

EXPERIENCES IN EARLY CHILDHOOD CARE AND DEVELOPMENT

# NURTURING CHILDHOOD



“IF WE ARE TO HAVE REAL PEACE IN THE WORLD,  
WE WILL HAVE TO BEGIN WITH THE CHILDREN”

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DESERT EXPERIENCE IN  
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AND DEVELOPMENT

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## LIST OF ACRONYMS USED IN THE DOCUMENT

ANC	ANTENATAL CARE
ASHA	ACCREDITED SOCIAL HEALTH ACTIVIST
AWC	ANGANWADI CENTER
AWH	ANGANWADI HELPER
AWW	ANGANWADI WORKER
ANM	AUXILIARY NURSE MIDWIFE
BM	BAL MANCH
CBO	COMMUNITY BASED ORGANIZATION
CDPO	CHILD DEVELOPMENT PROJECT OFFICER
ECCD	EARLY CHILDHOOD CARE AND DEVELOPMENT
IC	INFORMATION AND COMMUNICATION
ICDS	INTEGRATED CHILD DEVELOPMENT SCHEME
JSY	JANANI SURAKSHA YOJANA
KPM	KISHORI PRERNA MANCH
PHC	PRIMARY HEALTH CENTER
PNC	POSTNATAL CARE
PRI	PANCHAYATI RAJ INSTITUTIONS
TBA	TRADITIONAL BIRTH ATTENDANT
VHSC	VILLAGE HEALTH AND SANITATION COMMITTEE



100%

CHILDREN TREATED FOR ACUTE RESPIRATORY INFECTION

63%

CHILDREN (<2 YEARS) WITH COMPLETE IMMUNIZATION

48.3%

MALNOURISHED CHILDREN BELOW 5 YEARS

45.9%

CHILDREN UNDER 3 YEARS WHO ARE UNDER WEIGH

43.5%

CHILDREN (12-23 MONTHS) FULLY IMMUNIZED

23.4%

CHILDREN < 3 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH

22%

CHILDREN (0-6 YEARS) ENROLLED IN FUNCTIONAL ICDS CENTERS

1%

CAREGIVERS OF CHILDREN (<6 YEARS) WHO CAN ACCESS ECCD SERVICES

(DATA: PLAN INDIA (2009), NFHS (2005))



## A gap of gains or a gain of gaps?

200 million children under five are not meeting their potential in the developing world<sup>1</sup>. Malnutrition, lack of adequate resources, non-existence of congenial simulation arrest chances for children in their early years to develop in full potential. The result is inadequate capacities to face challenges, lesser-informed, lesser aware and distorted learning patterns among the youth- who would be the drivers of the future.

Does it also mean, in a wider context, an alarming picture even for those working towards furthering possibilities? Is it not the expansion of complications for those working for a better tomorrow for children? The argument is simple – how these 200 million children would deal with the deteriorating social realities and mutilating challenges in governance, society and nature. Is it even viable to make claims of rocketing growth paradigms?

India, today is a story of growth, gains and gaps. The fast-paced growing economy is drawing on the demographic dividend of a large youth force. Investments in the social sector is scaling newer possibilities for inclusive growth, decentralizing planning and progressive implementation of policies is resulting in enhancing an affable environment for growth and development. Further, having one-third of its population in youth, India's growth is greatly potentialised.

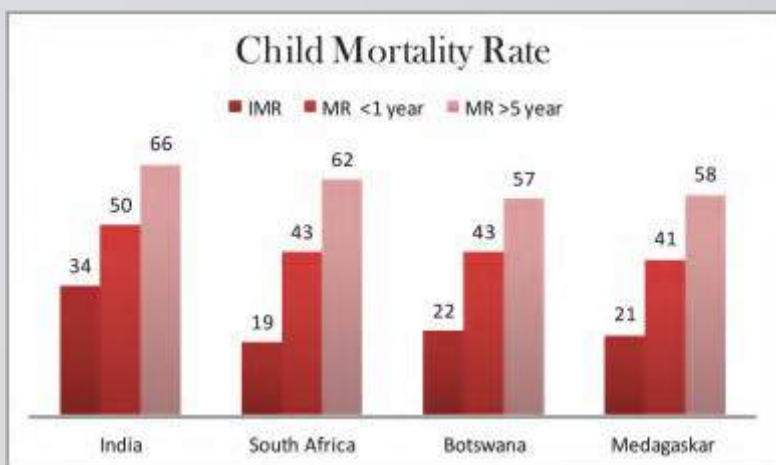
Yet, early childhood remains the most vulnerable stage with insufficient consideration and alarmingly low social investments. With close to half-a-billion children, a lot more efforts remain to be made to ensure every child is reached. Poor health and nutrition of women and children, unequal growth patterns, persistent socio-cultural disparities and dynamic poverty, all result in an environment selectively congenial.

This situation is even graver in the Thar desert with unequal opportunities endowed naturally. Extreme climatic conditions, little possibility of yield and harsh living topped with feudal, conservative, and patriarchal social milieu has negatively impacted the development of children. Large population, sporadically disbursed across the region and non-functional formal systems act as additives. The most egregious consequence of these in the region is that nearly 1,000,000 children each year – about 3000 children a day – die before reaching their fifth birthday<sup>2</sup>. This happens mostly from easily preventable causes like diarrhoea, pneumonia, malaria, and sometimes simply because of viral fever. Moreover, improving the quality of life for the ones that survive becomes mammoth challenge in itself.

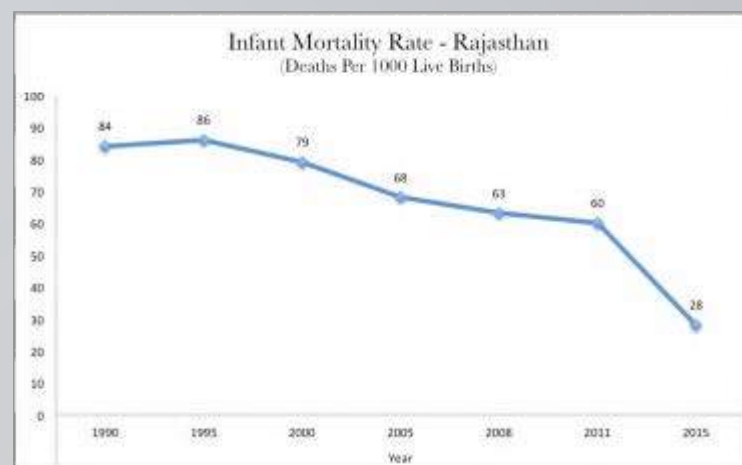
The number of parents with access to the Early Childhood Care and Development services remains at just 1%. Only 43.5% children are immunized while as high as 46% of children under three are

underweight. These facts expound the lowered opportunities in survival and growth. Although, large-scale social institutional mechanisms are pushed to deal with the situation, challenges are at extremes– diverse and highly localized. This often results in inadequate response to needs that the initiatives are designed for.

This document is an attempt to share the experiences in: programme implementation, innovations and outcomes, of a project initiative on early childhood care and development. It documents a localized and decentralized approach of the intervention. Urmul Setu operates in 120 Anganwadis, in remote villages of the region, with undeterred faith in innovation, community participation and youth leadership. We hope the document provides a resource amongst others working in similar domains, practitioners, academia, policy makers and community, at large.



Source: UNICEF, 2011



# Introduction



**W**e know there are millions of children dying due to preventable causes. However, even the massive number of them who survive, do not meet their potential to develop. Poverty, malnutrition, and non-conducive learning environments do not facilitate enough stimulation and children, therefore, are developing, poorly their cognitive and social skills<sup>3</sup>.

The quality of the learning for the few who manage to reach schools has long been debated. One such indicator to substantiate the argument is the incremental rate of school absenteeism and higher rate of dropouts. The quality and quantum of learning is in question, failing which,

constricts the potential in children, preparing individuals with lower efficiencies. Due to lack of stimulation of curiosities, dynamic learning curve do not actualize and lower the chances of success. Eventually, creating a vicious cycle of lowered efficiency in the systems, affecting the communities, societies, nations and humanity, at large.

A deeper insight into the gaps, leads us to a bigger challenge, which calls for more attention than the traditionally identified poverty elevation, health, and education. The UN interprets this as Achieve Universal Primary Education and Reduce Child Mortality Rates<sup>4</sup> in the Millennium Development Goals. Setting an impetus on the necessity of a universal responsiveness to the impediments.

3. UNICEF Programming Experience in Early Child Development, 2006

4. Goal 2 and 4 of the Millennium Development Goals that all 193 United Nations member states and at least 23 international organizations have agreed to achieve by the year 2015, Millennium Summit, 2000

5. Census of India, 2011



In Rajasthan, there are 10,504,916 children below six years of age<sup>5</sup>. Precursor to learning is essential to the holistic development of children. In the ages of zero to six, the brain and body grows fastest. These years lay the foundation for cognitive, social, emotional, physical, motor and psychological developments that are essential for survival and further growth of children.



poverty alleviation, infrastructure development- these child centric projects have been designed with approaches suitable for segmentized and targeted results with interlaced role of local governance, local community, and youth leadership. Thus, the three - agency, stakeholder and pioneers carry the onus for the holistic development of the child.

### **Integrated Child Development Scheme**

Inadequate access to health care, nutrition, sanitation, childcare, or early learning stimulation makes children in their early childhood vulnerable and limits their scope of health and proper development. Traditional, social, systemic and also, the newly emerging socio-economic challenges (the negative impacts of technology, influx of money in local economy, influence of urban disparities) create a barrier in the accomplishment of the MDGs. Traditional challenges of gender discrimination, child marriages, child labour, large family size, low levels of awareness, and low literacy continue to exist, despite a considerable social change. These, coupled with challenges at planning, execution and implementation levels aggravate the problem.

Since, holistic early child development has been realized and acknowledged as an agenda of integrated social development, specific efforts are in place at various levels. In contrast to traditional approaches, which mainly focused on popularly known challenges like

Care and development of children is a primary responsibility of the family, community and local governance. To counter the challenges arising in early childhood development, the government of India introduced Integrated Child Development Scheme in 1975. ICDS is India's primary social welfare scheme to tackle malnutrition, health problems and growth in children below 6 years of age and their mothers. The scheme aims at inculcating mechanisms within the community and system to address traditional and social challenges.

The primary functional unit of the project is the Anganwadi centers – this works as preschool, crèche and health center in the village– a nodal point of resource for children, adolescents, and pregnant and lactating women. Anganwadis facilitate and monitor their growth, development and children's preschool learning. Recognizing the poor health status nationwide, the Government introduced the provision of supplementary diet at the AWCs. These supplements are available for

children below six years, adolescent girls, and pregnant and lactating women. Preparing the child for school and formalized learning is another important role of the Anganwadis.

Due to the sheer scope of the programme and the capacities required, implementing agencies face qualitative delivery challenges. One major limitation for any such programme in

India is that the centralized policy often fails to recognize and reconcile the unique socio-economic-cultural diversities coming out of the expanse. Often, due to lack of local leaderships and innovation, these unique diversities end up as handicaps rather than a plethora of possibilities. As a result, in the end, despite the mechanisms being



decentralized and elaborate in structure, the Anganwadis often fall prey to slow, systemic bureaucratic delays.

To address this system generated shortcomings of the otherwise highly-promising programme, new interventions have been taken up to decentralize and innovate for higher quality within the programme. One such experiment is the programme developed in western Rajasthan in India, by Urmul Setu. In partnership with Plan India, Urmul is trying to rejuvenate 120 Anganwadis.

The experiences coming out of processes, outcomes, challenges and most importantly the innovations of the programme, help in further adaptations and peer sharing. The driver idea is to extend this to various levels and factions from communities, policy makers, implementation units, in light of the disparities that exist in the communities and institutions.

Services	Target Group	Service by
Supplementary Nutrition	Children < 6 years, Pregnant & Lactating Mother	AWW & AWH
Immunization	Children < 6 years, Pregnant & Lactating Mother	ANM/MO
Health Check-up	Children < 6 years, Pregnant & Lactating Mother	ANM/MO/AWW
Referral Services	Children < 6 years, Pregnant & Lactating Mother	AWW/ANM
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO



## Challenges in the programme implementation

**D**uring the course of the programme, there have been various challenges that are witnessed; some have been countered while others become a systemic loop recurring in various forms. Even after continued efforts, there remain challenges that hinder in optimal functioning of the ECCD programme as well as the Anganwadis in the villages. It is essential that these be looked into closely, to fortify the existing efforts in the goal of achieving holistic early childhood care and development.

- Human resource plays a vital role in the AWCs. A major challenge faced in the implementation of the programme is the inefficient human resource. Government has failed to fill the

vacant positions. The situation is so bad that even the post of CDPO has been vacant for a long time. CDPO is the apex officer in the block. With a vital link missing in the channel, the operations and functioning is drastically affected. There is no monitoring or evaluation of the working of the AWW. Many positions for the Lady Supervisor also remain vacant. This decreases the efficiency of the channel. With no supervision, the AWCs' functioning is defunct.

- The Anganwadi worker's inefficiency and lack of motivation also affects the programme. Many a times, it has been noticed that the AWW or even the CBO groups trained, fail to apply



their learning from the trainings. It has been noticed that during the trainings the levels of participation, even if it remained high, sometimes did not translate into immediate actions. Level of literacy among the AWWs is another challenge faced in the villages.

- A new challenge emerging is the age of the women working as AWW. Some AWWs are now above the age of fifty. Deterioration of reflexes with age becomes a barrier when working with children. The problem complicates because there is an acute shortage of eligible and available candidates in village who could work as AWW. Better-educated women opt for higher paying jobs while the illiterate women are ineligible.

- The idea of having several nodal positions, like ASHA, ANM, AWW, etc. at the village level, is to increase the efficiency in the delivery. However, there emerges power dynamic frictions between the various units. It slackens the smooth functioning at the Anganwadis. In addition, the involvement of local politics disrupts the functioning of the AWCs. Nepotism and barriers of castes and class have a negative impact, from the appointment of the AWWs, their effectiveness, to their interactions with the ASHA, ANM or the community at large.
- The responsibility of the AWC has been transferred to local governance. Unfortunately, many of the PRI members are still unaware of this shift. They do not know the role and responsibilities of the PRI towards the AWCs. With no awareness, the AWCs remain a neglected and secondary issue. At places where the PRI members are aware of this change, nepotism and barriers of caste and class creeps into the system. Many a time the appointment of a candidate is based on favouritism, instead of the strength of the candidature. This weakens the system and creates biases within it.
- Another challenge faced in the effective implementation is the lack of community ownership and support for the implementation of the ECCD programme. People in the communities, many a time, do not realize the importance of early childhood development and the role it plays for the future of the village overall.

- Large families diminish the value of children's development. Inadequate resources add to this. Low life expectancy is an accepted norm amongst people. These acts as barriers and the community remain unforthcoming. At various instances, Urmul found that the community was unwilling to support or intervene in the functioning of the AWCs. People were complacent and disinterested in the functioning of the AWC. The deep association of the AWCs with local politics also distanced the people from any resorting to intervening.
- The people in villages are unaware of proper role and functioning of the AWCs. A common misconception amongst the people is that the AWCs are centers for immunization, registration and Supplementary diet. AWCs have become synonymous to Daliya (supplementary food). They understand this as the only function and come to the centers on the MCHN day alone.
- AWCs do not operate on routine basis. Sporadic and spasmic functioning disorients the families from sending their children to the centers. Lack of pre-school teaching or training at the centers also demotivates the people from sending their children. Why do we send them to the Anganwadis and for what – is a common query amongst the parents that remains unanswered.
- Disconnect between the PRI and the AWC causes underutilization of financial resources available to the AWCs. This is therefore a major cause for the inefficient functioning of the AWC. The channelization of these budgets, at times is

**K**hari village is at 45 kilometers from Lunkaransar. The village has two Anganwadis. One Anganwadi runs in the Govt. school's building while the other has a dedicated building in the center of the village. Two Ward Panch of the village admitted to complete lack of knowledge of AWC coming under the purview of the local governance. They were unaware if the AWCs opened regularly or if the children and women were receiving the specified facilities at the centers. community is unaware of the functioning of either. The ANM in the village refuses to comment on their functioning. An astonishing fact that came forth in the discussion was that the Anganwadis were divided based on caste.

handicapped by systemic, legal and policy delays. The lack of awareness also causes a setback to the proper functioning of the Anganwadis.

- The Anganwadi centers do not have an infrastructure that is child-friendly. Where the AWCs running from existing schools, there is not even sufficient place allocated for the children. There is no area demarcated as playpen nor is the place designed to arouse the children's curiosity. On the other hand even if AWC has a dedicated building, it is seen that the architecture is not friendly for children or pregnant women.

- Lack of experience sharing amongst block level authorities and communities cause strains in the functioning of the system. As a basis for further planning and execution is missing, the plans thus formulated fail to be implemented causing a further divide in the system
- The efforts from the community to sustain the efforts is also a major issue. The village community and the governance fail to develop long-term functional mechanism that would support continued efforts in the direction.
- The rate of migration has relatively dropped in the region because of canal. However, still the local migration- from village to hamlet- affects drastically. This migration is for long

durations, ranging from two to six months. This causes an irregularity in the attendance of the children and women at the Anganwadis. The AWWs reason that the routine is thus broken and the revival becomes very difficult on the return of the families. The children lose time and contact with the learning activities and the Anganwadi worker is forced to start afresh.

- Early indicators of new challenges are also emerging. These are a result of a gamut of concurrent changes, from economy dynamics, market drivers, influx of money to adoption of technology, which are influencing the comprehensive growth of children.





## URMUL and ECCD

Urmul has been working with the marginalized communities and carrying out various interventions to strengthen the development of communities in western Rajasthan. The conditions here are unique both in their geographic and social disposition. The dense population is sporadically dispersed making even basic amenities difficult to avail. Extreme climate, low livelihood opportunities and orthodox social milieu affect the socio-economic-cultural structure of the society. These greatly influence the workings on a social as well as systemic level in the desert.

Urmul Setu is member organisation of the Urmul group of organisations, working on innovating models for inducing community driven socio-developmental changes by devising,

managing and sustaining development programs in the harsh and inhospitable regions of rural Rajasthan. Geographical challenges of extreme climatic conditions, harsh living situations, and low livelihood options distinguishes the desert from other areas, in its high input-low return personality.

Urmul's engagement with early childhood initiatives is over two-decade old. It has been the implementing agency of the ICDS programme in the Kolayat block of Bikaner since 1991. Urmul-run ICDS project was then the first NGO implemented project in the desert. This experience equips Urmul Setu with institutional knowledge, and deep understanding of children's issues in the region, helping it to foster participatory implementation of the Anganwadi in

the villages. This improves both the consistency and the quality. It was assumed that early childcare and development was being well taken care of in Lunkaransar block, as the area is relatively, economically stronger. However, in 2004 a baseline survey brought out the fact that the communities had very little awareness about Anganwadi, its role and its importance in the early childhood care and development. The nutritional and health status of children, as found in the CPF baseline survey III (2009) and National Family Health Survey III (2006) data elucidated malnutrition levels of 48.3% and 45.9 % respectively. Collaborating with Plan India and CARE, Urmul began working on strengthening the Government ICDS programme. The initiative mainly focuses on mobilization of community groups for proper functioning of AWCs. Various community groups associated with Urmul in villages, like the



adolescent girls forums, SHGs, Youth Forums, CHWs, PRIs have been involved in raising awareness at the village level. This project adopts community led implementation approach. To monitor the role of the AWW, quality of care and education; effective distribution of the food, healthcare facilities, etc. the community leads at planning, execution and monitoring.

The government of India has also acknowledged Urmul's initiatives in core area of women and child welfare. It has partnered with the organization for qualitative implementation of the various Govt. schemes as the Mother NGO to incubate, implement, monitor and train organization working on the women and child development schemes. Urmul is also the state representative for Rajasthan in the National Commission for Protection of Child Rights (NCPCR)







# Action Response

**T**he core of society is women and children. They are the potential and therefore are most vulnerable. The real change is such that the beneficiary becomes the change and then the driver for the change. Urmul attempts to enhance the potential and transform it in community action. In order to facilitate ICDS, Urmul adopts various approaches to ensure efficient execution of the programme. Various multidisciplinary efforts adopted to mobilize action are shared here:

## **Community Involvement**

Community is the key of any social welfare scheme. It is the ecosystem of the project and also provides both, seed and yield for the project. Village level units, such as KPMs, BMs, Prerak Dals, VHSCs, SMCs, and SHGs, represent sections of the community. These units help advocate and monitor efforts in the community.

### Prerak Dal

Prerak Dals are assigned to regularly monitor and evaluate the functioning of the AWCs. Five members are elected from within the community. This is a mixed group of volunteers nominated by community. The Prerak Dal in the village, volunteers overseeing the development at large. These have been very effective in raising awareness on the programme. This innovation has helped promote ownership and involvement of the community.

### Kishori Prerna Manch and Bal Manch

Kishori Prerna Manch and Bal Manch are forums of adolescents youth at village levels. Through these forums adolescents participate in various programmes. It empowers the youth to voice and sensitize community on issues. This way they raise their concerns as well. It gives them space to freely interact within peers and elders in the village. Each month, the forum convenes a dialogue, facilitated by Urmul field team.

ASHA, AWW and schoolteacher in village also participate in these. These meetings help the field staff interact with youth, understand their queries, concerns, and issues and together look for opportunities and solutions. Importantly, it helps build a cadre of well-informed, proactive, responsible and sensitive individuals. The success lies in young minds understanding issues well and their eagerness to probe solutions. This helps connect and bind the transitions of traditional and new knowledge.

## **Community Action**

### Awareness Drives

Community organizes awareness drives for advocacy on ANC Registration, immunization, ANC, trimester check ups, JSY, referrals, DOTS, AIDS awareness, family planning, anaemia, sanitation, midday meal monitoring, pre-school education, birth registration, Death registrations, Lactating mothers health, Iodine level diagnosis at the AWCs. This ensures large reach and encourages participation in activities for ECCD. Exhibitions are organized regularly to aid the objectives. Among the community, access of learning material with elaborate visual references, help in understanding the issues better. 25 awareness drives with over 3000 participants were organized in a year.

### Home visits

The project implementation team regularly makes home visits to directly interact with people in the villages. This develops a personal bond with people. It helps in discussing concerns while also raising awareness of people. Several procedural processes are also undertaken

S abaniya village is located 85 kilometers from Lunkaransar. The AWC here had not been operative. The children remained deprived of any kind of pre-school training and education. This affected the enrollment at the primary school. The community too, lacked the ownership towards the AWC. Urmul took up the challenge and peddled into action. The field staff mobilized community and began advocating for preschool learning. A Prerak Dal was formulated. This group consisted of SHG members, the youth from the KPMs/ BMs and a PRI member. Sensitisation and training workshops were organised for group, on the activities and role of AWC. This association was motivated towards action. The group became convinced, started advocating for the Angarwari center. It motivated the AWW and AWH and made them realize the responsibility they shouldered. Further, the group brought the children to the AWC. Everyday they began personally visiting homes and initiated ANC and birth registrations. Now the community personally monitors and overlooks the proper functioning of the AWC.

like tracking health and nutrition of pregnant and lactating women, adolescents and children below six. These visits cross-examine the quality and delivery of services and also the efficiency of AWW.

**R**ajasar Bikana Village, is in Sardarshehar Block. The AWC was run in a thatched hut with risk of falling apart. This put children's safety at risk. The parents did not send their children to the AWC in fear. In the sector meeting at the block level, Urmul team raised the issue of children being deprived of proper care and development. Immediately the Lady Supervisor of the region, made enquiry in the matter and reported it with the concerned authorities. The Community Center of the village was allocated for the Anganwadi. AWC now opens regularly with enough space for children to play and learn. The AWW and AWH organized the place with play material. This increased the attendance of the children. Cooperation and slight persuasion leading to proper functioning and better care of the children's health and development.

#### Group meetings

Monthly meetings of SMCs, VHSCs, CBOs, Prerak Dals, KPMs, and BMs in the villages are regularly conducted. This initiates a dialogue on immediate concerns in the village. Better execution and delivery mechanisms are explored while grievances are also addressed in these T meetings.

#### Birth Registration Camps

Due to limited reach and system efficiency issues all the cases cannot be reached by government units like PHC or ANM. Birth registration

camp are organized to register both the newborns and the new ANC cases. Important information is also disseminated regarding childcare, maternal care, neonatal care. These camps facilitate in bringing all the cases at a common place.

#### Monitoring

Effective monitoring of any programme needs active involvement of community. Prerak Dals, CBOs, and PRIs- all help in evaluating the ECCD programme. Urmul has been working on empowering various engines at community and local governance to self-regulate and monitor AWCs. Continuous interaction between various stakeholders acts as a check-and-balance mechanism. It provides instant evaluation and solution to the problems of AWC.

#### **Working with the Institutions**

##### Rejuvenating Anganwadis

When the programme began many AWC were in deplorable conditions- both in structural, as well as the functionally. A major revamp and rejuvenation was needed to kick start the processes and win confidence of the community. In order to make the AWCs safe, child-friendly and inspiring- first, a systematic AWC renovation and development module was followed to restore the infrastructure. After structural safety standardization, making the centers colourful and joyous was the next task. Wall paintings as learning aid were developed that included pictures of fruits, flowers, numbers, alphabets, figures. Localized toys were developed in wood. Other relevant traditional learning materials were also reintroduced at the Anganwadis. Intense

capacity building exercises were also carried out in trainings to enhance the AWWs resourcefulness. This gave positive results. Parents liked the change while children loved the vivacious and colourful environment as compared to the dark and dull rooms.

Introduction of pre-school learning at AWC showed positive results in the holistic development of children. Children showed better adaptability at schools and social situations. Children from AWC were less hesitant to go to school, this way the rate of induction into primary schools also increased<sup>6</sup>. The children's retention at school improved and so did the grasping power and attention at the school. The children showed physical improvement with stronger motor skills. They were vocal and comfortable interacting with their peers and teachers,



indicating the children's high learning and adaptability rate.

#### The Panchayats

Involvement in the PRI meetings has shown the increased participation of Panchayats in the functioning and operations of the

AWCs in the villages. The first visible change has been the appointment of AWW with higher education, in many places. Educated AWW are more aware, active and manage recordkeeping

better. The year 2011 saw the Anganwadis coming under the purview of the Panchayats in Rajasthan. This has increased the financial and functional responsibilities of Panchayats at local level in ICDS. Thus, the overall scope for functioning and role of AWCs in village has increased.



#### Mother and Child Health Committee Meetings

To promote and ensure the health of mother and child, MCHN Day is organized every first Thursday of each month at the Anganwadi, under the NRHM. The ANM, ASHA, AWC staff facilitate these meetings. The women and girls are given necessary supplements. The infants and children below six are measured and recorded for their weight and height to monitor the growth. Those undernourished are given supplementary foods to support the growth.

Members of VHSC and members of youth groups prepare lists of deserving candidates for enrolling to AWC services. They also assign responsibilities for vaccination, ANC/PNC check-ups, session on health education etc. This exercise helps in raising awareness of community members on MCHN day and its significance. Information is given on child's daily dietary requirements, diseases and their

preventions or cure, PNC, ANC. Discussion also focus on various social issues concerning children, like education, child marriage, child labour, etc. These platforms are used to motivate the women to help check on social ills.

### **Trainings and Capacity Building**

Trainings help the programmes at multifarious levels to reiterate– the importance of ECCD issues, the use of diverse approaches in implementation, and the consolidation of the base of the programmes i.e. the implementation teams.

Urmul works with the government and other agencies to train various stakeholders from AWCs, PRIs, VHSCs, and SMCs, and also the officials from the government. These trainings have helped in deeper comprehension and sensitivity to resolve the execution problems at local levels. Over the years, extensive trainings have been conducted focusing on health and hygiene, preschool learning and its techniques, growth monitoring, mal-nutrition and maternal-child care and development. Mostly a refresher training package is also planned with these trainings. A special training in Preschool learning over a six-month duration was organized for the AWWs. Appointment of special teachers with training in preschool teaching, helped, supported and trained the AWWs, in sensitively working with children and preparing them for education. Trainings conducted with AWWs, CBOs, VSHC and PRI members, and the communities have had encouraging outcomes. The crucial impact of these trainings has resulted in proper functioning of the AWCs. They are sensitized to work with children on various, psycho-social and physical levels.

7. As referred in focus group discussions with the staff and AWWs, and also internal M&E reports.

**U**rmul conducted regular trainings on pre-school teaching techniques. These trainings were conducted with women who volunteered to act as resource persons at the AWC in their respective villages. As volunteers they worked for six months with children. Positive changes were seen in children. They learnt new songs, they were active and were better adapting to their peers and to the schools.

In the village of Rangaisar in the Block of Lunkaransar, the parents noticed the change in their children. It was the first time since the initiation of the AWC in the 1975 that the AWC was functioning. The parents were very happy with the volunteer, Parmeshwari Devi. She made use new techniques, from songs to games to different learning materials After the six-month ad-hoc training, the community, realizing that the pre-school was essential, community took a requisition to the panchayat. The recommendation was taken in the panchayat and Parmeshwari Devi was appointed at the AWC as the AWW. The AWC functions regularly. The attendance of children is 85%. The children are active and enjoy playing learning.

The ANC and birth registrations have increased. The numbers of newborns registered at the AWC within the 21 days of birth have augmented. The infant mortality rate and maternal mortality rate have diminished over the period<sup>7</sup>. People are more aware and pro actively tracking developments in the schemes that promoting ECCD. This has corresponded in increase in the numbers of institutional deliveries, rise

in the immunization rate, considerable decrease in prenatal sex determination tests, improved access of health services at village and Panchayat levels. Several in-tangible changes are also seen and felt on the ground like total control or substantial decrease in gender based discrimination amongst children, improved health indicators of women and children<sup>8</sup> substantial decrease in malnourishment in newborns and infants.

The overall sanitation in the villages has enhanced. People ensure that basic hygiene and cleanliness is maintained at homes and villages. The trainings have also shown an improvement in the record keeping and other clerical tasks of AWWs in the project area.

### Exposure Visit



In order to bridge the divide between practical learning and theoretical practices, Urmul regularly organizes exposure visits. These visits are organized for all factions Urmul work with. The exposure

visits are good opportunities for stakeholders including Urmul team to learn from similar interventions. This knowledge sharing helps in understanding the shortcomings while also figuring new practices to improve the quality.

### **Advocacy and Media**

Sector Meetings at the block level have opened a new avenue for dialogue, discourse and experience sharing amongst different stakeholders at different levels. This has enabled positive interactions in an otherwise difficult bureaucratic and hierarchical system. The discourses are solution probing and enables a possibility of immediate action. Community-level meetings such as KPMs, BMs, VHSC, etc. all enable a local dialogue, progress sharing and also grievance addressal, amongst the community.



Urmul with its team for communications, Gavaniyaar, has been using folk arts like puppetry, folk music and Nukkad Nataks (Street Plays), extensively. This, over the years has shown positive effects. People easily and quickly connect with it as it draws attention to practical problems faced in the village on a routine basis. Media innovatively used helped raise the awareness levels in the villages. The street plays, the puppet shows, etc. are much liked and helps enormously in disseminating information to masses. The wall paintings and posters serve as constant reminders to the people thus reinstating the roles and responsibilities at the Anganwadi centers. This medium creates rhetoric for the people to think, ponder and analyze for themselves.

**A**rmaan Ali is one of the most active children at the AWC. He plays with the children at the Annganwari and protective of the younger ones. He knows his numbers and remembers his rhymes and songs. He enjoys being at the Anganwadi.

Armaan is five years old and walks himself to the Anganwadi center everyday, just like all other children. However, unlike them, Armaan cannot see. Armaan was born normal but after his first months lost his vision. His parents have had him referred to many doctors. They had him checked at PBM Hospital in Bikaner. The doctors are hopeful that his vision can be restored by surgery but he can be operated only when he is older. For now, life is just as good for him.

Armaan's father runs a grocery store at Dulmera station, a village 40 kilometers away from Lunkaransar. His mother is a homemaker. They are happy to see their child active and participating. They applaud the special efforts made by the AWW and AWH at the AWC. At the Anganwadi, Armaan is taught using sounds and touch. He plays with the toys and learning materials at the AWC. The AWW uses songs and rhymes to teach him.

Twenty youth from different villages were identified and awarded Media Fellowships. They were trained in identifying the issues of their villages and highlight them using written news stories, comic strips or play performances. These fellows wrote and reported on functioning of AWCs in their areas. They made analysis, spoke with children, documented what the parents said and developed good quality reports. Local media used some of the stories which is a great morale booster for these young reporters. After a substantial quality-quantity of research, these fellows got together and published a book called “Meri Anganwadi”. The book is a collection of the work of fellows during the fellowship. It received a celebrated launch, with people coming in from various domains- governance, journalism, writers etc. The book brought into notice the status of the anganwadis in the villages. It described the participation of community members and governance in making efforts for functioning of the AWCs while highlighting the challenges and problems in the system.

During the programme a lot of informative and educative materials have been developed, designed and disseminated. Various wall paintings, posters, pamphlets, etc were designed to reach the targeted audience. It was ensured that, interesting and informative, high recall value material were placed at frequented public places, like panchayats, AWCs, PHCs, Schools, etc. The material. Training and learning material and modules have been provided to AWW to work with children. Training materials for information dissemination were provided to ASHAs, VHSC members, KPMs, BMs, etc.



Possibilities:

Where do we  
go from here?

Urmul Setu has been working in the Lunkaransar block since 2004 on ECCD. Various interventions have been designed and implemented, over these years. Many showed positive outcomes while there are still areas that need specific attention at policy, implementation and capacity building level. However, at large, all these interventions and the experiences coming out of them make a wide and valuable repository of experiences. These are important to learn from and share amongst the peers for an effective success and learning mapping.

The course of the programme has brought afore a few prerequisites in the region for effective implementation of technique to strengthen early childcare, and development.

- There is an immediate and paramount need of better-educated and active Anganwadi workers. This will ensure quality in pre-school learning and the overall functioning of the center. If the

centers work in discipline, parents would automatically be attuned to send their children.

- The trainings of the AWWs are another important aspect. The AWWs need regular refresher trainings to maintain the momentum and high level of motivation. This is also necessary for regular follow-ups on technical aspects. The initial trainings are generally intensive, however lack of follow-ups diminishes the impact.
- AWW should be specially trained while working with children with special needs.
- Trainings of the PRIs, VHSC and SMC members must be intensified, to raise their awareness extensively and at an exponential pace. This is essential for a committed coordinated impact.



- Sustenance of efforts is essential for the functioning of the AWCs. It is important for the community and the governance to work in coordination to ensure continued efforts in the functioning of the AWCs.
- Youth brings in great spirit and a greater scope for innovation and quality. Efforts should be made to identify eligible and apt individuals from the community for better implementation and improved decision-making. Various civil society organization have been working for decades, and in this course have developed a big cadre of girls from which effective selection can be made. This can happen at PRI level since the overall authority for AWC now rests with PRIs
- In Rajasthan PRIs are now fully responsible for the functioning of the AWCs. Technical trainings and sensitization of the



Panchayati Raj Institutions is urgently needed on RTE, ICDS and School Committees, their role in these units and their overall leadership responsibilities. This makes it the most

responsible agency for quality implementation and monitoring of the AWCs.

- Regular review of the training modules should also be undertaken in addition to its detailing and intensification. With

various socio-economic challenges newer challenges are shaping up even in village systems. The trainings need to be conducted and facilitated by resource persons from specialized fields ranging from nutrition, health to child psychology.

- Specialized teaching and learning material should be provided at the AWCs to strengthen the learning processes. These learning materials could also factor in as incentives for the learners, establishing a motivating factor towards learning.



- The other important aspect remains the involvement of the community, the PRI and other CBOs in the village. Active coordination amongst the three is essential to carefully assess and analyze the field realities and then follow the needed corresponding policy amendments.
- Anganwadi centers could be innovatively designed and more child-friendly. There are precedents in Rajasthan itself where community mobilized structural renovation have happened.

Lok Jumbish project, the largest of its kind and unique to its core, have proved that above mentioned interventions are possible even at huge scale, if the community mobilization and participation is there.

- The community should be empowered and motivated to self-regulate and monitor the AWCs. This could be achieved by strengthening mechanisms such as Prerak Dal or Matr Samiti, through trainings, and exposure visits.
- Capacity building of the Urmul team should also happen regularly such the primary objectives and the humane approach



of programmes remains the guiding principle. Additionally these trainings can also equip team in latest techniques, information and facts available. The team often serves as a one-point access to information in the villages, so it is essential that the staff be well trained and informed.

- Efforts should be made to sensitize local media on child-rights issues. It could play a tremendous role for lobbying and advocacy of issues.



# Recapitulate



**T**his documents highlights the ECCD programme innovative initiatives, implemented by Urmul Setu, to strengthen the government-run ICDS programmes in the region. It attempts to call attention to the mainstream challenges existent in the system and the society. The Anganwadis operate at half their optimal capacity. Lack of will of governance, under-utilized financial resources, inadequate human resource, lack of knowledge sharing and lack of involvement and ownership of communities diminish the functionality of the schemes.

The ECCD programme, supported by Plan India, has initiated a positive start to change, in the region. Urmul Setu has been innovating in approaches that includes, close monitoring of health, nutrition, development, and protection. It builds on local strengths and realities, making scientific knowledge about ECCD accessible to all, looking for opportunities to link services or add components to existing interventions for a more holistic approach, and reminding all of those working in ECCD of their own roles even in families and as parents, and their establishing importance to all humans relationship. Urmul

has been strategically expending these through platforms of media, advocacy, trainings and dialogues with various stakeholders, from the Anganwadi workers, PRI members, members of community, to youth and governance.

The results have been positive. Many AWC have battered their functioning, the community has taken a proactive participant and the governance has begun an understanding. Nevertheless, there are challenges that hinder further development. The biggest challenge is that unless continuously facilitated by the community mobilization and governance, smooth functioning of the AWCs is greatly affected. But when support is removed, the problems resurface. The understanding

of the communities as well as governance is inadequate to provide for an environment that hones early childhood.

Intrinsic efforts are required to strengthened early child care at all levels, from policymaking, advocacy to ground implementation to community resolution. The Anganwadi workers' role is a paramount link thus intensifying the need for her sensitivity and knowledge. It is essential that the parents, youth, community and the formal system, all equally understand the onus of this. There still remains the prerequisite for intensified efforts to reach to every child, to have an inclusive growth for all, to deliver the right to develop to full potential and therefore, to a better tomorrow for all.





## **Urmul Setu**

Urmul Setu is a member of Urmul network of organizations, working in western Rajasthan. For twenty-five years, Urmul has been innovating approaches for inducing community driven development by devising and sustaining programmes in the harsh and inhospitable Bikaner district in the desert

Urmul Setu's endeavours focus on drought mitigation and disaster management, livelihoods, women empowerment, child rights, early childcare and development, improving access to basic amenities, with priority emphasis on food, fodder and water. Developing capacity of the community is at the core of all the efforts. We work towards strengthening faculties of the marginalized factions of the society, primarily women and children. All efforts are guided by spirit and trust that rests in people's capability to steer in the much-needed socio-economic-cultural change. Urmul Setu adopts a full thronged approach to provide for holistic development. Working across verticals ranging from INGOs, Governance, Self Help Groups and civil society organizations, we work at multiplying touch-points and thereby, their confluence; driving the community toward Rights-based development.



## **Plan India**

Plan in India is part of Plan International, one of the world's largest community development organisations. Plan's vision is of a world in which all children realise their full potential in societies, which respect people's rights and dignity.

Plan India is a child centred community development organisation. For over 30 years, Plan and our partners have helped communities throughout India to help themselves, so that children have access to their rights including the right to protection, basic education, proper healthcare, a healthy environment, livelihood opportunities and participation in decisions which affect their lives. We encourage children to express their views and be actively involved in improving their communities. Plan India currently works in 11 states in India and has impacted the lives of over a million children.

Plan India is committed to the principles of child rights and equality, and we work to develop the capacity of civil society to meet their own needs by replicating successful development models. Plan is independent, with no religious, political or governmental affiliations.



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