Introduction

Education has always been perceived not only as an agent of social change but the basis of creating a dynamic, liberal and growth-oriented society. But if education has to play a significant role in a society it has to assist in the creation of new values and attitudes in the place of the old so that the obstacles in the path of modernization may be removed. For this it is necessary to realize that the foundation of Elementary Education must be firm. Education is important not only for the full development of one’s personality, but also for the sustained growth of the nation.

Universally, the early childhood years are expected to lay the foundation for inculcation of basic values and social skills in children. It is believed that these values are imbibed from the family. Consequently, in the past, much of the early care and education of the child was informal, within the family and largely through grandmother’s caring practices, stories, and traditional infant games, handed down from one generation to the next. This wealth of developmentally appropriate childcare practices is gradually becoming extinct in view of more modern provisions for children and changing social realities. With growing urbanization, and an increase in women’s participation in the work force across the country, among all socio-economic groups, there has been a sea change in the social structure and practices in the last few decades. Elementary Education in India therefore is the foundation on which the development of every citizen and the nation as a whole hinges. But making Elementary Education available for all in India has also been one of the major challenges for the government.
2.10 Concept of Early childhood Care and Education (ECCE)

The term Early Childhood Education is very comprehensive. It encompasses all aspects related to or affecting a child. The focus of ECCE program is mainly on 3 to 6 years old, who are in pre-school stage. This program was launched in the sixth plan as a distinct strategy to reduce dropout rates and rate of retention of children in school. Under the National Policy of Education, Early childhood Care and Education (ECCE) has been accorded priority. ECCE programs include a component of health, nutrition and pre-school education, for ensuring all round development of the child. The policy has emphasized that all the ECCE programs should be transacted through the play and activity approach. It has also cautioned against the dangers of using formal methods of teaching and introduction of the 3r's at this early stage.

ECCE program is a child-centered program, which follows the play way and activity approach. It is a program with a focus on the holistic development of the child. It is one of the best ways to assure the child a smooth transition into primary school, i.e. it prepares children for the primary grades. It lays the foundation for the development of reading, writing and number work, ECCE program is a program which provides a stimulating play environment for intellectual, language, social, emotional and physical development of the child. All together, it is a program which indirectly promotes self-control and, thereby, inner discipline in children.

Internationally Early Childhood Care and Education is perceived as one of the components of Early Childhood Care for Development (ECCD). ECCD is relatively a new field. It combines elements from the areas of infant
stimulation, health, nutrition, early childhood education, psychology, sociology, anthropology, women’s development and community development. International attention to ECCD arose from the fact that the holistic development of the child is interrelated. ECCD has thus been defined as Early Childhood Care for Developmental and include all the support necessary for every child to realize his/her right to survive, to protect, and to care that will ensure optimal development from birth to age eight”. This means that a child’s growth cannot be compartmentalized into health, nutrition, education, emotional, social or spiritual angles. All factors affect other and are interwoven. For example, if a child has poor nutrition it could have a negative effect on his/her cognitive development. However ECCE is a very broad concept, it is concerned with the holistic development of children, it involved many people including family, community

2.20 Historical Background

The idea of early childhood education (pre-school education) was introduced in the 1890s in India, with the setting up of kindergartens by Scottish Missionaries. Pioneering efforts of Gijubai Badheka. Tarabai Modak influenced by the ideas of Maria Montessori, Mahatma Gandhi, Rabindra Nath Tagore and Sri Aurobindo flourished in the form of educational and training centers. At present the traditional preschool programs in private nursery school for the affluent are numerous (Sood, 1992; Swaminathan, 1994 and Verma, 1994). These are of varying nature, both in urban and rural areas.

Historically, early childhood development and learning process has been viewed as an integral part of child rearing within the family setting. Intervening in this process by providing for institutions where young children
are placed is a comparatively recent phenomenon. The nature of the program for children in such institutions has been influenced by and responsive to:

i) Ideological and philosophical understanding of the nature of human beings.

ii) Psychological theories and assumptions about growth and development.

iii) Socio-cultural values and beliefs, prevalent socioeconomic realities and socio-political influences.

Early childhood education programs that exist today evolved or modified of the earlier programs, philosophical foundation and understanding of the developmental process. The pioneers of early childhood education based their programs on understanding of the nature of the child and prevalent psychological viewpoint on how children grow and learn. Some of the early pioneers in the western world whose programs have had lasting impact are Fedrich Frobel, Dr. Maria Montessori and Mc Millan sisters. Their view points of earlier programs, philosophical foundation and understanding and prevalent psychological viewpoints have been discussed briefly.

2.30 Early Programs

In 1826 Fredrich Frobel published “The Education of Man” which espoused his philosophy of education based on the concept of the goodness of man stemming from his deep religious beliefs. Influenced by “Idealism” the philosophy propagated by Kant and education thoughts of Rousseau and Pestalozzi, for Frobel childhood was a period to be tenderly cared for and nurtured, as it plays a pivotal role in the future development and shaping of an individual.
The belief in unity of the universe and the innate goodness of man led to his concept of education as a way to promote a child’s natural development rather than altering child’s behaviour or development. For Frobel the unfolding of the development occurred through nurturance and protection. Therefore, he named his school “Kindergarten” wherein children were tenderly cared for so as to develop as per pre-ordained developmental process and learnt as a result of actions and interactions with the world. According to Frobel play is a self-generated activity, a serious endeavour of the child and an important means of development and learning.

In pursuance of these philosophical and educational goals the Frobelian Kindergarten program revolved around what he termed “gifts” and “occupations” Gifts were a set of ten manipulative materials with specific sequence and instructions. These ten gifts such as shapes, tables, pebbles, sharpened sticks were aimed towards fostering as understanding of the world and the unity of nature. Occupations included work with clay, wood, paper cutting and folding, drawing etc. Besides, gifts and occupations the kindergarten program included games, songs, fairy tales, nature study and study of arithmetic and language. The activities and lessons formulated by Frobel are practiced and prevalent in early childhood curriculum even today practiced in a different form.

Dr. Maria Montessori, an Italian physician, established an educational system that had far reaching influence especially in India. Initially she worked with mentally retarded children and later with poor slum children. She was influenced by the work of two psychologists namely Jean Itard and Eduard Seguin, who had both worked with mentally retarded children. Montessori’s
work with slum children in Rome led to the establishment of “CASA Dei Bambini” the Montessori school. Like Frobel she valued and revered children and believed that they had innate capacities, which are to unfolded as they develop. The environment was considered to be a secondary source that influenced the children’s developmental process. The program necessitated activities incongruence with developmental level of the child, signifying a specific learning disposition at a given stage. This required that teachers observe children and then provide activity, materials in accordance with the developmental level. The nursery school environment and the teachers were considered as facilitators of the “unfolding process”.

The methods and materials developed were sensory, with specific learning tasks associated with them. All the materials were self-learning, didactic and auto-correction. The learning tasks encompassed sensory activities, mathematics and language related tasks and exercises for practical life. The sensory activities included visual, auditory and tactile experiences. The basic tenet of Montessori’s program was learning through sensory-motor activities and graded activities that moved from simple to complex concepts and skills.

In early 1890s a major contribution as made by Mc Milan sisters in England. The program aimed at providing opportunities for children from poverty to get adequate health, care and developmental opportunities. The term “nature” was coined by Margaret Mc Millan which advocated the overall development by focusing on physical and intellectual development as well as self caring activities. They firmly believe that good health was essential for learning. This entailed not only medical care, but also nutrition, cleanliness
and improved environmental conditions so that optimal learning can occur. Therefore the term “nursery school” was conceived which aimed at providing children from poverty full day care in an environment that meet their physical, psychological, health and educational needs. The nursery school program included routine caring activities such as teaching self-care for children, perceptual-motor activities, music and movement as well as activities for self expression.

The programs formulated by Frobel, Montessori and Mc Milan sisters had a concern or children and their development as a focal point. While all the three programs had different orientations and focus they have had a great impact on early childhood education programs, as we understand them today. This is reflected in the fact that the term “care”, “nurture”. “Kindergarten”, “nursery school” and “Montessori method” have continued as important descriptors of early childhood care education programs.

2.40 Philosophical Influences

In the programs reviewed above “idealism” and “romanticism” of Rousseau and Kant were major influences. There existed deep belief in the permanence of truth, goodness of man and comprehensive view of the world.

A major shift occurred in the view of “the man” and relationship with environment following the publication of “The Origin of Species” by Charles Darwin. From this influence emerged John Dewey’s “pragmatic” or “progressive” philosophy which also influenced educational Praxis.

The educational process became a training ground for learning principles of democracy. Freedom and choices in learning environment, active participation of children in the learning process, co-operation and sharing
became the hallmark of the progressive education. Play as a natural means for learning of the now clichéd term “play-way approach” emerged from this philosophical basis. Patty Hill Smith and Alice Temple introduced Dewey’s philosophical thought into action by developing a curriculum that included group projects, free and natural social interaction to promote desirable social behaviours and promote democratic values.

Philosophical influence on education in general and including early childhood education have gradually declined. However, democratic values, equity, meeting needs of the marginal and poor population and concern for quality of programs seem to be the thoughts that will prevail on the educational scene today. Simultaneously, the field of early childhood education has increasingly been influenced by psychological though on the nature and development of human beings.

2.50 Psychological Influence

The child study method or movement took its roots to the work of G. Stanley Hall. Influenced by Darwin’s theory of evaluation as a method of study became an important tool for progressive education in understanding children’s behavioral and instructional patterns.

Following the scientific child study method popularized by G. Stanley Hall Arnold Gesell researched the pattern of behaviours and development in relation to age of young children. Thus, the normative age based date on children’s development was a major contribution of Gesell. Gesellian approach, also known as motivational theory of growth became an important and integral part of early childhood programs. Programs based on this theory, formulated curriculum that included age appropriate activities for children. The
idea of the “normal child” came to be accepted as a measure of what a child could achieve in a given age and thus “maturational readiness” as a basis for program formulation was conceived. The age based admission procedure in early childhood program’s age linked classes/grades that is practiced today is to a great extent continuance of Gesellian influence.

During this same period of the early twentieth century Psychoanalytic Theory and the stages of psychosexual behaviour by Dr. Sigmund Freud aided in understanding the personality development of the children and adults. The knowledge gained from Freud and the work of his followers with emphasis on non-rational sub-conscious and inner-drive led to a deep belief in the importance and validity of early years to later personality formulation. The early childhood education programs, thus practiced permissive childcare approaches allowing for self-expression and the outlet of feelings and emotions by children through various creative and other activities.

While the psychoanalytic and maturational theories were impacting understanding of developmental process and concomitant implicational programmes another approach based on Thorndike’s learning theory was being formulated. Patty Smith Hill and colleagues initiated reform Kindergarten movement at Teacher’s college Columbia University and her book “A conduct Curriculum for Kindergarten and First Grade” was published in 1923. Thus the thesis that the process of development was unfolding innate capacities was challenged. The behaviourists, believed in analysis and modification of behaviour based on the process of conditioning. Combining Thorndike’s theory with conditioning techniques of Ivan Pavlov “Behaviourism” as a theory was conceived.
Later, B.F. Skinner postulated the shaping of behaviour by operant conditioning wherein desirable behavioural responses are strengthened by positive reinforcement, while negative reinforcement reduces the occurrence of undesirable behaviours and actions.

As the behaviour analysis approach made the study of human behaviour more scientific Jean Piaget established his cognitive theory based on “Method Clinique”. According to Piaget intellectual development occurred due to the twin interactive functions of “assimilation” and “accommodation”. In this process when an individual learns something from the environment and internalizes that information into already existing “schemata” assimilation occurs; while when the structure of existing schemata is changed due to coping with new information accommodation happens. The processes of assimilation and accommodation are balanced by “equilibration”. Therefore, according to Piaget the process of cognitive growth and logical thinking continuously evolves and requires transformation of structures. As the child acts upon objects from the environment and operates upon them, she classifies the information through accommodation and assimilation. The differences in the levels of operations adopted by a child are indicative of “stages of development”. As per Piagetian theory, there are four stages of development, namely: sensory-motor, pre-operational, concrete operations and formal operations.

The stage-based theory of Piaget takes into consideration the processes of maturation and interaction with the environment, which is reflected by experience, social transmission and equilibration or self-regulation. The theory thus provides information on assessing level or stage of
development, the nature of experiences to be provided, and the role of the child as an active participant in the learning process. Programs based on Cognitive Theory of Piaget proliferated in 1970s and still continue to influence early childhood curriculum.

Gradually early childhood programs have begun to take cognizance of theories of the Russian Psychologists L.S. Vygotsky and neo-Vygotskians. According to Vygotsky maturation or stage-based achievements were important, but did not assure learning thought, the learning and intellectual performance was enhanced by cultural tools such as language. He further postulated that each function in the child’s cultural development first occurs on a social level (inter-individual) and later within the child (intra-individual). A language for Vygotsky is the focal point for concept development and thinking in children.

The “Zone of proximal development” is another key concept and central idea as applied to learning and education by Vygotsky. Accordingly, learning awakens internal development processes in a child via interactions with adults and peers in the immediate environment. Thus, any child at a given level of conceptual understanding and information is capable of learning slightly in advance of the current status. This capacity to assimilate slightly higher level of learning is termed “proximal zone of learning”. Thus play or learning activities which are too easy or too difficult do not fall in the range of proximal zone. Vygotsky’s conceptualization of learning and education, thus laid importance on cultural relevance, the role of adults in formulating challenging yet achievable and curriculum, and play as well as interaction with the immediate environment as crucial variables.
It is thus evident that philosophical and theoretical understanding of children’s growth and development has influenced early childhood programs. Another important influence was the perception of early childhood education of society and policy makers within a society. At different times in various countries the perception and the importance of early childhood education have varied.

The entire process led to the formulation and implementation of different early childhood education models. Notable among these were the Engleman Becker Model Demonstration and Research Centre for Early Education (DARCEE) and Behaviour-analysis mode based on Behavioural theory. Many models based on Piaget’s cognitive theory were formulated including Weikart’s Cognitive Curriculum and Constance Kamit’s program focusing on mathematics curriculum for early years. Open education program were influenced by Carl Roger’s book Freedom to Learn and the English infant school. Programs formulated by Lillian Weber in New York and Education Development Centre in Boston are examples of these models.

Pre-primary education is considered to be very important for the child as it is the first step towards entering the world of knowledge as well as a healthy and purposeful life. Pre-primary education helps children become more independent and confident as well as promoting the all round development of the children (Ramachandran et al., 2003). Children who have been to pre-primary schools tend to learn more rapidly through an organized curriculum, learning aids and by interacting with other children.

The main purpose of pre- primary education is to prepare children physically, emotionally, socially and mentally for formal schooling and to
prevent poor performance and early drop out. It also helps older children, particularly girls, to attend their schools making them free from the responsibility of sibling care. Thus, it can be said that pre primary education is necessary for all children of 3-6 years old irrespective of their socioeconomic background (Govinda and Bandyopadhyay, 2008). With increasing numbers of nuclear families and a lack of family support, pre primary school education is gaining importance. Availability of quality pre primary education will promote inclusive education and meaningful access to school education by increasing enrolment and reducing the vulnerability of school dropout.

The equitable access to high quality pre-primary education markedly improves young children’s readiness to succeed in primary school. This can have particular advantages for those who are marginalized due to poverty or other factors. Yet participation in pre-school remains low in many countries, especially among children who need it most, and quality remains a concern. We describe the action needed in six core areas to expand access to good quality pre-schooling, particularly for the disadvantaged, and to better coordinate pre-school education with early childhood care and with primary school. Malnutrition is a human tragedy on a global scale. Every year, it is directly implicated in the deaths of over 3 million children and more than 100,000 mothers. Poor nutrition devastates immune systems (making children more susceptible to disease), increases the risk of anemia and prevents proper brain development. Vitamin A deficiency alone accounts for about 6% of child deaths, and one in five maternal deaths.

The goal of Elementary Education in India has been very difficult to achieve till now. Since independence, the central and state governments have
been expanding the provision of primary formal and non-formal education to realize the goal of Universalization of Elementary Education (UEE). The challenge now is to sustain and deepen current reforms in education and encourage local planning and management of strategies for expanding and improving primary education.

National Policy on Education (NPE) 1986, has recommended a holistic approach of providing ECCE programs which should aim at fostering nutrition, health, social, physical, mental, moral, and emotional development of the child. It is clearly recommending that ECCE programs should be “child oriented, focused around play and the individuality of the child. Formal methods and the introduction of the 3 R’s will be discouraged at this stage”. Research provides evidence of the short and long term benefits of good quality ECCE programs, particularly for children from underprivileged environments.

Investments made in early child development and learning have a positive impact on formal primary education is to prepare children physically, emotionally, socially and mentally for formal schooling and to prevent poor performance and early drop out. It also helps older children, particularly girls, to attend their schools making them free from the responsibility of sibling care. Thus, it can be said that pre primary education is necessary for all children of 3-6 years old irrespective of their socioeconomic background (Govinda and Bandyopadhyay, 2008). With increasing numbers of nuclear families and a lack of family support, pre primary school education is gaining importance. Availability of quality pre primary education will promote inclusive education and meaningful access to school education by increasing enrolment and
reducing the vulnerability of children to fail and drop out in later stages. Research suggests that pre-primary education is very important for the development of young children before they enter formal school (Kaul, 2002). It helps in cognitive development of children in the early grades of primary education and it has a strong bearing on attendance and participation of children once they enter primary school.

Pre-primary education is considered to be very important for the child as it is the first step towards entering the world of knowledge as well as a healthy and purposeful life. Pre-primary education helps children become more independent and confident as well as promoting the all round development of the children (Ramachandran et al., 2003). Children who have been to pre-primary schools tend to learn more rapidly through an organized curriculum, learning aids and by interacting with the environment.

The linguistic, cognitive and social skills that children develop in early childhood are the foundations for lifelong learning. If children fail to develop these foundations because they lack adequate nutrition or opportunities to learn, there are significant costs for both individuals and societies, and the effectiveness and equity of education systems are undermined. Breaking the link between poverty and early childhood disadvantage represents one of the most urgent priorities of the Education for All agenda. Ill-health and hunger are robbing millions of children of the opportunity to develop healthy bodies and minds. There is no substitute for health and nutrition in the early years of life. But progress in tackling malnutrition has been disappointing. Poverty and restricted access to good health care are among the greatest barriers to accelerated progress.
The goal of Elementary Education in India has been very difficult to achieve till now. Since independence, the central and state governments have been expanding the provision of primary formal and non-formal education to realize the goal of Universalization of Elementary Education (UEE). The challenge now is to sustain and deepen current reforms in education and encourage local planning and management of strategies for expanding and improving primary education.

Research provides evidence of the short and long term benefits of good quality ECCE programs, particularly for children from underprivileged environments. Investments made in early child development and learning have a positive impact on formal education by sustaining him/her in school for a longer period of time paid special attention in increasing girls’ enrolment, improving educational outcomes, strengthening community involvement, improving teaching and learning materials and providing in-service teacher training.

A large majority of children in India do not have the optimal learning condition largely due to poverty. The majority of parents are not able to give much of stimulation to their child because of their own limitation. Therefore compensatory education of these children appears to be essential if we want them to achieve well in later life (Murlidharan, 1984). The Integrated Child Development Services aims to begin at the very beginning that is even before the child is born. The program continues to be the world’s most unique early childhood development program, which is being satisfactorily operated since Four decades of its existence. ICDS main aim is to cultivate desirable attitude, values, behaviour pattern in children. It takes care of children through informal
ways, helps them in modern proper habit and aids in mental development. It also paves smooth passage of the child into formal education at school (Upadhay, 1999).

The program provides a package of services for children and preschool education is one of the components of services of scheme (NIPCCD, 2006). Under the scheme preschool education activities are to be organized for children in 3 to 6 years age group. The intention is not to impart formal learning and teach the 3Rs, but to develop in the child desirable social attitude, values and provide environmental stimulation. There is flexibility in the program content and methods, and the child is to be encouraged and stimulated to grow at his own pace, (Upadhay, 1999). Through ICDS 12.5 million children in the age group of 3 to 6 years of age group from underprivileged sections are participating in a center-based early learning activities (Shabnam, 2003).

Early learning component of ICDS is a significant input for providing a sound foundation, but due to lack of material and other facilities some aspects of development are neglected. The dependency of AWWs upon non indigenous play equipment is to be minimized. Emphasis on the improvisation of preparation of material from local resources is required so as to raise the status of preschool education including training of AWWs (Pandey 2005). It was found in a study that children in the anganwadi have less knowledge about the different shapes, parts of the body, poems and could hardly count numbers. Creative and fine-muscle development activities were grossly neglected, due to lack of such facilities and also of poor and least interest of AWW to conduct different developmental related activities in a holistic manner.
(Malviya et al, 1999). Non-availability of play and learning material was a major constraint. Children in the national study did not perform well on the identification of colours and the other cognitive task.

Emphasizing the need for creative and cognitive activities as an integral part of the preschool education. Community participation was also weak link in the ICDS program (Sharma, 1992). Preschool education plays significant role as it helps children in successful completion of primary education. It provides the foundation for all around development and enables the child to understand various issues (Shabnam 2003). Children at this stage need to be encouraged to develop positive attitude through child to nature and the child to child interaction, education is to be designed carefully to provide wholesome growth and development of children. (Harkness and Super 1991). Parents play an important role in the early childhood care and education (Lau and Leon 1992). Parent involvement is linked to children’s total learning. The greater parent involvement in children’s learning positively affect the school performance, including higher academic achievement (Yan and Lin 2002).

Parents believe that three to six is the right age for the child to receive preschool education as the child is able to understand things well (Comer 1991). Research studies have shown that preschool education enhances early literacy skills, the child’s ability to learn, to communicate ideas and feelings and to get along well with others. Children who receive quality preschool education are more likely to succeed in school and in life (Sander 2003). Children with the richer literacy environment demonstrate higher levels of reading knowledge and skills at preschool entry (Nord and Lennon 2002). Good preschool education increases cognitive abilities, school achievement,
improve classroom behaviour, decrease grade repetition among children (Barnett 2004). Parents consider that preschools, kindergarten, Balwadis or Anganwadis play a vital role to enhance the overall development of the child. Parents perceive that play way approach in preschool centers is the best method for teaching as it helps in total learning and facilitate developmental outcomes in children (Dauber et al. 1993). Preschool education is therefore an integral part of child –rearing experience provided by any agency for all children.

One of the providers of early childhood care and education in India is Integrated Child Development Services Scheme. Preschool education is one the component of ICDS Scheme. But this remains one of the weakest components of ICDS. Many parents feel the quality of preschool education in anganwadi countries is poor and workers are less favourably inclined towards children (Shabnam 2003). The anganwadi worker tries to use two-way interaction method and take the help of teaching aids for imparting preschool education to the children. Indigenous material is usually used to make aids like puppets, fruits, etc, yet parents are not satisfied with the preschool education in ICDS centres as the anganwadi worker does not seem to make any effort to strengthen the component and continues lay more emphasis on nutrition (Arora et al. 2006).

The importance of Early Childhood Education in the Indian context where 48% of the population live below the poverty line, 63.83% are illiterate and one-fifth of the population is the age- group 0-6 years hardly needs any emphasis. Early Childhood Education has assumed added importance in the context of the program of Universalisation of Elementary Education.
With Education for all continuing to be the focal point of the program during primary education dropout rates continue to be significant, retention of children in schools is low and wastage considerable. The dropout rate is still 28.49% at primary stage (Source: Selected Educational Statistics, Govt. of India 2004-05). Despite increased participation of girls gender disparity still exists. ICDS is the world’s largest program for the holistic development of children aged 0-6 years, expectant and lactating mothers and selected adolescent girls. It also aims at improving awareness of the community as a whole, and brings about behaviour change. From 33 Projects in 1975, ICDS has expanded to 6719 Projects as on 31.12.2010

Supplementary nutrition is provided to 15.66 million children aged 6 months to 6 years and 3.37 million expectant and nursing mothers. During the Sixth Five Year Plan (1980-1985), the ICDS would be expanded so as to cover additional 400 blocks, raising the total to 600 blocks by the end of the Plan period. Measures will be taken to improve the working of AWCs by strengthening training, improving supervision and providing linkages with health, nutrition and other services and socioeconomic programs for women. The existing crèches, day care centers and balwadis would be integrated for providing a package of services, and linked with areas of economic activity. Welfare Extension Projects would also be merged with ICDS Projects wherever they coincide.

During the Seventh Five Year Plan period (1985-1990), ICDS was further expanded, and emphasis was on consolidating and improving the quality of services. Health components of the program like immunization, health checkups, Vitamin A prophylaxis, and iron and folic acid distribution
was strengthened, with stress on uninterrupted delivery of services. Necessary action was initiated for maintaining the “cold chain” for proper storage of vaccines. Efforts would be made to see that these services specially reach children below 3 years of age. Greater stress was to be laid on the training of functionaries, as well as on their continued education through periodical refresher training courses. Community support and participation would be elicited in running the program.

Monitoring mechanism was to be streamlined for timely modifications and corrections in the program. Voluntary agencies and individual talent were sought to be utilized in program supervision, and review and monitoring, and they would be given financial and organizational support for this purpose.

Being an important program aiming at the holistic development of children (0-6 years) and mothers ICDS has been the subject of many research studies.

2.60 Integrated Child Development Services (ICDS) in India

The program of the Integrated Child Development Services (ICDS) was launched on October 2, 1975 in 33 blocks in the country on an experimental basis to commemorate the 106th birth anniversary of the Father of the Nation, Mahatma Gandhi seeking to provide an integrated package of services in a convergent manner for the holistic development of the child. The Anganwadi Program, started by the Government of India in 1975 as part of the Integrated Child Development Scheme (ICDS), is a grassroots program that reaches out to women in rural areas and urban slums, to educate them on matters of basic health and hygiene, nutrition, pre-natal and post-natal maternal and child care and child rearing.
In Assam, ICDS scheme was introduced in the year 1975 in Dhakuakhana Development Block, on an experimental basis, along with 32 other blocks in the country. It has since been expanded to 223 blocks comprising 62,153 Anganwadi centers while 13.42 lakh operational Anganwadi centres in India as on 31.12.2014.
ICDS symbolizes the country's commitment to its children. ICDS promotes child survival and development through an integrated approach for converging basic services for improved child care, early stimulation and learning, improved enrollment and retention, health and nutrition, and water and environmental sanitation. Integrated and intersect oral nature, coordination mechanism, community involvement, training infrastructure and monitoring system make ICDS a unique program. ICDS has the potential to achieve the major national nutrition, health and educational goals of the National Plan of Action for Children.

ICDS provides increased opportunities for according children, their rights. ICDS through its advocacy and social mobilization components, aims to empower the community using communication channels and Media's tools for development. The Integrated Child Development Services (ICDS) Scheme was conceived with an integrated delivery package of early childhood services so that their synergistic effect can be taken full advantage of. The Scheme aims to improve the nutritional and health status of vulnerable groups including pre-school children, pregnant women and nursing mothers through providing a package of services including supplementary nutrition, pre-school education, immunization, health check up, referral services and nutrition and health
education. In addition, the Scheme envisages effective convergence of inter-sectoral services at the Anganwadi Centers.

The objectives of the scheme are:

i. To improve the nutritional and Health status of pre-school children in the age-group of 0-6 years.

ii. To lay the foundation of proper psychological development of the child.

iii. To reduce the incidence of mortality, morbidity, malnutrition and school drop-out

iv. To achieve effective coordination of policy and implementation amongst the various departments to promote child development.

v. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The main objective of this program is to cater to the needs of the development of children in the age group of 3-6 years. Pre-school education aims at ensuring holistic development of the children and to provide a learning environment for children, which is helpful for the promotion of social, emotional, cognitive development among children. Universalization of the ICDS was originally considered to be achieved by the end of 1995-96, through the development of services all over the country. It is one of the largest child care programmes in the world aiming at child health, hunger, malnutrition and its related issues.
ICDS services are provided a vast network of ICDS centres, it is known as “Anganwadi”. The word Anganwadi is developed from the Hindi word “Angan” which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, meet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air.

This part of the house is seen as the ‘heart of the house’. A network of “Anganwadi Centre (AWC)” literally it is a courtyard play centre, provides integrated services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school education and health and nutrition education. It is a childcare centre located within the village or the slum area itself. It is the central point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls.

Under the ICDS scheme, one trained person is selected to focus on the health and educational needs of children age 0-6 years. This person is the Anganwadi worker (AWW). The Anganwadi worker is the most important functionary of the ICDS scheme. The Anganwadi worker a community based front line voluntary worker of the ICDS programme. This service will help the children to get into the right from the pre-school age. The Integrated Child Development Service (ICDS) scheme is utilized to help the family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments.

In spite of the ongoing direct nutrition interventions like ICDS, India still contributes to about 21% of the global burden of child deaths before their fifth
birthday (UNICEF 2007). They also found little evidence of programme impact on child nutrition in villages with ICDS centre. ICDS is the foremost symbol of India’s commitment to her children – India’s response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality. World Bank has also highlighted certain key shortcomings of the programme including inability to target the girl child improvements, participation of wealthier children more than the poorer children and lowest level of funding for the poorest and the most undernourished states of India (World Bank, 2011).

2.70 Services Provided by Anganwadi Centres

The above objectives are necessary to be achieved through a package of services. Delivery of services under ICDS scheme is managed in an integrated way through Anganwadi centres, its workers and helpers. The services of Immunization, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health and Family and Welfare UNICEF has provided necessary equipment for the ICDS scheme since 1975. World Bank has also assisted with the financial and technical support for the programme. The cost of ICDS programme averages $10–$22 per child a year. The scheme is centrally sponsored with the state governments contributing up to 2.00 (US$ 0.04) per day per child. Furthermore, the (GOI 2008) adopted the World Health Organization (WHO) standards for measuring and monitoring the child growth and development, both for the ICDS and the National Rural Health Mission (NHRM). These standards were developed by WHO through an intensive study of six developing countries since 1997. They are known as New WHO Child Growth
Standard and measure of physical growth, nutritional status and motor development of children from birth to 5 years age. There are six dimensions or services of ICDS scheme which are provided by AWCs.

1. Supplementary Nutrition
2. Immunization
3. Health check-up
4. Referral services
5. Non-formal Preschool education
6. Nutrition and health education

2.71 Supplementary Nutrition

Supplementary Nutrition is one of the important factors for balancing the nutrition status of the children. This includes supplementary feeding and growth monitoring; and against vitamin A shortage and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. Anganwadi workers are advantage of supplementary feeding supports for 300 days in a year. For nutritional purposes ICDS provides 300 calories (with 8-10 grams of protein) every day to every child below 6 years of age. For adolescent girls it is up to 500 calories with up to 25 grams of protein every day.

By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities. Growth Monitoring and nutrition are two important actions that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards
are maintained for all children below six years. This helps to find out the growth flattering and helps in assessing their nutritional status. In addition, highly malnourished children are focused with special supplementary feeding and referred to medical services for the betterment.

2.72 Immunization

To prevent the child from health related problem, immunization is utmost necessary. Immunization of pregnant women and infants protects children from six vaccine preventable diseases, tetanus, tuberculosis and measles. These are major preventable that helps in preventing the child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces the risk of maternal and neonatal mortality.

2.73 Health Check-Up

The health check-up includes children less than six years of age, antenatal care of mothers and postnatal care of nursing mothers. The different health services provided by Anganwadi workers for those children and Primary Health Centre (PHC) staff includes regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, and distribution of simple medicines etc.

2.74 Referral Services

During health check-ups of malnourished children and timely medical attention are referred to the Primary Health Centre (PHC) or its sub-centre. The Anganwadi workers have also been oriented that the young children are not capable to take their health care. She enlists all such cases in a special register and refers them to the medical officer of the PHC.
2.75 Non-formal Pre-School Education

Non-Formal Pre-School Education (NFPSE) is a part of the ICDS and it is mostly considered as its backbone, because its services basically cover the Anganwadi. Anganwadi Centre (AWC) – a village courtyard is the main platform for delivering of the services. These AWCs have been set up in every village of the country. In its functioning, the commitment to the cause of India’s children, present government has decided to set up an AWC in every human occupation / settlement. As a result, total number of AWC would go up to almost 1.4 million. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the Anganwadi centre- an activity that motivates parents and communities. Pre-school education (PSE), as considered in the ICDS, focuses on total development of children chiefly six year olds, mainly from the poor groups or those who are mostly needy. Its programme for the three-to six years old children in the Anganwadi is directed towards providing and ensuring a natural, joyful and motivating environment, with importance on necessary inputs for most advantageous growth and development. The early learning component of the ICDS is a significant contribution for providing a sound foundation for increasing lifelong learning and development. It also contributes to the universalization of primary education, by providing the necessary preparation for primary schooling and offering alternative care to younger siblings, thus freeing the older ones especially girls to attend school.

2.76 Nutrition Health Education
Nutrition, Health, Education and Development (NHED) is a key element of the Anganwadi worker. This is part of the BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women particularly in the age group of 15-45 years so that they can look after their own health, nutrition and development needs as well as that of their children and families.

2.77 Duties and Responsibility of Anganwadi Worker (AWW) The Anganwadi Workers and helpers are the basic functionaries of the ICDS who run the Anganwadi centre and implement the ICDS scheme. The following are the key duties and responsibility of AWWs:

a) To maintain files and records as prescribed.

b) Assisting ASHA on spreading awareness for healthcare issues such as importance of nutritious food, personal hygiene, pregnancy care and importance of immunization.

c) Co-ordination with block and district healthcare establishments to benefit medical schemes.

d) Helping to mobilise pregnant or lactating women and infants for nutrition supplements.

e) Discover immunization and health check-ups for all.

f) To keep a record of pregnant mothers, childbirths and diseases or infections of any kind.

g) Maintaining referral card for referring cases of mothers and children to the sub-centres, PHC.

h) Conducting health related survey of all the families and visiting them on monthly basis.
i) Conducting pre-school activities for children of up to 5 years.

j) Organising supplementary nutrition for feeding infants, nursing mothers.

k) Organising counselling or workshops along with Auxiliary Nurse Midwife (ANM) and block health officers to spread education on topics like correct breastfeeding, family planning, immunization, health check-up, antenatal and post natal check.

l) To visit nursing mothers in order to be on course with child's education and development.

m) To ensure that health components of various schemes is availed by villagers.

n) Informing supervisors for villages’ health progression, or issues needing attention and intervention.

o) To ensure that Kishori Shakti Yojana (KSY), Nutrition Programme for Adolescent Girls (NPAG) and other such programmes are executed as per guidelines.

Anganwadis have played an active role in early childhood education; it significantly improved the academic achievement of poor children even into early adulthood, showing higher reading and mathematics scores for individuals who had received early intervention.

Pre-school Education may be conceived as developing those competencies, which help a child realize excellence as per her/his inherent potential through proper education in later life leading to a physically healthy, emotionally managed, socially conscious and creative and spiritually enlightened life. The process for Pre- School Education has to be culturally
sensitive and scientifically appropriate. The role of the pre-school years in a child's development has received a great deal of attention in recent years. Research on brain development supports the value of high quality pre-school education programs for young children, while studies of early childhood education also provide evidence for their benefits. There is research evidence that showed that children who have traditionally been at risk of not doing well in school are affected more by the quality of early childhood experiences than other children are.

The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in every village in the country. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the anganwadi centre - an activity that motivates parents and communities. PSE, as envisaged in the ICDS, focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. Its programme for the three-to six years old children in the anganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development.

The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and
offering substitute care to younger siblings, thus freeing the older ones especially girls to attend school. Anganwadis have played an active role in early childhood education; it significantly improved the academic achievement of poor children even into early adulthood, showing higher reading and mathematics scores for individuals who had received early intervention. Anganwadi workers in this case are expected to be aware of children’s individual interests and strengths and find ways to engage and expand them. They do so by arranging for a rich variety of learning experiences that appeal to all the senses — visual, auditory and physical — and by alternating individual, small group and large group activities so that children experience various kinds of social interaction.

In early childhood programs, assessment takes place by observing children in daily activities and taking note of their skills, understandings, interests, vocabulary, and attitudes toward various tasks. It includes communicating with families regularly to learn about the circumstances that may affect classroom behaviours or interactions, such as personal or family illness, injury, and child-rearing beliefs and practices. While children exhibit a broad range of individual differences and personal interests, assessment should ensure that both boys and girls have opportunities to participate in a range of activities, from block building to musical, artistic, or dramatic play, in order to stimulate the development of spatial, artistic, musical, and verbal abilities in all children.

There is always a scope for improvement and based on this universal fact, the research has come up with some recommendations and suggestions which should not present any additional burden to programs already operating
under community partnerships for children as they are already doing this. The recommendations and suggestions are voluntary to the extent the programs are not expected to “meet” all of the guidelines but only to demonstrate that they are providing experiences that build broad and balanced foundations for learning in all content areas. While the terminology in the Guidelines may sound sophisticated for preschool children, teachers should be able to articulate to parents and to the community how early experiences relate to later academic achievement.

Anganwadi is defined as a government sponsored child-care and mother-care centre in India. It caters to children in the 0-6 age group. During this research study, we met many anganwadi workers who were proud of their roles and aware of the importance of their work. It is also interesting to know how anganwadi workers define anganwadis based on their experiences. A dedicated National Awardees Anganwadi Worker “Rosy” from Tamilnadu defines Anganwadi as “a public relation centre” where parents come, meet, interact and seek information regarding mother and child’s health, development and more importantly view it as an important preparatory ground to send their kids to in order to seek admission for their kids in regular school after their preschool years. It also serves as an important support for low class working mothers who are out in fields or at construction sites or some other projects which fetch them livelihood and attending to small kids is well taken care by Anganwadis.

Children are most important assets of the country because they will be tomorrow’s youth and provide the human potential required for a country’s development. The national policy for children enunciated on August 1974 has
placed high priority on early childhood care and education and has emphasized on its integration into ICDS programme (Tara and Kumar, 1988). Under ICDS (Integrated Child Development Services) scheme a package of services viz.

supplementary nutrition, immunization, health check up, referral services, health and nutrition education, non-formal preschool education are provided to children (below six years of age), expectant, nursing mothers and women in the age group of 15-45 years. Non-formal Pre-school Education is imparted to the children in the Anganwadi by Anganwadi Worker. Non-formal Preschool Education is a crucial service provided under the ICDS scheme and caters to the development needs of children between 3 and 6 years of age.

Activities in the Anganwadi are designed and carried out by the Anganwadi Worker to stimulate the physical, motor, social, emotional, language and cognitive development of children. Educational status of children had improved as a result of ICDS programme (Renu and Rekha, 1982). Activities conducted in the Anganwadi enhance the skills of children to manipulate objects of materials, coordinate and control their movement. The children in ICDS areas show significantly better state in all three scholastic variables viz. regularity in school, academic performance and general behaviour in the school. The ICDS scheme has shown good results in increasing the awareness of parents about children’s education and also in enhancing children’s scholastic achievement (Chaturvedi, 1987). Activities organized in the Anganwadi centre are directed towards promoting in children the ability to express thought and feelings and also understanding the concepts like colour, shape, texture, size and directions. The most common
activities organized at Anganwadi are morning prayers, songs and free conversation.

But lack of teaching aids and play material are considered as major constraints in organizing pre-school education successfully (Aijaz, 1987). It is not only important to provide these services under ICDS scheme but also to evaluate these services from time to time. It is widely acknowledged that the young child is most vulnerable to malnutrition, morbidity, resultant disability and mortality. The early childhood years in particular represents the important span for intervention aiming at their balanced overall development and these years are the most crucial period of life, when the foundation for cognitive, social, emotional, language, physical, motor development and lifelong learning are laid.

The Integrated Child Development Services (ICDS) scheme in India was conceptualized to provide a setting for Early Childhood Care and Development for children in the age-group of 0-6 years throughout the country. Although ICDS is supposed to approach the development of children in an integrated way, in actual practice, it still continues to place greater emphasis on health and nutrition components. To improve the early childhood development services through the Anganwadi centers, a package of intervention was developed by the Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Wardha. This package included – (1) Exposure visit of the Anganwadi workers to a well-managed pre-school centre.
2.80 Justification of the Study

The research project has been justified on the ground that no such study has been undertaken in this part of the country. Some studies, however, have been made on various aspects of pre-school education, but the number is very limited. The pre-school institutions play an important role in the socialization of the child. The study of social development of children is undoubtedly an important matter. Some studies have been undertaken to study the social development of children, but these have been done elsewhere and not in Assam and are related to a different context. The diverse aspects relating to child development have not been fully explored in our state. The study undertaken is expected to bring to light many undiscovered facets of pre-school education, mainly relating to the social development of children, the knowledge of which would directly enrich education.

Research studies have shown that preschool education enhance early literacy skills, child’s ability to learn, to communicate ideas and feelings and to get along well with others. Children who receive quality preschool education are more likely to succeed in school and in life (Sander 2003). Children with richer literacy environment demonstrate higher level of reading knowledge and skills at preschool entry (Nord and Lennon2002). Good preschool education increases cognitive abilities, school achievement, improves classroom behavior, decrease grade repetition among children (Barnett 2004). Parents consider that preschools, kindergarten, Balwadis or Anganwadis play a vital role to enhance the overall development of the child. Parents perceive that play way approach in preschool centers is the best method for teaching as it
helps in total learning and facilitate developmental out comes in children (Dauber et al. 1993).

Preschool education is therefore an integral part of child –rearing experience provided by any agency for all children. One of the providers of early childhood care and education in India is Integrated Child Development Services Scheme. Preschool education is one the component of ICDS Scheme. But this remains one of the weakest components of ICDS. Many parents feel the quality of preschool education in anganwadi centers is poor and workers are less favorably inclined towards children (Shabnam 2003). The anganwadi worker try to use two-way interaction method and take the help of teaching aids for imparting preschool education to the children. Indigenous material are usually used to make aids like puppets, fruits, etc, yet parents are not satisfied with the preschool education in ICDS centers as the anganwadi worker do not seem to make any effort to strengthen the component and continues lay more emphasis on nutrition (Arora et al. 2006).

As per Census 2011, the country has about 70 million children in the age group of 3-6 years. The figures of covering about 35.5 million children by ECCE initiatives under ICDS leaves apart a large segment of millions of children in the 3-6 years population bracket unattended for pre-school activities.

The gap between the number of pre-school children and the available pre-school services seems to very large. The current and futuristic magnitude of uncovered ECCE children is a major challenge in the coming years. The preschool age population projected is more than 70 million presently and 73 million of children by 2016. In order to extend the benefit of ECCE to such
large number of presently uncovered, unreached and projected population of 3-6 years age children for this decade, it is urgently needed to draft a policy with contextually suited, locally relevant innovative strategies approach and also strengthening of resources being required to fill this huge gap.

There is also a need to encourage competitiveness in the field of the ECCE services. Towards the objectives of ICDS, there is need of a regulatory framework and comprehensive law that will deal with all aspects of early childhood care and education. The proposed law should treat the child as one entity in need of various services- from nutrition to cognition and stimulation.

Efforts to integrate various facets of ECCE into services provided by the Anganwadi centres established under the Integrated Child Development Services (ICDS) Scheme and to expand institutionalized ECCE services, including pre-school sections attached to schools, have resulted in substantial increase in the number of children receiving pre-school education. The number of children of age 3 to 5+ years who received pre-school education under the ICDS Scheme increased from 16.7 million in 2001-02 to 35.3 million in 2012-13. Available data indicates that the total enrolment in pre-primary education programmes has increased from 13.9 million in 1999 to 41.3 million in 2010.

National Policy on Education 1986 (revised in 1992) A key milestone in India’s march towards Education for All was the adoption of the National Policy on Education 1986 (revised in 1992) which states “In our national perception, education is essentially for all” one of the key thrust among nine others areas of the National Policy on Education 1986/92 is “early Childhood
Care and Education (ECCE) “both as a feeder and a strengthening factor for primary education and for human resource development in general”;

The first goal adopted by the World Education Forum, Dakar, Senegal, 26-28 April 2000 “Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children”

In the Indian Constitution (Eighty-sixth Amendment) Act, 2002 which inserted Article 21-A in the Constitution of India to provide free and compulsory education for all children in the age group of six to fourteen years as a Fundamental Right in such a manner as the State may, by law, determine. The Constitution (Eighty-sixth Amendment) Act, 2002 also enjoins the State “to provide early childhood care and education to all children until they complete the age of six years”.

National Policy on Early Childhood Care and Education (2013) - A National Policy on Early Childhood Care and Education was adopted in September 2013. The Policy envisages promotion of inclusive, equitable and contextualized opportunities for promoting optimal development and active learning capacity of all children below six years of age. The policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation for survival, growth and development with focus on care and early learning for every child. The key goals of the policy include: Universal access with equity and inclusion; Quality in ECCE; and Strengthening capacity, monitoring and supervision, advocacy, research and review. A significant development is the specific budget provision (Rs. 26.54 billion) for ECCE in
the budget estimates of the Ministry of Women and Child Development, Government of India for the XIlth Plan period (2014-15). The budget provision includes Rs. 5.73 billion for meeting expenditure on printing ECCE Activity Book for 37 million children, expert team on call, consultation for drafting policy framework and printing of child assessment cards; Rs. 5.22 billion for meeting the cost of conducting

As a part of the effort to enhance ECCE opportunities for young children, the ICDS Scheme has been restructured and strengthened in terms of programmatic interventions and service package as well as programme management, monitoring and supervision. The Anganwadi Centres have been repositioned as a “vibrant Early Child Development Centre” to become the first village outpost for health, nutrition and early learning with adequate infrastructure and human resources for ensuring a continuum of care in a life-cycle approach to early childhood care and development. The core package of six services offered by the ICDS has been reorganized and reformatted. Early Childhood Care and Education has been strengthened as a core service of the Anganwadi Centre, with dedicated four hours of early childhood education sessions followed by supplementary nutrition, growth monitoring and other related interventions.

Studies show that children do not have school readiness competencies in cognitive and language domains when they join primary school despite attending pre-primary classes. This reflects the poor quality of the curriculum. A significant proportion of children are not ready cognitively for primary schooling and nor are school ready for children. Since the possibilities of benefiting from later educational interventions get reduced if children do not
come with the basic foundation leading to cumulative deficit later on appropriate interventions need to be formulated and implemented to remove the quality-related deficiencies in ECCE services (Ambedkar University, Delhi 2014). These basic conditions lead to study the ICDS projects in the context of their implementation and present status. The present study is an humble attempt particularly in reference to the status of projects in lakhimpur district of Assam.

The related literature of this study has been reviewed in next chapter.