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Executive Board  
Second Regular Session

Rome, 12 - 15 May 1998

## EVALUATION REPORTS

### Agenda item 3



Distribution: GENERAL  
**WFP/EB.2/98/3/3**  
3 April 1998  
ORIGINAL: ENGLISH

## MID-TERM EVALUATION<sup>1</sup> OF PROJECT INDIA 2206.06

### Support to integrated child development services (ICDS) schemes

Total food cost	41,067,780 dollars <sup>2</sup>
Total cost to WFP	59,651,543 dollars
Date approved	15 December 1994
Date plan of operations signed	4 July 1995
Duration of project	Three years
Official date for completion of project	3 July 1998
Date of evaluation	January/February 1998
Composition of mission	WFP/WHO/CIDA <sup>3</sup>

<sup>1</sup> The complete report of the evaluation is available upon request, in English only.

<sup>2</sup> All monetary values are expressed in United States dollars, unless otherwise stated. One United States dollar equalled 38.30 Indian rupees at the time of the evaluation.

<sup>3</sup> The Mission was composed of a technical team leader (WFP consultant), food security specialist (WFP consultant), rural development specialist (CIDA consultant), nutritionist (WHO), programme coordinator for India (WFP) and an officer from WFP's Office of Evaluation, who acted as mission coordinator.

### ABSTRACT

The project is consistent with WFP's mission and policy for supplementary feeding (see WFP policy paper "Reaching mothers and children at critical times of their lives", (WFP/EB.3/97/3-B)) and the project's performance is relatively consistent with its objectives. The application of a programme strategy has produced important innovations in India's nationwide Integrated Child Development Services (ICDS); these include the development of a locally produced fortified blended food, *Indiamix*, the implementation of take-home rations, and the identification, through pilot studies, of promising programme and management strategies. However, there is still a need to tackle some operational problems that hinder the effective implementation of the project: ICDS field staff vacancies; inadequate or irregular supply of inputs; the excessive work loads of village centre workers, who often do not possess the required skills; and unsystematic targeting. The evaluation mission thus recommends continued support at current or increased funding levels. Major recommendations for future strategies include a "results-oriented" planning and evaluation framework; appropriate studies in strategic areas; increased emphasis on capacity-building, particularly in relation to improved growth monitoring and nutrition education/communications; and development of phase-out/transition plans within the project design.

## NOTE TO THE EXECUTIVE BOARD

**This document is submitted for consideration to the Executive Board.**

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session of 1996, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

The WFP focal points for this document are:

Director, OEDE:                      A. Wilkinson                                      tel.: 6513-2029

Evaluation Officer:                      A. De Kock                                      tel.: 6513-2981

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Documentation and Meetings Clerk (tel.: 6513-2641).



## BACKGROUND

1. Despite recent development trends, India remains the largest single contributor to worldwide incidence of maternal and child malnutrition. More than 60 million children suffer from moderate or severe general malnutrition, and all major micronutrient deficiencies are highly prevalent in India. Improvements in aggregate food availability at the national and regional levels have not eliminated chronic and often severe food insecurity due to high confining levels of poverty. Various studies point to food insecurity, morbidity and inappropriate caring practices as the underlying causes of malnutrition.
2. The Integrated Child Development Services (ICDS) is one of the Indian Government's main social programme to address those problems. Operational since 1974-75, it was designed to provide integrated social services, including basic health, education and nutrition, to poor women and children through village-level *anganwadi* centres (AWCs). The central and state governments jointly sponsor the programme, and there is an extensive infrastructure exists in every state and district. Through a network of approximately 500,000 AWCs, the programme currently serves 23.9 million women and children; the Ninth Five-Year Plan (1997-2002) allows universal programme coverage. ICDS remains prominent as a component of the Government's policy on national health and nutrition as reflected in the country's National Plan of Action for Nutrition (NPAN) and commitments expressed in international policy fora.
3. In 1993, a review of evaluation studies by the International Food Policy Research Institute (IFPRI)<sup>1</sup> (commissioned by WFP) concluded that ICDS has had a positive impact on survival and birth weight, although evidence is based on a patchwork of studies not permitting an estimation of the magnitude or conditions for effectiveness. A recent World Bank poverty study concluded that ICDS was the most efficiently targeted poverty alleviation programme in India.<sup>2</sup>
4. The World Food Programme, which has contributed more than 330 million dollars since 1976, has been a principal donor to the Government's ICDS programme. UNICEF, the World Bank, USAID and CARE are other major partners that have actively supported ICDS, although their emphasis and specific inputs vary. UNICEF provides equipment and support at the national level. World Bank assistance focuses on strengthening infrastructure and management in selected states. Only CARE and WFP provide food assistance to ICDS.
5. The major component of WFP's assistance is the Supplementary Nutrition Programme (SNP), which provides 80 grams of a micronutrient-fortified blended food to children six months to six years of age, and 160 grams to expectant and nursing mothers, and children suffering from severe malnutrition. WFP operates in five states (Kerala, Uttar Pradesh (UP), Madhya Pradesh (MP), Assam and Rajasthan), covering approximately 250 ICDS development blocks,<sup>3</sup> and over 30,000 AWCs. The programme targets more than 800,000 children under three years of age, nearly 1.2 million pre-school children, approximately 7,400 severely malnourished children between three and six years of age,

<sup>1</sup> Kennedy and Slack—*The ICDS in India: Lessons learned and implications for future policies*, IFPRI, 1993.

<sup>2</sup> World Bank, India: *Achievements and challenges in reducing poverty*, 1997.

<sup>3</sup> Administrative units of approximately 50 villages in tribal areas and 100 villages elsewhere.



nearly 400,000 expectant and nursing mothers, and 67,500 anganwadi workers (AWWs) and aides.

6. During the sixth expansion of project No. 2206, WFP introduced several innovations (partly in response to IFPRI's findings), and including *Indiamix*, a locally produced, blended, micronutrient-fortified food with approximately the same nutritional value as corn-soya blend (CSB) that can be produced at a similar cost. In addition, WFP has helped introduce take-home rations for children under three years of age and expectant and nursing mothers, and established a food management information system (Nutrimonitor) which tracks food flows to beneficiaries. During the past three years, Dutch Quality Improvement Grant funds have permitted WFP to undertake several pilot studies to assess the relevance and impact of programme innovation and approaches to improve ICDS management. (see Annex III)
7. WFP assistance covers only approximately five percent of operational blocks (administrative units where ICDS has not only been formally introduced, but also implemented) in the country, but a state-by-state comparison of WFP and external support to the five states assisted by WFP shows WFP's assistance to be very important, covering more than 20 percent of the blocks in those states, with the exception of MP, where it is less. Rajasthan is particularly dependent on donor assistance; CARE and WFP together cover more than 80 percent of the blocks there.

## PURPOSE AND SCOPE OF THE EVALUATION

8. The purpose of this evaluation was to recommend strategies for WFP's future assistance to India based on the relevance of project No. 2206, and to examine the impact on beneficiaries. With this in mind, the team assessed enabling/disabling aspects of the ICDS system, targeting, community participation and women's empowerment, donor coordination and collaboration, monitoring systems and evaluation, as well as project management and other institutional factors. The methodology of the evaluation mission included interviews with central and state level agencies involved in ICDS, review of documents and field interviews/observations. Evaluation mission members visited all five WFP-assisted states.

### Performance Assessment

9. Assessing project performance is challenging in the Indian context. As do most donors, WFP relies heavily on the ICDS routine reporting system for outcome and process data, with the exception of food-management related data. The ICDS programme collects extensive information at the AWC level; in fact, most AWWs maintain more than 10 different registers. This represents a heavy work load for workers who may not possess the skills required to perform recording and reporting tasks, thus compromising data quality. Data, including attendance, feeding days, immunization, weight/age, supervisory visits, food stocks, are not systematically analysed and applied at every level, and some process and outcome measures are unavailable or have never been validated as accurate.
10. To obtain timely and reliable food management information, WFP continues to develop a food management information system. Nutrimonitor permits WFP to measure supplementary nutrition coverage and assess food logistics management. However, measurement of achievement (immunization coverage, severely malnourished children), in areas not covered by Nutrimonitor is far more approximate and sometimes not possible



with existing data on growth monitoring, maternal nutritional behaviours and active women's groups. Thus, while food aid management output measures are available and reliable (feeding days, beneficiary coverage), outcome and impact information is relatively low because of difficulty in isolating elements within a complex range of factors. This is a common problem for all donor programme supporting ICDS and makes it difficult to evaluate project impact, which may be surmised only indirectly by assessing the quality and effectiveness of the project inputs.

11. An analysis of project *objective one* (Annexes I and II) shows relatively high coverage (72 percent) and feeding days (180, also 72 percent of the target) for 235 ICDS blocks and 30,000 AWCs. The current reporting system does not compute the percentage of beneficiaries receiving a supplementary food ration for at least 20 days, but rather the target beneficiaries reached and average number of feeding days. The performance of the supplementary nutrition component is only slightly below planned targets, and in the case of children under three years of age, exceeds them. Coverage and average feeding days have improved during the last year and a half.
12. The supplementary feeding component exceeds project targets for coverage of the most nutritionally vulnerable groups; coverage of expectant and nursing mothers and children under three is 87 percent. Only 61 percent of severely malnourished children, 60 percent AWWs and adolescent girls and 60 percent of targeted pre-school children are covered. Monitoring indicators and programme performance for severely malnourished children are affected by significant problems with growth monitoring reliability.
13. Another important finding is the variability of performance from one state to another. Two states have until recently exhibited substandard food management performance. UP has now begun to demonstrate acceptable beneficiary coverage and adequate food management; Assam does not yet meet project targets, although the mission expects that this semester's Nutrimonitor report will reflect dramatic progress. The country office has successfully assisted states in overcoming performance obstacles primarily related to financing and food logistics. Rajasthan's performance has been strong, but its somewhat lower statistics reflect the recent addition of more than 230,000 new beneficiaries under a Canadian grant. In Kerala, the transition from WFP providing food for some beneficiaries to the state doing so has been slow. Although WFP advised of the shift 10 months in advance, the state has difficulty in ensuring a regular food supply. The magnitude of the resource gap and lack of transition plans are contributing factors. Variations in states' performances can be attributed to diverse nutritional problems, administrative infrastructure, and funding and logistic constraints. WFP and other donors should take greater consideration of that diversity in future project design and management support.
14. *Objective two* relates to health care access and health/nutrition practices, where measurement problems complicate assessment of project performance, which does not appear strong. Although immunization coverage of children and expectant mothers is reported to be 70 percent and 52 percent respectively, the data are based on routine health service reports. Recent comparisons between sample surveys and health system-generated data suggest that actual immunization coverage may be substantially lower than reported levels. Of particular concern is a low immunization coverage for measles in project areas and elsewhere.
15. Immunization coverage reflects two important problems. First is the weak convergence of services at the AWC level. Field observations and review of available data suggest that immunization coverage is highly variable, and that it depends on the level of cooperation between the health and ICDS systems at the local level. A second problem is the provision



of vaccines (and micronutrient supplements) related to central procurement, state level pharmaceutical management and supervision. Convergence of health interventions with ICDS and timely detection of growth faltering (followed up by proper referral, treatment and counselling of mothers) will effectively contribute to preventing the increase of malnutrition among vulnerable infants.

16. A major deficiency in basic services that affects nutritional impact is the lack of systematic nutrition education/communications strategies for expectant and nursing mothers and mothers of children under three years of age. In many areas visited, AWWs only provided food to these target groups, in the form of a take-home ration; hence, the effective use of the ration is of concern. Contributing reasons observed by the team include inadequate training of AWWs, lack of tools for effective education, and inadequate supervisory support from ICDS supervisors and assistant nurse midwives (ANMs).
17. Assistance from WFP and other donors has only recently focused on nutrition education. While the mission team concluded that the nutrition education pilot studies were very promising, measuring the impact of those initiatives is premature. Currently, no information on nutritional practices is being routinely collected.
18. **Objective three.** Food as an incentive for attendance of pre-school activities at the centres was demonstrated by IFPRI's study and corroborated by the evaluation team's observations. The target of 80 percent of beneficiaries attending pre-school, early childhood development activities for at least 15 days a month is probably being met, but not reflected in current Nutrimonitor indicators. The average reported value of 60 percent appears to be low compared with the team's observations that attendance is high when food is available. Problems might relate to the formulation of indicators and possibly low attendance in some areas where the quality of educational services is low.
19. **Objective four** addresses ICDS systems. Strengthening and performance can only be measured in WFP project areas where innovations have been implemented. A significant change to ICDS is the recent introduction of take-home rations, which has resulted in a dramatic increase in the coverage of nutritionally vulnerable groups. Baseline levels were not available for calculating the increase after introduction of take-home rations; however, other studies show that average coverage levels for these vulnerable groups were frequently less than 50 percent. The mission concluded that benchmarks are probably being met.
20. The pilot project conducted in MP with UNESCO, "Strengthening Project Management", appears to be a low-cost and appreciated initiative aimed at addressing an important management problem, i.e., effectiveness of ICDS supervisors. Here, too, more systematic impact assessment would be helpful. The performance in training field staff is only slightly below the planned target (70 instead of 80 percent), and the target for establishment of women's groups is probably being met, although this information is not currently available.
21. **Objective five** addresses the need to incorporate adolescent girls into the ICDS programme. Very few data are being generated on the participation of adolescent girls; only training indicators are being monitored. Training targets are being met; however, the potential impact and cost-effectiveness of WFP country strategies related to adolescent girls are not currently assessed.
22. The mission noted that the project's objectives do not capture some important WFP contributions to ICDS. WFP's pilot studies and capacity strengthening initiatives are appropriate, well-run and generally low cost initiatives (Annex III). Two are being undertaken with other donors. While no impact or cost-effectiveness data are available, qualitative evaluations and the evaluation team's field observations suggest that at least





two initiatives have great potential to improve programme performance. Both the District Management Strengthening and Banswara Healthy Child initiatives demonstrated improved field worker competency and increased participation by the target population.

23. WFP's food strategy has enhanced both project effectiveness and sustainability. WFP'S development and promotion of *Indiamix* is an important contribution and is fully in line with WFP's policy of assisting recipient countries in locally producing and marketing micronutrient-fortified blended foods. In 1997, *Indiamix* represented approximately one half of all supplementary food provided by WFP. At a cost of approximately 2.5 times that of basic staples, it is comparable to the production cost of CSB but without the 180 dollars a ton cost of international transport. *Indiamix* is the most cost-effective micronutrient-fortified supplementary food commodity currently available in India. All state governments have expressed interest in producing it and other major donors have recognized it as an important contribution to ICDS. Given its high degree of fortification, *Indiamix* is particularly important in light of high micronutrient deficiency levels among women and children, coupled with poverty-related constraints to a micronutrient-adequate diet.
24. The major portion of *Indiamix* was purchased with cash grants from donors, and through limited commodity exchanges and monetization arranged by WFP, involving 587 tons of vegetable oil (exchange ratio 1:2.5), and 2,195 tons of pulses (1:0.97). Prospects for future monetization are not so promising in view of prevailing low oil prices in India, higher procurement prices elsewhere and the devaluation of the rupee.
25. **Targeting.** Targeting of WFP resources was found to be appropriate. Four of the five states receiving WFP assistance have a higher incidence of poverty and undernutrition than the overall average for India. Only Kerala, a state with excellent programme and social indicators, is well below average on both counts. WFP has reduced assistance to this state in the last year from providing 90 percent of all supplementary nutrition to 30 percent. The team was also concerned that Rajasthan is now heavily dependent on external assistance (80 percent of all supplementary nutrition) compared to other states.
26. WFP and CARE are appropriately consolidating support to geographically contiguous areas within states, although, given the diverse causes and consequences of poverty, targeting should be based on wider poverty and nutritional indicators. As mentioned before, ICDS is recognized as a relatively efficient poverty alleviation programme as it provides a package of relatively self-targeting services, but there are some concerns. First, ICDS has been rapidly expanding towards the goal of universal geographic coverage within the next five years; given the relatively high variability of food insecurity in India, this goal is inconsistent with geographic targeting. Second, demographic targeting has been a long-standing concern of ICDS. Although expectant and nursing mothers and children under three are most vulnerable and the key target groups for nutritional improvement, programme resources and beneficiary coverage historically have favoured the three to six year olds. While take-home rations have dramatically improved supplementary nutrition coverage among vulnerable groups, they are still not being effectively reached by education/communications programme components, which is important as health and nutrition education is a necessary pre-condition for effective home utilization of supplementary nutrition. Third is the concern that individual targeting remains unsystematic and conceptually problematic in some states. Despite national guidelines, three of the five states utilize quotas for beneficiary enrolment at the village level, of between 70 and 80 total beneficiaries broken down into demographic group quotas least favourable to the most nutritionally vulnerable groups. This leads to the exclusion of many



needy families and the inclusion of families that may not be particularly needy in areas where food insecurity is not widespread. It was also noted that in some project sites, although allocations were respected in the AWC registers, AWWs were actually distributing food to a larger number of children and women, leading to a dilution of the anticipated benefit.

27. The identification of beneficiary families and individuals is left to the discretion of the AWW but should be systematized. AWWs conduct an annual or bi-annual community survey exercise, but no poverty criteria are recorded in their survey registers; therefore, it is impossible to ensure accountability in identifying the needy.
28. **Monitoring and evaluation (M&E).** Monitoring and evaluation among donor programme have been problematic, in part because donor programme are often conceptualized as provisioning a relatively mature national programme and partly because the ICDS system itself provides extensive monitoring. The country office received 154,235 dollars for M&E, against a projected 150,000 dollars in the plan of operations. The money was used to strengthen Nutrimonitor, print reporting formats, provide training on reporting and other related purposes. Overall, the country office has had inadequate budgetary support for monitoring and evaluation activities.
29. Consequently, WFP and other donors are unable to report on important outcomes such as the prevalence of low weight/age, trends in undernutrition and the success of nutritional rehabilitation. While weight/age data are collected, they are not systematically processed, and no reliable determinations are made. Therefore, a key outcome—nutritional status of the target population—is not used to guide programme management. Lack of regular monitoring of nutritional status, in part because it is subject to so many influences and difficult to associate with specific project inputs, is an important constraint to project strategic planning.
30. Nutrimonitor has proven fundamental to monitoring food aid management. Although it requires further refinement, the system provides basic key information on food aid logistics and flows. Indicators monitored include beneficiary coverage, feeding days, and commodity stocks and utilization. Reporting flows from the AWC to the block and state levels. Warehouses and shipment logistics are also monitored. Reporting frequency is typically 80 percent or greater, with a trend towards improved reporting. Field observations suggest that data collection is relatively accurate. This information system is an essential component to monitoring and evaluation, and has potential for expansion.
31. **Community participation and women's empowerment.** In the Indian context, achieving effective community participation is particularly challenging for a variety of cultural and historical reasons. ICDS is frequently viewed by communities as a government entitlement programme rather than a community-owned one. However, the past five years have witnessed notable progress towards more active community participation. Forms of participation vary from community financial and in-kind contributions to active management of ICDS. Most communities visited by the evaluation team exhibited the former, although several also engaged actively in AWC management. ICDS relies on two principal instruments for achieving community ownership, the creation of women's groups (*mahila mandals*) and engagement of local government (*panchayat raj*). WFP has contributed to establishing these and promoting community participation through effective communications strategies at the local level.
32. Women's empowerment strategies within ICDS have been relatively traditional: formation of women's groups, nutrition and health education for women, and hiring female





employees. WFP is testing one strategy to link nutritional objectives with women's micro-enterprise, "community entrepreneurship for production of complementary food" (MP) which is appealing, but not currently replicable. A second potential opportunity for women's empowerment within ICDS is a greater involvement of women in local government. As devolution of management resources to local government proceeds, women can become key change agents. There are no systematic strategies yet to realize this potential, but consideration should be given to the development of training programme and networks for women in government.

33. **Institutional support.** The institutional context of project No. 2206 is generally supportive, including: WFP; government at the central, state and local levels; NGOs and community-based organizations (CBOs); the private sector and other donors. WFP's project is managed by a small team of an ICDS director and two project officers covering the five states. Within the Government's Department of Women and Children's Development (DWCD), there is a dedicated state-level WFP project cell with a part-time programme manager and a full-time assistant. The central Government provides financial inputs for all ICDS activities with the exception of the Supplementary Nutrition Programme's food-related inputs, which is the responsibility of state governments. WFP employs the private sector for *Indiamix* production, special studies and community mobilization.
34. The WFP country office has exhibited strong management leadership, a primary role given its limited field presence. The country office has been responsive to ICDS system needs and innovative in programming strategies, especially regarding *Indiamix*, Nutrimonitor cooperation with of the private sector. Pilot studies have been carried out with the help of local organizations and a minimum number of external consultants. Project officers are well experienced, active at the field level and well regarded by state and local government ICDS officials. The country office has also started promoting mutual convergence of inputs between project No. 2206 and the tribal development and irrigation basic activities within the country programme. For example, part of the funds generated under projects No. 3227 and 2751 (93,200 dollars) has been used to construct AWCs and benefited some of the innovative pilot initiatives (health campaign, a building and equipment for women's micro-production of complementary food).
35. As mentioned earlier, M&E is an important institutional constraint as key process and outcome information is not available to project staff. Responding to this, WFP project officers have developed a reasonable field monitoring instrument, limited only by the absence of beneficiary monitoring. Given the small number of staff, however, this monitoring tool can be implemented only in an ad hoc fashion.
36. An important contextual factor influencing the future evolution of ICDS is decentralization and devolution of resource control and management to local government levels; this is consistent with legislation passed in the mid-nineties and represents a key policy shift with major implications for future WFP interventions.
37. At the national level, ICDS has enjoyed considerable financial support as a key national human development programme with clear equity implications. There has been excellent stability in staffing and general support to the ICDS programme at the level of the DWCD.
38. Staffing instability and vacancies pose constraints at the state level. However, all states in the WFP programme visited by the evaluation mission showed enthusiasm and willingness to resolve problems. Kerala supports the programme very well. Until recently, Assam state funds were not released on time nor in sufficient quantities to meet criteria of



conditionality for WFP support. UP, MP and Rajasthan all have delays in recruitment/transfers. Rajasthan has experienced a high level of turnover within the state office. In all cases, state administrators are aware of these problems and have action plans for addressing them. The role of local government in ICDS management is now being defined within the national and state programme. In Kerala, local governments are beginning to manage ICDS resources in the current fiscal year. These local bodies will enjoy significant management authority, even selecting food commodities to be used in the AWCs.

39. ICDS does not make sufficient use of the private and parastatal sectors, although national policy encourages participation by the private sector. WFP has been particularly instrumental in working with the private sector in the production of *Indiamix*, but participation could go beyond that in areas such as social marketing of *Indiamix*, raising funds and contributing to management innovation.
40. Within the framework of project No. 2206.06, WFP works with both international and national NGOs. Other donors and state governments also work with them to implement the ICDS programme, provide specific inputs or assume responsibility for community activities. WFP has had particular success in using NGOs for community communications programme and local training. Elsewhere, NGOs have amassed a wealth of experience and strategies for achieving effective community participation, but there has yet to be a systematic sharing of lessons learned.

## CONCLUSIONS

41. Project No. 2206 is consistent with WFP's mission and policy framework, and addresses one of the world's largest pockets of food insecurity and malnutrition. The supplementary nutrition component is targeted to the food-insecure and priority vulnerable groups, in accordance with WFP's mission. Food plays numerous roles within ICDS, including that of serving as an incentive for the poor to participate in pre-school education and basic health programmes, and for the empowerment of women.
42. Continued WFP support to ICDS is justified by numerous other criteria. Programme performance measured against WFP benchmarks and compared with other donor programmes is strong and WFP assistance has good potential to introduce strategic innovations to improve the effectiveness and efficiency of ICDS. Increased donor support should be invited to test innovations aimed at strengthening ICDS implementation. Finally, government commitment to ICDS is evident, both in the level of inputs provided by the Government and in the responsiveness of state officials to WFP's management problems.
43. Experimental strategies and modest nutritional improvement in India suggest that food aid alone is not consistent with contemporary perspectives on programming supplementary food assistance. USAID, CARE, UNICEF and the World Bank have all modified their approaches to address ICDS service quality issues, and innovations under project No. 2206.06 are consistent with this trend.
44. Based on WFP experience and that of other pilot projects, minimum core competencies should be developed in all WFP-supported ICDS blocks. Key competencies noted by the team include microplanning, nutrition education/counselling, and growth monitoring and evaluation. Programmatic areas particularly in need of strengthening are growth



monitoring/nutrition communications and micronutrient strategies. CARE International's model of testing the cost-effectiveness of various levels of inputs might be useful for WFP.

45. *Indiamix* should be promoted as it is the most cost-effective and nutritionally appropriate supplementary food product available in India. Further work is necessary to investigate potential village-level production. The potential of *Indiamix* as a commercial food product should be explored.
46. Similarly, WFP has successfully incorporated the private sector, which in addition to supplementary food production, has much to offer, i.e., social marketing, improved management strategies and other corporate resources. WFP is uniquely positioned to further promote the role of the private sector.
47. Evaluation and information systems represent a strategic opportunity for WFP, especially given its expertise in Vulnerability Analysis and Mapping (VAM) and Nutrimonitor. One important obstacle to donor and government-sponsored ICDS efforts is the absence of routinely reported and reliable impact, outcome and process data. Nutritional status as reflected by anthropometry, maternal nutritional practices and key indicators of the costs and quality of services should, at a minimum, be part of a routine information system for WFP-supported areas. Those data can be obtained largely by strengthening existing data systems and donor collaboration.
48. Individual targeting remains a problem in several WFP-assisted states because of the quota system and a lack of systematically applied eligibility criteria. WFP could pilot improved targeting schemes, taking a lead in evaluating their cost-effectiveness and impact.
49. The WFP project framework is output—rather than outcome-oriented. Most important indicators monitored and utilized relate to beneficiary coverage by the supplementary nutrition programme (SNP). While not unique to WFP, other donors are beginning to place greater emphasis on evaluating change in intermediate and final outcomes. Nutritional outcomes, even if based on growth monitoring data, should be included in the framework and more emphasis should be placed on performance indicators such as nutritional/health practices.
50. The country office uses the Project Logical Framework (Log Frame) as its major programming tool. While the Log Frame was developed by USAID and widely used, during the past few years that tool has been replaced by a more elaborate “Results Framework” that more clearly articulates linkages between goal level, outcome, intermediate outcome and activity-related elements of programme design. While the Log Frame is still helpful in providing a summary of the project framework, the country office might find more detailed analyses of project objectives and activities useful.
51. Finally, there is considerable scope for new approaches to donor coordination and collaboration. While there is a desire to maximize ICDS coverage, geographic areas of donor assistance do not maximize the comparative advantages of each organization. Historically, donor collegiality has been very good, but joint programming and implementation rare. Several opportunities for specific collaboration should be considered. In each state, one or more donors provide some level of ICDS support. Jointly supported pilot districts could coordinate complementary inputs (for example with World Bank and CARE). Coordination with UNICEF is especially critical given the United Nations' mandate for joint programming. UNICEF and the WFP country office already enjoy excellent relations that will facilitate the development of joint programming approaches to child nutrition, for example.



## RECOMMENDATIONS

52. WFP project assistance should be maintained at or above the current levels, and cash inputs should be increased. The country office needs to identify alternative resources to continue to develop and expand the non-food components critical to the efficacy and sustainability of WFP investments.
53. The country office should receive at least 100,000 dollars next year and 75,000 dollars a year thereafter for monitoring and evaluation. In view of the magnitude of the commitment of WFP resources in India, adequate evaluation is essential, especially given increased pressure to show appropriate use of limited food aid resources.
54. Objectives for the next phase of assistance should include a modest set of process, intermediate outcome and impact indicators. In addition, the country office should identify expertise in strategic planning methods to elaborate a more detailed "Results Framework". Measurements such as improved nutritional status should be included in the framework, and although difficult to determine, assumptions such as provision of complementary inputs by governments and communities should be included. Illustrative intermediate outcome indicators related to infant and maternal feeding practices, illness management, pre-school participation and concrete measures for the empowerment of women and communities should be included. Key process indicators include maternal attendance in educational programme, adequacy of growth monitoring and promotion, and quality of supervision. Targets should be set at both the national and state levels to address variability in baseline performance indicators.
55. Additional pilot studies should be identified and an analysis of their cost-effectiveness included as an objective. Areas requiring pilot studies include improved linkages to microcredit schemes (especially local food production strategies), approaches for assisting local governments to manage ICDS, cost-effective strategies for reaching remote and/or illiterate populations, improved targeting strategies, and a study on the dilution and the nutritional impact of take home-rations. A key policy question that would address an important international and in-country controversy is the cost-effectiveness of supplementary feeding. Given the extensive ICDS infrastructure, WFP should consider participating in applied research related to this question in India.
56. Impact and cost-effectiveness analysis of new and existing pilot studies should be built into the project framework and implementation plan, as should indicators reflecting system-level reform such as participation by the private sector, donor collaboration and women's empowerment. The number of WFP-assisted ICDS blocks comprising core capacity-strengthening activities might be increased, but depends on the availability of funds.
57. Key elements of the management information system should be elaborated based on the Results Framework, with three possible mechanisms to achieve basic information:
  - a) ***Joining other donors' efforts to strengthen the existing ICDS database system.*** Both UNICEF and the World Bank are involved in inter-agency working groups charged with suggesting approaches to streamline and strengthen the ICDS information system. WFP can consider the extent to which these efforts will result in meeting part or all of its management information needs.
  - b) ***The country office should explore utilizing donor survey programmes as a vehicle for impact evaluation.*** For example, the Family Health Survey Programme (part of the demographic and health surveys (DHS) programme) collects internationally respected



data on children's nutritional status, numerous programme coverage variables, intermediate practices as well as background socio-demographic characteristics. This survey could provide the vehicle for a multi-donor sponsored nutritional impact assessment. Donor contributions would be required to develop a food aid module and to ensure adequate sample size in donor project areas.

- c) ***Evaluating the potential to buy into the annual UNICEF Multi-Indicator Survey in all states supported by UNICEF in order to obtain key intermediate outcome data.***
58. WFP should make expertise available as early as possible to set up a VAM unit in Kerala. India is a data-rich country where tools such as VAM can be utilized in a cost-effective fashion. VAM technology provides an opportunity to transfer geographical targeting technology to the ICDS system. A specific immediate need is to introduce this technology in Kerala, which is already refining the Nutrimonitor programme. Additionally, given the recent reduced availability of WFP food aid, coupled with relatively low levels of food insecurity, Kerala could benefit from technology tools that contribute to a more efficient resource allocation. VAM should be developed in all WFP-assisted states during the next project life cycle.
59. The promotion of *Indiamix* and the role of the private sector should be initiated through a workshop on the *Indiamix* experience/supplementary nutrition for national and state government officials, donors and key private-sector organizations. In addition, a study should be planned to evaluate the current pilot project on local production, with an emphasis on sustainability and scale-up potential. A workshop should be held soon with private-sector organizations to explore ways in which the next phase of project assistance can more effectively promote *Indiamix* and participation by the private sector.
60. Both WFP headquarters and the country office should initiate resource mobilization strategies for non-food inputs. Increasing the levels of non-food inputs is desirable, as it would permit WFP to initiate more quickly studies and core capacity-strengthening activities.
61. Several international initiatives can be explored for potential collaboration in undertaking pilot studies. USAID funds two global initiatives with nutrition-related research components. These include the Opportunities for Micronutrients Initiative (OMNI) Programme (micronutrients) and Linkages (communication/education in nutrition, primarily). The MEASURE Project is a new initiative funded by USAID to strengthen the evaluation capacity of international and host country institutions. This project has a competitive grants programme that is soliciting proposals to assess the cost-effectiveness of supplementary feeding. In addition, the Asian Development Bank is studying key programming issues related to nutrition and early childhood development projects. Multi-country studies are currently under consideration.
62. Two collaborative approaches are recommended at the country level: one that has already been discussed is improved donor collaboration. The second is increased linkage among WFP country programme activities. The latter strategy is already being applied and does not have great scope for expansion unless, for example, generated funds from a Country Programme activity (tribal development) are made available through state level coordination committees.





## LESSONS LEARNED

63. Perhaps one of the most important lessons learned from the India experience is that opportunities are being missed for improving the impact and efficiency of supplementary nutrition programme because of a lack of emphasis on results-oriented planning and evaluation. The ICDS programme has tremendous potential to rapidly improve the nutritional and health status of India's poorest. WFP and other donors have however gained limited knowledge on how to utilize this system to achieve population-level impacts. The lack of routinely available impact and cost-effectiveness data has partially compromised country strategy development. For WFP, this is largely the result of very limited non-food resources. Donors themselves are increasingly interested in funding initiatives to improve their understanding of the most cost-effective uses of food aid. As one of WFP's largest and most enduring programmes, the Country Programme for India should receive priority resources for learning opportunities.
64. Of particular concern to WFP is the weakness of key elements that probably play an important mediating role in the nutritional effectiveness of supplementary feeding. Nutrition education/communications and micronutrient supplementation are two important problems that are probably not unique to India. The importance of education was suggested by data that point to intrahousehold food use as a potentially powerful determinant of nutritional status in India. WFP should clarify the importance of these complementary inputs through field studies and then develop minimum criteria within the WFP operational guidelines.
65. Programmes that operate in countries as large as India need to make special provision in project design for decentralized planning and framework development to take into account ecological, economic and cultural variability. The private sector is an important and often neglected organizational resource for nutrition programmes and WFP has developed productive relationships that can be expanded and cultivated in other WFP-assisted countries.
66. Finally, the India programme points out the need for WFP to develop country programmes with phasing out strategies. The current food aid programming environment is dramatically different from that in which many country programmes have been designed, thus requiring that programme development strategies be modified to foster capacity strengthening and government/community ownership.



**ANNEX I**





**ANNEX II**







**ANNEX III**





## LOGICAL FRAMEWORK

Immediate objectives	Outputs	Indicators	Means of Verification
To provide nutritious supplement to children from 6 months to 6 years, and to expectant and nursing mothers (ENMs)	Target of 2,250,000 beneficiaries will receive supplementary nutrition (SN) for 300 days a year 318,000 expectant and nursing mothers, AWWs 725,040 children under 3 1,060,000 3-6 yr. Olds 17,282 severely malnourished children under 6 61,100 AWWs & helpers 18,282 adolescent girls	80% of beneficiaries received rations for 80% of days a year quantity and quality of SN supplied	Nutrmonitor AWC registers WFP spot-checking beneficiary contact monitoring (BCM) quarterly progress reports(QPRs)
To facilitate access to health services and promote appropriate health and nutrition practices	90% of children fully immunized and growth-monitored 60% of mothers immunized 50% of mothers trained in nutrition and health education (NHED)	immunization & growth promotion rates met target no. of NHED sessions held target no. of mothers trained knowledge, attitudes and practices (KAP) changed	AWC registers monthly progress reports (MPRs) monthly monitoring reports (MMRs) WFP field visits BCM KAP surveys
To facilitate psycho-social development of children through early childhood development activities.	80% of 3-6 yr olds will attend pre-school at AWCs for over 15 days a month	% of enrolled children attending AWCs pre-school	AWC attendance records MPRs WFP field visits BCM
To improve effectiveness of ICDS services through improved targeting, community participation and better training and working conditions for ICDS field staff	50% increase in participation rates of ENMs & under 3 yr olds with THR 10% of villages to establish <i>mahila mandals</i> 80% of child development project officers (CDPOs), district officers (DOs), lady supervisors (LSs) & AWWs trained	participation rates at AWCs of ENMs & under 3 yr olds target no. of <i>mahila mandals</i> established target no. of CDPOs, DOs, LSs & AWWs trained	despatch point stock register monthly reports (DPRSMRs) & Nutrmonitor MPRs WFP records of training sessions

## LOGICAL FRAMEWORK

<b>Immediate objectives</b>	<b>Outputs</b>	<b>Indicators</b>	<b>Means of Verification</b>
To improve health, nutrition, hygiene and general health care knowledge and attitudes of adolescent girls and thus the community through training	80% of adolescent girls trained in NHED, child care & AWC activities 10% receive skill training 80% placed in AWCs and get SN	target no. of adolescent girls participating in NHED, child care & AWC activities target no. trained in skills target no. placed in AWCs KAP changed	AWC attendance registers MPRs Nutrmonitor Records of training sessions KAP survey WFP field visits BCM

## WFP ACTUAL ACHIEVEMENTS AGAINST LOGICAL FRAMEWORK INDICATORS

Indicators	Actual achievements (percent)					Average
	Assam	Kerala	Madhya Pradesh	Rajasthan	Uttar Pradesh	
• 80% of beneficiaries received rations for 80% of days a year	27	74	73	69	73	69
• quantity of SN supplied	49	69				
• quality of SN supplied	superintendence company (SGS)	SGS	86	71	96	76
			SGS	SGS	SGS	SGS
• immunization rates met by the central technical committee(CTC)	32.3	80.3	86.8	50.2	97.7	70
child	21.6	60.9	61.8	37.2	79.5	52
mother						
• Growth monitoring and promotion 0(GMP) rates met (spot)	not indicated (NI)	NI	NI	NI	NI	NI
• target no. of NHED sessions held	not available (NA)	NA	NA	60	NA	NA
• target no. of mothers trained	NA	NA	NA	NI	NA	NA
• KAP changed	NA	NA	NA	NI	NA	NA
• % of enrolled children attending AWCs pre-school (1997)	59	59	57	91	68	60 (expansion)



## WFP ACTUAL ACHIEVEMENTS AGAINST LOGICAL FRAMEWORK INDICATORS

Indicators	Actual achievements (percent)					Average
	Assam	Kerala	Madhya Pradesh	Rajasthan	Uttar Pradesh	
• participation rates at AWCs of:						
ENMs	62	96	98	133	82	87
children under 3	NI	101	103	120	62	87
• target no. of <i>mahila mandals</i> established	NI	NI	NI	NI	NI	
• target no. of CDPOs, DOs, LSs trained	75	NA	100	NA	104	73
• target no. of adolescent girls participating in NHED, child care & AWC activities	NA	NA	100	NA	NA	NA
• target no. trained in skills			88			88
• target no. placed in AWCs			100			100
• KAP changed			NI			NI

## SUMMARY OF WFP INITIATIVES

Initiative	Objectives/activities	Locations	Partners	Cost (dollars)	Funding source
Improving child survival	<i>Reduce mortality, morbidity in children under 3 through: Information, education &amp; communication (IEC), "fixed day-fixed site" for mother &amp; child health services &amp; strengthening ICDS through awareness campaigns &amp; workshops</i>	Banswara/ Rajasthan (R)	Local NGOs	230 000	Dutch Quality Improvement Grant (DQIG)
Nutrition health education	<i>Empower women to address their own and their children's nutrition &amp; health needs</i>	Udaipur & Sirohi/R	CARE	249 740 252 183	DQIG CARE
Technofeasibility of <i>Indiamix</i> <sup>1</sup>	<i>Assess technofeasibility of "Indiamix" through: analysing its nutrient composition &amp; shelf-life, developing standardized recipes, and training ICDS functionaries</i>	11 districts in R	College of Home Science (CHS)/ Rajasthan Agricultural University (RAU)	56 000	DQIG
Use of THRs and pretesting Mother-Child Welfare Card (MCWC) <sup>2</sup>	<i>Review THR system, pretest and assess scope of MCWC &amp; assess impact of "Indiamix" Recipe training through group discussions, observation, review of registers &amp; weighing children</i>	Udaipur & Rajsamand/ R	Consultants	493	DQIG
Empowerment of tribal adolescent girls	<i>Train &amp; place adolescent girls in ICDS centres through a prephase KAP assessment followed by training</i>	Jhabua (MP)	Bal Niketan Sangh, BSA National Institute of Social Sciences	NA	NA
Agricultural entrepreneurship for tribal adolescent girls	<i>Identify agriculture-related income generating activities through Participatory Rural Appraisal (PRA) &amp; conduct training</i>	Several	International Federation for Women in Agriculture	65 000	USAID grant
Strengthening project management in ICDS	<i>Improve programme management &amp; supervisory skills of ICDS Supervisors &amp; CDPOs</i>	Dhar/MP	UNESCO & NGO	15 000	UNESCO

## SUMMARY OF WFP INITIATIVES

Initiative	Objectives/activities	Locations	Partners	Cost (dollars)	Funding source
Improved delivery systems for iron supplements	<i>Increase the outreach of the iron supplements programme through KAP, market survey &amp; a campaign</i>	Dhar/MP	NGO	9 450	International Life Science Institute (ILSI)/DQIG
Community entrepreneurship for production of complementary food	<i>Provide income to tribal women, develop entrepreneurship skills, improve complementary feeding practices &amp; provide a low cost nutritious product for ICDS through creation of women cooperatives</i>	Jhabua/MP	Local NGOs	72 800 400 000	DQIG Generated funds (GF) from WFP's tribal development project in MP
Peoples's health in peoples's hands	<i>Promote awareness on a variety of health, education &amp; environmental issues through folk media</i>	MP	NGO	28 244	GF

<sup>1</sup> WFP—*Indiamix*- Development of a low-cost blended food. World Food Programme, New Delhi, 1997.

<sup>2</sup> WFP—Review of use of *Indiamix*. take-home Rations and Pretesting of MCWCs. World Food Programme, New Delhi, 1998.