

Early Childhood Care and Education (ECCE) in Madhya Pradesh: A Snapshot

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Abstract

Early Childhood Care and Education (ECCE) is considered the foundation of individual development that's why many of the democratic country are investing in ECCE. According to the 2014 Sample Registration System (SRS) data Madhya Pradesh topped the country in Infant Mortality Rate (IMR) and is worse than some of the African countries which are often cited for poor health indices. However, constitution of India, Government of India and many global policies has been made provisions for the ECCE. The Early stage of an individual's life, the mental development on its peak and is highly influenced by the environment. Children growing up in the Madhya Pradesh today typically spend a significant portion of their early childhood years in Early Childhood Care and Education (ECCE) centres or Anganwadi Centres (AWCs). The ICDS is the bouquet of different services for the growth and development for the infant and their mother running by the state and central government. World's largest scheme ICDS includes different services for the development of children through ECCE centre like supplementary nutrition, immunization, health check-up, referral services, non-formal pre-school education and nutrition and health education. This article highlights the concept of ECCE, historical background of ECCE, different services and their status which are disseminated by the AWCs in Madhya Pradesh.

Keywords: Early Childhood Care and Education, Madhya Pradesh, ICDS

Introduction:

Children are precious values of any country on which the future of the country rests. Healthy, well-educated children are considered the valued asset of any democratic country. Children whose early years are affected by hunger, poverty, disease or whose minds are not stimulated by appropriate interaction with caregivers, they pay for these early deficits throughout their lives. Such children are more likely to perform poorly in school, to drop-out early, to be functionally illiterate and contribute less to national development. Therefore, it is a responsibility of mankind as a whole to save them from deprivation and to think about their all

round development. In the inaugural address to the SAARC conference on South Asian Children in October 1986 in New Delhi, former Prime Minister Mr. P.V Narasingha Rao said, "Our development is primarily linked with the human factor, namely, the quality of coming generation which is determined the state of well being of children today and their preparation for life."

According to the 2014 Sample Registration System (SRS) baseline survey released recently by the registrar general of India, Madhya Pradesh topped the country in Infant Mortality Rate (IMR) with 52 deaths of children less than one year of age per 1,000 live births (Hindustan Times, 2016; Niti Ayog, 2016). The state also has highest death rate in the rural areas with over 8 deaths in a year per 1,000 people. The state's infant mortality rate is worse than some of the African countries which are often cited for poor health indices. According to World Bank, the IMR for Rwanda for the same year was 33, Ethiopia 43 and Zambia 45. IMR is the number of deaths of children less than one year of age per 1,000 live births (Hindustan Times, 2016).

All round development of personality of person is the ultimate goal of education. However, a child acquires most of his personal and social habits before attaining the age of six (Gupta, 2013). The age between 0-6 six years is called early childhood (MWCD, 2013). Commonly used terminology for early childhood development are- "*Early Childhood Education (ECE), Early Childhood Care (ECC), Early Childhood Care and Development (ECCD), and Early Childhood Care for Development*" (WHO & UNICEF, 2012). Generally, early childhood is defined as a time that "spans the prenatal period to eight years of age and it is the most intensive period of brain development throughout the lifespan" (WHO & UNICEF, 2012, Kaul and Shankara, 2009).

Early childhood is defined by the Indian government and also by National ECCE Policy (2013), "Early Childhood refers to the first six years of life." So, it's a programme which lays foundation for proper physical, motor, language, socio-emotional development, creative and aesthetic appreciation ensuring synergy with health and nutrition aspects in the most crucial years of life i.e. prenatal to six years of age. Early childhood education is necessary to readiness for life-long education. ECCE is very comprehensive term and encompasses basically two components- education and care. The component education and care include all aspects of development i.e. mental, physical, social and emotional, intellectual stimulation, health care and nutrition of child development (ECCE Policy, 2013).

For promoting the all round development of individual many provisions laid down in the Indian Constitution as Fundamental Right or Directive Principles of State Policy viz. article-15, article 39 (e) & (f), article 42, Article 21 (a), Article 47. Apart from these constitutional provisions there are some subject specific policy documents which emphasize on ECCE directly or indirectly like National Policy for the Child-1974, the UN Convention on the Rights of the Child (UNCRC)-1989, The National Health Policy for the Empowerment of Women-2001, National Health Policy-2002, govern the provisioning of early childhood care services.

In India, with the setting up of kindergarten by Scottish Missionaries, the idea of Early Childhood Education was introduced in the 1890s (Mamta, 2007). Pioneering efforts of Gijubhai Badheka, Tarabai Modak influenced by the ideas of Montessori, Mahatma Gandhi provide a pace for ECCE. After this different commissions has been highlighted the need and importance of ECCE like (A. Wood Committee 1937; Central Social Welfare Board 1953; Indian Child Education Conference 1955. Education Commission 1964- 66 pointed out that ECCE is essential to develop the child's physique; good health habits, social attitudes, manners and creativity. The National Policy on Education (NPE) 1986 and its programme of action made a distinct contribution by enhancing the importance and scope of Early Childhood Education prevalent till then. It rechristened it as Early Childhood Education by adding the important element of 'Care'. This change actually signifies the importance given to health and nutrition, safety and prevention which are basic prerequisites for any sound education programme especially at the childhood stage.

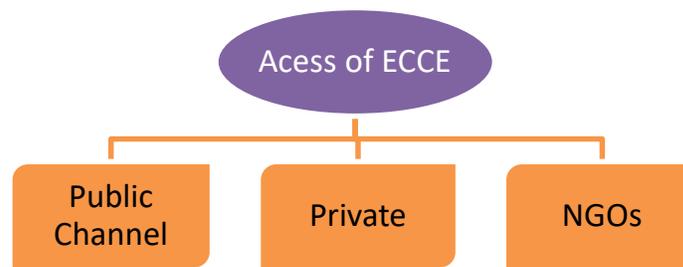
Why we investing in Early Childhood Care and Education?

Education begins from the birth. The first six to eight years of a child's life are globally acknowledged to be the most critical formative years of life-long development since the pace of development in these years is extremely rapid (Kaul and Sankar, 2009, UNESCO, 2010). Early childhood is considered crucial in a child's life (Gupta, 2013). According to McCarthy (2011) eighty-five percent of brain develops by age of five and brain of child in age of three have 2.5 times more active brain than adults. The learning experience of diverse areas in early childhood makes number of children's brain connection and such brain cell connection strengthens by continuous new stimulation from the environment. Creativity peeks during the preschool years (Torrance 1963; Singh 1989) and that creative abilities not nurtured that time can become more difficult to express later and it prepares a sound base for primary education, thus reducing dropouts, wastage and stagnation in primary education. Early stimulation and educational enrichment can promote creativity in young children. It was felt that early educational intervention providing stimulation and instructions during the preschool years would make a difference in the children's school experience. This is because the rate of development is more rapid during these years (Kaul and Sankar, 2009).

Researches in the field of neuroscience has provided convincing evidence that experience based brain development in the early years sets neurological and biological pathways that affect health, learning and behaviour throughout life (Mustard, 2010). If these critical periods are not supported by or embedded in a stimulating and enriching physical and psychological environment, the chances of child's brain development to its fullest potential are considerably and often irreversibly reduced.

Access of Early Childhood Care and Education in Madhya Pradesh:

ECCE provision in India is available through three distinct channels (Das, 2003) –



The ECCE through **public channel** in Madhya Pradesh is available through Integrated Child Development Services (ICDS). It was launched in 2nd October, 1975 on the 106th birth anniversary of Mahatma Gandhi—the Father of the Nation in 33 community development blocks seeking to provide an integrated package of services in a convergent manner for the holistic development of the child (MPWCD, 2016). This programme represents world's largest child welfare scheme and unique programme for early childhood development. As the need of a child cannot be addressed in isolation from those of the mother, the programme also extends to expectant and nursing mothers and adolescent girls living in the most backward, rural, urban and tribal areas. ICDS provides a comprehensive set of services, all aimed at improving the survival growth and development of children. ICDS is a centrally-sponsored scheme implemented through the state Government/UT administration with 100% financial assistance for all inputs other than supplementary nutrition which the states were to provide out of their own resources.

Private Service channels operate through nurseries, kindergarten, and pre-primary schools. There are no accurate figures available in Madhya Pradesh for private-sector but it is true that many of young children who admitted in private sector are also enrolled in Aanganwadi centres.

NGO run such services for underprivileged and differently able children. In the NGOs channel, there are small scale initiatives which are largely supported by trusts, societies, religious groups or international funding agencies. There are no figures available for the number of children covered under ECCE services provided by the NGO sector.

Integrated Child Development Services: Complete Package of ECCE

All the services of the ICDS are disseminated from the Aanganwadi Centre (meaning "courtyard shelter" in Hindi) which is located within the village or a slum is the focal point for delivery of all the services under ICDS scheme. The Ministry of Women and Child Development (MWCD) is responsible for budgetary control and administration of the scheme at the Centre level. At the state level, Department of Social Welfare, Women & Child Development or the Nodal Department, as may be decided by the state government, is responsible for the overall direction and implementation of the programme. In 10 division of Madhya Pradesh total 97127 AWCs running in the state while total sanction number of aanganwadi including mini-aanganwadi is 97135 which are the 6.83% of the number of operational AWCs in India (MPICDS, 2017; MWCD, 2015).

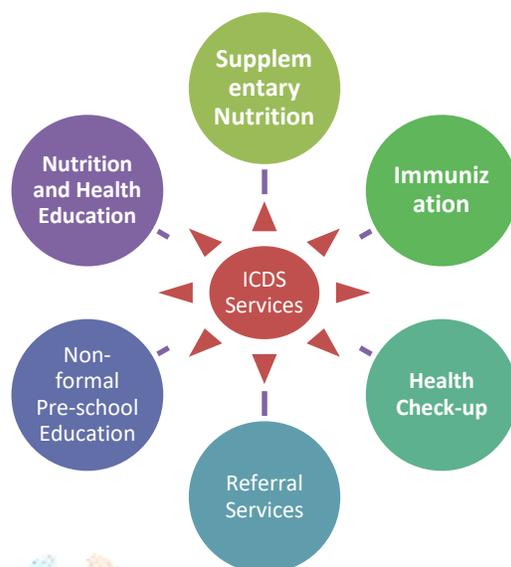
The aanganwadi is operated by an Aanganwadi Worker (AWW), a lady, who is the backbone of the services. She surveys all the families in the neighborhood, enrolls eligible children, ensures that food is served on time every day and conducts the preschool education activities. For health related services AWW is assisted by health functionaries i.e. Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA). The AWW is assisted by Aanganwadi Helper or *Sahayika*. Her main duties are to bring children to the aanganwadi and serve hot meal to them along with the maintenance of the aanganwadi Centre. A Child Development Project Officer is an overall in-charge of an ICDS Project and responsible for planning and implementation of the Project. A CDPO is supported by a team of 4-5 Supervisors who guide and supervise AWWs. In Madhya Pradesh, a supervisor has the responsibility of supervising 20, 25 and 17 AWW in rural, urban and tribal projects respectively. A Supervisor guides an AWW in planning and delivery of ICDS services at AWC and also gives on the spot guidance and training as and when required.

The ICDS team in Madhya Pradesh comprises of Anganwadi Workers and Anganwadi Helper (*Aanganwadi Sahayaika*), Supervisors (*Mookhyasevika*) and Child Development Project Officers (CDPOs). The AWWs and Helper are the grassroots functionaries responsible for delivery of services at the aanganwadi level. The CDPO is responsible for implementation of the scheme in the project area.

Prior to 2005-06, 100% financial assistance for inputs other than supplementary nutrition, which the states were to provide out of their own resources, was being provided by the Government of India. However, many states were not providing adequate supplementary nutrition in view of resource constraints. It was decided in 2005-06 to support to states up to 50% of the financial norms or to support 50% of expenditure incurred by them on supplementary nutrition, whichever is less. From the financial year 2009-10, the sharing pattern of supplementary nutrition in respect of north-eastern states between centre and states has been changed from 50:50 to 90:10 ratios. So far as other states and UTs, the existing sharing pattern of 50:50 continue (MPWCD, 2016). However, for all other components of ICDS, the ratio has been modified to 90:10 (100% Central Assistance earlier). ICDS is working with the following objectives:

- To improve the nutritional and health status of children in the age-group 0-6 years.
- To reduce the incidence of mortality, morbidity, malnutrition and school dropout.
- To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education

The above objectives are sought to be achieved through a package of services through AWCs which are located in populous areas in rural, urban and tribal areas. ICDS services beneficiaries are 0-6 years of children, pregnant & lactating mothers. Following services provided by AWC in Madhya Pradesh:



Services provided by the Aanganwadi Centre

1. Supplementary Nutrition: Supplementary Nutrition Programme (SNP) is the main component of ICDS to tackle malnutrition. The target group of this service is pregnant and nursing women and children below six years in accordance with guideline issued from time to time. SNP includes supplementary feeding and growth monitoring. AWWs survey to all families in the community and identify children below the age of six, pregnant & nursing mothers. By providing supplementary feeding, the Anganwadi attempts to bridge the calorie gap between the national recommended and average intake of children and women in low income and disadvantaged communities. Special attention is given to the delivery of supplementary nutrition to children below 3 years of age. The amount of nutrition varies according to the age of the child. Supplementary nutrition is given for 300 days in a year. The nature and type of food under supplementary nutrition programme varies from state to state. In Madhya Pradesh supplementary food provided by the state government in following manner:

| S.N. | Children | feeding & nutritional norms (per beneficiary per day) | | cost norms (per beneficiary per day) |
|------|--|--|-------------|--|
| | | Calories (K Cal) | Protein (g) | |
| 1. | Children (6-72 months) | 500 | 12-15 | Rs.4.00 |
| 2. | Severely malnourished children (6-72 months) | 800 | 20-25 | Rs.6.00 |
| 3. | Pregnant women and Nursing mothers | 600 | 18-20 | Rs.5.00 |

Supplementary nutrition is usually consists of a hot meal, containing a varied combination of pulses, cereals, oil, seasonal vegetables and sugar. Madhya Pradesh provides ready-to-eat meals containing some basic ingredients like *Kichadi*, *Dalia* and *Halua*. There is flexibility in selection of food items to respond to local needs also (Planning Commission, 2011). SNP also provides a crucial opportunity to counsel pregnant women

enabling utilization of key services, i.e. antenatal care, iron folic acid supplementation and improved care, adequate extra care from family and rest during pregnancy. Special care taken to children who are found as a result of health check-up to suffer from third degree of malnutrition are given enhanced supplementary nutrition (therapeutic food) based on their physical.

2. Immunization: Immunization is the process whereby a person is resistant to an infectious disease, typically by the injection of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease (WHO, 2017). Immunization is a verified tool for controlling and eliminating life-threatening infectious diseases and is estimated to prevent between 2 and 3 million deaths each year (WHO, 2017). It is one of the most cost effective interventions for disease prevention. Immunization for children and pregnant women is provided by the Department of Public Health and Family Welfare under its National Immunization Programme. Aanganwadi centre provides immunization through vaccine for preventable diseases-polio, diphtheria, pertussis (Whooping Cough), tetanus, tuberculosis and measles (ICDS, 2016). These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality. The service of immunization is provided through the public health infrastructure, i.e. Health Sub-Centre (HSC), Primary Health Centre (PHC) and Community Health Centre (CHC), as these are the joint responsibility of ICDS and the ministry of health and family welfare (Planning Commission, 2011). This service is delivered by the ministry of health and family welfare under its Reproductive Child Health (RCH) programme. The AWW assists and maintains immunisation records of ICDS beneficiaries and follows up to ensure full coverage.

Immunization sessions are held at AWC by the AWW with the help of ANM during her monthly visit to villages. The immunization sessions are held on each AWCs on different days of every month like first Tuesday, second Friday or as directed by the higher authority. In many AWCs Tuesday of every month celebrated as *Mangal Diwas*. This helps in convergence of services and provides platform for nutrition and health education activities

3. Health Check-up: Health check up includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. These services are provided by the ANM, medical officers, in-charge of health sub-centres and primary health centres under the RCH programme of the ministry of health and family welfare with the help of AWWs and Aanganwadi helper or *Sahayika*. Health services include regular health check-ups, recording of weights, immunisation, management of malnutrition, treatment of diarrhoea, deforming and distribution of simple medicines, etc. At the Aanganwadi, children, adolescent girls, pregnant women and nursing mothers are examined at regular intervals by the ANM who diagnose minor ailments and distribute simple medicines. They provide a link between the village and the PHC Sub-Centre.

In Madhya Pradesh, antenatal check-up of pregnant women is provided at the AWCs by ANM with the help of AWWs during her visit to the village. These clinics are held once a month by rotation at AWC on Tuesdays, coinciding with *Mangal Diwas* activities (*Goad Bharai*, *Anna Prasan* and Birth Day events). Mangal Diwas are used as a platform to impart education to mothers on care during pregnancy, post-natal care and institutional delivery. Mothers are educated about diet during pregnancy and lactation. Family planning advice and contraceptives are also given to eligible couple. In some district of Madhya Pradesh, MWCD provides smart cell phone with a specific application to monitor health, growth of children, expected mother and nursing mother.

4. Referral Services: During health check-ups and growth monitoring, sick or malnourished children, who are in need of prompt medical attention, are referred to the PHC or its sub-centre by AWW. The AWW has also been oriented to detect disabilities in young children. She enlists all such cases and refers them to the ANM and Medical Officer in charge of the PHC/ sub-centre. These cases referred by the AWW are to be attended by health functionaries on a priority basis. The beneficiaries of this service are children below 6 years, pregnant and lactating mothers.

In Madhya Pradesh, AWWs refer pregnant women and children requiring medical advice/care to local ANM during her monthly village visit or to sub health centre but women/children who need special advice are referred to PHC/CHC and DH in the area. There is no effective system of referral of clients between AWCs and the health facilities. This is a great limitation in the referral system.

5. Non-formal Pre-school Education: Non-Formal Pre-School Education (NFPSE) component is considered the most joyous daily activity of the ICDS programme, which is visibly sustained for three hours a day. It aims to physical, motor, psycho-social and cognitive development of a child in cogent and holistic manner. The ultimate goal of NFPSE is to prepare children for primary education (Ila, 2005).

The importance of pre-school education is universally recognized as the period between 3-6 years of age, is the most plastic impressionable and educationally potent period of child's life. The need for pre-school education is considered more pronounced in the case of children from culturally and socio-economically disadvantaged homes. Play is the most important activity by which the children learns and develops. Therefore, rich and diversified programme of play activities routed in indigenous materials and culture should form the core of early childhood education. The PSE include storytelling, counting numbers, free conversations to speak freely and apply their mind in order to organise small activities, painting, drawing, threading and matching colour related to fine muscle coordination and development, reading simple words, writing alphabets words, distinguish objects, recognise pictures etc. In Madhya Pradesh following items are found in pre-school kit: models of animals, picture of animal, fruits chart, vegetables chart, different Indian festival chart, different parts of the human body, building blocks of plastic, various shape of plastic like cube, triangle, rectangular, colours

chart, numbers card/chart, alphabets card/chart, matching cards, balls, threading boards/beads & wires, wheel toy and etc.

6. Nutrition and Health Education: Nutrition and Health Education (NHE) has the long-term goal of capacity building of women in the age group of 15-45 years so that they can look after their own health, nutrition and development needs as well as that of their children and families. The main objective of education in nutrition is to help individual to establish food habits and practices that are consistent with the nutritional needs of the body and adapted to the cultural pattern and food resources of the area in which they live.

NHE comprises basic health, nutrition and development information related to childcare and development, infant feeding practices, utilisation of health services, family planning and environmental sanitation, maternal nutrition, ante-natal care, prevention and management of diarrhoea, acute respiratory infections and other common infections of children. It is delivered through inter-personal contact and discussion. Various services/activities are organized by the AWW in Madhya Pradesh like taking care and monitoring of child's growth, immunisation, knowledge about breast feeding, colostrums feeding, treatment of diarrhoea/minor illness, not to provide home-made medicine during illness, preparation of nutritious food/feeding practices etc..

Conclusion:

The significance of Early Childhood Care and Education has been globally acknowledged and endorsed through several declarations and ratifications. Critical brain development happens before the age of seven, specifically in the first three years of life, when important neural connections take place or do not take place depending upon the context of the developing child (UNESCO, 2010). Realising the importance of early childhood education the Government of India in its National Policy of Education (NPE) has given importance to Early Childhood Care and Education. NPE,1986 has considered ECCE as an essential input for human development as a feeder and support programme for primary education and also a support service to working women and for deprived and disadvantageous group.

In Madhya Pradesh, the ECCE through public channel is available through Integrated Child Development Services (ICDS) which is specially designed for the all-round development of a child. This scheme also covers the expectant and nursing mothers and adolescent girls. The services of ICDS are disseminated through the Aanganwadi which is running by a lady called Aanganwadi Worker. All the services regarding the development of a child are available through aanganwadi centre without any cost. ECCE is in developing state and controlled by WCD department. Beside the public channel, private channel is also available in the form of *Balwadi*, Kindergarten and Play-way school. There is a small percentage of NGOs running ECCE centre is also running in the state but the data related private and NGOs are not available.

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