

No. 2-3/2012-WBP
Government of India
Ministry of Women and Child Development
(Central Project Management Unit)

First Floor, Janpath Hotel
Janpath, New Delhi 110 001

Dated: 10th January 2013

To

Shri Subrata Sahu

Secretary

Department of Women & Child Development

Government of Chhattisgarh

Room No. 149, D.K.S. Bhavan,

Mantralaya, Raipur - 492 001

CHHATTISGARH

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

Sir,

I am directed to convey approval of the Government of India (GoI) to the International Development Association (World Bank) assisted centrally sponsored 'ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)' in Chhattisgarh at an estimated cost of Rs. 192.68 crore in the cost sharing ratio of 90:10 between the GoI and the State Govt., 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).

2. Project Development Objectives

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 3; and*
- ii. to strengthen coordinated and convergent actions for nutrition outcomes at the national level and in 8 selected States.*

3. Coverage

Following 11 districts from Chhattisgarh have been selected under the project:

Sl. No.	Name of the district
i	Mahasamund
ii	Korba
iii	Durg
iv	Kawardha
v	Jashpur
vi	Kanker
vii	Dantewada
viii	Bijapur
ix	Bastar
x	Narayanpur
xi	Raipur

All ICDS projects (blocks) and the Anganwadi Centres (AWCs) operational in the aforesaid districts will be covered under ISSNIP. As per the information available on 30 September 2010, 92 operational projects and 28,682 AWCs in the above 11 districts were considered for estimating the project cost for the State.

4. 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.

5. Project Cost

The total project cost for the State of Chhattisgarh is estimated as Rs. 192.68 crore, with Rs. 45.03 crore for Phase 1 (3 years) and Rs. 147.65 crore for Phase 2 (4 years). 10% of the project cost will be borne by the State Government. Details of year-wise and component-wise project cost are at Annex-2. Allocation for Phase 2 has been estimated on pro-rata basis and will be detailed out and firmed up at the end of Phase 1. Indicative cost norms used for estimating allocations under various project components/activities proposed during Phase 1 are placed at Annex-3.

6. Project Components/Activities

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

Component 1: Institutional and Systems Strengthening;

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

Component 3: Piloting Convergent Nutrition Actions and

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

6.1 Component 1: Institutional and Systems Strengthening

(Rs. Lakh)

Sub-Components	Phase-1			
	Year-1	Year-2	Year-3	Total
Review/refinement of policies guidelines/procedures - Adaptation by the State	3.70	1.70	0.70	6.10
Strengthening and expanding ICDS monitoring systems	55.74	44.11	5.00	104.85
Strengthening training and capacity building	14.62	67.51	105.90	188.02
Convergence with NRHM	3.00	123.00	180.55	306.55
Institutional support for innovations and pilots	0.00	386.09	415.50	801.60
Implementation support at district and block levels	209.78	420.50	445.28	1075.55
Total	286.83	1042.91	1152.93	2482.66

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

- A. *Review/refinement of policies guidelines/procedures – Adaptation by the State*
- B. *Strengthening and expanding ICDS monitoring systems*
- C. *Strengthening training and capacity building*
- D. *Strengthening convergence with NRHM*
- E. *Institutional support for innovations and pilots*
- F. *Implementation support at district and block levels*

6.1A Review and refinement of policies/guidelines/procedures in ICDS

Activities under this sub-component include:

- i. *Adaptation of national guidelines, frameworks and strategies to suit State contexts:* The Govt. of India will undertake review and refinement of some of the existing guidelines, policies and procedures in ICDS at the national level. State will need to share these revisions and refinements with key stakeholders at the State level and adapt to suit the State contexts. Following adaptation, district and block officials will be oriented on these guidelines and action plans will be prepared in consultation with them.
- ii. *Formation of Task Force on ICDS:* A State level task force will be constituted to provide guidance to implementation of the policy framework as well as programme implementation.

6.1B Strengthening and expanding ICDS Monitoring Systems

Activities under this sub-component include:

- i. *Support to roll-out of revised MIS:* The project will support roll-out of the revised Management Information System (MIS), introduced by the GoI in 2012, across all districts in the State. This includes organization of district/regional level training of master trainers, translation and designing of facilitator's guides and user's manuals in local language, periodic supportive supervision and review visits up to the sector level for ensuring quality in the whole induction process, etc.
- ii. *Piloting mechanisms to ensure AWC services to migrants:* Pilot designed at the central level for inclusion of the migrant workers in the AWC services, will be implemented in a few districts at a lump sum cost of Rs. 20 lakh.

- iii. *Support for computerization of MIS up to the block level:* The project will provide computers up to the block level for use by the CDPOs and Supervisors, as per the specific requirement made in the State PIP.
- iv. *Training of ICDS Functionaries (Supervisors/CDPOs) on using web-based MIS and data analysis:* The MWCD is in the process of developing a computerized web based MIS, which will enable real time data transfer and use at all levels. The web based MIS will be used by officials at the district, block and sector level for entering monthly MIS data as well as generating analytical reports. The project will support training of these officials on data entry and analysis. The training will also include orientation of functionaries on specific project level monitoring mechanisms.

Table 1: Cost Summary: Strengthening and expanding ICDS Monitoring Systems

Activities	(Rs. Lakh)
	Phase 1
i. Support to roll-out of revised MIS	57.05
ii. Piloting mechanisms to ensure AWC services to migrants	20.00
iii. Support for computerizing MIS till the block level	8.00
iv. Training of ICDS functionaries on using web-based MIS and data analysis	19.80
TOTAL	104.85

6.1C Strengthening Training and Capacity Building

Activities under this sub-component include:

- i. *Training needs assessment (TNA):* The project will support carrying out training needs assessment in a scientific way at different levels in order to customize and contextualize the current training programmes/modules. The TNA study designed at the central level will be implemented by the State through an external agency for data collection and collation and sharing of the TNA findings with State and district officials for their feedback and inputs. A lump sum provision of Rs. 10 lakh per study has been made for conducting training needs assessments in Year 1 and Year 3 of the project.
- ii. *Piloting incremental learning approach for ongoing capacity building of ICDS functionaries:* Ongoing capacity building approach will be piloted within the project. This will be initiated in 50% districts by the end of year 1 and will be scaled up to 100% districts by year 3. The implementation of the on-going capacity building approach will involve some of the following steps:
- Formation and training of district and block resource groups (training teams)
 - Monthly incremental learning/on-going capacity building at all levels: The process will involve identification of a training theme for a month (theme based facilitator's modules will be developed) on which capacity building will take place at all levels during that month.
- iii. *Inter and Intra-State exposure/learning exchange visits:* With the objective of educating and motivating ICDS functionaries, exposure visits to best practice sites and pilot areas will be organised both within the State and to other States. Exposure visits will be designed as capacity building programmes with both field observations/interactions and classroom learning.
- iv. *Implementation of mechanisms for building programme management and leadership among officials:* Mechanisms aimed at strengthening programme management and leadership among the ICDS Officials at the State and districts levels will be identified at the central

level and piloted in the State. A lump sum amount of Rs. 5 lakh per year has been kept for the purpose.

Table 2: Cost summary: Strengthening Training and Capacity Building

(Rs. Lakh)	
Activities	Phase 1
i. Training needs assessment	20.00
ii. Piloting incremental leaning approach	138.02
iii. Inter and Intra-State exposure/learning exchange visits	20.00
iv. Implementation of mechanisms for building programme management and leadership among ICDS Officials	10.00
TOTAL	188.02

6.1D Strengthening Convergence with National Rural Health Mission (NRHM)

Activities under this sub-component include:

- i. Strengthening/formation of State, district and block level convergence committees with NRHM for review and planning:** Based on the guidelines established at the central level, State, district and block level convergence committees will be established/strengthened with clear role definitions. While the State and district committees will hold quarterly planning and review meetings to monitor shared activities and outcomes, the block level committee will hold monthly planning and review meetings.
- ii. Piloting/phased scaling up of Sub-Centre level meetings of ASHA, AWW and ANM for joint planning and implementation:** The project will support organization of the sub-centre level meetings of ASHA, AWW and ANM for joint planning and implementation. The pilot is to be implemented in 50% sub-centres in all project districts during Phase 1 and if found effective, will be scaled up in Phase 2.
- iii. Joint training of Health and ICDS functionaries on common themes:** Joint training of health and ICDS field functionaries on common themes will be organised to facilitate convergent planning and implementation.
- iv. Engagement of PRI's for strengthening convergence:** The project aims enhancing active participation of the *Panchayat* Representatives to support mobilisation of the community and also to engage them in creating awareness about services available at the AWCs. For this, a number of orientation meetings with the *Panchayat* Representatives will be organised. These orientations will be organised on a yearly basis with the support of the local civil society organisations.
- v. Piloting successful models of convergence:** Models of convergence identified from the reviews at the central level will be piloted in one district in the State. If found effective, these will be scaled up in Phase 2. A lump sum amount of Rs. 20 lakh per year has been kept for carrying out pilots on convergence starting from Year 2.

Table 3: Cost summary- Strengthening Convergence with NRHM

(Rs. Lakh)	
Activities	Phase 1
i. Strengthening/formation of State, district and block level convergence committees	27.00
ii. Piloting/phased scaling up of sub-centre level meetings of ASHA, AWW and ANM	26.57
iii. Joint training of Health and ICDS functionaries on common themes	146.28
iv. Engagement of PRIs for strengthening convergence	71.71
v. Piloting successful models of convergence	35.00
TOTAL	306.55

6.1E Institutional support for innovations and pilots (other than above)

Activities under this sub-component include:

- i. *Development of an urban strategy and designing and implementation of urban pilots in ICDS:* It is proposed to develop an urban strategy in ICDS that includes development and designing of pilots for testing approaches to implement urban ICDS projects in an effective manner. Based on the formulated guidelines at the central level, at least one urban pilot will be implemented in the State from year 2 onwards. A lump sum amount of Rs. 25 lakh has been kept for the pilot.
- ii. *Piloting stimulation and cognitive activities for pre-school children at AWCs:* The project will support piloting up-gradation of activity and play kits in about 10% AWCs in project districts to strengthen the cognitive stimulation activities of the children attending the pre-school education at AWCs. Each child in the age group 3-6 years will be provided age-specific activity books to promote early joyful learning. An amount Rs. 2000 per AWC per year has been budgeted for the procurement of 10 different activity books for an average 40 children per AWC.
- iii. *Untied funds for 'high-burden' districts to undertake context specific innovations in ICDS (pilot):* With an objective of introducing flexibility into the system, untied funds will be provided to selected project districts from Year 2 onwards for undertaking local innovations that are aimed at better service delivery in ICDS. Operational manual/guidelines on the use of untied funds will be developed at the central level outlining the criteria that will be used to select proposals from the districts including focus areas where the use of funds will be promoted. A lump sum provision of Rs. 25 lakh per district per year has been kept as untied funds for innovations.

Table 4: Cost Summary- Institutional support for innovations and specific pilots

(Rs. Lakh)	
Activities	Phase 1
i. Development of an urban strategy and designing and implementation of urban pilots in ICDS	43.75
ii. Piloting stimulation and cognitive activities for pre-school children at AWCs	114.73
iii. Untied funds for 'high-burden' districts	112.50
iv. Piloting second worker model	530.62
TOTAL	801.60

6.1F Strengthening implementation support at District and Block (Project) levels

Under this sub-component additional human resources in the form of contractual staff will be hired for the duration of the project, at the district and block levels, to provide support to the DPOs/CDPOs and the Sector Supervisors as per the following:

- i. At the District level, one District Coordinator supported by one Project Assistant will facilitate project implementation activities by the District Programme Officer (DPO) and his/her Team.
- ii. At the Block (Project) level, one Block Coordinator supported by a Project Assistant will catalyze actions at sector and community levels, supporting the CDPO and all sector Supervisors in the block, and directly interacting with AWWs as well as communities and community leaders.

Table 5: Cost summary- Implementation support at District and Block (Project) levels

		(Rs. Lakh)
Items of Expenditure		Phase 1
District level		
i.	Honorarium of the additional human resource support	181.26
ii.	Office Expenses	44.00
iii.	Travel costs of district team	63.80
iv.	Hiring of vehicle (1)	66.00
Block (Project) level		
i.	Honorarium of the additional human resource support	606.41
ii.	Office Expenses	27.60
iii.	Travel Costs of block team	86.48
TOTAL		1075.55

Table 6: Norms of Expenditure at the District and Block (Project) Level

Human Resource (District)	
District Coordinator (@1 per district)	Honorarium @ Rs. 30,000 per month (with 8% increment every year)
Project Assistant (@1 per district)	Honorarium @ Rs. 15,000 per month (with 8% increment every year)
Human Resource (Block/Project)	
Block Coordinator (@1 per block)	Honorarium @ Rs. 12,000 per month (with 8% increment every year)
Project Assistant (@1 per block)	Honorarium @ Rs. 8,000 per month (with 8% increment every year)
Office Expenses	
District level	
Office Establishment: Computers/ printers/ phone/furniture etc (one-time)	@ Rs. 100,000 per district (lump-sum)
Recurring cost (stationeries, other misc. Expenses)	@ Rs.10,000 per month per district
Hiring of vehicle (1)	@ Rs. 20,000 per month
Block (Project) level	
Recurring cost (stationeries, telephone, internet, other misc. expenses)	@ Rs.1,000 per month

6.2. COMPONENT-2: COMMUNITY MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION

(Rs. Lakh)

Sub-Components	Phase-1			
	Year-1	Year-2	Year-3	Total
Activities to enhance community mobilization and participation	1.33	588.31	699.43	1289.7
Behaviour Change Communication	9.50	73.15	83.31	165.96
Total	10.83	661.46	782.75	1455.03

6.2A Activities to enhance community mobilization and participation

Activities under this sub-component include:

- i. *Assessment of capacities of Civil Society Organization (CSOs)/Community Based Organization (CBOs) for carrying out community engagement and BCC initiatives:* Under this, the State will undertake an assessment to identify and map possible civil society stakeholders, including NGOs, academic institutions, SHGs, *Mahila Mandals*, youth groups etc., and also carry out a detailed assessment of their capacities on community mobilization and BCC.
- ii. *Piloting models of community engagement:* Based on the above assessment, State will identify community engagement model(s) that best suit the local context and pilot them in project districts (selected blocks) from year 2 onwards. Implementation of the pilot will include development of training modules, facilitating tools, training of identified stakeholders, monitoring of progress and evaluation of the pilot. A lump sum provision of Rs. 25 lakh per year has been kept for the purpose.
- iii. *Capacity building of CBOs/CSOs for engaging in ICDS:* Capacity building programmes will be organized for CBOs/CSOs, with the objective of orienting them on various aspects of ICDS in accordance with their defined roles in the selected districts. These orientations will be initiated from year 2 of the project twice a year, following the CBO/CSO capacity assessment.
- iv. *Implementation of social audit and other community monitoring pilots:* Following the designing of pilots and development of guidelines on social audit and other community monitoring mechanisms at the central level, State will select the specific community monitoring pilot(s) for implementation. The pilot will be implemented in 4 AWCs per block (project) per year in about 10% blocks of the project districts from year 2 onwards. A lump sum provision of Rs. 20,000 per block (project) per year has been budgeted to carry out the pilot.
- v. *Organization of community based events for sensitization on key health and nutrition issues:* This will support organization of traditional community level events such as *Annaprashan*, *Godh Bharai*, *Kheer Khilai* etc, in an ongoing manner to strengthen the delivery of key health and nutrition messages to the individual beneficiaries as well as the community at large. An amount of Rs. 150 per event (twice a quarter) has been kept.
- vi. *Partnerships with local NGOs/CSOs for supporting community mobilization and behavior change activities:* Under this, NGOs/CSOs having experience and expertise in community mobilization and sensitization activities will be engaged in facilitating mid-media campaigns on identified themes. This process of engaging NGOs/CSOs will be piloted in about 25% districts in year 2, and will be scaled up to 50% districts

in year 3 of the project. A lump sum provision of Rs. 30 lakh per district per year has been kept for the purpose.

- vii. *Implementation of Public-Private Partnership (PPP) in ICDS (Pilot)*: PPP pilots identified and designed at the central level will be implemented in a few identified districts in the State from Year 2 onwards. This will involve development of specific training modules and tools on the identified model, training of stakeholders on the model and implementation of the identified processes. A lump sum provision of Rs. 30 lakh has been kept for the purpose.

Table 7: Cost Summary- Activities to enhance community mobilization and participation

Activities	(Rs. Lakh)
	Phase 1
i. Assessment of capacities of CSOs/CBOs	0.83
ii. Piloting models of community engagement	50.50
iii. Capacity building of community based organizations for engaging in ICDS	286.82
iv. Implementation of social audit and other community monitoring pilots	5.68
v. Organization of community based events for sensitization on key health and nutrition issues	688.37
vi. Partnerships with local NGOs/CSOs	226.88
vii. Implementation of PPP Pilot	30.00
TOTAL	1289.07

6.2B Behavior Change Communication (BCC)

Under this sub-component, the project will support strengthening inter-personal counselling through targeted home visits by the functionaries and the community support groups; development and implementation of contextually relevant and appealing awareness generation initiatives using mid-media, for example, folk media, street plays/*kala jathas* etc.

- i. *Adaptation of national level BCC strategy and development of State-specific BCC plans*: Keeping in view the fact that the communication methods should necessarily include traditional or local forms of communication and the development of related materials/message needs to take into account local beliefs and practices, it is proposed to carry out State- specific formative research to first identify these contextual dimensions. The learning will then be incorporated while adapting the national level BCC strategy and developing the State specific BCC action plans. The BCC action plan will be developed in consultation with civil society stakeholders and will seek their input and involvement in implementation.
- ii. *Strengthening home contacts*: In order to strengthen the periodicity and effectiveness of the home visits by AWWs, following activities are proposed::
- Adaptation and printing of supportive tools and aids like home visit planner and ready-reckoner for AWWs, to help her prioritize home visits and guide her during counseling;
 - Adaptation and orientation of a common package of messages and counseling aids for AWWs and ASHAs on topics, common to both their mandates; and
 - Implementation of a pilot for incentivizing home visits: Pilot designed at the central level on incentives for field functionaries to carry out home visits and

counseling will be implemented in selected districts in the State from year 2 onwards.

A lump sum amount of Rs. 25 lakh per year has been kept for the purpose.

- iii. *Designing, pre-testing and implementation of mid-media initiatives such as folk theatre, film shows etc.:* An important part of BCC is generating awareness among the larger community and community based organizations (CBOs) on key nutrition issues especially for adoption of appropriate child nutrition behaviours and practices by the parents for their under-three children. Periodic campaigns on specific themes (*in conjunction with the themes decided in the incremental learning trainings*) will be organized using different mid-media in 25% project districts in year 2 of the project, which will be scaled up to 50% project districts by year 3. These campaigns will be facilitated by civil society organizations and will involve active engagement of local folk artists. Multiple forms of presentation will be explored such as folk theatre, short films, jingles etc.
- iv. *Piloting use of ICT for communication and MIS in ICDS:* A pilot to enhance use of ICT for communication and MIS in ICDS will be implemented in select areas. With a pre-designed assessment methodology, effectiveness of the ICT solutions in bringing about behaviour change, improving MIS and in enhancing performance of community level workers will be measured before being considered for adoption for scale up in subsequent phase of the project. The pilot will make use of mobile phone and other ICT mechanisms.
- v. *Advocacy and knowledge sharing:* Under this, events will be organised to mobilise and build political and administrative commitment on nutrition issues, through organization of periodic conferences and meetings with the Member of Parliaments (MPs), Members of the Legislative Assembly (MLAs) as well as District Collectors to orient as well brief them on the issues relating the nutrition challenges, solicit their support on policy issues and suggestions for reform and actions.

Table 8: Cost Summary - Strengthening Behaviour Change Communication

		(Rs. Lakh)
Activities		Phase 1
i.	Adaptation of national level BCC strategy and development of State-specific BCC plans	6.00
ii.	Strengthening home contacts	95.11
iii.	Design, pre-test and implement some mid-media initiatives	33.60
iv.	Pilot testing use of ICT for Communication in ICDS	26.25
v.	Advocacy and knowledge sharing	5.00
TOTAL		165.96

6.3. Component 3: Piloting Convergent Nutrition Actions

Under this component, following activities will be undertaken:

- i. *Development of State-specific convergent action plans and designing of a pilot based on the national guidelines:* This will include adapting criteria for selection of a district for undertaking the pilot, choosing local NGOs or other institutions as implementation partners, designing and preparing for the implementation of the pilot and facilitating development of convergent nutrition action plans in the identified district. These will also involve organisation of consultations at State and district levels with different line departments and partner institutions on required actions.

- ii. *Inter-sectoral nutrition action committee formation and consultations:* To facilitate prompt attention to needs of implementing pilots, inter-departmental nutrition action mechanisms at an appropriate authority level will be set up and if such mechanisms already exist, they will be strengthened. Along with orientation meetings and periodic reviews, a series of consultations within these groups will be held to discuss structural changes in policies and procedures to facilitate coordinated actions. Formal structures to monitor progress by the various sectors will be developed to ensure accountability of all sectors in improving nutrition.
- iii. *Implementation and documentation of pilots:* A lump sum amount of Rs. 25 lakh per year is kept for implementing convergent nutrition action pilots as well as its documentation in one district in the State from year 2 onwards.

Table 9: Cost summary - Piloting Convergent Nutrition Actions

Activities	(Rs. Lakh)	
	Phase 1	
i. Development of State-specific convergent nutrition action plans and designing a pilot	7.00	
ii. Strengthening inter-departmental coordination mechanisms	2.40	
iii. Implementation and documentation of pilot	43.75	
TOTAL	53.15	

6.4. COMPONENT 4: PROJECT MANAGEMENT, TECHNICAL ASSISTANCE, AND MONITORING & EVALUATION

Sub-Components	Phase-1			
	Year-1	Year-2	Year-3	Total
Project Management	125.64	148.14	134.14	407.92
Monitoring and Evaluation	13.75	58.83	31.33	103.90
Total	139.39	206.97	165.47	511.82

6.4A. Project Management

(i) *State Project Management Unit:* In order to support effective planning, management, supervision and monitoring of the project implementation, a State Project Management Unit (SPMU) will be set up under the State ICDS Directorate. The SPMU will be responsible for day-to-day coordination with the project districts/blocks as well as with the Central Project Management Unit (CPMU) in the MWCD. Details of the roles and responsibilities of the SPMU are placed at Annex-4. The SPMU will be headed by the State Project Director of similar rank (*the Director in charge of ICDS may be designated as Project Director*) and will be supported by Joint Project Coordinators (JPCs) at the rank of Dy. Directors/Jt. Directors who may be drawn from within the State Government on deputation basis. They will be assigned the tasks of project management, finance, procurement, M & E, IEC/BCC etc. *One JPC per 10 districts* is proposed in the SPMU. There will also be a group of Technical Consultants (6) and other support staff to be hired on long-term contract. Table below provides the proposed staffing in the SPMU:

Table 10: Proposed staffing in SPMU - Chhattisgarh

S. No	Position	No. of posts
1.	State Project Director	1
2.	Joint Project Coordinators (JPCs) <i>JPCs will be in charge of:</i> <ul style="list-style-type: none"> • Project Management and M & E • Admn. & Finance • Procurement • IEC/BCC and Training, etc 	2
3.	Technical Consultants <ul style="list-style-type: none"> • Nutrition & Child Development (<i>will also look after multi-sectoral actions</i>) • Social Development & Community Mobilization • BCC & Capacity Building • M & E and Decentralized Planning • Financial Management • Procurement 	6
4.	Project Associates	2
5.	Accountant	1
6.	Secretarial Assistants	2
7.	Office Messenger/Peon	2
Total		16

Detail terms of references will be prepared for the SPMU which will be part of the MoU with the State on project implementation.

(ii) *Management and administrative cost:* The project will support non-recurring investment cost of office establishment/equipments/furniture, all incremental operating costs and activities for staff strengthening and for project planning and review meetings. Table 11 & 12 below provide details of the eligible items of expenditures with the cost norms.

Table 11: SPMU Budget - Chhattisgarh

Items	Year-1	Year-2	Year-3	(Rs. Lakh)
				Total (Phase 1)
I. Investment Cost				
Office establishment, Furniture and Equipments (EPABX, Computers/ laptops/ fax machine/LCD Projector/Monitor etc)	10.00	5.00	-	15.00
Sub-Total-1	10.00	5.00	-	15.00
II. Staff Capacity Strengthening and Project Review				
a. Orientation training of SPMU and TA Staff together on Technical and programmatic issues				
<i>State level</i>	0.81	-	-	0.81
<i>District level</i>	5.50	-	-	5.50
b. Training/Orientation on World Bank Procurement and Financial Management Procedures for SPMU Staff (Finance and Procurement Officials)	1.00	-	-	1.00
c. Training workshop of districts and blocks on decentralized planning	5.13	5.50	-	10.63
d. District and block annual planning meetings	11.00	11.00	-	22.00

e. Planning/ Review Meetings and Dissemination workshops at State/District Level				
<i>State level</i>	0.90	1.20	1.20	3.30
<i>District level</i>	3.30	6.60	6.60	16.50
Sub-Total- 2	27.64	24.30	7.80	59.74
III. Incremental Operating Cost				
a. Salaries of Project Staff	53.64	77.24	83.42	214.30
b. Performance based incentives for State Govt Officials working in the project (@ max 3 Officials per year)		0.60	0.60	1.20
c. Administrative costs (Rents, electricity, security, telephone, etc)	12.00	13.20	14.52	39.72
d. Hiring of Vehicles (2 Nos.)	6.00	6.00	6.00	18.00
e. Stationeries	3.26	3.26	3.26	9.78
f. Contingencies - Utilities and other consumables for day to day office operations	1.20	1.20	1.20	3.60
g. Travel expenses				
• Visit to Delhi to attend review/planning meetings/workshops	7.20	9.60	9.60	26.40
• Monitoring & Supervision visits within State	2.49	3.32	3.32	9.14
h. Additional Mobility support to Supervisors (pilot) to reach out to difficult to reach areas (in 10% sectors)	2.21	4.42	4.42	11.5
Sub-Total- 3	88.00	118.84	126.34	333.18
TOTAL	125.64	148.14	134.14	407.92

Table 12: Norms of Expenditure for SPMU - Chhattisgarh

I. Personnel Cost (with average 8% annual increment)	
a. Jt. Project Coordinator	@ Rs. 50,000 per month (average)
b. Accountant	@ Rs. 40,000 per month
c. Technical Specialists (Consultants)	@ Rs. 60,000 per month
d. Project Associates	@ Rs. 25,000 per month
e. Secretarial Assistant	@ Rs. 15,000 per month
f. Office Messengers/Peons	@ Rs. 8,000 per month
g. Performance based incentives	@ Rs. 20,000 per official per year
II. Office maintenance/administrative cost	
a. Office establishment, furniture & equipments	@ Rs. 15,00,000 (one-time)
b. Administrative costs	@ Rs. 1,00,000 per month (with 10% inflation per year)
c. Hiring of Vehicles	@ Rs. 50,000 per month
d. Stationery	@ Rs. 50,000 per month
e. Contingency	@ Rs. 10,000 per month
f. Mobility support to Supervisors	@ Rs. 500 per month

6.4B: Technical Assistance Agency

An independent Technical Assistance (TA) Agency will be contracted by the GoI to provide specialized technical expertise for various formative works both at the central and State 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 SPMU to support all technical work adapted to the State contexts. The State Team will 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. *All costs of TA Agency will be borne from the CPMU budget under the project.*

6.4C: 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 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 specifically capture project specific implementation progress. Most of the primary data for project monitoring will be generated from block 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 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 district, State and central levels for timely review and response. Budgets for such activities are provisioned under the SPMU cost.
- ii. *District level rapid assessments (RAPs) 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. In the project areas annual Rapid Assessments (RAPs) of coverage of services and behaviour changes will be undertaken at district level. Within each block through the Supervisors (and additional external support in case of large scale vacancies of Supervisors) a *quarterly* assessment of programme performance using LQAS sampling method will also be undertaken. At the beginning of phase 1, all districts will undertake the first round of RAPs and the data from such survey will be used along with the data of baseline survey (for the State) to identify district wise priority areas that are to be focused and district and block plans will be developed for subsequent years. A lump sum amount of Rs. 5 lakh per district per year has been kept for rapid assessments. Ongoing programme assessments using LQAS.
- iii. *Operations Research (OR) 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. While the CPMU/TA Agency will support the State with the study design and data collection tools etc, the State will be primarily undertaking the data collection in all OR studies through external agencies. A lump sum amount of Rs. 37.50 lakh has been kept for undertaking OR studies.
- iv. *Social Assessment/ethnographic studies in SC/ST/minority areas to facilitate development of appropriate communication strategies and materials:* With the objective of facilitating universal outreach and addressing any issues of exclusion due to social and cultural

differences, State will identify SC/ST/minority/geographically remote areas and conduct ethnographic studies to assess socio-cultural practices among these communities that act as barriers to communication and access to service delivery. Based on the findings of these studies, appropriate strategies and communication materials will be developed to reach out to these communities. This study will form an integral part of the communication action plan to be developed by the State. A lump sum amount of Rs. 10 lakh has been kept.

- v. *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. The end line evaluation of the project will be conducted towards the end of Phase 2.

Table 13: Cost summary - Monitoring and Evaluation

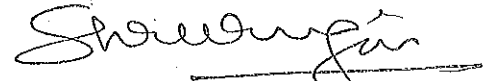
(Rs. lakh)	
Activities	Phase 1
i. Establishment of a project monitoring system to monitor project activities and deliverables at all levels (<i>budgeted under SPMU costs</i>)	-
ii. District Level Rapid Assessments and ongoing internal assessments at sector level using LQAS approach	56.40
iii. Conducting operations research studies; including documentation and dissemination of effective pilots	37.50
iv. Social Assessments and ethnographic studies in SC/ST/minority areas	10.00
TOTAL	103.90

7. Approval of the above activities is subject to the following:

- i. In selection of specific interventions/pilots under the project, State may ensure non-duplication of the activities that may be undertaken under the Restructured ICDS Scheme;
- ii. State will prepare project Annual action plans and submit the same to GoI 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, which will be communicated separately.

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'. Lump sum provision for this activity has been kept under Phase 2. As indicated in para 4 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.

9. The State Government is requested to take necessary actions to implement the project immediately as per the above. Guidelines related to procurement, financial management and other operational issues, as necessary, will be issued separately.



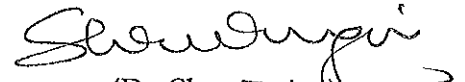
(Dr. Shreeranjana)

Joint Secretary to Government of India

Tel: 011-2338 7683

Copy to:

1. Shri Umesh Kumar Agrawal, Director, Deptt. of Women & Child Development, Govt. of Chhattisgarh, D.K.S.Bhawan, Shastri Chowk, RAIPUR 492 001 .
2. Dr. Ramesh Govindaraj, Lead Public Health Specialist and Task Team Leader, The World Bank, 70 Lodi Estate, New Delhi 110 03
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. PPS to Secretary (WCD)
5. PS to JS (S)/PA to DS (ICDS)
6. Director, NIPCCD
7. US (CD-I)/US (WB & Training)/AD (WB)/Sr. Programmer (MIS)
8. Guard File



(Dr. Shreeranjana)

Joint Secretary to 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 routine data collection at the AWC/ICDS Project levels using the revised versions 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	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

building						
IR 1.4: 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
IR 1.5: 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
IR 1.6: 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						
IR 2.1: 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
IR 2.2: 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): <i>Convergent Nutrition Actions</i>						
<i>IR 3.1: No. of project States in which convergent nutrition action plans for piloting at district level have been developed</i>	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): <i>Project Management and M&E</i>						
<i>IR 4.1: Percentage of proposed project staff at Central, State and district level that are in position and trained</i>	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: Baseline data collection for Phase 2 of the project completed in all project states</i>	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
Phase-wise and Component-wise Budgetary Allocations

State: Chhattisgarh

(Rs. Lakh)

Project Components	Phase-1				Phase-2*
	Year-1	Year-2	Year-3	Total	
I. Institutional and Systems Strengthening	286.83	1042.91	1152.93	2482.66	8206.02
II. Community Mobilization and BCC	10.83	66146	782.75	1455.03	4859.52
III. Piloting Convergent Nutrition Actions	3.85	21.90	27.40	53.15	200.33
IV. Project Management, M&E	139.39	206.97	165.47	511.82	1022.30
Construction of Model AWCs					476.97
Sub-Totals	440.89	1933.24	2128.54	4502.67	14765.15
Grand Total	Rs. 19,267.82 (or Rs. 192.68 crore)				

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

Annex- 3
Activity Cost Norms (Indicative)

Sl. No.	Component/ Sub-Component	Sub-Activity	Cost Norms
Component 1: ICDS Systems Strengthening			
1A. Review and Refinement of Policies, Guidelines and Procedures			
1	Adaptation of national level policy guidelines to State context and development of State action plans for implementation of relevant policy guidelines	∞ State consultations to share national guidelines with key stakeholders at the state level and develop state specific guidelines and action plans	@ 50,000 per consultation
2	State level Task Force on ICDS	Bi-annual meetings of State level Task Force	@ Rs. 35,000 per meeting (2 meetings per year)
1B: Strengthening and Expanding ICDS Monitoring system			
1	Support to roll-out of revised MIS across all districts in the State	(i) Training of Block level functionaries (CDPOs and Supervisors) (ii) Monitoring quality of MIS roll out	@ Rs. 35000 per ICDS project
2	Piloting mechanisms to ensure AWC services to migrants	∞ Implementation of pilot on using identification cards for migrant workers allowing them to access of AWC services anywhere	Lump sum Rs.20,00,000
3	Training of ICDS functionaries on use of web-based MIS and data analysis	∞ Training of DPOs/CDPOs/ Supervisors on use of computers and web-based MIS software	@ Rs.1,80,000 per district (Rs.600 per person per day; 3 day trainings to be organized; approx 100 people to be trained at the district level)
1C: Strengthening Training and Capacity Building			
1	Training needs assessment (TNA)	∞ Conduct of TNA at the State level	Lump sum Rs. 10 lakh
2	Piloting incremental learning approach for ongoing capacity building of ICDS functionaries (In 50% districts in Year 2 and 100% districts in Year 3)	∞ Identification, formation and orientation training of Dist. Resource Groups (DRGs) and Block Resource Groups (BRGs) across all districts (PMU and TA staff to conduct trainings)	@ Rs. 12000 per district for DRG orientation @ 5000 per block for BRG orientation
		∞ Training of DRG & BRG members along with all CDPOs and DPOs and health officials (on relevant themes)	@ Rs. 5000 per training (dist level) @ Rs. 3000 per training (block level)
		∞ Ongoing capacity building sessions at district level on identified theme	@ Rs.31500 per district per theme
		∞ Ongoing capacity building sessions at Block level on identified theme	@ Rs.3000 per block per theme
		∞ Ongoing capacity building sessions at Sector level on identified theme	@ Rs. 500 per sector per theme

Sl. No.	Component/ Sub-Component	Sub-Activity	Cost Norms
4	Inter and intra-State exposure/learning visits		Lump sum Rs.10,00,000 per year
5	Leadership building and programme management training for officials		Lump sum Rs. 5,00,000 per year
1D: Strengthening convergence with Health			
1	Strengthening/formation of State, district and block level convergence committees	∞ Quarterly planning and review meetings of convergence committees at different levels	@ Rs. 15,000 per meeting (State level) @ Rs. 5000 per meeting (District level) @ Rs. 2500 per meeting (Block level)
2	Piloting of sub centre level meetings of ASHA, AWW and ANM for joint planning and implementation (<i>Pilot in 50% sub centres starting Q2 of Yr 2</i>)	∞ Organisation of sub-centre level meetings of ASHA, AWW and ANM to review home contacts, ensure universal outreach and provide coordinated service delivery and BCC to each mother and child	@ Rs.100 per sub-centre meeting per month
3	Joint Training of Health and ICDS functionaries on specific themes (<i>on common service delivery areas such as sector mapping, BCC for IYCF, planning for sub-centre meetings etc.</i>)	∞ Joint Training of Supervisors and LHV by BRG	@ Rs.55,000 per block per year (@ Rs.5500 per training for 30 participants)
		∞ Joint training of ASHA, AWW and ANMs on specific themes by BRG	@ Rs. 51,000 per block per year (@ Rs.2550 per training for 30 participants)
4	Engagement of PRIs for strengthening convergence	∞ Orientation of PRI members on nutrition concerns, motivating them to support VHND and the AWC and help mobilize the community	@ Rs.500 per orientation (<i>once a year</i>)
5	Pilot of successful convergence models		Lump sum Rs. 20,00,000
1E: Institutional Support for Innovations & Specific Pilots			
1	Development of an urban strategy and designing Implementation of Urban Pilots in ICDS	∞ Design and Implementation of Urban pilot in 1 or 2 urban/ peri-urban centres	@ Rs. 25,00,000 per pilot per State (1 pilot per State from Yr. 2)
2	Piloting stimulation and cognitive activities for pre-school children at AWCs	∞ Production and distribution of Activity books for PSE (in 10% of AWCs in Phase 1)	@ Rs. 2000 per AWC per year
3	Untied funds for 'high-burden' districts to undertake context specific innovations [Pilot]	∞ Untied funds for districts to implement innovations contextually	@ Rs. 25,00,000 per district per year [<i>average 4 districts per State per year</i>]
4	Piloting second worker model (in 5% AWCs)	∞ Training of second worker	@ Rs.500 per person during 1st year
		∞ Honorarium to second worker	@ Rs. 1500 per month from 2nd year

Sl. No.	Component/ Sub-Component	Sub-Activity	Cost Norms
1F: Implementation Support at the District and Block levels			
1	Travel costs of District Team	Travel to State HQ for review, trainings, meetings etc	@ Rs. 500 per visit per person (travel cost) and @ Rs. 1500 per day per person for stay
		Travel within districts for monitoring/ review of project implementation	@ Rs. 500 per day per person (boarding & lodging) [Travel costs budgeted under vehicle rental below]
		Hiring of Vehicle [1]	@ Rs. 20,000 per month
2	Travel costs of Block Team	Travel from block to districts for review meetings/trainings etc.	@ Rs. 800 per visit (boarding & lodging cost) [4 visits per quarter, 2 days per visit]
		Intra-block travel expenses	@ Rs. 1,000 per month
Component 2: Community Mobilization and BCC			
2A: Activities to enhance community mobilization and participation			
1	Assessment of capacities of existing CSOs/CBOs for carrying out community engagement and BCC activities	∞ Mapping of existing CSOs/ CBOs in the State and an assessment of their capacities to carry out BCC and community engagement initiatives	@ Rs.10,000 per district
2	Piloting models of community engagement	∞ Identifying the model of community engagement to be piloted by the state based on its specific context (based on the central review) through a consultative process at the state level	@ Rs.50,000 per consultation
		∞ Pilot design and implementation	Lump sum Rs. 25,00,000 per State
3	Capacity building of CBOs for engaging in ICDS	∞ Orientation of CBOs like mother's groups/ committees, mahila mandals, SHGs, tribal leaders at the AWC level	@Rs. 250 per AWC per orientation (Twice in a Year, starting from Yr 2)
4	Implementation of social audit and other community monitoring pilots	∞ Adaptation and printing of centrally shared tools and guidelines for conducting social audits or other community monitoring practices	Lump sum Rs.1,50,000
		Training of NGOs on facilitating Social Audits	@ Rs. 50,000 per training
		∞ Partnerships with local NGOs for conducting/ implementing social audits in selected areas (AWCs)	@ Rs.20,000 per block (@Rs. 5000 per Audit)
5	Organization of community based events for sensitization on key health and nutrition issues	∞ Organization of traditional community level events, in an ongoing manner (Annaprashan, Godh Bharai, Kheer Khilai etc)	@ Rs. 150 per AWC per event (twice a quarter)

Sl. No.	Component/ Sub-Component	Sub-Activity	Cost Norms
6	Partnerships with local NGOs/CSOs for supporting community mobilization and behaviour change activities	Pilot in 25% districts in year 2 and scale up to 50% districts in year 3	@ Rs.2,50,000 per month per district
7	Implementation of identified PPP Pilots	∞ Implementation of identified PPP pilots in select districts in each state	Lump sum Rs. 30,00,000
2B: Behaviour Change Communication (BCC)			
1	Adaptation of national level BCC strategy and development of State-specific BCC plans	∞ State specific formative research to support development of communication material and refine BCC strategy	Lump sum @ Rs.5,00,000 per State
		∞ Consultation meeting to share research findings and use the findings to refine and adapt the national strategy to suit state contexts	@ Rs.50,000 per consultation (2 consultations per State)
2	Strengthening counselling on nutrition and health through home contacts	∞ Adaptation and printing of tools and materials for facilitating AWW's home contacts e.g. home visit planner (designed at central level)	@ Rs. 25,000 per State for adaptation of tools to State contexts
			@ Rs. 50 per AWC for printing of tools
		∞ Printing of BCC counselling materials, ready-recokners etc for use by AWWs and ASHAs and their orientation on the tools	@ Rs.150 per AWC
		∞ Implementation of pilot on 'incentives for home visits'	@ Rs. 25,00,000 per State (50% cost in Yr 2)
3	Design, pre-test and implement mid-media initiatives such as folk theatre, film shows etc. (In 50% districts in Phase I)	∞ Organization of orientation and design workshops with local performers, script writers, lyricists etc	@ Rs.100,000 per workshop (2 days duration) per State [3 workshops per state]
		∞ Organizations of workshops for review and finalization of content for each form of presentation, folk theatre, short films, songs, jingles etc.	@ Rs.100,000 per workshop (2 days duration) per State [2 workshops per state]
		∞ Identification and training of troupes of performers for each district/ block and pre-testing of material developed	@ Rs. 35,000 per district level training (2 trainings per district)
		∞ Performances of folk/ other mid media shows on thematic messages (campaign mode).	@ Rs. 1,80,000 per district (approx Rs.6500 per day for at least 5 shows a day for 28 days/4 weeks)
4	Advocacy and knowledge sharing - Organization of events to engage Members of the Legislative Assembly and District Collectors	∞ Consultation meetings	@ Rs. 50,000 per meeting

Sl. No.	Component/ Sub-Component	Sub-Activity	Cost Norms	
Component 3: Piloting Convergent Nutrition Actions				
1	Development of State-specific convergent nutrition action plans and designing of pilot	∞ Designing pilot adapting from the centrally prepared framework and guidelines	Lump sum @ Rs. 3,00,000 per State	
		∞ Consultation meetings at state and district level for developing multi-sectoral action plans (1 district in each project state)	@ Rs. 50,000 per meeting (State level) @ Rs. 30,000 per meeting (District level)	
2	Strengthening inter-departmental coordination mechanisms (1 district in each project State)	∞ Orientation of multi-sectoral coordination committees at State and district level	@ Rs. 50,000 per meeting (State level) @ Rs. 30000 per meeting (District level)	
		∞ Quarterly meeting of multi-sectoral coordination committees to review progress on development of action plans at state and district level (Starting from Year 2)	@ Rs. 15,000 per meeting (State level) @ Rs. 5000 per meeting (District level)	
		∞ Implementation and documentation of pilots (@ 1 district per State)	Lump sum Rs. 25,00,000 per State	
Component 4. Project Management, Monitoring and Evaluation				
4A: Project Management				
1	Travel costs of SPMU staff	Travel of SPMU Officials to Delhi for meetings/trainings/workshops etc	Travel cost @ Rs. 15,000 per person per visit Boarding & lodging @ Rs. 3000 (average) per day/person	
		Travel of SPMU Officials to districts with in the state for monitoring visits/ trainings and review meetings etc	Intra-State travel for about 5 days in a month by SPMU Officials (including Consultants) @ Rs. 1000 per person per visit [3 visits per month per State for 5 days per visit - 2 officials together] Hotel and other local expenses during travel to districts @ Rs. 1500 per day per person for 5 days field visits per trip	
		Orientation training of SPMU and TA Staff together on Technical and programmatic issues	Staff orientation workshops and technical updates during first year (to be facilitated by CPMU/TA Agency)	@ Rs. 1,50,000 per training per state for 4 days in year 1 @ Rs. 50,000 per training per district for 3 days of training (with Dist Staff & Block Facilitators) in year 1
			2 Officials from the State to be deputed to professional Training Institutes (NIFM, Faridabad/ ASCII, Hyderabad) for training on World Bank Procurement and FM procedures.	@ Rs. 50000 per training course (2 weeks duration) per person
3	Training/Orientation on World Bank Procurement and Financial Management Procedures for SPMU Staff (Finance and Procurement Officials)			

Sl. No.	Component/ Sub-Component	Sub-Activity	Cost Norms
4	Training workshop on decentralized planning	∞ Training on decentralized planning and management (in Yr 1 at the State and District levels: reinforcing training in Yr 2 at the district level)	@ Rs. 100,000 per training at State level
			@ Rs.50,000 per training per district
5	District and block annual planning meetings	∞ Decentralized annual planning meeting for all districts in each year from year-2 onwards	@ Rs. 100,000 per district per year
6	Planning and Review Meetings at State/District Level	Planning and Review meetings with Dist. Team at State level (@ 1 meeting per month of 1day duration)	@ Rs. 10,000 per meeting per month
		Planning and Review meetings at Dist. Level with Block Team (@ 1 meeting per month of 1 day duration)	@ Rs. 5,000 per meeting per month
4B: Project Monitoring and Evaluation			
1	District Level Rapid Assessments and ongoing internal assessments at sector level using LQAS approach	∞ Hiring of agencies for data collection, analysis and report writing [about 50% of districts in year 2]	@ Rs. 500,000 per district per year (25% districts in year 2 and another 25% districts in year 3)
		∞ Dissemination of findings and planning programme responses	@ Rs. 15,000 per meeting at State level
			@ Rs. 5000 per meeting at district level
2	Operation Research studies/evaluation of pilots	∞ Hiring of agency for assessment of pilots that may reach a stage of evaluation within the first phase	@ Rs. 30 lakh per operational research study
3	Social assessments/ ethnographic study in SC/ST/Minority Areas	∞ Hiring of agency for conducting assessments	@ Rs. 10 lakh per study (one study per State)

Annex-4
Roles and Responsibilities of SPMU

The SPMU is fully responsible for ensuring project implementation and achievement of results in the State. Specific responsibilities include:

- i. Orienting key State and district officials to the project goals, strategies and activities
- ii. Adaptation of technical and operational guidelines for the State
- iii. Working closely with the districts for preparation of detailed implementation plans according to contextual needs, encouraging innovations and targeting outcomes
- iv. Identifying State-specific innovations for testing and piloting
- v. Identification and contracting of NGO and civil society partners in the districts
- vi. Facilitating training needs assessments and capacity building activities
- vii. Ensuring inputs from the TA Agency to the implementation support staff at the district and block levels as planned
- viii. Facilitating close coordination with the Department of Health, and other departments as relevant
- ix. Monitoring, data analysis, documentation and dissemination of lessons periodically, to ensure that implementation is on track in all project districts and is achieving results
- x. Identification of gaps and delays and alerting the CPMU as appropriate
- xi. Maintaining close functional links with the main ICDS programme in the State
- xii. Ensuring timely preparation of the Quarterly Progress Reports (QPRs) for the project and submission of the same to the CPMU
- xiii. Ensuring that APL triggers are achieved as per the Phase 1 Results Framework
- xiv. Establish a close coordination mechanism with the CPMU and the TA Agency; etc.