

*Promotion of Inclusive and Protective environment for children with special needs (CWSNs) through community based rehabilitation - (CBR) Intervention in Puducherry Union Territory, India*

**Activity: Training of Anganwadi workers:**

**Background:** Ever since Satya Special School began to serve the most disadvantaged section of the Society purely on voluntary/charitable model, i.e., serving the special needs there has been always a remarkable increase in the number of children day by day who wished to be intervened for the rehabilitation so that they become the adequate citizens of this nation. The fact that the no of special needs has increased from 20 children in 2003 to 900 children in 2018 in Puducherry UT it indicates that there is a dire need of awareness raising amongst the target community to be aware of preventive measures so that it might be possible that at least to some extent we can prevent disabilities and be able to identify the early childhood disabilities. When we look at the statistical figure it says about 2.68 percentage of the Indian population that lives with disabilities. Therefore, it lays on us the foundational responsibility to educate the Community to take precautionary measures to avoid the incidence of disabilities and to go further to identify early childhood disabilities and thus contributing to create a just society.



It was in this context, Satya had developed a concept to reach out the community through Anganwadi workers since they play a very vital role in the community development. Over the last few years there has been a shift from looking at childhood disability as a medical diagnosis to a more of a bio psycho social model. Therefore, we now need to recognize the impact of risk factors, such as those associated with poverty, on child development. So, the children at risk for disability and children with disability are being recognized as part of a range in the working areas.

Hence, this approach of training Anganwadi Workers would recognize the need to target the background in which these children live for better prevention and intervention efforts. The training was focused on prevention of disabilities along with the community effort particularly

the participation of Pregnant Women and early childhood mothers in the working areas. As part of Satya initiative there is also an initiative of Early Intervention model project is being implemented in the premises of JIPMER hospital, Puducherry wherein the new born high risk children are identified and early intervened for early prevention of incidence of possibility of disability. The unique initiative of Satya has shown a data of 285 children screened every month and found to be affected by one or the other type of disability. This sadly reflects the lack of awareness education on preventive measures of disability and early deduction of disabilities.

With this in mind the training was aimed for Anganwadi workers in the target community. Since, the basic work of Anganwadi workers is extremely important and needs to be carried out in the most efficient manner possible. They are the grass root level workers functioning in the villages among pregnant women and children below the ages of 5 years. Hence, the idea of training them on the causes of disability would be helpful for them to render effective support to the people. It is planned to cover all the Anganwadi workers for the training programme once in a year to orient them on prevention of disability and early identification of disability among the children.

The resource persons namely Dr. Karthikeyan, Dr. Manjula, Ms. Kavitha, Physiotherapist cum nutritionist, Ms. Vijaya, Master trainer, Mr. Abraham, Project manager, Ms. Usha, Special Educator, Mr. Mohan, Special Educator, Mr. Praveen, Medical Psychiatrist and Mr. Jagadish, Community organiser were the resource persons who handled their sessions regarding the disability concept and preventing methods. 15 trainings were conducted. About **420** Anganwadi workers were covered and participated and benefited of the program. It was held in August and September months' time 2018



### **Objective**

The Course was organized with the following objectives:

- To train and orient the Anganwadi workers to the various components of the prevention and early childhood identification of disabilities
- To enable them to understand their roles and responsibilities as key functionaries in the community.
- To develop in them appropriate skills necessary for creating an inclusive society



**Purpose:** It was designed to provide the Anganwadi Worker a basic understanding of the disability, preventive measure, methods of early deduction of disabilities and instructive approaches to ensure most favourable and holistic development of children with disabilities they are empowered and be able to perform their daily living skills. It also includes a component on skill development of children below the age of 3 years, to help Anganwadi Workers counsel parents/caregivers on early stimulation. It is expected that this training will be followed by periodic observation or thematic trainings for further knowledge and skill enhancement if needed.



**Course Content:** The course was conducted as per the prepared contents of subject taken for the Training Course for AWWs and the resource person's preparation. The following contents were introduced in the training session. Accordingly the training resource persons members of the team /guest speakers engaged and they explained about the contents in details during the sessions.



**The topics contents are as follows:-** Welcome & introduction, Sharing of experiences, Situation of children with special needs and women in India/States, Social issues concerning children and women with disabilities, constitutional provisions, rights and legislation concerning children & women with disabilities, programme and policies for development of children and women. Status of girl child with disabilities. And the initiative Advocacy film on Satya, Ratham. Film on special need children empowerment, Introduction to Satya special education programme, Training set up and approach to Early Intervention Training, Cause of disabilities, Prevention of disabilities, activities for early childhood stimulation, responsibilities of AWWs, Communication and counselling skills required by AWWs; Early childhood care & education.

### **Prevention of Disabilities**

How to prevent disabilities?

The following aspects were explained to the participants

**General Preventive Measures:** It was explained that

- Marriage between very close blood relations like uncle, niece, and first cousin should be avoided for prevention of hereditary disorders.
- Avoid pregnancies before the age of 18 years and after the age of 35 years.
- Consult a doctor before planning the pregnancy;
- If there is incidence of birth defects in your family.
- If you have had difficulty in conceiving or have had a series of miscarriages, still births, twins, delivery by operation (Caesarean), obstructed labour/prolonged labour (more than 12 hours) and/or severe bleeding in previous pregnancy.
- If you have RH - negative blood type.
- If you have diabetes.

## **How to care during pregnancy period was explained to the participants.**

### **Care during Pregnancy: It was explained that**

- Avoid hard physical work such as carrying heavy loads, especially in fields, and other accident - prone activities such as walking on slippery ground or climbing stools and chairs.
- Avoid unnecessary drugs and medications. Even the normally considered safe drugs which are sold commonly can potentially cause serious defects in an unborn child.
- Avoid smoking, chewing tobacco, consuming alcohol and narcotics.
- Avoid X - rays, and exposure to any kind of radiation.
- Avoid exposure to illnesses like measles, mumps etc, especially during the first 3 months of pregnancy.
- Avoid sexual contact with a person having venereal disease.
- Take precautions against lead poisoning.
- Eat a well-balanced and nourishing diet supplemented with green leafy vegetables, proteins and vitamins.
- All women of the child bearing age need 0.4mg of folic acid daily. It is also available in folic acid plus iron tablets which should be taken for at least 3 months during the third trimester when the risk of developing iron deficiency anaemia is greatest.
- Ensure weight gain of at least 10 kgs. Have regular medical check-ups.
- All pregnant women should be given tetanus injection.
- Woman at 'high - risk', whose weight is < 38 Kg, height is less than 152 cm, weight gain during pregnancy <6 kg or who is severely anaemic (Hb < 8mg), having frequent pregnancies, having a history of miscarriage/ abortion/premature deliveries, must get expert prenatal care so as to have a normal baby.
- Must consult a doctor, in case of edema (swelling) of feet, persistent headache, fever, difficulty or pain in passing urine, bleeding from the vagina, and yellowness of eyes (jaundice)

### **Care at the time of birth: It was explained that**

- Delivery must be conducted by trained personnel, preferably in a hospital where all facilities are available.
- If a baby does not cry immediately after birth, resuscitation measures should be undertaken at once.
- Babies born prematurely and with a low birth weight (<2.5 Kg) may need Neonatal Intensive Care.
- If the baby's head appears to be abnormally small or large then a physician should be consulted, preferably a paediatrician. The approximate head size for a male child at birth is 35 cm and for female child is 34.5 cm.
- To protect a child from infections, breast - feeding must be started immediately after birth. First milk (colostrums) must be fed to the baby and should not be thrown away, as it has antibodies which are protective.

### **Early Childhood Care: It was explained that**

- Do not allow a child's temperature to rise above 101 degree F because of any reason. It can cause febrile seizures
- If a child gets a fit take him to doctor immediately.
- Every child should be immunized against infectious diseases as per the recommended schedule of immunization.

- Do not allow a child to have too much contact with paint, newsprint ink, lead etc. as they are toxic.
- Take precautions against head injury, and other accidents.
- Ensure that the child gets a well-balanced diet and clean drinking water.
- Introduce additional foods of good quality and in sufficient quantity when the child is 4 -6 months old.
- Vitamin A deficiency and its consequences including night blindness can be easily prevented through the use of Vitamin A supplementation.
- Protect a child from Meningitis and Encephalitis by providing a hygienic environment which is free of overcrowding.
- Common salt must be iodized as a precaution against goitre and cretinism.
- Do not allow a child to use hairpins, matchsticks and pencils, to remove wax from the ears.
- Use ear protectors to reduce the exposure to high levels of noise, if children are living or working in a noisy environment.
- Do not slap a child over the face as this may lead to injury of the eardrum and consequent hearing loss

The course was started immediately after the prior permission was granted from the Women and Child Welfare Department, Saram, Puducherry. Earlier some 3 batches of Anganwadi workers were trained on the subject at Satya Special School premises. On 6th September, 2018 a batch of Anganwadi workers from Villianur commune was trained on the same subject. About 600 Anganwadi workers have been trained so far. The component oriented and sensitized the participants and also imparted skills in dealing with children from birth to 6 yrs. and preventive methods of disabilities. The broad areas of the component included- concept, need and principles of child development. characteristics of Pre-school child, activities of various development- physical & motor cognitive, psychosocial, creativity & scientific exposure, language, need and importance of early childhood stimulation. Common behavioural problem in children, etc. At the end of the training component feedback was taken through open house sharing.

**Training Methodology:** A participatory approach was adopted during the training. Various techniques like lecture-cum-discussion, audio-visual presentations, group exercise, brainstorming, quiz, Role Play. And a brief feedback taken by the course trainer and the facilitator.

**Reading materials:** The reading materials were prepared comprised of hard copy materials covering most of the subject matters of the program to the participants.

**Resource persons:** The resource faculty included both teaching staffs and field expertise of Satya Special School as well as outside recourse persons. The guest resource persons were invited from NIPMED and Indira Gandhi Medical College and Hospital as well.

#### **Feedback from Participants:**

- The training was very useful and we as Anganwadi workers would be able to render better services for the benefit of weaker sections of the society specially children and women disabilities.

- The trainees also expressed their heartiest gratitude for this valuable training. In their speech they expressed that now onwards they would be able to discharge their sincere duties towards the needs of people especially children with disabilities.
- The participants said they would take initiative to talk to pregnant women and lactating mothers on regular basis and remember the take way points of the training and explain them in a more meaningful manner so that it would pave way for preventing disabilities to some extent in the both rural and urban areas in and around Puducherry UT.

### PHOTO GALLERY



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