

# ICDS-IV PROJECT (IDA-ASSISTED)

[2008-09 to 2012-2013]

*Guidelines and Processes  
to be followed for the preparation of  
State Project Implementation Plans and District Annual Plans*

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MINISTRY OF WOMEN AND CHILD DEVELOPMENT  
GOVERNMENT OF INDIA**

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**Chapter One**

***Introduction***  
***Context, Principles, Objectives of ICDS-IV Project***

## 1. Introduction

1.1 The Government of India (GOI) had requested World Bank support for the next phase of the ICDS program and the World Bank agreed to work with the Ministry of Women and Child Development (MWCD) in selected States (identified on the basis of malnutrition parameters). The new project, Integrated Child Development Services-IV (ICDS-IV) is currently under preparation for implementation during the period 2008/09 to 2012/13.

1.2 Participation in the proposed Bank assisted ICDS-IV project mandates the preparation of State Project Implementation Plans (SPIPs) and District Annual Plans (DAPs) by the selected high-burden districts. The SPIPs form the basis for the World Bank appraisal of the ICDS IV project and are expected to outline how the participating States and Districts intend to utilize the additional resources to be made available to them for strengthening their ICDS programs.

1.3 This document has been prepared to facilitate the project preparation process not only for project approval in the current year but to act as a reference point for district and state level functionaries when undertaking district planning annually during the five year project period.

## 2. Context and Principles of the ICDS-IV Project

2.1 The Revised National Implementation Framework is expected to be introduced by the MWCD throughout the country during 2008-09. It is anticipated that the revised implementation framework would restructure the ICDS program with the objective of hastening 'universalisation with quality' by intensifying efforts to decrease malnutrition, infant mortality rate and improve early child development outcomes.

The key principles and strategies that the revised national implementation framework is expected to introduce and strengthen are:

- Restructuring ICDS institutional management at national, state, district, block and village level
- Strengthening basic infrastructure facilities and service delivery in Anganwadi Centres (AWCs)
- Decentralized planning and management to allow States to formulate context specific child care approaches
- Targeting children below three years more effectively and promote infant and young child nutrition (IYCN) practices and micronutrient supplementation interventions
- Targeting children three to six years more effectively and strengthening the pre-school education component
- Promoting convergence of inter related services viz. Reproductive Child Health (RCH)-II/National Rural Health Mission (NRHM), *Sarva Siksha Abhiyan* (SSA), safe drinking water and sanitation etc.
- Strengthening partnerships with Panchayati Raj Institutions (PRIs), non-governmental Organizations (NGOs)/community based organizations (CBOs), Public and Private Sector
- Strengthening the capacity of ICDS functionaries
- Promoting community participation
- Strengthening monitoring and evaluation (M & E) framework with emphasis on community based monitoring

## 2.2. Project Objectives:

The key objectives of the project are to:

- reduce child malnutrition among children in the age group of 0-6 years, with special focus on children below three years, through expanded utilization of nutrition services and awareness and adoption of appropriate feeding and caring behaviors by households; and
- improve early child development outcomes and school readiness among children 3-6 years of age; in selected high burden districts/States.

Special focus would be given to girls and children from disadvantaged sections.

## 2.3 Key Reform Principles

As agreed with the MWCD, the World Bank support to the ICDS-IV project will be premised on the implementation of the following five key reforms:

- A simplified, evidence and outcome-based program design
- Flexibility to the ICDS design from central level
- Stronger convergence with other line departments at the operational level
- Strong Monitoring and Evaluation
- More intensive efforts and resources targeted to the high-burden district

*For details on these principles, please refer to the Project Concept Note.*

## 2.4 Project Strategy

- strengthening the policy and programmatic framework within which nutrition and early childhood education (ECE) services are positioned; and
- providing intensive support in selected high-burden districts/States and expanding access and quality of nutrition and ECE services in these target areas – ensuring a focus on targeted developmentally appropriate services to the right age groups (nutrition for 0-3 year old children, and ECE for children 3-6 years old).

2.5 Until the revised national framework is introduced, the project will provide an opportunity to the select states and districts to pilot and experiment with/learn from decentralized planning, targeted approach for 0-3 year olds and 3-6 year olds, development of strong and effective information, education, communication (IEC) material and focusing on up-scaling of proven good practices for improving quality service delivery, convergence and community participation. Experiences gained during the first year of implementation can be used to streamline project structures, activities and planning processes which would help the project States prepare grounds for strengthening the ICDS program in line with the vision of the revised national framework.

***State Project Implementation Plans (SPIPs):  
Outline and Broad Structure***

### 3. Project Implementation Plans (PIPs)

3.1 Planning for the International Development Association (IDA)-assisted ICDS-IV project begins with the preparation of States' perspective Project Implementation Plans and District Annual Plans (DAPs) that include focused strategies and activities aimed at reducing child malnutrition and improving early childhood development. While the SPIPs would be developed for the 5-year project period, the selected high-burden districts would be required to submit DAPs on a yearly basis.

3.2 By introducing district level planning for the first time in the history of the ICDS programme, the ICDS-IV project aims to strengthen the capacity of the functionaries implementing the program in the field. This will help facilitate decentralized planning of the programme encouraging need based, targeted planning leading to improved quality, implementation and community ownership of the programme by the field functionaries and communities.

3.3 However, since districts are being asked to develop plans for the first time, it is imperative that the States engage in intensive capacity strengthening of districts in the first year of the project period. Thus, while efforts to develop district plans for the first year are to be initiated, the strategies and activities within the plan are to be largely guided by the State.

3.4 The States are expected:

- to outline processes and create institutions that would support, facilitate and monitor the planning process at the District level; and
- provide districts with a menu of interventions<sup>1</sup> to be implemented in the first year of the plan. The focus of these interventions would be capacity building and institutional strengthening for decentralized planning.

3.5 The State PIP will therefore, primarily focus on

- state level activities (applicable to all districts); and
- a district plan component, which would include all activities, envisaged to be implemented in the high-burden districts during the 5-year project cycle.

3.6 It is expected that the budgetary allocation by components across districts will be more or less uniform for the first year. Diverse and more detailed district plans are expected from the second year onwards.

3.7 While the processes to be followed in the preparation of SPIPs is important, so too is the documentation of the plan document. The project implementation plan document and the processes followed for its development will be required for:

- Appraisal of the project by the World Bank
- Preparation of the note for the Expenditure Finance Committee (EFC) and also the Cabinet Committee for Economic Affairs (CCEA) for approval by the GOI.

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<sup>1</sup> A suggestive menu of interventions has been outlined for reference in Section 6

*The processes to be followed for the development of the SPIPs and DAPs are discussed in detail in Annex-3*

#### **4. State Project Implementation Plan – An Outline**

4.1 To ensure consistency and uniformity in the documentation of project plans across States, a suggestive template has been outlined below.

##### **State PIP**

- A. Introduction
- B. Situation Analysis
  - (i) Nutrition
  - (ii) ECE
- C. Outcome indicators and targets to be achieved by 2012/13.
- D. State-level activities including systems for monitoring and evaluation of the activities
- E. Financial and Procurement Arrangements
- F. Budgetary allocation and expected expenditures for the period (2008/9 to 2012/13)

##### **Section 4 (A): Introduction**

4.2 Outline the socio-economic and demographic profile of the State and extract key features that bear relevance to the planning and implementation of the program. For example, the pockets with high levels of migration may require concerted strategy to address their specific situation and needs; low levels of female literacy may mean greater focus on developing non-verbal behavior change communication strategy; high percentage of tribal and backward areas may suggest the need to develop a separate tribal or backward area plan to reach out the populace etc.

##### **Section 4 (B): Situation and Gap Analysis**

4.3 In this section, States are required to analyze the current situation in the implementation of the ICDS programme and its gaps due to which desired results are not achieved. This analysis should be evidence-based and data driven and should look at the State as a whole as well as concentrate on selected high-burden districts.

##### **Institutional Capacity**

4.4 Outline the current status of ICDS functioning in the State. This should include both quantitative and qualitative information on the ICDS program –

- Total number of projects and AWCs – disaggregated by rural, urban and tribal areas
- Total coverage and beneficiaries – disaggregated by sex and caste
- Total staffing and infrastructure status
- Availability of resource centres and training institutions (ICDS, Health and Education)
- Potential institutions available for support in implementation (NGOs, CBOs, PRIs)
- The list of selected districts for ICDS-IV (Table 1)



**Table 1—[Name of State]-List of High-Burden Districts and Estimated Population**

Name of High-Burden District	Estimated total population	Estimated population of children		Underweight rates <sup>2</sup>	Anemia rates <sup>3</sup>
		0-3 years	3-6 years		
District 1-					
District 2-					
District 3-					
District N-					
Total High-Burden Districts					
Total State as a whole					

#### 4.5 Nutrition Status

Data from the program management information system (MIS) and the District-Level Household Surveys (DLHS-RCH and NFHS-III data) could be used for this section.

This section should describe the current nutrition status of the population in the State's high-burden districts, with special emphasis on the status of children below three years (the key target group for nutrition interventions under the program).

It should detail out what activities are being carried out under the ICDS program in the State to improve the nutritional status of children, especially those below three years of age. This should also include resource materials available to help the AWW, Supervisor and Child Development Project officer (CDPO) and the Health and Family Welfare functionaries in delivery of quality services. For example, IEC material for facilitating behavior change communication etc.

It should further highlight the successful interventions/good practices that have been carried out by the State, NGO or development partner – their effectiveness, problems and feasibility in up scaling them in all high-burden districts. Once again, this discussion should refer with supporting data sources (the DLHS-RCH and the ICDS MIS, as well as any studies conducted by the State or any other agencies).

#### 4.6 ECE Status

This section should describe the current status of ECE in the high-burden districts, based on the program MIS and other appropriate sources of data (PRATHAM's ASER report etc.). It should include the following specific points:

- Current access to ECE by children 3-6 years old, including voluntary and private sectors.
- Enrollment for ECE as a proportion of the relevant child population. If available, present this information disaggregated by gender and socio-economic groups.
- Types of ECE programs in terms of content, curriculum, duration, etc. and types of training programs currently offered

<sup>2</sup> Percentage of children below 72 months whose weight-for-age z-scores are at least two standard deviations below the median.

<sup>3</sup> Percentage of pregnant women aged 15-44 suffering from (moderate) anemia, i.e. hemoglobin 11 gm/dl (Source DLHS-RCH)

- Any other resource materials available to help the AWW, Supervisor and CDPO in implementation for example, pre-school education kit (all its content) etc.
- Current monitoring indicators and mechanisms in place, if any, for ECE

**Section 4 (C). Outcome Indicators and Targets**

4.7 In this section, the State would list the outcome indicators that will be used to assess program progress in the selected high-burden districts. The targets for the identified indicators to be achieved by each district by the end of the project cycle in 2013 will be determined on the basis of baseline values (2007 or most recent data).. **The list of outcome indicators to be assessed will be agreed between the World Bank and MWCD and will be provided to the States in due course.** The information in this section should be presented in a tabular form, using the following format:

**Table 2: Indicators: District wise Baseline Values and Target**

District	Indicators	Baseline value <sup>4</sup>	Date to which each baseline value corresponds, and source of data	Targets to be achieved by 2012/13
District 1	a. Indicator(s) to measure malnutrition in children below three years of age: a.1..... a.2..... [Etc.]			
	b. Indicator(s) to measure the coverage and quality of early childhood education (for children 3-6 years of age): b.1. .... b.2. .... [Etc.]			
District 2				
District 3				
District 4				
....				
...				

**Section 4 (D): Activity Plan including Monitoring and Evaluation Systems**

**4.8 State Level Activities**

This section should describe the activities that would be implemented by the State under the ICDS program over the 2008/09 to 2012/13 period. These activities should be grouped under main categories, as illustrated in Table 3.1 below. The section should also describe the *implementation arrangements* for the State-level activities—who will be responsible for doing what. In describing the various activities/interventions, *the State plan should make explicit whether the activity is aimed at strengthening an existing program or is a new enterprise. For every activity suggested it has to make a case as to why the activity can be expected to lead to better performance, as measured by improved program outcomes.*

<sup>4</sup> The baseline values for the identified indicators are to be determined on the basis of available reliable data sources. Indicators for which no data source is available may be left blank for the present. These baseline values are indicative and will be finalized after the completion of the baseline survey within 6 months of project effectiveness.

4.9 Since the high-burden districts in the eight project States are expected to prepare *District Annual Plans* for the first time, the States have to consider the need for capacity building of the concerned district and block officials. The State-level activities should, therefore, accord high priority to building and supporting the planning and implementation capacity of the high-burden districts, since outcomes from these districts would make a real difference to the program performance as measured by key outcomes.

4.10 In line with the above, SPIPs should address the following

- (i) The process whereby *Annual ICDS District Plans* in the high-burden districts have been/would be prepared and appraised/approved
- (ii) What technical assistance would the State level make available to high-burden districts to prepare their annual plans
- (iii) How would high-burden districts report on progress in implementing their plans; and
- (iv) How would implementation of the Annual ICDS District Plans be supervised and assisted by the State level

#### **4.11 District Level Activities**

In addition, the State plan has to include proposed activities for the selected high-burden districts for the 5 year project period (Table 3.2). The State is expected to broadly outline the activities that the districts would be undertaking over the five years. Since it would be difficult for the State to exactly specify what each district would be doing in each year of the project period, the district level activities suggested in this section would mainly cover/constitute a list of interventions that the State/districts believe are necessarily required under the project (to meet the project objectives). This common list of activities can be derived by the States' from the suggested menu of interventions (Section 6) and from the first year draft district annual plans.

4.12 In addition to this fixed menu of interventions, a broad component under an innovations and/or flexi fund can/should be included to allow for additional interventions that may emerge based on district specific needs and demands over the 5 year project period.

*NOTE: Activities suggested by the States and districts in the SPIPs should be targeted towards addressing identified gaps and should be backed by evidence that suggests significant impact on project outcomes.*

#### **4.13 Monitoring and Evaluation Systems**

This section should specify the planned systems for monitoring and evaluation of the project activities in the State. These need to be planned beyond the existing MIS system. Provisions need be made to organize workshops/seminars, study tours, exposure visits to best sites etc.

4.14 The tables below summarize the indicative list of activities along with the implementation/monitoring arrangements for each of these activities.

**Table 3.1: State Activity Plan (for State level activities): Five Years' Perspective Plan**

Broad Components	Problems / Gaps	Activities Planned to overcome gaps	Is it a new activity or aimed at strengthening an existing activity	Implementation Arrangement / Responsibility	Supervision Arrangement
<b>1. Project Management and Institutional Development</b>					
<b>2. Capacity Building</b>					
(i) Nutrition					
(ii) ECE					
(iii) Joint activities <sup>5</sup>					
<b>3. Information, Education, Communications</b>					
(i) Nutrition					
(ii) ECE					
<b>4. Monitoring, Evaluation and Operations Research</b>					
(i) Nutrition					
(ii) ECE					
<b>5. ECE Quality Assurance Measures</b>					

**Note:** This section should be presented in a narrative form and should cover information on all above-mentioned issues. The table is merely representative.

<sup>5</sup> Activities common to both Nutrition and ECE for example capacity building on project management, finance and procurement etc.

**Table 3.2 State Activity Plan for High-Burden Districts (based on a menu of interventions identified by the State): Five Year's Perspective Plan**

Broad Components	Problems / Gaps	Activities Planned to overcome gaps	Is it a new activity or aimed at strengthening an existing activity ?	Implementation Arrangement / Responsibility	Supervision Arrangement
<b>Strengthening Service Delivery</b>					
<b>A. Nutrition (0-3 yr olds)</b>					
a. Nutrition and Health Education					
b. Growth Monitoring and Promotion					
c. Micronutrient Supplementation/fortification					
d. Empowering Adolescent Girls					
e. Infant and Young Child Nutrition					
f. MCH services					
<b>B. Early Childhood Development (3-6 yr olds)</b>					
a. Joyful teaching/ learning material					
b. Capacity strengthening for ECE --Specially trained ECE facilitator/resource teams --Exposure visits --Any other					
c. Additional ECE activities at the AWC for quality enhancement and outreach -- Annual ECE day etc.					
<b>C. Joint Activities</b>					
a. Behavior Change Communication/IEC					
b. Awareness generation and increasing ownership of community, PRIs, CBOs, etc.					
c. Activities addressing social exclusion of SC/STs and other marginalized					

Broad Components	Problems / Gaps	Activities Planned to overcome gaps	Is it a new activity or aimed at strengthening an existing activity ?	Implementation / Arrangement / Responsibility	Supervision Arrangement
groups					
d. Convergence with line departments (H andFW, Education, Rural Development and PRI etc.)					
e. Flexi funds or innovation fund					
<b>Infrastructure and Capacity Development</b>					
a. Model AWCs, Cluster Resource Centres etc.					
b. Additional Staffing at the district level					

NOTE: Along with the five year perspective plan, detailed State and District Annual plans for the first year of project implementation are also required as part of the SPIP.

**Section 4 (E). Financial and Procurement Arrangements**

4.15 In this section, State has to indicate the arrangements for the financial management system by detailing out the delegation of financial powers at State and District levels for smooth implementation of the project.

4.16 During the first year of the project, several goods and equipments are expected to be procured to put the project management structure in place at the State (SPMU) and district levels (district cells). State would therefore be required to also include a detail procurement plan for first 18 months wherein the arrangement for procurement has also to be mentioned.

**Section 4 (F): Budgetary Allocation and Expected Expenditures (2008/9 to 2012/13)**

4.17 In this section, the SPIP should provide: (a) an estimate of the funding (resources) the State ICDS program could be expected to receive in the ICDS-IV project period 2008/09 to 2012/13;<sup>6</sup> and (b) a plan for allocating the total estimated resources among various program activities at both the State and district levels. The plan should clearly distinguish between resources to be allocated to nutrition activities, to ECE, and to activities common to both nutrition and ECE, referred to as “joint activities”.

4.18 A key feature of the planned ICDS-IV project is that the States are expected to target the identified worst-off districts --*high-burden districts*-- for intensive support.<sup>7</sup> To this effect,

<sup>6</sup> ICDS resources in any given State flow from two sources: (i) the GOI’s budget; and (ii) the State Government’s budget. Estimating the likely resources to be available to the program during 2008/09 to 2012/13 would require discussions between the State and MWCD officials, as well as between the State ICDS and Finance Departments.

<sup>7</sup> IDA reimbursements under the ICDS IV project would be limited to expenditures for activities in these districts, plus certain support activities at the State and central levels.

States will be expected to accord higher priority to high-burden districts. It is therefore, expected that a large portion of the State ICDS project resources would be devoted to funding activities included in the *District Annual Plans for high-burden districts*, with the remaining resources devoted to funding State-level activities. State-level activities should be *supportive of district-level activities*, which would constitute the critical inter-face between the service providers and the beneficiaries (children 0-6 years old).

4.19 The differential needs of the districts should be kept in mind while budgeting for activities. While costing, two important aspects need to be considered

- Costing based on unit costs (per block/AWC)
- Lump sum provisions

4.20 The resources for funding district-level activities in high-burden districts would be transferred to a given district as grant-in-aid, once the Annual District Plan for that particular district is approved by the State Directorate.

4.21 The information in this section should be presented in tabular form, with appropriate commentary/explanatory footnotes. An illustrative table format is shown below:

**Table 4.1A: [Name of the State] - ICDS Estimated Resources (2007/08 to 2012/13)<sup>8</sup>**

	2008/09	2009/10	2010/11	2011/12	2012/13	Total
<b>(Rs. in Lakh)</b>						
<b>A. Resources:</b>						
a.1. Funded by the GOI						
a.2. Funded by the State Government from its own budget (other than supplementary food supplementation costs)						
<i>Total State ICDS Resources [a.1 + a.2]</i>						

<sup>8</sup> Based on the existing costs, States are required to indicate the resources expected from the GoI as well as from the State Budget to implement the ICDS programme in the selected high-burden districts only. This will include the operational running cost for each of the block in the selected districts as well as some incremental costs at the state level (salaries, POL, contingencies etc).

**Table 4.2: [Name of the State] – ICDS-IV Project: Estimated Expenditures (2007/08 to 2012/13)**

	(Rs. in Lakh)					
	2008/09	2009/10	2010/11	2011/12	2012/13	Total
<b>B. Expenditures:</b>						
b.1. Recurrent expenditures <sup>9</sup> required to sustain ICDS activities which are ongoing in 2007/08, at State and selected District levels (*)						
<b>b.2. Expenditures for new or expanded ICDS activities:</b>						
<b>b.2.1. State Level:</b>						
1. Management and Institutional Development						
2. Capacity Building						
3. Information, Education, Communications and Community Participation						
4. Monitoring, Evaluation and Operations Research						
5. ECE Quality Assurance Measures						
<i>Sub-total b.2.1.</i>						
<b>b.2. 2. High-Burden Districts:</b>						
1. Strengthening Service Quality and Delivery						
A. Nutrition						
B. ECE						
C. Joint Activities						
2. Staffing and Infrastructure Development ( <i>including construction of AWCs/CDPO offices</i> )						
<i>Sub-total b.2.2</i>						
<b>Total State ICDS Expenditures [b.1 +b.2] (**)</b>						

(\*) Not eligible for IDA reimbursement.

(\*\*) Total Expenditures should be equal to Total Resources.

<sup>9</sup> it includes all eligible expenditures under ICDS general, for example, salaries/honoraria/POL/rents/PSE/Medicine kits etc.



***District Annual Plans (DAPs):  
Outline and Broad Structure***

## 5. District Annual Plan – An outline

5.1 For the first year (2008/09), the high-burden districts would prepare their plans largely with the support from the State resource team (*which would also formulate the guidelines and processes for the district planning exercise*). With gradual capacity development of district and block officials and the experience gained by virtue of participating in the planning process during the first year, the high-burden districts would have greater flexibility in planning their district annual plans from the second year onwards.

5.2 Thus, for the first year, the State would broadly indicate the activities that the select districts would be following and make corresponding budgetary allocations and projections for them in their SPIP. From the second year onwards (after an intensive initial year focused on capacity building), districts would be expected to develop plans based on their specific needs and funds would be allocated to them subject to approval by the State.

### District Annual Plan

- A. Introduction
- B. Situation Analysis
  - (i) Nutrition
  - (ii) ECE
- C. Outcome indicators and their targets to be achieved by 2012/13.
- D. District-level activities including monitoring and evaluation arrangements
- E. Budgetary allocation and expected expenditures for the year

5.3 The District Annual Plan (DAP) would be similar in structure to the SPIP. Sections A, B and C will include all information as detailed out in the corresponding sections in the SPIP (Refer Section 4A, 4B and 4C). The only difference would be that in the DAP the details of these sections would be focused on the district.

### 5.4 Section D: District-level activities including monitoring and evaluation arrangements

Annual ICDS District Plans for the high-burden districts should clearly reflect more intensive efforts and a richer mix of interventions aimed at achieving the project objectives. In describing the various activities/interventions, *the annual district plan should make explicit what will be new in the project, and make a case why these new features can be expected to lead to better performance, as measured by improved project outcomes*. For example, in terms of the mix of interventions for reducing malnutrition in children below three years of age, the program *should put a much greater emphasis on nutrition and health education and IEC than has been the case in the past*, since studies indicate that poor feeding practices (such as the lack of exclusive breast feeding and/or appropriate and timely complementary feeding at home) and inappropriate care of children in this age bracket (for example, in terms of hygiene and infection prevention) is a much greater problem than insufficient availability of food at the household level. Likewise, new modalities of service delivery should be devised, as appropriate.

5.5 Similarly, in the case of early childhood education, the following activities/interventions are believed to lead to significant improvement in the program's performance, and should be considered by the high-burden districts for inclusion in their annual plans: (a) promotion of quality service delivery through a well-trained service provider and the provision of stimulating playing

materials; (b) instituting a mechanism for regular monitoring of children’s learning and development; (c) conducting behavior change communication activities to enhance demand for appropriate early childhood education in the community; and (d) strengthening linkages with primary schooling. State level development of modules in local languages may be attempted, including preparation of flipcharts, posters, pamphlets, etc.

5.6 Annual district plans should also include a discussion of how the ICDS program in the district would seek to achieve a greater convergence with the programs/services implemented by the State Departments of Health (e.g., NRHM, RCH) and with activities of the State Department of Education.

5.7 The table below summarizes the various aspects and components that the district activity plan is expected to address

**Table 5: District Annual Activity Plan (2008-09)**

Broad Components	Problems / Gaps	Activities Planned to overcome gaps	Is it a new activity or aimed at strengthening an existing activity ?	Implementation Arrangement / Responsibility	Supervision Arrangement
<b>Strengthening Service Delivery</b>					
<b>A. Nutrition (0-3 yr olds)</b>					
a. Nutrition and Health Education					
b. Growth Monitoring and Promotion					
c. Micronutrient Supplementation/fortification					
d. Empowering Adolescent Girls					
e. Infant and Young Child Nutrition					
f. MCH services					
<b>B. Early Childhood Development (3-6 yr olds)</b>					
a. Joyful teaching/ learning material					
b. Capacity strengthening for ECE --Specially trained ECE facilitator/resource teams --Exposure visits --Any other					
c. Additional ECE activities at the AWC for quality enhancement and outreach					

Broad Components	Problems / Gaps	Activities Planned to overcome gaps	Is it a new activity or aimed at strengthening an existing activity ?	Implementation / Arrangement / Responsibility	Supervision Arrangement
-- Annual ECE day etc.					
<b>C. Joint Activities</b>					
a. Behavior Change Communication/IEC					
b. Awareness generation and increasing ownership of community, PRIs, CBOs, etc.					
c. Activities addressing social exclusion of SC/STs and other marginalized groups					
d. Convergence with line departments (H andFW, Education, Rural Development and PRI etc.)					
e. Flexi funds or innovation fund					
<b>Infrastructure and Capacity Development</b>					
Model AWCs, Cluster Resource Centres etc.					
Additional Staffing at the district level					

**Note:**

1. This section should be presented in a narrative form and should cover information on all above-mentioned issues. The table is merely representative.
2. While preparing the annual plans district authorities should use the State five-year perspective plan as a reference point.

**5.8 Section E: Budgetary allocation and expected expenditures for the year**

This section should briefly summarise the amount of resources (funding) expected by the district in the year to which the DAP pertains, and how the district intends to allocate those resources among the various activities. This information should be presented in a tabular form. An illustrative table is given below:

**Table 6.1: [Name of the District] – ICDS-IV Project: Estimated Expenditures (2008-09)**

Key Activity	Sub-activities	Budget				
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Strengthening Service Delivery						

<b>A. Nutrition</b>						
<b>(0-3 yr olds)</b>						
a. Nutrition and Health Education						
b. Growth Monitoring and Promotion						
c. Micronutrient Supplementation/fortification						
d. Empowering Adolescent Girls						
e. Infant and Young Child Nutrition						
f. MCH services						
<b>B. Early Childhood Development</b>						
<b>(3-6 yr olds)</b>						
a. Joyful teaching/ learning material						
b. Capacity strengthening for ECE --Specially trained ECE facilitator/resource teams --Exposure visits --Any other						
c. Additional ECE activities at the AWC for quality enhancement and outreach -- Annual ECE day etc.						
<b>C. Joint Activities</b>						
a. Behavior Change Communication/IEC						
b. Awareness generation and increasing ownership of community, PRIs, CBOs, etc.						
c. Activities addressing social exclusion of SC/STs and other marginalized groups						
d. Convergence with line departments (H andFW, Education, Rural Development and PRI etc.)						
e. Flexi funds or innovation fund						
TOTAL						
<b>2. Infrastructure</b>						

<b>Development</b>						
Model AWCs, Cluster Resource Centres etc.						
Additional Staffing at the district level						

(We may also need to include a summary table which looks at resources and expenditure – summary – have attempted the one below – you can go see if it is ok – needs to be changed or deleted)

**Name of the District] – ICDS-IV Project: Estimated Resources and Expenditure Summary (2008-09)**

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
<b>A. Resources:</b>						
<i>Total District ICDS Resources</i>						
<b>B. Expenditures:</b>						
b.1. Recurrent expenditures <sup>10</sup> required to sustain ICDS activities which are ongoing in the district						
<b>b.2. Expenditures for new or expanded ICDS activities:</b>						
1. Strengthening Service Quality and Delivery						
A. Nutrition						
B. ECE						
C. Joint Activities						
2. Staffing and Infrastructure Development ( <i>including construction of AWCs/CDPO offices</i> )						
<i>Sub-total b.2.</i>						
<b><i>Total District ICDS Expenditures [b.1 +b.2] (^)</i></b>						

(^) Total Expenditures should be equal to Total Resources

<sup>10</sup> it includes all eligible expenditures under ICDS general, for example, salaries/honoraria/POL/rents/PSE/Medicine kits etc.

## ***Suggested Menu of Interventions***

## 6. Menu of interventions<sup>11</sup>

Listed below are a number of activities that could be considered for inclusion in State PIPs and District Annual Plans. These suggested measures are believed to have a positive impact in improving the quality and effectiveness of service delivery in ICDS. States/Districts are free to choose activities based on the specific problems, requirements and outcome of consultations.

**NUTRITION:** The following is a menu of interventions to address infant and young child nutrition targeted at improving nutrition status for children between pre-pregnancy to three years of age:

1. **Nutrition and health education and IEC:** Intensive innovative media campaign and IEC on key issues such as :
  - Increased rest during pregnancy –especially in the last trimester
  - Appropriate new-born care
  - Promotion of early and exclusive breast-feeding for the first six months of life
  - Initiation of appropriate complementary feeding on completion of six months of age (micronutrient supplementation) along with breast milk.
  - Personal hygiene and hand-washing before feeding/after defecation
  - Delayed pregnancies, better birth spacing and adequate maternal care during pregnancy\*<sup>12</sup>
  - Prevention of sexually transmitted diseases (STDs) and reproductive tract infections (to prevent low birth weights)\*
  - Iron-folate supplementation during pregnancy to prevent low birth-weights\*
  - 
  - Bi-annual Vitamin A supplementation for all children 1-5 years of age\*
  - Twice-annual de-worming for all (including school children, adolescent girls and adults)\*
2. **Growth promotion and counseling** (on pre-pregnancy care, early and exclusive breast-feeding, appropriate complementary feeding, and infant and young child nutrition) by AWWs (*weighing scales for all categories, growth charts or cards, IEC materials, etc.*<sup>13</sup>.) To strengthen the growth monitoring and promotion component, the project design will pay adequate attention on counseling skills and quality of training of the AWWs ; provide AWWs with enough information, skills and motivation to refer sick children and weak newborns to health facilities; allow enough time in the AWWs schedule to provide the counseling and outreach services;
3. **Newsletter:** States may consider a monthly newsletter for mothers/AWCs produced and distributed at State/District-level that would deliver key nutrition and ECE messages.
4. **Recognition of best performing AWCs/workers:** Recognize “best AWC”, “best worker”, “model mothers”, “model fathers”, etc. and facilitate them through different forums/various occasions.
5. **Referral** of sick children and weak newborns to health facilities (*Referral slips/cards, transport vouchers for mothers of sick children etc.*). Convergence with NRHM.
6. **Iron-folate supplements** for adolescent girls if required through convergence with NRHM.

<sup>11</sup> This should be read with the Project Concept Note prepared by the MWCD, GOI

<sup>12</sup> ICDS will be responsible for creating the demand for the services marked with an \*. In most states, these services are provided by the MoHFW through RCH, NRHM, State Health Systems Projects, etc. In situations where this is not the case, ICDS funds could be used to support this intervention.

<sup>13</sup> All items listed in *parentheses in italics* are eligible supplies/expenses)



7. **Piloting conditional cash transfers (CCT)** for mothers who exhibit the appropriate health and nutrition behaviors, in specified difficult areas, after due processes.
8. **Engagement of local CBOs and health and ICDS training institutions** for systems strengthening, capacity development and inclusion of good practices in the training curriculum of ICDS and Health Department functionaries, after capacity assessment.
9. **Data analysis, review at each level and regular feedback to the lower level at regular intervals**
10. **Periodic joint reviews** by various stakeholders to initiate appropriate corrective measures.
  
11. **Cluster Resource Centers, specified trainings etc.**

### **EARLY CHILDHOOD EDUCATION**

1. Increasing coverage of ECE services for 3-6 year old children to cover all children (*habitation based planning; partnership with NGOs etc.*)
2. Improving quality of the ECE service delivery
  - a. Providing a dedicated/specially assigned and trained **community teacher** for ECE in identified difficult areas, as needed
  - b. Provision of **adequate space for a play based program of activities** (*civil works/ rent provision, as and where required*)
  - c. Provision of **age specific developmentally appropriate play and learning materials** (*development/production and supply of materials for 3-4 and 4-6 year olds*)
  - d. **Provision of training** – induction, monthly ICDS sector/circle meetings, annual refresher (*travel and per diem; training costs*).
3. Enhancing Community awareness about developmentally appropriate ECE and encouraging community involvement in management of the component (*community mobilization activities like kala jathas; folk theatre; posters; radio programs; Parent Teacher Association meetings*)
4. Constituting parents' committees for local management (*training of committees; contingency for maintenance of registers etc; devolution of Block grants against matching contributions etc*)
5. Enhancing institutional capacity for planning, supervision and management at State and District level
  - a. Identification of resource persons and institutions and preparation of State, District/Block resource groups (*training; preparation of resource materials/modules; travel costs etc.*)
  - b. Developing a system of outcome focused monitoring and evaluation for each administrative level within the State and District (*workshops; printing of forms/schedules etc; piloting in field; research; training etc.*)
  - c. Delineation of supervisor's role for mentoring and facilitation in ECE (*training; travel facility; contingency for monthly meetings, materials; reports and registers etc*)
6. Strengthening linkage with primary school /education
7. Developing an urban strategy for ECE

## **MONITORING AND EVALUATION**

Interventions related to M&E should focus on (i) improving the quality of data that is collected, (ii) increasing the use of data for management and decision-making in the ICDS program, and (iii) strengthening community-monitoring of ICDS. Some examples of possible interventions are:

- Introduce a Performance Rating System that uses MIS and other indicators to rank AWCs on the quality of their service delivery . Additional supportive supervision and resources should be augmented to support the low-performers
- Use village committees such as Mother’s Committees, self-help groups (SHGs) to support the AWW, monitor AWC performance and work with AWW to improve the service delivery efficiency. Encourage community spot-checks of the AWC activities and records.
- Maintain data boards on key indicators (e.g. number of malnourished children, complete immunization status of children and pregnant women) at the AWC, gram panchayats etc. for public information.
- Include AWC performance as an agenda item in the gram panchayat meeting for discussions and invite the AWW and ANM to the meetings with records.
- Standardize the processes/activities and institutionalize them to make the key players accountable at different levels, deliver quality services and ensure sustainability.
- Develop performance-management toolkits that guide supervisors, CDPOs and others in using the MIS to inform action in service delivery. Examples of such toolkits exist on the CARE-India website ([www.careindia.org](http://www.careindia.org)) - a tool for the for field monitoring by ICDS Supervisors, Guidelines for Facilitating Sector Meetings etc.
- Periodical joint surveys by the AWW and ANM, monthly data collection and analysis through the sector meetings which would also promote convergence.
- Establish block-level advisory committees (BLAC) with representatives from Health, ICDS, Education, Rural Development Departments and local NGOs, chaired by the Block Development Officer to review project activities (including monthly progress on key indicators) and follow-up on the grey areas or float the unresolved issues to the district forum for prompt action.
- Constitute a similar committee to be chaired under the chairmanship of the District Collector (DC) with all line departments, representatives of developmental partners supporting ICDS program, and key NGOs to oversee the project activities. The periodicity can be decided based on the availability of the DC.
- Hold state-level review meetings where data on the performance of each district on key indicators can be presented providing an opportunity for other districts to review and discuss for cross learning.
- Establish an M&E cell or working group at the State-level that meets regularly to review MIS data and recent survey data (e.g. DLHS and NFHS-III),and formulate short-term action plans
- Computerization of MIS that enables real-time data transmission through internet (eg. Maharashtra MIS)
- Periodic quality checks of MIS data to uncover systematic errors in reporting
- Introduce village-level social mapping to ensure enumeration of all the households, ensuring identification of dropouts by the community and facilitating their participation in ICDS services.

- Publishing ICDS results in local print media, display the results at public places (government buildings or at shops/markets)

## ***Annexes***

**Annex 1: Checklists for State PIP**

**Annex 2: Checklist for District Annual Plans**

**Annex 3: State/District level processes for development of  
State PIP/District Annual Plans**

**Checklist for State PIPs**

The SPIP should include the following:

- a) An yearly allocation for District Annual Planning processes
- b) Plans for improving micronutrient supplementation aspect of the program
- c) A plan for improving ECE curriculum quality
- d) Focused IEC strategy on both Nutrition and ECE aspects of the program
- e) Plans for strengthening the MIS of the State
- f) Plans for introducing community based monitoring systems like social audits etc.
- g) Inclusion of findings of the social assessment studies in the plan
- h) Detailed cost
- i) Procurement Plan
- j) Financial management system (fund flows, audit mechanisms etc.)
- k) Implementation arrangements at the State and district levels
- l) Social equity issues
- m) If infrastructure development/construction to take place, then a model building structure to be developed and an environment management framework to be developed
- n) In States with significant tribal population, a tribal development plan will have to developed (as part of the State PIP) to address the special needs of the tribal communities

In its first year plan the SPIP should include:

- a) Intensive efforts at capacity building on decentralized participatory planning at the district level
- b) Institutionalization of processes and structures for decentralized planning and decision making
- c) Institutionalizing monitoring and evaluation mechanisms to oversee the district planning process

**Annex 2****Checklist for District Annual Plans**

1. Evidence of
  - ✓ Interface with Elected Representatives of the local bodies at all levels
  - ✓ Interface/consultation with CDPOs, Supervisors and AWWs
  - ✓ Interface with district and block level officials of the Health and Education departments and other relevant line departments
  - ✓
  - ✓ Participation and inclusion of special needs of tribal and other excluded populace
2. They should include
  - ✓ Constitution of committees at the district and block level to oversee the project activities
  - ✓
  - ✓ Community participation for example, through joint bank accounts (AWW/PTA), handing over cooking responsibility to SHGs etc.
3. Clear distinction in strategies/approach and activities adopted for children 0-3yrs (main focus on health and nutrition) and children 3-6yrs (main focus on ECE)
4. Assessment of
  - ✓ Training needs and current capacity of field functionaries and
  - ✓ Current capacity of training facilities/resources persons etc. in the district
  - ✓ AWC-wise assessment of facilities and materials – weighing scales, medicine kits, ECE kits etc
5. Identification and assessment of ‘good practices’ and innovations that have proved effective in fulfilling at least any of the project objectives
6. Special efforts are to be made to engage the Tribal Development Department in the tribal areas planning process and ensure that the needs of the tribal communities are taken into account during the planning process.

***Annex 3: State/District level processes for development of  
State PIP/District Annual Plans***

### State Project Implementation Plan – Processes in Preparation

A decentralized participatory approach to planning would necessitate a comprehensive consultative process at both the State and the District Level. Outlined below are some indicative steps that the States could follow.

1. Organization of a State Level Workshop for the orientation of State and district ICDS Officials and State officials from the health and education department on ICDS-IV - the project concept note and the processes for the preparation of PIPs
2. Formation of a State Resource Team (SRT) for providing inputs in the development of the SPIP and DAPs. The Resource Team would also be responsible for coordinating and monitoring the project preparation process.

*The State Resource Team (SRT) would constitute:*

**2-3 key Government Officials (at the level of Dy. Director/Joint Director and above level) from the Department/Directorate of Women and Child Development, State Representatives of the Development Partners (who have formally agreed to support the PIP preparation), Representatives from RCH-II/NRHM and SSA (one each).**

*The SRT will be led by the Director of Women and Child Development.*

Its terms of reference would include:

- Facilitation of consultations at the State level for developing the State component of the SPIP
  - Preparation of a menu of interventions for the Districts to follow in the first year of their plan
  - Providing inputs for the preparation of the SPIP
  - Development of an action plan along with a timeline to be followed by the districts in the preparation of DAPs.
  - Technical support to the districts through the participation of some of its members in the district planning processes
3. Since it may not be possible for the SRT to undertake the many responsibilities required for the development of SPIPs/DAPs in a time bound manner, it is suggested that the SRT primarily play the role of a SPIP preparation committee. Another Technical Support Team (TST) with identified technical experts should be formed to undertake/facilitate the following activities
    - Outline district level processes and methods for facilitating participatory planning
    - Capacity building of district and block level officials to undertake decentralised planning
    - Review and provide feedback to districts on their draft district plans.



The TST is expected to be part of the proposed State Technical Support Unit (STSU), to be funded by the World Bank-DfID as part of the preparation of the project.

4. Organisation of a series of consultations for the development of the State component of the project implementation plan which would primarily include: Capacity Building, IEC and Monitoring & Evaluation.

The consultations would include all key stakeholders involved in the implementation and support of the ICDS program – State level ICDS, health, education, social welfare, and tribal development departments, development partners and non-governmental organisations active in the field, etc.

5. Preparation of a procurement manual and a procurement plan for the first 18 months, which is required to be completed along with the SPIP.
6. Putting in place implementation arrangements for the project.
7. Development of a draft SPIP based on inputs received during the consultations
8. Sharing of the draft SPIP with multiple stakeholders at the State level (related government functionaries, development partners and NGOs working in the field) for their inputs and feedback.
9. The revised SPIP (incorporating the feedback obtained at the State level consultation) to be shared with the MWCD, GoI and the World Bank during the Bank's third preparation mission
10. The feedback given during the third preparation mission by the MWCD, GOI and the World Bank to be incorporated giving a final shape to the SPIP. The final SPIP is then to be submitted to the MWCD, G OI and the World Bank for appraisal

## **District Annual Plan – Processes in Preparation**

### **STEP 1: Formation of District Resource team (DRT)**

Following the State level orientation, each district needs to constitute DRT to oversee the preparation of the District Annual Plan. The District resource team would be responsible for:

- Providing an action plan and timeline to the State Directorate for the preparation of the District Annual Plan
- Coordinating the consultative process to be undertaken in the district
- If supported by development partners or consultants, provide inputs in the development of DAP and monitor the processes followed

The DRT would constitute:

**District Programme Officer (ICDS), 2 CDPOs, 2 Supervisors, District Immunization Officer, 2 Block Medical Officers, Representatives of Development Partners (who have formally agreed to support PIP preparation) and District Officers from RCH-II/NRHM and SSA (one each).<sup>14</sup>**

### **STEP 2: Consultations with Stakeholders**

**Organize district level consultations for detailed deliberations on project concepts of ICDS-IV and the preparation of District Annual Plans.**

These consultations are to include all key stakeholders involved in the implementation and support of the ICDS program – district and block level ICDS, Health, Education, Social Welfare, Tribal Development and officials from other relevant line Departments, district level PRI representatives, relevant NGOs and CBOs,, active community members etc.

### **STEP 3: Orientation of the DRT by the SRT**

The DRT would be oriented on the conceptual framework outlining the roadmap to reducing malnutrition and improving ECE, on how to do a situation analysis and set targets, and the steps and timeline for preparation of PIPs.

### **STEP 4: Needs Assessment**

#### **a) Primary and Secondary Data Collection**

The DRT to undertake secondary data collection on relevant parameters mentioned in the schedule. For primary data collection the DRT to identify active Supervisors or NGOs at block/cluster levels in different villages of the district. These identified individuals and/or organisations to carry out consultations through various means like focused group discussions (FGDs), community meetings, individual interviews etc. and collect context- specific

<sup>14</sup> As the planning process matures, in the second year of planning Panchayat Representative (e.g. Zila Parishad Chairperson) and NGOs may also be included in the resource groups

information identifying the gaps and needs to address the high malnutrition and poor early childhood education outcomes for preparation of plans.

Focused group discussions are to include a group of AWWs, ANMs, Supervisors, CDPOs, pregnant women and lactating mothers and mothers of children 3-6 years from different blocks. Care should be taken to include both good and bad performing blocks in the sample for FGDs. Individual interviews may be conducted with some Medical Officers, PRI representatives and NGOs. The sample of areas covered for this exercise should include rural, urban and tribal areas.

The discussions should focus on demand generation, extent of social inclusion and service delivery for each of the two elements (nutrition and ECE) of the ICDS-IV with an emphasis on factors affecting quality and reach of service delivery and how the interventions will differ from the present mode. It is important that the discussions be documented in a simple format by the persons conducting these.

For blocks with special needs, like tribal blocks or geographically difficult areas, extra efforts to be made to undertake block/area specific needs assessment and consultation.

**b). Data Analysis**

Data/information collected to be consolidated and analysed at the Block or District level (as appropriate) by the DRT and the Block Resource Teams (if constituted at the block level). Analysis would lead to identification of gaps and required priority interventions

**STEP 5: Sharing of draft plan**

The broad strategies and activities as derived from the situation analysis to be used to draw up a draft DAP and shared with relevant stakeholders at the block and then at the district level for their feedback and additional inputs

**STEP 6: Preparation of the draft plan**

The draft plan to be finalised by incorporating the inputs and suggestions received during the sharing workshop and the final identified activities to be budgeted and classified into broad components of capacity building, IEC, ECE, Nutrition etc. by the DRT

**STEP 7: Submission of the draft DAP to the State Directorate**

The revised draft DAP to be sent to the State Directorate for its feedback and comments.

**STEP 8: Finalisation of DAP**

DAP to be finalised taking into account the feedback from the State Directorate. The final DAP to be sent to the State Directorate for incorporation in the SPIP