



**ICDS-IV PROJECT (IDA ASSISTED)**

**(2008-09 to 2012-13)**

*A Handbook*



**CENTRAL PROJECT MANAGEMENT UNIT  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT  
GOVERNMENT OF INDIA**

31 December 2007

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## *Foreword*

The Ministry of Women and Child Development (MWCD), Government of India has negotiated with the World Bank for the International Development Association (IDA) support to the next phase of the Integrated Child Development Services (ICDS) programme, viz. ICDS-IV Project, which is currently at the planning stage. The proposed ICDS-IV Project is different from the earlier IDA supported ICDS projects in terms of its key principles and the processes being followed in its preparation. For the first time, extensive consultations are being held with all the stakeholders, in addition of preparation of the decentralized plans at the district level.

158 high-burden districts from eight States have been identified for implementation of the project based on the low nutritional status of children under 72 months and anaemia level among pregnant women of age 15-44 years (a technical mapping study was conducted by the World Bank to identify high burden states/districts) and good practices experience.

A national level workshop was held on 9-10 October 2007 in New Delhi, to orient the participating States on various steps required to be taken towards preparation of the ICDS-IV Project, including the guidelines for preparation of the Project Implementation Plans (PIPs) at the State and District Annual Plans at the District level. State level workshops are currently being organized to discuss in detail the modalities in preparation of these decentralized plans. To facilitate a better understanding in preparation of the PIPs by the ICDS officials and field functionaries, this handbook has been prepared. It outlines key aspects of the project concepts and the processes involved/actions required in developing the PIPs and related issues. For further clarifications, if any, original documents/instructions of the Ministry can be referred to.

We encourage the state/district level ICDS officials to exchange communications with the national project team, whose contact details are given at the end of this handbook. Comments/suggestions from the field functionaries regarding the preparatory process are welcome. I hope this handbook supplements the deliberations during the workshops and interactions with us, giving further clarity to district/state functionaries, in preparation of the PIPs.

I thank Dr. Saroj K. Adhikari, *Assistant Director* from the Central Project Management Unit, MWCD, Mr. V. Ramesh Babu, *Senior Program Manager*, USAID and Ms. Mohini Kak, *Consultant*, World Bank, for their valuable contributions in preparing this handbook.

I also thank CARE for providing technical support and in bringing out this handbook. Suggestions to improve this publication are welcome.

New Delhi  
31 December 2007

K. RAJESWARA RAO, IAS  
*Project Director*  
Ministry of Women and Child Development  
Government of India

## I. Introduction

Launched on 2<sup>nd</sup> October 1975 in 33 blocks, the Integrated Child Development Services (ICDS) scheme has emerged from its small beginnings, to become India's flagship programme for the integrated development of children from prenatal to six years of age. It represents one of the world's largest and most unique programmes for early childhood development, adopting a multi-sectoral approach to child development, incorporating health, early education and nutrition interventions. Implemented through a network of over 8.63 lakh village level *Anganwadi* centers (AWCs) set up at the community level across 5,885 development blocks, the program reportedly covers 6.06 crore children below six years of age and 1.3 crore pregnant women and lactating mothers.<sup>1</sup>

One of the major objectives of the scheme is to improve the nutritional and health status of children in the age group of 0-6 years. This objective is sought to be achieved by providing a package of six services comprising of supplementary nutrition, early childhood education (pre-school education), nutrition and health education, immunization, health check-up, and referral services to the children below six years and pregnant women and lactating mothers.

Despite several achievements that the ICDS scheme has witnessed during its three decades of implementation, there remain some major challenges with regard to the high burden of child malnutrition in the country. 45.9 per cent of children<sup>2</sup> below three years are still underweight (National Family Health Survey: NFHS-3, 2005-06). There has been limited progress in improving the prevalence of child malnutrition of less than one percentage point per year during 1998-99 (NFHS-2: 47%) and 2005-06 (NFHS-3: 45.9%). The infant mortality rate (IMR) registered a significant decline from 146 per 1,000 live births in 1951 to 58 per 1,000 in 2004 (SRS 2006), but there was not much progress during the last decade.

In view of the foregoing, it has been felt that a paradigm shift in the ICDS programme implementation framework is required during the 11<sup>th</sup> Five-Year Plan of the Government of India (GoI). The implementation framework is proposed to be restructured in such a way so as to suit the current needs which would not only hasten universalisation of the ICDS programme with quality to reach out to all under six children in the country, but also intensify decrease in child malnutrition, IMR and early child development. Accordingly, the Ministry of Women and Child Development (MWCD), GoI has initiated a consultative process to develop a revised implementation framework for the ICDS scheme with the following guiding principles:

- *accelerating action in a 'mission mode' to reduce under-nutrition and assure children the best possible start to life;*
- *fostering decentralization, flexibility and community based locally responsive child care approaches;*
- *strengthening partnerships with Panchayati Raj Institutions (PRIs), NGOs/Community based organizations (CBOs) and promote public and private sector partnerships;*
- *ensuring equity-inclusive approaches to reach the most vulnerable and disadvantaged;*
- *strengthening local capacity development; and*
- *promoting convergence to address nutrition, health and development needs of young children, girls and women..*

## II. The ICDS-IV Project

The World Bank has completed six projects in support of the ICDS program since 1980 with an overall investment of over US\$ 700 million in an effort to contribute to improving malnutrition and

<sup>1</sup> ICDS Quarterly Progress Report 30 June 2007

<sup>2</sup> Based on the NFHS-3 provisional data using NCHS Growth Standards

early childhood development in India. The GoI has now expressed strong interest in continuing the World Bank support for the next five-year cycle, which is referred as the ICDS IV project to be implemented during 2008-09 to 2012-13. Although, the previous investments in ICDS have not yielded the desired level of impact, the rationale for continued Bank involvement is that nutrition and early child development investments, if efficiently designed and implemented, are estimated to be among the best buys in development (*Copenhagen Consensus*, 2004).

Until recently, food insecurity was viewed as the primary cause of malnutrition in India. However, research shows that exposure to repeated infections, inadequate utilization of health services, poor sanitation, inappropriate child feeding/caring practices, especially in the first two years of life, and the low status of women are among the key factors contributing to the high malnutrition in India.

The proposed International Development Association (IDA) support from the World Bank to the ICDS programme is expected to: (a) bring in greater focus and targeting of interventions in terms of both age specific developmental needs of children (below three years and 3 to 6 years); (b) intensive support to high burdened districts in terms of malnutrition and early childhood education; and (c) introduce substantial reforms in implementation. In addition, the revised project design will learn from the many technical and managerial “best practices” that have evolved during the ICDS implementation in some States over the last three decades and will aim to take these to scale as feasible and appropriate.

The specific **Development Objectives** of the ICDS-IV project are:

- to reduce child malnutrition through expansion of utilization of nutrition services and awareness and adoption of appropriate feeding and caring behaviors by the households of 0-6 years of age; and
- to improve early childhood development outcomes and school readiness among children 3 to 6 years of age; in selected high burden districts of the eight States.

Special focus would be given on the girl child and children from disadvantage sections of the society.

**The Key Reform Principles** of the ICDS-IV project will be:

- ❑ **Better Targeting-** *More intensive efforts and resources will be targeted to the high burden areas of eight States<sup>3</sup>.* Previous analyses have shown that malnutrition in India is concentrated in certain districts and villages/pockets. Therefore, these will be targeted for intensive support, accommodating area specific needs and flexibility in interventions to combat child malnutrition and poor early childhood education.
- ❑ **Flexibility in terms of management and programme implementation** is also sought to be built up in the project design with focus on maintaining quality in service delivery. Experiences and best practices of the Reproductive and Child Health (RCH), *Sarva Siksha Abhiyan* (SSA), initiatives of certain States may be built upon and scaled up in different Districts/States.
- ❑ **A simplified, evidence and outcome-based program design:** The new project will include a simplified program definition with a clear focus on evidence and outcomes. Nutrition will be the key focus during pre-pregnancy to three years of age, and early education outcomes for older children (3-6 years).
- ❑ **Stronger Convergence** at the operational level: Focus will be on stronger convergence with various line ministries and programs.
- ❑ **Strong Monitoring and Evaluation:** The project will put into place a strong monitoring and evaluation (M&E) component to enable collection of timely, relevant, accessible, high-quality

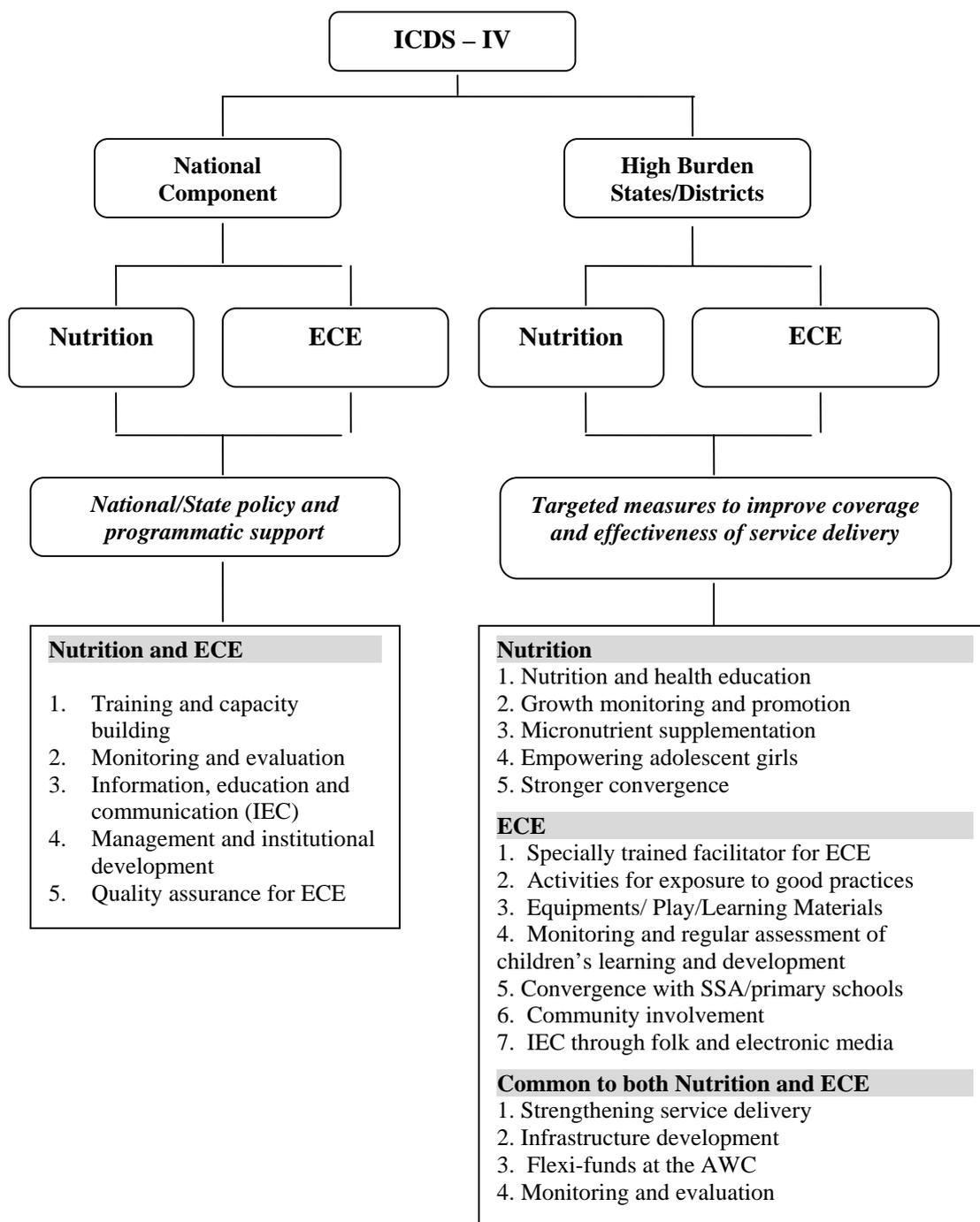
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<sup>3</sup> Andhra Pradesh, Bihar, Jharkhand, Chhattisgarh, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh

information, and to use this information to improve programme efficiency by shifting the focus from its inputs to results, outlays to outcomes, and for creating accountability for performance. A stronger evaluation component is the special feature.

### III. PROJECT COMPONENTS

The project has two major components, (i) Nutrition and (ii) Early Childhood Education (ECE). The nutrition component will primarily focus of the ‘window of opportunity’ between pre-pregnancy through three years of age, and the ECE component will focus on pre-school education for children 3-6 years of age.



**Fig. 1:** Components of ICDS-IV Project

A two-pronged strategy will be followed to address quality issues in both components (refer Fig. 1):

1. Specific measures to improve quality of services in the entire country (National Component)
2. Additional measures to improve coverage and effectiveness of ICDS in high-burden districts where prevalence of malnutrition is more (State/District Component)

#### **IV. PROPOSED ACTIVITIES/INTERVENTIONS**

The following broad activities/interventions are suggested to be taken up both at the national and selected State/District levels under the project. In addition, a menu of options outlining specific interventions that the participating States may consider for inclusion in their project implementation plans is annexed (Annex-1).

##### **National Level**

###### **Training and Capacity Building**

- Strengthening training of the ICDS functionaries (induction/job/refresher trainings)
- Capacity building of the community, family members, especially the mothers
- Setting up of National/State Resource Groups
- Orientation and capacity strengthening of ICDS project management staff and ICDS functionaries at State/District levels
- Development of training strategies, frameworks and materials
- Best exposure visits/study tour (both national and international)
- Strengthening ICDS training institutions

###### **Information, Education and Communication (IEC)**

- Development of a behavior change communication (BCC) strategy for promoting optimal and appropriate infant and young child feeding practices as well as for health and nutritional well being of children;
- Development of communication/messages for educating the community on the need for and desired methods of ECE, for creating a more informed demand for quality in service delivery and for behaviour change in childcare.
- A periodic and concerted campaign on maternal and child health and nutrition (MCHN) issues and also on early childhood stimulation and education for community and caregivers using print and electronic media.

###### **Monitoring and Evaluation**

- Identification of basic indicators for monitoring children's progress in respect of (i) malnutrition and its determinants and (ii) early childhood development outcomes
- Support to ongoing strengthening and revamping of MIS

###### **Management and Institutional Development**

- Establishment of a Central Project Management Unit (CPMU) and State Project Management Units (SPMUs) at the national and state levels respectively. Both the CPMU and SPMUs would consist of professionals and technically competent persons with expertise in child health, nutrition, IEC, finance and procurement, ECE, Training, and M & E alongwith the key

government officials. Setting up of the PMUs in each of the States would be a pre-requisite before starting off the project in the States.

- ❑ Strengthening institutional and management capacities through adequate staffing, equipments, technical support etc.

### **Quality Assurance for Early Childhood Education**

- ❑ Setting of quality standards for ECE services and ECE training
- ❑ Instituting mechanisms for quality assurance and accreditation
- ❑ Developing manuals/frameworks for preparation of play/learning materials, charts, picture story books etc. for the AWCs

### **Selected State/District Level**

The project envisages specific, need and priority based interventions in the selected high burden districts. These would broadly include:

#### **Nutrition**

##### **Nutrition and Health Education (NHE)**

- ❑ Particular emphasis to be laid on parenting support initiatives (covering both mother and father and other members of the family) and not simply focusing on *Mahila Mandals* or any other community based groups for improved health and nutrition of children

##### **Growth Monitoring and Promotion**

- ❑ Monthly growth monitoring accompanied by inter-personal communication (IPC) with the care takers to promote positive health behavior changes.
- ❑ All AWCs will be provided with a baby weighing scale and growth charts, as needed. In addition, for monitoring of the weight gained by the women during their pregnancy, adult-weighing scales will also be provided.

##### **Micronutrient Supplementation**

- ❑ Emphasis to be laid on overcoming micronutrient malnutrition through food fortification and micronutrient supplementation.
- ❑ While much of the micronutrient supplements are provided-for through the RCH program, the support through ICDS in the identified States can consider demand generation and uptake of micronutrient supplements, and on filling-in the supply gaps where needed (such as iron-folate supplements for adolescent girls; and related strategies such as de-worming for young children).

##### **Empowering Adolescent Girls**

- ❑ Providing life skills education
- ❑ Intensive and focused capacity development to mobilize adolescent girls to support AWC activities

##### **Stronger Convergence**

- ❑ Developing institutional mechanisms for facilitating convergence between Departments of Health and Family Welfare, Education and other line departments like joint supervision visits etc.

- ❑ Strengthening joint trainings of AWWs/Supervisors with Accredited Social Health Activist (ASHA)/Auxiliary Nurse Mid-Wife (ANM) of the National Rural Health Mission (NRHM) on specific issues relating to health and nutrition of women and children.

### **Early Childhood Education**

- ❑ Specially trained facilitator for ECE as required in most needy areas, such as tribal areas
- ❑ Setting up of District Resource Groups for ECE
- ❑ Inter-State/ Intra-State exposure to good practices on ECE
- ❑ Stronger linkages with SSA/primary school and other programmes such as adult literacy to facilitate older girls' participation in schooling and ensure continuation of children in primary school.
- ❑ Continuous and comprehensive assessment of children's learning and development.
- ❑ Community participation and involvement in improving /supporting delivery of ECE.
- ❑ Proactive use of media to propagate and advocate the cause of children and the importance of ICDS in general and ECE in particular

### **Common to both Nutrition and ECE Components**

#### **Strengthening Service Delivery**

- ❑ Provision of basic kits, equipments and other materials (pictorial nutrition and health education kits, flip books/charts, growth charts, display boards, utensils, outdoor-indoor play materials, furniture etc) at AWC level
- ❑ Provision of basic equipment including computers, furniture etc. at the State/district/block level
- ❑ Provision of adequate and appropriate play/learning materials, story books etc., along with ECE kits to impart the quality of pre-school education
- ❑ Mandatory observance of fixed-day fixed-site monthly Mother and Child Health and Nutrition Days at each AWC
- ❑ Mother and Child Protection Cards to be retained by the families to be introduced in every AWC
- ❑ Focused efforts towards ensuring inclusion of excluded populations for the ICDS services
- ❑ Introduction of a performance appraisal system for the AWWs and an accreditation system to grade the AWCs
- ❑ Promote the involvement of CBOs, Change Agents to create demand at the community level and to make the system responsible for providing quality services
- ❑ Strengthening of Supervisors' role in monitoring delivery of the key services
- ❑ Provision for inter and intra-state study tour by the ICDS functionaries (AWWs, Supervisors and CDPOs/DPOs) to encourage learning/sharing from/of each other's experience/exposure to best practices
- ❑ Monetary and non-monetary awards and incentives to the AWWs

#### **Infrastructure Development**

- ❑ Provision for development of model AWCs with adequate and safe physical space and basic facilities such as toilets, drinking water etc.
- ❑ Development of training-cum-resource centres at the sector level and ICDS block offices in most needy areas

### Flexi-funds at AWCs

- ❑ Provision for flexi funds at the AWCs for community level activities such as healthy baby shows, *godbharai* (a traditional function organized by the community in recognition of woman's pregnancy), *annaprashan* (initial feeding ceremony), etc.

### Monitoring and Evaluation

- ❑ Introduction of a user-friendly and simple reporting system through computerized MIS upto the block level.
- ❑ Baseline and endline surveys to be conducted for evaluating performance of key indicators in selected districts. Issue-specific operational research studies (with focus on semi-quantitative Knowledge, Attitude, Skills and Practice studies) and periodic social assessments to make mid-course corrective actions.
- ❑ Introduction of home-visit planner to help AWWs prioritize and plan home visits to households at critical periods of life cycle.
- ❑ Innovative community based monitoring mechanisms to be introduced for example, social audit of ICDS etc.
- ❑ Regular capacity building of the key players at all levels on program monitoring, data handling and analysis.

## V. PROPOSED RESULTS FRAMEWORK

One of the key aspects of the project design is that the project will be based on an outcome oriented results framework. The MWCD and World Bank will finalize a list of key outcome indicators through an M & E workshop shortly. Outcome indicators would be measured at the district level, in selected high-burden districts only. Population based household surveys will be conducted to measure the outcome indicators. Also, the existing ICDS MIS will be used to monitor progress (process indicators). An example of the conceptual model of the results framework under the ICDS-IV Project is given below:

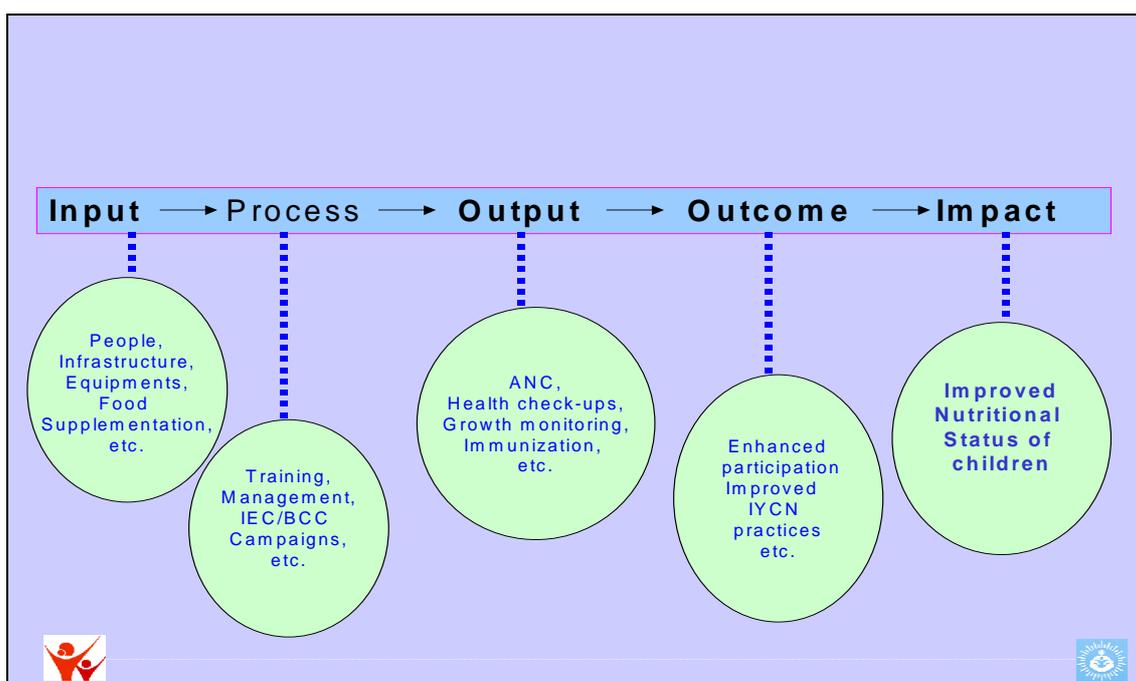


Fig 2: Conceptual model of Results Framework

## VI. PROJECT IMPLEMENTATION PLANS (PIPs)

A key component in the preparation of the ICDS-IV project is the formulation of State Project Implementation Plans (State PIPs) alongwith District Annual Plans (DAPs) by the eight selected States and a central PIP on national and central component of the project by the CPMU, MWCD. The State PIPs will outline how the participating States intend to utilize the additional resources to be made available to them for strengthening the implementation of the ICDS programme.

As part of the preparation of the project, the MWCD organized a national workshop involving the senior ICDS officials from the eight States and development partners during 9-10 October 2007 in New Delhi in cooperation with UNICEF. The purpose of the workshop was to discuss on the rationale for the project, sharing of the project concept note, key principles of the project, outline of the State PIP guidelines and on the next steps to be followed by the states for preparation of the State PIPs. The workshop helped to create a common understanding between MWCD, the senior ICDS Officials from the eight states, and the World Bank on the aforesaid issues.

As a follow-up of the national workshop and part of the next steps for development of State PIPs/District Annual Plans, all eight selected States are required to organize State level workshops followed by regional/district workshops with the stakeholders in the State to discuss and finalize project interventions. Following is the schedule for the State/regional/district level workshops:

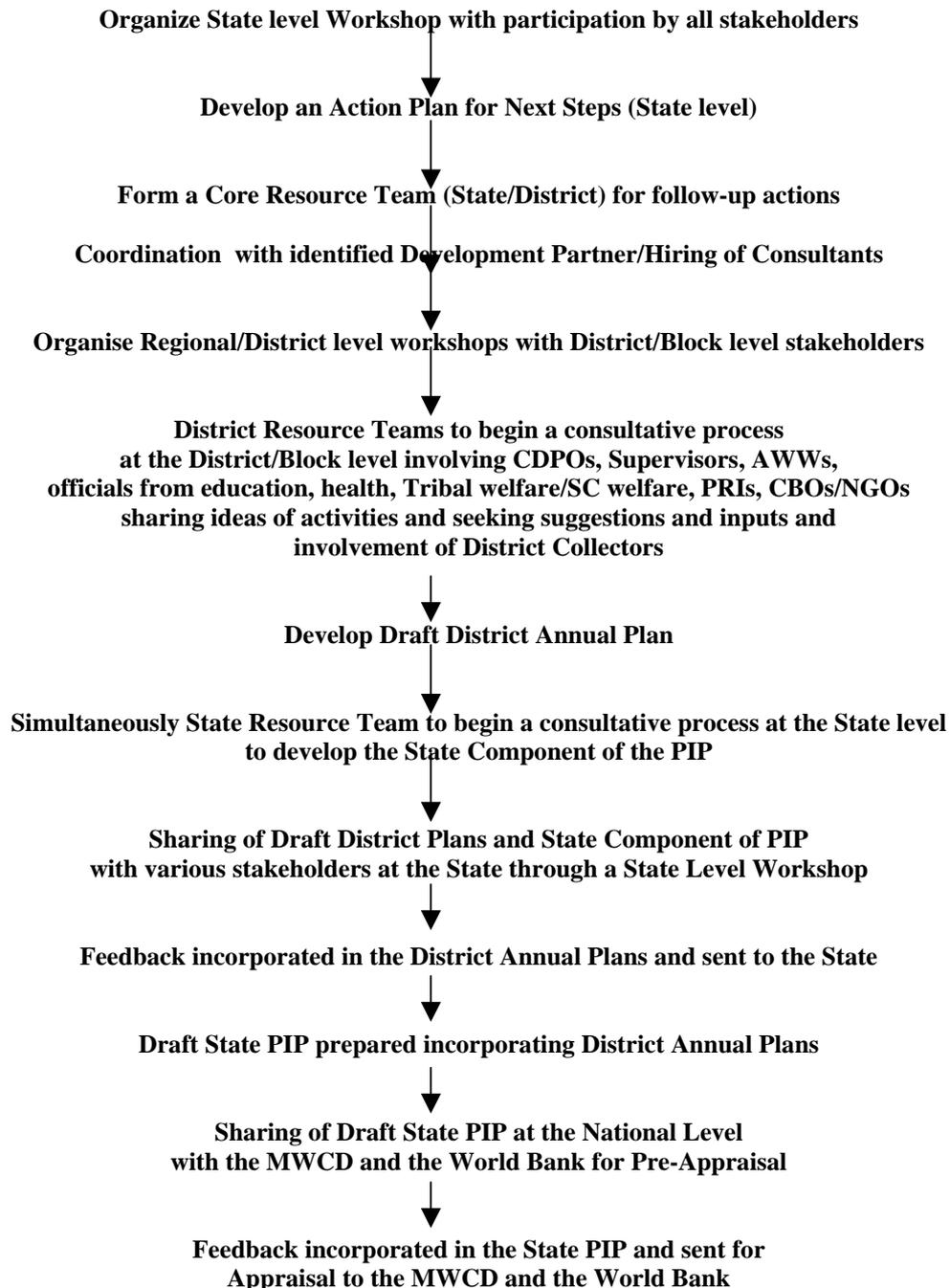
<i>State</i>	<i>State level workshop</i>	<i>Regional/District workshops</i>
Jharkhand	22-23 Nov 2007 (Ranchi)	Ongoing
Andhra Pradesh	29-30 Nov 2007 (Hyderabad)	Regional workshop: 7 Nov (Tirupati) District workshops completed in Dec 2007
Uttar Pradesh	12-13 Dec 2007 (Lucknow)	To be commenced in January 2008
Rajasthan	27-28 Dec 2007 (Jaipur)	To be commenced in January 2008
Chhattisgarh	10-11 Jan 2008 (Raipur)	
Madhya Pradesh	16-17 Jan 2008 (Bhopal)	
Maharashtra	21-22 Jan 2008 (Mumbai)	
Bihar	To be decided	

During the preparation of the draft PIPs, several thematic workshops on specific issues like IEC, M & E, community participation, convergence, ECE etc., are planned to be organized by the MWCD in collaboration with the States, World Bank and the Development Partners.

*Support from the Development Partners:* USAID and CARE-India have agreed to provide technical support to five of the eight States (viz., Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh) in the development of State PIPs and DAPs including organization of workshops at the State and regional/district level. UNICEF will be providing support to the remaining three States.

## **VII. STEPS FOR PREPARATION OF STATE PIPs AND DISTRICT ANNUAL PLANS**

The following methodical steps are suggested to be followed in preparation of the State PIPs and DAPs.



### **Composition of Core Resource Team:**

**At the State Level:** The Core Resource Team at the State level would include 2-3 key Government Officials from the Department/Directorate of Women and Child Development, State Representatives of the Development Partners (who have formally agreed to support the PIP preparation), Representatives from RCH-II/NRHM and SSA (one each).

**At the District Level:** The district level team would include District Programme Officer (ICDS), 2 CDPOs, 2 Supervisors, 2 Block Medical Officers, District Medical (Immunization) Officer, Programme Officers of Development Partners (who have formally agreed to support PIP preparation) and District Officers from RCH-II/NRHM and SSA (one each).

### **VIII. STATE PROJECT IMPLEMENTATION PLAN – *Basic Structure and Key Features***

The State PIP is an outline of how the State intends to utilise the additional resources to be made available to it through ICDS-IV Project.

It should include the following<sup>4</sup>:

- I. Introduction – the socio-economic and demographic profile of the State
- II. ICDS in the State – the history and current status of ICDS functioning in the State:
  - ❑ Total number of projects and AWCs (with rural, urban and tribal break-ups), coverage and beneficiaries
  - ❑ Total human resources/staffing and infrastructure details (ICDS, Health and Education)
  - ❑ Availability of resource and training institutions (ICDS, Health and Education)
  - ❑ Available monitoring and evaluation mechanisms
  - ❑ List of selected districts
- III. Situation Analysis –
  - ❑ Status on malnutrition and its determinants and ECE indicators (using DLHS-RCH, NFHS and ICDS MIS data)
  - ❑ Status/Profile of current activities in nutrition and ECE
  - ❑ Other donor funded health and nutrition and ECE programs being implemented in the state with the area overlap
  - ❑ Potential institutions for support in implementation (NGOs, CBOs, PRIs etc)
- IV. Activity Plan – activities that would be implemented by the State over the period 2008-09 to 2012-13 including implementation arrangements for these activities.

A consultative process (outlined in the previous section) is to be followed in developing the activity plan. Activities identified for inclusion in the plan should have evidence of their impact on outcomes, address State specific needs and should be in broad consonance with the themes outlined in the project concept note.

Support to high-burden districts would be a major component of the State Plan, especially for the first year, when intensive support to the districts would be required for the development of DAPs. In this context, the State PIP would address the following:

- ❑ The process whereby DAPs in high-burden districts would be prepared and appraised/approved
- ❑ The technical assistance to be provided by the State to high-burden districts to prepare their annual plans
- ❑ The method to be adopted by high-burden districts to report on progress in implementing their plans, and
- ❑ The supervision and support mechanisms to be adopted by the State in the implementation of the annual plans.

- V. Budgetary allocation and expected expenditures –

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<sup>4</sup> For details, refer to PIP guidelines

- ❑ Total estimated resources
- ❑ Total estimated expenditure among various program activities at the State and District Level

## **IX. DISTRICT ANNUAL PLANS – *Basic Structure and Key Features***

Each district plan would include the following:

- I. Introduction – the socio-economic and demographic profile of the district
- II. ICDS in the district – the history and current status of ICDS functioning in the district:
  - ❑ Total number of projects and AWCs (with rural, urban and tribal break-ups), coverage and beneficiaries
  - ❑ Total human resources/staffing and infrastructure details (ICDS, Health and Education)
  - ❑ Availability of resource and training institutions
- III. Situation Analysis
  - ❑ Status on malnutrition and its determinants and ECE indicators
  - ❑ Status/Profile of current activities in nutrition and ECE
  - ❑ Any donor funded health and nutrition, ECE programs implemented in the district
- IV. Outcome Indicators and Targets – the outcome indicators to be used to assess program progress in the district. It would require setting targets, based on available baseline values, which the district aims to achieve along these indicators by the end of the project in 2013.
- V. Activity Plan – the activities/interventions and corresponding implementation arrangements that the district plans to implement in order to
  - ❑ Reduce malnutrition in children below three years of age
  - ❑ Improve school readiness through improving the quality and coverage of ECE for 3-6 year olds

As in the State PIP, here too, a consultative process is recommended. Activities identified for inclusion in the plan should be based on evidence of their impact on outcomes, should address District specific needs and should be in broad consonance with the themes outlined in the project concept note.

- VI. Expected Expenditures
  - ❑ An estimate of resources expected by the district for the year
  - ❑ The total estimated expenditure for various activities of the project

## **X. STATE LEVEL ORIENTATION WORKSHOP – *Broad Structure***

As mentioned in sections VI and VII, the State Governments are required to organize State level workshop to orient the State/District ICDS officials and the other stakeholders on issues related to the ICDS-IV project.

The key objective of the State workshop is:

*To acquaint the ICDS officials and other key stake holders on the principles of the ICDS-IV Project and deliberate on the key processes for the preparation of effective and feasible State PIPs and DAPs*

Participants for the state workshop should include:

- Key officials from the State ICDS (Secretary, Director, Additional Director, Joint Director, Deputy Director, and Assistant Director)
- District Level ICDS officials (DPOs/DSWOs) from the selected districts and select CDPOs (2-3 per district who have a fair understanding of the ICDS and can communicate well)
- Representatives from the Scheduled Caste and Physically Handicapped Corporations and Tribal Development Department
- MLTC representatives in the state
- Health and Family Welfare Department: Mission Director, NRHM, IEC point person
- Head of State Institute of Health and Family Welfare
- Education Department: Mission Director, SSA, SCERT representative
- Key representatives of international/UN agencies as relevant to the state (e.g., UNICEF, USAID, CARE, DFID, MI etc.)
- Officials from the World Bank
- Officials from the MWCD, GoI

**Expected Outcome:** The expected outcomes from the workshop are:

1. The participants develop an understanding of
  - the rationale for ICDS-IV and its concepts and components
  - the suggested broad menu of interventions
  - the possible areas of convergence with education and health programs
  - the project implementation plan guidelines
  - the process for developing State implementation plan and FY 2008-09 DAPs
2. Identify key gaps in the implementation of the nutrition and early childhood education components of the ICDS program and brainstorm on key activities to improve the components.
3. Draw an action plan on the next steps for developing the State and District plans.

**Documentation:** The State level workshops are to be properly documented by highlighting the issues discussed during the deliberations including gaps in the current implementation of the ICDS programme, suggested interventions based on evidence of results in the past, next steps etc. Document so prepared should be shared with the MWCD, GoI and World Bank within a week of completion of the workshop.

**Agenda:** The broad agenda to be followed for the State Level Workshops is:

Time	Issue	Details
<b>DAY 1</b>		
<b>1hr 15mins</b>	<b>Inaugural Session</b>	
	Sharing of Workshop Objectives and Outcomes	MWCD/State DWCD
	Rationale of IDA support to ICDS – IV Project – <i>World Bank's Perspective</i>	World Bank
	Perspective of Development Partners	Development Partner (USAID/CARE/UNICEF)
<b>2hrs</b>	<b>Session II</b>	
	ICDS – IV Project Concept Note – <i>Key Principles, thrust areas and proposed project components/interventions</i>	MWCD, GoI
	State's Priorities	State DWCD
	States Experience – <i>Innovations and Best Practices from the Districts</i>	District Level Officials
	Sharing of Experiences from other States and ICRs	World Bank

	of previous ICDS projects	
<b>3hrs</b>	<b>Session III</b>	
	Draft Guidelines for Preparation of State PIPs and District Annual Plans – <i>Design and Components</i>	MWCD, GoI
	Group Work on Development of Project	Facilitated by MWCD/Development Partner/World Bank
<b>DAY 2</b>		
<b>2hrs</b>	<b>Session III continues</b>	
	Group Work Continues	Facilitated by MWCD/Development Partner/World Bank
	Presentation by Groups	District Officials
<b>1hr 30mins</b>	<b>Session IV</b>	
	Preparation of ICDS-IV Project: Next Steps/Actions to be taken – <i>Outline of key tasks</i>	MWCD, GoI
	Open Discussion	
	Concluding Remarks and Vote of Thanks	MWCD/State DWCD

## **XI. REGIONAL/DISTRICT LEVEL WORKSHOPS – Broad Structure**

States with more than ten high-burden districts identified for the ICDS-IV project may consider organization of Regional Workshops first, followed by one day district level orientation meetings/workshops to orient the key stakeholders on the ICDS-IV project, preferably, under the chairpersonship of the District Collector/Magistrate/Deputy Commissioner.

The core objective of these regional/district level workshops is:

*To orient the district and block level officials and other stakeholders on the principles of ICDS-IV and deliberate on the key processes for the preparation of effective and feasible DAPs*

The suggested participants for the regional workshop are:

- ICDS District Officer, all CDPOs, Select Supervisors
- District Medical and Health Officer, District Immunization Officer, Block Medical Officers or some active Medical Officers from each of the ICDS blocks,
- District Education Officer
- Some trainers from SSA
- District Mass Media Communication Officer
- Select Block Development Officers,
- District Tribal Development Officer
- District SC/ST minorities cell Officer
- Representatives of identified Development Partners
- Select NGOs/CBOs working in the area of health and nutrition and early childhood education

The suggested participants for the district workshops are:

- All the CDPOs/ACDPOs
- All the Supervisors
- Select ANMs
- Select AWWs
- Select Block/Mandal Development Officers
- Representatives of identified Development Partners
- NGOs/CBOs working in the areas of health and nutrition
- Active PRI at the block/Mandal/village level.

**Note:** If only district level orientation workshops are organized instead of first having the regional workshops, then the suggested participants for the regional workshop may also be invited to the district workshops appropriately.

The workshop should be facilitated by the active District Officers, CDPOs and representatives of the identified Development Partners who participated in the state/regional workshops. State Directorate may also provide some support by deputing some of the Directorate staff as feasible.

**Expected Outcome:** The expected outcomes from the regional/district workshops are:

- The participants especially the District ICDS team develop an understanding of the key concepts and principles of ICDS-IV project
- The participants develop an understanding on the gravity of the existing status of Nutrition and ECE issues in the district through an analysis of the available nutrition and ECE data related to the ICDS in their district
- The participants brainstorm and identify the existing gaps in the implementation of the ICDS programme keeping in view the nutrition and ECE issues, and suggest broad activities/interventions under the ICDS-IV Project to improve the same
- Draw an action plan on the next steps for developing the district plans
- Form a Core Resource Team at the district level. The core resource team will provide all necessary inputs in the development of plans and also coordinate and monitor the processes involved.

**Documentation:** The regional/district level workshops are to be properly documented by highlighting the issues discussed during the deliberations including gaps in the current implementation of the ICDS programme, suggested interventions based on evidence of results in the past, next steps etc. Document so prepared should be shared with the State Directorate within one week of the workshop.

**Agenda:** The broad agenda to be followed in the regional/district level workshops is:

Time	Issue	Details
<b>DAY 1</b>		
<b>1hr 15mins</b>	<b>Inaugural Session</b>	
	Sharing of Workshop Objectives and Outcomes	State DWCD
	ICDS – IV Project Concept Note – <i>Key Principles, thrust areas and proposed project components/interventions</i>	State Directorate
	Open Discussion	
<b>2hrs</b>	<b>Session II</b>	
	Presentation of Nutrition and ECE data of the District	District Officials
	Open/Group Discussion on its significance	
	Draft Guidelines for Preparation of District Annual Plans – <i>Design and Components</i>	State DWCD
<b>3hrs</b>	<b>Session III</b>	
	State Priorities	State DWCD
	Group Work on Development of District Annual Plan	Facilitated by State Directorate/Development Partner
<b>DAY 2</b>		

<b>2hrs</b>	<b>Session III continues</b>	
	Group Work Continues	
	Presentation by Groups	District/Block Officials
<b>1hr 30mins</b>	<b>Session IV</b>	
	Next Steps/Actions to be taken – <i>Outline of key tasks</i>	State/District Official
	Open Discussion	
	Concluding Remarks and Vote of Thanks	

## XII. MAJOR STEPS TO BE TAKEN BY THE SELECTED STATES

- ❑ **Creation of a budget head** for the ICDS IV Project, if it is not in existence, for making provision in the budget for 2007-08 and also during 2008-09
- ❑ **Deployment of 3-4 key officials** in the Directorate of ICDS for undertaking the tasks relating to preparation of the project, especially development of PIP and also identifying core staff in the selected districts.
- ❑ **Organization of State/Regional/District level workshops**
- ❑ **Formation of Core Resource Group** both at the State and Districts level for day-to-day monitoring of progress in development of draft State PIP and DAPs for 2008-09
- ❑ **Engagement of Consultants:** Agreement with the identified development partners (USAID/CARE/UNICEF) for supporting preparation of PIPs including State/regional/district workshops
- ❑ **Development of the first year's procurement plan** (at the state/ district level)
- ❑ **Capacity development of key officials** on financial management, World Bank procurement procedures, project management etc.
- ❑ **To associate in the Social Assessment Study** (being undertaken by DFID)
- ❑ **Initiation of baseline survey** – MWCD and the World Bank will provide Terms of Reference in due course

## XIII. TENTATIVE TIME FRAME

S. No.	Activity	Responsibility	Timeline
1.	Preparation of Draft State PIPs	State Governments	Feb-March 2008
2.	Preparation of Draft Central PIP	MWCD, GoI	March-April 2008
3.	Pre-Appraisal of Draft PIPs	MWCD, GoI and World Bank	March-April 2008
4.	Finalisation of Draft PIPs	MWCD, GoI and State Govts.	April 2008
5.	Appraisal	World Bank	May 2008
6.	EFC/Cabinet Clearance	MWCD, GoI	May - June 2008
7.	Negotiations	MWCD, GoI and World Bank	June 2008
8.	Initiation of Baseline Survey	MWCD, GoI & States	June 2008
9.	Submission of Board package	World Bank	July 2008
10.	Board Approval	World Bank	August 2008
11.	Project Effectiveness	MWCD, GoI and World Bank	September-October 2008

## XIV. SELECTION OF STATES/DISTRICTS

Though the World Bank has supported ICDS since 1980 through four major projects viz., ICDS-I, ICDS-II, APERP and ICDS-III, it is for the first time that identification and selection of Project States has been done on the basis of evidence-based parameters. A mapping study was undertaken jointly by the MWCD and the World Bank, which ranked 548 districts<sup>5</sup> in India on a composite index that included the following two parameters:

<sup>5</sup> For which data was available

- (i) Weight for Age: (-2SD) for children under 72 months of age, and
- (ii) Anemia level among pregnant women of age 15-44 years:(Moderate = 5-7.9 gm/dl of hemoglobin level)

The data used for the study was drawn from the nationwide survey on nutritional status of children and prevalence of anemia among children, adolescent girls and pregnant women in India by the International Institute for Population Sciences-IIPS (as part of RCH 2002-04). The worst 200 districts were identified through this mapping process and States were ranked on the basis of the number of districts in the 'worst 200 list' that fell within their boundaries. Seven States with the highest number of high-burden districts were selected for the ICDS-IV project. These are:

S. No.	State	Number of Districts <sup>6</sup>
1.	Uttar Pradesh	41
2.	Madhya Pradesh	30
3.	Maharashtra	20
4.	Rajasthan	20
5.	Bihar	19
6.	Chhattisgarh	9
7.	Jharkhand	6
8.	Andhra Pradesh	13

The eighth State, Andhra Pradesh, was selected for its best practices. It will therefore, be seen as a motivator for the other States to learn from. It is expected to take initiatives for overcoming malnutrition and improving school readiness to new heights and develop as a model State. The 13 Districts selected from Andhra Pradesh are the worst off districts as identified under the National Rural Employment Guarantee Scheme.

## XV. STATE-WISE DATA ON NUTRITION INDICATORS

The tables below reflect the status and trend of under-nutrition and anaemia for pregnant women (15-44 yrs of age) in the select States. The data is drawn from the three NFHSs conducted over the period 1992-2006.

<b>Children under 3 years who are underweight (%) [NCHS Standard: Weight-for-age]</b>				
	State	NFHS-1 (1992-93)	NFHS-2 (1998-99)	NFHS-3 (2005-06)
	<b>India</b>	<b>51.5</b>	<b>47.0</b>	<b>45.9</b>
1.	Andhra Pradesh	45.0	37.7	36.5
2.	Bihar	NA	54.3	58.4
3.	Chhattisgarh	NA	60.8	52.1
4.	Jharkhand	NA	54.3	59.2
5.	Maharashtra	51.4	49.6	39.7
6.	Madhya Pradesh	NA	53.5	60.3
7.	Rajasthan	44.3	50.6	44.0
8.	Uttar Pradesh	NA	51.8	47.3

<b>Pregnant women age 15-44 who are anaemic (%)</b>				
	State	NFHS-1 (1992-93)	NFHS-2 (1998-99)	NFHS-3 (2005-06)
	<b>India</b>	<b>NA</b>	<b>49.7</b>	<b>57.9</b>
1.	Andhra Pradesh	NA	41.8	56.4
2.	Bihar	NA	46.4	60.2
3.	Chhattisgarh	NA	68.3	63.1
4.	Jharkhand	NA	64.0	68.4
5.	Maharashtra	NA	52.6	57.8

<sup>6</sup> List of Districts (Annex-2)

6.	Madhya Pradesh	NA	49.9	57.9
7.	Rajasthan	NA	51.4	61.2
8.	Uttar Pradesh	NA	45.8	51.6

NA: Not available

## **XVI. REFERENCE MATERIAL**

1. DLHS – RCH Nutritional data (<http://www.rchindia.org/data.htm>)
2. NFHS – 3 Data (<http://www.nfhsindia.org/factsheet.html>)
3. Project Concept Note, Central Project Management Unit, Ministry of Women and Child Development, Government of India (Revised Sept 2007) (<http://www.wcd.nic.in>)
4. Project Concept Note, World Bank (January 2007) (<http://www.wcd.nic.in>)
5. Guidelines for Preparation of State Project Implementation Plans and District Annual Plans (December 2007) (<http://www.wcd.nic.in>)
6. Report of the XI Plan Sub-Group on "ICDS & Nutrition" (August 2007) (<http://www.wcd.nic.in>)

## **Additional Resource Materials**

1. Implementation Completion Report – ICDS III/WCD Project (November 2007), World Bank
2. Endline evaluation reports of ICDS-III Project (2006-07), MWCD
3. Social Assessment Reports – ICDS III/WCD Project, World Bank
4. RACHNA final evaluation report (2006), CARE India
5. NRHM - Broad Framework for Preparation of District Health Annual Plans ([http://mohfw.nic.in/NRHM/Documents/Distt\\_health\\_action\\_plan.pdf](http://mohfw.nic.in/NRHM/Documents/Distt_health_action_plan.pdf))
6. SSA – Manual for Planning and Appraisal (<http://ssa.nic.in/planning/planappr.pdf>)
7. World Bank, India's Undernourished Children: A Call for Reform and Action, Health, Nutrition and Population Series (2006)
8. World Bank, Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, Directions in Development (2006)
9. Behrman, Jere R., Harold Alderman, and John Hoddinott (2004) "Nutrition and Hunger". In *Global Crises, Global Solutions*, ed. Bjorn Lomborg. Cambridge, UK: Cambridge University Press.

## Menu of Options/Activities (For discussion in the workshops)

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

### **NUTRITION**

The following is a menu of interventions to address infant and young child nutrition targeted at improving nutrition status for children between the period of pre-pregnancy until 3 years of age:

1. **Nutrition and health education and IEC:** Intensive innovative media campaign and IEC on key issues such as :
  - Increased rest during pregnancy –especially in the last trimester
  - Appropriate new-born care
  - Promotion of early and exclusive breast-feeding for the first six months of life
  - Initiation of appropriate complementary feeding on completion of 6 months of age (micronutrient supplementation) along with breast milk.
  - Personal hygiene and hand-washing before feeding/after defecation
  - Delayed pregnancies, better birth spacing and adequate maternal care during pregnancy<sup>\*7</sup>
  - Prevention of STDs and reproductive tract infections (to prevent low birth weights)\*
  - Iron-folate supplementation during pregnancy to prevent low birth-weights\*
  - Pediatric iron-supplementation for young children\*
  - Bi-annual Vitamin A supplementation for all children 1-5 years of age\*
  - Twice-annual de-worming for all (including school children, adolescent girls and adults)\*
2. **Growth promotion and counseling** (on pre-pregnancy care, early and exclusive breast-feeding, appropriate complementary feeding, and infant and young child nutrition) by AWWs (*weighing scales for all categories, growth cards, IEC materials, etc.*<sup>8</sup>.) To strengthen the growth monitoring and promotion component, the project design will pay adequate attention on counseling skills and quality of training of the AWWs; provide AWWs with enough information, skills and motivation to refer sick children and weak newborns to health facilities; allow enough time in the AWWs schedule to provide the counseling and outreach services;
3. **Newsletter:** States may consider a monthly newsletter for mothers/AWCs produced and distributed at State/District-level that would deliver key nutrition and ECE messages.
4. **Recognition of best performing AWCs/workers:** Recognize “best AWC”, “best worker”, “model mothers”, “model fathers”, etc and facilitate them through different forums/various occasions.
5. **Referral** of sick children and weak newborns to health facilities (*Referral slips/cards, transport vouchers for mothers of sick children etc.*). Convergence with NRHM.
6. **Iron-folate supplements** for adolescent girls if required through convergence with NRHM.
7. **Piloting conditional cash transfers (CCT)** for mothers who exhibit the appropriate health and nutrition behaviors, in specified difficult areas, after due processes.
8. **Engagement of local CBOs and health and ICDS training institutions** for systems strengthening, capacity development and inclusion of good practices in the training curriculum of ICDS and Health functionaries, after capacity assessment.

<sup>7</sup> ICDS will be responsible for creating the demand for the services marked with an \*. In most states, these services are provided by the MoHFW through RCH, NRHM, State Health Systems Projects, etc. In situations where this is not the case, ICDS funds could be used to support this intervention.

<sup>8</sup> All items listed in *parentheses in italics* are eligible supplies/expenses)

9. **Data analysis, review at each level and regular feedback to the lower level at regular intervals**
10. **Periodic joint reviews** by various stakeholders to initiate appropriate corrective measures.
11. **Building Quality Management Systems into the activities/processes** to ensure accountability, quality of service delivery and sustainability.
12. **Provision for Regular Evaluation of Implementation**
13. **Cluster Resource Centers, specified trainings etc.**

### **EARLY CHILDHOOD EDUCATION**

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

**List of high-burden districts identified for coverage under the proposed  
World Bank-assisted ICDS IV Project**

<i>Uttar Pradesh</i> (41)	<i>Madhya Pradesh</i> (30)	<i>Maharashtra</i> (20)	<i>Bihar</i> (19)	<i>Rajasthan</i> (20)
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 Bareilli 34. Sant Kabir Nagar 35. Lucknow 36. Pilibhit 37. Kanpur Nagar 38. Jalaun 39. Fatehpur 40. Shahjahanpur 41. Hardoi	1. Jhabua 2. East Nimar 3. Shivpuri 4. Guna 5. Panna 6. Katni 7. Dewas 8. Neemuch 9. Mandsaur 10. Ratlam 11. Barwani 12. Vidisha 13. Chhindwara 14. Rajgarh 15. Dindori 16. Shajapur 17. Bhind 18. Morena 19. Ujjain 20. Jabalpur 21. West Nimar 22. Umaria 23. Sheopur 24. Datia 25. Indore 26. Sidhi 27. Damoh 28. Tikamgarh 29. Hoshangabad 30. Raisen	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. Aiwara 13. Chittaurgarh 14. Dungarpur 15. Udaipur 16. Churu 17. Jaipur 18. Ajmer 19. Dausa 20. Bikaner
		<i>Chhattisgarh</i> (9)	<i>Jharkhand</i> (6)	<i>Andhra Pradesh</i> (13)
		1. Mahasamund 2. Korba 3. Durg 4. Kawardha 5. Jashpur 6. Kanker 7. Dantewada 8. Bastar 9. Raipur	1. Kodarma 2. Dumka 3. Giridih 4. Pashcimi Singhbhum 5. Dhanbad 6. Chatra	1. Adilabad 2. Anantapur 3. Chittoor 4. Cuddapah 5. Karimnagar 6. Khammam 7. Mahbubnagar 8. Medak 9. Nalgonda 10. Nizamabad 11. Rangareddi 12. Vizianagaram 13. Warangal

**CONTACT DETAILS OF ICDS-IV PROJECT PREPARATION TEAM**

<b>Ministry of Women &amp; Child Development</b>	
<p><b>Ms. P. Bolina</b> Joint Secretary Tel (O): 011-2338 1654 Fax: 23070480</p>	<p><b>K. Rajeswara Rao</b> Project Director E-Mail: <a href="mailto:krrao@nic.in">krrao@nic.in</a> Tel (O): 011-23385614 Fax : 23073832, 2336 2376 Mobile : 09868891147</p>
<p><b>Dr. Saroj K. Adhikari</b> Asstt. Director E-Mail: <a href="mailto:saroj65@yahoo.com">saroj65@yahoo.com</a> Tel: (O): 011-23362376 Mobile: 09968437584</p>	<p><b>Naveen Yadav</b> Under Secretary E-Mail: <a href="mailto:naveen62yadav@yahoo.co.in">naveen62yadav@yahoo.co.in</a> Tel (O): 011-23362376, 23368202 Mobile: 09873204446</p>
<p><b>Office of the Project Director:</b> Ministry of Women and Child Development 613, A Wing, Shastri Bhawan New Delhi 110 001</p>	<p><b>Central Project Management Unit</b> Ministry of Women and Child Development First Floor, Hotel Janpath Janpath, New Delhi 110 001 Tel &amp; Fax: 011-2336 2376, 2336 8202</p>
<b>NIPCCD</b>	
<p><b>Dr. A. K. Gopal,</b> Director, NIPCCD E-Mail: <a href="mailto:arugopal@gmail.com">arugopal@gmail.com</a> Tel (O): 26515579, 26964373</p>	<p><b>NIPCCD</b> 5 Siri Institutional Area, Hauz Khas New Delhi 110 016 Tel: 26515579, 26964373 Fax: 26851349, 26515579</p>
<b>World Bank</b>	
<p><b>Dr. Meera Shekar</b> (Task Team Leader) Senior Nutrition Specialist (based in Washington DC) E- Mail: <a href="mailto:mshekar@worldbank.org">mshekar@worldbank.org</a></p>	<p><b>Dr. Venita Kaul</b> Senior Education Specialist E-Mail: <a href="mailto:vkaul@worldbank.org">vkaul@worldbank.org</a> Tel: 011-41479351 Mobile: 098101-91928</p>
<p><b>Snehashish Rai Chowdhury</b> Operations Officer E-Mail: <a href="mailto:schowdhury2@worldbank.org">schowdhury2@worldbank.org</a> Tel: 011-41479445 Mobile: 98110-76327</p>	<p><b>Ms. Mohini Kak</b> Consultant E-Mail: <a href="mailto:mkak@worldbank.org">mkak@worldbank.org</a> Tel : 011-41479102 Mobile: 99680-64325</p>
<p><b>Shanker Lal</b> Sr. Procurement Specialist E-Mail: <a href="mailto:slal1@worldbank.org">slal1@worldbank.org</a> Tel : 011-41479620</p>	<p><b>World Bank</b> 70, Lodi Estate New Delhi – 110003 Fax: 41479322, 24619393</p>
<b>USAID</b>	
<p><b>Ms. Ashi K. Kathuria</b> Deputy Office Director Office of Social Development USAID/India E-mail: <a href="mailto:akathuria@usaid.gov">akathuria@usaid.gov</a> Tel: 011-24198709 Mobile: +919811083350</p>	<p><b>V. Ramesh Babu</b> Senior Program Manager Office of Social Development USAID/India E-Mail: <a href="mailto:vbabu@usaid.gov">vbabu@usaid.gov</a> Tel (O): 011-24198226 Mobile: +919873004702</p>
<p><b>USAID/India</b> Office of Social Development American Embassy Shantipath, Chanakyapuri New Delhi-110021 Tel: 24198000 Fax: 24198454/24198612</p>	

<b>UNICEF</b>	
<p><b>Ms. Deepika Shrivastava</b> Officer-in-charge UNICEF E-Mail: <a href="mailto:dshrivastava@unicef.org">dshrivastava@unicef.org</a> Tel: 2469 0401/Extn.359</p>	<p><b>UNICEF</b> 73, Lodi Estate New Delhi – 110003 Tel: 24690401 Fax: 24691410</p>
<b>DFID</b>	
<p><b>Ms. Silke Seco-Grutz</b> Human Development Advisor DFID E-Mail: <a href="mailto:s-seco@dfid.gov.uk">s-seco@dfid.gov.uk</a> Mob.9899107640 Tel: 2652 9123/Extn 3358</p>	<p><b>DFID</b> B-28, Tara Crescent Qutab Institutional Area New Delhi - 110016 Tel:26539123</p>
<b>CARE</b>	
<p><b>Mukesh Kumar</b> Program Director CARE India E-mail: <a href="mailto:mkumar@careindia.org">mkumar@careindia.org</a> Tel: 011-26566060 Mobile: +919350255867</p>	<p><b>Basanta K.Kar</b> Operations Director (INHP-III) CARE India Email: <a href="mailto:bkar@careindia.org">bkar@careindia.org</a> Tel: 011-26566060 Mobile: 9810900921</p>
<p><b>CARE India</b> 27, Hauz Khas Village New Delhi- 110016 Tel 26566060/26564101 Fax: 26564081/26529671</p>	