Evaluation of Project ‘Making it Happen’ - Rajasthan

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Backdrop

• Nutrition in India is a key concern, particularly among children and women
  • Nutrition is determined by multiple factors – some reasonably modifiable; some need sustained efforts
  • This multifactorial phenomenon is not only affected by dietary intake but also by important behavioral, socio-economic and contextual factors

• Integrated Child Development Services (ICDS)
  • The ICDS delivers six important services to children (6 m to 6 y) as well as pregnant and lactating mothers.
    • These services are: a) Supplementary nutrition, b) Pre-school nonformal education, c) Nutrition and health education, d) Immunization, e) Health checkups and f) Referral services

• Supporting ICDS is critical to promote child development but is overemphasized for nutrition related achievements. Although ICDS has wide scope and coverage but it also has several constraints in performance and functioning
Project Making it Happen - Rajasthan

• Motivation
  • Creating an enabling environment for improved service delivery, multi-sector convergence and community ownership, including the elected representatives, leads to increased demand, scale and visible impact
  • Making it Happen has been designed for easy replicability nationwide

• Interventions
  • System strengthening (Transforming AWCs; Government data analytics)
  • Enhancing quality of services (Sectoral capacity building, ECE, services during VHSNDs)
  • Raising demand for quality services (Engagement with Panchayats, BCC)
  • Real time monitoring (50-50 Cohort)

• The Project presumes a derived effect on nutritional status of women and children
Project Area

Covering 205 Anganwadis out of total 8556 Anganwadis across 5 districts in east Rajasthan.

The districts are Alwar, Dausa, Dhaulpur, Karauli and Tonk.

These areas have low presence of development partners and these are selected based on consultations with the Government of Rajasthan.
Evaluation Approach

• Objectives of evaluation
  • Understand performance vis-à-vis project expectations (log-frame)
  • Identify gaps and challenges during implementation
  • Contribute to evidence and recommendations on these interventions

• Mixed-Methods Approach
  • Desk review of project data, reports and publications; Qualitative methods – key informant interviews approach; Quantitative analysis – structured questionnaire based response; analysis of project MIS, 50-50 Data
  • Stakeholders – ICDS Officials (State, District, Block, AWC), Panchayat, Project beneficiaries, TINI-MIH Project Staff
  • Telephonic / Web-based (English/Hindi) interviews with various stakeholders (list shared by TINI)
    • Time frame for evaluation and also appointments and optimal length of interviews on telephonic mode are limitations
    • Travel restrictions also deprived the assessment from field observations and candid conversations
Respondents and interviews

- Questionnaire / Telephonic interviews carried out during Aug-Sep 2020
  - State-level officials (N=5)
  - District-level and Block-level officials (N=8)
  - Anganwadi supervisors (N=14)
  - Anganwadi workers (N=85)
  - Panchayat members (N=12)
  - Beneficiaries (N=22)
  - MIH-Rajasthan TINI officials (N=7)
Transformation of AWCs

• Scope of work
  • Repainting, Reequipping, Repairs

• Materials provided
  • 8 Shishu desks, Tata Swachch water purifies, 1 Carpet, 9 types of ECE charts, 51 different books for ECE learning, Baby weighing machine, Adult weighing machine, Infantometer, Stadiometer, Informative toys for children

• The refurbishments planned on a budget of INR 50,000 to 75,000 per AWC to facilitate scalability by ICDS

• Budgetary norms warranted a selective approach for AWC refurbishments (based on consultations with ICDS and also on the advice of consulting civil engineer)

The aim was to provide a motivating work atmosphere for anganwadi workers and helpers; and to provide a cheerful, safe and healthy environment for women and children.

The project team selected the anganwadis in consultation with the Deputy Director (ICDS).
The Project MIS confirms that growth monitoring equipment was provided to all the selected anganwadis. This includes digital weighing machine, infantometer and stadiometer. Adult weighing machine was unavailable in most of the selected AWCs of all districts.
There is a huge unmet need for refurbishment work of Anganwadis Centres

Almost all AWWs confirmed that refurbishment was required

The requirements were mostly to address water leakages in the building and painting these

Since refurbishment was constrained by budget per AWC norms; other relatively dilapidated AWCs are perhaps not considered in work plan

### Transformation of AWCs

<table>
<thead>
<tr>
<th>District</th>
<th>% AWCs with infrastructure issues about 2-3 years ago</th>
<th>% AWW think that refurbishment was required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Dholpur</td>
<td>17</td>
<td>94.4</td>
</tr>
<tr>
<td>Karauli</td>
<td>15</td>
<td>83.3</td>
</tr>
<tr>
<td>Alwar</td>
<td>13</td>
<td>76.5</td>
</tr>
<tr>
<td>Tonk</td>
<td>15</td>
<td>88.2</td>
</tr>
<tr>
<td>Dausa</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>88.2</td>
</tr>
</tbody>
</table>
Almost all the AWWs reported high levels of satisfaction with the refurbishment work carried out under the initiative. The beneficiaries also perceived these activities in a positive light and expressed satisfaction.
Transformation of AWCs

• AWW feedback on refurbishments

• [B]uilding ki halat yeh thii ki humein to aney ka bhi mann nhi karta thaa. Ab to kam pe jana achha lagta hai


• [B]achhey bahut khush hai. Unkey parents to ab khud se bachhon ko chod jatey hai. Aur who khusi se ruktey bhi hai. Pehley unko yahan rokney ke liye kuch nhi tha. Ab centre itna achha jo dikney laga hai. Bahar se bhi log atey hai dekhney

Maintenance of the anganwadi centres is crucial for acceptance from the beneficiaries and to keep the staff motivated.

A centre which is attractive makes the children happy. Not only that, it also motivates their parents to send them to the centre instead of sending them to private schools.
The AWWs confirmed receiving the various materials that was planned for distribution through MIH.

Prior to this support, some AWCs had charts and carpets but not toys or desks.

Almost all children find the new ECE material engaging.
Perception about increased attendance

<table>
<thead>
<tr>
<th>District</th>
<th>Improved attendance among pregnant and lactating mothers</th>
<th>Improved attendance among children (3-6 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Dholpur</td>
<td>13</td>
<td>76</td>
</tr>
<tr>
<td>Karauli</td>
<td>16</td>
<td>89</td>
</tr>
<tr>
<td>Alwar</td>
<td>10</td>
<td>59</td>
</tr>
<tr>
<td>Tonk</td>
<td>9</td>
<td>53</td>
</tr>
<tr>
<td>Dausa</td>
<td>12</td>
<td>92</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>73</td>
</tr>
</tbody>
</table>

The refurbishment and provisioning of various materials has helped to improve attendance.

All AWWs agree that the attendance among children has certainly increased.

Perception regarding increased attendance of women beneficiaries is not consistent across AWCs.
MIS data on ECE attendance (%)

<table>
<thead>
<tr>
<th>ECE Beneficiaries</th>
<th>Alwar</th>
<th>Dausa</th>
<th>Dholpur</th>
<th>Karauli</th>
<th>Tonk</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2019</td>
<td>24.3</td>
<td>26.3</td>
<td>33.1</td>
<td>35.7</td>
<td>32.2</td>
<td>30.8</td>
</tr>
<tr>
<td>June 2019</td>
<td>18.9</td>
<td>26.1</td>
<td>34.3</td>
<td>35.8</td>
<td>32.2</td>
<td>29.6</td>
</tr>
<tr>
<td>July 2019</td>
<td>16.8</td>
<td>25.7</td>
<td>37.3</td>
<td>40.2</td>
<td>30.0</td>
<td>29.8</td>
</tr>
<tr>
<td>August 2019</td>
<td>16.9</td>
<td>24.9</td>
<td>39.5</td>
<td>35.6</td>
<td>30.2</td>
<td>29.1</td>
</tr>
<tr>
<td>September 2019</td>
<td>32.6</td>
<td>28.9</td>
<td>39.4</td>
<td>40.1</td>
<td>36.5</td>
<td>35.9</td>
</tr>
<tr>
<td>October 2019</td>
<td>28.7</td>
<td>29.0</td>
<td>40.4</td>
<td>42.8</td>
<td>34.4</td>
<td>35.6</td>
</tr>
<tr>
<td>November 2019</td>
<td>31.0</td>
<td>30.2</td>
<td>41.7</td>
<td>39.4</td>
<td>33.5</td>
<td>35.9</td>
</tr>
<tr>
<td>December 2019</td>
<td>31.8</td>
<td>28.0</td>
<td>42.7</td>
<td>44.9</td>
<td>22.1</td>
<td>33.3</td>
</tr>
<tr>
<td>January 2020</td>
<td>35.2</td>
<td>30.0</td>
<td>40.0</td>
<td>42.9</td>
<td>34.3</td>
<td>36.8</td>
</tr>
<tr>
<td>February 2020</td>
<td>32.2</td>
<td>30.9</td>
<td>42.9</td>
<td>40.0</td>
<td>40.2</td>
<td>37.7</td>
</tr>
</tbody>
</table>

The MIS shows that ECE attendance has increased from 31% in May 2019 to 38% in Feb 2020.

Dholpur has higher ECE attendance; whereas Karauli registered highest attendance of 45% in Dec 2019.

Dausa and Alwar have low ECE attendance; lowest being 17% in Alwar in Jul 2019.

NFHS 2015-16 reveals a 20.1% ECE attendance for Rajasthan.
MIS data on SNP beneficiaries (%)

<table>
<thead>
<tr>
<th>Month</th>
<th>6m to 3y</th>
<th>3y to 6y</th>
<th>Pregnant women</th>
<th>Lactating mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2019</td>
<td>63.5</td>
<td>30.1</td>
<td>81.6</td>
<td>78.2</td>
</tr>
<tr>
<td>June 2019</td>
<td>60.8</td>
<td>28.1</td>
<td>81.8</td>
<td>79.0</td>
</tr>
<tr>
<td>July 2019</td>
<td>61.4</td>
<td>29.5</td>
<td>84.3</td>
<td>81.9</td>
</tr>
<tr>
<td>August 2019</td>
<td>59.6</td>
<td>28.5</td>
<td>80.0</td>
<td>79.8</td>
</tr>
<tr>
<td>September 2019</td>
<td>60.3</td>
<td>33.5</td>
<td>88.6</td>
<td>89.0</td>
</tr>
<tr>
<td>October 2019</td>
<td>62.6</td>
<td>34.1</td>
<td>82.0</td>
<td>77.0</td>
</tr>
<tr>
<td>November 2019</td>
<td>61.6</td>
<td>33.6</td>
<td>79.0</td>
<td>76.2</td>
</tr>
<tr>
<td>December 2019</td>
<td>61.5</td>
<td>30.9</td>
<td>79.9</td>
<td>78.1</td>
</tr>
<tr>
<td>January 2020</td>
<td>60.6</td>
<td>33.6</td>
<td>77.1</td>
<td>76.7</td>
</tr>
<tr>
<td>February 2020</td>
<td>58.1</td>
<td>33.4</td>
<td>73.9</td>
<td>75.7</td>
</tr>
<tr>
<td>Average</td>
<td>61.0</td>
<td>31.3</td>
<td>80.9</td>
<td>79.0</td>
</tr>
<tr>
<td>Rural Rajasthan</td>
<td>35.6</td>
<td>48.7</td>
<td>40.9</td>
<td></td>
</tr>
</tbody>
</table>

The MIS shows that attendance has remained constant at about 80% for pregnant and lactating mothers.

The SNP HCM beneficiaries (3-6 years) are half of those 6m to 3y SNP beneficiaries.

NFHS estimates for rural Rajasthan are on the lower side for the THR beneficiaries.

Data validation is a critical area for strengthening ICDS reporting systems. For instance, ECE v/s SNP for 3-6 years group.
SNP engagement

• Not much headway was possible for SNP improvements
  • Partly because of changes in ICDS stance on nature of SNP ration (powdered mix v/s dry ration)
  • Ambiguity around mode of production (centralized, decentralized, SHGs) and technical support required by ICDS
  • Mixed performance of Rajeevika initiative in strengthening SHGs based model for SNP delivery

Community leaders have a favorable view regarding dry ration provisioning under THR

Less than one-third AWWs believe that quality of THR has improved in last year or so

THR improvements needs clear strategic leadership from the Government. This may not necessarily have financial implications as envisaged.
There has been small improvements in reporting of malnourished children.

Dholpur and Dausa MIS has captured greater number of malnourished children in their reports.

There are significant gaps in identification and reporting of malnourished children.

Training on growth monitoring and triangulation exercises are necessary to identify the nature and causes of discrepancy.

### MIS data on underweight children (%)

<table>
<thead>
<tr>
<th>% Underweight</th>
<th>Alwar</th>
<th>Dausa</th>
<th>Dholpur</th>
<th>Karauli</th>
<th>Tonk</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2019</td>
<td>8.1</td>
<td>0.0</td>
<td>17.2</td>
<td>6.4</td>
<td>8.7</td>
<td>8.4</td>
</tr>
<tr>
<td>June 2019</td>
<td>8.1</td>
<td>0.0</td>
<td>19.1</td>
<td>6.1</td>
<td>8.5</td>
<td>8.8</td>
</tr>
<tr>
<td>July 2019</td>
<td>4.4</td>
<td>0.0</td>
<td>18.4</td>
<td>4.9</td>
<td>9.4</td>
<td>7.8</td>
</tr>
<tr>
<td>August 2019</td>
<td>3.5</td>
<td>0.0</td>
<td>19.9</td>
<td>3.4</td>
<td>9.8</td>
<td>7.6</td>
</tr>
<tr>
<td>September 2019</td>
<td>7.3</td>
<td>5.5</td>
<td>17.6</td>
<td>2.5</td>
<td>11.3</td>
<td>9.1</td>
</tr>
<tr>
<td>October 2019</td>
<td>10.6</td>
<td>10.1</td>
<td>19.7</td>
<td>2.5</td>
<td>9.7</td>
<td>11.0</td>
</tr>
<tr>
<td>November 2019</td>
<td>5.9</td>
<td>12.8</td>
<td>20.9</td>
<td>4.8</td>
<td>12.1</td>
<td>11.7</td>
</tr>
<tr>
<td>December 2019</td>
<td>7.5</td>
<td>12.9</td>
<td>20.4</td>
<td>4.0</td>
<td>9.0</td>
<td>11.2</td>
</tr>
<tr>
<td>January 2020</td>
<td>8.3</td>
<td>12.5</td>
<td>19.9</td>
<td>6.0</td>
<td>9.2</td>
<td>11.6</td>
</tr>
<tr>
<td>February 2020</td>
<td>8.8</td>
<td>15.9</td>
<td>19.7</td>
<td>7.2</td>
<td>8.1</td>
<td>12.3</td>
</tr>
<tr>
<td>Average</td>
<td>7.4</td>
<td>6.6</td>
<td>19.3</td>
<td>4.7</td>
<td>9.6</td>
<td>10.0</td>
</tr>
<tr>
<td>NFHS 2015-16</td>
<td>35.5</td>
<td>28%</td>
<td>39.8</td>
<td>35.7</td>
<td>37.3</td>
<td>36.7</td>
</tr>
</tbody>
</table>
Government data analytics

• Rajdhara App
  
  • Government of Rajasthan introduced Rajdhara App in May 2017 to improve monitoring of AWCs and efficient reporting of such monitoring data by various ICDS officials
  
  • An important feature of the monitoring is that the ICDS officials are required to upload a photograph of the center during the visit. The geo-tag feature of the App ensures greater accuracy in ensuring regular monitoring to various AWCs
  
  • The IT Cell at the ICDS Directorate shares these data with the Performance Management and Analysis Cell (PMAC), TINI for analysis purposes
  
  • PMAC analyzes these files and prepares the reports on district rankings, official performance (best and lowest) and the stock of AWCs that have been unsupervised for a period of time
  
  • A Working Paper is being prepared by the TINI Officials on Rajdhara App
The Draft Working Paper presents good analysis of information regarding monitoring visits by various ICDS officials.

A key contribution of the App and the analysis has been to reduce the number of unsupervised or non-visited AWCs in the State.

The unvisited numbers have reduced by more than one-third in a year.

Similar opportunities for analytical support should be explored further. It is an important area for technical support.
Capacity building of AWWs for ECE

• All the AWWs reported receiving training on ECE component

• State-level officials also acknowledged the contribution of MIH in training AWWs in ECE and also for developing resource material for ECE.

• However, some officials feel that planning for more innovative methods for integrating learning and play / sports is further desirable.

• To enhance the impact of these trainings it is critical to conduct refreshers and also select AWWs who are educated and display potential for skill improvements

The ECE component has become more aspirational.

With rise of pre-primary and nursery schools, it is expected that children are provided uniform and engaged in comparable private sector settings with plans for various sports and learning events and certification.

The Panchayats should be encouraged to host such events and certification.
Engagement with Panchayats

• Motivation
  
  • Panchayats have a role and responsibility in the maintenance of the anganwadis and in reducing malnutrition. The Making it Happen intervention aims to sensitize the Panchayat leaders and mobilize them to contribute towards anganwadis in their villages.
  
  • The Gram panchayats receive funds through various sources including transfers from the finance commission (Central and the State governments) for developmental activities.
  
  • The funds are to be utilized through consensus and decision-making through Gram Sabha meetings open to all residents and citizens under its jurisdiction.
  
  • Conventionally, Panchayats have overlooked the demand of social sectors such as education, health and nutrition, particularly women and child undernutrition.
The anganwadis lack basic amenities such as toilets, electricity and drinking water facilities.

Provisioning of water filter is an important support but challenges remain.

Despite political commitments on these amenities much is yet to be accomplished for AWCs.
Engagement with Panchayats

<table>
<thead>
<tr>
<th>District</th>
<th>% report gram panchayat members ever come to inspect</th>
<th>% report involvement of gram panchayat improved post TINI meetings</th>
<th>% who were invited to monthly meetings of GP for discussing on upcoming issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Dholpur</td>
<td>16</td>
<td>88.9</td>
<td>14</td>
</tr>
<tr>
<td>Karauli</td>
<td>17</td>
<td>94.4</td>
<td>12</td>
</tr>
<tr>
<td>Alwar</td>
<td>14</td>
<td>82.4</td>
<td>14</td>
</tr>
<tr>
<td>Tonk</td>
<td>15</td>
<td>88.2</td>
<td>15</td>
</tr>
<tr>
<td>Dausa</td>
<td>5</td>
<td>41.7</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>81.7</td>
<td>58</td>
</tr>
</tbody>
</table>

The AWCs are receiving increasing focus and attention due to various developmental programs related to health and nutrition.

There is involvement of Panchayat in supporting activities related to AWCs, particularly infrastructure development and maintenance.

Enhanced provisioning for nutrition and health through Panchayat funds can be an important source for various AWC activities.
Engagement with Panchayats

Not all AWWs have considered the engagement of Panchayats as satisfactory. It is important that continued interaction is planned to improve convergent action at village level and enhance attention toward AWC activities.

AWC infrastructure such as building repairs, toilet facility, drinking water facility and electricity etc. should be developed through Panchayat involvement.
Engagement with Panchayats

• Panchayat members confirmed that regular counselling is being done regarding nutrition, hygiene, breast feeding and weaning. Children were getting HCM and THR. Recently, they are more satisfied with the pulses that they are getting over “Panjiri.”

• People in the community are very happy about the beautification of the centers. However, many were not aware about the activities happening in a centre.

• Some are unwilling to send children to anganwadi because it is either far away or they are not willing to go there, and are instead sending children to private schools.

• The AWC interaction of the PRI members also improved in few areas after the project interventions. Most of them were of the opinion that the project should be continued for greater impact.
Real time monitoring: 50-50 Cohort

• Objectives
  • To monitor the dynamics of key health and nutrition indicators among a selected group of pregnant women and children (below 2 years) in selected AWCs of 5 districts
  • To understand the growth trajectories of children before and after the first 1000 days
  • To ensure greater access and coverage of maternal health care services through regular visits and monitoring
  • To focus on health and nutrition outcomes of vulnerable segments of the population, particularly the poor and the marginalized
Real time monitoring: 50-50 Cohort

• Sample

• The 50-50 cohort is primarily a sample of 50 pregnant women and 50 children (aged below 2 years) from each of the 5 selected districts of Rajasthan.

• A total of 50 pregnant women and 50 children are selected from the districts of Alwar, Dausa, Dholpur, Karauli and Tonk.

• Data on key health and nutrition indicators for a total of 250 pregnant women and 250 children is available for analysis and inference.

• The data collection for the 50-50 cohort was initiated in April 2019 with the help of a network of 5 District Project Officers (DPOs) of TINI.

• The DPOs were assigned the task of identifying the 50-50 sample with focus on ensuring regular visits for data collection. In total these 500 cases of pregnant women and children are selected from 27 AWCs spread across the study districts.
Real time monitoring: 50-50 Cohort

The focused measurement of the 50-50 cohort is more aligned with the estimates available from the NFHS 2015-16.

The registers maintained at the AWCs needs to be improved with identification of nature and sources of measurement errors and scope for corrections and improvements.

The estimates of stunting and wasting are also comparable with NFHS 2015-16.

Achievement of 100% full immunization is reported.

<table>
<thead>
<tr>
<th></th>
<th>ALWAR</th>
<th>DAUSA</th>
<th>DHOLPUR*</th>
<th>KARAULI*</th>
<th>TONK</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDERWEIGHT</td>
<td>17 (34%)</td>
<td>20 (40%)</td>
<td>13 (26%)</td>
<td>7 (14%)</td>
<td>16 (32%)</td>
</tr>
<tr>
<td>SEVERELY</td>
<td>7 (14%)</td>
<td>4 (8%)</td>
<td>0 (0%)</td>
<td>2 (4%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>UNDERWEIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MODERATELY</td>
<td>10 (20%)</td>
<td>16 (32%)</td>
<td>13 (32%)</td>
<td>5 (10%)</td>
<td>15 (30%)</td>
</tr>
<tr>
<td>UNDERWEIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORMAL</td>
<td>33 (66%)</td>
<td>30 (60%)</td>
<td>32 (64%)</td>
<td>26 (52%)</td>
<td>34 (68%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50 (100%)</td>
<td>50 (100%)</td>
<td>45 (90%)</td>
<td>33 (66%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

* Karauli - 17 children measurement not taken due to left village and non-availability
* Dholpur - Five children measurement not taken
Monitoring by TINI

<table>
<thead>
<tr>
<th>District</th>
<th>Did anyone from the TINI ever come to inspect</th>
<th>Did you shared your feedback with the TINI project officers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Did</td>
<td>%</td>
</tr>
<tr>
<td>Dholpur</td>
<td>18</td>
<td>100</td>
</tr>
<tr>
<td>Karauli</td>
<td>18</td>
<td>100</td>
</tr>
<tr>
<td>Alwar</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>Tonk</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>Dausa</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>100</td>
</tr>
</tbody>
</table>

All AWC received monitoring visits from TINI officials and most of the AWWs shared their feedback with the project officers.

On average, about 42% of the AWC received at least two visits whereas 58% centres received more than 2 monitoring visits.

Most of the AWCs interviewed from Tonk reported low frequency of monitoring visits.
Almost all the AWWs reported high levels of satisfaction with the project activities carried out under the initiative.

The beneficiaries also perceived these activities in a positive light, especially with respect to the AWC’s improvements.

Most of the AWWs, however, reported that THR quality has not much improved and it remains an important area for engagement with a consistent plan and approach.
Challenges – Exogenous factors

• Institutional Challenges
  • State Elections in Rajasthan in November 2018, followed by Central Elections in the period March to May 2019, followed by Panchayat Elections in December 2019 and January 2020 in Rajasthan, slowed down project progress. Model Code of Conduct halts Capacity Building Programmes and engagements with other programmes such as Raajeevika which promotes women’s Self-Help Group or with Panchayats.

• System Challenges
  • The project period witnessed changes in administrative leadership that also reshaped the project focus and priorities. Some of the important areas such as the THR and ECE component was diluted.

• Community Level
  • Poor perception of the community about the ICDS and the anganwadis initially led to limited acceptance of improved services at the refurbished centres. Besides, there are strong patriarchy and caste issues in Rajasthan.
Challenges – Instrumental factors

• Administrative outreach

  • The network of development partners often lacks synergy in action and most work in isolation despite sharing a common agenda. This also creates anomalies in access, outreach and prioritization in terms of technical support on program and approvals for activity plans. The MIH Project makes inroads as an investment that helped rapport building with ICDS in Rajasthan and can provide more meaningful collaborations in future.

• Analytical support

  • The analytical team showed consistent improvements with the progress of the project. While analytical activities were planned in the beginning but scope for greater integration with government data analytics for supporting ICDS review and monitoring was an important opportunity.

• Conditionalities

  • Engaging with government necessitated prolonged engagement with certain unplanned activities (ECE Books) whereas at the same time it also disallowed meaningful engagement with certain focus areas (THR)
Remarks from respondents

• State-level
  • There was need for better coordination with state. Officials were aware of the various components taken up by MIH but most of them haven’t seen the actual field scenario. Instead of adopting more districts, few districts could have been adopted and more focus could have been on improvement of various components of ICDS.

• District-level
  • Frequent transfers were issue, which disrupts the connection between district and officials at the block level. It would be really great that if there is next phase then more focus should laid on better coordination and communication between state, district and the agency working towards the improvement. Further instead of five district if less districts can be selected with more number of centers then the impact of the program will be visible.
Remarks from respondents

• Anganwadi Workers
  - Initiatives like refurbishment of the centers, providing equipment and beautification helped initiate reforms at the grass root level. Any development initiative will prove to be less fruitful if regular monitoring and maintenance is not provided. In order to have a lasting impact time to time monitoring of the infrastructure and providing more facilities to these centers were required. Another phase of program is required to have visible outcome.

• Community
  - People in the community are very happy about the beautification of the centers. However, there was inconsistency in response received – although people were aware about the changes happening as a part of refurbishment, many were not aware about the activities happening in a centre. Some of them could mention that their children are now being taught through playful activities like reciting poems, painting etc. while others did not know what their children are being taught at the centers. Some were not even sending their children to anganwadi because it is either far away or they were not willing to go there, and were sending their children to private schools.
Remarks from beneficiaries

• [K]aam to bahut achha kiya hai anganwadi mein. Pehley to jaaney ka bhi mann nahi karta thaa, ab to achha lagta hai jana humein

• [P]ehley to humein panjiri milti thhi. Abhi kuch time se dal aa rha hai. Humarey hisaab se yeh zyada behtar hai. Panjiri utna pasand nhi hai. Aur kya, dal ko bana key sab khaa saktey hai. Panjiri jaisey hum bacchey ko thoda bht detey they

• [A]bhi to anganwadi didi bht dhyaan deti hai. Kavita k madhyam se bacchon ko padhati hai. Merey bachhey ko to gindi aur Kavita do no atey hai

Majority of the beneficiaries said that they are very much satisfied with the change in attitude of the anganwadi worker who is now more attentive and motivated.

They also confirmed that regular counselling is being done regarding nutrition, hygiene, breast feeding and weaning.

Children were getting home cooked meal and THR
Barriers to impact

• Perceptions around intervention and expectations
• Short time for impact assessment May 19 – Feb 20
• Frequent administrative changes
• AWC Selection process – community settings was also critical to pilot such efforts
• Electricity / drinking water / toilet facility are basic requirements
• PRI leadership needs sensitization; well planned engagements necessary
• Refurbishments can have only limited impact on attendance as there are other factors; besides nutrition is also multifactorial
Lessons / Recommendations

• The role of state needed to be discussed more. For instance, in improving THR, collaborative efforts were required from both state and TINI.

• During the selection of the anganwadi centres, the team wanted south and west but they were not allotted as there were no partners working in these area. So, the district of Dhaulpur, Karauli, Dausa, Tonk and Alwar were selected.

• Due to election in state various initiatives were delayed. Frequent transfers at district level were also an issue which caused hinderance in the proper implementation of the program.

• Dietary diversity should have been focused more through counselling.

• More advocacy and counselling of PRI members were required, as without the interference of TINI officials, changes will not be sustainable.

• Rajeevika the Self-help group model was not successful. Proper utilization of the SHGs were not done. In the interviews as well, nobody mentioned about their role.

• The idea of scalability that government has will keep things at low quality and no impact
Lessons / Recommendations

• Improvement in data support can be done through better tie-ups with other agencies as well.

• Evaluation of trainings should be done and CDPOs and AWC supervisors could have joined.

• There was limited human resource available from the Tata trust as well. In order to conduct field level monitoring, they had established tie ups with local level NGOs. There was requirement of more staff to manage effective counselling and advocacy.

• There was requirement of increasing participation of men. During the interviews it was seen that a smaller number of men were aware of AWC functioning and activities.

• Instead of selecting more districts, program should focus on limited number of districts with more centers.

• Wear and tear of the equipment / toys may affect ECE in future

• Program spent considerable energy on ECE material development that was not taken up finally

• Limited staff for 50-50 work
Limitations

• We have not looked at project finances – efficacy perspective and also we have not examined ECE effectiveness through direct observations and in-depth assessments

• No visits to verify quality of work / sustainability / wear and tear

• Documentation of program improved with the course of the program hence limited insights on the status prior to 2019

• Validation checks were not possible

• Program spent considerable energy on ECE material development that was not taken up finally
Acknowledgment

ICDS Officials, MIH Project Area
Panchayat Members, MIH Project Area
Anganwadi Workers and ICDS Beneficiaries, MIH Project Area
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Thank You!

william@iegindia.org

“My most visible goal is to do something in nutrition to children and pregnant mothers in India. Because that would change the mental and physical health of our population for years to come.”

- Ratan N Tata