

Policies and Programmes on ECCE in India: An Evaluation

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Abstract

The World Education Forum in Dakar, Senegal approved a comprehensive vision of Education For All (EFA) to be achieved by 2015 based on the six goals. The six goals related to the areas of Early Childhood Care and Education (ECCE), universalising primary education, gender, youth and adolescents, adult education and quality of education. In the very first goal, EFA emphasises on expanding and improving comprehensive ECCE, especially the most vulnerable and disadvantaged children. The main focus is on 'reaching the unreached' for ensuring complete coverage of education. Indian Constitution directs the state to provide free and compulsory education for all children up to the age of 14 years. This goal has been pursued by India for nearly six decades through different programmes. The last two decades have witnessed significant improvements in children's participation in schooling. The recent effort to raise resources for the sector through imposition of an education cess is major effort in that direction. The present paper focuses and analyses various policies and programmes on ECCE in India and also tries to evaluate these.

Introduction

The existence of the ECCE is found in many countries of Europe and North America, and even in developing countries such as China and India. Kindergartens and nurseries were first established in the nineteenth century on the basis of Froebel, Pestalozzi and Montessori models. The major distinction between 'kindergarten'

and 'nursery' is that the previous is for educational purposes and the latter is to provide care. However, the development of ECCE was slow, with some expansion occurring during World War II and some following that, Except for the eastern European socialist countries, with extensive developments occurring right after the War II, and France, with the integration

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of preschool into the education system in 1886 and the expansion of the *ecole maternelle* in the 1950s (Kamerma 2006:3). It was the third Medium Term Plan (1990-1995), Towards Basic Education for All, that put closure to this history. The Jomtien and Dakar Declarations initiated a powerful movement towards EFA, beginning with the World Conference on EFA, along with the Convention on the Rights of the Child, and the conviction that access to preschool education was a legal right. It is the Jomtien decade that succeeded in placing ECCE on the global agenda as a necessary component for future economic and social development in developing countries. Two aspects were particularly important: (1) increasing awareness of the importance of the early years for subsequent child development and learning; and, (2) the expansion of the supply of programmes to stimulate and support economic and social development.

In the developed countries, the demand for ECCE has been driven by high and continued rising of female participation in the labour force and the need for childcare while mothers carry out their work outside the home. In the developing countries, mothers are assumed to be at home, or if at work, usually work in the informal sector, in agriculture, or selling agricultural goods in the market. The growing urbanisation and increase in maternal employment outside the home has emerged the issue of childcare which needs to be addressed. This finally laid the seeds for the introduction of the concept of organised Preschool

Education/ECCE. Before, we shall discuss all the issues related to ECCE, it is necessary to conceptualise ECCE.

Concept of ECCE

There are various ways to conceptualise ECCE. The 1991 report of the findings of the 1988 Survey states that ECCE refers to “programs (programmes) intended to provide care and/or education for children from their birth until the ages of six or seven years... (They) are organised by government ministries or agencies concerned with the education, development, care, and welfare of children up to age 6 or 7 by non-governmental organisations” such as women’s groups, religious institutions, or parent groups (Fisher 1991, Preface). Non-formal as well as formal educational facilities were included.

In India, the notion of ECCE is also found its place in the policy framework of the National Policy on Education (1986). In this document, ECCE was defined as an integrated and holistic concept of care and education of children between zero to six years from socially disadvantaged groups (GoI 1986). This provision was seen as facilitating to lay the child’s foundation for life and also a support service for girls and working mothers. However, in practice, ECCE focuses only on pre-school education (e.g. nurseries, kindergartens, preparatory schools, pre-primary etc.) for three to six years olds. These do not have any health or nutrition component.

In fact, ECCE is divided into two stages: (i) services for children under age three are viewed as the responsibility of parents, and policy,

where it exists, is in the domain of health and/or social welfare; (ii) services for children aged three to six are the responsibility of the education sector. For the first stage of prenatal to three years, the developmental priority is ensuring health and nutritional well-being of the mother and child, since this is the vulnerable stage for growth faltering and is also critical for brain development. This stage requires more of home-targeted parent counseling in nutrition and health education and in 'early psychosocial stimulation'. In the second stage, the priority is given to early learning and all-round development through a more organised center-based ECCE programme (Kaul 2009: 6-7).

Policy Framework

There are several provisions in the Constitution of India in terms of fundamental rights and directive principle of state policy that has 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 protective discrimination favouring economically and educationally weaker groups, which includes special provisions for girls and children of disadvantaged social groups and children in difficult situations. The Indian Constitution committed to provision of 'free and compulsory education for children up to 14 years of age'. In the absence of a lower age limit, ECE services were also considered a part of the constitutional commitment. But, after passing the Right to Education Act (RTE), 2009 by the Indian Parliament, which made

elementary education a Fundamental Right of children between 6–14 years, delinked ECCE from this commitment. This led to a number of protests from several professional and civil society organisations. As a compromise, ECCE has now been included as a Constitutional provision through the Article 45, which states that, "The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years" (GoI 2007:23). 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 governed by a number of policies and related action plans and programmes, beginning with the National Policy on Education (1986) which viewed ECCE as "an integral input in the Human Resource Strategy, a feeder and support programme for primary and a support service for working women" (GoI 1986). Recognising the crucial importance of ECE, the same policy recommended strengthening the ECCE programme not only as an essential component of human development but also as a support to the "universalisation of elementary education" (Gill, 1993). It indirectly enhances enrolment and retention rates of girls in primary schools by providing a substitute care facility for younger siblings. The various national policies envisage ECCE as a holistic experience fostering health, psychological and nutritional development of children along with school-related skills. The list of some

of the more prominent policies, which provide an enabling context for provision of ECCE services in India as follows:

1. National Nutrition Policy (1993) recognised that children below six years a high-risk groups to be given high priority.
2. National Policy on Empowerment of Women (2001), supported provision of childcare facilities, including crèches at work places.
3. 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 visualised would protect/ safeguard the rights of children with a string legal base.
4. National Plan of Action for Children (2005) included universalisation of ECCE as one of the goals. It specified care, protection and development opportunities for children below three years and integrated care and development and pre-school learning opportunities for three to six years olds.
5. National Curriculum Framework (2005b) emphasised two years of pre-schooling and considered ECCE as significant for holistic development of the child, as a preparation for schooling and as a support service for women and girls. It advocated play-based

developmentally appropriate curriculum (Kaul 2009: 16).

Programmes and Initiatives of ECCE

The history of ECCE in India dates back to the 1890s, when kindergartens were first started in the country (Rao 2005). However, the earliest formal documentation of preschool/ early childhood education, as an organised initiative in India, has been found in the latter half of the nineteenth century when Gijubahi Badheka and Tarabai Modak, among others, became the pioneers of this movement in the country. Influenced by Madame Montessori's visit to India, they established preschool education centre in Gujarat. In 1946, Madame Montessori met Mahatma Gandhi, who asked her to 'indianise' 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's Independence, voluntary agencies and private institutions primarily fulfilled the need for ECCE, particularly in the form of preschool education. 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. (Kaul 2009: 3). The Board sponsored voluntary agencies that would set up balwadis (kindergartens or child education centers) for the children of the less privileged. The objective of the programme was to shift the focus towards rural areas and the poor and to emphasise the holistic

development of the child rather than preschool education alone. In 1974, the Central government launched the Integrated Child Development Services (ICDS) programme, which has become the world's largest attempt in the field of ECCE by providing an integrated programme of health, nutrition and ECE. It includes services such as supplementary nutrition, immunisation, health check-up and referral services, non-formal pre-school education and community participation for children below six years, and to pregnant and nursing mothers. The programme concentrates on urban slums, tribal areas and the more remote and backward rural regions of the country. The scheme is funded by the central government.

Though ICDS is the major programme catering to the ECCE needs, several other schemes have also been initiated by the central and state governments mainly to supplement the ICDS provisions. For instance, 'Crèches and Day Care Centres Scheme' was started in 1975 to provide day care services for children below five years. It caters mainly to children of casual, migrant, agricultural and construction labourers. Similarly, 'ECE Scheme' was introduced as a distinct strategy to reduce the primary school dropout rate and to improve the rate of retention of children in primary schools. Under this scheme, central assistance is given to voluntary organisations for running pre-school education centers.

While the major responsibility for ECCE for children from prenatal to six years currently rests with the 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 the other, due to its integrated nature. In terms of provisioning of ECCE services each bears its respective sectoral responsibility in the delivery of nutritional, health and educational components. There are, in fact, approximately 130 programmes in operation under various departments and ministries for ECCE which are briefly discussed below (Ibid: 18).

Integrated Child Development Services (ICDS)

The Government of India has identified the universalisation of ICDS as its primary strategy to achieve the first goal of ECCE under EFA. This is also imperative for achieving the Millennium Development Goal related to malnutrition. The ICDS was initiated on a pilot basis in 1975. Over the last three decades, this scheme has expanded to 5659 sanctioned projects and 7,48,059 *Anganwadi centres*¹, in all the 35 states/union territories in the country as on 30th Sep. 2006 (Ibid: 18-19). Each project covers a block which is the smallest administrative

¹ The focal point for the delivery of services is the *anganwadi* (courtyard garden), a term borrowed from the simple child care centre which could be run in the courtyard of any village home. An *Anganwadi* centre is generally run by two local women—one is an instructor and other is a worker, who can cook food and take care school children.

unit. The programme mainly covers rural and tribal population, with a smaller urban component of 523 ICDS projects in slums and underdeveloped areas. Thus, although the share of urban population in the country is approximately 27.78 per cent, only about 13 per cent of all ICDS projects are located in urban areas, thereby limiting services to the urban poor. The ICDS offers a package of health, nutrition and pre-school education services to children, from prenatal stage to the age of six years and to pregnant and lactating mothers, following a life cycle approach. Some ICDS centres have been extended to include crèches for the younger children, but the number of these crèches is insignificant. A study conducted by NIPCCD (2004) 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 children under three years (Ibid: 18-19).

The ICDS has also received a significant increase in the budgetary allocations, with the Supreme Court's ruling that it should be universalised to reach all children in the country. The ICDS has also benefited from external assistance from multilateral and bilateral agencies through a series of projects over the years. While overall, ICDS has made some impact on incidence of malnutrition, the problem of moderate and mild malnutrition continues to be rampant among children in the country (UNESCO 2006). Some factors identified for this limited impact include: (a) while the critical stage for ensuring nutritional well-being of children is in the programme has been

on the 3-6 years olds; (b) the focus has been 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. Possibly, communication and behaviour change are much more complex to institute and achieve, while feeding children is much simpler. The single Anganwadi worker who is

expected to do it all is also often not very well educated and may not have the required skills to take on this complex challenge. There are, however, wide state-wise differences in quality and impact with the southern states performing better. This may be largely due to the higher rate of literacy and a better governance environment; (c) With six sectoral services to be delivered through one community based service provider, the Anganwadi worker, 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 one that is most 'time and effort' intensive if done well, and is therefore in many cases not also given due attention (Kaul 2009: 18-19).

The next stage of ICDS is ICDS-IV project which is running under Ministry of Women and Child Development (MWCD), Government of India in collaboration with the World Bank and International Development Association (IDA) support, in 158 high-burden districts from eight states, which have been identified for implementation of the project based on the low nutritional status of children under 72 months and anemia level among pregnant women of age 15-44 years (a technical mapping study was

conducted by the World Bank to identify high burden states/districts) and good practices experience (GoI 2007).

Other Schemes with MWCD

In addition to the ICDS, in the past, there were two other schemes which provided ECCE facility. These were the ECCE Scheme and the Scheme of Assistance to Voluntary Organisations for running crèches for children of working and ailing mothers. The ECE scheme was started in 1982 by the Department of Education, and then transferred to MWCD in 1987-88. It was conceptualised as a distinct strategy to improve retention of children in primary schools essentially provided grant-in-aid to voluntary organisations to run pre-school education centres in nine educationally backward states in the areas not covered by ICDS. This scheme was discontinued in 2001 in view of universalization of ICDS. A new crèche scheme named Rajiv Gandhi National Crèche Scheme was launched for the children of working mothers. The scheme was designed by merging the existing two of assistance to voluntary organisations for running crèches for children of working and ailing mothers. The services being provided under this scheme include sleeping facilities, health care, supplementary nutrition and immunisation, pre-school education, etc. for children. Every crèche unit would provide these services for 25 children 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, especially for yet uncovered districts/ tribal areas. The challenge here is to ensure that the crèches

do not provide merely custodial care but also cater to children's psychosocial development (Kaul 2009: 20).

ECCE under DPEP

Taking cognisance 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 series of District Primary Education Programme (DPEP) projects by the Department of Education in the early 1990s'. The approach under DPEP was one of the convergences with ICDS. 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. 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. It thus provided for strengthening of existing provisions for ECCE centres and strengthening their linkage with primary schools. An evaluation of DPEP indicates that girls' enrolment and school attendance was found to be higher in DPEP states with ECCE centres than those without these centres (Rao & Sharma 2002). The evaluation also observed that the DPEP school-based model for ECCE is more effective in providing the children a stimulating educational environment and creating a sense of 'bonding' with the school which can go a long way in promoting retention (Kaul, 2009: 21).

The Sarva Shiksha Abhiyan (SSA)

The Government of India 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 centres at the cluster level to facilitate girls' participation in elementary education (Ibid: 21-22).

The Mahila Samkhyā Programme

It is a programme for the education and empowerment of women in rural areas, particularly women from socially and economically marginalised groups. Under this programme, 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 and Family Studies, MS University of Vadodara (GOI 2003).

Data Analysis on Access

An analysis of available secondary data indicates that there are almost one million institutions providing ECCE for three to six years olds in the

country. The number of ICDS centres has increased remarkably from 546 thousand centres (approx.) in 2002 to 767 thousands centres in 2006. On the basis of a facility mapping exercise, it was seen that in 2006, for every 100 sq. km there are hardly 30 ECCE centres and for every 1000 population, even less than 12 ECCE centres (Kaul 2009: 25). Of the one million, 7,66,681 centres are under ICDS, while 2,22,243 are with primary schools; 93.8 per cent are in the public domain; and only 6.2 are in the private domain (IMRB 2007). The large number in the public domain is contributed by ICDS. In terms of urban-rural dichotomy, 96.3 per cent are in rural areas and only 3.7 per cent are in urban, again highlighting the need for an urban strategy for all programmes for children, including ICDS (Kaul 2009: 26). So as far as enrolment of children is concerned, the number of three to six years old attending preschool education at Anganwadi Centres under ICDS scheme in India has increased from 20 million in 2003-04 to 30 million in 2006-07 (Ibid: 25). The date on various programmes and the number of centres has been given below.

<i>Programmes</i>	<i>Number of Centres</i>	<i>Beneficiaries Coverage</i>
ICDS	766,681	23 million
Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers	22036 α	0.55 million @
Schools with Pre-primary	222,243 μ	(1,94,000) approximately 0.2 million
NGO Services for ECCE		Varying from 3–20 million*
Non ICDS Balwadis in EEB		1.74 million
Private Initiatives	60, 969 μ	10 million approximately (2002)*

Source: IMRB (2007)

* *Early Childhood Care and Education-An Overview (GoI 2003)*

* *Seventh All India Educational Survey, as on Sep 2002 (NCERT, 2005a)*

μ Mehta (2007)

Evaluation of ECCE in India

Evaluation studies have found some positive trend of ECCE in general and in India in particular. According to the EFA, Global Monitoring Report (2005), the driving factor in increasing the demand for ECCE programmes in many developing countries is the evidence that these programmes lead to enhanced school performance including better school attendance, lower rates of class repetition, lower dropout rates, and stronger literacy and numeracy skills. The demand is also growing as more women are moving away from working in the informal sector (from agriculture to manufacturing and services) and out of unpaid family work to wage employment (Choi, 2002). On the other, there are huge variations in the quantity and quality of ECCE programmes. Many children in poor families or underdeveloped communities are unable to access quality ECCE services. Traditionally, as throughout Asia, caring for children in India has been the responsibility of the family and organised provision of ECCE services is very recent. Even after first established, subsequent development was very slow as reported by Gill (1993) and Rao (2005).

It is also found that, despite some unevenness in the quality of services, the ICDS programme has had a positive impact on the survival, growth, and development of young children. For example, a study conducted in rural areas of three southern states (Tamil Nadu, Andhra Pradesh and Karnataka) found that the programme had a significant impact on the psycho-social

development of children, for both boys and girls. The study also showed that undernourished ICDS beneficiaries attained higher developmental scores than well-nourished children who were not enrolled in the programme (Kamerman 2006). A national study conducted in 1992 by the National Institute of Public Cooperation and Child Development confirmed the positive impact of ICDS. Where the programme was operating, there were lower per centages of low-birth-weight babies, lower infant mortality rates, higher immunisation coverage, higher utilisation rates for health services, and better child nutrition. Further, the per centage of severely malnourished children declined, the positive effects of preschool were evident, and a larger percentage of mothers were getting their children medically examined (NIPCCD 1992). Over the last three decades, ICDS has demonstrated its effectiveness.

Conclusion

All innovative initiatives, including policies and programmes, have demonstrated some good practices in ECCE, especially through strengthening coordination with the ICDS, MWCD, Sarva Shiksha Abhiyan and Mahila Samkhya programme. In fact, ICDS has been found to be more facilitative and effective at both the levels of ECCE, i.e. children from prenatal to three to six years. But, at the same time, it can not be denied that despite an early start, ECCE activities remained scattered, concentrated in urban settings, restricted to certain regions in the country, and confined

to those who could afford such services. It is also found that the factors leading to the neglect of ECCE developments include historical and cultural realities, the caste system, childrearing beliefs and practices, and

the low status of women. However, the Government of India has continuously been renewing its commitment to making the programme universally available in order to achieve equality of opportunity for all Indian children.

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