



1. Project Data:		Date Posted : 07/07/2003	
PROJ ID: P009977		Appraisal	Actual
Project Name: Icds li (bihar & Mp)	Project Costs (US\$M)	248.8	-
Country: India	Loan/Credit (US\$M)	194	194
Sector(s): Board: HE - Health (80%), Pre-primary education (11%), Sub-national government administration (7%), Other social services (2%)	Cofinancing (US\$M)		
L/C Number: C2470			
	Board Approval (FY)		93
Partners involved :	Closing Date	09/30/2000	09/30/2002
Prepared by :	Reviewed by :	Group Manager :	Group:
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2. Project Objectives and Components

a. Objectives
The original objective was to accelerate the pace of improvement in the nutrition and health status of preschool children, particularly children under three years of age, and pregnant and nursing women, focusing on households with incomes under the poverty line, in Madhya Pradesh (MP) and Bihar. Specifically, severe and moderate malnutrition in children 0-3 years, would be reduced by 50% and 20% respectively in MP and by 40% and 25% respectively in Bihar. Incidence of low birth weight (LBW) would be reduced by 30% in both states. Such improvements in nutrition status, along with other maternal and child health (MCH) interventions, were expected to contribute towards reducing infant mortality by 30%.
An amendment to the Development Credit Agreement (DCA) in March 2001 introduced an additional objective of assisting in the financing of emergency earthquake reconstruction activities in Gujarat .

b. Components
Original components included:
Service Delivery : establishment of new village-based early child development centers (AWC) with an improved package of Integrated Child Development Services (ICDS), while improving the effectiveness of existing ICDS services. This included construction of 11,000 AWCs, improvement of ICDS supervision, improvement of health-nutrition coordination, strengthening of operations research and training of AWC workers (AWW), helpers and supervisors (\$177.3m);
Communications : development of a communications strategy inducing good nutrition practices which included research into tribal taboos and social marketing (\$8.4m);
Community mobilization : pilot schemes enhancing community ownership of ICDS services via innovative programs for women and adolescent girls (\$7.2m);
Project Management, Monitoring & Evaluation :strengthening of district level management in support of ICDS, improvement of data/performance management system, provision for annual, midterm and final evaluations, and an advisory panel on tribal affairs (\$19m).
While there was no formal revision of project components, re -prioritization and scaling down of some activities after MTR, plus savings incurred from depreciation of the rupee, enabled the use of project funds (\$60m) to finance selected ICDS activities (essentially civil works) in Andhra Pradesh. Likewise \$35 million went to the Gujarat Earthquake Reconstruction Program as per the amendment to the DCA .

c. Comments on Project Cost, Financing and Dates
Estimated project costs at SAR were \$248.8m with Bank supporting \$194m. Total project costs were not available in ICR (complicated by the fact that 2 additional states were created out of MP and Bihar). Despite significant implementation delays and depreciation of rupee, it appears that all credit funds were utilized, due to extension of project closing date by 2 years to 09/30/2002, and the support provided (with Bank agreement) to Andhra Pradesh and Gujarat.

3. Achievement of Relevant Objectives:

Severe shortcomings in the nutrition data collected (different survey methodologies) make it nearly impossible to gauge if project objectives were achieved . Additionally, during the course of implementation, two more states (Jharkhand and Chhattisgarh) were created from Bihar and MP, further complicating surveys of project beneficiaries and intervention sites . The ICR submitted proxy data (which did not distinguish between project and non-project beneficiaries) suggesting that the intended percentage reductions in severe and moderate malnutrition were not achieved, even though there were measurable improvements in Bihar . GOI challenges the ICR analysis, maintaining nutritional gains were understated . In-country economic recession and drought in MP were exogenous factors that could have affected project accomplishments . On balance there is no evidence indicating the desired reductions in malnutrition and infant mortality were achieved .

4. Significant Outcomes/Impacts:

- Decentralization of project enabling capacity development of lower levels of ICDS management .
- Active management by communities of their own AWCs .
- Significant penetration of new AWCs in areas of large tribal populations and scheduled castes (innovative mini-AWCs in tribal areas has improved access to these groups domiciled in scattered hamlets in MP - concept to be expanded to other ICDS areas with tribal populations .

5. Significant Shortcomings (including non-compliance with safeguard policies):

- Despite the benefit of lessons from 3 earlier nutrition projects in India, ICDS II was unable to manage the risks identified, i.e. weak institutional capacities, overloading of AWWs and inadequate health -nutrition coordination .
- ICDS II failed to achieve its nutritional goals as it continued to be perceived by key stakeholders, including project beneficiaries, as a child feeding and preschool education program, instead of a program of interventions geared at improving mothers' (and communities') knowledge and ability in managing young child nutrition .
- Project access by the poorest households remains inadequate, and comparatively fewer children at highest risk (0-3 years) attend AWCs .
- Preoccupation of GOI and States to expanding ICDS without regard to quality of services nor management systems .
- Focus on inputs instead of quality and outcomes - even discounting project reallocations to finance additional civil works in Andhra Pradesh and Gujarat, project support for infrastructure was excessive (more than 22,000 AWCs were built against 11,000 planned) while support for supervision, training and other software lagged far behind .
- Project implementation was troubled by high staff turnover and vacancies due to policy of rotating staff and delays in hiring despite India's rich pool of qualified health and nutrition workers . Weak supervision and inadequate training characterized the project and perpetuated poor service delivery at AWCs .
- Poor and nonfunctional M&E system despite provisions at SAR for systematic surveys and evaluation - to the extent that even project outcome could not be determined . Burdensome record keeping required by AWWs distracting them from core responsibilities .

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
Outcome :	Unsatisfactory	Unsatisfactory	
Institutional Dev .:	Modest	Substantial	Given the progress in decentralization and community ownership outlined in section 4, OED rates IDI as substantial . ICR had rated IDI as both modest and substantial (see pages 1 and 12)
Sustainability :	Likely	Likely	
Bank Performance :	Satisfactory	Satisfactory	Bank performance is rated as marginally satisfactory . While supervision was satisfactory, QAE was unsatisfactory due to the missed opportunity by the Bank for addressing important policy issues to correct the structural problems already identified in earlier nutrition projects .
Borrower Perf .:	Satisfactory	Unsatisfactory	GOI's view of the project primarily as a "feeding" program instead of case management for malnutrition, helped perpetuate the structural problems in the project design . However the performance of the implementation agencies in Bihar and MP was satisfactory . Overall, Borrower performance is rated as

			marginally unsatisfactory.
Quality of ICR :		Satisfactory	

NOTE: ICR rating values flagged with '*' don't comply with OP/BP 13.55, but are listed for completeness.

7. Lessons of Broad Applicability:

- Project preoccupation with quantity over quality prevents the redressing of structural problems (already identified from earlier nutrition projects and ICDS I) inherent in a large national program such as the ICDS .
- The settings, rules of the game and incentives for nutrition programs such as ICDS have to be changed to break the perpetuation of poor services at AWCs, i.e. de-emphasize food distribution/feeding; and emphasize comprehensive child growth and development through growth monitoring and effective counseling to mothers on feeding practices and prevention/treatment of childhood diseases .
- Shift ICDS program focus from inputs to outcomes, decision making and results; emphasize the need for and use of an effective M&E system to manage for results and assess outcomes .

8. Assessment Recommended? Yes No

9. Comments on Quality of ICR:

Quality of ICR was satisfactory but there was some inconsistency in the data provided for actual (total) project spending (Annex 2, section 5.4 and Annex 1 of Borrower's Report). Further, two different ratings were given for IDI . The ICR discussion on data weaknesses could have been clearer .