Implementation Completion Report of World Bank assisted ICDS-III/WCD Project

Borrower's [Government of India] Evaluation Report

December 2006

1. Introduction

The Phase-III of the World Bank assisted Integrated Child Development Services Project (Women & Child Development Project), aimed at accelerating the improvement of the nutrition and health status of children 0-6 yrs and women, by increasing the quality and impact of the ICDS programme, originally in the states of Uttar Pradesh, Rajasthan, Maharashtra, Tamil Nadu, and Uttar Pradesh. In addition, the Project aimed to strengthen the ICDS programme in all 35 States/UTs, by improving the quality of training of ICDS functionaries (called Project '*Udisha*').

Project Design: The ICDS-III project was designed based upon the experiences gathered during the implementation of the earlier World Bank assisted ICDS-I and II Projects. Similar with ICDS-I & II Projects, ICDS-III was also built upon the existing model of ICDS. All these projects had been instrumental in augmenting the resources of Govt of India to accelerate coverage of the ICDS programme among the needy population of the country. One of the key characteristics of the project design has been flexibility in terms of management, and programme implementation by bringing in decentralization of programme support activities like IEC, innovatives and monitoring to district and block levels.

Coverage: The ICDS-III Project was made effective in October 1999 for a period of five years originally in five States of India covering Uttar Pradesh and Rajasthan in the northern part, Maharashtra in the western part, and Kerala and Tamil Nadu in the southern part of the country. The project envisaged introduction of ICDS services in 318 'new' (uncovered) blocks and strengthening and improving service quality and management in 685 existing ('old') blocks in these States. The distinctive feature of the coverage in the project had been that of inclusion of 69 tribal blocks (in Rajasthan, Maharashtra and Kerala), 51 coastal blocks (in Kerala), 804 rural disadvantaged blocks (in five States), and 79 urban blocks with poor outreach of basic services (in Rajasthan, Maharashtra and Kerala) in the project.

Specific Objectives: The specific objectives of the ICDS-III Project were: (i) to improve quality of service delivery to beneficiaries, (ii) to expand ICDS to benefit uncovered communities, (iii) to strengthen institutional framework for programme implementation, (iv) to consolidate gains made by earlier World Bank assisted Projects, (v) to replicate successful innovations and initiatives from previous projects and (vi) to introduce new activities in line with the latest paradigms of child development.

Project Inputs: In order to effectively achieve the objectives of the project, the project has been divided into two primary components, viz., (i) Service Delivery, and (ii) Programme Support. Under each of these components, there are sub-components and activities. The Project provides some additional inputs over and above the inputs admissible in the ICDS General Scheme *viz*, construction of civil works, hardware inputs for better service delivery (adult weighing scales, display boards, outdoor play materials, water filters, etc) and several quality improvement (innovatives, study tour, FREQI, Training for IEC etc) and Monitoring & Evaluation activities (development of computerized MIS, Social Assessment and Operational Research Studies, Baseline and Endline Surveys).

Re-structuring: The Project was re-structured in 2003 keeping in view the progress and to utilize full IDA allocations. The States of Madhya Pradesh, Bihar, Chhattisgarh, Jharkhand (from erstwhile, ICDS-II Project), Orissa, and Uttaranchal were included in the ICDS-III Project w.e.f. October 2002. Provisions were made for Civil Works, Innovatives and AG Scheme in all the aforesaid re-structured six States. In addition, provision for base cost for 422 blocks was made in the States of Madhya Pradesh, Bihar, Chhattisgarh and Jharkhand. Besides, provision of Rs. 42.15 crore was made for

construction of 4,496 Model Anganwadi buildings in 9 States/UTs viz., Karnataka, Gujarat, West Bengal, Punjab, Haryana, Himachal Pradesh, A & N Islands, Pondicherry and Jammu & Kashmir.

2. Development Objectives & Achievement

In the original project design, the following impact objectives were made:

(i) Reduction in % of severely malnourished 0-36 month old children by 25
(ii) Reduction in % of moderately malnourished 0-36 month old children by 25;
(iii) Reduction in % babies born with low birth weight by 25;
(iv) Contribute to a reduction in infant mortality rate by 10; and
(v) Contribute to a reduction in maternal mortality rate by 10

However, during the mid-term review in 2003-04, it was felt that the targets set were rather too ambitious and not based on any scientific evidence. After detailed deliberations, the key performance indicators (PMIs) of the project were revised during March 2004, and grouped into seven input indicators, another seven process indicators and one impact indicator.

The single impact indicator in the project that has been re-set is as follows:

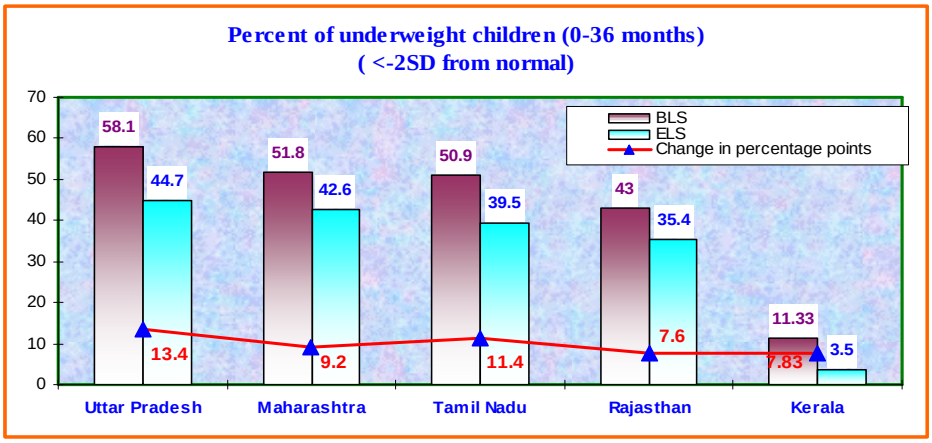
'Reduction in severe and moderate malnutrition in 0-36 month old children (<-2SD, NCHS Growth Standards) in the project blocks at the rate of 2 percentage points per annum in project blocks (as against non-project & non-ICDS Blocks) presuming a secular trend of 1 percentage point in the country.'

As per the endline evaluation (2005), overall the project has been able to achieve its development objectives by reaching very near to the target. The above revised impact indicator has been achieved to the extent of 89.5% of the target. That is, if the target is taken as 10-percentage points reduction in five years of effective project implementation, the actual achievement has been 8.95 percentage points as per the endline survey (BLS: 45.04%, ELS: 36.09%). This difference has been found to be statistically significant (p<0.0001).

Figure 1 shows State-wise percent of underweight (<-2SD from normal) children 0-36 months in both baseline and endline surveys alongwith the change in percentage points between the two surveys. It may be seen that Uttar Pradesh achieved a maximum reduction of 13.4 percentage points, followed by Tamil Nadu with a reduction of 11.4 percentage points. Next comes Maharashtra with a reduction of 9.2 percentage points, followed by Kerala with a reduction of 7.83 percentage points and Rajasthan with a reduction of 7.6 percentage points. All these reductions have been found to be statistically significant with p<0.0001.

However, the reductions in the proportion of severely malnourished children (0-36 months; <-3SD) considered separately (<-2SD figures also include <-3SD) are not as significant as the reductions in underweight children. The overall reduction is only 1.7 percentage points. That is, from 15.2% in BLS, it has dropped to 13.5% in ELS. A state-wise analysis would reveal that the maximum reduction (7%) has been recorded in Uttar Pradesh, followed by Maharashtra (5%), Rajasthan (3%) and Kerala (2%). Surprisingly, in Tamil Nadu it has remained at 13% both in BLS and in ELS.

Figure – 1



The achievements under the other Key Performance Indicators (PMIs) and some of the critical indicators that have been used in the endline survey are given in *Annex 1*. It may be seen that the performance under most of the input indicators are satisfactory. However, low performance is noticeable under procurement and supply of pre-school kits and medicine kits. FREQI meetings have also been low. As for the process indicators, performance has been equally satisfactory in respect of most of the key indicators (discussed in a later section).

Apart from the performance in respect of key indicators, the Project overall has been successful in implementing most of the quality inputs of the project, such as institutional/infrastructural development, training of ICDS functionaries, IEC, empowerment of adolescent girls, FREQI, awards and incentives, operations research, study tours, and computerized MIS system. Capacity building of the ICDS functionaries at all levels through training has been implemented all over the country with more than cent per cent achievements vis-à-vis PIP targets in clearing the backlogs of untrained persons. Establishment of a result-oriented M & E system both at the central and state levels, clearance of the huge backlogs of job training of ICDS functionaries, especially that of Anganwadi workers, and increased capacity in implementing the IEC activities focusing on the needs of under-threes, are some of the major achievements of the project.

The following sections briefly describe some of the major interventions made under the Project.

3. Reaching out to Uncovered Areas

One of the objectives of the project was to support the Government of India's initiative of universalisation of ICDS by expanding services to the uncovered communities. Towards that end, the project has achieved its objective. During the first three years of project implementation, ICDS services were introduced in 318 new blocks and 44,289 AWCs in the States of Uttar Pradesh, Rajasthan, Maharashtra and Kerala. In Tamil Nadu all blocks covered under the project were the existing blocks, i.e., ICDS Scheme was already in place. As on March 31, 2006, the project covered a total of about 67.68 lakh 6-72 months children and 15.60 lakh pregnant and lactating mothers as beneficiaries of supplementary nutrition both in old and new blocks in five original project states. When compared with the number of beneficiaries as on March 31, 2001, there has been an increase of 43 percent in children and 42 per cent of pregnant and lactating mothers.

4. Strengthening Service Delivery- Procurement of Goods & Equipments

The project envisaged procurement of goods & equipments on recurring and non-recurring basis to strengthen the service delivery in AWCs. While medicine kits, pre-school kits, IFA tablets and de-worming tablets were recurring items, baby and adult weighing scales, display boards, outdoor-indoor play materials and medicine boxes etc. were non-recurring items. Procurement was to be made by following the World Bank Guidelines for Procurement of Civil Works, Goods & Equipments. However, due to procedural delays, many States could not undertake and complete the procurement of all recurring items as per the prescribed schedule. In a few cases, the bids had to be cancelled and re-advertised leading to delays. Also, the World Bank's requirement of WHO-GMP certification for the firms to be eligible for participation in tenders of supplying medicine kits, proved to be a hurdle in timely procurement of medicine kits. As a result, none of the original five States could procure medicine kits more than twice in the Project period of 6.5 years.

5. Financial Management & Monitoring

There were no major issues as far as the financial management and monitoring under the project was concerned. The Project States started filing Statement of Expenditures (SOEs) from March 2000 onwards. The LACI compliant Financial Management System (FMS) for which a software was also developed, could not be implemented due to lack of capacity in the SPMUs. All in all, Financial management and its monitoring were appropriate. Under the ICDS-III Project, SOEs for an amount of Rs.1505 crore approximately have been filed with the World Bank as against the approved allocation of Rs.1523 crore (Annex 3). The same has been approximately Rs. 341 crore as against an allocation of Rs. 383 crore in the Training Programme (Annex 4). Both GoI and World Bank have monitored financial progress in the project through expenditure categories (1 to 7) with various re-imbursement percentages following the Development Credit Agreement (DCA). In the absence of a computerized

FMS, it was not possible to monitor the component /sub-component wise expenditure against the allocation, which consisted of various activities with different expenditure categories. Nonetheless, release of funds to the State Governments to pass it on to SPMUs and State ICDS Directorates through treasury system led to delays in some cases.

6. Women's Empowerment – *Adolescent Girls Scheme*

The project had two types of interventions under this component, viz, (i) *Adolescent Girls Prophylaxis against Anaemia*: To break the intergenerational malnutrition cycle, special emphasis was placed on preventive strategies in malnutrition reduction. Provision of IFA supplementation to all adolescent girls in both old and new AWCs was made in all five States as a new initiative and activity. (ii) *Adolescent Girls Scheme*: In addition to above, State-specific AG Scheme was introduced in the States of Rajasthan and Tamil Nadu keeping in view the importance which the adolescence stage plays in the life cycle of a female child, warranting a lot of care and attention for her proper physical and mental growth. In other states also, adolescent girls' groups have been formed. In addition, in select districts across the states, the GOI are supporting a program for the adolescent girls (*Kishori Shakti Yojana*), particularly focusing on their health and nutrition education. The Rajasthan and Tamil Nadu projects also focused on providing training to the AGs in life skills including the basics of reproductive and child health, HIV/AIDS, legal and political rights of women. Issues like proper age at marriage for women and the importance of education; besides proper health and hygiene practices are highlighted in such training programs. Building of self-confidence in adolescent girls is another important component of their training. In some states, such training also included vocational training. The adolescent girls also visit the AWCs and try to help the AWWs in their work, particularly in areas like bringing children to the Centres, organizing their weighing, in feeding sessions, in teaching the children the basics of health and hygiene and in imparting pre-school education. Training program in Kerala focused on the problem of high rates of suicide among adolescents in the State, by including some counseling them against such desperation. The members of the adolescent girls' groups were also weighed regularly to monitor changes in their weight.

7. Infrastructure Development – *Civil Works*

Infrastructure development entailed construction of AWC buildings and CDPO offices-cum-godowns, installation of handpumps for safe drinking water and provision of equipments, furniture etc in the ICDS blocks and district offices. Originally the project targeted construction of 14121 AWCs, 440 CDPOs offices and installation of 5232 handpumps in five states of Uttar Pradesh, Rajasthan, Maharashtra, Kerala and Tamil Nadu. Against these targets, the original states have an achievement of 91% of targeted AWCs, 97% of targeted CDPO offices and 84% of handpumps at the closure of the project, i.e., on March 31, 2006. After re-structuring, another six States were provided construction of 6569 AWCs, 57 block offices and installation of 6674 handpumps during 2004. Against these targets, the states could complete 71% of AWCs, 77% of CDPO offices and 56% of handpumps. Due to administrative problems, state of Bihar could not show any progress in the construction work. During re-structuring, a total of 4489 AWC buildings were also approved for construction in 9 States/UTs, which were to be built as 'Model AWCs' by mobilizing funds from other resources and in convergence with the rural development, education department etc. The progress, however, is not satisfactory. About 50% of the sanctioned Model AWCs in nine States/UTs could be constructed till the closing of the project. Remaining centres were at various stages of construction at the time of writing this report.

One of the major achievements in developing the infrastructure under the project has been increased participation of the local self-government institutions and community in general in supporting this critical activity. In Kerala, the responsibility of construction of Anganwadi building was handed over to Local Self Governments (LSGs). This facilitated local planning, implementation and monitoring of civil works. Even though there had been instances of procedural delays, there was increased community ownership in implementing this particular scheme. Some LSGs even contributed their share over and above the fund provided by the World Bank for installation of handpumps/wells.

Tsunami Buildings: After the devastating Tsunami in late 2004, in which coastal areas of Tamil Nadu and Kerala were greatly affected and many AWCs were washed away, the project responded with

sanctioning construction of additional 65 AWC buildings in Tamil Nadu and 40 buildings in Kerala immediately. These are under various stages of completion and are expected to provide relief to the children affected by the calamity.

8. Quality Improvement Activities

Information, Education and Communication (IEC): IEC had been one of the major interventions in the project. The project laid special emphasis on IEC by focusing on the communications for behavior change (BCC) for appropriate child caring and rearing practices in the households. A major shift in the IEC strategy had been in addressing the needs of under-3s through family based interventions instead of centre-based interventions. Following the guidelines developed by CPMU, State-specific IEC strategies were developed through series of consultations at the State level with the State based development organizations and other stakeholders. States adopted various methodologies for implementing the IEC. Some of the media tools and channels which have been used by different states are :- (i) interpersonal communication through home visits and nutrition and health education session, (ii) social mobilization through door-to-door contacts, rallies, gold art, mobile video van, gramin mela (rural fair), exhibitions, special campaign days etc, (iii) Print/Electronic/Audio-Visual Media such as brochures, ICDS newsletter, booklets and guidelines, flip-books, leaflets, pamphlets, calendars, hoardings & boards, audio jingles, TV spots, wall paintings, documentary films etc. Many states did not limit the IEC interventions to the ICDS blocks under the project, but also covered the entire state. This is a good and positive aspect of the scheme.

Overall, the project has achieved a 91% (Rs.227.6 million) utilization of the allocations made under this component (Rs. 250 million). State-wise, Maharashtra tops the list with 118% utilization, followed by Rajasthan (96%), Tamil Nadu (94%), Uttar Pradesh (82%), and Kerala (64%).

Free Expression for Quality Improvement (FREQI): FREQI is a novel concept incorporated in the ICDS-III project under the component of Service Quality Improvement. The rationale for introducing FREQI arose from the existent hierarchical patterns or Top-to-Bottom Approach of the Government sector, due to which the mid and grass root level functionaries hesitate to air their views in a frank manner. FREQI provided an opportunity for the formation of quality circles (based on total quality management or TQM techniques) to encourage better interaction among AWCs so that they could exchange notes freely, bring them to the notice of the supervisory staff and with their support achieve higher quality of service delivery. Also, the FREQI process provided an opportunity for effective convergence of representatives from various line departments viz. Health, Education, PRI etc. FREQI has been proved to be a powerful tool involving each and every functionary to have positive impacts on overall quality improvement of the programme.

Under this process, meetings of ICDS functionaries are organized on a periodic basis (quarterly) at State, District, Block and Sector levels involving representatives from the community as well, using participatory approach. An effort has also been made to make these meetings process and output-oriented with focus on discussing quality contents, thereby facilitating preparation of action plans. Issues discussed in FREQI meetings are classified as resource based, based without resources, Government resource based, community co-operation based, and description of an innovative work plan. Some of the major problems which were identified due to FREQI meetings are (i) absence of growth monitoring charts and weighing scales; (ii) dislike of the supplementary food by the community, (iii) operational problems regarding shifting of AWCs to primary schools and (iv) absence of referral slips, etc.

Kerala has conducted the maximum number of FREQI meetings and used up the entire allocation, followed by Tamil Nadu with 98% utilization, Uttar Pradesh with 97%, Rajasthan with 88% and Maharashtra with 74% (overall achievement is 88%)[1].

Study Tours: For improving the overall quality of the programme and learning through experiences of other states, study tours have been organized for ICDS officials from the Directorate and field

[1] QPR for the QE 31 March 2006, CPMU, MWCD, GOI.

functionaries' viz. DPOs, CDPOs, Supervisors and AWWs. Inter district and Inter state visits were organized by all the States.

9. Capacity Building of ICDS Functionaries – *Project Udisha*

The National Training component of ICDS-III Project was aimed at improving the quality of ICDS services in the country by providing for improved training of ICDS functionaries all over the country; strengthening/establishing training centres, developing training materials, etc. Christened as 'UDISHA', the focus of the program has been on eliminating the heavy backlogs in job and refresher training of all functionaries. Capacities of existing Anganwadi Training Centres (AWTCs) and Middle Level Training Centre (MLTCs) have been further strengthened to take up such increased responsibilities and new AWTCs and MLTCs have also been established for the purpose. The project has achieved overall its main objective of clearing the backlogs of job training. A total of about 928,000 ICDS functionaries, out of which 366,000 AWWs and another 759,000 persons have been imparted on-the-job and refresher training respectively under the Project through a countrywide network of about 600 Anganwadi Training Centres, 40 Middle level training centres and the National Institute of Public Cooperation & Child Development (NIPCCD) and its Regional Centres. The overall performance under job training for the different categories of functionaries has been reported as 115% of the PIP target, while such performance under refresher training has been reported as 129%[2]. The performance figures as per revised targets are 84% for all categories of functionaries under job training and 68% under refresher training (Table 1).

Table 1: Training Achievements [March 31, 2006]

Functionaries	Job (pre-service) Training					Refresher Training				
	PIP Target *	Revised Target **	Trained	% of PIP Target	% of Revised Target	PIP Target *	Revised Target **	Trained	% of PIP Target	% of Revised Target
AWW	341,365	440,070	365,832	**107.17%**	**83.13%**	554,352	731,255	567,795	**102.42%**	**77.65%**
Supervisor	18,180	15,017	12,107	**66.60%**	**80.62%**	28,496	30,113	23,925	**83.96%**	**79.45%**
CDPO/ ACDPO	4,419	4,821	3,824	**86.54%**	**79.32%**	6,586	3,613	1,566	**23.78%**	**43.34%**
AWH	440,104	645,494	545,851	**124.03%**	**84.56%**	Not given	349,344	165,968	-	**47.51%**
ALL	**804,068**	**1,105,402**	**927,614**	**115.37%**	**83.92%**	**589,434**	**1,114,325**	**759,254**	**128.81%**	**68.14%**

** Targets given in the Project Implementation Plan (PIP), estimated during 1998-99. Based on the current manpower position, actual training targets vary from State to State.*

*** Revised Target: No. of persons trained up to 31.3.06 (+) No. of untrained persons as on 31.3.06, which include vacancies and anticipated recruitment. Targets increased due to recent expansion of the ICDS programme.*

The following are some of the new initiatives taken during the implementation of Project Udisha:

Flexibility in providing training to ICDS Functionaries through Mobile Training Teams: Different options have been given for organizing Job Training courses for AWWs. The State Government/UTs will be free to adopt one or more options depending upon their requirements. One such option is training through Mobile Training Teams, which is provided at the project level/block level by key trainers. The mobile training strategy has been in full operation in Tamil Nadu and partly in the states of Uttar Pradesh, Rajasthan, Madhya Pradesh, Nagaland, Sikkim and Jharkhand.

Induction Training: To operationalize the newly sanctioned Anganwadi Centres and also to clear the backlogs of training of newly recruited Anganwadi Workers, short duration induction training was introduced in several States.

[2] QPR of UDISHA Project, for the QE March 31, 2006, CPMU, MWCD, GOI, July 2006.

Other Training: A new concept introduced to involve other stakeholders for effective implementation of ICDS through Other Training Component, whereby the states are given the flexibility to identify state specific problems that need more focused or innovative training and to take up such training schemes. Most states have undertaken such 'other training'. Kerala and Tamil Nadu have done the largest number of such other training schemes. Several joint training programmes have been organized with district level officials, Panchayat members, community leaders, women committees, health and education officials. Special programmes are also held on issues like – (i) immunization (ii) breast-feeding (iii) community mobilizations (iv) communication skills (v) skill training on pre-school education (vi) orientation training for mothers on food management at home (vii) training of adolescent girls (viii) training of self help groups (ix) training on personal hygiene and sanitation etc. However, there is no evidence-based impact assessment of such training schemes.

Reduced duration of Training: To cope with the backlog of training of different ICDS functionaries and to immediately operationalize the newly sanctioned Anganwadi Centres, the duration of training has been reduced twice during the project period for different types of training without compromising the quality and content of such training.

10. Impact of IEC and Training

Impact of IEC and training of ICDS functionaries and other stakeholders through other training is visible through some of the significant improvements in household behaviors regarding infant and young child feeding (IYCF) practices, as revealed by ELS. The findings indicate positive changes in the infant feeding practices during the project period:

- *Proportion of children whose mothers did not squeeze out the first milk (colostrums) from breast* (59% in BLS to 64% in ELS)
- *Proportion of children under 3 year who were breastfed within 2 hours[3] of birth* (37% in BLS to 51% in ELS)
- *Proportion of children age 6-9 months receiving solid or semi-solid food and breast milk (complementary feeding)* (38% in BLS to 64% in ELS)
- *Proportion of children age 6-36 months consumed Vitamin-A rich food* (53% in BLS to 71% in ELS)

However, breastfeeding exclusively up to six months remains a problem. It has been found that only 21% children under six months were reported to have been exclusively breastfed, which has come down from 28% in BLS. ELS also reveals that about 37% children upto six months have been given plain water alongwith the breast milk, which is a wrong practice.

Significant progress is indicated in antenatal care of the pregnant women, immunization, de-worming and treatment of diarrhoea. Monthly growth monitoring of under-3 children has also improved overall as reported by AWWs (from 67% in BLS to 82% in ELS). Practice of weighing at birth showed overall improvement from 40% in BLS to 46% in ELS.

Impact of IEC and training is also evident in increased awareness of infant breastfeeding practices among the AWWs. But knowledge transfer from AWWs to adolescent girls and women remains a matter of concern.

While an impact evaluation exclusively for Project Udisha could not be taken up during the closing year of the project, the ELS carried out in five States under ICDS-III Project has captured some of the aspects of the training and its impact on service delivery. According to at least 50 percent of AWWs who were interviewed in ELS, the service delivery has improved due to training in the following key areas: -

- Preschool activities
- Household survey

[3] Although the recommended time for initiation of breastfeeding is within 1 hr of birth, for comparison purpose this has been kept as 2 hrs, since in BLS, data was not available for within 1 hr.

- Immunization
- Creating awareness on health and hygiene among mothers
- Nutrition education to adolescent girls

11. Monitoring & Evaluation

Monitoring and Evaluation system under the project has been continuously improved during the project period through several learning processes and active participation of the stakeholders to make M & E a more result-oriented exercise. A two-pronged strategy was adopted in the project to strengthen the M & E component. First, based on the PIPs, an information needs assessment was carried out in the beginning for gathering information commensurate with the approved activities. Accordingly, monitoring of key PMIs, viz, project inputs and outputs (processes) were taken up through a specially structured quarterly progress reports (QPRs); periodic review meetings at the State/national level, and specific field visits by the Project Managers. Computerized MIS was developed through Technical Agencies and implemented in the States of Rajasthan, Maharashtra, Kerala and Tamil Nadu (Uttar Pradesh could not finalize the software as well as procure computers for the block offices). Through these process, there has been enhanced capacity to carry out necessary analysis of the data at the State level with continuous technical support from CPMU. Information on key PMIs have regularly been compiled and analyzed for review and taking appropriate corrective actions to accelerate implementation. One of the major achievements in the process of strengthening MIS in the States has been an overall impact on understanding the importance of M & E activities, which resulted in timely execution of some of the key activities in the project.

The second aspect of M & E in the project was to conduct periodic evaluation studies through baseline/endline surveys, operational research (OR), and continuous social assessments (CSA) in the five original Project States. All these studies have been commissioned by the project States through reputed Research Agencies. Findings of the evaluation studies have been shared with key stakeholders in the State including field level functionaries. Throughout the implementation of evaluation activities, CPMU played a pro-active role in providing technical support to the States. During the project period, a total of 27 operational research studies covering the issues of local child caring practices, supplementary nutrition, communications need assessment, convergence with health, need assessment of under three children, functioning of village level monitoring committees, efficacy of IFA supplementation to AGs, IEC and community participation etc., were conducted. One round of social assessments (CSA), which were otherwise to be taken up at the end of every year, was undertaken in the States. In the initial years, not much priority could be accorded to the evaluation activities, especially in respect of social assessment study and in-depth base line survey. This was due to the absence of required technical manpower both at the central and state levels. Baseline surveys in four original States of Uttar Pradesh, Rajasthan, Maharashtra and Kerala were conducted with exclusive technical support and monitoring by the World Bank. In case of Tamil Nadu, endline evaluation of TINP-II was taken as baseline.

Endline Survey and Impact Evaluation (2005-06): The endline survey was an intensive exercise by ensuring the quality and consistency of the findings in order to reflect the impact of the project. The process of the endline survey was made participatory throughout the study in collaboration with the Research Agencies, Project States, World Bank and also some subject experts to develop a uniform survey methodology for better inter-State comparisons. During the analysis of endline data, it was found that many critical indicators (e.g. child immunization, ANC of pregnant women, etc) were either missing or not analyzed in the baseline survey. Also, the sampling methodology and the indicators selected in endline evaluation of TINP-II were entirely different from that of baseline survey in four other states, resulting in non-comparability of several key indicators in respect of Tamil Nadu during the endline evaluation. The availability of both baseline and endline surveys in the project blocks provide a unique opportunity to gauge the contribution of the project in achieving the development objectives. A detailed in-depth analysis of the endline data from five states is underway by CPMU at the writing of the ICR.

It would have been possible to assess the exclusive impact of the project if control groups were selected both in baseline and endline evaluation. Selection of a control group for the analysis of impact on project *vs.* non-project beneficiaries was never thought of during the baseline. This incidentally was never attempted in earlier Bank assisted projects (ICDS-I, II) also. However, in the endline evaluation, a few ICDS General blocks, albeit in smaller scale were included to attempt a comparison of impact amongst the project and non-project beneficiaries. In this regard, provisional data of National Family Health Survey (NFHS-3, 2005-06) in five States, which have been published recently, can be used for comparison between the project blocks (ELS) and the whole of state (NFHS-3), in respect of some of the critical impact and process indicators (see *Annex 2*).

12. Project Management

The Central Project Management Unit (CPMU) established in the Ministry of Women & Child Development provided all necessary support to the States for project planning, technical guidance and overall monitoring of the project implementation. CPMU played a very proactive role in financial management, training of ICDS functionaries and monitoring & evaluation. In the original five States under ICDS-III Project, State Project Management Units (SPMUs) were set up at the state level with the personnel having expertise in the areas of IEC, health, nutrition, M & E, and Finance & Procurement. However, in the re-structured states, no provision of SPMU could be made in view of the limited number of interventions and short implementation period of 1.5 yrs (originally from October 2002 to September 2004).

13. State Specific Best Practices/Success Stories

Several innovative schemes were implemented in the Project States with the funding available under the Project. Some of these practices could well be termed as 'best practices' in view of their immediate impact on the project. A few best practices are briefly summarized below.

(a) Awareness for behavioural change through *Anganwadi Kala Jattha* (Uttar Pradesh)

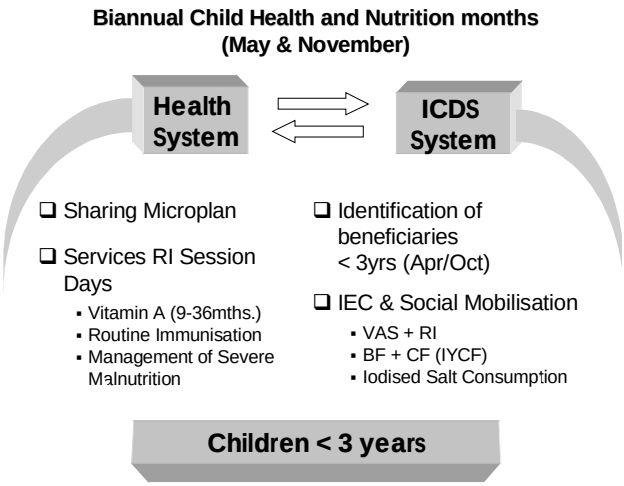
In Uttar Pradesh an innovative approach towards social mobilization and awareness campaign on nutrition and health education was adopted in the form of *Anganwadi Kala Jattha.* The basic objective of such an initiative was to strengthen the enabling environment created by ICDS functionaries through interpersonal communication, so that they can target the community with specific messages repetitively through different communication channels to bring about behaviours change in the community. During the process of forming a group of AWWs by developing their interpersonal skills and by understanding the local needs, a resource organization having required communication and folk skills was identified for developing a module for this campaign. The idea was to develop a team of talented AWWS to form '*Anganwadi Kala Jattha*'. The AWWs, after acquiring required skills, have been able to run this awareness and social mobilization campaign in an effective and sustainable manner. A series of activities like rally, door-to-door contact, wall writings, folk songs, *Phad* Presentation & Discussion, *Nukkad Natak*, group discussion and quiz were conducted to mobilize and sensitise the community. At the end, feedbacks were discussed in an open forum in a large group. By performing live in front of a large audience, AWWS have gained immense confidence, which has reflected in a positive improvement in their routine work of running AWCs. Moreover, the extra remuneration received as part of the performing package has made them more enthusiastic towards their work.

(b) Biannual Child Health and Nutrition Months (*Bal Swasthya Poshan Mah*) [Uttar Pradesh]

Recognizing the importance of Vitamin A supplementation for child's health, a biannual strategy through '*Bal Swasthya Poshan Mah' (*BSPM-Child Health & Nutrition Month) has been adopted in Uttar Pradesh to improve the existing poor coverage of Vitamin A supplementation. BSPM is a biannual activity (6 months interval between two doses of Vitamin A) being implemented in the entire state with joint efforts of Health and ICDS.

Under the BSPM strategy, two months viz., May and November, six months apart, have been identified as health and nutrition months. During these months, health sector is assigned with the task of providing immunization and other services to the beneficiaries while ICDS sector is responsible for

mobilizing beneficiaries for using the services by organizing intensive social mobilization and IEC activities. The activities of these biannual months have been linked with the routine immunization days of ANM (Wednesdays & Saturdays). Since its inception, these months are being organized in June and December because of frequent Pulse Polio rounds. BSPM months also focus on severely malnourished children towards which a fixed a day is organized as "*Shishu Aahar Samaroh*" for prevention and management of severe malnutrition.



(c) Adolescent Girls' Club (Kerala): Considering the importance of adolescence period in a life cycle, Adolescent Girls clubs were constituted under each Anganwadi in the State was as an innovative initiative under the ICDS-III Project. Adolescent Girls Club activities gave a boost to ICDS with greater concern to the community in adolescent issues. The life-cycle approach was well accepted by the community. Each AG club consists of not less than ten members and they select representatives from among them and convene meeting twice in a month and various activities are carried out regularly. The total number of clubs formed is 12060 and the number of members is estimated to be 350,055.

(d) Upgradation of AWCs as Community Resource Centres (Kerala): In Kerala, another initiative was made to convert the AWCs into a Community Resource Centres to cater to the health and nutrition needs of the community members under the innovative scheme of the Project. As part of this initiative, a total of 247 AWCs in 14 Districts have been equipped with computers and accessories.

(e) Malnutrition Eradication Campaign (Pune District, Maharashtra): During 2003-04, Zilla Parishad (District level Panchayat Body) of Pune in Maharashtra in collaboration with the local Rotary Club and SNDT College, launched a unique programme called 'Malnutrition Eradication Campaign' to ensure that no child in Pune District remains malnourished. Under the programme, a unique approach wherein all Zilla Parishad officials "adopt" malnourished children and then work towards making then healthy by putting them on right diet and ensuring all other necessary services to them viz. 100% regular weighing, 100% immunization, timely and quality supply of supplementary food, maintaining hygienic condition in and outside of AWCs, etc. The campaign has been successful in mobilizing the local community members to support the ICDS and create awareness among them on the nutrition and health issue of women and children.

14. Key lessons learned

- Establishment of SPMUs in the project states and CPMU at the central level alongwith all necessary project approval processes should be completed before the launch of the project for an effective taking off the project. In ICDS-III Project, initial 1.5 yrs was lost due to delays in obtaining necessary administrative approvals and putting all required manpower in place both in CPMU and SPMUs.
- Presence of a dedicated project management unit both at the State levels and also at the central level has helped accelerate project implementation with required guidance and technical support, especially in financial management and procurement related issue, and also in carrying out some of the key M & E activities. However, appointment of specialists and continuity of the project personnel both in SPMUs and CPMU is essential for an effective implementation of the project.
- Experiences in the project show that there is a need to further strengthen working with the community at grassroots level so as to bring about quality improvement and accountability in delivery of services at the AWCs. In some of the States, local initiatives like *Anganwadi Kala Jattha Dal* in Uttar Pradesh involving in-house teams of AWWs and home visit counseling have been hugely successful and could

be replicated in other states. In this regard, local flexibility and local innovations should be an integral part of the overall program.

- There is also a need to reinforce effective convergence with PRIs and other departments (health, education, drinking water supply etc) to strengthen the community base in effective implementation of the ICDS program.
- Preparation of a district nutrition profile of each district on a periodic interval is desirable to ensure appropriate special interventions in the problem areas. This would help program managers at the district and state levels monitor the progress in achieving the objective of reduction of malnutrition more effectively.
- Since growth monitoring is an essential tool for assessing the nutritional status of a child and a key component of service delivery, there is an urgent need to establish a Nutritional Surveillance System upto the block level to monitor the nutritional status of severely and moderately malnourished children and take appropriate actions for their management.
- To ensure better service delivery and to infuse ownership of the program among the communities, it is essential that AWCs have their own buildings rather than functioning from primary school premises/AWWs' own houses/other rented places.
- The success of Monitoring & Evaluation in the project, identified as the 'best practices' by the World Bank, was dependent on the technical capacities of the SPMUs and CPMU. The project gave an opportunity to prove that the necessary expertise alongwith an overall understanding of the importance of M & E activities in the States could result in better project implementation and timely execution of activities. The lessons learned in the project has influenced the main programme in way of identifying the key performance indicators and also inclusion of operational research and social assessment studies in the States under M & E plan during the 11th Plan (2007-2012).
- Under the decentralized system adopted in training programme (Project Udisha), grants-in-aid are released to the State Governments/UT Administrations who on receipt of the funds further release it to AWTCs/MLTCs. The process of transfer of funds usually takes more than one month to reach the training institutions after ascertaining their training requirements. This has affected implementation of the training programme.
- Other innovative training under Project Udisha having flexibility in financial norms, has added significance to the programme by way of increased involvement of other stakeholders in ICDS.
- IEC and FREQI activities under the ICDS-III Project in original five states have been instrumental in increasing the awareness level of AWWs on key nutrition and health issues.

15. Sustainability

ICDS-III Project gave an opportunity to undertake some of the key interventions e.g. IEC, Innovatives, FREQI, Training, etc. for quality improvement as well as expansion of the programme area. Many of these interventions are expected to be mainstreamed in ICDS during the 11th Five Year Plan. It is hoped that the best practices/success stories and positive lessons learnt in the project would be replicated in other states. It has already been stated that some additional items were provided under the Project over and above the items admissible in the ICDS (General) Scheme. All these additional items/interventions are now sought to be replicated across the country and have been proposed for ICDS (General) Scheme under the Eleventh Five Year Plan.

16. Rating

Overall the performance of the ICDS-III/WCD Project can be rated as 'satisfactory' in comparison with the previous Bank financed projects. The project has achieved its development objectives of reduction of malnutrition in under-three children. The significant change in household behaviors in respect of infant and young child feeding practices and increased awareness on nutrition and health issues, participation of other stakeholders in the programme, is a pointer to the success of the project. The impact of the project could have been much more significant had there been no bottlenecks during initial years and technical expertise in some of key areas like nutrition and health was made available in SPMUs and CPMU.

ANNEX-1: PERFORMANCE IN KEY PERFORMANCE MONITORING INDICATORS (REVISED MARCH 2004) [WITH ADDITIONAL PROCESS INDICATORS] *

Sl. No.	*Indicators*	*# Ref. States*	*Target (as per PIP)*	*Achievement*
Input Indicators				
1.	Timely and qualitative completion of all civil works and safe drinking water supply sources			
	a) AWC Buildings	11	20,690	85%
	b) Model AWC buildings	09	4489	49%
	c) CDPO Offices-cum-Godowns	11	497	94%
	d) Handpumps	11	11,906	68%
2.	AWWs having received at least one round of pre-service training (job training)	35	341,365	107%
3.	AWCs having received at least one set of IEC/training materials in the last two years	05	112,529	56%
4.	AWCs having received at least one round of pre-school kits in the last two years	05	112,529	43%
5.	AWCs having received at least one round of medicine kits in the last two years	05	112,529	50%
6.	AWCs having received baby weighing scales in the last three years [4]	05	101,592	96%
7.	AWCs having received adult weighing scales in the last three years	05	93,991	93%
8.	AWCs having received outdoor-indoor play materials [5]	05	25,748	132%
9.	AWCs having had at least two FREQI meetings in the last one year	05	112,529	38%
Process Indicators **				
10.	*Increase* in the number of beneficiaries under supplementary nutrition component of ICDS in both old and new blocks			
	a) 6 months to 72 months	05	5,251,779 (Base: As on 31.3.2001)	7,508,911 (as on 31.3.2006) *Increase:* 43%
	c) Pregnant & lactating Women	05	1,099,851 (Base: As on 31.3.2001)	1,559,986 (as on 31.3.2006) *Increase:*42%
11.	*Increase* in the number of 3 - 6 years old children attending pre-school education (PSE) at AWCs	05	2,959,629 (Base: As on 31.3.2001)	4,094,041 (as on 31.3.2006) *Increase:* 38%
12.	Proportion of AWWs reporting regular (monthly) growth monitoring of under 3 children	05	66.9% (BLS)	82.5% (ELS)
13.	Proportion of women consumed 100 or more IFA tablets during the last pregnancy [6]	05	NA	30.2% (ELS)
15.	Proportion of children 0 to 6 months being exclusively breastfed	05	28.4% (BLS)	20.9% (ELS)
16	Proportion of children age 6-9 months receiving solid or semi-solid food and breast milk (complementary feeding)	05	38.4% (BLS)	63.8% (ELS)
Additional Process Indicators (not listed under Key PMIs)				
17.	Proportion of children whose mothers did not squeeze out first	05	58.9% (BLS)	63.8% (ELS)

[4] In Tamil Nadu, out of 19,500 AWCs (all old) covered under the Project, limited number of baby and adult weighing scales were sanctioned.

[5] In all five States, limited number of AWCs were sanctioned outdoor-indoor play materials

[6] There was no intervention of providing IFA tablets to the pregnant women under the project. However, this indicator was included in the PMIs keeping in view the importance of ANC services of the pregnant women in convergence with the health.

Sl. No.	*Indicators*	*# Ref. States*	*Target (as per PIP)*	*Achievement*
	milk (colostrums)			
18.	Proportion of children who were breastfed within 2 hr of birth (early initiation of breastfeeding)[7]	05	37.1% (BLS)	51.1% (ELS)
19.	Proportion of children age 6-36 months consumed Vitamin-A rich food	05	53.3% (BLS)	70.6% (ELS)
20.	Proportion of children age 12-36 months who received Vitamin A dose	05	50.9% (BLS)	68.8% (ELS)
21	Proportion of children over 12 months that have ever been de-wormed	05	45.4% (BLS)	35.8% (ELS)
22	Proportion of children 12-23 months who received full immunization	05	NA	53.2% (ELS)
23	Proportion of women who received at least 3 antenatal check-ups during the last pregnancy	05	NA	66.5% (ELS)
24	Proportion of women having received 2 or more TT injection during the last pregnancy	05	NA	78.8% (ELS)
25	Proportion of children weighed at birth	05	39.9% (BLS)	46.2% (ELS)
26	Proportion of delivery (of last born child) in government/private hospitals/clinics (Institutional births)	05	22.7% (BLS)	23.4% (ELS)

* Source: (i) QPR dated March 31, 2006, CPMU, MWCD, GOI; (ii) ELS 2005

** No target was fixed in respect of Process indicators during the revision of PMIs. It was expected that there would be 'adequate' increase in the values of these indicators.

Note: BLS – Baseline Survey conducted during 2000-2001; ELS – Endline Survey conducted in 2005

ANNEX-2: COMPARISON OF SELECT INDICATORS BETWEEN NFHS-3 AND ENDLINE SURVEY

[All figures are in percent]

Indicator	***Uttar Pradesh***		***Rajasthan***		***Maharashtra***		***Kerala***		***Tamil Nadu***	
	ELS	NFHS-3	ELS	NFHS-3	ELS	NFHS-3	ELS	NFHS-3	ELS	NFHS-3
1. Underweight children (0-36 months) (<-2SD)	44.7	47.4	35.4	44.0	42.6	39.7	3.5	28.8	39.5	33.2
2. Children under 3 years breastfed within 1 hour of birth	5.4	7.2	10.9	13.3	56.8	51.8	70.2	55.4	86.9	55.3
3. Children age upto 6 months exclusively breastfed	43.3	51.3	5.9	33.2	3.8	53.0	18.90	56.2	42.8	33.3
4. Children age 6-9 months receiving solid or semi-solid food and breast milk	55.2	45.5	57.8	38.7	79.9	47.8	76.0	93.6	75.7	77.9
5. Children age 12-36 months who received vitamin A dose	41.6	7.3	54.5	13.2	94.3	32.0	77.2	38.2	87.3	37.2
6. Children 12-23 months who received full immunization	30.4	22.9	35.9	26.5	88.6	58.8	83.9	75.3	81.0	80.8

Source: NFHS-3 Provisional data, International Institute for Population Sciences, Mumbai (November 2006); ELS – Endline Survey (2005)

[7] Although the recommended time for initiation of breastfeeding is within 1 hr of birth, for comparison purpose this has been kept as 2 hrs, since data was not available for within 1 hr in BLS

ANNEX-3: ICDS-III PROJECT - FINANCIAL STATUS

[Rs. Million]

State	Revised Allocation	Funds Released	SOEs sent to CAAA for re-imbursement							Total	[Release - Expenditure]
			Expenditure (Category wise) (*)								
			C-1	*C-2*	*C-3*	*C-4*	*C-5*	*C-6*	*C-7*		
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
ICDS-III (Original)											
Uttar Pradesh	2,455.16	2,375.86	567.195	294.496	43.818	70.773	7.038	1372.411	0.056	2,355.79	20.07
Rajasthan	1,842.30	1,783.18	412.313	164.909	58.555	45.356	65.260	1095.857	0.000	1,842.25	-59.07
Maharashtra	2,190.20	2,178.40	553.900	255.761	22.151	65.208	24.071	1523.293	17.211	2,461.60	-283.20
Kerala	1,362.40	1,362.30	195.816	45.347	20.033	37.948	0.272	1008.831	3.325	1,311.57	50.73
Tamil Nadu	573.30	622.90	172.072	94.768	6.866	76.901	34.397	147.471	41.842	574.32	48.58
CPMU	62.30	48.08	1.169	1.791	0.000	3.512	0.000	38.227	0.000	44.70	3.38
Sub-Total (I)	**8,485.66**	**8,370.72**	**1,902.47**	**857.07**	**151.42**	**299.70**	**131.04**	**5,186.09**	**62.43**	**8,590.22**	**-219.50**
ICDS-III (Re-structured)											
Madhya Pradesh	2531.90	2176.70	176.622	25.808	47.488	13.055	36.887	2233.248	0.000	2,533.11	-356.41
Chhattisgarh	934.80	868.90	41.730	17.018	4.191	0.000	19.196	872.130	0.000	954.27	-85.36
Bihar	1671.40	1277.20	190.913	11.356	0.000	1.954	2.436	1420.522	0.000	1,627.18	-349.98
Jharkhand	758.30	628.00	80.208	9.036	0.000	30.443	1.554	603.089	0.000	724.33	-96.33
Orissa	304.81	304.77	185.385	0.000	0.000	14.240	11.483	0.000	0.000	211.11	93.66
Uttaranchal	148.80	148.85	126.855	0.000	0.000	0.000	14.060	0.000	0.000	140.92	7.93
Sub-Total (II)	**6,350.01**	**5,404.42**	**801.71**	**63.22**	**51.68**	**59.69**	**85.62**	**5,128.99**	**0.00**	**6,190.91**	**-786.49**
Model AWCs											
Gujarat	75.00	70.00	59.118							59.12	10.88
West Bengal	118.03	112.86	70.000							70.00	42.86
Karnataka	64.22	64.30	56.337							56.34	7.96
Haryana	41.53	41.57	40.910							40.91	0.66
J & K	39.84	30.00	0.000							0.00	30.00
Punjab	46.88	46.88	46.875							46.88	0.00
Himachal Pradesh	23.72	18.98	0.00							0.00	18.98
Pondicherry	1.78	1.70	0.00							0.00	1.70
A & N Islands	6.56	1.50	0.00							0.00	1.50
Sub-Total (III)	**417.56**	**387.78**	**273.24**							**273.24**	**114.54**
GRAND TOTAL (I+II+III)	**15,253.23**	**14,162.91**	**2,977.42**	**920.29**	**203.10**	**359.39**	**216.65**	**10,315.08**	**62.43**	**15,054.37**	**-891.45**

* **Category 1** indicates expenditure on civil works [Eligible re-imbursement = 85%], **Category 2** indicates on procurement of furniture/equipments [80%], **Category 3** indicates expenditure on procurement of medicine and medical supplies [80%], **Category 4** indicates expenditure on consultants and media services [100%], **Category 5** indicates expenditure on training & workshop including quality improvement activities (IEC, FREEQI, Study Tour etc) [80%], **Category 6** indicates expenditure on incremental and operating costs i.e. salaries, rent, POL etc.[60%, 40% and 30%], **Category 7** indicates expenditure on vehicles for field staff [65%]

ANNEX-4: ICDS TRAINING PROGRAMME - PROJECT UDISHA: FINANCIAL STATUS

[Rs., Million]

Sl.No.	State/UT	Revised Allocation	Funds released by GoI	SOE received & sent to CAAA	[Release-Expenditure]
1	*2*	*3*	*4*	*5*	*6*
1	Andhra Pradesh	476.89	476.87	489.00	-12.12
2	Arunachal Pradesh	17.78	17.78	14.85	2.93
3	Assam	120.61	120.61	85.45	35.17
4	Bihar	102.51	102.51	84.81	17.70
5	Chhattisgarh	110.47	110.47	99.48	11.00
6	Goa	3.52	3.52	3.42	0.09
7	Gujarat	121.42	121.42	93.04	28.38
8	Haryana	61.13	61.13	60.98	0.15
9	Himachal Pradesh	33.07	33.07	33.42	-0.35
10	J & K	60.48	60.48	28.66	31.83
11	Jharkhand	33.10	33.10	30.33	2.78
12	Karnataka	162.32	162.32	161.41	0.91
13	Kerala	158.80	158.00	160.60	-2.60
14	Madhya Pradesh	352.29	352.29	220.15	132.14
15	Maharashtra	332.04	331.04	330.11	0.93
16	Manipur	22.34	22.34	21.27	1.06
17	Meghalaya	21.51	21.51	20.57	0.95
18	Mizoram	16.49	16.49	16.65	-0.16
19	Nagaland	24.76	24.76	21.35	3.41
20	Orissa	118.96	118.96	116.78	2.18
21	Punjab	38.81	38.81	29.35	9.46
22	Rajasthan	232.52	230.02	203.31	26.71
23	Sikkim	5.30	5.30	5.31	-0.01
24	Tamil Nadu	186.88	186.88	173.95	12.93
25	Tripura	28.44	28.44	25.17	3.27
26	Uttar Pradesh	464.94	462.44	441.55	20.89
27	Uttaranchal	52.72	52.72	51.79	0.93
28	West Bengal	233.41	232.41	217.24	15.17
29	A & N Islands	3.06	3.06	1.76	1.30
30	Chandigarh	1.06	1.06	1.06	0.00
31	Daman & Diu	0.05	0.05	0.00	0.05
32	D & NH	0.25	0.25	0.00	0.25
33	Delhi	21.04	21.04	19.73	1.31
34	Lakshadweep	0.46	0.46	0.00	0.46
35	Pondicherry	1.41	1.41	1.16	0.25
All States/UTs		**3,620.82**	**3,613.00**	**3,263.68**	**349.32**
NIPCCD/CPMU/FNB etc		209.18	209.18	150.80	58.38
Grand Total		**3,830.00**	**3,822.18**	**3,414.48**	**407.70**