

## ***BASELINE STUDY REPORT***

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### **“A COMPREHENSIVE EDUCATION PROMOTION PROGRAMME Manoharpur- Jharkhand**



Respectfully submitted to  
**Vedanta Limited**



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## Executive Summary

A Comprehensive Education Promotion Programme is being implemented by FXB India Suraksha with financial support from Vedanta Limited in 15 AWCs and 10 school of Manoharpur block of west Singhbhum district Jharkhand. The goal of the project is to improve the quality of overall service delivery system in local schools and Anganwadis' in the targeted villages through capacity building, access to facilities, supplementary learning resources and active engagement of stakeholders.

A baseline study is designed to establish a base for measuring progress throughout the life cycle of the project. The study gathered a wide range of data from various sources i.e. community of 10 villages, 10 schools and 15 Anganwadi Centres in the project area. Different tools have been designed for data collection under the proposed qualitative survey from the intended respondents. Data collection included literature review (public policies & schemes), key informant interactions (KIIs), In-depth Interviews (IDIs), Focus Group Discussions (FGDs) and physical verification check-lists. The research team is comprised of the M & E and Research Officer from FXBIS's Secretariat and the trained Field Coordinators. The team had prepared data collection schedule well in advance and made visits to all villages, schools and Anganwadis to collect the required data. The data was analyzed with analytical tool such as excel and SPSS.

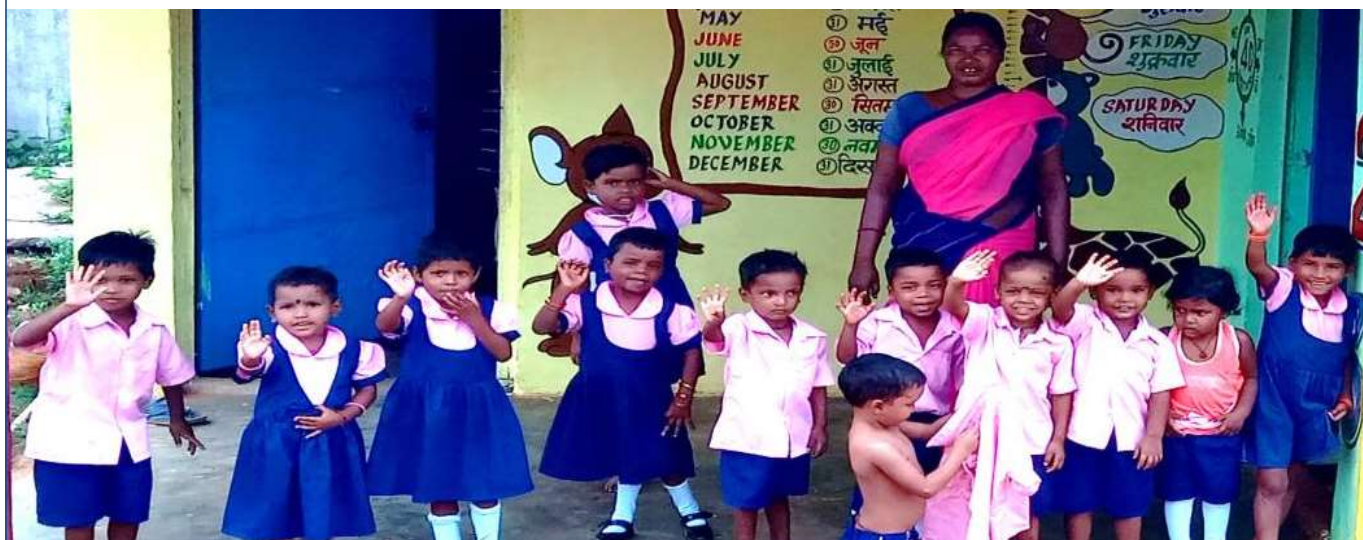
Based on the data analysis and review of the information collected summary of this study can be conclude as the Anganwadi Sevikas are well experienced and capable enough to deliver their job and they possess the basic knowledge of their roles and responsibilities. However, most of them lack detailed knowledge of various functions that they handle as part of their day to day engagement in Anganwadis. Specially their understanding of topics related to Nutrition and Health Education, Immunization and information related to pregnant and lactating mother needs improvement. Majority Centres lack basic facilities such as safe drinking water and toilets which needs immediate attention. Extremely low attendance of enrolled children is found to be key area to improve in all the Anganwadis. There is need for capacity building programmes aiming to improve the efficiency, reduce their workload and keep them motivated. Delayed and irregular supply of materials for smooth functioning of Anganwadis is one important area to improve.

About the status of Education in the project villages the study revealed that there is some commonality of problems cited by parents and teachers across all the villages. Lack of basic amenities, teacher's absenteeism, shortage of teachers, poor attendance and academic competencies, lack of awareness among parents, poor participation of SMC were found to be common problems across all the village. Incentives offered by the Government schools are less impressive for the parents to send their children to the schools as the quality of services and lack of awareness about importance of education among parents are the key to improve the situation. Another important concern in respect to the status of education in these villages is high school dropout rates and poor health and nutrition of the school age children.

In line with the above observations the study made the following key recommendation to improve the status of education and achieve the project goal.

- Need to improve the knowledge & skills of Anganwadi Workers as well as School Teachers and supply them with tools to deliver their job efficiently
- Ensure basic amenities at both Anganwadi centres and schools

- Initiatives to encourage improvement in attendance in both Anganwadis and Schools through improved parent awareness and engagement, nurture strong community institutions such as SMCs, women Self Help Groups and improvement in quality of services
- Establish and run supplementary learning centres to address gaps in academic competencies, health & nutrition and overall development of children
- Advocate for an improved system for timely supply of materials and supportive supervision for schools and Anganwadis by the concern departments.
- Efforts to study the scope for enhancement of livelihood opportunities for the poor locals on long run will be beneficial for sustainable impact.



## i. Background/Introduction

The availability and accessibility to schools in Manoharpur block is inadequate as there are only 61 primary and upper primary schools' catering to children in 99 villages in the block. Meaning there are few villages without schools and the children have to face challenges to attend the schools located distantly considering the poor road connectivity and public transportation system in the area. It was observed that most of the schools have basic facilities like building, toilets, drinking water and there are sufficient number of teachers. However, considering the remoteness of the villages, poor adult literacy, poor access to schools there is a need to improve the quality of services delivered in these schools. The best way to improve the quality of teaching in these schools is promoting comprehensive education programme i.e. sensitizing the teachers and education department while engaging parents/community in the process of nurturing quality services in local schools.

Further, during the discussion with local Govt. school teachers, they informed that above 40 % of the children are poor learners. Most of these children are first generation learners and they hardly get any support from their parents for their education. In all the schools surveyed, the School Management Committees (SMCs) do exist on records, but they do not meet regularly. The members are least bothered about the quality of education in local schools.

A survey on 'Potential of District Mineral Foundation (DMF) in West Singhbhum' stated that the infant mortality rate (IMR) in the district was 57 and Under 5MR (under-5 mortality rate) was 96 which is very high compared to national IMR of 34 and U5MR of 39 (Ministry of Health and Family Welfare). The survey also said that 60% children under five are malnourished which is again far lower than the national figures which is less than 40%. Importantly the Anganwadis in the district are serving three times of their capacity in the District and many anganwadis do not have permanent structures, drinking water and toilets. This situation clearly points the huge need to invest in improving child

health and education in Anganwadis and schools in villages around the mining areas of West Singhbhum district.

**Goal of the Comprehensive Education Promotion Programme:**

Improve the quality of overall service delivery system in local schools and Anganwadis' in the targeted villages through *capacity building, access to facilities, supplementary learning resources and active engagement of stakeholders* such as community and Government agencies.

**Objectives:**

- To build capacities of teachers Anganwadi workers in order to effectively engage children in the process of learning and development in one year.
- To ensure grade specific minimum levels of academic competencies for students and nurture reading habit among children.
- To mainstream dropouts' students in schools through bridge course and focused intervention.
- To promote healthy and active children both in Anganwadis' and schools.
- To encourage parent/ community participation in management of schools and Anganwadis' and promote measures for quality of education, nutrition and health services.
- To empower adolescent girls and mothers for improved health and economic activity covering all the 10 Schools and 15 Anganwadi Centers.





## ii. About the Baseline Study

A baseline study is designed to establish a baseline for measuring progress throughout the life cycle of the project. The study gathered a wide range of data from all various sources i.e. community, 10 schools and 15 Anganwadi Centres in the project area in Manoharpur Block. The data is gathered using different tools designed for data collection from specific respondent.

### a) Methodology:

#### Study Objectives:

- To assess the knowledge of Anganwadi Workers about their roles related to center management and their capacities to deliver their roles effectively
- To assess the current functional status of Anganwadi Centers against the standard guidelines of ICDS and identify the gaps
- To Assess the available services & facilities at Anganwadi Centres and identify the gaps
- Understand the parent & teachers views on quality of education in local school, parent engagement and support to children, role of SMCs and need for improvement in facilities
- Assess the functional status of SMCs

The qualitative data collection involved literature review (public policies & schemes), key informant interactions (KIs), Focus Group Discussions (FGDs) and so forth. The research team is comprised of the M & E and Research Officer from FXBIS's Delhi Secretariat and the trained Field Coordinators. The team had prepared data collection schedule well in advance and made visit to all schools and Anganwadis in 15 project villages to collect the required data.

### Desk Review:

Desk review or secondary literature, a review has been done by going through the project proposal and relevant document available online resources. The resources referred were related to the standard guidelines for Anganwadi Management set by ICDS, formation and functioning of School Management Committees under Act of Central Education Rights and provisions of Samagra Siksha scheme etc.

### Sampling:

As the Baseline Study is qualitative in nature, the research team had planned to conduct Focus group discussion (FGD) with the community attached with 10 schools, In Depth Interview (IDI) and Key Informants Interview (KI) with Anganwadi workers and school head teachers and physical verification of facilities and records as required. The schools and Anganwadis covered for the study are as detailed below.

SL. No	ANGANWADI CENTRES	SCHOOLS
	- IDI with Sevika & - Physical observation	- Focus Group Discussion - KIs with Head teacher & Physical observation
1	Jamkundia	P.S. Churgi
2	Dimbuli-C	UPS DIMBULI
3	Nanadpur-A	UMS KAMARBERA-D
4	Dimbuli-B	PS KAMARBERA-A
5	Lodo Akua	PS MAMAR
6	Mamar Churgi	UPS CHOTA JAMKUNDIA
7	Dubil-A	PS JAMKUNDIA
8	Dubil-B	PS HENEDARI
9	Chota Nagra - A	PS KUMBIA
10	Sargidih	UMS DUBIL
11	Chiriyia-B	
12	Hakagui	
13	Old Manoharpur	
14	Dimbuli-A	
15	Kumbia	

*Table-1: Details of Anganwadis & Schools covered for the study*

1. **Focus Group Discussion:** A semi structured FGD guide was used to facilitate the discussion to cover all the issues related to school, teaching quality, dropout, functioning of school management committee. As planned **10 FGDs were carried out in 10 villages** which have schools. Following the methodology average of 15 participants per group were selected randomly from the parents, teachers and SMC members.
2. **In Depth Interview (IDI):** A structured questionnaire was used for conducting In Depth Interview (IDI) with the Anganwadi Worker (AWW) across the study villages. **15 IDIs covering the 15 villages/Anganwadi Centres** were conducted to understand the AWC management system and knowledge against 25 variables and practice at the center.



3. **Key Informants Interview (KIs): 10 KIs** were done using structured questionnaire with the head teachers of the selected 10 schools to understand the quality of teaching, facilities at school for teaching and learning.
4. **Observation and verification of facilities & records at schools:** A well-structured check list was used in all the schools to see the teaching facilities and learning atmosphere. Beside the observation check list, survey team did physical verification of various related records/documents to understand the teaching quality, learning facility, enrolment status and attendance etc.

**Verification of records at AWC:** All the important records of the AWC were verified to assess the current status of practice and system in the center during the survey

#### **List of record & document verified in schools**

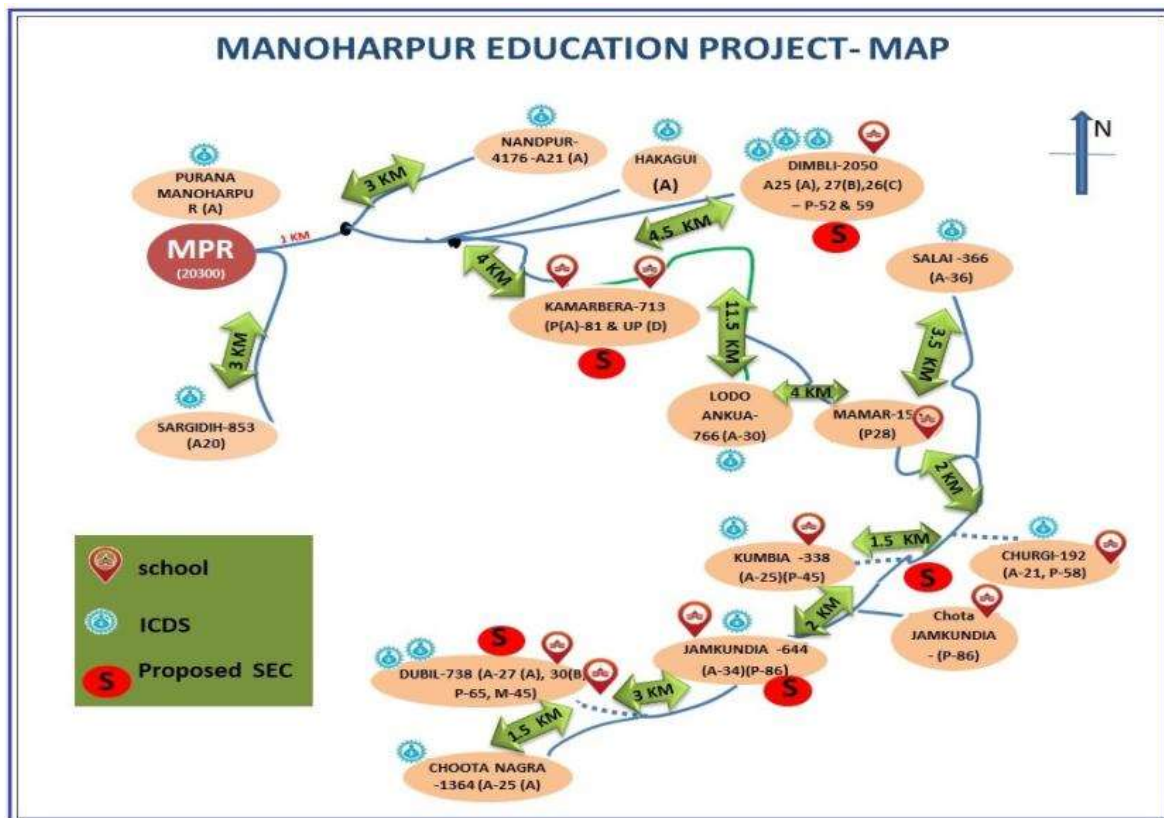
- Teacher attendance register
- Student attendance register
- SMC Meeting Register
- Stationary register

#### **Records & documents verified in Anganwadis**

- Stock register
- Daily diary
- Pregnant women register
- Immunization register
- Children BMI Record
- Birth register
- Death register
- Mahila Mandal register
- Consumable register
- Home visit register
- Beneficiary Attendance register
- Take Home ration register for children
- Take Home ration register for women
- Survey register (Once in a year)

Beside this the team also observed the condition of the building, classroom, Table and bench, toilet, drinking water, electricity, play material and play ground, light & Fan.

## b) Project area MAP





### iii. Data Analysis, Interpretation & Findings

#### PART -I

##### a. Anganwadi Centres

###### 1.1 Introduction

Various studies in the recent past highlighted the importance of socio-economic and demographic characteristics of AWWs in implementing the ICDS programmes. Anganwadi Worker is a part time honorary worker mostly from the same village/locality. Not only she has to reach to variety of beneficiary groups, she also should provide them with different services which include nutrition and health education, Non- Formal Pre School Education (NEPSE), Supplementary nutrition, growth monitoring and promotion and family welfare services. She also coordinates in arranging immunization camps, health check-up camps. Her functions also include community survey and enlisting beneficiaries, primary health care and first aid, referral services to severely malnourished, sick and at-risk children, organizing women's groups and Mahila Mandals, school enrolment of children and maintenance of records and registers.

As part of the present study 15 Anganwadi Workers (Sevika) were interviewed. The Anganwadi centres are opened from 9A.M to 1P.M and after that the Sevika will go for home visits for another 1hour that is till 2 PM. They have to visit 5 houses every day and engage with parents and family to identify the need for various services under ICDS scheme. The Anganwadi workers gets time to time guidance from Auxiliary Nurse Midwife (ANM) related to medical and health aspects of her job.

And the Anganwadi sevika is paid monthly honorarium of Rs 5,900 as per the recent hike implemented by the Jharkhand Government

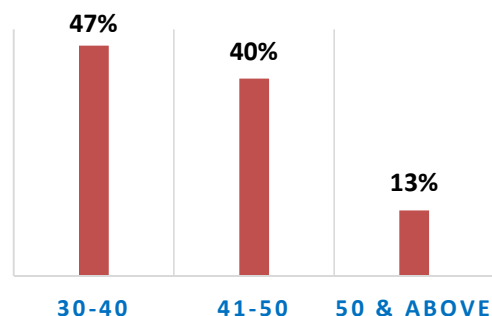
## 1.2 Socio demographic characteristics of Anganwadi Sevikas

### 1.2.1 Age of respondent

47% of Anganwadi workers were less than 40 years of age; 40% of workers were in the age group of 41-50 years and only 13% were in the age group of 50 years and above.

Minimum age of respondents is 30yrs while the maximum is 54yrs.

Results suggested that majority AWWs are young between the age group of 30-40 years.



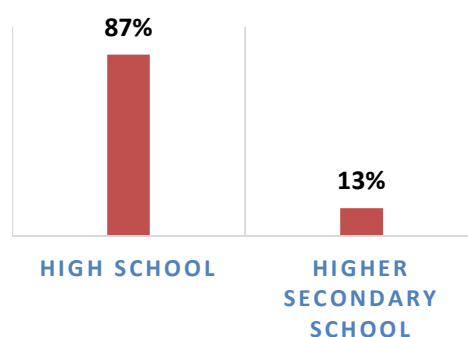
### 1.2.2 Marital Status of respondents

While distributing the respondents by marital status it was found that all the Anganwadi workers are married and about 33% are widows. This data suggests that majority Sevikas are needy marginalized women in the project villages

### 1.2.3 Education of respondents

In the present study 15 Anganwadi workers were interviewed and it is evident from the Figure 1.2.3 that 87% of the Anganwadi workers were high school pass and 13% were 12<sup>th</sup> passed.

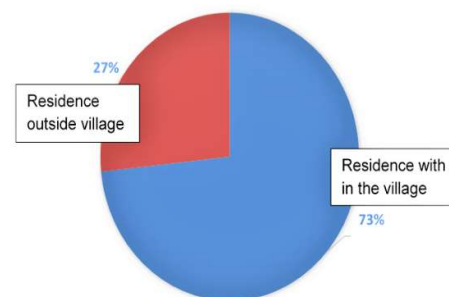
Considering the remoteness and backwardness of the project villages, the Anganwadi workers are sufficiently educated to carry on the prescribed responsibilities



### 1.2.4 Residence Status of Respondents

Figure 1.2.4 highlighted that majority Anganwadi workers that is 73% were residing within the same village where the Anganwadi centre is located and only 27% were staying outside the village.

And the average distance covered by AWW who are not residing in village is about 10KM.



### 1.3 Facilities at Anganwadi Centre

Facilities/Services	Yes	No
Medicine Kit/ First Aid	11	4
Box Baby Weighing Scale	14	1
Wall charts on wall	12	3
Painting Vessel for Cooking	12	3
Vessel for Storing Drinking water	12	3
Indoor Play Equipment (e.g. Counting Frames, Building Blocks, Toys, Paints, etc)	12	3
Electricity	3	12
Electric Fan	4	11
Clean, safe drinking water in the premises	4	11
Toilet	6	9
Indoor Activity Space	12	3
Kitchen/separate space for cooking	14	1
Storage facilities for food	13	2
Storage facilities for equipment	12	3

**Table-2: Facilities at Anganwadi Centres**

100% of Anganwadi center buildings belong to government building. This finding is in contrast with the findings of desk review of the situation in Jharkhand State that many Anganwadi's do not have permanent building in West Singhbhum district.

However, water supply & toilet are matter of concern as most of the AWCs are using handpump water and water quality in the area is not so good. It was reported by the AWW that there are iron mix water supplies from handpump and in the absence of any other source, they are forced to use this. The table given above shows the status of facilities at AWC in the projected villages

It is visible from the above table, there are few Anganwadi centres still lacking the basic facilities such as medicine/first aid kits, vessel for drinking water, and play equipment. Average of 3 to 4 AWCs do not have the above listed equipment in their centres. There is 1 centre not even having weighing scale to measure BMI of children.

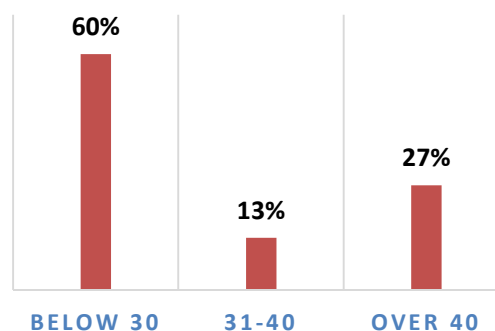
More importantly average of 9 to 12 centres do not have water, toilets and electricity that is above 60% centres lack these basic amenities.

### 1.4 Beneficiary Enrolment

Survey findings indicate that about 60% centers have less than 30 children and 27% centers have over 40 children and 13% of Anganwadi centers have 31-40 children of age group 3-6 (Figure 1.5).

A total of 603 children of age group 0-3yrs and 507 children of age 3-6yrs are enrolled in the selected centers as reported by AWW.

Furthermore discussions with the Sevikas and verification of service registers, the study team found that only 301 children that is 59% out of total 507 registered children of age group 3-6 are availing Anganwadi Centre inhouse services regularly.





## 1.5 Types of problems faced by Anganwadi workers

While performing different types of functions the Anganwadi workers reported to face variety of problems. The Govt. Guideline says 10<sup>th</sup> class pass as the minimum qualification for AWW but job responsibilities expected to be performed by these AWW are huge. Community participation, co-ordination with the superiors and beneficiaries is important parts of her daily routine.

100% of the workers complained about excessive record maintenance as they have to assist for other health programmes apart from their Anganwadi related work assistance to pulse polio programmes, vitamin A distribution programme and also, they perform the duty of Booth level officer.

Additionally, 93% of Sevikas complained about inadequate salary while 60% have complained of lack of logistic supply related problems (Table 3).

40% of the AWWs said that they are facing Infrastructure related problems like inadequate space for displaying non-formal preschool education (NFPSE), nutrition and health education related posters, and conducting fun activities like outdoor activities for children.

87% of workers not happy due to the perceived overload of work.

SI.NO	Types of Problems	Respondents %
1	Inadequate salary	93%
2	Infrastructure related	40%
3	Logistic supply related	60%
4	Work overload	87%
5	Excessive record maintenance	100%
6	Lack of help from community	47%
7	In accessibility of superiors'	47%

**Table-3: Types of Problems faced by AWWs**

Above table clearly shows that record maintenance is a major problem for all the interviewees and it is closely followed by inadequate salary and work over load.

## 1.6 Correct knowledge of ICDS Programme:

As mentioned in the methodology section, 25 variables are considered to estimate the total knowledge score of correct responses. The mean correct knowledge score is about 12.83 and the range varies from 8 to 13 against these 25 knowledge variables.

### Knowledge Score

	Mean Score	Min	Max	SD
<b>Correct Knowledge score (N=15)</b>	8	1	13	3.79

**Table-4: Knowledge score of Anganwadi Sevikas**

Table 4 shows the status of correct responses by the Anganwadi workers. During the study it was found that majority of Anganwadi workers were not aware of the importance of growth chart instead they were maintaining the growth charts as per the requirement of their assigned job profile only. In fact, none of the Anganwadi workers have knowledge about the flattened growth line on growth chart.

Further the study found that only 26.7% of Anganwadi workers have correct knowledge about the calories and proteins given to grade 4 malnourished child, while 20% had correct knowledge about weight gain per year between age group 0-3. About 26.67% had correct knowledge about the average



weight of a 1year old child. About 66.7% knew the correct yellow colour mid arm circumference (MAC) strip means and they don't have knowledge about the red colour of MAC strip means.

About 33.3% of Sevikas are aware of the minimum number of IFA (iron, folic acid) tablets that a pregnant woman should consume and 73.3% knew the number of tetanus toxoid that a pregnant lady should receive.

Importantly, none of the Anganwadi worker was familiar with the energy and protein requirement of the targeted age group and was unaware of the fact as how much caloric food they are providing to children. It was further revealed that during the study that 26.67% of Anganwadi workers knew the correct number of calories and proteins given to grade4 malnourished child and only 13.33% have correct knowledge about the number of calories and proteins given to each child through supplementary nutrition. 6% have the correct knowledge of calories and proteins a pregnant woman should receive from Anganwadi Centre. There were 86.67% of workers who stated that growth monitoring should start from birth.

Most of the Anganwadi workers have less knowledge about the component of Immunization. 6.67% have the correct knowledge about the measles vaccine, 46.6% knew about the doses of DPT vaccine and 33.3% booster dose of DPT. The awareness regarding the provision of referral services was missing. The study revealed the fact that although the large section of Anganwadi workers were aware about the importance of provision of supplementary nutrition but regarding the malnutrition and referral services, the result on implementation part were not satisfactory. The knowledge was rather poor and inadequate.

The present study also revealed that around 13.3% workers had correct knowledge about ORS (Oral Rehydration Solutions/salts).

Regarding the knowledge of Anganwadi workers in respect to the child care components was also in adequate. It was observed that the earliest symptom of vitamin A deficiency, gap between 2 successive doses of vitamin A, the first dose of vitamin A, dose of vitamin A below 1year and vitamin A above 1year were known to 26.6%, 46.7%, 46.7%, 6.7% and 0% Anganwadi workers respectively.

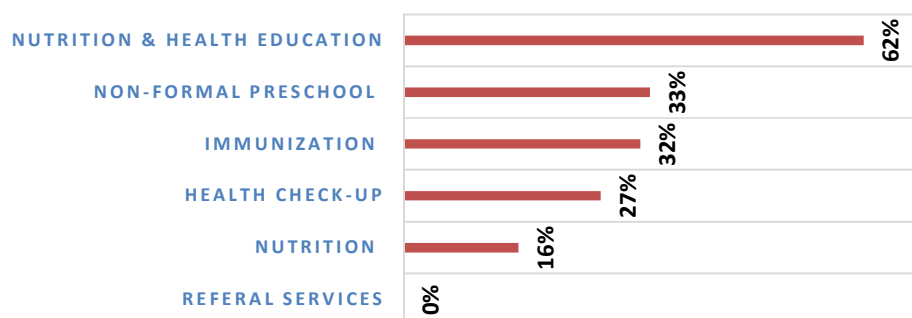
No one could mention the type of vaccines given at 5year age. The present study revealed that the correct knowledge related to antenatal care, post-natal care, family welfare services, management of diarrhoea and prevention of vitamin A deficiency and nutritional anaemia was extremely poor. There

are areas where none of the interviewee could give correct response. For example, dose of Vitamin, A above 1-year age. This definitely raise alarm and needs immediate intervention to improve the quality of services delivered by the Anganwadi Workers.

Q. No	Question	Correct Response (%)
q1	What amount of calories & proteins given to each child through supplementary nutrition?	13.33
q2	What amount of calories & proteins given to grade 4 malnourished child?	26.67
q3	How much Calories & proteins a pregnant woman should receive from AWC?	6.67
q4	Growth monitoring should start from?	86.67
q5	The red colour in mid arm circumference (MAC) strip means?	0.00
q6	Yellow colour on MAC strip means a circumference of?	66.67
q7	Flattened growth line on growth card means?	0.00
q8	At what level of weight gain per year between age group 3?	20.00
q9	What is the average weight of a 1-year old child?	26.67
q10	What is the gap between 2 successive doses of DPT vaccine?	46.67
q11	Measles vaccine given at what age?	6.67
q12	Booster dose of DPT given at what age?	33.33
q13	What type of Vaccines given at 5yr age?	0.00
q14	What No. of tetanus toxoids that a pregnant lady should receive?	73.33
q15	What is the earliest symptom of vitamin A deficiency?	26.67
q16	Dose of vitamin A below 1 yr age?	6.67
q17	Dose of vitamin A above 1 yr age?	0.00
q18	First dose of vit. A given at?	46.67
Q19	Gap between 2 successive doses of vitamin A?	46.67
q20	Minimum no. of tab. of iron & folic acid that a pregnant woman should consume?	33.33
q21	Mention any four high risk pregnancies which need referral?	0.00
q22	Children who need referral (any four)?	0.00
q23	Exclusive breast feeding should be continued till?	100
q24	What Kind of diet that should be given during diarrhea?	73.33
q25	ORS should be discarded if not used completely after?	13.33

**Table 5: Correct knowledge about ICDS programme**

Further to consolidate, variables for assessing knowledge of AWW were divided into 6 domains as per their roles and responsibility. And the findings indicate that none of the AWW interviewed have correct knowledge of referral services. Only 16% having knowledge of Supplementary Nutrition. 27% workers had correct knowledge of health check-up services provided by AWC. 32% & 33% of AWC worker had knowledge of Immunization & non -formal preschool education & growth monitoring respectively. Most of the AWW (62%) have knowledge of nutrition & health education.



## 1.7 Anganwadi Centre Management:

Variable		Response	Remarks
Staff	Sevika	15	
	Sahaiyka	12	Lodo Akua, Mamar Churgi, Hakagui
Average working hour for AWC		4 hrs 9 to 1Pm winter 6:30 to 10:30 during Summer	AWC opening time is vary according to the season but its open for 4 hrs.
Average year of experience of AWW		21.2	
Average year of starting operation of centers		25.9	Only 4 centres opened after 2010
Responsible for cooking the food served to children		Anganwadi helper-12 Anganwadi worker-3	Places where there is no helper present
Delays in the release of funds or reimbursement of expenses from the Block		Always- 13 Sometimes- 3	
Average days of training received (approx..)		100	Max- 150 Min- 30
Adequacy of Training received		Adequate	4
		Inadequate	1
		Unclear	8
Following persons last visit the center	ANM	Once in a month on immunization day	
	Supervisor	Once/twice in a month	
	CDPO	Once in a month as per the requirement	
	Munda or local leader	Once in a month	
Children recite a rhyme or song		Yes, easily-4 centres, Yes, reluctantly/ with persuasion-6 centres, No-5	

**Table-6: Anganwadi Centre Management details**

From the above table, it can be said that most of the AWCs are operational for 26 year and many of the Sevika are associated with AWC since inception and highly experienced. All AWC have Sevika while 3 centres don't have Sahaiyka.

AWCs are open for 4 hrs in a day and opening time may vary as per the season and order to change opening time is circulated by CDPO time to time. Anganwadi helper is responsible for cooking of food served for children in the age group of 3-6 years.

Most of the AWW reported that they face delays in the release of funds or reimbursement of expenses from the Block which intern make it difficult for them to purchase supplies for the centre..

It was reported that there is issue of supervision and monitoring of AWC as most of supervisors visit the centre once in month which the AWWs have felt in adequate. Also, local leaders are not very particular to make regular monitoring visits to the centre.

All the AWWs are trained and received training of average 100 days of training. However, 53% of AWW are not clear about the training while 27% mentioned that training was adequate and 7%

mentioned that it was inadequate. This is further proved in our finding under knowledge section that training played vital role in their knowledge levels and delivery of service.

When it was asked the children to recite a poem or rhyme a song, children of 27% centre have easily done that while 40% have done it on persuasion and rest of the children of 33% centre are not able to recite a poem.

The regularity of supply is also matter of concern approx. 60% of AWWs reported irregular supply of supplementary food, Medicine, Play Material, Educational material, and Stationary. For details please refer to the table below.

<b>Supplies</b>	<b>Indicator</b>	<b>Respondent</b>	<b>%</b>
Supplementary Food (Grain, Murmura, etc.)	<i>Highly Regular</i>	1	7%
	<i>Regular</i>	5	33%
	<i>Irregular</i>	8	53%
	<i>Highly irregular</i>	1	7%
Medicines	<i>Highly Regular</i>	1	7%
	<i>Regular</i>	4	27%
	<i>Irregular</i>	8	53%
	<i>Highly irregular</i>	1	7%
	<i>Do not know</i>	1	7%
Play Material	<i>Highly Regular</i>	0	0%
	<i>Regular</i>	5	33%
	<i>Irregular</i>	9	60%
	<i>Highly irregular</i>	1	7%
	<i>Do not know</i>	0	0%
Education material	<i>Highly Regular</i>	0	0%
	<i>Regular</i>	4	27%
	<i>Irregular</i>	10	67%
	<i>Highly irregular</i>	1	7%
Stationary	<i>Do not know</i>	0	0%
	<i>Highly Regular</i>	0	0%
	<i>Regular</i>	5	33%
	<i>Irregular</i>	9	60%
	<i>Highly irregular</i>	1	7%
	<i>Do not know</i>	0	0%

**Table-7: Regularity of support services to Anganwadis**

Further is was also found that services provided by AWC is mostly in line with the guideline.

Please see the below table:

<b>Services</b>	<b>When Provided</b>
Supplementary nutrition	<i>Today or yesterday</i>
Pre-School Education	<i>Today or yesterday</i>
Weighing of children	<i>Within the last 15 Days</i>
Immunization	<i>Within the last 30 days</i>
Health Check-up	<i>Within the last 30 days</i>
Referral Services	<i>Within the last 30 days</i>
Deworming	<i>Within the last 15 Days</i>
<b>Table-7: Service Delivery Schedule</b>	





## PART -2:

### Quality of Education in Schools

#### 2.1 Introduction

10 School from 9 Village were selected for intervention for Comprehensive Education Promotion Project. 3 school are located nearby Manoharpur (Block Head quarter) that is at a distance of 5 to 6 kilometers. Rest of the schools are located distantly from the block headquarters. About 9 out of 10 schools are well connected with roads. Majority parents who are sending children to the surveyed schools are less educated lack awareness about importance of education.

As already mentioned, the study team had conducted 10 FGD with community including parents, few SMC member and teacher. In addition, the team had also conducted key informant interview (KIIs) with head teacher of school and had done physical observation of school facilities and records.

Sl.No	Name of Village/School Selected for FGD	Participant in FGD		KII with Head Teacher	School Physical Observation
		Male	Female		
1	P.S. Churgi	11	4	1	1
2	Ups Dimbuli	10	13	1	1
3	Ums Kamarbera-D	12	10	1	1
4	Ps Kamarbera-A	0	19	1	1
5	Ps Mamar	8	3	1	1
6	Ups Chota Jamkundia	16	9	1	1
7	Ps Jamkundia	10	8	1	1
8	Ps Henedari	3	10	1	1
9	Ps Kumbia	9	6	1	1
10	Ums Dubil	13	7	1	1
	<b>Total</b>	<b>92</b>	<b>89</b>	<b>10</b>	<b>10</b>

Table-8: Sample size for Assessment of quality of education

## 2.2 Focus Group Discussions (FGDs)

The Focus Group Discussions were conducted with a group of people linked to the selected school that is parents who are sending their children to that school, few teachers and members of School Management Committee. The summary of discussions held and findings are presented as below:

### **General information about schools and parents associated:**

There is 1 upper primary school in Dimbuli, 5 functional primary schools i.e. one each in Churgi, Jamkundia, Kumbia, Henedari and Mamar. There is 1 Upgraded Primary School in Dimbuli and Chota Jamkundia respectively. There are 2 middle school cum primary schools in Kamarbera and Dubil villages. In addition, there is 1 primary school in Kamarbera tola which was closed due to lack of sufficient strength.

Majority parents in the surveyed villages are illiterate schedule tribe population belongs to BPL category. Most of them make their livelihoods through daily wage labour and collection of forest products. In villages which are far from Manoharpur are more marginalized and there is considerable size of migration happening to other states seeking wage labour works. In few villages that are close to Manoharpur block, there are parents sending their children to private schools as well and they have interesting inputs about the quality of services in schools and their preferences.

### **Socioeconomic background Vs. Education status**

The socio-economic background of the parents is important determinant of education of their children. In view of the poor economic condition of the parents, a large number of school-going children were working while simultaneously carrying out their schooling. During the FGD, it was found that large number of parents of the working children are illiterates and engaged in casual labour in mines with very low levels of income. As the children are first generation learners, they receive absolutely no support from their parents in their studies at home and there is no supplementary tuition kind of arrangement to help these children in academics. Government schools constitute the dominant source of school education in the villages

Secondly, the community has a distinct way of social life in the project area. Festivals form an important part of their socio-cultural life and they celebrate many such festivals. Often these festivals last for days together and the students generally do not attend schools during festivals, thereby disturbing the rhythm of their attendance, increased absenteeism leading to school dropouts. While changing the socio-cultural traditions of tribal society is neither easy nor desirable, but maybe Policy makers can make an effort to customize course and curriculum while taking into account the characteristics of the socio-economic life of tribal society.

Another external factor such as prevalence of left-wing extremism and deployment of forces and prevalence of conflict situation also have some effect on education, healthcare, and the service delivery in the locality. Therefore, service delivery system has to consider all these socio economic and special conditions of the locality in designing and implementation of the system.

### **Accessibility of schools & preferences**

The community felt that 9 out of 10 government school are located in accessible distance to the villages and all of them are well connected with roads. One primary school located in Henedari has no proper road and school is almost out of reach during rainy season. Almost all villages have a primary school till class 5 but after that a large number of students walk an average distance of three kilometres to reach their schools as there are only 2 middle schools for all 10 villages. During the rainy season, they face greater difficulty to reach their schools, as they have to cross swelling streams, and rivers.

In villages located close to the block headquarter Manoharpur such as Kamarbera and Dimbuli some parents those who are little educated and can afford paid schooling are sending their children to private schools at Manoharpur. They also made very interesting comments about the education system in the locality. They said that in local Government schools' marks are given equally to all children irrespective of their academic abilities. Therefore, parents will only come to know about the children competencies when they finally fail in board exam and they don't want to take that risk. These parents have also said that they are less educated and cannot offer help to their children in studies, therefore their children need supplementary tuition which is not available in Government schools. Additionally, they said that if they send their children to local schools, they come back home frequently, bunk school and play with peers. Moreover, they pointed that teachers have no control on children and they don't take responsibility of keeping children in schools.

*In spite of many incentives offered in Government schools, there are some parents who are still sending their children to private schools paying fees and transportation cost. On the other side there are many parents who does not care to send children to schools irrespective off incentives offered at Government schools. Therefore, there is need to assess the effectiveness of incentives vs. quality of services and also efforts to address the other priorities of the communities such as economic needs and lack of awareness.*

### **Quality and quantity of facilities at local Government school**

While consolidating the FGDs it was observed that the most of the problems faced by the different schools and villages were more or less the same. Firstly, poor infrastructure was a matter of concern to all parents and some teachers. All the schools reported that they lack basic amenities like equipped class rooms, , toilets, water and library. Class rooms are not congested as they accommodate multiple section in one class room. Lack of running water supply for toilets also making existing toilets unusable. There is furniture available for sitting in all schools but not adequate.

In Dubil school a new toilet was constructed but technically not good for use. Also, a new classroom building was constructed in the same school which was not useful as the construction was very poor.

Presently, there is no provision for computer aided learning in all schools in the project area where as the private schools are offering it as reported by those parents sending their children to private schools.

Overall it can be concluded that the there is still lot to be done to improve basic amenities at schools. Therefore, when there is option available for parents and they are aware of value of education they are preferring to send children to private schools.

There is no provision for mandatory medical check-ups in any of the schools.

### **Quality of teaching at local Govt. school:**

Those vocal participants having access to private schools expressed unhappiness about the quality of teaching in local government schools. According to them, in government school every child is promoted to new class even if he/she doesn't know anything. They have also mentioned that student of 5th class doesn't even know the 5<sup>th</sup> table. They also expressed concern that teachers are not following the curriculum as there are other alternative courses being simultaneously conducted for example "Gyan Setu".

In respect to the perception of the parents about the teachers, majority of the parents of the 10-village reported that teacher absenteeism was quite high. Apart from absenteeism of teachers, shortage of regular teachers was another major problem. It was reported that there were some schools only run with the help of contractual (Para) teachers. Parents also said that many of the teachers appointed in local school were untrained.

According to the participants especially as listed by the participating teachers, the local schools are offering so many facilities such as midday meal, uniform, books and stipend to the children. And the participating parents have also endorsed that these facilities have been offered to their children by the local schools. They also said that they were not aware of the status of other incentive like bicycles and scholarships. Thus, it was evident that in all the parents were fully aware of the services being given to their children and knew when any child was deprived of it due to some reason.

### **Needs improvement about the quality of teachers**

Teacher student ratio is quite high in Dubil (49:1), Chota Jamkundia(42:1), so more teacher needs to be recruited in these schools. Also, training of teacher is required about engaging children in class rooms as many are para teachers are not properly training as understood by the participants.

The parents of almost all the villages complained that the teacher coming on contractual basis and most of them stay for short term. A few parents even recommended appointment of separate teachers for different subjects at the primary level. Generally, contract teachers tend to leave and others have to be appointed in their place as a result of this gap learning is affected.

### **Needs Improvement at local schools**

When the parents were asked about their suggestions for improvement of educational facilities in their schools, they are more concerned about the quality of teaching and they gave second priority to the amenities at school. They said that teaching needs to be at par with private schools using interesting tools and activities.

Most importantly they said that Government schools also should conduct private tuition classes for their children as most of them are illiterate and cannot help their children in studies. Again it is important to understand that these responses are by those who are aware of education and showing interest, but there is equal size of group who are least bothered about children education and they have no suggestions on this part.

Parents also said that schools should increase quality of Mid-Day Meals and increase scholarships amount. Some people have shown concern about lack of playground and provision for formal playing at schools.

Thus, it can be clearly asserted that there are villagers who were not only conscious of the problems faced by the children in the schools but they were discerning enough to identify the problems and to demand solution for the same. Invariably the participants in FGD were of the view that present provisions in the school need to be improved and schools need to be attractive to make children evince interest in schooling.

### **Parent engagement status and need to improve:**

There is lack of awareness about education on part of parents is found playing major role in children schooling and it is more in interior villages. They are busy with their daily work and never bothered to find time to sit with children to know about their studies. They had straight questions to the researchers that being an illiterate person and hardworking all the day in what way they can support children education. Many such less educated or illiterate parents have very poor attitude towards the value of education and it is the least priority for them.

Teachers have repeatedly complaining that many parents think that they are favouring teachers by sending children to schools and they are not interested in doing it. There are parents who send small children to collect forest products during the school hours and they do it consciously. The root cause behind this ignorance was poverty, illiteracy and unawareness.

There are many incentives offered by the schools for those attending, but they are less effective both for those un educated parents who have no impression on Government education system and those



who are little educated and aware of the importance of education. This needs to be further studied in terms of parent engagement as it is key to improve educational status in these communities.

### **Children attendance & Dropouts Information:**

There is lot of variation between actual attendance of students in classrooms and actual enrolled number of students. There are 10-15 children who are dropout or out of school in every village, but if we count children irregular to school the number is much alarming.

The reason behind this high dropout/irregular attendance to schools is extreme poverty, poor parenting practices and special conditions related to socioeconomic and cultural status. In general, the enrolment in school does not necessarily translate into attendance. As per parents, the major reason for poor attendance is lack of interest and peer influence to play outside schools. But the teachers have different opinion that many parents do not care if their child is going to school or not and they have no control on their children. There are many poor parents who also send their children to collect forest products during school hours, or support them in their respective occupations. Another factor that reduce attendance to schools is the community social-cultural life style that is frequent festivals.

It is possible that many students' academic competencies are way below the standard and this is another reason for increased school dropout ratio in these villages

### **Children nutrition & health**

During the survey the study team had very important observations regarding health and nutrition of the children. Majority that is close to above 80% Children below age of 12 years are found to be severely malnourished they all look very thin and weak. When interacted with the parents it was learned that the parents do not follow any regular diet and timings for serving food for their children. Many a times children eat fruits available in the forest like Mango, Blueberry, berry, Jackfruit etc. and fill their stomach. Mobile health van is run by Vedanta is offering medical facilities, but doing more outreach in the villages will deliver maximum benefit of this facility. Additionally, most of the AWW lack understating about nutrition also contributing to the low reporting of data and actual picture of under 6yrs children nutrition and health.

### **School Management Committees (SMCs):**

With regard to functional status of School Management Committees (SMC) there are committees formed in all the villages. However, one should say that these committees are inactive as in majority schools they are nominal and only exists on paper. There are some committees which are very active in helping the schools in delivering some activities such as organizing mid-day meals, parent counselling of school dropouts etc. But again, not majority members involve activity, but few interested members. Most of them conduct meetings once in 2 or 3 months, but attendance to these meetings use to be poor.

The committees in few villages expressed their unhappiness about the way the Govt. departments treat them especially when it comes to planning and execution of construction works at schools. They said many a times constructions were of poor quality and the committee has very less control on the contractor and leads at the village. They also expressed that the members are afraid of dynamics and risks involved if they raise their voice against quality issues.

### **Conclusion**

Thus, all the FGDs revealed that there is some commonality of problems cited by parents across all the villages. Lack of proper infrastructure, teacher absenteeism, shortage of teachers, lack of awareness, lack of participation in SMC meetings etc. were common problems across all the village. Parents were aware of some incentives like free textbooks, free uniforms, Mid- Day Meal, but were unaware of other incentives such as bicycles, scholarships that were not meant for all students. Due to their illiteracy, parents across all the village were not much involved in their children 's education and were also unaware of the content of the textbooks and teaching done in classrooms.

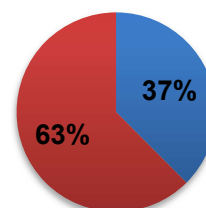




## 2.3 Interview with Headmaster (HM)

The survey team had visited all the schools and interacted with the head teachers to learn about the quality of teachers and services delivered by them and also did physical verification of various records and facilities in schools

**Number of teachers and qualification:** There are total 24 teachers in 10 school and average number of teachers per school is varying school to school for example there is only 1 teacher in Chota Jamkundia and 5 teachers in kamarbera middle school. Out of 24 teacher 54% have done graduation, 42% have only completed class 12 and only 4% have done post graduate.



There are 9 para teachers in 10 schools that is about 37% of teachers are para teachers and most of them have only studied upto class 12 and have not attended any formal teacher training programmes.

■ Para Teacher ■ Regural Teacher

**Extra training attended for improved teaching technique:** It was reported by the head teachers that most of teacher have attended some trainings, but they were not able to explain details of trainings attended.

**Regular Capacity building workshops:** Further to our discussion with head teacher it was reported that capacity building of teacher is not done on regular interval, but they have received some capacity building under Gyan Setu programme.

**Attendance of teachers over the last full term:** All the head teacher mentioned that there is no long absenteeism, most of teacher have taken leave average for 1-2 days in a month for their personal reason. However, teacher attendance could not be verified as the head teacher were not comfortable sharing the attendance record with the researcher.

**Deployment of teachers in the school (time table for teachers)** All the school have time table for the teachers but for some reason it was not followed in most of the school. Most common reason

explained was that the inadequate number of teacher and it becomes difficult to follow the timetable when some teacher is on leave and gone for some administrative work. Some schools it was also reported that when there are less no of children in some classes teachers usually club the classes and won't be possible to follow fixed timetable.

**Support staff provided in the school:** There is no support staff in all 10 school as reported by head teacher. But as per the team's observation it was found that every school has a dedicated cook for preparation of midday meals however the teacher doesn't count them as support staff.

**Conditions of school building (adequate/ electricity/ water/ toilet/ playground)** All the school have pucca buildings and construction age of building is 1-10 years. But there is issue of electricity, drinking water, toilet and playground was reported by all of the head teacher.

**Equipped Class room status & facilities:** There are pucca buildings in every school, but none of the schools have sperate room for each class. And it was also reported in 2 school (Kamarbeda-A & Kumbia) that they don't have bench for the children to sit. School have some books, but none of them have formal functional libraries. And none of the schools have computer labs, science labs and audio visual learning aids.

## 2.4 Physical verification of facilities:

During the interview and physical observation of school it was found that only 30% of school are having separate head teacher's room and teacher's toilet is not available in any of the schools.

Average number of classrooms per school is only 2.8 rooms where as there are up to class 5 in 7 schools, upto class 8 in 2 schools

100% school are having blackboards, Teacher's table & chair and uniform for children

The real matter of concern is only 20% schools having supply of drinking water. It is more important when their local water source like handpump water is not safe to drink because of iron mixed water. Water supply to toilet is also as low as 10%. There are no computer class facilities in school, also school doesn't provide any digital learning facilities.

Sl.No.	Facilities in school	%
1	HM's Chamber	30%
2	Table	80%
3	Chair	80%
4	Almirah	80%
5	Teacher's Common Room	40%
6	Teacher's Toilet	0%
7	Teaching Learning Materials (TLMs)	90%
8	Average No. of Class rooms	2.8
9	Black board	100%
10	Teacher' Table & Chair	100%
11	Benches for children	80%
12	Fans & Lights	80%
13	Uniform	100%
14	Computer	0%
15	Computer Lab	0%
16	Computer Teacher	0%
17	Electricity	80%
18	Water facility	60%
19	Kitchen	80%
20	Dining hall	0%
21	Toilets (60:1Ratio)	60%

22	Water Supply to toilets & washing	10%
23	Drinking water facility	20%
24	Student Library	20%
25	Sports item & facility	60%
26	Garden	30%
27	Provision of Stationary	90%
28	SMC & their role <sup>1</sup>	100%
29	Spoken English	0%
30	Digital learning facilities	0%

***Table-9: Facilities in school***

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<sup>1</sup> School management committee is formed in all school and also, they have decided their roles and responsibility but during the verification of record it was found that there is no regular meeting or monitoring is been done by SMC.



## PART: -3

### Findings & Recommendations

#### 3.1 ANGANWADI CENTRES:

##### Age, qualification and place of residence

Majority Anganwadis are operational for more than 30 years and Sevikas are having average of above 21 years of experience in the present position. About 87% of the Anganwadi Workers are only 10<sup>th</sup> passed and 47% of them are less than 40 years of age. Therefore, their capacity to learn and efficiency in implementation is expected to be less challenging for the promoting agency.

There are 4 out of 15 Anganwadi centres where the Sevika is staying distantly outside the village. The intervention further needs to identify and address any specific gaps in service delivery due to this condition in those 4 Centres.

##### Facilities at Anganwadi Centres

11 out of 15 Anganwadis do not have access to safe drinking water and only 40% reported to have toilets/urinals in their premises. As a whole about 20% of the Anganwadis reported missing one or other basic facilities in their centres. There is need to improve access to basic facilities at Centres

##### Attendance & Enrolment of Children

\*Only 59% of total enrolled children are regularly attending the Anganwadi Centre, meaning above 40% children are not able to access the childhood care facilities offered for their growth and wellbeing. This is an alarming fact to explore and address further in these villages.

##### Burden of workload for Sevikas

100% Sevikas felt the burden of maintaining excessive records and 87% are unhappy with the overload of work. Relatively about 93% are unhappy with the salary and 60% have complaints about the logistics supply. These factors play key role in overall performance hence, capacity building programs and advocacy with officials should focus to reduce burden and keep Sevikas motivated.

### Capacity building needs:

The average knowledge levels of the Anganwadi workers needed for effective management of centres are calculated at 50% of what is required against the 25 knowledge variables tested. Majority possess limited knowledge about topics related to Nutrition and Health Education, Immunization and information related to pregnant and lactating mother.

Each Sevika has received about average 100-man days of training in the last 21 years averaging above 4 days per year. However only 4 out of 15 Sevikas expressed that training was adequate and majority could not recollect the subject and period of last time they received training. This clearly indicates that there is a need for a comprehensive training to all the Workers but the design of the programme needs to consider the gaps of the previous trainings.

### Quality of teaching

Children of above 30% centres could not recite rhymes and above 50% are not fluent reinforces the need to focus on improved methods and tools for teaching in the targeted Anganwadis. Also, the training design should consider to study further the conditions in 4 centres where children are able to recite poems fluently and consider feasibility of replicating the success.

### Support to run centres:

Sevikas have reported irregularity in supply of food, medicines, materials and tools which is consistently above 50%. Though it is an external factor, efforts needed to improve the efficiency through networking and advocacy with concerned Department that will keep the Sevikas motivated.

Service delivery schedule is followed effectively as per the timelines in all the Centres indicating the dedication of the Anganwadi Workers and therefore providing the needed technical and material support will improve their performance on other shortfalls as well.

## **3.2 STATUS OF EDUCATION:**

### Parent awareness and engagement

Parents are less educated and less aware of importance of education, hence there is lack of support and guidance of parents for children education. Majority parents engage their children in some earning activities and hence there is lot of absenteeism and large number of children are found to be school dropouts. Many children whose names are enrolled in the school hardly attend classes.

Therefore, there is immense need for programs creating awareness about education among the parents and it needs focused effort by any education programme.

### Need for Supplementary Programme

Parents are less educated or illiterates, hence they could not offer additional support for children in their studies. Some parents believe children in Government schools lack competencies and prefer private schools where there is provision of supplementary classes. Therefore, there is need and demand for supplementary learning programme to fill this gap in the project villages.

### Incentives in Government schools

Incentives offered in Government school are neither attracting ultra poor parents nor affordable parents to send their children to Government schools. Therefore, this once again proves that mere offering incentives will not be effective for improved engagement of children in schools, but interventions to address the gap in parent awareness, improving quality of educational facilities in villages will achieve better results.



### Teachers qualification & need for capacity building

37% of teachers in 10 schools are para teachers who have not attended formal teacher training course. Overall qualification of school teachers is below average as 42% teachers have only studied up to class 12. In addition, there is no specific teacher training programme specially to improve the capacities of these less qualified untrained teachers, emphasising the need for tailored training programme to address the skill gap.

### School dropouts

\*School dropout ratio is a huge concern in the project villages and it is more alarming in some interior villages. There needs to be special focused and comprehensive initiative in long-term to improve the situation.

### Poor nutrition and health of children:

Severe malnutrition among children of 5 to 12yrs of age is one important aspect to focus in these villages. Majority children visibly weak and malnourished. Major reason for this situation is poverty, lack of awareness among parents. A focused intervention on nutrition and health of children will contribute to improve their healthy growth and education.

### School Management Committees

In every village, School Management Committee is formed, but members are active only in few villages. Members of the SMC lack proper guidance and support to understand their roles and functions effectively. Strengthening SMCs will play a key role in improving parent engagement in education and overall development of education standards in the project villages.

### Basic amenities at schools

Basic amenities such as drinking water is only available in 20% schools. There is need to improve this situation with immediate effect.

Facilities for teaching at the project schools are very basic and far behind the advanced teaching methods adopted by most schools such as smart class and access to digital resources. However, it is important to focus interventions on improving basics immediately rather introducing advanced teaching techniques.

None of the schools have good Teaching Learning Materials available and some have reported that they were provided TLMs long back but at present they are using nothing. Hence, it is very important to provide TLMs to make teaching learning easy and more interesting for children.

### Access to schools:

While the Government schools are the only source of education for most of the villages, a round of needs assessment about the need for more middle schools and high schools in the area is recommended to the Government

### Special sociocultural and economic conditions

Considering special sociocultural and economic conditions of the tribal communities in the project area especially tribal intense states like Jharkhand, it is advisable that Govt. Department consider economic activities, fairs and festivals of locals in preparation of academic calendar. and hopefully it may reduce irregular attendance and school dropouts.



## iv. Limitations of the Study

1. Due to the summer vacation, AWCs & School were opened in the early hours and at the same time. This has put extra stress on the team involved in data collection and was challenging to complete the survey as per the schedule.
2. Most of the parents were busy preparing their field for Kharif season and engaged in mines works so it was very challenging to assemble them for Focus Group Discussions.
3. As an outsider the research team faced limitation to verify documents in both school & AWC. Additionally, observation of one teaching class per school was postponed due to the lack of written approval from District Education Department.

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