

EDUCATION FOR ALL – MID DECADE ASSESSMENT

**EARLY CHILDHOOD CARE AND
EDUCATION IN INDIA**

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Preface

The World Education Forum in Dakar, Senegal approved a comprehensive vision of Education for All (EFA) to be achieved by 2015 based on the six goals. The six goals relate to the areas of early childhood care and education, universalising primary education, gender, youth and adolescents, adult education and quality of education. The main focus is on 'reaching the unreached' for ensuring complete coverage of education. With this background the *Mid- Decade Assessment of Education for All* was initiated to take stock of the progress made with respect to EFA Goals. Corresponding to this exercise, a comprehensive review of the progress made with respect to Education for All in India was conducted jointly by Government of India and the National University of Educational Planning and Administration (NUEPA).

The present work which is a sequel to the National Report consists of a series of thematic and state review papers. There are nine thematic review papers covering all the six goals including three additional papers on three other themes, namely, Teacher and Teacher Education, Management Strategies for EFA and Financing of EFA in India. These thematic review papers are further followed by a series of analytical papers covering progress of EFA in twenty seven states of India. State reviews attempt to present a quick picture of the current level of progress in each state of India assessing the magnitude of the task involved in achieving EFA goals and projecting a realistic time frame as well as strategies needed to reach the goals. Each thematic review as well as state-specific analytical review paper has been prepared by an established expert in the respective area/state in close collaboration with national and state governments.

The review papers along with the National Report present a comprehensive and disaggregated picture of the progress made towards EFA goals in the country. The papers are coming out at a very opportune time when the Parliament is engaged in debating the legislation to make education for all children a Fundamental Right. While the thematic papers highlight state of development of education with respect to different goals of EFA, the State papers present the diversity of the situation across the country. The whole series would serve as an invaluable independent documentation on various aspects of EFA ranging from early childhood care and education to universal elementary education and adult literacy programmes using authentic data sources accompanied by a review of relevant empirical research.

The whole Project involving the National Report along with the series of thematic and state analytical review papers were conceived and executed by Prof.

R. Govinda, NUEPA who led the entire exercise and would like to thank him profusely for his leadership. Dr. Mona Sedwal who as a part of the Project Team at NUEPA contributed immensely to the whole exercise also deserves appreciation. The Team immensely benefited by the advice given by the Technical Advisory Group set up under the Chairmanship of Professor A.K. Sharma for guiding the entire exercise. I would like to express my sincere thanks and gratitude to Prof. A. K. Sharma for his invaluable guidance. Finally, I would also like to acknowledge the generous financial support provided by UNICEF and UNESCO.

Ved Prakash
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Editorial Note

Indian Constitution directs the State to provide free and compulsory education for all children upto the age of 14. This goal has been pursued by the country for nearly six decades through successive development plans. The last two decades have witnessed significant improvements in children's participation in schooling, accompanied by substantial increase in investments. The recent effort to raise resources for the sector through imposition of an education cess is major effort in that direction. Even though school education has traditionally remained a subject for action by State Governments, Government of India has, during the last two decades following the National Policy on Education – 1986, begun to play a leading role. This culminated in the launching of the national programme of Sarva Shiksha Abhiyan in 2001. Despite all these efforts, the final goal of providing quality education for all has eluded the country.

Urgency of reaching the goal has been heightened in recent years due to several national and international developments, including commitments made under the Dakar Framework for Action for providing quality Education for All by 2015, which not only covers primary education but also focus on literacy goals, gender equality and quality concerns. The Dakar Framework of Action listed the following six specific goals to be achieved by all countries.

1. Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.
2. Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality.
3. Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes.
4. Achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.
5. Eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.
6. Improving every aspect of the quality of education, and ensuring their excellence so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

The National Plan of Action for Education for All (2002) in India reflects this sense of urgency felt within the country by proposing to reach the targets much ahead of the international dateline. At the national level, the Constitutional Amendment in 2002 declaring education in the age group 6-14 which corresponds to the elementary education stage of schooling a fundamental right has brought the issue of universal elementary education (UEE) to the centre stage of public discourse. The country is in the process of drawing up the legislation for effective implementation of the right for

translating the constitutional provision into reality. With the progress made in recent years the goal seems to be achievable by the international time frame of 2015. But this requires systematic assessment of the various goals the present exercise is one such effort.

UNESCO has been bringing out annual review of the progress made in moving towards the goal of EFA through the Global Monitoring Report. These assessments do not reflect an encouraging picture of the Indian scene. This is an issue of serious concern for the national leadership as one sixth of the world population lives in India. With around 65% adult literacy rate, there are more around 350 million adult illiterates in the country. This should not be taken to imply that no efforts are being made to meet the challenge of EFA. Besides, the national averages do not fully reflect the diverse reality characterizing educational progress in India. In fact, it is paradoxical that while certain pockets of the country are emerging as the international hub for creating a knowledge society, certain other regions and sections of the population continue to be deprived of even basic education. It is clear that in pursuing EFA goals, not all states and regions of the country are in the same league. The variety is too wide to draw any generalization. While some states have made remarkable progress in education, practically eradicating illiteracy and achieving near universal participation of children in elementary education, several other states continue to remain far from the final goal. What is needed to progress faster in moving towards the 2015 EFA deadline in all parts of the country? This obviously demands an analytical exercise - goal wise as well as statewide.

It is with this objective in view that the present exercise was taken up to make an independent assessment of the progress achieved in different states and with respect to different EFA goals. The present series of papers constitute the outcome of such a comprehensive exercise carried out by independent experts, in collaboration with Central and State Governments. The main purpose of the exercise is to place before policy makers, planners and the civil society as a whole an analytical picture of the progress made towards EFA goals and the challenges ahead for reaching the goals in a realistic fashion.

The exercise consisted of three parts. The first part consisted of presenting an overview of progress in the country with respect to six goals highlighted in the Dakar Declaration. This was largely based on the technical guidelines for assessment prepared by UNESCO. A national report entitled "Education for All Mid-Decade Assessment: Reaching the Unreached" has been prepared and published jointly by NUEPA and Government of India.

The Second Part consists of a series of nine thematic review papers dealing with different dimensions of 'Education for All' keeping in view the Indian context and priorities. These include: (i) Early Childhood Care and Education; (ii) Universal Elementary Education; (iii) Adult Education; (iv) Towards Gender Equality in Education; (v) Education of Adolescents and Young Adults; (vi) Quality of Education; (vii) teacher and teacher education; (viii) Management Strategies for EFA and (ix) Financing of EFA. Each of these papers has been prepared by an expert or experts

in the respective area. The papers were reviewed by another independent expert and revised based on the observations.

The third part consists of analytical papers covering all states of India. Each thematic review as well as state-specific analytical review was prepared by an established expert in the respective area/state in close collaboration with national and state governments. The state level reviews are prepared on lines similar to what was followed for preparing the national review. Each of them deals with comprehensively on all six goals of EFA specified in the Dakar Declaration.

The present paper by Venita Kaul and Deepa Sankar examines the situation with respect to *Early Childhood Care and Education* comprehensively dealing with school based pre-primary education programmes as well as the more widespread ICDS programme. In fact, this is an area of critical importance as increasing empirical evidence points to the value of providing pre school experience to children not only for improving their readiness for schooling but also as part of meeting their basic growth and development needs. Providing early childhood care and education is the first goal stated in the Dakar Framework for Action, and the National Plan of Action promises to take an integrated view of early childhood care and education.

This elaborate exercise of assessing the progress in EFA should be viewed in the context of repeated assertions by the UNESCO Global Monitoring Report on EFA that Indian is at the risk of not making the global targets with respect to several EFA goals. The findings of the review clearly points out that the situation across the country is very diverse. While some States have registered fast progress on all fronts, some others continue to lag behind. Also in general, access to schooling has improved every where even though much remains to be done with respect to other goals of EFA. It is hoped that the various volumes brought out through the exercise would together present a realistic analysis and a disaggregated picture of the Education for All process and achievements in the country.

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This comprehensive exercise of reviewing the progress of EFA has been done through active involvement and support of a large team of experts and officials from Government of India as well as various State Governments. The exercise was carried out under the constant guidance of the members of the Technical Advisory Group under the leadership of Professor A. K. Sharma. The task could not have been completed without the commitment and support of Professor Ved Prakash, Vice Chancellor, NUEPA. Special thanks are due to Smt. Anita Kaul, Joint Secretary, MHRD, Government of India who played a central role in conceiving and implementing the whole exercise. Financial support for the exercise came from UNICEF and UNESCO; in particular, thanks are due to Mr. Samphe Lhalungpa who took personal interest in ensuring that the Project is completed smoothly. We would like to record our appreciation for the technical support and cooperation given by the NUEPA Publication Unit and for printing and publishing the volumes.

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INTRODUCTION

The first six to eight years of a child's life last a lifetime!! Known as the early childhood stage, these years are globally acknowledged to be the most critical years for life-long development, since the pace of development in these years is extremely rapid. Recent research in the field of neuroscience has provided convincing evidence that “experience-based brain development in the early years sets neurological and biological pathways that affect health, learning and behaviour throughout life”. (Mustard, 2007:40) It is in these early years of life that critical periods are located for development of several cognitive, social and psychomotor competencies, which significantly contribute to later success in life. If these critical periods are not supported by, or embedded in a stimulating and enriching physical and psycho-social environment, the chances of the child's brain developing to its full potential are

considerably, and often irreversibly, reduced. This research finding places a very large percentage of children in poverty contexts, particularly in the developing world, ‘at risk’, in terms of their life chances. “By the time poorer children in many countries reach school age, they are at a significant disadvantage in cognitive and social ability” (The World Bank, 2005b:132). This early childhood stage is also important as a foundation for inculcation of social and personal habits and values, which are known to last a lifetime. It follows logically that these years are crucial and important for investing in to ensure an enabling environment for every child and thereby a sound foundation for life. This is not only the right of every child, but will also impact in the long term, on the quality of human capital available to a country, like India, whose main asset in the years to come will be its ‘youth power’.

EARLY CHILDHOOD DEVELOPMENT (ECD) – THE INDIAN CONTEXT

Our Cultural Heritage: Early Childhood Development (ECD) programs for children in the age group of prenatal to 6 years, derive their importance from this rationale, and from the changing social, economic and demographic contexts over the last few decades that have often rendered homes ill-equipped to ensure optimal childcare. A look into India's past cultural heritage indicates that traditionally, the early childhood years (from prenatal to five years) were considered to lay the foundation for inculcation of basic values and social skills in children. It is believed that these values are imbibed from the family as the '*sanskaras*' and the scriptures advocate an attitude of *lalayat* or indulgence, as the desirable mode of child rearing at this stage, as compared to more disciplinary approach for the older child! Much of the early care and education of the child was informal, within the family and largely through grandmothers' caring practices, stories, lullabies and traditional infant games, handed down from one generation to

the next. This wealth of developmentally appropriate childcare practices is gradually becoming extinct, in the humdrum of more modern provisions for children and changing social realities.

In India, as elsewhere, these changes are more specifically associated with changes in the family structure, from joint to nuclear, so that parenting, which was earlier a shared family responsibility, is now solely the responsibility of the parents; this responsibility is again often further delegated. While children from the higher socio-economic strata are often left with paid surrogate care givers, in the lower socio-economic communities the responsibility of childcare gets loaded on to the older sisters, thus keeping them often out of school and robbing them of both their childhood and basic education. In addition, the growing urbanization and increase in maternal employment outside the home has further affected the possibilities of

ensuring ‘quality informal early care and education’ for the young child within the home. It was this changing social context, over the years, which laid the seeds for the introduction of the concept of organized Preschool Education /Early Childhood Care and Education (ECCE) in the country.

ECCE-The Beginning: The earliest formal documentation of preschool/early childhood education, as an organized initiative in India, dates back to the latter half of the nineteenth century when Gijubhai Badheka and Tarabai Modak, among others, became the pioneers of this movement in the country. Influenced by Madame Montessori’s visit to India, they established preschool education centers in Gujarat. In 1946 Madame Montessori met Mahatma Gandhi, who asked her to ‘indianize’ her method to make preschool education available to a large majority of children. That was the beginning of ‘pre basic education’ in the rural parts of the country, largely through voluntary effort. Till India’s independence in 1947, voluntary agencies and private institutions primarily fulfilled the need for ECCE, particularly in the form of preschool education. The first government initiative in this area was the setting up of a Central Social Welfare Board in 1953, which started a grant-in-aid scheme for voluntary agencies. Over this half century,

however, the concept of early childhood care and education (integrating health, nutrition and education aspects) has been widely accepted. India has in this context, been able to put together a fairly supportive policy framework and has launched some major initiatives for children for this stage of development, which are discussed later in the paper. As a result, there has been noticeable, though not adequate, progress over the last fifty years, in both public and private provision for young children.

Differentiating ECD, ECE and ECCE

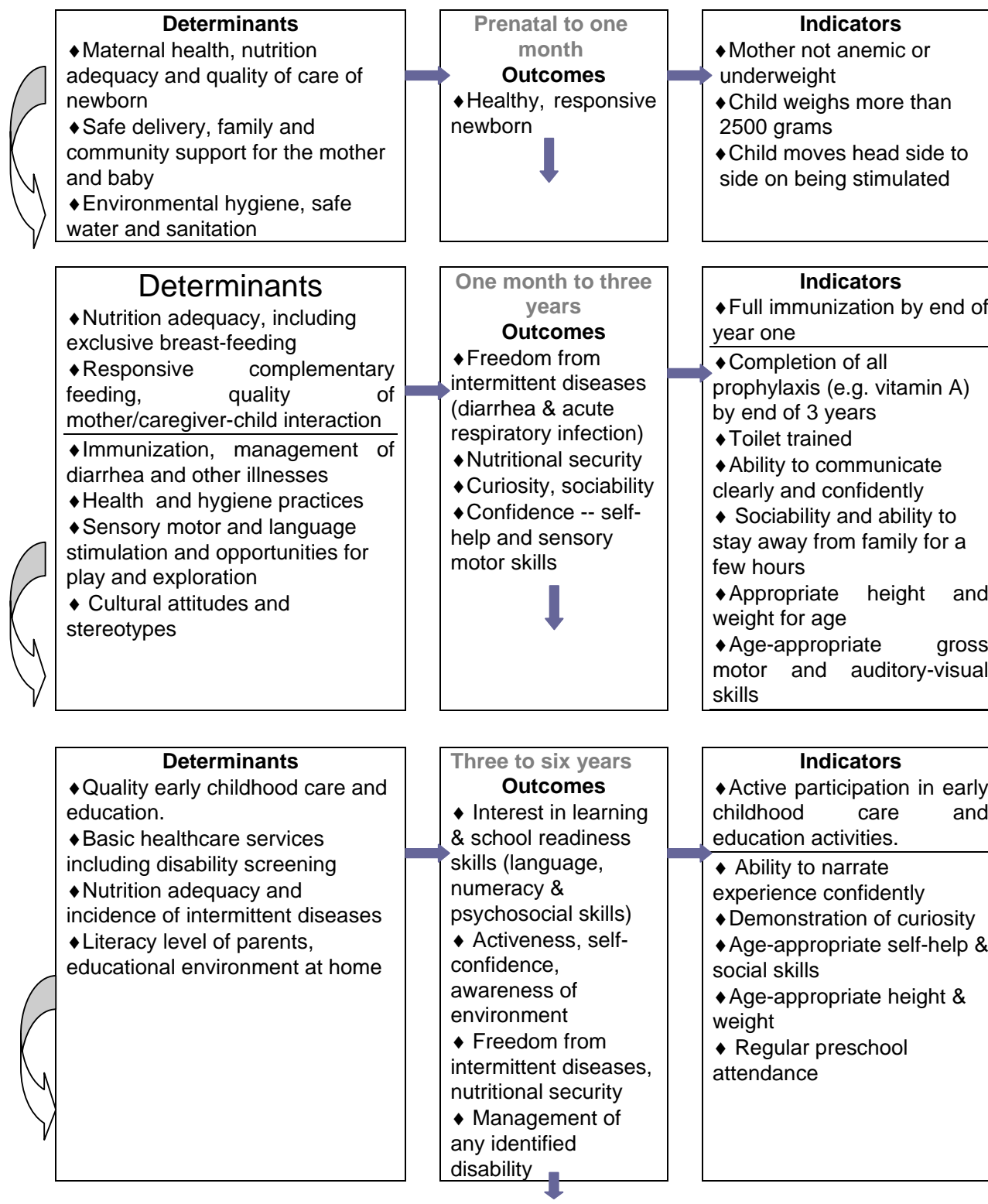
Three important principles of Child Development, substantiated by research, have steered the evolution of programs for young children from just ‘preschool education’ to the concept of more integrated and holistic Early Childhood Development programs. These principles assert that: (i) A child’s early experiences and outcomes will determine the extent to which s/he will gain from subsequent interventions, since child development is a continuous and cumulative process. A recent study in US demonstrated that by the age of 3 years, gaps in learning as measured by vocabulary are already large among children from different social groups (The World Bank, 2005b); (ii) A child’s cognitive learning is affected by his/her socio-economic status, through the child’s health (malnutrition, iron and

micronutrient deficiency, and parasitic infections) and the quality of the home environment. Health, nutrition and education/ psycho-social development are all synergistically inter-related, and this makes a case for addressing all needs of children through a holistic approach; and (iii) The child's development gains will be optimized and more sustainable, if the programs address not only the child, but the child's overall context, including the family.

Consequently, Early Childhood Development (ECD) and/or ECCE as understood by Indian professionals working with young children, refers to a holistic and integrated program of nutrition, health and early childhood education which caters to children from prenatal to 6/8 years and which addresses the all round development of the child from a lifecycle perspective (See Fig 1 for an Indian Conceptual Framework). While this nomenclature of ECD is relatively recent, India has the distinction of having conceptualized and floated perhaps the world's largest program for children, modeled on this definition, as early as in 1975. Known as the Integrated Child Development Services (ICDS), this program targets children, pregnant and lactating mothers and adolescent girls from a lifecycle perspective. Non-formal preschool

education has been one of its six components, in addition to health and nutrition. The nomenclature, Early Childhood Care and Education (ECCE) found its due place in the policy framework in India later in 1986 when an exclusive chapter of the National Policy on Education was devoted to it. ECCE was defined, in the policy in ways similar to ECD, as an integrated and holistic concept of care and education of children between 0-6 years from socially disadvantaged groups. This provision was seen as facilitating to lay the child's foundation for life and also a support service for girls and working mothers. The policy emphasized the joyful nature of ECCE, especially for the 3-6 years olds, and discouraged any formal instruction of the 3R's at this early stage of education. In practice, however, ECCE programs for children have assumed various nomenclatures and definitions, depending on the priority a particular program serves. These include Early Childhood Education (ECE) /preschool education programs which are focused only on preschool education for 3-6 years olds (e.g. pre-nurseries, nurseries, kindergartens, preparatory schools, pre primary etc). These do not have any health or nutrition component, are 'stand-alones' or part of primary schools and generally in the non-governmental or private sector.

Figure 2.1: An Indian Conceptual Framework for Integrated Child Development





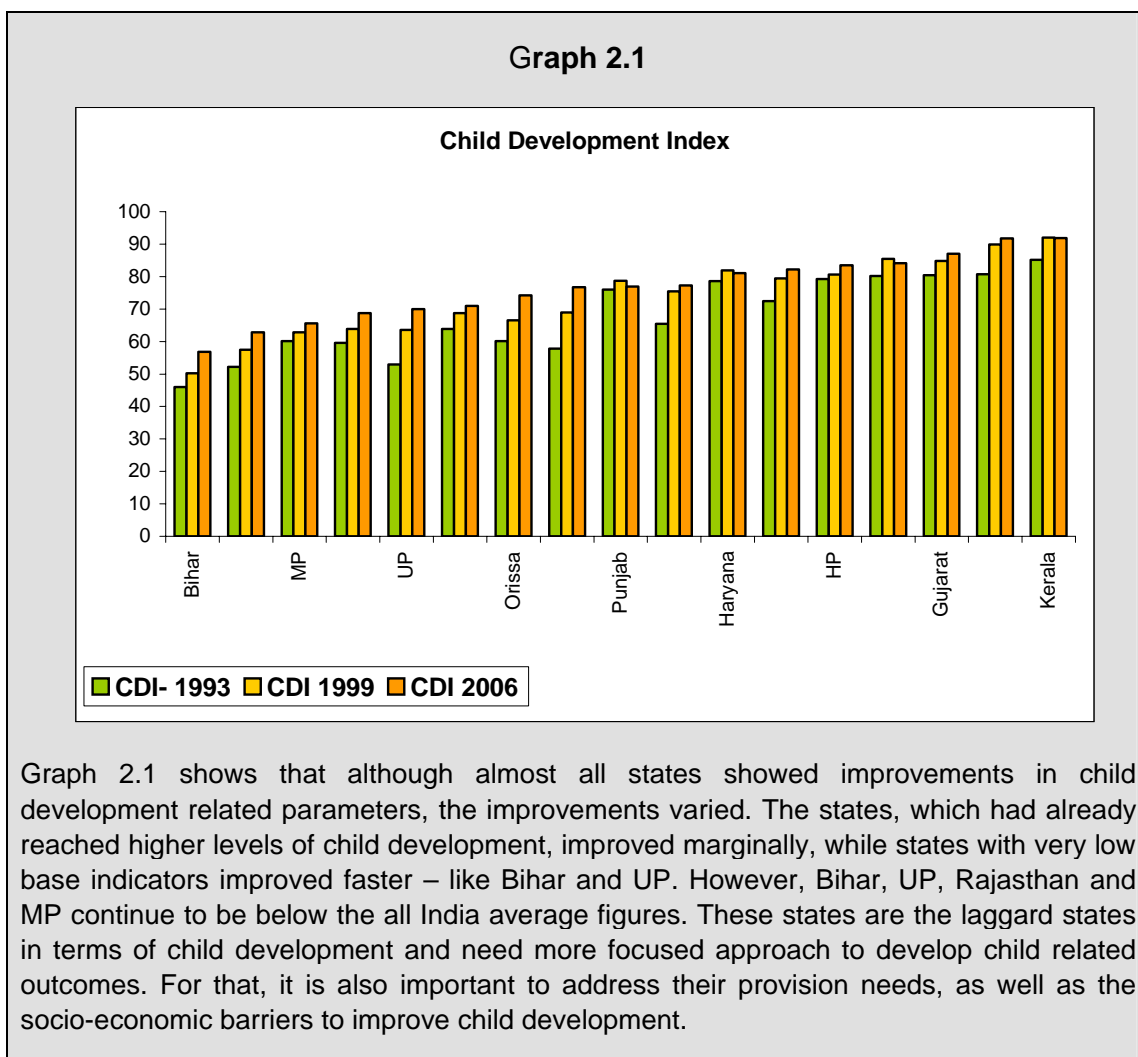
Source: World Bank, 2004, pp.12.

It is now being increasingly realized that the ECCE stage itself has within it more than two distinct sub-stages, each with its own developmental priorities (See Figure 2.1). ECCE can thus be further classified into the sub-stages of (a) prenatal to two and a half to three years; (b) 3- 4 years and (c) 4 to 5/6 years. For

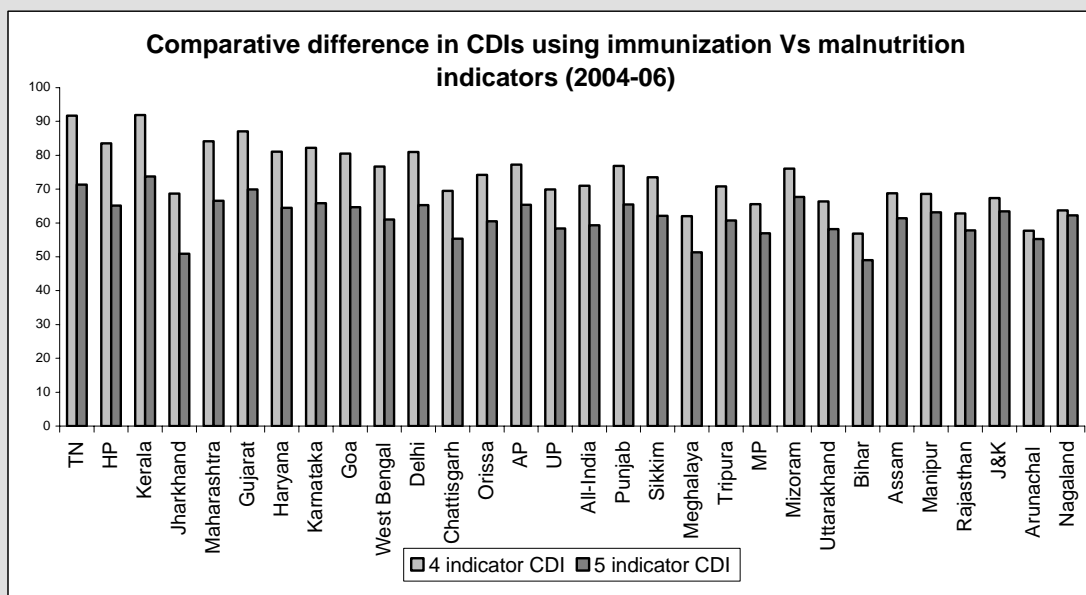
the first sub-stage of *prenatal to three years*, the developmental priority is ensuring health and nutritional wellbeing of the mother and child, since this is the vulnerable stage for growth faltering and is also critical for brain development. This stage requires more of home-targeted parent counseling in nutrition

and health education and in 'early psychosocial stimulation'. For *the 3-4 years olds*, the priority shifts to early learning and all round development through a more organized *center-based ECCE* program, using the play way method. For the *4-6 years olds*, this program gets further expanded to

include the more structured *school readiness* elements. Within this integrated framework, this paper focuses especially on the latter two sub-stages within Early Childhood Care and Education (ECCE), i.e. for the 3-6 years olds.



Graph 2.2



However, if malnutrition indicators are taken into consideration in the CDI instead of immunization, the profile in terms of absolute CDI values changes. Interestingly, this shift is more significant in the case of states which are at the higher end, for example, Tamil Nadu, Himachal Pradesh and Kerala (Graph 2.2). Possibly, with better governance, literacy levels etc, these states demonstrate higher CDI levels when education and immunization indicators are included since both are related to the quality of service delivery. However, when impact in terms of child development outcomes are included (e.g., underweight and stunted children), the inter-state variations get narrowed down. With states like Tamil Nadu, which have a history of effective feeding programs, the deterioration in CDI values indicated in Graph 2.2 may well raise the question ***“Is feeding enough to address malnutrition in children?”***

ECCE –AN EQUITY ISSUE

ECCE is now emerging as a significant equity issue in the Indian context. Despite significant expansion of the ICDS program from the eighth plan onwards, the recent NFHS-3 data shows that the status of children in the country is still far from satisfactory. Almost 46 percent of all children under three years are underweight, which is an improvement of one percentage point over the last survey carried out eight years back. Almost 80 percent of 6 to 35 month olds are anemic; only 23 percent of babies are breast-fed within one hour of birth and about 46 percent are exclusively breast-fed for the first six months. Almost 57 out of every 1000 children die before they reach the age of four. More than 60 percent of the 3-6 years olds do not get the benefit of any kind of pre-school education. (see Box 3.1).

The equity focus emerges from the fact that, on the one hand, children from the affluent families are all availing some or the other kind of ECCE facility, starting as early as two years of age. This is

largely an outcome of a rapid expansion of private facilities, particularly in the urban sector. On the other, children from the lower socio-economic strata, whose need is perhaps greater due to impoverished home environments, do not have easy access to good quality programs, since ECCE is not a priority in the public sector. The argument given is that with the limitation of public resources, priority has to be given to primary education. The field reality often is that the absence of ECCE centers leads to younger children “crowding into” primary schools and affecting the classroom quality in terms of both space and teacher-pupil ratio and increasing drop-out and repetition rates in primary schools. About 9.3 percent of children are found to be ‘under age’ in the primary schools (Mehta, 2007). Also, expanding primary education without providing adequate early childhood education centers also leads to children coming into schools without attaining adequate school readiness. To address this issue the system needs to later invest in ‘corrective remedial measures’

which is not exactly cost-effective. investing earlier rather than later, with
 There is perhaps a need to proactively the simple logic that ‘a stitch in time
 share research evidence from around saves nine”!!
 the globe that makes a case for

Box 3.1

Child Development Index

The World Bank Report “Reaching Out to the Child”, 2004 showcased the status of child development in different states of India using a Child Development Index (CDI). The CDI was computed using outcome indicators related to early ages of life in terms of health and education, basic dimensions of child development including Infant Survival Rate (ISR- the direct opposite of IMR), one year old children with full immunization (FI), Net School Enrolment (NER) and School Primary Completion Rate (PCR). From these indicators, CDI was calculated giving equal weightage to all indicators.

$CDI_j = 1/4 * \sum_j (X_i)$; where CDI_j is for the j th state, I the indicators used such as the ISR,FI,NER and the PCR. So,

Child Development Index (CDI) = (ISR*0.25)+(FI*0.25)+(NER*0.25) + (PCR*0.25)

To update this index, data from three rounds of National Family and Health Surveys (NFHS) was used for nutrition and health indicators while data from National Sample Surveys (NSS) was used for education related indicators.

In addition, for this paper, further analysis was done using alternative indicators by substituting immunization indicator by malnutrition related indicators (percentage of children below 6 years) and not underweight and percentage of children not stunted (data used from NFHS III 2005-06) to assess whether that could change the profile of states. Figure 1 shows the CDI profile of states using the previous indicators while Figure 2 shows the comparative change in status /profile using both sets of indicators.

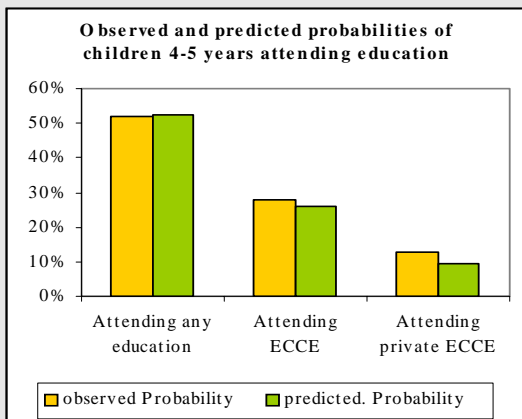
Source: The World Bank, 2004.

Box 3.2 provides confirming evidence of economic factors on children’s
 the equity issues with ECCE as it participation in ECCE, which is a greater
 depicts the impact of social and need and priority for these communities.

Box 3.2

Household Factors Determining Children’s Participation in ECE Programs

Graph 3.1



A bivariate probity regression analysis carried out specifically for this paper looked at the social and economic factors influencing probability of participation in ECCE programs. The analysis provides the following useful insights from the perspective of social equity.

Social groups: Children belonging to scheduled tribes reflect the least

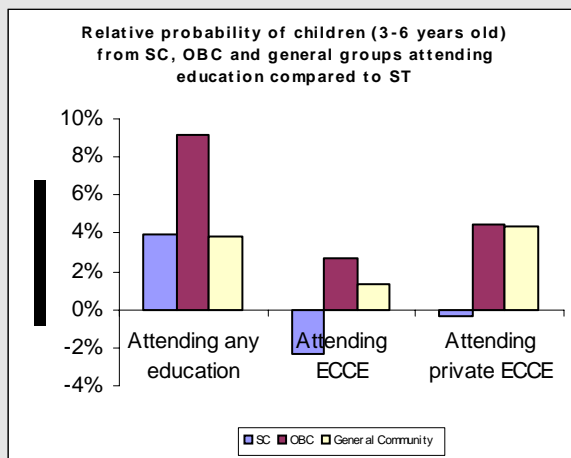
probability in relative terms of attending any education program, including an ECCE program as compared to the other socially deprived communities. This may be attributed to the issue of limited access, since the tribal communities tend to be, in most cases, concentrated in specific geographical areas, although they are often widely dispersed, within that area. Among the socially deprived groups, the OBCs were found to

Graph 3.2

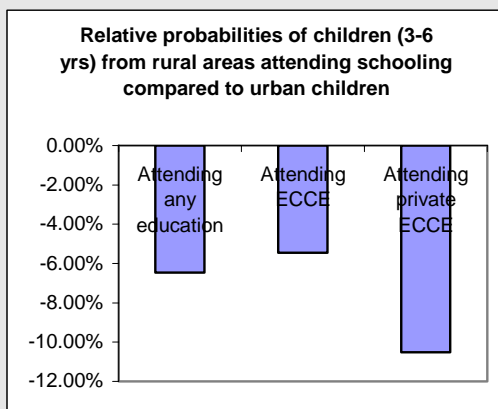
have the maximum probability of participating in education, although overall the highest probability was among the ‘general’ category including for participation in private schooling. However, this probability was seen more for primary education than for pre-school/ECCE.

Locational differences: The analysis also indicated lower probability of participation among rural children compared to the urban. This difference was particularly evident in the case of attending any pre-school program, particularly in the private sector.

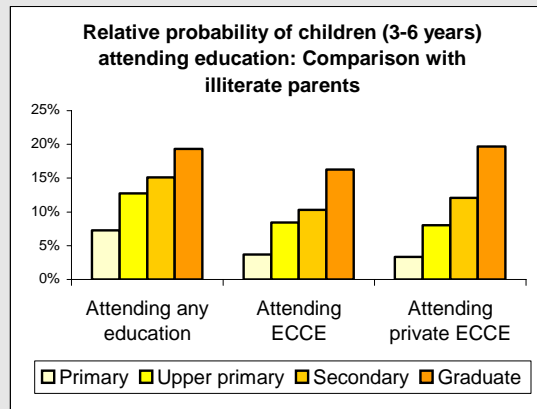
This implies that children in rural areas in general are less likely to attend ECCE programs and if they do attend, it would be the AW program with least probability of attending any private pre-school.



Graph 3.3



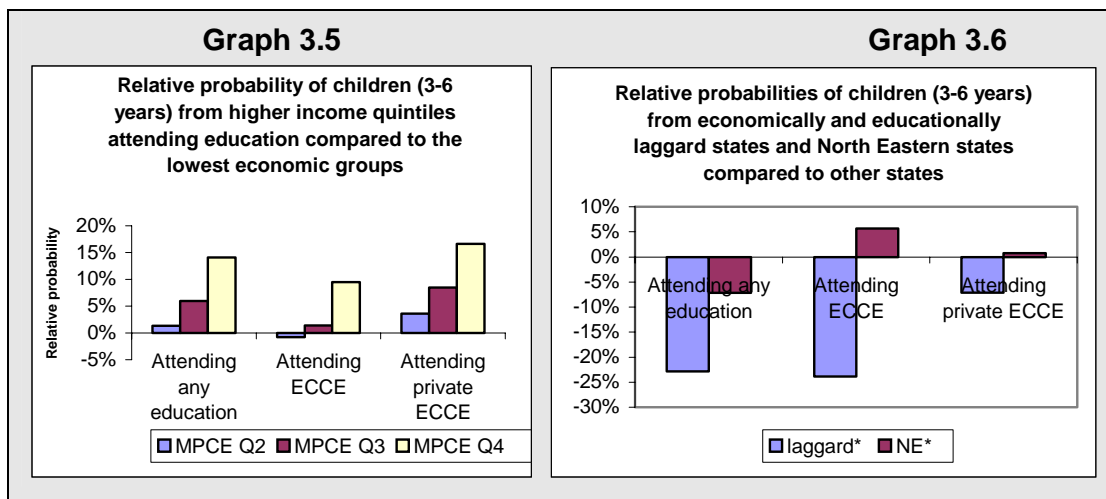
Graph 3.4



Parental Education: The analysis further showed that even after controlling for location and socio-economic background, the education level of the household head remained an important predictor of children’s probability of attending an educational program. Interestingly, compared to an illiterate household head, even a primary education qualification in the household head led to 7 percent more probability of sending children to school, and 4 percent more likelihood of sending them to an ECCE center. Heads of families with higher qualification were found to have correspondingly high probability for participation in pre-school education. With every higher level of education, the chances of children attending pre-school also increase.

Household Economic Status: With improvements in the household economic status also {(specified through quartiles of Monthly Per Capita Consumption Expenditure (MPCE))} the probability of participation in education and more particularly in pre-school education was also observed to increase. The children from MPCE Q4 category (highest SES) were found to have the best chances of attending a pre-school program in private sector.

Laggard States: Children from laggard states (like Bihar, UP, Jharkhand, Chattisgarh, Madhya Pradesh, Orissa and Rajasthan) have very low propensity to participate in education programs, especially in pre-school programs. However, in North Eastern states, while the probability of participating in any education programs is generally low, the probability of attending a pre-school program is comparable to those in non-laggard states, possibly due to more extensive pre-school provision. See probit estimate coefficients (dF/dx showing relative change) plotted in graph.



Research around the globe has demonstrated both short and long term benefits of good quality ECCE programs on children’s development, particularly in poverty contexts, as they compensate for the deprivations children may experience at home. If well implemented, ECCE programs can provide children a headstart and enhance their chances for an improved quality of life. Some well-designed longitudinal studies from developed countries have demonstrated that ECCE programs typically contribute to improvements in children’s health, cognitive ability, academic performance and school retention. While these are *short term* benefits, benefits have been registered in longer term too “in higher incomes, higher incidence of home ownership, lower propensity to be on welfare and lower rates of incarceration and arrest.” (The World Bank, 2005b:133).

In the Indian context too, there is ample evidence to show that ECCE contributes to the successful completion of primary education, which is both a Millennium Development and an Education for All goal, to both of which India is a signatory. This contribution is documented in terms of academic and social preparedness of children for formal schooling. A longitudinal study on four cohorts of 31,483 children across eight states demonstrated that children with ECE experience had 15-20 percent greater probability of continuing in primary school, and not dropping out (NCERT, 1993). Interestingly, the impact of ECE experience on retention in primary grades appeared to be greater for girls as compared to boys. A national level ICDS evaluation, covering 98 districts across 25 states and one union territory, also established that the retention rate at primary stage among children with ECE experience was 89 percent, as compared to only 67.7

percent among children without ECE experience (NIPCCD, 1992). ECCE has also had a demonstrable effect on children's achievement levels in early primary grades. In yet another evaluation of the ECE scheme in nine backward states, children with ECE exposure scored better on various school readiness parameters, such as writing readiness, sound discrimination, pairing of objects, classification etc (UNESCO, 2006) . A micro level longitudinal study demonstrated a significant and sustained impact of a good quality ECE number-readiness curriculum on later learning and clarity of concepts in mathematics, all through the primary grades (Kaul, 1998). Findings of some other macro level commissioned studies conducted across the country to evaluate the ICDS and National Crèche Fund and Crèche Services for children (NCAER, 2001; NIPCCD, 2004, 1995; NCERT, 2003) also concluded that ECCE, across different programs, is perceived by all stakeholders to have benefited not only the younger children themselves, but also the older siblings, particularly girls, who are freed from sibling care

responsibility and enabled to join regular schools, if the timings and location are synchronized.

It is these benefits, medium and long term, which make ECCE a cost effective investment. A recent study in US demonstrated that investments in the early years of life prior to schooling, give greater returns than later investments (The World Bank, 2005b). The Brazilian PROAPE project demonstrated that the total costs of schooling, including the early learning program itself for pupils upto grade 2 of primary education, was 11 percent lower for those who participated in ECCE as compared to those who did not. (UNESCO, 2002:38) A recent longitudinal study indicated the return on every dollar invested in ECCE to be to the tune of \$12,90 saved in subsequent years. To quote The World Bank report 2006 (2005b:133), "*Early interventions in children from disadvantaged environments raise no efficiency-equity trade-offs; they raise the productivity of individuals, the workforce and society at large, and reduce lifetime inequality by helping to eliminate a factor of accident of birth*".

PROVIDING FOR THE CHILD IN INDIA

In terms of public policy and provisions for young children, India has been relatively well provided for, compared to other countries in the South Asian region, although the profile of the child in India is still far from satisfactory. Yet, there is a distinct acknowledgment of the importance of ECCE/child development in the Indian socio-political context, as evident in the constitutional provisions, legislative measures, policy frameworks and public initiatives put in place over the years for the protection, welfare and development of children.

An Enabling Policy Framework

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

allows for special provisions for girls and children of disadvantaged social groups and children in difficult situations. Initially, when India became a republic, the Indian Constitution committed to provision of 'free and compulsory education for children up to fourteen years of age'. In the absence of a lower age limit, early childhood education services were also considered a part of the constitutional commitment. However, the subsequent Eighty- Sixth Amendment to the Constitution in 2001, which made elementary education a Fundamental Right of children between 6-14 years, delinked ECCE from this commitment. This led to a great deal of protest from several professional organizations and the civil society. As a compromise, ECCE has now been included as a constitutional provision, but not a justiciable right of every child, through Article 45, which reads as follows: "*The State shall endeavor to provide ECCE for all children until they complete the age of six years*" (Gol, 1949).

Constitutionally, child development and education are concurrent subjects, which imply a shared federal and state responsibility in ECCE service delivery. However, the actual provision of ECCE services is governed by a plethora of policies and related action plans, beginning with the ***National Policy on Education (1986)*** which viewed ECCE

as “an integral input in the Human Resource Strategy, a feeder and support program for primary education and a support service for working women” (GoI, 1986). Box 4.1 lists some of the more prominent policies, which provide an enabling context for provision of ECCE services in India.

Box 4.1:

Prominent Policies in the Context of Provision of ECCE in India

- *National Nutrition Policy (1993)* which recognized children below six years as high-risk groups to be given high priority.
- *National Policy on Empowerment of Women (2001)*, supported provision of childcare facilities, including crèches at work places.
- India also ratified *Convention on Rights of the Child* in 1992 and reaffirmed its commitment to children, which resulted in formulation of policy framework to prepare a *National Charter for Children*. *National Commission for Children* has also been set up. The Commission as visualized would protect/safeguard the rights of children with a strong legal base.
- *National Plan of Action for Children (2005)* included universalisation of ECCE as one of the goals. It specified care, protection and development opportunities for children below 3 years and integrated care and development and pre-school learning opportunities for 3-6 years olds.
- *National Curriculum Framework (2005)* emphasized two years of pre-schooling and considered ECCE as significant for holistic development of the child, as a preparation for schooling and as a support service for women and girls. It advocated play-based developmentally appropriate curriculum.

ECCE in Successive Five-Year Plans: Children’s wellbeing has been addressed in some form or the other in India’s development planning, ever since it became a republic in 1951.

However, until the Third Five-Year Plan, ECCE continued to be in the purview of the voluntary and private sectors. In 1968, on the recommendation of the Ganga Saran Sinha Committee, ECCE

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

In 1989, the Government of India ratified the UN Convention on the Rights of the Child and this initiated yet another shift, this time *from child development to child's rights!* It took into cognizance the concerns emanating from this

Convention and its specific emphasis on children below three years. During the Eighth Five-Year Plan (1992-1997), a National Plan of Action: A Commitment to the Child, 1992 (NPA) was accordingly formulated. With the framework of NPA, each state was encouraged to formulate its own Plan of Action for Children based on the status indicators for child development and resource situation in the state. The State Plans of Action are expected to deal with multi-dimensional issues for child protection, survival, development and growth and give time-bound goals and strategies to guide the course of action. The Tenth Five-Year Plan (2002-2007) focused on a right based approach to the development of children with major strategies envisaged to reach out to every young child in the country, to ensure survival, protection and development. The Tenth Plan also recognized the increasing need for support services for Crèches and Day Care Centers for children of working and ailing mothers, especially in the context where more and more women are coming out for employment, both in organised and unorganised sectors.

The current Eleventh Five-Year Plan (2007-2012) places development of children "at the center of the Plan" with a continuation of the rights' based approach. It aims at giving the right start to children from pre-natal to 6 years

through effective implementation of the ICDS program, with active community involvement. The Working Group on ECCE has recommended that it be included in the Fundamental Right amendment of the Constitution and if need be a new policy concerning ECCE be formulated. It places emphasis on both quality and access and on addressing concerns such as accreditation, regulatory mechanisms, minimum standards capacity building for ECCE etc.

ECCE Services in India

While the major responsibility for ECCE for children from pre-natal to 6 years currently rests with the Ministry of Women and Child Development (MWCD), various other ministries, like Ministry of Health and Family Welfare (MH&FW), Ministry of Human Resource Development (MHRD), Ministry of Social Justice and Empowerment (MSJ&E), are also involved in one way or the other, due to its integrated nature. In terms of provisioning of ECCE services, each bears its respective sectoral responsibility for particular age group of children in the delivery of nutritional, health and educational components. ECCE provisions in India are available through three distinct channels -- public, private and non-governmental.

Public Initiatives

Public sponsored programs are largely directed towards the disadvantaged communities, particularly those residing in rural areas. While there are as many as 130 programs under the auspices of various departments and ministries, which target the development of children specifically of 0-6 years, the more prominent ones for 3-6 year olds are briefly discussed below.

Integrated Child Development Services (ICDS): The Government of India has identified the universalisation of ICDS as its primary strategy to achieve the first goal of ECCE under EFA. This is also imperative for achieving the Millennium Development Goal related to malnutrition. The ICDS was initiated on a pilot basis in 1975. Over the last three decades, this scheme has expanded to 5659 sanctioned projects and 7, 48,059 Anganwadi centers, in all the 35 states/ union territories in the country as on 30th Sep, 2006. Each Project covers a Block, which is the smallest administrative unit. The program mainly covers rural and tribal population, with a smaller urban component of 523 ICDS projects in slums and underdeveloped areas. Thus, although the share of urban population in the country is approximately 27.78 percent, only about 13 percent of all ICDS projects are located in urban areas, thereby limiting services to the

urban poor. The ICDS offers a package of health, nutrition and pre-school education services to children, from pre-natal stage to the age of six years and to pregnant and lactating mothers, following a lifecycle approach. Some ICDS centers have been extended to include crèches for the younger children, but the number of these crèches is insignificant. A study conducted by NIPCCD (2004) found that these crèches are for the most part custodial in nature and tend to miss out on the early stimulation and psychosocial interaction that is important for the children under 3 years.

The ICDS has also received a significant increase in the budgetary allocations, with the Supreme Court's ruling that it be universalized to reach all children in the country. The ICDS has also benefited from external assistance from multi-lateral and bilateral agencies, through a series of projects over the years. While overall, ICDS has made some impact on incidence of severe malnutrition, the problem of moderate and mild malnutrition continues to be rampant among children in the country (UNESCO, 2006). Some factors identified for this limited impact include: (a) While the critical stage for ensuring nutritional wellbeing of children is in the first three years of life, the focus in the program has been on the 3-6 year olds; (b) The focus has been more on the

feeding aspect rather than on promoting behaviour change in child care practices in the community, which is likely to be more sustainable. Possibly, communication and behavior change are much more complex to institute and achieve, while feeding children is much simpler. The single Anganwadi worker who is expected to do it all is also often not very well educated and may not have the required skills to take on this complex challenge. There are, however, wide state-wise differences in quality and impact, with the southern states performing better. This may be largely due to the higher literacy rates and a better governance environment. (c) With six cross-sectoral services to be delivered through one community based service provider, the Anganwadi worker, for all children from pre-natal to six years, the ICDS service delivery is indeed a tall order! A commonly observed outcome of this is that among the six services, pre-school education is the one that is most 'time and effort' intensive if done well, and is therefore in many cases not also given due attention.

The next cycle of external support through ICDS IV is now under preparation. This project will try to address these issues and is expected to demonstrate some good practices for the program as a whole. ICDS IV will adopt a two pronged approach, with a

smaller national component for addressing policy level aspects of the program and a larger state component which will focus on eight most high burdened states in terms of malnutrition. Within these states, the districts which are worst off in terms of malnutrition and participation in elementary education, will be included. The project will have two distinct components based on age-wise priority, i.e. *nutrition component* for children below 3 years, which are the most vulnerable years for growth faltering and ECCE and school readiness interventions for the 3-6 year olds. A clear shift in this project would be on making the program design more flexible and decentralized, encouraging innovation and making the two services, nutrition and ECCE distinct in terms of service delivery, with, where possible, separate facilitators/workers.

Other Schemes with MWCD: In addition to the ICDS, in the past there were two other schemes which provided ECCE facility. These were the Early Childhood Education Scheme and the Scheme of Assistance to Voluntary Organizations for running Crèches for Children of Working and Ailing Mothers. The Early Childhood Education Scheme (ECE) was started in 1982 by the Department of Education, and then transferred to Department of Women and Child Development (MWCD) in 1987-88. It was conceptualized as a distinct

strategy to improve retention of children in primary schools essentially provided grant-in-aid to voluntary organizations to run pre-school education centers in nine educationally backward states in the areas not covered by ICDS. This scheme was discontinued in 2001 in view of universalization of ICDS. A new crèche scheme named *Rajiv Gandhi National Crèche Scheme* has been recently launched for the children of working mothers. The scheme has been designed by merging the existing two schemes of National Crèche Fund and the Scheme of Assistance to Voluntary Organisations for running crèches for Children of Working and Ailing Mothers. The services being provided under this scheme include sleeping facilities, health care, supplementary nutrition, immunization, pre-school education etc for children. Every crèche unit would provide these services for 25 children for eight hours i, e from 9.00 a.m to 5.00 p.m. Currently, 22038 crèches have been sanctioned to run across the country, especially for yet uncovered districts / tribal areas. The challenge here is to ensure that the crèches do not provide merely custodial care but also cater to children's psycho-social development.

ECCE under Primary /Elementary Education Programs: Taking cognizance of the importance of ECCE as an important factor in promoting

retention of children in primary schooling, this component was included in the design of the externally funded series of District Primary Education Program (DPEP) projects by the Department of Education in the early 1990s'. The approach under DPEP was one of convergence with ICDS. This was envisaged through (a) relocating the ICDS centers to the primary school premises, as far as possible; (b) synchronizing the timings with primary schools so as to facilitate girls' participation; (c) training the ICDS service providers in ECCE; and (d) providing play materials for children. The ICDS service providers were compensated for the longer working hours from the DPEP budget. New centers were opened on the same model, only where ICDS was not physically in operation. Programmatic linkages were also attempted between pre-school and primary school under DPEP, by introducing the component of school readiness as an initial part of the primary curriculum and by continuing the play-based methodology in grades one and two. The benefits of ECCE were seen in terms of not only the children's own preparation for primary schooling, but also as a service for releasing girls from the burden of sibling care to attend school. It thus provided for strengthening of existing provisions for ECCE through the ICDS, wherever ICDS centers were already there and

strengthening their linkage with primary schools. An evaluation of DPEP indicates that girls' enrolment and school attendance was found to be higher in DPEP states with ECCE centers than those without these centers (Rao & Sharma, 2002). The evaluation also observed that the DPEP school-based model for ECCE is more effective in providing the children a stimulating educational environment and in creating a sense of 'bonding' with the school which can go a long way in promoting retention. Unfortunately, with all but one DPEP project still under implementation, the sustainability of this effective convergence model is seriously in doubt.

The *Sarva Shiksha Abhiyan* (SSA) which is a flagship program of the Government of India (GOI) for universalizing Elementary Education and which has succeeded the DPEP, unfortunately did not incorporate the ECCE component of the DPEP in its full form. Instead it provided for a limited 'innovations grant' for ECCE for each district, which did not allow for scaling up of the facility. While the reason for this omission is not clearly known in the program, it is an unfortunate exclusion, given the positive impact seen under DPEP. A possible reason could be the exclusion of the under-6-age group from the legislation recently enacted by the National Parliament for making

elementary education a fundamental right and therefore a justiciable national commitment towards only 6-14 years old children. However, the GOI recently also launched the National Programme for Education of Girls at Elementary Level (NPEGEL) under the umbrella scheme of SSA for especially backward administrative blocks. Provision has been made under this program for opening of childcare centers at the cluster level to facilitate girls' participation in elementary education.

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

Janshala (GOI-UN) program, which has now closed, was a collaborative effort of the GOI and five UN agencies (UNDP, UNICEF, UNESCO, ILO and UNFPA) to provide program support to the ongoing efforts towards achieving Universal Primary Education. The program established pre-schooling as a vital component for improving children's

learning and development and ECCE centers were set up on the same convergence model as under DPEP. Women's groups were mobilized to set up and manage the ECCE centers. These centers were set up in Maharashtra, Rajasthan, Andhra Pradesh and Orissa. In the case of Andhra Pradesh and Orissa, a large number of such centers were set up on community demand, primarily in hilly and tribal areas that led to an increase in girls' attendance in schools (Gol, 2003). Again, the sustainability of these centers is not certain with closure of the program.

All these innovative initiatives have demonstrated some good practices in ECE, especially through strengthening coordination with the primary school. While this model has been found to be more facilitative, both for older girls' participation in schools and for creating a better ECCE environment, the fall out of it has been a distancing of the center from the habitations thus limiting the extension work with mothers and children under 3 for health and nutrition education. The scaling up of the school-based model has also been an issue. While there may be several factors hindering this, a significant reason is the inability of the states to take on the additional liability due to acute paucity of resources, human and financial.

Voluntary/NGO Initiatives

The ECCE services being provided by voluntary and non-governmental organizations play a vital role in providing education for all ages in socially and economically backward areas. These organizations primarily work with special communities in difficult circumstances like tribal people, migrant labourers and rural children in specific contexts. They run crèches and ECCE centers by mobilizing local resources. Some NGOs also run mobile crèches, which move along with the construction labour from one site to another. Although effectiveness of these programs has not been systematically evaluated, children who attend them are more likely to move on to primary schools and parents have generally reported positive outcomes (Swaminathan, 1998). Some of the NGOs designed programs (such as those run by *Ruchika*, *SEWA*, *Nutan Bal Sangha*, etc) have also demonstrated successful methodologies for meeting child care needs of diverse communities. In the last few years, *Pratham* has emerged as a significant NGO with its presence in 12 states, covering almost 90,000 children through a low cost, urban model. *Pratham* has also initiated a school readiness program in addition to these *balwadis* in three states. The NGOs are largely funded by the government, national and

international donor agencies. In addition to these, some universities also have Laboratory Nursery Schools attached to them, particularly to Departments of Child Development. The curriculum in these pre-schools is generally more innovative and developmentally appropriate. Various religious groups often also run some pre schools some of which are fairly competitive with pre-schools in the private sector.

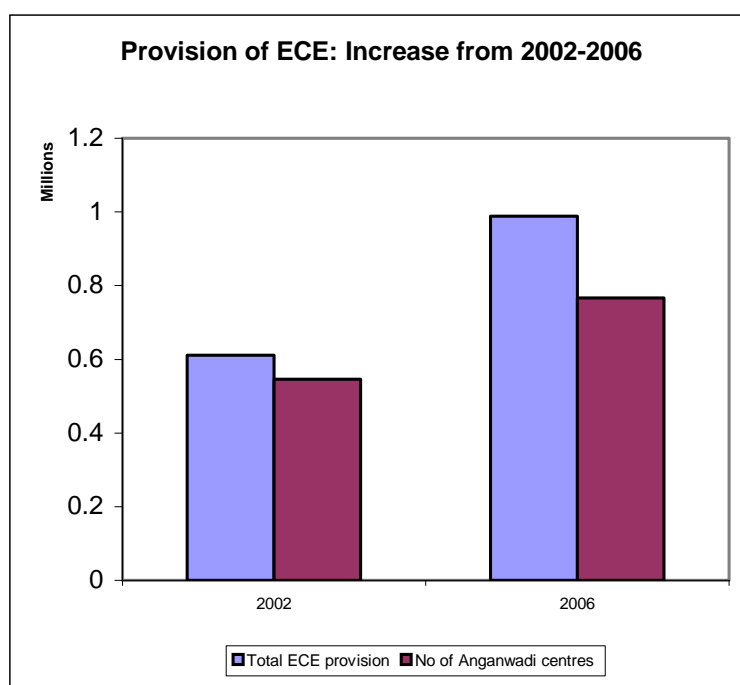
Private Initiatives: Private initiative here refers to fee charging/profit making initiatives in ECCE. In India, as elsewhere, ECCE falls in a dual track mode. While the public sponsored ICDS caters to children from disadvantaged communities, private initiatives are targeted towards children of socio-economically better off families. These impart pre-school education through nurseries, kindergarten and pre primary classes in private schools. Though exact figures are not available, it is estimated that about 10 million children receive ECCE from privately owned programs (Sharma, 1998 as quoted in UNESCO, 2006). This type of pre-schooling is oversubscribed and the competition for spaces in the lead schools is intense with as many as 300 children competing for a single opening (Prochner, 2002). This phenomenon is not limited to the elite. In fact, it has resulted in what may be termed a

bourgeois revolution by the growth of consumer class and more parents who are able to purchase their children a pre school experience (Stern, 1993). A study in Tamil Nadu found that even parents from low-income communities in urban areas sought private pre-schools for their children once they reached the age of 4 years (M.S. Swaminathan Research Foundation, 2000). The committee appointed by the Government of India on ECCE also reports “socially and economically upward mobile families are often fleeing from public initiatives towards locally

available alternative, so-called English medium schools” (Gol, 2007:18). In the absence of any system of regulation or even registration at the ECCE stage, the education offered by these programs is of wide range. Some of these pre-schools are more of ‘teaching shops’ that do not respect/regard the developmental norms of children. In some cases the quality offered can often be counter productive to children’s development and may even be described as ‘mis-education’ (Kaul, 1998).

COVERAGE OF ECCE SERVICES

Graph 5.1



Access: An analysis of available secondary data indicates that there are almost one million institutions providing ECCE for 3-6 years olds in the country. The number of ICDS centers has increased from less than 546 thousand centers in 2002 to 767 thousand centers in 2006. At the same time, provision in private sector for ECCE has increased from less than 65 thousand in 2002 to

more than 222 thousand in 2006, an increase of more than three times. Yet, on the basis of a facility mapping exercise, it was seen that in 2006, for every 100 sq. km there are hardly 30 ECCE centers and for every 1000 population, even less than 12 ECE centers.

Of the one million, 7,66,681 centers are under ICDS, while 2,22,243 are with primary schools; 93.8 percent are in the public domain and only 6.2 are in the private domain (IMRB, 2007). The large number in the public domain is

contributed by ICDS. In terms of urban - rural dichotomy, 96.3 percent are in rural areas and only 3.7 percent are in urban, again highlighting the need for an *urban strategy* for all programs for children, including ICDS.

Programs	Number of Centres	Beneficiaries Coverage
ICDS	766,681	23 million
Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers	22038*	0.55 million@
Schools with pre-primary	222,243♥	(1, 94,000) approximately 0.2 million
NGO Services for ECCE		Varying from 3-20 million**
Non ICDS Balwadis in EEB		1.74 million
Private Initiatives	60, 969♥	10 million approximately (2002)**

Source: IMRB (2007).

* Early Childhood Care and Education – An Overview (Gol., 2003).

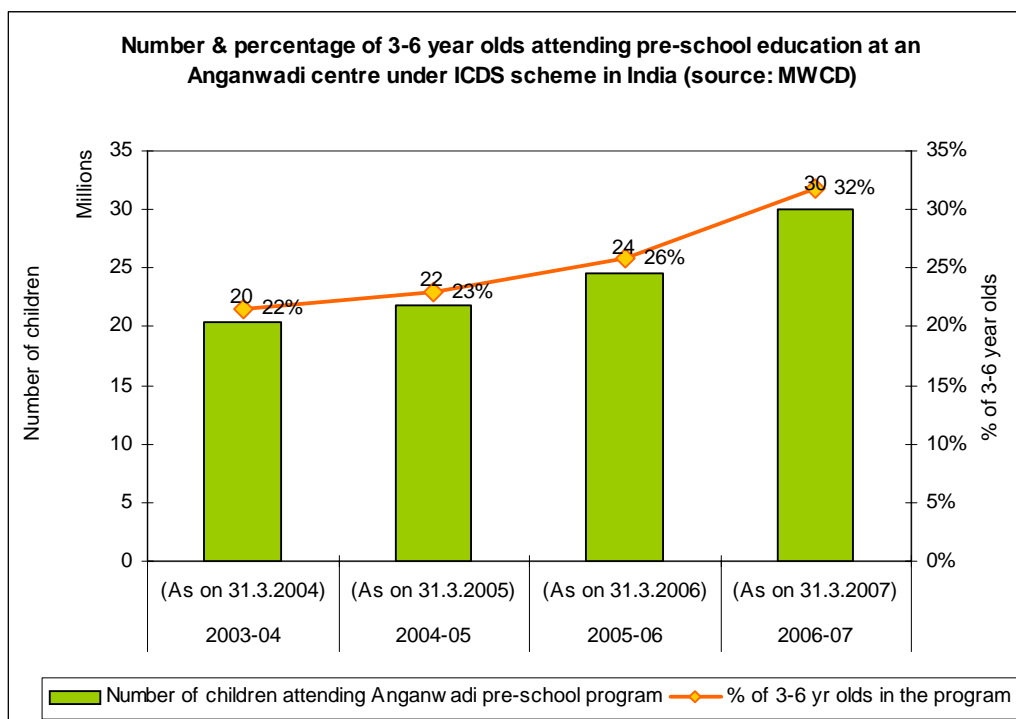
** Seventh All India Educational Survey, as on Sep. 2002 (NCERT, 2005).

♥ Mehta (2007)

Enrolments: It is difficult to estimate the exact increase in the number of 3 to 6 year old children who are availing any ECCE facility, given the inconsistency of data from different sources, which makes triangulation difficult. However, a positive trend is consistent across data

sources. As per the official statistics, the number of 3-6 years olds attending pre-school education at *Anganwadi* centres under ICDS scheme in India has increased from 20 million in 2003-04 to 30 million in 2006-07.

Graph 5.2



In terms of progress, from a baseline of 15 percent enrolment of the 3-6 year olds in 1989-90, the percentage improved to 19.6 percent in 1996-97. There has evidently been further improvement as per the 7th AIES (NCERT, 2005) report the NSS 61st Round (Gol, 2004), which is sample-based, indicates a more marginal increase to 22.5 percent only, even though the data is of a later date. Interestingly, the National Sample Survey (NSS) data 2004-05 shows that among the 4-5 year olds, around 48 percent children are attending either an ECCE centre (Anganwadi or pre-school attached to schools) or even primary schools. While around 11.5 million

children were estimated to be attending pre-school in the country, another 11.3 million children were attending a primary school. The most recent estimate is that of the SSA (Mehta, 2007) and ICDS (2006) program data which, once consolidated, indicates the gross enrolment ratio for ECE for 3-6 year olds to be 41.5 percent (2006).

Rural – Urban Differences in Enrolments: Rural-urban differences also show up with only 21.4 % rural children attending any pre-school program, while the corresponding number for urban is 36 percent. Almost 25 percent children in the same age group went to primary schools in rural

areas and this number increased to more than 27 percent in urban areas. The percentage enrolment is 50.2 percent for rural and 13.9 percent for urban (IMRB, 2007). It is possible that the ICDS is over-represented and private/NGO enrolment under-reported due to lack of official records and limited reporting. A rural/urban comparison indicates an interesting difference in that in the rural context in 2002, 13.5 percent children of 3-6 years age were enrolled in ECCE as compared to 39.4 percent in urban areas. The NSS (2004) data also indicates an increase in urban enrolment with the percentage being 20.7 percent against 23.4 percent for rural. This comparison is of course to be treated with caution due to limitations in inter-comparability of data sources.

Public- Private Provisions: The 7th AIES data (NCERT, 2005a) also reports overall dependency on public provision to be significantly higher as compared to private, as 98 percent enrolment in ECCE was reported to be in public facilities, and only 4 percent in private. In terms of public-private comparisons, 97.4 percent of the children enrolled in ECCE are estimated to be in public facilities and only 2.6 percent in private.

Gender Differences in ECCE Enrolments: An interesting gender difference emerges with the percentage of girls being higher (50.2 percent girls

as compared to 49.8 percent boys) in public facilities. It is the reverse in private facilities (47.6 percent girls vs 52.4 percent boys). This gender difference is clearly evident in the field as well since parents tend to prefer enrolling their sons in private institutions, as an investment due to better perceived quality.

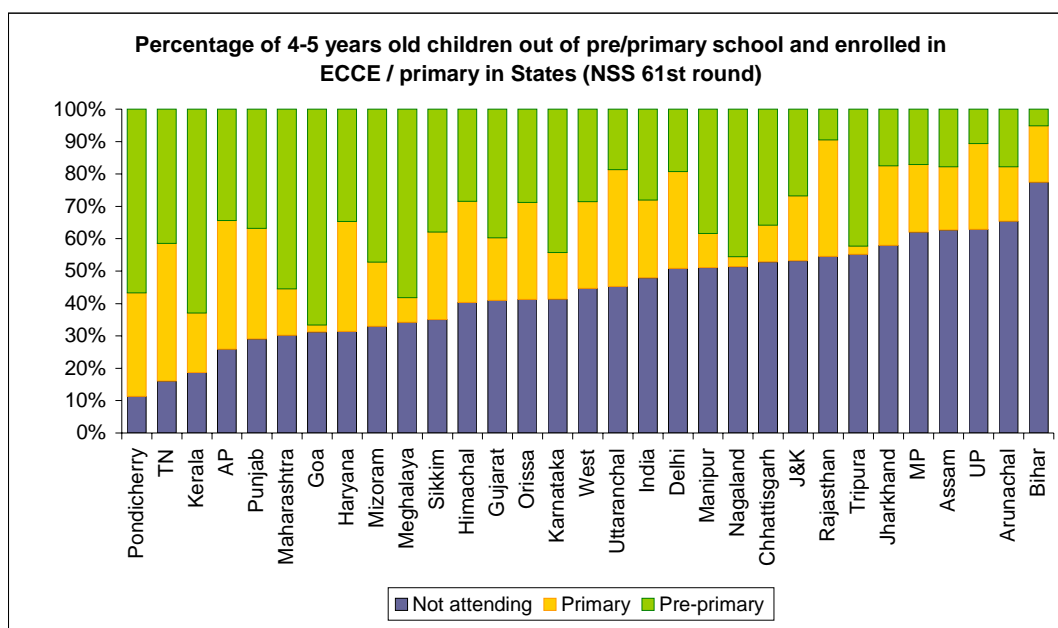
Inter-State Variations: Inter-state variations in the participation of pre-school program as well as schools exist; the northern states do poorly in these aspects. (see Graph 5.3). More than 25 per cent of children enrolled in pre-school education belong to states such as Kerala, Maharashtra, Punjab and Tamil Nadu. The gross enrolment ratio for boys in the ICDS was reported to be slightly better than that of girls (Gol, 2000; Kaul, 1999). As per the statistics available with the Department of Elementary Education & Literacy, the total number of children enrolled at the pre-primary level are 46,23,168 of whom 21,43,099 (46 percent) are girls. ECCE provision is very unequally distributed within States/UTs, with particularly pronounced rural/urban/slum disparities. According to the 2001 census, the share of urban population in the country is approximately 27.78 percent (expected to go up by 33 percent), and some states have reported this to be much higher (Gol, 2004). However, only about

13 percent of all ICDS projects (rural, urban and tribal) are located in urban areas, calling for an urban focus and priority.

However, the official estimates are often not triangulated by other data sources. As per NSS 61st round, there are more than 90 million children in the age group of 3-6 years in India in 2004-05 (this is quite similar to the numbers projected by Census for 2006). However, only around 18 million children attend pre-school either in schools or in ICDS centres as per NSS estimates compared to 22 million enrolled in ICDS alone as per official statistics. As per NSS estimates, another 7 million in the age group of 3 to 6 years attend pre-school programs in private sector.

Currently, about 60 percent of the children below six years of age, do not avail of any pre-school education in the country. It needs to be acknowledged that in a country as diverse and large as India, achieving universal access is not an easy task. The sheer magnitude in terms of numbers is a major dimension of the problem. The Eleventh Plan has recommended setting up of one ECCE centre for every 40 children in the population of approximately 300 people and close to the habitations with specific strategies for the urban population. It also recommends establishing a pre-primary section/class in all elementary schools. A recent study analyses the gap in provision to be almost 1.1 million indicating a requirement of additional 53 percent of institutions.

Graph 5.3



PUBLIC SPENDING ON CHILDREN

As per the Constitution of India, child related provisions are in the concurrent list of responsibilities with the states having a prominent role in service delivery. As a result, allocations for child related services varied across states depending on states' fiscal health and fiscal priorities. Again, most of the states' spendings are generally on non-plan expenditures of recurrent nature. The horizontal imbalances in outlays for new investments in social sectors and disparities in outcomes across states became apparent, and the Centre had to step in with special purpose sectoral transfers. Thus, it is the funds which are made available through the Centrally Sponsored Schemes that provide for reform and quality improvement. Integrated Child Development Scheme (ICDS), Reproductive Child Health (RCH), Sarva Shiksha Abhiyan (SSA), are all Centrally Sponsored Schemes (CSS), which are funded by the Centre; while the responsibility to implement and deliver rests upon the states.

While there have been many CSS which

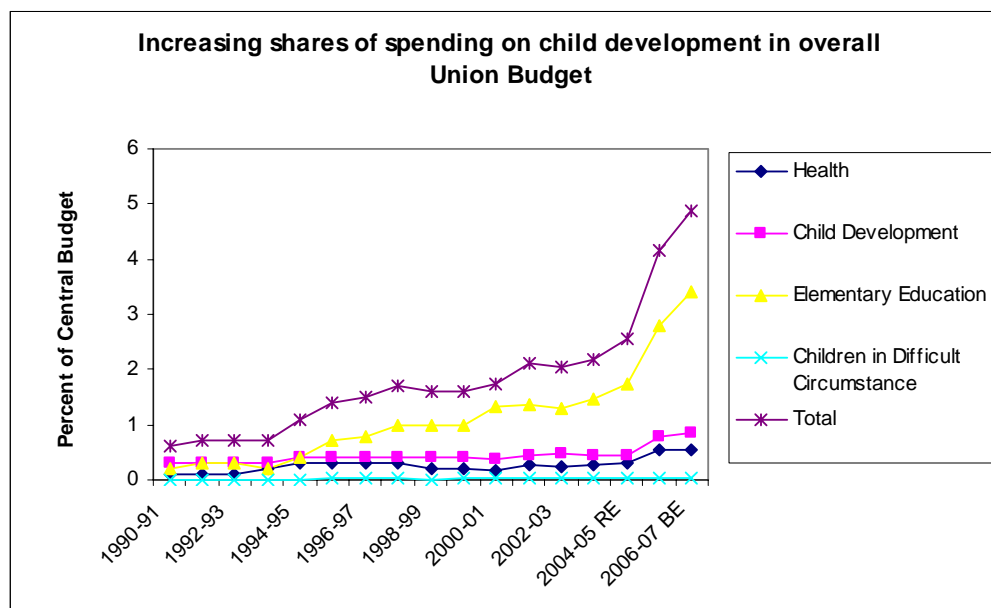
fund child related provisions, there have been hardly any attempt to look at them as "child related funds". For the very first time in 2004-05, the Department of Women and Child Development (DWCD) in Government of India undertook a 'child budgeting' exercise to look at provisions and expenditures for children more holistically. **Child Budgeting** is an attempt to examine what resources government is allocating to programs that benefit children, and whether these programs adequately reflect the needs and rights of children. Basically, this points not only to the question of adequacy of funds for children, but also their utilization, and that too, in the most efficient fashion to achieve the desired outcomes. This portends well for a more comprehensive approach towards planning and budgeting for children in the future. However, the child budgeting exercise so far has been partial, as they have mainly looked at child related expenditures by union government, and often do not include expenditures incurred by states, even though most of

the expenditures by states are recurrent in nature.

The public funds allocated to children are classified under four heads in the child budgeting exercise: ICDS and Nutrition, Education, Health and Child Protection and others. In the Union Budget, the allocations for the Centrally

Sponsored Schemes for child related provisions together account for less than five percent of the total outlays in 2006-07 (4.9%). However, this is definitely an improvement from the allocations for child related services in early 1990s which were less than a percent (see Graph 6.1).

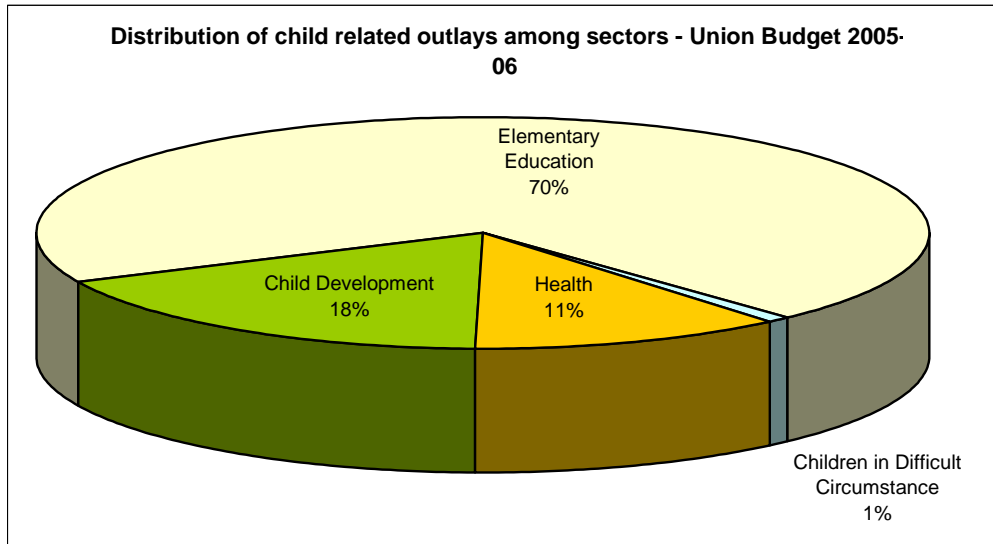
Graph 6.1



Interestingly, most of the increases in child related outlays have been in the elementary education sector. More than 70 percent of all child related provisions

in the Union Budgets were for elementary education, especially for SSA (see Graph 6.2)

Graph 6.2

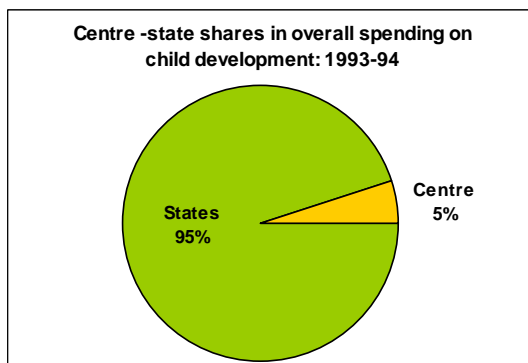


However, in spite of the increasing provisions by Union government, it is the state governments which provide for the running costs of such provisions, which is quite large. An analysis of provisions for child development,

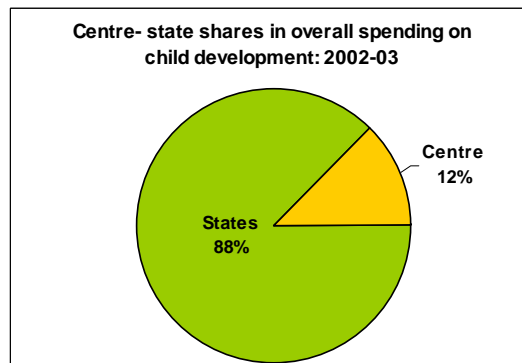
combining both central and state provisions, shows that though the central provision is increasing, states still account for larger provisions in many of the child related sub-sectors. See graphs 6.3a and 6.3b below.

States – Still a Major Player

Graph 6.3a



Graph 6.3b



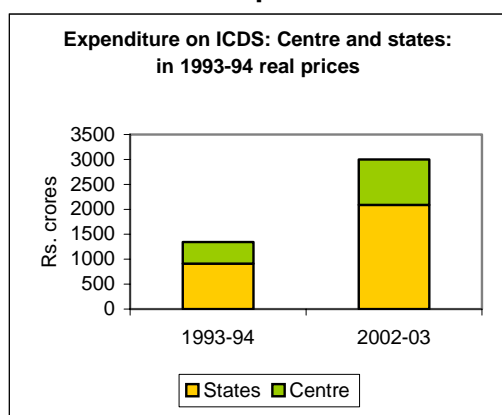
While the overall allocations for child related provision improved, the

improvements were different in different sectors, and the centre-state

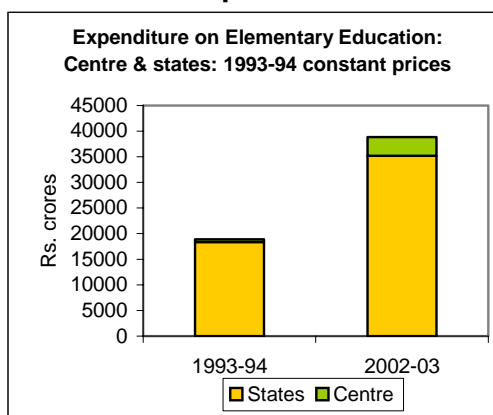
contributions differed for different services. See graph 6.4a –d for the improvements in overall spending of health, education, ICDS and other child development related services and the relative contributions of Centre and states. A higher investment for education and a relatively lower investment for ICDS and other services means that the children in early years, which are the more critical, are not getting as much attention as they receive in later stage of life. Also, these amounts when translated into per child

expenditure, though improved over time, are still far from the desired levels. Overall, while the allocations per child increased in all sectors, resulting in increased per child allocations / expenditures, the gaps in the provision per child in the early age group and those in the school going age group are wider; this is in spite of international evidence on the need to focus on early ages, especially before 3 years of age, since most of the brain development (80%) happens before the child reaches that age. See graph 6.5.

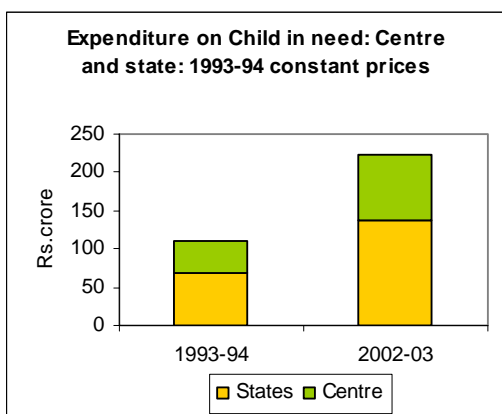
Graph 6.4a



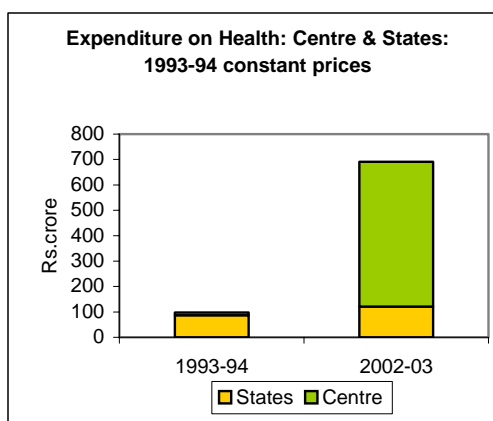
Graph 6.4b



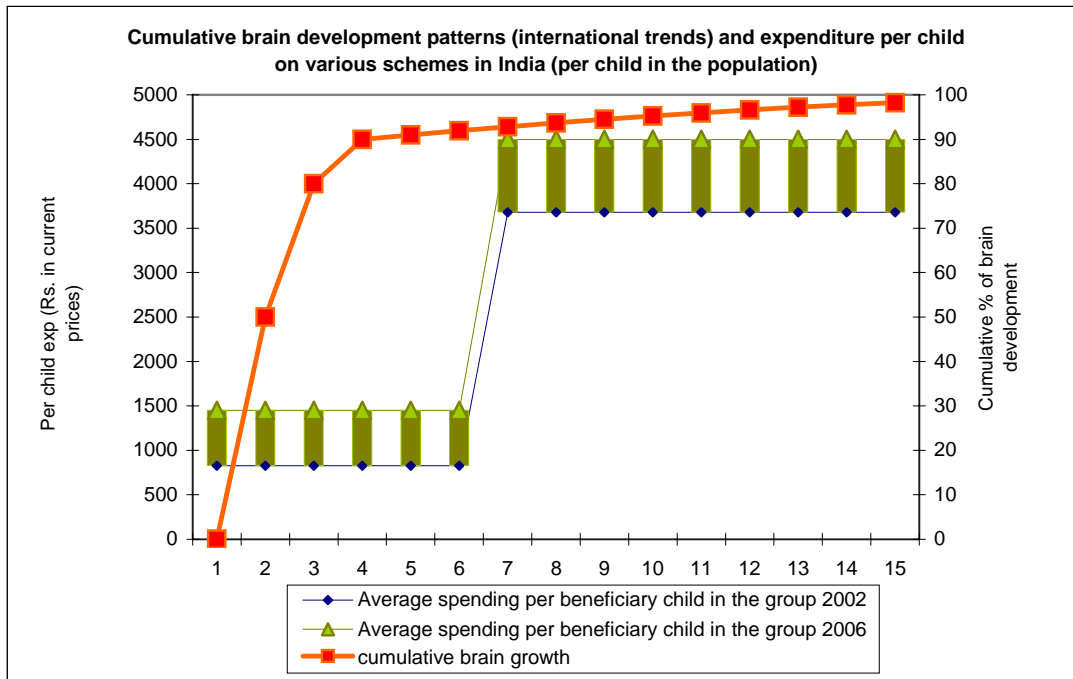
Graph 6.4c



Graph 6.4d



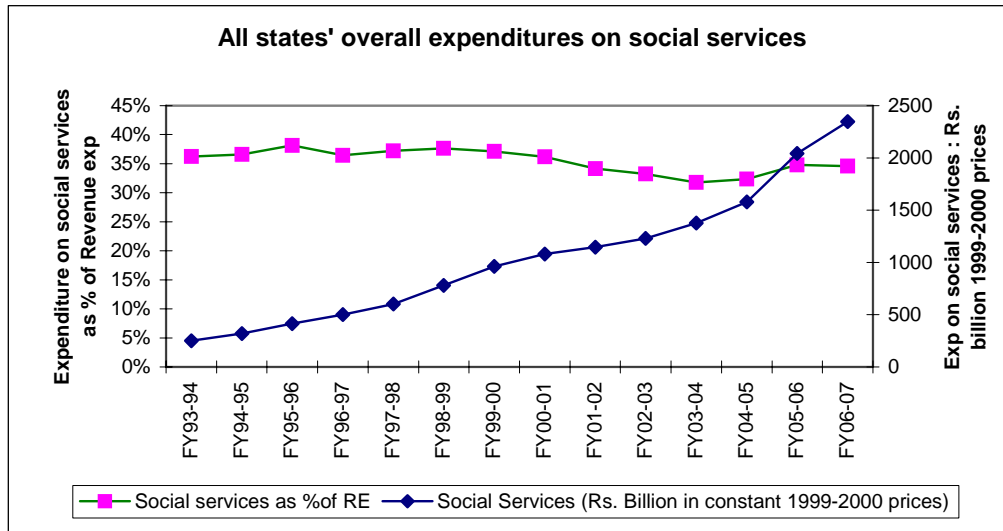
Graph 6.5



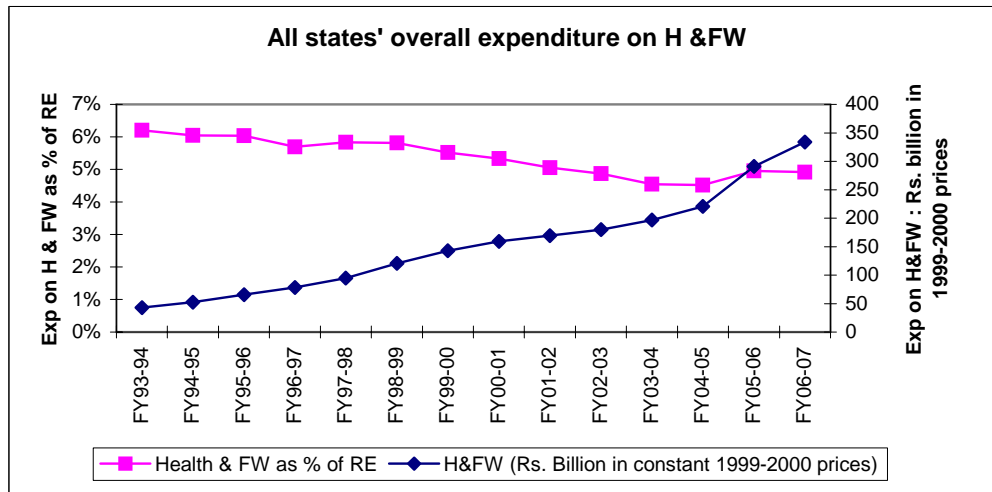
How to resolve the issues of adequate funding? As already described, child related services are in the domain of state delivery. While Centre has been increasingly providing for social services through Centrally Sponsored Schemes, it is important that the states also increase the allocations proportionate to their increasing budget expenditures. Allocations for social sectors in state budgets were on decline in recent

years. For example, while the overall budget expenditures (revenue expenditures of the states) increased, that of social sectors, especially health, declined (see Graph 6.6 a & b). This needs to be corrected. Given the current concerns about how to reach all children in the 3-6 years of age, and that too through appropriate ECE programs, it is important that adequate funding for related programs are ensured.

Graph 6.6a



Graph 6.6b



SOME SIGNIFICANT ISSUES AND CONCERNS IN ECCE

Ownership of ECCE

Since July, 2006 the subject of ECCE, including Early Childhood Education for 3 to 6 years olds, has been shifted in the government's business rules from the Department of Education within MHRD to a newly created Ministry of Women and Child Development. Evidently, this is due to the fact that this Ministry is implementing the largest programme of ECCE, the ICDS. By transferring the ECCE component to this Ministry, it is believed that the coverage will expand and more children would be able to receive the care and education envisaged under the ICDS program. However, it is too early to comment upon the practical implications of this decision, since ECCE has all along been one of the six components of ICDS, getting only one-sixth the attention and this may well continue unless there is a conceptual shift in design.

This administrative shift has generated

a debate about the issue of ownership of Early Childhood Education and the low priority the shift reflects for ECCE within the education sector. This is despite the fact that a full chapter has been devoted to ECCE in the National Policy on Education (1986) and its inclusion in the National Curriculum Framework (2005). Interestingly, the Planning Commission through its Approach Paper for the XIth Plan continues to suggest placing ECE under the SSA program of the Ministry of Human Resource Development, while adopting a more focused and prioritized approach to health and nutrition needs of children below 3 years through ICDS. The MHRD has resisted the idea in no uncertain terms, possibly due to budgetary reasons, with little acknowledgement of ECCE's crucial role as the first stage of education, in improving primary school retention and quality. There appears to be considerable ambiguity also in the understanding of ECCE and its specificities, which has been recently

reflected in the controversies surrounding the admission process in Delhi schools and the departmental transfer. These point to the need for greater clarity and understanding which can come perhaps with a formulation of a *separate policy on ECCE* and clearly lays out the specifications from all perspectives and for each sub-stage within the 3 to 6 years age group which till now has been treated as one homogeneous group, with little regard for the differing developmental needs and demands for every year of that age group.

Quality and Regulation of Early Childhood Education

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

Curriculum in ECCE for 3-6 year olds: In India, in terms of policy and aligned curriculum goals, there is a clear

understanding that the first six years of life are critical for laying a sound foundation for a child's lifelong learning and development. ECCE aims to promote all round development of the child from pre-natal stage to 8 years. This implies addressing different aspects such as cognitive development, language development, social and emotional development, physical and motor development, development of creativity and aesthetic appreciation, development of values related to personal, social and cultural life, scientific ways of thinking and inculcation of healthy habits. The activities, experiences and environment necessary for promoting the development in all the above areas constitute the core of an ECCE curriculum. The curriculum is envisaged in three sub-stages: **early stimulation** for under 3's largely through parental involvement and education in a relatively unstructured, child rearing mode; the **organized centre based play and development-oriented curriculum** for the 3-4/5 years olds; and the **school readiness** curriculum which is for potential school entrants, i.e. 4/5 to 6 years olds and includes reading and writing readiness and number readiness, as a preparation for primary schooling. This developmentally appropriate thrust in the curriculum has been reiterated all the way back from the National Curriculum Framework for

Elementary and Secondary Education (NCFESE, 1988) through the National Curriculum Framework (2000) and now the more recent National Curriculum Framework (NCERT, 2005b). This framework, in addition, views education of child from ECCE to grade II along a continuum and emphasizes continuity of approach and methodology. All curriculum frameworks discourage formal teaching as well as formal evaluation of children at ECCE stage. The National Council of Educational Research and Training (NCERT) has over the years published several guidebooks and training manuals for ECCE to be used by the states and agencies implementing ECCE. However, the scope and nature of ECCE, as discussed above, needs to be further unpacked and disseminated much wider.

While a favourable policy framework and appropriate curricular guidance is available in the country for ECCE, the reality is that there is a large gap between what is prescribed or suggested and what is practiced. In terms of practice, there is a very wide range, from an overburdened private pre-school curriculum which is in most cases a downward extension of the primary curriculum, to a heavily diluted 'mere song and rhyme' ICDS pre-school education curriculum. A recent study (IMRB, 2007) which examined the ECE

component of the ICDS program in three states, reported that, on an average, the AWs function for between two and two and a half hours and overall, in 66 percent of the AWs the worker and children were observed to be involved in only routine activities like taking attendance, feeding the children, and getting children to sing rhymes and songs. In 58 percent of the AWs observed, children were being formally taught reading and writing. Typically, the activities of pre-school education under ICDS are conducted with minimal play and learning material support and largely with inadequate outdoor and indoor spaces, basic infrastructure facilities and competent workers. The AW worker has to carry out five other functions as well, in addition to pre-school education, making her job profile highly unrealistic. The recent consultations on ICDS have made a strong plea for a second worker, dedicated to ECCE.

On the other hand, pre-school education in private/ public nursery schools is largely a downward extension of primary education curriculum, with teachers often having no ECCE training. Surveys have shown that little thought is given in these pre-schools to the principles underlying ECCE as a specific sub-stage of education with its own characteristics and curriculum. This gap between policy and practice can be

specifically attributed to the absence of any system of control and accreditation system in India, which could regulate the quality of ECCE. This has provided a situation of *laissez faire* which has in turn resulted in a mushroom growth of private unrecognized institutions, particularly in the urban sector. These institutions have no qualms about adopting the primary curriculum at a stage when children are not developmentally ready, and implementing it in a rigid and regimented way, thus imposing academic pressures on young children. These pressures become the starting point of the phenomenon referred to as “curriculum load”, which can be very counter productive to learning. In 1990, the Government of India set up a committee to suggest ways to reduce the academic burden. The committee raised the issue of not only the physical load of the curriculum because of the large number of textbooks to be carried, particularly in private schools, but interestingly also raised the issue of load of non-comprehension. It observed, “a lot is taught but little is learnt or understood”. Teaching of three R’s, formal evaluation, admission at an early age of 2 or 2 and half years, all provide pressure points for the little children who are at an age when they need to experience success and develop a positive self-image. Admission tests for children and

parents, homework, demand for English as medium of interaction, and a large number of books from private publishers prescribed by schools for young kids are other areas of concern which relate to curriculum of ECCE and are more specific to private nursery and primary schools. These practices are acknowledged to be detrimental to the health of children and of the system as a whole and the policy documents lay stress on the need to educate the community to be more selective and/or demanding as consumers which could serve as an effective monitoring /regulating device. This aspect needs to be promoted further.

Training Inputs and Institutional Support

Effective preparation of teachers/service providers for ECCE is key to the issue of quality of ECCE , especially since its focus is on a play-based, child centered methodology which requires very specialized skills and knowledge to equip the teacher to address specific contextual needs of classroom. Unlike primary schooling, which all teachers have themselves experienced and have a familiarity, ECCE is relatively less known or experienced. While on the one hand this is a challenge, on the other there are no prescribed requirements or standards for ECCE training and the duration and nature of training

provisions is very erratic. This ranges from a few days' duration (in case of several NGOs which run their own courses) to a fortnight (as in case of ICDS) to a relatively longer time-frame (as of two years) for the integrated two years' Nursery Teachers' Training program (NTT) which aims at preparing teachers for pre-school stage (3-6 years) and for the first two grades (6-8 years) of the primary stage. In addition, ECCE has also been included as an area of vocational education in the curriculum of higher/ senior secondary stage of education (+2) in Central Board of Secondary Education and many State Education Boards. The Open and Distance Learning mode of training is also being used extensively to offer Certificate and Diploma courses in ECCE. Indira Gandhi National Open University (IGNOU), National Institute of Open Schooling (NIOS), and several other State Specific Open Universities (SSOUs), like Kota Open University of Rajasthan, Bhoj Open University of Madhya Pradesh, and RPDT Open University of Uttar Pradesh, also offer specialized certificate and/or diploma courses in ECCE through Open Distance Learning system. The eligibility qualification for admission to these programs is senior secondary education. The duration of these programs has been kept flexible to allow a candidate to complete it within the range of one to four years. The National

Council of Teacher Education (NCTE) has also undertaken the task of accreditation of the institutions offering pre-primary and nursery teacher training courses. Currently, there are 124 NCTE recognized pre-primary and nursery teachers training courses with an intake capacity of 5938 students in the country (NCTE, 2005). These institutions are functioning in fifteen states. However, because of the norm, these courses are not available in as many as twenty states/UTs, which do not have even a single recognized pre-school/nursery teacher education institutions. The NCTE norms often do not adequately cover the quality dimensions and may need review.

With this kind of a range in training provisions, quality assurance is a major issue in teacher preparation. Again, in terms of eligibility criteria for ECCE teachers, the minimum educational eligibility criteria range from almost no bar (as in case of ICDS Community Workers) to primary standard (as in case of crèche workers) to high school pass (as in case of *Balsevika*) to class XII (as in case of IGNOU and Integrated Pre-primary and Primary Teachers Training). A significant issue is the absence of a well planned human resource management policy for ECCE to take into account and address the entry level of the ECCE functionaries, the availability of well resourced

decentralized structures/institutions for carrying out induction and recurrent training requirements of the teachers/workers, career paths for the functionaries and the supervision and monitoring aspects. Some pilot initiatives like setting up of a network of resource centers for in-service training in ECCE, as attempted in Delhi on a self-supporting basis, could be tried out as a possible public-private venture. Issues of ECCE training include limited availability of good practice teaching sites, inconsistency between advocated methodology in theory and actual practice situations, inadequate 'hands-on' and reflective training and varied academic levels of trainees requiring more customized approaches.

Reliability of Data and Institutional Mechanisms

In the absence of any institutional data base on ECCE, the reliance is on different available data sources. Two significant aspects limit the reliability of the data: (a) In many states, the entry age for primary school is 5+ years while ICDS covers 3-6 years, indicating a possibility of double count of age 5; (b) Although the AIES (2002) does report on private initiatives, there is no way of ensuring complete coverage in reporting since there is no compulsion on private pre-schools (including family daycare homes, nurseries, kindergartens and

pre-primary classes) to provide information. In the absence of any system of registration also, there is no one official record of these institutions. An analysis of the status of five-year olds indicates that only 21.3 percent were attending pre-schools, 39.3 percent were attending primary schools and 39.4 percent were out of any kind of school/pre-school (NSSO, 2004). The SRI survey (2005) reports the number of 5-year olds out of school to be 20.2 percent. This indicates the imperative need for a more reliable and better quality data system for ECCE provision and utilization.

Linked to this is the need for a system of registration and accreditation, with a minimum quality standards' framework specified so that there is a common understanding among all stakeholders of not only the basic infrastructural needs but also the basic requirements for an ECCE teacher, the scope and nature of the curriculum as well as training and resource support, based on contextual realities.

Increasing Coverage

Despite the regular expansion of the ICDS, the coverage of children for ECCE is still as low as 40 percent. This is an issue of both inadequate access and inadequate quality of service delivery. With ICDS continuing to be

the main vehicle for ECCE, the GOI is proposing to expand the service further and universalize it within the next few years. While this is a welcome proposal, the risk is of expanding too fast and compromising on quality. Also, it may amount to ‘doing more of the same thing’ which has shown benefits to an extent, but not commensurate with the investments made. A recent study on nutrition has indicated three mismatches in implementation of ICDS, which may need to be addressed. These pertain to mis-match of services, beneficiaries and geographical areas (The World Bank, 2005a). The service mis-match refers to issue of too much focus on providing food security through supplementary nutrition rather than on improving child –care behaviors and educating parents, which would have more sustained impact. The second mis-match relates to inadequate focus on the youngest children i.e. children below 3 years who can potentially benefit most from the ICDS interventions. The third mis-match relates to the need for better targeting of geographical areas, castes and communities that need the interventions the most. Some of the areas requiring strengthening have been identified as targeting of the poorest communities, contextualizing of the program design,

rationalizing of the workload of the service provider, promoting utilization through improvement in quality of service delivery, greater accountability and outcome focus and closer convergence with allied sectors. (The World Bank, 2004)

Decentralized and Holistic Planning for Children

Given India’s diversity and scale the planning process and designing of interventions for children have to be contextualized. This can only be possible through a decentralized and participatory approach to planning and implementation. The Education and Health sectors have already moved in this direction and have experience of this approach to some extent. The ICDS is also now getting restructured to a more decentralized, flexible district based framework. However, having been a very centralized program till now, this would require considerable capacity strengthening of the states and district functionaries. Also given the synergies among health, nutrition and education aspects of development, convergence of initiatives through different sectoral programs, particularly at the ground level, is an important way forward.

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