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Message

Children are society’s most critical foundation as they shape its future. It is thus important for us to invest in them holistically and enable them to realize their potential to the fullest.

Approximately 60 million children in India are under-nourished and many more have specific nutrient-deficiencies. Given its impact on health, education and productivity in the longer-term, persistent mal-nutrition is a major obstacle to our human development and economic growth. This problem is further exacerbated by the significant inequalities across States and socioeconomic groups – girls, rural areas, the poorest, scheduled tribes and castes that are the worst affected.

India’s main early child development intervention, the Integrated Child Development Services (ICDS) Programme, is being implemented for about 30 years and has been effective in contributing to better child survival and nutritional status. With large improvements in socio-economic and environmental context of the country, though differentially across states, transforming ICDS into a programme responding effectively and appropriately to the contextual variations will yield huge benefits for India.

ICDS-IV Project with assistance from the International Development Association (IDA) aims to address the multidimensional causes of malnutrition in children and to promote better early childhood education. With addition of newer strategies like targeting of high burden areas, evidence and outcome based project designing, flexibility in programme planning and operation and improved convergence between allied departments and services, ICDS-IV Project is poised to make a big contribution to better child development in India.

In the preparatory stage of the project, effort like this TOOLBOOK, which is a compilation of important project documents, and necessary guidelines, is commendable as the decentralized district planning is guided and directed appropriately. I firmly believe that this Toolbook would prove to be a value addition to the entire project and would help ICDS and other related functionaries in operationalizing the ICDS-IV Project successfully.

New Delhi
18 February, 2008

Smt. Renuka Chowdhury
Message

The Ministry of Women and Child Development (MWCD), Government of India has negotiated with the World Bank for the support from the International Development Association (IDA) to the Integrated Child Development Services (ICDS)-IV Project, which is in the planning stage.

The proposed ICDS-IV is different from the earlier phases of IDA-support to the ICDS (ICDS-I, II and III projects) in terms of its key principles, targeting and the processes followed in its preparation. Extensive consultations are being held with key stakeholders at State, District and Block levels to develop State Project Implementation Plans (PIPs) and also District Annual Plans (DAPs) in a decentralized approach.

Based on the low nutritional status of children below six years and anemia level among pregnant women of age 15-44 years (a technical mapping study was conducted by the World Bank to identify high-burden States and districts), 158 high-burden districts from eight states have been identified for intensive and focused implementation of the project.

The project provides us with an opportunity to address the issues of child malnutrition and early childhood education by targeting the neediest from vulnerable pockets with specific interventions through de-centralized district level planning. This experience of district planning will help us in effective operationalization of the ICDS Revised Framework, when it comes in force.

I appreciate the efforts of Ms P. Bolina, Joint Secretary and Shri K. Rajeswara Rao, Project Director and his team at the Central Project Management Unit for bringing out this Toolbook, which will certainly help the state and district teams who are working towards development of the State PIPs and DAPs.

New Delhi
18 February, 2008
Foreword

With more than three decades of implementation experience, during the formulation of strategies for the Eleventh Five-Year Plan, the need for a paradigm shift in the ICDS programme was felt. Despite several achievements that the ICDS Scheme has witnessed in the past, there remains a major challenge with regard to the high burden of child malnutrition in the country. 45.9 per cent of children below three years are still underweight (National Family Health Survey: NFHS-3, 2005-06). Per the data, there has been very negligible decline in the under nutrition during 1998-99 (47%) to 2005-06 (45.9%).

The Ministry of Women and Child Development has initiated a consultative process to develop a Revised Implementation Framework for implementation of the ICDS with quality to half the under nutrition by 2011-12.

With this backdrop, the proposed ICDS-IV Project with the IDA-support from the World Bank is proposed to: (a) bring in greater focus and targeting of interventions in terms of both age specific developmental needs of children (below three years and 3-6 years); (b) intensive support to high-burden districts in terms of malnutrition and early childhood education; and (c) introduce substantial reforms in implementation.

This Tool book comprising a set of useful project documents/guidelines has been prepared to ensure standardization of the processes involved in developing the State Project Implementation Plans and District Annual Plans with a bottom-up need based approach.

I thank Shri K. Rajeswara Rao, Project Director and his team for preparing this document with the support from USAID and CARE.

New Delhi
18 February, 2008

(P. Bolina)
Joint Secretary
Ministry of Women and Child Development
Government of India
Preface

The ICDS-IV Project has been designed based on the key principles of flexibility in the project design, result oriented monitoring and evaluation framework, strong institutional arrangements and most importantly district based decentralized planning.

On 9-10 October 2007, a national level workshop was held in New Delhi, to unfold the ICDS-IV Project. The eight participating States were oriented on the suggested steps to be followed for preparation of the ICDS-IV Project and guidelines for preparation of the Project Implementation Plans (PIPs) at the State and District Annual Plans (DAPs) at the District level.

State level workshops have been successfully held in eight States to discuss the modalities in preparation of these decentralized plans. This document has been prepared to facilitate a better understanding among the key ICDS officials and field functionaries for preparation of the PIPs by them. It outlines key aspects of the project concept and the processes involved as well as guidelines for developing the PIPs and DAPs.

This document has been prepared to supplement the State and District level Resource Team meetings as well as Regional/District Workshops for providing further clarity to the ICDS teams working at the State, District and Block level, soliciting quality PIPs.

I encourage the State/district level ICDS officials to maintain live communication with the Project Team at the central level, especially with the CPMU, who can provide their guidance in developing quality PIPs on time.

It is not out of place for me to thank Dr. Saroj K. Adhikari, Assistant Director from the Central Project Management Unit, MWCD, Shri V. Ramesh Babu, Senior Program Manager, USAID, Shri Mukesh Kumar, Programme Director, CARE and the World Bank ICDS-IV Team, for their valuable contributions in bringing out this document, especially in finalizing the guidelines for the preparation of the PIPs and DAPs.

I also thank USAID and CARE for their technical support in bringing out this Toolbook.

New Delhi
31 March, 2008

(K. Rajeswara Rao)
Project Director
ICDS-IV Project (IDA assisted)

A Toolbook

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Section 1

Introduction

Context of the ICDS-IV Project

1.1 Introduction
1.2 The Current Challenges
1.3 The Context
1.4 The ICDS-IV Project
1.5 Project Implementation Plan
1.6 Support from Development Partners
1.7 Need for the Toolbook
I.1  INTRODUCTION

The Integrated Child Development Services (ICDS) Scheme was launched on October 2nd, 1975, the birth anniversary of the Father of the Nation, Mahatma Gandhi, in pursuance of the National Policy for Children formulated in 1974. The ICDS Scheme has emerged from its small beginnings in 33 blocks, to become India’s flagship programme for the integrated development of children from prenatal to six years of age. Today, the ICDS Scheme represents one of the world’s largest and most unique programmes for early childhood development. It adopts a multi-sectoral approach to child well being, incorporating health, education and nutrition interventions. It is India’s response to the challenge of providing pre-school education to children on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

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 children below six years, pregnant women and lactating mothers. Implemented through a network of over 8.63 lakh village level Anganwadi Centres (AWCs) set up at the community level across 5,885 development blocks, the programme reportedly covers 6.06 crore children below six years of age and 1.3 crore pregnant women and lactating mothers.¹

The ICDS Scheme has undergone massive expansion ever since its inception and by the end of the Ninth Five-Year Plan (1997-2002); the scheme had gradually expanded to 5,652 projects (blocks) across the country. During the Tenth Five-Year Plan (2002-2007), the focus was on universalisation with quality service delivery. The initial years of the plan saw greater emphasis on fully operationalizing the programme in the 5,652 projects rather than on expansion, due to resource constraints. However, because of the present Government’s mandate as enunciated in the National Common Minimum Programme (NCMP) and based on the Supreme Court’s direction in response to a Public Interest Litigation, the programme has been expanded twice during the Tenth Five-Year Plan (2005-06 and 2006-07). From 5,652 ICDS projects in 2004-05 to 6,284 projects by the end of 2006-07, there has been an increase in the AWCs from 7.44 lakh to 10.53 lakh. As of 31 March 2007, 8.45 lakh AWCs from 5,829 Projects (blocks) have been operationalized and by the end of the second year of the Eleventh Five-Year Plan (2007-2012), about 6,291 projects are expected to be operationalized in the country.

¹ ICDS Quarterly Progress Report  30 June 2007
1.2 THE CURRENT CHALLENGE

The ICDS Scheme remains in the forefront at the National and State level due to the Government of India’s commitment to improve the nutritional status of children in the country. Being a signatory to the Millennium Development Goals (MDGs), it is equally critical for India to focus its attention to achieve the child nutrition related (MDG1)\(^2\). The Government of India has committed to achieving the nutrition MDG of halving underweight rates from 54% to 27% between 1990 and 2015, and to achieving the education MDG of universal primary education (MDG2) and the ‘Education For All’ goal of expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The GoI has also committed to reducing infant and child mortality and improving maternal health outcomes (MDGs 4 and 5).

In spite of 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 below three years are still underweight (National Family Health Survey: NFHS-3, 2005-06). Very limited progress has been made in improving the prevalence of child malnutrition, with a decrease of less than one percentage point per year during 1998-99 (NFHS-2: 47%) and 2005-06 (NFHS-3: 45.9%). Though 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), there has not been much progress during the last decade.

1.3 THE CONTEXT

The ICDS programme has reached a stage where it has become essential to harmonize its expansion and its content enrichment in order to accelerate the achievement of its core objectives. Prevention and management of malnutrition, poor maternal and adolescent nutrition, gender inequity, lack of quality nutrition and health education, lack of proper pre-school education and inadequate engagement of the community in development programmes are some of the aspects that continue to pose a big challenge to the Government and other agencies working in the field of health and nutrition.

In the face of these challenges, the need for a paradigm shift in the ICDS programme implementation was felt by the MWCD, and was articulated in the proposed Revised Implementation Framework for ICDS during the Eleventh Five-Year Plan (2007-08 to 2011-12). Based on the mixed implementation experiences of over three decades, the proposed Revised Implementation Framework aims to synchronize the evolved needs of the programme. It proposes to hasten universalisation of the programme with quality by intensifying efforts to reduce high malnutrition, IMR and improve early childhood education. It aims to achieve these objectives within a normative timeframe through an intensive ‘Mission Mode’ of implementation, as against the present ‘Programme Mode’.

With the following guiding principles, the Ministry of Women and Child Development initiated a consultative process to develop the Revised Implementation Framework for the ICDS programme:

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\(^2\) MDG1: Eradicate extreme poverty and hunger. Target 2: Halving the proportion of people who suffer from hunger. Indicator 4: Prevalence of underweight children under 5 years of age.

\(^3\) Based on the NFHS-3 data (using NCHS Growth Standards)
- accelerating action in 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, NGOs/CBOs, Public and Private Sector;
- ensuring equity-inclusive approaches to reach the most vulnerable and disadvantaged;
- strengthening local capacity development;
- empowering ICDS functionaries; and
- promoting convergence to address nutrition, health and development needs of young children, girls and women.

These consultations led to the development of a draft-revised framework - the vision and key principles which are outlined below:

**The Vision of the Revised Implementation Framework is to:**

- provide early childhood care and education to all children up to the age of six years (to fulfil the Constitutional obligation) through ‘Universalisation of ICDS with Quality’;
- raise the level of nutrition of children below six years and pregnant and lactating mothers with an inclusive approach to reach the most vulnerable, particularly SC/ST and Minorities;
- undertake architectural corrections and promote policies to strengthen management of child development with effective and transparent service delivery; and
- link through decentralized management, integration of nutrition determinants viz. health services, sanitation and hygiene, safe drinking water, gender and social concerns and child care behaviours.

The key principles and strategies to be adopted for translating this vision into reality are:

- restructuring ICDS Institutional management at National, State, District, Project and Village level
- strengthening basic infrastructure facilities and service delivery at AWCs
- decentralized planning and management to allow States to formulate context specific child care approaches
- targeting children below three years more effectively and promote Infant and Young Child Feeding (IYCF) practices
- strengthening early childhood education component
- promoting convergence of programmes of inter related departments viz. RCH-II/NRHM, Sarva Siksha Abhiyan (SSA), water and sanitation etc.
- enhancing the capacity of ICDS functionaries
- promoting community participation
- strengthening M & E framework with emphasis on community based monitoring
1.4 THE ICDS-IV PROJECT

After the closure of the World Bank assisted ICDS-III/WCD Project (1999-2006) with “moderately satisfactory” rating of its outcomes, the MWCD, GoI negotiated with the World Bank the next phase of assistance by the International Development Association (IDA) to the ICDS Project i.e. ICDS-IV Project. Since 1980, the World Bank has completed six projects in support of the ICDS programme with an investment of over US$700 million to complement the GoI’s efforts to reduce malnutrition and improve early childhood development.

The 5-year ICDS-IV project is currently in planning stage in the eight selected States - Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and Andhra Pradesh. Following a targeted approach, the project envisages covering 158 high-burden districts from these eight States for intensive implementation. These districts have been identified based on a composite index that takes into account the low nutritional status of children below six years and high anaemia levels among pregnant women.

The heart of the proposed ICDS-IV project lies in the five key reform principles (refer to Section 2), which broadly reflect the key strategies outlined in the revised implementation framework discussed in the above sub-section. The proposed project is different from the earlier IDA supported ICDS projects, not only in terms of its key principles but also in terms of the processes being followed in its formulation. For the first time, extensive consultations are being held with all stakeholders at the State/district levels, in the preparation of decentralized district annual plans.

The project is expected to:

• *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)*;

• *intensive support to the high burden districts in the areas of nutrition and early childhood education; and*

• *introduce substantial reforms in programme implementation.*

In addition, the project design will learn from many technical and managerial “best practices” that have evolved over the last three decades of ICDS implementation and will aim to take these to scale as feasible and appropriate.

The proposed project will have two major components viz., Nutrition and Early Childhood Education (ECE) with expected IDA assistance of US$450 million, (US$250 million for Nutrition and US$200 million for ECE).

1.5 PROJECT IMPLEMENTATION PLANS (PIPS)

A key component in the preparation of the ICDS-IV project is the formulation of State Project Implementation Plans (SPIPs)/District Annual Plans (DAPs) by the eight selected States and a Central PIP on the national component of the project by the MWCD, GoI. In

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5 A technical mapping study was conducted by the World Bank using DLHS-RCH-II data to identify high burden States/districts. Andhra Pradesh was selected because of good practice experience within the State.
order to help the State/district ICDS implementing authorities implement the project effectively with the key objectives of reduction in high malnutrition and improvement in the ECE, the SPIP/DAPs will be the principal instrument for planning, implementation and monitoring of the project. Formulated through a participatory, bottom up approach, the SPIPs will outline how the participating States intend to utilize the additional resources to be made available to them through IDA financing for strengthening the implementation of the ICDS programme. It is envisaged that this decentralized programme management is likely to be more responsive to the nutrition and ECE needs of communities due to their substantive engagement not only as beneficiaries but as partners in the planning process.

To facilitate preparation of PIPs, the MWCD in collaboration with the participating States and in cooperation with the identified Development Partners (USAID, CARE and UNICEF), organized State Level Workshops to orient the key ICDS officials and other stakeholders in the States on the processes to be followed. These processes, expected to be undertaken by the State and districts in planning for the ICDS-IV project, have been further explained in subsequent sections in this toolbook.

1.6 SUPPORT FROM DEVELOPMENT PARTNERS

USAID and CARE India have agreed to provide technical support to five of the eight States (Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh) in the development of SPIPs and DAPs, including the organization of workshops at the State and regional/district level. UNICEF has extended similar support to the remaining three States (Bihar, Madhya Pradesh and Maharashtra).

1.7 NEED FOR THE TOOLBOOK

This document has been prepared to provide clarity to the ICDS core teams working on the preparation of PIPs at the State and district levels. Since the project adopts a decentralized planning approach, it is critical to establish a common understanding among all the stakeholders for effective implementation. States need to ensure that standardized and uniform processes are followed for the preparation of plans, with a certain amount of flexibility to account for local contexts.

By outlining all key aspects of ICDS-IV – its concepts and processes for project preparation – this Toolbook helps to ensure uniformity in understanding and approach across States and districts. This Toolbook aims to supplement the ongoing efforts to build the capacity of the key ICDS officials by providing a resource document that can be used for current and future reference for district and State level ICDS-IV planning.
Section 2

ICDS-IV Project

Project Objectives, Key Principles, Components and Broad Interventions

2.1 Project Development Objectives
2.2 Project Rationale
2.3 Project Design: Five Key Principles
2.4 Thrust Areas
2.5 Special Targeting Strategies
2.6 Section on High Burden States/districts
2.7 Project Components
2.8 Proposed Activities/Interventions
2.9 Project Management
2.10 Project Period
2.11 Project Cost

Annex 2.1 List of high burden districts identified for coverage under the proposed ICDS-IV project
Section 2

ICDS-IV Project:  
Project Objectives, Key Principles and Broad Components/Interventions

2.1 **PROJECT DEVELOPMENT OBJECTIVES (PDOs)**

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 behaviours by the households with children 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 to the girl child and to children from disadvantaged sections of the society.

2.2 **PROJECT RATIONALE**

- To improve quality of service delivery to beneficiaries and increase outreach;
- To strengthen the institutional framework for project implementation;
- To sustain capacity building efforts through decentralized and need based training of ICDS functionaries;
- To replicate and upscale successful innovations and initiatives;
- To introduce new activities in line with the latest paradigms of child development; and
- To ensure better involvement of the community.

2.3 **PROJECT DESIGN – Five Key Principles**

- **Better Targeting**- More intensive efforts and resources will be targeted to the high burden States/districts. Previous analyses have shown that malnutrition in India is concentrated in certain States and districts. Therefore, these States/districts need to be targeted for intensive support since improvements in these States/districts will have an overall impact on the national indicators. Under the proposed project, additional resources through IDA financing, will be utilized to address the needs of these states/districts where prevalence of malnutrition amongst children is more pronounced and participation of 3-6 year olds in ECE is below average. This would enable to have a level-playing field for these nutritionally backward areas with the others within a State or between the States. These States/districts would be provided additional interventions to combat child malnutrition and thus to correct the intra and inter-State imbalances.

- **Flexibility in ICDS design from the central level:** Since its inception, the ICDS Scheme has been implemented all over the country with uniform norms and
without any flexibility to accommodate the area-specific needs to combat child malnutrition. Based on the key principle of the revised enabling “ICDS National Framework” and guidelines, the project will not promote a one-size fits all approach across the states, and will instead encourage innovation and allow for appropriate design and budget flexibility at district levels and below through some of the following mechanisms:

- Development of a five-year State PIP that is based on principles of decentralization and greater ownership and accountability at state and district levels.
- Decentralized district-level planning for ICDS through a participatory process based on experiences with the NRHM/RCH and SSA.
- Availability of untied grants/flexi-funds at state/district/block/AWC levels to allow for some flexibility at these levels.
- Provision for an “innovations fund” to allow for technical, design and managerial innovations in service delivery for nutrition and ECE.
- States/districts will have the flexibility to opt for the management/technical innovations/best-practices that best suit their situation and scale them up after careful evaluation. Different “best practices” may be scaled up in different districts/states. Similarly, the urban and rural districts may have different designs and different strategies to reach the un-reached.
- The untied grants will also be used at the State/district level to support awards and recognition to best-performing AWWs, supervisors, CDPOs, and model AWCs and blocks/districts.

A simplified, evidence and outcome-based project design: The new project will include a simplified project 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). The project design also seeks to incorporate a life cycle approach by addressing the nutrition, health and education needs of beneficiaries at different stages of life, viz., pregnancy, childhood, child bearing and rearing, and adolescence. There will be a much stronger focus on Nutrition and Health education and on enhancing community awareness at all levels. Private sector/Corporate participation in Nutrition and Health Education/IEC and the use of traditional and mass media will be strongly encouraged. There will be a strong focus on achieving results, especially in the selected high-burden districts.

Stronger convergence at the operational level will be forged with health (RCH and NRHM) to maximize the potential for nutrition outcomes. Convergence opportunities may include joint training of the Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM), joint supervision visits, jointly observed Mother-Child Health and Nutrition Days, etc. For ECE, there will be close convergence and linkages with primary schools for curricular continuity, and synchronization of timings/location of ECE centres, where feasible and appropriate.

Strong monitoring and evaluation-outcome based results framework: The project will be based on an outcome oriented results framework. It will put in
place a strong M&E component to enable collection of timely, relevant, accessible, high-quality information and use this information to improve programme functioning by shifting the focus from inputs to results, outlays to outcomes, and create accountability for performance.

- A stronger evaluation component will report on progress towards the outcomes, and a stronger MIS will allow for better management of the programme at decentralized levels.

- Options will also be explored on how best to link key project outputs to the expenditure at all levels.

- A carefully designed evaluation plan for the project; and plans for putting in place the baseline surveys will occur within six months of project approval (This is an IDA requirement).

- MIS systems will be strengthened in selected States/districts; this is a move from a Monitoring Information System to a Management Information System.

- Accountability to communities/beneficiaries through innovative mechanisms such as social audits, community report cards, etc will be increased.

The project would promote the following:

- **Decentralization** of programme support activities
- **Partnership** between communities and ICDS functionaries to nurture a sense of community ownership
- **Sustainability** of changes in positive nutrition, health and education seeking behaviours as also mother and child development status and (unclear)
- **Empowerment** of adolescent girls by increasing their awareness, capacities and capabilities.

### 2.4 THRUST AREAS

- Addressing health and nutritional needs of under-3 children
- Addressing early childhood development outcomes and school readiness in 3-6 year olds
- Implementation of communications for behaviour change (CBC): *Promotion of home based care for infants, appropriate feeding and caring practices etc.*
- Capacity building of ICDS functionaries and community
- Addressing needs of adolescent girls
- Strengthening community participation/ownership in ICDS
- Strengthening convergence between the ICDS and NRHM/RCH-II and SSA

### 2.5 SPECIAL TARGETING STRATEGIES

**a) Targeting under threes for health and nutrition**

- Need assessment for under-3 children based on local customs, socio-economic status of the households and geographical region.
- Ensuring appropriate infant feeding practices through campaign and awareness generation.
- Introduction of multiple feedings with a mix of on-the-spot and take-home ration approaches.
• Universal growth monitoring and growth counselling through nutrition and health days/home visits.
• Ensuring timely immunization
• Providing necessary micronutrients

(b) Targeting 3-6 year olds for ECE
• Needs assessment for 3-6 year old children based on local customs, socio-economic status, language of the households and geographical region.

(c) Targeting Adolescent Girls
• Special focus on iron folate supplementation
• Training on family life and health education

(d) Targeting SC/ST/Minorities
• Development of focused IEC strategies for targeting tribal people keeping in view variations in languages, customs, mores, symbols and nuances
• Preference to construction of AWCs in SC/ST/minority areas
• Establishment of min-AWCs in project States
• Development of special tribal strategies in project States for improved maternal and child health and nutrition

2.6 SELECTION OF HIGH-BURDEN STATES/DISTRICTS

A mapping study was undertaken jointly by the MWCD and the World Bank, which ranked India’s 548 districts on a composite index that included the following two parameters:

- Weight-for-Age: (-2SD) for children below six years of age
- Anaemia level among pregnant women of age 15-44 years: (Moderate = 5-7.9 gm/dl of haemoglobin level)

The data used for the study was drawn from the nationwide survey (district level household survey-DLHS) conducted by the International Institute for Population Sciences-IIPS (as part of RCH 2002-04). The worst 200 districts were identified through this mapping exercise and States were ranked on the basis of the number of districts in the “worst 200 list” that fell within their boundaries. 145 districts from these 200 worse-off districts from seven States with the highest number of high-burden districts were selected for the ICDS-IV project. These are:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>State</th>
<th>Number of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Uttar Pradesh</td>
<td>41</td>
</tr>
<tr>
<td>2</td>
<td>Madhya Pradesh</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>Maharashtra</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>Rajasthan</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>Bihar</td>
<td>19</td>
</tr>
<tr>
<td>6</td>
<td>Chhattisgarh</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>Jharkhand</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>Andhra Pradesh</td>
<td>13</td>
</tr>
</tbody>
</table>

6 For which data was available
7 List of Districts is annexed (Annex-2.1)
The eighth State, Andhra Pradesh, was selected for its best practice experiences in the activities of Mother’s Committees/Self-Help Groups and community participation in development activities, which can serve as a model for other States to follow. 158 districts from these States have been identified for intensive support under the project. 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 of Andhra Pradesh are the worst off districts as identified under the National Rural Employment Guarantee Act (NREGA).

For a detailed list of districts, blocks and AWCs under the selected 158 districts, refer to Appendix A.1.

2.7 PROJECT COMPONENTS

The project will have two major components, (i) Nutrition and (ii) Early Childhood Education. 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.

A two-pronged strategy will be followed to address quality issues in both components:

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

2.8 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 given in Section 3.5.

A. NATIONAL LEVEL

(i) Training/Capacity Building

The importance of training and continuous capacity building of the ICDS functionaries for improving the quality of service delivery in ICDS has been recognized as vital for success of the programme in the earlier five-year plans. The National Training Component of the WCD/ICDS-III Project, christened as ‘Udisha’, had been implemented (1999-2006) with a focus on eliminating the heavy backlog in the job and refresher trainings of all functionaries across the country and also introducing “innovative (other)” training. During the Eleventh Five-Year Plan (2007-2012), training and capacity building of ICDS functionaries would continue to be on the forefront of the ICDS agenda.

8 Food supplementation under the project is not eligible for IDA financing. However, the description of the nutrition component is to indicate activities other than supplementary food under ICDS that have evidence of improving nutrition status of children.
The training component will have three major sub-components:

(a) **Capacity Building of ICDS Field Functionaries:** This would largely follow the *Udisha* pattern. A substantial network of institutions both Governmental and Non-governmental have been already set up throughout the country, which would be used to impart training to the ICDS functionaries. Following is the strategy for this component:

- Training functions would be planned, implemented and monitored at the state level by a competent technical body (State Resource Centre - SRC); this body would provide leadership and guide the state in determining training content from time-to-time, which should be fully aligned to the carefully determined programme priorities.

- There would be a continuous assessment of skills and capacity of the AWWs, and the training programme would be dovetailed to the needs.

- The training programme of the AWWs and AWHs would be monitored with the help of a district/State level computerized database system. A core joint training module for ICDS and RCH functionaries would be designed – including new infant and young child feeding (IYCF) guidelines.

- For effective convergence with the Health and Family Welfare Department, joint-trainings would be organized for the AWWs and ANMs/ASHAs on a regular basis.

- There would be renewed emphasis on the “Other Training” component whereby the States will have flexibility to identify State specific problems that need more focused or innovative training and to take up such training programmes.

(b) **Capacity Building of the Family Members and the Community, Especially the Mothers:** In some states, Mother’s committees/Mahila Mandals, have played an important role in the implementation of the ICDS programme. In order to replicate the successes, capacity building sessions for mothers would be organized. Some of the proven best practices for engaging the community would also be scaled-up through regular orientation and training.

(c) **Capacity Building of Key Project Management Staff:** There would be provisions for periodic programmes to enhance the capacity of the key management staff under the project from CPMU/SPMUs/districts through regular orientation trainings/workshops/seminars in reputed Institutes/Organizations and best practices exposure visits within India and abroad. These training programmes will generally cover relevant subjects including project management and planning, procurement, financial management, performance monitoring and evaluation, IEC etc.

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

Experiences in the erstwhile ICDS-III/WCD Project showed that there had been substantial impact of IEC on behaviour changes of the households in respect of infant and young child feeding practices, awareness of health and nutrition needs of pregnant women, lactating mothers and adolescent girls, as was evident from the end line evaluation. This had been possible due to the sustained interventions that were tailored to the communities needs with the development of State-specific IEC strategies.

In the new project, IEC will involve various approaches, build linkages, strengthen capacities, and enhance capabilities and skills as well as build an environment for a nation wide people’s movement of participation in the programme. It is envisaged that IEC will evolve successful processes which would result in AWCs being managed by village/slum
women, responsibility for the food supplementation will be taken over by the village community and there will be effective targeting of all ICDS services to reach out to the most needy as decided collectively by the village/slum dwellers themselves.

The communication strategy would also bring to the forefront how to change behaviours of the community to include correct health and nutrition practices, by removing cultural barriers/age-old practices/superstitions. The advocacy programme in ICDS would enable widespread and sustained community participation as result of a better understanding and appreciation amongst the communities of the ICDS programme as well as health and nutrition issues. The following interventions are proposed:

- State specific IEC strategy would be developed and interventions would be made after assessing the communication needs for a particular community/region. The strategy would involve inter-alia; use of multiple channels including folk media and mass media in addition to inter-personal communication (IPC) through AWWs and community level volunteers.

- Celebration of traditional events, like ‘Annaprashan’ (for children completing 6 months), first birthday (for all children), ‘Godhbhara’ (for pregnant women) etc. would be encouraged to be observed at AWCs by involving local leaders and community members to convey the messages of timely and appropriate complementary feeding and also ante-natal care (ANC) and newborn care.

- A periodic and concerted campaign on early and exclusive breastfeeding for the first six months, newborn care, timely immunization, appropriate complementary feeding at six months of age along with continued breastfeeding (up to two years or beyond) would be taken up through both electronic and print media, apart from involving folk media.

- Technical expertise in planning, implementing and evaluating context-specific behaviour change communication (BCC) at state and district levels would be brought in. Each district or a cluster of districts would be assigned to a professional agency for carrying out the social marketing tasks. This would reduce the workload of existing AWC functionaries on one hand and bring in professionalism on the other.

- There would be a concurrent evaluation mechanism through external agencies to assess the outcome of all types of IEC activities under the project.

(iii) 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

(iv) Management and Institutional Development

- Under the project, Central Project Management Unit (CPMU) and State Project Management Units (SPMUs) at the national and state levels respectively will be established for overall planning, monitoring and implementation of the project. 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 along with the key government officials. Setting up of the PMUs in each of the States would be a pre-requisite before starting the project in the States. A detailed project management structure is discussed in Section 2.9 below.
Strengthening institutional and management capacities through adequate staffing, equipment, technical support etc.

B. SELECTED STATE/DISTRICT LEVELS

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

B.1 NUTRITION COMPONENT

(i) Nutrition and Health Education

The importance of nutrition and health education for improving the nutritional and health status of children and mothers, for adopting optimal infant and young child feeding practices, promoting consumption of micronutrient rich foods and also to increase compliance under Vitamin A and IFA supplementation programmes and use of Iodised salt cannot be overstated. Nutrition and Health Education (NHE) is not merely a process of transferring facts or information about nutritive value of foods, the role of food in preventing nutritional deficiency diseases or methods of food preparation. The fundamental objective of Education in Nutrition is to help individuals establish food habits and practices that are consistent with the nutritional needs of the body and adapted to the cultural pattern and food resources of the area in which they live.

Keeping in view the above, the NHE component under the project will be redesigned with a particular emphasis on Mahila Mandalis for a more comprehensive parenting support initiative. This will cover both mothers and fathers and not mothers alone, for improved health and nutrition of children.

While the Nutrition and Health Education will remain a continuous activity at the AWC, there will be a mandatory fixed day in a month to be called Mother and Child Day (MCD). The supervisor and ANM will monitor the session on health and nutrition issues both for the mother and children. Participation of parents, local PRI members, NGOs and Mahila Mandalis during MCDs will be encouraged. A token budget provision will be made for MCDs in all AWCs. During MCDs, universal early registration of pregnancy, ANC to pregnant women, immunization of women and children, IFA supplementation and one to one counselling for behaviour change on infant feeding practices and improved care would be ensured.

(ii) Growth Monitoring and Promotion

Regular growth monitoring is a tool for preventing malnutrition and for early detection of growth faltering. It provides clues for the causes of growth faltering and enables timely interventions to treat the causes.

- Monthly growth monitoring of all under-3 children to achieve 100% weighing efficiency and counselling families for improved child care behaviours will be ensured. Growth monitoring and promotion under ICDS will be utilized to monitor malnutrition among children.

- Keeping in view the fact that even with regular weighing, growth monitoring is effective only if accompanied by communication for behaviour change that results in improved growth of the malnourished child; there will be a special emphasis on counselling mothers whose children are malnourished.
- Growth monitoring of the children especially of 0-3 years will be strengthened with the support of at least two adolescent girls in the AWC catchment area who will work as volunteers. They will be provided with 3-4 days training on the AWC activities, with special focus on malnutrition in children and pre/postnatal care of mothers.

- All AWCs will be provided with a baby weighing scale and growth charts. In addition, for monitoring of the weight gained by the women during their pregnancy, adult-weighing scales will also be provided.

### (iii) Micronutrient Interventions

One of the emerging nutritional issues, which will be addressed through the proposed project, is the micronutrient deficiencies (MND) in children, termed as “hidden hunger”. The micronutrient deficiencies of public health significance are Vitamin A deficiency (VAD), iron deficiency anaemia (IDA) and iodine deficiency disorders (IDD). Findings have shown that one of the major causes of micronutrient deficiency diseases in the country is dietary inadequacy of the specific nutrients. The GoI, in its National Plan of Action on Nutrition, under the National Nutrition Policy, has recommended fortifying foods with micronutrients as one of the medium to long-term strategies to tackle the problem of MND in the community.

Under the project, States are expected to address micronutrient malnutrition via food fortification and micronutrient supplementation. While much of the micronutrient supplements are provided for through the RCH program, the support through ICDS in the States will be to create demand generation for micronutrients, and 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). Micronutrient sprinkles for complementary foods for infants (*Micronutrient Sprinkles sachets*) or local multiple-micronutrient fortification of locally prepared complementary foods (*fortificants, other relevant supplies for fortification at decentralized levels.*) will be tried out on a pilot basis, after obtaining technical/expert opinions/suggestions.

### (iv) Empowering Adolescent Girls

The project will address specific health and nutrition issues of adolescent girls. The spectrum of interventions would range from empowering adolescents with life skills education to provision of safe spaces and health services appropriate to the special needs of adolescents. Through intensive and focused training, adolescent girls will be mobilized to support AWC activities, especially in growth promotion and counselling along with the AWWs. They will also participate in the Mother and Child days for nutrition and health education to mothers, thus equipping themselves with knowledge of ante/postnatal care, appropriate infant feeding practices, etc.

### (v) Stronger Convergence

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

- Strengthen joint trainings of AWWs/Supervisors with ASHA/ANM of the NRHM on specific issues relating to health and nutrition of women and children.

- Develop and implement joint monitoring systems, and incentives for functionaries for achieving convergence.
- Observe Mother-Child Health and Nutrition Days jointly with the Health and Family Welfare Department, etc.

**Strengthening Service Delivery**

There is a continuing need for strengthening service delivery at the AWCs to ensure overall quality and impact of the services. Various measures are proposed under the project:

- Provision of basic equipments (baby and adult weighing scales) and other materials (growth charts, display boards, utensils, outdoor-indoor play materials, furniture etc) at the AWC level.
- Introduction of the Mother and Child Protection Card in every AWC.
- Provision for Nutrition and Health Education Kits (pictorial flip books/charts) for each AWW for their ready reference on issues of health and nutrition of women and children during their home visits and observation of Mother and Child days (MCDs).
- A performance appraisal system for AWWs will be introduced. There will be a reward and incentive mechanism for effective delivery of services to infuse enthusiasm and motivation among the AWWs. An accreditation system, to grade AWCs, with defined quality standards will also be introduced.
- Provision for inter and intra-State study tour by the ICDS functionaries (AWWs, Supervisors and CDPOs/DPOs) will be made to encourage sharing each other’s experience/exposure to best practices.

**Infrastructure Development**

Until the Tenth Five-Year Plan, the ICDS Scheme did not provide for construction of AWC buildings, except in the North-Eastern States, where construction of AWCs has been sanctioned as a special provision. In the previous World Bank assisted ICDS Projects, civil works had been one of the key priority interventions. Various evaluation studies indicate that the services under the ICDS Scheme have delivered better quality results in those AWCs which are located in their own premises. In a recent survey by NCAER (*Rapid Facility Survey*), it was found that only 21% AWCs are operating in a semi-*pucca* building, about 15% in a *kuchha* building, 9% in open space and about 6% from other places. 46% of AWCs do not have any toilet facility and 27% AWCs do not have any drinking water facility.

In order to provide a safe and hygienic environment for ICDS service delivery, construction of buildings for Model AWC in needy areas and also Sector/Cluster Resource Centres will be taken up under the project. It is envisaged that improved infrastructure would attract more women and children to the Anganwadi system.

**Motivating the Anganwadi Workers**

To motivate the AWWs to discharge their day-to-day functions efficiently, the existing scheme of monetary rewards for better performing AWWs and other incentives at the National and State levels have been found to be quite effective. While the scheme will continue as per its approved norms, under the project, the number of awards and their monetary value would be enhanced appropriately. Inter/intra state study-tours for the AWWs will be promoted during the project period. Efforts will be made to enhance the AWW’s own and family’s health. Her socio-economic status and self-esteem will be improved by providing her a role in decision making within the system. Other non-monetary incentives such as recognition and enriching her job content will be used.
(ix) Flexi Funds/Untied Innovative Funds

Provision for flexi/untied funds will be made. These funds can be used for any innovative activity at the AWCs/sector/block level which improves nutrition status of the children.

(x) Monitoring and Evaluation

- The project will support the ongoing efforts to revamp the existing MIS. The large number of reportsregistersperformas, which the AWW has to fill up, will be reduced to ease her burden. A more user-friendly and simple reporting system/MIS would be developed to ensure 100% capturing of data regarding the beneficiaries (especially growth monitoring).
- The project will have a strong evaluation strategy. For establishing benchmarks, a baseline survey will be conducted at the beginning of the project to collect data on key performance monitoring indicators. An endline survey/impact evaluation will be taken up in the final year to gauge the achievements of the PDOs.
- In addition to input and process indicators, the project will focus on more output indicators (e.g., proportion of mothers who changed their child caring behaviours), so that the input and process indicators can be more persuasively linked to the project outcome indicators. The collected monitoring and evaluation indicators will be analyzed and disseminated for policy-making and supervision. Inclusion of control groups for comparison of baseline and endline evaluations will enhance the evaluation effectiveness.
- Issue-specific operational research studies and periodic social assessments to make mid-course corrections will also be taken up.
- The Supervisors’ role in monitoring the service delivery would be strengthened. A home visit planner to help the AWWs prioritise and plan home visits to households at critical periods of life cycle will be introduced.
- MIS systems in selected states/districts will be strengthened to move from a Monitoring Information System to a Management Information System. The MIS will attempt to increased accountability to communitiesbeneficiaries through innovative mechanisms such as social audits, community report cards, etc.
- Through regular training and workshops, capacity for data handling and analysis at the block, district and state levels will be enhanced to allow timely analysis of the information.

B.2 ECE COMPONENT

The ECE component of the project will have the following objectives:

- To contribute to expanded access, reduction in equity gaps and improvement in quality and utilization of ECE services for 3-6 year old children through a variety of context specific models. Some models already on the ground include a NGO implemented ECE centre, a school based centre and the ICDS centre viz., habitation based AWC.
- To strengthen linkages with primary education for the poor, particularly in terms of ensuring school readiness at school entry and facilitating girls’ participation in primary schooling through provision of surrogate care for younger siblings.
To expand childcare arrangements and enhance community awareness regarding developmentally appropriate psycho-social caring practices for children under 3 years and for 3 to 5 year olds and strengthen parental support.

Pre-school education is a key factor in early childhood development, and enhances the enrolment for and impact of primary education. Under the project, there will be specific interventions to strengthen the ECE component. Given the fact that the early childhood years, i.e., the first 6 years of a child’s life are critical, since growth and development is very rapid during this period, there is a need for creating a supportive and stimulating environment.

The ECE Component under the proposed project will have two sub-components:

<table>
<thead>
<tr>
<th>(i)</th>
<th><strong>POLICY AND PROGRAMMATIC SUPPORT AT NATIONAL/STATE LEVELS, WHICH WILL HAVE THE FOLLOWING ACTIVITIES:</strong></th>
</tr>
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<tbody>
<tr>
<td>(a)</td>
<td><strong>Setting of quality standards through a consultative process for</strong></td>
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<tr>
<td></td>
<td>• ECE services including teacher-child ratio, supervisor-teacher ratio, salaries/honorarium, developmentally appropriate curricula, parent and community involvement, progress monitoring, convergence with primary school etc. and</td>
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<td></td>
<td>• ECE training for teachers and teacher educators, including frequency, scope, content, methodology etc.</td>
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<tr>
<td>(b)</td>
<td><strong>Mechanisms for quality assurance and accreditation</strong> - based on above</td>
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<td>(c)</td>
<td><strong>Training and Resource Support</strong></td>
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<td>• Review and mapping of training facilities/provisions in all states and districts including curricula.</td>
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<td></td>
<td>• Identification of good training institutions within and outside the sector, NGOs, resource persons and establishment of a directory and network for training and on site resource support.</td>
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<td></td>
<td>• Preparation of a broad training strategy including policy provisions required ensuring trained teachers; need assessment and matching training requirements/needs with provision through a phased plan, support for development of need based training curricula and materials.</td>
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<tr>
<td>(d)</td>
<td><strong>Monitoring and Evaluation</strong>:</td>
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<tr>
<td></td>
<td>• Identification of basic indicators for monitoring children’s progress</td>
</tr>
<tr>
<td></td>
<td>• Establishment of a baseline for system monitoring and impact evaluation</td>
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<tr>
<td></td>
<td>• Conducting periodic research studies to see impact of various interventions and/or enhance understanding of factors influencing quality and outcomes.</td>
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</table>
| (e) | **Advocacy and information sharing**:

Development of a communication strategy includes (a) identification of main messages vis-à-vis target groups for both early stimulation for under threes and ECE for children 3-6 year old for promoting behaviour change and regulating demand for quality ECE (b) related modes of advocacy including identifying areas of convergence (c) development of content/scripts for the messages (d) monitoring impact.
TARGETED SERVICE DELIVERY IN HIGH-BURDEN DISTRICTS

- Identification of high-burden States/districts with low girls’ enrolment in primary schools.
- Development of a baseline of agreed indicators on a census/sample basis and carry out of resource mapping of resource institutions/persons available, identification of good practices, convergence possibilities/experiences with primary school, etc.
- Identification/selection of state and district programme officials and district resource teams for ECE
- Delineation of a process of planning, budgeting and implementing the ECCE programme
- Orientation and capacity development of state/district coordinators and planning teams in ECE including exposure to good practices and different models, need assessment and preparation of district plans and budgets through micro-planning; possibilities for partnership with NGOs and private sector etc.

Specific interventions that would be made in the high-burden districts are as follows:

- Provision of learning materials along with ECE kits would be made available to help impart quality pre-school education.
- Stronger linkages with SSA/primary schools and linkages with programmes such as adult literacy would be forged to facilitate older girls’ participation in schooling and to enable a broader understanding among parents of the significance and criticality of ECE for a child’s growth and development.9
- Specific training strategy for ECE to develop qualities of sensitivity, empathy, and child centred pedagogy would be made following the positive experiences of the Udisha Project.
- There would be a system of continuous and comprehensive assessment of children’s learning and development. Innovative methods of supervision, mentoring/training and on-site resource support would be piloted.
- Strengthening the programme monitoring with an effective social audit would be taken up. Participation of parents and communities in this process would be ensured. Suitable and appropriate mechanism such as an ICDS accreditation system would be developed to enable community involvement in monitoring and a social audit of ICDS and ECE components.
- Media would be proactively engaged by the Ministry of Health and Family Welfare to advocate for the cause of children and the importance of the ICDS in general and ECE in particular. In order to sensitis the public on various aspects of ECE – pedagogical and mother tongue language concerns, warning against the danger of neglect, the significance and true meaning of ECE etc – mass public awareness and advocacy programmes will be undertaken involving different forms of print, electronic and folk media. Experts and experienced practitioners will be engaged in this task10.

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9 Recommendations of the National Consultation on Early Childhood Education, June 6, 2006, New Delhi, MWCD and UNICEF
10 Draft Recommendations of the Sub-Group on Pre-school education for the XI Five Year Plan
2.9 **PROJECT MANAGEMENT**

It has been felt that one of the main reasons for inadequate focus and sharpness in ICDS efforts is inadequate technical and managerial expertise at various levels of management to determine the content, guard it from external influences and guide the implementation with state-of-the-art technology. Keeping in view the emerging needs of the ICDS, a paradigm shift is required in respect of the programme management *vis-à-vis* the ICDS Programme Implementation Framework.

Under the proposed project, the following management structure will be adhered to:

- An Empowered Committee at the central level under the chairpersonship of the Joint Secretary, MWCD will be constituted to provide policy direction to the project and also sanction the annual action plans. Apart from this, a three-tier-management structure at the Central, State and district level would be set up to have effective planning, management, supervision and monitoring of the project (see Exhibit).

- A Central Project Management Unit (CPMU) at the central level under the MWCD, State Project Management Units (SPMUs) under the Directorate of ICDS at the State level would be set up. The CPMU and SPMUs would consist of professionals and technical persons having expertise in the areas of nutrition, IEC, Finance and Procurement, ECE, Training, M&E/MIS, and Community Mobilization, etc., along with key government officials. Setting up of the PMUs at the State level would be a pre-requisite before starting the project in the States. District cells will be strengthened with additional staffing.

- Project Directors of the CPMU and SPMUs will be delegated with adequate administrative and financial powers for day-to-day implementation of the project including clearances of the proposals to make them more functionally effective.

- Decentralized district based planning will be adopted in the project. Inter-sectoral district level planning with clear, synergistic health, nutrition and development outcomes and decentralized locally responsive childcare approaches will be developed.

- For the smooth flow of funds from the centre to the implementation agency, a Society model would be tried out after the approval of the revised implementation framework for ICDS, similar to that of the SSA/NRHM.

2.10 **PROJECT PERIOD**

The duration of the project will be five years.

2.11 **PROJECT COST**

The exact project cost will be determined through the development of State and Central PIPs. It is expected that the IDA-assistance to the proposed project will be to the tune of US$450 million with US$250 million for the Nutrition component and US$200 million for the ECE component.
(PROPOSED) PROJECT MANAGEMENT STRUCTURE

ICDS-IV Project

**Empowered Committee**

Chair: Joint Secretary, MWCD

Members: Secretaries of selected States, Planning Commission, MoF, World Bank

Supported by

**Central Project Management Unit**

Project Director

Supported by

Project Managers

(Finance, Procurement, Training, IEC, Community Mobilization, PSE, Health & Nutrition, M&E)

Consultants

Project Assistants/Analysts

Supported by

**State Project Management Units**

Project Director/Coordinator

Supported by

Joint Project Coordinators

(Finance, Procurement, Training, IEC, Community Mobilization, PSE, Health & Nutrition, M&E)

Consultants

Project Assistants/Analysts

Supported by

**District Cells**

District Programme Officer (ICDS)

Supported by

District Resource Team

(Consisting of DPO/DSO, MO, NGOs etc)
## Annex-2.1

### LIST OF HIGH-BURDEN DISTRICTS IDENTIFIED FOR COVERAGE UNDER THE PROPOSED ICDS-IV PROJECT

<table>
<thead>
<tr>
<th>Uttar Pradesh (41)</th>
<th>Madhya Pradesh (30)</th>
<th>Maharashtra (20)</th>
<th>Bihar (19)</th>
<th>Rajasthan (20)</th>
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<td>22. Ghazipur</td>
<td>22. Umaria</td>
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<td>24. Barabanki</td>
<td>24. Datia</td>
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<td>25. Aligarh</td>
<td>25. Indore</td>
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<td>27. Faizabad</td>
<td>27. Damoh</td>
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<td>28. Siddharthnagar</td>
<td>28. Tikamgarh</td>
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<td>30. Rampur</td>
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<tr>
<th>Chhattisgarh (9)</th>
<th>Jharkhand (6)</th>
<th>Andhra Pradesh (13)</th>
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<td>7. Dantewada</td>
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<td>7. Mahbubnagar</td>
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<td>8. Bastar</td>
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<td>10. Nizamabad</td>
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<td>11. Rangareddi</td>
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<td>12. Vizianagaram</td>
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<td>13. Warangal</td>
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Section 3

Guidelines and Processes

for preparation of State Project Implementation Plans/District Annual Plans

3.1 Introduction
3.2 Project Implementation Plans
3.3 State Project Implementation Plan—An Outline
3.4 District Annual Plan—An Outline
3.5 Menu of Interventions

Annex 3.1 Checklist for formulation of State Project Implementation Plans
Annex 3.2 Checklist for formulation of District Annual Plans
Annex 3.3 State Project Implementation Plan: Processes in Preparation
Annex 3.4 District Annual Plan: Processes in Preparation
Annex 3.5 Environment Management Framework
Section 3
Guidelines and Processes for preparation of State Project Implementation Plans and District Annual Plans

3.1 Introduction

As outlined in Section 1.5, a key component in the preparation of the ICDS-IV project is the formulation of SPIPs/DAPs by the eight selected States and a central PIP on the national component of the project by the MWCD, GoI. The SPIPs will form the basis for appraisal of the ICDS-IV project by the World Bank and are expected to outline how the participating States and districts intend to utilize the additional resources for strengthening the ICDS programme.

The guidelines have been developed to facilitate the States’ develop SPIPs/DAPs and assist them in the project development process. The guidelines will also serve as a reference document for the district and state level officials to undertake annual district level planning during the five-year project period.

3.2 Project Implementation Plans

Planning for the ICDS-IV project begins with the preparation of States’ perspective Project Implementation Plans and DAPs that include focused strategies and activities aimed at reducing child malnutrition and improving early childhood education. While the SPIPs will be developed for the 5-year project period, the high-burden districts would be required to prepare DAPs on a yearly basis.

By introducing district level planning for the first time in the ICDS programme, the ICDS-IV project aims to strengthen the capacity of the functionaries implementing the ICDS programme in the field. This will help facilitate decentralized planning of the programme thus encouraging need based and targeted planning. This is expected to improve quality in the implementation of the programme and enhance community ownership of the programme by the field functionaries and communities, respectively.

However, since the high-burden districts, for the first time, are required to develop their annual plans, it is imperative that the States engage in intensive capacity development of the selected districts during the first year of the project. **Thus, in the first year, the focus will be on the development of 5-years State PIPs.** While efforts to develop district plans for the first year are to be initiated, the strategies and activities within the plan are to be largely guided by the State.

For preparing the SPIP, the States are expected to:

- Outline processes and establish/identify institutions that would support, facilitate and monitor the planning process at the district level; and
• Provide the districts with a menu of interventions\textsuperscript{11} to be considered for inclusion in the first year plan. Focus of these interventions would be largely capacity building and institutional strengthening for decentralized planning and improved service delivery.

The State PIP will therefore, primarily focus on:

• State level activities (applicable to all districts); and
• District plans with activities envisaged to be implemented by the high-burden districts during the 5-year project period.

It is expected that budgetary allocation by project components across the districts will be more or less uniform for the first year with possible variations corresponding to the size of the district. Diverse and more detailed district plans are expected from the second year onwards.

While it is important to follow the process for preparing the SPIPs, equally important is the need for process documentation. The PIP and the processes followed will be required for:

• Appraisal of the project by the World Bank; and
• Preparation of a note by the MWCD for the ICDS-IV Project approval by the Expenditure Finance Committee (EFC) and also the Cabinet Committee for Economic Affairs (CCEA), GoI.

*The processes to be followed for development of the SPIPs and DAPs are given in Annex-3.3 and 3.4 respectively.*

**3.3 STATE PROJECT IMPLEMENTATION PLAN – AN OUTLINE**

To ensure consistency and uniformity in documentation of project plans by all States, the following template is suggested\textsuperscript{12}.

<table>
<thead>
<tr>
<th>Outline of the State PIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Introduction</td>
</tr>
<tr>
<td>B. Situation and Gap Analysis</td>
</tr>
<tr>
<td>• Nutrition</td>
</tr>
<tr>
<td>• ECE</td>
</tr>
<tr>
<td>C. Outcome Indicators and Targets</td>
</tr>
<tr>
<td>D. Activity Plans including Monitoring and Evaluation</td>
</tr>
<tr>
<td>E. Financial Management System and Procurement Plans</td>
</tr>
<tr>
<td>F. Estimated Resources and Expenditures for the 5-year Project Period</td>
</tr>
</tbody>
</table>

**A: Introduction**

An outline of the socio-economic and demographic profile of the State and an extract of key features that bear relevance to the planning and implementation of the project. For

\textsuperscript{11} A suggestive menu of interventions has been given for reference in Section 3.5

\textsuperscript{12} A detailed checklist for the formulation of SPIP is given in Annex 3.1
example, the pockets with high levels of migration may require a concerted strategy to address their specific situation and needs; low levels of female literacy may mean greater focus on developing a non-verbal behaviour change communication strategy; high percentage of tribal and backward areas may suggest the need to develop a separate tribal or backward area plan to reach out to the populace, etc.

**B: Situation and Gap Analysis**

In this section, analyse the current status of the ICDS programme implementation and gaps causing difficulties in achieving the desired results. The analysis should be evidence-based, data driven and should consider the State as a whole as well as concentrate on the high-burden districts.

**B.1 Coverage:** Outline the current status of ICDS coverage in the State. This should include the following:

- Total number of projects, AWCs and mini-AWCs (latest data) – disaggregated by rural, urban and tribal areas [separately for the high-burden districts]
- Total coverage and beneficiaries – disaggregated by sex and caste (SC/ST/OBC/Others) [separately for the high-burden districts]
- Manpower status (sanctioned vs. in-position) and infrastructure status (growth charts, weighing scales, IEC materials, ECE kits and AWC building status etc) [separately for the high-burden districts]
- Availability of resource centres and training institutions (ICDS, Health and Education)
- Potential institutions available for support in implementation (NGOs, CBOs, PRIs)
- Basic population and nutrition data for the selected districts for ICDS-IV (Table 1)
- Ongoing ECE, nutrition and health programmes funded by other external agencies

**Table 1 - [Name of State]- Estimated Population and Nutrition Status of High-Burden Districts**

<table>
<thead>
<tr>
<th>Name of High-Burden District</th>
<th>Estimated total population (Source:....)</th>
<th>Estimated population of children (Source:....)</th>
<th>Underweight rates</th>
<th>Anaemia rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 1-</td>
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<td>District 2-</td>
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<tr>
<td>District N-</td>
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<tr>
<td><strong>Total High-burden districts</strong></td>
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<tr>
<td><strong>Total State</strong></td>
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</tbody>
</table>

13 Percentage of children below 72 months whose weight-for-age z-scores are at least two standard deviations below the median (Source: DLHS-RCH-II).

14 Percentage of pregnant women aged 15-44 suffering from (moderate) anaemia, i.e. haemoglobin 11 gm/dl (Source: DLHS-RCH-II)
B.2 Nutrition Status

a) Data from the district-level household survey (DLHS-RCH) and National Family Health Survey-3 (NFHS-3) or any other recent and authenticated data could be used for this section. Describe the current nutrition status of the population in the State’s high-burden districts, with special emphasis on the status of children below three years (the key target group for nutrition interventions under the project).

b) Detail out what activities are being carried out under the ICDS general programme in the State to improve the nutritional status of children, especially those below three years of age.

c) Include resource materials available to help the AWWs, Supervisors and Child Development Project Officers (CDPO) and the Health and Family Welfare Department functionaries in delivery of quality services. For example, IEC materials to promote behaviour change communication, etc.

d) Highlight the successful interventions/good practices that have been carried out/are being carried out by the State, NGOs or Development Partners – their effectiveness, problems and feasibility in up scaling them in the high-burden districts. Once again, this discussion should be supported by data sources (the DLHS-RCH and the ICDS MIS), as well as any studies conducted by the State or any other agencies.

B.3 ECE Status

This section should describe the current status (quality, coverage, availability of joyful learning material, skills of AWWs and MIS) of ECE in the high-burden districts, based on the ICDS MIS and other appropriate sources of data (e.g., PRATHAM’s ASER report, etc.). It should include the following specific points:

a) Current access to ECE by children 3-6 years old, including voluntary and private sectors.

b) Percentage of children enrolled for ECE as against the total children. If available, present this information disaggregated by gender and caste.

c) Availability of resource materials to help the AWWs, Supervisors and CDPOs in implementation for example, ECE kit (all its content), etc.

d) Skills of the AWWs to conduct ECE using joyful learning methods, and competency of Supervisors and CDPOs to monitor the ECE quality. Equally important is the capacity of the State MLTCs and AWTCs to impart quality ECE skills to the ICDS staff.

e) Quality of the current ICDS MIS to track ECE monitoring indicators, if any.

C: Outcome Indicators and Targets

In this section, the State would list the outcome indicators that will be used to assess the progress of the project in the selected high-burden districts. Targets for the identified indicators to be achieved by each district by the end of the project period will be determined on the basis of baseline values (most recent data). The list of outcome indicators to measure the project effectiveness will be mutually agreed by the World Bank and
MWCD. The MWCD will communicate the final indicators with the States in due course of time. The information in this section should be presented in a tabular form, using the following format:

Table 2: District Performance Tracking Indicators

<table>
<thead>
<tr>
<th>District</th>
<th>Indicators</th>
<th>Baseline value(^{15}) month and year</th>
<th>Targets to be achieved during the life of the project</th>
</tr>
</thead>
</table>
| District 1 | a. Indicator(s) to measure malnutrition in children below three years of age:  
  a.1………….  
  a.2………….  
  [Etc.]  
  b. Indicator(s) to measure the coverage and quality of early childhood education (for children 3-6 years of age):  
  b.1. ………….  
  b.2. ………….  
  [Etc.] | | |
| District 2 | | | |
| District 3 | | | |
| …. | | | |
| District N | | | |

\(^{15}\) The baseline values for the identified indicators are to be determined on the basis of available reliable data sources. Indicators for which no data is available may be left blank for the present. These baseline values are indicative and will be finalized after completion of the baseline survey within six months of start of the project.

D: Activity Plan including Monitoring and Evaluation

D.1 State Level Activities

This section should describe the activities that would be implemented by the State under the ICDS-IV Project over the 5-year project period. These activities should be grouped under different components as illustrated in Table 3 below. The section should also describe the implementation arrangements for the State-level activities. In describing the various activities/interventions, the State plan should make explicit whether the activity is aimed at strengthening the existing programme or is a new activity. For every suggested activity, a rationale has to be provided as how the activity proposed can help improve the performance as measured by the outcome indicators.

Since the high-burden districts in all the eight project States for the first time are expected to prepare DAPs, the States have to consider the need for building the capacity of the district and block officials. The State-level activities should, therefore, accord high priority to building and supporting the planning and implementation capacity of the high-burden districts. This is important, as outcomes from these districts would make a real difference to the project performance as would be measured by key outcome indicators.

In line with the above, SPIPs should address the following:

a) the process whereby DAPs in the high-burden districts have been/would be prepared and appraised/approved;
b) what technical assistance would be made available by the State Directorate to the high-burden districts to prepare their annual plans?

c) how would the high-burden districts report on progress in implementing their plans and

d) how would implementation of the DAPs be supervised and assisted by the State Directorate?

D.2 District Level Activities

In addition, the State plan has to include proposed activities for the high-burden districts for the 5-year project period (Table 4). The State is expected to broadly outline the activities that the selected districts will implement during the life of the project. Since it would be difficult for the State to specify exactly what each district would be doing in each of the five years, the district level activities suggested in this section would mainly constitute a list of activities/interventions that the State believes are necessary under the project. These activities should be targeted towards addressing identified gaps with justification. The States may prepare a common list of activities, which can be derived from the suggested menu of interventions (Section 3.5) and also from the situation and gap analysis.

In addition to the fixed menu of interventions, a broad component under an innovation and/or flexi fund should be included to allow for additional interventions that may emerge based on district specific needs and demands over the 5-year project period and which may require more innovative strategies.

This State guided approach in the first year would largely pave the way to a more decentralized planning approach from the second year of planning, when the districts would have greater flexibility to develop their plans following an intensive capacity building during the first year.

D.3 Monitoring and Evaluation

This section should specify the planned arrangements for monitoring and evaluation (M&E) of the project activities in the State, including operations research, social assessments, rapid appraisal, etc. The M&E framework should be planned beyond the existing MIS. A suggested list of activities that may be considered under M&E is given in Section 3.5C.

Tables 3 and 4 below summarize the indicative list of activities along with the implementation/monitoring arrangements for each of these activities.
Table 3: Activity Plan for State Level Activities: *Five Years’ Perspective Plan*

[Note: *This section should be presented in a narrative form and should cover information briefly on all the above-mentioned issues. The table is merely representative.*]

<table>
<thead>
<tr>
<th>Broad Components</th>
<th>Problems/gaps</th>
<th>Activities planned to overcome identified gaps</th>
<th>Is it a new activity or aimed at strengthening an existing activity</th>
<th>Implementation arrangement/responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Project Management and Institutional Development&lt;sup&gt;16&lt;/sup&gt;</td>
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<tr>
<td>2. Capacity Building</td>
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<td>• Nutrition</td>
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<td>• ECE</td>
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<tr>
<td>• Common activities&lt;sup&gt;17&lt;/sup&gt;</td>
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<tr>
<td>3. Information, Education and Communication (IEC)</td>
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<td>• Nutrition</td>
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<td>• ECE</td>
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<tr>
<td>4. Monitoring and Evaluation</td>
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<tr>
<td>• Nutrition</td>
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<td>• ECE</td>
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<tr>
<td>5. ECE Quality Assurance Measures</td>
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</tbody>
</table>

<sup>16</sup> It should necessarily include establishment of State Project Management Unit (SPMU), district level institutional capacity needs and processes to be followed for district annual plans, etc.

<sup>17</sup> Activities common to both Nutrition and ECE for example capacity building on project management, finance, procurement, and MIS etc.
Table 4: Activity Plan for Selected High-Burden Districts (based on a menu of interventions identified by the State): Five Years Perspective Plan

<table>
<thead>
<tr>
<th>Broad Components/ Sub-Components</th>
<th>Problems/gaps</th>
<th>Activities planned to overcome identified gaps</th>
<th>Is it a new activity or aimed at strengthening an existing activity?</th>
<th>Implementation arrangement/responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Strengthening Service Delivery</strong></td>
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<tr>
<td><strong>A. Nutrition (0-3 yr old)</strong></td>
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<tr>
<td>a. Nutrition and health education</td>
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<tr>
<td>b. Growth monitoring and promotion</td>
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<tr>
<td>c. Micronutrient supplementation/fortification</td>
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<tr>
<td>d. Infant and young child feeding practices</td>
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<tr>
<td>e. Mother and child Health services(^{18})</td>
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<tr>
<td>f. Capacity building on nutrition and health</td>
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<tr>
<td>g. Empowering adolescent girls</td>
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<tr>
<td><strong>B. Early Childhood Education (3-6 yr old)</strong></td>
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<tr>
<td>a. Joyful teaching/ learning material</td>
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<tr>
<td>b. Capacity strengthening for ECE specially trained ECE facilitator in needy areas</td>
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<tr>
<td>• Setting up resource teams</td>
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<tr>
<td>• Provisions for training and on site support</td>
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<tr>
<td>• Exposure visits</td>
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<tr>
<td>• Any other</td>
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<tr>
<td>c. Additional ECE activities at the AWC for quality enhancement and outreach</td>
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<tr>
<td>• Annual ECE day</td>
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<tr>
<td>• Convergence with primary schools etc.</td>
<td></td>
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<tr>
<td><strong>C. Common Activities</strong></td>
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<tr>
<td>a. Behaviour change communications/IEC</td>
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<tr>
<td>b. Monitoring and Evaluation</td>
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<tr>
<td>c. Community participation and ownership - involving PRIs, CBOs, NGOs etc.</td>
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<tr>
<td>d. Activities addressing social exclusion of SC/STs and other marginalized groups</td>
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<tr>
<td>e. Convergence with line departments (H and FW, Education, Rural Development and PRI etc.)</td>
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<tr>
<td>f. Flexi funds or innovation fund</td>
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<tr>
<td><strong>2. Infrastructure and Institutional Development</strong></td>
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<tr>
<td>a. Civil works: Construction of Model AWCs/ Cluster Resource Centres in needy areas(^{19})</td>
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</tbody>
</table>

\(^{18}\) Ensuring ante-natal care and post-natal care in convergence with health

\(^{19}\) While proposing any construction work, the State has to prepare an Environmental Management Framework in accordance with the World Bank guidelines (See Annex 3.5).
<table>
<thead>
<tr>
<th>Broad Components/ Sub-Components</th>
<th>Problems/gaps</th>
<th>Activities planned to overcome identified gaps</th>
<th>Is it a new activity or aimed at strengthening an existing activity?</th>
<th>Implementation arrangement / responsibility</th>
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</thead>
<tbody>
<tr>
<td>b. Material and Equipment</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>• Weighing scales</td>
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<tr>
<td>• Growth charts</td>
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<tr>
<td>• IEC materials, etc</td>
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<tr>
<td>c. Additional staffing/consultants at the district level, etc</td>
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</tbody>
</table>

**E: Financial Management System and Procurement Plans**

In this section, States have to indicate plans for establishing the financial management system by detailing out the delegation of financial powers at State and district levels for timely release of funds, procurement of equipments and for taking up civil works for timely and effective implementation of the project.

During the first year of the project, several materials and equipments are expected to be procured to put the project management structure in place at the State (SPMU) and district levels (District Cells). *While States would prepare a procurement plan for the 5-years project period wherein the arrangements for procurement have also to be explained, a detail procurement plan for the first 18 months has to be prepared along with the SPIP.*

**F: Estimated Resources and Expenditures for the 5-year project period**

In this section, the SPIP should provide:

a) An estimate of the ICDS-IV project resources for the 5-year project period (which the MWCD would provide to the State); and

b) The planned estimated expenditures for various project activities in the State (both State-level activities and activities in the high-burden districts). The plan should clearly distinguish between resources to be allocated to nutrition activities, to ECE, and to activities common to both nutrition and ECE, referred to as “common activities”.

A key feature of the project is that the States are expected to target the identified *high-burden districts* for intensive support. To this effect, States will be expected to accord high priority to high-burden districts. It is therefore, expected that a large portion of the ICDS-IV project resources that the State would be receiving from MWCD, GoI would fund activities (included in the DAPs) in the *high-burden districts*. The remaining resources will be utilized to fund State-level activities, which are expected to be complementary and *supportive of the activities that will be implemented by the districts*.

The differential needs of the districts should be kept in mind while budgeting for activities. While costing, two important aspects need to be considered:

---

*IDA reimbursements under the ICDS-IV project would be limited to expenditures for activities in these districts, plus certain support activities at the State and Central levels.*
- Costing based on unit costs (per block/AWC/unit)
- Lump sums provision

The resources for funding district-level activities in *high-burden districts* would be transferred to a given district as grant-in-aid, once the DAP for that particular district is approved by the State Directorate.

The information in this section should be presented in a tabular form, with appropriate comments/footnotes. An illustrative template is shown below (Table 5):

### Table 5: [Name of the State] – ICDS-IV Project: Estimated Allocation/Resources and Expenditures

<table>
<thead>
<tr>
<th>(Rs. Lakh)</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Estimated allocation/resources</strong></td>
<td></td>
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<tr>
<td><strong>B. Estimated expenditures</strong></td>
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<tr>
<td>[Important Note: Only expenditures for new or the expanded ICDS activities are to be included in this table. Expenditures that represent continuation of the ongoing ICDS activities, such as for operating costs of the existing AWCs, are not part of the project and hence not eligible for the IDA reimbursement]</td>
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<tr>
<td><strong>B.1. State Level:</strong></td>
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<tr>
<td>1. Project management and institutional development</td>
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<tr>
<td>2. Capacity building</td>
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<tr>
<td>3. Information, education and communications (IEC)</td>
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<tr>
<td>4. Monitoring and evaluation</td>
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<tr>
<td>5. ECE quality assurance measures</td>
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<tr>
<td><strong>Sub-total (B.1)</strong></td>
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<tr>
<td><strong>B.2. High-Burden Districts:</strong></td>
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<tr>
<td><strong>1. Strengthening Service Delivery</strong></td>
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<tr>
<td><strong>A. Nutrition (0-3 yr old)</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>a. Nutrition and health education</td>
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<tr>
<td>b. Growth monitoring and promotion</td>
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<tr>
<td>c. Micronutrient supplementation/fortification</td>
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<tr>
<td>e. Infant and young child feeding practices</td>
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<td>f. Mother and child health services</td>
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<tr>
<td>f. Capacity building on nutrition and health</td>
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<td>g. Empowering Adolescent Girls</td>
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<td><strong>B. Early Childhood Education (3-6 yr old)</strong></td>
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<td>a. Joyful teaching/learning material</td>
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<td>b. Capacity strengthening for ECE</td>
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<td>c. Additional ECE activities at the AWC for quality enhancement and outreach</td>
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**C. Common Activities**

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<td>b. Monitoring and evaluation</td>
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<td>c. Community participation and ownership - involving PRIs, CBOs, NGOs etc.</td>
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<td>e. Convergence with line departments (H and FW, Education, Rural Development and PRI etc.)</td>
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<td>f. Flexi funds or innovation fund</td>
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**2. Infrastructure and Institutional Development**

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<td>a. Civil works: Construction of Model AWCs/ Cluster Resource Centres in needy areas</td>
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<td>b. Material and equipment • Weighing scales • Growth charts • IEC materials, etc</td>
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<td>c. Additional Staffing/consultants at the district level, etc</td>
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**Sub-total (B.2)**

**Total ICDS-IV Expenditure**

[B.1 +B.2]
**3.4 District Annual Plan – An Outline**

For the first year, the high-burden districts will prepare their first year annual plans largely with the support from the State Resource. With gradual capacity development of district and block officials and the experience gained by virtue of participating in the planning process during the first year, the high-burden districts would have greater flexibility in planning their district annual plans from the second year onwards.

Thus, for the first year, the State would broadly indicate the activities that the select districts would be implementing and make corresponding budgetary allocations and projections in the SPIP. From the second year (after an intensive initial year focused on capacity building), districts are expected to develop plans based on their specific needs and funds will be allocated to them subject to approval by the State.

<table>
<thead>
<tr>
<th>Outline of the District Annual Plan²¹</th>
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</thead>
<tbody>
<tr>
<td>A. Introduction</td>
</tr>
<tr>
<td>B. Situation and Gap Analysis</td>
</tr>
<tr>
<td>(i) Nutrition</td>
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<td>(ii) ECE</td>
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<tr>
<td>C. Outcome Indicators and Targets to be Achieved During the Life of the Project</td>
</tr>
<tr>
<td>D. Activity Plan Including Monitoring and Evaluation</td>
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<tr>
<td>E. Estimated Resources and Expenditures for the year</td>
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</tbody>
</table>

The District Annual Plan (DAP) would be similar in structure to the SPIP. Sections A, B and C will include all information as detailed out in the corresponding sections in the SPIP. In the DAPs, the only difference is that the specific district will be the focus under this section.

**D: District-level activities including M&E**

DAPs for the high-burden districts should clearly reflect more intensive efforts and a richer mix of interventions aimed at achieving the project objectives. In describing the various activities/interventions, the annual district plans should make explicit what will be “new” in the project, and make a case as how the “new” activities are expected to improve the performance of the ICDS programme. For example, in terms of the mix of interventions for reducing malnutrition in children below three years of age, the project should lay greater emphasis on quality nutrition and health education and IEC than has been the case in the past. Studies have indicated that poor feeding practices (delayed introduction of the child to mother’s milk, no exclusive breast feeding and/or delayed introduction of appropriate and timely complementary feeding at home) and inappropriate/inadequate care of children in this age bracket (e.g., poor immunization and Vitamin A coverage, inadequate care of newborn, hygiene and infection prevention) is a much greater problem than insufficient availability of food at the household level. Likewise, new and viable modalities for service delivery should be promoted.

²¹ A detailed checklist for district annual plans is given in Annex 3.2
Similarly, in the case of early childhood education, the following activities/interventions are believed to lead to significant improvement in programme performance, and should be considered by the high-burden districts for inclusion in their annual plans: (a) promotion of quality service delivery through well-trained service providers in needy areas, who can devote required time and the provision of stimulating playing materials; (b) instituting a mechanism for regular monitoring of children’s learning and development; (c) conducting behaviour change communication activities to enhance demand for ECE in the community; and (d) strengthening linkages with primary schools. Development of modules including preparation of flipcharts, posters and pamphlets etc., in local languages may be attempted at the State level.

Annual district plans should also include a discussion on how the ICDS programme in the districts would achieve greater convergence with the other line departments implementing Health (e.g., NRHM/RCH), Education (SSA), Panchyati Raj and Rural Development programmes.

While the majority of the M&E activities are expected to be outlined in the SPIP under the State level activities for uniform implementation across the State with a focus on the high-burden districts, DAPs should also specify any specific monitoring and supervision arrangements that may be required to address the needs of the district for improving service delivery. A suggested list of activities that may be considered under M&E is given in Section 3.5C.

The table below summarizes various aspects and components that the DAP is expected to address.

Table 6: District Annual Plan for the Year_____

<table>
<thead>
<tr>
<th>Broad Components/Sub-Components</th>
<th>Problems/gaps</th>
<th>Activities planned to overcome identified gaps</th>
<th>Is it a new activity or aimed at strengthening an existing activity</th>
<th>Implementation arrangement/ responsibility</th>
<th>Supervision arrangement</th>
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<tbody>
<tr>
<td>1. Strengthening Service Delivery</td>
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<tr>
<td>A. Nutrition (0-3 yr old)</td>
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<tr>
<td>a. Nutrition and health education</td>
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<tr>
<td>b. Growth monitoring and promotion</td>
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<tr>
<td>c. Micronutrient supplementation/fortification</td>
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<tr>
<td>d. Infant and young child feeding practices</td>
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<td>e. Mother and child health services22</td>
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<tr>
<td>f. Capacity building on nutrition and health</td>
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<tr>
<td>g. Empowering adolescent girls</td>
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Note:  
1. This section should be presented in a narrative form and should cover information on all above-mentioned issues. The table is only illustrative.  
2. While preparing the annual plans, the district authorities should use the State’s five-year perspective plan (SPIP) as a reference document.

22 Ensuring ante-natal care and post-natal care in convergence with health
<table>
<thead>
<tr>
<th>Broad Components/ Sub-Components</th>
<th>Problems/gaps</th>
<th>Activities planned to overcome identified gaps</th>
<th>Is it a new activity or aimed at strengthening an existing activity</th>
<th>Implementation arrangement / responsibility</th>
<th>Supervision arrangement</th>
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</table>

**B. Early Childhood Education (3-6 yr old)**

a. Joyful teaching/ learning materials

b. Capacity strengthening for ECE
   - Specially trained ECE facilitator in needy areas
   - Setting up resource teams
   - Provisions for training and on site support
   - Exposure visits
   - Any other

c. Additional ECE activities at the AWC for quality enhancement and outreach
   - Annual ECE day
   - Convergence with primary schools etc.

**C. Common Activities**

a. Behaviour change communication/IEC

b. Monitoring and evaluation

c. Community participation and ownership – involving PRIs, CBOs, NGOs etc.

d. Activities addressing social exclusion of SC/STs and other marginalized groups

e. Convergence with line departments (H and FW, Education, Rural Development and PRI etc.)

f. Flexi funds or innovation fund

**2. Infrastructure and Institutional Development**

a. Civil works: Construction of Model AWCs/ Cluster Resource Centres in needy areas\(^{23}\)

b. Material and equipment
   - Weighing scales
   - Growth charts
   - IEC materials, etc.

c. Additional staffing/consultants at the district level, etc.

**E: Estimated Resources and Expenditures for the year**

This section should briefly summarize the amount of funding expected by the district in the year to which the DAP pertains, and how the district intends to allocate those resources

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\(^{23}\) While proposing any construction work, States have to prepare an Environmental Management Framework in accordance with the World Bank guidelines (See Annex 3.5).
among the various activities. This information should be presented in a tabular form. An illustrative table is given below:

**Table 7: [Name of the District] – ICDS-IV Project: Estimated Resources and Expenditures for the year__________**

(Rs. lakh)

### A. Estimated allocation: Rs_______ lakh (for the year ________)

### B. Expenditures

*Important Note: Only expenditures for new or expanded ICDS activities are to be included in this table. Expenditures that represent the continuation of ongoing ICDS activities, such as for operating costs of the existing AWCs, are not part of the project and hence not eligible for IDA reimbursement*

<table>
<thead>
<tr>
<th>Broad Components/Activities</th>
<th>Sub-activities</th>
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<tbody>
<tr>
<td></td>
<td>Estimated Expenditure</td>
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<td>Quarter 1</td>
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<tr>
<td>1. Strengthening Service Delivery</td>
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<tr>
<td>A. Nutrition (0-3 yr old)</td>
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<tr>
<td>a. Nutrition and health education</td>
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<td>b. Growth monitoring and promotion</td>
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<td><strong>Sub-total (1)</strong></td>
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<tr>
<td>2. Infrastructure and Institutional Development</td>
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<tr>
<td>a. Civil works: Construction of Model AWCs/ Cluster Resource Centres in needy areas</td>
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<td>b. Material and equipment</td>
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<td>• Weighing scales</td>
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<td>• Growth charts</td>
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<td>• IEC materials, etc</td>
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<tr>
<td>c. Additional staffing/consultants at the district level, etc</td>
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<tr>
<td><strong>Total Estimated District Expenditure for year….. (1) + (2)</strong></td>
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3.5 **Menu of Interventions**

Listed below are a number of activities that can be considered for inclusion in State PIPs and DAPs. 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.

### A. Nutrition Activities

The following is a menu of interventions to address infant and young child nutrition targeted at improving the nutrition status of children between pre-pregnancy to three 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 six 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
   - Prevention of sexually transmitted diseases (STDs) and reproductive tract infections (to prevent low birth weights)*
   - Iron-folate supplementation during pregnancy to prevent low birth-weights*
   - 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. **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.

3. **Growth promotion and counselling** (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 charts or cards, IEC materials, etc.*26) To strengthen the growth monitoring and promotion component, the project design will pay adequate attention to counselling 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 counselling and outreach services;

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24 This should be read with the Section 2 - broad components/interventions.
25 ICDS will be responsible for creating 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.
26 All items listed in *parentheses in italics* are eligible supplies/expenses.
4. **Recognition of best performing AWCs/workers:** Recognize “best AWC”, “best worker”, “model mothers”, “model fathers”, etc., and felicitate 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 behaviours, in specified difficult areas, after ensuring 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 Department functionaries, after capacity assessment.

9. **Development of Cluster Resource Centres** at the sector level which would cater to the needs of the Supervisors for various quality improvement activities including strengthening monitoring and supervisors, convergence with ANM, counselling sessions on health and nutrition, IEC activities etc.

**B. ECE Activities**

1. Increasing coverage of ECE services for 3-6 year old children to cover all children *(habitation based planning; partnership with NGOs, private sector 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 programme 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 ICDS sector/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 kalajathas; folk theatre; posters; radio programmes; 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 schools.

7. Developing an urban strategy for ECE.

C. Monitoring and Evaluation Activities

Interventions related to M&E should focus on (i) improving the quality of data that is collected, (ii) increasing the use of data for management and decision-making in the ICDS programme, and (iii) strengthening community monitoring of ICDS.

Some examples of possible interventions are:

- Introduce a Performance Rating System that uses MIS and other indicators to rank AWCs on the quality of their service delivery. Additional supportive supervision and resources should be augmented to support the low-performers.
- Use village committees such as Mother’s Committees, SHGs to support the AWW, monitor AWC performance and work with AWW to improve the service delivery efficiency. Encourage community spot-checks of the AWC activities and records.
- Maintain data boards on key indicators (e.g. number of malnourished children, complete immunization status of children and pregnant women) at the AWC, Gram Panchayats etc. for public information.
- Include AWC performance as an agenda item in the Gram Panchayat meeting for discussions and invite the AWW and ANM to the meetings with records.
- Standardize the processes/activities and institutionalize them to make the key players accountable at different levels, deliver quality services and ensure sustainability.
- Develop performance-management toolkits that guide supervisors, CDPOs and others in using the MIS to inform action in service delivery. Examples of such toolkits exist on the CARE-India website (www.careindia.org) - a tool for field monitoring by ICDS Supervisors, Guidelines for Facilitating Sector Meetings etc.
- Periodical joint surveys by the AWW and ANM, monthly data collection and analysis through the sector meetings, which would also promote convergence.
- Establish block-level advisory committees (BLAC) with representatives from the Health, ICDS, Education, Rural Development Departments and local NGOs, chaired by the Block Development Officer to review project activities (including monthly progress on key indicators) and follow-up on the grey areas or float the unresolved issues to the district forum for prompt action.
- Constitute a similar committee to be chaired under the chairmanship of the District Collector (DC) with all line departments, representatives of developmental partners supporting ICDS programme, and key NGOs to oversee the project activities. The periodicity can be decided based on the availability of the DC.
• Hold state-level review meetings where data on the performance of each district on key indicators can be presented providing an opportunity for other districts to review and discuss for cross learning.
• Establish an M&E cell and/or working group at the State-level that meets regularly to review MIS data and recent survey data (e.g. DLHS and NFHS-III), and formulate action plans.
• Computerization of MIS that enables real-time data transmission through internet (e.g., Maharashtra MIS)
• Periodic quality checks of MIS data to uncover systematic errors in reporting
• Periodic joint reviews by various stakeholders to initiate appropriate corrective measures
• Introduce village-level social mapping to ensure enumeration of all the households, ensuring identification of dropouts by the community and facilitating their participation in ICDS services.
• Publishing ICDS results in local print media, display the results at public places (government buildings or at shops/markets), etc.
CHECKLIST FOR FORMULATION OF STATE PROJECT IMPLEMENTATION PLANS

Situation and Gap Analysis
1. Identification of current situation at district/State levels, and corresponding setting of achievable goals and targets (for the sake of consistency and comparability across states and districts, please use district-level data from the DLHS-RCH).
2. Estimation of potential numbers (and break-down) of beneficiaries by age, gender, rural/urban, tribal, scheduled castes, etc.
3. Identification of special focus groups such as vulnerable populations, hard to reach areas, marginalized groups, etc.

Lessons Learnt
4. Outlining of lessons learnt based on past experience of implementation – covering programme components as well as institutional and management issues.
5. Identification of best practices in programme management as well as local innovations based on this experience.

Project Components
Proposed project components must adhere very closely to the “menu of interventions” proposed in the PIP guidelines. Strong emphasis will be placed on the following:
6. Plan for creating nutrition awareness and promoting positive behaviour change on issues such as adequate rest during pregnancy, exclusive breast-feeding, adequate and timely complementary feeding, hygiene behaviours, and utilization of available health services for women and children, with a focus on pregnant women and children 0-3 yrs.
7. Plans for strengthening micronutrient supplementation and home-fortification.
8. Phased plan for increasing coverage and improving quality of ECE service delivery.
9. Focused IEC strategy that covers both the Nutrition and ECE aspects of the project.
10. Identification of alternative modes of service delivery where needed.
11. In the event of inclusion of infrastructure development/construction in the plans, an environment management framework would be required along with a ‘model building’ prototype.
12. Innovations/plans for creating greater demand and ownership of the programme at local levels (State, district, block etc.).

Institutional Capacity and Project Management
13. Implementation arrangements at the State level and below.
14. Financial management system for the project (fund flows, audit mechanisms, yearly allocation for Annual Planning processes etc.).
15. Detailed costing for all additional activities proposed in the project. These costs will be additional to the financing provided by MWCD under ICDS general.
16. Procurement plan for the first 18 months of the project.
17. Plans for strengthening the existing monitoring framework including introducing community based monitoring systems like social audits etc.

18. Setting up monitoring and oversight for the district planning process and establishing process for yearly evaluation of DAPs, in consultation with GoI.

Process

19. Evidence of wide consultations with stakeholders at the district level for preparation of plans.

20. Evidence of use of data for planning.

Other

21. In States with a significant tribal population, a focused strategy for addressing the special needs of the tribal communities has to be outlined.

22. Similarly, need based strategies for other marginalized groups such as scheduled castes, girls, children with disabilities and any other will be required.

23. Evidence of completion of environmental assessment.

Based on the experience from the recent district-level workshops, the first year plans for the SPIP/implementation will focus on:

- Intensive efforts at capacity building of district/block ICDS officials for decentralized participatory planning at the district level
- Putting in place adequate structures for decentralized planning and implementation at district and block levels
- Setting up stronger monitoring, governance, and accountability and oversight mechanisms for the district planning and implementation process
- Ensuring phased expansion of basic facilities for optimal service delivery for nutrition and ECE in the high-burden districts

In the following years, the emphasis will be on much stronger service delivery for the nutrition and ECE components.
1. Evidence of:
   ✓ Interface/consultation with CDPOs, Supervisors and AWWs
   ✓ Interface with district and block level officials of the Health and Education Departments and other relevant line departments
   ✓ Interface with elected Representatives of the local bodies at all levels
   ✓ Participation and inclusion of special needs of tribal and other excluded populace

2. They should include:
   ✓ Constitution of committees at the district (and block) level to oversee the project activities
   ✓ Community participation for supporting the AWC activities

3. Clear distinction in strategies/approach and activities adopted for children 0-3 years (main focus on health and nutrition) and children 3-6 years (main focus on ECE).

4. Assessment of
   ✓ Training needs and current capacity of field functionaries and
   ✓ Existing capacity of training facilities/resources persons etc., in the district
   ✓ AWC-wise facilities and materials – weighing scales, growth charts, medicine kits, ECE kits etc

5. Identification and assessment of ‘good practices’ and innovations that have proved effective in fulfilling at least any of the project objectives.

6. Special efforts are to be made to ensure that the needs of the tribal communities are taken into account during the planning process.
STATE PROJECT IMPLEMENTATION PLAN: Processes in Preparation

A decentralized participatory approach for effective planning would necessitate a comprehensive consultative process at the State and district level. Outlined below are some indicative steps that the States could opt for developing the SPIPs/DAPs.

STEP 1
- Organize State Level Workshop on preparation of the PIP to orient the State and district ICDS officials and officials from the Health and Family Welfare and Education Departments. The orientation would focus on the project concept note and the processes for the preparation of Stat PIP/DAPs.

STEP 2
- Formation of a State Resource Team (SRT) for providing inputs in the development of the SPIP and DAPs. The Resource Team would also be responsible for coordinating and monitoring the project preparation process.

**The State Resource Team would constitute:**

- 2-3 key Government Officials (at the level of Deputy Director/Joint Director and above level) 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).

*The SRT will be led by the Director, Women and Child Development Department.*

Terms of reference of the SRT would include:

- Facilitation of consultations at the State level for developing the State component of the SPIP.
- Preparation of a menu of interventions for the districts to follow in the first year of their plan.
- Providing inputs for the preparation of the SPIP.
- Development of an action plan along with a timeline to be followed by the districts in the preparation of DAPs.
- Technical support to the districts through the participation of some of its members in the district planning processes.

STEP 3
- Since it may not be possible for the SRT to undertake the many responsibilities required for the development of SPIPs/DAPs in a time bound manner, it is suggested that the SRT primarily play the role of a SPIP preparation committee. Another Technical Support Team (TST) with identified technical experts should be formed to undertake/facilitate the following activities:
  - Outline district level processes and methods for facilitating participatory planning
✓ Capacity building of district and block level officials to undertake decentralised planning.
✓ Review and provide feedback to districts on their draft district plans.

• The TST is expected to be part of the proposed State Technical Support Unit (STSU), to be funded by the World Bank-DFID as part of the preparation of the project.

STEP 4
• Organisation of a series of consultations for the development of the State component of the Project Implementation Plan, which would primarily include: capacity building, IEC and monitoring and evaluation.

• The consultations would include all key stakeholders involved in the implementation and support of the ICDS programme – State level ICDS, Health, Education, Social Welfare, and Tribal Development Departments, Development Partners and Non-Governmental Organisations active in the field, etc.

STEP 5
• The SRT would help constitute District Resource Teams (DRTs) and also orient them on the conceptual framework outlining the roadmap to reducing malnutrition and improving ECE, on how to do a situation analysis and set targets, and the steps and timeline for preparation of DAPs.

STEP 6
• Preparation of a procurement plan for the first 18 months, which is required to be completed along with the SPIP.

STEP 7
• Putting in place implementation arrangements for the project – establishment of SPMU.

STEP 8
• Development of draft SPIP based on inputs received during the consultations

STEP 9
• Sharing of the draft SPIP through a State level workshop with multiple stakeholders at the State level (related government functionaries, development partners and NGOs working in the field) for their inputs and feedback.

STEP 10
• The revised SPIP (incorporating the feedback obtained at the State level consultation) to be shared with the MWCD, GoI and the World Bank. The final SPIP is then to be submitted to the MWCD, GoI and the World Bank for appraisal.
**District Annual Plan: Processes in Preparation**

**STEP 1: Formation of District Resource Team (DRT)**

- Following the State level orientation workshop, each district needs to constitute DRT to oversee the preparation of the DAP. The district resource team would be responsible for:
  - Providing an action plan and timeline to the State Directorate for the preparation of the DAP.
  - Coordinating the consultative process to be undertaken in the district.
  - If supported by development partners or consultants, provide inputs in the development of DAP and monitor the processes followed.

The District Resource Team would constitute:

- District Programme Officer (ICDS), 2 CDPOs, 2 Supervisors (who can contribute to the planning process), District Immunization Officer, 2 Block Medical Officers, Representatives of Development Partners (who have formally agreed to support PIP preparation) and district officers from RCH-II/NRHM and SSA (one each).27

**STEP 2: Consultation with Stakeholders**

- Organize district level consultations for detailed deliberations on project concepts of ICDS-IV and the preparation of DAPs.

- These consultations are to include all key stakeholders involved in the implementation and support of the ICDS programme – district and block level ICDS, Health, Education, Social Welfare, Tribal Development and officials from other relevant line Departments, district level PRI representatives, relevant NGOs and CBOs, active community members etc.

**STEP 3: Orientation of the DRT by the SRT**

- The DRT would be oriented on the conceptual framework outlining the roadmap to reducing malnutrition and improving ECE, on how to do a situation analysis and set targets, and the steps and timeline for preparation of PIPs.

**STEP 4: Needs Assessment**

a. **Primary and Secondary Data Collection**

- The DRT to undertake secondary data collection on relevant parameters mentioned in the schedule. For primary data collection the DRT to identify active Supervisors or

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27 As the planning process matures, Panchayat Representatives (e.g. Zila Parishad Chairperson) and NGOs may also be included as members of the resource groups from second year onwards.
NGOs at block/cluster levels in different villages of the district. These identified individuals and/or organisations to carry out consultations through various means like focused group discussions (FGDs), community meetings, individual interviews etc. and collect context-specific information identifying the gaps and needs to address the high malnutrition and poor early childhood education outcomes for preparation of plans.

- Focused group discussions are to include a group of AWWs, ANMs, Supervisors, CDPOs, pregnant women and lactating mothers and mothers of children 3-6 years from different blocks. Care should be taken to include both good and bad performing blocks in the sample for the FGDs. Individual interviews may be conducted with some Medical Officers, PRI representatives and NGOs. The sample of areas covered for this exercise should include rural, urban and tribal areas.

- The discussions should focus on demand generation, extent of social inclusion and service delivery for each of the two elements (nutrition and ECE) of the ICDS-IV with an emphasis on factors affecting quality and reach of service delivery and how the interventions will differ from the present mode. It is important that the discussions be documented in a simple format by the persons conducting these.

- For blocks with special needs, like tribal blocks or geographically difficult areas, extra efforts to be made to undertake block/area specific needs assessment and consultation.

b. Data Analysis

- Data/information collected to be consolidated and analysed at the block or district level (as appropriate) by the DRT. Analysis would lead to identification of gaps and required priority interventions.

STEP 5: Sharing of draft plan

- The broad strategies and activities as derived from the situation analysis to be used to prepare a draft DAP and shared with relevant stakeholders at the block and then at the district level for their feedback and additional inputs.

STEP 6: Preparation of the draft plan

- The draft plan to be finalised by incorporating the inputs and suggestions received during the sharing workshop and the final identified activities to be budgeted and classified into broad components of capacity building, IEC, ECE, nutrition etc. by the DRT.

STEP 7: Submission of the draft DAP to the State Directorate

- The revised draft DAP will be sent to the State Directorate for feedback and comments.

STEP 8: Finalisation of DAP

- DAP to be finalised taking into account of the feedback from the State Directorate. The final DAP is to be sent to the State Directorate for incorporating in the SPIP.
ENVIRONMENT MANAGEMENT FRAMEWORK

Per the World Bank’s Operational Policy OP 4.01, the environmental dimensions of the project are linked with the construction and use of AWCs. These issues include construction and design issues (including drainage, ventilation and lighting, safe building materials etc), provision of safe potable water (particularly in arsenic and fluoride prone areas), hygiene practices with regard to cooking, sanitation and cleanliness, location-related issues and construction related impacts.

Concurrence with the WB’s operational policy would require the States to develop an Environment Management Framework (EMF) based on a desk review, assessing the current situation including an understanding of the shortcomings and gaps in construction, operation and maintenance of AWCs. The EMF will incorporate an Action Plan, which will include implementation protocols for awareness and training for the community on good hygiene practices and necessity to provide safe and clean environment for children, maintenance of AWCs, supervision, monitoring and reporting. Management of waste during construction activities will also be detailed. The EMF will be prepared in such a manner that these protocols can be incorporated into guideline documents, bidding/contractual documents and communication strategies for villages and communities.

The project will utilize these guidelines to ensure mitigation of environmental issues related to project activities.

Per the Bank’s corporate requirements, the EMF is a borrower’s responsibility and will need to be prepared early on in the project preparation phase. The EMF, including the Action Plan will need to be prepared, reviewed and cleared by the Bank and disclosed in-country before the project can proceed for appraisal. To ensure maximum disclosure and stakeholder feedback, the States will also need to organize consultation workshops on the draft document before appraisal.

For additional details on the Environment Management Framework, please contact the Central Project Management Unit (CPMU), MWCD, New Delhi
Section 4

Guidelines for State/district Level ICDS-IV Orientation Workshops

4.1 Guidelines for the preparation of and participation in the State level ICDS-IV workshops

4.2 Guidelines for organization of Regional/district level workshops for development of District Annual Plans

Annex 4.1 Agenda of the State PIP Workshop in Uttar Pradesh
Section 4

Guidelines for State/District Level ICDS-IV Orientation Workshops

4.1 GUIDELINES FOR PREPARATION OF AND PARTICIPATION IN THE STATE LEVEL ICDS-IV WORKSHOPS

The GoI has negotiated with the World Bank for support from the IDA to the next phase of the ICDS programme, viz. ICDS-IV Project, which is currently at the planning stage. Eight States viz., Uttar Pradesh, Madhya Pradesh, Maharashtra, Rajasthan, Bihar, Chhattisgarh Jharkhand and Andhra Pradesh have been identified for intensive support under the project. About 160 districts from these States have been identified for coverage under the project. A key component of the project preparation will be the formulation of SPIPs along with DAPs by the eight States. The State PIPs will outline how the participating States intend to utilize the additional resources to be made available to them for the strengthening of the implementation of the ICDS programme.

As part of the preparation of the project, the MWCD, GoI 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 the UNICEF. The purpose of the workshop was to discuss the rationale for the project, share the project concept note, key principles of the project and outline of the State PIP guidelines and to discuss 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 of the issues. After the national workshop and as part of the next steps for development of State PIPs/DAPs, all the eight States were required to organize State level workshops followed by regional/district workshops with the stakeholders in the State to discuss and prepare plans by identifying several interventions.

The following guidelines have been prepared to help the States organize the State level workshops so as to make them more fruitful and productive. Similar guidelines will be shared with the States in due course for organizing the regional/district workshops.

A. Duration:
The workshop will be for one-and-half-a-day.

B. Agenda:
A draft agenda was already shared with the States. A final agenda (a copy of the Uttar Pradesh workshop agenda is at Annex 4.1) will be prepared in consultation with the State Government by the CPMU of the MWCD and will be shared with the State at least one week in advance of the workshop. During the State level workshops, officials from the CPMU, MWCD and World Bank will make PowerPoint presentations on the ICDS-IV Project to help the participants understand the project and the guidelines for development of State PIPs/DAPs.
C. **Schedule:**
The schedule for the workshop will be finalized in consultation with the MWCD, GoI.

D. **Participants:**
The participants for the State workshop may 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 Corporation and Tribal Development Department
- Representatives from selected AWTCs/MLTCs in the State
- Health and Family Welfare Department: Mission Director, NRHM, IEC point person
- Head of State Institute of Health and Family Welfare (if any)
- 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.)
- NGOs/CBOs working in the State with ICDS
- Officials from the World Bank ICDS Team
- Officials from the MWCD, GoI

E. **Support from Development Partners:**
State Governments are advised to coordinate with the development partners (UNICEF, CARE) who have agreed to support the State workshops as well as in the development of State PIP. USAID and CARE have formally committed to support the entire process in five of the eight States (Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh) and the MWCD has approved it. For the remaining three States (Bihar, Madhya Pradesh and Maharashtra), the respective States have coordinated with the UNICEF Representatives in their States and have obtained their support.

F. **Invitations:**
The State Governments will be required to send invitation letters to the above proposed participants. Invitations to the MWCD (Project Director), World Bank (the concerned person – will be communicated later) and senior officials of the development partners supporting the State workshops should be made at least a week prior to the workshop. At least two officials from the MWCD, including the Project Director, will be participating in the State workshops.

G. **Folder Materials:**
A list of folder material to be shared with the participants during the workshop is given below:

(i) A list of documents in the folder
(ii) A badge with the participant’s name and organization
(iii) Workshop theme and objectives
(iv) Workshop agenda
(v) Project concept note by the MWCD, GoI
(vi) Project Concept Note by the World Bank
(vii) Draft guidelines for preparation of State PIPs/DAPs
(viii) Report of the XI Plan Sub-Group on "ICDS and Nutrition"
(ix) All PowerPoint presentations
(x) TOR for group work
(xi) NFHS-III State level data (fact sheet)
(xii) DLHS-RCH data for the select districts
(xiii) Scribbling pad and pen

**Note:**

- The quality of the photocopying of the above documents should be reasonably good.
- Documents (iii) to (x) listed above will be shared with the State Govt./development partner by the MWCD, GoI in advance for sharing with the participants.
- The following documents need to be translated into local languages:
  1. Project Concept Note by the MWCD
  2. Project Concept Note by the World Bank
  3. Draft guidelines for preparation of State PIPs/DAPs
  4. Report of the XI Plan Sub-Group on "ICDS and Nutrition"

**H. Sharing of Materials:**

The States should share the above four documents with the ICDS participants at least a week prior to the workshop. This will help them to come prepared and make the workshop more productive.

**I. Preparations required:**

1. The district and block officials should come prepared for the workshop with information on the following (for this the DPO/DSWO may want to discuss with the CDPOs, Health and Education Department officials and other key informants):
   - General district information (SC/ST/OBC population, on-going health and nutrition programmes implemented/supported by other agencies, etc.)
   - District information on the Nutrition and Health Status (Source: ICDS MPRs data, DLHS survey data, NFHS–III data and data from any other district specific studies)
   - List of 3-4 evidence based good practices that contributed to improvement in the nutrition status of women and children and the quality of pre-school education with supporting data.

2. There should be sufficient space at the venue for five sub-group activities during the course of the workshop.

3. The matter to be written on the banner will be shared by the GoI to maintain consistency across all States.

4. The workshop proceedings need to be documented and shared with the GoI within a week after completion of the workshop along with any press clippings and photographs.
The States should get each of the session proceedings documented with the support from the identified development partner.

5. One or two persons should be made available to move around with cordless mikes for question/answer sessions.

6. The following equipment/material must be made available at the venue:
   - LCD projector with screen
   - Laptops with long extension cords - two
   - Cordless mikes – three
   - Flip charts, markers and stands (4-5) with holders to hang the charts
   - White board with white board markers

4.2. GUIDELINES FOR ORGANIZATION OF REGIONAL/DISTRICT LEVEL WORKSHOPS FOR DEVELOPMENT OF DISTRICT ANNUAL PLANS

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 the ICDS-IV Project and deliberate on the key processes for the preparation of effective and feasible District Annual Plans.

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
- Programme Officers 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 of the selected district
- All the Supervisors
- Select ANMs
- Select AWWs
- Select Block/Mandal Development Officers
- Programme Officers 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, then the suggested participants for the regional workshops may also be invited appropriately.

The workshop should be facilitated by the active district officers, CDPOs and Programme Officers of the identified development partners who participated in the State/regional workshops. The State Directorate may also provide some support by deputing some of the Directorate staff, as feasible.

Expected Outcome: The expected outcomes from the regional/districts 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 activities/interventions under the ICDS-IV Project to improve the same.
- Drawing an action plan on the next steps for developing the district annual plan.
- Form a Core Resource Team at the district level (see the composition below).

Core Resource Team at the District Level: A core resource team at the district level will provide all necessary inputs in the development of district plans and also coordinate and monitor the processes involved. They will also provide inputs to the State PIP based on the needs arisen from the district. The core team for preparation of district plan should include:

(i) District Programme Officer (ICDS)
(ii) 2 CDPOs
(iii) 2 Supervisors
(iv) 2 Block Medical Officers
(v) District Medical Officer
(vi) District Officers from RCH-II/NRHM and SSA (one each), and
(vii) Programme Officer of identified development partner (who have formally agreed to support PIP preparation)

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. Documents 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:

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<thead>
<tr>
<th>Time</th>
<th>Issue</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>DAY 1</strong></td>
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<tr>
<td>1hr 15mins</td>
<td><strong>Inaugural Session</strong></td>
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<td></td>
<td>Sharing of Workshop Objectives and Outcomes</td>
<td>State DWCD</td>
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<tr>
<td></td>
<td>ICDS – IV Project Concept Note – <em>Key Principles, thrust areas and proposed project components/interventions</em></td>
<td>State DWCD</td>
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<td></td>
<td>Open Discussion</td>
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<tr>
<td>2hrs</td>
<td><strong>Session II</strong></td>
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<td></td>
<td>Presentation of Nutrition and ECE data of the district</td>
<td>District officials</td>
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<td></td>
<td>Open/Group Discussion on its significance</td>
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<td></td>
<td>Draft Guidelines for Preparation of District Annual Plans – <em>Design and Components</em></td>
<td>State DWCD</td>
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<tr>
<td>3hrs</td>
<td><strong>Session III</strong></td>
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<tr>
<td></td>
<td>State Priorities</td>
<td>State DWCD</td>
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<tr>
<td></td>
<td>Group Work on Development of District Annual Plan</td>
<td>Facilitated by State Directorate/development partner</td>
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<tr>
<td><strong>DAY 2</strong></td>
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<tr>
<td>2hrs</td>
<td><strong>Session III continues</strong></td>
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<td>Group Work Continues</td>
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<td></td>
<td>Presentation by Groups</td>
<td>District/block officials</td>
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<tr>
<td>1hr 30mins</td>
<td><strong>Session IV</strong></td>
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<tr>
<td></td>
<td>Next Steps/Actions to be taken – <em>Outline of key tasks</em></td>
<td>State/district official</td>
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<td></td>
<td>Open Discussion</td>
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<td></td>
<td>Concluding Remarks and Vote of Thanks</td>
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**Annex 4.1**

**STATE LEVEL WORKSHOP ON PREPARATION OF PIP UNDER THE ICDS-IV PROJECT (IDA ASSISTED)**

*Organized by*
Directorate of ICDS, Govt. of Uttar Pradesh

*In collaboration with*
Ministry of Women and Child Development, GoI

*In cooperation with*
USAID and CARE

**Date:** 12-13 December 2007  
**Venue:** Hotel Clarks-Awadh, Lucknow

### Agenda

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<tr>
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<tr>
<td><strong>12 December 2007</strong></td>
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<tr>
<td>9.30 – 10.00 hrs</td>
<td>Registration</td>
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<tr>
<td>10.00 – 11.15 hrs</td>
<td>Welcome and Introduction to the workshop</td>
<td>Additional Director (Finance), ICDS, U.P.</td>
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<tr>
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<td>Objectives and outcome of the workshop – Opening address</td>
<td>Shri K. Rajeswara Rao, <em>Project Director</em>, MWCD, GOI</td>
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<td></td>
<td>Perspective of Development Partners</td>
<td>Shri V. Rameshwara Babu, <em>Senior Program Manager</em>, USAID/New Delhi</td>
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<td></td>
<td>Inaugural Address</td>
<td>Shri Amal Kumar Verma, Principal Secretary, Department of Women and</td>
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<td></td>
<td>Vote of Thanks</td>
<td>Govt. of U.P.</td>
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<tr>
<td><strong>11.15 –11.30 hrs</strong></td>
<td><strong>Tea/Coffee Break</strong></td>
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<tr>
<td><strong>11.30 – 12.00 hrs</strong></td>
<td>Project Concept Note - <em>Key Principles, Thrust Areas and proposed project components/interventions</em></td>
<td>Shri K. Rajeswara Rao, <em>Project Director</em>, MWCD, GoI - PPT (20mts); Discussion (10mts)</td>
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<td>12.00 – 12.30 hrs</td>
<td>Early Child Care Presentation</td>
<td>Shri Deepak Trivedi, State Project Director, Education for All, U.P.</td>
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<tr>
<td>12.30 – 13.15 hrs</td>
<td>(i) State’s Priorities (ii) Experiences in implementation of ICDS in Uttar Pradesh [Lessons learned – Sharing Experiences by selected districts]</td>
<td>- PPTs by State Govt./Dist officials D.P.Os of Saharanpur, Deoria, Jhansi, Sultanpur and Gaziabad districts</td>
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-PPT (15mts) |
| 13.30 – 14.00 hrs | **Lunch Break**                                                      |                                                                        |
- PPT on draft guidelines (15mts)  
- Discussion (15mts) |
| 14.30 – 16.00 hrs | Group Work for the development of State PIPs/District Plan 2007-08 | Dr. Saroj K. Adhikari, MWCD and Shri V. Ramesh Babu, USAID (10mts) |

**Group work will be facilitated by GOI/WB/USAID/CARE**

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<tr>
<td>16.00 – 16.15 hrs</td>
<td><strong>Tea Break</strong></td>
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<td>16.15 – 17.30 hrs</td>
<td>Group Work (Continued)</td>
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**13 December 2007**

**Session IV: 9.00 – 13.30 hrs**

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<td>9.00 - 10.30 hrs</td>
<td>Group work (Continued)</td>
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<tr>
<td>10.30-10.45 hrs</td>
<td><strong>Tea Break</strong></td>
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</table>
| 10.45 – 12.00 hrs | Presentation by Groups                                              | - PPTs by Groups (60mts)  
- Discussion (30mts) |
| 12.00 – 12.30 hrs | Preparation of ICDS-IV Project: Next Steps/Actions to be taken - *Outline of key tasks* | - PPT by Shri Naveen Yadav, Under Secretary, MWCD, GoI  
- Shri Amal K. Verma, Principal Secretary, WCD, U.P. |
| 12.30 – 12.55 hrs | Concluding Remarks                                                  | - Shri K. Rajeswara Rao, Project Director, MWCD. |
| 12.55 – 13.00 hrs | Vote of Thanks                                                     | Shri T.N. Upadhaya, Additional Director (Finance), ICDS, U.P. |
| 13.00 – 14.00 hrs | **Lunch Break**                                                    |                                                                        |

*Abbreviation: MWCD – Ministry of Women & Child Development; PD – Project Director; WB – World Bank; PCN – Project Concept Note; PPT – PowerPoint Presentation; USAID – United States Agency for International Development*
5.1 Background

5.2 Objectives and Agenda of the State workshop

5.3 Summary of State PIP workshops

5.3.1 Jharkhand
5.3.2 Andhra Pradesh
5.3.3 Uttar Pradesh
5.3.4 Rajasthan
5.3.5 Chhattisgarh
5.3.6 Maharashtra
5.3.7 Madhya Pradesh
5.3.8 Bihar

Annex 5.1 TOR for Group Work during State PIP Workshops
Section 5

Summary of State PIP Workshops

5.1 BACKGROUND

As part of the preparation for the project, the MWCD organized a national workshop, in cooperation with UNICEF, to orient key State ICDS officials on the ICDS-IV project. The main objective of the workshop was to discuss the project concept note, key principles, the State PIP guidelines and the processes for preparation of the State PIPs. ICDS officials from the eight project States; representatives of the World Bank and development partners participated in the workshop held on 9-10 October 2007 in New Delhi. The workshop helped to develop a common understanding between the MWCD and the participating State Government officials on the next steps to be followed by various key stakeholders for project development.

As a sequel to the national workshop, all eight States (as per the schedule shown below) have organized State level workshops, with the active engagement of State and District ICDS officials and State officials from allied line departments. USAID and CARE supported five States (Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh) while UNICEF extended support to three States (Bihar, Madhya Pradesh and Maharashtra) in the organization of these State workshops.

<table>
<thead>
<tr>
<th>State</th>
<th>Date</th>
<th>Place</th>
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<tbody>
<tr>
<td>Jharkhand</td>
<td>22-23 Nov 2007</td>
<td>Ranchi</td>
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<tr>
<td>Andhra Pradesh</td>
<td>29-30 Nov 2007</td>
<td>Hyderabad</td>
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<td>Uttar Pradesh</td>
<td>12-13 Dec 2007</td>
<td>Lucknow</td>
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<td>Rajasthan</td>
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<td>Jaipur</td>
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<tr>
<td>Chhattisgarh</td>
<td>10-11 Jan 2008</td>
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<td>Maharashtra</td>
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<td>Madhya Pradesh</td>
<td>7-8 Feb 2008</td>
<td>Bhopal</td>
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<tr>
<td>Bihar</td>
<td>25-26 March 2008</td>
<td>Patna</td>
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All the States that conducted State Workshops have initiated regional/district workshops taking the project preparation process to the district level. In a number of project States the regional/district level processes are in their final stages with the first drafts of the project implementation plans expected by end of April 2008.

5.2 OBJECTIVES AND AGENDA OF THE STATE WORKSHOP

To ensure uniformity in understanding across States all State workshops followed a common workshop agenda (see Annex 4.1). The agenda was framed keeping in view specific objectives that the workshops aimed to achieve:
**Broad Objective:** To acquaint the State and district ICDS officials and other key stakeholders on the principles of the ICDS-IV project for the preparation of effective and feasible project implementation plans.

**Specific Workshop Objectives:**

- To ensure participants develop an understanding on:
  - the rationale for the ICDS-IV Project and its concepts
  - proposed interventions for both Nutrition and ECE Components
  - draft SPIP/DAP guidelines
  - steps for developing the 5-year State PIP and the first year DAP
- To facilitate participants in identifying “gaps” in the current implementation of the ICDS and brainstorm on activities required to overcome these gaps
- To facilitate participants to draw up an action plan on the next steps for developing the PIPs

**Agenda:** The one-and-half day workshop was divided into four primary sessions:

- **Inaugural Session:** This session highlighted the objectives of the workshop, major concerns with the ICDS programme, the need and rationale for ICDS reforms and the perspectives of supporting the development partners. The discussions in this session were led by a panel that constituted Hon’ble State Ministers for Women and Child Development, key MWCD, GoI and State DWCD/Social Welfare officials, World Bank representatives and representatives of USAID, CARE and UNICEF.

- **Technical Session:** The technical session was the core session of the workshop where participants were oriented on various technical aspects of the project. It included thematic
presentations on the ICDS-IV project concept note, State PIP/DAP guidelines, priorities and experiences of the State in ICDS, lessons learned from the ICDS-III/APER projects, by the key MWCD, GoI officials and identified State and district DWCD officials.

- **Group Work**: This session was focused on orienting the participants on the processes to be followed for developing decentralized plans. It was aimed at triggering a thought process among the participants that focused on identifying gaps, analyzing the causes for these gaps and based on this assessment, suggesting activities that might help overcome these gaps. A structured Terms of Reference (TOR) prepared jointly by MWCD/World Bank/USAID was used to facilitate the group work (See Annex 5.1).

The workshop participants were divided into three groups:

  i)  State Planning group  
  ii) Nutrition Group, and  
  iii) Early Childhood Education group.

The Nutrition and ECE groups were further sub-divided into two groups to look at two related yet separate aspects of the nutrition and ECE component, i.e. service delivery and demand generation.

Facilitated by resource persons from the MWCD, GoI, World Bank and USAID/CARE/UNICEF, this session brought out a number of broad recommendations and suggestions proposed by participants for implementation under the project. Further detailing of these suggestions is expected at the district level workshops where the brainstorming process is likely to be context specific.

- **Concluding Session**: The concluding session underlined the next steps, processes and key outcomes expected by the States within a timeframe. Key MWCD and DWCD officials steered this session, concluding the workshop by setting targets and motivating State and district officials to ensure quality and timely development of PIPs.

**NOTE: The activities reflected in the State workshop summaries are only suggestive in nature and are expected to be discussed in detail at the State and district level during the SPIP and DAP preparation process. Prioritization and concretization of the suggestions in the form of specific implementable activities is expected during this process.**

Summaries of State workshop outcomes are attached for ready reference (arranged in sequence of the date of the event).
The first State workshop for the ICDS-IV project was conducted in Jharkhand on 22-23 November 2007 in Ranchi. Ms. Joba Majhi, Hon’ble Minister, Social Welfare and WCD inaugurated the workshop. Senior officials from the State government, including the Principal Secretary, Department of Social Welfare (DoSW) and the Director, DoSW provided valuable leadership and guidance throughout the workshop. Key officials from the MWCD, GoI, including the Project Director and representatives from the World Bank made a series of presentations at the workshop. The workshop was also attended by senior officials from the health and education departments including the Special Secretary, Department of Health and Family Welfare and the Project Director, Sarva Siksha Abhiyan.

district ICDS officers and select CDPOs and supervisors from the six identified project (high-burden) districts participated in the workshop. The workshop also benefited from the participation of three District Collectors who shared their experiences and insights for the effective implementation of the ICDS-IV project. USAID/CARE who formally agreed to support the State government for the development of the State PIP actively contributed during the workshop, as did State representatives from UNICEF.

The group discussions held during the workshop to deliberate on the gaps in the implementation of the ICDS programme and to identify possible solutions led to a number of suggestions, which are highlighted below:
Strengthening Institutional Capacity

- Appoint technical experts in nutrition, ECE, BCC, finance and procurement and IT professional at State level; appoint key govt. officials as Joint Project Co-coordinators with secretarial and other technical support for the district and project.
- Establish well staffed (professional) State and district level training and resource centres for AWWs.
- Develop district level ICDS cell with the DPO's office as an office-cum-district resource centre, the CDPO's office-cum-warehouse; with telecommunication facilities for district and project offices.
- Develop mother and child protection training package for ICDS functionaries, impart need based trainings to AWWs on ECE.
- Develop model AWCs with wall paintings, etc.

Information, Education, Communication

- Establish a technical cell for IEC at State level and make context and language specific IEC material.
- Develop a BCC strategy and use brand ambassador to promote relevant messages.
- Conduct periodic awareness campaigns for panchayats/opinion leaders and the community to create awareness on key nutrition and education messages.
- Promote the use of electronic, print and traditional method(s). Use locally available and accepted method(s) of communication - the weekly 'Haats', nukkad nataks and folk media etc. Use of information kiosks could also be explored.

Monitoring and Evaluation

- Computerization of systems and data down to project level.
• Provide continuous training for data handling and analysis, and add an M&E specialist position at State and district level.
• Periodically conduct internal (inter district) assessment at State/district/project level and provide accreditation to AWCs. Introduce performance based incentives.
• Develop tools for targeted monitoring and timely feedback.
• Develop ECE indicators and introduce them in MIS.

Service Delivery – Nutrition and Early Childhood Education Services
• Scale up micro-nutrient supplementation through bi-annual Vitamin A campaign, iron supplementation in syrup form, ensuring use of iodized salt through IEC.
• Test and develop weekly menu for spot feeding, conduct cooking demonstration at AWCs for different recipes for complementary feeding, make and use wall painting/ calendar of vegetables and locally available food, link take-home rations to NHED.

• Enroll all children in the ICDS survey and keep survey data updated, promote and develop cluster coordinator’s skills and engage local NGOs for better coverage.
• Weigh 0-3 yrs children regularly and counsel the mothers. Supply weighing scales, provide and promote the use of community growth charts, Promote Kheer Khilai, conduct healthy baby shows and reward the mothers of normal grade children, melas to promote complementary feeding, reward good AWWs and establish better referral networks.
• Provide food to all non-school going adolescent girls. Target them with IFA, prophylactic doses, periodical health check-ups, regular de-worming.
• Orient and include rural development department in the district/block level Monitoring Committees and coordinate with them to establish hand pumps and toilets in AWCs.
• Conduct focused ANC by coordinating with NRHM and reward women for delaying pregnancies till 3 yrs. after marriage.
• Revise existing curriculum to make it age appropriate, provide regular trainings on joyful teaching at cluster/sector level, promote learning exchange visits for LS and CDPOs and ensure provision of ECE kits annually.
• Conduct monthly parents counselling at AWC and emphasize relevance of ECE during home visits etc.
• Explore possibilities of setting up AWC and primary schools in same campus.
• Regular convergence meetings with related departments at district and block level.
• Strengthen and transfer ownership to existing community structures (LRG, change agents, Mahila Mandals etc.).
• Promote the participation of AWWs, Mahila Mandals in Gram Sabhas to discuss AWC activities.
• Continue efforts for up scaling and adopting best practices by NGOs or government agencies.

Next Steps:

Following are the mandatory requirements that the State has agreed to fulfil as part of the ICDS-IV development and implementation process.

• Formation of a State Core Team and District Core Teams to over see the State PIP development process.
• The Secretary, DWCD to issue instructions to District Collectors of the six high-burden districts on the Project, advising them to render necessary support to the ICDS officials in the DAP development process.
• Organize similar workshops in the six districts to orient the block officials on ICDS-IV to start the DAP development process.
• Development of State Project Implementation Plan by the State with the support of CARE and USAID.
• Preparation of the procurement plan for the first 18 months of project implementation.
• Creation of a budget head for the ICDS-IV.
• Identification of 1-2 key officials from the Directorate to oversee the PIP development process and coordinate with the GOI from time to time.
The State Workshop for Andhra Pradesh was held in Hyderabad on November 29-30, 2007. Mrs. N. Rajya Lakshmi, Hon'ble Minister for Women Development and Child Welfare, Government of Andhra Pradesh inaugurated the workshop. Senior officials from the State government, including the Principal Secretary and the Director, DWCD, key officials from the MWCD, GoI, including the Project Director and representatives of the World Bank led the discussions at the workshop. Participants included representatives from the State Directorates of Health and Family Welfare, Primary Education, Field Publicity, Food and Nutrition Technical Advisory Board, National Institute of Nutrition, SCERT, local NGOs, educational institutions and district and select block officials from the 13 high-burden districts. USAID/CARE who formally agreed to support the State government for the development of the State PIP and State representatives from UNICEF also actively contributed during the workshop.

Given below is a brief list of recommendations suggested by the participants for improving the quality of nutrition and ECE through the ICDS-IV project:

**Strengthening Institutional Capacity**

- Establish State Project Management Unit and District Cells with technically qualified people from the start, staff accountability and financial decentralization; develop operational convergence between different programmes.
- Capacity development of training institutions, outsourcing capacity development activities, developing a pool of trainers at the State and district levels, innovative training sessions using video, sitcom technology, exposure of all level of functionaries to good practices.
• Install computers, internet and GIS facility at State and district offices and at the mandal level.
• Construction of CDPO office with a meeting hall, training centre and warehouse, and establish Mandal Resource Centres as Supervisors HQs with all logistics for organizing trainings.
• Establish attractive and child friendly AWCs with play material, different types of weighing scales, furniture, water, sanitation etc.

Information, Education Communication
• Integrate critical messages in the BCC strategy, develop relevant and appropriate material and its timely supply, use innovative and different media, and bring convergence among other agencies in IEC programmes.
• Set up IEC repository in the department, continue use of annual calendar/AWW’s dairy
• Impart skills for effective use of the IEC material.
• Develop mechanism for end use monitoring of the IEC.

Monitoring and Evaluation
• Strengthen frequency/quality of field visits by supervisors.
• Train staff in data collection, analysis and articulation of data and strengthen feedback and compliance mechanism.
• Establish an effective knowledge management mechanism, set up exclusive MIS cell at the directorate and start accreditation of AWCs.
• Develop a monitoring package with log frame and standardize monitoring procedures
• Develop mechanisms for data validation – using computerized systems, social accountability mechanisms like social audit, independent evaluations and setting up Sentinel Surveillance centres.
• Strengthen supportive supervision and monitoring system, develop check list/developmental indicators/monitoring tool.
• Regular attendance by CDPOs in training programmes to assess their quality and problem issues.
• Sector meetings used as a forum for capacity building on thematic issues.
• Identify and reward worthy villages as “malnutrition free” etc. and reward well performing AWWs.

Service Delivery – Nutrition and Early Childhood Education Services
• Identify, demonstrate and promote locally rich foods, link take-home rations with nutrition and health days and nutrition and health education.
• Enroll all children in the AWC survey and regularly update and validate AWCs survey data using other records to ensure 100% enrolment.
• Weigh all children regularly and counsel the mothers. Promote community growth charts for growth promotion, conduct healthy baby shows regularly at each of the AWCs, and refer severely malnourished children and weak newborns to health facilities; establish more nutritional rehabilitation centres attached to some health facilities.

• Enroll non-school going adolescent girls for SNP, introduce IFA prophylactic doses and regular de-worming all the girls. Promote periodic health check-ups, identify and monitor adolescent girl’s growth indicators in the monthly progress reports and consider life cycle and vocational skills training.

• Include health, water and sanitation and education depts. in the district/Mandal Level Committees and promote joint trainings and coordination between health, education, ICDS, DRDA, PRIs and NGOs at different levels.
• Promote social maps to reach out all in geographically difficult locations and to address the coverage and migration issues. Also promote random monitoring visits to ensure full coverage.
• Ensure early registration of pregnant women, their birth preparedness, quality ANC services, HIV testing, efficient referral facilities, regular supply of medical kits, capacity building of local dais/RMPs, health, ICDS and NGO staff, home visits to needy families and establish proper review and monitoring systems.
• All level forums to focus on preschool activities, need assessment, CB, regular review and monitoring must be ensured, requisite qualified subject experts in training centres, fill vacancies, monitor training quality, update skills of AWWs.
• Joint development of ECE teaching module and joint trainings for AWW and primary school teachers.
• Identify and utilize knowledge and skills of local NGOs, youth, grandmothers etc.
• Introduce age-appropriate curriculum for children, provide monthly updates to parents on their child’s progress, add ECE as prioritized agenda in meetings at all levels, update communities on the relevance of ECE through awareness workshops.
• Locate AWCs in schools and organize joint cultural celebrations.
• PS teachers, AWW/supervisors to jointly attend NHED and PTA meets.
• Enhance participation of community, PRI and NGOs in AWC activities.

Next Steps:

Following are the mandatory requirements that the State has agreed to fulfil as part of the ICDS-IV development and implementation process.

• Formation of a State Core Team and District Core Teams to over see the State PIP development process.
• The Secretary, DWCD to issue instructions to District Collectors of all 13 high-burden districts informing them about the Project and advising them to provide their support in the PIP development process.
• Similar workshops to be organized in all the districts/regions to orient the block officials on ICDS-IV to start the district annual plan development process.
• Development of State Implementation Plan by the State with the support of CARE and USAID.
• Preparation of the procurement plan for the first 18 months of project implementation.
• Creation of a budget head for the ICDS-IV.
• Identification of 2-3 key officials from the Directorate to oversee the PIP development process and coordinate with the GoI from time to time.
5.3.3 Uttar Pradesh

The Uttar Pradesh State Workshop was held on 12-13 December 2007 in Lucknow. By virtue of being the State with the largest number of high-burden districts (41 districts); the workshop had the maximum number of participants. Senior officials from the State government, including the Principal Secretary, DWCD, Director SSA and Director, DWCD provided valuable leadership and guidance during the workshop. Key officials from the MWCD, GoI, including the Project Director and representatives from the World Bank made a series of presentations at the workshop.

The participants included district ICDS officials from the 41 high-burden districts and State officials from NRHM and SSA. USAID/CARE who formally agreed to support the State government for the development of the State PIP actively contributed during the workshop, as did State representatives from UNICEF.

The group deliberations during the workshop gave rise to a number of suggestions for improving the implementation of the ICDS programme. A brief summary of these recommendations are listed below.

**Strengthening Institutional Capacity**
- Establish a dedicated State Project Management Unit (SPMU) within the Directorate with professionals in the fields of nutrition, ECE, training, IEC, M&E etc. Create a dedicated MIS cell in the Directorate.
• Strengthen the district ICDS cells with technical professionals. The existing core staff at the Directorate and districts should be repositioned as Joint Project Coordinators/Project Managers. Form a technical resource group to guide the project implementation.

• Negotiate for deputation of one experienced official from the NRHM and SSA programmes to the SPMU for better convergence.

• Conduct training needs assessment, map the training institutions in the State and strengthen them, organize exposure visits to better performing sites and need based capacity building (on ECE, IEC, convergence, analysis and use of data etc.) to all cadre of functionaries.

**Information, Education, Communication**

• Identify voluntary brand ambassador/Mascots to promote IYCF and ECE activities.

• Explore partnerships with other agencies, including corporate sectors working on similar issues.

• Initiate Newsletters by AWWs at each of the districts to promote positive practices.
• Revive the use of traditional art forms and traditional forums to disseminate key messages; develop effective communication material and provide flexi funds to AWCs to promote nutrition and ECE BCC activities.

**Monitoring and Evaluation**

• Develop Web-enabled MIS up to block level by strengthening the current MIS formats; include a monthly report for Supervisors; establish child tracking system for malnourished children.
• Promote community based monitoring systems and develop citizens’ charter at all AWCs.
• Develop mid-term process evaluations to strengthen the M&E systems and promote accreditation of the AWCs.

**Service Delivery – Nutrition and Early Childhood Education Services**

• Provide three types of weighing scales and growth charts to all the AWCs.
• Conduct monthly mother and child health days at all the AWCs; promote fixed-day monthly *Wazan Karo Abhiyan, Anganwadi Chalo Abhiyan, Parent-AWW monthly meetings and annual celebrations* at all the AWCs.
• Promote regular health check-ups and quality health services to adolescent girls (IFA, deworming, health and nutrition education). Celebrate yearly *Kishori Day* at all the AWCs.
• Promote joint capacity building, joint field visits, convergence meetings at different levels, joint IEC messages and promote special convergence awards among AWW, ANM and ASHAs.
• Initiate community level convergent actions like *saas-bahu-pati sammelans, Annaprashan Samarohs, Godhbharai* functions etc. to promote behaviour changes like complementary feeding etc.
• Promote home-contacts by the AWWs to provide counselling and psycho-social support to identified needy families.
• Regularly sensitize the community groups on positive nutrition and health behaviours.
• Introduce service cards to migrant populations and ensure 100% registration of women and children from vulnerable and deprived communities.

Next Steps:

Following are the mandatory requirements that the State has agreed to fulfil as part of the ICDS-IV development and implementation process.

• Formation of a State Core Team and District Core Teams to over see the State PIP development process.
• The Secretary, DWCD to issue instructions to all the 41 District Collectors informing them about the Project and advising them to provide their support in the PIP development process.
• Similar workshops to be organized in all the districts/regions to orient the block officials on ICDS-IV to start the DAP development process.
• Development of State Project Implementation Plan by the State with the support of CARE and USAID.
• Preparation of the procurement plan for the first 18 months of project implementation.
• Creation of a budget head for the ICDS-IV.
• Deployment of 2-3 officials from the Directorate to oversee the PIP development process.
The Rajasthan State Workshop was the fourth in the series of eight workshops planned to orient the States on the preparation of PIP for the ICDS-IV project. The workshop was held in Jaipur on December 27-28, 2007. The workshop was inaugurated by Mr. Kanakmal Katara, Hon’ble Minister for Women and Child Welfare, Government of Rajasthan. Senior officials from the State government, including the Secretary, DWCD, and the Director, DWCD provided valuable leadership and guidance during the workshop. Key officials from the MWCD, GoI, including the Project Director and representatives from the World Bank made a series of presentations at the workshop.

District Officers from the 20 high-burden districts and State representatives from NRHM and SSA participated in the workshop. USAID/CARE who formally agreed to support the State government for the development of the State PIP actively contributed during the workshop, as did State representatives from UNICEF.

A summary of the recommendations by the participants, during the group deliberations, aimed at addressing some of the gaps in ICDS implementation are given below:

**Strengthening Institutional Capacity**

- Hire technical experts in the fields of ECE, IEC, Nutrition, MIS, Training and procurement to strengthen the Directorate.
- Form a core committee of key officials from all related line departments to improve convergence, help coordinate with other agencies/departments and avoid duplication of efforts.
• Develop capacity building modules on different technical interventions and impart need based trainings to staff at different levels.
• Develop district/block/sector level resource centres for training, practical demonstrations, allocate funds for maintenance, and make AWCs attractive.
• Approve AWCs and resources based on the population norms, start open mobile AWCs to reach out difficult hamlets.
• Provide telephone, computers facility at block level, create attractive model AWCs, provide swings, play material and basic amenities (water, electricity, kitchen, and Separate room for ANC) at the AWC.

Information, Education, Communication
• Develop skills to improve the use of IEC material by field functionaries.
• Shift the focus from process to behavioural changes in training and IEC activities.
• Promote use of local folk media to disseminate critical messages on IYCF and ECE etc.
• Involve community in BCC, engage local and religious leaders, quacks and traditional healers to promote positive messages.
• Promote self monitoring tools to promote behavioural changes and generate public awareness through special campaign and drives.

Monitoring and Evaluation
• Provide mobility support to field monitors for effective field monitoring.
• Introduce social audit and programme monitoring by community based organizations.
• Review the outlays with the outcomes to lay emphasis on targeted planning based on cost-benefit analysis. Also, identify the process indicators and regularly monitor them.
• Simplify and reduce records and registers to be maintained by AWWs.
• Develop ECE indicators for reporting by the AWWs, arrange separate reviews on ECE and Nutrition every month.

Service Delivery – Nutrition and Early Childhood Education Services
• Ensure proper tracking of beneficiaries to target them with various services; joint household surveys by AWW, ANM and School Teacher.
• To ensure 100% enrolment of below six years children, validate the figures through social maps.
• Promote food fortification.
• Focus on growth promotion by providing growth charts (individual and community) growth cards, weighing machines, training ASHAs on growth monitoring.
• Regularize community awareness campaigns, healthy baby shows, weighing of all 0-6 year children, shift focus on Grade-I and Grade-II and refer critical Grade-III and IV cases to health facilities and establish nutritional treatment centres in each district.
• Register and provide SNP to all adolescent girls in AWC, impart non-formal and life skills education to them, introduce regular health checkups, IFA supplementation and de-worming, make their health cards.
• Sensitize functionaries including traditional birth attendants on early breast feeding and importance of immediate breastfeeding (colostrums).
• Promote regular home visits to prioritized houses by ASHA-Sahayoginis and engage helper in the AWC activities.
• Organize “Anna Prashana” (initial feeding ceremony) in AWCs, and demonstrate different food recipes using the locally available foods and katories (bowls).

• Ensure regular availability of health supplies; provide examination table, screen and other equipment to conduct quality ANC check ups.
• Organize NH days regularly at the AWCs with the active involvement of CBO, PRI, AWW, ANM and ASHA-Sahayogini.
• Ensure sector level coordination, joint review and monitoring and supportive supervision with working committees at various levels.
• Facilitate active involvement of ICDS field staff in Gram Sabhas and Panchayat Samiti meetings.
• Make ECE trainings more practical and regular with joint trainings of AWWs and Primary School teachers, ensure quality of PSE kit, develop age specific and innovative curriculum, and train ASHA Sahyogini / helpers in ECE.
• Periodically celebrate ECE day and organize inter-AWC competitions on ECE.
• Facilitate school teachers’ coordination with AWWs in conducting ECE, find space for AWCs in primary school campus and promote AWC graduation certificate for their admission to primary school.
• Promote public private partnership. Engage local NGOs, CBOs and artists in AWC activities.
Next Steps:

Following are the mandatory requirements that the State has agreed to fulfil as part of the ICDS-IV development and implementation process.

- Formation of a State Core Team and District Core Teams to oversee the State PIP development process. Since the State had already constituted a State Core Team with NGOs as its members, the GoI advised the State to reconstitute the team.
- The Principal Secretary, DWCD to issue instructions to the District Collectors of all the 20 high-burden districts informing them on the about the Project, advising them to provide their support in the PIP development process.
- Similar workshops to be organized in all the districts/regions to orient the block officials on ICDS-IV to start the process of developing their district annual plan
- Development of State Implementation Plan by the State with the support of CARE and USAID.
- Preparation of the procurement plan for the first 18 months of project implementation.
- Creation of a budget head for the ICDS-IV.
- Deployment of 2-3 officials from the Directorate to oversee the PIP development process.
5.3.5 Chhattisgarh

The Chhattisgarh State Workshop was held in Raipur on January 10-11, 2008. Senior officials from the State government, including the Principal Secretary, DWCD and the Director, DWCD provided valuable leadership and guidance during the workshop. Key officials from the MWCD, GoI, including the Project Director and representatives from the World Bank made a series of presentations at the workshop.

The participants included district ICDS officials from the nine high-burden districts and State officials from the Departments of Education, Health and Family Welfare, ICDS training institutions and the State Health Resource Centre. USAID/CARE who formally agreed to support the State government for the development of the State PIP actively contributed during the workshop, as did State representatives from UNICEF.

The workshop saw active participation from all members who shared their valuable experiences and suggested innovative ways to improve the quality of ICDS implementation. Following are the preliminary suggestions of the groups:

**Strengthening Institutional Capacity**
- Include dedicated technical specialists in Nutrition, Health, M&E, Management, Procurement and Finance and ECE with separate cells at the State level.
- Place a capacity building officer (on consultation) in each block.
- Develop need based training curriculum.
- Conduct regular synergized joint trainings of all concerned line departments (NRHM, ICDS, Education) functionaries.
- Strengthen training of PRIs/ community, adolescent girls, Mitanins, Self-Help Groups.
- Conduct regular capacity building on counselling skills, complementary feeding, community mobilization, growth promotion, promotion of micronutrients and plan exposure visits to better performing sites.
- Establish a group of master trainers using SSA and NCERT trainings for ECE and add personality development trainings for AWWs.
- Sensitize AWWs and train them in identification of special learning needs of children with disabilities.
• Establish and operationalize cluster resource centres for training and providing resource support to AWWs.
• Extension/Construction of meeting hall in each of the ICDS Project Office. Equip them with gadgets like digital camera, DLP, laptop with internet connections.

Information, Education and Communication
• Develop a State level BCC strategy including a formative research and promote use of BCC kits by all frontline functionaries.
• Use innovative BCC methods like display key information on AWCs walls, document successful strategies, reward excellence and social audit through use of community growth charts.
• Train to use the BCC materials during household visits and village nutrition and health days by the frontline workers.
• Promote regular home visits to the prioritized families and ensure effective counselling of the families.
• Organize community events to mobilize them to sensitize and bring about positive health behaviours. Some of the proven activities will include godbharai, bal-bhoj, janam-diwas, saas-bahu-pati sammelans.
• Promote community ambassadors and the use audio-video shows at village level to make the BCC more effective.
• Effectively mobilize communities by using locally appealing communication models.

Monitoring and Evaluation
• Introduce MIS-GIS system and establish M & E cell in the districts.
• Plan monthly/quarterly joint programme review meetings and engage PRIs in community based monitoring.
• Provide computer training to Supervisors, train CDPO, Supervisors in monitoring and mentoring of ECCE, train them in data analysis and use.
• Performance grading of AWCs.
Service Delivery – Nutrition and Early Childhood Education Services

- Form task force that addresses AWC sanitation, water supply, toilet, and hygiene issues to make the AWCs baby friendly institutions.
- Promote PPP models to enhance quality of nutrition and ECE services.
- Establish standards for various services and regularly update Gram Sabhas on health/nutrition and ECE status and coverage by making mandatory a discussion on these issues in the Gram Sabha.
- Revive standing committee of Health and WCD at the Gram Panchayat level.
- Map AWCs and use it for differential planning and accreditation.
- Enroll all adolescent girls for IFA and de-worming services. Train them on life skill and conducting pre-school education. Solicit their support to conduct AW activities in weak centres.
- Train and take support from community on infant and young child feeding practices through community events.
- Supply growth charts, three types of weighing scales to all AWCs and ensure use of growth charts by all.
- Target all pregnant women for IFA consumption and identify all high-risk beneficiaries for follow-up.
- Increase coverage by engaging AW Helper/Mahtari Panchayat.
- Use caste wise identification for ensuring focus on most marginalized sections like SC/ST. Ensure coverage of migrants by enforcing government orders and take the help of Van Suraksha Samiti, opinion leaders and Mitanins etc.
- Map left out communities, make home visits, orient and counsel community leaders, caste panchayats on ECE and nutrition, mobilize them to send their family members and children to AWC. Print and supply the study material in local languages.
• Ensure attractive packaging of services during the monthly NH days and ECE meetings. Plan NHD rosters in joint sector level meeting and involve and recognize the participation of CBOs, SHGs in conducting NH days.

• Fix monthly meetings of SHGs, PRIs and maintain absentee list and discuss it in the Gram Sabha.

• Ensure regular joint review and coordination through village/block/district level meetings and align health, education and ICDS operations at different levels.

• Start parent-AWW meeting, progress cards for children, celebrate annual ECE day, reward children with 100% attendance, give them transfer certificate, use local language in curriculum, install a bell at the AWC, ensure periodic medical check up of children and organize awareness week/public meetings to raise ECE demand.

• Identify and monitor ECE indicators.

• Locate AWCs in Schools, use SCERT curriculum for developing age appropriate curriculum for ECE in AWC, add appropriate budget for ECE kits and conduct joint training of teachers from SSA with AWWs.

• Converge with Tribal Welfare department to provide uniforms to children.

• Involve higher secondary school students, NSS volunteers for supporting the AWW in ECE activities.

• Identify NGOs working for ECE, train them, involve them in sector meetings, use knowledge and information exchange trips.

• Identify weak children and initiate an adoption drive to encourage their adoption by individuals and CBOs for follow up and support and start minimum community contribution for AWCs.

• Design attractive Model AWCs.
Next Steps:

Following are the mandatory requirements that the State has agreed to fulfil as part of the ICDS-IV development and implementation process.

• Formation of a State Core Team and District Core Teams for each of the high-burden districts to oversee the State PIP and DAP development process.
• The Secretary, DWCD to issue instructions to the District Collectors of all the nine high-burden districts informing them about the Project and advising them to provide their support in the PIP development process.
• Similar workshops to be organized in all the districts/regions to orient the block officials on ICDS-IV to start the DAP development process.
• Development of the State PIP and first year DAP with the support of CARE and USAID.
• Preparation of the procurement plan for the first 18 months of project implementation.
• Creation of a budget head for the ICDS-IV.
• Identification of 1-2 key officials from the Directorate to oversee the PIP development process and coordinate with the GoI from time to time.
The Maharashtra State Workshop was held in Lonavala on January 21-22, 2008. Senior officials from the State government, including the Commissioner, DWCD provided valuable inputs and guidance throughout the workshop. Key officials from the MWCD, GoI, including the Jt. Secretary and the Project Director as well as representatives from the World Bank made a series of presentations at the workshop. The workshop was concluded by the Principal Secretary, DWCD who motivated the participants to continue their efforts and work towards the development of a challenging yet practical and focused project implementation plan aimed at reducing child malnutrition and improving early child development outcomes.

The participants included district ICDS officials from the 20 high-burden districts and State officials from the departments of Health and Family Welfare, Education and SCERT. Representatives of UNICEF, which formally agreed to support the State government in the development of the State PIP, also participated in the workshop.

The workshop saw the participants take a great deal of interest in the project, suggesting innovative ways to improve the quality of ICDS implementation based on their experiences. A summary of their suggestions is given below:

**Strengthening Institutional Capacity**

- Post key government official as “Project Director” at the SPMU for a period of at least 3 years. Provide them with technical support and delegate them with appropriate powers and finances. Establish IEC, M & E Cells at the State and district level and depute nutrition and ECE Coordinators, accounts officer at district/project level to facilitate and coordinate ICDS activities and provide support staff based on the need.
• Assess the capacity building (CB) needs of nutrition, health, ECE, management and communication skills and prepare category-wise CB modules.
• Develop AWTCs at the district level along the lines of DIET, strengthen training of trainers to make trainings attractive, ensure regular professional training staff and increase daily allowance for trainees.
• Develop norms for constructing AWCs and AWTCs, start library with ECE learning material, toys etc., develop a model AWC at the AWTC.
• Conduct educational visits for AWWs, supervisors and CDPOs to good programme sites
• Streamline financial management system. Ensure convergence between health, education and ICDS programmes.
• Construction of model AWCs with hand pumps/safe drinking water, toilet facilities, proper kitchen, store, wall compound; promotion of sanitation and hygiene in AWC surroundings. Make 10 % of the PRI funds available for the ICDS construction.
• Also, construct CDPO office with storage place, meeting hall, safe drinking water, and training-cum-residence centre at the block level.

Information, Education, Communication
• Assess the communication needs. Involve local NGOs/CBOs/SHGs and local media (Print/electronic) to promote BCC. Promote brand ambassadors and coordinate with the development partners for their technical support.
• Promote local language drama, street theatre, and the use of radio, FM, audio-video aids. Promote the use of message delivery in local dialect by local folk artists.

Monitoring and Evaluation
• Provide mobility support to CDPOs and supervisors for field monitoring and provide dial tone for land line as well as mobiles to the field staff.
• Constitute a Quality Control Committee and ensure district/block level monitoring by the ICDS staff and project evaluations by external agencies.
• Promote and strengthen community based monitoring systems. Introduce social audit through Gram Sabhas.

Service Delivery – Nutrition and Early Childhood Education Services
• Advocate tasty, good quality high caloric food with variety preserving the local taste. Train SHGs, Mahila Mandals, mothers on nutrition value of locally available foods, micronutrient fortification, foods preparation and importance of early and exclusive breastfeeding.
• Promote health and nutrition education by various professional institutions like home science and Medical colleges.
• Provide weighing scales for all age groups, individual growth charts and community growth charts.
• Ensure effective messages on breast feeding and timely weaning. Promote the use of flip charts, posters hoardings, BPNI Training CDs. Establish crèches attached to the AWCs as per the need. Ensure adequate supply of IFA, de-worming tablets and Vitamin A to all the AWCs.
• Use programmes that promote an emotional connect like local festivals of Haldi kumkum, durgotsav, campaigns and advertisements during these festivals using different media could be used to talk about children’s development to parents.
• Ensure active role of Gram Sabhas and SHGs in the nutrition and ECE activities with proper orientation to them, establish village library and promote Kishori panchayat.
• Include all adolescent girls for the Kishori Shakti Yojna, provide SNP to all adolescents girls, and provide them with health, nutrition and vocational training. Provide necessary incentives and train educated adolescent girls to provide ICDS services for uncovered areas and help uneducated AWWs in delivering ECE.

![District Map of Maharashtra](image)

• Develop State specific ECE curriculum, standardize teaching materials based on age, use indigenous material, and revise existent educational training material, negotiate for SSA funds to provide toys to AWCs for indoor and outdoor games, ensure alliance of primary schools with AWTCs.
• Promote use of time tables for AWCs, introduce progress report card for each pre-school child, use audio visual learning material to teach children, celebrate children’s birthdays.
• Organize programmes involving children and their parents on special days like children’s day, festivals, world women’s day, create and use village youth groups to help organize such events, involve women in art and craft activities of ECE.
• Increase AWC work hours to take on the responsibility of running crèches where community women are caretakers.
• Provide incentives to children of SC/ST for high attendance at AWC, and give preference to teachers and workers from these communities for vocational training and jobs at AWC, target community leaders to motivate parents from these communities.
• Document and share good convergence efforts at the State level and make efforts to institutionalise these practices in all districts.
• Ensure quarterly convergence meetings at the sector level.

Next Steps:

Following are the mandatory requirements that the State has agreed to fulfil as part of the ICDS-IV development and implementation process.

• Formation of a State Core Team and District Core Teams to oversee the State PIP development process.
• The Secretary, DWCD to issue instructions to District Collectors of all the 20 high-burden districts informing them about the Project and advising them to provide their support in the PIP development process.
• Similar workshops to be organized in all the districts/regions to orient the block officials on ICDS-IV to start the DAP development process.
• Development of State Project Implementation Plan by the State with UNICEF support.
• Preparation of the procurement plan for the first 18 months of project implementation
• Creation of a budget head for the ICDS-IV.
• Identification of 1-2 key officials from the Directorate to oversee the PIP development process and coordinate with the GoI from time to time.
5.3.7 Madhya Pradesh

The State Workshop for Madhya Pradesh was held in Bhopal on February 7-8, 2008. The workshop was inaugurated by Ms. Kusum Mehdele, Hon’ble Minister for Women and Child Development (WCD), Government of Madhya Pradesh. Senior officials from the State government, including the Additional Chief Secretary, DWCD and the Director, DWCD provided valuable inputs, leadership and guidance during the workshop. Key officials from the MWCD, GoI, including the Project Director and representatives from the World Bank made a series of presentations at the workshop. The workshop was concluded by Mr. Ganga Ram Patel, the State Minister WCD.

The participants included district project officers from the 30 high-burden districts and State officials from the Health and Family Welfare and Education Departments. UNICEF who formally agreed to support the State government for the development of the State PIP actively contributed during the workshop, as did representatives from USAID, CARE and Micronutrient Initiatives.

Ms. Kusum Mehdele, Hon’ble Minister for WCD, Govt. of M.P., Mr. R.N. Berwa, Addl. Chief Secretary, DWCD, Mr. K. Rajeswara Rao, Director ICDS, MWCD, and Ms. Kalpana Srivastava, Director DWCD inaugurating the workshop by lighting the lamp.

Given below is a brief list of recommendations suggested by the participants during group deliberations on measures required to improve the implementation of the ICDS programme:

**Strengthening Institutional Capacity**
- Establish MIS, IEC and Media, Nutrition, Training and Capacity Building, Programme Management, Finance and Procurement cells with technical people at the State level.
- Establish district level resource and training centres and construct meeting/training hall for sector level meetings.
- Form State level resource and coordination teams to ensure convergence and avoid overlap; explore the possibilities for joint trainings with NRHM, SSA and PRIs to improve convergence.
- Conduct needs assessment, revise the training curriculum, tools, and methodology; Map training institutes/agencies/civil societies to strengthen the training; incorporate training calendars in MIS.
- Utilize existing district/block/sector level forums for ongoing capacity building and expose different stake holders to good performing nutrition and ECE sites.
- Engage technical experts to impart management skills, develop leadership qualities among supervisors etc., identify and train AWWs on ECE specially those with low educational qualification.
- Train the AWTC instructors on ECE and introduce thematic refresher trainings for AWWs.
- Develop model AWCs.

**Information, Education, Communication**

- Conduct IEC need assessment and develop IEC strategy.
- Engage and sensitize the local print/electronic media and help create awareness on success stories, organize awareness generation activities on ECE and nutrition.
- Update the department website regularly with interesting information.
- Use local means like Nukkad Nattak, Katputli Show and village library to impart awareness.
Monitoring and Evaluation

- Establish online MIS and ensure equipment, i.e. computers, scanners, internet connectivity, Fax, photocopiers, at block/district/divisional levels along with staff for data entry operations and data analysis.
- Ensure mobility support for programme monitoring.
- Involve external agencies for impact assessment of AWW trainings.
- Introduce check list, home visit planner, sector reporting tools. Develop ECE assessment and monitoring tools for supervisors, tool to assess progress of children, parents feedback form etc.
- Develop M&E strategy that measures outcomes based on behaviour change assessment indicators and rewards good performing AWWs.
- Form monitoring committees at different levels; involve community and *gram panchayats* in planning and interventions.

Dr. (Ms.) Meera Shekar, Sr. Nutrition Specialist and Task Team Leader (ICDS-IV project), World Bank outlining the key messages from the workshop at the concluding session

Service Delivery – Nutrition and Early Childhood Education Services

- Shift the programme focus from providing supplementary nutrition to promotion of IYCF practices and strengthen quality of healthy traditional practices.
- Promote nutrient rich local foods (drumstick leaves, *chakua*, *bathua* etc). Introduce sprinkler/micronutrient pouch for 6-36 years old children. Conduct feeding demonstrations at the community level.
- Ensure provision of weighing scales. Train AWWs and communities on growth promotion using community growth chart. Conduct growth promotion week, healthy baby shows, and reward mothers with healthy babies. Engage the adolescent girls in growth monitoring and various competitions at AWCs.
• Promote use of mother and child protection card, and allocate some fund to manage severely malnourished children.
• Strengthen critical contacts and interpersonal communication through home visits. Promote counselling of mothers, family members at critical periods (pregnancy time). Strengthen the *Mangal Diwas*, track mothers at institutional delivery points and children during *Annaprashan* functions.
• Create awareness on breastfeeding; use of iodized salt, IFA supplementation, vitamin A, biannual de-worming to children etc. Conduct quarterly health check up all children below six years and ANC to pregnant women and introduce healthy pregnant women competition.
• Provide adolescent girls with life skills education, health and nutrition training. Promote IFA supplementation, bi-annual de-worming and strengthen adolescent girls’ groups/kishori clubs.
• Identify and involve educated adolescent girls in helping the AWW with ECE activities (where required) and provide them with an honorarium.
• Develop age appropriate/linear curriculum for ECE, develop ECE booklets in local languages, form parents – teacher committee, introduce toys for separate age groups and ensure provision (to AWCs and supervisors) and upgrade of ECE kit every year, reward children performing well and celebrate an annual ECE day.
• Generate awareness through special campaign on inclusion of SC/ST and socially excluded groups, invite them in AWCs, increase their coverage through home visits by AWW, and involve them in monitoring programme and activities.
• Ensure flexi funds for various activities and involve adolescent girls, mothers committees, PRI members, agencies working on Child rights and health in AWC activities.
Next Steps:

Following are the mandatory requirements that the State has agreed to fulfil as part of the ICDS-IV development and implementation process.

- Formation of a State Core Team and District Core Teams to oversee the State PIP development process.
- The Secretary, DWCD to issue instructions to District Collectors of all the 30 high-burden districts informing them about the Project and advising them to provide their support in the PIP development process.
- Similar workshops to be organized in all the districts/regions to orient the block officials on ICDS-IV to start the DAP development process.
- Development of State Project Implementation Plan by the State with UNICEF support.
- Preparation of the procurement plan for the first 18 months of project implementation.
- Creation of a budget head for the ICDS-IV.
- Identification of 1-2 key officials from the Directorate to oversee the PIP development process and coordinate with the GoI from time to time.
The Bihar State Workshop was held in Patna on March 25-26, 2008. Senior officials from the State Government, including the Principal Secretary, Department of Social Welfare and Director (ICDS) provided valuable leadership and guidance during the workshop. Key officials from the MWCD, GoI, including the Project Director and representatives from the World Bank made a series of presentations at the workshop.

The participants included district ICDS officials from the nineteen high-burden districts selected under the project. State officials from the Departments of Health and Family Welfare and the Sarva Siksha Abhiyan (SSA) also participated in the workshop. State UNICEF officials, who formally agreed to support the State government in the development of the State PIP, played an active role throughout the workshop.

All the workshop participants added value to the deliberations, especially during the group discussions, where they voiced their suggestions on how to improve the ICDS programme. Bihar was the only State where an additional group was formed to discuss ‘special needs during emergencies’, since a large number of districts in Bihar are affected by floods almost on a yearly basis. A summary of all the groups suggestions are given below:
Strengthening Institutional Capacity

- Establishment of a State Project Management Unit (SPMU) with key government officials supported by professional and technical staff for nutrition, ECE, IEC, finance and procurement, training and M&E
- Clear definition of roles and responsibilities for each functionary from State to the cluster level
- Provision for training of master trainers at the State level, revision of training modules for AWWs and thematic trainings for field functionaries with a provision for development of learning materials for each of the trainings
- Establishment of State level and district level resource centres and
- Identification of middle level training centres as per need
- Strengthening of Anganwadi Training Centres (AWTC) and Middle Level Training Centres (MLTC)
- Capacity building of community groups like Posahar Bitran Karyanwayan Samiti and PRIs
- Exposure visits/ Study tours at both the State and National level

Information, Education, Communication

- Establishment of dedicated IEC cell supported by an advisory group
- Massive multimedia campaign with a provision for periodic communication needs assessment
- Use of mass media such as radio and local TV, use of a brand ambassador, hoardings at the project/district level, Nukkad Nataks with involvement of local folk/cultural groups for community awareness programmes etc.
- Production of monthly newsletters at directorate and district level with documentation of effective practices and success stories; and the development of dedicated web portal
- Synergy between SSA and allied departments in the key areas of BCC, Training, based on groups identity
Monitoring and Evaluation
- Computerized MIS through customized software up to block level with DATA centres
- Regular capacity building of key officials on data handling and analysis (at the State, district and block Level)
- Use of biometric system as a tool of monitoring and quarterly audits of progress by CA
- Provision for periodic assessments including operations research, social assessments, rapid assessments

Service Delivery – Nutrition and Early Childhood Education Services
- Proper storage facility at AWC especially for food grains (drums, cans etc.) with better facilities for cooking food; strengthening the Posahar Bitran Karyanwayan Samiti
- Inter departmental coordination with Public Health Engineering Department (PHED)
- Prioritize availability of Vitamin A, IFA tablets, IDD kit/ USI, Zinc at AWCs
- Micronutrient awareness generation, orientation, demonstration etc.
- Celebration of events like Health & Nutrition day regularly
- Formation of functional Kishori Mandals with funds for availability of de-worming and IFA tablets for adolescent girls

- Construction of Model AWCs, Cluster Resource Centres (CRCs), Nutrition Rehabilitation Centres (NRCs) and selected CDPO offices
- Geographical area of AWC should be fixed according to revised norms to facilitate inclusion of left out populations; location of AWC should be on the basis of ‘tolas’ (small habitations)
- Appropriate orders to give flexibility for actual universal coverage v/s the current fixed beneficiaries approach
- Community mobilisation drive in target districts among lesser reached populations
- Joint trainings and meetings of Health and ICDS functionaries for better service delivery
• Community based monitoring to track critical health and nutrition behaviours
• Development of district level resources centres for ECE; creation of primers/kits for training AWWs on ECE; district level training programmes for DPO, CDPOs and Supervisors to be introduced to orient them on ECE
• A separate ECE syllabus to be developed; cultural programmes during parents meeting, republic day etc. to showcase children’s talents; prizes for good performing children
• Observation cards for children 0 to 3 years and 3 to 6 years to be maintained. These would act as evaluation cards to be used by AWW/parents to assess the child’s development; Parent-AWW meeting once a month
• Identify local resource person to support in mobilization and inclusion of left out children
• Private companies, NGOs and CBOs can be approached to provide material support for ECE e.g., toys, books etc.
• Identification of Core Team from Community to tackle severe acute malnutrition (SAM) and prior mapping of vulnerable areas/ population and joint planning meetings
• Community kitchens, decentralized drug depots, provision of tents and comprehensive training manuals for emergency situations; mobile AWCs
• Staircase to roof as part of AWC design; the AWC should be child friendly
• Establishment and strengthening of NRCs

Next Steps:

Following are the mandatory requirements that the State has agreed to fulfil as part of the ICDS-IV development and implementation process.

• Formation of a State Core Team and District Core Teams for each of the high-burden districts to over see the State PIP and DAP development process
The Principal Secretary, DWCD to issue instructions to the District Collectors of all the nineteen high-burden districts informing them about the Project and advising them to provide their support in the PIP development process

Similar workshops to be organized in all the districts/regions to orient the block officials on ICDS-IV to start the DAP development process

Development of the State PIP and first year DAP with the support of UNICEF

Preparation of the procurement plan for the first 18 months of project implementation

Creation of a budget head for the ICDS-IV

Identification of 2-3 key officials from the Directorate to oversee the PIP development process and coordinate with the GoI from time to time
A. Objective of Group Work:

- To identify activities to improve the quality of nutrition and Early Childhood Education (ECE), the two major components of the ICDS-IV. These activities could be incorporated into the State PIP/DAP.

- To identify these activities based on evidence of ‘good practice’. In other words, there should be evidence to show that the activity has been effective in overcoming malnutrition and/or enhancing the quality of ECE.

- The activities proposed could be ‘new activities/initiatives’ or could be additionalities that would ‘strengthen existing activities’.

For the purpose of providing clarity, a flowchart has been created broadly, to outline the key components to be addressed during the group discussions. The flowchart clearly distinguishes between the State and the district.

The State Plans are expected to broadly look at (i) Project management (ii) capacity building (iii) monitoring and evaluation (iv) information, education and communication (IEC)/behaviour change communication (BCC) strategies (v) institutional development, and (vi) service quality aspects within the nutrition and ECE Components. While the District Plans are expected to look at the specific interventions/activities to be carried out within the nutrition and ECE components.
B. Formation of Groups

The participants would be divided into 5 groups –

- Group-I would deliberate on activities to be carried out at the State level under the broad six components within the State PIP.
- Group-II would deliberate on the Service Delivery aspect of the Nutrition Component for the District Plans.
- Group-IV would deliberate on the Service Delivery aspect of the ECE Component for the District Plans.
- Group-V would deliberate on the Demand Generation aspect of the ECE Component for the District Plans.

Key officials from the State Govt./GoI/World Bank/development partners will facilitate the group work.

NOTE:

1. While brainstorming on possible interventions within the nutrition and ECE Component the group will keep the Project Development Objectives in mind. Activities suggested should be aimed at fulfilling the Project Development Objectives.

   - to reduce child malnutrition through expansion of utilization of nutrition services and awareness and adoption of appropriate feeding and caring behaviours 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.

2. Suggestions related to revision/change in existing ICDS norms are out of the project purview and are not to be discussed by the groups.

3. Additional professional support as required at the district/State level may be discussed and specified during the group discussions.
C. Templates for Group Exercise

The following formats would be used by the groups to facilitate the discussions:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Gaps / problem areas</th>
<th>Causes for gaps</th>
<th>Recommended activities/best practices known to overcome these gaps</th>
<th>Is it a new activity (N) or does it involve strengthening of existing activity (S)</th>
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<tbody>
<tr>
<td>GROUP I – State Level Activities</td>
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<tr>
<td>1. Project management</td>
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<td>2. Capacity building of key ICDS functionaries and officials</td>
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<td>3. Institutional development (related to State Directorate/District Cells – office equipment etc)</td>
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<tr>
<td>4. IEC/BCC strategies</td>
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<td>5. Monitoring and evaluation</td>
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<td>6. Quality of Service - Nutrition and ECE activities</td>
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<td>GROUP II : Nutrition – Service Delivery Activities</td>
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<td>1. Supplementary nutrition</td>
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<td>2. Growth monitoring and promotion</td>
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<td>3. Adolescent girls empowerment</td>
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<td>4. Infant and young child nutrition</td>
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<td>5. MCH services (includes health supplies)</td>
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<td>6. Infrastructure development (construction of Model AWCs/cluster centres)</td>
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<td>GROUP III: Nutrition – Activities aimed at creating Demand and Ownership among Community</td>
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<td>1. Universal coverage and outreach</td>
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<td>2. Addressing social exclusion of SC/STs and other marginalized groups</td>
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<td>3. Behaviour change Communication for improved</td>
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<td>Theme</td>
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<td>health and nutrition status</td>
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<td>4. Convergence with other line departments (Joint problem solving, joint visits, joint training etc)</td>
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<td>5. Community ownership</td>
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<td>6. Awareness and involvement of PRIs, SHGs, Primary Schools etc.</td>
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<td><strong>GROUP IV: ECE – Service Delivery Activities</strong></td>
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<tr>
<td>1. Capacity of AWW and also of Supervisors/CDPOs in delivering PSE</td>
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<td>2. Quality of ECE being imparted in AWCs</td>
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<td>3. Resources for ECE</td>
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<td>4. Monitoring and evaluation of ECE</td>
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<td>5. Convergence with primary schools</td>
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<td>5. Infrastructure development (Space at AWC and other such ECE specific requirements)</td>
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<td><strong>GROUP V: ECE – Activities aimed at creating Demand and Ownership among Community</strong></td>
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<tr>
<td>1. Behaviour change communication for awareness among parents about relevance of ECE</td>
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<td>2. Community ownership</td>
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<tr>
<td>3. Awareness and involvement of PRIs, SHGs, <em>Mahila Mandals</em> etc.</td>
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<tr>
<td>4. Support/Involvement of external resource groups like NGOs etc.</td>
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<tr>
<td>5. Addressing social exclusion of SC/STs and other marginalized groups</td>
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Appendix

A.1: State-wise details of selected districts/blocks/AWCs
A.2: Letters issued by GoI to the States and Development Partners
A.3: Tentative Timeline for Project Preparation
A.4: State-wise data on Health and Nutrition Indicators (NFHS-III)
A.5: Contact details of MWCD/GoI, World Bank and other Development Partners
A.6: Contact Details of State Secretaries/Directors In-Charge of Women and Child Development/Social Welfare in the Eight Project States
A.7: Contact details of the Lead Development Partners in the States
### A.1 Coverage under ICDS-IV Project

**List of Districts/Blocks/AWCs proposed to be covered under the ICDS-IV Project**

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**UTTAR PRADESH**
A.2: Letters issued by GoI to the States and Development Partners
D.O. No. 25-1/2002-WBP (P-I)

16.1.2007

Dear

Subject : Proposed ICDS-IV Project with World Bank assistance – Inclusion of States – Regarding

As you are aware, this Ministry is negotiating the next phase of IDA assistance for ICDS-IV Project with the World Bank.

2. Pursuant to this Ministry’s submission of a Draft Concept Note for the proposed project, the World Bank deputed an Identification Mission during September 2006. The Mission had wide-ranging discussions with the stakeholders (GoI/State Govt./Other development partners) and came up with a timeline, which has since been finalized for formulation of the Project. A revised Project Concept Note delineating the objectives and proposed interventions is being finalized jointly with the World Bank and will be sent to you shortly. A Preparation Mission of the World Bank for the ICDS-IV Project is scheduled to visit this Ministry during January 29-Feb 16, 2007 to discuss the related issues.

3. Meanwhile, going by the criterion of prevalence of child malnutrition and also girls’ enrollment in primary school, the Ministry has initially identified a few States for possible inclusion under the ICDS-IV Project. The Ministry is contemplating to include certain districts in your State under the project with relatively poor nutritional and educational indicators of girl child.

4. While you may be called for participation in discussion during the visit of the World Bank Preparation Mission, it would be appreciated if you could kindly convey State Government’s consent to inclusion of your State under the proposed project and also take up the following preliminary steps at the earliest under intimation to this Ministry:

(i) Creating a budget head for the World Bank assisted ICDS IV Project, if it is not in existence already for making provision in the budget for 2007-08;
(ii) Identifying the districts having poor nutritional status of children and also poor enrolment of girls in primary schools for better targeting under project; and

(iii) Deploying essential staff in the Directorate of ICDS for undertaking the tasks relating to preparation of the project, especially development of Project Implementation Plan (PIP).

5. You are requested to send your response by January 20, 2007 positively

With regards,

[Signature]

(Chaman Kumar)

To:

Secretary in charge of Women and Child Development
[Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh]
Dear

Please refer to the Ministry's D.O. letter of even number dated 16.1.2007 conveying the consent of the State Government for possible inclusion of your State under the proposed project.

2. A mapping exercise to identify 'high-burden' districts in the country in respect of prevalence of child malnutrition and access to early childhood education has since been carried out by the World Bank. Based on the findings of the above study, this Ministry in consultation with the World Bank has finally selected 8 States including yours for inclusion under the proposed project. A number of districts with high concentration of child malnutrition as well as low enrolment of girls in primary schools have also been identified for coverage under the project.

3. This Ministry will hold a consultation-cum-workshop shortly with the 8 selected States to discuss the project concept note as well as other related processes for project preparation. A separate letter is being issued to you on the proposed workshop.

4. I hope that action on issues like creation of a budget head for the World Bank assisted ICDS-IV Project, identification and deployment of staff in the Directorate of ICDS for preparation/implementation of the project, identification of interventions etc has already been taken by you, as was requested earlier. However if action is still pending in any of the related issues, the same may kindly be completed at the earliest so that there is no delay in launching of the Project.

With regards,

Yours sincerely,

(P.BOLINA)

To

Secretary in charge of Women and Child Development [Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh]
As you may be aware this Ministry is negotiating the next phase of IDA assistance for ICDS (ICDS-IV project) with the World Bank.

2. In a preparatory exercise to the next phase, the World Bank has carried out a mapping exercise to identify 'high-burden' districts in the country in respect of Child Malnutrition and access to Early Childhood Education (ECE). Based on the findings of the above study, 7 States, with worst performance in the area of nutrition and ECE, have been identified for inclusion under the proposed ICDS-IV project. This Ministry is contemplating to include your State also, in view of State's best practice experiences in the activities of Mother's Committees/Self Help Groups and community participation in development activities, which can serve as a model for other States to follow. In the case of your State, 13 districts identified under National Rural Employment Guarantee Act (NREGA), are proposed to be covered under the project.

3. You are requested to convey the consent of the State Government for inclusion of your State under the proposed project and also take up the following preliminary steps at the earliest under intimation to this Ministry:

(i) Creating a budget head for the World Bank assisted ICDS IV Project, if it is not in existence already, for making provision in the budget for 2007-08

(ii) Deploying essential staff in the Directorate of ICDS for undertaking the tasks relating to preparation of the project, especially development of Project Implementation Plan (PIP) and staff in districts.

4. This Ministry will hold a consultation-cum-workshop shortly with the 8 selected States to discuss the project concept note as well as other related processes for project preparation. A separate letter will be issued to you on the proposed workshop.

5. You are requested to send your response by 25th September, 2007 positively.

With regards,

Yours sincerely,

(P.Bolina)

To

Secretary in charge of Women and Child Development
[Andhra Pradesh and Maharashtra]
Dear

As part of the preparation of the proposed ICDS-IV Project with IDA assistance, the Ministry of Women and Child Development is organizing a Consultation-cum-Workshop jointly with UNICEF, with the selected 8 States and other stakeholders on 9-10 October 2007 at New Delhi. Exact venue and agenda of the workshop will be intimated separately.

2. The major objectives of the workshop are:
   - To discuss the project concept note of ICDS-IV Project and key principles of the revised implementation framework of ICDS, which would be aligned with the proposed project;
   - To inform about Govt's road map during the 11th Five Year Plan: Revised implementation framework for ICDS;
   - To elicit views of the participating States on the proposed project
   - To discuss the guidelines for the State Project Implementation Plans (PIPs) and to finalize draft structure/components/interventions under the project; and
   - To devise and agree on an action plan and timeline for the preparation of the project.

3. The workshop is proposed to be inaugurated by Smt Renuka Chowdhury, Hon'ble Minister for Women and Child Development.

4. You are invited to participate in the workshop alongwith your Director and Additional/Joint/Deputy Director (who will be involved with the project preparation). You are also requested to kindly make a short (15 min) PowerPoint presentation in the workshop on your State’s expectation from the proposed project. You may like to highlight 3-4 key interventions based on the past experiences which you think will have significant effect in accelerating reduction in child malnutrition in your State.
5. Kindly note that travel and stay expenses are to be borne by the participants. Please confirm your participation as soon as possible by email to saruj65@yahoo.com with a copy to dshrivastava@unicef.org or by telephone at 011-2336 2376, 2336 8202.

6. We look forward to your participation in the workshop.

With regards,

Yours sincerely,

(P. Bolina)

To

State Secretaries in charge of Women and Child Development
[UP, Rajasthan, Maharashtra, MP, Chhattisgarh, Bihar, Jharkhand, Andhra Pradesh]

CC: Directors in charge of Women & Child Development
No.25-1/2002-WBP (Pt.II)
Government of India
Ministry of Women and Child Development
(World Bank Unit)
1st Floor, Janpath Hotel, Janpath
New Delhi 110001 Dated 26th September 2007

To
Smt. Y V Anuradha,
Director,
Women Development and Child Welfare Department,
Government of Andhra Pradesh,
Ameerpet, Near Sarathi Studio,
Hyderabad -560 022

Subject: Proposed World Bank assisted ICDS-IV Project.

Madam,

I am directed to refer to this Ministry’s D.O. letter of even number dated 18.9.2007 regarding inclusion of your State for the proposed World Bank assisted ICDS-IV Project and to say that the 13 districts of your State which have been identified for coverage under the Project are Adilabad, Anantapur, Chittoor, Cuddapah, Karimnagar, Khammam, Mahbubnagar, Medak, Nalgonda, Nizamabad, Rangareddi, Vizianagaram and Warangal. These districts are the ones which have been identified by the Government of India, for implementation of National Rural Employment Guarantee Act (NREGA-Phase I).

2. I request you to take further necessary action in a time bound manner, for proper implementation of ICDS-IV Project.

Yours faithfully,
Sd/-
(Naveen Yadav)
Under Secretary to the Government of India
Telefax:2336 8202
2336 2376

Copy to:
1. Secretary, Women and Child Development Department,
   Secretariat, Hyderabad.
2. Ms Meera Shekar, Senior Nutrition Specialist, The World Bank, 70 Lodi Estate,
   New Delhi.

(Naveen Yadav)
Under Secretary to the Government of India
No.25-1/2002-WBP (Pt.II)
Government of India
Ministry of Women and Child Development
(World Bank Unit)
1st Floor, Janpath Hotel, Janpath
New Delhi 110001, Dated 26th September 2007

To

Secretaries of Maharashtra, UP, MP, Rajasthan, Bihar, Chattisgarh, Jharkhand.


Sir,

I am directed to refer to this Ministry's D.O. letter of even number dated 18.9.2007 regarding identification of your State for the proposed World Bank assisted ICDS-IV Project and to send herewith a list of districts of your State which have been identified based on the Technical Study for coverage under the proposed World Bank assisted ICDS-IV Project (Annexure-I). Some relevant information about the study and its methodology is also enclosed (Annexure-II).

2. I request you to take further necessary action for timely implementation of ICDS-IV.

Yours faithfully,

(Naveen Yadav)
Under Secretary to the Government of India
Telefax: 011-2336 8202
011-2336 2376

Copy to -
Directors/Project Directors of Maharashtra, UP, MP, Rajasthan, Bihar, Chattisgarh, Jharkhand.


(Naveen Yadav)
Under Secretary to the Government of India
D.O. No. 10-6/2007-WBP

September 27, 2007

Dear

As you are aware this Ministry has initiated preparation of the next phase of IDA assistance to ICDS, viz. ICDS-IV Project. You have already been invited to participate in the Consultation-cum-workshop, which is being organized by the Ministry jointly with UNICEF, with the selected 8 States and other stakeholders on 9-10 October 2007 at New Delhi.

2. During the workshop, inter-alia, project concept note (PCN) as well as some of the key lessons learned during the earlier phase of IDA assisted ICDS Projects (ICDS-I/II/III/APER) will be discussed. Please find enclosed herewith (i) Draft Agenda of the workshop on 9-10 Oct 2007; (ii) Project Concept Note prepared by the Ministry; and (iii) Implementation Completion Report (ICR) of the ICDS-III Project including Borrower’s Evaluation Report for your necessary perusal and action.

3. The project concept note has outlined the context/development objectives/rationale of the project as well as project components and some of the proposed interventions including the project management. The ICR of the ICDS-III Project gives insights into several key lessons learned during the implementation of the project including the issues relating to project planning/design. I would also like to draw your attention to the borrower’s evaluation report prepared by this Ministry, especially to the State-specific ‘best practices’ (section 13) which were identified under the project as well as the key lessons learned (section 14). All these are quite relevant for the planning and designing of the proposed ICDS-IV project.

4. I would also like to inform you that the Ministry is contemplating to facilitate professional support at the State level for the preparation of the project. Details would be informed during the workshop.

We look forward to your participation in the workshop.

With kind regards,

Yours sincerely,

(K.Rajeswara Rao)

To

(i) State Secretaries in charge of Women & Child Development
[UP, Rajasthan, Maharashtra, MP, Chhattisgarh, Bihar, Jharkhand, Andhra Pradesh]

(ii) Directors/Commissioners in charge of Women & Child Development
[UP, Rajasthan, Maharashtra, MP, Chhattisgarh, Bihar, Jharkhand, Andhra Pradesh]
Dear

As you are aware the Ministry of Women & Child Development, GoI organized a workshop with the 8 selected States including yours and development partners on 9-10 October 2007 in New Delhi, as part of the preparation of the proposed IDA assisted ICDS-IV project.

I would like to thank you for your active participation in the workshop. The outcome of the workshop has been successful in order to have a common understanding between the Ministry of WCD, GoI the WCD departments from the eight short-listed states, and the World Bank on issues relating to the revised implementation framework for ICDS (under which overall umbrella the IDA support will be positioned), the project concept note, key principles of the project, outline of the State PIP guidelines and also the next steps in preparing the PIPs.

As a follow-up of the national workshop and part of the next steps for development of the State PIPs, it was agreed that all 8 selected States would be organizing State level workshop with the stakeholders in the state to discuss the project related issues.

You are, therefore, requested to organize the State level workshops as soon as possible in order to expedite the preparation of the State PIPs in a time-bound manner. A draft blueprint for the State level workshop along with a draft agenda is attached herewith to help you understand the context and objectives of the proposed workshop. Concerned officials from the MWCD and World Bank will be participating in the workshops.

Dates for the proposed workshop may be finalized in consultation with the Ministry.

With kind regards,

Yours sincerely,

(P.Bolina)

To
State Secretaries in charge of Women & Child Development
[UP, Rajasthan, Maharashtra, MP, Chhattisgarh, Bihar, Jharkhand, Andhra Pradesh]

CC: Directors/Commissioners in charge of Women & Child Development
[UP, Rajasthan, Maharashtra, MP, Chhattisgarh, Bihar, Jharkhand, Andhra Pradesh]
Dear Ms. Fischer,

Thanks for confirming your support to the preparation of State Project Implementation Plans (PIPs) as a development partner in the ICDS-IV Project.

2. Five States, viz Andhra Pradesh, Chattisgarh, Jharkhand, Rajasthan and Uttar Pradesh are being requested to get in touch with your implementing partner CARE-India for necessary support to organize the State level workshops.

3. Following the State level workshops, State Governments would work out modalities with the identified development partner for necessary support for the preparation of the draft State PIPs, draft district plans and also for organizing district/regional workshops. The Ministry of Women & Child Development will be facilitating the processes involved, as and when required.

4. We look forward to working together to strengthen implementation of the ICDS Programme.

With regards,

Yours sincerely,

(P.Bolina)

Ms. Dana D. Fischer
Office Director
Office of Social Development
U.S. Agency for International Development
American Embassy, Chanakyapuri
New Delhi-110 021.

Copy to:

1. Dr. Meera Shekar, Task Team Leader, The World Bank
2. Dr. Dora Warren, Assistant Country Director, CARE-India.
November 20, 2007

Dear

Kindly refer to this Ministry's letter of even no. dated 24 Oct 2007 requesting you to organize State level workshops as part of the preparation of the State PIPs for the proposed IDA assisted ICDS-IV Project. While attaching a draft agenda and a brief outline of the workshop, it was indicated that State Governments might explore getting financial support from the development partners who are supporting the ICDS Programme in the state, to organize State/District levels workshops.

2. In this regard, I would like to inform you that USAID has confirmed their technical support for the development of State PIPs, including support for organizing State workshops, in five of the 8 selected States under the proposed ICDS-IV Project in Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh. Some of this support would come from USAID's implementing partner, CARE-India. (A copy of the letter received from USAID is attached).

3. Following the State level workshops, State Governments may explore with the identified development partner for necessary support for the preparation of the draft State PIPs, draft district plans and also for organizing district/regional workshops. The Ministry of WCD will be facilitating the processes involved, as and when required.

4. You are requested to get in touch with the CARE Representative in your State to organize the State level workshop at the earliest. Dates of the workshop may be finalized in consultation with the Ministry. A detailed guideline for organizing the State workshops is attached for your necessary information and action.

With warm regards.

Yours Sincerely,

(K.Rajeswara Rao)

To

Secretary in charge of Women & Child Development
(Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh)

Copy:
1. Director in charge of Women & Child Development
   (Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh)
2. Ms Dana D. Fisher, Office Director, USAID, New Delhi
3. Dr. Darra Warren, Asst. Country Director, CARE-India, New Delhi
4. Dr. Meera Shekar, Task Team Leader, The World Bank
November 2, 2007

Ms. P. Bolina
Joint Secretary
Government of India
Ministry of Women and Child Development
Shastri Bhawan
New Delhi -110021

Sub: ICDS-IV Project

Dear Ms. Bolina:

Thank you for inviting USAID to the National ICDS-IV Preparation Workshop on October 9-10, 2007 and to the subsequent wrap-up meeting on October 12, 2007. Based on the discussions at the wrap-up meeting, I confirm that USAID will be happy to continue its engagement as a development partner in the ICDS-IV Project development process at the state level. In this role, USAID could provide technical support, including support for state workshops and for the development of state Project Implementation Plans (PIPs), perhaps in five of the eight World Bank states where USAID supports the ICDS through CARE (Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh). Some of this support would possibly come from USAID’s implementing partner, CARE, whose representative at the wrap-up meeting had also expressed interest in continuing their support to ICDS-IV Project.

Given the years of USAID support to and experience with the ICDS through the CARE-implemented Integrated Nutrition and Health Project, we believe that this engagement will strengthen the PIP development and the effectiveness of the ICDS.

Sincerely,

Dana D. Fischer
Office Director
Office of Social Development

cc: Mr. K. Rajeswara Rao, Director, ICDS-IV Project
cc: Ms. Dora Warren, Assistant Country Director, CARE/India
December 31, 2007

Sub: Proposed IDA assisted ICDS-IV Project – Preparation of Project Implementation Plans – Regarding

Dear

In continuation with our letter dated 20 November 2007 attaching guidelines for organizing the State level workshops, please find attached similar guidelines and a draft agenda for organization of Regional/District level workshops, which are/will be taken up in your State.

2. As part of the process for the development of the State PIP and District Annual Plans, you have already been suggested to form a core resource team both at the State and district level. The core resource team will provide all necessary inputs in the development of plans and also coordinate and monitor the processes involved.

3. The following composition is suggested for the Core Resource Team.

   At the State level: 2-3 key Government Officials from the Department/Directorate of Women & Child Development, State Representative of Development Partners (who have formally agreed to support PIP preparation) and Representatives from RCH-II/NRHM and SSA (one each).

   At the District Level: District Programme Officer (ICDS), 2 CDPOs, 2 Supervisors, Block Medical Officer, District Communication Officer, District Medical 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).

4. You are requested to send us the following at the earliest:

   (i) Action plan prepared by the State for preparation of draft PIP and District Plans (delineating steps with timelines)
   (ii) Dates of the Regional/District Workshops
   (iii) Documented consultation processes followed in the district workshops
   (iv) Details of Core Resource Teams (at State/District level)
   (v) Status and details of nature of support in PIP processes by the development partners
5. I regret the delay in communicating the guidelines, as our team is busy in organizing the State level workshops and fine-tuning the guidelines.

   With warm regards and New Year greetings.

   Yours sincerely,

   (K.Rajeswara Rao)

To
Secretaries in charge of ICDS Programme
(Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan Uttar Pradesh)

CC:
Director in-charge of ICDS Programme
(Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan Uttar Pradesh)
Dear,

As you are aware, the Ministry of WCD, Government of India has negotiated with the World Bank for the International Development Association (IDA) support to the next phase of the ICDS programme, viz. ICDS-IV Project, which is currently at the planning stage. 158 high-burden districts from eight States have been identified for implementation of the project based on the low nutritional status of children below 72 months and anaemia level among pregnant women of age 15-44 years and good practices experience.

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 stakeholders at State/district/block levels to prepare decentralized plans at the district levels. All eight states are required to develop 5 year’s State Project Implementation Plans (PIPs) and also District Annual plans for the first year in a time bound manner, which will be appraised by the Ministry and the World Bank before the project is made effective.

To facilitate a better understanding in preparation of the PIPs by the ICDS officials and field functionaries, a handbook has been prepared with the support from USAID and CARE. 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. Comments/suggestions from the field functionaries regarding the preparatory process will be welcomed.

I hope this handbook supplements the deliberations during the State workshops and interactions with us, giving further clarity to state/district officials in preparation of the State PIP/District plans. The handbook may be shared with all these key officials.

With warm regards,

Yours sincerely,

(K.Rajeswara Rao)

Attachment: Copies of Handbook on ICDS-IV Project

(i) Principal Secretary/Secretary in charge of ICDS Programme
(Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Uttar Pradesh, Rajasthan)

(ii) Commissioner/Director in charge of ICDS Programme
(Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Uttar Pradesh, Rajasthan)
January 15, 2008

Dear District Collector/Deputy Commissioner,

The Ministry of Women and Child Development, Government of India is formulating ICDS-IV project with assistance from the World Bank, which is currently at the planning stage.

Previous analyses have shown that child malnutrition in our country is concentrated in certain districts and villages/pockets. During the 11th Five Year plans, one of the key strategies to address the issues of child malnutrition is better targeting, viz., more intensive efforts and resources will be targeted to the high burden States/districts. The proposed ICDS-IV Project is aimed to reduce child malnutrition and improve early childhood education through intensive support, accommodating area specific needs and flexibility in interventions in 158 identified high-burden districts (including your district) from eight States (UP, Bihar, Rajasthan, Maharashtra, Chhattisgarh, Jharkhand, Madhya Pradesh and Andhra Pradesh). These States/districts have been identified for implementation of the project based on the low nutritional status of children below 72 months and anaemia level among pregnant women of age 15-44 years and good practices experience.

All eight states and 158 districts are required to develop 5 year’s State Project Implementation Plans (PIPs) and District Annual plans respectively in a time bound manner, which will be apprised by the Ministry and the World Bank before the project is made effective. Extensive consultations with all stakeholders at State/district/block levels are proposed to prepare decentralized plans at the State and district levels. To facilitate a better understanding in preparation of the PIPs by the ICDS officials and field functionaries, a handbook has been prepared with the support from USAID and CARE. It outlines key aspects of the project concepts and the processes involved/actions required in developing the PIPs and related issues.

By now, I trust, you have been briefed on the processes involved in preparation of ICDS-IV Project by the DPO/PO/DD in charge of ICDS. I hope you will be able to lead the process of development of district plans by involving all key stakeholders including SSA, RCH-II/NRHM, PRI etc. and this handbook will supplement the deliberations being held at the district level workshops giving further clarity to district/block level ICDS functionaries, in preparation of the plans. Please share the handbook with all concerned including the ICDS District Official.

With warm regards,

Yours sincerely,

(K.Rajeswara Rao)

Attachment: 7 copies of Handbook on ICDS-IV Project

District Collectors/Deputy Commissioners - 158 districts in 8 States
(Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Uttar Pradesh, Rajasthan)
Dear

As you are aware, all selected States under the ICDS-IV Project are required to prepare State Project Implementation Plans (State PIPs) along with District Annual Plans (DAPs) to be eligible for participation under the project. Draft PIP guidelines were already shared with you during the National Workshop held in October 2007 and also detailed presentations were made by CPMU in the State level orientation workshops.

2. The State PIPs will outline how the participating States intend to utilize the additional resources to be made available to them through the ICDS-IV Project for strengthening the implementation of the ICDS programme. The State PIPs will primarily focus on:
   - State level activities (applicable to all districts); and
   - A district plan component, which would include activities, envisaged to be taken up in the high-burden districts during the 5-year project period.

3. While the processes to be followed in the preparation of State PIPs is important, so too is the documentation of the plan document. The project implementation plan document and the processes followed for its development will be required for:
   - Appraisal of the project by the World Bank; and
   - Preparation of the note by this Ministry for necessary approval of the project by the Expenditure Finance Committee (EFC) and also the Cabinet Committee on Economic Affairs (CCEA) of Government of India

4. The draft PIP guidelines have been revised in order to help you develop the PIP in a systematic manner by addressing the following:
   (i) Simplifying and elaborating the outlines of the State PIPs and District Plans;
   (ii) Highlighting the needs for following the various processes before finalizing the PIPs/DAPs;
   (iii) Listing out the processes to be followed at the State and District level; and
   (iv) Listing out the checklists for both State PIPs and District plans
5. The processes outlined in the guidelines are also required to be followed by all officials both at the State and District level who have been engaged in the process for developing the State PIP/District Plans. I also request you to expedite the preparation of draft PIP.

With regards,

Yours Sincerely,

Sd/-

(P. Bolina)

Encl: Revised PIP Guidelines

To
Secretary in charge of Women and Child Development
(Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh)

Copy for necessary information and necessary action:

1. Director/Commissioner in charge of ICDS Programme
   (Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh)
2. Dr. Meera Shekar, Task Team Leader, World Bank
3. Mr. V. Ramesh Babu, Senior Programme Manager, USAID
4. Mr. Mukesh Kumar, Programme Director, CARE-India

(Ch Dr. Saroj K. Adhikari)
Asstt. Director
### Activity Chart with tentative timeline for ICDS-IV project

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<th>S. No</th>
<th>Activity/Sub-Activity</th>
<th>By whom</th>
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Nutritional Status of Children

Children below 3 yrs who are underweight (<-2SD)

<table>
<thead>
<tr>
<th>State</th>
<th>Andhra Pradesh</th>
<th>Maharashtra</th>
<th>Rajasthan</th>
<th>India</th>
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<th>Bihar</th>
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<tbody>
<tr>
<td>Underweight</td>
<td>36.5</td>
<td>39.7</td>
<td>44.0</td>
<td>45.9</td>
<td>47.3</td>
<td>52.1</td>
<td>58.4</td>
<td>59.3</td>
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Early Initiation of Breastfeeding

Children under 3 yrs breastfed within 1 hr of birth

<table>
<thead>
<tr>
<th>State</th>
<th>Maharashtra</th>
<th>Chattisgarh</th>
<th>India</th>
<th>Andhra Pradesh</th>
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<tbody>
<tr>
<td>Initiation</td>
<td>51.8</td>
<td>24.5</td>
<td>23.4</td>
<td>22.4</td>
<td>14.9</td>
<td>13.3</td>
<td>10.9</td>
<td>7.2</td>
<td>4.0</td>
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Exclusive Breastfeeding

Children age 0-5 months exclusively breastfed

<table>
<thead>
<tr>
<th>State</th>
<th>Chattisgarh</th>
<th>Andhra Pradesh</th>
<th>Jharkhand</th>
<th>Maharashtra</th>
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<tbody>
<tr>
<td>Exclusive</td>
<td>82.0</td>
<td>62.7</td>
<td>57.8</td>
<td>53.0</td>
<td>51.3</td>
<td>46.3</td>
<td>33.2</td>
<td>27.9</td>
<td>21.6</td>
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</table>
**Complementary Feeding**

Children 6-9 months receiving solid or semi-solid food and breastmilk

- Jharkhand: 65.3%
- Andhra Pradesh: 63.7%
- Bihar: 57.3%
- Haryana: 55.8%
- Chattisgarh: 54.5%
- Madhya Pradesh: 51.9%
- Maharashtra: 47.8%
- Uttar Pradesh: 45.5%
- Rajasthan: 38.7%

**Prevalence of Anaemia among Children**

Children age 6-35 months who are anaemic

- Maharashtra: 71.9%
- Jharkhand: 77.7%
- Andhra Pradesh: 79.0%
- Bihar: 79.2%
- Madhya Pradesh: 79.6%
- Rajasthan: 81.0%
- Chattisgarh: 82.6%
- Maharashtra: 85.1%
- Rajasthan: 87.6%

**Immunization Coverage**

Children 12-23 months fully immunized

- Maharashtra: 58.8%
- Chattisgarh: 48.7%
- Andhra Pradesh: 46.0%
- Bihar: 43.5%
- Madhya Pradesh: 40.3%
- Jharkhand: 34.5%
- Bihar: 32.8%
- Rajasthan: 26.5%
- Uttar Pradesh: 22.9%
Antenatal Care
Mothers who had at least 3 antenatal care (ANC) visits for their last born child

Antenatal Care: Consumption of IFA Tablets
Mothers who consumed IFA tablets for 90 days or more when they were pregnant with their last child
## CONTACT DETAILS OF MWCD, GOI, WORLD BANK AND DEVELOPMENT PARTNERS

<table>
<thead>
<tr>
<th>Ministry of Women &amp; Child Development, Govt of India</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ms. P. Bolina</strong></td>
</tr>
<tr>
<td>Joint Secretary</td>
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<tr>
<td>Email: <a href="mailto:js-pb@wcd.nic.in">js-pb@wcd.nic.in</a></td>
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<tr>
<td>Tel (O): 011-2338 1654</td>
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<td>Fax: 23070480</td>
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<tr>
<td><strong>Dr. Saroj K. Adhikari</strong></td>
</tr>
<tr>
<td>Asstt. Director</td>
</tr>
<tr>
<td>E-Mail: <a href="mailto:saroj65@yahoo.com">saroj65@yahoo.com</a></td>
</tr>
<tr>
<td>Tel: (O): 011-23362376</td>
</tr>
<tr>
<td>Mobile: 09968437584</td>
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</table>

| Office of the Project Director                      | Central Project Management Unit                |
| Ministry of Women and Child Development              | Ministry of Women and Child Development        |
| 632, A Wing, Shastri Bhawan                          | First Floor, Hotel Janpath                     |
| New Delhi 110 001                                    | Janpath, New Delhi 110 001                     |
|                                                      | Tel & Fax: 011-2336 2376, 2336 8202           |

<table>
<thead>
<tr>
<th>National Institute of Public Cooperation and Child Development (NIPCCD)</th>
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<tr>
<td><strong>Dr. A. K. Gopal.</strong></td>
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<tr>
<td>Director (I/C), NIPCCD</td>
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<tr>
<td>E-Mail: <a href="mailto:arugopal@gmail.com">arugopal@gmail.com</a></td>
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<th>The World Bank</th>
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<tbody>
<tr>
<td><strong>Dr. (Ms) Meera Shekar</strong></td>
</tr>
<tr>
<td>Task Team Leader &amp; Senior Nutrition Specialist (based in Washington DC)</td>
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<tr>
<td>E- Mail: mshekarnoworldbank.org</td>
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<tr>
<td>Tel:011-41479351</td>
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<td>Mobile: 098101-91928</td>
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| Tel : 011-41479620                                                  | Fax: 41479322, 24619393                        |</p>
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<tr>
<td><strong>Ms. Ashi K. Kathuria</strong>&lt;br&gt;Deputy Office Director&lt;br&gt;Office of Social Development&lt;br&gt;USAID/India&lt;br&gt;E-mail: <a href="mailto:akathuria@usaid.gov">akathuria@usaid.gov</a>&lt;br&gt;Tel: 011-24198709&lt;br&gt;Mobile: +919811083350</td>
<td><strong>V. Ramesh Babu</strong>&lt;br&gt;Senior Program Manager&lt;br&gt;Office of Social Development&lt;br&gt;USAID/India&lt;br&gt;E-Mail: <a href="mailto:vbabu@usaid.gov">vbabu@usaid.gov</a>&lt;br&gt;Tel (O): 011-24198226&lt;br&gt;Mobile: +919873004702</td>
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| **U.S. Agency for International Development (USAID/India)**<br>Office of Social Development<br>American Embassy<br>Shantipath, Chanakyapuri<br>New Delhi-110021<br>Tel: 011-24198000<br>Fax: 011-24198454/24198612 |  |

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<tr>
<td><strong>Ms. Deepika Shrivastava</strong>&lt;br&gt;Officer-in-charge(CDN)&lt;br&gt;E-Mail: <a href="mailto:dshrivastava@unicef.org">dshrivastava@unicef.org</a>&lt;br&gt;Tel: 011-2469 0401/Extn.359</td>
<td><strong>UNICEF</strong>&lt;br&gt;73, Lodi Estate&lt;br&gt;New Delhi – 110003&lt;br&gt;Tel: 24690401&lt;br&gt;Fax: 24691410</td>
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<td><strong>Ms. Anne Philpott</strong>&lt;br&gt;Health Advisor&lt;br&gt;E-Mail: <a href="mailto:a-philpott@dfid.gov.uk">a-philpott@dfid.gov.uk</a>&lt;br&gt;Tel: 26529123/Ext. 3305</td>
<td><strong>Department for International Development (DFID/India)</strong>&lt;br&gt;B-28, Tara Crescent&lt;br&gt;Qutab Institutional Area&lt;br&gt;New Delhi - 110016&lt;br&gt;Tel: 26539123</td>
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<td><strong>Mukesh Kumar</strong>&lt;br&gt;Program Director&lt;br&gt;CARE India&lt;br&gt;E-mail: <a href="mailto:kumarm@careindia.org">kumarm@careindia.org</a>&lt;br&gt;Tel: 011-26566060&lt;br&gt;Mobile: +919350255867</td>
<td><strong>Basanta K. Kar</strong>&lt;br&gt;Operations Director (INHP-III)&lt;br&gt;CARE India&lt;br&gt;Email: <a href="mailto:bkar@careindia.org">bkar@careindia.org</a>&lt;br&gt;Tel: 011-26566060&lt;br&gt;Mobile: 9810900921</td>
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<table>
<thead>
<tr>
<th>Contact Details of State Secretaries / Directors in-charge of Women and Child Development/Social Welfare in the Eight Project States</th>
</tr>
</thead>
</table>
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<table>
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<tr>
<th>Name</th>
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<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
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<tbody>
<tr>
<td>Shri R. N Berwa</td>
<td>Addl Chief Secretary</td>
<td>Women &amp; Child Development Department, Govt. of Madhya Pradesh, Secretariat, Vallabh Bhawan, Bhopal - 462 001</td>
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<td>0755-4007113</td>
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<td>Ms Kalpana Srivastava</td>
<td>Director</td>
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<td>0755-2550912</td>
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<td>Dr. Vijay Satvir Singh</td>
<td>Secretary</td>
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<td>022-22027050</td>
<td>022-2282-8281</td>
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<tr>
<td>Shri Ujjwal Uke</td>
<td>Commissioner (ICDS)</td>
<td>Commissionerate of ICDS, Govt. of Maharashtra, Raigad Bhawan, 1st Floor (Rear Wing), CBD Belapur, Navi Mumbai 400 614</td>
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<td>022-27565159</td>
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</tr>
<tr>
<td>Smt Alka Kala</td>
<td>Principal Secretary</td>
<td>Deptt. of Women &amp; Child Development Govt. of Rajasthan, Secretariat, Jaipur 302 001</td>
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<td>Shri B.Praveen</td>
<td>Director</td>
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<td>0522-2237231</td>
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</tr>
<tr>
<td>Shri Datadin Pasi</td>
<td>Director</td>
<td>Directorate of ICDS, Bal Vikas Pariyojana Parishad, 3rd Floor, Indira Bhawan, Lucknow 226 001</td>
<td>0522-2287248/49</td>
<td>0522-2287032</td>
<td><a href="mailto:icdsup@yahoo.com">icdsup@yahoo.com</a></td>
</tr>
</tbody>
</table>
# CONTACT DETAILS OF THE LEAD DEVELOPMENT PARTNERS SUPPORTING THE PREPARATION OF THE STATE PROJECT IMPLEMENTATION PLANS/DISTRICT ANNUAL PLANS

## ANDHRA PRADESH

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Mobile</th>
<th>Address</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms N.V.N. Nalini</td>
<td>State Program Representative</td>
<td><a href="mailto:nnalini@careindia.org">nnalini@careindia.org</a></td>
<td>09849 003840</td>
<td>6-3-608/1, Anand Nagar Colony, Khairatabad, Hyderabad-500004</td>
<td>Tel: 040-23313998/23396379/23324821</td>
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## BIHAR

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Dr. (Ms.) Farhat Saiyed</td>
<td>Nutrition Specialist</td>
<td><a href="mailto:fsaiyed@unicef.org">fsaiyed@unicef.org</a></td>
<td>09934664830</td>
<td>8, Patliputra Colony, Patna – 800 013</td>
<td>Tel: 0612-2261621, 2261728 Fax: 0612-2261620</td>
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## CHHATTISGARH

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<tr>
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</thead>
<tbody>
<tr>
<td>Dr. K.P. Sunil Babu</td>
<td>State Program Representative</td>
<td><a href="mailto:sunilb@careindia.org">sunilb@careindia.org</a></td>
<td>09414 080977</td>
<td>C-52, Shailendra Nagar, Raipur 492001</td>
<td>Tel: 0771-2422442 / 4053070-71</td>
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## JHARKHAND

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Sujeet Ranjan</td>
<td>State Program Representative</td>
<td><a href="mailto:sranjan@careindia.org">sranjan@careindia.org</a></td>
<td>09431 176258</td>
<td>381 A, Road # 4, Ashok Nagar, Ranchi – 834 002</td>
<td>Tel: 0651-2246002 / 2245784-5</td>
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## MADHYA PRADESH

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<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. (Ms) Vandana Agarwal</td>
<td>Nutrition Specialist</td>
<td><a href="mailto:vagarwal@unicef.org">vagarwal@unicef.org</a></td>
<td>09425011485</td>
<td>E-7/650, Area Colony, Bhopal 462016</td>
<td>Tel: 0755   2461410, 2467736; Fax: 0755 2463623</td>
</tr>
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## MAHARASHTRA

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<tr>
<th>Name</th>
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<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Rajalakshmi Nair</td>
<td>Health &amp; Nutrition Specialist</td>
<td><a href="mailto:nmair@unicef.org">nmair@unicef.org</a></td>
<td>09892000572</td>
<td>Harish Enterprises, 1st Floor, 19 Parsi Pandya Rd Opp to TATA AIG Andheri East, MUMBAI 400069</td>
<td>Tel : 022-28269727 ; Fax : 022-28269539</td>
</tr>
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## RAJASTHAN

<table>
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<tr>
<th>Name</th>
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<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Biraj Laxmi Sarangi</td>
<td>State Program Representative</td>
<td><a href="mailto:bilsarangi@careindia.org">bilsarangi@careindia.org</a></td>
<td>09982 688228</td>
<td>D-53, Hathi Babu Marg, Bani Park, Jaipur – 302 016</td>
<td>Tel: 0141-2281893 / 2281895</td>
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## UTTAR PRADESH

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<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Dr. Rajesh Kumar Singh</td>
<td>State Program Representative</td>
<td><a href="mailto:rajesh@careindia.org">rajesh@careindia.org</a></td>
<td>09982 688228</td>
<td>B-718, Sector C, Mahanagar, Lucknow, UP</td>
<td>Tel: 0522-2334436, 2327255, 2389043</td>
</tr>
</tbody>
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