

IDA assisted ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)

Background

The World Bank had been supporting the Government of India to improve nutritional status of children through specific projects in ICDS (TINP-I & II, ICDS-I, ICDS-II, ICDS-III/WCD, Udisha, ICDS-APERC etc) with an overall investment of about US\$712 million till 2005-06. Most of these supports had been towards augmenting the Government resources in operationalization of the ICDS projects and Anganwadi Centres, along with additional support on the quality improvement activities (IEC/BCC, M & E, Innovation, training & capacity building, MIS etc). Evaluation findings of the previous projects offered evidence of improved programme coverage, service delivery and outcomes relating to project specific indicators. Encouraged by these results, the Ministry of Women and Child Development formulated a specific project called “ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)” (formerly called ICDS-IV Project) for seeking IDA assistance from the World Bank.

Project Rationale

ISSNIP has been designed to supplement and provide value addition on the existing ICDS programme, through a process of systems strengthening at different levels of programme implementation. It will also facilitate the select States/districts to experiment, innovate and conduct pilots of potentially more effective approaches to achieve the early childhood education and nutrition outcomes and offer evidences for scale up. The additional financial and technical support through the project is *catalytic* and is an important dimension of MWCD’s overall efforts to strengthen and restructure the ICDS programme. The project will, *inter-alia*, support building capacities of district and block level ICDS functionaries for development of District ICDS Action Plans and results-oriented monitoring and evaluation system.

Implementation Approach

The project has been designed following Adaptable Program Loan (APL) approach of the World Bank. It will be implemented in two phases – an initial preparatory/formative phase (Phase 1) of 3 years with clearly defined benchmarks, followed by a 4 year full-scale implementation phase (Phase 2) upon meeting of the agreed benchmarks.

Project Components

Phase 1 of the project has four major components, viz.,

- a) Institutional and systems strengthening in ICDS
- b) Community mobilization and behaviour change communication
- c) Piloting multi-sectoral nutrition actions and
- d) Project Management, Technical Assistance and Monitoring & Evaluation

A list of activities/interventions proposed under the above four components is placed at Annex-1.

Project Development Objectives

Overall goal of the two-phased project is to improve nutritional and early childhood development outcomes of children in India. Key objectives of phase 1 are to support the GoI and the selected States to (i) *strengthen the ICDS policy framework, systems and capacities, and facilitate community engagement, to ensure greater focus on children under three years of age in the project districts; and (ii) strengthen convergent actions for improved nutrition outcomes in the stipulated districts.*

Expected Outcomes

Activities and interventions proposed in Phase 1 are expected to result into the following broad outcomes:

- (i) Strengthened ICDS policy and programme framework at national and State level*
- (ii) Revised monitoring system to measure the effectiveness of ICDS programme in project States fully operational*
- (iii) A mechanism for incremental learning and capacity building within ICDS established at district and block levels in project States*
- (iv) Viable approaches and models of community participation identified in project States based on analysis of existing or past examples and outcomes of innovation pilots*
- (v) Effective BCC strategy and its implementation plans focusing on feeding and care of under-3s developed and rolled out in project States*
- (vi) Replicable models of convergent action for improving nutrition outcomes established in at least one district in each project State.*

By the end of phase 2, the project is expected to achieve substantial improvements of a range of caring behaviours and practices related to child health, nutrition and development, in the project areas. Quantitative targets for these indicators will be determined after the baseline assessments are completed during phase 1.

Triggers for moving to Phase 2

- (i) 50% of project blocks reporting information using the revised ICDS management information system*
- (ii) Guidelines for the identified four strategic areas of ICDS systems strengthening developed by MWCD and disseminated to the participating States*
- (iii) In 50% of project districts, district resource groups established and trained to implement the incremental capacity building system*
- (iv) At least four project States have conducted at least one pilot to test the effectiveness of a system of joint planning and review by AWW, ASHA and ANM at the Health sub-centre level in improving quality and coverage of health and ICDS services*
- (v) At least in four States convergent nutrition action plans for piloting at district level have been developed*
- (vi) Baseline data collection for Phase 2 of the project completed in all project states*

Project Coverage

The project will be implemented in identified [162](#) districts having higher proportion of child under-nutrition across eight States, viz. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and Andhra Pradesh. Besides, urban pilots will be undertaken in and around NCR of Delhi and convergent nutrition actions pilots in some selected districts in two non-project States viz., Odisha and Uttarakhand.

Project Financing

Total size of the project is Rs. 2893 crore with 70% IDA share of Rs. 2025 crore (USD\$ 450 million) over 7 years. Estimated cost of phase 1 of the project is about US\$ 151.50 million (Rs. 682 crore) of which US\$ 106 million is the IDA share. Phase 2 of the project is currently estimated at Rs. 2211.29 crore, of which IDA share is 1547.90 crore (US\$ 344 million). States will be bearing 10% of their project costs. Phase-wise and component-wise project cost is placed at Annex-2.

Project Effectiveness

The Cabinet Committee on Economic Affairs (CCEA) [had approved](#) the whole project for an amount of Rs. 2893 crore for 7 years in its meeting held on 4 October 2012. The [financing agreement for Phase 1](#) of the project for an amount of USD 106 million was signed between the Department of Economic Affairs (DEA), Ministry of Finance, Govt. of India and the World Bank on 5th November 2012. Thereafter, the project was made effective on 26th November 2012. Administrative approvals and guidelines have been issued to the States on 10th January 2013. The Project was formally launched by Mrs. Krishna Tirath, Hon'ble Minister of State (IC), WCD in New Delhi, on 9 May 2013.

Lending Terms

ISSNIP comes under IDA 16 cycle commenced from July 2011. Following are the lending terms as per the Financing Agreement dated 5 November 2012:

<i>Standard IDA terms:</i>	25-year maturity with a 5-year grace period
<i>Interest payable:</i>	1.25% per annum
<i>Service charge:</i>	3/4th of 1% i.e. 0.0075% per annum

Annex-1: List of proposed activities under ISSNIP (Phase 1)
(As per the Administrative Approval & Guidelines date 10 January 2013)

Component 1: ICDS Institutional and Systems Strengthening

- i. Review, refinement & development of guidelines/standards/protocols/ procedures in ICDS**
 - Review, harmonization and refinement of all existing guidelines in ICDS
 - Human resource policy reform
 - Introduction of district-based decentralized planning in ICDS
 - Support to ECE reform in ICDS
 - Development of operational guidelines for strengthening supplementary nutrition component of ICDS
 - Development of guidelines to facilitate engagement of civil society organisations in ICDS implementation
 - Development of a strategy and implementation of a pilot to facilitate voluntary actions for child development; etc
- ii. Strengthening and expanding ICDS monitoring systems**
 - Supporting roll-out of revised MIS in ICDS in 8 project States
 - Development and roll out of programme management and supportive supervision tools;
 - Establishing an independent and concurrent evaluation mechanism in ICDS;
 - Establishing mechanisms for external data validation;
 - Piloting mechanisms for providing ICDS services to migrants; etc
- iii. Innovations in strengthening training and capacity building**
 - Conducting training needs assessment (TNA) of functionaries and trainers
 - Review and revision of existing job and refresher training curricula, contents and training methodology, jointly with NIPCCD
 - Designing and piloting of continual, incremental learning approach for training of field functionaries
 - Development, field testing and roll out of specific training modules on thematic issues
 - Building programme management and leadership of officials through short training courses
 - Inter and intra-State exposure/learning exchange visits by ICDS functionaries
- iv. Strengthening convergence with health**
 - Review/refinement and Development of Guidelines related to convergence between health and ICDS:
 - Designing and implementing models of convergence
 - Piloting of sub-centre level meetings of ASHA, AWW and ANM for joint planning and implementation
 - Joint Training of Health and ICDS functionaries on specific themes
 - Engagement of PRIs for Strengthening Convergence
- v. Institutional support for innovations and specific pilots**
 - Development of urban strategy in ICDS;
 - Designing and implementation of urban pilots in ICDS in and around NCR of Delhi;
 - Piloting of stimulation and cognitive activities for preschool children;
 - Untied funds for districts for any pilot/innovation
 - Designing of 'Model' AWCs, etc.

vi. Implementation support at district and block levels

- *Provision of consultants support at the district and block levels (@ 2 persons both at the district and block levels)*

Component 2: Community Mobilization and Behaviour Change Communication (BCC)

- *Piloting model(s) of community engagement*
- *Designing and piloting of social agreements in ICDS*
- *Capacity Building of community based organizations (CBOs) for engaging in ICDS*
- *Piloting of community monitoring (social audits) in ICDS*
- *Organization of community based events for sensitization on key health and nutrition issues*
- *Partnerships with local NGOs for supporting community mobilization and behaviour change activities:*
- *Review of existing models of PPP and piloting*
- *Formative research and review of existing BCC practices, experiences, approaches across different states and collation of tools and materials and; Development of a Behaviour Change Communication (BCC) strategy for ICDS*
- *Designing and implementation of pilots and tools for strengthening home visits*
- *Designing and piloting use of ICT for communication and MIS*
- *Advocacy and Knowledge Sharing*
- *Design, pre-test and implement some mid-media initiatives such as folk theatre, film shows; etc*

Component 3: Piloting Convergent Nutrition Actions

- *Developing conceptual frameworks and tools for facilitating multi-dimensional interventions*
- *Inter-sectoral nutrition action committee formation and consultations*
- *Development of state specific convergent nutrition action plans and designing and implementation of multi-sectoral pilots*
- *Documentation, evaluation and research on multi-sectoral pilots*

Component 4: Project Management, Technical Assistance Agency, Monitoring & Evaluation

- *Provision of Central Project Management Unit within MWCD and State Project Management Units (SPMUs) in 8 States*
- *Technical Assistance Agency (at the central level)*
- *Project M & E:*
 - *Establishment of a project monitoring system to monitor project activities and deliverables at all levels*
 - *District Level Rapid Assessments and ongoing internal assessments at sector level using LQAS approach*
 - *Conducting operations research studies; including documentation and dissemination of effective pilots*
 - *Social Assessments and Ethnographic study in SC/ST/Minority Areas*
 - *Impact Evaluation (including baseline and end line surveys)*

**Annex-2: Phase-wise project cost by components/sub-components
(8 States + Centre)**

(Rs. Lakh)

<i>Sl. No.</i>	<i>Component/ Sub-Component</i>	<i>Phase 1</i>	<i>Phase 2</i>	<i>Total</i>	<i>%</i>
Component 1: Institutional and Systems Strengthening in ICDS					
1	Review and refinement/development of guidelines, standards, protocols and procedures	232.3	110.6	342.9	0.1
2	Strengthening and expanding ICDS monitoring systems	2,259.6	4,422.6	6,682.2	2.3
3	Strengthening training and capacity building	3,108.9	9,950.8	13,059.7	4.5
4	Strengthening convergence with health	5,033.2	16,584.7	21,617.9	7.5
5	Innovations and pilots	9,683.1	29,962.9	39,646.0	13.7
6	Implementation support at district and block level	19,834.5	55,282.2	75,116.7	26.0
Sub-Total-1		40,151.6	116,313.8	156,465.4	54.1
Component 2: Community Mobilization & Behaviour Change Communication (BCC)					
7	Activities for enhancing community participation and engagement in ICDS	16,101.6	50,859.6	66,961.2	23.1
8	Strengthening behaviour change communication (BCC)	1,697.7	17,690.3	19,388.0	6.7
Sub-Total-2		17,799.3	68,549.9	86,349.2	29.8
Component 3: Piloting Convergent Nutrition Actions					
9	Multi-Sectoral planning and pilots	684.2	3,095.8	3,780.0	1.3
Sub-Total-3		684.2	3,095.8	3,780.0	1.3
Component 4: Project Management, Technical Assistance and M & E					
10	Central and State Project Management Units (CPMU/SPMUs)	5,438.2	15,479.0	20,917.2	7.2
11	Technical Assistance (management & personnel cost)	1,993.4	5,528.1	7,521.5	2.6
12	Project Monitoring and Evaluation	2,104.6	5,528.2	7,632.8	2.6
Sub-Total-4		9,536.2	26,535.3	36,071.5	12.5
13	Construction of Model AWCs		6,633.9	6,633.9	2.3
GRAND TOTAL		681,71.3	2211,28.7	289,300.0	100.0