The Ministry of Women and Child Development (MWCD) has brought out a Draft Early Childhood Care & Education (ECCE) Policy, placed it on their website and invited public comment. This was widely welcomed. The policy is to be approved by Cabinet shortly and thereafter translated into action. There is a small window of opportunity for public intervention.

Why must we engage with the issue?

- Children under Six have long been a neglected sector in our country despite the extreme vulnerability of this age group and the critical importance of this foundational stage of human development.
- Current Programmes and Policies have not yielded results and the problems of young children and families have escalated due to socio economic stress, rising prices, migration, breakdown of family support systems and conflicts in many sectors of society.
- The time to act is now while Policies are on the anvil and changes in legislation are being contemplated.
- While the Right to Education of the age children’s group 6-14 was addressed in 2002 by Constitutional Amendment, the under sixes continued to remain in the “shall endeavor” category of State Policy, which has resulted in the continuation of weak policies, programs and laws.
Finally, National Focus on Children under Six!

We, the Alliance for the Right to Early Childhood Care and Development (ECCD), seek your critical attention to the Draft Policy, some of its critical gaps and to the Amendments and Modifications which we seek.

A strong Comprehensive Policy is required to correct the errors of the past and to put in position a road map for the State which will ensure equity for our children and a sound basis for their survival, protection and development.

Enclosed are some facts and issues. Also, some questions which must be asked before we rush into new road maps without a fuller understanding and critical debate.

I. Urgent Need for Comprehensive Policy for Children under Six

II. Analysis of Gaps in the MWCD Draft Policy & Modifications suggested by

   Alliance for Rights to ECCD

III. Importance of Comprehensive Policy for Early Childhood Development

IV. Current Debates: Should the 3-6s be brought under RTE?

V. Critical Importance of Food Security for Children under Six

VI. Comprehensive Policies for Children under Six: Critical Importance of

   Care and Care-Giver

VII. Comprehensive Policies for Children under Six: Critical Importance of

   Convergence
Alliance for Rights to Early Childhood Care and Development (ECCD) is a loose network of academia, NGOs, Networks and individuals committed to the rights of the Children under Six.
### Alliance for Rights to Early Childhood Care and Development Members

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<thead>
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<th>Position/Role</th>
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<tbody>
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<td>Network of 40 members, Delhi</td>
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<td>Purnima (Contractor)</td>
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</tr>
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<td>Zakiya Kurien</td>
<td>Former Director, Centre for Learning Resource, Maharashtra</td>
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C/O Mobile Creches | mail@mobilecreches.org | 91-11-2334 7635, 2336 3271
I. Urgent Need for Comprehensive Policy for Children under Six

I. Why the need?

The current health, survival and malnutrition data for children under 6 in India is very disturbing, hence the urgency.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NFHS 3</th>
<th>NFHS 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Rate</td>
<td>254 per lakh (UNICEF 2005)</td>
<td>-</td>
</tr>
<tr>
<td>Neo-natal Mortality Rate</td>
<td>39 per 1000</td>
<td>43 per 1000</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>57 per 1000</td>
<td>61.3 per 1000</td>
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<tr>
<td>Under 5 Mortality Rate</td>
<td>74.3 per 1000</td>
<td>94.9 per 1000</td>
</tr>
<tr>
<td>Exclusively breastfed till six months</td>
<td>46.30%</td>
<td>46.90%</td>
</tr>
<tr>
<td>Complementary feeding after six month</td>
<td>55.80%</td>
<td>35%</td>
</tr>
<tr>
<td>Children below 2 years completely immunised</td>
<td>44 per 1000</td>
<td>42 per 1000</td>
</tr>
<tr>
<td>Underweight children</td>
<td>46%</td>
<td>47%</td>
</tr>
<tr>
<td>Stunted Children</td>
<td>38 per 1000</td>
<td>46 per 1000</td>
</tr>
<tr>
<td>Wasted Children</td>
<td>19 per 1000</td>
<td>16 per 1000</td>
</tr>
<tr>
<td>Children suffering from anaemia</td>
<td>79.2%</td>
<td>74.2%</td>
</tr>
</tbody>
</table>

2. Why is the situation so bad?

- In a country of widespread poverty, people are unable to provide the essential conditions for the growth and development of young children.

- The State’s approach to children under six has been and continues to be fragmented: delegated to different Ministries without well-defined convergent structures, confined to conceptually limited Schemes, low budgets (investment less than 1%) and, because it lacks the teeth which come from a Rights framework.

- Lastly, due to low awareness of the high importance of this period of childhood.

3. Why a high importance to Early Childhood?

- It is the period when the foundations for cognitive, physical, socio-emotional development, language and personality are laid.

- Also, most rapid development - 90% of brain growth takes place before the age of 5 years.
It is also the period of maximum vulnerability- any deprivation can lead to serious impact on the child’s health and learning potential.

4. What is most needed at this stage of human development?

Age-appropriate interventions for each of the following stages are required:

- Conception to birth
- Birth to 6 months
- 6 months to 3 years
- 3 years – 6 years

Each of these stages has very specific needs of health, nutrition, care, stimulation and learning opportunities. These needs of children need to be provided holistically by an adult caregiver. Neglect of any component will have a negative impact on health, cognitive development, capacity, self-confidence and personality.

Burning Questions

Research establishes the criticality and importance of early childhood. What Policies, Programmes and Practices are in place to support families for the above?

- What about?
  - Access to adequate and wholesome food
  - Health Care and Basic Services
  - Learning Opportunities
  - Childcare Support for Women working in the Unorganized Sector
  - Outreach to unreached Children

- Are teachers, care workers and other practitioners aware of the factors that put young children’s brain development at risk?

- Are there public education programmes to educate parents about the minimal standards of care, nutrition and living environments that are required to nurture and ensure optimal development of children?

- What public health systems are in operation to screen for and identify potential environmental risks for negative effects on brain development during pregnancy and early childhood? Are they adequate?

- Are there robust and sensitive child protection procedures in place for early detection of child neglect and abuse, and for speedy intervention?

- How can children’s brain development be promoted as a national and community priority, in ways that take account of diverse living conditions, cultural expectations for mothers and children, and resources to support them?
## II. Analysis of Gaps in the MWCD Draft ECCE Policy & Modifications Suggested by Alliance for Rights to ECCD

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Key Areas</th>
<th>MWCD Draft ECCE Policy - Gaps</th>
<th>Suggested Modifications</th>
</tr>
</thead>
</table>
| 1.      | Suggest shift from fragmented approach for each age group to:  
- Rights-based  
- Integrated  
- Comprehensive  
- Inclusive | The focus is on early learning through Early Childhood Education; while health and nutrition needs of the child finds a mention only in a couple of places.  
There is also no mention of need for care and protection. In a country of widespread poverty, parents are unable to provide the basic scaffolding required within which early learning can take place. Care and Protection are essential components which need to be included. | Focus on a comprehensive approach towards ensuring a sound foundation, for survival, growth, protection, development, and early learning.  
Absence of Rights Framework. | Rights Framework required to ensure priority and commitment to action.  
The focus of the policy is on affordable ECCE. | Focus should be on free and universal ECCE both in the interests of equity, and because of the vast numbers of children who live in marginalized and difficult circumstances.  
Inclusion stated only with reference to children with disabilities and an urban strategy. | Explicit listing of marginalized groups necessary to enable planning and budgeting. |
| 2.      | Suggest focus on the continuum of care through:  
Age disaggregated interventions required and by defining the components of care  
Focus on the under threes | Early Childhood seen simply as preparation for later learning – utilitarian focus.  
Early Childhood seen in broad groups as below three, three to five and five to six with focus on developmental priorities in these stages.  
No focus on under threes - the most critical sub-stage which determines later development. The vital component of Care required at this stage has not been seen as a priority, nor been defined. | Early Childhood as a stage distinct in itself which needs inputs for its own sake in the developmental continuum. At each stage the individual requires the right to opportunities for optimal development.  
Clarity about the critical sub-stages of childhood important as each requires specific interventions. Suggest Early Childhood be divided as prenatal to birth, birth to three, three to six with the needs and entitlements of the child at each stage in all domains stated comprehensively with focus on continuum of care. | Explicit focus on under threes; component of care defined clearly. |
| 3.      | Suggest statement on State responsibility towards:  
Supporting the woman/mother  
Enabling and supporting the family in parenting/Care | Focuses on the child without the context of the family.  
No mention of women as mothers in context of children.  
The Policy does not address the issue about whose responsibility ECCE is within the family. | Focus on child in context of the family and the child-mother as an inseparable unit.  
Recognition of the multiple responsibilities of women, and the need to address their requirement of childcare support and Maternity Entitlements across sectors, to enable breast feeding, safety, protection and optimal development of the child. | Policy should make a conscious attempt to develop the understanding that ECCE is the responsibility of both parents as well as the community and not only that of the mother. |
<table>
<thead>
<tr>
<th>Sl. No.</th>
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<th>MWCD Draft ECCE Policy - Gaps</th>
<th>Suggested Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Programmes</td>
<td>Focused on ICDS (Integrated Child Development Scheme).</td>
<td>All three sectors should be equally addressed—Govt, NGO and Private. Also, Multiple models of ECCE provision should be conceptualized.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crèche services mentioned only in context of Anganwadi Centre (AWC) being re-visioned to include crèches.</td>
<td>In view of the vast need, apart from AWC-cum-Crèche centres, the policy needs to articulate the commitment to operationalize crèches mandated under statutory laws, and provision of multiple models of crèches suitable for women working in diverse circumstances in the informal sector.</td>
</tr>
<tr>
<td>5.</td>
<td>Training and Capacity Building</td>
<td>Need for professionalization of human resources for the sector is mentioned in very general terms, and there is no mention of remuneration, status or nomenclature.</td>
<td>Professionalization of the sector requires respect and recognition for ECCE workers, and ensuring appropriate remuneration and status which is commensurate with the skills and responsibilities of different ECCE personnel, along with a dignified nomenclature, and laying down of a well-defined career path.</td>
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<td></td>
<td></td>
<td>A single model of training.</td>
<td>Modular training strategy, with flexibility to accommodate contextual needs is required.</td>
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<td></td>
<td></td>
<td>While the reality of multilingualism is noted, it is not explicitly linked to training of ECCE personnel.</td>
<td>Specific mention needed for strengthening capacities of ECCE workers to handle multi-age, multilingual classrooms and ECCE Centres.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child Development Resource Centres will be established at NIPCCD Regional Centres.</td>
<td>Child Development Resource Centres will be established at NIPCCD Regional Centres as well as at the state and district level.</td>
</tr>
<tr>
<td>6.</td>
<td>Monitoring and Supervision</td>
<td>No mention of accountability in context of monitoring.</td>
<td>The Policy needs to focus on a monitoring framework with accountability.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No mention of providing information to the public or setting up a grievance redressal mechanism.</td>
<td>Citizens Charters of MWCD and State Depts. to be made public along with the grievance redressal mechanism for addressing instances of non-compliance.</td>
</tr>
<tr>
<td>7.</td>
<td>Budget</td>
<td>No mention of budget required for translating ECCE policy into practice.</td>
<td>A committee is required to undertake an exercise on actual budget required for universalizing ECCE.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No mention of government funding for research.</td>
<td>Specific mention of need for Govt to allocate funds for research.</td>
</tr>
<tr>
<td>8.</td>
<td>Public-Private Partnership</td>
<td>Acceptance of PPP mode for meeting rising demand for ECCE.</td>
<td>Universal availability of Integrated Child Development Services for all young children remains the primary responsibility of the State.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Govt. plans to complement the private sector/voluntary sector programmes by extending its health and nutrition counseling and other facilities to enable provision of holistic ECCE for all young children.</td>
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</tr>
</tbody>
</table>

Developed by: Alliance for Right to ECCD, with inputs from Dr. Rekha Sharma Sen
III. Importance of a Comprehensive Policy for Early Childhood Development: Care and Education from Conception to 6 Years

Importance of Early Childhood as Established by Research

India invested in higher education as the first step towards development. It is modern neuroscience research that is responsible for drawing attention to the developing nature of the human brain, specially the need for child being in a responsive environment. In fact, the National Scientific Council on the Developing Child in collaboration with the Harvard Centre for the Developing Child states three core concepts for development:

- Brains are built through the interactive influences of genes and experience. The “serve and return” nature of children’s engagement in relationships with parents and other caregivers enable young child to develop reasoning skills by learning cause and effect.

- Child development is a foundation for community development and economic development, as capable children become the foundation of a prosperous and sustainable society. www.developingchild.net

- Guiding and scaffolding the young child’s growth and development through strong emotional and social environment builds a sense of basic trust that ensures life long curiosity and a will to learn.

Importance of Safety, Protection and Care

Need for continuity in nurturing and the hazards of deprivation has been well established. Children who experience maltreatment (sexual, physical or emotional abuse or neglect) are more likely to develop psychological problems (Curry and Widom, 2010). Recent research has begun to show how adverse caregiving experiences can affect brain structures and function, and how these in turn impact psychological and emotional development (McCrory et al., 2011).

There is now reliable evidence that childhood adversity produces a typical hypothalamic-pituitary-adrenal (HPA) axis which controls the release of stress hormones, which has implications for both reduced and exaggerated responsiveness being reported.

The need to protect children from stress and the fact that toxic anxiety impacts emotional stability has also been established by research. Children exposed to family violence – either physical abuse or witnessing domestic violence – show increased activation of the brain to angry but not sad faces.

The experience of the child plays an essential role in determining which systems will stabilise and which will cease to be functionally important.

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1 The Developing Brains is a 2012 publication of the Bernard van Leer Foundation which enlists comprehensively the different processes for the healthy growth of children below six.
**Nutrition and Brain Development**

**Conception & Foetal Life:** The cycle begins at conception. During early foetal life, axons are formed without any sheaths, but myelination starts during the later months of pregnancy and continues rapidly after birth and then at a slower rate through childhood and adolescence. Myelination and cognitive development are intimately linked. Good diet, for pregnant mothers and young children, is important for normal myelination and cognitive development.  

Brain Growth in First Two Years: Brain growth, and hence the growth of white matter, is fastest during the first 2 years of life, particularly in the frontal part of the brain, the part that is actively involved in working memory, thinking and planning.

A diet with sufficient protein and micronutrients (World Health Organization, 2008), for mothers during pregnancy and for children after they are born, is crucial for myelination to proceed without disruption. If an infant is less able to interact, they may receive less environmental enrichment and developmental support (Georgieff, 2007).

**Importance of Rest: The Wonder of Silent Brain Organization**

Resting or ‘default’ states may be particularly important in early childhood development, and may be linked to the functional development of the brain structures. When you are not engaged in a specific task and your mind seems to be idle, there is still a lot of activity in your brain. This ‘resting state’ activity is now being intensively studied using EEG and FMRI, showing specific electrical activity such as ‘alpha’ band activity and coordinated networks of active regions. Resting state activity has been identified even in young babies, sometimes resembling that seen in adults (Fair et al., 2009). Resting states may be particularly important in early childhood development, possibly linked to the development of brain structures (Gordon et al., 2011) and to recovery after damage (Merabet and Pascual-Leone, 2010).

**Burning Questions**

- Are practitioners sufficiently well-educated regarding strategies required to help parents avoid or ameliorate ‘toxic’ stress?
- Are children being given adequate opportunities to sleep soundly and for sufficiently long periods? Are parents aware of the importance of sleep for brain development?

Developed by: Dr. Asha Singh, Lady Irwin College

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2 Myelin is a fatty material made up of water (40 per cent), lipids (45 per cent) and proteins (15 per cent) and is white in colour; it is part of the ‘white matter’ of the brain. It forms into sheaths around nerve fibres (axons), insulating them in a similar way to the plastic insulation on electricity cables through childhood and adolescence.
IV. Current Debates: Should the 3-6s be brought under RTE?

The proposal to bring the 3-6 age group under the RTE is being actively discussed by the government. Will this be a wise move?

Burning Questions

What will be gained by providing entitlements to the 3-6 under RTE and leaving the under threes without entitlements? Especially, in view of the well-established fact that:

- There is a continuum of development from conception to 6 years.
- Each sub stage lays the foundations for the next.

Is it not preferable to plan for the entire age group, conception to 6 years together, under a Comprehensive Plan/Policy/Entitlements Framework and with assigned delivery of different elements required by different age groups to different players? The move to bring 3-6 under RTE must not compromise sound educational development principles.

Have we considered the following issues?

- **Organization of integrated inputs**: Integrated inputs (health care, immunization, growth monitoring and caring environment) continue to be necessary for preschoolers. Appropriate workers and infrastructure to deliver the same will be necessary. A Helper will be required to also continue assistance with toileting and feeding as children are not independent in self-care at this age. RTE will need to articulate how this right will be delivered. Will they?

- **Child development issues**: Will it be possible to keep intact the age appropriate learning and playway methodology essential for this age group within the existing formal education stream? Will the RTE commit to ensure appropriate trained personnel to provide a nurturing and enabling non-formal environment for the 3-6 year olds to develop across the country?

- **Parents’ problems**: Has the difficulty which will arise for working women and poor families if the under threes are separated from the 3+ under two systems, been considered? The difference in timing between the school and ICDS centres, the long distance and inaccessibility of the primary school for young children, the absence of day care in both streams: anganwadis and formal schools will have to be addressed.

- **Travel and access**: Distance norms between the location of AWC and Primary schools will pose problems. It is difficult for a child to walk additional distance to primary school.

- **Staff requirements/training and budget implications**: Two sets of workers will be required: one worker + helper at AWC level and a similar team at Preschool level. The teacher for the preschool/pre-primary classes will require enhanced training and consequently, enhanced remuneration, creating issues regarding disparities in salaries within the school system and with the ICDS system. This needs to be factored in, as it has enhanced budgets implications.
- **Space and infrastructure**: The additional room in school premises for the preschool classes, with attention to separation of play areas for older and younger children will involve increase in infrastructure costs.

- **Age-appropriate learning**: Clarity is required regarding pre-primary and preschool. Will the focus be on school readiness in the formal school stream? Or holistic development and a graded transition from informal play activities and learning at 3+ to more structured one at 4+ and 5?

- **What happens to the learning activities for 3-4 years?**

Careful transition from non-formal to formal (6-8 years old as well) is advocated by educational theories as advisable. In view of this, great care will be required to ensure this while providing RTE to the 3-6s. Will it be possible?

*Developed by: Alliance for Right to ECCD*
V. Critical Importance of Food Security for Under Sixes

Children account for almost 40% of the population of the country, with children 0-6 years of age accounting for over 13%. As citizens of India, they have a fundamental right to be free from hunger. India has intolerable levels of child under nutrition, which impairs the daily lives of millions of girls and boys.

Further, research on nutrition has unambiguously shown that it is in childhood (and especially in the age group of 0-3 years) that nutritional interventions are essential to ensure adequate growth, cognitive development and good health. This is the period of most rapid development when the blood is being formed, the neural channels of the brain are being sculpted and personality being shaped.

Food Security - How?

The National Food Security Act thus needs to strengthen the Mid-Day Meal Scheme and the Integrated Child Development Services (ICDS), especially services for children in the 0-3 age group and including in it special services which provide nutrition counseling, breastfeeding support, crèches and maternity entitlements for women to facilitate care and breastfeeding. As the nutritional status of children, particularly young children is closely linked with their health, the Act should provide for at least the minimum health services of immunisation and regular health checkups including growth monitoring.

Specifically, the Act should not dilute the various provisions made through orders of the Supreme Court or any of the laws that currently exist for the protection and promotion of children’s food and nutrition rights.

Essentials for Young Children in the Food Security Act

1. **The Act must universalise Public Distribution System (PDS):** Most children can access food only if there is food in the home.

2. **The Act must universalise ICDS with quality.**
   A. **Universal Coverage:** All children in the age group 0-6 years should be entitled to basic nutrition. That is, locally produced nutritious Take Home Rations (THR) for children under 3 years of age and freshly cooked hot meals for children between 3-6 years of age. Also, counseling services, health services and pre-school education services to be made available. Special provisions should be made for the inclusion of marginalized children, including disabled children, street children, and children of migrant families.

   B. For the purpose of providing ICDS services:
      I. **A full-fledged Anganwadi** should be made available in every habitation of at least 300 persons. In habitations of less than 300 persons, ICDS services should be provided through extension services or mini-Anganwadis, linked with the nearest Anganwadi.

      II. There should be **no ceiling on the number of children** to be enrolled in a particular Anganwadi, and no eligibility criterion other than age.

   C. **Rural communities and slum dwellers should be entitled to an “Anganwadi on demand”** (not later than three months from the date of demand)

   D. **Basic services:** These should include (i) supplementary nutrition, (ii) nutrition counseling, specially infant and young child counseling, (iii) immunisation, (iv) health check-ups, (v) referral services, (vi) growth monitoring and promotion and (vii) pre-school education.
E. **Basic Facilities:** Each Anganwadi should at the minimum have its own, independent pacca building, a kitchen with adequate ventilation, utensils, storage facilities, toilets and water facilities, weighing scales for different age groups, a medical kit with basic drugs (including ORS and IFA tablets/syrup), plates in sufficient quantity for all children and toys and teaching material for pre-school education.

**Provisions for the prevention and management of all forms of malnutrition:** Prevention and management of malnutrition requires far more than an additional meal for malnourished children. It requires growth monitoring to identify growth faltering, nutritional counselling, additional nutritional supplements, and health care. These services must be included in the NFSB. See Section 10 of the NAC draft. In addition, the draft should spell out clearly where malnourished children above six years of age shall access their second nutritious meal as provided in the Act.

**Universal maternity entitlements at minimum wages and inflation-indexed:** The inclusion of maternity entitlements is recognition of the food rights of infants below six months of age as well as of women’s rights as workers and the need for them to stay away from work to support exclusive breastfeeding for six months. However, considering that the maternity entitlements are being given as a wage compensation for women to stay at home for the six month period, it must be linked to minimum wages and must also be inflation indexed.

5. **Crèche facilities in the community and at the workplace:** Many times, mothers have no safe child care support available when they need to be away from their child for any purpose, including for work. Provision of proper care for young children is an important intervention for addressing malnutrition as well. The NFSB must provide for crèche facilities for children of women wherever required, including at NREGA worksites, irrespective of the number of children accompanying their mothers.

6. **Inclusion of Adolescent Girls:** Improving nutrition of adolescent girls is critical to break the cycle of malnutrition. Universal provision of supplementary nutrition for adolescent girls through the ICDS is also a part of Supreme Court orders (28 November 2001). This must be included in the NFSB.

7. **Safeguards against commercial interests and promoting decentralisation and local foods:** No private contractors or for-profit companies and food manufacturers should be allowed in the supply of take home rations or cooked meals in the Anganwadis or in schools. All food and nutrition that is given in these institutions must be made using local foods, without the involvement of any private contractors. Supreme Court orders (dated 7 October 2004 and 13 December 2006) ban the use of private contractors in the supply of nutrition in ICDS. Further, the Supreme Court orders direct that the supply of nutrition under ICDS must be decentralised with the involvement of gram panchayats, women’s groups, SHGs etc. Such provisions must be included in the NFSB as well.

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Developed by: Ms Dipa Sinha, Drawn from Strategies for Children under Six: Update and Recommendations for the 12th Plan by Working Group for Children Under Six,
VI. Comprehensive Policies for Children under Six: Critical Importance of Care and Care-Giver

CARE, The Missing Piece in the Malnutrition Puzzle

Malnutrition has finally caught the headlines and so has the Prime Minister’s acknowledgement of it as a “National Shame”. There has been a flurry of activity around malnutrition for some time now - consultants, consultations, new structures, Nutrition Rehabilitation Centres, magic Ready to Eat Foods, IEC Materials etc. These have absorbed the time and energy of the State, but where has it led? Still one-in-two of the young children under six are malnourished. That is half the population of our young children under six! This dark cloud of poor cognitive development and poor health of 8 crore children continues to engulf us, darkening the hope and promise that the next several decades, could have brought.

Can we now turn to Common Sense, for some guidance? Or is that too humble a commodity in a Hi-Tech world of professionals? Ask any grandmother or mother, and she will point you towards a simpler answer. “Care for the child, feed her patiently, make sure she does not hurt herself, play with her and love her and she will grow well. And that takes time and quite a lot of it.” Of course that is not the whole story. A source of livelihood, access to water and health services are needed too. These factors have been recognized, but not so much so the component of “Care”, which binds it all together, and makes the difference.

The first five years of life has been acknowledged as the period of most rapid growth and maximum vulnerability. It is a period when 90% of brain growth takes place and the body, muscles and personality are formed. Food, health care, age appropriate learning, safety and patient nurturing are essential. All these imply the presence of an aware “care-giver”. With so much discussion on malnutrition, how come in a country of widespread poverty, the absence of “care” has not been considered a factor of prime importance? It is the missing piece in the puzzle. The provision of Creches by the State has been less than token. The major State Programme ICDS, is meant to run for four hours, barring a few exceptions, and that too, for the 3-6 year olds. What happens to them thereafter? Where are the under threes? Who looks after them?

The State’s assumption is that women and grandparents are available and can devote their time to caring – in fact, that is their role and responsibility. What do the facts on the ground say? 91% women work in the informal sector. Of these, 44% are engaged in “family work” – agriculture, poultry, fisheries; “house work” – collecting fuel, water and fodder, and, “care work” – care of the elderly, the young and the sick. All this work is invisible and unpaid, and is taken for granted. A Time Use Survey mentioned in the UNRISD Study “Political Economy of Care”, points out those women in India put in an average of 6 hours of household work, which, if calculated at Minimum Wages, comes to one-third of GDP. So much is taken for “free”!

As for elders, a closer look at 50% of the country shows that they too are working- watching the crop at harvesting time, earning till they are able to, and now are tired and unable to cope with the demands of “care giving.”

Adding to the above, are the well-known factors of displacement, migration, urbanization, breakdown of family structures, and the gendered notion of a woman’s responsibilities for care, together with housework and paid or unpaid economic activity. 
So where does it leave children, particularly, young children?

A recent micro study conducted by Delhi FORCES in the bastis of Delhi, showed that in a sample of 1380 households, 75% of the women were working in the informal sector as domestic workers, factory worker, casual labour, vegetable vending, home-based piece work. 68% of them worked for more than 4 hours away from home.

In the face of this reality, what does the State provide in terms of Childcare and Maternity support?

- The Rajiv Gandhi Creches Scheme (RGCS) covers 5.54 lac children under six out of a total of 16 crore children.
- ICDS does not provide creches.
- Maternity Benefits, which enable a woman to stay away from work and breastfeed her child for 6 months, have only recently been introduced for the informal sector under the Indira Gandhi Matriyta Sahyog Yojana (IGMSY) Scheme – that too for 52 districts, and at the rate of Rs 1000/- per month for 6 months, if certain conditions are fulfilled.

The Care Deficit stares us in the face and its implications for survival, development, and protection of young children are not difficult to assess. In this situation, the existing social attitudes towards women’s care work, and the glaring policy and programme gaps with regard to provision of creches and Maternity support for women, the following should come as no surprise*:

- MMR 5th highest in the world
- Infant Mortality Rate – 57 per 1000 Live Births
- Full immunization – 43%
- 47% of children under 3 years are malnourished
- High Incidence of diarrhoea, anaemia, acute respiratory infection
- Exclusive Breastfeeding – 46%
- Complementary feeding – 54.7%

The time to position “Care” as the missing piece in the malnutrition puzzle has come. Anything less than a comprehensive strategy to tackle malnutrition, is bound to fail. The new ECCD Policies and the 12th Plan must boldly factor in this reality. We owe it to the children of this country.

* Source: National Family Health Survey (NFHS) III and Status of the Children 2009, UNICEF

Developed by: Mobile Creches
## VII. Comprehensive Policies for Children under Six: Critical Importance of Convergence

### Recommendations regarding the Convergence Structures and Monitoring Mechanisms: Governance Structure at the National Level

There is a current proposal to convert the ICDS into a ‘mission mode’. This should in fact be an ‘ECCD Mission’ which ensures the provision of comprehensive services for children under six years including health, nutrition, care and development. The mission must also put in place the infrastructure required for strengthened AWCs (and AWC-cum-crèches), training facilities and so on.

At the same time, considering the need for convergence among different departments and ministries especially for achieving the goals related to malnutrition, there is a need for a High Level Nutrition Authority which will be a mechanism for coordination of nutrition. This mechanism should be sufficiently empowered to call for action, monitor, evaluate, and provide technical guidance. Just as there is a Development Commissioner in many state governments who plays the role of an Additional Chief Secretary, for development related issues, it is suggested that a similar role be created at the Cabinet Secretary’s office. This could be done by appointing an Additional Cabinet Secretary who would monitor nutrition outcomes and steps being undertaken across ministries for tackling malnutrition. This authority would also therefore monitor the ECCD Mission, among other things. Further, for it to be effective, there is a need for a technical support group that works under this Authority (on the lines of the NHSRC under National Rural Health Mission (NRHM)) to work out the details of the implementation.

Given the high level of malnutrition in the country, and the neglect of young children, there is an urgent need for such an empowered high level authority to take on the task of monitoring nutrition related interventions.

### Convergence at all levels

For the services to reach the children, it is also important that there are mechanisms for convergence put in place at all levels (village, block, district, state and national) along with monitoring at the highest level. At the state level, a similar ‘authority’ as envisaged at the national level must be put in place. This should be under the Chief Minister’s office and responsible for overall monitoring of nutrition-related interventions including the ECCD Mission in the state, and oversee the functions of a technical support group. The Development Commissioner or equivalent Officer must be made responsible.

At the district level, the District Collector must be responsible for ensuring convergence and also monitoring the provision of services and outcomes. Guidelines must be put in place to ensure that regular meetings are conducted, all the departments participate and this mechanism is made effective.

At the village level, while the convergence taking place through the Village Health and Nutrition Day (VHND) must be strengthened, there is also a need for further rationalisation of services between the ASHA and the Anganwadi Worker (AWW) to ensure there is no duplication and that every child is reached out to. While suggesting the division of responsibilities between the ASHA and the AWW, this note is based on the premise that the ASHA is best placed to provide home-based services as she in any case visits homes for all her work and the AWW is more based in the centre. These boundaries are not rigid, but help in allocating primary responsibilities. This division of work is also based on the assumption that there is a need for at least two AWWs at each ICDS centre.
It is interesting to note, that during recent times, one of the fastest growing sectors has been domestic work (where care work is involved to a large extent) and other “care workers” namely, Anganwadi Workers, ANMs, ASHAs are all women. They are all underpaid, and all part of the informal sector. It tells us volumes about the low recognition given to “care work”.

ICDS/AWC as the ‘centre’ of ECCD services

The success of this model depends on the AWC becoming the focal point in the village for all ECCD services and also health services. The ASHA, the AWWs and the ANM will have to work together with the AWC being the physical space where all these service providers and services converge. Within the ICDS as well, the presence of two workers and a helper will help make the AWC a meaningful place for young children. As a team they will be able to provide crèche and pre-school services. The ASHA and AWWs must also be provided training accordingly.