Unlocking Anganwadis | What Teachers Need to Do

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Anganwadi centres have been shut since March 2020 due to the pandemic. For close to two years now, *anganwadi*-going children have missed the nurturing and safe environment, as well as the learning experiences. Many children will be directly going to the primary grade without ever stepping into an *anganwadi* centre. Currently, many of these children accompany their parents to their work (mainly in the fields) or are left in the care of their grandparents.

Impact of lockdown on young children

Impact on brain development

The early (0-8) years of a child is a period of growth and development. The neuron connections in the brain are formed at an exponential rate and are more extensive in these foundational years when provided with good psycho-social stimulation. Maturation and strengthening of pathways in children's brains during early childhood contribute to their holistic development. Children need experiences that enhance their growth in all domains of development, namely, physical/motor, language, cognitive, social, emotional and creative. Therefore, it is imperative to fully utilize this period for their development and learning for long-term benefits.

Closing the *anganwadis* during and after the lockdowns has resulted in children missing out the opportunity of being exposed to systematic engagements with teachers and peers, and tasks that enable quality interactions resulting in better academic and social development, particularly of children from vulnerable home environments. Missing out on the preschool period which is marked by substantial development in a child's ability to focus attention, manage emotions, and control behaviours has a developmental impact on vital school readiness skills. Depriving these children of learning opportunities widens the social gap even further.

Nutritional impact

Anganwadi children, as part of the Integrated Child Development Services (ICDS) scheme, were served hot mid-day meals daily. For many children, this was probably the only wholesome nutritious meal they get in a day. This was supplemented by eggs, milk and fortified snacks in some states. During the lockdown, the mid-day meals (MDM) scheme was disrupted, and this has affected the overall nutrition levels of children. The MDM was replaced by monthly 'take-home rations' delivered by the *anganwadi* teachers. This ration supply was not regular in some places. Even where it was supplied, there was a shortage of items.

As parents' livelihoods were impacted by the lockdowns, it would not be wrong to assume that the rations given for children were shared by the family. The daily egg that was supposed to be had by the child would likely end up in egg curry for the family. At home, typically, children get two meals a day sometimes supplemented with a cup of tea with a few salt biscuits. The main meal is normally a brunch of leftover rice mixed with water and salt with pickle; or rice with curry made of chilli powder, tamarind juice and salt. Sometimes, rice or *rotis* is had with boiled dal, salt and some locally available vegetable. Mostly, this is once again repeated for early dinner.

The Comprehensive National Nutrition Survey 2016-18[i] states that in pre-school, around 35 percent children were stunted; 17 percent were wasted; 33 percent were underweight and 11 percent were acutely malnourished. *Anganwadi* closure would have worsened this further causing a long-term impact on a generation of children.

Lost opportunities and what teachers need to do

Typically, children above 2.5 years are enrolled in *anganwadi* centres. The bulk of these enrolments happen at the beginning of the year. In a year, an *anganwadi* would have about 30-40 percent of new children, 30-40 percent of children who had been attending the *anganwadi* for less than 1.5 years, another 20-30 percent attending *anganwadi* for more than 1.5 years. *Anganwadi* teachers are

experienced in handling this multi-age group of children. Now all the children of this age group, who have not attended the *anganwadi* for almost two years, will be at the same level with respect to their exposure. Once the *anganwadi* centre opens, the teachers can start by engaging children in basic activities every day.

> Rather than starting to cover the month-wise syllabus, the teachers must focus on starting with making the children comfortable in the *anganwadi* setting. The teacher can then engage them in simple and meaningful songs, stories, indoor and outdoor play and drawing activities. For the first four to six months, there can be a common, basic set of activities for all age groups, after which, the teacher can gradually move towards age-wise additional inputs.

In addition, the teachers need to have friendly interactions with children and give them opportunities to talk about what and how they are feeling. Teachers need to encourage them to share concerns, ask questions, express their fears and feelings related to COVID-19 and its impacts that they have experienced in their families and immediate neighbourhood.

Special care needs to be taken in terms of cleanliness and physical wellbeing, by focussing on good hygiene practices among children, such as covering the mouth and nose while coughing and sneezing, washing hands frequently and avoiding touching the nose, eyes and mouth.

Group 1 - Children between 3 and 4 years

What they would have missed: These are the children who would not have attended *anganwadi* at all. They would not have had the opportunity to engage with others of the same age or slightly older in *anganwadi* as well as missed out on age-appropriate curriculum. However, they could still have 6-8 months with the 4+ age group.

What teachers can do: These children would not have attended *anganwadi,* so they need to be first oriented to the *anganwadi* centre and basic hygiene-related habit formation could be focused on by the teacher. Once the children are habituated to the *anganwadi* environment the teacher needs to spend a good amount of time (2 to 2.5 hrs) on basic conversation, story, rhymes and play.

Group 2 - Children between 4 and 5 years

What they would have missed: The 4–5-year-old children would have joined the *anganwadi* in mid-2019 or early 2020 and would have spent 6 to 9 months in *anganwadi*. They would have missed engaging with peers of the same or older age groups and engaging with age-appropriate curriculum, especially pre-numeracy and pre-literacy concepts.

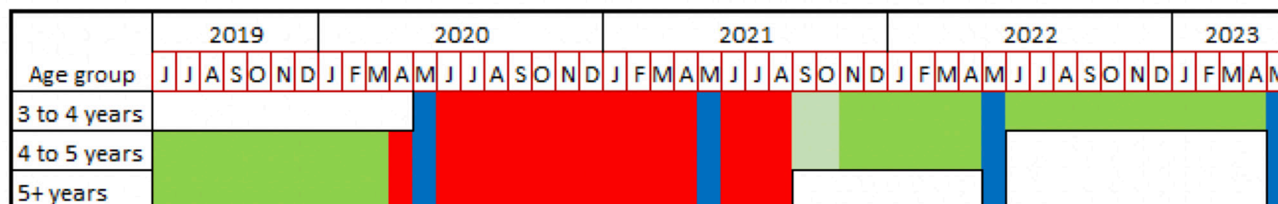
What can teachers do: Apart from engaging with the children as in Group 1, the teacher can, after 6 months, start focusing more on the pre-numeracy and pre-literacy concepts with this group of children so that they become school-ready.

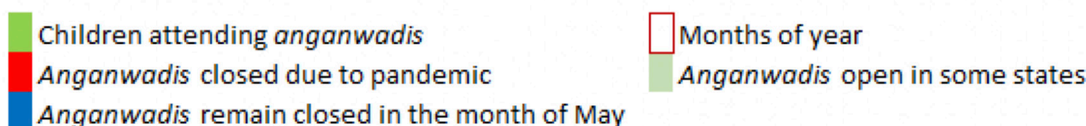
Group 3 - Children age 5+ years

What they would have missed: Children in this age group would have been exposed to the basic concepts for 6 to 9 months before the lockdown. They would not only have missed a large part of the opportunities for developing in different domains but also not have been exposed to the pre-numeracy and pre-literacy concepts which is important for joining the primary classes.

What can teachers do: These children will join the primary school (class I) directly, hence, the primary teacher should spend the first 3 to 6 months in school-readiness activities before starting the class I syllabus. Till school starts, these children can be part of the *anganwadi* activities.

To overcome the lack of proper nutrition due to the closure of *anganwadis*, additional food supplements, such as additional eggs, fortified milk and snacks for six months after anganwadis reopen can be planned.





Restart now

Anganwadi centres must be opened on a priority basis even before the opening of higher secondary, upper primary or primary schools as the anganwadi is the most localised of them all. The decision to open or close a specific *anganwadi* must be taken at the *gram panchayat* level depending on the local conditions rather than those at the state level. There are a large number of villages that have been COVID-19-free for the past six months where the *anganwadis* could have been opened.

An *anganwadi* teacher pointed out that most of the children in villages are anyway playing with each other in their *gullies*. She questioned how playing and learning in an *anganwadi* centre could be riskier than that. The teacher also added that with both parents going to work in the fields, they are more than willing to leave children in the *anganwadi* rather than taking with them to the fields and exposing them to the sun and rain or leaving them at home with grandparents. In urban or semi-urban areas, this becomes even more essential as women who are either daily-wage earners or work as domestic help have no support system at home to take care of the children. Currently, these children are left in the care of the older children.

The *gram panchayats* must be mandated to expedite vaccination and reach a target for 70 percent vaccination in their villages after which *anganwadi* centres in those specific villages should start operating.

Some of the basic preparations that the teachers must make before the *anganwadis* reopen are:

a. Ensure that the *anganwadi* is deep cleaned, as they have not been used for a long time and in some places, these were being used for storing rations for distribution.
b. Keep the place well-ventilated by keeping the windows and doors open.
c. Sanitise all the play and learning materials.
d. Build community awareness of hygiene practices.
e. If enrolment is high, the teacher may divide the children into two groups and alternate between outdoor and indoor activities for the two groups. However, preference should be given to conducting all activities outdoors if such space is available.
f. Segregate from the children all other beneficiaries, such as pregnant women and lactating mothers who come to *anganwadi* to avail of other services.

Capacity-building of the *anganwadi* teacher

Many teachers attending workshops felt that there has been a big gap in their practice, which has led to their own regression in teaching competencies. Some *anganwadi* teachers have been doing activities with children during their home visits to distribute rations. Re-engaging *anganwadi* teachers with the ECE (Early Childhood Education) work through multiple modes, such as our series of workshops, sector and project level meetings and support for them at *anganwadi* centres is necessary to ensure that they can transition back to work smoothly. Practising curricular activities should be the focus of these teacher engagements.

Prioritising the workshop sessions to focus on basic and appropriate activities, such as good hygiene habits, songs, story, play and creative activities is necessary. Teachers need to be prepared for more centre-based scaffolding in their engagements with children.

Endnotes

i Comprehensive National Nutrition Survey 2016-18 conducted by the Union Health Ministry.

References

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