
Balrampur, U.P.
Bahraich, U.P.
Sitamarhi, Bihar
Chitrakoot, U.P.
Begusarai, Bihar
Jaisalmer, Rajasthan
Darrang, Assam
Baksa, Assam
Baran, Rajasthan
Barpeta, Assam
Goalpara, Assam
Vidisha, M.P.
Dhubri, Assam
Nandurbar, Maharashtra
Araria, Bihar
Katihar, Bihar
Barwani, M.P.
Sahibganj, Jharkhand
Khandwa, M.P.
Pakur, Jharkhand
Damoh, M.P.
Sheikhpura, Bihar
Sonebhadra, U.P.
Singrauli M.P.

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Pre-baseline Survey using 17 indicators*

Rank	District	State	Weighted Score	Rank	District	State	Weighted Score
1	Baksa	Assam	65.04	14	Vidisha	Madhya Pradesh	39.84
2	Pakur	Jharkhand	58.95	15	Baran	Rajasthan	39.65
3	Damoh	Madhya Pradesh	55.66	16	Barpeta	Assam	39.09
4	Sheikhpura	Bihar	51.39	17	Singrauli	Madhya Pradesh	38.16
5	Begusarai	Bihar	50.81	18	Darrang	Assam	38.00
6	Chitrakoot	Uttar Pradesh	50.71	19	Nandurbar	Maharashtra	37.03
7	Sahibganj	Jharkhand	45.74	20	Khandwa	Madhya Pradesh	36.90
8	Katihar	Bihar	45.54	21	Sonebhadra	Uttar Pradesh	36.43
9	Araria	Bihar	45.39	22	Shrawasti	Uttar Pradesh	31.77
10	Sitamarhi	Bihar	43.11	23	Jaisalmer	Rajasthan	30.91
11	Barwani	Madhya Pradesh	43.09	24	Balrampur	Uttar Pradesh	30.44
12	Goalpara	Assam	40.63	25	Bahraich	Uttar Pradesh	29.36
13	Dhubri	Assam	40.62				

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Vision Board

4 Years →

Feb 2018 – Mar 2018	**Apr 2018 – Jun 2018**	**Jun 2018 – Mar 2019**	**Apr 2019 – Dec 2020**	**Jan 2021 – Dec 2021**

Phase 1
Field Visits

Phase 2
Strategy and Design

Phase 3
Strengthening interventions

Phase 4
Innovations & Scale Up

Phase 5
Evaluation

- Reconnaissance by the NITI Team
- Team deployment by Piramal Swasthya

- Field survey by Independent agencies
- Real time data monitoring
- Design & Diagnosis

- Strengthening existing interventions
- Policy Changes

- Implementing new interventions
- Policy Changes

- Consolidation of gains
- New India 2022
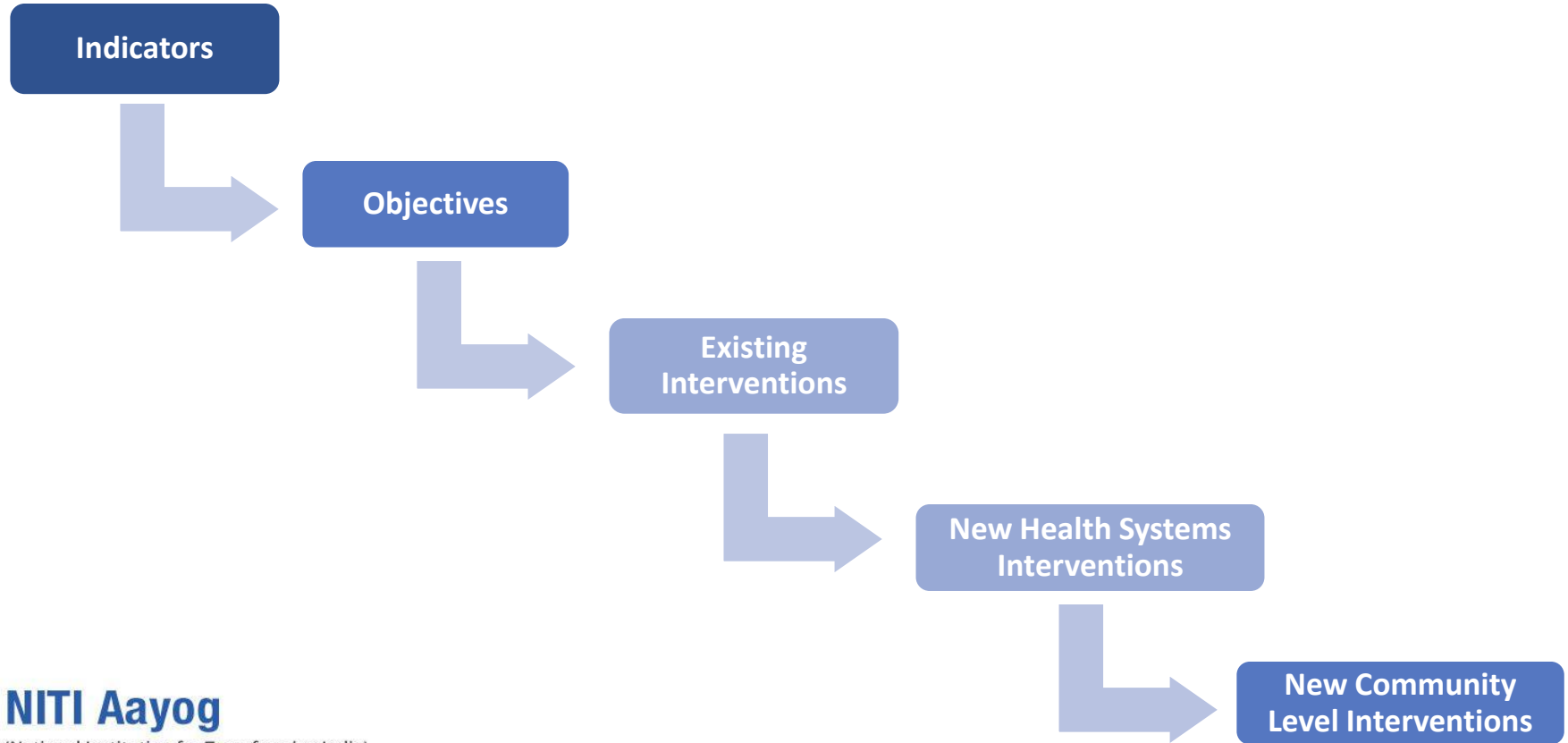
1.   Indicators – Focus Areas

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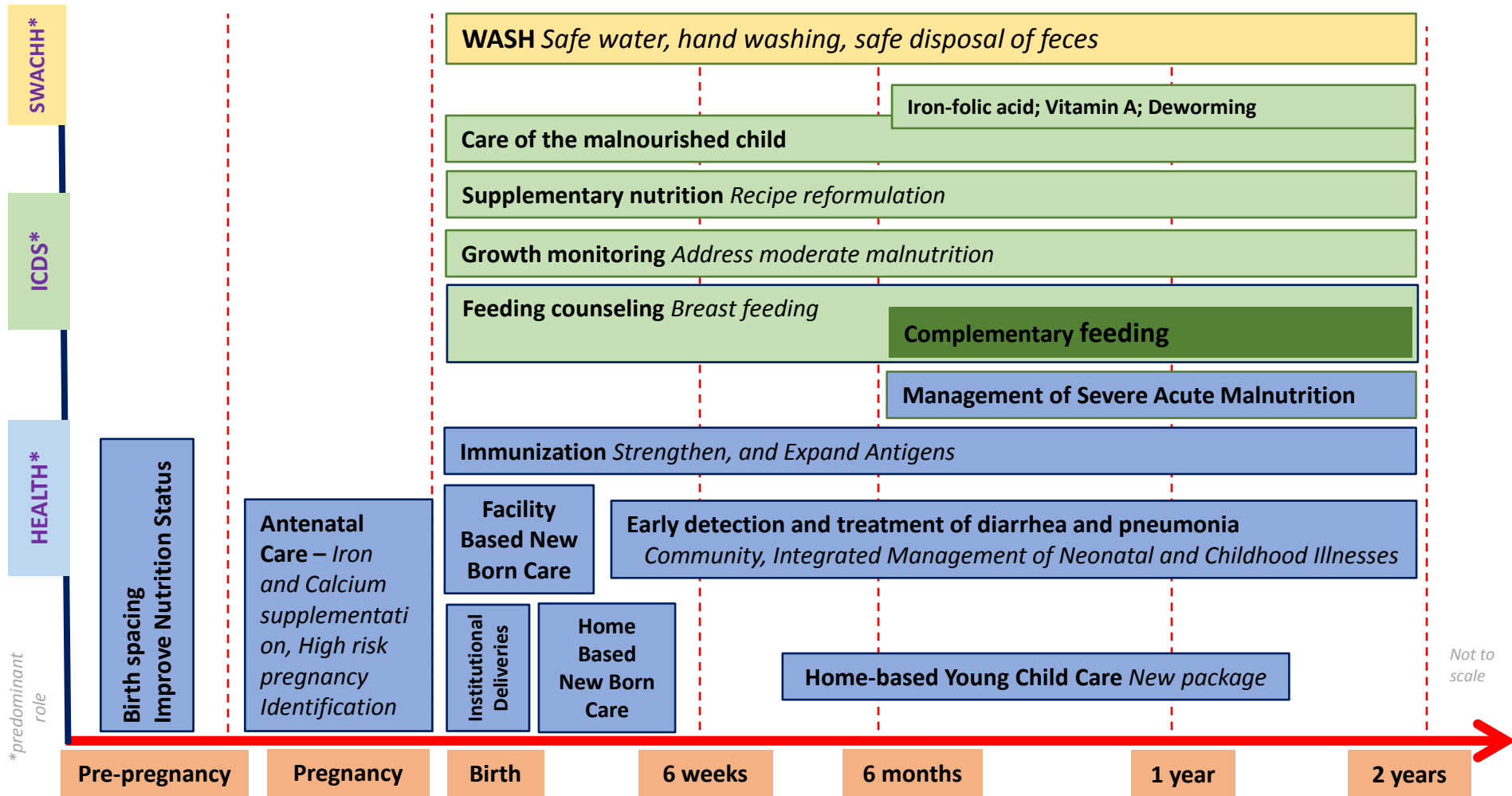7.   Organization Structure

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Approach – Indicators to Interventions

SWACHH*

ICDS*

HEALTH*

*predominant role

WASH *Safe water, hand washing, safe disposal of feces*

Iron-folic acid; Vitamin A; Deworming

Care of the malnourished child

Supplementary nutrition *Recipe reformulation*

Growth monitoring *Address moderate malnutrition*

Feeding counseling *Breast feeding*

Complementary feeding

Management of Severe Acute Malnutrition

Immunization *Strengthen, and Expand Antigens*

Birth spacing Improve Nutrition Status

Antenatal Care – *Iron and Calcium supplementation, High risk pregnancy Identification*

Facility Based New Born Care

Institutional Deliveries

Home Based New Born Care

Early detection and treatment of diarrhea and pneumonia *Community, Integrated Management of Neonatal and Childhood Illnesses*

Home-based Young Child Care *New package*

Not to scale

Pre-pregnancy | Pregnancy | Birth | 6 weeks | 6 months | 1 year | 2 years

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Roles and Responsibilities of Stakeholders

NITI Aayog & Piramal Swasthya
1. Policy advocacy & changes
2. Assisting in designing suitable Interventions
3. Project Management
4. Monitoring & Evaluation *(Measure Change)*
5. Technology & Data Analytics

National Departments: Health, NHM, WCD
1. Budget allocation
2. Flexi and untied funds availability
3. Strengthening existing interventions
4. Advocating new interventions

Convergence

State Departments: Health, NHM, WCD
1. Ensuring timely disbursement of funds / budgets
2. Co-ordination of services
3. Adoption of policies
4. Human resources gap filling
5. Improving Procurement Protocol

District Administration
1. Implementation of Interventions – *Strive to create best practices*
2. Delivery of services
3. Generate data and feed into dashboards
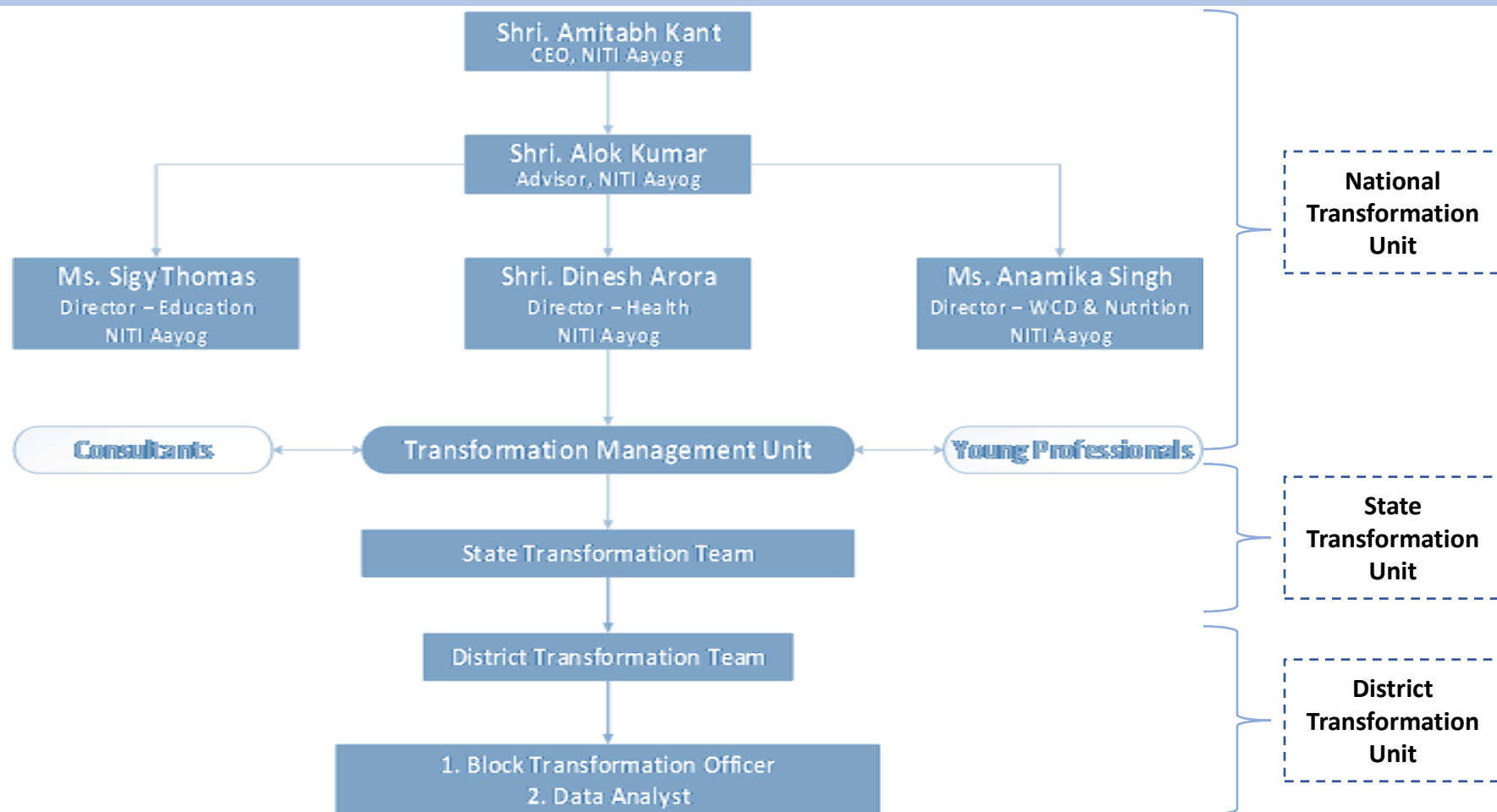4. Feedback

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What do the teams look like?

Providing ~300 additional personnel to DMs

Team at NITI (5)

Public Health Specialist – National
Transformation Manager (1)
Epidemiologist (1)
Nutritionist (1)
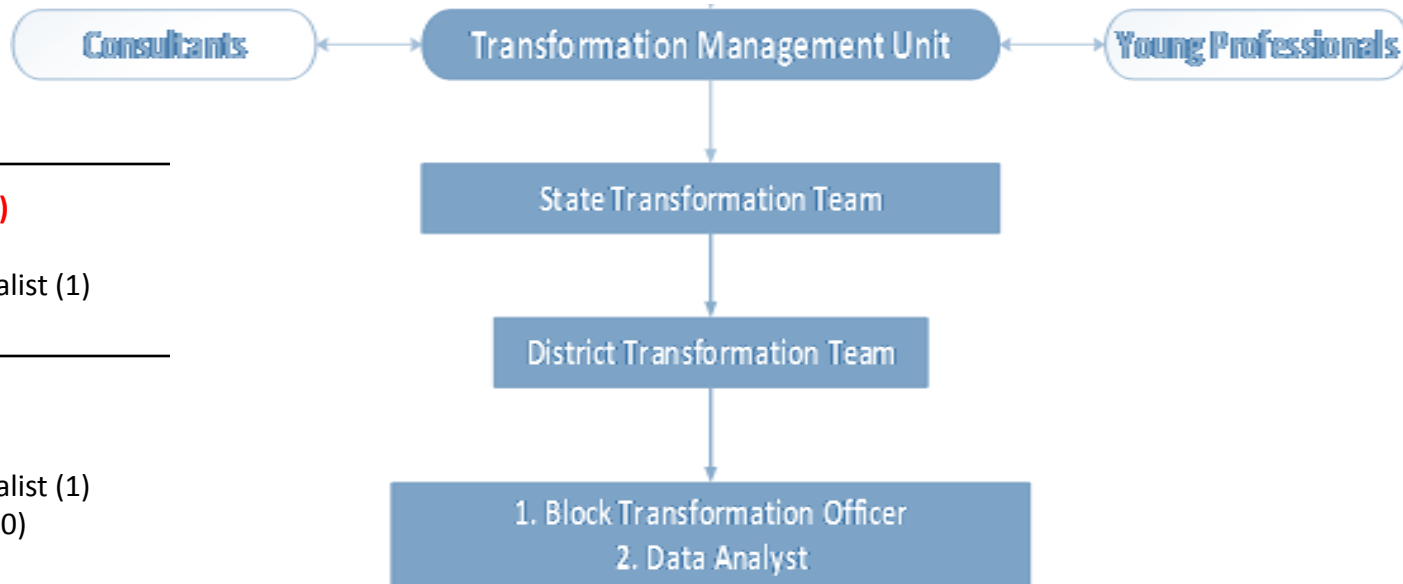Research Analysts (2)

Team at State Headquarters (2)

Public Health Operations Specialist (1)
Nutritionist (1)

Team at District Level (12)

Public Health Operations Specialist (1)
Block Transformation Officer (10)
Data Analyst (1)

Team at Block Level (1)

Block Transformation Officer (1)

Consultants → Transformation Management Unit ← Young Professionals

Transformation Management Unit
↓
State Transformation Team
↓
District Transformation Team
↓
1. Block Transformation Officer
2. Data Analyst

Staff Strength = 315 - 330

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