

**Report of the Task Force on  
Early Childhood Care and Education (ECCE)**

**August 2022**



## Contents

S. No.				Page
	Preface			
1	Introduction	...	...	1
2	Taskforce mandate: Background and objectives	...	...	1
3	Current Status	...	...	2
4	Cross-cutting recommendations and key enablers	...	...	5
5	Curriculum development and teaching-learning materials for 3-6 years age group	...	...	18
6	Capacity building, institutional development, monitoring & supervision	...		25
7	Home-based learning and community outreach program for children under 3 years	...	...	33
8	Additional Budgetary Provisions	...	...	39
9	Annexure: Composition of the Task Force	...	...	42



## Preface

The National Education Policy 2020 (NEP 2020) has accorded the highest priority to foundational literacy and numeracy and has highlighted the fact that the major portion of a child's brain development occurs before the age of 6 years, indicating the critical importance of appropriate care and stimulation in the early years of development and growth. As noted by NEP 2020, quality Early Childhood Care and Learning (ECCE) is, at present, not available to crores of young children. NEP 2020 has mandated the universal provisioning of quality early childhood development and care, to ensure that all students entering Grade 1 are ready to begin their school education journey.

Given the limited number of pre-schools in the Government system, the massive Anganwadi network with 1.4 million centres offers the greatest potential to impart universal and quality ECCE, particularly to children from socio-economically disadvantaged backgrounds. It is against this background that the Task Force on ECCE was mandated by the Ministry of Women & Child Development (MWCD) to work out an operational framework for universal ECCE implementation with a focus on the Anganwadi system.

The Report builds on the vision of the National Early Childhood Care and Education (ECCE) Policy, 2013 to achieve the holistic development and active learning capacity of all children below six years of age. It provides the detailed operational framework for universal ECCE implementation in the ICDS system with budgets that it believes are modest, realistic, and fiscally sustainable. The Report is action and solution-oriented and considers the existing ground realities. The Report specifically provides the framework for the early stimulation and care of the hitherto neglected 0-3 years age group, vital for the foundational learning of young children.

The Report has made major cross-cutting recommendations including the rebranding of Anganwadi centres as learning centres in a campaign mode under the slogan "PoshanBhi, Shiksha Bhi" ("Education along with Nutrition"). It has also emphasized the recommendations made by NEP 2020 for strengthening Anganwadis with high-quality infrastructure, Teaching Learning Materials (TLM), well-trained Anganwadi workers/teachers, and well-constructed and child-friendly buildings supported by an enriched learning environment. The Report has noted the unacceptably high levels of stunting among young children and recommended measures to strengthen the health and nutrition components under the ICDS, especially given their bearing on the cognitive development of children.

The Report has made recommendations in three vital areas. The first set of recommendations is on capacity building, training, and institutional strengthening for ECCE. The second set of recommendations is on curriculum development and teaching learning materials (TLMs) and the final set relates to home-based learning, community

outreach, and daycare, with a special focus on the 0-3 years age group. The emphasis on home-based learning and community outreach is a key component of the Report.

The Report is only the first step in the universalizing of a quality ECCE across the country and the Task Force has, therefore, recommended a monitoring and supervising group to ensure follow-up and implementation of its recommendations.

The Task Force would like to acknowledge and place on record this initiative taken by MWCD on the timely constitution of this group that comprises experts, academicians, and practitioners across Government and civil society. I take this opportunity to thank the MWCD and NIPCCD for their strong support and thank each of the Members for their active and rich contribution that has made it possible to finalize this Report in a short period without any compromise on quality and the richness of its recommendations.

I would like to particularly place on record the hard work and quality inputs received from Uma Mahadevan, Indevan Pandey, Secretary MWCD, Tripti Gurha, Joint Secretary, MWCD as well as Parul Srivastav and Tejinder Kaur, Joint Directors at NIPCCD provided their fulsome support at all stages of the deliberations of the Task Force. Azeez Gupta spent many hours supporting the drafting group in putting together this Report. Finally, I would like to thank the invitees, Vandana Prasad and especially Sumitra Mishra for their active contribution and rich input.



**(Sanjay Kaul)**  
Chairperson,  
Task Force on ECCE  
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## I. Introduction

The vision of the National Early Childhood Care and Education (ECCE) Policy, 2013 is to achieve the holistic development and active learning capacity of all children below six years of age, by promoting free, universal, equitable, inclusive, joyful, and contextualized opportunity for laying the foundation for attaining their full potential.

Over the years, the importance of early learning has attained even greater importance, given the increasing global evidence of the criticality of cognitive and physical stimulation for children below six years of age. This reflects in the priority accorded for ECCE in the National Education Policy 2020. The NEP refers to the first stage of learning for all children as the foundational stage of learning, which includes three years of ECCE and grades 1 and 2 in primary school.

The National Education Policy (NEP)-2020 notes four alternative modes of implementing ECCE, including stand-alone Anganwadis; Anganwadis co-located with schools; and pre-schools. The vast majority of ECCE in India is imparted through the Anganwadis system, operated through the Integrated Child Development Services (ICDS). In nearly 1.4 million Anganwadi centers (AWCs) across the country, Anganwadi workers (AWWs), with the support of helpers, have been assigned the significant responsibility of imparting early learning to children in the age group 0-6 years through the Anganwadi system. However, there have been major limitations and challenges as they seek to carry out this duty.

The NEP 2020 visualizes the universalization of ECCE through a strengthened network of Anganwadi centers, having high-quality infrastructure, play equipment, and well-trained Anganwadi workers.

To strengthen the entire framework of ECCE in Anganwadis, the Ministry of Women and Child Development (MWCD), the Government of India established a National ECCE Taskforce in March 2022 with the mandate to provide action-oriented recommendations for strengthening the capacity and perception of the Anganwadis system as a learning system and the Anganwadi centers as a learning center.

## II. Task Force Mandate and Proceedings

The Ministry of Women and Child Development (MWCD), Government of India, established the National ECCE Taskforce in March, 2022. Shri Indevvar Pandey, Secretary MWCD, had a detailed meeting with Chairperson Sanjay Kaul and indicated the expectation of MWCD from the Task Force. The first meeting of the Task Force was held on 23<sup>rd</sup> March, and close to fifteen meetings were held in total between the full taskforce or taskforce sub-groups by August, 2022.

The Task Force comprised twenty-two members, including experts, academicians, and practitioners across Central and State Government and civil society, under the chairpersonship of Sanjay Kaul (ex-IAS). In addition, four experts were brought in as

invitees. The list of Task Force members and invitees is in the Annexure. In addition to numerous meetings of the Task Force between March – July 2022, the members worked in three sub-groups focusing on providing specific recommendations on the following critical topics:

1. Capacity building and training for ECCE
2. Curriculum development and teaching learning materials (TLMs) focusing on pre-school education for children 3-6-year olds
3. Home-based learning and community outreach, with a special focus on the 0-3 years age group.

In addition, a separate group worked on cross-cutting recommendations.

The Task Force conducted a review of current policies, on-ground conditions, data, and research, and pooled its knowledge and discussions to draft an actionable set of high-impact recommendations. NIPCCD provided secretarial support by convening meetings and collecting data and information. Finally, a drafting committee performed the task of consolidating the reports of the various sub-groups into a full report.

This report gives the recommendations and operational framework for ECCE through ICDS, and sets the agenda for a National Mission for Early Learning, framing the Anganwadi system's aim as providing quality ECCE (early childhood care and education) along with the focus on health and nutrition for the young child.

The Task Force is cognizant of the fact that the finalizing of an operational and implementable framework for ECCE within the ICDS is only the first step. There have been several instances of excellent recommendations that have remained on paper due to inadequate or absence of follow-up. The Centre and the States will now have to work actively together to place adequate resources, both financial and human resources, prepare operational plans, and set up mechanisms to ensure that the ECCE plans are implemented on the ground.

**The Task Force is of the view that a small Monitoring and Support Committee drawn from the Ministry of WCD, NIPCCD, and a few Task Force members be immediately constituted to ensure follow-up and implementation of the recommendations made in this Report.**

### III. Current Status

Launched as the Integrated Child Development Services (ICDS) scheme on October 2, 1975, the scheme is one of the flagship programs of the Government of India and represents one of the world's largest and unique programs for early childhood care and development. In 1975, the scheme was launched with less than 5000 Anganwadi centers. Over nearly five decades, the scheme has grown to encompass nearly 14 lakh Anganwadicentres across more than 7000 projects. Despite the challenges, the scheme

has been working to provide important basic services to young children and mothers across the country.

Now titled the Anganwadi Services Scheme under Poshan 2.0, the scheme aims at providing pre-school non-formal education to young children while breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity, and mortality. The following are the objectives of the scheme:

- i. To improve the nutritional and health status of children in the age group of 0-6 years;
- ii. To lay the foundation for proper psychological, physical and social development of the child;
- iii. To reduce the incidence of mortality, morbidity, malnutrition, and school dropouts;
- iv. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- v. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Under the scheme, a package of the following six services is provided to the beneficiaries:

- i. Supplementary Nutrition (SNP)
- ii. Pre-school Non-formal Education,
- iii. Nutrition & Health Education,
- iv. Immunization,
- v. Health Check-up, and
- vi. Referral Services

Three of the six services, viz., Immunization, Health check-up, and Referral Services are related to health and are provided through the National Health Mission (NHM) & public health infrastructure.

The scheme today operates through a network of 7075 operational Projects and 13.99 lakh AWCs including 1.16 lakh Mini AWCs as of March 2022. The services are currently being provided to 949.94 lakh beneficiaries of which 771.19 lakh are children under six and 178.75 lakh are pregnant women & lactating mothers. Till March 2022, a total number of 285.82 lakh children of 3-6 years were covered under early childhood education of which 146.04 lakhs were boys and 139.78 lakhs were girls. At present, there are 33214 Supervisors, 13.14 lakh Anganwadi Workers, and 11.67 lakh Anganwadi Helpers 13.91 who are serving the beneficiaries coming to the AWCs.

While Poshan 2.0 recognizes early childhood education as a key component of the Anganwadi Services Scheme, this has remained, perhaps, its weakest link. Children under the age of 3 years, particularly, remain poorly served, especially for support to early stimulation and nutrition.

Another major weakness has been that ICDS has not been able to establish close linkages with the community and households and is often perceived as a 'centre'-based program, rather than a community and household-based program. In the context of NEP 2020, wherein three years of early childhood education is acknowledged as the foundational stage of learning for children, there is now a greater urgency to revisit the ICDS, especially the ECCE (early childhood care and education) component, assess gaps, and identify steps to strengthen and provide the operational framework and capacity to put in place a meaningful and effective ECCE under Poshan 2.0 in line with NEP 2020.

The Task Force, with the help of NIPCCD, requested states for information about the current status of ECCE through Anganwadis. Comprehensive information was received from a representative set of states, including A&N Islands, Assam, Gujarat, Goa, J&K, Nagaland, Rajasthan, and Telangana. A few of the insights from this data that formed part of the basis for the Task Force's recommendations are listed below:

### 1. **Bifurcation of AWCs by geography**

While 35% of India's population is urban, only 10% of AWCs are in urban areas.

### 2. **Education level of AWWs and helpers**

75% of AWWs are class 10<sup>th</sup> pass (with 44% having passed class 12/graduation). Clearly current AWC staff have achieved higher years of schooling themselves and are better equipped for facilitating ECCE.

### 3. **Vacancies at frontline level**

3-6% of AWCs across states do not have any AWW assigned to them. This increases to 12% vacancies for AWC helpers.

### 4. **High Vacancies at supervisory levels**

Only 72% of allocated supervisor posts and 82% of CDPO posts are currently filled. This leads to an extremely high span of control for Supervisors/CDPOs, especially in states with greater vacancies.

### 5. **Age and Tenures of AWWs and helpers**

#### **Age:**

7% of Anganwadi workers are below 30 years of age, 31% are between 30-39 years, 38% are between 40-49 years, 21% are between 50-59 years, and the balance 3% are over the age of 60 years.

In respect of Helpers, 7% are below 30 years, 24% are between 30-39 years, 28% are between 40-49 years, 23% are between 50-59 years and 8% are over 60 years of age.

#### **Tenure:**

11% of Anganwadi workers have over 30 years of service, 27% have between 20-29 years of service, 46% have between 10-19 years of service, 9% have between 5-9 years of service, while 7% have less than 5 years of service.

7% of Helpers have over 30 years of service, 21% have between 20-29 years of service, 41% have between 10-19 years of service, 11% have between 5-9 years of service, while 10% have less than 5 years of service.

## **6. AWW and Helper remuneration across states**

There is a wide variance in remuneration across states. It may be appropriate to revise remuneration in some of the states. The remuneration of Anganwadi workers ranges from as low as Rs. 4000 per month to a high of over Rs. 13,500 per month. The remuneration of Helpers is as low as Rs. 2250 per month going up to Rs. 7800 per month. The average remuneration for Anganwadi workers is Rs. 8541 per month, and the average remuneration for Helpers is Rs. 4759 per month.

## **7. Status of AWC facilities**

- a. On average, 45% of AWCs nationally have a kitchen or closed bathroom facility on the premises.
- b. Around 40-50% AWCs nationally do not have any permanent premises and operate on rented premises.
- c. 90% of AWCs nationally have a pakka room, while 10% are in kachcha rooms
- d. 8% AWCs at the national level are mini-AWCs
- e. About 30% of AWCs are co-located with Government schools, indicating a need for convergence where possible.

# **IV. Cross-Cutting Recommendations**

During the discussions of the Task Force, it was observed that there are certain key enablers for the successful rollout of ECCE that go beyond the direct implementation of ECCE activities. These key enablers and recommendations are spelled out in this section of the Report.

## **A. Changing the Perception of Anganwadis**

The quality of services provided at Anganwadicentres is often perceived as being inferior to private nursery schools. In most places, the centres are regarded as little more than 'khichdi centres'. Given this perception, there has been a considerable shift of children to private schools. This not only puts a burden on parents but has resulted in the mushrooming of a large number of poor-quality private pre-schools. However, this situation varies across states. Data from several surveys suggest that at age of 5 years, a large proportion of children shift to schools, especially in those states where the age of enrolment to Class 1 is 5-years. In several states, nearly one-third of children at age of 3 years are not

enrolled anywhere. The physical participation of the children below the age of 3 years in Anganwadis is limited to accessing services like regular growth monitoring and immunization as centre-based services. Supplementary nutrition for children in this age group is often in the form of ‘take-home ration’, which has its own set of limitations. The trend of children shifting to private schools and the need to ensure active participation of all children in early learning are both formidable challenges that need to be overcome.

A mission-mode approach should be taken up for the rebranding of Anganwadis as vibrant ICDS centres, under the slogan, “PoshanBhi, Shiksha Bhi” (“Nutrition along with Education”). For maximum reach, since the rebranding has to reach local communities, the slogan should appropriately be translated into other Indian languages.

This campaign for rebranding and a change of perception will, along with other recommendations in this report, include a country-wide communication and awareness generation campaign to convey the vision of a vibrant Anganwadi, highlighting the strengthening of the ECCE programme. Such a campaign will need to be sustained over at least 5 years and be of a scale similar to the Sarva Shiksha Abhiyan and Beti Bachao Beti Padhao campaigns.

This campaign to change perception should be based on a new look for Anganwadis which would require increased budgets. Models for vibrant Anganwadis – good infrastructure, ECCE materials, play equipment, etc. – should be shared among states/UTs and promoted on social media. Panchayat Raj Institutions (PRI) can locally take the lead on this effort. Women’s self-help groups (SHGs), local non-government organizations (NGOs), and college volunteers can be involved to brighten up the look and feel of the Anganwadi as an early learning environment. This re-branding should be based on quality standards determined for all services offered by the Anganwadis, including standards for safe and accessible infrastructure.

As part of this communication campaign, the Anganwadi capacity-building interventions recommended in this Report should be launched through a major national level event, involving all levels of government, from the 2.6 lakh gram panchayats in the country, to the taluk, district, state, and national levels - to expand the repositioning of the Anganwadi as an early learning centre for children, leading to a people’s campaign on ECCE.

The campaign should include events such as the celebration of a designated yearly and monthly ECCE day which is already mandated in the programme design and is organized in several states, with specific themes involving parents, Anganwadi Balvikas Samitis, panchayats, and the community. Regular and consistent reporting and monitoring of ECCE activities, including the significance of early years learning at the Anganwadi, should be disseminated to communities through in-person parent/family meetings/events, as well as social media. Mobilization of parents, families, community, opinion leaders, PRI representatives, and State/National celebrities should be done through a people’s campaign on ECCE.

Other community-based platforms should be explored for reaching community members e.g. NRLM/SRLM SHG meetings. Experience has shown that communities themselves come forward to support childcare systems, provided participation is encouraged and appreciated.

The change in perception will also require the re-designation of Anganwadi workers as Anganwadi teachers, and Helpers as child-care workers; infrastructure improvements; reversing the declining participation of children through measures such as adding quality nutrition supplements such as eggs and milk, leveraging MGNREGS funds; expansion of timings; setting up of creches and day care services; as well as additional workers recommended in the following paragraphs.

## **B. Community-based Advocacy and IEC for Home-Based Care**

The young child begins her learning journey in the home. It is therefore essential to support parents and families to provide a stimulating early learning environment in the home. An Information-Education-Communication (IEC) campaign is imperative to enable the necessary behaviour change in parents, caregivers, and communities. The focus of IEC should be based on a 'Participatory Learning and Action' approach rather than implemented as a top-down campaign

### **The Task Force recommends the application of IEC as follows:**

**Information:** Facts relating to the science of holistic child development and the 'Why' of responsive caregiving for prenatal and infant health, nutrition, psychosocial stimulation, emotional well-being, protection/safety, early intervention for 'at-risk' infants, etc., should be presented in clear and simple language.

**Education:** The WHO defines this component of IEC as 'Activated Knowledge', which in the Task Force's framework would refer to both the 'What' and 'How' of early holistic child care.

**Communication:** This should be a two-way process, with dissemination through various channels/materials. It is important to note that much of IEC has traditionally depended on ineffective print media alone - leaflets, posters, booklets, etc. Even films, TV spots, and now messages on social media, will not be powerful enough by themselves to influence actual behaviour change in an area like child care practices. Materials need to be integrated within a set of activities in such a way that they allow for dialogue with the target group, in this case, parents / primary and secondary caregivers within families, as well as the wider community.

Given the above, the Taskforce recommends the home-based communication strategy with a new Home-based Community Outreach (HoCo cadre) of 'communicators' as an important way to motivate and persuade through interactive communication. This

cadre of workers would have the principal mandate to guide parents and caregivers in the 0-3 years age group children. More detailed recommendations on these HoCo workers are presented in later sections of this Report.

Recognizing the constraint in universalizing the provision of an additional worker as HoCo workers, and to minimize compromising on constructive interaction with caregivers, two parallel sets of IEC strategies are recommended to be implemented: a home-based caregiver education program delivered by Anganwadi workers and ASHA workers through structured home visits, and a wider community outreach campaign. The respective roles of Anganwadi and ASHA workers should be clearly defined to enable them to work together for the needs of communities and avoid needless overlap. The two strategies are described in more detail in the following paragraphs.

### **Home-based caregiver education delivered by ASHAs and Anganwadi workers:**

Home visits are already a part of the ASHAs' and Anganwadi workers' work. However, the intensity and quality of home visits need to be enhanced. The Task Force recommends a few additions to the number of visits of ASHAs undertaken with an appropriate increase in remuneration by Rs. 500 to be paid out of the budget of the WCD Department so that there is the needed focus on early stimulation and care and education of parents. Besides early detection of disability, growth faltering and nutrition counseling, a training programme for ASHAs can be designed to integrate these existing elements of her work with the why, what, and how of early infant stimulation and social-emotional well-being. Visual materials specially designed for these additional areas can be provided to them, with brief, simple texts to help them with the content of messages for each home visit and constructive communication methods.

Alongside, the monitoring and structuring of home visits by Anganwadi workers will need to be strengthened so that early child stimulation and responsive parenting become an important focus of such visits.

**IEC Campaign for Wider Community Outreach:** A sustained advocacy campaign within the local community should be implemented along with the above home visits strategy. The goal would be to create within the wider community a good understanding of the significance of the early years for human brain development, lifelong learning, and well-being. Effective IEC activities are needed to engage local decision-makers and community members to elicit their participation as stakeholders in holistic child development, and developmental risk mitigation. While planning such outreach activities care should be taken to ensure that they do not impact the implementation of ECCE (early childhood education) activities.

Besides the community as a whole, it will be important to target the following more intensively, to build perspective and form the necessary linkages and support for carrying out IEC activities:

- Members of Bal Vikas Samitis;
- ICDS Supervisors;
- Community leaders;
- Panchayat members; SHGs and other women's groups;
- Local NGOs, whose support can be elicited for IEC activities;
- Administrative personnel, especially at district and block levels (ICDS, WCD, Health, Education, Child Protection, Rehabilitation, etc.)

### **IEC Activities and Materials:**

Organizing a periodic (monthly), very lively 'Child Care Day' or 'Mela' in each village has been proven to attract male caregivers and other community members in large numbers. Varying interactive activities can take place during the event, where community members get involved, for example:

- Demonstrations of play activities for babies and toddlers
- Pictorial poster exhibitions of an interactive nature, with prime messages on holistic child care, with volunteers helping to interpret and discuss
- Demonstration of nutritious local recipes
- Quizzes related to information on holistic child care
- Corner for making playthings out of waste or inexpensive material
- Street skits delivering prime messages in the local idiom
- Short films, followed by Q & A sessions

Songs set to popular tunes, featuring prime messages, played over loudspeakers with appropriate content, and created through community interactions have been specially found to be useful.

There are examples of the above items available with various NGOs, whose expertise can be utilized.

Existing materials at the National and State level, print, and audio-visual resources will have to be reviewed, curated, and produced to implement such events in a creative and sustained manner. Radio has been used effectively in some low-income countries for ECCD community outreach. TV spots can also serve to spread a systematic series of child care messages. Enacting skits with hard-hitting messages, dialogues, and interviews on media have a greater impact than talks. The meaningful assimilation of information and messages by community audiences will depend largely on interactive communication, through the local language and sensitivity to the socio-cultural context embedded in the undertaking.

When addressing the needs of children under 3 years, the Task Force is of the view that communication about early stimulation alone, without embedding the messages along

with health and nutrition, will not be desirable. While ASHAs will cover health messages, especially immunization, the subject of nutrition, especially for the under threes, requires priority attention.

### **C. Nutrition Interventions**

When addressing the subject of ECCE and cognitive development, the Task Force felt it essential to recognize the close links between nutrition and brain development. The Taskforce notes that over 35% of young children in India are stunted, according to the latest NFHS data. Admittedly, this is a reduction from previous years. While one in every two young children was stunted in 2005-06, the prevalence is now one in three, in 2019-21.

Nevertheless, in absolute numbers, India continues to have the largest population of stunted children in the world. Child stunting impacts later developmental outcomes for children, including their ability to learn at school. Proper nutrition is essential for healthy brain development. If children have to fulfill their potential, they must be provided adequate care and nutrition in their earliest years.

There is no silver bullet; the Task Force recognizes that malnutrition in children is a complex problem. It requires multiple nutrition-specific and nutrition-sensitive interventions, such as the provision of adequate protein and green leafy vegetables, clean drinking water, toilets, and parental awareness. Other important interventions to support good nutrition in children include hot school meals and residential schools/hostels for children from disadvantaged homes.

In addition to the above, to break the inter-generational cycle of malnutrition, a life cycle approach is essential. The prevalence of child marriage is unacceptably high: one in four girls is still forced into marriage before she is 18 years of age. Supporting girls to access secondary education, retaining them in secondary school, and preventing their marriage in childhood will not only help them to reach their potential but also reduce the risk of early pregnancy and the prevalence of low birth weight among newborns. There should be a special focus on the first thousand days of a child's life, which includes the months before birth. The ICDS program with its network of nearly 1.4 million Anganwadis across India, is therefore, the primary policy intervention to address malnutrition in young children below the age of 6, as well as pregnant women and breastfeeding mothers.

Nutrition and health interventions for the pregnant woman, well before the child's birth, are critical to ensure good developmental outcomes for the child. Recognizing this, some States have replaced the dry monthly rations provided to pregnant women and breastfeeding mothers with a daily hot cooked meal at the Anganwadi, including eggs and milk, supplementing the ICDS cost norms with their financial resources. In such programs, the hot meal is not an end in itself, but the first step in a series of layered interventions including calcium, iron, folic acid, deworming, and nutrition education. Independent evaluation has borne out that this policy redesign has yielded valuable benefits in terms of

improved birth weight of babies, and improvements in hemoglobin, gestational weight gain, and mental well-being among pregnant women and breastfeeding mothers.

There is an additional weakness in the ICDS supplementary nutrition program in its present form. National Family Health Survey-5 (NFHS-5) findings show that only 11.3% of children below 2 years received an adequate diet. Infants and toddlers under 3 years of age do not come to Anganwadis for their supplementary nutrition; their families are instead provided with Take Home Rations (THR) as a packaged mix. This packaged mix is often of uneven quality, sometimes reported to be unpalatable to children, leading to wastage. It has also been pointed out in many published papers and even in reports submitted to the Supreme Court of India that this part of the program is prone to corruption and the Task Force urges MWCD to review and rethink this aspect of the ICDS supplementary nutrition program.

One intervention is the introduction of daycare/creche facilities for children under 3 years, which will be discussed in detail in a subsequent section of the Report.

Another effective intervention is the introduction of eggs. Eggs provide a valuable and locally available source of protein and have been introduced for children under 3 years along with Take Home Rations in several states, as well as for children aged 3 to 6 years who are attending Anganwadis. This intervention has increased enrolment and attendance. Studies have also shown that the introduction of eggs improves young child growth. This could also be one of the measures to reverse the trend toward private schools. The Task Force recommends the introduction of eggs in the supplementary nutrition program for both categories of children – those aged 3 to 6 years, as well as children under 3 years.

#### **D. Involvement of PRIs**

Child development is a subject under the 11th schedule of the Constitution added by the 73<sup>rd</sup> Constitutional Amendment. Rural local bodies – Gram Panchayats, Taluk Panchayats, and Zilla Panchayats – have a key role to play in ensuring the holistic development of young children in their communities. In many places, panchayats are already supporting not just infrastructure improvements but also the everyday functioning of the Anganwadis, from paying electricity bills to providing fresh fruit and vegetables. Based on their resources, gram panchayats can be encouraged to take on a greater role in everyday Anganwadi management, improve Anganwadi infrastructure, provide additional nutrition interventions such as fresh vegetables, eggs, and fruit, and support in everyday monitoring of Anganwadi activities. Where necessary, they can provide additional space and support for Anganwadi and crèche activities. They can also provide valuable support in community outreach.

Importantly, panchayats can also focus locally on equity and inclusion of all children and mothers who need Anganwadi services. The 2.6 lakh Gram Panchayats across the

country can thus play a leadership role in creating a vibrant early learning environment for young children.

#### **E. Infrastructure:**

The Anganwadi is an important part of the social infrastructure for the local community. The space constraint in a large number of Anganwadicentresneeds to be addressed urgently. There are inadequate spaces for feeding, napping, outdoor activities, and activities on parenting. Child-friendly public spaces are also inadequate. A large number of Anganwadis function out of kutchha buildings and buildings without electricity. Many do not have outdoor play areas or compound walls.

Every State/UT should immediately take up a granular assessment and mapping of all existing Anganwadis with identification and details of infrastructural constraints /inadequacy as per government norms on spaces, building materials, and infrastructure,including an accessibility audit and take up actions to ensure the minimum infrastructure standards at each Anganwadi, which should include a functional toilet, drinking water facilities, a kitchen, electricity, and space to carry out ECCE activities. The Ministry of WCD (MWCD) should earmark supportive and enhanced outlays towards infrastructure improvements and coordinate with other Ministries such as Rural Development for leveraging their resources under other schemes such as MGNREGA, SBM, and JJM for this purpose. Funds should be made available for regular maintenance and upkeep of the infrastructure. Attention also is needed to ensure a smokeless environment through innovations such as ‘smokeless chulhas’ and good ventilation in the Anganwadi space.

Where Anganwadis do not have their buildings, enhanced rental norms (with special attention to urban areas) should be issued by MWCD in consultation with States/UTs, with annual inflation-indexed rental norms both for rural and urban areas.

MWCD guidelines and enabling orders should be issued on priority specifying the infrastructure norms and the minimum child-friendly public spaces, as well as enhanced tier-wise inflation-indexed rental norms for rural and urban areas. States/UTs should also issue clear guidelines on the co-location of Anganwadis with enhanced infrastructure. Local Governments/Local Bodies should be asked to provide spaces for ICDS centres as per the norms.

Annually, a fixed percentage of urban and rural Anganwadis should be upgraded to meet vibrant ICDS norms based on State/UT resources, with support from MWCD. This should ensure that within a fixed time frame of 3-5 years, all Anganwadis meet basic norms.

At present MGNREGS guidelines provide for an amount of Rs 5 lakh per Anganwadi building construction. This is highly inadequate. It is recommended that MWCD may request MoRD to include the complete building construction of Anganwadis as a permitted activity under MGNREGS, similar to SHG worksheds under NRLM and other such

structures. The Task Force also notes that school compound walls are permitted under MGNREGS, but Anganwadi compound walls are not included. It is, therefore, recommended that MWCD should also request MoRD to include Anganwadi compound walls as a permitted activity under MGNREGS. This will be a valuable measure for child safety and well-being.

In the long term, all Anganwadis should be provided adequate infrastructure for ECCE programs as per norms mentioned in the ECCE Policy, 2013, and NEP 2020.

Infrastructure created by Governments, as well as from CSR funding should be child-friendly and developmentally appropriate. Eventually, all Anganwadicentres should be allocated their own permanent spaces and buildings with outdoor play areas, instead of functioning from rental premises.

## **F. Timings and AWW time**

While states have determined the working hours for Anganwadis, they do not have the option for flexible timings as per local conditions/monsoon/excessive heat and the needs of the communities. Further, they function for a limited time for operations, in some cases only for 2 hours, and range from an average of 4 hours to a maximum of 6.5 hours daily in different states/UTs. This is often inadequate for the proper transaction of ECCE within the day.

Flexibility in timings as per local context is recommended, to ensure a minimum stipulated period of a minimum of 2-4 hours daily of which 2-3 hours should be earmarked exclusively for ECCE. It is recommended that MWCD should issue guidelines on minimum working hours and flexible timings, based on which states/UTs can issue their guidelines.

Time paucity is a real issue in Anganwadis. It is recommended that States/UTs should be asked to relieve all Anganwadi workers and Helpers of all other non-Anganwadi duties, including election-related work. They should be able to concentrate full time on Anganwadi activities only.

However, even with this, assessments show that the Anganwadi worker has onerous responsibilities. Educationists have recommended that to carry out meaningful ECCE an additional worker trained in ECCE should be recruited for each Anganwadi. A recent Asian Development Bank (ADB) study has recommended the addition of two additional workers at each Anganwadi, one for ECCE and the second for household and community outreach and home visits. However, the Task Force acknowledges that budget requirements to provide for an additional worker besides the HoCo worker that is being recommended will be very large in comparison to the existing ICDS budget. Further, studies have also shown the rising demand for daycare services, particularly to take care of the 0-3 age group children who are largely left out of the ICDS system. In the above context, the following is recommended:

To enable the AWW to spend a minimum of four hours productively at Anganwadicentres, of which 2-3 hours is on ECCE, there is an urgent need to rationalize the time and effort she spends currently on various duties.

### **The recommendations in this regard are as follows:**

*Rationalize data collection from AWWs:* Since its introduction, substantial effort has been spent in supporting all ICDS stakeholders to use the Poshan Tracker app for data collection and supervision. However, consultations with frontline workers and state officials have also shown that there is further potential to review and streamline the data being collected. *The Taskforce recommends that the Ministry constitute a technical group to review the current status of data and forms requested through the Tracker, and streamlines these reporting requirements.* This initiative may help the average AWW save up to thirty minutes daily, which could be spent on ECCE.

Some illustrative examples below indicate that duplication and redundancy may have resulted in some cases, imposing a high time cost on the AWW to fill in the data, while not leading to useful information. In addition, no specific data points have been listed for monitoring the early childhood education programme in Anganwadicentres.

- a. *Upload of Take-home ration (THR) and Hot cooked meal (HCM) data for each beneficiary daily* – each AWW is required to do this; however, in practice, the Poshan Tracker dashboard itself only shows about 60,000 – 80,000 beneficiaries having received this on any typical day. The intended purpose could be served by uploading this as a monthly summary.
- b. *Anganwadi status (cleanliness, procurement, etc.) daily* – the daily checklist that the AWW is asked to fill may not lead to actionable data. This need not be collected mandatorily or stored in a physical register.
- c. *Census data of families of beneficiaries* – AWWs are often asked to update this weekly - this data could be updated on a quarterly level.
- d. *Health data such as a register of all persons with disabilities* (not just women and children) – such data may already be collected by the ASHAs, village rehabilitation workers, or other workers of the health department.
- e. *Physical registers* – nearly every state mandates AWWs to both, maintain formal physical registers and do the online upload. This mandate could be removed for matrix that are used only for day-to-day activity tracking.

*Upskill AnganwadiHelpers as child care workers:* Many currently serving AWC Helpers have the motivation, educational background, and capacity to support ECCE efforts, a trend that is only likely to increase with fresh recruitment. Most ECCE capacity-building efforts so far have been narrowly focused on the AWW. MWCD and States/UTs should also implement capacity building for Helpers on child-care, health, and nutrition education a phased manner, allowing her to support with early stimulation and learning, as well as taking greater responsibility in administering supplementary nutrition. it is

recommended that helpers should be re-designated as childcare workers and the effort should be to recruit those with 10<sup>th</sup> class pass as Helpers (childcare workers).

*Restricting AWW time and work to core efforts:* The AWW, as a key frontline worker available in every part of the country, has often been requested to conduct additional tasks on the requests of other Ministries and Departments, including election-related work as a booth-level worker.

The Task Force strongly suggests that MWCD and states/UTs should utilize the services of other persons in the field, such as women SHG members, retired AWWs, retired teachers, or college students to carry out data collection or survey work. This will ensure that the AWW's time is free for the core work of ECCE and other Anganwadi-related responsibilities. AWWs should only be asked to do their core work.

### **G. Anganwadi-cum-creches and daycare services**

In low-income households, when mothers of children under 3 years need to engage in paid work, their infants or toddlers are often left behind in informal care arrangements, typically with a grandmother, neighbor, or older sibling. Infant and young child feeding practices are key to improving child nutrition, and these are the years when nutrition and caring practices can have the greatest impact.

MWCD has previously also emphasized the importance of creches and day care services. Practical, innovative, and cost-effective creche arrangements are required for children, where they can be provided with early stimulation as well as supplementary nutrition while their mothers go out to earn a livelihood. There is, therefore, a need to expand day-care services, to ensure better participation of the 0-3 years age group children as also empower women. Two recommendations are made in this context.

First, the norms under the National Creche Scheme need to be reviewed and substantially enhanced after discussion with the states and other civil society stakeholders.

Second, based on demand, Anganwadi-cum-crèches with 2 workers should be set up and progressively expanded every year – where one worker can focus on quality ECCE for the 3 to 6-year age group, and a second worker can focus on under-3 years children. Initially, such Anganwadi-cum-crèches could start by enrolling children at an early age and at least from aged 18 months and above, up to 6 years. This is suggested as an interim strategy to initiate successful piloting. The interim strategy will build confidence among parents and caregivers that their young children are safe and well looked after at the Anganwadi-cum-creches. It will minimize the risk of accidents with very young babies. Thereafter, within a 15-18 month timeline of launching the Anganwadi-cum-creches, the programme should expand to enroll all children above 6 months, in line with maternity provisions that recommend creches for children between 6 months to 6 years. The proposed Monitoring Committee to oversee the roll out of the recommendations in this Report will ensure that the Anganwadi cum creches are expanded to enroll children from 6 months onwards as per the defined timeline.

The Task Force recommends that five per cent of the total number of Anganwadis in the country may be upgraded as Anganwadi-cum-crèches, that is, around 70,000 Anganwadi-cum-crèches may be set up in the first phase. The Task Force notes that about 8% of the Anganwadis across the country are mini-Anganwadis, with only one worker and no Helper. It would, therefore, be appropriate to start this initiative of upgradation into AWC-cum-creche with the mini-Anganwadis, where an additional worker could be provided for the under-3years age group. This is in line with the earlier announced MWCD policy to convert 5% of Anganwadis into Anganwadi-cum-creches and needs to be actualized on priority. It is estimated that this would entail an additional outlay of Rs. 4 lakh per centre. Cost-effective ways to provide safe daycare are presented in the following paragraphs.

In rural areas, the rural livelihood program MGNREGS already envisages the setting up of a creche at any worksite with five or more children below the age of 6 years, with one of the workers being designated as the caregiver. Funding to run the creche can come from MGNREGA, with a small appropriate modification in its guidelines, as MGNREGA workers will leave their children in its care; the creche building can be included as a permissible asset creation activity under MGNREGS, and space for the building can be provided by the Gram Panchayat (GP). GPs can engage a local women's self-help group (SHG) through the panchayat-level SHG federation of NRLM, to run the creche. Creche workers should be chosen by the SHG from among its members and given appropriate training by the State/UT ICDS Directorate. Enhanced supplementary nutrition can be provided from the ICDS program. The amount earmarked for the THR can be enhanced and provided for the nutrition component in these creches by transfer from the ICDS Directorate to the GPs, who will, in turn, monitor the creches and make payments to the SHGs based on the number of children served. Cooking arrangements can be shared with the Anganwadi.

In urban areas, as MGNREGA is not available, such creches should be set up in areas where major construction activity takes place, with support from the construction industry. It will be viable to do so in a clustered manner, at locations where most construction labourers stay, rather than a creche on every worksite. Urban women's SHGs can manage these creches, and ICDS can provide the nutrition component. Caregivers can be paid from funds collected under the Building and Other Construction Workers' Welfare Board.

These practical details can be worked out locally. Creches for under-3s will serve many purposes: improved women's labour force participation; livelihoods for SHG creche workers; greater engagement of rural and urban local bodies in basic childcare services; and above all, the opportunity for quality feeding and appropriate early stimulation for children under the age of 3 years. The net outcome would be the tremendous benefit that infants and toddlers could be properly cared for, engaged with early stimulation activities, and fed nourishing food with fresh and locally available ingredients during the hours in the creche; their mothers would be able to earn a livelihood while their children are safe in the creche. This would further enable them to care for their children better at home.

## **H. Vacancies and strengthening the quality of supervision:**

In several states, there are a large number of vacancies, especially at the level of CDPOs and Supervisors, which should be filled up on priority. This is all the more critical in the context of the rollout of the ECCE program in Anganwadis. ECCE rollout requires Supervisors, CDPO, and other field staff to be trained to support the program. Supervisors are the cutting-edge ground-level staff who will need to play the lead role in the implementation of ECCE. The Task Force wishes to emphasize the vital role required to be played by them. They will need re-orientation, training, and mobility support to make ECCE monitoring and supervision one of their prime responsibilities.

## **I. Piloting and universalization of innovative practices**

A clear time bound plan should be developed in consultation with States/UTs for piloting models and identification of levers for innovation and improving ECCE. This can include increased-hours Anganwadi-cum-crèches with an additional Anganwadi worker. There is also a need for innovative approaches in tribal areas, as well as among nomadic / semi-nomadic / seasonally migrant communities.

Awards/recognition can be announced for states/UTs that are successfully piloting innovative Anganwadi models. It is recommended that all successful evidence-based pilots must lead to planned, scaled-up implementation. In the long term, such an approach will lead to the universalization of ECCE programs with quality.

## **J. Role of civil society in system strengthening**

It is important to engage civil society organizations (CSOs) to bolster systems, improve quality through training and capacity building support, and improve access and inclusion. Generally, CSOs, especially those with programmes on the ground, have community support, trust, and deep connections within the community. CSOs at the grassroots can be involved to identify children in difficult circumstances and ensure access and inclusion. They can partner with the government in coordinating and organizing community-based ECCE programmes, training at different levels, and carrying out social audits of the programmes.

A database of CSO resources should be built up State-wise/UT-wise, to involve their expertise and experience in technical support, capacity building, resource development, research, M&E, policy formulation, and piloting model programmes. A consortium of CSOs' working with the Department of Women and Child Development and NIPCCD should be formed to share good practices, and ensure coordination and effective use of resources.

## **K. Special focus on urban areas**

Migration to urban areas is taking place at a rapid pace. There are gaps in the number of Anganwadis in these urban emerging settlements, and space constraints in the provision of adequate spaces for Anganwadis.

Apart from liberal revised rental norms in urban areas, common spaces should be identified especially in urban slums and migrant settlements for fortnightly meetings and parent/caregiver activities. Space should be specifically allocated in city / urban planning with young child-friendly infrastructure. These safe spaces should be constructed in a colourful, child-friendly way to function as a space for community activities related to ECCE and community programmes.

Access to ICDS and other public ECCE provisions, including creches and daycare, for migrant children, street children, and homeless children, should be done through enabling government circulars / Local Authority instructions, and also through monitoring mechanisms and hyperlocal tracking.

Further, to improve access, flexible timing should be introduced for parenting programs that are aimed at working and non-working parents. The timing of community-based and home-based programmes should factor in the timings of parents so that the frontline workers can engage with both male and female adult caregivers within the families. Documents and conditionalities of any type including identity documents of child or parents should not be mandatory for accessing ECCE public provisions, including the home-based services (this recommendation applies for rural Anganwadis too).

**To oversee the programme in urban areas, a base unit at the lowest tier of urban governance should be set up.** This unit should ensure convergence at the local level. Members of this base unit should include community and local representatives from different relevant departments.

## **L. Gender Inclusion**

The Task Force notes with concern from the data that in the 3-6 years age group, against a total of 146 lakh boys, less than 140 lakh girls are enrolled in the Anganwadiprogramme across the country. That is, the total number of girls enrolled is about 6 lakh less than the total number of boys. This reflects the lower prioritization by families for girls in enrolment for Anganwadi services. Girls' enrolment, attendance, and retention must receive greater attention and emphasis during training, community outreach, and monitoring at all levels of the programme. The Task Force recommends that a special drive must be taken up to enroll girl children who are eligible but not yet enrolled in the Anganwadis.

## **V. Curriculum Development & Teaching Learning Materials for ECCE for 3-6-year-old children**

### **Background**

The vision of the National ECCE Policy, 2013 is to achieve the holistic development and active learning capacity of all children below six years of age. This vision can be attained by promoting free, universal, equitable, inclusive, joyful, and contextualized opportunities for laying the foundation and attaining the full potential of every child, both at

centres and in the home. The key features of the approach to attain this vision include the promotion of developmentally appropriate practices of ECCE through a multi-pronged approach of laying down quality standards; developing the curriculum framework; providing appropriate and adequate play materials; conducting program assessment and actions to promote a stimulating home environment and responsible parenting and, not least of all, nuanced assessment and monitoring of the child's learning and development.

MWCD has developed the National ECCE Curriculum Framework, Quality Standards for ECCE, a national prototype for a pre-school kit, age-appropriate workbooks, and child assessment cards. These resources were shared with all States/UTs on April 21, 2014, for the contextualization and implementation at all Anganwadicentres(AWCs). Most States/UTs have developed and finalized their annual contextualized ECCE curriculum.

The availability of curriculum documents/guidebooks, pre-school kits, age-appropriate workbooks for children, and child assessment cards is mostly inadequate with wide variance across states. While a few states provide learning resources every year, in most states, however, learning resources are not available in many Anganwadis in a printed form due to various reasons. Capacity building of Anganwadi workers and Helpers to implement quality ECCE has been a challenge due to various reasons, including poor institutional capacity and inadequacy of budgets for conducting suitable professional development programmes.

NEP 2020 has made some significant recommendations related to ECCE. As per NEP 2020, the first stage of learning for all children is referred to as the foundational stage of learning. This includes three years of ECCE and grades 1 and 2 in primary school. The policy recommends that the curriculum for this stage should be a continuum of learning. The policy also recommends that children would attend ECCE programs in Anganwadicentres (located in the community or co-located with schools), pre-primary classes in schools (government or private), and standalone pre-schools. As per NEP 2020, the National Council of Education Research and Training (NCERT) would develop the curriculum for ECCE based on a National Curriculum Framework for Early Childhood Care and Education (NCFECCE). Given this, the existing curriculum framework developed by the Ministry and Women & Child Development will need to be reviewed, once the ECCE curriculum framework is finalised by the NCERT. In the meanwhile, the Task Force recommends that the existing framework developed by the States should serve as the guiding principles.

### **Recommendations:**

The Task Force is cognizant of two emerging trends – the perceptible shift of young children into private pre-schools, and under-age children being admitted in Class 1 in a few States. A major reason is a perception among parents and the community that very little learning takes place at Anganwadis. Along with measures to change this perception, some flexibility should be provided to Anganwadis in introducing elements of numeracy and literacy in a play-based and joyful manner, from the age of 4 onwards, provided that the

Anganwadi workers have been well-trained and do not resort to ‘rote-learning’ in any manner. Recommendations in the following paragraphs provide more details.

The Task Force makes the following recommendations for an age-appropriate curriculum for ECCE for children aged 3-6years. These require short and long-term strategies for effective development and implementation of an ECCE curriculum that is common across all models of ECCE to strengthen quality ECCE in the foundational stage as per the mandate of National Education Policy, 2020. The Task Force has identified certain non-negotiables that should be kept in mind when finalizing the ECCE curriculum, including what should not be included in the curriculum. The recommendations are given below:

- **There should be a common curriculum across the different models.** Based on the national curriculum framework for ECCE that is currently under development, a national ECCE curriculum should be developed including outreach to families for children below 3 years.
- The curriculum for ECCE should be developed for the entire foundational stage, including early primary grades to ensure the continuum of learning. Curriculum development should be based on evidence on critical periods of development, as have been seen through research, informed by developmental psychology and child development that inform learning and development standards for the growth and development of children.
- Theme-based curricula that have been implemented so far in Anganwadicentres in some States can become cluttered and even contrived when ‘trying to fit in’ all learning domains. There is also a risk of overloading content instead of promoting activity-based learning. Hence, it is recommended to provide flexibility in curriculum transactions in different learning environments.
- The ECCE Task Force recognizes the aspirations of parents of children attending ECCE programme at Anganwadicentres to learn to read and write equivalent to learning the 3R’s in the “pre-school” or early childhood education programme, as this is popularly the understanding of pre-primary “shiksha”.
- Children of this age group are naturally curious to explore their immediate world using their senses. Furthermore, children learn by doing, by experiencing and actively participating in the learning process as opposed to direct instruction, as is the case during formal teaching in school. Decades of research on “guided play”—more commonly called play-based learning—points out that it can have a greater positive effect on the acquisition of skills like maths, shape knowledge, than more traditional approaches that prioritize direct or explicit instruction. Alongside, there is also evidence that introducing formal learning of 3R’s during the stage of early childhood can have a negative impact on children’s learning in later years in school. With the adoption of NEP 2020 and the launch of NIPUN Bharat Mission

focusing on foundational learning, it is important that the learning continuum from age 3-8 is maintained. This would be possible when the ECCE curriculum lays the foundation for the development of reading, writing, and number work, and the pedagogical practices adopted during the early childhood education stage are also continued in the early grades at school. For this our recommendation is as follows:

- All **Pre-Literacy** content as mentioned in the National ECCE Curriculum Framework 2014, will be implemented through oral language interactions, language games, picture-talk, orientation to story books, exposure to a variety of graded texts etc. – across ages 3-6, , with attention being on all transactions to be in the language children understand and speak.
- All **Emergent/Early Literacy-Learning** content as outlined in the National ECCE Curriculum Framework will be implemented through provision of activity-based play and learning materials and with a special focus given to this domain for children aged 5+ (e.g. for phonological awareness, alphabet recognition, letter-sound matching, age-appropriate writing, etc.). Workbook-type material is recommended as part of the TLMs only for the 5+ age group.
- All **Pre-Numeracy and Early Numeracy** content of the National ECCE Curriculum Framework will be implemented **entirely** through active methods and daily-life applications using concrete, manipulative materials (e.g. for classification, pattern perception, seriation, etc, and progressing to number concepts, numerals, simple operations).
- Implementing this play-based pedagogy would need focused training for Anganwadi workers and Helpers. In addition, guidebooks, activity banks, and videos should be provided to them, demonstrating the appropriate manner to guide and conduct these learning activities.
- Parents and other stakeholders need to understand why and how young children's learning needs are different from what formal education provides, and why meeting these needs is critical to establishing a solid foundation for lifelong learning and development.
- The duration of the ECCE programme should be 4 hours. The program should provide for some rest period during the day and if it is of longer duration, as a full day programme, then a nap time is to be ensured.
- When the child is comfortable and proficient with the mother tongue/ home language first, this supports developing proficiency in the second language later. Children who develop proficiency in using their home language to communicate, get information, solve problems and think, can easily learn to use a second language in similar ways. Therefore, children should be encouraged to be proficient in their mother tongue/ home language first and then the formal language (which could be the regional

language). Continuous, consistent, and rich exposure to both languages is important for full bilingual development.

- **Holistic and flexible:**

While facilitating learning for young children, the focus must be on what they can do, and not on what we want them to learn. The curriculum should provide enough flexibility to children for exploration, learning by doing, understanding the world around them, and describing and expressing their interests. It should not be a rigid framework, which compels the children and Anganwadi workers to be engaged in four hours of rigorous activities without understanding the meaning of such activities.

- The ECCE curriculum should focus on all domains of development - sensory-perceptual, physical-motor, language and literacy, cognitive, personal, social-emotional, creative, and aesthetics - as development in one domain influences the other domains.
- The curriculum should be flexible enough for ensuring individual variations for children's growth and development. However, it should follow a sequence in which later acquired abilities, skills, and concepts, build upon what children already know.
- The Task Force recognizes that much learning can and should take place at home. Therefore, the curriculum framework must spell out activities to be carried out at home by parents and other caregivers.
- The transaction of the curriculum should primarily be through structured activities. For young children, play activities are important as they provide opportunities for exploration, experimentation, manipulation, and problem solving that are essential for learning.
- No textbooks should be mandated for children in the ECCE stage. However, children should have access to a variety of learning materials like picture books, posters of rhymes, etc. Existing activity books provided in preschools and Anganwadicentres have been seen to replace valuable adult-child interaction and hands-on learning activities for children. The use of activity books/worksheets should be revisited for 3 and 4year old children. Instead, Anganwadis should be provided every year with a detailed handbook on activities, including a detailed activity schedule for use throughout the year for different age groups and learning levels. It must be borne in mind that each child learns at herown pace and there should be no rigid requirement for specified learning outcomes at each stage of growth.
- There should be dedicated space for the display of children's work in the Anganwadi. The Task Force also recommends that existing guidelines on regular parent/family interactions in the Anganwadi at monthlyor quarterly intervals should

be closely monitored and termed as monthly ECCE day, where the children can show their work and their growth in learning to their families. Anganwadi workers can counsel parents on promoting learning through play/activities at home.

- The focus should be on oral language development by promoting the use of the mother tongue, and language that the children understand. This is especially required in locations where the spoken dialect is different from the state language, such as in tribal areas. This will require Anganwadi workers and Helpers to be recruited locally so that they are well-versed in the local language. This does not imply that the State language should not be imparted. Evidence suggests that in the early years children can learn multiple languages, but there is a need for a conducive environment for this, at home, in the community, and at the ECCE centre. The approach to teaching children more than one language in the ECCE centre, needs to be carefully thought out, planned, and systematically implemented.

- **Teaching:**

The curriculum, documents, and capacity building for Anganwadi workers/pre-school teachers must include guidance for adaptation of learning strategies to ensure the inclusion of children with disabilities, gender inclusion and inclusion of all communities. Inclusion must become a core principle of the curriculum.

- The curriculum, pedagogy, and capacity building of ECCE teacher/AWW must go on simultaneously. It should not be planned separately. The curriculum development should be child-centric, age-based, developmental goal-oriented in general, and what they can do (children's capability) in particular.
- The curriculum framework is an organized framework that addresses the context, contents, and pedagogy for the child during the early years. The field reality is that when Anganwadi workers are given multiple documents related to the curriculum e.g. teacher guide, activity bank, daily timetable, activity books for children, etc., they get confused and find it challenging to correlate the information in various documents in developing a daily plan, which results in principles of the curriculum not being evident in the field. In such situations, Anganwadi workers tend to focus more on the organization of ECCE activities without realizing the salient principles of child development. The capacity building of Anganwadi workers must emphasize the fact that the curriculum is a set of guiding principles, and that developmentally appropriate activities can be of many types. Therefore, Anganwadi workers will have the flexibility to conduct locally contextualized ECCE activities as per the principles of the curriculum.
- Capacity building of Anganwadi workers must include the contextualization of curriculum, principles of curriculum, processes of the child's learning & development, interaction with the environment, etc. so that they can manage parental pressures and queries regarding ECCE.

- **Parental engagement :**

Promoting parental engagement for supporting learning at home must be a priority. Parents should be made aware of the curriculum that is transacted at the Anganwadi centres / pre-schools and the need and importance of adopting a play-based approach which is different from the formal teaching-learning in schools.

- **Education technology :**

The use of digital tools in Anganwadicentres, if at all to be used, must remain limited and under adult supervision at Anganwadicentres/ pre-schools. If used, it should be blended with offline activities. It is important to create standards for assessing the quality of digital content. If audio-visual materials are to be used at all, there needs to be strict regulation on the amount of time these can be employed, and capacity building and supervision that ensures that the learning is not passive and that it is suitably moderated by the facilitating worker.

- **Balvatikas:**

MWCD and the Ministry of Education should issue joint guidelines regarding the implementation of strategies on the Balvatika, its ownership, and co-location of Anganwadis in primary school. Rather than being limited to building infrastructure, the co-location must focus on helping each other in teaching-learning processes and implementation of the ECCE curriculum.

- **Developmentally appropriate trajectory :**

Large numbers of underage children are visible in primary schools in class I. The foundation stage of the National Education Policy, 2020 specifies the age group of children to be covered as 3 - 8 years, i.e., three years of pre-schooling (3 -6 years of age group) and two years of formal school years Grade-I & II (7 -8 years). In this regard, strategies are to be planned to address the issue of underage children at school. Both the Anganwadi system and the primary school system should work together to ensure that children are on a developmentally appropriate trajectory for learning. MWCD must take up the issue of underage children with the Department of School Education to ensure enrolments in primary schools only take place after the child has attained the age of 6 years.

- **Teaching-learning materials (TLM) :**

The Task Force notes with concern the inadequacy of budgets for the supply of TLM to Anganwadis, both in respect of one-time budgetary outlays as well as the recurring amount for Anganwadis. It also notes that the amounts provided are much less than the norms for pre-schools and Balvatikas being supported under Samagra Shiksha Abhiyan of the Ministry of Education. This will create an inequitable environment on the ground and adversely impact ECCE activities in Anganwadis. The Task Force recommends that the one-time budget should be enhanced to Rs. 6000 for each Anganwadi, while the recurring budget is fixed at a minimum of Rs. 3000, as most TLMs would need replacement frequently once used.

It may be noted that in respect of Bal Vatikas the norm is Rs. 500 per child and the annual amount should be progressively increased on par with the Department of School Education's norms. This amount should be indexed to inflation. The Anganwadi teacher Handbooks should be designed and produced locally at the State/UT levels, based on local requirements. TLM materials should be designed based on Central guidelines, approved content, and broad specifications. The States should, however, be provided flexibility on the guidelines based on local conditions. However, the procurement of all TLMs based on the Central/State guidelines should be decentralized and entrusted to Gram Panchayats and/or Anganwadi committees where they are active.

- Keeping in mind the need to create a stimulating learning environment at home and promote responsible parenting, simple play materials along with activities that can be carried out should be designed and parents and other caregivers at home encouraged through sustained engagement to procure such materials and spend time with the child on activities that stimulate cognitive development.

## VI. Capacity Building, Institutional Development, Monitoring & Supervision

### Current Status

The ECCE Task Force has identified capacity building at every level of the ICDS as a key requirement for the effective implementation of ECCE across the country. Research studies and review of the ground realities indicate that:

- 65.84% of Anganwadi workers had inadequate/improper knowledge and awareness about the ECCE component of ICDS (Kular, S.S., 2014).<sup>1</sup>
- Most parents felt that the Anganwadis were not adequately equipped to provide early childhood education / pre-school education (PSE), for want of proper training. In the absence of a regular schedule or curriculum for PSE, the child did not learn the essential concepts at the Anganwadi. The study pointed out the need for continuous education and training of Anganwadi workers with regular social audits and hand-holding (Rehman, H.M., et. al., 2017)<sup>2</sup>
- Higher educational qualifications among Anganwadi workers were found to lead to a better quality of education at the Anganwadi, leading to social, emotional, and behavioural gains for the child. Based on the conclusions of the study, the recommendation was to have well-structured training for Anganwadi workers (George, N., et. al. (2021)<sup>3</sup>.

1. Kular Singh Sarabjit, A Study on Anganwadi Workers in Rural ICDS Blocks of Punjab. Int J. Humanities Soc Sc Intervention. 2014.3(9); 1-4. [www.ijhssi.org](http://www.ijhssi.org) Volume 3 Issue 9 II September 2014 II PP.01-04.

2. Rehman H.M., Patel S.P., Agarwal M., et. al., Utilization and parental perception towards Anganwadi services in rural Lucknow – a cross-sectional study, Int. J. Health Sci Res. 2017; 7(7):22-30.

3. George N., Mani P. S., Sawthi E, Tharun R., Anganwadi Centres in Society, Int. J. Community Med. Public Health, 2021; 8(7), 3269-3633. Link: DOI: <https://dx.doi.org/10.18203/2394-6040.ijcmph2021/626>

The rollout plan of the National ECCE Curriculum Framework, Quality Standards for ECCE by MWCD (2014) has emphasized training and supportive supervision of the Anganwadiservices scheme functionaries, to enable the Annual ECCE curriculum to be effectively transacted in Anganwadicentres. As per the framework, training was provided to State Level Master Trainers (SLMTs) by NIPCCD, and District Level Master Trainers (DLMTs) by State Governments, in two phases of five days each. Anganwadi workers were required to be trained by DLMTs at the local level. A total number of 312 SLMTs from 33 States/UTs were trained in the first phase and 164 Master Trainers from 25 States/UTs attended the second phase of the training.

Additionally, NIPCCD has also conducted some training programs on the ECCE curriculum for ICDS functionaries as per requests from States/UTs. Over the last few years, many states have conducted ECCE capacity building training for Anganwadi workers, in line with State curricula, with support from Central / State Training Institutions and civil society organizations.

However, visible shortcomings persist, for a variety of reasons. Various challenges are confronted by SLMTs and DLMTs while planning and conducting the training of Anganwadi workers on ECCE at the field level, including the irregular release of funds, non-availability of audio-visual aids at block levels, inadequacy of ECCE Kits and Teaching Learning Materials (TLMs) for transacting the ECCE curriculum, non-printing of supportive materials, etc. There is a need to upgrade and enhance capacity building infrastructure at all levels, introduce newer technologies for learning and monitoring the deliverables, and converge training inputs at the macro and micro levels, while linking it to the overall policies of the State.

Many State-level institutions had outsourced several components of training to external institutions and organizations and have not developed the required capacity to undertake training themselves in the light of the new Central guidelines requiring them to impart training directly.

## **Recommendations**

The above position of human and material resources and operational shortcomings can be overcome through immediate, intermediate, and long terms actions covering the entire gamut of issues concerning the effective rolling out of ECCE. Each level of stakeholders must be covered regularly and systematically – from State-level Directors of ICDS and their teams to SLMTs, DPOs, DLMTs, CDPOs, other field level staff, Supervisors, Anganwadi workers, and Helpers.

The following recommendations are made to improve the capacity of the system and allow strategic re-positioning and action by the stakeholders of the ECCE domain.

### **a. *Design principles for capacity building:***

The following design principles are recommended for designing any capacity building for any category of stakeholder:

- Capacity development should be continuous and long-term, rather than one-off;
- Each capacity building session should be short and modular;
- Capacity-building sessions should be conducted in small, distributed, and decentralized locations, as close to the stakeholder's working spaces as possible;
- Capacity building should be multi-modal– in-person training are most critical. They should be supplemented but not replaced by digital synchronous and asynchronous training and inputs.

#### **b. *Capacity building at the grassroots***

- Certification and formalization of ECCE qualification: State Governments should implement the NEP 2020 recommendation to provide training in ECCE of six months duration for already recruited Anganwadi workers with 12th pass qualification and twelve months' duration for those with 10th pass qualification. However, it may not be practicable for Anganwadi workers to be provided training at one go for 6/12 months. It is, therefore, recommended that the training may be broken up into 3-4 modules or more, with the flexibility provided to States/UTs. Training should be blended, with at least a monthly in-person session of one day, accompanied by digital modules. Anganwadi workers should be fully reimbursed for the cost of such training, including the cost of fees for taking up these courses.

**Equivalency:** The existing IGNOU one-year Diploma is offered only to students who have completed graduation. Currently, IGNOU and UNICEF are developing a 6-month certificate course on ECCE which will be in a blended mode including online modules, face-to-face sessions, practical assignments, and reading materials. Once developed this course should be treated as equivalent to the one-year Diploma.

- On Completion: All Anganwadi workers, on successful completion of the 6 months /12 months training programme, should be given a diploma/certificate and be entitled to enhanced remuneration. An enhancement of Rs. 1000 per month is recommended.

- **Re-designation :**

All Anganwadi workers should be re-designated as Anganwadi teachers. This will raise the profile of the Anganwadi as a learning centre within the community, and of the Anganwadi worker as an Early Educator. Anganwadi workers who have undergone the 6/12 month (or equivalent) and completed five years of service should be designated as Senior Anganwadi teachers (or appropriate alternative designation) to distinguish them from those that have not yet undergone training. This will also incentivise the remaining Anganwadi workers to complete their training quickly.

- Induction training on recruitment: should be in-person and conducted for a minimum of 30 days, of which weeks should be on ECCE. In-service training should ideally

include 3-days in person every three months, resulting in 10-12 days of in-service training annually, conducted in decentralised locations, not beyond the taluk level; this would be in addition to digital modules delivered over Central/ State Applications, Whatsapp, YouTube, and Facebook Live, etc.

- To facilitate interaction among Anganwadi workers it is recommended that cluster learning centres be set up that could act as resource centres. At some locations, where there is suitable infrastructure and space, Anganwadis themselves could be upgraded as cluster centres. These could also be used to provide exposure to children from neighbouring Anganwadis.
- Anganwadi Helpers: It is important to reorient and re-designate Helpers also as Child Care Workers. Each Helper should on recruitment be provided with a 2-week Induction Training programme on ECCE. Thereafter, there should be regular In-service Training programmes for Helpers as they can be associated with play activities related to ECCE. In cases where helpers possess a 10<sup>th</sup> pass qualification, they should be permitted to attend the one-year training, on satisfactory completion of which, they should be provided with a Diploma Certificate and an enhanced remuneration for the same. An enhancement of Rs 1000 is recommended.
- Decentralised block-level training: In line with the principle of training being close to the place of work, states should conduct in-person training at the block level. ICDS functionaries could tie up to use facilities of the Panchayat Raj, Education, and Health Departments, where needed.
- Topics to be included in capacity building:
  - Developmental milestones and early identification of delays if any
  - Child protection issues, child abuse, violation of child rights
  - Skills for parental/caregiver training, peer group response, and support, awareness generation in the community for learning
  - Plans, care, and development of children with special needs
  - Development and use of local TLM and toys for ECCE in Anganwadi centres.

- **Minimum package of capacity building modules :**

Central training institutions such as NIPCCD, with support from NCERT and civil society experts, must design a minimum standardized uniform and differential non-negotiable package of capacity building modules for each category of functionaries under ICDS to be followed by each State/UT, which the States/UTs may add but not reduce/modify in content and pedagogy.

- **Local contextualization :**

States should do local adaptations and contextualization of the framework to draw upon the experiences of State DWCDs in ECCE-related capacity building, supported by civil society organizations working in the sector. This may also be necessary at district/block level in tribal areas.

### **c. *Institutional Strengthening of NIPCCD and WCD***

- As MWCD's major training institution, NIPCCD is itself in the process of restructuring and upgradation. There is a visible need to strengthen its resources for ECCE capacity building, quality control, and monitoring of field processes, as well as its capacity to undertake relevant research on ECCE.
- In keeping with the primacy of ECCE as envisioned in the NEP, Government of India should in a short period, on priority, take steps to make NIPCCD an institution of National importance.
- It is observed that there are several vacancies for faculty positions at NIPCCD. For effective implementation of the NEP provisions relating to ECCE, all vacancies in NIPCCD must be filled up on priority.
- A division should be constituted at NIPCCD, dedicated to ECCE-related capacity building, research on ECCE, monitoring and support on ECCE to States/UTs under the Anganwadi Services Scheme. This Division should be provided with appropriate budgets and resources. This ECCE Resource and Research Centre should be headed by a Professor with 4 Associate/Assistant Professors. These positions should be filled on priority.
- Similarly, each Regional Centre of NIPCCD should have a new position of Associate/Assistant Professor for ECCE, and the positions filled on priority.
- NIPCCD should be permitted to utilize the services of qualified ECCE Specialists as short-term faculty on contract/consultancy.
- Institutional strengthening of NIPCCD should ensure that there is a nodal ECCE faculty member for every large state/cluster of small States and UTs. Keeping in view the importance of ECCE in the context of NEP 2020, the Ministry will need dedicated manpower to monitor and supervise ECCE implementation in the states. It is, therefore, recommended that the Ministry should create a dedicated ECCE Division with adequate support staff for this purpose.

### **d. *Institutional Strengthening of State ECD training institutions***

- NIPCCD and its Regional Centres should conduct a Rapid Assessment of the Status of ECCE capacity building and outcomes in States/UTs to establish a baseline for MWCD interventions to strengthen ECCE in States and UTs.
- Each State should set up its ECCE Training Institution or expand its existing Training Cell to include ECCE, with the help of civil society specialists. SCERT and DIET have this mandate and WCD and School Education Department should jointly work on this.
- MWCD should support these State-level ECCE training institutions/divisions at each of the State Training Institutions so that new positions can be created immediately and filled on priority.

- State-level institutions should be permitted to utilize the services of qualified ECCE specialists as short-term faculty on contract /consultancy. Remuneration for such services should be suitably enhanced to attract the best talent.
- In addition, experts from civil society organisations should be permitted to be taken for short-term training assignments and the remuneration for such services suitably fixed to attract the best talent.

**e. Capacity building at district and sub-district level - Supervisors, other field staff, CDPOs, DPOs, SLMTs and DLMTs**

- ECCE capacity building/refresher programs of at least 10 days' duration for Supervisors, other field staff, and CDPOs, and 5 days' duration for DPOs and senior officials, should be conducted every year for these cadres by State Training Institutions, based on training modules developed in consonance with National guidelines contextualized for local conditions.
- Intensive core competency skill workshops on ECCE should be organized by NIPCCD periodically, in a demonstrative and experiential mode, for SLMTs. These should then be further conducted by SLMTs for DLMTs. Ideally, SLMTs should attend 5-day workshops at the National level every six months, and DLMTs should attend 5-day skill workshops every six months at the State level.
- Capacity building for these cadres should include a special focus on leadership development and supportive supervision for ECCE activities.

**f. Capacity building of State WCD Departments**

- A course on ECD through National and State-level Administration Academies should be designed by NIPCCD for the basic orientation of senior officers joining the Department of WCD as Directors, JDs, DDs, POs, and DPOs and made compulsory for all incumbents. The curriculum must go beyond ECCE and include modules to equip the officers as leaders. The training curriculum should also include the latest research findings and evidence, best practices from other states and civil society organizations, and a repository of resources. Quarterly virtual training or in-person regional training of one-day duration, as well as on-demand online training, should be conducted for senior officers who join these departments from time to time.
- Quarterly and Annual ECCE workshops should be organized centrally for senior officers in the state/UT departments of WCD/ for updates and decisions on the training and research needs of states/UTs under the ECCE component.
- Quarterly Regional meetings of Nodal Officers should be held with the Training Division of NIPCCD for promoting cross-learning and cross-sharing on ECCE issues.

## **g. Special modules**

- Special capacity building modules should be developed for capacity building in mental health, disability identification, inclusion, etc., for each level of functionaries of the Anganwadiservices scheme.
- Mapping of ECCE resources in States/UTs should also include human and institutional resources for mental health, early disability detection, teacher development and child protection.

## **Key enablers for capacity development and institutional strengthening**

### **(i) *Infrastructure Improvement and Extension***

- There is a need for effective field coordination of child development functionaries with functionaries under Samagra Shiksha Abhiyan for utilizing the infrastructure available under the Abhiyan [i.e. infrastructure and training equipment of the District Institute for Education and Training (DIET), Block Resource Centres (BRC)/ Urban Resource Centre (URC)/ Cluster Resource Centre (CRC)] for localized ECCE capacity building by DLMTs. Similarly, the infrastructure of the Panchayati Raj Department and district-level Health Training Centres may also be utilized.
- Resource mapping of resources for capacity building of functionaries under ICDS to deliver, support, and monitor ECCE activities should be undertaken by NIPCCD for convergent and optimal utilization of resources. Importantly, NIPCCD should also develop an alternate model for capacity building in regions where there is an absence of an adequate number of training centres for capacity building of Supervisors, Anganwadi Workers, and Anganwadi Helpers.

### **(ii) *Continuous supportive supervision and monitoring at central, state, and local levels***

- Each State should develop its five-year and Annual ECCE capacity-building plan and database of resource persons. This should be developed with the aid of Regional Consultative Meets organized by MWCD/NIPCCD. The plans should include an estimate of the budgets required for capacity building.
- Tools for supportive supervision of ECCE should be designed by MWCD / NIPCCD in partnership with civil society specialists, which can be adapted by states/UTs for local use.
- MWCD should support States/UTs to devise schemes or resources for the mobility of Supervisors who have to visit Anganwadis for supportive supervision. An interest-free two-wheeler loan can be considered, with a monthly fuel allowance and driving training, if necessary. Supervisors should be provided tablets or laptops to manage monitoring data, along with basic training on digital literacy and the use of the relevant digital Applications.

- ECCE discussions should also be a mandatory part of monthly Supervisor-Anganwadi worker meetings.

**(ii) *Appropriate use of technology***

- Technology, if used thoughtfully and contextually, can be an important enabler for ECCE capacity building within the Anganwadi system. ICT can be leveraged through multiple modes and channels including, but not limited to IT applications, Call Centers / IVRS, TV, radio, Youtube, Whatsapp, websites and Apps, video conferencing, and so on.
- Technology for capacity building should be two-way and interactive as far as possible, allowing for constructive communication. Examples include counseling through Call Centers, moderator-led Whatsapp peer groups, and controlled Facebook groups. Delivery should allow for asynchronous access, allowing usage of such interventions at a time of stakeholders' choosing, given the limitations on and unpredictability of time and device/network availability.
- In-person ECCE training can be supplemented by periodic online capacity-building sessions, leveraging YouTube Live and other conferencing tools. The hybrid online-offline training could culminate in the certification and recognition of Anganwadi workers as ECCE educators.
- MWCD and NIPCCD should, jointly with States/UTs, conduct such ICT-enabled ECCE training for DPOs, CDPOs, other field staff, and Supervisors. A Digital Repository of such capacity-building content should also be curated centrally by NIPCCD, which can be adapted and localised by states/UTs for their training at Anganwadi worker/Helper level.
- Sessions should include introductory training on digital tools to help build stakeholder confidence and comfort. This is especially important for older stakeholders.
- The Task Force is of the view that the existing training and capacity-building budgets are woefully inadequate and recommends an immediate doubling of the existing budgets both at the level of the Centre and the States.

There is also a need to strengthen governance. The National ECCE Policy 2013 had recommended an ECCE council that would have representation of senior officials of all relevant Departments. MWCD must issue guidance for this and states must ensure that there is a functional ECCE council that provides leadership to the programme in the state. Similarly, coordination mechanisms should be put in place at the district level.

## VII. Home-Based and Community Outreach (HoCo) Programme for Under 3s

Strengthening the well-being of children under three years of age, their families and communities through community and home-based services for children from birth to three years of age has been part of policy articulation for a long period. Before the Right to Education (RTE) Act, 2009 was passed, the education of all children from birth to fourteen years of age was part of the Constitutional vision and continues to remain so within the Directive Principles. Over the years, the importance of early childhood care and education has entered the country's imagination and has evolved. This is especially reflected in the priority status given to ECCE as a part of foundational stage learning in NEP 2020. It has been established that in addition to health intervention, children under three years require appropriate nutrition and early stimulation for their holistic development.

The key recommendations for home-based and community programme are:

- a. A large and sustained advocacy and Information-Education-Communication (IEC) campaign on effective parenting, including the father) with identified key messages.
- b. Close monitoring of home visits by Anganwadi workers, providing them with the requisite tools and guidance, and making this an important item for review by supervisors.
- c. Training of Anganwadi Helper (childcare worker) on the communication of home-based care and effective parenting messages, and provided an additional remuneration for this work.
- d. Leverage PRIs for the community connect and get them to focus on issues of 0-3 year old children.
- e. Specifying more clearly the role of ASHA workers in the early detection of disabilities and guidance on early stimulation. Joint training of ASHAs and Anganwadi workers on this subject will be of great value.
- f. Working closely with the Health Department to ensure that even from the pre-conception stage, couples focus on the health of the woman, reduce the number of low birth weight (LBW) babies and radically reduce stunting levels so that brain development does not get impaired.
- g. Enhanced and close monitoring of health and nutrition indicators of the 0-3 by Anganwadi workers and supervisors.
- h. Additional day care services for 5-10 % of Anganwadis (rural, urban, and tribal) to ensure physical participation of 0-3 yearold children in the centres. Special attention to the new fast emerging urban settlements as well, and where there is a felt need in rural& tribal areas. Based on the need and availability of resources, this expanded Anganwadi-cum-crèche/daycare program can be increased by 5-10% annually.

- i. In the long term, a Home Based and Community Outreach worker (HoCo) is proposed for children under three years and their families, to promote family well-being and positive parenting practices.

## **Outline of the Home Based and Community Outreach Programme -**

### ***Current Status***

To realize the goal of holistic development for all children under six years of age in the country, a Home Based and Community Outreach programme is proposed for children with a focus on under three years and their families, to promote family well-being and positive parenting practices. The programme aims to improve the social and emotional well-being of parents and develop community groups to improve family-level outcomes.

Children under three years of age in India are at present part of government health programmes on immunization, malnutrition, and other health care programmes. The National Family Health Survey 5, 2019-21 reveals that the sex ratio for children under five years is 929 for 1000 boys, 76.4% of children under 2 are fully vaccinated, 35.5% of children under three are stunted, 63.7% are exclusively breastfed, 45.8% children between 6 to 8 months receive solid food at the age of six months and 67% children under five are anemic. These data speak volumes about the levels of early deprivation.

Learnings from several global initiatives suggest that home visits by a community-workers coupled with community-based outreach events and centre-based counselling sessions can have a significant impact on parenting practices and lead to behaviour change. Programmes for early stimulation and learning have been few and far between. The few programmes that do exist are mainly provided by the NGO sector, with some small-scale impact studies. Hence there is inadequate impact data in this area as compared to health status. In a study conducted by Harvard T. H. Chan School of Public Health in partnership with Mobile Creches in India (results yet to be published) that covered two groups of children – those below 2 years, and those between 2 to 5 years – it was found that during the Covid pandemic, among children below two years of age, 33% had emotional difficulties and 28% had behavioural problems since the start of the pandemic. The percentages were 38% and 33%, respectively for children between 2 to 5 years of age. The pandemic had increased the stress on caregivers. One in every 3 caregivers had experienced frequent symptoms of anxiety. These findings indicate the need for support through programmatic interventions for the emotional, social and psychological well-being of children and parents, and to enable positive responsive parenting.

As far as early stimulation is concerned, children under three years are mostly out of the realm of State programmes, despite rapid brain development during this period – as we know from research; more than 80% of the brain develops by the age of three years. The absence of early stimulation impacts their lifelong learning.

The Task Force recommends the implementation of a home-based community outreach programme across the country and progressively with the induction of a dedicated home-based community outreach worker cadre.

### ***Focus and Coverage***

The HoCo programme will strengthen the continuum of early learning up to the age of five years, strengthening the foundation on which formal school education is built.

Special focus in the short run should be on the 200 high burden districts identified by NITI Aayog, as these districts comprise the major section of children and families in poverty and social disadvantage. The ECCE Policy, 2013, the National Education Policy, 2020, the National ECCE Framework, and other National Reports (such as NITI Aayog SDG Tracking Report) on social and economic marginalization can also be consulted to identify vulnerable groups of children and their social and geographical locations. The programme should have a special focus on children in difficult circumstances – such as children on the streets, children on construction sites, brick kilns, salt pans, children in orphanages, children on the move, displaced children, children of prisoners, children in hospice care.

It is recommended that each HoCo worker be given a remuneration of Rs. 8000 per month with the Central share of 60% and the programme is piloted in 1 lakh AWCs in 200 high-burden districts.

MWCD should also facilitate external funding of ICDS strengthening projects as being designed through ADB funding that focuses on ECCE and provides for a HoCo worker. These could be initially taken up for the North Eastern States, as well as selected districts/UTs where Child Development indicators are low.

MWCD should undertake, through the States and UTs, a geographic mapping assessment of Anganwadis, especially in new emerging urban settlements where there could be a need for opening additional Anganwadi centres. As a first step, Mini-Anganwadis should be considered for upgradation as Anganwadi-cum-Creches by adding an additional worker so that the Anganwadi worker gets more time for ECCE and household outreach. There could also be a few locations in States where because of a sharp fall in fertility rates, the number of children in the catchment area has dropped significantly. In such cases, MWCD in consultation with States/UTs could look at the feasibility of merging two Anganwadis within a village where the participation of children is low and there is no caste/community exclusion risk, and no risk of a child being left out or being forced to drop out due to the distance of the merged Anganwadi location. In the case of such mergers, there should be no cuts in the existing budgets of the centres.

Areas of the country that have seen a steep decline in fertility rates and mushrooming of private schools could be specially reviewed for examining mergers. In all such cases, both workers and helpers should continue to be employed in the merged Anganwadi which would provide optimal use of existing budgets without any additional

budgetary outlay. This will then enable the additional worker from the merged Anganwadi to become a HoCo worker.

The target group for the home-based community outreach programme would be

- Pregnant women; lactating mothers; adolescent girls; Pre-conception married women.
- Children from birth to 3 years of age
- Parents and other adult members of the families with children under three years
- Other parents in the 3-6 year age group.
- Families with children with disabilities
- Adolescent girls not enrolled in school
- The focus should be on fathers and other male members of the community

#### **The enablers would be :**

- AWWs, AWHs, ASHA workers
- WCD Supervisors, CDPOs, and other ICDS functionaries
- Members of rural and urban local bodies, and community structures eg: Bal Vikas Samiti / Anganwadi Committee
- Health functionaries
- SHGs / Mahila Mandals / Mahila Samakhya Groups / CBOs / CSOs/Local NGOs.

As the HoCo cadre would initially cover only 1 lakh Anganwadis, the above set of enablers would have to be engaged very closely so that there is a significant impact on home-based parenting and community outreach activities across the country.

#### ***Role of HoCo workers***

At Anganwadis identified for the new HoCo worker, each worker would be required to work 5 hours per day and undertake 4 home visits for 5 days a week. On Saturdays, she will be involved in community activities, in a space assigned for community activities. This space can be located within the AWC, Panchayat buildings, Community Centres, or any other community spaces. The duration of each home visit should be at least one hour. Each family with a child under three years of age in the community should be visited at least once in two weeks. The HoCo worker should also conduct a fortnightly meeting with mothers/ other caregivers. This way, one HoCo worker will cover 40-45 children in one month, in her local community.

#### ***Messages and convergence***

The HoCo Programme should be linked to other programmes such as ICPS, programs for children with disability, or other vulnerable groups such as street children, etc.

## **The key messages to be provided through this programme:**

- Healthcare and nutrition of adolescent girls
- Healthcare and nutrition of young women before conception
- Care during pregnancy; neo-natal care, child and maternal health
- Infant nutrition and importance of flagging growth faltering for intervention. Growth faltering and its consequences should be clearly explained.
- Importance of spending quality interactive time with children by adult family members, including the father.
- Stimulation/responsive caregiving, and how to provide it through conversation and play, using play materials from daily objects and locally available / waste material. Parents will be provided with materials on counselling on stimulation and counseling on scientific childcare practices and also addressing superstitious and harmful practices of childcare and other scientific content.
- Care for the social and emotional well-being of children under three years and their families
- Addressing disability through early intervention and stimulation activities
- Identification and monitoring of child development outcomes
- Child protection and safety should be part of the key messages
- Involving fathers and male adults in the family in caregiving practices
- Support to parents of children in the 3-6 year age group on ECCE activities that can be undertaken at home.

Motivating fathers and other male family members to play a role in child care is necessary to both provide balanced parenting to children. Hence the home visits and community programs include male members of the families. The messages on health, nutrition, growth faltering, breastfeeding, and growth monitoring will also be reinforced by ASHA workers.

To enable the HoCo workers to carry out their responsibilities, materials and social media communications that are to be used at home and for community events will need to be designed, developed, and supplied to the workers.

Homes with developmentally at-risk babies and toddlers should be flagged for visiting more frequently for special counselling. Where required, linkages need to be established between programmes on early intervention and for children with disability, programmes for street children, etc. There should be disability screening for early intervention and ensure the inclusion of vulnerable groups in the weekly and fortnightly community-based activities.

It is important to note that Home Based and Community Outreach programmes depend on effective convergence at the grassroots. Linkages should be established

between WCD, Health, Education, Water & Sanitation department, RDPR, UDD, Tribal Affairs, Minority & Social Justice, and Empowerment Departments. Programmatic linkages between the HoCo programme and NRC, Poshan Abhiyan, RBSK, ICPS, MGNREGA, etc. are required for the optimum impact of the program. These linkages should be enabled and monitored through the community structures. The program will aim at the holistic development of the young child and hence the linkages will be critical for realizing the program goal of holistic child and family well-being.

Supervisors will have to ensure proper record keeping on the number of home visits and the number of families attending weekly/fortnightly community outreach programme, development milestone tracking for each child, and growth faltering data for each child by the HoCo cadre. This should ideally be on a mobile Application to enable ease of record-keeping and sharing of data with the relevant agencies for a referral. Parents should also be provided with regular updates, especially in case of any red flags or alerts concerning developmental milestones or delays.

### ***Community structures***

Community structures have an important role to play in effective implementation in the community. The roles to be played by the community structures like rural and urban local bodies, Bal Vikas Samitis, etc. would include:

- Supporting community outreach programs
- Prioritize ECD agenda in local development plans
- Monitoring the quality implementation of the program
- Ensuring convergence between departments at the local level
- Facilitating linkages for family and child entitlements
- Finding and allocating community resources and funds for the quality implementation of the program (community buildings, basic services, panchayat/ward funds)

The community groups will need to be trained on the objectives of the program and their roles.

### ***HoCo Cadre qualifications, remuneration and training***

The Task Force recommends that the HoCO worker should be preferably 12<sup>th</sup> pass and a minimum of 10<sup>th</sup> pass and drawn from the local community. The suggested minimum remuneration is Rs. 8000 per month.

The HoCo training is recommended as under :

- Short, distributed and recurrent training sessions, each of 2-3 days duration. About 4 such sessions in 10-12 months, to cover objectives, content, and processes of delivery of messages to parents and other caregivers.

- Basic knowledge related to early child development is conveyed to them in very simple, non-technical language
- Ways to motivate caregivers to avail of the programme by creating demand
- Firm understanding and familiarity with the prime messages related to all domains of holistic child care to be conveyed to caregivers, and facility in using print and audio-visual materials developed for the programme, which must be in the simplest form and language. There should be plenty of opportunities for actual role-play.
- How to prepare for, and conduct effective, highly participatory caregiver meetings, engaging caregivers through constructive, conversational communication, building on existing community knowledge and needs, and sensitively correcting misinformation. Caregivers would be encouraged to bring their babies and toddlers with them to the meetings, so communicators to be trained in how to demonstrate stimulating activities for each sub-age group with actual children. Short video clips should also be used, if technology permits.
- How to conduct effective home visits for building rapport with families and eliciting feedback.
- Supervisors' support in planning, with HoCo cadres, the caregiver meetings

A cascade model of training should be adopted. A pool of Master Trainers at the district-level should be identified from good technical support NGOs, academic human development departments, knowledgeable independent resource persons, etc., to conduct training of trainers (TOTs).

ICDS Supervisors and other resource persons at the block level should be trained directly by Master Trainers. Their content and process will be mostly similar to communicators' training, as they will need to build the same understandings and skills.

The supportive role of AWWs in the HoCo programme is vital, especially in respect of the following aspects:

- Convergence at the village/GP/ULB levels
- Coordination for community-based activities, in alignment with AWC activities (ECCE Day, Nutrition Week, etc)
- Coordination for referrals and linkages with other programmes (Nutrition Rehabilitation Centre, Vaccination, Antenatal Check-ups)

## **VIII. Additional Budgetary Provision for ECCE Implementation**

The Task Force has made an approximate assessment of the additional budgetary provisions required to implement the recommendations made in the Report. The Task Force is of the view that foundational learning and cognitive development for the 0-6 year age group has been a hugely neglected area and immediate steps are required to implement the letter and spirit of NEP 2020 and ensure that the next generation grows up as confident adults and attain their true potential, so that the country can fully realise the

democratic dividend. The budgetary provisions are indicative and include both the Central and State shares. The Task Force recommends that the Central and State shares be fixed in the ratio of 60:40, respectively for the large states so that they have the required incentive to ensure that they provide their share of the required outlay. The total Annual Outlay is estimated at Rs. 9800 crore, which works out to a central share of Rs. 5880 crore on a 60:40 sharing basis.

The Task Force has noted that there should be an equivalence of norms between all the pre-schools run by the Department of School Education (DSE) and the Anganwadis run by the Ministry of WCD. The budgetary provisions proposed in the following statement are lower than those of DSE but should be progressively enhanced. It may also be noted that a significant portion of the outlay proposed is towards day care services, which would support not only early stimulation but also the health and nutrition needs of the 0-3 age group; further, daycare services for children are vital for women's empowerment and will help to improve the very low women work participation rates, thereby providing a high return on investment in terms of societal benefits. Similarly, the provisions include several items for the overall strengthening of the ICDS programme and are not exclusively for ECCE. The holistic development of young children, which includes ECCE but also early stimulation and better nutrition, requires such strengthening of the ICDS programme.

The item-wise annual outlays required are given in the Table below.

Sl. No.	Item	Annual outlay (in Rs. crore)
1.	Rebranding of Anganwadis and launch "PoshanBhi, Shiksha Bhi" (Nutrition along with Education) Abhiyan - Rs. 5000 per annum annually for each Anganwadi. Of this, 50% could be spent at the central/state levels while the remaining is provided for local-level campaigns.	700
2.	Community-based Advocacy and IEC for Home Based Care - Rs. 5000 per Anganwadi	700
3.	Anganwadi-cum-creches - 70,000 centres (5% of Anganwadis) @ Rs. 4 lakh per centre	2800
4.	Revision in norms under National Creche Scheme and support to Gram Panchayats/SHGs for setting up creches	200
5.	Curriculum and TLMs - additional provision of Rs. 3000 for each Anganwadi annually.	420
6.	Institutional strengthening _ MWCD, NIPCCD, state and local training institutions annually.	100
7.	Training, Handbooks, and teacher activity books (including for ICDS functionaries, supervisors, Anganwadi workers, and HoCo workers).	440
8.	1 lakh HoCo workers @ Rs. 8000 per month remuneration	960
9.	Other supporting expenditures, infrastructure improvements - Urban centres, toilet, and kitchen blocks, play areas	1000
10.	Enhanced remuneration to Anganwadi teachers and helpers (after successful training)	1000
11.	Enhanced remuneration to ASHA workers for undertaking additional home-based ECCE role @Rs. 500 per month for 8 lakh workers	480
12.	Strengthening supplementary nutrition to enhance participation and reduce stunting through the provision of hot-cooked meals, eggs	2000
13.	<b>The total additional annual budget required for the implementation of ECCE, including provision for creches, IEC, infrastructure, and strengthening of ICDS</b>	<b>9800</b>

**Composition of the Task Force on Early Childhood Care and Education (ECCE)**

Sl. No.	Name	Designation
1	Mr. Sanjay Kaul, ex-IAS, former Secretary, School Education, Government of Karnataka, and ex-Chairperson Mobile Creches	Chairperson
2	Prof. J.S. Rajput, India-Representative to UNESCO, Key Member of Shiksha Sanskriti Uthan Nyas, formerly Director NCERT, Chairperson NCTE, and Joint Educational Advisor to MHRD, GOI.	Member
3	Ms. Uma Mahadevan, Additional Chief Secretary, Panchayati Raj, Government of Karnataka	Member
4	Ms. Mandira Kumar, Independent ECCE expert	Member
5	Dr. Zakia Kurien, Director Emerita and co-Founder, Centre for Learning Resources, Pune	Member
6	Dr. Shekhar Seshadri, Advisor Samvaad, former Professor, Deptt. of Child and Adolescent Psychology, NIMHANS	Member
7	Ms. Amukta Mahapatra, Director, School Scape, Centre for Educators	Member
8	Ms. Sunisha Ahuja, Education Specialist in ECE, UNICEF	Member
9	Mr. Chittaranjan Kaul, Director, Foundation for Community of Learning (FCL)	Member
10	Mr. Azeez Gupta, Rocket Learning	Member
11	Ms. Aditi Rout, Addl. Secretary, MWCD, GOI	Member
12	Ms. Divya Devarajan, Commissioner, WCD, Government of Telengana	Member
13	Prof. Suniti Sanwal, Head, Deptt. of Elementary Education, NCERT	Member
14	Ms. Priyanka Francis, Director, WCD, Government of Karnataka	Member
15	Ms. Shubhra Chatterjee, Director, Vikramshila Education Centre, Vikramshila	Member
16	Dr. Indumathi Rao, Regional Advisor of CBR network, Bengaluru	Member
17.	Ms. Sunita Sanwal, Professor, Department of Elementary Education, NCERT.	Member
16	Dr. Indumathi Rao, Regional Advisor of CBR network, Bengaluru	Member
17.	Ms. Sunita Sanwal, Professor, Department of Elementary Education, NCERT.	Member

**Composition of the Task Force on Early Childhood Care and Education (ECCE)**

Sl. No.	Name	Designation
18.	Capt. Prabhanshu Srivastava, Deputy Secretary, MWCD	Member
19	Dr. Tejinder Kaur, Joint Director, NIPCCD	Member
20	Ms. Parul Srivastava, Joint Director, NIPCCD	Member
21	Dr. Sitanshu Shekhar Senapati, Astt. Director, NIPCCD	Member
22	Ms. Tripti Gurha, Joint Secretary, MWCD and Director, NIPCCD	Member-Secretary
23	Ms. Sumitra Mishra, Executive Director, Mobile Creches	Invitee
24	Dr. Vandana Prasad, Public Health Resource Network (PHRN), Public Health Professional	Invitee
25	Ms. Rukmini Banerji, CEO, Pratham Education Foundation	Invitee
26	Ms. Rashmi Singh, Commissioner State Taxes, Government of J&K, and former Special Secretary, WCD, Government of NCT, Delhi	Invitee