

# Early Childhood Care And Education In India: A Swot Analysis

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## **ABSTRACT**

*Early Child care and education is a top most agenda of millennium as well as sustainable goals of development as laid down by UNESCO in “Education 2030” agenda. In India also, Various laws and policies are made to serve the cause. But in spite of 44 years of the launch of ICDS scheme for providing ECCE, the targets are still far to be achieved. Hence it becomes important to evaluate the scheme in order to know its strengths, weaknesses, opportunities and threats.*

*Method: SWOT analysis was used to identify positive and negative aspects of the scheme. Convenient Sampling technique was used to take a series of interviews of various stakeholders of the scheme. Their opinions and problems form the basis of this qualitative study.*

*Results: On the basis of SWOT analysis, programme of action is laid down to improve the operational aspects of the ICDS scheme.*

*Keywords: ECCE, Early child, SWOT, anganwadi workers, anganwadi centres*

## **1. INTRODUCTION**

Children are the future of any nation and every nation likes to have a brilliant and fruitful future. For this purpose, the seeds of growth and development are to be sown as well as nourished in the present scenario. In the similar fashion, for a child to be grown up as an intelligent and active member of the society, his/her nutrition, safety and education is to be ensured today. World has believed in the context and that is why today we have a number of Government laws, policies and schemes to take care of children and their rights.

After First World War, the need to protect the rights of children was extremely felt in most European and North American countries. In 1919, League of Nations formulated a committee for child welfare in response to this ever growing demand to protect children rights. In 1923, International Union adopted ‘Save the Children’ in its charter and a five point declaration was made. This declaration explained those conditions in which it becomes the duty of a society to provide sufficient care and protection to its children. This declaration of Children rights was later known as “Geneva Declaration” in 1924.

United Nations Organization took the place of League of Nations in 1945. In 1946, it has been reaffirmed by Economic and Social Council of UN that Geneva Declaration will be taken as a sign of commitment to protect the rights of the children and to work for the cause. United Nations’ general assembly adopted Universal declaration for human rights in the year 1948. Whereas Geneva declaration was expanded from five principles to ten principles in 1959 to protect the rights of children. It is then, it gave its declaration on Human rights. These rights included liberty, safety, non discrimination, freedom from poverty as well as slavery, good nutrition and education etc. These needs are even stressed under Millennium goal and

sustainable goals of development of UNESCO under “Education 2030” agenda. Throughout the world, many agencies like WHO, UNICEF, UNRRA and IMF etc. are toiling hard to get these rights of children protected. India is also getting help from these organizations to meet the nutritional, health and educational needs of its children. For this purpose, even Government of India has launched a scheme with the name of ICDS i.e. Integrated Child Development Services Scheme on the birth anniversary of Father of Nation i.e. Mahatma Gandhi on 2<sup>nd</sup> October, 1975. The Scheme is targeted to meet nutritional, health and educational needs of Early childhood. The scheme believes that early childhood is the crucial age of development of a child. Medical science believes that two third of the brain of a child develops during first 3-4 years of his life. So good health, nutrition and education is needed the most in this crucial stage. The Scheme is hence, trying to fulfil these needs by establishing anganwadi centres (community centres) in the whole country.

## **2. THE ICDS SCHEME**

Integrated Child Development Services Scheme is run through Anganwadi centres or Balwadi Centres (Community Centres) in India and are aimed at improving nutritional, health and educational status of children in their early childhood years i.e. 3-6 years. These community centres are established in every village and township after every 800 to 1000 population. These centres provide supplementary nutrition in the form of wheat, rice, curd, milk and cereals on one hand and on the other hand, provide pre school non formal education to the children of 3 to 6 years of age through nearly 40,000 community centres throughout the country. These centres also provide health and hygiene education and with collaboration of Health department keep an eye of health issues of women and children. The scheme came into operations on October 2, 1975 and has gradually developed in the last 44 years as one of the largest Integrated Early care programmes in the World. The scheme has 05 main objectives to be fulfilled through its 06 main services.

## **3. OBJECTIVES**

- I. to ameliorate the health and nutrition of children of 0-6 years of age;
- II. to target the proper physical, psychological and social development of child;
- III. to decrease the incidences of malnutrition, morbidity, mortality and school dropouts;
- IV. to effectively co-ordinate with other departments for promoting child development; and
- V. to upgrade the capability of the mother by training her to look after the nutritional needs and normal health of her child through health education and proper nutrition.

*Services:* The aforesaid objectives of this scheme are to be achieved with the help of following six services namely

- Supplementary Nutrition
- Pre-school education (non formal)
- Health and Nutrition education
- Immunization
- Health check-up
- Referral services

The former 03 services are provided directly by anganwadi workers in the Anganwadi (community) centres and are the responsibility of Department of Social Welfare/ Services under Ministry of Women and Child Development while the later 03 are provided by Ministry/Department of Health and Family Welfare as they are related with monitoring of health of community.

### 3. FUNCTIONING OF ANGANWADI CENTRES

Every anganwadi centre is run by an anganwadi worker with the help of a helper in every village. After every 800-1000 habitation, there is one anganwadi centre in urban and rural areas. Then after every multiple of 800 habitation, one anganwadi centre is added in the area. Mini anganwadi centres are also established at few places where the population is just 150-300. 'Anganwadis on demand' are considered for the areas where there are atleast forty children of below six years of age but there is no anganwadi centre in the area. The people who get benefits under this scheme are known as beneficiaries. Beneficiaries of the scheme are Pregnant and Lactating mothers, adolescent girls and Children below the age of 06 years. Supplementary nutrition, Health and hygiene education, pre school education, Health supplements and referral services are provided at these centres. Under supplementary nutrition, a no. of cereals, milk, rice and wheat are provided to women and children by anganwadi workers. SNP is provided for at least 300 days in a year. SNP is provided to bridge the gap between 'Recommended Dietary Allowance (RDA)' and 'Average Daily Intake (ADI)' of pregnant and nursing women as well as children. The cost pattern of the supplementary nutrition is Rs 9.50 a day for pregnant and nursing mothers and Rs 8 a day for every child. The children who are severely malnourished get allocations worth Rs 12 a day. Adolescent Girls of 11 to 14 years of age who do not go to schools get SNP at the rate of Rs 9.50 a day. Health and hygiene education are also provided by anganwadi workers alongwith Auxilliary Nursery Midwives and Medical Officers. Pre School education is also provided by anganwadi workers only. Health Check-ups and referral services are also provided by anganwadi workers with the help of Auxilliary Nursery Midwives and Medical Officers.

#### *Current scenario of ICDS scheme*

- During XIth plan, nearly 59 lakhs anganwadi centres including mini anganwadi centres became operational. Hence the total no. of operational anganwadi centres rose to 13, 46,186 in the country by the end of XIth plan.
- Sneha Shivirs have also been organized in the country under ICDS scheme and mothers are being guided to adopt right practices of feeding and child care practices under such shivirs in 12 days practice sessions.
- The no. of Children as well as PM and NM beneficiaries under the SNP programme rose to 1022.33 lakh by the end of XIth plan.
- The no. of children beneficiaries under pre school education component rose to 365.44 lakh by the end of XIth plan.
- In nearly 12,71,889 anganwadi centres, new growth charts as prescribed by WHO is implemented.
- Mother and child protection cards have also been introduced in nearly 10 lakh anganwadi centres under 6621 ICDS projects.

### 4. SWOT ANALYSIS

Albert Humphrey of Stanford Research Institute invented SWOT analysis in 1960. Strengths, weaknesses, opportunities and threats (SWOT) analysis is a technique that helps to evaluate the strengths, weaknesses, opportunities and threats involved in any organizational processes and programmes. A SWOT analysis help any organization to gain insights into what has happened in the past. It also help them to think of different possible solutions for any existing or potential problems which any organization may have to face in near future. These problems may pertain to either for any existing business organization or for a new venture of the same organization (USDA, 2008; Nouri et al., 2008). The methodology of SWOT analysis includes taking information from environment and analyze this information to segregate it further into internal (strengths and weaknesses) issues and external issues

(opportunities and threats). In this manner, SWOT analysis explore different areas on which any organization needs to put stress to achieve its objectives(Singh, 2010). Singh (2010) also conducted a SWOT analysis for identifying strategies needed for community development. Here also, SWOT analysis is employed on ICDS scheme by collecting information from its various stakeholders to know its strengths, weaknesses, opportunities and threats.

## **5. SIGNIFICANCE OF THE STUDY**

The scheme is at present funded in 90:10 ratio by Central and State Governments for the whole India except the North Eastern states where the ratio is 50:50. For all the earlier components of the Scheme i.e. before 2010, the cost sharing ratio in existence is 90:10 whereas the same for few new components added under Strengthening and Restructuring is 75:25. At present the Scheme is running in 13.46 Lakh operational AWCs across 36 States and union territories Indian Government is spending in Crores every year to run the scheme successfully and make the benefits reach to the beneficiaries. But the current status reflects a different scenario. Nearly 2.2 billion people below 18 years die of various curable diseases such as pneumonia, diarrhoea and malnutrition every day. Out of these children, developing countries including India contribute to nearly 2 billion children. Nearly 30% children below five years in these countries are found to be underweight as per WHO standards. Moreover 40% children have stunted growth and more than 50% of the children are malnourished. This malnourishment gives rise to various other diseases and hence, proves to be the main cause of children's early death or poor mental growth.

India contributes to the wasting of one third of children below 05 years in the World as per UNICEF. Still India has nearly 43 percent children below 05 years as underweight children and 48 percent as stunted children. School drop is also higher among below 06 years children. According to Census 2011 data, nearly 32 million children in India have never attended an educational Institution. This data reflects that even after 44 years of launch of ICDS scheme, targets are still far to be achieved. Hence it becomes quite imperative to do an evaluative analysis of the Scheme so as to see it in a broader perspective and work upon the weaknesses and threats to explore more with the opportunities.

## **6. METHODOLOGY**

The present study is a descriptive survey study and uses qualitative methods to do SWOT analysis. SWOT analysis is an evaluation technique for any services and scheme of any kind of organization. Here in this paper also, the SWOT analysis of ICDS scheme of Government of India is made on the basis of interviews of various stakeholders of the scheme as well as observations. These stakeholders include Anganwadi workers, Anganwadi helpers, Social Science researchers (Those who have already done research in this area), Supervisors, CDPOs, DPOs and beneficiaries. Convenient sampling technique was used to conduct such interviews and record expert opinions.

## **7. OBJECTIVES**

1. To know the internal strengths of ICDS Scheme
2. To know the external strengths of ICDS Scheme
3. To know the internal weaknesses of ICDS Scheme
4. To know the external weaknesses of ICDS Scheme

5. To know the external threats to ICDS Scheme
6. To know the internal threats to ICDS Scheme
7. To know the external opportunities for achieving the objectives of ICDS Scheme
8. To know the internal opportunities for achieving the objectives of ICDS Scheme

*SWOT ANALYSIS OF ICDS SCHEME*

<p><u>Strengths</u></p> <ul style="list-style-type: none"> <li>• Well Trained AWWs</li> <li>• Community Involvement and participation</li> <li>• Ration for SN and material for PSE are provided at doorstep.</li> <li>• Nutrition, Health and Hygiene education at Grass root level</li> <li>• Targeting and Serving a large no. of population living in the lower strata of society</li> </ul>	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> <li>• Overburdened AWWs (Survey + PSE activities + children related scheme + women related schemes + Immunization etc.)</li> <li>• Non Specific Community Involvement and Participation</li> <li>• No own buildings</li> <li>• Irregular monitoring and supervision by higher authorities</li> <li>• Remained a Scheme only for the people living in the lower strata of society.</li> </ul>
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> <li>• Centralization of Scheme</li> <li>• Construction of new buildings/ Taking buildings on long term lease/ Executing scheme from Government and Private primary schools buildings</li> <li>• Advertising the Scheme</li> <li>• Computerization of Processes</li> <li>• Specific Roles allotments of all stakeholders of the Scheme including anganwadi workers.</li> </ul>	<p><u>Threats</u></p> <ul style="list-style-type: none"> <li>• Unlimited and non specific duties of AWWs</li> <li>• Low qualified AWWs as per current Indian scenario</li> <li>• Inadequate and late dispersal of ration under SNP, Registers, TLM and PSE Kits</li> <li>• Lack of Competitive Salaries</li> <li>• Inappropriate training for handling the curriculum</li> </ul>

**8. PROGRAMME OF ACTION**

SWOT analysis lays down the ground for the following **Programme of Action** to improve the the operational aspects of ICDS scheme. The weaknesses and threats discussed under SWOT analysis can be tackled well with this programme of action.

- Anganwadi workers’ duties may be restricted to conduct survey of village/ area, providing Take Home Rations to PM, NM as well as children, education i.e. health and hygiene education, pre school education and to assist ANMs and MOs

in performing their duties of healthcare only. For other policies of community benefit, anganwadi workers may not be bothered.

- An alternative to this can also be a situation where anganwadi workers may be kept only for disseminating all kinds of services under different community programmes and the task of educating children of 3-6 years is also shifted to Government primary schools where there are already highly educated and trained teachers.
- Anganwadi workers may operate from community centres where a room or a hall may be assigned to them to keep foodgrains as per WHO standards. At present also, there are 'Suvidha Kendres' in every village and in urban areas also. One room of theirs may be used for this purpose.
- Infrastructural facilities such as own buildings, child friendly toilets, filtered water facilities, chairs and tables for eating and studying are must for any anganwadi centres.
- It has been found during survey that anganwadi workers are not satisfied with their current pay. Hence their pay scales may be revised by taking into consideration the pay scales of survey staff of Central and State level organizations like NSSO or at least that of a primary teacher by comparing the equivalency of jobs.
- Computers may be provided at each AWC. It will serve multiple purposes. The online generation of reports related to no. of beneficiaries in the area, requirements at AWCs and monitoring and evaluation of AWCs will become handy on one hand. On the other hand, these computers can be used to educate people for Nutrition, Health and Hygiene Education and also for record keeping.
- A Centralised agency may be recruited to disseminate all the material needed at each anganwadi centre on time. They shall also be held responsible for delays and shortages of supplies.
- Media and technology can play an extensive role in educating the masses. If people will be aware of the services of anganwadi centres, they may approach themselves to avail the services. On the other hand, they will also be aware of Government initiatives for community benefits.
- All the utensils needed to cook and serve food are needed at almost all the anganwadi centres. Hence an agency may be given the responsibility of arranging and managing the requisite material.

## **9. SUGGESTIONS FOR FURTHER STUDY**

- A SWOT analysis may be undertaken from administrative aspects of ICDS scheme.
- PERT analysis i.e. Programme Evaluation and Review techniques may be used to explore the scheme deeply
- A series of surveys may be undertaken on District/State/National levels to know the current status of the scheme at grass root levels.
- A study may be undertaken on health department to assess their functioning in relation to ICDS scheme.
- A study may be undertaken on training centres of anganwadi workers and its curriculum.

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### **Abbreviations used**

**UNESCO: United Nations Educational, Scientific and Cultural Organization**

**UNICEF: United Nations International Children's Emergency Fund**

**MWCD: Ministry of Women and Child Development**

**WHO: World Health Organization**

**UNO: United Nations Organization**

**UNRRA: United Nations Reconstruction and Rehabilitation Agency**

**AWC: Anganwadi Centres**

**AWW: Anganwadi Workers**

**PM: Pregnant mothers**

**NM: Nursing mothers**

**THR: Take home Ration**

**SNP: Supplementary Nutrition Programme**

**SN: Supplementary Nutrition**