CHAPTER ONE
ANGANWADIS: GENESIS AND RELEVANCE
1.1 CHILD AND SOCIETY: IN HISTORY

Children are part of the humankind since beginning. A child evokes both love and affection as well as resentment and hostility; hence, its arrival is usually greeted with some ambivalence; wanted and welcomed under some circumstances; under others, with a sense of trepidation of an inevitable burden and inconvenience. Both these give rise to problems concerned with the child’s welfare. Historically, one of the ways of dealing with potential child welfare problems was to eliminate the child itself—by contraception, termination of pregnancy, infanticide and abandonment. Historians from Egyptian papyri of 1850 B.C. to the modern-day Encyclopaedia Britannica have carefully chronicled these practices.
Himes' historical study of contraception summarizes that, "Contraception is a social practice of much historical antiquity (and of) greater cultural and geographical universality, ... Contraception has been in existence in some form throughout the entire range of social evolution - that is, for at least several thousand years. The desire for reliable contraception has been characteristic of many societies widely removed in time and space" [1].

Devereaux, in his study of some 350 societies, found abortion practiced in almost all; in some forty of these societies, the practice was approved wholly or conditionally, or was regarded with neutral tolerance [2]. Lecky observes that, "no law in Greece, or in the Roman Republic or (in) the greater part of the (Roman) Empire condemned (abortion)" [3].

About infanticide, Langer writes, "it has from time immemorial been the accepted procedure for disposing not only deformed or sickly infants but all such newborns as might strain the resources of the individual family or the larger community ... It was thought altogether natural that proletarians, poverty stricken and hopeless, should (thus) protect themselves from further responsibility" [4]. Stone adds, "There is a long history of fairly generalized infanticide in Western Europe going back to antiquity, when it seems to have been extremely common. How far it remained a common deliberate policy for legitimate children in the Early Modern Period is still an open question, although it is suggestive that as late as the early 18th century in Anjou, priests were instructed to warn their congregation in a sermon every three months of the mortal sin of killing an infant before baptism" [5].
A Chinese Court official in mid-1860 reported, "I have learned of the prevalence of female infanticides in all parts of Shonsi (Province). The first female birth may sometimes be salvaged with effort but the subsequent births are usually drowned. There are even those who drown every female baby without keeping any. This is because poor worry about daily sustenance, and the rich are concerned over future dowries" [6].

Yet another oft-used escape from child welfare problems was to abandon the child. A well known example of child abandonment comes from the Bible, "The woman conceived and bore a son; and when she saw that he was a goodly child, she hid him three months. And when she could hide him no longer, she took for him a basket ... put the child in it and placed it among the reeds at the river's brink" [7]. The child was eventually rescued by the Pharaoh's daughter, who named him Moses. He grew up into a great leader of Israelis and led them out of Pharaoh's captivity.

Abandonment was also practiced through sale of children. Bossard and Boll write, "In the days of the Later Roman Empire, the spectacle of children being sold became a sight so common that various regulatory measures against it were passed. The Justinian Code of 534 A.D. contained a provision by which a father whose poverty was extreme was allowed to sell his son or daughter at the moment of birth, and repurchase the child at a later date" [8].

The London Foundling Hospital, established in 1741, to "prevent the frequent murders of poor miserable infants at their birth" and "to suppress the inhuman custom of exposing newborn infants to perish in the streets" was soon overwhelmed with abandoned children. Dunn reports, "Instead of being a protection to the living, the institution became,
as it were, a charnel house for the dead ... In the period between 1766 and 1786, there were 37,600 children admitted to the Foundling Home in Moscow; of that number 1000 were eventually sent out and some 6100 were still housed there in 1786. This meant that some 30,000 children (of the original 37,600) were lost” [9].

The motives for these expedients - contraception, abortion, infanticide and abandonment - aimed at preventing the emergence of the potential problems in ensuring the child’s wellbeing and were related to the familial and social economy. Devereaux comments, “Economic factors play a tremendously important role in the motivation for abortion ... Anyone familiar with the tremendous economic burden which primitive women carry and with the great poverty of many groups (will understand this)” [10]. Miller relates abortion and infanticide in primitive societies to the available food supply, “The child must enter the world only when his presence will not crowd or necessitate unwanted economy”, thus these two are “means of restoring the equilibrium between human numbers and natural resources” [11]. Hobhouse concurs, “To primitive man having a severe struggle for existence, the advent of a new mouth to feed is often a serious matter. Hence, infanticide is not an uncommon practice in the uncivilized world and coincides with genuine and even devoted attachment to the child if once allowed to live” [12]. The 1890 edition of the Encyclopaedia Britannica notes that, “The crime of infanticide shows no symptoms of diminution in the leading nations of Europe. In all of them, it is closely connected with illegitimacy in the class of farm and domestic servants” [13].

On the other hand, concern for the needs of the less privileged, less capable members of society is not a modern phenomenon; the Code of Hammurabi (c.1792-1750 BC) and
the Old Testament of the Bible provide humanitarian admonitions about caring for people in need. Seligman writes, “Greece in the age of Plato (d.374 B.C.) provided funds for soldiers’ orphans and free medical service for poor children. The famous ‘pueri alimentarii’ (free food for children) in Rome at the period of the Empire was a special semi-governmental service for the charitable maintenance of the children of indigent citizens” [14].

In later years, concern for the dependent and the deprived became one of the central values of Christianity. Particularly about children, Christ had admonished, “See that you do not despise one of these little ones ... it is not the will of my Father that one of these little ones should perish” [15]. Christians took it to mean that both infanticide and abortion were crimes. Conversely, it guaranteed to the child the right to life and the resources to sustain life. Reinforcing and supplementing these theological presuppositions was the humanitarian ideology of the Enlightenment, which provided a secular foundation for the rights of the child, two thousand years later.

As a result, elimination of child as a solution to escape child welfare problems became ideologically inadmissible. However, when society made such solutions unacceptable, it had to provide alternative solutions. Thus, the necessity of society-supported child welfare services became evident. In 315 A.D., influenced by Christian teachings, Roman Emperor Constantine, promulgated a law “to turn parents from using a parricidal hand to their newborn children and to dispose their hearts to the best sentiments ... If a father brings a child saying he cannot support it, someone should supply him without delay with food and clothing” [16]. Christian Church thus became
the protector of orphans and of those children whose parents could not provide for
them. In 325 A.D., the Council of Nicaea, a religious authority for early Christians,
prescribed that 'xenodochia' - an institution responsible for aiding the sick, the poor and
the abandoned children - be established in each Christian village [17].

There were some early beginnings of organized child welfare services in medieval
Europe. The first asylum for abandoned infants was established in Milan in 787; in 1160,
Guy de Montpellier established the Order of the Holy Spirit for the care of foundlings
and orphans, to provide an alternative to infanticide and haphazard abandonment. The
objective of the London Foundling Hospital established in 1741 was to "prevent the
murders of poor miserable children at their birth and to suppress the inhuman custom of
exposing newborn infants to perils in the streets and to take in children dropped in
churchyards or in the streets or left at night at the doors of church wardens or overseers
of the poor". Pope Innocent-II (1130-43 A.D.) instituted the hospital of the Santo Spirito
in Rome because so many women were throwing their children into the River Tiber. In
1712, the Russian Czar, Peter, the Great, decreed that monasteries must act as "orphan
nourishers" and that "unwed mothers must deposit their infants in these asylums through
specially built windows which shielded them from the gaze of the receiver instead of
sweeping these babies into unsuitable places" [18]. The point is that when society rejected
abortion, infanticide and abandonment as solutions to potential child welfare problems,
it had to assume the responsibility to care for the child whose life it had saved.

1.2 SOCIETY'S CHANGING ATTITUDE TOWARDS CHILDREN

Social changes that came about gradually also helped to change society's attitude towards
children. Particularly significant were the Economic and Political Changes. A humanitarian attitude towards the child cannot prevail if the economic situation is generally unfavourable. An atmosphere of general socio-economic upliftment brought about by Industrial Revolution beginning in 1760, increased the productive capacity of adults and made it possible for an adult to care for a greater number of dependent children.

At around the same time, political factors also increased the need for community-supported institutions dedicated to child welfare. Humanitarian and ethical considerations are often secondary to the need to maintain social and political stability by providing the necessary social arrangements, to deal with problems of social dysfunctioning. Failure of the State to provide child welfare services entails a possible increase in the number of children who might become delinquent or develop physical and/or mental illness and thus constitute an internal threat to, and a burden on, the society. The external threat derives from the dependence of modern nation-states on a citizen army for national security [19].

In the post-Renaissance period, Scientific Knowledge took great strides forward. The increased scientific concern with the problems of child development intensified the importance of childhood. Childhood assumed greater importance and significance vis-à-vis other periods of life. In the late 1800's, the rights of children began to get increasing attention as a result of three forces: (1) the proportion of children in the population began to decrease so that more adults were available to do the work of society and to care for children; (2) more knowledge about the needs of children as a special group became available through the sciences of anthropology, biology, medicine, psychology
and social research; and (3) there was a general growth of concern for the rights of all persons and for the reform of situations that oppressed people [20], including children.

Until the end-19th century/early-20th century, the average lifespan in most of the world did not exceed thirty years. In such a short lifespan, childhood could not be prolonged. Pinchbeck and Hewitt observe, “Conscious of the brevity of life ... parents were eager to introduce their sons and daughters into the adult world at the earliest possible moment” [21]. With the expansion of the average lifespan, childhood came to be recognized as a distinct period in the lifespan and a special stage for human development. Kadushin terms this as the Discovery of Childhood and explains, “The view of childhood as an important and significant period evokes a need for a formal, highly developed system of education, which, in turn, reinforces and supports the idea of the distinctiveness of childhood. Age grading becomes part of the way of categorizing people in society” [22].

Consequent to Industrial Revolution, societies developed an industrial base and the relatively simple exchange relationships of agrarian economies were replaced by more complex industrial economies. Industrialization let loose powerful forces of economic, political, social and cultural transformation and under their pressure, new social philosophies, ideologies, values, ethics, principles, structures and systems emerged. The industrial state became a key regulator of economic relationships in a way that hitherto had not been the case. Industrialization, which itself is an incessant process of social transformation, sustains itself on:
1. Promoting the interests and satisfying the needs of industry for stable markets and of appropriately educated, housed and healthy workforce;

2. Integrating societal subsystems around the core of industrial development and also integrating or reintegrating individuals into societal subsystems [23].

The 'child' could not remain aloof of the industrialization process. Because for the industry, today's child is the future industrial worker for producing the goods, the future market for the goods produced, and also the future societal subsystem of the industrial workforce that would aid further industrialization.

These are some of the changes that, in turn, significantly shaped the society's attitude towards its children. Pandit Jawaharlal Nehru (1889-1964) correctly captured the changed attitude, "... ultimately, of course, it is the human being that counts; and if the human being counts, well, he counts much more as a child than as a grown-up" [24]. Three decades later, Smt. Indira Gandhi (1917-1984) echoed the same sentiments, "If we regard (the child) as an economic entity, he is vital to the development of human resources and to safeguard the country's future" [25]. The averments reflect the realization that when children fare well, they ultimately contribute to the nation's economic welfare and the material prosperity of its people.

In the 20th century social milieu, children are viewed with a new perception of their potential. Hence today, 'child welfare' engages an historically unprecedented attention.

1.3 THE 'CHILD'

The definition of the term 'child' has been, and is, quite elastic. In the past, the end of
childhood as a period of dependency, came much earlier than it does today. As children very early in life became responsible for self-support, “childhood effectively ended at the age of seven or, at the latest, nine” [26]. The ‘Oxford English Dictionary’ describes a ‘child’ as a boy or girl either unborn or newborn up to the age of puberty - 14 years for boys and 12 years for girls. This description, however, is seen to be partly offset by a statute enacted in England in 1535, “Children under fourteen years of age, and above five, that live in idleness and be taken begging, may be put to service by the government of cities, towns, etc., to husbandry; or other crafts of labour” [27]; and also by the popular notions as conveyed in an advertisement in ‘The Baltimore Federal Gazette’ of January 4, 1808, “This (Baltimore Cotton) manufactory will go into operation this month, where a number of boys and girls from eight to twelve years of age are wanted” [28]. Indeed, in those times, it was normal for the children to be gainfully employed at the age of 6-7 years. Age thus carried a significant weightage in determining the status of a child, that is, a child below 6-7 years was considered ‘economically-dependent’, while a child above it was considered ‘economically-active’. Finally, the Declaration of the Rights of Child adopted by the United Nations in November 1959 defined children as individuals up to sixteen years of age.

The various stages of childhood are the pre-natal, the post-natal, the infant, the pre-school and the school stage. According to the Committee for the Preparation of a Programme for Children (1968), there are five stages in the growth of the child: (1) conception to birth, (2) infancy (0-1 year), (3) early pre-school childhood (1-3 years), (4) late pre-school childhood (3-6 years), and (5) school stage (6-16 years) [29].
The 'child' is no longer treated as an adult person merely of smaller stature, but as a human being with a different rhythm of life, and with different laws of biological and mental growth. A child's drives, social interactions and motivations are basically different from that of an adult. Kahhd Gulman describes this quite touchingly, "You may give them your love but not your thoughts, for they have their own thoughts. You may house their bodies but not their souls. For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams". The child equates the world with his personality; fantasy and reality are not yet separated. Only in the period of adolescence, do reality and fantasy begin to part [30].

1.4 CHILD WELFARE

'Welfare' is a broad concept referring to the state of living of an individual or a group of individuals, in good health, happiness and comforts in a condition of wellbeing and in a desirable relationship with the total environment - ecological, economic and social. It aims at social development by such means as social legislation, social reforms, social services, compensatory discrimination, special provisions, social action, etc. It also means utilization of policies, programmes, schemes and practices of the State agencies and other bodies [31].

The term 'child welfare', in a general sense, has very broad connotations. Carstens notes that, "child welfare has in the course of time acquired a significance that is so broad and vague that it has come to be applied to almost every effort in social and community work that is likely to benefit children" [32]. Kadushin attempts a formal definition for it, "Child welfare is concerned with the general wellbeing of all children
and with any and all measures designed to promote the optimal development of the child’s bio-psycho-social potential in harmony with the needs of the community” [33].

Child welfare is important for the child itself, for the family and for the society. A child’s betterment is the betterment of itself, of the family and of the society. The Study Team on Social Welfare (1959) points out, “The importance of the child welfare services lies in the consideration that the personality of (a human) is built up in the formative years and the physical and mental health of the nation is determined largely by the manner in which it is shaped in the early stages” [34]. Childhood thus is the best period for physical, mental and spiritual development and the importance of child welfare hardly needs to be overstressed.

1.5 AN OVERVIEW OF CHILD WELFARE IN INDIA

1.5.1 Pre-Independence Period

As elsewhere in the world, in ancient India too, family, village community, religion, and to some extent State, cared for its children. Joint and extended family bonds were much stronger. A child was born and grew up in the family, lived and died in the family. Destitute or handicapped children were generally cared for by the whole village and the village Panchayat was assumed to be the protector of the village population.

After the English conquest of India and the advent of Industrial Revolution, village and cottage manufacture was lost to machine-manufactured goods and the poverty of the masses grew. A direct consequence of this phenomenon was the migration of village people in search of paid work to industrializing areas. Migration affected joint and extended family bonds, as the migrants were primarily concerned with the welfare of
their own nuclear family. Growing poverty of the villagers further resulted in the impoverishment of the once strong village Panchayats and they could no more adequately care for their under-age wards.

English officials were aware of the changing social attitudes in Europe towards the welfare of children and also of the problems that the Government in India may face in future if this segment of population was left unattended. Beginning in 1850 with the East India Company Government till the British Crown Government left India in 1947, they passed several Acts aimed at protecting children, significant among them were:

1. The Apprentices Act, 1850 (father or guardian could bind a poor orphan child aged between the age of 10 to 18 years for a period of 7 years for learning some trade, craft, etc.);

2. The Guardians and Wards Act, 1890 (for the appointment of guardians and courtwards for minors);

3. The Reformatory Schools Act, 1897 (youthful offenders upto 15 years of age not convicted for offences punishable with transportation or life imprisonment could be sent to these schools);

4. The Indian Merchant Shipping Act, 1923 (children below 14 years of age were not allowed to serve on ships);

5. The Child Marriage Restraint Act, 1929;

6. The Children's Pledging of Labour Act, 1933 (no guardian could pledge a child for labour);

7. The Employment of Children Act, 1938 (children were prohibited from being
employed in certain specified industries) [35].

Many of these Acts, despite their social character, were oriented towards the trade and industry. The Provinces also passed certain significant Acts like the Childrens Acts and Borstal School Acts. The Children Acts provided for the custody, protection, treatment and rehabilitation of neglected and destitute children and the custody, trial and punishment of youthful offenders. Borstal School Acts provided special treatment for adolescent offenders aged between 15 and 21 years who were given industrial training and other instructions. These Acts, however, lacked proper machinery for their effective implementation and hence, only partly served their purpose.

At this juncture, voluntary effort, sometimes supported by the Government, came to the aid of the children. Although Pandita Ramabai’s ‘Sharada-Sadan’ had already begun its rehabilitation work for child-widows in Bombay (now Mumbai) in 1889, historically, India’s first children’s organization ‘Balkanji Bari’, headquartered in Bombay, was formed only in 1920. In 1924, the Guild of Service started its child welfare services in Madras (now Chennai) and gradually spread to most of South India. The Children’s Aid Society (1927) of Bombay began to take vagrant children in residential care. There were also many privately financed nursery schools, orphanages and institutions for children all over the country, many of them run by religious groups - Christian, Hindu, Buddhist, Parsi, Sikh and Muslim. India then had about half a thousand semi-autonomous Princely States and a few benevolent Princely State Rulers discharged their age-old royal obligations towards their poor and destitute child-subjects with earnest effort. In rural areas, kind-hearted Zamindars extended patronage to the children of tenants and ryots
for their upbringing and education; while in urban areas, well-to-do upper-caste families daily fed the needy students who had come to cities and towns for education.

1.5.2 Early Independence Period:

In 1945, just prior to India's Independence, the United Nations Organization (then UNO, now UN) was founded in San Francisco, USA. The UN convened an International Health Conference in New York in June, 1946, in which the Constitution of the World Health Organization (WHO) was approved. WHO became operational in 1948. WHO's main objective was, and is, to attain the highest possible level of health for the global population.

The United Nations Reconstruction and Rehabilitation Agency (UNRRA) was particularly concerned about the children in the countries devastated by the World War-II. In 1948, at UNRRA's urgent request, the UN also formed another agency, United Nations International Children's Emergency Fund (UNICEF), in 1948, for implementing the programmes specifically focused on the children of the world. UNICEF established its area office in India in February 1949. UNICEF then provided basic medical equipment for rural health centres, public hospitals and laboratories; teaching and demonstration equipments for the training of nurses, midwives, health visitors and sanitary inspectors; insecticides, vaccines, drugs and antibiotics to initiate campaigns against disease; milk and other foods to combat malnutrition and transport for health programmes. The overall emphasis was on mother and child health.

India attained Independence in 1947 and became a Sovereign Democratic Republic in 1950. The Constitution of India has paid special attention to the welfare of children:
1. Article-15 provides for the State to make any special provisions for women and children;

2. Article-24 provides that no child below the age of 14 years shall be employed to work in any factory or mine or engaged in any hazardous employment;

3. Article-39 provides that the State shall particularly direct its policy towards securing the health and strength of workers - men and women; ensure that the tender-age children are not abused and that the citizens are not forced by their economic necessity to enter into vocations unsuited to their age or strength and that children and youth are protected against exploitation and against moral and material abandonment;

4. Article-45 provides that the State shall endeavour to provide free and compulsory education for all children until they complete the age of fourteen years;

5. Article-46 provides that the State shall regard among its primary duties, the raising of the level of nutrition and the standard of living of its people and the improvement of public health.

The Directive Principles for State Policy, incorporated in the Constitution, gave further direction to the child welfare policy both at the Central and State Government. Particularly significant principles in this behalf are: The State shall direct its policy towards securing that childhood and youth are protected against exploitation and against moral and material abandonment (Art.39); - the State shall endeavour to provide for free and compulsory education for all children until they complete the age of fourteen years.
India decided to take up the challenge of its social and economic development through Five-Year Plans. In the first two Five-Year Plans (1951-56 and 1956-61), child welfare is conspicuous by its absence in the Plan outlays, as industry and agriculture were given priority.

During the 'fifties decade, the Government relied largely on voluntary sector to carry out the work of child welfare. In 1952, the Indian Council for Child Welfare (ICCW) was formed. It was the first national non-governmental organization to mobilize voluntary activity in every State emphasizing on all aspects of children's needs. In 1953, the Central Social Welfare Board was established, in many ways a unique organization anywhere in the world. It was wholly supported financially by the Government, with a paid Chairman and a small staff at the Centre and in the States. Otherwise, it was manned entirely by some 20,000 unpaid women workers. Child-care programmes and projects such as rural Balwadis, holiday homes, grants to over 7,000 non-governmental agencies, orphanages, creches, women's homes, etc., eventually became part of its efforts to improve the lives of women and children.

At the beginning of the Planning era, Pandit Jawaharlal Nehru, the then Prime Minister, had observed, "somehow the fact that ultimately everything depends on the human factor gets rather lost in our thinking of plans and schemes of national development in terms of factories and machinery and general schemes. It is all very important and we must have them, but ultimately, of course, it is the human being that counts, and if the human being counts, well, he counts much more as a child than as a grown-up" [36]. At a National Conference on Child Welfare, while the work on the Third Five-Year Plan
(1961-66) was in progress, he again expressed, "individual acts and services performed here and there (for children) never solve great and stupendous problems of countrywide scale" [37].

The UN General Assembly in 1959 adopted the Declaration of the Rights of the Child. The spirit of the Declaration is reflected in its preamble, "mankind owes to the child the best it has to give". The Declaration affirms the rights of the child to enjoy special protection and facilities to develop in a healthy and normal manner in conditions of freedom and dignity, to have a name and nationality, social security, adequate nutrition, medical services, to grow up in an atmosphere of affection, to receive education, protection from exploitation and finally, the right to be brought up "in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood".

India wholeheartedly subscribed to the principles enshrined in the UN Declaration. The sentiments in the UN Declaration and Nehruji's anxiety for the welfare of the children both were reflected in the Third Five-Year Plan. A secretary to the Government of India is on record saying, "Since India has the ultimate goal of a Socialist society, the ultimate aim of economic development is the welfare of the family. And, in the family, the most precious asset is the child. Therefore, in the strategy of planned national development, India focused its foremost interest in the young child" [38].

In 1958, the ICCW represented to the government for a specific child welfare plan. In response, the Union Ministry of Education authorized the ICCW to formulate it. The Planning Commission, however, created a special planning group for social welfare in the Third Plan within the Commission. The group had seven sub-committees covering
social defence, women welfare, child welfare, etc. The basic premises for the initiative taken by the Planning Commission was to establish the priorities needed to build India's vital human capital resources. Two earlier Five-Year Plans had proved that trained manpower was urgently needed at every level. The Plan objectives could not be achieved unless there were healthy, educated, trained and disciplined people. This was especially important in view of India's caste and religious divisions, ethnic differences and uneven development in different States [39].

1.5.3 Child Welfare Services and Programmes

In the fifth decade of India's Independence, numerically being 300 millions, children constitute about 40 per cent of India's population (Census-1991). Nearly 90 per cent of them suffer from malnutrition, about 100,000 succumbing to it every month. The country's infant mortality rate (IMR) is among the highest in the world at 120 per 1,000 live births. For every seven children born, one dies before the age of five. Over 30,000 children go blind every year because of Vitamin-A deficiency. Nine out of every 1000 school-going children in the country suffer from rheumatic heart disease because of nutritional anaemia [40]. Out of 48.8 million children in the age-group 6-11 years, 4.8 millions are illiterate. Sixteen million child-labourers constitute about 5 per cent of the work-force [41]. Most of them are exploited at the workplace. Fifty thousand children are abandoned in the country every year [42]. Thousands of children are kidnapped every year, many of them are maimed and forced into beggary. Hundreds of children continue to be incarcerated [43].
In these child-adverse circumstances, the plight of the girl child is worse. Malnutrition of a girl child is much severe in many households because more quantity of food goes to the male child. Besides common deprivations, she is also discriminated against because of her sex. The male:female sex ratio in the country is 933:1000 (Census-1991), an imbalance leading to many social complications. Morbidity is higher among girls than boys. Girls enter adolescence and motherhood with under-nourished bodies, bringing forth underweight and underdeveloped babies.

Consequent to the initiative taken by the Planning Commission, particularly from the Third Five-Year Plan onwards, following Child Welfare Services and Programmes were launched centrally:

1. Welfare Extension Projects (WEP) - 1958;
2. Applied Nutrition Programme (ANP) - 1963;
3. Vitamin-A Prophylaxis Programme (VAPP) - 1970;
4. Special Nutrition Programme (SNP) - 1971;
5. Family and Child Welfare Projects (FCWP) - 1964;
6. Mid-day Meals Programme (MDMP) - 1982;
7. Goitre Control Programme (GCP) - 1963;
8. Programme for Prevention of Nutritional Anaemia (PNA) - 1978;
9. Balwadi Nutrition Programme (BNP) - 1971;

Appraisals of these centrally-administered child welfare programmes, in due course, showed that these were unable to contribute significantly to improving the welfare of
the children. It was also realized that ad-hoc child welfare programmes with inadequate coverage and limited inputs were unable to effectively face the challenges of child welfare across the nation. Overall, none of the health, nutrition, education and other child welfare measures promoted by the Government have been as effective as the situation demanded.

1.5.4 National Policy for Children:

The cumulative experience gained through the first four Five-Year Plans, the recommendations of a number of special committees, such as the Health Survey and Planning Committee (1959 - appointed by the Government of India), the Study Team on Social Welfare and Welfare of Backward Classes (1960 - Central Social Welfare Board), the Committee for Preparation of Programmes for Children (1967 - Department of Social Welfare), the Education Commission (1984 - Government of India), the Study Group on Pre-School Children (Ministry of Education), and the role played by the WHO and UNICEF as also by a large number of voluntary agencies and national associations concerned about the welfare of children, all pointed towards the need for adopting a national policy for children. Finally, the recommendations of the Committee for the Preparation of Programmes for Children (1968) and an 8-Point Draft Programme on Child Welfare (1973) submitted by the Indian Council for Child Welfare provided the needed impetus for adopting a National Policy for Children in 1974 [45].

The Preamble to the Policy describes the children as the 'supremely important asset' and states that, "their nurture and solicitude are (the nation's) responsibility. Children's programmes should find a prominent place in the national plans so that children grow into robust citizens, physically fit, mentally alert and morally healthy, endowed
with skills and motivations needed by the society" [46]. The Policy also enjoins the State to provide adequate pre- and post-natal services to children through their period of growth to ensure full physical, mental and social development.

The provisions of the Policy refer to the health and nutrition of children and mothers, nutrition education to mothers, free and compulsory education of children up to the age of 14 and recreational, cultural and scientific activities for them. It also refers to treatment, education and rehabilitation of physically handicapped, emotionally disturbed and mentally retarded children and special assistance to children belonging to the weaker sections, scheduled castes and tribes and other economically weaker sections in urban and rural areas and providing facilities to delinquent, destitute, neglected and exploited children to enable them to become useful citizens.

1.6 INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)
Concurrent with these developments, a total of eight Inter-Ministerial Teams were constituted by the Planning Commission to study the field situation in detail and propose an Integrated Child Development Services for pre-school children, covering therein supplementary nutrition, immunization, healthcare including referral services, nutrition education for mothers, pre-school education and recreation, family planning and provision for safe drinking water. Enunciation of the National Policy for Children and the draft schemes submitted by the Inter-Ministerial Teams finally resulted in the evolution of the Integrated Child Development Services (ICDS) [47].

Accordingly, a multisectoral Integrated Child Development Services (ICDS) Scheme was launched on October 2, 1975, through the Department of Social Welfare of the
Union Government, as an innovative experiment in the delivery of integrated early childhood services. The Scheme, for the first time, recognized that in a country that is too poor to properly look after its children, the preventive aspect of the pediatrics assumes a greater significance; including preventing or minimizing the wastage arising from infant mortality, physical handicaps in newborns, child malnutrition and inadequate/delayed mental development of school-going children.

1.6.1 ICDS: Objectives, Services and Coverage:

Accordingly, the objectives of the ICDS Scheme are:

1. Improvement in the nutritional and health status of children in the age group 0-6 years;
2. Laying the foundation for the proper psychological, physical and social development of the child;
3. Reduction in the incidence of mortality, morbidity, malnutrition and school dropout;
4. Coordination of policy and implementation amongst the various departments to promote child development; and
5. Enhancement of the capability of a mother to look after the normal health and nutritional needs of her child through proper nutrition and health education [48].

For fulfilling these objectives, the ICDS scheme provides a package of six integrated services to different groups of the target population comprising children below the age of six years, expectant and nursing mothers and other women in the age group of 15-44 years belonging to poor families. These services are:
(1) Supplementary Nutrition,
(2) Health Check-up,
(3) Primary Healthcare/Referral Services,
(4) Immunization,
(5) Nutrition and Health Education, and
(6) Non-formal Pre-school Education [49].

The ICDS scheme is administered through State Governments together with elaborate arrangements for its funding through the State and the Union Governments and support services through the UNICEF and certain international development agencies. ICDS projects in rural and tribal areas are located in Community Development Blocks and Tribal Development Blocks, predominantly inhabited by backward tribes/scheduled castes, backward areas, drought-prone areas, nutritionally deficient regions, and the regions poor in the development of social services. In urban areas, priority is given to slums and areas predominantly inhabited by scheduled castes in cities.

1.7 ANGANWADI: GENESIS AND RELEVANCE

Kautilya, advisor to Maurya Emperors, in his ‘Arthashastra’ (324 B.C.) includes “support to poor pregnant women, to their newborn offsprings, to orphans, ...” among the welfare to be provided by the state to its subjects [50]. Emperor Ashoka, the Great, (273-232 B.C.) of Mauryan Dynasty provided for systematic public health and medical services through the hospitals called ‘Chikitsa’ that also offered maternity facilities [51]. Long after Ashoka, the tradition of ‘Chikitsa’ continued to flourish under successive Dynasties. Gupta Emperors (320-605 A.D.) actively promoted setting up of hospitals through State
and individual philanthropic effort to provide free medicine, food and shelter to the needy, including to convalescent mothers. The practice was reigning high during Harshavardhan's rule also (606-647 A.D.). The accounts recorded by the Chinese travelers Fa-Hien, Yuan-Chiang and Hieun-Tsiang authenticate the existence of a well developed system of medicine and hospital care [52].

In all these efforts, however, the 'child' was not identified separately for special consideration, but was treated as part of the total population. Moreover, as a result of the pronounced anti-woman slant of the prevailing religious ideology, social status of women, and consequently of the child born out of her, were abysmally poor. Indian mythology, on which majority of social customs are based, is replete with references to contraception (Rami and Sita's 12 year long exile in forests during which they remained childless), infanticide (Kauns' slaying of Devaki's seven newborns) and child abandonment (Kunti's casting away of her infant son Karna and Menaka's abandoning of her newborn daughter Shakuntala). Indeed, a cow commanded greater respect because she yielded twice daily copious quantities of milk and produced yearly a calf or two, but a girl-child was a non-entity. A wife could be gambled away (as Dharma did with Draupadi) or could be thrown out without qualms on slightest pretext (as Ram did with Sita). If this was the plight of women in Royal households, one may imagine the lot of ordinary women. A few sages did adore motherhood, but Shankaracharya, the spiritual leader, had the nerve to label the womankind "the gateway to hell". It is, therefore, not surprising that in India of Dark Ages and Middle Ages, mother and child welfare merited least attention. A British official reporting in 1856 on the situation in India wrote, "Infanticide
is not only occasionally practiced here, but uniformly, universally and unblushingly acknowledged" [53]. (Infanticide, particularly the female infanticide, is still prevalent in many parts of India - arrival of a girl child is scorned even in the so-called educated city families; in the remote villages of Rajasthan and Orissa, within seconds of birth, she is administered a lethal dose of black salt (Saindhava) or forced fed a few grains of cooked rice that choke her narrow trachea. Newborns are regularly abandoned in cities and child shelters usually are bursting at seams with such defenceless babies, if they are not fortunate to die of exposure, torn apart by mongrels or eaten away alive by rats and bandicoots). The folly of the land with 5000 years' cultural heritage is that the heritage is devoid of humane treatment to the child who is supposed to carry that heritage to the next generation.

By late 19th century, British had firmly established their rule in Peninsular India. Many of their Viceroys and Provincial Governors were influenced by the Enlightenment ideas and notions generated during Renaissance. At about the same time, English and American writers and social commentators started depicting in their literary and journalistic writings the deplorable situation of the working class children (for example, Charles Dickens' "Uncle Tom's Cabin" and "David Copperfield"). These writings trickled to India too. East India Company's Governor Warren Hastings (1732-1818) announced that it was the duty of the Company Government to promote the welfare of the people in the conquered territories. Modern education and public health thus were accepted as Company Government's responsibilities. Hospitals initially meant for Europeans were augmented to treat Indians also [54].
By then, the Christian World was in the grip of a renewed religious fervour. European and American Missionaries, who had vowed to dedicate their lives to the service of humanity, started arriving in India. Initially, the English rulers firmly believed in not disturbing India's cultural traditions and even quarantined the early Missionaries for months outside port cities of Bombay, Calcutta and Madras. Only when the Company Government was convinced of Missionaries' sincere interest in rendering humanitarian service to the population and their disinterest in local traditions and customs, were the Missionaries allowed in. Missionaries spearheaded their work with education and medicine; they established numerous dispensaries, hospitals and schools in mofussil areas. Modern education available through Missionary Schools groomed a generation of Indian social reformers in late 19th and early 20th centuries. Active in Western Maharashtra and particularly interested in woman and child welfare were: Mahatma Jotirao Phule (1827-1890), who was highly impressed by Thomas Payne's "Rights of Man" (pub.1791). He established a 'Bal-Hatya Pratibandhak Griha' (Infanticide Prevention Home) at Pune in 1863, that provided maternity facilities to child-widows and low-caste women who had conceived out of wedlock; Pandita Ramabai Medhavi (1858-1922), a Brahminical outcaste for her father's alleged sin of teaching religious Sanskrit scriptures to her mother, established in 1882 'Arya Mahila Samaj' at places as distant as Ahmednagar, Solapur, Thane, Mumbai, Pandharpur, and Barshi, to fight against age-old evils of child-marriage and ban on widow remarriage. She accepted Christianity in England and on returning to India, set up 'Sharada Sadan' at Mumbai in 1889 for destitute child-widows, out-of-wedlock children and other abandoned children. For Brahminical harassment, 'Sharada
Sadan’ first shifted to Pune and thence to Kedgaon in Ahmednagar district where it continues to flourish this day.

An Italian woman that methodically worked towards child welfare through non-formal education was Dr. Maria Montessori (1870-1952). She perfected an educational system exclusively for preschool age (0-6 years) children. Her method sought to develop children’s natural interests and abilities through the conscious use of their senses of touch, sight, hearing, smell and taste to explore and know the world around them. It involved producing teaching-aids and learning-toys from locally available materials. Montessori called her schools “Kindergartens” - a Greek term meaning “Children’s Gardens”.

Girija Shankar (Gijubhai) Badheka, a reputed lawyer and child education activist in Gujarat, was highly impressed by the Montessori method. But he found that the teaching-aids and learning-toys of European origin were unaffordably costly in India. Hence, adopting the Montessori method to the Indian situation and with immense reverence for the childhood, in 1920, he established a Balmandir (Children’s Temple) at Bhavnagar. In 1923, he was joined in this experiment by Tarabai Modak (1892-1973) who left the Superintendentship of Barton Female Training College at Rajkot. Based on the Montessori Method, Tarabai Modak pioneered her ‘Geeta Shikshan Paddhati’ (Geeta Teaching Method) in 1921. Gijubhai Badheka, Saraladevi Sarabhai (later mother of Dr. Vikram Sarabhai), Mangaldas Pakwasa, another child education activist, and Tarabai Modak together established “Nutan Bal Shikshan Sangha” (NBSS) in 1929. Tarabai Modak left Bhavanagar in 1932 for family reasons, Gijubhai Badheka died in 1939.
Tarabai Modak had decided to dedicate herself to the propagation of preschool child education and set up a school for preschool children at Dadar in Mumbai in 1936.

Meanwhile, due to War disturbances in Italy, Dr. Montessori arrived in India in 1940. Her long stay of eight years helped a great deal in popularizing the idea of non-formal preschool education for children. The schools using English as medium of instruction were called “Montessori” or “Kindergarten”, and the schools using vernacular medium were called “Balmandir”.

Gradually, NBSS became convinced of the acute need for preschool education in rural areas and in 1943, set up experimental Balmandirs at Amala in Kathewad and Vedchhi in Gujarat. Those were the days of strong anti-British sentiments. On Mahatma Gandhi’s call, young boys and girls were leaving high schools and colleges en-masse to join in the raging freedom struggle. Many people, though convinced of the importance and utility of preschool education for children, were staunchly against anything European. For sometime, it even appeared that the preschool education movement would be wiped out altogether in the torrent of anti-Europeanism. The Balmandirs at Kathewad and Gujarat had to be closed down consequent to 1942 ‘Quit-India’ agitation. Nonetheless, in 1945, NBSS decided to set up another Balmandir at Bordi near Mumbai on an invitation from the villagers there. NBBS deputed Tarabai Modak and Anusuya Wagh (1910-1992), qualified and experienced primary school teachers, on the mission to set up a rural Balmandir there.

All such preschool education centres till then were variously known as ‘Balmandir’, ‘Shishuvihar’, ‘Shishukunj’, ‘Shishusadan’, ‘Balvihar’. The names, however, could not
become part of people's daily vocabulary. As Anusuya Wagh reveals in her autobiography (‘Kosbadchya Tekadivarun’, 1980), Jugatrambhai Dave, who was running an NBSS’s Balmandir in Gujarat, once came to visit Tarabai Modak’s Balmandir at Bordi. Being bilinguist and using colloquial Marathi, he said, “This area is full of fruit gardens (Wadis). Likewise, yours also is a children’s garden (Balwadi)”. The impulsive remark stuck and today all over India, non-formal preschool education centres are known as ‘Balwadis’. By coincidence, it aptly translated the original Greek term ‘Kindergarten’ into colloquial Marathi.

The name ‘Anganwadi’ also originated at Kosbad. When some children did not come to the Balwadi, the Balwadi - teachers and other children - went to the absentee children’s house-yard (Angan) and continued their Balwadi there. Hence, the name ‘Anganwadi’.

In 1946, Tarabai Modak called on Mahatma Gandhi at Mahabaleshwar and convinced him of the usefulness of the preschool education for both urban and rural children. Gandhiji stipulated that: (1) teachers themselves should produce as many as possible teaching-aids and learning-toys; (2) local artisans should produce the aids/toys that teachers cannot; and (3) all aids/toys be produced only from local materials. With Gandhiji’s blessings, the movement gained further momentum, and the propagators of preschool child education held an All India Convention in 1946. Since then, the progress of Balwadis and Anganwadis is phenomenal in both rural and urban areas of India.

1.8 ICDS AND ANGANWADIS

Today, the focal point for the delivery of the ICDS package is the ‘Anganwadi’. Each
Anganwadi is run by an 'Anganwadi Worker' (AWW) with the assistance of an 'Anganwadi Helper' (AWH). These two are the front-line Anganwadi functionaries. In an urban setting, the organizational set-up of an Anganwadi really begins with the Health Officer (HO) who is responsible for the healthcare and medical component, while an ICDS Project Coordination Committee looks after the administrative requirements. From the HO downwards, the chain comprises Medical Officers (MOs) and Auxiliary Nurse/Midwives (ANMs). These two too come in direct contact with Anganwadi beneficiaries.

On the administrative side, placed below the Coordination Committee are the Child Development Project Officer (CDPO) and Mukhya-sevika/Supervisor, who supervises the AWWs and helpers for the delivery of services through Anganwadis [55].

It is this interstitial [56] institution - the Anganwadi - that is being researched under this investigation for ascertaining its efficiency and effectivity in delivering child welfare services in an urban environment.

REFERENCES
19. In World Wars-I and II, very sizable percentages of men in the United and Britain were found to be physically, mentally or emotionally unfit for service, partly as a result of childhood deprivation. Kadushin, A., ibid., p.41.
35. For details, See: Planning Commission of India (1955): "Social Legislation in India".
46. Ibid.
51. Ibid., p.65.
52. Ibid., p.64.
55. Ibid.
56. 'Interstitial' is described as that "situated between cellular elements of a structure or a part".