

# Revised Annual Action Plan: 2014-15 ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP)

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Department of Social Welfare, Women and Child Development  
Government of Jharkhand

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## List of abbreviations

|        |  |
|--------|--|
| APL    | Adaptable Programme Lending                                  |
| AAP    | Annual Action Plan   |
| ALMSC  | Anganwadi Level Monitoring and Support Committee             |
| ANM    | Auxiliary Nurse Midwife                                      |
| APIP   | Annual Programme Implementation Plan                         |
| AWC    | Anganwadi Centre   |
| AWTC   | Anganwadi Training Centre                                    |
| AWH    | Anganwadi Helpers  |
| AWW    | Anganwadi Worker   |
| BCC    | Behaviour Change Communication                               |
| BRG    | Block Resource Group   |
| CBO    | Community Based Organisation                                 |
| CDPO   | Child Development Project Officer                            |
| CPMU   | Central Project Management Unit                              |
| CSO    | Civil Society Organisation                                   |
| DLMF   | District Level Master Facilitators                           |
| DRG    | District Resource Group                                      |
| DSW    | Directorate of Social Welfare                                |
| EAG    | Empowered Action Group                                       |
| ECCE   | Early Childhood Care Education                               |
| ECD    | Early Childhood Development                                  |
| FNB    | Food and Nutrition Board                                     |
| GIS    | Geographical Information System                              |
| GoI    | Government of India  |
| GoJ    | Government of Jharkhand                                      |
| ICDS   | Integrated Child Development Scheme                          |
| ICT    | Information & Communication Technology                       |
| IEC    | Information, Education, & Communication                      |
| IPC    | Inter Personal Communication                                 |
| ISSNIP | ICDS Systems Strengthening and Nutrition Improvement Project |
| IT     | Information Technology                                       |
| IYCF   | Infant and Young Child Feeding                               |
| IYCN   | Infant and Young Child Nutrition                             |
| JPC    | Joint Project Coordinator                                    |

|         |  |
|---------|--|
| MDG     | Millennium Development Goals                                   |
| MIS     | Monitoring Information System                                  |
| MLTC    | Mid Level Training Centre                                      |
| MWCD    | Ministry of Women and Child Development, Government of India   |
| M&E     | Monitoring and Evaluation                                      |
| NGO     | Non Government Organisation                                    |
| NIPCCD  | National Institute of Public Cooperation and Child Development |
| NIC     | National Informatics Centre                                    |
| NRHM    | National Rural Health Mission                                  |
| PMS     | Project Management System                                      |
| PRI     | Panchayati Raj Institution                                     |
| PPP     | Public Private Partnership                                     |
| RMNCH+A | Reproductive, Maternal and Neonatal and Child Health and       |
| RM      | Regional Manager   |
| SHG     | Self Help Group  |
| SLMT    | State Level Master Trainers                                    |
| SPD     | State Project Director   |
| SPMU    | State Project Management Unit                                  |
| STL     | State Team Leader  |
| TA      | Technical Agency   |
| TNA     | Training Needs Assessment                                      |
| WHO     | World Health Organisation                                      |

## **Section 1: Introduction**

### **1.1 Background:**

India has one of the largest young populations and is home to one of every five children living across the world. Incidentally, the country also has one of the highest rates of malnutrition globally. One-third of the children in India are born with low birth weight and 40 percent of children under five are underweight<sup>1</sup>. Undernourished children have higher mortality rates, lower cognitive performance, are more likely to drop out of schools and are usually less productive. In fact, malnutrition is a major threat given the country's demographic expectations. Recognising this Government of India (GOI) has invested significant funds towards reducing malnutrition. India's flagship Integrated Child Development Services (ICDS) programme is one of the key interventions in this area. Reaching out to about 8 crore young children under 6 years of age and 1.8 crore pregnant and breastfeeding mothers through a network of 12.96 lakh operational AWCs across the country, Integrated Child Development Services (ICDS) is one of the world's largest community based outreach programmes for early childhood development. It is the critical link between children, adolescent girls, women, primary health care and elementary education systems. ICDS has witnessed unparalleled expansion over the last three decades, especially post 2005. The programme has evolved and has been enriched by innovations in different areas, aiming for universal coverage reaching out to 14 lakh habitations during the Twelfth Plan. However, while the ICDS scheme has been well conceived, there is a need for comprehensive, management and programmatic reforms.

**A World Bank assessment of the ICDS states that the scheme has compromised on quality service delivery for broad coverage<sup>2</sup>.** Constraints like lack of leadership development and capacity building of ICDS managers and supervisors, poor monitoring procedures, low emphasis on softer components like health and nutrition education, rigid programme structure with no district level planning have been identified in this respect. Though inclusion of all communities is important to fulfil the MDG targets, quality is imperative to ensure sustainability and has to be woven into the programme. It is recognized that exceptional efforts that bring to bear the best global evidence and practice on the problem of persistent under-nutrition will be required to demonstrate substantial outcomes. Among the factors contributing to slower than expected impact of the ICDS programme, one factor that cuts across many others is the suboptimal programme management and technical inputs received by the programme due to lack of in-house technical capacities, preoccupation of technical staff with administrative responsibilities and the lack of budgetary provision for hiring adequate technical assistance. Similar lacunae, *inter alia*, have impeded the development of a cogent multidimensional approach to nutrition.

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<sup>1</sup> Policies Without Politics: Analysing Nutrition Governance in India; Institute of Development Studies, February 2012

<sup>2</sup> Gragnolati, Michele, Shekar, Meera, Das Gupta, Monica, Bredenkamp, Caryn and Lee, Yi-Kyoung. 2005. India's undernourished Children: A Call for Reform and Action World Bank (Health, Nutrition and Population group)

In this environment, the Ministry of Women and Child Development (MWCD), Government of India (GoI) has initiated **the *Integrated Child Development Scheme (ICDS) Systems Strengthening and Nutrition Improvement Project (ISSNIP)***, with financial assistance from the World Bank, to test and implement fresh approaches to address the problem of malnutrition in India through **systems strengthening in ICDS**. The programme has been designed in the backdrop of the Universalization of ICDS (2008-09), which meant rapid expansion from 8.44 lakh Anganwadi centres (AWCs) in 2007 to 14 lakh AWCs by the end of 2012 and the first meeting of Prime Minister's National Council on India's nutrition challenges held on 24.11.2010 focussing on ICDS strengthening and restructuring and Multi-sectoral Nutrition Programme. These would address issues like funding, lack of convergence, accountability of those managing and implementing the programme, especially, at the level of AWCs and supervisory level, lack of community ownership and the general perception about this being a feeding programme and not an Early Childhood Development (ECD) programme.

A mapping study was undertaken jointly by the MWCD and the World Bank, which ranked districts in India in a composite index that included the following two parameters:

- (i) Weight for Age: (-2SD) for children under 72 months of age, and
- (ii) Anaemia level among pregnant women of age 15-44 years: (Moderate = 5-7.9 gm/dl of haemoglobin level)

The data used for the study was drawn from the nationwide survey on nutritional status of children and prevalence of anaemia among children, adolescent girls and pregnant women in India by the International Institute for Population Sciences-IIPS (as part of RCH 2002-04). The worst 200 districts were identified through this mapping process and States were ranked on the basis of the number of districts in the 'worst 200 list' that fell within their boundaries.

Seven States with the highest number of high-burden districts were **Uttar Pradesh, Madhya Pradesh, Maharashtra, Rajasthan, Bihar, Chhattisgarh and Jharkhand**. The eighth State, **Andhra Pradesh**, was selected for its best practices. It will therefore, be seen as a motivator for the other States to learn from. It is expected to take initiatives for overcoming malnutrition and improving school readiness to new heights and develop as a model State.

The proposed project will follow a two-phased *Adaptable Programme Lending (APL)* approach. *During phase 1*, the project will invest in a combination of high-quality techno-managerial support at the central and State levels and strong implementation support at district and sub-district levels. This support will help strengthen the leadership and operational capacities at different levels, training and monitoring systems and convergent functioning with NRHM and related programmes. This phase of the project will also entail design and conduct of a range of specific pilots in limited areas to generate concrete evidence for approaches that are likely to work at scale to improve programme outcomes. *Phase 2 of the project*

will aim for large scale application of lessons learned and approaches evolved during phase 1 to achieve the measurable outcomes.

### 1.2 Project Development Objectives (PDOs):

The overall goal of the project is to contribute towards improving the child development outcomes including the nutrition and early childhood education outcomes in the areas with higher proportion of child under-nutrition. Phase 1 will be formative in nature and will not have quantitative population level objectives for outcome indicators. Rather, its outcomes will be learning and system strengthening that can shape and support full implementation during the next phase of the project. Phase 1 outcomes will be assessed using a set of process indicators reflecting the following specific project development objectives (PDOs):

- i. to strengthen the policy framework, systems and capacities of the ICDS Programme at the national level and in 8 selected States to deliver quality services, facilitate community engagement and ensure focus on children under 3; and
- ii. to strengthen coordinated and convergent actions for nutrition outcomes at the national level and in 8 selected States.

Upon achievement of APL triggers, project will move to Phase 2 at the end of Phase 1 period or before, depending upon the progress of Phase 1 objectives and results.

The key outcomes of phase 1 of the project are related to strategic learning and systems strengthening, which will shape future strategies that can be implemented in phase 2 to address programme outcomes at large scale. Activities and interventions proposed in phase 1 are expected to result into the following broad outcomes:

- *Strengthened ICDS policy and programme framework at national and State level*
- *Revised monitoring system to measure the effectiveness of ICDS programme in project states fully operational*
- *A mechanism for incremental learning and capacity building within ICDS established at district and block levels in project States*
- *Viable approaches and models of community participation identified in project States based on analysis of existing or past examples and outcomes of innovation pilots*
- *Effective BCC strategy and its implementation plans focusing on feeding and care of under-3s developed and rolled out in project States*
- *Replicable models of convergent action for improving nutrition outcomes established in at least one district in each project State.*

### 1.3 Project components:

To achieve the overall goal in Phase 1, the project is divided into four key components.

|   |  |
|---|--|
| <b>Component 1:</b><br>Institutional and Systems Strengthening                            | <ul style="list-style-type: none"><li>• Review/refinement of policies, guidelines, procedures - adaptation by states</li><li>• Strengthening and expanding ICDS monitoring systems</li><li>• Strengthening training and capacity building</li><li>• Convergence with NRHM</li><li>• Institutional support for innovations and pilots</li><li>• Implementation support at district and block levels</li></ul> |
| <b>Component 2:</b><br>Community Mobilization and Behavior Change Communication (BCC)     | <ul style="list-style-type: none"><li>• Activities to enhance community mobilization and participation</li><li>• Behaviour change communication</li></ul>  |
| <b>Component 3:</b> Piloting Convergent Nutrition Actions                                 | <ul style="list-style-type: none"><li>• Development of state-specific convergent nutrition action plans and design of pilots</li><li>• Strengthening inter-departmental coordination mechanisms</li><li>• Implementation and evaluation of pilots</li></ul>  |
| <b>Component 4:</b> Project Management, Technical Assistance, and Monitoring & Evaluation | <ul style="list-style-type: none"><li>• Project management including State Project Management Unit</li><li>• Setting up project monitoring and evaluation systems</li><li>• Technical Assistance (TA) through an agency</li></ul>  |

**(i) ICDS Institutional and Systems Strengthening:** covers 5 broad technical task areas covering Review and refinement/development of guidelines, standards, protocols and procedures, Strengthening and expanding ICDS monitoring systems, Strengthening training and capacity building systems, Strengthening convergence with NRHM and Innovations and specific pilots - Urban ICDS strategy.

**(ii) Community Mobilization and Behaviour Change Communication:** Covers two tasks Community mobilization and Behavioral Change Communication that are cross-cutting functional elements of the entire ICDS programme.

**(iii) Convergent Nutrition Action:** Key activities under this component include (i) Development of frameworks and tools for facilitating convergent action of sectors key to improving nutrition; (ii) setting up and strengthening of structures at Central and State levels for planning, coordination and monitoring nutrition actions across multiple sectors; (iii) development of action plans and implementation/evaluation of pilots in at least one district in each project state; and (iv) focused evaluations and operations research to systematically build the evidence base for convergent nutrition actions.



**(iv) Project Management, Monitoring and Evaluation:** Provision of project management support to SPMU, through the TA team; and to DPMU in the identified district and block levels will be through the district and block coordinators.

#### 1.4 The state: Jharkhand

Jharkhand state came into existence on 15th November 2000. It is spread over an area of 79,723 Square Kilometers with population density of 414 per square kilometer. Its population is 3.29 million (2011), 26.3% (2001) are Scheduled Tribes, and 12% are Scheduled Castes. About 78% of the population resides in rural areas. The state consists of 24 districts, 38 sub-divisions and 260 blocks. 12 districts are under Schedule area Act except two blocks of Godda & one block of Garwah. The state is divided into 5 divisions of Santhal Parganas, Kolhan, North Chhotanagpur, South Chhotanagpur and Palamu. Jharkhand is rich in mineral and forest resources. The state has a sex ratio of 947 and Child Sex Ratio (0 – 6 yrs.) is 943. The overall literacy rate of Jharkhand is 67.63% of which male and female literacy rates are 78.45% and 56.21 %. Jharkhand is home to nearly 52.37 lakh children in the age of 0-6 years (*Census of India 2011*). This means total 15.89% of the state population comes under the age of 6 years.

A significant number of these children live under extreme poor socio - economic conditions. The situation is accentuated by the fact that the state of Jharkhand has one of the largest numbers of malnourished and under nourished children in India (*According to NFHS III data, 54.1 percent of the children under the age of three years in the state are underweight*) and one child out of ten is acutely and severely malnourished. Poverty, lack of education, poor access and availability of health care, benign social infrastructure, paucity of livelihood options for members of the family, all work in a vicious circle to keep the children in a state of deprivation, denial and distress.

| <b>Sl. No</b> | <b>Indicators</b>                             | <b>Data Value ( Percent)</b> | <b>Data Source</b>    |
|---------------|---|------------------------------|-----------------------|
| 1             | Mean Age of Marriage for girls                | 18.3                         | DLHS III( 2007-2008)  |
| 2             | Births to women age 15-19 out of total births | 5.9                          | DLHS III( 2007-2008)  |
| 3             | Institutional deliveries                      | 18.3                         | NFHS III( 2005-2006)  |
| 5             | Children born with birth weight of <2.5 Kgs   | 19.1                         | NFHS III ( 2005-2006) |
| 6             | Women who receive any kind of ANC             | 55.9                         | DLHS III( 2007-2008)  |

| <b>Sl. No</b> | <b>Indicators</b>  | <b>Data Value ( Percent)</b> | <b>Data Source</b>    |
|---------------|--|------------------------------|-----------------------|
| 7             | Women who receive three or more ANC                                      | 35.9                         | NFHS III( 2005-2006)  |
| 8             | Children aged 0-6 months exclusively breast fed                          | 75.3                         | DLHS III( 2007-2008)  |
| 9             | Women who are aware of the danger signs of ARI                           | 41.5                         | DLHS III( 2007-2008)  |
| 11            | Percentage of women 15years-49 Years with BMI less than 18.5( total thin | 43                           | NFHS III ( 2005-2006) |
| 12            | Women who are mildly anaemic( 10.00-11.9g/dll)                           | 49.6                         | NFHS III ( 2005-2006) |

The Government of Jharkhand is dedicated to fulfil the vision set out in the eleventh five year plan (2007-2012) which can be articulated as below:

- Establish a mechanism for joint planning, implementation, monitoring, review and remedial action of convergence schemes at all levels.
- Conduct accreditation in all the districts of the state and dissemination of best practices and cross pollination of learning.
- In fulfilment of the constitutional obligation it seeks to improve early childhood care and education to all children up to the age of six years through 'Universalization of ICDS with Quality'
- Adopting an inclusive approach to reach the most vulnerable, particularly SC/ST and minorities raise the level of nutrition of children below six years and pregnant and lactating mothers.
- Undertake corrections in planning and implementation and promote policies to strengthened management of child development with effective and transparent service delivery
- Through decentralized management link integration of nutrition determinants viz. health sanitation and hygiene, safe drinking water, gender and social concern and child care behaviors

Jharkhand has over the decade worked towards making access of ICDS universal. An integrated approach has been taken for converging basic services for improved childcare, early stimulation and learning, health and nutrition, water and environmental sanitation targeting young children ,improving referral services for severely and acutely malnourished children(every tenth child in Jharkhand is severely and acutely malnourished) expectant and nursing mothers and women's and adolescent girls' groups. Poised

for universal coverage, ICDS today reaches out to more than 7.5 lakhs pregnant and lactating mothers and roughly 52 lakh plus children (under six years of age) in Jharkhand. They are reached through trained community-based Anganwadi Workers and an equal number of helpers, and other supportive community structures. With the help of continued efforts under ICDS, and suitable convergence with the different departments, like the Department of Health and Family Welfare, the state aspires to curb the incidence of under nutrition, mild, moderate and severe malnutrition in the state, promote Growth Monitoring and Promotion and improve the health status of women and preschool education of the state of Jharkhand.

### **Areas of Convergence with Other Departments:**

#### **1. Department of Health & Family Welfare / National Rural Health Mission**

- Regular Fixed Monthly VHNDs
- Joint training of ANMs and AWWs on IMNCI and IYCN.
- Adoption of MCP Card and New WHO Child Growth Standards
- Concerted efforts for ANC / PNC checkup
- Referral of severely underweight children to Mal-nutrition Treatment Centre
- Joint review and planning meetings at the State, District and Block level
- Participation of ANM, Sahiyya, and AWW in Village Sanitation and Nutrition Committee meetings
- Joint planning and implementation by ANM, Sahiyya and AWW in SABLA, Kishori Shakti Yojana and Nutrition Program for Adolescent Girls
- Ayush package/ tools and linkages with Practitioners.
- Capacity building programs for Sahiyya, ANMs, MPH, AWW & other officials

#### **2. Department of Water and Sanitation**

- Provision of safe drinking water and sanitation facilities in all habitation and AWCs
- Integrated Information Education Communication (IEC) action plans.
- Implementation of the enabling provision for women and children under MGNREGS
- Construction & repairs of AWCs, kitchen and other facilities of AWCs to be funded under MGNREGS in convergence

#### **3. Department of Housing & Urban Poverty Alleviation**

- Allocation of land / building for AWC especially in urban poor settlements
- Inclusion of provisions related to ICDS in all urban and housing development plans
- Support the development of innovative city models run by ULBs especially within the 200 high burden districts and metropolis.

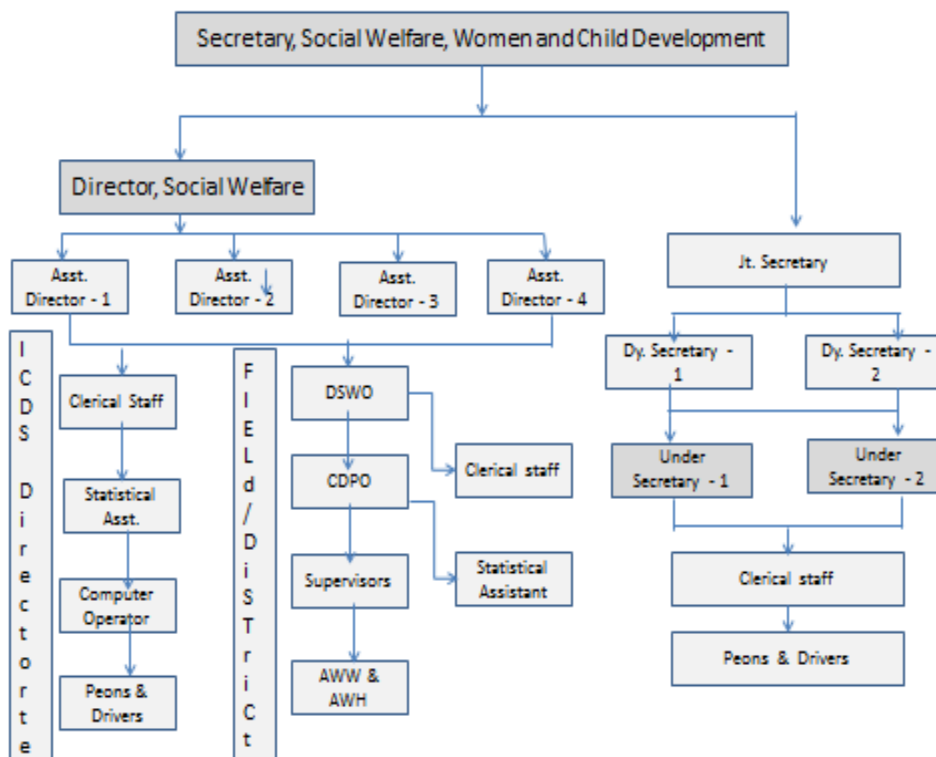
4. Department of Panchayati Raj

- Provide support in mobilization and sensitization of village community
- Collaboration and coordination of PRIs with Monitoring & Review Committees at different partners/ levels to review progress in implementation of ICDS Scheme/Health /Water and Sanitation schemes.
- Provide support in formation of ALMSC

**Training of ICDS staff:**

Jharkhand has 19 Angan Wadi Training Centres (AWTC) of which 2 is not functional at present. All the AWTCs are run by the NGOs. There is no Mid-Level Training Centres (MLTC) in the state at present but the state has already in the process of initiate 1 MLTC. In 2012-13, all total 1306 Sevikas has completed their 32 days job training and 2071 Sahayikas completed their 8 days job training from these AWTCs. In addition, 10552 Sevikas and 3277 Sahayikas have completed refresher trainings of 7 days and 5 days duration respectively. 25 CDPOs also received refresher course from NIPCCD, Lucknow, in 2012-13.

**Organogram of ICDS, Jharkhand:**



1.5 ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) coverage in Jharkhand:



To supplement the efforts of the state govt., the Government of India *Vide* letter dated 10 January 2013 has approved the International Development Association (IDA) assisted centrally sponsored 'ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)' (Credit No. 5150-IN) for the State of Jharkhand with total estimated cost of Rs.175.23 crore. The cost shared in the ratio of 90:10 between the GoI and the State Govt. The project period is 7 years from

the date of effectiveness of the project i.e., 26th November 2012 (2012-13) to 31<sup>st</sup> October 2019 (2019-20). This project is being implemented in 12 districts of Jharkhand covering 163.67 lakh populations. Details of the ISSNIP coverage are as follows:

| Sl. No. | District       | Initiation of ICDS        | Total pop. (census 2011) | Total child (0-6 yrs.) pop. (MPR Dec.2013) | No. of ICDS projects | No. Of AWCs functional |
|---------|----------------|---------------------------|--------------------------|--|----------------------|------------------------|
| 1       | West Singhbhum | 2 <sup>nd</sup> Oct. 1975 | 1501619                  | 183514                                     | 15                   | 2330                   |
| 2       | Lohardaga      | 1982-1983                 | 461738                   | 105100                                     | 5                    | 749                    |
| 3       | Latehar        | 1978-1979                 | 725673                   | 67512                                      | 7                    | 962                    |
| 4       | Palamu         | 1982-1983                 | 1936319                  | 306376                                     | 11                   | 2595                   |
| 5       | Garwah         | 1982-1983                 | 1322387                  | 169447                                     | 8                    | 1330                   |
| 6       | Chatra         | 1981-1982                 | 1042304                  | 154199                                     | 6                    | 1124                   |
| 7       | Koderma        | 2001-2002                 | 717169                   | 59606                                      | 4                    | 751                    |
| 8       | Giridih        | 1982-1983                 | 2445203                  | 383680                                     | 13                   | 2431                   |
| 9       | Dhanbad        | 1982-1983                 | 2682662                  | 288362                                     | 8                    | 2231                   |
| 10      | Godda          | 1978-1979                 | 1311382                  | 170267                                     | 8                    | 1791                   |

|    |              |           |                    |                |            |              |
|----|--------------|-----------|--------------------|----------------|------------|--------------|
| 11 | Dumka        | 1982-1983 | 1321096            | 162132         | 10         | 2060         |
| 12 | Pakur        | 1981-1982 | 899200             | 150944         | 6          | 1167         |
|    | <b>Total</b> |           | <b>1,63,66,752</b> | <b>2201139</b> | <b>101</b> | <b>19521</b> |

*1.6 District-wise details of beneficiaries (as in December'13):*

| Name of District | Child Population 0 to 3 years | Child Population 3 to 6 years | Pregnant women |               |               | Lactating women |               |               |
|------------------|-------------------------------|-------------------------------|----------------|---------------|---------------|-----------------|---------------|---------------|
|                  |                               |                               | Eligible       | Enrolled      | Received      | Eligible        | Enrolled      | Received      |
| Chatra           | 84582                         | 69617                         | 16281          | 13405         | 13131         | 21392           | 15022         | 14117         |
| Dhanbad          | 159817                        | 128545                        | 24531          | 20771         | 19998         | 27824           | 23868         | 22247         |
| Dumka            | 90149                         | 71983                         | 15373          | 15373         | 15370         | 18186           | 18186         | 18144         |
| Garwah           | 99280                         | 70167                         | 20249          | 20249         | 20128         | 21069           | 21069         | 20566         |
| Giridih          | 212674                        | 171006                        | 34573          | 21239         | 17625         | 38654           | 26412         | 20666         |
| Godda            | 99556                         | 70711                         | 18600          | 18600         | 18596         | 21261           | 21261         | 21260         |
| Koderma          | 34661                         | 24945                         | 6485           | 5041          | 5041          | 7648            | 6199          | 6199          |
| Lohardaga        | 41318                         | 26194                         | 6602           | 6602          | 6581          | 8021            | 8021          | 7999          |
| Latehar          | 60580                         | 44520                         | 10712          | 10712         | 10332         | 12453           | 12453         | 12106         |
| Pakur            | 90749                         | 60195                         | 19474          | 16652         | 15087         | 21145           | 18027         | 16648         |
| Palamu           | 174193                        | 132183                        | 37554          | 35145         | 28815         | 32617           | 30148         | 26796         |
| West Singhbhum   | 109713                        | 73801                         | 17301          | 17297         | 17238         | 19621           | 19619         | 19537         |
| <b>Total</b>     | <b>1257272</b>                | <b>943867</b>                 | <b>227735</b>  | <b>201086</b> | <b>187942</b> | <b>249891</b>   | <b>220285</b> | <b>206285</b> |

## 1.7 Details of ISSNIP districts:

### 1. West Singhbhum



West Singhbhum district came into existence when the old Singhbhum district bifurcated in 1990, resulting in East Singhbhum(9 blocks) and West Singhbhum(23 blocks) with Jamshedpur and Chaibasa as their district head quarter respectively. In 2001, West Singhbhum again divided into two parts- Saraikela-Kharsawan district (8 blocks) and West Singhbhum (15 blocks). It is the largest district situated in the Southern part of Jharkhand state. The district has an area of 5351.41 sq. Km. West Singhbhum's sex ratio of 1004 females per '000 males (census 2011) is highest in the state and definitely a remarkable achievement over the last decade. The child sex ratio of 0 – 6 yrs. is 980 (Census 2011) and that of 0-4 yrs. is 974 (AHS 2012-13). Infant Mortality Rate (IMR) in the district is 53 and the Neo Natal Mortality Rate is 35 (AHS

12-13). There are all total 342 health sub centres, 15 PHCs, and 15 CHCs to take care the health needs of the district population.

| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/ Tribal/ Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|---------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Sadar Chaibasa                 | 89-90                            | Tribal                          | 168(7)                                | 6                      | 2                | 163               | 156                  |
| Tantnagar                      | 86-87                            | Tribal                          | 107(20)                               | 3                      | 2                | 106               | 86                   |
| Manjhari                       | 85-86                            | Tribal                          | 99(14)                                | 3                      | 2                | 98                | 84                   |
| Jhinkpani                      | 89-90                            | Tribal                          | 77(4)                                 | 2                      | 2                | 77                | 73                   |
| Tonto                          | 82-83                            | Tribal                          | 101(22)                               | 3                      | 2                | 95                | 79                   |
| Majhgaon                       | 84-85                            | Tribal                          | 112(11)                               | 4                      | 2                | 110               | 100                  |
| Kumardungi                     | 86-87                            | Tribal                          | 124(7)                                | 6                      | 3                | 124               | 117                  |
| Jaggannathpur                  | 89-90                            | Tribal                          | 165(15)                               | 6                      | 3                | 162               | 145                  |
| Barajamda                      | 75-76                            | Tribal                          | 135(17)                               | 4                      | 2                | 132               | 117                  |
| Khuntpani                      | 85-86                            | Tribal                          | 137(13)                               | 4                      | 2                | 135               | 105                  |
| Chakradharpur                  | 89-90                            | Tribal                          | 298(13)                               | 10                     | 2                | 293               | 264                  |

|                          |              |               |                   |           |           |             |             |
|--------------------------|--------------|---------------|-------------------|-----------|-----------|-------------|-------------|
| <b>Bandgaon</b>          | <b>82-83</b> | <b>Tribal</b> | <b>176(58)</b>    | <b>4</b>  | <b>3</b>  | <b>158</b>  | <b>114</b>  |
| <b>Sonua</b>             | <b>86-87</b> | <b>Tribal</b> | <b>176(7)</b>     | <b>6</b>  | <b>2</b>  | <b>162</b>  | <b>164</b>  |
| <b>Goelkera</b>          | <b>82-83</b> | <b>Tribal</b> | <b>170(31)</b>    | <b>5</b>  | <b>2</b>  | <b>168</b>  | <b>139</b>  |
| <b>Manoharpur</b>        | <b>86-87</b> | <b>Tribal</b> | <b>222(28)</b>    | <b>7</b>  | <b>3</b>  | <b>214</b>  | <b>186</b>  |
| <b>Total 15 projects</b> |              |               | <b>2330 (307)</b> | <b>73</b> | <b>34</b> | <b>2258</b> | <b>1984</b> |

PRI representatives in this district are actively supporting Anganwadi Centres and Anganwadi Sevikas in procuring the food of SNP. They also help at the time of referring SAM children to the MTC. ALMSCs are formed and they are providing support to arrange community meetings with the help of Mata Samities once a month, preparation of due list for immunization, referring SAM children to the MTC, etc. In some areas, Mata Samity members are helping Sevika/Sahayika during THR distribution and spot feeding at AWCs. Godhbharai and Annaprasan are being celebrated twice in a year. But the District ICDS team at all levels are ready to initiate it on monthly basis at some of the AWCs. Creche / Palnagar service are being provided by the NGOs at two blocks. The district is ready to pilot the initiative of Child Friendly AWC in selected centres. They want to involve AWHs to focus in effective home visit and inter-personal communication after providing training to them.

## 2. Lohardaga:



**Lohardaga** district came into existence after Ranchi was split into three districts namely Ranchi, Lohardaga and Gumla way back in **1983**. The district covers an area of **1491 km<sup>2</sup>**. Lohardaga has a number of small hill blocks covered with forests. It has Seven Community Development blocks: **Lohardaga, Kuru, Bhandra, Kairo, Kisko, Peshrar and Senha**. The inhabitants of this district mainly depend on agriculture, forest produce and seasonal migration to different parts

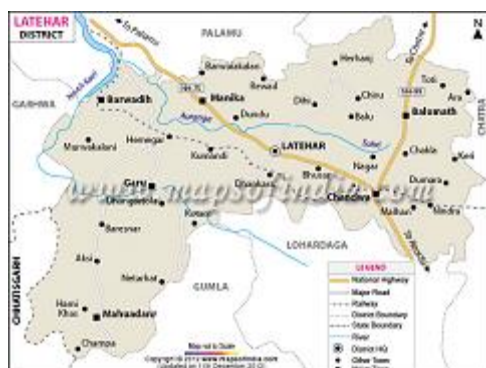
of the country. 80% of the population depends upon agriculture. Lohardaga has an overall sex ratio of 985 females per '000 males (census 2011). The child sex ratio of 0 – 6 yrs. is 961 (Census 2011) and that of 0-4 yrs. is 973 (AHS 2012-13). Infant Mortality Rate (IMR) in the district is 53 and the Neo Natal Mortality Rate is 39 (AHS 12-13). There are all total 73 health sub centres, 10 PHCs and 4 CHCs to take care of the health needs of the district population.



| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/Tribal/Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Lohardaga Sadar                | 97-98                            | Tribal                        | 135(7)                                | 5                      | 2                | 133               | 128                  |
| Kuru                           | 89-90                            | Tribal                        | 156(2)                                | 6                      | 3                | 156               | 152                  |
| Bhandra                        | 84-85                            | Tribal                        | 124(5)                                | 4                      | 2                | 121               | 116                  |
| Senha                          | 82-83                            | Tribal                        | 182(31)                               | 6                      | 2                | 178               | 150                  |
| Kisko                          | 89-90                            | Tribal                        | 152(25)                               | 5                      | 3                | 140               | 119                  |
| <b>Total</b>                   |                                  |                               | <b>749 (70)</b>                       | <b>26</b>              | <b>12</b>        | <b>728</b>        | <b>665</b>           |

PRI system is active in the dist. and they are also involved in supporting the ICDS centres. ALMSC is formed in all the ICDS centres and they partially support to the ICDS. Block level monitoring committee just formed but they have not regularly met together. Mata Samities are very actively involved in the ICDS centre activities like THR session, preparation of due list etc. CDPOs and Supervisors are enthusiastic and willing to initiate any new innovation in the regular ICDS services as pilots.

### 3. Latehar:



**Latehar district has been created on 4th April 2001.** Previously, it was a subdivision of old Palamu district. There are 9 (Nine) Development Blocks, namely Latehar, Chandwa, Balumath, Bariyatu, Herhanj, Manika, Barwadih, Garu and Mahuadar. It's a predominantly tribal district with almost 40% of the population belonging to the schedule tribes and more than 66 % of total population comprises SCs and STs. The total area of the district is 3,671 Sq. Km. Latehar is famous for its rich natural beauty, forest, forest products and mineral deposits. A large number of people are engaged in agricultural activities. Latehar has a sex ratio of 964 females per '000 males (census 2011). The child sex ratio of 0 – 6 yrs. is 964 (Census 2011). 101 health sub centres, 7 PHCs and 6 CHCs and a District hospital is providing public health services in the district.

| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/Tribal/Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Latehar                        | 1989-1990                        | Tribal                        | 185 (3)                               | 7                      | 3                | 180               | 170                  |
| Chandwa                        | 1989-1990                        | Tribal                        | 132 (3)                               | 5                      | 4                | 130               | 122                  |

|                  |                  |               |                 |           |           |            |            |
|------------------|------------------|---------------|-----------------|-----------|-----------|------------|------------|
| <b>Balumath</b>  | <b>1982-1983</b> | <b>Tribal</b> | <b>218 (26)</b> | <b>7</b>  | <b>2</b>  | <b>211</b> | <b>189</b> |
| <b>Barwadih</b>  | <b>1989-1990</b> | <b>Tribal</b> | <b>127 (1)</b>  | <b>5</b>  | <b>2</b>  | <b>121</b> | <b>115</b> |
| <b>Garu</b>      | <b>1978-1979</b> | <b>Tribal</b> | <b>81 (3)</b>   | <b>3</b>  | <b>0</b>  | <b>72</b>  | <b>73</b>  |
| <b>Manika</b>    | <b>1985-1986</b> | <b>Tribal</b> | <b>95 (0)</b>   | <b>4</b>  | <b>1</b>  | <b>90</b>  | <b>94</b>  |
| <b>Mahuadanr</b> | <b>1986-1987</b> | <b>Tribal</b> | <b>124 (13)</b> | <b>4</b>  | <b>1</b>  | <b>123</b> | <b>110</b> |
| <b>Total</b>     |                  |               | <b>962 (49)</b> | <b>35</b> | <b>13</b> | <b>927</b> | <b>873</b> |

PRI system is active in the dist. and they are also involved in supporting the ICDS centres (like convincing family to send their children to centres etc). ALMSC is formed in all the ICDS centres and they have their meetings on 2<sup>nd</sup> of every month. Though the ICDS and health staff meets once in a month at the block and dist. level but there is no formal meeting of the frontline staff. Mata Samities are not very actively involved in the ICDS centre activities. Some NGOs and CSR support are being given to the ICDS centres in this dist. NGOs are also providing support in smoothly organising the VHND and awareness generation on ICDS services thru Nukkad Nataks, etc. CDPOs and Supervisors are enthusiastic and willing to initiate any new innovation in the regular ICDS services as pilots.

#### 4. Palamu:



The District of Palamu contains an area of 5043.8 square Kms. The administrative head quarter Daltonganj has taken its name after colonel Dalton, commissioner of Chhotangapur in 1861. The distance between Daltonganj and Ranchi is 165 Km. In 2006, the Ministry of Panchayati Raj named Palamu as one of the country's 250 most backward districts (out of a total of 640). Through 172 health sub centres, 21 PHCs and 11 CHCs, the district could maintain immunisation coverage of 53.4% only. Palamu's overall sex ratio is 929 females per '000 males (census 2011). The child sex ratio of 0 – 6 yrs. is 947 (Census 2011) and that of 0-4 yrs. is 991 (AHS 2012-13). Infant Mortality Rate (IMR) in the district is 40 and the Neo Natal Mortality Rate is 29 (AHS 12-13).

| <b>Name of ICDS Projects (Blocks)</b> | <b>Year of Inception of the project</b> | <b>Category (Rural/Tribal/Urban)</b> | <b>Total no. of AWC (including Mini AWC)</b> | <b>Sanctioned posts of LS</b> | <b>No. of LS posted</b> | <b>No. of AWW posted</b> | <b>No. of Helper posted</b> |
|---------------------------------------|---|--------------------------------------|--|-------------------------------|-------------------------|--------------------------|-----------------------------|
| <b>Patan</b>                          | <b>1982-83</b>                          | <b>Rural</b>                         | <b>308 (54)</b>                              | <b>10</b>                     | <b>3</b>                | <b>280</b>               | <b>235</b>                  |
| <b>Chhatarpur</b>                     | <b>1984-85</b>                          | <b>Rural</b>                         | <b>280 (35)</b>                              | <b>9</b>                      | <b>4</b>                | <b>262</b>               | <b>223</b>                  |



extremely slow due to rural economy based on agriculture. Garwah has an overall sex ratio of 933 females per '000 males (census 2011). The child sex ratio of 0 – 6 yrs. is 958 (Census 2011) and that of 0-4 yrs. is 966 (AHS 2012-13). Infant Mortality Rate (IMR) in the district is 33 and the Neo Natal Mortality Rate is 19 (AHS 12-13) and both are below the state figure. There are all total 111 health sub centres, 10 PHCs and 13 CHCs to take care of the health needs of the district population.

| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/ Tribal/ Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|---------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| <b>Bhandaria</b>               | <b>82-83</b>                     | <b>Tribal</b>                   | <b>79</b>                             | <b>3</b>               | <b>1</b>         | <b>79</b>         | <b>73</b>            |
| <b>Ranka</b>                   | <b>84-85</b>                     | <b>Rural</b>                    | <b>172</b>                            | <b>7</b>               | <b>2</b>         | <b>167</b>        | <b>158</b>           |
| <b>Dhurki</b>                  | <b>84-85</b>                     | <b>Rural</b>                    | <b>83</b>                             | <b>3</b>               | <b>1</b>         | <b>81</b>         | <b>79</b>            |
| <b>Meral</b>                   | <b>95-96</b>                     | <b>Rural</b>                    | <b>187</b>                            | <b>7</b>               | <b>3</b>         | <b>187</b>        | <b>178</b>           |
| <b>Manjhiaon</b>               | <b>93-94</b>                     | <b>Rural</b>                    | <b>187</b>                            | <b>7</b>               | <b>2</b>         | <b>177</b>        | <b>173</b>           |
| <b>Nagar Utari</b>             | <b>95-96</b>                     | <b>Rural</b>                    | <b>204</b>                            | <b>7</b>               | <b>3</b>         | <b>198</b>        | <b>190</b>           |
| <b>Bhawnathpur</b>             | <b>95-96</b>                     | <b>Rural</b>                    | <b>186</b>                            | <b>7</b>               | <b>2</b>         | <b>182</b>        | <b>186</b>           |
| <b>Garhwa</b>                  | <b>01-02</b>                     | <b>Rural</b>                    | <b>232</b>                            | <b>9</b>               | <b>3</b>         | <b>226</b>        | <b>212</b>           |
| <b>Total</b>                   |                                  |                                 | <b>1330</b>                           | <b>50</b>              | <b>17</b>        | <b>1297</b>       | <b>1249</b>          |

PRI system is active in the dist. and they are also involved in supporting the ICDS. ALMSC is formed in all the ICDS centres and they have their meetings on 2<sup>nd</sup> of every month. Though the ICDS and health staff meets once in a month at the block and dist. level but there is no formal meeting of the frontline staff. Mata Samities are not very actively involved in the ICDS centre activities. Some NGOs and CSR support are being given to the ICDS centres in this dist. CDPOs and Supervisors are enthusiastic and willing to initiate any new innovation in the regular ICDS services as pilots.

## 6. Chatra:



Chatra has an area of 3706 sq. The district comprises one subdivision and ten development blocks viz. Chatra, Simaria, Patrappur, Huntergunj, Itkhori, Tandwa, Kunda, Lawalong, Giddhor and Pratapgarha. The landscape is formed of hills and undulating plateau. The inhabitants of this area depend primarily on agriculture and forest products for their livelihood. Almost 90% of the total population depends on

agriculture. Total cultivated land is about 1,34,024 hectre, out of which only 16,367-hectre is irrigated. The agriculture is mainly depended on rainwater. Only 12.21 percent area of agricultural use are net irrigated and major source of irrigations are well and tube-wells. Chatra district has an overall sex ratio of 951 females per '000 males (census 2011). The child sex ratio of 0 – 6 yrs. is 963 (Census 2011) and that of 0-4 yrs. is 1036 (AHS 2012-13). Infant Mortality Rate (IMR) in the district is 42 and the Neo Natal Mortality Rate is 25 (AHS 12-13). There are all total 97 health sub centres, 8 PHCs and 10 CHCs to take care of the health needs of the district population.

| <b>Name of ICDS Projects (Blocks)</b> | <b>Year of Inception of the project</b> | <b>Category (Rural/ Tribal/ Urban)</b> | <b>Total no. of AWC (including Mini AWC)</b> | <b>Sanctioned posts of LS</b> | <b>No. of LS posted</b> | <b>No. of AWW posted</b> | <b>No. of Helper posted</b> |
|---------------------------------------|---|--|--|-------------------------------|-------------------------|--------------------------|-----------------------------|
| <b>Hunterganj</b>                     | <b>86-87</b>                            | <b>Rural</b>                           | <b>185 (25)</b>                              | <b>7</b>                      | <b>2</b>                | <b>182</b>               | <b>174</b>                  |
| <b>Simaria</b>                        | <b>81-82</b>                            | <b>Rural</b>                           | <b>217 (46)</b>                              | <b>6</b>                      | <b>1</b>                | <b>213</b>               | <b>157</b>                  |
| <b>Pratappur</b>                      | <b>85-86</b>                            | <b>Rural</b>                           | <b>144 (25)</b>                              | <b>4</b>                      | <b>2</b>                | <b>141</b>               | <b>117</b>                  |
| <b>Chatra Rural</b>                   | <b>91-92</b>                            | <b>Rural</b>                           | <b>212 (19)</b>                              | <b>7</b>                      | <b>3</b>                | <b>203</b>               | <b>188</b>                  |
| <b>Tandwa</b>                         | <b>92-93</b>                            | <b>Rural</b>                           | <b>164 (39)</b>                              | <b>4</b>                      | <b>1</b>                | <b>163</b>               | <b>125</b>                  |
| <b>Itkhorri</b>                       | <b>85-86</b>                            | <b>Rural</b>                           | <b>202 (5)</b>                               | <b>7</b>                      | <b>2</b>                | <b>201</b>               | <b>197</b>                  |
| <b>Total</b>                          |   |  | <b>1124 (159)</b>                            | <b>35</b>                     | <b>11</b>               | <b>1103</b>              | <b>958</b>                  |

This district has a system of combined meeting between ICDS staff and PRI members at the Panchayat level. In those meetings, issues of proper process of procurement of food for SNP, Left out/ dropouts in immunization or preschool children, etc. are being discussed. PRI members also help to resolve local level conflict about AWCs. ALMSC is partially functioning. Mata Samities support to procurement, distribution and spot feeding of SNP. They also support to preparation of due list for immunization. There are five prominent NGOs working in the district and they support in the ICDS activities.

One AWTC, managed by a NGO, is functioning in this district. Two instructor including one Nutritionist and one principal are providing job and refresher training in this centre. Many Teaching-Learning materials have been prepared by them. Different methodologies are also being followed by the facilitators as per the training module.

The district team has agreed to initiate different initiative programmes like Nukkar Natak, Godhbharai, Annaprasan throughout the year, increase the involvement of AWHs, in some centres as pilots.

## 7. Koderma:



District Koderma was created on 10th April 1994 out of the old Hazaribagh district of the North Chhotanagpur Division. It is known as the Mica capital of India. Koderma district has one Sub-division, Koderma itself, and 5 (five) revenue circles. For developmental administration the district is divided into 6 (Six) development blocks namely: Koderma, Jainagar, Chandwara, Markachho, Domchanch and Satgawan. There are 717 (Seven Hundred Seventeen) Villages and 109 (One Hundred Nine) Panchayats. Topography of the district is hilly. Upland covers major part of cultivable land, but due to inadequate irrigation

facility of only one crop namely paddy is grown. Koderma's overall sex ratio is 949 females per '000 males (census 2011); decreased from 1006 of 2001. The child sex ratio of 0 – 6 yrs. is 944 (Census 2011) and that of 0-4 yrs. is 997 (AHS 2012-13). Infant Mortality Rate (IMR) in the district is 27 and the Neo Natal Mortality Rate is 18 (AHS 12-13): both are well below the state average. There are all total 65 health sub centres, 5 PHCs and 3 CHCs to take care of the health needs of the district population.

| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/Tribal/Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Koderma                        | 01-02                            | Rural                         | 211 (6)                               | 6                      | 2                | 206               | 197                  |
| Satgawan                       | 01-02                            | Rural                         | 106 (4)                               | 4                      | 1                | 102               | 100                  |
| Jainagar                       | 01-02                            | Rural                         | 190 (15)                              | 7                      | 2                | 181               | 167                  |
| Markachho                      | 01-02                            | Rural                         | 244 (6)                               | 9                      | 2                | 243               | 236                  |
| <b>Total</b>                   |                                  |                               | <b>751 (31)</b>                       | <b>26</b>              | <b>7</b>         | <b>732</b>        | <b>700</b>           |

PRI system is not so active in the dist. Though the ICDS and health staff meets once in a month at the block and dist. level but this is not in regular basis. ALMSC is formed in all the ICDS centres and they have their meetings on 2<sup>nd</sup> of every month. The district has the schedule date (26<sup>th</sup> of every month) for meeting of the front line workers. Mata Samities are very actively involved in the ICDS centre activities and also help during THR session. CDPOs and Supervisors are enthusiastic and willing to initiate any new innovation in the regular ICDS services as pilots. NGOs are also providing support in smoothly organising the VHND and awareness generation on ICDS services.

## 8. Giridih:



Giridih District was stamped out from Hazaribagh District on 4th Dec 1972. The district is spread over an area of 4853.56 sq km. The 13 community development blocks of the district are Giridih, Gandey, Bengabad, Pirtand, Dumri, Bagodar, Sariya, Birni, Dhanwar, Jamua, Deori, Tisri and Gawan. Geographically, Giridih district is broadly divided into two natural divisions, namely the central plateau and lower plateau. The district is rich in mineral resources and it has several large coal fields which contain one of the best qualities of coal in India. Mica is found extensively in this district, which is of importance

not only to Jharkhand but to India and other countries also. It is mostly found near the blocks Tisri and Gawan. Giridih's overall sex ratio is 943 females per '000 males (census 2011). The child sex ratio of 0 – 6 yrs. is 934 (Census 2011) and that of 0-4 yrs. is 975 (AHS 2012-13). Infant Mortality Rate (IMR) in the district is 28 and the Neo Natal Mortality Rate is 18 (AHS 12-13). There are all total 180 health sub centres, 15 PHCs and 11 CHCs to take care of the health needs of the district population.

| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/Tribal/Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Giridih Sadar                  | 82-83                            | Rural                         | 219 (16)                              | 8                      | 2                | 213               | 195                  |
| Jamua                          | 85-86                            | Rural                         | 222 (0)                               | 8                      | 3                | 222               | 220                  |
| Bengabad                       | 01-02                            | Rural                         | 160 (14)                              | 5                      | 3                | 157               | 144                  |
| Gandey                         | 01-02                            | Rural                         | 187 (15)                              | 6                      | 4                | 180               | 166                  |
| Pirtand                        | 01-02                            | Rural                         | 128 (9)                               | 4                      | 3                | 126               | 118                  |
| Dumri                          | 01-02                            | Rural                         | 228 (4)                               | 8                      | 6                | 225               | 219                  |
| Bagodar                        | 01-02                            | Rural                         | 299 (9)                               | 11                     | 9                | 293               | 290                  |
| Birni                          | 01-02                            | Rural                         | 191 (5)                               | 7                      | 5                | 174               | 166                  |
| Dhanwar                        | 01-02                            | Rural                         | 264 (0)                               | 10                     | 6                | 264               | 262                  |
| Deowari                        | 01-02                            | Rural                         | 182 (0)                               | 7                      | 4                | 175               | 171                  |

|                    |       |       |                  |           |           |             |             |
|--------------------|-------|-------|------------------|-----------|-----------|-------------|-------------|
| Tisri              | 01-02 | Rural | 99 (12)          | 3         | 2         | 99          | 85          |
| Ganwa              | 01-02 | Rural | 134 (0)          | 5         | 1         | 130         | 128         |
| Giridih<br>(Urban) | 01-02 | Urban | 118 (0)          | 4         | 4         | 116         | 112         |
| <b>Total</b>       |       |       | <b>2431 (84)</b> | <b>86</b> | <b>52</b> | <b>2374</b> | <b>2266</b> |

The district has the acute scarcity of space both at district level as well as at the project level. ALMSC is formed in all the ICDS centres and they have their meetings on 2<sup>nd</sup> of every month. PRI system is not so active in the dist. Though the ICDS and health staff meets once in a month at the block and dist. level but this is not in regular basis. The district has the schedule date (26<sup>th</sup> of every month) for meeting of the front line worker. Mata Samities are very actively involved in the ICDS centre activities; they help in THR distribution also. CDPOs and Supervisors are enthusiastic and willing to initiate any new innovation in the regular ICDS services as pilots.

## 9. Dhanbad:



Dhanbad, the Coal Capital of India, was declared as a separate district on 24 October 1956. It was originally in a district named Dhanbad as a part of Manbhum region of West Bengal. It is a coal mining and industrial area and one of the busiest commercial centres in India. The red soil is found in the area and is not that much fertile for good agricultural produce. Due to presence of two large dams in the district, many people are involved in pisciculture. Forests present in the district are of northern tropical dry deciduous type. In many of these forests,

people are engaged in Sericulture. Dhanbad district stands 2<sup>nd</sup> position in the field of literacy in all over Jharkhand. The Indian School of Mines, one of the leading technical institute of India, is situated in the district. The overall sex ratio of the district is 908 and the child sex ratio of 0 – 6 yrs. is 917 (Census 2011). Child Sex Ratio of 0 – 4 yrs. is 941 (AHS 2012-13). Dhanbad district has 135 health sub centres and 7 CHCs along with 28 PHCs. The full immunisation coverage in the district is 47.5% (DLHS III, 2007-08). The Infant Mortality Rate of Dhanbad is 26 and the Neo Natal Mortality rate is 20 (AHS 2012-13).



| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/Tribal/Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Dhanbad Sadar                  | 89-90                            | Urban/Rural                   | 377 (8)                               | 14                     | 3                | 374               | 362                  |
| Jharia - Jorapokhar            | 89-90                            | urban                         | 186 (0)                               | 7                      | 2                | 182               | 181                  |
| Topchanchi                     | 82-83                            | Rural                         | 156 (18)                              | 5                      | 3                | 153               | 137                  |
| Baghmara                       | 01-02                            | Rural                         | 436 (29)                              | 16                     | 15               | 429               | 400                  |
| Baliapur                       | 01-02                            | Rural                         | 186 (21)                              | 6                      | 4                | 183               | 164                  |
| Tundi                          | 01-02                            | Rural                         | 184 (4)                               | 7                      | 4                | 182               | 173                  |
| Govindpur                      | 01-02                            | Rural                         | 265 (11)                              | 10                     | 7                | 263               | 250                  |
| Nirsa                          | 01-02                            | Rural                         | 441 (37)                              | 16                     | 15               | 429               | 400                  |
| <b>Total</b>                   |                                  |                               | <b>2231 (128)</b>                     | <b>81</b>              | <b>53</b>        | <b>2192</b>       | <b>2068</b>          |

The district has both urban and rural projects. In urban areas though there is acute problem of space but the project staff tries to manage it by themselves thru community involvement. In some centres they have arranged small chairs for children to sit. PRI system is active in the dist. and they are also involved in supporting the ICDS centres for generating awareness. Mata Samities are mostly helping the AWC staff during THR and VHND sessions. In some cases Mata Samities are also forcing workers to provide better services. Project level and centre level monitoring committees are formed. ALMSC have the date for meetings on 2<sup>nd</sup> of every month, but BLMCs are not meeting on regular basis. The ICDS and health staff meets infrequently at the block and dist. level and there is a fixed date (26<sup>th</sup> of every month) for formal meeting of the frontline staff. NGOs are also providing support in smoothly organising the VHND and awareness generation on ICDS services. The district level authority is also in the process of getting support from CSR. CDPOs and Supervisors have already been taken many initiatives like organising various events for children, like Godh Bharai and Annyaprasan etc. and also willing to initiate any new innovation in the regular ICDS services as pilots.

## 10. Godda:



Godda is one of the most backward districts of Jharkhand State, situated at the North-East part in the State. The district is spread over an area of 2110 sq. Km and its eastern part from north to south is covered with forest whose area is 239.34 sq. km. The district falls under Santhal Pargana division and has one Sub-Division Godda and nine blocks – Boarijore, Godda, Mahagam, Mehurma, Pathargama, Poraiyahaat, Sunderpahari, Thakurgangti and Basantra. 40% of the total population of Godda is tribal and it is predominantly a tribal district with some of the tribes on the verge of extinction. The primary occupations of the aboriginal tribes are hunting, sheep - rearing, animal husbandry, gathering of forest produce and traditional agriculture. The soil is of a very poor quality and is not well suited for cultivation except that of north - west

part of the district owing to undulating topography. The district has 195 health sub centres and 6 CHCs along with 9 PHCs. Infant Mortality Rate in Godda is 54 and the Neo Natal Mortality Rate is 29 (AHS 2012-13). Overall Sex Ratio of Godda is 933, child sex ratio 0 – 6 yrs. is 953 (Census 2011) and the child sex ratio of 0-4 yrs. is 1007 (AHS 2012-13).

| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/Tribal/Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Boarijore                      | 78-79                            | Tribal                        | 195 (43)                              | 6                      | 6                | 188               | 152                  |
| Poraiyahat                     | 84-85                            | Rural                         | 285 (0)                               | 11                     | 5                | 280               | 281                  |
| Sunderpahari                   | 86-87                            | Tribal                        | 124 (0)                               | 5                      | 5                | 121               | 109                  |
| Godda(Rural)                   | 89-99                            | Rural                         | 280 (0)                               | 11                     | 9                | 270               | 270                  |
| Pathargama                     | 01-02                            | Rural                         | 271 (0)                               | 10                     | 7                | 265               | 255                  |
| Mahagama                       | 01-02                            | Rural                         | 268 (11)                              | 10                     | 5                | 262               | 244                  |
| Mehurma                        | 01-02                            | Rural                         | 222 (0)                               | 8                      | 3                | 214               | 211                  |
| Thakurgangti                   | 01-02                            | Rural                         | 146 (0)                               | 5                      | 2                | 145               | 139                  |
| <b>Total</b>                   |                                  |                               | <b>1791 (54)</b>                      | <b>66</b>              | <b>42</b>        | <b>1745</b>       | <b>1661</b>          |

PRI system is active in the dist. and they are also involved in supporting the ICDS centres (like motivating families to send their children to centres etc). Mata Samities are actively involved in the ICDS centre activities and also help during THR distribution and VHND sessions. ALMSC is formed in all the ICDS centres and they have their meetings on 2<sup>nd</sup> of every month. Though the ICDS and health staff meets once in a month at the block and dist. level but there is no formal meeting of the frontline staff. CDPOs and Supervisors are enthusiastic and willing to initiate any new innovation in the regular ICDS services as pilots.

### 11. Dumka:



Dumka is one of the oldest districts of Jharkhand state and the head quarter of the Santhal Pargana division. Dumka is considered as the second capital of the state. The District has an area of 3716.02 Sq.KM. and consists of only one sub division namely Dumka. Under Dumka sub division, there are 10 blocks namely Dumka, Gopikander, Jama, Jarmundi, Kathikund, Maslia, Ramgarh, Raneshwar, Shikaripara and Saraiyahat. Dumka has predominantly undulating terrain with hard rocks in the underground. Entire District has topography with high ridges and valleys

bounded by mountains and rivers. The fertility of soil is poor due to extensive erosion, acidic character and low retaining capacity. The dumka district is primarily rural and most of the population resides in villages and the economy of the district based on the agriculture. Dumka has 258 health sub centres, 48 PHCs and 9 CHCs to cater the health needs of the people. Overall sex ratio of Dumka is 974, child sex ratio of 0-6 yrs. is 957 (Census 2011) and the 0 – 4 yrs. child sex ratio is 915 (AHS 2012-13). Infant Mortality Rate of Dumka district is 45 and the Neo Natal Mortality rate is 33 (AHS 2012-13).

| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/Tribal/Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Masalia                        | 82-83                            | Tribal                        | 204 (7)                               | 7                      | 6                | 201               | 195                  |
| Sariyahat                      | 96-97                            | Tribal                        | 230 (16)                              | 8                      | 3                | 228               | 211                  |

|              |       |        |                   |           |           |             |             |
|--------------|-------|--------|-------------------|-----------|-----------|-------------|-------------|
| Raneswar     | 89-90 | Tribal | 204 (33)          | 6         | 3         | 194         | 162         |
| Jama         | 89-90 | Tribal | 229 (12)          | 8         | 8         | 226         | 213         |
| Jarmundi     | 97-98 | Tribal | 243 (0)           | 9         | 5         | 240         | 242         |
| Ramgahr      | 96-97 | Tribal | 236 (8)           | 9         | 4         | 230         | 225         |
| Sikaripara   | 89-90 | Tribal | 255 (20)          | 9         | 5         | 250         | 234         |
| Dumka Sadar  | 94-95 | Tribal | 238 (2)           | 9         | 7         | 232         | 232         |
| Kathikund    | 86-87 | Tribal | 111 (15)          | 3         | 3         | 108         | 95          |
| Gopikander   | 86-87 | Tribal | 110 (11)          | 4         | 2         | 108         | 97          |
| <b>Total</b> |       |        | <b>2060 (124)</b> | <b>72</b> | <b>46</b> | <b>2017</b> | <b>1906</b> |

PRI system is active in the dist. and they are also involved in monitoring of the ICDS centres. Mata Samities are not involved in the ICDS centre activities, except some support during THR and VHND session. ALMSC is formed in all the ICDS centres and they have their meetings on 2<sup>nd</sup> of every month. Block level monitoring committees (BLMC) are formed and meet regularly on monthly basis, but the district level committee is not meeting regularly. NGOs are very helpful and also providing support in smoothly organising the VHND and awareness generation on ICDS services through IEC campaign etc. Some NGOs gave toys and other child-friendly TLM to various Anganwadi centre. CDPOs and Supervisors are enthusiastic and willing to initiate any new innovation in the regular ICDS services as pilots.

## 12. Pakur:



Pakur got elevated from sub-divisional Status to a district on 28th January 1994. Pakur is the administrative headquarters of this district and covering an area of 686.21 km. Presently, Pakur district comprises of seven blocks: Pakur (Urban), Pakur (Rural), Hiranpur, Littipara, Amrapara, Pakuria and Maheshpur. The District has a mixed heterogeneous society consisting of tribals/ Harijans/ Muslims/ Hindi & Bengali speaking people with different languages, cultures and heritages. It is famous for black stone and Beedi (Biri) making industry. Its black stone chips have got Asiatic fame in constructional qualities. This District is predominantly agricultural in character. The main occupation of the people is cultivation. Though the district is not rich in minerals, however a number of economic minerals occur here. Pakur has 121 health sub centres, 9

PHCs and 5 CHCs to cater the health needs of the people. The overall sex ratio of the district is 985 (census 2011), child sex ratio of 0 – 6 yrs. is 965 and the 0- 4 yrs child sex ratio is 888 (AHS 2012-13). Infant Mortality Rate in Pakur is 52 and the Neo Natal Mortality rate is 30 (AHS 2012-13).

| Name of ICDS Projects (Blocks) | Year of Inception of the project | Category (Rural/ Tribal/ Urban) | Total no. of AWC (including Mini AWC) | Sanctioned posts of LS | No. of LS posted | No. of AWW posted | No. of Helper posted |
|--------------------------------|----------------------------------|---------------------------------|---------------------------------------|------------------------|------------------|-------------------|----------------------|
| Pakur                          | 96-97                            | Tribal                          | 277 (0)                               | 11                     | 6                | 263               | 257                  |
| Hiranpur                       | 89-90                            | Tribal                          | 125 (2)                               | 4                      | 2                | 121               | 117                  |
| Amrapara                       | 86-87                            | Tribal                          | 114 (7)                               | 4                      | 2                | 112               | 104                  |
| Litipara                       | 82-83                            | Tribal                          | 169 (27)                              | 5                      | 3                | 162               | 142                  |
| Pakuria                        | 86-87                            | Tribal                          | 176 (10)                              | 6                      | 2                | 175               | 162                  |
| Maheshpur                      | 81-82                            | Tribal                          | 306 (20)                              | 11                     | 5                | 303               | 274                  |
| <b>Total</b>                   |                                  |                                 | <b>1167 (66)</b>                      | <b>41</b>              | <b>20</b>        | <b>1136</b>       | <b>1056</b>          |

ALMSC is formed in all the ICDS centres and they have their meetings on 2<sup>nd</sup> of every month. PRI system is not so active in the dist. Only Ward members sometimes render their support during THR distribution. Though the ICDS and health staff meets once in a month at the block and dist. level but this is not on regular basis. The district has the schedule date (26<sup>th</sup> of every month) for meeting of the front line workers. Mata Samities are not very actively involved in the ICDS centre activities. Some NGO support are being given to the ICDS centres in this dist. NGOs are also providing support in smoothly organising the VHND and awareness generation on ICDS services. CDPOs and Supervisors are enthusiastic and have already been initiated some innovation like “Adopt a SAM & MAM child” and also eager to initiate any new innovation in the regular ICDS services as pilots.

Contact details of District Social Welfare Officers (DSWO): Attached as Annexure 1.

1.8 Component and year-wise allocations for Phase 1:

| Project Components  | Phase-1 (Rs. Lakh) |                |                |                |
|---|--------------------|----------------|----------------|----------------|
|   | Year-1             | Year-2         | Year-3         | Total          |
| <b>I. Institutional and Systems Strengthening</b>   | <b>311.65</b>      | <b>982.45</b>  | <b>1102.33</b> | <b>2396.44</b> |
| 1.1 Review/ Refinement of policies, guidelines / procedures – adaptation by the state     | 3.70               | 1.70           | 0.70           | 6.10           |
| 1.2 Strengthening and expanding ICDS monitoring systems                                   | 59.85              | 49.05          | 5.00           | 113.90         |
| 1.3 Strengthening training and capacity building  | 15.06              | 72.54          | 113.62         | 201.21         |
| 1.4 Convergence with NRHM   | 3.28               | 118.38         | 181.05         | 302.71         |
| 1.5 Institutional support for innovations and pilots                                      | -                  | 280.10         | 314.12         | 594.21         |
| 1.6 Implementation support at district and block levels                                   | 229.77             | 460.69         | 487.85         | 1178.31        |
| <b>II. Community Mobilization and BCC</b>   | <b>10.90</b>       | <b>488.61</b>  | <b>621.12</b>  | <b>1120.63</b> |
| 2.1 Activities to enhance community mobilization and participation                        | 1.40               | 437.43         | 557.93         | 996.75         |
| 2.2 Behaviour Change Communication  | 9.50               | 51.18          | 63.20          | 123.88         |
| <b>III. Piloting Convergent Nutrition Actions</b>   | <b>3.85</b>        | <b>21.90</b>   | <b>27.40</b>   | <b>53.15</b>   |
| 3.1 Development of State-specific convergent nutrition action plans and designing a pilot |                    |                |                |                |
| 3.2 Strengthening inter-departmental coordination mechanisms                              |                    |                |                |                |
| 3.3 Implementation and documentation of pilot   |                    |                |                |                |
| <b>IV. Project Management, M&amp;E</b>  | <b>143.63</b>      | <b>213.90</b>  | <b>167.15</b>  | <b>524.67</b>  |
| 4.1 Project Management  | 128.63             | 151.27         | 135.77         | 415.67         |
| 4.2 Monitoring and Evaluation   | 15.00              | 62.63          | 31.38          | 109.00         |
| <b>Total for phase I</b>  | <b>470.03</b>      | <b>1706.85</b> | <b>1918.00</b> | <b>4094.89</b> |

**1.9 Triggers for Phase 1:**

| <b>Outcome Indicators</b>   | <b>Baseline</b> | <b>End Target (End of Year 3) Dec, 2015</b>          | <b>Data Source/Methodology &amp; Frequency</b>            | <b>Responsibility for Data Collection</b> |
|---|-----------------|--|---|---|
| Percentage of project blocks reporting information using revised ICDS MIS                               | 0.00            | 80.00 ( <i>80 blocks out of 101 project blocks</i> ) | SPMU records (Annual)                                     | SPMU                                      |
| Percentage of project districts that have implemented incremental capacity building system              | 0.00            | 70.00 ( <i>8 out of 12 project districts</i> )       | SPMU records (Annual)                                     | SPMU                                      |
| Percentage of AWCs implementing IPC activities focused on IYCF, as defined in the state BCC Action Plan | 0.00            | 70.00 ( <i>13665 AWCs out of 19521 AWCs</i> )        | SPMU records through LQAS or equivalent approach (Annual) | SPMU                                      |
| Implemented at least 1 community engagement pilot   | 0.00            | 1.00   | SPMU records (Annual)                                     | SPMU                                      |
| Implemented at least 1 convergent nutrition action pilot  | 0.00            | 1.00   | SPMU records (Annual)                                     | SPMU                                      |

## **Section 2:**

### **2.1: Review of AAP 2013-14:**

1. **Approval of Annual Action Plan 2013-14:** The state has sent the Annual Action Plan 2013-14 with an estimated expenditure of Rs.18.53 crores along with an 18 month procurement plan of Rs.6.56 crore and the same was approved by the GOI vide letter no. 3-4/2013-WBP, dated 27<sup>th</sup> September, 2013.
  
2. **Project Approvals and Establishment of SPMU:**
  - The Council of Ministers, Government of Jharkhand, accorded administrative sanction for implementation of ISSNIP in the state in its meeting dated 28<sup>th</sup> November, 2013.
  - The Secretary, Social Welfare, Women and Child Development, issued a Commitment (No. Project (ISSNIP)-95/2013 – 2056, dated 3<sup>rd</sup> December, 2013, stating the state govts. approval to bear the 10% of the total cost of the ISSNIP project. (copy attached as *Annx.2*)
  - The Secretary, Social Welfare, Women and Child Development, issued an order (no. S.W.P. (ICDS) – 370/2013-2465, dt. 27<sup>th</sup> December, 2013) for the formation of the State level Task Force to Support and Monitor the ISSNIP program. (copy attached as *Annx.3*)
  - The Secretary, Social Welfare, Women and Child Development, also issued an order (no. 123, dt. 17<sup>th</sup> January, 2014) for establishment of the State Project Management Unit (SPMU) within the premises of the Directorate, Social Welfare with immediate effect. This order also designated the Director, Social Welfare, GoJ as the State Project Director (SPD) for ISSNIP. (copy attached as *Annx.4*)
  
3. **State level orientation on ISSNIP:** The state organized one-day State-level orientation on ISSNIP on 17<sup>th</sup> February 2014. State and district officials of the department participated in the orientation which was facilitated by CPMU, MWCD, GOI officials. The Secretary, Department of Social Welfare, Women and Child Development, GoJ stressed on the importance of system strengthening by involving community in the program monitoring. He also focussed on the opportunity given in the ISSNIP project to orient community and PRI members on the ICDS services and ensure their support for the functioning of Anganwadi Centres (AWCs). He expressed his ambition of involving all the community based organisations and NGOs / Development Partners working in the ISSNIP districts to work jointly through this project for the ultimate benefit of the children of this state. District Social Welfare Officers (DSWO), CDPOs and Supervisors from the twelve project districts participated in the orientation. The State Team of TA Agency and from Delhi were also part of this orientation.



4. **State level training on revised MIS:** The state has already completed the level 3 of the training for implementing the revised ICDS MIS in January 2014 in two batches. Altogether 75 participants took part in the training as District Level Master Facilitators (DLMF) for revised MIS. They include DSWOs, and 1 CDPO and 1 Lady Supervisor from each district including ISSNIP districts. The level 2 of the revised MIS training will be initiated in the ISSNIP districts from April 2014. Regional Managers (RM) from the TA agency were present in the level 3 training at Ranchi and the State Team Leader of the TA agency took part in the level 4 training at Jaipur, Rajasthan, in January'14.

District level MIS personnel were also trained on the revised MIS at Ranchi in March 2014. 6 of the MIS persons from ISSNIP districts have participated in the first batch training. The rest of them will be trained in April 2014. These trainings were done using the general ICDS MIS training fund available with the state.

5. **Participation in the Cross-learning workshop:** One state official had participated in the 3-day cross learning workshop on incremental learning approach in Bihar from 16<sup>th</sup> – 18<sup>th</sup> January 2014. This was organised by the Department of Social Welfare, Govt. of Bihar, with support from the CARE, India. This was a very good learning experience and the concerned official shared his experience with other members of Social Welfare department, Jharkhand.
6. **Setting up office of the state TA Agency office:** as per the central level contract, the state office of the Technical Assistance Agency was established at 441A, Road No. 5, Ashoknagar, Ranchi, Pin – 834002, along with a 3 member team to provide support to the state team. The state Technical Assistance Agency team is managed by one State Team Leader based at the state capital and keeping regular interaction with the SWW&CD department and the Social Welfare Directorate and State Program Management Unit – ISSNIP. He is being assisted by 2 Regional Managers who are providing support to the district level line department staff in 6 districts each.
7. **District level meetings on AAP 2014-15 preparation and overall orientation on ISSNIP:** immediately after the state orientation meeting at Ranchi, the STL and both the RMs of the TA Team facilitated district level meetings in all the twelve ISSNIP districts. DSWO, CDPOs, and Supervisors were present in all the dist. meetings where they were first oriented on the ISSNIP activities and the process of preparation of the AAP 2014-15. These orientation meetings presented an opportunity to the TA Team to understand the implementation of ICDS programme in the district and the efforts that would be required of the project to achieve the key triggers of Phase 1 and also identify potential best practices that can be piloted for replication. Dist. teams

has showed varied interests in taking up different pilots listed in the project as per their convenience.

| District      | Date of meeting                 | Attended by              | Facilitator from TA Agency | Follow up visit to AWCs | By whom |
|---------------|---------------------------------|--------------------------|----------------------------|-------------------------|---------|
| Giridih       | 20 <sup>th</sup> Feb. 2014      | DSWO, CDPOs, Supervisors | RM                         | No                      | --      |
| Koderma       | 21 <sup>st</sup> Feb. 2014      | DSWO, CDPOs              | STL, RM                    | Yes                     | RM      |
| Lohardaga     | 21 <sup>st</sup> Feb. 2014      | DSWO, CDPOs, Supervisors | RM                         | Yes                     | RM      |
| Godda         | 24 <sup>th</sup> February, 2014 | DSWO, CDPOs, Supervisors | RM                         | No                      | RM      |
| Garwah        |                                 |                          | RM                         | Yes                     | RM      |
| Dumka         | 25 <sup>th</sup> February, 2014 | DSWO, CDPOs, Supervisors | RM                         | Yes                     | RM      |
| Chatra        |                                 |                          | STL, RM                    | Yes                     | RM      |
| Pakur         | 26 <sup>th</sup> February       | DSWO, CDPOs, Supervisors | RM                         | Yes                     | RM      |
| Palamu        |                                 | CDPOs, Supervisors       | STL, RM                    | No                      | ---     |
| Dhanbad       | 28 <sup>th</sup> Feb, 2014      | DSWO, CDPOs, Supervisors | STL, RM                    | Yes                     | STL, RM |
| West Singbhum |                                 |                          | RM                         | Yes                     | RM      |
| Latehar       | 3 <sup>rd</sup> march, 2014     | DSWO, CDPOs, Supervisors | RM                         | Yes                     | RM      |

These discussions were very lively and informative for the facilitators as well as to the participants also. District level ICDS team shared their best practices and the supports they are getting from various other departments and the communities in general. They also highlighted their problems and the obstacles they are facing in carrying out their duties. They were informed about various best practices being implemented in other states and the possibility of replicating those in their districts in the form of pilots or inclusion in the regular program activities. These meetings also helped the district team to boost up their morale and confidence level. (*district-wise details are in section 2*)

8. **Establishment of State Project Management Unit (SPMU):** SPMU for ISSNIP has been set up within the Social Welfare Directorate premises at the Engineering Hostel, Sector – 3, Dhurwa, Ranchi. The State Project Director for ISSNIP and the identified Nodal Officer for ISSNIP is working from the SPMU. State has not yet identified any particular officer to function as the Joint Project Coordinator (JPC) for ISSNIP. This will be done soon.
  
9. **Procurement of Equipment:** State govt. has sanctioned fund and allotment has been given to the Directorate to procure equipment and furniture for the SPMU as well as at the dist. level as per the IDA norms (vide letter no. 189/2013-145, dt. 10<sup>th</sup> February, 2014, for Rs.211.50 lakhs as central share and letter no. 189/2013 – 147, dt. 10<sup>th</sup> February, 2014, for Rs.23.50 lakhs as state share)(*Annx.5&6*). The Director, Social Welfare and the State Project Director, ISSNIP, has

allotted Rs. 64.25 lakhs to 12 ISSNIP districts for making expenses as per the AAP 2012-13 (Annx. 7). It is expected that these expenses will be completed by March 31<sup>st</sup>, 2014.

10. **Procurement of services:** ISSNIP provides for hiring of Technical and other Consultants in the State Project Management Unit (SPMU) at the ICDS Directorate and also at the district and block levels as per the approval of the GoI vide its letter dated 2<sup>nd</sup> September 2013. All these Consultants are to be hired following the World Bank's Guidelines for Selection and Employment of Consultants, January 2011. The Central Project Management Unit (CPMU), MWCD, GoI has shared the sample ToRs along with 'no objection' of the World Bank to them vide letter no.1-9/2012-WBP (Pt) dated.6<sup>th</sup> November 2013. The same have since been customized by the State and process has been initiated. The necessary clearance for Hiring of services of Consultants at the SPMU as well as for the District and Block level personnel has been obtained from the state Cabinet on 25<sup>th</sup>August, 2014. Notification for hiring of human resources for all the 236 posts at the SPMU, District, and Block levels have been issued in the website and in the print media also. More than 5000 applications received for the 236 positions and the shortlisting process has been initiated.
  
11. **Expenditure of 2013-2014:** Till 28<sup>th</sup> February 2014 the expenditure were not booked under the project. This will be done by 31<sup>st</sup> March 2014.

## 2.2 Financial Progress in 2013-14:

1. **Funds received from Govt. of India:** The state has received a total of Rs. 172.20 lakhs from the GOI in 2012-13 and 2013-14. The details of funds received are as following:
  - Release of Rs. 9.00 lakhs as Grant-in-aid for ISSNIP vide letter nos. F-4-1/2012 – WBP, dt. 28<sup>th</sup> February, 2013.
  - Release of Rs. 34.00 lakhs as Grant-in-aid for ISSNIP vide letter nos. F-4-1/2012 – WBP (i), dt. 28<sup>th</sup> February, 2013.
  - Release of Rs. 1.00 lakh as Grant-in-aid for ISSNIP vide letter nos. F-4-1/2012 – WBP, dt. 6<sup>th</sup> March, 2013.
  - Release of Rs. 10.00 lakhs as Grant-in-aid for ISSNIP vide letter nos. F-4-1/2012 – WBP (i), dt. 6<sup>th</sup> March, 2013.
  - Release of Rs.16.68 crores under IDA assisted ISSNIP vide letter no. 4-4/ 2013 – WBP, dt. 5<sup>th</sup> September, 2013
2. **Creation of budget heads for ISSNIP and budget provision by the state:** budget heads have already been created in Jharkhand for ISSNIP. The state, in its budget for 2014-15 has also put Rs. 386.00 lakhs for ISSNIP as state share.
3. **Allotment of Funds to the project districts:** state has already allotted Rs.64.25 lakhs to 12 ISSNIP districts in March 2014.
4. **Submission of IUFRs:** state has submitted IUFR till 28<sup>th</sup> February, 2014, to the MWCD. The next IUFR for the expenses till 31<sup>st</sup> March, 2014, will be submitted in April.
5. **Expenses incurred till March 2014:** Till March 2014, the state has incurred total expenses of Rs. 10.29 lakhs.
6. **Reasons for low expenses:** As per the Jharkhand financial rules, money received under any grant can't be expend till the A.G. Office issued a letter of Authorisation for the same. The A.G. Office in Ranchi has not yet issued any such letter and hence the expenses couldn't be booked under ISSNIP project.

## **Section 3:**

### **3.1 Annual Action Plan 2014-15:**

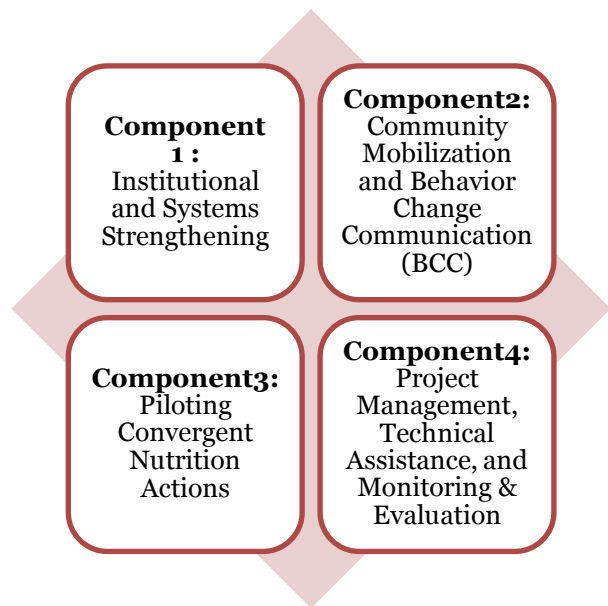
The Annual Action Plan for 2014-15 is the means to achieve ISSNIP's goal through planned implementation of the four components. The plan looks at key areas like: Components and sub-components (if any), activities and tasks to be taken up, Selection of Projects for implementation (if not at all the ISSNIP districts) and the cost and timeline for each activity.

#### **1. Institutional and Systems**

**Strengthening:** The first component of ISSNIP aims to review and refine existing policies and guidelines of the ICDS programme in the back drop of changing policies, emerging new practices and growing needs of the target population that the programme caters to. Such an exercise will facilitate strengthening of programme's systems like monitoring and data analysis, training and capacity building of functionaries, convergence with allied

line departments especially health, piloting new ideas and strengthening implementation support at the district and project level. Emphasis will be on saturating the roll-out of the revised ICDS MIS to the last mile. Equal emphasis will be on strengthening the usage of web-based MIS at the project level. This activity is important from systems strengthening point of view and also one of the *triggers* for the project to move from Phase 1 to Phase 2. Jharkhand has already initiated the revised MIS training and completed level 3, i.e. training of DLMTs. The level 2 of revised MIS training will be initiated from April, 2014. 6 out of 12 district level MIS persons from ISSNIP districts have also been oriented on the revised MIS system. These trainings were done in 2013-14 using the general ICDS fund. An assessment of the knowledge / skill of the DLMTs will be done in 2014-15 and any gap will be addressed using the ISSNIP program. The state is also planning to introduce the web based MIS training in the 12 ISSNIP districts in 2014-15 as soon as the software will be received from the GOI.

A training needs assessment (TNA) of all functionaries will be undertaken to identify the training needs and provide tailor-made inputs through incremental learning approach. The TA Agency, in collaboration and guidance of the CPMU will develop the guidelines and framework for



Incremental Learning. District Resource Groups (DRG) and Block Resource Groups (BRG) will be created at each of the ISSNIP district to implement the capacity building in a cascade method. The DRG will be formed with 8-10 people from the district level consisting of the DSWO, selected CDPOs, ISSNIP district coordinator, Dist. RCH Officer, MOs from the district hospital, DPM under the NRHM, available trainers of other related programs/ schemes. The BRG will be formed at the project level with Lady Supervisors, ISSNIP block coordinator, LHV, NRHM BPM, and some selected good resource persons from the NGOs. A 6 weekly cycle of meetings at district, block and sector level to conduct capacity building sessions and performance review of previous meetings will be done. At least 4 -5 rounds of Incremental Learning will be completed in all the project districts by year 2. Establishment and training of DRG to implement incremental learning system is another *trigger* in Phase 1.

The ISSNIP project has opportunities to initiate some activities as pilots in phase 1. With a solid plan and close monitoring, these pilots will be implemented and tested in specific projects with active support from the CPMU. Successful pilots could be scaled up and replicated in other projects / districts in the second phase. (*Concept note for Piloting 2<sup>nd</sup> Worker Model is attached as Annx. 8*)

Convergence is another important process in systems strengthening and ISSNIP aims to strengthen convergence with NRHM. The state has already created some convergence platforms at all levels but those are not very actively followed up. Mainly the grass root level convergence platform for the frontline workers is most important in delivering highest level of services from the AWCs. This will promote coordination and foster changes in the health and nutrition levels of women and children. The proposed pilot of Health Sub Centre level meetings between the ANM, AWW, and Sahiyya on a monthly basis has the potential to improve convergence between ICDS and NRHM. This model will be piloted across districts in which the ANM, AWW and Sahiyya jointly plan and implement activities within their catchment area under the supportive supervision of LHV and Lady Supervisor. Health Sub Centre meeting model is also a key *trigger* in Phase 1. (*Concept Note for piloting Sub Centre level Meeting is attached as Annx.9*)

Systems' strengthening is not an overnight job and will require several experiments to arrive at the right model for the state. In ISSNIP, there are several provisions to try new innovations and pilots. The state has planned some of the pilots in 2014-15 including – strengthening urban ICDS; strengthening pre-school outcomes; early identification of SAM children and access to Malnutrition Treatment Centres (MTC); and piloting second worker model in 2 districts etc. The state has already planned for additional AWW in 6 high – burden districts under the ICDS Mission program and included that in the APIP 2014-15. Over and above that, the second worker model will be tried as a pilot in 2 ISSNIP districts with a replicable plan. Under the piloting plan

for high burden districts using “Untied Funds”, the state is planning to try out the model AWC concept in each of the 5 divisions. Jharkhand has already prepared the detailed yearly curriculum for Pre – School activities keeping in mind the stimulation and cognitive activities of children. This curriculum will be piloted under the ISSNIP program. Detailed plan and Concept Notes will be shared with the CPMU and MWCD in due course.

Establishment of District and Block level project management units with additional manpower provides an opportunity to improve technical quality of the interventions and also curbs delays in implementation due to manpower shortage. Each district will have a District Coordinator and Assistant and each block (project) will be strengthened with a Block Coordinator and Assistant.

- 2. Community Mobilization and Behaviour Change Communication:** To improve the participation of the community in the activities of local Anganwadi Centres, a series of activities, innovations and pilots will be taken up during this year. State and district level consultations will help in identifying the appropriate model of community engagement for piloting in ISSNIP districts. Capacity building of community based organisations (CBO) and self-help groups; development of community monitoring models and involvement of NGOs will improve community participation and ownership.

Social Audit is a process which can *ensure participation of the common people* in the governance and *ensure transparency in the implementation* of the programme. State has already initiated Social Audit at the Panchayat level for all the AWCs and successfully piloted that in 5 areas. It is planned to scale up that concept to ISSNIP districts under ISSNIP program. *(Concept Note for Piloting Social Audit is attached as Annx.10)*

Anganwadi Level Monitoring and Support Committees (ALMSC) have been formed in Jharkhand and in many of the places they are having their meetings. But mostly the committee members are not aware about the ICDS services and their roles and responsibilities. Orientation of ALMSC members on AWC services and their roles and responsibilities will be taken up in the ISSNIP program in Jharkhand in 2014-15.

A state appropriate BCC strategy will be developed to improve inter-personal communication (IPC) component, develop tools and aides that facilitate better communication and easy messaging. Simple tools like home visit planner will help the AWW plan visits to homes at the right time and the *Mobile Kunjiseen* in Bihar has potential for improved outcomes on IYCN.

- 3. Piloting Convergent Nutrition Actions:** Strengthening inter-departmental coordination mechanisms on nutrition is a key activity in ISSNIP to develop convergent nutrition outcomes. The new Multi-sectorial Nutrition Program, initiated by the Govt. of India, is already in place with

the same aim. The ISSNIP project in 12 districts will strengthen the implementation of Multi-Sectorial Nutrition Programme and also implement a pilot on multi-sectorial nutrition action in one of the districts based on CPMU guidelines.

- 4. Project Management, Technical Assistance, and Monitoring & Evaluation:** Setting up SPMU, DPMU and systems to track the progress of the project are some of the key activities under this component. Using current MIS data to develop community monitoring systems, rapid assessments and using LQAS approach to understand project outputs and outcomes will be an important feature. Technical Assistance will be sought through the teams stationed in project districts, at SPMU and through the central TA team.



## **Section 3.2: Detailed Annual Action Plan for 2014 -15 Jharkhand**

### **Component 1. Institutional and Systems Strengthening:**

A well designed child development program can improve the health and nutritional status of children substantially. If the program had been targeted well with strong health and nutrition education and counselling, it would have made a stronger and more efficient outcome. ICDS can be an efficient instrument for poverty reduction and institutional strengthening. The ICDS Programme was launched in Jharkhand (then Undivided Bihar) on 2<sup>nd</sup> October, 1975 in the Noamundi block of current West Singhbhum district. Today, the state has 224 ICDS projects running in all the 24 districts covering more than 52 lakhs children of below 6 years of age. In this context of large scale services, it is important not to lose focus on the quality aspects of existing programme implementation, so that programme outcomes are better achieved. This will require strengthening systems related to capacity building, monitoring and programme management; the creation of an environment conducive to community engagement and behaviour change; and the introduction of a culture of experimentation and learning through the development of a flexible modes of implementation that are responsive to local contexts and needs.

### **Sub Component 1A: Review /Refinement of policies/ Guidelines/ Procedures in ICDS**

The ICDS programme is implemented following standard schematic norms as prescribed by the GoI with little scope for innovations at the local level. One of the factors that prevent innovative action is the lack of clarity among the field functionaries about *how much room is available for local initiatives*. Technical expertise is scarce throughout the programme, leaving its nutrition and child development interventions rudimentary and stagnant. The ISSNIP program is expected to bring about a re-alignment of priorities in ICDS, strengthen existing implementation mechanisms and provide a more congenial environment for outcome-oriented implementation.

**Activity1: Adaptation of national guideline, frameworks and strategies to suit state context:**

The ICDS programme came into existence in 1975. Since then, a number of revisions of its guidelines have taken place, updating the programme in accordance with emerging needs and requirements. It is now necessary to carry out a review of all existing guidelines and prepare a consolidated and harmonised document on ICDS Guidelines. This document will be prepared by the Central Project Management Unit (CPMU) and this will form the basis of all deliberations with respect to ICDS norms, guidelines, framework etc. in future. It will be adapted at the state level and will be translated in the local languages without compromising the core components. Following adaptation, district and block officials will also be oriented on these guidelines and future action plans prepared in consultation with them. This activity will be done in next Financial Year.

**Activity 2: Mentoring of ICDS by task force:**

A state level task force has already been constituted which is meeting from time to time at the state capital. Fund provision of Rs.20,000/- has been mentioned in the budget for meeting the expenses of the State Task Force for ISSNIP meetings. 1 meeting has already happened and another one of the Task Force is planned within the current financial year.

*Proposed budget for Activity 1A:*

| <b>Sl. No</b>  | <b>Activity<br/>(as per Admin Approval)</b>   | <b>Estimated Total cost (in Rs. Lakhs)</b> | <b>Remarks (if any)</b> |
|--|---|--|-------------------------|
| <b>Component 1: Institutional and Systems Strengthening</b>                  |   |  |                         |
| <b>1A Review /Refinement of policies/ Guidelines/Procedures in ICDS</b>      |   |  |                         |
|  | <b>Activity1:</b> Adaptation of national guideline, frameworks and strategies to suit state context | <b>00.00</b>                               |                         |
|  | <b>Activity 2:</b> Mentoring of ICDS by task force  | <b>0.20</b>                                |                         |
| <b>Total of Review/ Refinement of policies/guidelines/procedures in ICDS</b> |   | <b>0.20</b>                                |                         |

**Sub Component 1B: Strengthening and expanding ICDS Monitoring system:**

In a large scale program like the ICDS, with over 38,000 AWCs across the state from which information has to be collected, ensuring an effective monitoring system is a huge challenge. Effective monitoring requires a strong administrative system that allows for collection, collation and analysis of data, and a feedback mechanism that draws on data analysis to feed into program implementation. Registers and reporting formats of the AWWs, Supervisor and CDPOs have been revised by the MWCD during 2009-10 with the objective of rationalizing them, making them user-friendly, and obtaining both quantitative and qualitative information essential for program monitoring. Introducing these revised registers and reporting formats at all level is a massive affair requiring considerable training and oversight support to sustain integrity and quality.

**Activity 1: Support to roll-out of revised MIS across all districts/projects in the State:**

The revised MIS system has already been rolled out in the state and level 3 training for District Level Master Facilitators (DLMFs) was done. While the general training of trainers were covered under the internal training budgets of the ICDS program, it is proposed to cover all other aspects like any form of Refresher training to fill up the knowledge gap, under ISSNIP. In this context, the proposal is to have a round of refresher training of the DLMFs to rejuvenate their knowledge and understanding of the revised MIS. As per the request from the Ministry of Women and Child Development, GOI, entire process of the roll out of revised MIS will now be done through ISSNIP project. This activity will, therefore, be conducted as per the plan proposed in the state APIP 2014-15.

**Activity 2: Piloting mechanisms to ensure AWC services to migrants:**

People commonly migrate for a number of good reasons, and are commonly denied services of a number of government programs on the grounds that they do not “belong” to a certain village or town. The commonest situation is when a pregnant woman migrates temporarily to her parental home for delivering the baby, but the case of migrant labours in urban settings is probably no less serious and more urgent. The new MIS lays elaborate emphasis on ensuring that even temporary in-migrants are registered and included in all services. This is proposed to be piloted in one of the district like Dhanbad where the inflow of migrant population is higher and based upon the findings, this services will be scaled up in districts with similar high rate of in-

migration. Details implementation plan for this pilot will be shared later. This will be done through local NGO partner who will prepare the detailed activity plan.

**Activity 3: Support for computerization of MIS up to block level in all districts across the state**

The lack of computerization at the block level makes transmission of monitoring data to higher decision making levels an inefficient and paper heavy process. It also impacts the timeliness and effectiveness of data use, which in turn affects planning and decision making in ICDS. Though the hardware is already available in all the projects, but the scarcity of trained manpower is the major barrier to on line MIS maintenance at all level. It is proposed to provide training to the identified staff at the block level to take care of this activity. Another support for this activity planned under ISSNIP is to provide 1 Laptop computer in all the district & project offices. This will help the project level team to complete the required jobs even if there are electricity problems.

**Activity 4: Training of ICDS functionaries on use of web-based MIS and data analysis:**

The web – based MIS developed and shared by the MWCD is not in use because of the lack of experience of the functionaries to use computers and I-net. It is proposed to support the training of district, block and sector level officials and functionaries on data entry and analysis in all the 24 districts of the state. The training will also include orientation of functionaries on specific project level monitoring mechanisms or formats. This will be done in phased manner. This activity will be done in next Financial Year.

Proposed budget for Activity 1B:

| Sl.No  | Activity<br>(as per Admin Approval)  | Estimated Total cost<br>(in Rs. Lakhs) | Remarks (if any) |
|--|--|--|------------------|
| <b>Component 1: Institutional and Systems Strengthening</b>        |  |  |                  |
| <b>1B: Strengthening and expanding ICDS Monitoring system</b>      |  |  |                  |
|  | <b>Activity 1:</b> Support to roll-out of revised MIS across all districts/projects in the State             | <b>20.00</b>                           |                  |
|  | <b>Activity 2:</b> Piloting mechanisms to ensure AWC services to migrants                                    | <b>20.00</b>                           |                  |
|  | <b>Activity 3:</b> Support for computerization of MIS up to block level in all the district across the state | <b>136.00</b>                          |                  |
|  | <b>Activity 4:</b> Training of ICDS functionaries on use of web-based MIS and data analysis                  | <b>00.00</b>                           |                  |
| <b>Total of Strengthening and expanding ICDS Monitoring system</b> |  | <b>176.00</b>                          |                  |

**Sub Component 1C: Training and Capacity Building**

Providing timely and quality training to the ICDS staff across all levels is a challenging task. Adding to this is the need to orient and build capacities of community and other civil society organisations to effectively engage them with the ICDS program. The sheer numbers and the varied capacity and educational qualifications of the functionaries to be trained make implementation of effective quality training furthermore difficult. Reforming the existing training structure, methods, technical content and management of the ICDS training programme using ISSNIP is needed. These reformed / revised approaches are to be piloted with new training strategies, methods, management systems as well as developed and field tested revised technical content for trainings.

**Activity 1: Training Need Assessment**

Effective service delivery to a large extent is dependent on the knowledge, skills and motivation of functionaries. The capacity and skills of functionaries to undertake specific activities like counselling for behaviour change, ECE, supportive supervision etc. are some of the areas of concern, resulting in the poor implementation of these components. It is therefore proposed to carry out a comprehensive training needs assessment of all functionaries as well as state and

district level trainers to assess the existing training needs and capacities of different levels of functionaries and trainers and consequently develop a training plan to overcome the identified capacity gaps. This will primarily involve adaptation of the TNA study design to be developed by the CPMU, hiring of an agency for data collection and collation and sharing of the TNA findings with state and district officials for their feedback and inputs. A total lumpsum amount of Rs. 20.00 lakhs is budgeted for this activity.

### **Activity 2: Piloting incremental Learning ( capacity building approach )**

Majority of AWWs have already undergone job training and thus will not be influenced by reform of job training curricula and methods. Refresher training rounds are also infrequent and it is unlikely that training Centre capacities can be expanded significantly to increase the frequency of refreshers. The most viable option under the circumstances is to find opportunities for ongoing capacity building through supervisors, such as during sector meetings and supervisors' field visits. In effect, this means a closely coordinated building of capacities down the organizational hierarchy on-the-job, building leadership and program monitoring and management skills as well as mentoring skills at district, block and sector levels, and through this, incrementally building implementation skills and quality at the AWW level. It is proposed to undertake the Incremental Learning (ongoing capacity building) approach under this project to fulfil the knowledge gaps of the frontline workers of the ICDS system in all the 12 project districts.

ICDS trainings are currently facilitated by 17 functional AWTCs at the state. These are largely institution based trainings focused on periodic job trainings and refresher trainings. To supplement this Institution based training and enhance the capacity building opportunities of ICDS functionaries, it is proposed to form **District and Block Training Resource Groups (DRG / BRG)**. District Resource Groups (DRG) and Block Resource Groups (BRG) will be created at each of the ISSNIP district to implement the capacity building in a cascade method. The DRG will be formed with 8-10 people from the district level consisting of the DSWO, selected CDPOs, ISSNIP district coordinator, Dist. RCH Officer, MOs from the district hospital, DPM under the NRHM, available trainers of other related programs/ schemes. The BRG will be formed at the project level with Lady Supervisors, ISSNIP block coordinator, LHV, NRHM BPM, and some selected good resource persons from the NGOs. The capacity building exercise will involve a one-day orientation meeting on a particular theme/focus/activity which needs to be strengthened or initiated at the AWC or sector level. A 4 weekly cycle of meetings at block, sector, and AWC level to conduct capacity building sessions and

performance review of previous meetings will be done. The DRG training will be conducted once in every 3 months.

The SPMU will ensure the effective planning of the ongoing training opportunities so that all new knowledge from the newly developed training modules, guidelines etc. are passed on to the field functionaries through these learning platforms. The SPMU will also be responsible for facilitating required coordination between the regular training programme and the ongoing capacity building platforms being piloted.

**Activity-3: Inter and Intra-State exposure/learning exchange visits by the Project Team/other ICDS functionaries**

With the objective of educating and motivating ICDS functionaries, it is planned to organize exposure visits to best practice sites and pilot areas both within the state and to other states. The team will consist of selected DSWO, CDPO, Supervisors and AWWs and a consolidated amount of Rs.20.00 lakh has been budgeted for this activity. It is expected that by seeing successful implementation of nutrition and ECE interventions in similar contexts and within the same system, ICDS functionaries from other areas will be motivated to perform better and translate their learning into practice. Activities to be seen and the name of the place will be decided by the SPMU later and shall share the plan with the CPMU in advance. This activity will be done in next Financial Year.

**Activity-4: Training on programme management & leadership**

The successful implementation of the program is largely dependent on the leadership and motivation of district and block level officials as they essentially guide, direct and monitor program implementation at the field level. It is their vision, planning, support and monitoring that motivates supervisors and AWWs to determine and meet targets. Focusing on building their management and leadership capacities is therefore essential. It is thus proposed to identify and introduce mechanisms and provide opportunities for motivating and building management and leadership capacities within the programme. Details of these mechanisms and opportunities will be worked out in consultation with the CPMU. This activity will be done in next Financial Year.

Proposed budget for Activity 1C:

| <b>Sl. No</b>  | <b>Activity<br/>(as per Admin Approval)</b>   | <b>Estimated Total cost (in Rs. Lakhs)</b> | <b>Remarks (if any)</b> |
|--|---|--|-------------------------|
| <b>1C Strengthening Training and Capacity Building</b>           |   |  |                         |
|  | <b>Activity 1:</b> Training Need Assessment   | <b>20.00</b>                               |                         |
|  | <b>Activity 2:</b> Piloting Incremental Learning (capacity building approach ) (in 100% districts in Year 2)            | <b>10.12</b>                               |                         |
|  | <b>Activity-3:</b> Inter and Intra-State exposure/learning exchange visits by the Project Team/other ICDS functionaries | <b>00.00</b>                               |                         |
|  | <b>Activity-4:</b> Training on programme management & leadership  | <b>00.00</b>                               |                         |
| <b>Total of 1C: Strengthening Training and Capacity Building</b> |   | <b>30.12</b>                               |                         |

**Sub Component 1D: Strengthening Convergence with National Rural Health Mission (NRHM):**

The ICDS programme has an inherent convergence mechanism with health in its design wherein 3 out of 6 services are provided with the support from health. It is widely acknowledged that a stronger convergence with health at the operational level can help bring desired programme outcomes in ICDS. The state has already created some convergence platforms at all levels but those are not very actively followed up. Mainly the grass root level convergence platform for the frontline workers is most important in delivering highest level of services from the AWCs. It is, therefore, proposed to strengthen the ongoing coordination and convergence efforts through institutionalizing, sensitizing and building capacities of both health and ICDS functionaries to work together towards building common perspectives of early childhood development outcomes.



**Activity-1: Strengthening/formation of State, district and block level convergence committees with NRHM for review and planning**

Inter-departmental convergence committees are already established at the state level. Even, at the District and Block levels also these committees exist. It is proposed to strengthen the convergence committees at the state and all the districts blocks where the project is being implemented. While the state and district committees will hold quarterly planning and review meetings to monitor shared activities and outcomes, the block level committee will hold monthly planning and review meetings. District level Convergence Committee will meet under the chairmanship of the Deputy Commissioner and members will be the DSWO, Civil Surgeon, Executive Engineer – PHED, All the BDOs, District Superintendent of Education (DSE), All CDPOs, all MOICs. The Block level committee will be headed by the BDO and members will include the CDPO, MOIC, Representatives from Education, PHED, and other related departments. Meeting expenses are already proposed in the budget.

**Activity 2: Piloting of SC level meeting of ANM, Sahiyya & AWW for joint planning & its implementation**

Convergence of ICDS, Health and the Water & Sanitation department is very important for betterment of nutritional status of women and children. The increased focus in the project on meaningful convergence with NRHM at operational levels should also translate into greater teamwork. A concept of regular Health Sub-Centre level meetings of Sahiyya (ASHA), AWW and ANM for joint planning and implementation is proposed as a pilot (details implementation plan is attached as Annx. 9). The idea is not to meet in a sub-center building, but in a sub-center village. It could be in an AWC, a school building, or Panchayat building or even at the home of one of the local workers. The idea is also not about a single meeting, but about optimizing the number of interactions between these functionaries. The objective of the meeting will be to develop mutual action plans to ensure universal outreach of specific services to each mother and child in their coverage area through coordinated home visits, organisation of VHNDs and other such specific activities. This will also help them review progress made as per the previous month's action plan, identify problem areas, outline possible solutions and draw up the next month's plan. Meetings will be facilitated initially jointly by the Lady Supervisor from ICDS and the Lady Health Visitor (LHV) / any Medical Officer from the health dept. This will be initiated with a meeting at the district level under the chairmanship of the Dy. Commissioner who will issue an instruction to all the concerned departments in the district for this activity.

This activity will be done in coordination with the Incremental Learning Approach activity and hence this will be implemented in all the Health Sub Centre areas of the project districts. This activity will be started from next Financial Year.

**Activity 3: Joint training of health and ICDS functionaries on specific themes**

To facilitate joint planning and implementation by health and ICDS functionaries on common areas of service delivery such as mapping for universal outreach, counselling for IYCF practices etc., joint trainings of health and ICDS functionaries are proposed to carry out at the district, block and sector/HSC level. These trainings will be facilitated by DRG and BRG members in collaboration with the health department (NRHM). A notification will be issued by the Dy. Commissioner for this. This will be merged with incremental learning system.

**Activity 4: Engagement of PRI for strengthening convergence**

Increasing the effectiveness of convergence initiatives like the VHND not only requires joint planning and implementation by the ASHAs, AWWs and ANM but also requires the active participation of Panchayat Representatives to support the mobilization of the community. It is therefore proposed to engage them in creating awareness about services available at the AWC and to mobilize the community to participate in ICDS activities. Towards this end, a number of orientation meetings with Panchayat Representatives will be organized. The main objective of these orientations will be to orient them on their responsibilities (specifically the role of the Panchayat Standing Committee on health, nutrition and sanitation) and motivate them to play an active role in mobilizing the community. The meetings will also be used as an opportunity to orient them on the nutrition status of the children in the Panchayat areas and motivate them to plan specific supportive actions. This will also afford opportunities for involving local NGOs and academic institutions in appropriate roles and these orientations will be organized by local civil society organisations with the support of AWWs, supervisors and block coordinators on a yearly basis. This activity will be done in next Financial Year.

### **Activity 5: Piloting successful model of convergence**

This activity will be merged with the Convergence Nutrition Action (CNA) pilot and will be done in the Lohardaga district. This model will be developed in consultation with the related depts. and development partners and will be shared with the CPMU before initiating it at the field level. This activity will be done in next Financial Year.

#### **Proposed budget for Activity 1D:**

| <b>Sl. No</b>  | <b>Activity<br/>(as per Admin Approval)</b>   | <b>Estimated Total cost (in Rs. Lakhs)</b> | <b>Remarks (if any)</b>          |
|--|---|--|----------------------------------|
| <b>1D Strengthening Convergence with National Rural Health Mission (NRHM)</b>          |   |  |                                  |
|  | <b>Activity-1:</b> Strengthening/formation of State, district and block level convergence committees with NRHM for review and planning: | <b>4.48</b>                                |                                  |
|  | <b>Activity 2:</b> Piloting of SC level meeting of ANM, Sahiyya & AWW for joint planning & its implementation                           | <b>00.00</b>                               |                                  |
|  | <b>Activity 3:</b> Joint training of health and ICDS functionaries on specific themes   | <b>00.00</b>                               | This will be rolled out thru ILS |
|  | <b>Activity 4:</b> Engagement of PRI for strengthening convergence  | <b>00.00</b>                               |                                  |
|  | <b>Activity 5:</b> Piloting successful model of convergence   | <b>00.00</b>                               |                                  |
| <b>Total of 1D Strengthening Convergence with National Rural Health Mission (NRHM)</b> |   | <b>4.48</b>                                |                                  |

#### **Sub Component 1E: Institutional support for innovation and pilots:**

It is proposed to address specific gaps in implementation of ICDS services and also pilot mechanisms for introducing flexibility and promoting innovation in implementation. These interventions are expected to add value to current ICDS implementation and improve overall programme functioning.

### **Activity 1: Development of an urban strategy and designing and implementation of urban pilots**

Currently, urban ICDS coverage is relatively neglected despite the fact that child malnutrition among the urban poor is at least as high as that of rural areas and children often face more grave risks to health and development in urban settings. Addressing the urban gap requires an in-depth understanding of urban issues which greatly differ from those of rural areas. Urban areas suffer from scarcity of space for running AWCs, have problems of universal identification and beneficiary coverage due to large migrant populations (especially construction workers), have a large number of non-notified slums, which makes it difficult to locate AWCs and reach out to the most needy populations and have shortage or lack of basic utilities such as water and sanitation (especially in slums) resulting in poor hygiene standards. It is proposed to implement one pilot in one of the urban projects in Dhanbad district based on the formulated guidelines of the CPMU. This will be implemented through local NGOs and the activity details, based on the CPMU guidelines, will be finalized after selection of the NGO and receipt of the guidelines. This activity will be done in next Financial Year.

### **Activity 2: Piloting stimulation and cognitive activities for the pre-schools children at AWCs**

A well designed and tested curricula and standards for quality of ECE for 3 – 6 year children will support the ICDS services and will also attract children to the centres. A 300 days curriculum for ECE has already been developed at the state and it is proposed to implement that curriculum in all the AWCs in the state. This is expected to result in sustaining quality of ECE commensurate with providing an adequately stimulating environment for the development of children, particularly of the vulnerable communities and families that cannot afford private nurseries. The entire curriculum will be printed at the SPMU level and will be supplied to all the AWCs in project as well as non-project districts. Rupees 630.00 lakhs is budgeted for this activity which includes large scale production of the prepared curriculum and supply of the same to all AWCs in the state.

### **Activity 3: Untied fund for high burden districts to undertake innovation**

This project has scopes for flexibility to experiment, innovate and even address specific gaps in implementation as funds provided within the ICDS general programme are norm based and can only be used for specific identified activities. With the objective of introducing flexibility into the system, untied funds will be provided to all the project districts for initiating 4 different types of pilots, i.e. 1000 days approach (Koderma, Lohardaga, and Pakur districts), Positive Deviance approach (West Singhbhum, Latehar, and Palamu districts), Celebration of Wajan Tauhar (Dhanbad, Giridih, and Garwah districts), and Early Childhood Care and Education (ECCE) (Chatra, Dumka, Godda districts). Each of these activities will be piloted in one block of all the identified set of 3 districts comprising of various demographic and ethnographic composition. These funds will be used to promote local innovation aimed at improving efficiency or effectiveness of any aspect of the ICDS program and achieving specific programme outcomes. Collaborations with NGOs and academic institutions for implementing or supporting proposed innovations are planned. Documentation will be emphasized as a key component of the proposal to facilitate transfer of knowledge emerging from the implementation of the pilot amongst various socio-economic populations. Three pilot designs for “Implementing 1000 days approach”, “Positive Deviance Approach”, and “Celebration of Wajan Tauhar” are attached as Annexures.

### **Activity 4: Piloting second worker model**

*This has already been proposed in the Restructure ICDS model and hence not to be implemented through ISSNIP.*

*Proposed budget for Activity 1E:*

| <b>Sl. No</b>   | <b>Activity<br/>(as per Admin Approval)</b>   | <b>Estimated Total cost (in Rs. Lakhs)</b> | <b>Remarks (if any)</b> |
|---|---|--|-------------------------|
| <b>1E: Institutional support for innovation and pilots</b>          |   |  |                         |
|   | <b>Activity 1:</b> Development of an urban strategy and designing and implementation of urban pilots  | <b>00.00</b>                               |                         |
|   | <b>Activity 2:</b> Piloting stimulation and cognitive activities for the pre-schools children at AWCs | <b>630.00</b>                              |                         |
|   | <b>Activity 3:</b> Untied fund for high burden districts to undertake innovation                      | <b>150.00</b>                              |                         |
| <b>Total of 1E: Institutional support for innovation and pilots</b> |   | <b>780.00</b>                              |                         |

**Sub Component 1F: Strengthening Implementation support at District and Blocks:**

Implementing “soft” interventions and ensuring quality in more than 19,000 AWCs and communities has proven difficult for a number of reasons, most importantly the tendency of program management systems to pay attention only to “hard” numerical achievements and to administrative detail. Lessons suggest that relatively small additional inputs of this nature have the potential to add substantial and lasting value in terms of optimizing performance of the vast human resource already invested in the programme, and building systems and capacities within middle-level program leadership (district, block levels) to think causally and drive the program to achieve results. It is proposed that each district will have additional human resources in the form of contractual staff to be hired for the duration of the project, at district and block levels, who will provide support to the DPOs/CDPOs and also Sector Supervisors to catalyze change in the programme for the duration of the project, without taking on implementation responsibilities of the ICDS general programme. District and block level staff under the project will be hired on contractual basis by States/District authorities. The recruitments will be on the basis of specified selection criteria and through a process following the World Bank procurement guidelines.

The district ICDS office is the main pivot for implementation and monitoring of the activities at the field level under ISSNIP. Therefore, the staff at the district offices, including those to be hired for ISSNIP project, needs to have all the necessary technological support like Laptop Computers, Photocopiers, LCD Projector and Screen. In view of good amount of training activities at the project and sector level, all the Project office also requires LCD Projector and Screen. Money has been allocated for procurement of these items.

**Proposed budget for Activity 1B:**

| <b>Sl. No</b>   | <b>Activity<br/>(as per Admin Approval)</b>  | <b>Estimated Total cost<br/>(in Rs. Lakhs)</b> | <b>Remarks (if any)</b> |
|---|--|--|-------------------------|
| <b>1F: Strengthening Implementation support at District and Blocks</b>          |  |  |                         |
|   | <b>Activity 1:</b> Provide administration and implementation support to district & Block | <b>593.63</b>                                  |                         |
|   | <b>Activity 2 :</b> Establishment District and Block Project Management Unit             | <b>00.00</b>                                   |                         |
| <b>Total of 1F: Strengthening Implementation support at District and Blocks</b> |  | <b>593.63</b>                                  |                         |

## **COMPONENT-2: COMMUNITY MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION**

The ICDS Programme as originally formulated in 1975 was envisioned as a community based and community driven program with village women driving and supporting the programme, yet community engagement has been one of the most neglected areas in ICDS. The primary reason for this is that the functionaries at the district and sub-district levels have limited capacities and skills required to facilitate such efforts. This often results in AWWs who have diverse responsibilities giving the least priority to outreach activities, and spending more time on distribution of supplementary food and to some extent to the delivery of pre-school education. Monitoring too focuses primarily on these elements of ICDS service delivery, with community engagement initiatives finding minimal priority issue. Taking this opportunity of implementing this project, it is proposed to lay a strong emphasis on community engagement initiatives and pilots. It is expected that these initiatives will increase the participation of the community in ICDS activities, create a supportive and favorable environment for effective behavior change, improve the quality of ICDS service delivery and strengthen mechanisms of accountability in ICDS making it more answerable to the community.

### **2A Activities to enhance community mobilization and participation:**

#### **Activity 1: Assessment of capacities of Civil Society Organisation (CSOs) / Community Based Organisations (CBOs) for carrying out community engagement and BCC initiatives**

It is therefore proposed to identify and map out possible civil society stakeholders, including NGOs, academic institutions, SHGs, Mahila Mandals, Youth Groups etc. and carry out a detailed assessment of their capacities and if required the implementation of capacity building programs for bridging their capacity gaps. It is planned to do this mapping exercise through any of the nationally / internationally renowned academic institutions based in the state. An Expression of Interest (EOI) to do this mapping exercise will be published in newspaper for selection of interested agency.

### **Activity 2: Piloting models of community engagement:**

The kind of models that will be piloted for promoting community engagement will include models that ***use SHG/CBO platforms for service delivery*** and focus on creating an environment wherein the concerned mother and the community recognize quality delivery of ICDS services as their right. The identified pilots will include mechanisms that enable the community to demand or enforce accountability from the AWW or the alternate service provider. Details of the pilot will be finalized after the state level workshop and selection of the implementing NGO. This activity will be done in next Financial Year.

### **Activity 3: Capacity building of CBOs for engaging in ICDS:**

It is proposed to organize Capacity building programs for CBOs and CSOs with the objective of orienting them on various elements of ICDS. The specific roles of the CBOs and CSOs will be outlined based on the identified community engagement pilots to be carried out in the project states; and their capacity building programs will be defined based on the assessment of their capacity needs and gaps. This activity includes the capacity building of the Anganwadi Level Monitoring and Support Committees (ALMSCs) by selected NGO partners. This capacity building process has already been tested in 2 Gram Panchayat areas and that experience will be used in this activity. Initially the selected NGOs will be trained on how to sensitize the ALMSC members with materials to be developed at the state level. These NGO partners will implement this activity at the AWC level at least twice a year. This activity will be done in next Financial Year.

### **Activity 4: Implementation of Social Audit and other community monitoring pilots:**

ICDS is a community based program and a large part of its success depends on active community participation. Currently community participation in ICDS is restricted to the participation of beneficiaries as receivers of a service with limited ownership of the programme. What is required is to engage the community (beneficiaries and non-beneficiaries) both as a means of increasing accountability of service providers as well as to make people aware of the key child development issues that the ICDS program is working towards. Keeping this in mind, Social Audit of AWCs has already been conducted in 5 Gram Panchayat areas in 5 commissionaires last year. It is proposed to implement this activity in 4 AWCs each in 10



projects (out of 101, i.e.10% of total). NGO partners will be selected and trained to conduct this activity and they will be supported by the SPMU and TA Agency team. A total of Rs.1.50 lakhs is budgeted in the current financial year for printing the Guidelines and Tools for Conducting Social Audit. The actual Audit will be done next Financial Year after selection of partner NGOs and their training.

**Activity 5: Organisation of community based events for sensitisation on key health and nutrition issues**

Various traditional community events were taken up on campaign mode through AWCs last year. It is proposed to support celebration of these traditional community level events like Muhjhuti, Godhbharai, etc. in an ongoing manner to strengthen the delivery of key health and nutrition messages to the individual beneficiaries as we as the community at large. These will be organised in each of the AWC in the project area in every month. ALMSC members will be oriented to arrange community support for each event at the AWC level. During the celebration event, the AWW and sometimes the concerned Lady Supervisor will counsel the women on the importance of initiation of weaning food after the child completes 6 months. All children crossing 6 months and celebrating their Annaprasan at the AWC will be given a stainless steel bowl with measures / marking and spoon to help the mother to identify actual age-specific quantity of food for the child. A total sum of Rs 351.38 lakh has been kept in the budget for procurement of bowls and spoon for this purpose. Another sum of Rs. 240.00 has been kept for celebration of Traditional Community Events at AWC level in this financial year.

**Activity 6: Partnerships with local NGOs / CSOs for supporting community mobilisation and behaviour change activities through mid-media campaigns on identified themes:**

As CSOs/NGOs have greater experience and expertise in community mobilization and sensitization activities as compared to government functionaries, they will be engaged in facilitating mid-media campaigns on identified themes. After the completion of the Mapping exercise and its sharing at the state level, proposals will be sought from CSOs in this regard and they will be given the responsibility to spearhead these campaigns. Orientations of shortlisted CSOs will also be organized as required. This activity will be taken together with the similar activity no. 3 under BCC.

**Activity 7: Implementation of Public-Private Partnership (PPP) in ICDS (pilot):**

This will involve development of specific training modules and tools on the identified model (if required), training of identified stakeholders on the model and implementation of the identified processes. This will be merged with the activities under Untied Fund.

**Proposed budget for Activity 6.2A:**

| <b>Sl. No</b>   | <b>Activity<br/>(as per Admin Approval)</b>   | <b>Estimated<br/>Total cost (in<br/>Rs. Lakhs)</b> | <b>Remarks (if any)</b>                   |
|---|---|--|---|
| <b>COMPONENT-2: COMMUNITY MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION</b> |   |  |   |
| <b>6.2A Activities to enhance community mobilization and participation</b>    |   |  |   |
|   | <b>Activity 1:</b> Assessment of capacities of Civil Society Organisation (CSOs) / Community Based Organisations (CBOs) for carrying out community engagement and BCC initiatives | <b>3.00</b>  |   |
|   | <b>Activity 2:</b> Piloting models of community engagement  | <b>01.00</b>                                       |   |
|   | <b>Activity 3:</b> Capacity building of CBOs for engaging in ICDS   | <b>00.00</b>                                       |   |
|   | <b>Activity 4:</b> Implementation of Social Audit and other community monitoring pilots   | <b>1.50</b>  |   |
|   | <b>Activity 5:</b> Organisation of community based events for sensitization on key health and nutrition issues  | <b>591.38</b>                                      | Including Procurement of Bowls and Spoons |
|   | <b>Activity 6:</b> Partnerships with local NGOs / CSOs for supporting community mobilization and behaviour change activities through mid-media campaigns on identified themes     | <b>00.00</b>                                       |   |
|   | <b>Activity 7:</b> Implementation of Public-Private Partnership (PPP) in ICDS (pilot)   | <b>00.00</b>                                       |   |
|   | <b>Total of 2A Activities to enhance community mobilization and participation</b>   | <b>596.88</b>                                      |   |

### **Sub Component 6.2 B: Behaviour Change Communication**

Evidence suggests that the key to overcoming malnutrition is not so much in the provision of food but in the knowledge and practice of nutritionally supportive and secure behaviors by the community. A key determinant of the effectiveness of BCC is the relationship between the concerned pregnant and lactating mother and the AWW. Efforts will therefore be made to build a relationship between the two which is rooted in mutual trust, understanding and respect. This equal relationship will be brought about through efforts at empowering the community through awareness building, orienting them on their rights and building mechanisms to facilitate their engagement in both supporting and monitoring service delivery. Periodic capacity building and sensitization of functionaries (AWWs) will also be carried out to reorient or change their perception about women and children from “beneficiaries” to “citizens with rights” whom it is their duty to serve.

#### **Activity 1: Adaption of national level BCC strategy and development of state specific BCC plans:**

The universalization of the ICDS program provides opportunities for reaching all communities with vital health and nutrition information, but current communication approaches do not appear to have the necessary edge to be effective in quickly changing long-held practices. It is, therefore, proposed to develop a specific BCC plan keeping in mind the wide cultural and socio-economic variations in the state. The communication method will include traditional or local forms of communication and materials / messages will be developed taken into account local beliefs and practices. Adaptation of the national BCC strategy which will be developed by the CPMU for this project will be done. The BCC action plan will be developed in consultation with civil society stake holders and after seeking their input and involvement in implementation. This will be developed after receiving the national guideline from the CPMU and the hiring of the Consultant – BCC at the SPMU. This activity will be done in next Financial Year.

#### **Activity 2: Strengthening home contacts:**

Timely and regular home visits for counseling Pregnant and Lactating Women (PLW) on appropriate health and nutrition behaviors is one of the primary modes of stimulating behavior change. With this objective of strengthening the focus on nutrition and health counseling in ICDS, it is proposed to design pilots for incentivizing field functionaries for carrying out timely

home visits. Tools such as the home visit planner and the ready reckoner will be adapted and printed at state level to suit local contexts. The pilots designed at the central level on incentives for field functionaries to carry out home visits and counseling will be implemented in 5 districts in the project. The common communication package developed on IYCF at central level will be adapted and printed at the state level with modifications according to local contexts. This activity will be clubbed with the ILA activity of similar nature.

**Activity 3: Design, pretest and implementation of mid-media initiatives such as folk theatre, film shows, etc.**

An important part of the BCC strategy will be using mid-media to generate awareness, mobilize and motivate community based organizations and the larger community on key child development/nutrition issues. Periodic campaigns on specific themes (in conjunction with the themes decided in the incremental learning trainings) will be organized using different mid-media. These campaigns will be facilitated by civil society organizations and will involve active engagement of local folk artists. Workshops will be organized with performers, script writers, and lyricists to orient them on the messages to be conveyed through various mid-media activities. They will be engaged in developing the content for each form of presentation such as folk theater, short films, jingles etc. and pre-testing the same through limited performances in a few sites. For implementing the campaigns, orientation of civil society organizations and troupes of performers on each form of mid-media (as required) will be carried out. This will be merged with the similar activity no. 6 under community mobilization.

**Activity 4: Advocacy and knowledge sharing**

In addition to community level BCC initiatives, efforts will also be made to engage and communicate with key policy makers and administrators to change their perspective and priorities on nutrition related issues. It is proposed to organise meetings and conferences with MPs and MLAs at the state level to brief them on the progress made and deliberate on possible actions to overcome the nutrition challenge. In addition, to build commitment and leadership at the district level, Video Conferencing with Deputy Commissioners will be held to orient them on the need to take on the nutrition challenge seriously and in a focused manner in their districts. It is expected that these activities will bring about a renewed focus on 0-3 year olds both at the policy and programme level and result in increased awareness and adoption of appropriate child

nutrition behaviors and practices by beneficiaries. This activity will be done in next Financial Year.

Proposed budget for Activity 6.2B:

| <b>Sl. No</b>   | <b>Activity<br/>(as per Admin Approval)</b>  | <b>Estimated Total cost<br/>(in Rs. Lakhs)</b> | <b>Remarks<br/>(if any)</b> |
|---|--|--|-----------------------------|
| <b>6.2 B: Behaviour Change Communication</b>          |  |  |                             |
|   | <b>Activity 1:</b> Adaption of national level BCC strategy and development of state specific BCC plans   | <b>0.00</b>                                    |                             |
|   | <b>Activity 2:</b> Strengthening home contacts   | <b>53.43</b>                                   |                             |
|   | <b>Activity 3:</b> Design, pretest and implementation of mid-media initiatives such as folk theatre, film shows, etc.  | <b>00.00</b>                                   |                             |
|   | <b>Activity 4:</b> Advocacy and knowledge sharing events will be organized to mobilize and build political and administrative commitment on nutrition issues | <b>00.00</b>                                   |                             |
| <b>Total of 6.2 B: Behaviour Change Communication</b> |  | <b>53.43</b>                                   |                             |

**Component 3: PILOTING CONVERGENT NUTRITION ACTIONS**

It is well recognized that nutrition outcomes are influenced by multiple determinants which are beyond food and health and nutritional behavioral practices. Addressing the nutrition challenge therefore requires a multi-dimensional approach which is beyond the scope of ICDS. In other words, what is required is a comprehensive response by multiple sectors which have the power to influence these underlying causes. The core strategy envisaged under the National Nutrition Policy (NNP) 1993 is to tackle the problem of nutrition through direct nutrition interventions for vulnerable groups as well as through various development policy instruments to improve access and create conditions for improved nutrition. The National Plan of Action on Nutrition (NPA) 1995 lays down the framework for systematic multi – sectoral collaboration to address the issue of Malnutrition. Over the past few years a number of programmes that have direct or indirect impact on child under-nutrition have either been expanded or strengthened. In spite of all these,

still there lack of focus on nutrition as an outcome in the government programmes which have the potential to impact nutrition.

It is proposed to include a specific component on convergent actions on nutrition under ISSNIP with a focus on convergent multi-sectoral actions on nutrition.

### **Activity 1: Development of State - specific convergent nutrition action plans and designing of pilot**

As per the project plan, the CPMU will formulate detailed guidelines laying down a broad framework within which innovative multi-sectoral models will be planned implemented and tested. SPMU with support from the TA agency will recommend local adaptations of the central guidelines. This will include adapting criteria for selection of district for implementing pilots and for choosing local NGOs or other institutions as implementation partners. On the basis of these, design and implementation plan of pilots for the development of convergent nutrition action plans in identified districts will be prepared through consultations at the state and district level with different line departments and partner institutions. Lohardaga district has been identified for this activity.

### **Activities 2: Strengthening inter-departmental coordination mechanisms**

It is proposed to set up inter-departmental coordination mechanisms at an appropriate authority level to facilitate prompt attention to such needs. Orientation workshop for members of the inter-departmental coordination committees will be organized to educate them on its newly outlined mandate and on the newly developed multi-sectoral frameworks and guidelines. Quarterly review and planning meetings of these committees will also be facilitated through this project.

### **Activity 3: Implementation and documentation of multi - sectoral pilot**

It is proposed to pilot selected multi sectoral approaches in Lohardaga district. The implementation of the pilot will have close involvement of the District Administration, and will have detailed monitoring plans. The detailed plan for this pilot is being prepared in consultation with the district team under the leadership of the Deputy Commissioner.

Proposed budget for Activity 6.3:

| Sl. No  | Activity<br>(as per Admin Approval)   | Estimated Total cost<br>(in Rs. Lakhs) | Remarks<br>(if any) |
|---|---|--|---------------------|
| <b>COMPONENT-2: COMMUNITY MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION</b> |   |  |                     |
| <b>6.3 Component 3: Piloting Convergent Nutrition Actions</b>                 |   |  |                     |
|   | <b>Activity 1:</b> Development of State - specific convergent nutrition action plans and designing of pilot | <b>0.30</b>                            |                     |
|   | <b>Activities 2:</b> Strengthening interdepartmental coordination mechanisms                                | <b>0.20</b>                            |                     |
|   | <b>Activity 3:</b> Implementation and documentation of multi - sectoral pilot                               | <b>00.00</b>                           |                     |
| <b>Total of 6.3 Component 3: Piloting Convergent Nutrition Actions</b>        |   | <b>0.50</b>                            |                     |

**Component 4: Project management, Monitoring and evaluation**

In order to achieve the project development objectives and carry out the planned activities within the stipulated time period, a strong and professional project management structure is planned. The SPMU at the state level has already been constituted within the State Directorate, and is being headed by the Director, Social Welfare, as the State Project Director for ISSNIP. The SPD is supported by Asst. Director functioning as Joint Project Coordinators (JPCs). There will be a group of Technical Consultants on long-term contract and other support staff who will be in place by June 2014.

Proposed budget for Activity 6.4 (Human Resources):

|   | Activity<br>(as per Admin Approval)                       | Estimated Total cost (in<br>Rs. Lakhs) | Remarks (if<br>any) |
|---|---|--|---------------------|
| <b>Component 4: Project management, Monitoring and evaluation</b> |   |  |                     |
| <b>4A.1: Project Management</b>                                   |   |  |                     |
|   | <b>Activity 1:</b> Staffing of SPMU - Salaries/Honorarium | <b>5.56</b>                            |                     |
|   | <b>Sub Total</b>  | <b>5.56</b>                            |                     |

Proposed budget for Activity 6.4 (Operating Cost):

| <b>Sl. No</b>   | <b>Activity<br/>(as per Admin Approval)</b>   | <b>Estimated Total cost (in Rs. Lakhs)</b> | <b>Remarks (if any)</b> |
|---|---|--|-------------------------|
| <b>Component 4: Project management, Monitoring and evaluation</b> |   |  |                         |
| <b>4A.2: Project Management</b>                                   |   |  |                         |
|   | <b>Activity 1:</b> Procurement of items for SPMU  | <b>14.90</b>                               |                         |
|   | <b>Activity 2:</b> Staff training and orientations  | <b>00.00</b>                               |                         |
|   | <b>Activity 3:</b> Annual and Monthly planning and review meetings at State and district levels | <b>2.40</b>                                |                         |
|   | <b>Activity 4:</b> Administrative costs   | <b>18.30</b>                               |                         |
|   | <b>Activity 5:</b> Travel expenses  | <b>21.00</b>                               |                         |
|   | <b>Activity 6:</b> Contingency  | <b>1.20</b>                                |                         |
|   | <b>Sub Total</b>  | <b>57.80</b>                               |                         |

**4B: Project Monitoring and Evaluation**

**Activity 1: District level rapid assessments (RAPs) and ongoing internal assessments at sector level using Lot Quality Assurance Sampling (LQAS) approach**

Periodic / continuous assessment at all level will be undertaken to track effectiveness of implementation of various activities under the project. Within each block a quarterly assessment of program performance using LQAS sampling method will be undertaken. This will be done through the Lady Supervisors and with support from the state TA Agency team. District based Rapid assessments will also be conducted through external agencies. This activity will be done in next Financial Year.

**Activity 2: Operations research (OR) and Evaluations of pilots**

All the pilots proposed in the Annual Action Plan will be evaluated through external agencies following appropriate methodology. This activity will be done in next Financial Year.



**Activity 3: Social Assessments/Ethnographic Studies in SC/ST minority areas to facilitate development of appropriate communication strategies and materials**

This study will be conducted to assess the socio-cultural practices and barriers to communication and access to service delivery among various primitive tribal groups in the state like Birhor in Hazaribag district. This will be carried out in conjunction with the formative research planned under activity 1 under BCC. This activity will be done in next Financial Year.

| <b>4B: Project Monitoring and Evaluation</b> |   |                                     |
|--|---|-------------------------------------|
|  | <b>Activity 42:</b> Establish project monitoring system   | Budgeted within SPMU regular budget |
|  | <b>Activity 43:</b> District rapid assessments (RAP) and ongoing assessment using LQAS approach | <b>00.00</b>                        |
|  | <b>Activity 44:</b> OR studies / Evaluation of pilots   | <b>00.00</b>                        |
|  | <b>Activity 45:</b> Social Assessment/ Ethnographic study in SC/ST/Minority areas               | <b>00.00</b>                        |
|  | <b>Sub Total</b>  | <b>00.00</b>                        |

### **3.3 Annual Action Plan for 2014-15 - Requirement of Funds:**

Following the GoI guidelines, the State has prioritized various activities under the four project components. An amount of **Rs. 2298.60 lakhs** has been estimated for carrying out the project activities in the financial year 2014-15. Following is the summary of funds requirement under various sub-components and components of the project (details of activities and budget is attached).

*Table: Summary of Funds required for 2014-15*

| <b>Component/Subcomponent</b>   | <b>Estimated Budget for the remaining period of Phase I (Rs. Lakh)</b> |
|---|--|
| <i>Component 1: Institutional and Systems Strengthening;</i>                          |  |
| Review/ Refinement of policies, guidelines / procedures – adaptation by the state     | 0.20   |
| Strengthening and expanding ICDS monitoring systems                                   | 176.00   |
| Strengthening training and capacity building  | 30.12  |
| Convergence with NRHM   | 4.48   |
| Institutional support for innovations and pilots                                      | 780.00   |
| Implementation support at district and block levels                                   | 593.63   |
| <b>Sub-Total-1</b>  | <b>1584.43</b>   |
| <i>Component 2: Community Mobilization and Behaviour Change Communication (BCC)</i>   |  |
| Activities to enhance community mobilization and participation                        | 596.88   |
| Behaviour Change Communication  | 53.43  |
| <b>Sub-Total-2</b>  | <b>650.31</b>  |
| <i>Component 3: Piloting Convergent Nutrition Actions</i>                             |  |
| Development of State-specific convergent nutrition action plans and designing a pilot | 0.30   |
| Strengthening inter-departmental coordination mechanisms                              | 0.20   |
| Implementation and documentation of pilot   | 00.00  |
| <b>Sub-Total-3</b>  | <b>0.50</b>  |
| <i>Component 4: Project Management, and Monitoring &amp; Evaluation</i>               |  |
| Human Resources at SPMU   | 5.56   |
| Operating Cost  | 57.80  |
| Monitoring and Evaluation   | 00.00  |
| <b>Sub-Total-4</b>  | <b>63.36</b>   |
| <b>Grand Total</b>  | <b>2298.60</b>   |

**Section 4:****Annexure 1.****Contact details of District Social Welfare Officers**

| <b><u>Name</u></b>            | <b><u>Designation</u></b>          | <b><u>Place</u></b> | <b><u>Phone No.</u></b> | <b><u>Email</u></b>  |
|-------------------------------|------------------------------------|---------------------|-------------------------|--|
| Smt. Pooja Singhal,<br>I.A.S. | State Project Director             | Ranchi              | 0651 - 2400749          | <a href="mailto:dsw_jharkhand15@yahoo.com">dsw_jharkhand15@yahoo.com</a>   |
| Sri. Rajeev Ranjan Kumar      | Asst. Director (In-charge of ICDS) | Ranchi              | 0651 - 2400749          | <a href="mailto:dsw_jharkhand15@yahoo.com">dsw_jharkhand15@yahoo.com</a>   |
| Sri Rajesh Kumar Linda        | In - Charge                        | West Singhbhum      | 99735 - 23272           | <a href="mailto:awc10.monitoring@gmail.com">awc10.monitoring@gmail.com</a> |
| Smt. Sangeeta Sarang          | In - Charge                        | Lohardaga           | 99315- 88790            | <a href="mailto:awc4.monitoring@gmail.com">awc4.monitoring@gmail.com</a>   |
| Sri. Vinod Kumar Jaiswal      | DSWO                               | Latehar             | 94317 - 97191           | <a href="mailto:awc14.monitoring@gmail.com">awc14.monitoring@gmail.com</a> |
| Sri. Rajesh Kumar Shaw        | DSWO                               | Palamu              | 94313 - 13203           | <a href="mailto:awc13.monitoring@gmail.com">awc13.monitoring@gmail.com</a> |
| Sri. Devendra Narayan Singh   | DSWO                               | Garwah              | 94313 - 84474           | <a href="mailto:awc12.monitoring@gmail.com">awc12.monitoring@gmail.com</a> |
| Sri. Bandhu Fernandez         | DSWO                               | Chatra              | 94311- 74384            | <a href="mailto:awc7.monitoring@gmail.com">awc7.monitoring@gmail.com</a>   |
| Smt. Manju Swansi             | DSWO                               | Koderma             | 94315 - 00039           | <a href="mailto:awc8.monitoring@gmail.com">awc8.monitoring@gmail.com</a>   |
| Sri. A. N . Prasad            | In - Charge                        | Giridih             | 94311 - 45644           | <a href="mailto:awc16.monitoring@gmail.com">awc16.monitoring@gmail.com</a> |
| Md. Parveez Ibrahim           | In - Charge                        | Dhanbad             | 94313 - 90935-          | <a href="mailto:awc9.monitoring@gmail.com">awc9.monitoring@gmail.com</a>   |
| Smt. Menka                    | In - Charge                        | Godda               | 99398 - 58532           | <a href="mailto:awc19.monitoring@gmail.com">awc19.monitoring@gmail.com</a> |
| Sri. Manoj Kumar Ranjan       | In - Charge                        | Dumka               | 94301 - 46607           | <a href="mailto:awc23.monitoring@gmail.com">awc23.monitoring@gmail.com</a> |
| Sri P. K. Jha                 | In - Charge                        | Pakur               | 94313 - 88200           | <a href="mailto:awc20.monitoring@gmail.com">awc20.monitoring@gmail.com</a> |

**Annexure 2:**

(149)  
3885  
13.12.13

**झारखण्ड सरकार**  
**समाज कल्याण, महिला एवं बाल विकास विभाग**  
झारखण्ड मंत्रालय, प्रोजेक्ट भवन, घुर्वा, राँची - 834 004

संकल्प

समाज कल्याण विभाग  
झारखण्ड, राँची  
दिनांक 04/DEC 2013

विषय अन्तर्राष्ट्रीय विकास संघ (International Development Association) द्वारा संपोषित समेकित बाल विकास सेवाओं का व्यवस्था का सुदृढीकरण एवं पोषाहार में सुधार परियोजना की (ICDS System Strengthening and Nutrition Improvement Project) 175.23 करोड़ की स्वीकृति (90:10)।

समेकित बाल विकास सेवाएं भारत सरकार का एक अतिमहत्वपूर्ण एवं पलंगशीप कार्यक्रम है। यह कार्यक्रम 1975 से देश/राज्य में संचालित है। परन्तु इस कार्यक्रम के कार्यान्वयन में सुधार की आवश्यकता है। इस उद्देश्य से भारत सरकार ने विश्व बैंक अन्तर्राष्ट्रीय विकास संघ (International Development Association) सम्पोषित समेकित बाल विकास सेवाओं का व्यवस्था सुधार तथा सुदृढीकरण एवं पोषाहार में सुधार परियोजना (ICDS System Strengthening and Nutrition Improvement Project) की स्वीकृति प्रदान की है, जिसकी सूचना भारत सरकार, महिला एवं बाल विकास मंत्रालय (Central Project Management Unit) का पत्रांक 2-4/2012 WBP दिनांक 10-1-2013 से प्राप्त हुई है। विश्व बैंक अन्तर्राष्ट्रीय विकास संघ (International Development Association) सम्पोषित समेकित बाल विकास सेवाओं का व्यवस्था सुधार तथा सुदृढीकरण एवं पोषाहार में सुधार परियोजना की स्वीकृति का प्रस्ताव दिनांक- 28.11.2013 को मंत्रिपरिषद की बैठक में लाया गया तथा इसे मद् संख्या- 03 में सम्मिलित करते हुए इस पर निम्नवत् स्वीकृति प्रदान की गयी है।—

**योजना की विशेषताएँ :-**

(क) यह योजना 7 वर्षों के लिए यथा 26-11-2012 (2012-2013) से 31-10-2019 (2019-2020) तक प्रभावी होगा।

(ख) जिन क्षेत्रों में अल्प वजन वाले बच्चों की अधिकता है, उन क्षेत्रों में आई0सी0डी0एस0, पोषाहार, पूर्व शाला गतिविधियों में प्रभावी सुधार लाना।

(ग) 3 वर्ष तक के उम्र समूह के बच्चों पर विशेष ध्यान देना, आई0सी0डी0एस0 के सेवाओं को प्रभावी बनाना, सामुदायिक सहभागिता प्राप्त करना।

(घ) संबंधित जिलों में अन्तर्विभागीय तालमेल द्वारा पोषण से संबंधित कार्ययोजना बनाकर उसे प्रभावी रूप से कार्यान्वित करने में सहयोग देना।

(ङ) आई0सी0डी0एस0 में संस्थागत सुदृढीकरण करना।

(च) परियोजना प्रबंधन में आवश्यक तकनीकी सहयोग प्रदान करना।

(छ) अनुश्रवण तथा मूल्यांकन व्यवस्था को और मजबूत करना।

(ज) आई0सी0डी0एस0 कर्मियों को प्रभावी क्षमता विकास, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन से समन्वय, राज्य जिला एवं प्रखण्ड स्तर पर कार्यान्वयन को सुदृढीकरण के लिए सहयोग प्रदान करना आदि।

2-12-13

**Annexure 3:**

519  
27-12-13

समाज कल्याण निदेशावली  
झारखण्ड, राँची  
दिनांक 31 DEC 2013

**झारखण्ड सरकार**  
**समाज कल्याण, महिला एवं बाल विकास विभाग**  
झारखण्ड मंत्रालय, प्रोजेक्ट भवन, धुर्वा, राँची - 834 004

**कार्यालय आदेश**

अन्तर्राष्ट्रीय विकास संघ (IDA) द्वारा संपोषित समेकित बाल विकास सेवाओं का व्यवस्था सुधार एवं पोषाहार में सुधार परियोजना (ISSNIP) का राज्य स्तर पर कार्यान्वयन हेतु मार्गदर्शन देने, योजना का कार्यान्वयन, नीति निर्धारण एवं अनुश्रवण के लिए राज्य स्तर पर निम्न रूप से एक टास्क फोर्स का गठन किया जाता है :-

1. प्रधान सचिव/सचिव, समाज कल्याण महिला एवं बाल विकास विभाग - अध्यक्ष
2. निदेशक, समाज कल्याण - संयोजक
3. संयुक्त सचिव, समाज कल्याण महिला एवं बाल विकास विभाग - सदस्य
4. उप सचिव, समाज कल्याण महिला एवं बाल विकास विभाग - सदस्य
5. सहायक निदेशक, (प्रभारी ICDS/ प्रभारी विश्व बैंक) - सदस्य
6. जिला समाज कल्याण पदाधिकारी- पश्चिमी सिंहभूम/पलामू - सदस्य
7. युनिसेफ के एक प्रतिनिधि - आमंत्रित सदस्य

टास्क फोर्स की बैठक प्रत्येक माह में एक बार होगी।

राजीव अरुण एक्का  
20.12.13  
(राजीव अरुण एक्का)  
सरकार के सचिव

ज्ञापांक - स० क० यो० (ICDS)- 370/2013- 2465 राँची, दिनांक - 27 दिसम्बर 2013  
प्रतिलिपि :- टास्क फोर्स के सभी सदस्यों को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।

राजीव अरुण एक्का  
20.12.13  
(राजीव अरुण एक्का)  
सरकार के सचिव

ज्ञापांक - स० क० यो० (ICDS)- 370/2013- 2465 राँची, दिनांक - 27 दिसम्बर 2013  
प्रतिलिपि :- माननीया विभागीय मंत्री के आप्त सचिव/मुख्य सचिव के सचिव/विकास आयुक्त के सचिव, झारखण्ड, राँची को सूचनार्थ प्रेषित।

राजीव अरुण एक्का  
20.12.13  
(राजीव अरुण एक्का)  
सरकार के सचिव

Pawan/Karvaty Adesh- 1

**Annexure 4:**

**झारखण्ड सरकार**  
**समाज कल्याण, महिला एवं बाल विकास विभाग**  
**आदेश**

का.आ.सो. 123 रॉची, दिनांक 17.01.2014

अन्तर्राष्ट्रीय विकास संघ (International Development Association) द्वारा संपोषित समेकित बाल विकास सेवाओं का व्यवस्था का सुदृढीकरण एवं पोषाहार में सुधार (ICDS System Strengthening and Nutrition Improvement Project) योजना का भारत सरकार द्वारा स्वीकृति दी गई है। यह योजना राज्य के 12 जिलों में कार्यान्वित होगी। इस योजना के राज्य स्तर पर कार्यान्वयन के लिए निम्न आदेश दिये जाते हैं :-

1. निदेशक, समाज कल्याण अपने कार्यों के अतिरिक्त राज्य परियोजना निदेशक (ISSNIP) के रूप में अगले आदेश तक कार्य करेंगे।
2. अभियंत्रण छात्रावास स्थित समाज कल्याण, निदेशालय में ही ISSNIP का राज्य परियोजना प्रबंधन इकाई (SPMU) कार्य करेगा।
3. यह आदेश तत्काल प्रभाव से प्रभावी होगा।

(राजीव अरुण एवका)  
सरकार के सचिव

ज्ञापांक .....123..... रॉची, दिनांक 17.01.2014

प्रतिलिपि- निदेशक, समाज कल्याण को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

सरकार के सचिव

ज्ञापांक .....123..... रॉची, दिनांक 17.01.2014

प्रतिलिपि- सभी जिला समाज कल्याण पदाधिकारी को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

सरकार के सचिव

ज्ञापांक .....123..... रॉची, दिनांक 17.01.2014

प्रतिलिपि- सरकार के संयुक्त सचिव, महिला एवं बाल विकास विभाग, भारत सरकार, CPMU होटल जनपथ, दिल्ली को सूचनार्थ को सूचनार्थ प्रेषित।

सरकार के सचिव

**Annexure 5:**

1041  
20-02-14
115

समाज कल्याण विभाग  
झारखण्ड, राँची  
मार्ग  
11 FEB 2014  
डाबरी/प्रेषक संख्या  
दिनांक

**झारखण्ड सरकार**  
**समाज कल्याण, महिला एवं बाल विकास विभाग**  
झारखण्ड मंत्रालय, प्रोजेक्ट भवन, धुर्वा, राँची - 834 004

संख्या - स० क०/विश्व बैंक सम्पो-प्र० अनु० - 189/2013 145

के० प्रा० यो०  
केन्द्रांश

डाबरी/प्रेषक संख्या .....  
दिनांक .....

सेवा में,  
महालेखाकार,  
झारखण्ड, राँची।

राँची, दिनांक : 10-02-2014

*Smt. Smita*

**विषय :-** वित्तीय वर्ष 2013-14 में केन्द्र प्रायोजित योजना विश्व बैंक सम्पोषित आई०सी०डी०एस० परियोजना-IV हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत के लिए रु० 1,10,00,000=00 (एक करोड़ दस लाख) रुपये एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रु० 1,01,50,000=00 (एक करोड़ एक लाख पचास हजार) रुपये अर्थात् कुल 2,11,50,000=00 (दो करोड़ ग्यारह लाख पचास हजार) रुपये मात्र केन्द्रांश की स्वीकृति।

*Sri Rajiv*

महाशय,  
उपर्युक्त विषय के संबंध में कहना है कि वित्तीय वर्ष 2013-14 में केन्द्र प्रायोजित योजना विश्व बैंक सम्पोषित आई०सी०डी०एस० परियोजना-IV हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत के लिए रु० 1,10,00,000=00 (एक करोड़ दस लाख) रुपये एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रु० 1,01,50,000=00 (एक करोड़ एक लाख पचास हजार) रुपये अर्थात् कुल 2,11,50,000=00 (दो करोड़ ग्यारह लाख पचास हजार) रुपये का बजट उपबंध है। अतः बजट उपबंध के आलोक में इस योजना के क्रियान्वयन हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत के लिए रु० 1,10,00,000=00 (एक करोड़ दस लाख) रुपये एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रु० 1,01,50,000=00 (एक करोड़ एक लाख पचास हजार) रुपये अर्थात् कुल 2,11,50,000=00 (दो करोड़ ग्यारह लाख पचास हजार) रुपये मात्र केन्द्रांश की स्वीकृति प्रदान की जाती है।

2. निदेशक, समाज कल्याण, झारखण्ड, राँची को निदेश दिया गया है इस योजना अन्तर्गत निर्धारित कार्यों पर राशि का व्यय भारत सरकार से प्राप्त राशि को ध्यान में रख कर निर्धारित मार्ग-निर्देश के आलोक में सुनिश्चित करेंगे।

3. समेकित बाल विकास सेवाएं भारत सरकार की एक अतिमहत्वपूर्ण एवं फ्लैगशीप कार्यक्रम है। इस कार्यक्रम के कार्यान्वयन में सुधार की आवश्यकता को ध्यान में रखते हुए भारत सरकार ने विश्व बैंक अन्तर्राष्ट्रीय विकास संघ (International Development Association) सम्पोषित समेकित बाल विकास सेवाओं का व्यवस्था सुधार तथा सुदृढ़ीकरण एवं पोषाहार में सुधार परियोजना (ICDS System Strengthening and Nutrition Improvement Project) की स्वीकृति भारत सरकार के पत्रांक 2-4/2012 WBP दिनांक 10-1-2013 द्वारा प्राप्त हुई है। इस योजना की निम्नवत् विशेषताएँ हैं :-

*7.2.11*

Allotment 2013-14 (CSS Mix) New- 110





**Annexure 7:**

केन्द्र प्रायोजित योजना

**झारखण्ड सरकार**  
**समाज कल्याण, महिला एवं बाल विकास विभाग**  
**( समाज कल्याण निदेशालय )**

संख्या :- बजट-52/2013-14- 58 ..... स0क0 ।

प्रेषक,

पूजा सिंघल, भा0प्र0से0  
निदेशक समाज कल्याण ।

सेवा में,

जिला समाज कल्याण पदाधिकारी,  
लोहरदगा, पश्चिमी सिंहभूम, दुमका, पाकुड़, गोड्डा, लातेहार,  
धनबाद, गिरिडीह, चतरा, कोडरमा, गढ़वा एवं पलामू ।

राँची, दिनांक 24-03-2014 ई0 ।

विषय:- वित्तीय वर्ष 2013-14 में केन्द्र प्रायोजित योजना विश्व बैंक सम्पोषित आई0सी0डी0एस0 परियोजना-IV के अन्तर्गत स्वीकृत गतिविधियों के कार्यान्वयन हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत 45,13,500/- (पैंतालीस लाख तेरह हजार पाँच सौ) रु0, अन्य क्षेत्रीय उपयोजना अन्तर्गत 19,11,500/- (उन्नीस लाख ग्यारह हजार पाँच सौ) रु0 कुल 64,25,000/- (चौसठ लाख पच्चीस हजार) रुपये मात्र राशि का उपावंटन ।

महोदय,

निदेशानुसार उपर्युक्त विषयक विभागीय स्वीकृतादेश संख्या- 145 दिनांक 10.02.2014 तथा आवंटनादेश संख्या- 146 दिनांक 10.02.2014 द्वारा बजट प्रावधान के अन्तर्गत वित्तीय वर्ष 2013-14 में केन्द्र प्रायोजित योजना विश्व बैंक सम्पोषित आई0सी0डी0एस0 परियोजना-IV के अन्तर्गत स्वीकृत कार्यों के कार्यान्वयन हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत 1,10,00,000/- (एक करोड़ दस लाख) रु0, अन्य क्षेत्रीय उपयोजना अन्तर्गत 1,01,50,000/- (एक करोड़ एक लाख पचास हजार) रु0 कुल 2,11,50,000/- (दो करोड़ ग्यारह लाख पचास हजार) रुपये मात्र की स्वीकृति प्रदान कर राशि समाज कल्याण निदेशालय को आवंटित की गई है ।

2. उक्त प्रसांगिक आवंटनादेश में निहित निदेश/शर्तों के अनुसार वित्तीय वर्ष 2013-14 में राज्य के 12 स्वीकृत जिलों यथा लोहरदगा, पश्चिमी सिंहभूम, दुमका, पाकुड़, गोड्डा, लातेहार, धनबाद, गिरिडीह, चतरा, कोडरमा, गढ़वा एवं पलामू में योजना के अन्तर्गत स्वीकृत कार्यों/गतिविधियों के जिला एवं परियोजना स्तर पर कार्यान्वयन के लिए एवं समाज कल्याण निदेशालय स्तर से स्वीकृत कार्यों/गतिविधियों के कार्यान्वयन/सम्पादन हेतु संलग्न विवरणी-I एवं विवरणी- II के अनुसार जनजातीय क्षेत्रीय उपयोजनान्तर्गत 45,13,500/- (पैंतालीस लाख तेरह हजार पाँच सौ) रु0, अन्य क्षेत्रीय उपयोजना अन्तर्गत 19,11,500/- (उन्नीस लाख ग्यारह हजार पाँच सौ) रु0 कुल 64,25,000/- (चौसठ लाख पच्चीस हजार) रुपये मात्र राशि उपावंटित की जाती है ।

3. समेकित बाल विकास सेवाएं भारत सरकार की एक अतिमहत्वपूर्ण एवं फलैगशीप कार्यक्रम है । इस कार्यक्रम के कार्यान्वयन में सुधार की आवश्यकता को ध्यान में रखते हुए भारत सरकार ने विश्व बैंक अन्तर्राष्ट्रीय विकास संघ (International Development Association) सम्पोषित समेकित बाल विकास सेवाओं का व्यवस्था सुधार तथा सुदृढ़ीकरण एवं पोषाहार में सुधार परियोजना (ICDS System Strengthening and Nutrition Improvement Project) की स्वीकृति भारत सरकार के पत्रांक 2-4/2002 WBP दिनांक 10.01.2013 द्वारा प्राप्त हुई है । इस योजना की निम्नवत् विशेषताएं हैं :-

- यह योजना 7 वर्षों के लिए यथा 26.11.2012 (2012-2013) से 31.10.2019 (2019-2020) तक प्रभावी होगा ।

## Annexure 8:

1

**झारखण्ड सरकार**  
**समाज कल्याण, महिला एवं बाल विकास विभाग**  
झारखण्ड मंत्रालय, प्रोजेक्ट भवन, धुर्बा, राँची - 834 004

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संख्या - सं० क०/विश्व बैंक सम्पो-प्र० अनु० - 189/2013 20

प्रेषक राजीव अरुण एक्का,  
सरकार के सचिव।

सेवा में निदेशक, समाज कल्याण, झारखण्ड, राँची।  
जिला समाज कल्याण पदाधिकारी,  
घतरा, पलामू, गढ़वा, धनबाद, गिरिडीह, गोड्डा, कोडरमा, लोहरदगा, पश्चिमी सिंहभूम,  
लातेहार, दुमका एवं पाकुड़।  
(संलग्न विवरणी अनुसार)

क० प्रा० यो०  
केन्द्राश

राँची, दिनांक 14/07/2014

विषय :- वित्तीय वर्ष 2014-15 में केन्द्र प्रायोजित योजना विश्व बैंक सम्पोषित आई०सी०डी०एस० परियोजना-IV हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 4,20,00,000=00 (चार करोड़ बीस लाख) एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 8,04,00,000=00 (आठ करोड़ चार लाख) अर्थात् कुल रू० 12,24,00,000=00 (बारह करोड़ चौबीस लाख) मात्र केन्द्राश का आवंटन।

महाशय,

उपर्युक्त विषयक स्वीकृत्यादेश सं०-360 दिनांक-16.06.2014 द्वारा वित्तीय वर्ष 2014-15 में केन्द्र प्रायोजित योजना विश्व बैंक सम्पोषित आई०सी०डी०एस० परियोजना-IV हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 18,06,00,000=00 (अठारह करोड़ छः लाख) एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 16,68,00,000=00 (सोलह करोड़ अड़सठ लाख) अर्थात् कुल रू० 34,74,00,000=00 (चौतीस करोड़ चौहत्तर लाख) के व्यय की स्वीकृति प्रदान की गई है।

2. वित्तीय वर्ष 2014-15 में उपर्युक्त योजना के कार्यान्वयन हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत रू० 4,20,00,000=00 (चार करोड़ बीस लाख) एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 8,04,00,000=00 (आठ करोड़ चार लाख) अर्थात् कुल रू० 12,24,00,000=00 (बारह करोड़ चौबीस लाख) मात्र केन्द्राश राशि संलग्न विवरणी अनुसार आवंटित की जाती है।

3. निदेशक, समाज कल्याण, झारखण्ड, राँची एवं संबंधित उपयुक्त/जिला समाज कल्याण पदाधिकारी, इस योजना अन्तर्गत निर्धारित कार्यो पर राशि का व्यय भारत सरकार से प्राप्त राशि को ध्यान में रख कर निर्धारित मार्ग-निर्देश के आलोक में सुनिश्चित करेंगे।

4. स्वीकृत्यादेश में वर्णित नियमों एवं शर्तों का अक्षरशः पालन किया जाय।

5. स्वीकृत राशि की निकासी बजट के निम्नांकित शीर्ष के अंतर्गत किया जायेगा :-  
(क) जनजातीय क्षेत्रीय उपयोजनान्तर्गत - राशि की निकासी वित्तीय वर्ष 2014-15 के आय-व्ययक मुख्य शीर्ष -2235- सामाजिक सुरक्षा तथा कल्याण, उपमुख्य शीर्ष-02-समाज कल्याण

17/07/14

Attachment 2014-15 (CSS M&N) New- 121-

## Annexure 9:

परियोजना-4, विस्तृत शीर्ष-06-अनुदान, 79-सहायता अनुदान नामांकन विवरण  
क्रमांक-60P223502796680679

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II

**झारखण्ड सरकार**  
**समाज कल्याण, महिला एवं बाल विकास विभाग**  
झारखण्ड मंत्रालय, प्रोजेक्ट भवन, धुर्बा, राँची - 834 004

संख्या - सं० क०/विश्व बैंक सम्पु0-प्र0 अनु0 -189/2013 81

प्रेषक : राजीव अरुण एम्का,  
सरकार के सचिव।

सेवा में,  
निदेशक, समाज कल्याण, झारखण्ड, राँची।  
जिला समाज कल्याण पदाधिकारी,  
चतरा, पलामू, गढ़वा, धनबाद, गिरिडीह, गोड्डा, कोडरमा, लोहरदगा, पश्चिमी सिंहभूम,  
लातेहार, दुमका एवं पाकुड़।  
(संलग्न विवरणी अनुसार)

राँची, दिनांक 14/07/2014

विषय :- वित्तीय वर्ष 2014-15 में केन्द्र प्रायोजित योजना विश्व बैंक सम्पुषित आई0सी0डी0एस0 परियोजना-IV हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 45,00,000=00 (पैंतालीस लाख) एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 91,00,000=00 (इक्यानवे लाख) अर्थात् कुल रू० 1,36,00,000=00 (एक करोड़ छत्तीस लाख) मात्र राज्यांश का आवंटन।

महाशय,

उपर्युक्त विषयक स्वीकृत्यादेश सं०- 77 दिनांक- 16.06.2014 द्वारा वित्तीय वर्ष 2014-15 में केन्द्र प्रायोजित योजना विश्व बैंक सम्पुषित आई0सी0डी0एस0 परियोजना-IV हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 2,00,00,000=00 (दो करोड़) एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 1,86,00,000=00 (एक करोड़ छियासी लाख) अर्थात् कुल रू० 3,86,00,000=00 (तीन करोड़ छियासी लाख) के व्यय की स्वीकृति प्रदान की गई है।

2. वित्तीय वर्ष 2014-15 में उपर्युक्त योजना के कार्यान्वयन हेतु जनजातीय क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 45,00,000=00 (पैंतालीस लाख) एवं अन्य क्षेत्रीय उपयोजनान्तर्गत के लिए रू० 91,00,000=00 (इक्यानवे लाख) अर्थात् कुल रू० 1,36,00,000=00 (एक करोड़ छत्तीस लाख) मात्र राज्यांश की राशि संलग्न विवरणी अनुसार आवंटित की जाती है।

3. निदेशक, समाज कल्याण, झारखण्ड, राँची एवं संबंधित उपायुक्त/जिला समाज कल्याण पदाधिकारी, इस योजना अन्तर्गत निर्धारित कार्यो पर राशि का व्यय भारत सरकार से प्राप्त राशि को ध्यान में रख कर निर्धारित मार्ग-निर्देश के आलोक में सुनिश्चित करेंगे।

4. स्वीकृत्यादेश में वर्णित नियमों एवं शर्तों का अक्षरशः पालन किया जाय।

5. उपर्युक्त स्वीकृत राशि की निकासी निम्नांकित शीर्ष के अंतर्गत किया जायेगा :-

(क) जनजातीय क्षेत्रीय उपयोजनान्तर्गत - राशि की निकासी वित्तीय वर्ष 2014-15 के आय-व्ययक मुख्य शीर्ष -2235- सामाजिक सुरक्षा तथा कल्याण, उपमुख्य शीर्ष-02-समाज कल्याण,

14/7/14

Attachment 2014-15 (CSS Min) New-106

**Annexure 10:**

**Concept Note for Untied funds pilots in Jharkhand**

**Pilot No 1: 1000 days approach: 500 days focus**

The ‘first 1,000 days of life’, a critical period for growth and development, has become a global rallying cry. This has resulted in greater attention to children under two, including efforts to ensure safe delivery and increase survival, and the promotion of appropriate infant and young child feeding practices.

Actions have been directed more to the child than to the mother. For the first 500 of these days, from conception to about 6 months of age, the infant is entirely dependent for its nutrition on the mother: via the placenta and then ideally via exclusive breastfeeding. Although indisputably central to early life, improving maternal nutrition has only recently begun to be highlighted in government or agency policies and activities. In 2012, the World Health Assembly endorsed the WHO ‘Comprehensive implementation plan on infant and young child nutrition’ which now prioritizes women’s nutrition, anemia, intrauterine growth retardation (IUGR) and low birth weight (LBW).

This pilot intervention focuses on the first 500 days (270+180+50) which includes the 270 days of pregnancy and 6 months of Exclusive Breast Feeding (EBF) and another 50 days of transition to initiation to timely and appropriate Complementary Feeding (CF).

|                                     |   |  |
|-------------------------------------|---|--|
| Targeted outcome                    | 1. 50% reduction in Anemia in women of reproductive age<br>2. 50% reduction in LBW  | 3. 50 % increase in EBF<br>4. 50 % increase in timely and appropriate initiation of CF |
| Brief description of the innovation | The pilot will focus on tracking all the pregnant woman for <b>500 days</b> of the project area during pregnancy (with a focus on over the third trimester months) and 6 months of EBF and another 50 days on timely and appropriate initiation of CF. The key intervention are IFA, Food/Diet Habits, Weight gain, ANC, Birth Preparedness, Institutional Delivery, Immunization, EBF, and counselling on EBF and appropriate and timely initiation of CF with Child weighting and |  |

|  |  |                      |                      |
|--|--|----------------------|----------------------|
|  | MCP card   |                      |                      |
| Proposed scale of innovation pilot               | This pilot will be undertaken in one block each of District Koderma (high burden), District Lohardaga, and District Pakur (high burden).   |                      |                      |
| Brief description of the measurement /assessment | <ol style="list-style-type: none"> <li>1. 100 IFA consumption during third trimester (Hb)</li> <li>2. Required and appropriate weight gain during pregnancy</li> <li>3. ANC (for controlling IUGR)</li> <li>4. Specific immunizations for mother and the baby</li> <li>5. Early initiation and EBF</li> <li>6. Appropriate and time initiation of CF</li> <li>7. Nutrition education &amp; counselling &amp; follow up using the 1000 days tool</li> </ol> |                      |                      |
| Support expected                                 | <ol style="list-style-type: none"> <li>1. DPO/CDPO of the respective districts and blocks lead the pilot</li> <li>2. Supervisors of the project visit AWCs regularly</li> <li>3. The joint training of AWWs, ASHA, ANMs</li> <li>4. Village volunteers and trackers through VHSNC, Panchayat</li> <li>5. Special IEC Material/Tool/Aid on 1000 days</li> <li>6. Equipment: weighing machines and Hb tests</li> </ol>                                       |                      |                      |
| Timelines  | Start: 1 February 2015   | Mid term: 1 Aug 2015 | Endterm: 31 Oct 2015 |
| Costs  | Rs. 25,00,000/-  |                      |                      |

## Annexure 11:

### Concept Note for Untied funds pilots in Jharkhand

#### Pilot No 2: Positive Deviance approach

Positive Deviance (PD) refers to a behavioral and social change approach which is premised on the observation that in any context, certain individuals confronting similar challenges, constraints, and resource deprivations to their peers, will nonetheless employ uncommon but successful behaviors or strategies which enable them to find better solutions. Through the study of these individuals– subjects referred to as “positive deviants” - the PD approach suggests that innovative solutions to such challenges may be identified and refined from their outlying behavior. It is a strength-based approach based around five core principles: **first**, that communities possess the solutions and expertise to best address their own problems; **second**, that these communities are self-organizing entities with sufficient human resources and assets to derive solutions to communal problems, **third**, that communities possess a ‘collective intelligence’, equally distributed through the community, which the PD approach seeks to foster and draw out; **fourth**, that the foundation of any PD approach rests on sustainability and the act of enabling a community to discover solutions to their own problems through the study of local “positive deviants”, and **five**, that behavior change is best achieved through practice and the act of “doing”.

|                                      |   |  |
|--------------------------------------|---|--|
| Targeted outcome                     | 1. 50% reduction in moderate and severe malnutrition in children below 3 years  | 2. Reduction in the need and referral of MAM/SAM children to NRC |
| Brief description of the innovation  | The goal of the pilot project is to reduce the prevalence of moderate and severe malnutrition among the children below three years while promoting the positive childcare practices at the household level, using Positive deviance approach in the ICDS. |  |
| Proposed scale of innovation pilot   | This pilot will be undertaken in one block each in <b>West Singhum (High Burden), Latehar, and Palamu districts.</b>  |  |
| Brief description of the measurement | 1. 100 IFA consumption during third trimester (Hb)<br>2. Weight gain during pregnancy and institutional delivery  |  |

|                  |  |                      |                      |
|------------------|--|----------------------|----------------------|
| /assessment      | <ol style="list-style-type: none"> <li>3. Consumption of THR</li> <li>4. Age specific immunizations</li> <li>5. Early initiation and EBF</li> <li>6. Appropriate and time initiation of CF after 6 months</li> <li>7. Nutrition education and counselling and follow up</li> </ol>   |                      |                      |
| Support expected | <ol style="list-style-type: none"> <li>1. DPO/CDPO of the respective districts and blocks lead the pilot</li> <li>2. Supervisors of the project visit AWCs regularly</li> <li>3. The joint training of AWWs, ASHA, ANMs, LS, MO</li> <li>4. Village volunteers and trackers through VHSNC, Panchayat</li> <li>5. Special IEC Material/Tool/Aid for Home visit and PD</li> <li>6. Reward and recognition of PD mothers/families at VHND and events</li> </ol> |                      |                      |
| Timelines        | Start: 1 February 2015   | Mid time: 1 Aug 2015 | Endterm: 31 Oct 2015 |
| Costs            | Rs. 25,00,000/-  |                      |                      |

## **Annexure 12**

### **Concept Note for Untied funds pilots**

#### **Pilot No 3: Celebration of Wajan Tauhar**

The IDA assisted ICDS System Strengthening and Nutrition Improvement Project (ISSNIP), in its first phase aims to achieve minimum necessary level strengthening of various system that support the larger ICDS programme and demonstrate the efficacy of different operational / strategic approaches to improve programme outcomes particularly nutrition outcomes.

Based on past experience in implementation in ICDS, the project envisages undertaking a few process to be implemented at project scale (such as certain community level intervention and the incremental learning approach to strengthening supervisory interactions at all levels in the programme hierarchy), specifies certain system reforms whose implementation should be supported by the project (such as the revised MIS and its further development), and provides funding support for the development and implementation of a wide range of system and programme level innovations and pilots.

The last mentioned are unique in their wide scope and flexibility: in principle, any idea that can be conceptually shown to be likely to significantly transform the ability of the ICDS programme to achieve any of its stated outcomes (with focus on nutrition outcomes) may be piloted and developed at appropriate scale, generating evidence of effect and feasibility of implementation, so that the innovation, named "Wajan Tauhar" may be considered for either further development or wider implementation. Wajan Tauhar will be held in monthly basis on a specific day which will be selected by State Social Welfare Department.

#### **Objective of Wajan Tauhar:**

- Promotion of growth monitoring, Tracking, Referral and management of malnourished children
- To reduce child malnutrition by expanding utilization of nutrition services
- To generate awareness on adoption of appropriate feeding and caring practices at household level for children of 0-6 years of age
- To generate awareness on adoption of appropriate feeding and caring practices at household level during pregnancy
- To generate awareness on adoption of appropriate feeding and caring practices at household level for adolescent girls



Weight is a measurement taken throughout the lifespan to help determine trends and current nutritional status. Expected outcomes from Wajan Tauhar are;

- Identification and home based care of pre-term / very low birth weight newborn babies
- Timely identification and care of children with SAM, including home based care
- Improved management of child feeding during and after illness
- Improvement in food hygiene
- Improvement in general hygiene, use of toilets and access to safe drinking water
- Timely identification and care of pregnant women
- Timely identification and care of adolescent anemic girls

**Target group for Wajan Tauhar:**

- 0-6 months of children
- 6-months to 3years of children
- 3-6 years of children
- Pregnant women
- Adolescent girls

**Steps of Wajan Tauhar:**

1. *Pre Wajan Tauhar:*

- a) Update Resource Mapping in gram sabha with presence of matasamiti , AWW and sahiya
- b) A due list will be prepared by AWW and Sahiya on the basis of monthly updated recourse mapping
- c) The due list will be cross checked and update by ANM at sub center level meeting
- d) Inform all of the beneficiaries as per due list about the date, time & venue of Wajan Tauhar
- e) Prepare three colors card, which will be provided to mother according to present status of weight

|                              |
|------------------------------|
| Name of the child:           |
| Name of the mother:          |
| Weight of previous month:    |
| Result:                      |
| Weight of the current month: |
| Result:                      |

|                              |
|------------------------------|
| Name of the child:           |
| Name of the mother:          |
| Weight of previous month:    |
| Result:                      |
| Weight of the current month: |
| Result:                      |

|                              |
|------------------------------|
| Name of the child:           |
| Name of the mother:          |
| Weight of previous month:    |
| Result:                      |
| Weight of the current month: |
| Result:                      |

2. *During Wajan Tauhar:*

- a) Weighing the children (0-6 yrs of age) and Pregnant mother
- b) Plot it in the growth chart.
- c) The identified child who are under red zone in growth chart should be cross checked by ANM and AWW through MUAC tape measurement or bilateral pedal-oedema.
- d) Identify the persisting growth faltering (for 3 months)
- e) Counsel the mother regarding present status of weight
- f) During counselling session, provide colour card to mother as per the weight plotting in to the growth chart and MCP card (such as Green colour for Green zone, yellow colour for yellow zone and red colour for red zone).
- g) A community growth chart will be plotted/prepared by AWW, after that Child and mother will be stand under a particular colour card(like Green / Yellow / Red) which has stick at the wall of AWC.
- h) Counselling of mother on home based care and feeding practice.
- i) Counselling of mother on hand washing, personnel hygiene and safe drinking water
- j) Motivate to mother for the importance and necessity of admit in the MTC( for SAM children)
- k) All of the counselling points and should be written in to the color card , child and mothers name and other section should be filled up properly back side of the card and it should be deliver to the mothers hand

3. *Post Wajan Tauhar:*

- a) Home visit must be done by AWW and Sahiya as per priority basis for follow-up and if any further requirement
- b) Update Resource Mapping
- c) Provide extra feeding for malnourished children
- d) Stick the following form at the beneficiary's wall during home visit and also write the appropriate thing in the form

## Home visit Form

| Date | Issues    | Very good | Good | Satisfactory | Need to improve |
|------|-----------|-----------|------|--------------|-----------------|
| I    | Nutrition |           |      |              |                 |
|      | Health    |           |      |              |                 |
|      | Hygiene   |           |      |              |                 |
| II   | Nutrition |           |      |              |                 |
|      | Health    |           |      |              |                 |
|      | Hygiene   |           |      |              |                 |
| III  | Nutrition |           |      |              |                 |
|      | Health    |           |      |              |                 |
|      | Hygiene   |           |      |              |                 |
| IV   | Nutrition |           |      |              |                 |
|      | Health    |           |      |              |                 |
|      | Hygiene   |           |      |              |                 |
| V    | Nutrition |           |      |              |                 |
|      | Health    |           |      |              |                 |
|      | Hygiene   |           |      |              |                 |
| VI   | Nutrition |           |      |              |                 |
|      | Health    |           |      |              |                 |
|      | Hygiene   |           |      |              |                 |

| Budget for Wajan Tauhar |  |                         |           |                |
|-------------------------|--|-------------------------|-----------|----------------|
| Sl no.                  | Particulars  | No. of Unit             | Unit cost | Amount         |
| 1                       | Training on Wajan Tauhar in the project level for AWW    | 45                      | 7500      | 338700         |
| 2                       | Community Growth Chart                                   | 2258                    | 400       | 903200         |
| 3                       | Stationeries ( 3 colours chart paper, marker, Bindi etc) | 2258                    | 500       | 1129000        |
| 4                       | Printing of home visit follo-up form                     | 80000                   |           | 100000         |
| 5                       | Miscellaneous  |                         |           | 29100          |
|                         |  | <b>Total Amount Rs.</b> |           | <b>2500000</b> |

## **Annexure 13:**

### **Concept Note 1:**

#### **Social Audit of ICDS services**

The social audit is the process of vigilance and monitoring kept by the society to ensure that the public money is being spent in the most prudent way adhering to all the stipulated guidelines. The major principle that guides the social audit is that it should be done by the society itself. The society should be helped by the trained people. The process of the audit itself should act as a process of capacity building to the villagers. Independent people who do not implement the scheme should help the Society in conducting the social audit. There should be mechanisms to address the grievances that come out as a result of the social audit.

ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

#### **Why Social Audit of ICDS:**

Article 47 of Indian Constitution spells out the duty of the state to raise the level of nutrition and the standard of living of its people as a primary responsibility. The reading of Article 21 together with Articles 39 (a) and 47 places the issue of food security in the correct perspective, thus making the right to food a guaranteed fundamental right which is enforceable by virtue of the constitutional remedy provided under Article 32 of the constitution. The Supreme Court held that Gram Sabha is the appropriate body which can conduct social audit of food security programme within its jurisdiction. It means the common people have *right to monitor the implementation of food security programme* meant for themselves.

Social Audits are required because the money belongs to the people and they have right to know all details of expenditure. Secondly, the implementer cannot be the auditor. There needs to be people's audit supported by a neutral 3rd party who also facilitates the process. Lastly, this is not a fault-finding but a fact-finding process.

The Social Audit process helps in the following:

1. Generate awareness in the community about their entitlements
2. Reducing gap between people and the implementers
3. Helps to find out administrative and technical problems and give suggestions
4. Helps to stop corruption and ensure 100 percent quality in implementation of the scheme
5. Immediate action on complaints and in most cases, not by legal action but by social pressure

Keeping this in mind, Jharkhand has already initiated the Social Audit process and piloted it in 5 Gram Panchayats (1 in each of the 5 divisions) with the following purposes:

- To assess, analyse and interpret the functioning of AWC across set parameters
- To support in the improvement of functioning of AWC by judiciously appraising the services, service provisions of the AWC.
- To involve communities especially PRI members, NGO's in the audit of services and raising awareness of the services extended by the ICDS.

With the opportunity available in ISSNIP, it is proposed to scale up the pilot of Social Audit in 4 AWCs per block of 10 % of the blocks / projects in year 2 (i.e. 40 AWCs) in Jharkhand.

**Goal-** Ensuring community engagement and participatory decision making system in ICDS

**Objective-**

- To make the system and administration accountable to the people.
- To build of confidence of the community members to raise questions breaking the culture of silence.
- To bridge the gaps between service delivery mechanism, service providers system and service recipients.
- To capacitate people to play their role as real change actors instead of mere recipients of dispensed benefits.

- To streamline the transparency and public scrutiny system as a part of grass root democracy at all levels.

**Activities:**

- Selection of areas and identification of AWCs (total 40 AWCs from 10 Projects @4 each from 12 ISSNIP districts)
- Identify good NGO's with significant presence in the identified areas and has worked in community mobilization in the areas (*THE NGO MAPPING EXERCISE WILL HELP IN IDENTIFICATION*)
- Selection and agreement with the implementing NGOs
- Capacity building of the Selected NGO's on the methodology of Social audit
- Finalizing the tools and templates for the Social audit process (*CPMU WILL PROVIDE THE GUIDELINES WHICH WILL BE ADAPTED AND PRINTED AT THE STATE LEVEL*)
- Holding a sensitization session with all stakeholders in the respective AWC / GPs under the purview of the selected Projects by the NGO
- NGO will facilitate the social audit by the community members
- Collection and compilation of filled up formats of audit done by the community
- Public Hearing on the findings of the Social audit.
- Identifying and addressing the lacunae/gaps.
- Guide the service provider in fulfilling the identified gaps and improving the six services of ICDS.
- Documentation of the entire process for replication in other projects/ blocks

**The following things will be kept in mind during the entire process:**

1. Auditors will work only for 'Investigation' and not 'Prosecution'.
2. Compulsory presence of senior officials, who have decision-taking powers at the Gram Sabhas and public hearings.

3. Active participation of PRI members should be ensured in the public hearings.
4. Equal opportunity should be given to all stake holders during the investigation and prosecution process.

### **Expected Output**

- Empowered community in terms of ICDS services and functioning of AWCs
- Identification of gaps in ICDS services and finding out amicable solutions for better service delivery
- Development of a group of capacitated people to continue the process

### **Budget**

Rs. 13.50 lakhs have been budgeted in phase I in the project. Of this, Rs.1.50 lakhs will be spent for printing of Tools and Guidelines in this year. Apart from this, Rs.2.00 lakhs has been budgeted for providing training to NGO facilitators and Rs.10.00 for expenses of conducting Social Audit at the AWC level (@Rs.2500/- per AWC).



## Annexure 14:

### Design for Piloting Convergent Nutrition Action:

Good nutrition is the bedrock of human wellbeing. Inherently good nutrition flows throughout the life cycle and across the generation. Recently, nutrition has received renewed attention from various level stakeholders and policy makers. Malnutrition is the single largest factors contributing to the increase the risk of mortality and death of the young children. It is a complex and multi-dimensional issue, affected by poverty, inadequate food consumption or distribution, improper women, infant and child feeding and caring practices, equity issues, poor sanitary and environmental conditions, limited demand for, or access to health services, lack of education and social safety nets and even natural and man-made disasters (famine, floods, war, or insurgence). India, currently, has the highest malnutrition rate in the world.

To combat with this multi diversified cases of malnutrition one single effort or programme is not sufficient; it's need wide ranging holistic multi sectoral approaches. The benefits of a multi-sectoral approach are therefore immense. What is required and is currently missing is an effective multi-sectoral nutrition convergent action that will strengthen the nutritional impact of the under 3s. This pilot intervention will strengthen multi-sectoral nutrition actions that would facilitate joint programming with other critical sector interventions and support to meet the joint challenges of creating a way which is environmentally sustainable.

|                                     |  |
|-------------------------------------|--|
| Targeted Outcome                    | 100% weighing of the children<br>% increase in EBF<br>% increase in timely & appropriate initiation of CF<br>100% referral of SAM children to MTC  |
| Brief Description of the Innovation | This pilot will focus on<br><ol style="list-style-type: none"><li>1. Improvement in the quality and access of Maternal and Child Health and Nutrition (MCHN) services and maintaining service standards through structured joint planning and monitoring</li><li>2. Strengthening Village Health Sanitation, Nutrition Committees (VHSNCs) and conducting Village Health Sanitation and Nutrition Days (VHSNDs)</li><li>3. Coordinating and networking with all allied systems i.e. Government departments and Non-Government agencies providing services for children for effective implementation of the scheme.</li></ol> |

|   |  |
|---|--|
| Proposed scale of innovation pilot              | The pilot will be implement in 1 block of Lohardaga district   |
| Brief description of the measurement/assessment | <ul style="list-style-type: none"> <li>• Growth monitoring and promotion (GMP), especially tracking growth faltering children,</li> <li>• Intense nutrition, health, and hygiene advocacy to improve both home and facility based behaviours and environments,</li> <li>• Negotiating for positive household behaviours for improving Infant and Young Child Feeding (IYCF) through intense advocacy and Behaviour Change Communication (BCC)</li> <li>• Improving access and outreach of all basic and essential health services for women and children (preventive, referral, and curative)</li> <li>• Food and micro-nutrient supplementation along with promoting dietary diversification to improve household food baskets; and</li> <li>• Early identification, treatment, and rehabilitation of all severely malnourished children (through both community and facility level strategies).</li> <li>• Strengthening Village Health Sanitation, Nutrition Committees (VHSNCs).and conducting Village Health Sanitation and Nutrition Days (VHSNDs) or “Poshan Diwas” for accelerate nutrition outcomes.</li> <li>• Formation &amp; strengthen interdepartmental coordination committee at state, district &amp; block level.</li> <li>• Use of awards and incentives to promote convergent planning and actions (for successful VHSNCs)</li> </ul> |
| Support expected                                | <p>DC &amp; DSWO of the respective district</p> <p>CDPO &amp; Lady supervisors of the project visit AWC regularly</p> <p>Coordination among water sanitation, PRI, Education, RD &amp; other dept.</p> <p>Village volunteers thru VHSNC</p> <p>Special IEC materials /tools</p>  |
| Timeline  | 1 <sup>st</sup> May to 31 <sup>st</sup> Dec 2015   |
| Costs   | Rs 25,00,000/-   |

## Annexure 15:

| ANNEX 15- A-1: PROCUREMENT OF GOODS AND NON-CONSULTING SERVICES * Exchange Rate: 1 USD = Rs. 60.00 |                                     |  |                 |                      |                                 |                       |                    |                                      |                           |  |
|--|-------------------------------------|--|-----------------|----------------------|---------------------------------|-----------------------|--------------------|--------------------------------------|---------------------------|--|
| Reference  | Description of Item                 | Quantity   | Unit Cost (INR) | Estimated Cost (INR) | Estimated cost (USD Equivalent) | Method of Procurement | Review by the Bank | Expected date of Purchase Order (PO) | Expected Date of Delivery | Comments/Remarks                           |
| 1  | 2                                   | 3  | 4               | 5                    | 6                               | 7                     | 8                  | 9                                    | 10                        | 11   |
| <b>GOODS</b>   |                                     |  |                 |                      |                                 |                       |                    |                                      |                           |  |
| SPMU G01   | Desktop, Computers, Printers (SPMU) | Desktop computers with printers - 4              | 50,000.00       | 200,000.00           | 3,333.33                        | As per DGS&D R/C      | Post               | February'15                          | March'15                  | Procurement will be made against DGS&D R/C |
|  |                                     | Color Printer – 2                                | 30,000.00       | 60,000.00            | 1,000.00                        |                       |                    | February'15                          | March'15                  |  |
|  |                                     | Printer-cum-scanner (multi function machine) – 2 | 25,000.00       | 50,000.00            | 833.33                          |                       |                    | February'15                          | March'15                  |  |
| SPMU G02   | Laptop computers                    | 4  | 75,000.00       | 300,000.00           | 5,000.00                        | As per DGS&D R/C      | Post               | February'15                          | March'15                  |  |
| SPMU G03   | Photocopier                         | 1  | 110,000.00      | 110,000.00           | 1,833.33                        | As per DGS&D R/C      | Post               | February'15                          | March'15                  |  |
| SPMU G04   | EPBAX system,                       | 1  | 50,000.00       | 50,000.00            | 833.33                          | As per DGS&D R/C      | Post               | February'15                          | March'15                  |  |
| SPMU G05   | Fax Machine(SPMU )                  | 1  | 20,000.00       | 20,000.00            | 333.33                          |                       |                    | February'15                          | March'15                  |  |

|              |  |             |            |                     |                  |                        |      |             |          |
|--------------|--|-------------|------------|---------------------|------------------|------------------------|------|-------------|----------|
| SPMU<br>G06  | LCD Projector                          | 1           | 50,000.00  | 50,000.00           | 833.33           | As per<br>DGS&D<br>R/C | Post | February'15 | March'15 |
| SPMU<br>G07  | Office<br>Furniture &<br>Fixture(SPMU) | Lump<br>Sum | 650,000.00 | 650,000.00          | 10,833.33        | As per<br>DGS&D<br>R/C | Post | February'15 | March'15 |
| <b>TOTAL</b> |  |             |            | <b>1,490,000.00</b> | <b>24,833.33</b> |                        |      |             |          |

| OPERATING COST |  |    |        |                     |                  |         |      |  |    |  |
|----------------|--|----|--------|---------------------|------------------|---------|------|--|----|--|
| SPMU<br>OC01   | Hiring of<br>Vehicles SPMU             | 11 | 50,000 | 550,000.00          | 9,166.67         | FB/QCBS | Post |  | NA | Contract<br>concluded by<br>STATE WCD/<br>with travel<br>agency will be<br>utilized for hiring<br>of vehicle |
| SPMU<br>OC02   | Hiring of<br>Vehicles for<br>Districts | 12 | 20,000 | 2,640,000.00        | 44,000.00        | FB/QCBS | Post |  | NA | Districts will<br>make separately  |
| <b>TOTAL</b>   |  |    |        | <b>3,190,000.00</b> | <b>53,166.67</b> |         |      |  |    |  |

**ANNEX 15 – A-2: PROCUREMENT OF GOODS AND NON-CONSULTING SERVICES (District and project Level)**

*\* Exchange Rate: 1 USD = Rs. 60.00*

| Reference | Description of Item                                | Quantity | Unit Cost (INR) | Estimated Cost (INR) | Estimated cost (USD Equivalent) | Method of Procurement | Review by the Bank | Expected date of Purchase Order (PO) | Expected Date of Delivery | Comments/Remarks  |
|-----------|--|----------|-----------------|----------------------|---------------------------------|-----------------------|--------------------|--------------------------------------|---------------------------|---|
| 1         | 2  | 3        | 4               | 5                    | 6                               | 7                     | 8                  | 9                                    | 10                        | 11  |
| SPMU G08  | Desktop computer with printer for District         | 12       | 50,000.00       | 600,000.00           | 10,000.00                       | As per DGS&D R/C      | Post               | Feb-15                               | Mar-15                    | Procurement will be made against DGS&D R/C  |
| SPMU G09  | Phone/Furniture etc. for District                  | 12       | 50,000.00       | 600,000.00           | 10,000.00                       | As per DGS&D R/C      | Post               | Feb-15                               | Mar-15                    | Procurement will be made on need based basis against the contract concluded DGS&D R/C |
| SPMU G010 | Laptop computer for all districts and projects     | 248      | 50,000.00       | 12,400,000.00        | 206,666.67                      | As per DGS&D R/C      |                    | Feb-15                               | Mar-15                    |   |
| SPMU G011 | LCD projector                                      | 12       | 50,000.00       | 600,000.00           | 10,000.00                       |                       | Post               | Feb-15                               | Mar-15                    |   |
| SPMU G012 | Printing of National Guidelines received from CPMU | Lump Sum |                 | 300,000.00           | 5,000.00                        | NCB                   | Post               | April'15 - June'15                   |                           |   |
| SPMU G013 | Printing of revised MIS guidelines and             | Lump Sum |                 | 1,500,000.00         | 25,000.00                       | NCB                   | Post               | Feb-15                               | Mar-15                    |   |

|              |   |          |          |                       |                     |     |      |        |        |  |
|--------------|---|----------|----------|-----------------------|---------------------|-----|------|--------|--------|--|
|              | user Manuals  |          |          |                       |                     |     |      |        |        |  |
| SPMU G014    | Printing and distribution of age specific 300 days curriculum       | 42000    | 1,500.00 | 63,000,000.00         | 1,050,000.00        | NCB | Post | Feb-15 | Mar-15 |  |
| SPMU G015    | Printing of orientation module for CBO in local languages           | Lump Sum |          | 1,000,000.00          | 16,666.67           | NCB | Post | Feb-15 | Mar-15 |  |
| SPMU G016    | Printing of tools and guidelines for Social Audit                   | Lump Sum |          | 150,000.00            | 2,500.00            | NCB | Post | Feb-15 | Mar-15 |  |
| SPMU G017    | 'Weaning Bowls' and Spoons of stainless steel with measure/markings | 351378   | 100.00   | 35,137,800.00         | 585,630.00          | NCB | Post | Feb-15 | Mar-15 |  |
| SPMU G018    | Baby Weighing scale   | 14000    | 2,000.00 | 28,000,000.00         | 466,666.67          | NCB | Post | Feb-15 | Mar-15 |  |
| SPMU G019    | WHO growth chart  | 14000    | 1,500.00 | 21,000,000.00         | 350,000.00          | NCB | Post | Feb-15 | Mar-15 |  |
| <b>TOTAL</b> |   |          |          | <b>164,287,800.00</b> | <b>2,738,130.00</b> |     |      |        |        |  |

**ANNEX 15– “B”: PROCUREMENT PLAN FOR CONSULTANCY SERVICES**

I. Individual Consultants

| Reference | Position Name  | Number of Positions | Total Monthly remuneration in INR | Estimated period | Estimated cost in INR | Estimated cost in USD equivalent | Selection Method | Review by the Bank | Comments/Remarks  |
|-----------|--|---------------------|-----------------------------------|------------------|-----------------------|----------------------------------|------------------|--------------------|---|
| Number    |  |                     |                                   |                  |                       |                                  |                  |                    |   |
| 1         | 2  | 3                   | 4                                 | 5                | 6                     | 7                                | 8                | 9                  | 10  |
| SPMU IC01 | JPCs @ Rs. 50000 pm                                  | 1                   | 50,000.00                         | 11               | 550,000.00            | 9,166.67                         | IC               | Post               | WB Guidelines for selection of Individual Consultants will be followed. The Consultants will be engaged after notifying the positions in the leading local news papers (1 Hindi and 1 English) and meeting the eligibility criteria by 31st August 2014. No objection to the ToRs for each of the technical consultants will be obtained from the World Bank. |
| SPMU IC01 | Technical Consultants @ Rs. 60,000pm                 | 5                   | 300,000.00                        | 10               | 3,000,000.00          | 50,000.00                        | IC               | Post               |   |
| SPMU IC01 | Tcehnical Consultant (Procurement) @Rs.60,000/- p.m. | 1                   | 60,000.00                         | 8                | 480,000.00            | 8,000.00                         | IC               | Post               |   |
| SPMU IC01 | Accountant @ Rs. 40,000 PM                           | 1                   | 40,000.00                         | 10               | 400,000.00            | 6,666.67                         | IC               | Post               |   |
| SPMU IC01 | Project Associates @ Rs. 25,000 PM                   | 2                   | 50,000.00                         | 10               | 500,000.00            | 8,333.33                         | IC               | Post               |   |
| SPMU IC01 | Secretarial Assistant @ Rs. 15,000 PM                | 1                   | 15,000.00                         | 14               | 210,000.00            | 3,500.00                         | IC               | Post               |   |
| SPMU IC01 | Computer Operator @Rs.15000/- p.m.                   | 1                   | 15,000.00                         | 11               | 165,000.00            | 2,750.00                         | IC               | Post               |   |
| SPMU IC   | Office   | 1                   |                                   | 11               |                       |                                  | IC               | Post               |   |

|              |                                   |     |           |   |                      |                   |    |      |
|--------------|-----------------------------------|-----|-----------|---|----------------------|-------------------|----|------|
| 01           | Messenger/Person @ Rs. 8000 PM    |     | 8,000.00  |   | 88,000.00            | 1,466.67          |    |      |
| DPMU<br>IC02 | Dist. Coordinator @ Rs 30000 pm   | 12  | 30,000.00 | 9 | 3,240,000.00         | 54,000.00         | IC | Post |
| DPMU<br>IC02 | Project Assistants @ Rs. 15000 Pm | 12  | 15,000.00 | 9 | 1,620,000.00         | 27,000.00         | IC | Post |
| BPMU<br>IC03 | Block Coordinator @ Rs 12000 pm   | 101 | 12,000.00 | 9 | 10,908,000.00        | 181,800.00        | IC | Post |
| BPMU<br>IC03 | Project Assistants @ Rs. 8000 Pm  | 101 | 8,000.00  | 9 | 7,272,000.00         | 121,200.00        | IC | Post |
| <b>TOTAL</b> |                                   |     |           |   | <b>28,433,000.00</b> | <b>473,883.33</b> |    |      |



**ANNEX 15 – “B”: PROCUREMENT PLAN FOR CONSULTANCY SERVICES**

I. Consulting Agencies / NGOs / CBOs

| Ref. No.    | Description of Assignment  | Unit Cost          | Total number of events | Estimated cost (INR) | Estimated Cost (US\$) | Selection method | Review by the Bank | Expected date of Contract signature | Contract duration |
|-------------|--|--------------------|------------------------|----------------------|-----------------------|------------------|--------------------|-------------------------------------|-------------------|
| SPMU (CS01) | Hiring of NGO for conducting Training Need Assessment (TNA)                | 20,00,000.00       | 1                      | 2,000,000.00         | 33,333.33             | FB/QCBS          | Post               | March'15                            | 2 months          |
| SPMU (CS02) | Engagement of PRI members for strengthening convergence through NGOs       | 10000.00 per event | 202                    | 2,020,000.00         | 33,666.67             | FB/QCBS          | Post               | April'15                            | 9 months          |
| SPMU (CS03) | Hiring of NGOs for designing and implementation of Urban pilots            | 2,500,000.00       | 1                      | 2,500,000.00         | 41,666.67             | FB/QCBS          | Post               | March'15                            | 10 months         |
| SPMU (CS04) | Untied fund for high burden districts to undertake innovation through NGOs | 2,500,000.00       | 12                     | 30,000,000.00        | 500,000.00            | FB/QCBS          | Post               | April'15                            | 9 months          |
| SPMU (CS05) | Hiring of Agencies for Mapping of NGOs                                     | 3,00,000.00        | 1                      | 3,00,000.00          | 5,000.00              | FB/QCBS          | Post               | March'15                            | 1 month           |
| SPMU (CS06) | Piloting models of community engagement by involving local NGOs / CBOs     |                    |                        | 2,500,000.00         | 41,666.67             | FB/QCBS          | Post               | April'15                            | 9 months          |

|              |  |              |       |              |           |         |      |           |          |
|--------------|--|--------------|-------|--------------|-----------|---------|------|-----------|----------|
| SPMU (CS07)  | Hiring of NGO for capacity building of CBOs  | 250.00       | 19521 | 4,880,250.00 | 81,337.50 | FB/QCBS | Post | April'15  | 9 months |
| SPMU (CS08)  | Hiring of NGO for implementation of Social Audit and other community monitoring of ICDS        | 25,000.00    | 40    | 1,000,000.00 | 16,666.67 | FB/QCBS | Post | April'15  | 9 months |
| SPMU (CS09)  | Hiring of NGOs for design pre-test and implementation of BCC thru mid-media campaigns          | 400,000.00   | 12    | 4,800,000.00 | 80,000.00 | FB/QCBS | Post | April'15  | 9 months |
| SPMU (CS010) | District Rapid Assessment (RAP) through external agency  | 1,000,000.00 | 1     | 1,000,000.00 | 50,000.00 | FB/QCBS | Post | May'15    | 2 months |
| SPMU (CS011) | Hiring of external agencies for OR studies / Evaluation of pilots                              | 30,00,000.00 | 1     | 30,00,000.00 | 50,000.00 | FB/QCBS | Post | May - '15 | 6 months |
| SPMU (CS012) | Hiring of external agencies for Social Assessment / Ethnographic study in SC/ST/Minority areas | 10,00,000.00 | 1     | 10,00,000.00 | 16,666.67 | FB/QCBS | Post | May-'15   | 4 months |

|              |  |              |   |                      |                   |         |      |           |          |
|--------------|--|--------------|---|----------------------|-------------------|---------|------|-----------|----------|
| SPMU (CS013) | Hiring of NGOs for implementating the pilot "AWC services to migrants" | 2,000,000.00 | 1 | 2,000,000.00         | 33,333.33         | FB/QCBS | Post | April '15 | 9 months |
| SPMU (CS014) | Hiring of NGO for implementing the pilot "Convergent Nutrition Action" | 2,500,000.00 | 1 | 2,500,000.00         | 41,666.67         | FB/QCBS | Post | April '15 | 9 months |
| <b>Total</b> |  |              |   | <b>55,200,250.00</b> | <b>920,004.17</b> |         |      |           |          |

**ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP)-  
Action Plan for 2014 -15 Jharkhand**

| <b>Sl. No</b>   | <b>Activity<br/>(as per Admn.<br/>Approval)</b>  | <b>Activity<br/>Descript<br/>ion</b> | <b>Sub-tasks</b>  | <b>Responsi<br/>bility</b> | <b>No<br/>of<br/>Uni<br/>t</b> | <b>Uni<br/>t<br/>Cos<br/>t</b> | <b>Estimated<br/>Total cost<br/>(in Rs.<br/>Lakhs)</b> | <b>Remar<br/>ks (if<br/>any)</b> |
|---|--|--------------------------------------|---|----------------------------|--------------------------------|--------------------------------|--|----------------------------------|
| <b>1</b>  | <b>2</b>   | <b>3</b>                             | <b>4</b>  | <b>5</b>                   | <b>8</b>                       | <b>9</b>                       | <b>10</b>  | <b>11</b>                        |
| <b>Component 1: Institutional and Systems Strengthening</b>             |  |                                      |   |                            |                                |                                |  |                                  |
| <b>1A Review /Refinement of policies/ Guidelines/Procedures in ICDS</b> |  |                                      |   |                            |                                |                                |  |                                  |
| <b>1</b>  | <b>Activity1:</b><br>Adaptation of national guideline, frameworks and strategies to suit state context |                                      | <b>1.1</b> Review and refinement of existing guideline, policies & procedures in ICDS                                 | CPMU                       |                                |                                |  |                                  |
|   |  |                                      | <b>1.2</b> Translation and printing of revised guideline and policies at state level                                  | SPMU                       |                                |                                |  |                                  |
|   |  |                                      | <b>1.3</b> State consultation meet to share the revised national guideline with state and district level stakeholders | SPMU                       |                                |                                |  |                                  |
|   |  |                                      | <b>1.4</b> Orientation of district and block officials on revised guidelines  | SPMU                       |                                |                                |  |                                  |
|   | <b>Sub total</b>   |                                      |   |                            |                                |                                |  |                                  |
| <b>2</b>  | <b>Activity 2:</b><br>Mentoring of ICDS by task force  |                                      | <b>2.1</b> Quarterly meeting of state level task force  | SPMU                       | 2                              | 0.10                           | 0.20   |                                  |
|   |  | <b>Sub total</b>                     |   |                            |                                |                                | <b>0.20</b>  |                                  |

| <b>Total of Review/ Refinement of policies/guidelines/procedures in ICDS</b> |   |  |  |          |    |      | <b>0.20</b>  |  |
|--|---|--|--|----------|----|------|--------------|--|
| <b>1B: Strengthening and expanding ICDS Monitoring system</b>                |   |  |  |          |    |      |              |  |
| <b>3</b>   | <b>Activity 3:</b><br>Support to roll-out of revised MIS across all districts/projects in the State             |  | <b>3.1</b> Train District level Master Trainer's for need based additional training at the regional level  | SPMU     |    |      | 5.00         |  |
|  |   |  | <b>3.2</b> Translation and printing of facilitator's guides and user's manual in local languages           |          |    |      | 15.00        |  |
|  | <b>Sub total</b>  |  |  |          |    |      | <b>20.00</b> |  |
| <b>4</b>   | <b>Activity 4:</b><br>Piloting mechanisms to ensure AWC services to migrants                                    |  | <b>4.1</b> Design implementation module and identification cards for inclusion of migrants in AWC services | CPMU     |    |      | 20.00        |  |
|  |   |  | <b>4.2</b> Mapping and selection of piloting district and projects   | SPMU     |    |      |              |  |
|  |   |  | <b>4.3</b> Implementation of pilot in the identified project area  | SPMU     |    |      |              |  |
|  | <b>Sub total</b>  |  |  |          |    |      | <b>20.00</b> |  |
| <b>5</b>   | <b>Activity 5:</b><br>Support for computerization of MIS up to block level in all the district across the state |  | <b>5.1</b> Training of identified block staff on computerisation of MIS                                    | District |    |      | 12.00        |  |
|  |   |  |  |          | 24 | 0.50 |              |  |

|  |  |  |  |               |     |      |               |  |
|--|--|--|--|---------------|-----|------|---------------|--|
|  |  |  | 5.2 Laptop Computer for all Dist. And project offices  | SPMU/District | 248 | 0.50 | 124.00        |  |
|  | <b>Sub total</b>   |  |  |               |     |      | <b>136.00</b> |  |
| <b>6</b>   | <b>Activity 6:</b><br>Training of ICDS functionaries on use of web-based MIS and data analysis |  | 6.1 DSWOs/ CDPOs/ and Supervisors will be trained on use of computers and web-based MIS software         | District      |     |      |               |  |
|  | <b>Sub total</b>   |  |  |               |     |      | -             |  |
| <b>Total of Strengthening and expanding ICDS Monitoring system</b> |  |  |  |               |     |      | <b>176.00</b> |  |
| <b>1C Strengthening Training and Capacity Building</b>             |  |  |  |               |     |      |               |  |
| <b>7</b>   | <b>Activity 7:</b><br>Training Need Assesment  |  | 7.1 Design the TNA study and develop the implementation guideline  | CPMU          |     |      | 20.00         |  |
|  |  |  | 7.2. Selection of external agency and award contract through TOR for engaging and data collection of TNA | SPMU          |     |      |               |  |
|  |  |  | 7.3 Complete data collection for TNA   | SPMU          |     |      |               |  |
|  |  |  | 7.4 Share findings of TNA with state and district officials for feedback                                 | SPMU          |     |      |               |  |
|  |  |  | 7.5 Finalize TNA report and draw action plan   | SPMU          |     |      |               |  |
|  | <b>Sub total</b>   |  |  |               |     |      | <b>20.00</b>  |  |

8

|  |   |  |            |             |             |  |
|--|---|--|------------|-------------|-------------|--|
| <p><b>Activity 8:</b><br/>Piloting incremental Learning ( capacity building approach )</p> | <p><b>8.1</b> Orientation and first training of Dist. Resource Group (DRGs) at the Dist. Level</p>  | <p>SPMU &amp; District</p>                   | <p>12</p>  | <p>0.17</p> | <p>2.04</p> |  |
|  | <p><b>8.2</b> Orientation and first training of Block Resource Group (BRGs) in selected 101 blocks / projects</p>   | <p>SPMU &amp; District</p>                   | <p>101</p> | <p>0.08</p> | <p>8.08</p> |  |
|  | <p><b>8.3</b> 2nd and once in every 3months training of DRG at district level through ongoing sessions on identified themes (4 sessions in each of the 12 dist. to cover 12-14 themes)</p>          | <p>SPMU &amp; District</p>                   |            |             |             |  |
|  | <p><b>8.4</b> 2nd and once in every 3months training of BRG at Project level through ongoing sessions on identified themes (11 sessions in each of the 101 project block to cover 12-14 themes)</p> | <p>District / Block</p>                      |            |             |             |  |
|  | <p><b>8.5</b> Develop capacities of functionaries at HSC / sector level through ongoing sessions on identified themes (10 sessions to cover</p>   | <p>District / Block/ Sub-centre / Sector</p> |            |             |             | <p>This activity will be marged with Convergence Committ</p> |

|           |  |  |   |                 |  |  |              |                             |
|-----------|--|--|---|-----------------|--|--|--------------|-----------------------------|
|           |  |  | 10 themes)  |                 |  |  |              | ee Sub-centre level meeting |
|           |  |  | <b>8.6</b> Document the entire process  | All level       |  |  |              |                             |
|           | <b>Sub total</b>   |  |   |                 |  |  | <b>10.12</b> |                             |
| <b>9</b>  | <b>Activity-9:</b><br>Inter and Intra-State exposure/learning exchange visits by the Project Team/other ICDS functionaries |  | <b>9.1</b> Develop a check list for identification of best practices sites  | SPMU            |  |  |              |                             |
|           |  |  | <b>9.2</b> Identify best practice sites (within and outside States) for exposure visit  | SPMU & District |  |  |              |                             |
|           |  |  | <b>9.3</b> Organize exposure visits   | SPMU            |  |  |              |                             |
|           | <b>Sub total</b>   |  |   |                 |  |  |              |                             |
| <b>10</b> | <b>Activity-10:</b><br>Training on programme management & leadership   |  | <b>10.1</b> Design machanisms and develop capacity building module for building programme management and leadership among officials | CPMU            |  |  |              |                             |
|           |  |  | <b>10.2</b> organize training for ICDS officials on programme management and  | SPMU            |  |  |              |                             |



|   |   |  |   |       |     |       |              |   |
|---|---|--|---|-------|-----|-------|--------------|---|
|   |   |  | leadership  |       |     |       |              |   |
|   | <b>Sub total</b>  |  |   |       |     |       |              | - |
| <b>Total of 1C: Strengthening Training and Capacity Building</b>              |   |  |   |       |     |       | <b>30.12</b> |   |
| <b>1D Strengthening Convergence with National Rural Health Mission (NRHM)</b> |   |  |   |       |     |       |              |   |
| <b>11</b>   | <b>Activity-11:</b><br>Strengthening/formation of State, district and block level convergence committees with NRHM for review and planning: |  | <b>11.1</b> Issuing joint guideline (health and ICDS) for formation of convergence committees at State, district and block levels (if it does not exist). | CPMU  |     |       |              |   |
|   |   |  | <b>11.2</b> Formation of convergence committees at all levels   | SPMU  |     |       |              |   |
|   |   |  | <b>11.3</b> Quarterly planning and review meeting of state convergence committees   | SPMU  | 1   | 0.25  | 0.25         |   |
|   |   |  | <b>11.4</b> Quarterly planning and review meeting of district convergence committees  | SPMU  | 12  | 0.1   | 1.20         |   |
|   |   |  | <b>11.5</b> Monthly planning and review meeting of block convergence committees   | Block | 202 | 0.015 | 3.03         |   |
|   | <b>Sub total</b>  |  |   |       |     |       | <b>4.48</b>  |   |

|                  |  |  |                 |  |  |  |             |   |
|------------------|--|--|-----------------|--|--|--|-------------|---|
| 12               | <b>Activity 12:</b><br>Piloting of SC level meeting of ANM, Sahiyya & AWW for joint planning & its implementation (50% of total 1850 Health Sub Centres) | 12.1 planning of joint planning meeting at sub centre level in all the 1850 HSCs in 12 project districts                             | SPMU            |  |  |  |             |   |
|                  |  | 12.2 Monthly joint planning meeting of ANM, Sahiyya and AWW at Sub centre level  | Sub centre      |  |  |  |             | HSC level ILS will roll out through this platform |
| <b>Sub total</b> |  |  |                 |  |  |  | <b>0.00</b> |   |
| 13               | <b>Activity 13:</b><br>Engagement of PRI for strengthening convergence   | 13.1 Selection and engagement of CSOs on PRI orientation programme   | SPMU & District |  |  |  |             |   |
|                  |  | 13.2 Orientation of PRI members on nutrition, strengthening VHND, Support to AWCs and to mobilizing community (5 meetings per block) | Block           |  |  |  |             |   |
| <b>Sub total</b> |  |  |                 |  |  |  | <b>0.00</b> |   |
| 14               | <b>Activity 1 4:</b><br>Piloting successful model of convergence   | 14.1 Conducting of reviews by the central team for identification of best pilot  | CPMU            |  |  |  |             |   |
|                  |  | 14.2 Finalization of one best district for implementing the pilot  | CPMU            |  |  |  |             |   |

|  |   |  |   |                 |           |           |        |   |  |
|--|---|--|---|-----------------|-----------|-----------|--------|---|--|
|  |   |  |   | SPMU & District |           |           |        | This will be merged with Convergence Nutrition Action (CNA) |  |
|  | <b>Sub total</b>  |  | <b>14.3</b><br>Implementation of pilot in the district  |                 |           |           |        | -   |  |
| <b>Total of 1D Strengthening Convergence with National Rural Health Mission (NRHM)</b> |   |  |   |                 |           |           |        | <b>4.48</b>   |  |
| <b>1E: Institutional support for innovation and pilots</b>                             |   |  |   |                 |           |           |        |   |  |
| <b>15</b>  | <b>Activity 15:</b><br>Development of an urban strategy and designing and implementation of urban pilots                      |  | <b>15.1</b> Formulate the guideline for designing of pilot for Urban strategy   | CPMU            |           |           |        |   |  |
|  |   |  | <b>15.2</b> Development of urban strategy pilot   | CPMU            |           |           |        |   |  |
|  |   |  | <b>15.3</b> Selection of one urban area within the state  | SPMU            |           |           |        |   |  |
|  |   |  | <b>15.4</b> Implementation of urban pilot   | District        |           |           |        |   |  |
|  | <b>Sub total</b>  |  |   |                 |           |           |        | <b>0.00</b>   |  |
| <b>16</b>  | <b>Activity 16:</b><br>Piloting stimulation and cognitive activities for the pre-schools children at all AWCs in 24 Districts |  | <b>16.1</b> Production and procurement of age specific curriculum for the PSE and distribute its to all AWCs across the state | SPMU & District | 420<br>00 | 0.01<br>5 | 630.00 |   |  |

|           |  |  |  |                 |   |           |  |               |
|-----------|--|--|--|-----------------|---|-----------|--|---------------|
|           |  |  | <b>16.2</b> Develop and use simple tool to measure cognitive changes in children of 3-6 years. Tool and sample to be determined with pre-school experts. |                 |   |           |  |               |
|           |  |  | <b>16.3</b> Provide periodical supportive supervision and mentor AWCs to stimulate cognitive activities  | SPMU & District |   |           |  |               |
|           | <b>Sub total</b>   |  |  |                 |   |           |  | <b>630.00</b> |
| <b>17</b> | <b>Activity 17:</b><br>Untied fund for high burden districts to undertake innovation |  | <b>17.1</b> Formulate the guideline /operational manual for utilization of untied fund   | CPMU            |   |           |  |               |
|           |  |  | <b>17.2</b> Identification of local level innovations and selection of districts accordingly for rendering better service delivery from ICDS             | District        |   |           |  |               |
|           |  |  | <b>17.3</b> Implementation of identified local innovation  | District        | 6 | 25.0<br>0 |  | 150.00        |
|           | <b>Sub total</b>   |  |  |                 |   |           |  | <b>150.00</b> |
| <b>18</b> | <b>Activity 18:</b>  |  |  |                 |   |           |  | It has        |

|  |  |   |  |          |       |      |       |               |  |
|--|--|---|--|----------|-------|------|-------|---------------|--|
|  | Piloting second worker model   |   |  |          |       |      |       |               | already been included in the Restructured ICDS Programme |
|  | <b>Sub total</b>   |   |  |          |       |      |       | <b>0.00</b>   |  |
| <b>Total of 1E: Institutional support for innovation and pilots</b>    |  |   |  |          |       |      |       | <b>780.00</b> |  |
| <b>1F: Strengthening Implementation support at District and Blocks</b> |  |   |  |          |       |      |       |               |  |
| <b>19</b>  | <b>Activity 19:</b><br>Provide administration and implementation support to district & Block | District Level Expenses   | <b>19.1</b> Office establishment<br>Computer/ printer phone / furniture etc (one time) | District | 12    | 1.00 |       | 12.00         |  |
|  |  | <b>19.2</b> LCD projector   | District   | 12       | 0.50  |      | 6.00  |               |  |
|  |  | <b>19.3</b> Photocopier   | District   | 12       | 0.50  |      | 6.00  |               |  |
|  |  | <b>19.4</b> Recurring cost ( stationaries, telephone, other misc expenses | District   | 12       | 0.10  |      | 14.40 |               |  |
|  |  | <b>19.5</b> Travel cost to state H.Q. for attending meetings etc.         | District   | 12       | 0.050 |      | 7.20  |               |  |
|  |  | <b>19.6</b> Stay and food cost during visit to State H.Q.                 | District   | 12       | 0.020 |      | 9.60  |               |  |
|  |  | <b>19.7</b> Hiring of vehicle (one)                                       | District   | 12       | 0.20  |      | 4.80  |               |  |
|  |  | Block level   | <b>19.8</b> Baby weighing scale for each AWC   | SPMU     | 14000 | 0.02 |       | 280.00        |  |

|   |  |                  |   |          |           |           |               |               |  |
|---|--|------------------|---|----------|-----------|-----------|---------------|---------------|--|
|   |  | expenses         | <b>19.9</b> WHO Growth chart  | SPMU     | 140<br>00 | 0.01<br>5 | 210.00        |               |  |
|   |  |                  | <b>19.10</b> Recurring cost ( stationaries, telephone, other misc expenses                  | Block    | 101       | 0.01      | 12.12         |               |  |
|   |  |                  | <b>19.11</b> Travel cost to dist. H.Q. for attending review meetings/ trainings etc.        | Block    | 101       | 0.00<br>8 | 19.39         |               |  |
|   |  |                  | <b>19.12</b> Intra-block travel cost  | Block    | 101       | 0.01      | 12.12         |               |  |
|   |  | <b>Sub total</b> |   |          |           |           | <b>593.63</b> |               |  |
| <b>20</b>   | <b>Activity 20 :</b><br>Establishment District and Blook Project Management Unit |                  | <b>20.1</b> District Coordinator (1 per district with a salary of Rs.30000/- pm)            | District |           |           |               |               |  |
|   |  |                  | <b>20.2</b> Project Assistant at DPMU (1 per district with a salary of Rs.15000/- pm)       | District |           |           |               |               |  |
|   |  |                  | <b>20.3</b> Block Coordinator (1 per Block/Project with a salary of Rs.12000/- pm)          | Block    |           |           |               |               |  |
|   |  |                  | <b>20.4</b> Project Assistant at Block (1 per Project /block with a salary of Rs.8000/- pm) | Block    |           |           |               |               |  |
|   |  | <b>Sub total</b> |   |          |           |           | -             |               |  |
| <b>Total of 1F: Strengthening Implementation support at District and Blocks</b> |  |                  |   |          |           |           |               | <b>593.63</b> |  |

**COMPONENT-2: COMMUNITY MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION**

**2A Activities to enhance community mobilization and participation**

|   |   |  |   |      |   |      |             |  |
|---|---|--|---|------|---|------|-------------|--|
| <b>21</b>   | <b>Activity 21:</b><br>Assessment of capacities of Civil Society Organisation (CSOs) / Community Based Organisations (CBOs) for carrying out community engagement and BCC initiatives | Mapping of existing CSOs / CBOs in the state and an assessment of their capacities to carry out BCC and community engagement initiatives | <b>21.1</b> Identification of Agency to carry out Mapping exercise in all the 12 dists.   | SPMU |   |      | 3.00        |  |
| <b>21.2</b> TOR with identified agency                            |   |  |   |      |   |      |             |  |
| <b>21.3</b> Field level data collection by the agency             |   |  |   |      |   |      |             |  |
| <b>21.4</b> Submission of dist.-wise mapping report by the agency |   |  |   |      |   |      |             |  |
|   | <b>Sub total</b>  |  |   |      |   |      | <b>3.00</b> |  |
| <b>22</b>   | <b>Activity 22:</b><br>Piloting models of community engagement  | Identifying the models of community engagement to be piloted by the state based on its specific context through a                        | <b>22.1</b> Identifying the models of Community Engagement to be piloted in project dists. through state level consultative workshops | SPMU | 1 | 1.00 | 1.00        |  |

|           |   |   |   |      |  |             |  |
|-----------|---|---|---|------|--|-------------|--|
|           |   | consultative process at the state level   |   |      |  |             |  |
|           |   |   | <b>22.2</b> Designing of pilot interventions including implementation plans |      |  |             |  |
|           |   |   | <b>22.3</b> Identification of CSOs / CBOs for implementation                |      |  |             |  |
|           |   |   | <b>22.4</b> Dist. level implementation of community engagement pilots       |      |  |             |  |
|           |   |   | <b>22.5</b> Evaluation of pilots  |      |  |             |  |
|           |   |   | <b>22.6</b> Documenting pilot interventions for scale up in other dists.    |      |  |             |  |
|           | <b>Sub total</b>  |   |   |      |  | <b>1.00</b> |  |
| <b>23</b> | <b>Activity 23:</b><br>Capacity building of CBOs for engaging in ICDS | Orientati on of CBOs like mother's groups / committees, mahila mandals, SHGs, tribal leaders, | <b>23.1</b> Finalisation of orientation module                              | SPMU |  |             |  |



|  |  |  |   |                  |           |  |  |                                      |
|--|--|--|---|------------------|-----------|--|--|--------------------------------------|
|  |  | etc. at the AWC level  |   |                  |           |  |  |                                      |
|  |  |  | <b>23.2</b> Printing of orientation module in local languages                         | SPMU             |           |  |  |                                      |
|  |  |  | <b>23.3</b> Identification of local capable NGOs to implement the orientation program |                  |           |  |  |                                      |
|  |  |  | <b>23.4</b> Training of Master Trainers from NGOs for CBO orientation                 | State & district |           |  |  |                                      |
|  |  |  | <b>23.5</b> CBO orientation at AWC / GP level by the NGO                              | Project          | 195<br>21 |  |  | To be done for each AWC twice a year |
|  | <b>Sub Total</b>   |  |   |                  |           |  |  | -                                    |
|  | <b>Activity 24:</b> Implementation of Social Audit and other community monitoring pilots | This pilot will be implemented in 4 AWCs per block/project per year in about 10% blocks of the project | <b>24.2</b> Printing of tools and guidelines  | SPMU             |           |  |  | 1.50                                 |

|           |   |   |  |          |       |        |             |   |
|-----------|---|---|--|----------|-------|--------|-------------|---|
|           |   | districts   |  |          |       |        |             |   |
|           |   | Total 101 sanctioned projects = 10 projects total = 40 AWCs total | <b>24.3</b> Identification and partnership with local NGOs for facilitating social audits  | SPMU     |       |        |             |   |
|           |   |   | <b>24.4</b> Training of NGOs for facilitation  | District |       |        |             |   |
|           |   |   | <b>24.5</b> AWC level facilitation by the selected NGOs for Social Audit   | Project  |       |        |             | Rs.25000/- per Audit  |
|           |   |   | <b>24.6</b> Sharing of Audit findings with the community   | Project  |       |        |             |   |
|           |   | <b>Sub Total</b>  |  |          |       |        | <b>1.50</b> |   |
| <b>25</b> | <b>Activity 25:</b> Organisation of community based events for sensitisation on key health and nutrition issues |   | <b>25.1</b> Organisation of traditional community level events based on the local culture (like Annaprasan, Godh bhara, etc.) (every month in each AWC with an estimated cost of Rs. 250/- per event per centre) | project  | 16000 | 0.0015 | 240.00      | Assuming about 80% AWCs will conduct these events every month |

|           |   |  |  |      |           |            |               |               |
|-----------|---|--|--|------|-----------|------------|---------------|---------------|
|           |   |  | <b>25.2</b> Procurement of Katories and spoons for Timely initiation of complementary feeding (children after completion of 6 months of age) |      | 195<br>21 | 0.00<br>10 | 351.38        |               |
|           | <b>Sub Total</b>  |  |  |      |           |            | <b>591.38</b> |               |
| <b>26</b> | <b>Activity 26:</b><br>Partnerships with local NGOs / CSOs for supporting community mobilisation and behaviour change activities through mid-media campaigns on identified themes |  | <b>26.1</b> Identification of themes on which BCC will be done in 3 selected districts   | SPMU |           |            |               |               |
|           |   |  | <b>26.2</b> Selection of experienced and expert NGOs   |      |           |            |               |               |
|           |   |  | <b>26.3</b> Finalisation and printing of materials for BCC   |      |           |            |               |               |
|           |   |  | <b>26.4</b> BCC campaign at the village level by the selected NGOs (Mid-media initiatives)   |      |           |            |               |               |
|           | <b>Sub Total</b>  |  |  |      |           |            | <b>0.00</b>   |               |
| <b>27</b> | <b>Activity 27:</b><br>Implementation of Public-Private Partnership (PPP) in ICDS (pilot)   | To be implemented in few identified districts in the state from year 2 | <b>27.1</b> Identification and design of pilots at the central level   | CPMU |           |            |               |               |
|           |   |  | <b>27.2</b> Selection of districts   | SPMU |           |            |               | To be impleme |

|   |   |   |   |      |           |            |               |                                |
|---|---|---|---|------|-----------|------------|---------------|--------------------------------|
|   |   |   | <b>27.3</b> Development of specific training modules  |      |           |            |               | nted together with Activity 34 |
|   |   |   | <b>27.4</b> Identification of partners  |      |           |            |               |                                |
|   |   |   | <b>27.5</b> Training of stakeholders  |      |           |            |               |                                |
|   |   |   | <b>27.6</b> Field level implementation of the model   |      |           |            |               |                                |
|   | <b>Sub Total</b>  |   |   |      |           |            | -             |                                |
| <b>Total of 2A Activities to enhance community mobilization and participation</b> |   |   |   |      |           |            | <b>596.88</b> |                                |
| <b>6.2 B: Behaviour Change Communication</b>                                      |   |   |   |      |           |            |               |                                |
| <b>28</b>   | <b>Activity 28:</b> Adaption of national level BCC strategy and development of state specific BCC plans |   | State level consultative workshop for refining and adaptation of the national BCC strategy      |      |           |            |               |                                |
|   | <b>Sub Total</b>  |   |   |      |           |            | <b>0.00</b>   |                                |
| <b>29</b>   | <b>Activity 29:</b> Strengthening home contacts   | Strengthening counselling on nutrition and health through home contacts | <b>29.1</b> Counselling and home visit support materials will be developed at the central level | CPMU |           |            |               |                                |
|   |   |   | <b>29.3</b> Printing of tools and ILS materials for facilitating AWW's home contacts            |      | 213<br>71 | 0.00<br>25 | 53.43         |                                |

|           |   |  |  |          |  |  |              |   |
|-----------|---|--|--|----------|--|--|--------------|---|
|           |   |  | <b>29.4</b> Orientation of AWWs on ILS materials   |          |  |  |              |   |
|           |   |  | <b>29.5</b> Adaptation and printing of BCC counselling materials, ready reckoners, etc. to be used by AWWs and Sahiyyas                                    | District |  |  |              |   |
|           |   |  | <b>29.6</b> Orientation of AWWs and Sahiyyas on counselling tools  |          |  |  |              |   |
|           |   |  | <b>29.7</b> Implementation of pilot on 'incentives for home visit' as per the model developed at the central level   |          |  |  |              |   |
|           |   |  |  |          |  |  |              |   |
|           |   |  | <b>Sub Total</b>   |          |  |  | <b>53.43</b> |   |
| <b>30</b> | <b>Activity 30:</b><br>Design, pretest and implementation of mid-media initiatives such as folk theatre, film shows, etc. |  | <b>30.1</b> Finalisation of themes on which periodic campaigns will be done (in conjunction with the themes decided in the incremental learning trainings) | SPMU     |  |  |              | This activity will be merged with the similar activities under community mobilization |
|           |   |  | <b>Sub Total</b>   |          |  |  | -            |   |

|   |   |  |  |      |   |     |              |             |
|---|---|--|--|------|---|-----|--------------|-------------|
| <b>31</b>   | <b>Activity 31:</b><br>Advocacy and knowledge sharing   | Events will be organised to mobilise and build political and administrative commitment on nutrition issues | <b>31.1</b> Periodic conferences and meetings with hon'ble MPs, MLAs and DCs.                      |      |   |     |              |             |
|   | <b>Sub Total</b>  |  |  |      |   |     |              | -           |
| <b>Total of 6.2 B: Behaviour Change Communication</b>         |   |  |  |      |   |     | <b>53.43</b> |             |
| <b>6.3 Component 3: Piloting Convergent Nutrition Actions</b> |   |  |  |      |   |     |              |             |
| <b>32</b>   | <b>Activity 32:</b><br>Development of State - specific convergent nutrition action plans and designing of pilot |  | <b>32.1</b> Follow up meeting at the district level for selection of NGO and initiating activities |      | 1 | 0.3 |              | 0.3         |
|   |   |  | <b>32.2</b> selection of NGO partner for implementation of the pilot                               | SPMU |   |     |              |             |
|   | <b>Sub Total</b>  |  |  |      |   |     |              | <b>0.30</b> |
| <b>33</b>   | <b>Activities 33:</b><br>Strengthening interdepartmental coordination mechanisms                                |  | <b>33.1</b> Formation of multi - sectoral coordination committees at state and dist. level         | SPMU |   |     |              |             |

|  |  |   |   |                 |   |     |             |  |
|--|--|---|---|-----------------|---|-----|-------------|--|
|  |  |   | <b>33.2</b> Orientation of multi - sectoral coordination committee at state level   |                 |   |     |             |  |
|  |  |   | <b>33.3</b> Orientation of multi - sectoral coordination committee at district level  | District        |   |     |             |  |
|  |  | Rs. 15000/- per meeting at state level and Rs.5000/- per meeting at dist. level | <b>33.4</b> Facilitate quaterly meeting of multi - sectoral coordination committees to review progress on development of action plans | SPMU            | 1 | 0.2 | 0.20        |  |
|  | <b>Sub Total</b>   |   |   |                 |   |     | <b>0.20</b> |  |
| <b>34</b>  | <b>Activity 34:</b> Implementation and documentation of multi - sectoral pilot |   | <b>34.1</b> Implementing convergent nutrition action pilots as well as documentation in ONE dist.                                     | SPMU & District | 1 |     |             |  |
|  | <b>Sub Total</b>   |   |   |                 |   |     | <b>0.00</b> |  |
| <b>Total of 6.3 Component 3: Piloting Convergent Nutrition Actions</b> |  |   |   |                 |   |     | <b>0.50</b> |  |

**Component 4: Project management, Monitoring and evaluation**

**4A: Project Management**

|           |   |   |   |  |   |      |             |  |
|-----------|---|---|---|--|---|------|-------------|--|
| <b>35</b> | <b>Activity 35:</b><br>Staffing of<br>SPMU -<br>Salaries/Honarium |   | <b>35.1</b> Identification and notification of Joint Project Coordinators (JPCs) - deputed to projects ( <i>Payment of Salaries</i> ) |  | 2 | 0.5  | 1.00        |  |
|           |   |   | <b>35.2</b> Recruitment of Technical Consultants ( <i>Payment of honorarium</i> )   |  |   |      |             |  |
|           |   | These are delayed because clearance from the finance dept. is pending | <i>a) Nutrition &amp; Child Development</i>   |  | 1 | 0.6  | 0.6         |  |
|           |   |   | <i>b) Social Development &amp; Community Mobilization</i>   |  | 1 | 0.6  | 0.6         |  |
|           |   |   | <i>c) BCC &amp; Capacity Building</i>   |  | 1 | 0.6  | 0.6         |  |
|           |   |   | <i>d) M &amp; E and Decentralized Planning</i>  |  | 1 | 0.6  | 0.6         |  |
|           |   |   | <i>e) Financial Management</i>  |  | 1 | 0.6  | 0.6         |  |
|           |   |   | <i>f) Procurement</i>   |  |   |      |             |  |
|           |   |   | 4) Project Associates   |  | 1 | 0.25 | 0.25        |  |
|           |   |   | Accountant  |  | 1 | 0.4  | 0.4         |  |
|           |   |   | Secreterial Assistant   |  | 5 | 0.15 | 0.75        |  |
|           |   |   | Office Messangers/ Peons  |  | 2 | 0.08 | 0.16        |  |
|           | <b>Sub Total</b>  |   |   |  |   |      | <b>5.56</b> |  |



|           |  |  |  |                     |    |              |      |  |
|-----------|--|--|--|---------------------|----|--------------|------|--|
| <b>36</b> | <b>Activity 36:<br/>Procurement<br/>of items for<br/>SPMU</b>  |  | <b>36.1</b> Desktop Computers with Printers  | SPMU                |    |              |      |  |
|           |  |  | <b>36.2</b> Colour Printer   |                     | 4  | 0.5          | 2.00 |  |
|           |  |  | <b>36.3</b> Printer - cum - Scanner (Multi function machine)                                 |                     | 2  | 0.3          | 0.60 |  |
|           |  |  | <b>36.4</b> Photocopier machine  |                     | 2  | 0.25         | 0.50 |  |
|           |  |  | <b>36.5</b> EPBAX System   |                     | 1  | 1.1          | 1.10 |  |
|           |  |  | <b>36.6</b> Fax machine  |                     | 1  | 0.5          | 0.50 |  |
|           |  |  | <b>36.7</b> LCD Projector  |                     | 1  | 0.2          | 0.20 |  |
|           |  |  | <b>36.8</b> Laptop Computer  |                     | 1  | 0.5          | 0.50 |  |
|           |  |  | <b>36.9</b> Officer Furniture & Fixture  |                     | 4  | 0.75         | 3.00 |  |
|           |  |  | <b>Sub Total</b>   |                     |    |              |      |  |
|           |  |  |  |                     |    | <b>14.90</b> |      |  |
| <b>37</b> | <b>Activity 37:<br/>Staff training<br/>and orientations</b>  | Orientaio<br>n of 16<br>personnel<br>of SPMU | <b>37.1</b> Orientation training of SPMU   | CPMU &<br>TA Agency |    |              |      |  |
|           |  |  | <b>37.2</b> Training of SPMU, and district and block support staff on decentralized planning | SPMU                |    |              |      |  |
| <b>38</b> | <b>Activity 38:<br/>Annual and<br/>Monthly<br/>planning and<br/>review meetings<br/>at State and<br/>district levels</b> |  | <b>38.1</b> District & block annual planning meeting   | District            | 12 | 0.1          | 1.2  |  |
|           |  |  | <b>38.2</b> State level monthly meeting  | SPMU                |    |              |      |  |
|           |  |  | <b>38.3</b> District level monthly meetings  | District            | 12 | 0.05         | 1.2  |  |

|   |   |  |   |      |     |      |              |                                     |
|---|---|--|---|------|-----|------|--------------|-------------------------------------|
| 39  | Activity 39:<br>Administrative costs                              |  | 39.1 Rents, electricity, security, telephone, etc (as applicable)                     | SPMU | 12  | 1.0  | 12.0         |                                     |
|   |   |  | 39.2 Stationaries   |      | 12  | 0.4  | 4.8          |                                     |
|   |   |  | 39.3 Hiring of vehicles for SPMU  |      | 3   | 0.5  | 1.5          |                                     |
| 40  | Activity 40:<br>Monitoring & supervision visits - travel expenses |  | 40.1 Visit to Delhi to attend review/planning meetings/workshops                      |      |     |      | 15.00        |                                     |
|   |   |  | 40.2 Monitoring & Supervision visits within State                                     | 12   | 0.5 | 6.00 |              |                                     |
| 41  | Activity 41:<br>Contingency                                       |  | 41.1 Expenses for utilities and other consumables for day to day office operations    |      | 12  | 0.1  | 1.2          |                                     |
| <b>Sub Total</b>                                  |   |  |   |      |     |      | <b>42.90</b> |                                     |
| <b>Total of Component 4A: Project management,</b> |   |  |   |      |     |      | <b>63.36</b> |                                     |
| <b>4B: Project Monitoring and Evaluation</b>      |   |  |   |      |     |      |              |                                     |
| 42  | Activity 42:<br>Establish project monitoring system               |  | 42.1 SPMU to submit Quarterly Progress Report (QPR) to CPMU                           |      |     |      |              | Budgeted within SPMU regular budget |
|   |   |  | 42.2 Community level monitoring system developed and monitored using current MIS data |      |     |      |              |                                     |

|  |   |  |  |  |  |  |                 |  |
|--|---|--|--|--|--|--|-----------------|--|
| 43   | Activity 43:<br>District rapid assessments (RAP) and ongoing assessment using LQAS approach |  | 43.1 Hire external agencies for RAP at the Dist. Level                   |  |  |  |                 |  |
|  |   |  | 43.2 Disseminate findings and plan programme responses at district level |  |  |  |                 |  |
|  |   |  | 43.3 Conduct LQAS at project level by LS                                 |  |  |  |                 |  |
| 44   | Activity 44:<br>OR studies / Evaluation of pilots   |  | 44.1 Hiring of external agencies to conduct such studies                 |  |  |  |                 |  |
| 45   | Activity 45:<br>Social Assessment/ Ethnographic study in SC/ST/Minority areas               |  | 45.1 Hiring of external agencies to conduct such studies                 |  |  |  |                 |  |
|  | <b>Sub Total</b>  |  |  |  |  |  | <b>0.00</b>     |  |
| <b>Total of Component 4: Project management, Monitoring and evaluation</b> |   |  |  |  |  |  | <b>63.36</b>    |  |
| <b>GRAND TOTAL</b>   |   |  |  |  |  |  | <b>2,298.60</b> |  |