



Documentation of **GOOD PRACTICES**  
**Anganwadi Centres**  
**in Chattisgarh**

A Report

**MARCH, 2014**





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# Foreword

The early years of life for a child are considered crucial and critical for her life long development. Supporting this area to address her needs adequately enhances child's life chances and loosens the intergenerational grip of poverty and inequality (World Development Report 2006). Despite the well recognized criticality of early years and the synergy required between interventions for nutrition and psychosocial development, this needs has not been translated adequately into comprehensive interventions for meeting the developmental needs of young children. Evidence shows that combined interventions are more effective than singular ones where positive childcare practices are likely to result in a better-nourished child, who can actively interact with stimulating learning environment and benefit from it. Given the fact that child development is a cumulative process, it becomes imperative to ensure that every child crosses each sub-stage of the development continuum successfully, before progressing to the next stage. If a child falters in meeting one or more milestones, she carries, in either latent or cumulative terms, the burden of failure to the next stage. This discussion lays emphasis on a holistic approach for Early Childhood Development as the most effective way of breaking an intergenerational cycle of malnutrition, poverty and gender discrimination.

For many years, CARE India has worked in the area of maternal and child health and nutrition in a number of states in partnership with the Government of India. Whereas, the early care and preschool education interventions were tried out in selected states like Uttar Pradesh, Gujarat, Bihar and Andaman & Nicobar Islands

Using the global experiences in India, CARE designed a "5x5 model" of ECE, also called 'essential package', to address critical needs of children during early childhood primarily from 0-6 age group. This Essential Package aims at delivering early childhood development through holistic intervention around on five domains: health, nutrition, child development/education, child rights and economic strengthening. The intervention is pitched at 5 levels i.e. individual child; care giver/family; child care settings; the community and wider policy environment. From 2011 onwards, CARE India in partnership with Department of Women and Child Development is piloting this holistic & integrated child development project in Janjgir-Champa and Korba districts of Chhattisgarh. The broader objectives of the project are to strengthen ECD component of ICDS with a view to ensure health and psycho-social well-being of children less than 6 years of age and to promote understanding, skills and capabilities of workers/stakeholders, family and community members to meet the psychological, physical & social development needs of the children.

The project has been operational for three years hence there was a need to understand and identify the processes, practices and strategies that has impacted caregivers, centres, home environment and the child in project area. For this a qualitative study was assigned having the focus on following

- Identifying guiding principles that has helped in development of the program
- Capturing thematic best practices that has impacted at three level – home, Aanganwadi centre and community

- Recognising the practices adopted by families and caregivers that has supported development of the child
- Identifying the practices at the level of Aanganwadi centre to promote early childhood education and integration of nutrition, health and education

The study could not have been possible without the support of CARE program staff at headquarters and in Chhattigarh -Reji Kuruvilla, Kamal Verma, Anand and also partner NGO and community resource persons who ensured data collection. I wish to acknowledge the support of DPO and Supervisors of Korba and Jhanjgir who supported the study. All the people, AWWs, parents, children and community deserve special thanks for participating and sharing their thoughts and experiences candidly with the research team

My special thanks are reserved for Dr Nandita Choudhury, Professor of Child Development at Lady Irwin College, Delhi University) agreed to take this assignment and who, with high levels of expertise and commitment, have technically guided every step of the study. She authored and finalised the report. Her team have played a crucial role in field visit and writing up the report.

Hope, learnings emerging out of the study will be used to bring positive changes in the lives of the marginalised children

Best wishes



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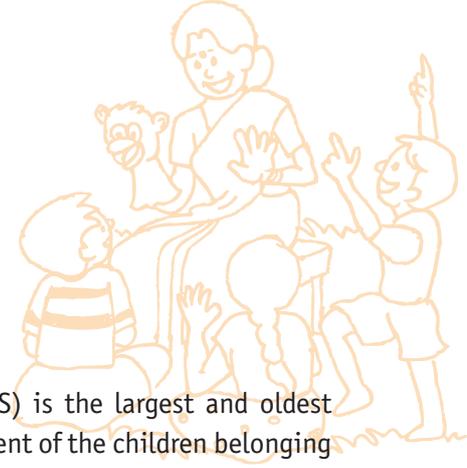
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# Section 1: INTRODUCTION



Designed in 1975, Integrated Child Development Services (ICDS) is the largest and oldest national flagship programme in India that caters to the development of the children belonging to the disadvantaged sections of society. It is presently the only major national programme in the country which focuses on early childhood care, pregnant and lactating women through Anganwadi Centres (AWCs). The original objectives and the six services provided by ICDS for young children and women still hold contemporary relevance to the country. However, effectiveness of ICDS scheme in delivering desired services has been questioned repeatedly as surveys have indicated a number of gaps in its delivery. In general, the ICDS package has been found to have become truncated to a feeding service in many sectors. This service is operated through overburdened and underpaid anganwadi workers (AWWs). Even after 39 years of its implementation the ICDS has not been able to produce the desired results. Some of the critical challenges faced by the programme include poor linkages with the public health system, a weak and often absent pre-school component, poor infrastructure, and inadequate linkages with the community. Although different states have different issues facing the delivery of services, these are among the most prevalent gaps in the programme. One of the important concerns, therefore, is the neglect of early childhood education and care.

As many studies and surveys have identified, the importance of health and nutrition issues have overshadowed all other areas of activity resulting in a minimal interest in children's development and care from birth to 6 years of age. Nationwide studies show that less than half the AWCs lack learning materials for children and many states have underspent balance in the allocation for the preschool component that is primarily used for the purchase of materials and other linked expenses.

## Background

Research has shown that when the foundations of school readiness are not strong, marginalized children are more likely to drop out of primary school. The provision of quality of early learning experiences is known to be critical for development in early childhood as well as for participation in later schooling. The ICDS was conceived as a comprehensive early childhood intervention programme, intending to provide a conducive environment for the development and care of children of the poor. The objectives and intentions of the nationwide effort through the Government infrastructure were ambitious and well-intentioned. A large-scale organizational structure was built and nurtured at national, state, district, block and community level. On paper, it was one of the most comprehensive and expansive efforts at government provisions for children world-wide. However, on account of many challenges, much of the intended initiatives remain weak, especially in the domain of non-formal education. Over the decades of implementation, however, several innovative initiatives from different sources have provided support to the ICDS, sometimes at the State level, sometimes at the National level, and on occasion, even at the level of a single anganwadi. Several of the efforts have made significant local impact in areas of health, nutrition, community

participation and even preschool education. Much of the support has come from International NGOs. CARE-India has been a key participant in these initiatives in all dimensions through the history of the ICDS programme.

## Care-ECD Project

CARE has had long-standing and world-wide experience and expertise in the areas of maternal and child health, preschool education, commodities management and food processing. With this knowledge, the Department of Women and Child Welfare, Government of Chhattisgarh, approached CARE-India for support through its initiatives, both for conceptualization and implementation. Some of the successfully implemented services include:

- Kuposhan Mukthi Abhiyan (Malnutrition Reduction Initiative)
- Food processing with women's self-help groups
- Capacity-building of ICDS functionaries
- Designing contextually relevant curriculum for ECCE
- Developing model Anganwadis with higher emphasis on joyful ECCE
- State-wide replication of enhanced ECCE component
- Strengthening State, Regional and Block level Resource centres

Following the State invitation to support service provisions through the ICDS programme, a pilot project was designed and delivered by CARE in two selected districts of Chhattisgarh, with the objective of strengthening the ICDS programme, focusing particularly on the following components:

- a) health and well-being of children under 6 years of age
- b) skills and capabilities of all stakeholders to meet the needs of children (0 – 6) and
- c) skills and competences of functionaries in the effective implementation of ECD component of ICDS.

For this purpose, a 5x5 model was designed by Care to illustrate and integrate the critical needs of a child into a simplified holistic and replicable program, capable of delivering early childhood development interventions in resource constrained areas through community-based child care centres with enduring links with primary schools, catering to the 0-8 year old age group. Pre-natal care and support was also visualized as an important dimension in preparing a strong foundation for health and well-being of the women and children.

The model achieves impact through five levels of intervention: the individual child; the caregiver and family; settings for the care of children; community services (including health and municipal services), and also the wider policy environment, with a focus on national ministries of health and education. The goal of the model is to improve long-term developmental and nutritional status of pre-primary school children through a set of sustainable, holistic, community-based interventions during early childhood. The 5x5 model proposes five areas of impact for comprehensive interventions that are considered necessary

for helping young children survive and thrive, namely,

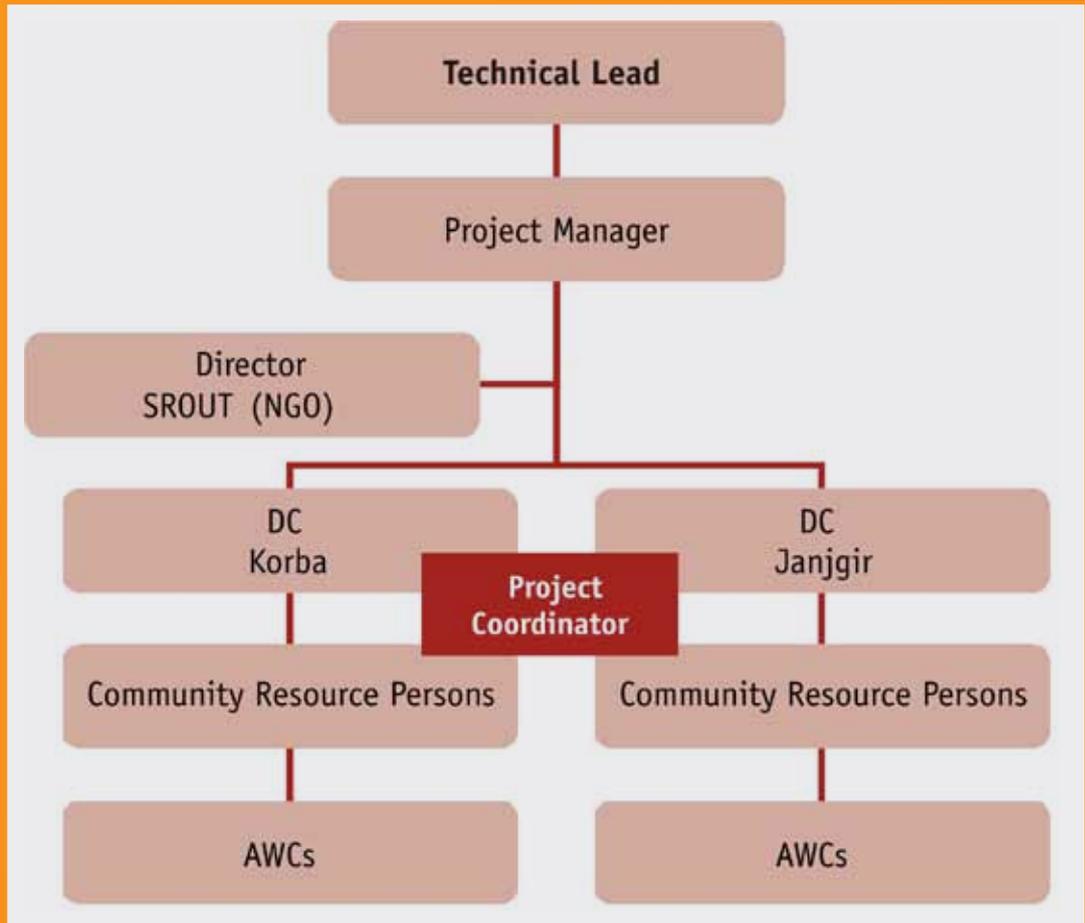
- Food and nutrition
- Holistic child development
- Economic strengthening
- Health, and
- Child protection

The project intended to orient and train the service providers about needs and abilities of young children, early stimulation, preschool education, child rights and protection, and health and nutrition related issues. The project aimed to tackle local issues in service delivery within the ICDS framework, addressing the many challenges faced. It has an outcome-focused approach to ICDS delivery, including recognizing and valuing achievements of the project. The pilot project was implemented in two districts namely Korba and Janjgir of Chhatisgarh in March 2012 with a proposed duration of two years.

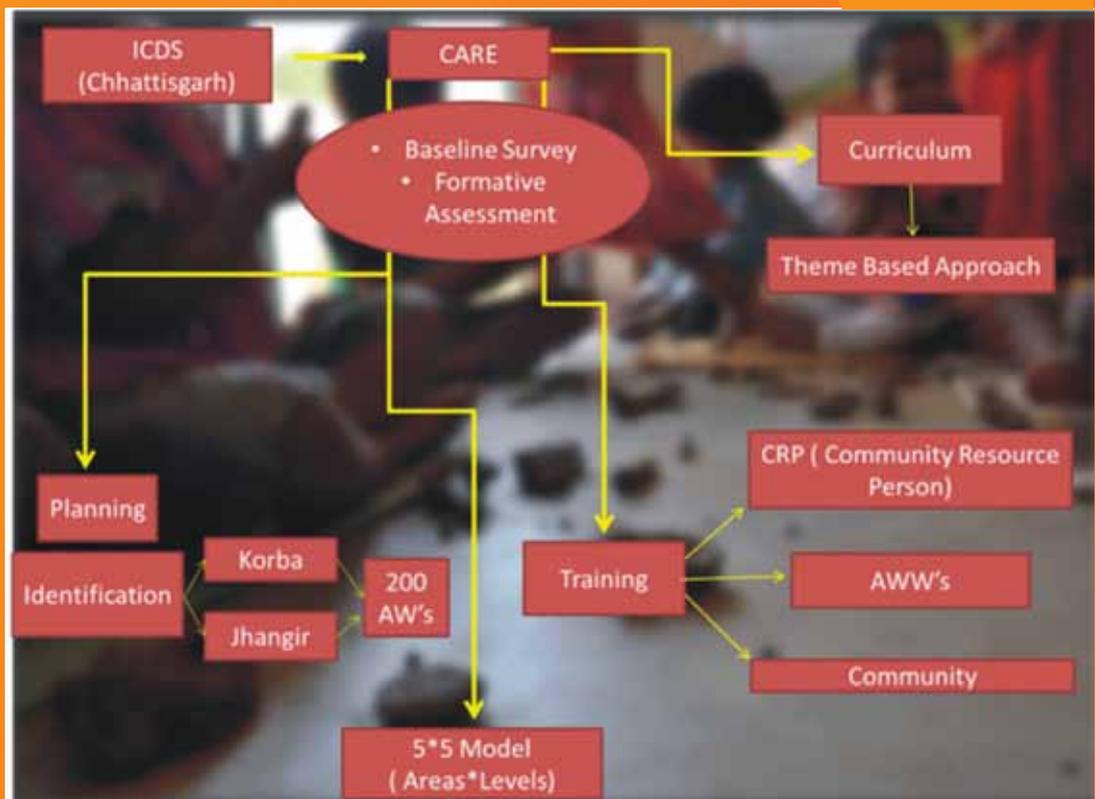
**Table: ECD project outreach**

Unit	Numbers	Remarks
Districts	2	
ICDS blocks	16	
Sectors	16	One sector from each block
AWCs	200	Approx. 12-13 AWC from each sector
Households	45000-50000	Approx. 200-250 HH per AWC
Approx population of 200 AWCs	250000	
Direct bens(ICDS bens)	52000	21% of the population
Indirect bens	200000	
Other ICDS functionaries	175	All supervisors and CDPOs/ACDPOs

Figure: Organizational Structure



### An Overview





## KORBA



The field-work was conducted in two districts where the pilot project was being implemented, namely Korba and Janjgir.

Korba district is situated in the northern half of the State. The total area is 7,14,544 hectares out of which 2,83,497 hectares is forest land. Korba is the power capital of the region on account of the ample coal and water reserves. Korba was accorded the status of a full-fledged revenue district with effect from 25 May, 1998 with Korba city as the district headquarters. It is primarily inhabited by tribal communities including the protected tribe of Hill Korwas. The district is often referred as the Industrial Hub with a large production of electricity. There are four major thermal power plants in Korba namely N.T.P.C, BCPP, CSEB (Ease and West). BALCO (Bharat Aluminum Company) is also based in the district. A significant portion of

**Figure:** Map of Korba  
**Source:** <http://www.mapsofindia.com/maps/chhattisgarh/districts/korba.htm>

the district is covered with dense forests that are home to several tribal groups. The mining and thermal power industries provide livelihood to a significant population in the area.

Although Korba is home to different ethnic communities, tribals form the largest group, around 52% of the total population. The main scheduled tribes in Korba district are Pahadi Korwa, Gond, Raj Gond, Kawa, Bhaiyana, Binjwar, and Dhanuwar while Satnami, Ganda, and Panka are the primary scheduled caste groups. Agriculture is the main occupation apart from industrial work. Chhattisgarhi is the local language of the district. The social and cultural diversity of the district is also noteworthy, since all the tribes have different customs and traditions and different occupations. For instance, the Hill Korwas depend on hunting and gathering, Gonds work as farmers and collect Tendu leaves while Binjwars are basically tantriks. All these tribes have different gods and they celebrate different festivals. The main tribal festivals are Dev Uthni, Pola, Cherchera, and Karma, to name a few; while traditional dances like Ravat, Karma and Suva Nacha adds to the ethnic diversity.

There are planned colonies and towns situated in Korba of the companies like SECL (South Eastern Coal Fields), N.T.P.C (National Thermal Power Corporation), BALCO (Bharat Aluminum Company) and several others. At a distance from the urban centres, there are many villages with somewhat different lifestyles and daily rhythms. A ride for around 30 minutes to 45 minutes from the town through the scenic tract of paddy field will take you to villages of Korba. Despite the ethnic diversity, the villages appear to be very similar. The streets are tidy and organized, marked by small houses with terracotta tiled roofs.



**A village street in Korba district**

Typically, the walls of a house are whitewashed with a distinct blue that is believed to be an auspicious colour. Each village consists of a population of 800 to 1500 people and the number of households varying from 100 to 300. A few villages may even have fewer households. Most of the interiors of the houses are plastered with a paste of mud and cow dung giving them a neat and fresh appearance. As an impression, in comparison with villages in other parts of the country, there is a distinct orderliness in the villages of Chhattisgarh.

Villages were found to have electricity and water was available from hand pumps, wells and manmade ponds. The villagers were found to be using water from village ponds for their day to day washing and cleaning purposes. Some villages have local travelling markets for the exchange of daily goods, fruits, and vegetables organized on specific days of the week. In one of the centres, we found the women to be restless during the afternoon session with us as it was their market day and they had to get to the shops before it was late afternoon.





**The local market**

Farming and foraging for forest produce is the mainstay for the livelihood for many of the villagers. In the morning and evening time the villagers can be seen sitting outside their homes on the raised platform observing the life in the village. Others are involved either in the mining industry or silk production as well as other jobs. Children are often seen with the elders nearby or in a group of mixed ages, playing or plucking fruits from a tree. Women are often seen carrying water from the water source to the houses. In the houses they are busy with household chores; men are generally off to work in the fields, grazing cattle, or at other locations, but sometimes at home. To date, all the villagers use firewood as fuel for cooking the food. LPG is not easily available as it has to be fetched from far off townships.

Adults were found to be affectionate and physically close to mothers and others. They stayed in their laps and breast-fed when they liked till about the ages of four and five or until the next child arrived, whichever was earlier. There is some indication towards lower fertility rates; people are tending to have fewer children which is perhaps the reason for a longer physical proximity of the youngest child. The children were observed to also get up and play around freely with other children, but periodically came to mothers for nurturance.

*Children were also observed to be often on their own, interacting, playing and taking care of younger ones. In the picture below, the young children had created a game of running up and down this lane, making the pinwheel (from the Mahua tree leaf) to see if it would spin. They made several adjustments in the placement and angle of the leaf on the stick to ensure the rotation. Soon one adult left a younger child in the care of one of the older girls and went into the village. The girl continues to play with the little baby in her arms, sometimes making it stand on the side, but mostly carrying her. The pinwheel game continued, although her run was distinctly slower with a baby in her arms.*

Children being held and fed by mothers during a group meeting in Korba





Children playing pinwheel games

**Table: Villages visited in Korba District**

S. No.	Block	Sector	Village	Population	House Hold
1	Pondiuprora	Binjira	Nagoibachera	300	150
2	Pondiuprora	Binjira	Jilmilipara	150	35
3	Pondiuprora	Singia (non ecd)	Tapubahara		
4	Pali	Chaitma	Dugupara	300	48
5	Korba Urban	Rampur	Podibahar	450	155
6	Korba Rural	Urga	Kudurmali	465	93



# Janjgir Champa



This district was established on 25 May 1998 and is considered the heart of Chhattisgarh as it is situated in the centre of the State. A major producer of food grains in the State, Janjgir is undergoing very fast industrial developments and is predicted to soon host various thermal power plants. Janjgir is well connected to railways and roads as well. According to the 2011 census Janjgir–Champa has a population of 1,620,632. The district has a population density of 421 inhabitants per square kilometre (1,090 square miles). Janjgir–Champa has a sex ratio of 991 females for every 1,000 males, and a literacy rate of 73.7%. The people of Janjgir belong to different religious, social and cultural backgrounds. Schedule castes are in a majority in the district. Around 22% and 12% of the population belongs to the scheduled castes and scheduled tribes respectively. Agriculture and related industry like running rice flour mills, government jobs, weaving or small business like owning a shop are the main occupations of the area. Thermal power plants, iron and steel plants, flour mills, oil extraction are some major industries in and around the district.

Map of Janjgir

Source: <http://www.mapsofindia.com/maps/chhattisgarh/districts/janjgir.htm#>



Traditional floor patterns in the courtyard



## Janjgir- Champa villages

The villages of Janjgir are more urbanized due to the urban influence of the district. There are more concrete rather than mud houses in the areas visited. Both types of houses can be seen with the plaster of mud and cow dung paste often with simple and aesthetic patterns.

Most houses bore a clean and tidy outlook on account of fresh and regular plastering of walls and floors. Most villages are equipped with a small business, a shop where daily requirements can be bought. This is also a popular place for people to meet for a brief conversation, or to read the newspaper and catch up with local news. Several local doctors' shops were also encountered in the villages of Janjgir. The main occupation of the people is agriculture. Some villagers work as weavers, some as goldsmiths and some in private factories or government service. Besides anganwadi centres and government schools there are many private schools in the villages and it was reported that parents who are well-off prefer to send their children to these private schools.

Beside wells, ponds and hand pumps, many villagers have private water pumps for meeting their needs of water. In the morning and evening time one can see the villagers sitting outside their houses on a constructed ledge that was ubiquitous, and children were always around, usually playing in the presence of older people. It was informed to us that people in the villages do not practice discrimination among themselves based on caste and they believe in living in harmony with each other. Another important cultural practice that becomes relevant later in the report is the fact that the village was an endogamous unit, which is that women and men from within the village can marry. Unlike most north Indian villages, they were not found to be exogamous. This was a critical factor in the dynamics of the village community related to women's issues.

During visits to homes, it was noticed that although children easily explored the surroundings and played with other children, they were also very comfortable in their mothers' laps, reaching out to cuddle hold or even breast-feed. For a mother's meeting in Janjgir, almost all the women had babies, toddlers and older children in their laps as they participated in the discussions. This pattern was common to both districts.

**LPG and firewood is mainly used as the fuel for cooking, women are often busy with the household work and in the evening old women can be seen playing local board games outside their houses to pass the time.**



**Children and mothers at a mothers' meeting at the AWC**



**Village scenes from Janjgir district**

S.NO	Block	Sector	Village	Population	House Hold
1	Akaltara	Kotmi Sonar	Kotmi Sonar	848	139
2	Akaltara	Kotmi Sonar	Sanker (Non-ECD)	557	90
3	Gobhra	Dabhra	ChoteKatekoni	1039	276
4	Gobhra	Dabhra	Turkapali	713	91
5	Sakti	Dadai	NandourKhurd	719	104
6	Baloda	Seoni	Seoni 86	1000	180
7	Baloda	Seoni	Seoni 84	1085	286
8	Baloda	Seoni	Seoni 83	1100	144
9	Pamgarh	Lagra	Lagra	863	127

Table: Villages Visited in Janjgir- Champa District

## METHODS

**Techniques:** In order to obtain the objectives of the study, several methods were employed. On account of the nature of the tasks, primarily qualitative methods were utilized to gather data.

**Ethnographic Interviewing:** To gain an in depth knowledge of all aspects of Care-ECD project and its impact, a number of people associated with the project were interviewed. An attempt was made to interview members associated with the project and to interview as many participants as possible so as to maximize the data gathering procedure within the stipulated time-frame. A semi structured interview approach was followed within which a list of areas was prepared on the basis of the objectives of the study (see appendix for list of questions). These were kept in mind while conducting the interviews with the participants and gradually, questions were introduced as and when the opportunity was encountered. In this manner, it was possible to conduct the sessions with a natural flow of conversation, rather than an inquisition.



An interview in progress with a mother

**Participant and Non- Participant Observation:** Participant and Non- Participant observations were done at various AWC and the community. In fact, observations and field notes were retained for all the field visits in order to supplement the findings of the study with anecdotes from the field to support the claims and substantiate the findings. Whenever possible, the researchers involved themselves with the activities, like a health workshop being held for mothers, or an orientation session for expectant mothers.



**Interview in progress with a helper**



**Audio-recording an interview with an AWW**



**Participant observation with children, engaging with their activities**



**Participant observation during a health workshop for mothers at the AWC**

The centres were observed during working days from start time till end time. A detailed observation was done of a day's schedule of different AWC for ECD programme on different working days. Additionally, village life was also observed and careful notes were kept of the local dynamics during all field visits.



**Non-participant observation of children's activities**



**Observing children closely**

**Focus Group Discussion:** A total of three FGDs were organized during the field work two in Janjgir and one in Korba district. An attempt was made to include as many stakeholders of the ICDS as was possible, from the programme, from Care and from the Community. The FGD included AWWs, helpers, mothers, fathers, supervisors, CRPs (Community Resource Person), health workers, project managers and district coordinators. Every participant was encouraged to speak on the topics like perceived objectives, outcomes of change after the intervention, suggestions for the future and others. Each FGD was audio-recorded for accurate retrieval and analysis



**A Focus Group Discussion**



**Recording a Focus Group Discussion**

**Participatory Learning Activities (PLA):** PLA was used to obtain the data as per the understanding of the AWW, helper and community members. The following PLA techniques were employed as per the opportunity of obtaining a group of people involved in AWC work for the purpose:

- Resource Mapping
- Venn Diagram

**Activities with Children:** A number of activities were conducted with the children of the centres to explore indications of possible impact of the programme on their expressions and activities. These included:

- Storytelling
- Drawing
- SRI (Selected items)
- Identification
- Questions (General Awareness)



Activities with children

**Document analysis:** A number of relevant documents were collected from Care, ICDS, AWC and Community to have a better understanding of the programme. The documents included lesson plans, children's worksheets, evaluation sheets, pictures, syllabus and annual reports etc..



Example of documents scrutinized

## Participants

The participants of the study are presented separately for each technique, since each of the strategies required a different set of subjects.

### ***Ethnographic Interviews:***

- AWW – 14
- Helpers – 8
- Supervisors - 3
- CRP – 6
- PC- 1
- DC- 2
- PM – 1
- Technical Lead – 1
- Director SROUT - 1
- SROUT/ICDS trainer – 1
- CARE Trainer - 1
- Mothers – 8
- Father – 4
- Grand Mother – 1
- Grand Father - 1

### ***Participant and Non Participant Observations:***

- Korba AWC – 6
- Janjgir AWC – 9
- 1 Community Meeting
- 1 Mothers meeting
- 1 Fathers visit
- 1 Home Visit

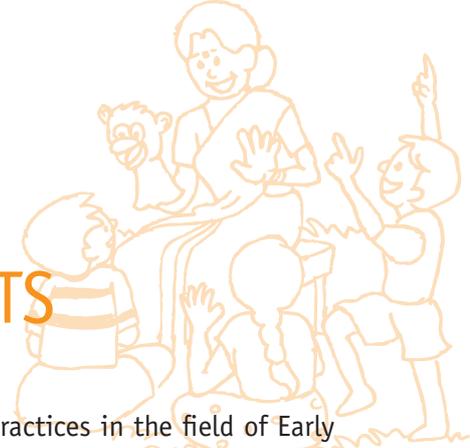
### ***Focus Group Discussions (FGDs)***

- FGD (a)– 4 AWW, 1 CRP, 1 PM, 1 Helper
- FGD (b) – 1 Mitanin, 1 Mitanin trainer, 3 CRP, 1 DC, 1 supervisor, 3 fathers, 1 AWW, 1 Helper
- FGD (c) – 16 Mothers, 1 Helper, 1 CRP, 1 AWW

### ***Activities with children***

- Korba – 5 Children
- Janjgir – 5 Children

## Section 3: GOOD PRACTICES RESULTS



The primary objective of this research was to document good practices in the field of Early Childhood Education and Care. The study was commissioned by Care-India, to validate the ongoing intervention in the State of Chhattisgarh for the purpose of identifying successful elements of the intervention. The inputs received from Care enter at different levels of the programme, and each of the levels will be discussed separately so as to examine the dynamics at the field level and identify good practices.



Articles made by the children in clay modelling

### At AWC level

#### Inside and Outside Classroom Space

For the optimal development of children an environment that is oriented towards children's learning is a mandatory requirement. A space which is safe, secure and appeals to the senses of children facilitates learning and development. All dimension of a child's development need attention and consideration. The AWC is the first exposure of the young child outside of the family and neighbourhood, especially in the company of other children of his or her own age. In order to provide for all the needs of children in the different areas of development, the space in which children are cared for needs to be appropriate. It was found that by and large, the spaces in which the AWCs were functioning were adequate for children's activities in most cases. The AWCs under the ECD-CARE project were found to have adopted several practices to make the space child-friendly and appropriate to provide necessary

opportunities for holistic development of children. The physical infrastructure was pre-existing in all instances, whereas major transformations were indicated in the upkeep, space utilization, teaching-learning materials, design and aesthetics, display of art and craft work at the Centres.



Outdoor spaces and activities, spontaneous and planned

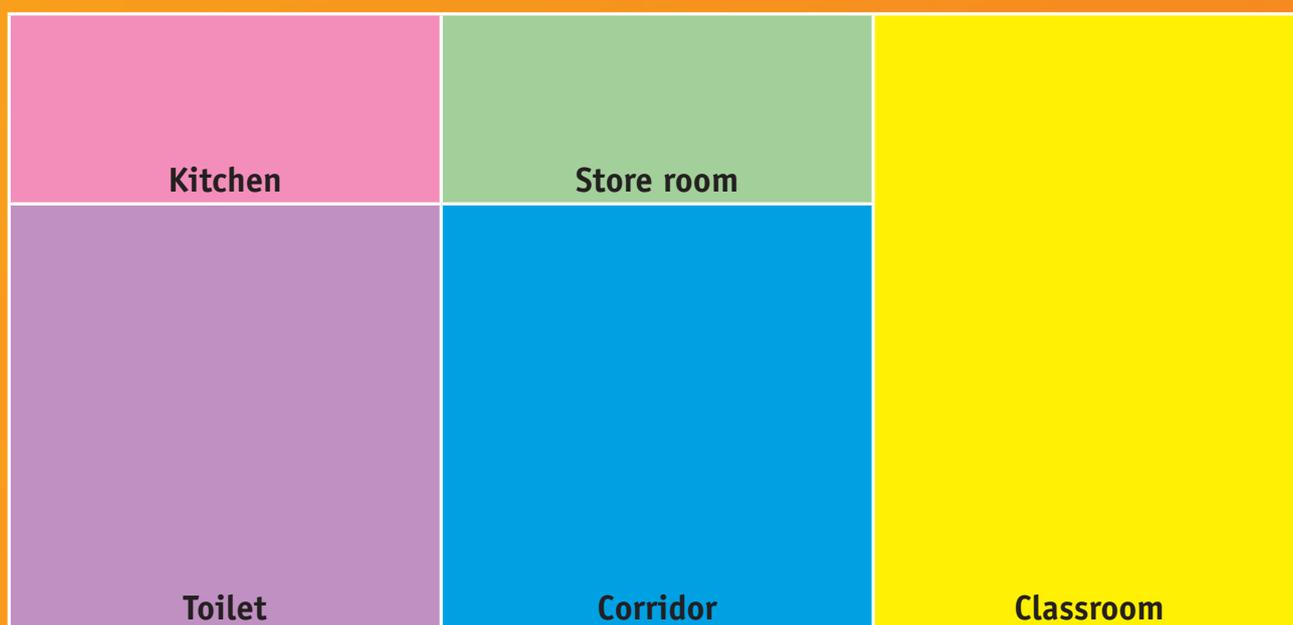
**Teacher-children ratio:** The teacher-children ratio varied from centre to centre, but it was observed that the strength of children was never over 21 in any of the centres visited by the team. Each Centre also had two adults in attendance, the helper and the AWW. In some AWCs, it was found that around 10 children were in attendance, whereas the maximum was 21, at the Nandour Khurd Centre. In some of the Centres like AWC Kundurmal, 30-35 children were enrolled on paper, but at any given time, it was found from the attendance records that fewer children were present. The reasons for absence reported, included illnesses, visits from relatives, and festivities. In some cases, it was also found that children have to leave the AWC on account of the migration of their families to different part of the State in search of work. As far as the teacher-children ratio is concerned, it was found that the composition was ideal for providing maximal learning and the attention provided to children in the morning programme was adequate. In one Centre that was visited in the afternoon (on account of delay in the arrival of our team), the children had stayed on at the Centre in anticipation of the visit, also accompanied by some of the older children since it was afternoon time. Here, it was found that the Helper was busy with cooking the meal on a firewood chullah and the AWW had gone to collect women for the planned group discussion. Children were in the playroom, busy in free-play with the material provided. Some children were seen reading off from the charts, some played with blocks and the younger ones sat and waited for the food, somewhat intimidated by the team of strangers.

**The Building:** Several AWCs were housed in structurally appropriate, concrete buildings specially provided for the children, while others were running in a rented place. Among the 15 Centres visited, however, there was only one which was running in a rented place (Kotmisonar-6), and the room had actually been leased to the programme by the AWW. She and her extended family also lived in the rest of the house, which was one of the homes owned by them. It was observed that having a special building allotted for the programme



was more favourable for the activities than running the AWC in a rented place. When the AWC building was provided by the government it was found to have a standard structure and the AWWs were able to make use of several rooms provided, which helped them better organize the materials, official records and children's activity areas. The AWC buildings provided by the government had reasonably common plan which include a classroom, kitchen, storeroom, toilet and if possible some outdoor space. In one instance (Nagoibachera) the Centre was within the building of the local school with a separate kitchen area, but no toilet for the children. They freely used a narrow sandy area between the school building and the Centre. Apart from this one fact, there were several advantages observed and also articulated by the school teachers as well as the AWC staff, such as easy adjustment, companionship with older children and security of having the Centre attached with a school.

Floor Plan of AWC



AWC buildings





**Joyful engagement!**

**Space organization:** It was a delight to enter the centres that were organized, well-equipped and at the same time vibrant since the space and materials were being actively used by children and adults. In all Centres, it was observed that footwear of all entering the room was placed outside the classroom space. The rooms were usually neat and clean with all children sitting on mat in interactive arrangements. Extra material was kept in the storeroom and there was an attempt to keep the kitchens clean and arranged as well. It must be noted, however, that the materials were well-used and the 'neat' look was relative to the setting in which the Centre was running. For instance, when the children were playing with the materials, in free-play, the toys were strewn around and children spontaneously picked up things. Each Centre had a curtained corner that was like a small enclosure with garments for pretend-play, as also some sand in another corner. In this manner, interest and activity took precedence over orderliness.

Further, the toys were sometimes worn-out with use, and therefore, somewhat stained or broken. So it must be understood that the appearance was first and foremost interactive and engaging rather than simply neat and orderly. Within this active space, some degree of order and neatness was being maintained. In the afternoon session at Kotmisonar, for instance, the children had lingered on at the Centre for their meal, and in the absence of the Helper and the AWW, toys were strewn about, sometimes broken, and there was a general spontaneous engagement with the play material, certainly not something that could be called 'neat and clean', but active and engaging.

## Inside the Classroom

A written schedule: In each Centre, we had access to the monthly schedule related to a particular theme which was either created by the AWW or provided to her by Care. At the outset of the intervention, these schedules were provided to all workers, but there was a decision to gradually withdraw from the detailed instruction and allow AWWs to spend time in creating their own schedules. This practice of having a visible schedule of the month pinned up for all to see appeared to be very effective in increasing the efficacy of the teaching-learning sessions between the AWW and the children. There was clarity and consistency in the content that children were receiving and interacting with, thereby resulting in a consolidated and focussed time at the Centre. This was evidenced in the degree to which children were responding to and reciting things with the adults as per the themes. It was also found to be helping the AWW to keep a focus on time-planning as well as in tracking the progress of the children and her own progress. The sense of completion of a theme, with which children were well-versed by the end of the activities brought a lot of joy and sense of achievement, it was observed.

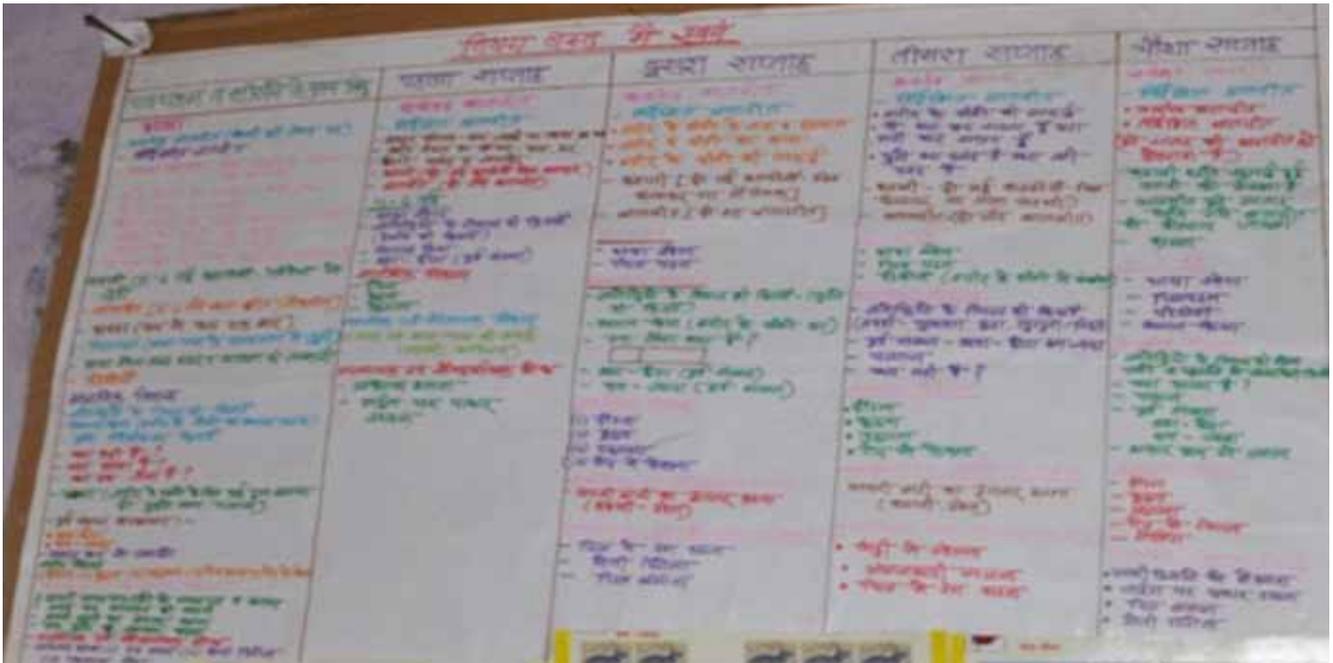
In almost all the AWCs under ECD-CARE project, one could see the schedule of the month properly made on a big chart paper and displayed on the wall. There is a practice of placing the new schedule over the previous one to assist with record-keeping and creating a calendar of events. This would also be of tremendous value for creating an annual guideline for children's activities. This practice also provided for the opportunity to reflect on the activities. When the poster is up, it seemed to give the AWWs an opportunity to review and reflect on the overall efficacy of activities and their success with the children. Introducing variation and changes as and when needed is also facilitated by this display. A written schedule was found to work as a guide and provide direction to the AWWs to work in a systematic manner and to utilize their time effectively. It also assisted in making the class activities innovative by avoiding repetition as is sometimes observed in other ongoing child care programmes. Another

## Bright and engaging display, AWC interiors



advantage of this approach was that there was a clearly articulated coverage of all domains of development on account of the deep thought and preparation that the schedules were based on.

All AWWs stated that the written schedule had given them direction to the 'what', 'when' and 'why' of activities with children. Further, they also articulated that the process of scheduling and placing this on a poster had clarified several important aspects of the rationale behind activities with children. As will be discussed in a later section, AWWs clearly felt that they did not have such a robust grasp about the reasons for what they were meant to be doing with children prior to the intervention. Further, the scheduling has also proved to be beneficial in minimizing the transition time from one activity to another on account of the preparedness. It is also important to note that the AWWs were following the schedule for the day during our visits.



Schedule



**Placement of material:** The walls of each AWC were richly decorated with different TLMs made by the AWWs along with the children's work. It is known that the optimal orientation for young children happens when learning materials are placed within easy reach of children. Then free play becomes so in word and in spirit. There were innumerable instances of such displays in the Centres visited, and a few examples are provided here. For instance, on a string running from one corner to another several colourful mobiles (jhoomar) were hung. These mobiles were prototypes of the ones that are being taught to expectant mothers to prepare for the arrival and use with the young baby.



**Jhoomar decorations on display**

We saw several samples of this during our visits. One person also reported that these were now on sale at the local market. The lower parts of the walls were painted black all along to serve as a surface for sketching for the children.

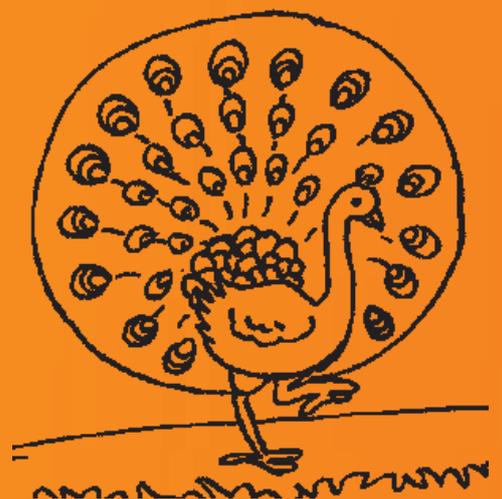




Cupboards and shelves for records and reports

There were racks in each class where an abundance of TLM was seen along with files of children's sketches and other sheets. Children were observed to be familiar with the placement of materials and they were found to be taking whatever they wanted from the designated place during the free play time. Most of the play material was specifically designed for children's interest, but also took into account locally available materials and familiarity. At the same time care has been taken not to keep the Centre too cluttered.

While the environment was always dynamic and changing, overall the activities conducted had a thematic and interactive regularity that children seemed familiar with. This was evidenced by the children's appropriate responses when something was focussed on, for instance, modes of transport placards!





Open display for children to freely pick up the materials

Four activity corners: Each Centre had four corners that consisted of four assigned spaces for specific themes:

- Doll Corner
- Sand Pit
- Library
- Mirror Corner

These corners were created with the conscious intention of contributing especially to different domains of development, namely social and emotional, fine motor and language development. In the doll corner a lot of hand-made dolls were placed which the children played with very enthusiastically. In one Centre, the afternoon session was on as a FGD with the mothers. One of the children, around 4 years of age held onto two dolls in his arms for the whole session.

It also had some items from children kitchen set and building block set. The sand pit corner had a small sand pit which was used by the children to draw different shapes with fingers. The library corner had many books hanged on a string at children's level. The children were allowed to choose any book and take it from the string to see and read. The mirror corner had a small mirror hung on the wall in a corner, children at times would go there to see their faces. During free play session the children choose corners and do whatever they like in the corners. In few Centres, a mattress made of different things like hay and old clothes was kept in the classroom for children to jump and play for gross motor development. The doll corner was also being used by AWWs also for story telling with puppets.





An AWW cleaning up

## Cleanliness, Hygiene and Safety

The Centres were by and large kept neat and clean with frequent sweeping and mopping. In between the activities, the helpers or AWWs were found to be sweeping the floor to keep it clean and organized. Children were encouraged to keep the things at their place after they had used them.

Before and after meals children were encouraged to wash their hands with soap. It was seen that children had got into the habit of washing their hands before food time as they were enthusiastically participating in this activity. Children were told to stay clean and observe some good practice like taking bath each day, cut the nails, comb hair, brush the teeth and wear clean clothes.

In urban Korba AWC, the Helper was also seen to be attending to children with running noses and making repeated attempts to keep them clean. This level of care was not observed in all AWCs. In the same Centre, the AWW was also heard to be asking the mothers to dress their children well before sending them for the morning session. The AWW also included mothers and families in the talks about the importance of hygiene and cleanliness and how they should keep the children well-dressed and clean for their good health. It was also observed that in some Centres, there was specific provision for garbage where a dustbin that was made from a recycled cardboard box was being used for trash collection. The way in which it was being used, indicated that the children were habitual to this practice.

When children were about to leave the AWW was asking some questions:

**AWW** - *Kal jab aana hai to kes eaana hai?*

**Children** - *Line se aana hai*

**AWW** - *Kitne baje aana hai?*

**Children** - *Nau baje aana hai*

**AWW** - *Aaney se pahle kya karma hai?*

**Children** - *Nahana hai, taiyaar hona hai.*

**AWW** - *Chappal kahaan rakhna hai?*

**Children** - *Line se rakhi hai, bahar.*

**AWW** - *Bag kahan rakhna hai?*

**Children** - *Khoonti par*

**AWW** - *Khana khaney se pahle kya karna hai?*

**Children** - *Haath dhoney hai*

- AWW, Nandour Khurd



Children in an afternoon session of spontaneous play during a mothers' meeting

In the process of maintaining cleanliness and hygiene by CRP, the Helpers have been made aware and also maintain the practice of regularly cleaning the children.

Care has been taken to provide safe, comfortable space available was not in the hands of the children, there was any issue with the surrounding area. Different AWCs were found to maintain different standards. Some children were found to be up and ready, dressed for the session, in some cases, runny noses were sometimes not attended to by the need to attend to other things. However, in maintaining and checking the children regularly.

Information for Parents : It was found that the AWCs are not only a place for the children to learn and play, but also acts as a location where parents and other community members could access information about several services. The walls of the AWCs had a number of displays on nutrition, child rights, immunization schedule, and nursing, and community development. Charts on developmental milestones for children with illustrations were also available for everyone to read. Visiting parents were always informed about the displayed information and their focus. Flip books, posters and charts were updated regularly to conduct sessions with adults as well.

There is an attempt to make a library in the community. Members are invited and encouraged to borrow reference and return it later. In one instance, a library was set up which would allow mothers to share their



# Early Childhood Education: Program and Processes

The identifiable best practices at the Centres can be classified into the following categories.

## **Programme**

- Curriculum
- Level of organization
- Scheduling

## **Physical layout**

- Safety, health and hygiene
- Aesthetic appeal
- Culturally familiar
- Low cost displays

## **ECCE**

- TLM
- Developmental appropriateness
- Variation in activities
- Aesthetic and artistic materials

## **Dynamics**

- Favourable relationships and interpersonal dynamics
- Respect for children
- Community participation and involvement
- Cultural appropriateness

## **Curriculum**

Having a good curriculum is a necessary but not sufficient condition for a good ECCE programme in the sense that without this, there is very little focus on the objectives, but in order to deliver the same to the children, there are many other factors that need to be in place. However, there is no denying the fact that the curriculum is the backbone of a good programme. To be aware of and trained in the specific nature of young children, to know what to do when we are with children

and also how to transact this curriculum are equally critical to good programming. Curriculum is thus the core of any educational programme. During this study, it was found that the curriculum being followed was robust, engaging, developmentally appropriate and child friendly. The focus of the same was not only on how to teach young children, but on how young children will best learn from the opportunities being provided to them. All workers were trained for understanding and transacting the curriculum with groups of children. They were also explained why they were to do certain activities in particular ways. For the first time, many of them reported, they realized WHY teaching young children is different, and HOW to go about doing this. Although they had reported receiving training and refresher courses earlier, it was almost unanimously felt that the entry of the Care-ECD project had transformed their understanding of the rationale for having a curriculum.

It was observed that the curriculum at AWCs was embedded in the cultural environment, and not limited by it. This meant that although familiar aspects of the environment, trees, birds, modes of transport were referred to by local names (and also the common name in English), it was not limited to only what children were experiencing. Children were also introduced to places and things that they have never seen, like a steamer for modes of transport! The curriculum was found to be contextualized, where the emphasis is given to local knowledge and local experiences so that the children could relate to what was being taught and the AWWs could easily transact the same. The use of local language Chhattisgarhi as the medium of instruction was encouraged, with the clear trend of also including the use of Hindi to the children. The fact that the staff of the programme were all local people, mostly also from the same village, the acceptance of the AWW and Helper and her care and concern for the children was found to be facilitated by this feature. Both child care workers were familiar with local practices since they belonged to the village community, thereby providing an important dimension to the cultural relevance of curriculum development, transaction and delivery.

The curriculum was designed with a holistic approach toward children, thereby including all aspects of development. Thus, a variety of activities were planned with varying emphases namely physical, cognitive, socio-emotional, language and appreciation of arts and aesthetics.

The curriculum was activity-based and a high and intense use of TLM (teaching learning material) was being done. This indicates the priority given to learning by doing; and the understanding that for children play is important for learning and that children learn best through the active engagement with the environment under the caring guidance of a good facilitator. The curriculum included a comprehensive range of experiences which were planned for children. Another observation about the curriculum being used was that it was both coherent and flexible. The areas and projects linked well together and on account of the excellent input received during training, the AWWs displayed a high degree of innovativeness in their understanding of the agenda of ECCE.

For instance, in the activity about transportation, apart from the small posters the children had, as well as their practiced responses, the 'error' made by one child in recognition of an item was not dismissed but also incorporated into the discussion. The teacher had got the point of the project, that children should learn about means of transport used by people all over the world, and if a steamer looked like a motor to a child, there was some reason for it! Additionally, in most instances, there was a healthy mix of outdoor and indoor activities in order to reach the objective of physical activity, often found missing in programmes with young children. If there was a constraint of space for outdoor activity, it was underlined for the teacher to make an extra effort at providing for large motor muscular activity within the space available.

*The AWW asked all the children to stand up following which all the children arose and followed her, raising their hands after her to perform active physical exercise of the upper body. After this, everyone jumped together for a while!*

*- AWC, Kundurmal*



Project work in action, distributing flash cards

The Care-ECD project curriculum is theme-based, consisting of nine themes, one theme for every month and the revision of these themes over the remaining three months. This provides a firm base of activity within which innovations are interwoven. The themes are:

- Me and Myself
- Transport
- Birds
- Family
- Water and Seasons
- Animals
- Animals
- Fruits and vegetables
- Festivals

Age-appropriate activities are emphasized in the curriculum, and teachers are given an elaborate training on how to approach these themes and what possible variations can be built into the programme. This permits the group of children to examine each theme carefully, talk about it, work with it and also to express themselves regarding these issues. The observations of the children participating in the theme of the month demonstrated an intense and elaborate knowledge that the children had internalized. Their responses were confident, quick and practiced. It was also found that the AWWs made an effort to gradually increase the complexity of the discussions, stories and related questions brought up for discussion. Children seemed under no pressure to perform, they had open and smiling faces, unafraid of a group of strangers in the room. Even when the teacher singled out individual children by turns, no hesitation was seen even in the younger children. The focus was the children, not the visitors. This was a very welcome observation and very significant in the documentation of good practice. This does not mean that the team was dismissed or ignored. The workers were enthusiastic not only to show their own work, but also to display children's learning. They took pride in the responses of the children. This was indeed a substantial accomplishment in the field of ECD, especially under the conditions of relative economic and social disadvantage.

The curriculum is appropriately designed to give children the opportunity to hear their home language and see their home culture reflected in the daily interactions and activities of the classroom. However, care is taken to expand children's repertoire to include words from Hindi and occasionally English as well. When the visiting team intervened, the questions were gently translated for the children by using a couple of familiar words with some Hindi thrown in. This style of mixing the two codes is culturally a very common way of language learning and matches very well with the discourse strategies of a multi-lingual nation. An effort is made not to replace but to complement the languages the child is learning.

Care has also initiated a project for collecting local stories, rhymes and songs so that they are kept alive, archived and also made available to children. These cultural treasures, likely to have dissolved in the complexity of cultural change will now be available to remind people of an older way of living, the history of the culture in which they live. This is undeniably one of the strongest and most meaningful projects that Care has undertaken in the State and also at the National level.

The importance of local wisdom has been understood by the planning committee. This practice will help in generating and using local language rhymes, songs and stories with which children will be able to relate more and will be able to learn quickly.

The guiding principles of the curriculum can be summarized as follows:

- Age appropriateness
- Context sensitive and culturally appropriate
- Development of all domains
- Activity based – Learning by doing
- Play-way methods
- Local language as medium of instruction where other words are gradually introduced
- Simple to complex
- Dynamic yet continuous
- Sequential
- Scope for variety
- Adult guided and child guided contexts
- Flexible
- Inclusive of all children and adults

*During small group activities, the grouping was guided by the children's ages. The youngest of children were guided to the Doll's House Corner, the older ones were encouraged to work on the black painted walls and the oldest among them were given puzzles to solve. This grouping was flexible and allowed children to explore other areas as well.*

*- AWC, Nandaur Khurd*

As far as the principles of planning a good curriculum are concerned, it was found the Care has developed a curriculum which is practical, applicable and was found to be producing good results. Children demonstrated knowledge, were having fun, were interacting with adults and children in cooperative tasks, as well as able to do things individually. They were found to be able to follow instructions as well as lead activities during spontaneous play and group activity. They also demonstrated good followership. An abundance of evidence was found to indicate that children were happy, engaged and learning several things every day. The curriculum has also had a spill over effect on the ICDS training and the curriculum has been adopted as a guideline for nation-wide implementation.

## Teaching Learning Material (TLM)

The philosophy of learning by doing shifts the focus from the teacher to the learner in any given situation. It is not a focus only on how to teach someone something but how to facilitate learning. This shift seems to have been successfully arrived at in the Care-ECD project through the use of adequate, abundant and appropriate learning materials. It was found that the innovative, colourful, safe and locally available materials went a long way in achieving the objective of learning through play in the project Anganwadis. The curriculum has encouraged the use of TLM made of locally available material, local language and everyday experiences to attain the maximum learning by the children. Starting from the familiar, the curriculum gradually moves forward to more complex levels. The AWCs under the project are encouraged to use an abundance of material during the activities and all teaching-learning processes. It was observed that the TLM used during classroom transactions reflected children's interests, cultural background and supports the emerging development of language skills. The TLM was locally made by the AWWs using the material easily available in the locality, which was affordable or freely available as waste. AWWs indicated that they did not hesitate to spend a few rupees from their meagre salary to buy an odd item if they thought that it would be fun for the children. The AWWs were encouraged to apply a lot of ideas and creativity to come up with different objects and puzzles for teaching various concepts. As a result of this initiative, all Anganwadis were well-stocked with colourful and interesting play materials for all ages. The Centres had colour boards, coloured pictures, piece puzzles, paper masks, shape cut-outs, posters, mobiles and several other things. In the case of one AWW, she decided that the paper masks would not last long and therefore said that spending a small amount of her own money, she had made masks from Buckram material for endurance. The children were delighted with these masks during a jungle story and subsequent activity.



This practice of developing TLM by the AWWs has helped them to think out of the box, remain creative and enthusiastic in using them with children, and in turn clarifying their own concepts. It was found that teachers felt rewarded for their efforts when children responded to use of materials with enthusiasm and interest. It is also a very effective way of producing cost effective materials in a place where there was little or no provision of budget. This practice also helped in making AWWs more confident about their work, and especially their own creations. Some of them even mentioned that they did not realize before that they had the skill in them to make such enjoyable materials. The AWWs used cost effective, no-cost, low-cost materials like cardboard cartons, empty boxes, plastic bottles and containers, pebbles, sticks, leaves, flowers, old disks, newspaper cuttings, cotton, clothes, old toys, and paper for making their materials.

***The AWW had made small paint brushes by crushing the tender branches of bamboo, she gave turmeric paste from the dry plant (not very expensive since it is locally grown) for yellow colour and 'alta' paste for magenta colour in old plastic boxes to children, she handed over recycled sheets of paper to the children to use for painting leading to a lot of excitement in the classroom.***

- AWC, Nagoi Bachhera

In the AWCs, it was observed that children were very familiar with all the TLM and they were happily engaged in using them. This was evidence of the fact that these materials were in fact being used regularly, and not simply taken out for show. They also carried a colourful but well-used look that is also indicative of regular use by children. The AWWs while teaching concepts like colour and transport, were found to be using materials such as matching puzzle board, flash cards on sticks, a manual TV with rolling pictures, cut-outs, and other puzzles which assisted the children to relate to the concept and also made the task of the AWW interesting and effective. TLMs were found to be keeping the children engaged and enthusiastic about learning, they wanted to explore the materials and it also gave a lot of opportunity for peer interaction, leadership and followership in the group as well as sharing and assisting other children.

The AWW distributed some circular cut outs of different colors to every child sitting in circle. She sat with a board with colored circles on it. Then she asked each child – what is the color of your circle?

***The child answered, then she asked the child to come and match the circle with the same color of circle on the board she had, the child matched it and then she asked the child to match the circle with same circle on the color board that was hung on the wall, then she asked who is wearing the clothes that matches your circle's color? This activity has the element of reinforcement of a concept in various fun ways. The TLM made this concept so interesting to learn.***

- AWC, Nandau Khurd



Guessing the objects inside

***The AWW made two small bags with string, she placed pebbles, sticks, coins, cotton, leaves, cloth and paper in the bag and tied it on the hand of a child and the child had to tell what objects are there in the bag by just touching them. It was a very simple and very effective TLM to enhance sensory capacities of children.***

- AWC, Urban Korba

Overall there was an attempt by AWWs that children should be made responsible for the materials they used at the Centre. They regularly encouraged children to use, but also care for and put away the material when the activity was done. In this manner, they cultivated an interest and respect for the materials in the children.

Every AWW took a lot of pride while show-casing the TLM prepared by her, which ultimately helps them in confidence building. There was a distinct sense of pride and sense achievement in them while discussing and elaborating on the making of the materials. The TLM was found to be child-friendly, colourful and easy to handle. It was made by keeping in mind that it should help in easy and effective education process and appeal to children.

## Teaching-learning process

Age-appropriateness is a key element of an activity for young children. Give them something too difficult, beyond their scope of understanding, and they will lose interest, also if the activity is too easy, they will also lose interest. Thus, a balance has to be maintained to ensure that children remain engaged and challenged at the same time. As children have a short span of attention, a number of activities should be planned and there should be smooth transition from one activity to another. It was found that the activities in all the AWCs were interesting and age appropriate like free drawing and painting session, filling pebbles in the shapes drawn on the floor, hand printing on the walls, and clay modelling among several others. Although, each AWC has a mixed age group of children ranging from 3 to 6 years, the activities performed were simple and informative and yet, the activity was approached in a manner whereby children were engaged and challenged to participate comfortably. A flexibility was permitted in the degree and nature of participation of the children in most cases. It is important to keep in mind that same activities would not prove equally beneficial for children of different age groups, young children will find some activities very challenging while the older ones would find those too simple and they may have little to gain from those activities. Thus, it becomes a challenge for AWWs to create and conduct activities which can prove to be beneficial for all the children. This is where their extensive training and regular support plays a very big role in the implementation of this research.

It was observed that all the children were able to follow the activities, although some did take longer to participate, usually the youngest of the group. Children were generally found to be interested and enthusiastic. While the activities were generating joy, they were also enhancing learning and hands-on experience to the children. Interacting in a small group provided a context for children to extend their thinking, build on one another's ideas, and cooperate to solve problems, small group interactions were found to be helping in perspective development as well. In order to also provide for age-related activity, the AWWs frequently broke up the group into graded activity with different levels of complexity. Children learn a lot from older children as well, and child-to-child learning has been found to be very beneficial both for the younger child as well as the older one who usually clarifies his or her knowledge by explaining to the younger one. Therefore, having a mix of abilities is highly conducive to learning. The AWWs were found to be sensitive to this fact and facilitated a lot of child-to-child interactions. The activities were not simply adult-centric, some were, but some activities were spontaneously organized and children were left to play with each other in the Centre. Similarly, the balance between individual, collaborative and cooperative activities was also observed. Sometimes, the activities guided by the teacher were collective, where all children were guided to do the same action, for instance, act like the rowing of a boat while placed in a circle. Equally importantly, children were allowed also to engage in individual activities with materials, like painting or clay modelling. There were also several instances of activities which were collaborative between two or three children in small group activities, like pretend play. Herein we could see the tacit awareness and careful planning of maintaining a balance between individual autonomy in activities to collaboration and cooperation. For the developing child, these skills are essential to the development of social and personal skills as she or he grows older. Keeping the child always in collective tasks, or only in unguided isolated solitary play tends to ignore the need for a balance between engagement with others and being by yourself.

For group activities the AWWs made all the children sit in a circular formation and they themselves also sat in that circle among children. This was found to be an excellent strategy for making each child participate, even the youngest ones who kept a keen eye on others to perform the same actions. AWWs were able to observe all the children in the circle and one by one could encourage everyone to participate. It was observed that the activities were so organized that it gave chance to all the children to participate, in most of the activities they were taking turns as well, thus also learning to wait for others to complete.

*The AWW and the helper mixed water colours in plates: pink, blue and yellow. She asked all the children to go outside and dip their hands in colours and just dip their palms in the paint and plaster the freshly whitewashed boundary wall. Soon the wall was filled with the joyful palm prints of a group of happy children, each proudly recognizing their own impressions.*

*- AWC, Nandour Khurd*



*Indoor activities included storytelling, matching activities, puzzle solving, drawing and scribbling on the black board, clay moulding, cutting and pasting, free play session, singing rhymes, question-answer sessions and several others. All these activities were organized according to the theme of the month and to provide various experiences to children for the development of all the domains.*



*The AWW started telling a story of an old lady, she made all the children sit in circle; she collected all the props and then started the story. The story involved a lot of actions to be performed by the AWW and every time the AWW performed the actions required. In between the story she took a round of the circle acting like the protagonist of the story and this filled all children with joy.*

*- AWC, Nandour Khurd*



*The AWW took a rope and put it on the floor, she then asked the children to walk on the rope one by one. The children started walking on the rope while trying to maintain their balance. The AWW then walked on the rope herself and asked the helper also to walk; she then asked all the children to make a queue behind her; they all then walked together on the rope.*

*- AWC, Urban Korba*



Outdoor play provides opportunities for key learning experiences as well as physical exercise. It was found that, wherever possible, there was an attempt of achieving a balance between indoor and outdoor activities. If the AWCs had the outdoor space different outdoor activities like musical chairs (with bricks instead of chair), circle games, palm printing on a plain wall, and other turn-taking games were organized.

Children were also observed to be given opportunities to decide for themselves what activities they wanted to do. These activities were so arranged that they provided several occasions for peer interactions and collaboration. When there was a shortage of materials, children were instructed in a manner where sharing and cooperation were encouraged. The AWWs in some centres took special interest in informing children about local and general knowledge, like names of local people, as well as information about the country.

In one session, children were seen to demand from the AWW to sing the 'Oh my Chikki' rhyme, following which the AWW started the rhyme and children were happy to sing and perform actions along. They also enjoyed a rhyme "Bambai ki gudiya" which followed. Here we see an example of children initiating an activity which was accepted and encouraged by the staff.

The activities were organized in a child friendly manner, It was evident that there was no pressure on any child to perform but to participate in all the classroom transactions observed and children were having a good time in all the centres. They enjoyed the most during rhyme sessions; they knew the rhymes and sang along, did the actions and followed the AWW. The AWW sang all the rhymes with actions and children enjoyed copying the actions. Outdoor activities were also very engaging for the children. In fact, it would not be an exaggeration to say that children were never unoccupied and uninterested when activities were organized for them, throughout the field-work. The starting and completion of an activity was marked by prompting children to clap in some of the activities.

On various occasions the AWWs were seen asking children to appreciate the efforts of the other children, whenever a child was giving correct information or singing a rhyme. This helped in enhancing peer appreciation and interaction.

## Activities according to domains of development

*Physical Development* – Musical chairs, jumping, circle games, ball games, rope skipping, balancing, hide and seek, racing, and different activities like drawing, painting, cutting and pasting, sand-pit activities for fine motor development.

*Cognitive Development* – Matching, sequential patterning, puzzles, categorization, opposites, differences, odd one out, and problem solving, learning numbers.

*Socio-emotional Development* – Activities encouraging keeping clean, brushing, taking bath, taking turns, waiting, sharing, helping, completing, clearing up.

***The AWW was observed to be teaching specific English words to children.***

***She asked – "Hair maney?" Children replied – "Baal", "Head maney?" - "sir", "Thigh maney?" – "Jaangh", "Arm maney?" – "Bajoo".***

***Children also knew the names of many birds and animals in Hindi and in English.***

*- AWC, Urban Korba*

*Language Development* – Songs, rhymes, storytelling, role play, independent talking, directed talking, language knowledge includes learning alphabets and numbers, learning words of other languages.

*Creativity and Aesthetics* – Drawing, painting, arranging pebbles, palm printing, leaf painting, thread painting, vegetable painting, role-play.

During the observations, the AWWs were not seen scolding or hitting the children. There was no use of corporal or verbal punishment the AWCs. The AWWs believed that the children learn best when they are dealt with love and care.

## Meals for the children

The children were encouraged to sit individually on different floor mats during lunch-time in many AWCs. The routine was set to wash hands before and after the breakfast and lunch time. The children would sit on the mat and wait for their plates and food would be served to them. In many centres it was observed that the AWWs encouraged them to wait till everybody received the food after which there was a prayer before eating. Although, all children did not follow the instructions of waiting for the prayer, the AWW persisted in her instructions. Children were enthusiastic about the food; in all the centres, the servings were substantial and the children ate their portions with enthusiasm.

*Two girls wanted to eat together, the AWWs asked the helper to give them one plate and serve them food together. The girls were happy that they were eating together from same plate.*

- AWC, Nandour Khurd

Children were free to ask for more food and were also asked by the helper and the AWWs if they wanted another helping. The food was freshly cooked and served hot. Usually, there was rice, dal and a vegetable curry. The utensils were clean and plenty for each child to have his/her own. During lunch-time it was observed that children again got an opportunity to interact with the peers.

After the lunch they washed their hands and went home. It was also noticed that the ready-to-eat food was also fairly popular with the village community and women came for packets for beneficiaries like pregnant and nursing mothers. The fact that the product was desirable needs to be noted here.



Meals at the AWC



Ready-to-eat food packet



## Anganwadi Workers

One unequivocal finding about AWWs was that they had all gone through a tremendous positive change both in their outlook towards ECD and their approach to their responsibilities as ECD teachers as a result of Care-ECD project. Despite the variations in age, ethnicity and educational levels, the reported transformation was rather uniform. Many of them had experience of more than 20 years of working as AWW prior to this intervention. Regarding qualifications, some AWWs have a graduate degree, others are post graduates and some have a school-leaving certificate (10th and 12th). Those who were graduates and post-graduates did indicate a motivation to expand their careers, and gain success in life, but it also appeared that this did not in any way compromise their enthusiasm towards their present assignment.. They all attributed their motivation to do their job well, and also to seek further progress to the training under the Care innovation.

The AWWs in most of the centres were focused on the teaching-learning processes in the classroom. They were found to be conducting a wide range of activities related to the ongoing theme. They were enthusiastic in showcasing their talent to the visiting team taking pride in the children's responses and participation. Their sense of accomplishment was clearly evident when the children responded actively to their instructions, like knowing all the names of animals, name of the village, country or other items. The AWWs were confident and they knew about the purpose of various activities they were doing in the classroom. They had a clear sense of ownership with the programme and the children and felt that this was clearly attributable to the innovations introduced by Care as well as their constant guidance in sustaining their level of enthusiasm and interest maintaining high standards.

They were found to be taking responsibility for understanding the desired goals for the programme and dynamics of how the curriculum is intended to achieve those goals. The curriculum was found to be carried through their teaching in ways that were geared to the needs of young children in general and individual children in particular. Their enthusiasm and energy was clearly evidenced in their active engagement with the children, their Centre as well as the community. The accomplishments of the training and constant guidance of the Care initiative were found to be dramatic. With high energy, they ran around with the children, kept a watch on the interactions, deliberately allowed children some time to themselves and promptly acted in times when they were needed. It is rare to find such consistently high quality results on account of a single intervention, especially when many of them had already been working on a slower pace with minimal involvement for so many years.

AWWs were found to be working hard towards organizing the surroundings and following the planned schedule as far as possible, although with varying skills. In many centres, the AWWs were observed to be conducting a variety of activities to provide a wholesome range of experiences to the children. There was no event of harsh or rejecting attitudes towards children they were found to be affectionate, caring and understanding, although temperamental differences in activity levels were noticed, these did not seem to overtake the desire to engage with the children. This is a major accomplishment of the intervention. Thus, irrespective of age, educational level, personal disposition or individual circumstances, these women were transformed into enthusiastic and energetic ECD teachers, a change in which they not only recognized in themselves, but also spoke about very categorically. Their own enjoyment, pride and involvement with the children and the programme was demonstrated repeatedly. One of them even said that she wanted to become 'like' the Programme Director, confident and articulate.

***"Aaj aap centre me jaakar dekhengey to karyekarta ghootno ke bal dikheygi, bachcho ke saath bachchi bani hui hai, hosh nahi hai, daud rahi hai, kahaan daudti thi pahle?Ye sab changes aaye hai."***

*- Dilip Sarwate, Project Manager, Raipur*

***The AWW saw a child with open wound on his leg. She brought a piece of a cloth and wrapped around the wound which gave a bit of relief to the child and also secured him against the chances of infection.***

*- AWC, Nandour Khurd*

***When she found one Bengali child in her group, one AWW took the initiative to learn a few words of Bengali from the parents of the child and she used these words in some rhymes to make the child feel a welcome part of the group.***

*- AWW, Urban Korba*

***The AWW asked one elder child to distribute bananas to all the children. The child happily got up and started distributing the bananas, checking to see if all had indeed received a banana each.***

*- AWC, Kundurmal*

***“Pahle bachche kitaab faad dete they, par ab unko pata chal gaya haiki sab kuchh unhi ke liye hai to wo sabhi cheezo kadhayaanrakh tey hai”.***

*- AWW, Turkapali*

***“Hum ko training me ye mask banana seekhaya tha, wo kagaj ke mask they, bar bar fat jaatey they to mene mask kokapde se banadiya, ab wo fategabhinahi or kaafi din chalega.”***

*- AWC, Nagaoi Bachhera*

***“Jab mujhe pata chala ki visit hone waali hai main mujhe poore hafte neend nahi aayi.”***

*- AWW, Kotmisonar - 6*

The AWWs were also observed practicing the concept of sharing responsibility with the children, allowing them to help themselves and each other. In some of the AWC the AWWs made an effort to teach children to be responsible towards the materials and activities and also with each other.

Many AWWs were working in synergy with the helpers, many times performing the responsibilities of helpers to hasten the process of the class and to manage the time optimally. The reverse was also seen when Helpers took on the ECD activities if the AWW had to leave the Centre for some reason or other. The AWWs were particularly proud of their own innovations over and above what had been taught to them and made it a point to show these efforts, whether these were materials or activities.

Various tasks that AWWs were doing at the centres and the community were found to have had a very positive impact on their self-confidence. Many of them clearly articulated that prior to this experience they would be tongue-tied in a situation like this, where people had come to see their functioning from such a far-away distance. Now they are proud and comfortable with this, and even enjoy the fact that people are interested in their accomplishments. Most of the AWWs seemed very comfortable in talking to the researchers and the district coordinators as well as the State level management. They welcomed a visit of a team of researchers. They had been planning for this visit, they said, and were very happy to be part of the research.

The new dress that they have received from the ICDS, a red sari, has given them a new identification and they can now be identified from a distance. It was also said that subsequent to the training and the other changes, they are now proud members of their community; they can attend and address large gatherings and also make contact with the village community and district level functionaries with confidence, something that they attributed completely to the Care initiative. The fact that they belonged to the local community had given them familiarity and comfort to work in the AWCs, and the training had given them confidence and self-respect.

It was observed that the AWWs had developed good relationships with each child; they knew children's names and were found to be regularly using them. On accession, children were picked up and held affectionately in their laps during an activity. They were found to share a good rapport with the community, especially the mothers, which in turn helped them to understand children's individual needs, interests, and abilities better and also respect the community, the families, their values, expectations and child rearing practices. AWWs said that they have learned to talk in great detail with each child and family and then use what they have learned to adapt their actions and planning in the classroom as well as in their home visits.

*“Kaam zyada nahi hua hai, saare kaam wo hi hai jo humari duties hai, j ohume karma hi hai, bas ab hum ko ek tareeka aagaya hai, pahle ye sab nahi pata tha ki karna kese hai, bachcho ke saath kya kya karna hai, matao se kya baat karni hai, meetings kese leni hai.”*

*- AWW, Dugupara*



It was remarkable to find that all AWWs within the project were making enthusiastic attempts to follow what they have been taught under ECD project. The changes were not perceived as a burden; in fact some of them even mentioned that until they had experienced the fresh training, they did not have any clue about why they were working for the programme. Now they felt this clarity had been accomplished, and rather than being burdensome, the extra work had indeed given them a sense of accomplishment and identity.

Some of the responsibilities that AWWs also had in addition to the ECD programme were found to be:

- To elicit community support and participation
- To weigh each child every month, record the weight graphically
- To carry out a quick survey of all the families in the village
- To organize non-formal pre-school activities in the anganwadi
- To organize supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers
- To provide health and nutrition education and counselling on breastfeeding/ Infant and young feeding practices to mothers
- Share the birth information with authorities in the village
- To make home visits for educating parents
- To maintain files and records as prescribed
- To assist the PHC staff in the implementation of health component
- To assist ANM in the administration of IFA
- To share information collected under ICDS Scheme with the ANM
- To support in organizing Pulse Polio Immunization (PPI) drives
- To maintain liaison with other institutions (Mahila Mandals)
- To guide Accredited Social Health Activists (ASHA) in delivery of health care services.

These were their responsibilities in addition to periodic work assigned to them by district level instructions from the State government. AWWs expressed that under the guidance of Care-ECD project they were able to fulfil their responsibilities in a coherent manner and synchronize their work effectively. They felt that their skills had been enhanced on account of which they were actually able to accomplish the different tasks assigned to them. Record-keeping and children's regular reports were something that they had only recently realized the importance of, subsequent to their training.

*“Kabhi kabhi esa hota hai ki doosre kaamo ki wajah se main TLM nahi bana paati hoon to main ghar par bana leti hoon. Kaam to karna hi hai, par ye kaam karne main mazaa ata hai.”*

*- AWW, Duggupara*

*“Main apni beti ke madad leti hoon kai baar koi TLM banana me.”*

*- AWW, Nandour Khurd*



Although they have so many responsibilities to carry out they are now really enjoying the teaching learning processes in the classroom. They are enjoying making TLM and if they do not get time during the AWC hours they take the work home and complete it.

As per the ICDS programme, the AWW has a lot of responsibilities towards families of the children coming to their Centre. She is also responsible, in general to educate the community on various women's and other health issues. This role of theirs was also actively supported by the CRPs who were part of the Care cadre of people at the district level. The CRPs were deeply engaged with home visits, health awareness and other community awareness programmes during the expected weekly visits to the village. It was found that during the field visits to homes as well as to the Centre, the CRPs played a highly supportive role towards the AWW and her duties, both by guiding as well as sharing the work of community contact. Although the CRPs in most instances were young unmarried youth, both men and women, they had all established a reputation of being willing and knowledgeable. It was seen that under the guidance of CRPs they were handling the meetings confidently with the family members, particularly mothers. They felt confident in the dissemination of the knowledge on health and other issues related to community. For this purpose, a note must be made of the materials available to the AWW in the form of a flip-book and other posters. During the few home visits that were attended, we found that the CRP would let the AWW take the lead in starting and sustaining the discussion about diet, immunization or the kit for a delivery for expectant mothers, and would interject only to supplement the dialogue.

This strategy kept the AWWs confidence up and also provided support where there was something that could be added. The whole process of knowledge transfer was found to be very smooth and effective and community members visited were also open and outspoken regarding their support and even critical questioning.



AWW, CRP and Village Health Worker

The potential of the AWWs has been recognized and supported on account of which they were able to conceive of new ideas and strategies for dealing with families and the community. They were confident that the families in community knew them and trusted them with their children. They were now receiving a lot of respect from the community for their hard work. Their relationship with their own community had improved, many AWWs felt. The community now considers AWWs as their well-wisher, a knowledge bank and a source of support. They try to meet few families each day during home visit Ghrih Bhet and talk to them about various issues.

The strong rise in status and acceptance of AWWs in the community was definitely supported by their membership of the same community, but that could also be a reason for taking them for granted and not giving them any importance, since they are so familiar. In this instance the AWWs had proved themselves worthy and hard-working after which the relationship of familiarity was seen to have become transformed into one of affectionate respect, based on the discussions and observations of the AWWs with children, their families and the community. The cultural practice of endogamous marriages plays a strong role here. At times the AWW is a daughter and daughter-in-law of the same community and the village, because of the custom of endogamous marriages at the village level. This fact provides the AWWs with the credibility and membership, thus providing a strong foundation for the developing relationship with community members.

AWWs continually gather information about children in a variety of ways and monitor each child's learning and development to make appropriate changes in the activity plans to help children progress from the information collected through the families. Not only they try to make the families the part of the AWCs but also they are trying to link their own life with the AWC like they celebrate the special days in the centres, they share the events of their family with AWCs and the helpers. At times the helper is the member of extended family of the AWW adding to the strength of the network.

To share the knowledge and increase the interaction between the AWWs under ECD project, they go on cross visits to other places. They observe other centres and the ways in which other AWWs organize and conduct their days. This leads to a lot of interchange of method and knowledge.

AWWs were also found to be facing several challenges in their day to day work. As they have lot of responsibilities at times, they did report feeling burdened with the work given to them, not their Centre work, but all the additional duties they were called upon to fulfil. At times, on short notices they are being pulled away from AWC to do various administrative works which they say affected their efficiency in delivery of the ECD component of the ICDS. They also felt that there was very

***In a meeting at the centre, the AWW gave cut outs to the mothers and fathers who came for the meeting. She asked them to find the partner according to the cut outs and join the images. The parents followed the instructions. When everyone had completed the picture after finding their partners the AWW asked them to explain their picture and its content. The parents explained and it generated lot of questions which were then answered by AWW with the help of CRP. It also generated humour and was fun for the group!***

- AWC, Dugupara

***“Pahle to hum bas ese hi bahar se mil ke aa jaatey they, par ab hum ghar me jaatey hai, thodi der baith tey hai or tarah tarah ke Vishay par charcha kartey hai jaise bachchoke bare me, svastyake bare me, shishuvati mahila or garbhvati mahila ke bare main. Ab hum roz kuchh ghar me to chale jaatey hai.”***

- AWW, Kundurmal

***It was her wedding anniversary and the AWW had brought banana for all the children and the helper from her home and gave it to everyone during the break time. This made all the children very happy.***

*- AWC, Kundurmal*

little scope of receiving a promotion even if they do their work to the best of their abilities. This came up for discussion on several occasions, but they made it a point to elaborate that this did not affect their work with the children. In their opinion, there is a complete lack of recognition and appreciation of their work by ICDS and the Government, and they were rarely awarded for anything. Then when they are called upon by the same system for doing more unrelated village level work, they feel overburdened and under-recognized, they said.

There were many AWCs in the Care-ECD project which were still operating in the same way as before the implementation of the project. Although they have taken at least two trainings from Care, there were very few changes in their attitude and delivery of services. There are various reasons for the uninterested and unmotivated AWWs. Some of the possible reasons as discussed in the FGDs were that the AWWs were old and lacking in enthusiasm to change. There are others who believed that this was additional work for a meagre salary and failed to make any changes in their approach to the AWC. Further, another reported reason was that some AWWs did not have support of the Helpers for various reasons, and they were doing dual duties, making it impossible for them to work effectively. It was also reported that among them, there were some wealthier AWWs who wanted to simply pass their time with the small pocket money they received, and had little or no enthusiasm for self-improvement. Of this who were not motivated to change, they had in fact excused themselves from the latest training offered by Care on the pretext of some engagement or other.

### **The Uninterested AWW**

The children were sitting outside on a *dari* under a tree, the AWW had given some puzzles to them with which they were engaged. The classroom was shabby with little decoration on the walls. The *dari* (carpet) inside the room was dirty and on it was something spilt from the morning meal. The helper was absent and only 7 children were present. Some children were working with wooden blocks, one was riding a tricycle, and another was trying to play with a ball, largely on their own. The AWW did not attempt to call the children to join her. The children were rather quiet and just held on to whatever was given to them. The AWW then started a rhyme “*hum tali bajana jaantey hai*”, the children did not sing and did not clap. She then started the rhyme “*machhli jal ki raani hai*”, the children again gave the same response, nothing! It appeared that they were not familiar with the rhymes.

Soon a mother appeared at the gate and asked her elder daughter to bring the child home. She did not speak to the AWW, nor was she invited inside. The girl just took the child home. It appeared that the Centre was simply a place where children came sometimes, they played with a few things, sometimes ate food given to them and then went away. The programme was marginally functional even though the AWW had indeed received the same training for her work.

- AWC, Seoni 86

### **Project Influenced AWC**

The Centre was aesthetic; the walls were decorated with different TLMs and children's work. The AWW had made a variety of TLM that included a small kitchen set made of clay, small clay fruits and vegetables brightly coloured, two rattle made of old bottle and chewing gum packets, the wall had charts depicting animals made of old bangles, there were a variety of hangings "jhoomars" hung on a string. The AWW had maintained files of the work of all the children.

The Centre was open on Sunday and children came running even on the off-day. The researcher thought it was a project AWC, but later got to know that there is no input of Care-ECD here, the changes were purely instituted by the motivation of the AWW.

- AWC, Sanker

In order to understand this phenomenon, it is important to accept that there are several factors that contribute to the motivation to be a good ECD teacher, and training input is an essential, but not the only influencing factor. Apart from situational and personal reasons there can be several contributing factors that could lead to lower motivation. However, it is important to note that when the combination of motivation and training worked well together, there was dramatic result. There was no way for us to estimate what proportion of workers failed to raise their standards to provide better services.

In contrast to such AWWs, there are those who were making efforts on their own to follow the principles of Care-ECD project in their centres. During the sector meetings they had heard about the intervention and what the AWWs were doing under this project. Many of them took their own initiative to find out more and learnt to make materials and incorporate the strategies in their own AWCs, although they had not undergone any special training. Some had borrowed the syllabus for a month and tried out different things on their own with the guidance of the material and a nearby AWW. What finally works is hard to predict, but having an intervention like the one Care is providing certainly raises the quality of ECD services to the children by a significant margin in the places where they have direct contact, and even beyond. Some people remained unchanged, and that cannot be fully explained without a more detailed investigation. It is likely, however to find a confluence of reasons, situational and personal, which may lead to a barrier in expanding.



TLM, Non ECD Centre, inspired AWW

In the past two years, the relationships of AWWs with local health workers, ANMs and mitanins (Village Health Workers, equivalent of the ASHA) were also reported to have improved significantly. Previously, it was said that there was very little coordination between the different people working at the village level; with the onset of this intervention and the introduction of the cadre of District coordinators and CRPs, the effort to engage with other personnel has led to an enhanced coordination at the village level. Presently, they work in collaboration in most sectors, which is highly beneficial to the community, it was observed. When the team went for a home-visit in the villages, the health worker also accompanied them and participated in the discussions with family members.

It was found that the motivated AWWs wanted to achieve something in life. Other than work issues, many reported that they faced difficult circumstances at home but the hope of doing better was intact. Most of them now wanted to gain a promotion and do better, perhaps take the examination for becoming a supervisor. Many were pursuing further education, some even a post-graduate degree. They have a desire of higher salary and want to be recognized by the system. They wanted that there should be a process where they could gain automatic promotions to the post of a supervisor based on their experience.

Her eyes were filled with water upon answering a question:

Q: *"Aap life me kya chahti hain?"*

A: *"Main chahti hoonki mere bachche humesha mujhe yaad rakhey, me chahti hoon ki wo sabhi kuchh ban jaye"*

- AWW, Urban Korba

## Helpers

In most of the centres, the Helpers were observed to be engaged in fulfilling their assigned responsibilities like cooking food, keeping the centre clean and helping in smooth transaction at the breakfast and lunch time. Sometimes they were even seen to be conducting the ECD sessions. Dressed in their blue saris, the helpers were found to be very affectionate and caring toward the children and took great care of distributing food in an organized manner. They kept a watch on the needs of children while they were eating, fetched water to them and then collected the plates after the lunch was over. They helped children to clean their hands before eating and mopped the floor after meals to provide a clean seating area for the children. The Helpers also fulfilled the duty of bringing and dropping the children to and from the Centre.

It was reported that prior to the intervention of Care-ECD, the Helpers used to only perform the assigned tasks. After the intervention, they have been urged to become an integral part of all the activities at the Centre. This has given them a feeling of importance and encouragement, and has led to a significant change in attitude and activity, it was reported. This was done primarily to build the skills and capacity of helpers so that they could be of assistance to the AWW whenever needed and in turn enhance their own skills. There are many occasions when the AWW has to leave the Centre for some work or, these were the opportunities for the Helper to step in and take charge, and if she is supported and trained for this, it leads to better participation, it was felt. With this practice of including Helpers in conducting various activities, a parallel teacher was created. Many helpers said that they were enjoying being part of the classroom activities, and they have learned a lot of songs and stories which they narrate to children in absence of AWW and try to maintain the standards that she kept in the activities with children.

In the instance of one Centre, there was no AWW for a long time; she had proceeded on sick leave in July, 2013 and not returned since. The Centre was being run by the Helper and fulfilling all the responsibilities to the best of her abilities.

Many helpers were found to be doing a very good job of running the kitchen and substituting for the AWW when the need arose. At times, they said that they faced a lot of hardship as well, mostly in their personal lives, but continued working for the Centre.

“Anganwadi ke liye mujhe hafteke liye lakdi laaney 3 km door jungle jana padta hai. Main wahaan jaati hoon or lakdi ikattha karti hoon. Fir us ko sir par rakh kar anganwadi kendra laati hoon. Jungle me bohot se jangli jaanwar hai, kai baar bohot khatra hota hai. Ek baar to ek kutta mujhe kaatney ke liye mere peechhe pad gaya tha, us ne meri saree faad di thi, tab main bach gay.

*The helper was taking Care of children, distributing materials for the activity and then in between going and coming from the kitchen. She saw a child with running nose, she brought a cloth and wiped the child's nose clean and then carried on to her work.*

- Helper, Urban Korba

*A child was constantly crying to go home as he was a new admission, the Helper tried to console the child; when the child did not stop crying she made a gesture of calling the father of the child to come and pick him. The child was not convinced and said “aap ne nahin bulaya”. The Helper then went to AWW, got her cell-phone and pretended to call the father of the child after which he was reassured and stopped crying.*

- AWC, NandourKhurd

**“Mujhe bohot saare gaaney aagaye hai, kahani aagayi hai, jo bhi karyekarta karatihai main wo sab karane ki koshish karti hoon bachchoko jab wo nahi hoti, mujhe achcha lagta hai.”**

*– Helper, NandourKhurd*

**The Helper cleaned the floor after the morning meal after which she was in the classroom with the children and asked them to sit in a circular arrangement. She then took out some cards of pictures of mode of transport. One by one she asked them questions like – “What is this? Where have you seen it? What is the use of it?” After the activity she asked everybody to clap and then went outside to start cooking for the children. She alternated the work in the classroom and in the kitchen.**

*- AWC, Katekoni Chotte*

**Agar main lakdi nahi le karaaongi to bachcho ko khana kese mil payega?”**

*- Helper, Jhilmili Para*

It was found to be an effective practice to include the Helper in the classroom teaching learning processes to have an assurance of backup in case of the absence of the AWW, or even as another adult to assist in the regular programme. In Centres where AWWs were on leave this proved to be a saviour of the programme. This practice was also found to improve the self-esteem and confidence of the helpers as they felt included and happy to have gained some attention and expertise. So, the practice of building capacities of the helpers as AWWs has important potential for the programme.

### **Interactions – Children, AWW, Helper and Parents**

Developing and maintaining relationships with others is a key element of an effective programme. Children construct most of their understanding about the world around them through inter-actions with other members of the community which include both adults and peers. Opportunities to play together, collaborate, perform an activity together, and talking with peers and adults enhance children’s development and learning. This is true not only for children but for the adults as well.

The AWCs under Care-ECD project gave children a lot of opportunities to interact with the adults as well as with the peers. The children were seen to engage easily with the AWWs and Helpers without any hesitation, they were following all the instructions, were happy to talk to them, and at times they were also seen to be demanding. It was observed that there was a general feeling of friendliness and happiness in most of the centres. Children had a sense of freedom and had confidence in their AWWs and Helpers. The AWWs and helpers were found to be affectionate and caring toward children. They were also attentive toward them and had given a feeling of security to the children, it was observed.

The AWWs and the helpers too were found to have a smooth communication in the AWCs visited. They were operating as a unit to run the centre in most places. If anyone remained absent, the other took over the job. They appeared to understand each other. In several of the Centres, we were informed that the two (Helper and AWW) were in fact related.

The AWWs were also found to have a close and friendly association with the NGO, Strout as well as the Care team members. The frequent visits and strong support went a long way in cementing these relationships. They welcomed the suggestions from the CRPs and frequently sought their support in the times of need. A friendly environment prevailed whenever the AWWs, helpers and the team from Care-ECD project met, it was observed.

The relationship of AWWs and helpers with the families and

community members also seem to be good and working well. The families seemed to consider the AWWs as the agent of change and the bank of knowledge. Under the guidance of AWWs the families were getting to know better ways of healthy living and about their general and specific rights. During the home visits the AWWs were found to be welcomed, the helpers were awaited for picking up the children in the mornings.

Coordination with the Health workers had also been reported to have improved subsequent to efforts of the CRPs and District coordinators. These NGO staff also maintained a good rapport with Supervisors and Block level employees who were working with the ICDS.

### Assessment of children

In the regular ICDS programme, there is no specific attempt at documenting children's progress. The focus was more on the quantitative indicators than qualitative indicators and the ECD element of the programme was the least attended, as has been repeatedly found in National level evaluation studies. The 'qualitative' aspect of ECD was almost missing. The only indicator of the progress of children in the AWC was "attendance" in MPR (Monthly Progress Report) of the ICDS.

The Care-ECD project has introduced *Meri Patrika* an assessment card for the children's progress by the AWWs (See Annexures). This assessment card has areas of performance divided according to the domains of development. The children are assessed on a scale of three: "Performing Good", "Performing OK", and "Needs Assistance". The assessment card has been made very simple, easy to understand and easy to fill and was focussed more on gathering children's work and showing this to parents for their knowledge and interest.

The assessment card was to be filled every three month. There were several indicators on which the performances of the children were to be checked. The AWWs after every three months, made the children perform the items on the indicator list and then judged the level of the children. At the end of the year, this assessment card was given to the parents in the presence of all the members of the community on 'graduation day' called *Shala Pravesh Utsav*, along with the file of work of children. This practice was very encouraging and motivating for the parents and sustained a good relationship between the AWC and family members. Parents actually had an opportunity to see the tangible outcomes of their children's development and were found to be very happy with this introduction. Because of this practice the parents were also more aware of what was happening at the Centre as a preparation for formal schooling as well.

The practice of regular assessments of children have made a tremendous difference to the AWWs understanding of children's learning and developmental changes by keeping them updated about details of

*"Mera or sahaika ka bohot hi achcha rishta hai, hum bohot time se saath hai. Jab mujhe koi samasya hoti hai to wo mera poora saath deti hai. Jab mujhe meeting me jana padta hai to poora centre khud sambhal leti hai."*

- AWC, Dugu Para

*"Primary school ke sir kahtey hai ki job hi bachche anganwadi se aarahey hai un par ab zyada kaam nahi karna pad raha hai. Pahle to unko baithana seekhna padtat ha, pencil pakdna seekhana padta tha par ab tow wo ye sab seekh kar hi aatey hai. Unko bohot kuchh aata hai, akshar gyan bhi hota hai."*

- AWW, FGD



*On the instructions of the AWW, one by one, the children started singing rhymes for the team of the researchers. One child would come in front of the group and sing, while the other would be ready to go on next. There was no hesitation and children were found to be very confident. They were well-versed with the long rhymes and accompanying actions.*

*- AWC, Nagoi Bachchera*



how children's work expands as they learn. Additionally, there is also concrete evidence for them to see the areas in which they have to work more with specific children. They also understood what technique was working well with children and where there is scope for improvement. Ultimately from the children's assessment, they were also able to assess their own work.

It was a good practice to have regular assessment of children; this provided a consolidated idea of the effectiveness of the teaching-learning processes of the classroom. It also helped in setting goals and work towards them. Assessment of children was an additional indicator of the effectiveness of the AWW's activities and they were also able to identify their own strengths and weaknesses, they reported.

### **Children**

The effective practices that were being implemented under ECD project in the chosen AWCs was found to have had a significant impact on children. Most of the children were found to be energetic, engrossed in the activities and happy to be at the Centre. Every morning, they arrived enthusiastically and were active throughout the time they were attended to by the Centre staff. Whatever activities were being done, the children were absorbed in participating, sometime even seen to be initiating activities on their own. The AWWs were trying to involve all the children by asking different questions in different activities. These questions were never seen as intimidating; the children were seen to happily answer the queries without reservation while also sharing their own experiences with the whole group. Children were curious and at times were also asking questions from the AWC.

It was great to see that they were very confident even in the presence of unknown adults. There was hardly any stranger anxiety exhibited by the children barring only one Centre. They were eager to share their knowledge and display their talents in front of the research team.

This confidence building was a clear outcome of the activities and the efforts towards confidence-building at the AWC, where children were provided several opportunities to speak and express their points of view. Children's level of participation, their knowledge, and their preparedness to become involved in any learning activity indicated that the teaching learning processes are effective and successful in creating a democratic learning environment, where children feel safe and secure to be curious about things and to speak their own minds. . This was seen as

a major accomplishment of the efforts that Care had attempted to put in place. It is not that children are not curious otherwise. Children are always curious and eager to learn, but an intimidating and oppressive environment that we see in many learning centres inhibits the free expression of this desire to learn. Clearly, there were no inhibiting factors in any of the Centres visited and the children were predominantly confident and expressive.

It was also observed that children knew and were familiar with whatever was taught in the classroom. In many AWCs when the children were asked a question they promptly replied. Although, the knowledge of Hindi letters, alphabets and numbers was somewhat limited since it was not their first language, the knowledge of colours, birds, animals, transport was better. The children had learned a lot of things by memorization while understanding of the logic behind the concept was built alongside as well.

The age factor has also played a prominent role in knowledge acquisition by the children as the older children were much better at answers and participation than younger children, as was expected. The older children were more participative than the younger ones who were just trying to follow whatever activities were being done. The younger children many times were spotted to be just observing and trying to make sense of their environment and what was going around them. At times the newly admitted children were seen to be crying for their parents and the AWW and helpers were found to be taking care of them. In some AWCs there were children as young as two years of age as well, but they mostly looked well settled and interested in the processes of the classroom. Often they had come along with an older sibling to the Centre.

The children were happy to explore the TLM and they knew how various materials were to be used. When prompted by AWWs they joined puzzles pieces, built shapes with blocks, matched with the matching board, used a T.V type TLM which has to be rolled to show different pictures, started to put pebbles in the drawn shape, coloured, sketched and drew. The younger children mainly took dolls, kitchen-set items and blocks to play with. As the TLM was kept within reach of children, they were able to pick up and explore it in the ways they wanted. They were seen enjoying the rhyme time the most when they start singing and doing actions as a group. They were also found to be enjoying the storytelling sessions.



Showing their drawings to the Project Manager

*After the painting activity, the children came to Project Manager and started showing him their drawings and the details. They were so comfortable that they even sat in his lap and talked about the drawings they had made. One child was showing him his drawing when he asked "What is this?" pointing to a figure on the paper, the other child replied "a cycle", this child immediately corrected the other child with confidence saying "it is a motor cycle"!*

*- AWC, Nagoi Bachhera*

The children were enjoying themselves when one of the researchers showed them “Talking Ben” application on her Ipad. They all sat down near her and without any fear explored the application, they touched the ipad, made sounds for ‘Ben’ to repeat and laughed heartily. They were not conscious at all but participative and eager to learn new things.

- AWC, Nagoi Bachchera

When the researcher showed her fingers in a sequence to count, the older children did it promptly but when they were shown the fingers in a random order to count they were confused and were not able to answer at times. The sequence was learnt very well and the foundation of the number concept was in place.

- AWC, Jhilmili Para

The researcher asked different colours and children responded. The researcher found that while children were thorough with the primary colours, they were eager to know about other colours as well.

- AWC, Turka Pali

On being asked “which one is animal and which is a bird?” from a School Readiness Instrument sheet, a three year old child answered correctly. He also told the name of each animal and bird.

- AWC, Kundurmal

*“Pahle bahchoko lene jaana padta tha, par ab wo khud se aajaatey hai, agar nahi aapaatey hai to taiyaar hokar gharke darwaze par baithey rahtey hai or sahaika ka intezaar kartey hai. Kai baar to Sunday ko bhi aajaatey hai par jab darwaja band dekhtey hai to wapas jana padta hai un ko.”*

- AWW, Dugupara

We visited the AWC on Sunday and were surprised to see so many children in the centre. The AWW had opened the AWC for our visit as she lived very nearby. This gave a chance to children to be in the centre and they came running even on Sunday.

- AWC, Sanker (Non ECD but influenced)



It was asserted by many AWWs and helpers that the attendance at the centres had improved as a result of ECD project intervention. Children were now happy to come to the AWC not only for food but also for the activities, which was not happening earlier. It was found that children were not really in a hurry to leave even when our visit lasted till the afternoon. They continued to engage with the toys and talk amongst each other while the adults were busy attending to the mothers' meeting. Some of them whose mothers had come to the Centre promptly jumped into their laps for a bit of cuddling before running back to the toys.

### Attendance during the field visits

All centres were found to have children in attendance during our visits, even if we reached in the afternoons, there were always some children playing at the Centres. Table X presents the findings from our visits.

**Table: Attendance of Children during field visits**

S.No.	AWC	Total	Present
1	NagoiBachhera	12	10
2	Duggu para	14	13
3	Jhilmili para	12	10
4	KatekoniChhote	17	13
5	Turkapali	24	11

Confident expressions during a new experience with a stranger



Ajay (name changed) did not speak for more than two years, the parents and the villagers started to believe that the child was “deaf and dumb”. The child soon started going to AWC and only after a few months the child started speaking and everyone was so amazed to see this. This story is known to everyone in the village.

- AWC, Kundurmal

A 3 year old child explained a picture shown by the researcher. He talked about different things he was seeing in the picture and he explained the picture correctly. He also pointed out ‘in front’ and ‘in back’ in a picture on being asked by the researcher.

- AWC, Kundurmal

The child on asking told the researcher the Hindi and Chhatisgarhi words for “milk” and “sapota”. He also knew the names of different animals.

- AWC, Nandour Khurd

At the time of leaving, an elder child helped a younger child to wear the sandals; they were not siblings only classmates.

- AWC, Nandaur Khurd

The children knew Hindi and English names of birds, animals and body parts.

- AWC, Urban Korba

*“Hum ko anganwadi se aaye huye bachcho par zyada kaam nahi karna padta hai, wo pahle se hi bohot kuchh jaantey hai. Wo un bachcho se zyada taiyaar hotey hai jo ki seedha school me aatay hai.”*

- Teacher, Primary School, Nagoi Bachhera.

It can be stated that children’s interest was high and whatever they were doing at the Centre was something they wanted to return to everyday, even if it was a weekend or holiday. As per discussions with the community, AWWs and Helpers, it was found that the attendance had significantly improved and same was said to be true for the standards of hygiene and cleanliness in children. It was observed that the children in ECD project centres were well dressed and they appeared clean, although sometimes a bit unkempt in some instances. Rural life is not always conducive to a neat appearance on account of several factors. Runny noses and unwiped mouths after eating were seen in many centres. It was found that some Centres paid greater attention to this factor than others. They were also observed to have developed the habit of washing their hands before and after the lunch time at least, at the Centre. However, toilet activities of the children continued to operate in the rural style of using open spaces, even when an indoor toilet was available. Regarding other interactions, children had developed the abilities to wait for their turn, take turns, form a line, walk in a pattern, make collective actions, and share their resources with others.

There has been a long history of malnutrition in the area but the children coming to the centres were looking healthy according to their age, as per our first impressions. In fact, there were very few evident signs of malnutrition even during the visits to the community that can be recalled. The AWWs in all the centres said that the AWC did not have any special child enrolled and there were no cases of children with disability of 0-6 years in the villages visited. There was an instance of a child who did not speak for two years but started speaking when he attended the AWC, as was told to us when asked this question. In one of the villages, we were given the example of the only young adolescent with disability (likely to be a cerebral palsy case as described) who was cared for at home.

Language Development of children was an important dimension of the ECD implementation. Through various rhymes and stories children were learning new words and phrases. The question-answer sessions with the AWWs gave the children an opportunity to express themselves. The repetition of different words during the teaching learning process was evidently helping children to develop an extended vocabulary. The most noteworthy dimension was the children's expressive confidence. During their time in AWCs, the children get a lot of opportunities to share their views and experiences during general talk sessions. The children were able to express themselves and shared their day to day experiences.

Children were mostly speaking in full sentences in Chhatisgarhi. They were involved in active dialogue with the AWWs and helpers and also the researchers.

Many children above the preschool age were seen in the Centres. They would drop in at the AWC or sometimes even refuse to go to the school since they were reported to be enjoying the activities here. Many older siblings were there in the Centre who came with younger siblings, stayed on there for some time and engaged in different processes and were sometimes even seen to be discussing the posters at the Centre. There was only one incident of a quarrel among children; otherwise they were seen working in cooperation with each other. During activities children were engaged in their work then talking to each other. There was a friendly interaction between them most of the time.

### **Transition from AWC to Formal School: Ready Children**

Various international researches have proved that the experiences in the preschool help children in the smooth transition from preschool to the formal school. The processes that the children go through in the preschool help them to understand the formal school better. The experience of a good preschool environment was also found to contribute to the retention and there are decreased chances of dropping out from the school by children in later years.. In one of the Centre that was attached to a school, the teachers clearly responded to a query about this issue by saying that they were much better adjusted in the classroom. They have to work less on children who come from preschool than those who directly come to the school. In the preschool the children learn to sit, learn to work with others, follow the instruction.

The children in AWCs under the ECD influence were definitely being prepared for their future years in the formal school. There was a significant attempt to provide them with experiences which will improve their acceptance and adaptability in formal school. It is important that the children see the formal school as the extension of AWCs to adjust in better ways. Thus the attachment of a Centre to a formal school was seen as good practice.



## Good Practices – Lesson Learned at the level of the Organization

Lessons can also be learned from the project about how to run effective project and how to work effectively with communities and partners at the level of the organization. All efforts to provide good preschools need not start from scratch. It is very favourable to take existing provisions at the level of the Country, State, Block, District, or even a Centre and provide carefully planned scaffolding for improving the delivery of services. This is precisely the accomplishment that the Care-ECD project has attained. They selected a service that seemed to be under-achieved and took serious, multi-level and multi-pronged approaches to enhance the provisions for children. Systematically from planning, training, to refresher courses and constant guidance by a small group of dedicated project employees, the Care project has achieved a major success in initiating good practices in the field of ECD at Chhattisgarh in these two districts. What were some of the factors that contributed to this success?

### Long-term presence – Expertise and experience

Care has been associated with Government of India (GOI) since 1950 and since then it has worked on several projects with the government. There is a history of good work and successful implementation of the projects done with GOI which is stated below:

- Care has provided specific inputs into development of 11th Five year plan especially on its focus on reducing malnutrition
- Care assisted GOI for developing tools and guidelines for the development of district action plans under National Rural Health Mission (NRHM)
- Since 1984, Care is supporting ICDS programme by strengthening its food delivery mechanism and the system that provide health services
- During the World Bank mission on ICDS IV design, Care was consulted specifically in providing inputs in the reform process of ICDS
- Care is a member of the National Core Group of the development partners assisting GOI on development of district action plans under National Rural Health Mission (NRHM)
- Care is also an advisor to GOI, providing technical and operational assistance for implementing components of ICDS

The above examples give us an insight in to the strong relationship that Care has with the Government of India and its long time association with ICDS. Having worked with ICDS for a long time on different aspects of it, Care has thus gained the confidence of the related ministry, unmatched knowledge and expertise in this area through its long-term commitments. During the implementation of the project, Care drew from all its expertise and previous experiences learned from the implementation of other ICDS related projects in other states in the field that has given Care a strong start and robust grounding.

The sustained presence in the state of Chhattisgarh has also given the organization the privilege of being accepted by the people of the State. Care has also been associated with the mainstreaming of HIV/AIDS program of the government and providing technical support to State Mainstreaming Unit (SMU) – CGSACS (Chhattisgarh AIDS Control Society).

It can be concluded that the long term association with the Government and ICDS has given Care the advantage of being accepted by different government functionaries in the state. It has also helped Care to elicit support from different ICDS personnel for the effective implementation of the project. Care has managed to build trust through successful implementation of other projects in the past. This trust helps Care to have the freedom to explore and experiment with different methods and with different agencies. The strategy to work in partnership with NGOs with a sustained reputation in welfare work has also proved to be a favourable approach for this project.

## **Planning Process**

One of the good practices of the Care-ECD project was its thorough planning. Effective planning is necessary for achieving the set objectives, and at the same time involves avoiding being over-ambitious, and being rigorous enough in following the plan so that whatever goals are set could be achieved within the given timeframe and there is no last minute rush. At the planning stage, an effort was taken to clarify the purpose, scope and expectations from the project. The value of that strategy has demonstrated its result in this evaluation. The objectives and goals of the project were kept realistic and achievable and at the same time challenging enough to keep everyone strive for better performance. Care offered a range of opportunities through planning in order to include all functionaries, and achieved this participation in most instances. Perhaps the maximum challenge was experienced at the Block level staff of the ICDS programme. The simple action plan has proved to be achievable.

The planning for ECD project seemed very detailed and painstaking. The team worked on every minute detail of what they want to achieve at every step of the project implementation. The detailed planning has resulted in very effective implementation of the programme that has in turn been able to reap good results. The planning has also emphasized on the importance of tracking progress, taking feedback and prompting action in weak areas. On account of this approach, everyone knew the 'when', 'what' and 'how' of doing things. There have been many opportunities for promoting team building and encouraging the spirit of cooperation and camaraderie among different personnel linked to the project. As a result of meticulous planning everyone was acutely aware of their responsibilities, and how different areas of the project needed their assistance and expertise in order to complete the assigned tasks. It has also helped the organization to include innovations to bring out the best alternatives.

It is also commendable that the focus was maintained on the most critical interventions required to strengthen the ECD part of the ICDS and in building the capacity of the community. Before planning the intervention, the ground reality was assessed through a base line survey. The planning was not done either in a vacuum or an ivory tower. A careful detailing of the ecological, cultural and social dimensions of the communities was undertaken in advance. Decisions were taken in accordance with the findings of this survey. Care has used a strategic approach toward the implementation of the programme and has made use of its extensive knowledge and experience in planning and implementing the whole project. The learning from several previous projects was applied to formulate a detailed plan. There was a seriousness of purpose that is exemplary in the field of welfare work.

## The working model of learning: 5 x 5 Model

The 5 x 5 model of intervention in itself was discovered to be a good practice. This model has taken into consideration all the critical agencies which directly or indirectly influence the development of children. Through this model, it has been realized that the child is not an isolated entity and is in fact impacted by the social, cultural and economic setting around him/her. To address the issues of child development one has to work not only on the child but on several levels and with several people that impact that child. The model of operation has five level of intervention, which works at 5 areas of impact:

**Table: Dimensions of the 5x5 Model**

Level of intervention	Areas of impact
1. The individual child	1. Child development,
2. The Caregiver/family	2. Food and Nutrition,
3. Child Care settings	3. Health,
4. The community	4. Child rights/ Protection,
5. The wider policy environment	5. Economic strengthening

*“Hum ko ye samajhna padega ki bachche ek phal ki tarah hotey hai, or maa ped hai, or jo ped ki jade hai wo alag alag components hai jaise community, health services, economic strenthning, individual rights etc. or jo is pedki boundaries/fence hai wo hai rights and larger policies. To agar us phalko safe rakhnahai to hum kobohotsaare levels par kaamkarnapadega.”*

- DC, Korba



Diagrammatical Expression of the concept

Children's outcomes, while of direct importance, are influenced by many factors within the family, community and society. This multi-pronged approach proved beneficial in addressing all the needs of the child as everything that is responsible for the optimal growth of the child is being addressed and an effort is made in the direction of improving it.

This model reflects the ecology of childhood; it addresses different systems that effect childhood and emphasizes that environments around the child should work together to influence the outcomes. The model thus not only acknowledges the centrality of outcomes for children, it also highlights the other elements that effect childhood. It provides many opportunities to improve outcomes, by better utilizing the multiple spheres of influence in a more integrated and innovative way. Identification at the family or community level indicates the importance of these factors as 'determinants' or 'influencers' of child safety, health, development, learning or wellbeing. Although the main focus is the development of the child but in the process of reaching the child, every important agency is being strengthened. The mother, other Care givers and the community members' capacities are being built which is generating a new and awakened society which is empowered and is conscious about their rights. Different areas of impact are considered for overall development of the child that include providing for good health, caring for social and psychological wellbeing, providing safe and sound environment and protecting the rights of the child. In this project there was sufficient evidence to suggest that Care-ECD project has addressed and in fact made attempts to influence each and every element that has a potential impact on child development through this model, and has tried to bring these elements in confluence in order make optimal provisions for young children and their families.

### **Onsite Mentoring to AWCs – Community Resource Person**

One of the good practices of the Care-ECD project is the concept of Community Resource Person (CRP). CRPs are the workforce chosen for the partnership of Care and SROUT, the selected NGO, to work with the AWWs at the village level and assist them in their overall capacity building and to foster their connections with the community. They had the responsibility for the smooth functioning of the AWCs and to be able to deliver its services to the community effectively. For this purpose Care had a unique approach of recruiting local people (both men and women) for the post. This was highly effective in attaining the objectives of the project through regular and sustained supervision, encouragement and leadership. When one of the CRPs was asked how he, as a young man, was able to discuss issues of pregnancy and nursing mothers, provide guidance for preparation for the birth of the child and its care, he replied that he just persisted by working hard and proving himself to the community and finally they accepted him. Acceptance is not simply a passive element of a community which either accepts or rejects people. Sustained dedication and determination were found to be key elements in the acceptance and affection that the community member showed towards the CRPs.

Being from the community, the CRPs could better understand the issues faced by the AWWs and helpers and they came up with possible solutions well-suited based on their local experiences. As a CRPs belonged to the community he/she could also give his/her advice to the organization about different approaches that can work best in their area, thus influencing at the level of the planning for efficient implementation and best results. They acted as an information channel between the organization and the community.

Care provided a number of specific training opportunities to the CRPs as they came from different background and had a little knowledge of ECD and other work of ICDS. All the CRPs had hands-on experience during the trainings to develop opportunities and confidence in their awareness of ECD, other issues and encouraged them to be more proactive in responding to the issues raised by the AWWs and the community. Along with the NGO, Care aimed at improving the opportunities and access to continuing professional development of the CRPs.

The CRPs worked in constant collaboration with AWWs to achieve all the set objectives of AWCs and ICDS in general. For this, they worked closely with the AWWs and other service providers like local health worker, ANM, Mitanins, ASHA (Accredited Social Health Activists), SHG, medical and para-medical personnel, Panchayats, PRI, Gram sabha sevaks and many others. The work of CRP involved bringing about synchronization among different services as they all aim at improving the different indicators in communities of different villages. They kept in constant touch with these service providers and helped the AWWs to work in collaboration with them. They were an essential element in the success of this project. The responsibilities of CRPs involved:

- Providing assistance and support to the AWWs to fulfil all her responsibilities
- Helping in implementation of ECD in all chosen AWCs
- Bridging the gap between the knowledge and the practical implementation of the concepts of AWW's responsibilities
- Monitoring and mentoring and evaluation of the AWWs work
- Helping in connecting the AWCs and the community
- Assisting with awareness generation and empowerment of the community
- Working with many stakeholders like local health services, SHG, local NGOs, etc. to facilitate the achievement of overall set goals
- Coordinate with CARE, SROUT and ICDS officials for meeting the set goals for their community
- Design and conduct trainings for Mitanins
- To increase community engagement in delivery of various services by various agencies by educating them about their rights
- Help AWWs to organize mothers meetings, community meetings, home contacts and imparting education in sector meeting
- To promote understanding and ownership about the services provided in the community
- Generate awareness in women about various income generation activities and help them link to various schemes provided by NABARD, animal husbandry, Chhatisgarh Mahila Kosh, Rural Development Department and others
- To identifying barriers which impact participation of people in community activities and decision making on the whole
- To monitor and evaluate the AWWs and AWCs on various indicators each month
- To document the results and submit monthly report on the progress attained

The CRPs were working like catalysts in the whole process of providing different services to the beneficiaries. The CRPs get six monthly plans which have a set goal that they had to achieve. In the meetings they also got to set monthly goals which they set according to the prevailing circumstances in the community. These goals were realistic as they were set by them after discussion with the PC and DC in the review meeting. After setting a goal for themselves they worked a whole month to achieve the target. These targets include:

- Arranging a set number of mothers' meetings
- Arranging fathers' visits
- Arranging community meetings

- Giving demonstration on different topics in sector meetings.
- Monitoring PSE
- Attending NHD
- Visiting AWCs, as many as possible
- Eliciting feedbacks from community
- Recording success stories
- Educating mothers on early stimulation
- Filling MMF
- PRI meeting

The CRPs work with AWWs to help them deliver the best in the centres, be it for children or for the mothers. The CRPs looked after the implementation of ECD concepts in the centres and also helped the AWWs to implement the knowledge they gained in different trainings. They assisted the AWWs to carry out different activities in the centre, helped them to decide activities and TLM. They conducted different activities with the AWWs and the children so that the activities were clear to the AWWs. They also kept educating AWWs about the reasons of doing any activity, what they wanted to gain out of any particular activity and which domain of development will be addressed by that activity. They also helped them in the moments of doubt. The CRPs regularly monitored the work of the AWCs. If the AWW did not feel confident in addressing any meeting, the CRPs helped them or they addressed the meetings themselves. The CRPs also accompanied the AWWs on home visits and they talked to the families regarding health and hygiene issues.

The CRPs in the AWCs were seen to be very active and were participating in the classroom processes. They went on with whatever activity was going on in the Centre with the children and actively got involved with all the children. The CRPs were seen to be making extra efforts to get to know the names of all the children. They were constantly addressing the children by their names and it was interesting to know that they knew details about the families of children as well. This demonstrates that the CRPs were dedicated to their work and one can say that they were fulfilling their role as catalysts of the programme. They were conscious of their progress and showed concern for the AWCs where they were not able to

*The CRP accompanied the AWW on a home visit to a pregnant mother. The CRP took a flip book with information on safe delivery. He showed it to the two pregnant mothers and told them step wise step what they needed to do. He made sure that the mothers understood what he has taught by asking them again and again and telling them to repeat the instructions after them. The mothers and the male CRP were comfortable issuing a topic like 'delivery' with each other. There was an overall feeling of working mutually.*

- CRP, Nagoi Bachchera

*"Ab DPO AWW se poochhta tha ki kya khilaya, ab poochhta hai ki kya padhaya, Itna badlaav aa gaya hai system main".*

-Mr. Dickson, Director, SROUT



***“Mujhe CRP se bohot madad milti hai, hum ko ye hi seekhatey hai ki kya karna chahiye, karke batatey hai”.***

*– AWW, Kundurmal*

***“Humare yahanke CRP naye hai, to jitna support milna chahiye utna nahi mil paaraha hai, main chahti hoon ki wo mujhe or bhi baatain bataye, nayi cheese seekhaye par esa nahi ho raha hai”.***

*– AWW, Pamgarh*

***“Main pahle ladko se baat bhi nahi kartithi, mujhe achha nahi lagtahi. Par ab main sab se baat karti hoon, sab ko samjhati hoon.”***

*– Deepika, CRP*

***“Mene scooty chalana seekhliya hai, pahle mujjhe mere papa hi laatey or le jaatey they, ab main har jagah khood hi jaati hoon.”***

*– Sonika, CRP*



bring much change. They constantly talked to the authorities and tried different ways to uplift such AWCs and to bring them to a higher standard. The CRPs were working not only with the AWC staff but also helping in fostering their relations with supervisors and CDPOs. Developing these connections is helping in greater involvement of supervisors and CDPOs in the ECD implementation and this is also helping in increasing the knowledge of the authorities regarding ECD concepts and principals.

Introduction of CRPs has also helped the project to have better monitoring and evaluation system as they were present in the field and could measure the progress of the assigned AWCs. They wrote an evaluation report at the end of every month (MMF) and presented them in the review meeting held at the end of every month. There was also increased awareness of self-evaluation among CRPs. They had increasingly become more skilled in using ECD approaches and were prepared to think creatively and in generating new ideas for the implementation of the learned concepts.

All the AWWs expressed that they had gained a lot of assistance from the CRPs and they were able to talk to them in the times of need. A positive and supportive relationship has developed between the CRPs, AWWs and the AWC helpers. The AWWs shared their credit of success with the CRPs and recognized the important role played by CRPs in implementing and sustaining good practices at the AWCs.

It was also observed that in the AWCs where the CRPs were relatively new, in the sense that they had recently joined the organization, the AWW felt that she was not able to reach to her true potential as she was not been given sufficient information on different aspects covered under ICDS and ECD project.

It is indeed very important to recognize the fact that the training and experience in the field has brought about a very positive change in almost all the CRPs in many ways. They gained a detailed insight of the subject and were better informed to handle issues related to child development and community in general. As far as their personality was concerned many of them said they had now become more confident than they were earlier, they reported having become more proactive and ready to face any kind of challenges, determined to achieve the goals they set for themselves in the monthly review meeting. The female CRPs who would never talk to unknown men earlier were now going out, heading community meetings, meeting people and taking

care of the family as well. This they said makes them feel proud of themselves. They see how their work contributes to the success of the organization as a whole and take pride in their contributions

It is also very positive to note that all of them were also taking an interest in pursuing higher studies for improving their qualifications. Many had enrolled for a Masters' programme in Social Work. This experience seemed to have spurred their desire to work towards social welfare and the experience that they are gathering, and the effectiveness of their contributions will definitely go a long way, both for the programme as well as their own careers and personal development.

This becomes important in any work with the community that the person who has been chosen for a particular job should first believe in the principles which they are expected to promote. This trust is the key to any successful engagement with the community. The CRPs made sincere efforts to become involved more and more in the community life and influencing arrangements that effected the functioning of the community directly or indirectly. It was also observed that all the CRPs maintained good relationships with each other, they worked in collaboration and learned a lot from each other, they said. There was a team spirit among them which was evident when they met and they were found to enjoy each other's company. There was also a feeling of positive competition since they all wanted to do their best for the project assigned to them.

On the basis of our field experience at the ECD project, we can say that not only the concept of CRP is a 'best' practice, but the whole process of training which the CRPs have gone through during their time with the organization has made them believe in themselves and in the ECD concept. This was indeed very critical and is instrumental in achieving the success that it has. After observing the contribution of CRPs it was evident that having a dedicated community resource person for a project ensures that elements of the project are progressed effectively and does not get side-lined because of other priorities.

*"Maine jo bhi ECD me seekha hai wo apne bachche k eliya sab karta hoon. Mene apni wife se jhoomar bhi banwaya apnen bachche ke liye uddipan ke liye."*

– Ramakant, CPR

*"Main ECD me seekhi hui sab baat apne bachcho ke saath bhi kar ke dekhta hoon, isiliye ye sab drwing wagahra karwata hoon or mene is ki file bhi bana rakhi hai"*

– Shayam, CRP

*"Main Santosh ke jaisa kaam karna chahta hoon, main us se kabhi mila nahi hoon par mene us ki reports dekhi hai. Wo bohot hi achchi reports banata hai, us ki bohot tareef suni hai. Main bhi uske jaisa kaam karna chahta hoon."*

- Ramakant, Nagoi Bachchera



## Community Involvement

It should be understood by any project aiming at improving the status of children that family and community involvement is a means of expanding the child's opportunities for learning and development. One of the good practices in the Care-ECD project is that of involving the community and family of the child at various levels. Involvement of community is crucial for any project to generate results and sustain the changes for a long time. A community has to equally share the responsibility and walk hand in hand with the agents of change if it intends to bring any positive change for the growth and development in any of its aspect. Until the people of the community accept any organization working amidst them and trust their notions, it will be difficult to get them to bring about any transformation or development in their usual routines. Even after so many years of implementation, the ICDS remains distant from establishing trust and acceptance in the community. By and large, communities have not accepted the ICDS as a programme that is provided to benefit them and their children. At a field level, despite its many accomplishments, ICDS has failed to generate confidence from communities, except in very specific instances.

Community involvement remained a key element of this project and has therefore ensured a firm grounding in the cultural community that is being benefited.

## Community Participation

The ECD project has been found to be instrumental in creating strong communities, where an attempt is being made towards the empowerment and influence of community members. Although all the activities listed below are the mandate from ICDS, they remain largely unattained.

Under this ECD project the AWWs capacities were being strengthened to conduct their activities more effectively. An effort was being made to reach to as many people as possible and to involve them in the AWCs' processes. The AWWs skills of addressing all the beneficiaries were carefully developed so that they were able to efficiently convey the desired messages and convince the community to adopt different practices for the favourable development of the children as well as themselves. CRPs helped and supported all the AWWs to regularly plan and execute different programmes intended for the community. Under constant supervision of CRPs, PC and DCs, the AWWs were found to be making an effort to bring more and more people to the centres to receive and accept the benefits of all the services offered. The activities organized at AWCs under ICDS are:

- Weighing the children
- Distribution of Take Home Ration (THR)
- Immunization
- Mothers meeting
- Fathers Visit
- Community Meeting
- SHG Meetings
- Mitanin, AMT Meetings
- PRI Meetings
- Sandarbhseva
- Aushmatiseva

***Different Days celebrated on specific days of the year:***

- National health day (NHD)
- Wajan Utsav
- Pulse polio
- Jangarna
- Navajathan

***The topics covered by AWCs in all these activities were:***

- Health and Nutrition
- Hygiene and Sanitation
- Immunization
- Pregnant mothers – Related issues
- Rights and policies
- Child Development
- SHG and networking
- Working of AWCs

***Different people involved:***

- Parents
- Family members
- Religious leaders
- Panchayat Raj Institutions
- Health and sanitation committee
- School teachers
- Medical officers

***Community Self-monitoring Tool - Sameeksha Patal***

Sameeksha Patal is a community monitoring tool which facilitates the community to identify critical issues, their priority and to discuss a plan of action and work on specific issues. The tool has different indicators on which the progress of the community can be evaluated. The community members including PRI, health officers, teachers, medical officers, SHGs under the supervision of ICDS and Care team were found to be sitting together to discuss these issues while filling up the schedule. The group then decided the target for the month, the areas which need attention and the changes brought about in the past by the actions of the community. A formal mechanism of active engagement has been setup by Care which is facilitating the community to build the designs of new initiatives and its own capacities.

The engagement of various organizations like SHGs was also proving to be significant in ensuring community participation and establishing networks with government departments. The tool helped to gain clarification of clear-cut responsibilities for outcomes for everyone, and was effective in identifying potential indicators of what makes a strong, supportive and resilient community.

The AWCs which were not active were found not to be organizing such evaluation workshops. Even if they conducted such activities, the implementation was found to reach only perfunctory implementation, often without any tangible impact beyond discussions. The communities in these area of such AWCs had clearly lower levels of information regarding their rights and problem areas of the community. With minimal home-visits and insignificant contact with the community, the difference between these and the active AWC villages was found to be significant.

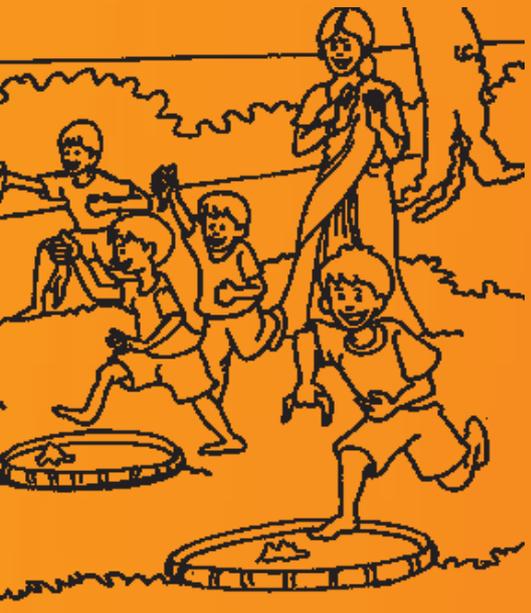
***One family told us that the AWW does not visit their home; the pregnant women had not gone for immunization, and was not receiving any information on do's and don'ts of pregnancy.***

*- Family, Seoni 86*

*“Bohot din se karyakarta humare bachcho ko khana nahi de rahi hai. Bas laddoo khila deti hai. Kahti haiki usko rashan nahi mila hai. Main us karyakarta se kese pooch sakti hoon, mujhe us se darr lagta hai.*”

*Mene kabhi nahi jaake dekha ki centre me kya hota hai, mujhe nahi pata ki wahaan bachche poora din kya kartey hai.”*

*- Mother, Panch, Seoni 86*



It was clearly evident that through greater engagement in various activities on diverse issues, the confidence, knowledge and skills of community members had been impacted in the villages that were visited. Even if we say that these were the best of the district-wide projects, even then, the experiment of involving the community at multiple levels with multiple issues had proved to be an effective strategy, and worth replication. Through AWCs they had been enabled to engage more effectively and influence developments within their communities. The ECD project approach initiated and managed by Care was successful in building capacities of community members and producing key changes for communities and reaping sustainable rewards. The levels to which this success was attained ranged from highly effective to ineffective, even within the project AWCs, and spill-over effects were seen among Centres that were not part of the project but where the AWW had taken her own initiative by being inspired by the intervention. However, our impression was that there were many more success stories than otherwise, important impact had been initiated, and was likely to continue with the support offered. The primary reason for unattained goals in the few cases we observed related primarily to a complete lack of enthusiasm in the workers, even one unmotivated element was found to compromise the delivery of intended services. These people had remained unchallenged despite an excellent input during training and subsequently. Although the NGO-Care partnership could work directly towards the CRPs, the same degree of freedom was not available in ensuring AWW, Helper, Supervisor and CDPO involvement and commitment. It was only where the ICDS staff was successfully inducted into the ideology of an effective delivery of services through holistic and sustained community level involvement while intensifying ECD services, that the full impact of the intended project was visible. Within the situational constraints, the two-year period of this project had made dramatic and effective transformations in services delivery as well as awareness and access, reaching out beyond the child and ECD to family and community well-being and progress based on the notion of rights and responsibilities for a better future.

Care had focused on the importance of consulting, listening and feedback, ensuring that community members were clear about their views and objectives. This openness and clarity has gone a long way in the successful implementation of the project. It has also helped individuals who now feel supported through belonging to the group. Concurrently, communities have been mobilized in some areas, to make the public system accountable for effective service delivery with increased awareness on entitlements and demand for services. In one women's group discussion we attended, the mothers were bold enough to bring up the issue of the Ready-to-eat food packets, saying directly to the supervisor present, that they had heard from some people that the packets for women who were out of the village temporarily were being sold off by the supervisor who collected them in their names. This

courage and confidence was noteworthy and the supervisor quickly allayed their fears regarding the same by being accountable to them. The veracity of her statements could not be verified within the context, but the women's strategy, of saying that they had "heard from others" proved to be effective and made her feel accountable. This small debate was eye-opening for us, since the smoke-screen that covers the internal dynamics of the ICDS functioning had become the topic for a women's group meeting.

It is also evident that the participants were enjoying the experience and reported positive skills development. Where the community services had been activated, they had indeed recognized the importance of working together both within and across communities.

### **Community Capacity Building Meetings at the AWC**

In all ECD project AWCs different meetings were conducted in the centres which include mothers, fathers and community members. These meetings were organized for generating awareness on different issues like health and nutrition, malnutrition, sanitation and hygiene, well-being of children and families, child rights, economic development and other related issues. Every month these meetings were organized at least once in the Centre. The health of children remained a central issue of discussion. The community was also educated about good practices regarding health and nutrition of children and mothers. The discussions generated awareness on malnourishment and ways of tackling it. The members of community thus learned a lot about raising healthy children, it was observed. Using different communication materials like puzzles, flip books and flash cards, messages about expected milestones and age-appropriate practices for pregnancy onwards were intended to support families for the care of their children.

The meetings are addressed by AWWs and CRPs. The communities were supported to identify the issues that impact them and their children's lives. They are made aware of their rights and the provisions that they could access from different services providers. In these meetings local people identified issues and worked together to find different solutions. They seemed to have realized that they were having an impact on their own lives.

These meetings seem to have facilitated the process of awareness among the members of the community of available local opportunities. The gatherings helped in bringing together people belonging to different groups, religion, caste and age together to work as a community on different issues. Many cultural practices and their relevance were seen to be discussed in these meetings, thus questioning the existing ways of life, their benefits and harms (Alcohol abuse by young men in the village). In many such meetings the community members have come to discard many practices that were assumed to be hampering the growth of children and health of mothers.

*As soon as the women start with labour pains, the family dials 102 Ambulance number and take the pregnant women to hospital for delivery. This is a State-wide facility available to families*

*- NagoiBachchera*

*"Sabhigaon main EC Daaney se tika karan ki stithi badli hai, ab zyada log aaye hai tika karanke liye."*

*- Supervisor, Kotmisonar*

*Ankana' is a cultural practice of community among some families where a child is branded with a hot metallic object (like the tip of a sickle) on the stomach in three to four places. It is believed that this will enhance a child's immunity and make him or her stronger in facing illnesses. After discussion at the mothers' meeting, it was found that many of the mothers opposed this practice that was seen as an older belief system. They had indeed even adopted other strategies for strengthening their children like faith healing and jhaad-phhonk that would remove the need for such a branding. One of the little boys in the area was shown to us, he had a few white immunization like spots on his stomach. Most of the women said they would not practice this for their children. This practice was discussed in the health meetings by the CRP and AWW, and women's opinions were sought and endorsed.*

*- Nagoi Bachchera, Kotmisonar*

*Many families in the village now prefer to go to hospitals for the birth of a child. They prefer hospitals over home deliveries by local midwife.*

*- Villages, Korba*

*The families were also changing the practice of reducing the amount of food for pregnant women and making them do heavy work during pregnancy as they used to think that this would help in easy delivery. Now, there is awareness that the pregnant women should be given nutritious food for the good health of both the mother and the child and also keep an active life but not do hard labour.*

*- Villages, Korba and Janjgir*

*The pregnant mothers on asking, brought the jhoomar they were making for their children. They have understood the importance of early stimulation and were preparing for it in advance.*

*- NagoiBachchera*



*"Pahle bachca paida hone ke teen teen din tak maa ko kuchh nahi khaney dete they, bachche ko bh iek din tak bhooka rakhtey they, maa ka pahla doodh zameen par daal dete they or bachche ko shahad chata dete they. Par ab is pratha me bohot badlaav aaya hai, mere kahney par log bachche ko maa ka pahla doodh pilatey hai or maa ko bhi khana dete hai."*

*- AWW, Duggu Para*

*In a community meeting, while discussing the rights of children, the issue of birth certificate issued by government agency came up; the members took up the issue and worked towards it, now most of the children of the village have birth certificates.*

*- AWC, Janjgir & Korba*

*Earlier the families used to hide the pregnancy of any female as they believed that it attracted evil eye. Now after a lot of persuasion, the families have come to know that it is important to register the name of pregnant female in AWCs to get as much benefits of the schemes as possible.*

*- Villages, Korba, Janjgir*

*As the women are becoming more aware of desirable practices regarding child and maternal health, they are also educating the women around them. They talk to the family members who live in different villages and tell them what they have learned from the meetings and home visits of AWCs.*

*- Villages, Korba and Janjgir*

*The AWW distributed small cut-outs of important early stimulation message pictures to all the mothers; they had to look for the partners to complete the picture that they had. After everybody had found the partner, the AWW asked them to come in front and explain the picture. It generated a discussion and everybody took active part in it.*

*-AWC, Kotmisonar-6*



There is an increased awareness about early stimulation among family members including the grandparents of children. As the meetings focus a lot on the importance of early stimulation of children, the whole community seems to have followed the messages about talking to the baby, showing objects and playing with the baby. They now talk about keeping a '*jhoomar*', rattle and toys in the house for play with young babies.

There are several examples of such discussions that we witnessed during our visits. The openness to discuss and even discard practices that seemed unfavourable for children has resulted in a heightened awareness and discourse about child care that could mostly be attributed to recent interventions.

The AWWs use participatory learning techniques and conducted most of their activities for educating and dispersing important messages. The community members were found to take a lot of interest in the activities; as they became increasingly involved in the process, the receptiveness was also heightened.

As and when possible, Care encourages different officials like supervisors, CDPOs and DPOs to attend these meetings. Through this practice the AWWs are encouraged to work harder and the officials were able to see the difference in participation levels. They also come to know about different relevant issues which the community had which could be considered during planning for the future. However, it emerged that the interest levels of these functionaries was fragmented and infrequent in several cases, especially at the Block level.

### **Home Based Counselling of Mothers and Caregivers**

The quality of home visits by AWWs was an important target for intervention through the project. The AWWs were given specific training to conduct effective and efficient home visits. During the role-play sessions during training, the trainers gave hands-on experience on conducting such sessions. Subsequently, CRPs continued to assist in enhancing the skills of AWWs as they accompanied them on home visits and helped them deliver messages more effectively. Repeated trainings were organized periodically to keep the skills alive and updated. It was found that parents of young children felt supported through these visits. Someone was caring for their well-being and this went a long way to build trust and companionship in the care of children, they reported. They also believed that they were receiving a lot of information on many subjects that concern them and their children. These home visits helped the AWCs and families to remain in constant touch with each other. Topics like children's health, their weight, the health of pregnant women, good practices during pregnancy, lactating mother and effect on children, hygiene and sanitation, use of different services provided by government were found to be discussed. The sessions had several revisions of information shared where members were asked to summarize and repeat what they had indeed learnt from the sessions. This was found to be an effective way to keep the messages intact and retained.

Through these visits the AWWs also accessed information about the families, their health status and changes in occupation with which they planned their future discussions. Every AWW was reported to be visiting at least two families each day after the morning programme.

The regular and effective home visits were found to provide a strong support for the Centre and its functioning.

### **Linking Home to AWC: Engaging Parents**

Through a new initiative under the project, the community and families were being linked to the inside processes of the Anganwadis where they were being asked to come and visit the AWC at any time and see what their children did there. There was a special focus on bringing in the fathers to observe their children. Many fathers had started coming to the Centre to sit for around half an hour and observe their children. This is a unique initiative towards a closer involvement of the fathers who are mostly left out of such initiatives. It was found that fathers were taking interest in children's activities through observations as well as progress reports through assessment. It was found that fathers who reported having visited the Centres were indeed more curious and

better informed about their children. They were also encouraged to talk to their children about their day in the AWCs and what they had learned. In this manner, the project was also headed towards achieving greater involvement from members of the community and family.

During discussions with parents, it was found that they had a clear idea about what all children did at the AWC. They are also comparing the efforts of AWWs to that of teachers in private schools and remarked that there was a lot of difference and their children were being taught much more effectively at the AWC.

The practice of sharing children's accomplishments, their work and the evaluation sheets with the parents in different forums has also strengthened this bond with the community. From being previously viewed as a feeding Centre, they had now expanded their understanding of the dimensions of play and care, some mothers reported. On graduation day (Poorv Shala Paravesh Utsav) which the whole village was asked to attend, was the event during which individual parents are handed the reports as accomplishments of their children Meri Patrika, the assessment card which contained the work of children. The decoration of the walls of the AWCs with children's work also helped the parents to relate better to the Centres as learning spaces. They reported feeling proud after seeing their children's creativity on display. Such initiatives have worked wonders in delivering the message of optimal learning and a facilitative environment. The distance between the Anganwadi and the parents, which seemed earlier to be insurmountable was definitely found to have been dissolved as parents came to the Centres with enthusiasm and pride, it was found. This practice has also communicated the important messages of celebrating children's strengths and accomplishments and has also helped in linking the AWCs to formal education as now the parents were clearly viewing the AWCs as the preparatory school for primary schools. The community was slowly arriving to the conclusion that it was important to send children to AWCs where they receive several opportunities and guidance to learn more fruitfully.

With the increased activities at the Centre involving the community, more people have started to visit the centres, it was reported both by the AWC staff as well

*It was a meeting of many mothers, AWW, CRP and the ASHA worker. They talked about the young children, their developmental milestones, what the others were eating, what they should eat, the making of the mobile for the child, care and nourishment during pregnancy, dietary supplements of iron, immunization, and several other issues like telling children stories and talking to them.*

*- Mothers Meeting, Nagoi Bachhera*

*The AWW accompanied the research team to the homes of some children. She knew the families well and the family members welcomed her warmly. On her direction, the family members freely answered the questions asked by the researchers. It appeared as if the family and the AWW had a very good relationship with each other.*

*- AWW, Kundumal*

*"Hum anganwadi aatey hai, apne bachcheko dekhtey hai ki wo yahan kya kar raha hai. Is se hume pata chalta hai ki yahan wo kya kya seekh raha hai."*

*- Father, Turkapali*

*"Pita kabhi kaafi role hota hai bachche ke liye, wo dhayan rakhtey hai ki kab bachche ko tika lagna hai, pahla teka, doosra teeka. Un ka swasthya ka khayal rakhana humara kaam bhi hai"*

*- Father, Nagoi Bachhera*

*"Anganwadi me bohot si cheese karwate hai, khel khilatey hai, gaaney gawatey hai, humara bachcha ghar aakar sab batata hai ki aaj kya kiya anganwadi main."*

*- Mother, AWC*

*"ICDS ki training zyada kitabiye thi, gatividhiya itni nahi batatey thhey."*

*- Supervisor, Kotmisonar*

*With the support and active initiative taken by the AWW, the women's group got together to fight the issue of alcoholism in their area. Against the will of their families and especially husbands, they marched the streets and held a procession against alcohol consumption and sale in the village. This resulted in shutting down of many alcohol shops in and around the village. The women of the community said that they were proud of themselves; they had understood and realized their rights and their strength. They all believed that this big change was only possible because of the AWC meetings that they were regularly attending and the knowledge that they received from the AWW in those meetings.*

*- Village Kotmisonar*

*"Training se hum ko bohot kuchh seekhney ko mila. Pahle hum ko ECD ke bare main kuchh nahi pata tha, ye nahi pata tha ki bachcho ke saath kya karna hai, kese padhana hai, TLM kya hota hai. Training me hum ko sab kar kar ke seekhaya. Training se mujhe main bohot badlaav aaya hai."*

*- Sonika, CRP*



as family members. People were finding the events and information shared by ICDS and Care officials very useful and had also been able to understand that these were beneficial for them. A trust has been built in the members of the community for AWCs and people are showing more interest in the work of AWCs. Women felt that they could access valuable information about their health and children's health issues; and that pregnant and lactating women were particularly supported by the services provided. The awareness on health issues had indicated an increase in the villages associated with ECD project AWCs. The people of the community felt encouraged to participate as much as possible not only in the activities organized at AWCs but also for other service providers, since they had learnt more about what all is available for them. These were some of the tangible benefits of the intervention. As mentioned earlier, families were found to be supported for registration of their new-born babies, and alternatives were being suggested to them during one of the field-visits. During home-visits, the discussions were settled and detailed rather than rushed, giving the parents enough time and opportunity to discuss various issues, conduct their sessions and also allow family members to think about and bring up related issues. The empowerment of the local people that was directly under the objective of the Care project had resulted in raising a lot of concern, discussion and debate about other issues as well. In one AWC, in the women's meeting they were also discussing the initiative that they had all taken as a women's group towards controlling the sale and consumption of alcohol in their village. The women's group had become strong enough to make an impact on the sales as their own families were becoming affected. The AWW was an important member of this initiative, it was reported during the meeting.

As more local people strengthen their participation in community learning, development and ongoing community support activities, the result of the Care-ECD project which specifically aims at maximizing community participation, there is a consequent outcome of increase in life chances and choices among vulnerable groups that mainly include women and children. This has a likely impact on different skills among women and their employability prospects which will also enhance their economic strength and confidence in accessing services for their children.

### **Economic Strengthening of Families**

Care was found to be supportive of the community and specifically the women community in gaining awareness about income generating activities and schemes and then linking them with the different schemes. Often such initiatives stop short of carrying the whole process through. In this project, it was reported that efforts were made to follow through to accessing loans and enrolling in schemes

as well, so that the energy put into the effort was not wasted, and women were able to reach their desired employment. CRPs were highly instrumental in this activity of the project.

Through income generation activities it was also intended to form a group of women leaders in villages which could influence and educate others both as role-models and change agents. This will be particularly effective in spreading the messages to the outliers in the community who kept at a distance from the services.

## **Partnership with Different Stakeholders**

To bring about change in the practices of the ongoing ICDS programme at the grass-root level, Care realized that effective mechanisms were needed for ensuring coverage of all the services and the beneficiaries from the onset of the project, rather than handling them individually and in isolation. The convergence of different levels (village, block, district, state and national) and across sectors was considered to be essential. This strategy has proved to be painstaking, but far more effective based on the findings of our study.

Involving different stakeholders to achieve the set goals has also proved to be one of the good practices for Care. The ECD project of Care has aimed at strengthening the relationships between key partners that included ICDS, health department and other government service providers and the wider community. People involved in the project worked on effective partnership, including involving specialized and external organizations to achieve maximum results out of the project. A high level of commitment, leadership and operational support was needed from all partners for the project to be successful and this has been successfully demonstrated. Through partnership with SROUT, a local NGO, Care has transferred its capacities, to create a resource group available for regular and intense support for an efficient delivery of ICDS services at the local level. SROUT was made responsible for implementing, monitoring and evaluating the designed intervention in collaboration with Care in the field. Care also hired district level coordinators especially for this project. This partnership with SROUT has proved beneficial as there is an effectiveness of implementation and monitoring with the local presence of the NGO. Care and SROUT support each other in the effective implementation of the project. Partnership has also been developed with Panchayats, Village Health, Nutrition and Sanitation Committees (VHSNCs), Self Help Groups (SHGs), Community based organizations (CBOs), and other such groups to work collectively in achieving the desired goals. The support of different ICDS officials, supervisor, CDPOs, DPOs, Chief Medical Officer (CMO) have been elicited to have a greater impact with robust monitoring of the activities by these officials. The support received from these officials has been fluctuating depending upon their personal interest and motivation to facilitate a change. However, the effort has led to advocacy at district level to address field issues and to share progress with the ICDS programme at the District and State levels. Joint visit to field sites by Supervisor, CDPO, DPO, ANM and medical officers were organized to ensure greater responsibility towards the issues and outcome. Care participated actively in District and State-level forums for networking, support generation and sharing issues, challenges and results of their efforts.

On 26th February a state level meeting was organized by Care which was attended by ICDS officials. Various issues related to the services and delivery of services was discussed.

Networking and working out linkages between different groups had been developed through meetings which facilitated joint planning and delivery of the desired services. The benefits of having a consolidated team from different sectors could be seen in all the aspects of the project. The increased linkages and networks built up through the involvement of other partners in the project provided Care recognition and grounding to build on in the future. Through these partnerships the capacities, skills and knowledge of the partners was also targeted regarding their awareness of a range of community engagement techniques which are likely to have had long-term impact.

*“The AWWs would say that we did not know anything like ECD before and for 3 hours in AWCs, they did not know anything other than rhymes and storytelling to do with children.”*

*- Savitri, Trainer, Care*

*“ICDS ki training ka focus rahta tha sirf nutrition and health, unki training main informal education itna detail main nahi hota tha Is ki wajah se hum AWWs ko kuchh zyada nahi seekha sakte they. Phale hum ECD bilkul detail main nahi batatey they. Hum 5 development batatey they par activities nahi batatey they, hum rhyme or song par focus kartey they. Itne zyada topics hai ki 32 days ke liye bohot zyada hai, har topic ko cover karney ke liye bas ek – do din hota hai, CD ka hissa 6 din lagtey hai or 4 poora for informal education.”*

*- Trainer, ICDS, SROUT*

*“The initial training period for the AWW is very inadequate, that is not sufficient; earlier it was for three months and now it is only for some days but it is very less and if with this (less) training they are put to the job then a continuous, recurrent training should be provided to them during service period.”*

*- Savitri, Trainer, Care*

## Training of Key ECD Functionaries

The training provided by Care has played a very important role in changing the face of the ICDS and its services in the two target districts of Chhattisgarh. It was clear from the observations and interviews of different participants that the training that they had received from Care had made a huge difference in their ways of working. Not only had AWWs stated the immense impact of the Care training on them, the same response was also received from other personnel associated with the project which included DCs, PC, CRPs, AWWs and the helpers.

To bring about the change in the existing practices and to introduce new ideas and ways of operations in AWCs the ECD project organized different trainings for:

- Community Resource persons
- Anganwadi Workers
- Helpers
- ICDS Trainers
- Supervisors
- CDPOs

It was realized that the training given to different personnel under the ICDS umbrella was lacking in many areas. There was an overwhelming focus on theory and minimal scope of acquisition of practical skills, application and experience. More importantly, the ECD component in the training was perfunctory or absent, it was gathered from discussions and interviews with the training personnel. The content of the course was heavily oriented towards health and nutrition components and minimal references were made to the skills needed to promote cognitive, social, and emotional development of children. Most of the time was spent in topics like ‘how to record the weight of the child per month’, ‘how to fill in different registers’, and ‘how to do family surveys’. The ECD component only contained marginal theoretical knowledge on different domains of development and some activities related to the development of these domains that the AWWs could do with the children in the centres.

The Job Training Course (JTC) of AWWs is a residential training course of 32 days duration on 6 days of the week during the training period. This length of time has proved to be quite inadequate for teaching the required coursework with added practical training and placements.

In the ICDS training, an enormous amount of time is devoted to learning record-keeping and administrative procedures because of which the anganwadi workers cannot fully acquire the necessary skills to perform their varied tasks. Other than singing a poem and playing a game with children in the AWCs, there was no mention of other pre-primary activities that needed to be done by the AWWs to take care of the non-formal education component.

AWWs and helpers are the frontline workers who deal directly with the beneficiaries. During the training of AWWs, there was inadequate

preparation for dealing with the field level challenges and demands that were placed on them by the job requirement. Occasionally, helpers were given a one or two day special orientation. However, serious attempts were never made to integrate the Helper as a second teacher and facilitator at the Centre. The DPO, CDPOs and supervisors training was also limited to the coverage of same topics, and mainly their responsibilities like monitoring the functioning of AWCs which primarily focused on food distribution, provision of health services, immunization and records maintenance. There was found to be a systematic lack of attention to the ECD component, functionaries at all levels realized after the ECD project had started. They realized what had been completely missing in their earlier training after they received the Care inputs.

The instructors in the Government training centre for AWWs (AWTRC-Anganwadi Workers Training & Resource Centres) were also found to be ill-equipped to handle ECD dimensions and appeared to lack the skills and technical knowledge in this area. The trainers had a training of 10 days when they were initially appointed from NIPCCD, and then a short term induction for 7 days. Their knowledge was also limited to the same priorities as the rest of the programme. Health, nutrition and record-keeping were the priority areas. The same patterns were visible throughout the training system.

ICDS also organized refresher trainings for all its personnel after every two years, but this was still not considered to be adequate since the strategies and content for training persisted with the same problems, we were informed. During the planning stage, Care personnel realized that there was a dire need for intervention in the training of the staff of ICDS that would include DPOs, CDPOs, supervisors, AWWs and helpers in different key areas of the ICDS programme. Nationwide research studies and evaluation reports pointed to the same findings. The consensus was drawn that the current picture of ICDS would remain unchanged until and unless all the partners that are working at different levels acquire a similar understanding through training for the different components of ICDS. To change the scenario at the Centres, a consolidation and consistent collaborative effort was needed. The intended change could not be brought about by working with any isolated entity of such large and ongoing programme. To run successful services, there needs to be agreement about the priorities and preferences, in the level of understanding and knowledge is required in all the people associated with the programme. Thus, Care decided to include all the key players in delivery of the objectives of ICDS.

During planning it was understood that AWWs have the most critical role in the delivery of ICDS services as they were the frontline workers, directly dealing with the beneficiaries. If the capacities of AWWs were compromised, then the desired results of the programme could never be achieved. Thus a central focus was placed on building the capacities

*"Pahle hum bas ek 'machhli jalki rani hai' kavita suna dete they, ya koi kahani suna diya kartey they. Is ke alawa hum ko nahi pata tha ki bachcho ke saath karna kya hai. 3 ghantey kaise bitane hai."*

- AWW, Kotnisonar-6

*"ICDS ki training me hum ko ECD ka itna nahi aata tha, topics thhey par component kam they, hum ko bhi itna nahi pata tha ki kya karwana hai ECD me. Practically itna nahi bata paatey they bas theoretically samjha dete they."*

- Anju, Trainer, ICDS, SROUT

*"Actually one thing I always consider is who is the target group, whom I am giving the training so I arrive at their level and that's why it becomes easier for them to understand. How much content they should know that is important to know."*

- Savitri, Trainer, Care

*"This thinking 'I am very important' is very necessary otherwise they are told AWW-worker, worker, worker – they feel inferior. So, to put a feeling that they are very important is very necessary and I put that feeling in them and after that they had a positive feeling about themselves, and this positive thinking really works well."*

- Savitri, Trainer, Care

*“Training me bohut kuchh seekhney ko mila, hum to raat ko bohut der se sotey they, or bhi seekhney ka man karta tha. Lagta tha kab subah hogi or humari training kab shuru hogi.”*

*- AWW, NandourKhurd*

*“Pahle hum ko nahi pata tha ki centre me bachcho ke saath kya karna hai, 3-4 ghantey kese bitaane hai, par ab samajh me aagaya hai. Itni saaree activities hai, hum sab karwate hai bachcho ke saath or bachcho ko bohut mazaa ataa hai.”*

*- AWW, Kotmisonar 6*

*ICDS ki training me component kam they par ab ECD ka component zyada hai, preschool se related kafi kuchh mila. Humara khud ka capacity building hua hai, jo TLM kit hota hai har bachcho hum zaroor seekhatey hai or us ko karney ke liye zaroor boltey hai.*

*- Anju, Trainer, ICDS*



of the AWWs. CARE decided to impart training to the AWWs with a fresh approach in the various areas of her chartered responsibilities. It was realized that the training had to concentrate more on ECD implementation skills through which other skills could be developed with the help of CRPs in the field. Care training was thus aimed at improving technical capacity and skills of officials and functionaries at all levels of ICDS so that they are able to deliver high quality early childhood education programme, and there is an attainment of optimal development in the five primary domains namely Motor development, Cognitive development, Socio-emotional development, Language development, and Creativity in children as well as other services to the beneficiaries that include family and community. However, ECD remained in centre-space.

The training given to all the trainees by Care was practical in nature, using a workshop mode, with a lot of stress given to hands-on approaches in the training. The Care training for AWWs was a residential training for 6 days each time and was repeated every 4 to 6 months in order to keep the messages alive and refreshed each time. The trainees had to stay in the training centre for a week which gave them more time to work on various subjects and also gave them time to have sustained interactions with each other. These training sessions have proved to be life-changing experiences for most of the AWWs spoken to. From the beginning of the training, expectations were clearly defined for the trainees. The trainers also informed and communicated these to the trainees at the outset. This maintained clarity of objectives at the outset. The trainers with a rich experience of training AWWs in various regions of the country first estimated the level of understanding of the AWWs and then trained them according to their competencies. They first learned about them before embarking on the training. The AWWs were made to feel comfortable in the setting and an environment of friendship was created between the trainers and the trainees so that they could participate fully. All the AWWs spoken to, shared very pleasant and exciting memories of the trainers and training.

The trainers understood that it was very important to encourage the AWWs and motivate them so that they could work to best of their abilities. During training the AWWs were made to understand the importance of their role in society and how they were special to have been chosen for such an important work. The AWWs were made to feel good about themselves and this helped them in increasing their self-confidence and reviewing their self-worth.

As the training had a ‘learning by doing’ approach the AWWs were made to go through a lot of experience in ECD area. They were taught to prepare TLM, singing rhymes with expression, story-telling with props and using actions, using different TLM and coming up with a lot of variation in each activity and material. The trainers helped the

AWWs to understand children and their world. Different domains of development were taught with great details with simple methods and examples. Practical knowledge was imparted through various activities. The trainers always explained 'why' they had to do any activity and what will be the result of any activity they were doing. The activities taught during training were always linked to the domains of development of children thus making their knowledge of child development concrete. The trainees were taught to develop different activities to foster the development of different skills in children. A lot of examples were given and a practical demonstration followed every subject that was discussed during the training. The trainees got an opportunity to have a role model which was lacking in all ICDS trainings. A practical demonstration gave them a direction of following and doing what was told in the training. The training always followed a sequence of simple to complex content which made it more comprehensible for all. Emphasis was placed on group activities as well as on play, developmental tasks, spontaneity and individuality.

Role play sessions on different topics required the AWWs to enact different situations and helped in their gaining confidence and exposure to possible situations in the field and ways of dealing with them. A range of topics like classroom interaction, meeting with mothers, home visits, addressing community meetings were also covered in the training. Since the AWW's duties included home visits and parent education, the acquisition of communication and interactive skills was strongly encouraged and included as an important element in the training. Overall the training covered the following points:

- Planning and time management: Preparation of the timetable according to themes
- Understanding the curriculum: Detailed understanding of the curriculum and the principles on which it is curriculum is based
- Preparation of TLM: The training focused on developing the skills for preparing a variety of teaching learning materials
- Domains of development and basics of child psychology: Understanding of childhood as a stage, what development is all about, how teachers can relate to children, how to maximize the participation of children
- Organizing AWC: How the Centre can be organized to give maximum opportunity to children to learn and explore
- Teaching learning processes: How AWWs should facilitate learning and how to conduct interesting, enjoyable and stimulating activities with children
- Trainees' questions: An open platform was provided to all the trainees to clear their doubts
- Observation of children: How to observe children for their different needs and how to assess the impact of the activities on their learning
- Children with special needs: Who are children with special needs and how could they be managed within the structure of the AWC to give them different learning opportunities.
- Change in attitude: To become aware of possible reasons for apathy and lack of motivation, and to work towards becoming active, engaged and mindful
- Team work: To work with each other as a team and accomplish common goals
- Other ICDS services: Knowledge of other ICDS services and their delivery

*ICDS training jo trainers kit hai us me me bohot saare topics they, time kam rahta tha or material boho tzyada hota tha. Saari training lecture base thi. Subah 9:30 baithte they or shaamke 6:30 bajetak bas padhtey hi rahtey they. Practical application bohot kam bataya jata tha.*

*- Anju, Trainer, ICDS*

The training sessions were creative and made fun to attend to. A lot of ice breaker activities gave all the participants an opportunity to open up and know the other participant in a better way. A lot of interaction was generated during the whole training session. The trainers made the sessions an example for the AWWs to know what they really have to achieve in their classroom with children. The AWWs and others enjoyed the training and felt encouraged to learn more and more.

The AWWs found themselves to have changed a lot after receiving this training as was reported during their interviews. Most of the AWWs were also observed to have applied the concepts they had learned in the training which they said were effective and very enjoyable. They could not imagine (prior to the training) that activities with children could be “so much fun!” as several of them suggested in their responses. The training helped AWWs not only to become better at delivery of their services but also to understand their own competencies and become aware of how effective they can be at a job they had been doing for so long without knowing about its potential.

ICDS trainers, supervisors and CRPs were given similar trainings to develop a confluence of ideas and abilities among the different partners of the programme. An effort was being made to create a pool of State and District based trainers by strengthening the AWTRC. Care is providing trainings to the instructors in the Government training centre for Anganwadi workers (AWTRCs) to handle ECE by enhancing their skills and technical knowledge in this area. The objective is to create a group of master trainers from among the supervisory staff. The ICDS trainers found this very beneficial as they felt that their abilities as trainer was sharpened and assisted in the generation of good results from the services. They felt that it helped them in imparting knowledge to the trainees in a manner that was effective in long-term retention of the information. They were also of the opinion, that this training was particularly effective in presenting the responsibilities of an AWW and Helper as an interesting and important task rather than a drudgery. This was found to be a very special feature of this training.

The trainers had already included the new approach to training in their routine and they were trying to gain from the best of both the worlds: the ICDS training and the Care approach to training. They reported to have seen a major shift in attitude, approach and involvement of the trainees with the new system. The participation of the trainees was also said to have increased significantly. There was further scope of introducing more creativity, applying imagination and exploring individual capacities and skills, it was believed by several respondents. The refresher trainings were also different on account of another dimension, the higher element of practical training which was reported to be very enjoyable for trainees as they felt that their own repertoire of skills was being expanded. Within the present system, training is accomplished through Participatory Learning Techniques.

The CRPs also found this training to be very beneficial and they asserted the fact that the training had made them more competent and broadened their knowledge about children and their development. They felt that they have gained tremendous knowledge about classroom processes and how children develop best through child-centred approaches. The understanding of ECD has also helped them in their work with the families and communities as they found that they had gained comprehensive knowledge about childhood that was helping them to deal with questions adequately.

The supervisors and CDPOs were also involved in the training in order to facilitate their understanding of the changes in orientation after which they could also participate in the training and supervision of the AWCs. The supervisors spoken with also found the training to be very effective and said that it had added a lot to their own capacities as ECD workers. They also believed that the new practice has resulted in more lively centres and enthusiastic children who were learning more efficiently. They (the supervisors) acknowledged that the training has equipped them in helping the AWWs to deliver the services productively and monitor and support delivery of services as well

On the basis of these responses as well as the observations of the programme, there is clear evidence that the Care training sessions had made a substantial impact on the delivery and efficacy of training to the functionaries.

The special orientation, the shift towards participation and practical tasks had a tremendous effect on the motivation and learning of the workers. An effort had been taken to find skilled and experienced trainers, and in this, the Care training had been successful. The deep understanding of moulding the training to the needs of the target group can come only from vast experience in the field of training. The trainers of Care were immensely talented and versatile in their experience. They had vast previous experience of training AWWs in different States which has helped them shape their training methods according to the needs of the target group. All the personnel praised the trainers a lot and said that they had made a huge difference in their lives. They said they would look forward to interacting with them again in the near future.

It was found that the ICDS trainers at AWTRC in Korba had also changed their methods of training the new batches that were coming in, after being inspired by the Care training. They reported that they were applying new methods and trying to make the training as practical as possible. It was commendable that they were putting in so much effort in generating resources for training from different government projects in order to find ways of improving their curriculum and its delivery. They said they were taking mock tests and feedback forms from the trainees to assess their levels of understanding so that they could adapt the training to their level of understanding and existing knowledge. The trainers were found to be eager to further improve their own skills by attending more capacity-building workshops and had already placed requests for this.

It can be said that a refreshed and reviewed approach to the training was found to have helped in broadening the skills of all the trainees and resulted in more effective practice and greater awareness of different areas of work, for example better classroom processes, effective message delivery, and strong community connections. The training with its new face, was now geared towards accessibility, quality improvement, early stimulation and teamwork at different level. The new methods of training had allowed fresh opportunities for more innovative approaches, wider participation and wider partnership working. The most significant finding was that they wanted to learn more and have more opportunity to gain further expertise, the trainers as well as the people whom they had trained. In most of the training programme participatory approach is rarely found.

Traditional trainings impart unidirectional knowledge and are hardly participatory. They rely on a rigid curriculum, teacher-student relationship between the trainer and the trainee, and a dependence on traditional methods of teaching like lectures and examination. This experience ultimately encourages the trainees to follow same

*“ECD ka knowledge mila, main to pahle kabhi anganwadi nahi gayi thi pahle. Mene esa kaam kabhi nahi kiya pahle ghar main hi rahtithi, sab se baat karney maidarri thi, kaam karna hai to baat to karna hi padega.”*

- Deepika CRP

*Pahle main bohot sharmeela tha, seniors se bhi baat nahi karta tha, ab bade bade forum me baat karleta hoon. Samudaye meeting lete hai, sab se judgaye hai, ab sabhi log hum ko jaantey hai.*

- Santosh CRP

*Training ke baad men eek kaam kiya, main jab bhi nikalti thi apne ghar se ek chalk ka dibba rakhti thi. Jab bhi kisis anganwadi jaati thi to ekaakriti banadeti thi zameen par chalk se or bachcho se kahti thi ki is me gotiyaa laakar jama do. Aaj ye sthithi ho gayi hai ki har anganwadi me bohot sari gotiya jama ho gayi hai. Ab bachche boltey hai ki madam yahaan phool bana do hum bharengy. Ye mene apni ECD ki training me seekha tha.*

- Supervisor, Kotmisonar

*"ECD ke baad se mene target banaya ki baaki sabhi centre ko bhi ECD ke centres ki visit karaongi. In centres mai samay sarini hai, gudiya ghar ka kya matlab hai, pata chala ki practical dekh le bachhey mahasoos kare or samjhe, centre sajna chahiye bachcho ko unopcharik shiksha kese deni hai."*

*- Supervisor, Seoni*

*"Savitri madam se bohot profit hua hai hum logo ko, kese balgeet karna hai, kese expression dene hia, konsi activity konsi development ke liye hai"*

*- Anju, Trainer, ICDS*



authoritarian approach in their teaching and learning processes at their centres. New strategies and frameworks are needed for driving forward new approaches of training and bringing in participatory and democratic methods of learning, so that they can emulate these in their own lives and work.

It was realized that all the officials and the frontline workers of the project must be given repeated and refresher trainings at different intervals. It helps in keeping the interest alive and brings out new energy in the staff. If one remains isolated from discussion and innovative exchanges, it is quite understandable that a monotony could set in. Therefore, the system of repeated and periodic trainings and visits were planned by Care to sustain the enthusiasm that had been built up during the trainings. Repeated trainings facilitate the realization that the functionaries are important and makes them feel confident and respected.

Care had recently initiated a process of facilitating change in the national curriculum for training of ICDS functionaries across levels which will include all aspects of health, nutrition and ECE in collaboration with Government of India and National Institute of Public Cooperation and Child Development (NIPCCD). The ICDS is now in the process of developing the curriculum for many states. The Chhattisgarh experience would have been an important pilot project for this intervention which will have nation-wide impact.

The world has changed and is keeping on changing considerably with time, and it is essential that education not only keeps up with change but anticipates the future as far as possible. Training becomes an essential element in preparing all the officials of ICDS from time to time to keep up with the changing needs of the community as well as the project itself. Through constant training, the ICDS programme employees will be prepared to tackle the challenges which lie ahead so it becomes essential to have regular and recurrent trainings for the people involves.

### **Resources and Materials Developed**

To facilitate the spread of good practices and convert each AWC into an ideal centre, Care helped develop reference materials for the Sector Resource Centres, a place that acted as resource bank for all the AWCs of this ICDS sector. The monthly meetings of AWCs took place at the Sector Resource Centre, wherein each AWW visited this Centre at least once in a month. These centres act as models for all the AWCs. ECD material, training material, different modules of activities for AWWs, TLM and assessment card are all made available for reference. It also had the ECD curriculum for AWWs and supervisors to consult. These locations were found to be used for referencing and demonstration activities.

Similarly the State, Regional and Block Resource Centres were being developed along the same lines. These are also centres where communication material is developed and printed. All reference materials related to health, nutrition and development are available and even developed at these centres. There is also a plan to develop a teaching module for Masters students of Lady Irwin College based on the findings of this study.

## Monitoring and Evaluation of Program

Monitoring and evaluation is an integral part of the Care-ECD project. This system was detailed, easy to understand and use. Several indicators were included in order to develop a comprehensive approach towards monitoring and evaluation which was found to be a regular and ongoing process, inbuilt in the system. In order to test the efficacy and efficiency of the package, an appropriate MIS system was articulated to track the continuous progress of the project. The monitoring and evaluation happens at various levels

### AWWs Level

The AWW was responsible for keeping track of the progress of the children through assessment cards called *Meri Patrika*. All the AWWs under this project had been given these cards after their training on how to mark children's progress. The purpose of this documentation was to the progress of children on different indicators related to all domains of development. This card was shared with the family members at the end of the year. It was found to also assist in the AWWs tracking of the progress of children and indicating the areas for greater focus. They were also responsible of keeping the records of all the other work assigned to her by ICDS. These registers were regularly reviewed by CRPs to have a general perspective on the functioning of the AWCs. The AWWs were also expected to record the weights of children in the growth chart every month thus keeping an eye on children's health status. This information is also periodically shared with mothers, and they were even questioned about the last recording during home-visits to check if the mother was keeping track of her own children's weight.

### CRP Level

The CRPs were responsible for keeping a check on the progress of all the AWCs in their area. They were required to visit the centres regularly and fill in a Monthly Monitoring Format (MMF) during each visit. The MMF was a monitoring format with a range of indicators which reflected the functioning of the AWC. The CRPs had also received specific training for entering data in these forms.

The MMF included different heads like physical structure, planning and management, materials, environment, learning by doing, story

*“Trainer ma’am bohot achchi thi, bohot friendly, unke saath esa nahi laga ki wo hum me se ek nahi hai. Bohot hi jaldi wo hum se ghul mil gayi.”*

- Ashish, PC

*“Main to humesha yehi kahti hoon ki humari or bhi workshop honi chahiye ECD ko leke taaki humari training capacity or bhi achchi ho jaye or humari knowledge badhey.”*

- Anju, Trainer, ICDS, SROUT

*Baar baar training milne se anaganwadi workers ko lagta hai ki wo important hai. Unko lagta hai ki wo special hai or is se wo achcha kaam karney ke liye protsahit hoty hai.*

- Savitri, Trainer, Care

*“Jab yahaan se wo training le kar jaatey hai to khoob josh hota hai par kuchh din baad ye josh kam ho jata hai. Refresher course ke baad fir se un main zyada or naya kaam karney ka utsah bhar jaata hai.”*

- Anju, Trainer, ICDS

lessons, creativity, music and activities, games: indoor and outdoor, AWW's behaviour, children's behaviour, food and nutrition, Panchayat level issues, Block level issues, District level issues, and many such heads and subheads that provided a comprehensive picture of all the work done by the AWW in the whole month related to children and the community, as well as the larger context. The CRPs were required to fill in one MMF per centre per month and submit it to the project manager in their monthly review meetings. At the end of every month, a review meeting was organized which was attended by DC, PC and CRPs in their respective districts. The CRPs were required to submit a detailed and creative report at these review meetings. This report contained all the work that they had accomplished in the whole month. The report also contains the success stories of the AWCs that are under them. The CRPs wrote about the targets planned, and whether these had been achieved or not, with reasons. In consultation and collective collaboration, targets were then set for the forthcoming month to be reviewed again at the end of that period. There was also a system of incentives for work completion. The CRPs work was evaluated on the indicators like:

- Number of AWCs visited
- Number of Mothers meetings
- Home Visits
- Number of SHG meetings
- Number of Community Meetings
- Number of children referred to NRC
- Number of special children identified
- Demonstration in Sector
- Innovative practices
- PRI members meetings
- NHD observations
- Success stories and case studies
- Discussion on *sameeksha patal* (community monitoring tool)

*The Project Manager sat on the mat, kept on the floor, with others. The children went upto him to show their drawings ; one even sat on his lap. The Project Manager welcomed all the children and thereafter started interacting with them. He asked them what they had drawn and appreciated their sketches. The children were happy to converse with him; one who was the most senior in the State level hierarchy of the project.*

*- AWC, Nagoi Bachchera*

These reports are then reviewed by the Project Manager to assess their work contribution after which, along with the DCs, the CRPs were encouraged to examine their reports and also make improvements in their work. The project manager then reviews the work of all CRPs and assesses their work, on basis of target achieved. During review meeting, short trainings were also organized for CRPs on different subjects of relevance to their work by the DCs. On the basis of these details, the DC then prepared a comprehensive report of his jurisdiction and hands it over the PM who then sends his report to the monitoring and Evaluation Officer. At this level again the work output and progress was reviewed and suggestions were made in response to the strengths and weaknesses perceived. A range of follow-up meetings were organized as a follow-up of this monthly activity.

Regular visits to the centres by CRPs, PC, DCs and PM was found to help with the continuous monitoring of the centres as well as the delivery of the services. The team kept track of the changes brought about in the programme or community activity thereby assessing the impact that Care had achieved during the review period. Care had created a comprehensive list of indicators, an exhaustive checklist that carefully investigated all possible elements of the programme very closely thereby maintaining a very tight evaluation and monitoring of the project dynamics.

The continuous evaluation and monitoring at different levels was found to be a good practice in the way that it was set-up and accomplished within this project.

## Reporting and Documentation

Care was found to be using a reporting system that was helpful in developing and improving the recording and reporting of the project activities, their impact and outcome. The documentation of targets achieved per month, success stories, and case studies led to sustaining an effective partnership and capacity building through the use of empirical evidence gathered from the field. It also helped in providing direction to future planning and reviewing the practices for their efficacy.

## Partnership with Local NGO

Working with community is a demanding and dynamic profession, often requiring a practitioner to wear many hats. The practitioner sometimes has to be an administrator, adviser, manager, friend, counsellor or teacher. These diverse roles require tremendous range of knowledge and expertise along with great interpersonal skills to deal with the people of the community and to manage a project as vast as this.

To bring about a transformation in cultural beliefs and practices in a particular direction is not an easy task as many have experienced in the history of welfare activity. Oftentimes, the best intentions can lead to local rejection. In order to get through to the community about the intended interventions, it is essential to connect to them and generate trust. Bringing community to work and accept some new practices can only happen when there is purity of intention and determination of democratic principles. If people perceive that they are being patronized, the best of programmes can fail at the final step of delivery. Respect and regard for the local way of living is a key principle. Trust is the foundation of such an association.

It was observed that the project officials were very thorough with the knowledge of the different aspects of the project and subjects they were dealing with. All the personnel come with great experience and expertise in ECD. The knowledge, skills, qualities, values and practice principles of the team was accordingly built to work in a community setup. There was also a tremendous energy to work hard and make a difference for the community especially in the field of ECD. The team was open to suggestions and was quick to implement changes if found appropriate and applicable. While in the field they were seen sitting with the community members and interacting with them in a friendly manner. They understood the people, the community and their issues. Lot of patience and the skill of listening were evident in the way they were interacting with AWWs, the helpers and the people from the community.

The team had a blend of different qualities like competence, empathy, dependability, sensitivity and respect, flexibility, openness and discretion which helped them to generate desirable results while working with the community. They were not judgmental and seemed to treat all the same way. It was good to observe them interacting with children and taking interest in their activities. Children also welcomed their visits and were happy to interact with new people. Obviously, these traits cannot be expected as pre-existing conditions of a randomly selected group of people. The training and guidance that the personnel received went a long way in creating this basic list of skills that were the backbone of this project.

During home visits, the team was found to be sensitive and respectful towards the family members. The families were in turn, very welcoming and eager to share their issues with the team. In most of the homes visited, there was a sense of partnership and exchange of ideas during which messages were slipped and reinforced with careful diplomacy and respect towards the families.

*The AWW started a circle game in the open area of AWC. All the children joined hands with each other making a circle, the CRP and District Coordinator joined the children and played the game.*

*- AWC, Kundurmal*

*“Agar Care nahi hoga tab bhi main ye sab karaongi, jo bhi seekhaya hai wo sab karati rahoongi. Mujhe ab bohot kuchh aata hai, aagey chal kar apne se kuchh naya seekh loongi, par centre esehi chaloongi.”*

- AWW, Urban Korba

*“Jo seekha hai Care se wo to zaroor karti rahoongi, jo kara rahey hai itna to zaroor karwate rahengey.”*

- AWW, Kundurmal

*“Main ye maanti hoon ki mere saare centre ECD hai, main kisi ko alag se nahi dekhti hoon. Mene koshish ki hai ki ye ECD concept main apne sabhi centre main lagoo karoon. Sabhi ek jaise centre ho jaye”.*

- Supervisor,  
Janjgir



## Sustainability and Scalability

The ECD project is also looking at the future and has charted a plan for sustainability and scalability of the AWCs that they have developed under the pilot project in both the districts. The capacity of the trainers at AWTRC had been built and there was a plan for refresher trainings at fixed time-intervals. As the trainers were well-equipped they were expected to keep this fresh spirit alive in their future trainings. The refresher trainings for AWWs were also planned to be continued in the same format as that of the Care-ECD training. The trainers were found to have developed a passion for learning, with this new direction, they were likely to progress further if we go by the results so far. The AWWs had been trained in a way that they retained a high level of motivation on being regularly encouraged and supported by the CRPs.

The trainings given to supervisors and CDPOs had supported the sustained presence of good practices at AWCs. Different skills and capacities of the officials of ICDS were addressed during the training programmes, but we did not have the opportunity to observe the degree of motivation and involvement of all concerned ICDS functionaries. One can only estimate the training would indeed have had some impact on their enthusiasm as well as their capacities as ECD professionals for the benefit of the services being provided on a long-term basis.

Going by the present status of the community participation, it could be expected that the future would bring greater involvement and support with intense participation from the community. The community is likely to play a key role in determining the quality of the services provided by the centres. Also, as the local government is involved in the operations of AWCs, it will always remain under scrutiny. The volunteer groups like ‘nigranisamiti’, ‘svachhtasamiti’ had already been established by ICDS; there is likely to be a greater onus on them to perform as the locus of ownership will probably shift from the ICDS to the community. Perhaps this transformation and shift of balance will ultimately result a change in the role of the Central government from being a provider of the ICDS to an agency that creates the necessary conditions for local communities and local governments to take ownership of the AWCs.

The ECD centres are likely to be considered model centres for ICDS that can be replicated anywhere else. There is a potential for making these AWCs as resource centres for the State in order to expand the outreach of this pilot project.



## Section 4: CONCLUSIONS

The ECD project by Care has successfully forged many desirable interventions in the AWCs and the communities of Korba and Janjgir districts. In a span of two years, the project has revealed that it is possible to improve the quality of ICDS services if certain measures are taken and things are approached from an innovative perspective.

The importance of a robust, strategic and achievement-oriented planning was found to be the primary step in initiating a successful programme. There is no substitute for careful and considered planning, and no way around the hard work and dedication that has been shown by the personnel of Care, STROUT and the ICDS staff involved in the project. Every step of the process and implementation was anticipated and prepared for. A strong monitoring and evaluation system was the life-line of this project but in this case, it needs to be mentioned that the intensive and extensive nature of the monitoring was exemplary, leaving very little room for mediocrity. Excellence was expected from the participants at every level, but to demand that sort of commitment from field-level workers, it was found from the observations and interviews, that they (field staff) were simply mirroring the commitment that they saw in the people guiding this project. The role-models of dedicated work were available for them during every visit, and it came as no surprise when a young and diminutive worker spoke up with her recently acquired confidence to say that her ambition in life was to become like her Project Manager, confident and dedicated. For us as visitors, this one comment spoke volumes. The Project Manager who was present was himself taken aback by the mention, and continued to talk about it later. For this young woman, it was his dedication to the idea of welfare and community service that had changed her life. Similarly, the number of mentions that came up for the trainer, Savitriji from Delhi was also noteworthy. Almost all the interviews with AWWs found references to her dramatic and life-changing training sessions. She had left them hungry for more. Whether the elements were individual people or carefully planned documents, the ECD project had proved to be exemplary as an initiative in the field of ECD, taking on a successfully partnering with the largest programme in ECD in the country and among the largest in the world.

Through the arduous planning and research work, as well as their expertise and experience, Care had been successful in making positive changes in the existing programme. The 5x5 model provided a strong and supportive framework for mapping the areas that needed to be worked upon in bringing about a quality change in the ICDS implementation, the children and the community.

The training given by the master trainers with valuable experience and knowledge of the subject was also found to have made a lot of difference in the working style of AWCs, CRPs, Supervisors and ICDS trainers. The capacities of the trainers had been successfully improved; they were equipped with new knowledge and methods of imparting training to the trainees. The approach towards training had become more participatory than the predominantly lecture mode which was being followed earlier. The trainers in fact demonstrated that being with children was fun, not only for the children but also for the adults! By teaching innovatively, they also provided a good model for conducting sessions.

Renewed and refreshed approaches of the trainings resulted in changed perceptions of all the trainees as they were exposed to the unexplored areas of ECD and acquired knowledge about different activities like making and using TLM, child centred methods and creating child friendly spaces. As a result there is a renewed focus on ECD in the AWCs and the AWWs have learned that children actually enjoy these teaching learning processes and these processes also results in increased learning. They themselves were joyful about their activities, and proudly displayed their handiwork to the visiting team.

The helpers were found to have become more conscious of cleanliness and hygiene that they have to maintain in the kitchen. They are also becoming a part of the classroom interactions and have learned to do many activities with the children. Both Helpers and AWWs reported that they had gained a lot by way of self-respect and regard for each other through the training; they had realised that they too were important.

The inside of the centres had been modified to provide a stimulating environment for children. The walls are decorated, children's work was on display, and there was plenty of TLM placed at the children's level among the centres visited. A positive learning environment had been created for the children to facilitate maximum learning. From being a food distribution centre, the AWCs had become transformed into safe, stimulating and child-friendly education centres for both children and community members, mostly women, but also men in some instances.

There was an increased awareness among all the people associated with the project about different domains of development and necessary provisions that are needed for proper development of the child in all the domains. In the regular ICDS programme, this dimension has been found to have the least importance and recognition.

The skills and capacities of AWWs to conduct effective home visits, to build strong relationships and to deliver the important messages to the beneficiaries had received a boost during training. This was clearly evident during the home visits and meetings with parents. This was found to lead to better acceptance of the AWWs in the community; also community is now able to rely on the AWWs. The child-centred and activity-based curriculum had helped the AWWs to organize their days and hours to provide maximum learning opportunities to the children and in turn keep a check on their own performance in achieving the objectives of the month. Introduction of the cadre of CRPs was of a great importance in bringing about sustained positive changes in AWCs and related services. The CRPs were a constant on-the-job support to all the AWWs in their jurisdiction. They worked with the AWWs as teachers, colleagues and companions. The CRPs were also instrumental in strengthening the relationship between the community and the AWCs. Through their constant support the AWWs were able to effectively communicate with the community regarding the women's and children's health. CRPs were also acting as messengers between AWCs, SROUT and Care, thus facilitating a healthy link between the three organizations.

A change was also perceived in the community as they were found to be aware of issues like health and nutrition, health of the pregnant and lactating women, importance of hygiene and cleanliness, their rights, various services provided by the AWCs, proper development of the children, income generation activities and schemes and others. This was attributed to the recent changes. There was an increased participation by the community in the activities conducted by AWCs and other service providers, as was evident from the different experiences in the field. The mothers and fathers (more mothers than fathers) said that they regularly visited the centre and interacted with AWWs and CRPs, and also took advice from them on various issues. The extra effort that was being taken to involve and interest fathers in coming to the centres and knowing more about their children was an interesting innovation of the project that had proved to be fairly successful, it was found. They were now more interested in the activities and learning of the children that happen in the AWCs and were

aware of the teaching learning in the classroom. Community members also reported having become more alert about children's health, nutrition and care during pregnancy and child care.

Under the Right to Free and Compulsory Education (2010) there is a greater focus on preparing children for formal education. Thus, the ECD component of ICDS becomes equally important as that of health and nutrition. The project has been successful in implementing ECD in AWCs thus providing non-formal education to children. The adoption of new practices at the centres had the maximum impact on the children. The children were eager and enjoy coming to the Anganwadi. At times, children were found to land up at the centres on Sundays and holidays as well. Children were confident and comfortable with strangers. They were willing and happy to showcase what they knew and took part in the activities eagerly. They knew what has been taught, sang along with rhymes and anticipated sequences in stories. The programme was familiar to the children and they had learnt a lot from it. They appeared to be healthy, mostly clean and well dressed. They also appeared comfortable in talking to the AWWs and the helpers, and had an ease of handling the TLM and curiosity to ask questions. Most of the time children are engaged in activities and interactions with the AWWs, CRPs or peers.

A robust monitoring and evaluation system has helped Care in tracking its progress; promoting the good practices further and renewing the ones which are not generating results. SROUT, the local partner NGO has played a key role in effective implementation of the project, providing a local presence and thus making such a vast project easier to handle. This proved that diversified partnerships and collaborations with regular monitoring are an effective way to work with service delivery systems. All these results could have not been achieved if the programme was disconnected from the cultural context and practices. The project design had constantly kept in mind the target beneficiaries and plan of action was developed in response to the baseline survey. An abundance of resource material was developed and the capacities of the sector resource centres were being built. This exercise will help in future transaction and will provide a constant support to the AWWs, trainers and the ICDS officials. The AWRTC were also strengthened to provide approved and accredited training of good standard and quality. The involvement of Supervisors, CDPOs, and DPOs has proved beneficial in creating a workforce with a similar level of understanding and commitment towards ECD. It is important that all the officials of the programme work with the same level of understanding so that team work can further strengthen it. The training of the officials on one side and helpers on the other helped minimizing the gaps in the ICDS training as well.

The multi-agency approach at the field level, like coordination with the health personnel, Mitans, ASHA and different national flagship programme like NHRM, MGNREGS have maximized the limited local resources available across partners for community development and capacity building. It also provided them a platform to work together to achieve similar goals of children and women's welfare by adding more hands to the delivery of the same services and aided in joint planning and avoided duplication of efforts.

Care's long term association with GOI and its immense experience and expertise in ECD field, the previous experiences of working with the ICDS programme, provided impetus to the proposal and strengthened the planning and implementation of the project which was found to be successful in most of its initiatives.

The two year period of the programme also brought some challenges since it is not easy to bring about a change in the existing practices of such an old and vast programme as the ICDS. Initially, even AWWs were reluctant to try out the new approaches; they were concerned that through ECD their workload will double. On a personal level the AWWs and the helpers were facing many challenges which sometimes produced hindrances in their participation in the project. CRPs also had to face a lot of challenges in being accepted by AWWs, helpers and the community. At times a lot of resistance was faced from the target group, like the AWWs or the community. It is evident that there are a whole range of challenges but whenever these challenges were identified, instant action was taken to work towards finding a solution.

Overall, the project is very successful in meeting the local aims that it had set. The project indicated that different opportunities have to be given to all the people involved in the ICDS to develop areas of work which were missing in the existing routine. The project has successfully demonstrated that to improve the ICDS service delivery status different necessary elements will have to be incorporated at various levels. Also, we can conclude that there are many possible ways of providing support to ongoing programmes, either by external and periodic support, or by engaging with specific elements of a programme. Care's strategy to immerse themselves in the project areas and to develop a parallel support staff for a defined duration has proved to be one of the important methods of support government programmes for community welfare.





# APPENDIX

## Comparison between ECD vs Non –ECD Anganwadi Centres

In order to appreciate the impact of the intervention covered by the project, an attempt was made to differentiate between the Centres that were part of the project and some that were not covered. Here are some of the observations.

### Non ECD Centres

The AWW was not present when we arrived at the Centre. It was reported that she was away for a meeting. Outside the Centre one could not hear any voices of children coming from the classroom. The children were seated in the corridor; some of them had a piece of rag. Silent and uninvolved with any activity, they watched the team as they approached the Centre. The Helper was cooking food which the children were waiting for.

Although there was a large sized classroom, children were made to sit in the corridor. A dirty dari(mat) was placed in the classroom. Black walls in disrepair were visible from a distance, giving the room a deserted and even abandoned appearance. No material was visible and some registers and papers were placed on a table on one side.

The helper, an old woman was cooking the food in the kitchen occasionally coming out to see what was happening. She was cooking rice, potato and green gram curry. The food quantity looked quite insufficient for the number of children waiting.

Someone went to inform the AWW that a research team had come to visit. She came to the centre to speak with the team and was not wearing the distinct 'red' sari.

The researcher asked if children could perform something, sing a rhyme which the AWW might have taught them. She asked several children to sing but none did. She asked two children to stand up, helped them make a fish with hands and started "machhli jal ki rani hai" the children simply stared at her. She tried one more time but again no one performed.



Classroom



Children waited for the meal



Macchli jal ki raani hai



Drawings of children on the floor

The researcher asked the children to count her fingers, two children answered “ek”, ‘do” and so on. Many did not answer. The researcher gave them some chalks to draw on the floor; everyone started drawing and became engaged in the activity.

### Interview of the AWW:

**When asked what she teaches to children?**

**AWW:** “akshar gyan, samuhik gyan, gana kavita geet, kahani chhota mota tariko ka gyan, bachcho ke kapde se, akshar gyan – a se kya banata hai anaar dana”

**R:** How do you teach children?

**AWW:** “Prem se seekhtey hai, gusse se to rote rote ghar chale jaaengey”. “Kai log mansik kamjor hote hai un kehi saab se bhi batatey hai”

**R:** Why there are fewer children today?

**AWW:** “Bachcho ko mata nikli hui hai, wese 25 hai par aaye 15 hai”.

**R:** What do you do all day?

**AWW:** “Bachcho ko jhadoo lagwate hai, line se baithatey hai, prarthna karwate hai, nashta dete hai, 1,2 ginti bhi aata hai, 4-5 saal wale ko aata hai 1 se 10 tak ki ginti.

4-5 saal wale zyada shaitani kartey hai, kabhi daantey hai ya mar bhi dete hai agar shaitani kartey hai.

**R:** Do mothers and fathers come to the centre?

**AWW:** “Maa baap nahi aatey hai centre, wo sabji bhaji wale hai to nahi aapaatey hai.”

**R:** Why there is no teaching learning material in the centre?

**AWW:** “Bachcheh samaan tod dete hai is liye mere paas nahi hai, aap to bachcho ko jaantey hoki kheechatani main wo tod dete hai, chaar bachche ball se kheltey hai to baal naali me chala jata hai to ball to gaya.”

The helper also stated her dissatisfaction with the AWW in various ways. She was not regular and did not complete any of the tasks required of her, she said.

## ECD Centre

When the research team entered, the AWW asked the children to stand up and greet the visitors. The AWW and the children were sitting in a circle and discussing the modes of the transport. The AWW had cards of pictures of the transport; she was showing the cards to children and generating a discussion.

**AWW** - "ye kya hai?"

**Children** - "Cycle hai"

**AWW**- "Kis kis ne dekhi hai"

**Children** - Raised hands

**AWW** - "Ye to Pankaj ke dada bhi chalatey hai"

**Child** - "Mere mama ke ghar bhi hai"

The AWW discussed many such modes of transport by relating it to the children's real experiences and their environment. A 7 year old child was also sitting in the group, the AWW asked him to go to his school but he refused; it appeared that he was enjoying all the activities. During the activities a child put a coin in her mouth, the AWW was conscious and immediately asked the child to take the coin out, she asked the helper to take the coin away and give it back when the child will go home. The AWW then started a rhyme 'Haiya oh Haiya', the children sat in a circle and followed the AWW, the rhyme taught the concepts like fast and slow, right and left. The children were excited and were participating by singing the rhyme a loud. Everyone clapped after the activity.

After the rhyme session the AWW asked the children about the child who was absent, she asked "aaj kon nahi aaya hai?", "kyon nahi aaya hai?"

She then took the children the outside to play musical chairs. On the ground there was a white circle drawn with limestone powder and smaller circles were there to indicate the positions of the children. She asked the younger children to sit down and older ones to come and play first. All the children took a brick that acted as chair each and stood on the circle. The helper brought a plate and a stick and gave it to the AWW; she used it to make music for the game.

The Helper attended to the group of young children who were sitting at the time. She brought water for the thirsty children and then sat with them and observed the game. The game started and the children exited the game one by one; they had a clear understanding of the rules; the AWW in between was reminding them of the



rules and encouraging them to run. Everyone clapped for the winner. The AWW then asked the younger group if they wanted to play, and they all said “Yes!” and enthusiastically played the game. It was found to be a joyful activity for all.

The AWW then asked the children if they want to print their hands on the wall “*Chhapa*”. The children were happy to hear this and displayed much excitement. The Helper and the AWW prepared different paint in plates and then gave them to put their hands in and print it on the wall. The activity brought so much joy to the children and they happily plastered the freshly whitewashed wall, identifying their own palm prints and talking about it.

Later, the helper took the children to wash their hands. They stood in a line and washed their hands in turns.

They came inside the classroom and AWW asked them to sit in their own group. The children made different group and sat with their partners. The youngest went to the dolls’ corner. The group activities included puzzles, matching on the board and doll corner. For 15 minutes this activity carried on. The AWW supervised the activities.

After some time, AWW asked all the children to sit in a circle and everybody clapped; the younger ones joined the group on their own.

The next activity she started with distributing colour circles to the children. She sat with a colour board and one by one asked children to come and match their circle with the colour on the board. She associated the colours with the dresses of the children.

She asked – ‘*ye konga colour hai*’

Children – ‘*Lal*’

AWW – ‘*Lal se konga gana hota hai?*’

Children and AWW then sang a rhyme about red colour. Everyone clapped for each child, for the initiative they took to match colours on the board.

Children Washing Hands



She then asked all the children to go to toilet and gave them a five minutes break. All the children went to the toilet; she asked the boys to first let the girls go, followed by the boys. All the children returned to the class after a while and the AWW asked them to sit in the groups again and distributed papers to all the children. The helper assisted the children and was attending to a crying child, and took the child in her lap. The AWW then gave different colours to children, sketches and crayons. Children started to draw spontaneously.

She went to all children and asked about their drawing. Children talked about their drawings. The helper in between was also joining the children and was interacting with them. The AWW then wrote the name of all the children on their sheet. She knew the names of all the children.

She then asked children if they wanted chalk and if they wanted to play. Some children wanted chalk and the younger children wanted to go to doll corner. She gave the choice and children chose what they preferred. Children with chalk started drawing on the blackboard on the walls; the AWW helped them draw and sang a rhyme along, "ek ped lagao esa". The children started singing along while drawing. This went on for some time. She asked the children to put the chalk back and then asked them what wanted to do. The children said that they wanted to sing a rhyme 'Oh my chikki'. Everyone started the rhyme and sang with actions and enthusiasm. After the rhyme was over everybody clapped.

The AWW then said that she wanted to tell a story. She made children sit in a circle and asked what story they wanted to hear. Children gave several options and then they settled on "Dokari" story. The AWW gathered the required props and started the story. She narrated the story with lot of voice modulation and actions. Children enjoyed a lot and listened to the story with great interest.

In the lunch time the helper and AWW arranged the class, spread a different mat for children to sit and have food. All the children were asked to wash their hands; they came back to the class and sat on the mat. The helper gave the plates and glasses to the children and then distributed food. The AWW encouraged the children to wait for everyone to get food and then all did a prayer before starting eating.

After the lunch time the helper took the plates and glasses. Before children were leaving, the AWW asked them questions:

**AWW:** "Kal kitne baje aana hai?"

**Children:** "9 baje"

**AWW:** "Aane se pahley akar nahai?"

**Children:** "Nahana hai, taiyaar hona hai."

**AWW:** "Kese aana hai?"

**Children:** "Line se aana hai"

**AWW:** "Chappal kahan rakhni hai?"

**Children:** "Bahar rakhni hai"

**AWW:** "Khane se pahle kya karna hai"

**Children:** "Haath dhone hai?"

**AWW:** "Gana kon sunati hai?"

**Children:** "Badi madam"

**AWW:** "Khana kon khilati hai?"

**Children:** "Chhoti madam"



All the children then went home, some waited for their parents to come and take them.

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