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RESEARCH PAPER

## Early Childhood Care Education in Kandaghat Block of District Solan of Himachal Pradesh

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**Key words:** *Anganwadis, Helpers, materialistic, Early Childhood Care Education (ECCE) etc.*

### *Abstract*

Early Childhood education is the most important element for empowering the children with skills and knowledge, and providing them a pathway for the coming schooling. All the children should be given the opportunity of early childhood education which will enhance their all-round development. The present study is concerned with early childhood care education in Anganwadis. One development block of Kandaghat of district Solan was selected. To study status of Anganwadis and mini Anganwadis, status of honorarium of Anganwadi workers and helpers, budget and facilities in Anganwadis and Supplementary Nutrition Program are the main objectives of the study. The Anganwadis were observed and Anganwadi workers/helpers were interviewed to check the status of early childhood education provided. In some Anganwadis, there is no electricity and proper safe drinking water facility to the children. 50% of the AWC are running in rented buildings. The challenges faced by the Anganwadi workers/helpers to run the centre properly are also enlisted in the study.

**Introduction:** Early Childhood Care Education (ECCE) refers to programmes and provisions for children from pre-natal to six years of age, which caters to the needs of a child in all domains of development i.e. physical, motor, language, cognitive, socio-emotional and creative and aesthetic appreciation; and ensures synergy with health and nutrition aspects (Govt. of India, 2012). Early childhood care and education (ECCE) is important and basic input for achieving the goals of Universalization of elementary education (UEE). It provides necessary thrust to universal enrolment and quality of learning at the elementary level of

education. The integrated Child Development Services (ICDS) is the main early childhood care and education in Himachal Pradesh. It is focused on the quality of early childhood education, i.e. preschool education and healthy nutrition of children.

The government of India launched the Integrated Child Development Scheme (ICDS) in 1975 and suggested that it might be worked in all states to meet the basic needs of children. The proposal was made for pre-school children covering supplementary nutrition feeding, immunization, health, care including referred services, nutrition, education of mother etc. The ICDS has been classified as a centrally sponsored programme and will be implemented through the state government with 100% financial assistance from the central government for inputs other than supplementary nutrition. The state has to provide funds for supplementary nutrition. The central social welfare board, voluntary organizations, local bodies and panchayati raj institutions are to be actively involved in this programme for implementation. The intention is to entrust the running of anganwadis to voluntary organization, local bodies and panchayati raj institutions.

*Anganwadi* is a type of rural mother and child care centre in India. It means 'courtyard shelter' in Indian languages. It provides basic health care in villages. The major activities run through anganwadi centres, are contraceptive counseling and supply, providing supplementary nutrition and basic education regarding this and preschool activities to the children in their early age. The Anganwadi workers ensure antenatal and post-natal care of the pregnant women and nursing women. Another key duty of these workers is to immediate diagnose and care for the new born children and nursing women. They also play their key role in immunization of all children below the age of 6 years. They are also working as teacher to fulfill the aim of providing preschool education to all the children between the age group 3 to 5 years. National Curriculum Framework also emphasized two year of pre schooling and considered ECCE as significant for holistic development of the child, as a preparation for schooling and support services for women and girls and stresses the importance of involving women's groups in ECCE program, particularly under the decentralized panchayati raj system or system of local government (NCERT, 2005).

## REVIEW OF RELATED STUDIES

Sood, N. (2003) conducted a study on planning and management of early childhood education in Himachal Pradesh as a special case study. It was reported in the study that nursery classes mostly run by the private schools, which accept 80% of the children in the age group 3 - 6 years. So, this age group was directly out of the system. The infrastructure

facilities were poor and there was no availability of safe drinking water, electricity and lack of sanitation facilities.

Minhas, S. and Qadiri, F. (2010) conducted a comparative study of preschool education in early childhood education centres in India. They found that many of the Anganwadi centres were functioning in rented buildings and only few had Govt. accommodation. All the centres carried out all the activities concerned with preschool education. Only 15% Anganwadi centres were providing books for the children. The Anganwadis preferred 'Play Way' method to impart early education which was good. Attri, R. (2014) studied role of Panchayati Raj Institutions in early childhood care education in Himachal Pradesh and found that emphasis was laid on the direct involvement on panchayati raj institutions to monitor and supervise the Anganwadi centres and identification of beneficiaries. The findings of the study revealed that the role of Panchayati Raj Institutions in supporting anganwadi services is found to be wanting in several respects.

From the review of the studies, it is noted that no study in early childhood education area has been conducted in Solan district. Therefore, this study has been undertaken to get a view of early childhood education system in this district.

### OBJECTIVES OF THE STUDY

1. To study the status of Anganwadi centres and Mini Anganwadi Centres.
2. To study the status of honorarium of Anganwadi workers and Anganwadi helpers.
3. To study the budget and facilities provided to Anganwadi Centres and Mini Anganwadi centres.
4. To study the Supplementary Nutrition provided in Anganwadi centres.
5. To study the role of local community in Early Childhood Education and Care.
6. To find the main challenges in early childhood education in Anganwadi centres.

### MATERIAL AND METHOD

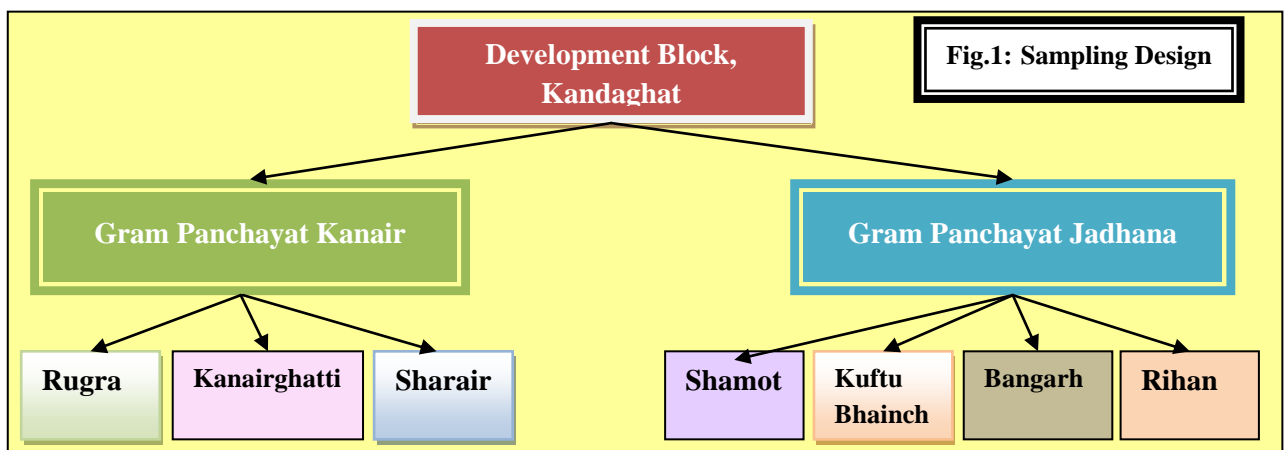
**Type of Study:** Community based qualitative study.

**Place of Study:** The present study of early childhood care education in Anganwadis was undertaken in the community development block Kandaghat of district Solan of Himachal Pradesh.

**Duration of Study:** Nine months (10/05/2017 to 20/01/2018)

**Methodology of the Study:** The present qualitative study was based on the descriptive research method. Descriptive research studies are designed to obtain pertinent and precise information concerning the current status of any phenomena. The researcher collected and provided the type of information of what exists with respect of variables or conditions in a situation. The researcher preferred and used the method keeping in view the objectives and nature of the study.

**Sampling:** The study was carried out on the Anganwadi centres of one development block, Kandaghat of district Solan of Himachal Pradesh. The multistage sampling method was used. One development block, Kandaghat of district Solan was selected by the lottery method under Random Sampling Method at the first stage of sampling. There are 24 Gram Panchayats in the development block Kandaghat. At the second stage of sampling, two Gram Panchayats (Gram Panchayat Kanair and Gram Panchayat Jadhana) were selected by systematic random sampling method. There are three Anganwadi centres (Kanairghatti, Rugra and Sharair) in Gram Panchayat, Kanair and four Anganwadi centres (Kuftu Bhainch, Shamot, Bangarh, Rihan) in Gram Panchayat, Jadhana. At the final stage of sampling, all the Anganwadi centres of these Gram Panchayats were selected for the study. The sampling design is given in Fig. 1 as follows.



### Tool

The semi structural interview scale having eight dimensions, viz, 'Building Type', 'Furniture', 'Water Facility', 'Toilet Facility', 'Sleeping Room', 'Activity Room', 'Electricity' and 'Playground' is used to collect the required information from the Anganwadi workers. Also, the Anganwadi centres were visited personally to observe the activities and functioning.

## Results

The data collected through the semi structural interview scale and personal observation has been analyzed thematically and explained simply as follows.

### 1. STATUS OF ANGANWADI CENTRES AND MINI ANGANWADI CENTRES

**Table 1: The district wise distribution of ECCE/Anganwadi centres, total population of children's of 0-6 years along with beneficiaries under the same age in Himachal Pradesh**

District	No. of ECCE/Anganwadi Centres	Total Population (0-6) years age	Population of Beneficiaries under various schemes in ECCE/Anganwadi centers	
			Total Population (0-3) years age	Total Population (3-6) years age
Bilaspur	1103	35826	16564	13372
Chamba	1462	55271	24512	21594
Hamirpur	1347	40177	17423	6584
Kangra	4152	133412	52625	26411
Kinnaur	232	6903	3089	2514
Kullu	1077	40133	17230	10874
Lahul Spiti	123	2329	944	806
Mandi	2961	94233	40487	34109
Shimla	2025	66410	27098	14551
Sirmour	1476	52213	23267	14854
Solan	1256	48233	19381	10334
Una	1357	47944	20455	8381
<b>Total</b>	<b>18571</b>	<b>623084</b>	<b>263075</b>	<b>164384</b>

Source: Directorate of Women and Child Development, Shimla, Himachal Pradesh

Table 1 indicates that there are 18,571 Anganwadi/ECCE centres in Himachal Pradesh. Total population of children between age 0-6 years is 6, 23,084. The children who are receiving the

benefit of the various schemes under ECCE/Anganwadi centres between age 0-3 years are 2, 63, 075 and 3-6 years, are 1, 64, 384 while 1, 95, 625 children are either not attending Angawandi centres or are in private care centres.

## 2. STATUS OF HONORARIUM OF ANGANWADI WORKERS AND ANGANWADI HELPERS

**Table 2: Honorarium of Anganwadi Workers and Anganwadi Helpers**

Name of Post	Honorarium Prescribed by Central and State Govt.			Additional Honorarium by State Govt.	Total Honorarium
	Central Share 90%	State Share 10%	Total		
Anganwadi Worker	2700/-	300/-	3000/-	450/-	3450/-
Helper	1350/-	150/-	1500/-	300/-	1800/-
Mini Anganwadi Worker	2050/-	225/-	2250/-	375/-	2625/-

Source: Directorate of Women and Child Development, Shimla, Himachal Pradesh

It is clear from the Table 2 that monthly honorarium of ₹ 3000/-, ₹ 1500/- and ₹ 2250/- has been fixed by the Government of India for Anganwadi workers, helpers and Mini Anganwadi workers respectively w.e.f. 01/04/2014. 10% of the honorarium is borne by the State Government and 90% by the Central Government. The State Government is also paying ₹ 450/-, ₹ 300 and ₹ 375 per month to Anganwadi workers, Anganwadi helpers and Mini Anganwadi workers in addition to its 10% share.

## 3. BUDGET AND FACILITIES PROVIDED TO ANGANWADI CENTRES AND MINI ANGANWADI CENTRES:

There is a budget provision of ₹ 22,891.00 lakh for the year 2016-17, out of which State Share is ₹ 2,450.00 lakh and Central Share is ₹ 20,441.00 lakh. Out of that an amount of ₹ 10,304.00 lakh has been spent upto November, 2016. Out of which State Share is ₹ 648.59 lakh and Centre Share is ₹ 9,655.81 lakh. But, in the year 2014-15 ₹ 12296.14 lakh were received under ICDS (General) and ₹ 73.77 lakh under ICDS (Training) and ₹ 2726.48 lakh received for Supplementary Nutrition Program (SNP). A total ₹ 15096.39 lakh was released by the Government of India.

**Rent Rates For Anganwadi:** Presently, for the execution of Anganwadi centres in personal buildings under ICDS mission mode, there is provision of ₹ 750/- per month instead of ₹ 200/- in case of rural and tribe areas. The honorarium of ₹ 750/- is increased by ₹ 3000/- in urban areas.

**Uniform For Anganwadi Workers/Helpers/Mini Anganwadi Workers:** There is provision of ₹ 200/- to every Anganwadi worker/Helper per uniform by the Government of India. One set of uniform is provided to each Anganwadi worker/helper in the year 2011 - 12 and ₹ 400/- have been provided for two uniforms from the year 2012-13. The Dark Purple colour uniform for Anganwadi worker and Brown colour uniform is selected for helper by the State Government. From the year 2013-14, ₹ 25/- has been provided to each Anganwadi worker/Helper for the Matellic name badge.

**4. SUPPLEMENTARY NUTRITION PROGRAM:** Under this programme, supplementary nutrition is provided in Anganwari Centres to children, pregnant / lactating mothers and BPL adolescent girls. The nutrition is provided for 300 days in a year. Rates have been fixed (per beneficiary per day) children ₹ 6, pregnant/ nursing woman ₹ 7, adolescent girls ₹ 5 and severely malnourished children ₹ 9. Expenditure under this programme is borne by the Central and State Governments on 90:10 basis. During the current financial year, there is a budget provision as state share of ₹ 591.33 lakh and ₹ 2,662.12 lakh have been received as Grant-in-aid from Government of India and up to December, 2016, ₹ 2,953.72 lakh have been utilized under this scheme. In the year 2015-16, 4,45,978 children, 1,01,596 pregnant/ lactating mothers, 66,063 BPL adolescent girls have been benefited. Year - wise detail of the Supplementary Nutrition Program is given in the Table 3 and Table 4 as follows.

**Table 3: Gram -wise and Calorie - wise Detail of the Supplementary Nutrition**

Sr. No.	Beneficiary	Demand per Beneficiary per Day		Rate of Nutrition (In ₹)
		Protein (gram)	Calories (Kilo Calorie)	
1.	Children	12-15	500	6.00
2.	Pregnant Ladies/Lactating Mothers	18-20	600	7.00
3.	Severe Malnutrition Children	20-25	800	9.00
4.	BPL Adolescent Girls	18-20	600	5.00

Source: Directorate of Women and Child Development, Shimla, Himachal Pradesh

Table 3 describes the gram - wise and calorie - wise details of the Supplementary Nutrition provided under the flagship program of the Central Government. Maximum Protein (20-25 gram) and Calories (800 Calories) prescribed for the severe malnutrition children.

**Table 4: Age - Wise Detail of the Supplementary Nutrition**

Sr. No.	Beneficiary	Type of Supplementary Nutrition		
		Take Home Ration	Breakfast	Cooked Food
1.	Children (6 Months - 3 Years)	Nutri Mix, Rice Pulao, Sweet Dalia	-----	-----
2.	Children (3 Years - 6 Years)	-----	Nutri Mix	Rice Pulao, Sweet Dalia, Namkeen Dalia, Sweet Rice
3.	Pregnant Ladies/Lactating Mothers	-----	-----	Rice Pulao, Sweet Dalia, Namkeen Dalia, Sweet Rice
4.	B.P.L. Adolescent Girls	-----	-----	Rice Pulao, Sweet Rice

Source: Directorate of Women and Child Development, Shimla, Himachal Pradesh

It is clear from the Table 4 that Nutri Mix, Rice Pulao and Sweet dalia is provided in the form of take home ration (uncooked) to children of the age (6 Months - 3 Years) and Nutri Mix is provided to children of age 3 years to 6 years as breakfast and Rice Pulao, Sweet Dalia, Namkeen Dalia, Sweet Rice is provided after cooking. Same ration is provided to Pregnant Ladies/Lactating Mothers.



Table 5: Detail of Additional Supplementary Nutrition

Sr. No.	Beneficiary	Additional Supplementary Nutrition
1.	Children (6 Months – 3 Years)	Nutri Mix, Potato Halva
2.	Children (3 Years – 6 Years)	Vegetable Soup, Sweet Potato Halva
3.	Pregnant Ladies	Vegetable Soup, Sweet Potato Halva

Source: Directorate of Women and Child Development, Shimla, Himachal Pradesh

Table 5 is concerned with the detail of the additional supplementary nutrition. Nutri Mix and Potato Halva is given to children of the age (6 Months to 3 Years) whereas Vegetable Soup and Sweet Potato Halva is provided to children of the age between 3 years to 6 years and pregnant ladies.

#### 5. MONITORING AND COORDINATING SAMITI AT ANGANWADI LEVEL

The members of local Panchayat, members of Mahila Mandal, members of Self Help Groups, teachers of nearby school, health workers and parents of beneficiaries are included in monitoring and coordinating samiti at Anganwadi level. Local green vegetables, underground vegetables and pulses are included in the food to increase the quality of nutrition. In this way, the quantity of micronutrients increased through the natural resources. The desired amount of money is released to concerned Integrated Child Development Project officers to purchase these food items through monitoring and coordinating samitis on local level. The masale like cumin, dry fenugreek seeds, coriander powder and turmeric, is used to increase the taste of cooked food. These are also purchased at local level. The smooth functioning of Anganwadi centre and fair distribution of Supplementary nutrition to all the enrolled children is ensured by the monitoring and coordinating samitis.

The presidents of Gram Panchayats are given full authority to monitor the Anganwadi centres regarding fair distribution of Supplementary nutrition, balance of the nutrition items and stock and quality of food provided.

Table 6: Detail of the Observations made in Selected Anganwadi Centres

AWC Name	Building Type	Furniture	Water Facility	Toilet Facility	Sleeping Room	Activity Room	Electricity	Play ground
<b>Rugra</b>	Rented	Available	Tap (No Water)	Functional	No	No	No	Yes
<b>Kanair</b>	Govt.	Available	Yes	Functional	No	Yes	Yes	Yes
<b>Sharair</b>	Rented	Available	Yes	Functional	No	Yes	Yes	No
<b>Kuftu</b>	Govt.	Available	Yes	Functional	Yes	Yes	Yes	No
<b>Shamot</b>	Govt.	Available	Tap (No Water)	Functional	No	Yes	No	Yes
<b>Bangarh</b>	Rented	Available	Yes	Functional	Yes	Yes	Yes	Indoor
<b>Rihan</b>	Rented	Available	Yes	Functional	No	Yes	Yes	No

Table 6 depicts the detail of the observations made in the selected seven Anganwadi centres of selected two Gram Panchayats. It is noteworthy that most of the Anganwadi centres are functioning in rented buildings. Only one Anganwadi centre has not activity room. Three centres are without playground and two without electricity facility. It is observed and found during the visit that two Anganwadi centres have water facility in the form of tap but there is no regular supply in those taps. They are providing water to the children from the natural

water resource and other houses situated at 500m from that place. Smt. Reena from Shamot Anganwadi Centre said, "We have lodged the complaint regarding non availability of water from tap from a long period of time. The report was made to IPH Department through the Panchayat President Sh. Pakesh Verma. But, no action has been taken by the department till now." Similarly, Smt. Sarla from Rugra Anganwadi Centre told, "We bring water from the shop and sometimes from the Govt. Middle School, Rugra. But, the department and Panchayat are not taking interest to provide the proper water facility to this Anganwadi centre." It is observed that all the toilets excluding Rugra and Shamot Anganwadi centres, were found clean. It reflects the impact of trainings and Swachh Bharat Abhiyaan.

## 6. MAIN CHALLENGES IN EARLY CHILDHOOD EDUCATION IN ANGANWADI CENTRES

The main challenges faced to impart early childhood education to the children came out during the observation of AWC and interview of the AWC workers/helpers. These are enlisted as follows.

- The parents of the children send their children to the private schools at the age of 2.5 years whereas these children are to be enrolled in near AWC. Therefore, the enrollment of children in AWC and mini AWC is very low. It is not easy to keep them in AWC after attaining this age.
- In most of the Anganwadi Centres the enrollment of the children is low. So, there is no child to play with each other at an early age. It is not easy to educate them.
- The rented buildings are not in good condition. There is no electricity facility and safe drinking water facility for the children and to preparing the food.
- Most of children attend the AWC only for food. There is no mind set of the parents to educate their children in AWC.
- The AWC in villages are situated at distant areas. It is not easy to bring the children daily to AWC.

### Conclusion:

Early Childhood education is the most important element for empowering the children with skills and knowledge, and providing them a pathway for the coming schooling. All the children should be given the opportunity of early childhood education which will enhance their all-round development. This study has discovered that the Central and State Governments are taking initiatives for early childhood education but the schemes are not

followed properly at the ground level. Khan, S. (2017) reported from Jaipur, Rajasthan that over 50% of the total students in Anganwadi centres (AWC) in Rajasthan attend these centres only for food. It indicates that Supplementary Nutrition Program has been a grand success in attracting the children to the early childhood education program.

From the above results it can be concluded that the role of community and Panchayats in supporting ECCE services is also found to be expecting in several respects. In some Anganwadis, there is no electricity and proper safe drinking water facility to the children. 50% of the AWC are running in rented buildings. Panchayat have been given role and functions regarding ECCE in Himachal Pradesh. Panchayat's role in enrolment, record maintenance providing infrastructure facilities, monitoring, reporting and financial assistance is not satisfactory. They give financial assistance only if department release funds. Coordination between line departments, especially between the Anganwadi Centres and Panchayats is not found to be satisfactory.

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