



**INTERSECTORAL NUTRITION STRATEGY
FOR
AZAD JAMMU & KASHMIR (2016-2020)**



**PLANNING & DEVELOPMENT DEPARTMENT
AZAD GOVERNMENT OF THE STATE OF JAMMU & KASHMIR**

Foreword

Malnutrition is a serious threat to global health and development affecting one in three people on the planet. Food and nutrition security worldwide is recognized as a human right and a critical ingredient for economic, social and human development. Ensuring adequate nutrition especially among the low income groups, mothers and children, and the vulnerable populations is a serious challenge. Right now, our soils, freshwater, oceans, forests and biodiversity are being rapidly degraded. Climate change is putting even more pressure on the resources we depend on, increasing risks associated with disasters such as droughts and floods.

The National Nutrition Survey 2011 presents an alarming situation of overall nutritional status of the population in AJ&K including food security. Under-nutrition, which is preventable, causes lifelong disadvantages impacting negatively on intellectual and physical development and health outcomes.

Addressing this challenge requires coordinated concerted efforts from different actors and stakeholders to invest significantly in nutrition. A multifaceted response is needed to overcome this complex challenge.

No single government, no single organization, no single intervention can alone achieve the goal of ending global malnutrition. It is only through working together on all fronts that we have the ability to establish powerful partnerships like the Scaling Up Nutrition Movement (SUN) , which can help change the global landscape, from one of hunger to one of hope, country-by-country, community-by-community, family-by-family and child-by-child; leaving no one behind until no one suffers from malnutrition.

Government of AJ&K is committed to end hunger, achieve food security and improve nutrition and agriculture in light of United Nations Sustainable Development Goals. Establishment of Scaling up Nutrition Secretariat (SUN) at Planning and Development Department with the support of UNICEF is one major mile stone in that direction.

Our national commitment to half the number of under nutrition by 2025 can only be achieved by development of a strategy for multisectoral, coordinated and consolidated efforts. The solutions to malnutrition are practical, basic and have to be applied at scale and prioritized in the national development agenda.

Development of AJ&K Intersectoral Nutrition Strategy by Planning and Development Department in consultation with the relevant Departments and technical partners with the support of UNICEF provides a guideline for future planning of nutrition specific and sensitive interventions.

I, therefore urge all the government departments, development and cooperating partners, civil society, religious leaders, academicians, the private sector, political leaders, and other key stakeholders to rally behind government efforts and foster partnerships with shared value in ensuring the successful implementation of this strategy through concerted actions.

Raja Farooq Haider Khan

Prime Minister AJ&K

ACKNOWLEDGEMENTS

The development of the AJK Intersectoral Nutrition Strategy (INS) was accomplished through the efforts of technical working group comprising focal persons of all relevant Government Departments (i.e Health , Agriculture , Livestock , Food, Fisheries , Local Government & Rural Development , Social Welfare & Women Development and Education); Civil Society Organizations and representatives of technical partners including UNICEF,WFP and WHO. We would like to express our sincere gratitude to them all.

We also thank all the members of the State Nutrition Steering Committee for their inputs and ownership.

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All potential stakeholders were involved at every stage of the development of this document. Let us now join together for its implementation.

Additional Chief Secretary (Dev.)
Government of AJ&K

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ACRONYMS

ADP	Annual Development Program
BCC	Behaviour Change Communication
BHU	Basic Health Unit
BISP	Benazir Income Support Program
CBA	Child Bearing Age
CBO	Community Based Organization
CEDAW	Convention on the elimination of all forms of discrimination against women
CMAM	Community-based Management of Acute Malnutrition
CMWs	Community Midwives
DoE	Department of Education
DEIS	District Education Information System
DHIS	District Health Information System
DOH	Department of Health
EPI	Expanded Program on Immunization
ESMA	Extension Service Management Academy
FWW	Family Welfare Workers
GDP	Gross Domestic Product
HTSP	Healthy Timing and Spacing of Pregnancy
IDA	Iron Deficiency Anemia
IDNG	Intersectoral District Based Nutrition Group
IMNCI	Integrated Maternal, Newborn and Childhood Illness
IMR	Infant Mortality Rate
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
LHW	Lady Health Worker

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MIS	Management Information System
M&E	Monitoring and Evaluation
MNCH	Maternal, Neonatal and Child Health
MOU	Memorandum Of Understanding
NGO	Non Governmental Organization
NNS	National Nutrition Survey
NPA	National Plan of Action
NSS	Nutrition Surveillance System
PC-1	Planning Commission-proforma 1
PDHS	Pakistan Demographic and Health Survey
PQSC	Pakistan Standard of Quality Control
PHC	Primary Health Care
SC	Stabilization Center
SLSD	School led Sanitation Development
TORs	Terms of References
UC	Union Council
VLA	Village Livestock Activists
WASH	Water, Sanitation and Hygeine
SW & WDD	Social Welfare & Women Development Department
WFP	World Food Program
WHO	World Health Organization

1.0. INTRODUCTION

Malnutrition is a global problem. According to WHO, 45%,^{1,2}of mortality in young children in developing countries can be linked to malnutrition. 78% of these affected children live in Pakistan, India and Bangladesh. Malnutrition contributes to about 35%of all under 5 deaths in Pakistan³.

Malnourished children, particularly less than five year old stunted children are 4.6 times more vulnerable to die in this age group. Those who survive often grow up with compromised health and growth⁴. At the individual level, under-nutrition affects immunity, growth and cognitive functioning, with long-lasting harmful consequences on school performance and productivity of the individual. Likewise, at the national level, it impacts upon the nation growth and development. According to an assessment carried out by “Copenhagen consensus on human challenges”⁵, under-nutrition caused a loss of 8% of world GDP over the twentieth century. According to the United Nations Standing Committee on Nutrition (SCN) Fifth Report on the World Nutrition Situation, malnutrition is responsible for a 3-4% loss per year in GDP.

¹ www.who.int/mediacentre/factsheets/fs178/en

² http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2960988-5/fulltext?_eventId=login

³ Pakistan One United Nations Programme, 2013 – 2017 pg. 5 available at:[www.unicef.org/.../PAK_One_UN_Programme_II_\(2013_-_2017\)_Doc](http://www.unicef.org/.../PAK_One_UN_Programme_II_(2013_-_2017)_Doc).

⁴ *ibid*

⁵ Horton S., Steckel R.H. Malnutrition Global economic losses attributable to malnutrition 1900-2000 and projections to 2050, Assessment Paper, Copenhagen Consensus on Human Challenges, 2011

⁵ National Nutrition Survey-2011-Government of Pakistan, endorsed Sept 2013

2.0. AN OVERVIEW OF THE NUTRITIONAL STATUS OF WOMEN AND UNDER 5 YEAR OLD CHILDREN IN AJ&K

National Nutrition Survey, 2011 indicates that stunting, wasting and micronutrient deficiencies in children are prevalent in AJ&K. The survey also indicates that over the decade, there has not been much change in the core maternal and childh nutrition indicators across the country. Whilst, in AJ&K, stunting rates demonstrated a downward trend from 2001 to 2011 from 38% to31.7%, an upward trend was observed in the prevalence of wasting which increased from 7% to17.6 %. MICS 2007-2008 has highlighted that children living in the Muzaffarabad district are most at risk of stunting. Table 1 presents a comparative presentation of the key national nutrition indicators with AJ&K nutrition figures.

Table 1. Key nutritional indicators of under five year old children. Source: National Nutritional Survey 2011

Indicator	National	AJ&K
Stunting	43.7% ⁶	31.7 %
Wasting	15.1% ⁷	17.6%
Underweight	31.5 %	25.8%
Anemia ⁸	61.9%	46%
Vit A deficiency ⁹	54%	43.8%
Zinc deficiency ¹⁰	39.2%	47.2%
Vit. D deficiency ¹¹	40%	34.6

⁶ NNS 2011 – ver. 2013- pg 34

⁷ ibid

⁸ NNS 2011 - pg 39

⁹ NNS 2011 pg 40 for both

¹⁰ NNS 2011 pg 41

NNS 2011 also highlights a dismal picture of the nutritional status of women in Pakistan. The survey reports increased prevalence of iron deficiency anemia nationally in non-pregnant women(29.4% in 2001 to 50.4% in 2011)^{12,13}. On a positive note, prevalence of most of the micronutrient deficiencies in AJ&K is comparatively less than what was noted in other circumstances but with severity increasing during pregnancy. Ironically, although the reported use of iodized salt is highest in AJ&K compared to other provinces, the prevalence of goiter is also highest and urinary iodine excretion is low as shown in the table 2:

¹¹ NNS 2011 pg 42

¹² NNS 2011pg.31

¹³ AJ&K specific data not available

Table 2: Maternal nutrition key indicators (2011) Source: National Nutritional Survey 2011

<i>Indicator</i>	National	AJ&K
Anemia (moderate to severe) In non pregnant women based on Hb level ¹⁴	50.4%	41%
Anemia (moderate to severe) In pregnant women based on Hb level ¹⁵	51%	43%
Vit A deficiency (in non pregnant mothers) ¹⁶	42.1 %	13.7%
Vit A def. (in all married women)	42.5%	13.7 %
Vit. A deficiency in pregnant women ¹⁷	46%	32.2%
Vitamin D deficiency (non pregnant mothers) ¹⁸	66.8%	73.3%
Vitamin D deficiency (pregnant mothers)	67 %	73.3%
Median Urinary Iodine Excretion ¹⁹	105	63
Use of iodized salt for cooking ²⁰	39.8%	71.6%
Presence of Goiter ²¹	2.9%	9.8%
Zinc Deficiency -mothers ²²	42.1	67.9
Zinc Deficiency -pregnant mothers	47.6	95.8

¹⁴ NNS 2011- pg. 30

¹⁵ NNS 2011 - pg. 30

¹⁶ NNS 2011 - page 89

¹⁷ NNS 2011-page 89

¹⁸ NNS 2011 -page 91

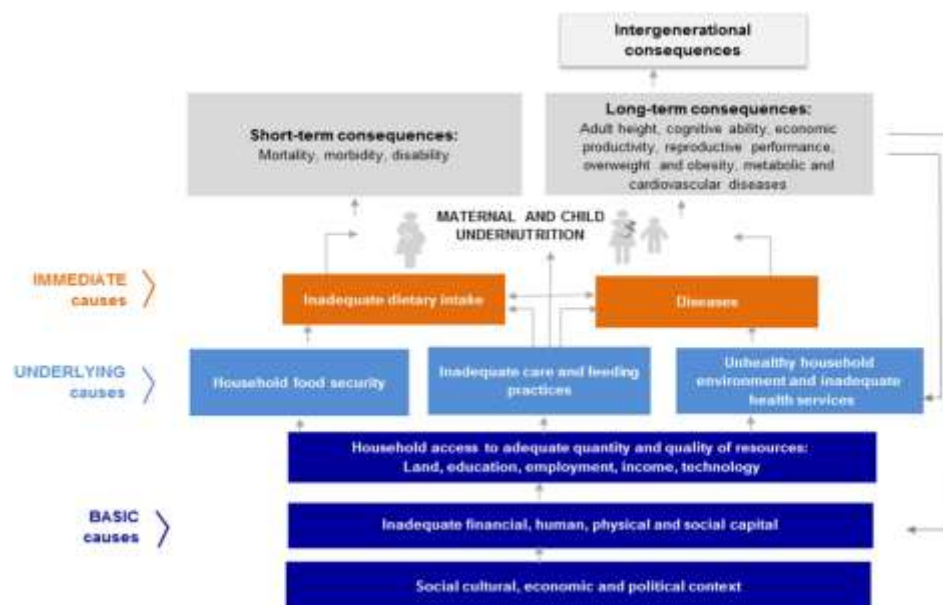
¹⁹ NNS 2011 -page 29

²⁰ NNS 2011page 26

²¹ NNS 2011-page 85

²² NNS 2011- Page 90

3.0. MALNUTRITION CAUSALITY FRAMEWORK



Several studies have highlighted that child under-nutrition is a ‘multi-faceted, complex phenomenon²³’ and is both an outcome and trigger of health issues. In order to address the problem of stunting and wasting in AJ&K, the analysis of causes was carried out using UNICEF causality framework²⁴. The framework which is grounded in multi-causality of nutrition problem hypothesizes interlinks between multiple causes and thereby confirms the case for inter-sectoral nature of the problem²⁵. At the outset, the framework shows a lethal inter-relationship between inadequate dietary intake and diseases in children. This severity of this relationship has been established in many scientific studies that indicate that while Pneumonia and Diarrhea in their own

²³ Ahmed, T.; Mahfuz, M.; Ireen, S.; Ahmed, A.M.; Rahman, S.; Islam, M.M.; Alam, M.N.; Hossain, M.I.; Rahman, S.M.; Ali, M.M.; Choudhury, F.P. and Cravioto, A. (2012a) ‘Nutrition of children and women in Bangladesh: trends and directions for the future’ *Journal of Health, Population and Nutrition*; 30.1

²⁴ UNICEF’s approach to scaling up nutrition: June 2015 Available at:

https://www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf

²⁵ Foraita, R.; Klasen, S. and Pigeot, I. (2008) ‘Using graphical chain models to analyze differences in structural correlates of undernutrition in Benin and Bangladesh’, *Economics and Human Biology*; 6 .3: 398-419

capacity are responsible for children's death, severely underweight children are 9.5 times more likely to die of diarrhea than a child who is not²⁶. The framework also demonstrates an interdependent relationship between inadequate food intake and disease with household level food insecurity, poor maternal and child care practices, and an environment that is non supportive for maternal and child health. The framework highlights critical influence of underlying socio-political and economical determinants such as education and literacy, poverty, assets, access to safe drinking water and hygienic sanitation facility and social and political determinants on the nutritional status of women and children.

4.0. APPLICATION OF THE FRAMEWORK IN THE CONTEXT OF AJ&K

When the causes of malnutrition in AJ&K are analyzed using a multi causality framework, it becomes evident that inadequate dietary intake, consequent upon household food insecurity (moderate to severe) is probably a grave issue for AJ&K (table 3) and an important cause of high prevalence of stunting and wasting in AJ&K. Widespread reports of diseases such as pneumonia, diarrhea and worm infestation from AJ&K are other likely causes of wasting which are the results of an environment where safe water and sanitation facilities are scarce (Table 3).

While overall, AJ&K has shown a decrease in the prevalence of stunting, when the data is further analyzed, it also becomes clear that the prevalence of stunting among children of illiterate mother is higher (48.2%). The prevalence of stunting is almost 50% less (22.4%) amongst the children of mothers educated up to ten grades or more. Similarly, it was observed that the prevalence of stunting varied with the wealth quintile – prevalence of stunting being higher 54 % in the lowest quintile

²⁶ Improving child nutrition: the achievable imperative for global progress. United Nations Children's Fund (UNICEF). April 2013

group. The table 3 given below gives an overview of key socio environmental indicators in AJ&K, which impacts upon the nutrition of the children:

Table 3: Socio environmental indicators of AJ&K (Source: National Nutrition Survey 2011)

Indicator	National	AJ&K
Household food insecurity	58.1%	57.1%
Household food insecurity (moderate to severe hunger)	29.6%	25.9%
Illiterate head of the household	45.7%	27.3%
Illiterate mothers of under 5 year old child	59.3%	30.4%
% of dwellings with piped or tubewell/boring water for drinking	81.8%	38.5%
Access to improved sanitation facilities	57%	62%
Antenatal care from skilled provider	58.9%	79.7%

Poor maternal care practices, particularly infant and young child feeding practices consequent upon lack of knowledge about nutritious food and lack of affordability to buy these foods also plays a critical role in impeding child growth and development. Likewise, the micronutrient deficiency is also widespread in children. The results of biochemical analysis have already been shared in the table-1 above.

Table 5- below highlights average intake of the type of food by a child 0-23 months of age in AJ&K. A critical analysis of the information indicates that poor feeding practices consequent upon poverty and poor food intake pattern may be another

cause of stunting and wasting in AJ&K. The NNS 2011 survey report has quoted that in AJ&K all LHWS and male decision makers were of the view that “some families even cannot afford vegetables and lentils and pass their days on potatoes only”.

Table 5: Frequency of Daily intake of food groups (0-23 months children)
(Source: National Nutrition Survey 2011)

Food groups	National	AJ&K
Breast Milk	7.4	6.2
Grains, roots and tubers	1.3	1.4
Legumes and nuts	0.03	0.05
Diary products (milk, Yogurt, cheese)	1.5	1.9
Flesh foods(meats, fish, poultry and liver, organ meats, etc)	0.06	0.06
Eggs	0.11	0.12
Vitamin A rich fruits and vegetables	0.03	0.04
Other fruits and vegetables	0.28	0.45

The data shown in the table 6 highlights the knowledge and practices regarding infant and young child are severely lacking in AJ&K. The data indicate a very small proportion of mothers adopting practices of early initiation of breastfeeding, exclusive breastfeeding and timely introduction of complementary foods among

women. In addition, the survey reveals that whilst for some micronutrients, the knowledge is more in AJ&K than the national average, it is still quite low.

Table 6: Knowledge and practice of mothers for IYCF (Source: National Nutrition Survey 2011²⁷

Indicators	National	AJ&K
Initiating breastfeeding immediately after birth	24.6%	12.4%
Initiating breastfeeding within one hour of birth	15.9%	25.9%
Initiating breastfeeding within 1 to 12 hours after birth	27.6%	35.1%
Initiating breastfeeding after 24 hours of birth	31.4%	26.5%
Honey as the first feed offered after birth	41%	43.2%
Exclusive breastfeeding upto six months of age ²⁸	12.9%	4.3%
Introducing semi solid food at 6-8 months of age ²⁹	51.3%	35.7%
Knowledge about Iron rich food ³⁰	24.8%	40.8%
Knowledge about iodine rich food ³¹	42.8%	59.1%

²⁷ NNS 2011 Page 101

²⁸ NNS 2011 Page 102

²⁹ NNS 2011 Page 103

³⁰ NNS 2011 Page 78

³¹ NNS 2011 Page 79

NNS 2011 also indicates that information received upon recall from mother highlights that consumption of various food groups, micro nutrients and vitamins when compared with the recommended daily allowance are either very low or in few instances very high such as Carbohydrate. The key findings are given in the table 7:

Table 7. Average Intake of calories and nutrients in mothers in AJ&K (24 hour food recall- NNS 2011)

Indicator	Recommended daily allowance	National- Actual intake	AJ&K actual intake by mother
Energy (Kcal)	2100	1479	1597.8
Protein (gm)	50	48.6	50.8
Fats (gm)	30	30.8	28.8
Carbohydrate (gm)	130	262.9	292.6
Calcium (mg)	1000	455.8	437.2
Iron (mg)	18	23.4	24.6
Zinc (mg)	10	8.2	8.1
Vit. C (mg.)	75	20.4	21.4

5.0. TARGET GROUPS FOR NUTRITION INTERVENTION

NNS 2011 reports micronutrient deficiency profile particularly anemia in women and children (Table 2). As evident from the survey, almost one in two households being food insecure, young girls and women are the most affected. NNS 2011 has also indicated the role of maternal literacy on nutritional status of children. Fortunately, AJ&K has much higher levels of female literacy as compared to other

provinces but still there are practices and behaviors that hinder nutritional health of the population. Since there is an intergenerational effect of malnutrition, therefore, INS AJ&K has prioritized adolescent girls and women as one of the key target groups in the INS-AJ&K.

Adolescents

Adolescent girls are primary targets for inter-sectoral strategy. The findings of the survey indicate that waiting to adopt a strategy for improving anemia and other nutritional deficiencies after a girl becomes pregnant is probably too late. Because of the intergenerational impact of adolescent nutritional status, the strategy considers this group as its core target population.

Minus nine months to two years (Preconception, conception, pregnancy and lactating women and early childhood)

NNS 2011 highlights that only 5.4%³² pregnant women received micronutrient supplementation during antenatal period. The survey also highlighted that micronutrient deficiencies are very prevalent in women and children. In order to improve the health outcomes for mother and baby, INS AJ&K will adopt 1000 days plus approach which expands from preconception counseling, to antenatal health education, post natal education, counseling of family spacing, micro nutrient supplementation and the promotion of infant and young child feeding (IYCF). Although, the expectant mother and her baby are already being targeted through CMW, LHW, FWW and community outreach programs, there is a need to upscale the investment to ensure that mothers coming for Antenatal care receives iron and folic acid supplementation and nutritional counseling.

³² NNS 2011Page 77

6.0. INTERVENTION FRAMEWORK FOR INS-AJ&K

The inter-sectoral strategy for AJ&K proposes up-scaling nutrition specific intervention from the health sector. Concurrently, it also advocates adopting an intersectoral approach whereby other sectors also review their sectoral strategy using nutrition lens and accordingly reposition their current sectoral interventions. The strategy is built upon the principles that encourage sectors to explore their potential areas of synergies and coordinated actions to achieve the desired outcomes. The sectors will also identify any unintended negative effects of their programs on nutrition. In light of the INS AJ&K, the relevant sectoral departments and Planning and Development Department will reassess their existing PC -1s to ensure that these are gender and nutrition sensitive.

7.0. THE GUIDING PRINCIPLES

Principle one: Recognition of right to food

The principle enshrines the right to have unrestricted access to affordable, good quality, adequate, culturally appropriate food. The principle also embraces the fundamental right of the people to be free from hunger.

Principle two: Evidence-based interventions

The strategy has been based on best practices and experiences from across the world in the development of the intersectoral nutrition strategy for AJ&K.

Principle three: Geographical convergence

INSAJ&K encourages sectors to prioritize their interventions and implement those in a coordinated fashion in the most high risk districts and UCs. The strategy emphasizes all sectors to demonstrate geographical convergence in their work plans.

Principle four: Gender empowerment

The strategy is grounded in the principle that women are an integral part of the process. Their participation in decision making fora from local to provincial level is mandatory. Incentives will be introduced, including creating an enabling environment for girls to acquire formal education. Pro women skill development and micro credit programs will be developed and disseminated to enable women to play a more active role in decision making at the household level and community level is vital.

Principle five: Plan multi-sectorally, implement sectorally, review inter-sectorally

In cognizance of the conviction that improved nutrition is an outcome of effective policies and multiple sectors³³, the INS AJ&K proposes the principle of inter-sectoral development and sectoral implementation of the interventions. The strategy proposes that sectoral workplans are monitored and reviewed inter-sectorally to ensure sectoral accountability for their performance.

Principle six: Encourage the involvement of civil society/religious leaders

The strategy has outlined a critical and constructive role of the civil society including opinion leaders and religious leaders. The strategy envisages civil society participation all levels: policy dialogue fora, membership on oversight group, social and community mobilization activities, research and advocacy activities and enhancing affordable access to nutrition knowledge, skills and food in the far flung areas. It is envisaged that the religious leaders will be mobilized to advocate to the community about importance of nutrition of women in light of the religious precinct.

³³Working Multisectorally in Nutrition: Principles, practices and case studies.(2011) . Edited ted by James Garrett and Marcela Natalicchio. The International Food Policy Research Institute (IFPRI)

8. 0. KEY THEMATIC AREAS OF INTERVENTIONS PROPOSED IN THE INS AJ&K

Summary of Inter-sectoral Nutrition Interventions in AJK Goal: To reduce under-nutrition in women and children in AJK			
Create Enabling Environment	Capacity Development	Field based interventions	Research and Development
Nutrition and health policy approved	Capacity built of health care providers in CMAM	Mobilization of Schools and community based platforms for nutrition education	LEAD SECTOR: EDUCATION i. Impact of inter-sectoral intervention on education outcomes; ii. Gaps in the curriculum for nutrition
Institution of "Protection of Breast-Feeding and Child Nutrition Ordinance"	Nutrition integrated in the curriculum of schools and outreach workers of health, education & WASH	Public awareness campaigns launched around harmful effects of pesticide	LEAD SECTOR: AGRICULTURE SECTOR i. Improved cattle and poultry breed ii. High protein fish breeding. iii. Enhance nutritive value of the crop, diverse food production, agronomic such as quality of seeds, fertilizers and biological pesticides, etc
Agriculture policy approved	IYCF included in pre-service and medical college curriculum	Systems established for the provision of safe drinking water	
Legislation on micronutrient fortification enforced	Vigilance ensured and strengthened for ensuring iodine content of salt	Household latrines constructed in high risk communities	
Harmonize activities of various sub sectors of health	Health, pregnancy and effective ante natal education program instituted	Household income through income generation activities enhanced	LEAD SECTOR WASH i. Barriers to adopting health and hygiene behaviours ii. Low cost technology for water treatment iii. Development and effectiveness of low cost sanitation facility for rural mountainous areas
Legislation on mid day food program from schools enforced	Awareness raised about wheat flour fortification amongst producer	Micro-credit programs reaches out to hard to reach population	LEAD SECTOR HEALTH AND PWD i. Effectiveness assessment of BCC intervention ii. Impact of micronutrient supplementation on adolescent girls iii. Indigenous high density food prod. iv. Assessment of nutritional needs of special population
Provincial water and sanitation policy approved	Increased coverage of micro nutrient supplementation ensured	Good quality CMAM program Implemented	
Harmonization of health activities ensured	Extension workers' role expanded into multi-skilled health workers	Home based poultry hatchery and cattle raising capacity built	
Code of breast milk marketing enforced	Capacity built for growing home based vegetables	Safe sanitation facility launched in prioritized areas	
Upscaling school led sanitation development intervention	Capacity for hardware management of the wash scheme instituted	WASH schemes rehabilitated, Improved and augmented	
Strict regulatory measures imposed for sale only certified seeds and pesticide	Sustainable fish farming through capacity building of master trainers for training of fish farmers instituted		
Food regulatory authority established to ensure food safety of the snacks and other food items sold in the market	Integration of nutrition indicators in every sub sectoral strategy		
Advocacy for introduction of indigenously produced high density diet	Capacity of women in home based food processing, conservation, preservation and marketing enhanced		
Create an enabling environment for public private partnership			

The table above gives a summary of the actions proposed in the strategy paper.

These interventions are nutrition specific (health and nutrition sector related) and nutrition sensitive related. Highlights of these interventions are given below:

a). Nutrition Specific Interventions

The health sector will:

1. Augment its focus to promoting exclusive breastfeeding up to 6 months of age and continued breastfeeding, together with appropriate and nutritious food, up to 2 years of age;
2. Work with other sectors and civil society to enforce legislation related to fortification of foods;

3. Administer micronutrient supplementation and awareness raising amongst children and caregiver through LHW, CMW and FWW from various health intra-sectoral platform;
4. Ensure timely identification and access to the treatment of malnutrition.
5. Conduct operational research to measure and document effectiveness of behavior change communications employed from various cadres of health sector providers to promote healthy food consumption and caring practices for households.

b). Nutrition-Sensitive Approaches:

i) Agriculture/Food/Livestock/Poultry & Fisheries:

The sector will focus on sustainable agriculture development and interventions to bring cultivable land to use, increase nutrient value of the crops, reduce post harvesting loss and make nutritious food accessible to everyone. The sector will support small farm holders to increase their existing crop yields, diversify cropping patterns by promoting nutritional crops, vegetable and fruit varieties and promote homestead cattle rearing and poultry farming. It is evident from NNS 2011 that nutritional deficiency exists both in children and adults in AJ&K. The % incidence of Zinc deficiency in non pregnant mothers and pregnant mothers (64.8% & 95.8 %) is higher than the national figure of 41.3 % & 47.6 % respectively. The prevalence of vitamin D deficiency (both non-pregnant and pregnant women) is higher in AJ&K (73.3 % and 73.4% compared to national figures. This situation calls for the remedial measures by treating crops and fruit orchards with micronutrient of Zinc and Calcium based fertilizer. These areas also need to be focused in the nutrition policy. In addition, agricultural extension services will be equipped with information to disseminate nutritional information to small farmers. The sector will also focus on improved quality inputs for growing off season vegetable, fruits and for better

crop diversity. The sector aims to promote aquaculture ventures, including introducing innovation and building its capacity in modern techniques like cage culture, pen culture and integrated fish farming. The sector will accelerate research on bio-diversification and bio-fortification through breeding plants and livestock selectively to enhance nutritional quality, e.g. increasing protein content of beans and milk etc.

ii) Clean Water and Sanitation

WASH sector will implement its commitment articulated in its sectoral plan aimed at enhancing access to safe drinking water and hygienic sanitation facilities with priority to far flung difficult areas. The sector in collaboration with education sector will ensure building of safe water and sanitation facilities in schools with urgent attention to girls' school or in schools where girl students also attend. The field force of WASH sector will be equipped with key nutrition message for dissemination during the field visit. WASH will undertake research to identify affordable approaches to treatment of water at home level and for making it safe for drinking purposes.

iii) Education sector

Education sector will introduce various incentives, including food vouchers to encourage girls to attend school and promote mid day school feeding program to make sure children have the energy that they need to learn. The education sector will undertake a review of its curriculum for nutrition coverage and develop key nutrition messages, including promotion of micronutrient rich food through school community education programs.

iv. Social Welfare and Women Development Department (SW &WDD)

INS AJ&K has committed to undertake interventions to empower women through enhancing their economic well being by building their knowledge and skills in nutrition and food related ventures. Women will be trained in improved handling of the crop and thereby reducing post-harvest losses, preservation, storage, preparation and processing techniques. The sector will also support other sectors in inter-sectoral actions and undertake operational research projects to assess impact of micro credits on small holder agriculture farmers

9.0. RESULT OUTCOMES OF THE INTERSECTORAL NUTRITION INTERVENTION

The overall objective of the intersectoral nutrition strategy is to reduce the burden of stunting and wasting in AJ&K amongst children and malnutrition amongst mothers in AJ&K. This will be achieved through sustainable, effective and inter-sectoral interventions in the region. The strategy seeks to reduce:

1. Stunting in children from 32% to 20% by the end of 2020.
2. Child wasting in children aged 6 to 59 months by 8% points (from an estimated 18% to 10% by the end of 2020).
3. Iron-deficiency anemia in children from 46% to 15% by the end of 2020
4. Iron deficiency anemia in pregnant women from 43% % to 22% by the end of 2020

10.0. ASSUMPTIONS

- a) There is a commitment to rapidly scale up both domestic and external investments for inter-sectoral nutrition interventions.
- b) Development partners will harmonize their external assistance, will seek to reduce fragmentation and to enhance mutual accountability.
- c) The Government is ready to embrace public-private partnerships for enhancing various sectoral performance including agriculture and crop productivity .
- d) Government, and non-governmental sectors and elected representatives assume ownership of the strategy.
- e) All sectors will embrace of the concept of one integrated provincial and district level monitoring and evaluation system.
- f) Nutrition sensitive programs will help scale up nutrition specific interventions.
- g) Key sectors, i.e. health, education, agriculture, food/ livestock/poultry and water and sanitation are committed to coordinating and collaborating intersectorally and cross sectorally and ensure that their interventions are pro-poor, gender and nutrition supportive.

11.0. AJ&K MULTISECTORAL NUTRITION RESULTS MONITORING FRAMEWORK

Table 8: Multisectoral nutrition results monitoring framework (References have been shared in the sections/ tables given above)

Primary Impact Indicators	Baseline NNS 2011	Target (2018)	Target (2020)	Frequency of Collection
Child stunting (H/A <2)	32%	25%	20%	Semi-annually DHIS
Child wasting (W/H <-2)	18%	13%	10%	Semi-annually DHIS
Iron deficiency anemia in children	46%	25%	15%	NSS
Vitamin A deficiency in children	43.8%	30%	20%	NSS
Pregnancy iron deficiency anemia	43%	33%	22%	Semi-annual DHIS & NSS
Maternal vitamin A deficiency	32%	22%	18%	NSS

Key Agriculture/Food Sector Indicators				
% of households "food secure"	43%	55%	65%	NSS surveys
% of families consuming commercially fortified wheat flour-	-	70%	80%	Annual surveillance site data
% of households consuming fortified edible oil	-	70%	80%%	Annual surveillance site data
% of households consuming iodized salt (min 15 ppm)	71.6%	100%	90%	Annual surveillance site data
Key Education and Women Sector Indicators				
Primary Impact Indicators	Baseline NNS 2011	Target (2017)	Target (2020)	Frequency of Collection
Literacy of women	69.6 %	90%	95%	NSS and other survey data
% of schools implementing nutrition in school curricula at any level	-	30% (pilot)	60%	Annual DoE MIS
% of secondary schools weekly iron tablets to adolescent girls	NA	70%	80%	Annual DoE MIS

Key WASH Sector indicators				
% of dwellings with piped or tubewell/boring water	38.5%	50%	70%	Annual WASH sector MIS plus NSS
% households having access to improved sanitation facilities (toilet)	64%	75%	80%	Annual WASH sector MIS plus NSS
Key Social Protection Sector Indicator				
% of BISP beneficiaries or girls from high risk areas with at least one female child of school going age enrolled in school		60%	70%	Annual BISP MIS
Key Health Sector (including IYCF) Indicators				
% of babies in whom breastfeeding was initiated immediately after birth	12.4%	25%	35%%	
% of infants 0-6 months of age for whom breastfeeding was initiated within 1 hour of birth	25.9%	40%	45%	Annual HMIS and NSS
% of infants aged 6-12 months of age who received exclusive breastfeeding up to six months	4.3%	25%	35%	Annual HMIS and NSS

% of children aged 12-24 months who were introduced to complementary food between 6-8 months of age	35.7	60%	70%	Annual HMIS and NSS
% of mothers with a child aged 0-12 months who received any skilled ANC during their last pregnancy	80%	85%	88%	Annual HMIS and NSS
% of mothers with a child aged 0-12 months who received micronutrient supplements during her last pregnancy	5.4	80%	85%	Annual HMIS and NSS
% of children aged 12-60 months who received a vitamin A supplement in the past 6 months		70%	95%	Annual HMIS and NSS
% of children aged 12-60 months who consumed multi-micronutrient powder within the past week		50%	70%	Annual HMIS and NSS
% of children aged 6-60 months with diarrhea in the past two weeks who received ORS with zinc		70%	85%	Annual HMIS and NSS

12. MONITORING AND EVALUATION

12.1. AJ&K oversight coordination, monitoring and evaluation

After the approval of the INS AJ&K 2016-2020, the current steering committee will graduate into oversight coordination with its role in monitoring and evaluation of the INS strategy implementation to ensure achievement of the targeted objectives through empirically sound and timely information on the progress of the action plan. Each sector will submit their key performance report to the oversight coordination group in the quarterly meeting. The group will also address and resolve any intersectoral coordination issues emerging between different sectors working on the same objectives. The group will ensure better coherence between sectors, good coordination between provincial and district level authorities and sustainable public and private means to finance interventions. The group will also take responsibility for strengthening accountability and inform policy choices. The secretariat of the provincial oversight coordination, monitoring and evaluation group will be situated in the P&D Department. It is proposed that under the chairmanship of P&D department, following departments will represent on the group:

- Departments of Agriculture, Food, livestock and Fisheries,
- Department of Education (DoE),
- Departments of Health (DoH) and Population Welfare,
- Department of Local Government and Rural Development,
- Departments of Social welfare and Women Development,
- Department of Finance,
- Representatives from the Development Agency,
- Representation from the Civil Society

12.1.1. Terms of reference of the oversight group

- a) Ensure that various departments are able to work in a coherent and coordinated manner.
- b) Ensure the annual district based work plans have been produced in consultation with other sectoral partners.
- c) Provide oversight during implementation to ensure that the State achieves its targeted objectives and activities.
- d) Carry out arbitration and mediation role in case of any conflict and differences between various sectors.
- e) Ensure that an overarching, intersectoral MIS has been developed that reports key performance indicators by all sectors on a quarterly basis.
- f) Provide support and approval for mid term and end term evaluation.
- g) Provide policy guidance and support in case it is needed.
- g) Perform any other functions assigned to the oversight group by the Chief of the committee.

12.2. District-based inter sectoral nutrition coordination committee

In order to ensure that the implementation is efficiently implemented upto the district and UC level, an inter-sectoral district based nutrition program committee is proposed. The committee will map out high risk UCs for priority implementation and will agree on a coordinated action plan. The committee will have the representation of various departments and will be guided by the strategic plan approved at the state level. A mechanism / platform called “inter-sectoral district nutrition coordination group (IDNG)” would be established in each district, chaired by deputy commissioner and will have the membership of the district head of concerned line departments, and district nutrition focal person as members.

12.2.1 Terms of reference of the District Inter-sectoral nutrition coordination group

1. Ensure development and reporting of monitoring indicators for UC level inter-sectoral nutrition activities;
2. Oversee the development of **micro plans** for implementation at the UC level;
3. Resolve any red flag issue if it arises.

13. FINANCING OF THE INS-AJ&K

Proposed approach to the financing of the inter-sectoral nutrition activity would be as follows:

1. Based on the sectoral activities identified and agreed by the sector, an integrated PC-1 will be prepared with the guidance of oversight group.
2. Each sector will also review their existing plans in the pipeline and will aim to make these nutrition sensitive
3. Each sector will have a separate allocation of the funds against the proposed activities in the PC-1.
4. Once the PC-1 is endorsed by the TWG, it will be forwarded to the steering committee for approval and later on submission to P&DD and finance department.
5. Finance Department will release funds to mobilize intersectoral actions for implementation.
6. Plans will be funded either by ADP or foreign assistance.

SECTORAL INTERVENTIONS

SECTOR III: HEALTH SECTOR

Long term outcomes:

1. Child stunting in children will reduce from 32% reported in NNS 2011 to 20% in 2020
2. Child wasting in children will reduce from 18% reported in NNS 2011 to 10% in 2020

Action Area 1: Enabling environment, policy frameworks, strategies

Recommendation 1.1: Develop a comprehensive provincial intersectoral nutrition policy

Result outcomes-By December 2016, approved nutrition and food security policy is already implemented and enforced in AJ&K with the following focus areas:

- a) Comprehensive and mandatory legislation for food safety and food fortification e.g. mandatory salt iodization, fortification of oil and wheat flour, etc.
- b) Provision in the budget for induction of at-least one food inspector for monitoring of food safety standards

Proposed actions

Following action areas are proposed for the development of the nutrition policy:

1. Identify an advocate/good will ambassador for nutrition” to lead the policy dialogue with the key stakeholders to get nutrition higher on the provincial government agenda;
2. Determine the scope of the intersectoral nutrition policy in consultation with different stakeholders
3. Design media advocacy strategy for enforcement of code of marketing of breast milk substitute and baby friendly hospitals;
4. Advocate for provision of adequate budget for nutrition interventions including monitoring of food safety through appointing inspectors at district level;

5. Advocate to legislators inter-sectorally for mandating wheat millers to fortify flour and for providing subsidy on iron mix to the chakki and flour mill owners.

Recommendation 1.2: Intensify actions to promote early initiation and exclusive breastfeeding and timely initiation of complementary feeding

Result outcomes: By Dec. 2020,

- a) Practice of initiation of breastfeeding immediately after breastfeeding would have increased from 12.4% to more than 35%
- b) Practice of early initiation of breastfeeding within one hour of birth increased to 45%
- c) % of children aged 12-24 months who were timely introduced to complementary feeding in 6-8 months would increase from 36% to 70%

Proposed actions:

1. Standardized BCC strategy and toolkit will be developed to enable LHWs and CMWs to disseminate messages around for immediate initiation of breastfeeding, exclusive breastfeeding and timely introduction of appropriate weaning diet containing diverse food groups and the introduction of food containing zinc and vitamin A in complementary and child feeding
2. Policy advocacy strategy would be implemented to demand workplaces to dedicate a protected space and time for new mothers for breastfeeding their babies.
3. Disseminate messages around breastfeeding using mobile phones and m-health approach

Action Area 2: Capacity Development and Coordination

Recommendation 2.1: Harmonize health sector interventions to reduce missed opportunities for preventing malnutrition and improving the nutritional health of children

Outcome indicators: By June 2016, intra-sectoral coordination group will be established comprising of technical representative from different sub sectors of health

Action points

1. Nominations would be sought from each sub sector of health for technical representation on the intersectoral technical platform (Consultant proposes this to be based in the P and D cell)
2. The group will harmonize BCC strategies and reduce missed opportunities for reaching out to women and children with key messages
3. The group will develop key messages on nutrition for women and children.
4. The group will develop mutually agreed protocols for managing malnutrition in children and expectant women at the community level
5. Develop joint work plans and include nutrition specific indicators in the MIS of the subsector of Health.
6. The group will develop master trainers to build the capacity of all the community and facility level health staff in the integrated package of nutrition promotion, counselling for breastfeeding, screening for malnutrition, IMNCI and de-worming.
7. All levels of health facilities, particularly in the hard to reach areas will be equipped and staff will be trained in anthropometry, malnutrition screen and community based management of acute malnutrition (CMAM).
8. Identify resource need for ensuring and improving close monitoring and supervision of CMWs and LHWs
9. Referral linkages will be established between various cadres of community based staff and the referral care facilities to ensure continuity of care for malnourished children and malnourished women.

Recommendation 2.2: Provide in service and pre-service training to health care providers in IYCF and CMAM at facility and community levels.

Result outcomes: By Dec. 2020, >80 % of the recent medical and nursing graduates will receive a basic knowledge and develop skills for counseling women about the importance of exclusive breastfeeding for first six months and IYCF practices.

Proposed actions

1. Compose a group of experts (pediatrician, nutritionist and nurses) to review the curriculum of the medical and nursing program for nutrition, CMAM and IYCF related messages in the curriculum.

2. KAP survey will be designed to assess if the health care providers have basic minimum information on nutrition after their graduation.
3. Advocate to HEC and PMDC to include the recommendations of the group in the curriculum.

Recommendation 2.3: Build the capacity of non health sector outreach workers in diverse areas of nutrition

Result outcomes - By June 2017, with the enhanced training and capacity building of the non health sector training institute, various training packages have been implemented for the training outreach workers in nutrition

PROPOSED ACTIONS

1. Mapping of the gaps in the capacity and the required resources would be developed for institutionalizing training program for non health sector providers.
2. Nutrition specialist in collaboration with other sectoral experts would develop key nutrition messages to be included in the curriculum of the non health field and extension workers.
3. Each sectors will identify strategies to disseminate key messages in the target population;
4. KAP survey for the outreach workers will be designed in the pre-intervention and post intervention phase that will show >90% of the outreach workers will have basic knowledge about:
 - Harmful effects of pesticides among pregnant women,
 - Benefits of using iodized salt for cooking
 - Knows correct method of hand washing using soap.
 - Signs and symptoms and effects of stunting and wasting.

Action area 3: Field-based implementation

Recommendation 3.1: Intensify statewide focus on increasing ANC/PNC coverage and quality, micronutrient supplementation and reproductive health counseling.

Result outcomes -By Dec. 2020:

- a) Enhanced coverage of the quality ANC from 80% to 88%
- b) The prevalence of iron deficiency anemia in pregnant women reduced from 43% (reported in 2011) to 22% in 2020.
- c) Maternal Vitamin A deficiency reduced from 32% (reported in NNS 2011) to 18% in 2020.
- d) Prevalence of low birth weight babies reduced from 28%³⁴ to 15%.
- e) Contraceptive Prevalence Rate in married women (who are currently using FP methods) increased from 27% (In 2010)³⁵ to 60%.
- f) >95% of the mothers of 0-12 months received any micronutrient supplements during their last pregnancy and lactation

Action points

1. Develop standardized key messages for women on importance of hemoglobin testing during ANC, and benefits micronutrient supplementation;
2. Develop and implement training curriculum for CMWs, LHWs and FWW on the art and science of preconception counseling and healthy timing and spacing (HTSP)
3. Broader package of antenatal care with nutrition counselling will be institutionalized from all facilities
4. Preconception counseling instituted from the basic health units and population welfare managed maternal and child healthDevelop communication tools for health care to enable to sensitize women about HTSP, healthy food during pregnancy, importance of HB testing and long term effect of low birth weight babies and its prevention;
5. Allocate funds for effective delivery of micronutrient supplements to expectant women during the antenatal period.
6. All cadres of health care providers would use available opportunity for interaction to inform mothers and girls about adolescent nutrition, healthy cooking and eating practices

³⁴NNS 2011

³⁵AJ&K, Demographic Health Survey, National Institute of Population Studies (NIPS), Islamabad, December, 2011, pg.56 and pag. xvi

Recommendation 3.2: Strengthen the capacity of LHWs, CMWs and primary care health providers in CMAM delivery

Result outcomes: By June 2020, 100 % of the LHWs, CMWs and primary health care providers working in AJ&K would be trained in effective implementation of IYCF and CMAM

Proposed actions

1. Develop clear role, incentives and accountability for the nutrition field staff and OTP facility staff to enable them to play an active role in early identification and effective management of malnutrition at the household, community and health facility level;
2. Strengthen referral system for severely malnourished children to the stabilization unit
3. Provision of adequate supplies of medicines and supplements to OTP facilities
4. Offer performance based incentives to motivate LHWs and CMWs to improve nutritional status in the prioritized district
5. Implement training programs to educate LHWs, CMW and PHC providers in the effective delivery of the nutrition education;
6. Support initiative for local production of high density food by investing in R and D.
7. A real time surveillance system will be instituted to take timely action in treating cases of malnutrition in the community

Recommendation 3.3: Increased coverage of micro-nutrient supplementation with special attention to current deficiencies in children

Result outcomes: By 2020

- a) Prevalence of Vit. A deficiency in children will reduce from 44% to 20%
- b) Prevalence of anemia in children will reduce from 46% to 15%.
- c) Prevalence of Vit. D deficiency will reduce from 35% to 20%

Proposed action

The following actions are proposed:

1. Create awareness about the benefits of Vit. A through campaign in the community;
2. Continue to administer of Vit. A through MCH week and Polio campaigns.
3. Incorporate Vit A coverage indicator in MIS and DHIS;
4. Institutionalize Micro-nutrient supplementation during pregnancy and to children less than five years old children

Action area 4: Research and development

Recommendation 4.1: Undertake research to identify underlying reasons for malnutrition in AJ&K context;

Result outcomes: By Dec. 2020, Health department would have undertaken:

- a) Pre and post intervention, KAP survey to assess the effectiveness of BCC intervention
- b) Operational research initiatives to find solutions for nutrition related issues.

Proposed actions

In order to strengthen the research agenda, following actions are proposed:

1. A technical advisory group of people from health, research, academia and nutrition background will be put together to define the operational research agenda.
2. Funds will sought under the dedicated research and advocacy funds to implement the research agenda. Various funding sources such as University / HEC grants would be pursued for conducting the identified research.
3. The research scope would encompass a very broad area, including identifying local solution for nutrition problems through conceptualizing PPP models, inter-sectoral intervention models, etc.
4. Following are some of the research themes:

- Operational research to carry out the effectiveness study of PPP model;
- Formative research to assess the feeding practices of the people in AJ&K
- Basic research to understand the profile of the context-specific worm infestation.
- Evaluation research to assess the effectiveness of different approaches to address maternal malnutrition, particularly among the poor and disadvantaged
- Formative research to provide guidance on the use of the most appropriate communication channels for bringing about positive behavior within the community, especially social and economically disadvantaged to adopt the IYCF practices.

Action area 5: Project Management, Reporting, Monitoring and Evaluation (for nutrition related and nutrition specific interventions)

Recommendation 5.1: Multisectoral and integrated approach (planning, coordination, implementation, monitoring) for nutrition will be instituted in the state

Result outcomes -By the end of 2020:

- a) Health sector successfully ensured implementation of more than 95 % of its envisaged activities in a coherent and coordinated manner within the sector and inter-sectorally;
- b) Priority districts identified for inter-sectoral interventions show improvement in the nutritional status based on the identified, defensible criteria.

Proposed actions

1. A health planning group aimed at harmonizing various intra sectors and intersectoral approaches will be instituted in the state;
2. A district based nutrition surveillance system will be established immediately to respond to emerging cases of malnutrition;
3. Nutrition indicators would be incorporated in the DHIS to enable monitoring of the district based nutrition indicators, including exclusive breastfeeding, low birth weight and report of moderate and severe malnutrition;
4. A detailed implementation plan will be developed for realizing integrated role of health sector;
5. A very rigorous monitoring system will be used to present the status of implementation of the district based work plan with priority attention to low performing district;
6. Progress against the targets will be presented to the inter sectoral monitoring cell ;
7. Districts will actively participate in the end line survey to gauge progress on the indicators identified in NNS 2011 and MICS;

Recommendation 5.2: Establish an oversight intra-sectoral coordination group to harmonize activities of various sub sectors of health and reduce fragmentation in health service delivery.

Result outcomes

- a. By June 2016, intra-sectoral coordination group would be active with different sub sectors of health
- b. By Dec. 2017, the coordination group would have harmonized the integrated management protocols using a coordinated approach for the development of program interventions and awareness messages
- c. By Dec 2016, Nutrition indicators incorporated in the MIS of the subsector of Health
- d. By Dec 2020, atleast 50 % of the newly married couple have benefitted from the preconception counselling and birth preparedness and complication readiness (BPCR) packages to ensure healthy outcomes of pregnancy and birth outcome

Proposed action

A task force for intra-sectoral coordination will be established with representation from various sectors to carry out following actions:

- a. Synergize opportunities and actions being carried out for nutrition improvement;
- b. Develop common key messages for re-enforcement from different platforms;
- c. Explore synergies for providing continuity of care to malnourished children
- d. Develop and institute district oriented planning and reporting system that includes nutrition sensitive and nutrition specific indicators collected from various sectors.
- e. Design and participate actively in the mid-term and end evaluations.
- f. Develop harmonized and complementary interventions and standardized awareness messages.

SECTOR II: EDUCATION SECTOR

Long term outcome: Improved nutrition as a result of higher literacy rate amongst girls from the marginalized communities

Action area 1: Enabling environment, policy frameworks and strategies

Recommendation 1.1: Introduce policy and create a supportive environment for reaching out to children from poor areas with nutritional intervention using school platform

Result outcomes: By June 2020,

- a) 100 % of schools in the marginalized areas have introduced food incentives to girls with an indirect impact on increased school attendance.
- b) 70% of BISP beneficiaries or girls from high risk areas will have at least one female child of school going age enrolled in school

Proposed actions

The following actions are proposed for increasing girl enrollment into schools:

1. Undertake formative research to understand the requirement for introducing food vouchers for girls in schools
2. Identify barriers and develop strategies for introducing nutrition of students with priority focus on girls school

Recommendation 1.2: Introduce policy for mid day school feeding program primarily from schools in high risk areas

Result outcomes

- By Dec 2017, mid day food policy is enforced in 30% of schools in the high risk areas.
- By Dec. 2017, the enrollment of girls in schools as well as their retention has increased by at least 20 fold

Proposed actions

Following milestones actions are proposed for implementing the program:

1. Develop mid day school meal that is coherent with the daily recommended allowance of various food groups and administered with the aim to teach students to eat a healthy meal such as vegetables, fruits, pulses and animal products, such as milk.
2. Mapping of girls schools in high risk areas for priority actions.
3. Mobilize support of local community based organizations for management of school feeding programs, including procurement, distribution and transparent supply mechanism.
4. Strengthen SMC for participation in the parental awareness activities around education and nutrition of girls.
5. Advocate for predictable funding for implementing school feeding program implementation

Action area 2: Capacity Development – Coordination and Cooperation

Recommendation 2.1: Incorporate nutrition messages and activities in school curriculum

Result outcomes 2.1:

By June 2020, 60% of the schools in the target areas have nutrition curriculum institutionalized.

By June 2020, 80% of the schools have instituted weekly iron tablets administration as well as nutrition education activities.

Proposed actions

1. A task group would undertake gap analysis in the school curriculum for nutrition component and propose action oriented nutrition activities to convey key messages through the school curriculum
2. Schools will have an active SMC that will:
 - a) Identify community areas that can be utilized for a kitchen garden.
 - b) Connect schools with extension workers for getting various agricultural inputs for kitchen gardens and home kitchen garden.
 - c) Link up with local LHWS to support teachers to undertake health school based nutrition awareness activities, annual health screening of children and deworming in children.

Action area 3: Field level Implementation

Recommendation 3.1: Scale up clean water and School Led Sanitation Development (SLSD) Projects in areas of need.

Result Outcomes-By Dec. 2020, more than 95% of the schools identified in high risk areas would have functional water and SLSD activities

Proposed actions: Education sector:

1. With support from the WASH sector would map schools, particularly girls schools in high risk areas for building functional water supply and latrines.

2. Will teach students to maintain a good sanitation hygiene and water supply in the school.
3. Would implement school based health and hygiene promotion activities.
4. Will build the capacity of the SMC in the monitoring of water and sanitation facilities in schools.

Action area 4: Research and Development

Recommendation 4.1: Enhance research and development activities to assess the impact of the integrated nutrition and education actions on the nutrition outcomes.

Result outcomes: By September 2016, the technical research advisory group would be actively pursuing atleast two research themes with support from sponsors for the researches to be carried out in collaboration with other sectors.

Proposed research questions

1. Impact of inter-sectoral intervention on education outcomes.
2. Impact of school led sanitation projects on girls' school enrollment and nutrition.
3. Gap analysis for including nutrition messages in the current curriculum.
4. Lessons learnt from models of public private partnership for up-scaling water and SLD intervention.
5. Challenges to governance of community based incentive oriented nutrition programs.

Action area 5: Monitoring and Evaluation

Recommendation 5.1: Nutrition indicators should be integrated into the information system

Result outcomes

- By Dec, 2016, Education sector has integrated DEIS system with nutrition indicators

- By Dec. 20120, DEIS would show achieving >70 % of its planned targets

Proposed actions: DoE will

1. Define and agree on indicators that will be reported to the INS oversight group.
2. Report on a quarterly progress on provincial and district work plan.
3. Participate in mid-term and end term evaluation of the INS AJ&K
4. Participate and support the joint monitoring system.

SECTOR III: DEPARTMENT OF AGRICULTURE/FOOD/LIVESTOCK/POULTRY AND FISHERIES

Long term outcome: Improved food secured households in AJ&K through enhancing productivity of agriculture sector and unrestricted access to quality, safe, adequate and affordable supply of bio-diversified food particularly to poor and marginalized segment .

Action Area 1: Enabling environment, policy frameworks, strategies

Recommendation 1.1: Enhance food security through approving and enforcing integrated pro-poor gender sensitive State agricultural and food security policy.

Result outcomes:

By Dec. 2016, Gender sensitive and pro-poor State agriculture and food security policy are approved and enforced.

By Dec. 2020, the prevalence of food secured households has increased from 42% (reported in NNS 2011) to 65%

Proposed actions: It is recommended that a multi-sectoral technical advocacy group is established that:

1. Collects evidence to assess the feasibility of providing access to food at subsidized price to women and children in high risk areas, poor and victims of cataclysmic event.
2. Develop strategy to inform legislators about the impact of the policy on the nutritional health of women and children in the population.

3. Develop mechanism to ensure that the policy is pro-poor and gender sensitive.

Outcome 1.2. Build and establish clear rules of engagement for motivating the private sector in adopting innovative partnership approaches to promote public private partnerships

By December 2020, several public private interventions are instituted to increase access and supply of the diverse sources of food in the marginalized population.

Proposed actions:

1. Develop clear ToR for the stewardship role of the public sector that enables it to ensure close monitoring without interfering into private sector operational matters.
2. Establish a task force that develops mechanisms to protect commercial risk, policy risk and regulatory policies with an aim to attract and retain private sector interest and keeping the foreign direct investment in the country.

Action area 2: Capacity Development and coordination

Recommendation 2.1: Establish food authority and revive food certification agencies in AJ&K to ensure safety of food and various animal and plant products including meat, fish, milk, egg, cheese, butter, yoghurt, edible oil, pesticides fertilizers etc.

Result outcomes: By June 2016:

Legislation have been promulgated and enforced that ensures

- a) Sale of only safe and healthy food products in the marketplace
- b) Sale of safe agricultural inputs (fertilizers, pesticides and seeds etc.)
- c) Availability of hormones and medicines to animals that are safe for humans

Proposed Actions

- a) Revival of food safety / food certification authority with strict mandate for certification of the food safety prior to its sale in the market.

- b) Mobilization of Pakistan standard of Quality Control (PSQC) and linking it with food authority to set the standard in the provincial context, including guidelines for licensing, prohibition orders, recall procedures, improvement notices or prosecution.
- c) Establish food laboratories at appropriate locations for ensuring safety of the food supplied in the market.
- d) Media campaign to sensitize people about any unhealthy food products available in the market and encourage them to buy only certified food items.
- e) Institute strict monitoring measures to ensure that the medicines used for enhancing milk and milk products are safe for human health.
- f) Raise awareness among cattle and livestock owners about the harmful effects of the use of such products and penalties in case any malpractice is unraveled.

Recommendation 2.2: Enhance and expand the role of agriculture extension workers as multi skilled workers, particularly working in far flung and difficult areas

Result outcomes:

By June 2017, Extension Service Management Academy has curriculum and trainers who transfer nutrition related knowledge to extension health workers

By Dec. 2020, 100 % of the agriculture extension workers and field assistants have awareness about good nutrition and healthy practices.

Proposed action

Capacity building of ESMA will be undertaken to:

1. Improve the Human-Resource in multi-sectoral nutrition intervention to deliver training using an integrated training approach, which develops primary competency in respective area but secondary expertise in other areas.

2. Redefine the outreach workers curriculum to make it more integrated in nature. The curriculum should sensitize the outreach extension workers and sectoral staff about common areas of concern and intervention including need for consuming diverse sources of food, the benefits of consuming fortified food, food hygiene, detrimental effects of pesticide on human body, harmful effect of medicines and drugs on the human body, etc.
3. Appropriate teaching methodology will be developed in light of the learning acquired through exchange visits to see best practices in the respective areas of production in other neighbouring countries.

Recommendation 2.3: Focus on improving knowledge, attitude and skills of the farmers, livestock growers and fishery owners in the farming practices, growth of off season fruits and vegetables, timely diagnosis and treatment and control of the communicable diseases

Result outcomes – By Dec 2020, the end term KAP survey demonstrates at least:

- a) 50 % improvement in the awareness of the beneficiaries regarding farming practices, growing off season and value added fruits and improved ideas for reducing post harvest loss.
- b) 50% of the rural farmers will have necessary skills, capacity and the opportunity to increase their agricultural productivity .
- c) 40% of the nomadic livestock caretakers would have knowledge about healthy livestock rearing practices, signs and symptoms of various communicable diseases that may affect livestock, prevention of communicable diseases in livestock and poultry, the essential vaccines for animals and access to veterinary first aid and vaccination services

Proposed action

1. Context specific researches will be undertaken and based on the findings, messages and strategies will be developed to increase productivity of the farming system, poultry and animals.
2. Extension workers will enable farmers currently involved in subsistence farming to avail options and alternatives such as cash crops, off season vegetables and fruit production that can be sold in the market to increase in their income, increasing cropped area , fertility management of the soil and reducing post-harvest losses.

3. Extension workers will bring small farmers together in cooperatives to get access to the main market for the sale of their produce and seeking access to affordable and efficient inputs.
4. Agriculture sector will develop low cost approaches such as audio cassettes, brochures and handbills to inform farmers and growers informed about the emerging information and technology, a hotline to disseminate information and respond to the queries of the farmers and to disseminate information about nearest help desk, nearest water testing and soil testing labs, location from where certified seeds can be purchased, etc.
5. The traditional platforms in the rural areas will also be revived such as the Farmers days and cattle shows will be arranged that will provide an opportunity to promote awareness about keeping live stock healthy as well as information about regular vaccination of the animals.
6. Village livestock activist (VLA) male/female will be trained in basic animal husbandry practices, management and first aid. After getting the training the VLA will be self employed and will be in a position to handle sick animal and to provide them first aid/basic treatment on the spot well in time. They will also disseminate information about the communicable disease, importance of reporting and administration of essential vaccination through radio and veterinary workers. Strengthen the capacity of the existing first aid center for livestock in the treatment and management of communicable diseases
7. Promptly implement the plan to scale up the provision of health care to animals through establishing mobile veterinary dispensaries (well equipped) in atleast five remote districts of AJ&K that would help save the lives of the animals and protect livestock and poultry growers from the catastrophic results resulting from epidemics.
8. Replace the available animals with poor genetic potential with the high yield producing animals such as Elite cows (Heifers)³⁶so that the productivity of the animal could be enhanced to generate more income from the activity.

³⁶This reference of Heifers was given by the Department of Animal Husbandry and Poultry

Recommendation 2.4: Create an enabling environment for promoting village women participation in local poultry based activities

Result outcomes: By Dec. 2020, 50% of the households with poultry business have women trained in poultry farming who will be actively contributing to the household income and also have increased the availability of poultry and meat at affordable rates in the market.

Proposed actions

The proposed strategy aims to train local rural women in

- a) The poultry farming and poultry rearing practice and business
- b) Ensure provision of basic items such as utensils for enhancing poultry farming.
- c) Support the community in poultry farming by building shades using a participatory and cost sharing approach

Recommendation 2.5: Enable underserved women to increase their household income by processing perishable food items

Result outcomes: By Dec. 2020, 50% of the households with women are producing vegetables and fruits in the kitchen gardens and are skilled in processing excess fruits for household use or sale in the market

Proposed actions

The strategy proposes that extension workers will:

- a) Improve capacity of women in producing variety of vegetables and fruits in kitchen garden
- b) Facilitate women in getting micro-credit loans for procuring inputs for improving their produce
- c) Build skills of women in food processing at home level.
- d) Educate the women about the benefits of consuming diverse sources of food .

Recommendation 2.5: Increase the output of small fish farmers through enabling them to access better quality inputs

Result outcome: By the end of Dec. 2020:

- a) Financing schemes are being accessed by at least 70 % small fish farmers to promote traditional aquaculture practices and backyard fish farming;
- b) 100% small fish farmers have enhanced their fish farming practices;
- c) At least 80% the fish farmers demonstrate awareness about good quality fish feed, establishment of small level fish farms and means to enhance productivity;
- d) Almost 100 % of the small fish farmers have access to good quality fish feed, fingerlings and relevant inputs to enhance the nutrient values of the fish;
- e) Sale of the fish in the market is almost double.

Proposed actions

1. Human resource and technical capacity of the fishery department will be built to enable it to adopt modern intensive fish culture practice, fish farming in mini dams and integrated fish farming will be introduced to improve the output of the fishery sector;
2. The sector will facilitate in the identification of potential sites for the development of private fish farms, organic fish farms and trout farming; ;
3. Enabling environment will be created for mobilizing private sector investors for funding aquaculture projects for the poor ;
4. Extension Services for fishery sector will be extended to all districts of AJ&K;
5. The research agenda will be developed and will focus on identification of the improved farming practice;
6. Investment will be made to improve the quality and affordability fish feed and fingerlings ;
7. IEC material and teaching tools will be developed on standardized fish farming practices to enable extension workers to provide more effective services.

Recommendation 2.6: Horticulture department will develop local capacity for production of affordable and quality supply of pure seeds, capacity for growing variety of fruits and other inputs for farmers

Result outcome: By Dec. 2020,90% of poor farmers living in the hard to reach areas have access to safe and affordable supply of quality seeds that has enhanced the crop production

Proposed actions

- a) Enhance investment in research to produce improved and affordable varieties of seed which is also safe for the soil and human consumption;
- b) Invest in improving the skills of farmers in proper use of these seeds for crop production and growing off season vegetable and added fruits ;
- c) Supply Zinc and calcium based fertilizers for plants and orchards.

Action area 3: Coordination and Cooperation

Proposed action

Recommendation 3.1: Upscale domestic agriculture and homestead food production of livestock, dairy and poultry products primarily in hard to reach areas

Result outcome - By Dec. 2020:

- a) 50% Poor families in hard to reach areas have their own homestead production capacity in livestock, dairy and poultry;
- b) Atleast 30% of the poor report increased consumption of meat, poultry, egg and milk from the baseline;
- c) More than 50 % of the domestic ventures are owned by women.

Proposed actions

1. Develop local livestock, dairy and poultry farmers associations that have a voice, representation and opportunity for participation in various decision making that also affects their well being and productivity;

2. Mobilize micro credit facilities, social protection programs such as BISP (Waseela-e-rozgar program), social welfare program and Zarai Tarqiyati bank to develop pro poor micro credit and financing packages with low markups to enable ultra poor to adopt homestead production of cattle farming, poultry hatchery and backyard gardening ;
 3. Disseminate information about the credit facilities through media and extension workers;
 4. Provide high quality breeding bulls in remote areas for natural mating service for breed improvement where artificial insemination service is not available ;
 5. Enhance productivity of dairy, meat and mutton production from production to consumption by introducing modern farm management techniques, improving supply chain, increasing processing capabilities and enhance the quality and quantity of livestock products;
 6. Initiate small scale dairy farming, beef/mutton farming, goat farming, rural poultry farming and new technologies in breed improvement ;
 7. Equip outreach extension workers from agriculture sector in knowledge and skills to guide small, marginalized families to build skills of the in the homestead initiatives;
 8. Adopt strategies for promoting consumption of fish food.
-

Recommendation 3.2: Ensure availability and access of the population to fortified food

Result outcomes: By Dec. 2020

- a) 90 % of the population consumes iodized salt
- b) 80 % of edible oil available in the market is fortified for Vit. A and D
- c) 80 % of the flour available in the market is fortified with iron

Proposed action

- a) Establish linkages with consumer protection bodies, food inspectors and Pakistan Standards and Quality Control Authority (PSQCA), civil society and media to enhance market vigilance to ensure that the food available in the market is fortified;
- b) BCC strategy planned and implemented through field outreach workers and the media to spread messages about the importance of consuming fortified food.

Action area 4: Research and Development

Recommendation 4.1: Establish research and advocacy fund with participation of relevant sectors in the technical advisory group.

Result Outcome:

By 2017, the agricultural research institute has developed a research based technical input packages for food diversification of the cropping products.

By 2020, the intra-sectoral research agenda has been identified aimed at enhancing productivity of the sector and addresses barriers to accessing and consuming nutrition diet.

Proposed research areas

1. Research and develop different breed improvement techniques and strategies such as artificial insemination (AI) and synchronization techniques,
2. Enhance local production of good quality fodder, seeds and other agricultural inputs;
3. Invest in the research and development of zinc and calcium based fertilizers to treat crops and fruit orchards;
4. Invest in research for producing broader variety of fruit, protection & preservation, mushroom cultivation as well as value addition ;
5. Invest in research and development in identifying safe approaches to enhancing milk and meat production;

6. Create an enabling environment for women participation in agricultural production through developing women friendly technology for farming and harvesting;
7. Explore the development of better quality and affordable fish food;
8. Undertake formative research to understand the knowledge, attitude and eating patterns of the population to develop context specific health products;
9. Collect, document and disseminate the best practices for community-based fish farming;
10. Assess impact of agricultural extension and advisory services intervention.

Action Area 5: Project Management, Reporting, Monitoring and Evaluation (for nutrition-related and nutrition-specific interventions)

Recommendation 5.1: Promote intra-sectoral coordination and monitoring forum to coordinate and support various intra-sectoral initiatives

Result Outcomes: By Dec. 2020, agriculture sector with its various sub sectors has achieved 80 % of the planned activity

Proposed actions

By June 2016, all sub-sectors of agriculture will develop and support various initiatives in coordination with each other to implement following actions:

- a) Design and carry out a gap analysis exercise
- b) Develop district level action plans with timelines
- c) Integrate nutrition into sub sector M&E
- d) Share progress and performance on quarterly basis in the implementation of the district inter-sectoral plan

SECTOR IV: THE LOCAL GOVERNMENT AND RURAL DEVELOPMENT

Long term result outcome: Improved nutrition status through improved health and hygiene (HH) and sanitation of the population living in AJ&K

Action Area 1: Enabling environment, policy frameworks, strategies

Recommendation 1.1: Create an enabling environment for the provision of safe water and sanitation through instituting policy and strategy

Outcome Indicator

- a) By Dec 2016, State water and sanitation policy and strategy has been approved and enforced.
- b) By Dec. 2020, the coverage of safe drinking water through piped or tubewell/boring water has increased up to 70% in the rural areas of the AJ&K state with priority action in high risk UCs
- c) By Dec. 2020, % of households having access to improved sanitation facilities has increased to 80% with priority focus on hard to reach areas.

Proposed actions

1. Consultation, lobbying and advocacy to the policy makers and legislators for policy approval;
2. Mapping of the high risk UCs for priority WASH intervention and provision of WASH inputs (pipe networks, water treatment units, poor sewage treatment).

Recommendation 1.2: Develop guidelines for improving quality of drinking-water at household level, safe use of wastewater and aquaculture

Outcome indicator

- a. By Dec. 2016, provincial guidelines have been implemented for improving the quality of drinking-water and safe use of wastewater in agriculture and aquaculture
- b. By Dec. 2017, atleast 80 % of the households are treating water to make it safe for drinking

Proposed actions

1. Guidelines will be developed for public education on the home based approaches to treatment of the drinking water at the household level; Guidelines about household level water treatment and hygienic management of sanitation will be incorporated in the curriculum of outreach worker's ;
2. Disseminate guidelines on the household level water treatment through media and CBOs;
3. Links will be strengthened with technical agencies like UN to seek guidance, capacity strengthening and good practice models of safe water and safe re-use of wastewater.

Recommendation 1.3: Promote public private partnership for building water and sanitation projects in hard to reach areas and strengthening the role of communities

Result outcomes: By June 2017:

- a. The private sector is actively engaged with the public sector in mobilizing the communities in hard to reach areas for promoting development and implementation of WASH schemes

Proposed actions

1. Private sector including local support organizations will be mobilized to invest and engage in the provision of WASH schemes in the far flung areas;
2. More than 80% of the new and existing WASH schemes would have an oversight of village development committee (VDC) and women committees ;
3. Locally valued incentives will be introduced for promoting community ownership and participation in the follow up maintenance of the schemes ;
4. Source of water supply will be protected through indigenous means.

Action Area 2: Capacity Building

Recommendation 2.1: Strengthen the hardware capacity of the WASH sector for the safe provision of drinking water and sanitation services;

Result outcomes: By June 2020:

1. 100 % of drinking water facilities meet standards for the provision of the safe drinking water;
2. 100 % of the sanitation services meet the safety standards stipulated in the guidelines

Proposed actions

WASH sector will establish WASH cell to:

- a. Play leadership role in strategic planning, implementation and monitoring of the activities
- b. Ensure inter sectoral coordination in implementation of geographically focussed WASH interventions
- c. Ensure that >90% of the WASH schemes meet the defined quality and safety standards
- d. Review fortnightly water quality and safety report generated by each UC

Action area 3: Field-based implementation

Recommendation 3.1: WASH sector will work inter-sectorally with public and private partners in geographically prioritized areas to promote health and hygiene practices

Result outcome -By Dec 2020:

- a. The KAP survey demonstrates 100% population wash their hands with soap
- b. 75% of the families practice home based water treatment practices
- c. More than 95% of the schools identified in high risk areas would have functional water and SLSD activities

Proposed actions

- Health and hygiene BCC strategy with standardized messages and communication tools will be produced for promotion by various sector outreach workers and media;
- Health professionals, physicians, nurses and school teachers would receive a standardized message on HH, proper home treatment facilities of water for onward dissemination;
- Civil society and NGOs capacity would be built to mobilize the community on HH messages;.
- WASH sector and Education sector will identify schools to build water and SLSD intervention.

Recommendation 3.2: Expedite access to safe WASH facilities in high risk UCs through systematic implementation of new schemes and rehabilitation of old schemes

Result outcomes: By Dec. 2020

- a. 85% of the high risk UCs will have access to functional WASH interventions
- b. 100 % of non-functional water and sanitation schemes will be functional

Proposed actions

1. Mapping of the areas where non functional WASH facilities are present for rehabilitation.
2. Prioritize high risk districts for instituting new WASH schemes.

Action area 4: Research and Development

Recommendation 4.1: Researches should be conducted to find local solutions to the problems through investing in research activities

Result outcomes: By Dec. 2020, WASH sector has undertaken at least three researches in WASH sector

Proposed action: A technical advisory group will be established to identify key research themes for future investigation. Following are some of the research areas:

- a. Barriers to adopting health and hygiene behaviors
- b. Technology for treating water at low cost at home
- c. Development of low cost sanitation facilities for rural mountainous area

Action area 5: Project Management, Reporting, Monitoring and Evaluation

Recommendation 5.1: Develop, monitor and report the progress of various programs to ensure coordination with other stakeholders

Result outcomes: By Dec 2020, WASH sector has achieved 95% of the planned activity

Proposed action

1. Develop MoUs with different sectors to agree on potential role and responsibilities;
2. Develop indicators and integrate them into MIS system and report to the oversight committee
3. Develop action plans and milestones with timelines and report it on a quarterly basis to the oversight committee

SECTOR V: SOCIAL WELFARE & WOMEN DEVELOPMENT

Action 1: Creating an enabling environment for action

Recommendation 1.1: SWD & WD would advocate for creating a favorable policy environment, for eliminating discrimination and creating an enabling environment for protecting women and children and thereby improve their well being, social status and nutritional health

Outcome indicators: By Dec. 2020,

- a) The social protection policy instituted
- b) National Plan of Action (NPA) for Child Protection instituted that ensures the rights of the child.
- c) “Convention on the Elimination of all forms of Discrimination against women (CEDAW)” implemented to ensure the participation of women in all spheres of life.

Proposed action

- a) Women caucus, civil society, media and women from a wider background would lobby to policy makers for awareness raising and institutionalization of:
 - i. the social protection policy
 - ii. CEDAW bill
- b) Mechanisms will be developed for reporting and follow up actions in case of non compliance;
- c) Advocate to the women legislators to develop strategies to provide free legal aid to victims of domestic violence and sexual harassment;
- d) Expedite the establishment of the Family Protection Centres (Crisis Centre for Women in G-B) and link them with the income generation capacity building of the inmates.

Recommendation 2.1: Launch nutrition improvement interventions from various women development and employment centers

Result outcomes -By Dec. 2016, standardized nutrition messages and skills will be imparted to women from available platforms such as women's development and employment centres

Proposed actions

- a) Develop the art of kitchen / community garden amongst girls and women, food processing and poultry farming amongst women attending the women development centers
- b) Provide information and organize sessions for women of the employment centers about micro finance opportunities for initiating their own small businesses

Action Area 3: Field Based Implementation

Recommendation 3.1: SW & WD Department should expand its package of community based skill development opportunities in collaboration with other sectors with an aim to enhance nutrition related earning opportunities

Result Outcome: By June 2020, WD&SW in collaboration with:

- a) Agriculture, animal husbandry and related sectors will have at least five more nutrition related skill based earning opportunities

Proposed actions

1. SW& WD Department would identify and facilitate various sectors (agriculture, microfinance sector, local Government and rural development department)in nutrition related women focussed earning opportunities ;
2. SW& WD Department would extend its support in identifying most highly deprived areas for intersectoral skill development activities;
3. SW& WD Department will facilitate the relevant sectors in recruiting women from the communities for skill development activities;

4. SW & WD Department will mobilize private sector for promotion and linking women engaged in cottage industries with markets to boost women employment and household income and control on food choices.

Recommendation 3.2: SW& WD Department would lead and also support other sectors in sensitizing communities about the importance of nutrition amongst women and girls

Result outcome: From June 2016 onwards:

- a. SW& WD Department in collaboration with other sectors would implement sensitization campaigns as well as support other sectors in creating awareness about the need for improved nutrition in women and girls

Proposed actions

1. SW & WD Department would develop a package of key messages for dissemination through various platforms (religious leaders, local community leaders)
2. SW& WD Department would participate in campaigns to celebrate international days with practical actions such as enrollment of girls for education, recruitment in women development centers and home based entrepreneurship development activities for improving women economic and social status.

Action area 4: Research and Development

Recommendation 4.1: SW& WD Department would participate in research aimed at assessing effectiveness of evidence based interventions to address unmet needs for improving women's health and nutrition

Result outcome

- a) By Dec. 2016, SW& WD Department will have defined operational research agenda that will be implemented with the support of technical partners and will help in policy advocacy

Proposed action areas

- a. The technical research advisory group established
- b. Research agenda and sponsors identified
- c. Some of the research questions are as follows:

Proposed research questions:

1. Research to understand barriers to improving nutrition amongst women;
2. Knowledge development about the effectiveness of various models of public/private sector for health and nutrition improvement and reaching out to women in rural areas;
3. Trends in the emerging market for enterprise development with women and girls in the center of such development;
4. Collection of best practices for improving women's status in rural mountainous areas;
5. Review of the current vocational training curriculum to incorporate the nutritional component ;
6. Collection of case studies to improve awareness about human & women rights issues that ultimately impacts upon the health of the women.

Action area 5: Project Management, Reporting, Monitoring and Evaluation (for nutrition-sensitive and nutrition-specific interventions)

Recommendation 5.1: Develop, monitor and report the progress of various programs to ensure coordination with other stakeholders

Result outcomes: By Dec 2020, SW & WD Department will achieve 90% of the planned activity

Proposed action

- a) Develop MoUs with different sectors to agree on potential roles and responsibilities;

- b) Develop indicators in consultation with participating sectors to report to the oversight committee
- c) Develop action plan and milestones with timelines and report it on a quarterly basis to the oversight committee

ANNEXURES

Annexure 1

STAKEHOLDER ANALYSIS OF HEALTH SECTOR IN AJ&K

Health sector in AJ&K comprises of many sub sectors. These sectors operate vertically because of its financing approach. Fortunately, Maternal and child health is the cross cutting key thematic focus. Each of these programs has their own MIS system which further causes fragmentation and duplication of efforts and information. For example. nutrition indicators as Anemia is reported through LHW-MIS .and CHW-MIS. Other relevant indicators such as number of expectant mothers coming for antenatal care, postnatal care and skilled birth delivery are also captured through CMW-MIS and MNCH. DHIS which is primarily a facility based MIS captures facility based performance indicators on various thematic areas such maternal and child health vaccination etc.

OVERARCHING OPPORTUNITIES AND CONSTRAINTS

Discussion and analysis of various sectoral documents highlights following opportunities and challenges

Opportunities

I) Need for a broader intersectoral nutrition policy

Various studies show a direct link between nutritional health and various underlying social determinants of health such as education of the women, availability of safe drinking water and defecation free environment. Unfortunately, AJ&K does not have an intersectoral nutrition policy in place that could create an enabling environment for inter-sectoral actions. In the absence of such a policy, high impact initiative cannot be enacted to address the root causes of the problem directly (e.g. food subsidies to the poor) and/or indirectly (e.g. income generation or

job creation), wheat fortification, vitamin A supplementation and other micronutrient fortification strategies and social protection interventions. Development of intersectoral nutrition policy has potential to address this gap. The policy and the intervention should also put in place a monitoring mechanism to ensure implementation of various intersectoral actions as per the policy stipulation.

II) Implementation of “Protection of Breastfeeding and Child Nutrition Ordinance” across the country

AJ&K has the lowest rate (12.4%)³⁷ of initiation of breastfeeding immediately after the birth of the baby. Initiation of breastfeeding shortly after delivery is linked to the lower rate of diarrhea, which is attributed to the protective effect of human colostrum against diarrhea as demonstrated in several studies. In 2002, Pakistan introduced the “*Protection of Breastfeeding and Child Nutrition Ordinance*”³⁸ which has been implemented after the devolution in three provinces, Punjab, Sindh and Baluchistan. Gilgit Baltistan and AJ&K have yet to introduce the legislation. Consequently, there is no penalty or restriction on the health care providers of public and private sector hospitals for prescription of formula milk. Development and implementation of intersectoral nutrition gap has to be addressed in order to improve the health of the baby.

³⁷ NNS 2011Page 100

³⁸The Ordinance in Chapter III Under (2) states that "No person shall in any manner assert that any designated product is a substitute for mother's milk, or that it is equivalent to or comparable with or superior to mother's milk."Protection of Breast-Feeding and Child Nutrition Ordinance 2002 also stress on formation of a National Board to monitor the implementation of the said Ordinance.

Challenges

a) Lack of coordination in the nutrition improvement strategy in health sector

Health system in AJ&K like other states of the country comprises of many vertical programs without any inter-sectoral program coordination. As mentioned, this situation has resulted from the vertical financing of the programs. While, changing the mode of financing is a challenge, there is an urgent need to have a common intrasectoral dialogue and planning platform for integrating these interventions.

b) Lack of HCP competency in malnutrition management and nutrition promotion

In order to keep children healthy and to create awareness amongst parents about the importance of exclusive breastfeeding and young child feeding, health care providers need to be well equipped with the information about the importance of infant and young child feeding. While the current medical curriculum has some information about sick children and malnutrition, the new physicians and nurses need to have essential information on IYCF and stabilization and treatment protocols for use in stabilization center. In addition, curriculum lacks any discussion on the links between nutrition sensitive and nutrition specific interventions to enable health care providers to appreciate the value of inter-sectoral collaboration in addressing the issue of malnutrition.

c) Lack of synergy in the work of outreach workers

Malnutrition is caused by several factors which includes the use of pesticides and its harmful effect on pregnant and non pregnant farming women. In the absence of adequate information about precautions to be taken during activities such as

spraying, the masses do not understand the need to adopt preventive measures such as wearing protecting shoes. In addition, in spite of the fact that the provision of clean water is a major challenge, there is lack of dissemination of information about the home treatment of the drinking water, importance of keeping the environment defecation free, etc. Various sectors such as agriculture, WASH, Education and LGRD have a large force of outreach workers who work in the rural and distant communities and potentially have opportunities to influence their behaviour around nutrition particularly focusing on adolescent girls, expectant women and children. Outreach workers from various sectors, if mobilized, could play an important role in awareness raising about the effects of various harmful agriculture inputs on health.

d) Good antenatal coverage but poor focus on assessment and education

AJ&K reports a good coverage of ANC (least one ANC visit is 79.6%³⁹ compared to 60% at the national level) but at the same time the prevalence of clinical anemia (pallor) in AJ&K is quite high. Similarly, Hemoglobin levels of both pregnant and non-pregnant women indicate that around 41% of non-pregnant women and 43%⁴⁰ pregnant women suffer from moderate to severe anemia. Worms, dietary deficiency of iron as well as myths about cold and hot food may be responsible for this. Likewise, intake of various micro-nutrient by expectant women during last pregnancy is reported to be very low. There is still lack of emphasis on awareness raising around proper diet and nutrition during pregnancy.

³⁹ National nutrition survey 2011

⁴⁰ National nutrition survey 2011

e) Inadequate social mobilization of communities around nutrition

In the health care system of the country, LHWs are responsible for promoting nutrition awareness at household level. In addition, LHWs can play a key role in building bridges between different sectors and organizing community discussion groups. Since devolution, LHW and CMW programs have faced severe financial and budgetary constraints which has affected their role tremendously. Required quantities of medicines and supplies are not available for some time and there is hardly any funds available for field based activities. Weighing machines, family records and equipments important for growth monitoring are also not available. LHW MIS is the only source for any health information and in the absence of availability of these resources, information from LHWs is also not received. Out of order vehicles or unavailability of vehicles is another major challenge for carrying out monitoring and supervision activities.

f) High micronutrient deficiency and poor knowledge amongst women about sources of nutritious food

According to the NNS 2011 survey, prevalence of Goiter is most common in AJ&K (9.8 %) compared to other states. Mothers have poor knowledge about health problems due to Zinc deficiency across Pakistan. The majority of mothers (58 %) in Pakistan does not know which foods contain vitamin A. A small proportion of mothers have knowledge about Vitamin A rich food across Pakistan.

1.1. MNCH PROGRAM OF AJ&K

MNCH agenda at the national level is an exemplar of an integrated approach as evident from its aggregated outputs indicating commitment to improving MNCH, FP, skill birth delivery promotion, family planning, IMNCI, nutrition and EPI. The

program is committed to work collaboratively with NGOs and the private sector to achieve its goals. Strategic directions for a nationally integrated MNCH program are provided in the Strategic Framework document which was endorsed by the Prime Minister of Pakistan and unanimously adopted by all provinces and AJ&K in the National Public Health Forum in April 2005. The Framework presents a number of innovative strategies to strengthen district health system's role in efficient delivery of MNCH care and to achieve global commitment towards development Goals in maternal and child health.

The MNCH program aims to strengthen district health systems through improvement in technical and managerial capacity at all levels and upgrading institutions and facilities, streamlining and strengthening services for provision of basic and comprehensive emergency obstetric and newborn care (EmONC) and integrating all services related with MNCH at the district level. The program has introduced a cadre of community-based skilled birth attendants to provide access to skilled delivery keeping in mind the local circumstances. The program is also committed to increase demand for health services through targeted, socially acceptable communication strategies.

MNCH program aims to increase the health care utilization by improving quality, scope, availability, accessibility and improved provider behavior along with increasing community awareness for maternal and child care, women's empowerment and promoting women's role in the decision making process for seeking care during pregnancy and child birth.

During the last four financial years, MNCH program in AJ&K has been allocated only 32% of PC-1 cost and out of which only 50% were actually released. According to the program reports, the situation has worsened after devolution with much less proportion of the release of the approved budget. The department has expressed its

concern that the allocation will not even meet the demand of staff salaries. This has enormously affected the performance of the program as the program will not have the capacity to carry out important activities. These include training and deployment of community midwives, provision of medicines, supplies and equipment, behavior change communication, construction / renovation of midwifery school and health facilities, setting standards and monitoring of services and operationalization of DPIUs. In spite of all impediments survey reports of AJ&K DHIS 2010 reveals encouraging results on indicators as compared with National figures.

Overarching opportunities and Constraints/challenges

Opportunities

- a) MNCH project delivers quality MNCH services in more than 225 health facilities involving over 600 healthcare providers. This large network is an important resource for reaching out to the population in hard to reach areas. All three levels of health care facilities offer important opportunities for counseling on nutrition. These include management of sick children using the Integrated Management of Newborn and Childhood Illnesses, nutrition advice/services including child growth monitoring, counseling and care during prenatal and postnatal period and birth preparedness program for expectant women
- b) Healthy timing and spacing approach is very vital for improving the nutritional health of women. MNCH program plans to collaborate with the population welfare department to decrease the unmet need of family planning by offering awareness about healthy timing and spacing of pregnancies from all health facilities in collaboration with department of Population Welfare so that the full range of contraceptives and follow-up services can be provided.

- c) The community midwives (CMWs) are trained in home-based deliveries, managing pregnant women from the antenatal period to post natal and newborn care period. The revised curriculum of CMW has more emphasis on IMNCI and nutrition. CMW can play a key role in educating the expectant women and her family about nutrition during pregnancy, early initiation of breastfeeding and the importance of introducing a diverse diet during the post natal period.
- d) MNCH MIS covers CMW related activities including her time of induction, her placement, her performance through a number of deliveries conducted and number of antenatal and postnatal care visits. It does not include indicators related to nutrition. If the CMWs are provided with required reagents or equipments to measure maternal anemia, this information can be provided by CMW program through its MIS.

Constraints and challenges

- a) Identification of malnutrition in women and children, nutrition rehabilitation of women and children and stabilization of the malnourished children is not adequately covered in CMW MIS.
- b) The referral system for malnourished children is an important element of the rehabilitation of the malnourished children. Such referral facilities are currently not in place, posing challenges for CMW in managing malnourished children.
- c) The cadre of CMW has not yet formally integrated into the entire health system. Hence, it's a challenge to ensure their accountability and reporting.

- d) The CMW supervisory system is not yet properly defined and the capacity and competency of the supervisors in nutrition program will need to be developed.
- e) Retention and acceptance of CMW by the community are a major challenge

1.2. LHW PROGRAMME OF AJ&K

“The National Program for Family Planning and Primary Health Care (NP-FP&PHC) also referred to as LHW program has expanded substantially since 2000. Currently, the program faces enormous challenges due to decentralization. With expansion, the program has penetrated into more rural and less advantaged areas, although it is still not reaching the most disadvantaged areas. Currently there are 3068 LHWs and 154 LHSs. The average population to be covered by LHW in hard to reach areas of AJ&K is 500-700 people, while that in the rural areas is 700-1000 people per LHW. The proposed ratio of coverage of LHS is one LHS for an average of 20 LHWs which in scattered/hard area could be 15.

The program is aimed at reducing IMR and MMR as well as in increasing the contraceptive Prevalence Rate and coverage of fully immunized children aged 12-23 months .

Overarching opportunities and Constraints/Challenges

Opportunities

- a) LHWs are trained to deliver family planning and MNCH services. The opportunity lies in the smooth integration of nutrition lens in the package of services delivered by LHW i.e. antenatal care and the role of nutrition, advice on effect of good nutrition on natal and post natal outcomes,

- b) increased coverage of immunization against the major infectious diseases and the role of poor nutrition on the vulnerability to preventable communicable disease, promotion of health education, nutrition promotion and basic sanitation, prevention and control of locally endemic diseases, treatment of common diseases and injuries and provision of essential drugs and supplements.
- c) LHW can play a critical role in identifying and screening malnourished children in her catchment area and refer them to the nearby centres. LHWs can also be trained to provide therapeutic feeding and follow up support to sick and malnourished children, supplementary feeding for moderate malnutrition, as per protocols including the provision of skilled breastfeeding support when required.
- d) LHWs can also promote good nutrition for pregnant women and lactating mothers and can guide them about complementary feeding.
- e) LHW MIS also collects information about the nutritional status of children through undertaking growth monitoring of children.
- f) The LHW has been trained and provided a limited monthly supply of essential drugs. Hence, LHWs can provide timely care to the sick children for simple illnesses, such as diarrhea and minor cases, worm infestation and anemia, infection of upper respiratory infections, which together constitute the cause of mortality of more than 60% of the under five year of age children. If micronutrients for children and supplements for mothers are also included in her package of medicines, she could further the agenda of reducing micronutrient deficiencies.

Intersectoral Nutrition Strategy Azad Jammu & Kashmir, (2016-2020)

- g) LHW program works closely with other program and can play a very key role in enhancing nutrition focus into those program components.

- h) The LHW program works closely with MNCH and EPI program through reinforcement of messages about the importance of vaccination of women and children and the referral of children for provision of vaccination to fixed sites at BHUs.
- i) LHW program has also expressed its commitment to develop a special training package focusing on skilled based training for LHWs in IYCF strategy with support from Nutrition Wing of MoH.

Constraints and challenges

- a) Lack of timely release of approved funding has severely compromised the LHW program performance

1.3. POPULATION WELFARE DEPARTMENT

AJ&K Population is about 4.46 million⁴¹. Family planning services were introduced in AJ&K in 1983 and have been continuing since then. At present family planning services are offered from 55 Family Welfare Centers located in 10 districts namely Muzaffarabad, HattainBalla, Neelum, Bagh, Havaile, Poonch, Sudhunoti, Kotli, Mirpur and Bhimber. 07 RHSC-A Centers at district level, 08 RHSC-"A" Centre at Tehsil level, 07 MSUs, 120 Social Mobilizers and 57 Female Village Based Family Planning Workers.

Intersectoral Nutrition Strategy Azad Jammu & Kashmir, (2016-2020)

The AJ&K, due to its high literacy rate, has a tremendous potential and demand for the family planning services. The program 2003-2008 made a significant progress by establishing management and service delivery infrastructure in AJ&K. The trends of

⁴¹ AJK AT A GLANCE 2015, P & D Department

increasing contraceptive uptake indicate a high demand for intrauterine devices and injectable followed by oral pills, condoms and contraceptive surgeries. Although, there are 10 districts in AJ&K, population welfare offices have been established in seven district population welfare offices, one each in Districts Muzaffarabad, Neelum, Bagh, Poonch, Kotli, Mirpur & Bhimber.

The specific function of district offices is to plan, organize and implement family planning and reproductive health activities through FWCs, MSUs, RHSCs, Social Mobilizers, RMPs, health outlets of Health Departments, other provincial line departments, Village Based Family Planning Workers, Hakims & Homeopaths, PPSOs and coordinate population education activities. The offices also look after the logistic support and contraceptive supply for the smooth delivery of the program activities.

The service delivery network of AJ&K Population Welfare Programme comprises Reproductive Health Services centers-“A”(RHSC-As), Family Welfare Centers (FWCs), Mobile Service Units (MSUs), Social Mobilizers. It is expected that by 2015, fifteen RHS centers are DHQ/THQs, 182 family welfare centers, 10 mobile service units, 10 district training centers, 182 social mobilizers and 182 villages based family planning workers would be operating in AJ&K.

Overarching opportunities and Constraints/challenges

Opportunities

- a) Presently one FWC serves 69,090 persons, through existing 55 FWCs in AJ&K. Since the ministry plans to operate these FWC in the rural and hard to reach areas, it is an excellent opportunity to provide preconception counseling to couples. The expansion of the network of FWCs would enable communities to access healthy birth spacing services and thereby improved maternal and newborn health.

Intersectoral Nutrition Strategy Azad Jammu & Kashmir, (2016-2020)

- b) Family welfare center can counsel mothers about prevention of anemia, the importance of maintaining good nutrition during pregnancy, infant health care,

including nutritional advice, growth monitoring and treatment of common ailments.

- c) Family welfare center can also integrate nutrition related messages in its regular health education sessions on topics according to the need of the community through “Mohalla Sangat”. Mohalla Sangat can also be used as a platform to create awareness on small family, myths and harmful practices, female literacy, human rights and gender equity.

Constraints and challenges

1. Lack of required coordination with other sub sectors of health deprives FWW of adequate opportunities for training and development in the area of nutrition.

1.4. THE EPI PROGRAMME

The main focus of the Health Dept. of AJ&K for reducing child mortality is on prevention of preventable communicable diseases is by concentrating on the strengthening of EPI service delivery in AJ&K through PSDP and GAVI Support. The Govt. of AJ&K and the Govt. of Pakistan are determined to improve social sector services by reducing infant mortality rate and maternal morbidity rate. A project by the name of strengthening of EPI services in AJ&K through PSDP and GAVI Support is underway. The amount proposed for the project is a total of 607.022 and commitment by PSDP is 567.022 and by GAVI 40.000. In 2012 the allocation has been by PSDP 69.471 million and 40.000 million by GAVI.

The main objective of Health Dept. of AJ&K is to improve the general health standards of the population of AJ&K by providing modern health facilities to even women and children. The Govt of AJ&K has accorded high priority to preventive programs of EPI, as the diseases covered under the program are major killers and a threat to children. Although significant achievement has been made by reducing the morbidity and mortality due to vaccines “preventable diseases and diarrheal diseases of childhood, the program needs an acceleration, to achieve further reduction, in infant mortality rate (IMR). The specific objectives of this project are focused around the strengthening of EPI Services in AJ&K through PSDP and GAVI Support. This will enable the program to (a) Protect all eligible children against Childhood Tuberculosis, Poliomyelitis, Diphtheria, Pertussis, Tetanus, Hep-B, Haemophilias, Influenza type B, and Measles. (b) Protect all pregnant ladies with toxoid and their neonates against neonatal tetanus. (c) Disease eradication, elimination, reduction and control(c) Protect children less than 5 years against complication of diarrhea through proper case management. (e) Protect all women of childbearing age, in high risk and intermediate risk areas, with tetanus-toxoid.

Total health facilities for EPI in AJ&K is 941. The projected demand for 3 years is Rs.607.022 million. The program is linked to other health sector projects for improving the quality of neonatal and child health services. The aim of this project is to ensure the increased and sustained immunization coverage through immunization services in the country. Social benefits include improvement in the health of women and children to achieve the Health Sector goals for poverty reduction and related MDGs. Around 80 % children immunized against eight EPI targeted diseases and 60 % pregnant ladies against tetanus annually have a vital impact on morbidity and mortality due to these diseases.

Overarching opportunities and Constraints

Opportunities

- a) During EPI programs, workers go from house to house to vaccinate children. This is a good opportunity to identify malnourished children, provide nutrition awareness to parents and care gives and health education and nutrition packs to mothers for their children.

Constraints and Challenges

- a) Vaccinator's curriculum does not have enough emphasis on nutrition promotion and hence it is a missed opportunity to counsel mothers of weak babies.

1.5 Community Nutrition Program (CNP) AJ & K

Department of Health AJ & K with the support of UNICEF and UN-WFP launched community nutrition program (CNP) in five selected districts of AJK since 2013. The major objective of this program is to reduce and treat malnutrition among children aged between 6-59 months and PLWs .

Targeted Supplementary Feeding Program (TSFP) for moderately acute malnourished (MAM) children and PLWs is run with support of UN-WFP at Department of Health AJ&K facilities through two implementing partners AJK Rural Support Program and Islamic Relief. Under TSFP MAM children under five (6-59 months) and PLWs are treated through special nutritious food i.e Achamum, WSB and Vegetable Oil.

UNICEF is supporting Out Patient Therapeutic Program (OTP) for community management of non-complicated severely malnourished (SAM) children by

provision of Ready to Use Therapeutic Food (RUTF). It is implemented through Department of Health AJK primary health care delivery system facilities and staff for the sustainability of the intervention. Training and capacity building of PHC facility and community staff has been done on screening, management protocols of SAM children and Supplies like RUTF, IYCF practices and data reporting system.

The malnourished cases are identified through screening in the community by Social Mobilizers and LHWs with the support of Mother Support Groups. MUAC tapes are used to measure the middle upper arm circumferences of PLWs and children between the age brackets of 6-59 months.

Currently the program is running in districts Bagh, Haveli, Neelum, Hattian and Muzaffarabad. Apart from giving away rations CNP staff is also involved in in behavior change communication by delivering key messages about health and nutrition to the masses.

WHO will also support establishment of Stabilization Centers for the treatment of malnourished children with complications at selected hospitals of DoH AJ &K.

Overarching opportunities and Constraints

Opportunities

1. Treatment through nutritious food has proven very successful to treat under nourished PLWs and children age between 6-59.
2. Revitalization of Mother Support Group (MSG) at community level under the overall lead of respective LHWs is not only helping in screening, follow-ups, but dissemination of key health messages.
3. Quarterly and yearly review meetings with all the relevant stakeholders is providing an opportunity to share the best practices in the field and identifies gaps.

4. The program can be scaled up to other non-covered districts by resource mobilization through advocacy with the government departments and relevant partner organization.
5. Involvement of LHWs and community based support staff has the potential to identify and manage malnutrition at community level in hard to reach areas.

Limitations/Challenges:

1. Sustainability and ownership of the ongoing program for long term planning.
2. Limited financial and technical capacity of Department of Health AJ & K.
3. Integration with other relevant programs (MNCH, EPI & NFP&PHC) of Department of Health AJ &K.
4. Nutrition is still a new subject among policy makers which hinders the way to bring it on priority government development agenda.

ANNEXURE 2

EDUCATION SECTOR IN AJ&K

Education has remained a priority for the Govt of AJ&K. This has manifested in the literacy rate of 67% in AJ&K, which is higher than the national average of Pakistan. At present the gross enrollment rate at primary level is 98%⁴² for boys and 89% for girls (between the ages of 5 – 9 years). Unfortunately, however, this gender gap continues from primary to post graduate level and even in professional education. The number of women professionals, including doctors, engineers and doctorate qualified is minimal in AJ&K despite the fact that gender equity has always remained the main target of education plans and policies of AJ&K Govt. To eliminate the gender difference in education, AJ&K plans to eliminate obstacles in access to education and overcoming poverty and inequality, integration of advocacy training and capacity measures across social sectors, bringing about an attitudinal shift towards the girl child. In MICS 2007-2008 survey, those children whose mothers had secondary or higher education is less likely to be underweight and stunted compared to children of mothers with no education⁴³. Since many interventions are dependent on bringing girls inschools, therefore, AJ&K strategic documents highlight girls education a priority.

“The Vision 2025 and the 11thFive Year Plan for Elementary and Secondary education for AJ&K”⁵² emphasizes access to good quality education, highly educated and skilled population that is gainfully employed and are productive citizens of the state. Govt. of AJ&K sees this as means to economic revival, cultural values,

⁴² MICS AJ&K 2007-2008 ,Page 102

⁴³ MICS AJ&K 2007-2008- pg. 29

innovative approach, self reliance and social change. The document⁴⁴advocates to the state to allocate about 30% of its total recurring budget besides 7% of the total development budget on this sector.

Earthquake 2005 had a dampening effect on AJ&K aspiration for achieving education goals. The quake flattened 3100 educational institutions. While 1163 institutions have been reconstructed under the ERRA / SERRA and donors, the work on 930 institutions is still continuing.

Reconstruction work on the rest of the schools are still awaiting funding from donors or the Govt. of AJ&K. A large number of schools are still without any shelter in quake hit areas and southern AJ&K.

According to the AJ&K-DHS 2010 report, the rural residents are less likely to attend and stay in school compared to urban residents. One fifth (22 %) of the male population in rural areas have no education against 13 % of those in urban areas⁴⁵. The residential differences in educational attainment may be because of non availability and inaccessibility of educational institutions in rural areas. 41% of females in rural areas have no education as compared with one-fourth (27 %) of females in urban areas.

To provide equal academic opportunities to females, one girls high school each in 49 such deprived union councils of AJ&K has been commissioned by the government⁴⁶.

⁴⁴ The Vision 2025 and the 11th five Year Plan for elementary and Secondary Education, Directorate of Planning Elementary & Secondary Education. Azad Govt. of the State of Jammu & Kashmir.

⁴⁵ AJ&KDHS 2010 reportpg. 37.

⁴⁶ AJ&K Prime Minister announces new education policy, Associated Press Pakistan, Dec. 13, 2013. Downloaded from app.com.pk/...php?option=com_content&task=view&id=... on 25thDece. 2013

This intervention will strengthen the supply side. For increasing demand for female education in particular, more advocacy and incentives will need to be put in place.

Overarching opportunities and constraints/challenges

Opportunities

a. Need for emphasis on nutrition in school curriculum

Education platform is ideal for teaching students healthy habit. However, for sustainable change to take place, it is essential to introduce action oriented and interactive activity based nutrition curriculum for schools. AJ&K has also expressed in its strategy document, revision of curricula and textbooks at all levels for gender sensitization. This opportunity can also be used to include key messages about nutrition and determinants such as clean water and sanitation and its impact on health. The inter-sectoral strategy commits to ensure that the curriculum and appropriate learning material to enable students to develop a balance of all learning domains.

c. Commitment to address gender gap in school enrolment through nutrition incentives

AJ&K in its education sector strategy has expressed its commitment to address gender gap in education. The political commitment offers opportunity for developing incentives to attract girls and their families with nutrition related incentives thereby improving their enrollment and retention in schools. According to WHO, anemia is prevalent globally in school-age children than in pre-school

children, although data is limited⁴⁷. In poor areas, children often come to school without a good and balanced breakfast. Undernourished girls have a greater likelihood of becoming undernourished mothers who in turn have a greater chance of giving birth to low birth weight babies, perpetuating an intergenerational cycle. This cycle gets compounded further in young mothers, especially adolescent girls who begin childbearing before attaining adequate growth and development. It is therefore essential to attract girls to school and to retain them there so that they are educated as well as they don't start their fertility cycle too soon.

The experiences from other developing countries⁴⁸ regarding mid day food program has had a positive effect on school attendance as well as school performance and outcomes⁴⁹. Experience from Kenya⁵⁰ indicates that it is essential that once started, the program receives political commitment for long term funding support even during economic crises.

d. Provision of WASH facilities in schools

UNICEF has expressed its concern that in spite of investing significantly in implementing a rural supply and sanitation program until October 2005, prevalence of waterborne diseases remained high. Lack of awareness amongst population about the link between poor hygiene and sanitation, and disease is a major factor

⁴⁷. [Nutrition of the School-Aged Child: www.unsystem.org/scn/archives/scnnews16/ch03.htm](http://www.unsystem.org/scn/archives/scnnews16/ch03.htm)

⁴⁸. State Statistical Office of Mongolia. Mongolian economy and society in 1996. Ulaanbaatar, 1997.

⁴⁹. In Mongolia very low intake of fruit in school-age children provides some essential vitamins and minerals. Food-for-school programmes, such as 'take home' food to children with high attendance records in India, have shown increased enrolment and attendance, particularly for girls. In Pakistan and other countries, vitamin and mineral fortification of biscuits have shown significant improvement of micronutrient status when given as a snack to school children. Lesson from Kenya highlights the key role of parents in sustaining school feeding program, in assuring safety and quality of food from vendors and hawkers, and the problems of money given to children for food being spent on drugs.

⁵⁰. Oniang'O., R, A. school feeding programs: lessons from Kenya

responsible.⁵¹Provision of rural waters supply and sanitation will therefore have a significant impact if health and hygiene awareness raising activities are implemented from school platform. Experience from Pakistan and other countries indicate that school-based, activity-oriented, hygiene education techniques - if appropriately implemented - can lead to sanitation and hygiene improvements beyond schools, into households and wider communities. In addition, since AJ&K plans to increase access and retention of girls in schools, it is expected that through improving the school environment by providing safe drinking water, and bathroom facilities will have multiple-wins: encouraging parents to send their grown up daughters to schools and also have the potential effect on the health and hygiene promotion in children. Sanitation facilities for female teachers will improve retention of female teachers in schools as their need for privacy for hygiene related needs during menstruation will be addressed.

e. Women Economic Empowerment Actions to improve status of women .

AJ&K has plans for enhancing vocational trainings, professional and technical education, particularly for women, which would increase the opportunity for empowering women and increasing their household income. AJ&K plans to launch sensitization campaign for promoting women's role in the households. These campaigns should be broadened to address the importance of maintaining women's good nutrition and access to quality.

⁵¹. Khan F.K., Syed R.T. "School led sanitation promotion: Helping achieve total sanitation outcomes in Azad Jammu and Kashmir". North West Development Associates, Mohammed Riaz, Society for Sustainable Development, Deirdre Casella, IRC. International Water and Sanitation Centre, Victor Kinyanjui, UNICEF Pakistan

Constraints and challenges

f. Lack of funds and institutional capacity for implementing compulsory mid day food policy

Compulsory mid day food policy initiative will require close support from community based organizations and school management team during implementation. AJ&K in its strategic document also highlights commitment to institutionalize school management committee, which could take up the monitoring role during implementation of the mid day food policy program. The mid day food policy will require huge investment of funds for which lot of advocacy and donor support will be needed.

g. Lack of funds for operational research on the impact of food incentives/water and sanitation on school enrollment

AJ&K has huge potential to plan and test several innovative approaches in the area of education, such as impact of school led sanitation projects on educational outcomes, impact of incorporating agriculture and farming related information in the curriculum and its impact on the homestead grain production along with increased enrollment of girls into school and a survey on unmet needs of girl students. Presently, UNICEF is implementing several activities in close collaboration with the private sector, but these activities need to be properly monitored and evaluated by a third party to ensure that that programs are effective enough for scaling up. INS-AJ&K provides an excellent opportunity for the education sector to address this gap, however lack of adequate funds is a barrier to achieving the aspiration.

ANNEXURE 3

AGRICULTURE SECTOR

The majority (88%) of the population of AJK lives in the rural areas and depends on agriculture, forestry, and livestock for its living. According to the Economic Survey of Pakistan (2005-2006), the area under cultivation is around 166,432 hectares, which is almost 13% of the total Geographical area. Out of this, 92% of the cultivable area is rain-fed. About 84% households have very small landholdings between one to two acres per family. Major crops are maize, wheat & rice whereas minor crops include vegetables, grains, pulses (red label) and oilseeds. Major fruits are apple, pears, apricot and walnuts. Agriculture and livestock income ranges between 30-40% of household earnings. The remaining share comes from other sources, including employment and business etc. Reduced agriculture productivity has very adversely affected the traditional lifestyle and average per capita income of the rural household.

Department of Agriculture² was established in 1952. The main objective of the agriculture department at the inception was to develop “Community Participation Extension Approach” with collaboration and coordination with Public & Private Sector, including NGOs. With the passage of time and according to the change of food requirements of the community, the priorities developed different new approaches to match the needs of the communities. The AJ&K agriculture department strives to achieve self-sufficiency for the state, in food, fiber, sugar, fruits, and other crops. It has the mandate for sustainable development and conservation of biodiversity. Agriculture department is vigorously engaged in the uplifting of agriculture and is working to maintain and narrow down the gap between food production and consumption, exploit the ecological comparative advantages for increasing farm income, productivity enhancement of major field crops (maize, wheat, pulses,

illets and forages), substitution of high value crops to increase the farm income. The department is also actively engaged in agricultural research, education and training and development of better varieties and improved production technologies to enhance the agricultural productivity, including research to improve the shelf life and marketing of fruits and vegetables. Agricultural mechanization, reclamation of land, tube wells installations and research in agricultural engineering, ensuring the quality control of pesticides and research and development activities are other focus areas of this sector.

The agricultural sector is heavily focused on improving the agricultural productivity, safety and quality of agricultural inputs through seeds and planting material, area appropriate mechanization, reclamation of land, use of appropriate agricultural machinery, installation of tube-wells, all of which can result in increase produce and reduced fruit insecurity and establishment of training centers at tehsil level.

The agricultural sector is also committed to improve “Fruit Development Component for indigent& improved fruit plants”. Plan to scale up on going apiculture activities are in place that promotes community capacity with priority attention to very poor areas may increase the bio-diversification and access to good quality honey at affordable rates. “Commercialization of walnut, cherry & honey bee” for northern upland areas is under way which will impact on reducing poverty in the area.

Through increasing investment on mechanization, agricultural sector intends to increase its productivity. A development project for strengthening the farm mechanization unit is being prepared. More bulldozers and tractors will be purchased to facilitate mechanized farming. The mechanization will include purchasing a set of one tractor, thresher, front & rear blade & cultivator for 18 tehsil, three large and seven small tractors of 26 Horse Power. Plans are also in

place to provide 100 small tractors for northern districts and their implements. In southern part, 25 tractors and their implements will also be purchased. The agricultural sector is also committed to develop and implement innovations that increase the cultivable land and produce by investing in “Hill Farming Technical Development Program”, “Promotion & Cultivation of vegetables around the townships of AJ&K.

***OVERARCHING STAKE HOLDER ANALYSIS- OPPORTUNITIES AND CONSTRAINTS/
CHALLENGES***

Opportunities

a) Development of pro-poor gender sensitive State agricultural and food security policy

Food insecurity has been an inflexible problem of AJ&K. According to the NNS 2001 about 41.9 % of the population was food secure. The data further shows that 28.4 % population is food insecure without hunger, 19.8 % are food insecure with moderate hunger and 9.8 % are food insecure without severe hunger. After the 2005 massive earthquake, poor and marginalized classes were most affected and became food insecure. The floods of 2010 further worsened the situation with flood inflation and disrupted market. Considering the region will continue to face the wrath of the nature due to its geographical location, and the population is already showing an increase in wasting, the state needs a coordinated food and agriculture policy to initiate a large level partnership between public and private sectors to produce high value crop productivity with positive impact on the nutrition of the population. The work on the policy development has begun and this strategy emphasizes that the policy is approved to create a supportive environment for action.

b) Revival of certification agencies in AJ&K

In order to ensure food safety, certification agencies responsible for checking meat and fish are vital for the maintenance of good health. Unsafe food may cause diseases which might range from infectious and communicable to non communicable such as cancers. According to discussion with stakeholders, previously established certification agencies responsible for checking meat and fish available in the market, are dormant because of unavailability of enough human resource for monitoring and lack of effective regulatory measures. However, sacrificial animal are regularly inspected at the place of slaughter house. Unhygienically sacrificed meat and ill health of the cattle may cause serious disease. Low quality of edible oils and other food products, crops sprayed with harmful pesticide, chemical fertilizer, lack of correct information about the timing of the pesticide spraying and sale of poor quality of wheat, etc. are other practices that have injurious effects on health. In addition, if not used at the correct time i.e. during the period when crops and other plants are blooming, it could also impact upon the bees much needed for cross pollination.

c) Focus on Domestic agriculture and the home stead food production

NNS 2011 indicates that the average intake of vegetables is lowest in AJ&K. The survey also indicates that intake of pulses in AJ&K is far below other provinces (KPK 60.2 versus AJ&K 17.2) with severity increasing in poor and rural areas. The survey also highlights a higher incidence of Zinc deficiency (47.2%) compared to the national figure of 39.2%. Similarly, prevalence of vitamin D deficiency (both non pregnant and pregnant women) is higher in AJ&K (66.8% and 68.9%) compared to national figure. This dire situation requires urgent measures to treat crops and fruit orchards with micronutrient of Zinc and Calcium based fertilizer.

In order to address the household level insufficiency of food, it is essential to build the capacity of the poor households in homestead food production through establishing 'backyard garden'. This intervention will enable families to grow vegetable for family use. Provision of seeds through extension workers at their doorstep could play a critical role in mobilizing poor families to grow such gardens. Poor families often do not have the financial resources for establishing such home based facility. Through extension workers, information about credit facilities could also be provided to the poor families. Scientific literature^{52,53} highlights that homestead food production is only beneficial if the intervention targets women along with other women empowerment activities such as improvement in their knowledge and skills through behavior-change communications or promotion of their increased control over income from the sale of targeted commodities. Since, opportunities for girls' education and employments are quite limited for women in AJ&K particularly in the marginalized areas. Therefore, it is envisaged that it would be easy to mobilize women for skills such as good farming, food processing, kitchen gardening, apiculture (bee keeping), and other activities that on one hand increases income and on the other hand, contribute to providing diverse sources of nutrition to the population.

⁵²World Bank. From agriculture to nutrition. Pathways, synergies and outcomes. Washington, DC: The International Bank for

Reconstruction and Development, World Bank, 2007.

⁵³Arimond M, Hawkes C, Ruel MT, et al. Agricultural interventions and nutrition outcomes: lessons from the past and new evidence.

In: Thompson B, Amoroso L, eds. Combating micronutrient deficiencies: food-based approaches. Rome: CAB International, Food and Agriculture Organization, 2011: 41–75.

d) Availability of fortified food products in the market

According to the stakeholder consultation, most of the salt available in the market is fortified-however, same cannot be claimed for the edible oil and wheat production. Stakeholder consultation in AJ&K has also highlighted the need for a formal notification that binds the mill owners to ensure that the flour is fortified. Such an intervention, however, requires close regulatory monitoring by which the private and public sector collaborate to produce quality fortified food. Stakeholders also attribute the lack of awareness as a cause for lack of demand for the brown and fortified flour. As a result, manufacturers do not see much market for slightly expensive but better quality product as a result of additional input in AJ&K.

e) Plans to strengthen” Extension Services Management Academy” (ESMA)

Rapidly changing environmental and ecological conditions as well as globalization requires means to keep extension workers updated with the new knowledge and skills for enhancing their crops and produce. AJ&K has “Extension Services Management Academy” (ESMA) committed to producing skilled workforce that can contribute to integrated development. The facility runs diploma courses as well as short courses. ESMA however, has limited capacity to train extension workers in promoting “safe nutrition practices”. The purpose of the training should be to enable farmers and other sub sectors to focus on nutrition rather than just food.

f) Financial package for poor farmers

The agricultural sector is pledging to develop financial packages that will enable poor farmers to get small loans and subsidies on planting materials and other inputs. This will help them in increasing their productivity and reduce poverty. In addition to this, loans from commercial banks will be arranged and payment of the interest will be borne by the government. In order to provide affordable access to

agricultural inputs, a development project has been planned to meet the cost of transportation of inputs from factory to the village to ensure supply of fertilizer, pesticides and seeds to the farmers at a fair price. The AJ&K agriculture department also plans to promote growth of seasonal vegetables and fruit orchards throughout the State on UC level. If high risk UCs are targeted for priority action, it can help increase the access to vegetables.

g) Developing local markets for improving access to nutritional food and reducing poverty

The agricultural sector is investing in developing local markets such as the establishment of two fruit, vegetable & meat markets at Arja /Bhimber supplemented with cold storage facilities and one cold storage at Mirpur through Agribusiness Project. Similarly, marketing strategies and linkage building with the national and international market is being promoted that will have potential to reduce poverty and increased affordability for eating nutritious food in the state.

h) Establishment of soil and water testing laboratory

In order to improve the quality of soil and water, one soil and water testing laboratory has already been established at Kotli under Agriculture Sector Program Loan-II (ASPL-II) project while another is being established at Rawalakot. These will have a positive impact on the quality of water and soil with its impact on food production.

i) Culture of value addition to the product

A culture of value addition to the products is being developed by introducing post harvest technologies & improved packing materials through public-private partnership through Agri-business Support Found (ASF) (as part of Agribusiness project). This will further contribute to improvement of the agricultural outputs.

j) Revival of Agricultural Research Institute

Revival of “Agriculture Research Institute” will help develop area specific research based technical packages for the optimum utilization of the natural agricultural potential of the State, diversification of the cropping pattern from the traditional cereal base to high value horticulture crops.

Challenges and constraints

d) Mountainous terrain and its impact on cultivable land

In the marginalized and far flung areas of AJ&K, mountainous terrain and reduced fertility of the landhas reduced the size of the available cultivable land which makes it extremely challenging for the farmers to enhance the quality and quantum of the produce. In addition post harvest loss due to lack of large storage facilities is another challenge. This leads to what is referred to as “the chain reaction”, process of poverty–resource degradation–scarcity–poverty⁵⁴. Lack of appropriate knowledge on harvest maturity and harvest timings, poor harvesting and field handling practices, poor packing, transportation and storage, lack of physical infrastructure, including access roads and market places and lack of proper value addition pose other challenges.

a) Lack of coordination amongst various sub departments

The agriculture sector has many sub departments, including fishery, horticulture, animal husbandry, and agriculture. In order to achieve its objectives, it is essential that the sector works in coordination and coherence in a harmonized manner with other sub sectors. Currently, there is no overarching platform to promote intra-sectoral coordination that allows geographical convergence. Development and monitoring of indicators on district wise basis.

⁵⁴Jodha, N.S.;Shrestha, S., 1993. Sustainable and more productive mountain agriculture: problems and prospects. In Mountain Environment and Development –Part 3 (Thematic Papers),pp 1-65. Kathmandu: ICIMOD.

e) Lack of access to affordable and quality inputs and machines for increasing agriculture production

Study of the literature pertaining to the department and the sector highlights the issues pertaining to production⁵⁵ in horticulture sector. These include scarcity of irrigation water, non-availability of good quality seeds, difficulty in obtaining small tractors and horticulture tools, high cost of inputs and supplies, general lack of technological knowledge and skills in “good agricultural practices and proper harvest management”. Inaccessibility from farm to market with poor transport conditions and absence of proper wholesale market infrastructure also contributes to high post-harvest losses

and quality deterioration. Nonexistent cold chain infrastructure (pack houses, cold storage) and processing to add value to produce is a challenge that needs to be addressed. Small land holdings, high interest rates and collateral limitations are also restricting growers and agribusinesses to improve their productivity.

1.1. AGRICULTURE SECTOR AJ&K: LIVESTOCK AND POULTRY

Despite being an agricultural country, Pakistan is facing a food shortage, especially the food of high biological value, milk, meat and eggs. Protein is a vital core element of human diet. There are two major sources of proteins i.e. plant and animal. Whilst the population in Pakistan is increasing- 3% annually, the gap in food production, particularly animal source is widening year after year. The requirement for protein per head per day is 102.7 gm, whereas available protein for consumption per head per day is 69.6gm⁵⁶. The gap in requirement of protein per head per day is 33.9

⁵⁵Draft of the Govt of AJ&K Horticulture Policy 1 now in the in evolution and development stage.

⁵⁶Government of Pakistan, 2003. Economic Survey of Pakistan 2002-03, Ministry of Finance, Planning and Development, Islamabad

gm⁵⁷. In Pakistan, 66% of our population are protein deficient. Under these circumstances, animal and poultry may be the only readily available and an economical source of animal protein.

Livestock is an integral part of AJ&K's rural economy and more than 80% of the rural population is involved in livestock production directly or indirectly. The main source of animal protein in Pakistan is poultry meat, eggs, mutton, beef and milk. From these sources, poultry meat offers much better prospect to overcome the animal protein gap. Furthermore, poultry is the most efficient converter of inedible proteins into edible.

The Department of Animal Husbandry⁵⁸ came into being in 1948 soon after the independence. The department of Animal Husbandry was reorganized in 1995. Since then it is headed by a Director General under the Secretary Agriculture and Animal Husbandry assisted by the two directorates; i.e. Directorate of Animal Health and Veterinary Services and Directorate of Livestock Extension,

Research & Development. The primary objective of the department of Animal Husbandry is to provide treatment to sick animals. Animal Husbandry Department is striving to bridge the gap between the production of protein of animal origin (milk, meat and eggs) & other consumable requirements. Livestock and Poultry population has increased in number substantially, but the genetic potential has not increased up to the needed standard. This department has overall responsibility for

⁵⁷Maqbool, A., K.Bakhash, I.Hassan, M.W.A.Chattha and A.S.Ahmad. 2005. Marketing of commercial poultry in Faisalabad city (Pakistan).J.Agric.soc.Sci.,Vol.1(4):327-331 quoted in [018 article 169-2010- \(ECONOMIES OF SCALE IN Broiler farming in KPK, can be downloaded from www.aup.edu.pk/.../018%20article%20169-2010-%20\(ECONOMIES%](#)

⁵⁸Official Website of the Animal Husbandry Unit, Deptt. of Agriculture of AJ&K Govt. http://agriculture.AJ&K.gov.pk/index.php?option=com_content&view=article&id=86&Itemid=97

livestock and poultry development in the State and is making a significant contribution through checking the mortality rate of livestock, by providing free diagnostic service, prophylactic vaccination against the infectious and contagious diseases in livestock and poultry, introduction of exotic blood in non-descript and indigenous breeds of cattle and educating the farming community in management, disease control, feeding and breeding program. The extension activities have also been launched with the passage of time throughout Azad Kashmir by establishing the network of department.

The Livestock Development Research Center (LDRC) was established in 1990 under Integrated Hill Farming Technical Dev. Project. At first its mandate was to find a suitable cross breeding option for AJ&K. This center is conducting research on crossbred cattle (Jersey x local & Frisian x local) and performance evaluation of Nilli Ravi buffaloes at Muzaffarabad. Currently recording different production and reproduction traits of economic importance, i.e. birth weight, weight and weaning, age at maturity & conception, lactation length, milk yield per lactation & calving interval are carried out at LDRC.

In the Directorate of Animal Health & Veterinary Services Hospital, Dispensaries & First Aid Centers, there are 17 veterinary hospitals, 42 A class dispensaries, 66 B class dispensaries and 132 first aid centers delivering services for treatment of sick animals, prophylactic vaccination against diseases of economic importance to the farmer's community of AJ&K. The field staff also guides the livestock owners about parasitic infestations and their remedies.

The sector has following sub departments:

- a) There is one central disease diagnostic laboratory (CDDL) at Muzaffarabad and 6 district disease diagnostic laboratories functioning under the

Directorate of Animal Health & Veterinary Services. These laboratories have the role of diagnoses of different fecal, urine, blood and other skin scrapings, etc. from field staff and the farmers. These labs are also helping the commercial poultry farms in diagnosing the diseases and suggesting their immediate remedial measures.

- b) **Directorate of Livestock Extension, Research & Development: Livestock & Poultry Extension** is headed by district livestock and poultry development officer (DLPDO) assisted by the Veterinary Officer (Ext) in each Tehsil, veterinary supervisors and stock assistants at union councils level respectively. This section is mainly working on vaccination programs against most fatal disease of poultry birds in rural scavenging chicks along with distribution of day old chicks and hatching eggs of improved breeds of poultry including other livestock extension activities.
- c) **Poultry Multiplication Centers (PMC)** are located at Muzaffarabad, Mirpur and Kotli and poultry farm at Rawalakot. These centers are the source of day old chicks and hatching eggs. A parent flock of the improved breed suitable as scavengers is reared on these centers. Recently, two new poultry research units have been established at Muzaffarabad and Bagh.
- d) There are 38 Artificial Insemination Centers in the AJ&K for cross breeding indigenous cattle and buffaloes with semen from exotic high yielding breeds of cattle (Frisian & Jersey) and Nilli Ravi buffalo.

***OVERARCHING STAKE HOLDER ANALYSIS- OPPORTUNITIES AND CONSTRAINTS/
CHALLENGES***

Opportunities-

a) Department of animal husbandry

AJ&K has immense potential in the form of the department of animal husbandry. The department is focused on increasing the productivity of Livestock and its safety from preventable diseases through immunization of cattle, production of biological, offering advisory service, better management & health coverage for livestock and poultry, improving the genetic potential of indigenous stock. In addition, the department has also developed poverty alleviation activities through increasing farmer's income by increased production of livestock & poultry products and capacity building of rural women for their sustainable livelihood through livestock/poultry production.

b) Possibility of innovation in livestock and poultry sector

The livestock and poultry sector is open to investment by private sector & rural communities in various initiatives such as developing milk collection & processing system and development of disease free livestock production zone. This provides opportunity for innovative development.

c) Commitment to research and development

The sector has achieved success in better management & health cover for Livestock & poultry through investment in research and development activities and capacity building of farmers. This commitment to research and development for improving the quality of production of livestock and poultry sector. There is significant research activity in the region aimed at improving genetic quality of indigenous stock, produce good quality bulls, rams & bucks.

d) Poverty alleviation and indirect impact on nutritional health

The sector aims to alleviate poverty through increased income of farmers through increased production of livestock & poultry products, development of dairy farms and instituting veterinary treatment. The sector also holds promise for improvement in employment opportunities of resource poor rural population through livestock enterprises.

Constraints and challenges

a) Increased desire for profitability

Too much emphasis on improving productivity per animal instead of increasing livestock numbers has a risk of farmers adopting shortcut approaches such as medicines to increase milk production and meat quantity that may be harmful for human consumption;

b) Lack of funds for medicines and poultry feeds

Lack of funds for medicines and poultry feeds and lack of organized marketing channels may compromise the exploitation of the full potential of the livestock and poultry sector;

c) Unavailability of cold chain

Lack of cold chain for vaccine campaigns has the risk of compromising the effectiveness of the vaccine coverage in livestock.

d) Poor quality genetic pool and risk of communicable infections

A low Livestock genetic pool that may hinder the goal of improving cattle breed. The Trans - boundary disease that not only compromise the productivity of this sector, but may also threaten human health.

1.2. AGRICULTURE SECTOR AJ&K: POULTRY SECTOR ANALYSIS

According to a study titled “Economic Analysis of Poultry (Broiler) Production in Mirpur, Azad Jammu Kashmir”³, in AJ&K, the poultry industry has remained neglected and considered as an insignificant sub-sector of agriculture. Meat and egg productivity of indigenous birds is not promising, hence total returns are very low that would not attract a high rate of investment. Poorly planned and improperly organized efforts for rearing indigenous birds, were made that resulted in almost zero improvement in productivity. International Fund for Agricultural Development made some efforts with positive results to develop a poultry rearing system on scientific grounds in AJ&K (IFAD, 2001). In spite of efforts being made to improve poultry production, the net returns in poultry production are not promising (Rahman, et al, 2003).

In AJ&K, 741 commercial broiler farms exist and out of those 309 are located in Mirpur district. The total production of broiler in Mirpur district was 10,95000 tons during 2001-02 (Dept. of Poultry Development, 2002).

According to the same study⁵⁹ majority of poultry farms (83 %) in AJ&K are small farms and the farmers are forced to rely on non-institutional source of credit. Seasonal and cyclical price fluctuations in the input and output are found higher. Poultry producers are major stakeholders having no role in price fixation. The estimated input, output ratio of poultry production is 1:1.12. The per rupee return does not look promising for investors in this sector, especially in case of small farmers who are unable to reap the benefit of economy of scale.

⁵⁹Study titled Economic Analysis of Poultry (Broiler) Production in Mirpur, Azad Jammu Kashmir ; Pakistan Journal of Life and Social Science; Pak. j. life soc. sci. (2008), 6(1): 4-9 ;<http://www.pjlss.edu.pk/sites/default/files/4-9.pdf>

It was investigated and observed that the poultry production varies from farm to farm and depends on the number of birds at the farm, mortality rate in the flock and, the quality of feed and ratio of pure breed supplied. The average production of a standard poultry farm having 1000 birds with the mortality rate of 5% was found 42 mds (1662 kg) with 1750 grams average live weight of a bird (Parker 2003).

There is frequent price variation in poultry products as well as day old chicks markets. Seasonal price variation is also observed in day old chick ranged from Rs.11- to Rs.22 i.e. the price was higher in winter season and lower in summer season. The seasonal price fluctuation was mainly attributed by the fact that farming is at peak in winter and lowest in summer due to harsh climatic conditions less suitable for poultry farming. Likewise, the prices of poultry birds also varied from time to time and season to season, but there is no thumb rule for poultry prices.

The economic analysis of poultry has been carried in a study out on the basis of primary data collected from Mirpur district of AJ&K. It was found that majority poultry farmers have adopted this business as a primary source of their income and fall in the category of small group (1000-1500 birds). Moreover, they are financially weak and forced to rely on non-institutional source of credit due to the limited credit facility extended by the financial institutions. Input-Output price variation is also found higher resulting in destabilization of the farmers' income. Although, the farmers have managed to keep the mortality rate on the lower side under normal circumstances, however, the marginal efficiency of the capital is not promising for investors in this sector due to the high cost of production.

Another study⁶⁰ that studied the marketing system of poultry in AJ&K, indicated that there were plenty of poultry farms in the target area, but the majority of the farms were not in working condition due to very low margins or even losses in this business. There was no commercial hatchery and feed mill in entire AJ&K. The majority of the respondents were well experienced in poultry farming and they were furnished with knowledge of new and improved technologies introduced in poultry farming. It was also evaluated that a majority of poultry farmers belong to the small group (1000-1500 birds). The majority of the producer purchased poultry feed and poultry medicines from feed dealers on credit, It was mainly due to lack of finance but it was observed that it was also a routine of that area. It was also investigated that most of the collection agent provide the day old chick to poultry producers on credit on the terms that they will sell out their produce through him. It was clear from the data that the market prices of Jehlum and Wazirabad were prevailing in AJ&K due to non-availability of the poultry market in entire AJ&K. Collection agents collect the poultry birds from the farm and supply to the retailers without involving any wholesaler and make payments to the poultry bird farmers after the collection of payment from the retailer. The dealers of Jehlum and Wazirabad fixed the prices of poultry on a daily basis without the consultation of poultry producers who were the main stakeholders in this business. Price fixation on daily basis created a great problem for poultry producers.

It was calculated that the average sale price of poultry birds was Rs.59 per kg (live weight) in focused areas. The average mortality rate of poultry in sampled was recorded as very high. The cost of production of poultry producer was too high and

⁶⁰MARKETING MARGINS OF BROILER IN AZAD JAMMU KASHMIR: CHALLENGES AND OPPORTUNITIES by Tahir Zahoor Cholan Sarhad J. Agric. Vol. 23, No. 1, 2007
http://www.aup.edu.pk/sj_pdf/marketing%20margins%20of%20boiler%20in%20azad%20kashmir.pdf

it was only due to high rates of day old chick and cost incurred on inputs (feed, wood, electricity and vaccination). It was observed that retailer got maximum net margin. The study has shown that the poultry business is not so profitable for producer who invested his money and also devoted his time and services and is able to secure only Rs.6 per kg while the investment of retailer was very nominal but he secured Rs.8.85 per kg. This situation disappointed the poultry producers with ultimately impact of loss of investment in the field.

It was reported in the same study mentioned in the beginning of the section, "Economic Analysis of Poultry (Broiler) Production in Mirpur, Azad Jammu Kashmir"³ that AJ&K is facing a shortage of protein intake and the availability of protein is about 40 grams per capita per day against the required amount of 70 grams per capita per day in AJ&K (GoAJ&K, 2002a). The share of protein from animal origin is about 21 % of the total protein intake against the required extent of 40%. According to this data, there is a deficiency of about 20 grams of animal proteins per capita per day, which imposes health problems of a serious nature (GoAJ&K, 2002).

OVERARCHING STAKE HOLDER ANALYSIS- OPPORTUNITIES AND CONSTRAINTS/ CHALLENGES

Opportunities

- a) The development of the poultry sector in Pakistan and all over the world has transformed this business from subsistence level to commercialization. The farmers have adopted this business as a primary source of their income. Hence, investment in this sector with efficient resource management and market development also holds promise for poverty alleviation.
- b) Govt. of AJ&K is cognizant of the need to develop commercial hatcheries in AJ&K. The establishment of the hatchery will ensure the availability of a day old chick on cheaper prices that leads to decrease in the cost of production of poultry farmers.

- c) The Government is sensitive to the need of attracting private sector in various relevant areas including for developing poultry feed mill.
- d) There have been many studies conducted in AJ&K to understand the situation of the poultry business. A proper poultry market is required in AJ&K especially in Mirpur district, which is more poultry growing area. By the establishment of this market, producers could fix the sale price of their produce according to the cost of production.

Constraints and challenges

- a) Access to credit is an important instrument that enables farmers to acquire command over the use of working capital and proper inputs for a better yield. It is commonly believed that credit availability for small farmers is one of the main indicators of rural development. But in case of poultry farming, it was found that only 2% poultry farmers availed the institutional credit from ZaraiTariqati Bank Limited (ZTBL), while 98 % did not borrow the loan from any bank.
- b) It was also found that 90% respondent farmers purchased the feed on credit from the feed dealers and remaining 10% purchased it in cash. The farmers who were forced to purchase poultry feed on credit reported their (72%) inability of having requisite capital while remaining 28% viewed it as the routine of poultry farming business.
- c) Farmers feel the need to have regular technical guidance available to them. In case of any disease problem, they were at the disposal of veterinary medicine dealers and they often provided them irrelevant and date expired poultry vaccines, which sometimes caused heavy losses instead of benefit. Consumers have raised concern in this study that retailers tried to

sell diseased birds that they purchased at cheaper cost. Consumers also suffered by day-to-day price variation of chicken.

- d) It was obvious that poultry farming in AJ&K has a great potential, but due to some major problems there were some hurdles in that industry.
- e) Shortage of finance was also identified as a barrier in promotion of poultry industry in AJ&K. So it is recommended that poultry producers of AJ&K will be facilitated by institutional credit by ZBTL or any other institution on low interest rates.
- f) Proper vaccination of poultry birds play a vital role in promotion of poultry industry so it is recommended that the poultry department may ensure the availability of proper poultry medicines in remote areas also, especially in those areas where poultry farms were in copious.

1.3. AGRICULTURAL SECTOR: FOREST, WILDLIFE AND FISHERIES SECTOR

The Fisheries Unit was established within the Wildlife Wing of Agriculture Deptt. in 1980. Initial objective was to promote only sport fisheries in Neelum Valley. In 1994 the area was extended to include Warm waters of all districts. In 2003, independent separate Departments of Fisheries and the Department of Wildlife were made, but were soon merged into one administrative unit and named the Fisheries and Wildlife Department. In Sep 2004, Mangla Lake Fisheries were formed, but without a hatchery facility. In December, 2008 the Mangla Hatchery was also made and all was handed over to the Department of Fisheries & Wildlife Deptt of the Govt of AJ&K. AJ&K has a total 87 Species of Fish and total 298 fish farms which are mostly in the private sector.

AJ&K has a rich source of fish and it is an inexpensive source of food with high protein content. In 2005, the earthquake had a tremendous impact on the fishery business with damage to the infrastructure of the Fisheries Dept. A large number of hatcheries and fish farming activities were affected both due to damages to the

government operated hatcheries and research institution's facilities and the constant sliding and resultant silting of the streams, lakes and other water bodies.

The most important cold water regions of AJ&K are in the catchments of the northern rivers Jhelum and Neelum. The best areas for trout are in the valley of the Neelum north of Muzaffarabad. This river is very close to the present ceasefire line between Pakistani and Indian held Kashmir, and in parts itself forms the border between opposing armies.

The Department of wildlife and Fisheries of AJ&K has six trout farms/hatcheries in the Neelum Valley. Three of these are in areas to which access is restricted due to the security situation. Only one, at Pattika, is always accessible to government and international staff. The hatchery in Kuthon and Dawarian are under construction and partially functional. These units are currently the only trout farms operating in AJ&K and are easily accessible to the Government.

The private sector is quite active in this sector in AJ&K and therefore, more can be done through creating an enabling environment for public private partnership to promote aquaculture. AJ&K needs to develop its hatcheries in AJ&K so that external dependence is reduced. AJ&K also needs to focus on awareness raising so that communities understand the potential benefits of consuming fish as the source of protein.

Overarching Stake Holder Analysis- Opportunities and constraints

Opportunities

- a) The fish production and distribution center Chikar is under rehabilitation phase while Mangla fish hatchery Mirpur is partially functional.
- b) Department of fisheries is already committed to working with the private sectors for promoting the establishment of fish farms. This will allow more opportunities for attracting private sector funding. The private sector has already established 298 fish ponds in AJ&K.

- c) The Department is keen to generate the income of the local area through integrated fish farming activities and innovative approaches and has potential to generate the income of the local community and provide affordable access to fish.
- d) The department is keen to introduce innovation and build its capacity in modern techniques like cage culture, pen culture and integrated fish farming in AJ&K that on one hand will increase income and on the other hand will enhance the production and supply of fish in local Market. One fish seed production and distribution center has also been established at Chikar
- e) Fisheries department aims to invest in capacity building of the staff and target communities along side provision of Extension Services in all districts of AJ&K. The department has already conducted 27 training courses in different disciplines of aquaculture, 550 persons of different levels trained. 45 male and 30 female extension staff and group promoters have been trained and 03 fish farmer's days conducted.

Constraints and challenges

- a) Illegal Fishing is common all over AJ&K through netting, poisoning and electro fishing. This affect the business development of the fisheries.
- b) Habitat/Spawning ground disturbance due to river regulation and the destruction of side channels (Kishangaga dam) is another challenge to fishery development.
- c) Diversion of the rivers due to construction of dams is a major constraint to the promotion of this sector.
- d) Flood is another major challenge for survival of the fishery sector.

ANNEXURE 4

CHAPTER 4: THE LOCAL GOVERNMENT & RURAL DEVELOPMENT DEPARTMENT (LG&RDD) AJ&K

The Local Government & Rural Development Department (LG&RDD) of the Govt of AJ&K is responsible for Water and sanitation hygiene in AJ&K. The Department of Integrated Rural Development was established in 1954. However, in 1978-79 the Local Government and Rural Development Department were merged with the “Peoples Works Program” and the “Integrated Rural Development Program”.

Since 1978, Local Government and Rural Development Department is looking after the Annual Development Program of AJ&K. The LG&RDD is also working as line department for implementing many projects of rural infrastructure funded by international agencies / donors, such as (World Bank, IDA, UNICEF, FAO, Asian Development Bank etc.)

About 88% of the total population of AJ&K lives in the rural areas. The Local Government and Rural Development Department are responsible for the planning and implementation of programs for socioeconomic upliftment and development of rural infrastructure.

Local Government & Rural Development Department mainly focuses on the provision of potable drinking water, improvement of sanitation, health and hygiene conditions, construction of rural infrastructure such as rural roads, footpaths, jeep-able/ foot bridges and buildings, identification, planning and utilization of local resources, awareness raising campaigns, organization of communities and local councils etc. Currently, there are more than 9000 rural water supply schemes in AJ&K. Some of the schemes are benefiting more than 500 households and some are benefitting 5-10 households. Presently a number of projects are underway with the

assistance of the Government of Azad Jammu & Kashmir, Government of Pakistan and international agencies/donors, e.g. IDA, UNICEF, Asian Development Bank and FAO etc. for the effective implementation of rural infrastructure.

The Local Government and Rural Development Department have adopted a participatory approach throughout its projects. The beneficiary communities are involved in the identification, planning, implementation and most significantly in operation and management (O&M) of the completed scheme. Social Development is part of all infrastructure development activities which aims at integrating these needs to improve the socioeconomic condition and O&M for sustainability of developed infrastructure schemes.

The total strength of the LG & RDD is 2731 workers. The Regular Staff comprise 1037 and Project Staff is 31. In addition, there are 1650 employees of the Local Government Board and 13 employees of the Election Commission.

Present Status of WASH in AJ&K education facilities, according to the ASER Survey of 2012³ highlights that:

- 64% of the surveyed government primary schools are without toilets and 43% are without drinking water.
- 57% of the Government primary school surveyed had useable water facility and only 36% had a functional toilet. In ASER 2011, 50% of the government primary schools surveyed had useable water while 42% had a functional toilet.
- The % .age of private primary schools found with useable water facility was 81%, also 57% were found with a functional toilet in 2012.

In all the above cases the %age shows the availability of toilet, whereas, the use/functional status is not known. The sector has already invested in quite a few initiatives for improving & providing safe water & sanitation facilities using the school platform along with other projects. These projects include a) Rural Water supply & Sanitation Project ('92-'02 IDA/World Bank), b) Community Infrastructure Services Prog ('02-'08IDA/ World Bank), c) Creating assets for Rural Women (2009 – 2010 WFP assisted), d) Water Quality Improvement & Hygeine Promotion ('09-'10 ERRA), e) Multi Sector Rehabilitation & Improvement Project (ADB 2005-'10) f) Earthquake Additional Financing Project (2006-2011ADA/WB), g) Clean Drinking Water Initiative (2009 - 2011 GoP), h) Water & Sanitation (WATSAN) (2007-2011 ERRA), i) Universal Child Birth Registration Project (2011-2012 UNICEF) j) Promotion of Rainwater Harvesting (2011 – 2012 ERRA). The input and effect analysis highlights the need to invest more for the provision of WASH facilities in AJ&K schools.

Current status of supply of drinking water source in AJ&K shared by LRGDD department⁶¹ is as follows:

- Direct from spring: 33.42%
- Household tap:21.29%
- Stand post:12.47%
- Dug well: 3.9%
- Community tank: 6.2%
- Fetching directly from spring:10.14%
- Motorwell: 6%

⁶¹ Data provided by LGRDD

OVERARCHING STAKE HOLDER ANALYSIS- OPPORTUNITIES AND CONSTRAINTS

Opportunities

- a) WASH sector can play an important role in improving the health and hygiene status of schools by focusing on the provision of the basic WASH facilities to children. It is very encouraging that education and WASH sector are willing to look at WASH in a coherent manner.
- b) WASH sector is ideally placed to create awareness about the water borne diseases or the diseases transmitted by the oro-fecal route. While school platform could be used by WASH workers, it is essential to educate communities through CMW, LHW, and MO and Nurses during village meeting and other social events. WASH sector can play an important role in preventing outbreaks of waterborne diseases like diarrhea and hepatitis especially in rainy season. As documented before, there are more than 9000 rural water supply schemes in AJ&K with varying target population, it is not possible/practicable to chlorinate /fluorinate all the water supply schemes. However, disseminating household treatment options is the most feasible approach in this case.
- c) AJ&K in its strategic document has committed to allocate a substantial amount of funds in its budget to undertake a series of research that may help understand the links and the impact of water and sanitation intervention on nutrition and health. There is a need to understand the feasibility and impact of various water treatment approaches at home level. Similarly, there are studies required to analyze gender related needs, expectations and responsibilities in sanitation and water supply projects. There is also immense need to explore the development of culturally and ecologically accepted “Ecological Sanitation and low-cost wastewater treatment” in AJ&K.

Similarly, there is a dearth of information on the inter-sectoral nutrition intervention and including WASH messages in different sectors would indeed be challenging.

Constraints and challenges

a) Low priority to WASH policy development

The AJ&K WASH sector is critically aware of the urgent need for an approved water and sanitation policy to enable it to respond to the enormous need to develop WASH intervention with long term impact on addressing water and sanitation related issues. Water and sanitation related issues have huge implications for nutrition and health of the women and children. Already quite significant work has been done in drafting the WASH strategies and it is therefore, very important that the WASH policies are approved which provides the long term direction for such strategies in future.

Sanitation policy has been approved for AJ&K but as per the information received from the sector, the policy is going through a review process. As a result, the translation of policy recommendation into action and budget outlay is still not seen. Water is on the political agenda, but sanitation does not have priority on the political agenda. Monitoring the quality and safety of hardware technology for the provision of good quality WASH schemes

In order to ensure good quality of water and sanitation schemes, it is essential to build the capacity of the sector in technical areas including the management of a proper and context-specific system supply system. This would require building a core group of competent individuals who are trained in procuring, innovating and instituting state of the art approaches and technology for the provision of safe water and management of sanitation water. This also requires investment in a system of monitoring that ensures that the water being supplied meets the required standards of provision of better quality of water.

b) Inadequate practice of household level water treatment to make water safe for drinking

According to NNS 2011 (previous version), a very high percentage of population (93 percent) in AJ&K does not treat water in any way to make it safer for drinking. Official information received from LGRD indicates that only 5% of the population treats water. As a result, there is a very high prevalence of communicable diseases in AJ&K such as cholera, typhoid and diarrhea. Since the water quality is already considered to be of poor quality, therefore, there is a need to develop and disseminate simple, effective methods of household level water treatment options for safe drinking water.

c) Inadequate promotion of health and hygiene practices in the community

NNS 2011 survey and newspapers report a high prevalence of communicable diseases in AJ&K. Although, part of it is due to poor quality of water, it is essential to also promote proper hygiene behaviors through regular reinforcement. Whilst, MICs 2007-2008, reveal that 97% of the AJ&K populations wash their hands before

a meal and after using the toilets, there is no report regarding the appropriateness of hand washing technique.

e) Increasing population size, disparity, disasters and topography

Population pressure along with hilly topography & scattered population is a big challenge in providing safe drinking water. In addition, limited resource allocation restrains achievement of the MDG targets. Natural and anthropogenic disasters have the potential to destroy whatever gains made. Water quality vs unprotected water sources is another major challenge for the sector as documented in various studies. Lack of public awareness about the effect of their actions on pollution is another huge challenge.

f) Supply and demand gap (generally widening each year)

MICS 2007-2008 and NNS 2011 has indicated that the access to safe water and sanitation need attention and intervention on war footing. The survey indicates that 57% of the population have access to improved drinking water. It is also an issue of concern that most of the water supply schemes were built about 20 years back and have finished their design life and need rehabilitation. In addition, a large number of water supply schemes installed before 2005 are dysfunctional or partially functional because of damages or depletion of water source. LG&RDD does not have the necessary data in this regard.

In the absence of piped water, people use mountain spring water, which according to a survey carried out and quoted by the department (formal source- not available) is contaminated with E-Coli in 70% of the cases. E-coil results in gastroenteritis and diarrhea in children that leads to wasting and malnutrition. The spring water frequently becomes highly contaminated and become severely polluted during rainy days. Cross-border shelling also makes the water hazardous for human

consumption. The department has noted in its documents that when the rains are late or scanty, some springs dry out and hence there is an urgent need to develop alternative sources of drinking water. In the absence of an adequate hygienic system, human waste can also contaminate water supplies. Furthermore, the quality of water has also deteriorated because of increasing population. All of these challenges translate into a gap between supply and demand.

g) Public-private sector collaboration in the establishment and maintenance of the water project in hard to reach areas

The population in general and women and young girls in particular are the most affected in the absence of access to safe drinking water and sanitation facility close to or in their homes. Urban/ Rural and rich/poor disparity is another challenge that continues to pose huge challenge to WASH sector. One way to address this challenge of public private partnership is lack of clarity about the rules of engagement.

In order to reach out to hard to reach areas with safe water and sanitation schemes and achieve the targets of MDG seven by 2015", the WASH sector of AJ&K has already expressed its commitment to mobilize the private sector through public private initiative.

ANNEXURE 5:

SOCIAL WELFARE AND WOMEN DEVELOPMENT DEPARTMENT (SW&WDD)

The department of social welfare, particularly Directorate of social welfare deals with most vulnerable segment of society, including orphans, widows, destitute, disabilities, elderly without care etc. Poverty is one of the major reasons for malnutrition, which needs the integrated approach to address the issues of vulnerable segments by involving other relevant departments like agriculture, livestock, zakat, health, educations, Baitulmaal, industries and fisheries etc to focus on the vulnerable groups by allocating special budget for the vulnerable segment.

The department motivates voluntary efforts on the basis of self-help and mobilization of both human and material resources to supplement and coordinate government efforts and accelerate development and relief /voluntary social programmes. Welfare activities are most actively being implemented in the deprived, poor and neglected communities /sections of our society where financial and technical resources are scant. The development plans therefore are aimed at eradication of social evils, rehabilitation of the disabled and the handicapped, formulation of action programs directed towards social needs, mitigating sufferings and bringing about cultural and psychological changes and systematic rather uniform socioeconomic growth and sociological advancement. The major thrust of the welfare programs is on the neglected, disadvantaged, underprivileged and exploited children, women and youths, elderly disabled persons and destitute.

SW & WD Department activities are mainly undertaken by individuals, philanthropists as well as voluntary/religious organizations with focus on social awareness, equitable approaches rather than only having the focus on sustainability. The department favors multi-dimensional approach to the development of the deprived sections of society. The department focuses on participatory development

and community mobilization as its core strategies. The department believes that there is a need to fully exploit collaboration with private sector and civil society for reducing inequity in hard to reach areas. Social protection, access to opportunities for income generation and access to community based health care services are considered vital for empowering women. Unfortunately, the distribution of these services is inequitable.

SW & WD Department has already created models on grounds of social mobilization and economic development through building partnership with local NGOs at grass root level. At present, the department of social welfare is dealing with more than 380 volunteers, social welfare agencies in AJ&K are registered with Kashmir council. Most of these voluntary social welfare agencies (VSWAs) and are working at grass root level. The department of social welfare has constituted coordination councils of these VSWAs at district, tehsil and State level for participatory welfare and development. In the intersectoral approach, the department recommends strengthening these forums for participatory planning, implementation and monitoring of development and welfare activities.

Overarching Stake Holder Analysis- Opportunities and constraints/challenges

Opportunities

- a) SW & WD Department is committed to improving the environment, in which families, communities, organizations and governments address physical, social, legal, medical and psychological needs of vulnerable. The department believes that such an environment will play an enabling role in addressing underlying socio-environmental determinants of health.

- b) SW & WD Department has the past experience of imparting skills to make the vulnerable groups economically independent and useful for the society. These skills can help enhance the earning capacity of the population in the most hard to reach areas. SW & WD Department has established 21 women development centers and 4 centers having the broader focus on women development & employment in the far flung areas for destitute girls. These centers build the capacity of women for their economic up-liftment through preparation of marketable goods like handicrafts, fruits and vegetables preservation, commercial vegetable cultivation, Kashmir crafts etc. The department has potential to offer a valuable platform for awareness raising about *nutrition in women, healthy diet and healthy cooking.*
- c) Women development sector is committed to mainstreaming gender and hence improve the social status of women The department recommends that in all districts, social welfare
- d) complexes should be established and be declared as the hub of welfare services particularly for the vulnerable groups by integrated services of line departments, INGOs and NGOs.
- e) SW& WDD Department is committed to preparation of Data Base Management Information System of the vulnerable to provide the financial training and referral facilities to uplift their economic and social status, involving Govt., Donors, Local NGOs and philanthropists. The department is ready to take the prime responsibility to collect the data of the vulnerable segment of grass root level and develop a referral mechanism for the provision of the services by the line departments, INGOs, NGOs. This would

- f) Allow assess the impact of the program in the socioeconomic upliftment of the population.
- g) The sector envisions bottom to top, public private partnership programs by formation of the village, union council, tehsil, co-ordination units/councils comprising of representatives of NGOs/CBOs and the line departments and local political entities for the efficient, economic, justified utilization and mobilization of resources.

Constraints and challenges

- a) SW& WD Department has the potential to mobilize the private sector, civil society and other players to reach out to hard to reach areas with health, education and other empowerment approaches that may affect women health but this has not been done in the past to the desirable extent.
- b) Absence of coordination with BISP department is a constraint. BISP department has an extensive database and several schemes that can complement the activities of SW&WD Department for uplifting the status of women and those who are marginalized.
- c) There are several legislations for women protection, but unfortunately most of these have not been enforced in letter and spirit. The findings of the round table meeting held to review the enforcement of " **Bill for protection against harassment of women**" ⁶² indicates that this bill along with several other bills such as the inheritance right bill, watasata or Sawaraa marriages, is quite an impressive achievement but practically these bills do not work on

⁶²Round Table Meeting - "Are we moving forward: Review of Legal and Political Framework"

the ground. Domestic violence bill (unfinished) is another example, which has been passed, but implementation is still pending.

d) Research particularly on women related issues have remained a neglected area in AJ&K. SW& WD Department has undertaken quite a few initiatives in women's development issues, but these have not been adequately documented to draw any conclusion about their effectiveness. In the absence of proper and context specific researches, it is difficult to advocate investments with out evidence based interventions for women's development.

**GOVT. PRINTING & STATIONERY DEPARTMENT
MUZAFFARABAD**