

**EARLY CHILDHOOD CARE AND EDUCATION IN ANGANWADI
CENTRES OF AIZAWL CITY: A CRITICAL STUDY**

**Dissertation Submitted in Partial Fulfilment for Degree of Master of
Philosophy in Education**

Submitted by

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DECLARATION

I, Angie V.L. Nunhlimi hereby declare that this dissertation entitled ‘Early Childhood Care and Education in Anganwadi Centres of Aizawl City: A Critical Study’ is a record of work done by myself, that the work contained herein is my own except where explicitly stated otherwise in the text, and that this work has not been submitted for any other degree or professional qualification except as specified.

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CHAPTER –I
INTRODUCTION

CHAPTER – I

INTRODUCTION

Research is a search for knowledge, a search for answers to questions and a search for solution to problems. In any research work, it is important to first understand what the problem is and from where it came from. The present chapter deals with the introduction and description of what Early Childhood Care and Education (ECCE) is. The concept, nature, significance of ECCE is mentioned followed by an explanation of Integrated Child Development Service (ICDS). The rationale of the study, objectives and delimitations of the study are also mentioned in this chapter.

1.01: CONCEPT OF ECCE:

ECCE refers to a wide range of programs, all aimed at the physical, cognitive and social development of children before they enter Primary schools- theoretically from birth to about 6-7 years of age. It does not only include the child's education and their developmental aspects but also the prenatal years. It provides care and support to the pregnant mothers as well as the child's and caters to the child's development upto 6 years of age.

The concept of ECCE is of recent origin in India. It did not find any mention in the educational literature till the formulation of the National Policy on Education (NPE), 1986. It has used the nomenclature of ECCE for the stage preceding elementary education. According to the Article 45 as amended in 2002, the constitution of India stated;

“The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years” (Govt. of India, 2007).

It includes the education, nutrition, health and hygiene of the children within this age group. The word 'care' has been added to this concept to emphasize the importance of the pre-natal as well as the post-natal years. The importance of the early years have been stressed greatly in recent years due to the fact that the most rapid brain development takes place during the early years. The human brain develops more rapidly between birth and age five than during any other period. However, this development can be hindered due to lack of proper nutrition and stimulation. The emphasis on care is the need to have a broader focus on Early Childhood Education (ECE). Children who are better nourished are more apt to be less sick and learn better than children who do not receive such care.

'Recent research in the field of neuroscience, particularly on the brain, has provided very convincing evidence of the 'critical periods' located within early years, particularly the first three years for full development of the brain's potential.' (Deberty, 1997).

'About two third of the brain development is nearly complete during the first two years of the child, the rest in the second two years, i.e. brain development is complete by the time the child is four or five years old. Any damage to the brain due to protein deficiency during this age is altogether irreparable at a later stage. If we are mindful about the optimum use of nutritional programmes, we should see that they are implemented between the ages of two to four.' (Hiranandani.1970).

Recognizing its importance United Nations Educational, Scientific and Cultural Organization (UNESCO) advocates for ECCE programmes that attend to health, nutrition, security and learning and which provide for children's holistic development. It organized the first World Conference on ECCE in September 2010, which culminated in the adoption of a global action agenda for ECCE called '*Moscow Framework for Action and Cooperation: Harnessing the Wealth of Nations*'. As a follow-up to the World Conference, UNESCO works in partnership with Member States, partners and other stakeholders to encourage timely and effective implementation of the Moscow Framework so that all young children develop their potential to the fullest. India is also a partner state to follow Moscow Framework. The National ECCE Policy gives the following definition of ECCE (Govt. of India, 2012):

“For the purpose of this Policy and the actions there under, Early Childhood Care and Education (ECCE) refers to programmes and provisions for children from prenatal to six years of age, which cater to needs of a child in all domains of development i.e. physical, motor, language, cognitive, socio-emotional, and creative and aesthetic appreciation; and ensure synergy with health and nutrition aspects. This would cover developmental priorities for each sub stage within the continuum, i.e. care, early stimulation/interaction needs for children below 3 years, and developmentally appropriate preschool education for 3 to 6 years old with a more structured and planned school readiness component for 5 to 6 year olds.”

The NPE, 1986 “specially emphasizes investment in the development of the young child, particularly children from sections of the population in which first generation learners predominate”. Recognising the holistic nature of the child development viz. nutrition, health and social, mental, physical, moral and emotional development, ECCE has been given high priority and would be suitably integrated with the ICDS program, wherever possible. This would also be provided as a support service for universalization of primary education and the local community would be fully involved in these programmes. It has been rightly said, “A full integration of child care and pre-primary education will be brought about, both as a feeder and strengthening factor for primary education and for human resource development in general”. The revised NPE 1992 has also reiterated the postulates and provisions of the NPE, 1986 on ECCE.

The National ECCE Policy, 2013 also reaffirms the commitment of the Government of India to provide integrated services for holistic development of all children, along the continuum, from the prenatal period to six years of age. The Policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation, with focus on early learning, for every Indian child. ECCE services are delivered through public, private and non-governmental channels. It encompasses the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment. It is an indispensable foundation for lifelong development and learning, and has lasting impact on early childhood development.

Thus, ECCE comprises all the essential supports a young child needs to survive and thrive in life, as well as the supports the family and community need to promote children's healthy development which includes integrating health, nutrition and intellectual stimulation, providing the opportunities for exploration and active learning, as well as providing the social and emotional care and nurturing a child needs in order to realise his/her human potential and play an active role in their families and later in their communities.

1.02: NATURE OF ECCE:

The child during the period of early childhood tries to acquire control over the environment. He is now ready to explore his environment. He seeks to know what environment is, how it works, how it feels and how he can be an integral part of it. This includes both animate and inanimate objects. Growth proceeds at a slow rate. But this period is ideal for learning new skills. The child enjoys repetition. He is adventurous. Speech skills are developed during this period. The ability to comprehend develops. Although the common conception is that the child during this period is incapable of learning. Piaget believes that he quickly learns to distinguish between various features of the immediate environment and modifies his behavior according to its demands.

During this period the child reaches the stage of extremely rapid development of spoken language. He masters much of his native language. It is interesting to note that all children learn their native language without much of formal instruction. Early childhood is also called the 'try age'. The child takes the toys as his living companies. He likes to show his interest in dramatization, drawings, paintings, games and movies.

Educationally this period is very important and it is called as the pre-school age. The child is prepared in all respects to profit from schooling during this period. Therefore, enriched environment is to be provided for the receptive mind of the child. Some Psychologists call this is the period of plasticity as the impressions that are made on the child's mind last throughout his life and influence his career. Therefore, all kinds of facilities should be provided to the child to explore, to enquire, to play and to interact with his peers for optimum

education. The early childhood education should therefore be according to the physiological and psychological needs and conditions of the child. It should be free, flexible and comprehensive in finding the best ways of getting families and schools to work together.

1.03: SIGNIFICANCE OF ECCE:

The first six years of life are critical years of human life since the rate of development in these years is more rapid than at any other stage of development. Global brain research also informs us about the significance of early years for brain development. ECCE makes a positive contribution to children's long term development and learning by facilitating an enabling and stimulating environment in these foundation stages of lifelong learning. Parents as caregivers are critical in providing a stimulating learning environment to the child and the first two and a half to three years need not be in a formal learning environment. The programme at the early childhood stage helps to ensure opportunities for holistic learning and growth. The ECCE programme needs to be determined by children's developmental and contextual needs, providing for more need based inputs and an enabling environment. Thus, the underlying principles of early learning will be an indicative of the importance/ significance of early learning and ECCE.

- Learning begins from birth: From infancy children are mentally and physically active. They learn through all their senses and stimulations.
- Children construct knowledge: They construct their own knowledge or working models while they actively engage in their environment and through repeated interactions with people and materials. This simply means that children touch, taste, shake things etc. to find out what happens and learn about things in their environment.
- Children's curiosity and desire to learn: Children are curious and eager to learn. They have an inherent need to make sense of their experiences and learn about the world around them.
- Children learn through play: Play is central to the child's well-being and development Children's spontaneous play provides opportunities for exploration, experimentation, manipulation and problem solving that are essential for constructing knowledge.
- Child's development and learning are characterised by individual variation

- No two children are the same. Each child has an individual pattern and timing of growth and development as well as individual styles of learning. Children's personal, family experiences and cultural backgrounds also vary.
- Children's learning reflects a recurring spiral that begins in awareness, and moves to exploration, to inquiry, and finally, to application. Any new learning by children begins with awareness, which is generated from their experiences with objects, events, or people and ends with utilization, where children are able to use what they have learnt for multiple purposes and apply their learning to new situations. At this stage children start exploring the next level of information and the spiral continues.
- Children need to experience success more than failure to form a positive self-concept: The experiences should be planned in accordance with the maturational level of the children, such that they are challenging yet achievable, so as to promote self-confidence. When children have confidence in themselves, they do better. They are eager to try new and harder things; they gain new skills and become more confident and capable.
- Children develop holistically and benefit from integrated experiences and education: Learning and development of children takes place in totality. All the domains of development i.e. physical, motor, and cognitive, language, socio-personal, emotional and creative and aesthetic appreciation are interrelated and take place simultaneously.

Moreover, research studies conducted by the psychologists and educationists all over the world have showed that an adequately enriched environment in early childhood brings about optimum development in various mental, physical, emotional aspects. It is felt that pre-school education is absolutely essential for the maximization of educational development. The Planning Commission of India in their Sixth Plan Framework states, "Attention should be paid to all children during their crucial development years. The pre-school years of a child is the period of its maximum learning and intellectual development and hence of gross potential educational significance".

1.04: AIMS AND OBJECTIVES OF ECCE

The Indian Education Commission, 1964-66 has enunciated the following objectives of pre-primary education:-

- 1) To develop in the child, good health, habits and to build up basic skills necessary for personal adjustment, such as dressing, toilet habits, eating, washing, cleaning, etc.
- 2) To develop desirable social attitudes and manners, and to encourage healthy group participation, making the child making the child sensitive to the rights and privileges of others.
- 3) To develop emotional maturity by guiding the child to express, understand, accept and control his feelings and emotions,
- 4) To encourage aesthetic appreciation.
- 5) To stimulate the beginnings of intellectual curiosity concerning the environment and to help him understand the world in which he lives and to foster new interest through opportunities to explore, investigate and experiment.
- 6) To encourage independence and creativity by providing the child with sufficient opportunities for self-expression.
- 7) To develop the child's ability to express his thoughts and feelings in fluent, correct and clear speech.
- 8) To develop in the child a good physique, adequate muscular coordination and basic motor skills.

The objectives of ECCE are more specifically defined in the following manner (Gupta, 2013) :

1. Physical and motor development:

- To help maintain adequate physical growth.
- To develop gross and fine motor skills.
- To develop neuro-muscular co-ordination.

2. Cognitive development:

- To encourage the use of five senses.
- To develop memory and observation.
- To develop skills of classification, sequential thinking and problem solving.

- To help information of concept like those of shapes, colour, space, size, pre-number and number concept, concept of time, temperature, home and environment.

3. Language development:

- To develop listening skills.
- To develop verbal expression skills.
- To develop reading and writing readiness.

4. Social development:

- To develop a sense of security in the child.
- To develop desirable personal and social habits.
- To develop positive self concept.
- To encourage participation in group activities.
- To develop ability to control one's behaviour or emotional expression.
- To develop the ability to interact with other children and adult at home and in school.

5. Emotional development:

- To help control strong expression of emotions like hitting, throwing, kicking or biting.
- To help in building emotional tolerance and socially acceptable behaviour.
- To stimulate courage for overcoming shyness and the tendency of withdrawal.
- To provide an environment of love and affection, encouragement and guidance to allow for free communication and open expression.
- To channelize and guide certain emotional expressions to more socially acceptable behaviours.

6. Development of creativity:

- To provide an atmosphere conducive to action, expression and variety of responses.
- To provide adequate indoor and outdoor space, flexible and multipurpose equipment for imaginative, explorative and cognitive activities.

- To provide expression involving motor activities, creative and adventure play, manipulating and experimenting with variety of materials
-

1.05: INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

ICDS is an Indian government welfare programme which provides food, preschool education, and primary healthcare to children less than 6 years of age and their mothers. These services are provided from Anganwadi centres (AWCs) established mainly in rural areas and staffed with frontline workers. In addition to fighting malnutrition and ill health, the programme is also intended to combat gender inequality by providing girls the same resources as boys.

Launched on 2nd October, 1975, ICDS Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers.

1.05.1: OBJECTIVES OF ICDS

The predefined objectives of ICDS are:

- To raise the health and nutritional level of poor Indian children below 6 years of age.
- To create a base for proper mental, physical and social development of children in India.
- To reduce instances of mortality, malnutrition and school dropouts among Indian children.
- To coordinate activities of policy formulation and implementation among all departments of various ministries involved in the different government programmes and schemes aimed at child development across India.
- To provide health and nutritional information and education to mothers of young children to enhance child rearing capabilities of mothers in the country of India.

- To provide nutritional food to the mothers of young children & also at the time of pregnancy period.

1.05.2: SCOPE OF SERVICES OF ICDS

The following services are sponsored under ICDS to help achieve its objectives:

- Immunization
- Supplementary nutrition
- Health checkups
- Referral services
- Pre-school non formal education
- Nutrition and Health information.

1.05.3: ICDS Anganwadi Centres' (AWCs) In Mizoram

ICDS has been operational in Mizoram since 1978-79. The services of ICDS have been delivered from AWCs only. All the performances revolved around the AWCs. At present there are 27 ICDS Projects having 2244 AWCs. Mizoram has the proud privileged of having one of the best AWCs in the country. Most of the AWCs are beautifully built through the contribution of coordination at the village or individual AWC level between the Project staff and the concerned committees.

Considerable progress has been achieved in the field of women and child development through ICDS Programme which has been implemented in the State (Mizoram) since 1978. Health and Nutrition has received adequate attention. More importantly, a general awareness of the need to give a good foundation to children up to the age of 6 years, and care for pregnant and lactating mothers has been generated. The community participates in the ICDS Programme by way of donation of land and buildings, transporting nutrition food, constructing and repairing Anganwadi buildings etc. There are 26 ICDS Projects covering all the 27 RD Blocks. Out of the 27 Projects, one project is located at urban slum areas of Aizawl Town. Initially, the scheme covered 15% of the total population and the eligible beneficiaries covered at the initial stage were only 20%. With the opening of more ICDS Projects, the scheme covered about 95% of eligible beneficiaries. Each Child Development Project Officer (C.D.P.O.) supervises, monitor and guide the work of the entire Project, including regular supervision of Anganwadi

Workers (AWW). For this they undertake field visit regularly. CDPOs make necessary arrangement for obtaining, transporting, storing and distributing various supplies of Nutrition items and ensure that all the equipments and materials supplied for the ICDS programmes are accounted for and are used and maintained properly.

The Aizawl Urban ICDS project is the largest project of the ICDS in the state of Mizoram and covers 189 centres. This project had been selected for the present study owing to the fact that most of the centres under this project are located within the area of the capital city of Mizoram i.e. Aizawl City. The researcher was also under the impression that Aizawl city being a District capital would prove to be a model city with model AWCs which other projects would look up to.

Table 1.01: ICDS projects & no. of AWCs as on June 2012.

Sl. No.	Project AWCs	No. of Centres
1.	Aizawl Urban ICDS Project	189
2.	Tlangnuam ICDS Project	83
3.	Aibawk ICDS Project	50
4.	Darlawn ICDS Project	83
5.	Thingsulthliah ICDS Project	95
6.	Phullen ICDS Project	42
7.	Khawzawl ICDS Project	87
8.	Ngopa ICDS Project	44
9.	Khawbung ICDS Project	64
10.	Champhai ICDS Project	80
11.	Thingdawl ICDS Project	79
12.	Bilkhawthlir ICDS Project	60
13.	Sangau ICDS Project	52
15.	Bungtlang 'S' ICDS Project	60
16.	Bunghmun ICDS Project	69
17.	Chawngte ICDS Project	90
18.	Hnahthial ICDS Project	115
19.	Lunglei ICDS Project	143
20.	Lungsen ICDS Project	91
21.	Reiek ICDS Project	80
22.	W. Phaileng ICDS Project	106
23.	Zawlnuam ICDS Project	96
24.	Tuipang ICDS Project	66
25.	Saiha ICDS Project	60
26.	E. Lungdar ICDS Project	60
27.	Serchhip ICDS Project	100
	TOTAL	2244

1.06: RATIONALE OF THE STUDY

The importance of ECCE has been stressed by many educationist and scholars worldwide. Proper care and nutrition needs to be provided to ensure that children reach their optimum development in the early years. Due to its tremendous importance it is essential that adequate quality is to be maintained while providing education and care to children. Quality services are essential for proper development of the children. At present, there seems to be no regulatory board to check the quality of the services that are provided in the Anganwadi. On top of this many guardians are unaware of theaszd services that they should be receiving from the Anganwadi as well as the quality that should be maintained in it. Many workers are also unaware of the minimum norms that the Anganwadi should maintain. It is also necessary to evaluate the ECCC services in Mizoram state. Mizoram attracts the attention because of its quite different socio-cultural context and literacy level. Hence the present study analyzes and evaluates the situation of Anganwadi in Aizawl city in the light of the Quality Standards Framework and also tried to find out the status of the guardians knowledge about the Anganwadi centre and opinions about its improvements.

Aizawl as the capital of Mizoram is a place where everything is moving in fast motion, changes can be noticed every day and trends from all around the world are being followed the moment the trend happens. However, in the case of ECCE, the capital city seems to be falling behind on the recent trends. According to a reliable source at the centre, it was heard that the ECCE or Anganwadi centres of the rural areas are far more productive and far better than the AWC's of Aizawl City. The need was felt to study the exact status of the AWC's in Aizawl city and to find out if the assumptions were actually true or not.

1.07: STATEMENT OF THE PROBLEM

Early Childhood Care and Education in Anganwadi Centres of Aizawl City: A Critical Study

1.08: OPERATIONAL DEFINITION OF KEY TERMS

1.08.1: Early Childhood Care and Education: In the present study, early childhood is defined as the period from birth to 6 years old. A time of remarkable brain development, these years laid the foundation for subsequent learning. Children in the Early Childhood Centres are usually between the ages of 3-5.

1.08.2: Anganwadi: In the present study, the word Anganwadi means "courtyard shelter" as in Indian languages. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. A typical Anganwadi centre also provides basic health care in Indian villages.

1.08.3: Stakeholders: In the present study the stakeholders include the workers, mothers and guardians of the children and the supervisors of the Anganwadi centres. However, in the present study concentrates only on the workers and the mothers.

1.09: OBJECTIVES OF THE STUDY

The present study was undertaken with the following specific objectives in view:

- 1) To examine the current status of Early Childhood Care and Education in Anganwadi centres of Aizawl City.
- 2) To examine the problems faced by Anganwadi centres in Aizawl City.
- 3) To get the perceptions of stakeholders about effective functioning of Anganwadi centres in Aizawl City.
- 4) To suggest measures for effective functioning of Anganwadi centres.

1.10 Delimitations of the study:

- 1) The present study will only deal with the Anganwadi centres covered under the Aizawl Urban ICDS projects.
- 2) Study will be confined to qualitative research approaches.

CHAPTER – II

REVIEW OF RELATED

LITERATURE

CHAPTER II

REVIEW OF RELATED LITERATURE

In any research work it is important for a researcher to first conduct a review of related literature in his/ her proposed area of study. What this implies is that any researcher must first enquire into his/ her chosen topic, look for literature that other authors or researcher have published in selected topic , look for gaps in literature that has been found and even look for a clue as to what type of technique to best employ for the researchers selected topic. Review of related literature helps a researcher in getting the job done faster and smoother, it helps the researcher avoid problems areas which had been encountered by others and helps to find the shortest path towards reaching a conclusion. One should also dwell into past literature to find out supporting evidences for why the present study is necessary.

The present chapter deals with review of literatures related to the present study in order to find out areas which have already been covered, their conclusions as well as gaps in previous researchers that could be further examined. This chapter is divided into two sections

Section A: dealing with reviews of literature related to AWCs and

Section B: dealing with reviews of literature related to ECCE

2.01: Section A: Reviews related to Anganwadi Centres (AWCs)

This section consist of the review of literature related to AWCs . The works of other researchers in issues related to the type of curriculum followed, the type of nutrition provided, the qualification of workers and the overall infrastructure of the AWCs are reviewed and an enquiry is made about possible research gaps.

Kulkarni and Pattabhi (1988) evaluated the effectiveness of ICDS in seven Anganwadi centres. On the health status of pre-school children found that the *nutritional supplements* provided to the Anganwadi centres of Davangere block was *very irregular* as a result of this high deficiency of vitamin and anemia was noted.

Arora, et al. (2006) conducted a study entitled ‘Evaluation of Non-Formal Pre-School Educational Services Provided at Anganwadi Centres (Urban Slums of Jammu City)’ and concluded that *non-formal pre- school education was provided to the children* at the Anganwadi centre. Anganwadi Workers used two-way interaction method and takes the help of teaching aids for imparting education to the children. Indigenous material was used to make teaching aids like puppets, vegetables, and fruits. Most of the parents were *satisfied* with the *non-formal education* provided at the Anganwadi centre but few weren’t, as they felt that Anganwadi worker laid more emphasis on nutrition.

Datta, et al. (2010) conducted a study entitled ‘Performance of anganwadi centres in urban and rural area: A facility survey in coastal South India’ to access the performance and quality of maternal and child health (MCH) services at anganwadi centers in urban and rural areas. Their study concluded that *performance and MCH services* delivered at both urban and rural Anganwadi still remain a *matter of concern*.

Kumar & Pal (2010) conducted A Study of Sanitation of Toilets in Anganwadi Centres Located In Rural Areas of Uttarakhand State in India and found that that 23.3% of Anganwadi centres are *having toilets* and 76.06% of Anganwadi centres are *without toilets* which were cleaned both by staff and sweepers due to the lack of administrative facilities.

Thakare, M.M, et al. (2011) evaluated the functioning of Anganwadi centres of Urban ICDS blocks of Aurangabad City and concluded that AWCs were providing non-formal pre-school education (40%), nutrition and health education (100%), supplementary nutrition, immunization camps (60.71%). Health check ups were not conducted. More than 50% have required infrastructure, 55% of AWWs have maintained records properly; iron tablets and vitamin A syrup are not available with any AWC from last 7-8 months.

Manhas & Dogra (2012) conducted a study entitled 'Awareness among Anganwadi Workers and the Prospect of Child Health and Nutrition: A Study in Integrated Child Development Services (ICDS) Jammu, Jammu and Kashmir, India' and concluded that 55 % of anganwadi workers were aware of *nutritional services* provided at anganwadi centres and were able to explain it if asked but none of them were familiar with the energy and protein requirement of the targeted age group and were unaware of the fact as to how many caloric food they are providing to children. They also revealed that 30% of anganwadi workers, who were assessing the nutritional status of child in anganwadi, were not aware of the method applied for assessment. It was found that although anganwadi workers were maintaining monthly weight registers and growth charts records but majority (65%) of them were *not aware of the importance of growth chart*. The study shows that in spite of the all training of anganwadi workers, their performance as well as awareness in terms of nutrition and health perspective was not satisfactory and hence an utmost need of frequent training as well as on spot training programme was strongly felt.

Gurukartick, et al. (2013) assessed the status of Growth Monitoring in Anganwadi Centres of a Primary Health Centre in Thirubhuvanai, Pondicherry and found that the participants (n=20) had a 24 (\pm 10.25) years of experience in Integrated Child Development Services and underwent *training once in two years*. Advising mothers of malnourished children, de-worming and immunization was not mentioned by majority AWWs. In AWCs, children less than 6 month were weighed on bathroom scale and not by Salter's scale. Unclothing the child before weighing was practiced by only 10% AWWs. *Nonfunctional weighing machine* was the major problem reported by AWWs. The findings concluded that there were gaps in the growth monitoring activities in AWCs of a PHC, Thirubhuvanai which needs to be tackled.

Patil & Doibale (2013) conducted a cross-sectional study of Profile, Knowledge and Problems of Anganwadi Workers in ICDS Blocks and found that most of Anganwadi workers (AWWs) were from the age group of between 41-50 years; *more than half of them were matriculate* and 34(69.38%) workers had an experience of more than 10 years. Majority (81.63 %) of AWWs had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education (70%). Of the workers 87.7% complained of *inadequate honorarium*, 28.5% complained of *lack of help from community* and other problems reported were *infrastructure related supply, excessive work overload and record maintenance*. They concluded that majority of AWWs were beyond 40 years of age, matriculate, experienced, having more than 50% of knowledge related to their job and complaints mentioned by them were chiefly honorarium related and excessive workload.

Asha (2014) studied the efficiency of Anganwadi centres in providing service to beneficiaries and the factors affecting the efficiency. The study concluded that more than half of the anganwadi centres are efficient and very few are highly efficient. However, *more than one fourth* of the anganwadi centres are *not efficient in service delivery*. This study also delves the factors associated with efficiency of anganwadi centres. It identifies educational status of anganwadi workers, job status, infrastructure facility, logistic facility, supervision, inter-sectoral coordination, support from health department and community participation are the factors associated with efficiency of anganwadi centres. Anganwadi centres are considered as the best place for children to get good nutrition, health care and formal education economically. However, quality of service still needs to be evaluated. Thus, present study recommends that improvement in anganwadi centre's infrastructures and logistic facilities are inevitable components in delivering services to beneficiary.

Chudasama, et al. (2014) conducted a study in Gujarat and assessed issues related to Anganwadi worker (AWW) and Anganwadi center (AWC) including *infrastructure facilities*. Their study concluded that the *performance of AWCs* and maternal and *child health services delivered* by AWCs still *needs improvement*. Coordinated steps catering to different services provided at the centers are needed

to optimize the functioning of the ICDS scheme. Their study concluded that there were gaps in the status of Pre- School Education (PSE) activities in AWCs, which needs to be promptly addressed. The need for PSE should be emphasized to all AWWs. There was also a shortage of supply of PSE and Nutrition and Health material at the AWCs suggesting need of regular supply of material.

Manzoor & Khurshid (2014) conducted a study to assess knowledge of Anganwadi Workers (AWWs) and their problems in Ganderbal District of Kashmir and found that 70% of AWWs have best knowledge about *supplementary nutrition* and least about preschool education, immunization and nutrition and health education. 50% of the AWW were from the age group of between 31-35 years; 70% of them were matriculate and had an experience of more than 10 yrs. The findings further revealed that workers complained of inadequate honorarium, lack of help from community and delay in supplementary nutrition, excessive work overload and record maintenance.

Prabhaka, et al. (2014) conducted a cross-sectional study on Client Satisfaction of Anganwadi Centres under Integrated Child Development Services (ICDS) Scheme in a Slum of Kolkata and found that majority (63%) of the clients had average level of satisfaction. While only 1.4% of mothers were well *satisfied* about 35.6% were *poorly satisfied* with the *services provided* by ICDS centres and Anganwadi workers and concluded for a more stringent supervision of the ICDS centres to ensure provision of all the services and maintenance of quality for each service. This will play a long way in improving maternal and child health.

Rathore, et al. (2015) conducted a study in Rajasthan to evaluate Integrated Child Development Services (ICDS) program in terms of infrastructure of anganwadi centers (AWCs), characteristics of anganwadi workers (AWWs), coverage of supplementary nutrition (SN), and preschool education (PSE) to the beneficiaries. Their study concluded that there are *program gaps* in the *infrastructure of AWCs*, training of AWW, coverage of SN, interruption in the supply of SN.

Bhatnagar & Bhadra (2015) conducted a study to analyze the service provisions of Anganwadi workers and to get opinions of mothers about the ICDS scheme. Their study concluded that most of AWWs and mothers are from *low income group*, have low educational status and belongs to SCs population due to which the programme is perceived as a low status programme that indicates towards

its systematic marginalization. Other than this, *insufficiency of proper place, material and equipments* are the factors that lead to structural deprivation. There should be advancement in the programme to bring new technology in it to deal with the problems of health, infant mortality, school dropout, child protection etc. Lack of interest and knowledge of mothers about the real purpose of the programme are the main barriers in the effectiveness of the programme. Support system of ICDS is not changed in the past few years. Systematic inclusion for the betterment of the programme has to be done by community engagement and encouraging partnership of stakeholders. AWWs in both the areas are not satisfied with the job. Since the honorarium is not satisfactory, it results into their inactiveness and efficiency in performing the duties. It is needed to have operational changes in the programme.

Malik, et.al. (2015) conducted a study to assess facilities and services at Anganwadi centers under the Integrated Child Development Service (ICDS) scheme in Northeast District of Delhi, India and found *lack of facilities* at the AWCs and *poor knowledge of Anganwadi workers*. It thus concluded that a regular training and supportive supervision of the Anganwadi workers is recommended along with the availability of adequate facilities and infrastructures.

2.02 : Summary of Section A

Across the studies that are mentioned above, it can be deduced that most of the AWCs are lacking proper infrastructure as well as facilities for proper functioning of the AWCs. Some studies mention that toilet facilities were rare as well. Health services provided to the children were also found to be very irregular. Poor knowledge of the AWWs was also documented in most cases. The studies also reveal that most mothers were not satisfied with the knowledge of the workers. The AWWs also revealed that they did not receive adequate honorarium even though they were over worked. It can thus be drawn from these studies that the overall quality of AWCs seems to be at a standstill, neither moving forward or

backward. It can also be stated that studies in the state of Mizoram were not found.

2.03: Section B: Reviews related to ECCE

This section deals with reviews of literature related to ECCE, particularly quality in ECCE.

Colwell & Lindsey (2003) examined qualitative characteristics of teacher-child interaction and how they are related to preschoolers' perceptions of self and peers. They found that girls spent more time interacting with teachers than boys, and had more cooperative and positive interactions with teachers than did boys. They also found that the quality of teacher-child interaction was differentially linked to boys' and girls' self-perceptions and perceptions of peers.

UNESCO (2007) prepared a report titled 'Strong Foundations: Early Childhood Care and Education'. This report focuses on the first Education for All goal, which calls upon countries to expand and improve early childhood care and education--a holistic package encompassing care, health and nutrition in addition to education. Disadvantaged children stand to benefit the most, yet too few developing countries, and too few donor agencies, have made early childhood a priority. In other areas there is considerable progress toward Education for All, especially the key goal of universal primary education. More girls are attending school and international aid for education is increasing. As the Report demonstrates, however, much still needs to be done to meet the target date of 2015. Only if bold action is taken now can exclusion be overcome and comprehensive learning opportunities assured for everyone, in early childhood and throughout life.

Bose, K (2008) conducted a study entitled 'Gaps and Remedies of Early Childhood Care and Education (ECCE) Programs of Botswana' to review the current status of the ECCE programmes with special reference to achievement of standards of quality of education with reference to the recommendations in the ECCE policy of Botswana and found that the ECCE service providers were trying to adhere to the ECCE Policy document; however a major groundwork needs to be done to provide more trained teachers and a standard, prescribed curriculum.

Burger, K. (2010) conducted a study entitled 'How Does Early Childhood Care and Education Affect Cognitive Development? An International Review of the Effects of Early Interventions for Children from Different Social Backgrounds' . The findings concluded that majority of recent early education and care programs had considerable positive short-term effects and somewhat smaller long-term effects on cognitive development and that in relative terms children from socio-economically disadvantaged families made as much or slightly more progress than their more advantaged peers. Despite this, early childhood education and care cannot compensate completely for developmental deficits due to unfavorable learning conditions in disadvantaged milieus

Rentzou, K (2011) studied the Parent-Caregiver Relationship Dyad in Greek Day Care Centres and concluded that Greek parents and caregivers of the present sample cooperate and communicate superficially and that parent/teacher relationships have a long way to go toward becoming partnerships.

Rentzou, K & Sakellariou, M (2011) conducted a study to explore the quality of interaction between Greek early childhood educators and children and to record the structural characteristics of Greek child care centres. Their findings concluded that Greek early childhood educators are positive but at the same time detached and permissive during their interaction with children. Thus, Greek child care centres were found to adopt, based on Greek legislation, high ratios and group sizes, a finding which raises questions about the effects on children's well being and development.

Hujala, et.al. (2012) conducted a study to examine parents' and teachers' perceptions of the early childhood education and care (ECEC) quality in Finland. Their findings suggested that parents and teachers assess the overall quality to be good. However, the curriculum content and pedagogy of learning were assessed with lower ratings by both groups. The study concludes that there is a demand for creating a national quality evaluation system to guarantee equal child-care services everywhere in Finland.

Rentzou, K & Sakellariou, M (2013) conducted a study to examine the level of quality and care provided by Greek preschool programmes from the researcher's and parents' perspectives and verify whether they evaluated using the same mechanism. Correlation analysis indicated that the parents rated the quality of

care and education provided by their child's classrooms higher compared with the researcher. The age and level of education were found to correlate with the parents' ratings. Thus, the type of setting was found to correlate both with the researcher's and parents' ratings. The research results suggest that the quality of care and education is a relative concept and, substantiating the previous research results, highlight the need to take into account the perspectives of all those involved (parents, children and educators) when attempts are being made to define and evaluate the quality.

Leseman & Slot. (2014) conducted a study entitled 'Breaking the Cycle of Poverty: Challenges for European Early Childhood Education and Care' and found that high quality early childhood education and care (ECEC) is one of the most effective means to break the cycle of poverty, even though there are still many challenges. The coverage of ECEC in Europe is currently insufficient and varies widely between countries. Moreover the quality of ECEC needs to be raised and curricula should be adapted to meet the needs and cultural perspectives of communities living in poverty and enhance the inclusiveness of ECEC. Furthermore, ECEC needs to be combined with family support and support for bilingual development

Manning, et.al. (2017) studied the relationship between teacher qualification and the quality of the Early Childhood Care and Learning Environment. The study concluded that higher teacher qualifications are significantly correlated with higher quality early childhood education and care. The education level of the teachers or caregivers were found to be positively correlated to overall ECEC qualities measured by the environment rating scale. There was also a positive correlation between teacher qualification and subscale ratings including program structure, language, and reasoning.

2.04: Summary of Section B

From the following reviews it can be observed that the quality of ECCE is a matter of concern worldwide. High quality of workers in ECCE setting account for high quality ECCE and some studies found that parents perceptions of the quality of ECCE was mostly good. Researches related to infrastructural facilities or health and nutrition were hard to acquire and it was also found that researches related to quality in ECCE in India could not be found.

CHAPTER – III
METHODOLOGY

CHAPTER III

METHODOLOGY

Methodology as defined by Business Dictionary is “a system of broad principles or rules from which specific methods or procedures may be derived to interpret or solve different problems within the scope of a particular discipline. Unlike an algorithm, a methodology is not a formula but a set of practices.”The rules or procedures that one follows in order to find a solution to a problem can be defined as the methodology. Different methodologies can be applied based on what type is needed for the solution of a particular problem.

This chapter is devoted for the description of the method of study used for the present research and is organized into six sections. Section 3.01 describes the method of study employed for the present study, section 3.02 gives an explanation of the population of the study and how the sample was obtained. Section 3.03 describes the research tools and techniques employed while section 3.04 explains the procedure of data collection. Section 3.05 describes the procedure of organization of the data to facilitate data analysis and section 3.06 explains the plan for data analysis and interpretation.

3.01: METHOD

For the present study, as descriptive survey method is applied as the main objective of the study is to find out the current situations of the AWCs of Aizawl City with respect to ECCE and to provide suggestions for improvement in problem areas , if any.

“A descriptive research is a type of research which aims to describe things or events under investigation; it deals with what the present situation is rather than dwelling much on the past. A descriptive study describes and interprets what is. It is concerned with the conditions or relationships that exist, opinions that are held, processes that are going on, effects that are evident or trends that are developing. It is primarily concerned with the present, although it often considers past events as they relate to current situations.” (Best and Kahn ,2007)

Therefore, if a study is leaning towards describing situations exactly as it is a descriptive type of research has to be undertaken.

Koul(2009) classifies descriptive research into three categories:

1. Survey Studies
2. Interrelationship Studies
3. Developmental studies

Among this the survey study is described as “the type of study that is conducted to collect detailed descriptions of existing phenomena with the intent of employing data to justify current conditions and practices or to make more intelligent plans for improving them.”

Thus, this study applied the descriptive survey method in which a survey was held by the researcher using tools developed by the researcher in order to describe the present situation of ECCE in AWCs of Aizawl City and to discover areas of challenges faced by the AWCs.

3.02: POPULATION AND SAMPLE

In any research study, the investigator first has to define exactly what he/she will be studying, which group of people , objects or things , human or non-human entities he will consider in his/her study. This group that the researcher defines is known as the population of the study. As Best and Kahn (2007) defines,

“A population is any group of individuals that have one or more characteristics in common and that are of interest to the researcher.”

However, in order to arrive at a conclusion it is not possible for the researcher to study everyone or everything in his/her population. A smaller group has to be made from the sample in order to properly study the population. This smaller group will represent the population from where they are taken. Upon studying the representatives of the population one can make certain inferences about the population from which the representatives are drawn. As Mangal & Mangal (2013) defines,

“A sample is a small proportion of the population of the study that is selected for extracting information or performing experiments as a part of the execution of the research study for realizing the research objectives.”

In the present study, the population comprises of all Anganwadi centres under Aizawl Urban ICDS project which is 189 centres in number.

Simple random sampling technique was used to draw a sample from the population. This technique is the simplest technique that a researcher can employ for selecting a sample by making use of the technique of randomization. The lottery method under the simple random sampling technique was used in this study.

The samples were selected in the following manner:

All Anganwadi centres i.e. 189 centres under Aizawl Urban ICDS projects are divided into five circles. The names of the circles and the number of Anganwadi centres in each circle are given in Table 2.01. Six centres from each circle were selected which implies that 30 Anganwadi centres in all were selected as the sample for this study.

As the objectives of the study also includes finding out the opinions of the stake holders, the sample also consisted of 30 Anganwadi workers i.e. one worker from each Anganwadi centre and five guardians of children attending the Anganwadi centres i.e. 150 guardians. Sample of this study was collected in different ways at different levels (Figure 1).

Figure 1: Sample and Sampling Process of the Study

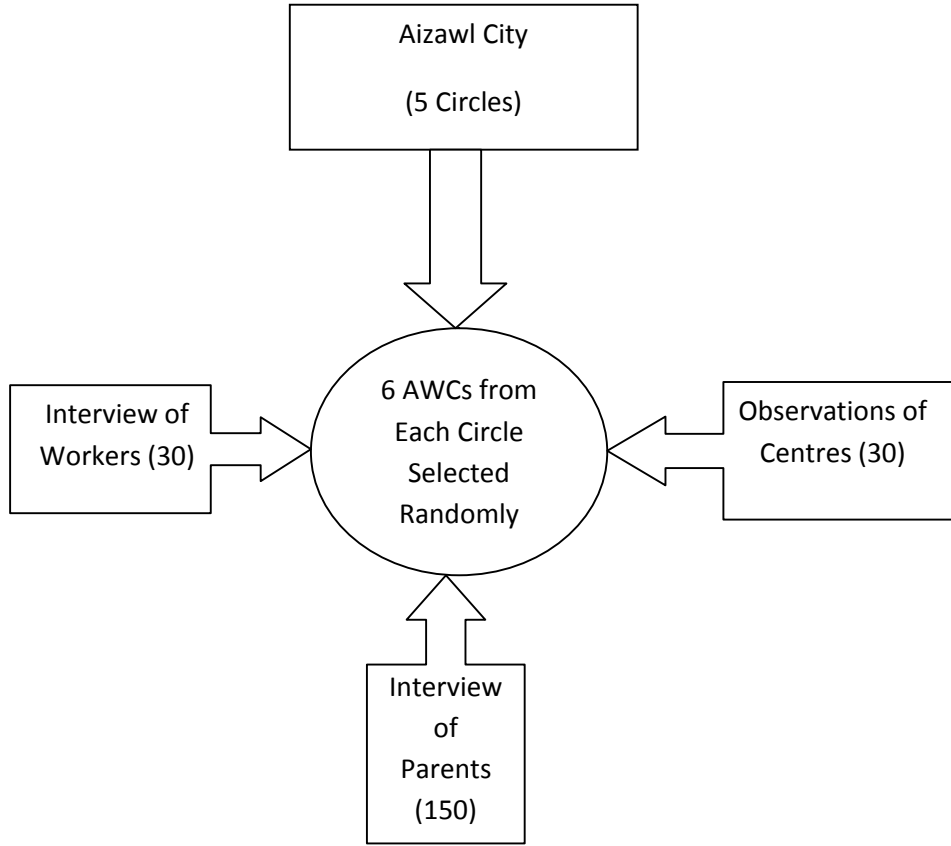


Table 2.02 : Name of Circles and no. of AWCs under Aizawl Urban ICDS project.

Sl. No	Name of Circle	No. of Anganwadi Centre
1.	Aizawl South Circle	37
2.	Aizawl West Circle	38
3.	Central -1 Circle	38
4.	Aizawl East Circle	38
5.	Aizawl North Circle	38
	Total	189

3.03 TOOLS AND TECHNIQUE:

Every research work requires a research tool that helps the researcher in the process of data collection. A researcher needs to be equipped with appropriate research tools and techniques in order to gather the required data for proper analysis and interpretation. The present study being qualitative in nature requires qualitative tools. For this purpose the researcher had prepared the research tools keeping in view the Quality Standards for Early Childhood Care and Education formulated in 2012 by the Ministry of Women and Child Development in light of the National ECCE Policy 2012 and the National ECCE Curriculum Framework 2012.

Three tools were developed by the investigator for collecting relevant data. They are:

i) Checklist cum Observation Schedule for Quality Standards in ECCE:

The main purpose of this tool was to check the current status of the ECCE centres that were visited. The checklist is divided into 5 sub topics and each topic had a maximum of 12-18 items. The purpose of this checklist was to find out exactly where the ECCE centres stands with regards to the standards as proposed by the Quality Standards for ECCE. A copy of the checklist is appended in Appendix A.

ii) Interview guide for workers in AWC for checking Quality of ECCE:

This interview guide was developed to enquire into the workers opinion of the status of ECCE at their centres as well as to find out problem areas or challenges faced by them. This interview guide contains 21 items.

iii) Interview guide for teachers/ guardians of children in AWCs for checking Quality of ECCE:

This interview schedule was developed to enquire into the opinions of the parents/ guardians of the children enrolled at the AWCs regarding the status of ECCE and areas of improvement. This interview guide contains 16 items.

Eight standards were proposed by the Quality Standards for ECCE and these eight Standards were the basis for preparing the tools for the present study. The eight Standards are :

- Standard I Interaction
- Standard II Health, Nutrition, Personal Care and Routine
- Standard III: Protective Care and Safety
- Standard IV: Infrastructure/ Physical Environment
- Standard V: Organization and Management
- Standard VI: Children Experiences and Learning Opportunities
- Standard VII: Assessment and Outcome Measures
- Standard VIII: Managing to Support Quality System

Each standard was described under different sub-standards aiming at providing the best quality childcare at a low cost. The Quality Standards for ECCE have also laid down non-negotiable indicators which must be made available to all children attending an ECCE centre. These are:

- An ECCE programme of 4 hours duration with snack/break time of half an hour
- 1 classroom measuring at least 35 square meters (carpet area) for a group of 30 children and availability of adequate (at least 30 square meters) outdoor space for a group of 30 children
- Adequately trained staff
- Age and developmentally appropriate, child centric curriculum transacted in the mother tongue/local vernacular
- Adequate developmentally appropriate toys and learning materials
- The building should be structurally safe and within easy approach. It should be clean and should have surrounding green area
- Adequate and safe drinking water
- Adequate and separate child-friendly toilets and hand wash facilities for girls and boys
- Separate space allocated for cooking nutritionally balanced meals and nap time for children
- Immediate health service in terms of First Aid/ Medical Kit available at the centre

- The adult/ caregiver: child ratio of 1:20 for 3-6 year old children and 1:10 for under 3 yrs should be available at the ECCE Centre. Children should not be unattended at any given point of time.

Building on these foundations, the researcher first prepared a draft of items which could be presented in the checklist cum observation schedule or interview schedule. Although eight standards were used as a foundation for the tools, the researcher, with the help of experts summarized the items into five categories which would represent the eight standards as well as the non-negotiable indicators. The observation cum interview schedule was first drafted and after consultation with experts a final tool could be developed. The two interview schedules were developed by arranging the items drafted under the five categories of the checklist cum observation schedule. Language experts were consulted and a final tool could be produced.

The main research tool used in the present study for the purpose of data analysis is the Checklist cum Observation Schedule for Quality Standards in ECCE. The two interview guides were prepared for the purpose of data triangulation i.e. the interview guides were used as a source of evidence in support or in denial of the data collected from the Checklist cum observation schedule. Apart from these the interview schedules were used as a means to delve into opinions of the workers and parents/ guardians regarding areas of improvement for the centre. As one of the objectives of the study is to find out the perceptions of stakeholders about effective functioning of the AWCs certain items were added in the two interview schedules for this particular purpose.

The items of the interview guides are presented as follows:

Interview Guide for Teachers/ Workers in Anganwadi Centre's for checking quality of Early Childhood Care and Education

1. At what time do you open and close the centre?
2. How many children are enrolled in your centre?
3. How many children are present at the centre today?
4. Do you have any differently abled child enrolled in your centre? If yes, how many?
5. How many workers are there in the centre?
6. What are the educational qualifications of the workers?
7. How often do you attend trainings?
8. In what language do you teach the children?
9. How do you evaluate a child's performance?
10. Do you keep a progress report card of the child?
11. Are the children taken for field trips or excursions?
12. Are health check-ups held at the centre? How often?
13. Do you have any training in first aid?
14. Are you aware of the nearest hospitals or health centres from the centre?
15. Do you hold parent teacher meetings?
16. Do you visit the children's homes?
17. Are you provided your basic office need (tables, chairs, books, learning materials etc.)
18. Do you get paid regularly?

19. Do the parents make any financial contributions towards the welfare of the centre?
20. What are the challenges/problems faced by you at the centre?
21. What measures can be taken to improve the conditions of the centre?

Interview Guide for Guardians of children in Anganwadi Centre's for checking quality of Early Childhood Care and Education

1. Do you send your child to the Anganwadi ?
2. How old is your child?
3. At what time does the centre open and close?
4. What language is being used to teach the children?
5. Do you visit the centre often?
6. Can you easily approach the teachers when you need them?
7. Do the teachers visit your homes? How often?
8. Are parent teacher meetings conducted?
9. Have you notice any of the children being verbally abused or being physically punished?
10. Do you think your child is safe at the centre?
11. Are health check – ups and immunization held at the centres?
12. Are the children taken for field trips and excursions?
13. Do you think the centre is well maintained and clean?
14. Do you think the toilets and the kitchens are clean?
15. What areas of the centre do you think requires improvement?
16. What measures can be taken to improve the conditions of the centre?

3.04 COLLECTION OF DATA

In any form of research, collection of data is a very important part. If data is not collected properly and thoroughly it could lead to false results and conclusions. For the present study data was collected using two methods i.e. observation and interview guides. The researcher personally visited the 30 Anganwadi centres that were selected for the sample and upon observation made checks on the checklist that was prepared. The researcher also conducted personal interviews with the teachers/ workers at the Anganwadi centres. In order to get valid and real information from the guardians of the children in the Anganwadi centres, the researcher held home visits and interviewed the guardians at their homes.

Apart from the fact that some guardians refused to be interviewed at home, the researcher did not face any difficulty in building rapport with the workers or the guardians. The workers mentioned that they were used to having visitors especially from Mizoram University and all of them were very welcoming upon mentioning that the researcher came from Mizoram University

3.05 ORGANIZATION OF DATA

In order to arrive at conclusion it is very important that the data that has been gathered by the researcher is organized properly and systematically. For the present study data was organized under 5 categories as is mentioned in the checklist.

These 5 categories are:

- i. Student – Teacher- Parents Relation and Interaction
- ii. Physical Infrastructure
- iii. Health, Nutrition and Safety
- iv. Children Experiences and Learning Opportunities
- v. Organization and Management

3.06 ANALYSIS OF DATA

The data collected by the researcher was analyzed quantitatively using descriptive statistics like frequency and percentage. Analysis was based on the objectives of the study mentioned in Chapter I and the results are presented under the five categories of the Checklist cum Observation schedule for Quality in ECCE centre.

CHAPTER – IV
ANALYSIS AND
INTERPRETATION

CHAPTER – 4

ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and the interpretation of data collected by the researcher with the help of the research tools developed. Major findings are concluded through interpretation based on the finding of the three research tools used. The collected data are analyzed under the head of the four objectives as mentioned in chapter–1. Thus, the following chapter is divided into four sections, each section corresponding to each of the four objectives of the study. Each section contains concluding remarks and interpretations are done through data triangulation.

Section A: Examining the current status of ECCE in Anganwadi centres of Aizawl city.

This section deals with the first objective of the study which is to examine the current status of ECCE in Anganwadi centres of Aizawl city. The ‘status’ here implies where the current position of the AWCs in Aizawl city lies with respect to ECCE. The researcher probes into various dimensions of the AWCs using the help of the checklist cum observation schedule for ECCE and tries to find out the position of the AWCs in incorporating ECCE in their centres.

Therefore, the main theme in this objective can be described as ‘are AWCS incorporating the objectives of ECCE by following the recommended standards as described in the quality standard for ECCE’

In order to determine the current status of the AWCS, their current situation was observed using the checklist cum observation for ECCE. Data collected using this checklist cum observation schedule for quality standard in ECCE are analyzed under the five categories of the checklist and also taking into consideration the responses of the stake holders from the interview guides. The analysis and interpretations are presented below using each category as a heading and base of interpretation.

Category 1: Student- teacher and teacher-parents relation and interaction.

An interaction is an occasion when two or more people or things communicate with each other. If proper interactions do not take place between two people it can cause differences and miscommunications. A good interaction is essential to ensure that good relationships are formed. The framers of the Quality Standards for ECCE, on realizing the importance of a good interaction have laid down that good relationships can be maintained between students, teachers and parents if good interactions take place. Keeping this in view the Quality Standards for ECCE have given certain standards which ECCE centres have to adhere to in order to maintain good interactions. These standards have been summarized and presented under category-1 which consists of 12 dimensions. Brief explanations of the dimensions are presented below to facilitate better understanding of the category.

The quality standard framework lays great emphasis on the quality of interaction between the workers and the teachers. For this purpose, it recommends that children should be warmly greeted with appropriate greeting upon arrival and departure from the centres. The framework also recommended interaction between the workers and the children during meal time for promoting better communication between them. The use of verbal abuse or any form of physical punishment is also strictly forbidden by the framework.

The quality of interaction between the children at the centre was also considered important. It was assumed by the Framework that good interactions between the children were a sign that children were enjoying themselves at the centre and forming relationships with each other. Apart from this, the Framework also recommended that, if the centre had an enrollment of a differently abled child, both the workers and the children should interact with them normally without any prejudices.

Interaction between the workers and the parents/guardians of the children at the ECCE centres were also another important point of consideration was also another important point focused on by the Framework. It was suggested that the workers should be easily approachable and both children and parents should be able to easily talk to them when they wanted to, interaction between the workers and the parents were recommended. To ensure that workers and parents formed good relationships with each other, the Framework also recommended that home visits should be held by the workers as often as possible and it also suggested holding parent teacher meetings at the centres

The observations made by the researcher has been organized and presented in table 4.01

Table 4.01 Findings for Category-1

Sl. No	Dimensions	Yes (%)	No (%)
1.	Teacher greets every child on arrival.	3 (10%)	27(90%)
2.	Children greet the teacher on arrival.	0 (0%)	30(100%)
3.	Teacher greets every child on departure.	0 (0%)	30(100%)
4.	Children greet the teacher on departure.	0 (0%)	30(100%)
5.	Teachers are easily approachable	29 (96.67%)	1 (3.33%)
6.	Use of physical punishment	0 (0%)	30 (100%)
7.	Use of verbal abuse	1 (3.33%)	29 (96.67%)
8.	Interaction with Children with Special Needs	8 (26.67%)	22 (73.33%)
9.	Teachers interact with children during meal time	9 (30%)	21 (70%)
10.	Children interact with peers during meal time	8 (26.67%)	22 (73.33%)
11.	Children interact with each other freely at the centre.	30 (100%)	0 (0%)
12.	Teachers interact with parents/guardians at the centre	29 (96.67%)	1 (3.33%)

Results:

Formal greetings upon arrival and departure at the centres by both the children and the workers were absent in almost all the centres with only 3 (10%) centres found in which greeting of children upon arrival was found.

Interactions during meal time between the children and the workers or amongst the children were uncommon and almost absent in all cases excepting for a few centres, 8(26.67%) & 9 (30%) in which informal interactions between the workers and children and amongst the children were observed. However, interactions between the children during the course of the programmed was found to be of excellent quality as children could freely interact with each other at the centres.

Item no.4 of the interview guide for teachers was asked to the respondents to find out the no. of centres having an enrollment of a differently abled child. The responses were such that 8 (26.67%) centres reported that they had enrolled differently abled children in their centres while 22 (73.33%) centres had no enrollment. Thus, this resulted in only 8 (26.67%) centres being found where interactions with children with special needs occurred.

The interactions between the workers and the parents were found to be excellent in most cases as it was observed in 29 (96.67%) centres that the workers were easily approachable, encouraging interactions with the parents/ guardians or children. Item no. 8 if the interview guide for parents reaffirms this observation with all respondents reporting that workers at the centres were easily approachable. It could also be observed that the workers and the parents had formed strong bonds with each other and when the workers and the parents were asked the status of parent –teacher meetings, both parties responded the same way stating that formal parent teacher meetings were not required at the centres as the workers and the parents communicated constantly at the centres.

The status of home visits was enquired through item no. 18 of the interview guide for workers and item no. 9 of the interview guide for parents. The responses from the workers suggested that home visits were made as often as possible if time permits; however, all respondents could not provide a detailed

account of when the last visit was made. The responses of the parents have been organized and present in table 4.02

Table 4.01.1 : Status of home visits.

Sl. No.	Status of home visits	n
1.	At least once a year	97 (64.67 %)
2.	Two or more visits in a year	28 (18.67 %)
3.	Regular visit every month	25 (16.67 %)
	Total	150

From table 4.01.1 it can be observed that 97(64.67%) respondents reported that they were visited by the workers at least once a year while 28 (18.67%) respondents reported a frequency of two or more visits a year. 25 (16.67%) respondents reported that the workers would visit their homes every month on a regular interval.

Note: The researcher observed that the 25 respondents who mentioned that home visit were held every month had an especially close relation to the workers at the centre and although no evidence can be produced with these regards the researcher felt that these responses were not entirely honest.

The use of physical punishment or verbal abuse was observed to be absent in almost all the centres except for 1 (3.33%) centre found in which the worker was verbally abusing the children. Further probing into this situation led to the finding that the worker was unaware that what was being said was verbally abusive. Item no. 11 of the interview guide for parents was asked to supplement this observation to which all respondents reported that they had not observed any case of physical punishment or verbal abuse at the centres.

The findings of category 1 have been summarized in table 4.01.2

Table 4.01.2 : Summary of findings for Category 1

Sl. No.	Recommendations/ Dimensions/ Point	Observation (✓/×)

1.	Teacher should greet every child on arrival.	×
2.	Children should greet the teacher on arrival.	×
3.	Teacher should greet every child on departure.	×
4.	Children should greet the teacher on departure.	×
5.	Teachers should be easily approachable	✓
6.	No physical punishment	✓
7.	No verbal abuse	✓
8.	Interaction with Children with Special Needs	×
9.	Teachers should interact with children during meal time	×
10.	Children should interact with peers during meal time	×
11.	Children should interact with each other freely at the centre.	✓
12.	Teachers should interact with parents/ guardians at the centre	✓

From table 4.01.2 it can be concluded that the quality of the AWC's w.r.t. children-teacher and teacher – parents interaction is still not up to standard as there were lesser interactions between the children and the teachers although interaction between the teacher and parents and amongst the children were of good quality.

Category 2: Physical Infrastructure

Physical infrastructure indicates the building, its location and surrounding areas, the type of building and its size, furniture's and racks inside the centres etc.. This standard also considers the cleanliness and maintenance of the centres as a whole. If proper physical infrastructures are not available then there cannot be smooth functioning of the centre. Good infrastructure ensures that teachers and students are provided with the necessary facilities for a proper teaching learning experience. This category contains 18 dimensions which are briefly explained as follows.

According to the Quality Standards for ECCE, each centre should have at least one classroom measuring 35 square meters for a group of 30 children. If more than 30 children are enrolled then a need would arise for two or more classrooms depending on the number of enrollment. Outdoor activities were given due importance as well as it helps to provide a wholesome learning experience for children. A 30 square meter area of outdoor space should be available for a group of 30 children.

ECCE centres are required to be properly lighted and properly ventilated. Electricity is required to provide light and to operate equipments inside the centres. If no electricity is present then it would hamper the teaching learning process to some extent. The Quality Standards Framework wanted to ensure that the ECCE centres were located in a place which was at a distance from sources of excessive pollution like heaps of garbage, cattle shed/animal shelter, slush and stagnant water and uncovered drains. The reason behind this is that if the centres are located near places of excessive pollution it could be detrimental to the health of the children enrolled at the centre.

The Framework also aims at setting an example for inclusive education and recommended that each ECCE centre should be disabled friendly. Equipments for outdoor play activities ensure gross motor development in children and as such the possession of such equipments are also recommended.

As proposed by the Quality Standards Framework each ECCE centre is to have an allocated area for cooking meals. This was necessary because each centre has been provided with supplementary nutrition which they are to cook and

distribute to the children. Food items that were to be distributed needed to be kept properly so that they would not be tampered with. A separate cupboard should be available solely for the purpose of storing the food items. The quality standards Framework suggest that each day should consist of a half an hour break where children could have time for resting and maybe even have time to take a nap. For this purpose the Framework suggest that there should be an allocated space for nap time for children in age centre.

All ECCE centres need to be equipped with the necessary facilities that they require. Children are to be provided with shelves on which they are to keep their belongings. Teachers/ workers at the ECCE centres are to be fully equipped with their basic need like desk, chairs, shelves and racks. They require storage space for storing materials and records of children.

Cleanliness is a good habit that should be maintained all the time. A clean classroom is a healthy classroom. The Framework therefore, recommends that each centre should be clean and tidy, with clean furniture's and toilets. The toilets should be equipped with soap and water at all time and the separate toilets for boys and girls were recommended. Clean and safe drinking water should also be available at the centres.

The observations made by the researcher has been organized and presented in table 4.02

Table 4.02 : Findings for Category 2

Sl. No	Dimensions	Yes(%)	No(%)
1.	1 classroom measuring 35 square meters (carpet area) for a group of 30 children.	6 (20%)	24 (80%)
2.	30 square meters of outdoor space for a group of 30 children.	1 (3.33%)	29 (96.67)
3.	Provision of adequate light and ventilation in the rooms.	28 (93.33%)	2 (6.67%)
4.	Provision of electricity to provide light and to operate equipment.	19 (63.33%)	11 (36.67%)
5.	Centre is located in a place away from sources of excessive pollution.	27 (90%)	3 (10%)
6.	Center is disabled- friendly.	1 (3.33%)	29 (96.67%)
7.	Equipments for outdoor play/ activities for all children.	3 (10%)	27 (90%)
8.	Allocated space for cooking meals.	20 (66.67%)	10 (33.33%)
9.	Allocated space for storage of food items.	19 (63.33%)	11 (36.67%)
10.	Allocated space for nap time for children.	0 (0%)	30 (100%)
11.	Availability of shelves or a place for children to keep their belongings.	1 (3.33%)	29 (96.67%)
12.	Proper storage for teacher to keep material and records.	28 (93.33%)	2 (6.67%)
13.	Classrooms are clean.	20 (66.67%)	10 (33.33%)
14.	Furniture's in the classroom are clean.	20 (66.67%)	10 (33.33%)
15.	Toilets are clean.	15 (50%)	15 (50%)
16.	Availability of water and soap in the toilets.	5 (16.67%)	25 (83.33%)
17.	Separate toilets for boys and girls.	0 (0%)	30 (100%)
18.	Availability of adequate, clean and potable water for all children.	22 (73.33%)	8 (26.67%)

Results:

Item no 2 and 3 of the interview schedule for teachers were enquiries made regarding the total no. of children enrolled at the centre and the attendance of the children on the day of visit. The responses have been organized and presented in table no 4.02.1 and table no 4.02.2

Table 4.02.1: Enrollment of children at the centres.

Sl. No	Number of children enrolled	n
1.	0 – 100	8
2.	101 – 200	13
3.	201 – 300	6
4.	301 – 400	2
5.	401 – 500	2
	Total	30

Table 4.02.2: No. of children present during time of visit at the centre.

Sl. No.	No. of children present during time of visit	n
1.	≥ 60	4
2.	50-60	5
3.	40-50	5
4.	30-40	11
5.	≤ 30	5
	Total	30

Item no 2 of the interview guide for parents was an enquiry into the age group of children attending the centres. The responses have been organized and presented in table no 4.02.3

Table 4.02.3: Age group of children enrolled at the centres.

Sl. No.	Age group	No. of children
1.	5 years and above	5
2.	4 years	55
3.	3 years	61
4.	2 years and below	29

From tables no 4.02.1 -4.02.3, taking the mean frequency in each table, it can be concluded that each centre had an enrollment of at least 101-200 children with most of them in the age group 3-4 years. The average attendance of the children per day at the centre was also found to be between 30-40 children.

On the basis of these findings it could be concluded that each AWC did not have the required classroom area to facilitate the no. of children attending their centres. All centres were functioning without any outdoor space for outdoor activities excepting for 1 (3.33%) centre taking the advantage of having a football field beside the centre, claiming that they held outdoor activities at the said field when they wanted to. As outdoor play areas were not available in almost all the centres, this accounted to the findings that only 3 (10%) were equipped with outdoor equipments while 27 (90%) centres were found without any outdoor play materials.

Each AWC was found to be well lighted, airy, properly ventilated and located away from sources of excessive pollution. However, some cases of poor electric supply at the centres (11, 36.67%) were also observed. Kitchens were found in most of the centres which were all clean and properly maintained with proper storage space for food items. The classrooms were also found to be mostly clean with clean furniture's and surroundings. However, the same could not be

said for the toilets as only half of the toilets visited were found to be clean while the other half were not properly maintained due to poor water supply . Soap and water in the toilets were unavailable in most of the centres as well. All centres had one toilet each which were shared by workers, children and parents. Clean drinking was provided to the children through water filters in most centres. Children at the centre did not take naps and as such space for nap time for children were unavailable in all centres. Shelves, racks or cupboards for the children were unavailable in most centres while most centres had cupboards or almirah for the workers for proper storage of their materials.

The findings of category 2 have been summarized in table 4.02.4

Table 4.02.4 : Summary of Findings for Category 2

Sl. No	Recommendations/Dimensions/ Points	Observations(✓/×)
1.	1 classroom measuring 35 square meters (carpet area) for a group of 30 children.	×
2.	30 square meters of outdoor space for a group of 30 children.	×
3.	Provision of adequate light and ventilation in the rooms.	✓
4.	Provision of electricity to provide light and to operate equipment.	✓
5.	Location of centre at a place away from sources of excessive pollution.	✓
6.	Disabled- friendly centre.	×
7.	Equipments for outdoor play/ activities for all children.	×
8.	Allocated space for cooking meals.	×
9.	Allocated space for storage of food items.	✓
10.	Allocated space for nap time for children.	×
11.	Availability of shelves or a place for children to keep their belongings.	×
12.	Proper storage for teacher to keep material and records.	✓
13.	Classrooms are clean.	✓
14.	Furniture's in the classroom are clean.	✓
15.	Toilets are clean.	✓
16.	Availability of water and soap in the toilets.	×
17.	Separate toilets for boys and girls.	×
18.	Availability of adequate, clean and potable water for all children.	✓

From table 4.09 it can be concluded that, even though the quality of the AWCs in maintaining the cleanliness of the centres was found to be satisfactory, it was found that majority of the centres had insufficient infrastructural facilities and thus it can be concluded that quality of the physical infrastructure of the AWCs is unsatisfactory.

Category 3: Health, Nutrition and Safety

The health, nutrition and safety of the children enrolled at the ECCE centres are the prime concern of the Quality Standards Framework. For this reason, free health care and free supplementary nutrition are to be provided to all children enrolled at any ECCE centre. In order to ensure that the health, nutrition and safety of the children certain criteria have been laid out by the framers. These criteria's have been summarized under the third category containing eight dimensions which are briefly explained as follow:

Measuring the height of a child is an important aspect of checking the health of a child. If there is no physical growth in a child then there could be some factors which hinder the growth. Regular measuring of children height and weight is a necessary criterion of any ECCE centre to ensure that their children are growing not only mentally but physically and to ensure that children are not malnourished. The Quality Standards Frameworks recommended that devices for measuring height and weight of the children should be available in all centres which are of working conditions and proper records of these measurements should be maintained by the workers.

Routine health checkups and immunization of children are recommended to be provided on regular intervals to the children to make sure that the children enrolled are properly nourished and healthy. To ensure the good health of the children, it was also recommended by the Framework that supplementary nutrition as per norm should be provided regularly to children free of cost. Records of health checkups and immunization should be properly maintained by the workers for future consultations and record keeping.

The Framework prioritizes the safety of the children and therefore recommends that first aid kits should be available at each centre and are thus provided to every ECCE centre free of cost. All ECCE centres are meant to be

equipped with necessary preventive measures in case of fires and other natural disaster to ensure safety of the children. In order to ensure safety of the children the building in which the ECCE programme is carried out should be structurally safe i.e. it should be able to withstand harsh weather conditions and emergency exits should be available at each centre.

The observations made by the researcher has been organized and presented in table 4.03.

Table 4.03: Findings for Category 3

Sl. No	Dimensions	Yes	No
1.	Device for measuring height.	3 (10%)	27 (90%)
2.	Device for measuring weight.	13 (43.33%)	17 (56.67%)
3.	Records of health check-ups & immunization.	8 (26.67%)	22 (73.33%)
4.	Supplementary nutrition	5 (16.67%)	25 (83.33%)
5.	Availability of first aid kit for children.	27 (90%)	3 (10%)
6.	Center has preventive measures, in case of fires and other natural disasters (fire extinguishers, sand buckets etc.)	0 (0%)	30 (100%)
7.	Center is structurally stable.	24 (80%)	6 (20%)
8.	Center can be easily exited in case of emergency.	3 (10%)	27 (90%)

Results:

Devices for measuring height and weight were found to be unavailable in most centres with only 3 (10%) centres found which had a device for measuring the height of the children.

Item no. 14 of the interview guide for teachers and item no. 13 of the interview guide for parents raised question about the status of health checkups and immunization at the centres. It also enquired into the frequency of the health checkups and immunization. The responses have been organized and presented in the following tables.

Table 4.03.1: Status of health checkups.

Item	Yes	No	Total
Health check ups	27 (90%)	3(10%)	30

Table 4.03.2 : No. of occurrence of health checkups.

Sl. No.	Number of occurrence of health check ups	n
1.	Once a year	17
2.	Twice a year	10
	Total	27

Table 4.03.3 : Perception of parents regarding status of health checkups and immunization.

Item	Yes	No	Total
Health checkups and immunization	135 (90 %)	15 (10%)	150

Table 4.03.1 indicates that health checkups are held regularly in 27(90%) centres and table 4.03.2 indicates that out of the 27 centres, 17 centres held health checkups once a year and 10 centres reported that health checkups were held twice every year at the centres.

Responses from the parents confirm this data with 135 (90%) parents reporting that health checkups were held at the centres. This proves that health checkups at regular intervals were held at the centres. However, records of these health checkups were not maintained properly by most of the centres.

The distribution of supplementary nutrition regularly to the children was found to be carried out by all the centres. However, only 5 (16.67%) centres were found to provide cooked meals and the necessary nutrition to their children regularly as per norms while the other 25 (83.33%) centres would distribute raw food items to the children.

Most of the centres visited were found to be structurally safe, buildings were all concrete type and weather proof. However, a few buildings (6.20%) centres were found which were in poor condition, the floors were not properly plastered and the paints on the walls were peeling off. Emergency exits and preventive measures in case of fires or other natural disasters were not available in most centres.

Item no. 15 and 16 of the interview guide for teachers were asked to find out the knowledge of the workers regarding first aid and their awareness of the nearest hospitals or health centre near the AWCs. It was found that most centres had first aid kits available at their centres; however, responses from the teachers indicated that all of them had not received any training on first aid. They were aware of the hospitals or health centres nearest to the AWC if any emergencies occurred.

The findings of category 3 have been summarized in table 4.03.4

Table 4.03.4: Summary of findings for Category 3

Sl. No	Recommendations	Observation(✓/×)
1.	Device for measuring height are available	×
2.	Device for measuring weight are available.	×
3.	Records of health check-ups & immunization.	×
4.	Supplementary nutrition	×
5.	Availability of first aid kit for children.	✓
6.	Center has preventive measures, in case of fires and other natural disasters (fire extinguishers, sand buckets etc.)	×
7.	Center is structurally stable.	✓
8.	Center can be easily exited in case of emergency.	×

From table 4.03.4 it can be concluded that the quality of the AWCs in ensuring the health and safety of the children and in providing supplementary nutrition is very poor.

Category 4: Children Experiences and Learning Opportunities

Experiences of children at the ECCE centres are the most important aspect of any ECCE centre. For this purpose the Quality Standards Framework has made suggestions regarding the type of experiences children should be experiencing at the centre and the kind of opportunities they are to be provided. These suggestions have been summarized under the fourth category which contains 9 dimensions. These dimensions have been briefly explained as follows:

The Quality Standards for ECCE have recommended the use of developmentally appropriate toys and learning materials for children to play with. This is to ensure that children have a joyful and playful learning experience and that learning takes place through play activities and not through formal learning.

The Quality Standards for ECCE have made suggestions for such learning materials which are.

- i) Blocks for constructive play.
- ii) Manipulative toys
- iii) Material for imaginative play /Dramatic play – dolls, puppets, masks, kitchen sets, mirrors, old spectacle frames, purses, old shoes, weighting scales, clock etc.
- iv) Material to develop Language skills – books and picture books, storytelling aid, puppets, story cards, sound board, conversation cards, flash cards, picture dominoes, collection of rhymes and stories, visual discrimination and auditory and visual association materials, slates, chalks, crayons, blackboard, drawing paper, etc.
- v) Material to develop cognitive skills – sound boxes, visual discrimination cards, touch cards, feel bag, food items of varying kind to develop sensory skills, number domino cards, picture jigsaw and self-correcting puzzles for matching, sorting, arranging, classifying, problem solving, memory and sequential thinking to develop cognitive skills and materials in the environment
- vi) Musical and art material for creative expression such as paints, crayons, sketches, pencil, paint brushes, cotton, threads, clay, knife, papers, scissors, cloth, gum and fevicol, bead, etc. Any open ended material that can be used by children in a variety of ways.
- vii) Art material for creative expression such as paints, crayons, pencil, paint brushes, cotton, threads, clay, knife, papers, scissors, cloth, gum and fevicol, bead, etc..

Children learn a great deal from their experiences with their peers and adults. For this purpose each centre is required to provide opportunities to the children to work and play in groups. The experiences that they have from such exploration helps them grow and learn more than formal classroom teachings.

The confidence to speak in front of others should be inculcated into children at an early age. For this purpose the Quality Standards Frameworks proposes that opportunities to speak should be provided to the children , this could be achieved by setting aside time daily in which children could stand in front of their peers and speak on certain topics or share their experiences with their friends.

Setting aside time daily for reading and storytelling ensure that listening opportunities for the children are provided at the centres. The main purpose of these criteria is to foster's children's language and literacy abilities. Reading and telling stories to children help them learn how to pronounce words and how to frame sentences and helps improve their literary skills. Singing rhymes and songs were also recommended.

Active participation of children in outdoor activities was necessitated by the Quality Standards Framework to ensure that children were not constricted to the four walls of their classrooms; the Framework suggests activities like field trips or excursions which should be held at least once a year.

Activities for gross motor development includes running, jumping, hopping, throwing and catching objects, climbing up, down, over, under and through things, riding tricycles or other ride-on toys, pushing and pulling objects and so on. In order for a centre to facilitate all these activities they need to be in possession of equipments to foster such activities.

Creative activities like drawing, coloring, painting, drama and dance etc. promotes creativity in children. For this purpose the Quality Standards Framework proposes that all children should be provided with opportunities for creative activities. The Quality Standards Framework also suggests that in order to foster creativity in children the workers/teachers should encourage self expression of the children in arts and craft activities. This can be done by giving freedom to the children to express themselves through their arts and craft activities.

Table 4.04 : Findings for Category 4

Sl. No.	Dimensions	Yes	No
1.	Adequate developmentally appropriate toys and learning materials available for children to play.	12 (40%)	18 (60%)
2.	Opportunities are provided for play/exploration with other children and adults.	7 (23.33%)	23 (76.67%)
3.	Opportunities to speak are provided by teacher.	7 (23.33%)	23 (76.67%)
4.	Time is set aside daily for reading and storytelling.	6 (20%)	24 (80%)
5.	Active participation of children in outdoor activities	27(90%)	3(10%)
6.	Activities for gross motor development.	4 (20%)	26 (80%)
7.	Opportunity for all children in creative activities.	11 (36.67%)	19 (63.33%)
8.	Teacher encourages self expression in arts & craft activities & appreciation with guidance.	11 (36.67%)	19 (63.33%)
9.	Opportunity for the children to sing rhymes & songs.	18 (60%)	12 (40%)
5.	Activities for development of reading readiness.	15 (50%)	15 (50%)
6.	Activities for development of writing readiness.	7 (23.33%)	23 (76.67%)
7.	Activities for development of number readiness.	7 (23.33%)	23 (76.67%)

Results:

From table 4.04 it can be observed that opportunities for learning were hardly provided to the children. Developmentally appropriate toys were not available in 18(60%) centres which implied that learning through play activities was not provided. Hence, this resulted in only 7 (23.33%) centres found where opportunities for playing or exploring with other children were provided. Activities for the children for developing their literary skill, creativity, fine and gross motor skills were observed to be unavailable in most of the centres.

It was observed by the researcher that excepting for a few centres i.e. 7 (23.33%) centres which provided some activities for learning opportunities for children, the rest of the centres were merely places where parents would come with their children for the sole purpose of getting supplementary nutrition. Parents were not concerned about educational developments of their children as they all informed the researcher that once their wards reached school going age i.e. 4 years, they would be sending them to private schools in the locality. It was also observed that on most days, children would simply come and play with the toys at the centres, while the parents would wait in the centres and chat among themselves. While other activities were absent in the centres, most centres were providing opportunities for singing in rhymes and songs. However, it can be noted that these 18 (60%) were providing such opportunities while being unaware of its implications. Although other informal teaching activities were not provided by the centre, it could be observed that 27 (90%) centres had provided outdoor activities for their children in the form of field trips, excursions or picnics.

Item no. 13 of the interview guide for teachers and item no. 14 of the interview guide for parents reaffirms this findings as through these items parents and teachers were questioned about the status of field trips to which 90% of the respondents reported that field trips or picnics were held once a year.

The findings for category 4 have been summarized in table 4.04.1

Table 4.04.1 : Summary of findings for Category 4

Sl. No	Recommendations	Observations (✓/×)
1.	Adequate developmentally appropriate toys and learning materials available for children to play.	×
2.	Opportunities are provided for play/exploration with other children and adults.	×
3.	Opportunities to speak are provided by teacher.	×
4.	Time is set aside daily for reading and storytelling.	✓
5.	Active participation of children in outdoor activities	✓
6.	Activities for gross motor development.	×
7.	Opportunity for all children in creative activities.	×
8.	Teacher encourages self expression in arts & craft activities & appreciation with guidance.	×
9.	Opportunity for the children to sing rhymes & songs.	✓
10.	Activities for development of reading readiness.	×
11.	Activities for development of writing readiness.	×
12.	Activities for development of number readiness.	×

From table 4.04.1, it can be concluded that the status of the AWCs in providing experiences or learning opportunities for the children is very poor and there are a lot areas which could be improved at the AWCs

Category 5: Organization and Management

This category deals with the overall organization of the ECCE programme and its maintenance. The Quality Standards Framework have recommended that in order to support quality services the overall structure of the ECCE centres should be properly organized and managed. The recommendations made by the Framework have been summarized in category 5 which consists of 12 dimensions. Apart from items in the checklist cum observation schedule, certain items in the interview guide for the teachers were developed to facilitate findings in this category.

The dimensions of the checklist cum observation schedules are briefly explained as follow:

The Quality Standards Framework wanted to ensure that there was uniformity in the routine for ECCE centres, it therefore developed a weekly time table / schedule which enlisted that ECCE programmes should be conducted for 4 hours daily with half an hour break time. it also wanted to ensure that no child was left unattended and thus recommends that for every 20 children in the 3-6 years age group there should be one worker present and for every 10 children in the under 3 years age group there should also be another worker present. As ECCE centres cater to the education of children in the age group of 0-6 years, this implies that each centre should have at least two workers present at the centre.

The Framework recommends the use of mother tongue as a medium of instruction. This is due to the fact that using mother tongue facilitates better understanding and concept formation. It discards conducting rote learning of 3Rs and recommends informal type of learning activities at the centres.

In order to ensure that learning takes place at the centres, the workers are encouraged to keep documentation or progress report cards as well as attendance register at the centres. This suggestion was made due to the fact that in order to maintain proper records the worker would need to conduct activities promoting development in the children so that he/ she would have something to record.

Displaying children's artwork gives a boost to the self confidence of children and helps them feels appreciated and acknowledged. The Framework recommends that such artwork should be displayed on the walls of the centres at

the eye level of the children or on a table so that the children could easily view them. It also suggested that seating arrangements in the centres should be flexible so that children do not feel constrained to their chairs and tables.

The Quality Standards for ECCE recommends the setting up of learning corners at the centres. Learning corners are established places in the classroom with resources that actively engage children and may change according to the topic. The important learning corners that need to be set up in a preschool classroom are: dramatic play corner, reading/ story books corner, puzzles and block corner and drawing/ painting corner.

Apart from these dimensions the Framework also suggested that workers at the centres should have the required educational qualifications and should attend training for building their knowledge and skills in child development.

The observations are organized and presented in Table 4.05

Table 4.05: Findings for Category 5

Sl. No.	Dimensions	Yes	No
1.	ECCE programme is conducted <i>for 4 hours</i> daily (with ½ hr snack/break time).	1 (3.33%)	29 (96.67%)
2.	1 adult for every 20 children in 3- 6 years age group.	0 (0%)	30 (100%)
3.	1 adult for every 10 children for under 3 years.	0 (0%)	30 (100%)
4.	Does the centre conduct rote-learning activity or formal teaching of 3Rs (reading, writing & arithmetic).	20 (66.67%)	10 (33.33%)
5.	Documentation of child's performance.	0(0%)	30(100%)
6.	Documents of child's performance are easily available.	0(0%)	30(100%)
7.	Records of children's attendance .	25 (83.33%)	5 (16.67%)
8.	Display of materials, children's artwork and handicrafts on the walls at the eye level of children or on a table.	7 (23.33%)	23 (76.67%)
9.	Medium of instruction (mother tongue.)	30 (100%)	0 (0%)
10.	Flexible seating arrangements.	29 (96.67%)	1 (3.33%)
11.	Learning / Activities corner available.	0(0%)	30(100%)
12.	Weekly/Daily schedule followed by teachers.	1(3.33%)	29(96.67%)

Results:

The duration of working hours of the AWCs were observed to be conducted for four hours only in 1 (3.33%) centre while the rest of the centres were found to conduct ECCE programmes for three hours or lesser.

Item no 5 of the interview guide for teachers enquires into the number of workers at the centres and it was reported that each centre had only two workers each, one worker and one helper in each centre. The worker was in charge of the education of the children while the helper was in charge of cleaning the centre and cooking meals for the children. Thus, it was found that all the centres were inadequately staffed.

Most of the centres i.e. 20 (66.67%) centres, were found to conduct rote learning activities or formal teaching of 3Rs. The children were made to repeat after the workers and by-heart the alphabets and numbers.

Item no 9. of the interview guide for questions the teacher about the type of evaluation carried out at the centres and it was found that evaluation of any form did not take place in their centre and all of them were unaware of any evaluation technique that could be employed. Thus, records or documentations of children's performance were unavailable as they were not maintained by the workers at the centres. However, majority of the centres were found to keep records of children's attendance properly.

The arrangements of seat in the centre were found to be flexible and mother tongue was used as a medium of instruction in all the centres. It was also found that learning corners were unavailable in all the centres and most of the workers were unaware of what learning corners were.

Item no. 6 and 7 of the interview guide for teacher's questions the educational qualifications of the workers as well as the status of trainings they received. Their responses have been organized and presented in table 4.18 and table 4.19

Table 4.05.1: Educational qualification of Workers

Sl. No	Qualification	n
1.	Below HSLC	5
2.	HSLC	15
3.	HSSLC	8
4.	Graduate	2
	Total	30

Table 4.05.2 : Educational qualification of helpers.

Sl. No	Qualification	n
1.	Below HSLC	19
2.	HSLC	8
3.	HSSLC	3
	Total	30

From table 4.05.1 and table 4.05.2 it can be observed that the average educational qualification of the workers of the AWCs is HSLC (High School Leaving Certificate) while the average educational qualification of the helpers is below HSLC. This indicates that most of the workers at the centres were undergraduates.

All responses were the same in each centre regarding the type of training underwent by the respondents and each respondent reported that they had undergone three types of training:

i) Job training

ii) Refresher training

iii) ECCE training

The respondents also mentioned that they had undergone job training when they started working at the centre but with regards to the other two training, more information could not be gathered as the respondents had not kept a record of when the trainings took place.

The findings for category 4 have been summarized in table 4.05.3

Table 4.05.3: Summary of findings for Category 5.

Sl. No	Recommendations	Observation (✓/×)
1.	ECCE programme is conducted <i>for 4 hours</i> daily (with ½ hr snack/break time).	×
2.	1 adult for every 20 children in 3- 6 years age group.	×
3.	1 adult for every 10 children for fewer than 3 years.	×
4.	Centre conducts rote-learning activities or formal teaching of 3Rs (reading, writing & arithmetic).	✓
5.	Documentation of child's performance.	×
6.	Documents of child's performance are easily available.	×
7.	Records of children's attendance .	✓
8.	Display of materials, children's artwork and handicrafts on the walls at the eye level of children or on a table.	×
9.	Medium of instruction (mother tongue.)	✓
10.	Flexible seating arrangements.	✓
11.	Learning / Activities corner available.	×
12.	Weekly/Daily schedule followed by teachers.	×

From table 4.05.3 it can be concluded that the quality of the AWCs in the organization and management category is very poor with a lot of room for improvement.

Conclusion:

On analyzing the summaries for each category it can be concluded that the quality of ECCE in AWCs of Aizawl City is very poor with basic facilities missing in majority of the centres. AWCs entrusted to unqualified personnel being common and centres lacking sufficient funds for their welfare.

Section B

This section deals with the second objective of the study which is to examine or to find out the problems faced by the AWCs in Aizawl City. Interpretations are based on responses to questions asked through the two interview schedules. Specific questions were presented in the two interview guides to facilitate findings for this objective.

Item no. 22 of the interview guide for teachers was a question regarding the problems or challenges the workers were facing at the centres. Their responses have been organized and presented in table 4.06

Table 4.06: Responses of teachers regarding problems / challenges faced by them at the centres.

Sl. No	Areas of challenges/problems	n
1.	Small area of classroom	25 (83.33%)
2.	Lack of outdoor space	27 (90%)
3.	Nutrition	24 (80%)

From table 4.06, it can be observed that 25 (83.33%) respondents had problems with the small classroom areas they were provided. Activities could not be taken up at the centres due to insufficient space. The respondents also reported that the reason behind this is that most parents spent their time at the centres with their wards which results in children having lesser space for their activities as their parents occupied a large area of their classrooms.

Another area of concern reported is the lack of outdoor space for outdoor activities. Respondents mentioned that they would love to hold more outdoor activities as children enjoyed themselves when they play outside. However, due to lack of outdoor play areas, more outdoor activities could not be conducted.

The problems faced with regards to nutrition mainly dealt with the fact that the workers had to go and collect the supplementary nutrition themselves from the godown as they were not distributed to them. The main difficulty was that there were not enough funds to cover the expenses of the trips to and from the godown, as a result of which nutrition could not be distributed on time and more frequently. Respondents also mentioned that cooked food could not be distributed at the centres on a regular basis due to poor gas and water supply.

Item no 17 of the interview guide for parents was asked to the parents to find out their opinions regarding the problems or areas they would want to improve about the centres.

Their responses have been organized and presented in table 4.07.

Table 4.07: Opinions of parents about areas of improvement for the centres.

Sl. No.	Areas for improvements	n
1.	Teachers	107 (71.33%)
2.	Timing of the centre	95 (63.33%)
3.	Building and Infrastructure	117 (78%)

From table 4.07 it can be observed that 107 (71.33%) respondents had complaint about the quality of the workers at the centre. They mentioned that even though the workers were easily approachable, they were irregular and sometimes would not show up at the centre leaving the children at the care of the helpers who were lesser qualified than the workers. Some respondents reported that they the workers would take leaves for months at a time.

95 (63.33%) respondents had complaints about the timings of the centres stating that the irregular timings made it impossible for them to have a proper schedule for their wards. The centres opened when the worker or helper reached

the centre, the respondents reported that sometimes they would have to wait for the helper or worker outside the centre as they arrived late.

117 (78%) respondents reported that they were unsatisfied with the condition of the buildings and infrastructure of the centres. They mentioned that the children did not have enough space for activities in the centres as the classrooms were small. It was also reported that the facilities at the centres were not good enough; complaints about the quality of the furniture's were also heard.

Conclusion

On the basis of the responses from the teachers and the parents it can be concluded that the major problem faced by the AWCs in Aizawl City are problems related to

- Building and infrastructure
- Mode of supply of supplementary nutrition
- Gas and water supply
- Fluctuating timings of the centres
- Irregularity of teachers
- Lack of outdoor space.

Section C

This section deals with the third objective of the study which is to find out the perceptions of the stakeholders for effective functioning of AWC in Aizawl City. Interpretations are based on responses to questions asked through the two interview schedules. Specific questions were presented in the two interview guides to facilitate findings for this objective.

Item no 23 of the interview guide for teachers was a question enquiring into the opinions of the teachers for effective functioning of the centres.

All respondents reported that they felt that there would be better functioning of the centres if the amount of fund that they received were increased and if they were given the funds at a more regular interval.

Item no. 16 of the interview guide for parents was a question enquiring into the opinions of the parents for effective functioning of the centres.

All respondents were without opinions with regards to measures for effective functioning of the AWCs. Most of the respondents were unaware of the main function of the AWCs and most respondents reported that they had enrolled their children at the AWCs for the sole purpose of receiving supplementary nutrition. Some respondents claimed that they would be sending their wards to private schools once they reached the age of 4 and were merely sending their kids to the centres so that they would have some fun before they entered proper schools.

CHAPTER – V

RESULTS AND
DISCUSSION

CHAPTER V

RESULTS AND DISCUSSION

This chapter contains the major findings of the study followed by a discussion of the findings. Suggestions made by the researcher are presented which is followed by the educational implications of the study. The limitations the researcher experienced during the process of data collection is also presented. Suggestions for further research are given by the researchers and the chapter end with concluding remarks of the researcher.

5.01: Major findings of the Study

The major findings of the study are present study are presented below:

5.01.1: Status of ECCE in AWCs of Aizawl City:

The status of ECCE in AWCs of Aizawl City with regards to the quality of ECCE provided to the children was found to be not at par with the recommended standards. The evidences for this conclusion are discussed below:

- An informal interaction between the workers and the children which helps to form connections and relationships were found to be absent.
- Most (73.33%) centres did not have an enrolment of children with special needs although reports from the workers highlighted that there were children with special needs in their area and they could not accommodate them due to unavailable infrastructure. It was also observed that majority (96.67%) of the centres were not disabled friendly and workers had not received any special training for teaching of children with special needs.
- The classroom areas of the centres were found to be insufficient to accommodate activities of the centres.
- Outdoor spaces were unavailable in majority (100%) of the centres and outdoor play activities were not held at the centres.
- Owing to unavailability of outdoor space, outdoor play equipments were unavailable in majority (90%) of the centres.

- Children were not provided with shelves or racks on which they could place their belongings
- Separate toilet facility for boys and girls was not available at all the centres. Moreover majority (83.33%) of centres had water and soap facilities missing.
- Surprisingly, devices for measuring height and weight of the children were unavailable at majority (90%) of the centres.
- Records of health checkups and immunization required to be maintained by the workers were not found, at the same time it was reported by the teachers and parents that health checkups were held once a year in majority (90%) of the centres.
- The distribution of supplementary nutrition to the children was found to be irregular due to insufficient water and LPG supply. Therefore at many times raw materials were distributed among guardians or purpose was being served by the things like biscuits, peanuts etc.
- First aid kits were unavailable at all of the centres.
- The centres were found to lack preventive measure in case of fire and other natural disasters and emergency exits were unavailable in majority (90%) of the centres.
- Appropriate toys to facilitate development of the children were unavailable in majority (60%) of the centres.
- Opportunities to children for development of their literary, creative, linguistic, problem solving, and mathematical skills were not provided. Development of fine and gross motor skills was also not provided adequate support.
- Opportunities for exploration, self expression and development of relationships were also not provided in majority (96.67%) of the centres.
- Majority (96.67%) of the centres were not following the time-table (working hours in a day) prescribed by the Framework/government.
- As per the stipulated norms all centres were found to be under staffed.
- Contradictory to the idea of 'ECCE Framework; formal teachings of 3Rs and rote learning activities were conducted at majority (66.67%) of the centres.

- Children’ performances were not evaluated and documented by the workers in majority (100%) of the centres.
- Learning/activities corner were unavailable at majority (100%) of the centres with workers unaware of the concept of learning/activities corner.

5.01.2: Major problems faced by Anganwadi centres in Aizawl City:

The major problems faced by the AWCs in Aizawl City have been summarized below:

- **Building and infrastructure:** On the basis of the observations and reports it was found that the location of the buildings of the AWCs and their infrastructures were inadequate in order to support implementation of ECCE.
- **Lack of outdoor space:** Observations and reports Most centres were located in areas which could not accommodate outdoor space for children’s outdoor activities
- **Mode of supply of supplementary nutrition:** As it was reported by the workers at the centres the food items were not supplied properly to the centres and huge expenses were incurred by the centres for the collection of food items from the storage.
- **Gas and water supply:** The workers also reported that the centres did not have proper gas or water supply which led to distribution of uncooked food as well as dirty toilets it is also observed by the researcher.
- **Fluctuating timings of the centres:** As reported by the parents/ guardians, the centres did not follow a routine and would open at the convenience of the workers or the helpers.
- **Irregularity of teachers:** It was also reported by the parents/ guardians that the workers were irregular in coming to the centres and some centres were taken care of only by the helpers.

5.01.3: Perceptions of stakeholders for effective functioning of AWCs in Aizawl City:

There were difficulties with regards to procuring opinions or perceptions of the stakeholders about effective functioning of the AWCs in Aizawl City. These difficulties arose due to the fact that the low educational qualifications of the workers disabled them in having any perception or opinions. Although the scope of the present study did not enquire into the economic status and the educational qualifications of the parents sending their wards to the children, it was the opinion of the researcher that the parents that were interviewed had no opinions about effective functioning of the centre due to their low educational status. Thus, it can be concluded that there were no opinions or stakeholders had no perceptions about effective functioning of the AWCs in Aizawl City.

5.02: Discussion

The AWCs under the ICDS projects are centres meant to provide ECCE to all children under the age group of 0-6 years, and provide them free health services and supplementary nutrition. The main functions of the AWCs or any ECCE centre is to prepare children for primary education by providing enriching experiences which could incur all round development in the children. A non-formal educational system is employed and children are encouraged to express themselves and given due freedom to learn from their experiences with others. It can be assumed that most parents would want to send their children to AWCs as they were provide wholesome education free of cost.

The findings of the present study reveals that the AWCs in Aizawl city are mostly of poor quality. Observations of the working of the centres reveals that , while there were a few number of centres who were encouraging development in their children through various activities, most of the centres visited acted more like a playground and a day care for the children. A normal day would start with the worker opening the centre at their convenience and not following a proper timing. This was followed by the arrival of the children with their parents and immediately running for the toys and playing with them. After some time the worker would gather them around and make them recite alphabets or number or give them a chance to sing rhymes and songs they want. After a while the children

would again resort to playing with the toys or with the other children which would be followed by meal time after which the children would depart with their parents.

Some workers were found who were taking a real interest in their jobs and this could also be observed in the way they were handling their centres. On the other hand, majority of the workers were found to be disinterested in their jobs. This led to irregularity on their part in taking care of the centres. Learning opportunities of any form were hardly provided to the children as there was no initiatives from the teachers to conduct learning activities at the centres. Workers at the centres were found to defend their poor work with such reasons like poor infrastructural facilities and irregular monthly income.

Although, parents of the children had lesser complaint regarding the working of the centres, it was found that the real reason they were less concerned about the welfare of the centres was that they were not planning on sending their wards to the centres for a long time as they explained that they would be sending their children to private schools when they reach the age of 4 or 5 .

5.03: Suggestions

The following suggestions are made by the researcher for effective functioning of the AWCs in Aizawl city based on major findings of the study

- There should be more informal interactions between the workers and the children to facilitate better relationships between them.
- Each AWC should be made more disabled friendly to support enrolment of children with special needs.
- The locations of the AWCs need to be re-examined and relocated to ensure that the centres are provided with the required indoor and outdoor areas.
- Health services provided to the AWCs need proper monitoring and supervision
- Proper distribution of allocated funds to the AWCs should be carried out by the concerned authorities.
- Developmentally appropriate play materials should be made available at all the centres.

- Workers at the centres should be better oriented with the curriculum of ECCE and should be made aware of the opportunities that are to be provided to the children.
- The AWCs should be subjected to surprise visits by concerned authorities to ensure proper functioning of the centres
- The perception of parents and community members

5.04: Educational Implications of the Study.

The present study brings into light the current status of ECCE in AWCs of Aizawl city and had implications for all those involved in the functioning of AWCs. The study can serve as a ground for further researches or enquiring into the implementation of ECCE in AWCs of Mizoram.

Through the present study, the officials or supervisors who manage AWCs will be able to gain more insight into the workings of the AWCs in Aizawl City. They will be able to realize the problems that the workers are facing and thus, necessary actions will be able to be taken up by them.

The present study gives an outsider's view regarding the current status of AWCs to the workers working at AWCs and it also give them insight into areas in which they are lagging behind and areas which they can improve at their centres.

Through the present study, the parents/ guardians can become more aware of the benefits they are to receive from the AWCs, how the AWCs should be functioning and how learning should be taken up at the centres. It will help them come to the realization that AWCs are not merely set up for the purpose of distributing food items but for the purpose of providing ECCE to their children.

It is also the hope of the researcher that the present study will reveal the importance of AWCs in ECCE and thus help parents and community members realize that AWCs are places of learning which caters to the health, nutrition and all round development of their children

5.05: Limitations of the study:

- The study required holding interviews of the parents at their home and not at the centres which could not be carried out due to unwillingness of the parents to hold the interviews at their homes.
- Some of the workers had to be called to come to the centres by the helpers.
- The tools used for the present study were developed by the researcher and standardized tools were not used.

5.06: Suggestions for further research:

- The present study can be further expanded to other ICDS projects within the state of Mizoram
- Comparative studies of status of ECCE in Anganwadi centre located in the rural and urban areas of Mizoram can be taken up.
- The status of provision of supplementary nutrition to AWCs can be further examined.
- A comparative study of implementation of ECCE in Mizoram and other states can be taken up.

5.07: Conclusion

This study explores the quality of ECCE in AWCs of Aizawl City. It identifies the educational status of AWW, status of training of AWW, infrastructural facilities, mode of transaction of curriculum at the centres and the status of worker- children and worker-parents interaction. It was found that quality of ECCE in majority of the AWCs were very unsatisfactory with basic provisions of health services, supplementary nutrition and developmentally appropriate learning activities unavailable in most centres . This study also delves into the problems faced by the AWCS of Aizawl City and it was found that major problems were related to areas such as insufficient building and infrastructure, lack of outdoor space, mode of supply of nutrition, improper supply of water and LPG, irregularity of the timings of the centres as well as the irregularity of the workers. AWCs are considered as the best place for children to get good nutrition, health care and education economically. However, quality of AWCs still needs to be evaluated. Thus, the present study recommends that improvement in AWCs infrastructures, provision of health and nutrition and training of workers are important components in ensuring quality ECCE in AWCs of Aizawl City.

SUMMARY

SUMMARY

Early Childhood Care and Education (ECCE) refers to a wide range of programs, all aimed at the physical, cognitive and social development of children before they enter Primary schools- theoretically from birth to about 6-7 years of age. It does not only include the child's education and their developmental aspects but also the prenatal years. It provides care and support to the pregnant mothers as well as the child's development upto 6 years of age. The concept of ECCE is of recent origin in India. It did not find any mention in the educational literature till the formulation of the National Policy on Education, 1986. It has used the nomenclature of ECCE for the stage preceding elementary education. According to the Article 45 as amended in 2002, the constitution of India stated;

“The State shall endeavor to provide early childhood care and education for all children until they complete the age of six years” (Govt. of India, 2007).

It includes the education, nutrition, health and hygiene of the children within this age group. The word ‘care’ has been added to this concept to emphasize the importance of the pre-natal as well as the post-natal years. The importance of the early years have been stressed greatly in recent years due to the fact that the most rapid brain development takes place during the early years. The human brain develops more rapidly between birth and age five than during any other period. However, this development can be hindered due to lack of proper nutrition and stimulation. The emphasis on care is the need to have a broader focus on Early Childhood Education (ECE). Children who are better nourished are more apt to be less sick and learn better than children who do not receive such care.

‘Recent research in the field of neuroscience, particularly on the brain, has provided very convincing evidence of the ‘critical periods’ located within early years, particularly the first three years for full development of the brain's potential (Deberty,1997). About two third of the brain development is nearly complete during the first two years of the child, the rest in the second two years, i.e. brain development is complete by the time the child is four or five years old. Any damage to the brain due to protein deficiency during this age is altogether

irreparable at a later stage. If we are mindful about the optimum use of nutritional programmes, we should see that they are implemented between the ages of two to four.’(Hiranandani,1970).

Recognizing its importance United Nations Educational, Scientific and Cultural Organization (UNESCO) advocates for ECCE programmes that attend to health, nutrition, security and learning and which provide for children’s holistic development. It organized the first World Conference on ECCE in September 2010, which culminated in the adoption of a global action agenda for ECCE called ‘*Moscow Framework for Action and Cooperation: Harnessing the Wealth of Nations*’. As a follow-up to the World Conference, UNESCO works in partnership with Member States, partners and other stakeholders to encourage timely and effective implementation of the Moscow Framework so that all young children develop their potential to the fullest. India is also a partner state to follow Moscow Framework. The National ECCE Policy gives the following definition of ECCE (Govt. of India,2013):

“For the purpose of this Policy and the actions there under, Early Childhood Care and Education (ECCE) refers to programmes and provisions for children from prenatal to six years of age, which cater to needs of a child in all domains of development i.e. physical, motor, language, cognitive, socio-emotional, and creative and aesthetic appreciation; and ensure synergy with health and nutrition aspects. This would cover developmental priorities for each sub stage within the continuum, i.e. care, early stimulation/interaction needs for children below 3 years, and developmentally appropriate preschool education for 3 to 6 years old with a more structured and planned school readiness component for 5 to 6 year olds.”

The National Policy on Education (NPE), 1986 “specially emphasizes investment in the development of the young child, particularly children from sections of the population in which first generation learners predominate”. Recognizing the holistic nature of the child development viz. Nutrition, health and social, mental, physical, moral and emotional development, ECCE has been given high priority and would be suitably integrated with the ICDS program, wherever possible. This would also be provided as a support service for universalization of primary education and the local community would be fully involved in these

programmes. It has been rightly said, “A full integration of child care and pre-primary education will be brought about, both as a feeder and strengthening factor for primary education and for human resource development in general”. The revised NPE 1992 has also reiterated the postulates and provisions of the NPE, 1986 on ECCE.

The National ECCE Policy, 2013 also reaffirms the commitment of the Government of India to provide integrated services for holistic development of all children, along the continuum, from the prenatal period to six years of age. The Policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation, with focus on early learning, for every Indian child. ECCE services are delivered through public, private and non-governmental channels. It encompasses the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment. It is an indispensable foundation for lifelong development and learning, and has lasting impact on early childhood development.

Thus, ECCE comprises all the essential supports a young child needs to survive and thrive in life, as well as the supports the family and community need to promote children’s healthy development which includes integrating health, nutrition and intellectual stimulation, providing the opportunities for exploration and active learning, as well as providing the social and emotional care and nurturing a child needs in order to realize his/her human potential and play an active role in their families and later in their communities.

RATIONALE OF THE STUDY

The importance of ECCE has been stressed by many educationist and scholars worldwide. Proper care and nutrition needs to be provided to ensure that children reach their optimum development in the early years. Due to its tremendous importance it is essential that adequate quality is to be maintained while providing education and care to children. Quality services are essential for proper development of the children. At present, there seems to be no regulatory board to check the quality of the services that are provided in the Anganwadi. On top of this many guardians are unaware of the services that they should be receiving from the Anganwadi as well as the quality that should be maintained in it. Many workers are also unaware of the minimum norms that the Anganwadi

should maintain. It is also necessary to evaluate the ECCC services in Mizoram state. Mizoram attracts the attention because of its different socio-cultural context and literacy level. Hence the present study analyzes and evaluates the situation of AWCs in Aizawl city in the light of the Quality Standards Framework and also tried to find out the status of the stakeholders knowledge about the AWCs and opinions about its improvements.

Aizawl as the capital of Mizoram is a place where everything is moving in fast motion, changes can be noticed every day and trends from all around the world are being followed the moment the trend happens. However, in the case of ECCE, the capital city seems to be falling behind on the recent trends. According to a reliable source at the centre, it was heard that the ECCE or AWCs of the rural areas are far more productive and far better than the AWC's of Aizawl City. The need was felt to study the exact status of the AWC's in Aizawl city and to find out if the assumptions were actually true or not.

STATEMENT OF THE PROBLEM

Early Childhood Care and Education in Anganwadi Centres of Aizawl City: A Critical Study

OBJECTIVES OF THE STUDY

The present study was undertaken with the following specific objectives in view:

- i) To examine the current status of Early Childhood Care and Education in Anganwadi centres of Aizawl City.
- ii) To examine the problems faced by Anganwadi centres in Aizawl City.
- iii) To get the perceptions of stakeholders about effective functioning of Anganwadi centres in Aizawl City.
- iv) To suggest measures for effective functioning of Anganwadi centres.

DELIMITATIONS OF THE STUDY

- i) The present study will only deal with the Anganwadi centres covered under the Aizawl Urban ICDS projects.

ii) Study will be confined to qualitative research approaches

METHODOLOGY

For the present study descriptive survey method was applied.

POPULATION AND SAMPLE

In the present study, the population comprised of all AWCs under Aizawl Urban ICDS project. Total number of centres was 189. The lottery method under the simple random sampling technique was used to select the AWCs. Sample of this study was collected in different ways at different levels (Figure 1).

The samples were selected in the following manner:

All AWCs i.e. 189 centres under Aizawl Urban ICDS projects are divided into five circles. The names of the circles and the number of AWCs in each circle are given in Table 1. Six centres from each circle were selected which implies that 30 AWCs in total were selected as the sample for this study. As the objectives of the study also includes finding out the opinions of the stake holders, the sample also consisted of 30 Anganwadi workers i.e. one worker from each AWC and five guardians of children attending the AWCs were also selected.

Figure 1: Sample and Sampling Process of the Study

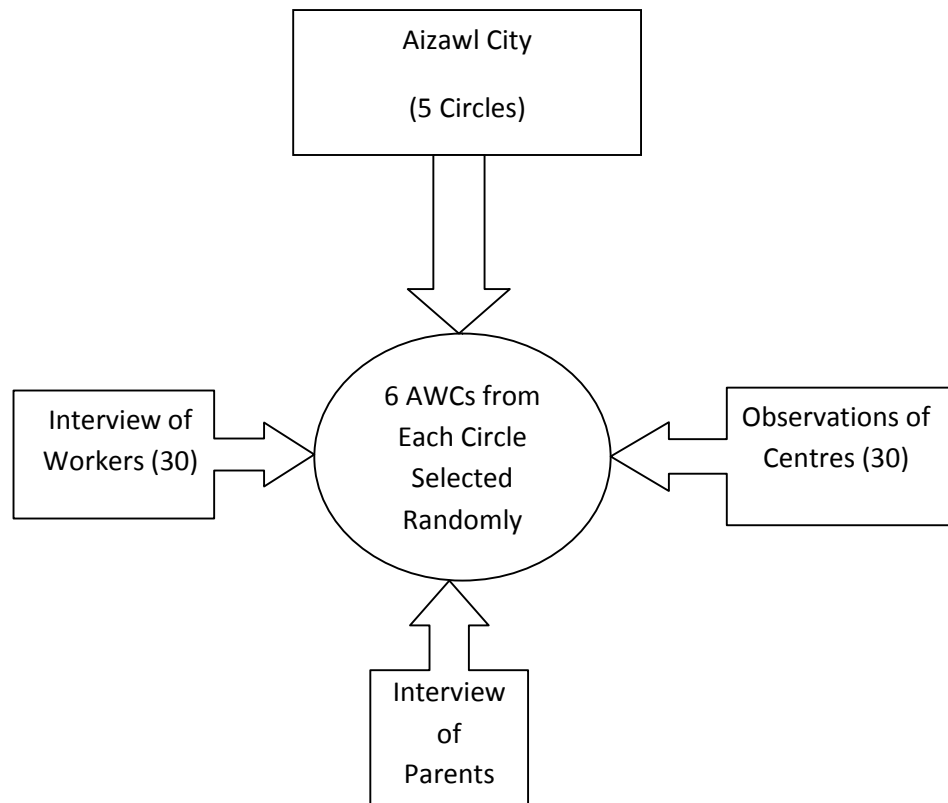


Table 1. List of Circles under Urban ICDS projects:

Sl. No	Name of Circle	No. of Anganwadi Centre
1.	Aizawl South Circle	37
2.	Aizawl West Circle	38
3.	Central -1 Circle	38
4.	Aizawl East Circle	38
5.	Aizawl North Circle	38
	Total	189

TOOLS USED

Three tools were developed by the investigator for collecting relevant data. They are:

i) Checklist cum Observation Schedule for Quality Standards in ECCE.

The main purpose of this tool was to check the current status of the ECCE centres that were visited. The checklist was divided into 5 sub topics and each topic had a maximum of 13-19 items. The purpose of this checklist was to find out exactly where the ECCE centres stands with regards to the standards as proposed by the Quality Standards for ECCE.

ii) Interview guide for Teachers/Workers in AWC for checking Quality of ECCE.

This interview schedule was developed to enquire into the workers opinion of the status of ECCE at their centres as well as to find out problem areas or challenges faced by them. This interview schedule contains 21 items.

iii) Interview guide for guardians of children in AWCs for checking Quality of ECCE.

This interview schedule was developed to enquire into the opinions of the parents/guardians of the children enrolled at the AWC regarding the status of ECCE and areas of improvement. This interview guide contains 16 items.

The main research tool used in the present study for the purpose of data analysis is the Checklist cum Observation Schedule for Quality Standards in ECCE. The two interview schedules were prepared for the purpose of data *triangulation* i.e. the interview schedules were used as a source of evidence in support or in denial of the data collected from the Checklist cum Observation Schedule. Apart from these the interview schedules were used as a means to delve into opinions of the workers and parents/guardians regarding areas of improvement for the centre.

DATA ANALYSIS

The data collected by the researcher was analyzed quantitatively and qualitatively by using descriptive statistics like frequency and percentage. Results of the study are presented under the five categories of the Checklist cum Observation schedule for Quality in ECCE centre.

FINDINGS OF THE STUDY

The major findings of the study are presented below:

Status of ECCE in AWCs of Aizawl City:

The status of ECCE in AWCs of Aizawl City with regards to the quality of ECCE provided to the children was found to be not at par with the recommended standards. The evidences for this conclusion can be discussed as follow:

- An informal interaction between the workers and the children which helps to form connections and relationships were found to be absent.
- Most (73.33%) centres did not have an enrolment of children with special needs although reports from the workers highlighted that there were children with special needs in their area and they could not accommodate them due to unavailable infrastructure. It was also observed that majority (96.67%) of the centres were not disabled friendly and workers had not received any special training for teaching of children with special needs.
- The classroom areas of the centres were found to be insufficient to accommodate activities of the centres.
- Outdoor spaces were unavailable in majority (100%) of the centres and outdoor play activities were not held at the centres.

- Owing to unavailability of outdoor space, outdoor play equipments were unavailable in majority (90%) of the centres.
- Children were not provided with shelves or racks on which they could place their belongings
- Separate toilet facility for boys and girls was not available at all the centres. Moreover majority (83.33%) of centres had water and soap facilities missing.
- Surprisingly, devices for measuring height and weight of the children were unavailable at majority (90%) of the centres.
- Records of health checkups and immunization required to be maintained by the workers were not found, at the same time it was reported by the teachers and parents that health checkups were held once a year in majority (90%) of the centres.
- The distribution of supplementary nutrition to the children was found to be irregular due to insufficient water and LPG supply. Therefore at many times raw materials were distributed among guardians or purpose was being served by the things like biscuits, peanuts etc.
- First aid kits were unavailable at all of the centres.
- The centres were found to lack preventive measure in case of fire and other natural disasters and emergency exits were unavailable in majority (90%) of the centres.
- Appropriate toys to facilitate development of the children were unavailable in majority (60%) of the centres.
- Opportunities to children for development of their literary, creative, linguistic, problem solving, and mathematical skills were not provided. Development of fine and gross motor skills was also not provided adequate support.
- Opportunities for exploration, self expression and development of relationships were also not provided in majority (96.67%) of the centres.

- Majority (96.67%) of the centres were not following the time-table (working hours in a day) prescribed by the Framework/government.
- As per the stipulated norms all centres were found to be under staffed.
- Contradictory to the idea of 'ECCE Framework; formal teachings of 3Rs and rote learning activities were conducted at majority (66.67%) of the centres.
- Children' performances were not evaluated and documented by the workers in majority (100%) of the centres.
- Learning/activities corner were unavailable at majority (100%) of the centres with workers unaware of the concept of learning/activities corner.

Major problems faced by Anganwadi centres in Aizawl City.

The major problems faced by the AWCs in Aizawl City are found to be problems related to

- Building and infrastructure: On the basis of the observations and reports it was found that the location of the buildings of the AWCs and their infrastructures were inadequate in order to support implementation of ECCE.
- Lack of outdoor space: Most centres were located in areas which could not accommodate outdoor space for children's outdoor activities
- Mode of supply of supplementary nutrition: The food items were not supplied properly to the centres and huge expenses were incurred by the centres for the collection of food items from the storage.
- Gas and water supply: As reported by the worker, the centres did not have proper gas or water supply which led to distribution of uncooked food. It was also observed by the researcher that most of the toilets at the centres were dirty and unhygienic.
- Fluctuating timings of the centres: As reported by the parents/ guardians, the centres did not follow a routine and would open at the convenience of the workers or the helpers.

- Irregularity of teachers: It was also reported by the parents/ guardians that the workers were irregular in coming to the centres and some centres were taken care of only by the helpers.

The above problems were also observed by the researcher by spending extended time at the centres and by prolonged engagement with the stakeholders.

Perceptions of stakeholders about effective functioning of AWCs in Aizawl City.

There were difficulties with regards to procuring opinions or perceptions of the stakeholders about effective functioning of the AWCs in Aizawl City. These difficulties occurred due to the fact that the low educational qualifications of the workers disabled them in having any perception or opinion. Although the scope of the present study did not enquire into the economic status and the educational qualifications of the parents sending their wards to the children yet this fact is revealed in many studies that poor families are served through AWCs (Humairah, 2011). Again educational level of workers at AWCs was also low as the government is recruiting candidates having education up to secondary level. Thus workers are low educated, lowly paid not adequately trained (Yadav, 2012). Both types of stakeholders of this study were not too empowered to have their own say. Thus, it can be concluded that there were no opinions or stakeholders had no perceptions about effective functioning of the AWCs in Aizawl City.

SUGGESTIONS

The following suggestions are made by the researcher for effective functioning of the AWCs in Aizawl city based on major findings of the study

- There should be more informal interactions between the workers and the children to facilitate better relationships between them.
- Each AWC should be made more disabled friendly to support enrolment of children with special needs.
- The locations of the AWCs need to be re-examined and relocated to ensure that the centres are provided with the required indoor and outdoor areas.
- Health services provided to the AWCs need proper monitoring and supervision
- Proper distribution of allocated funds to the AWCs should be carried out by the concerned authorities.
- Developmentally appropriate play materials should be made available at all the centres.
- Workers at the centres should be better oriented with the curriculum of ECCE and should be made aware of the opportunities that are to be provided to the children.
- The AWCs should be subjected to surprise visits by concerned authorities to ensure proper functioning of the centres.
- The mode of supply of supplementary nutrition should be looked into by the concerned authorities.

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APPENDICES

APPENDIX – A

**CHECKLIST CUM OBSERVATION SCHEDULE FOR QUALITY
STANDARD IN EARLY CHILDHOOD CARE AND EDUCATION
CENTRE**

NAME OF THE CENTRE:

ADDRESS:

DATE OF VISIT:

PERSON/S CONTACTED: Name-

Contact No. –

ANY OTHER REMARKS:

Sl. No.	DIMENSION	CHECK ()		OBSERVATION
		YES	NO	COMMENTS
I	Student- Teacher- Parent Relation and Interaction			
1.	Teacher greets every child on arrival.			
2.	Children greet the teacher on arrival.			
3.	Teacher greets every child on departure.			
4.	Children greet the teacher on departure.			
5.	Teachers are easily approachable			
6.	Use of physical punishment			
7.	Use of verbal abuse			
8.	Interaction with Children with Special Needs			
9.	Teachers interact with children during meal time			
10.	Children interact with peers during meal time			
11.	Children interact with each other freely at the centre.			
12.	Teachers interact with parents/ guardians at the centre			

II	Physical Infrastructure			
1.	1 classroom measuring 35 square meters (carpet area) for a group of 30 children.			
2.	30 square meters of outdoor space for a group of 30 children.			
3.	Provision of adequate light and ventilation in the rooms.			
4.	Provision of electricity to provide light and to operate equipment.			
5.	Centre is located in a place away from sources of excessive pollution.			
6.	Center is disabled- friendly.			
7.	Equipments for outdoor play/ activities for all children.			
8.	Allocated space for cooking meals.			
9.	Allocated space for storage of food items.			
10.	Allocated space for nap time for children.			
11.	Availability of shelves or a place for children to keep their belongings.			
12.	Proper storage for teacher to keep material and records.			
13.	Classrooms are clean.			
14.	Furniture's in the classroom are clean.			
15.	Toilets are clean.			
16.	Availability of water and soap in the toilets.			
17.	Separate toilets for boys and girls.			
18.	Availability of adequate, clean and potable water for all children.			

III	Health, Nutrition and Safety			
1.	Device for measuring height.			
2.	Device for measuring weight.			
3.	Records of health check-ups & immunization.			
4.	Supplementary nutrition			
5.	Availability of first aid kit for children.			
6.	Center has preventive measures, in case of fires and other natural disasters (fire extinguishers, sand buckets etc.)			
7.	Center is structurally stable.			
8.	Center can be easily exited in case of emergency.			
IV	Children Experiences and Learning Opportunities			
1.	Adequate developmentally appropriate toys and learning materials available for children to play.			
2.	Opportunities are provided for play/exploration with other children and adults.			
3.	Opportunities to speak are provided by teacher.			
4.	Time is set aside daily for reading and storytelling.			
5.	Active participation of children in outdoor activities			
6.	Activities for gross motor development.			
7.	Opportunity for all children in creative activities.			
8.	Teacher encourages self expression in arts & craft activities & appreciation with guidance.			
9.	Opportunity for the children to sing rhymes & songs.			
10.	Activities for development of reading readiness.			
11.	Activities for development of writing readiness.			
12.	Activities for development of number readiness.			

V	Organization and Management			
1.	ECCE programme is conducted <i>for 4 hours</i> daily (with ½ hr snack/break time).			
2.	1 adult for every 20 children in 3- 6 years age group.			
3.	1 adult for every 10 children for under 3 years.			
4.	Does the centre conduct rote-learning activity or formal teaching of 3Rs (reading, writing & arithmetic).			
5.	Documentation of child's performance.			
6.	Documents of child's performance are easily available.			
7.	Records of children's attendance .			
8.	Display of materials, children's artwork and handicrafts on the walls at the eye level of children or on a table.			
9.	Medium of instruction (mother tongue.)			
10.	Flexible seating arrangements.			
11.	Learning / Activities corner available.			
12.	Weekly/Daily schedule followed by teachers.			

APPENDIX – B

INTERVIEW GUIDE FOR TEACHER/ WORKER IN ANGANWADI CENTRE'S FOR CHECKING QUALITY OF EARLY CHILDHOOD CARE AND EDUCATION

NAME OF THE CENTRE:

DATE OF VISIT:

1. At what time do you open and close the centre?
2. How many children are enrolled in your centre?
3. How many children are present at the centre today?
4. Do you have any differently abled child enrolled in your centre? If yes, how many?
5. How many workers are there in the centre?
6. What are the educational qualifications of the workers?
7. How often do you attend trainings
8. In what language do you teach the children?
9. How do you evaluate a child's performance?
10. Do you keep a progress report card of the child?
11. Are the children taken for field trips or excursions?
12. Are health check-ups held at the centre? How often?
13. Do you have any training in first aid?

14. Are you aware of the nearest hospitals or health centres from the centre?
15. Do you hold parent teacher meetings?
16. Do you visit the children's homes?
17. Are you provided your basic office need (tables, chairs, books, learning materials etc.)
18. Do you get paid regularly?
19. Do the parents make any financial contributions towards the welfare of the centre?
20. What are the challenges/problems faced by you at the centre
21. What measures can be taken to improve the conditions of the centre?

APPENDIX – C

INTERVIEW GUIDE FOR GUARDIANS OF CHILDREN IN ANGANWADI CENTRES FOR CHECKING QUALITY OF EARLY CHILDHOOD CARE AND EDUCATION

1. Do you send your child to the Anganwadi Centre ?
2. How old is your child?
3. At what time does the centre open and close
4. What language is being used to teach the children?
5. Do you visit the centre often?
6. Can you easily approach the teachers when you need them?
7. Do the teachers visit your homes? How often?
8. Are parent teacher meetings conducted?
9. Have you notice any of the children being verbally abused or being physically punished?
10. Do you think your child is safe at the centre?
11. Are health check – ups and immunization held at the centres?
12. Are the children taken for field trips and excursions?
13. Do you think the centre is well maintained and clean?
14. Do you think the toilets and the kitchens are clean?
15. What areas of the centre do you think requires improvement?
16. What measures can be taken to improve the conditions of the centre?

INTRODUCTION

Early Childhood Care and Education (ECCE) refers to a wide range of programs, all aimed at the physical, cognitive and social development of children before they enter Primary schools- theoretically from birth to about 6-7 years of age. It does not only include the child's education and their developmental aspects but also the prenatal years. It provides care and support to the pregnant mothers as well as the child's development upto 6 years of age. The concept of ECCE is of recent origin in India. It did not find any mention in the educational literature till the formulation of the National Policy on Education, 1986. It has used the nomenclature of ECCE for the stage preceding elementary education. According to the Article 45 as amended in 2002, the constitution of India stated;

“The State shall endeavor to provide early childhood care and education for all children until they complete the age of six years”
(Govt. of India, 2007).

It includes the education, nutrition, health and hygiene of the children within this age group. The word 'care' has been added to this concept to emphasize the importance of the pre-natal as well as the post-natal years. The importance of the early years have been stressed greatly in recent years due to the fact that the most rapid brain development takes place during the early years. The human brain develops more rapidly between birth and age five than during any other period. However, this development can be hindered due to lack of proper nutrition and stimulation. The emphasis on care is the need to have a broader focus on Early Childhood Education (ECE). Children who are better nourished are more apt to be less sick and learn better than children who do not receive such care.

'Recent research in the field of neuroscience, particularly on the brain, has provided very convincing evidence of the 'critical periods' located within early years, particularly the first three years for full development of the brain's potential

(Deberty,1997). About two third of the brain development is nearly complete during the first two years of the child, the rest in the second two years, i.e. brain development is complete by the time the child is four or five years old. Any damage to the brain due to protein deficiency during this age is altogether irreparable at a later stage. If we are mindful about the optimum use of nutritional programmes, we should see that they are implemented between the ages of two to four.’(Hiranandani,1970).

Recognizing its importance United Nations Educational, Scientific and Cultural Organization (UNESCO) advocates for ECCE programmes that attend to health, nutrition, security and learning and which provide for children’s holistic development. It organized the first World Conference on ECCE in September 2010, which culminated in the adoption of a global action agenda for ECCE called *‘Moscow Framework for Action and Cooperation: Harnessing the Wealth of Nations’*. As a follow-up to the World Conference, UNESCO works in partnership with Member States, partners and other stakeholders to encourage timely and effective implementation of the Moscow Framework so that all young children develop their potential to the fullest. India is also a partner state to follow Moscow Framework. The National ECCE Policy gives the following definition of ECCE (Govt. of India,2013):

“For the purpose of this Policy and the actions there under, Early Childhood Care and Education (ECCE) refers to programmes and provisions for children from prenatal to six years of age, which cater to needs of a child in all domains of development i.e. physical, motor, language, cognitive, socio-emotional, and creative and aesthetic appreciation; and ensure synergy with health and nutrition aspects. This would cover developmental priorities for each sub stage within the continuum, i.e. care, early stimulation/interaction needs for children below 3 years, and developmentally appropriate preschool education for 3 to 6 years old with a more structured and planned school readiness component for 5 to 6 year olds.”

The National Policy on Education (NPE), 1986 “specially emphasizes investment in the development of the young child, particularly children from sections of the population in which first generation learners predominate”. Recognizing the holistic nature of the child development viz. Nutrition, health and social, mental, physical, moral and emotional development, ECCE has been given high priority and would be suitably integrated with the ICDS program, wherever possible. This would also be provided as a support service for universalization of primary education and the local community would be fully involved in these programmes. It has been rightly said, “A full integration of child care and pre-primary education will be brought about, both as a feeder and strengthening factor for primary education and for human resource development in general”. The revised NPE 1992 has also reiterated the postulates and provisions of the NPE, 1986 on ECCE.

The National ECCE Policy, 2013 also reaffirms the commitment of the Government of India to provide integrated services for holistic development of all children, along the continuum, from the prenatal period to six years of age. The Policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation, with focus on early learning, for every Indian child. ECCE services are delivered through public, private and non-governmental channels. It encompasses the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment. It is an indispensable foundation for lifelong development and learning, and has lasting impact on early childhood development.

Thus, ECCE comprises all the essential supports a young child needs to survive and thrive in life, as well as the supports the family and community need to promote children’s healthy development which includes integrating health, nutrition and intellectual stimulation, providing the opportunities for exploration and active learning, as well as providing the social and emotional care and nurturing a child needs in order to realize his/her human potential and play an active role in their families and later in their communities.

RATIONALE OF THE STUDY

The importance of ECCE has been stressed by many educationist and scholars worldwide. Proper care and nutrition needs to be provided to ensure that children reach their optimum development in the early years. Due to its tremendous importance it is essential that adequate quality is to be maintained while providing education and care to children. Quality services are essential for proper development of the children. At present, there seems to be no regulatory board to check the quality of the services that are provided in the Anganwadi. On top of this many guardians are unaware of the services that they should be receiving from the Anganwadi as well as the quality that should be maintained in it. Many workers are also unaware of the minimum norms that the Anganwadi should maintain. It is also necessary to evaluate the ECCC services in Mizoram state. Mizoram attracts the attention because of its different socio-cultural context and literacy level. Hence the present study analyzes and evaluates the situation of AWCs in Aizawl city in the light of the Quality Standards Framework and also tried to find out the status of the stakeholders knowledge about the AWCs and opinions about its improvements.

Aizawl as the capital of Mizoram is a place where everything is moving in fast motion, changes can be noticed every day and trends from all around the world are being followed the moment the trend happens. However, in the case of ECCE, the capital city seems to be falling behind on the recent trends. According to a reliable source at the centre, it was heard that the ECCE or AWCs of the rural areas are far more productive and far better than the AWC's of Aizawl City. The need was felt to study the exact status of the AWC's in Aizawl city and to find out if the assumptions were actually true or not.

STATEMENT OF THE PROBLEM

*Early Childhood Care and Education in Anganwadi Centres of Aizawl City: A
Critical Study*

OPERATIONAL DEFINITION OF KEY TERMS

Early Childhood Care and Education: In the present study, early childhood is defined as the period from birth to 6 years old. A time of remarkable brain development, these years laid the foundation for subsequent learning. Children in the Early Childhood Centers are usually between the ages of 3-6.

Anganwadi: In the present study, the word Anganwadi means "courtyard shelter" as in Indian languages. They were started by the Indian government in 1975 as part of the ICDS program to combat child hunger and malnutrition. A typical AWC also provides basic health care in Indian villages.

Stakeholders: In the present study the stakeholders include the workers, mothers and guardians of the children and the supervisors of the AWCs. However, in the present study concentrates only on the workers and the mothers.

OBJECTIVES OF THE STUDY

The present study was undertaken with the following specific objectives in view:

- i) To examine the current status of Early Childhood Care and Education in Anganwadi centres of Aizawl City.
- ii) To examine the problems faced by Anganwadi centres in Aizawl City.
- iii) To get the perceptions of stakeholders about effective functioning of Anganwadi centres in Aizawl City.
- iv) To suggest measures for effective functioning of Anganwadi centres.

DELIMITATIONS OF THE STUDY

- i) The present study will only deal with the Anganwadi centres covered under the Aizawl Urban ICDS projects.
- ii) Study will be confined to qualitative research approaches

METHODOLOGY

For the present study descriptive survey method was applied.

POPULATION AND SAMPLE

In the present study, the population comprised of all AWCs under Aizawl Urban ICDS project. Total number of centres was 189. The lottery method under the simple random sampling technique was used to select the AWCs. Sample of this study was collected in different ways at different levels (Figure 1).

The samples were selected in the following manner:

All AWCs i.e. 189 centres under Aizawl Urban ICDS projects are divided into five circles. The names of the circles and the number of AWCs in each circle are given in Table 1. Six centres from each circle were selected which implies that 30 AWCs in total were selected as the sample for this study.

As the objectives of the study also includes finding out the opinions of the stakeholders, the sample also consisted of 30 Anganwadi workers i.e. one worker from each AWC and five guardians of children attending the AWCs were also selected.

Figure 1: Sample and Sampling Process of the Study

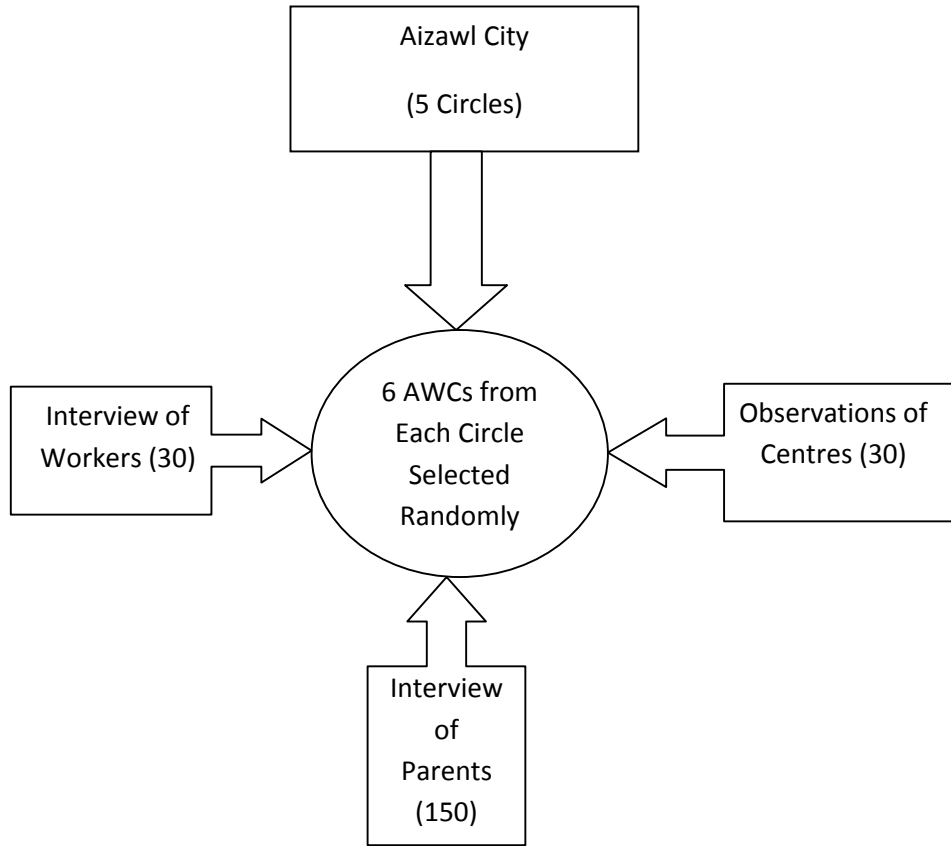


Table 1. List of Circles under Urban ICDS projects:

Sl. No	Name of Circle	No. of Anganwadi Centre
1.	Aizawl South Circle	37
2.	Aizawl West Circle	38
3.	Central -1 Circle	38
4.	Aizawl East Circle	38
5.	Aizawl North Circle	38
	Total	189

TOOLS USED

Three tools were developed by the investigator for collecting relevant data. They are:

i) Checklist cum Observation Schedule for Quality Standards in ECCE.

The main purpose of this tool was to check the current status of the ECCE centres that were visited. The checklist was divided into 5 sub topics and each topic had a maximum of 13-19 items. The purpose of this checklist was to find out exactly where the ECCE centres stands with regards to the standards as proposed by the Quality Standards for ECCE.

ii) Interview guide for Teachers/Workers in AWC for checking Quality of ECCE.

This interview schedule was developed to enquire into the workers opinion of the status of ECCE at their centres as well as to find out problem areas or challenges faced by them. This interview schedule contains 21 items.

iii) Interview guide for guardians of children in AWCs for checking Quality of ECCE.

This interview schedule was developed to enquire into the opinions of the parents/guardians of the children enrolled at the AWC regarding the status of ECCE and areas of improvement. This interview guide contains 16 items.

The main research tool used in the present study for the purpose of data analysis is the Checklist cum Observation Schedule for Quality Standards in ECCE. The two interview schedules were prepared for the purpose of data *triangulation* i.e. the interview schedules were used as a source of evidence in support or in denial of the data collected from the Checklist cum Observation Schedule. Apart from these the interview schedules were used as a means to delve into opinions of the workers and parents/guardians regarding areas of improvement for the centre.

DATA ANALYSIS

The data collected by the researcher was analyzed quantitatively and qualitatively by using descriptive statistics like frequency and percentage. Results of the study are presented under the five categories of the Checklist cum Observation schedule for Quality in ECCE centre.

FINDINGS OF THE STUDY

The major findings of the study are presented below:

Status of ECCE in AWCs of Aizawl City:

The status of ECCE in AWCs of Aizawl City with regards to the quality of ECCE provided to the children was found to be not at par with the recommended standards. The evidences for this conclusion can be discussed as follow:

- An informal interaction between the workers and the children which helps to form connections and relationships were found to be absent.
- Most (73.33%) centres did not have an enrolment of children with special needs although reports from the workers highlighted that there were children with special needs in their area and they could not accommodate them due to unavailable infrastructure. It was also observed that majority (96.67%) of the centres were not disabled friendly and workers had not received any special training for teaching of children with special needs.
- The classroom areas of the centres were found to be insufficient to accommodate activities of the centres.
- Outdoor spaces were unavailable in majority (100%) of the centres and outdoor play activities were not held at the centres.
- Owing to unavailability of outdoor space, outdoor play equipments were unavailable in majority (90%) of the centres.

- Children were not provided with shelves or racks on which they could place their belongings
- Separate toilet facility for boys and girls was not available at all the centres. Moreover majority (83.33%) of centres had water and soap facilities missing.
- Surprisingly, devices for measuring height and weight of the children were unavailable at majority (90%) of the centres.
- Records of health checkups and immunization required to be maintained by the workers were not found, at the same time it was reported by the teachers and parents that health checkups were held once a year in majority (90%) of the centres.
- The distribution of supplementary nutrition to the children was found to be irregular due to insufficient water and LPG supply. Therefore at many times raw materials were distributed among guardians or purpose was being served by the things like biscuits, peanuts etc.
- First aid kits were unavailable at all of the centres.
- The centres were found to lack preventive measure in case of fire and other natural disasters and emergency exits were unavailable in majority (90%) of the centres.
- Appropriate toys to facilitate development of the children were unavailable in majority (60%) of the centres.
- Opportunities to children for development of their literary, creative, linguistic, problem solving, and mathematical skills were not provided. Development of fine and gross motor skills was also not provided adequate support.
- Opportunities for exploration, self expression and development of relationships were also not provided in majority (96.67%) of the centres.
- Majority (96.67%) of the centres were not following the time-table (working hours in a day) prescribed by the Framework/government.
- As per the stipulated norms all centres were found to be under staffed.
- Contradictory to the idea of 'ECCE Framework; formal teachings of 3Rs and rote learning activities were conducted at majority (66.67%) of the centres.

- Children' performances were not evaluated and documented by the workers in majority (100%) of the centres.
- Learning/activities corner were unavailable at majority (100%) of the centres with workers unaware of the concept of learning/activities corner.

Major problems faced by Anganwadi centres in Aizawl City.

The major problems faced by the AWCs in Aizawl City are found to be problems related to

- Building and infrastructure:On the basis of the observations and reports it was found that the location of the buildings of the AWCs and their infrastructures were inadequate in order to support implementation of ECCE.
- Lack of outdoor space:Most centres were located in areas which could not accommodate outdoor space for children's outdoor activities
- Mode of supply of supplementary nutrition: The food items were not supplied properly to the centres and huge expenses were incurred by the centres for the collection of food items from the storage.
- Gas and water supply: As reported by the worker, the centres did not have proper gas or water supply which led to distribution of uncooked food. It was also observed by the researcher that most of the toilets at the centres were dirty and unhygienic.
- Fluctuating timings of the centres: As reported by the parents/ guardians, the centres did not follow a routine and would open at the convenience of the workers or the helpers.

- Irregularity of teachers: It was also reported by the parents/ guardians that the workers were irregular in coming to the centres and some centres were taken care of only by the helpers.

The above problems were also observed by the researcher by spending extended time at the centres and by prolonged engagement with the stakeholders.

Perceptions of stakeholders about effective functioning of AWCs in Aizawl City.

There were difficulties with regards to procuring opinions or perceptions of the stakeholders about effective functioning of the AWCs in Aizawl City. These difficulties occurred due to the fact that the low educational qualifications of the workers disabled them in having any perception or opinion. Although the scope of the present study did not enquire into the economic status and the educational qualifications of the parents sending their wards to the children yet this fact is revealed in many studies that poor families are served through AWCs (Humairah, 2011). Again educational level of workers at AWCs was also low as the government is recruiting candidates having education up to secondary level. Thus workers are low educated, lowly paid not adequately trained (Yadav, 2012). Both types of stakeholders of this study were not too empowered to have their own say. Thus, it can be concluded that there were no opinions or stakeholders had no perceptions about effective functioning of the AWCs in Aizawl City.

SUGGESTIONS

The following suggestions are made by the researcher for effective functioning of the AWCs in Aizawl city based on major findings of the study

- There should be more informal interactions between the workers and the children to facilitate better relationships between them.

- Each AWC should be made more disabled friendly to support enrolment of children with special needs.
- The locations of the AWCs need to be re-examined and relocated to ensure that the centres are provided with the required indoor and outdoor areas.
- Health services provided to the AWCs need proper monitoring and supervision
- Proper distribution of allocated funds to the AWCs should be carried out by the concerned authorities.
- Developmentally appropriate play materials should be made available at all the centres.
- Workers at the centres should be better oriented with the curriculum of ECCE and should be made aware of the opportunities that are to be provided to the children.
- The AWCs should be subjected to surprise visits by concerned authorities to ensure proper functioning of the centres.
- The mode of supply of supplementary nutrition should be looked into by the concerned authorities.

EDUCATIONAL IMPLICATIONS OF THE STUDY

The present study brings into light the current status of ECCE in AWCs of Aizawl city and had implications for all those involved in the functioning of AWCs. The study can serve as a ground for further researches or enquiring into the implementation of ECCE in AWCs of Mizoram.

Through the present study, the officials or supervisors who manage AWCs will be able to gain more insight into the workings of the AWCS in Aizawl City. They will be able to realize the problems that the workers are facing and thus, necessary actions will be able to be taken up by them.

The present study gives an outsider's view regarding the current status of AWCs to the workers working at AWCs and it also give them insight into areas in which they are lagging behind and areas which they can improve at their centres.

Through the present study, the parents/ guardians can become more aware of the benefits they are to receive from the AWCs, how the AWCs should be functioning and how learning should be taken up at the centres. It will help them come to the realization that AWCs are not merely set up for the purpose of distributing food items but for the purpose of providing ECCE to their children.

The present study reveals the importance of AWCs in ECCE and thus help parents and community members realize that AWCs are places of learning which caters to the health, nutrition and all round development of their children

CONCLUSION

This study explores the quality of ECCE in AWCs of Aizawl City. It identifies the educational status of AWW, status of training of AWW, infrastructural facilities, mode of transaction of curriculum at the centers and the status of worker- children and worker-parents interaction. It was found that quality of ECCE in majority of the AWCs were very unsatisfactory with basic provisions of health services, supplementary nutrition and developmentally appropriate learning activities unavailable in most centres. This study also delves into the problems faced by the AWCs of Aizawl City and it was found that major problems were related to areas such as insufficient building and infrastructure, lack of outdoor space, mode of supply of nutrition, improper supply of water and LPG, irregularity of the timings of the centres as well as the irregularity of the workers. AWCs are considered as the best place for children to get good nutrition, health care and education economically. However, quality of AWCs still needs to be evaluated. Thus, the present study recommends that improvement in AWCs infrastructures, provision of health and nutrition and training of workers are important components in ensuring quality ECCE in AWCs of Aizawl City.

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