

# CARE India INHP III Annual Results Report FY10

## State Updates

### A. Introduction

The three years Phase-Out Project (POP), INHP III<sup>1</sup>, was designed to consolidate lessons from INHP I and II and to enable integration of good practices for sustained improvement of health and nutrition outcomes, into government programs. Based on the suggestion of the Final Evaluation of INHP III held during October-November 2009 and considering the un-programmed resources, the project duration of INHP III was extended from December 2009 till September 2010, to complete the replication process in new blocks and districts so that it has longer support for sustainability and document aspects of sustainability in large scale technical assistance programs. This extended phase of INHP III is referred to as No-Cost Extension (NCE) phase.

INHP III was implemented in partnership with the Government of India's (GoI) Ministry of Women and Child Development (MoWCD), Ministry of Health and Family Welfare (MoHFW) and local Non-Government Organizations (NGOs). The project covered 1297 blocks of 96 districts<sup>2</sup> of eight states namely Andhra Pradesh (AP), Chhattisgarh (CG), Jharkhand (JH), Madhya Pradesh<sup>3</sup> (MP), Orissa (OR), Rajasthan (RJ), Uttar Pradesh (UP) and West Bengal (WB). The project reached to over 266 million population base with a direct reach to around 16 million pregnant women, lactating mothers and children under two years age.

As part of the program close-out plans, most of the field operations of INHP across all states are closed by end of September 2010. While the district and state level operations in all except AP have been closed down, the project has been given a three-months of extension to complete the winding-up operations at the country office and also to complete the documentation and dissemination of lessons learnt at the national level. The direct implementation support to blocks was phased out earlier in September 2009, from all blocks of primary program area<sup>4</sup>. Replication of best practices through government programs<sup>5</sup> was continued in new blocks within Primary Program Area and new districts of AP and CG during the NCE phase.

This annual results report is for the period October 2009 through September 2010 and mainly covers last quarter of previous phase and three quarters of the NCE phase.

#### Highlights

- Final Evaluation (FE) process was completed, by a team of international experts with representation of



<sup>1</sup> After ten years of Title II funding for the Integrated Nutrition and Health Project (INHP) CARE India began the three-year phase-out in October 2006. This final phase, called INHP III, focused on mainstreaming and sustaining key elements of INHP I and II by health programs of the Government of India.

<sup>2</sup> The total operation area consists of Primary Program Area (PPA) for INHP III means 711 blocks of 75 districts in seven states, 283 replication blocks in the PPA and 303 blocks is 21 non INHP districts of CG and AP

<sup>3</sup> INHP was completely phased out from Madhya Pradesh in the year 2008.

<sup>4</sup> Primary Program Area (PPA) refers to the blocks where INHP was being implemented at the end of the second phase, i.e. September 2006

<sup>5</sup> Integrated Child Development Services (ICDS) of MWCD and Reproductive and Child Health (RCH) program of MoHFW are the main national health programs to which INHP provides technical and operational support.

Government of India and respective state governments. Based on the data from quantitative end-line survey and the field review by team members, the FE highlighted contributions of INHP to sustainable provision of food rations and health services through AWCs and management of convergent service delivery at the sector level. The FE findings also point to the sustaining of most of the service delivery and behavior change indicators by the government programs, despite phasing out of INHP inputs<sup>6</sup>.

- Upon approval of the NCE phase, management team of INHP undertook quick revisions to the staffing as per the approved structure. Considering the short duration of the NCE phase, all state teams undertook development of detailed implementation plans within the first month of extension period.
- Replication in AP and CG to cover the entire state with INHP interventions progressed to a more mature stage during the NCE phase. AP experimented an incremental-learning approach for six months in all districts to sharpen focus of ICDS and NRHM on the best practices and there by on critical child health and nutrition interventions. In this innovative approach the state government through NRHM and ICDS programs, was completely involved and it also committed substantial financial resources for undertaking this exercise across the state.
- In Chhattisgarh, approaches such as “Lot Quality Assurance Sampling” monitoring system, development of sector level Agnawadis as “Resource Centers” provisioning of BCC, IEC & Training modules & Material for Ongoing Capacity Building to sustain the INHP efforts through ICDS.
- The final evaluation results were shared with all the state government counterparts and with district government officials in all the states during the initial quarter of the NCE phase. Subsequently during the last quarter of NCE all states conducted close-out meetings at district and state levels where in the staff of government programs and INHP shared their experiences and also identified the critical practices that would be continued beyond the project life.
- States have undertaken exercises to build a network of civil society organizations, including the erstwhile partner NGOs, as organized action groups on health and nutrition issues in the state. Some of the states have formalized these networks of local NGOs like *Poshan Network* and have linked them with ICDS and NRHM at district and state levels. States like AP and UP have involved the members of NGO networks to undertake communication and community mobilization campaigns during the reporting period.
- The project teams supported the national level efforts of ICDS related to four specific areas; the establishment of Nutrition Resource Platform (NRP), revising Monitoring Information System (MIS), revision of training curriculum of ICDS and support to formulation of ICDS IV project<sup>7</sup>. Revisions for the basic registers and reporting formats of MIS are finalized, pretested and are being piloted in select districts of four INHP states.
- Care and its strategic partners were engaged in influencing National Food Security Act (NFSA), a government of India led legislative reforms in food and nutrition sector making food and nutrition as part of right.
- Care worked with design team member on Planning Commission Led national initiative on nutrition sector reforms on ‘Addressing India’s Nutrition Challenges’. Study on India Title II Exit Strategies and Sustainability by Tufts University completed by partnering with local research agency covering four states.

---

<sup>6</sup> The detailed report of Final Evaluation of INHP III is shared with USAID/India in the month of January 2010.

<sup>7</sup> The World Bank (IDA) assistance to ICDS for systems strengthening is referred to commonly as ICDS IV project.

- Engagement with the food-security commissioners of the Supreme Court of India was continued in the states and project teams in states like JH organized state and district level consultations to gather inputs for the National Food Security Act being formulated in the country.
- States of AP, UP, CG and RA published and disseminated tools and materials like tool kits for ICDS workers, advocacy kits on INHP best practices, tool kits for ICDS supervisors as an approach to leave behind the lessons from INHP implementation.
- Some of the initiatives of INHP, like convergence like Block and District Level Advisory Committees are well recognized and taken up by other agencies.
- Initiatives of INHP to identify the critical gaps in ICDS and its convergent functioning with RCH program at all levels have been recognized as very insightful by the government staff and different development agencies. The efforts to strengthen behavior change component of ICDS to lead to newborn care and nutrition outcomes and convergent service delivery to improve immunization coverage are being adopted in different national
- The contribution of ICDS in establishing role of NGO and other civil society organizations in health programming especially in ICDS is worth registering. The approaches to engage Panchayat Raj Institutions (PRIs) in health and nutrition actions at scale tested by INHP, with minimal inputs, are useful for different contexts.
- The contributions of INHP to the supplementary nutrition program of ICDS, initially by providing imported food commodities and later by strengthening the food commodity logistic management systems of ICDS program are well highlighted by the final evaluation of INHP III and continue to support the government in designing and implementing diverse models of commodity management.

### Challenges

- Due to the earlier schedule of completion of INHP III by December 2009, some of the staff at the district level could not be retained for the NCE phase. As the NCE phase required lesser staff than INHP III, most of the states could manage to keep positions filled till the end of NCE Phase.
- Aggravation of violent Naxal-movement in the states of JH, CG, and OR during the reporting period has significantly affected progress of some of the planned activities like AWW/ASHA trainings in JH and field monitoring functions of INHP and ICDS.
- Prolonged agitations for state bifurcation and movement against it in AP affected staff movement and availability of government staff to a great extent in all the districts of the state.
- With limited number of staff at all levels, competing demands from government counterparts especially at the state and national levels and less than adequate staff morale during the last stretch of the program, it has been challenging to carry out activities as per planned schedule. This led to challenging situations to program resources as planned during most part of the NCE period.



## B. Annual Food Aid Program Results

### 1.1 Progress against plan during FY '10 - Achievement of management indicators

During the reporting period (October 2009 to September 2010), INHP has been able to sustain all the program management indicators at the targeted levels in the PPA and replication blocks of PPA districts. As agreed upon with USAID, the project tracked and analyzed the critical management indicators captured from ICDS reporting system, separately for the PPA blocks<sup>8</sup> and replication blocks of PPA districts<sup>9</sup>. Despite variations among states, the project has been able to meet performance targets set separately for the PPA and replication areas. While a more detailed discussion of state-wise accomplishment and challenges are presented in the state updates provided in **Appendix A**, the following summary provides picture across all states.

### 1.1.1 Capacity building

**Indicator: Number of people given training in maternal health and new born care topics using USAID resources**

During FY 2010, a total of 62,976 people from community and government systems were trained using USG resources exceeding the plan to train 49,438 people. Significantly larger number of people at the level of ANM, AWW and supervisors were reached than planned due to refresher trainings on program leadership development that were delivered to supervisory level. As can be seen from Table 1 below, INHP's capacity building efforts are more focused on women (86 percent of the total), who handle the health and nutrition program responsibilities in the government programs. The table presented below, provides category wise achievements, which is inclusive of both Primary Program Areas and Replication Districts in AP and CG.

**Table 1: Capacity Building achievement against target during FY 2009**

Participants	Plan for the year			Total achievement		
	M	F	Total	M	F	Total
Communities (includes community members, Panchayat Members, Members of CBOs and Change Agents, ASHA/Sahyogini, Mitanin)	655	4991	5646	1396	7857	9253
Village and sector level functionaries (includes AWW, ANMs and Supervisors)	305	27304	27609	1367	35194	36561
Block level Functionaries (includes medical officers, Child Development Project officers)	1863	4668	6531	1722	3615	5337
Non Government organizations (NGOs)	1742	799	2541	1992	1221	3213
District and state level officials (includes Health and ICDS officials)	2261	1196	3457	731	443	1174
Others	1113	2541	3654	1580	5858	7438
<b>Total</b>	<b>7,939</b>	<b>41,499</b>	<b>49,438</b>	<b>8,788</b>	<b>54,188</b>	<b>62,976</b>

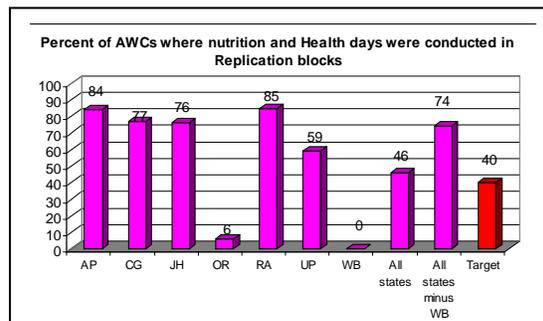
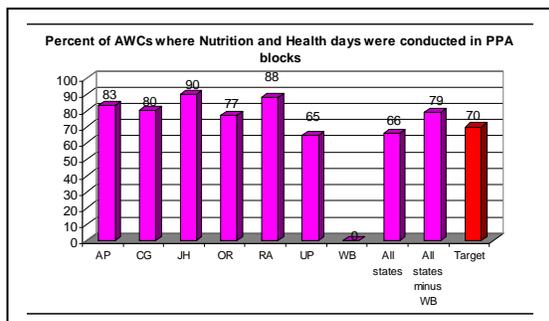
<sup>8</sup> 711 blocks which were part of INHP II and were phased out by September 09 are referred to as PPA blocks

<sup>9</sup> These are blocks that were not covered under INHP II but included in INHP III, and include 283 blocks in 75 INHP II districts. Does not include the blocks of replication districts of AP and CG

### 1.1.2 Nutrition and Health days (NHDs) and Provision of Health Services in the absence of THR at AWC (Health Days)

*Indicator 1: Percentage of AWCs conducting at least one NHD in the last month with take – home ration and immunization or antenatal check ups*

*Indicator 2: Percentage of AWCs Where Immunization and/or Antenatal check up were provided on a Scheduled NHD, in the absence of THR last month (Health Day)*



As seen in the charts below, the program has been able to sustain the level of NHDs well above the targeted level (70 percent) in the PPA blocks in all except UP, which had disruptions due to frequent rounds of polio and other campaigns. However with revisions to micro plans in several districts of UP the regularity of NHDs has increased significantly over the years. As reported earlier, ICDS in West Bengal does not provide take home rations, hence it is not included in the reporting of NHDs.

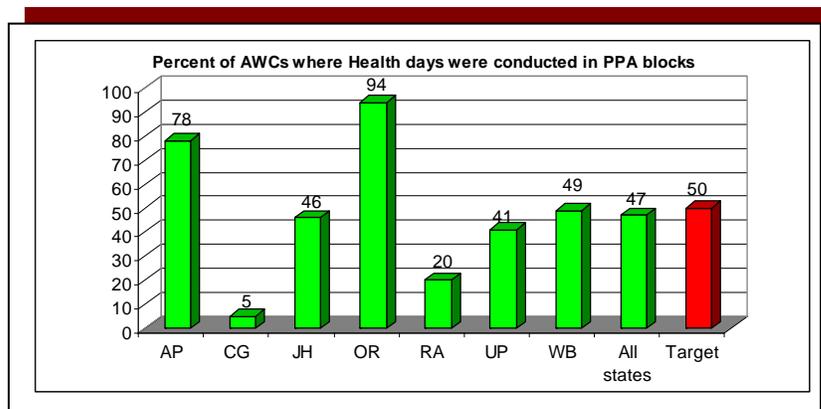
Even in the replication blocks of PPA districts (there are very few such blocks in Orissa), the NHDs are happening as regularly as in the PP A blocks. Due to significant efforts of INHP over the years and increased emphasis on the approach of Village Health and Nutrition Days (VHNDs) in NRHM it is possible to conclude that regularity of NHDs is institutionalized all across.

Analysis of progress during different months of the reporting period indicates a sustained and significant improvement in both the indicators in the state of UP, which is mainly attributed to the revision of micro plans in several project districts, in which the project staff played a crucial facilitation role along with other development partners including UNICEF and WHO/NPSP.

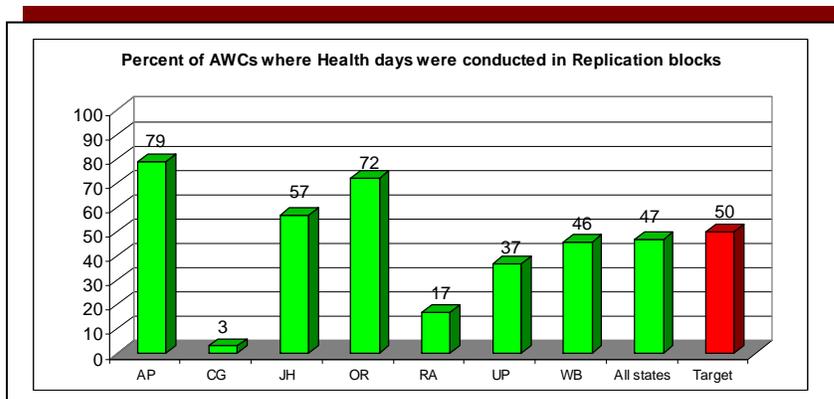
Analysis of conducting of health days without THR indicates that the program has marginally, fallen short of the target levels in both PPA and replication blocks. In AP and OR regularity in presence of ANM on fixed days at the AWCs is higher than in others, irrespective of availability of food for distribution. Despite absence of NHDs due to absence of THR in West Bengal, there is an increasing trend of health service provision at AWCs as against the provision only at sub-health centers compared to earlier years. In states like CG and RA, which have a higher regularity of NHDs, absence of ANMs on the scheduled day appears to be the main reason for not conducting NHDs and the food availability is not the determinant of regularity of NHD.

## Highlights

- With emphasis of NRHM on Village Health and Nutrition Days (VHNDs), State and District Health Societies are converging with ICDS in increasing the regularity through regular reviews and program monitoring. In recent quarters, predominant focus of government and other



- development partners has been on ensuring increased numbers, regularity and quality of VHNDs, following the national guidelines.
- Micro plans were revised in several districts of UP and this has enhanced the number and regularity of NHDs in the state. As the focus of state health society as well as some of the other development partners is now high on fixed-day health sessions at AWCs, there is sustained improvement of NHDs in the state.
- OR has been successful in advocating at the district level for inclusion of THR in VHND in most of the districts. The state team has supported in the development of micro-plans for VHNDs and in strengthening monitoring by ICDS and RCH officials.
- Monitoring of immunization sessions by the health department and development agencies have enabled sustaining of regularity and quality of NHDs in states of JH and RA.
- As part of the replication process, AP adopted an approach to roll out the standardization guidelines and protocols in the PPA districts as well. This has contributed to enhanced focus on regularity and quality NHDs.



## Challenges

- Continued shortage of supervisory staff in ICDS, hence a gross mismatch with the rapidly increasing number of AWCs, is one of the major challenges to increase monitoring of NHDs.
- Incomplete revision of the micro plans, absence of focus on urban areas and lack of monitoring by the health and ICDS staff because of their engagement in the other un related priorities have been challenges in UP
- The Telangana-separatist and subsequent agitations in AP disrupted availability of food commodities at AWC level in the state.
- Inclusion of THR in VHNDs in five of the districts of OR continued to be a challenge for considerable part of the year and similar is the challenge in WB to move VHNDs from being mere health education opportunities to service provision platforms for ICDS and RCH at AWC level.

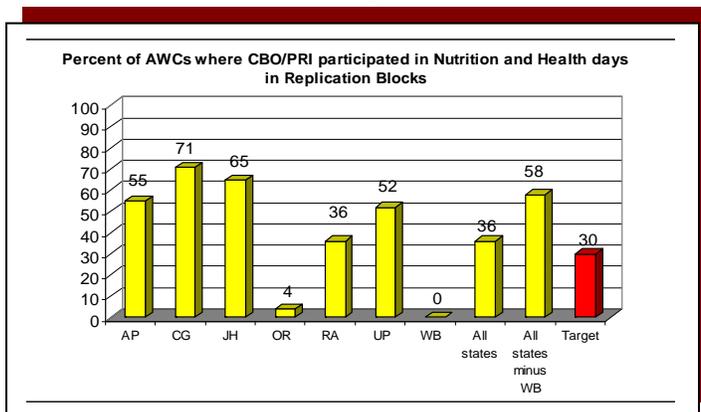
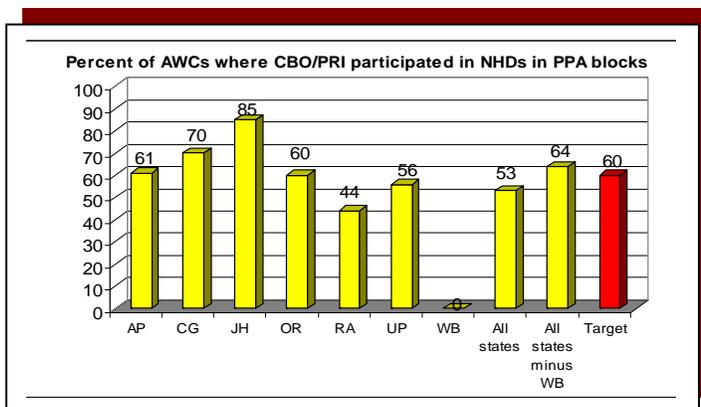
### 1.1.3 Involvement of Community based organizations (CBO)/Panchayat Raj institutions (PRI) Members

*Indicator: percent of nutrition and Health days where CBO and/or PRI members participated last month*

In both the PPA blocks and replication blocks of PPA districts, there was more than targeted level of participation of CBO or PRIs in NHDs during the reporting period. As there are no PRIs in JH, CBOs including women groups and traditional panchayats are included. Though the engagement of PRIs in the health and nutrition activities is very high in WB, due to absence of THR and thus NHDs, this indicator is not reported. In RA the PRI/ CBO participation continues to be lower than the target however it is sustained nearer to previous levels in the PPA blocks which are phased out much earlier than September 09. Similar to the case in CG, more states are ensuring role of women SHGs and PRIs to manage supplementary nutrition component of ICDS, and this is increasing the participation of community representatives on the NHDs.

#### Highlights

- Sustaining of CBO/ PRI participation in all the states, in PPA blocks where direct support is phased out, is an encouraging indication of institutionalization of this effort of the program.
- High levels of CBO/ PRI participation in all except RA in the replication blocks indicate the effect of efforts of INHP all across the district.
- The initiative on local governance in health in WB, named, Community Health Care Management Initiative (CHCMI) is offering an institutional framework to enhance role of Panchayats in ICDS and RCH programs. Though this is not reflected in the indicator monitored by INHP (due to absence of NHDs happening at AWC), the monthly review meetings of ICDS and Health staff by PRI representatives continue to be useful opportunities for convergent planning.
- During the reporting period AP program has entered into a formal agreement with CBO network. The district level CBO federation (Zilla Mahila Samakhya) monitors the NHDs and promotes the participation of the SHG members in NHDs, to review the home contacts by AWW, and the supervisory visits, which are being discussed in the block (Mandal) meetings. AP team also established a system of validating and declaring Gram-Panchayats as free from malnutrition.



## Challenges

- Other than special initiatives like CHCMI in WB, there are no institutional mechanisms to formalize the role of PRIs in ICDS. Though the national health programs envision stronger village health and sanitation committees (VHSCs), there are no efforts at scale to streamline their functioning.
- Except in the state of AP, formation of networks and formal federations of Self Help Groups (SHGs) or other forms of CBOs by the government at scale is in very early stages. While these CBO members are often best suited to ensure accountability of public services, it requires a great level of effort to reach them, build capacities and regularize their functioning in each village, in the absence of formal structures like federations.

## 1.2 Project Implementation activities

While the management indicators discussed above, are community level processes and are based on reporting from each of the AWC, the project also monitors processes at the sector, block and district levels. Following discussion of program implementation aspects is mainly based on the field monitoring by INHP staff and program reviews at each level.

### 1.2.1 Sector<sup>10</sup> strengthening

Approaches on use of tools for improving AWW home visits, better supervision and structured review and ongoing training during sector meeting, were promoted by INHP and are together bundled as Sector-Strengthening. All the states saw continuation of structured sector meetings and use of sector meetings for data review and ongoing CB in all blocks. The MIS pilot in AP (in which critical health and nutrition indicators were being generated and shared at local levels), has been useful to draw attention of the program managers at block and district level. In UP the State Government has adapted the AWW home visit tool and is in the process of scaling it up across the state. In WB the sector level processes and better analysis of data for decision making were sustained through regular meeting and handholding support to the officials at the block and district level. In RA, with introduction of new layer of functionaries at supervisory level to coordinate the functioning of ASHA-Sahayogini<sup>11</sup> at sector and block levels, called ASHA-Sahyogini Coordinators. INHP team based on its experiences with ICDS supervisors, has supported the state government in designing and undertaking initial trainings of these coordinators.

### 1.2.2 Leadership Development

The Program Leadership Development (PLD) refresher trainings, in which the ICDS and RCH program officials were trained on managerial, technical, and operational aspects were undertaken in different states during the reporting period. In UP, RA, JH and AP adapted versions of the PLD module were used and innovative approaches were adopted to reach upto CDPO level. In UP and RA the state government has adopted the PLD training module of INHP for all other districts in the state. While the INHP teams supported training of trainers on PLD for the entire state in RA, in UP the District level officers of all 71 districts in the state were provided PLD trainings. Continuing with the locally designed module in AP, innovative exercises of goal-setting were undertaken as part of the refresher trainings. In OR, with the impact of PLD

---

<sup>10</sup> A sector consists of 15 to 20 Anganwadi Centres, which is supervised by a ICDS supervisor.

<sup>11</sup> Rajasthan has an additional worker of ICDS (paid a fixed salary by ICDS) also working as ASHA worker for NRHM (paid performance based incentives as ASHA by NRHM), this person is called, ASHA-Sahyogini. This system has been in place for more than four years and now a supervisory cadre is being put in place for this worker.

trainings, there is high level of continuity in use of supervisory field visit tools and CDPO program review checklists.

### **1.2.3 Community participation and Empowerment to hold systems accountable**

In INHP III, the project's community level engagement was mainly through the network of NGOs, federations of CBOs, media and mobilization campaigns and reached to the PRIs, CBOs and other community leaders. The media-campaign in partnership with one of the popular newspapers and net work of NGOs in select districts of UP has been effective in gaining community attention to critical health and nutrition issues. A good level of involvement of political leaders was generated during these campaigns in UP and CG. The formal partnership in AP with the district level federations of women groups (SHGs) in three districts has been useful mechanism that will sustain the community action to hold systems accountable.

In AP and JH intensive Social-Audit exercises were undertaken in select communities focusing on health and nutrition aspects. Considering the increased emphasis of NRHM and ICDS on community monitoring practices, lessons from these intensive efforts will be useful for the states for scale up. In all the states, networks of civil society organizations including the local NGO partners of INHP were initiated and the stakeholders were oriented on possible role of NGOs in health and nutrition programming beyond INHP approaches. In state like UP and AP the networks of local NGOs have been formalized and they are linked to the ICDS and NRHM at district and state levels for continued association.

### **1.2.4 Replication in Andhra Pradesh and Chhattisgarh**

In AP and CG reach of replication processes up to the community level workers across all districts was completed during the reporting period. All AWWs in the replication districts were trained in their sector meetings on the standardized forms of NHDs and Home-Visits. Through these orientations on the protocols, job-aids and guidelines, replication of these two community level good practices at the community level got streamlined. Data reported from the replication districts of CG shows that about 70 percent of reported AWCs are having regular NHDs and CBO/PRI participation in NHD. As planned, the instructors of AnganWadi Training Centers have been oriented on the standardized good practices in CG and as these practices have approval of the state working group the training centers have included them in their training curricula.

To handhold the implementation process AP initiated a process of Incremental Learning Support (ILS) during the NCE period. Each month, with the involvement of trained District and Block Resource Group (DRG and BRG) members, structured review of ICDS and RCH is conducted in each district and block before the sector meetings to train participants (CDPOs and Supervisors) on pre-identified technical and program management elements. Through these meetings it has been possible to structure the sector meetings and to provide incremental doses of content on critical processes and technical interventions to all AWWs on a monthly basis. As the initial orientations to roll out standardized good practices provided overview of technical interventions and processes, these incremental learning cycles proved useful, despite demanding a high level of effort to coordinate across all districts. This approach is being documented for use by government systems at national level. ILS approach is also seen as an innovative training strategy that offers scope for hands-on capacity building and ongoing review, unlike the one-time class-room trainings that are not followed up on the field.

### **1.2.5 Behavior Change Communication**

While large scale communication campaigns were implemented in three of the states, all other states persisted with the interpersonal communication by AWWs. The media partnership in UP and rural communication campaign in CG were effective in reaching to large number of community members. ICDS program of RA and CG were supported by INHP to design communication material for use by AWWs. States also used Radio jingles and talk shows on health and nutrition issues and all state and district teams leveraged opportunities like observing of international women's day and World Breast Feeding Week to reach health and nutrition messages along with the government and other stakeholders. During the project closure meetings, different states also published and disseminated some of the effective BCC materials and tools developed and used in INHP.

### **1.2.6. Advocacy**

During the reporting period INHP continued to involve in state and national level advocacy efforts. INHP in close coordination with USAID and MWCD officials at the national level completed and pretested revisions to MIS in ICDS. Piloting of the revised formats and registers is progressing and INHP is supporting the GoI and state governments in four of the six pilot states. The program continued the work with National Institute for Public Cooperation and Child Development (NIPCCD) and training division of MWCD, GOI to improve the training system of ICDS. Based on the regional workshops conducted, further field level assessments are designed to validate and make final set of recommendations for MWCD to revise its training curriculum and method of delivery across the country. INHP also continued its support to MWCD at the national level and in five of the project states to formulate the revised project plan for the IDA assisted ICDS IV project, which was revived by GoI and the World Bank after a gap of two years. INHP team members and consultants supported the MWCD, GoI on revising the ICDS IV project implementation plans at state and national levels.

In UP, CG and other states program teams have been able to advocate with the state government to program the empty-container funds for program purposes. In JH the program team was engaged with other civil society agencies to advocate and prepare ground for PRI elections in the state. It was also involved in processes for amending state policies on women and children as well as in developing road map for ICDS in the state. In AP a report named 'Gender Just Families' has been developed as a product to share experiences of engaging men and household members in improving child nutrition. In OR, program team is involved in developing supervisory tools for ICDS and in rolling out a strategy on VHSCs by NRHM. Care has been part of two major policy and legislative advocacy initiatives in the country i.e. Government of India Planning Commission led nutrition sector restructuring effort – 'Addressing India's Nutrition Challenges' and National Food Security Act. The other key advocacy agenda has been on influencing NFSA, where in Care closely worked with NAC(National Advisory Council) members, food rights groups, community members, and many civil society and network organisations for a more comprehensive and broad based food and nutrition security in the country by holding consultations at national level and regional level(Jharkhand, Andhra Pradesh and Uttar Pradesh).

### **1.2.7 Monitoring and Evaluation**

During the first quarter of this reporting period, the final evaluation of INHP III was completed. While the data collection for quantitative survey was completed before the September 09, the

qualitative assessment and the final evaluation team visits were completed by November 09. As mentioned earlier the full report of the FE team has been shared with USAID during January 2010. The FE team commended the INHP III's accomplishment in supporting the states to establish robust supplementary nutrition program and in facilitating phase out of direct support in PPA. In supporting the M&E systems of ICDS, the state of AP facilitated the roll out of GIS based MIS of ICDS, referred to as GMIS in pilot districts. In JH, INHP team undertook external data validation in four districts to validate authenticity of data reported in ICDS. Both these efforts, being in line with the current thinking in MWCD, offer lessons for GoI and the states to scale up their efforts.

## **2. Success Story**

Bhagwanpur village is only 12 kilometres from Simbhwali block headquarters of Ghaziabad of Uttar Pradesh. Mrs. Geeta and Mrs Harmeet are two AWWs in the village who showed no interest in proper running of the centre

One of the youth member, Yudhveer, took up the matter and started monitoring the working of the centres. On the request of the Yudhveer, some of the villagers came together and decided to visit both the AWWs and asked them to show records of the center. They checked the services and supplies available at both the centers and learned nothing is in order. Perturbed with the situation, Yudhveer, started complaining at the block office by submitting an application to the BDO where no one listened to his voice. Subsequently a group of men and women from Bhagwanpur approached Kamalesh, the supervisor and placed complaints against both the AWWs. They planned a joint visit to the village was planned. Initially she was apprehensive to undertake such visit, however, observing the reactions of the community, she consented. On reaching the village, the community members demanded for regular services from the centres. Months later, when the same members visited the village, they were surprised at the centre's functioning with full attendance. As a result of the actions by the community members, improvements were seen in terms of timely opening of the center, regular distribution of nutritional supplies, due list preparation and home visits.

Public pressure make the service providers accountable and responsible and the community members equally taking responsibilities ensures better service delivery.

## **3. Lessons Learned**

- The technical assistance provided by INHP mainly to ICDS and to components of RCH program like Immunization has been well recognized by the state and district government officials. The type of decentralized technical assistance that INHP provided to ICDS and Health programs is also well recognized and the government is pursuing similar approaches with engagement of professionals to support the government officers at district and state levels.
- The approach of 'Incremental Learning' adopted for capacity building and convergence of ICDS and NRHM in all districts of AP has been found to be an effective mechanism. With minimal additional financial resources and significantly high level of organizational and coordination inputs, with in a period of six months, ICDS and RCH staff in the replication districts could be made to sharply focus on critical interventions and good practices.

- The standardization of best practices along with development of standard protocols and tools was a significant contributor to rapidly scale up the processes in replication districts.
- The leadership development trainings undertaken as part of INHP could trigger a demand for skill development among managerial staff of ICDS and RCH. The improvised version of leadership development adopted in AP was found to be contributing more to softer skills but its scalability needed to be enhanced.
- The NGO and civil society engagement facilitated by INHP (with the partner NGOs and the establishment of civil society networks in several states) has potential to transform the role of civil society in health and nutrition sector in the country. This initiative might have led to more concrete results if it was undertaken at least from the beginning of INHP III.
- The NHDs innovated and established as part of the first phase of INHP have become institutionalized through NRHM as VHNDs. The government systems are now focused on the regularity and increasing number of VHNDs as well as on convergent service delivery. INHP has realized that it is important to demonstrate at scale and to undertake collaborative advocacy with other development partner agencies to get the useful processes mainstreamed into the government programs.

## State Updates

### Andhra Pradesh

INHP in Andhra Pradesh operates in 8 districts covering 124 blocks in PPA and in 15 districts under replication areas covering 260 blocks. By September 2009, Care phased out from all 124 blocks where INHP II had its operation and during NCE phase it focused on replication of good practices in 54 new blocks covering 10729 AWCs along with district level support to sustain good practices in phased out blocks.

#### Highlights:

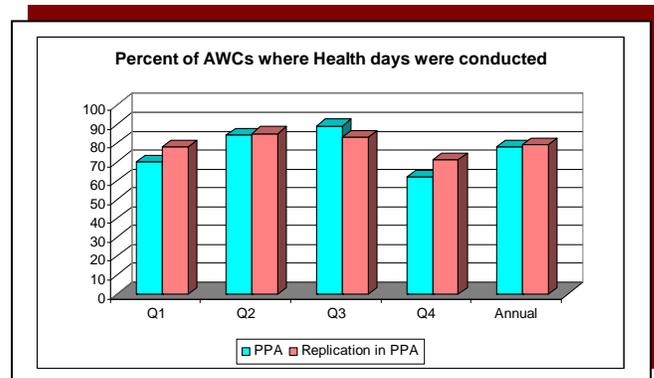
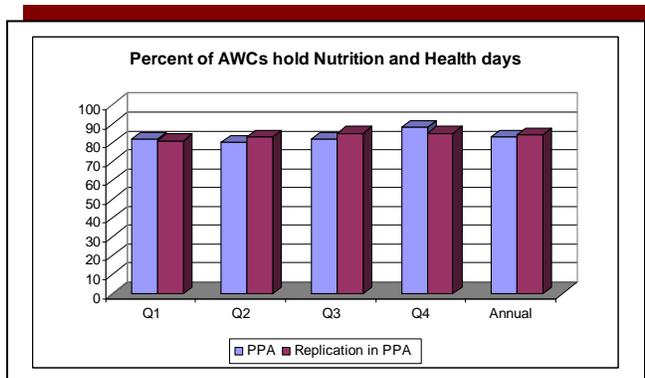
- Implemented the system of Incremental Learning Support in all 23 districts with costs shared by ICDS and Health departments.
- Established system of generating and using programmatic data in 23 districts and shared at district and state level for better decision making.
- The GMIS software Pilot, initiated by INHP is being piloted in select areas by GoAP.
- Community led Social audit of ICDS, piloted in two remote districts served to demonstrate a feasible model for scale up by GoAP.

### I. Summary of Activities

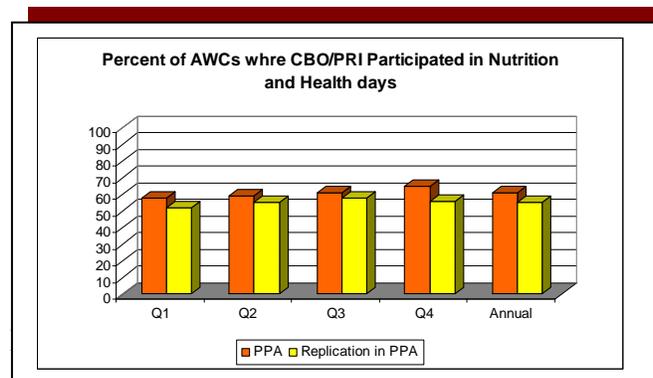
The NCE phase had been designed to ensure that the INHP lessons are mainstreamed into on-going government initiatives for sustainability. Some of the highlights and achievements of the reporting period are Replication of Good practices with adoption of standardized protocols that had ownership of government systems, piloting of software for geographical depiction of MIS data and experimentation of malnutrition free Gram panchayats and community led social audits.

### II. Information on Management Indicators

#### Nutrition and Health days and Health days



The NHDs in the state have shown a consistent level above the targeted levels. There is an increase from 82 percent in the first quarter to 88 percent in the last quarter. with increasing attention of MoHFW on the regularity of NHDs, there is a consistently increasing trend in their



regularity. Even in the absence of food rations, the regular visits of ANMs in the state, on scheduled health days, has continued to be at levels higher than the national target. The regularity of NHDs has remained high in both the PPA blocks and the replication blocks of PPA districts,

indicating the effect of replication efforts in the state.

### **CBO/PRI Participation in NHDs**

The CBO/PRI participation in NHDs is sustained in all the quarters of both PPA blocks and replication blocks in PPA districts. Apart from CBO/PRI participation in NHDs, INHP has also systematically pursued other mechanisms to enhance the accountability of service providers to communities. The PRI representatives were involved in the social audits and in establishment of Malnutrition-free Gram-Panchayats in the state.

**Capacity Building:** AP has achieved more than the targeted levels of capacity building during the reporting period. The major focus on capacity building was centered on Program Leadership Development. Apart from this, the orientation of civil society organizations, training for Social Action Groups on Social audit of ICDS, and GMIS trainings contributed to exceeding the set targets. The Incremental Learning Support system facilitated in all 23 districts has also contributed to the additional number of people reached through capacity building efforts.

### **III. Techno-Managerial and Operational Assistance to ICDS to enhance mechanisms for sustainability after phase out**

#### **a. Program Leadership Development (PLD)**

The PLD training program is customized to AP context. As a part of these trainings for managers of ICDS, INHP adopted an innovative model of ‘self-talk’ for supervisors, CDPOs and Project directors in all 23 districts. As part of a three day workshop on PLD, on one day the participants undertook ‘self-talk’, which was to set their own targets and goals and speak about strengths and challenges in their situations. The workshops also dealt in detail about the causes of childhood malnutrition and ways to address them. The program also identified five champions in each district and supported them in their work context.

#### **b. Efforts towards Community Participation and Empowerment**

Community-led Social audit of ICDS was piloted in Denkada Mandal (Vizayanagaram district) and Narayanakhed Mandal (Medak District). The Pilot, done with the implementation support of two local NGOs and with technical support from Aide et Action was exceptionally successful and was widely appreciated for its benefits in terms of immediate corrections by the service providers locally. It is proved to be an effective tool for addressing issues of poor governance and towards increasing the access of the poor to their entitlements. Follow up public hearings led by the local social action groups were conducted in ten Panchayats.

**c. Replication of Best practices and supporting ICDS Universalization:** During the reporting period, INHP in AP has designed and implemented a six months of incremental learning support plan to ICDS/NRHM on five good practices. A month wise content was developed for District resource groups and Block Resource groups (DRGs/BRGs) to facilitate the sessions. The Incremental learning Support (ILS), an innovative approach of capacity building, has demonstrated ongoing learning that has applicability and problem solving potential as a model for institutionalized change within the system of ICDS and Health. INHP Program officers facilitated the ILS meetings during 15-20<sup>th</sup> of every month, at the district level with ICDS, Health and NGO functionaries to review the progress made on the good practices and to take corrective actions for program effectiveness. The DRG members conduct the review

meetings with the BRGs at the block level during 21-24<sup>th</sup> of every month, to discuss and strengthen the good practices.

Each district has constituted district monitoring team which made random visits to Blocks/Sectors to monitor the effectiveness of the training and progress made as per standardized protocols. The findings were shared during the monthly meetings for necessary actions. Each district identified consultants for collecting the data on five good practices. The tools used for data collection are NHD observation checklist, sector and block meeting checklists. INHP in AP analyzed the data and shared the findings to special chief secretary, WCD; Principal Secretary, HFW and the Director, WCD every month. The progress of the ILS has been constantly reviewed by WCD and CFW directors through video conference with all District program officers of ICDS and District Medical and Health officers.

#### **d. Network and Alliances**

Sixteen districts were selected to conduct the sensitizations to CSOs on the issue of child nutrition. This initiative was part of the plan to hold service delivery systems to be accountable to the communities and stakeholders who are entitled to receive the benefits. Two consulting agencies were contracted and workshops were coordinated between them in these districts. Through this initiative, INHP has created a large group of CSOs who is well sensitized to the issue of child nutrition.

### **IV. Support to other related national and state programs for mainstreaming INHP lessons**

#### **a. Preparation for ICDS -IV**

In order to contribute to the preparations for the IDA assistance to ICDS-IV INHP initiated the revisiting of the Decentralized District Action Plans for the 13 high burden districts. This has helped to reinforce INHP as an important, potential technical support to the state government.

#### **b. Geo-graphical Monitoring and Information System (GMIS)**

The Geo-graphical Monitoring and Information System (GMIS) started in INHP III as a MoU between CARE and GoAP, with the purpose of strengthening the MIS within ICDS by refining reporting formats, introducing simple software and ensuring the use of data for decision making. The software for the project was developed by GMIS consultants and INHP played a critical role in finalizing the formats and operationalizing the project, through incorporation on INHP lessons into the software. The piloting was initially done in two block of Hyderabad and then scaled up to 20 blocks (5 blocks of Hyderabad, 9 blocks of Vizayanagaram and 6 blocks of Kurnool). INHP took the responsibility of planning and conducting Training of Trainings (TOT) in these districts and ensured the completion of sector level trainings. The data entry and uploading of data has been started in these districts. The data can be viewed at <http://www.icds-gmis.in> with user name as *csect* and password as *csect*. A total of 310 laptops have been procured and used for the project. The Anganwadi workers feel empowered by using the laptops.

#### **c. Support and Training Needs Assessment (TNA)**

Department of Women and Child development Department sought the support of INHP in developing a simple, local language and user friendly software. INHP developed and finalized the software after systematic pre-testing, after field testing in selected blocks the website is created at <http://apps.careindi.org/sam> and is currently hosted at CARE India server which is being transferred to the GoAP servers.

## **VI. Advocacy and Sector-wide support to influence policies and larger ICDS and RCH Programs**

Mainly due to its engagement in the state through INHP, CARE has been nominated, as the lone NGO in the AP State Society for the Protection and Empowerment of Women and Children. It is a multi departmental body, which gives CARE the scope to influence programs in AP. A consultative meeting on the Food Security Bill was conducted in Hyderabad by INHP in collaboration with the SPHERE India.

## **VII. Closure Workshops:**

Titled 'Leaving Behind a Legacy', the INHP - closure workshop, on September 24' 2010 was organized to logically conclude leaving behind legacy in AP. A significant feature of the closure workshop was the presentation of the glimpses of the legacy and the testimonials by the project participants. The themes presented were the Standardized Replication of Good Practices for reducing malnutrition, strengthening ICDS monitoring system through Geographic Monitoring and Information Systems, Training Needs Assessment of ICDS personnel for better performance, Tool kit for meaningful engagement of men in infant feeding practices, Social Audit as a tool for empowering communities to make Systems Accountable, engagement of Panchayat Raj Institutions in the micro-plans for "malnutrition free Gram Panchayats" and engagement of Civil Society Organizations, in mainstreaming child nutrition Issues.

This workshop was attended by NGO partners, friends from other INGOs, government counterparts from all cadres including the Special Chief Secretary, WCD, and Director WCD and other senior officers. The government officials particularly appreciated INHP's contribution to ICDS and expressed confidence to continue the work supported by CARE.

## **Chhattisgarh**

In Chhattisgarh, INHP covers 115 blocks in 10 primary program districts which include 19 new blocks and 43 replication blocks in 6 non INHP II districts. All the 94 blocks of PPA were phased out in FY09 per plan. With the support from FANTA, INHP supported 43 new blocks for replication of INHP best practices in the remaining 6 districts. During this reporting period, the state demonstrated and created the resource centers for ongoing CB, completed all the CB and BCC activities as per the plan in replication blocks and districts and it also completed the state, district and block level dissemination of INHP III results. Besides, CG also took steps for utilization of EC fund for procurement of computers to roll out the nutrition surveillance program and training of block and district ICDS managers on program leadership to strengthen and sustain INHP interventions. Constant effort was made in spreading the key health and nutrition messages through communication campaigns and media events. Efforts were also made to develop the BCC strategy for DWCD through consultation with stakeholders.

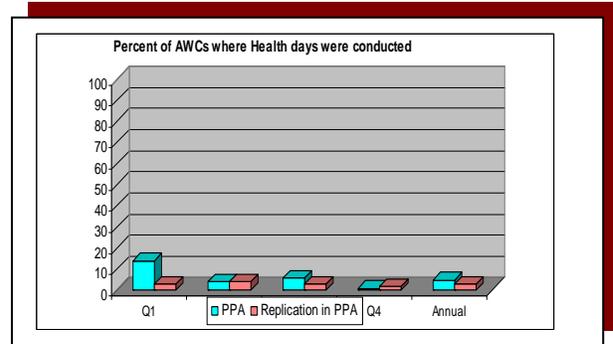
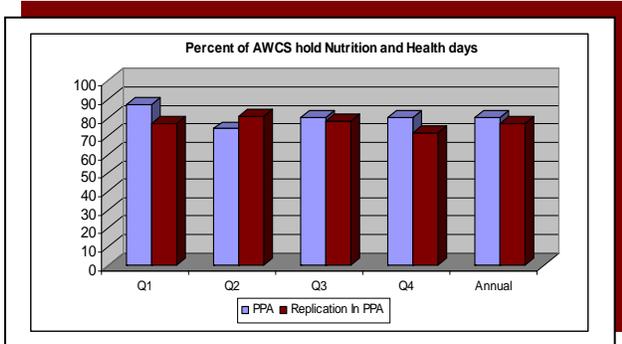
### **Annual Achievements**

- Kuposhan Mukti Abyan website created and made operational
- Demonstrated Sector Resource center for ongoing capacity Building for DWCD to scale up
- Developed Ongoing CB module and tool kit
- Designed periodic assessments and rolled out through sector supervisors
- Technical support in undertaking PR training by state Resource center
- State BCC strategy has been developed

## I. Management Indicators

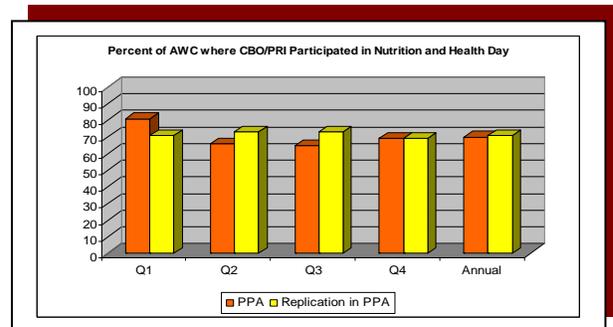
### Nutrition and Health days:

The Nutrition Health days were sustained in all the four quarters. In the state the micro planning was done and the Nutrition and health days were monitored at all levels. The NHD roasters were



developed and implemented effectively. The main focus was strengthening NH through effective convergence and preparation of duelist to track all the beneficiaries for service delivery.

**CBO/PRI:** The participation of PRI members in NHDs is sustained in all the 4 quarters. The participation rates could be sustained due to the thematic partnership through NGOs focusing on PRI engagement. The state has technically supported the state resource center in under taking PRI training which has resulted in better participation of CBO/PRI participation in NHDs. Over the last three years, efforts were made to conduct orientation sessions for PRI members on health and nutrition agenda and participation in BLAC meetings.



## II. Capacity Building

**CB:** Chhattisgarh achieved 89 percent of its yearly CB targets. The major focus of CB was on the state and district level dissemination, CB of supervisors on ongoing CB, periodic assessment, and resource center development. It has focused building the technical and managerial capacities of ICDS program managers, for which structured module and tool-kit were developed. The module covers essential nutrition actions, newborn care, primary immunization, commodity and data management.

Priority was also given to building the capacities of AWWs to use standardized home visit planners and tools in the sector and project meetings. Sector supervisors in new blocks of primary program areas were capacitated on the techniques of supportive supervision.

## III. NGO partnership

The focus of partner NGOs was to strengthen processes at community, sector and block level by greater emphasis on regularizing NHD, prioritized critical home contacts, use of supervisory checklist and ensuring regular and structured reviews at sector and block level. Partner NGOs also supported generating community awareness on issues of rights and entitlements through

campaigns and various BCC programs. The state has entered into thematic partnership with select NGOs for improving PRI engagement in Health and Nutrition sector.

#### **IV. System Strengthening:**

During the reporting period, the sector supervisors of replication blocks were trained on the technical and operational content which has resulted in conducting of effective sector and block meetings. Regular monthly joint review meetings between health and ICDS departments at the block and district level were conducted to review data for decision making towards effective program planning and field implementation. The state has demonstrated the model sector in each sector head quarter for ongoing capacity building and review. All the supervisors and the AWWs from the sector headquarters were oriented on the concept of Resource Centre and were trained on the use of available resources at the AWC. The state has designed periodic assessments and rolled out through ICDS supervisors. The Lots Quality Assurance (LQAs) sampling method was used and the tools were designed to assess the key Health and Nutrition outcomes. The district and state level dissemination workshops were conducted and action plans were developed to take the health and nutritional issues forward through the local NGOs and government system.

#### **V. Community Participation and Empowerment**

As planned CG has conducted the PRI trainings which have resulted in better participation of CBO/PRI in Nutrition and Health days. The health and nutrition issues were also incorporated in the agenda of Gramsabhas. In order to enhance community mechanisms to hold systems accountable the social audit of the AWCs performance was undertaken by PRIs, NGO staff, ICDS and health officials.

#### **VI. Replication of Best Practices and/ Supporting ICDS Universalization**

During the reporting period, the focus was to streamline the best practices in the replication blocks and replication districts. To ensure that the INHP best practices are replicated in the upcoming new Anganwadis CARE team has standardized the process pertaining to four best practices, developed standardized training module / material kit, trained all ICDS CDPOs, Supervisors, Training Institute and NGO functionaries, provisioned the Kits in all Sector Headquarters and developed Anganwadis as Resource Centres. WCD is expected to undertake training of AWWs through the developed resource centres during “*Pakshik Baitaks*”- 1<sup>st</sup> Sector meetings during the month regularly. INHP team has tried to build in best practices for replication / sustainability through newly launched SEHAT project in Madhya Pradesh and Early Childhood Development Project in Chhattisgarh.

#### **VII. Support to state and National programs**

INHP provided technical support to WDCW on implementing *Kuposhan Mukti abhiyan*, conducting regional level reviews on under nutrition and related outcomes, development of sector resource centers and their scale up and in development of resource kit for ongoing capacity building.

#### **VIII. Advocacy**

INHP continued its support for organizing and monitoring *Sishu Samrakshan Maah* (Child Survival month) to promote the supplementation of Vitamin A through Bi annual approach with other stakeholders. The state team undertook advocacy efforts to incorporate INHP III good

practices in the state and district Program Implementation Plan (PIP) of ICDS IV and to utilize empty-container funds for purchasing computers for block ICDS officers.

### **IX. ICDS Revised MIS**

INHP in Chhattisgarh is supporting the piloting ICDS revised MIS in the state. State team developed and field-tested the revised MIS formats and registers in select AWC, provided regular feedback to the GoI and national team of INHP. The state team facilitated translation of the formats and register into local language, designed registers and report-formats for adoption by GoI.

### **X. Closure workshops**

INHP in Chhattisgarh undertook closure workshops across the state at block, district and state levels with the active participation of the State Government officials. At the state level Chief Minister, the Minister of Women and Child Development, Secretary – ministry of women and child development, Government of Chhattisgarh, other government counterparts and civil society members participated. The workshop highlighted how INHP’s support facilitated better nutrition and health outcomes in the state. Apart from sharing of 14 years of journey by service providers, signature campaign, communication campaign was undertaken during the closure workshop. ICDS supervisor were provided resource kit by the Chief Minister during the state level meeting.

## **Jharkhand**

In Jharkhand INHP operates in 17 districts covering 172 blocks. During the past year, INHP has been able to complete the phase out from all primary program blocks i.e. 125 blocks and replicated INHP good practices in 47 new blocks. During the reporting period INHP partnered with 14 local NGOs. The major accomplishments in NCE include capacity building of Health and ICDS functionaries in replication blocks, Program Leadership Development trainings for Middle level managers of ICDS and Health, preparation for roll out of revised ICDS MIS, BCC activities for emphasizing the healthy behaviors and state and district level closure workshops.

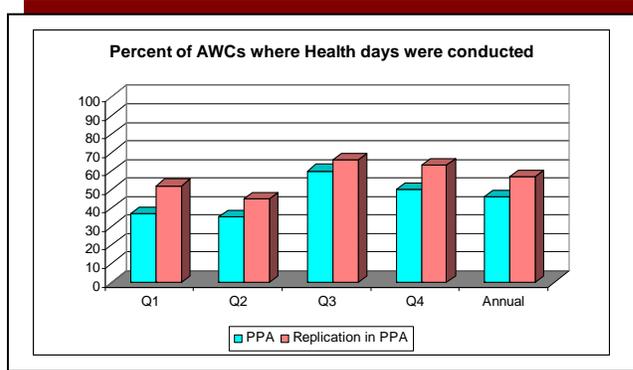
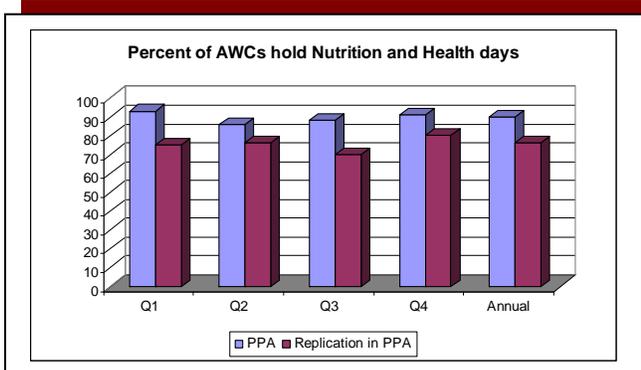
### **Information on Management Indicators**

#### **I. Nutrition and Health days/Health days**

#### **Highlights:**

- Optimize the state’s intent on holding consultative workshop on PRI-PESA at the state and district level.
- Regional consultation organized at the state level to advocate for food security act 2010.
- Successfully advocated for a revised food model and adherence to the new beneficiary cost norms for SNP in ICDS
- State and district level closure workshops were organized with stakeholders to take forward the nutritional agenda in the district and State

Regular conduct of NHDs and participation of CBO/PRI on NHDs reached a record high and sustained through out the year. The major reason for the increase in regularity of NHDs in is the

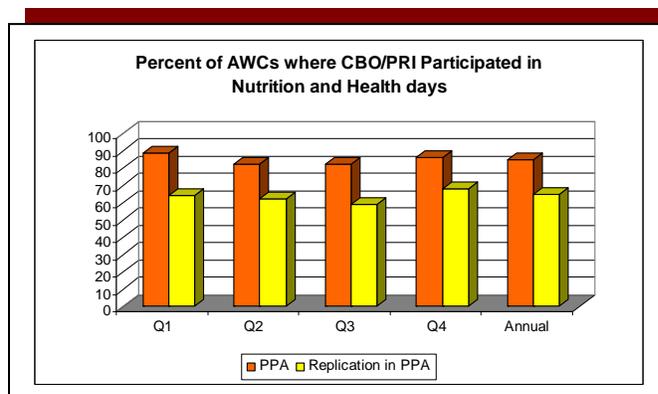


district and block levels. The status and quality of VHNDs were reviewed at the district and state level and the action plans were made in the review meetings. The action plans were followed up during the field visits by Health and ICDS functionaries. The health days in the absence of THR are also sustained in most of the quarters.

institutionalization of review process at

## II. CBO/PRI Participation in NHD

The CBO/PRI participation in NHDs is sustained in all the quarters. Despite of non existence of formally elected PRI, JH has shown the positive trend in CBO/PRI participation in NHDs. This was due to the involvement of traditional elders and Gram Sabha leaders. JH has oriented and monitored the community leaders or traditional leaders to monitor the quality of NHDs.



## II. Capacity Building

The Capacity building was organized for the ICDS and Health functionaries and civil society organizations. The trainings were conducted for front line workers (AWWs and ANMs), Supervisory staff and Middle level managers of ICDS and Health of replication blocks. The major workshops conducted were related to the program leadership for CDPOs, MOs and selected supervisors and technical training for AWTC instructors. JH has also conducted the training of Community members and PRIs, which has resulted in enhanced CBO/PRI participation in NHDs. The state reached CB inputs to more participants than planned.

## III. NGO partnership

The partner NGOs contributed to system strengthening and provided handholding support to the ICDS staff in cluster strengthening, Block level review meetings, Program monitoring, data review and action plans for the block. NGOs have also supported in conducting the prioritized field visits, Home visits and Inter personal communication. During the reporting period the NGO partnership focused on the thematic subjects like community mobilization, IYCF and home visits NGOs were also involved in joint visits, RI monitoring and supported the government functionaries in finding solutions for operational problems. NGOs have supported cluster coordinators in preparation of cluster coordinators calendar, use of cluster coordinator check list

and review of data. The End term review of all the 14 Partner NGOs has been completed before the partnership was phased out during the reporting period.

#### **IV. System Strengthening**

INHP conducted structured leadership development workshops for middle level managers all across the state. This has resulted in increased focus on prioritized home visits, evidence based decision making and effective management of the program. INHP has promoted the joint visits of health and ICDS and the Block level review meetings. A technical training was conducted to trainers of the Anganwadi training centers to sustain the best practices.

#### **V. Efforts towards Community Participation and Empowerment**

INHP team optimized on the state's intent on holding Panchayat election this year and organized the state and district level consultations on with an emphasized role of PRI in prioritizing nutrition. An informative booklet is handed over to all stake holders on PRI- Panchayat Extension of Schedule Area (PESA).. A Regional consultation was organized in the state to deliberate on the provisions of upcoming national legislation, the Food Security Act 2010.

Social audits were conducted in 12 Panchayats of 12 blocks in four districts resulting in community holding service providers accountable. These audits were conducted in coordination with health and ICDS functionaries.

To emphasize on better convergence at the AWC level, *Sahiyaa Samleens* were conducted. The role of Sahiyaa was focused on tracking of each beneficiary for services, prioritized home visits and behavior change of the community.

#### **VI. Replication of Best Practices and supporting ICDS Universalization**

The efforts to mainstream the ongoing good practices included CB of supervisors and cluster coordinators on strengthening of cluster processes, data management and ongoing training of AWWs in cluster and sector meetings. During this reporting period, JH has conducted the CB of CDPOs and MOs on program leadership development and facilitated the sessions on data management and dissemination. Along with this, JH team has also supported ICDS and health functionaries to conduct an effective district and block level review meetings for better decision making and an improved program implementation. The traditional leaders were also oriented on the issues related to health and nutrition, which has resulted in improved status of NHDs and CBO/PRI participation in NHDs.

#### **VII. Support to other related national and state programs**

INHP in JH has been actively involved with the state government in preparation of State PIP in NRHM and for ICDS IV projects. INHP also supported ICDS in preparation of district action plans (DAP) for ICDS IV project. INHP teams participated in different state level forums to monitor VHNDs and also provided technical support to NRHM and ICDS by being a core member of ASHA mentoring group in the state.

#### **VIII. Networks and Alliances**

INHP in JH had a structured engagement with state nutrition mission to bring about the changes in the food models to adhere to the revised SNP norms. Through Supreme Court Food Advisors INHP advocated for universalization and systems' accountability to address the issue of service delivery. INHP team is actively engaged in strengthening the RI monitoring cell and conducted

supportive supervision exercises and monitored the quality of VHNDs. INHP team is member of technical advisory group on Maternal and Child Health, Jharkhand health society and Governing Body of Mid Day School-meal scheme in the state.

### **IX. Advocacy Efforts**

INHP undertook state level advocacy with WCD for universalization and for institutionalization of review mechanisms at the district and state levels. Advocacy with NRHM and ICDS for setting up nutrition mission in the state has been successful. Regular use of cluster coordinators checklist by cluster coordinators and prioritized home visits by AWWs were also reinforced. Besides this focused review and analysis of service delivery and under nutrition at block and district level has also been promoted. INHP in Jharkhand continued its engagement with the Supreme Court Monitors on the issues of coverage, timely fund release, quality of services and service provider's accountability on food security aspects. INHP successfully advocated for resumption of THR in some districts where it had been discontinued.

### **X. Closure workshops**

A State level workshop was organized at Ranchi to mark the official announcement of the closure of INHP. The program was attended by beaurocrats, key government officials, NGO partners, and community representatives. Amongst those present include chief secretary Mr. A.K. Singh as the chief guest of the ceremony, Dr. Rajeev Arun Ekka, Secretary Social Welfare and Dr. D.K. Tiwary, Director, Health. The speakers highlighted CARE's efforts towards fostering convergence between Health and ICDS from the state to the village level. Mr. Ashok Bhagat, Secretary, of a prominent NGO in the State also emphasized efforts towards community empowerment, its reach and its strategy of partnering and capacitating NGOs toward sustainability.

Dissemination workshops were also held at each of the 19 operational districts with the presence of district and block officials of ICDS and Health.

## Odisha (formerly Orissa)

INHP III in Odisha is operational in 106 blocks of 9 districts. Per plan, all 104 blocks were phased-out in FY 09. The State has only 2 new blocks. During this phase the program focused on activities like advocacy through important stakeholders, Program Leadership, revitalized THR and dissemination of results and lessons at the district and state level. INHP in Odisha supported DWCD to institutionalize the program implementation tools and mainstream the program leadership trainings. INHP in Odisha facilitated workshops such as Multi stake holders' nutrition retreat, UN Millennium campaigns, Advocacy on malnutrition. The state worked closely with DWCD for piloting ICDS revised AWC registers. The state has conducted studies on relationship between neonatal mortality and institutional delivery, impact of the referral on improvement of under nutrition and status of Primitive Tribal Groups.

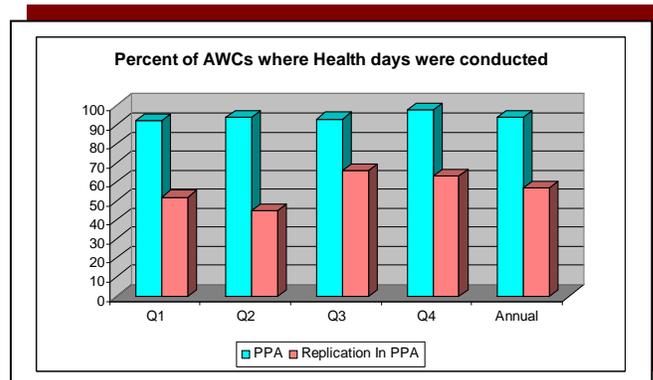
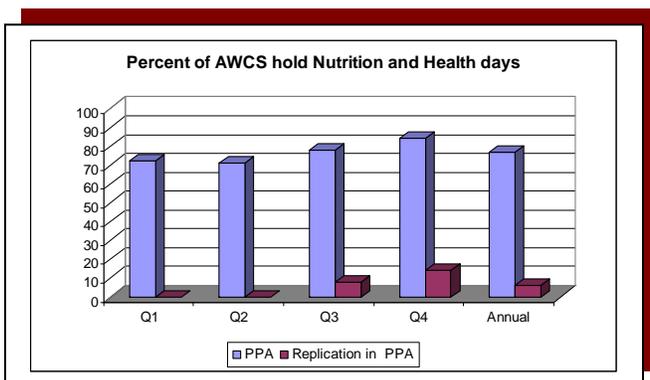
### Annual Achievements

- Coordinated with WCD for state level representation in “Multi stakeholders Nutrition Retreat” Organized by planning commission
- Actively contributed in organizing the state level “UN Millennium Campaign”
- Sensitization workshop on :Advocacy on Malnutrition for child rights network member NGOs
- State and district level dissemination of INHP III results was conducted Successfully
- Coordinated with WDCW for Piloting ICDS Revised MIS

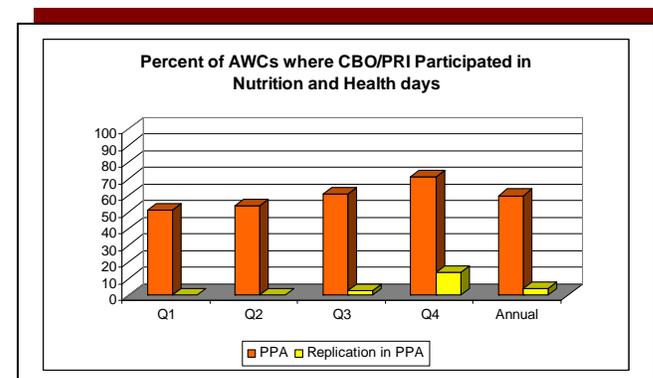
## I. Management Indicators

### Nutrition and Health days:

The percentage of AWCs that conducted at least one NHD in the previous month was 77 percent



against the achievement of 48 percent in FY 09; over the quarters the NHDs have shown sustained increase. This increase can be attributed to revitalization of THR, adherence of micro planning and systematic monitoring at the block and district levels by NRHM and ICDS. Efforts were made to strengthen the use of due lists by AWWs, ANMs and ASHAs. The state ICDS faces a challenging situation due to rapid expansion of AWCs without corresponding increase in supervisory positions leading to supervisors monitoring large number of AWCs.



**CBO/PRI Participation in NHDs:** The participation of PRI members in NHD has shown an increasing trend as compared to last year. The increase is seen across the quarters during the current reporting period. This increase is due to Strengthen of Village health and sanitation committees and building of capacities of PRIs on monitoring of the Nutrition and Health days.

## **II. Capacity Building**

The capacity building was organized for ICDS and Reproductive Child Health functionaries as well as for the elected representatives of the Panchayat raj Institutions. The focus of the capacity building was institutionalization of Program implementation tools, Program Leadership, dissemination of INHP III results to carry forward nutrition agenda through existing forums. CDPOs were trained on convergence, supportive supervision, data management for decision making, human resource management and supply chain management. Training was also conducted for PRIs at block and district level to enhance their capacity on health and nutrition issues and orient them on their roles and responsibilities.

## **III. NGO Partnership**

A thematic partnership was established for conducting the District and state level disseminations of INHP III results. Local NGOs have supported in conducting the various activities such as village level campaigns to reiterate the nutrition messages, reward and recognition of the AWWs and Rath Yatras by displaying the nutrition messages. A partnership has been established with Orissa Voluntary Health Association to reach the 150 NGOs to include nutrition in their existing programs.

## **IV. System Strengthening and supporting ICDS Universalization**

CARE Orissa successfully sensitized the district administration with evidence based data. Observations from NHDs, program implementation tools and convergence forums were reviewed and decisions were made for effective program implementation. CARE supported DWCD in revitalizing the THR in VHNDs, institutionalization of program implementation tools and leadership skills of CDPOs, trained CDPOs on data management and supportive supervision. The pre-sector and sector meetings are regular happenings and the use of tools Ongoing CB, discussion on home visits by AWW is a regular feature of sector meetings.

## **V. Community Participation and Empowerment**

In the last year emphasis was laid for the thematic partnership with the NGOs to improve the PRI engagement in ICDS and health programs. Efforts were also made to include Health and Nutrition issues at the block and sector level meetings which thereby helped in sensitizing the community. The Nutrition campaigns at the village level, Rath Yatras, community meetings and folk shows were conducted to reiterate the nutrition agenda at the community level.

## **VI. Networks and Alliances**

At the state level a sensitization workshop was held on “Advocacy on reduction of malnutrition” involving 150 Chief NGO functionaries through a state level network of NGOs. Sensitization workshop was also organized for Child Rights Network members on the same issue. Sensitization of District level NGOs Networks and alliances was undertaken on key health and nutrition issues and developing action plan to carry forward the efforts. INHP teams also supported in monitoring of IMNCI training, bi-annual Vitamin A rounds and Pulse polio program. Technical support was also provided to develop district PIP under ICDS in 4 districts.

INHP partnered with Right to Food campaign and advocated to heighten emphasis on nutrition in the upcoming Food Rights Act-2010.

## VII. Advocacy

One of the major advocacy efforts at district and block levels was to introduce THR distribution on nutrition and health day. Regular use of Program Implementation Tools by CDPOs and LS were also reinforced. INHP has been included as one of the members of State level Core Committee for preparing State level ICDS APIP for FY'09-10. Study on compliance to Supreme Court directives to implement ICDS universalization with quality is completed and findings shared with Government of Orissa for addressing gaps. Studies on neonatal mortality and malnutrition were undertaken through research agencies to highlight and advocate importance of home based new born care and appropriate complementary feeding. An alliance was also built with Human Resource Law Network and Supreme Court advisor for highlighting right based issues on Health and Nutrition. Technical support was also provided to develop district PIP under NRHM. The state team has also extended support to ASHA mentoring and PPP cell.

Active contribution was also made to MDG-4 as a lead agency in association with UNDP/UNMC in organizing the state level UN Millennium Campaign Stand up and Take Action (SUTA) Summit held on 17th – 18<sup>th</sup> September 2010.

**VIII. Dissemination and Closure Workshop:** State level INHP dissemination cum close out workshop was organized in which Secretary, WCD; representatives from UN agencies, INGO, NGOs/ CSOs, media and experts in the field participated. The Commissioner cum Secretary, Women and Child Development, Government of Orissa brought out the essence and effect created by INHP in the last few years. District level INHP dissemination cum close out workshops were also organized in all the nine INHP operational districts in which key district level staff like district collectors, district Health & ICDS officials participated along with NGO partners and other stakeholders.

## Rajasthan

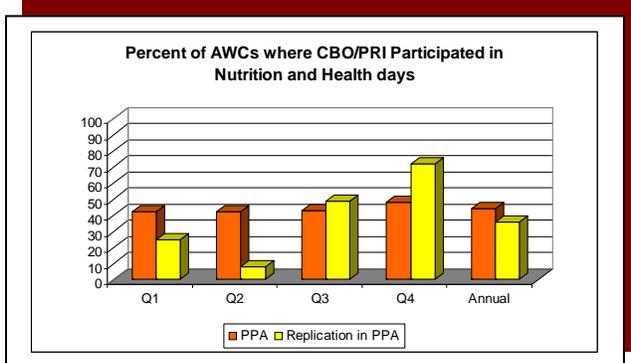
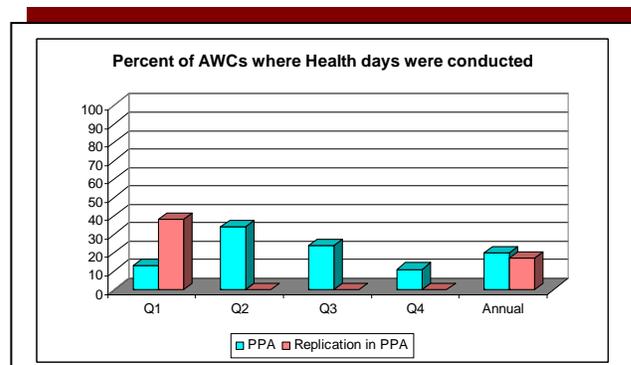
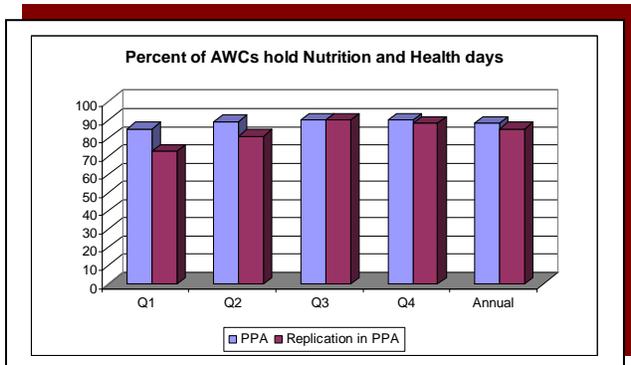
In Rajasthan, under INHP III, a total of 67 blocks were covered in 7 districts and all 67 blocks were phased out in September 07. The State has only 3 new blocks in INHP Primary Program Area. During the reporting period, the focus was on Program leadership development, data analysis and supporting DWCD for developing the BCC strategy, coordinating conduct of Final evaluation and conducting of dissemination workshops.

### I. Management Indicators

**NHD:** The percent of AWCs conducting NHDs has sustained in all the four quarters. The Percent of AWCs reporting NHD is 88 percent in the reporting period. Consistent adherence to the NHD calendars and focus of NRHM on monitoring of regularity and joint service delivery on fixed day at AWC have led to a sustained increase in the NHDs all across the state. However, the HDs conducted in RA is low.

#### Annual Achievements:

- Supported in developing the BCC strategy for DWCD
- Replicated the PLD trainings' approach through TOT for other districts of Rajasthan
- Supported DWCD in data analysis and use
- Conducted state dissemination workshop



**CBO/PRI Participation:** During the last one year the CBO/PRI participation is sustained at the same level as the previous financial year. This sustenance is mainly due to state's efforts to revitalize local governance and incorporation of health and nutrition agenda in the PRI meetings. Besides this, partner NGOs engaged local media in sensitizing and ensuring reporting of successes of ICDS and Health program implementation which has

lead to improved participation of PRI in NHDs

## II. Capacity Building

**CB:** The major focus of capacity building of Health and ICDS staff centered around program leadership, sector alignment processes and ongoing capacity building on data analysis and dissemination.

Priority was placed on building the capacities ASHA sahayoginis on prioritized home visits. For streamlining the process of sector strengthening, joint workshops of ICDS and Health functionaries were conducted. To enhance PRI participation in program monitoring, training were conducted for district level PRI officials on program planning, commodity management aspects and reviewing status of universalization. A series of workshops for sensitization of religious leaders were organized to sensitize the Muslim community for using health and nutrition services provided at the AWCs.

## III. NGO partnerships

The focus of partner NGOs was to strengthen the processes at community, sector and block level by greater emphasis on regularizing NHDs, prioritized critical home contacts, use of tools and ensuring regular and structured reviews at sector and block level. During this period, local NGOs have sensitized media houses to promote the successes of Health and ICDS programs. The NGO partners were engaged in PLD activities for CDPOs and LS. They also sensitized the Gram Sarpanchs on strengthening of Village Health Sanitation committees. Partner NGOs also supported generating community awareness on issues of rights and entitlements through campaigns and various BCC programs.

## IV. System Strengthening

Several efforts have been taken up by INHP in the state for system strengthening through enhancing program leadership skills, sector alignment processes and emphasizing on the processes at the block and district level forums through appropriate channels for institutionalization of the same.

As a part of the systems strengthening, TOT on program leadership has been held for scaling up the PLD for CDPOs of all districts across the state through STRAP to build the competencies and leadership skills for an effective implementation of the program. During the reporting period, the sector meetings took place regularly and this forum was used for building the capacities of ICDS functionaries. Regular monthly review meetings between health and ICDS at the blocks and district level were conducted to review data for decision making towards effective program planning and field implementation.

#### **V. Community Partnership and Empowerment**

In the reporting period, the emphasis was made on the thematic partnership with the NGOs to improve Gram sarpanches engagement in ICDS and health program. Efforts were also made to orient Gram sarpanches especially female gram sarpanches on health and nutrition issues.

#### **VI. Replication of Best Practices and/or supporting ICDS Universalization**

During this reporting period, the focus in the replication blocks was to strengthen the best practices established in the previous two years. All the CB and BCC activities conducted in the PPA blocks were carried out in the replication blocks as well. Capacity building of NGOs functionaries was conducted on key technical aspects. For ICDS and Health functionaries, the focus was on technical content, Program leadership and data analysis.

#### **VII. Support to other related national and state programs**

INHP in Rajasthan being a part of several State level forums continues to influence policies and program planning in NRHM and ICDS. INHP team supported the department of women and child development, in the state to develop the state BCC strategy along with other key stakeholders. The state has advocated for Program leadership development training for CDPOs of all the districts. The PLD training was appreciated by the department and the same training is budgeted by state training action plan of the department. .

#### **VIII. Networks and Alliances**

During last year, INHP team participated in different state level forums for operational design of IMNCI and Immunization. INHP also provided technical support to NRHM and DWCD being a core member of ASHA mentoring group. A meeting with the committee members for women empowerment of Legislative Assembly was held to advocate for monitoring on health and nutritional programs for better implementation.

#### **XI. Advocacy and Sector-wide support to influence policies and larger ICDS and RCH Programs**

State government has shown interest to up-scale the sector alignment process across the state beyond September, 2010 based on the lessons learned from pilot facilitated by CARE. Rounds of meetings state office had with the Mission Director-RCH/NRHM and Principle Secretary, Women and child development department to explore the opportunity for up-scaling the sector alignment process across the state leveraging resources from NRHM. On request of both the departments, CARE submitted a proposal to the departments for partnership

## X. Closure Workshop

The state level dissemination of INHP was organized on 21st Sep at Jaipur. A number of field and state representatives of the government and NGOs and also ex- CARE staff, participated and shared their experiences with INHP. The event was chaired by Ms. Alka Kala, Ex- Additional Chief Secretary, Rajasthan. Besides her the other key officials attended include Ms. Sarita Singh, Commissioner, Women Empowerment, Ms. Rajesh Singh, Director ICDS, Mr. V Ramesh Babu, USAID, and S.B. Saha, CARE-India. All the speakers pointed out that CARE not only supported the nutrition and health initiatives and but also for significantly contributing to their professional and personal life advancement.

## Uttar Pradesh

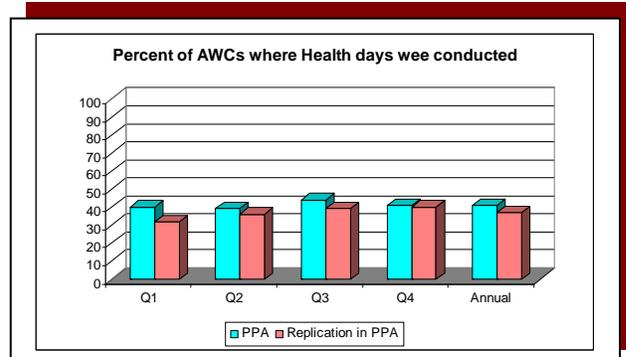
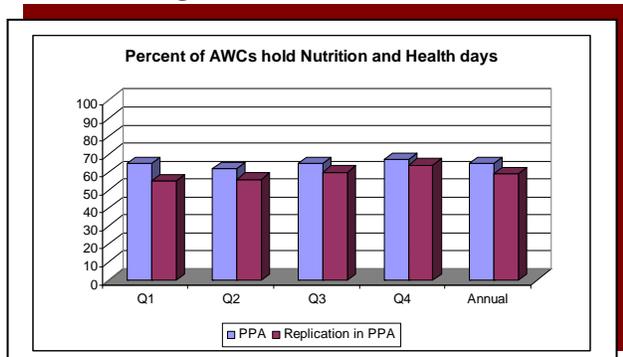
INHP III in Uttar Pradesh covered 12 districts with 186 blocks and all of them were phased out per plan in FY09. UP had 54 new blocks for replication for INHP best practices in the primary program area. To support this process of handing over and replication of best practices in new blocks, sectors and AWCs, INHP had NGO support for thematic partnerships. The key activities accomplished during this year of implementation are conducting of the reflections workshop for planning for the extended phase of INHP, building capacities of the CDPOs on program leadership and supporting in documentation of key processes. INHP has worked with POSHAN network, which emerged as civil society network for child nutrition and advocated with media through a campaign named 'Jagran Ek Pehal' which established a media advocacy model.

### Annual Achievements

- Closure of INHP III and dissemination of INHP III results
- Knowledge Advocacy Kits were developed and distributed
- Advocated for mainstreaming the Health and Nutritional agenda in 75 CSOs
- Completed the Program leadership development trainings and replicated the best practices
- Piloting ICDS Revised AWC registers
- Advocated for district level monitoring mechanism and Home visit planners were printed for the entire state

During this reporting period state has successfully coordinated with DWCD for streamlining the utilization of Empty Container funds and piloted rolling out of revised ICDS MIS registers and formats. INHP also built the capacities of ICDS and health officials and organized regular management review of the action plans. It also contributed to strengthening routine immunization and home visits by AWWs along with other development partners.

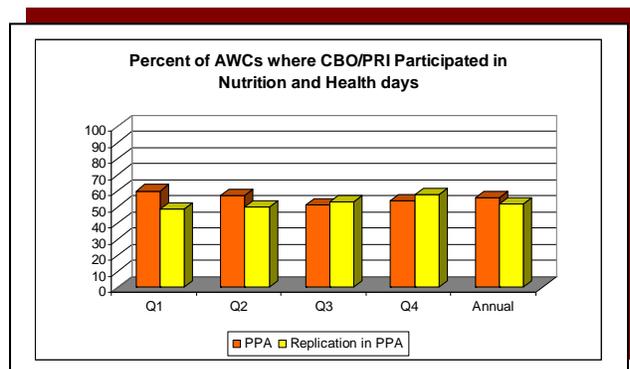
## I. Management Indicators



**NHD:** During last one year, the percentage of AWCs that conducted atleast one NHD in the previous month is 65 percent which is increased from the previous financial year. There is an increase of seven percent in NHD in comparison to FY 08 and FY 09 (FY 08 - 58 percent). The percentage of AWCs that reported conducting Health Days during last one year is 41 percent, whereas it was 44 percent in FY09. The increase in NHDs is due to revision of micro plans in some of the project districts, revision of roasters, preparation of due lists and systematic reviews at the blocks and district level forums.

**CBO/PRI:**

Uttar Pradesh has shown positive trend with regard to CBO/PRI participation in NHDs. This indicator is showing an increasing trend for last three years. The increase in participation is due to engagement of PRIs through thematic partnerships. Jan Abhiyan – Public mass mobilization in the blocks and districts to focus on child nutrition, building the capacities of PRIs and to sensitize them on health and nutrition agenda and participate in DLAC and BLAC meetings.



**II. Capacity Building**

INHP III extended phase focused on the refresher training on technical and managerial capacities of ICDS Program managers. CB targets have been achieved for the year. It has focused on building the capacities of functionaries of new blocks on New Born care, essential nutrition actions, primary immunization, commodity technical assistance, data management, differential planning and institutionalization of good practices. Besides this AWW were also trained on the above mentioned components by sector supervisors.

**III. NGO partnership**

The NGO partnerships were concluded during the reporting period and the POSHAN network is established as a civil society network to sustain the actions for reduction of under nutrition. During this reporting period, NGOs participated in sector meetings contributed towards review of critical health and nutrition issues. NGOs actively participated in the block level meetings, made joint field visits to monitor the quality of services catered through NHDs and supply of vaccines, IFA and vitamin A. NGOs also supported in promoting the INHP best practices in NON INHP areas. Jan abhiyan initiated in UP covered 38 districts and successfully sensitized the media, civil societies, ICDS and Health systems on best practices of INHP. NGOs have strengthened the written feedback mechanisms at sector, block and district levels. NGOs have provided handholding support to PRI members for better planning program of community based monitoring.

**IV. System Strengthening**

During the last one year state focused on building the capacity of state, district and block level functionaries through structured and ongoing training to strengthen their program leadership roles, data management, and supportive supervision and institutionalize the convergence. Apart from this, INHP has supported DWCD for institutionalizing the Home visit planners in the entire state. The review meetings at the block and district level were sustained, reviewed the data in the

meetings and made action plans for better programming. ICDS adopted *Anna Prashan*, the timely initiation of complementary feeding and God bhara (Local ceremony for pregnant women) as key BCC activity with active community and PRI participation.

#### **V. Community Participation and Empowerment**

In the last year, the emphasis was laid on thematic partnership with NGOs to improve PRI engagement in ICDS and health programs. Poshan Jan Abhiyan Ratha yatra was organized to create the public awareness on the critical status of under nutrition and to replicate the INHP messages of addressing the nutritional requirements of children focusing on the age group 0-2 years.

#### **VI. Supporting ICDS Universalization/ Other Related National/State program**

One of the major thrust for INHP in this year was to support NRHM and ICDS IV preparation. INHP has integrated key INHP processes and lessons into ICDS IV design for the state. INHP team has supported DWCD in building the capacities of CDPOs and supervisors on monitoring, data management, supportive supervision and prioritized home contacts. INHP team also supported ICDS on assessment of AWTCs and built the capacities of AWTCs to institutionalize the best practices of INHP.

#### **VII. Advocacy: Legal and legislative Advocacy-A Milestone**

During this reporting period, INHP team advocated for program leadership skills for all the program managers of ICDS and sensitized key ICDS officials such as Director and Principal Secretary of ICDS to replicate the PLD trainings in the entire state covering 71 districts. The state has advocated for community participation in the program and engagement of communities in events like *Annaprashan* and *Godh bhara* was streamlined.

Media advocacy was initiated under the banner of '*Jan Abhiyan*', the objective of this campaign was to involve Panchayat members in health and nutrition activities at AWC. Print media was involved for publishing the key nutritional messages during the World Breast Feeding Week and Nutritional and New Born Care weeks.

#### **VIII. Network and alliance:**

During this reporting period, INHP has taken lead among the state level MCHN partners such as FHI, VISTAR, PFI, UNICEF, PATH and JOHNS HOPKINS in facilitating key discussions on IYCF and community participation and developed common action plan. The INHP team also facilitated NGO network, *Poshan* which is formally linked with ICDS. The NGO partners supported the process of formation of civil society consortium in UP to take up nutrition issues on a sustained manner. This consortium can work as social watch and pressure group on nutrition issues in the state.

#### **IX. Closure workshops**

A detailed review and reflection workshop was conducted to disseminate the INHP III results and to mark formal closure of INHP in the state. Block, district and state level closure workshops were organized to share and disseminate the lessons and challenges from INHP. The state level event was graced by Minister of state and principal secretary of WCD. Presentations were made on program leadership, Home visits and feeding practices and way forward messages were given to ICDS to replicate the good practices of INHP to the entire state.

## X. Revised ICDS MIS

State team supported the national ICDS team in revision and testing of ICDS MIS registers and reports. Pilot testing was done in one block of Lucknow District and based on the inputs formats were revised with in UP State Context. A Team of INHP and ICDS state representative, CDPO, One Supervisor and AWTC principal participated in TOT at New Delhi .Two days CB of Sector supervisor from pilot block was conducted to train them on New HMIS and further one day Training of all AWW in 9 batches for the pilot Block was organized. As a follow up all 250 AWW have conducted survey based on requirements of revised survey register and second round of training conducted for remaining 8 registers facilitated by ICDS supervisors of 9 sectors.

## West Bengal

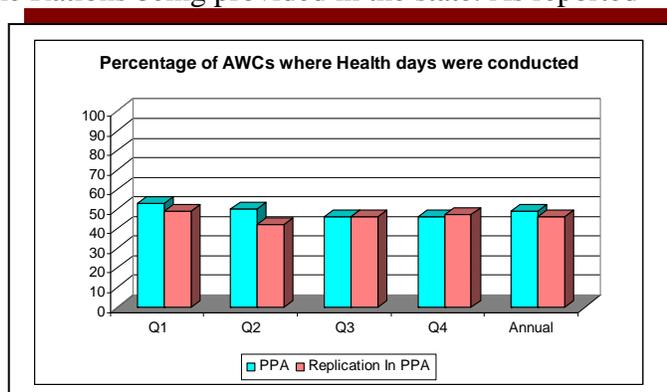
The State under INHP covers 195 blocks, including 104 new blocks for replication of INHP good practices. All 91 blocks of PPA were phased out in FY09. INHP carried out sharing of the INHP final evaluation results with the primary stakeholders in all the districts and at the state level. It also facilitated development of programmatic action plans by the stakeholders to address infant mortality and child malnutrition. The set of actions that emerged in the plan included infant and young child feeding campaigns, observation of nutrition week, broadcasting of radio jingles on pertinent messages and promotion of critical home contacts by the frontline workers using “Home visit planners” and counseling books. During this reporting period refresher trainings were conducted for CDPOs and Supervisors to strengthen data management skills, enhance supportive supervision and replication of commodity management tools.

### Annual achievements

- Disseminated the INHP III final evaluation results at the district and state level.
- To complement the efforts of bringing change in IYCF, series of BCC activities were executed in replication blocks.
- Strengthened PRIs’ engagement in program interventions with the support of NGOs.
- Refresher training of CDPOs was conducted in the districts.
- Commodity technical assistance tools were replicated in the replication blocks.
- The training on data management and supervision is done for supervisors.

## I. Information on Management Indicators

As the Government of West Bengal is continuing with its decision to provide spot-feeding to all beneficiaries of ICDS, there are no Take home Rations being provided in the state. As reported in the previous years, due to very high density of population in West Bengal and presence of more sub-health centers in the state, the immunization sessions are held more often at the sub-health centers and not at the AWCs. However since last two years, with significant advocacy of INHP and need for enhanced coverage of health services, the government of WB has initiated conducting of health days at



AWCs, especially for communities that are far away from Sub-center locations. However in the absence of THRs these outreach health sessions are not being reported as NHDs in INHP, but are being reported as health days without THRs.

### **Health Days**

Health Days (ANC/Immunizations are given at the AWC level without THR distribution) were sustained in all the quarters. During the reporting period about 49 per cent of AWCs reported having health days. As mentioned earlier, the health sub-centers are well functional in the state, hence the immunization sessions are usually conducted in the sub-centers and the immunization coverage in the state is much higher than other INHP states as per surveys like NFHS and DLHS.

### **CBO/PRI participation in NHDs**

Due to absence of NHDs in the state, this management indicator is not captured for reporting.

## **II. CB activities**

The major focus was on the dissemination of final evaluation results to the stakeholders, refresher training for CDPOs on Program leadership and skill building of supervisors on data management. During the reporting period, WB team sensitized the district level officials on health and nutrition issues by disseminating the final evaluation results and also supported in systematically developing the action plans. During the reporting period, the refresher training of CDPOs on program leadership was conducted in the districts; it had a logical linkage with the first round of training which was carried out in the previous two years. The refresher training was to review the post training plans and to update the technical components of childhood malnutrition and Infant mortality. To enhance the quality of sector meetings, the capacity of supervisory functionaries was strengthened on data management and supportive supervision.

## **III. NGO partnership**

The NGO participation during the sector and block meetings contributed towards review of critical health and nutrition issues. During the reporting period, the NGO partners facilitated the institutionalization of INHP processes, supported PRI engagement in planning, implementation and monitoring of programs related to health and nutrition. NGO partners were engaged in promoting INHP good practices in replication blocks, conducting need-based CB events during the sector meetings and providing support during sector meetings. The partners also played a vital role in organizing BCC events in close collaboration with the government departments.

## **IV. System Strengthening**

INHP made efforts to conduct refresher training for CDPOs on program leadership covering the technical contents on childhood malnutrition and infant mortality. The supervisors were further supported on data management and supportive supervision to conduct effective sector meetings. During this reporting period, WB has shared the INHP III Final evaluation results to inform the key stakeholders on the status of under nutrition and related outcomes which led to the preparation of action plan for implementation of ICDS program.

## **V. Efforts towards Community Participation and Empowerment**

In the last year, the emphasis was laid for the thematic partnership with the NGOs to improve PRI engagement in ICDS and Health programs. Efforts were made to include health and

nutrition issues at block and sector meetings. Efforts were also made to include the district level leaders of PRI system in all the sensitization events in the district level along with DM and ADMs. This has resulted in better understanding of the PRIs' role and specific efforts were made through Zilla-Parishad - Public Health Cell officials to strengthen the review mechanisms at the GP level meetings.

#### **VI. Replication of Best Practices and supporting ICDS Universalization**

The focus of engagement in the replication blocks this year was to strengthen the best practices established in the previous two years. During this reporting period, the supervisors from replication blocks were supported to develop capacities on data management and supportive supervision. Capacity building was done for NGO functionaries and key health and ICDS functionaries on program leadership, technical content of under nutrition and commodity technical assistance.

To institutionalize the good practices ongoing capacity building of AWWs at sector meetings were done. Monthly meetings at the district level for CDPOs were leveraged to monitor the progress in replication blocks.

#### **VII. Networks and Alliances**

CARE West Bengal is a lead member of Development agency network, which was formed to share and strengthen the learnings and complementing the programmatic and operational issues. Leveraging the platform of Community Health care management Initiative (CHCMI) for PRI engagement, INHP was associated with the PRI functionaries for their involvement in planning, implementation and monitoring of Health and Nutrition activities through CHCMI. CARE represented State chapter of White Ribbon Alliance for promotion of safe motherhood which is technically supported by CEDPA and CINI.

#### **VIII. Support to other related national and state programs**

INHP supported to National Rural Health Mission in planning and execution of VHNDs at the village level. It also supported in preparation of guidelines in local language for fund utilization under NRHM. To promote infant and young child feeding with specific focus on complementary feeding and exclusive breastfeeding, INHP supported DWCD in observing of national breastfeeding week and nutrition week.

#### **IX. Advocacy Efforts**

INHP advocated for replication of commodity management software in the state after the completion of demonstrating the package in one of the districts with the support of DWCD. INHP supported DWCD in procuring the storage bins by using the empty container funds for new AWCs.

#### **X. Closure Workshops**

With the culmination of INHP operations in the state, the team organized the closure workshop with the departmental heads of implementing departments that included the Secretary, Department of Social Welfare and Women and Child Development and the Mission Director, National Rural Health Mission from Department of Health and Family Welfare. Other state and district level officials of ICDS, representatives of national and international organization and the NGO partners of INHP also participated in these workshops. The workshop depicted the

evolution of INHP and results that the project achieved in its entire operational cycle. The workshop also highlighted major lessons that INHP as a project learnt and that were worth adoption and replication by other stakeholders including government programs.