Status of Anganwadi Centres for Early Childhood Care and Education (ECCE) in Paschim Medinipur District, West Bengal

Dr. Tarini Halder

Assistant Professor,
Department of Education, University of Kalyani, West Bengal, India.

Abstract: In India the Anganwadi centres emerged for early childhood care and education as a part of ICDS scheme. Present study mainly focuses on to survey the facilities available in the Anganwadi centres of Medinipur district of west Bengal and assesses the knowledge, and role and responsibilities of Anganwadi workers. The study was used descriptive survey method followed by mixed approach and take data from the 26 Anganwadi centres of Sabang block of Medinipur district. The study find out that even after 45 years of implementation of ICDS scheme there was not founded 100% better status in Anganwadi centres. The facilities of Toilet, different activities, playroom, and water are available in very little amount of Anganwadi centres. The facilities of Toilet, different activities, playroom, and water are available in little amount of Anganwadi centres and polio drop or vaccination and health check-ups facilities are totally absence. 23.08 % of Anganwadi workers who have poor knowledge about their work, 51.92% have moderate knowledge and only 25% workers who have satisfactory knowledge. 5.77 % workers who have low and 17.31% workers who have moderate role and responsibility in regulating Anganwadi centres. So it is visible that the role and responsibility is much better than the knowledge of Anganwadi workers about Anganwadi centres.

Keywords: **Facilities in Anganwadi Centres, Anganwadi workers, Knowledge, Role and Responsibilities.**

1. INTRODUCTION:

The Integrated Child Development Scheme (ICDS), was initiated nearly 35 years ago, in October 1975, in response to the evident problems of persistent hunger and malnutrition especially among children. Since then, ICDS has grown to become the world's largest early child development programme.

Anganwadi is a great intervention under this ICDS Scheme. Each Anganwadi Centre is managed by one Anganwadi Worker and one Helper, who are the grass roots functionaries to implement the Integrated Child Development Services (ICDS) Scheme.

The name Anganwadi worker is derived from the Indian word – *"Angan"*, which means the court yard (an central area in and around the house where most of the social activities of the household takes place). In rural settings, the Angan is the open place where people gather to talk, greet the guests, and socialize. Traditional rural households have a small hut or house with a boundary around the house which houses their charpoys, cattle, feed, bicycle, etc. Sometimes food is also prepared in the Angan. Some members of the household also sleep outside in open air, under the sky, in their Angans. The Angan is also considered as the 'heart of the house' and a sacred place which buzzes with activity at the break of dawn. Given the nature of this versatile nature of this space, the public health worker who works in an Angan, and also visits other people's Angans, helping with their healthcare issues and concerns, is the Anganwadi worker.

Early Childhood Care and Education (ECCE) is main focus of Anganwadi centres. According to the Asia-Pacific End of Decade Notes on Education for All 2012, created by the United Nation Educational, Scientific and Cultural Organization (UNESCO) and United Nations Children's Fund (UNICEF), "Early Childhood Care and Education (ECCE) refers to a range of processes and mechanisms that sustain and support development during period between birth and 8 years of life. It encompasses education, physical, social and emotional care, intellectual stimulation, health care and nutrition". In India the ECCE covers up to 6 years.

India ratified UNCRC in 1992 and pledged to the Education for All across the nation, which extensively contributed in the efforts of the Government of India for ECCE. Since 1951, ECCE in its holistic form i.e. child welfare, education, health and nutrition became an integral part of all the initiatives. These can be seen in the form of policies, plans, constitutional amendments, acts and schemes of Government of India. The most significant are the Five Year Plans; National Policy for Children, 1974; Integrated Child Development Services (ICDS), 1975; amendment in the National Policy on Education (NPE), 1986; Programme of Action (POA), 1992 on National policy of Education, 1986; District Primary Education Programme (DPEP); Sarva Shiksha Abhiyan (SSA); 86th Amendment Act in the Constitution under Article 45 of the Directive Principles of State Policy in part IV; National Plan of Action (NPA), 2005; Right of Children to Free and Compulsory Education Act (RTE)-2009 under Section 11, Chapter III and National Policy for

Children (NPC), 2013. These initiatives have potential that encouraged the provision and accessibility of ECCE for all children and that can be noticed in national survey reports.

2. REVIEW OF LITERATURE:

Bhowmick & Samita (2001) conducted study over West Bengal council for child welfare to assess the health status of mother and children in 3 district of West Bengal. The study found that the impact of ICDS was immense in main ting the health of mother and children and raising their level of awareness. The study recommended opening more AWC's so that the health and nutrition status of women and children could be improved.

Parikh & Sharma (2011) conducted a study on Knowledge & Perceptions of ICDS Anganwadi Workers with Reference to Promotion of Community Based Complementary Feeding Practices in Semi Tribal Gujarat. Researcher finally find out that the knowledge of AWWs with regard to key IYCF practices was average. None of the AWWs knew the complete rationale for promoting breastfeeding till 2 years and beyond. Merely 65% AWWs recommended food with thick consistency while 47% recommended liquid diets for children. These practices in fact are one of the primary reasons which can be attributed to low energy and protein intake during complementary feeding. As low as 18% AWWs advised giving small frequent feeds during illness and only 6% advised additional meal after illness. None of the AWWs recommended persistence in feeding the child with required quantity of food. Total 41% listed sickness as key reason for child not feeling hungry, missing out on the other two imperative reasons i.e. micronutrient deficiency and mouth lesion.

Desai et al. (2012) conducted a study on "Changing role of Anganwadi workers, A study conducted in Vadodara district". Study found that all the AWWs were getting incentive for participation or serving in National Health Programme apart from ICDS. Almost 80% AWWs participated in other National Health Programmes like PPI, house to house survey, selection of patients for TL in family planning programme etc. 67% AWWs worked as DOT provider for Tuberculosis patients. 33% AWWs believed that they had a load or cannot give enough time to basic activity at Anganwadi due to participation in other National Health Programmes.

Rao (2013) conducted a study on role and responsibilities of Anganwadi workers with special reference to Mysore District. The study revealed that the Anganwadi workers play a role of bridge the community and the ICDS. They play an active role in bringing the services to the door step of the beneficiaries .Anganwadi workers will be enhanced with the knowledge and their doubts will be cleared and they can deliver the services in a better manner.

Jana (2013) conducted a study on "Knowledge of Anganwadi worker about Integrated Child Development Services (ICDS): A study of urban block in Sundargarh district of Odisha. Present study find out that only 23.3% of Anganwadi worker have correct knowledge about the flattened growth line on growth chart. Similarly about 26.7% of Anganwadi workers have correct knowledge about the calories and proteins given to grade 4 malnourished child, 16.7% had correct knowledge about weight gain per year between age group 3 and 60% had correct knowledge about the average weight of a 1 year old child, and 20% knew the correct red colour mid arm circumference (MAC) strip means.

Singh et al. (2013) conducted a study on "Performance evaluation of Anganwadi Workers of Jaipur Jone, Rajasthan". The study reveals that average mean time opening of AWCs of Jaipur zone was 18.8 minutes less than the ideal duration of 240 minutes per day. Maximum gap in registration (93.52%) was observed in adolescent registration. Supplementary nutrition distribution was 84.94%. 23.33% children of 3-6 years of age group attended PSE more than 20 days. 65% 12-24 years children were fully immunized. Referrals were received by surveyed ANMs from 30% of AWWs.

Kumar & Gupta (2014) conducted a study on "Evaluation of Integrated Child Development Services (ICDS) scheme: A comparative study." The finding of the study are (i) There has been no significant difference in the age and sex composition of the children of ICDS and non ICDS (ii) No significant difference was found in ICDS group regarding the main occupation of the families and a majority of the children in both groups belonged to the main occupation of the families having agriculture.

Makadia et al. (2016) conducted a study on Comparative study to assess functions of NGO and Government managed Anganwadi centres of Ahmedabad city, Gujarat, India. The study find out that most of AWCs were running as a part of house on rent. Proper way of display of information was found more among NGO managed AWCs (80%). Malnourished children were found more in Govt. managed AWCs than NGO managed. This difference was statistically significant (<0.05).

Baliga & Walvekar (2017) conducted a study on "A study on knowledge of Anganwadi workers about integrated child development services at three urban health centers". The study find out that 88.16% of Anganwadi workers had better knowledge on immunization and supplementary nutrition and only 45.39% of them had knowledge regarding referral services. No relationship was found between the educational\qualification of the worker and her knowledge about different services provided by her (p=0.660).

3. OBJECTIVES OF THE STUDY:

(i) To find out the available facilities at Anganwadi centres for early childhood care and education for children below 6 years.

(ii) To find out the knowledge of Anganwadi workers about early childhood care and education for children below 6 years.

(iii) To find out various roles and responsibilities performed by Anganwadi workers at Anganwadi centres for early childhood care and education.

4. METHOD:

The present study was carried out with the descriptive survey method followed by the mixed data analysis approach.

5. POPULATION AND SAMPLE:

All the Anganwadi centres of Paschim Medinipur district (of West Bengal, India) has been taken as population. Paschim Medinipur district having 23 blocks and the present study selected sample fromone block that is Sabang block. In Sabang block having 232 villages and 319 Pre-primary schools(Census 2011). Finally, the researcher has taken 26 Anganwadi centres and 52 workers (2 from each centre) from 13 villages as sample for data collection. The study was followed two sampling techniques for three steps of sample collection.

Table-1: Sample Collection and Distribution

Sl. No.	Name of Villages	Number of Anganwadi Centres are Taken	Number of Anganwadi Worker
1	Kundra	2	4
2	Bural	3	6
3	Ruinan	3	6
4	Sabang	2	4
5	Debhog	2	4
6	Dashagram	1	2
7	Chandkuri	2	4
8	Kapasda	3	6
9	Hariharpur	2	4
10	Khepal	2	4
11	Bisnupur	2	4
12	Lutunia	1	2
13	Benia	1	2
Total		26	52

6. TOOLS:

Researcher has used self made tool for the study. Two tools had been used to conduct the survey.

(i) To know about the facilities provided to the Anganwadi centre by the government, a check-list with 13 items were prepared for the study.

(ii) A questionnaire was made and standardized to know the knowledge, and role and responsibilities of Anganwadi workers about Early Childhood Care and Education. 19 items were made for the questionnaire (9 for knowledge and 10 for Role and Responsibilities).

7. DATA ANALYSIS, INTERPRETATION:

7.1. To find out the proper facilities at Anganwadi centres for early Childhood Care and Education below 6 years:

This aspect deal with the facilities of Anganwadi centre for 0-6 year children and the items in the tool tried to find out the facilities in Anganwadi centres.

Table –2: Facility index at Anganwadi centers

Item No.	Facilities	Responses			
		YES		NO	
		F	%	f	%
1	Room	19	73.08%	7	26.92%
2	Sitting arrangement	15	57.69%	11	42.31%

3	Toilet	2	07.69%	24	92.31%
4	Curriculum	10	38.46%	16	61.54%
5	Teaching material	9	34.62%	17	65.38%
6	Different activity	5	19.23%	21	80.77%
7	Playroom	3	11.54%	23	88.46%
8	Weight machine	24	92.31%	2	7.69%
9	First-aid kit	26	100%	0	00%
10	Hot cooked meal	26	100%	0	00%
11	Polio drop or vaccination	0	00%	26	100%
12	Health check-ups	0	00%	26	100%
13	Water	5	19.23%	21	80.77%

Interpretation:

After the data collection, the researcher had observed that all facilities were not available in each Anganwadi centre. On the basis of table the status of different facilities of Anganwadi centres are one by one interpreted in bellow.

- Room is an important part of Anganwadi centre. From the table it is clear that the room were available at 19 out of 26Anganwadi centres whereas at 7Anganwadi centres don't have own room, it means 73.08% Anganwadi centres had rooms whereas 26.92% Anganwadi centres had no rooms. The Anganwadi worker had worked in the home of other people, field, or courtyard area where rooms were not available at Anganwadi Centres.
- After that Anganwadi workers had told that sitting arrangement is sufficient at the 15 (57.69%) centre and 11 (42.31%) Anganwadi workers told that at Anganwadi centre they had no sufficient sitting arrangement. According to the data 42.31% Anganwadi centres had no sitting arrangement facilities but the Anganwadi worker teach the students in a small area. The community members had arranged a sitting place for children for reading, writing and other activities.
- 24 centres don't have toilets whereas only 2 centres have toilets. So, it is find out that almost all (92.31%) the Anganwadi centres suffer from the lack of toilets.
- The table shows that there are 10 or 38.46% Anganwadi centres in which workers followed a curriculum and 16 or 61.54% centres don't followed any curriculum but they known about the curriculum.
- Only 9 Anganwadi workers agree that in the Anganwadi centre, they had teaching materials but workers of 17 Anganwadi centres told that they had no teaching material. Therefore according to the responded it is clear that 34.62% Anganwadi centres had teaching materials and other 65.38% Anganwadi centres had no teaching materials for the students.
- According to the data only 19.23% Anganwadi centre had been organized different activities for different age group children but 80.77% Anganwadi centres had not organised different activities for the children.
- Only 11.54% Anganwadi centres had play rooms but other Anganwadi centres 88.46% had no play rooms.
- Weight Machine was available in most of the Anganwadi centres (92.31%) whereas only 7.69% of Anganwadi centres had no weight machine.
- First-aid kid and hot cooked meal were available in all the 26 Anganwadi centres (100%).
- According to the data in all Anganwadi centres had no facility of polio drop or vaccination for children, at present day these facilities were provided by nurse in health centres. In some years ago the Anganwadi workers services these facilities and also health check-up facilities had provided by ANM (nurse). But at present time also health check-up facilities were not provided in the Anganwadi centres.
- Only 5 Anganwadi workers told that available facilities of water were there. So, 19.23% Anganwadi centres had water facility. Other 21 Anganwadi workers told that they had no water facility. Therefore, 80.77% Anganwadi centres had no facility of water. The Anganwadi workers arranged the water near tube oil or other sources of water.

7.2. To explore the knowledge of Anganwadi workers about Early Childhood Care and Education for children below 6 years:

This aspect deals the knowledge of Anganwadi workers about Early Childhood Care and Education and the items in the tool tried to find out the knowledge of Anganwadi workers. For this objective the researcher used self made close ended questionnaire includes nine items.

Table–3: Knowledge of Anganwadi workers about ECCE for children below 6 years

Sl. No.	Score Range	Respondent	Percentage	Levels of knowledge about ECCE
1	09-17	6	11.54%	Very Low
2	18-24	6	11.54%	Low

3	25-31	27	51.92%	Moderate
4	32-38	11	21.15%	High
5	39-45	2	3.85%	Very High

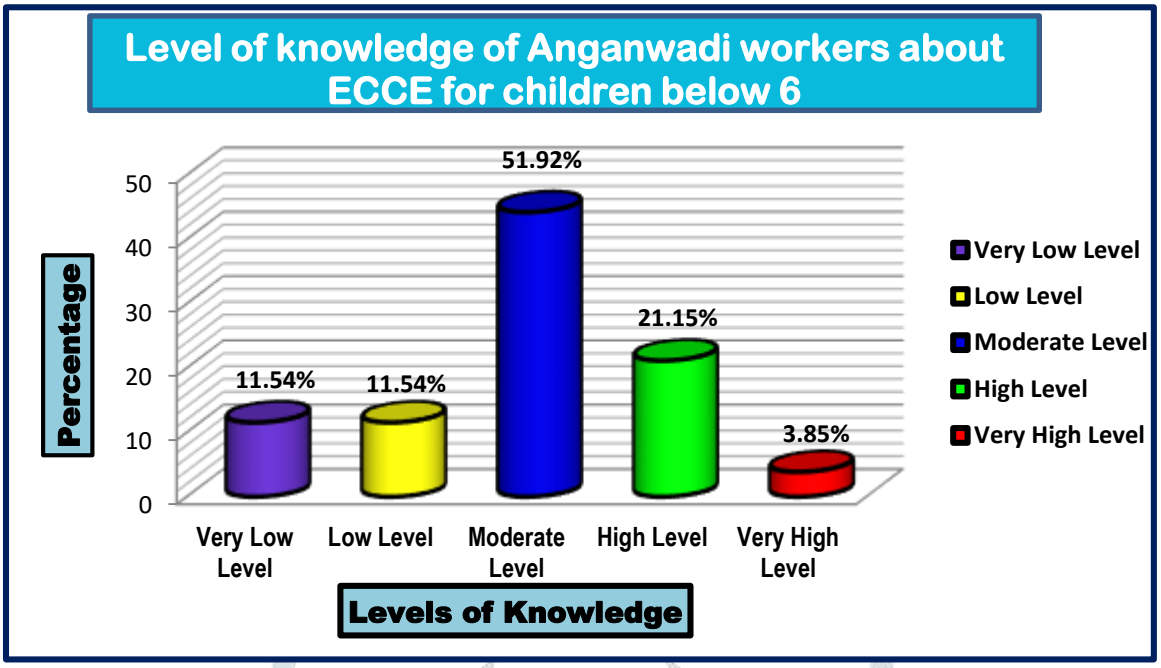

Figure – I

Interpretation:

The *table-3* and *figure-1* representing knowledge levels of Anganwadi workers in Paschim Medinipur district.Total respondents are distributed in five categories (levels) e.g. Very High, High, Moderate, Low, and Very Low. It is visible that there are 11.54 % of Anganwadi workers who have knowledge in each of very low and low level. Whereas 51.92% of Anganwadi workers having moderate level of knowledge and 21.15% having high knowledge and 3.85% having very high level of knowledge. So it is interpreted that, there are 23.08 % of Anganwadi workers those who have poor knowledge (low and very low) about Anganwadi, it means they are not eligible to maintain the Anganwadi education, although there are greater percentage of Anganwadi workers who have moderate to very high knowledge about Anganwadi.

7.3. To find out various roles and responsibilities performed by Anganwadi workers at Anganwadi centres for Early Childhood Care and Education:

This aspect deals with Role and Responsibility of Anganwadi workers for Early Childhood Care and Education. For this objectives the researcher had been used 10 questions and these question are close ended.

Table-4: Various roles and responsibilities performed by Anganwadi workers at Anganwadi centre for ECCE

Sl. No.	Range of Score	Respondents	Raw Score	Level of Role and Responsibility
1	**10-18**	**0**	**0%**	**Very Low**
2	**19-26**	**3**	**5.77%**	**Low**
3	**27-34**	**9**	**17.31%**	**Moderate**
4	**35-42**	**28**	**53.85%**	**High**
5	**43-50**	**12**	**23.08%**	**Very High**

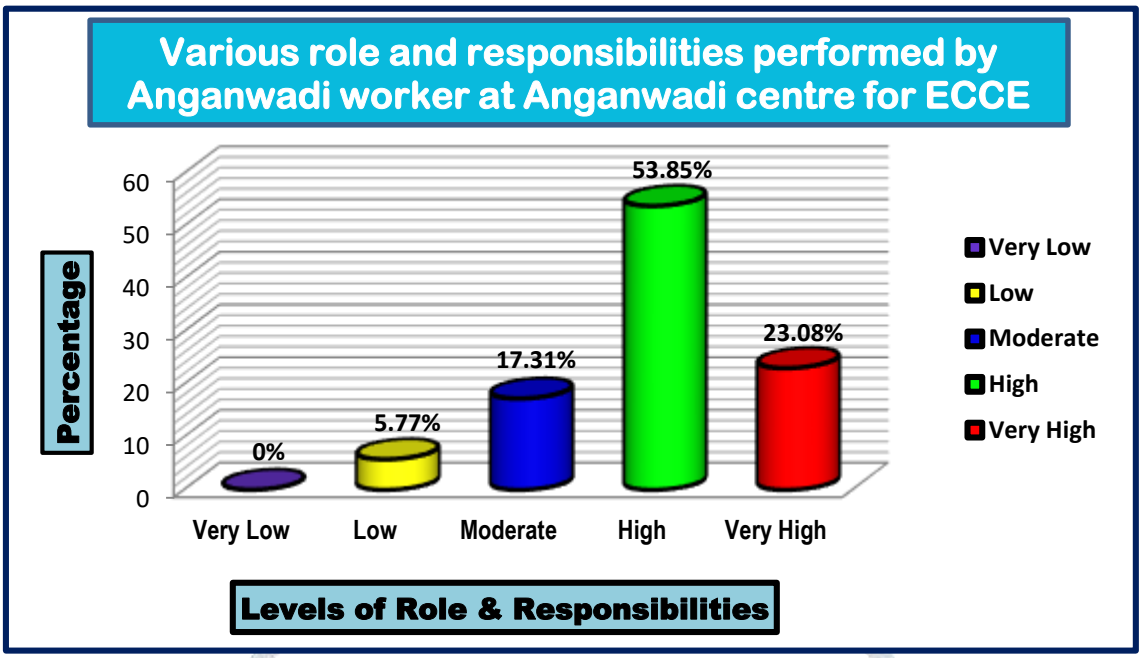

Figure-II

Interpretation:

According to*table-4* and *figure-II* it is visualized that no one Anganwadi workers responded in the very low level of category. After that only 3 Anganwadi workers responded in the low level of category. Therefore only 5.77% Anganwadi workers fall in this category and performed various role and responsibility for Early Childhood Care and Education in Anganwadi centres. Only 17.31% Anganwadi workers fall in the moderate level of category therefore only 9 Anganwadi workers responded in this category. According the data most of Anganwadi workers responded in high level of category which is 53.85% of Anganwadi workers (28 out of 52) fall in the high level of category. So, it is visualized that most of Anganwadi workers performed high level various role and responsibilities at Anganwadi centre for Early Childhood Care and Education. According to the table only 12 Anganwadi workers responded in the very high level of category therefore only 23.08% of Anganwadi workers performedvarious role and responsibility at Anganwadi centre for Early Childhood Care and Education.

8. DISCUSSION AND CONCLUSION:

Even after 45 years of implementation of ICDS scheme there was not founded 100% better status in Anganwadi centres. There was Some centres in which the researcher founded that the room is not available, don't have proper sitting arrangement, don't have any curriculum, don't have weight machine and also founded that some facilities are very poorly available i.e. Toilet, different activities, playroom, and water. Polio drop or vaccination and health check-ups facilities are totally absence. It is good thinks that first-aid and hot cooked meal facilities are available in all centres. So, it is needed to take immediate steps by the Government for avail of all the facilities in every Anganwadi centre.

Generally it is expected that, any worker must have full knowledge about the work so that they can able to completely perform in their work. But the researcher founded that 23.08 % of Anganwadi workers who have poor knowledge about their work, 51.92% have moderate knowledge and only 25% workers who have satisfactory knowledge. So the condition of 23.08% and 51.92% workers are not appropriate for Anganwadi centres. It can be recommend that, diploma course, refresher course, summer course should be introduce and more and more seminar, workshop, conference should be organized on Anganwadi centre, ICDS scheme and ECCE for improve the knowledge of Anganwadi workers about Anganwadi.

Role and responsibilities of stakeholders plays most important backbone to achieve objectives of any centre as scheme implementation. Anganwadi workers as stakeholders of Anganwadi centres have some role and responsibilities to fulfill the objectives of ECCE and ICDS. So, we expect highly responsibilities from the Anganwadi workers otherwise the Governmental schemes ECCE and ICDS will be failed. But the study found that there are 5.77 % workers who have low and 17.31% workers who have moderate role and responsibility in regulating Anganwadi centres which is unexpected. So, it is needed in future to take proper steps to make highly responsible of 23.08% Anganwadi workers who have low and moderate role and responsibilities at Anganwadi centres by find out the cause behind the lack of high role and responsibilities.Therefore it is concluded that the role and responsibility is much better than the knowledge of Anganwadi workers about Anganwadi centres.

9. REFERENCES:

[1] Baliga, S.S., & Walvekar, P.R. (2017). A study on knowledge of anganwadi workers about integrated child development services at three urban health centers. *International Journal of Community Medicine and Public Health*, Vol. 4, Issue 9, pp.3283-3287. Retrieved from http://dx.doi.org/10.18203/2394-6040.ijcmph20173829

[2] Chandra, R., Gulati, R., & Sharma, A. (2017). Quality Early Childhood Care and Education in India: Initiatives, Practice, Challenges and Enablers. *Asia-Pacific Journal of Research in Early Childhood Education*, Vol.11, No.1, pp.41-67.

[3] Datta, V. 2001. Factors Affecting Job Performance of Anganwadi Workers: A Study of Three Districts of Maharashtra. *DCWC Research Bulletin*, XII (3), 158.

[4] Davey A, Datta U 2004. The Functioning of Anganwadi Centers in Urban Slums of Delhi. Delhi: National Institute of Health and Family Welfare.

[5] Department of Women and Child Development (DWCD)-Ministry of Human Resource Development (MHRD).(2005). National Plan of Action (NPA), New Delhi.

[6] Desai, G., Pandit, N., & Sharma, D. (2012). Changing role of Anganwadi workers, A study conducted in Vadodara district. *HealthLine*, Vol. 3, Issue 1, ISSN 2229-337X.

[7] Government of India.Integrated Child Development Services (1995): Dept. of Women and Child Development, Ministry of Human Resources Development, New Delhi, 1-24.

[8] Jagannath& Dinesh, G.M. (2014). Role and Responsibilities of Anganwadi Workers– A Case Study of Davana Gere City.*Contemporary Research in India*, Vol. 5, Issue 2, ISSN 2231-2137.

[9] Makadia, K.D., Barot, D.B. & Shah, Y.R. (2016). Comparative study to assess functions of NGO and Government managed anganwadi centres of Ahmedabad city, Gujarat, India. *International Journal of Community Medicine and Public Health*, Vol. 3, Issue 9, pp.2605-2609. Retrieved from http://dx.doi.org/10.18203/2394-6040.ijcmph20163082

[10] Ministry of Women and Child Development.(2013a). National early childhood care and education (ECCE) curriculum framework. New Delhi: Government of India.

[11] Ministry of Women and Child Development.(2013b). Quality standards for Early Childhood Care and Education (ECCE). New Delhi: Government of India.

[12] N.C.E.R.T. (2006).National Focus Group on Early Childhood Care and Education. New Delhi: Sri Aurobindo Marg. Retrieved from http://www.ncert.nic.in/new_ncert/ncert/rightside/links/pdf/focus_group/early_childhood_education.pdf

[13] Parikh, P., & Sharma, K. (2011). Knowledge & Perceptions of ICDS Anganwadi Workers with Reference to Promotion of Community Based Complementary Feeding Practices in Semi Tribal Gujarat. *National Journal of Community Medicine*, Vol. 2, Issue 3, pp 457-464.

[14] Parikh, P., & Sharma, K. (2011). Knowledge & Perceptions of ICDS Anganwadi Workers with Reference to Promotion of Community Based Complementary Feeding Practices in Semi Tribal Gujarat. *National Journal of Community Medicine*, Vol. 2, Issue 3, pp.457-464.

[15] Sandhyarani, M.C. & Rao, C.U. (2013).Role and Responsibilities of Anganwadi Workers, with Special Reference to Mysore District.*International Journal of Science, Environment and Technology*, Vol. 2, No. 6, P.1277–1296.

[16] Sheeranjan&Awathi, A.S. (2010). Early Childhood Care and Education: Indian Perspective. World Conference on Early Childhood Care and Education, 2010, Moscow, Russian Federation.

[17] Singh, D., Gaur, K.L., & Sharma, M.P. (2013).Performance evaluation of Anganwadi Workers of Jaipur Jone, Rajasthan.*International Journal of Engineering Science Invention*, Vol. 2 Issue 4, PP.28-34.

[18] Udani, R., Choutani, S., Arora, S., Kulkarni, CS. 1980.Evaluation of Knowledge and Efficiency of Anganwadi Worker.*Indian Journal of Pediatrics*, 47(4): 289-292.

10. APPENDIX:

Scale on Knowledge, and Role and Responsibility of Anganwadi Workers for Early Childhood Care and Education (ECCE)

NAME……., AGE…….……..,

EDUCATIONAL QUALIFICATION…..……, VILLAGE……...……..……,

BLOCK ……..……..……, DISTRICT ……..……

NAME OF CENTRE……..……..……

Instruction:

- Please read the statements carefully and response them all.
- In every statement there are '5' options Strongly Agree(S.A), Agree(A), Neutral(N), Disagree(D), Strongly Disagree(S.D). Respondents are required to make his/her opinion by putting tick(√) mark within the box provided.

SL.NO.	STATEMENTS	S.A	A	N	D	S.D
1.	The early childhood care and education (ECCE) programme includes children between 0-6 years old.					
2.	Government has implemented ECCE programme for children.					
3.	The Anganwadi worker is the most important functionary unit for 0-6 year children.					
4.	ECCE is a part of Integrated child development services.					
5.	ECCE aims at holistic development in a learning environment.					
6.	Anganwadi worker as a mother and care taker for the children at Anganwadi centre.					
7.	The Anganwadi workers conduct pre-school activities for children up to 3-6 year.					
8.	ECCE programmes focuses on all children including disability, PHC etc.					
9.	Anganwadi worker organise supplementary nutrition feeding for children.					
10.	The Anganwadi workers teach the students about health and nutrition education.					
11.	The ECCE programme focuses on holistic development that provides both education & health requirements of all children.					
12.	Anganwadi worker has to organise mother meeting in the community.					
13.	The Anganwadi worker helps the cognitive, physical, and psychological development of the children.					
14.	ECCE contributes in universal elementary education.					
15.	The Anganwadi workers maintain files and records.					
16.	Anganwadi workers promote handmade curriculum material for the children.					
17.	Reducing wastage and stagnation at primary school is objectives of ECCE.					
18.	Anganwadi workers have been providing awareness, care and education about the children in their parents.					
19.	The ECCE programme needs to involve the family and community.					