

RESEARCH STUDIES ON ECCE

Guide to Use the Reports

Report Prepared for *Save the Children*

Centre for Budget and Policy Studies, Bangalore

(27 March, 2018)

GUIDE TO USE THE REPORT

It is globally acknowledged that the first six years of a child's life are the most critical years for life-long development as during these early years, children develop their cognitive, physical, social and emotional skills that lay the foundation for life-long learning and holistic growth. Save the Children, with its implementation experience across India, believes working towards provisioning of Early Childhood Care and Education (ECCE) as one of the key strategies that will prepare children in the age group of three to six years with school readiness skills and improve their quality of learning. In line with this, SC India is going to implement a project titled *"Strengthening Quality of Learning in Public Primary Schools through Early Childhood Care and Education (ECCE)"*.

In this context SC India has commissioned CBPS to undertake a set of research studies on ECCE to examine the status of implementation of ECCE in India and its gaps, as well as to undertake an analysis of costs of alternative models. Specifically, the objectives set for CBPS were to:

- a. prepare a status report on ECCE and its implementation including gap analysis
- b. Generate qualitative evidences particularly in three states (Telangana, Odisha and Delhi)
- c. Budget analysis of ICDS
- d. Provide alternative economic models for ECCE

The four areas have been synergistically addressed, drawing from across the four sections that map onto each of the objectives and linking relevant data, observations and insights in a meaningful manner throughout the reports. Thus, while these are four reports, these must be read together to make complete sense.

The reports are:

1. Status Report on Implementation of ECCE in India and its Gaps (With special focus on Delhi, Odisha and Telangana)

2. Integrated Child Development Scheme (ICDS): An analysis of the national budgets with special reference to three states (Delhi, Odisha and Telangana)
3. Selected non-ICDS ECCE models: An analysis of features, costs and revenues
4. Recommendations and policy directions for ECCE in India: Lessons drawn from the three research reports on ECCE

A combined summary of the four reports is presented in this document, in the form of an Executive Summary. The document contains the following sections:

1. Acknowledgements
2. Abbreviations
3. Executive Summary
4. A list of participants at our National Consultation Workshop
5. References

Acknowledgments

This study would not have been completed without the constant support of a number of people. At the onset, we would like to thank Save the Children for commissioning the study and also providing technical and financial assistance for this study. We are grateful to Ms. Kamal Gaur, Mr. Siddharth Pande and Ms. Stephanie Samuel from Save the Children for their help and support in completing the project.

The study has benefited immensely from the participation of several experts from academia and civil society organisations, who attended the national workshop on 'ECCE Programmes in India: Identifying Innovative Models, Pedagogies and Approaches' and provided invaluable inputs. We place on record our gratitude to them. We are also extremely grateful to our advisory committee members – Prof. Venita Kaul, Prof. Zubair Meenai, Ms. Mridula Bajaj, Mr. Basant Kumar Nayak, Dr. Snigdha Misra and Dr. S. Suresh Babu, for their guidance and support.

We are equally grateful for field support and inputs received from several resource persons in the three states, including Mr. Avijeet Bhadra (Save the Children, Odisha), Mr. Sree Nagesh Malladi (Save The Children, Telangana), Ms. Sanju and Ms. Shivani Parashar (Save The Children, Delhi), Mr. Sudhir Digal (PREM), Mr. Sadashiv Swain (CCWD), Mr. R.P. Dwivedi (Ruchika), Ms. Meenakshi Dogra and Ms. Aparajita Bhangarh (CECED), Ms. Seema Naz (CECDR), Ms. Sonia Sharma and Ms. Nirmal (Mobile Crèches), Ms. Geeta Verma (CARE India), Ms. Amita Govinda and Ms. Sangeeta Dey (World Bank, Delhi Office), Mr. Md. Saleem (CONARE), Mr. Manish Kumar and Mr. KVP Satish (SEED), Dr. V. Vijaylaxmi (College of Home Science) and Ms. Kamala (Andhra Mahila Sabha), who extended their help during the course of the study as well as during our site visits in Odisha, Delhi and Telangana.

This project would also not have been complete without the support of officials of the ICDS. We are grateful to Ms. Viziendira Boyi, Director and Mr. Jagadishwar, Secretary, Women and Child, Telangana, Ms. Shilpa Shinde, Director, Department of Women and Child Development, Delhi, for inputs to the project as well as Ms. B. Seshu Kumari, Director, SCERT, Telangana, and Ms. Ramadevi and Ms. Shanti Sri, CDPOs, Department of Women and Child

Development, Telangana. We would also like to thank Ms. Swati Sharma, Municipal Corporation of Delhi for her time and contribution to the study.

We also extend our gratitude to the Supervisors and anganwadi workers of Ibrahimpet block (Hyderabad), Mohana block (Odisha), and Tekhanda Village (New Delhi) with whom we had the pleasure of interacting during the field visits. We would also like to thank all our respondents, community members, children, teachers, helpers, parents, organisational partners and their teams who willingly participated in this study and shared their information, views, constructive comments and pertinent experiences with the team.

We would also like to thank several of our colleagues at the Centre for Budget and Policy Studies (CBPS) who have supported us in various capacities in the completion of the study. We place on record our thanks to Nakul Nagaraj for his research assistance, and Mrinalika Pandit, Usha P V, Vanaja S and Ramesh K A, who extended all the required administrative support throughout the study period.

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Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activists
AWC	Anganwadi Centre
AWW	Anganwadi Worker
CBPS	Centre for Budget and Policy Studies
CECDR	Centre for Early Childhood Development and Research
CECED	Centre for Early Childhood Education and Development
ECCE	Early Childhood Care and Education
FGD	Focus Group Discussion
FW	Family Welfare
ICDS	Integrated Child Development Service
ICT	Information and communication technology
INR	Indian Rupee
P &LM	Pregnant and Lactating Mothers
PTR	Pupil Teacher Ratio
MFHW	Ministry of Family Health and Welfare
MHRD	Ministry of Human Resource Development
MIS	Management and Information System
MO	Medical Officer
MSJ& E	Ministry for Social Justice and Empowerment
MWCD	Ministry of Women and Child Development

NFHS	National Health Family Survey
NGO	Non-Governmental Organisation
NIPCCD	National Institute of Public Cooperation and Child Development
NMR	Neonatal Mortality Rate
OBAC	Odisha Budget and Accountability Center
OECD	Organization for Economic Cooperation and Development
PSE	Pre-school Education
RSOC	Rapid Survey on Children
RTE	Right to Education
SNP	Supplementary Nutrition Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Executive Summary

In recent years, there has been increasing interest in provisioning for Early Childhood Care and Education (ECCE) services across the world (Dalhberg, Moss & Alan, 1999). Based on neuro-scientific evidence that has pointed to the role of 'sensitive periods' in brain development, the importance of early intervention in children's education and development is coming to be recognised. Support for ECCE services has emerged from evidence that has shown that a positively stimulating environment during early years lays the foundation for life-long development of the brain. Based on such evidence, investments are being made in synergistic ECCE programmes that cater to the interrelated domains of cognitive, physical, emotional and psychosocial well-being (Yoshikawa et al, 2013; Sinha and Bhatia, 2009; Friedman, 1994; UNICEF).

India has, in fact, had the distinction of having conceptualized and implemented a comprehensive ECCE programme- the Integrated Child Development Services (ICDS) - from as early as the 1970s. However, several studies have pointed to issues of implementation and quality with the ICDS. A bigger issue in the Indian context has also been the lack of legislation and mandate for ECCE, despite the availability of the universal ICDS programme as well as a comprehensive National Early Childhood Care and Education Policy (2013). It is against this context that the present study, commissioned by Save the Children and conducted by Centre for Budget and Policy Studies (CBPS), Bangalore, presents a comprehensive review of the status of ECCE in the country. The report also presents a pioneering effort at costing various ECCE models, in order to be able to recommend alternate strategies and viable models for ECCE practice in the country.

Methodology

The study used a mix of primary and secondary research techniques. A combination of a comprehensive desk-based literature review and analysis of secondary data sources taken from the Ministry of Women and Child Development (MWCD), the Ministry of Health and Family Welfare (MoHFW), UNICEF, National Health Family Survey (NFHS) - Rounds 3 and 4, Annual Status of Education Report (ASER) 2016, and NIPCCD was used to analyse the scope and coverage of ECCE in India, and to identify the availability of various models and provi-

sions and their features. In addition, ICDS budgets at the centre and state level (for three states – Delhi, Odisha and Telangana) have been analysed to understand the expenditure on ECCE vis-à-vis provisions.

Primary fieldwork was conducted across three states – Delhi, Odisha and Telanga, covering different models of ECCE. The primary fieldwork involved a combination of interviews with management and staff of ECCE centres, anganwadi workers, parents, and key officials of the ICDS, as well as observations at ECCE centres, to derive information on costs associated with the various models in relation to their processes and contexts. The models covered included state-run provisions such as the ICDS, private pre-schools, programmes run by non-governmental agencies (NGOs), as well as collaborations between NGOs and the state.

The fieldwork also provided an opportunity to develop a comprehensive framework for costing ECCE models, which has been a pioneering effort, not attempted before (largely because of the dynamic nature of these programmes, with evolving philosophies and costs over time). Thus, a significant contribution of the study has been the development of a costing framework itself, which will be discussed in more detail below.

Overall, the report is organised in the following manner:

1. **Status report on implementation of ECCE in India and its gaps (with special focus on Delhi, Odisha and Telangana)**

Section 1 presents a picture of the context for ECCE provisioning and gaps in India.

The section is divided as follows:

Status of Children between 0-6 years

Children between 0-6 years constitute 13.59 % of India's population (i.e., they constitute a population of 165.4 million). The rural component contains a much larger share of children between 0-6 years (with 121 million children located in rural areas). The status report shows that while over the years the nutritional and health status of children below five years has improved considerably, only half the population be-

tween 3-6 years receive any form of preschool education. According to World Bank (2017), India's gross enrolment ratio (GER) for pre-primary schooling is 12%, which is significantly lower than countries such as Sri Lanka, Nepal, Pakistan and Bangladesh.

However, it is important to note that all is not well with the health and nutritional status of children between 0-6 years either, with Indian ranking 48th in the list of countries with the highest under-five mortality rate (U5MR; UNICEF, 2016). India also performs considerably worse than its neighbours – Sri Lanka, Bangladesh and Nepal, on children's nutritional status (Rajan, Gangbar and Gayathri, 2014). Further, there are wide regional variations in the nutritional and health status of children below six years, with the southern states performing relatively better; children from lower socio-economic strata and marginalised social groups such as SC/ST communities perform worse than children from higher income households and forward communities.

Provisioning for ECCE

The status report also points to a need for a greater investment in provisioning, planning and administration of ECCE services in the country. Attempts to streamline ECCE provisions and administration have been made both through the restructured ICDS as well as the National Policy on ECCE (2013). However, this hasn't been supported through adequate budgets to convert the ambitious plans in the national policy or the restructured ICDS into reality (Ganotra, 2017). The lack of budgets for ECCE are clearly reflected in the condensed forms in which pre-school education is implemented in anganwadis, despite a holistic and progressive curriculum that seeks to cater to all aspects of development of the child. Supporting this point, studies have shown a lack of pre-school material, toys, and limited activities undertaken within the centres owing to these shortages (CBPS-UNICEF, 2017; NIPCCD, 2006). Further, ICDS budgets (which do not even meet half the estimates to implement ICDS on mis-

sion mode) are clearly structured more to address nutritional and health concerns rather than concerns of education.

Other provisions for ECCE made by the state such as the Rajiv Gandhi National Crèche Scheme (RGNCS) and pre-schools attached to primary schools have also seen fewer takers. With respect to the RGNCS, no new crèches were opened from 2010-2013, resulting in an overall decline in the availability of crèches under the scheme from 2009-10 to 2015-16. Further, severe quality issues have affected the functioning of the scheme and the number of beneficiaries availing the scheme has reduced since 2014-15, with the scheme not reaching targeted numbers.

A similar trend is also noticed with respect to pre-schools attached to primary schools, with just over 30 lakh students enrolled in state schools as opposed to 85 lakhs within private schools. This raises a critical need to understand what factors are responsible for this exodus from state systems of ECCE and how perceptions of learning English from an early age have contributed to this. Several studies, including the current study, has identified a preference among parents for private, Englishmedium pre-school facilities compared to anganwadis, with this trend being stronger for boys and for children in urban areas. While it has been hard to estimate the size of the private pre-school sector, it has been noted by even by the national policy on ECCE (2013) that with a lack of specific guidelines for their functioning, these schools are marked by inequitable access, uneven quality and growing commercialisation (NECCEP, 2013).

A third sector of ECCE programme available in the Indian context are those provided by non-governmental organisations. These also play a critical role in partnering with the state in rolling out provisions. Several of these NGO models also cater to the diverse needs of communities better and tend to demonstrate more innovative and developmentally appropriate teaching-learning practices (Kaul and Sankar, 2009).

Overall, it appears that India is well-positioned with respect to ECCE, with improvements in availability and participation in ECCE programmes seen (CECED, n.d.). Currently however, the critical lacuna is the absence of a strong regulatory framework for ECCE, which is important not just to address implementation issues but also to address issues of equity. With no estimate of the size of the private pre-school market in India and with large variations in quality, there is an imminent danger that the ECCE space in India may also follow the lines of school education. As can already be seen from the status report, demand for English medium education at the pre-school level, with early introduction of reading and writing skills, contrary to developmental principles which emphasize play, creativity and socio-emotional learning, has risen in demand among parents. Further, access to these forms of education is also divided along caste, class and gender lines. Inequity in early educational opportunities is only further likely to worsen if a strong regulatory framework, with equity and quality as central pillars of operationalisation and implementation, is not developed immediately. In fact, studies have shown that it is this lack of a regulatory framework that has contributed to the development of a lucrative market for pre-school education in India (Technavio, 2016), and this needs to be guarded against.

Section 2 presents a more comprehensive picture of ECCE status in three states – Delhi, Odisha and Telangana. The section is organised as follows:

Status of Children between 0-6 years

Coming to the three states - Delhi, Odisha and Telangana - the report shows that the average number of children in the three states is lower than the national average for children between 0-6 years. However, among the three states, Odisha has the highest child population between 0-6 years and also the majority of this population is located in rural areas. (This is also higher than the national average of rural children).

Indicators for health, such as IMR, U5MR, full immunisation, and stunting, wasting and underweight children for Delhi, Odisha and Telangana appear to be better than

that for the national average according to National Family Health Survey (NFHS)-4. However, Odisha has the highest IMR, U5MR, stunting, wasting and underweight indicators among the three states. Odisha performs better than the other states only with respect to anaemia in children between 6-59 months, which is highest in Delhi. Odisha also has the highest percentage of children immunised (close to 80%); while Telangana has the lowest IMR and U5MR rates.

As with the national scenario, variations across reports for numbers enrolled in some form of pre-school education in the three states is noted. According to the Rapid Survey of Children (RSOC) 2013-14, Odisha had the highest number children enrolled in pre-school programmes, compared to all-India and Delhi figures (Data for Telangana was not available, as it is a newly created state in 2014). Data for further analysis by caste, religion, income, gender, etc was limited or absent. However, the role of NGOs in increasing pre-school participation, particularly among rural populations, in both Andhra Pradesh and Odisha emerged both through literature and primary fieldwork.

Provisions for ECCE

Telangana has the smallest deficit in terms of numbers sanctioned and operational anganwadis, and anganwadis providing pre-school education while Odisha, with the highest number of children between 0-6 years and a larger rural population, has the highest deficit of operational anganwadis as well as anganwadis providing pre-school education. Further, it appears that Odisha, along with Telangana, has very few government schools with pre-primary sections. Odisha and Telangana, on the other hand, also had a large number of private schools with pre-primary sections. Though a large section of the population between three and six years in these two states attend anganwadis, the higher availability of private pre-school sections, disproportionately located in urban areas, in the two states is perhaps indicative of the greater need and demand for ECCE provisioning in these states, particularly for Odisha. Aspirations for English medium, private school education even in the early years could also be the other reason for the large number of private schools with pre-primary sections seen in these states. The latter point is perhaps also supported by the fact that

across the two states, it was observed that by age of five, half the population of children are shifted from anganwadis to private schools, though the stipulated age for entry into primary schools according to RTE is six years.

2. Integrated Child Development Scheme (ICDS): An analysis of the national budgets with special reference to three states (Delhi, Odisha and Telangana)

Section 3 presents a review of the ICDS system and budgets.

The Integrated Child Development Scheme (ICDS) is a holistic and integrated package of services related to health, nutrition and pre-primary education, following a life cycle approach. ICDS targets pregnant women, lactating mothers and children from the prenatal stage to six years of age. It provides a package of six services: supplementary nutrition, early childhood education, non-formal education, nutrition and health education, immunization, health check-ups and referral services.

There are a total of 1.35 million anganwadi centres across India (as of 2015), of which 1.25 million provide pre-school education as well. The number of children between 0-6 years receiving supplementary nutrition through ICDS is 82.8million. Recent years have seen a decline in number of beneficiaries availing nutrition and pre-school education, which is attributed to reasons such as problems with implementation, lack of political will, changing aspirations among parents, particularly with respect to pre-school education, and a perception of anganwadis as feeding centres for the poor.

The budget for implementation of ICDS is shared between centre and state. While the sharing pattern for all other budget heads is currently 60:40, cost of providing supplementary nutrition follows a 50:50 sharing pattern. While this in itself has implications for implementation across different states (with poorer states facing a larger burden with respect to implementation), individual states also differ in the manner of implementation of the programme, within the broad guidelines set by the centre.

A state-wise analysis of ICDS for Delhi, Odisha and Telangana not only reveals differences with respect to provisions offered under the scheme but also presents operational differences. Odisha, as was noted earlier, has the highest child population between 0-6 years, as well as deficits in terms of operational anganwadis and anganwadis providing pre-school education. However, Odisha had the highest percentage of children in all age groups (between 3-6 years) enrolled in anganwadis, followed by Delhi and then Telangana. Telangana had the smallest gap in terms of the number of sanctioned and functional anganwadis and in the number of anganwadis providing pre-school education. Telangana and Odisha also had separate heads for construction of anganwadis, while Delhi had a head for upgradation and maintenance of anganwadis within the ICDS budget.

Other operational differences showed difference in timings of anganwadis and compensations for workers, both of which contribute to differential spending on the ICDS across the states. Of the three states, Telangana had the highest number of working hours for the anganwadi and also the highest honorarium for workers, whereas Delhi with shorter anganwadi timings (till 12:00 pm) had the second highest honorarium. However, Delhi had certain additional features included under the ICDS scheme such as daycare centres and crèches attached to anganwadis, which perhaps also explains why timings for anganwadi workers was till 2:00 pm. Certain additional budget heads observed for Delhi included financial assistance to nursing and lactating mothers belonging to weaker sections and for a scheme called the Ladli Yojna (a scheme to promote education and upbringing of the girl child).

Odisha was the only state with a separate budget head for pre-school education and a scheme known as the Malati Devi Prak Vidhyalaya Paridhan Yojna (a scheme to provide uniforms for pre-school children). The Odisha government has also developed a contextualized curriculum ECCE package known as the Nua Arunima to impart pre-school education within anganwadis, which shows the emphasis laid on pre-school education. However despite this emphasis, centres in Odisha that were visited suffered from a lack of play material, and other teaching-learning materials.

Telangana too has benefited through the development of workbooks and investments in training (as a result of collaborations made previously by the Department of Women and Child Development of undivided Andhra Pradesh and other NGOs), with centres visited displaying colourful, hand-made teaching-learning material and an in-depth curriculum, curricular time-table and workbooks.

Coming to aspects of health and nutrition, an analysis of state-wise budgets revealed that Delhi and Odisha had additional heads for providing financial assistance to nursing and lactating mother belonging to weaker sections (Delhi) and Mamata and special budgets for mobility of AWWs and ANMs to reduce infant mortality (Odisha). In Telangana, health and nutrition services seemed to be adequately imparted through the anganwadis, with the only additional feature being the Arogya Lakshmi scheme, providing hot cooked meals for pregnant and lactating mothers. In both Delhi and Odisha, there was dissatisfaction with the supplementary nutrition provided, with Delhi having outsourced the services to private contractors.

Analysis of ICDS Budgets

The analysis involved identifying budgets/expenditures on children between 0-6 years that cut across different programmes/functions even when examining these budgets and expenditures for the ICDS scheme alone. Provisions for ICDS are made as grants-in-aid by the GoI under major head 3601. Thus further break-up of funds into categories such as anganwadi workers' wages, nutrition, etc., are not available. However, what is evident from a perusal of budgets from 2014-15 to 2017-18 is that, in real and nominal terms, ICDS outlays have gone down over the last four years, before being restored to 2014-15 levels.

Coming to a state-wise analysis of ICDS budgets, it needs to be kept in mind that the three states vary in area, population and past investments (or lack of them). Therefore, comparing them at face value would be misleading. Further, it also needs to be borne in mind that outcome (effectiveness) of expenditures needs to be measured differently and a higher expenditure may not necessarily translate into enhanced well-being of children. Two other changes from 2014-18 also need to be kept in mind in analysing state budgets: first, the Fourteenth Finance Commission award (2015-

2020) which enhanced fiscal transfers from centre to the states from 32 percent to 42 percent. While putting more untied funds in the hands of state governments, this has drastically reduced the centre's funding of centrally sponsored schemes (CSS); second, starting from 2017-18, was a shift in budgeting practices which are no longer classified as Plan and Non-Plan but are further divided in the form of administrative and scheme expenditures which had further layers of division. The ICDS head appears across several of these scheme divisions.

An analysis of individual state budgets has shown that there has been no real increase in social sector expenditure (SSE) as a proportion of total expenditure (TE) in all states, except Telangana from 2014-18. The ICDS expenditure as a proportion of SSE has seen a clear declining trend across all the three states during the period 2014-2018. The proportion of ICDS in SSE is higher in Odisha as compared to Telangana and Delhi perhaps due to higher population being served and the fact that ICDS forms an important scheme in the Department of Women and Child Development. The decline of the ICDS share in the SSE of Telangana despite the increased share of SSE in TE indicates that ICDS has failed to get attention despite increased allocations in social sector.

A similar trend is also noted when the share of the ICDS budget is compared with total TE. The proportion of ICDS expenditure to TE indicates a real decrease and lack of focus in the budget process across all the three states.

With respect to per child expenditure (taking average outlay from 2014-17 into account), it appears that Delhi spends the highest per child. However, this is due to the higher rents paid for anganwadi centres in Delhi compared to the other two states. Expenditure on anganwadis has risen consistently at 9% per annum between 2014-15 and 2017-18. However, expenditure on nutrition has been erratic with reduced outlays in two of three years.

Odisha, on the other hand, provides the highest outlays for ICDS, as a proportion of SSE and TE. It also spends more rupees per child, but its per capita is the lowest among the three states due to a high number of beneficiaries. However, an analysis of trends also shows a lack of consistent provisioning.

Telangana, a newly formed state, has shown substantial increases in outlays across the four years, which includes on anganwadis and nutrition.

Coming specifically to ICDS expenditures, it can be seen that nutrition takes major share of expenditure in all the three states. The exceptions noted to this are: a) only Odisha has a separate allotment and scheme for pre-school education; and b) Delhi spends considerable amount on a child protection society, Bal Sadan, and other child welfare schemes and has no budget for construction/repair of AWCs.

3. Selected non-ICDS ECCE models: An analysis of features, costs and revenues

Section 4 presents an indicative exercise to understand different kinds of models and costing for ECCE available in the Indian context.

The approach used to cost nine different models of ECCE studied for the report involved first identifying core features or processes of these models (e.g., infrastructure, curricular, pedagogical, training and administration or implementation related) and then suitably monetising these features and processes, even those that may not have specific monetary values attached (e.g., parent volunteering in running centres). The latter was suitably monetised using certain carefully developed assumptions, drawn from a larger understanding of pre-school education, economy and the specificities of the model.

The costing exercise thus undertaken for all models presents three main outcomes:

- i. Estimates of total annual costs by taking monetary estimates of non-monetised processes/contributions, and by annualising the capital investments including the opportunity costs, wherever suitable.
- ii. Estimates of capital expenditure and annual recurrent expenses; this does not include any opportunity cost.
- iii. Estimates of the annual revenue through diverse sources into account; this does not include the non-monetised inputs

This is followed by a discussion on implications of these cost patterns for public policy and finance.

An analysis of the per child annual costs across the models reveals that the range varies from as low as Rs.6400 (UBM) and Rs.8636 (UCM) to as high as Rs. 29527 (CUSP-2) and Rs. 28769 (SSUP). While salaries constitute the largest share of annual cost for each model, they are not necessarily the driver of higher costs and components that drive the cost upwards varies from one model to the other.

Space, infrastructure and physical facilities such as furniture, etc. occupy between 12 to 34 percent of the annual total cost of different models. No clear trend emerges from a centre being part of a larger setup, (e.g., a CUSP (2) or just a standalone ECCE centre. However, location has an impact on cost.

Nutrition and auxiliary services are provided by just four models, of which one programme is covered by the RGNCS funds. The other models providing nutrition are community focused NGO models, where nutrition plays a critical role in enrolment, retention and learning by marginalised children.

Costs for learning and curriculum development range from 1 to 19 percent of total cost, with the highest percentage share observed for LUPS (a low cost private school), which sources much of its curricular content from external, corporate curriculum providers. Most other models have developed their curriculum and learning material in-house with help from NGOs and other supporting agencies. Cost of training ranges between one to seven percent.

Community engagement was seen in all but one model (i.e., the low cost private school), but constitutes a small proportion of the total cost between 0.4-2 percent.

Annual recurrent per child costs are lower for all models when compared to total costs, as they do not take into account annualised costs of capital assets. Annual recurrent per child costs range from Rs. 7031 (UCM) to Rs. 24,879 (CUSP-2). The recurrent costs are higher for certain models due to rent (UPCS and LUPS), provision of nutrition (UPCS), higher spending on TLMs (UPCS, CUSP, SSUP, LUPS, and UPPS), higher salaries and benefits for teachers and other staff (CUSP-2, UPPS, LUPS and SSUP). Further, it also need to be noted that the salary component is driven up for models that have single or two or three centres, as the cost of monitoring and supervision has to

also be borne by these few centres. Community-based and community-focused models in rural areas and small towns benefit, on the other hand, through community contributions, lower land and rental values and salaries.

An analysis of per centre annual costs also showed that the trends were similar to per child costs, despite variations in cost of salaries, infrastructure, etc. Per centre annual costs ranged from Rs. 1,27,990 (for UBM) to Rs. 26,75,599 (for SSUP) and Rs. 26,34,213 (for UPPS). Generally, it was seen that community-based models have made modest investments on assets, while models that are part of larger initiatives have incurred greater costs on creation of physical space, buildings and play material.

It is very clear from the analysis that the needs of various groups and locations are diverse, and a unified and homogenous cost approach does not help. An important lesson that emerges from the varied contexts and costs on infrastructure is also that existing public and private institutions such as universities and other such organisations can be tapped to provide land and building facility for ECCE centres not only for their own employees' children but also for neighbourhood population groups. Most models have also moved to generating user fees to sustain themselves but this has also contributed to generating a surplus. What is evident is also that those not charging user fees are dependent on contributions from the community or other stakeholders.

Another important lesson to be borne in mind considering the diversity of needs and resources is to allow for different models and provisions of high quality by defining a clear set of 'non-negotiable' norms and a list of 'non-acceptable' practices, rather than adopting a universal approach. Non-negotiables and non-acceptable practices instead can ensure creative approaches to ECCE provisioning while preventing any adverse impact through compromised programmes.

4. Recommendations and Policy Directions for ECCE in India: Lessons drawn from the three research reports on ECCE

The final section draws from across the other sections and presents directions for policy and identifies certain 'good practices' that ECCE programmes might benefit from.

The recommendations address four main concerns: around quality, costs, scaling and resources.

With respect to quality, the report calls for urgent attention towards developing a regulative and legislative framework for ECCE laying down conditions for quality, ownership, responsibility, cost, partnerships, curricula, etc. Elaborating on this, we argue for:

- i. **Quality** –parameters that do not create barriers for creativity, innovation, experimentation and for contextualisation of interventions, in the light of the need for contextually-situated programmes that the study has revealed.
- ii. **'Non-negotiables' and 'non-acceptable' practices** – In order to allow for the possibility for contextually-relevant learning opportunities, while also ensuring quality, it is important to develop a list or framework of non-acceptable and non-negotiable processes and practices, rather than a list of 'must-dos'. This can ensure diversity while simultaneously ensuring that programmes or models do not create adverse conditions.
- iii. **'Developmentally appropriate practice'** – Regulation of quality to be linked to 'developmentally appropriate practice' (DAP), paying attention to sensitive issues such as language and developmental needs, to counter the current trend of pushing children in the early years to read and write in English.
- iv. **Building a bridge between ECCE and primary schooling** –to prepare schools and students for such transitions developing a bridge curriculum (sensitive to linguistic differences between pre-school and primary school environments)and preparing primary schools for the transition.

With regards to the second concern on costs of financing/funding ECCE provisions, it has been observed that public and private models show many deficits. Public funds, on the one hand, are seen to be declining and are poorly managed with respect to implementation of ICDS (as in the case of Odisha); private and NGO models show

higher costs with surplus, which in most cases are also off-set to parents and communities. Of the various non-state interventions studied, five of the nine models have costs which well exceed the per child annual expenditures of ICDS. While this observation is not made to advocate simply for lowering costs (as this does affect the quality of provision as seen with ICDS, which suffers from unrealistic budgets for rent, honoraria, transport of food, etc), the following might be considered:

- i. ***Declaring certain cost-heads as non-negotiables*** – To ensure quality that certain costheads and ranges such as salaries for ECCE professionals, budgets for curriculum development and nutrition must be non-negotiable as these form the crux of the programme. Budgets for nutrition are critical, particularly when working with disadvantaged communities as are budgets for community involvement that make programmes sustainable and of good quality over time.
- ii. ***Ranges rather than fixed costs*** – Costheads can be fixed as a range to realistically reflect differences in location (which affect provisions such as rent), to provide for purchasing power parity (e.g., for salaries) and other contextual features of models (e.g., number of working hours, qualifications, etc).
- iii. ***Ceilings for different costheads*** – Certain reasonable estimates for each costhead can be developed, while also fixing limits on usercosts, contributions in kind and out-of-pocket expenditures for communities and parents that can place a burden on poor and disadvantaged families and communities.

The third concern addressed through the report is the issue of scale. While the report has sought to establish the importance of decentralized models and management, which are more contextually-suited, the study of certain non-ICDS models have also revealed that economy can be achieved through centralization of in certain aspects such as curriculum development, teacher training, monitoring and supervision, if the programme is not very small. A more important lesson, especially for centralized public programmes is the need to remain aware of the differences between fixed and variable costs, and capital and recurrent costs, and therefore the need to move away

from budgeting practices that take into account per child costs without consideration of factors such as location, for scaling.

The final consideration for policy which we have sought to address through the report is with respect to resources. This is perhaps the biggest question as it revolves around the issue of whether ECCE should be a public good or allow for private provision as well.

Considering the different advantages offered by both, it is perhaps important to conceive of different ways of integrating provisions across state departments as well as providers, evolving new models for cost-sharing. For example, such provisions can perhaps take the form of making the DoE responsible for planning for a bridge course for anganwadi to primary school transition, training of anganwadi workers, and monitoring and supervising the educational components of the ICDS scheme, while retaining pre-school education as part of ICDS.

Keeping in mind the need to allow for diversity as well as numbers, it is perhaps also necessary to allow for alternative providers for ECCE, as well as for collaborations between the state and non-state providers but this needs to be carefully regulated. The conditions of partnership need to be clear and, as mentioned before, costs and expenditures on these models maintained on parity with other public services so that it does not create hierarchical tiers of pre-school education as with primary and secondary schooling.

Further, it is important to ensure that partnerships do not just take the form of the state investing funds in private programmes without returns or certain forms of accountability. For example, partnerships could take the form of investments in curriculum development or in training which can also then be used for state ECCE programmes. Partnerships can also take other innovative forms – for example, provisions of land for programmes within state and central university campuses, public sector companies, etc; while also making mandates on private companies/industries to provide space and options for state or non-state run ECCE programmes for staff as well as other children from the neighbouring communities.

Thus, public-private partnerships and alternative provisions need not be completely avoided but must be carefully planned and regulated.

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