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UNIT 29 CHILD CARE SERVICES IN INDIA

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29.1 INTRODUCTION

For centuries, in almost all societies, child care has been the responsibility of the family. The mother is usually the primary caregiver during the first few years of the child's life. However, other adult members of the family and older siblings may also take care of the child. You know that the care provided to the child varies from family to family. There are several factors responsible for this. As you read in Unit 1, some of these are the attitude and awareness level of caregivers, the family structure, the social class to which the family belongs and the place where the family lives.

During the last few decades, families themselves are unable to provide the required care to children for several reasons. This makes it imperative for the Government to provide child care services. In this Unit, we are going to discuss the reasons for providing services for children. We will talk about specific programmes and services, along with a brief history of their development. The emphasis will be on programmes for children under 6 years of age, as in this Diploma Programme, this is the age group that has been focused upon.

Objectives

After studying this Unit, you should be able to

- state the rationale for providing child care services
- trace the development of child care services in our country
- describe the major existing child care programmes
- analyse the role of voluntary effort in provision of child care services
- Enumerate some innovative projects in this area.

29.2 RATIONALE

In Unit 4, you read about the needs and rights of children. You also got an overview of the necessity to plan programmes for children that will help meet their needs and ensure their rights. Let us recapitulate what you read earlier in this section here.

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As you know, the basic needs of children include adequate nutrition, health care, love, nurturance and mental stimulation. You are also aware of the importance of fulfilling these needs, particularly during the first six years of life.

In India, a large number of families live in conditions of extreme poverty. Do you remember from Unit 1, the consequences this has for the child? In India, there are about 140 million children below the age of six years. It is estimated that more than half of them do not get enough food, physical care, nurturance or a stimulating environment—the family being unable to provide these. As you have read in Unit 4, a large number of children in our country live in poor environments which lack proper housing, health, nutrition and education facilities. They do not get enough to eat, have no access to safe drinking water and live in insanitary conditions. As a result, they suffer from malnutrition and a number of diseases. Many die within the first few years of life. Also, as you know, child labour is a prevalent problem in the country. You are aware of the hardships of child workers. How do you think these children will develop?

In order to have a healthy nation and able citizens who will contribute to the betterment of the nation, what should be done for children? Yes, it is necessary to provide children opportunities for their optimum development. They should be provided facilities necessary for their physical, mental, emotional and social development. As parents are unable to make available facilities for the proper development of their children, child care programmes are needed for the well being of the children.

The government as well as the voluntary sector has intervened to provide for children. Let us now trace the development of child care programmes and services in our country.

29.3 HISTORICAL OVERVIEW

Traditionally, children were looked after by the family, relatives, village community and religious institutions. The Government, by and large, did not make any specific provisions in this regard. However, there is some evidence that during crisis or natural calamities like droughts and floods, various relief services were provided to people and their children. It was only in the early nineteenth century that some voluntary organizations took the initiative of starting welfare services for orphans and destitute children. These organizations included religious trusts and charities.

Voluntary effort became more organized in the early part of the twentieth century. In the mid-twenties, voluntary organizations such as the Indian Red Cross Society, All India Women's Conference, Kasturba Gandhi National Memorial Trust and Children's Aid Society organized programmes in the areas of welfare, health, nutrition and education for children. Balkanji Bari, an all-India organization for children, was founded in 1923. Several other organizations were set up around this time, at the local and regional level. For instance, in 1924, the Guild of Service started child welfare services in Madras, spreading to most of the South. In 1927, the Children's Aid Society, Bombay, set up residential care for vagrant children. In addition, several orphanages and institutions for children were set up in different parts of the country by religious groups, for example All India Shiva Orphanage and Bai Dosabai Kotwari Parsi Orphanage.

After Independence, the Government assumed greater responsibility towards the care and welfare of children. You have read about the constitutional provisions for children in Unit 4 of Block 1. The Directive principles, as you know, relate to protection and education of children. Let us now take a look at our Government's approach to child development and child care services provided, in a decade-wise sequence, starting with the fifties.

1950s

During this decade, the focus was on voluntary effort. The First Five Year Plan (1951-56) acknowledged that the needs of children should receive much greater consideration than is commonly given to them.

The First Five Year Plan assigned the responsibility of welfare collectively to the family, community and the Government. The focus was on encouraging voluntary agencies to organize activities in child welfare, as they had been engaged in this task

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even earlier. Accordingly, grants were sanctioned to voluntary organizations for strengthening, improving and extending their activities in this field.

In 1952, **Indian Council for Child Welfare (ICCW),** the first national level organization in this field, was formed to mobilize voluntary activity in all aspects of child development.

Another significant development of the decade was the establishment of the **Central Social Welfare Board (CSWB)** in 1953. It was set up to assist voluntary organizations and mobilize their support and cooperation in the provision of social welfare services, especially for women and children. At that time most voluntary welfare organizations were located in urban areas. **The Board launched, in 1954, the Welfare Extension Projects (WEP) to cater to the rural population.** Several activities were taken up under WEP. *Balwadi,* the multipurpose centre of the project, comprised a creche and preschool, and provided supplementary nutrition and preschool education to children and craft training and social education to women.

It was during this decade, in 1959, that the **UN Declaration of the Rights of the Child** was adopted. Do you remember about it in Unit 4 of Block 1? As you know, this Declaration was accepted by the Indian Government, thus affirming its concern for children.

1960s

The WEP programme for women and children developed by CSWB during the 1950s was reviewed and it was found that the programme required reorganization so as to reach out to more beneficiaries. With this view, **Demonstration projects** were set up in rural areas in each state for providing services in the field of health, nutrition, training and welfare, in order to meet the needs of children below 16 years of age on a comprehensive and integrated basis.

In the first two Five Year Plans (1950s), the task of providing services for children was left to voluntary organizations, who were provided grants-in-aid by the Government. It was in the Third Five Year Plan, with the setting up of Demonstration Projects, that the Government got involved directly and invested in child care services. By the end of the Third Five Year Plan, it was observed that the Demonstration Projects were unable to deliver the services, and the scheme was concluded. The experience of implementation of Demonstration Projects showed that it was not possible to reach all the children under 16 years for a variety of reasons, the limited resources being the main one. It was thus felt that instead of trying to reach all children, **priority should be given to the vulnerable age of 0-6 years.**

A new scheme of **Family and Child Welfare** was prepared and implemented in 1967. The objective was to provide integrated basic social services to children and promote cultural, educational and recreational activities for women and children. All of this required trained personnel. Perhaps for the first time in the history of child care services in our country, elaborate arrangements were made to provide training and in-service training to the project functionaries at different levels.

As you know, Balwadis were already engaged in providing preschool education. In 1963, the then Ministry of Education opened a unit in the National Council of Educational Research and Training (NCERT) at New Delhi to conduct child studies and evolve better methods of childhood education. The **Kothari Commission,** set up in 1966, recommended expansion of preschool education facilities, particularly to children from disadvantaged areas.

An important legislation was enacted in this decade. **The Children's Act** came into effect in 1960. The Act provides for penalisation of offenders for cruel treatment of children, employment of children in begging, giving of child liquor or dangerous drugs and employing a person below 14 years in factories or mines. Unfortunately, the age up to which a person is considered a child, varies in different states. In some it is up to 14 years, while in others it is up to 18 years, thus causing confusion. The Act was amended in 1978 so as to meet the needs of delinquent and neglected children.

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During the first two Plans, there had not been any serious attempt to improve the nutritional status of the population or even to generate awareness about nutritional disorders. In the 60s, attempts to rectify the situation were started.

In 1962, the Government launched the **National Goitre Control Programme.** You will read more about it later in this unit, in sub-section 29.4.2.

In 1963, the Government of India together with international organizations like UNICEF, FAO and WHO, launched a nutrition intervention programme, the **Applied Nutrition Programme** (ANP). This was extended to the entire country in order to improve the nutritional status of the community. The three main components of this programme were a) production of protective foods, b) nutrition education of mothers, and c) supplementary feeding for expectant and nursing mothers and children in the age group 0-6 years. The main aim of the programme was to stimulate self help through nutrition education for the mothers and increased production of protective foods at the village level. Evaluation of ANP, however, indicated that the programme neither enhanced production and consumption of foods nor generated much awareness regarding nutrition.

By this time while there was awareness about the needs and problems of children, there was no clear, well defined policy in this regard. Accordingly, in 1967, the **Ganga Saran Sinha Committee** was set up to identify the problems and needs of the child, and suggest appropriate action programmes. The Committee observed that a comprehensive national policy for child welfare was necessary to take an integrated view of the needs of children.

1970s

The highlight of the seventies was the evolution and adoption of the **National Policy for Children** in 1974, based on the recommendations of the Ganga Saran Sinha Committee. The Policy endorsed the UN Declaration of the Rights of the Child. It stated that the Government shall provide adequate services to children before and after birth and during the period of growth to ensure their full physical, mental and social development. The measures suggested included, among others, a comprehensive health programme, supplementary nutrition for mothers and children, nutrition education of mothers, free and compulsory education for all children up to the age of 14 years, non-formal preschool education, promotion of physical education and recreational activities, special consideration for children of weaker sections like Scheduled Castes and Scheduled Tribes, prevention of exploitation of children and special facilities for children with different types of handicap.

Given the magnitude of the problems of children, the policy suggested that programmes related to preventive and promotive aspects of child health, nutrition for the below 6 age group, care of destitute children, day care facilities and rehabilitation of handicapped children, be given high priority.

The **Special Nutrition Programme** (SNP) was launched in 1970-71 to improve the nutritional status of preschool children, pregnant women and lactating mothers. It was developed chiefly to control protein-energy malnutrition. Unlike the ANP, the SNP comprised only supplementary nutrition. It was fully funded by the Government of India.

The other feeding programme which was started in this decade was the **Balwadi Nutrition Programme.** Started in 1970-71 with Central Government funding and implemented through voluntary organizations, the programme aimed to supplement the children's daily caloric and protein intake.

Iron deficiency anaemia is one of the most common, even though preventible, health problems in India. To tackle this, in 1970 the Government of India launched a **Prophylaxis Programme to Prevent nutritional anaemia** in children and expectant and nursing mothers. In the same year, the **Prophylaxis Programme Against Blindness due to Vitamin A Deficiency** was initiated by the Government for children in the age group 1-5 years. You will read more about these programmes in sub-section 29.4.2.

It was found that the programmes being implemented had only a marginal impact on children as the services were isolated and fragmented. The concept of an integrated approach to child development began to take shape in this decade. In the Fifth Five Year Plan (1974-79), there was a change in the approach to services for children. The emphasis

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shifted from welfare to development and from isolated services to provision of integrated services. The need to provide integrated services was reiterated in the National Policy for Children. This approach was translated into the **Integrated Child Development Services (ICDS) Scheme** started during 1975-76. This was the most important child welfare programme introduced during this period. The scheme comprised a package of services and catered to the 0-6 year olds and pregnant and lactating women. You will read in detail about the ICDS programme later in this Unit, in sub-section 29.4.1.

Another landmark in the seventies was the setting up of the **National Institute of Public Cooperation and Child Development (NIPCCD),** New Delhi. Set up in 1975 as an autonomous institute, it was identified as an apex body for training of workers in child welfare. Another of its functions is to assist the Government in all technical matters related to child development and promotion of voluntary action in social development.

Let us take up another area now—that of child labour. Do you remember reading about it in Unit 1? A committee was set up in 1979 (Gurupadaswamy Committee) to examine the problem of child labour. The same year, a **Child Labour Cell,** now in the Ministry of Labour, was set up. It is responsible for the formulation, coordination and implementation of policies and programmes for protecting child workers from exploitation. It provides grants to voluntary organizations implementing projects such as non-formal education, health and nutrition, and research to identify further areas for action.

1980s

Programmes and services for children in the areas of health, nutrition, education and social services were expanded during the eighties. The **National Health Policy** was adopted in 1983 with the main goal of attaining Health for All by the year 2000.

Preventive, developmental and rehabilitative services continued to be provided to the vulnerable sections of the society—women, children and the handicapped. In the first half of the decade, four institutions for the handicapped were set up with a view to undertake research, training and rehabilitation programmes and provide services at the national level.These were the **National Institute for Visually Handicapped**, Dehradun; **Ali Yaver Jung National Institute for Hearing Handicapped**, Bombay; **National Institute for Orthopaedically Handicapped,** Calcutta and **National Institute for Mentally Handicapped,** Hyderabad.

As you have just read, steps were taken even in the seventies to formulate and implement policies and programmes to prevent exploitation of child labour. You are aware that child labour is widely prevalent in our country. There are several reasons responsible for this. Among the major ones are (i) widespread poverty, forcing children to work and add to the family income; (ii) illiteracy and lack of awareness of the importance of education among parents; (iii) the fact that educating children is still not compulsory and (iv) the fact that child labour being cheap, several employers prefer employing children. Realizing that these causes cannot be removed immediately, a complete ban on child labour was not considered feasible, and the emphasis remained on regulating it. Legislations pertaining to minimum age for employment of children, hours of work etc. were consolidated into a comprehensive law, namely **Child Labour (Prohibition and Regulation) Act, 1986.** This act prohibits child labour in selected work areas and regulates it in some others.

Early childhood education was first suggested under the Sixth Five Year Plan (1980-85) as a strategy to reduce the dropout rate and improve the rate of retention in schools. It was designed with a view to prepare the child for primary school by enhancing her communication and cognitive skills. A scheme was initiated whereby voluntary organizations were provided central assistance for operating early childhood education (ECE) centres in rural and backward areas of the educationally backward states. The task of the ECE Centres was to take up activities related to early childhood care and education. It was for the first time in the **National Policy on Education** (NPE), adopted in 1986 by the Government of India, that a bold recognition was granted to Early Childhood Care and Education (ECCE) and a clear government policy was stated in this regard. **The NPE used the term ECCE to include all activities which foster and promote the all-round balanced development of the child during the critical early childhood years, that is, the age group 0-6 years, in all dimensions—physical, mental, social, emotional and moral.** It was emphasized that both these components, care and education, are

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essential—only education is inadequate. Apart from being crucial for the overall development of the individual child, ECCE is of immense significance for the universalization of elementary education too. NPE (1986) recognizes that ECCE is linked both directly and indirectly to universalization of elementary education. Directly, it helps to prepare the young child for school. Indirectly, yet powerfully, ECCE, particularly for children in the age group 0-3 years, can enable girls engaged in taking care of younger siblings, to attend school. Since older girls' involvement in child care is one of the major reasons for their non-attendance, child care services, in close proximity to and in coordination with school, offer an effective strategy for the enrolment and retention of girls in primary school.

The contents of ECCE—physical, mental, social and emotional development— were very similar to what was being offered in the ICDS package, which also has non-formal preschool education. The policy thus suggested that ECCE be integrated with ICDS wherever possible.

1990s

The nineties witnesses the first ever **World Summit for Children,** held in 1990. The **World Declaration on the Survival, Protection and Development of Children** made at this Summit was endorsed by over 100 Governments, with a view to focus on giving every child a better future. The endorsement involved commitment to the following 10-point programme to protect the rights of children and to improve their lives:

1) Working to promote earliest possible ratification and implementation of the **Convention on the Rights of the Child.**
2) Working for a solid effort of national and international action to enhance children's health, to promote pre-natal care and to lower infant and child mortality in all countries and among all peoples. Promoting the provision of clean water in all communities for all their children, as well as universal access to sanitation.
3) Working for optimal growth and development in childhood, through measures to eradicate hunger, malnutrition and famine, and thus to relieve millions of children of tragic sufferings in a world that has the means to feed all its citizens.
4) Working to strengthen the role and status of women. Promoting responsible planning of family size, child spacing, breastfeeding and safe motherhood.
5) Working for respect for the role of the family in providing for children and supporting the efforts of parents, other care-givers and communities to nurture and care for children, from the earliest stages of childhood through adolescence. Recognizing the special needs of children who are separated from their families.
6) Working for programmes that reduce illiteracy and provide educational opportunities for all children, irrespective of their background and gender; that prepare children for productive employment and lifelong learning opportunities, i.e. through vocational training; and that enable children to grow to adulthood within a supportive and nurturing cultural and social context.
7) Working to ameliorate the plight of millions of children who live under especially difficult circumstances—as victims of apartheid and foreign occupation; orphans and street children and children of migrant workers; the displaced children and victims of natural and man-made disasters; the disabled and the abused, the socially disadvantaged and the exploited. Helping refugee children to find new roots in life. Working for special protection of the working child and for the abolition of illegal child labour. Making best efforts to ensure that children are not drawn into becoming victims of the scourge of illicit drugs.
8) Working carefully to protect children from the scourge of war and taking measures to prevent further armed conflicts, in order to give children everywhere a peaceful and secure future. Promoting the values of peace, understanding and dialogue in the education of children. Protecting the essential needs of children and families even in times of war and in violence-ridden areas.
9) Working for common measures for the protection of the environment, at all levels, so that all children can enjoy a safer and healthier future.
10) Working for a global attack on poverty, which would have immediate benefits for children's welfare.

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The Convention on the Rights of Child, unanimously adopted by the United Nations General Assembly, contains a comprehensive set of international legal norms for the protection and well-being of children. The Summit urged all Governments to promote earliest possible ratification and implementation of the Convention. India is amongst the countries that have ratified the Convention. A country that is a signatory to the convention and is found to be violating the Rights of the Children as embodied in the convention leaves itself open to legal action by the international community.

The Convention embodies a fundamental principle that "the lives and the normal development of children should have first call on society's concerns and capacities and that children should be able to depend upon that commitment in good times and in bad, in normal times and in times of emergency, in times of peace and in times of war, in times of prosperity and in times of recession" (UNICEF, 1990). It sets universal legal standards for protection of children against neglect, abuse and exploitation. It also guarantees to them their basic human rights and other endeavours required for individual growth and well-being.

Check Your Progress Exercise 1

1) Why are child care services necessary in our country? Answer briefly in the space provided below.

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2) What was the major shift in the Government's approach to providing services for children in the

   i) Third Five Year Plan (1961-79)

   ii) Fifth Five Year Plan (1974-79). Answer , in brief, in the following space.

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3) Given below are two columns. In Column A are listed some of the major developments in the area of provision of child care services, while Column B contains the decades in which these developments took place.

	COLUMN A	COLUMN B
i)	World Summit for Children	a) 1950s
ii)	Launching of Welfare Extension Projects	b) 1960s
iii)	Starting the ICDS Scheme	c) 1970s
iv)	Policy declaration regarding ECCE	d) 1980s
v)	Setting up of ICCW	e) 1990s
vi)	Adoption of National Policy for Children	
vii)	Launching of ANP	

Match each item in Column A with the corresponding item in Column B. Write the answers in the following blanks.

i)......................ii)............................iii)..iv)..........................

v).....................vi).......................... vii).............................

29.4 EXISTING PROGRAMMES AND SERVICES FOR CHILDREN

The concern for children and the need to provide comprehensive services for them is evident from the programmes that were initiated for children in the areas of health, nutrition and social welfare during the different Plan periods. You have read about them in Section 29.3. As you know, the preschool age was identified as most crucial for the survival, protection and development of children. In the Fifth Plan there was a shift in the approach to services for children. From welfare, the emphasis shifted to development and from isolated services to an integrated delivery system.

You will agree that in a vast country like ours, the governmental efforts alone may not be sufficient to provide services to the large number of children in need.

Voluntary organizations need to come forward to supplement the services provided by the Government. As you know, some voluntary organizations have made a commendable contribution in organizing welfare and developmental programmes for children. In fact, it has been acknowledged that due to close rapport with the community, people's organizations are capable of delivering the services more effectively compared to the governmental delivery system.

Let us now come to some of the on-going child care programmes in the country—those initiated by the government and these started by the voluntary organizations.

29.4.1 Schemes of the Government

- **Integrated Child Development Services (ICDS) Programme**

The Integrated Child Development Services programme, which was started during 1975-76 on an experimental basis, has been expanding steadily and is presently the largest child development programme in our country. It is planned that by the year 2000, all disadvantaged children under the age of six will be able to receive services of this programme.

The ICDS programme adopts a holistic approach towards child development and comprises an integrated package of services, which essentially are (i) supplementary nutrition; (ii) immunization; (iii) health check-up; (iv) referral services; (v) nutrition and health education; and (vi) non-formal preschool education. It is important to note

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that the services included in the package are geared to meet the crucial needs of children and are vital to ensure their survival and development during the early years. The fact that all services are made available together and simultaneously has a lasting impact on children. For instance, supplementary feeding for malnourished children is effective only if it is accompanied by other measures like health check-up, diarrhoea control, and health education for mothers. ICDS programmes has another unique feature of utilizing and mobilizing services from various governmental departments. For health-related services, it draws upon the existing services available at the nearest Primary Health Centre. This approach makes it less costly as a programme.

Objectives

The Integrated Child Development Services programme is designed to facilitate the overall development of the child by making available an integrated package of services comprising mutually reinforcing components of health, nutrition and preschool education. The programme aims to provide these services to children less than six years of age, belonging to the poorer sections of our population.

Specifically stated, the objectives of the ICDS programme are:

i) To improve the nutritional and health status of children in the age group of 0-6 years.

ii) To lay the foundation for proper psychological, physical and social development of the child.

iii) To reduce the incidence of mortality, morbidity, malnutrition and school dropout.

iv) To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The objectives of the ICDS are sought to be achieved by providing a package of services to the beneficiaries. The essential components of the package are:

i) supplementary nutrition,

ii) immunization,

iii) health check-up,

iv) referral services,

v) nutrition and health education, and

vi) non-formal preschool education.

In addition, efforts are made to provide supportive services like safe drinking water and sanitation in the ICDS project areas.

Target Group

The ICDS programme aims to provide the above mentioned services to children in the 0-6 years age group, to expectant and nursing mothers and to women between 15 and 45 years of age, from the disadvantaged segments of society. Children below six years are covered because these are formative years in the development of the individual. Women between 15 and 45 years have been covered by the ICDS programme as these are child bearing years and the mother's nutritional and health status has a bearing on the development of the child during prenatal and lactation periods.

For location of rural and tribal projects under the ICDS programme, priority is given to areas predominantly inhabited by scheduled castes/scheduled tribes, backward areas, drought-prone areas, nutritionally deficient areas and areas poor in development of social services. In the case of urban projects, priority is given to slums. Beneficiaries are selected after a comprehensive survey of all families in the area to ensure that the most deprived are covered under the programme. Each of the target groups is provided a different package of services.

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TARGET GROUP	SERVICE
1) Chiltren below 3 years	• Supplementary Nutrition • Immunization • Health Check-up • Referral Services
2) Children between 3 and 6 years	• Supplementary Nutrition • Immunization • Health Check-up • Referral Services • Non-formal Preschool Education
3) Expectant and Nursing Mothers	• Supplementary Nutrition • Immunization • Health Check-up • Referral Services • Nutrition and Health Education
4) Women between 15 and 45 years	• Nutrition and Health Education

Services

Services under the ICDS programme are provided at a centre called *anganwadi,* which is located within the village (in case of rural and tribal areas) or slum (in case of urban areas). The Hindi word *anganwadi* literally means 'courtyard play centre'. It is an appropriate name for the centre since originally, and to a large extent even now, these centres are opened wherever some courtyard or space is available in the village or slum.

Normally, there are a hundred *anganwadis* in each rural or urban project, covering a population of about 100,000. In each tribal project, there are usually fifty *anganwadis* covering a population of about 35,000. In other words, an *anganwadi* covers a population of about 1,000 in a rural or urban area and about 700 in a tribal area.

Let us now take a look at the services which are provided under the ICDS programme in some detail.

i) Supplementary Nutrition

Supplementary nutrition is an important service of the ICDS programme. It is provided to bridge the gap between the amount of proteins and calories that is required by the body per day, and the amount that is provided by the normal diet. Additionally, vitamin A, iron, folic acid and iodine are supplied in the case of regional or individual nutritional deficiencies.

Supplementary nutrition consists of nutritious food prepared from locally available food material and is given for 300 days in a year. It is provided to children below six years of age and to expectant and nursing mothers from low income groups. Special attention is given to the more vulnerable children such as children who are severely malnourished; children suffering from severe infection; children with low weight for age, and vulnerable mothers such as mothers whose pre-pregnancy weight is less than 38 kg or height less than 145 cm; mothers who have twin pregnancy; and mothers who have a history of abortion or still birth.

Growing Monitoring : As you have read in Unit 7 of Block 2, growth monitoring by weight for age is one of the important methods of detecting early growth faltering and assessing the nutritional status of children. It involves regularly weighing the child and recording her weight on the Growth Chart, observing the changes in weight and finding out whether the weight of the child is normal for her age.

On the basis of monitoring growth in this way, the type of supplementary nutrition required to be given to the child is worked out. You shall read more about growth monitoring in DECE-2.

ii) Immunization

You have studied the importance of immunization and the immunization schedule in the earlier Blocks. Immunization against diphtheria, whooping cough, tetanus, poliomyelitis, tuberculosis and measles is provided to children in the ICDS project areas.

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Since tetanus among newborn children is common and is often fatal, all expectant mothers are immunized against tetanus.

iii) Health Check-up and Referral Services

The *anganwadi* worker identifies minor ailments and distributes simple medicines. Arrangements are also made for a periodic health check-up of children below six years, and of expectant women and nursing mothers to provide for their appropriate and timely health care. If need be, they are referred to upgraded Primary Health Centres, Community Health Centres and hospitals.

iv) Nutrition and Health Education

The nutrition and health education component of the programme is aimed at all women between 15 and 45 years of age, but focuses on expectant women and nursing mothers. Nutrition and health education is imparted with a view to increase the awareness and capability of the mother to look after the needs of herself and her family, particularly the children, within the family environment. It includes basic health and nutrition messages such as those regarding antenatal care and postnatal care of mothers, additional food requirements of expectant and nursing mothers to ensure the healthy growth of the child, immunization of expectant women against tetanus, care of newborn infants, importance of timely introduction of weaning foods for children, care of children during illness, home management of diarrhoea to prevent dehydration, and immunization of children, especially those below one year. At times, demonstrations are organized at *anganwadis* to show how nutrient losses can be minimized during cooking, how a balanced diet could be provided to family members from inexpensive, locally available foodstuffs, and so on.

v) Non-formal Preschool Education

Non-formal preschool education is a crucial service provided under the ICDS programme and caters to the development needs of children between 3 and 6 years of age. Activities in the *anganwadi* are designed and carried out by the *anganwadi* worker to stimulate the physical, motor, social, emotional, language and cognitive development of children. The activities enhance the skills of children to manipulate objects/materials and coordinate and control their movements. They are also directed towards promoting in children the ability to express thoughts and feelings, as also understanding concepts like color, shape, texture, size, direction, etc. In addition, the activities help to inculcate proper social habits among young children.

The emphasis in organizing the activities in on non-formal play methods, using locally available resources and inexpensive and easily available materials.

Organizational Structure

ICDS is a centrally sponsored programme. The expenditure is borne by the Central Government except for that on supplementary nutrition, which is borne by the State Government. The Department of Women and Child Development in the Ministry of Human Resource Development, Government of India has the overall responsibility of monitoring the programme which is implemented by the State Government. It coordinates with the Ministry of Health at the Centre for facilitating the delivery of the health components of the programme.

At the State level, some State Government have assigned the responsibility of implementing and monitoring the ICDS programme to an existing department such as Department of Women and Child Development, Department of Social Welfare or Department of Health. Several states have established a separate Directorate of ICDS.

The programme at the field level is implemented by a team comprising the Child Development Project Officer (CDPO), supervisors, *anganwadi* workers and helpers. Medical and para-medical staff of the existing health infrastructure such as the Primary Health Centres and sub-Centres provide health services like health check-ups and immunization.

The delivery point of services under the ICDS programme is the *anganwadi*. Each *anganwadi* is run by an *anganwadi* worker (AWW). She is assisted by a helper. AWW is a voluntary worker who is identified mostly from the community in which the *anganwadi* is

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located. The responsibilities of AWW include doing a community survey and identifying children and women eligible for the programme, conducting preschool activities, providing supplementary feeding, providing nutrition and health education, assisting health staff in immunization and health check-ups and maintaining liaison with local institutions like *Mahila Mandals, Panchayats* etc. and seeking their support and participation in the programme. She also keeps records such as child health cards, supplementary nutrition records and *anganwadi* attendance records.

Fifteen to twenty five *anganwadis* are looked after by a supervisor. The supervisor is expected to provide guidance and advice to AWW so that implementation of the programme could be strengthened.

Each ICDS p oject is headed by a Child Development Project Officer (CDPO). As you have just read, a rural or urban project normally comprises 100 *anganwadis* while a tribal project comprises 50 *anganwadis*. The CDPO performs tasks related to day-to-day administration of these *anganwadis* and gives guidance to the supervisors and *anganwadi* workers.

You will read more about the ICDS programme in DECE-III, which includes a complete Unit on it.

Check Your Progress Exercise 2

1) For each of the following clues, mention in the space provided, the corresponding service(s) made available under the ICDS programme.

   i) For stimulating the overall development of 3-6 year old children.

   ....

   ii) For protecting against diphtheria, poliomyelitis, whooping cough, tetanus, tuberculosis and measles.

   ....

   iii) For bridging the gap between usual dietary intake and bodily requirements of nutrients per day.

   ....

   iv) For increasing the awareness and capability of the mother to look after the needs of herself and her family, particularly the children, within the family environment.

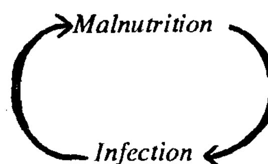
   ....

   v) For providing appropriate and timely health care to young children and expectant and nursing mothers.

   ....

- **Nutrition and Health Programmes**

The leading cause of death and retarded growth of children is the combination of nutritional deficiencies and common childhood infections. It is now well-established that common infections tend to increase malnutrition which, in turn, reduces resistance to disease; this facilitates further infections which lead to increased nutritional deficits.



A rapid cycle results in death although neither malnutrition nor infection by themselves would have probably caused the death. When the sequence proceeds at a slower pace, the

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combination is the major cause of chronic growth deficit, physical and mental, that affects millions of deprived children. This state of affairs, unfortunately, is predominant in our country, particularly in rural India.

Health for all by the year 2000 is the aim of the Government. To achieve this, health care facilities all over the country are being improved. It has now become possible to reach the majority of people at their door-steps through the Primary Health Centres (PHCs), whose number has been steadily increasing in the post-Independence period. More hospitals are being opened. Attempts are on to provide good maternal and child health care with qualified medical staff and trained midwives and *dais,* as well as through immunization.

Let us now take a brief look at some specific nutrition and health programmes which are currently going in our country. You shall read more about these programmes in DECE-2.

National Nutritional Anaemia Control Programme : Nutritional anaemia results from deficiency of iron and folic acid in the body. A person suffering from anaemia feels weak and has a low capacity to work. Nutritional anaemia is a widely prevalent problem in our country. It is especially affects women in the reproductive age and young children. It is estimated that more than 50 per cent of pregnant women in our country are anaemic. Nutritional anaemia is directly or indirectly responsible for about one fifth of maternal deaths and is a major cause of premature births and low birth weight babies.

The National Nutritional Anaemia Control Programme aims at significantly decreasing the prevalence and incidence of anaemia in women in the reproductive age group, particularly pregnant and lactating women, and preschool children by giving them iron and folic acid tablets.

National Prophylaxis Programme for Prevention of Nutritional Blindness : Deficiency of vitamin A in the body leads to night blindness (inability to see in the dark) and eventually, blindness. An estimated 5 to 7 per cent children in our country suffer from eye problems resulting from vitamin A deficiency. Night blindness and other mild deficiency symptoms in the eye, for instance lack of luster, haziness and other changes such as dry, foamy, triangular spots on the white part of the eye, can be cured with vitamin A therapy. However, if the condition is untreated, the cornea (transparent portion of outer covering of eyeball) in the eye gets severely damaged and blindness results. This condition is permanent and cannot be reversed.

The National Prophylaxis Programme for Prevention of Nutritional Blindness aims at protecting children, between 6 months and 5 years of age, from vitamin A deficiency by giving them large doses of Vitamin A on periodic basis.

Iodine Prophylaxis Programme : Deficiency of iodine results in goitre in adults and cretinism in children. Goitre is a condition in which the thyroid gland (located in the front portion of the neck) is enlarged. Among the other symptoms of iodine deficiency in adults are weakness and skin changes. Cretinism is characterized by mental retardation, growth failure, speech and hearing defects and neuro-muscular disorders. Goitre and cretinism are the commonly known and most easily recognizable forms of iodine deficiency. Iodine deficiency disorders cover a range of crippling conditions, depending upon the extent of deficiency. Goitre is an early stage, while cretinism is the most severe manifestation of iodine deficiency.

You may like to know how cretinism results. If the pregnant woman suffers from iodine deficiency, the brain development of the foetus is likely to be affected. The extent of damage depends on the extent of deficiency. Severe deficiency may even result in spontaneous abortion or still birth. The infant born to an iodine deficient mother is likely to suffer from iodine deficiency herself. This condition, if allowed to continue, may result in a series of disorders like mental retardation, deaf-mutism and spasticity, rendering the child a cretin (a child suffering from cretinism).

Do you know about that about 200 million people in our country are at risk of developing iodine deficiency disorders? Earlier, the disease was observed only in the Himalayan and sub-Himalayan regions of our country, extending from Jammu & Kashmir to Nagaland.

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Recently, many other regions such as Andhra Pradesh, Karnataka and Delhi have also been identified as regions where this disease is fairly common, and affects a large number of persons in a given area.

Acknowledging iodine deficiency disorders as a major public health problem, the Government launched a National Goitre Control Programme in 1962. This programme is now called Iodine Prophylaxis Programme.

Under this programme, people living in iodine deficient regions are supplied with iodized salt instead of common salt for use in cooking. Iodized salt tastes, smells and even looks like the common salt. In the affected area, only iodized salt is allowed to be made available in the market. In these regions, entry of non-iodized salt is banned by law.

Scheme of Oral Rehydration Therapy : Diarrhoea is a serious health problem in our country, afflicting millions of young children every year. It is characterized by frequent passage of watery stools. In some cases, there may be fever and vomiting as well. Children exposed to poor environmental sanitation and hygiene, without access to safe drinking water, in particular, suffer from repeated episodes of diarrhoea. In severe or repeated diarrhoea, there is a considerable loss of body fluids and salts, resulting in dehydration. If immediate remedial measures are not taken, it may even lead to the child's death.

The main objectives of the scheme of oral rehydration therapy is to reduce the incidence of death due to dehydration from diarrhoeal diseases, particularly among young children by promoting the use of oral rehydration solution (ORS) to prevent dehydration and by educating mothers in this regard.

Packets of oral rehydration salts (that may simply be dissolved in water to form the oral rehydration solution) are available in the market but are provided free of cost at the Primary Health Centres. The ORS must be given to the child at regular intervals. You shall read more about management of diarrhoea and ORS in DECE-2.

Universal Immunization Programme (UIP) : As you know, a large number of children in our country die, or become handicapped for life, because of six major killer diseases—diphtheria, whooping cough, tetanus, poliomyelitis, tuberculosis and measles. This situation is all more unfortunate because of the fact that these diseases can be prevented through immunization. Do you remember the ages at which the child should be immunized? The Universal Immunization Programme was launched in 1985-86, as an intensified measure to ensure survival of children through immunization against the above diseases.

This was just a brief overview of some nutrition and health programmes in our country. You shall read about these programmes in detail and some others in DECE-2.

Check Your Progress Exercise 3

1) Fill in the blanks in the following statements :

   a) Nutritional anaemia results from deficiency of............................in the body.

   b) Under the National Prophylaxis Programme for Prevention of Nutritional Blindness, the beneficiaries are administered large doses of................ on periodic basis.

   c) Mental retardation, growth failure, speech and hearing defects, and neuromuscular disorders are symptoms of.............................which results from.....................................deficiency.

   d) In endemic regions of iodine deficiency, only..............................salt is allowed to be sold.

   e) The loss of...................in diarrhoea may cause......................which can even result in death.

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29.4.2 Funding Schemes of the Government for the Voluntary Sector

Realizing that by itself, it will not be possible to reach all the segments of the population with child care programmes, the Government has taken measures to promote and strengthen the voluntary sector. Several schemes have been initiated which provide funds to voluntary agencies to organize services for children. Let us now take a look at three important funding schemes.

- **Early Childhood Education Programmes**

The Early Childhood Education (ECE) programme, launched in the early eighties, is designed to prepare the child for formal schooling. An important feature of the scheme is the emphasis on availability and use of teaching aids and play material in the ECE centres.

Under the scheme, assistance is provided to various voluntary organizations to start ECE centres. Wherever possible, these centres are attached to a primary/middle school so that the young child's elder sibling is relieved from the task of caregiving for that duration and is able to attend school. The Centres have been opened in areas which are backward and mainly inhabited by deprived and disadvantaged population. Wherever a *balwadi*, or an *anganwadi* exists, the ECE programme functions through it.

In addition to the ECE centres, *balwadis* and *anganwadis*, creches, preschools and day care centres, including private and those run by voluntary organizations, provide early childhood care and education.

As you read in Section 29.3, the National Policy on Education (1986) has termed activities which foster the overall development of the child during the first six years of life as 'Early Childhood Care and Education' (ECCE). NPE (1986) has focused on the ICDS programme for providing ECCE.

- **Programme of Creches for Children of Working and Ailing Mothers**

In order to provide care to the children of working mothers from low income groups as well as of those who have to be hospitalized for illness, the scheme for funding creches was initiated in 1975 by Government. The financial grant is given to the Central Social Welfare Board, which in turn assists voluntary organizations to run creches and day care centres.

Each creche unit under this scheme takes care of 25-30 children of working women, whose income is below Rs. 300 per month. The other components of care include health check-up, supplementary nutrition, immunization, play and entertainment facilities.

- **Balwadis**

You have read about Balwadis in Section 29.3. There are a large number of *balwadis* in the rural and tribal areas and urban slums of the country. These are being run by voluntary organizations like the Indian Council of Child Welfare, Indian Red Cross Society, Balkanji Bari, Kasturba Gandhi National Memorial Trust, Adim Jati Sevak Sangh, and Harijan Sevak Sangh etc. Besides their own funds, assistance is provided by the Central Social Welfare Board to these organizations to establish *balwadis* and to provide services to preschool children as per the scheme.

Balwadi, a Marathi word, when literally translated means "garden for children". *Balwadi* is a preschool centre for children between two and a half and six years of age. The services made available are similar to those provided under the ICDS programme. The services provided at the *balwadi* include health, nutrition, preschool education and adult literacy components.

The teacher or the worker at the *balwadi* is called a *Balsevika.* She is provided guidance and help by a Supervisor *(Mukhya Sevika)* to run the activities of the centre.

29.4.3 Some Voluntary Organizations and Innovative Projects

Let us now take a brief look at some of the voluntary organizations and the type of services they offer for the development of children.

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• **Balkan-ji-Bari**

Balkan-ji-Bari, the Child Welfare Association of India, literally means "Children's Own Garden". Founded in 1923, it seeks to provide children a fuller life and the development of a harmonious personality. It is an all-India organization. Its motto is 'education and entertainment' and it aims to work for the physical, mental, moral and social welfare of children.

Its objectives include

- extension of relief to orphans and handicapped children
- establishing and conducting ashrams, orphanages, child welfare centres, child guidance clinics, youth clubs, creches, preschools, schools, and training institutes
- prevention of cruelty towards children and securing enactment of beneficial legislation for children.

Voluntary workers of the association are given training before inducting them into the programmes.

• **Vikaswadi Kosbad**

A simple pattern of running *balwadis* with the active involvement of the community has been evolved at Kosbad Hills in Maharashtra. A large number of *balwadis* are run for the tribals. Integrated services like health, nutrition, adult literacy and vocational education are a part of the programme. This organization trains its own functionaries, the majority of whom belong to the local community. It was set-up by Tarabai Modak, who started a preschool teacher training institute in 1945 at Bordi, Maharashtra, from where she moved it to Kosbad Hills to work for the tribal children. Tarabai's manner of running the *balwadis* in village courtyards or under trees and her famous concept of 'Meadow School', wherein teachers went to the meadows to teach the children who could not leave their cattle, have been eye-openers.

• **Mobile Creches**

Mobile Creches is a voluntary organization which was started by Mira Mahadevan in 1969 to provide creche and day care facilities to children of migrant construction workers. The organization is presently running a chain of centres in Delhi, Bombay and Pune, providing integrated day care services that include health care, supplementary feedings and play and educational activities, for children from birth to twelve years of age.

The centres operate mainly at the construction sites. The improvised accommodation in most cases is provided by the contractor. Children under three year are bathed and provided health care and supplementary nutrition. Mothers working at the site may come and feed the infants. Three to six year olds attend the preschool section. The routine includes learning activities with a focus on play-way learning. Simple low cost material is used for art and creative activities. Songs, dance and dramatic play form an important part of the daily programme. Children between six and twelve years learn basic literacy and numeracy. Where possible, the children are later admitted to the formal government schools.

Parent education is emphasized and meetings are held to educate them in the areas of child health, nutrition and family planning. Many other activities like holiday camps, art exhibitions, and celebration of festivals are held to support the programme and increase the participation of families. *Lok Doot* is a drama group of Mobile Creches which provides not only entertainment but also education, through drama.

Mobile Creches provides inservice training to its workers. The trainers are also supervisors, who constantly guide the workers at the various centre.

You will read more about Mobile Creches in DECE-3, which includes a complete Unit on it.

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- **SOS Children's Villages of India**

SOS (Save our Souls) Children's Villages in India, a voluntary child welfare organization dedicated to the total care of needy orphaned and destitute children, was established in 1964. The main programme of this organization is to establish Children's Villages for orphaned, vagrant, abandoned, neglected and socially handicapped children and children in need of care who have been torn from their families. The idea is to provide a near-family atmosphere to children under the care of house mother.

The children go to schools in the community and live as any other normal child lives in a normal family.

- **Ruchika**

It is a school for street children and is run on the railway platform of Bhubaneswar city. It was started by Ruchika School Society in 1985. It caters to children in the age group of 6 months to 14 years. Along with the educational component, health check-up and nutritional inputs are provided. The community is contacted through home visits and mothers are advised to take proper care of themselves during pre and post-natal periods. The activities are managed with funds raised by donations, assistance received from state social welfare departments and savings from the Ruchika School run for affluent children in the city.

- **Child in Need Institute (CINI)**

CINI was established in 1974 in Daulatpur village in West Bengal with the aim of providing services to women and children. The institute has three main focus areas:

— health services

— women's welfare

— training of personnel

CINI has centres in West Bengal and Tamil Nadu. The centres provide integrated services to the community including health services, supplementary nutrition and preschool education. The community's upliftment is encouraged through involvement of the community members. The centres work in close cooperation with other voluntary organizations of the area.

- **Indian Council for Child Welfare (ICCW)**

The Indian Council for Child Welfare, established in 1952, is a national level voluntary organization. It stands for the development of child welfare in the country, and its aims and objectives include:

— to initiate, undertake and aid schemes for furtherance of child welfare in India

— to organize and maintain institutions for training of child welfare workers

— to establish a central bureau for study, research and collection of data on child welfare work and disseminate knowledge/information

— to promote enactment of new legislation and reform in existing laws relating to children and their welfare.

The Council implements its welfare programmes directly as well as through the states and Union Territories.

Among the projects it runs are:

— *balsevika* training programme run through training centres nationwide

— training programme for *anganwadi* workers

— *balwadi*-cum-nutrition programme for children below five years.

Among the important national activities are annual national awards for Indian children who show outstanding courage and bravery. The Council has also been actively engaged in the promotion of legislation relating to children and National Policy for Children.

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This section simply provides you a brief look at the voluntary work going on in the country in the area of services for children. It certainly is not an adequate description of the tremendous voluntary effort in the field, nor does it provide a representative list of the innumerable voluntary organizations working for children. The purpose of this overview was to give you an idea, and generate some degree of awareness of the kind of work being done, so that the way is paved for you to explore, at least in your own region, the services which are being organized for children by dedicated individuals and organizations. You would find it fruitful to exchange your findings with other learners at the study centre.

You will read more about some of the organizations mentioned in this subsection as well as some other organizations in DECE-3.

Check Your Progress Exercise 4

1) Read each of the following statements carefully and write in the brackets whether it is 'correct' or 'incorrect'.

   a) Voluntary organizations tend to have a good rapport with the community. ( )

   b) *Balwadi* is a centre for children from birth to twelve years of age. ( )

   c) Mobile Creches provide day care facilities to children at construction sites. ( )

   d) CINI has centres all over the country. ( )

   e) ICCW establishes Children Villages for destitute children. ( )

29.5 SUMMING UP

In this Unit, you read about the child care services which are available in our country. It has become imperative for the Government to make available these services as the families themselves are unable to provide the required care in the case of a larger number of children. These children do not get enough food, physical care, or a stimulating environment and live in insanitary conditions with no access to basic amenities like safe drinking water. As a result, they suffer from undernutrition and a number of diseases.

After Independence, the Government assumed greater responsibility towards the welfare of children. During the 1950s, the focus was on encouraging voluntary organizations to provide services for child welfare. In the 1960s, the Government began playing a more direct role. A beginning was also made in terms of programmes for improving the nutritional status of the population. The highlight of the 1970s was the adoption of the National Policy for Children. Another key development in the decade was the shift in emphasis from welfare to development and from isolated services to providing integrated services. A major offshoot of the new approach was the Integrated Child Development Services programme launched in the same decade. Programmes and services for children in the areas of health, nutrition and education were expanded during the 80s. The start of 1990s was marked by the first ever World Summit for Children and the adoption of the Convention on the Rights of the Child.

After the overview of development of child care services, we took a look at some of the on-going child care programmes. We studied their relevance, their objectives, the target groups, the services provided and the arrangements for providing these services.

Following this discussion, we came to voluntary effort in provision of child care services. You read a brief description of some of the governmental schemes to promote and strengthen the efforts of voluntary organizations. And finally, there was a mention of some innovative child care projects started by dedicated individuals which have worked out very well at the grassroots.

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29.6 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1) A large number of children in our country do not get enough food, health care, nurturance or mental stimulation—the family, due to poverty and other constraints, being unable to provide these. This being the case, and given the importance of fulfilling these basic needs of children particularly during the first six years of life, providing child care services becomes imperative. Providing services for optimum development of the child is essential not only for the sake of that individual child, but also for the nation, considering the fact that children are our hope for the future.

2) During the first two Five Year Plans (1950s), the task of providing services for children was left to voluntary organizations, who were provided grants-in-aid by the Government. It was in the Third Five Year Plan, with the setting up of Demonstration Projects, that the Government got involved directly and invested in child care services.

   In the Fifth Five Year Plan, the shift was in terms of changing the emphasis from welfare to development and from providing isolated services to providing integrated services.

3) i) e ii) a iii) c iv) d
   v) a vi) c vii) b

Check Your Progress Exercise 2

1) i) Non-formal preschool education
   ii) Immunization
   iii) Supplementary nutrition
   iv) Nutrition and health education
   v) Health check-up referral services

Check Your Progress Exercise 3

a) iron and folic acid
b) vitamin A
c) cretinism, iodine
d) iodized
e) body fluids and salts, dehydration

Check Your Progress Exercise 4

I) a) Correct
   b) Incorrect
   c) Correct
   d) Incorrect
   e) Incorrect