

No. 2-9/2012-WBP
Government of India
Ministry of Women and Child Development
(World Bank Project Unit)

First Floor, Janpath Hotel
Janpath, New Delhi 110 001

Dated: 10th January 2013

ORDER

Subject: International Development Association (IDA) assisted 'ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)' (Credit No. 5150-IN) - Central Component of the Project - Administrative Approval and Guidelines - Regarding.

Administrative approval of the Government of India (GoI) is hereby conveyed for implementation of the International Development Association (World Bank) assisted 'ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)' in the identified 'high-burden' districts in the selected States with a total outlay of Rs. 2893.00 crore (with IDA share of Rs. 2023.00 crore equivalent to US\$ 450.00 million) for a seven-year period from the date of effectiveness of the project i.e., from 26th November 2012 (2012-13) to 31 October 2019 (2019-20). ISSNIP has been designed to supplement and provide value addition on the existing ICDS programme, through systems strengthening for better service delivery, as well as to allow the select States/districts to experiment, innovate and conduct pilots of potentially more effective approaches for ICDS, to achieve early childhood education and nutrition outcomes. The additional support through the project is catalytic and is an important dimension of Government of India's efforts to strengthen and restructure the ICDS programme.

1. Project Development Objectives (PDOs)

The overall goal of the project is to contribute towards improving the child development outcomes including the nutrition and early childhood education outcomes in the areas with higher proportion of underweight children. The project will be implemented in two phases; each phase having specific development objectives. Key outcomes of phase 1 of the project are related to strategic learning and systems strengthening in ICDS programme, which will shape future strategies that can be implemented in phase 2 to address programme outcomes at large scale. The results framework of phase 1 of the project is at **Annex-1**. Phase 1 outcomes will be assessed using a set of process indicators reflecting the following specific project development objectives (PDOs):

- i. to strengthen the policy framework, systems and capacities of the ICDS Programme at the national level and in 8 selected States to deliver quality services, facilitate community engagement and ensure focus on children under three; and*
- ii. to strengthen coordinated and convergent actions for nutrition outcomes at the national level and in 8 selected States.*

2. Project Coverage

The project is proposed to be implemented in the identified 162 districts (**Annex-2**) having higher proportion of under-weight children (0-6 years) in the eight States, *viz.* Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and Andhra Pradesh. The project will also support undertaking urban pilots in ICDS, in and around NCR of

Delhi and convergent nutrition action pilots in some selected districts in two States *viz.*, Odisha and Uttarakhand.

3. Project Implementation Approach

The project has been designed following an Adaptable Programme Lending (APL) approach that facilitates '*learning-by-doing*' across two distinct phases, with Phase 1 of three years being the formative and preparatory phase during which a number of systems will be strengthened and new approaches/pilots will be tested at different scales in the selected areas. Upon achievement of APL triggers, project will move to Phase 2 at the end of Phase 1 period or before, depending upon the progress of Phase 1 objectives and results. Phase 2 of the project will be implemented over a four year period and will aim for large scale application of lessons learnt and approaches evolved during Phase 1 to achieve the measurable outcomes.

4. Project Components

Phase 1 of the project has four components - Component 1: ICDS Institutional and Systems Strengthening; Component 2: Community mobilization & behaviour change communication (BCC); Component 3: Piloting convergent nutrition actions; and Component 4: Project management, technical assistance, monitoring & evaluation.

Keeping in view of nature of Phase 1 of the project, many of the activities/interventions proposed under the aforesaid four components will first be undertaken at the central level for designing of framework, guidelines, pilots, action plans, etc., based on the reviews/consultations /studies, before they are implemented/piloted at the State level.

Component 1 will support strategic interventions to enhance the effectiveness of the ICDS programme. Proposed activities, *inter alia*, include (i) refinement of policies and guidelines across the ICDS programme; (ii) strengthening programme stewardship, implementation, and monitoring and evaluation systems and capacities; (iii) introducing and assessing a variety of innovations to improve the effectiveness of the programme, etc.

Component 2 will strengthen the supply and demand-side interface of ICDS through community mobilization and behavior change communication (BCC). It will: (i) review the experience of community participation, including public-private partnerships, social audit and voluntary actions, and pilot promising approaches of community engagement in select districts; design and pilot the concept of 'social agreement' and, based on this, develop pilots for community engagement for replication; (ii) promote community involvement and action through the education and empowerment of community-based organizations, using traditional community events to promote appropriate nutritional practices; and initiating partnerships with CSOs/CBOs at the district level; and (iii) develop and implement evidence-based BCC strategy.

Component 3 will support piloting convergent actions of multiple sectors for improving nutrition outcomes. Activities will include: (i) development of frameworks and tools at various levels for facilitating convergent action of related sectors; (ii) setting up and strengthening of structures for planning, coordinating and monitoring nutrition actions across multiple sectors; (iii) development of action plans and implementation and evaluation of these multi-sectoral initiatives for potential scale-up; and (iv) evaluation and operations research.

Component 4 will support establishing project management units at the central and State levels within the MWCD and State ICDS Directorates respectively along with goods, training and incremental operating costs for these units for an effective project implementation; contracting an independent Technical Assistance Agency (at the central level) to provide required technical support in various areas; and monitoring and evaluation of project outcomes through intensive monitoring and supervision, undertaking periodic population based rapid surveys, impact evaluations and operations research.

5. Project Cost

Total size of the project is Rs. 2893.00 crore with 70 percent IDA share of Rs. 2025.00 crore (US\$ 450 million) for seven year period. Estimated cost of phase 1 of the project is about US\$ 151.50 million (approx. Rs. 682.00 crore) of which US\$ 106 million is the IDA share (70 percent). 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 percent of the project cost. The World Bank has initially committed US\$ 106.00 million for Phase 1 of the project within the overall envelop of US\$ 450 million.

Table 1 below gives the break-ups of the project cost between two phases and the share of allocations between GoI and the IDA.

Table 1: Total Project cost by phases and GoI/IDA shares

	<i>Project Cost</i>					
	Phase 1 (3 yrs)		Phase 2 (4 yrs)		Total	
	<i>Rs. Lakh</i>	<i>US \$ m</i>	<i>Rs. lakh</i>	<i>US \$ m</i>	<i>Rs. lakh</i>	<i>US \$ m</i>
IDA share (70%)	477,19.91	106.00	1547,90.09	344.00	2025,10.00	450.00
GoI share (30%)	204,51.39	45.45	663,38.61	147.42	867,90.00	193.00
Total	681,71.30	151.45	2211,28.70	491.42	2893,00.00	643.00 (approx)

Table 2: Phase-wise break-up of estimated allocations for the Centre and 8 States

(Rs. Lakh)

States/Centre	Estimated allocation		
	<i>Phase 1</i>	<i>Phase 2</i>	<i>Total</i>
A. States			
1) Bihar	81,84.2	268,37.5	350,21.7
2) Chhattisgarh	45,02.7	147,65.1	192,67.8
3) Jharkhand	40,94.9	134,28.0	175,22.9
4) Madhya Pradesh	90,71.7	297,48.1	388,19.8
5) Maharashtra	96,03.0	314,90.3	410,93.3
6) Rajasthan	67,60.4	221,68.8	289,29.2
7) Uttar Pradesh	147,43.9	483,48.1	630,92.0
8) Andhra Pradesh	56,63.9	185,73.0	242,36.9
Sub-Total (States)	62,624.7	205,358.9	267,983.6
B. Centre			
MWCD	55,46.6	157,69.8	213,16.4
Grand Total	681,71.3	2211,28.7	2893,00.0

Out of the total outlay of 2893.00 crore, Rs. 2679.84 crore has been kept for the 8 project States, and Rs. 213.16 crore has been kept for the central component that, *inter-alia*, includes cost for establishment and running of the Central Project Management Unit (CPMU), cost of baseline and end line surveys, contracting a Technical Assistance (TA) Agency, undertaking urban/sub-urban pilots in NCR of Delhi and convergent nutrition action pilots in selected districts in two other States *viz.* Odisha and Uttarakhand; etc. States/Centre and phase-wise allocations are placed at Table 2 above. Project component-wise and phase-wise allocations are at **Annex-3**.

6. Central Component

While the State-specific administrative approvals for implementation of the project are issued separately, approval for the central component of the project including establishment of the Central Project Management Unit (CPMU) within the Ministry of Women and Child Development is hereby conveyed as per the details below:

6.1 Cost

The total budget of the central component of the project is estimated as Rs. 213.16 crore for a period of 7 years from the date of effectiveness of the project i.e. 26th November 2012 (2012-13) to 31st October 2019 (2019-20). The allocation for the phase 1 of three years of the project will be Rs. 55.47 crore and that for phase 2 will be Rs. 157.70 crore. Details of phase/year-wise and component-wise cost of the central component of the project are placed at **Annex-4 & 5**. Phase 2 cost has been estimated on pro-rata basis and will be detailed out at the end of phase 1. Indicative cost norms for various activities proposed in phase 1 at the central level are placed at **Annex-6**.

6.2 Components/Activities

Activities to be undertaken at the central level under phase 1 of the project are outlined in the following paragraphs.

6.2.1 Component 1: Institutional and Systems Strengthening

(Rs. Lakh)

Sub-Components	Phase-1			
	Year-1	Year-2	Year-3	Total
A. Review/refinement of policies, guidelines and procedures in ICDS	133.50	50.00	-	183.50
B. Strengthening and expanding ICDS monitoring system	159.70	83.50	37.50	280.70
C. Strengthening training and capacity building	71.00	85.00	5.00	161.00
D. Convergence with NRHM	11.00	1.00	1.00	13.00
E. Institutional support for innovations and pilots	20.00	90.0	100.00	210.00
Total	395.20	309.50	143.50	848.20

Under component 1, activities relating to following six sub-components will be supported under the project:

- A. *Review and refinement of policies, guidelines and procedures in ICDS*
- B. *Strengthening and expanding ICDS monitoring systems*
- C. *Strengthening training and capacity building*
- D. *Strengthening convergence with Health*
- E. *Institutional support for innovations and specific pilots*

6.2.1A Review/refinement of policies, guidelines and procedures in ICDS

Listed below are some of the indicative areas that would be taken up for review/refinement of the related guidelines at the central level. The list will be reviewed and updated as necessary.

- i. *Review and harmonisation of existing guidelines in ICDS*
- ii. *Human Resource reform in ICDS*
- iii. *Introduction of decentralised planning*
- iv. *Supporting ECE reform*

- v. *Development of operational guidelines for strengthening supplementary nutrition component of ICDS*
- vi. *Development of guidelines to facilitate engagement of civil society organisations (CSOs) in ICDS implementation*
- vii. *Development of a strategy and implementation of a pilot to facilitate Voluntary Actions for child development, etc.*

The process of revision, refinement or development of guidelines will be consultative; will include a systematic review of existing practices and lessons learnt. Costs for this component include cost for consultations/meetings, studies as required, honoraria for expert groups, consultants and printing and dissemination of guidelines.

Table 3: Cost Summary - Review and refinement of policies/guidelines/procedures

(Rs. Lakh)	
Activities	Phase 1
i. Review and harmonisation of ICDS Guidelines	10.00
ii. Human resource reform in ICDS	21.50
iii. Development of guidelines for introducing decentralised planning in ICDS	16.50
iv. ECE reform in ICDS	41.50
v. Development of operational guidelines for strengthening SN component	41.50
vi. Development of guidelines to facilitate engagement of CSOs	22.50
vii. Development of strategy/implementation of pilot to facilitate Voluntary Actions	30.00
TOTAL	183.50

6.2.1B Strengthening and expanding the ICDS Monitoring Systems

Under this sub-component, the project will support the following activities:

- i. *Support to roll-out of revised MIS:* The MWCD is in the process of reforming the existing management information systems (MIS) in ICDS to make it more results oriented and outcomes-focussed. As a first step, basic recording and reporting formats have been revised and the same is under roll out across States. The process of roll-out will be requiring considerable training and oversight support to sustain the integrity and quality of the process. The project will support this through organization of regional workshops for training of master trainers, translation and designing of facilitator's and user's manuals, and will provide support to monitoring and supervision of the roll-out across the project States to ensure quality.
- ii. *Development of programme management and supportive supervision tools:* As part of the reforming the MIS, tools for (a) facilitating analysis and use of MIS data for programme planning and management and (b) facilitating supportive supervision visits will be developed in order to strengthen capacity of the Supervisors and officials to provide timely and valuable inputs to field functionaries. Users' manual on the same will also be developed and functionaries will be trained on the same.
- iii. *Development of indicators for monitoring various soft components of ICDS:* Integral to the second phase of MIS reforms will be the development of indicators for monitoring of soft components of ICDS that will require technical inputs from several domains and consultations with stakeholders. Broad areas to be covered include ECCE, IEC/BCC, community participation/engagement, training etc.
- iv. *Mechanisms to facilitate universal tracking:* Operational guidelines will be developed for different pilots to be designed at the central level to enable mapping and tracking of all population in the catchment area by AWWs and ASHAs. The pilots which are found effective will be scaled up across the project in Phase 2.

- v. *Mechanisms to facilitate provision of AWC services to migrants:* The project will support reviewing/developing mechanisms to ensure inclusion of migrants for ICDS services. Pilots will be designed at the central level, for testing in the States.
- vi. *Mechanisms for external data validation:* Data validation mechanisms will be designed and implemented in about 30 percent of districts during the first phase of the project as a pilot from year 2 onwards. Such validation exercises will involve identification and training of external investigators on the use of structured tools to collect data from randomly selected AWCs in identified districts.
- vii. *National level M&E Workshops:* It is proposed to organize annual M&E workshops at the national level to enable exchange of experiences and capturing lessons learnt.
- viii. *National level Monitors:* It is proposed to pilot a mechanism of 'national level monitors', including representatives of civil society and development partners and ex-civil servants.
- ix. *Establishing an independent and concurrent evaluation mechanism in ICDS:* The project will support development of an independent and concurrent evaluation mechanism in ICDS that will facilitate undertaking periodic impact evaluations, rapid assessments, operations research, social assessments etc. through which programme outcomes can be measured.

Table 4: Cost Summary - Strengthening and expanding ICDS Monitoring Systems

(Rs. Lakh)	
Activities	Phase 1
i. Support to roll out of revised MIS	172.00
ii. Development and roll-out of programme management and supportive supervision tools	6.85
iii. Development of indicators for monitoring soft components of ICDS	7.35
iv. Mechanisms to ensure universal tracking	5.00
v. Mechanisms to facilitate provision of AWC services to migrants	5.00
vi. Mechanisms for external data validation	40.00
vii. National level M & E workshops	4.50
viii. National level Monitors	40.00
ix. Establishing an independent and concurrent evaluation mechanism in ICDS	*
TOTAL	280.70

*No cost proposed as technical support for this will be provided by CPMU staff/TA Agency

6.2.1C Strengthening Training and Capacity Building

The project will support activities for strengthening the basic training systems, as well as building new mechanisms of *on-the-job* incremental learning and skill building. Activities under this sub-component include:

- i. *Designing of Training Needs Assessment (TNA) of functionaries and trainers:* It is proposed to carry out a comprehensive training needs assessment of all functionaries as well as State and district level trainers through an external agency. This will involve designing the needs assessment study, orienting relevant State level personnel on the TNA tools and questionnaires and carrying out the actual assessment.
- ii. *Strengthening the existing ICDS Training System:* It is proposed to carry out a review of the existing training curricula, contents, methodology and capacity of training institutions within the ICDS programme. Based on the findings of the review, support will be

extended to NIPCCD to revise job and refresher training modules for functionaries at all levels and also develop a participatory training methodology for delivering trainings. Facilitators Manuals for trainers will also be developed to support quality delivery of training.

- iii. *Development, field testing and roll out of training modules and methods:* The project will support developing training modules and manuals on different thematic issues, e.g., mapping/catchment area surveys for facilitating universal outreach, facilitating community engagement, counselling for behaviour change, developmentally appropriate ECE, decentralized planning, management and supportive supervision, data analysis and planning, sensitisation for addressing equity concerns, leadership development etc.
- iv. *Designing and piloting of continual, incremental learning mechanism for training of field functionaries:* The project will support piloting continual, incremental learning mechanism for training of field functionaries on an ongoing manner using the platform of monthly review meetings at different levels. This will involve developing a training plan and supportive guidelines, tools and/or material for the same. As a start, the incremental learning strategy will be piloted in 50% of project districts from year 2 and will be scaled up to 100% districts by year 3. It will be catalyzed by the proposed district and block implementation support coordinators.
- v. *Establishment of mechanisms to build programme management and leadership of officials:* It is proposed to identify and introduce mechanisms and to provide opportunities for motivating and building management and leadership capacities within the programme.

Table 5: Cost Summary - Strengthening Training and Capacity Building

(Rs. Lakh)	
Activities	Phase 1
i. Designing of training needs assessment	5.00
ii. Strengthening the existing ICDS Training System	125.00
iii. Development, field testing and roll out of training modules and methods	26.00
iv. Designing and piloting of continual, incremental learning mechanism for training of field functionaries	5.00
v. Establishment of mechanisms to build programme management and leadership of officials	*
TOTAL	161.00

* No costs attached as these will be developed internally by CPMU

6.2.1D Strengthening Convergence with National Rural Health Mission (NRHM)

The project will establish mechanisms for stronger convergence between ICDS and NRHM, including strong internal and external (community-based) accountability structures. Activities under this sub-component include the following

- i. *Review, refinement and development of guidelines related to convergence between health and ICDS:* The project will support review and refinement of existing guidelines on convergence between health and ICDS. It will also develop guidelines/protocols to facilitate the following:
 - a) *Formation/strengthening of convergence committees at different levels with clear roles definition;*
 - b) *Establishment of clear role definitions and placement of accountability for specific actions of ANM, ASHA, and AWW especially in areas of overlap and mutual cooperation;*
 - c) *Outlining harmonization of geographical coverage and common supervisory areas for Supervisors of ICDS and Health, to the extent possible;*
 - d) *Institutionalization of the supervisory and mentoring role of ANM vis-à-vis ASHA and AWW*

- e) *Harmonization of monitoring data to minimize mutual discrepancies in respect of services like immunization, health check-ups etc.*
- ii. *Review and design models of convergence:* Existing models of convergence, national and international, will be reviewed and specific models will be identified for piloting within the project. This will also involve orientation of state officials on the different models identified and development of guidelines and tools for rolling out the pilots in different States.

Table 6: Cost Summary - Strengthening Convergence with NRHM

(Rs. Lakh)	
Activities	Phase 1
i. Review/refinement and development of guidelines related to convergence between ICDS and health	3.00
ii. Review and design models of convergence	10.00
TOTAL	13.00

6.2.1E Institutional support for innovations and pilots

The project will address specific gaps in implementation in project States and also pilot mechanisms for introducing flexibility and promoting innovation in implementation. These interventions are expected to add value to current ICDS implementation and improve overall programme functioning. Activities proposed at the central level are:

- i. *Development of an urban strategy and designing and implementation of urban pilots in ICDS:* It is proposed to develop an urban strategy of ICDS that includes development and designing of pilots for testing fresh approaches to implement urban ICDS projects more effectively. Based on the formulated guidelines at the central level, the project will support implementation of urban pilot in the NCT of Delhi as a model for other States in collaboration with NGOs for urban ICDS initiatives. The CPMU will be directly responsible for the implementation of this pilot.
- ii. *Designing of Model 'AWC':* The project will support through the engagement of consultants to develop a design for a 'Model AWC' which will include both physical and quality norms for an AWC. For working out the design a review of existing building designs from all states will be carried out.

Table 7: Cost summary - Institutional support for innovations and specific pilots

(Rs. Lakh)	
Activities	Phase 1
i. Development of an urban strategy, designing and implementation of ICDS urban pilots in NCR of Delhi	200.00
ii. Designing of Model 'AWC'	10.00
TOTAL	210.00

6.2.2 Component-2: Community Mobilization and Behaviour Change Communication

Sub-Components	(Rs. Lakh)			
	Phase-1			
	Year-1	Year-2	Year-3	Total
Activities to enhance community mobilization	15.00	5.95	1.50	22.45
Behaviour Change Communication	29.00	26.50	8.00	63.50
Total	44.00	32.45	9.50	85.95

Under the project, a number of initiatives will be undertaken to strengthen (a) community mobilisation, and (b) behaviour change communication (BCC) in project areas. These initiatives are expected to achieve some of the most critical programme outcomes, i.e., better caring and feeding of children and better utilization of services for health, nutrition and child development.

6.2.2A: Activities to enhance community mobilization and participation

It is proposed to lay strong emphasis on community engagement initiatives and pilots within the project. Activities proposed under this sub-component include:

- i. *Review of existing models of community mobilization:* It is proposed to carry out a review of existing community engagement initiatives/models in terms of their impact, cost effectiveness and scalability, before identifying specific models to pilot within the project. In addition, given the varying capacities and availability of CBOs/CSOs across different States, it is proposed to simultaneously undertake a capacity assessment of CSOs and CBOs in all project States, before identifying the most suitable community engagement model for each state. The models identified for piloting may vary from state to state and include different mechanisms of delivery. The primary focus of the models will be to engage SHG/CBO platforms to support service delivery; and where SHG/CBO platforms are not strong enough, alternate mechanisms of community engagement such as Panchayats, or local civil society organizations will be explored.
- ii. *Designing community monitoring pilots, including social audits in ICDS:* It is proposed to pilot community monitoring models in ICDS, both as a means of increasing accountability of service providers as well as to make people aware of key child development issues that the ICDS programme is working towards. These models will be identified on the basis of a review of existing models of community monitoring in ICDS and/or other community based programmes. Different models of community monitoring may be piloted in different states depending on contexts.
- iii. *Review of existing models of Public-Private Partnership (PPP) in ICDS:* Recognizing the potential of the private sector in terms of financial and technical resources, it is proposed to explore possibility of engagement with the private sector in supporting ICDS services. A strategy to create a facilitative environment for PPPs in the child development sector will be developed. This will involve a review of existing models of PPP, followed by consultations with different private sector and civil society organizations. The most suitable PPP mode and model will be piloted in project States and if found effective will be advocated for adoption in phase 2.
- iv. *Designing Pilot on 'Social Agreement':* It is proposed to design a pilot on social agreement within the project and introduce it in a few models of community engagement being piloted in the project. The introduction of social agreements will involve the development of broad guidelines and a framework for the implementation of a social agreement.

Table 8: Cost Summary - Community mobilization and participation

(Rs. Lakh)	
Activities	Phase 1
i. Review of existing models of community engagement	6.50
ii. Designing community monitoring pilots, including social audits in ICDS	6.95
iii. Review of existing models of PPP	8.00
iv. Designing pilot on Social Agreement	1.00
TOTAL	22.45

6.2.2B Behavior Change Communication (BCC)

The specific focus of the BCC activities under the project is on (a) strengthening interpersonal counselling through targeted home visits by functionaries and community support groups among other things; and (b) development and implementation of contextually relevant and appealing awareness generation initiatives using mid-media, for example, folk media, street plays/*kala jathas* etc. Activities under this sub-component include:

- i. *Development of BCC strategy for ICDS:* The project will support an extensive review of the existing BCC models/practices/approaches across the States based on available documentation and if necessary through small rapid assessments, and draw lessons from them to either identify or design BCC interventions. All existing materials and BCC tools will also be collated to enable optimal use of existing resources without the need to re-invent the wheel. Based on the formative research and review of models, a BCC strategy for ICDS will be developed.
- ii. *Designing of pilots and tools for strengthening home visits:* Timely and regular home visits for counseling pregnant and lactating women on appropriate health and nutrition behaviors is one of the primary modes of stimulating behavior change. To strengthen the periodicity and effectiveness of home visits the project will support:
 - (a) *Develop and field test (if required) supportive tools for facilitating home visits by AWWs:* The CPMU with the support of the Technical Agency will review the existing tools, develop facilitator's manuals for their use and orient the States on their use and adaptation as per their local contexts.
 - (b) *Design pilots for incentivizing the AWW/ASHA/Additional worker for carrying out home visits:* It is proposed to design pilots for incentivizing field functionaries for carrying out timely home visits. In addition to determining the mode and amount of incentive to be given to the worker, the design will necessarily include a strong monitoring mechanism to validate the home contacts.
 - (c) *Design a common package of messages, counselling aids, for ASHA and AWW:* To facilitate effective coverage and improved message delivery (in terms of repetition of the same message from different quarters), it is proposed to develop a common package of messages, counselling aids for AWWs and ASHAs.
- iii. *Designing use of ICT for communication and in MIS:* A review of existing experiences in using mobile phones and other ICT applications in ICDS and health programs will be undertaken. Through the engagement of an ICT consultant agency, pilots will be designed on application of ICT for communication and MIS in ICDS, which will be implemented in select States.
- iv. *Advocacy and Knowledge Sharing:* The project will support the following activities to effectively and systematically channelize growing pool of knowledge into policy and programme reform and action:
 - (a) *Providing ongoing technical support to the Nutrition Resource Platform (NRP) established by the MWCD:* The NRP will collect, compile and disseminate information on child development (nutrition and ECE) issues related to policy matters, programme formulation and implementation, academic research, capacity building of functionaries, nutrition and health education and use it to inform policy makers and advocate for change. The project will provide ongoing support to the NRP.
 - (b) *Organise events to mobilise and build political and administrative commitment on nutrition issues:* It is proposed to organise conferences and periodic meetings with Member of Parliaments (MPs) to brief them on the progress made in countering the nutrition challenge, solicit their support on policy issues and suggestions for reform and action. Similar conferences are also proposed in project States with Members of the Legislative Assembly (MLAs) as well as District Collectors in the States.

Table 9: Cost Summary - Strengthening Behaviour Change Communication

(Rs. Lakh)	
Activities	Phase 1
i. Development of a BCC strategy for ICDS	5.00
ii. Designing pilots and tools for strengthening home contacts	20.00
iii. Designing use of ICT for communication and in MIS	20.00
iv. Advocacy and knowledge Sharing	18.50
TOTAL	63.50

6.2.3 Component 3: Piloting Convergent Nutrition Actions

Recognizing that nutrition outcomes are influenced by multiple determinants which are beyond food, health and nutritional behavioural practices, the project will support piloting convergent actions on nutrition. Specific activities include:

- i. *Development of conceptual frameworks and tools for facilitating multi-dimensional interventions:* With engagement of experts from different sectors and based on national and State level consultation with relevant sectors and government departments, detailed guidelines and tools for multi sectoral planning and piloting will be developed.
- ii. *Formation of inter-sectoral nutrition action committee:* An inter-sectoral nutrition action coordination committee will be formed. Formal structures to monitor progress by the various sectors will be developed to ensure accountability of all sectors in improving nutrition. The project will support periodic consultations of the committee.
- iii. *Implementation of Convergent Nutrition Action Pilots as models for replication in specific high burden districts in Odisha and Uttarakhand:* A multi-sectoral pilot will be designed and implemented by the CPMU in identified districts in the States of Odisha and Uttarakhand.
- iv. *Documentation, Evaluation and Research:* All pilots developed will have a rigorous evaluation component, including process documentation. Selected operations research to answer some critical questions around convergent nutrition actions, such as costs, benefits, effectiveness etc. will be undertaken. Two to three topics for operations research will be finalized by the technical experts early on during implementation.

Table 10: Cost summary - Piloting Convergent Nutrition Actions

(Rs. Lakh)	
Activities	Phase 1
i. Developing conceptual frameworks and tools for facilitating multi-dimensional interventions	25.00
ii. Inter-sectoral nutrition action committee formation and consultations	9.00
iii. Implementation of convergent action pilots in specific high burden districts in Odisha and Uttarakhand	175.00
iv. Evaluation and Research on Multi-Sectoral Pilots	50.00
TOTAL	259.00

6.2.4 Component 4: Project Management, Technical Assistance, Monitoring and Evaluation

(Rs. Lakh)

<i>Sub-Components</i>	Phase-1			
	<i>Year-1</i>	<i>Year-2</i>	<i>Year-3</i>	<i>Total</i>
Project Management	420.05	532.25	511.43	1463.73
Technical Assistance Agency	542.98	706.70	743.67	1993.35
Monitoring and Evaluation	761.00	45.00	90.00	896.00
Total	1724.03	1283.95	1345.10	4353.08

6.2.4A Project Management Structure

Following management structure is proposed under the project:

- i. An Empowered Project Steering Committee (EPSC) at the central level will be constituted under the chairpersonship of Secretary, MWCD to provide policy directions to the project and also accord sanctions to the State and Central Annual Action Plans and budgets. The EPSC will be delegated with full policy and financial powers to enable it to be responsive and take quick decisions on crucial reform and operational matters, expediting implementation.
- ii. A Central Project Management Units (CPMU) will be established at the Central level to support planning, management, supervision and monitoring of the project implementation.
- iii. An independent Technical Assistance Agency will be contracted to provide required technical support both at the central and 8 project States level.

6.2.4A.1 Empowered Project Steering Committee (EPSC)

The composition of the Empowered Project Steering Committee (EPSC) is proposed as per the following:

- i. Secretary, Ministry of Women & Child Development, GoI (*Chairperson*)
- ii. Financial Advisor, MWCD (*Vice Chairperson*)
- iii. Senior Advisor (WCD), Planning Commission (*Member*)
- iv. Representative, Deptt. of Economic Affairs, Ministry of Finance (*Member*)
- v. Representative, Deptt. of Expenditure, Ministry of Finance (*Member*)
- vi. Representative, Ministry of Health and Family Welfare, GoI (*Member*)
- vii. Representative, Deptt. of School Education and Literacy, GoI (*Member*)
- viii. Representative, Ministry of Panchayati Raj, GoI (*Member*)
- ix. Joint Secretary (in charge of ICDS), MWCD, (*Member Secretary*)
- x. Project Director (ISSNIP) (*Convener*)

The Empowered Committee will have full financial and administrative powers to approve the project annual action plans with budgets under the project. After approval of the project annual plans by the Empowered Committee, delegation of powers would appropriately be given to the Joint Secretary in charge of the project in MWCD over and above the powers of HOD, to execute the project implementation in a time bound manner. Similar delegation of power to the State Project Directors with appropriate modification as per the State's existing structure will be taken up with the State Governments and incorporated in the MoU with the State Governments.

6.2.4A.2 Central Project Management Unit (CPMU)

(i) Roles and Responsibilities of CPMU

The Central Project Management Unit (CPMU) within the MWCD will be overall responsible for providing project planning and support, technical guidance to States/districts on various project activities through an independent TA Agency, coordinating with the State Project Management Units (SPMUs) and also conduct independent monitoring and evaluation of the project implementation to ensure that the project objectives are fully achieved. The specific roles of CPMU are placed at **Annex-7**.

(ii) Project Management Staff

The CPMU will be headed by a Project Director (at the level of Director, preferably from the Indian Administrative Service cadre) and will be supported by a team of professionals and technical consultants and support staff to steer the project implementation. A Joint Secretary of MWCD would be the main focal point for overseeing, management and coordination of all project activities. He would also act as Project Director for the project until a full-fledged CPMU with a Project Director is put in place. The proposed staffing in the CPMU is given in the Table below:

Table 11: Staffing in CPMU

S. No	Position proposed	No. of positions	Govt/Contractual
1.	Project Director	1	Govt. (<i>on deputation, fixed tenure</i>)
2.	Project Managers (3) (i) Project Management and M & E (ii) Financial Management (iii) Procurement	1 1 1	Govt. (<i>on deputation, fixed tenure</i>)
3.	Technical Consultants (4) a) Nutrition & Child Development (<i>will also look after multi-sectoral actions</i>) b) Social Development & Community Mobilization c) BCC & Capacity Building d) M & E and Decentralized Planning	1 1 1 1	Contractual
4.	Other Consultants (3) a) Systems Analysis/Data Management b) Financial Management c) Procurement	1 1 1	Contractual
5.	Project Associates	4	Contractual
6.	Accountants	2	Contractual
7.	Steno/PA to the Project Director	1	Contractual
8.	Office Messenger/Peon	2	Contractual
	Total	20	

(iii) Budgetary Allocations for CPMU

The project will provide for salaries and travel costs of the project personnel in the CPMU, cost of office infrastructure and maintenance, study tours/exposure visits (both in India and abroad) and expenditure towards planning and review meetings at the central/regional level. Table 2 and 3 below give the year-wise allocation under different heads of expenditure and the norms for various items of expenditure respectively. An average of 8% increment per annum has been proposed in respect of the consolidated salaries of the contractual project staff.

Table 12: Budgetary allocations for CPMU

(Rs. Lakh)

<i>Items of Expenditure</i>	<i>Yr.1</i>	<i>Yr.2</i>	<i>Yr.3</i>	<i>Yr.4-7</i>	<i>Total</i>
I. Investment Cost (Non-recurring)					
i. Office Equipment/Furniture	29.70	0	0	50.00	79.70
<i>Sub-Total -1</i>	29.70	0	0	50.00	79.70
II. Staff Capacity Strengthening and Project Review					
i. Study tours/seminar/exposure visits (in India & abroad)	60.00	120.00	70.00	600.00	850.00
ii. Review and planning meetings/workshops	6.00	6.00	6.00	40.00	58.00
<i>Sub-Total- 2</i>	66.00	126.00	76.00	640.00	908.00
III. Incremental Operating Cost (Recurring)					
i. Personnel cost (salaries and incentives)	124.65	162.84	175.76	1000.00	1463.25
ii. Office maintenance/administrative cost (rents/taxes, electricity, security, telephone, internet etc.)/hiring of vehicles (2) /stationeries etc	158.76	175.96	192.23	950.00	1476.95
iii. Contingencies	1.20	1.20	1.20	20.00	23.60
iv. Travel expenses	39.74	66.24	66.24	400.00	572.22
<i>Sub-Total- 3</i>	324.35	406.24	435.43	2370.00	3536.02
IV. Additional Costs For additional activities to be taken up in Phase 2. <i>Details to be worked out during planning for Phase 2</i>				964.50	
<i>Sub-Total - 4</i>				964.50	964.50
Total CPMU Costs	420.05	532.24	511.43	4024.50	5488.22
Total Phase-wise cost	1463.72			4024.50	5488.22

Table 13: Norms of Expenditure at CPMU

Personnel Cost (with average 8% annual increment)	
Project Director	@ Rs. 1,10,000 per month (average)
Project Managers (3)	@ Rs. 75,000 per month (average)
Accountants (2)	@ Rs. 40,000 per month
Technical Consultants (4)	@ Rs.1,00,000 per month
Other Consultants: (i) Systems Analyst, (ii) Financial Management, (iii) Procurement	@ Rs. 75,000 per month
Project Associates (4)	@ Rs. 40,000 per month
Secretarial Assistant to PD (1)	@ Rs. 20,000 per month
Office Messengers/Peons (2)	@ Rs.10,000 per month
Performance based incentives to Govt. officials (Max. 6 nos per year)	@ Rs. 25,000 per official per year
Office Equipment/Furniture	
EPABX and telephones	Lump sum Rs. 100,000
FAX Machine (1 no)	@ Rs.50,000
Heavy-duty photocopiers (2 nos)	@ Rs.6,00,000
Desktop Computers (with printers) (10 nos)	@ Rs. 50,000
Laptops (10 nos)	@ Rs. 50,000
Colour Laser jet Printers (2 nos)	@ Rs. 30,000
Printers-cum-scanners (2 nos)	@ Rs. 25,000
LCD projector (1 no)	@ Rs. 50,000
LCD Monitor (Screen) (1 no)	@ Rs. 60,000
Local Area Network, Modem etc	@ Rs.2,00,000

<i>Office maintenance/ administrative cost</i>	
Rent & taxes*	@ Rs. 12,00,000 per month
Electricity*	@ Rs. 5,000 per month
Security*	@ Rs. 18,000 per month
Telephone and internet*	@ Rs.5,000 per month
Maintenance of Office equipment*	@ Rs. 5,000 per month
Hiring of Vehicle (2 nos)	@ Rs. 40,000 per month per vehicle
Stationary	@ Rs. 30,000 per month
Contingency	@ Rs. 10,000 per month

* with 10% annual increase

6.2.4B: Technical Assistance Agency

An independent Technical Assistance Agency will be contracted by the Govt. of India to provide specialized and dedicated technical expertise for various formative works both at the central and State/district levels during phase 1 of the project. The TA Agency will have their own set-up in the State HQs to work closely with the State Project Management Units (SPMUs) to support all technical work adapted to the State contexts. The TA Agency will have the following broad structure:

- a. *A core team in Delhi that will work closely with the CPMU and manages all the TA requirements of the project. The central team will include one Team Leader, 1 Dy. Team leader and 5 Technical Programme Coordinators.*
- b. *A similar smaller team in each State will closely work with the SPMUs, and will perform similar functions, adapted to State contexts. The State Team may include one State Team Leader and one Regional Manager per 5 districts for training, guiding and supporting the district and block teams in the project districts under their charge.*

Many of the activities proposed at the central level under Component 1, 2, 3 and 4C will be carried out through the TA Agency.

6.2.4C: Project Monitoring and Evaluation

The project will support establishment of a strong monitoring and evaluation system in ICDS through introduction of periodic assessment of programme outcomes at the district level and enhancing use of data in programme management and supervision. The project will have a strong impact evaluation with baseline and end line surveys. M & E activities at the central level will include the following:

- i. *Establishing a project monitoring system to monitor project activities and deliverables at all levels: A project reporting system (PRS) will be established under the project to capture project implementation progress. Most of the primary data for project monitoring will be generated from block (project) and district levels with additional information provided by SPMU. State will prepare a quarterly progress report (QPR) in a pre-designed format and submit to the CPMU. A system of reporting of community level initiatives will also be established. Community level outputs and coverage improvements will be monitored by using the already existing ICDS MIS data. Periodic meetings will be held at the central level for timely review and response. Budgets for such activities are provisioned under the CPMU Management cost.*
- ii. *Impact Evaluation– Baseline and End line Surveys: Based on the results framework of the project, an impact evaluation will be undertaken through external agencies with base line and end line surveys to measure achievement of intended outcomes/impacts under the project. These surveys will be undertaken by the CPMU. The baseline survey will be*

completed during Phase 1, while the end line evaluation of the project will be conducted towards the end of Phase 2, on its approval.


- iii. *Designing of rapid assessments (RAPs), Social Assessments, Operations Research Studies and ongoing-internal assessments at sector level using LQAS approach:* In order to track effectiveness of implementation of current and new initiatives that will be introduced within the project, periodic assessments at district level and continuous-ongoing assessments at sector and block levels will be undertaken. At the central level necessary designing of various assessments will be undertaken. A lump sum amount of Rs. 15.00 lakh has been kept for the purpose.
- iv. *Operations Research (OR) Studies and Evaluations of Pilots:* One of the cornerstones of the design of phase 1 is the conduct of a number of pilots to test innovative approaches and generate evidence for the usefulness and feasibility of such approaches for up-scaling. All these pilots are proposed to be evaluated through external agencies following appropriate methodology. At least four OR studies on urban pilots, ICT, second worker model and incentives for home visits will be undertaken at the central level. A lump sum amount Rs. 30.00 lakh has been kept per OR study.
- v. *Documentation and Dissemination of effective pilots:* The project will support documentation and dissemination of proven solutions and effective pilots. Manuals, tool kits etc will be developed and provided to the States. A lump sum amount of Rs. 10.00 lakh has been kept for the purpose.

Table 14: Cost Summary - Project Monitoring and Evaluation

(Rs. Lakh)	
Activities	Phase 1
i. Impact Evaluation (including Baseline Survey)	751.00
ii. Design of rapid assessments, social assessments, operational research in project states	15.00
iii. Conducting operations research studies and evaluations of pilots	120.00
iv. Documentation and dissemination pilots	10.00
TOTAL	896.00

7. Approval of the above activities is subject to the following:
 - i. In selection of specific interventions/pilots under the project, it is to be ensured non-duplication of the activities that may be undertaken under the Restructured ICDS Scheme;
 - ii. The CPMU will prepare Annual Action Plans under the project and will submit for approval by an Empowered Project Steering Committee (EPSC);
 - iii. Cost norms are indicative and would be subject to the approval of the EPSC during the annual planning meeting;
 - iv. Posts under the project are subject to the final approval of the competent authority.

8. **Phase 2 of the Project:** Phase 2 of the project will have all the above four components but with activities/interventions at varying degrees of scale depending upon the results of Phase 1. During Phase 2, there is also provision for construction of Model AWCs @ 1 per ICDS project, which will function as 'Cluster Resource Centre'. As indicated in para 3 above, the project will move to Phase 2 upon achievement of the APL triggers. A review of the APL triggers would be undertaken sometimes during 18 months of phase 1 by the GoI jointly with the World Bank and according to realization of Phase 1, details of Phase 2 activities within the broad components would be worked out. Hence, allocation of Phase 2 is indicative and separate approval for Phase 2 would be communicated as and when decided upon.



(Dr. Shreeranjana)
Joint Secretary to the Government of India
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To
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Ministry of Women and Child Development
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Copy to:

1. Secretaries/Commissioners/Directors in charge of ICDS Programme (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and Andhra Pradesh)
2. Dr. Ramesh Govindaraj, *Lead Public Health Specialist and Task Team Leader*, The World Bank, 70 Lodi Estate, New Delhi
3. Joint Secretary & Financial Adviser, MWCD. This refers to IFD's note dated 10 January 2013 *Dy. No. 2032 on F. No. 2-1/2012-WBP*
4. Director (*Fund Bank*), Department of Economic Affairs, Ministry of Finance
5. PS to MOS (IC), MWCD
6. PPS to Secretary (WCD)
7. PS to JS (S)/PA to DS (ICDS)
8. Director, NIPCCD
9. US (CD-I)/US (WB & Training)/AD (WB)/Sr. Programmer (MIS)
10. Guard File



(Dr. Shreeranjana)
Joint Secretary to the Government of India

Annex 1: Results Framework for Phase 1 of the ISSNIP

	Unit of Measure	Cumulative Target Values**			Data Source/ Methodology	Description (indicator definition etc.)
		YR 1	YR 2	YR 3		
A. Performance Monitoring Indicators (PDO Indicators)¹						
Indicator 1: Percentage of project blocks reporting information using the revised ICDS management information system	Project blocks	25	50 <i>APL Trigger (1)</i>	80	CPMU and SPMU records	The revised ICDS MIS entails collection of programme monitoring data at the AWC/ICDS Project levels using the revised versions of the AWC Registers and report formats. The indicator is a percentage calculated as the number of project blocks that have transitioned to and are reporting information through the revised ICDS MIS divided by the total number of project blocks multiplied by 100.
Indicator 2: Percentage of project districts that have implemented the “incremental capacity building” system	Project districts	0	40	80	CPMU and SPMU records	Incremental capacity building is a proposed new system that entails: a) Ongoing training of AWW, supervisors and CDPOs using available opportunities within regular work schedules for such training, b) Combination of training with supervision and monitoring, and c) a focus on the quality of care and feeding of under-threes. SPMUs will submit annual plans/ reports listing number of rounds planned in each district. Implementation is defined as completion of at least two-thirds of the planned rounds. The indicator is calculated as the number of project districts that have implemented the capacity building system divided by the total number of project districts (162) multiplied by 100
Indicator 3: Number of project States that have implemented and evaluated at least one community engagement pilot	Project States	0	4	6	CPMU and SPMU records	Pilots may be restricted to a few ICDS project blocks (two or more) in a district. The evaluation may be an interim one, providing sufficient evidence to determine whether the piloted approach is worth considering for wider application with or without further evaluation. The indicator measures the total number of project states that have evaluated a community engagement pilot, as described in the PIP.

¹ **N.B.** PDO indicators for Phase I measure the outcomes of the interventions being supported in this phase (i.e., strengthening of nutrition policies, systems, capacities and community engagement, and piloting of promising sector-specific and multi-sectoral interventions/approaches, per the PDO), rather than nutritional outcomes, which will be addressed in the proposed Phase 2 of the APL.

Indicator 4: Percentage of Anganwadi Centers (AWCs) implementing the Inter-Personal Communication (IPC) activities focused on IYCF practices, as defined in the state BCC Action Plans	AWCs	0	40	70	CPMU and SPMU records - through periodic Lot Quality Assurance Sampling (LQAS) or equivalent approach	IYCF refers to infant and young child feeding. The indicator is calculated as the number of AWCs that have implemented IPC activities as defined in the BCC Action Plans of the concerned state divided by the total number of AWCs supported through the project multiplied by 100
Indicator 5: Number of project states in which pilots of “convergent nutrition action” have been implemented and evaluated in at least one district	Project States	0	4	6	CPMU and SPMU records	Convergent nutrition action implies development of district level multi-sectoral action plans that impact the underlying causes of malnutrition beyond ICDS and the health sector. The evaluation may be an interim one, as long as it provides sufficient evidence to determine whether the piloted approach is worth considering for wider application with or without further evaluation. The indicator measures the total number of project States that have evaluated a convergent action pilot, as described in the PIP

B. Intermediate Results (IR) Indicators

	Unit of Measure	Cumulative Target Values**			Data Source/ Methodology	Description (indicator definition etc.)
		YR 1	YR 2	YR 3		
Intermediate Result (Component One): ICDS Institutional and Systems Strengthening						
<i>IR 1.1:</i> Guidelines for the identified key strategic areas of ICDS systems strengthening developed by MWCD and disseminated to the participating States	# strategic areas	2	4 <i>APL Trigger (2)</i>	6	CPMU and SPMU records	The six identified strategic areas for which guidelines are to be developed are: a) Decentralized (district) annual planning; b) HR Reform; c) Special strategies for urban areas; d) Engagement of Civil Society Organizations in ICDS; e) Public-Private Partnerships in ICDS; and f) Strengthening Supplementary feeding. The indicator measures the number of these strategic areas for which guidelines are developed and disseminated.
<i>IR 1.2:</i> Percentage of project districts generating estimates of caring/feeding behaviors using a system of periodic rapid, population-level assessments	Project districts	0	20	30	Estimates of prevalence of caring/feeding behaviors from CPMU and SPMU reports	The system could involve LQAS or other innovative population survey tools. The indicator is calculated as the number of project districts that are using population-level assessments to estimate caring/feeding behaviors divided by the total number of project districts multiplied by 100
<i>IR 1.3:</i> Number of project states that have adopted the operational guidelines, including a set of facilitators manuals, developed by MWCD for incremental capacity building	Project States	3	6	8	CPMU and SPMU reports	“Adopted” implies adaptation (with or without piloting), translation and reproduction of materials for use by districts. The indicator measures the total number of project states that have adopted the operations guidelines for incremental capacity

						building
<i>IR 1.4:</i> Percentage of project districts with district resource groups established and trained to implement the incremental capacity building system	Project districts	25	50 <i>APL Trigger (3)</i>	80	CPMU and SPMU reports	The indicator is calculated as the number of project districts that have established and trained the district resource groups that will implement the incremental capacity building system divided by the total number of project districts multiplied by 100
<i>IR 1.5:</i> Number of project States that 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-center level in improving quality and coverage of health and ICDS services	Project States	0	4 <i>APL Trigger (4)</i>	8	CPMU and SPMU reports	Conducting a pilot includes design, implementation and rigorous monitoring and evaluation of the pilot. Pilots may be restricted to a few blocks (two or more) in a district. The indicator measures the total number of project states that have conducted a joint planning and review pilot
<i>IR 1.6:</i> Number of project States that have conducted at least one pilot to test the impact of introducing a second worker at the Anganwadi level in improving the quality and coverage of ICDS services	Project States	0	4	8	CPMU and SPMU reports	ICDS services include: growth monitoring and promotion, IFA supplementation for pregnant/nursing mothers and children, Inter-Personal Communications for behavior change, appropriate management of malnourished children, and ECE. Conducting a pilot includes design, implementation and rigorous monitoring and evaluation of the pilot. The indicator measures the total number of project states that have conducted a pilot on the impact of introducing a second Anganwadi worker
Intermediate Result (Component Two): Community Mobilization and Behavior Change Communication						
<i>IR 2.1:</i> Percentage of project districts that are working with a CSO partner on community engagement activities	Project districts	25	50	80	CPMU and SPMU reports	There may be more than one CSO partner per district, but usually not more than one district per CSO partner. The indicator is calculated as the number of project districts that have been working with a CSO on community engagement divided by the total number of project districts multiplied by 100
<i>IR 2.2:</i> Number of project States that have adopted the IPC guidelines and materials developed by MWCD for use by Anganwadi workers (AWWs)	Project States	0	4	8	CPMU and SPMU reports	“Materials” include newly produced or approved lists of messages and communication materials meant for IPC, in the state language. “Guidelines” include instruction manuals, training materials, etc that lay out how the materials should be used by frontline communicators. See definition of adoption above. The indicator measures the total number of project states that have adopted the IPC guidelines for AWWs

Intermediate Result (Component Three): Convergent Nutrition Actions						
<i>IR 3.1:</i> No. of project States in which convergent nutrition action plans for piloting at district level have been developed	Project States	0	4 <i>APL Trigger (5)</i>	8	CPMU and SPMU reports	Convergent nutrition action plans must be approved by relevant district administration(s). The indicator measures the total number of project States that have developed an action plan for district-level convergent nutrition actions.
Intermediate Result (Component Four): Project Management and M&E						
<i>IR 4.1:</i> Percentage of proposed project staff at Central, State and district level that are in position and trained	PMU/ SPMU Staff	70	85	100	CPMU and SPMU reports	Project Directors, M&E, FM and procurement staff must be in position at all times. The indicator is calculated as the number of project staff (excluding those named above) that are in position at different levels and have received the required training divided by the total number of staff proposed at these levels multiplied by 100
<i>IR 4.2:</i> Baseline data collection for Phase 2 of the project completed in all project states	Baseline data for Phase 2		<i>APL Trigger (6)</i>		Independent M&E agency report	Achievement of this indicator requires that the baseline indicators are identified, sampling design finalized, data collection outsourced and data collection completed by agency, as planned

Annex-2
List of 162 districts² in 8 States selected under the Project

Uttar Pradesh (41)	Madhya Pradesh (30)	Maharashtra (20)	Bihar (19)	Rajasthan (19)
1. Baghpat 2. Farrukhabad 3. Moradabad 4. Unnao 5. Meerut 6. Banda 7. Muzaffarnagar 8. Bulandshahar 9. Kaushambi 10. Chitrakoot 11. Etawah 12. Auraiya 13. Kushinagar 14. Jyotiba Phule Nagar 15. Sant Ravidas Nagar 16. Ghaziabad 17. Mahcaba 18. Hamirpur 19. Kanpur Dehat 20. Azamgarh 21. Mainpuri 22. Ghazipur 23. Hathras 24. Barabanki 25. Aligarh 26. Mau 27. Faizabad 28. Siddharthnagar 29. Allahabad 30. Rampur 31. Chandauli 32. Jhansi 33. Rae Barell 34. Sant Kabir Nagar 35. Lucknow 36. Pilibhit 37. Kanpur Nagar 38. Jalaun 39. Fatehpur 40. Shahjahanpur 41. Hardoi	1. Jhabua 2. Alirajpur (N) 3. East Nimar 4. Shivpuri 5. Guna 6. Panna 7. Katni 8. Dewas 9. Neemuch 10. Mandsaur 11. Ratlam 12. Barwani 13. Vidisha 14. Chhindwara 15. Rajgarh 16. Dindori 17. Shajapur 18. Bhind 19. Morena 20. Ujjain 21. Jabalpur 22. West Nimar 23. Umaria 24. Sheopur 25. Datia 26. Indore 27. Sidhi 28. Singhroli (N) 29. Damoh 30. Tikamgarh	1. Wardha 2. Nandurbar 3. Buldana 4. Nanded 5. Gadchiroli 6. Chandrapur 7. Jalgaon 8. Washin 9. Ahmadnagar 10. Parbhani 11. Dhule 12. Bid 13. Amravati 14. Jalna 15. Nagpur 16. Sangli 17. Mumbai 18. Hingoli 19. Nashik 20. Gondiya	1. Samastipur 2. Madhubani 3. Purba Champaran 4. Vaishali 5. Pashchim champaran 6. Madhepura 7. Muzaffarpur 8. Munger 9. Sitamarhi 10. Darbhanga 11. Sapaul 12. Jamui 13. Purnia 14. Gopalganj 15. Lakhisarai 16. Saharsa 17. Bhagalpur 18. Buxar 19. Jehanabad	1. Sirohi 2. Sawai Madhopur 3. Kota 4. Rajsamand 5. Baran 6. Jhunjhunun 7. Jodhpur 8. Karauli 9. Dhaulpur 10. Barmer 11. Tonk 12. Alwar 13. Chittaurgarh 14. Dungarpur 15. Udaipur 16. Churu 17. Jaipur 18. Ajmer 19. Dausa
		Chhattisgarh (11)	Jharkhand (12)	Andhra Pradesh (10)
		1. Mahasamund 2. Korba 3. Durg 4. Kawardha 5. Jashpur 6. Kanker 7. Dantewada 8. Bijapur (N) 9. Bastar 10. Narayanpur (N) 11. Raipur	1. Kodarma 2. Dumka 3. Giridih 4. Pashcimi Singhbhum 5. Dhanbad 6. Chatra 7. Garhwa 8. Godda 9. Lohardaga 10. Latehar 11. Pakur 12. Palamau.	1. Adilabad 2. Anantapur 3. Cuddapah 4. Khammam 5. Mahbubnagar 6. Medak 7. Nalgonda 8. Nizamabad 9. Rangareddi 10. Vizianagaram
		<i>NB: In addition, some selected districts from Odisha and Uttarakhand , and NCR of Delhi would also be covered under the project for taking up some pilots.</i>		

N - New, bifurcated from existing districts

² Most of these districts (146) have been selected through ranking of 548 districts for which nutritional status information was available from the second round of District Level Household Survey (DLHS-2: 2002-04), using a composite index comprising two parameters, viz. (i) proportion of children below six years who are underweight (weight-for-age, <-2SD), and (ii) anaemia level among pregnant women of age 15-44 years. (Ref. Mapping of High Burden Districts – A study undertaken by the World Bank in 2007 through a Research Agency to identify high burden districts for intensive support under the project. The ranking of districts was based on the number of districts (548) for which relevant data was available from DLHS-2.)

**Annex-3: 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
<i>Sub-Total-1</i>		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
<i>Sub-Total-2</i>		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
<i>Sub-Total-3</i>		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
<i>Sub-Total-4</i>		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

Annex-4
Phase-wise and Component-wise Budgetary Allocations
Central Component

[Rs. lakh]

Component/ Sub-Component	Phase 1	Phase-2*	Total
Component 1: Institutional and Systems Strengthening in ICDS			
A: Review and Refinement of Policies, Guidelines and Procedures	183.50	88.45	271.95
B: Strengthening and Expanding ICDS Monitoring system	280.70	530.71	811.41
C: Strengthening Training and Capacity Building	161.00	497.54	658.54
D: Strengthening convergence with Health	13.00	165.85	178.85
E: Innovations in Implementation (operational level)	210.00	898.89	1,108.89
Sub-Total -1	848.20	2,181.43	3,029.63
Component 2: Community Mobilization & BCC			
A: Activities to enhance community mobilization and participation	22.45	254.30	276.75
B: Strengthening Behavior Change Communication	63.50	707.61	771.11
Sub-Total -2	85.95	961.91	1,047.86
Component 3: Piloting Convergent Nutrition Actions			
Piloting Convergent Nutrition Actions	259.00	309.58	568.58
Sub-Total -3	259.00	309.58	568.58
Component 4: Project Management, Technical Assistance and M & E			
A: Project Management Cost	1,463.73	4,024.54	5,488.28
B: Technical Assistance Agency (management & personnel cost)	1,993.35	5,528.22	7,521.57
C: Project Monitoring and Evaluation	896.00	2,764.11	3,660.11
Sub-Total -4	4,353.08	12,316.87	16,669.95
TOTAL	5,546.23	15,769.79	21,316.03

* Lump-sum provision made on pro-rata basis.

Annex-5
Year-wise and Component-wise Budgetary Allocations
Central Component

(Rs. Lakh)

Project Components	Phase-1				Phase-2*
	Year-1	Year-2	Year-3	Total	
I. Institutional and Systems Strengthening	395.20	309.50	143.50	848.20	2,181.43
II. Community Mobilization and BCC	44.00	32.45	9.50	85.95	961.91
III. Piloting Convergent Nutrition Actions	40.50	90.50	128.00	259.00	309.58
IV. Project Management, Technical Assistance, M & E	1,724.03	1,283.95	1,345.10	4,353.08	12,316.87
<i>Sub-Totals</i>	2,203.73	1,716.40	1,626.10	5,546.23	15,769.79
Grand Total	Rs. 21,316.03 lakh (or Rs. 213.16 crore)				

* Lump-sum provision made on pro-rata basis.

Annex- 6
Activity Cost Norms (Indicative)
Central Component

Sl. No.	Component/Sub-Component /Activity	Sub-Activity	Cost Norms
Component 1: Institutional and Systems Strengthening in ICDS			
1A: Review/refinement of policies, guidelines and procedures in ICDS			
1	Development of guidelines/ frameworks on the following themes and their dissemination (illustrative list) <i>(i) Harmonization of ICDS Guidelines</i> <i>(ii) HR reform in ICDS</i> <i>(iii) Decentralized planning</i> <i>(iv) ECE</i> <i>(v) SNP</i> <i>(vi) Engagement of CSOs</i> <i>(vii) Voluntary Action</i>	∞ Hiring of consultants for developing guidelines/ frameworks	Lump sum provision
		∞ National and Regional Consultations for sharing draft guidelines and seeking inputs from states	@ 150,000 per consultation (approx: 5 consultations)
		∞ Printing and dissemination of guidelines and frameworks	@ Rs. 1000 per unit
1B. Strengthening and expanding ICDS Monitoring system			
1	Rolling out of revised MIS	∞ Translation and designing of User's and Training Facilitator's Manuals along with formats of registers/ reports in 15 major languages	@ Rs. 20,000 per translation
		Regional Workshops for training of Master Trainers at the State level [5 Training Workshops in Year I; Average 40 participants per workshop]	@ Rs. 60,000 per workshop (venue/ materials/food cost for 3 days) + @ Rs. 120000 (average) per workshop for travel/stay cost of 5 Resource Persons from Delhi
		Supportive Supervision and Review visits during the roll-out process	@ Rs. 20 lakh per State (covering all 292 districts in 8 project States)
2	Development of Programme Management tools and supportive supervision tools	∞ Review of existing experiences and tools for effective supervision	<i>No costs provided</i>
		∞ Two day consultation Workshop with select state functionaries and experts to finalize proposed management and supervision tools	@ Rs. 45,000 per day per meeting
		∞ Development of programme management tools for all levels	Lump sum Rs. 3,00,000
		∞ Development of user manuals for supervision tools	Lump sum Rs. 1,00,000
		∞ Translation of tools and user manuals to all languages and prototype shared with states for implementation	@ Rs. 10,000 per translation (for 15 languages)
3	Roll out of supportive supervision tools in project states	∞ Orientation Workshop of SPMU, State TA consultants and state trainers on new tools	@ 45,000 per orientation meeting

Sl. No.	Component/Sub-Component /Activity	Sub-Activity	Cost Norms
4	Development of indicators for monitoring soft components of ICDS like ECE, BCC, community participation and training	∞ Development of indicators and tools to measure/monitor the different soft components of the program me	Lump sum Rs. 3,00,000
		∞ Consultation Workshop for sharing developed tools with project states and various civil society stakeholders (3 consultations - on ECE, BCC and Community Participation, and training)	@ Rs.1,00,000 per consultation
		∞ Orientation Workshop of SPMU, State TA consultants and state trainers on new tools	@ 45,000 per orientation meeting (3 orientation meetings)
5	Development of mechanisms to ensure universal tracking	∞ Develop operational guidelines for catchment area mapping including possible use of already existing maps like polio maps, GIS or other satellite images etc for ensuring improved mapping/survey of population	Lump sum Rs.5,00,000
6	Development of mechanisms to ensure AWC services to migrants	∞ Development of migrant workers identification cards allowing them access of AWC services anywhere	Lump sum Rs.5,00,000
7	Design and implement a pilot on need based external validation of MIS data in an ongoing manner	∞ Hiring of agency for validating reported MPR data in sampled AWCs in 30% of districts that identify this need	Lump sum Rs. 20,00,000 per year for all districts from 2nd yr onwards
8	National level M&E workshops on MIS data with States and other stakeholders	∞ Organize national workshop with States/Development Partners/other stakeholders	@ 1,50,000 per consultation workshop [1 workshop per year]
9	Engagement of National level Monitors to review ICDS implementation at the AWC/block level [Pilots]	∞ Field visits by National level ICDS Monitors to States [2 Monitors per State; 2 visits per state per year of 5 days duration each]	@ Rs.40,000 per person per visit (including travel, boarding and lodging costs)
		∞ Honoraria to National level Monitors (includes preparation of review report)	@ Rs. 10,000 per person per visit [16 monitors]
1C: Strengthening Training and Capacity Building			
1	Support to ongoing review and revision of Training System		
	Review of existing training methodology, curricula and contents including capacity of training institutions and suggest measures for improvement	Hiring of an external agency to study the existing gaps: (i) Training Contents - Job and Refresher Training (ii) Training Curricula (iii) Capacity of Training Institutions at each level of training	Lump sum Rs. 20,00,000
		Support to NIPCCD in designing of revised training modules/curricula for regular (job and refresher) training of various ICDS functionaries	Rs. 5 lakh per modules for 15 modules (approx)

Sl. No.	Component/Sub-Component /Activity	Sub-Activity	Cost Norms
		Development of Trainer's Manuals on revised training modules at each level of training (with NIPCCD)	@ Rs. 2 lakh per manual for 15 manuals
2	Training needs assessment (TNA)	∞ Designing of TNA tools and procedures for each level of functionaries (DPO to AWWs)	Lump sum Rs. 5,00,000
3	Development of training modules based on TNA findings and project specific capacity building needs: Possible Themes include - (i) How to conduct mapping/catchment area surveys, (ii) Facilitating community engagement, (iii) BCC for IYCF, (iv) ECE, (v) Decentralized planning, (vi) Leadership development, (vii) Supportive supervision, (viii) Data use and management, (ix) Sensitization for addressing equity issues, etc.	∞ Hiring of consultants to develop thematic training modules and facilitators guides (<i>primarily focused on ongoing capacity building</i>)	@ Rs. 2 lakh per module (10 themes)
		∞ Training of state master trainers on new modules at national level (only project states) (abt. 4 trainers per state)	@ 1,00,000 per training (6 three-day training programs to be organized)
4	Designing of ongoing capacity building approach (pilots)	∞ Hiring of consultant (s) to develop incremental learning training strategy and tools for review	Lump sum Rs.5,00,000
1D: Strengthening Convergence with Health			
1	Strengthening national committee on convergence between NRHM and ICDS	∞ Periodic meetings	@ 1,00,000 per meeting per year
2	Development of guidelines and tools for establishing and strengthening convergent forums at state, district and block levels	∞ Review and assess existing convergence models and experiences	Lump sum Rs. 5,00,000
		∞ Development and sharing of guidelines and design of models and tools with states	Lump sum Rs. 5,00,000
1E: Innovations in Implementation (operational level)			
1	Development of urban strategy and designing and Implementation of Urban/Peri Urban Pilots	∞ Implementation of Urban pilot in the NCR region; Collaboration with NGOs for urban ICDS initiatives in the NCR Region	Lump sum Rs. 2,00,00,000 (@ Rs. 10,00,000 per year (from year 2)
2	Development of designs for 'Model AWCs' and guidelines for functioning of Model AWC	∞ Hiring of consultants for developing design and guidelines for Model AWC/Competition for designing Model AWC	Lump sum Rs.10,00,000
Component 2: Community Mobilization & BCC			
2A. Engagement with CBOs and civil society organizations (CSOs)			
1	Review of existing models of community involvement and designing of pilots	∞ Review of existing models of community involvement, designing of pilots, including consultations	Lump sum @ Rs.5,00,000

Sl. No.	Component/Sub-Component /Activity	Sub-Activity	Cost Norms
		∞ Sharing of the review findings with project states	@ 150,000 per consultation
2	Review of existing models of PPP models and voluntary action	∞ Consultation meetings with CSOs and Private sector agencies to explore models for PPP and explore possible voluntary actions for nutrition and ICDS	@ 150,000 per consultation
		∞ Review and Designing models of PPP for possible implementation in Phase 2 (by TA agency)	@ Rs.5,00,000 lump sum for review and designing of pilots, including consultations
3	Review and design social audit models and other community monitoring practices	∞ Review of existing community monitoring experiences from ICDS and other programs and design different models for community monitoring in ICDS, including integration with NRHM's approaches	@ Rs.5,00,000 lumpsum for review and development, including any travel involved)
		∞ Consultation meetings with select experts at national level to finalize models and approaches	@ Rs.45,000 per meeting
		∞ Develop and disseminate guidelines and facilitator's guides (print ready versions) to states to initiate/pilot the process in select areas during phase 1	Lump sum Rs. 150,000
4	Designing a pilot on social agreement	∞ Designing a model of social agreement and orientation of identified states on the model	Lump sum Rs.100,000
2B: Strengthening Behavior Change Communication			
1	Review of existing BCC practices, experiences, approaches across different states and collation of tools, materials etc.	∞ Hiring of consultant for BCC review	@ Rs.5,00,000 lumpsum for review and designing of pilots, including consultations
2	Strengthening IPC through home contacts (home counseling for pregnant and lactating women) through development of supportive tools and designing and implementing different pilot initiatives	∞ Development and field testing of tools, guidelines, ready-recknors for use by AWW during home contacts (like the home visit planner)	@ Rs.5,00,000 lump sum for development and testing of tools, including consultations if any
		∞ Designing a pilot for incentivizing ASHA/ AWW/ Additional worker for carrying out home contacts	@ Rs.5,00,000 lump sum for review and designing of pilots, including consultations
		∞ Designing a common package of messages, counseling aids for ASHA and AWW	@ Rs.10,00,000 lump sum for development of common communication package including consultations if any

Sl. No.	Component/Sub-Component /Activity	Sub-Activity	Cost Norms
3	Support Establishment of National Child Development Resource Platform		@ Rs.50,000 per month lump sum (for knowledge updation and website maintenance from the 4th Quarter of Yr 1)
4	Organization of events to engage Members of Parliaments	∞ Consultation meetings	@ Rs. 100,000 per meeting (1 meeting in Yr1; 2 meetings a year from Yr 2 onwards)
5	Designing use of ICT for communication	Hiring of ICT Consultant Agency to review existing experiences and design the pilot on application of ICT for communication in ICDS	Lump sum of Rs.20 lakh
Component 3: Piloting Convergent Nutrition Actions			
1	Developing and guiding conceptual frameworks for multi-dimensional interventions	∞ Identification and review of existing multisectoral models (national and international experiences)	@ Rs.15,00,000 lump sum for review and designing of pilots
		∞ Development of broad framework within which multi-sectoral models will be planned and implemented; Tools to manage and support multi-sectoral nutrition response will also be developed	@ Rs.5,00,000 lump sum for development of tools and framework development
		∞ Dissemination of frameworks and tools at the state level	@ Rs.5,00,000 lump sum for consultations
2	Inter-sectoral nutrition action committee consultations	∞ Consultations with different line ministries, states, experts and other stakeholders in the development of frameworks as well as to periodically review progress and outline actions	@ Rs.1,50,000 per consultation [2 consultations per year]
3	Piloting convergent nutrition actions in specific 'high-burden' districts as models for replication in Odisha and Uttarakhand	∞ Implementation and documentation of pilots (in year 2) [approx 4 districts in 2 states]	@ Rs. 25,00,000 per district
4	Evaluation and Research on Multi-sectoral pilots	Operations Research around multi-sectoral nutrition response	Lump sum Rs.50,00,000
Component 4A: Project Management at Central and State level			
4	Travel costs of CPMU staff		
	(i) Travel of Project Director, Technical Consultants and PMs to States/districts	Travel cost	@ Rs. 15,000 (average) per travel per person [2 trips per state per month]
		Boarding & lodging	@ Rs. 3000 (average) per day/person for average of 3 days of stay per trip

Sl. No.	Component/Sub-Component /Activity	Sub-Activity	Cost Norms
	(ii) Travel of Project Associates to states and districts	Travel cost (air/road transport)	@ Rs. 15,000 (average) per travel per person [@ 1 trip per state per month]
		Boarding & lodging	@ Rs. 2000 (average) per day/person for average of 3 days of stay per trip
5	Exposure visits/study tours/training courses for project management staff (central and 8 project states)		
	Participation in international seminars/conferences/short training programme and visits to international best practice sites	(i) Participation in Seminars/short duration (2 weeks) Training Courses on project management/ leadership/performance evaluation etc (by Central + State project teams)	@ Rs. 5,00,000 (average) per person per seminar/course (approx. 15 days) <i>(At least one seminar/course in each year for a batch of approx. 20 participants)</i>
		(ii) Exposure visits to best practice sites by the project team (central and state)	@ Rs. 2,00,000 (average) per visit for approx. 6 days (one visit each in Year 1 and Year 2)
6	Planning/ Review Meetings and Dissemination workshops at National Level	@ one event per quarter [3 days duration]	@ Rs. 150,000 per review meeting
Component 4C: Project Monitoring and Evaluation			
1	Design of an Impact Evaluation and conduct of Baseline surveys	∞ Hiring of Research Agency for designing of project impact evaluation	Lump sum Rs. 1,000,000
		∞ Hiring of a Nodal Agency for coordinating baseline survey and preparation of evaluation reports	Lump sum Rs. 5,000,000
		Costs for baseline survey (field work, data analysis and report writing) in 32 districts (including 10% control and 10% intervention sites) (20% of 162 districts)	@ Rs. 20,00,000 per district
		∞ Dissemination of findings workshops at State and District levels with stakeholders [8 States + 162 districts]	@ Rs. 30,000 per meeting
2	Designing of rapid assessments, social assessments, operational research studies etc	Designing of rapid assessments, social assessments, operational research studies etc in project States/districts	Lump sum Rs. 1,500,000
3	Conducting OR studies	∞ Implementation of OR studies on Urban Pilots, ICT, Second Worker and Incentives for home visits <i>(4 pilots to be studied)</i>	@ Rs.30,00,000 per OR study
4	Documentation and Dissemination of effective pilots	∞ Documentation and dissemination of proven solutions and effective pilots (manuals, tool kits etc) to project states	Lump sum Rs. 10,00,000

Annex-7

Roles and Responsibilities of CPMU

- i. Ensuring timely procurement of human resources as planned under the project, at central and State levels, and establishing full functionality of all PMUs as planned
- ii. Managing and monitoring inputs and deliverables of the Technical Assistance (TA) Agency
- iii. Establishing a clear working relationship with the TA Agency and jointly working out detailed implementation plans for the project. This will include:
 - a. *Identifying specific areas requiring formative work for the preparation or refinement of policy / technical / operational guidelines and assigning tasks to groups of technical experts procured for the purpose by the Technical Support Agency*
 - b. *Working closely with State PMUs to identify the scope of strengthened implementation of a basic package of interventions of known effectiveness for immediate implementation.*
 - c. *Identifying innovative approaches used in different States across the country (and beyond) that have the potential for wider adaptation, and identifying mechanisms to assess and adapt these approaches to project areas, or to standardize and pilot promising but untested approaches.*
- iv. Ensuring State PMUs have sufficient technical and managerial support to efficiently manage project implementation
- v. Ensuring preparation of detailed annual action plans by the project States, and encouraging meaningful and purposive innovation
- vi. Facilitating release of funds from the Government of India to the project States based on their performance and monitoring of expenditure based on the claims filed by the States, and ensuring full utilization of the credit.
- vii. Identifying capacity-building needs at all levels in the project and procuring necessary inputs from the TA Agency
- viii. Procuring agencies for identifying partners or implementing BCC and community mobilization plans
- ix. Facilitating the preparation of detailed project evaluation plans, and ensuring baseline assessments are completed satisfactorily.
- x. Monitoring pilots and innovations to ensure timely learning and documentation of lessons, and disseminating and using these as appropriate
- xi. Communicating refined and revised programme implementation guidelines as appropriate
- xii. Maintaining close links with the ICDS general programme, and ensuring free sharing and dissemination of lessons and experiences
- xiii. Maintaining close working links with the World Bank team and ensuring compliance with all agreed-upon financial and procurement procedures at the central and State levels
- xiv. Reporting on progress in the project to the Empowered Committee and to the World Bank and other appropriate stakeholders; and
- xv. Ensuring that project triggers for phase 1 of the APL are met.