National Workshop on ECD

Lal Bahadur Shastri National Academy of Administration

29-31 October 2018

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BACKGROUND

Early childhood is the cornerstone of human development. The nurturing care that children receive in the early years not only supports optimal development during early childhood but has a long-term impact on the development of an individual, as well as on the growth of the nation. Increasingly, the Government of India is prioritizing programme actions to promote optimal development of young children. In this context, the National Gender Centre, Lal Bahadur Shastri National Academy of Administration (LBSNAA), in collaboration with UNICEF, organized a three-day 'Workshop on Early Childhood Development' from 29-31 October 2018. The workshop brought together 40 senior administrators from 17 states, representing different line departments – Women and Child Development, Health, Education, Drinking Water and Sanitation as well as District Administrators from select districts.

Objective of the Workshop

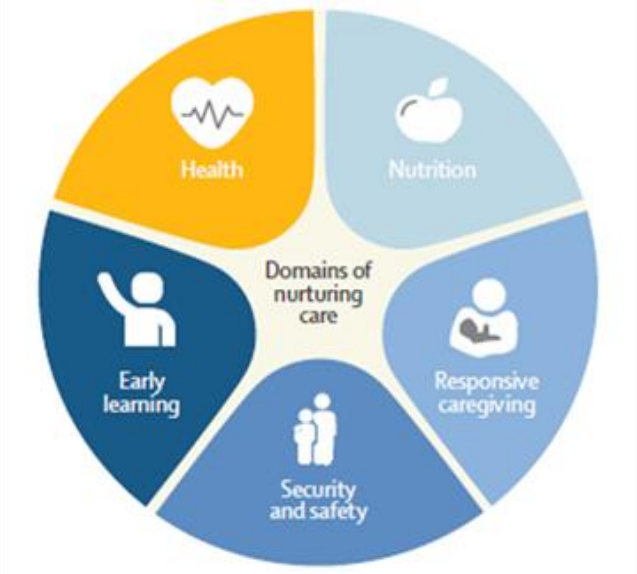
The workshop aimed to share scientific and programme evidence on early childhood development (ECD) to facilitate a process of reflections and enable the participants to identify key actions for improving the coverage and quality of early childhood development services for promoting nurturing care for children. The workshop aimed to elicit stronger commitment to upscale integrated ECD services through more convergent and coordinated programming.

Workshop Design

The workshop was designed around four major pillars:
Pillar 1 - Building a case and context setting for ECD – scientific, economic, social and equity rationale for investing in ECD.
Pillar 2 - Examining the evidence — research (longitudinal study on early learning, parenting study), and programmatic (National Policies and programmes, good practices and resources).
Pillar 3 - Closing the gap between knowledge and action (defining the what, based on what works, what opportunities and resources exist) – defining the vision for ECD, scope of comprehensive ECD programmes and the delivery platforms.
Pillar 4 - Closing the gap between knowledge and action (defining the roadmap for how) – preparing action plans.

INTRODUCTION

The period from before birth to first eight years of life are identified as the early years, when children grow and develop more rapidly than in any other period in their lives. This period is critical for child's survival, growth and development. The nurturing care that children receive during this period will determine the health, well-being, and learning ability of children and their productivity as adults. Nurturing care for children means keeping them safe; healthy and well nourished; paying attention to and responding to their needs and interests; and encouraging them to explore their environment and interact with caregivers.



SESSION PROCEEDINGS

Pillar 1: Building a case and context setting for ECD

Context

In her opening address Ms. Arti Ahuja, Joint Director, LBSNAA, welcomed the participants and acknowledged the breadth of experience, on programming for children, present at the workshop.

She pointed that ECD is placed high on the global as well as the national agenda. The Sustainable Development Goals have embraced young children's development as part of the transformation that the world seeks to achieve by 2030. Embedded in the SDGs on hunger, health, education and justice are targets on malnutrition, child mortality, early learning and violence – targets that, together with others, outline an agenda for improving early childhood development. Government of India also holds the vision of promoting holistic development and active learning capacity of all children below 6 years of age and has committed to achieving key ECD targets and related indicators.

India's Targets

- Full immunization coverage by 2018.
- Single digit neonatal mortality rate by 2030.
- Bring down stunting from 38.4 per cent to 25 per cent by 2022.
- All children in school and learning at grade appropriate levels.
- 100% access to sanitation by 2019.

She emphasized that India has been making steady progress in relation to the ECD related indicators. However, there are still large numbers of children, especially from poorer households, at risk of sub-optimal development. Citing evidence from recent researches that have monetized the loss of adult income up to 26 per cent due to lower developmental outcomes, she drew the participants' attention to what the country stands to lose if due attention is not paid. She remarked that the situation can be reversed with adequate focus on ECD, since global evidence is showing huge gains of investing in early years, with returns as high as 1:16 in the nation's productivity.

She underscored the intensified efforts of the Government of India to provide integrated ECD services, from pregnancy through the first six years of life; and the huge investments being made in programmes such as POSHAN Abhiyaan, Anganwadi services under the umbrella ICDS, National Health Mission and Swacchh Bharat Mission. This promising political and programmatic environment is offering a unique opportunity to make ECD a national priority to positively influence the developmental outcomes of young children.

Ms. Ahuja urged the participants to focus more intensely on the first three years, following a lifecycle approach; through adolescence, pregnancy, child birth, early childhood to school years.

Underlining the importance of the workshop, she informed the participants about the structure of the workshop and the four key pillars around which the sessions were organized. She invited the participants to take an active part in the deliberations, sharing their own experiences and learning from the experiences of the presenters, with an aim to achieve the ambitious goals laid down for India's young children.

Conceptual framework and case for early childhood development

In the first technical session, Dr. Arun Singh, National Adviser, Ministry of Health and Family Welfare, Government of India shared the neuroscience evidence on the development of brain in early years; the nurturing care required for holistic development of children and the rationale for investing in ECD.

He highlighted that early childhood is a critical stage for human development. What happens to a child in this period can determine his or her developmental trajectory through life.

Sharing key insights on brain developemnt, he noted that brain architecture begins to be shaped during the prenatal period. Hundred billion neurons are formed over 40 weeks of gestation. The brain's dvelopment is interrupted in case of preterm birth, i.e. around 35 weeks of pregnancy, losing 7.5 billion neurons that would have formed in the last few weeks. Further, at preterm birth a baby's brain weighs less – only two third of what it would weigh at the completion of 39 - 40 weeks of pregnancy. Recognizing that 30 per cent of the preterm births are caused due to maternal stress, ensuring stress-free, completed pregnancy of at least 39 weeks is critical for optimal brain development.

He alerted the participants about the urgency of the matter, highlighting that a pregnant woman is creating the destiny of the next two generations by setting the genetic foundation of the foetus in her womb. This necessitates prioritization of her well-being as well as that of the child from before birth onwards if we intend to build the cognitive capital of our nation.

The brain continues to be built and developed rapidly during the first three years of life, gaining 90 per cent of the adult brain size by the time a child is two years. Around 1000 neural connections are formed every second, which ultimately influences all future learning, social behavior, health and productivity of the individual and the country as a whole. This development is shaped not only by the genes received from parents, but is fueled by adequate nutrition, good health, protection from harm, and responsive stimulation including early learning opportunities; in other words, the nurturing care a child receives.

The criticality of infant-caregiver interactions was impressed upon. The stimulating experiences a child receives from responsive adults stimulate the child's nerve cells resulting in the child responding to the interactions. These 'serve and return' experiences shape the brain's circuits. A secure, safe, nurturing environment provided by the caregivers encourages a child to play, explore, interact, develop skills and learn to trust, thus laying the foundation for growing up as a healthy and productive citizen. On the other hand, a child exposed to fear, trauma or neglect in early years reacts with elevated levels of stress hormones that inhibit brain development and limit the productivity of individuals.

He also drew the attention of the participants to how the cognitive potential of many children in India is constrained because of the exposure to toxic stress which interferes with their brain's optimal functioning. This toxic stress is a result of dietary deficiencies; inadequate feeding practices; chronic infections; pollutants in the environment; high decibels of noise a neonate is subjected to; and the emotional strain that mothers—especially those from poorer households, are exposed to.

Dr. Singh articulated some important areas that must be attended to in addition to full provision and utilization of health, nutrition and water and samitation services for optimal ECD. Recognizing the centrality of the 'child' and his/her development, and the interrelationship of all the domains of development, he impressed that systems must adopt a comprehensive child-centred approach that respects cultural diversity. Equally important would be to engage with parents and create greater awraeness on child-friendly practices at home.

Key Learnings

- Early childhood is a critical period for brain development and lays the foundation for all later development and learning.
- Brain growth spurt occurs from mid-gestation to two years of age.
- 100 billion neurons are formed over 40 weeks of gestation, hence complete pregnancy of at least 39 weeks is crucial.
- Maternal stress accounts for about 30 per cent of preterm births, which interrupts brain development. At 35 weeks baby's brain weighs two-third of what it will weigh at complete 39 – 40 weeks of pregnancy. Maternal stress also passes to the baby in the womb through the placenta.
- Toxic stress derails brain development.
- 1000 neural connections formed every second in the first 1000 days. Positive experiences with primary caregivers in a nurturing environment build the architecture of the brain.
- Positive experiences include responsive feeding; positive interactions; and age-appropriate stimulation activities using developmentally appropriate, contextual play materials and stories/songs for children, in the naturalized outdoor environment to the extent possible.

Action Points

Promote the continuum of care, in addition to routine services for mothers, newborns and infants.

- During pregnancy: taking care of the nutritional and psycho-social needs of pregnant women.
- At birth: provisioning for safe delivery, zero separation of neonate from the mother, encouraging skin-to-skin contact, initiating breastfeeding within one hour.
- From birth up to three years: improving infant and young child feeding practices, ensuring diversity of food, safeguarding children from neglect and environmental risks and building capacities of families on responsive care, play and interactions with children.

Pillar 2: Examining the evidence

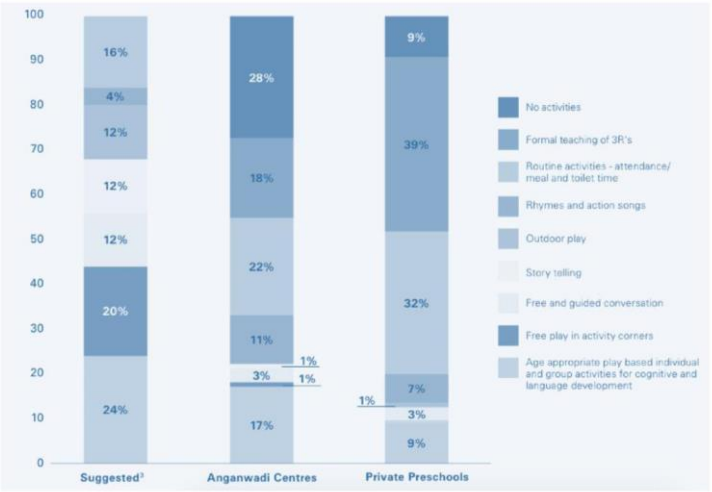
India Early Childhood Education Impact Study

Dr. Suman Bhattacharjea, Director Research, ASER Centre, shared evidence from the India Early Childhood Education Impact Study 2017. The study is the first national five-year longitudinal study in India, that tracked 14,000 children from the age of 4 years to 8 years in three states – Assam, Rajasthan and Telangana.

The study found that access to ECE is no longer an issue. Every sampled village had at least one preschool facility, and seven out of every ten four-year-olds children were attending ECE service, either through government-run Anganwadi Centres or private preschools. But children do not necessarily participate in preschool and primary school at these ages and in the order that policies prescribe, consequently there are children below the age of 6 in primary school and children above age 6 in preschool in some states.

The findings from the study reveal that even one year of participation in a quality ECE programme leads to higher school readiness levels, which in turn lead to better learning outcomes in the early primary grades. However, a key concern that emerges is that most children in the study entered primary school at age 5 with school readiness levels which were far below expectations. School readiness is important to cope with what the school offers. They were thus, unequipped to meet the demands of the primary curriculum and had low learning levels. The study concludes that these low school readiness levels in children are clearly related to the quality of preschool education. Existing models of ECE commonly available across the country, do not use age and developmentally appropriate practices (curriculum, methods and materials) to engage children. It identifies formal teaching of the 3 R's – reading, writing, and arithmetic, commonly practiced in ECE programmes, as detrimental to children's development.

Most ECCE programmes do not offer developmentally appropriate practices



Formal teaching dominates:

- Maximum time spent in formal teaching of 3 Rs and routine activities in AWs and private preschool.

Developmentally appropriate practice limited:

- Planned outdoor, indoor play and story telling completely absent
- Some school readiness activities in known practice and AWs but minimal in private preschools.

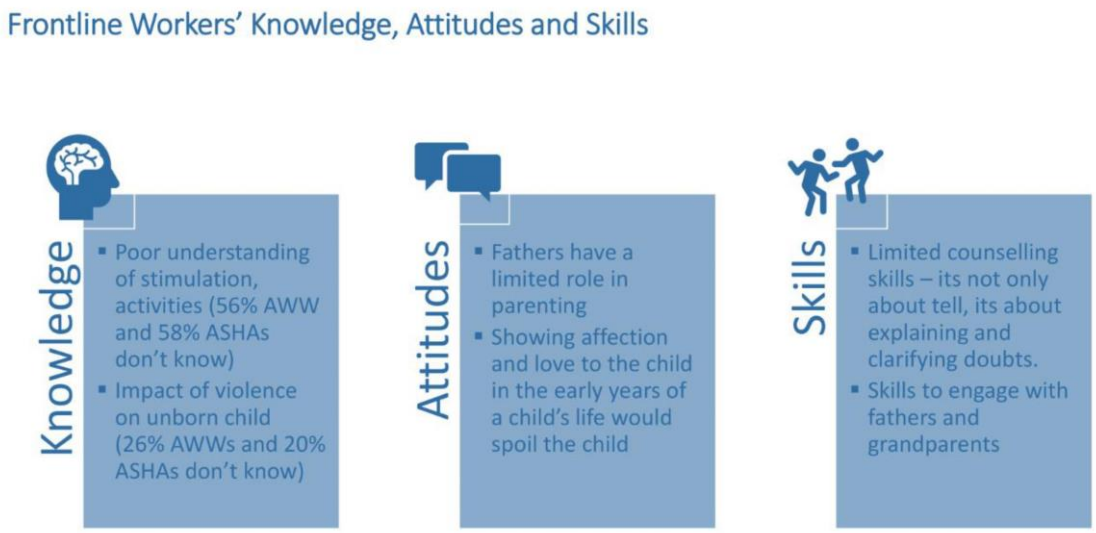
Given the impact of early childhood education on children's outcomes in primary education, the study recommends

- Enforce the RTE Act stipulation requiring entry to Grade 1 at 6+ years, so that children begin school only when they are developmentally ready.
- Implement a flexible, play-based foundational curriculum for 3 to 8-year-olds, for a seamless transition from pre-primary to primary education.
- Address professional needs and status of preschool educators/teachers through professional training and support.
- establish mechanisms for outreach to parents and families for generating awareness among parents on good quality ECD as well as encouraging their participation in their child's development.
- Institute a regulatory system for early childhood education, to ensure quality standards are adhered to across all providers, including in the private sector.

Insights into parenting and care of children

Ms. Alka Malhotra, Communication for Development Specialist, UNICEF, shared the preliminary findings from a qualitative study conducted by UNICEF, across 5 states.

At the systemic level, the research investigated the knowledge, attitude and skills of frontline functionaries (Anganwadi Workers and ASHA Workers) on early childhood development and parenting practices. Results show that frontline functionaries had limited understanding about early stimulation and the effect of violence on child. The frontline functionaries perceived fathers to have a limited role in childcare and held beliefs such as showing love and affection to a child is likely to spoil a child. They were found to be lacking in skills of counselling and engaging with parents, particularly, with fathers and grandparents.



At the family level, the study investigated what parents – both mothers and fathers— think and do about caring for and raising children; and the community's and extended family's perception of their role. The study also explored whether there were any differences in care practices for girls and boys and whether the gender of the parent impacted the care they provided, including the time spent in childcare.

The emerging results show that it is mainly mothers who spend time in childcare. Of the total time that mothers spend with their child, maximum time is spent in physical care of the child, and very limited time is spent in stimulation of the child. Of the total time spent in stimulation, some time went into playing with the child and storytelling, and a large part was spent on watching television. Regarding the involvement of fathers in child care, the study notes limited interaction of fathers with under-three-year-olds. Total time that fathers spent with under-threes is found to be more in case of boys. Fathers' engagement increases for children in the age group of 4 - 6 years and is interestingly, more in case of girls. However, as in the case of mothers, more of this time goes in watching TV with the chid. The study informs that the grandparents perceived their role in child care as minimal, although most of them reported being involved.

Further, the study shows that understanding about disciplinary practices among frontline functionaries as well as family members remains traditional, with 'punishment-oriented' approach being commonly used, and violence against children considered 'normal'. Gender-stereotyping was also reported, especially in relation to favoured toys, religious rituals performed and initiation of children into household work.

The emerging findings reiterate the well-known fact that mothers are the key child-care providers, but their capacities on responsive care need augmentation. At the same time, in the present social context, fathers were found to be positively disposed to engaging in chid care, which must be capitalized by enabling them to understand the crucial role they play during early years of their child's life. Grandparents, with their rich experience have the potential to contribute to child care, and this can be a good support mechanism for the mothers.

Key Learnings

- Access to ECCE is near universal in India. Every sampled village in the study had at least one preschool facility.
- Large proportions of children participate in preschool. Seven out of every ten four-year-olds were enrolled in some ECE provision.
- Participation in good quality preschools leads to higher school readiness levels, which in turn lead to better early grade outcomes. But at the time of school entry, most children's school readiness levels are far below expectations.
- The quality of preschool education in most ECCE programmes – government or private, is not developmentally appropriate for children.
- Knowledge of frontline functionaries on ECD, particularly on responsive caregiving and early stimulation is limited. They lack counseling skills to engage with and counsel fathers and community members.
- At home, mother is the key caretaker for young children. Of the time mothers spend with children, very little is spent on responsive care. Fathers and grandparents spend little time interacting with children.

Pillar 3: Closing the gap between what we know and what we do: from evidence to scaling up

Care for Child Development: From evidence to scaling up

Dr. Subodh S Gupta from MGIMS, Sewagram, emphasizing the importance of 'reaching them young' shared experiences from implementing two ECD programmes, one on piloting the Care for Child Development (CCD) package jointly developed by WHO and UNICEF (2011-2014) and the other on 'Empowering family and community for nurturing care' (2017-20).

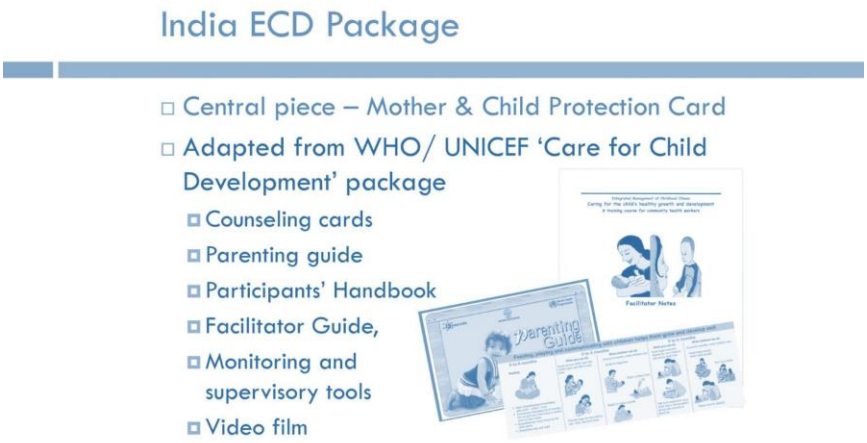
The feasibility and effectiveness of the CCD package was tested utilizing the existing opportunities offered by the Health and ICDS platforms. Using the then Mother and Child Protection Card as the centrepiece, many interventions were designed to promote ECD.

Action Points

- Ensure entry to Grade 1 at 6+ years, so that children begin school only when they are developmentally ready.
- Design a foundational curriculum that is play-based, flexible and age appropriate from preschool to early primary grades.
- Address professional needs of ECD functionaries through regular training and continuous on-site support.
- Design outreach mechanisms that enable and encourage the participation of parents –both mothers and fathers, families and community members in understanding and supporting their children's development.
- Establish interactive platforms that grant easy access to evidence-based guidance on parenting and disciplining practices.

These include, weekly mothers' group meeting; monthly home visits by frontline workers (ASHA/AWW) to every household with a child below 3 years of age; parenting workshops; and behaviour change communication through community-based

organizations to influence social norms. The frontline functionaries demonstrated age-appropriate play activities; helped mothers play with children; introduced messaging on ECD; and implemented a 10-hour curriculum for parents, discussing issues related to care and development of children.



The capacities of the frontline functionaries were augmented through a three-days initial training, followed by continuous on-site support and a one-day refresher training every six moths.

The pilot showed promising results. It was interesting to note that the interventions on ECD messaging and promoting play and interactions with children not only led to increased parent-child interactions, but also improved nutritional outcomes. The learnings from the experience highlight that parents, both mothers and fathers, are receptive and highly value information on child development; and that the frontline workers, when trained and supported, take keen interest in implementation of ECD programmes. Further, results also point to the necessity of engaging fathers and using multiple channels for social mobilization in order to bring about behaviour change.

These learnings informed Sewagram's on-going, UNICEF supported, pilot on developing a model for empowering families and community to provide nurturing care. To scale up the intervention, systemic platforms such as *Palak Melava* (Caregivers' Meetings), Panchayati Raj Institutions, Village

Health Sanitation and Nutrition Committees, women Self Help Groups and Community Based Events are being tapped to reach out to parents and counsel them on nurturing care.

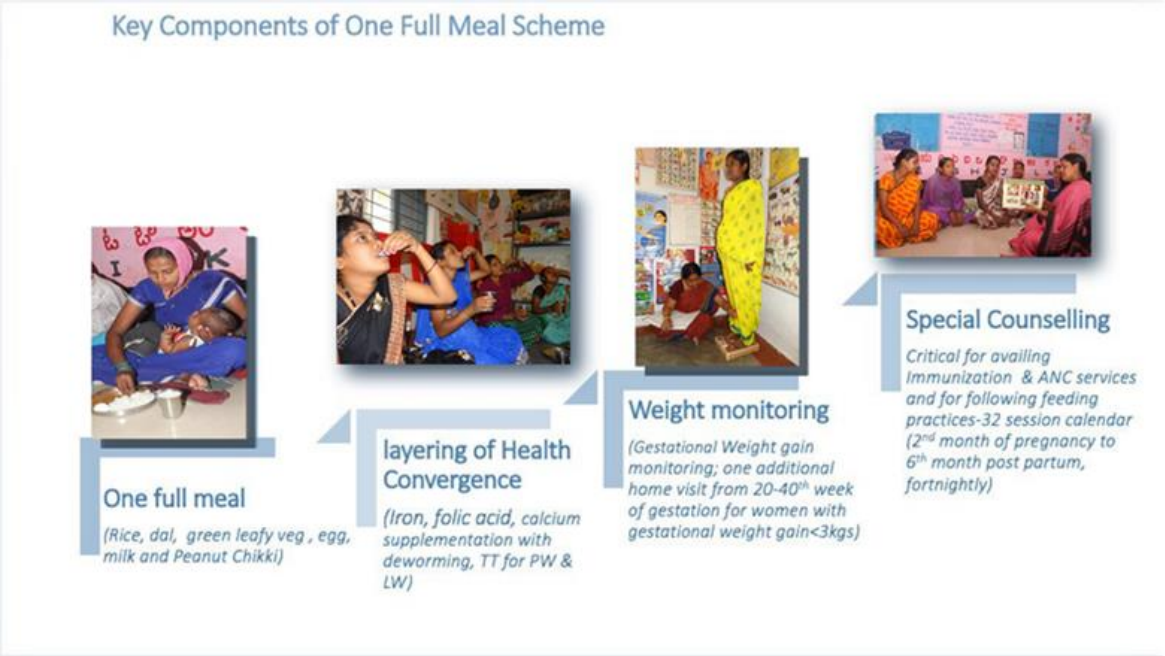
Harnessing the existing opportunities; engaging with mid-level managers and enabling them to see the long-term benefits of ECD; hands-on training following incremental learning method, coupled with participatory approach to problem-solving; and allowing for flexible solutions are emerging as the cornerstones to changing practices.

Integrated ECD in Karnataka's Anganwadis

Ms. Uma Mahadevan, Principal Secretary Karnataka, pointed to the statistics on prevalence of stunting, wasting and low birth weight among children in Karnataka, which necessitated the targeted focus to 'get first 450 days right', in order to positively dent the statistics shared.

Reiterating the sensitive periods for brain development in early childhood and the high rate of return on investments made in ECD, she shared the details of the integrated, lifecycle approach adopted by the ICDS in the State and informed the house about the key interventions being implemented to free Karnataka from malnutrition.

She shared the details of the process re-engineering of the nutrition interventions for pregnant women and breastfeeding mothers. The intervention comprises one full meal (40 per cent of a day's nutritional requirement), cooked on-site and served at the AWC daily.



She further informed that the State has also augmented the funds for the supplementary nutrition for children, over and above the expected share of 50 per cent. All children are provided milk, sprouts and lunch, five days per week and eggs twice a week. Eggs are given daily to the severely and moderately malnourished kids in five high-burden districts. These nutritional interventions for children, and pregnant women and lactating mothers are layered with health interventions, such as monitoring of gestational weight gain; additional home visits for mothers with low gestational weight gain; ensuring that iron and other supplements are consumed by the beneficiaries right after the meal provided at the AWC; and weekly counselling of mothers on pre-identified 32 topics, including on availing ANC and immunization services and following appropriate feeding practices.

Regarding pre-school education component, she informed the audience about the activity-based *Chili Pili* ECE curriculum, linkages of which with the primary grade curriculum *Nali Kali* have been attempted to ensure a continuum of play- and activity-based early education.

She revealed that their journey has not been without challenges. Challenges such as, lack of coordination between WCD and Health Departments, unavailability of infrastructure, lobbing by organizations with vested interest in providing Take Home Rations,

diverse food consumption behaviours; and other implementation constraints have been constant hurdles. Nevertheless, the commitment of the State has led the process so far. This entailed not only an increased financial allocation for improved services, but also investing in the frontline functionaries through measures such as, increased honorarium for AWWs; health coverage and medical reimbursement; death compensation for AWWs; and provision of two-wheelers to Supervisors for increased mobility. In addition, the government has also invested in decentralized planning with continuous supportive supervision.

The State's attempts are resulting in increased participation of women and children. Therefore, the State is looking to further expand their current initiatives in hard to reach areas to reach the most marginalized population. The State also plans to work towards increased convergence through innovations such as SNEHA: an integrated tech platform for the Department of Women and Child Development and the Department of Health and Family Welfare.

Sanskar Abhiyaan, Chhattisgarh

Another example of scale up of ECD was shared by Dr. M. Geetha Secretary, Department of Women and Child Development, Chhattisgarh. She presented the highlights from the State's experience of scaling up '*Sanskar Abhiyaan'*.

Noticing the State's performance on ECD related indicators from the National Family Health Survey and ASER data, the State recognized that devoting attention to delivery of quality ECD was a non-negotiable.

She informed that the State has adopted a lifecycle approach on ECD and is implementing: (i) '*Tejasvi'* to orient mothers and families for better development of child in the womb; (ii) parenting education programme for early stimulation of under 3s; and (iii) an integrated ECCE package— comprising of the curriculum, activity bank, 52 weeks time table, activity books and assessment cards for early childhood education of 3-6-year olds. The State adopted '11 Mantras' on ECD, of which five relate to the period of birth to

three years and six relate to the period of three to six years.

She noted that their capacity building programme called the 'Institutional Leadership Programme' (ILP) is the soul of the *Sanskar Abhiyaan*. It follows a mindful cascade model and adopts a participatory and experiential training approach to minimize any transmission loss. The training comprises of five cycles, each cycle focusses on one domain of development, and follows a spiral approach – concepts revisited in every cycle and during monitoring. This is supported by Intra – cycle and Inter – cycle Feedback – to ensure effective implementation.

The salient feature of ILP is the involvement of functionaries from all levels— District Programme Officers, Child Development Project Officers, Supervisor and Anganwadi workers, resulting in greater ownership. The focus of ILP is positioned on building leadership skills of the mid-management cadre such that each level plays the role of trainer, monitor, mentor, which is a paradigm shift from the current reality where mid-management functionaries act only as administrators. Each managerial functionary is expected to set up two model AWCs to demonstrate their learning and to mentor the functionaries.

She informed the august gathering that the programme has led to enhancing the quality of ECD services at AWCs. The State has already set up more than 30,000 AWCs as vibrant ECD centres, which are equipped with trained AWWs who have enhanced knowledge and skills on ECD. This has further resulted in increased

numbers of children attending AWCs.

Global Evidence on Early Childhood Development Programs: Implications for India

Ms. Purnima Menon, Senior Research Fellow, IFPRI made a presentation on global evidence on ECD programmes. She reaffirmed the criticality of providing integrated services for nurturing care, which essentially requires that all related public policies, programmes and finances are well aligned.

Highlighting that public policy has an important role to play in promoting ECD, she iterated that tremendous opportunities already exist in India to reach out ECD interventions through the contact points in the existing programmes, such as ICDS. At the same time, underscoring that trajectory of development continues at home, she noted that caregivers play a fundamental role in ECD. She mentioned that if we just look at feeding, in the first two years a child is fed 3000 times by parents. That is the scale of parental engagement in a child's life! While public policies cannot micromanage what happens at home, but programmes need to be designed to support parents and strengthen their capacities to promote optimal development of their children.

Exemplary cases of implementing integrated ECD programmes, such as those from Jamaica and Malwi were presented. Continuing the discussion, she also cautioned that evidence points that integration has not been easy and does not have a synergizing effect necessarily. There is limited evidence supporting benefits to integrated programmes above and beyond the sum of individual programme components run independently, although there are some promising combined stimulation and complementary feeding programmes as proof of concept. Furthermore, there are numerous

examples of programmes that show promising initial results that dissipate over time. Therefore, understanding the time path of early child investments as well as subsequent ones is essential to understand the economic values of programmes over time.

While designing ECD programmes sufficient attention must be paid to issues of: (i) path dependency (do later outcomes depend on earlier ones; how do early conditions set in place conditions for later success?); (ii) fade-out (to what extent are intervention impacts wiped out? what sticks over time, and what doesn't?); (iii) toxic stress (extreme stress, including, living in poverty, having a depressed parent, violence in the home affects development of children, do supporting interventions exist for these too?); (iv) integration is not easy and does not always have synergistic effects (can there be losses? can a single provider do it?).

She again underlined that ICDS programme offers an at-scale opportunity to reach mothers and children across India with nutrition, health, parenting outreach and early learning. However, presently it is hugely focused on food. She opined that resolving the issues related to food; increasing training and accountability of functionaries; and linking with other services (health, social services, special needs) would result in fundamental gains on ECD.

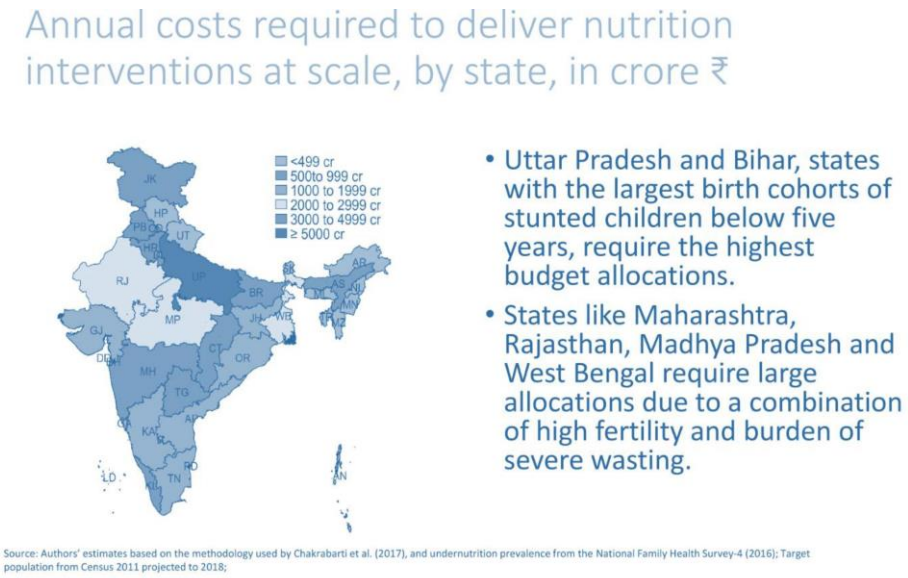
Scaling-up existing programmes with proven efficacy requires implementation knowledge about capacity as well as how both costs and benefits change as programmes scale up. Programme evidence, would therefore, need to be generated from time to time, to understand what works at scale; how both costs and benefits change as programmes scale up; and how can positive outcomes of investments in certain interventions be sustained over time.

Costing the delivery of nutrition interventions in India: implications for ECD

Significant learnings were shared from IFPRI's work in progress on *Costing the Delivery of Nutrition Interventions in India*, to inform the participants on how to calculate financing for ECD.

Ms. Menon shared the following steps that were undertaken to calculate the cost of providing nutrition interventions at full coverage:

i. Described each intervention to be costed.
ii. Defined the target population of each intervention.
iii. Estimated the size of the target population in 2018 for each intervention by using the Average Annual Growth Rate (AAGR).
iv. Specified the platform or channel(s) through which each intervention or activity would be delivered.
v. Obtained local unit cost data for the nutrition interventions from relevant sources within India or from comparable programmatic settings in South Asia.
vi. For each intervention, multiplied the size of the target population by the unit cost to arrive at a total cost of implementing each intervention at full coverage.



Drawing from the experience of costing for nutrition, she pointed that costing for ECD will not be limited to costing only for Integrated Child Development Services (ICDS) or the National Health Mission – the national level programmes largely designed to deliver ECD interventions.

Ms. Menon walked the participants through the steps to costing a national programme for ECD. These are: (i) identifying the core interventions to roll-out the Nurturing Care Framework, (ii)

defining and estimating the target population –which can be arrived a from the census data, (iii) mapping all the interventions across national policy frameworks and programmes having bearing on ECD, (ii) studying the budgets allocated, including the costs allocated for programme interventions, for behavior change communication as well as related cash transfers. The total cost thus arrived should inform public financing for different programme components, stratified by programme type and grouping them by financial outlays required across India for universalization of ECD. Once the costing is done, there is a need to identify the fiscal spaces from where the budget would come, including what elements are to be accounted for in different sectoral budgets. Following this, financial allocation to states must be need-based, informed by their share in terms of numbers of children and burdens that they carry.

Discussing budgeting for ECD and how best financial allocations can be rationalized, she also requested the group to ponder if, given the financial constraints, it would be a better return on investment to have need-based programmes with varying intensities for targeted populations, tailored to address their vulnerabilities, instead of universal programmes for absolutely everyone.

Furthermore, she suggested that while piloting any innovation, cost of the interventions and numbers of target population should be taken into consideration, in advance preparation of what it would cost to scale. She also urged the participants to consider operational research and impact evaluations at the time of pilots and commission studies as a part of the pilot to generate evidence on what works.

Ministry of Women and Child Development's perspective

Dr. Rajesh Kumar, Joint Secretary, Ministry of Women and Child Development, addressed the participants and threw light on some of the Ministry's focus areas, including the POSHAN Abhiyaan. He reaffirmed the Ministry's commitment to promote ECD and acknowledging the multi-sectoral nature of ECD emphasized the inevitability of multi-sectoral solutions.

POSHAN Abhiyaan offers an immense opportunity for convergent action on ECD by identifying and bringing key related interventions under one framework; promoting synergy; and identifying

indicators and targets to be monitored and achieved by relevant line Ministries/Departments implementing the schemes. He said that better outcomes will be visible if different Ministries work closely by converging their resources, skills and knowledge.

POSHAN Abhiyaan has given a call to action to multiple stakeholders for generating a Social Movement/*Jan Andolan* towards a malnutrition-free India. He flagged several important achievements of POSHAN Abhiyaan. For example, the *Rashtriya Poshan Maah* celebrated in the month of September 2018, that gave momentum to the POSHAN Abhiyaan. The community-based activities held throughout the month gave an impetus to generating mass mobilization on nutrition in the country and helped reach more than 250 million people. The high point was that it received unprecedented support from convergent Ministries across 36 States/UTs. It also made optimum use of technological interventions, like ICDS-CAS and the Jan Andolan Dashboard.

He noted that use of technology is one of the key pillars of POSHAN Abhiyaan, and shared details about the roll-out of the Common Application Software (CAS). CAS is the data capture software to strengthen the Service Delivery System as well as the mechanism for Real Time Monitoring (RTM). The use of this software was recommended to improve data management and use of the datasets for evidence-based programming.

He called for sustained focus on joint action from all present, to accelerate improvements in outcomes for children. He also responded to programme related questions from the participants.

Key Learnings

- Integrated ECD programmes have the potential to positively influence the development of children.
- Sufficient opportunities for integrating ECD exist within the ICDS and health sector programmes, which already have extensive reach among women and young children.
- POSHAN Abhiyaan, with its convergent approach and innovative ICDS-CAS platform can be harnessed to scale up ECD.
- Scaling up ECD would require costing of the interventions to be integrated, and allocation of corresponding budgets.
- Functionaries are ready to learn and innovate, when given the ownership and trained adequately.
- Experiential and participatory trainings followed by continued hand-holding work.
- Parents are receptive and value information on child development. Sustained advocacy is required for behaviour change, particularly engaging with fathers and other family members.

Action Points

- Focus on holistic development of the child, following a lifecycle approach from before birth through first six years.
- Offer integrated services through enhancing the existing platforms.
- Allow for flexible approaches.
- Build capacities of functionaries through experiential training, following an incremental learning method and a participatory approach. Provide access to continuing education and on-going mentorship and supportive supervision, focused on developing leadership skills.
- Generate awareness on ECD among parents and community.
- Design outreach programmes to support parents and strengthen their capacities to promote optimal development of their children. Engage with fathers and other caregivers also.

Pillar 4: Closing the gap between knowledge and action (defining the roadmap for how)

Group Work

The final part of the workshop was the group work. The participants were divided into five groups. Each group had representatives from three to four states. The evidences from the earlier sessions provided the backdrop for more detailed discussions on how to put the learnings into concrete actions in order to convert the rising focus on ECD into relevant actions to deliver quality ECD.

The groups were tasked to deliberate on two discussion points –(i) multi-sectoral coordination, and (ii) coverage and quality of ECD services. The groups were asked to identify five priority actions that need to be taken to improve quality of ECD interventions, and how to strengthen the mechanism for coordination amongst various Departments for delivery of ECD services with quality and equity. Active discussions during this exercise helped the participants analyze how they can scale up integrated ECD

programmes; what their current needs are; what would be their priority actions; who all will need to collaborate and for which specific action.

Across all the priority areas identified by the different groups some common themes emerged. These include: integrating ECD into existing services; systemic capacity building; parental counselling; and behaviour change to help sensitize stakeholders and to influence policy making. The groups also identified opportunities for linkages in the present governance mechanism. All the participants agreed on the need for increased and sustained collaboration.

Based on their discussions, the groups made some key recommendations and prepared draft frameworks for convergent action plans.

Concluding Session

The final plenary session featured the presentation and discussion of the group outputs. The group work was presented to a panel comprising Ms. Anamika Singh, Director, NITI Aayog, Mr. Robert Jhonston, Nutrition Specialist, UNICEF India, Dr. Supreet Dhiman, Senior Consultant, NITI Aayog and representatives from MWCD. The presenters received feedback from the panel and their peers.

The panel found the recommendations of the groups useful for advising future implementation of convergent programming for ECD.

Ms. Singh agreed that quality care is crucial in early years and demands proactive engagement of public policy and programmes. In order to scale-up ECD there is a need to take up unified programming across multiple entry points within existing programmes in WCD, Health, Education, and social protection sectors. She concurred that requisite policy provisions, platforms and key ingredients for ECD are well in place but are sub-optimally integrated at present. In her comments, she connected the persistent programmatic challenges to the

fragmented governance mechanism for ECD. She offered to take up the issue of coordinated governance in her future discussions. Responding to the concern of non-alignment in the sectoral datasets, she informed that NITI Aayog has already recommended for interface of ICDS and Health data. However, since the two programmes use different platforms, there are some technical difficulties in doing so. To resolve this, a new software is due for piloting and it is hoped that it will help resolve the issue of fragmented data.

Mr. Johnston pointed that it became evident throughout the presentations, that there are great champions of ECD in India. One witnesses many best practices in various states. The focus now needs to be on maintaining the momentum and improving quality of implementation at scale. He impressed upon the importance of generating more quantifiable and qualitative data to inform policy dialogue and help policy development and implementation of strategies.

Ms. Dhiman, reiterating the immense cost benefits of investing in the earliest moments, reminded the audience that POSHAN Abhiyaan has requisite systems in place to operationalize the Frameworks of Action for ECD prepared by the groups. States must prepare and roll-out their action plans on ECD, alongside their respective Convergent Action Plans under POSHAN Abhiyaan.

It was concluded that the recommendations will be shared with NITI Aayog to inform future discussions on ECD with all relevant ministries.

The participants appreciated the opportunity to gain deeper insights on ECD and to consider the various facets of implementing good quality ECD programmes.

The workshop ended with the participants committing to take forward the ECD agenda by preparing and implementing state-specific Convergent Action Plans to promote nurturing care for children.

RECOMMENDATIONS

Key recommendations that emerged from the group discussions are as below.

1. Expand coverage and improve quality of comprehensive ECD services through the first 1000 days.
    a. Strengthen responsive care, parental counselling and timely referral in the existing programmes.
    b. Align home visits under all existing pogrammes, including ICDS, Home Based Newborn Care, Home Based Care for Young Child to improve coverage and avoid duplication.
    c. Adopt specialized approach for eliminating disparities for the most vulnerable and disadvantaged children such as those who belong to SC, ST, nomadic, and those residing in remote and hard to reach areas.
    d. Develop an urban strategy responding to the unmet needs of children living in urban slums.
    e. Upgrade the infrastructure of AWCs.

2. Strengthen coordination for ECD.
    a. Establish institutional mechanism for coordination and monitoring at all levels. Convergence Committees established under the

POSHAN Abhiyaan at state, district and sub-divisional level could lead the ECD agenda. Clearly define their mandate, frequency of meetings and accountability.

b. Develop common plans of action on ECD, detailing specificctions and roles and responsibilities of relevant line departments.
c. Define the targets to be integrated within sectoral planning frameworks.
d. Develop joint monitoring mechanisms, to undertake joint monitoring visits and common reporting.
e. Use a common ID such as RCH ID or Aadhar to track the beneficiaries to ensure that they receive all the services across sectors.

3. Invest in human resource development:
    a. Define the roles and responsibilities of the frontline functionaries – Anganwadi Workers, ASHA workers and ANMs, involved in ECD.
    b. Develop ongoing participatory programmes of professional development to build capacities of key functionaries at all levels.
    c. Establish Centres of Excellence and develop linkages with existing knowledge partners for technical support on ECD.
    d. Develop high quality training materials in local language, with consistent content and messaging on ECD.
    e. Enhance staffing and resources at the training institutions.
    f. Attend to personnel issues such as adequate remuneration, performance-based joint incentives for AWWs and ASHAs, as well as improved work conditions.

4. Develop robust data system.
    a. Converge data across programmes. Develop a single software for WCD and Health Departments, unifying the platforms of all relevant schemes. Use coherent database to improve planning and implementation of services.
    b. Ensure that indicators exist to measure not only programme outputs but programme impacts and that these are part of the programme's measurement of success.
    c. Streamline reporting processes.

5. Generate awareness on ECD and strengthen capacities of caregivers' capacity to support young children's development.
    a. Improve knowledge and skills of parents and other caregivers for providing nurturing environment at home.

b. Formulate targeted behaviour change communication (BCC) strategies, particularly encouraging participation of fathers and other family members in childcare.
c. Allocate adequate funds for Information, Education and Communication (IEC) component of related programmes.
d. Engage community-based stakeholders such as Faith-based organizations to advocate for ECD.
e. Advocate for optimum utilization of services by pregnant women, lactating mothers and young children.

6. Invest adequately in ECD:
    a. Converge resources from all relevant programmes, including from Gram Panchayats, as per the State, District and Block Convergence Action Plans.
    b. Allow for flexibility in financial planning. Decentralize and delegate finances and related administrative procedures at the district level, supported by appropriate Standard Operating Procedures.