



## Reaching out to children in poverty, India

**The Swedish government terminated the bilateral agreement on development cooperation with India in May 1998, in a reaction to the nuclear tests performed by India. Bilateral development cooperation with India has been ongoing for over thirty years. The evaluated ten year long assistance presented in this newsletter issue, has been an important part of the work in the social sector.**

**40 per cent of the world's malnourished children live in India. Maternal malnutrition is equally widespread.**

**India's Integrated Child Development Services (ICDS)** is a multi-sectoral programme targeting children, mothers and adolescents; it is also one of the largest social welfare schemes in the world.

### Background

Of all the world's children, 20 per cent live in India. And of the world's malnourished children, 40 per cent live in India. Maternal malnutrition is equally widespread. This problem is not just a matter of food scarcity. It is part of a vicious circle driven by illiteracy and social customs and also affecting adolescents and women.

In 1975 the Government of India (GOI) established the Integrated Child Development Services (ICDS), in an effort to increase survival and development among vulnerable children. This national programme has four objectives:

- to improve health and nutritional status of children aged 0–6 years by providing supplementary food;
- to provide conditions necessary for children's psychological and social development through early stimulation and education;
- to improve child care by teaching mothers about nutrition and health; and
- to promote child development by effective departmental coordination.

ICDS is a multi-sectoral and imaginative social welfare programme, one of the largest in the world. It operates through village-based so called anganwadi centres (AWC) staffed by an anganwadi worker (AWW; a type of trained extension worker) and a helper. AWCs offer preschools for children 2–6 years old, services for adolescent girls, and supplementary food for children 6–72 months old and pregnant and lactating women. Government village health nurses (VHNs) use AWCs for vaccinations, distribution of prophylactic nutrients, health and nutrition education, and check-ups and referrals. Thus, ICDS provides a comprehensive package related to three major factors in human development: education, nutrition, and health.

Initially, ICDS served blocks (administrative units of about 100,000 persons) in drought-prone areas and areas with high proportions of tribal people or scheduled castes. Today it covers nearly three quarters of all blocks nationwide, with an AWC for every 1000 persons. The Department of Women and Child Development, Ministry of Human Resources Development, covers payments for salaries, equipment, and supplies, estimated at 1 million Rupees (SEK 200,000) annually per block. State governments are responsible for programme implementation and pay for supplementary food, which represents 60 per cent of the total budget 1.7 million Rupees per block.

Donor funding has covered only a small fraction of total ICDS costs nationwide and has frequently paid for additionalities—innovations outside the standard package, often aimed at improving quality. Introducing innovation is difficult in a huge and complex programme, and the pilot testing required to determine what is worth replicating is often difficult to justify within a national budget that is already stretched in attempting to rapidly expand the programme. Conservative attitudes often add to the obstacles. This is where donors can play a significant and progressive role.

From 1989 to 1999 Sida supported ICDS in rural districts in Tamil Nadu, a large and poor southern state. In the second phase, beginning in 1994, Sida's assistance had expanded to cover 47 blocks in four districts (Kancheepuram, Tiruvallur, Pudukottai and Nilgiris). These districts comprise 10 per cent of the 55 million people in Tamil Nadu and had 4,670 AWCs. Sida funds to ICDS totalled SEK 167 million, or one third of total costs during the period.

Sida's contributions increasingly focused on innovative additionalities. They included train-

*Progressive learning methods being practiced, at an anganwadi centre (AWC) in Nilgiris district, Tamil Nadu, India. (Photo: Ted Greiner)*



**Reaching out to Children in Poverty. The Integrated Child Development Services in Tamil Nadu, India.**

Ted Greiner et al  
Sida Evaluation 00/2

**Sida funding to selected districts** focused on quality improvement and replicable innovations in management, training for inclusion of disabled children, preschool methodology, adolescent training, nutritional innovations and additional supplementary feeding opportunities.

ing in management; improved preschool methodology; strengthening of AWCs with additional staff and modern materials; special training for inclusion of disabled children; additional supplementary feeding opportunities; nutritional innovations including nutrition gardens at AWCs; community participation approaches and improved communication activities; and, special schemes to train adolescent girls.

Sida's overall aims with the support were (i) to introduce innovations to help enhance programme quality; (ii) to pursue enough improvement in quality to make a measurable positive impact on outcome, in terms of health and education indicators; and (iii) to achieve widespread replication of successful innovations. To facilitate replication and sustainability, Sida chose a slow, piecemeal approach working with "the system". Initial support went mainly to standard activities, and innovations were introduced gradually and increasingly.

### The Evaluation

An evaluation was carried out in 1997, the purpose being to assess the extent to which Sida's aims with the support had been fulfilled, and to provide recommendations regarding future Sida support. The evaluation examined ICDS in the supported districts, giving attention to how well the programme reached targeted groups, as well as assessing

Sida-supported additionalities and analysing the effect of Sida support on quality.

Evaluation team members were Ted Greiner (nutrition and health), Lillemor Broolin (sociology), Madhavi Mittal (management), Amrita Puri (education), N. Paulraj (management information systems), and Angeli Gupta (ICDS staff, GOI). The team had access to a desk study prepared by Sida's main technical consultant (Anders Björkman) and seven pre-studies commissioned through Indian research institutions. Other documentation from Sida, the Government of Tamil Nadu (GTN) and GOI were also reviewed. Three weeks in the field included team visits to ICDS activities and training sessions, and interviews with staff and beneficiaries.

Following an extension of Phase II, a follow-up was done in 1998 to review activities and considerations taken to evaluation recommendations. The review team included Ted Greiner (nutrition and health), Eva Klingberg (disability), Lakshmi Krishnamurthy (preschool), K. Ramakrishnan (management), and Anita Dighe (adolescents).

The evaluation report and the report from the follow-up review were published in March 2000 in a combined report, entitled *Reaching out to Children in Poverty. The Integrated Child Development Services in Tamil Nadu, India (Sida Evaluation 00/2)*.

## Findings

Analysis showed that the Sida-supported ICDS reached a high proportion of eligible beneficiaries. Very few beneficiaries had a monthly family income over US\$60. However, ICDS missed many of the poorest groups, mainly because discrimination forces lowest caste families to live in small, remote hamlets.

In terms of improving *programme quality* through innovations, there were mixed results, though in most areas great improvements had clearly been made since the project began. Reported findings include the following:

- As ICDS has expanded, providing adequate training for new and existing personnel has been a challenge. In Sida areas, using mobile trainers rather than training centres resulted in a training backlog that was lower than in most ICDS areas.
- The preschool component improved through employment of two AWWs at AWCs. Initially, overworked and poorly trained AWWs often required children to sit quietly. Thanks to increased staffing and progressive training methods, ideas such as that of children learning best in a happy, playful atmosphere came to be accepted and applied.
- The programmes' disability training aimed at increasing AWWs' awareness and acceptance of disabled children's needs. Some AWWs received only partial training, and implementation was incomplete. However, Sida-supported innovations were complemented by UNICEF-supported ones, and one district became a national showcase for disability activities.
- Innovative nutrition components—AWC homestead gardens, cooking demonstrations of low-cost nutritious foods, and an extra afternoon meal for children at AWCs—were among the most popular additionalities and functioned well. Improvement was limited in certain other activities, such as distribution of supplementary vitamin A and iron.
- Health additionalities such as training workshops and extra medications were highly successful. Vaccination coverage increased, the referral system improved, and AWWs and VHNs cooperated more effectively.

- Sida supported communication activities in order to increase community awareness of and participation in ICDS. These activities were held regularly in most Sida-supported areas, but community participation remained uneven. Important communication measures related to child-care and feeding were inadequately implemented.
- The first scheme for adolescent girls involved them in the work of the AWC and gave them handicraft training, but this proved ineffective. The second scheme served a wider group and provided camps where girls learned about health, nutrition, hygiene, marriage, and legal rights. The participants appreciated the training, though too much emphasis was laid on lecturing by “experts”.
- Many management weaknesses existed, including disruptive staff transfers and failure to use the Management Information System (MIS). Duplicative data increased record-keeping. Improvements between the evaluation and the review included reductions in vacancies and number of untrained staff, a more “staff-friendly” transfer policy, and some administrative decentralization.

The aim of measurably improving *outcomes* was dependent on indicators for which data quality was adequate. According to the report:

- Monitoring of child growth greatly improved, enabling measurement of outcome. Data indicated that severe and moderate malnutrition decreased nearly 2 percentage points annually, about twice as fast as in ICDS without external assistance.
  - Educational data were not adequate for measuring exact impacts, but school attendance improved and dropout rates declined, especially for girls. School officials said AWC children did better than others, and private preschools cropped up to meet growing demand.
- In terms of actual or potential *replicability* of innovative measures initiated through the Sida support, the report includes the following conclusions:
- Openness to innovation appeared to be growing. Many Sida innovations had been spread throughout Tamil Nadu by GTN.

**Several stakeholders said their project was a “process-project”,** unsuitable for logframe planning. But this is often a misunderstanding. When for various reasons a project needs to change direction during implementation, the logframe can be adjusted accordingly. The important point is to not let the “process-nature” claim result in confusion on what the project is trying to achieve and how.

**The programme benefits poor families,** though many of the poorest are missed because they live in small and isolated hamlets or villages. Unless donors push for special efforts to reach these groups, there's a risk of ICDS compounding or increasing social gaps in poor communities.

GOI reported that a few had received national attention.

- The impact of Sida's support was found to have gone far beyond the programme districts in Tamil Nadu. Government officials said that Sida's approach facilitated replication. Indeed, replication had occurred so rapidly in the non-Sida districts that it was not possible to do the evaluation by comparing them with the Sida districts.
- Results in Sida-supported areas also had an effect on other donors, notably the World Bank. Subsequent to visits by WB missions to Sida districts, similar innovations were included in the bank's large scale support to ICDS elsewhere.

### Recommendations

Continued and increased Sida support to ICDS is, according to the report, justifiable. Furthermore, Sida should consider providing support to selected ICDS additionalities throughout the state rather than to a limited number of districts.

To serve the poorest, most neglected groups, ICDS must reach communities in the periphery. Particularly where private pre-schools have reduced ICDS participation, activities could move to mini-AWCs in hamlets.

Further efforts are needed to achieve administrative decentralization. More effective use of MIS is needed to guide management decisions and monitor implementation. Community participation in ICDS planning and decision-making should be increased.

Training of all relevant staff in preschool methodology and disabilities should be completed. Adolescent girls' camps should be followed up with other activities, and adolescent boys should be given similar training opportunities. Within the nutrition component, attention should shift from supplementary food to nutrition education as a the way to improve the nutritional status of children and women on a sustainable basis.

### Lessons learned

Adequately organized, coordinated and funded, a multi-sectoral programme with connected activities can achieve multiple goals. ICDS is a case in point, enhancing the strength and

development of preschool children while meeting the health and nutrition needs of adolescents and women.

The poorest groups can be neglected even in seemingly well-targeted programmes. In the case of ICDS, inadequate efforts have been made to investigate the reasons for insufficient coverage and to reach low-caste hamlets outside larger villages. Donors must make special efforts to ensure that these groups are reached, or the programmes may increase existing social gaps in poor communities.



Data indicated that severe and moderate **malnutrition** **decreased** about twice as fast in the Sida ICDS areas as in those without such support.

*Having a supplementary meal of low-cost nutritious food.*  
(Photo: Ted Greiner)

Sida deliberately worked within governmental administrative systems and accepted overall policies, including ones it questioned, such as large-scale provision of supplemental foods. The evaluators found clear indications that this approach encouraged GTN's and GOI's positive attitudes toward the testing and replication of innovations piloted in the Sida districts.

The commissioning of pre-studies is an efficient use of evaluation resources. Such efforts provide necessary background and allow the subsequent evaluators time to develop a deeper understanding and to focus on the crucial issues.

# Gender equality in evaluations

Since the mid 1980s, the OECD Development Assistance Committee (DAC) has increasingly engaged in an on-going process to promote women's participation, empowerment and gender equality in DAC members' development assistance. Progress towards gender equality, not only a basic human right but also an established pre-condition for sustainable human-centered development, requires its integration with all aspects and phases of development cooperation, including evaluation.

In 1993–94 Sweden participated in an extensive assessment of DAC members' Women in Development policies and programmes, including evaluation practices and findings. Key problem areas were identified hindering measurement of the impact of projects and programmes on women relative to men. Problems included lack of gender awareness in programme design; inadequate socio-economic and gender-relevant target group data; and, gender-insensitive evaluation design, including evaluation Terms of Reference.

The assessment recommended a follow-up review after five years, a recommendation on which Sweden subsequently took the lead. In 1998, on behalf of DAC's Working Party on Aid Evaluation, Sida initiated a review of members' gender policy development and programming design; their evaluation design and practice; and agency assessments of evaluation reports made since 1993. This review, based on compilation and analysis of agencies' answers to a Reporting Guide, was carried out in 1998 by Prudence Woodford-Berger, social anthropologist at the University of Stockholm, and published in late 1999, in a report entitled *Gender Equality and Women's Empowerment. A DAC review of agency experiences 1993–1998* (Sida Studies in Evaluation 00/1).

The 1998 review found that DAC members had made progress in some important areas since 1993: more explicit policies, such as those indicated by the Swedish Parliament's endorsement in 1996 of gender equality as a sixth goal of development cooperation; development of guidelines to help staff integrate gender issues with the project cycle; and im-

proved quantity – but not quality – in the coverage of gender issues in evaluation reports. One main conclusion was that increased gender competence in agencies is necessary in order to address problems identified in 1993–94 and still persisting in 1998.

The review found that agency evaluations fail to answer the most central question: have women participated in and benefited from development interventions equally with men? Relative impact is almost impossible to measure when projects and programmes do not have gender-sensitive objectives, are designed on the basis of inadequate gender-relevant socio-economic data, and lack gender-sensitive performance criteria.

Many evaluations have extremely limited gender coverage, though there has been some improvement in the way the issue is treated in evaluation Terms of Reference. In addition to the persistence of problems, the 1998 review also highlighted the limited experience of agencies with participatory approaches to both programmes and evaluations – approaches that have a potential for increasing gender sensitivity.

Sida was one of three DAC agencies that conducted internal assessments of evaluation reports for the 1998 review. All findings were reported separately and summarized in the review. The review findings repeated many of the findings in Sida's internal assessment (*Evaluating Gender Equality – Policy and Practice. An assessment of of Sida's evaluations in 1997–1998*, by Lennart Peck; Sida Studies in Evaluation 98/3). One important finding in that report as well was that evaluations usually treat “gender” as synonymous with “women” and as a separate issue marginal to the main focus of the evaluation.

The review, together with supporting documents, were discussed at a *Workshop on Evaluating Gender Equality and Women's Empowerment*, organized by Sida for the DAC Working Party on Aid Evaluation in late 1999. The Workshop Report, authored by Bonnie Keller, summarizes issues and recommendations according to three major themes of the 1998 review:

## Gender Equality and Women's Empowerment.

### A DAC review of agency experiences 1993–1998

Prudence Woodford-Berger  
Sida Studies in Evaluation 00/1

## The impact of a project on women relative to men is

almost impossible to measure if the project, as is often the case, lacks gender-sensitive objectives, data and performance criteria. Thus, most agency evaluations fail to answer the most crucial gender-related question: have women benefited from the development intervention equally with men?

In recent years, most agencies have introduced a number of measures and mechanisms, such as policies, guidelines, special advisors and networks, to increase attention to gender. For ensuring policy compliance this has often proved inadequate. Crucial is also that project managers and evaluators understand the issues and the rationale for promoting gender equality and women's empowerment.

## Posttidning B

Avsändare: Infocenter  
Swedish International Development  
Cooperation Agency (Sida)  
S-10525 Stockholm, Sweden

agency policies that set parameters within which development interventions take place; programme design as a foundation for evaluation; and, evaluation design and methodology. Workshop recommendations were made for each theme, including better attention to gender issues early in programme design; gender skills development of evaluation staff and

partner country stakeholders; more precision about gender in evaluation terms of reference; and, making standard evaluation criteria gender-sensitive.

**Evaluation Terms of Reference** should explicitly request information on and assessment of female and male access to resources and services provided by the project and the project's effects on female and male population respectively.

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