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Health Status and Access to Health Care Services in Jammu and Kashmir

A Dedcadal Performance

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Abstract

Health is an essential input for the development of humans. The health status of the population reflects a crucial aspect of human development i.e. physical and mental capacity which combined with appropriate skill and competence, forms valuable human capital of a nation. Human being, the essence of all development strategies, health constitutes an integral and essential component of the overall social and economic development strategy. The Jammu and Kashmir State has performed relatively well in providing health and medical facilities to the people, but the level is still beneath the satisfaction. The progress of health infrastructure in the State can be judged by the health infrastructure i.e., the availability of hospitals, dispensaries and doctors. There are 5534 health institutions in Jammu and Kashmir (2017). Most of the health indices of the Jammu and Kashmir are far better as compared to all India level. This is especially a case with life expectancy, Crude Birth Rate, Crude Death Rate, Infant Mortality Rate and Institutional Births. In comparison to its adjoining States, Jammu and Kashmir fairs poorly with Delhi in all health parameters whereas it is at a better position as compared to Uttar Pradesh and Haryana. Punjab and Himachal Pradesh are also comparatively better than Jammu and Kashmir. About one-third (35%) of children under age five are stunted, or too short for their age, which indicates that they have been undernourished for some time. Fifteen percent are wasted, or too thin for their height, which may result from inadequate recent food intake or a recent illness. One-fourth (26%) are underweight, which takes into account both chronic and acute under nutrition. Adults age 15-49 in Jammu and Kashmir suffer from a dual burden of malnutrition, 25 percent of women and 28 percent of men are Sanitation too thin; and 17 percent of women and 6 percent of men are overweight or obese. Only 59 percent of women and 66 percent of men are at a healthy weight for their height.

Keywords: Life-expectancy, Birth-Rate, Death**-**Rate, Infant Mortality, Couple Protection

Introduction

Human capital, as characterized by good education and good health is an important determinant of economic growth. Health finds a predominant place in three of the eight goals, eight of the sixteen targets and eighteen of the forty-eight indicators of the “Millennium Development Goals of the United Nation”. Health is the most important social service sector having direct correlation with the welfare of the human being. This sector assumes focus for reaping the demographic dividend having healthy productive workforce and general welfare.

Health is an essential input for the development of humans. The health status of the population reflects a crucial aspect of human development i.e. physical and mental capacity which combined with appropriate skill and competence, forms valuable human capital of a nation. Human being, the essence of all development strategies, health constitutes an integral and essential component of the overall social and economic development strategy. As development cannot be measured in economic terms alone, the ultimate goal of development is the improvement in quality of life and the best feasible satisfaction of human needs through basic health care, safe drinking water, sufficient food, sanitation etc.

In order to determine the health status in a society, the relevant variables would be the expectation of life at birth, the mortality rates

particularly the infant mortality rate (IMR) and the prevalence of various health facilities particularly the number of doctors and paramedical staff, the health institutions like hospitals, health centers and the public health facilities.

Objectives of the Study

1. To study the impact of health schemes on public welfare
2. To assess the access of population to health institutions
3. To study the impact of increase in Health institutions on Physical indicators of life

Review of literature

Literature for the paper has been mainly taken from Government magazines, journals like J&K economic review which provides yearly data and information about all sectors of Jammu and Kashmir economy**.** Bhat M.S & M L Misri (1994), Poverty planning and Economic Change in J&K provides insights about the poverty and planning in Jammu and Kashmir. Singh, Jashbir (2004) *the Economy of Jammu and Kashmir* provides insights about the economy and economic activities of Jammu and Kashmir and performance of different sectors in economy. Similarly journals and reports and magazines published by government of India under various departments gives insights about the all sectors of economy and their performance.

Health Care Services and Health Indices in Jammu and Kashmir

In Jammu and Kashmir State, "Health Care Services" is important not only for human resource development, but also for restoring the faith of the people in the institutions of governance. The main thrust of these services includes; delivery in the areas of preventive, promotive and rehabilitative health care services at primary, secondary and tertiary level. Primitive health care system inherited from the independence period has undergone enormous changes in establishing advanced network of health delivery system of the State.

Initially it was seen that the health status of the people in the State was poor due to prevalence of diseases of various kinds resulting in morbidity and mortality. This was specially so with respect to women and children. The constraints in the improvement of health status of the people included lack of financial resources, dearth of technical staff, and inadequate health infrastructure. Therefore, in order to improve the health status and to achieve the objectives of "Health for All", the Government of India enunciated the National Health Policy in 1983. In response to this, the State government initiated a number of programmes and activities through which health and medical services could flow to the needy and gradually achieve the aims and objectives set under the national policy. As a result, some improvement was seen in the health status of the people.

The Jammu and Kashmir State has performed relatively well in providing health and medical facilities to the people, but the level is still beneath the satisfaction. The progress of health infrastructure in the state can be judged by the health infrastructure i.e., the availability of hospitals, dispensaries and doctors. There are 5534 health institutions consisting of 115 District/sub district hospitals, 259 Allopathic and 508 Unani dispensaries and Ayarvadic dispensaries, 412 public health centers, 460 medical AIDS and mobile units, 11 TB centers, 2081 family planning centers and sub centers and 55 leprosy sub centers and leprosy control units in 2017.

As on economic survey 2017, 14377 beds were reported to be available in the health institution showing an increase of 10,650 beds from 1997-98 to 2016-17. The number of doctors has reached to 39892 from 4540 during the same period.

As per census 2011 the availability of health institutions indicates that population covered per institution for the year 2010-11 was 3024 compared to 3690 for 1997-98. While as at national average the population covered per institution was 5159 in 2010-11 which is higher as compared to the State average of 3024. For the year 2010-11, 115 hospital beds were available per lakh of population against the corresponding figures of 110 for year 1997-98 and 1998-1999 respectively. The following figures at national average were 90 hospital beds available per lakh of population. Similarly on an average 48 doctors/vaids/hakims were to look after the health related needs of one lakh of population for 2010-11 compared to 46 for the year 1997-98. While as at national level 58 doctors/vaids/hakims were to look after the health related needs of one lakh of population for 2010-11. In terms of population covered per institution and hospital beds available per lakh of population, Jammu and Kashmir has better position but in terms of doctors/vaids/hakims, it lags behind the national average. Following Table No.1 narrates the position of health care infrastructure in Jammu and Kashmir State.

Table No.1

Facility indicators	Health Institutions	Population covered per institutions	Beds available	Beds available Per lakh of population	Doctors	Doctors Available per lakh of population
1997-98	3505	3690	10438	110	4540	46
1998-99	3505	3690	10438	110	4540	46
1999-00	3656	3690	11274	112	4821	47
2000-01	3656	3594	11921	111	4821	47
2001-02	3692	3491	12177	109	4532	47
2002-03	3692	2903	12177	113	5101	48

2003-04	3735	2938	12566	115	5101	49
2004-05	3802	2963	12580	112	5105	47
2005-06	3698	3127	12855	111	5239	48
2006-07	3705	3204	12855	108	5150	46
2007-08	3603	3204	13744	108	5294	46
2008-09	3657	3121	12750	109	5504	47
2009-10	3690	3125	12932	113	5573	48
2010-11	3972	3024	14165	115	5573	48

Source: Directorate of Statistics and Economics, Jammu and Kashmir

Besides that, considerable achievements have been made to improve health standards such as life expectancy, child mortality, infant mortality and maternal mortality. The selected health indicators of Jammu and Kashmir and its adjoining States are shown in Table No.2.

Table No.2: Selected Health Indicators in Jammu and Kashmir and its adjoining States

S. No.	State/ UT's	Life expectancy at Birth (years)	Crude Birth Rate (CBR)*	Crude Death Rate (CDR)*	Total Fertility Rate (TFR) (per woman)	Infant Mortality Rate (IMR)*	Couple Protection Rate (CPR) %	Institutional Births (%)	Full Immunization (%)
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
1	All India	65.5	18.0	7.1	2.0	40	46.6	40.7	43.5
2	J&K	67.7	17.5	5.3	1.9	37	15.9	85.20	66.7
3	Delhi	71.0	18.6	4.6	2.1	23	24.9	60.7	63.2
4	Punjab	67.7	13.7	6.8	1.8	34	56.5	52.5	60.1
5	Himachal	68.8	19.3	6.7	1.8	40	50.5	45.3	74.2
6	Haryana	66.4	13.5	6.5	2.3	48	43.3	39.4	65.3
7	U.P	62.2	16.0	8.2	3.5	61	36.0	22.0	22.9
8	Leading States/UT	70.8 (Kerala)	14.7 (Manipur)	3.8 (Nagaland)	1.7 (Kerala &T.N)	14 (Kerala)	75.6 (Pondicherry)	99.5 (Kerala)	80.8 (T.N.)

* = per 1000, T.N= Tamil Nadu,

Source: Family Welfare Statistics in India

Most of the health indices of the Jammu and Kashmir are far better as compared to all India level. This is especially a case with life expectancy, Crude Birth Rate, Crude Death Rate, Infant Mortality Rate and Institutional Births.

In comparison to its adjoining states Jammu and Kashmir fairs poorly with Delhi in all health parameters whereas it is at a better position as compared to Uttar Pradesh and Haryana. Punjab and Himachal Pradesh are also comparatively better than Jammu and Kashmir. Couple Protection Rate (CPR) in Jammu and Kashmir State is very low as compared to national level and its other adjoining states. The main reason of the low Couple Protection Rate is that the traditional attitudes against Family Planning are still a big barrier against the universal or large scale use of birth control devices.

These aggregate indicators reflect a satisfactory picture of the health status of Jammu and Kashmir, but to assume on this basis that the public health delivery system of Jammu and Kashmir is well functioning machinery would be misleading. Though the State is ahead of all India level in certain indicators, but it compares poorly viz-à-viz many States of northern India. Judged in terms of the best performing States, Jammu and Kashmir lags far behind. For instance, Kerala is the leader in terms of indicators like Life Expectancy, Infant Mortality Rate and Couple Protection Rate. While as Infant Mortality Rate in Kerala is very low at 14, it is still high at 43 in Jammu and Kashmir. This comparison simply indicates that the amount of efforts the State has to put in for revitalizing the health delivery.

Despite these networks of health institutions in the State, it appears that much progress has not been made in providing the basic health care services to the masses particularly in the rural areas of the state. So much need is to be done in the expansion of basic health care facilities particularly in rural areas.

Major Health Indicators

Health indicators reflect the socio-economic development of the State. In order to live up to this essence, the State government has been putting in serious efforts to increase the level/reach of medical facilities to all within the State despite lot of constraints like difficult terrain, problem of inaccessibility, poor road connectivity, limited presence of private sector/NGOs. While comparing the health indicators of the State with the national average, it is quite evident that the State has performed well on most of the parameters. However, still a lot more needs to be done by providing accessible, acceptable and affordable healthcare services to the people of the State. Following are the

health indicators which reflect the commitment of the State regarding health care facilities.

Population and Average Annual Exponential Growth Rate (AAEGR)

As per Census 2011, the total population of the Jammu and Kashmir State is 1.25 Crore comprising of 53% males and 47% females. Out of total population, 72.79% and 27.21% reside in rural and urban areas respectively. The decadal growth declined from 29.43% (1991-2001) to 23.71% (2001-11), which resulted in addition of 24 lacs souls to the overall population of the State thus resulting in less addition to the overall population of the State since 1961.

The Average Annual Exponential Growth Rate (AAEGR) of the State declined from 2.61% per annum (during 1991-2001) to 2.15% per annum (during 2001-2011). The density of the State is 124 persons per sq km, which is lower than the national average i.e. 382 per sq km. The population of the Jammu and Kashmir State accounts for 1.04 % of the total country's population as per census 2011 as against 0.99% as per census 2001.In terms of population, the Jammu and Kashmir State stands at 19th rank among all the States/UTs of the country.

Sex Ratio

The child sex ratio (0 to 6 years) has shown a sharp decline from 941 in 2001 to 859 as per census 2011. The overall sex ratio has also declined from 892 in 2001 to 883 as per census 2011. The major efforts are being done like organizing seminars, camps, awaking the people about the consequences of imbalance in the population, strict enforcement of PC & PNDT Act in the State, with the sole objective to boost the sex ratio of the State in the coming years. Some of the reasons to the low sex ratio are differences in sex ratio at birth, male sex-preference and discrimination of female sex, hard work for females particularly among lower income groups which constitute the bulk of the population, nutrition and house accommodation. Medical facilities, female literacy, per capita income and other social, economic and psychological problems of females in the society due to the poor status of women are also the reasons of low sex ratio in the State.

Life Expectancy at Birth

As per census 2011, the Life Expectancy of males and females at national level stands at 63.95 and 67.08 years, respectively. As far as, the J&K Stat Jammu and Kashmir State is concerned, the life expectancy of males and females stands at 66.5 and 69.3 years, respectively which is more than the national average. Further, the Ministry of Health and Family Welfare, Government of India, for the period 2011-15, has launched various health related activities with the main objective of increasing the life expectancy at birth to 67.3 years for male and 69.6 years for female. The average life span has increased over the years in the country as well as in the State which reveals decrease in death rate and improvement in the quality of health services.

Crude Birth Rate (CBR)

As per the estimation made by the Registrar General of India, on the basis of Sample Registration System (SRS- 2011), the crude birth rate of the Jammu and Kashmir State is 17.5 which is well below the national average of 21.8. While the crude birth rate dipped by 0.3 points at all India level during 2011 compared to 2010, it recorded decrease of 0.5 points in the State during the reference period. However, when we compare these figures with the neighbouring states like Himachal Pradesh and Punjab whose crude birth rate is 19.3 and 13.4, respectively, our State still requires improvements in its health care system.

Crude Death Rate (CDR)

The crude death rate (CDR) of the Jammu and Kashmir State is 5.5 which is quite low as compared to national average of 7.1, as per census 2011. While studying the pattern of CDR from 2006-2011, it reveals that the performance of the state is in line with the national level scenario which has dipped by 0.4 points during the period. The CDR of Jammu and Kashmir State is far better than states like Himachal Pradesh (6.7), Punjab (6.8) and Haryana (6.5).

Total Fertility Rate (TFR)

The total fertility rate has come down below the replacement level for the first time in the State to 1,9 in 2014 as compared to 2.3 in 2006, which is quite low when compared with the national average which stands at 2.5. The main thrust behind it, is the focused attention of the State government on issues like un-met needs for contraceptives, reduction in the child mortality rate, greater involvement of male in family planning measures, decrease in early marriages etc.

Maternal Mortality Ratio (MMR)

Maternal Mortality Ratio (MMR) refers to the number of women aged 15-49 years dying due to maternal causes per 1,00,000 live births. The Registrar General of India in its publication "Maternal Mortality in India 2007-2009" published in June 2011 has put Maternal Mortality Ratio (all India level) at 212 as compared to 254 during 2004-2006. Under the category of "Other States", the said publication depicts the Maternal Mortality Ratio of Gujarat at 148, Haryana 153, Maharashtra 104, Punjab 172, West Bengal 145 and others 160. The MMR of the Jammu and Kashmir State is well below the All India level and the results corroborate with another similar such study conducted by the Directorate of Economics and Statistics, Jammu and Kashmir.

Infant Mortality Rate (IMR)

The health system in the State has dramatically changed from what it was a decade ago. Infant Mortality Rate which indicates the death of children before the age of one year per thousand live births is sensitive indicator of the health and nutritional status of population. Reducing Infant Mortality Rate (IMR) is the major objective of National Health Mission (NHM). The State has achieved a significant improvement in the IMR over the period. The IMR has fallen from 52 in 2006 to 37 in 2014. The Infant Mortality Rate (IMR) of the State is showing a

consistent downward trend and is indicative of execution of host of child health related programme and activities undertaken by the department especially under NRHM since 2006. No doubt, the Infant Mortality Rate of the State has declined over the years; it still requires stringent measures to be adopted in order to achieve the goal of Infant Mortality Rate less than 30 in coming years.

Neo-natal Mortality Rate (NMR)

Neo-natal survival is a very sensitive indicator of population growth and socioeconomic development. At national level, the neo-natal mortality rate was 37 per 1000 live births during 2006 which came down to 33 in 2010. The Neo-natal Mortality Rate of the State remained stagnant at 39 during 2006 to 2008 and further declined to 35 in 2010. Efforts are being made to reduce it further by laying stress on facility/ home based new-born care. However, at national level, Neo-natal Mortality Rate constitutes 69.3% of the total infant deaths while as for the State the figure is as high as 82.1% which is suggestive of the requirement for a more focused effort to target the Neo-natal Mortality.

Delivery care

About half of the births in the five years prior to the survey in Jammu and Kashmir took place at home and half in a health facility. Home births are more common for births to women who received no antenatal checkups, women with no or less education, and women in the lowest wealth quintile, and for births at higher birth orders. Fifty-seven percent of births in the past five years took place with assistance from a health professional, and almost two in five (38%) were delivered by a traditional birth attendant. The remaining 5 percent were delivered by a relative or other untrained person. Only 13 percent of home births were assisted by a health professional.

There has been improvement over time in the proportion of births being delivered safely in Jammu and Kashmir. The percentage of births in the three years preceding the survey that were delivered in a health facility increased from 36 percent in NFHS-2 to 54 percent in NFHS-3; and the percentage assisted by a health professional increased in the same seven years from 42 percent to 61 percent. In 81 percent of home births, a clean blade was used to cut the cord, as is recommended, but only 64 percent of home births followed the recommendation that the baby be immediately wiped dry and then wrapped without being bathed first. A disposable delivery kit (DDK) was used for 37 percent of home births.

Nutrition

The National Nutrition Policy (NNP) has considered poverty in terms of a self-perpetuating vicious circle, causative sequential links being low intake of food and nutrition – under nutrition with attendant nutrition related diseases and infections – faltering growth of children – small body size of adults – impaired productivity – low learning capacity — back to poverty. According to NNP, the problems of nutrition have to be addressed in terms of an overall development strategy, nutrition being tackled both independently and along with other development issues. Direct interventions are required in the short term for expanding the safety net, reducing the incidence of severe and moderate malnutrition, reaching the adolescent girls, ensuring better coverage of expectant women, fortification of essential goods, popularisation of low-cost nutrition food, and control of micronutrient deficiencies among vulnerable groups

About one-third (35%) of children under age five are stunted, or too short for their age, which indicates that they have been undernourished for some time. Fifteen percent are wasted, or too thin for their height, which may result from inadequate recent food intake or a recent illness. One-fourth (26%) are underweight, which takes into account both chronic and acute under nutrition.

Even during the first six months of life, when most babies are breastfed, 19-21 percent of children are stunted or are underweight and 35 percent are wasted. Under nutrition is more prevalent in rural than in urban areas. The difference by residence is particularly marked with regard to underweight: 16 percent of children in urban areas are underweight, compared with 28 percent in rural areas.

Girls are more likely to be stunted and underweight than boys, but boys are more likely to be wasted than girls. All three indicators of nutritional status decline sharply with the wealth index. For example, 49 percent of children in the lowest wealth quintile are underweight, compared with 12 percent in the highest wealth quintile. Similarly, 54 percent of children in the lowest wealth quintile are stunted, compared with 19 percent in the highest wealth quintile.

Children's nutritional status in Jammu and Kashmir has improved since NFHS-2 by two out of the three measures only. Children under age three are less likely to be too short for their age and also too thin for their age today than they were seven years ago, which means chronic under nutrition is less widespread; however, they are slightly more likely to be too thin for their height, which means that acute under nutrition is still a major problem in Jammu and Kashmir.

Adults age 15-49 in Jammu and Kashmir suffer from a dual burden of malnutrition, 25 percent of women and 28 percent of men are too thin; and 17 percent of women and 6 percent of men are overweight or obese. Only 59 percent of women and 66 percent of men are at a healthy weight for their height.

Under nutrition is particularly serious among teenagers. About half of men and more than one-third of women age 15-19 are underweight. Adults in rural areas, in the lower wealth quintiles, and belonging to the scheduled castes are also at a much greater risk of being underweight than other adults. Overweight and obesity are more common among women, in particular among those who are older, are in urban areas, are better educated, and belong to the higher wealth quintiles.

Because population groups that are less likely to be too thin are the same groups that are more

likely to be overweight or obese, the percentage suffering from either of these two nutritional problems varies only in a fairly narrow range across most population groups, regardless of their educational attainment, wealth index, religion, caste/tribe, age, residence, or marital status.

Using iodized salt prevents iodine deficiency, which can lead to miscarriage, goitre, and mental retardation. More than three-fourths of households in Jammu and Kashmir (76%) were using sufficiently iodized salt at the time of the survey. This is higher than the percentage observed during NFHS-2 (53%). However, a nationwide ban on non-iodized salt took effect just as the NFHS-3 fieldwork was being completed, so the effects of the new law could not be determined by the survey.

Water Supply

The water sector is facing daunting challenges due to urbanization, industrialization and huge demand for Agriculture sector. The potential for augmentation of supply is limited, water tables are falling and water quality issues have increased. Our rivers and ground waters are continuously polluted by untreated effluents and sewerage. The climate change poses fresh challenges.

Every person has the basic right to demand drinking water. As such, its supply cannot be left to the market forces as these forces do not recognize the importance of livelihood. One programme out of 6 programmes which fell within the ambit of "Bharat Nirman" was Accelerated Rural Water Supply Programme (ARWSP), launched by Govt of India in 2005-06 for building infrastructure and basic amenities in rural drinking water. The scheme stands renamed as "National Rural Drinking Water Programme" (NRDWP).

Main water supply activities under Bharat Nirman Programme are:

1. Uncovered habitations to be provided with potable water,
2. Slipped back habitations to be provided with potable water,
3. Quality affected habitations to be addressed with potable Rural Water Supply.
4. Sustainability of sources and system.

As per Survey 2003, there were 12015 rural habitations in the Jammu and Kashmir State. Besides there are 3763 habitations which have emerged over the years making the total number of habitations to 15778 ending 2014.

The criteria for coverage of habitations have been enhanced from present 40 LPCD to 55 LPCD. All new schemes are being designed with minimum supply level of 55 LPCD.

The status of rural habitations of open defection is given in Table No.3 as under:

Table No.3: Status of rural habitations of J&K

Status	**J&K State (1-4-2014)**	**% age**
100% covered	8049	51.01
between 75% and 100%	1057	6.69
between 50% and 75%	4570	28.96
between 25% and 50%	1615	10.23
between 0% and 25%	497	3.14
Total	**15778**	**100**

Source: Economic Survey of J&K, 2013-14

From the year 2013-14, the criteria for measurement of availability of drinking water has been changed from litre per capita per day (LPCD) to percentage of population covered with 40 lpcd. The physical progress of rural habitations up to date indicates that 51.01% habitations have been fully covered, 49.99% have been partially covered with %age of coverage varying between less than 25% to 75%.

For providing drinking water facilities to urban areas, another scheme, namely Accelerated Urban Water Supply Programme (AUWSP) was launched by Govt. of India, which is now taken care of under Flagship Programmes like JNURM (Jawahar Lal Nehru Urban Renewal Mission) and UIDSSMT (Urban Infrastructure Development Schemes for Small and Medium Towns).

To address the drinking water problem in the State, a number of schemes are being also implemented under State Plan/District Plan, LIC/NABARD loan assistance and Economic Reconstruction Agency. India is committed to provide safe drinking water facilities and sanitation to all.

Sanitation

The study of the sanitation facilities available to the households and the changes in the facilities over time is an important aspect of living facilities and it is closely related to the health and hygiene of the members of households and its micro-environment. Individual Health and hygiene is largely dependent on adequate availability of drinking water and proper sanitation. There is, therefore, a direct relationship between water, sanitation and health.

Sanitation coverage, which ought to be a way of life to safeguard health, is inadequate in Jammu and Kashmir State. Access to sanitation facilities is still a challenge—almost 50 per cent of households have no toilets. Furthermore, the practice of open defection in Jammu and Kashmir State remains a major challenge

In India, only 50 per cent of households had access to sanitation facilities. In Jammu and Kashmir State 50 per cent of households were without toilets, and thus there was a greater possibility of open defection in these states. The proportion of households with toilet facilities was significantly higher in urban areas (85.5 percent) than rural areas. It should be noted that in rural India as many as 61.5 per cent of households were without toilets. Thus, it is not surprising that in the rural areas the population has many health problems.

An important area of intervention in the Jammu and Kashmir State is to provide sanitary facility at each household and at each corner of the district. This obviously reduces health hazards and at the same time ensures better standard of living of the people. More than a decade ago the State took a leading role in launching Total Sanitation Campaign (TSC) in the State, but the State has not yet achieved

to bring all the households under the coverage of sanitary facility.

The TSC is being implemented with a district as unit. The States are expected to draw up a TSC Project for the selected districts to claim Govt. of India assistance with commitment of their support. The numbers of TSC projects in a state are allocated based on the demand raised by the States as well as their performance in implementation of the existing projects. Selection of the districts is done by the State Government. All the 22 districts of open Defection State have been declared now as the TSC districts in order to cover the entire rural area of the State. The TSC Project cycle in the Project Districts is expected to take about 4 years or less for implementation. The campaign is targeted to be completed up to the year 2015 is shown in Table No.4.

Table No 4: Sharing pattern of all the components

Component	Centre share (%age)	State share (%age)	Beneficiary share (%age)	Total share (%age)
Individual Household Latrines	66.67	23.33	10	100
School Toilets	70	30	-	100
Community Sanitary Complex	60	30	10	100
Anganwadi Units	70	30	-	100
Rural Sanitation Mart	80	20	-	100

Source: Economic Survey of J&K, 2013-14

The total project objective under this component is 1270803 units (567732 units for APL & 703071 units for BPL), out of which 537240 IHHLs (189397 for APL and 347843 for BPL) were completed up to December, 2013 and the balance target is proposed to be covered during the 12th Five Year Plan period.

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