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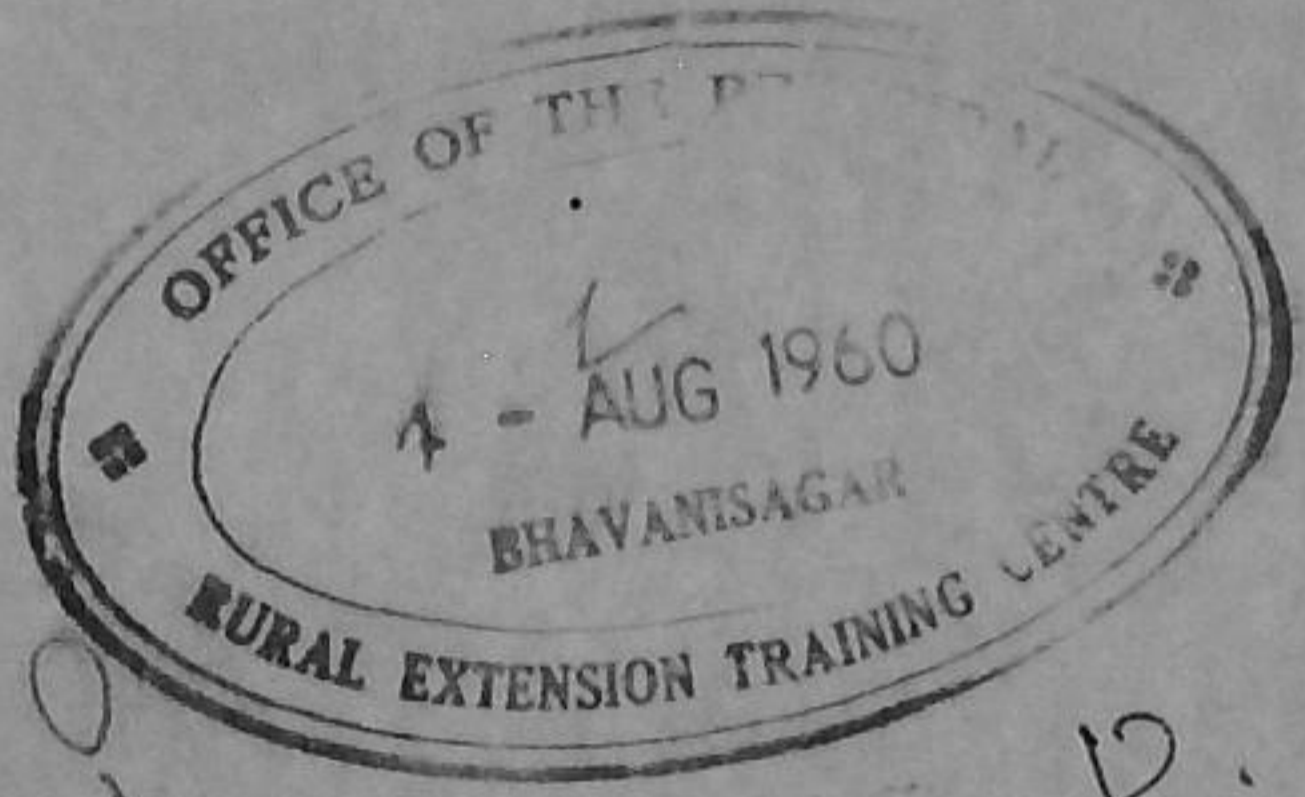
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CHILDREN'S WELFARE

AND

COMMUNITY DEVELOPMENT



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CHILDREN'S WELFARE AND COMMUNITY DEVELOPMENT

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INTRODUCTION

Centuries ago, Socrates put a question to his countrymen : "Citizens of Athens", asked he, "why is it that you turn and scrap every stone to gather wealth, and neglect your children to whom one day you must relinquish it all?" Indeed, nothing is dearer to us than the welfare of our children who are the heart of the community. It is on their well-being that the welfare of the community depends.

India's child population under 15 years of age is of the order of 178 million, a majority of which lives in the villages. Inevitably, therefore, child welfare must form an essential part of any community development programme for the rural people. A comprehensive nation-wide programme of community development in rural areas is in progress in our country since October 1952. The Community Project authorities have made child welfare an integral part of the Community Development programme in Community Project areas and National Extension Service Blocks in the First and Second Five Year Plans. Children's schools, children's centres and maternity and child welfare centres have been set up in villages to promote the welfare of children.

Children are a highly vulnerable group of the population because they possess low physical vitality. The health of the Indian child in general and of the rural child in particular is far from satisfactory, and in the absence of any kind of medical aid in the villages the infant falls an easy prey to disease. There is considerable mortality among infants due to prematurity and malnutrition. One infant out of every 10 who are born dies. Communicable diseases account for a majority of deaths among children. So the rural child needs regular health supervision, protection against diseases, and nutritious diet.

CHILD HEALTH SERVICES

Maternity and Child Welfare Centres

Faced with these facts and in order to meet the basic health requirements of the rural children, the Community Development authorities have, as part of the National Health Programme, opened maternity and child welfare centres in the Community Project areas. These centres now number 3,500 and are manned by qualified medical staff. The health visitor attached to each unit inspects infants and children at their homes and gives appropriate advice to their mothers concerning their care. The health visitor is also expected to detect and treat minor ailments, protect the child against infectious diseases through proper vaccination and inoculation at the appropriate age and to provide certain supplementary drugs and diet in order to prevent deficiency diseases.

Primary Health Centres

Primary health centres have also been set up at the headquarters of the blocks where proper medical care is given to the ailing child. About Rs. 3 crores have been provided by the States in the Second Plan for the setting up of 2,100 maternity and child health centres in association with primary health centres in the rural areas.

Training of Health Personnel

Maternity and child health centres naturally need medically trained personnel to man them. To meet this need the Community Development authorities have arranged for the training of the required number of medical and ancillary personnel. There is a scheme to provide pædiatric training in the personnel of the health centres. After training, the staff are expected to take up combined preventive and curative care of children and attend to school health in the elementary schools of the area which they serve.

Milk Feeding Programmes

Milk is the most nutritious diet for children who suffer from under-nutrition and malnutrition. Rural parents are

usually too poor to be able to afford milk for their children. Consequently, milk feeding programmes have been started by the Community Development authorities in about 4,870 maternity and child welfare centres and 3,790 schools. Children are given milk free of charge at these centres. Provision has been made in the Plan for schemes of nutritional surveys in Community Development areas.

OPENING OF PRIMARY SCHOOLS

Besides the provision of health services to protect rural children against disease, sickness and malnutrition, steps have been taken by the Community Development authorities to promote their mental welfare as well. Towards this end, primary schools have been opened in Community Development areas to provide free education. There is great enthusiasm for these schools among rural parents who are anxious that their children should learn to read and write. In 1959, villagers donated gifts worth Rs. 40 lakhs for the opening of 832 new schools in rural areas. They also donated 966 acres of land for the purpose. Similarly, gifts were also made by the villagers in 1953 when they undertook to start 321 schools.

SPECIAL PROGRAMME FOR CHILDREN

The Community Development authorities have chalked out a special programme of work for children. This programme has been made a part of the overall programme of social education. The target laid down is to provide Bal Sabhas in all villages and a children's park with playing facilities in selected villages. A children's park is located in a sufficiently large, enclosed space suitable for playing games and for gardening. The plan is that the villagers should contribute the open space and erect a fencing around it while the Government supplies equipment like swings, see-saws, slides and merry-go-rounds. The cost of this equipment averages about Rs. 250 for a children's park. In addition, trips and excursions are organised and instruction is given in personal hygiene.



Milk feeding programmes have been started by the Community Development authorities in thousands of welfare centres and schools.

Village children get ready to play an interesting game organised by gram sevikas.



CHILDREN'S PARKS

Once a children's park is ready and the equipment has been installed, school-going and non-school-going children are naturally attracted to it. Groups of these children are then formed according to age. If required, girls can have a separate group. Each group chooses its leader. The children are taught how to use the new equipment in the park. Then they learn games like Kabaddi and Kho Kho. Later on, new games are also taught. Some days in the week are reserved for other interesting programmes like singing, dancing, story-telling, and talks by visitors. The children also have group discussions and debates.

Gardening

Children take great delight in flower and vegetable gardening and these are encouraged as a hobby. Another corner of the children's park is reserved for clay modelling and other hobbies. Leaders of different groups are encouraged to keep a record of their activities. The social education organiser initiates these activities in consultation with the Gram Sevak, the local school teacher and some leading person of the village.

Bal Sabhas

Furthermore, Bal Sabhas are organised in all villages and include school-going and non-school-going children of the 6-14 age-group. Within this age-group there can be sub-groups of children between 6 and 10, and 10 and 14. The Bal Sabha can meet in the children's park if one is available in the village or on the school premises. The Bal Sabha need not be confined to school-going children only. The members should choose their leader and other functionaries by election. The leader should be given on-the-spot training by the social education organiser and further guidance by the Gram Sevak.

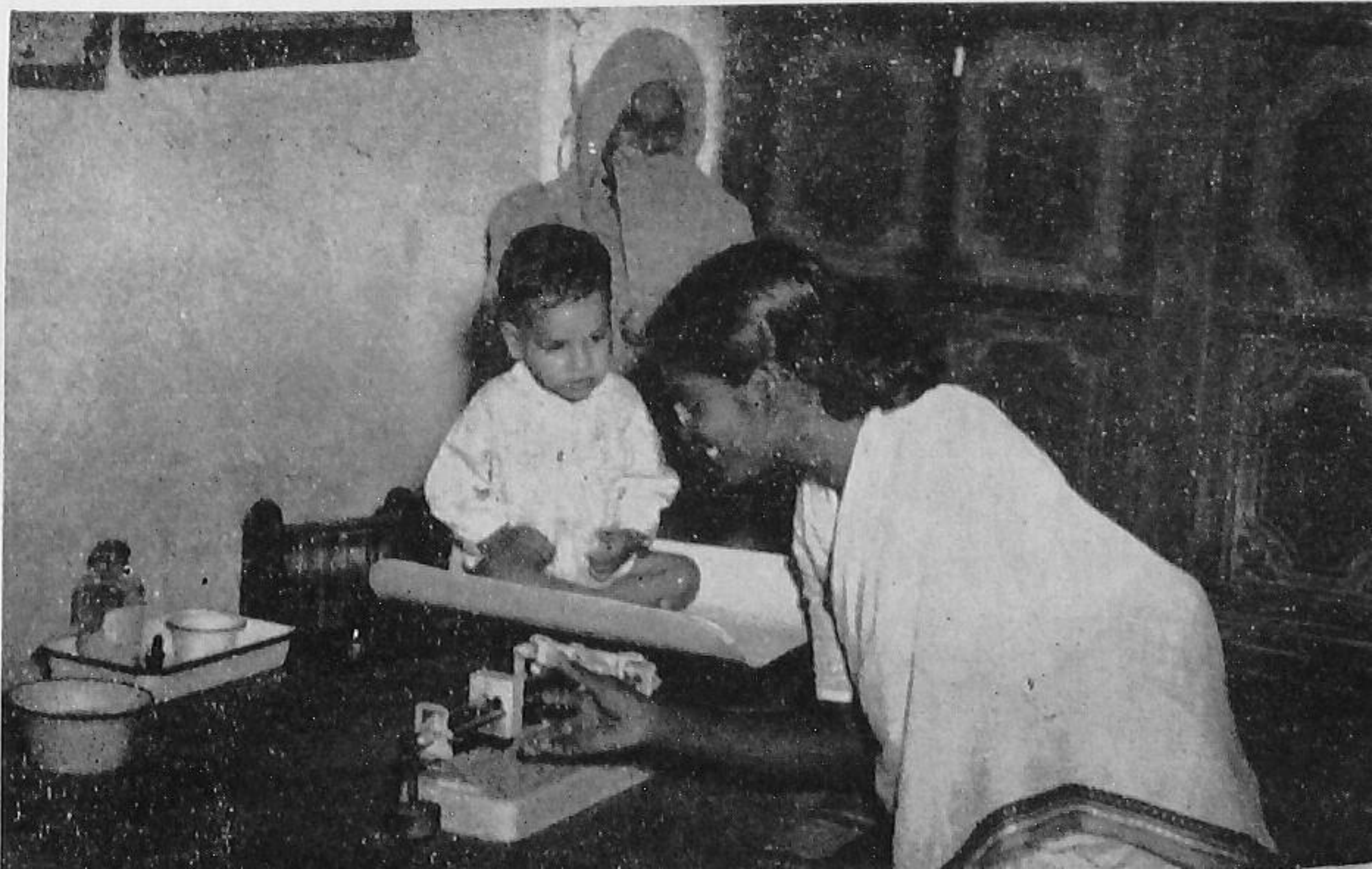
Excursions and Picnics for Children

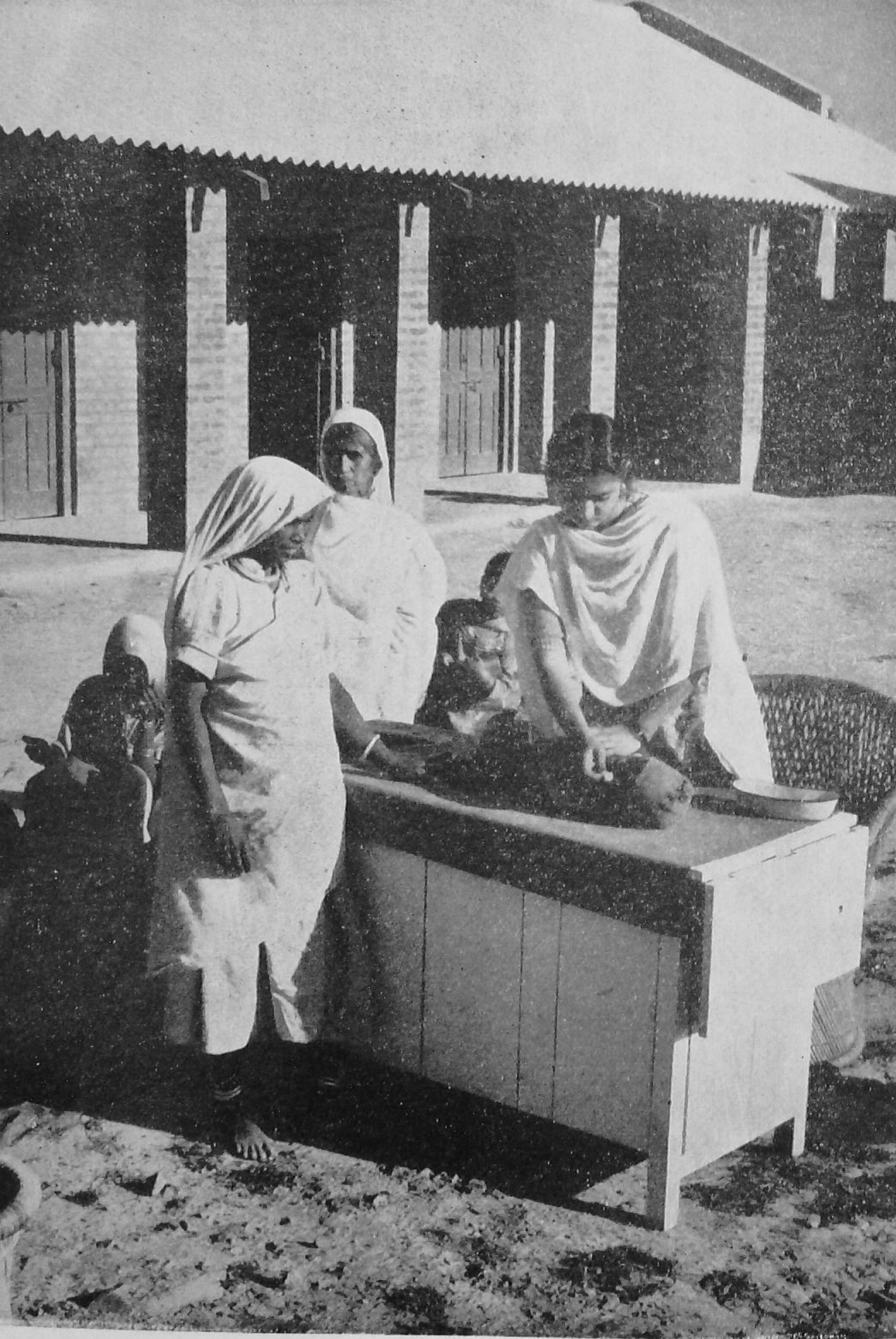
There can be many activities of the Bal Sabha. It can have a small library and hobby centres where the collection of pictures, and other things should be encouraged. Children



The children's ward at a family planning centre

A trained nurse demonstrates how a child with sore eyes should be taken care of.





"Yes, he has made good progress!" A medical attendant assures a rural mother that her child's health is up to the mark.

can be taken out on picnics to some interesting spot outside the village. Each child can bring his own tiffin with him. The Gram Sevak or the school teacher should accompany the children on such trips, and try to make them enjoyable by pointing out places of interest and by arranging outdoor games, songs, story-telling, etc.

Improvement of Personal Hygiene

Children in villages are often neglected in the matter of personal hygiene. They should be taken to bathing places and taught how to wash their bodies, cut their nails, and keep their hair clean. If it is possible, soap or soap nuts should be secured for enabling the children to wash their clothes. Such activities can easily be arranged around a picnic.

Other Activities

The Gram Sevak is expected to organise milk distribution centres for children in villages which are under his charge. Pre-primary classes are also organised in villages which have a Gram Sevika. Children below the age of 6 can be admitted to these classes. The teaching follows either the kindergarten or the Montessori method. Attempts are being made to start literacy classes for non-school-going children where their number is large and where a teacher is available. The co-operation of the village school teacher is secured in organising these classes and other social activities. When functions and festivals are celebrated in schools, non-school-going children are invited also. Honesty stores are also opened in schools for the benefit of children.

WELFARE EXTENSION PROGRAMME

The Community Project authorities have launched a welfare programme for women and children in the rural areas. This programme is being implemented by thousands of trained Gram Sevikas, who are assisted in their work by Gram Lakshmis or Gram Kakis and are guided and supervised by trained women social education organisers. The Gram Sevikas visit rural homes and by giving demonstrations teach housewives how to bathe, feed and clothe their children, comb their hair, balance and regulate their diet, wash their clothes



Baby takes a bath the right way at a maternity and child welfare centre.

and improve the sanitation of their surroundings. The Gram Sevika also urges the housewives to utilise the free milk distribution service and to get for their children, in case of sickness, medical assistance from the maternity and child health centres functioning in or near their village. She also organises *balwadis*, children's nurseries, and pre-primary classes in the area under her jurisdiction and tries to persuade the rural women to send their children, including their daughters, to school. The community centres functioning in villages situated in Community Development areas also have a children's centre for organising entertainment and literacy programmes for children. A number of *sanskar-kendras* *balwadis* and community centres have also been established in the States of Bombay, Bihar, Madhya Pradesh and Rajasthan for the welfare of tribal children. There has been great improvement in the condition of the rural child as a result of these activities.

THE CENTRAL SOCIAL WELFARE BOARD

Apart from the work done by the Community Development authorities for the welfare of village children, a good deal of work has also been done by the Central Social Welfare Board to promote the well-being of young citizens in the rural areas. The Board has done this through two main programmes. Under the first programme, it has provided grants-in-aid to existing child welfare agencies and institutions to enable them to strengthen and expand their welfare services, on the one hand, and to finance new child welfare projects, on the other. The second programme, namely, Welfare Extension Projects, is a remarkable contribution to child welfare. The Board has already established 1,576 child welfare centres in various villages. These centres provide child health and kindergarten services as well as some recreation and disciplined activity for the pre-school child. *Balwadis* (community *creches* and pre-Basic schools) have also been organised at these centres to promote the well-being of rural children. Each centre covers four or five villages and forms part of a welfare extension project, which covers nearly 25 villages. Each centre is under the charge of a trained Gram

Sevika, who is assisted by a midwife or a Dai. Each centre was set up at a cost of Rs. 25,000 during the First Plan period. By September 1957, the Board had started 430 welfare extension projects covering 9,715 villages and a population of 87 lakhs.

New Welfare Projects

Since April 1957, the Board had undertaken all work relating to the welfare of women and children in Community Development Blocks. A new type of welfare project, called an integrated welfare extension project, covering about 100 villages and a population of 60,000 to 70,000, has been established in collaboration with Community Project personnel doing welfare extension work in rural areas. A total of 1,550 welfare extension projects having 13,250 centres and covering a population of 7.15 crores living in 19,000 villages will have been set up by the end of the Second Plan period. The Board is carrying out a large-scale training programme for Gram Sevikas and others to man these projects. The Kasturba Gandhi Memorial Trust has also done excellent work in the field of child welfare in the remote rural areas. It has also carried out a programme of training for welfare extension workers doing social welfare work among rural people.

FOREIGN AID

International agencies, especially the UNICEF (United Nations International Children's Emergency Fund) and WHO (World Health Organisation) have assisted greatly in the promotion of child welfare in rural areas. UNICEF provided assistance ranging from 150,000 to 200,000 dollars to each welfare extension project in the form of equipment and supplies to be utilised for the welfare of children. To improve the maternity and child welfare services at the existing maternity and child welfare centres and to assist in the establishment of new centres in rural areas, it has supplied Maternity and Child Health equipment, drugs and diet supplements, baby scales, vitamin tablets, milk powder, etc. In all, 1,000 MCH sets have so far been received from the UNICEF and about 2,000 MCH centres have been assisted.

School Nutrition Service

In addition to the present skimmed milk programme, the UNICEF has offered to assist in sponsoring a nutrition programme for school-going children in post-intensive blocks where they number about 5,000. Under this scheme, UNICEF will provide assistance for school feeding programmes in the form of cooking and serving utensils, and snacks, which will supplement a glass of UNICEF milk at a daily cost of 1 anna per child. This works out at about Rs. 14 per child per year, counting 220 school working days. Thus, the cost per block comes to Rs. 70,000. The plan is that this cost should be shared equally between UNICEF and the Central Government or the State Government concerned. In addition, UNICEF will bear the expenditure of the equipment needed for providing safe drinking water and the cost of transporting the UNICEF milk. This will bring UNICEF's share of the expenditure on a unit of 5,000 children to about Rs. 50,000. The Government proposes to use multi-purpose biscuits which are a good diet supplement rich in proteins in these blocks.

School Gardens Programme

Another interesting programme which UNICEF proposes to sponsor is the school gardens programme, under which each child will be provided about 100 square feet of land for cultivation. It is estimated that the value of the produce thus derived would be about Rs. 3 per year for each child. A unit of 5,000 children will require 5 lakh square feet of land which will yield an annual income of about Rs. 15,000. This will be reckoned as the Government's share of financial participation. The UNICEF will supply an equal amount for tools, seeds, fertilizers, insecticides, and water supply. The last item will include the cost of pipes, pumps and the digging of wells.

It is likely that a beginning will be made by introducing this programme in at least one intensive block area in all the four regions of India, namely, North, South, East and West.

CONCLUSION

In the past, welfare of the rural community in India has been somewhat neglected. The promotion of the welfare of rural children, who form the bulk of India's child population, is of vital importance to a welfare State such as ours. Child welfare programmes have, therefore, been given a high priority in our National Plans and steps have been taken to promote the physical, nutritional, and mental well-being of rural children. But in view of the magnitude of the task, the work already done in the field of child welfare will now have to be pursued with even greater vigour. If we are to have any success, it is essential that there should be complete co-operation among the village school teacher, the Community Development personnel—especially the Gram Sevak, the Gram Sevika and the woman social education organiser—and the field workers belonging to voluntary social welfare agencies functioning in rural areas. Let us hope that social welfare workers will realise this and help one another in accomplishing the important task of bringing up the future citizens of the country.



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