

Bhavishya Alliance's current focus is on five functional areas called "5 pillars" described below, that were evolved as an outcome of in-depth discussions amongst various partners. It is assumed that, if these pillars addressed individually and collectively in a holistic manner in a defined geographical area the malnutrition amongst children can be avoided, reduced or even stopped from occurring in future. Bhavishya Alliance aims at identifying the factors or root-causes that influence these pillars and bring in collective partnership to affect the same.

All Bhavishya Programs are centred around 5 Integrated 'Pillars' viz:

Community Empowerment BA defines community empowerment as community recognition of malnutrition as an important issue, owning the causes & results, and initiating necessary actions internally and along with the support of other stakeholders.

BA supports activities that facilitate identification and creation of a critical mass of mothers, adolescent girls, elderly women, men and few influential people from among the community, who would be aware of government programs, rights, correct rearing and feeding practices, nutritional needs of children, cleanliness, methods of prevention and management of under nutrition etc. This aware critical mass would further influence the community in bringing about changes in behaviours and also start demanding for the governmental services.

Strengthening Health and ICDS Management Systems. BA recognises that various programs implemented by the government through its health & family welfare, women & child welfare and other departments directly and indirectly address the issue malnutrition. However, due to various structural, systemic and programmatic reasons there are definite short-comings and inefficiencies in the implementation of these initiatives and thereby the results/impacts are both extremely slow and ineffective. Hence, BA is aiming at bringing in expertise of corporate and other partners at various levels (including policy advocacy, improving monitoring and accountability systems, and operational efficiencies) to value-add to the existing efforts. This support will be in the functional areas relating to management/administration of programs, information systems management, supply chain management, infrastructure support at grassroots, skill enhancement, communication methods, knowledge sharing, funding etc.

Capacity Building. The key stakeholders influencing nutritional status in children apart from mothers are Anganwadi Workers, Auxiliary Nurse Midwives, women of mother's committees & Self Help Groups, ASHAs, ICDS Supervisors, CDPOs, Medical Officers, etc. It is essential that they are sufficiently motivated, have required knowledge and skills, and have the right attitude to implement their activities in word and spirit. Hence, BA is trying to design and implement specific need based capacity building programs.

Management information Systems/Knowledge Management. Facilitate in strengthening the process and management of information flow which would include proper recording, analysis and feedback in the process of tracking of mother and children for strategic management decisions both at community and systems level.

Behavioural Change Communication. Facilitate development and implementation of BCC with appropriate modules, messages and media mix for different audience. The BCC shall cover certain broad areas like correct feeding and rearing practices, personal hygiene, proper hand washing after defecation, before preparing food and feeding the child, safe drinking water, valuing girl child in community, clean and hygienic neighbourhood, prevention of early marriages, promotion of vitamin supplementation, de-worming tablets, and counselling of couples, and in take of quality nutritious food with micro-nutrients, etc