Training Manual

on

Management of Integrated Child Development Services Scheme

( ICDS )

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# Contents

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Project Brief</td>
<td>2-3</td>
</tr>
<tr>
<td>2.</td>
<td>Introduction to the Module</td>
<td>4-5</td>
</tr>
<tr>
<td>3.</td>
<td>Content Areas</td>
<td>6</td>
</tr>
<tr>
<td>4.</td>
<td>Introduction to ICDS</td>
<td>7-13</td>
</tr>
<tr>
<td>5.</td>
<td>Early Childhood Care and Education</td>
<td>14-27</td>
</tr>
<tr>
<td>6.</td>
<td>Child and Women’s Development Issues</td>
<td>28-44</td>
</tr>
<tr>
<td>7.</td>
<td>Institutional Framework</td>
<td>45-53</td>
</tr>
<tr>
<td>8.</td>
<td>References</td>
<td></td>
</tr>
</tbody>
</table>
Project Brief

The Department of Administrative Reforms & Public Grievances (DARPG) in the Ministry of Personnel, Public Grievances and Pensions (MOP) commenced a project on “Capacity Building for Poverty Reduction (CBPR) - A Training Initiative” supported by the Department of International Development (U.K) (DFID), in February, 2005. In its larger context, the project seeks to improve the institutional, organizational and individual aspects of public service delivery, and its access by the poor, thereby helping in poverty reduction.

Jammu and Kashmir Institute of Management, Public Administration and Rural Development (IMPA) has been selected as State Implementing Agency (SIA) for the said project. The main objective and key deliverables identified are as under:

Main Objective:

- To improve the service delivery by capacity building through intensive training for the front line service delivery personnel.

Key Deliverables:

- To develop a replicable model by testing pilot projects in two identified sectors in selected districts.
- To train the personnel who are directly involved in service delivery system.

In order to implement the Project, the Institute has identified two sectors (Elementary Education and Social Welfare) along with two districts (Budgam and Udhampur) from where selected cadres would be drawn for training under the project. In this regard, the Institute conducted five one day Training Needs Assessment Workshops for Social Welfare Department for different levels under GoI – DFID Project ‘Capacity Building for Poverty Reduction’. The aim of the workshops was to identify the performance gaps and select appropriate learning interventions to address these gaps. The
department has a mandate to empower the disadvantaged and marginalized sections of the society. During deliberations, it was observed that the officers/officials lack knowledge and skills with regard to a variety of issues. Moreover, since the achievement of the programme goals depend upon the effectiveness of frontline workers in improved delivery of package of services, therefore, it was observed that the functionaries of social sector be thoroughly trained with regard to the different components of the Schemes/Programmes. Keeping these facts in view, following four subjects were identified for building up of the modules for training:

- **Women Development and Empowerment.**
- **Management of Integrated Child Development Services Scheme.**
- **Community Participation.**
- **Affirmative Action for SCs/STs.**
Introduction to the Module

Children are the most valuable section of our society. No nation on this globe can ignore the responsibility to ensure their proper growth and development as the future of the country lies with them. All the children neither have equal opportunities and facilities for living and learning nor have the same level of social acceptability.

Developmental programmes aimed at reducing poverty do not necessarily reach children or improve the environment in which they live and grow. As per 2001 census the country has around 17% of children who are below the age of 6 years and majority of them live in economic and social environments which could impede the child’s physical and mental development. These conditions include poverty, poor environmental sanitation, disease infection, inadequate access to primary health care, inappropriate child caring and feeding practices.

The National Policy for Children, 1974, has been adopted on the conviction that child development programmes are necessary to ensure equality of opportunity to these children. It provides the framework for assigning priorities to different needs of children (both before and after birth) and for responding to them in an integrated manner. Integrated Child Development Services (ICDS) is India’s response to the challenge of meeting the holistic needs of the child.

Today the Integrated Child Development Services (ICDS) is one of the world’s largest and most unique out-reach programme for early childhood care and development having completed three decades. It is one of the only programmes in the world which not only addresses health, nutrition and development needs of young children, adolescent girls and pregnant/nursing mothers across the life cycle but also to other primary health care goals and goals of universal elementary education as enunciated in the national plan of action for children 1992. The young children are most vulnerable to malnutrition, morbidity, resultant, disability and mortality and the early years are the most crucial period in life, when the foundation for cognitive, social, emotional, language, physical/motor development and lifelong learning are laid. Recognizing that early
childhood development constitutes the foundation of human development, ICDS is designed to promote holistic development of children under 6 years, through the strengthened capacity of Care-givers and Communities and improved access to basic services at the community level. The programme is specifically designed to reach disadvantaged and low income group, for effective disparity reduction. In view of importance, a module is proposed to be formulated on Planning and Management of ICDS in J&K State.

**Objectives of the Module:**

- Develop a comprehensive understanding among the participants about different components of the scheme and their Planning and Implementation as per guiding principles.
- Equip participants with the knowledge and skills about early childhood care and education.
- Understand the job responsibilities of various functionaries of the project.
- Guide officers/officials in organizing programmes of health and nutrition education and providing necessary communication aids.
Contents Areas

Unit I: Introduction to ICDS

- Background/ Objectives of the Scheme
- Services provided under Scheme
- Kishori Shakti Yojana.

Unit II: Early Childhood Care and Education

- Enhancing Early Development (Social, Emotional, Physical and Aesthetic Development of Child)
- Early Childhood Care and Education Services in ICDS
- Growth, Monitoring and Promotion.

Unit III: Child and Women’s Development Issues.

- National Policy for Children/ Plan of Action for Children
- UN-Convention on Rights of Child / Constitutional Framework
- Maternal and Child Health (MCH)
- Communication for Health Education
- Community Participation.

Unit IV: Institutional Framework
Unit I: Introduction to ICDS

The broad objective of this unit is to develop a comprehensive understanding among the participants about different components of the scheme and their Planning and Implementation as per guiding principles.

Session Title: ICDS Programme and Objectives

Objectives: At the end of the session, the participants shall be able to:

- Appreciate the genesis, importance and concept of Integrated Child Development Services Scheme; and
- Understand the objectives of the programme.

Contents:

- Background of the Scheme
- Objectives of the Scheme
- ICDS Beneficiaries and Services

Methodology: Lecture cum Discussion Session and exercise solving session.

Background:

- Integrated Child Development Services (ICDS) Scheme was launched on 2nd October, 1975 in pursuance of the National Policy for Children.
- ICDS is a multi-sectoral programme and involves several government departments.
- ICDS is the country’s most comprehensive and multi-dimensional programme. It is centrally sponsored scheme of the Ministry of Women and Child Development.
ICDS is the most unique programme for early childhood care and development encompassing integrated services for development of children, adolescent girls and women from disadvantaged communities.

The programme provides an integrated approach for converging basic services for improved childcare, early stimulation and learning, health and nutrition, water and environmental sanitation – targeting young children, expectant and nursing mothers and women’s, adolescent girls’ groups.

The programme is the foundation of the national effort for universalization of primary education.

**Objectives of the Scheme**

- To improve the nutritional and health status of children in age group of 0-6;
- To lay the foundations for proper psychological, physical and social development of the child;
- To reduce the incidence of mortality, morbidity, malnutrition and school drop-out;
- To achieve effective coordinated policy and its implementation amongst the various departments to promote child development and;
- 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.

**Activity: 1**

Spell out the objectives of the Scheme?

__________________________________________________________________
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__________________________________________________________________
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8
ICDS Beneficiaries and Services

- **ICDS Beneficiaries**
  - Children below six years
  - Expectant and Nursing Mothers
  - Adolescent Girls
  - Women in the age group 15-45 years

- **Services under ICDS**
  - ICDS provides a package of integrated services in a comprehensive and cost-effective manner to meet the multi-dimensional and basic needs of children.
  - ICDS beneficiaries receive services like health, nutrition and early childhood care and preschool education in addition to other supportive services like safe drinking water, environmental sanitation and women’s empowerment programmes.

**INTEGRATED PACKAGE OF SERVICES UNDER ICDS**

- **Health**
  - Immunization;
  - Health check-ups;
  - Referral Services;
  - Treatment of Minor illness.

- **Nutrition**
  - Supplementary Feeding;
  - Growth Monitoring and promotion;
  - Nutrition and Health Education (NHED)

- **Early childhood care and preschool education**
  - Early care and stimulation of children under 3 years; and
• Pre-School education to children in the 3 to 6 years age group.

❖ Supportive services and convergence
• Supportive services such as drinking water environment, Sanitation, Women’s Empower programmes and adult Literacy.
Session Title: Kishori Shakti Yojana

Objectives: At the end of the session, the participants shall be able to:

- Understand the objectives of KSY Scheme; and
- Appreciate the different components of the Kishori Shakti Yojana.

Contents:

- Introduction
- Objectives of KSY
- Adolescent Girls Scheme I
- Adolescent Girls Scheme II

Introduction:

- Since 2000, Kishori Shakti Yojana (KSY) is being implemented to empower adolescent girls to enable them to grow and develop;

- The scheme comprised of two sub schemes i.e. Girl to Girl Approach for Adolescent Girls in age group 11-15 year and Balik Mandal to reach Adolescent Girls in age group 11-18 years.

Objectives of KSY:

- Improve the nutrition and health status of girls in the age group of 11-18 years.

- Provide the required literacy and numerate skills through the non-formal stream of education, to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities;

- Train and equip the adolescent girls to improve/upgrade home based and vocational skills;

- Promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all
measures so as to facilitate their marrying only after attaining the age of 18 years and if possible even later;

- Gain a better understanding of their environment related social issues and the impact on their lives;
- Encourage adolescent girls to initiate various activities so as to become productive and useful members of the society; and
- KSY has number of programmatic options for States/UTs based on the area-specific needs and requirements. States can select the Programme interventions that respond best to the local context.

Activities under KSY Schemes:

- **Adolescent Girls Scheme -I (Girl to Girl Approach- 11-15 Years)**
  - Simple and Practical messages on
    - Preventing health, hygiene, nutrition and education;
    - Working of the anganwadi center;
    - Family life education.
  - Supplementary nutrition

- **Adolescent Girls Scheme-II (Balika Mandal -11-18 Years)**
  - Learn about significance of
    - Education and life skills
    - Personal hygiene
    - Environmental sanitation
    - Nutrition and Home nursing
    - First aid, communicable diseases, vaccine-preventable diseases
    - Family life, child care and development Constitutional rights and their impact on the quality of life
  - Participate in creative activities and learn through the sharing of experiences and discussions of issues that affect their lives.
  - Skill development
Supplementary Nutrition.

**Activity: 2**
Write down the services provided under KSY?

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**Features of ICDS Programme**

- Inter sectoral Approach
- Integrated Package of Services
- Convergence of Services
- Child Rights
- Coordination Mechanism
- Community Mobilization
- Gender Equality
- Holistic Dev. of Children

ICDS
Unit II: Early Childhood Care and Education

The broad objective of this unit is to equip participants with the knowledge and skills about Early Childhood Care and Education.

Session Title: Child Development – Definition, Process and Characteristics.

Objectives: At the end of the session, the participants shall be able to:
- Understand the concept of child and child development; and
- Enhance knowledge base regarding growth, development and learning process of young children.

Contents:
- Introduction to ECCE
- Concept of Child
- Child Development
- Aspects of Child Development
  - Physical and Motor Development
  - Cognitive and Language Development
  - Psychosocial Development
- Process of Child Development
- Pattern of Child Development and Characteristics.

Methodology: Lecture cum Discussion and Exercise Session.

Introduction:
Early childhood encompasses the period from conception to the time of entry into school at about the age of six. Early childhood period is of great importance because this is the period of greatest growth and development – when the brain develops almost to its
fullest, when we learn to walk and talk, when we establish moral foundations, when we gather confidence in ourselves and develop a general view of the world.

**Why Early Childhood Education?**

Early childhood education is important because:

a) ECE Influences all-round development and personality.

b) Fulfils a human right.

c) Provides grounding for developing social values.

d) Provides a non-controversial entry point for social / political action in a Community.

e) Promotes social equity and gender equity. ECE allows older girl-child siblings to access schooling, increases ultimate productivity in adulthood, and improves the success of parallel development programs and helps families as social and demographic situation change.

f) Influences all-round development of the child. Alphabetic learning has limitations. ECCE should focus on activities like songs, stories, creative activities, play with clay, sand, paper, water etc. It is not advisable to introduce writing of alphabet before five years.

g) Focus on activities like songs, stories, creative activities, play with clay, sand, paper, water etc. It is not advisable to introduce writing of alphabet before 5 years.

**Child:**

**Constitution of India:** A person below 14 years of age is a child i.e. until he/she is of 13 years and 364 days, is termed as child.
 Convention on the Rights of the Child:  child means every human being below the age of 18 years unless the law applicable to the child, majority is attained earlier.

Child Development:

Child development refers to the biological and psychological changes that occur in human beings between conception and the end of adolescence, as the individual progresses from dependency to increasing autonomy. Developmental change may occur as a result of genetically-controlled processes known as maturation, or as a result of environmental factors and learning, but most commonly involves an interaction between the two. The optimal development of children is considered vital to society and so it is important to understand the social, cognitive, emotional, and educational development of children.

Child development is a process every child goes through and is holistic in nature i.e a child develops as a whole. This process involves learning and mastering skills like sitting, walking, talking, skipping and tying shoes. Children learn these skills called developmental milestones, during predictable time periods. All round development of a child comprises three major aspects or areas of domains. These are:

- Physical and Motor Development
- Cognitive and Language Development
- Psychosocial Development

Physical and Motor Development:

Physical Development – Changes in body structure, size, proportion and system

Motor Development - Development of control of muscular functions and coordination between various parts of the body.
Activity: 3
Identify some of the activities for physical and motor development?

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Cognitive and Language Development:

Cognitive Development – Childs ability to think, perceive and learn and solve problems.

Language Development – Childs ability to understand, communicate and speak language.

Activity: 4
List out the activities which can help children to learn, think and perceive?

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Psychosocial Development (Development of emotions and social bonds):

Social Development – Childs ability to interact with others and behave in accordance with the expectations of the society.

Emotional Development – Childs ability to feel, regulate and express emotions.

Activity: 5
What are the different ways to teach a child healthy attitudes and values?

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**Process of Child Development:**

- Child Development is the process of growth and development which involves both qualitative and quantitative changes and is affected by heredity and environment due to which a child matures and learning takes place.

  - Growth refers to quantitative changes i.e increase in size, proportion and structure, which can be measured through increase in height, weight etc.,

  - Development refers to qualitative and quantitative changes related to functioning of a body. It includes acquiring skills and abilities to perform the tasks. These changes are progressive, orderly, long lasting and coherent. *(Growth is one aspect of larger process of development).*

- Growth stops at a particular age while as development is a continuous process.

- Growth and development are inter-dependable, for a child to be able to develop; he or she has to grow.

- Maturation and learning are closely interrelated. For full development of heredity potentials, children must be provided with learning opportunities and stimulation. Similarly, due to limitations in genetic background, learning cannot go beyond a certain point even when it is encouraged.

- Mother/Caregiver should provide qualitative learning opportunities to children right from the birth. Children are actively engaged in development through exploration and learning. Deprivation of learning opportunities limits its development.

**Activity: 6**
Write down the factors influencing Development and Growth?
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**Pattern of Child Development and Characteristics:**
All children follow a predictable pattern of development which takes place in following two directions:

- Development spreads over the body from Head to Toe.
- Development precedes from centre of the toe the ends.

Pattern of Development has many common and predictable characteristics.

- Development is continuous.
- Development follow similar and orderly pattern.
- Development of each child is unique.
- Development is progressive.
- Development is holistic.
- Development is from general to specific.
- Development is from simple to complex.
- Different parts develop at different rates.

**Activity:** 7
What are the Developmental Milestones?
Session Title: Enhancing Early Development (Social, Emotional, Physical and Aesthetic Development of Child).

Objectives: At the end of the session the participants shall be able to:

- Develop sensitivity towards concerns and issues related to Early Childhood Care and Education (ECCE);
- Understand the factors influencing child’s personality;
- Appreciate the family’s role in development of children; and
- Develop competence in conduct of ECCE programs in various settings.

Contents:

- Principles for Promoting Early Childhood Development.
- Development of Child’s Personality
- Family’s Role in Development of Children

Methodology: Lecture-cum-discussion, Exercise Session.

Principles for Promoting Early Childhood Development

- Children construct Knowledge;
- Children learn through social interaction with adults and other;
- Children’s learning reflects a recurring cycle that begins in awareness, and moves to exploration, to inquiry, and finally, to utilization;
- Children learn through play;
- Children’s interests and “need to know” motivate learning; and
- Child development and learning are characterized by individual variation.

Factors influencing Child’s Personality: Personality is the quality of a person’s total behaviour. Personality includes the whole individual, his physique, temperament, skills,
interest, habits, feelings, pattern of thinking, intelligence, achievements, and concept of one's self.

- Family Background/ Values
- Heredity
- Early Stimulation and Experiences
- Child Rearing Practices
- Peer Group
- Cultural and Traditional Values
- School and Learning Opportunities.

**Family’s role in Development of Children**

The family

- Gives feeling of security and acceptance.
- Meets physical, psychological and emotional needs.
- Is source of affection, love and warmth?
- Set models for social behaviour.
- Teaches moral, social, and cultural norms and values.
- Provides guidance and support for learning skills.
- Provides stimulating environment for learning and development.
Session Title: Early Childhood Care and Pre-school Education Services in ICDS

Objectives: At the end of the session the participants shall be able to:

- Understand the concept, need and activities of Early Childhood Stimulation (ECS)
- Appreciate the need and importance of pre-school Education
- Plan and organize activities for Pre school Education
- Promote Play way Activities and Learning for overall development.

Methodology: Lecture cum discussion and Practical Session.

Contents:

- Early Childhood Stimulation : Concept, Need and Activities
- Early Childhood Stimulation Activities for Children
- Pre School Education(PSE) in ICDS : Concept and Need
- Activities for Preschool Education
- Play way Methods for PSE Activities.

Early Childhood Stimulation: Concept, Need and Activities:

- Early Childhood Stimulation (ECS) is an effort to development among children below three years.
- ECS aims at providing learning experiences to the child for his/her holistic development.
- ECS includes activities that help the child to know his environment.

Significance of Early Childhood Stimulation

- Ensures healthy development of the child
- Develops basic trust and emotional security
- Stimulates intellectual curiosity
- Enhances language development
- Develops basic values of sympathy, tolerance, helpfulness and kindness
- Provides opportunities to explore and develop
Pre-school Education in ICDS:

- Pre-school education is an important component of the ICDS Programme and is essential for all round development of the child.
- It is a child centered programme for 3 to 6 years old children.
- PSC encourages interaction with the environment, active participation in group activities and promotes problem solving ability in children.
- Pre-school education at the Anganwadi should aim at the total development of the child – physical, psychological, moral, and social and the development of the language and the intelligence. The objectives of pre-school education are:
  - Develop in the child a good physique, proper muscular coordination and motor skills;
  - Develop its creativity and imagination, initiative and curiosity;
  - Develop attitudes of social responsibility and desirable relationships; to help the child to learn to live with other children and to respect the rights of others;
  - Inculcate human values like concern for others, sharing, cooperation with others, patience, tolerance, fairness, truthfulness, integrity, modesty, courage and equanimity.
  - Help the child to grow intellectually and emotionally, acquire the ability for expression in its own language, recognize and name the objects in its environment, recall and compare events and objects, and form clear concepts of things and events around it.
  - Develop self confidence and inner discipline;
  - Develop child’s personality through rich learning experiences; and
  - Develop good habits of health and hygiene.

*(Pre-school Education is important for overall development of the child as early years are critical in the life of a child.)*
Session Title: Growth, Monitoring and Promotion.

Objectives: At the end of the session, the participants shall be able to:
- Explain the need to monitor growth;
- Recall the steps in growth monitoring
- Fill up the growth chart – information box, month box.

Methodology: Lecture cum discussion and Practical Session.

Contents:
- Introduction to Growth Monitoring
- Steps in Growth Monitoring
- Plotting and interpreting trend of growth curve
- Role of AWWs

Introduction to Growth Monitoring:
- Growth monitoring, one of the basic activities of the under five, means keeping a regular track of the growth of the child through indicators like weight, height according to age etc. at regular intervals.
- It consists of routine measurements to detect abnormal growth and to take immediate and effective action.
- It aims to improve nutrition, reduce the risk of death or inadequate nutrition.
- Growth monitoring must start right from the birth of the child.
- In ICDS, growth monitoring is done with the help of Growth Chart.
- Growth Chart is a tool for assessing the growth of the child, identifies beneficiaries for Supplementary Feeding, and is used for imparting nutrition and health education to mothers.
- Growth chart has two axes:
  - The horizontal axis is for recording the age of the child and is being referred as ‘month axis’.
  - The vertical axis is for recording the weight of the child and is being referred as ‘weight axis’.
Four growth curves on the growth Chart depict the growth of the child and help in assessing his/her nutritional status.

Weight of the child as per the age is plotted on the Growth Chart.

Activity: 8
List the tools required for growth monitoring?

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Activity: 9
List your job responsibilities related to growth monitoring?

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Steps in Growth Monitoring:
- Determining correct age of the child
- Accurate weighing of children
- Plotting the weight on growth chart
- Interpreting the direction of the growth curve
- Discussing the Child's growth and follow up action with the mother.

Role of AWW
AWW should
- Weigh all children up to three years of age every month.
- Weigh children 3-6 years old every three months.
Severely malnourished children and children who have not gained weight consecutively for three months should be weighed every month (irrespective of the age).
**Unit III: Women and Child Development Issues**

The broad objective of this unit is to develop an understanding among the participants about the women and child development issues.

**Session Title: Child Development Policies.**

**Objectives:** At the end of the session, the participants shall be able to
- Gain knowledge about the policies in vogue for child development;
- Understand different components of National Plan of Action for Children.

**Methodology:** Lecture cum discussion and Practical Session

**Contents:**
- National Policy for Children
- National Plan of Action for Children
- Activities under the Plan

**National Policy for Children**
- Goal
- Policy and Measures
- Legislative and Administrative Action

**National Plan of Action for Children**

**Goal:** To bring about improvements in:
- Child health,
- Health of expectant mothers,
- Reduction in malnutrition,
- Provision of and access to safe drinking water,
- Universal enrolment of children in schools,
- Ensuring a minimum level of learning,
- Reduction of disparities and universalisation of effective access to schooling,
• Conservation and protection of the environment.

**Activities:** Activities under the Plan include

• Strengthening of the existing primary health care infrastructure,
• Consolidation and maintenance of levels of immunization coverage,
• Stepping up immunization where coverage is low,
• Polio eradication through immunization,
• Ensuring essential supplies and drugs,
• Training of doctors and para-medical health workers,
• Educating women and girls on safe motherhood,
• Providing primary education facilities in unserved areas,
• Providing child care services, and
• Community mobilization and involvement.
Session Title: Rights of the Child.

Objectives: At the end of the session the participants shall be able to:

- Understand the constitutional provisions for development of children.
- Discuss the rights of the child as per UN Convention on rights of the child.

Contents:

- Constitutional guarantees to India’s children
  - Fundamental rights - Article 14, 15, 21, 23 and 24.
- UN Convention on rights of the child

Methodology: Lecture-cum-discussion session

Introduction:

Children constitute one of the most valuable sections of society. No body can ignore the responsibility to ensure proper growth and development of children as the future of the country lies with them. In India the situation of children has improved considerably but still it is not uncommon to find children who have been subjected to abuse, torture or exploitation and who are denied of the basic rights. All the children in the country neither have equal opportunities and facilities for living and learning nor have the same level of social acceptability. The fact that the children are physically and mentally immature necessities special rights for their nurture, protection and fulfillment of unique needs. The needs of children and our duties towards them are enshrined in the constitution. The relevant articles are;

1. Article 24 prohibits employment of children below the age of 14 years in factories;
2. Article 39 prevents abuse of children of tender age and
3. Article 45 provides free and compulsory education for all children until they complete the age of 14 years.
In the country’s Five Year Plans, special attention has been given to the welfare of children particularly the weaker sections. Various schemes have been introduced and implemented to achieve this goal.

**UN Declaration of the Rights of the Child**

To meet the special needs of the child, the General Assembly of the United Nations adopted on 20 November 1959, the Declaration of the Rights of the Child. India was a signatory to this Declaration. The Rights of the Child are:

1. Right to develop in an atmosphere of affection and security and, wherever possible, in the care and under the responsibility of his/her parents.
2. Right to enjoy the benefits of social security, including nutrition, housing and medical care.
3. Right to free education.
4. Right to full opportunity for play and recreation.
5. Right to a name and nationality.
6. Right to special care, if handicapped.
7. Right to be among the first to receive protection and relief in times of disaster.
8. Right to learn to be a useful member of society and to develop in a healthy and normal manner and in conditions of freedom and dignity.
9. Right to be brought up in a spirit of understanding, tolerance, friendship among people, peace and universal brotherhood.
10. Right to enjoy these rights, regardless of race, colour, sex, religion, national or social origin.

**The UN Convention on Rights of the Child:**

The UN Convention on Rights of the Child sets out four basic rights of the child which includes right to survival, right to development, right to protection and right to participation.
<table>
<thead>
<tr>
<th><strong>Right to Survival</strong></th>
<th><strong>Right to Protection</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>It includes:</strong></td>
<td><strong>It includes rights related to:</strong></td>
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<td>- Right to life</td>
<td>- All forms of exploitation, abuse, discrimination, inhuman or degrading treatment and neglect, disability, right to special protection in situations of emergency and armed conflicts.</td>
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<td>- The highest attainable standard of health, nutrition and adequate Standards of living</td>
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<td>- Right to a name</td>
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<td>- Right to acquire nationality and</td>
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<td>- Right to know and be cared by his or her parents.</td>
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<th><strong>Right to Participation</strong></th>
<th><strong>Right to Development</strong></th>
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<td><strong>It includes:</strong></td>
<td><strong>It Includes:</strong></td>
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<td>- Respect for the views of the child</td>
<td>- The right to Education</td>
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<td>- Right to freedom of expression, thoughts, consonances and religion</td>
<td>- Support for early childhood development and care</td>
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Session Title: Maternal and child Health.

Objectives: At the end of the session the participants shall be able to:

- Appreciate the conceptual understanding about maternal and child health;
- Understand the specific objective of MCH.

Contents:

- Concept of Maternal and Child Health.
  - Objectives of MCH
  - Indicators of MCH Care
  - Antenatal and post natal care

Methodology: Lecture-cum-discussion session.

Concept of Maternal and Child Health:

MCH is a method of delivering health care to special group in the population which is especially venerable to disease, disability or death. These groups include children under the age of five years and women in the reproductive age group 15-44 years. The term Maternal and Child Health refers to the promotive, preventive, curative and rehabilitative aspects of health care for mothers and children. The specific objectives of MCH are:

- Reduction of maternal, prenatal, infant and childhood mortality and morbidity.
- Promotion of reproductive health.
- Promotion of the Physical and psychological development of the child and adolescent within the family.
- To impart nutritional and health education to the mothers.

(The main aim of MCH services is life long health)
Components of MCH: Following are the components of MCH

- Maternal Health-Stress is laid on the health and nutrition of a pregnant women and lactating mothers.
- Child Health- immunization, periodic checkup and nutrition supplements.
- Family Planning- the methods of family planning to be explained for the spacing of children.
- School Health
- Handicapped Children-MCH team can guide mothers how to take care needs of the child who is mentally retarded.
- Adolescence and
- Health aspects of children in special settings such as day care.

Indicators of MCH: The commonly used mortality indicators of MCH care are:

- Maternal mortality rate
- Mortality in infancy and childhood
  - Prenatal mortality rate
  - Neonatal mortality rate
  - Post-neonatal mortality rate
  - Infant mortality rate
  - 1-4 year mortality rate
  - Under 5 mortality rate
  - Child survival rate

Antenatal Care

Antenatal care is the care up the women during pregnancy. The objectives of the antenatal care are to:

- Promote, protect and maintain the health of the mother during pregnancy;
- Detect “high risk” cases and give them special attention;
• Foresee complications and prevent them;
• Remove anxiety and dread associated with delivery;
• Reduce maternal and infant morality and morbidity;
• Teach the mother elements of child care, nutrition, personal hygiene, and environmental sanitation.
• Sensitize the mother to the need for family planning including advice to cases seeking medical termination of pregnancy; and
• Attend to the under-five accompanying the mother.

**Post natal care:**

Care of the mother and the newborn after delivery is known as post natal care. The objectives of the post natal care are to:

• Prevent complications of the postnatal period;
• Provide care for the rapid restoration of the mother to optimum health;
• Check adequacy of breast feeding;
• Provide family planning services and
• Provide basic health education to mother/family.
Session Title: Communication for Health Education.

Objectives: At the end of the session the participants shall be able to:

- Define health communication
- Understand the functions of health communication;
- Analysis the role of health care providers; and
- Gain knowledge about principles of health education

Contents:

- Concept of Health Communication
- The Communication Process
- Types of Communication
- Functions of Health Communication.
- Approaches to Health Education

Methodology: Lecture-cum-discussion session, Role play.

Communication:

- A Social process.
- Transmission or shaping of ideas, facts, feelings, course of action and information.
- Influences / changes human behaviour.

(Ultimate Goal: To bring about a change in the desired direction of a person.)

Health Education: A process aims at encouraging people to want to be healthy, to know how to stay healthy, to do what they can individually and collectively to maintain health, and to seek help when needed.

(Health Education is the foundation of a preventive health care system.)
**Aim:** Inform, motivate and help people to adopt and maintain healthy practices and lifestyles.

**Communication Process:**

The steps between a sender and a receiver that result in the transference and understanding of meaning.

![A Communication Model](image)

**Activity: 10**

What mode of communication do you apply while communicating health massages?
Types of Communication

- One way communication
- Two way communication
- Verbal communication
- Non-verbal communication
- Formal and informal communication
- Visual communication
- Tele communication and internet

Barriers of Communication

- **Physiological** – difficulties in hearing, expression
- **Psychological** – emotional disturbances, neurosis, levels of intelligence, language or comprehension difficulties.
- **Environmental** – noise, invisibility, congestion.
- **Cultural** - illiteracy, levels of knowledge and understanding, customs, beliefs, religion, attitudes, economic and social class differences, language variations, cultural difficulties between foreigners and nationals, between urban education and rural population.

**Functions of Health communication:** Health communication has to cater the following needs:

- **Information:** Exposure to the right kind of health information can
  
  - Eliminate social and psychological barriers of ignorance, prejudice and misconceptions people may have about health matters;
  - Increase awareness of the people to the point that they are able to perceive their health needs;
  - Influence people to the extent that unfelt needs become felt needs, and felt needs become demands.
**Education**: Education is an integral part of prevention oriented approach to health and disease problems.

- Helps to increase

![Diagram](https://via.placeholder.com/150)

- Bring about changes in life styles and risk factors of disease.

**Motivation**: Power that drives a person from within to act.

- Motivate individuals to translate health information into personal behaviour and life styles for their own health.
- It includes the stages of interest, evaluation and decision making.

**Persuasion**: A conscious attempt by one individual to change or influence the general beliefs, understanding, values and behaviour of another individual or group of individuals in some desired way.

**Counseling**: Processes that can help people understand better and deal with their problems and communicate better with those with whom they are emotionally involved.

**Functions:**

- Improves and reinforce motivation to change behaviour
- Provides support at times of crisis
- Helps them to face up to their problems and to reduce to solve them.
- A counselor should be able to:
- Communicate information
- Gain the trust of the people
- Listen sympathetically to people who are anxious, distressed and possible hostile
- Understand other persons feelings and to respond to them in such a way that the other person can feel free to express his feelings
- To help people reduce or resolve their problems.

*(Counseling is an integral part of all health care programmes).*

- **Raising Morale:** The capacity of a group of people (or team) to pull together persistently or consistently.
- **Health Development**
- **Health Organization**

### Approaches to Health Education:

- **Individual Approach**
  - Personal Contact
  - Home Visits
  - Personal Letters

- **Group Approach**
  - Lectures
  - Demonstrations
  - Discussion Methods
  - Role Play etc.

- **Individual Approach**
  - Television
  - Radio
  - News Paper
  - Printed Material
  - Posters
  - Health Museums and exhibitions
  - Folk Methods
  - Internet
Changing Concept of Health Education

- Prevention of disease to promotion of healthy lifestyles.
- The modification of individual behaviour to modification of “social environment” in which the individual lives.
- Community Participation to Community Involvement.
- Promotion of individual and community “self reliance”.


Session Title: Community Participation.

Objectives: At the end of the session the participants shall be able to:

- Understand Community Mobilization, its various dimensions and parameters;
- Appreciate the importance of Community Participation in ICDS; and
- Involve the community in the implementation of the programme.

Contents:

- Community Participation – An Over view
  - Concept of Community Participation
  - Why Community Mobilization
  - Constraints in Community participation
- Role of social Organizations in community Mobilization
  - Social Institutions
  - Political Institutions
  - Voluntary Sector
- Community Awareness.

Methodology: Lecture cum discussion, exercise solving session.

Community Participation:

In the context of ICDS, community participation may mean:

- Awareness of the needs and problems of the child.
- Knowledge of schemes in operation – their objectives, services, eligibility criteria, agencies and functionaries for the delivery of services.
- Community’s conviction about the efficacy and usefulness of the services.
- Community clear understands of its participation and contribution.
- Active involvement of the people, their leaders, institutions, organizations etc. in
  - Adoption of alternate strategies and practices,
  - Desire to adopt new practices of child care.
Why Community Participation:

In order to implement the programme effectively, community participation is needed. There is a strong rationale in support of community participation:

- The responsibility for growth and development of pre-school children is basically that of the parents and the community.
- All the children in the age group of 3-6 years need developmental services, and it is not possible for the government to take responsibility for looking after the needs of growth and development. Therefore, community involvement is needed.

It is, therefore, important that there should be much larger involvement of the community if the coverage of the programme has to increase. Even if Government has all the resources the programme cannot continue if it does not ultimately become community’s responsibility. Therefore, it is necessary that from the very beginning the community itself is involved in the planning and implementation of the programme.

Constraints in Community Participation:

Following are certain constraints from which the process of community participation may suffer:

- ICDS is a Government sponsored programme and is being run by the Government functionaries.
- The package consists of such services like health, education etc which have been traditionally provided free by the Government.
- In the process of selection of Anganwadis and recruitment of Anganwadi workers, the community is not consulted.
- The programme does not identify specific resources which should necessarily come from the community.
- There is no process of motivating and educating the community about child care practices and the problems which may arise if child care services are not made available.
- The objects of the scheme do not emphasize effectively public participation in the programme.
- The role of the local institutions has not been spelt out in the scheme.
- Decisions to set up Anganwadis are not made by the people.
Unit IV: Institutional Framework

The objective of this unit is to understand the institutional arrangements put in place for ICDS Programme.

Session Title: Institutional Framework.

Learning Objectives: At the end of the session the participants shall be able to:
- Understand the institutional arrangements put in place for implementation of ICDS;
- Analyze the role of different functionaries responsible for implementation of the programme; and
- Know the various parameters for monitoring and evaluation of the Scheme.

Methodology: Lecture cum Discussion, Exercise Solving Session

Contents:
- Administration and Management
- Roles and Responsibilities of the Functionaries
  - Child Development Project Officer
  - Assistant Child Development Officer
  - Supervisor
  - Anganwadi Workers
- Monitoring and Evaluation.
1. **Child Development Project Officer:**

The Child Development Project Officer is the key functionary of the scheme of Integrated Child Development Services (ICDS). He is responsible for the organization of services as also for administration and implementation of this scheme at the field level. These CDPO have to be suitably trained for their role which entails the following job responsibilities:

The Child Development Project Officer will:

1. Be responsible for implementing the programme and supervising day-to-day administration.

2. Allocate and releases monthly and yearly budgets to each anganwadi centre.

3. Supervise and guide the work for the entire project team, including supervisors and anganwadi workers.

4. Prepare a project report containing all the necessary and relevant baseline information.

5. Ensure the proper maintenance of registers and records both at the project and the anganwadi centre levels. He will inspect these records periodically.

6. Make necessary arrangements for procurement, transportation, storage and distribution of various supplies indicated in the integrated Child Development Services Programmes. For this purpose, he will maintain necessary links with district and State Level Officials.

7. Ensure that all the equipment and material supplied for the ICDS programme are accounted for and used and maintained properly.
8. Act as the Convener of the Project Coordination Committee or functional Committee. He will arrange meetings of the Committee; prepare agenda notes and record minutes. He will take all necessary steps to ensure a coordinated implementation of project programmes and services.

9. Act as an integral part of the Block team. He will arrange functional liaison with the Block –Headquarters, Primary Health Centre, Panchayati Raj Institutions and voluntary organizations functioning in the area.

10. Incur contingency expenditure on articles, material etc. required by the anganwadi workers and other project functionaries, and would act as the drawing and disbursing officer for the ICDS scheme, excluding the health inputs.

11. Make effort to obtain local community’s involvement and participation in implementing ICDS programme and services.

12. Help the anganwadi workers in informing and operating village level coordination committees. He will also help the anganwadi workers in establishing closer functional links with village level Mahila Mandals and Youth Club.

13. Arrange educational programmes such as nutrition and hygiene demonstration with the help and assistance of other project level functionaries.

14. Responsible for preparing periodical progress reports and furnish all information as and when required by State and Central ICDS Units.

15. Take all necessary measures for staff development. He will depute supervisors and anganwadi Workers for training/orientation, as and when required.

16. Undertake field visits periodically.
2. **Assistant Child Development Project Officers:**

1. To assist the CDPO in the discharge of his duties.

2. Help the anganwadi workers under his/her charge in initial stages in carrying out a quick and simple census survey of the project and also collect information as may be required by the CDPO for the preparation of a project report containing all the necessary and relevant baseline information.

3. Ensure the proper maintenance of, and periodically inspect, registers and records both at the project and the anganwadi centre levels in respect of anganwadis under his/her control.

4. Ensure that all the equipment and materials supplied for the ICDS programme for anganwadis under his/her charge are accounted for and used and maintained properly.

5. Assist CDPO in arranging functional liaison with the Block Headquarters, Primary Health Centre, Panchayati Raj Institutions and Voluntary organizations functioning in the area.

6. Make efforts to obtain local community’s involvement and participation in implementing ICDS programme and services. He/She will encourage the local community to contribute to the programme in terms of food supplies, building materials, voluntary services etc.

7. Help the anganwadi workers in forming and operating village level coordination committees. He/She will also help the anganwadi workers in establishing closer functional links with village level Mahila Mandals and Youth Clubs.
8. Arrange educational programs, such as nutrition and hygiene demonstrations, with the help and assistance of other project level functionaries.

9. Undertake field visits periodically.

10. Supervise the work of supervisors under his/her charge and give them such guidance, orientation and assistance as may be deemed necessary from time to time.

11. Attend to office work when the CDPO is on tour, as per the arrangements that may be indicated by the CDPO.

3. Supervisors:

1. A Supervisor will provide continuous on-the-job guidance to anganwadi workers to bridge the gap between training and job requirements.

2. She will visit each anganwadi at least once a month.

3. During her visit to anganwadi, she will perform the following tasks:
   i. Guide anganwadi workers in conducting household survey, updating the survey data on a quarterly basis and preparing accurate lists of families and eligible beneficiaries;
   ii. Check the enlisting of beneficiaries from low economic strata and severely malnourished, particularly children those below 3 years of age;
   iii. Guide anganwadi workers in the assessment of correct ages of children, correct weighting of children and plotting their weights on the growth Charts, especially in respect of severely malnourished;
   iv. Help the anganwadi workers in identifying “at risk” children and mothers and referring them to primary health centre or hospital;
v. Check the weights by actual weighing of severely malnourished children and guide the anganwadi workers in their rehabilitation;

vi. Guide the anganwadi workers in conducting preschool activities by demonstrating techniques of story telling, organizing play, identification of shades and colours etc;

vii. Demonstrate to anganwadi workers effective methods providing health and nutrition education to mothers and help them to the same;


ix. Visit homes of severely malnourished children and “at risk” others and guide anganwadi workers and others about proper care in such cases;

x. Check the entries of deaths and births in the survey register and the immunization register;

xi. Check the records of anganwadi workers and guide them in proper maintenance of records;

xii. Organize help in cases of those anganwadi workers who are not educated enough to fill in the registers and records;

xiii. Check the arrangement for storage, preparation and distribution of food and stocks of supplies such as supplementary nutrition, medicines, material for pre-school education, registers and records etc. and report shortages to the CDPO.

xiv. Help anganwadi workers in organizing and strengthening Mahila Mandals, which could support various activities of the anganwadis;

xv. Keep in touch with village leaders and local institutions such as Mahila Mandals, Panchayats, Primary Schools and Youth Clubs and involve them in the ICDS programme;

xvi. Find out the personal and work related problems of anganwadi workers, provide guidance to them to cope with these problems, and report gaps to CDPS;
xvii. Ascertain the number of visits by ANM to the anganwadi during the period between the supervisors previous visit and the current visit, and whether the ANM’s visit was properly utilized by collecting children and mothers at the anganwadi for health check up, immunization and health education by the ANM as well as by joint visit to the homes of those children and mothers who were too sick to come to anganwadi;

xviii. Check whether the weekly timetable of activities at the anganwadi is being properly implemented; and

xix. Ascertain the number of immunized children and report it to the CDPO.

4. The supervisors shall organize monthly meetings of anganwadi workers of her circle with the participation of concerned LHV’s and ANMs. At this meeting, the work done in the previous month should be reviewed and the work for the ensuing month should be planned, including preparation of weekly time tables of activities at the anganwadi. One or two specific items should be selected for continuing education to anganwadi workers and ANMs at each monthly meeting (for example, growth monitoring, diarrhea management, coping with any rampant diseases etc.).

5. The Supervisor shall maintain a diary in the prescribed form in which she will keep a record of the work done by her during her visit to the anganwadi and maintain the statistics of the anganwadi is in her area relation to population, number of pregnant and nursing mothers, number of beneficiaries of different services, number of severely malnourished children etc.

6. The supervisor will ensure timely submission of monthly progress reports by anganwadi workers to the CDPO’s and also check the accuracy of these reports.

7. At the monthly meeting at project headquarters, the supervisor will assist the CDPO in the following matters:
   i. Payment of honoraria to anganwadi workers and helpers in her circle;
   ii. Alternative arrangement in case of anganwadi workers and helpers who may go on leave in her circle;
iii. Finalization of the mutually convenient date for the monthly meeting in her circle in the following months;

iv. Informing the meeting about any special event or problem or achievement in her circle; and

v. The issue of materials from the project office to the anganwadi workers.

She will carry out such other tasks as may be entrusted to her by the CDPO.

Anganwadi Workers

For effective implementation of the ICDS Programme the Anganwadi Worker (AWW), who has to be a local Woman belonging to the same village/Ward, is required to perform the following functions:

1. Community survey and Enlisting Beneficiaries. The community to be covered should be surveyed to find out the number of children below six years of age, pregnant and nursing mothers others. Data about the number of families, family members and income should be obtained. Vital Statistics particularly of new births and deaths (especially child and maternal deaths) should be recorded. Handicapped, exploited and destitute children should also be listed. In the collection and compilation of all this information, the supervisor would be guiding and helping the AWWs.

2. Supplementary feeding of 0-6 years of children and pregnant and nursing mothers.

3. Health and nutrition education to women and children and the community, population education to women and parent and community education.

4. Non-formal pre-school education of the children between 3 and 6 years of age.

5. Primary health care and first aid to children under six and pregnant and nursing mothers.

6. Detection of impairments among children in the early stage and help in the prevention of disabilities.
7. Contacting the parents of children coming to the anganwadi through home visits and enlisting their participation in the programme.

8. Assisting health staff in immunization and health check-up.

9. Referral services for severely under-nourished/mal-nourished, sick and “at-risk” children, and cases of communicable diseases and children with impairments.

10. Maintaining records/registers particularly weight cards, child health cards, supplementary nutrition records, anganwadi attendance records etc.

11. Maintaining liaison with other institutions in the village/urban slum e.g. Panchayats, Mahila Mandals, Schools, Local Organizations etc. and seeking their support and participation in the ICDS Programme.