

Childcare and Childcare Worker: Challenges, Prospects and Way Forward

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MESSAGES:

Latest research in neuroscience throws light on the criticality of providing stimulation and interaction to establish and increase neural synapses which lay the foundations for intelligence and a positive trajectory in life. It also identifies the critical period for each domain of development and reiterates the importance of an early start as 80 to 90 percent of the brain develops by the time a child is six years old. This can only be made possible through the presence of an adult who provides nurturant and stimulating care – at home or an alternative care arrangement like a creche, playschool, nursery or a preschool.

All caregivers need adequate information which can be provided through a multifaceted approach including an increasing use of digital media. However, imparting the necessary skills and building the right attitude and sensitivity requires personalised trainings which will provide an opportunity to practice and learn on-the-job through mentoring and role modelling.

India's flagship programme, the ICDS, has not been able to make the desired impact to improve the situation of the under 6s in spite of its holistic approach and universal reach. The reasons are many and unless the gaps are seriously addressed - starting from increased fund allocations to better training and convergence - the dismal situation of young children and the loss of precious human resource for the country, is likely to continue.

An increasing need for quality childcare for young infants is emerging because of the demographic changes taking place across various cross sections of Indian society. Creches with provision for full daycare is a need that remains largely unfulfilled with no provisions in the ICDS and the reducing number of creches operating under the National Programme for Creches. The latter suffers from inadequacy at multiple levels – budgets, trained human resource and mismanagement and is therefore unable to respond to the growing demand of 8,00,000 creches for children of all women of the informal sector. Provisions for creches were conceptualised through the ICDS and NREGA but didn't take off. Information on creches from the Labour sector Acts under which there are provisions is also not available.

Solutions can be found in the current policy framework with the Ministry of Women and Child Development taking charge to ensure that the existing schemes and provisions are implemented through a creche/daycare Policy which will help to:

- Universalise Maternity Entitlements with efforts to bring some semblance of equality for women working in the organised/formal and unorganised/informal sectors. The current disparities contribute to creating large differences in the quality of start the children will have.

Currently the PMVVY only commits to Rs. 5000/- for the first child only. For the women in the formal sector, salary equivalent to 6 months for 2 children is the basic committed to under the Maternity Benefit Act.

- Legislate a law to bring Right to Care and Daycare, whereby a child gets entitled to quality Care through the framing of appropriate rules. This will ensure provisioning through creation of systems and structures with allocation of adequate funds made available through creative collaborations and partnerships.
- Formulate Quality Parameters for creches/daycares/preschools/ nurseries to ensure uniformity and better understanding of a quality Early Childcare programme across all sections of service providers. Develop a Regulatory Framework for the private sector and lay the base for an aspirational framework of norms for the government sector. This will to some extent provide a level playing field for all under 6s.
- Review the provisions in the existing Labour Laws and expand if necessary to include other sectors or develop an overarching legal framework of Labour reforms for the entire Unorganised Sector. Implement the creche provisions at work sites and ensure they function according to the above norms. Regular monitoring and reporting will throw light on the functioning of the provisions under the laws.
- Facilitate better convergence mechanisms between different ministries which will lead to non-duplication of work and better clarity and utilisation of existing resources like the ASHA and AW worker.
- Prepare a Perspective Plan for the development of trained and professionally qualified Early Childcare Providers to meet the projected growing demands for quality childcare. Increasing urbanisation and industrialisation will attract large numbers of women to enter the labour market.
- Training facilities should be regulated to ensure a minimum base of inputs for building capacities in the field of ECCD, as the childcare providers are in reality the lynchpins around which the quality of an ECCD programme rests.
- Upgrade the existing Anganwadis to accommodate creches to provide daycare for all children from 6 months to 6 years for extended time periods based on the local needs of the community women. This will require additional resources of space, materials and an additional worker who can focus on either of the two age groups under 3s or 3-6-year-old depending on her educational qualifications and training. To

recommend adequate investments for building Human Resource – approx. 1.4 million additional workers would be required to run the creches/daycare in the existing Anganwadis.

- Master trainers from premier government institutes can develop trainers through TOTs in collaboration with Academic and Civil Society which could join hands to take on the responsibility of designing and training the large human resource required in the public sector. Child Care providers for Contemporary Industry Hubs, IT sector, RWAs could be trained with Corporate assistance and partnerships to fast forward the pace.
- Funds available for creches under NREGA should ideally be transferred to the WCD Ministry with the provision that a special/temporary Anganwadi gets opened near the worksite to enable care and learning of the Under 6s close to the worksite
- Professionalise the sector through recognition of the care providers by replacing the current system of paying honoraria to paying adequate remuneration and improving working conditions for them.

A National ECCE Council with corresponding State Councils should be set up immediately to implement the above on priority and ensure the allocation of adequate financial resources to achieve the above. The Council will develop mechanisms for convergence, ensure rationalisation of existing schemes to avoid duplication and strengthen governance mechanisms to actualise the plans for meeting the SDG targets. The Council members should have the abilities and skills to negotiate their way through conflicting political priorities to provide support to women and families for childcare, to get the State to acknowledge it as a social responsibility and make the Young Child a National Priority.

Acronyms

ASHA – Accredited Social Health Activists

AWC - Anganwadi Centre

AWCC- Anganwadi cum Creche

AWCW- Anganwadi creche Worker

AWW – Anganwadi Worker

CLR – Centre for Learning Resources

ECCD – Early Child Care and Development

ECD - Early Childhood Development

ICDS – Integrated Child Development Scheme

MC - Mobile Creches

MHD – Ministry of Human Development

MNREGA- Mahatma Gandhi National Rural Employment Guarantee Act

MoH – Ministry of Health

MWCD – Ministry of Women and Child Development

NFHS – National family Health Survey

NHM – National Health Mission

NNM – National Nutrition Mission

PHRN – Public Health Resource Network

PSE – Preschool Education

SDGs – Sustainable Development Goals

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All children from birth onwards are citizens of the country and therefore are entitled to enjoy the rights and privileges to survive and develop with dignity in an environment that supports their optimal potential. In recognition of the above, the Indian Constitution has many statutes which recognizes Early Childhood as being special, requiring special attention especially since the young child needs adult support for an extended period of time. Because of the rapidity and complexity of development that takes place across multiple domains during this critical phase, the young child continues to depend heavily on the presence and care received from the adult caregivers.

The understanding of Care in all its dimensions is now getting increasing attention due to the recent research in the field of neuroscience. The unfolding of the mysteries and wonders of development is being understood in greater depth and neuroscientists are now beginning to provide evidence on why and how Nurturing Care can unleash the human potential available in any society. The research reinforces the need to ensure availability of Quality Care as early as possible especially for the most disadvantaged groups as it protects young children from the worst effects of impoverishment and adversity.

Emerging Implications of Neuroscientific Research

The importance of the early years as being critical to laying the foundations for a healthy, well integrated individual has been well established for several decades. Based on this, several countries had initiated Early Childhood programmes where the focus was on health and nutrition for the under 3s and foundational or readiness learning for the 3 to 6 year olds. This dichotomy ignored the fundamental need for Early Childhood programmes to provide *integrated* inputs for health, nutrition and learning concurrently.

Shonkoff and Phillips through their research on the brain at the turn of this century highlighted the rapidity of brain development through the process of synapse formation – construction of a dense network of neural connectivity on which cortical or intellectual activity largely depended especially during the early years. Synaptic density was shown to increase most between birth to 2 years of age (when it is 50 percent higher than for more mature adults) and starts declining gradually thereon over the period from 2 to 16 years of age. This critical development of synaptic density is known to grow because of interaction and stimulation and provided a strong rationale for the provision of a nurturant and stimulating caregiver in early infancy.

Several other studies have also conclusively demonstrated that maximal infant stimulation will promote optimum connectivity, and that connectivities become

established far earlier than what was initially conceptualised (critically reviewed by Bruer, 1999). For example, a widely cited Newsweek article made the dramatic claim that:

“A newborn's brain is composed of trillions of neurons...The experiences of childhood determine which neurons are used, that wire the circuits of the brain. Those neurons that are not used may die” (Begley 1996, cited at <http://web.worldbank.org>)

The basic facts are compelling with popular interpretations going far beyond existing evidence - 'Use it – or lose it!' headlined in Newsweek caught the popular attention of parents and policy makers to advocate for increased attention to early stimulation for infants and toddlers!

Current research findings also increasingly demonstrate that secure attachments and communication are necessary in contributing to enhanced learning in infants and young children. At another level, claims about specific effects of abuse and trauma on the infant's brain (Teicher, 2002) are also being further investigated to establish policy guidelines on the importance of 'nurturing care' in the prevention of neglect and violence during the early years of infancy.

Current debate also centres on the specific environmental inputs required for optimal development of the infant's maturing nervous system. Whilst arguing for certain non-negotiables like holistic and responsive care for optimal human development research also clarifies that this can be achieved through a wide range of family settings, child care practices and pedagogic approaches.

Infants do not need highly specific, carefully tailored experiences for this kind of species-typical development to occur...critical periods do not really speak about how we should design programmes (Bruer, 2004, p. 428), thus paving the way for creating space for diverse experiences and childcare practices in different settings!

Interventions need to start much earlier than had been earlier foreseen, they need to be designed holistically and need to be rooted or centred in a commonly used but not fully understood concept called CARE.

The Crisis of Care - Poverty, work and motherhood

Regardless of the differences in childcare practices, children from better socio economic families under normal circumstances have a higher probability of receiving warm, responsive, linguistically rich and protective relationships during their critical periods of development. The love and responsive interplay taking place whilst physically caring for a child during bathing, dressing, feeding, and playing gives lays the foundations for emotional bonding, self confidence and development

of a relationship between the child and the caregiver - a mother, member from the extended family or a hired help.

However, for some children, living in poverty-stricken families, in difficult circumstances or experiencing adversity due to any reason nurturing care was not easily available. Specific situations of illnesses, disabilities, loss of spouse and other crises further compounds the situation leading to widespread neglect of the Young Child during her most critical and formative years. Threats to early child development tend to cluster together, often in conjunction with poverty, social status and exclusion. Thus, exposure to one risk commonly means exposure to multiple risks and it is evident in the kind of care that a child from a dalit family, with non-literate parents who work as casual labour and are unaware of the services and schemes that they are entitled to. Nurturing Care is more likely to take place in functional families who have the wherewithal to take advantage of the systems to support them.

Women burdened with the triple responsibilities of earning, household chores and childcare were and are even today unable to provide quality nurturing and stimulating care especially as the traditional extended and joint family systems are slowly disintegrating. Driven to earn with weak support systems Care of the Young Child is inadvertently compromised and is usually the first casualty. This neglect does not attract any attention because other concerns assume priority and lack of knowledge on its importance lead most parents to assume that 'children grow up on their own' and do not need anything beyond feeding and physical care. The importance of caring encompassing **early stimulation** leading to increasing neural connections is still not understood or easily accepted even today.

The breaking down of the traditional joint/extended family support system is slowly being replaced by nuclear or women headed households. The consequences of increasing poverty at one end and heightened aspirations for self and family has also increased the pressure for women, the traditional care providers, to venture outside the home and earn for wages. Women struggle hard to fill the gaps – and face difficult trade-offs between providing care for their children and providing economically for them. This is not a reflection of the love they have for their children but an outcome of a reality on which they have very little control. They are paying a high price for care in the form of long hours, lower incomes and constrained choices. In fact the ODI in its 2016 report on the 'global childcare crisis' have identified a CARE gap in most countries. "A lack of care is also damaging children where mothers are pushed to their limits by the twin demands of caring and providing for their families." It recommends widespread policy and programmatic changes to support the woman during this specific period to help children, and women overcome the stress and participate in the economic development of the country.

How does India fare on the Child Care and Development Dimensions?

Whilst India is an emerging economy with an escalating GDP growth rate of 7-8 percent a year, with the third highest number of millionaires and self-sufficiency in food grain production, half of its youngest constituency is malnourished and three quarters suffering from anaemia.

It is today home to an estimated 157 million young children below six years. Multiple exclusion of many rights of the child and her care-givers result in two-thirds of the young children suffering the consequences of malnutrition and sub-optimal development on critical indicators like stunting at 39 percent and increasing wasting at 16percent (NHFS 3). The UN report on the Millennium Development Goals (2014) indicates that India has been unable to achieve the target of reducing child and maternal mortality.

The Global Nutrition Report (2016) shows that India is home for one third of the world's stunted population. UNICEF (2014) reports that one among three children who are malnourished globally belong to India. Malnutrition at 35.7 percent (NHFS 4) acts as one of the single most reason for the child mortality cases which are caused by poverty, misconceptions pertaining to child care practices, neglect and poor breast feeding. A child who is left unattended or in the care of a sibling is much more likely to be undernourished and prone to illness and developmental deprivation. The Global Hunger Index (2016) ranked India at 97th position among 118 assessed countries with a score of 28.5. India falls under the category of 'serious' level of hunger and reported higher malnutrition, low birth weight, wasting and stunting among children under five years of age. Immunization so necessary for prevention against childhood illnesses stands at an abysmal 62 percent (NFHS 4) and could be improved if children attended the ICDS services now available universally. Even poorer countries in the region like Bangladesh have better child survival and development indicators which have been largely attributed to their focus on women's empowerment, increasing attention to children's health and childhood programmes.

The low performance on learning indicators by children in class VIII, who were unable to read a class II text or solve a three digit by one division sum indicates the cumulative learning deficits that have resulted due to weak foundations for learning (Annual Status of School Report 2017). Strengthening of the cognitive domains of development is an area which policy makers need to focus on Early stimulation activities and the promotion of emergent literacy will require to be embedded within the Care Dimension.

Reasons for the dismal situation

As illustrated earlier, because a child's health and development are so profoundly dependent on her adult care-givers socio economic situation, the policy environment prevalent in the country is bound to impact the growing and caring experience that a young child will experience.

Increasing casualisation of labour

Over the last three decades, since the 1990s, the broad contours of the economic and social policy changes have had a far-reaching impact on the lives of the vast majority of the working people the country. There has been increasing casualisation with declining employment opportunities and livelihood options. Real incomes have fallen leading to increasing inequalities and distress.

The impact of this has predictably fallen on the most vulnerable sections of our population – the women and children. The number of people in the unorganised sector have increased exponentially, with women forming a significant section of the above. About 20 million women are in the workforce and 95 percent of them are in the unorganised sector with no or minimal social security support systems. The overwhelming majority of the female work force are poor agricultural labourers faced with the triple burden of eking out a livelihood in increasingly adverse situations, together with maternal and household responsibilities.

Increasing Migration

Neela, is expected to help in the farm during the sowing and harvesting seasons – since there is no one at home, she carries her little nine-month old Mithu with her to the farm, provides her shade with an umbrella and starts working leaving Khushi to her own devices. When Mithu starts crying, the mother, goes, breast feeds her quickly and wonders how long this arrangement can carry on! She will need to find out a way to cope with the increasing demands as Mithu starts growing.

As a result of the above, large scale family migration is taking place in India today and it is estimated that approx. 20 to 30 social support million families are on the move – leaving their rural homesteads to work at construction sites, salt pans, brick kilns or agriculture. They leave their social support systems and individual identities behind and are as such not recognised as legal recipients of universal state benefits like subsidized food rations, free medical services or other social security entitlements at the destination sites. The parents are exploited, powerless and in distress as they try to get their bearings in increasingly harsh living conditions. The combination of a multitude of factors when both parents work, with no extended or community support leaves an indelible emotional and physical effect on the care and development of the young infants and children.

Impact of migration

Falguni and her husband were facing acute distress in the village since last year. The intensive drought like conditions and their inability to pay off the loans to the local munshi, forced them to join the group that was going to the city to work at a construction site. A makeshift labour camp, loosely bricked houses with no windows and hardly any place to stand, cooking out in the open and standing in long queues to get water was their new reality! Reporting for work at sharp 9.00 in the morning, taking both her children with her to work – a four-year-old son and a six-month daughter - carrying bricks and cement for her husband in the hot sun was something new that they were experiencing!

One day the son develops fever, she takes him to the local dispensary at the site where she is asked to get some tests done ----- Where should she go?? How?? The Construction site was very far from such facilities. Who will take care of the younger one whilst the son is sick???

Compelled to respond to the urgent demands of earning/contributing for family survival in a new environment, women leave their little babies in little baskets or with their older siblings who are withdrawn from school to undertake childcare. Alternatively, they sometimes take them for work but in either case, children face an insecure, unsafe and inappropriate environment not conducive for providing the essential ingredients for appropriate care. Feeding and other routines including interaction often get missed out leading to neglect and deprivation of the essential components required for optimum development.

Increasing Urbanisation

Rural distress, economic compulsions and aspirations for a better life are driving men and sometimes whole families to move into towns and cities. It is estimated that 31 percent of India's population was residing in urban areas way back in 2011. Whilst earnings go up, the quality of life suddenly dips due to degraded environmental conditions of increasing pollution, lack of water and sewage, widespread exploitation and fragmentation of society.

A peek into the Urban Slums of Delhi - In a survey undertaken in 2016 by NEENV, the Delhi chapter of FORCES on 1200 families, an analysis of what life was for young children in the urban slums of Delhi revealed an alarming picture. The living conditions were not appropriate from the perspective of Health and Hygiene - no sanitation, open drains, open defecation and no running water. Many children had not been immunized! Almost 60percent of the mothers preferred not to go out for work because of lack of any support systems for the care of their children, around 70percent were not aware of the AW services and the rest just associated them with food distribution. The study also indicated that 14 percent of the children were taken care of by their elder siblings, 18percent by the family elders and shockingly around 9percent left their children alone at home when they went for work. Another 7percent left them with the neighbours whilst the rest took their children to the worksites as they had no choice.

In a scenario where children are left alone without an adult caregiver, the children would have benefitted greatly from alternative childcare support. Many of the horror stories and cases of child abuse, rape and trafficking that we come across

today (nearly 50 reported every day in 2016 Thomson Reuters Anuradha Nagaraja) could have been prevented or avoided if this young vulnerable population of our country had been provided with alternative support systems for care to ensure their safety, security and all-round development. Given the above backdrop, the need for creches/day-care is a serious issue that needs urgent policy attention.

Patriarchal Society - responsible for the lack of attention and focus on Care

The importance of childcare as a concept was neither internalised nor accepted at a policy level largely because the Young Child has been seen from the lens of a family and more notably the woman's responsibility in which the State has little or no role to play. Caring for young infants, babies and toddlers has always been seen to be in the domain of the family with the prime responsibility resting on the shoulders of the mother. Providing support to a woman to discharge her triple role in a society that is so strongly patriarchal is indeed a challenge and something that was not recognized till a revolutionary perspective was articulated by feminists. Working and actually witnessing the challenges faced by women in their daily struggles, these activists found support in the Shram Shakti Report way back in the nineties. Brought out by the National Commission on the Status of Women, the report connected the low social, economic and health status of women to the demands of child bearing/rearing during her most productive years and made a strong case for the state to provide systems and make adequate investments for childcare services. Childcare was slowly emerging from the confines of a family responsibility to a social responsibility.

The idea of the state having a duty and a social responsibility towards citizens beyond law and order, defence etc. to provide childcare was new and completely revolutionary! FORCES (Forum for Creches and Childcare Services) a network focusing on and highlighting the close synergistic connection between issues of labour, maternity and child rights emerged in 1989. It has over the years, continued to draw attention to the absence of care provisions and their weak implementation across the Law, Policy, Programme framework both at National and state levels.

A study conducted by Forces in 2013 'Need assessment for Creches' for the Ministry of Women and Child Development on 2880 households from different occupational groups showed that across all occupational categories, the primary responsibility for care fell on the mothers especially in the age group 6 months – 3 years. In the age group, 3-6 years, the proportion of children involved in child care increases to 23 percent. The respondents also showed their willingness to use a crèche especially if it coincided with their working hours. A large majority, about 76.6 percent preferred it near the home while about 19.9 percent (tea plantation and construction workers) preferred it near the workplace.

Additionally, except for some efforts which were far and few, no one had seen or conceptualised the concept of Care beyond the family. Mobile Creches, a pioneer

in the movement for care of infants and young children of working mothers was possibly the only one at that point of time which demonstrated the viability and feasibility of providing Care through a Creche or Day-care. It slowly developed the capability to train childcare providers and share the systems and processes of running Creches.

Many policy makers were quick to appreciate the efforts but were unwilling to bite the bullet largely because of lack of political will and pressure from the primary stakeholders. Secondly in the absence of scientific evidence of impact of 'Care' and the strong patriarchal system prevalent in India, the political demand from the parents and communities to garner support for 'Alternative Care Arrangements' has still not built up.

Strengthening the arguments for creches/day-care

Contribution to women's financial empowerment, the girl child and the infant

Internationally, social scientists in their efforts to reduce poverty, identified the need for conceptualising an alternative child care framework in response to the social and demographical changes taking place in societies across the world. Early Child Care arrangements through a Creche /day-care/nursery/playschool would not only provide the infant, toddler or pre-schooler with the care necessary for them, but would also provide support for the mothers in the organized and unorganized sector to work without stress. From an economic and woman's financial empowerment perspective, it would unlock the employment potential of increased productivity and higher earnings for them. Simultaneously it would release the older sibling from childcare responsibilities to access education and a brighter future thus impacting three target groups - the young child, the girl child and the woman all of whom need urgent interventions for their development.

Society at large would benefit as it impacts the present and potential productivity of two generations and contributes to breaking the cycle of poverty which is so critical to a developing nation like India.

Creches contribute to engendering equity and economic growth

Rani, married 6 years ago, has had to perforce, start working since her husband was laid off last year. He keeps looking for another job, and in his frustration has started to consume liquor and getting increasingly violent. Rani has three children aged four and two and half years with the youngest at nine months. To keep the hearth burning and with limited choices, she has started working in the adjoining colony as a domestic help. The three young ones play with each other with the eldest one taking responsibility for the younger ones – when they are hungry, when they have pooped or when they are crying! Is this a Childhood that has been promised to them by the State??? Can a solution be found??

Early childhood care and development provided right from infancy, provides a level playing field to children as it improves literacy and numeracy and reduces stunting, heart disease, mental illness and participation in economic activity throughout life. Early skill development makes later skill acquisition easier. Adequate investment in childcare programmes enables costs savings to nations by providing improved quality of the workforce, which leads to increased productivity and reduced work losses. The better health and psychosocial adjustment of individuals leads to reduced need for later social welfare programmes, reduced health costs and improved efficiency of educational systems, by reducing dropouts and remedial programmes.

Children growing up in environments that do not enable development of cognitive and non-cognitive skills are at an early disadvantage. Once a child falls behind, which could be as early as infancy, he or she is likely to remain behind. Remedial measures for compensating for impoverished early environments become progressively more expensive.

Estimated rates of returns/benefit-cost ratios in the US range from \$16 dollars to \$2.5 dollars per dollar invested. Engle et al. (2011) estimated that participation in ECCE in middle and low-income countries led to increases in earnings in adulthood and that this benefit-cost ratio was between 6:1 and 18:1. Heckman's (2006) cost-benefit analysis of ECCE provision demonstrated that the economic return to early interventions is high.

In its regular report on State of the World's Children, way back in 2001, UNICEF alerted member states on the criticality of designing programmes for younger children and infants, warning that it may be too late if States do not take cognizance of the latest advances in neuroscience.

"... before many adults even realize what is happening, the brain cells of a new infant proliferate, synapses crackle and the patterns of a lifetime are established...Choices made and actions taken on behalf of children during this critical period affect not only how a child develops but also how a country progresses" (UNICEF, 2001, page. 14).

In the light of the equity and economic arguments favouring investments in Early Child Care, there can be no excuse for ignoring this critical input as society may pay heavily in the form of weak human citizens for this neglect.

State Response: Lack of Creches and Daycares – ICDS, RGCS and Labour Laws

Despite the strong arguments in favour of strengthening Early Childcare within homes and providing alternative arrangements wherever required, the reality on the ground speaks a different story. The ICDS was initiated way back in 1975 as a

compelling response to the advantages of investing in the young child. Comprising of a basket of six services – supplementary nutrition, growth monitoring, immunization, preschool education, counselling and referrals it failed to adopt a holistic approach in its implementation. For decades, the centres functioned as feeding and distribution centres with very little attempts made to strengthen the other components, especially the preschool and community counselling aspects. Whilst it partially helped to improve malnutrition rates to some extent, some of the Southern states like Tamil Nadu and Karnataka have actually set an example on how to maximize the returns from this programme. Extended timings, better infrastructure for the centres, higher honoraria and training of the AW workers all contributed in great measure to making ICDS work.

One of the major conceptual flaws in the design of the program was the different areas of focus for the different age groups - broadly health for the under 3s and nutritional supplementation with an archaic non-existent preschool programme for the 3-6-year olds. The comprehensive holistic needs for both the age groups were sacrificed as it got translated into 'immunization' and 'take home rations' for the under 3s and supplementary nutrition and a non-functional preschool programme for the 3-6-year olds. The absence of planning for 'Care' in the design of the programme whereby a child's safety, protection, early bonding and early stimulation could take place was one of the major underlying reasons where India failed to take advantage of the great investments that the Nation had made in this flagship programme.

The programme ignored the emerging need for care which was required as a result of the demographic changes taking place across the rural, tribal and urban parts of the country. It also suffered due to weak governance and administrative systems which contributed to large scale corruption and mismanagement. And much more importantly it failed to give due importance to the role of the ICDS worker and involve her in other activities like the census, specific campaigns and schemes. Last but not the least, it failed to acknowledge her work by continuing to give her an honorarium or train her adequately. This led to the creation and proliferation of a private sector waiting to make the most of the State's failure to respond to the growing aspirations of the parents.

Rajiv Gandhi National Crèche Scheme for Children of Working Women: In a half-hearted gesture of responding to the increasing demands for Creches from FORCES, and the labour and women lobbies, the Government started a 'National Creche fund' with a small corpus of sixty lakhs. This was later transmuted/transferred to the creation of a 'Scheme for Creches for Working and Ailing Mothers', renamed as Rajiv Gandhi National Crèche Scheme for Children of Working Women and now emerging in a new avatar as the 'National Programme for Creche and Day-care Facilities'. The underlying spirit of it being a grant-in-aid scheme to be run and managed by NGOs stays with minor budgetary and superficial reviews over the years. No responsibility for the training of the workforce is taken and because of its

poor and inadequate quality it continues to be used by children who are between 3-6 years. The Government has not taken the need for Creches seriously as is evident from the woefully inadequate provisioning for around 22,000 Creches catering to about only 8-9 lakh children. The current approximate need is estimated to be around 1.5 million Creches (40 children in each) to respond to the 60 million children whose mothers may not necessarily be working for a wage but may be occupied in economic and productive traditional occupations of agriculture, forest, crafts or even household related work across urban, rural or tribal areas.

Other existing provisions for Creches for women in the organised sector

Crèche services are also provided through statutory and legally mandated provisions under the existing laws like 'The Factories Act, 1954', Mines Act, 1952, Tea Plantations Act, 1951, BOCWA 1996 and several others including the NREGA. The most glaring flaw lies in the fact that the creche is required on the basis of a minimum number of women working at the site. This gendering of the rules actually works to their disadvantage as women are increasingly being excluded from opportunities to work.

The provisioning for a very basic creche with one trained childcare worker within the Acts can at best be described as custodial care as there are no norms outlined for the quality dimensions! Exact figures with respect to coverage are also not available thus leaving huge gaps in meeting childcare needs even in the sectors where the State has mandated them! The rules framed for implementing them are weak, with the entire financial and organisational burden falling on the employer, who tries to escape through multiple loopholes available in the existing laws. In a study undertaken by ISST and The Alliance for the right to ECD, about 95 percent of the women were not even aware of this provision and had never taken advantage of such a facility.

Proliferation of childcare services in the private sector and emerging issues of quality

The private sector: In response to the changing family dynamics especially in the growing urban cities and towns and the failure of the State to provide Creches and day-care arrangements, spontaneous and informal arrangements for childcare have sprouted in substantial numbers. Women in most slums are today leaving their young ones in the care of their neighbours for a substantial amount to a woman in the neighbourhood, to ensure their children's safety. This care is in reality just restricted to providing suboptimal 'custodial care' and can at times be more harmful as the children could be subjected to neglect, violence or even abuse. Lack of play, learning or bonding opportunities can have negative effects as infants and toddlers may be left unattended or receive inadequate care in the conditions described above.

At another extreme are preschool shops where the integrated elements of care, health, nutrition and love are given a miss and children are pressurised to read and write way ahead of their developmental readiness. Exact figures for the number of such informal or even registered playschools/creches/nurseries are not available though it is estimated that they could be reaching out to 35-40 percent of the population. A casual walk around or conversation with community members will reinforce the increasing popularity and extensive use of such playschools/ Creches/ nurseries. Low and varied quality with very little provisioning for oversight and monitoring in the absence of any regulations by the State are issues which need immediate attention. The lack of professional understanding of 'care' across the entire age group, especially for the under 3s is something that also needs attention in the wake of the latest findings emerging from neuroscientific research.

The Corporate Sector on the other hand has made some cautious inroads into providing crèche facilities to its employees, more to attract and retain their trained employees rather than as a social responsibility requirement that they feel they can contribute to. There are different models being adopted by them in response to their employees needs with the focus slowly moving to a more holistic programme. The creches could be run by third party providers, could be self-managed or have tie ups with other companies to set them up near the residential sites to prevent them from having to travel long distances with their children. The leading and bigger corporates are also making special provisions for the early periods of infancy through flexi hours and extended childcare leave.

The above is far and few as most private companies are driven by profits and barely meet other statutory requirements of minimum wages, safety protocols etc. so planning for and running Creches is not on their agenda and most of them escape the mandatory requirements through easy manoeuvring of the existing rules.

In the voluntary sector, there are several excellent initiatives especially for the underprivileged sections of society and it may be possible to extract essential learnings for replication at scale. Civil society models could serve as powerful instruments of knowledge and social transformation to inform policy makers about what works and what does not work.

Fulwari – Government initiated in partnership with community

Initiated by the government in Sarguja district in 2012 to address high malnutrition by using the strengths of Panchayats and the Mitandin Programme. The programme consisted of community managed Nutrition and Child Care centres called Fulwaris which were managed by the mothers (of the young children) with cash assistance from the Gram Panchayats. It provides three hot cooked meals daily to children aged 6 months - 3 years. Pregnant and Lactating women also get one meal a day at Fulwari. The core strategy of Fulwari focuses on organising community support for mothers in ensuring child feeding and care supported by improving household availability of food through cultivation of rice, kitchen gardens, horticulture, backyard poultry. The space for the Fulwari is voluntarily given by any resident of the habitation. There is no provision for a paid worker in Fulwari and it is managed by the mothers collectively. Two mothers volunteer each day to take care of children at the Fulwari for 6-7 hours whilst the rest go for work. Mitandins play a crucial role in facilitating and supporting the entire process including maintenance of accounts and records.

The state government has decided to replicate the Fulwari initiative of Surguja across all the 85 tribal blocks as also the whole State of Chhattisgarh with the assistance of Gram Panchayats and Mitandins.

Mobile Creches Model - partnership with Employers

Mobile Creches runs a comprehensive service of centre-based child care services on construction sites and slums that delivers emotional and physical security to the child in the absence of the parents who are out at work. The holistic programme supported by continuous training of frontline functionaries has systems and processes for continuous monitoring of quality norms.

This programme has demonstrated, over the last five decades, that it is possible to provide quality care to children of a migrant population by seeking creative partnerships with different stakeholders, with limited infrastructure and resources and stands out today as an initiative that can be replicated in other situations with minor refinements.

Action Against Malnutrition - community based collaborative model with financial support from donor agency
AAM Creches, initiated to provide a safe and conducive environment for children when their mothers went out for work, worked on a two-worker model from the community. The creche workers received extensive training in the health-related aspects of child care – identifying and taking specific nutritional interventions to help severely malnourished, growth faltered and sick children to recover. Formation of community groups to interface with the existing state programs like ICDS, ASHA, mitandin remains a high focus. Some efforts were also made to train the community caregivers to incorporate specific developmental play activities. Multiple organisations have been involved in making this model successful – Ekjut in designing, facilitating and training for community participation whilst PHRN provided the technical support in monitoring the health parameters of the children. This model sets the pace for community involvement in the management of the creche and some of the significant elements can be adapted for other programmes.

Issues of Scale and Replicability

Whilst issues of economic benefits, impact and costings will be primary issues for consideration when going to scale, certain elements can always be picked up to contribute to the quality. Noteworthy practices from Childcare models that facilitate bonding between children and care providers, are holistic in their approach and maintain warm relationships with parents could be considered as important indicators for selection. To facilitate and promote the Care agenda, a dimension

that is very important to support the child's development, some elements from all the above three models could be picked up as all of them focus on promoting the interactive nature of the caregivers who are trained to provide loving attention to the children. Fulwari is rooted in community ownership and convergence at the grass roots level, whilst AAM's uniqueness lies in their focus on malnutrition and detailed follow up of such cases. MC's track record of fifty years and still going strong lies in the quality of systems, training and respect that they give to the Childcare provider.

It is important to mention here that care for the child cannot happen without care for caregivers. Whilst the creches are being run on very different financial models, the most challenging part lies in ensuring that the caregiver/balpalika is respected, professionalised and remunerated accordingly. The latter is inevitably sacrificed by most organisations to demonstrate low cost models which if one were to quantify and monetize the other technical inputs would tilt the scales to the level of 'high'. These measures can only be short termed and will not result in long term sustainability. There can be no short cuts and only adequate remuneration and continuous support to the caregiver will ensure high levels of motivation and ownership which has spiralling spin offs in the quality of care that a child receives.

Key Dimensions of Quality

This brings us to the important issue of 'quality care' – something on which child development specialists have emphasized consistently, reiterating that it is the **quality of care that makes all the difference as opposed to just its availability.**

'Studies like the Effective Pre-School and Primary Education Project have looked at the significance of quality of the programs (Sylva et al 2007). However, Philips and Witebook (1992) have highlighted the need for children to undergo a good quality early childhood care program as they tend to score higher on child development measures in comparison to children who do not experience such quality care. In the Indian case, Swaminathan Research Foundation (2000) argued that 'the mere establishment of childcare/anganwadi centres under the ICDS programme in the country was not enough; it was important that attention be paid on the quality rather than just expanding them without addressing the fundamental weaknesses in the design and implementation of the programme'. The outcome results on health, learning and other macro human development indicators cited above draw our attention to the urgent need for focusing on the quality dimensions of the existing programmes namely the ICDS and the National programme on Creches and Daycare.

A deeper understanding of the key quality dimensions of a good Early Childcare programme or Creche is important before one can move on to addressing the larger issues of governance and management both of which become increasingly

critical to ensure delivery of quality child care services at scale. The following aspects need to be considered and planned for based on the specific requirements of the target group, the geographical, cultural and socio-economic context. The following norms based on child development principles are universally accepted and lay out specific non-negotiables like adult-child ratios, infrastructure, pedagogic materials etc. It is important to understand the rationale and principle before decisions are taken on the specifics which can be arrived at after a consultative process with the principal stakeholders involved together with child development experts.

- **Location/Premises & Infrastructure** - The creche/centre should be easily accessible, structurally safe and preferably on the ground floor. Access to clean surroundings with adequate space on a per child norm (12 sq. Ft./child). The centre should be well ventilated with provisions for clean water, sanitation and electricity.
- **Class room arrangement/space** - should be creative to encourage a wide variety of age appropriate activities for learning, playing and resting. The arrangements should be bright and cheerful, with child-accessible displays of learning material.
- **Equipment/Material** - should be available for supplementary nutrition, cleaning, personal hygiene, sleeping and medical aid. Sturdy, safe and easy to maintain furniture and play equipment should be age appropriate and adequate for the number of children. Low-cost, easily available and environment friendly material should be preferred.
- **Human Resource** - Trained personnel for at minimum wages - with recommended adult child ratio of 1:8 for the under 3s and 1:15 for the 3 to 6-year olds. Continued provision for mentoring support and skill upgradation.
- **Nutrition Practices** – All children should be provided with fresh, nutritionally balanced and culturally acceptable supplementary diet spread over three times during the day with a hot cooked meal at lunch time. All hygiene procedures for food preparation/storage/service should be strictly followed.
- **Class room curriculum and transactions** – should be woven around age and developmentally appropriate activities which takes care of all the domains of development and encourages self-confidence. Varied activity corners for a free/structured and small/large group activities should be created.
- **Safety, Health & Hygiene Practices** - Preventive hygiene measures such as washing hands, wiping noses, sanitizing toys etc. to minimize the spread of germs should be practiced. Each child should be age appropriately immunized and undergo regular medical check-ups. There should be systems

to ensure safety and protection which need to be followed and supervised to minimize hazards both inside and outside the centre.

- **Monitoring, Supervision and Stakeholder participation** are essential at multiple levels and robust systems can be developed to ensure the best interests of the children, community and other stakeholders. Linkages of families with the local facilities can be forged to facilitate and synergise convergence.

The Challenges of providing Childcare and Development services for under 3's

The requirements outlined above present a tall order for anyone wanting to take on this responsibility professionally. Experience in the Indian context has very clearly shown that most institutions or organisers are willing to take on the pre-school component for the 3-6 year olds, but are hesitant to take on the responsibility of providing Childcare and Development services for the under 3s. Invariably, services for this age group get restricted to nutrition and health with the assumption that there is an adult care giver present at home to provide the necessary components of physical care, safety, play and early stimulation.

Challenges of Organizing Creches for under 3's

- ***High levels of responsibility:** The risks and levels of responsibility involved are much higher as the chances of accidents and mishaps are high because of the limited communication capacities in a developing infant and toddler.*
- ***Specialized space and equipment:** The creche and day care also needs adequate space and specialized materials and equipment which is not easily available and difficult to procure within the restricted availability of budgets.*
- ***Low availability of trained personnel:** The lack of a deep understanding of the principles of child development and the systems and protocols required to run Creches and child care facilities restrict the opening of such facilities*
- ***Low awareness and demand for quality Creches:** There is low demand for alternative childcare arrangements as most parents are unable to visualize institutionalized alternative care/creches, are unaware of the quality dimensions of Early Child Care arrangements for infants and toddlers as it was relegated within the domains of maternal responsibility only*
- ***Low Status of Childcare Providers:** Early Childcare Development does not attract the best human resource in the market largely a because it is relegated to what a helper or 'ayah' does – it is seen as just feeding and cleaning of babies and therefore falls low from a professional or occupational perspective.*

The complexity and intensive nature of the demands places high demands of responsibility on a care giver who is unable to provide care to more than five under 3's at a given time. This makes the task of caring for the under 3s an expensive proposition, leading to hesitation by the State to make the necessary investments for institutional arrangements or creches for their development.

Professionalising Caregiving - importance, preparation and training.

It is important to mention here that one needs trained workers to run a creche/day-care facility – someone who not only has the required knowledge but the necessary attributes and skills to provide care to a group of young children who

- understands why it is important to address the comprehensive needs of children
- is aware of what the age appropriate/disaggregated needs of young children are
- knows how to address those needs

The facility or creche will require childcare professionals who will discharge different levels of work like the actual care provider, supervisory and senior staff who can undertake the planning and monitoring functions.

Essential Attributes of a Caregiver/balpalika*

The different elements of Care and the challenges presented above clearly reinforce the need to have workers who are specially trained and oriented for this task of immense responsibility. Looking after a number of children needs not only an in-depth **knowledge** and familiarity with the science and techniques of childcare but also requires an **orientation** and **desire to work** with young children. **Patience**, ability to withstand the demand of a high energy, physically demanding group of young children are essential attributes that one should have to undertake care effectively.

Two additional qualities that determine the caregiver's ability to provide effective care are **sensitivity** and **responsiveness** to the child. These attributes enable the caregiver to detect the child's signals and respond appropriately to meet the child's needs. Her ability to understand, perceive, and respond to the child's bids for support should be considered at the time of screening potential caregivers.

** derived from the task of palan or caring which goes beyond the concept of just physical care or teaching and responds to the holistic response to a child's needs with the underpinnings of establishing an emotional bond*

Role of childcare worker/caregiver/balpalika

The caregiver is expected to carry out a wide range of activities extending from providing a physically safe, hygienic environment to one that is nurturing and stimulating. Preparation and feeding of nutritious and wholesome meals to carrying out the necessary age appropriate activities, monitoring and follow up and coordinating with the health workers for immunization and health related services will be essential. Administrative work of record keeping and community outreach

initiatives will be expected from the care provider. A brief glimpse of what goes on in a creche and how she responds will highlight the kind of responsibility that the creche care provider brings to her job.

Preparing childcare workers for Early Child Care

It is nearing lunch time and Uma is getting ready to feed the children under her care. She goes to the kitchen to check whether the food is ready for serving, tastes it, tests the temperature and comes back to start with the necessary preparations of seating them in a circle and putting on aprons for each one of them. She gets up to get the food when a little infant cry out from the basinet. She responds to the infant, rocks her gently, talking to her, and proceeds to the kitchen. In the meantime, a mother walks in to breastfeed her child with whom she shares what her child did in her absence. She then comes back with the food, getting the children to say their prayers, and talks to each one whilst portioning out the food to each. The older toddlers start eating on their own, she feeds another five seated in front of her turn by turn and a watery gruel to another baby on her lap! Whilst feeding she is simultaneously keeping a watch on the rest, encouraging them to eat and come for more if required. (from a typical creche of Mobile Creches)

The training design should therefore take into account the tall order being made on a caregiver/balpalika and should be able to equip her with:

- **Basic knowledge and understanding of principles of child development,** health and hygiene and the principles of how children learn
- **Skills to interact with and play with children** of different age groups, plan and organize activities, provide for their physical and medical needs and maintain excellent community relations
- **A positive attitude** and high energy which reflects love and respect for the children, finds creative solutions for day to day problems and values her contribution to the child's development.

Training design and methodology

The training design and content should incorporate the comprehensive nature of interventions required and should therefore have the necessary knowledge of health, nutritional, cognitive and socio-emotional needs of young children across the entire continuum of birth to six years. Since they are expected to generate awareness and facilitate participation from the parents and community members, appropriate community communication techniques become an essential ingredient in the basic course design. This will enable them to respect the traditional practices and use their communication skills to bring about sustainable changes in the child care practices of the family and the community.

Skills to undertake community outreach and encourage parent's participation and community involvement in the programme would be incorporated to help strengthen the interventions undertaken by the caregiver.

Training for Sessions with community

After introducing the importance of community awareness, the trainers undertake a session/workshop with the parents to bring them on board about the importance of the early years. Since most them are familiar with farming the easiest route to take is to draw a comparison from what is required to get a plant to grow in a healthy manner. Taking the cue from here, the trainees arrive at the different elements of interventions that are required for young children's developments.

Another approach often used by Mobile Creches is 'The Tree Exercise' - what kind of fruits do we as parents want our children to be. After an intensive discussion of what are the inputs required, each parent comes and sticks the interventions necessary to take root for the foundations to bear the fruits we want! Use of special posters depicting neural synapses, songs and even folk media are used to reinforce the importance of the early years.

The sessions highlight the importance of adopting a holistic approach, to intervene as early as possible and lead on to different ways in which stimulation for the young child can take place. The trainees watch this and are required to practice such sessions with a focus on learning the use of special media like posters, stories woven around the issue (PHAD, Kavard) etc. amongst themselves. They are then encouraged to take such a session with the community members in the presence of the trainers who pitch in only when certain critical points are missed out.

The service providers should belong to the same community or background as the children, to facilitate ease of communication as she understands the local, regional context, community dynamics and the cultural traditions.

The probability of the trainees being semi-literate even today, necessitates the need to incorporate experiential and participatory methodologies like role plays, preparation of teaching materials, exposure visits and reflective discussions. The training should be designed in a way that enables them to get a lot of hands-on-experience (70 percent) as the learning is expected to take place through extended periods of practice and reflection. Such participatory techniques help the trainees to arrive at theoretical concepts through discussion without being told directly in a dry manner didactic manner.

On site supportive supervision, collective sharing and problem solving are useful strategies that have shown appreciable results in strengthening the training. Refresher/in-service training needs to be planned at regular intervals – these can take place through digital media to refresh existing knowledge and orient them to new findings emerging from research and best practices taking place across the world. Face to face trainings can be planned every five years to facilitate mutual learnings as also to sustain motivation and energy.

Role and preparation of Supervisors

The supervisory cadre too should ideally come in with some field experience and the ability to link up with the local resources and stakeholders. Their training inputs therefore would necessarily move beyond just understanding the principles of child development to the technicalities of organisation and management of systems. The expectation from them is that they would increasingly play the role of a mentor and be the first port of problem solving for the caregivers/balpalikas.

To ensure quality childcare, apart from the caregivers, senior level personnel responsible for planning, quality oversight and program design to ensure desired outcomes and impact would be necessary. A postgraduation (Advanced diploma, MSc) in the core subject complemented with skills of analysis, strategic planning and research would be an added advantage. An understanding of the wider concerns on gender, child rights, understanding of the sociological dimensions of poverty and political dimensions of policy making would be desirable and thus should be incorporated in the initial and refresher training design.

It is increasingly recognized that ECD professionals at all levels should be fully trained, adequately paid, and supported with appropriate working conditions, equipment, learning opportunities, and guidance. A perspective plan to respond to the growing demand for institutionalized care - creches/day-care requires a detailed plan with clear time frames and involvement of multiple institutions like Government bodies, Universities and Civil Society organizations.

Maintaining high morale

Beyond the strategies employed to enhance the skills and knowledge of the personnel working directly with children, efforts need to be made to keep their morale and motivation levels high. As the quality of services rests largely with the service providers it is necessary that they are provided with a regular **salary commensurate with living wages** if not equivalent to a primary grade teacher. With increasing professionalisation of the Early Childcare discipline one will be able to attract more educated personnel who will demand higher salaries. In fact, in some of the playschools catering to the upper class, childcare or creche workers are paid salaries equivalent to primary grade teachers.

Hands-on support and mentoring from their supervisory cadre has been found to have a profound effect on a worker's willingness to work and carry out her responsibilities with diligence. **Clarity on roles, protocols and system support** are other contributing factors which support the discharge of quality services in a regulated manner. And last but not the least, one should be able to engage their interest through **regular feedback sessions** as it develops in them the ability to critically examine what they are doing and to think of other creative possibilities.

Experiences in training and capacity enhancement from diverse practices

Programs for preparation of ECCD professionals have been historically ignored and marginalized within the higher education landscape in India and are virtually non-existent and non-regulated even today. At another level, the voluntary and private sectors have taken initiatives to develop human resource capacities to enhance the quality of their ECCD programs. Whilst these have the benefit of being culturally rooted and have provided evidence of increasing impact on the young child, these initiatives have the disadvantage of reaching out to very limited numbers. However, important principles and learnings can be gleaned from the innovative capacity enhancement initiatives which could provide useful learnings for adoption by the Government to scale up.

Some pioneering initiatives have been taken by some organizations to address the lack of availability of trained personnel and important lessons can be gleaned from their experiences. Centre for Learning Resources (CLR), Pratham and others have employed different strategies with most of them showcasing through their collaborations with the Government run ICDS programme that it is possible to run Quality programmes with the addition of some technical supports.

Centre for Learning Resources (CLR) – a non-profit based in Maharashtra, have over the years built a repertoire of materials and people skills to improve the quality of Early Childhood and Elementary Education in the public systems. They have recently, through an action research project in Dharini, a tribal block in Amravati district, worked closely with 215 AWC to strengthen the ECE component in a bid to improve the School Readiness of the children. 19 AWC were developed as model centres through training and mentoring support of the AW workers, upgradation of existing facilities and addition of appropriate learning materials. To ensure the long-term sustainability of such an initiative, CLR also worked closely with the AW training centre so that the entire block had the necessary capacities of skills and model centres to improve the quality across the centres in the entire block. In another project, Sajag, in Chhattisgarh, they have tried to improve home based holistic childcare through the training of caregivers.

Pratham – an initiative to improve the public education system has adopted several strategies to reach out to large numbers of children through their remedial programmes. The need to strengthen the foundations for learning through a community based ECE programme became the bedrock for venturing into other areas of work like training, creating print rich media, developing innovative pedagogic approaches. The Balwadis or community preschools have demonstrated successfully how quality programmes can be run with low resources. Their training of community women adopted a combination of self-development approach with skill training on what and how to transact with children. The turnover was high as the balwadi workers were paid an honorarium but the training programme was in high demand as it enabled the trained workers to get new jobs easily.

Mobile Creches (MC) - training focuses on building understanding, developing skills and bringing in the sensitivity to undertake a comprehensive program encompassing all the essential domains of a child's development across the entire continuum of birth to 6 years. The focus is to engender within the trainees a mission that they are making a difference in the lives of children living in difficult circumstances and make them capable of working in slums, construction sites and rural and tribal areas. Over the years, (MC) has contributed to building capacities of workers, the supervisory cadre as also the decision makers in the government and voluntary sector. Their strategy of involving all the stakeholders in the initial orientation workshops has paid dividends as all of them work in close coordination to bring synergy in the quality of the outcome.

*Training for AWCC: MC has over the last 2-3 years, worked in the three states of Madhya Pradesh, Rajasthan and Delhi to operationalise about 200 AW cum Creches (AWCCs) in close partnership with the state governments to demonstrate and help communities and government officials understand the concept of AWCC. In all the initiatives, **all the stakeholders** went through a collective orientation followed by further training to enable them to understand the specific interventions so that they would provide the necessary support to the AWCCs. Getting the systems to respond and gear for this change proved to be the biggest stumbling block.*

At a positive level, the centres opened on time, attendance levels of children went up and despite delays in honoraria, rations and other logistical support, the trained workers continued to work with high levels of energy and motivation. In Madhya Pradesh, the workers including the helpers reported that they understood the importance of proactively intervening in the lives of young children and this gave them a mission to keep the creches going. They are continuously in touch with the trainers which reflects the quality of training and bonding that took place during the training process.

'We need alternative care arrangements and new ways of thinking about care which are grounded in local communities and sensitive to their needs. There is a need to move towards a holistic and multidimensional framework for addressing children's needs. Often, critical early childhood development has elements of care, and initiatives aimed at building the capacity of parents (two integral components of the SEWA model) are absent from mainstream crèche facilities which becomes problematic given the importance of ensuring that both parents (male involvement being key) have ownership over programs'. **Mirai Chatterjee**

Training Capacities in Government - approaches and recommendations

There is no comprehensive information available on where and what kind of training is available to train professionals in the field of ECCE. Some universities run post graduate programmes in Child Development to prepare academics and senior professionals; there are others who are attempting progressive courses as part of vocational training but these are far and few with no regulation or attempts to correspond and align with the National Curricular Framework developed by NCTE. IGNOU has been running a distance programme in ECE, but even this has not been

recognised by NCTE, the body responsible for accreditation teacher training and education programmes.

Additionally, many training programmes are being run in the private or civil society sector, but the reach of all of them is cumulatively small with variable quality. The planning for preparation of ECCE personnel becomes increasingly complex in a situation where there is no comprehensive information on current capacities available. The following Government Institutions take responsibility for training ECCE personnel for the ICDS or preschool programme of the state-run schools.

- National Council for Teacher Education is a statutory body mandated to oversee all matters related to teacher preparation for the educational system (preschool to high school) like quality and accreditation of training institutes, educational and professional requirements etc.
- NCERT and SCERT have introduced courses and designed curriculum framework for pre-school education for all state-run primary schools.
- DIETS – undertake training for preschool sections of primary schools
- NIPPCD an autonomous organization under the aegis of the Ministry of Women and Child Development trains all the ECCE workers for the ICDS programme. It undertakes to design the curriculum for the training of personnel at different levels but directly trains the senior and middle management levels through its seven regional training centres. The training for the 1.4 million AWW and a corresponding number of helpers has been handed over to around 500 AWTCs (Anganwadi Training Centres) which are primarily NGOs, universities and academic organisations. These centres follow the guidelines set by NIPCCD and work closely with the central and state departments to take on the 26-day pre-job training for the AWW, Helpers and Supervisors followed by a 5-day Refresher Training (in-service), once in every two years.

A rough calculation highlights the inadequacy of training facilities to train 1.4 million AW workers (AWW) of the ICDS, another 1.4 million helpers and thousands of supervisors and senior personnel. Reports from the field indicate that many AWW who bear the responsibility for the care and development of 60 million young disadvantaged children for whom these services would make a substantial difference, have not received any training even after two years of their appointment.

This lack of adequacy of capacities is further compounded by the quality of training which has fortunately in the recent past seen a substantive change in the design of its pre-service training curriculum. The critical component of practical orientation and practice has been introduced with exposure visits, practice sessions and use of

audio visuals being adopted in the specially designed 5-day module on Early Childhood Education.

Early Stimulation and learning for Emergent Literacy, is the focus and incorporates the latest knowledge and techniques for child transactions. Use of multiple media to encourage community participation and bring about behaviour change with rationale and reasoning have been introduced though very briefly. Information on issues relating to governance, convergence and systemic support have not been dealt with but it is hoped that these gaps would be addressed by mentoring support provided by the supervisors in the field.

Recommendations for qualifications and training duration in ECCD

There is a wide disparity in qualifications, nature of training and training duration of Early Childcare personnel across different departments which has serious implications for inequitable quality of programmes in different contexts. Most of them are not in alignment with the curricular recommendations made by NCTE, the body overseeing quality of training for teachers.

It is also important to re-visualise the training framework based on the expectations from the ICDS workers in today's context where the importance of Care is now acknowledged as a necessary component for the entire age group from birth to 6 years but much more importantly for the under 3s.

Childcare Provider : Teacher Or worker? There are differing views on where and how the preparation and training for a caregiver should be situated! Should it be regarded as a skill only or given due importance equivalent to that of a teacher? Does development of the Child at its most critical phase be regarded as just physical caring or do we elevate it to a position where this phase is regarded as the most complex wherein the development of the caregiver requires much deeper training and preparation than just caretaking! Should the caregiver be trained and sensitised to address a child's need for nurturance and security when transitioning from the home to a creche/preschool? How should a caretaker respond when domestic differences and stress start affecting a child's behaviour? It is important to raise/peg the caregiver to a 'Teacher' and leave it where it currently belongs - within the planning domain of the Educational Departments rather than shifting them to the Skill or Vocational Development Departments as has been suggested by some of our fraternity.

A perspective plan with immediate and long-term plans needs to be developed with clarity on educational qualifications, training curriculum, duration and more significantly the processes that should be adopted to have adequate and effective human resource ready to universalise ECCD in the country. Different permutations based on availability and other factors will need to be accounted for to address the heterogeneity of available skills and ensure that all caregivers/AW workers across the public and private systems are capable of delivering similar and equitable quality of ECCD.

(Lack of available data in the public domain – in the public or private sectors makes it difficult to make exact projections)

Data on available workforce would be critical to developing an **in-service programme** to upgrade the existing functionaries to a required level, whilst a plan for **preservice training** should be prepared considering future requirements by taking retirements and expansions into account. This will enable the fresh recruits and the existing faculty to a similar level of competency. The content of pre-service training received by ECCD educators, irrespective of the sector they are working in, must be equivalent to the ECE teacher education course notified by the NCTE. In the case of ICDS, this would apply to the second *anganwadi* worker recruited to provide Early Childcare Education in the ICDS programme.

Adequate number of training institutions with appropriate facilities will need to be set up and, in their absence, use can be made of existing institutions from the academic and civil society fields. Imaginative strategies making use of distance or digital media complemented by sandwich, modular or cascade models may need to be employed to deliver on uniform outcomes for the Early Childcare Personnel. Master trainers from premier government institutes can develop trainers through TOTs in collaboration with Academic and Civil Society which could join hands to take on the responsibility of designing and training the large human resource required in the public sector. Child Care providers for Contemporary Industry Hubs, IT sector, RWAs could be trained with Corporate assistance and partnerships to fast forward the pace.

Way Forward - What else is required - Other pieces of the Puzzle

The focus of this paper is to make Care a central policy concern with the recognition that it cuts across diverse sectors. Multiple entry points can be identified to ensure that families, communities and state are redistributing and collectively taking responsibility for ensuring quality Care for the under 6s when it is most critical. Given the diversity of women's care needs and universal resource constraints this will require significant creativity.

Based on the previous sections of the paper - current gaps, innovative practices and future projections of need, some suggestions are being made in the following sections. They encompass the entire framework from making Care and Early Childhood Development a Justiciable Right to actualising its provisioning especially in the context of the commitments made internationally through the SDGs.

Commitment to Care and Development of the Young Child are rooted in many International and Constitutional Commitments made by India over the last few decades. From **the Universal Declaration of Human Rights (UDHR) (1948)**, providing

special rights to the child by committing to 'motherhood and childhood are entitled to special care and assistance (article 25(2)) to CEDAW **5(b)** and The **UN Convention on the Rights of the Child 1989** where Right to Survival, Protection, Development and Participation are promised.

The following clauses are of special relevance:

Article 18.2 – render assistance to parents and guardians in the performance of their child rearing responsibilities.

Article 18.3- Ensure to children of working parents – the right to benefit from childcare services and facilities.

India through its **Constitutional Provisions** of article 15 (3), mandated that special provisions be made for women and children (article 39), and very recently through article 45 committed that 'The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years'.

In 2013, India formulated **The National Early Childhood Care and Education Policy, which** addresses the needs and rights of children under six comprehensively and provides for State responsibility for universal access of services with equity and inclusion. A Quality Standard document and a Curriculum Framework were also developed along with the ECCE Policy.

Strengthening the Law, Policy and Programme Framework for Care

Legal entitlement to Creches and childcare for the under 6s

The need for a legal entitlement to care and development of the under 6s is now becoming necessary as there is no space in the existing laws to fight for a justiciable solution or redressal for exclusion and neglect because of absence of adequate and quality provisioning for Care. Having recourse to a legal entitlement to 'Care and Development' would ensure that the Young Child finds adequate space in the executive functions of the governments without having to depend on the political whims and fancies of successive Governments.

The complete absence of the under 6s from the Right to Education clearly manifests the State's intention to abdicate its responsibility for something that they feel, lies within the family domain despite strong scientific and social evidence to the contrary. The time is ripe for India to commit to and formulate an overarching right which encompasses the woman and the young child under 6 by adopting A CRECHE and DAYCARE POLICY as recommended by 259 report of the Law Commission. The insertion of a new Article 24 A to Part III of the Constitution together with an amendment of Section 11 of the RTE was recommended to ensure that the child's right to basic care and assistance becomes an enforceable right. The

commission felt that the immediate setting up of a strong ECCE Council to ensure Convergence, Maternity Entitlements for all women and a Policy for Creches were necessary steps that required immediate attention to facilitate the enforcement and implementation of this right.

Policy for creche/daycare - Unravelling the woman, labour and childcare dilemma

With the development of the National creche/daycare Policy, universal, quality creche/daycare services for children under six will be a reality. This will help improve the health, nutrition and developmental status of children to rectify the intergenerational scourge of malnutrition and low performance on physical, social, emotional and cognitive scales. The positive action will help in the early detection and treatment of disability, support and empower parents for better parenting and facilitate their participation in economic, social and political activities. Most importantly the policy will provide a safety and protection net for parents and young children from physical and mental abuse and neglect.

The National Creche Policy should be based on the following principles

- Universal and equitable access.
- Non-discriminatory, inclusive and unconditional.
- Community based and community managed and/or on worksite as per labour laws.
- Decentralised institutionalization.
- Quality Assurance through regulation.
- Vertical and horizontal linkages to ensure continuum of holistic development.
- Grievance redressal and Accountability Structures.

The Policy will set the pace for the development of a 'National Plan of Action for Childcare' which should, taking the SDG obligations into account, lay out a roadmap for achieving the targets that have been committed to, developing an information dissemination strategy, preparing plans for developing the required number of childcare providers and building the necessary infrastructure and systems would be necessary elements for inclusion in the NPAC. The plan will identify other requirements that need to be put in position to ensure universal availability/access to quality child care for every child at home or in an alternative care arrangement. For instance, resolving issues of location of creches for different sections of women, costings/fees - should they be free, subsidized or on a sliding variable scale based on one's capability, Quality Assurance and Regulation would be areas that would need attention as part of the plan.

Implementation Framework

Supporting Families for Care - Strengthening and enabling better care practices within families

Since the primary place for Care is visualised within the family domain, it is important to detail out issues of how to support families for Care. Whilst all families need support to discharge their social responsibility of providing Care for their children, the intensity and range of support may differ depending on their specific needs and requirements.

1. The **provisioning for universal maternity entitlements** is an important social security element that needs to be implemented as it is critical to ensuring that the mother and child have an opportunity to stay in close proximity to facilitate emotional bonding and breast feeding.
2. It is also recommended that the existing Anganwadis have provision for **providing creche services (AWCC)** for infants and young babies as well, for women to take advantage of them as and when required.
3. All families need **counselling based on the latest information** in the form of guidelines and suggestions derived from the latest scientific research in various fields. This could be undertaken by home visits or regular sessions and meetings at the AW Centre. This one to one is necessary to help families discard outdated practices derived from old beliefs customs. Field experiences have shown that colostrum feeding, exclusive breast feeding, introduction of supplementary foods and spending time to play and interact with babies are some of the practices that need to be changed considering the nutritional and developmental challenges being faced by India's youngest constituency. Helping families establish linkages with other schemes like the Janani Suraksha Yojana, Ladli and others together with close follow ups and counselling through creative use of media and technology is bound to bring positive results. The Link Worker currently operating as ASHA could take on this role of information dissemination and counselling specially to promote breast feeding. They would be expected to work closely with the AW and AWC workers to plan the regular visits and counselling sessions.
4. And last but all the more importantly, families need effective **primary health services, adequate infrastructure and social security support systems**. Access to subsidized food, medical facilities, transportation, electricity and potable drinking water are fundamental support systems that all families would need to take care of their children. The absence of any of these can impact the specific interventions that the family may be undertaking. For example, ensuring provision of safe drinking water and

proper sanitation has been shown to prevent diarrheal infections and reducing infant and child morbidity and mortality making it much more cost effective in the long run.

However, there may be times, when some families require more support because of specific crises like illnesses, loss of job, spouse or when they have children with special needs. During times of natural crises like droughts, floods or other similar situations, community and civil society support backed by State run institutions and schemes can provide the necessary fillip for families who are incapable of providing the necessary conditions for providing optimal childcare. Linking with health systems, ensuring implementation of existing labour laws and a robust social security system of maternity entitlements and other prevailing schemes and government initiatives would be of immense value to vulnerable families.

It is only when all the micro, meso and the macro systems synchronise and run in complete harmony, that the young child stands to benefit optimally. These must work seamlessly along a continuum as families take advantage of them depending on the challenges they face at different points in their lives.

Strategic planning for different age groups - at the home or in creches/daycares

While drawing up strategies and plans, it is important to bear in mind the interlinkages that are inherently present whilst responding to a particular need of the child. For e.g. a focus on the issue of a child's nutrition will inevitably draw its inextricable link with the nutritional status of the mother and hence the need for a life-cycle approach to deal with the issue of prevention and management of malnutrition.

It is also important to bear in mind that because of the rapidity of development during the first six years, the needs change dynamically and vary for each stage. Broadly at a macro level, one would like to conceptualise the transitioning in the space that a child of each age group will occupy to respond to her developmental needs.

1. **All Children from birth to six months** should stay at home with the mother as it promotes bonding and facilitates breast feeding both of which are very critical during this time. The mother and the family should be supported through the provision of maternity leave/wage compensation by the employer/state, quality medical facilities, health checkups, immunization and regular visit by link worker to provide information and support to the mother. The mother gets additional food through the ICDS and information on how to feed, take care and provide early stimulation to the infant through the use of simple conversations and use of household materials.

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2. **All Children from six months to 2 years** could continue to stay at home if there is a responsible adult care provider available with 'Take home rations' and regular 'growth monitoring' at the AWC. In the absence of care facilities at home, the infant or toddler could be sent to a creche close to the residence. In some cases when facilities for transportation exist, the child could be taken to the creche located at or near the worksite.
 3. **From 2 to 4 years**, the toddler could be sent to the AW cum creche for a few hours where the child has the opportunity to interact with and play with other children. The focus of the programme would be holistic with a well defined schedule of activities. The AWCC could provide extended daycare if and when the mothers required.
 4. **From 4 to 6 years**, the child should be attending the pre-primary/preschool/AWC with focus on emergent literacy being conducted using a child centered approach in a primary school according to the recent directives being issued by the MHRD under the Samgra Shiksha Yojana (SSA). (There is need for further clarity on whether and how this will be universalized especially in the context of the ICDS focus on strengthening its preschool component. Will the existing AWC be relocated in the primary schools or does it imply that MHRD will open preprimary sections in the primary schools and take over the responsibility for preschool education). The Government is definitely exhibiting its serious intentions to universalize preschool specially to achieve the targets under Goal 4 of the SDGs, but the modalities still have to be finalized.

Working towards the SDGs

The commitments made by India to meet **The Sustainable Development Goals** developed by the UN by 2030 present specific challenges or opportunities to reduce inequality and improve the situation of the most vulnerable sections of society. It sets a new framework for global development wherein all the factors of health, nutrition, ECCE and maternity protection can be addressed through goals 1 to 5. These have been recognised as necessary steps for achieving the transformation that the world seeks to achieve by 2030 as many of the SDG goals and targets have a direct influence on the enabling environment and the services that young children need to develop. At the same time, early childhood development is foundational to attaining many of the ambitious goals in the SDG framework.

Ensuring equity through developing targets on malnutrition, child mortality, early learning and violence – will help to combat child poverty. Five SDG targets have been identified as special guide-posts for national programming and investment in support of nurturing care and some of the areas that may strategically need further attention, better implementation and therefore higher investments have been listed out under each goal at annexure 1. The multiplicity of actions required to achieve

each of the goals exemplify the complexity and interlinkages between them and demonstrate that just investments in one area may not yield the results that one is looking for. The following are just examples demonstrating the number of stakeholders that would need to get involved to achieve one Goal; they are by no means a comprehensive list of actions required. The following section needs more work – is this kind of framework acceptable?

Goal 1, target 1.2

By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

Social Security Schemes for Below Poverty Line - Ministry of Social Justice
MNREGA, Infra structure development - Transport ministry, Ministry of Rural Development
Job opportunities and skill enhancement for men and women – Ministry of Skill Development and other ministries related to Industry, Infrastructure development, Roads
Labour reforms - Labour Ministry
Childcare facilities/Creches to facilitate above – Labour Ministry

Goal 2, target 2.2

By 2030, end hunger and ensure access by all people, in particular the poor and people invulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

Implement RTF recommendations in its entirety - ICDS - MWCD
Streamline PDS - Min. of Supplies
Reward and subsidize local production of food products – Min. of Small and Medium Enterprise
Implement IYCF guidelines, universalise maternity entitlements to ensure exclusive breast feeding for the first six months and BF breaks till child is two years - MWCD and Min. of Labour
THR for Infants and mothers – ICDS, MWCD
Community information and communication - ICDS - MWCD

Goal 3, target 3.2

By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

Implement National Health Mission – Ministry of Health (MoH)
Age appropriate immunization – Ministry of Health (MoH)

Fully functional PHCs equipped to handle normal deliveries and neonatal care - MoH

Regular growth monitoring – MWCD

Protocols and training to address severe and moderate malnutrition – MWCD, MoH

Universalise maternity benefits without conditions – MWCD, Ministry of Labour

Implement IYCF guidelines - Ensure exclusive breast feeding for first six months, promote breast feeding till child is two years, Complementary feeding at six months - MWCD, Labour Ministry

Community information and communication - MWCD

Goal 4, target 4.2

By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Multiple models and options to respond to the diversity of need - Conversion of AW to AWCC, pre-primary sections of primary schools, private standalone Creches, playschools and preschools - ICDS – MWCD, MHRD

Uniform curriculum framework and pedagogical approaches – NIPPCD, NCERT-MWCD, MHRD

State specific curriculum for Early stimulation and Emergent Literacy – NIPCCD, MWCD

Development of Quality Norms -

Regulation and Accreditation of private institutions -

Goal 16, target 16.2

By 2030, end abuse, exploitation, trafficking and all forms of violence and torture of Children

Focus on mental health of parents – Ministry of Health and Family welfare

Support to vulnerable families – Ministry of social justice, Ministry of Tribal affairs

Home visits by link workers – Ministry of Health

Universal enrolment of all children in AWC - Ministry of women and Child Development

These targets need to be top priorities and the concerned ministries will need to sit across the table and agree on implementation procedures and build action plans that focus on achieving the targets in an integrated manner. Convergence mechanisms will need to be developed with protocols for regular monitoring in order to review progress and identify trouble spots on time. And last but not the least, India will need to make the necessary investments in human and financial resources, ensure the necessary availability of support and information to families and institutions if the above commitments need to be achieved.

Sourcing for above – funding solutions

An analysis of the Budget presented by the Government for the fiscal year 2018-19 shows that we are far behind on making the financial commitments which are really required to turn the tide to moving on the track to achieving the above targets. It is also important to remember that with the findings of the 14th Finance Commission, most of the funds are now devolved to the states who now have greater autonomy to take decisions on where and how the funds need to be allocated as also to generate resources from their own efforts.

On the health front, we find that only 25 percent of National Health Mission is dedicated to Maternal and Child Health, whilst there is a massive decline of 33 percent in Reproductive and Child Health which is responsible for contributing to lowering the IMR, MMR and low birth weight babies. Whilst the WHO recommends an allocation of 2.5 percent of GDP, India's current commitments stand at a low of 0.3 percent. Additionally, there are gaping shortfalls in the Health infrastructure currently - in 19 percent of the subcentres, 22 percent of PHCs and 30 percent of Community Health Centres which will need attention. A significant increase in investments are also required to create the necessary Human Resource by the setting up of additional medical colleges.

The Nutrition and Food Security – an important component necessary to achieve the SDGs stands at 1.8 percent of the GDP most of which is directed at subsidizing the Agriculture sector. The promises made under the RTF like universal and unconditional maternity entitlements, conversion of AW to AW cum Creches, hot cooked meals at all AW, inflation linked commitments for supplementary feeding at AWs are still to be met.

The National Nutrition Mission has targets to reduce undernutrition in under 3s by 6 percent in the next three years and by 25 percent by 2022. These seem difficult if we are to go by past performance where the reduction was at 0.68 percent annually over the last 10 years. A multisectoral approach is required ranging from nutritional specific interventions to micronutrient supplementation to behaviour change. Several schemes like the ICDS, PMMVY, SABLA and NHM can contribute to bringing out the desired change in nutritional levels. There are huge gaps in requirements and outlays – the PMMVY (already reduced from Rs.6000 to Rs.5000) has an outlay of Rs.2400 cr. which can reach out to only 25 percent of the pregnant and lactating mothers.

The allocations for ICDS shows an increase from Rs.16,195cr to Rs.19,334 cr. but most of it will be utilised to upgrade the existing AW Centres. Other qualitative aspects and the availability of a second worker has not been accommodated. It is also important to highlight that despite demands being made to pay the AW workers a regular wage, meagre increases are made year on year with vast disparities

existing in the honoraria being paid to them by different states. (Pondicherry – Rs. 18,000/ pm; TN – Rs. 10,000/ pm; Delhi – Rs. 5000/pm.)

The National Plan of Action for children 2016 provides a roadmap for arriving at the targets and pegs the financial requirements at 5 percent of the union budget, whilst it currently stands at 3.4 percent clearly falling short and creating a backlog of increasing shortfalls in targets.

Whilst Resourcing is a real problem, it is important to look for creative collaborations and partnerships, rationalise existing schemes to avoid duplication and mismanagement, digitise data collection to expedite real time decisions and get multiple stakeholders to contribute precious skills and expertise. Additional resources could be arranged for by dipping into various existing schemes like NREGA, National Creche Scheme, IYCF and other Women's Empowerment and Labour Department schemes. Funds collected under the Companies Act 2013, for Corporate Social Responsibility could also be channelised as support for Creches in places and contexts where provisioning is still absent. All these are valuable resources which can be collected in a centralised pool for disbursement through the ICDS which has a universal reach and can be accessed by any and all women in any location. This will be in the spirit of encouraging convergence and avoiding duplication.

Multiple models of creches and childcare services operating through different dimensions of financing partnerships have been shared in the earlier sections. In the current diversity of contexts that exist in India today, creche provisions for the employees of a corporate may completely and wholly be made available by the employer with space for parent participation. This may be very different for a model that runs successfully with about 80 percent coming from the State and the balance contributed by a federated group of a women's cooperative. Mobile Creches has also successfully demonstrated that it is possible to get the employers to contribute up to 70 percent of the total cost incurred for creches at construction sites. Experience with employers across the sectors have reinforced that most corporates would be happy to contribute without necessarily taking on the responsibility of running creches.

Implement care-related labour market policies to enable parents to combine work and care

Creches at work sites: Implement provisions under existing Laws in collaboration with Labour sector

Some changes need to be instituted in the existing laws based on an assessment of the gaps and loopholes which render them difficult to implement on the ground. Gender-neutral provisioning needs to be incorporated immediately as child care is a family responsibility and employers cannot ignore their responsibility because of the

current law which outlines creche provisioning only on the basis of women employed.

It is recommended that the mandate shall be made through one single regulation and not through multiple Acts such as Factories Act, Tea Plantation Act, Beedi workers Act, Mines Act etc. In any case, there should not be any inconsistency in the provisions and guidelines amongst the different laws. It is recommended that there be one overarching law that covers all the sectors as the workers tend to move from one sector to another based on seasonal demands.

Training strategy for expansion

In a recent initiative to expand creche provisioning through the employers, MC took on the role of a technical expert to transfer the entire business of setting up creches through a well-designed process to other organizations in other cities. This has enabled many of them to replicate the processes adopted by MC to open creches with new builders in other cities. The training curriculum incorporated elements of organisation and management thus paving the way for more players to contribute to the task of nation building. Such creative initiatives could be adopted by the State for building a wider body of mid-management personnel to respond to increasing requests for creches in the organised sector.

Secondly the entire responsibility should not be on the employers only and mechanisms should be worked out for a collective responsibility with contributions from multiple sources including a national cess for instituting welfare measures for all workers in the organised sector. All creches should comply with the required infrastructure, processes and human resource as notified by the regulatory authority. The employers should be able to get into partnerships with NGOs who have the desired expertise and management skills to provide services at a cost.

Creches near Residence – Convert existing Anganwadis to Anganwadi-cum-creche for all women in the informal sector

This could be demand based and expanded in a progressive manner. The advantage with adopting such a strategy is that the government already has a mechanism in place – infrastructure and systems are already in position throughout the country in almost every village, hamlet and urban slum. The people are familiar and comfortable with the system and the Anganwadi personnel running them. **All it requires is an additional person - a trained creche worker – with some additional equipment and financial support for the full day care support for the under 3s and 3-6-year olds** the outcome of such an initiative will be immensely beneficial to the children and parents with no requirement of initiating/setting up a duplicate supra structure by the Government. (Can work out the costings for this)

The AWCC will be easily accessible to most women working in both the informal and formal sectors, and issues related to difficulties of travelling to worksites with young children is addressed successfully.

Strengthening Governance

Set up ECCE councils and creche committees at National, State and District Levels

- To explore ways to strengthen Convergence and Governance mechanisms between government departments, institutions, employers and commercial bodies to ensure universal reach with quality services.
- To ensure compliance with the existing policies and laws and see that there are no inherent contradictions amongst them.
- To set up a regulatory framework to oversee quality and provide creches/daycare of equitable quality for all families, requires clear quality norms and the setting up of a supportive regulatory system that can ensure compliance without policing. Regulation should aim to raise standards and goals with a focus on the most vulnerable groups and allows for involvement of communities, local bodies and municipalities in the monitoring and planning processes. There should be CLARITY on powers and responsibilities of Monitoring Bodies and it is important to take decisions on frequency of monitoring, models for partnership etc.
- To recommend and facilitate research to study cost benefits and manage data, review current strategies and initiatives so that they can be modified and finetuned to make them more effective there is need to create partnerships with specialist research bodies, Universities and International organisations.

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