



BASELINE STUDY REPORT- MANIKPUR

Chitrakoot, UP

ABSTRACT

Child Fund India and Akhil Bharatiya Samaj Seva Sansthan, have together initiated a programme for Early childhood development in 28 villages of Manikpur area which is extremely backward and poverty ridden region of UP.

deepali Bhattacharya

(Photo credit- DB 2018. Picture taken with consent from teacher, SMC member present for the meeting)

Table of content:

S. no	Content	Page number
1.	Executive summary	Page 2
2	Background	Pages 3- 7
	1.1 About the programme	
	1.2 Structure of the report	
	1.3 Purpose/ objective	
	1.4 Methodology	
3	Findings	Pages 8-18
	2.1 Findings- children 's status	
	2.2 Parents & Care givers	
	2.3 Role of Duty bearers	
4	Observations & Recomendations	Pages 19-23
	3.1 Key observations	
	3.2 Recommendations	
5	Appendices	

Executive summary:

People become vulnerable when they either lose their rights or don't have them at all. In both cases it is vulnerability which remains the common force which renders them powerless and voiceless. Children of India have always remained voiceless and largely without rights with unspoken and uncounted miseries which not only curbed their right to live a normal and healthy life but has in many cases violated their basic rights of citizenship- right to life- survival, development, protection & participation.

In this context it is very important to look at the issues that keep people especially living in the rural hinterland of India poor and the children thereof, poorer. The poverty of children is not only lack of opportunity to access resources but also lack of opportunity to grow and develop their understanding and skills which remain the prerogative of rich and highbred social beings mostly living in the urban parts of India.

The villages do not have resources enough for the people to survive and flourish which make it living saving for them to migrate to other cities for work especially during summers and spring due to lack of agriculture, water, forest produce, and other livelihood sources. Most of the smaller children move along with their immediate families because of lack of support systems in their native villages. Since they migrate they are also deprived of essential services like ICDS, Health Schemes, Education and other benefits. The destination they migrate to also does not support the essential services that they require, making them vulnerable.

In our experience of working with the most marginalised children we have found that the children lack any intellectual stimulation which can help them to understand their own selves. The schools education too does not develop the sense of inquiry among the children which in a way is a major reason for children not pursuing education and drop out often due to lack of interest and motivation. The concept of intellectual stimulation is not only distant for these children but is also absent in most cases as during a meeting with children we found out eating two square meals could be a luxury for some children who are left alone in the village while both parents go out for work. There is a need for deeper engagement with not only children for them to open their minds but also with parents as care givers, teacher as nurturers, duty bearers as protectors and community as the custodian of culture and social norms.

In the week that the researcher spent with the community the most critical question remained who is responsible for the children and their wellbeing.

It is critical here to refer to the UNCRC

'The 1989 United Nations Convention on the Rights of the Child (CRC) reminds us that children are full human beings in their own right, who deserve the best that life can provide at every single stage of their development. The rights of children, as delineated in the CRC, include a variety of communication rights: the right to be heard and to be taken seriously; to free speech and to information; to maintain privacy; to develop cultural identity; and to be proud of one's heritage and beliefs.

In this background, we looked at the early childhood care and development of children as the first step for development of a child into an independent individual who can use their full potential to lead a better life. It has been observed in various studies that children who are not facilitated their first lessons as a child never develop to their full potential as they lack the cognitive behavioural skills that help them to educate and learn to analyse to enhance their learning and channelize the same for their benefits.

¹ [https://www.unicef.org/cwc/files/CwC_Final_Nov-2011\(1\).pdf](https://www.unicef.org/cwc/files/CwC_Final_Nov-2011(1).pdf)

Part-1

Background:

1.1-About the Programme:

ABSSS is a leading grassroots organization working in Uttar Pradesh since 1978. The organization with the support of well known organisations has created a path for themselves in the child development arena. With the support of Child Fund, the organization has reached out to more than 1221 children in 28 villages of the most deprived, excluded and vulnerable communities in the Manikpur block. Child Fund India, which is a leading child development organization working in India has partnered with ABSSS to work on the life cycle approach of development where children from the most vulnerable communities are provided support and empowerment at every stage to make them a better citizen of the country. It has been widely researched that a significant number of young children do not reach their full potential due to lack of required cognitive and behavioural stimulation and nutritional care at early age which impacts their intellectual growth and wellbeing.

The baseline study proposed will be the starting point of a deeper engagement with the community on the issue of health and nutrition leading to a better life and wellbeing of all children.

1.2-Structure of the report:

The report is divided into three sections: Part One outlines the survey design, sample selection, questionnaire development and limitations, Part Two reports the findings in tabular form with observations, and Part Three provides recommendations in light of the findings reported.

1.3-Purpose/objectives:

Purpose and scope

Project Purpose: "Early childhood care and development in Manikpur Block of Chitrakoot District, Uttar Pradesh"

Project Objectives: All young children have skills, dispositions promoted in early childhood settings to become successful learners in collaboration with families and community in new enrollment area Manikpur District- Chitrakoot (U.P.)

The project will achieve this by working towards four interrelated outcomes, namely:

- Children aged 3- 5 years have increased access to quality ECD services
- ECD teachers consistently apply child friendly and stimulating teaching learning methodologies
- Communities and parents consistently engage with their children for providing home based care and access to health and nutritional services
- Communities advocate for Functional government AWC/mini AWC are present in the Objective of Baseline Survey:

Guided by the project log frame, capture key baseline data from a representative sample of 1221 children located in 28 villages/habitations of 11 Panchayat of Manikpur Block of Chitrakoot District.

- To assess, through selective sample surveys, the status of physical, intellectual and social development of the target-group children in relation to appropriate development standards.
- To assess, through participatory techniques and selective sample surveys, the current levels of knowledge and key practices of family caregivers for the care of young children including: infant and child feeding; early stimulation and early learning; health and hygiene practices; prevention and appropriate treatment of common illnesses; prevention of discrimination, negligence, abuse and violence against children.
- To provide recommendations for interventions to ensure the survival, growth, and the social, emotional and cognitive development of all the children, leading to a substantial reduction in mortality, disease burden and prevention of developmental delays.

1.4-Methodology:

Data collection and sample

a. Data collection and data analysis methods

Focus group discussions / Structural interviews with care providers – Anganwadi staff, Parents, Teachers, SMCs, other duty bearers was done covering 9 out of 28 intervention villages under Child fund programme in Manikpur area of Chitrakoot district.

Sample surveys

The detailed methodology (including the sampling method, tools, type and sample of stakeholders) were proposed by the selected Research Agency. The team administered focussed group discussion, interviews and community meetings along with in-Depth Interviews with government officials in sample locations.

Sampling Method and Size

S.no	Sampling Unit	Population	Sample Size (20%)
1	Villages	28	9
2	Children	1221	256
3	Anganwadi centre (karyakarta & Sevika)	28	6
4	Teachers (preprimary-Primary)	28	6
5	SMC members	28	6
	Parents	1221	60
	Panchayats	28	6
6	ICDS officials		2

7	Block and district administration (Health department)		1
---	---	--	---

Note:

- a. The researcher covered 20% community children as sample size in the anganwadis and children not enrolled in Anganwadis but present in the village
- b. Stratified sampling method will be used to determine final sampling.
- c. Play and Art based activity with children were attempted as part of the data collection process

Sampling Assumptions:

specific parameters for sampling are proposed applied for this study and the following assumptions are being made for sampling purposes:

- a. It is assumed that the programme interventions are targeted towards children in the community.
- b. It is assumed that every village covered under the programme has a Anganwadi & primary school.
- c. The unit for intervention under the programme would be a village.

The proposed sampling method is as follows:

The major themes of intervention is Maternal and child Health & Nutrition, Early Childhood Development and Early Childhood Education etc. thus the study focussed on the following aspects:

- a. Identifying schools that have an Anganwadi close by or within the premises of school. Focussed group discussion and interview with teachers, anganwadi workers and sevikas
- b. Focussed group discussion and activity with SMC members. SMC covered will be active which has convened meetings periodically for atleast 2 years.
- c. Activity session with children in the anganwadi alongwith Anganwadi teachers and Sevikas (who have been trained and have been there for at least two years)
- d. Focused group discussion and activity with Mahila Mandals- Identifying villages that has active self help groups.
- e. Meeting with ICDS officials, health department and district administration for understanding their perspectives.
- f. Number of boys and girls covered under the study will be proportionate to the strength of boys and girls enrolled in the Anganwadi and preprimary school.
- g. There were overlaps in categories, such as – Adult women, Parents, Grassroot women leaders – VCPC members, SMC members and Gram Panchayat members. In such instances, the study recognized the most prominent role the individual identified with and indicated the same.
- h. ABSSS assisted in identification and finalization of villages, AWC and respondents for the proposed study.

DATA Collection

The data collection would include both primary and secondary sources. For Primary data it would be both qualitative and quantitative method which would help cross check the answers.

Quantitative data collection – Survey formats were used to collect data which were later collated and tabulated by the researcher using convention data analysis tools.

Qualitative data collection – It would include focus group discussions, semi structured questionnaires, individual interviews, including Art and play based activities with children, sessions with mahila mandals.

Risks identified and mitigation steps adopted

Risk and limitation form the most critical chain for the development of a successful programme. It is important and critical to anticipate the risks and limitations as they will have to be minimised to ensure smooth completion of the baseline study.

Critical risk factors:

1. Support of Anganwadi and teachers to get access to the children which was minimized by getting prior approvals and using the good rapport of the organisation with the schools and anganwadi centres. Another factor which benefitted the study was the availability of the anganwadi support teachers who were appointed by the organisation with the aim of supporting the functioning of anganwadi system.
2. The rapport with the panchayat bodies was critical to get access to information and their support in conducting meetings and data gathering which did not emerge as a threat as the panchayat members were mostly not aware of their role and the political bigwigs did not consider this worth giving their attention to.

The limitation of the study:

2. Due to migration season a large number of families had already migrated for work thus we could meet a small number of children and families as the most distressed ones had already migrated.
3. The sample size is small leading to missing out of fine nuances of nutritional pattern and community behaviour/ practices related issues among smaller children.
4. Cultural bias related to discussing issues of children led to gaps in finding and conclusions which were gathered under challenging situations but participatory processes and inferential method were used to extrapolated information wherever needed.
5. The study is more generalistic in nature and may not be able to pin point programmatic issues especially related to issues of malnutrition and related issues which may require deeper study on nutritional behaviour as we could clearly see poor nutritional patterns and lack of awareness.

Village selection criteria:

S.no	Village	Selection criteria
1	Suargada	Suargada has 27 sponsored children and is a better performing villages.
2	Ranipur	Ranipur is a big village with 124 sponsored children. It is a distant village and is not a good performing village as the staff find it difficult to convince the community to send their children to AWC and also to school due high rate of migration and poverty issues.
3	Rampur	Rampur is an intervention villages with 16 sponsored children. There are a large number of non sponsored children who are part of the programme.
4	Patrakarpur	The village is far from Manikpur but has building of its own. Is a old anganwadi centre. Has 37 sponsored children.
5	Khichdi	Village closer to Manikpur. Has about 60 sponsored children. The AWC has no building so is run within the school premises.
6	Gadwa	The village was selected at the last minutes as a large number of children from other villages had migrated. Leaving a smaller sample. This village is a controlled sample**
7	Ahari	Ahari has a sample size of 31 sponsored children and is one of the good intervention village for the organisation.
8	Uchadih	The village was selected at the last minutes as a large number of children from other villages had migrated. Leaving a smaller sample. This village is a controlled sample**
9	Alaha	The village was selected at the last minutes as a large number of children from other villages had migrated. Leaving a smaller sample. This village is a controlled sample**

Part- 2

Key findings/ conclusions

The study was conducted in 9 villages where almost 260 children were assessed for their current understanding and levels of cognitive and behavioural skills. All the children were regular anganwadi children who were attending the centre since last six months.

2.1. Findings- children's status

Several organisations working on ECD have defined indicators while a lot of them have seen Early Childhood Care and Education to be the first step towards child development, there are many who now feel that Early Childhood development is more a holistic programme that is geared towards overall development and empowerment of children. The most accepted set of indicators have been defined by UNICEF in their studies and reports done across the globe in last five years. UNICEF has defined four domains are defined as follows: (Source-The formative years: UNICEF's work on measuring early childhood, 2015). The assessment of children were done using the same tools with four key parameters mentioned below.

- **Literacy-numeracy:** Children are identified as being developmentally on track if they can do at least two of the following: identify/name at least 10 letters of the alphabet; read at least 4 simple, popular words; and/or know the name and recognize the symbols of all numbers from 1 to 10.

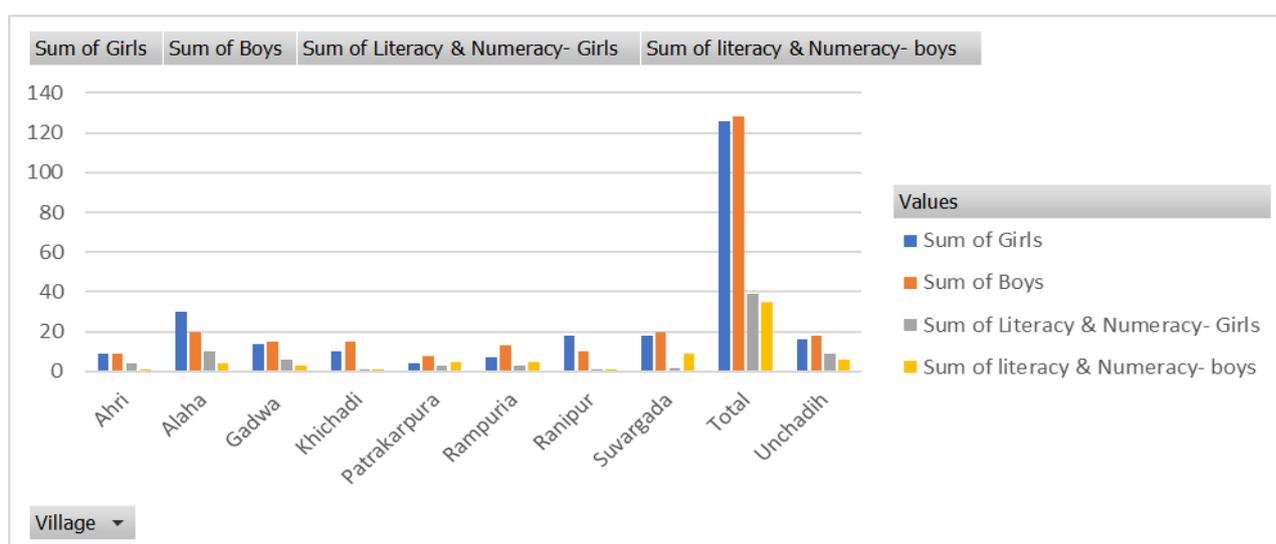


Figure- 1- literacy numeracy among boys and girls in the selected centres

During the study we found only 74 children out of 254 who could identify 3-5 colours, numerals and letters which is just 29% of the total children from 9 villages.

S.no	Village	Girls	Boys	Total	Literacy & Numeracy- Girls	literacy & Numeracy- boys	literacy & Numeracy- total
1	Suvargada	18	20	38	2	9	11
2	Ranipur	18	10	28	1	1	2
3	Rampuriah	7	13	20	3	5	8
4	Patrakarpura	4	8	12	3	5	8
5	Khichadi	10	15	25	1	1	2
6	Gadwa	14	15	29	6	3	9
7	Alaha	30	20	50	10	4	14
8	Ahri	9	9	18	4	1	5
9	Unchadih	16	18	34	9	6	15
10	Total	126	128	254	39	35	74

Table- 1- literacy and numeracy levels

This also shows that 31% girls and 27% boys from among those present on that particular day could learn and develop an understanding of the literacy and numeracy indicators. Villages like Khichidi, Ranipur and Ahri not only had poor infrastructure but also poor quality of teaching which resulted in children performing so low. For example in Ranipur, out of 28 children present only one girl and one boy child could identify at least 3-5 numbers and letters. Most places they could not count on hand but could not identify on showing the numbers but in Ranipur they could not even identify on finger. It was similar situation in Khichidi and Ahri where 2 and 5 children respectively, could identify the numbers, letters and colours. It is also worth mentioning that the performance of boys was poorer compared to girls of the same age. This also points towards regular attendance of children which is poorer in case of boys due to various reasons. In fact, on asking mothers many of them clearly stated that the children refuse to go to centre during winters, rains, heat, festivals, etc. which also shows parents are not keen to send children to Anganwadi.

- **Physical:** If the child can pick up a small object with two fingers, like a stick or rock from the ground, and/or the mother/primary caregiver does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.

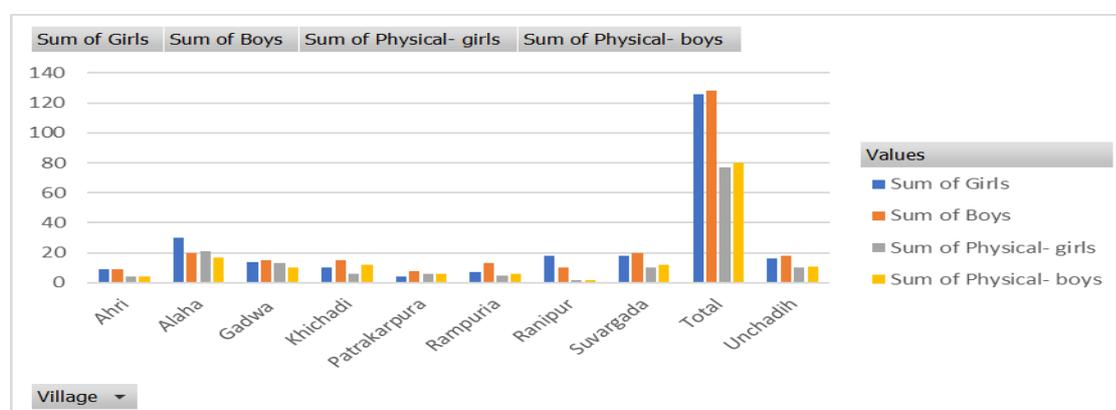


Figure- 2- Physical status of children in selected centres

For the purpose of this study we had identified three key indicators for physical development among the children, namely- identifies objects like local birds, animals or any other object like table, chair, window, fruits, etc.

S.no	Village	Girls	Boys	Total	Physical-girls	Physical-boys	Physical - total
1	Suvargada	18	20	38	10	12	22
2	Ranipur	18	10	28	2	2	4
3	Rampuriah	7	13	20	5	6	11
4	Patrakarpura	4	8	12	6	6	12
5	Khichadi	10	15	25	6	12	18
6	Gadwa	14	15	29	13	10	23
7	Alaha	30	20	50	21	17	38
8	Ahri	9	9	18	4	4	8
9	Unchadih	16	18	34	10	11	21
10	Total	126	128	254	77	80	157

Table-2 Physical development domain

This domain was comparatively better for children could identify most of the objects shown to them with 62% children identifying the objects shown to them. 63% boys actively participated and identified objects shown to them while 61% girls could identify the same objects. While Ranipur and Ahri remain the villages with poorest performance of children, villages like Patrakarpura showed 100% results though only 12 children participated in the assessment that day.

It is also pertinent to discuss here that the physical domain is more of an environmental domain which children pick up from various sources- parents, elders in family, neighbours, teachers, other siblings and peers (among the most frequent ones the children interact with). Despite being the most commonly available knowledge almost 40% of them could not get access to the same. Considering the language constraint and outsider element which children get sensitive to, local staff of the organisation did all the sessions, still the children could not openly share and discuss which in itself shows that they have very little interactions with outsiders and they also do not get the physical stimulation at home that is most commonly available in their settings.

- **Social-emotional:** The child is considered developmentally on track if two of the following are true: The child gets along well with other children; the child does not kick, bite or hit other children; and the child does not get distracted easily.

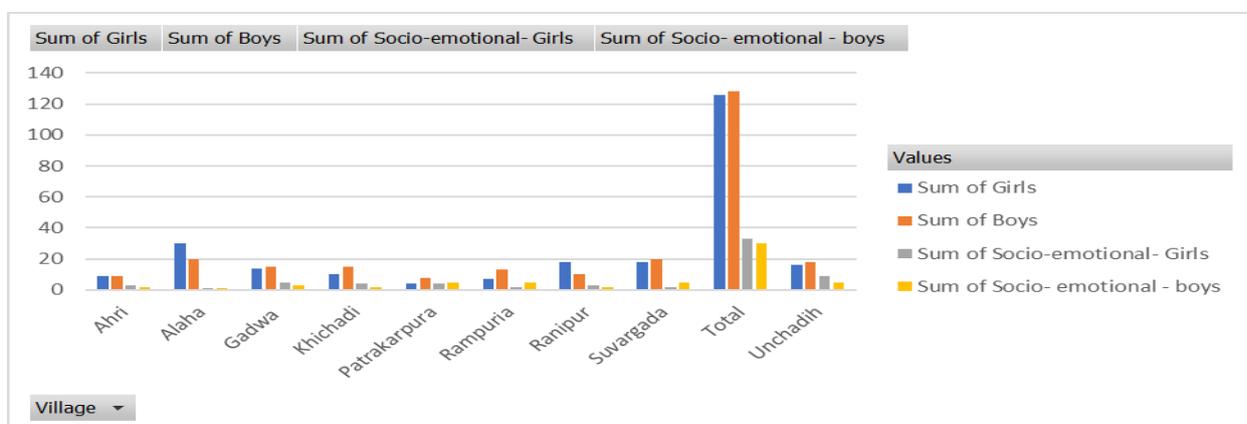


Figure- 3- socio- emotional status of children in the selected centres

S.no	Village	Girls	Boys	Total	Socio-emotional-Girls	Socio-emotional - boys	Socio - emotional - total
1	Suargada	18	20	38	2	5	7
2	Ranipur	18	10	28	3	2	5
3	Rampuria	7	13	20	2	5	7
4	Patrakarpura	4	8	12	4	5	9
5	Khichadi	10	15	25	4	2	6
6	Gadwa	14	15	29	5	3	8
7	Alaha	30	20	50	1	1	2
8	Ahri	9	9	18	3	2	5
9	Unchadih	16	18	34	9	5	14
10	Total	126	128	254	33	30	63

Table-3- Socio emotional domain

Three major indicators were identified which were best suited for the children in the area- whether they talk to each other, whether they can draw and paint and whether they can share their toys and colours with each other. These three indicators were tested with all the present 254 children of which only 63- which is 25% children could participate actively and could show certain traits of sharing, communicating and attempting to draw together and individually. Only 23% boys and 26% girl children could demonstrate their socio emotional skills which shows clearly that the intellectual stimulation that children learn together in an institution were missing in the centre. While Ranipur, Khichadi and Ahri remain weak centres with lowest intellectual stimulation to children, Alaha is almost shocking with only 2 children being able to qualify in the socio emotional domain out of the highest number of children from a single centre i.e. 50 total. This is important to repeat the process soon to check whether there were other factors for children to not perform on that day.

- **Learning:** If the child follows simple directions on how to do something correctly and/or when given something to do, and is able to do it independently, then the child is considered to be developmentally on track in the learning domain.

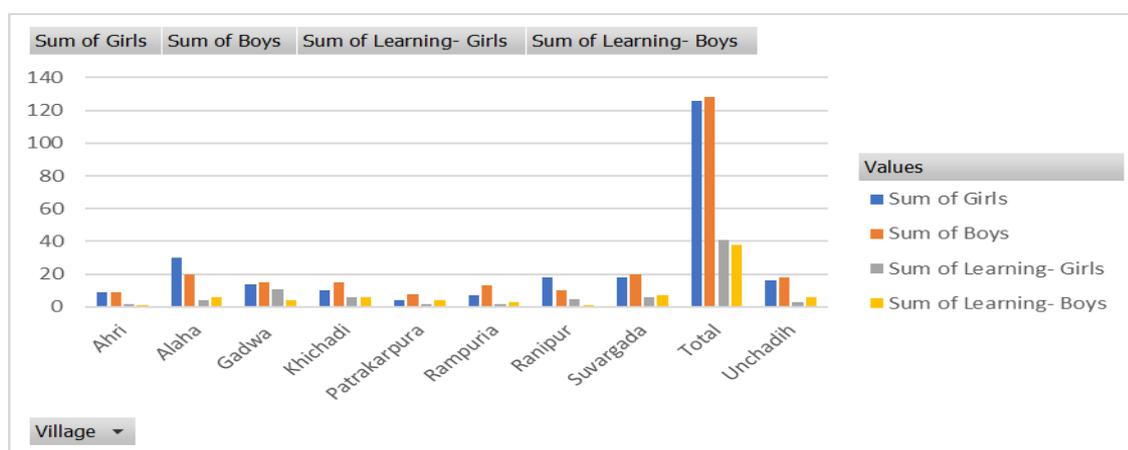


Figure-4- learning status of the children in selected centres

S.no	Village	Girls	Boys	Total	Learning-Girls	Learning-Boys	Learning-total
1	Suargada	18	20	38	6	7	13
2	Ranipur	18	10	28	5	1	6
3	Rampuria	7	13	20	2	3	5
4	Patrakarpura	4	8	12	2	4	6
5	Khichadi	10	15	25	6	6	12
6	Gadwa	14	15	29	11	4	15
7	Alaha	30	20	50	4	6	10
8	Ahri	9	9	18	2	1	3
9	Unchadih	16	18	34	3	6	9
10	Total	126	128	254	41	38	79

Table 4- learning levels

31% total children showed satisfactory learning levels with 33% girls and 30% boys performing as per expectation in the centre. Four major learning indicators were identified and tested with children- whether they make correct sentences, whether they understand the stories read out to them, whether they listen to the commands given by teacher and if they could sit attentively and quietly in the class. The last indicator was used since most small children are not used to sitting in the room and they cry a lot for going out of the classroom and most often their parents also do not understand the importance of letting children adjust in the new environment so hover around the centre and often take away the baby considering non adjustment issues. In our discussion we found parents blaming the teachers for not being playful enough. While that was the major criteria but for parents food distribution remained the critical element. Most of the parents only talked about children not getting enough food at the centre to be the major problem despite of our sharing the intellectual learning gaps to them.

Conclusion:

Overall % of learning levels among children who have been in the centre for more than six months in the current academic session shows very poor results at this juncture.

S.no	Village	Total children	literacy & Numeracy-total	%	Physical - total	%	Socio - emotional - total	%	Learning-total	%	Total% (average)
1	Suargada	38	11	29	22	58	7	18	13	34	34
2	Ranipur	28	2	7	4	14	5	18	6	21	15
3	Rampuria	20	8	40	11	55	7	35	5	25	39
4	Patrakarpura	12	8	67	12	100	9	75	6	50	73
5	Khichadi	25	2	8	18	72	6	24	12	48	38
6	Gadwa	29	9	31	23	79	8	28	15	52	48
7	Alaha	50	14	28	38	76	2	4	10	20	32
8	Ahri	18	5	28	8	44	5	28	3	17	29
9	Unchadih	34	15	44	21	62	14	41	9	26	43
10	Total	254	74	29	157	62	63	25	79	31	37

Table 5- list of villages with percentage

To conclude, one can say that roughly only 37% children were prepared to move to the next level of joining a regular school. The purpose of ECD centre is for preparing children for the school which is also called school readiness programme. But the children assessed mostly could not come upto the required mark as only a few could qualify as per the criteria. It is also worth mentioning as per the data available at the centre both girl and boys showed almost equal performance levels. While gender remains an equal criteria, we need to look at the caste dynamics prevalent in the area. The children from Kol community were largely absent. During the study we also found that the anganwadi centres were often run either in school or in someone's house which is not accessible to many.

We also found that out of almost four to five hamlets in every village, children from only one or two hamlets attended the centre due to factors of distance, caste and availability of parents to bring the children to the centre. Only in two places we found that the AWC staff fetched children to the centre. It was also observed that many AWC teachers stayed in Manikpur and thus were not regular to the centre which was also evident from the fact that children were not very pally with them and also the teachers did not know every child by their name- example Patrakarpurva. The teacher in Patrakarpurva was not regular to the centre as she could not recognize all the children by their names which a teacher who comes regularly would know.

Another factor worth mentioning is that the centres did not have any display materials, flip charts, games and toys which will help in stimulating and igniting the minds of children. Due to lack of supplies from the district, teachers were forced to only distribute nutrition supplements. They were also found to be busy in other duties like supporting Asha workers and ANM in immunization related activities and other engagements with mothers. These critical factors make the centre a boring and unstimulating space in many villages.

Children see any outsider as they ANM as they are the ones who visit at regular intervals for completing immunization.

Another very important factor is the high rate of migration which forces children to drop out of the centre as they have to accompany parents due to lack of support system and work in the villages for parents. This also leads to irregularity in children's attendance which has direct impact on their learning levels.

S.no	Sub indicators	Current status
1	% children will be healthy and ready for schools	The situation remains very grim with a large number of children out of the anganwadi system and many not learning despite being in the system. On extrapolation percentage could be pegged at 37% out of the total children.
2	% of model ECD centres as per the government norms	Not a single AWC could be termed as model anganwadi as only 1 had a building of their own while all others were either run within the school premise with a small room for around 40 children to huddle together. The children neither enjoy the learning nor do they get good food. In suvargada, we saw children asking for food on seeing elder children getting lunch (under midday meal programme) in the school, while these children were given handful of panjiri.
3	% of children who have attained developmental milestones for	The data shows 37% showing satisfactory development milestones.

	school readiness as per anganwadi records	
4	% of children exhibiting smooth early transition from ECD to primary education in last one year	As per the primary data only 37% could possibly get into primary education. No secondary data was available at the centres.
5	% children have access to quality ECD services	The % percentage will be zero since none of the centres had required materials. Only activity that was found regular was immunization and nutrition intermittently. The ECD element was totally missing as they did not have display materials, neither did they have flip charts, stimulating toys and games. In the name of games children were playing local games which they anyway would do.
6	% Children regularly attend ECD center	As per the statements given by teachers only 40% children attend the centre but none regularly. Almost all the anganwadi centres were irregular in opening. Some open once a week. The teachers stated that they have to open only when nutrition supplements come which meant ECD was not a critical element in the AWC.
7	% Children show improvement in health condition	In the discussion with parents, teachers, community members and also anganwadi supervisors and doctors there are children with malnutrition who need immediate attention. On an average 1-2 children in every hamlet had children suffering from malnutrition but parents were reluctant to take the children to NRC despite getting referrals. One factor that was clear was mothers were not able to take the malnourished child to NRC for treatment as she has more children to look after. Women did mention that NRC services should be available at the AWC for women to access the services easily.
8	% ECD centers having ECD improvement plan	Not a single ECD centre had improvement plan. They did not even know about the same. Though the supervisor said there are improvements plans which she could not show despite request.
9	% children having completed immunization as per AWCs reports	Almost 60% children had completed immunization. Despite so many home visits and awareness programme a large number of children are left out due to migration, superstition, sickness of children, unavailability of parents, etc.

Table- 6- Findings based on indicators- children

2.2. Primary care givers & Teachers:

Parents and teachers form the close circle for children as care givers and nurturers. It is the role of care givers to give the necessary stimulation to children to grow and learn during the formative learning years. During the course of study the researcher met more than 60 parents and grandparents and more than 12 teachers and assistant teachers. It was found that most parents were not even clear of the role they have as nurturers apart from giving food to the children which too was scanty and inadequate. Since most parents are working they find it very difficult to cook nutritious meals for them both due to lack of knowledge about nutrition and lack of time to cook which forces them to give ready to eat junk food easily available in the local shops.

Role of grandparents is also shrinking in the rural areas much to follow the urban footsteps where grandparents don't take much responsibility due to nuclear families and high rate of seasonal migration. This also weakens the bonding between children and grandparents.

Teachers in most places knew their roles as teachers and nurturers but mostly were helpless due to non-availability of resources – like in some villages they did not even have chair and table for the teacher to use, no toilets for children and teachers, no teaching learning materials. In many places teachers also talked about safety issues which makes it difficult for them to travel to the remote villages. Also they talked about teasing and harassment faced by them by local goons and lack of commuting facilities.

S.no.	Indicators	Status
1	% ECD centre teachers using child friendly and stimulating teaching learning methodologies कितने प्रतिशत शिक्षिकाएं बच्चों के साथ मित्रवत प्रक्रिया से सीखते पढ़ते हैं ?	0% as there were no teaching learning materials available at the centres. The teachers too were not trained to use child friendly methods of teaching and stimulating the minds of young children.
2	% Parents engage with their children for providing home based care- कितने प्रतिशत अभिभावक अपने बच्चों के साथ समय व्यतीत करते हैं ?	None of the parents interacted during the study spent any time with children to provide home based care due to paucity of time and lack of knowledge and skills. The study also revealed poor breast feeding practices as most of the children are born at home and due to superstitions are not breastfed before 8-10 hours and sometimes almost 24 hours. There were several children who were being breast fed by their mothers till the age of three of them most children below one years were exclusively breast fed without giving them food supplements after six months. this is one major reason for weak and undernourished children and undernourished mothers.
3	% communities actively advocate and participate for Functional government AWC/mini AWC in the program area समुदाय में कितने प्रतिशत लोग आँगनवाड़ी व्यवस्था के प्रति जागरूक है ? आँगनवाड़ी अथवा	communities are not actively involved for functional AWC as they are not aware of the purpose. Most of the parents felt that the anganwadi only does immunization and give food supplements. Many of the parents blamed the anganwadi workers for corrupt

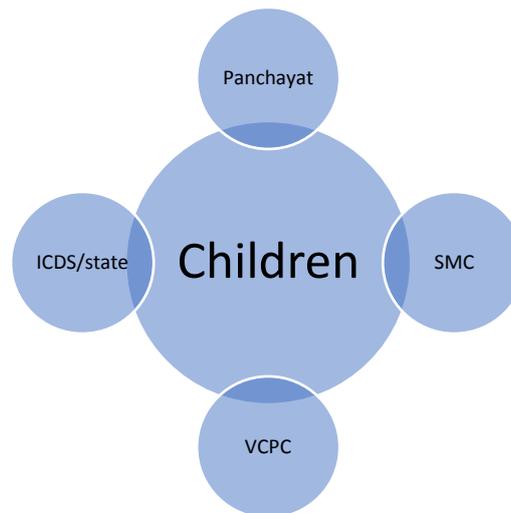
	मिनी आंगनवाड़ी ?	practices. though we met some teachers who spent their own money to bring food for children to lure them to the centre but lack of support from parents and community make it demotivating and difficult to sustain.
4	% parent actively participate in children health and education related activities कितने प्रतिशत अभिभावक अपने बच्चे के शिक्षा एवं स्वस्थ के विषय में जागरूक हैं ?	Parents don't even know that anganwadi is mandated to ensure ECD services. Parents blame the teachers for not providing enough supplements and nutrition which is locally acceptable. They seldom ask for health and never check for nutritious food and recipes to cook for their children. since most of the parents don't have enough time to cook and explore nutritious food this remains a distant idea to ensure good health and a stimulating environment for them. It was also found that the community does not have healthy practices including hand wash, safe and clean drinking water, use of toilets and general cleanliness due to lack of portable water source except well which is often not clean. Most children were observed to be eating without washing hands. Ever parents instead of accepting their role blamed teachers for not ensuring the same and teaching healthy practices at home and school.
5	Number of centres having Indoor and outdoor materials for promoting learning abilities ECD centers as per norms कितने केन्द्रों में बच्चों के विकास हेतु खेल सामग्री उपलब्ध है बाह्य खेल एवं कक्षा के भीतर खेलने के वस्तु ?	The centres don't have teaching learning materials and neither they have play materials for both indoor and outdoor games. Games are powerful tools for intellectual stimulation for the children without which there is no possibility of teaching small children. it is for ones imagination only that small children are made to sit in the centre without much activities for four hours.

Table- 8- Findings based on indicators- Parents, Community members and teachers

2.3. Role of duty bearers:

The research attempted to understand the role played by the various duty bearers for the development of children. Unfortunately, beginning from the understanding of children as agency to understanding the need to nurture and develop their full potential was completely missing from the agenda of the duty bearers.

Figure-5 children in relation to duty bearers



Panchayat members: None of the 6 Panchayat members could talk about the role of Anganwadi centre towards child development. Though they could talk about immunization as that is a flagship programme of state government, they could not relate with the issues of children’s learning and school readiness programmes. We also met Panchayat members who did not know that they were panchayat members thus pointing towards their role in the village development process. They were appraised of the needs of the centre in terms of teaching learning materials and better food supplements for all children. It was also pointed out to them that children from all the hamlets don’t attend the centre which means a large number of children get left out of the services. The Panchayats were requested to address the issues of demanding for AWC centres in each hamlet so that all children can get covered under the programme. Also the situation of children not getting sufficient meals were appraised to the members and urged to use some funds from panchayat budget to organise food and nutrition supplements for the children.

SMC: The research team met more than 10 SMC members some of whom are also Panchayat members. The SMC members mentioned that they are invited by the school whenever some meeting happens and important decisions are to be taken but have never been invited by the AWC. They also mentioned that many of them keep looking at the services of the AWC but from the lenses of immunization and food supplement. They were not aware of the ECD role of the centre. The SMCs were asked to earmark some funds for the AWC centre in terms of accessing teaching learning materials, etc.

CDPO- ICDS: The CDPO was not available though we met one supervisor and later met the Pradhan sahayak, Bal Vikas Pariyojna, Manikpur- Mr. Mahendra Pratap Singh. He was aware of the situation in the centres and also mentioned that new teaching learning materials will be provided to AWCs upon receiving their own building and infrastructure. He was aware that lack of materials hampered education of children but was helpless as the materials were not coming from the state headquarters. He also mentioned the support provided by ABSSS in training and supporting the AWCs. It was shared with him that parents requested for cooked meal like mid day meal in school. We also shared the embarrassing situation where smaller children keep looking at older children getting food during lunch time and smaller children get only a handful of panjiri to eat. Many children actually start demanding and crying for food which then the teacher has to manage somehow. This situation is so pathetic for all who witness. He assured soon the AWCs will also start serving hot cooked meal like the school as it has been approved the state government. He also mentioned Amchur Neruva to be a model anganwadi for the services, which it provides with the support of ABSSS.

Health Department: the research team met Dr. Rajesh Kr. Singh, Medical Director, community hospital, Manikpur. He talked about the difficulties people face in the Patha region. He shared that since most men drink, it is the women who have to work thus children are left unattended by parents either in the custody of elder siblings or elderly people at home and none take care of the small children. Mothers have no time to cook and give nutritious food due to the same reason which affects the health of children who are mostly undernourished having high morbidity. Unfortunately, due to lack of services in the villages parents bring children to hospital only when they are critically sick. Coupled with superstitions and migration several children don't complete immunization despite follow ups by Asha workers and ANMs. He also shared that due to Asha workers and ANMs not being educated and having poor knowledge and practices, they are unable to bring awareness among the community. He also mentioned practical problems like presence and attack by dacoits and lack of community support, which are major deterrent for doctors to come to this area.

Part 3

Key observations and Recommendations

3.1 Key Observations:

Teachers knew about their roles but were unable to take steps due to non availability of resources is one aspect that needs to be addressed by the government. There is a need to advocate and work along with the state government which looks like a possibility.

Another factor is teacher training which should happen on a regular basis. While all the AWC teachers we met were old appointments with one working since 1991. We met one teacher who was not trained since 2011. The continuous learning should happen for better performance of teachers since almost all of them are basely educated. The lack of sufficient, effective, relevant and efficient training techniques coupled with constant blaming by parents of embezzlement of funds make the environment difficult for learning and brings in lack of interest among teachers.

Critical aspects:

S.no	Component	Observation
1	Infrastructure	<p>Only one Anganwadi had its own building rest of them were run within the school compound in a small room. With no lighting and no display materials available. The AWC centres also did not have display boards with mandatory messages. Lack of charts and coloured materials make it boring for children. For learning to happen and create happy environment for children to attendant regularly it is important to have own centre with proper display as per norms.</p> <p>What do the teachers want:</p>  <p>PatrakarPura- teacher felt that they would feel better if children could have play materials, desks and chairs, daris to sit, chalk and pencils and board.</p> <p>Ranipur- there is a need to have own centre as the centre is run inside the school so less space to move around. chair, table, almirahs are not available to keep our records so we are forced to keep everything at home.</p> <p>Rampuria- Boxes are needed for keeping children's toys and books, etc. Centre should be closer to village for safety of teachers and students both.</p> <p>Suvargada- often older children bring siblings along and sometimes mothers also come and sit which makes the space more cramped.</p>

2	Teaching and learning materials	<p>Lack of teaching learning material was even acknowledged by the ICDS officials. There should be regular replenishment of materials which did not happen since 2014-015. It is normal for plastic toys to get wear and tear and also possibility of getting lost. The same should be sent to each centre every year along with new materials.</p> <p>What do teachers want:</p>  <p>Ahri- there should be teaching learning materials in the centre for teachers to teach and help children learn Rampuria- toys, sitting space and table chairs are needed in the centre, charts and materials for display needed. Suvargada- need all materials to teach and keep children interested in the centre.. Khichadi- need play materials to keep children engaged and teach good habits- outdoor games like ball, bat, etc. Coloured charts, etc for classrooms. teaching learning materials will help. Dari for sitting, slates and pencils needed for children.</p>
3	Food and nutrition	<p>Almost all the teachers mentioned that children do not like the food given at the centre. Even parents corroborated the same by saying Daliya is not part of their food so children throw away the food. Panjiri is the only thing they eat but giving the same everyday is little monotonous and boring. It was heartrending to watch children waiting for food in schools (wherever the centre is run within the school premises). All schools gave mid day meal to their children and gave the left over food often to the smaller children in anganwadi.</p> <p>Even the school could not cook more to accommodate all children is surprising. The Panchayat could play a role in getting some funds transferred to schools for food for all children. There could also be community contribution to the same effect.</p> <p>What do teachers want:</p>  <p>Suvargada- the food should be cooked and good food for all children. Children develop wrong food habits and eat junk food like 'motu patlu' which is harmful</p>

		<p>Ranipur- Most centres agreed that supplements are not regular. Secondly they are not liked by children. Breast feeding practices are poor. Most women start breastfeeding after almost 24 after births. Only in case of hospital births children are fed as per suggestions of teachers and nurses. (this was agreed by all other teachers also confirmed in community meetings)</p>
4	Attitude and behaviour	<p>Attitude and behaviour is a critical element which is missing regarding issues of children. Children are still not seen as agency in the community. They are seen as responsibility and not as people who need to be nurtured and cared for. For parents care is only limited to giving food and getting them treated only in cases of serious sickness.</p> <p>What do teachers want:</p>  <p>Suvargada- not only parents don't consider it important to give required stimulation but also think it is the responsibility of the teachers only.</p> <p>Ranipur- the environment is demotivating as community often blames teachers for stealing the food supplements and other facilities in materials while the teachers don't even get replacement and replenishment in time. (this is shared by most of the teachers)</p>
5	Safety and Integrity	<p>Safety and integrity are critical issues which needs to be looked at together as often women staff feel unsafe while reaching far off places where anganwadi centres are run. Lack of mode of transport and safety issues make it difficult for women to travel every day to centre which is a major reason for centre not opening regularly thus a loss for children. This needs to be seen both by teachers, parents, panchayats and ICDS officials.</p>
6	Hygiene	<p>Hygiene practices were completely missing in all the centres. All the centres lacked toilets thus forcing children and even teachers to go outside. No clean drinking water facility in most places except one- where tubewell was there. Almost 100% children ate without washing hands even the teacher did not insist. There was no soap available in the centres for children to use. Many children brought their own bottles of water which was unclean water.</p>
7	Health	<p>In the study we could not find any knowledge or practice of prevention and awareness of common illnesses. Parents mostly visited local healers in case of illness of self and child. Only if the child is very sick they approach the AWC and through them the health centre. Issues like skin diseases, cold</p>

		and cough are treated locally only. Weaker children are breast fed without realising the causes of weakness which in almost all cases is malnourishment. Though discrimination and negligence of female children was not much evident but parents did agree that male children needed quick medical support as they are often found to be weaker. This could also be due to parents being more sensitive towards male children compared to female children. Though breast feeding was done equally to both male and female children and one could also see females children starting on supplementary food sooner than male children. This was observation during the meeting with women and community groups.
8	Violence against children	Physical abuse including beating in the centre and at home are quite prevalent in the community. In Ranipur we saw the assistant teacher scaring children with a stick. Similarly, many centres had sticks though they did not use it in front of study team. Upon asking parents of physical violence or whether they fear for the safety of their children in the neighbourhood especially when they are not there. There was not much awareness and they felt mostly, that children were safe. They have not taught the concept of “good touch” and “bad touch” to children.

Table 9- critical aspects

There are a few key questions that form the core of the intervention of the Early Childhood Care and Development programme. These questions are based on the premise that children are independent agents of change and are to be cared and nurtured for a better future and society at large.

3.2 Recommendations:

The programme has been initiated with a few key questions that form the core of the present baseline study. The assessment was done keeping these questions in mind:

- Is the intervention geared towards accepting children as agents of change thus developing a strong sense of identity
- Will the intervention develop a sense of wellbeing among children
- Is the programme geared towards making children confident and involved learners through early intervention
- Are the Children effective communicators with empowering stimulations by care givers

Given the situation at this point it looks like a far fetched dream. In order to achieve the desired results there is a immediate need to work towards the goals in an organised and dedicated manner. There is a need to mobilize state machinery for activating the system and ensuring the norms and standards of ECD in all the anganwadis. There is a need to not only train the staff but also to sensitize them towards seeing children as the future of the nation.



Immediate steps:

- Regular opening of the centre with full timing followed in each centre
- Opening of anganwadi centres in locations where there is no centres in each of the villages.
- Immediate replenishment of teaching learning materials
- Immediate replacement of toys and play materials- both indoors and outdoors
- Handwash and hygiene practice should be ensured for health reasons
- Children and parents need to be encouraged to give nutritious food and encourage children to regularly consume food supplements distributed in the centres
- Monthly assessment of each child in the centre for learning milestones



Long terms :

- Advocacy with the ICDS for building infrastructure – including display boards
- Constructing toilets and drinking water sources
- Teacher training on six monthly basis
- Recipe books for sessions with parents to cook easy and nutritious food
- Awareness programmes with parents and community for child development
- Sessions with Panchayats, SMC, VCPC, ICDS on convergence for children in the community