



Consultative Group on Early Childhood Care and Development

TRAINING FOR CHILD CARE WORKERS IN INDIA

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Historical Overview

The history of early childhood education in India dates back to the 1890s, when the kindergarten was started in the country. Later on, during the decades before independence, some pioneers—like Gijubhai Badheka and Tarabai Modak—struggled to establish a number of educational institutions for young children and training centres for teachers. Badheka worked extensively in Dakshinamurthi in the Gujarat region, while Modak launched the *Nutan Bal Shikshan Sangh* (New Child Education Society) in Bombay during the 1920s. Also, Maria Montessori's work in India during the war stimulated not only the growth of early childhood education at centres organised around her philosophical principles but also the establishment of training centres. Despite these initiatives, early childhood education activities remained scattered, concentrated in urban settings, restricted to certain regions in the country, and confined to those who could afford such services.

It was not until the creation of the Central Social Welfare Board in 1953 that the national government started playing a role on a broader scale. The board sponsored voluntary agencies that would set up *balwadis* (child gardens) for the children of the less privileged. The objective of the programme was to shift the focus towards rural areas and the poor and to emphasise the integral development of the child rather than preschool education alone.

The first breakthrough: Bal Sevikas

By this time there were a number of training institutions concentrating on early childhood education. But the rapid growth of the balwadis revealed the need for well-trained workers who could foster the growth and the integral development of the child and who were willing to work and live in the villages. As a result, the concept of the *bal sevika* (one who serves the child) was coined, and the Bal Sevika Training (BST) programme was launched by the Indian Council for Child Welfare in 1961. Since then, the programme has been implemented in numerous training centres throughout the country under the sponsorship of the council.

The main objective of the BST Programme is to educate a worker capable of responding to the various needs of children from birth to 16 years of age. In practice, however, the greatest emphasis has been on the 0-6 age group. The basic guidelines of the programme are health and nutrition, preschool education, and community organisation. Over the years both the content and the methodology of the programme have been revised in response to changing circumstances. For instance, since the 1970's, in an attempt to overcome the more static approach of child psychology, child development issues have been given more attention in the theoretical section of the course. During the earlier years, the course was mainly theoretical and the practical section was restricted to some field visits for observation and demonstration and to a few activities such as cooking nutritious foods and preparing educational aids. At the present time, greater emphasis is placed on practical aspects, including field placements and opportunities to acquire skills by practice rather than by observation.

Although the BST programme is a valuable initiative, because of the size of the country and the complexity and magnitude of its problems, the programme did not contribute much. In fact, during the early 1970s it was estimated that there were only 2,000 balwadis in the entire country. Two main problems could be pointed out. First, most of the balwadis were still located in urban or semi-urban areas or tended to service the more affluent sectors within the rural communities; it was apparent that the poor and the isolated sectors of the population had hardly been reached. Second, the balwadis provided a diluted version of child development with an emphasis on formal basic education. This was opposed to the growing concern on the introduction of nutrition and health issues in the curriculum that dominated the thinking of planners throughout the 1960s and the 1970s. The time was ripe for the next breakthrough.

The second breakthrough: Integrated Child Development Services

In 1974, the national government launched the Integrated Child Development Services (ICDS), which has become the world's largest attempt to provide a package of services to the most vulnerable sectors of the population. The initiative started with 33 modest projects reaching about 150,000 young children. Today, it has expanded to nearly 2,000 projects for 13 million children aged 0-6 and 3 million pregnant and lactating women. To date, there are 250,000 centres that employ 500,000 paraprofessional workers. The programmes concentrate on urban slums, tribal areas and the more remote and backward rural regions of the country.

The ICDS Package consists of the following basic services:

- Supplementary nutrition
- Immunisation
- Health check-ups and referral
- Preschool education for children aged 3 to 6
- Health and nutrition for women

The focal point for the delivery of these services is the *anganwadi* (courtyard garden), a term borrowed from the simple child care centre, developed by the late Anutai Wagh, which could be run in the courtyard of any village home. The *anganwadi worker*, the key worker and first paraprofessional in the child care service, is usually a local woman. She is considered a community worker earning a small honorarium for the services she renders to the community.

The *anganwadi worker's* training is planned as a "job training" and consists of a four-month course conducted at the training centres—many of which had originally been BST centres. At first, the *anganwadi* training was a summarised version of the BST course, intended not only to be completed in shorter time but also to train women with lower educational qualifications. The content of the course was heavily oriented towards health and nutrition problems and paid cursory attention to the skills needed to promote cognitive, social, and emotional development of children. As in the case of the BST training, the early overwhelming emphasis on theory has gradually been reduced while more attention is being given to the acquisition of practical skills and experience.

Since the *anganwadi worker's* duties include home visits and parent education, the acquisition of communication and interactive skills is strongly encouraged. However, there is little time left during the formal training period to develop these skills or to learn them by observing role models. Besides, the *anganwadi* must devote an enormous amount of time to learning record-keeping and administrative procedures which take up much of the training time. Therefore, it is not surprising if the *anganwadi worker* does not fully acquire the necessary skills to perform her varied tasks.

If the *bal sevika* can be described as the first-level professional, and the *anganwadi worker* as the paraprofessional, another term should be found to describe the role of the ubiquitous helper—who can perhaps be called the para-paraprofessional. Within the context of a hierarchical society, the helper is present at every centre in India and often performs all the menial tasks and the daily chores at the childcare centre. The helper fetches the children from and to their homes, cleans the centre, fetches fuel and water when needed, prepares the meals and washes the utensils, helps children wash themselves and puts them to sleep, comforts the little ones and cleans up after them, maintains relations with the mothers, and dispenses traditional lore and wisdom. The helper, who is usually an older woman or a widow, is generally illiterate or lacks formal education and, hence, is unable to keep written records. However, she can be found managing the entire centre in the absence of the *anganwadi worker* or *bal sevika*.

Yet the helper—the pillar of the system—has remained underpaid, underestimated, and neglected as far as training is concerned. Occasionally she is given a one- or two-day orientation, but few serious attempts have been made to involve her in the centre's activities and make the best of her knowledge and skills, or to develop strategies for training people with poor education. Motivating, training, and involving the para-paraprofessionals, who form the bedrock of the system, remains one of the greatest unmet challenges ahead of us.

In addition to these two major tracks described above, there are several other kinds of training, though most of these alternatives have limited range and availability. These include courses for pre-primary and nursery training, vocational training at high school and diploma courses, and some initiatives that integrate training for both pre-primary and primary education.

Constraints and Opportunities

Throughout India's long involvement in the field of early childhood development (ECD), several recurrent constraints continue to challenge both the structure and the content of India's ECD training scheme. Issues related to the quantity, levels, contents, quality, motivation, certification, and sufficiency of the available personnel are briefly presented in this section. In addressing these challenges, three innovative training programmes—mobile creches, the Vanasthali Rural Development Centre, and Mahila Samahkya Gujarat—illustrate a range of alternative approaches.

Quantity. The question of quantity regarding first-level professionals or paraprofessionals is not so much a question of *number* as it is of range and *scope of coverage*. Graduates of training institutions in urban settings often remain unemployed or work for appallingly low wages. Although there are other, rural employment sources, the graduates are unwilling to live and work in rural areas. On the other hand, owing to the low levels of female education in rural and tribal areas, it is difficult to find rural girls or women with a high school education who can be trained as anganwadi workers or bal sevikas.

Levels. In absolute terms, there is a tremendous shortage of training courses at graduate and postgraduate levels that could be suitable for supervisors, trainers, heads of school, and other middle-level officials. The ICDS offers its own "job-oriented" courses for middle-level supervisors, and while a number of universities now offer postgraduate courses in child development, there are hardly any graduate courses or undergraduate diplomas in early childhood education. The absence of training opportunities for workers at the bottom of the ladder has already been noted. Thus, there is a peculiar lopsidedness, and shortsightedness, in the entire training structure, which is bulging in the middle but weak at both extremes.

Content. The content of early childhood care and education (ECCE) training usually pays lip service to the notion of the child's "integral development". However, in practical terms it tends to focus almost exclusively on either health or nutrition. A third area of concern is a type of formal preschool education heavily inclined towards group activities, with little emphasis on play,

developmental tasks, spontaneity and individuality. Cultural differences and the social situation of children in poverty also tend to be ignored or overlooked.

Quality. Quality can be measured in terms by which the objectives of the training programme are fulfilled. A participatory approach, with a flexible decentralised curriculum that is adapted to the cultural background, needs, and abilities of the trainees and that uses innovative training and communication strategies may become the hallmark of thoughtful pedagogical planning. Yet this participatory approach is rarely found in mainstream training programmes, which tend to rely on a rigid central curriculum, an authoritarian relationship between the trainer and the trainee, and a dependence on traditional “chalk and talk” methods of teaching. Teaching strategies that are more knowledge-oriented than process-oriented encourage memorisation and obedience rather than problem solving and creativity.

Motivation. Most of the training programmes, concentrating on the cognitive and psychomotor dimensions of human development, focus on the acquisition of knowledge and skills. Few programmes attempt to address the emotional aspect of development. Yet, change in attitude, or the internalisation of different attitudes, is one of the key elements in training, especially under difficult circumstances of poverty and survival that generate apathy, lack of interest, and lack of motivation on the part of the workers.

Certification. Although a number of training courses in ECCE is now available, an overall system of certification has yet to be developed. The lack of such a system has led to restrictions in job mobility for ECCE workers, depriving them of social recognition and opportunities for career advancement. Eighteen years after its inception, the ICDS training continues to be regarded as “job training”, and anganwadi workers are not eligible for any other kind of job. Bal Sevikas, however experienced and skilful, cannot teach in primary schools, whereas primary teachers, who often lack the necessary qualifications, are sometimes obliged to work with young children. Helpers, paraprofessionals, or teachers cannot aspire to higher-level jobs or improve their qualifications. The resulting educational and job stagnation they suffer has an adverse effect on the quality of their work and on their professional status.

A trainer cadre. The key to a sound training system in ECCE is the development of a qualified cadre of trainers. The set of factors discussed above hinders such a development. Low-pay, low-status, job insecurity, and poor working conditions have rendered the trainers’ job both unattractive and negligible. At the same time, lack of certification and poor training for trainers have resulted in a shortage of good trainers. Often, trainers are selected on the basis of their academic qualifications in disciplines such as education, psychology, sociology, or medicine (more recently, it has been qualification in child development, nutrition, and public health). But all too often, trainers lack the experience of working with children and communities and do not possess the necessary skills to guide trainees. At the same time, supervisors—who may have practical skills and experience to offer—are rarely involved in training except as occasional resource persons.

Training Innovations: Three Case Studies

This section reviews how three small-scale initiatives have tried to address issues of quality, relevance, practicality, motivation, and renovation and how new training programmes are being developed. While each initiative has unique characteristics, the three of them also show some common features that differentiate them from mainstream efforts. These common characteristics may be summarised as follows:

- Flexible structure and organisation that shifts away from one central fixed curriculum.
- Innovative training strategies and pedagogy adapted to varying educational levels and cultural backgrounds.
- Emphasis on practical, field-based experience.
- Emphasis on partnership—rather than on hierarchical roles—with a more inclusive approach to parents and community.

The three training initiatives are the mobile creches—a programme for low-income working women; the Vanasthali Rural Development Centre—village balwadis run by the community; and Mahila Samakhya Gujarat—a programme to promote women through education, skill-training and community organisation.

The Mobile Creches

Childcare services provided by this programme are directed to children of low-income working mothers. Children stay at the creches for the whole day, or at least during the mother's working hours, and the services provided integrate health, education, nutrition, play, and community work. This comprehensive care is adapted to the needs of the child according to different age groups, as follows:

- Creche (from birth to 3 years of age)
- Balwadi (from 3 to 6 years of age)
- Nonformal care (from 6 years)
- Family groups (adults)

In some situations, such as in the case of families of migrant labourers, children are unable to attend school, and some elements of formal primary education have to be included in the programme.

The daycare worker plays the roles of substitute parent, preschool and primary teacher, health worker, paramedic, nutritionist, adult educator, social worker, and community organiser. As a result, the training programme at the mobile creches was established as an attempt to respond to the multiple needs of the young, untrained workers. From the beginning, emphasis was placed on attempts at finding solutions to practical problems, learning by experience, and calling in for specialised counselling when necessary. As a result, early training courses consisted of

problem-solving sessions during which both trainers and trainees tried to find solutions to the daily problems they encountered while at work in the day-care centres. Later on, workshop sessions were designed to introduce practical teaching, discuss theory and create teaching aids and materials.

Under its present form, this is a two or three-year training course that has the following characteristics:

- *The training is competency-based.* The main objective of the programme is to help caregivers acquire fundamental skills. The trainee is evaluated according to *standards of performance* that reflect skills as well as attitudes towards the children and their families.
- The method is *experiential, pragmatic, inductive and participatory*. The main methodological assumption is that skills are acquired by practice and experience.
- *Trainers and supervisors work closely together, and their roles should become interchangeable.* All trainers are also supervisors responsible for programme implementation. At the same time, all supervisors are trainers responsible for guiding trainees.
- *The more-skilled persons teach the less-skilled ones at every level.* In a sense, all workers are field-trainers, and every member of the group is a learner. Teaching proceeds by *demonstration, role modelling and personalised guidance*. Learning requires *observation, imitation, and practice*.
- *Trainers are practitioners.* The educational qualifications of the trainers and supervisors vary considerably. However, a minimum of five years of experience in the field is required.
- Theory is taught only in *relation to practice*.
- A prerequisite for the training model is the existence of a network of field centres for *supervised placement*.

The training programme also includes different stages:

1. The **orientation** is based on personal observation of the field programme. During this period, trainees carry out routine tasks and discuss some theoretical principles.
2. The **supervised practical experience**, the most important stage of the process of skill acquisition, consists of a series of demonstration sessions by experienced practitioners, followed by repeated practice under close supervision.
3. The **awareness of rationale**, or introduction to theory, is achieved through the analysis of common problems and everyday experiences that provide the rationale for the guidelines and activities of the programme. This analysis usually takes place in group discussions.
4. **Individual study sessions** include specific assignments, readings, research work and questionnaires.
5. **Practical exercises** include making and utilising different teaching materials, group exercises for designing activity programmes and implementing teamwork, and organising community programmes.
6. During the **internship** period, trainees plan and carry out programmes independently, which are subsequently evaluated by the supervisors.

The content of the training course has been divided into different units:

- Infant care
- Preschool education

- Nonformal education (optional as required for the implementation of specific programmes)
- Health, hygiene, and nutrition
- Administration and community work
- Adult Education

These units are scheduled in a flexible way and may vary according to the individual trainees' study plans, attendance rate at workshops, and ability to complete the assignments. A checklist of skills is provided for each unit, and trainees are expected to acquire a pre-established minimum level. Although each unit may be completed in three months, more time is given to the trainee so that failures can be avoided and a minimum level of skill acquisition may be achieved.

The final evaluation is performed by a committee of specialists, supervisors, and trainers. Rating consists of a five-point scale divided into observation of fieldwork (50 marks), individual assessment (20 marks), written examination (15 marks), and a viva voce (15 marks). The individual assessment includes self-evaluation; informal evaluation by peers, children and their parents; and systematic evaluation by supervisors and trainers.

The Vanasthal Rural Development Centre

Although 80 percent of India's population live in rural villages, most of the rural communities have suffered from constant neglect and abandonment. As a result of large-scale and rapid urbanisation, rural migration to the cities has been massive and is increasing at an ever faster rate. Owing to increasing poverty and lack of resources, life in rural India continues to be extremely difficult.

Among these difficulties, the lack of nursery schools (*balwadi*) in rural regions constitutes a long-standing weakness of the country's educational system. In an attempt to address this problem, a group of social workers, established the *Vanasthali Rural Development Centre* (VRDC) in 1981. Since increasing awareness is urgently needed to enhance the quality of women's and children's lives in rural India, the programmes of the Vanasthali Centre are directed to rural women who already have some formal education and are willing to work with children. The main objectives of the Centre are:

- To promote pre-primary education in rural regions by having a balwadi in every village and a trained teacher in every balwadi.
- To promote the education of rural girls and women.
- To train balwadi teachers to acquire diverse skills and qualifications, so the value of education, family planning nutrition, health, and child care could be communicated to rural families and communities.
- To enhance the quality of education and performance of rural balwadi teachers by implementing enrichment training programmes.
- To publish a bimonthly newsletter to disseminate the work and the educational principles of the Vanasthali Centre, and to provide rural women with updated information and with an opportunity to write about their life, work, and activities in their communities.

The role of a rural balwadi teacher is different from the role of the same teacher in an urban setting. The balwadi teacher constitutes an important source of information to the rural community and can play a role in transforming values at this level. Since much of the shortage of educators and workers in little villages is due to the harsh living conditions in rural areas, the VRDC decided to initiate training courses for rural women and girls who had received partial education (between 7th or 9th grade of standard education). The salient features of this training programme are the following:

- It is a training programme moving from one village to another and, wherever it is possible, organising courses. Participation by community members or local authorities is strongly encouraged.
- On completion of the training programmes, trainees are helped to start a balwadi in their respective villages in collaboration with the local authorities, the community members, and other primary school teachers. For this purpose, the training course includes a series of lectures on how to obtain the support and cooperation of the trainees' communities. Strong emphasis is given to practical training, and internship at existing balwadis is an essential component of the training programme.
- At the end of each course, a public demonstration class (valedictory function) is held, so the community can evaluate the performance of the students. Members of the community, local school teachers, local and state authorities, and the students' parents are invited to the public class. Also, an exhibition is organised to display the materials prepared by the trainees during their course work.
- In addition to being instructed as balwadi teachers, the trainees are oriented to work with parents on questions related to nutrition, hygiene, childcare, family planning, and health. Finally, they are also taught other skills and crafts (such as kitchen gardening or tailoring) that they can, in turn, teach to other women villagers.
- During summer and winter vacations, five-day summer courses are held in cities for trained balwadi teachers. The objectives of these summer courses are to expose the balwadi teachers to a different milieu, to bring them up to date with new developments and techniques in pre-primary education, and to inform them about existing institutions that provide services for women and children. Trainees at these summer courses have to participate in group discussions and attend lectures specially arranged for them. Participants in the courses regularly amount to 300, and all of them are balwadi teachers or trainees.

As of March 1992, the VRDC was running 153 balwadis in different regions, such as Pune, Nasar, Satara, Sangli, and Kolhapur. Although the initiative has contributed to enhance the development standards for hundreds of young children, the VRDC programme has faced several problems. One of the main obstacles to the expansion of the programme is the lack of motivation on the part of the families and communities. Due in part to rising poverty and illiteracy rates, parents still would rather not send their children to the centre than pay small fees—between 3 to 5 Rs a month—for their education. A second set of problems includes the shortage of financial resources, inadequate teaching materials and supplies, and poor facilities.

However, children attending the balwadi regularly show a remarkable change in the various dimensions of their development. Also, with the collaboration of the VRDC, many young women have been able to improve their economic status and enhance their contribution to their households. Education, training, and small financial incentives have all brought self-confidence and a new sense of autonomy to the rural women.

Mahila Samakhya Gujarat: A Child Care Programme for and by Rural Women

Mahila Samakhya (Women's Equality) is a programme aimed at helping poor women to develop their potential fully through education, skill-training, and self-organisation. Although the programme is sponsored by the government, the specific activities are chosen and managed directly by the women's groups, or *shangas*. Currently in operation in three states—Gujarat, Karnataka, and Uttar Pradesh—the project is specifically targeted to helping low-income women find practical solutions to their needs by such means as the establishment of child care services, health facilities and financial support for their own economic activities.

In Gujarat, for example, the Department of Human Development and Family is collaborating with *Mahila Samakhya Gujarat* to develop innovative models of childcare that would address the intersecting needs of women and their children in three selected regions. Since many of the women expressed an urgent need for childcare services, *Mahila Samakhya* organised a data collection survey that would evaluate the situation. Rural women themselves conducted the survey, analysed and discussed the results, and tried to find practical solutions to their problems.

Most of the women in Gujarat work in the fields, and during peak seasons, all the members of the family must work to earn enough to tide over the lean months. Then, young children are either taken along to the fields or left behind at home with the older family members who cannot labour hard. Sometimes, the older sister has to care for the younger children as well as do the household chores—such as fetching water and fuel, cooking meals, cleaning the house, and tending the animals. As a result, opportunities for these girls to go to school are slim. The survey conducted by the village women revealed the costs that child care duties implied for girls and young women, and discussions led to the necessary steps being taken to establish a creche or childcare centre with the help of government funds and the technical assistance of *Mahila Samakhya*. Soon after, it was also perceived that training was needed urgently at two levels. First, the members of the shangas had to acquire specific skills to run the centre. Second, training was necessary for the future childcare workers and educators.

Methodology and contents

Although the contents of the training programme vary according to the needs of each group, a single methodological approach was adopted for both groups. The primary concern of the trainers was to adapt to the needs of childcare services in the village as well as to the problems encountered by the women. Most of the village women had very little education or were illiterate. They would have little patience to sit still listening to lectures in a classroom setting,

they did not like to remain inactive for long periods of time, and because they could not leave behind their family duties and household chores, they were only able to attend short sessions in the evenings. Therefore, the training programme had to be designed within these constraints.

A series of two- and three-day "training retreats" was developed. These retreats gave the women the opportunity to get together, share experiences, have a break away from their daily chores, relax, and learn together in groups that bore little resemblance to the traditional classroom environment. The learning strategies were also innovative and deeply rooted in the traditions and culture of these women, making full use of their own forms of expression and communication. Popular songs, games, drama, art, and crafts played a central role in the training process. For example, drama and role-playing, drawing, and traditional techniques of pattern-making were used as means to elicit women's perceptions about issues, such as how children learn, what children of different ages do, what they themselves did as children, and what activities are appropriate for enhancing children's development. Various types of games—traditional and modern games, riddles and puzzles, guessing and team games, relay races, matching and pairing games—were utilised to introduce new concepts, and to practice diverse activities. Songs and drawings were used to reinforce, recapitulate, and memorise what had been taught. In this way, each exercise was intended to become both a learning experience for the trainees and a methodology trial for the trainers. Thus, training was perceived as an ongoing process by all concerned. On each occasion, the women came back with new challenges, and new training techniques had to be developed to help them solve their questions and problems. At the same time, the supervisors went through a similar process, learning how to teach, where to find the resources, how to supervise the training process, and relearning what the trainees are learned.

Although this experience is still being developed as small-scale project, it has great potential. Not only is it an alternative model for child care services, but it also constitutes a sophisticated approach to training. The most innovative characteristic of this programme is that it draws on the strengths of both traditional wisdom and modern knowledge and combines participatory development with a process-oriented pedagogy. The most valuable component of the programme is precisely what it has to offer to the academic world and to the women and children in the villages of Gujarat.

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