

برنامج  
الأغذية  
العالمي



Programme  
Alimentaire  
Mondial

World  
Food  
Programme

Programa  
Mundial  
de Alimentos

**Executive Board  
Second Regular Session**

**Rome, 22–26 October 2007**

## **COUNTRY PROGRAMMES**

**Agenda item 8**

*For approval on a  
no-objection basis*

**E**

Distribution: GENERAL  
**WFP/EB.2/2007/8/1**  
10 July 2007  
ORIGINAL: ENGLISH

## **COUNTRY PROGRAMME — INDIA 10573.0 (2008–2012)**



## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for approval  
on a no-objection basis.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Regional Director, ODB:                      Mr A. Banbury                      Anthony.Banbury@wfp.org

Senior Liaison Officer, ODB:                      Ms S. Izzi                      tel.: 066513-2207

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).



## EXECUTIVE SUMMARY

The country programme for India (2008–2012) is consistent with WFP's Strategic Plan (2006–2009), the priorities of India's 11<sup>th</sup> Five Year Plan and the United Nations Development Assistance Framework (2008–2012). It takes into account lessons learned from previous interventions and the recommendations of the mid-term evaluation of the 2003–2007 country programme.

Strong economic growth continues in India, resulting in a substantial reduction in poverty; but food and nutrition insecurity remain high. India is home to 40 percent of the world's undernourished children and prevalence of vitamin and mineral deficiencies is among the highest in the world – yet India has some of the world's largest food-based welfare schemes.

WFP's assistance in India has shifted from food delivery towards capacity-development to support India's own schemes to reach its nutritional objectives and the Millennium Development Goal of halving the number of underweight children by 2015. The programme will concentrate on improving the effectiveness of India's schemes to reach the hungry poor and ensuring that better quality food is provided. A minimal amount of food will be resourced for the purpose of introducing innovative models with defined lifespans in a cost-sharing scheme with the Government.

WFP will continue its advocacy to place food and nutrition awareness at the centre of national development policy.

Renewed emphasis will be placed on expanding partnerships and making new ones with a view to integrating food and nutrition security into the context of health and sanitation. Programme components will as far as possible be targeted to coincide in priority districts where the United Nations Children's Fund and other United Nations partners are present.

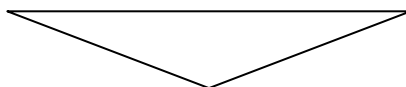
The strategic objectives are:

- enhanced government capacity to improve the efficiency and quality of food-based safety-net programmes (Strategic Objective 5);
- improved nutrition of women and young children (Strategic Objective 3); and
- improved livelihoods for vulnerable communities that rely on depleted natural resources in degraded environments (Strategic Objective 2).

The proposed budget from regular resources is US\$17.8 million to cover direct operational costs for the food needs of 961,500 beneficiaries for five years. The budget based on expected regular contributions covers only part of the needs; WFP will seek additional funding to meet the estimated requirement of US\$33.8 million for an estimated 2 million beneficiaries.



## DRAFT DECISION\*



The Board approves on a no-objection basis country programme India 10573.0 (2008–2012) (WFP/EB.2/2007/8/1), for which the food requirement is 184,104 mt at a cost of US\$17.8 million covering all basic direct operational costs, and authorizes WFP to mobilize additional contributions of US\$33.8 million from other sources to address the needs of an estimated 2 million beneficiaries for five years.

---

\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



## SITUATION ANALYSIS

1. The past decade has seen sustained 8 percent per annum growth of gross domestic product (GDP) and expanding foreign exchange reserves; in purchasing power parity terms, India is the world's fourth largest economy. This success is reflected in a reduction in poverty from 36 percent of the population in 1993 to 26 percent in 2004,<sup>1</sup> and a change in image from a stagnating low-level economy to an emerging world power. Yet in many areas, particularly rural India, poverty and deprivation affect 260 million people – the largest share of poor people in the world.<sup>2</sup> India ranks 126<sup>th</sup> of 177 countries in the United Nations Development Programme (UNDP) Human Development Index.

### Food and Nutrition Security

2. Even with continued economic growth, India accounts for 40 percent of the world's underweight children, though it has 20 percent of the global child population; the prevalence rate is 47 percent, double that of sub-Saharan Africa. Underweight increases a child's risk of dying from common illnesses and retards cognitive and physical growth. Malnutrition has multiple causes, but the burden of disease and insufficient<sup>3</sup> and poor-quality diet are major causes in India. Current rates of progress suggest that India is unlikely to achieve Millennium Development Goal (MDG) 1 of halving the number of underweight children by 2015.<sup>4</sup>
3. Studies of food insecurity and undernutrition<sup>5</sup> show higher rates of malnutrition in some states: Orissa, Maharashtra, Bihar, Madhya Pradesh, Uttar Pradesh and Rajasthan have rates of underweight above 50 percent. In scheduled castes the malnutrition rate is 53 percent and in scheduled tribes it is 56 percent, both higher than the 44 percent in other castes. Gender disparities are reflected in the 48.9 percent underweight rates among girls compared with 45.5 percent among boys; it is disturbing that these inequalities in nutritional status widened during the 1990s.
4. Micronutrient malnutrition among children is serious: iron deficiency anaemia is estimated to affect 75 percent of children under 5; 57 percent suffer from vitamin A deficiency.<sup>6</sup> Iodine deficiency is endemic in 85 percent of districts, and 26 percent of the population is estimated to have low zinc intake. Micronutrient deficiencies retard children's growth and contribute to the 43 percent rate of stunting among children under 5. These four deficiencies impede India's achievement of the MDGs, particularly as related to reducing child mortality.
5. Undernutrition in women of reproductive age contributes significantly to child undernutrition; 30 percent of babies weigh less than 2.5 kg at birth, a result largely of

<sup>1</sup> Government of India. 2006. *Towards Faster and More Inclusive Growth: Approach Paper to the 11<sup>th</sup> Five Year Plan*. New Delhi, Planning Commission.

<sup>2</sup> If the World Bank criterion of US\$1 per day is applied, this figure rises to 350 million.

<sup>3</sup> Among children enrolled in the Integrated Child Development Services (ICDS) programme in the four states covered by WFP, the average energy intake was 933–966 kcal, compared with an average recommended daily allowance (RDA) of 1,240 kcal.

<sup>4</sup> World Bank. 2006. *India's Undernourished Children: a Call for Reform and Action*. Washington DC.

<sup>5</sup> Food Insecurity Atlas of Rural India, WFP and M.S. Swaminathan Research Foundation, 2003.

<sup>6</sup> Sub-clinical vitamin A deficiency.



inadequate food and nutrient intake during pregnancy. A recent survey of Integrated Child Development Services (ICDS) beneficiaries in the four states on which the programme focuses found that among pregnant women average energy intake was 450–500 kcal less than the recommended daily allowance (RDA).<sup>7</sup> Diet quality is also low: among households with a monthly income below Rs255 (US\$5.66), estimated average intake of iron is 47 percent of RDA, of vitamin A 39 percent and zinc 47 percent.<sup>8</sup> Prevalence of iron deficiency anaemia among pregnant women is 87 percent; 44 percent of maternal deaths worldwide resulting from anaemia occur in India.

6. India's grain reserves – 60 million mt in 2001 – are substantially depleted. Growth in agricultural production fell from 2.86 percent per annum in 1981–1996 to 0.76 percent in 1997–2005. Per capita availability of grain fell by 15 percent in 2006, and for the first time in a decade India had to import grain to maintain its reserves. The Government has plans to double agricultural production over the next decade, but India will probably have to import grain in difficult years to support its food-based schemes. The poorest farmers' inability to overcome debt is a major cause of rural distress.

### Government Policies and Programmes Addressing Food Insecurity and Malnutrition

7. Food security and nutrition programmes financed by the Government and implemented by state governments are in place; they are legal entitlements that include the most vulnerable people.
8. India has a primarily safety-net approach in its household food-security programmes, which are the most extensive in the world. The four main food-based programmes are:
  - **Targeted Public Distribution System.** The joint responsibility of the central Government and state governments, this system ensures that essential commodities are available to the poor, including food at subsidized prices; it operates through 478,000 fair-price shops, benefiting 180 million households in 2006 through a ration card system. In 2000, its reach and benefits were enhanced by the introduction of *Antyodaya Anna Lojana* (Food Scheme for the Poor) to provide grain for the poorest families at further subsidized rates. The scheme currently benefits 25 million families.
  - **ICDS.** The world's largest programme for mother-and-child health, nutrition and education, which has been in place for 30 years in all states, ICDS offers six services: (i) supplementary nutrition, (ii) pre-school education, (iii) immunization, (iv) health checks, (v) growth monitoring and (vi) referral services. It provides supplementary nutrition for 51.4 million beneficiaries, of whom 23.1 million are pre-school children. The World Bank, the Cooperative for Assistance and Relief Everywhere (CARE), the United Nations Children's Fund (UNICEF) and WFP supplement the Government's work.

<sup>7</sup> Operational Research Group (ORG) Centre for Social Research. 2006. *Mid-Term Assessment of WFP-Supported ICDS Programme*. New Delhi.

<sup>8</sup> The Micronutrient Initiative. 2005. *Controlling Vitamin and Mineral Deficiencies in India: Meeting the Goal*. New Delhi.



- **Mid-Day Meal programme (MDM).** This aims to (i) universalize primary education, (ii) increase enrolment, retention and attendance and (iii) improve the nutritional status of primary schoolchildren and (iv) motivate poor families to send children – particularly girls – to school regularly. It has reduced the gender gap in education and fosters equality among children of different castes and classes. By order of the Supreme Court, schools must provide free hot meals with a minimum 300 calories and 8–12 g of protein for primary schoolchildren for 200 days per year. An estimated 120 million children in 950,000 schools are beneficiaries.
- **Jawahar Rozgar Yojana; Sampoorna Gramin Rozgar Yojana.** These national food-for-work (FFW) programmes operate in poor districts for 100–200 days a year. They are open to rural poor people seeking paid manual work. The depletion of its food reserves has forced the Government to de-link food distribution from employment-generation schemes. The National Rural Employment Guarantee Scheme, launched in February 2006, replaced these programmes with cash payments in an initial 200 districts; all districts in the country are to be covered within five years.

The 2005–2006 budget for the first three programmes amounts to US\$7.6 billion. Food-assisted programmes in India require annual expenditure of US\$10 billion.

9. The Government recognizes that systemic weaknesses and limited capacity constrain progress in these programmes. Public management and delivery systems are weak, particularly in disadvantaged areas, resulting in poor quality of public services, access to which is restricted by social exclusion. Achievement of the MDG in India will depend on decentralized governance that is effective, accountable and inclusive. The Government's commitment to the eradication of hunger and poverty remains firm.

## National Development Priorities

10. The proposed country programme (CP) was developed in the context of the United Nations Development Assistance Framework (UNDAF), whose main objective is “to promote social, economic and political inclusion for the most disadvantaged, especially women and girls”. It focuses on (i) enhancing implementation capacity for national programmes, (ii) supporting accountable and responsive local governance, (iii) enhancing the ability of the Government and vulnerable groups to recover from emergencies and (iv) ensuring achievement of the MDGs.
11. This CP is the result of consultation with partners in eight states on the future directions of WFP's activities, followed by consultation with ministries, United Nations agencies and other development partners.

---

## PAST COOPERATION AND LESSONS LEARNED

12. WFP's support has evolved since 1963. In the early years, food aid was essential to enable India to bridge recurring food scarcities; up to 1971, WFP food assistance was used to enable food-insecure people to take up development activities and escape the hunger trap; of WFP's allocation to India of US\$998 million in 1963–1999, 60 percent targeted agriculture and rural development, including 53 projects for forestry and watershed management, irrigation, livestock and dairy development. Two activities stand out: (i) assistance for the National Dairy Development Board, which helped India to become the world's second largest milk producer, and (ii) assistance for construction of the Indira Gandhi canal in Rajasthan, which provided perennial irrigation water. There were



14 emergency operations (EMOPs) between 1965 and 2001 in response to floods, droughts, cyclones and earthquakes.

13. Under the 2003–2007 CP, WFP moved away from providing food to a more catalytic role in reducing vulnerability and eliminating food insecurity and malnutrition, focusing on developing programme models that could be scaled up with government funding to improve the nutritional status of women and children through ICDS, support primary education by providing a micronutrient-fortified mid-morning snack and improve food security through FFW activities. Substantial effort was devoted to advocacy to influence policy.
14. An independent mid-term evaluation commissioned by the Office of Evaluation (OEDE) of the 2003–2007 CP identified various successes and weaknesses:
  - **Successes.** Indiamix, a blended micronutrient-fortified food developed and introduced by WFP is being replicated in four states, with state funding. Achievements under WFP-supported ICDS centres include higher registration of women and lower prevalence of underweight children than in non-supported centres. The mid-morning snack in primary schools is improving children's concentration and increasing enrolment and attendance. The generated-fund component of FFW has achieved some success in providing sustainable community assets. In partnership with the International Fund for Agricultural Development (IFAD), high-interest loans from moneylenders have been replaced by cheaper loans through self-help groups. WFP's advocacy has increased the Government's focus on food security. Greater food security awareness among government decision-makers has resulted from WFP's *Food Security Atlases* published with the M.S. Swaminathan Research Foundation in 2003–2004, the 2004 and 2005 regional ministerial consultations on mother-and-child nutrition and the National Consultation of Social Safety Nets held with the World Bank and the Government.
  - **Weaknesses.** Greater focus is needed on reaching the most food-insecure households: the existence of social exclusion means that WFP and its partners must develop models to ensure that destitute people are reached. The reduction in levels of malnutrition and anaemia in WFP-assisted ICDS centres is not significant. Community participation and improvement in gender balance under food for education (FFE) are weak.
15. The mid-term evaluation stresses (i) the need to integrate WFP food-based support with complementary support, primarily in health, water and sanitation projects, for greater nutritional impact through partnerships with UNICEF and non-governmental organizations (NGOs), (ii) the need for greater community involvement and (iii) exit strategies in future interventions whereby the Government or state governments will share costs and take over pilot interventions.
16. The proposed 2008–2012 CP will decrease WFP's direct food-delivery interventions and increase technical assistance to improve the performance of the Government's food and nutrition security programmes.

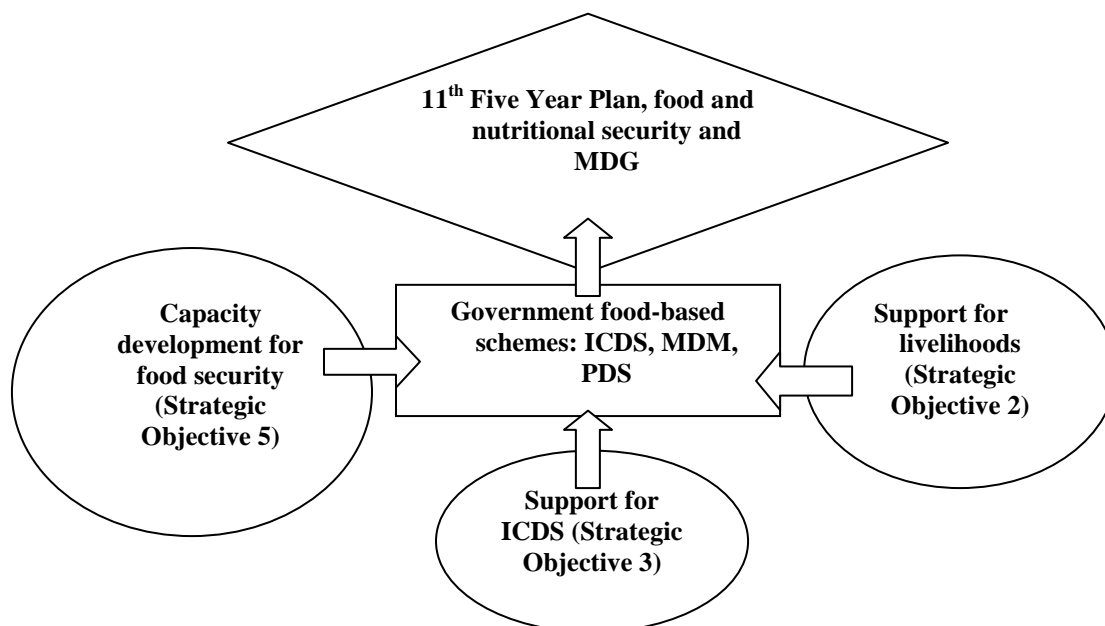




## STRATEGIC FOCUS OF THE 2008–2012 COUNTRY PROGRAMME

17. The CP aims to help the Government to attain the MDGs by improving the implementation of existing food-security programmes by focusing on developing institutional capacity to manage them. Some food-based support will be provided with the objective of introducing innovative models at the state level to improve management, performance measurement, accountability and inclusiveness.
18. The three components of the CP each contribute to a Strategic Objective (see Figure below): (i) capacity development through technical assistance to improve the implementation of government food-based schemes; (ii) provision of fortified supplementary food through ICDS, in conjunction with partners; and (iii) support to improve the livelihoods of food-insecure populations through asset creation to build resilience to natural disasters and degraded environments.
19. Attention to WFP's Enhanced Commitments to Women (ECW) will ensure women's equal access to food and other programme resources, equal participation in programme components and full participation in decision-making committees. These commitments will be reflected in subsequent operational documents and agreements.

### Achieving Food and Nutrition Security through Support for Government Schemes



20. Building on existing cooperation, WFP will form partnerships with development organizations, particularly UNICEF, to provide a comprehensive package of services such as sanitation and health for better nutritional impact. Operational coordination will be required to ensure overlapping of geographic coverage and joint programming. Relationships with IFAD, the Micronutrient Initiative (MI) and the Global Alliance for Improved Nutrition (GAIN) will be expanded.
21. An exit strategy will be established for all components. Food-delivery components will be developed on the basis of increasing cost sharing with national or state counterparts (see Annex I-C), with a commitment that they will take over after the initial phase. Introduction of components into new areas will be temporary to emphasize the

model-building purpose of the intervention. Technical assistance components will have specific users and a predetermined duration; evaluation will determine continuation or phase down.

22. WFP's food-delivery components will operate in Chattisgarh, Jharkand, Madhya Pradesh, Orissa and Rajasthan. Some districts in these states have large tribal populations with above-average levels of food insecurity and malnutrition; the Government and United Nations agencies identify them as primary target areas for the eradication of hunger and poverty. The capacity-development components will be implemented in additional states that have requested WFP's assistance. The Government is not expected to require emergency food assistance from WFP.
23. WFP will continue its advocacy, which has helped to place food and nutrition awareness at the centre of national development policy.

### **Component 1: Capacity Development for Food Security**

24. This component reflects the future direction of WFP support to India – technical assistance to improve the quality and performance of government food-based welfare schemes. No food will be provided from WFP resources. This component will remain flexible, with the potential to support additional areas as the need arises.
25. Support for capacity development will provisionally be provided in:
  - Supply-chain management of Government food-based programmes. Inefficiencies in these programmes include logistics bottlenecks resulting in non-availability of food at distribution points, low awareness, inclusion and exclusion errors in issuing ration cards, diversion of commodities, lack of incentives for operators and lack of monitoring and accountability.<sup>9</sup> The 10<sup>th</sup> Five Year Plan notes that lack of implementation capacity reduces the effectiveness of development programmes; supporting improved governance in food-based social-security systems would be as effective as providing more resources. The objective is to build state capacity to improve implementation of the schemes: interventions will identify the risks along the delivery chain, define the causes of poor performance and the impact on nutritional objectives, and identify the controls needed to address these. State-level stakeholders will be trained to use an enterprise risk management approach.
  - Fortification of MDM. Several food-based schemes require improvement in the nutritional content of the meals provided. WFP will support state governments by providing micronutrient supplementations to be sprinkled on to the midday meal provided at primary schools and by sensitizing teachers, officials and community leaders to the importance of nutrition to growth and cognitive capacity among schoolchildren. Micronutrient fortification will be part of a package of school health interventions. A school accreditation system will be established in partnership with UNICEF and state governments to ascertain the availability of a minimum health/nutrition/education package. WFP will document the effects of providing quality meals and will review the results and lessons learned for replication in other states.

---

<sup>9</sup> ORG Centre for Social Research. 2005. *Evaluation of the Targeted Public Distribution System and Antodaya Anna Yojana*. New Delhi.



- Other fortification subcomponents. Decentralization is increasing in food procurement and implementation of ICDS; the mother-and-child health (MCH) centres are encouraged to using locally procured and prepared ingredients. There is increasing scope for on-site fortification of locally prepared food; state governments may request fortification of centrally produced blended foods made available through the PDS, such as wheat flour and rice. If the Government requests it, and subject to availability of funding, WFP will continue its salt iodization interventions in partnership with MI and GAIN.
  - Support for nutrition education and development of information, education and communication (IEC). Fortification subcomponents will address micronutrient deficiencies in the short term, but WFP will also focus on long-term change of dietary habits, developing IEC materials and organizing training for *Anganwadi* (MCH centre) workers and primary schoolteachers.
  - Management of village grain banks. WFP will provide technical assistance to improve the design and operation of village grain banks as requested by the Government, which plans to establish a large number of them to mitigate seasonal hunger gaps, releasing grain during shortages and recovering it from members during times of surplus.
  - Technical assistance for integrating nutrition into the HIV/AIDS package. HIV prevalence is low but growing rapidly; this and the fact that India has the largest number of people living with HIV (PLHIV) in the world, coupled with high levels of malnutrition, highlights the need for a nutrition component in a comprehensive assistance package. WFP will provide technical assistance in partnership with the National AIDS Control Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to ensure that food and nutritional support are part of the HIV treatment package.
26. Under the Joint United Nations initiative on knowledge management in India, WFP will continue its advocacy with regard to hunger and malnutrition, gathering best practices to influence policy decisions and supporting research into hunger and poverty at research institutions in and outside India, including detailed food-security mapping in targeted areas, and into the feasibility of disaster-insurance schemes. WFP will work with partners to test the effectiveness of new approaches, drawing on experience with MI.
27. This component will not divert resources from WFP's other priorities. Funding will be sought from the Government and local donors and foundations. The roles and responsibilities of partner agencies will be set out in memoranda of understanding (MOUs).

## **Component 2: Support for ICDS – Improving the Nutritional Status of Vulnerable Children and Women**

28. WFP has supported ICDS for 30 years, during which its focus has shifted from distribution to a catalytic role supporting the Government's implementation of the programme. In view of the Government's interest in improving ICDS, WFP will continue this support, providing technical assistance for implementation and working with the Government and partners to test innovative approaches.



29. The objectives of WFP's assistance to ICDS in the CP are:
- reducing the prevalence of underweight among young children;
  - reducing iron-deficiency anaemia among young children and pregnant and lactating women;
  - enhancing local capacity to produce fortified foods;
  - testing innovative approaches to enhance the effectiveness of ICDS and reduce the exclusion of marginalized groups, young children and pregnant and lactating women; and
  - influence state and national policy with studies and project monitoring.
30. In the previous CP, WFP helped the Government to enhance the effectiveness and outreach of ICDS, notably by helping state governments to start and expand production of low-cost micronutrient-fortified blended food known locally as Indiamix. Local governments were enabled to purchase fortified foods that otherwise would not have been accessible and to modify the products on the basis of local tastes. WFP will continue to support the expansion of production of fortified foods by state governments, as resources permit.
31. Major criticisms of ICDS are that there are disparities in coverage and quality and that groups such as scheduled tribes and castes are more likely to be left out of the programme. In line with the 11<sup>th</sup> Five Year Plan and the UNDAF objective of "enhancing opportunities for disadvantaged groups", WFP will concentrate its support for ICDS in areas where food insecurity and malnutrition are greatest. It will help district administrations to identify groups that cannot access services, identify reasons for non-participation and test strategies to increase participation.
32. Recognizing that the impact of WFP's support is greatest when partners provide complementary services, WFP and UNICEF have agreed to focus on overlapping districts and jointly monitor programme impact. WFP will work with MI and GAIN to develop and test new strategies to address micronutrient deficiencies.
33. WFP will continue to procure and distribute fortified blended foods in some districts under a cost-sharing agreement with state governments. Children of 6–36 months will receive take-home rations equivalent to 300 kcal per day; children of 3–6 years will receive on-site feeding equivalent to 300 kcal per day; pregnant and lactating women will receive take-home rations equivalent to 600 kcal per day. Severely undernourished children will receive double rations, in line with government policy.
34. Innovative approaches are needed to increase programme effectiveness, particularly for younger children and pregnant and lactating women as the optimum target for preventing malnutrition. WFP will test strategies to increase effectiveness for these groups, including (i) using growth monitoring more extensively to trigger interventions, (ii) using more adolescents for community liaison, (iii) establishing women's self-help groups<sup>10</sup> and (iv) working with UNICEF, CARE, Catholic Relief Services (CRS) and other partners to provide a more comprehensive package of services.

---

<sup>10</sup> Under the 2003–2007 CP, WFP increased community involvement in ICDS through food-for-human-development and adolescent girls projects.



35. Indiamix is not ideal for the 6–24 months age group, who would benefit from a product that contains milk and has a greater energy and micronutrient density.<sup>11</sup> WFP will lead the development of a version of Indiamix for young children, working with academic institutions to pilot the product on a small scale and assess its cost-effectiveness. Where state governments procure food locally and where fortified foods are not available, WFP and MI may test local fortification of foods.

### Component 3: Support for Livelihood Activities

36. This component will support poor and chronically food-insecure households in remote areas with limited access to markets, focusing on tribal communities that rely on declining natural resources and are vulnerable to natural disasters. WFP will help households to develop productive assets and resource management techniques to improve income levels and resilience.
37. The component will continue the joint programming that started in 2001 whereby WFP food supplements IFAD's cash-based inputs, using community-based needs assessment and asset creation with the aim of strengthening village-level institutions to ensure sustainable use of the assets. This will lead to sustainable food security as a result of regenerating degraded environments and increased availability of land and water. The process-driven approach will take account of women's views and their coping mechanisms and identify measures that address their constraints.
38. Households will receive 3 kg of rice per day worked for approximately 70 days a year; activities will be concentrated during the lean season. Beneficiaries will also receive wages, from which they will contribute to a fund to be managed by the community for capacity-building and maintenance of assets.
39. The Department of Tribal Welfare will continue as the main implementing partner under the IFAD–WFP programme and will coordinate implementation, involving departments of Government, NGOs and community-based organizations. Decisions on measures to be undertaken at the village level will be taken in consultation with the communities on the basis of plans formulated by beneficiaries and approved by the *gram panchayats* (village councils).

---

## PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

### Appraisal

40. Formulation of this CP involved consultations in 2006 with ministries, United Nations agencies, NGOs, partners and donors. Two state-level consultations were undertaken with stakeholders from eight states; a national consultation was held in New Delhi. A consultation with the United Nations country team was held to ensure integration of the CP objectives with the UNDAF. The appraisal mission consisted of personnel from the Investment Centre of the Food and Agriculture Organization of the United Nations (FAO) and WFP Headquarters and the regional bureau, who reviewed programme documents, made field visits and held state and central-level counterpart consultations.

---

<sup>11</sup> As recommended by a consultative group convened by the nutrition service at Headquarters in 2004.



## Resources

41. This CP will be funded from three main sources: (i) WFP's regular development resources, (ii) contributions from the Government and (iii) private-sector funding and discretionary funds from embassies. The national and state governments have been asked to contribute to components 1 and 2. State contributions to component 2 will increase its reach and gradually replace WFP funding as assistance is withdrawn. No WFP regular development resources will be utilized for component 1.
42. In view of the growing private sector and the culture of corporate social responsibility, the country office will engage corporations to contribute cash and in-kind donations.
43. Contributions will comply with the full-cost recovery policy and will be registered in WINGS. Local funding and contributions from the Government will be considered additional resources for the CP components.
44. The total CP requirement is estimated at US\$57.8 million. The budget submitted to the Board for regular development resources is US\$17.8 million to benefit 961,500 beneficiaries (see Annexes I-A, I-B and III).

## Logistics Arrangements

45. WFP will procure all food in India. In line with past practice, the Government will authorize WFP to purchase from stocks held by the Food Corporation of India at below poverty line prices. For component 2, wheat will be processed by WFP-selected manufacturers of fortified blended foods identified by competitive tender. Landside transport, storage and handling (LTSH), and distribution costs will be covered by state government departments.

## Programme Implementation and Management

46. The Ministry of Agriculture is the main channel of communication between the Government and WFP. Components will be implemented by the following ministries:
  - component 1, Capacity Development for Food Security: the Ministries of Tribal Affairs, Education, Women and Child Development and the National AIDS Control Organization;
  - component 2, Support for ICDS–Improving the Nutritional Status of Vulnerable Children and Women: the Ministry of Women and Child Development; and
  - component 3, Support for Livelihood Activities: the Ministry of Tribal Affairs.

The Ministry of Consumer Affairs, Food and Public Distribution will release the annually required cereals.
47. Ministry secretaries will chair food aid advisory sub-committees that will review implementation annually. At the state level, departmental principal secretaries will chair coordination committees and assign project directors, who will be the counterparts for implementation.
48. The country office and three field offices will supervise implementation of the CP. To meet the requirements of the new capacity-development component, staff competence requirements have been re-profiled; staff costs will be resourced locally.



49. Collaboration with United Nations agencies is strong. Joint WFP/UNICEF field office presence will be established; joint programming with UNICEF and IFAD is ongoing. WFP hosts the IFAD field unit in the country office.

### **Monitoring and Evaluation**

50. Results-based monitoring and evaluation (M&E) has been developed to support management, performance measurement, accountability, learning and advocacy (see Annex II). The country office will focus on improved effectiveness, sustainability and accountability, as reflected in its increased monitoring support through joint WFP/UNICEF field offices.
51. WFP will regularly monitor management practices and implementation, focusing on information exchange, consistency and common databases, including support and monitoring of the activities of implementing partners. WFP will undertake baseline and follow-up surveys, internal impact assessments and external mid-term and end-of-project evaluations as part of the CP, including for advocacy and its impact on programme.



## ANNEX I-A

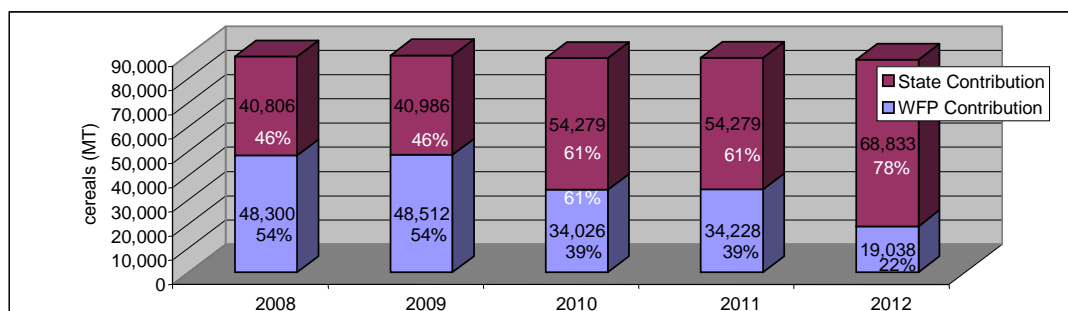
BENEFICIARY COVERAGE BY COMPONENT AND FOOD ALLOCATION					
Component	Quantity of commodities after transformation (mt)	Quantity of commodities before transformation (mt)	Distribution by component (%)	Number of beneficiaries men/women/total 2008–2012	% women beneficiaries 2008–2012
Support for ICDS	78 632	149 402	81	746 500	56
Support for livelihood activities	34 702	34 702	19	215 000	48
<b>Total</b>	<b>113 334</b>	<b>184 104</b>	<b>100</b>	<b>961 500</b>	<b>54</b>

## ANNEX I-B

COMMODITY TYPE AND RATION SIZE					
Component	Type of food		Individual ration size (g/person/day)	Nutritional content	
	Before transformation	After transformation		kcal	% kcal from protein
Support for ICDS	Wheat	Indiamix	single ration – 80	304	4.4
	Wheat	Indiamix	double ration – 160	608	8.8
Support for livelihood activities	Rice	Rice	600	2 070	8.3

## ANNEX I-C

## PLANNED COST-SHARING OF FOOD RESOURCES BETWEEN STATES AND WFP





ANNEX II: RESULTS AND RESOURCES MATRIX<sup>1</sup>

Results chain	Performance indicators	Risks, assumptions	Resources required
<p><b>UNDAF outcome</b></p> <p>1. By 2012, strengthened policy framework and implementation capacity of large scale state and national programmes to reduce disparities and enhance opportunities for disadvantaged groups, especially women and girls, for the achievement of MDG related 11th Five year plan goals.</p> <p>2. By 2012, accountable and responsive local government systems, in rural and urban areas, are in place in selected districts / cities (within priority states) which promote equitable and sustainable development to achieve MDGs / local development goals with special attention to the needs of disadvantaged groups, especially women and girls.</p> <p>3. By 2012, 11<sup>th</sup> Five year plan targets related to the MDGs are on track in at least one district in each of the 7 priority states.</p> <p>4. By 2012, the most vulnerable people, including women and girls, and government at all levels have enhanced abilities to prepare, respond, and adapt/ recover from sudden and slow onset disasters and environmental changes.</p>	<p><b>UNDAF outcome indicators</b></p> <p>Human Development Indicator; Human Poverty Index; Gender-related Development Index.</p> <p>Devolution Index.</p> <p>State-level MDG-related 11<sup>th</sup> Five year plan targets: infant mortality rate; maternal mortality rate; total fertility rate; sex ratio; literacy rate; gender gap in literacy rate; poverty ratio.</p> <p>Relative Vulnerability Index; Disaster Risk Index.</p>		



<sup>1</sup> UNDAF Outcomes and their indicators were only tentative at the time this document was finalized. Final selection of indicators can be found in the approved UNDAF.



## ANNEX II: RESULTS AND RESOURCES MATRIX<sup>1</sup>

Results chain	Performance indicators	Risks, assumptions	Resources required
<b>Component 1: Capacity Development for Food Security</b> <b>Component 2: Support to ICDS—Improving the Nutritional Status of Vulnerable Children and Mothers</b>			
<b>Outcome 1.<sup>2</sup></b>  1.1 Reduction in hunger and malnutrition levels, especially among children and disadvantaged groups (Strategic objective 3)	<ul style="list-style-type: none"> <li>➤ Proportion of fortified food in relation to total food procured under ICDS/MDM and PDS programmes by state.</li> <li>➤ Number of states having adopted fortification under their food distribution programmes.</li> <li>➤ Increased attendance of women/girls from ST/SC background in ICDS and MDM.</li> <li>➤ Prevalence of underweight (&lt;-2 z scores) among children under 3 years and children under 6.</li> <li>➤ Anaemia prevalence among pregnant and lactating women and among children 6-72 months.</li> </ul>	Continued alignment with state policies and strategies.	WFP total cost: US\$18.2 million
<b>Output 1.1</b>  1.1.1 Effective Management and delivery systems in place for food-based assistance schemes (ICDS, MDM, PDS, grain banks) with special attention to reaching the disadvantaged and excluded groups.	<ul style="list-style-type: none"> <li>➤ Number of officials trained in Supply Chain management (ICDS, MDM, PDS).</li> <li>➤ Number of training modules developed for supply chain management.</li> <li>➤ Number of districts that have replicated fortification pilots (ICDS, MDM, PDS).</li> <li>➤ Number of grain banks set up.</li> <li>➤ Number of Grain Bank Management Committees established and members trained.</li> </ul>		

<sup>2</sup> Outcomes 1,2,3 and 4 correspond to UNDAF CP outcomes 1.4, 1.5, 3.1 and 1.1 respectively.



<b>ANNEX II: RESULTS AND RESOURCES MATRIX<sup>1</sup></b>			
<b>Results chain</b>	<b>Performance indicators</b>	<b>Risks, assumptions</b>	<b>Resources required</b>
<b>Output 1.2</b> 1.1.2. Nutritional quality of food distributed under MDM, PDS and ICDS improved and local capacities developed for improved service delivery.	<ul style="list-style-type: none"> <li>➤ Actual/planned number of ICDS beneficiaries by category (by age and sex).</li> <li>➤ Number of new supplementary foods and fortificants developed and application demonstrated in pilots.</li> <li>➤ Number of Anganwadi*, teachers and village cooks trained.</li> <li>➤ Number of producers screened and contracted for production of new supplementary foods and fortificants.</li> <li>➤ Number of districts provided with IEC materials.</li> </ul>		
<b>Outcome 2</b> Reduction in HIV/AIDS prevalence rate among vulnerable groups and improved nutritional status of persons on ART.	<ul style="list-style-type: none"> <li>➤ Nutrition included in policy document (NACP3).</li> <li>➤ Weight gain of people on ART (weight gain for adults; underweight for children).</li> <li>➤ Improvement in haemoglobin levels.</li> </ul>		
<b>Output 2.1</b> Nutrition adopted as an integral part of a treatment package provided to people on ART.	<ul style="list-style-type: none"> <li>➤ Number of people on ART receiving fortified supplementary food.</li> </ul>		
<b>Outcome 3</b> Obstacles to effective and efficient implementation of development programmes addressed and synergies between various efforts created (Strategic Objective 5).	<ul style="list-style-type: none"> <li>➤ Comprehensive assistance package in place in ICDS centres in at least one district in seven priority states.</li> </ul>		
<b>Output 3.1</b> District level mechanism in place to monitor performance in service delivery and resource allocation and expenditures.	<ul style="list-style-type: none"> <li>➤ Number of ICDS centres jointly monitored by WFP and UNICEF.</li> <li>➤ Actual/planned number of WFP beneficiaries by category having received behavioural change training (UNICEF).</li> </ul>		

\* Workers trained in child development, health and nutrition



ANNEX II: RESULTS AND RESOURCES MATRIX <sup>1</sup>			
Results chain	Performance indicators	Risks, assumptions	Resources required
<b>Component 3: Support to Livelihood Activities</b>			
<b>Outcome 4</b> Strengthened design and implementation of national programmes and policies on poverty reduction for disadvantaged regions and groups, especially for women and children. (Strategic Objective 2)	<ul style="list-style-type: none"> <li>➤ Percentage of beneficiary household expenditure devoted to food.</li> </ul>	Availability of regular resources.	WFP total cost: US\$5.8 million
<b>Output 4.1</b> Small and marginal farm, forest and fishing communities equipped with skills for collective and individual actions to improve livelihoods through more sustainable production and natural resource management.	<ul style="list-style-type: none"> <li>➤ Actual/planned number of FFW-IFAD beneficiaries (by sex).</li> <li>➤ Number and type of assets created.</li> <li>➤ Number of micro-credit beneficiaries (IFAD, by sex).</li> <li>➤ Number of self-help groups created.</li> <li>➤ Number of WFP beneficiaries trained in improved livelihood practices (IFAD, by sex).</li> </ul>		

## ANNEX III

<b>BUDGET PLAN FOR COUNTRY PROGRAMME BY COMPONENT (US\$)</b>				
	<b>Component 1</b>	<b>Component 2</b>	<b>Component 3</b>	<b>Total</b>
Food commodities (mt)	This component is estimated at US\$5.4 million, but will not be funded through WFP multilateral funding.	149 402	34 702	<b>184 104</b>
Food commodities (value)		13 507 983	4 271 544	<b>17 779 527</b>
External transport		-	-	-
LTSH (total)		-	-	-
LTSH (per mt)		-	-	-
ODOC		-	-	-
<b>Total DOC</b>		<b>13 507 983</b>	<b>4 271 544</b>	<b>17 779 527</b>
DSC <sup>1</sup>				<b>4 650 350</b>
ISC <sup>2</sup>				<b>1 570 091</b>
<b>Total WFP costs</b>				<b>23 999 968</b>
<b>Government contribution</b>		<b>28 401 983</b>	<b>28 401 983</b>	

<sup>1</sup> Indicative figure for information purposes. The DSC allotment is reviewed annually.

<sup>2</sup> The ISC rate may be amended by the Board during the project.

## ACRONYMS USED IN THE DOCUMENT

AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
CARE	Cooperative for Assistance and Relief Everywhere
CP	country programme
CRS	Catholic Relief Services
DSC	direct support costs
ECW	Enhanced Commitments to Women
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FFE	food for education
FFW	food for work
GAIN	Global Alliance for Improved Nutrition
GDP	gross domestic product
HIV	human immuno-deficiency syndrome
ICDS	Integrated Child Development Services
IEC	information, education and communication
IFAD	International Fund for Agricultural Development
ISC	indirect support costs
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MCH	mother-and-child health
MDG	Millennium Development Goal
MDM	Mid-Day Meal programme
MI	Micronutrient Initiative
MOU	memorandum of understanding
NACP	National AIDS Control Programme
NGO	non-governmental organization
ODB	Asia Regional Bureau
OEDE	Office of Evaluation
ORG	Operational Research Group
PDS	public distribution system
PLHIV	people living with HIV
RDA	recommended daily allowance
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations country team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund