

APPENDIX - B
AN ACTION PROGRAM

Now we should discuss programetic aspects of these findings. What kind of programs can we suggest on the basis of this study? There are many alternatives available to us. Should we orient Balwadi teachers about the characteristics of their clients (mother's of Balwadi children) and potential role of a teacher in the field of health and family planning? Should we have similar kind of program for administrative personnel and members of education committee? Can we plan some program with family planning and health workers on the basis of these data? Should we have some preventive and developmental programs with the parents of girls studying in first to seventh standard in Municipal schools to prevent drop-out, strengthen the girls education and prevent their early marriages? What kind of direct program can we have with the mothers whom we studied? Of course many more possibilities exist for different kinds of programs or some combinations among them. But let us begin with some precautions before suggesting a program and then describe one.

To suggest a viable program, we need fullest possible understanding of problem situation and solid knowledge base. This perfection has never been achieved on the basis of simple

fact finding survey of this kind. As a result, one has to assume many things and proceed on the basis of tentative guess or hunch. Same thing applies to various alternative approaches in terms of selection of goals, clients, change agents, channels and content of communication etc. In this situation, selection from various alternatives will largely depend upon the judgement of the worker which will have to be modified as the program moves on, as new information become available and feed back systems are established.

Inspite of these limitations, let us try to evolve a program on the basis of our findings. Tentatively we had concluded that mothers who married late, remained in school for longer (or vice-versa) and had higher exposure to mass media, resulting in greater family planning acceptance. Out of these three variables, we cannot do anything about their age at marriage because they are already married. They can be sensitized about the consequences of early marriage and can be educated to see that the same should not happen to their children. Our attempt could be to improve their educational/literacy level in general and more specifically around the areas of health, nutrition and family planning.

Before we specify the goals or objectives, let us clarify

once again that these are our goals. Do the respondents and their significant others consider them most important? Do Balwadi teachers and other personnel consider that something should be done about them? What about other change agents like health-F.P. workers, Community Development workers, Child development workers, Adult Education Workers, etc.? This means that we may specify the objectives but the relevant people have to be engaged for recognizing and developing the need for change. With this clarification, we present selected and slightly modified objectives from the report edited by Bugess (1971, pp.24-25).

OBJECTIVES :

The women should be able to do the following at the completion of 24 weeks program :

Literacy :

1. To score 20 per cent more marks on the final tests (oral and/or written) based on the curriculum, in comparison to their marks on base-line tests.
2. To read (or read more) materials in simple language eg. stories, songs, simple literature on family planning, health, nutrition, etc.
3. To read and write, simple letters according to their needs.
4. To use (or to improve) simple counting, addition, subtraction, multiplication and division in their day to day business.

Family Planning Education :

1. Identify the causes of population growth.
2. Identify the problems resulting from (or consequences of) population growth in respect of individual, family, nation and world.
3. Identify advantages of a small family size.
4. Show her awareness and knowledge of the process of reproduction in simple lay-man terminology, such as fertilization of egg, growth of child in the womb and birth of the baby.
5. Identify the role of contraception in preventing the fertilization of female egg.
6. Identify the need and benefits of spacing child births.
7. Identify at least 2 or 3 advantages and disadvantages of each of the 6 methods she has learned.
8. Identify place and persons where she can get services in respect of contraception.
9. To disseminate and discuss her newly acquired knowledge about family planning with significant others.
10. To answer a few common objections against family planning practice on religious, ethical and socioeconomic grounds.

Health Education :

1. Identify causes and symptoms of prevalent communicable diseases and the preventive measures to be taken.

2. Identify some of the basic principles and methods of safe garbage disposal.
3. Identify the basic elements of wholesome water, safe water supply as well as some of the methods and techniques associated with it.
4. Identify the basic elements of milk's quality, safety, nutritional value and processes involved.
5. Identify the basic elements of the quality, supply, preservation and nutritional value of a variety of foods commonly used, and the importance of nutritionally balanced diet and how to obtain it.
6. Identify the causes of the growth of vectors and rodents, the kind of diseases they cause, and some of the common measures taken for their control and eradication.
7. Identify the basic elements of mother and child health.
8. Identify some of the important elements of better eye and dental care.
9. Identify the importance of physical exercise and personal hygiene and some basic principles related to these.
10. Identify basic infra-structure of the local public and private health services and the quality, scope and cost of such services.

Home Making:

1. Keep the house neat and clean.

2. Prepare family budget.
3. Prepare balanced menu.
4. Cook a variety of balanced meals.
5. Care for child and mother.

TARGET GROUP :

To begin with, our pilot target group can be mothers from one Balwadi. We have described their characteristics while analysing data as well as in Appendix-A. Once the program is completed with one group, it can be extended to other Municipal and Non-Municipal Balwadies with required modifications. At the third stage, target groups could be organized groups of women in open community.

AGENCY :

As it can be seen from the objectives and nature of target group, this kind of program can be arranged by Balwadi with cooperation of various disciplines and agencies.

We thought of Balwadi as an agency because of various reasons. First : Most of the mothers of Balwadi going children are young. Therefore, they are the one with whom preventive, curative and developmental work in the areas of family planning, health, nutrition etc., is relatively more important. Second: Majority of them seem to trust Balwadi, and Balwadi teacher. Third : They are continuously in touch with Balwadi and Balwadi

teacher for atleast two years. Fourth: Maid servant of Balwadi meet with the mothers almost every day. Fifth : Children do not attend Balwadi on Saturdays, so the room is available which has required physical facilities for conducting an educational class, discussion or demonstration. Sixth : Balwadies are located near their residential areas and would not involve much of transportation problem or transportation time. Seventh : The success of program can facilitate attainment of developmental goals of Balwadi and make a teacher's work more effective and efficient.

PLANNING :

Experts : Experts from the department of social work, Child Development, Foods & Nutrition, Extension Education, Adult Education, Gynecology, Pediatrics, Community Development, F.P. and Health Officer, Administrative Officer and Chairman of Education Committee will need to be involved continuously. This team can specify and distribute various roles and responsibilities among themselves for planning, monitoring and evaluation of specific areas as well as program as a whole.

A question can be raised about feasibility of getting the team of experts and involving them in the program. We have reasons to believe that many of them are usually entrusted with the responsibilities of planning, monitoring and evaluating .

these kind of services and training their students or workers through some sort of service delivery system. Their experiences of existing service delivery system and need to train their people can work as motivating force. Why? Because this kind of program would get them relatively captive and structured target group where they can try to introduce, strengthen or substantially modify their existing service delivery system.

Team of Workers : Under the guidance and supervision of experts' team, a team of students or trainees can be assigned to work with the mothers of Balwadi children; whose work can be coordinated by the Balwadi teachers.

Course Content : Course content can be planned on the basis of its potential contribution to achieve the objectives. Most of the topics relevant for this group in the areas of Family Planning, Health, Nutrition etc. are fairly well developed. Existing material can be searched, evaluated and modified to suit their language level, current knowledge, needs and interests.

Communication of Content : There are many alternative processes and channels of communication. Priority can be given to audio-visual aids, an each-one-teach-one system and lecture-cum-discussion which enlists participation from the group in bringing about its own learning. This can be followed up by regular periodical home visits of the worker.

Finance : If we are able to elicit co-operation from the earlier mentioned experts and authorities, we do not see much of a problem of capital i.e. funds to be spent for durable equipments and material or running-recurring expenditure. For example, for literacy classes, initial material can be made available from Balwadi and school. Aids and material for family planning, nutrition and health education produced by various agencies can be used for trial period. We mentioned earlier that student workers and trainees are to be involved as major communicators and Balwadi teachers as coordinators. Therefore, expenditure on salaries may not be required. However, for contingency, incidental or unexpected expenditure; some donor agency can be contacted with an appropriate proposal.

PHASES OF OPERATION :

Generic models of practice in Social Work and other helping professions suggest that each of the three phases of a program (i.e. initial middle and later) manifest certain common elements. First : During each phase of a program, circular processes of study, plan, intervention and evaluation can be observed. Experience has supported that cybernetic mode of these processes maximises the chances of self-correction, maintenance and growth of a program. Second : Corollary to these circular processes are common practice skills of a worker i.e. collecting information to assess a problem, planning interventive actions,

making initial contacts, negotiating contracts, forming action systems, maintaining and coordinating these action systems, exercising influence, evaluation and stabilization or termination of the program.

With recognition of these common processes and skill areas, we can suggest following three broad phases as guidelines.

1. Planning and Preparation Phase.
2. Implementation phase.
3. Evaluation and stabilization phase.

Planning and Preparation Phase : (12 weeks: May to July).

We assume that a Social Work teacher will take initiative. Any time from January to April, he/she may select a group of students, who are to complete their Junior M.S.W. year. This group can be placed under him for research guidance as well as field work. This visualized action research program can offer learning opportunities in both the areas. Once the group of students is selected, initial orientation can be attempted through literature, primary/secondary data and conferences.

During May to July, a thorough analysis of dynamics involved in the problem situation (e.g. Family Planning acceptance), would be the first job. Contacting and getting fullest possible involvement of experts and team of workers would call

for interpersonal and group skills as well as skills in organizing, planning and policy making. Size, composition and operating procedures for team of experts and workers will have to be worked out. Tasks of each participant or group of participants in determining, acquiring and communicating course content and various responsibilities for other aspects of program will have to be decided. Diagnosis of motivations and resistance will have to be made at this stage for modifying subsequent course of action.

Implementation Phase : (24 Weeks; August to January).

Implementation phase would involve 2 hours of weekly group sessions (2-30 P.M. to 4-30 P.M. on Saturdays) at Balwadi for the target mothers. These sessions would use audio-visual aids, lecture cum discussion, an each-one-teach-one system and demonstrations. If these mothers' younger children can not be taken care at home, they may be brought to Balwadi where maid servants would be able to take care of them.

The mothers would be assigned weekly home work ~~at~~ about 4 hours. Again, an each-one-teach-one system would be employed to assist them in home work. This would be followed by weekly one hour home visit of worker.

We visualize various kinds of problems in participation,

role performance, communication, interpersonal relations, conflicting loyalties and attitudes. But we feel that these problems are going to be testing groupsnd of : worker's knowledge and skills, supervision and overall operating procedures. An adequate assessment would lead to appropriate steps.

Evaluation and Stabilization Phase : (12 Weeks: February to April).

This phase will have two major purposes :

1. Project monitoring - to gain feedback on processes and procedures to decide whether to continue as planned or modify the program.
2. To assess the impact of the program in terms of effectiveness (are the stated objectives being met?) and efficiency (are resources being used in the best way in relation to results?).

Following three procedures will be used for monitoring the program and measuring its impact :

1. Weekly records of the worker.
2. Analytical observations of Balwadi teachers and others.
3. Before-after survey.

Program evaluation will help in modifying the program.

We visualize that in the stabilized program, once her tasks - relevant to this program - are specified, the Balwadi teacher

will be playing a central role. Additional emolument for the additional work as well as selection, training and supervision of Balwadi teachers can be modified on the basis of program experience and program evaluation.