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Perception of Childhood Development During Early Childhood Care and Education (ECCE) Training of Master Trainers

The government of India approved Early Childhood Care and Education (ECCE) policy in the year 2013 to promote the holistic development of children under six years of age to prepare them for formal schooling [1]. In this effort to introduce ECCE activities in Anganwadi centers, a training module was developed by Ministry of Women and Child Development to train the trainers who would then train Anganwadi workers (AWW) [2,3]. This would enable AWW to plan and conduct ECCE activities for children aged 3 to 6 years. This training of master trainers is conducted over five days, of which four sessions are devoted to instruction on developmental milestones of children aged 0-3 years and 3-6 years; planning early stimulation activities, and early recognition of disability.

We present our experience of first such training of master trainers in the state of Haryana. Six Primary teachers (PRT)/Junior Basic Training (JBT) teachers each from eleven districts of Haryana (Bhiwani, Dadri, Faridabad, Gurugram, Jhajjar, Karnal, Mewat, Palwal, Panipat, Rohtak and Sonapat) were enrolled for the training. They were provided with accommodation, food and full five-day intensive training with daily feedback and revision sessions during their dinner time. This training was funded by the Education Department of State Government of Haryana.

A questionnaire regarding their perception on the need for training in childhood development, early intervention and early recognition of disability was filled by the participants. Of the 66 participants, all except one felt that it would be useful to get trained regarding the development of the child and early recognition of

childhood disability. Majority (56; 85%) felt that it would be useful to teach AWWs about normal development. All participants had observed at least a child with a disability in their house or neighborhood. The most common disability that they had encountered included intellectual disability (41, 66%), physical disability (17, 26%), vision impairment (5, 7.5%) and hearing impairment (3, 4.5%). Of those diagnosed with a disability, 20 (31%) were picked up early, and rest was unaware whether it was picked early or late. All participants except five believed that it would be good to learn activities related to early stimulation that intend to reduce the burden of disability. Only three participants felt that it might not be useful to teach AWW regarding such 'early intervention' activities. Only seven participants were aware of the existence of District Early Intervention Centres (DEIC) in all district hospitals.

The present observation highlights the enthusiasm of master trainers to learn and teach the AWW on basic principles of childhood development, early stimulation and early recognition of disability in children. We believe this training with the involvement of Pediatricians/Pediatric Neurologists from various local medical colleges could go a long way in improving the care of children with disability at the grass root level.

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