Report I

RESEARCH STUDIES ON EARLY CHILDHOOD CARE AND EUCATION (ECCE)

Status Report on Implementation and Gaps of ECCE in India

(withspecial focus on Delhi, Odisha and Telangana)

Report prepared for *Save the Children*

Centre for Budget and Policy Studies, Bangalore

(Date)

STATUS REPORT ON THEIMPLEMENTATION AND GAPS OF ECCE IN INDIA

Abstract

This section provides a context for the entire set of *Research Studies on ECCE,* commissioned by Save the Children, India. It presents a review of existing national and international literature on the significance of ECCE, the research evidence supporting its impacts, and various types of ECCE models and programmes from across the globe. Research in the field of Neuroscience, Developmental Psychology and Economics have shown the benefits of holistic care for children in their crucial and sensitive early years for cumulative life-long development. In response to such evidence, several countries have begun to adopt varied models of ECCE programmes, many deriving from dominant Eurocentric approaches towards child development, a few also incorporating locally relevant and contextualised practices of child-rearing.

India has notably implemented one of the world's largest comprehensive ECCE programmes fairly early on, in the 1970s - the Integrated Child Development Scheme (ICDS). However, health, nutrition and education- related indicators of child development for 0-6 year olds, though having improved over the years, remain far from satisfactory. Despite the centrally sponsored ICDS scheme having been universalised, around half of India's under-six population does not participate in any form of pre-primary education. The lack of a regulatory framework for the rapidly expanding private sector, the second largest provider of ECCE, raises matters of concern around quality and equity. There have been several government policies and frameworks reaffirming commitment to developmentally appropriate ECCE services. However, issues of financing, implementation, quality, accessibility and equity remain to be adequately addressed, with there being no legislation for mandatory ECCE provisioning for under-six year olds.

It is against this context that the status report also presents an account of the current status of under-six year olds in India, specifically in the three states of Delhi, Odisha and Telangana, identifying existing provisions as well as gaps and challenges with respect to ECCE. A comparison of the three states shows that trends of health and nutrition indicators and pre-school participation vary widely across states and also when compared to all-India level statistics.

The desk review and secondary data analysis comprised of research papers, reports, evaluations, policy documents, surveys, and other sources of government data. In addition, data was also sourced from various individuals, organisations and institutions engaged in the field of ECCE.

Contents

LIST OF TABLES

LIST OF FIGURES

1. International and national perspectives on ECCE: Significance, implications and models

1.1. The need for ECCE

Child development refers to the ordered emergence of interdependent skills of sensory-motor, cognitive-language skills and social-emotional functioning (Engle et al, 2007). Research in Neuroscience offers compelling evidence of the significance of the early years of a child's development, especially from the pre-natal stage to around two years of age, during which the human brain grows most rapidly. Within the first six months, the brain reaches 50 percent of its mature weight, and 90 percent by the age of eight (Woodhead, 2007). The first 1000 days also witness the most rapid period of synapse formation, or growth in the density of the network of neurons in the brain, a process that reduces gradually from two to 16 years of age (Woodhead, 2007). Research has shown that the window of opportunity for addressing a child's nutritional needs, not only for short-term growth, but also for the generation of healthy and productive adults in the long term, lies between conception to the age of two (Ruel and Hoddinott, 2008). Dimensions of undernutrition and its cumulative impact are reflected in stunting (low height for age), wasting (low weight for height), undernourishment and micronutrient deficiencies of iron, Vitamin A, zinc and iodine, which adversely affect growth, cognitive development, increase chances of diseases and infections, and in the worst cases, even lead to death. Moreover, since each sensitive period is associated with specific areas of neurological circuitry, and each stage builds on the previous development in a sequential manner, the consequences of undernutrition have a long-lasting, often irreversible, impact on all domains of future development (UNICEF, 2008).

Several such critical and sensitive periods for cognitive, physical, emotional and psychosocial development are located up to the ages of six to eight and not receiving adequate stimuli during this period reduces the chances of the brain reaching its full potential, often irreversibly (Kaul and Sankar, 2009). Aside from the genetics of an individual child which determine the neural circuitry of the brain, these processes are also highly influenced by one's experiences. Mutual responsiveness or 'serve and return' interaction with adults during childhood play a role in this process (UNESCO, 2015). A safe, secure and caring environment thus also contributes to positive development outcomes. Several decades of research on psychosocial risks of children growing up in poverty, without adequate parental care or brought up in disadvantaged institutional settings also provide evidence of developmental delays and emotional disturbance (Woodhead, 2007). The educational component of early childhood care, on

the other hand, aims to tap into the early crucial formative years of a child's learning capacity for psychosocial development and school-readiness (UNICEF website, n.d).

The brain, moreover, is a highly integrated organ with multiple functions, so cognitive, emotional and social competencies are all interdependent and together form the foundation for life-long development (Shonkoff and Phillips, 2002 cited in UNESCO, 2015). These processes emerge in a sequential and hierarchical manner, with increasingly complex neural circuits being formed over simpler ones, and allowing for more complex skills to be inherited over time. Compromising on the simpler circuits during sensitive periods of brain development makes adaptability at higher levels more difficult by reducing its capability for re-organisation and re-structuring, thus affecting a person's skill acquisition and behavioural adaptation throughout their lives (Heckman et al, 2006 as cited in UNESCO, 2015).

Table 1: Developmental needs from birth to eight years

S.No.	Age Group	Development Needs
1.	Pre-natal to birth	- Maternal health andnutrition - Parental and family education - Safe motherhood - Maternal support services
2.	Birth to six months	- Maternal health- postpartum care - Exclusive breastfeeding - Infant health - Nutritional security - Responsive care - Early stimulation/play - Safety and security - Support services
3.	Six months to three years	- Infant health - Nutritional security, responsive care - Early stimulation/Play andlearning Opportunities - Safety and security
4.	Three to six years	- Child Health and nutrition - Adequate nutrition - Day care - Play-based preschool education - Responsive care - Safety and security
5.	Six to eight years	- Child Health and nutrition - Family care - Safety and security - Primary education

Source: World Bank, 2004. Retrieved from http://earlychildhoodmagazine.org/defining-a-right-to-integrated-early-childhood-development-in-india/ *on 23.9.17*

Additionally, aside from the direct benefits of Early Childhood Care and Development (ECD), investments in ECD have also been viewed from the point of view of economic well-being, as a long-term investment in human capital with future returns. There is sufficient evidence from several countries to show that intervention at an early stage is more cost-effective in ensuring future success, rather than spending on mitigating the effects of developmental deficits at a later stage (UNICEF, 2008; as cited in CBPS, 2017). The costs incurred are outweighed by the future benefits for both the participants as well as the general public, in the form of increased employment and earnings and reduced delinquency and crime. A longitudinal study also estimated that for every dollar spent on ECCE, there is a return of approximately 1290 dollars (Kaul and Sankar, 2009). In fact, the World Bank reports that in the case of disadvantaged children, there is no equity-efficiency trade off, because it raises the productivity of the workforce and society at large (cited in Kaul and Sankar, 2009).

Such evidence arising from research in Economics, Neuroscience and Developmental Psychology point at the need to go beyond addressing particular components of development and focus on the child's overall environment, nutrition, education and interaction with parents, families and caregivers. Such a conception of ECCE has also over time generated the idea of early intervention through institutional or centre-based care, as opposed to parental or family-based care, and pushed towards the emergence of the state as a stakeholder with the moral responsibility of provisioning for ECCE (CBPS, 2017). Further incentives to invest in ECCE have been articulated through arguments that providing ECCE can offset the effects of poverty on children and contribute to breaking the intergenerational cycle of disadvantage and foster gender equality by allowing women opportunities to participate in the labour force by reducing the burden of carework (OECD, 2001). Partnering with families and communities in policy-making and provisioning may also contribute to community-building (OECD, 2001).

Based on such evidence-based generation of principles of child development, three key points in planning ECCE programmes have been identified by Kaul and Sankar (2009): child development is continuous and cumulative; all domains of development such as health, nutrition and education are synergistically linked; and that a child is affected by socio-economic status and home environment making it more sustainable and optimal to target the family and community of the child as well. This has implied that child development professionals and research have moved away from narrow definitions of pre-school education or nutritional supplementation to more holistic and integrated approaches under

ECD and ECCE, which combine the range of development needs of a child. Further, while ECE focuses only on pre-school education provided through nurseries, pre-primary schools, kindergartens preparatory schools etc, ECCE recognises that childhood itself has sub-categories which have different development priorities.

1.2. Research Evidence on the impact of ECCE programmes

Different types of intervention seem to have impacts on different aspects of the child. For example, home visits aid in improving maternal and child health and preventing child neglect and abuse while having relatively lesser effect on cognitive development (Barnett, 1995). Interventions designed specifically for the educational component show gains in cognitive and language development. It has been observed through efficacy trials that improved diets for pregnant women, infants and toddlers, along with food supplementation during the first two-three years of a child's life can prevent stunting and lead to better motor and mental development (Engle et al, 2007). Iodine supplementation shows effects on cognitive and behavioural development, while prevention of iron deficiencies through supplementation have effects on motor, language and socio-emotional development (Engle et al, 2007).

Research, however, points out a crucial aspect of ECCE, demonstrating that child development outcomes are greater through combined interventions in all aspects of development (UNESCO, 2015). Poor care, health and nutrition impact educational outcomes through impaired cognitive and behavioural capacities, depression, mental retardation and poor concentration, while early health and nutritional interventions have also been shown to directly contribute to improved school attendance and achievements (UNESCO, 2015). Quality ECCE is one that integrates education, health and nutrition. Yoshikawa et al (2013) through a meta-analysis of research evidence on ECCE identify certain crucial components of ECCE. In terms of practices within ECCE, stimulating and supporting interactions between the teachers and children along with an effective use of curricula are critical for quality education and this is further impacted by a careful mentoring and training frameworks for teachers andcaregivers.

School readiness, one of the objectives of ECCE, is thought to have three major components - preparing children or 'ready children'; preparing families or 'ready families'; and preparing schools themselves, or 'ready schools' (UNESCO, 2016). These three dimensions interact to produce children that are better prepared to enter primary schooling and complete it successfully. UNESCO (2016) mentions the relative number of new students entering primary schools with prior ECCE exposure as an approximate measure

of school readiness. Such a figure, however, does not account for the dropout rate at the primary level, which apart from other factors, may be a result of inadequate school preparedness.

School readiness has traditionally been viewed from a maturationist perspective, involving chronological milestones according to a child's age, which led to the emergence of readiness testing at various stages (Kaul et al, 2017). On the other hand, the empiricist view attempts to determine empirically various sets of skills which are tangible and measurable, and relatively universal (Kaul et al., 2017). The social constructivist and interactionist views further complicate these measures by bringing in the socio-cultural context and the range of factors within the child's environment respectively, emphasizing the role that these interactions play in the trajectory of the child's learning. The Education for All Global Monitoring Report (2007) suggests that school readiness should encompass five interrelated domains - the cognitive, physical and motor development, language skills, socio-emotional development and general knowledge (Kaul et al, 2017).

It has been noted that school readiness cannot be measured as a downward extension of primary school curriculum in the form of learning the alphabet and numbers but through supporting a child's learning through play-based activities which create a conceptual foundation for later learning. Such activities include classification, sequential thinking, pattern-making, phonemic awareness and pre-number concepts for building cognitive skills. Other areas focus on vocabulary development, verbal expression, communication, socialization, self-help and self-regulation skills (Kaul et al., 2017). Further, school readiness needs to be directed by a child's development priorities, interests and relevance to their social context and family life (Kaul et al, 2012). There has been evidence to show the harmful impact of age-inappropriate curricula, and practices such as rote memorisation or formal academics, on young children.These weaken the foundation for conceptual learning abilities and may, in the long run, be counterproductive to the objectives of ECCE (Kaul et al, 2012). Since research also shows that school readiness is impacted by disparity in household incomes, this further suggests that the provision of ECCE to disadvantaged children can help address this gap, by equipping them to be better prepared for primary schooling and reducing the chances of dropping out.

It has been observed through research that cognitive achievements are often only moderately stable and tend to taper off in effectiveness over time. This may be due to an excessive focus on academic skills in ECE, without adequately addressing the socio-emotional aspects of school readiness, because of which a child is unable to adapt to new environments (Gill, Winters and Friedman, 2006). Gill et al (2006) point out that this is in part a result of parental expectations from schooling, which demand more

tangible forms of learning such as reading and writing abilities, even though they may not be appropriate for the child. The role of communication between parents and the school thus becomes a crucial transition strategy, with parents requiring an awareness of developmentally appropriate activities, a positive attitude towards the child's learning in school and also actively engaging with their progress to create a healthy learning environment at home. However, the details of such strategies, such as howa parent's perspective should be incorporated, how often and in what manner communication should take place and how their concerns may be addressed, remain challenges that require further attention. Moreover, another important concern raised is socio-cultural differences among families that not only complicate this form of communication but also imply that not all individual children will arrive at a stage of school readiness at the same age - dimensions of capacity, opportunities, social context and background will all have an impact on their learning environment and in turn on their development progress.

While there seems to be agreement around the importance of ECCE through a recognition of how crucial the early years of a child are for continuous and cumulative life-long learning and development, along with the synergistic interrelation between various domains of development such as physical, cognitive, psychosocial and emotional, there are contestations around what methods are best suited for achieving these objectives. Debates around how best to meet the objectives of ECCE have been shaped by various perspectives and schools of thought. Myers (2007) notes that modern and postmodern thought have greatly influenced this debate. The modern view on education sees practices as objective, absolute and inherent and hence derivable through the application of logical research. The postmodern, on the other hand, emphasizes subjectivity and the diversity of experience andcalls for a process of contextualized "meaning-making" with all stakeholders before arriving at needs, definitions or standards of educational processes. The attempts at standardisation of ECCE practices through positivist approaches within psychology have been countered by other movements as well, looking to incorporate diversity, context, equity and relevance. They have been criticised through feminist, poststructuralist, postcolonial and postmodern perspectives for their limiting approaches which cannot be universally applicable across cultures and attempts have been made to reconceptualise early childhood development as sensitive to diversity through inclusive, indigenous practices (Pence &Hix-Small, 2007). There has been an increasing recognition in international and national policy in recent times of the need to balance western principles of child development psychology with indigenous, culturally contextualised practices. However, planning continues to be dominated by the modern perspective on education and development (Myers, 2007).

1.3. Models of ECCE Provisioning

Melhuish and Petrogiannis (2006) argue that the development of ECCE programmes in various contexts is closely linked to the role of women and maternal employment, among other factors. However, each country's economic status, social structures and cultural beliefs are to a large extent reflected in the kinds of policies and provisions made for young children, in turn impacting children's development through varying degrees of quality and experiences. This section examines some of the models that have been implemented in different countries in response to the needs of children within varying contexts. It aims to provide an insight into potential practices that might be explored in countries with similar characteristics.

Some of the earliest and most widely reported models of provisioning have been the Perry Preschool Project and the Carolina Abecedarian Programme in the United States. The HighScope of Perry Preschool Project was carried out between 1962 and 1967 for low-income, African-American children aged three and four, providing them with half a day of quality education and home visits revolving around principles of creating a free learning environment for children while scaffolding their learning process through trained adult supervision. A study following the life-long development of 123 of these children (with randomised control and treatment groups) found better classroom and personal behaviour, lesser youth misconduct and crime, lesser special education requirements and higher on-time graduation. Benefits accumulated up till the age of 40 in the form of increased earnings, reduced arrests and decrease in risky behaviour that may lead to adverse health outcomes (Schweinhart et al, 2005 as cited in UNESCO, 2015). The Abecedarian Programme similarly was carried out on mostly disadvantaged African-American children, but from infancy to the age of five, providing holistic, full-day, centre-based child care, including nutrition, healthcare and play-based activities aimed at school readiness. Positive impacts were found with mothers of children having higher income, increase in IQ levels and achievements in reading and math. IQ levels were, however, found to decline over time. (Campbell et al, 2012; as cited in UNESCO, 2015).

Engle et al (2007) reviewed 20 ECCE programmes from developing countries to study their effects on child development. The centre-based programmes were found to improve non-cognitive skills such as sociability, self-confidence and motivation, while longitudinal studies from Nepal, Argentina, Burma and Colombia also recorded an increase in the number of children entering school, school retention, and impacted age of entry and performance. An evaluation of a community feeding and pre-school programme for disadvantaged children initiated in Peru in the 1980s showed that children who had

attended the programme performed better in first grade as opposed to those who did not but did not differ from those in formal pre-schools. Of three World Bank-assisted projects, the two community-based programmes in Bolivia and the Philippines, one training low-income, urban women to run child care centres and the other training community development workers respectively, with both receiving financial support towards holistic and integrated child development activities, showed benefits in the child's growth and cognitive development after 6-18 months of exposure to the programme. A third project in Uganda, restricted to information dissemination, conducting Child Health Days every six months for healthcare and immunisation, and providing community grants, while displaying an improvement in childcare practices and behaviour, did not impact cognitive development. This was attributed to the low intensity of the programme.

Rao and Sun (in UNESCO, 2015) note that in low-income and developing countries with resource constraints, quality ECCE also serves as a mechanism to promote equity. Their study on ECCE in Cambodia assessed the three major models of pre-school programmes. State-run pre-primary schools involve the highest cost, have the most highly trained teachers receiving a government salary and offer proper infrastructure and learning material for children, for three-hour sessions daily. Community-based programmes for three to five year olds are provided by a member of the village who receives 10 days of training followed by annual refresher trainings for three to six days. The stipend for the worker is managed by the village itself but there are issues in terms of space available and attendance by younger children. The home-based programme is run by mothers' groups in villages, and facilitated by a 'core' mother who receives two days of training. The costs are again borne by the village itself and mothers meet before heading out to the fields to work everyday to discuss issues of nutrition, developmental stages of children and general well-being. The study found that while children attending state pre-schools performed better on development indicators and school retention in primary grades than those attending community or home-based programmes (with no significant differences between these two); all children attending some ECCE programme performed better than those not attending any at all. Perhaps one way forward would be to improve the quality of community and home-based programmes by providing adequate funding and capacity-building activities or to invest further in state-run pre-schools to expand their accessibility.

Parental education and support programmes are one component of ECCE that serve as a medium to create a healthy and nurturing learning environment for the child. Aside from its normative benefits, positive parenting is also known to mitigate the effects of poverty, violence and disease. Stimulating

parenting in low income families can counteract the associated risks to create outcomes for children equivalent to economically advantaged families (Britto and Engle, in UNESCO 2015). A review of parent-centred educational programmes by Engle et al. (2007) found them to positively impact child development. However, these benefits were lower when the programmes were limited to information-sharing as opposed to skill-building. In Bolivia, for example, a parent education programme involving information-sharing and skill-building around health, hygiene, nutrition and development, along with a literacy programme for indigenous women and home visits resulted in better cognitive development for children aged around two. Turkey and Bangladesh had programmes involving group sessions with mothers, the former including hands-on skill-building for playing with children and the latter limited to information-sharing. While in the case of Bangladesh, mothers' knowledge of child-rearing was seen to improve, Turkey witnessed improvements in short- and medium-term child development of three to five year-olds in terms of language skills, school achievement and school retention.

The significant role of parenting is stressed on further by Legrand et al (2015) in noting the adverse effects of an overrepresentation of vulnerable children under three in residential institutional care in Central and Eastern European countries/Commonwealth of Independent States (CEECIS). These are often children with disabilities, from Roma/young/single/using drugs or alcohol/HIV positive/disabled parents. Testimonies from individuals who have grown up in institutional care demonstrate that family or family-like settings are more helpful for integration in society and this is backed up Neuroscience which stresses on the importance of mutual interactions between children and caregivers and the role of parents in providing care. Countries such as Croatia, Romania, Serbia and Bulgaria have adopted laws and strategies to ban the institutionalisation of young children and focus instead on community-based child and family services. One such measure for eliminating the institutionalisation of young children involves social protection through support services or cash transfers to the most vulnerable families in order to enable them to raise their own children, especially children with disabilities.

Parenting targeted indirectly through poverty alleviation has also served as an intervention to improve parenting practices indirectly, predominantly in Latin America (Britto and Engle, in UNESCO 2015). Several governments in South and Latin America such as Mexico, Brazil and Chile, have implemented cash transfer programmes which aim at poverty alleviation through targeting families below a certain income bracket. These programmes provide cash to families and function on the assumption that those living in poverty are unable to invest enough in human capital despite being aware of its benefits and would be able to do so with monetary assistance and break the intergenerational cycle of poverty in the

long term. At times, this cash transfer is conditional on complying with certain requirements, such as participating in health care, nutritional or education programmes, especially for children. Fernald, Gertler and Neufeld (2008) analysed the role of one such conditional cash transfer programme, Oportunidades, in Mexico, in particular, to explore the relation between cumulative cash transfers and effects on child growth health and development outcomes.

Oportunidades provides cash transfers to participating households in two forms. The first is a monthly stipend conditional on preventive health check-ups, with the intention that the money is spent on nutritional needs of the family, and the second is in the form of a scholarship to children attending school regularly from the third grade onwards. The study found that increased cumulative cash transfers resulted in better outcomes in all the domains of development analysed for children between the age of 24and 68 months who had been exposed to the programme their entire lives. Doubling of cash transfers were found to be associated with increase in height, lower prevalence of stunting, improvement in endurance, long-term memory, short-term memory and language development. These improvements in physical, cognitive and language development may have been produced via two potential pathways: first, an increased purchasing power which could be spent on food items, household items and material such as books or toys for the child's cognitive stimulation and second, an overall improvement in the psychological well-being of the family, resulting in a more caring and nurturing home environment for the child.

Several Asian countries such as Mongolia, Bangladesh, the Philippines and Malaysia also experimented with income support for parents through conditional cash transfer programmes. In Bangladesh, the cash transfer was conditional on regular growth monitoring for the child and non-mandatory information-dissemination sessions with mothers on nutrition and health. In a pilot, significant impacts were found in terms of reduced stunting of children and increased awareness on the importance of exclusive breastfeeding of infants (UNESCO, 2016). China introduced a voucher and conditional cash transfer scheme for children from poor households. However, despite an increase in pre-school participation, this did not lead to better child development outcomes due to the poor quality of schooling (UNESCO, 2016). This alerts one to the need to simultaneously invest in the provisioning of quality ECCE.

Coordination and integration of service provisioning between different government entities has been considered one of the most effective means of providing holistic and quality ECCE for children (Kaga et al. 2010 as cited in UNESCO, 2016). The Philippines, for example, set up a national ECD council in 2009 and used ECCE legislation for the expansion of multi-sectoral initiatives. Further, decentralisation of

ECCE has been explored which requires that programmes be managed locally by community and local governments. In Nepal, there is direct funding by international and national organisations, aid donors and non-government organisations (NGOs) for communities to develop ECCE programmes for children aged between two and three years. The centres are set up in the community and the caregivers are local womenwho are trained to provide day care and early stimulation. Technical and financial support is also provided by the government's Department of Education. While there are issues of quality that remain unaddressed, this community-based care and education for younger children has enabled an increase in access to pre-school through an expansion of enrolment in government-run, school-based centres at the age of four and entry into primary school at five (UNESCO, 2016).

Soudee (2009) explored the inclusion of culturally relevant indigenous practices in ECCE programmes which were in some cases implemented jointly by international institutions in three West African countries - The Gambia, Mali and Senegal. In The Gambia, the social and emotional well-being of children were seen to be maintained through frequent play, locally produced toys and regular interaction with adult members through storytelling, songs and play, imparting traditional knowledge. While these have not yet been included in any formal ECCE programmes, they have been studied to show benefits in children's social interactions and emotional health and should be incorporated into formal programmes (Sagnia, 2004 as cited in Soudee, 2009). In Mali, the *Clos d'enfants*programme implemented in partnership with UNESCO, and Save the Children's Strong Beginnings are both examples of models which combine local knowledge and resources with Western modes of pedagogy. The communities are involved in deciding whether or not to adopt the model, teachers are hired locally from the community and indigenous languages, beliefs and child-rearing practices are utilised.

As Serpell and Nsamenang (in UNESCO 2015) note, in Africa, various indigenous concepts of human development and socialisation existing along with formal educational models of cognitive growth create tensions and challenges in planning for ECCE programmes. Western tools and indicators to assess children tend to underestimate their progress since they do not adequately adapt to a child's context. For example, the practice of care-giving by pre-adolescents, contrary to being exploitative, is seen as a participatory component of social integration and staying grounded in the realities of daily life. It was actually successfully incorporated into a primary school curriculum for promoting social responsibility among both boys and girls in Zambia, leading to better academic outcomes as well. Indigenous play, music and dance, given attention only for its cognitive or physical benefits in western ECCE, also serves as a mode of "interactive social enculturation and structuring opportunities for the rehearsal, critique

and appropriation of cultural practices" (Fortes, 1970; Schwartzman, 1978; Lancy, 1996 as cited in Serpell and Nsamenang, 2015). Including cultural relevance as criteria for the approval of ECCE services, institutions and training will be a major step towards the incorporation of traditional knowledge, resources and practices for a more inclusive form of child care and education.

2. Status of Children in India: Provisions of ECCE, Challenges and Gaps

Having reviewed international and national literature, describing various practices and models that have beneficial impacts on early childhood, this chapter examines the status of ECCE provisions and children between 0-6 years in India. According to the *Handbook of Children's Statistics*, 2014 compiled by the National Institute for Public Cooperation and Child Development (NIPCCD), the total population of 0-6 year olds in India is 165.4 million (16.54 crores), constituting 13.59% of India's total population. The rural component accounts for over 121 million of children in this age group (73%), with the urban component at a little over 43 million (26 %), similar to the trends in the total urban-rural population divide. The sex ratio for this age group is at a dismal low of 919 females per 1000 males, down from the 2001 figure of 927. This is in spite of the sex ratio of the total population having increased from 933 to 943 in the same period.[1]

Table 2: Population status of 0-6 years in India as of 2014

No. of children in 0-6 age group	165.4 million
0-6 age group share in India's total population	13.59%
No. of children in 0-6 age group (Rural)	121 million
No. of children in 0-6 age group (Urban)	44 million

Source: *Handbook of Children's Statistics, 2014 compiled by NIPCCD*

2.1 Health and nutrition Status of 0-6 year olds in India

Table 3: Health and nutritional status of 0-6 year olds in India

Status of children Under 6[@]	**2005-06** **NFHS 3**	**2015-16** **NFHS 4**

[1] Source : Census of India 2011, Population Enumeration Data (Final Population) age data, Table C-13 Office of Registrar General and Census Commissioner, India, Ministry of Home Affairs, Govt. of India, New Delhi. www.censusindia.gov.in

Infant Mortality Rate (IMR)	57	41
Children under five years who are *wasted* (i.e. low weight for height) (%)	19.8	21
Children under five years who are underweight (%)	42.5	35.7
% of children 12-23 months fully immunised	43.5	62
Children age 6 – 35 months who are anaemic	69.4	58.4

Source: NFHS 4 India Factsheet (2015-16)

A perusal of data from the National Family Health Survey (NFHS), conducted periodically by the Ministry of Family Health and Welfare (MFHW), Government of India (GoI), reveals that nutritional and health indicators of children below five years has largely improved. However, much is still to be achieved, with infant mortality rates still standing higher than the global average (of 32 in 2015)[2],and over ten times higher than the average for Organisation of Cooperation and Economic Development (OECD) countries in 2013 (OECD Health Statistics, 2015).

The Neonatal Mortality Rate (NMR)[3] is 28, while the Early NMR[4] is 22.[5] The Under 5 Mortality Rate (U5MR) is 49, again higher than the global average of 43 (WHO, 2015) and India ranks 48th in a list of countries with the highest U5MRs (The State of the World's Children, UNICEF, 2016).

[2] Global Health Observatory Data, World Health Organisation (WHO, 2017). http://www.who.int/gho/child_health/mortality/neonatal_infant_text/en/

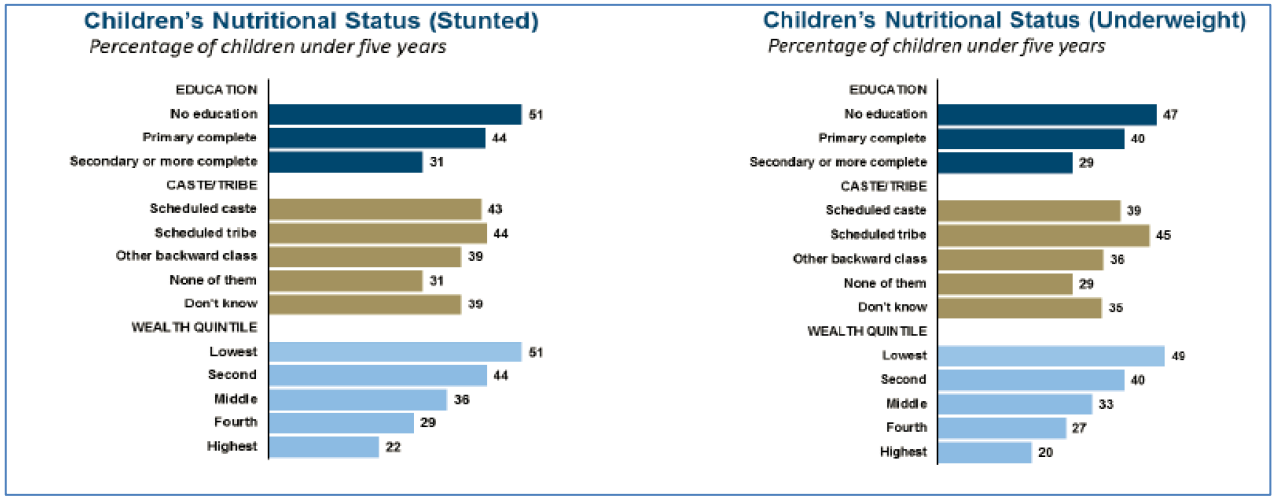
[3]The number of children per 1000 live births who do not survive beyond 28 days after birth

[4]The number of children per 1000 live births who do not survive beyond 7 days after birth

[5]Source: Sample Registration System, Statistical Report, 2013, Office of the Registrar General and Census Commissioner of India, Ministry of Home Affairs, Government of India, New Delhi, p.86.

Rajan, Gangbar and Gayathri (2014) have also noted that compared to its neighboursSri Lanka, Bangladesh and Nepal, India still lags behind with respect to child health and nutrition. Malnutrition has been identified as a key factor affecting mortality rates and India is still seen to have high numbers of moderately or severely malnourished children, with 30 percent of newborns being significantly underweight and 60 percent of Indian women anaemic (Claeson et al., 2000).

Figure 1: A Socio-demographic analysis of children's nutritional status



Source: NFHS 4 India Factsheet

Further, there are wide regional variations in health and nutritional outcomes with the southern states of Andhra Pradesh, Karnataka, Kerala and Tamil Nadu showing much greater improvements than eastern states such as Bihar and Jharkhand (Lokshin et al, 2005). NFHS 4 data also shows that children's nutritional status was directly related to education and wealth indicators, with more children in the lower levels on wealth and educational indices being stunted or wasted. With respect to social category, Scheduled Tribes (STs), followed by Scheduled Castes (SCs) had a larger proportion of malnourished children (see figure 1).

The poor performance in health and nutrition indicators has been attributed to the lack of policy priority afforded to these areas by the state, with Mundle (2011) arguing that there is a serious deficit with respect to medical facilities and transportation to quickly access medical facilities in the country, severe shortage of human resources and inefficient delivery systems (as cited in Rajan et al, 2014).

2.2. Pre-school education

Table 4: Children receiving pre-school education

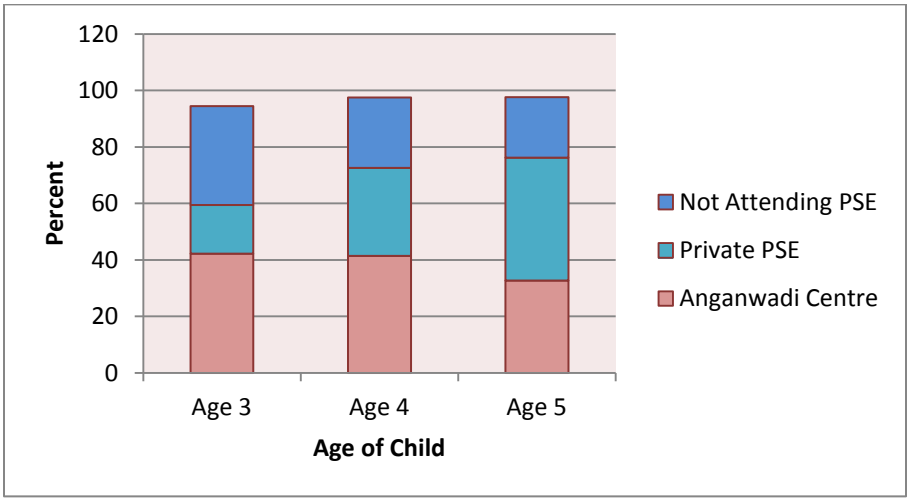
Background characteristics	Attending PSE (Percentage %)				
	ICDS	Private	Not attending PSE	Don't know/Not available	Total
Age of child in completed years					
3	42.2	17.3	35.0	5.5	100
4	41.4	31.2	24.9	2.5	100
5	32.7	43.5	21.4	2.4	100
Gender					
Male	37.5	31.7	27.4	3.5	100
Female	40.1	29.6	26.9	3.5	100
Residence					
Urban	22.2	50.4	24.5	2.9	100
Rural	46.0	22.0	28.3	3.8	100
Religion					
Hinduism	40.0	30.6	25.9	3.5	100
Islam	34.4	27.6	34.0	4.0	100
Christianity	35.2	38.5	25.6	0.7	100
Sikhism	21.9	52.8	23.3	1.9	100

Jainism	27.4	58.1	12.4	2.1	100
Buddhism	49.1	31.4	18.2	1.3	100
No Religion	25.5	24.8	46.6	3.2	100
Other	39.3	30.2	26.9	3.7	100
Social group					
SC	42.3	24.9	29.4	3.4	100
ST	52.0	17.4	26.9	3.7	100
OBC	35.9	31.9	28.3	4.0	100
Others	34.3	39.3	23.6	2.7	100
No Response	49.3	16.9	31.7	2.0	100
Wealth index					
Lowest	51.9	8.6	34.8	4.8	100
Second	49.2	17.2	29.2	4.0	100
Middle	42.8	27.9	25.9	3.4	100
Fourth	30.1	42.6	24.5	2.8	100
Highest	16.0	61.6	20.3	2.2	100
Total	38.7	30.7	27.1	3.5	100

Source: Rapid Survey on Children National Report, Ministry of Women and Child Development and UNICEF, 2013-14

The participation of children in pre-school programmes has also shown an improvement but covers just over half the population in the three to five age group.

Figure 2: Age-wise participation in types of pre-school



Source: Rapid Survey on Children National Report, Ministry of Women and Child Development and UNICEF, 2013-14

Data in itself is unreliable, since different sources provide varied estimates for the number of children enrolled in a pre-primary school in the first place. While UNICEF data[6] puts the estimate of three to six year olds enrolled in pre-primary schools at 58%, the Ministry for Women and Child Development (MWCD) data suggests that about 70% are enrolled in some form of private or ICDS programme. This high figure is attributed to the crucial step of universalisation of the ICDS scheme along with the rapid expansion of the private sector, not only in urban, but also rural and tribal areas. A NIPCCD study that sampled 748 ICDS projects across the country, found that on average, 37 children per anganwadi centre (AWC) were registered for PSE and 75% of those registered were attending the AWC (NIPCCD, 2006). According to the Rapid Survey on Children (RSOC) 2013-14, while at the ages of three and four, around 40 percent were registered, it reduces to about 32 percent by the age of five. The reasons attributed for this is due to the early start of primary school, as was also reported by respondents during our fieldwork (discussed in more detail later).

Another study conducted by FSG (2015)[7] showed that 79% of children in the age group of two to six years were attending pre-school. Of the 21% not attending any pre-school, three-fourths were in the

[6] https://data.unicef.org/country/ind/ Note: this refers to gross enrolment ratio.
[7] 4299 listing interviews, 2010 structured interviews and 108 customers through FGDs/in depth interviews across 8 urban cities were conducted

two to three age group. A longitudinal study conducted by CECED similarly finds that close to two-thirds of all children in the villages sampled across three states were participating in some form of ECCE programme, and each village had at least one AWC, along with private facilities in many.

Based on the numbers reported by the MWCD and UNICEF, India perhaps performs no worse than other countries with respect to pre-school enrolment. In fact, it appears to be ahead of the global average (gross enrolment ratio for pre-primary education stands at 48 percent).[8] A UNICEF (2015) report on 'Early Childhood Development: A Statistical Snapshot', also reveals that fewer than 50 percent of children between 36-59 months are attending some form of early childhood education, and that children from the lowest quintile are the most disadvantaged in terms of access to pre-school education.[9]However, according to World Bank data (2017), India's gross enrolment ratio in pre-primary school stands at 12 percen, which is much lower compared to its neighbours such as Sri Lanka (93 percent), Nepal (85 percent), Pakistan (72 percent) and Bangladesh (31 percent).[10]

Overall, all data sources suggest a large number of children between three to six years not covered under some form of early childhood education programme, both across the world as well as in India. The RSOC 2013-14 pegs this number at 27 percent of the child population between three to five years. This also suggests the need to review existing provisions and step up efforts to ensure education investments and provisions. In the next section, we examine the available policies, provisions and budgets for early childhood education in India before concluding the chapter with an analysis of existing gaps that need to be immediately addressed in order to ensure equitable outcomes for all children.

Sex-wise distribution: There is a slightly higher proportion of boys attending private pre-schools (31.7 percent) compared to girls(29.6 percent), a higher proportion of whom are in AWCs (40.1 percent compared to 37.5 percent boys). The number of boys and girls out of pre-school are almost similar (refer Table 3).

Urban-Rural distribution: Over half the children in urban areas are enrolled in private PSE, with only 22 percent in AWCs, while it is the opposite in rural areas, with almost half the children enrolled in AWCs. A

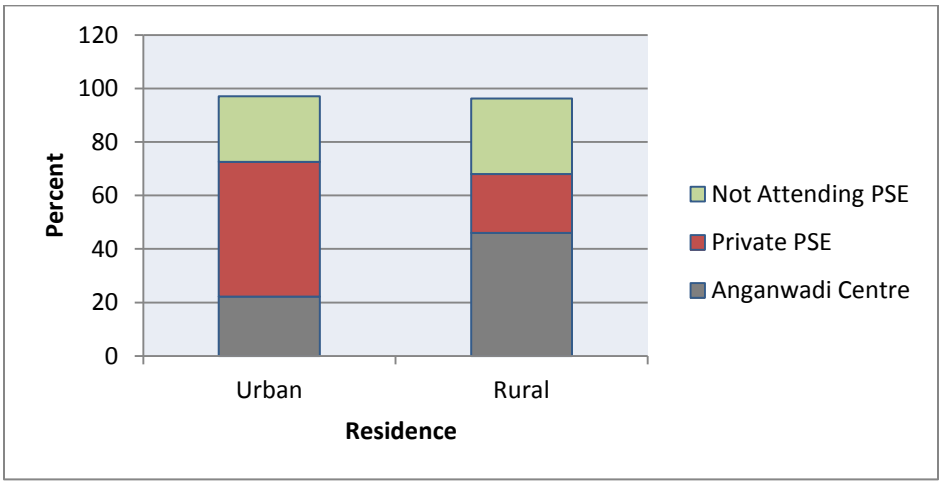
[8] Note: The global average has been sourced from the World Bank dataset on' Gross enrolment ratio, pre-primary, both sexes (%)' (https://data.worldbank.org/indicator/SE.PRE.ENRR?locations=US-IN), which reports a corresponding figure of 12 percent for India.

[9] Note: These figures are based on survey conducted in the African, Middle Eastern, East Asian, Latin American and Caribbean countries only.

[10] This may however be inaccurate estimates as an analysis of country-wise estimates do not match other data sources.

slightly higher proportion of rural children (28.3 percent) are out-of-preschool, compared to urban children (24.5 percent).

Figure 3: Participation in PSE in urban and rural areas



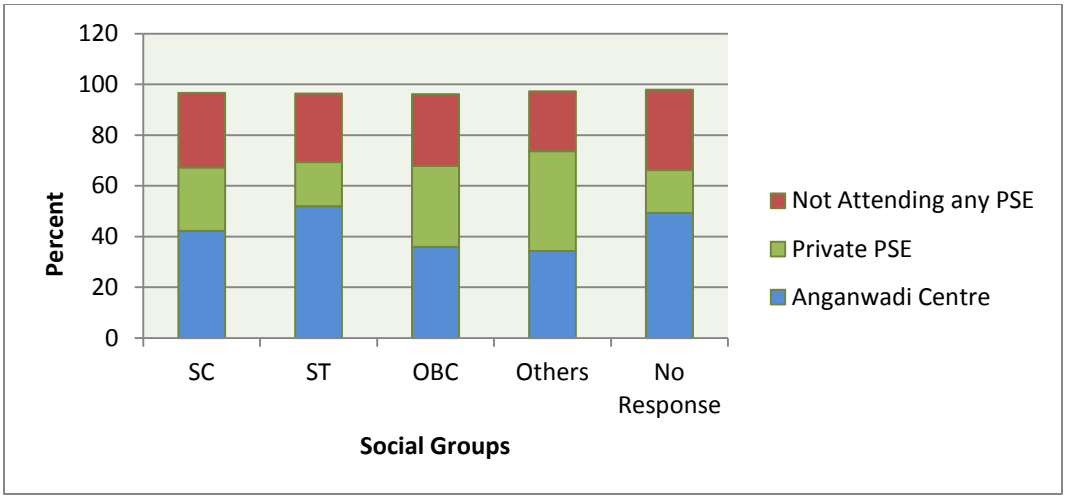
Source: Rapid Survey on Children National Report, Ministry of Women and Child Development and UNICEF, 2013-14

Social Category-wise distribution: Amongst Christians, Sikhs and Jains, there are slightly higher proportions of children attending private ECCE centres (38.5 percent, 52.8 percent and 58.1 percent respectively). One possible reason for this could be that children from these communities attend private institutions that are being run by their own religious groups. These institutions (run by specific religious groups) form a small component of ECCE provisioning but are highly competitive with the private sector (Kaul and Sankar, 2009). An analysis of children out-of-preschool by religious category shows that about 46.6 percent children (on the RSOC 2013-14) have given no religion, while children belonging to the Muslim community form the second largest group of out-of-preschool children (at 34 percent).

A caste-wise analysis shows that majority of SCs and STs attend AWCs and less than one fourth attend private centres. Amongst OBCs, roughly equal proportions attend both AWcs as well as private centres. Among other castes, there are slightly more children (close to 40%) attending private centres other than anganwadis. This may point at the fact that despite the mushrooming of private PSE institutions all across rural and urban India, the benefits of such education is still skewed along castelines. The socially marginalised sections, also often economically disadvantaged, possibly continue to depend on government welfare provisioning. This number, however, could be even higher with almost 50 percent

children, whose caste status is undetermined, reporting that they attended anganwadis. Close to 30 percent of this group was also not availing any form of PSE, while the second highest group that reported availing no PSE was SCs (29.4 percent). OBCs follow close behind with 28.3 percent out-of-preschool, followed by STs with 26.9 percent out-of-preschool.

Figure 4: Caste-wise participation in PSE

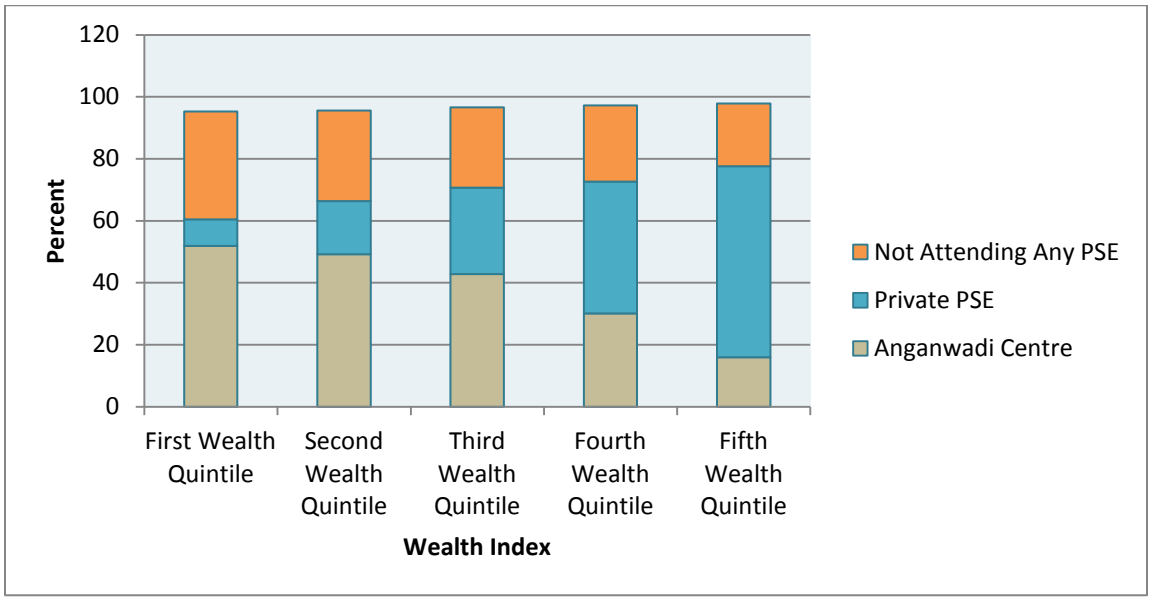


Source: Rapid Survey on Children National Report, Ministry of Women and Child Development and UNICEF, 2013-14

Participation in PSE by wealth index: A wealth-wise distribution shows similar trends with regard to children attending government and privately run ECCE centres, or rather, makes the disproportionate distribution of ECCE centres even starker. While the two lower wealth quintiles largely attend the ICDS, there is a rapid decrease in availing ICDS services over the next three quintiles. There is simultaneously a huge increase in children attending private services, with an increase in the wealth index of the family. Moreover, the proportion of children not attending PSE also decreases with an increase in household wealth. The trend of higher household wealth correlating with a higher tendency to attend some form of PSE has been utilised positively to increase participation in PSE programmes, through various cash transfer programmes in Latin America. In one study, a cumulative increase in cash transfers was found to result in better development outcomes in all domains (Fernald, Gertler and Neufeld, 2008), also suggesting concomitantly that lower household wealth may curtail access to ECCE programmes. This trend translating into higher participation in private ECCE programmes may pose a challenge in light of the lack of quality regulation or a monitoring framework for such centres. It also has implications regarding state social sector funds being invested in the private sector, as several commentators have

pointed out that this comes at the cost of lesser funds for strengthening and subsequent neglect of government programmes for which huge investments have already been made in terms of infrastructure, human resources, etc.

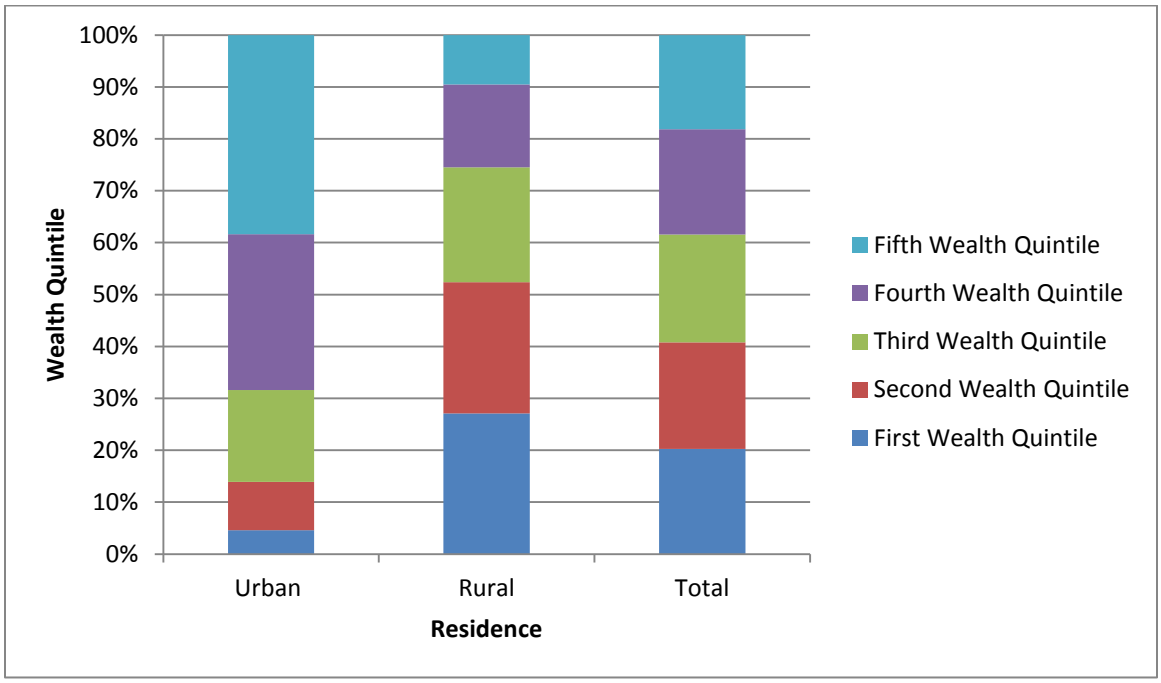
Figure 5: Participation in PSE by wealth index



Source: Rapid Survey on Children National Report, Ministry of Women and Child Development and UNICEF, 2013-14

A closer look at the profile of children under six years of age, as given in Figure 6, shows that while there are an equal proportion of children within each quintile at the all-India level (approximately 20 percent), these figures look very different for urban and rural areas. While close to 70 percent of all urban children under the age of six fall within the two upper wealth quintiles, over 70 percent of rural children are in the bottom three quintiles.

Figure 6: Location-Wise Distribution of Wealth Indices of Children Under 6



Source: Rapid Survey on Children National Report, Ministry of Women and Child Development and UNICEF, 2013-14

2.3. Provisioning for ECCE in India

2.3.1 Policy framework for ECCE in India

There have been several policies in India that directly address the needs of the young child, creating an enabling framework for the provision of ECCE services. The National Policy on Education (1986 and 1992) recognized ECCE as a critical input in Human Resource Development and as a support for primary education, strongly advocating for the play way method at this stage as opposed to formal teaching methods such as the 3Rs or reading, writing and arithmetic (Kaul et al, 2012). The National Policy for the Child (1974) articulated governmental commitment to provide for the child in a holistic and integrated manner and the need to build the capacities of caregivers, after which the ICDS was initiated in 1975 on a pilot basis. The National Nutrition Policy (1993) and the National Health Policy (2002) identified 0-6 year olds as a vulnerable group and articulated programmatic interventions and the need for improving indicators. The National Plan of Action (NPA) (1992) laid down time-bound targets and strategies to achieve the overall survival, growth and development of children (Kaul et al, 2012). India is also a signatory to the Convention on the Rights of the Child (CRC) (1989) and Education for All (EFA) (1990)

which positions ECCE as the very first goal to be achieved, with these goals being further reaffirmed in the Dakar Framework for Action (2000) and the Moscow Framework for Action (2010) (MWCD, 2013).

The Constitution of India under the Directive Principles for State Policy in the amended Article 45 states that "The State shall endeavour to provide ECCE for all children until they complete the age of six years". However, the Right of Children to Free and Compulsory Education (RTE) Act which came into effect in 2010, while making education a fundamental right of children from six to 14 years of age, left children under the age of six out of its scope. Despite recent commitments from the government towards ECCE in the form of universalisation of the ICDS and the National ECCE Policy (2013), it is yet to be recognised as a fundamental right. A sub-committee was set up by the Central Advisory Board of Education (CABE) on the order of the MHRD to examine the feasibility of the extension of the RTE to pre-primary education, which prepared a drafting framework to define boundaries for pre-school education and identified issues of the entry age of children, teacher capacities and qualifications, focus on child-centred and developmentally appropriate pedagogies and coordination with implementation of ICDS as key points for further discussion (CABE, 2013). Along with a draft framework for including pre-primary education within the scope of the RTE and defining the norms for pre-school education, it was recommended that wider consultations be held with stakeholders prior to preparing a final framework and extending the RTE to pre-primary education.

National Early Childhood Care and Education Policy (2013)[11]

The recent National ECCE Policy (2013) reaffirms the government's commitment towards a holistic and integrated approach to the provision of childcare in the country, drawing on critical evidence and research in the field around the importance of ECCE and the need for developmentally appropriate practices at each sub-stage of a child's life, following a lifecycle approach. It also notes the previous lack of quality standards and regulatory mechanisms and aims to bring under its purview all types of ECCE models such as anganwadis, balwadis, creches, nurseries, pre-primary schools, kindergartens, play schools, preparatory schools, home based care etc, being provided by public, private and NGO service providers. The objective of the policy is to promote free, universal, equitable, inclusive and contextualised learning.

The context and need for the policy arises out the fundamental changes in the family structure that has taken place over the years, with a breakdown of traditional joint families as well as more women

[11] The National ECCE policy is supported by a National ECCE curriculum framework, given in Annexure 1

participating in the labour work force, leading to the absence of traditional structures that passed on childcare practices through generations. This has come hand in hand with crucial scientific evidence and an emerging global recognition of the need for quality ECCE, entailing a necessary strengthening of capacities of service providers, parents as well as communities to be able to cope with the development requirements of young children within diverse social contexts.

The policy also refers to the various earlier policies that have articulated the importance of ECCE, the latest among them being the RTE, which states under Section 11 that "with a view to prepare children under the age of three years for elementary education and to provide early childhood care and education to all children till they complete the age of six years, the appropriate government may make necessary arrangements for providing free pre-school education for such children." This, however, is not mandatory under the RTE.

As per the ECCE policy, the government is to be guided by the objectives of universalising ECCE through the provision of a comprehensive childcare support system, services and facilities and capacity-building of all stakeholders, while ensuring that these function within the prescribed quality standards. It is also to bridge the gap between home-based care, institutional care and the transition to schools, by involving the families and communities of children, raising awareness, developing culturally appropriate practices and adopting decentralised and participative strategies.

The main channel for the provision of universal childcare remains the ICDS, within which the AWC is to be repositioned as a 'vibrant child-friendly ECD centre' (MWCD, n.d., p.10)and other government schemes are to be realigned with the above-mentioned objectives through linkages and convergence with other departments and programmes. Alongside, various not-for-profit as well as for-profit NGO and private initiatives which adhere to prescribed quality standards will be experimented with, promoted and supported, wherever feasible. The regulatory framework pertaining to infrastructure, teacher-student interactions, curriculum, pedagogy, health, nutrition, parent and community involvement and teacher professional development is to be implemented by different states in phases - from registration to accreditation to regulation. The apex body for implementation, assessment and evaluation of all ECCE programmes is the National ECCE Council and each state is to setup its own ECCE Council as well. Monitoring and supervision should incorporate the latest technology for the collection and analysis of data and be measured against clearly defined outcome indicators. Research and advocacy in the area of ECCE will also be supported and funded as per the policy, with the aim of reaching out to the most vulnerable populations.

While the policy commits to increase investment in the field of ECCE, increase aggregate expenditure on programmes and services, and develop disaggregated child budgets, it very noticeably does not elaborate on the details of budgeting and financing these services.

2.3.2 Child Budget

India is one of the few countries in the world to have recognised the need for a separate çhild budgeting exercise. The Child Budget refers to the total outlays on child-specific schemes within the national budget, and this is categorised into four main sectors - Child Development, Child Health, Child Education and Child Protection. This has been made part of the Expenditure Budget presented with the Finance Bill every year in the form of Statement 22 - *Budget Provisions for Schemes for the Welfare of Children* (HAQ, 2016). The share for children in the Union budget in 2016-17 has gone up slightly from 3.26 percent in 2015-16, to 3.32%. This figure, however, is still far lower than the share allocated in 2012-13 (which was 4.76%), since when it has been declining, despite a slight increase this year. Further, this does not even meet the conservative estimates made in the National Plan of Action for Children (NPAC, 2016), which demands that at least five percent of the Union Budget be spent on programmes directly related to children (Ganotra, 2017).

Table 5: Child-related schemes with increased allocations

Scheme	**Previous Allocation (INR)**	**New Allocation (INR)**
Sarva Shiksha Abhiyan (SSA)	225 billion	235 billion
Midday Meal Scheme (MDM)	97 billion	100 billion
Integrated Child Development Services (ICDS)	140 billion	152.45 billion
NRHM flexible pool	21.1 billion	24.5 billion

Source: Ganotra, 2017

Analysing the increase in the current budget, Ganotra (2017) notes that the allocations have mainly increased in four schemes (as shown in Table 4), of which ICDS is the only scheme that directly contributes to children between 0-6 years. However, as commentators note, this increase is not as significant as it seems. First, since the increase of INR 12.45 billion is clearly not enough to universalise the scheme (which currently caters to only about 50 percent of the population) and is definitely not

enough to convert the vision of 'anganwadi-cum-crèche' into reality as envisaged under the restructured ICDS scheme. Further INR 5 billion from this fund has been actually allocated for women empowerment schemes (Mahila Shakti Centres) (Ganotra, 2017a;b).

It is important to note that the budget for ICDS, while increasing from the previous year, is still lower than between 2012-2015, when it was actually on the rise. While there is an allocation of INR 140 billion for ICDS, this falls more than halfway short of what is required to implement ICDS in *mission mode,* estimated at INR 303.25 billion. The Rajiv Gandhi National Crèche Scheme (RGNCS) has also seen a reduction in allocation, from INR 2.05 billion to INR 1.50 billion in 2016-17.

Table 6: Share of child development in the Union Budget

Year	2012-13	2013-14	2014-15	2015-16	2016-17
Share of child development in Union Budget	1.10%	1.10%	1.06%	0.51%	0.77%

Source: Budget for Children 2016-17, HAQ

Further, when one analyses the share of child development schemes (which is the sector that caters to 0-6 years, with schemes such as ICDS and RGNCS allocations), a similar pattern is observable. Though the total share of child development budget at 0.77 percent of the union budget is a 67.7 percent increase from the previous year's budget, it is much lower than the allocations for child development made between2012 and 2015.

The National ECCE policy of 2013 recommends the setting up of national- and state-level ECCE councils, yet to witness allocation in the child budget, as is the setting up of statutory crèches by the Labour Ministry.

2.3.3Provisions for ECCE in India

Provisions for ECCE in India can broadly be defined as options available under the government, private and NGO sectors. However, even within these different sectors, there is a wide diversity in the kinds of programmes, size, structure, processes, quality and costs, impacting learning outcome levels of children (CECED, n.d.). There are almost 130 publicly sponsored programmes under various ministries and

departments which cater to the needs of children from the prenatal stage to the age of six years, most of them directed at disadvantaged communities (Kaul and Sankar, 2009).What is also important to note is that access to various ECCE provisions is influenced by socio-economic differences (as with school education), with high fee-charging institutions, following Western models/pedagogies mainly accessed by the upwardly mobile, urban middle class (Kapoor, 2006).

A. Public Provisions for ECCE

I. The Integrated Child Development Services (ICDS) According to Kapoor (2006): "...the Integrated Child Development Service (ICDS) is the world's largest integrated childhood programme, modelled in part on the US Head Start programme (Bhavnagri, 1995)." ICDS is the flagship programme of the central government which seeks to provide a holistic and integrated package of services related to health, nutrition and pre-primary education, following a life-cycle approach. ICDS targets pregnant women, lactating mothers and children from the prenatal stage to 6 years of age. It provides a package of six services: supplementary nutrition, pre-school non-formal education, nutrition and health education, immunisation, health check-up and referral services.

The nodal agency responsible for the programme is the MWCD. However, due to its integrated nature, other ministries such as the Ministry for Health and Family Welfare (MHFW), Ministry of Human Resource Development (MHRD) and the Ministry for Social Justice and Empowerment (MSJE), are also involved. The convergence between the various services of the ICDS and the different ministries responsible for it is to be operationalized through the creation of AWCs, where each of these services is provided through the coordination between various sectors, departments and ministries.

Table 7: Services and beneficiaries of ICDS[12]

Services	**Target Group**	**Service provided by**
(i) Supplementary nutrition	Children below 6 years, Pregnant and lactating mothers	Anganwadi worker and anganwadi helper [MWCD]
(ii) Immunisation	Children below 6 years, Pregnant and lactating	ANM/MO [Health system, MHFW]

[12] Details regarding each of these services is given in Annexure 2.

	Mothers	
(iii) Health check-up	Children below 6 years, Pregnant and lactating mothers	ANM/MO/AWW [Health system, MHFW]
(iv) Referral services	Children below 6 years, Pregnant and lactating mothers	AWW/ANM/MO [Health system, MHFW]
(v) Pre-School education	Children 3-6 years	AWW [MWCD]
(vi) Nutrition and health education	Women (15-45 years)	AWW/ANM/MO [Health system, MHFW & MWCD]

Source: MWCD website

The number of operational AWCs as of 2015 was 1.35 million, of which only 1.25 million provide pre-school education. The number of 0-6 year olds availing benefits of the SNC is 82.8 million, while the figure including pregnant and lactating women is 102.2 million. The coverage of ICDS has increased over the years but between 2013-14 and 2014-15, despite an increase in the target and actual number of ICDS projects and operational AWCs, the number of beneficiaries of the supplementary nutrition programme and pre-school education have decreased, which is a cause of concern(for more details on coverage see Annexure 2).

The decline in the population availing ICDS services, despite increase in budgets and provisions made for universalisation since 2001 (Rajan et al., 2014) is attributable to several factors, ranging from problems with implementation, lack of political will as well as a result of changing aspirations among parents, particularly with respect to preschool education. Rajan et al. (2014) argue that a critical issue has been the continued efforts to expand an inefficient model with a view to ensuring political returns rather than beneficiary improvements. In this regard, they argue, the programme has remained focused on achieving universal targets with a single-minded focus on providing inputs and monitoring outputs (e.g., number of centres established, staff trained, village nutrition days organised, amount of money spent, etc) rather than focusing on issues of quality.

Participation in at the anganwadi level is marred by perceptions of the anganwadi as primarily a feeding centre for the poor, with the programme still continuing to be perceived mainly as a nutrition programme. Identifying this as the 'paediatric orientation' of the programme, with its greater emphasis on nutrition compared to education, Kapoor (2006) notes that this is due to long history wherein preschool education was considered secondary to health education and nutrition, due to the poor survival rates of children prior to the 1990s.

However, even with improvements in child mortality, there is little evidence of a shift towards attention to pre-school education (Upadhyay *et al.,* 1998; Cleghorn and Prochner, 2003; as cited in Kapoor, 2006). These findings were supported even in a recent study conducted by the Centre for Budget and Policy Studies (CBPS-UNICEF, 2017), reviewing the ICDS and its expenditures in Karnataka. Parent respondents across 100 anganwadis reported that anganwadis continued to privilege nutrition over education and only 15 percent of the respondents reported pre-school education of at least three hours, while anganwadi workers (AWWs) themselves reported less than two hours of pre-school education.

Despite its important place within the ICDS, pre-school education continues to be one of the weakest links in the programme. While there have been several efforts made to monitor the nutritional status of children, little has been done to monitor the pre-school educational component which includes activities for cognitive, social and motor development (CBPS-UNICEF, 2017; Kaul, 2002).This is a tragedy since the ICDS provides one of the best examples of a developmentally appropriate, non-formal curriculum for pre-school children.

Table 8: Activities conducted in the AWCs

Activity	**Rural (%)**	**Tribal (%)**	**Urban (%)**	**Total (%)**
Free conversation	73.1	72.9	83.3	74.7
Storytelling	90.6	91.2	96.7	91.7
Songs	93.9	97.6	95.8	95.1

Counting	89.5	92.4	96.7	91.3
Drawing/painting /colouring	42.1	47.6	45.8	44.4
Outdoor games	71.6	68.8	67.5	70.3
Threading	15.3	24.1	17.5	17.6
Matching colours	62.4	66.5	68.3	64.3
Indoor games	79.5	72.9	77.5	77.7
Others (Picture books, toys, swings, see-saws, dolls, rings, blocks etc)	17.9	17.1	19.2	17.9

N=748 projects; Source: NIPCCD, 2006

An analysis of the pre-school programme of the ICDS, in fact, reveals that the focus of learning in anganwadis consist of structured and unstructured play and learning experiences to promote the social, emotional, mental, physical and aesthetic development of the child (Kapoor, 2006). Teaching is often conducted in the mother tongue.

However, despite having a progressive curriculum, implementation of the pre-school education component of the ICDS itself suffers due to several reasons. A study conducted by NIPCCD (2006) has shown that among the range of activities prescribed, those that are less resource-intensive, such as storytelling, singing or counting activities, are being practiced in more centres, while those such as colouring/drawing, or utilising material considered age-appropriate such as blocks, rings, beads, strings etc are not as prevalent. This has largely been due to the non-availability of material in the centres, due

to lack of budgetary allocation. The data on the availability of PSE kits in AWCs, which is supposed to consist of appropriate play material, stationery and teaching aids for pre-reading and writing, shows that 44 per cent of all AWCs sampled in the study did not possess a PSE kit, which is reflected in figures for PSE activities conducted across centres as well (NIPCCD, 2006). The NIPCCD (2006) report also suggests that one way to address the frequency of such activities is through improvisation with locally available material, since this reduces dependence on non-indigenous material for play, increasing familiarity for the children and also turns out to be more cost-effective in light of resource-constraints in several AWCs.

Similarly, a study by CBPS-UNICEF (2017), conducted across 100 AWCs in Karnataka showed that only 38 had at least five different kinds of PSE material. Like the NIPCCD study, this study also reported that there were more centres with academic material such as flash cards to teach colours, numbers, letters, stories, simple puzzles, picture books on animals, vegetables, fruits, and parts of the body), than play material such as stuffed toys, building blocks, small drums and so on. This is also likely due to lack of budgetary allocations, aside from other reasons. The budgetary allocation under the budget head of 'pre-school education' for ICDS was zero between 2010-2012, and INR 1000 between 2012-2014 (Budget Information Series, OBAC, 2013). This has been revised in the 12th Plan, and an amount of INR 3000 per AWC and INR 1500 per mini-AWC has been allocated on PSE kits.

The revised budget for PSE is perhaps reflected in the findings of a more recent evaluation of 605 ICDS centres[13] by NIPCCD in 2016. The study showed that that 73.9 percent of AWCs reported adequate PSE material and 69.4 percent possessed PSE kits, a marginal improvement from the earlier evaluation (NIPCCD, 2016). Further, 30.7 percent of all AWW were found to be preparing low cost teaching-learning material (NIPCCD, 2016).

Another area which suffers in the pre-school programme is outdoor activities. These are conducted by lesser number of anganwadis as there is a lack of availability of space, especially in urban areas (NIPCCD, 2006). Further, the workload of the AWW has been another challenge affecting the PSE component of the ICDS. The CBPS-UNICEF (2017) study showed that only 15 out of 100 AWWs surveyed reported conducting PSE for at least 3.5 hours. According to the study, the average time spent on PSE was one hour and 40 minutes. Discussions with workers shows that tasks such as record-keeping and

[13] In 19 States and Union Territories, based on data received by Central Monitoring Units (CMUs)

introduction of additional schemes such as the Arogya Lakshmi in Telangana and the MathruPoorna and Bhagyalakshmischemes in Karnataka take away critical time from the PSE programme.

In addition to these internal challenges for the programme, another significant issue that has been growing in the recent years is parental aspirations and expectations from the PSE programme. Though the ICDS PSE programme adopts activities that are developmentally appropriate for children between three to six years, parents insist on formal education, because of which certain components of formal schooling have also been introduced in PSE**.** These observations were repeatedly made during interactions with parents on the field (in Orissa, Delhi and Telangana).[14] AWWs also reported that parents who sent their children up to the age of four to the anganwadi (for nutrition) would pull their children out and enrol them in private preschools by the age of five if they could afford it, as this would ensure the child's continuation in a private, English medium school in the later years and avoid other problems such as the need to pay donations to enrol the child in Class I.[15]

A study conducted by FSG similarly showed thatparents' perceptions of a 'good' ECE programme comprised of academic concerns such as learning the alphabet and numbers, getting into the habit of doing homework and performing well at exams. English language skills were also considered another marker of progress by most parents (FSG, 2015). The study sampled middle and low income families (with over 70% with a household income <15,000pm) in cities in India, with at least one child in the ECE (0-6) agegroup and spending between INR 300-1200 per month as fees. It found that of the 79% of children attending pre-school, 87% of this group was availing private sector services while only 13% were accessing government programmes.

Though the ICDS falls under the MWCD, there has been a push to include under-six year-olds within the the ambit of the RTE, in which case shifting the PSE component under the Education Ministry can be considered (CBPS-UNICEF, 2017). However, since there is uncertainty around this inclusion, the ICDS has been preserved the way it is, so as to continue to provide for children from disadvantaged backgrounds. Alternatively, since health and nutrition requirements are also to be made available through PHCs via ANMs and ASHA workers, this component of ICDS creates an overlap of services, wastage of resources

[14] Refer to Table 2 for details on stakeholders interviewed

[15] As reported during an FGD with AWWs in Ibrahimpet block, Ranga Reddy District, Telangana on 11th August, 2017 and during personal interviews with parents of children enrolled in anganwadi no. 115 in Tekhandvillage, Delhi on 9th August, 2017.

and challenges in monitoring. Delinking nutrition/health and PSE services may also provide the AWWs with adequate time to focus on activities related to child development (CBPS-UNICEF, 2017).

Restructured ICDS

To address the programmatic, management and institutional gaps in ICDS, the restructured and strengthened ICDS was approved in the 12th Five Year Plan (MWCD, 2012). While the programme budget allocation was INR 444 billion in the 11th Plan period, it was increased to INR 1,235.8 billion the 12th Plan period.[16] As per the revised cost norms, the centre-state sharing ratio, which was earlier 90:10, is now 60:40 for all budget heads except for the Supplementary Nutrition Programme (SNP), for which it continues to be 50:50.

The programme was to be rolled out in three phases - in 200 high burden districts in the first year (2012-13), in another 200 districts in the second year (2013-14), and the remaining districts from 2014-15 onwards.

The gaps and challenges identified and to be addressed under this scheme are as follows:

- special focus on children under three years and pregnant and lactating mothers
- strengthening and repackaging of services, including care and nutrition counselling services and care of severely underweight children
- a provision for an additional anganwadi worker cum nutrition counsellor for focus on children under three years of age and to improve the family contact, care and nutrition counselling for pregnant and lactating mothers in the selected 200 high burden districts across the country, besides having pilots on link workers, crèche cum AWC
- focus on ECCE
- forging strong institutional and programmatic convergence particularly at the district, block and village levels
- models providing flexibility at local levels for community participation
- improving the SNP, including cost indexation
- provision for the construction and improvement of AWC

[16] Further details regarding the revised budget is given in Annexure 3.

- allocating adequate financial resources for other components including monitoring and Management and Information System (MIS), training and use of Information and Communication technology (ICT)
- to put ICDS in a mission mode
- Revise financial norms (MWCD, Press Information Bureau, 2012)

As evident from the points listed above, the focus of the restructured ICDS still continues to remain nutrition and health, as seen from the many action points related to nutrition mentioned above. However, efforts have also been made to strengthen the PSE component by the MWCD (with support from NIPCCD) by identifying the Centre for Early Childhood Development and Research (CECDR), Jamia Millia University as one of the technical resource centres for piloting the restructured ICDS curriculum in two projects each in Delhi, Haryana and Rajasthan (CECDR, 2013). The six month-long pilot study comprised of developing the curriculum through a core committee with ECCE experts and ICDS functionaries, implementing it, and monitoring and evaluating the implemented curriculum. The revised curriculum, including a detailed daily timetable with activities targeting each development domain using appropriate teaching-learning material, was operationalized through training of anganwadi workers, organization of parent and community meetings prior to the implementation, provisioning support of supervisors and Child Development Project Officers (CDPOs) to anganwadi workers (AWWs), and release of the sanctioned funds of INR 3000 per AWC by MWCD for PSE services. The monitoring and evaluation, though conducted in a short time span, was adjudged to have showed positive results in children's development in the form of improved language skills, cognitive concepts such as colours, shapes, sizes, emergent literacy skills through worksheets, inculcated personal hygiene practices, increased attendance and generated an overall active interest in the new opportunities being provided as part of PSE. Other gains were in the form of parental satisfaction along with increased interest, commitment and positive attitude towards PSE by the ICDS staff.

II. Rajiv Gandhi National Crèche Scheme for Children of Working Mothers (RGNCS)

The RGNCS was introduced by the central government to provide day care facilities to the children in the age group of 0-6 years from families with monthly income of less than Rs.12,000/-. Under the revised scheme of 2016, day care facilities, holistic health care and education are to be provided to children between six months and six years of age of working mothers. The specific services under the scheme are as follows: day care facilities, including sleeping facilities; early stimulation (0-3 years) and pre-school education (3-6 years); locally sourced supplementary stimulation; growth monitoring; health check-ups;

and immunisation. The scheme was revised in order to cater to this demographic dividend in the context of growing needs of younger women, changing family structures, urbanisation and migration, after a recommendation by the Steering Committee on Women's Agency and Child Rights, under the aegis of the Planning Commission, to re-design and re-look at the scheme which had failed in providing quality day-care services to the target population previously (Revised RGNCS, 2016). Considering ICDS targets a similar population, provides a larger range of services, and has been universalised, it was also recommended that flexible models, anganwadi cum creche centres, revision of norms, and other such options be explored in the next (13th) Five Year Plan period for the implementation of the RGNCS.

The scheme falls under the central government, under the MWCD, and the implementation was carried out by three main agencies - the Central Social Welfare Board (CSWB), Indian Council for Child Welfare (ICCW) and Bharatiya Adim Jati Sevak Sangh (BAJSS), in partnership with other civil society organizations as well as private agencies. As of 2008 however, all crèches under BAJSS were transferred to CSWB due to complaints of irregularities in the management, several of which were unable to become functional. Many crèches were also shut down by the implementing agencies due to non-performance (MWCD, Press Information Bureau, 2013). Moreover, no new crèches were sanctioned in the period between 2010 and 2013 (MWCD, 2013). These have resulted in a decrease in the total number of crèches, as can be seen from Table 9.

Table 9: Total number of crèches under the RGNCS

Year	2009-2010	2010-2011	2011-2012	2012-2013	2014- 2015	2015-2016
Total number of functional crèches	26785	22599	23785	23785	23293*	21363*

Source: MWCD, Press Information Bureau, 2013

The first year of the implementation of the revised scheme is directed towards undertaking intensive inspections of existing crèches to weed out non-performing centres, and also to upgrade the infrastructural facilities of other crèches so as to meet the requirements of the scheme (Revised RGNCS, 2016). The implementing agencies will continue to be CSWB and ICCW, through NGOs, with a cost-

sharing pattern of 90: 10 between the central government and the implementing NGO. The funds are released directly from the GoI to the implementing agency, instead of via the state government.

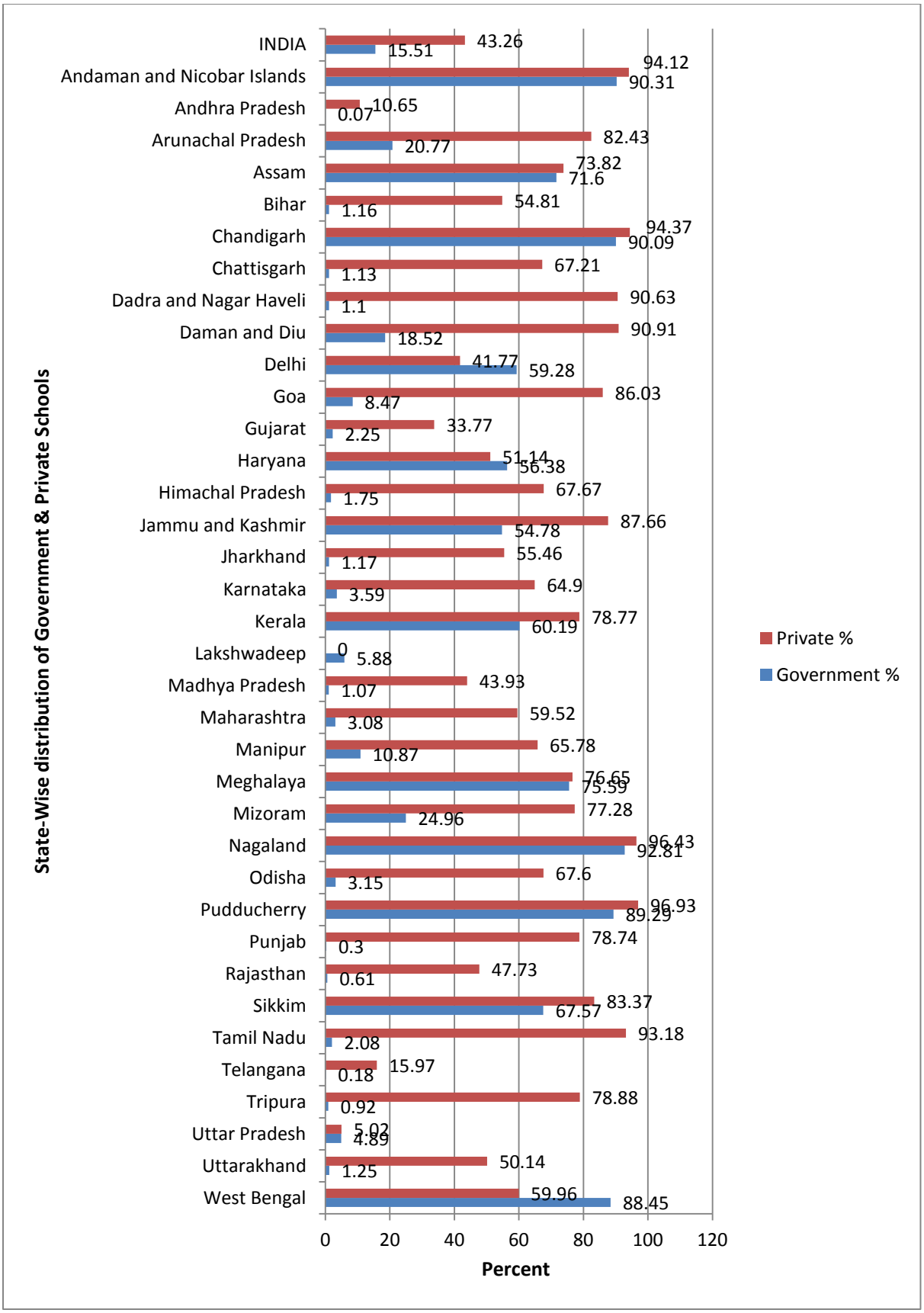
The targeted number of beneficiaries for this scheme has been 643 thousand since 2014, but a population of approximately 582 thousand benefitted in 2014-15, further reducing to 534 thousand in 2015-16 (Parliament of India, 2016).

III. Pre-primary schools attached to schools

In addition to providing PSE through anganwadis, the government also provides it through a limited number of pre-primary sections attached to government primary schools. According to DISE 2013-14 data, around 15.5 percent of government schools in India have an attached pre-primary section, catering to 3.02 million students (CSF, 2016). Sixty five percent of these schools do not have a teacher for the pre-primary section and the primary school teachers are probably responsible for these children as well (CSF, 2016). An analysis by CSF (2016) shows that in 12 states, over 50 percent of government schools have an attached pre-primary section, while in 18 states, less than five percent do. Two states, West Bengal and Assam, in particular have a disproportionately higher number of primary schools with pre-schools attached and contribute to 66.6% of all pre-primary sections in primary schools in the country.

Nationally, the enrolment in government pre-primary sections is just over 30 lakhs, while it is 85 lakhs in private pre-primary sections.

Figure 7: State-wise distribution of government and private schools with pre-primary sections


State-Wise distribution of Government & Private Schools
INDIA 43.26 15.51
Andaman and Nicobar Islands 94.12 90.31
Andhra Pradesh 10.65 0.07
Arunachal Pradesh 82.43 20.77
Assam 73.82 71.6
Bihar 54.81 1.16
Chandigarh 94.37 90.09
Chattisgarh 67.21 1.13
Dadra and Nagar Haveli 90.63 1.1
Daman and Diu 90.91 18.52
Delhi 41.77 59.28
Goa 86.03 8.47
Gujarat 33.77 2.25
Haryana 51.14 56.38
Himachal Pradesh 67.67 1.75
Jammu and Kashmir 87.66 54.78
Jharkhand 55.46 1.17
Karnataka 64.9 3.59
Kerala 78.77 60.19
Lakshwadeep 0 5.88
Madhya Pradesh 43.93 1.07
Maharashtra 59.52 3.08
Manipur 65.78 10.87
Meghalaya 76.65 75.59
Mizoram 77.28 24.96
Nagaland 96.43 92.81
Odisha 67.6 3.15
Puddducherry 96.93 89.29
Punjab 78.74 0.3
Rajasthan 47.73 0.61
Sikkim 83.37 67.57
Tamil Nadu 93.18 2.08
Telangana 15.97 0.18
Tripura 78.88 0.92
Uttar Pradesh 5.02 4.89
Uttarakhand 50.14 1.25
West Bengal 59.96 88.45
0 20 40 60 80 100 120
Percent
Private %
Government %

Source: Central Square Foundation, 2016

B. Private Sector Services

After the ICDS, the private sector is the second largest provider of ECCE services. Aside from high end private pre-schools, playschools, nurseries, preparatory schools and kindergartens that mostly cater to children from well-off families, there has also been a rapid expansion of low-budget, private pre-schools, in not only urban but even rural and tribal areas. Often such institutions are also attached to elementary schools and, as Kapoor (2006) notes, can also be exploitative, due to heavy loads placed on children, as a result of a downward extension of the primary curriculum and pressure exerted to compete and perform from an early age.

While some of these are registered with state-level educational authorities, many remain unrecognised, vary in quality and it is difficult to estimate the number of such schools (CECED, n.d.). A government estimate places the number of children enrolled in private ECCE centres at around 10 million, though the actual figure may vary due to their unregulated nature (Kaul and Sankar, 2009). With a lack of guidelines in their functioning, these schools are marked by inequitable access, uneven quality and growing commercialisation (NECCEP, 2013).

Some of the major private players are running pre-schools through franchise models such as Eurokids (780 branches), Kidzee (550 branches) and Treehouse, which also offer services outside of India (Ohara, 2013). It is further noted however that in 2015, 67% of the childcare industry was dominated by the unorganised sector, with no government supervision. The lack of regulatory frameworks, mechanisms and the growing commercialisation of education pose serious threats to quality, curriculum, infrastructure, teacher qualifications and access. Often, the quality of education provided at such centres may be counter-productive to a child's development, resulting in 'mis-education' (Kaul and Sankar, 2009).

C. NGO Services

In addition to public and private programme, NGOs provide ECCE services either by running their own models or assisting government programmes. These services usually target children from socially and economically disadvantaged settings, such as those in tribal areas, migrant workers or rural children in certain contexts (Kaul and Sankar, 2009). According to government estimates, three to 20 million children participate in such programmes (Kaul and Sankar, 2009). While these services have not been evaluated systematically, those attending these programmes report positive outcomes from parents, and are also more likely to go on to study in a primary school (Swaminathan 1998; as cited in Kaul and

Sankar, 2009). Several of these NGO models also cater to the diverse needs of communities and tend to demonstrate more innovative and developmentally appropriate teaching-learning practices (Kaul and Sankar, 2009).

The restructured ICDS is an example of collaboration between the NGO sector and the government, wherein NGOs and voluntary groups are recognised as technical support groups for training and capacity- building of communities and ICDS staff.[17] Under the restructured scheme, the government has also proposed to partner with civil society organizations for operating up to 10% of all ICDS projects. The vision is that these models could contribute "to innovation, component enrichment, quality improvement, extending reach to unreached areas and better responsiveness to local contexts" (Planning Commission, 2011, p.8).

Public-civil society partnerships have also been extended in providing crèche services - by converting five percent of all AWCs into AWC cum crèche centres under the restructured ICDS scheme; as well as part of the RGNCS. An example of this is between MWCD and a Delhi-based NGO, Mobile Crèches, which has been providing ECCE services to children of migrant workers at construction sites and urban slums for nearly 50 years and now acts as a technical resource for the state. Under the RGNCS, NGOs are also invited to set up and manage crèches, and 90% of the expenditure is borne by the central government in the form of grant-in-aid to the NGO.

Overall, considering the high rates of availability and participation in pre-school education, the CECED report suggests that India is well positioned to work towards developing and implementing quality standards in existing schools (CECED, n.d.). However, the lack of a regulatory mechanism is a critical concern. Market research on pre-school education in India cites precisely this lack of a regulatory framework as the primary reason for the emergence of a lucrative pre-school market in India, with the industry predicted to attract further investment and expand rapidly in the next few years (Technavio, 2016).

Additionally, parental perceptions regarding what comprises good pre-school education has also become a factor contributing to the growing involvement of private sector business models in the domain of ECCE. However, as Nambissan (2012) notes, such models hold implications for quality and access and affect equity at the ECCE level. This also suggests the need for engaging parents to increase

17

their awareness on the components of an appropriate ECE programme and the indicators of learning that they should look out for (FSG, 2015).

3. Comparison of the status of children across three states

3.1 Introduction

This chapter presents a comparison of the status of children across three states: Telangana, Odisha and Delhi. Telangana is a newly formed state (in 2014), which was formerly part of Andhra Pradesh. The new state comprises smaller districts, which have increased in number from 10 to 31 (Government of Telangana, 2015). Odisha (formerly Orissa) is a state in eastern India with 30 districts. It ranks third in the country in terms of Scheduled Tribe (ST) population, and 40% of Odisha's total population comprises of SCs and STs (Government of Odisha website). The state is also rich in mineral resources such as iron ore, coal and bauxite, making it one of the most popular states for investment in industrial projects, especially in steel and power (Government of Odisha website). The national capital territory of Delhi, with 11 districts, is a union territory of India. However, it functions more like a state, with its own state government. The largely metropolitan area - it the capital of the country - is also among the largest urban cities in the world, and among the most productive in India in terms of per capita GDP[18].

Table 10: Population of 0-6 year olds across the three states

State	0-6 population	0-6 population as percentage of total state population	Rural population (0-6)	Urban population (0-6)	Child sex ratio (0-6)	Rural sex ratio (0-6)	Urban sex ratio (0-6)
Telangana*	39,20,418	11.14%	23,90,626	15,29,792	933	934	930
Odisha**	52,73,194	12.56%	45,25,870	7,47,324	941	946	913
Delhi**	20,12,454	11.99%	56,716	19,55,738	871	814	873

[18]https://www.brookings.edu/research/global-metro-monitor/

INDIA	16,45,15,253	13.59%	12,13,22,865	4,31,92,388	918	905	923

**Source: Statistical Year Book 2013, Primary Census Abstract, Census 2011, Directorate of Census Operations, Hyderabad.*

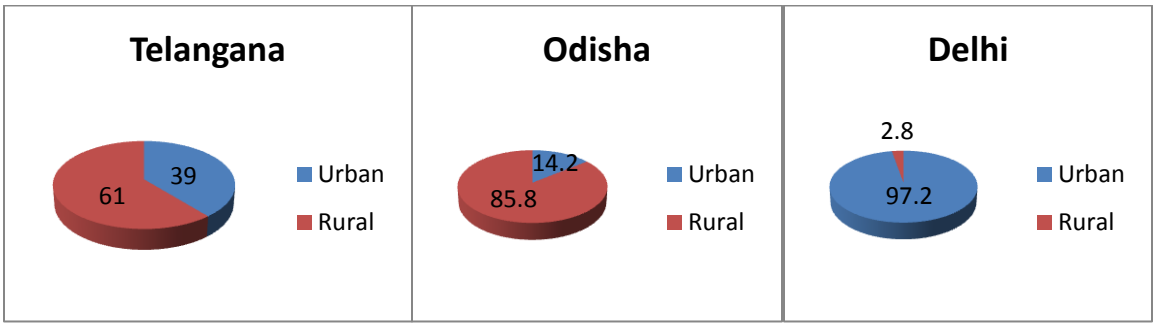
***Source: Census of India 2011, Population Enumeration Data (Final Population) age data*

A comparison of the three states shows that the child population between 0-6 years is lower in all three than the average child population between 0-6 years for India. However, among the states, Odisha has the highest proportion of children between 0-6 years. Odisha also has the highest proportion of children between 0-6 years living in the rural areas (85.82 percent), which is higher than the national average as well (73.7 percent children between 0-6 years in India live in rural areas, and 26.3 percent live in urban areas).

With respect to child sex ratio, it appears that the sex ratio for Telangana and Odisha for 0-6 year olds is 933 and 941 respectively, higher than the national average of 918, but is lower for Delhi which is abysmally low at 814 (Census of India, 2011 from NIPCCD, 2014).

Delhi, largely an urban state, also has a majority of the population between 0-6 years living in urban areas and has the lowest proportion of children (2.81 percent) living in rural areas, among the three states. Odisha has a mostly rural population and Telangana has a slightly higher rural population.

Figure 8:Comparison of urban-rural populations (in percentages) across the three states



Source: Statistical Year Book 2013, Primary Census Abstract, Census 2011, Directorate of Census Operations, Hyderabad; Census of India 2011, Population Enumeration Data (Final Population) age data

3.2. Health and Nutrition

Table 11: Health and nutrition-related indicators for children in Telangana, Odisha and Delhi

Indicator	Telangana		Odisha		Delhi		INDIA	
	NFHS 3 (2005-06)*	**NFHS 4 (2015-16)**	**NFHS 3 (2005-05)**	**NFHS 4 (2015-16)**	**NFHS 3 (2005-06)**	**NFHS 4 (2015-16)**	**NFHS 3 (2005-06)**	**NFHS 4 (2015-16)**
Infant Mortality Rate (IMR)		28	65	40	40	35	57	41
Under 5 Mortality Rate (U5MR)		32	91	49	47	47	74	50
Children aged 12-23 months fully immunised		68.1%	51.8%	78.6%	63.2%	66.4%	43.5%	62%
Children under 5 who Are		28.1%	45%	34.1%	42.2%	32.3%	48%	38.4%

stunted (height for age)								
Children under 5 who are wasted (weight for height)		18%	19.6%	20.4%	17.1%	15.4%	19.8%	21%
Children under 5 who are underweight		28.5%	40.7%	34.4%	27%	26.1%	42.5%	35.7%
Children aged 6-59 months who are anaemic		*60.7%*	*65%*	*44.6%*	*57%*	*62.6%*	*69.4%*	*58.4%*

NFHS 3 data unavailable for Telangana

Source: National Family Health Survey 4: State Fact Sheet for Telangana, Odisha and Delhi

Looking at health and nutrition indicators, all three states appear to display better indicators than the national average for IMR, U5MR, full immunisation, stunting, wasting and underweight children, according to NFHS 4. Comparing the three states, Odisha still continues to have the highest IMR, U5MR, stunting, wasting and underweight indicators. The only exception is with respect to children between six-59 months who are anaemic, which is highest in Delhi, followed by Telangana. Both Telangana and Delhi also have a higher percentage of anaemic children compared to the national average, while Odisha has made an improvement in this aspect, bringing down the rate by 20 percent to 44 percent.

There is variation among states in terms of indicators on which they fare better. Telangana has an IMR and U5MR far lower than that of Delhi and Odisha, while Odisha has the highest percentage of fully immunised children, close to 80 percent, along with a significant improvement in the past decade in IMR and U5MR.

3.3. Pre-school Education

Table 12: Proportion of children between 0-6 years attending PSE

State	Urban		Rural		Total	
	Attending ICDS	Attending any PSE	Attending ICDS	Attending PSE	Attending ICDS	Attending any PSE
Telangana	Data not available					
Delhi	9.1%	64.7%	10.7%	63.9%	9.1%	64.7%
Odisha	36.7%	75.4%	68.5%	79.2%	63.3%	78.6%
AP	27.8	71.8	55.4	91.0	46.0	84.4
INDIA	22.2%	72.6%	46.0%	68%	38.7%	69.4%

Source: Rapid Survey on children, 2013-14 MWCD

As in the case of all-India reports, data for state-wise enrolment/attendance in pre-school education show variation. According to the RSOC (2013-14), a higher proportion of pre-school age children in Odisha appear to be attending pre-school programmes, compared to Delhi and even all-India figures. Data for Telangana is not available (as the state came into being in 2014), but the figures for Andhra Pradesh shows that 84.4 percent children were attending some or the other form of PSE in 2013-14. Interestingly, the RSOC also shows that in Odisha and Andhra Pradesh a higher proportion of rural children are attending some form of PSE. This may perhaps be as a result of a large number of non-governmental organisations working on education, in these states. A higher proportion of children also appear to be attending ICDS centres in these two states, which is also perhaps a result of more NGO-state collaborations here. The history of NGO-state collaborations and support lent to ICDS by NGOs also came out during our field visits and discussions.

Data for further analysis by caste, religion, income, gender, etc has been limited or absent, and hence could not be undertaken.

3.3.1 Provisions for ECCE across the three states

A. ICDS

An examination of the working of ICDS across the three states in terms of the number of AWCs sanctioned and operational also shows that Telangana has the smallest deficit in terms of numbers sanctioned, operational and providing preschool education. Odisha, on the other hand, has the highest deficit in terms of the number of AWCs operational and providing PSE.

Table 13: State-wise distribution of anganwadis and enrolment as of March 2015

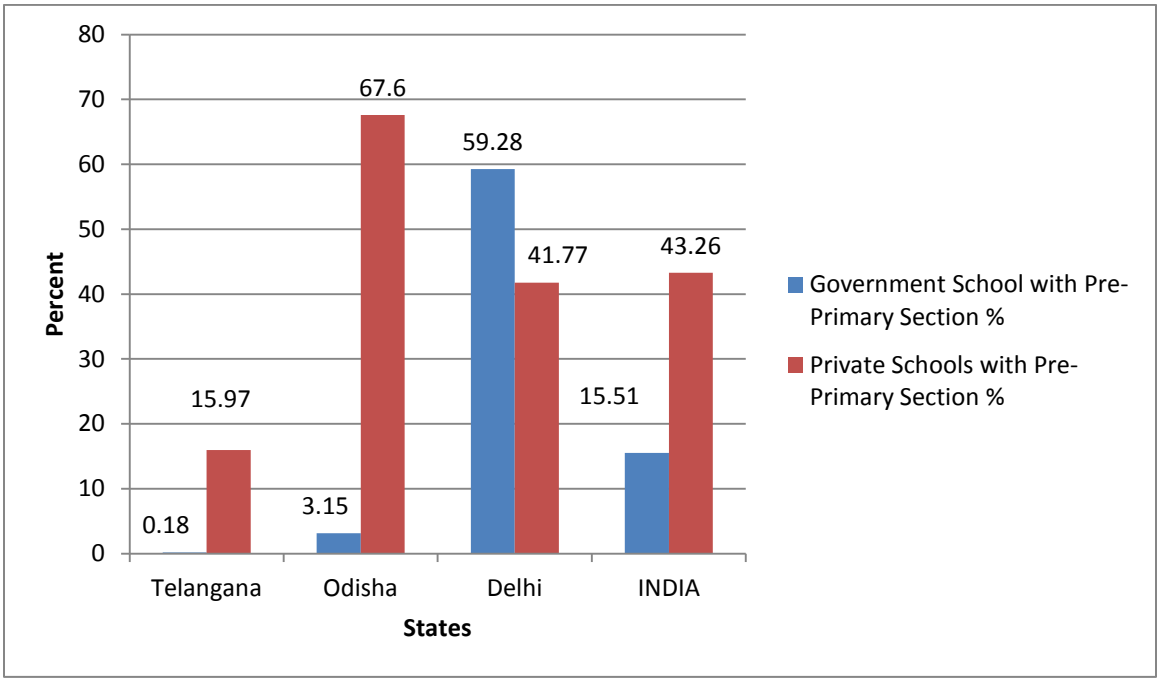
States	Number of anganwadis			Enrolment		
	Sanctioned	Operational	Providing PSE	Boys	Girls	Total
Telangana	35700	35353	33955	318419	320719	639138
Odisha	74154	71204	70314	772710	763028	1535738
Delhi	11150	10897	10897	180294	170883	351177
India	1400000	1346186	1253248	18545840	17998156	36543996

Source: NIPCCD Handbook on Children's Statistics 2014

B. Pre-primary sections attached to primary schools

A look at Figure 9 below shows that there are more private schools with an attached pre-primary section than government schools, except in Delhi. These figures, however, do not include the schools run by the local municipal bodies in different cities within these states. Government pre-primary provisioning is extremely low in Telangana and Odisha, though as we know from above, a large portion of the children attend anganwadis in rural Odisha, and a combination of anganwadis and LKG/UKGs in rural Telangana. However, as CSF (2016) suggests, investing further in pre-primary sections in government schools could offer an opportunity to provide age-appropriate curricula to three to six year-old children across the country and also contribute to ensuring continuity during the transition to primary schooling. A pre-school teacher would be better qualified than an anganwadi worker to impart this curriculum and focus on the educational component of ECCE. A potential strategy to do this would be to extend the RTE to children under six.

Figure 9: Pre-primary sections attached to government and private schools across the three states



Source: CSF 2016

Figure 9 shows that a high number of government run pre-schools in Delhi have a pre-primary section, while this is almost absent in Telangana and comparatively on a much smaller scale in Odisha. Odisha has a high number of private schools with pre-primary sections, which is also seen for the all-India level. Perhaps this affects enrolment in anganwadis. However, the proportion of children enrolled in anganwadis in Orissa is also much higher compared to the other two states (discussed further below), which suggests that there is perhaps a higher load and requirement for ECCE provisions in Odisha, which also has a higher child population between 0-6 years compared to the other two states.

C. Comparison of participation in different ECCE programmes across the three states

A comparison across the states in terms of proportion of children attending ICDS centres show that highest number of boys and girls in Odisha are enrolled in anganwadis (14.6 percent and 14.4 percent respectively), followed by Delhi (8.9 percent boys and 8.4 percent girls), and finally Telangana (8.1

percent of boys and girls). The differences between boys and girls in terms of enrolment in AWCs thus does not seem to be high.[19]

Table 14: Age-wise participation of children in pre-primary and primary education in rural Odisha and Telangana

All-India	Enrolled in balwadi/anganwadi	Enrolled in LKG/UKG	In school			Out of Pre-school or school	Total
			Government	Private	Other		
Age 3	53.6%	8.2%				38.3%	100%
Age 4	52.3%	22.5%				25.3%	100%
Age 5	22.5%	17.7%	30.7%	17.5%	0.9%	10.6%	100%
Age 6	5.6%	10.3%	53.3%	25.1%	1.0%	4.9%	100%
Odisha							
Age 3	81.8%	3.1%				15.1%	100%
Age 4	83.9%	10.8%				5.2%	100%
Age 5	41.0%	8.4%	36.0%	11.2%	0.0	3.4%	100%
Age 6	8.8%	5.4%	69.5%	14.5%	0.2%	1.7%	100%
Telangana							
Age 3	57.4%	10.1%				32.5%	100%
Age 4	42.7%	42.5%				14.8%	100%
Age 5	11.1%	37.3%	29.3%	19.2%	0.1%	3.0%	100%

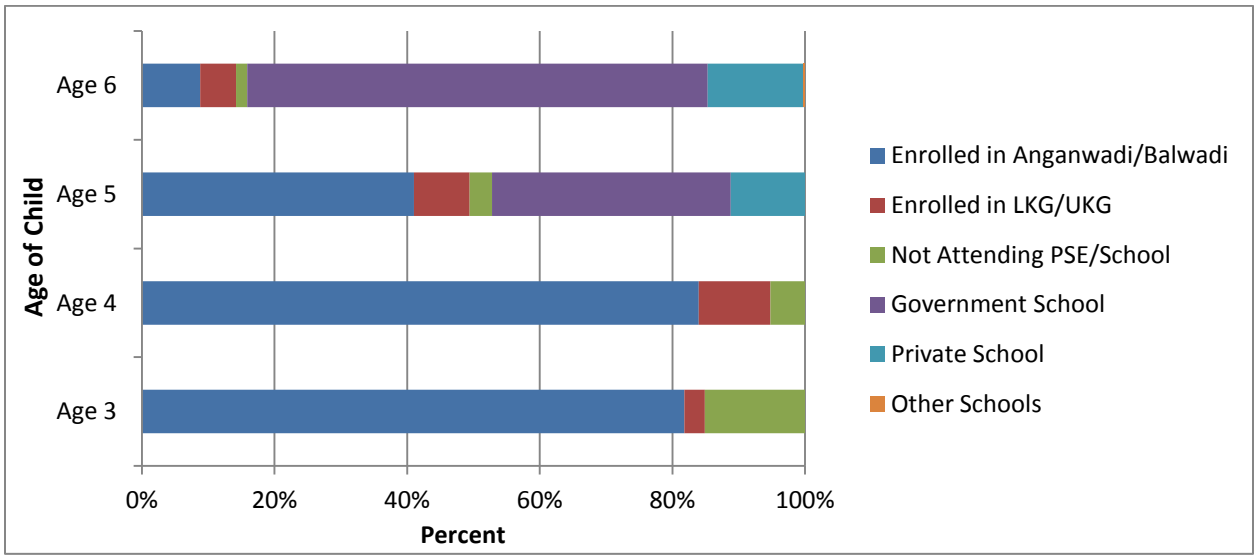
[19] Inferences interpolated from tables 10 and 14

Age 6	1.4%	19.7%	42.5%	34.0%	0.0	2.4%	100%

Source: ASER (Rural), 2017.
Note: For 3 and 4 years, only pre-school data is recorded. Data for Delhi was not available

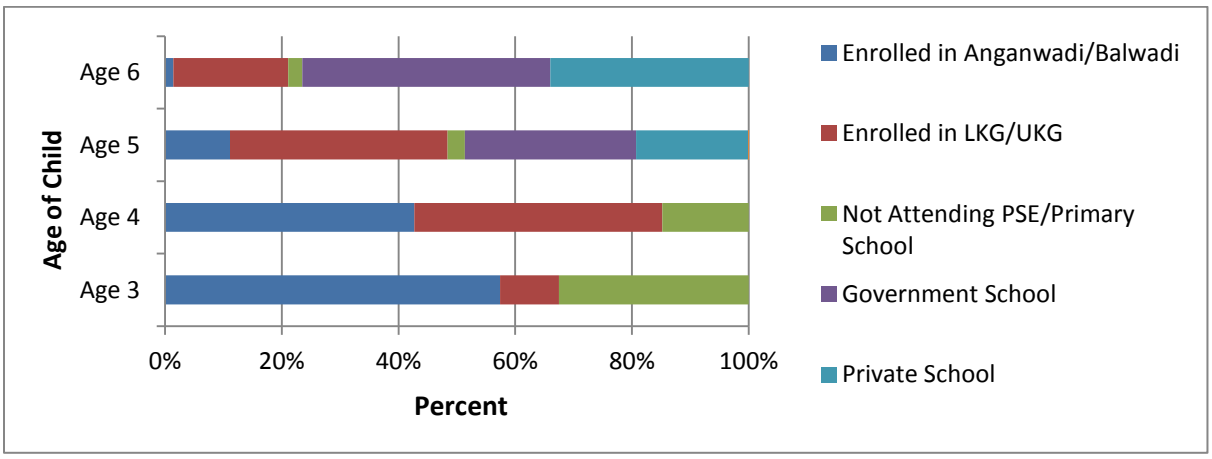
In rural Odisha, a fairly high number of children aged 3 and 4, over 80%, are attending Anganwadis or Balwadis, and a few are enrolled in LKG or UKG. At 5 years of age though, close to half the children are attending primary schools, despite the official age of entry to primary school under the RTE being mentioned as 6. Even at age 6, by when the child should have begun primary schooling, around 15% children continue to attend pre-school education.

Figure 10: Age-wise attendance by ECCE provision type for rural Odisha



Source: ASER 2017

Figure 11: Age-wise attendance by ECCE provision type for rural Telangana



Source: ASER 2017

In rural Telangana, there is a significantly high proportion of three year-olds (around 30 percent), not enrolled in any PSE centre. However, by the age of four, over 80 percent are enrolled in either angawandis/balwadis or LKG/UKG in equal proportions. As in the case of Odisha, by the age of five many children begin attending either government-run or private primary schools, while even at age six, around 20% continue with pre-primary education. This trend may arise from differences in the age of entry into primary school among different schools and states. The entry into pre-school in both states also increases from age three to four, perhaps since pre-primary education is not considered an essential requirement for younger children.

Notably, both rural Odisha and Telangana fare better on enrolment indicators for children from three to sixyears of age when compared to the average statistics for rural India, according to which 38.3% of three year-olds, 25.3% of four years-olds and 10.6% of five year-olds are not attending any pre-primary or primary education.

4. Conclusion

Overall, the status report establishes the importance of providing for developmentally appropriate ECCE, particularly for a country such as India which still lags behind significantly in terms of nutrition, health and pre-school education indicators compared to its neighbours. Against this context it also highlights the lack of adequate budgets for implementing the restructured ICDS, which was to bring about improvements in quality and efficiency of services. Particularly the status report also presents a dismal scenario with regards to preschool education, with lack of provisions and budgets within ICDS to undertake this successfully on the one hand; and the mushrooming of and demand for developmentally inappropriate interventions focused on reading and writing within private schools. The report stands as a caution against the unregulated growth of ECCE provisions of varied quality and orientation that can further deepen existing inequalities in access and outcomes based on social positions and status.

Annexure 1

Inclusive and developmentally appropriate practices from the National ECCE Curriculum Framework

The National ECCE Curriculum Framework notes that a common curriculum cannot cater to the individualised and contextual needs of children but the lack of a framework is currently leading to all kinds of practices which are not developmentally appropriate for children. ECCE programmes are either minimalist in their approach, with little or no focus on the educational component, or they follow a downward extension of the primary school curriculum, stressing on advanced learning outcomes and adversely impacting the child's learning potential. This presents certain appropriate norms and practices as part of the framework, specifically in the education component. The curriculum and pedagogy are motivated by the need to address synergistically linked domains of learning processes (memory attention, observation), cognitive skills (reasoning, comparing, contrasting, etc), specific information, language (literacy, reading, writing, oral skills), emotional well-being, psychosocial stimulation and physical well- being (motor skills, movement, coordination). It is interesting to note that despite the ECCE policy advocating for the inclusion of indigenous and culturally relevant practices, the suggestions for parent and community involvement are restricted to spreading awareness, sensitising them and mobilising their support only for certain kinds of practices.

Curriculum and pedagogy	**Curricular material**	**Parent involvement**	**Community involvement**

Language should be home language or mother tongue and expression of all languages should be encouraged, followed by phasing in the formal school language (regional or English) Training of caregivers to handle multiple languages Adaptability and flexibility of curriculum to children with different impairments and special education needs Multi-age groupings (also pragmatic in rural areas, low funding for ECCE) Promote equal opportunities for boys and girls through expectations, treatment, interactions Use teaching material free of gender bias such as stories, songs, games, role play, activities which	Different types of books: large board books, picture books, local folk tales, simple story books, comics, children's magazines Drama equipment: dolls, doll sized furniture, play utensils, food, dress up clothes, mirrors, comb Blocks in different shapes,, colours, sizes Puzzles Matching cards Strings, beads Games Small toys like vehicles, animals, human figures etc Paper, crayons, pencils, slates, chalks, paint, brushes, pieces of fabric, tape Clay or play dough	Parental education on importance of home language and mother tongue Sensitisation, orientation and training on SEN Strengthening families by building on positive family attributes Gender sensitisation Involvement of parents at home through reading books, playing games, narrating stories and conversing with children Parental commitment to timely enrolment Involvement for the creation of play materials Taking part in the assessment process through attention to the child's	Community awareness through information on importance of mother tongue and multilingualism Gender sensitisation Taking the help of local craftspersons, artisans for creating play material for children, using indigenous material and locally available resources Selection of caregiver/teacher from within the community (as in the case of anganwadi workers) Self-help services through mobilization of the community and their resources, voluntary efforts Voluntary collectivisation of women and mothers

depict all genders in similar roles and positions Build positive disposition to learning processes by avoiding formal curricular practices, repeated criticism Appropriate teacher-child ratio Personal care and hygiene Daily, weekly and yearly planning for activities, themes, goals Continuous observation, documentation and interpretation of each child's development, to be shared with parents at least twice a year, along with appropriate intervention based on this Portfolio of each child with sample work, developmental progress checklist, medical health	Spare newspaper Notebooks, pencils and other stationary Material for science, locally available or naturally occurring material Music CDs or tapes, local instruments if possible Display few materials at a time, and change them regularly to sustain interest Accessible shelves with labelling and drawings for storage Display walls Child-sized colourful furniture or coloured mats Material for sports and outdoor play: bicycles, jumping ropes, tyres, sand box, swings, slides etc	development process Nutrition and health education for pregnant and lactating women	

form, progress reports			

Annexure 2

Services provided under the ICDS and the number of beneficiaries

i) **Supplementary nutrition:** Under the SNP, children between three and six years of age are provided with hot cooked meals at aAWCs. Pregnant women, lactating mothers, adolescent girls and children under the age of three are given rations. The food items included are fortified foods, rice, wheat, green grams and milk powder, provided based on the target group. The objective of the SNP is to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI).

The nutritional standards as per the revised norms are as follows:

Category	Calories (K Cal)	Protein (g)	Per beneficiary cost

Children (6-72 months)	500	12-15	Rs. 6
Severely underweight children (6-72 months)	800	20-25	Rs. 9
Pregnant women and Nursing mothers	600	18-20	Rs. 7

ii) **Immunisation:** Children between the ages of 12-23 months are immunised against preventable diseases such as diphtheria, tetanus, tuberculosis etc. Pregnant women also receive immunisation against tetanus. Immunisation camps are held regularly at the AWCs.

iii) **Health check-ups and referral services:** Antenatal care, post-natal care and regular health check-ups for children under six are provided under this component. As part of the health check-up, weight and height of children and pregnant women are regularly recorded; growth monitoring is undertaken; abdominal girth, BP and haemoglobin levels of pregnant women are checked; malnourished children are identified and monitored, and other simple illnesses, such as diarrhoea and de-worming are managed through simple medication available at the AWC, by the AWW and the Auxiliary Nurse Midwife (ANM). In case of severe illnesses, children are identified and referred to primary or tertiary hospitals for further treatment. Both immunisation and health services are carried out in convergence with the Ministry/Departments of Health and Family Welfare, via the National Rural Health Mission (NRHM).

iv) **Nutrition and health education:** Anganwadi workers organise monthly meetings and home visits with pregnant and lactating women enrolled at the AWC with purpose of disseminating information on health, nutrition, infant and young child feeding practices and child care. Additionally, a monthly Village Health and Nutrition Day (VHND) is organized as a health and nutrition camp for the entire village.

v) **Preschool education:** Pre-school education is to be provided to children between three to six years of age by the AWW at the AWC. Under the restructured ICDS, the AWC has been repositioned as a vibrant ECD centre which is to provide a stimulating environment for children through developmentally appropriate activities and the play-way method, with the

goal of holistic development in the cognitive, physical, socio-emotional and psychological domains.

Number of beneficiaries covered under the ICDS

Year	Sanctioned	No. of operational projects	Sanctioned	No. of operational AWCs	No. of supplementary nutrition beneficiaries [Children (6 months to 6 years) & Pregnant and Lactating Mothers]	No. of pre-school education beneficiaries [Children (3-6 years)]
Achievement during X Plan 2002 – 2007		**1221**		**2.99029 million**	**33.033 million (88.06%)**	**13.425 million (80.60%)**
2008-09		6120		1.044269 million	87.343 million	34.06 million
2009-10	6500	6509	1.15 million	1.142029 million	88.434 million	35.493 million
2010-11	7000	6722	1.28 million	1.262267 million	95.947 million	36.623 million
2011-12	6900	6908	1.31 million	1.304611 million	97.249 million	35.822 million
Achievement during XI Plan 2007 - 2012		**1079**		**4.59868 million**	**26.706 million (37.85%)**	**5.741 million (19.08%)**

2012-13	7018	7025	1.34449 8 million	1.338732 million	95.612 million	35.329 million
2013-14	7045	7067	1.35207 8 million	1.342146 million	104.509 million	37.071 million
2014-15	7075	7072	13000 new	1.346186 million	102.233 million	36.544 million
2015-16	7075	NA	1.4 million	NA	NA	NA

Source: MWCD website

Annexure 3

AVERAGE ANNUAL BUDGET REQUIREMENT FOR ICDS IN MISSION MODE

S.No.	Major Heads	GoI liability (crores)	State liability (crores)	Total (crores)
1.	Recurring	30,776	12,641	43,417
2.	Non Recurring	3,641	1,227	4,868
3.	Total	34,417	13,868	48,285

S.No.	Recurring budget heads	Annual Goliability	Annual state liability	% of Total recurrent budget
1.	Honorarium	9,411	1,046	30.58
2.	SNP	10,151	10,151	32.98
3.	Salary	5,997	666	19.49
4.	ECCE	926	103	3.01
5.	Others (Insurance, TA, Grading and Accreditation, Other social securities, Administrative expenses and contingencies)	508	75	1.65
6.	Rent	818	91	2.66
7.	PSE and medicine kits	745	83	2.42
8.	Flexi fund + uniforms	301	33	0.98
9.	Untied Fund including crèches	755	265	2.45
10.	Monitoring	326	36	1.06

11.	Training	325	36	1.06
12.	Purchase, Hiring, POL and Maintenance	200	22	0.65
13	IEC and advocacy	219	24	0.71
14.	SnehaShivirs	94	10	0.31
	Total	30,776	12,641	100

Source: Report of the Inter-Ministerial Group on ICDS Restructuring, September 2011