Evaluation Report
On
Integrated Child Development Scheme
(ICDS)
Jammu & Kashmir

Programme Evaluation Organisation
Planning Commission
Government of India
New Delhi-110001

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C O N T E N T S

PREFACE

Since Independence, the Government of India has launched a number of Central Schemes, Centrally Sponsored Schemes (CSS) and Community/Area Development Programmes in the areas of health & family welfare, education, employment & poverty eradication, agriculture, women & child development, sanitation, housing, safe drinking water, irrigation, transport, tribal development, border area development, social welfare, etc. both in rural and urban areas of the Country, including Jammu & Kashmir. The main objectives of all these schemes are to generate employment, improve quality of life, remove poverty and economic inequality and human deprivation. Besides, these schemes are also aimed at creation of basic infrastructure and assets essential for economic development in rural areas.

There is a general feeling that despite of huge allocations made by Government of India through Central Schemes/Centrally Sponsored Schemes in Jammu & Kashmir, the development in basic infrastructure and amenities/facilities are not perceptible, especially in rural areas of the State. Further, the standard of living of the people is still very poor and the employment opportunities to the young people are still considered to be very limited and inadequate.

Since, most of these Schemes are in operation for a pretty long time, the Programme Evaluation Organization, at the instance of Ministry of Home Affairs and as per the recommendation of 'Group of Ministers' constituted by the Central Government on 'Internal Security and Border Management', undertook the Evaluation study on "Micro Analysis of certain Centrally Sponsored Schemes in selected districts of Jammu & Kashmir". The main objectives of the study were to examine whether CSSs have generated the desired benefits, including specification of reasons for their tardy implementation, shortcomings in implementation and steps required to tone up their implementation, including their monitoring, to achieve the desired results. The study was assigned to Population Research Centre, Kashmir University, Srinagar (J&K) and they were advised to assess the impact of five Centrally Sponsored Schemes in selected four militancy affected border districts of Jammu & Kashmir, two each from

Jammu and Kashmir regions of the State. The Selected Schemes were;(1) Employment Assurance Scheme(EAS)/ Sampoorna Gram Rozgar Yojana (SGRY),(2) Indira Awaas Yojana(IAY),(3) Swaranjayanti Gram Swarozgar Yojana (SGSY),(4) Integrated Child Development Scheme (ICDS) and (5) National Old Age Pension Scheme(NOAPS)

The present Report in hand is the result of fruitful collaboration between researchers in Population Research Centre, Kashmir University, Srinagar, Programme Evaluation Organization, Planning Commission, New Delhi and Regional Evaluation Office, Planning Commission, Chandigarh. The study aims at assessing the impact of Integrated Child Development Scheme (ICDS) scheme in the states of Jammu &Kashmir.

I hope the study, which provides useful information on the impact assessment, problems and shortcomings in the process of implementation of ICDS in Jammu &Kashmir, would be extremely useful to the policy makers, concerned Central Ministries and Implementing Agencies at the State Level to introduce the improvements, take suitable corrective actions to ensure that the intended benefits of the schemes reach the target group.

I congratulate the Honorary Director and the team of researchers of the Population Research Centre, Kashmir University, Srinagar as well as the Officers/Officials of Programme Evaluation Organization, New Delhi and Regional Evaluation Office, Chandigarh for their excellent work.

(Smt.S.Bhavani)
Senior Adviser (PEO&PC)

Place: New Delhi
Dated: 27/07/2009

EXECUTIVE SUMMARY

Background:

Government of India is implementing a number of Centrally Sponsored Schemes (CSS) in the areas of rural development, urban development, health and family welfare, education, agriculture, women and child development, sanitation, housing, safe drinking water, irrigation, transport, border area development, social welfare through out the Country, including Jammu and Kashmir. The main objectives of all these schemes are to generate employment, reduce poverty & economic inequality and improve the quality of life. Besides, some of these schemes aim at creation of basic infrastructure and assets essential for economic development in rural areas. Despite of the fact that huge allocations have been made by the Central Government through Centrally Sponsored Programmes in Jammu and Kashmir, the development in basic infrastructure and improvements in amenities/facilities has been inadequate, especially in rural areas of the state. The standard of living of the people has not improved to the desired extent and the employment opportunities for the youths are few and far between. Hence, it becomes imperative at this stage to know as to what extent these schemes have been in a position to achieve the stated objectives. Such an exercise will help to identify the problems/short comings in implementing these schemes. It will also help the policy makers and implementing agencies to introduce the necessary interventions to enhance the efficiency of the programme and to ensure better utilization of the resources. In this connection, the Population Research Centre (PRC), Kashmir University, Srinagar, at the instance of Planning Commission, Government of India, New Delhi and Regional Evaluation Office, Chandigarh selected the following Centrally Sponsored Schemes in four selected districts of Jammu and Kashmir to assess their impact:

1. Employment Assurance Scheme/Sampoorna Gram Rozgar Yojana
2. Indira Awaas Yojana
3. Swaranjayanti Gram Swarozgar Yojana
4. Integrated Child Development Services
5. National Old Age Pension Scheme

As per 'Terms of Reference', the detailed District Level Reports for all the five selected Centrally Sponsored Schemes have already been finalized and the findings were presented in Planning Commission. The report, in hand is a State Level Evaluation Report on Integrated Child Development Services on the basis of field study conducted in four selected districts.

Methodology

A Committee consisting of representatives of Ministry of Home Affairs, New Delhi, Programme Evaluation Organisation, New Delhi, Regional Evaluation Office, Chandigarh and Population Research Centre, Kashmir University, Srinagar was constituted to finalise the Research Design, Methodology, Questionnaire, etc. for the study. As the study in the militancy affected state of J&K was taken up on the recommendations of the Group of Ministers on "Internal Security and Border Management", the Committee in consultation with State Government selected four districts, two each from Jammu region and Kashmir region, which were either worst affected by militancy or the border districts. In view of the objectives and Terms of References of the study, after a series of meetings of the said Committee, districts Anantnag, Kupwara, Doda and Rajouri were selected for the in-depth study. The Community Development Blocks in each district were divided into two groups of high and low performance based on the information on key indicators of development. One block from each of the two groups was selected on random basis. Detailed information about the CSS was collected from district and block offices. From each selected block, 5-7 villages were selected on random basis. From the selected villages the information was collected from all the beneficiaries who were covered under ICDS in the selected villages. In addition to it, from each selected village, 5 respondents who had applied, but not selected, were also interviewed. In case there were more than one Anganwadi Centres in a village, only one AWC was selected. From the selected AWCs, 5 beneficiary children were selected and interviews were conducted with the mother of the child. Besides, detailed interviews were held with the officials at state, district and block level. A check list was prepared to collect the qualitative information from the beneficiaries and officials/offices. The secondary data

regarding the physical and financial progress of the schemes and information regarding planning, implementation and monitoring was collected from the implementing agencies of the schemes through a set of questionnaires devised for the purpose. All the questionnaires devised for the survey were finalized in consultation with the members of the Committee.

Main Findings

During the course of field work, **i**nformation was collected from 40 ICDS Centres and 200 mothers of beneficiary children. The main findings of the study are given below:-

Integrated Child Development Services Scheme (ICDS) was launched by Govt. of India in 1975 to protect children from malnutrition, minimize infant mortality rate, enhance the capabilities of mothers to look after the health and overall development of the child. The ICDS is fully financed by Govt. of India, except the nutrition component, which is expected to be met by State Governments. The main findings of the study are as under:

1. Integrated Child Development Services Scheme covers all the 140 ICDS blocks of Jammu & Kashmir. As of March 2007, a total of 18772 Anganwadi Centres (AWCs) were sanctioned in the state and out of which 18043 (96 percent) were operational. The AWCs in the state have been established to provide Supplementary Nutrition (SN), Nutrition and Health Education (NHE), Immunization, Health Check-ups, Referral Services and Non-formal Pre School Education (PSE).
2. As on 31-3-2007, a total number of 368060 eligible children (6-72 months age) were registered with various AWCs in the state and all of them had received the above mentioned services. Besides, a total number of 90215 pregnant women and lactating women were also enrolled at various AWCs across the state for supplementary nutrition, maternal care and health education.
3. Of the funds made available to the state for implementing the ICDS during 2000-2003, the state has utilized about 80 percent of these funds. The state witnessed an increase in the utilization of funds during the years 2003-05, as the percentage of utilisation of funds increased from 81 percent in 2003-04 to 95 percent in 2004-05. However, utilisation of funds came down to a low of 72 percent during 2005-06 and 79 percent during 2006-07. The expenditure under different heads showed that 90

percent of the total funds during 2000-03 and 2005-07 were utilized on Salary/Honorarium of the employees. Thus, just 10 percent of the funds were utilized on non salary items.

4. The information collected from the office of the two Directorates of Social Welfare regarding the procurement of various nutritional items during the last 7 years shows that all the nutritional items received by the directorates during 2000-07 were distributed among different districts, which were utilized by them.
5. The ICDS is funded by CSS (Non Plan), State Plan (40% honorarium of the AWW and AWH) and District plan (Nutrition items) budgets. The authority for planning and budget formulation approval and release of funds was largely centralised at the Directorate level. This often resulted in procedural and systematic delays and insufficient allocation. The Child Development Project Officers (CDPOs) were of the view that under this system, the demands/needs prepared at the project level do not get reflected in terms of allocation. Further, the timely release of funds has been affected by the delays in the submission of the utilization certificates. Purchase and procurement was centralized with the Central Purchase Committee. Centralized system did not allow flexibility and scope for increasing/decreasing ceilings.
6. Information collected regarding the availability of staff revealed that of the 120 sanctioned posts of CDPOs, only 106 were in position. Similarly, more than one-fourth of the Supervisors (135 out of 529) were vacant. However, all the positions of AWWs, AWHs and clerical positions were in position. The vacant positions of CDPOs and Supervisors had adversely affected the implementation of scheme, which need to be addressed.
7. So far as the recruitment of AWWs was concerned, the state government has recently framed a recruitment policy for filling up of the posts of AWWs. Earlier there was no clear-cut policy for the recruitment of the AWWs and in most of the cases, the selection of AWWs was based on political and other considerations. As a result the criteria of educational competence of AWWs were compromised. It is suggested that the task of recruitment of Supervisors should be assigned to

Services Selection Board and new recruitment policy devised by the government for filling up the posts of AWWs should be strictly followed.

8. A regular and planned monitoring, supervision and support is essential for effective delivery of the AWC services with provisions of mid way corrections. But, due to inadequate supervisory staff, a supervisor has to supervise about 40 AWCs. This has resulted in improper monitoring and supervision of the AWCs. It is suggested that the Panchayats, where ever they are functional, should be involved in the monitoring and supervision of the AWCs.
9. According to ICDS guidelines, the space for the AWC was to be donated by the community at a central location, preferably near to a primary school. It was rather one of the criteria that whosoever provided space was considered for the work of AWH. Consequently, both the quality of space and the locational aspects of the AWCs were compromised. It was observed that 28 percent of the AWCs were housed in pucca buildings, 45 percent in semi-pucca houses and another 28 percent have been accommodated in katcha houses, which constitute a perpetual apprehension of danger to the life of the children. Like-wise, other facilities such as separate storage space, kitchen and dinning and sufficient space for indoor and outdoor activities, toilet and washing facilities, ventilation and drinking water were also compromised. It was also found that AWCs at large did not have enough space for outdoor activities and hence compromising the scope for children development. Hence, it is suggested that buildings should be constructed for all the AWCs and funds available under different Centrally Sponsored Schemes like SGRY could be devoted for the construction of AWC buildings.
10. The beneficiaries for the supplementary feeding were to be selected very carefully so as to ensure coverage of the neediest and the malnourished children below the age of 6 years, particularly those between the ages of 6 months to 3 years. It was observed that the selection of the beneficiaries was solely determined by the AWWs and they have not followed any standard criterion for the selection of the beneficiary households. Consequently, even children from the economically well off families were also enrolled at the AWCs, whereas those actually eligible were left out.

11. The data collected revealed that supplies received by the AWCs last for 3-4 months only. Once the supplies exhaust, the children stop coming to the AWCs and Centres virtually gets closed. Beneficiaries generally perceived AWCs as *'Dal Centres'* and did not have a good image about these Centres. It is felt that the image of the AWCs can be improved by improving the knowledge, skills, support and the status of the AWWs.
12. The health check ups were not a regular feature of the AWCs primarily because of poor coordination between the ICDS functionaries and the Health Department. The immunization records maintained by the AWCs showed that almost all the children registered with the AWCs had received all the recommended doses of vaccination. However, the information collected from the beneficiary households revealed that only 89 percent of the children had received BCG, 91 percent had received all the three doses of DPT and Polio and 74 percent of the children had received Measles doses.
13. As per the provision of the ICDS revised guidelines, each and every AWC should have a medical kit. This medical kit should contain essential drugs and first aid items. But it was found that the medical kits were generally provided once a year and the quantity of drugs and other items supplied to the AWCs last for one or two months. Consequently, these medical kits had proved to be of limited use.
14. AWWs were also supposed to give health education and help the eligible women to get ANC and PNC services. It was found that 32 percent of women were motivated by the AWWs to avail antenatal services, 37 percent of the women received health education from the AWWs and another 28 percent were contacted by the AWWs for post natal services. Thus, AWWs played only a limited role in imparting family health education among women in Jammu & Kashmir.
15. The study found that weighing of the children was not being practiced as per ICDS mandate. Surprisingly, majority of the mothers did not know whether their children are regularly weighed at the AWCs or not, which probably indicates that weighing is not practiced regularly. It was observed that regular weighing and keeping records, focus on malnourished children, improving the skills of mothers on child

care and concept of community based nutritional surveillance still remained areas of serious concern.

16. Pre-school education is a very crucial component of the package of services envisaged under ICDS as it seeks to lay the foundation for proper physical, psychological, cognitive and social development of the child. Though, the records available at the AWCs indicate that they impart PSE to all the enrolled children through out the year, but it was found that the PSE was imparted only when the nutrition was available in the Centre. Further, there is a need to improve the skills of the AWWs on concepts and approaches of the joyful learning (play-way methods). Adequate provisions need to be made for procuring of relevant teaching and learning aids. Provisions need also to be made for suitable accommodation with matting and heating provisions at each of the AWCs. There is also a dire need to consider developing and strengthening coordination with the local primary schools to seek support and especially with the planning cell of the Zonal Education Office (ZEO) for monitoring purposes.
17. The system of maintaining of records at district ICDS offices was found to be very poor. The information was not readily available and survey team had to face a lot of problems in collecting information from these offices. Though AWCs were maintaining information on a number of registers, but information pertaining to the attendance of the children and immunization was found to be grossly inaccurate in all the AWCs visited by the team. For example, some of the AWCs had marked all the children present on the day of our visit, despite the fact that only a few were present. Hence, there is ample scope to improve the record keeping at all levels. Reporting formats need to be simplified and workers be given adequate stationery to maintain records.

CHAPTER-I

INTRODUCTION

Background

The State of Jammu and Kashmir is situated between 32^0 17' N and 37° 6' N latitude, and 73° 26' E and 80° 30' E longitude on the northern extremity of India. It occupies a position of strategic importance with its borders touching the neighboring countries of Afghanistan in the north-west, Pakistan in the west and China and Tibet in the north-east. To its south lie Punjab and Himachal Pradesh, the two other states of India. The total geographical area of the State is 2, 22,236 square kilometers and presently comprising of three divisions namely Jammu, Kashmir and Ladakh and 22 districts. The Kashmir division comprises of the districts of Anantnag, Kulgam, Pulwama, Shopian, Srinagar, Ganderbal, Budgam, Baramulla, Bandi Pora and Kupwara. The Jammu division comprises of the districts of Doda, Ramban, Kishtwar, Udhampur, Reasi, Jammu, Samba, Kathua, Rajouri and Poonch. The Ladakh division consists of Kargil and Leh districts. Every region has distinct social, economic, linguistic and cultural characteristics.

According to 2001 Census, Jammu and Kashmir had a population of 10 million, accounting roughly for one percent of the total population of the country. The decadal growth rate during 1991-2001 was about 29.4 percent which was higher than the decadal growth rate of 21.5 percent at the national level. The sex ratio of the population (number of females per 1,000 males) in the State according to 2001 Census was 892, which is much lower than for the country as a whole (933). Twenty- five percent of the total population lives in urban areas, which is almost the same as the national level. Scheduled Castes account for about 8 percent of the total population of the state as against 16 percent at the national level. Scheduled Tribes population account for 11 per cent of the total population of the state as compared to 8 percent in the country. Jammu and Kashmir is one of the most educationally backward states in India. As per 2001 Census, the literacy rate was 55 percent as compared to 65 percent at the national level. Female literacy (43 percent) continues to be lower than the male literacy (67 percent).

On the demographic front, too, the state has to do a lot to achieve the goals of New Population Policy 2000. The total Fertility Rate of 2.71 in Jammu and Kashmir is slightly lower than the TFR of 2.85 at the All India Level. With the introduction of Reproductive and Child Health Programme, more couples are now using family planning methods. As per National Family Health Survey-3, about 45 percent of women are now using modern family planning methods as compared to 49 percent in India as a whole. According to Sample Registration System (SRS, 2006), Jammu and Kashmir had an infant mortality rate of 49 per 1,000 live births, a birth rate of 18.7 and a death rate of 5.6 per 1,000 population. The corresponding figures at the national level were 58, 24 and 7.5 respectively. National Family Health Survey-3 (NFHS-3) has also estimated an infant mortality rate of 45 per 1,000 live births and a birth rate of 20.9 for Jammu and Kashmir. The corresponding figures for the national level are an infant mortality rate of 57 per 1,000 live births and a birth rate of 18.8 per 1,000 population.

Jammu and Kashmir, like other states of the country is predominantly an agrarian state with 70 percent of the population depends upon agriculture. According to Census-2001, cultivators and agriculture workers comprised 49 percent of the total working force of the state. The importance of the various other economic sectors in the economy has changed little over time. The contribution of the agricultural sector to the state domestic product declined from 38 percent in 1980-81 to 32 percent in 2000-01 and 27 percent in 2004-05. The contribution of the manufacturing sector has increased from 5 percent in 1980-81 to 6 percent in 2004-05 and the share of the other tertiary sector has increased from 58 percent to 67 percent in 2004-05. Agriculture contributed 32 percent to the state domestic product in 1999-2000 and provided employment to more than 60 percent of the working population (Directorate of Economics and Statistics, 1991). Jammu and Kashmir grows cereals, fruits and cash crops. The major cereal products include wheat, rice and maize. As a result of Intensive Agriculture Programme and the introduction of high yield variety seeds, the agriculture sector in the state has registered a tremendous transformation. However, due to the environmental constraints, the state has not been in a position to attain self sufficiency in the cereal products. The state is famous for its delicious horticultural products since ancient times and fruit industry has been a source of income to

the state exchequer. In recent years, as a result of the all round economic and technological advancement in the State, the horticulture sector has received a great fillip, leading to greater production and export of the produce. The state is also rich in forest resources and a variety of spruce, such as fir, pine, hazel, wild oak, maple, beech, etc., grow in them. The forests besides lending charm and healthy fragrance to the environment are a great source of revenue to the state. The forests contribute less than 2 percent towards the net state domestic product, despite the fact that 23 percent of the total geographical area is under forests.

Industrially, Jammu and Kashmir is one of the backward states in the country due to lack of infrastructural facilities such as easy transportation, electricity, topography and other factors. Though the state is very rich in natural and human resources, but these have not yet been utilized for establishing an industrial base in the state. The state has only a few medium scale industries in the capital cities of Srinagar and Jammu which manufactures cement, wool and silk, furniture, etc. With the establishment of the Industrial Growth Centres in various districts, Food Parks and the introduction of new Industrial Policy, the state has shown signs of industrialization during the last few years. The setting of more power generating stations, wide spread road net work and coming up of the state on railway map of the country has helped in creating an atmosphere conducive to growth of industries in Jammu region. As a result of the concerted efforts of the government since 2002, more than 133 medium and large scale industrial units have been set up in the state as on 31-03-2007 with an investment of over Rs. 2500 crores generating employment potential for around 20,000 person (Qureshi, 2007). Similarly, more than 5700 industrial units under Small Scale Industrial Sector (SSIS) and more than 5300 units under Khadi Village and Industries Board (KVIB) were set up during the 10^{th} plan period generating employment for about 1.62 lakh persons.

The Kashmir Valley is very famous for its handicrafts not only within the country but also throughout the world. The handicrafts of the State are also contributing to the state exchequer considerably. Production of handicrafts has increased from Rs. 750 crores in 2001-02 to Rs. 1000 crores in 2006-07. Out of which carpet alone has a contribution of Rs.

475 crores. During 2005-06, handicraft goods worth Rs. 705 crores were exported, out of which carpet accounted for Rs. 325 crores. Besides, handicrafts sector provided employment to 3.50 lakh artisans.

Tourism has emerged as an important and one of the major contributors to state‘s economy. Kashmir is a popular tourist resort not only for the Indians but also for the holiday-makers from the distant lands. The tourist sector which received a jolt during the militancy period is being revived and made broad-based to harness potential of employment and economic prosperity. According to the estimates of the Tourism Development Department, 30 percent of the population of the state is directly or indirectly connected with this activity and tourism contributes 16 percent of the state’s domestic product.

Population growth and unemployment cover the entire gamut of poverty. Although sufficient data is not available on poverty, but according to the latest round of NSSO on household consumer expenditure undertaken in 2004-05, 4.21 percent of the population in Jammu and Kashmir is living below poverty line which is far lower than the national estimate of 21.80 percent. The percentage of BPL population in rural areas is higher than urban areas. But, according to the BPL survey conducted by the State Government nearly 36 percent of the population is BPL. Both these estimates have been questioned by many experts as well as by the State legislators as a result the State Government has initiated an independent BPL survey in the state and the results are still awaited. The average annual per capita net domestic product of the state increased from Rs. 1,776 in 1980-81 to Rs. 7,296 in 1999-2000 at constant 1980-81 prices or Rs. 12,373 at current prices.

With a view to involve majority of population in planning and implementation of development-cum-employment projects and welfare schemes, planning has been decentralized to grassroot level to incorporate local priorities in the annual plans. This decentralized planning after the introduction of single line administration has yielded tangible results in harmonious development of all the regions of the state. There has been about two-fold increase in plan allocations since 2002. While the annual plan in 2002-03

was of the order of Rs. 22 thousand lakhs and it increased to Rs. 42 thousand lakhs during 2005-06.

The Government is also paying special attention for promotion of education in the state. In order to achieve universalization of the education among all school going children, many developmental schemes like extension of educational activities under the Border Area Development Programme, Sarva Shiksha Abhiyan and Non-formal education programme have been introduced. Education has also received top priority in allotment of funds under district plan. So far as the drinking water is concerned efforts are underway to provide potable drinking water to the entire population in the state. Under the Accelerated Rural Water Supply Programme drinking water facilities have been provided to more than 98 percent of the villages. Presently, the Swajaldhara Scheme is underway in the state.

In spite of all these programmes, the development in basic infrastructure and basic amenities/facilities is not perceptible especially in rural areas of the state. The standard of living of the people is still very poor and the employment opportunities to the young people are few and far between. A large proportion of population is still deprived of basic necessities of life. Though 94 percent of the population in the state has been provided drinking water, but still about 30 percent of the households are using water from unsafe sources. Besides, most of the villages have been identified as disadvantageous in respect of availability of water supply due to less service level, source depletion, and outlived design period of water supply schemes. The situation on sanitation front is even more alarming. Around two-third of the households (64 percent) do not have a toilet facility or have a pit type of toilet. Similarly, 60 percent of the households do not have any sewage and drainage facility. On the demographic front, population continues to grow at more than 2 percent per annum and infant mortality rate is about 50 per 1000 live births. The health centres are poorly staffed and do not have required drugs, equipments and manpower and some of the health centres are located in depilated buildings. Due to the hilly terrain and topography and limited resources, the state does not have an efficient transportation system. Though the state has immense potential for development of hydro

electricity but because of resource constraints the state has, till now, been in a position to harness only 538 megawatts of electricity against a potential of more than 18000 megawatts which is about 3 percent of the harnessable potential, which is around 18 percent of the total requirement of the State at present. Due to the increase in population, absence of private sector, desirable industrial growth and lack of employment opportunities in the public sector, the number of unemployment youth particularly educated youth registered with the employment exchange has doubled during the last five years. The percentage of unemployed youth among rural educated males increased from 4 percent in 1993-94 to 9 percent in 1999-2000 and from 13.6 percent to 22 percent among females during the said period. As per the latest data on unemployment made available by the Employment Department, 1.10 lakh youth were registered with the employment department by March, 2006. Therefore, the state has to go a long way to register a perceptible change in all these sectors.

The J&K Government has made efforts from time to time to give a boost to the economy of the state and lot of investment has been made in various sectors of economy. However, the beginning of the militancy in the State in 1989, shattered the development activities. As a result the development scenario of the state came to a complete halt, which resulted in decline in employment, gross domestic product and per capita income.

However, during the last 10 years, the State Government is also making efforts to put the economy of the State back on track and has invested huge amount in rebuilding the necessary infrastructure. The Government of India also launched a number of Central/Centrally Sponsored Schemes (CSS) and Community/Area Development Programmes in the areas of Health & Family Welfare, Education, Employment & Poverty Alleviation, Agriculture, Women & Child Development, Sanitation, Housing, Safe Drinking Water, Irrigation, Transport, Tribal Development, Border Area Development, Social Welfare, etc., both in rural and urban areas of the State. The main objectives of all these schemes are to generate employment, remove poverty, economic inequalities and improve quality of life. Besides, these schemes are also aimed at creation

of basic infrastructure and assets essential for economic development in rural areas. However, despite of huge allocations made by Government of India through Central/Centrally Sponsored Schemes in Jammu and Kashmir, there is a general feeling that the development in basic infrastructure and improvement in amenities/facilities has been quite inadequate especially in rural areas of the State. Further, the standard of living of the people has not improved much and the employment opportunities for the youth are still limited and inadequate.

In this background, on the recommendation of the 'Group of Ministers' on "Internal Security and Border Management" during November, 2001, the Ministry of Home Affairs had requested Programme Evaluation Organisation, Planning Commission to undertake an evaluation study on the impact of developmental schemes in militancy affected state of Jammu & Kashmir. After analyzing the credibility and credentials of various agencies and NGOs, the study was outsourced to Population Research Centre, Deptt. Of Economics, Kashmir University, Srinagar.

The Terms of Reference of the study were to clearly bring out : (i) whether the CSS have generated the needed benefits/objectives (ii) the reasons for their tardy implementation, if so, (iii) the shortcomings/problems in implementation of the scheme (iv) the steps/strategy needed to tone up their implementation, including their monitoring to achieve the desired objectives.

A Committee consisting of representatives of MoHA, PEO, Hqrs., REO, Chandigarh, Govt. of J&K and PRC, Srinagar was constituted to decide the coverage of the schemes geographical area in the State, Research Design, Questionnaire, etc. After a series of meetings, it was decided to evaluate five schemes viz., i) Employment Assurance Scheme (EAS)/Sampoorna Gram Rozgar Yojana (SGRY), (ii) Swaranjayanti Gram Swarozgar Yojana (SGSY), (iii) Indira Awaas Yojana (IAY) , (iv) Integrated Child Development Services Scheme (ICDS) and (v) National Old Age Pension Scheme (NOAPS) would be conducted in the first phase. For conducting the study, four districts (two each from Kashmir and Jammu Region) i.e. Ananatnag and Kupwara from Kashmir

region; and Doda and Rajouri from Jammu region were selected. Further, the modalities of the Research Design as well as the Questionnaires, to be canvassed during the course of field surveys, were also finalised. The PRC has already finalised and made presentation of observations and recommendations in respect of four districts level Reports. The present Report on Impact Assessment of Integrated Child Development Scheme (ICDS) in Jammu and Kashmir is based on the consolidated data collected from four selected districts of the State.

Objectives of the Study

The specific objectives of the evaluation study include the assessment /examination of the following:

1. The type of mechanism adopted and arrangements made for planning co-ordination, monitoring and implementation of the scheme.
2. The extent to which allocations, releases and utilization of funds were made as per the guidelines under various scheme.
3. To portray as to what extent the scheme has generated the needed benefits.
4. To analyze socio-economic and demographic characteristics of the beneficiaries of the scheme, so as to assess the extent to which the guidelines for identifying the beneficiaries/villages have been followed.
5. To identify the problems in the implementation of the scheme and reasons for tardy implementation, if any.

Methodology

Both primary and secondary data was collected through instruments structured at different levels. The secondary data was obtained through the State, District, Block and Village level questionnaires. Information was collected about financial and physical performance and adequacy of the implementation mechanism for the schemes. Detailed discussions were held with the officials at various levels to gather information on the implementation of the scheme. The primary data was collected through field surveys from beneficiaries as well as non-beneficiaries of the scheme.

A set of schedules were approved by a Committee consisting of Officers from PEO, Hqrs., MoHA, REO, Chandigarh, Govt. of J&K and PRC, Srinagar for collecting data for the scheme. The schedules covered a host of areas starting with the socio-economic characteristics of the beneficiaries, level of awareness about the schemes, eligibility criterion, procedures, problems encountered, utilization of the funds and impact of the scheme, etc. Information collected from the non-beneficiaries included their socio-economic status, knowledge of the schemes and experiences with the implementation of the scheme. The experiences of the beneficiaries and non-beneficiaries were collected with a view to identify and analyse the possible shortcomings in the implementation of the scheme.

Research Design

The Technical Committee, consisting representatives from PEO, Planning Commission, New Delhi, REO, Chandigarh with Ministry of Home Affairs and PRC, Srinagar after a series of meetings and in consultation with Government of J&K decided to select two districts from each of the two administrative divisions (Jammu and Kashmir) of the State and to select one border district and one non-border district from each division. In view of the 'Terms of References' of the study, it was decided to select two border districts and two non-border districts affected by militancy in the State. Therefore, the present survey was conducted in the districts of Anantnag and Kupwara in Kashmir region and Doda and Rajouri in Jammu region.

Further, the Community Development Blocks (CDBs) were divided into two groups of high and low performance, based on the information on key indicators of development. The indicators used were literacy level, percentage of villages electrified, percentage of villages having safe drinking water facility and percentage of villages having health centres. One block from each of the two groups was selected on random basis in the district. Accordingly, eight blocks were selected from the selected districts**.** Details about the ICDS were collected from the offices of Deputy Commissioners and concerned Block Development Officers. The information regarding the Integrated Child Development

Scheme was also collected from the offices of the Programme Officers, Child Development Project Officers and Anganwadi Centres. From each selected block a sample of 5-6 villages was selected on random basis. In case of ICDS, information was collected from 5 ICDS Centres from each block. From the selected villages, the information was collected from all the beneficiaries who were covered under ICDS. In case there were more than one Anganwadi Centres (AWCs) in a village, only one AWC per village was selected. From each selected AWC, 5 beneficiary children were selected and interviews were conducted with their mothers. Besides, detailed interviews were conducted with the officials involved with the implementation of these schemes at State, District and Block level. A check list was also prepared to collect the qualitative information from the beneficiaries, and officials/offices. As the list of non-beneficiaries for any of the schemes was not readily available, therefore, effort was made to collect list of non-beneficiaries with the help of knowledgeable persons of the villages, but even the villagers were not aware of any such person.

Reference Period

The reference period of the study for selection of beneficiaries, collection of field data was 2000-01 to 2003-04. However, while making analysis, the data on physical/financial targets vis-à-vis achievements for the years upto 2006-07, was also utilised.

Field work

The Data collection started from December 2003 and continued till April, 2004. Data was collected by two teams and each team consisted of five field investigators, a supervisor-cum-editor and a field coordinator. Each field investigator was assigned to collect information for a particular scheme. Before the field work, all the team members received training for six days, which consisted of instructions in interviewing techniques and field procedures for the survey, a detailed review of the guidelines of the selected CSSs, review of each item in the questionnaire, mock interviews between participants in the classroom and practice interviews in the field. Besides the main training, one day training was specially arranged for supervisors/editors. The supervisors/editors were

trained to hold formal discussions with the officials involved with the implementation of the schemes and record their observations regarding the implementation of the schemes, impact assessment and possible reasons for tardy implementation. Senior officials of the PRC co-ordinated the data collection activities and also had formal discussions with the officials involved with the implementation/execution of schemes. The Director and the Project Coordinators also visited the field to monitor the data collection activities and ensure good quality data. During the course of field work, information was collected from 40 ICDS Centres and 200 mothers of beneficiary children.

CHAPTER-2

INTEGRATED CHILD DEVELOPMENT SERVICES

Introduction

For a child, family is the primary social institution where one seeks love and affection; care and protection; and the fulfilment of his basic physical, emotional and psychological needs. The transition from joint family system to nuclear family, the rising cost of daily necessities and various other economic and social compulsions are compelling reasons to take gainful employment, (part-time or full-time), to supplement the family income. A large number of families, both in rural and urban areas of the country, live below the poverty line. Some sections of the society, viz. i) urban slum dwellers, ii) marginal farmers and agricultural landless labourers, iii) tribals and iv) scheduled caste people are distinctly underprivileged. In spite of significant progress in the economic sphere, these sections of society are not in a position to provide due care and security needed for normal growth of their children even today. Therefore, they require additional support through outside interventions to enable the family to fulfil its obligations towards proper health care, nutrition, education and social well-being of their children.

Governmental concern for the promotion of services for the growth and development of pre-school children is evident from the constitution of National Children's Board and also from the Resolution of National Policy for Children, 1974. Further, a number of expert bodies have been set up from time to time to frame policies for the welfare of children. These committees' collected valuable data related to the needs and problems of children, examined the effectiveness of existing programmes & services and suggested long-term measures to improve and strengthen them qualitatively and quantitatively.

The Scheme

In pursuance of the National Policy for Children, which laid emphasis on the integrated delivery of early childhood services and services for expectant and nursing women and based on the recommendations of the Inter-Ministerial Study Teams set up by the Planning Commission, the scheme of ***Integrated Child Development Services (ICDS)*** was evolved to make a coordinated effort for an integrated programme to deliver a

package of such services. The blueprint for the scheme was drawn by the Ministry of Social Welfare, Government of India, in 1975. The scheme called for coordinated and collective effort by different Ministries, Departments and Voluntary Organisations. Considering the magnitude of the task, it was decided to set up 33 projects on an experimental basis in the year 1975-76. The Scheme was formally launched on October 2, 1975. Out of these 33 projects, 19 were rural, 10 were tribal and 4 were urban, spread over in all the States and the Union Territory of Delhi. On the basis of the evaluation report of its Programme Evaluation Organisation submitted in August, 1977, the Planning Commission sanctioned 67 additional projects, which started functioning during 1978-79. During the next two years, 100 additional projects were added raising the number of ICDS Projects in the country to a total of 200. Out of these 200 projects, 105 were rural, 67 were tribal and 28 were urban projects. During the Sixth Five year Plan (1980-85), 800 additional projects were sanctioned, raising the total number of projects to 1000 by the end of Sixth Five Year Plan. From the small beginning of 33 blocks in 1975, the ICDS has grown to become world's largest and most unique early childhood development programme. Today, the ICDS has a network of more than 5000 projects covering more than 75 percent of the Community Development Blocks and 273 Urban Slum pockets of the country.

The programme approaches a holistic child health comprising health, nutrition, and education components for pregnant women, lactating mothers, and children less than six years of age. The programme is implemented through a network of community-level A*nganwadi Centres*. The range of services targeted at young children and their mothers for growth onitoring, immunization, health check-ups and supplementary feeding, as well as nutrition and health education to improve the childcare and feeding practices that mothers adopt. Pre-school education is provided to children between three and six years of age.

Objectives of the Scheme

The broad objectives of the ICDS Scheme are:

i) To improve the nutritional and health status of children in the age group 0-6 years.

ii) To lay the foundations for proper psychological, physical and social development of

children.

iii) To reduce the incidence of mortality, morbidity, malnutrition and school drop-out.

iv) To achieve effective coordinated policy and its implementation amongst the various departments to promote child development; and

v) To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The Integrated Child Development Services (ICDS) Programme for the development of women and children was launched in Jammu and Kashmir in 1975 with the establishment of a project at Kangan in Srinagar district. By the year 2007, the coverage of scheme was extended to all the 140 Community Development Blocks of the state. As of March, 2007, a total number of 18772 Anganwadi Centres (AWCs) had been sanctioned in the state and 18043 (96 percent) of them were operational. All the AWCs in the state were established with the purpose to provide Supplementary Nutrition (SN), Nutrition and Health Education (NHE), Immunization, Health Check-ups, Referral Services and Non-formal Pre-School Education (PSE).

The objective of this study was to evaluate the functioning of the ICDS programme in Jammu and Kashmir. The findings of the study were based on the information collected from 40 AWCs, 10 each located in the districts of Anantnag, Kupwara, Doda and Rajouri. During the course of survey, information was also collected from 200 beneficiary mothers, whose children were enrolled in the AWCs. Besides, information was collected from four Programme Officers and eight Child Development Project Officers in the four selected districts.

Financial progress

The ICDS is a Centrally Sponsored Scheme. While the Central Government bears the full cost of meeting the operational requirements, the state government provides funds for Supplementary Nutrition (SN) component. In addition to mobilizing domestic resources, significant contribution also comes from UN Agencies, bilateral donors and the World Bank. The expenditure for running the ICDS programme is currently met from three broad sources: viz., (a) funds provided by the Centre under `general ICDS which used to meet expenses on account of infrastructure, salaries and honorarium for ICDS staff, training, basic medical equipment including medicines, play

school learning kits etc. (b) allocations made by state governments to provide supplementary nutrition to beneficiaries and (c) funds provided under the Pradhan Mantri Gramodaya Yojana (PMGY) as additional central assistance, technically to be used to provide monthly take-home rations to children in the age group 0-3 years living below the poverty line and those who are in need of additional supplementary nutrition.

The study team of the PRC tried its best to collect information about allocation and expenditure of funds under ICDS during the last seven years (2000-2007) in the selected districts and for the state as a whole. Unfortunately, the information maintained by the offices of Programme Officer, Rajouri and Anantnag was haphazard and not maintained properly. In fact, information regarding the financial aspects pertaining to some years was either not available or partly available. It can be seen from Table 5.1 that the state government had received a total amount of Rs. 2493 lakhs under ICDS during 2000-01. The availability of funds increased to about 3000 lakhs annually during 20001-02 and 2002-03 and about 4300 lakhs annually during the next two years (2003-04 and 2004-05). During 2005-06, the state had at their disposal a total amount of Rs. 5206 lakhs for the implementation of ICDS scheme in the state. With the operationalization of about 6000 more Anganwadi Centres in the state during 2006-2007, the availability of funds was increased to Rs. 7787 lakhs. Thus, the state has witnessed more than threefold increase in the availability of funds under ICDS during the period 2000-2007.

When analyze the availability of funds at the district level, it can be seen from Table 5.1 that the availability of funds in Anantnag district increased from Rs. 429 lakhs in 2000-01 to Rs. 738 lakhs during 2006-07. The amount of funds available in Kupwara increased from Rs. 114 lakhs in 2000-01 to Rs. 300 lakhs in 2001-02 but declined to about Rs. 228 lakhs during 2002-2003. But the availability of funds steadily increased from Rs. 331 lakhs in 2003-04 to Rs. 754 lakhs over a period of time from 2003-2004 to 2006-07. Doda district had received less than Rs. 400 lakhs annually during 2000-2002-03 but availability of funds increased from Rs. 447 lakhs in 2003-04 to Rs. 715 lakhs during 2005-06 and during 2006-07, it further increased to Rs. 1612 lakhs. On the contrary, Rajouri district had not witnessed much increase in the availability of funds during the period of 7 years. The total amount available in Rajouri district under ICDS in 2000-01 was Rs. 179 lakhs which

increased to Rs. 322 lakhs during 2006-07. Thus, while the overall availability of funds in the state increased by 212 percent during the period of 2000-07, it increased by 400 percent in Doda district and only 72 percent in Anantnag district.

So far as the utilization of funds was concerned, the state had utilized 80 percent of the funds made available to it during the period 2000-07 (Table 5.1). Utilization was more than 90 percent during 2000-01 and 2004-05, and about 73 percent during 2002-03 and 2005-06. So far as the utilization of funds by districts was concerned, Rajouri recorded the lowest (78 percent) and Anantnag the highest rate (96 percent), followed by Kupwara (94 percent). The rate of utilization of funds in both Rajouri and Doda was very low during 2005-06.

The expenditure under different heads under ICDS in Jammu and Kashmir showed that expenditure on salary component increased from Rs. 2023 lakhs in 2000-01 to Rs. 3360 lakhs in 2005-06 and to Rs. 4759 lakhs in 2006-07 respectively (Table 5.2). Salaries accounted for about 90 percent of the total expenditure under ICDS during the period 2000-07. Further TA, transportation and POL accounted for about 3 percent, while 1-2 percent was utilized on rent of the AWCs. One to five percent of the funds were devoted towards non nutritional items. Less than one percent of the expenditure were incurred on school kits and office expenses. No funds were devoted to IEC, research and evaluation, medical kits during 2000-03. In Anantnag district, salary component constituted about 51 percent of the total expenditure. Supplementary Nutrition constituted less than 30 percent during 2000-04 and 40-50 percent after 2004-05. POL, trainings and rent constituted less than 1 percent each and TA/DA accounted for 1 percent of the total expenditure during the period 2000-07. On the contrary, in Kupwara district two-thirds of the total funds were utilized on Salaries/Honorarium of the employees, 25 percent on food supplement, one percent on rent and about 1 percent on Transportation and TA/DA. About half of the total funds of the Doda district were utilized on Salary/Honorarium of the employees, 36 percent on food supplement, 25 percent on other expenses including TA/DA and one percent each on rent, trainings and transportation. In Rajouri district also about half of the funds (48 percent) were utilized on Salary/Honorarium of the employees, 38 percent on food supplement, nearly 2 percent each on POL/transportation and TA/DA during the period

2000-03. Salaries head accounted for 60 percent of the total expenditure and food supplementation constituted 33 percent of the total expenditure during 2005-07. Besides, 2 percent of the funds were utilized on rent and another 2 percent on transportation (Table 5.2).

Supplementary Nutrition Programme (SNP)

As mentioned above, the ICDS covered all the Community Development Blocks of the state and as of March, 2007, there were 140 ICDS projects in operation in the state. The government has sanctioned a total number of 18772 AWCs in the state but only 18043 AWCs were functional. All the sanctioned AWCs in Anantnag, Kupwara and Doda were functional but only 60 percent of the sanctioned AWCs in Rajouri were functional. However, efforts were on to make the remaining AWCs functional in the district. According to Programme Officers almost all the villages were covered under ICDS scheme. But the scheme was not reaching to as many children and women as it could because of a ceiling of a target group of 20 children and 5 women per AWC for Supplementary Nutrition Programme (SNP). With this ceiling, the SNP scheme in 2008 was reaching out to 3,60,860 children and 90215 pregnant and lactating women. However, the total child population (0-6 age group) in Jammu and Kashmir as per 2001 Census was 14,31,132. Thus, the scheme was in a position to cover just 25 percent of the child population. The ceiling of targeting only 20 children and 5 women by each AWC could only be explained from the point of view of financial constraints because the available infrastructure in the AWCs could have supported more than this target population. The programme provided single ration of 300 calories and 10 grams of protein to children. Pregnant and lactating mothers also received an equivalent quantity, whereas the provision was 500 calories and 20 grams of protein. It was mentioned by the Programme Officers that financial constraints were limiting the provision of SN to all eligible children and women. The norms of expenditure per child on SNP was fixed many years ago, whereas the cost of supplies increased over this time, but there was not corresponding increase in the allocation on SNP per beneficiary. Besides, AWCs were serving SNP for 210 days only against 300 days norm in other states.

Pre school education (PSE)

As per the provisions (in the ICDS guidelines), Rs. 500 is earmarked for the non-formal pre school material on an annual basis per AWC. The Programme Officer mentioned that such funds were not released regularly.

Information, Education, and Communication (IEC)

IEC is a key to mobilize and educate communities on the benefits of ICDS. However, there was no allocation or spending on this issue during 2000-02, although the scheme has a provision of Rs. 25,000 per year per project for the IEC. It was only in 2003 that IEC received some allocation and during 2005-06 and 2006-07 less than one percent (0.3 percent) of the total expenditure was incurred on IEC. Thus, against a provision of Rs. 25000 per project for IEC, only Rs. 11400 was spent on IEC by each project during 2006-07.

Contingencies

The ICDS guidelines provides for a contingency of Rs 2,000 per AWC and Rs. 91,000 per Project. However, it was noticed that project level contingencies were not allocated and utilized as per the guidelines. An amount of Rs 12,000 was allocated per project for meeting contingencies, irrespective of the number of the AWCs. From the year 2002-03 the Block level "contingency" and Anganwadi Centres "contingency" were combined under the budget head of "contingency " but the amount was further reduced. Contingencies accounted for about 1 percent of the total expenditure during 2000-02 and it slightly increased to 1.75 percent during 2006-07 (Table 5.2).The Programme Officer expressed that contingency amount was highly inadequate to run the scheme.

Transportation and POL

All the projects have been provided with vehicles under a special grant received from the UNICEF. As per the provision of the ICDS revised guidelines; Rs 50,000 per annum should be released to the projects for the POL and maintenance of vehicles. Transportation accounted for less than 2 percent of the total expenditure during 2000-03 and further declined to less than 1 percent during 2006-07. The CDPOs mentioned that

lump sum and inappropriate amounts ranging from Rs. 25, 000 to Rs. 40,000 per year, varying from project to project were released affecting the mobility of the staff.

Training

As envisaged in the guidelines, the capacities of the human resource at all levels were to be improved through training, refresher courses, seminars and workshops. However, it was found that during the last six years not much had been done to train the human resource under ICDS in the state. Programme Officers and CDPOs expressed that funds available for holding training and refresher courses at various levels were extremely insufficient. Thus, financial constraints had affected the capacity building of the human resource at various levels.

Honorarium

Presently the monthly honorarium of the Anganwadi Worker (AWW) is Rs 1400 and Anganwadi Helper (AWH) is Rs. 650 including the rent of the house. The increment is one time after a gap of 5 years. Due to the delay in the release of the funds, the honorarium was not paid to staff regularly. Programme Officers and Child Development Project Officers mentioned that with this nominal and irregular honorarium, there was insufficient financial motivation for the AWW and AWH to give a satisfactory performance.

Existing financial process

ICDS is funded through CSS (Non Plan), State Plan (40% honorarium of the AWW and AWH) and District Plan (Nutrition items) budgets. Authority for approval and release of funds is centralized at the Directorate level. Even the planning and budget formulation is largely centralized. This has often resulted in insufficient allocation and procedural delays. Both the POs and the CDPOs mentioned that under this system the demands prepared at the project level did not get reflected in allocation. Further, release of the funds was also affected by the delays in the submission of the utilization certificates. Purchase and procurement was centralized with the Central Purchase Committee. Centralized system did not allow flexibility and scope for increasing ceilings. This system was centralized in the year 1999-2000. Prior to this period, the system was

relatively flexible, quicker, and allowed sensitivity to project demands. The system was centralized with the arguments that there would be uniformity, better quality standards and better rates from the suppliers. However, the centralized system has largely proved ineffective with respect to at least timely supplies.

The CDPOs expressed that the financial procedure adopted under ICDS-III, were much better because under that system there were timely release of adequate funding under all budget heads as well as timely supplies of the SNP material. Under ICDS-III even SNP days at AWC were 300 days in a year. Hence, in view of experiences of earlier phase and present phase, there is need to review the system in favour of decentralisation.

Supplies

As mentioned above, the system for procurement of supplies under ICDS have been centralized at the state level. There is a state level purchase committee which is responsible for the purchase and procurement of all SN items. The data collected from the office of the Programme Officers regarding the procurement of various items during the last three years preceding the field survey showed that all the nutritional items like Moongi, Channa, Oil, Ghee, Nutri, Rice, Sujji, Haldi, Salt and Sugar received by the Programme Officers during the period 2000-05 and 2006-07 were distributed among different ICDS Projects of the four selected districts during the same period (Table 5.3).

All the Programme Officers reported that the supplies issued to them did not last for more than 100 days and consequently they were not in a position to provide nutrition for more than 100 days in a year. However, whatever supplies they received were distributed to various ICDS projects in their districts.

No. of AWCs

Table 5.4 shows the number of sanctioned ICDS projects and the number of ICDS projects functioning since 2003-2004. The total number of sanctioned ICDS projects in the state in 2003-04 was 121, however, 19 additional ICDS projects were sanctioned in 2004-05 and all of them were functional. The total number of ICDS Centres in the state during 2003-04 was 11955, but only 10392 were functional. About 7000 additional AWCs were

sanctioned to the state under the Prime Minister's Special Package in 2004-05 and consequently the total number of sanctioned AWCs increased to 18772. Of these 18772 AWCs, 18043 were functional during 2006-07. Majority of the AWCs which were non functional were from Rajouri district. Currently the state is in the process of opening about 6000 more AWCs.

Staff structure

According to the guidelines; the ICDS team comprises of an Anganwadi Helpers (AWHs) and an Anganwadi Worker (AWW) at the Anganwadi level and Supervisors, Helpers to the Supervisors and the Child Development Project Officers (CDPOs) at the project level. In larger rural and tribal projects, the Assistant Child Development Project Officers (ACDPOs) are also part of the team.

The AWW is responsible for organising pre-school activities in the AWC for about 40 children in the age group 3-5 years, arranging supplementary nutrition feeding for the children in age group of 6 months to 5+ years expectant & the nursing mothers, providing health and nutrition education to the mothers, making home visits for the education of the parents, eliciting community support & participation, assisting the Primary Health Centre staff in the implementation of immunization, health check-up, referral services, family planning & health education programme, maintaining liaison with other institutions/agencies in her area. The AWW is assisted by a Helper, a local woman in organising supplementary nutrition feeding and non-formal pre-school education programmes at the AWC. The Supervisors are responsible to supervise the working of AWCs through regular field visits. They are also supposed to help and guide the AWWs in developing community contacts, maintain liaison with Child Development Project Officer (CDPO) and assist him in various tasks of project administration and implementation, maintenance of records, registers, etc.

The Medical Officers (MOs), the Lady Health Visitors (LHVs) and the Female Health Workers from nearby Primary Health Centres (PHCs) and Sub-Centres (SCs) form a team with ICDS functionaries to implement the ICDS programme. Table 5.5A and Table 5.5B showed the staff strength of ICDS project in Jammu and Kashmir and in

the selected districts during 2003-04 and 2006-07 respectively. Most of the important positions at the district and project level such as Programme Officer, CDPO and ACDPOs were existing. All the 9 positions of Programme Officers were in position at the time of survey. The Deputy Director Social Welfare, Jammu had been given the additional charge of the Programme Officer, Rajouri. Of the 141 positions of CDPOs, 16 were vacant. Similarly, more than one-fourth of the supervisors (236 out of 826) were lying vacant. Out of 18772 sanctioned positions of AWWs only 17417 were in position. Some of the ministerial positions were also vacant but one-third of the positions of Statistical Assistant and 10-20 percent positions of Section Officers, Head Assistants, Clerks and Orderlies were also vacant. So far as the staff strength at district level was concerned, Kupwara had acute shortage of CDPOs, Rajouri had acute shortage of Supervisors and Doda faced shortage of Clerks/Typists.

Recruitment

The guidelines envisage that all AWWs should be local people residing in the same area where AWC is located. It was observed that these guideline were followed, but since most the AWWs at the time of recruitment are young unmarried girls, however, once they get married, they migrated to the husband's village. The migration of the AWWs due to the marriage which resulted in the displacement of the AWWs. It was observed that some of the non-local AWWs used to commute to the centres from a distance of 5-50 kms. The CDPOs mentioned that most of the non-local Anganwadi workers belonged to highly rich and politically influential families. Under these circumstances, the CDPOs were not in a position to easily affect the accountability. The CDPOs also mentioned that AWWs got an honorarium of Rs. 1400 but had to spend around Rs. 300-400 on transportation. Besides, they consumed a lot of time on shuttling between their places of residence and places of postings. Consequently, it was not possible for them to do justice with their work.

So far as the recruitment of AWWs was concerned, the State Government had recently framed a recruitment policy for filling up of the posts of AWWs. However, earlier there was no clear-cut policy for the recruitment of the AWWs and in most of the cases, the selection of AWWs was mostly based on political and other considerations. Selection of AWHs was still based on political and other considerations. Regarding the

educational status of the staff of the AWCs, it was observed that 60 percent of AWWs had completed high school and another 30 percent had completed a higher secondary examination (Table 5.5C). The percentage of AWWs who had a higher secondary education was highest in Anantnag (50 percent) and lowest in Kupwara (10 percent). As far as the AWHs were concerned, two-third (67 percent) were literate, 3 percent were matriculate and another 30 percent were under matric. All the AWHs in Kupwara were illiterate; while half of the AWHs in Doda had completed middle schooling.

So far as the CDPOs were concerned, there were government guidelines that 50 percent of the posts would be filled in by State Public Service Commission through Combined Civil Services Examinations and remaining 50 percent through promotions. But in practice, posts of CDPOs were filled in by State Public Service Commission, departmental promotions and even people on deputation from other departments. A very common perception of the functionaries (POs and CDPOs) was that rules were not always adhered to in filling up the posts of the CDPOs and quite often technical competency level was compromised. Stop gap arrangements / own pay and grade (OPG) charge was delegated to non-ICDS people to fill up CDPO ranks. Some CDPOs also mentioned that a number of people without sufficient orientation had joined CDPO positions on deputation from other departments, leading to frustration and de-motivation amongst promotion aspirants.

Training

The ICDS guidelines have sufficient provisions for various types of training for different staff members of the ICDS. These includes; two months training course at National Institute of Public Administration and Child Development (NIPACD), New Delhi for ACDPOs and CDPOs; 3 months training course for Supervisors at Panchkula; for AWWs at AW Training Institute and 13 days training for the AWHs under project UDESHA at the individual project level. In addition to it, there was a provision for regular refresher training programmes for CDPOs at the Institute of Management and Public Administration, Jammu and Srinagar.

Information was collected regarding the training courses attended by the ICDS staff working in the selected districts. It was found that all the CDPOs and the Supervisors had attended the basic job on training courses. Besides, 73 percent of AWWs had also attended the basic ICDS training (Table 5.6). All the AWWs from Rajouri and 90 percent in Kupwara had participated in job on training courses, while only 20 percent of the AWWs of Doda district had received such training. Refresher courses were attended by 68 percent of the interviewed AWWs. In Rajouri district 20 percent had participated in refresher courses as compared to more than 70 percent in other districts. Though majority of the AWWs had attended either basic training or refresher courses but it was found that 35 percent of them were not satisfied with these courses. All the AWWs who were not satisfied with the training imparted to them belonged to the two districts of Kashmir valley included in the study.

Monitoring, supervision and support

A regular and planned monitoring, supervision and support is essential for effective delivery of the ICDS with provisions of mid way corrections. As per the guidelines envisaged under ICDS, the Supervisors are supposed to visit regularly each of the AWCs – at-least one visit every month to each AWC to support the AWWs with constructive approach to build their capacities and confidence. But due to inadequate supervisory staff in position, Supervisors had a huge workload. While one Supervisor was supposed to supervise the activities of 20 AWCs, but in practice a Supervisor sometimes had to supervise the activities of more than 60 AWCs. As a result, even if he/she spend one day of quality time at each of the AWC, chances are that the next visit to the same centre would be after 3 months only. The data collected during the survey suggested that the Supervisors and CDPOs did not uniformly visit all the Centres within their jurisdiction (Table 5.7). It was found that Supervisors had not visited 28 percent of the AWC's in the last three months, while 42 percent of the AWCs were visited by the Supervisors 1-3 times and another 30 percent of the AWCs were visited by them more than three times during the same period. Supervision was found to be the weakest in Rajouri while 70 percent of the AWCs were not at all visited by the Supervisor during the last 3 months and in Kupwara all the AWCs were visited at least once by the Supervisors during the reference period. The mean number of visits made

by ICDS Supervisors to the selected AWCs during the last three months worked out to be 2.2. The mean number of visits paid by a Supervisor to the selected AWCs was highest (4.2) in district Kupwara and lowest (0.7) in district Rajouri. All the AWWs were asked to report the nature of support they got from Supervisors. Multiple responses were received. It was mentioned by 15 percent of the AWWs (mostly from Rajouri) that Supervisors did not help/guide them at all. Sixty percent of the AWWs reported that the Supervisors enquires about supply of SN, 40 percent monitored other supplies, 48 percent guided them in the preparation of growth charts, and again 83 percent of AWWs reported that Supervisor helped them in record keeping. Thus, Supervisors not only monitored the activities of the AWCs but also provided supportive services to AWWs.

The CDPO as the leader and co-ordinator of the ICDS team has to supervise and guide the work of the Supervisors and the AWWs through periodical field visits and staff meetings. He has also to make necessary arrangements for obtaining, transporting, storing and distributing various supplies. The CDPO has to maintain liaison with block level medical staff, PHC/health staff and other project level functionaries and organisations. He is also required to act as the Convenor or Secretary of the Block/project level co-ordination committee. The CDPO also has to make efforts for obtaining local community's involvement and participation in implementing ICDS programme. He is responsible for preparing and despatching periodical reports to the concerned higher officials. The success of the working of the AWCs depends upon the effective Supervision of the supervisory staff and convergence with other schemes of related departments.

It was, however, observed that the CDPOs did not visit all the centres regularly. Among the selected AWCs, the CDPOs had not visited 55 percent of the AWCs in the state during the last three months (Table 5.7), and 3 AWC were visited three or more times by the CDPOs. Once again, supervision by CDPOs was found to be the poorest in Rajouri district. Nine out of 10 AWCs in Rajouri had not been visited at all by the CDPOs during the last three months. There is, therefore, a need to make it mandatory for the CDPOs to make regular visits to all the AWCs on some rationale than on selective basis.

The CDPOs and ICDS Supervisors mentioned that the main reasons for inadequate visits was insufficient transportation facility at the level of CDPOs and Supervisors. Although the CDPOs had the access to office vehicles, but there was insufficient provision of budget for fuel and maintenance. The Supervisors were required either to use the public transport or walk the distance on foot, which was impractical and wastage of time in districts like Doda and Rajouri, where walking distances were long, roads insecure and bus services were limited.

Officials of the other related departments were also supposed to visit the AWCs. It was found that the officials of departments of Education, Rural Development and Agriculture had not visited any of the AWCs during last three months preceding to the survey. Block Medical Officers (BMOs) also had not visited any of the selected AWCs during this period.

Infrastructure

An appropriate infrastructure is essential for effective delivery of services. The ICDS programme in Rajouri has one of the largest grass roots level networks amongst all the government departments in the district. The ICDS programme in the district was extended to all the community development blocks and covered a majority of the villages. As per the 2001 census, the total population of Jammu and Kashmir was little more than one crore and as such there was an AWC for every 545 persons. The comparable figures for Anantnag, Kupwara, Doda and Rajouri were 540, 444, 405 and 518 respectively. But Rajouri and Doda were among the most difficult terrain districts of the state and as such it was not possible for the children living in the remote and inaccessible areas to avail the ICDS services. Hence, there is a need to open more AWCs in the remote areas of these districts so that the ICDS services to the children living in the far-flung areas are made accessible at a walking distance.

Space

According to ICDS guidelines, the space for the AWCs was to be donated by the community at a central location, preferably near a primary school. The AWCs should provide sufficient space for indoor and outdoor activities and also separate space for kitchen, dinning and storage. However, in all the AWCs studied, it was noted that the

space was provided by the AWHs. It was rather one of the criteria that whosoever rovide space would be considered for the work of AWH. Consequently, both the quality of space and the locational aspects of the AWCs were compromised. Besides, there was no provision of rent for AWC in the district. Without rent, one cannot expect an appropriate space. Usually, it was seen that AWHs devote those room to the AWCs which were in poor condition. Regarding the status of the building for running of AWC, it was observed that only 28 percent of the AWCs were housed in pucca buildings (Table 5.8) while 45 percent of the AWCs were housed in semi-pucca houses and another 28 percent were in katcha houses which constitute a perpetual apprehension of danger to the life of the children. In Rajouri and Anantnag district 40-50 percent of the selected AWCs were located in katcha buildings while in Kupwara 70 percent were located in semi-pacca houses.

Kitchen is an integral part of the AWCs. However, 82 percent AWCs covered under the study had no separate space for cooking purpose as cooking for AWCs was done in the AWHs personal kitchen. In Kupwara, none of the AWCs had a separate kitchen. Other issues such as separate storage space, dinning and sufficient space for indoor and outdoor activities were also compromised. This was established by the fact that only 38 percent of the AWCs had separate space for storage, 55 percent had separate outdoor space for recreation and 53 percent had some sort of space for indoor activity (Table 5.9).

Due to lack of separate storage facilities in about 38 percent of the AWCs covered under the study reveals that many a times storage of various items such as utensils and records in addition to the personal belongings of the AWH occupies the main room pushing beneficiaries to a corner. Most areas of the districts included in the study witness low temperature during the winter. Delivery of services requires the beneficiaries to sit in the Centre for up-to 4 hours a day. The study found that 25 percent of the AWCs had no arrangement for heating. Consequently, the children got exposed to sever cold and viral infections like fever, cold etc.

Sanitation and hygiene

An AWC should ideally have a toilet/urinal and its surroundings should be clean and it should have proper sanitation. But the findings showed that 57 percent of the AWCs studied had no toilet or urination facility (Table 5.10). Only 15 percent of the AWCs had some flush based toilet and another 28 percent had pit toilets**.** Nine out of 10 AWCs in Rajouri had no toilet facility, while 60-70 percent of the surveyed AWCs in Doda and Kupwara had some sort of toilet facility. Availability of a toilet in the premises of the households does not automatically mean that children are allowed to use the toilets. AWWs mentioned that the owners of the buildings, where the flush toilets were available, discouraged the children to use these toilets compelling children to urinate/defecate in open spaces. Besides, wherever there were pit toilets almost all of them were found to be unhygienic. Another problem related to the space was the ventilation and lighting. As per the observations of the field teams**,** 33 percent of the AWCs studied were housed in structures, which had no appropriate ventilation and lighting (Table 5.10). In Kupwara district 10 percent of the AWCs had no proper ventilation while in Rajouri and Anantnag 50-60 percent of the AWCS had adequate ventilation.

Each and every AWC should use safe drinking water. However, it was found that safe drinking water facility was not available in all the AWCs studied. Only 50 percent of the AWCs studied had potable water supply and the remaining AWCs used water from hand pump/tube well (5 percent), dug well (15 percent), pond /tank (18 percent) and river/spring (13 percent). In Anantnag and Kupwara 70 percent of the AWCs had piped water while the main source of drinking water in AWCs in Doda was found to be Water Tanks. It was, however, found that majority of the AWWs used to store drinking water properly. Only 3 percent of the AWCs stored water in open vessels. Sixty percent of the AWWs mentioned that they used covered vessel to store drinking water. Only 35 percent of the AWWs used boiled water for drinking. This percentage was highest in Kupwara (80 percent) and lowest in Anantnag (10 percent).

The Field Investigators also assessed the cleanliness of AWCs, including utensils for food preparation and food distribution. It was observed that the utensils used for the

preparation of food were generally clean in almost 95 percent of the AWCs studied. All the AWCs who had containers for storage of water were also found to be very clean.

Location

As per guidelines, the AWCs should be located at a central place and most preferably close to a primary school. It was noticed that this guideline was rarely been followed, because AWCs did not have independent buildings and the AWHs had provided the accommodation facility free of rent. The study found that the selection of AWH was influenced by political interference. Hence, in some cases (18 percent), it resulted in the location of the AWC at a place, which was at a considerable distance from the centre of the village (Table 5.11). In Doda district only 40 percent of the AWCs were found to be located at a central place, while in Anantnag and Kupwara districts 30 percent were not located at a central place

Any service of the kind of the ICDS should inform its target beneficiary of the services it delivers and its responsibilities, ideally on a sign board outside its premises to increase the awareness of community. It was found that the sign boards establishing the presence of the AWCs were not fixed in 38 percent of AWCs at the time of survey. Anantnag had the highest proportion of AWCs without sign boards, followed by Kupwara and Rajouri.

Other material resources at the AWC

For efficient and effective functioning the AWC needs a minimum level of basic infrastructure and equipments viz. table, chair, weighing scale, cooking vessels, serving utensils and mats, etc. The survey team observed that basic equipments and learning aids were mostly available in the AWCs. Majority of the AWCs had adequate weighing scales, cooking utensils, vessels for storing food items and posters and charts. But toys/models were found to be available in only 33 percent of the AWCS. Furniture and furnishing items like chairs, tables/low wooden choki, Almirah/box and mats were inadequate in most of the centres. Medicine kits, Bathroom equipment and utensils for serving were either not available or were inadequate (if available) in most of the AWCs (Table 5.12). Anantnag and Kupwara districts had shortage of furniture, weighing

machines, utensils for serving, medicine kits, learning aids and sanitary items. While Doda was also facing the shortage of furniture items, toys and sanitary items; Rajouri had inadequate furniture, learning aids, medicine kits and sanitary items.

Communication

Timely and regular communication among staff within the department was essential to make the programme coherent and effective. Similarly, inter-departmental communication was also essential for effective coordination among the departments. Though telephone facilities were available in all the district offices but such a facility was not available in any of the Project. Almost all of the CDPOs considered communication facilities to be less than satisfactory. Hence, there was a need to provide telephone facilities to all the project offices.

Monthly meetings are another mode of communication between the POs, CDPOs, officials of other departments and AWWs is. Regular monthly meetings take place at the district and Project level for the purpose of coordination between different departments. However, action points agreed in such meetings were not always followed up. Thus, while coordination mechanism was in place at the district and project level but it largely remained ineffective for want of timely action by concerned departments. Monthly meetings of the AWWs take place regularly at the project office. AWWs submit the monthly progress reports in the monthly meeting and CDPOs and Supervisors interact with the AWWs. But most of the AWWs pointed out that these meetings had become a formality and did not serve any purpose. Thus, there was a need to make these meetings more interactive and meaningful.

Maintenance of records

During the field survey, the team was instructed to observe to verify the maintenance of records, registers and other activities of the AWCs. The information collected revealed that the information contained in the live registers and records pertaining to supply and distribution of Supplementary Nutrition was accurate in 84 percent of AWCs. Such a percentage varied between 80 percent in Anantnag and Kupwara districts to 90 percent in Rajouri district. But information pertaining to the attendance of the children was found to be grossly inaccurate in all the AWCs visited by the team. For

example some of the AWCs had marked all the children present for all the working days in the month of survey, despite the fact that the month had not yet ended.

Timing of the AWCs

The AWCs are supposed to remain open for about 4 hours a day. During this period, the Centre has to perform a number of activities. Therefore, the information was collected from the AWWs regarding the average time spent on each activity every day. The data presented in Table 5.13 showed that, mean time spent on preparation of the SN was 43 minutes, on serving food and feeding of the children per day was 44 minutes, mean time spent on cleaning the utensils was 21 minutes and on PSE was 53 minutes by the AWCs. Further, mean time spent per day on updating records was 36 minutes by each AWC. The average time spent on various activities varied greatly between the districts but the average time an AWC remained open was almost the same in all the districts. Thus, as per the information provided by the AWWs, the AWCs function for a period of about four hours. But the information collected from the most of the respondents revealed that the AWWs usually open AWC at around 11' O clock and the helpers also start preparation of SN at around 11. O clock. The SN was served at around 12' O clock and after this children go back to their homes. Thus, the AWCs were open for about 2 hours only.

The AWWs reported that AWCs usually remain closed only during the holidays. However, information gathered from the mothers of the beneficiaries revealed that AWCs did not function regularly. They mentioned that once the nutrition material exhausted, the parents stop sending their children to AWCs and AWWs consequently prefer to come a bit late and leave early.

Observations on ICDS services

The AWC is a point, where firstly demand is created and then services are delivered. The observations of the team on both these aspects are given below:-

(a) Creating a demand and mobilization of community support

In order to enhance the outreach of the ICDS services, particularly to the disadvantaged groups and ensure their better utilization, the AWWs were expected to mobilize support

from the community. The AWW was expected to create a demand of the services by generating awareness on services provided under the ICDS programme and its importance. The demand could be created only if the eligible children were selected and enrolled at the AWCs.

The beneficiaries for the supplementary feeding were to be selected very carefully so as to ensure coverage of the neediest and the malnourished children of the age of 6 months to 3 years. At the time of survey, the practice was to provide SNP to 20 children, 3 pregnant women and 2 nursing mothers from amongst all the BPL families. The selection of these 25 beneficiaries was solely determined by the AWW and no standard criterion was being followed for the selection of the beneficiaries. Consequently, even children from the economically well off families had also been enrolled at the AWC. Though the AWWs mentioned that only the children belonging to the poor families, landless families or economically and socially weaker sections were enrolled for Supplementary Nutrition, but each AWW had his own criterion of defining poverty. The beneficiary mothers also mentioned that the poverty criterion was not always followed to select the children for providing SN, instead, mostly the selection depended more on the location of the AWCs and the personal contacts of the AWH and AWW.

The age-wise distribution of the surveyed children at the time of registration at AWC showed that all the children were registered in the AWCs when they were less than 72 months of age group. Table 5.14 showed that 40 percent of the children were registered when they were in the age group of 1-12 months, 32 percent were registered in the age group of 13-36 months and the remaining 28 percent were enrolled between age group of 37-72 months. Thus, the age criterion was strictly followed for the selection of beneficiary children. However, the economic criterion was not strictly followed, as 17 percent of the selected children belonged to well off families. This percentage is 28 percent in Anantnag and 6 percent in Doda. The study also found that three fourth of the children belonged to non Scheduled Caste/Scheduled Tribe families. Besides, preference was generally given to the households located in the close vicinity of the AWC as 83 percent of the beneficiary households were located within a distance of 100 meters from the AWCs. In Anantnag and Kupwara districts, 10 percent of the children were from families who were

in and around the AWCs. Further, it was observed that 53 percent of parents sent their children to AWCs for getting food and education, 15 percent sent their wards for education only and 30 percent mentioned that their children were attending AWCs for food only. Though there were significant differences in the reasons for sending children to AWCs by districts but barring Rajouri in all other districts more than 80 percent of the families were sending their children to AWCs mainly for Supplementary Nutrition. It appears that AWWs had not made concrete efforts to disseminate the information about various other important services available at the AWCs.

The study also found that a large number of AWWs, have not mobilized any effective support for the ICDS. The AWWs are supposed to visit the households and sensitize them about the objectives of the AWCs and motivate them to participate in the functioning of the AWCs. But it was found that AWWs were hesitant to involve the community in the functioning of the AWCs because they apprehended that they (community members) would unnecessarily interfere in their working. Parents of the children, on the other hand mentioned that they were willing to provide their full support to the AWWs in the smooth functioning of the AWCs but the problem was that the AWWs had never encouraged such participation. Therefore, the community members were not even aware of the full range of services available at the AWCs.

Another issue related to the creation of the demand for services was the inadequate and irregular supplies to the AWCs. Most of the respondents opined that once the supplies exhausted, the AWCs virtually close down and they stop sending their children to the AWCs. Thus, the larger proportion of the community generally perceived the AWCs only as *"Dal Centres",* providing only Supplementary Nutrition.

It was observed that the reasons for such a situation were: (a) low level of commitment and skills of the AWWs towards their job, (b) non local AWW, affects sincere/serious effort on their part, (c) insufficient level of support received by the AWWs from the Supervisors, who had to supervise a large number of AWCs to cover, (d) irregular supply of nutrition, (e) lack of the IEC material and (f) low status and profile of the AWC as perceived by the communities as well as the AWWs themselves in comparison to other employees of the department.

(b) Delivering the Services

Health check-ups

According to the mandate of the ICDS, the health check-ups should include health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The health services provided for children by AWWs and PHC/SC staffs should include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc. At the AWCs, children, adolescent girls, pregnant women and nursing mothers should be examined at regular intervals by the Lady Health Visitor (LHV) and Auxiliary Nurse Midwife (ANM). They should also diagnose minor ailments and distribute necessary medicines among them. They should act as a link between the villages and the PHC/SC. Maternal and child health facilities should be geared towards providing adequate medical care during pregnancy, at the time of childbirth and also post-partum care. These services should also aim at promoting safe motherhood, healthy child development – reducing maternal and infant mortality. Immunization of pregnant women and infant protects children from six vaccine preventable diseases viz., Poliomyelitis, diphtheria, pertuses, tetanus, tuberculosis and measles.

The primary role of AWW is to survey and identify women and children for these services and gather the identified people during the visits of the ANMs and LHVs for health check ups. AWWs are also expected to coordinate with the ANMs and LHVs of the PHCs and SCs. It was, however, observed that ANMs and LHVs, were not located in the vicinity of the AWCs and they did not visit the AWCs. Even if they visited, these visits were irregular. This was substantiated by the fact that health check ups were not conducted by the ANMs/LHVs in any of the AWCs under study. In fact, ANMs had not visited 68 percent of the AWCs for health check ups during the last three months. Similarly, Lady Health Visitors (LHVs) and Medical Officers (MOs) had not paid any visit to 85 percent of the AWCs (Table 5.15). The situation was more alarming in Rajouri while none of these health officials had visited 80 percent of the AWCs. Thus, the health check-up were not a regular feature of the AWCs primarily because of poor coordination between the ICDS functionaries and the Health Department.

AWWs are also supposed to visit the households for health education and motivate them to utilize maternal and child health services. It was found that AWWs had visited only about three fourth (72 percent) of the households during the last three months with little variation among the districts (Table 5.16). It was mentioned by the respondents that AWWs generally visit them either at the time of special health campaigns like Pulse Polio Campaign, Family Health Awareness campaign or when to conduct household surveys.

An important objective of the this study was to provide information on the usage of safe motherhood services and the role played by the AWWs in facilitating these services to women. It was found that only 70 percent of the women had utilized Antenatal care services during their last pregnancy (Table 5.17). Percentage of women who had availed ANC service was very low in Rajouri and Kupwara. AWWs are supposed to motivate and register pregnant women for ANC services. It was found that majority of the women (32 percent) were motivated by the AWWs to avail ANC services at the time of last pregnancy, 14 percent were advised by ANM and 11 percent were advised by the family members to register for ANC services. Further 6 percent were not advised by anybody to utilize the ANC services but availed the facility on their own effort. AWWs had played an important role in motivating pregnant women to utilize ANC services during pregnancy in Doda district and had played a complimentary role in other districts (Table 5.17).

The effectiveness of antenatal check-ups in ensuring safe motherhood depends both the tests and measurements done and the advice given during the check-ups. During the survey information on this important aspect of antenatal care was collected by asking mothers (who availed ANC services) if they had received each of several components of antenatal check-ups during their last pregnancy. Table 5.17 presents the percentage of women, who received specific components of antenatal check-ups. Seventy seven percent of the women who availed ANC services had received tetanus toxoid injections during last pregnancy and blood pressure of women during pregnancy was checked in case of 66 percent of women. Similarly, iron folic tablets were supplied to 70 percent and weight was monitored in case of 55 percent of pregnant women. The utilization of each of

these services was higher in Anantnag and Kupwara districts compared to Doda and Rajouri districts.

AWWs are also supposed to impart pregnancy care information to women during pregnancy. Only 43 percent of women during their last pregnancy were advised by the AWWs to take special care during pregnancy. Higher proportion of women in Doda (86 percent) and Anantnag district (58 percent) were given such advice. As far as the nature of advice was concerned, 37 percent of women were advised to eat more food than usual, 27 percent were advised to take green leafy vegetables and 10 percent each were advised to take more rest and avoid stress-full work. Surprisingly very few women were advised by the AWWs to deliver their babies in a health facility.

Women who had delivered during the last three years were further asked about the place of delivery of the last child. It was found that 58 percent of the women had delivered their last child at home and the remaining 43 percent had delivered in a health institution. All the women who were advised by an AWW to deliver in a health facility had in fact delivered in a health institution. Proportion of women who had delivered in a health institution in Anantnag, Kupwara, Doda and Rajouri was 46 percent, 44 percent, 42 percent and 38 percent respectively.

Post partum care is an important component of post natal services and AWWs are supposed to visit the women at home and advise them to seek post partum care. But more than 50 percent of the women were not visited by any one for post partum services. In fact, 82 percent of women in Rajouri and 66 percent of women in Kupwara were not provided such services. It was found that only 28 percent of women were visited by the AWWs after the delivery, enquired about their health conditions and also advised them to visit a health facility to seek post partum care. ANM/LHVs had also visited 19 percent of the interviewed women for post partum services (Table 5.18). Thus, it was observed that AWWs had played some role in motivating women to visit a health facility for post partum care.

AWWs are also supposed to motivate women to use family planning methods. Information regarding the current use of family planning methods was collected from the women and it was found that only 40 percent of the interviewed women were using any modern method of family planning in J&K. National Family Health Survey conducted in the State during 1999 had also shown that 40 percent of couples in the state are using a modern method of family planning. Thirteen percent were using female sterilization, 10 percent were using IUD, 11 percent oral pills and 6 percent condoms. So far as the use of family planning in the four selected districts is concerned, only 24 percent of the women in Rajouri were using a method of family planning as compared to 36 percent in Anantnag, 44 percent in Kupwara and 56 percent in Doda. Of the women who were using a method of contraception, one third were motivated both by the Health Workers and their husband to use family planning while another 20 percent were motivated by AWWs. Thus, it was observed that AWWs did complement the health department in motivating couples to accept family planning methods (Table 5.19)**.** AWWs had played a limited role in motivating women to plan their families in the districts of Anantnag and Rajouri.

Immunization

National prophylaxis programme for prevention of blindness caused by deficiency of vitamin A, and control of nutritional anemia among mothers and children are two direct nutrition interventions integrated in ICDS. For dietary promotion the food rich in vitamin A, iron, folic acid and vitamin C should be an important part of nutrition and health education. At nine months of age, 100,000 IU of vitamin A solution should be administered to infants along with immunization against measles. Children in the age group of 1-5 years should receive 200,000 IU of vitamin A solution every six months, with priority given to children under three years of age. Tablets of iron and folic acid should be administered to expectant mothers for prophylaxis and treatment and to anemic children. The usage of only iodized salt should be promoted, especially in the food supplement provided towards preventing iodine deficiency disorders.

Immunization of pregnant women against tetanus reduces maternal and neonatal mortality. The PHC and its subordinate health infrastructure have to carry out immunization of infants and expectant mothers as per the national immunization

schedule. Children are also to be given booster doses of various vaccinations. The AWWs are required to assist the health functionaries in the coverage of the target population for immunization. They are also required to help in the organization of fixed day immunization sessions, maintain immunization records of ICDS beneficiaries and resort to follow up action to ensure full coverage. In order to enhance the reach of these services, particularly to the disadvantaged groups and ensure their better utilization, AWWs have to mobilize support from the community. AWWs are also required to survey families in the community to identify pregnant and nursing mothers, adolescent girls and children below six years of age from the low income families and deprived sections of the society to ensure early registration of pregnant women leading to better utilization of key health services, as well as better care and counseling for improved maternal nutrition. It also promotes a healthy prenatal and postnatal environment of the young child, to reduce the incidence of low birth weight thereby promoting child survival and development. During the survey, it was found that AWCs did not provide immunisation to the children. On the contrary the AWW advise the parents of the children to get their children immunised from the nearest health centres. In some of the AWC, the local ANM/Health worker also visited the AWCs for immunisation.

Information regarding the immunization of children was collected both from the AWC records as well as from the beneficiary households. The immunization records maintained by the AWCs showed that almost all the children registered with the AWCs have received all the recommended doses of vaccination. On the contrary, the information collected from the beneficiary households revealed that 89 percent of the children had received BCG, 91 percent had received all the three doses of DPT and Polio (Table 5.20). Measles vaccine was received by 74 percent of the children. Except for 3 children, all other children were administered polio drops under pulse polio campaign. Hepatitis-B vaccine was not received by 90 percent of the children. Coverage pf immunization was comparatively less in Doda and Kupwara districts compared to Anantnag and Rajouri districts.

It was, therefore, observed that although immunization was taking place to a great extent, but there was still scope for more work that needs to be done to ensure

universal immunization of children. The constraints in completing regular immunization for the entire target group include:

a) Less than satisfactory coordination between the ANMs and LHVs
b) Less efforts in educating the community about the importance of immunization and
c) Insufficient provisions of material resources such as immunization cards and registers at the AWCs.

Referral services

As per guidelines of the ICDS programme, AWWs are required to identify sick and malnourished children and refer them to appropriate Health Care Centre. Besides, children and women in need of prompt medical attention are to be provided referral services through ICDS. Therefore, the AWWs are also required to detect disabilities in young children and pregnant & lactating women. They are supposed to enlist all such cases in a special register and refer them to the appropriate Health Centre. The effectiveness of these services depends on timely action, cooperation from health functionaries and willingness of families to avail such services.

AWWs mentioned that they did not refer the children to a nearby facility but advise the parents of the children to visit a health facility in case they detected any problem among the enrolled children. The AWWs also mentioned that they also lack sufficient skills in detecting disabilities among women and children. Other reasons for this situation were non-availability of referral forms and inefficient supervision.

Medical kit

As per the provision of the ICDS guidelines, each and every AWC should have a medical kit containing essential drugs and first aid items. But, it was found that the medical kits were generally provided once a year and the quantity of drugs and other items supplied to the AWCs was insufficient and lasted for one or two months only. Therefore, the AWCs had to function without the basic medicines and medical kits for most part of the year. All the mothers also mentioned that they had never received any medicines or first aid from the AWCs.

Supplementary nutrition

Supplementary Nutrition includes supplementary feeding, growth monitoring and promotion, nutrition and health education, and prophylaxis against vitamin A deficiency and control of nutritional anemia. The observations on these services are given below:

Supplementary feeding

The primary objective of the ICDS is to provide supplementary nutrition to the beneficiary children. Supplementary nutrition means identifying and fulfilling the deficiencies of calories, proteins, minerals and vitamins in the existing diets, avoiding cut-backs in the family diet, and taking other measures for nutritional rehabilitation. As per the guidelines, the state government is supposed to provide funds for supplementary nutrition. As per norms under guidelines each AWC is required to cover 102 beneficiaries comprising of 80 children, 20 lactating and pregnant women and 2 adolescent girls. Each beneficiary should receive 300 calories, 8 to 10 gms of proteins for 300 days in a year. The Govt. of India under PMGY has also kept a mandatory provision of 15 percent of the total allocation for additional nutrition for the children in the age group of 0-3 years. The funds under PMGY are released through Planning and Development Department as additional central assistance. The supplementary nutrition component of ICDS and nutrition component of PMGY are too mutually exclusively components. One is meant to provide nutrition supplement to the children in the age group of 6 months to 6 years, lactating mothers and pregnant women, while the second is meant for additional dose of nutrition for the children in the age group of 0-3 years only.

The guidelines of the ICDS programme envisage that, all families of the community should be surveyed to identify low income families, deprived children below the age of six, pregnant and nursing mothers and adolescent girls. These identified groups should be provided supplementary feeding support for 300 days in a year. By providing supplementary feeding, the AWCs attempt to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities. This pattern of feeding aims only at supplementing and not substituting for family food. It also provides an opportunity for the AWWs to

have interaction with pregnant women, mothers of children, infants and young children to promote improved behavioral actions for the care of pregnant women and young children. The type of food varies, but usually it should consist of a hot meal cooked at the AWCs, containing a varied combination of pulses, cereals, oil and sugar/ iodized salt. There should be some flexibility in the selection of food items to respond to local needs.

However, it was observed that there was a single ration for different target groups such as children, pregnant women and nursing mothers, which was not in accordance with the ICDS guidelines. Similarly, there should ideally be provisions of double ration for malnourished children, but it was observed that there was no such practice in the district as no child received double diet, despite of the fact that few AWWs mentioned that certain children were suffering from malnutrition.

The AWWs mentioned that they get supplies, which last for 3-4 months only. Once the supplies exhaust, the children stop coming to the AWCs and AWCs get virtually closed. The respondents were asked to report whether their children had received any SN from the AWCs in the last month. Since most of the AWCs had recently received supplies therefore, supplies were available in all the selected Centres. But only 83 percent children had received SN from the AWCs in the last month (Table 5.21). This percentage was very low (50 percent) in Rajouri district and almost universal in Anantnag and Doda districts.

All the mothers mentioned that SN was not provided to their children regularly. They however, mentioned that whenever supply of nutrition items were available at the AWCs, their children get SN. But the problem was that AWCs did not get enough nutrition to last for about 300 days. Mothers mentioned that on an average AWCs provided SN for 100 days a year. The AWWs also mentioned that due to inadequate supplies they were not in a position to provide SN for recommended 210 days. All the AWCs had a uniform weekly schedule for providing SN to the beneficiaries. The AWWs mentioned that they followed this schedule strictly when nutritional items were available.

All the AWWs also mentioned that it is not only the inadequate nutrition that affects the provision of nutrition but inadequacy of other material resource such as utensils, functional stoves and cooking fuel also contribute to it. The AWWs mentioned that sometimes they were unable to prepare SN, either because the stove was not in working order or the fuel was not available. The supplementary nutrition was distributed in the utensils of the AWCs. SN was generally consumed at the AWCs. Only, the physically challenged and sick children were allowed to take home SN. Mothers were also asked to mention whether they were satisfied with the various nutritional items provided at the AWCs. It was a general perception among mothers that children did not like Nutri Pulao. Further, Halwa was not appreciated during winters for reason of potential throat infection. Therefore, it was required that the SN provided should have sensitivity to local taste and seasons

Quality of nutritional items

As mentioned earlier the procurement of supplies is centralized. There is a State Level Committee which is responsible for the procurement of the supplies. Quality of supplies is also monitored by this committee. Mothers of the children were asked to mention whether they were satisfied with the quality of food supplements received by their children. Almost all the respondents (98 percent) were satisfied with the quality of SN received by their children from the AWCs.

AWWs mentioned that the supplies of different items were irregular and it generally supplied in bulk for which there was an insufficient storage facility both at project and AWC level. Since most of the AWCs were not having adequate storage facility, it affected the quality of the items when these were used after a certain period. For example Suji and rice used to get infested with insects in the absence of proper and adequate storage facility.

Impact of supplies on the functioning of the AWCs

All the AWWs were asked to mention the impact of the inadequate and irregular supplies on the functioning of the AWCs (Table 5.22). It was mentioned by only 15 percent of the AWW that, there was no effect on the functioning of AWC due to the irregular supply of the SN, while 45 percent reported that due to the irregular supply of SN AWCs

remained closed. Forty percent mentioned that AWCs experienced drop in the attendance of children. Non-availability of the fuel also disturbed the functioning of the AWCs. Eighteen percent of the AWWs mentioned that they faced criticism from the public and another 10 percent reported that there was sharp drop in attendance due to the non availability of fuel. However, 50 percent of the AWWs mentioned that there was no effect due to the shortage of the fuel. Thus, non availability of nutritional supplies and fuel badly affected the functioning of the AWCs.

Growth monitoring and promotion

Growth monitoring and nutrition status surveillance were two important activities which were required to be undertaken under ICDS. Both are important for assessing the impact of health and nutrition related services and enabling communities to improve the same. As per guidelines, the children below the age of three years should be weighed once in a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards should be maintained for all children below six years. This helps to detect both growth faltering and also in assessing nutritional status. Through discussion and counseling, growth monitoring should increase the participation and capability of mothers in understanding and improving childcare and feeding practices for promoting child growth and development. It should help families understand better linkage between dietary intakes, health care, safe drinking water and environmental sanitation and child growth. Identified severely malnourished children (those placed in grade TII and IB) should be given special supplementary feeding which may be therapeutic in nature or just double ration and are also referred to Health Centres. Further, the concept of community based nutrition surveillance should also be introduced in ICDS. A community chart for nutritional status monitoring should be maintained at each AWC. This chart should reflect the nutritional status of all children registered with the AWC at any given point of time. This should help the community in understanding the nutritional status of its children, reasons for malnutrition and what should be done to improve the same. This helps to mobilize community support in promoting and enabling better childcare practice, contributing to local resources and improving service delivery and utilization

The AWWs mentioned that they weighed the children at least once a month but this was not substantiated from the responses of the mothers of the beneficiaries. It was mentioned by one fourth of the women that they did not know whether the growth of their children were monitored or not and another 37 percent clearly mentioned that their children were not weighed. Thus, growth monitoring was done only for 40 percent of the children (Table 5.23). Growth monitoring was comparatively better in Doda than in other districts. AWWs were supposed to prepare the growth monitoring charts of the children. In fact all the AWWs mentioned that they were preparing the growth charts but 88 percent of mothers in the state expressed that AWWs had never shown or discussed these growth monitoring charts with the parents of the children, which indicated that the AWWs did not regularly prepare growth charts of the children. Though there was not much variation on this account among the four districts but higher proportion of mothers from Anantnag and Rajouri (94-96 percent) mentioned that they had never seen growth charts of their children compared to 86 percent in Doda and 76 percent in Kupwara. The AWWs were also supposed to identify severely malnourished children and maintain separate registers for malnourished children. But it could not be verified from the AWCs whether such activity was undertaken by the AWWs. However, the AWWs mentioned that only single diet was provided to each beneficiary irrespective of the nutritional status, therefore, identification of severely malnourished children or pregnant/lactating women was of no use.

Nutrition and health education

The Nutrition and Health Education (NHE) component of the ICDS scheme aims at effective communication of certain basic health and nutrition messages with the objective to enhance the mother’s awareness of the child's needs and her capacity to look after these within the family environment. Nutrition and health education is required to be given to all women in the age group of 15-44 years and other members of the family. This has the long term goal of capacity building of women so that they can look after their own as well as that of their children and families health, nutrition and development needs. NHE is comprised of basic health, nutrition and development information related to childcare and development, infant-feeding practices, utilization of health services, management of childhood diseases, family planning and environmental sanitation. Community

education is to be imparted through counseling sessions, home visits and demonstrations. AWWs are supposed to use fixed day immunization sessions, child protection days, growth monitoring days, small group meetings of mothers, community and home visits, village contact drives and women's group meetings, local festivals/gatherings for nutrition, health and developmental education. All efforts are to be made to reach out to women, including pregnant women and nursing mothers, to promote improved behavioral actions for care of pregnant women, young children and adolescent girls at household and community levels and to improve service utilization. Sustained support and guidance has to be provided during the entire span of pregnancy and early childhood to mothers/ families of young children, building upon local knowledge, attitude and practice. This helps in promoting early childhood care for survival, growth, development and protection of the child as well as of the mother.

All the AWWs mentioned that they regularly visit the households to impart health and nutrition education to women and also arrange their monthly meetings, but the information collected from the respondents revealed that all the women were not provided NHE by AWWs. It was found that NHE was restricted to the women in the close vicinity of the AWCs. AWWs had just visited 45 percent of the households during the last three months to impart health education (Table 5.24). Higher proportion (60 percent) of women in the two districts of Jammu division had been visited by the AWW for NHE compared to 24 percent in Anantnag and 36 percent in Kupwara. Mothers meetings were also not a regular feature of the AWCs. Only 25 percent of the women mentioned that mothers meeting were held regularly. The situation on this account was somewhat better in Anantnag than in other districts. Not only the meetings were irregular but even if these were organised; women also did not attend these meetings regularly. Of the women who mentioned that women's meetings were held in their AWCs, only 30 percent had attended these meetings regularly and remaining 70 percent of the women had occasionally attended these meetings. None of the respondents from Doda and Rajouri were found to be regular in attending these meetings. Those who had attended these meetings were further asked to mention the topics discussed in the last mothers meeting and multiple responses were recorded. The information collected revealed that main topics discussed in the last meeting were activities of the child at AWC (73 percent), promoting growth of

child (43 percent), supplementary nutrition (31 percent), management of diarrhoea (24 percent) and child's disabilities (12 percent). Discussions on growth promotion of children and their better nutrition was a neglected area in almost all the districts. Thus, the health education component of the ICDS services was found to be very weak.

Since, diarrhoea is the main cause of infant mortality, hence, AWWs were supposed to impart knowledge to the mothers about the management of diarrhoea among children. In this context a series of questions were asked to mothers and the responses are presented in Table 5.25**.** All the women were asked to report whether they had heard of a product called Oral Rehydration Salts (ORS). Only 43 percent mothers of the selected children had heard about ORS. Fifty four percent of women in Doda and 42 percent of women in Rajouri district had heard of this product in comparison to only 38 percent of women in the two districts of Kashmir valley. Women had heard about ORS from a variety of sources. Majority of the women had heard about ORS either from a health worker or from electronic media (49 percent and 45 percent respectively). AWWs were also mentioned as a source of knowledge by 27 percent of the women. Thus, AWWs have played some role in disseminating information about ORS. The AWWs were also mentioned as a source of knowledge about ORS by more than one-third of women in Anantnag and Rajouri districts and by only 16 percent in the remaining two districts. Women were also asked to report the type of treatment used by them for the management of the last episode of diarrhoea among children. Sixty three percent of the women had consulted health personnel who prescribed some medicines. Another one-third of women had also given ORS and 12 percent had used home made salt/sugar solution or other home made fluids for the treatment of the sickness. Higher proportion of children with diarrhoea in Doda district were treated with ORS than in another districts. It was also found that women generally preferred a health facility than AWCs for the treatment/management of diarrhoea of children. This is established by the fact that only 32 percent of the women had consulted an AWW for the treatment of diarrhoea. Women also had a lot of misconceptions regarding the feeding practices to be followed when their children were sick with diarrhoea. Thirty nine percent of the women opined that breastfeeding should be decreased during the diarrhoea and 13 percent said it should be stopped and 41 percent mentioned that its frequency should not be changed. Similarly, 42 percent mentioned that

semi solid /solid foods should be decreased to the child when he/she had diarrhoea and 23 percent believed that amount and frequency of semi solid foods should not be changed in case a child has diarrhoea. A substantial proportion also reported that breastfeeding, bottle feeding and semi solid foods should be totally stopped during diarrhoea. Thus, it was noticed that even some of the mothers who were in contact with the AWWs did not have full information regarding the management of the diarrhoea. Misconceptions about feeding practices during diarrhoea were common in all the four districts.

The AWWs are also supposed to educate women about breast feeding and other related issues to breast feeding etc.like colostrums feeding, correct posture during breast feeding, nipple hygiene, frequency of breast feeding etc. Only 32 percent of women were guided by the AWWs regarding the breastfeeding practices to be followed. Of these women 61 percent had informed by AWWs about colostrums feeding, 70 percent about exclusive breast feeding up-to 4 months, 61 percent regarding correct postures during breast feeding, 66 percent nipple hygiene and 61 percent regarding frequency of breast feeding (Table 5.25). Thus, it appears that majority of the women who were in contact with the AWWs, had the information regarding breast feeding and other issues related to it.

Early childhood care and pre-school education (ECCPSE)

Early childhood care and Pre-school education (ECCPSE) is very crucial component of the package of services envisaged under ICDS as it seeks to lay the foundation for proper physical, psychological, cognitive and social development of the child. Non-formal education is to be imparted to children in the age group 3 to 5+ at the AWCs. PSE should also be the most joyful daily activity, visibly sustained for three hours a day. The Early Childhood Care and Pre-school Education programme, conducted through the medium of play, should aim at providing a learning environment for promotion of social, emotional, cognitive, physical and aesthetic development of the child. The early learning component of the ICDS should involve significant inputs for providing a sound foundation for cumulative lifelong learning and development.

Children of the age of 3-5 years are required to be imparted non formal pre-school education in AWCs. Emphasis is not on imparting formal learning, but for developing desirable attitudes, values and behaviour patterns of children. There should be no rigidity

about the curriculum or learning procedure and the young child should be encouraged and stimulated to grow at his/her own pace. For organising play and creative activities, emphasis should be on the increasing use of inexpensive locally produced materials and toys. Children should also be encouraged to make and develop their own play material. Attempts need also be made to link the AWCs with the elementary schools so that children move from the AWC to the school with the necessary emotional and mental preparation.

Though the available records at the AWCs indicated that they impart PSE to all the enrolled children through out the year, but on the basis of qualitative data collected and personal observations of the interviewers, it was observed that the PSE was imparted only when the SN was available in the AWCs. The parents mentioned that they send their children to AWCs, but the problem was that once the SN gets exhausted, the AWCs also stop imparting PSE to the children. Besides, few mothers mentioned that a number of private nursery schools have mushroomed in the villages during the recent years and parents prefer private schools over AWCs for giving better education to their children.

Notwithstanding the fact that PSE was irregular, but it had a positive impact on the mental development of the children. Sixty six percent of the women reported that their children were able to read simple words (Table 5.26). Again 56 percent of the children could count numbers, one-third could write alphabets/word and distinguish colours and 35 percent could distinguish objects. Besides, two-third of the children used to describe the activities of AWC at home. Higher proportion of mothers from Kupwara and Doda mentioned that their children were in a position to read simple words and count numbers. The observations of the study team on this component of the ICDS suggest that PSE was not being delivered in most of the AWCs regularly. AWWs gave multiple reasons for irregular PSE. Some of reasons mentioned by the AWWs were: insufficient provision of teaching aids; poor accommodation without matting; lack conceptual understanding of play-way methods; poor coordination between the AWCs and the local primary schools; etc.

Perception of beneficiary households on functioning of AWCs

All the mothers were asked whether they felt satisfied with the overall working of the AWCs. It was found that 83 percent of the beneficiaries were not satisfied with the working of the AWCs (Table 5.27). Though satisfaction level was highest in Rajouri district but even in this district too, 78 percent were not satisfied with the overall working of AWCs. Beneficiaries generally perceived AWCs as *'Dal Centres'* and had not a good image about these Centres.

Information was also collected on the views of respondents regarding the perceptions of the services rendered by the AWWs and the data on responses are presented in Table 5.27. The data reveals that about 90 percent of the households were satisfied with the timing of the AWCs and with the behaviour of the AWWs. Similarly, 91 percent of the women expressed that the information provided by the AWWs was very useful. In Kupwara district, however, 24 percent of the women expressed that information provided by the AWWs was not at all useful. Local participation in running the AWCs was, however, found to be non-existent. This was substantiated by the fact that 84 percent of the women mentioned not to have participated in the functioning of the AWCs. In Kupwara district not a single women had participated in the functioning of the AWCs. The main reasons for non participation in the activities of the AWCs were that AWWs did not solicit the cooperation of the parents of the children in managing the activities of the AWCs. They did not encourage participation of the parents in the functioning of the AWCs

The respondents gave a number of suggestions to improve the services of the AWCs. Almost all the respondents desired that AWCs should either be closed down or the services of the AWCs should improve. They suggested that AWCs should open regularly for the whole day. More emphasis should be given to pre-school education and health education. Besides, government should construct independent buildings most preferably adjacent to schools. Sixty nine percent of the respondents suggested that AWCs should provide SN regularly and 47 percent opined that ready to eat food should be provided. Some beneficiaries also suggested that the AWCs should be handed-over to Panchayats and community should be involved in monitoring the activities of the AWCs.

Conclusion and Suggestions

It may be concluded that in the State of Jammu & Kashmir, the ICDS programme was not in a position to achieve its objectives to the desired level. Not only the coverage of the services was low, but the scheme was not in a position to provide Supplementary Nutrition (SN) to beneficiaries throughout the year. As such, the scheme was not in a position to improve the nutritional status of the children. Due to lack of nutrition items in the ICDS Centres, pre-schooling has become a casualty, because many parents send their children to AWCs mainly for Supplementary Nutrition. The scheme was not in a position to help majority of the women to receive ante-natal care services and health education, as only a limited number of women were informed by AWWs about ante-natal care services, child immunization, management of diahorrea, methods of family planning, etc. The study also found that there was lack of coordination between various Departments engaged in implementation of the Scheme viz., Health, Rural Development, Education and Social Welfare. It was observed that lack of coordination was one of the major reasons for under performance of the ICDS. Another important reason for tardy implementation of ICDS was non-availability of adequate supervisory staff. Based on the findings of the study, the following recommendations are made for improving the implementation of the programme: -

1. All vacant positions of the CDPOs and ACDPOs should be filled up at the earliest so that the scheme does not suffer any more. This will help in proper planning, implementation, supervision and monitoring of the scheme. All the departments must regularly coordinate and meet the expectations from each other department.

2. All vacant positions of the Supervisors should be filled up at the earliest so that supervision and monitoring is strengthened both in the urban and rural areas.

3. The Panchayats should be made functional in areas where these are non-functional. Further, Panchayats should be involved in planning, monitoring and supervision of the AWCs.

4. The AWWs should be selected on the basis of their merit and educational competence which will go a long way in delivering the AWCs services in effective and constructive manner. Further the AWWs should be relocated to the AWCs in their own areas of residence, which will help AWWs to do full justice with their occupational commitments as well as to their inevitable domestic commitments.

5. The capacities of the human resource working in the ICDS projects should be regularly improved as any compromise on this issue will affect the quality of performance. Regular orientation courses and trainings must be organized for them to increase job clarity, develop positive attitude and commitment. Enhancement in financial allocation for such training programmes should be considered.

6. Provision of telephone facility at each of the project offices need be considered, on top priority basis. Strict follow up of the meetings, especially at the block level, by different departments related with implementation of the ICDS will make them more effective and accountable on matters of policy decision making.
7. As the world has changed into a global village, hence, the need of the hour is to provide the computer facilities at all project headquarters in order to make the project offices resourceful enough to ensure storage, flow and access to information. To speed up the pace of the work, installation of photocopier at all project offices will also help a great deal in this direction.

8. Honorarium is a mark of respect for the work that AWWs and AWHs are doing. Periodic increase in the Honorariums must be made a permanent feature of the financial allocation processes.

9. There is a need to consider ways and means to improve the existing workspace and location of the AWCs, either by increasing the rent or encouraging communities to donate a required place or by constructing space. This will help in improving delivery of the services.

10. The AWC is a point where both demand is created and services are delivered. The study found that AWC network has not fully succeeded in meeting either of its two objectives. Hence, there is a need to improve the knowledge, skills, support and motivation of the AWWs in mobilizing community involvement. Besides, there is a need to consider improving the status and profile of the AWCs, by way of converging other development/welfare schemes (such as JSY, NMBS, other schemes for the disabled, etc.), with respect to development of women and children, presently implemented by other departments, with ICDS.

11. There is a need to make adequate provision of material resources/infrastructure such as weighing scales/growth/immunization cards/Growth charts and registers at the AWCs. Efforts should be made to improve communication and coordination between authorities implementing ICDS and functionaries of the Health Department, especially at the levels of the BMOs and depute one or more full time ANMs in each ICDS project from the Health Department. It would ensure regular health check-ups/ immunization of the registered beneficiaries at AWCs and give a practical shape to the referral services component of the ICDS scheme. There is need to educate the masses by way of organizing road/stage shows etc. in order to make community pro-active in coming forward of their own for their immunization, health check-ups, etc.

12. The provision of providing Supplementary Nutrition in AWCs should be increased to 300 days. Further, calorific requirements for different target groups of population should be respected. Besides, supplies should be regularized and storage facilities in the AWCs should be improved. More emphasis should be given to local tastes, menus and cooked food.

13. Adequate provision of resources such as weighing scales, growth charts and register will help in monitoring the growth of children. Further, more emphasis should be given in developing a focus on Mother's meetings and building their capacities and developing their mental capabilities in addition to introducing community based nutritional surveillances.

14. Nutrition and health education is very important component of the ICDS in educating and involving communities and hence it should gain a focus for interventions at the AWCs. The AWCs should be supported by supervisors and others in organizing and educating mothers.

15. So far as **e**arly childhood care and pre-school education is concerned, there is a need to improve the skills of the AWWs on the concepts and approaches of the joyful learning (play-way methods). Adequate provisions should be made for procuring of relevant teaching and learning aids. Provisions should also be made for suitable accommodation along with matting and heating provisions at each AWC. There is also a need to develop and strengthen coordination with the local primary schools to seek their support and especially with the primary wing of the ZEO for monitoring purposes.

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Table 2.1: Funds received and expenditure (In lakhs) under ICDS in Jammu and Kashmir during 2000-2007															
	J&K			District											
				Anantnag			Kupwara			Doda			Rajouri		
Year	Total received	Total expend	% Expend	Total received	Total expend	% Expend	Total received	Total expend	% Expend	Total received	Total expend	% Expend	Total received	Total expend	% Expend
2000-01	2493.00	2253.88	90.41	429.46	406.94	94.76	113.65	113.65	100.00	322.65	302.33	93.70	178.98	171.98	96.09
2001-02	2938.35	2199.85	74.87	472.56	430.12	91.02	300.49	256.40	85.33	379.99	332.45	87.49	193.53	180.67	93.35
2002-03	3051.04	2215.91	72.63	434.44	376.34	86.63	227.99	224.99	98.68	301.07	284.36	94.45	144.14	105.15	72.95
2003-04	4302.90	3496.81	81.27	317.51	312.74	98.49	331.26	328.48	99.16	447.14	339.73	76.00	243.07	215.55	88.68
2004-05	4263.87	4046.62	94.90	476.90	501.80*	105.22	457.44	462.61*	101.10	510.23	487.82	95.60	292.46	132.12	45.18
2005-06	5206.45	3736.50	71.77	746.22	714.47	95.74	499.19	414.31	83.00	715.10	509.09	71.19	399.25	267.82	67.08
2006-07	7787.58	6142.62	78.88	738.77	731.71	99.04	792.91	754.15	95.11	1612.70	1445.90	89.65	322.08	312.88	97.14
Total	30043.10	24092.10	80.19	3615.86	3474.12	96.08	2722.93	2554.60	93.82	4288.89	3701.68	86.31	1773.51	1386.17	78.16

* Excess expenditure incurred from previous year balance.

Table 2.2: Expenditure under different heads of ICDS in J&K during 2000-2007 (amount in lakhs).														
Name of Item	**2000-01**		**2001-02**		**2002-03**		**2003-04**		**2004-05**		**2005-06**		**2006-07**	
	Amount	**%**	**Amount**	**%**	**Amount**	**%**	**Amount**	**%**	**Amount**	**%**	**Amount**	**%**	**Amount**	**%**
Salaries/Honorarium	2023.1	89.8	1974.1	89.7	2026.9	91.5	NA	NA	3738.3	92.4	3360.6	89.9	4759.8	86.9
TA	31.9	1.4	36.3	1.7	31.2	1.4	NA	NA	0.0	0.0	0.0	0.0	0.0	0.0
Non recurring	16.4	0.7	7.0	0.3	9.9	0.5	NA	NA	0.0	0.0	0.0	0.0	13.0	0.2
Telephone	1.0	0.0	1.1	0.1	0.2	0.0	NA	NA	55.7	1.4	100.9	2.7	59.3	1.1
Evaluation	0.0	0.0	0.0	0.0	0.0	0.0	NA	NA	2.2	0.1	2.2	0.1	0.0	0.0
Transport/POL	37.0	1.6	41.6	1.9	36.2	1.6	NA	NA	31.8	0.8	80.9	2.2	36.7	0.7
Adolescent girls	0.0	0.0	0.0	0.0	0.5	0.0	NA	NA	0.0	0.0	0.0	0.0	0.0	0.0
Medical kits	0.0	0.0	3.7	0.2	50.8	2.3	NA	NA	0.0	0.0	8.6	0.2	10.4	0.2
School kits	19.0	0.8	26.0	1.2	0.0	0.0	NA	NA	0.0	0.0	4.4	0.1	37.8	0.7
Contingencies	23.5	1.0	22.9	1.0	9.2	0.4	NA	NA	0.0	0.0	54.2	1.5	95.7	1.8
Rent	33.6	1.5	44.9	2.0	25.1	1.1	NA	NA	68.9	1.7	66.6	1.8	126.4	2.3
Non nutritional items	39.3	1.7	26.6	1.2	11.2	0.5	NA	NA	149.7	3.7	46.2	1.2	323.4	5.9
Sign boards	0.4	0.0	0.3	0.0	0.2	0.0	NA	NA	0.0	0.0	0.0	0.0	0.0	0.0
Awards	0.8	0.0	0.0	0.0	0.0	0.0	NA	NA	0.0	0.0	0.0	0.0	0.0	0.0
IEC	0.0	0.0	0.0	0.0	1.0	0.1	NA	NA	0.0	0.0	12.0	0.3	16.2	0.3
Office expenses	14.4	0.6	15.5	0.7	13.6	0.6	NA	NA	0.0	0.0	0.0	0.0	0.0	0.0
Other	13.5	0.6	0.0	0.0	0.0	0.0	NA	NA	0.0	0.0	0.0	0.0	0.0	0.0
Total expenditure	2253.9	100.0	2199.9	100.0	2215.9	100.0	3496.8	100.00	4046.6	100.0	3736.5	100.0	5478.6	100.0
District Anantnag														
Salary	232.5	57.1	222.3	51.7	223.3	59.3	NA	NA	NA	NA	315.9	43.1	393.4	50.2
Food	94.4	23.2	122.8	28.6	70.0	18.6	NA	NA	NA	NA	372.5	50.9	331.6	42.3
POL	4.2	1.0	3.8	0.9	2.7	0.7	NA	NA	NA	NA	6.2	0.9	3.5	0.5
Rent	7.1	1.7	4.9	1.1	2.7	0.7	NA	NA	NA	NA	3.3	0.5	5.4	0.7
TA/DA	7.4	1.8	7.7	1.8	5.6	1.5	NA	NA	NA	NA	9.8	1.3	5.0	0.6
Training	1.4	0.3	0.6	0.1	3.6	1.0	NA	NA	NA	NA	17.5	2.4	0.0	0.0
Others	60.0	14.7	67.3	15.6	68.4	18.2	NA	NA	NA	NA	7.2	1.0	44.9	5.7
Total	406.9	100.0	430.1	100.0	376.3	100.0	312.7	100.0	501.8	100.0	732.4	100.0	783.7	100.0

(Contd on next page)

District Kupwara														
Salary (Hon./CSS)	52.5	46.2	168.3	65.6	173.4	77.1	279.0	84.9	302.1	65.3	253.8	61.3	373.4	49.5
Food Supplement	56.5	49.8	79.7	3.1	45.6	20.3	36.2	11.0	119.5	25.8	135.3	32.7	192.3	25.5

Transportation	1.4	1.2	1.9	0.8	1.5	0.7	4.0	1.2	3.0	0.7	3.1	0.7	3.0	0.4
Rent	1.4	1.2	2.8	1.1	1.2	0.5	1.1	0.3	5.2	1.1	1.7	0.4	12.1	1.6
TA/DA	1.0	0.8	2.3	0.1	1.9	0.9	0.1	0.0	0.0	0.0	5.5	1.3	3.9	0.5
Training	0.9	0.8	0.0	0..0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Others	0.0.	0.0	1.4	0.5	1.4	0.6	8.0	2.4	32.0	6.9	14.0	3.4	0.0	0.0
Total Expenditure	113.7	100.0	256.4	100.0	225.0	100.0	328.5	100.0	462.6	100.0	414.3	100.0	754.2	100.0
District Doda														
Salary (Hon./CSS)	84.6	28.0	75.5	22.7	88.9	31.3	283.5	83.5	322.8	66.2	290.9	57.1	398.5	27.6
Food Supplement	122.4	40.5	143.7	43.2	100.8	35.5	45.8	13.5	153.6	31.5	188.3	37.0	200.7	14.0
Transportation	2.8	0.9	2.6	0.8	1.9	0.7	4.9	1.4	2.0	0.4	4.9	1.0	2.2	0.2
Rent	3.0	1.0	3.7	1.1	2.8	1.0	1.0	0.3	4.6	0.9	6.2	1.2	14.8	1.0
TA/DA	2.0	0.6	2.4	0.7	1.7	0.6	0.5	0.1	0.4	0.1	12.4	2.4	0.0	0.0
Training	0.0	0.0	0.6	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.5	0.4
Others	87.5	28.9	104.0	31.3	88.2	31.0	4.1	1.2	4.4	0.9	6.4	1.3	824.3	57.0
Total Expenditure	302.3	100.0	332.5	100.0	284.4	100.0	339.7	100.0	487.8	100.0	509.1	100.0	1445.9	100.0
District Rajouri														
Salary (Hon./CSS)	37.0	49.4	41.7	39.0	29.6	69.0	NA	NA	NA	NA	165.0	61.6	185.2	59.2
Food Supplement	33.0	44.1	41.1	38.1	12.6	29.3	NA	NA	NA	NA	89.5	33.4	99.8	32.0
Transportation	2.0	2.6	1.6	1.4	0.3	0.6	NA	NA	NA	NA	10.7	4.0	5.3	1.7
Rent	0.9	1.2	22.0	20.3	0.3	0.6	NA	NA	NA	NA	4.2	1.6	6.5	2.1
TA/DA	1.9	2.5	1.4	1.2	0.2	0.4	NA	NA	NA	NA	5.4	2.0	1.9	0.6
Training	0.0	0.0	0.0	0.0	0.0	0.0	NA	NA	NA	NA	0.0	0.0	0.0	0.0
Others	0.0	0.0	0.0	0.0	0.0	0.0	NA	NA	NA	NA	3.7	1.4	14.1	4.5
Total Expenditure	**74.7**	**100.0**	**107.8**	**100.0**	**42.9**	**100.0**	**215.6**	**100.0**	**132.1**	**100.0**	**267.8**	**100.0**	**312.9**	**100.0**

NA=Not available

Table 2.3: Procurements and Distribution of various Supplementary Nutritional Items in Selected districts of Jammu and Kashmir (2000-07).

Name of item	**2000-01**		**2001-02**		**2002-03**		**2003-04**		**2004-05**		**2005-06**		**2006-07**	
	Procured	Distributed	Procured	Distributed	Procured	Distributed	Procured	Distributed	Procured	Distributed	Procured	Distributed	Procured	Distributed
Anantnag														

Mongi (Qtls.)	393	393	542	542	238	238	236	236	1128	1128	824	824	535	535
Channa (Qtls.)	564	564	1437	1437	615	615	780	780	4523	4523	6679	6679	2778	2778
Oil (Ltrs)	21665	21665	23269	23269	12990	12990	13222	13222	25656	25656	99973	99973	70721	70721
Ghee (Ltrs)	17495	17495	14858	14858	5169	5169	27704	27704	54735	54735	39601	39601	0	0
Nutri (Qtls)	174	174	214	214	119	119	0	0	0	0	0	0	0	0
Rice (Qtls)	1301	1301	1652	1652	1749	1749	3589	3589	1261	1261	2814	2814	2145	2145
Sujji (Qtls)	94	94	442	442	189	189	1008	1008	603	603	1365	1365	0	0
Haldi (Qtls)	35	35	50	50	24	24	75	75	112	112	171	171	129	129
Salt (Qtls)	104	104	152	152	71	71	151	151	337	337	500	500	1393	1393
Sugar (Qtls)	430	430	265	265	279	279	630	630	305	305	841	841	386	386
Rajmah	0	0	0	0	0	0	0	0	0	0	0	0	1393	1393
Mattar	0	0	0	0	0	0	0	0	0	0	0	0	1070	1070
Kupwara														
Mongi (Qtls.)	275	275	344	344	150	150	473	473	400	400	406	406	568	568
Channa (Qtls.)	898	898	950	950	390	390	600	600	2986	2986	3156	3156	2613	2613
Oil (Ltrs)	14160	14160	15293	15293	8242	8242	13776	13776	22995	22995	48000	48000	53297	53297
Ghee (Ltrs)	0	0	12187	12187	3497	3497	0	0	48163	48163	25595	25595	0	0
Nutri (Qtls)	218	218	136	136	60	60	0	0	0	0	0	0	0	0
Rice (Qtls)	1099	1099	1063	1063	1496	1496	1650	1650	800	800	1600	1600	2138	2138
Sujji (Qtls)	4	4	280	280	120	120	0	0	192	192	691	691	0	0
Haldi (Qtls)	33	33	22	22	15	15	26	26	64	64	103	103	105	105

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Salt (Qtls)	83	83	96	96	45	45	78	78	320	320	348	348	293	293
Sugar (Qtls)	0	0	169	169	168	168	0	0	183	183	600	600	0	0
Peas	0	0	0	0	0	0	0	0	0	0	0	0	535	535
Rajmah	0	0	0	0	0	0	0	0	0	0	0	0	8599	8599
Doda														
Mongi (Qtls.)	347	347	387	387	179	179	288	288	854	854	1172	1172	1181	1181
Channa (Qtls.)	451	451	1036	1036	462	462	465	465	2861	2861	3068	3068	4130	4130
Oil (Ltrs)	174	174	18956	18956	9816	9816	8935	8935	36645	36645	54188	54188	52590	52590
Ghee (Ltrs)	69	69	14955	14955	3983	3983	3573	3573	38614	38614	0	0	0	0
Nutri (Qtls)	278	278	173	173	89	89	0	0	0	0	0	0	0	0
Rice (Qtls)	1389	1389	1465	1465	1890	1890	536	536	1830	1830	2087	2087	3406	3406
Sujji (Qtls)	278	278	334	334	142	142	143	143	675	675	0	0	0	0
Haldi (Qtls)	35	35	44	44	18	18	29	29	80	80	96	96	0	0
Salt (Qtls)	102	102	118	118	54	54	36	36	256	256	274	274	0	0
Sugar (Qtls)	173	173	196	196	200	200	89	89	270	270	0	0	0	0
Rajouri														
Mongi (Qtls.)	188	188	235	235	235	235	308	308	274	274	NA	NA	403	403
Channa (Qtls.)	244	244	636	636	618	618	533	533	710	710	NA	NA	2625	2625
Oil (Ltrs)	95	95	9685	9685	9573	9573	10256	10256	32820	32820	NA	NA	35886	35886
Ghee (Ltrs)	3759	3759	6804	6804	7111	7111	4102	4102	12581	12581	NA	NA	0	0
Nutri (Qtls)	150	150	100	100	93	93	0	0	0	0	NA	NA	0	0
Rice (Qtls)	752	752	662	662	717	717	308	308	274	274	NA	NA	0	0
Sujji (Qtls)	150	150	190	190	191	191	164	164	269	269	NA	NA	0	0
Haldi (Qtls)	27	27	20	20	22	22	33	33	22	22	NA	NA	59	59
Salt (Qtls)	27	27	65	65	66	66	41	41	66	66	NA	NA	3	3
Sugar (Qtls)	94	94	107	107	115	115	51	51	68	68	NA	NA	0	0

NA=Not Available

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Table 2.4: Number of ICDS projects and Anganwadi Centres Sanctioned and Operational in Jammu and Kashmir, 2003-2007.										
	J&K		Anantnag		Kupwara		Doda		Rajouri	
Year	Sanctioned	Opera	Sanctioned	Opera	Sanctioned	Opera	Sanctioned	Opera	Sanctioned	Opera
ICDS Projects										
2003-04	121	121	10	8	8	3	14	6	7	5
2004-05	140	121	10	8	8	3	14	6	7	5
2005-06	140	140	13	8	11	6	19	14	7	6
2006-07	140	140	13	8	11	6	19	14	7	6
Anganwadi Centres										
2003-04	11955	10392	1261	1261	800	800	1010	953	547	547
2004-05	18772	10398	2145	NA	1439	NA	1703	NA	932	NA
2005-06	18772	16942	2145	NA	1439	NA	1703	NA	932	NA
2006-07	18772	18043	2145	2145	1439	1439	1703	1703	932	559

Table 2.5 A: Staff strength of ICDS Project Staff in Jammu and Kashmir -2003-2004.										
	J&K		Anantnag		Kupwara		Doda		Rajouri	
Designation	Sanctioned	in position	Sanctioned	in position	Sanctioned	in position	Sanctioned	in position	Sanctioned	in position
Programme Officers	9	8	1	1	1	1	1	1	1	0
CDPO	120	106	10	8	8	3	14	6	7	5
ACDPOs	21	20	4	4	5	2	NA	NA	NA	NA
Section Officers	NA	NA	NA	NA	1	1	NA	NA	NA	NA
Head Assistants	19	19	1	1	1	1	3	3	NA	NA
Sr. Assistants	127	127	11	11	0	0	NA	NA	0	0
Supervisors	529	390	65	39	43	11	50	15	18	6
Clerks/typists	153	153	15	15	14	14	29	25	7	6
Peon	146	146	15	15	9	9	15	15	7	1
Drivers	131	131	11	11	19	19	15	12	7	7
Statistical Assistants	107	107	8	8	7	3	12	6	7	7
Anganwadi Worker	10325	10325	1261	1261	800	800	1010	953	547	547
Anganwadi Helper	10325	10325	1261	1261	800	800	1010	953	547	547
Helpers to Supervisors	529	529	NA	NA	NA	NA	NA	NA	NA	NA

NA=Not available

Table 2.5 B: Staff strength of ICDS Project Staff in Jammu and Kashmir -2006-2007.										
	J&K		Anantnag		Kupwara		Doda		Rajouri	
Designation	**Sanctioned**	**in position**	**Sanctioned**	**in position**	**Sanctioned**	**in position**	**Sanctioned**	**in position**	**Sanctioned**	**in position**
Programme Officers	9	9	1	1	1	1	1	1	1	1
CDPO	141	125	13	8	11	6	19	14	7	6
ACDPOs	21	20	4	5	2	2	NA	NA	NA	NA
Section Officers	3	2	NA	NA	1	0	NA	NA	NA	NA
Head Assistants	35	31	5	3	1	0	3	3	NA	NA
Sr. Assistants	121	108	11	11	7	3	NA	NA	7	7
Supervisors	826	590	73	64	69	39	81	40	42	13
Clerks/typists	162	131	18	15	16	13	29	14	7	6
Peon	165	146	17	17	19	14	19	15	7	7
Drivers	121	111	11	11	NA	NA	15	8	7	7
Statistical Assistants	95	65	11	11	9	9	12	8	7	7
AWWs	18772	17417	2145	2145	1439	1418	1703	1703	932	559
AHS	18772	18772	2145	2145	1439	1439	1703	1703	932	559
Helpers to Supervisors	301	301	NA	NA	NA	NA	NA	NA	NA	NA
Medical Officers	19	3	NA	NA	NA	NA	NA	NA	NA	NA
LHV's	24	10	NA	NA	NA	NA	NA	NA	NA	NA
ANM	90	28	NA	NA	NA	NA	NA	NA	NA	NA

NA=Not available

Table 2.5C: Qualification of the interviewed AWWs and AWHs in Jammu and Kashmir, 2004										
Education	**Districts**								**Total**	
	Anantnag		**Kupwara**		**Doda**		**Rajouri**			
Anganwadi Workers	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Middle	2	20	2	20	0	0	0	0	4	10
Matric	3	30	7	70	8	80	6	60	24	60
Higher secondary	5	50	1	10	2	20	4	40	12	30
Anganwadi Helpers										
Illiterate	7	70	10	100	5	50	5	50	27	67
Middle	3	30	0	0	5	50	4	40	12	30
Matric	0	0	0	0	0	0	1	10	1	3
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**

Table 2.6: Training profile of the interviewed AWWs in Jammu and Kashmir district, 2004										
Details of Training	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
Training received by AWW	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Yes	8	80	9	90	2	20	10	100	29	73
No	2	20	1	10	8	80	0	0	11	27
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**
Duration of training										
<1months	0	0	2	22	0	0	0	0	2	7
3months	5	63	7	78	1	50	7	70	20	69
4months	1	12	0	0	1	50	3	30	5	17
5months	1	12	0	0	0	0	0	0	1	3
6months	1	12	0	0	0	0	0	0	1	3
Total	**8**	**100**	**9**	**100**	**2**	**100**	**10**	**100**	**29**	**100**
Attended any refresher course										
Yes	7	70	8	80	10	100	2	20	27	68
No	3	30	2	20	0	0	8	80	13	32
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**
Attended refresher in PSE	7	70	8	80	10	100	2	20	27	68
Attended refresher growth monitoring	7	70	8	80	9	90	2	20	26	65
Attended training in community growth chart	5	50	6	60	9	90	2	20	22	55
Joint training with health workers	7	70	6	60	9	90	4	40	26	65
No satisfied with training	7	70	7	70	0	0	0	0	14	35
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**

Table 2.7: Visits made by CDPO/Supervisor to the AWWs during last 3 months in J&K, 2004										
Details of Visits	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
No of visits	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
No visit	2	20	0	0	2	20	7	70	11	28
1-3 visits	2	20	4	40	8	80	3	30	17	42
3+	6	60	6	60	0	0	0	0	12	30
Mean no of visits	2.7		4.2		1.3		0.7		2.2	
Nature of support from supervisor*										
None	1	10	0	0	0	0	5	50	6	15
Enquiring about supply of food	9	90	10	100	4	40	2	20	25	63
Enquiring supply of other material	8	80	6	60	2	20	0	0	16	40
Guidance for preparing growth chart	6	60	7	70	6	60	0	0	19	48
Help in keeping records	9	90	10	100	9	90	5	50	33	83
Target/priority setting	5	50	1	10	0	0	0	0	6	15
Help in motivational home visits	4	40	1	10	1	10	0	0	6	15
Help in organizing community meetings	0	0	0	0	1	10	0	0	1	3
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**
CDPO										
No visit	6	60	1	10	6	60	9	90	22	55
1-3 visits	3	30	7	70	4	40	1	10	15	38
3+	1	10	2	20	0	0	0	0	3	7
Mean no of visits	0.9		1.9		0.5		0.1		0.8	

*.Multiple response

Table 2.8: Status of the surveyed AWC Buildings in Jammu and Kashmir, 2004										
Status of building	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
	N0	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Pacca	1	10	2	20	4	40	4	40	11	28
Semi pacca	5	50	7	70	5	50	1	10	18	45
Katcha	4	40	1	10	1	10	5	50	11	28
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**

Table 2.9: Availability of separate space for activities in surveyed AWCs in Jammu and Kashmir, 2004										
Characteristic	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
	N0	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Separate space for cooking	2	20	0	0	3	30	2	20	7	**18**
Separate space for storage	3	30	7	70	4	40	1	10	15	38
Separate space for outdoor playing	4	40	9	90	0	0	9	90	22	55
Separate space for indoor Activity	6	60	3	30	4	40	8	80	21	53
Heating arrangement	10	100	10	100	1	10	9	90	30	75
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**

* Multiple responses

Table 2.10: Sanitation and Hygiene of the surveyed AWCs in Jammu and Kashmir, 2004										
Facility	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
Toilet facility	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Flush system only urinal	2	20	0	0	3	30	1	10	6	15
Pit toilet	1	10	7	70	3	30	0	0	11	28
No facility	7	70	3	30	4	40	9	90	23	57
Cleanness of toilet										
Unhygienic	3	100	2	29	4	67	0	0	9	53
Clean	0	0	5	71	2	33	1	100	8	47
Total who have toilet	**3**	**100**	**7**	**100**	**6**	**100**	**1**	**100**	**17**	**100**
Ventilation										
No ventilation	5	50	1	10	3	30	4	40	13	33
Ventilated	5	50	9	90	7	70	6	60	27	67
Type of water facility										
Piped water	7	70	7	70	4	40	2	20	20	50
Well	1	10	2	20	0	0	3	30	6	15
Hand pump/tube well	0	0	0	0	0	0	2	20	2	5
Pond/Tank	0	0	0	0	6	60	1	10	7	18
River/Stream/Spring/	2	20	1	10	0	0	2	20	5	13
Storage of water										
Covered vessel/Cement synthetic water tank	3	30	1	10	8	80	8	80	20	50
Covered vessel with long handle	2	20	1	10	1	10	0	0	4	10
open vessel							1	10	1	3
Not stored	5	50	8	80	1	10	1	10	15	37
Boiled water used										
Yes	1	10	8	80	2	20	3	30	14	35
No	9	90	2	20	8	80	7	70	26	65
Cleanness of AWC										
Clean	4	40	10	100	9	90	4	40	27	68
very clean	4	**40**	0	0	**1**	**10**	**6**	**60**	11	27
Unhygienic conditions	2	**20**	0	0	0	0	0	0	2	5
Total AWCs	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**

Table 2.11: Location of surveyed AWCs in Jammu and Kashmir, 2004										
Location of AWC	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
	N0	%	**N0**	%	**N0**		**N0**	%	**N0**	%
Central place	6	60	7	70	4	40	9	90	26	65
High caste community	0	0	0	0	3	30	0	0	3	7
Low caste community	1	10	0	0	3	30	0	0	4	10
At distance from the heart of village	3	30	3	30	0	0	1	10	7	18
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**
Signs boards fixed on AWC										
Yes	3	30	7	70	8	80	7	70	25	62
NO	7	70	3	30	2	20	3	30	15	38
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**

Table 2.12: Availability and adequacy of infrastructure in surveyed AWCs in Jammu and Kashmir, 2004										
Item/Adequacy	**Anantnag**		**Kupwara**		**Doda**		**Rajouri**		**Total**	
	NO	%	NO	%	NO	%	NO	%	NO	%
Low wooden choki/table										
Adequate	3	30	2	20	3	30	0	0	8	20
Inadequate	3	30	5	50	3	30	0	0	11	28
No available	4	40	3	30	4	40	10	100	21	53
Chair										
Adequate	2	20	2	20	0	0	0	0	4	10
Inadequate	4	40	4	40	0	0	0	0	8	20
No available	4	40	4	40	10	100	10	100	28	70
Weighing machine										
Adequate	6	60	2	20	9	90	8	80	25	63
Inadequate	4	40	8	80	1	10	0	0	13	32
No available	0	0	0	0	0	0	2	20	2	5
Cooking vessels pots										
Adequate	3	30	8	80	8	80	7	70	26	65
Inadequate	7	70	2	20	2	20	3	30	14	35
No available	0	0	0	0	0	0	0	0	0	0
Utensils for serving										
Adequate	0	0	0	0	8	80	10	100	18	45
Inadequate	0	0	0	0	2	20	0	0	2	5
No available	10	100	10	100	0	0	0	0	20	50
Mats/dari										
Adequate	3	30	4	40	6	60	5	50	18	45
Inadequate	6	60	2	20	4	40	2	20	14	35
No available	1	10	4	40	0	0	3	30	8	20
Almirah/Box										
Adequate	4	40	3	30	6	60	1	10	14	35
Inadequate	3	30	5	50	2	20	5	50	15	38
No available	3	30	2	20	2	20	4	40	11	28

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Toys/counting frames										
Adequate	3	30	5	50	3	30	2	20	13	33
Inadequate	2	20	4	40	3	30	7	70	16	40
No available	5	50	1	10	4	40	1	10	11	28
Storage vessels										
Adequate	7	70	1	10	9	90	8	80	25	63
Inadequate	3	30	8	80	1	10	2	20	14	35
No available	0	0	1	10	0	0	0	0	1	3
Medicines kit/FAB										
Adequate	0	0	7	70	7	70	2	20	16	40
Inadequate	8	80	1	10	2	20	3	30	14	35
No available	2	20	2	20	1	10	5	50	10	25
Posters/charts										
Adequate	5	50	8	80	10	100	6	60	29	73
Inadequate	4	40	0	0	0	0	3	30	7	18
No available	1	10	2	20	0	0	1	10	4	10
Learning aids										
Adequate	0	0	0	0	8	80	4	40	12	30
Inadequate	0	0	0	0	2	20	4	40	6	15
No available	10	100	10	100	0	0	2	20	22	55
Cleaning material										
Adequate	1	10	1	10	0	0	0	0	2	5
Inadequate	2	20	2	20	0	0	0	0	4	10
No available	7	70	7	70	10	100	10	100	34	85
Steel trunk										
Adequate	4	40	4	40	0	0	0	0	8	20
Inadequate	3	30	3	30	0	0	0	0	6	15
No available	3	30	3	30	10	100	10	100	26	65
Bathroom equipment										
Adequate	0	0	0	0	2	20	3	30	5	13
Inadequate	0	0	0	0	1	10	3	30	4	10
No available	10	100	10	100	7	70	4	40	31	77
Total AWCs	10	100	10	100	10	100	10	100	40	100

Table 2.13: Time (in minutes) spent by AWWCs under different activities in J&K, 2004

Nature of activity	Districts				
	Anantnag	Kupwara	Doda	Rajouri	Total
Average time AWC remains open	240	240	240	240	240
Preparation of SN	36	47	40	50	43
Serving and feeding SN	72	45	35	25	44
Cleaning utensils	16	29	26	15	21
Pre school education	24	50	60	80	53
Updating records	25	47	45	30	36
Other activities	67	22	30	40	40

Table 2.14: Criterion used for the selection of the beneficiary children in Jammu and Kashmir, 2004										
Characteristics	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
Age of the child at enrolment	**N0**	%	**N0**	%	**N0**		**N0**	%	**N0**	%
1-12 months	45	90	0	0	0	0	35	70	80	40
13-36 months	5	10	20	40	25	50	15	30	65	32
37-72 months	0	0	30	60	25	50	0	0	55	28
Economic status										
Rich	14	28	10	20	3	6	7	14	34	17
Poor	21	42	40	80	47	94	43	86	151	75
Very poor	15	30	0	0	0	0	0	0	15	8
Caste of the household										
SC/ST	0	0	0	0	11	22	21	42	32	16
OBC	11	22	7	14	0	0	0	0	18	9
Others	39	78	43	86	39	78	29	58	150	75
Distance from AWC										
In the premises	5	10	5	10	0	0	0	0	10	5
Up to 100 meters	43	86	43	86	50	100	19	38	155	78
>100 meters	2	4	2	4	0	0	31	62	35	18
Reasons for sending children to AWCs										
For food	9	18	1	2	48	96	2	4	60	30
For education	9	18	2	4	1	2	17	34	29	15
For food & education	32	64	47	94	1	2	26	52	106	53
Do not know							5	10	5	3
Total	**50**	**100**	**50**	**100**	**50**	**100**	**50**	**100**	**200**	**100**

Table2.15: Visits made by the officials of the Health department to AWCs during the last 3 months before survey in Jammu and Kashmir, 2004										
Name of official/no of visits	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
ANM	**N0**	%	**N0**		**N0**	%	**N0**	%		
0	6	60	8	80	5	50	8	80	27	68
1	1	10	1	10	1	10	2	20	5	13
2+	3	30	1	10	4	40	0	0	8	20
LHV	_	_								
0	9	90	9	90	6	60	10	100	34	85
1	1	10	1	10	1	10	0	0	3	8
2+	0	0	0	0	3	30	0	0	3	8
Medical officer										
0	9	90	8	80	7	70	10	100	34	85
1	1	10	2	20	1	10	0	0	4	10
2+	0	0	0	0	2	20	0	0	2	5
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	**40**	**100**

Table 2.16: Distribution of households visited made by AWWs during the last 3 months prior to survey in Jammu and Kashmir, 2004.										
Visited by AWW during the last 3 months	Districts									
	Anantnag		Kupwara		Doda		Rajouri		Total	
	N0	%	N0	%	N0		N0	%	N0	%
No	12	24	12	24	16	32	16	32	56	28
Yes	38	76	38	76	34	68	34	68	144	72
Total	**50**	**100**	**50**	**100**	**50**	**100**	**50**	**100**	**200**	**100**

Table2.17: Role of AWW in extending Reproductive Health Services in Jammu and Kashmir, 2004										
ANC Service details	Districts									
	Anantnag		Kupwara		Doda		Rajouri		Total	
	N0	%	N0	%	N0	%	N0	%	N0	%
Registered for ANC services										
Yes	43	86	26	52	49	98	21	42	139	70
No	7	14	24	48	1	2	29	58	61	30
Persons motivated to avail ANC by:										
Not availed ANC	7	14	24	48	1	2	29	58	61	30
ANM	1	2	17	34	5	10	5	10	28	14
AWW	14	28	6	12	36	72	8	16	64	32
AWH	0	0	0	0	6	12	6	12	12	6
Family member	19	38	0	0	1	2	1	2	21	11
Self motivated	7	14	3	6	1	2	1	2	12	6
Other village women	2	4	0	0	0	0	0	0	2	1
Services availed during ANC*										
TT injections	42	98	22	85	24	49	19	90	107	77
Blood pressure checked	43	100	20	77	11	23	18	86	92	66
Iron tablet received	39	91	20	77	20	41	18	86	97	70
Weight monitored	31	72	26	100	17	35	3	14	77	55
Total who availed services	**43**	**100**	**26**	**100**	**49**	**100**	**21**	**100**	**139**	**100**
Advice provided by AWW*										
Ate more food than usual	29	58	0	0	43	86	2	4	74	37
Take more green/leafy vegetables	17	34	3	6	32	64	3	6	55	27
Ate special type of food	4	8	0	0	15	30	0	0	19	9
Take more rest	7	14	6	12	5	10	2	4	20	10
Avoid strenuous work	7	14	9	18	1	2	3	6	20	10
Deliver in health institution	0	0	12	24	0	0	0	0	12	6
No advice given	21	42	38	76	7	14	47	94	126	63
Any advice	29	58	12	24	43	86	3	6	87	43
Place of delivery										
At home	27	54	16	32	29	58	30	60	102	51
At relatives home	0	0	12	24	0	0	1	2	13	7
PHC/CHC	0	0	3	6	2	4	0	0	5	3
Government Hospital	23	46	19	38	19	38	15	30	76	38
At private Hospital	0	0	0	0	0	0	4	8	4	2
Total	**50**	**100**	**50**	**100**	**50**	**100**	**50**	**100**	**200**	**100**

*. Multiple responses

Table2.18: Percent distribution of mothers of the beneficiary children for PNC in J & K, 2004.										
Characteristics	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
Post partum visits made by	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
AWW	2	4	15	30	29	58	9	18	55	28
LHV/ANM	31	62	2	4	4	8	0	0	37	19
None	17	34	33	66	17	34	41	82	108	54
Timings of Post partum visits										
During first week	29	88	13	76	30	91	9	100	81	88
In the second week	4	12	4	24	3	9	0	0	11	12
Total	**33**	**100**	**17**	**100**	**33**	**100**	**9**	**100**	**92**	**100**

Table 2.19: Percent distribution of women currently using any method of family planning in Jammu and Kashmir, 2004.										
Response	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
Name of Method	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
None	32	64	28	56	22	44	38	76	120	60
Female sterilization	3	6	11	22	1	2	10	20	25	13
Oral pills	3	6	4	8	15	30	0	0	22	11
Condom	3	6	4	8	5	10	0	0	12	6
IUD	9	18	3	6	5	10	2	4	19	10
Other temporary methods	0	0	0	0	2	4	0	0	2	1
Total	**50**	**100**	**50**	**100**	**50**	**100**	**50**	**100**	**200**	100
Motivator*										
Health worker	10	56	7	32	10	36	0	0	27	34
Self/husband	8	44	5	23	6	21	8	67	27	34
AWW	1	5	7	32	7	25	1	8	16	20
Private doctor	0	0	0	0	4	14	0	0	4	5
Others	3	17	3	14	0	0	3	25	9	11
Total	**18**	**100**	**22**	**100**	**28**	**100**	**12**	**100**	**80**	**100**

*. Multiple responses

Table 2.20: Percentage of Children immunized in Jammu and Kashmir, 2004.										
Name of vaccines	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
	N0	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
BCG	49	98	41	82	40	80	47	94	177	89
Polio	48	96	44	88	43	86	47	94	182	91
DPT	48	96	44	88	42	84	47	94	181	91
Measles	37	74	33	66	33	66	44	88	147	74
Pulse polio	47	94	49	98	48	96	49	98	193	97
Hepatitis-B	7	14	8	16	5	10	0	0	20	10
Total	**50**	**100**	**50**	**100**	**50**	**100**	**50**	**100**	**200**	**100**

Table 2.21: Characteristics of supplementary nutrition received by the beneficiary children from AWCs in Jammu and Kashmir, 2004.										
Details of Supplementary Nutrition	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
SN received in last month	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Yes	48	96	43	86	50	100	25	50	166	83
No	2	4	7	14	0	0	25	50	34	17
Place of consumption of SN (children)										
At AWC	48	100	40	93	50	100	25	100	163	98
At home by child alone	0	0	3	7	0	0	0	0	3	2
At home shared with others	0	0	0	0	0	0	0	0	0	0
Total	**48**	**100**	**43**	**100**	**50**	**100**	**25**	**100**	**166**	**100**
Utensils used for distribution of SN										
AWC utensils	0	0	0	0	0	0	50	100	50	25
Utensils brought by beneficiary	50	100	50	100	50	100	0	0	150	75
Quality of SN at AWC										
Not provided	0	0	0	0	0	0	0	0	0	0
Very good	12	24	2	4	7	14	7	14	28	14
Good	38	76	48	96	41	82	41	82	168	84
Average	0	0	0	0	2	4	2	4	4	2
Total	**50**	100	50	100	50	100	50	100	200	**100**

Table 2.22: Impact of the irregular supplies on the functioning of AWC's in JAMMU and Kashmir, 2004.										
	Districts									
Characteristics	**Anantnag**		**Kupwara**		**Doda**		**Rajouri**		**Total**	
Effect of irregular supply of SN	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
No effect	4	40	1	10	0	0	1	10	6	15
AWC remains closed	4	40	9	90	2	20	3	30	18	45
Drop in attendance	2	20	0	0	8	80	6	60	16	40
Effect due to non availability of fuel										
No effect	7	70	8	80	1	10	4	40	20	50
SN not distributed	2	20	2	20	0	0	0	0	4	10
Face criticism from villagers	1	10	0	0	4	40	2	20	7	18
Drop in attendance	0	0	0	0	2	20	2	20	4	10
AWC closed early every day	0	0	0	0	3	30	1	10	4	10
Others	0	0	0	0	0	0	1	10	1	3
Total	**10**	**100**	**10**	**100**	**10**	**100**	**10**	**100**	40	100

Table 2.23: Percent distribution of mothers by their response on growth monitoring of their children in AWCs in Jammu and Kashmir, 2004.										
Growth monitoring	**Districts**									
	Anantnag		**Kupwara**		**Doda**		**Rajouri**		**Total**	
AWW weigh your child	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Do not know	41	82	8	16	0	0	0	0	49	25
Every month	0	0	0	0	45	90	3	6	48	24
Every two months	2	4	1	2	1	2	0	0	4	2
Every three months	3	6	1	2	3	6	0	0	7	4
Rarely	2	4	6	12	1	2	10	20	19	10
Do not weigh	2	4	34	68	0	0	37	74	73	37
Child's growth card ever shown to parents										
Yes	3	6	12	24	7	14	2	4	24	12
No	47	94	38	76	43	86	48	96	176	88
Total	**50**	**100**	**50**	**100**	**50**	**100**	**50**	**100**	**200**	**100**

Table 2.24: Distribution of women by their responses on AWWs home visits regarding nutrition education and conduct of mothers meetings held at AWCs in J& K, 2004.										
Details of Meetings	**Districts**									
AWW visited home for health & nutrition	**Anantnag**		**Kupwara**		**Doda**		**Rajouri**		**Total**	
education	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Yes	12	24	18	36	30	60	30	60	90	45
No	38	76	32	64	20	40	20	40	110	55
Mother's meetings held regularly										
Yes	29	58	6	12	7	14	7	14	49	25
No	21	42	44	88	43	86	43	86	151	75
Attend mother's day meetings										
Yes, regularly	14	48	1	17	0	0	0	0	15	30
Yes, sometimes	15	52	5	83	7	100	7	100	34	70
Do not attend	0	0	0	0	0	0	0	0	0	0
Topics discussed in the last meet*										
About child's activities	20	69	6	100	7	100	3	43	36	73
Regarding growth promotion	13	45	1	17	7	100	0	0	21	43
Regarding child's disabilities	1	3	1	17	4	57	0	0	6	12
About giving good supplement	3	10	0	0	5	71	7	100	15	31
Management of diarrhea	3	10	2	33	7	100	0	0	12	24
Total	**29**	**100**	**6**	**100**	**7**	**100**	**7**	**100**	**49**	**100**

*. Multiple responses

Table2.25: Knowledge of ORS, utilization and management of diarrhea among children by mothers of the beneficiaries in Jammu and Kashmir, 2004.										
Details of ORS	**Anantnag**		**Kupwara**		**Doda**		**Rajouri**		**Total**	
Knowledge about ORS	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
No	19	38	19	38	27	54	21	42	86	43
Yes	31	62	31	62	23	46	29	58	114	57
Source of knowledge*										
Health worker	24	77	15	48	10	43	7	24	56	49
Media	18	58	11	35	10	43	12	41	51	45
AWW	11	35	5	16	4	17	11	38	31	27

Other	12	39	2	6	4	17	6	21	24	21
Diarrhoea management*										
No treatment sought	3	6	3	6	1	2	0	0	7	4
Gave ORS	14	28	14	28	29	58	11	22	68	34
Gave salt sugar solution	2	4	2	4	6	12	5	10	15	8
Gave home made fluids	1	2	1	2	0	0	5	10	7	4
Gave medicines	41	82	41	82	14	28	29	58	125	63
Sought advice from AWW										
No	32	64	32	64	38	76	34	68	136	68
Yes	18	36	18	36	12	24	16	32	64	32
In case of diarrhoea Breast feed should be										
Increased	0	0	0	0	3	6	0	0	3	2
Decreased	19	38	19	38	13	26	27	54	78	39
Stopped	2	4	14	24	9	18	0	0	25	13
No change	17	34	17	28	25	50	23	46	82	41
Not given	12	24	0	0	0	0	0	0	12	6
Bottle feed should be										
Increase	0	0	0	0	1	2	0	0	1	1
Decreased	11	22	11	22	11	22	25	50	58	29
Stopped	6	12	32	64	23	46	1	2	62	31
No change	7	14	7	14	15	30	24	48	53	27
Not given	26	52	0	0	0	0	0	0	26	13
Semi sold/ sold food should be										
Decreased	11	22	11	22	33	66	29	58	84	42
Stopped	28	56	30	60	9	18	1	2	68	34
No change	9	18	9	18	8	16	20	40	46	23
Not given	2	4	0	0	0	0	0	0	2	1
Guided by AWW about breast feeding										
Yes	18	36	18	36	12	24	16	32	64	32
No	32	64	32	64	38	76	34	68	136	68
Type of guidance*										
Colostrums feeding	13	72	13	72	7	58	6	38	39	61
Exclusive breast feed for 4 months	16	89	16	89	9	75	4	25	45	70
Correct postures during breast feed	15	83	15	83	4	33	5	31	39	61
Nipple hygiene	15	83	15	83	0	0	12	75	42	66
Frequency of breast feeding	14	78	14	78	4	33	7	44	39	61
Total	18	100	18	100	12	100	16	100	64	100

*. Multiple responses

Table 2.26: Impact of the pre-school education on the beneficiary children in J & K, 2004.										
	Districts									
Impact of PSE	**Anantnag**		**Kupwara**		**Doda**		**Rajouri**		**Total**	
Child able to	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Read simple words	27	54	40	80	39	78	25	50	131	66
Count numbers	24	48	33	66	39	78	16	32	112	56
Write alphabets/words	18	36	7	14	32	64	10	20	67	34
Distinguish between colours	25	50	15	30	15	30	10	20	65	33
Distinguish objects	30	60	13	26	7	14	20	40	70	35
Recognize pictures/ describe	30	60	1	2	7	14	18	36	56	28
Describe AWC activities at home										
Yes	28	56	37	74	41	82	26	52	132	66
No	22	44	13	26	9	18	24	48	68	34
Total	**50**	**100**	**50**	**100**	**50**	**100**	**50**	**100**	**200**	**100**

Table 2.27: Perception of beneficiary mothers regarding functioning of AWC in Jammu and Kashmir, 2004.

Characteristics	Districts									
	Anantnag		Kupwara		Doda		Rajouri		Total	
Satisfied with working of AWCs	**N0**	%	**N0**	%	**N0**	%	**N0**	%	**N0**	%
Yes	10	20	5	10	8	16	11	22	34	17
No	40	80	45	90	42	84	39	78	166	83
Satisfied with timing of AWC										
Yes	44	88	45	90	50	100	45	90	184	92
No	4	8	4	8	0	0	4	8	12	6
Can't say	2	4	1	2	0	0	1	2	4	2
Satisfied with behavior of AWW										
Very satisfied	28	56	13	26	26	52	35	70	102	51
Satisfied	14	28	33	66	24	48	9	18	80	40
Somewhat satisfied	5	10	4	8	0	0	3	6	12	6
Not satisfied	3	6	0	0	0	0	0	0	3	2
Can't say	0	0	0	0	0	0	3	6	3	2
Information given by AWW										
Very useful	32	64	22	44	39	78	36	72	129	65
Somewhat useful	16	32	16	32	11	22	9	18	52	26
Not at all useful	2	4	12	24	0	0	5	10	19	10
Any family members participating in AWC activities										
No	31	62	50	100	48	96	39	78	168	84
Yes	19	38	0	0	2	4	11	22	32	16
Reasons for non- participation*										
No one asked	16	52	5	10	12	25	6	15	39	23
Don't know how	10	32	32	64	25	50	14	35	81	48
Don't want	0	0	0	0	0	0	17	43	17	10
Not our concern	2	7	12	24	10	20	2	5	26	15
AWC staff does not welcome	10	32	1	2	1	2	0	0	12	7
No response	3	10	0	0	0	0	0	0	3	2
Total not participating	**31**	**100**	**50**	**100**	**48**	**100**	**39**	**100**	**168**	**100**
Suggestions to improve services*										
Open regularly	49	98	49	98	24	48	37	74	159	80
Provide food daily	43	86	50	100	33	66	12	24	138	69
Provide ready to eat	10	20	42	84	39	78	3	6	94	47
Improve food quality	34	68	0	0	0	0	8	16	42	21
Hand-over AWCs to Panchayats	2	4	39	78	2	4	2	4	45	23
Involve community in monitoring	2	4	3	6	3	6	1	2	9	5
Shift location	1	2	0	0	0	0	0	0	1	1
Improve building	1	2	2	4	8	16	0	0	11	6
Improve facilities	1	2	7	14	2	4	8	16	18	9
Give more time to health education	2	4	9	18	3	6	0	0	14	7
Give more time to PSE	3	6	17	34	2	4	28	56	50	25
AWC should be made full time	46	92	33	68	0	0	0	0	79	40
Total	**50**	**100**	**50**	**100**	**50**	**100**	**50**	**100**	**200**	**100**

* Multiple responses.