From Policy to Practice:
Designing a Comprehensive and Responsive State-led ECCE Model for Marginalised Communities

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### About the project

Multi-state research and advocacy initiative to strengthen evidence-based policy, planning, and systemic reform **Duration**: Three years

Funder: UNICEF India

Landscaping exercise: All India, six states (Kerala, Gujarat, Uttar Pradesh, Assam, Karnataka, Odisha)

Fieldwork: 12 ECD Models

Literature review: ECD best practices and policy frameworks, secondary data analysis and budget analysis

Stakeholder engagement: Parents, AWWs, Ministry of Women and Child Development, Education Department, local government representatives, non-governmental organisations (NGOs), and child health professionals



### **Objectives**

Explore the concept of Quality in the ECD domain

Create a practical model to provide quality ECD services in India, which would enhance the current ECD policy framework and service delivery



Image of an Anganwadi student engaging in shape-sorting puzzle



Image of children at an Anganwadi centre singing an action-rhyme

### **Quality Framework**

Setting specific standards and principles of quality. Five non-negotiable principles:

- 1. Child rights-based approach
- 2. Comprehensive and integrated service delivery
- 3. Inclusive of local contexts
- 4. Attention to the feminisation of care work
- 5. Resilience and sustainability





### **Comprehensive and Responsive Model of ECD**

Actionable model by setting standards for infrastructure, human resources, management, and supportive supervision

Features drawn from best practices observed from fieldwork in 12 models



Image of Anganwadi students engaging in colour-sorting puzzle



### **Extension of Coverage**

Highest quality care for all children

Easing the caregiving burden on women

Emphasis on the health of women during the pregnancy and lactation phase

### **CRM** recommendations

ECD services for 0-3 year-old and 4-6 year-old children, and pregnant and lactating women (PLW)



## **Extended and Flexible Operation Hours**

Structured and reliable care environment for longer durations

More choices available to women/workers

#### CRM recommendations

Operational hours: 9:00 am to 5:00 pm

Early drop-off at 8:00 am

Core hours from 9:00 am to 2:00 pm

The last three hours allocated for sleep, free play and snack time – flexible and allows for early pick up of children



# Community Approach for Delivery and Management of ECD Services at Anganwadi

Ensures service delivery is inclusive, relevant, and appropriate to local contexts

Community ownership of the model – building resilience

### **CRM** recommendations

Anganwadi Level Monitoring and Support Committees (ALMSCs) for managing the AWCs Monthly parentteacher meetings for progress assessment and feedback

Monthly Community-Based Events (CBEs) on ECE, health, nutrition, care & safety Home visits (two per month) for ECE and nutrition counselling



# High Quality Physical and Digital Infrastructure

Infrastructure norms responsive to the number of women and children and to specific geographical and local contexts

Use of technology to facilitate service delivery and data maintenance at AWCs

### CRM recommendations

All weather building (min. 600 sq. ft) + 20 sq. ft per child (>30); playground (500 sq. ft) + 20 sq. ft per child (>25)

Ramps with railings, disability-inclusive toilets (children & adults)

One classroom/activity room, kitchen, cradle/breastfeeding room, proper ventilation, cold storage for breast milk

Integrated app for child & women's data entry, mobile/tablets with internet access

Drainage & plumbing, electrification with safe wiring, fire safety apparatus, boundary wall, uninterrupted electricity/power backup, essential electrical fittings Adequate seating arrangements



### Improved Human Resource Management

Human resources proportionate to number of children and services required

Challenge societal undervaluation and feminisation of paid care work

### **CRM** recommendations

Children: AWW = 20:1 Children: Cooks = 30:1 Two helpers per centre (one

each for <3 years & >3 years)

Compensation for AWW: Ideally same as full-time govt employees; at least linked to minimum skilled wage

Compensation for AWH & cook: Ideally skilled wages; at least minimum unskilled wage

Health insurance, Employee Provident Fund, gratuity for all staffs Induction training, refresher training every two years, regular supportive supervision by supervisors/CDPOs

Options for career mobility



### **Child-centric ECCE Services**

Age-appropriate, playbased, multi-lingual, contextually relevant curriculum and pedagogy

Focus on 7 Breadth of Skills (BoS): Critical thinking, motor skills, self-awareness, socio-emotional skills, communication, FLN, tech skills

Integrate multiple skills

### **CRM** recommendations

Adequate training for AWWs

Creche for children under 3 years

ECE kits: TLMs and stationery, age-specific workbooks

Sleeping arrangements: cradles, blankets and pillows

Equip centres with whiteboards, projectors & audio-visual TLMs

Uniforms (min. two pairs) to promote a sense of belonging & reduce bullying

Continuous classroom observation across all BoS domains, not just FLN



### Focus on Holistic Health and Wellness of Children

Attention to physical, social & psychological health and well-being

Collaboration between Anganwadi, Health Dept., NHM ecosystem (PHCs, hospitals, Early Intervention Centres)

#### **CRM** recommendations

Safe drinking water; running water; toilets; regular cleaning by AWHs

Waste segregation & management; routine health & safety inspections

Monthly health days → checks for defects, deficiencies, diseases, developmental delays

Monthly growth monitoring; weekly monitoring for SAM/MAM children

Immunisation; Deworming tablets twice in a year

Developmental Monitoring

Monthly health checks & immunisation for PLW

Annual Child Health and Wellness Kit



### Holistic Approach to Nutrition

Supplementary nutrition; a crucial component

Locally sourced produce, culturally relevant food

Critical engagement with the primary nutrition habits of the women and children

### **CRM** recommendations

PLW: 2 hot cooked meals/day; THR if unable to visit centre

Children: 2 hot cooked meals + 1 snack; extra THR for SAM/MAM children

Nutrition awareness in CBEs, home visits & monthly health checks; individualised advice for PLW & caregiver

Infants: Breastfeeding facilities; breast milk storage and supply facilities / safe substitutes

Micronutrient supplementation as per need

Train AWWs, AWHs, cooks on nutrition & food safety



# Responsive and Supportive Supervision

Continuous guidance & support for AW staff

Bridge knowledge gaps, provide real-time solutions, train on new activities, and address grievances

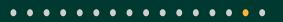
#### CRM recommendations

Regular visits from existing WCD supportive structures:

- Anganwadi Supervisor → monthly visits
- CDPO → visit once in two months

Monthly group meetings where AWWs interact with supervisors & peers







### Sustained Fiscal Commitment

- High-quality ECD services need 3–6x current investment levels (CBPS estimates)
- Mobilise resources via CSR, HNIs, community participation



Strategic Prioritisation and Phased Approach

### Implementing the CRM model



### State-Specific Planning

Calibrated trajectory based on challenges & fiscal capacity



### Thank you

