Impact Evaluation of Project UDISHA-The National Training Component of World Bank assisted ICDS-III (WCD) Project

Terms of Reference (TOR) for Consultant

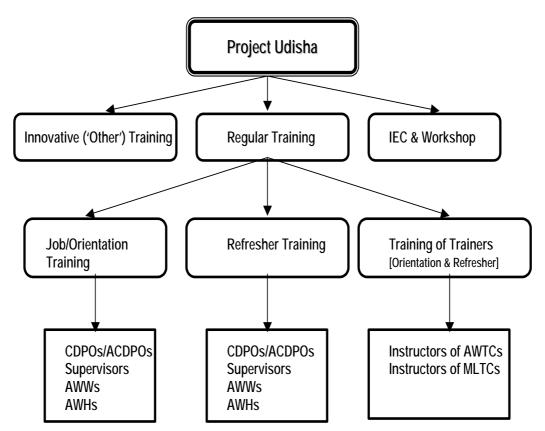
1. INTRODUCTION

- 1.1 Integrated Child Development Services (ICDS) Programme is the world's largest child development programme reaching out to children below six years and also expectant and nursing mothers. The programme is implemented by the Department of Women and Child Development, Government of India through State Governments and Union Territory Administrations throughout the country.
- 1.2 The following services are provided under the programme:
 - Growth monitoring and supplementary nutrition for children up to the age of 6 years
 - Health check-up and referral of children up to the age of 6 years
 - Preschool education of children of 3-6 years age group
 - *Immunization of children up to the age of 6 years*
 - Nutrition and Health Education

2. PROJECT UDISHA

- 2.1 The successful implementation of ICDS programme depends on the capacity of the functionaries involved. Realizing the importance of the same, a country wide training programme Project Udisha was lunched in 1999 with the financial assistance from the World Bank. This training component of the World Bank assisted Women and Child Development project envisaged that "*improved worker training has been recognized as crucial to the success of the ICDS program. The project supports this by making improved training the centerpiece of the project design through enhanced financing norms for training, increasing training capacity, support for state-wide training and IEC functions, and emphasis on technical capacity and delivery of quality services".*
- 2.2 The <u>key objectives</u> of Project Udisha were:
 - Ensure an ongoing process of training need assessment, redesign of training and fulfillment of training needs
 - Decentralize training management to improve ownership among stakeholders and to better integrate training provision to delivery of quality services at the Anganwadi
 - To revise the syllabi to make it self empowering for the frontline worker, i.e. the Anganwadi Worker, make it competency based rather than skill based and to make the syllabus responsive to felt needs and local situations
 - Use of innovative approaches to try out new methods of improving service delivery

- Institute a systematic monitoring and review of the training activities at State and National level
- Expand training provision to end backlogs of training so as to impact service delivery the quality of which was assumed to improve with the training of workers
- Strengthen technical capacity in training institutions as well as strengthening the training infrastructure
- Integrate with training and service delivery a communication strategy for behavior change
- 2.3 Philosophy of *Udisha* is that the functionaries of ICDS should be developed into "agents of social change". Instead of reacting to situations, they should be provided with skills to be able to react positively at all times. The idea is to create a critical mass of animators who can make the difference at the community level, through am integrated training and communication intervention.
- 2.4 The Project has the following components:



2.5 As on March 31, 2005 a total number of about 2.80 lakh Anganwadi Workers, about 9700 Supervisors, 3000 CDPOs/ACDPOs and 4.55 lakh Anganwadi Helpers were imparted 'Job Training' under the Project, through 560 Anganwadi Training Centers (AWTCs), 50 Middle Level Training Centres and National Institute of Public Cooperation & Child Development (NIPCCD) in the country.

3. OBJECTIVES OF THE EVALUATION

- 3.1 Project Udisha envisages an expenditure of Rs. 409.03 crore over about seven years to achieve its objectives. The project commenced from 1998-99 and has been under implementation in all the States and UTs. Currently, the project has been extended up to March 31, 2006 beyond its original closing date of September 30, 2004.
- 3.2 The first evaluation of the Project Udisha was undertaken during 2003. The present evaluation is to review the progress made in terms of its impact mainly on the service delivery by the ICDS functionaries after more than five years of implementation. The findings of the evaluation will gauge the impact of various types of trainings imparted and also assist the client in taking necessary corrective actions in the next phase of the project implementation.
- 3.3 The proposed evaluation will focus on the following major issues and offer evidence to support conclusions regarding the following:
 - (i) Impact of training on the knowledge and skills of the ICDS functionaries with respect to ICDS objectives;
 - (ii) Impact of regular training on quality of service delivery by the AWWs;
 - (iii) Effect of 'Other (innovative) training' with particular reference to needs of under-3 children; joint training with the health functionaries for convergence and participation of mothers'/Adolescent Girls group in health and nutrition activities at AWCs;
 - (iv) Training needs of ICDS functionaries and Trainers- met and unmet;
 - (v) Quality of training with reference to training needs and field requirements;
 - (vi) Comment on the training design, revised syllabi and training duration;
 - (vii) Impact of IEC activities on behavior change; and
 - (viii) Impact of training in improving monitoring and supervision by the ICDS functionaries.

4. METHODOLOGY & COVERAGE

4.1 The study will be conducted by administering structured/semi-structured questionnaires to different groups of stakeholders in the project. However, wherever appropriate, observational and interactive methods such as key informants' interview, focus group discussions (FGDs), direct observations etc., would also be used to gather qualitative information, *e.g.*, for aspects of quality of training, quality of service delivery, community participation and household care and feeding practices. Qualitative data thus collected should contain reasons for success or failure, best practices, worst practices and recommendations. There would be a comparative analysis between the two groups of functionaries who have been imparted either job or refresher training under Udisha Project and those who have not been given any training under the Udisha Project in respect of their knowledge and practices of health and nutrition of children and women.

- 4.2 Project Udisha covers the entire country. However, in assessing the achievements of the Project, the study will be carried out in fifteen sampled States following the similar sampling methodology as was adopted in the previous evaluation in 2003. In particular, the following 15 major States representing all regions of the country would be covered for the proposed evaluation.
- 4.3 Keeping in view the quantum of the training, three States viz. Delhi in the North, Jharkhand in the East and Chhattisgarh in the Central region have been replaced by Haryana, Bihar and Madhya Pradesh respectively from the previous evaluation.

| North (3 States): | Rajasthan, Haryana and Himachal Pradesh |
|------------------------|---|
| Central (2 States): | Madhya Pradesh and Uttar Pradesh |
| East (3 States): | Bihar, Orissa and West Bengal |
| North East (2 States): | Assam and Meghalaya |
| West (2 States): | Maharashtra and Gujarat |
| South (3 States): | Tamil Nadu, Kerala and Andhra Pradesh |

5. OUTLINE OF THE TASKS FOR THE CONSULTANT

- (i) *Identification of indicators*: To review and finalize process and impact indicators used in the previous evaluation in 2003. The emphasis would be on qualitative indicators to highlight the actual impact of the project. The qualitative indicators may be appropriately quantified using available statistical techniques. The following qualitative indicators are suggested:
 - a. Quality of Job Training and Refresher Training
 - b. Quality of Innovative Training
 - c. Training Needs Assessment (TNA)
 - d. Assessment of alternative training methodologies (District Mobile Training Teams, Decentralized training in Tamil Nadu etc)
 - e. Assessment of Training Management System inclusive of monitoring and MIS
 - f. Assessment of Training Design and effect of training on service delivery
 - g. Assessment of IEC strategy
 - h. Assessment of IEC and Training Materials

Note: The Consultant may suggest modifications of the above indicators or to add new indicators to the above list.

- (ii) Design of Sampling: To enable comparison of the indicators between the previous evaluation in 2003 and the current one, sampling plan would largely remain the same as that of the baseline evaluation.
- (iii) **Design of questionnaires:** To review and finalize the tools for the evaluation comprising of structured and semi-structured questionnaires in line with the previous evaluation which would capture all relevant process and impact indicators as well as data that would assist in assessing the quality of service delivery, training

methodologies and training logistics. There would be broadly two types of questionnaires one for the service providers (*viz.*, AWWs, Supervisors, CDPOs, AWTCs/MLTCs, NIPCCD, State Governments and CPMU) and the other for the beneficiaries and stakeholders *viz.*, local community leaders. The evaluation tools would be finalized in a workshop at the national level with participation from the selected State Governments/NIPCCD/World Bank/UNICEF/CPMU. The Consultant will organize the workshop in consultation with the CPMU, DWCD.

- (iv) Tabulation and Analysis of Data: To analyse the data with (wherever appropriate) comparative analysis of particular significance, *e.g.* with respect to the functionaries' age, qualification, length of service in ICDS and length of the period since training was imparted, etc. Also, a comparison of relevant indicators (both process & impact) would have to be made with that of previous evaluation to gauge the impact of the project.
- (v) *Dissemination Workshop*: To disseminate draft findings in a workshop at the national level amongst all stakeholders, which would be organized by the CPMU, DWCD and NIPCCD.
- (vi) *Documentation of dataset*: To document the dataset after necessary cleaning and consistency checks with details of variable names, codes, filters used etc.

6. DATA, SERVICES AND FACILITIES TO BE PROVIDED BY THE CLIENT

The Central Project Management Unit (CPMU) of the World Bank assisted ICDS Projects through its Project Director will be the client. The client will provide to the Consultant all relevant documents, such as the Project Implementation Plans, State Training Action Plans, Quarterly Progress Reports (QPRs), orders and directions of the Government of India, etc. CPMU would also direct all States/UTs and other responding agencies to help the Consultant in the collection of data. For the Consultant, the five responding units for collection of primary and secondary data would be:

- a. Central Project Management Unit (CPMU), DWCD, GoI
- b. NIPCCD HQs and Regional Centres
- c. State Directorates (Training Units)
- d. MLTCs & AWTCs (Selected)
- e. ICDS functionaries and beneficiaries (Selected)

7. TIME SCHEDULE

The study is to be completed within \underline{six} months from the date of signing of the agreement according to the following schedule:

| Sl. | Task | Period |
|-----|---|--|
| No. | | |
| 1 | Finalization of sampling plan, development of tools, translation and printing of the same; training of investigators | 1 month |
| 2 | Collection of field data | 2 months |
| 3 | Data entry and processing (Starting after 15 days of the start of data collection) | 2 months (Parallel to data collection) |
| 4 | Data analysis | 1 month |
| 5 | Report writing | 1 month |

8. DELIVERABLES BY THE CONSULTANT

The following reports will have to be submitted by the Consultant:

- (i) **Inception report** (*Maximum 20 pages, 4 copies*): Within 15 days of the signing of the contract. The report should include details of sampling plan, suggested tools, plan for data collection and data analysis, list of indicators to measure the impact of the training programme etc.
- (ii) **Interim Report** (*Maximum 10 pages, 4 copies*): This progress report will be submitted within 30 days of the initiation of data collection process;
- (iii) **Draft Reports** (*10 copies each*): There would be individual State reports as well as National report by compiling the State wise findings. These reports will be submitted within 1.5 months of the completion of data collection;
- (iv) Final Reports (50 hardcopies of National Report, 5 hardcopies of each State Report & 2 softcopies of each report): After incorporating necessary changes as might be suggested by the States/CPMU/NIPCCD/World Bank, final reports (both State as well as National) will be submitted within one month of finalization of the draft report.
- (v) **Dataset** (*3 copies*): Documented and cleaned dataset will be submitted to the DWCD within one week of the finalization of the report.

9. QUALIFICATION OF THE CONSULTANT

The research organization should have adequate experience in carrying out large-scale evaluation studies in the related field in respect of child health, nutrition and child development. The composition of the team for the evaluation study would be as follows:

- (i) Training Expert having in-depth knowledge of child health, nutrition and development issues
- (ii) Statistician with experience in survey research (qualitative)

- (iii) Nutrition/Public Health Expert
- (iv) *Economist* with experience in development research

10. Review Committee

- 10.1 The performance of the organization shall be reviewed with respect to the time schedule, methodology, financial requirements and adherence to the TOR. In case of any shortfall, the organization must respond speedily and adequately to the recommendations made.
- 10.2 There would be a Review Committee chaired by the Joint Secretary, DWCD to monitor the work of the Consultant agency comprising representatives of:
 - Department of Women and Child Development, Government of India
 - National Institute of Public Cooperation and Child Development
 - The World Bank, Country Office, India
 - UNICEF, Country Office, India
 - Selected State Governments
 - Nominated experts

INSTRUCTIONS TO THE CONSULTANT

1. Evaluation Criteria

Research proposals would be evaluated against the following suggested criteria:

| | Criteria | Weightage |
|---|--|-----------|
| 1 | Demonstrated expertise of the organization in carrying out evaluation studies in the relevant field | 40% |
| 2 | Technical adequacy of proposal, including response to TOR | 40% |
| 3 | Academic/professional qualification of team | 20% |

2. Termination of the Contract

The contract with the organization may be terminated in case of unsatisfactory performance, based on the report and recommendations of the above-mentioned review. Else, the contract shall be terminated after the field data and analysis of the findings have been furnished to, and accepted by the Secretary, DWCD.

3. Details of Payment

| • | On award of the Contract | 15% of the amount |
|---|-----------------------------------|-------------------|
| • | On Submission of Inception Report | 20% of the amount |
| • | On Submission of Draft Report | 40% of the amount |
| • | On Submission of Final Report | 25% of the amount |

4. Dispute

Any dispute regarding the agreement shall be referred to the Secretary, DWCD whose decision shall be binding on both parties.