



■ **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

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

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



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 parent-teacher 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, play-based, 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

Implementing the CRM model



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



State-Specific Planning

- Calibrated trajectory based on challenges & fiscal capacity

Thank you
