1. Project Data:

- **OEDID**: C2158
- **Project ID**: P009932
- **Project Name**: Second Tamil Nadu Integrated Nutrition Project
- **Country**: India
- **Sector**: Other Population Health & Nutrition
- **L/C Number**: C2158
- **Partners involved**: Preparers by: Ronald G. Ridker, OEDST
- **Reviewed by**: Susan Stout (Robert van der Lugt)
- **Group Manager**: Roger Slade
- **Date Posted**: 06/25/1998

2. Project Objectives, Financing, Costs and Components:

   The project’s overall goal was to improve nutrition and health status of children 0-72 months (with particular emphasis on 0-36 months old) and pregnant and lactating women. Specifically the project aimed to reduce severe malnutrition among the 6-36 month old children in addition to the other moderate nutrition objectives. As in TINP I, regular growth monitoring, nutrition education and health checks for all children, with therapeutic supplementary feeding of moderately and severely malnourished and growth-faltering children and high-risk pregnant and lactating women, were the main instruments but with several modifications in procedures to improve performance. The total project cost was estimated to be US$139.54 million for which a credit of US$95.8 million was approved on June 14, 1990. The project closed on schedule, on December 31, 1997 and an undisbursed balance of US$28.3 million was canceled.

3. Achievement of Relevant Objectives:

   The project achieved its severe malnutrition and infant mortality rate reduction objectives but not the moderate malnutrition reduction objective, although progress was made. Progress was also made in reducing low birth weight incidence but data are inadequate to determine whether the target was reached.

4. Significant Achievements:

   This project again demonstrated that the TINP model works to achieve significant reductions in severe malnutrition. It also demonstrated that to reduce moderate malnutrition TINP interventions must be supplemented by a greater focus on home-based actions, proactive integration of nutrition activities with the health system and the mobilization of community leaders to sustain the process beyond the life of the project.

5. Significant Shortcomings:

   A number of important service delivery and process objectives were inadequately met. Although the average was acceptably high, coverage (i.e., enrollment) was worrisomely low in a few areas; targets for some nutrition and health interventions (e.g., mineral and vitamin supplementation, completed immunizations, growth monitoring) especially for women and children less than three were not achieved (although progress was generally made); quality of training was a problem; refresher training was not provided to the extent needed; the communications component focused excessively on mass media approaches rather than on improving worker’s inter-personal counseling skills, community mobilization and formation of women’s groups were slow to develop, integration with the health system was less than desired; although the monitoring system developed in TINP I continued to work well, evaluation work was weak; and the timeliness, quality and usefulness of operational research was unsatisfactory.

6. Ratings:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>ICR</th>
<th>OED Review</th>
<th>Reason for Disagreement / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Satisfactory</td>
<td>Marginally Satisfactory</td>
<td>There were serious inadequacies</td>
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<td>Institutional Dev.</td>
<td>Partial</td>
<td>Modest</td>
<td></td>
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<tr>
<td>Sustainability</td>
<td>Likely</td>
<td>Uncertain</td>
<td>TINP has been folded into ICDS where its approach may not survive.</td>
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</table>
7. **Lessons of Broad Applicability**:
The TINP model works to reduce severe malnutrition, but to make significant progress reducing moderate malnutrition it needs to be supplemented by a greater emphasis on improving home-based care and feeding of the youngest children, which requires more and better outreach, improved inter-personal communication skills, and community mobilization.

The Bank needs to take a firm and timely stand in dealing with chronic and persistent problems that endanger the development objectives--for example the failure to undertake the mid-term evaluation survey in a timely way -- rather than wait in the hope that agreed actions will eventually be taken.

8. **Audit Recommended?**
- ☐ Yes
- ☐ No

9. **Comments on Quality of ICR**:
Thoughtful and thorough.