
UNIT 4 PROVISION FOR EARLY CHILDHOOD CARE AND EDUCATION IN INDIA: A CRITICAL APPRAISAL

Structure

- 4.1 Introduction
- 4.2 The Situation of Children in India
 - 4.2.1 Some Indicators of India's Children's Health, Nutritional and Educational Status
- 4.3 Early Childhood Care and Education Services in India
 - 4.3.1 Availability of Services for Children and their Utilization
 - 4.3.2 Quality of ECCE Service Provision Across Sectors
- 4.4 Regulating the Quality of Early Childhood Programme
 - 4.4.1 Reasons for Poor Quality of ECCE Services
- 4.5 Advocacy, Networking and the Way Forward
- 4.6 Summing Up
- 4.7 References and Further Readings
- 4.8 Answers to Check Your Progress Exercises

4.1 INTRODUCTION

As you have read in the previous unit, services for children below six years of age in our country are provided by three sectors: the government sector, voluntary sector and private sector. While in terms of policy and planning for children, India has shown great foresight, the implementation of the various measures articulated in plan and policy documents remains weak. Therefore, in reality, the situation of children, even after 75 years of Independence leaves a lot to be desired. Before you read about the various services provided by the three sectors for the young child, it is important to know about the health, nutrition and education status of children in India. In this Unit, we will critically examine the provision of Early Childhood Care and Education services by these three sectors in India.

Objectives

After studying this Unit, you will be able to:

- understand young children's health, nutritional and educational status;
- identify reasons for poor health, nutritional and educational status of children;
- describe the availability of services for children through the government, voluntary and private sectors and their utilization;
- critically examine the provision of ECCE services across the three sectors;

- explain the reasons for the poor quality of ECCE services; and
- discuss the role of networking and advocacy in strengthening early childhood service provision.

4.2 THE SITUATION OF CHILDREN IN INDIA

In India, the arrival of a child is generally considered a blessing. Parents are expected to care for their child with love and provide security till the child grows up and becomes an adult. However, in ancient times and even now, there are many caste-based, gender-based and other socio-economic disparities because of which the birth of all children is not always welcome in the family (Anandalakshmy, 1998). The experience of childhood is full of deprivation and exploitation for many. You have read about this aspect in the first Course MCD-001. Sadly, the preferential treatment of the male child and the socio-economic divide still permeate our society in many areas of our country.

4.2.1 Some Indicators of India's Children's Health, Nutritional and Educational Status

India is home to almost 19% of the world's children. More than one-third of the country's population, i.e. around 44 crores or 36.7%, is below 18 years. If we consider the age group birth to six years only then there are 164.8 million children in this age group and they account for 13.6% of the total population of the country (Census, 2011).

While children of economically well-off families get many facilities for their all-round development, children of the poor are often deprived of even essentials for life – food, clothing and shelter. They experience neglect and difficult circumstances which are detrimental to their overall development. The Infant Mortality Rate (IMR) has been steadily decreasing over the years but it is still 28 per thousand live births in the year 2020, as per the data of Sample Registration System (SRS). It means that out of every 1000 children who are born alive, 28 children die before their first birthday. As of 2019 SRS data, Neonatal Mortality Rate is 22 per thousand live births and Under 5 Mortality Rate – U5MR – is 35 per thousand live births (Ministry of Health and Family Welfare, 2023). Ranking the 227 countries from highest IMR to the lowest, India's rank is 49th from the bottom, with Sri Lanka, Bangla Desh and Nepal performing better than India (Central Intelligence Agency, 2023). According to a World Health Organization (2022), India and Nigeria are the two top countries accounting of deaths of children below 5 yaers of age and they alone account for almost a third of all global deaths in this age group. While malnutrition levels have become better in the last decade, there are still numerous children suffering from different forms of undernutrition According to the UNICEF, WHO and the World Bank joint child nutrition estimates (2021), 30.9% of all Indian children are stunted, which puts India in the 'very high' category of stunted children. India accounts for 24% of the world's stunted children. Accoridng to National Family and Health Survey –

5 (2019-2021), 32.1% of all Indian children are underweight and 19.3% of the children show wasting. Only 78% of our children aged 12-23 months are fully immunized (NFHS -5, 2019-2021). There are around 20 lakh children (aged 0-6 years) with disability in our country (Census, 2011). More than 3 crore children in our country are orphaned or abandoned which means they are without a legal guardian or carer (International Learning Movement UK, 2021). Some of these children get placed in institutions and some get adopted. What's more alarming is that of the 30 million children. Of these only about half a million are actually in institutionalised care. The rest are left wandering the streets, vulnerable to abuse and trafficking.

There is a preference for the son in comparison to the girl child in urban as well as rural areas across the country. But the good news is that female foeticide seems to have decreased in the last decade. The earlier negative trend of lesser number of female girl children at birth as compared to boys (which indicated female foeticide) has been reversed. As per the 2011 Census the national average child sex ratio at birth was 943 females per 1000 males and according to the NFHS 4 (2015-16), the child sex ratio was at 919 per 1000 males. However, as per the fifth round of the National Family Health Survey (2019-21), the sex ratio of the population at birth (females per 1000 males) for the country was estimated as 1022.

Enrolment in primary and upper primary education is heartening. According to UDISE data 2021-2022, the Gross Enrolment Ratio is 103.39% and 94.67% in upper primary sections (Ministry of Education, 2022). However, the learning levels tell a different story. The ASER 2022 report (ASER Centre, 2023) clearly shows low learning levels in language - only about 20% children in class three, 43% children in class five and 70% children in class eight can read a standard two-level text. In basic arithmetic too, only about 26% children in class three could do subtraction, about the same number of children in class five could do basic division and about only 45% children in class eight do the same. While the learning levels have always been a challenge in the country, the deprivations children faced due to the COVID -19 pandemic have contributed to the low learning levels.

The reasons for such distressing conditions for children in our country are numerous. A few are discussed as follows:

a) Inability of the Family to Take Care of the Child's Needs

While all the children have the same needs as discussed in detail in Unit 1, all the families are not equally equipped to meet the needs of their children. The widespread poverty in our country makes it difficult, and often impossible, for many families to meet the needs of their children. Poverty results in a cycle of deprivation — lack of resources lead to lack of food, lack of access to health services, lack of education and children being pushed to employment early. Thus, the children continue as unskilled labour and grow into adulthood without the skill-set to get better employment opportunities. They work as daily wage labourers or get low-paid jobs and continue to

remain in poverty as they give birth to the next generation. Poverty also forces the early marriage of young girls which affects their own health and that of the developing child. The needs of the child cannot be met unless the socio-economic situation of the family is strengthened.

b) Lack of Recognition of Multiple Roles of Women and Lack of Alternate Care Giving

Women have multiple responsibilities and are involved in reproductive work (bearing children), housework, child care, unpaid productive contribution to household income (such as working on the family agricultural land), paid productive work (employment work where women earn money). Due to these multiple responsibilities, women are forced to leave their children in the care of others who may not be able to look after the young child satisfactorily. Young children are often left at home with only a slightly older sibling or aging grandparents or neighbours and sometimes all alone in the house because no one is available to look after the child. Safe child care arrangements operated by the state are MINIMAL in our country because the assumption is that the woman is always at home to look after the child even though this is not true for a large majority of women, especially for those from the lower socio-economic groups. The lack of recognition of women's multiple roles is the chief reason for the glaring lack of child care services in our country.

c) Lack of the State's Accountability and Infrastructure for Meeting Children's Needs

The basic needs of the family and the community such as potable drinking water, sanitation, facilities for health immunization, and food have to be made by the State. However, these basic amenities for a living are not available to large sections of our population. The health facilities for pregnant women and care of the newborn are inadequate, there is lack of skilled personnel for child delivery, immunization facilities for the children and for management of childhood illnesses are inadequate, inadequate number of child care and education institutions, and inefficient implementation of the State's programmes for the children. There is a lack of accountability. While the parents (or legal guardians) have the primary responsibility of caring for their children, the government has to step in and support them to do so or take over the parents' roles if they are unavailable to do so. However, while the Indian nation has articulated its concern and commitment to children's development in various policies and the government runs programmes for meeting children's health, nutrition and education needs, there are still many gaps and unfulfilled commitments.

In the following section, you will read a critical account of the provision of ECCE services in our country.

4.3 ECCE SERVICES IN INDIA

At present, in India, the public sector (government), the private sector and the voluntary sector (non-governmental organizations) are involved in providing ECCE services. Each sector has a particular approach to early childhood programmes and their services are used by certain specific sectors of the population.

The government's programmes and schemes largely cater to disadvantaged communities and are free. The chief programme of the government providing early childhood care and education services to young children is the **Integrated Child Development Services (ICDS)**. This programme adopts a holistic life cycle approach and fosters the all-round development of children below six years of age by providing health and nutrition services and preschool education, as well as reaching out to pregnant and lactating mothers and adolescent girls to provide health and nutrition services.

The voluntary and non-governmental organizations, largely work for socially and economically backward communities and provide ECCE services to communities in difficult circumstances such as tribal children, migrant labourers and rural children in specific contexts. While some of these organizations provide services of health, nutrition and preschool education in an integrated manner; others provide individual services or a combination of some services to the child. Often, the services are free or a token amount is charged.

The private sector providers are fee-charging/profit-making centres that mainly focus on providing preschool education programmes (also called Early Childhood Education) for 3 to 5+ year-olds. The private sector programmes were originally aimed at children of families from middle socio-economic status. However, now there is a large variety of low-fee paying private sector centres aimed at middle and low SES segments in both urban and rural areas too. The private sector has expanded to a great extent in the past decade. These centres are known by various names such as nurseries, kindergartens, preparatory schools or pre-primary schools.

4.3.1 Availability of Services for Children and their Utilization

Let us now read about the number of services available for children and the number of children who use these services. You must keep in mind that the service provision in ECCE is not regulated by the state. This means that a person can open an early childhood centre without getting it registered. Therefore, it is difficult to get a definite idea about the number of early childhood centres being run by the voluntary and the private sector. The data about service provision by the government is available and also data regarding pre-primary sections in schools.

As per Census 2011, there are 164 million children from birth to 6 years in India. The age-disaggregated data is given in Table 4a. At 6 years of age the child enters class 1. Tables 4b and 4c show the extent of availability of ECCE services and the number of children who are able to access these services.

Table 4a: Age-disaggregated Data for the Number of Children in Different Age Groups from Birth to 6 Years

S.No.	Age	No. of children
1	Below 1 year	20,311,234
2	1 year of age	21,755,197
3	2 years of age	23,056,268
4	3 years of age	23,974,041
5	4 years of age	23,710,038
6	5 years of age	26,054,230
7	6 years of age	25,654,245

Table 4b: Availability of Services for Children below Six Years through the Three Sectors

Programme / Scheme/ Sector	Service Provision
Through ICDS (government)	7072 ICDS projects with 13,46,186 <i>Anganwadi</i> centres (approximately 13½ lakh <i>Anganwadi</i> centres) as on 31.3.2015; Source: MWCD website (2023, April 8)
a) Supplementary Nutrition (0-3-years-old)	12,58,166 (approximately 12½ lakh) <i>Anganwadi</i> centres provide supplementary nutrition as on 31.3.2015 Source: MWCD website (2023, April 8)
b) Supplementary Nutrition (3-6-years-old)	
c) Preschool Education (3-6-years-olds)	1253248 ((approximately 12½ lakh) <i>Anganwadi</i> centres provide preschool education as on 31.3.2015 Source: MWCD website (2023, April 8)
Rajiv Gandhi National Crèche Scheme for Working Mothers (Government) (0-6-years-olds)	23, 293 crèches Source: MWCD 2014-15 Annual Report
Voluntary Sector	No data is available on the exact number of centres; in terms of children reached estimates vary between 3-20 million children. Source: NCERT (2006)
Private Sector standalone Independent Preschools	No data is available on the number of centers; in terms of children reached estimates are about 1 crore children reached in 2001. Source: NCERT (2006)
Number of primary schools having AWC or Pre-Primary Sections, 2021-22 (includes government and governemnet aided schools, private unaided recognized schools and others)	6, 11, 565 Sections Source: UDISE (2021-22)

Table 4c: Number of Children Availing Services through Different Sectors

Age Group & Services	Numbers of Children
0-3-years-olds availing Supplementary Nutrition through ICDS	46017364 - 46 million (Approx.) as on 31.3.2015 Source: MWCD website (2023, April 8)
3-6-years-olds availing Supplementary nutrition through ICDS	36882060 - 36 million (Approx.) as on 31.3.2015 Source: MWCD website (2023, April 8)
3-6-years-olds availing preschool education through ICDS	36543996 - 36 million (Approx.) as on 31.3.2015 Source: MWCD website (2023, April 8)
New admission of students in Class1 who have had any type of preschool experience in the same school/another school/anganwadi centre/ any ECCE centre	10,182,180 out of 19,097,256 who were admitted in class 1 in 2021-22 Source: UDISE (2021-22)
12 months-23 months old fully immunized	78%; Source: NFHS, (2019-21)
0-6-years-olds availing services through Rajiv Gandhi National Crèche Scheme	5.88 lakh; Source: MWCD 2014-15 Annual Report
Three-year-olds in rural India enrolled in preschool /school (anganwadi, govt.preprimary or primary; private LKG/UKG or primary or any other)	78.3 %; remaining not enrolled (ASER (Rural)-2022)
Four-year-olds (rural India) enrolled in preschool /school (anganwadi, govt.preprimary or primary; private LKG/UKG or primary or any other)	87.7; remaining not enrolled (ASER (Rural) -2022)
Five-years-olds (rural India) availing preschool education or primary education in class 1 through any sector	94.5 % ; remaining not enrolled (ASER(Rural) -2022)
Six-years-olds (rural India) availing PSE or primary education in class 1 through any sector	97.4% ; remaining not enrolled (ASER (Rural) -2022)
Figures for urban India enrollment in PSE	Not available

What do these figures mean? The government is the chief provider of ECCE services followed by the private sector and then, the voluntary sector. However, not all children are covered. Provision of nutrition through ICDS reaches out to only half the number of children below six years (82 million children reached out of a total of 164 million). ICDS provides preschool education to 50% of children in the 3-6 age group. There are no exact figures regarding the number of children reached through private and NGO sectors. Clearly, all children are not being reached. As Table 4c shows, about 22% and 13% of 3+ and 4+year-olds respectively do not receive preschool education from any sector. According to UDISE data 2021-22, shown in Table 4c nearly 47% of the students enter class 1 without any preschool experience. Children in geographically difficult terrains and children in difficult circumstances are still not reached through ICDS. These are children living on the streets, children of prisoners, children in institutions, nomadic and migrant children and terminally ill children who spend extended amounts of time in hospitals. Similarly, while policy formulation includes children with disabilities, there is little effort made in ICDS to make services accessible to them. Early identification, early stimulation and adaptation of preschool education curriculum to meet the needs of children with disabilities

remains a gap area in ICDS preschool education curriculum. While there have been efforts in some projects for the identification of and early intervention for children with disabilities, these are largely isolated efforts. Addressing children with disabilities does not get a systemic focus.

Unorganised sector constitutes a major part of work-force in the Indian economy. The informal economy employs about 86 per cent of the country's work force and 95 per cent of its women workers. Majority of these women workers need child care services. But there are only about 23,000 crèches across the country to provide child care services as indicated in Table 4b above. Evaluation of the crèche programmes reveals poor utilization of services of crèches by women workers because of non-coordination between the crèche hours and women workers' working hours. Further, most crèches mainly provide physical care. Activities and experiences for stimulation of the senses, which are important for the child's cognitive development, are usually lacking. In many crèches, the caregivers' interaction with children lacks love and warmth. Thus, children's overall development is not facilitated in the crèches (Datta & Konantambigi, 2007; ILO & WIEGO, n.d.)

Check Your Progress Exercise 1

- 1) Identify which of the given are the features of the ICDS programme.
 - a) private sector programme
 - b) Presence of Anganwadi centres
 - c) Nutrition provision for preschool children
 - d) Holistic life cycle approach
 - e) Caters to children below eight years of age
- 2) Which of the given are incorrect reasons for the distressing condition of children in our country?
 - a) Lack of the State's accountability and infrastructure for meeting children's needs
 - b) Lack of willingness in the parents to provide for the children's needs
 - c) Lack of recognition of multiple roles of women and lack of alternate caregiving
 - d) Inability of the family to take care of the child's needs
 - e) The presence of multiple caregivers in the family.

4.3.2 Quality of ECCE Service Provision Across Sectors

Let us now read about the quality of service provision in various sectors.

a) The Public Sector

In this section, we will read a critical review of the ICDS programme, which is the world's largest programme providing ECCE to children and the Indian government's main programme for reaching out to children. While the

Ministry of Women and Child Development (MWCD) is mainly responsible for providing ECCE services through the ICDS for children up to 6 years of age; various other ministries like the Ministry of Health and Family Welfare (MH&FW), Ministry of Education (MoE), Ministry of Social Justice and Empowerment (MSJ&E) are also involved, as you read in Unit 3.

The Integrated Child Development Services (ICDS)

In 1975, the Integrated Child Development Services (ICDS) programme was started on an experimental basis in thirty-three Blocks (one Block comprises a group of villages). ICDS programme aims to promote the holistic development of children between birth through age six and improve the nutritional and health status of pregnant and nursing women, adolescent girls and women up to the 45 years (i.e., up till the reproductive age). The ICDS programme provides a package of services — supplementary nutrition, immunization, health check-up and referral services to all children up till the age of 6 years; preschool education to 3-6-years-olds; and supplementary nutrition, immunization, health check-up and referral services to pregnant and lactating women. It also provides nutrition and health education to adolescent girls and women up to the age of 45 years. These services are provided to the community through the *Anganwadi* by the *Anganwadi* workers.

There have been several impact evaluations of the ICDS Programme and these reveal a mixed bag of findings (Dixit et al, 2019; NIPCCD, 2006, 2009; Rao & Kaul, 2018; Sahoo et al, 2016). **The positive aspects of ICDS are:**

- It has helped to improve children's health and nutritional status of children. In the ICDS areas, there is better immunization coverage, fewer children suffer from malnutrition and diseases, and mortality rates are lower;
- It has contributed significantly to the reduction of the mortality rate of children aged four years and below; and
- It has enhanced the primary school enrolment of children from economically disadvantaged groups. More children are enrolled in school after going through the *Anganwadi* experience.

On the negative front, most studies show that the preschool component of the ICDS programme is very weak (Planning Commission, 2011). There are interstate variations but on the whole a large number of *Anganwadi* workers are not able to devote the mandatory 3 hours for meaningful preschool education activities; many devote just one hour and many do not devote even an hour. In fact, a recent study reported that on average, *Anganwadi* workers in a particular state spent only 38 minutes per day on pre-school instruction (Ganimian et al, 2021). Further, the quality of preschool education provided to the children is poor. Studies over the years have shown that the chief activities carried out at *Anganwadi* centres across the states are — singing songs, storytelling and reciting numbers. For a large part of the 3 hours, the children are left to play by themselves. In many

centres, preschool-aged children come only at the time of feeding to collect the supplementary nutrition, since there is no preschool education activity being conducted at the centre. Over the years, it has been found that activities for cognitive development are rarely conducted in the *Anganwadis*. Thus, the development of concepts such as those of colour, shape, number or concepts about the environment and cognitive abilities such as those of classification, reasoning, seriation, pattern making and sequencing are largely neglected in *Anganwadis* across states. Creative activities such as art craft, music and movement and imaginative free play and planned activities for motor development are also rare. Similarly, there are no planned efforts at encouraging interaction or promoting skills of sharing and cooperation (social development) in the environment in most *Anganwadis*. However, there is no restriction either and so children do interact with each other and learn. It is an emerging trend that in many *Anganwadis*, workers introduce the teaching of script and alphabet through rote memorization techniques under parental pressure. Such teaching is counter to the principles of good preschool education. Further, in most AWCs, children in the age group 3-6 years sit together as a group and all are involved in the same activity. In other words, there is no differentiation in the conduct of activities in accordance with children's developmental levels. Most of the AWCs do not have a planned schedule for conducting activities. A large scale Indian study which studied the delivery of preschool education in *anganwadis*, private preschool centres and selected good practice preschool centres operated under aegis of the government or through the non-profit voluntary sector in three states during the period 2012-14 (Kaul, et al., 2014) reinforced these above findings of earlier studies.

Though the above is a general trend, there are *Anganwadis* where good pre-primary education is provided, but these are only a small percentage. Thus, in most *Anganwadis* across the country either a minimalistic preschool education is provided or children are left free to do as they want or teaching of letters and numbers is introduced, using inappropriate teaching strategies.

What impact does exposure to such preschool education in an *Anganwadi* have on children's development? Perhaps, the clearest impact of participation in preschool education in *Anganwadis* is in terms of children's outcomes in primary education. Attending the *Anganwadi* centre enhances the chances of the child to enroll in school, cope with its challenges, enables higher retention rates and reduce dropout rates. However, in terms of impact on child's development, studies have shown that even though children are attending *Anganwadis*, they lag behind age norms in the cognitive and language domains and are not ready to start formal schooling. Children's motor, social and emotional indicators are age appropriate and they appear to be 'psycho-socially' ready to go to a primary school and negotiate its demands. Why are there differences in children's cognitive /language as compared to their social/ motor development? This is so because no structured activity is being carried out for promoting language and cognitive development, but since children are not restricted from playing

and interacting with each other, their motor and social development is age appropriate. To conclude, participation in *Anganwadis* is not fostering children's development across domains optimally, though children who are participating are better off than those who are not participating in *Anganwadi* PSE activities.

Why are *Anganwadi* workers not able to foster children's all-round development? The reasons for this situation are multiple.

- The single *Anganwadi* worker is expected to provide all the services viz. health, nutrition and pre-school education services to children (aged 0-6 years) and also to pregnant and lactating women. This is indeed a very demanding task. The *Anganwadi* worker may not be well educated and often does not have the required training and skills to provide preschool education.
- Another important reason for the poor delivery of preschool education is the poor infrastructure and facilities in the *Anganwadi* centres. There is a dearth of space and appropriate play materials for children in the *Anganwadi* centres.
- Further, the ICDS infrastructure has been overly utilized. Most of the current government programmes of health, nutrition, education, literacy, or women's development are implemented through ICDS. The result is that the ICDS programme is overburdened with new tasks without additional resources staff. The preschool education component requires the *Anganwadi* workers to spend more time and effort. Therefore, the programme gets hampered when demands from the workers are many.

Other than the weak delivery of preschool education, there are other gaps and challenges as well.

- The ICDS programme mainly covers rural and tribal populations. Although the share of the urban population in the country is approximately 31 per cent, only about 11 per cent of all ICDS projects are located in urban areas, thereby limiting services to the urban areas.
- Children below three years are not provided care and protection of early stimulation services, although this was a mandate in the original design.
- The delivery of supplementary food has also many challenges.

Keeping all these gaps in mind, the government began the process of restructuring of the ICDS programme and introduced many reforms in terms of services, monitoring mechanisms, staff allocation from the period 2012 onwards. In Unit 10 of Course 3, you will read in detail about the restructuring of ICDS. One of the changes is that most states have now devised a three hour preschool education curriculum with a renewed emphasis on a variety of age and developmentally appropriate activities and have provided training to *anganwadi* workers to implement this. A study which ascertained the impact of providing a structured curriculum and enhanced supportive supervision to *anganwadi* workers found that both these factors led to enhancement in effective delivery of preschool education (Meenai, Sen & Firdos, 2016).

Another change, for example, is that the *Anganwadi* centres will be extended to include crèches for the younger children and are expected to provide early stimulation and psychosocial interaction, which is important for children under 3 years. These *Anganwadi*-cum-crèches will be started in a small way on a pilot basis first.

However, the point of concern is that the government has curtailed the budget allocated to ICDS substantially. Many of the reforms that have been envisaged in restructured ICDS have not been implemented on the ground. For example, the conversion of 5% of the *Anganwadi* centres to *Anganwadi*-cum-crèches to cater to children below three years is progressing very slowly.

b) The Voluntary Sector

You read in Unit 3 that the voluntary sector has been active in the field of early childhood since the pre-Independence era itself. One of the very earliest preschool programmes was at Kosbad hill (Maharashtra) initiated by Tarabai Modak and developed further by Anutai Wagh to serve the tribal communities. This was the first time a preschool programme based on an indigenous curriculum, low-cost teaching aids, and holistic development of children was implemented in India.

After independence, in the 1950s and 1960s, voluntary organizations were mainly responsible for establishing and running ECCE centres. The government initiated its efforts in the field of ECCE from the third Five Year plan onwards, as already discussed in Unit 3. Over the years, voluntary organizations have continued to provide ECCE services all over the country. The voluntary and non-government organizations primarily work in rural and socially and economically backward areas with the children belonging to marginalized sections, tribes and lower socio-economic status groups.

One of the positive aspects of voluntary organizations is that they mobilize local resources and the community in running crèches and ECCE centres. The importance of community participation in ECCE programmes is increasingly being realized as it creates ownership of the programme. One of the chief challenges faced by the ICDS is that people feel it is the government's programme and not their programme. The voluntary organizations mobilize and support women's groups to manage and run early childhood programmes in their communities and many have demonstrated considerable success in meeting the needs of the children of diverse communities across the country. The curriculum in most pre-schools run by the voluntary sector is play-based and developmentally appropriate. The voluntary sector usually models good ECCE practices and provides good quality ECCE services. However, they reach out to only a small number of children.

In addition to the ECCE programmes run by voluntary organizations, universities across the country which have Child Development departments also have **Model Laboratory Nursery Schools** attached to them which typically run developmentally appropriate early childhood care and education programmes.

c) The Private Sector

When the private sector initiatives began, these were high-fee-paying preschools targeting children belonging to higher SES families. Some private sector centres also provided crèche and daycare facilities. However, over the years, parents across all income groups have begun to value education as the means for upward mobility and are dissatisfied with the minimalistic preschool education being provided in the government-run *Anganwadis*. Parents have begun to understand the need for preschool education, though they are not aware of the goals of preschool education. Parents see it largely as formal education where children are initiated into the basics of reading and writing as preparation for getting admission into a formal school. Their idea of preschool education is completely contrary to the principles of play and activity-based developmentally appropriate preschool education that should be provided during preschool years. Across socio-economic classes, there is a demand for 'English Medium' education from the first day of schooling. Consequently, many private preschools which charge lower fees have sprung up, first in the cities, but increasingly in the rural areas as well. There is also the worrying trend of children below the age of three years being enrolled in these preschools. It is often a result of parents getting anxious about their child. They believe that the child needs to undergo some formal teaching to be able to face the interview for admission into a regular school, which takes place at 3+ in many states, when the child is enrolled in the nursery section.

Unfortunately, studies indicate that most of these private play schools/preschools do not have a proper understanding of child development or pedagogy for preschool education. Some elite preschools provide high quality services while many preschools "affordable" to low- to middle-income families do not necessarily provide developmentally age-appropriate PSE and focus on the 3Rs (). A majority of the preschools in the private sector teach a downward extension of the primary curriculum using inappropriate teaching strategies (Kaul, 2019; Majumdar et al., 2021). They focus on memorization of the letter names and letter sounds of English and Hindi/ regional languages, as this is seen as the first step in learning to read and write. Soon children are expected to read and write three-letter words. Number names and counting is introduced and soon basic addition and subtraction are also added to the curriculum. Repetition and memorization are the way children are taught. They are required to sit at their desks for long periods and copy work in their notebooks. Such education goes against the nature of the young child who learns best through exploration and activity. During the preschool years, a play and activity-based curriculum ought to be followed which is developmentally appropriate for the child and fosters the child's development in all domains (physical, cognitive, language and socio-emotional). However, unfortunately, what happens through these 'teaching shops' is that children's developmental norms are disregarded. The focus is on teaching limited skills of reading, writing and arithmetic, using teaching methods that are highly instructive and verbal, paying very little attention to

individual development or to the development of cognitive skills, problem-solving, language, imagination, curiosity, and social skills.

Admission tests for children and parents, admission at an early age of 2 or 2 ½ years, formal evaluation, demand for English as the medium of interaction, and a large number of books from private publishers prescribed by private preschools for young children — all these are pressure points for the young children. It is because, at this age, they need to experience success and develop a positive self-image. Instead, the teaching carried out in many preschools in the private sector hampers children’s interest in learning. In many of these schools, the education offered can be, in fact, counter-productive and may even be described as ‘mis-education’. Such practices are acknowledged to be a barrier to the health of children and of the system as a whole.

We have referred above to the large scale IECEI study that compared the delivery of preschool education in government *Anganwadis*, private preschools and selected good practice preschool centres. Table 4d gives a comparative description of the infrastructural, pedagogical, curricular, organizational and management aspects of preschool education in these three types of preschool education centres. The conclusions of the study lend support to findings from earlier studies that the quality of early childhood development services received by the majority of our children is poor.

To summarise, the government sector and the private sector are the main providers of ECE services in our country. Children either get minimalistic inputs (through the government sector) or inappropriate inputs (through the private sector). There are a limited number of ECE centres that provide quality services. Hence, though the number of early childhood programmes has increased in our country, there is much to be done in terms of offering developmentally appropriate programmes of good quality for the young child (Rao et al., 2021).

Table 4d: Comparative description of infrastructural, pedagogic, curricular, organization and management aspects of ECE as observed in different types of ECE centres summarized by the IECEI study (Kaul et al., 2014)

<https://aud.ac.in/uploads/8/page/ceced/ceced-report.pdf>

Aspects	Government Run <i>Anganwadi</i> Centres	Private Preschool Centres	Good practice innovative ECE Centres
Infrastructure and learning aids	Limited infrastructure and learning aids in classrooms	Better infrastructure, but very few learning aids	Limited infrastructure, but better and age appropriate learning materials

Age group of children	Heterogeneous, with more in younger age group 2-4 years and less in 4-6 year olds;	Homogeneous -all children in a particular section belong to the same age span	Heterogeneous (Children of different ages sit together)
Teacher pupil ratio	Good due to low participation of children	Adverse	Good
Schedule followed	No Schedule is followed	Fixed weekly schedule followed with supervision	Flexible weekly and monthly schedule
Content of Curriculum	Formal teaching with some free play, songs-rhymes and better social interaction	Formal teaching with rote memorization and no age-appropriate activities	Age and developmentally appropriate activities
Teacher's qualification and teacher training	Under-qualified community worker provided with brief on the job training	Under-qualified and untrained teachers	Under qualified teacher provided continuous training and supportive supervision

You have read a critical account of the quality of services provided by the three different sectors in the previous section. Some of the reasons for the poor quality of ECCE services in our country are the following:

Check Your Progress Exercise 2

- 1) List the strengths and weaknesses of the ICDS programme.

.....

- 2) Fill the given table describing various aspects of government, private and innovative ECE learning centres.

Aspects	Government run <i>Anganwadi</i> Centres	Private Preschool/ ECCE Centres	Innovative ECE Centres
Age group of children			
Content of Curriculum			
Teacher Training			

4.4 REGULATING THE QUALITY OF EARLY CHILDHOOD PROGRAMME

There has been a growing awareness among early childhood professionals across the world that providing ECCE services would not result in the optimal development of children unless the ECCE services are of good quality. Studies have shown that the overall quality of ECCE centres had a significant positive relationship with children's level of competencies.

4.4.1 Reasons for Poor Quality of ECCE Services

a) Lack of Regulation in the Sector

The ECCE sector is not regulated. This means that there are no official norms for infrastructure in an ECCE centre, staff-children/ teacher-children ratio, qualifications of staff/ teachers, curriculum and pedagogy to be adopted. Anyone can open a centre for young children without registering it. There is no established regulatory method that could compel ECCE programmes to follow some norms.

It is because of this that we find crèches and preschools running in tiny rooms. These crèches and preschools do not follow the health and safety norms, the curriculum ranges from minimalistic to inappropriate, there is undue emphasis on reading, writing and mathematics. Many government documents describe the nature of stimulation and curriculum that is to be provided to young children. The developmentally appropriate curriculum has been envisaged in the various curricular framework documents: National Curriculum Framework for Elementary and Secondary Education (NCFESE, 1988), the National Curriculum Framework (2000), National Curriculum Framework (NCERT, 2005), National ECCE Curriculum Framework (2014) and now the most recent National Curriculum Framework for the Foundational Stage (NCFFS) is developed based on the vision of the NEP 2020. These Frameworks do not recommend formal teaching or formal evaluation of children at the ECCE stage. These also emphasize the continuity of ECCE methodology and play-way approach up to Class II.

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 States and agencies implementing ECCE. The reality is that despite the favourable policies and developmentally appropriate curriculum frameworks, there is a large gap between what is prescribed/suggested and what is practiced. One of the chief reasons for this is the lack of regulation in the sector (Rao et al., 2021).

b) Lack of Professionalization in the Sector

The ECCE sector is not professionalized. This means that there is no agreed-upon vision of a cadre of ECCE personnel who would staff various programmes. Since there is no cadre, there are no channels for upward mobility. There are no career prospects for the *Anganwadi* worker or the

crèche worker or the preschool teacher unless the person acquires some additional qualifications to apply for supervisory and management levels.

While there is a consensus to recruit qualified early childhood professionals who possess adequate professional knowledge-base and abilities to work with children, show a willingness to learn, and are sensitive to the needs of parents, children, and colleagues; the educational qualifications of workers in different sectors vary, and so does the training they receive. Further, there is no assessment of the staff's disposition to work with young children.

The *Anganwadi* worker is expected to have passed Class 10th but in areas where such a worker is not available, workers with lower qualifications are recruited. The ICDS, from its inception, has included staff training as its vital component. When the ICDS was initiated, the training of the *Anganwadi* worker used to be of nine months duration which was then reduced to 4 months and is now for 26 days only. It is highly challenging to impart the knowledge and skills required in such a short period.

In crèches, many of the crèche workers have qualifications as 5th class pass. Most NGOs that run crèches have created their own training modules based on the specific needs of the staff in their programme. This could range from anywhere between 15 days to 6 months.

The private preschools usually employ teachers who are class 12th pass. They may or may not have undergone training in ECCE. Some non-governmental organizations (NGOs) have also created their own training modules based on the specific needs of the staff in their programmes.

The training programmes available for those with class 12th as basic qualifications are varied. These are one-year and two-year training programmes. Further, there are programmes through the open and distance learning mode which range from 6 months to one year. Other than IGNOU, institutions such as the National Institute of Open Schooling (NIOS), and several other State Specific Open Universities (SSOUs), like the 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 and Distance Learning system. The duration of these programs has been kept flexible to allow the learners to complete them within the range of one to four years. ECCE has also been included as an area of vocational education in the curriculum of higher/senior secondary stage of education (+2) in the Central Board of Secondary Education and many State Education Boards.

Since there are no established rules which would be applicable across sectors in the recruitment of teachers in preschools and nursery sections, it is up to the private school to decide which qualification they find acceptable. In the Government sector, teachers who have done a two-year training programme, after class 12th, from a recognized training institution are recruited. The National Council of Teacher Education (NCTE) gives recognition to institutions offering pre-primary and nursery teacher training Courses.

According to recent estimates there are 204 NCTE-recognized courses in India run by various institutions, which can take 11,430 students in a year (National Council for Teacher Education, 2020). This is a very small number of trained teachers. Further, these recognized courses are available only in some states. The point to note is that in 19 states/union territories (i.e., around half the number of Indian states, including the entire region of North-East), there are no NCTE-recognized ECCE professional development courses available (National Council for Teacher Education, 2020). Of course, there are teacher education programmes in these states to prepare teachers for early education, but the point is that these courses and programmes are not recognized and their quality is variable.

While it is important to have various models of pre-service and in-service training, there needs to be some monitoring of the quality of training. Regulation is also needed as to who will provide the training and what the nature of the training will be. Mere training may not enhance or hold workers' motivation. Issues of work conditions, emoluments, designation and work environment also need to be addressed. Given the points discussed above, Government must implement a well-planned human resource management policy for ECCE so that all the above-mentioned issues are addressed.

c) Lack of Adequate Budgeting

The budget allotted to the youngest child is very small. While the State has the responsibility for providing some ECCE services, it has not gone the entire way in making the provision of quality ECCE services for all. The provision is in the form of schemes that can be started and stopped at any time. The Government's flagship programme, the ICDS, is a scheme and does not have permanent status.

d) Lack of Demand for Quality from Consumer

The young child and her parents are the consumers of early childhood care and education. While parents across different socio-economic groups are becoming increasingly aware of the need to provide education during the early years of childhood, they are not aware of what such education should be. They are not aware of indicators of good quality early years education. In fact, most parents are happy if the child is given a lot of written work to do in the preschool and gets "homework". Many teachers in preschools complain that they have to introduce written work and number work because the parents demand it. Similarly, parents demand that their children be taught in English medium even if the child has had no previous exposure to English. Parents are unaware of the advantages of mother tongue-based education in the early years and the need to use the mother tongue as a bridge to introduce the English language. This pressure to learn English is stressful for the child.

Similarly, those parents who avail the crèche facilities for children are unaware of the need for providing early stimulation to young children. Therefore, while they may demand hygienic conditions and healthy food, they are not too particular about the type of interactions the child is engaged

in and the experiences she is provided in the crèche. The parents as stakeholders must be educated about the implications of quality early childhood programmes for their children's development and learning so that they can make informed choices and act as pressure groups to demand good ECCE.

4.5 ADVOCACY, NETWORKING AND THE WAY FORWARD

In civil society, there is a small but active group of people who have consistently raised their voices in support of the youngest children. They have formed themselves into various forums and have struggled over decades to get the government to take action on protecting the best interests of children, make policies, restructure programmes and schemes so that children's survival, growth and optimal development can be ensured.

As a result of their efforts, the field of early childhood intervention has matured and gained recognition as one of the most important investments in the social sector. One of the earliest forums raising voice for ECCE is the Indian Association for Preschool Education (IAPE). For more than fifty years, IAPE has provided professional support and served as a voice for the field of early childhood education. Today, IAPE exists in a new form called "Association for Early Childhood Education and Development (AECED). Its motto is to have quality early childhood programs for all children using the 'child rights' framework. Forum for crèche and child care services (FORCES) is another network that has participated in various committees and contributed to creating demand for more and better quality early childhood programmes. Jan Swasthya Abhiyaan, the Right to Food Campaign, India Alliance for Child's Rights, and Alliance for Early Childhood Development are other active forums working for the young child.

It is important to mention here the Asia Regional Network for Early Childhood (ARNEC) which has been instrumental in bringing a global focus on common issues in ECCE in Asia, initiate advocacy, and a lot of sharing of ideas, resources and research.

As a result of their efforts, these civil society forums have been able to direct the attention of the government to the need for developing a dedicated policy for early childhood care and education, a curricular framework for early years education and a framework for developing standards for ensuring quality in ECCE. These three documents have been developed by the government and contain guidelines and principles for providing quality ECCE programmes to children and are available on the website of MWCD.

Given the fact that the ECCE services are not reaching all the children in the country, the quality of these services is poor, and the sector is low on priority, civil society is trying to generate a movement for comprehensive legislation pertaining to early childhood development. Such legislation aims to ensure

that the child's rights are given the status of legal entitlements. This will mean that if a right is violated, the court can be invoked. At present, the various laws, policies, programmes and schemes for children are not connected. The child is defined differently by different laws. The largest ECCE programme in the country, i.e. the ICDS is still in the form of a scheme. It has no permanent status. This affects the service delivery of its various components. Furthermore, laws related to sanitation, health, women's rights, and labour rights have a bearing on the lives of children, but their inter-connectedness is not well addressed in the current Indian legal framework.

In India, maternity entitlements are being provided through one law, the Maternity Benefit Act (1961). This law applies only to 4% of the women who work in the organized sector. All other women working in the unorganized sector (as paid workers) or as domestic labour at home (as unpaid workers) can avail of only limited benefits such as supplementary nutrition through ICDS under the National Food Security Act and wage compensation of only ₹6000. There are another three welfare-oriented maternity schemes in the country, two of which are state specific (operating in Tamil Nadu and Odisha) and one is national: Indira Gandhi Mahila Suraksha Yojana operating in 52 pilot districts. Together, these schemes reach out to only 52% of the women as they have conditions in which women can avail maternity benefits. The wage compensation under these schemes and NFSA is minimalistic and forces women to join work even when they are not physically fit to do so. The wage compensation provided must be such as to enable the woman to maintain herself and the child in proper condition of health and with a suitable standard of living as per Indian Labour Organization norms. All women whether doing paid or unpaid work, need nine months of rest (three during the last three months of pregnancy and six months after childbirth). This needs to be a part of maternity entitlements. The woman must be provided with the state's minimum wage for this period of nine months so that she is not forced to work.

To summarize, there is a need to develop a **comprehensive and integrated legal framework for ensuring the rights of children in their early childhood years that follows a life cycle approach**. This means that the law must address the needs of children and mothers at different sub-stages during the period from pregnancy to eight years of age in a comprehensive way. These sub-stages are as follows: during pregnancy, at birth; the first six months, 6 months-3 years, 3-6 years, and 6-8 years.

The various movements in civil society are working towards comprehensive legislation for ECD that will:

- Be based on the principles of free universal access, equity, quality and cultural appropriateness.
- Have clear specifications about what rights and entitlements children have in regards to health, nutrition, care protection and education.

- Mention who is responsible for monitoring/overseeing the legislature and also what support and skill are needed to do the same.
- Clarify the role of government at different levels of planning, implementation, monitoring, etc.
- Have a system by which complaints, problems and comments about the legislature and its implementation are communicated to the concerned authority.
- Specify how it will be implemented.
- Be transparent in its processes.

Check Your Progress Exercises 3

1) Identify the reasons for poor ECCE services in India in the given statements.

- a) There is no agreed-upon vision of a cadre of ECCE personnel who would staff various programmes.

.....
.....
.....
.....

- b) There are no official norms for infrastructure in an ECCE centre, staff children/ teacher-children ratio, qualifications of staff/ teachers, curriculum and pedagogy to be adopted.

.....
.....
.....
.....

- c) Many parents are happy if the child is given a lot of written work to do in the preschool and gets “homework”.

.....
.....
.....
.....

4.6 SUMMING UP

There are some indicators of India’s children’s health, nutritional and educational status such as Infant Mortality Rate (IMR), Malnutrition or undernutrition, and school dropout rate.

In India, the condition of children is deplorable due to numerous reasons such as:

- a) Inability of the family to take care of the child’s needs

- b) Lack of recognition of multiple roles of women and lack of alternate caregiving
- c) Lack of state's accountability and infrastructure for meeting children's need

At present, in India, the public sector (government), the private sector (profit based) and the voluntary sector (non-governmental organizations) are involved in providing ECCE services. The voluntary and non-governmental organizations, largely work for socially and economically backward communities and provide ECCE services. On the other hand, the private sector providers are fee-charging/profit-making centres that mainly focus on providing preschool education programmes (also called Early Childhood Education) for 3-5+-year-olds.

There are ECCE Service Provisions across sectors and it is important to examine them critically. ICDS programme aims to achieve specific goals. However, *Anganwadis*, the preschool component of the ICDS programme is very weak, while the voluntary sector usually models good ECCE practices and provides good quality ECCE services, but the reach is only to a small number of children. The recently conducted study has lent support to findings from earlier studies that the quality of early childhood development services received by the majority of our children is poor.

There are different reasons for the poor quality of ECCE services: lack of regulation of the sector; lack of professionalization of the sector; lack of adequate budgeting; and lack of demand for quality from the consumer.

4.7 REFERENCES AND FURTHER READINGS

1. Anandalakshmy, S. (1998). The cultural context. In M. Swaminathan (Ed.), *The first five years: A critical perspective on early childhood care and education in India* (pp. 272-284). New Delhi: Sage.
2. ASER Centre. (2023). Annual Status of Education Report (Rural) 2022. New Delhi
<https://img.asercentre.org/docs/ASER%202022%20report%20pdfs/All%20India%20documents/aserreport2022.pdf>
3. Central Intelligence Agency (2023). *The World Fact book. Country comparisons: Infant Mortality Rate*. <https://www.cia.gov/the-world-factbook/field/infant-mortality-rate/country-comparison>.
4. Chigateri, S. (2013). *Quality day care services for the young child in India: Case studies synthesis report*. New Delhi: Institute of Social Studies Trust 10.13140/RG.2.1.4045.0167.
https://www.academia.edu/26032035/Quality_Day_Care_Services_for_the_Young_Child_in_India_Case_Studies_Synthesis_Report
5. Datta, V., & Konantambigi, R.M. (Eds.).(2007). *Day Care for Young Children in India: Issues and Prospects*. New Delhi: Concept Publishing Company.
6. Datta. V., & Goyal. J. (2011). Reaching the Un-Reached: Integrated Child Development Services in Maharashtra. *Indian Journal of Social Work*, 72 (4), 589-604.

7. Dixit, P., Gupta, A., Dwivedi, L., & Coomar, D. (2018). Impact evaluation of integrated child development services in rural India: Propensity score matching analysis. *SAGE Open*, April-June, 1-7. [https://doi.org/ 10.1177/215824401878571](https://doi.org/10.1177/215824401878571).
8. Forum for Crèche and Child Care Services (FORCES). (2009). *Undoing Our Future: A Report on the Status of Young Child in India*. New Delhi: FORCES.
9. Ganimian, A., Muralidharan, K., & Walters, C. (2021). *Augmenting State Capacity for Child Development: Experimental Evidence From India*. NBER Working Paper 28780. <https://www.povertyactionlab.org/evaluation/improving-early-childhood-development-supplementing-teaching-capacity-india>.
10. International Labour Organization (ILO) & Women in Informal Employment: Globalizing and Organizing (WIEGO). (n.d.). *Extending childcare services to workers in the informal economy: Policy lessons from country experiences: ILO and WIEGO Policy Brief No. 3*. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/genericdocument/wcms_737555.pdf
11. International Learning Movement UK. (2021). *The State of India's orphaned children's crisis*. <https://www.ilmuk.org/news/the-state-of-india-s-orphaned-children-crisis/>
12. Kaul, V., Chaudhary, A.B., & Sharma, S. (2014). *Quality and diversity in early childhood education: A view from Andhra Pradesh, Assam and Rajasthan*. Centre for Early Childhood Education and Development, Ambedkar University of Delhi: Delhi. <https://aud.ac.in/uploads/8/page/ceced/ceced-report.pdf>
13. Kaul, V. (2019). Introduction: Positioning school readiness and early childhood education in the Indian context. In V. Kaul & S. Bhattacharjea (Eds.), *Early childhood education and school readiness in India: Quality and Diversity* (pp. 3–18). Springer.
14. 14 Majumdar. M., Mukhopadhyay. R., & Das, B. (2021). Preschooling in India: Readyng children for a race? *Contemporary Education Dialogue*, 18 (1), 90–116. <https://doi.org/10.1177/0973184920977557>
15. 15 Meenai, Z., Sen, R.S. & Firdos, S. (2016). Quality enhancement of preschool education component of icds through implementation of restructured curriculum in three states. In Z. Meenai, (Ed.), *early childhood development knowledge series – II; Early learning: Perspectives to early childhood education (pp191-202)*. New Delhi: Global Books Organisation.
16. Ministry of Education. (2022). *Report on unified district information system for education plus (UDISE+) 2021-22: Flash statistics*. Government of India. https://www.education.gov.in/sites/upload_files/mhrd/files/statistics-new/udise_21_22.pdf
17. Ministry of Health and Family Welfare. (2021). *National family health survey (NFHS – 5) 2019-21: Compendium of fact sheets: Key indicators*. Government of India.
18. Ministry of Women and Child Development (2023, April 8). *All India*

- status of ICDS scheme as on 31.3.2015.* <http://icds-wcd.nic.in/Qpr0314forwebsite23092014/currentstatus.htm>.
19. Mobile Creches. (2020). *State of the Young Child in India*. Routledge. https://www.taylorfrancis.com/books/oa-mono/10.4324/9781003026488/state-young-child-india-mobile-creches?_ga=18072818.1682058066&_gl=1*17tbl9o*_ga*MTgwNzI4MTguMTY4MjA1ODAA2Ng.*_ga_0HYE8YG0M6*MTY4MjA1ODAA2OS4xLjAuMTY4MjA1ODAA2OS4wLjAuMA
 20. National Council for Teacher Education. (2020). *NCTE 25th annual report (2019-2020)*. Government of India. <https://ncte.gov.in/Website/PDF/AnnualReport/English-2019-20.pdf>
 21. National Institute of Public Co-operation and Child Development. (2006). *Three decades of ICDS: An appraisal*, NIPCCD: New Delhi.
 22. National Institute of Public Co-operation and Child Development. (2009). *Research on ICDS: An overview: 1996-2008: Volume 3*. NIPCCD: New Delhi.
 23. National Institute of Public Cooperation and Child Development. (2018). *Statistics on children in India: Handbook 2018*. New Delhi. <https://www.nipccd.nic.in/file/reports/handbk18.pdf>
 24. Planning Commission. (2011). *Evaluation report on ICDS, Vol 1*. Government of India: New Delhi.
 25. Rao, N. & Kaul, V. (2018). India's integrated child development services scheme: Challenges for scaling up. *Child: Care, Health and Development*, 44 (1), 31-40. <https://doi.org/10.1111/cch.12531>.
 26. Rao, N., Ranganathan, N., Kaur, R., & Mukhopadhyay, R. (2021). Fostering equitable access to quality preschool education in India: challenges and opportunities. *International Journal of Child Care and Education Policy*, 15 (9), 1-22. <https://doi.org/10.1186/s40723-021-00086-6>.
 27. Sahoo, J., Mahajan, P.B., Paul, S., Bhatia, V., Patra, A.K., & Hembran, D.K. (2016). Operational assessment of ICDS scheme at grass root level in a rural area of eastern India: Time to introspect. *Journal of Clinical and Diagnostic Research*, December 10 (12), LC28-LC32. <https://doi.org/10.7860/jcdr/2016/23059.9041>.
 28. Sharma, K., Raman, V., & Dhawan, P.(2011). *Need Assessment for Creches and Child Care Services*. New Delhi: Forum for Creches and Child Care Services (FORCES) and Centre for Women's Development Studies (CWDS). <https://wcd.nic.in/sites/default/files/Need%20Assessment%20of%20Creches%20-%20Final%20Report%20%281%29.pdf>
 29. Swaminathan, M. (Ed.). (1998). *The first five years: A critical perspective on early childhood care and education*. New Delhi: Sage Publication.
 30. UNICEF-WHO-The World Bank. (2021). *Joint child malnutrition estimates — levels and trends — 2021 edition*. <https://data.unicef.org/resources/jme-report-2021/>.
 31. World Health Organization. (2022). *Child mortality under 5 years*. <https://www.who.int/news-room/fact-sheets/detail/levels-and-trends-in-child-under-5-mortality-in-2020>

4.8 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

- 1) b, c and d
- 2) b and e

Check Your Progress Exercise 2

a)

Strengths: Better immunization coverage, fewer children suffering from malnutrition and diseases, and mortality rates are lower

Weaknesses: Limited time by Anganwadi workers, poor teaching quality, limited to urban space, poor food delivery system.

2)

Aspects	Government Run <i>Anganwadi</i> Centres	Private Preschool/ ECCE Centres	Innovative ECE Centres
Age group of children	Heterogeneous, with more in younger age group 2-4 years and less in 4-6	Homogeneous -all children in a particular section belong to the same age span	Heterogeneous (Children of different ages sit together)
Content of Curriculum	Formal teaching with some free play, songs-rhymes and better social interaction	Formal teaching with rote memorization and no age-appropriate activities	Age and developmentally appropriate activities
Teacher Training	On-the-job training	No training	Continuous training and supportive supervision

Check Your Progress Exercise 3

- 1) a) Lack of Professionalization in the Sector
- b) Lack of Regulation in the Sector
- c) Lack of Demand for Quality from Consumer