



# Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 12-Jan-2018 | Report No: PIDISDSA23443



**BASIC INFORMATION**

**A. Basic Project Data**

Country India	Project ID P165493	Project Name India: ICDS Systems Strengthening and Nutrition Improvement Project: Additional Financing	Parent Project ID (if any) P121731
Parent Project Name India: ICDS Systems Strengthening & Nutrition Improvement Program (ISSNIP)	Region SOUTH ASIA	Estimated Appraisal Date 08-Jan-2018	Estimated Board Date 30-Mar-2018
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of India	Implementing Agency Ministry of Women and Child Development

Proposed Development Objective(s) Parent

To support the Government of India and participating states to (i) strengthen the Integrated Child Development Services (ICDS) policy framework, systems and capacities, and facilitate community engagement, to ensure greater focus on children under three years of age; and (ii) strengthen convergent actions for improved nutrition outcomes.

Proposed Development Objective(s) Additional Financing

To improve the coverage and quality of ICDS nutrition services to pregnant and lactating women and children under 3 years of age in participating states

Components

- Component 1: ICDS Institutional and Systems Strengthening
- Component 2: Community Mobilization and Behavior Change Communication (BCC)
- Component 4: Convergent Nutrition Action
- Component 5: Project Management, Monitoring & Evaluation
- Component 3: Performance Based Incentives

Financing (in US\$, millions)

**SUMMARY**

<b>Total Project Cost</b>	331.60
<b>Total Financing</b>	331.60



<b>Financing Gap</b>	0.00
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**DETAILS**

<b>Total World Bank Group Financing</b>	165.80
World Bank Lending	165.80
<b>Total Government Contribution</b>	165.80

Environmental Assessment Category  
Not Required (C)

Decision  
The review did authorize the preparation to continue

**B. Introduction and Context**

**Country Context:** India has seen consistent declines in stunting and underweight over the past decade, with stunting in children under 5 years declining from 48 to 38.4 percent and underweight declining from 42.5 to 35.7 percent (NFHS, 2005-06; 2015-16). While this trend is positive, there is a long road ahead as actual prevalence of stunting and underweight is still high. A little over one in every third child under age 5 in India has stunted growth and is underweight. Of further concern is the fact that the prevalence of wasting in India has remained unchanged at 21 percent in 2015-16, up slightly from 19.8 percent in 2005-06.

Data suggests that undernutrition in India is not restricted to the poor. Socio-economic parameters notwithstanding, inadequate child feeding practices are prevalent across households. Only 8.7 percent breastfed children aged 6-23 months in India receive an adequate diet i.e. receive four or more food groups and a minimum meal frequency a day. And only 42.7 percent children aged 6-8 months receive solid or semi-solid food and breastmilk (NFHS 2015-16) i.e. timely initiation of complementary feeding, pointing to poor infant and child feeding knowledge and practices across households.

There are also significant variations in nutritional status across Indian States. Stunting in children under 5 years varies from 19.7 percent in Kerala to 48.3 percent in Bihar (NFHS-4, 2015-16). Equally variable is the rate of progress across States. While States such as Chhattisgarh have shown remarkable declines over the past decade, with more than 3.3 annual average rate of reduction (AARR) in stunting through consistent efforts at improving ICDS program delivery, stunting in States such as Jharkhand have remained stagnant at 0.9 AARR. This indicates both gaps and possibilities for rapid change in India with the right focus and commitment.



**Sectoral and Institutional Context:** The Government of India has reaffirmed its commitment to address the challenge of undernutrition with the launch of a new National Nutrition Strategy (NNS) in August, 2017. The operationalization of this strategy through the National Nutrition Mission (NNM) has also been approved and is expected to roll out in the coming year.

The NNS acknowledges the multi-sectoral determinants of undernutrition and clearly articulates the role of the state and local governance institutions in addressing the nutrition challenge. It highlights the life cycle approach to nutrition and recommends a package of nutrition interventions to be delivered through existing government programs. These include interventions aimed at addressing adolescent, maternal, infant and young child nutrition and health, micronutrient deficiencies and community nutrition, specifically water and sanitation.

The NNM translates the vision articulated in the NNS into concrete actions with a focus on development and monitoring of convergent nutrition action plans at the state, district and block level, the use of an ICT enabled monitoring system to track nutrition service delivery and outcomes, community mobilization and awareness generation on nutrition, introduction of performance based incentives to ICDS and health field functionaries, districts and states, and strengthening institutions and mechanisms for capacity building and skill development of ICDS field functionaries and officials to facilitate effective program delivery. The project, by supporting the Government of India operationalize elements of the NNM in participating states, contributes to this enabling environment.

**Project Context:** The original project was approved in September 2012, however, due to slow implementation progress and negligible disbursements, was significantly restructured in September 29, 2015. The restructured project included a simplified project design which focused on a small set of evidence-based interventions, used existing government structures to deliver the interventions and ensured the provision of high quality technical assistance to the Ministry of Women and Child Development and Project States through a Bank executed Multi-Donor Trust Fund (MDTF) - Partnership for Nutrition Results in India (PNRI). The financing modality was also changed from the traditional input-based financing to results-based financing through disbursement-linked indicators (DLIs).

Implementation progress as on date is satisfactory. The project is on track to achieve its development objective (PDO) by the current Closing Date of June 30, 2018. One of the three outcome indicators have already surpassed end line targets, while the remaining two are expected to be achieved by the project closing date. Similarly, out of the nine intermediate results indicators, seven have been fully achieved (of which three indicators have surpassed end line targets), while the remaining two are expected to be achieved before the project Closing Date.

**Rationale for Additional Financing:** The project with the restructured design has been in implementation for a little over 2 years, which while successful in introducing and implementing the agreed interventions, is insufficient time to demonstrate comprehensive systemic change and impact on maternal, infant and young child nutrition practices. Recognizing the value of the interventions as well as the need to deepen and take them to scale, the Government of India included the project interventions within the recently announced National Nutrition Mission (NNM).

The proposed additional financing (AF) by operationalizing elements of the NNM in participating states will directly contribute to the Government of India's renewed commitment to address the challenge of undernutrition. It will also enable project interventions to get further institutionalized within ICDS while focusing on improving their quality of implementation.

### **C. Proposed Development Objective(s)**



Original PDO

To support the Government of India and participating states to (i) strengthen the Integrated Child Development Services (ICDS) policy framework, systems and capacities, and facilitate community engagement, to ensure greater focus on children under three years of age; and (ii) strengthen convergent actions for improved nutrition outcomes.

Current PDO

To improve the coverage and quality of ICDS nutrition services to pregnant and lactating women and children under 3 years of age in participating states.

**Key Results:** The PDO indicators for the additional financing are:

- Increase in percentage of children age 6-8 months receiving solid or semi-solid food and breastmilk
- Increase in percentage of children 6-23 months of age who receive foods from 4 or more food groups
- Cumulative number of pregnant/lactating women (PLW) and children under 3 years in project districts reached by ICDS services
- Increase in percentage of AWWs who meet at least 60% of their targeted number of home visits to pregnant/lactating women (PLW) and children under 3 years in the previous month
- Increase in percentage of AWCs that deliver a minimum set of services at AWCs in the last month

#### D. Project Description

**Project Beneficiaries:** The main project beneficiaries will be pregnant and lactating women and children under three years of age in participating States and districts. In addition, the project will benefit key stakeholders involved in the implementation of the ICDS Program, including ICDS field functionaries and staff at the state, district and block levels.

**Project Components:**

**Component 1: ICDS Institutional and Systems Strengthening:** This component will focus on strengthening systems to improve the quality and coverage of services delivered by the ICDS scheme, specifically nutrition counselling and outreach services for pregnant and lactating women and children under 3 years of age. It will include systems for capacity and skill enhancement of ICDS field functionaries and supervisory staff, information, communication technology (ICT) tools for improved management, monitoring and outreach to beneficiaries and the establishment of a citizen engagement and grievance redressal system for the ICDS scheme.

**Component 2: Community Mobilization and Behavior Change Communication:** This component will focus on strengthening processes for community engagement within the ICDS program, complemented by an intensive mass and mid-media campaign on maternal, infant and young child nutrition (MIYCN) to stimulate change in nutrition practices at the household and community level. It will include prioritized home visits, monthly community based events for beneficiaries and their key influencers (husbands and mothers-in-law) at the AWC and periodic mass and mid-media campaigns to promote key MIYCN practices.

**Component 3: Performance Based Incentives:** The component will focus on instituting a system of performance based incentives to ICDS field functionaries and project states. Monthly incentives to AWWs for achieving defined service delivery indicators, annual group incentives to a team of ICDS and Health functionaries (AWW, ASHA and ANM) and to Project States for achieving specified outcome indicators will be provided with the objective of enhancing focus on results and rewarding good performance.



**Component 4: Convergent Nutrition Actions:** This component will focus on pilots and innovations to promote cross-sectoral convergence for improved nutrition outcomes. It will provide flexibility to all participating states to design and implement pilots as per their need and priority.

**Component 5: Project Management, Monitoring and Evaluation:** This component will focus on strengthening the capacity of the implementing agencies, namely the Ministry of Women and Child Development (MWCD) and State ICDS Directorates to implement the project. It will also focus on improving mechanisms for monitoring, evaluation and supervision of the ICDS program and agreed project interventions and results.

**E. Implementation**

**Institutional and Implementation Arrangements:** The MWCD will be responsible for overall project implementation, coordination, monitoring, supervision and release of funds to the eight participating States. At the State level, the project will be implemented by the State ICDS Directorates of the eight participating States. Each state will be responsible for implementation of agreed project activities and achievement of results as detailed in the Project Operations Manual and Implementation Plan.

**F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)**

The project will be located in 162 districts in eight states of India: Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh. The districts have been selected on the basis of a high burden of under-nutrition and include tribal areas.

**G. Environmental and Social Safeguards Specialists on the Team**

Ranjan B. Verma, Social Safeguards Specialist  
Sharlene Jehanbux Chichgar, Environmental Safeguards Specialist

**SAFEGUARD POLICIES THAT MIGHT APPLY**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	No	
Natural Habitats OP/BP 4.04	No	



Forests OP/BP 4.36	No
Pest Management OP 4.09	No
Physical Cultural Resources OP/BP 4.11	No
Indigenous Peoples OP/BP 4.10	No
Involuntary Resettlement OP/BP 4.12	No
Safety of Dams OP/BP 4.37	No
Projects on International Waterways OP/BP 7.50	No
Projects in Disputed Areas OP/BP 7.60	No

**KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT**

**A. Summary of Key Safeguard Issues**

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The proposed project interventions are not expected to have any adverse social or environmental impact. The Borrower aims at universal coverage of target beneficiaries of the ICDS program (pregnant and lactating women and children under 3 years of age). As the project area includes tribal populations, an Equity Action Plan (EAP), which covers all categories of highly disadvantaged people such as scheduled castes and religious minorities was prepared under the parent project to ensure inclusiveness of tribal population and to respond to the special needs of these underserved populations. Activities outlined in the EAP, were updated post project restructuring in September, 2015 and included (i) orientation of AWWs on identification and mapping of vulnerable households through the incremental learning approach (ILA), (ii) formative research to identify prevalent myths and customs in different communities and pre-testing of communication content prior to delivery to improve acceptability and absorption of messages being delivered (iii) contextualization of communication content to local dialects to ensure better assimilation of messages by communities; (iv) focus on underserved areas for the mid-media campaign (v) an ICT enabled monitoring and management system that allows for disaggregation and analysis of beneficiary and service use data by gender and caste, enabling a more nuanced assessment of gaps and corrective action; (vi) targeting of blocks with tribal populations for the ICT pilot to assess its feasibility in difficult to reach areas; and (vii) targeting of some innovations to blocks and villages with ST populations bearing a high burden of malnutrition.

These activities have since been implemented or are currently being rolled out, while others are in the process of being implemented. The Additional Financing (AF) will follow the same approach regarding tribal people and other disadvantaged people, which was defined in the EAP and which has now been mainstreamed in the project design. The AF will also work towards strengthening grievance redress systems, specific to the ICDS program, to improve citizen engagement.

Correspondingly, the scale up of the ICT enabled monitoring system is not expected to have any adverse environmental impact. The system involves the use of a mobile phone and tablet based application by ICDS functionaries for improved monitoring and communication with beneficiaries and does not involve any environmental



health and safety risk or impacts such as e-waste management.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: The project will contribute to improving nutrition of children, including in tribal areas. This is expected to reduce poverty in the long term. Evidence suggests that malnutrition results in a more than 10 percent potential reduction in lifetime earnings for each malnourished individual. Undernourished children have higher rates of mortality, lower cognitive and school performance, are more likely to drop out of school, and are less productive later in life. Much of this undernourishment happens during pregnancy and in the first two years of life of a child, and, without appropriate interventions, the damage to brain development and future economic productivity, and to human development, is largely irreversible. Malnutrition (specifically stunting) in early years is linked to a 4.6 cm loss of height in adolescence, 0.7 grades loss of schooling and a 7-month delay in starting school (World Bank, 2006).

By focusing on nutrition behavior change during pregnancy, infancy and early childhood and strengthening ICDS service delivery, the Government of India's flagship program on nutrition, the impact on nutrition outcomes is expected to sustain beyond the project period.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

NA

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

The ICDS is a universal program, with specific coverage norms outlined to reach tribal areas. The selection of project districts was on the basis of the burden of under-nutrition in districts, which includes tribal districts. While delivery systems in tribal areas are weak, the project aims to address this gap by focusing on strengthening delivery systems. Current data suggests utilization of ICDS services by tribal women is proportionate to their population indicating good outreach. The GOI, state governments and district administrations are well versed in implementing programs in tribal areas and the AF will ensure sustained and strengthened capacity to plan, implement and monitor service delivery in tribal and other areas.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

The key stakeholders are: pregnant and lactating women and children under 3 years of age (primary beneficiaries); ICDS functionaries (Angawadi workers or community level workers) and officials at the sector, block and district level. They were consulted during the original project preparation through a social assessment. The Social Assessment conducted during the original project preparation was disclosed on the websites of the MWCD-GOI and Women and Child Departments of the participating states.

**B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)**

**C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)**





## CONTACT POINT

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**APPROVAL**

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