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Moving Towards An Outcomes-Oriented Approach to Nutrition Program Monitoring:

The India ICDS Program

Saroj K. Adhikari and Caryn Bredenkamp

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Health, Nutrition and Population (HNP) Discussion Paper

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Moving towards an outcomes-oriented approach to nutrition program monitoring:
The India ICDS program

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Abstract: Focusing on the Integrated Child Development Services (ICDS), India's largest nutrition and early child development program, this paper describes the political, organizational and technical challenges in building and sustaining an outcomes-oriented approach to nutrition program monitoring. We show that the current policy environment appears to be conducive to strengthening nutrition program monitoring: political commitment is growing, financial allocations to ICDS have increased and, recently, a number of reforms to strengthen the ICDS monitoring and evaluation system have been undertaken. Yet, substantial weaknesses remain. This paper discusses some of the challenges in converting this vision into action and suggests some immediate steps that could be considered both at the central and state levels.

Keywords: evaluation, ICDS, India, malnutrition, monitoring, nutrition

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1. INTRODUCTION

The Integrated Child Development Services (ICDS) program is India's primary response to the nutritional and developmental needs of children under six years, pregnant women and nursing mothers. The national program has emerged from a small scheme in 33 development blocks in 1975 to become India's flagship integrated early child development and nutrition program. Implemented through a network of over one million village-level *Anganwadi* Centres (AWCs), staffed by *Anganwadi* Workers (AWWs) and *Anganwadi* Helpers (AWHs), the program currently reaches around 70 million children under six and about 15 million pregnant women and nursing mothers (MWCD 2009).

Over more than three decades, despite shifts in political power and electoral constituencies, the Government of India (GoI) has continued to support the expansion of the program. Each of India's successive five-year development plans increased the financial allocation to ICDS. In 2001, governmental support of the ICDS program rose sharply with a landmark Supreme Court order that directed the central and state governments to 'implement the ICDS in full' and ensure that every AWC provided children with specified minimum quantities of food (MWCD 2006). Since 2005/6, the program has been expanded in three phases to cover about 1.4 million villages/habitations throughout the country. The budgetary allocation to ICDS has also increased multi-fold from Rs.10 392 crore (equivalent to USD 2.2 billion) during the Tenth Five Year Plan (2002/7) to Rs.44 400 crore (USD 9.45 billion) for the current Eleventh Plan (2007/12) in order to support the 'universalisation' of ICDS and the attainment of the exceptionally ambitious target of halving the current prevalence of malnutrition by 2012.

The increased budgetary allocation to ICDS is a strong signal of the GoI's commitment to improving the nutritional status of children. It also puts pressure on policy-makers and implementers to show that the financial investments are yielding results. If ICDS is to substantially contribute to a reduction in child malnutrition, program managers need to have a reliable, broad-based, and efficient monitoring system that enables them to measure results and adjust program implementation in order to achieve nutritional outcomes. In this paper, we document the emergence of an outcomes-oriented approach to nutrition program implementation and monitoring, both as articulated in recent political statements and as evidenced in specific policy reforms. We also examine the main challenges to improving the outcomes-orientation of ICDS and identify concrete steps that can be taken to strengthen the focus on results.

2. WHAT IS AN OUTCOMES-ORIENTED APPROACH TO ALLEVIATING MALNUTRITION AND HOW CAN IT HELP?

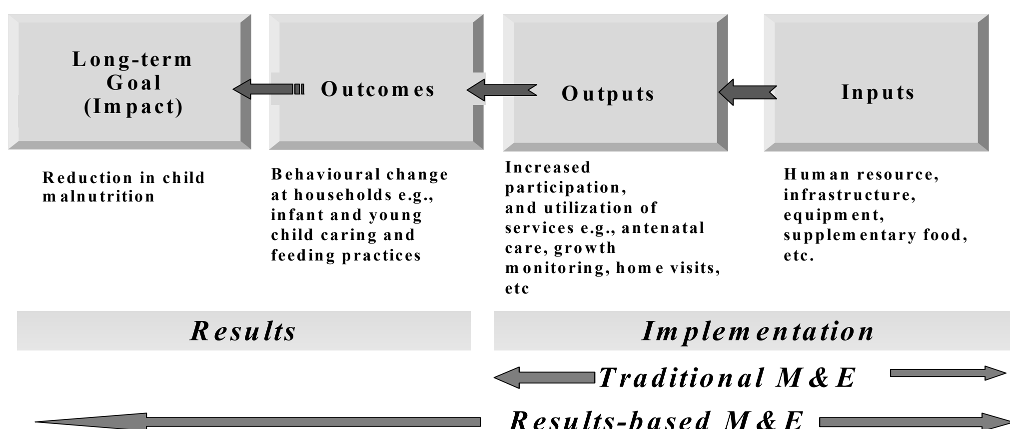
Effective monitoring is about collecting the *right* data at the *right* time and at the *right* level of measurement. More than that, it is about using the data to improve internal program management, decision-making and implementation and, in so doing, promote an efficient use of available resources. An outcomes-oriented approach shifts the focus from *inputs* to *outputs* and *outcomes*, focusing not only on expenditures but also on what is achieved with those expenditures.

Collecting the 'right data' means measuring indicators along the *entire* results chain – inputs, outputs, outcomes and impact (see Figure 1). In most government programs, the focus tends to be on collecting data on inputs, such as expenditure, staffing, training, infrastructure and

equipment. What this information does not reveal, however, is what these investments yield in terms of the quality and quantity of services delivered, and the effect of service delivery on program outcomes. Consequently, program managers do not have the information that they need to assess whether the program is reaching its objectives and whether, and which, corrective action needs to be taken.

An outcomes-oriented approach demands that there be a shift from an emphasis on measuring inputs and outputs ('traditional M&E') to measuring outcomes. The starting point should be to identify what the program aims to achieve – the desired impact and outcomes of the program – and then work 'backwards' to determine which outputs are needed to attain those outcomes, and, in turn, the inputs that are needed to deliver those outputs. We emphasize this by drawing our representation of the results chain in 'reverse'. In a nutrition program, with a long-term goal of reducing the prevalence of child malnutrition, an outcomes-orientation means focusing on changes in behavior at the household level (such as the feeding and caring practices of infants and young children) and, based on the outcomes observed, selecting the type, quality and quantity of health-promoting services (such as antenatal care, growth monitoring and home outreach visits) that need to be delivered, and then deciding which inputs/resources need to be committed to deliver those outputs.

Figure 1: An outcomes-oriented approach to nutrition monitoring



3. POLITICAL COMMITMENT TO AN OUTCOMES-ORIENTED APPROACH: A WINDOW OF OPPORTUNITY?

Building and sustaining a results-based M&E system is not easy. There are many political, organizational, and technical challenges to be overcome. It requires reforms from the highest to the lowest implementation levels. This will be possible only if there is strong political commitment at both the national and state levels – and if commitment moves beyond vision to action and follow-up action. Indeed, building and sustaining such systems is primarily a political process, and less so a technical one (Kusek and Rist 2004).

In recent years, a notable commitment to an outcomes-oriented approach to social sector programs has been observed at the highest levels in India. A watershed moment was the development of the central government's first-ever 'outcome budget' in 2005 which set out a clear agenda for focusing developmental programs on outcomes. On 28 February 2005, while presenting the annual budget to Parliament, the then Finance Minister of India remarked:

> *'I must caution that outlays do not necessarily mean outcomes... We shall also ensure that programmes and schemes are not allowed to continue indefinitely…without an independent and in-depth evaluation.…'* (MoF 2005)

This results-orientation is also evident in the vision of the Eleventh Plan (2007/12). It states:

> *'It is especially important to improve evaluation of the effectiveness of how Government programmes work and to inject a commitment to change their designs in the light of the experience gained. Evaluation must be based on proper benchmarks and be scientifically designed to generate evidence-based assessment of different aspects of programme design.'* (Planning Commission 2008)

Also within the central Ministry of Women and Child Development (MWCD), which implements the ICDS program through 35 States and Union Territories in the country, there have been attempts at the most senior levels to focus attention on results. In 2005/6, the MWCD adopted its first 'outcome-budget', including financial data, intermediary processes and activities. While a noteworthy step in the right direction, this will need to be supplemented by a clear implementation plan that outlines time-bound steps for fully embracing and operationalizing this approach. This is also critical to implementing the vision of the Prime Minister of India, articulated in his letter to the State Chief Ministers dated 9 January 2007 soon after release of the National Family Health Survey (NFHS-3) findings. Urging that the ICDS program be closely monitored, he stated that '*proper implementation of the programme critically depends on political will, decentralized monitoring and meticulous attention to day-to-day operational issues*'.

4. WHAT ARE THE TECHNICAL CHALLENGES TO ADOPTING AN OUTCOMES-ORIENTED APPROACH WITHIN THE ICDS?

On the technical level, in a program as large and complex as ICDS, building an effective outcomes-orientation is difficult and there are many challenges that will need to be met.

4.1 Making the shift from a routine 'monitoring' information system to a true 'management' information system

Since its inception, the ICDS program has had a monitoring information system (MIS) that is, perhaps, the largest in any social sector program in India. However, its use as an effective tool for improving program implementation has been rather limited.

Although ICDS is a 'centrally sponsored scheme', the basic responsibility for implementing the program rests with the State Governments. The role of State Governments in monitoring program implementation is, therefore, paramount. The GoI prescribes a uniform and standardized monitoring process, through which, every month, volumes of monitoring data are collected by the AWWs from over one million AWCs. These data are then aggregated in the form of monthly progress reports (MPR) and transmitted to higher levels of program management, *viz.*, sector-level Supervisors, block-level Child Development Project Officers (CDPOs), and State headquarters. Based on the MPRs, data on a limited number of indicators (*viz.* operationalization of blocks/AWCs, staffing positions at all levels, beneficiaries of supplementary food and pre-school education, and nutritional status of children) are received and analyzed by the central ICDS monitoring cell within the MWCD. Detailed feedback on the progress of implementation is then sent to the states and the analyzed data are used at the central level to inform decisions. What is absent, though, except

in a few States, is a systematic analysis of relevant indicators at state/district/block levels and a feedback mechanism to inform the field functionaries about the program's progress and its effectiveness. The result is that local action is seldom possible in response to the information that is generated at AWCs. External monitoring or random checks of data quality are rarely undertaken. Thus, although the program is monitored – in the sense that information on inputs and outputs is regularly collected – the system is not oriented toward using that information to inform action (Gragnolati, Bredenkamp, Das Gupta, Lee and Shekar 2006).

4.2 Overcoming human resource and capacity constraints

Although she is an honorary worker (i.e. paid only an honorarium) with limited education – typically standard ten or below, and sometimes illiterate in some of the backward states (NCAER 2001) – responsibility for data collection on day-to-day service delivery rests primarily with the AWW. However, her ability to use these data to manage and improve service delivery is quite limited. On the other hand, the Supervisors and the CDPOs, who are salaried regular government employees, are often well-educated – with most having bachelor's degrees in social/home sciences – and have clearly-defined monitoring and supervision roles. Yet, they are not always able to pay sufficient attention to these roles, partly due to various job constraints such as poor mobility and infrastructure support and partly due to limited monitoring skills. The topic of the MIS is covered during the mandatory one-month's job training, but only three to four per cent of total training time is devoted to this topic – six hours for AWWs and eight hours for their Supervisors (NIPCCD 2006). Moreover, training tends to be limited to learning how to fill in registers rather than strengthening functionaries' competencies in the validation, interpretation, analysis or use of these data for making important program management decisions.

Staff shortages impose additional capacity constraints. Although ICDS has expanded significantly in recent years, additional positions to support the program have not been created proportionately at the management level. The existing staffing pattern also does not provide specialist M&E positions in the program, leaving the task mostly to administrative personnel who have little or no knowledge of the requirements of a sound M&E system. The number of qualified people assigned to M&E in ICDS is relatively small. Also, there is substantial managerial discretion in the assignment of staff to M&E tasks and staff turnover rates are high. At the field-level, there are a large number of vacancies in supervisory positions: 31 per cent of Supervisor positions and 34 per cent of CDPO positions are vacant (MWCD 2009) which means that many AWWs are without the support they need to ensure quality services and program monitoring.

4.3 Focusing on outcome indicators, rather than inputs

Through the routine MIS, the ICDS program mainly tracks inputs, some of the intermediary processes and limited outputs, rather than nutrition outcomes such as indicators of appropriate infant care and feeding behaviors. While the importance of the first three sets of indicators in the results chain for program management is undeniable, they are insufficient to measure program performance. Indicators that are further up the results chain, such as the delivery of various health and nutrition services, or even better at the level of outcomes, such as the number of mothers adopting appropriate feeding behaviors, need to be monitored. However, the existing MIS cannot measure these outcomes since this entails conducting household surveys, preferably on an annual basis through external agencies.

The measurement of outcomes needs to be accompanied by the setting of outcome targets, preferably at the implementation level at which the most appropriate action can be taken. Since nutritional outputs and outcomes differ across the country, state-specific or even

district-specific targets are very important and will enable realistic measurement of progress, and the development of appropriate strategies.

4.4 Ensuring effective sectoral convergence in monitoring

ICDS was originally conceived as an 'integrated' program where all related sectoral programs will converge for the holistic development of children. Reduction of child malnutrition *is* one of its core objectives. However, the underlying causes of malnutrition are multi-dimensional and the role of other related sectors, especially health, education, water and sanitation, and rural development, in addressing some of these causes is well-established. Clean water, sanitation, immediate health care in case of illness, adequate food and nutrient intake and counseling on the adoption of appropriate health and nutrition behaviors are all essential to successfully reduce malnutrition. Yet, the administrative division of responsibility puts the onus of reducing malnutrition exclusively on the MWCD, which is mandated to primarily provide nutrition and health education and supplementary nutrition services through ICDS. The ICDS monitoring information system is also the only mechanism that the GoI has in place to monitor malnutrition on a regular basis, but since it can only monitor those services provided by ICDS, there is incomplete information about the causes of malnutrition.

Since malnutrition is a multi-dimensional problem, its solution requires a multi-sectoral response, not only in day-to-day service delivery, but also in monitoring. While the MWCD can take the lead, what is really needed is to develop a common multi-sectoral results framework for malnutrition, an implementation plan which includes indicators and targets for all related departments and periodic joint reviews on progress on these indicators. Convergent monitoring would help to bring about convergence in effort and responsibility.

4.5 Redefining outcomes for measuring ICDS performance

In general, one should be circumspect in using nutritional status as an indicator of ICDS program performance. First, as discussed above, nutritional status is multi-causal and the result of a complex interaction of immediate, underlying and basic causes (UNICEF 1998), many of which lie outside the realm of influence of ICDS, making it difficult to attribute changes in nutritional status to ICDS program implementation. Second, experience suggests that, at the population-level, even 'short route interventions', such as growth promotion for young children, low birth weight prevention programs, micronutrient programs and food assistance programs (see Shekar, Heaver and Lee 2006 for a discussion) tend to take a number of years to show results.

While the measurement of malnutrition is important for (i) local-level growth promotion, and (ii) for the evaluation of program impact over the longer-term, it is not a pragmatic measure for program management or a realistic measure of ICDS program success. The MIS as a tool for *program monitoring* and should focus on the output and outcome indicators that help ICDS officials to better manage the implementation of the program.

4.6 Prioritizing among multiple services

Ironically, effective monitoring in the ICDS program is inhibited by too much data collection. The program delivers six different services targeted mainly at four different groups (0-3 and 3-6 year old children, pregnant women and nursing mothers), which means that there are a number of outcomes that could potentially be monitored. Realistically, quality monitoring is only possible if only a few outcomes are tracked, and careful thought needs to be given to which outcomes these should be.

In ICDS, the indicators that are most carefully measured and reported are those related to the supplementary nutrition program (SNP). This is because this is the only intervention that is directly linked to a financial allocation (Rs.4 per child per day) and the number of beneficiaries determines the amount of money to be allocated for the procurement of food supplements. The result is that, compared to other nutrition services, records for supplementary food are meticulously maintained and checked by the AWWs and Supervisors. The success of the program is also often measured on the basis of the increase in the number of SNP beneficiaries. It is no wonder, then, that this is one area where the program has succeeded in establishing an effective monitoring system. However, nutrition is about more than food supplementation and over-emphasis on SNP can lead to the neglect of other key nutrition services such as nutrition and health education, counseling of pregnant and nursing mothers, growth promotion etc. Focusing on the indicators of these services is at least as, if not more, important.

4.7 Institutionalizing periodic, high-quality evaluations

Although ICDS is one of the most studied health and nutrition outreach programs, there is a relative paucity of impact evaluations that draw on the large samples and rigorous evaluation designs needed to infer impact (Bredenkamp, Akin and Gragnolati 2005). At the national level, although several evaluations have been undertaken in the past, with the most notable among them being the NIPCCD Study (1992) and NCAER Study (2001), they had limitations in terms of the quality of the sampling design and the outcomes on which they focused. In order to measure the true impact of the ICDS program, there needs to be a better understanding of the importance of including data on treatment and comparison groups in the evaluation, and moving beyond bi-variate analysis to employ more rigorous econometric techniques. Also, key stakeholders need to be engaged in the evaluation process to increase the likelihood that the evaluation's findings are used in program planning.

Perhaps the most useful contribution to the evaluation of the ICDS came from the inclusion of questions related to the program in the 2005/06 National Family Health Survey (NFHS). It is now possible to relate access to ICDS services to a range of health behaviors and health status indicators across all of India. However, the NFHS is only conducted once every six to eight years and is not representative at the district-level. Another regular survey, the District Level Household Surveys (DLHS), can provide district-level data on nutritional outcomes, but does not have ICDS program-specific indicators.

Recent years have seen the implementation of a few large-scale household surveys with a specific focus on nutrition and ICDS. The 'Focus On Children Under Six (FOCUS)' report published by the Citizen's Initiative for the Rights of Children Under Six (CIRCUS 2006) was notable not only because it surveyed 122 villages, but for its ability to catalyze tremendous popular interest in the effectiveness of ICDS. Some international organizations that provide large-scale support to ICDS, such as CARE-India, conduct population-based surveys at regular intervals, especially of the operational elements of the program. World Bank support to the ICDS program (ICDS-III/WCD Project 1999/06) provided the first large sample ICDS-specific impact evaluation with a pre- and post-evaluation design. Although the end line survey was a remarkable collaborative effort between GoI, five states and a number of research institutions, used a very large sample and collected a wide range of outcome indicators both at the household and facility level in the project areas, the survey was not nationally representative and the design did not ensure an adequate control/comparison group. More generally, the recent universalisation of the ICDS program means that potential "comparison" areas have been effectively eliminated so that, in future, assessing the impact of access to ICDS services will need innovative approaches and methodologies.

The recent evaluation efforts are to be commended, but they are insufficient to provide a complete picture of the performance of a nationwide program. What is critical is to institutionalize regular, independent assessments of the key program outputs/outcomes, especially at decentralized levels.

Increased financial allocations to “M&E activities”, though very small, provide an opportunity. As far back as 2000, the MWCD issued detailed guidelines for the financing of “M&E activities” by introducing a new cost norm of Rs.200 per AWC per year to be used exclusively for this purpose. States were encouraged to undertake operations research and evaluation studies using this money, as well as continuing to strengthen the routine MIS (DWCD 2000). The M&E financial norm has recently been increased to Rs.500 per AWC per year. However, evidence suggests that there has hardly been any initiative by the state governments on this front and the money allocated for M&E has mostly been used for printing of records and registers etc.

5. RECENT STEPS TOWARDS AN OUTCOME-ORIENTED APPROACH TO ICDS PROGRAM MONITORING

While the challenges are immense, in recent years, there have been some noteworthy steps forward. Within ICDS, certain institutions, interventions and measures have recently emerged that are indicative of an increased emphasis on results:

i. *Revision of the MIS:* Following a process of consultation with government officials, civil society and development partners, the MWCD recently reduced the number of registers collected at AWCs and revised the MIS indicators. The objective was to make *existing* recording and reporting formats more relevant, less burdensome and easy to use. The number of registers maintained by AWWs has been reduced from around 15-20 registers to only four. Even more importantly for program monitoring, ICDS officials at different levels are now required to prepare analytical progress reports based on the analysis of key performance monitoring indicators.

ii. *Engagement of professional and technical organizations:* A Central Monitoring Unit at the National Institute of Public Cooperation and Child Development (NIPCCD) has been set up, as a pilot, to monitor and qualitatively assess the effectiveness of the implementation of the ICDS program. It conducts its activities in cooperation with several state-based medical colleges and home science institutions.

iii. *Use of information technology to improve program monitoring*: Recognizing the limitations of the existing MIS, at least five states have experimented with piloting different forms of computer-based monitoring information systems, such as the web-enabled MIS application in Maharashtra. Success has been mixed since most of these systems focus only on the computerization of data entry, and some basic analysis, but have not yet reached their potential as tools to improve performance.

iv. *Introduction of field-based performance-management toolkits:* The CARE-supported Integrated Nutrition and Health Project (INHP-II) introduced several performance-management tools in its nine project states. These include guidelines to help Supervisors facilitate sector meetings, manuals to help AWWs plan for and conduct home visits, and checklists for Supervisors to use when visiting AWCs.

v. *Introduction of the WHO Child Growth Standards:* Last year, the MWCD adopted the WHO child growth standards as the official measure of nutritional status that will be used in growth monitoring and reported in the MIS. Previously, the MIS had used the growth standards of the Indian Academy of Pediatrics (IAP), which produced

lower estimates of malnutrition, resulting in divergent views of program performance.

vi. *Performance Rating System:* A major step towards an outcomes-orientation in ICDS has been the introduction of an accreditation system whereby AWCs are graded based on the attainment of child-related outcomes and whether they meet certain quality standards. Some states have already piloted the system with support from UNICEF and the MWCD is currently working to standardize the accreditation system and link performance to rewards.

vii. *Community monitoring:* Some pilot efforts have been undertaken by civil society organizations in collaboration with district officials to engage the community in monitoring the AWC services. Mechanisms like social audits, constitution of *Nigrani Samiti*s and the active engagement of *village panchayats* in monitoring some of the basic indicators of ICDS program performance, such as the regular and timely opening of AWCs and quality of supplementary food, have been tried in a few states.

6. Recommendations for moving forward

This paper has shown that a political environment has been created that is conducive to moving towards an outcome-oriented approach in the ICDS program. The government has articulated its commitment, and underlined it with an increased budgetary allocation to the ICDS program during the Eleventh Plan, indicating that there may be a significant window of opportunity to strengthen monitoring and evaluation within the ICDS program, as well as more broadly in the nutrition sector.

The challenge facing the government is to translate its vision into action. The outcomes-oriented approach to ICDS needs to be institutionalized in processes that facilitate, and perhaps even enforce, the tracking of outcomes. We suggest some concrete steps that could be considered at the central and state levels:

First, in ICDS, M&E needs to be given high priority by the top level of program management. National and state-specific strategies need to be developed for strengthening the existing monitoring system by clearly outlining an implementation plan and having it agreed to by all stakeholders.

Second, an in-depth review of the type of data that is collected should be undertaken in order to determine which indicators are the most important for program management, at which level of measurement, at which frequency of collection and for which decisions. Only a few key indicators that are specific, measureable and attributable to ICDS should be chosen and systems put in place to ensure that the data are collected and used to inform decision-making. A useful first step would be the development of an ICDS 'results framework' that clearly lists the range of program inputs, outputs and outcomes that ICDS will be held responsible for monitoring. In the Annex, we provide an illustrative example of a results framework for ICDS program monitoring, developed jointly by the MWCD, the World Bank and various stakeholders, as part of the preparation of a specific project (ICDS-IV/Reform project).

Third, once the appropriate output and outcome indicators are identified, state governments and lower levels of program functionaries need to agree on state/district/block-specific targets and develop action plans to help reach those targets. A concrete step would be to institutionalize the development of district-level annual action plans, similar to those that are being developed under the GoI's two flagship programs, *viz.,* the National Rural Health Mission and *Sarva Siksha Abhiyan ('Education for All')*. The National Plan of Action for Children 2005 (DWCD 2005) envisaged the formulation of decentralized action plans, but not much progress has been made in the development of these plans. Progress towards the

attainment of targets also needs to be measured on a regular basis so that follow-up action can be taken.

Fourth, ICDS needs to employ additional professionally qualified staff at the state and district-level to work (exclusively) on program monitoring. Currently, with the exception of a few states, there are no technically qualified personnel at the state level or below whose job descriptions focus solely on monitoring and evaluation.

Fifth, officials at the district level, and below, need to be adequately trained in data analysis, its interpretation and its use in program implementation. Specific training modules on monitoring and, especially, data analysis need to be developed as per the needs of program functionaries at different levels.

Sixth, an external evaluation mechanism both at the central and state level needs to be institutionalized, similar to that of NFHS or DLHS, to periodically assess the program outputs/outcomes or impacts. Annual surveys, rapid assessments, operations research, and social assessments are some of the ways through which program outcomes can be measured. Such evaluations must be time-sensitive and provide specific information regarding the effectiveness of processes/interventions. For instance, an annual assessment should specifically reflect the effectiveness of interventions implemented during the reference one-year period.

Finally, civil society organizations and development partners who help to shape the national debate on malnutrition must also support the government in strengthening the M&E system to ensure that the ICDS program delivers on outputs and outcomes, rather than inputs.

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ANNEX: AN ILLUSTRATED ICDS RESULTS FRAMEWORK

Indicators	Method of data collection	Frequency of data collection
Outcome Level		
Percentage of children breastfed within one hour of birth	Rapid Assessments/ Surveys in selected districts/States	Annually/Bi-annually
Percentage of children aged 6-12 months who were exclusively breastfed until 6 months postpartum	Rapid Assessments/ Surveys in selected districts/States	Annually/Bi-annually
Percentage of children aged 6-9 months that are receiving solid and semi-solid food along with breast milk	Rapid Assessments/ Surveys in selected districts/States	Annually/Bi-annually
Percentage of children 6-23 months covered by three minimum infant and young child feeding practices	Rapid Assessments/ Surveys in selected districts/States	Annually/Bi-annually
Output Level		
Percentage of children attending AWCs daily and availing of supplementary food	Routine MIS/AWW's Progress Report	Monthly/Quarterly
Percentage of AWCs conducting nutrition and health education sessions every month	Routine MIS/CDPO's Progress Report	Monthly/Quarterly
Percentage of AWWs making home visits and counseling mothers on health and nutrition	Routine MIS/CDPO's Progress Report	Monthly/Quarterly
Percentage of mothers 0-36 months old who reported monthly growth monitoring of their child	Rapid Assessments/Annual/ Bi-annual Surveys in selected districts/States	Annually/Bi-annually
Percentage of pregnant women who have had at least three ante natal check-ups	Rapid Assessments/Annual/ Bi-annual Surveys in selected districts/States	Annually/Bi-annually
Input level		
Percentage of AWCs providing supplementary food for mandatory number of days in a month	Routine MIS/AWW's Progress Report	Monthly/Quarterly
Percentage of ICDS functionaries recruited against sanctioned positions	Routine MIS/CDPO's Progress Report	Monthly/Quarterly
Percentage AWCs having functional weighing scales	Routine MIS/CDPO's Progress Report	Annually
Percentage of AWCs having growth charts/kits	Routine MIS/CDPO's Progress Report	Monthly/Quarterly
Percentage of ICDS functionaries who are imparted refresher training	Routine MIS/CDPO's Progress Report	Quarterly

Note: This results framework was developed in 2008 during a national level workshop on M&E as part of the preparation of a proposed World Bank-supported ICDS-IV/Reform project in eight states of India.

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