

Implementation Plan

There are around 2000 Anganwadis in Raipur district. Most of the Anganwadis have an Anganwadi worker, a helper, and a decent building. The buildings have a small play area as well. It was observed that most of the Anganwadi workers (AWWs) spend around 1.5 hours teaching foundational learning skills to children between the age of 3-6 years. A majority of AWWs possess adequate skills for interacting with children, and during these teaching sessions, they often engage in various random activities.

The government has introduced a daily lesson plan aligned with NCF-FS 2022 for the AWWs which can help them execute age-appropriate activities related to all domains of development.

Over a phased three-year time, we aim for 80% of Anganwadis to consistently adopt key early-year practices outlined in these lesson plans. This transformation aims to establish them as model centers, fostering a conducive learning environment for children and adequately preparing them for Grade 1.

- **Identify and elaborate on the key changes you would introduce in Anganwadi centers in a phased manner.**

- **Outline the strategic steps and a phased implementation plan for bringing about these changes. Emphasize the key stakeholders involved, resources required, timeline, and potential challenges.**

Key objectives:

First, understand the pedagogical understanding level of students.

Find out the government's key objectives.

Find the approaches taken by the Anganwadis to complete the objective.

Find the gaps in understanding the program, implementing the program, and measuring the output of the program.

Phased Implementation Plan for Transforming Anganwadi Centers in Raipur District:

Phase 1: Year 1 - Pilot Implementation (Months 1-12)

Key Changes:

1. Training and Orientation:

- **Key Stakeholders:** Anganwadi workers (AWWs), helpers, local education authorities.
- **Changes:**
 - Conduct intensive training sessions for AWWs on the NCF-FS 2022 lesson plans.
 - Provide orientation for helpers to support AWWs in implementing the new activities.

2. Lesson Plan Integration:

- **Key Stakeholders:** AWWs, education specialists, local authorities.
- **Changes:**
 - Gradually introduce the NCF-FS 2022 lesson plans into daily activities.
 - Monitor and evaluate initial implementation, collecting feedback for adjustments.

3. Resource Assessment:

- **Key Stakeholders:** Local government, NGOs, community leaders.
- **Changes:**
 - Assess the availability of required resources (educational materials, toys, etc.).
 - Establish a plan for resource procurement and distribution.

Phase 2: Year 2 - Full Implementation (Months 13-24)

Key Changes:

1. Curriculum Expansion and Enhancement:

- **Key Stakeholders:** Education specialists, AWWs, local education authorities.
- **Changes:**
 - Expand the scope of lesson plans to cover a broader range of developmental domains.
 - Enhance the curriculum based on feedback and experience.

2. Monitoring and Support Systems:

- **Key Stakeholders:** Local authorities, NGOs, AWWs.
- **Changes:**
 - Implement a robust monitoring system to track progress and identify challenges.
 - Provide ongoing support and mentoring for AWWs.

3. Community Engagement Programs:

- **Key Stakeholders:** Parents, community leaders, AWWs.
- **Changes:**
 - Conduct awareness programs for parents on the importance of early childhood education.
 - Facilitate community engagement sessions to encourage support for the initiative.

Phase 3: Year 3 - Model Center Establishment (Months 25-36)

Key Changes:

1. Evaluation and Refinement:

- **Key Stakeholders:** Education specialists, AWWs, local authorities.
- **Changes:**
 - Conduct a comprehensive evaluation of the program's impact.
 - Refine lesson plans and implementation strategies based on evaluation results.

2. Scaling Up:

- **Key Stakeholders:** Government agencies, NGOs, local authorities.
- **Changes:**
 - Identify successful practices and replicate them across all Anganwadi centers.
 - Advocate for policy changes to institutionalize the use of NCF-FS 2022 lesson plans.

3. Capacity Building for Sustainability:

- **Key Stakeholders:** AWWs, local education authorities.
- **Changes:**

- Develop a sustainable capacity-building program for AWWs to continue professional development.
- Establish mechanisms for continuous improvement and adaptation.

Key Resources Required:

1. Training Resources:

- Training modules, trainers, and training materials.

2. Educational Materials:

- Books, learning aids, toys, and other resources aligned with the lesson plans.

3. Monitoring and Evaluation Tools:

- Systems for tracking progress, collecting feedback, and evaluating impact.

4. Community Engagement Resources:

- Awareness campaign materials, and community event resources.

Timeline:

- **Months 1-12:** Pilot implementation and training.
- **Months 13-24:** Full implementation, monitoring, and community engagement.
- **Months 25-36:** Evaluation, refinement, scaling up, and capacity building.

Potential Challenges and Mitigation Strategies:

1. Resistance to Change:

- **Mitigation:** Conduct extensive awareness campaigns, involve community leaders, and showcase early positive outcomes.

2. Resource Constraints:

- **Mitigation:** Seek partnerships with NGOs, leverage government funding, and encourage community contributions.

3. Community Engagement:

- **Mitigation:** Establish open communication channels, involve community members in decision-making, and address concerns promptly.

4. Staff Burnout:

- **Mitigation:** Provide ongoing support, recognition, and opportunities for professional growth to prevent burnout among AWWs.

5. Scaling Challenges:

- **Mitigation:** Develop a phased scaling strategy, learning from pilot experiences, and securing necessary resources for expansion.

This phased implementation plan is designed to gradually transform Anganwadi centers in Raipur District into model centers, emphasizing stakeholder engagement, resource allocation, and continuous improvement to achieve sustainable results. Regular monitoring and adaptation will be key to success.

Annexure:

Annexure_1:

NIPUN Bharat (Measuring Parameters)

*NIPUN Bharat's **Developmental Goal 1**, prioritizing children's health and well-being, aligns seamlessly with National Curriculum Framework (NCF) Curricular Goals and Competencies. It emphasizes cultivating habits for safety, fostering a fit body, and nurturing emotional intelligence. Mapped to NCF, it correlates with competencies in self-awareness, self-regulation, decision-making, and pro-social behavior. Additionally, it aligns with competencies focusing on healthy habits, hygiene, sanitation, gross and fine motor skills, and sports participation. In essence, NIPUN Bharat emphasizes holistic well-being and skill development in children.*

*Focusing on **Developmental Goal 2** aims to foster effective communication skills in children. Curricular Goals (CG) such as CG-9 and CG-10 emphasize developing proficiency in two languages, fluency in reading and writing, and the ability to express emotions through visual and performing arts. This aligns with the NCF Competencies, where NIPUN Bharat emphasizes competencies like listening with comprehension, creative self-expression, and vocabulary development.*

*For **Developmental Goal 3**, centered on children becoming involved learners, NIPUN Bharat addresses sensory development, cognitive skills, and concepts related to the environment. Curricular Goals like CG-2 and CG-7 stress sharpness in sensory perceptions, understanding cause-and-effect relationships, and developing habits of learning. Corresponding NCF Competencies involve sensory differentiation, observation, curiosity, and experimentation.*

In the realm of number sense and operations (Developmental Goal 3), NIPUN Bharat focuses on competencies related to counting, numeral recognition, and basic arithmetic operations. This aligns with NCF Competencies like numeral recognition, sense of order, and number operations.

Additionally, NIPUN Bharat integrates aesthetic and cognitive development, emphasizing creativity, collaboration in the arts, and adherence to classroom norms. This resonates with NCF Competencies related to artistic expression, collaborative work, and following norms.

Ultimately, NIPUN Bharat strives to holistically nurture children's communication, sensory, mathematical, and artistic skills, aligning closely with the broader goals outlined in the National Curriculum Framework.

Annexure_1.2:

Challenges in Anganwadi Centers (AWCs):

*1. **Malnutrition Interventions:** Despite efforts, 31.4% of AWCs struggle to effectively provide interventions for child malnutrition, creating a gap in reaching a significant portion of the target population.*

*2. **Medical Infrastructure:** AWCs face a shortage, with 22.5% lacking essential medication to treat ill children, revealing gaps in medical infrastructure and resources.*

*3. **Infrastructure Deficiency:** Inadequate space affects 41% of AWCs, impacting the quality of early childhood care. Only 59% have sufficient infrastructure.*

*4. **Focus on Early Childhood Education (PSE):** Attention to Psycho-Social Education (PSE) is deficient, as noted in previous evaluations, compromising the holistic development of children.*

*5. **Limited Resources:** Challenges stem from funding constraints and insufficient materials for effective early childhood care and education.*

*6. **Infrastructure Deficiencies:** Many AWCs struggle with inadequate infrastructure, lacking proper facilities and learning environments essential for children's holistic development.*

7. **Staffing Issues:** Shortages in qualified and trained staff members pose a challenge, impacting the quality of education and care provided in Anganwadi Centers.

8. **Health and Nutrition Gaps:** Despite efforts, AWCs may encounter challenges in addressing the health and nutritional needs of children due to limitations in healthcare resources and awareness programs.

9. **Limited Community Engagement:** AWCs may face difficulties in actively engaging with local communities, affecting their ability to create a collaborative and supportive environment for children's development.

10. Addressing these challenges requires concerted efforts, increased investment, and strategic planning to enhance the effectiveness of Anganwadi Centers in catering to the needs of children from disadvantaged backgrounds.

Challenges in Assessing Early Childhood Education (ECE) Quality and Child Outcomes:

1. **Limited Research:** A scarcity of comprehensive studies hinders the understanding of the relationship between ECE quality and child outcomes in developing countries.

2. **Quality Variability:** Ensuring consistent and high-quality ECE programs poses a challenge across diverse settings with variations in resources, training, and infrastructure.

3. **Data Availability:** Reliable and consistent data for evaluating the long-term effects of early childhood interventions are often limited, hindering robust conclusions.

4. **Diversity of Program Types:** The coexistence of various ECCE programs makes it challenging to establish universal criteria for assessing quality.

5. Long-term Impact Assessment: *The paucity of robust evidence on the long-term effects of early childhood interventions poses challenges in understanding sustained impacts on cognitive and psychosocial development.*

6. Resource Constraints: *Limited resources in developing countries may impede the implementation of high-quality ECE programs.*

7. Inadequate Utilization: *A significant challenge is the insufficient utilization of preschool education services, with many children attending for minimal durations.*

8. Limited Duration of Attendance: *The mean number of hours spent in preschool education per day is reported as 2.8, highlighting a limitation in the duration of preschool education provided by Anganwadi Centers.*

9. Equitable Access Issues: *Disparities in access based on socio-economic factors persist, affecting children from higher wealth quintiles and urban areas.*

10. Urban-Rural Disparities: *Urban areas face challenges in providing equitable access to preschool education.*

11. Socio-Economic Disparities: *Challenges persist in reaching children from higher wealth quintiles and urban areas, indicating potential socio-economic barriers to access.*

12. Quality of Services: *Challenges extend beyond attendance rates, with considerations about the quality of preschool education services provided in AWCs, impacting the overall effectiveness of early childhood education interventions.*

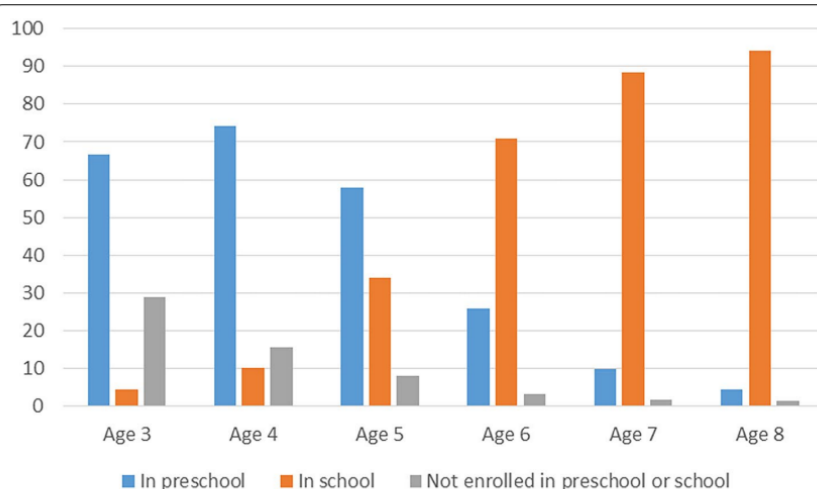
Challenges Related to Parental Demand for ECCE in Anganwadi Centers (AWCs):

1. Perceived Quality Gap: *Affluent parents often opt for private preschools based on the perception.*

Table 2 Percentage of 3- to 6-year-olds receiving preschool education (2013–2014)

		Anganwadi center	Privately run center	Not attending
Residence	Total	38.7	30.7	27.1
	Rural	46.0	22.0	28.3
	Urban	22.2	50.4	24.5
Gender	Male	37.5	31.7	27.4
	Female	40.1	29.6	26.9
Social category	SC ^a	42.3	24.9	29.4
	ST ^b	52.0	17.4	26.9
	OBC ^c	35.9	31.9	28.3
	Other	34.3	39.3	23.6
Wealth index	Lowest	51.9	8.6	34.8
	Highest	16.0	61.6	20.3

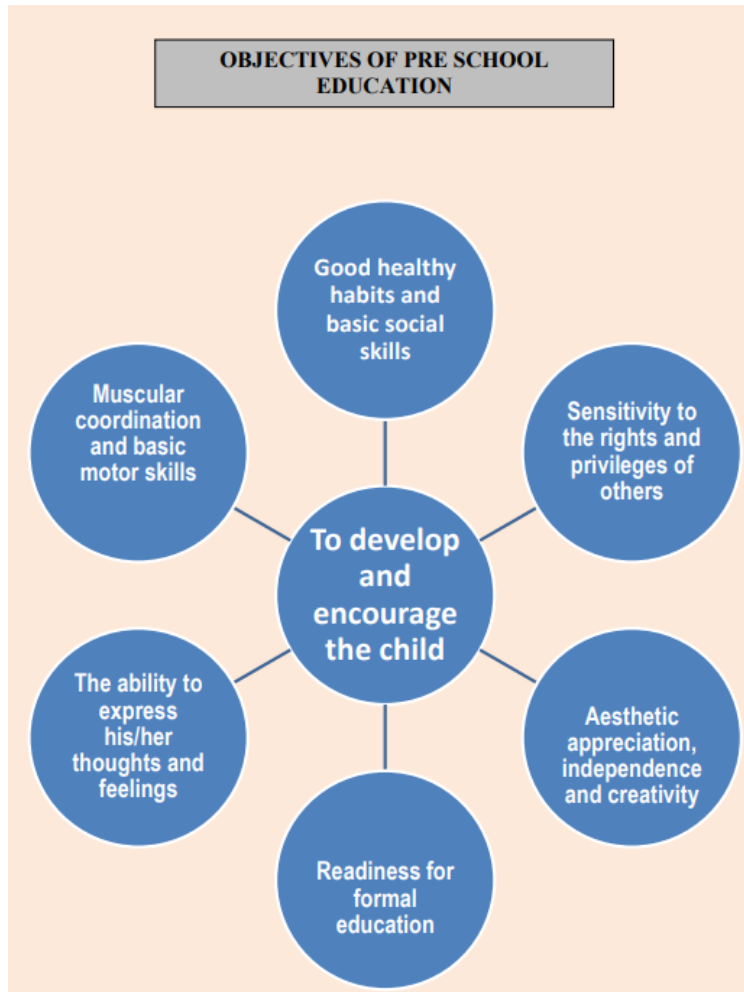
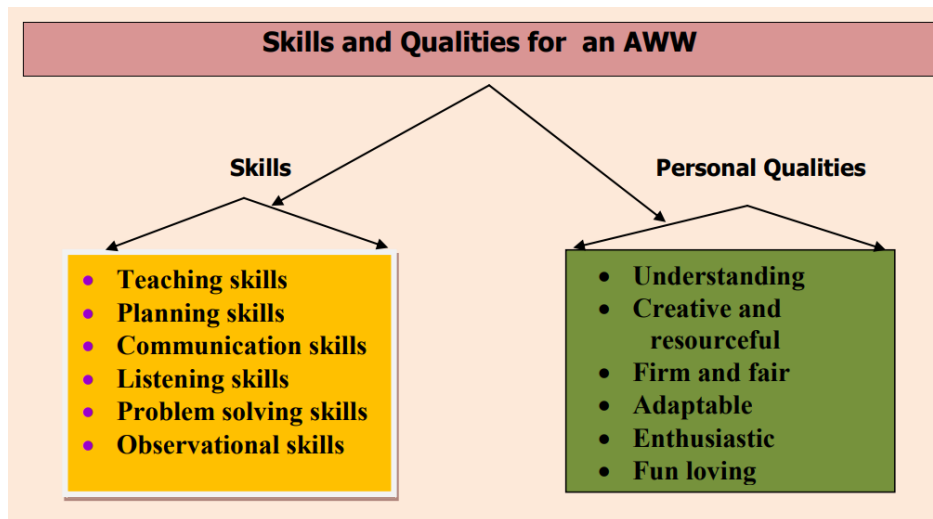
Source: Government of India (2016)

^a Scheduled Caste^b Scheduled Tribe^c Other Backward Community**Fig. 1** Enrollment status of children from 3 to 8 years in rural India in 2018 (Source: ASER 2019)**Table 1** Number of early childhood centers and estimated enrollment

Types of centers	Number of centers	Percentage of enrollment (3–6 years)	Type of service (monitoring body)
Anganwadi centers under the ICDS	1,363,000 ^a	39 ^c	Preschool education component of ICDS Focus on play-based learning; mixed age grouping (Ministry of Women and Child Development)
LKG and UKG classes in government primary schools	N.A	N.A	LKG/UKG/KG classes Academic focus; classes may be age-segregated (Department of School Education and Literacy, Ministry of Human Resource Development)
Privately run preschools	10,237 ^b	31 ^c	Nursery/LKG/UKG classes Academic focus; age-segregated classes (no monitoring body)
ECCE offered by NGOS	N.A	N.A	(No monitoring body)
Not attending any preschool		27 ^c	

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Annexure_2.1:



Annexure_2.2:

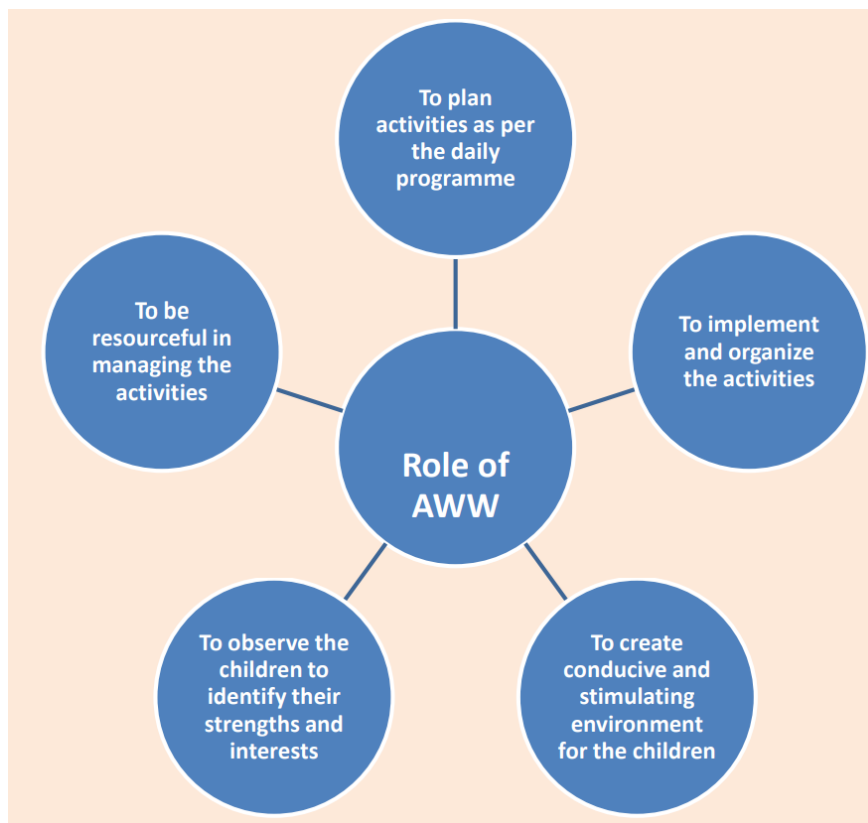
1.1 FUNCTIONS OF AN ANGANWADI.

- Supplementary nutrition
- Immunization
- Health check ups
- Referral services
- Non formal preschool education.
- Nutrition and health education.

ROLE AND RESPONSIBILITIES OF AN ANGANWADI WORKER.

- To elicit community support and participation in running the programme.
- To weigh each child every month , record the weight graphically on the growth card, use these referral cards for referring cases of mothers / children to public health centers / sub centers.
- To maintain health cards for children below six years and produce them before visiting medical/ paramedical personnel.
- To carry out a quick survey of all families especially mother and children in those families. In their respective areas of work. Once in a year.
- To organize non formal pre-school activities in the Anganwadi of children 3 to 6 years of age.& help in designing and making of toys and play equipment of indigenous origin for use in the Anganwadi.
- To organize supplementary nutrition feeding for children (0 -6) years, and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
- To provide health, nutrition, education and counseling on breast feeding / infant and young feeding practices to mothers. Anganwadi worker being close to local community can motivate married women to adopt family planning / birth control measures.

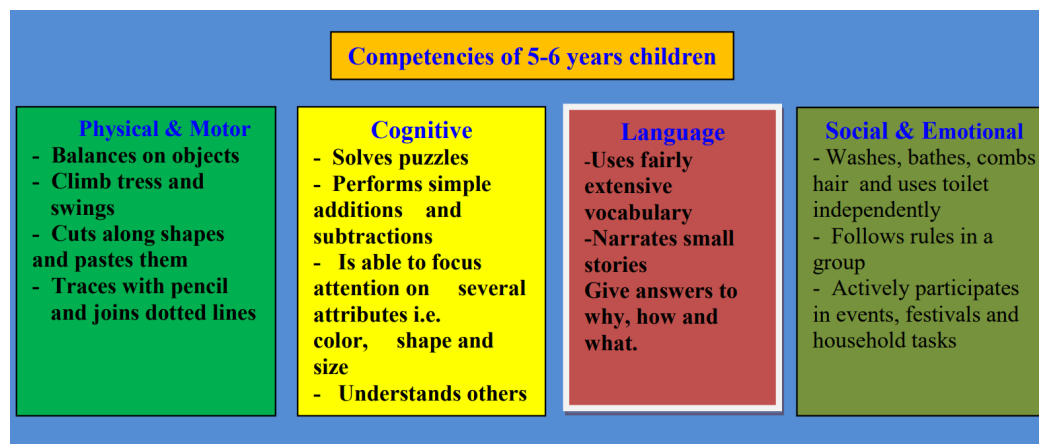
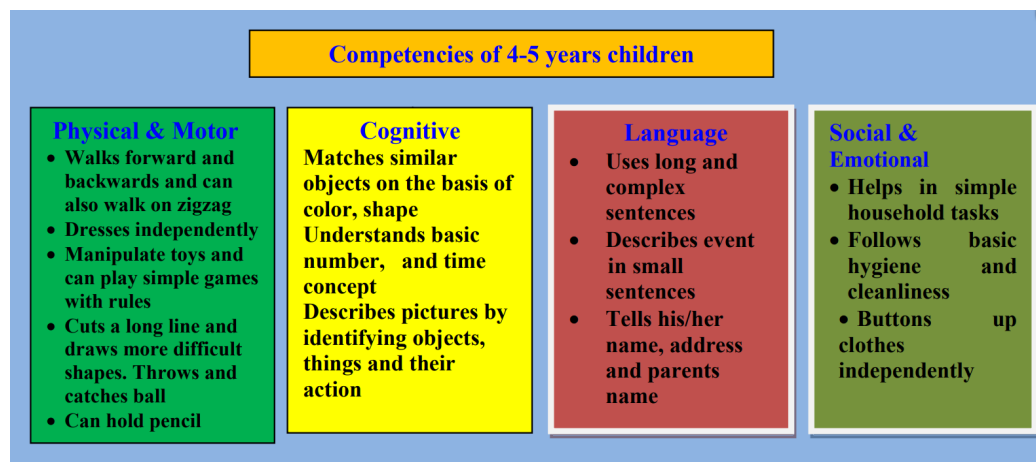
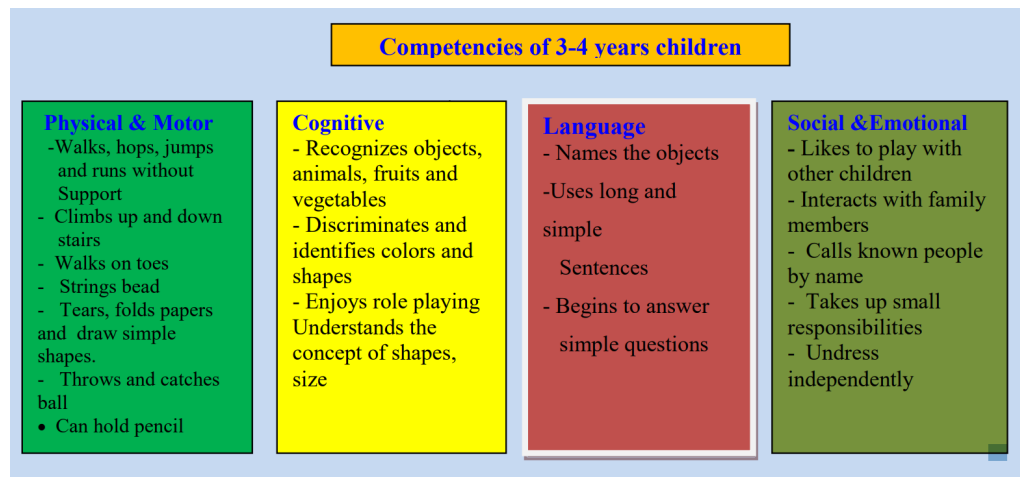
- Anganwadi workers shall share the information regarding / relating to births that took place during the month with the panchayat secretary/ gram sabha sewak/ANM, who so ever has been notified as registrar of births/deaths in that village.
- To make home visits for educating parents to enable mothers to plan an effective role in child's growth and development, with special emphasis in new born children.
- To maintain files and records as subscribed.
- To assist PHC staff in implementation of health component of the programmes such as immunization , health check up etc.
- To assist ANM in administration of IFA and vitamin A by keeping stock of both medicines.
- To share information collected under ICDS scheme with ANM.



1.3 ROLES AND RESPONSIBILITIES OF ANGANWADI HELPERS

- To cook food for children and marchers.
- To clean the Anganwadi premises daily and fetch water.
- To take care of Cleanliness of the small children.

Annexure_3:



Annexure_4:

Physical & Motor Development

- Gross Motor & Fine Motor Skills
- Essentials of Optimum Physical Development
- Activities /Games for Gross Motor Skills
- Activities for Fine Motor Skills

Cognitive Development

- Essentials for Cognitive Development
- Development of Basic Skills
- Activities for Sensory Development
- Activities for Mental Skills
- Activities for Concept Development

Language Development

- Essentials for Language Development
- Games/Exercises for Language Development
- Activities for Language Development
- Development of Listening Skills
- Development of Reading Skills
- Development for Writing Skills

Development of Science Experience & Creative Expression

- Areas of Creative Expression
- Science Experience Activities

Social & Emotional Development

- Essentials for Social & Emotional Development
- Activities for Social-Emotional Development
- Games for Socio-Emotional Development