SDGs 3, 5 &6 for Enabling Health, Nutrition & Hygiene for all



Sustainable Development Goals

- Goal 1. End poverty in all its forms everywhere
- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3. Ensure healthy lives and promote well-being for all at all ages
- Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5. Achieve gender equality and empower all women and girls
- Goal 6. Ensure availability and sustainable management of water and sanitation for all
- Goal 7 Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Goal 10. Reduce inequality within and among countries
- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12. Ensure sustainable consumption and production patterns
- Goal 13. Take urgent action to combat climate change and its impacts*
- Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

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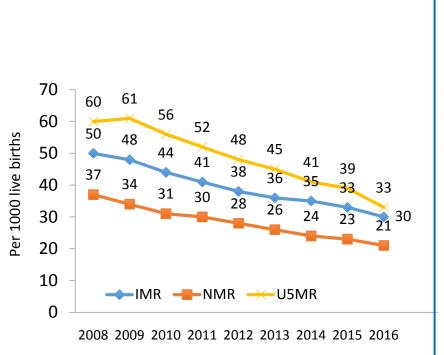


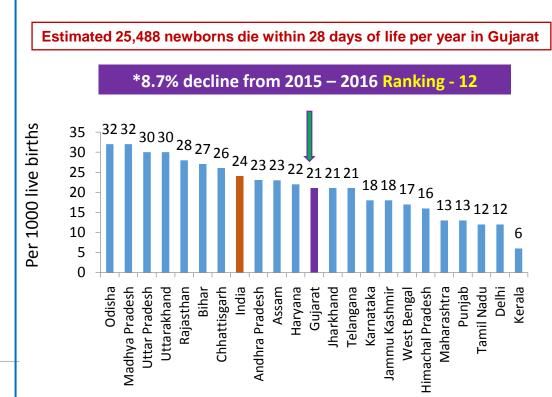


Some Facts & Figures

Child mortality trends in Gujarat

Neonatal mortality contributes 63% of the Under 5 Mortality

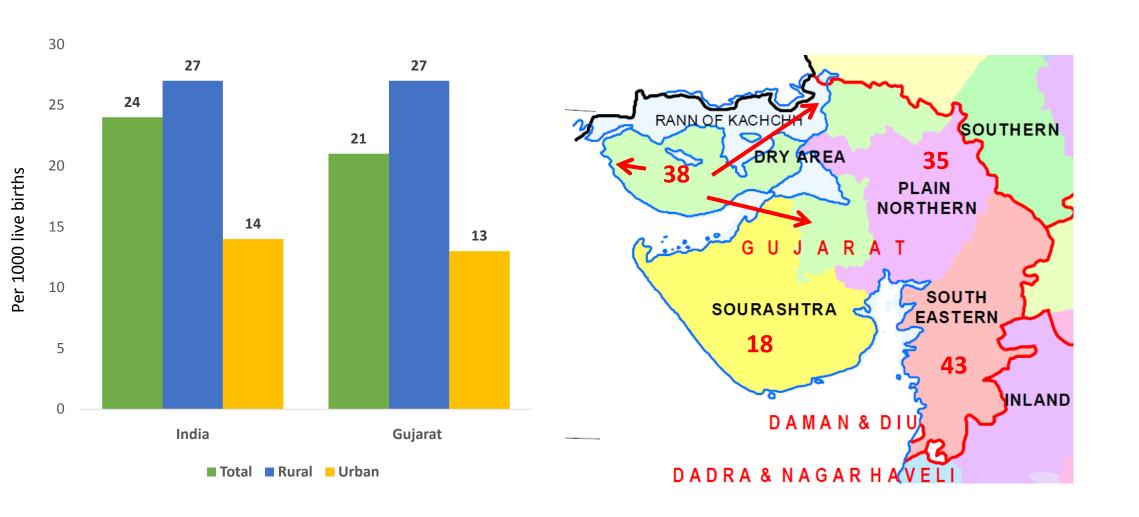




Target for 2022	Targ et for 2030
24	15
10	6
10	5
	for 2022 24 10

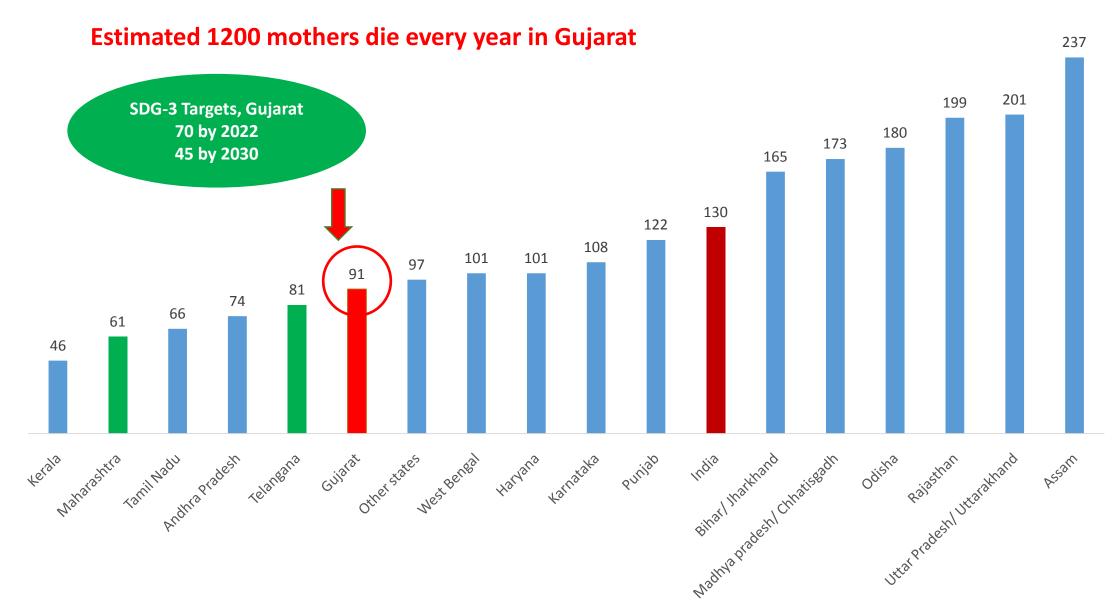
Source: SRS 2016 8

Inequities in Neonatal Mortality Rate



Source: SRS 2016

Maternal Mortality Ratio (MMR)



Nutritional Status of Children, Adolescent girls and Women in Gujarat







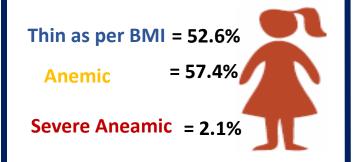
Status of children 0-5yrs

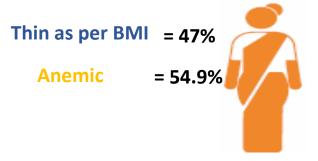
Status of 15-19 yrs Adolescent Girls

Status of 15-49 yrs women

Å	Underweight	=39.3%
	Stunting	=38.5%
	Wasting	=26.4%
	Severe wasting	=9.5%

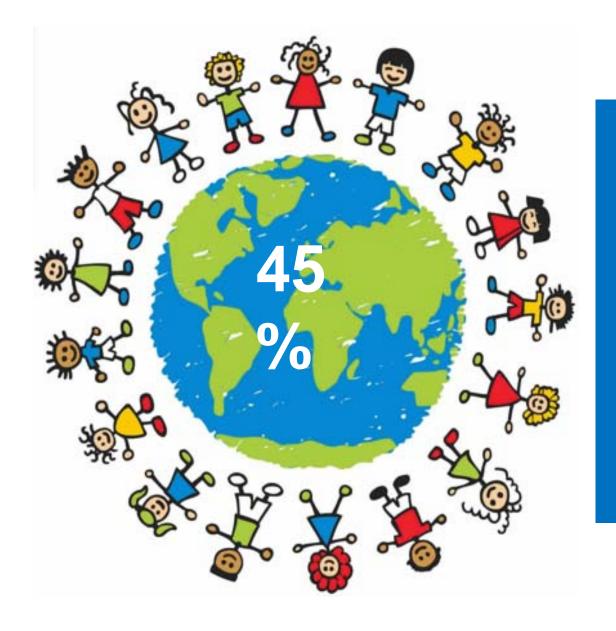
Source: NFHS - 4 2015-16





Source :RSoC, 2014 – BMI ,NFHS -3 - Anaemia

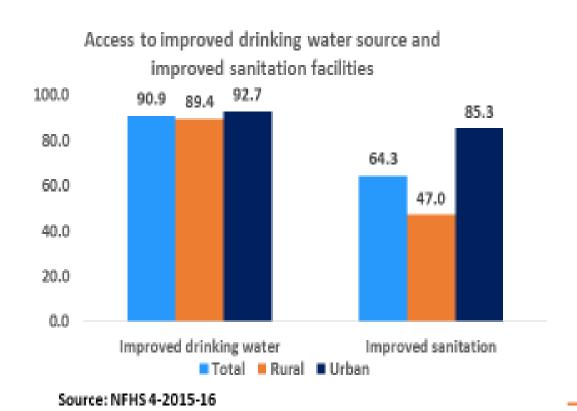
Source: NFHS 3 - BMI, NFHS 4 - Anaemia

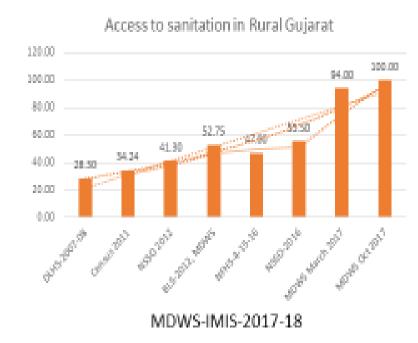


of all child deaths from poor nutrition

WASH Outcomes in Gujarat

Every day, on average, over 800 children under 5 years of age die from diarrhoeal diseases due to poor WASH





SDG Index-Progress of states

When reading SDG India Index scores within each Goal, leading States/UTs can be identified under each Goal:













Goal 4: Quality Education

Goal 5: Gender Equality Kerala, Sikkim and Andaman & Nicobar Islands



Goal 6: Clean Water and Sanitation Gujarat, Chandigarh, Dadra & Nagar Haveli and Lakshadweep

Goal 7: Affordabl and Clean Energy
Tamil Nadu and Chandioarh





Goal 8: Decent Work and Economic Growth Goa and Daman & Diu

Goal 9: Industry, Innovation and Infrastructure Manipur, Delhi and Puducherry



Goal 10: Reduced Inequality
Meghalaya, Mizoram, Telangana, Dadra &
Nagar Haveli, Daman & Diu and Lakshadweep

Goal 11: Sustainable Cities and Communities Goa and Andaman & Nicobar Island



Goal 15: Life on Land Assam, Chhattisgarh, Goa, Manipur, Odisha, Uttarakhand, Dadra & Nagar Haveli and Lakshadweep



Goal 16: Peace, Justice and Strong Institutions
Himachal Pradesh and Puducherry

TARGETING 2030

WHAT IS THE INDIA SDG INDEX?

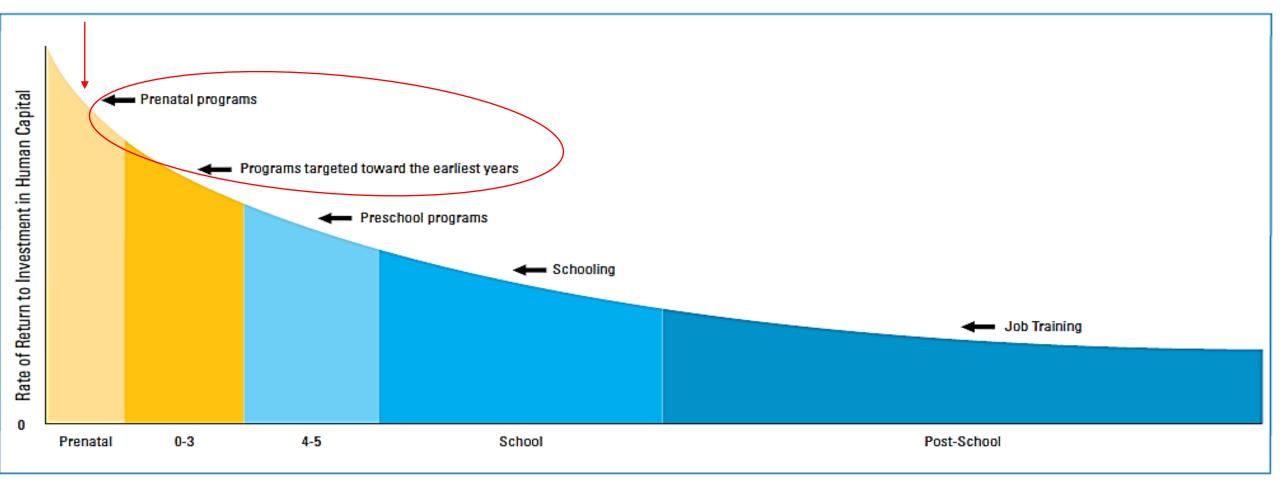
Government think tank Niti Aayog has ranked very state based on performance on 13 sustainable development goals (SDG). The index score used for measurement ranges between 0 and 100. A score of 100 signifies that the national target set for year 2030 has been achieved while 0 denotes it was the worst performer

WAY TO GO

SDG PARAMETER	GUJARAT	(scored out of 100)
Eliminating poverty	48	Tamil Nadu (76)
Zero Hunger	49	Goa (80)
Good health and well being	52	Kerala (92)
Quality Education	67	Kerala (87)
Gender Equality	31	Kerala (50)
Clean water/ sanitation	100	Chhattisgarh (98
Affordable and clean energy	67	Tamil Nadu (89)
Decent work and Economic growth	80	Goa (90)
Industry innovation/infrastructure	65	Manipur (72)
Reduced Inequalities	79	Meghalaya (100)
Sustainable cities	52	Goa (71)

TOD COODED

Early Childhood Development is SMART INVESTMENT



NOTE: The X-axis is the age range for children and the y-axis is the rate of return to investment in human capital.

SOURCE: James J. Heckman, The Heckman Curve, https://heckmanequation.org/resource/the-heckman-curve/.

The Heckman curve: The highest economic returns come from investment in a child's earliest moments.

Returns on Investments: One of the greatest opportunities for social and economic change

1. Holistic ECD approach

- Return on investment for individuals: Programmes that provide early nutrition, stimulation, health and protection can improve individual adult earnings by 25% per year
- Return on investment for societies: Investments in early childhood programmes, starting with the youngest, yield more than a 13% return in reduced poverty and income gaps and increased prosperity and economic competitiveness.

- 2. RMNCH+A (MODERN CONTRACEPTION AND GOOD QUALITY OF CARE FOR PREGNANT WOMEN AND NEWBORNS)
 - The return on investment would be an estimated US\$120 for every US\$1 spent

Returns on Investments: One of the greatest opportunities for social and economic change













Boost **GNP** by 11% in **Africa** and Asia

Prevent nearly half of child mortality

Increase school attainme nt by at least one year

Boost wage rates by 5-50%

Make children 33% more likely to escape poverty as adults

Returns on Investments: One of the greatest opportunities for social and economic change

- Estimated gain of 1.5% of global GDP and a US\$ 4.3 return for every dollar invested in water and sanitation services due to reduced health care costs for individuals and society, and greater productivity and involvement in the workplace through better access to facilities.
- "Gains in quality of life included improved school attendance, greater privacy and safety especially for women, children and the elderly and a greater sense of dignity for all," WHO-2014
- Inclusion of menstrual hygiene management can help women stay in work and ensure gender equality in the workplace. In Kendougou, Senegal, 96% of the women surveyed said they did not regularly go to work while they were menstruating.
- Inadequate WASH is associated with global economic losses of USD 260 billion every year, largely due to lost time and productivity.

Key Challenges

- Inequities and Disparities in the state with Social Challenges Tribal, Coastal, Urban poor, including peri-urban (migration)
- Rapid urbanization with inadequate social development infrastructure, quality & services
- Human resource gaps in sanctioned positions of administrative, technical- non technical cadres at all levels
- Shortage of skilled human resources across all sectors
- Development equated with Industrialization & Infrastructure: Political economy drives investment in infrastructure with little focus on Social Sector
- Focus on quick 'One time wins', campaign based initiatives
- Poorly regulated and monitored private sectors
- Sustaining ODF status Structural issues (Quality of construction, Single pit toilets, Disaster Resilience Designs); Behavioral issues (All family members not using regularly, unsafe child excreta disposal); Community Ownership (GP and Nigrani committee limited ownership); Operation and Maintenance (Regular cleaning, availability of water in toilets, as per 70th round of NSSO survey, 48% of rural population not have access to water in toilets)
- Providing access to families outside baseline survey, migrant families, new families- WASH facilities
- Contamination of drinking water (*Nitrates and Fluorides*)

Some ongoing interventions

- LaQshya program; Obstetric ICUs; TeCHO+: Technology enabled Community Health Operations; RMNCH+ etc for Health Systems strengthening, capacity development, improved coverage with quality services, Supply chain management, supportive supervision, reducing equity gap
- MIYCN; Facility & Community based management of acute malnutrition; Anaemia control programme(Sabla & PURNA); Community based interventions for improved practices 4 Mangal Diwas in a month; Early Childhood Development; Supportive supervision for improving quality and coverage of nutrition services; Mobile based application for data management and counselling etc for improved nutrition
- Swajal; Water safety & security; Solid and Liquid Waste Management; Institutional WASH interventions(AWC, School, Health facility); MHM; ODF + with SBCC

Comprehensive 7/11 approach by health department



Some more Opportunities ...

- SDGs provides the mandate for collaboration with development partners
- High Rate of GDP adequate financial resources
- Technology (e.g.. Telemedicine, Mobile based applications like TeCHO+)
- Government's Policy and programme priorities Mission Indra Dhanush;
 RKSK, PM-JAY, Ayushman Bharat, Poshan Abhiyan, SBM, Swajal etc
- Presence of Academic Institutions and vibrant Civil Society Organizations
- Mandate to PRIs for developing decentralized GPDP and mobilize resources from 14-15th Finance Commission
- Resources under CSR for developing sustainable models for improved service delivery for replication



Some Suggested Actions for CSR investments !!!

- Adopting Districts holistic strategy for improving health & nutrition including WASH of children, adolescents and women
- Build capacities of Frontline Service providers and improving health and nutrition care in the Private sector
- Area specific interventions eg. Mobile AWCs, Mobile health services, referral transport, toilets, infrastructure in Coastal areas for hard to reach areas (salt pan communities)
- Establishment of Model Child Friendly AWCs including child friendly WASH facilities in schools and anganwadis focusing in hand washing facilities
- Provision of supplementary care workers(HR gaps), Infrastructural gaps, Add on facilities/materials/tools & equipment
- Volunteers for improved outreach services(VHND-Mamata sessions; ODF monitoring)
- Adolescent empowerment with a focus on health and nutrition along with employability and life skills
- Interventions for urban poor and marginalized groups for child survival & development

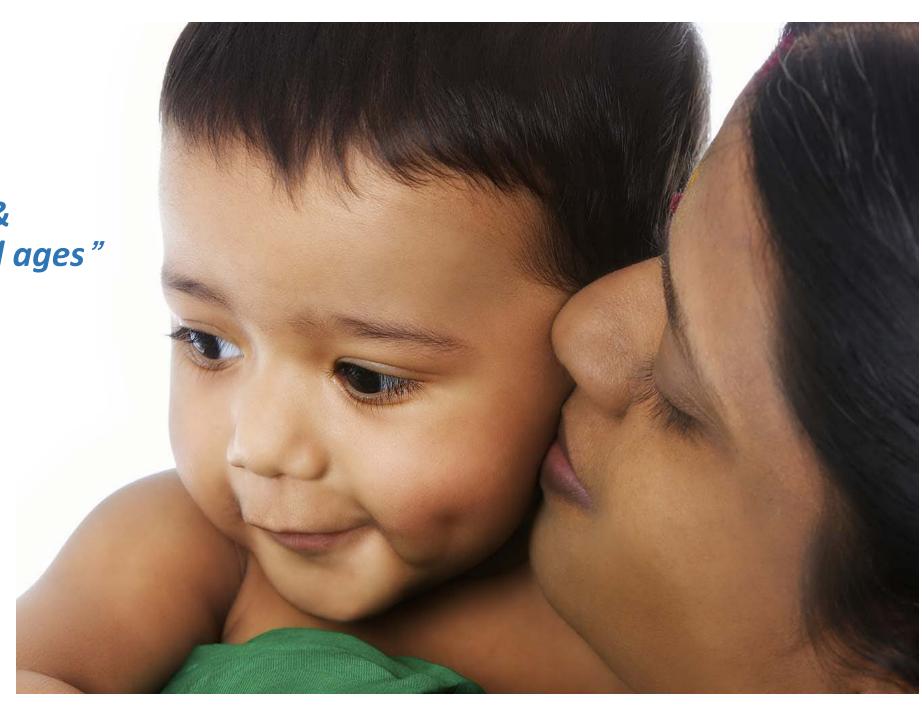
Some suggested actions for CSR investments!!!

- Different approaches/ flexible technological options to deliver Health, Nutrition and WASH services specially in Urban slums, remote tribal habitations, salt pan areas
- Technology for improved service delivery(capacity development, fortification, food processing, fecal sludge management), Communication, monitoring and Supportive Supervision etc
- Digitalization of Recording and Reporting mechanism
- Support entrepreneurship *Improved household food security, Maintenance of Facilities*
- Improving Menstrual Hygiene Management (MHM) service delivery to reach adolescents
- Developing waste management structures especially zero waste and converting waste in to resource
- Improved business practices State of the art health, nutrition and WASH facilities; Maternity leave/Policies to promote exclusive breastfeeding for six months; Creche in the premises for children below 3yrs; Rest rooms for expectant mothers and breastfeeding rooms;

"for ensuring Health & Wellbeing for all at all ages"

Thank You

unicef for every child







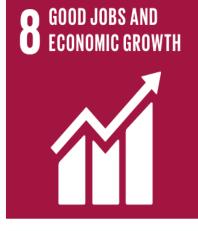


































Framework for Actions to Achieve Optimum Fetal and Child Nutrition and Development Benefits during the life course Adult stature Morbidity and mortality in Cognitive, motor, Social performance and Work capacity and socioemotional development learning capacity productivity childhood Obesity and NCDs Optimum Fetal and child nutrition and development Nutrition specific intervention Nutrition ser sitive programs and approaches programs Adolescent health and Agriculture and food security Feeding and Breastfeeding, preconception nutrition Social safety nets Low burden of caregiving practices, nutrient-rich foods. Maternal dietary supplementation Early childhood development infectious diseases parenting, and eating routine Maternal mental health Micronutrient supplementation or stimulation fortification Women's empowerment Breastfeeding and Child protection complementary feeding Classroom education Dietary supplementation for Water and sanitation Feeding and Food security, Access to and use of children Health and family planning services caregiving resources including availability, health services, a safe Dietary diversification (maternal, economic access and and hygienic Feeding behaviors and stimulation household, and use of food environment Treatment of severe acute community levels) malnutrition Disease prevention and Building an enabling environment management Nutrition interventions in Knowledge and evidence Rigorous evaluations emergencies Politics and governance Advocacy strategies Leadership, capacity and financial resources Horizontal and vertical coordination Social, economic, political, and environmental context Accountability, incentives (national and global) regulation, legislation Leadership programs Capacity investments

Domestic resource mobilization