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Select issues concerning ECCE india

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Select Issues Concerning ECCE in India - A Case Study

ABSTRACT

In the present paper, an attempt has been made to review the contemporary scenario of ECCE in Indian context. The paper attempts to present the situational analysis of the young Indian child by focusing on crucial survival and development indicators. It also describes the development of ECCE services in the changing Indian context and the place it has found in constitutional provisions, policies and various five-year plans. A range of public, private and voluntary initiatives in the area of ECCE have also been highlighted. The paper also touches the public spending aspect including availability of external assistance to run various ECCE programmes. Towards the end of the paper, some crucial issues and concerns like increasing coverage, decentralization, priority and ownership, quality and regulation, curriculum, training inputs and institutional support for ECCE initiatives have been identified for further strengthening of this important input for holistic development of children in India.

National Institute of Public Cooperation and Child Development

The Changing Indian Context

Traditionally in India the early childhood years (from prenatal to five years) are considered to lay the foundation for inculcation of basic values and social skills in children. It is believed that these values are imbibed from the family as the ‘*sanskaras*’ and the scriptures advocate an attitude of *lalayat* or indulgence as the desirable mode of child rearing at this stage. Consequently, in the past, much of the early care and education of the child was informal, within the family and largely through grandmothers’ caring practices, stories and traditional infant games, handed down from one generation to the next. This wealth of developmentally appropriate childcare practices is gradually becoming extinct in the humdrum of more modern provisions for children and changing social realities.

With growing urbanization and increase in women’s participation in the work force across the country among all socio-economic groups, there has been a sea change in social structures and practices in the last few decades. A significant indicator of this change has been the emergence of the nuclear family, a change which has converted child rearing from what was traditionally a shared responsibility into the sole responsibility of the young parents. This responsibility is often further delegated. While in the higher income brackets children are often left with paid surrogate care givers, in the lower socio-economic communities the responsibility of care giving get loaded on to the older sisters, thus keeping them often out of school and robbing them of their childhood. As a result, given the constant pressures and challenges of day -to day- existence in today’s complex society, the possibilities of “informal early care and education’ for the young child at home is becoming less of a reality. It was this changing social context, over the years, which laid the seeds for the introduction of the concept of Early Child hood Care and Education (ECCE) in the country.

The earliest formal documentation of ECCE as an organized initiative in India dates back only to the latter half of the nineteenth century. The early pioneers of the ECCE movement in India include Gijubhai Badheka and Tarabai Modak among others, who under the influence of Madame Montessori, established preschool education centers in Gujarat. In 1946 Madame Montessori met Mahatma Gandhi, who asked her to

‘indianize’ her method to make preschool education available to a large majority of children. That was the beginning of ‘pre basic education’ in the rural parts of the country, largely through voluntary effort. Till India became independent of the British rule in 1947, the need for ECCE, particularly in the form of preschool education, was primarily fulfilled by voluntary agencies and private institutions. The first government initiative in this area was the setting up of a Central Social Welfare board in 1953, which started a grant –in –aid scheme for voluntary agencies. Over this half century, however, the concept of early childhood care and education integrating health, nutrition and education aspects, has taken primacy. India has in this context, been able to put together a fairly supportive policy framework and has launched some major initiatives for children for this stage of development. Prominent among these are some federally supported schemes such as the Reproductive Child Health Scheme, (RCH) in the Department of Health and Family Welfare, the Integrated Child Development Services (ICDS) in Department of Women and Child Development (DWCD) recently rechristened as Ministry of Women and Child Development (MWCD) and preschool education provisions through some primary education programs. As a result, there has been noticeable progress over the last fifty years in provision for children, be it the ICDS or the primary education service deliveries network across the country.

Emerging Definitions of ECCE and its Significance

*E*arly Childhood Care and Education (ECCE) found its due place in the policy framework in India way back in 1986 when an exclusive chapter of the **National Policy on Education** was devoted to it. ECCE was defined, in the policy, as an integrated and holistic concept of care and education of children between 0-6 years from socially disadvantaged groups. This provision was seen as the foundation for life and a support service for girls and working mothers. ECCE was further conceptualized as early stimulation for the children under 3 years and a more organized center based ECCE program (preschool education) for the 3-6 year olds. The policy emphasized the joyful nature of ECCE and stressed the need to discourage any formal instruction of the 3R’s at this early stage of education. In practice, however, ECCE programs for children have assumed various nomenclatures and definitions, depending on the priority a particular

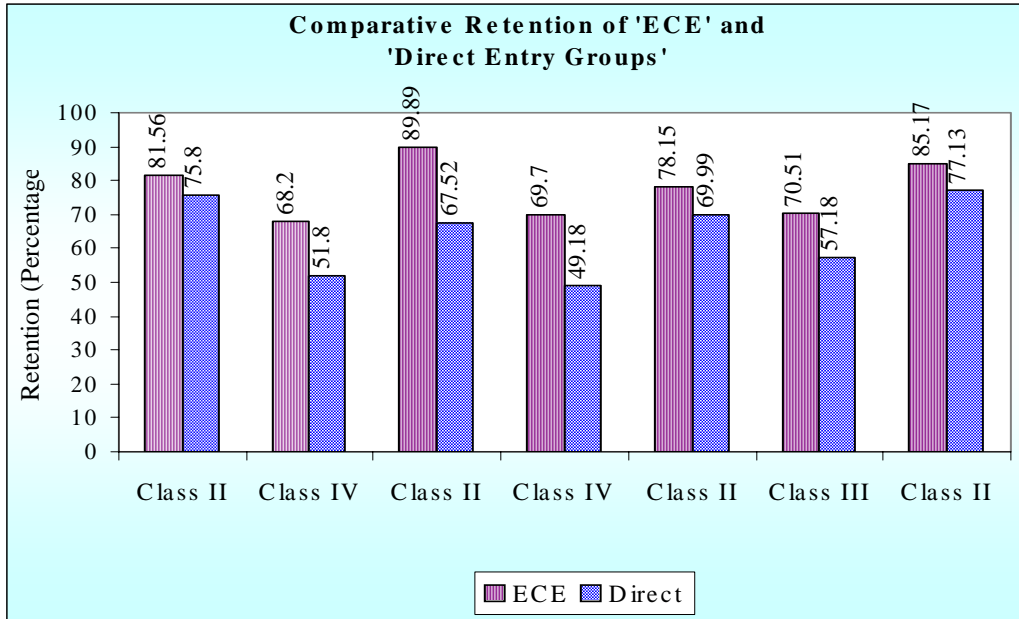
program serves. There are ECE/preschool education programs which are focused only on preschool education for 3-6 year olds (for example nurseries, kindergartens, preparatory schools, pre primary etc.). These do not have any health or nutrition component, are often part of primary schools and generally in the non-governmental or private sector. The other category is of the more holistic programs of ECCE or Early Childhood Development (ECD) which address the all round development of the child and adopts a life cycle approach, as in the ICDS, which targets in addition to the child, the pregnant and lactating mothers and even adolescent girls.

Research in India provides evidence of the short and long term benefits of good quality ECCE programs, particularly for children from underprivileged contexts. Evidence is available of effects of ECD programs in the short-term perspective on enrollment levels and academic and social preparedness of children for formal schooling. A longitudinal cum cross sectional study was conducted by NCERT (1993) in eight states (Maharashtra, Rajasthan, Karnataka, Bihar, Tamil Nadu, Madhya Pradesh, Uttar Pradesh and Goa) on four cohorts of 31,483 children (Cohort 1,83-84, cohort 2,84-85, cohort 3,85-86 and cohort 4, 86-87) . These cohorts of children were followed up right through the primary classes in terms of retention and a comparison was made of these children (10,636) with those children (20,847), who had come directly to Grade I, along with them, but with no exposure to Early Childhood Education. The findings of the study, as evident from Table 1 and corresponding Figure 1, clearly indicate distinctly better rates of retention in children with ECE experience as compared to those who have sought direct entry in Grade 1.

Table1
(Showing Comparative Retention Percentages)

Cohort Class	ECE			Direct		
	II	III	IV	II	III	IV
1	81.56	75.29	68.20	75.80	59.26	51.80
2	89.89	72.76	69.70	67.52	58.81	49.18
3	78.15	70.51	-	69.99	57.18	-
4	85.17	-	-	77.13	-	-

Figure 1



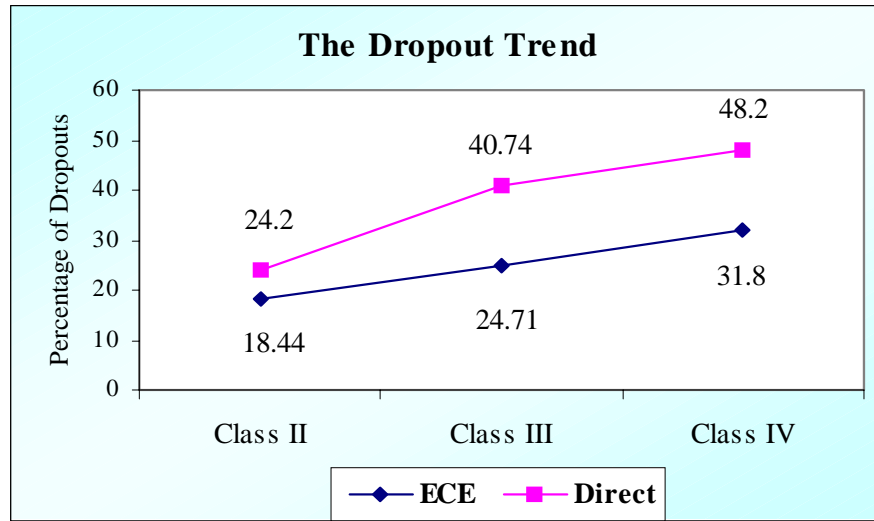
This is further depicted in the corresponding drop out profile (Table 2 and Figure 2) which indicates only 31.8 percent drop out by class IV among children with ECE experience, as compared to 48.2 percent among those without ECE experience. Interestingly, the impact of ECE experience on retention in primary grades appeared to be greater for girls as compared to boys (NCERT, 1993).

Table2

(Showing Comparative Drop out Rates of ECE and Direct Entry Groups for Each Cohort)

Cohort	ECE			Direct		
	II	III	IV	II	III	IV
1	18.44	24.71	31.80	24.20	40.74	48.20
2	10.11	27.24	30.30	32.48	41.19	50.82
3	21.85	29.49	-	30.01	42.82	-
4	14.83	-	-	22.87	-	-

Figure 2



A national evaluation of the major ECCE programme in the country, namely the Integrated Child Development Services Scheme (ICDS) was conducted by NIPCCD in 1992 covering 98 districts located across 25 States and one Union Territory to see the effect of ECE on enrollment, dropout and retention rates in schools. In the study, information about children in the age range of 5-14 years was disaggregated into two groups, those with and without pre school education experience. The information was further classified according to the children's educational status into three groups, i.e those in primary schools, those who dropped out before standard V and those never enrolled. This distribution was done to see the effect of Pre School on enrolment, trends in drop out rates and on retention in school (Table 3, Figure 3). The findings indicated that 89 per cent of children with ECE experience were found to be continuing their education in primary school as compared to 60 and 67.7 per cent without ECE in both ICDS and non-ICDS areas. Further, lesser numbers of children with ECE were found to be in the never enrolled category. Thus, the findings clearly indicated the positive role played by ECE in promoting enrolment, reduction in drop out and greater retention in primary schooling (NIPCCD, 1992).

Table 3
(Effect of ECE on Primary School Enrolment)

Educational Status	ICDS		Non ICDS	
	With ECE	Without ECE	With ECE	Without PSE
In Primary School	12932 (88.2)	5735 (60.0)	313 (89.4)	1670 (67.7)
Dropped Out before Standard V	426 (2.9)	333 (3.5)	14 (4.0)	73 (3.0)
Never Enrolled	1298 (8.8)	3489 (36.5)	23 (6.5)	723 (29.3)

Figure 3

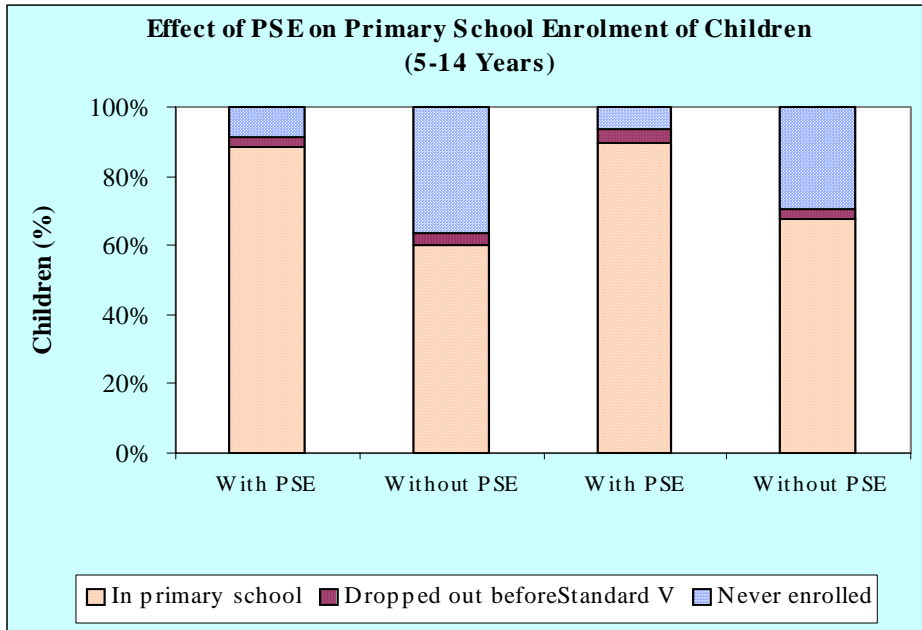


Table 4
(Enrolment of Children (5-14 Years) in Primary Schools with ECE
Experience)

Children	ICDS		Non ICDS	
	Enrolled in Primary Schools	Attended Pre Schools	Enrolled in Primary Schools	Attended Pre Schools
Male	10475	8708(83.13)	1309	200(15.28)
Female	9639	8463(87.80)	1142	185(16.20)
Total	20114	17171(85.37)	2451	385(15.71)

Similarly, a national evaluation of the scheme of ECE (which was being implemented in nine educationally backward States namely Andhra Pradesh, Assam, Bihar, Jammu and Kashmir, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal) was conducted by NIPCCD in 1994 with one of the objectives of assessing the impact of ECCE on primary school enrollment, school adjustment and readiness of children. The findings of the study revealed that 86 per cent of children from ECE stream joined primary school. Interestingly, the girl's enrollment was found to be marginally higher than boy's enrollment. The high enrolment rate clearly indicated that the parents sent their children to ECE centers with a view to give them a good head start in educational pursuits. Further, school adjustment and readiness scale was also administered on total number of 304 children (152 children in each group consisting of those who had attended ECE centers and those who did not attend). It was found that children with ECE exposure scored better in respect of various school readiness parameters -writing readiness (91%), Sound Discrimination (70%), Pairing of Objects (80%), and Classification of objects (64%). However, in another study on school adjustment scores, indicated by attendance, punctuality, personal hygiene and self-confidence, children with ECE exposure were more or less at par with children who directly entered primary school (NIPCCD, 1999).

Another micro level longitudinal study, which continuously followed up a cohort of children from the ECE stage through five grades of primary education, also indicated

significant and continuous gains from a quality ECE program on mathematics learning in the primary grades. (Kaul, 1993). Two other micro level studies (NIPCCD 1985; 1987) also indicated a positive impact of participation in the ICDS program in language and cognitive development scores, as compared to a control group, and also indicated better performance in first and second grades of primary school. The findings of some other macro level commissioned studies conducted across the country to evaluate the ICDS and National Crèche Fund and Crèche services for children {NCAER (2001); NIPCCD(2003,1995);NCERT(2003)} also concluded that ECCE, across different programmes, is perceived by all stakeholders to have benefited not only the younger children themselves, but also the older siblings, particularly girls, who are freed from sibling care responsibility and enabled to join regular schools .

Profile of the Child in India

The Challenge:

Before we delve into any description of the provisions and programs for young children in India, it would be important to understand the challenge before the country in terms of what is the child population that is to be addressed and what is the Indian child's situation today. As per the Census of India, (2001), children in the age group of birth to 6 years number around 158 million which is approximately 15.2 per cent of the total population of the country. No other nation in the world including China is likely to enjoy the benefits of such a large young population in the years to come (Shiv Kumar, 2006). Interestingly, the Technical group on Population Projections has further projected that in 2016, about 25 million infants would be in need of immunization services and their mothers will require maternal health services. Similarly, pre school education services will need to be provided for 72 million children by 2016.

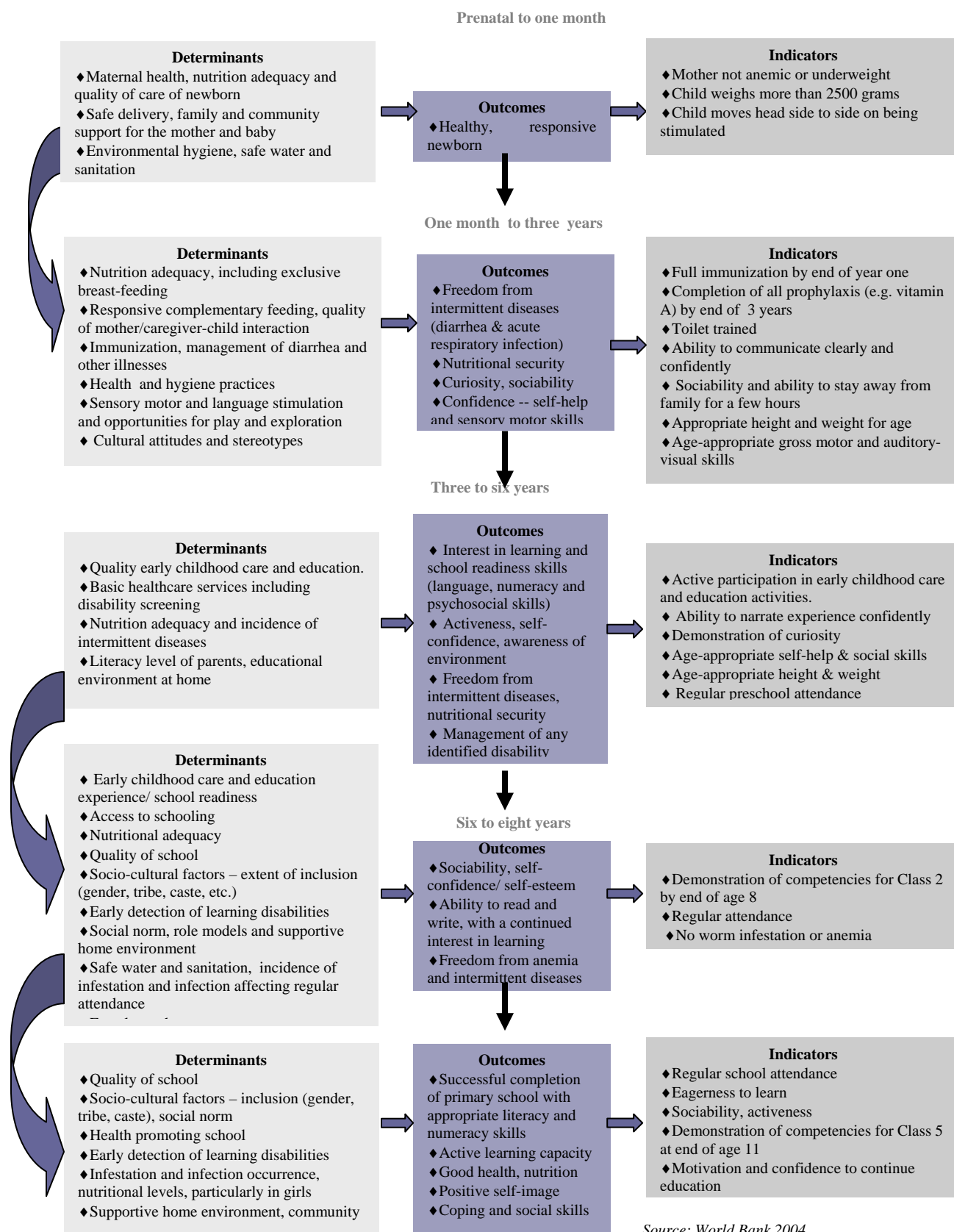
Table-5
Child Population Projections

Age (in Years)	2006		2011		2016	
	Numbers	%	Numbers	%	Numbers	%
<1(Infants)	24.855	2.27	24.294	2.06	24.918	1.97
1-2(toddlers)	45.865	4.19	48.177	4.09	49.357	3.91
3-5 (Pre School)	63.731	5.82	70.034	5.94	72.498	5.74

Source: Census of India: Population Projections for India and States 1996-2016, Registrar General, India for figures from 2001 onwards.

The projections are based on the estimations that an Indian child, born today, can expect to live 4 years longer than a child who was born in 1991. Also, there are close to half a million fewer infant deaths than in 1991 and the chances of an Indian child living up to the age of one has gone up by 20 per cent. The access of 78 per cent of households in 2001 to safe drinking water has further contributed to improving health and lowering in particular, the incidence of infectious diseases. However, despite this progress, India continues to face a huge backlog of deprivations (op cit). These can be traced along the child developmental continuum presented as Figure 4, which has been conceptualized and contextualized by Indian experts as a source of reference for planning for and monitoring children's development. The continuum passes through five sub stages, namely, pre natal to one month, one month to three years and three to six years followed by two sub stages corresponding to primary education. This paper is focused on ECCE and will therefore be limited to the first three stages. Each sub stage has its own priority and specific indicators against which the profile of Indian children is discussed.

Figure 4 - An Indian Conceptual Framework for Integrated Child Development



Source: World Bank 2004

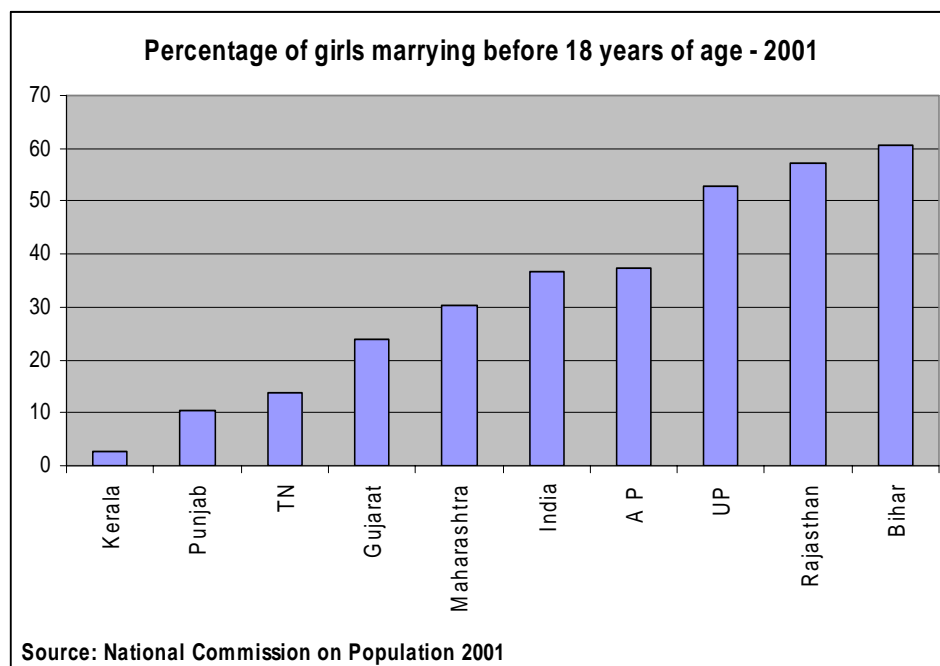
Sub Stage 1 (Pre natal to One Month)

Safe Motherhood:

Early marriages, which often lead to early child bearing and too closely spaced pregnancies, continue to pose a serious problem in the context of safe motherhood in India. Of the 65 per cent girls married by the age of 18 years, 33 per cent are married before 15 years of age and another 32 per cent between 15-18 years of age (op cit). Further, 56 percent of the girls who are married by age 19 are pregnant at least once in their teenage years. There is adequate evidence in the country to show that the younger the delivering mother is, the lower the chances of safe delivery of a healthy infant. As indicated in Figure 5, the problem is more acute in the northern states.

Wide prevalence of maternal malnutrition is another dimension with more than 50 per cent of Indian women being anemic. In the North Eastern and Eastern States like Arunachal Pradesh, Assam, West Bengal, Orissa, Bihar, Meghalaya, the percentages often go even beyond 50 per cent.

Figure-5



Studies indicate that 40 per cent of pregnant women do not take Iron Folic tablets, particularly among rural and tribal women. A recent study in Andhra Pradesh, Karnataka

and Uttar Pradesh (Indicus Analytics, 2003) reported one-third of mothers surveyed as under –weight at the time of delivery with the problem being more acute among rural and scheduled caste women. Inter State comparisons again indicates that the problem is more acute in the northern states of Bihar, Rajasthan and Uttar Pradesh.

Safe Delivery:

Safe delivery by trained attendants is the next critical indicator. Across the country, despite a great deal of advocacy, only slightly more than one fourth of the total deliveries are still institutional. Majority of the deliveries take place at home with the assistance of either a Dai (traditional birth attendant) or a relative or neighbour. In terms of state –wise data on institutional delivery, the Southern and Western States occupy the top position. Prominent among these are Kerala (97.1 per cent), Tamilnadu (64.7 per cent), Andhra Pradesh (43.1 per cent), Karnataka (49 per cent) and Maharashtra (48 per cent). The northern states tend to be the worst performing with Rajasthan and Uttar Pradesh at 8.1 per cent, Bihar at 15.8 per cent and Punjab at 12.8 per cent only (SRS, 1999). India’s Maternal Mortality ratio (MMR) of 408 deaths per 100,000 live births in 1997 (SRS) is also unacceptably high. It is almost a hundred times higher than what many developed countries report and also significantly higher than the MMR reported by Thailand (44), China (56) and Sri Lanka (92).

Sex Ratio:

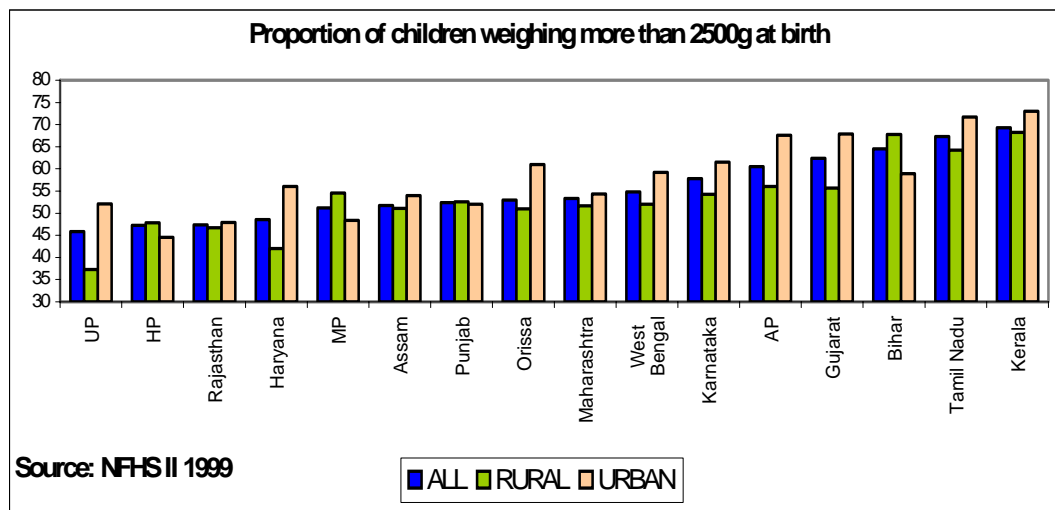
In the context of child survival, there is an important gender issue as well. While over all child survival is no longer a major issue, the survival of the girl child or the female fetus still remains a concern. The sex ratio has dipped at the national level from 945 in 1991 to 927 in 2001 for the 0-6 age group. Surprisingly, the more prosperous states of Haryana, Gujarat, and Punjab demonstrate the lowest sex ratio. Also, consistently, across the states, urban figures tend to be even lower than the rural figures clearly reflecting the need to focus on urban contexts (World Bank, 2004) where better sex determination facilities are available and exploited.

Birth Weight:

Low birth weight continues to be an area of concern, particularly because of its proven long-term impact. One third of all births in the country are below the minimum acceptable birth weight of 2,500 grams (World Bank, 2004). An examination of age

appropriate weight among Indian children between the ages of one month to three years shows that about 17 per cent of children were underweight as against 30 per cent at birth. Again the children in the rural areas are worse off and, of these more particularly those in the lowest income quintile. The problem is most acute and concentrated in the central and northern part of the country, which is also the low female literacy belt. (Figure 6)

Figure-6



Breast Feeding and Feeding of Colostrum:

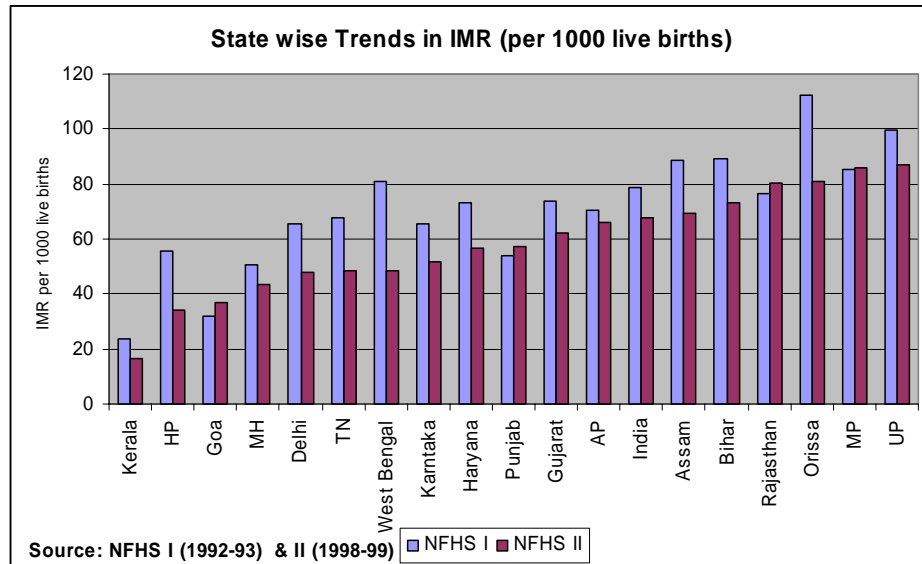
According to the National Family Health Survey II, only 15.8 per cent of children were reported to have started breast-feeding within one hour of their birth. State wise variations were reported with Mizoram highest with 54 per cent children, followed by TamilNadu with 50.3 per cent, Arunachal Pradesh with 40 per cent and Assam with 44.7 per cent.

Sub Stage 2 (One Month to Three Years)

In this sub-stage the child’s nutrition continues to be a major priority since this is the critical stage for brain development and is therefore the stage when the child is “at risk of growth faltering”. Inadequate or inappropriate feeding practices, poor access to health care and sanitation and general neglect cause a substantial proportion of children to become moderately or severely malnourished by the age of 6-18 months. There is a

clear realisation in the country that improving child's nutrition and increase in pre natal coverage can reduce infant mortality.

Figure-7



Infant Mortality Rate:

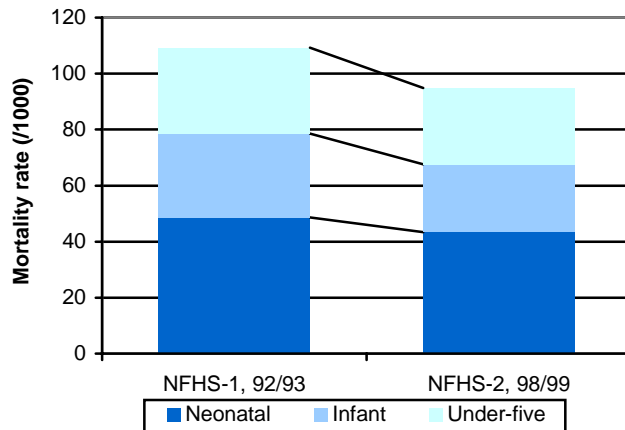
The IMR is perhaps the single most important indicator illustrating the level of human development of a nation or a state. In 2003, India reported an IMR of 60, which translates into 1.6 million infant's deaths in a year – most of which are avoidable. The national figure, however, camouflages wide variations within the country. An IMR below 10 indicates a high level of development, and in India, as many as six States/UTs are gradually approaching this level with IMR of Kerala (14.5), Mizoram (13.7) , Goa (16.7), Pondicherry (20.9), Andaman and Nicobar Islands (13..9) and Daman & Diu (6.8). The states within the highest category, on the other hand, are Orissa (96.7), Madhya Pradesh (89.5), Uttar Pradesh (84.4) and Rajasthan (81.2)(Figure 7). High female illiteracy in these areas along with the problem of lack of access to health services in remote rural, tribal and hilly areas are major factors associated with high IMR. On a more positive note, fifteen States and 3 Union Territories have achieved the national goal of reducing IMR to below 60 by the year 2000 AD (DWCD, 2002a).

Again, though urban and rural IMR have overall come down over the years, the disparity between the two has increased in recent years, with the rural – urban differential in IMR in 2003 being higher than what it was in 1990. This is a cause for concern.

Further, the IMR among Scheduled Caste communities was found to be 83 and among Schedule Tribes 84 which is almost 30 per cent higher than in the general community.(National Family Health Survey-2 (1998-99).

Figure-8

Decline in mortality rates from 1992/3 to 1998/9



Source: IIPS 1995; IIPS and ORC Macro2000

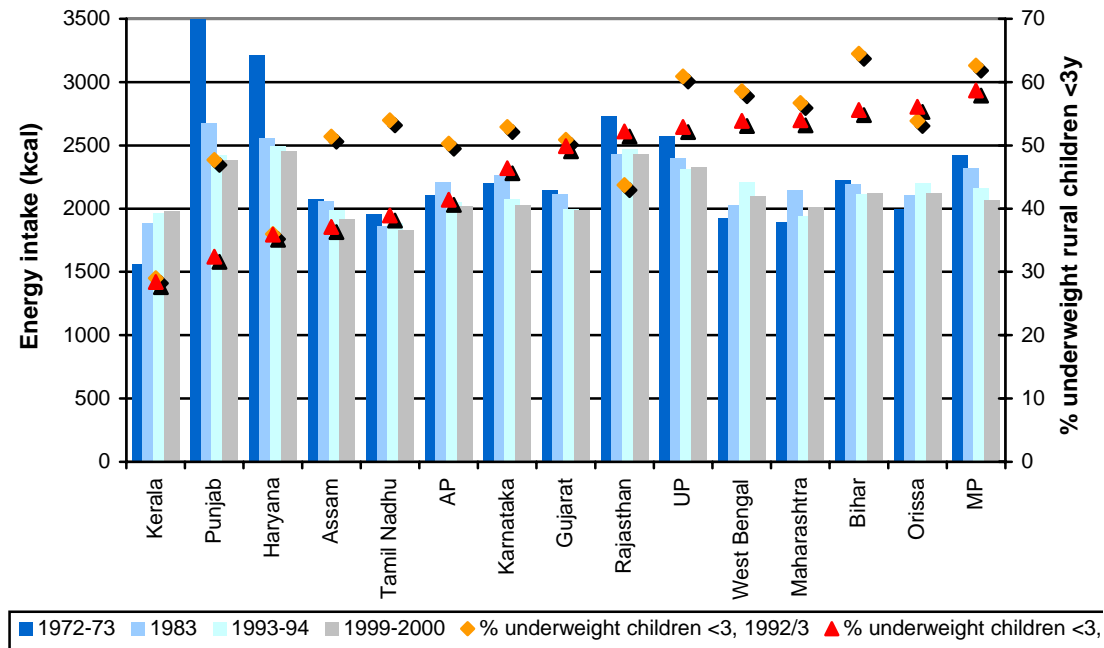
Gender differentials in IMR have also been a cause for concern in many states of India. In several States particularly Haryana, Maharashtra, Punjab, Uttar Pradesh, Tamil Nadu, Himachal Pradesh, Jammu and Kashmir, Gujarat, and Andhra Pradesh, the IMR among females was found to be higher than that for males indicating a definite gender bias.

Nutritional Security:

A significant number of children below the age of three years suffer from endemic malnutrition. The studies conducted by National Nutrition Monitoring Bureau and Food and Nutrition Board of Department of Women and Child Development (2002) indicates that as many as 12.3 per cent of children were found to be severely malnourished, 29.1 per cent moderately malnourished and 37.1 as mild malnourished, leaving only 21.5 per cent children in the normal nourishment zone. However, no significant difference was found so far as gender differentials in mal-nourishment are concerned. Cross-state variations indicate the incidence of severe malnutrition in the age group 1-5 years to range from less than 5 per cent in some southern states to 26 per cent in Bihar. The India Nutrition Profile Study (2002) found that the maximum number of

severely malnourished children were found in Bihar (26%) followed by Tripura -Urban (19 %) and Rajasthan (10 %). These variations indicate the need for better targeting of interventions under the child development programs. (Fig 9)

Figure.9
Average energy intake and prevalence of underweight among children under three across states (rural), 1972-73 to 1999-2000

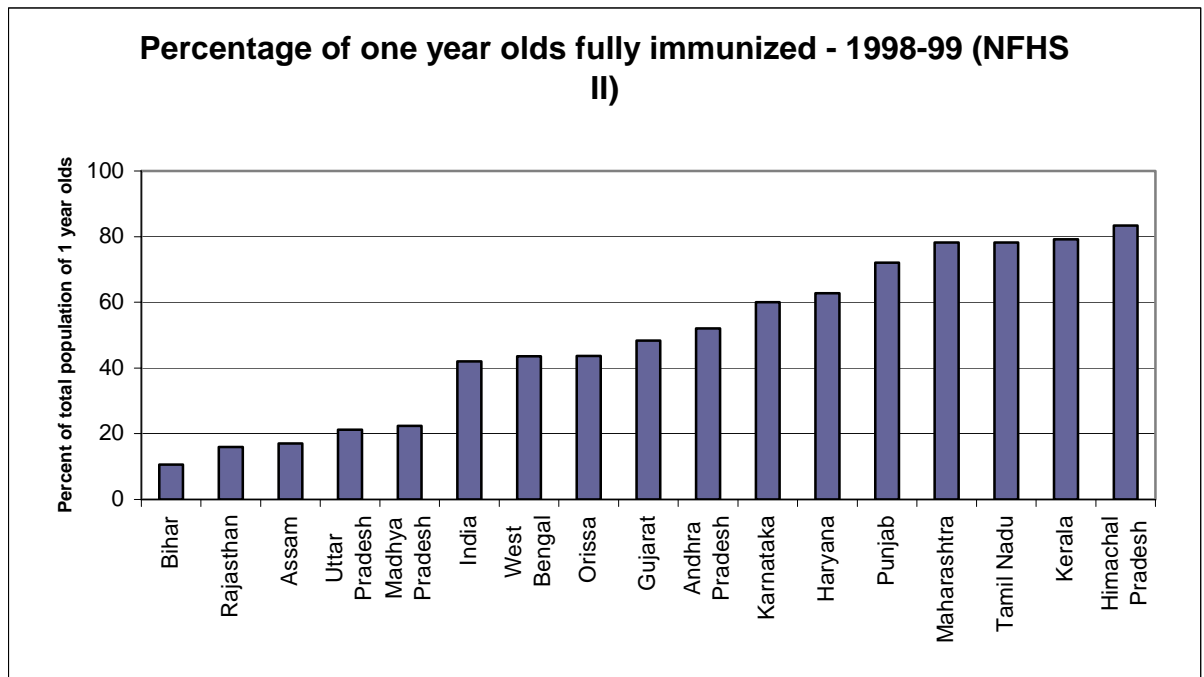


Source: IIPS and ORC Macro 2000

Child Immunization:

Despite regular immunization programs, over 50 per cent of one-year-old children in India have not been fully immunized and the number of fully vaccinated children in India aged 12-23 months is still only 42 per cent.(Fig.10) There are again wide disparities across states with Assam, Bihar, Rajasthan, Madhya Pradesh, and Uttar Pradesh performing most poorly. The best performing states so far as full vaccination is concerned includes Tamilnadu (88.8), Goa (82.6), Himachal Pradesh (83.4), Kerala(79.7), Maharashtra (78.4) and up to some extent Punjab (72.1). While overall there is an increase in the number of children receiving Vitamin A, about two thirds of the child population has still not availed this benefit, raising an issue of service delivery. (Figure -10)

Figure-10



Sub Stage Three (3- 6 Years)

As the child moves into this sub stage, the developmental priority shifts to early childhood education, although health and nutrition continue to be critical concerns. However, there has been slow progress in making Early Childhood Education available to all children. This is evident from the fact that from 15 percent of the 3-6 year olds enrolled in 1989-90 the percentage improved to only 19.6 percent in 1996-97 and is currently 20.95 percent only. (Source: Lok Sabha, Starred Questions, 2004, reported in www.indiastat.com). Though, there are no figures available on unrecognized private sector initiatives (including family day care homes, nurseries, kindergartens and pre-primary classes), which are significant, the estimated number of children enrolled is about 10 million (National Focus Group, 2005).

It needs to be acknowledged that in a country as diverse and large as India, achieving universal access is not an easy task. The sheer magnitude in terms of numbers is a major dimension of the problem (Rao And Sharma, 2002). In India, as in majority of other developed and developing countries, all three channels – public, private and

voluntary – are actively engaged in providing early childhood education experiences through a variety of modes and of varying degree in quality. (Table 6)

Table-6.
(Beneficiaries Coverage under various initiatives having ECE Component)

Programmes	Number of Centres	Beneficiaries Coverage
ICDS	744887*	23 Million
Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers	22038**	0.55 Million@
***Pre Primary School	38,533	(1, 94,000) approximately 0.02 Million
NGO Services for ECCE		Varying from 3-20 Million****
Private Initiatives		10 million approximately (2001)****

*Ministry of Women and Child Development (as on 30th, Sep, 2005)

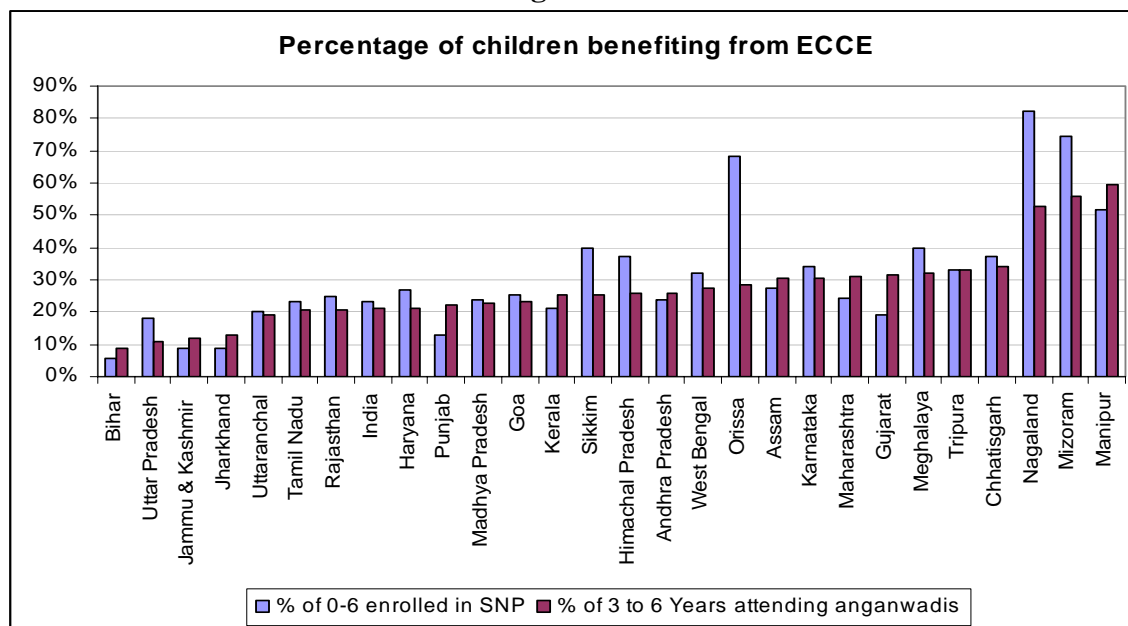
** Ministry of Women and Child Development -Web Site. (www.wcd.nic.in)

***Early Childhood Care and Education – An Overview (Ministry of HRD, 2003)

**** Report of the National Focus Group on ECE appointed by NCERT under initiative of National Curriculum Framework Review, 2005.

@ The figure has been arrived assuming 25 children per crèche center.

Figure - 11



While inter state variations in coverage of Pre school enrollment exist, hardly any state or Union Territory shows high coverage (Fig.11). The northern states again are the worst culprits. (NSSO, 55th Round Employment Survey, 1999-2000). More than 25 per cent of children enrolled in Pre School Education belong to States such as Kerala, Maharashtra, Punjab and Tamilnadu. Gender disparities in favour of boys are observable. The gross enrolment ratio for boys in the ICDS was reported to be 17.3 as against 16.9 for girls (Government of India, 2000; Kaul, 1999). As per the statistics available with the Department of Elementary Education & Literacy the total number of children enrolled at the pre-primary level are 46,23,168 of whom 21,43,099 (46percent) are girls.

ECCE provision is very unequally distributed within States/UTs, with particularly pronounced rural/ urban/slum disparities. According to the 2001 census, the share of urban population in the country is approximately 27.78 per cent (expected to go up by 33 per cent), and some states have reported this to be much higher (MHRD, 2004). However, only about 13 per cent of all ICDS projects (Rural, Urban and Tribal) are located in urban areas.

Child Development Index:

The above review of indicator-wise status of children, while not painting a very satisfying picture, also does not give a full sense of the overall status. A recent study by the World Bank (Reaching out to the Child, 2004) computed a Child Development Index (CDI) by way of measuring average achievements of a country with regard to basic dimensions of child development including Infant Survival Rate (ISR- the direct opposite of IMR), One year old children with full immunization (FI), Net School Enrollment (NER) and School Primary Completion Rate (PCR). From these indicators, CDI was calculated giving equal weightage to all indicators.

$$CDI_j = 1/4 * \sum (X_i);$$

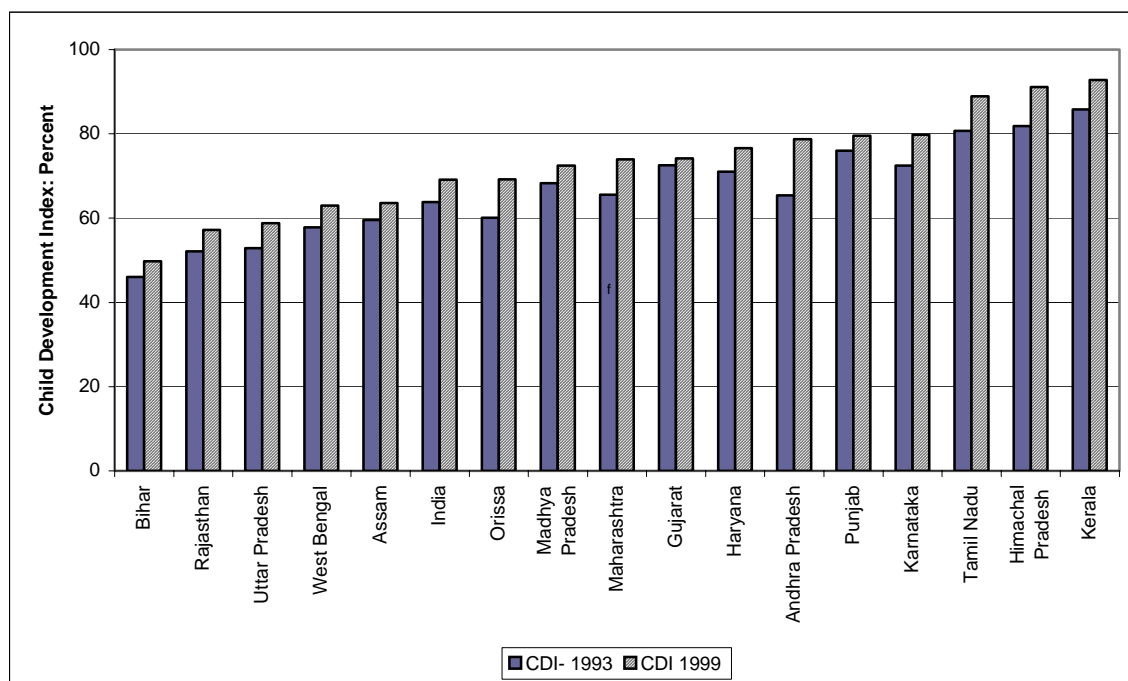
where CDI_j is for the j th state, I indicating the indicators used such as the ISR, FI, NER and the PCR. So,

$$\text{Child Development Index (CDI)} = (ISR*0.25)+(FI*0.25)+(NER*0.25) + (PCR*0.25)$$

CDI was calculated using the same methodology as was used by Planning Commission, GOI (2002) for calculating HDI.

Figure 12 using some of the indicators for two time periods, NFHS-I (1993) and NFHS-II (1999) illustrates the comparison and reflects a definite improvement in overall child development in all states. However, the level of improvement is better for those states that were already higher on the CDI. It also illustrates a significant positive relationship among indicators, so that the states performing poorly on one indicator tend to perform poorly on most of the other indicators. And the indicators are evidently interdependent as well reflecting a concentrated and cumulative ‘syndrome of disadvantage’. This clearly indicates the need for a multi-sectoral, convergent approach to child development. Though all the states have improved their performance between 1993 and 1999, the all-India average (69.13) is still a matter of concern – particularly when compared to the more acceptable range demonstrated by states like Himachal Pradesh 91 and Kerala 92. It is clear that the national average has been pulled down by the lower levels of improvement of states such as Bihar, Rajasthan, Uttar Pradesh, Assam and West Bengal. Not only are these states unable to take advantage of existing schemes, which they need the most, but also their capacity for utilization of interventions is limited due to weaker governance. Such a syndrome makes it imperative to target these states more specifically if the national average on the CDI is to be improved and the millennium development goals achieved.

Figure- 12.
Child Development Index



Providing for the Child in India

An Enabling Policy framework

The overall progress at the national level in child development, although still leaving a wide scope for improvement, could be attributed to a distinct acknowledgment of the significance of ECCE/child development in the Indian social and political contexts. This is clearly evident in the constitutional provisions, legislative measures, policy frameworks and public initiatives in place for the protection, welfare and development of children.

Constitutional Provisions:

There are several provisions in the Constitution of India either as a Fundamental Right or as a Directive Principle of State Policy that have been used to promote ECCE services in the country. As a Fundamental Right, Article, 15(3) of the Constitution of India empowers the State to practice positive discrimination favouring economically and

educationally weaker groups. This allows for special provisions for girls and children of disadvantaged social groups and children in difficult situations. Initially, the Indian Constitution committed to provision of ‘free and compulsory education for children up to fourteen years of age’. In the absence of a lower age limit, early childhood education services were considered as part of the constitutional commitment. However, the subsequent Eighty Sixth Amendment to the Constitution in 2001 divided the span of 0-14 years into two clear categories to cover their interests under separate articles in the constitution. Article 21A has been introduced which makes Elementary education for 6-14 year old children a Fundamental Right. With a great deal of protests from several professional organizations and the civil society, ECCE has been included as a constitutional provision but not a justiciable right of every child through Article 45 which reads as follows: “*The State shall endeavor to provide ECCE for all children until they complete the age of six years*”.

Policy Provisions

Constitutionally, child development and education are concurrent subjects, which imply a shared federal and state responsibility in ECCE service delivery. However, the actual provision of ECCE services is governed by a plethora of policies and related action plans beginning with the *National Policy on Education (1986)* which viewed ECCE as “an integral input in the Human Resource Strategy, a feeder and support program for primary education and a support service for working women”.

- *National Policy on Children (1974) and National Plan and State Plans of Action for children (1992),*
- *National Nutrition Policy (1993)* which recognized children below six years as high-risk groups to be given high priority.,
- *National Policy on Population, 2000* sees the health of the children as a clear strategy for population stabilization.
- *National Policy on Empowerment of Women (2001),* supported provision of childcare facilities, including crèches at work places.
- *National health Policy (2002)* targeted reduction in IMR to 30/1000 live births and MMR to 100/lakh by the year 2010 and advocated contextualized strategies
- India also ratified *Convention on Rights of the Child* in 1992 and reaffirmed its commitment to children, which resulted in formulation of policy framework to prepare a *National Charter for Children*. *National Commission for Children* has also been set up. The commission as visualized would protect/safeguards the rights of children with a strong legal base.

Box 1.1 lists some of the more prominent policies, which provide an enabling context for provision of ECCE services in India.

ECCE in Successive Five Year Plans

From Child Welfare to Child Development: The well being of children has been an integral part of India’s developmental planning since 1951, when India became a republic. However, until the third five-year plan, ECCE continued

to be in the purview of the voluntary and private sectors. In 1968, on the recommendation of the Ganga Saran Sinha Committee, ECCE (then termed pre school education) was included in the business of the government. Yet, all the way till the Fourth Plan, ECCE continued to be treated as a welfare provision under a scheme of Family and Child Welfare for rural areas. The objective of this scheme was to provide comprehensive child welfare services to pre school children for their all round development. The fifth Five-year plan saw a clear shift in approach from *child welfare to child development*. Planning became inclined towards integration and convergence of sectoral social inputs for the well being of infants, children (upto the age of 6 years) and pregnant and lactating mothers. This shift culminated in the declaration of the *National Policy for Children, 1974* and a conceptual move to integrate early services for children. Since then, every successive five year plan, reaffirmed its priority to the development of early childhood services as an investment in HRD and stressed the importance of involving women's groups in the ECCE programmes, particularly under the decentralized *Panchayati Raj* System or system of local government.

From Child Development to Child rights:

The current Tenth five year Plan (2002-2007) focuses on a right based approach to the development of children with major strategies envisaged to reach out to every young child in the country, to ensure survival, protection and development. The Tenth Plan also recognizes the increasing need for support services for Crèches and Day Care Centers for children of working and ailing mothers, especially in the context where more and more women are coming out for employment, both in organised and unorganised sectors.

The Government of India ratified the UN Convention on the Rights of the Child, 1989. It also took into cognizance the concerns emanating from this convention and its specific emphasis on children below three years. During the Eighth- Five Year Plan (1992-1997), a **National Plan of Action: A Commitment to the Child, 1992 (NPA)** was accordingly formulated. With the framework of NPA, each State was encouraged to formulate its own State plan of Action for Children based on the status indicators for child development and resource situation in the States. The State Plans of Action are expected to deal with multi-dimensional issues for child protection, survival,

development and growth and gives time-bound goals and strategies to guide the course of action.

Inter Ministerial Coordination:

Given the integrated nature of ECCE, the major responsibility for this stage of child development rests with Ministry of Women and Child Development (MWCD). Various other ministries like Ministry of Health and Family Welfare (MH&FW), Ministry of Human Resource Development (MHRD), Ministry of Social Justice and Empowerment (MSJ&E), are also involved in one way or other in provisioning of ECCE services, each bearing their respective sectoral responsibility for particular age group of children in the delivery of nutritional, health and educational components. Given this multi-sectoral arrangement and the fact that Early Childhood Education (ECE) is acknowledged as the first step in the education ladder, the Department of Education had also launched several initiatives dovetailed to its primary education programmes. The extent of coordination between Department of Education and Department of Women and Child Development is evident from several initiatives like synchronizing the timings of ICDS centers with primary schools so as to free the girl children from the burden of sibling care and enable them to attend primary schools, relocating the ICDS centers in the primary school premises as far as possible, introducing the component of school readiness as initial part of primary education curriculum, continuing with play based methodology in grade 1 and 2 etc.

Very recently, the total responsibility of ECCE has been shifted from the Department of Education within MHRD to a newly created Ministry of Women and Child Development. This has been possibly done due to the fact that the largest programme of ECCE, the ICDS, is being implemented by this Ministry. The ICDS programme is currently being expanded both quantitatively as well as qualitatively. By transferring the ECE component to this Ministry, it is hoped that the coverage will expand and more children would be able to receive the care and education envisaged under the ICDS programme. However, it is too early to comment upon the practical implications of this decision; it is also likely to generate a debate about the issue of ownership of early childhood education and its absence of priority and location within the education sector.

ECCE Services in India

India has 28 states and 7 union territories and administrative, legislative and fiscal powers are distributed between the central and state governments. ECCE provisions in India are available through three distinct channels -- public, private and non-governmental.

Public Initiatives:

Public, government sponsored programs are largely directed towards the disadvantaged communities, particularly those residing in rural areas. While there are as many as 130 programs under the auspices of various departments and ministries, which target the development of children specifically 0-6 years, the more prominent ones are discussed below:

ECCE Programs under Department of Women and Child Development:

Integrated Child Development Services (ICDS)

As a sequel to the adoption of the National Policy for Children, Government of India initiated the Integrated Child Development Services Scheme (ICDS), on pilot basis in 1975. Over the last three decades, however this scheme has emerged as a major national strategy for promoting holistic early childhood development in the country. Beginning with 33 Projects in 1975, ICDS has now expanded to 6113 sanctioned projects in all 35 States/ Union Territories in the country. Each Project covers a Block, which is the smallest administrative unit. Of these, 5635 are currently operational with 7,44,887 Anganwadi Centers (ECCE centers) as on 30th, Sep,2005. Though the programme mainly covers rural and tribal population, however, it is also operational in urban areas through 523 ICDS projects to cater to the population living in slums and underdeveloped areas. As stated elsewhere in this paper, though the share of urban population in the country is approximately 27.78 per cent, however, only about 13 per cent of all ICDS projects are located in urban areas thereby providing services to the urban poor.

The ICDS offers a package of health, nutrition and preschool education services to children, from pre natal stage to the age of six years and to pregnant and lactating mothers, following a life cycle approach. Some ICDS centers, which are typically for 3-6

year olds for preschool education, have been extended to include crèches for the younger children. But the number of these crèches is insignificant. In fact a study conducted by NIPCCD (2003) found that these crèches are for the most part custodial in nature and tend to miss out on the early stimulation and psycho social interaction that is important for the under 3's.

The Government of India has identified eight flagship programmes in which ICDS figures as one of them. In view of the importance of the programme, the Government of India had made almost two times increase in budget estimate for ICDS in financial year 2005- 06. Realizing that supplementary nutrition is the most important component of the scheme, recently in the year 2005, financial norms concerning supplementary nutrition have also been doubled. Government of India is now assisting the States to the extent of 50 % of the actual expenditure incurred for supplementary nutrition or 50 % of the cost norms, whichever is less. The total budgetary allocation for ICDS has now been further increased from Rs. 331.50 million to Rs. 408.70 million in the budget for the year 2006-07. The universalisation of this program has been identified as the basic strategy to achieve the first goal of ECCE under EFA, as envisaged in the Dakar conference held in April, 2000.

ICDS scheme is being implemented not only with State owned resources but also with the external assistance from plethora of both multi lateral and bilateral agencies. Starting with World bank assisted ICDS - I in the states of AP and Orissa and followed with ICDS II in Bihar and MP (1993-2002) with full utilization of approved IDA credit of US \$ 194 million, the ICDS III project covers five states of Kerala, Maharashtra, Rajasthan, Uttar Pradesh and Tamil Nadu with approved IDA credit for the project of US\$ 300 million including nationwide ICDS training component project UDISHA. World Bank assisted ICDS component of APEAR programme was made effective in 1999-2004 to cover 2651 child development blocks of Andhra Pradesh. The total IDA credit is US\$75 million.

In order to meet the massive training needs of ICDS functionaries, from the inception of the programme itself, GOI formulated a *Comprehensive Training Strategy (CTS)* for different functionaries involved in the programme. National Institute of Public Cooperation and Child Development (NIPCCD) is identified as the apex institute for

training of functionaries of this programme at national level. While, NIPCCD organizes the foundation and refresher Training Courses for middle managers of ICDS namely Child Development Project Officers/Assistant Child Development Project Officers (CDPOs/ACDPOs), a network of 45 Middle Level Training Centers and about 400 Anganwadi Training Centers undertake the task of organizing training programmes (Job and Refresher both) for middle level workers known as Supervisors and grassroots level workers known as Anganwadi Workers (AWWs) respectively. Over five hundred thousands ICDS functionaries have been given Job Training Course and about two hundred thirty thousands functionaries have been given refresher training till now since inception of the programme. Further, in order to make the ICDS training more dynamic and responsive to the local needs, demand driven and learner centered, the MWCD came out with the World Bank Assisted ICDS National Training Programme Project UDISHA – a national initiative of vibrant training and communication package for HRD and capacity building of child care workers. Covering all the 35 States/UTs, the project UDISHA has succeeded in providing quality training to a large number of ICDS functionaries and other staff from line departments.

Impact assessment of the ICDS indicates a positive effect on reduction in Infant Mortality Rate (IMR), increase in immunization coverage, improvement in nutritional status of children and their continuation into primary school (NIPCCD 1992). A mid term evaluation of ICDS in two states, Andhra Pradesh and Orissa, however, presented a mixed impact of the program. On the positive side, the program interventions have been able to bring down the IMR to 62 and 93.6 per thousand births respectively in the two states. The proportion of low birth weight babies has also come down to 20 and 23 in the two states respectively. But on the less positive side, despite rapid expansion of the services, the nutritional and health status of children below 6 years and of the pregnant and lactating mothers continues to be a matter of concern. While overall ICDS has made some impact on incidence of severe malnutrition, the problem of moderate and mild malnutrition continues to be rampant.

A common criticism of ICDS programme is about the focus in the program on the older age group of 3-6 years for nutrition and other services, at the cost of the under 3's which is the more critical growth faltering stage. Also, the focus is more on the feeding

aspect rather than on promoting behaviour change in child care practices in the community, which is likely to be more sustainable. A possible reason for this situation is that communication and behaviour change are much more complex and intangible as compared to feeding children or doing some activities with the older preschool children. The Anganwadi workers are also often not very well educated and do not have the required skills to take on this complex challenge.

There are also wide state-wise differences in quality and impact, with the southern states performing better. This may be largely due to the higher literacy rates and a better governance environment. However, this situation is now being corrected under the programme not only by reorienting the Anganwadi workers about the importance of the criticality of the younger sub –stage, but also by closer monitoring as well as counseling of mothers.

With six cross- sectoral services to be delivered through one community based service provider for all children from pre natal to six years, the ICDS service delivery is indeed a tall order. A commonly observed outcome of this is that among the six services, preschool education is the one that is most ‘time and effort’ intensive if done well, and is therefore in many cases not given due attention.

Early Childhood Education Scheme:

The Early Childhood Education Scheme (ECE) was started in 1982 by the Department of Education as a distinct strategy to reduce the drop out rate and to improve the rate of retention of children in primary schools. The scheme was transferred to Ministry of Women and Child Development (MWCD) in 1987–88. This scheme of providing grant –in –aid to voluntary organizations to run preschool education centers, was being implemented in nine educationally backward states (Andhra Pradesh, Assam, Bihar, Jammu & Kashmir, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal) in the areas not covered by ICDS. This scheme has been discontinued with effect from 1st April, 2001 in view of universalization of ICDS).

Scheme of Assistance to Voluntary Organizations for running Crèches for Children of Working and Ailing Mothers

The above federally sponsored scheme was started in 1975 in pursuance of the priority objectives of the National Policy for Children, 1974. Its aim was to provide day care services for the children (0-5 years) of mainly casual, migrant, agriculture and construction labourers. The scheme also catered to children of those women who were sick or incapacitated due to sickness or suffering from communicable diseases. Central Social Welfare Board (CSWB) an autonomous body under the Ministry of Women and Child Development, Indian Council for Child Welfare (ICCW) and Bhartiya Adim Jati Seva Sangh (BAJSS) two national level voluntary organisations were responsible for implementing the scheme. An evaluation carried out by NIPCCD in 1995 on erstwhile Crèche services revealed that more than 60 per cent of children attending the Crèches were receiving pre school education but there was a need to improve the quality.

National Crèche Fund

The National Crèche Fund (NCF) was set up in 1994 to meet the growing requirement for crèches with a corpus fund made available from the social safety net adjustment credit from the World Bank. Crèches under this scheme provided day care facilities, supplementary nutrition, immunization, medical and health care and recreation services to children below five years. Children of parents whose family monthly income did not exceed Rs 1,800 (USD 40) were eligible for enrollment. The scheme was being implemented through NGOs/mahila mandals/state governments. NIPCCD in 1995 conducted the national evaluation of NCF scheme covering aspects such as attainment of objectives, adequacy of infrastructure facilities, and training status of crèche workers, assessment of quality and coverage of services. The study concluded that a majority of the mothers and children were satisfied with the quantity and quality of supplementary nutrition and most of the beneficiaries and community leaders had a positive perception of the program.

Rajiv Gandhi National Crèche Scheme for Working Mothers

Keeping in mind the need for an effective and expanded scheme for childcare facilities, a new crèche scheme named Rajiv Gandhi National Crèche Scheme has been recently launched for the children of working mothers. The scheme has been designed by merging the existing two schemes of National Crèche Fund and the Scheme of Assistance

to Voluntary Organisations for running crèches for Children of Working and Ailing Mothers. Under the scheme, the crèches are being allocated to the States/UTs on the basis of the proportion of child population. Uncovered districts / tribal areas under the scheme are being given highest priority so as to ensure the balanced regional coverage. The services being provided include sleeping facilities, health care, supplementary nutrition, immunization, pre school education etc. Every crèche unit would provide these services for 25 babies for eight hours i, e from 9.00 a.m to 5.00 p.m. Currently, 22038 crèches have been sanctioned to run across the country.

ECCE under Primary /Elementary Education Programs: Some Innovative Initiatives

District Primary Education Program: (DPEP)

Taking cognizance of the importance of ECCE as an important factor in promoting retention of children in primary schooling, this component was included in the design of the externally funded District Primary Education Program (DPEP). The benefits of ECCE were seen in terms of not only the children's own preparation for primary schooling, but also as a service for releasing girls from the burden of sibling care to attend school. The approach under DPEP was one of convergence. It provided for strengthening of existing provisions for ECCE through the ICDS wherever ICDS centers were already there and strengthening their linkage with primary schools. This was envisaged through (a) relocating the ICDS centers to the primary school premises, as far as possible, (b) synchronizing the timings with primary schools so as to facilitate girls' participation (c) training the ICDS service providers in ECCE and (d) providing play materials for children. The ICDS service providers were compensated for the longer working hours from the DPEP budget. New centers were opened on the same model, only where ICDS was not physically in operation. Programmatic linkages were also attempted between pre- school and primary school under DPEP, by introducing the component of school readiness as an initial part of the primary curriculum and by continuing the play based methodology in grades one and two. An evaluation of DPEP indicates that girls' enrolment and school attendance was found to be higher in DPEP states with ECCE centers than without ECCE centers (Rao & Sharma,2002). The evaluation also observed

that the DPEP model for ECCE (adjacent to and part of the school) is more effective in providing the children an stimulating educational environment and in creating a sense of 'bonding' with the school which can go a long way in promoting retention.. Unfortunately, with most DPEP projects closing within the next year the sustainability of this effective convergence model are seriously in doubt.

Sarva Shiksha Abhiyan (SSA):

The SSA, which is a flagship program of the Government of India (GOI) for universalizing Elementary Education and which has succeeded the DPEP, unfortunately did not incorporate the ECCE component of the DPEP in its full form. Instead it provided for a limited 'innovations grant' for ECCE for each district, which did not allow for scaling up of the facility. While the reason for this omission is not clearly known in the program, it is an unfortunate exclusion, given the positive impact seen under DPEP. A possible reason could be the exclusion of the under 6 age group from the legislation recently enacted by the National Parliament for making elementary education a fundamental right and therefore a justiciable national commitment towards children, but only from 6 to 14 years of age! However, subsequent to the launching of the SSA, the GOI recently also launched the National Programme for Education of Girls at Elementary Level (NPEGEL) under the umbrella scheme of SSA for especially backward administrative blocks. Provision has been made under this programme for opening of childcare centers at the cluster level to facilitate girls' participation in elementary education..

Mahila Samakhya :

The *Mahila Samakhya Programme* is a programme for the education and empowerment of women in rural areas, particularly of women from socially and economically marginalized groups. Under this program, ECCE activities are being taken up in villages on a need based criteria. Resource persons are providing training for childcare workers with the help of specific modules developed by the Department of Human Development, MS University of Vadodara (MHRD, GOI, 2003).

Janshala :

Janshala (GOI-UN) programme, which has now closed, was a collaborative effort of the GOI and five UN agencies (UNDP, UNICEF, UNESCO, ILO and UNFPA) to provide program support to the ongoing efforts towards achieving Universal Primary Education. The programme established pre schooling as a vital component for improving children's learning and development and ECCE centers were set up on the same convergence model as under DPEP. Women's groups were mobilized to set up and manage the ECCE centers. These centers were set up in Maharashtra, Rajasthan, Andhra Pradesh and Orissa. In the case of Andhra Pradesh and Orissa, a large number of such centers were set up, on community demand, primarily in hilly and tribal areas that led to an increase in girl's attendance in schools(MHRD,GOI,2003). Again, the sustainability of these centers is not certain with closure of the program.

While all these innovative initiatives have demonstrates some good practices in ECE, the scaling up of these has been an issue. While there may be several factors hindering this, a significant reason is the inability of the states to take on the additional liability due to acute paucity of resources, human and financial. At the same time, it needs to be put on record that there are several features of the DPEP and some other projects, not necessarily related to ECCE, which have actually informed the design and implementation of the subsequent SSA program, which was another federally supported program.

Preschools attached to primary schools:

The Education/convergence model of ECCE is one of 'center attached' to the primary school. Currently only 14.27 per cent primary schools have attached pre primary sections. (NIEPA, 2003)

Voluntary/NGO Initiatives

The ECCE services being provided by voluntary and non governmental organizations play a vital role in providing education for all ages in socially and economic backward areas. These organizations primarily work with special communities in difficult circumstances like tribal people, migrant laborers and rural children in specific contexts.

They run crèches and ECCE centers by mobilizing local resources. Some NGO's also run mobile crèches, which move along with the construction labour from one site to another. Although effectiveness of these programs has not been systematically evaluated, children who attend them are more likely to move on to primary schools and parents have generally reported positive outcomes (Swaminathan, 1998). Some of the NGO's designed programs (such as those run by Ruchika, SEWA, Nutan Bal Sangha, etc) have also demonstrated successful methodologies for meeting child care needs of diverse communities. These organizations are largely funded by the Government, National and International aid agencies. In addition to these, some universities also have Laboratory Nursery Schools attached to them, particularly to Departments of Child Development. The curriculum in these pre- schools is generally more innovative and developmentally appropriate. Various religious groups often also run some pre schools some of which are fairly competitive with preschools in the private sector.

Private Initiatives

Private initiative here refers to fee charging/profit making initiatives in ECCE. In India, as elsewhere, ECCE falls in a dual track mode (Swaminathan, 1993, 1998). While the public sponsored ICDS caters to children from disadvantaged communities, private initiatives are targeted towards children of socio- economically better off families. These impart pre school education through nurseries, kindergarten and pre primary classes in private schools. Though exact figures are not available, it is estimated that about 10 million children receive ECCE from privately owned programs (Sharma, 1998). This type of pre schooling is oversubscribed and the competition for spaces in the lead schools is intense, with as many as 300 children competing for a single opening (Prochner, 2002). This phenomenon is not limited to the elite. In fact, it has resulted a in what may be termed a bourgeois revolution by the growth of consumer class and more parents who are able to purchase their children a pre school experience (Stern, 1993). A study in Tamilnadu found that even parents from low-income communities in urban areas sought private pre schools for their children once they reached the age of 4 years (M.S.Swaminathan Research Foundation, 2000). The committee appointed by Government of India on ECCE also reports that socially and economically upward mobile families are often fleeing from public initiatives towards locally available alternative, so-

called English medium schools. In the absence of any system of regulation or even registration at the ECCE stage, the education offered by these programs is of wide range. Some of these pre-schools are more of 'teaching shops' that do not respect/regard the developmental norms of children. In some cases the quality offered can often be counter productive to children's development and may even be described as 'miseducation'. (Kaul, 1998).

Some Issues and Concerns

Increasing Coverage:

Despite the regular expansion of the ICDS, the coverage of children for ECCE is still as low as 20 percent. This is an issue of both inadequate access and inadequate quality of service delivery. With ICDS continuing to be the main vehicle for ECCE, the GOI is proposing to expand the service further and universalize it within the next few years. While this is a welcome proposal, the risk is of expanding too fast and compromising on quality. Also, it may amount to 'doing more of the same thing' which has shown benefits to an extent but not commensurate with the investments made. A recent study on nutrition has indicated three mis matches in implementation of ICDS, which may need to be addressed. These pertain to mismatch of services, beneficiaries and geographical areas. (World Bank, 2005) The service mis -match refers to issue of too much focus on providing food security through supplementary nutrition rather than on improving child -care behaviors and educating parents, which would have more sustained impact. The second mis- match relates to inadequate focus on the youngest children i.e. children below 3 years who can potentially benefit most from the ICDS interventions. The third mismatch relates to the need for better targeting of geographical areas, castes and communities that need the interventions the most. . Some of the areas requiring strengthening have been identified as targeting of the poorest communities, contextualizing of the program design, rationalizing of the workload of the service provider, promoting utilization through improvement in quality of service delivery, greater accountability and outcome focus and closer convergence with allied sectors.(World Bank, 2004).

Decentralized and holistic planning for children:

Given India's diversity and scale the planning process and designing of interventions for children have to be contextualized. This can only be possible through a decentralized and participatory approach to planning and implementation. The Education sector already has experience of this approach to some extent and the programs /services for younger children would need to learn from this experience and reach out to children in a more targeted and local specific mode.

Priority to and Ownership of ECCE:

Very recently, the total responsibility of ECCE has been shifted from Department of Education within the Ministry of Human Resource Development to a newly created Ministry of Women and Child Development. Though, it is too early to comment upon the implications of this decision, however, it is likely to generate a lot of discussion and debate about the issue of ownership and its logistic location with the education sector.

Quality and regulation of Early Childhood Education:

Research has indicated that the extent of ECCE impact is directly related to quality of provision. The current approach in the public sector has been more of a minimalist approach, which is not likely to pay dividends. It is important to at least ensure basic learning conditions for children, including availability of professionally trained teachers. In addition to ensuring basic infrastructure and provisions two important aspects that have direct implications and need to be addressed are the ECCE curriculum and training.

Curriculum in ECCE for 3-6 year olds:

In India, in terms of policy and aligned curriculum goals, there is a clear understanding that the first six years of life are critical for laying a sound foundation for a child's lifelong learning and development. It is in this context that ECCE is seen as a means for compensating for the cognitive and social deprivation experienced by a large number of children from impoverished settings in their early years. ECCE aims to promote all round development of the child from prenatal stage to 8 years. This implies addressing different aspects such as cognitive development, language development, social

and emotional development, physical and motor development, development of creativity and aesthetic appreciation, development of values related to personal, social and cultural life, scientific ways of thinking and inculcation of healthy habits. The activities, experiences and environment necessary for promoting the development in all the above areas constitute the core of an ECCE curriculum. The curriculum is envisaged in three sub-stages ---**early stimulation** for under 3's largely through parental involvement and education in a relatively unstructured mode, the **organized center based play and development- oriented curriculum** for the 3-5 year olds and the **school readiness curriculum** which overlaps for the 4-6 year olds and includes reading and writing readiness and number readiness, as a preparation for primary schooling. This developmentally appropriate thrust in the curriculum has been reiterated all the way back from the National Curriculum Framework for Elementary and Secondary Education (NCFESE 1988) through the National Curriculum Framework (2000) and now the more recent National Curriculum Framework (2005). This framework, in addition, views education of child from ECCE to grade II along a continuum and emphasizes continuity of approach and methodology. All curriculum frameworks discourage formal teaching as well as formal evaluation of children at ECCE stage. The National Council of Educational Research and Training (NCERT) has over the years published several guidebooks and training manuals for ECCE to be used by the states and agencies implementing ECCE.

Prescription vs. Practice:

While, a favourable policy framework and appropriate curricular guidance is available in the country for ECCE; the reality is that there is a large gap between what is prescribed or suggested and what is practiced. In a study conducted by the NCERT (1998) it was found that almost all the ICDS centers observed adhered to teaching of 3 R's (reading, writing and arithmetic) and there was a virtual absence of any play activities. Typically, the activities of pre school education under ICDS are conducted for a period ranging from 45 minutes to two hours duration daily, with minimal play and learning material support and that too, largely in the absence of sufficient outdoor and indoor spaces, basic infrastructure facilities and competent workers. Pre school education in private/ public nursery schools, again, is largely a downward extension of primary education curriculum, with teachers often having no ECCE training. Surveys have shown

that little thought is given to the principles underlying ECCE as a specific sub-stage of education with its own characteristics and curriculum. This gap between policy and practice can be specifically attributed to the absence of any system of control and accreditation system in India, which could regulate the quality of ECCE. This has provided a situation of *laissez faire* which has in turn resulted in a mushroom growth of private unrecognized institutions, particularly in the urban sector; these institutions have no qualms about adopting the primary curriculum at a stage when children are not developmentally ready, and implementing it in a rigid and regimented way; thus imposing academic pressures on young children; these pressures become the starting point of the phenomenon referred to as “curriculum load”, which can be very counter productive to learning. In 1990 the Government of India set up a committee under a well-known scientist to suggest ways to reduce the academic burden. The committee raised the issue of not only the physical load of the curriculum because of the large number of textbooks to be carried, particularly in private schools but interestingly also raised the issue of load of non-comprehension. It observed, “a lot is taught but little is learnt or understood”. Teaching of Three R’s, Formal Evaluation, admission at an early age of 2 or 2 and half years, admission tests for children and parents, home work, demand for English as medium of interaction, and a large number of books from private publishers prescribed by schools for young kids are other areas of concern which relate to curriculum of ECCE and are more specific to private nursery and primary schools. These practices are acknowledged to be detrimental to the health of children and of the system as a whole and the policy documents lay stress on the need to educate the community to be more selective and/or demanding as consumers which could serve as an effective monitoring /regulating device. This aspect needs to be promoted further.

Training Inputs and Institutional Support:

Effective preparation of teachers/service providers for ECCE is another issue, which is expected to determine quality. Corresponding to the range of ECCE programs and initiatives in India there is a variety of training provisions in ECCE, as well. These range from the two year integrated Nursery Teachers’ training program (NTT) which aims at preparing teachers for pre school stage (3-6 years) and for the first two grades (6-8 years) of the primary stage, In addition, the curriculum of higher/ senior secondary

stage of education (+2) in Central Board of Secondary Education, National Institute of Open Schooling and many State Education Boards have also included early childhood education as an area of vocational education. In addition, The Open and Distance Learning mode of training is also being used extensively to offer Certificate and Diploma courses in ECCE. Indira Gandhi National Open University (IGNOU), National Institute of Open Schooling (NIOS), and several other State Specific Open Universities (SSOUs) like Kota Open University of Rajasthan, Bhoj Open University of Madhya Pradesh, and RPDT Open University of Uttar Pradesh also offer specialized certificate and/or diploma courses in ECCE through Open Distance Learning system. The eligibility qualification for admission to these programmes is senior secondary pass. The duration of these programmes have been kept as flexible as a candidate can complete it within the range of one to four years. The National Council of Teacher Education (NCTE) has also undertaken the task of accreditation of the institutions offering Pre primary and Nursery Teacher Training Courses. Currently, there are 124 NCTE recognized pre primary and nursery teachers training courses with an intake capacity of 5938 students in the country (NCTE, 2005). These institutions are functioning in fifteen States. However, because of the norm, these courses are not available in as many as many as twenty States/UTs, which do not have even a single recognized Pre School/Nursery Teacher Education Institutions(Pandey, 2005).

While there is wide spectrum of training provisions, there are marked variations as well, which reduce the scope for any standardization or quality control. While minimum educational eligibility criteria ranges from no bar (as in case of ICDS community workers) to primary standard (as in case of crèche workers) to high school pass (as in case of *Balsevika*) to class XII (as in case of IGNOU and Integrated Pre primary and Primary Teachers Training), there exists marked variation in duration of training too. This varies from a few days (in case of several NGOs which run their own courses) to fortnight (as in case of ICDS) to relatively longer time frame (as in two years) for the integrated training (Pandey,2004). The National Council for Teacher Education (NCTE), which is a statutory body, has laid down the norms and standards for two programs namely Pre School and Nursery Teacher Education Programmes. These norms laid down by NCTE are now expected to impact on quality.

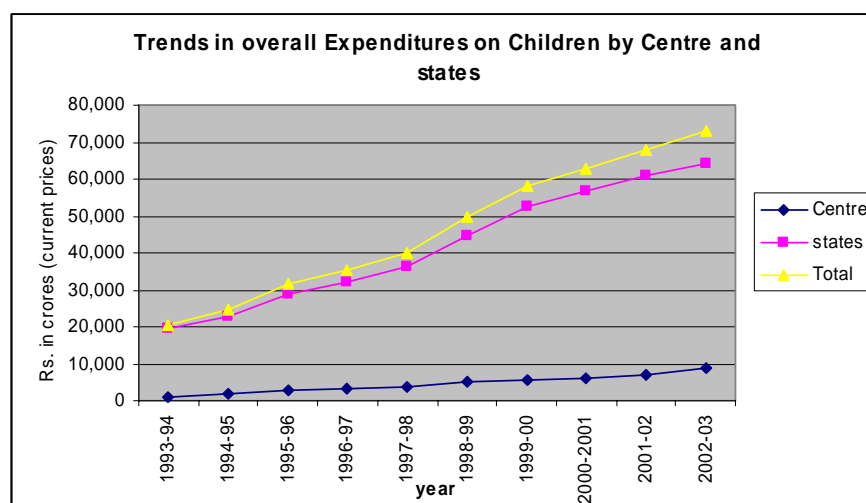
Public Spending on Children:

For the very first time, this year (2004-05), the Ministry of Women and Child Development (MWCD) in Government of India undertook a ‘child budgeting’ exercise to look at provisions and expenditures for children more holistically. This portends well for a more comprehensive approach towards planning and budgeting for children in the future. The public funds allocated to children are classified under four heads in the child budgeting exercise: ICDS & Nutrition, Education, Health and Child Protection and others.

As per the Constitution of India, child related provisions are in the concurrent list of responsibilities with the States having a prominent role in service delivery. However, most of the states spending are on recurrent items of expenditures, it is the funds which are made available through the Centrally Sponsored Schemes, that provide for reform and quality improvement.

Overall, there has been an increase in expenditure on children as a percentage of GNP from 2.66 % in 1993-94 to 3.26% in 2001-02 (DWCD, Annual Report, 2004-05). As indicated in Figure 13 below, in terms of relative contributions, both the central and State contributions show steady increases over time, especially since 1997-98, with the states’ contribution being significantly more dominant.

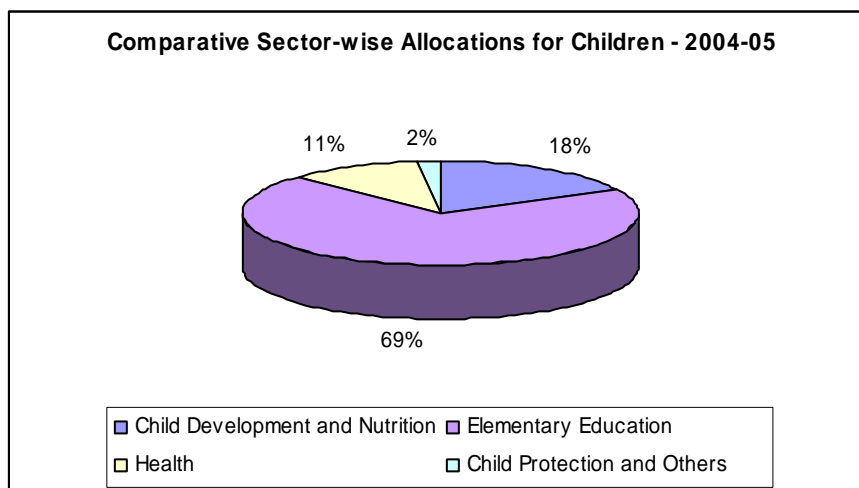
Figure-13



Source: Annual Report 2004-05, Department of Women and Child Development

The central aid for children’s programs in various sectors has increased steeply from 0.5 per cent in 1990-91 to almost 28.7 per cent in 1997-98 and 25.9 per cent in 1999-2000. During the nineties, central spending on education and health increased as a percentage to total spending on children as compared to nutrition and early childhood development. A breakdown of the central budget shows that in terms of priority, government spending on children has been highest on education (for instance, in 2001-02, 1.9 per cent of the central budget was allocated for sectoral spending on children; of this more than half (56 per cent) was on education alone). The spending on education has almost doubled since the mid nineties, a period when the government launched many schemes such as DPEP and SSA. In terms of relative allocations sector wise, now (2004-05) education accounts for around 69% of all allocations for children (Figure-14).

Figure-14

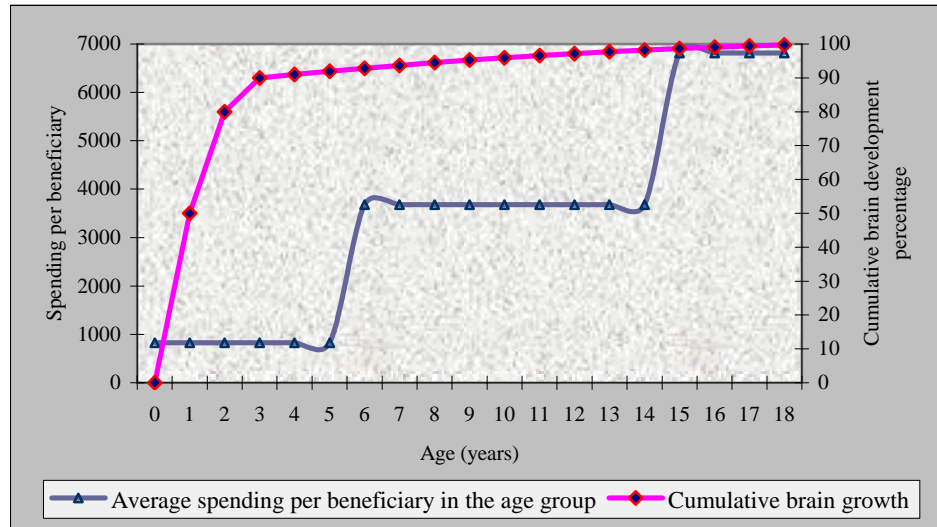


Source: Annual Report 2004-05, Department of Women and Child Development

Keeping in view the cumulative impact along the child development continuum, another important dimension is the relative spending on different sub-stages of child development. While global research indicates that 85 percent of a child’s core brain structure is already formed by age three, so that investing in the early years is critical, the trend indicates, as evident in figure 15, actual spending per child on children below 6 years is almost one-eighth of the spending on children in the 6-14 age group, across all states indicating a gross neglect of the foundation years of childhood. In this context, it becomes significant that the GOI has substantially increased its outlays in the current

financial year for the universalisation of the ICDS programme and the focus of the programme is also expected to shift to the critical first three years of life.

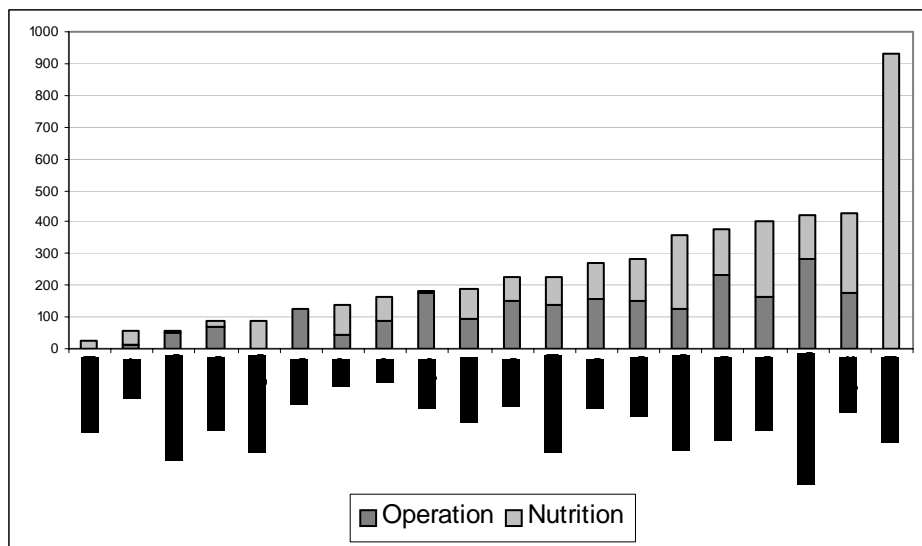
Figure 15
Critical Period In Brain Development – Financing Gap



Source: Karoly et al. 1998

While the overall outlays have been increased, a critical issue would be targeting funds according to the needs. Paradoxically, as indicated in figure 16, the states that are low on the CDI, also tend to be spend less per child in the ICDS programme, indicating a vicious cycle of low capacity leading to lower allocations which result in still less of capacity building ending in lower outcomes.

Figure 16
Per Child Expenditure Under ICDS (2001-2002)



Source: Planning Commission, GOI 2002b.

Therefore, while need-based targeting of funds is essential, this needs to be accompanied by capacity building measures and governance reforms to maximize the utilization and ensure child development outcomes.

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References

Department of Women and Child Development (2002a). *The Indian Child; A Profile*. New Delhi.

Department of Women and Child Development (2002b). *Annual Report*

Department of Women and Child Development (2005). *Annual Report*

Government of India(2000) *Education for All: The Year 2000 Assessment Report*.New Delhi.

Indicus Analytics(2003). *Empirical Analysis of the Conceptual Framework for the Integrated Child Development*. Study Commissioned by the World Bank. New Delhi.

Kaul, V (1999). *Early Childhood Care and Education in the Context of EFA*.Paper Prepared for the Government of India. Education for All: The Year 2000 Assessment Report.New Delhi.

Kaul, V (1998) *The Training of Teachers*. In M.Swaminathan (Eds). *The First Five Years: A Critical Perspective on ECCE in India*. Sage Publications. Pp195-210.

M.S.Swaminathan Research Foundation (2000)*Quality Matters: Understanding the Relationship Between Quality in Early Childhood Education and Learning Competencies of Children*.An Explanatory Study in Tamilnadu. Research Report no4. Chennai.

Ministry of Human Resource Development, Government of India(2003) *Early Childhood Care and Education in India – An Overview*.

Ministry of Human Resource Development, Government of India (2004). *Report of the Committee on ECCE*.

National Focus Group (2005). *Draft Report on Early Childhood Education*. NCERT.

National Institute of Public Cooperation and Child Development (1985). *Pre School Education in ICDS: An Impact Study*.

National Institute of Public Cooperation and Child Development (1987). *An Evaluation of Non Formal Pre School Education Component in Mangolpuri ICDS Block*. Technical Bulletin. No 1.

Eight to eleven years

National Institute of Public Cooperation and Child Development (1992). *National Evaluation of ICDS*. New Delhi.

National Institute of Public Cooperation and Child Development (1995). *Creche Services in India – An Evaluation*.

National Institute of Public Cooperation and Child Development (1999). National Evaluation of the Scheme of Early Childhood Care and Education.

National Institute of Public Cooperation and Child Development (2003). An Evaluation Study of Creches run under National Creche Fund.

National Council of Educational Research and Training (1993). Impact of ECE on Retention in Primary Grades – A Longitudinal Study.

National Council of Educational Research and Training (1996). Process Based Intervention for Primary Level Mathematics – A Longitudinal Study.

National Council of Educational Research and Training (2000) Early Childhood Care and Education in DPEP –I . An Assessment. Mimeo. New Delhi.

National Council of Educational Research and Training (2003). A Study of Process and Effectiveness of Linkages between ECCE and Primary Education in the Context of SSA.

National Council of Applied Economic Research (2001). Concurrent Evaluation of ICDS – National Report.

National Council of Teacher Education (2005) . Annual Report for the Year 2004-05.

National Institute of Educational Planning and Administration.(2003).Elementary Education in India. Where Do We Stand? New Delhi

National Institute of Educational Planning and Administration and United Nations Educational, Scientific and Cultural Organisation (2003) Different Approaches for achieving EFA – Indian Experience . Mimeo. New Delhi.

Prochner,L(2002). *Pre School and Play Way in India*. Childhood. Vol 9. No 4. Pp 435-453.

Pandey,D.D(2004) . Contrary Currents in Early Childhood Education. Policy, Quality, Access and Equity Perspectives. Indian Journal of Social and Economic Policy. Vol 1, No 2. Pp 293-329.

Pandey,D.D.(2005). Malleability of Teacher Education Concerning ECCE. University News. Vol 43.No 18. Pp 148-53

Rao and Sharma (2002)*Early Childhhod Services in India:Challenges and Prospects for Their Development*. In Chan ,K.S.L. and Mellor,E.J (Eds) *International Developments in Early Childhood Services*. Peter Lang. 97-117

Shiva Kumar,A.K(2006). *Indian Children: Issues for the XI Plan*. National Consultation on Children in India. Priorities for 11th Plan. New Delhi.

Sharma,A (1998). Opportunity, Challenges and Vision. In M. Swaminathan (Eds). *First Five Years. A Critical Perspective on ECCE in India*. New Delhi. Sage Publication. Pp 286-301.

Stern,R.W (1993) *Changing India : Bourgeois Revolution on the Subcontinent*. Cambridge. Cambridge University Press.

Swaminathan.M(1993)Current Issues in Early Childhood Care and Education .In T.S.Saraswati and Kaur.B(Eds) *Human Development and Family Studies in India.An Agenda for Research and Policy*. New Delhi.Sage Publications.

Swaminathan.M(1998) (Ed)*The First Five Years: A Critical Perspective on Early Childhood Care and Education in India*. New Delhi. Sage Publications.

The World Bank (2004). *Reaching Out to the Child – An Integrated Approach to Child Development*. Oxford University Press.

The World Bank (2005).*India's Undernourished Children. A Call for Reform and Action*.August,2005.

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