



TOYOTA ANGANWADI DEVELOPMENT PROGRAM (TADP)

In collaboration with Women and Child Welfare
Department and Zilla Panchayat Ramanagara

BASELINE SURVEY REPORT

Submitted by
Support for Network and Extension Help Agency (SNEHA)
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Abbreviations

TADP	Toyota Anganwadi Development Project
AWCs	Anganwadi Centres
AWWs	Anganwadi Workers
AWHs	Anganwadi Helpers
BVS	Bala Vikas Samiti
IAS	Indian Administrative Service
CEO	Chief executive officer
Govt.	Government
Sqm.	Square Meter
CSR	Corporate Social Responsibility
LKG/UKG	Lower / Upper Kindergarten
BCC	Behavior change communication

Foreword

Anganwadi Centres (AWCs) are nurturing grounds that mirror the notion ‘begin from the beginning’. This programme is an initiative of the Ministry of Women and Child Development, Government of India under the umbrella of the Integrated Child Development Services focussed on early child care and mother care across the country. AWCs are responsible to provide six main services: supplementary nutrition, immunization, health check-up, and referral services for pregnant women, lactating mothers and children below 6 years; pre-school non-formal education for children aged between 3 and 6 years; and nutrition and health education for women aged between 15 and 45 years.

AWCs facilitate healthy growth and development in children. To a great extent, these centres also play a significant role in tackling child-related health issues such as malnutrition, stunting, wasting, underweight, chronic diseases, and age-related cognitive and physical developmental delays. The combined pre-natal and post-natal services provided in AWCs cements a strong foundation for future development and learning among children resulting in their overall development. Reportedly, there are 13.77 lakhs AWCs operational across India with a workforce of 12.8-lakh workers and 11.6-lakh helpers. And to support and accelerate Government’s efforts in providing proper child and mother care, Toyota Kirloskar Motors stepped in to revamp AWCs in Ramanagara district of Karnataka as a part of their corporate social responsibility activities. Through its pilot Toyota Anganwadi Development Programme (TADP), the company intends to aid process and infrastructural upgradation in 30AWCs identified by the Department of Women and Child Development (Government of Karnataka) across Ramanagara district.

TADP aims to deliver a comprehensive and replicable model for revamping AWCs by focussing on creating an environment for creative learning, boosting physical and cognitive development in children with child-centric infrastructure and quality education along with improving health and hygiene standards. Thus, to get an understanding of the challenges and opportunities in these AWCs, and successful implementation of TADP, Toyota Kirloskar Motor partnered with Support for Network and Extension Help Agency (SNEHA), an NGO to conduct a baseline survey. This report encompasses overview of Ramanagara district and its AWCs, concept and focus areas of TADP, baseline survey process, and survey findings. This survey will form the base for intervention and implementation of processes as per TADP’s objectives. I thank Sri Ikram, IAS CEO, Zilla Panchayat and Sri C.V. Raman, Deputy Director, Department of Women and Child Development (Government of Karnataka) and staff of all the 30 AWCs and everyone involved for joining hands to support the survey.

Ramasamy Krishnan
Executive Director, SNEHA-NGO

Background of Toyota Anganwadi Development Programme



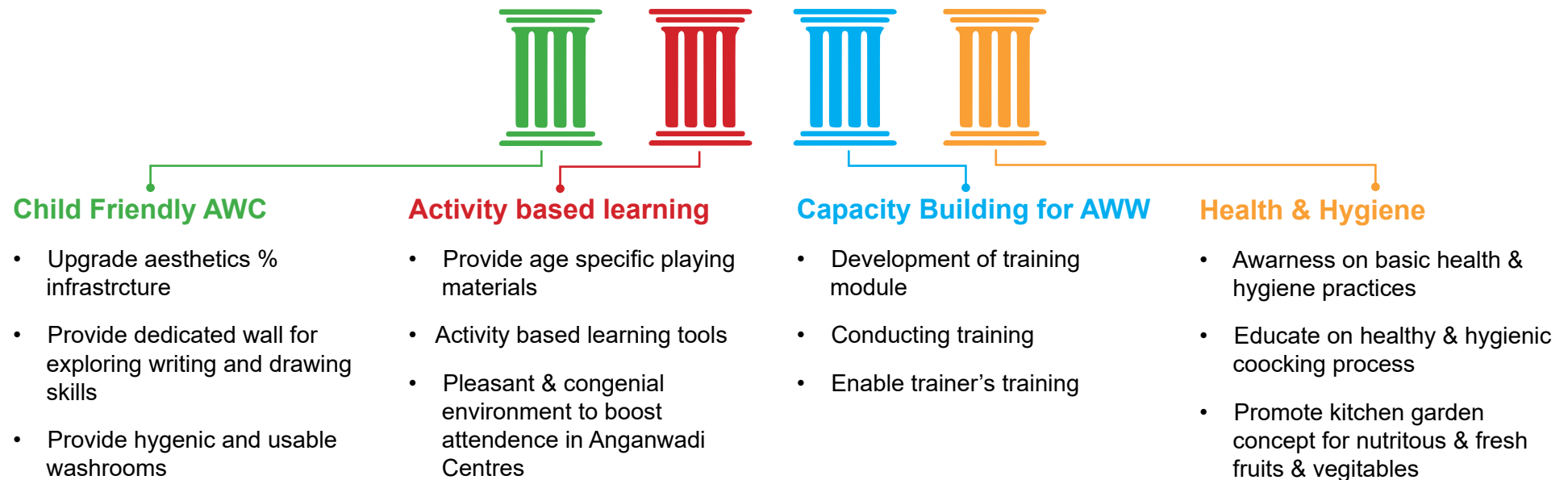
SUSTAINABLE DEVELOPMENT GOALS



Toyota Anganwadi Development Programme (TADP) is a CSR initiative of Toyota Kirloskar Motor to transform 30 AWCs into Model AWCs in Ramanagara district. This will include infrastructure overhaul of AWCs, introduction of new methods for imparting early education, implementation of processes to maintain health and hygiene, capacity building among AWWs and AWHs, and stakeholder engagement for sustainability.

This CSR initiative of Toyota Kirloskar Motor is in alignment with Goal 4 of the United Nations Sustainable Development Goals i.e., Quality Education.

A Four-Pillar action plan as presented below has been devised to meet the objectives of TADP.



Background of Ramanagara District

Demographic Profile as per census 2011



Total Population
10,82,635



Female
5,34,628



Male
6,40,000



Under 8 Years
1,07,841



Households
2,60,533

AWC details as on January 2021



1,543 AWCs.



54,780
Children aged between
0 months to 6 years,



4378
Pregnant women



4012
Lactating mothers.



1495 AW Workers
1301 AW Helpers

Section 1

Overview of the Baseline Survey

1.1 Purpose

The baseline survey was conducted to formulate a base that will act as a direction to initiate the Toyota Anganwadi Development Programme in Anganwadi Centres (AWCs) in Ramanagara District of Karnataka. Through this programme, Toyota Kirloskar Motors aims to transform 30 AWCs into Model AWCs with child-friendly infrastructure, effective methodologies for imparting early childhood education, better health and hygiene facilities, and well-trained Anganwadi Workers and Helpers (AWWs and AWHs).



1.2 Objective

Toyota Kirloskar Motor in association with its NGO partner SNEHA conducted this survey with the objective to understand the ground reality of AWCs that includes the gap that exists between the standard guidelines to be followed by AWCs as laid out by the Government of India and its actual implementation, issues faced by AWCs, areas of improvement, and necessary support required to transform these centres to Model AWCs for facilitating desirable growth and development in children.

Section 2

Baseline Survey

With the aim to develop 30 AWCs in Ramanagara into a Model AWCs, a baseline survey was conducted to understand the standard parameters as laid out by the Government of India, current status of AWCs, and scope of improvement encompassing the four focus areas: child-friendly environment, activity-based learning, teacher capacity building, and health and hygiene.

2.1 Design & Methodology

The survey was designed to cover four focus areas of TADP. For each focus area, the list of data to be collected was developed with clear indication as per data sources and data collection methodologies (refer Annexure 5). Based on the data list, questionnaires were developed for AWC survey encompassing AWWs, AWHs and for each group of stakeholders. The checklists indicated the data to be collected or issues to be discussed as well as key questions (to lead an interview).

To gather information for four focus areas, different information collection methods were used including focus group discussions and key informant interviews. The survey applied methodologies including group discussion, structured interview, and semi-structured interview using participatory approach. All stakeholders were apprised of the purpose of the baseline survey and their consent was sought for data disclosure.





2.2 Team & Duration of Data Collection

The survey was conducted by a team of five members organised by SNEHA. The team carried out the survey in all the 30 AWCs as identified by the Department of Women and Child Development (Government of Karnataka) between fourth week of December 2020 and first week of January 2021

2.3 Data Registration, Processing & Analysis

The survey team recorded all information in data collection sheets – questionnaires, information sheets, and handwritten notes to ensure capturing of accurate information and future reference and/or clarification. A database was created to store and organise the collected data according to categories and informant groups under each of the four focus areas for respective AWCs. A summary was drafted for all the 30 centres by considering indicators based on the questions and focus areas.

Quantitative data were processed, analysed, and organised using Microsoft Excel. Descriptive statistical values including frequency counts, percentage, minimum value, maximum value was calculated in order to explain distribution and general characteristics of all the 30 AWCs in four focus areas. Qualitative information was used to provide description of and analysis for each focus area and to elaborate related quantitative data.

2.4 Reporting

Centre-specific reports for all the 30 surveyed AWCs were released. A combined report encompassing the four pillars arrived at too.



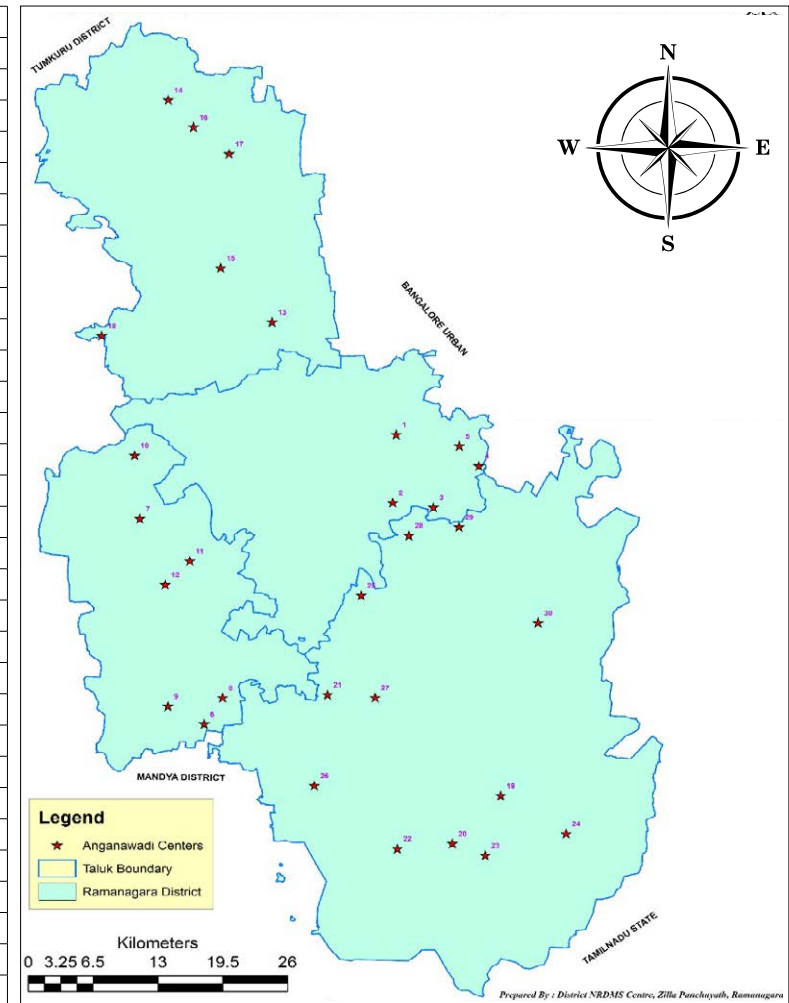
Section 3

Survey Findings

The findings of the survey aided in identifying issues faced by AWCs on which we can base our necessary actions for improvement in each of the four focus areas including number of AWC beneficiaries and qualification of AWWs and AWHs. It touched upon the aspect of stakeholder engagement that will be necessary for sustaining the transformation in Model AWCs. The survey also took into consideration the recommendations from various stakeholders for improvement of AWCs.

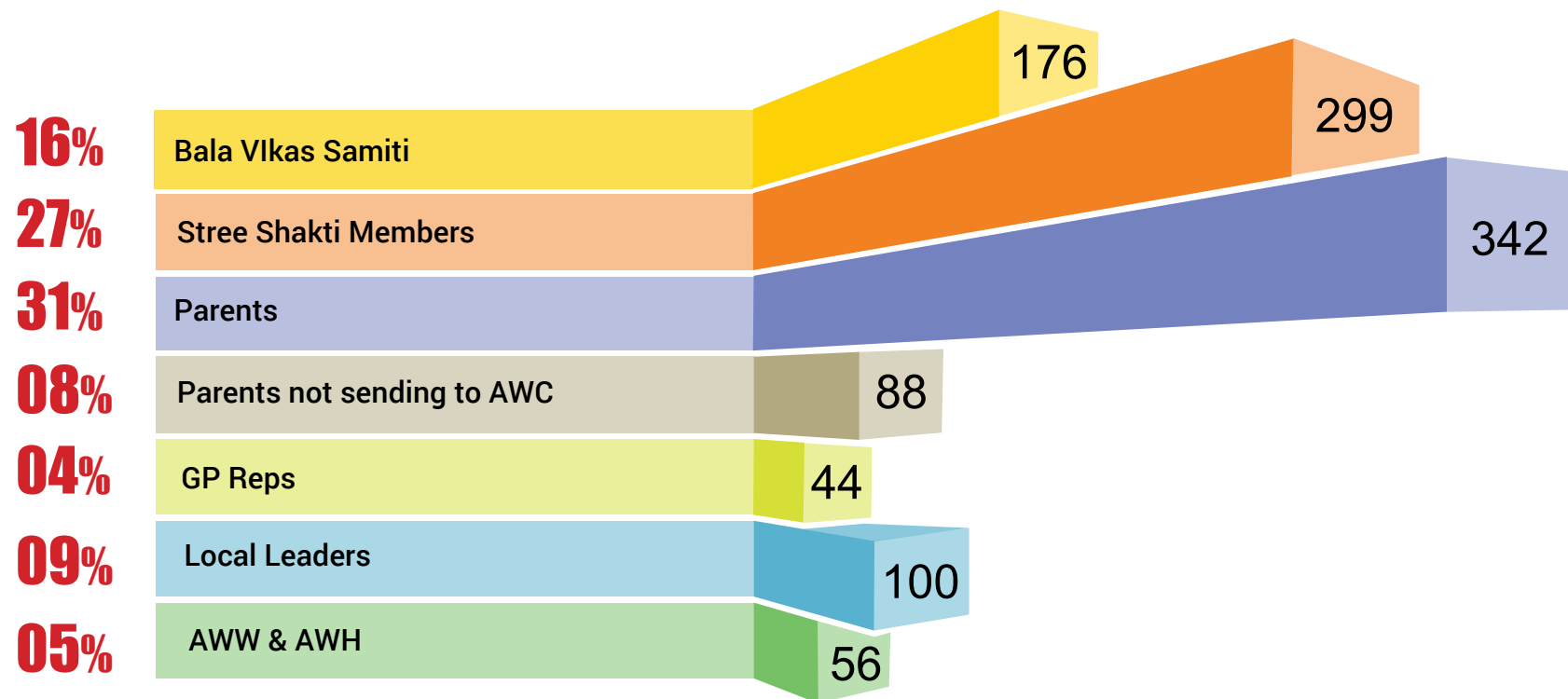
The survey was conducted across 30 AWCs in Ramanagara District as identified by the Department of Women and Child Development (Government of Karnataka). The map shows the AWCs covered for this survey:

Name of the Centres		
S.NO	Name of the Taluk	AWC Name
1	Ramanagara	ChatraBharedoddi
2	Ramanagara	Vaddaradoddi
3	Ramanagara	Kempaihanapalya
4	Ramanagara	Apco Factory
5	Ramanagara	Kodiyala
6	Channapattana	Jagadhapura
7	Channapattana	Chikkenahalli-2
8	Channapattana	Shyanaboganahalli
9	Channapattana	Banaganahalli-3
10	Channapattana	Makali- 1
11	Channapattana	Hanumanthanagara
12	Channapattana	Chikkamalooru
13	Magadi	Nayakanapalya
14	Magadi	Rangaiahnapalya
15	Magadi	N.E.S Layout
16	Magadi	Arasanakunte
17	Magadi	Soluru
18	Magadi	Bheshtharapalya
19	Kanakapura	Kodahalli-1
20	Kanakapura	Mulalli
21	Kanakapura	Vadedhoddi
22	Kanakapura	Uyyambhalli
23	Kanakapura	Doddakoppa
24	Kanakapura	Hanakadabhooru
25	Kanakapura	Anajawadi
26	Kanakapura	Sathanooru-3
27	Kanakapura	Ramanahalli
28	Harohalli	Kadasikoppa
29	Harohalli	Medamaranahalli
30	Harohalli	Maralawadi-1



3.1 Stakeholders involvement in survey

The survey covered 1,105 stakeholders belonging to various groups as depicted in the below chart

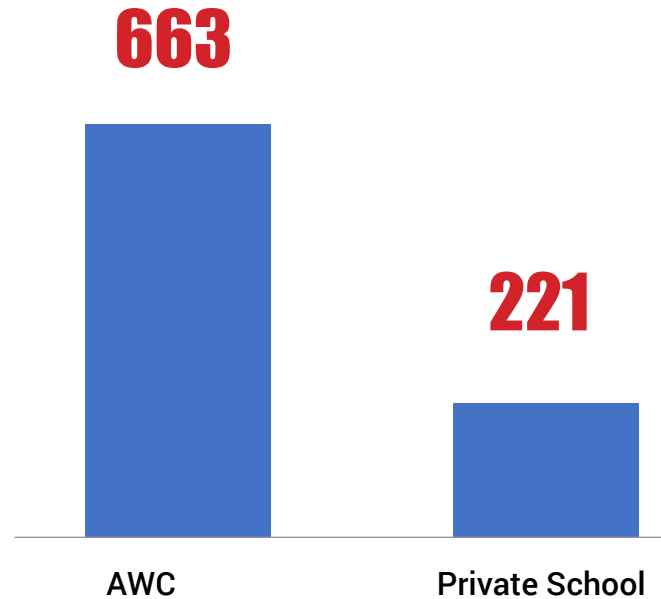


3.2 Findings of the Survey

No. of Children in AWCs Based on Age

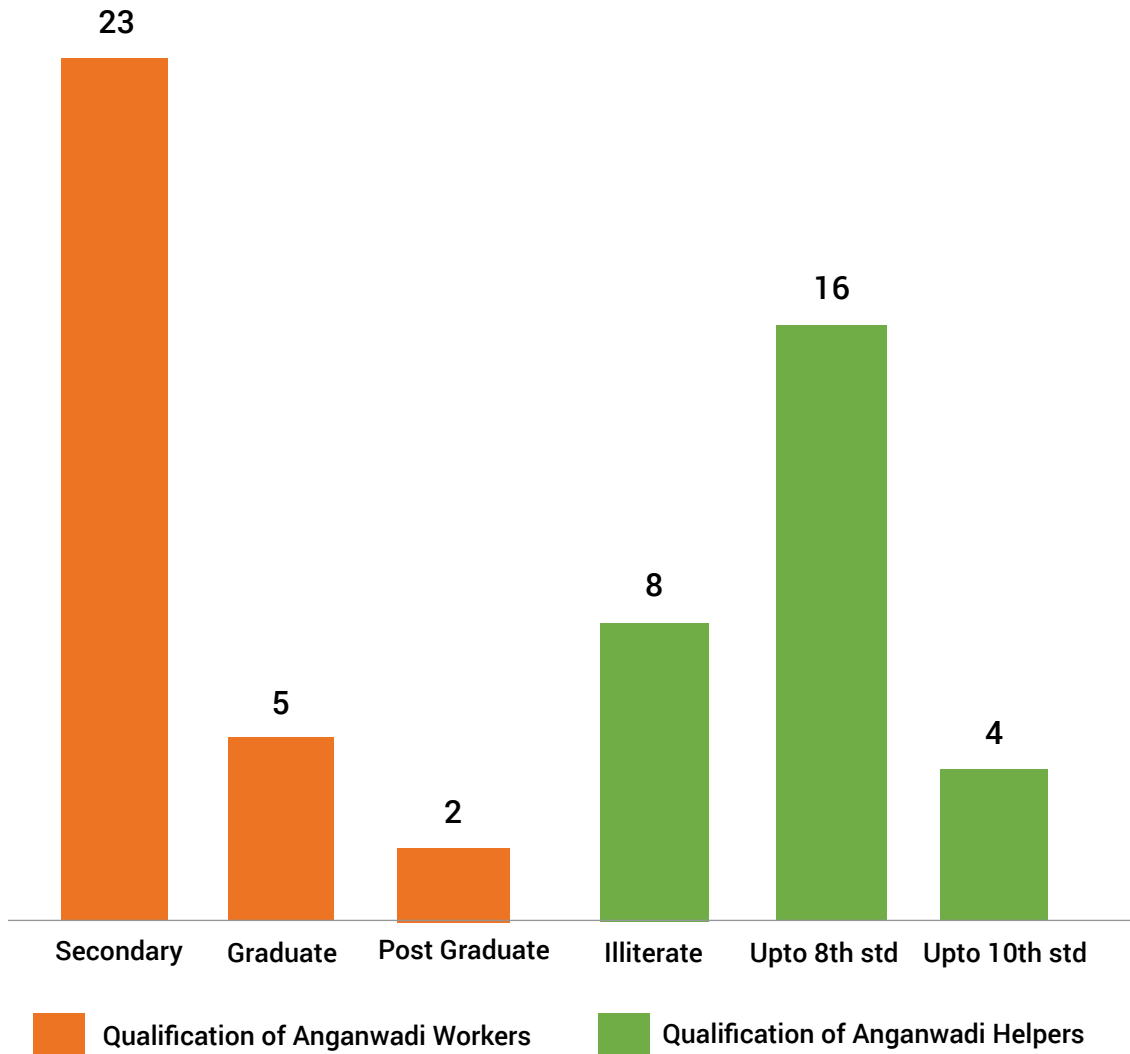


No. of Children Attending AWCs & Private Schools

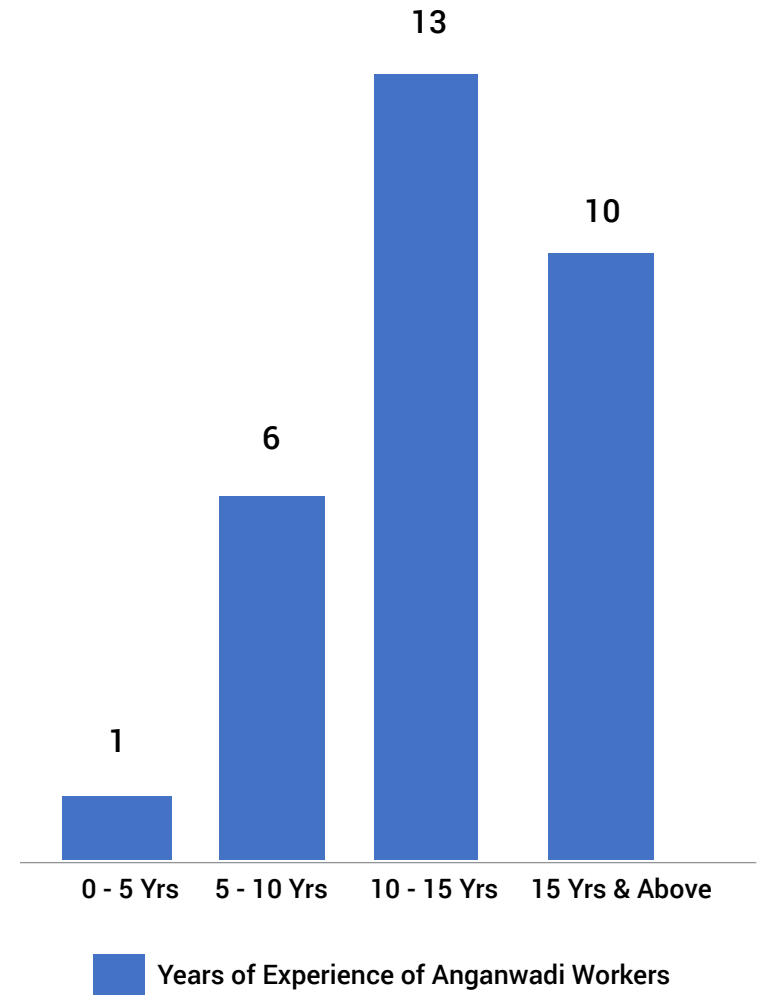


In future these children will be enrolled in AWCs

Qualification AWWs & AWHs



Experience of AWWs



3.3 Findings Specific to Four Pillars

3.3.1 Child-friendly AWCs

Government Standard Specifications

Classroom Size **35** Sq Mtrs | Outdoor Area **30** Sq Mtrs

Current condition of AWC*

Only **7%** centres meet govt Specification

Available area for class room	No of AWCs
10sqm - 20sqm	7
21sqm - 30sqm	17
31sqm – 34 sqm	4
35 sqm an above	2



Identified Issues



83%

Unattractive infrastructure.



83%

Poorly maintained & unsafe building.



65%

Non-availability of basic facilities.



85%

Poor quality painting & inner wall drawings.



90%

Non-availability of child-friendly toilets.



3.3.2 Activity-based Learning

Government Standard Specifications

Per day Teaching time: 3-4 hour

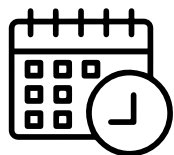
Adequate Play material : Must

Identified Issues



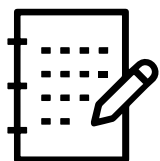
15%
AWCs spend 3 to 4
hours on teaching.

50%
2-3 hours



100%
Chilipili Curriculum

0%
Schedule follow



100%
Conventional record
maintenance.



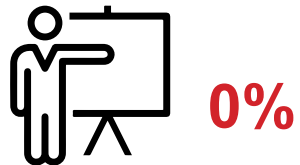
3.3.3 Teacher Capacity Building

Government Standard Specifications

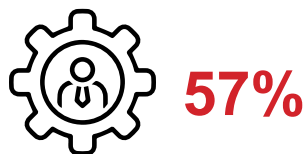
- Adequately trained staff
- Adult Care Giver-child ratio of 1:20 for 3 to 6 years old children
- Adult Care Giver-child ratio of 1:10 for less than 3 years children.

Identified Issues

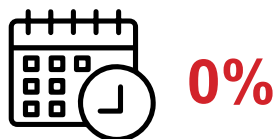
Limited Capacity for AWW to teach children as per the Chilipili Curriculum. Presently, less than 25% are able to teach as per the standards



Subject Training



AWW having Low competency



Schedule reviews



Performance monitoring



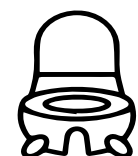
3.3.4 Health & Hygiene

Government Standard Specifications

- **Clean building and surroundings,**
- **Adequate facility for safe drinking water,**
- **Adequate and separate child-friendly toilets and hand wash facilities**
dedicated kitchen area to cook nutritious & balanced meals for children,
separate sleeping space for children
- **Provision of first aid kit for medical emergencies.**

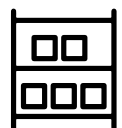
Identified Issues

All the 30 AWCs have adequate safe drinking water, but 20 AWCs don't have proper storage and dispensing facilities.



33%
No Toilet [7 Centre]

60%
No child-friendly toilets [20 Centres]



100%
Kitchen

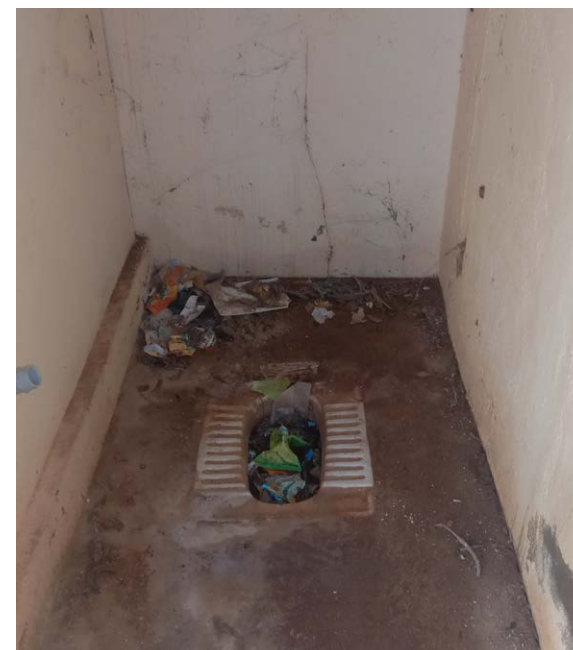
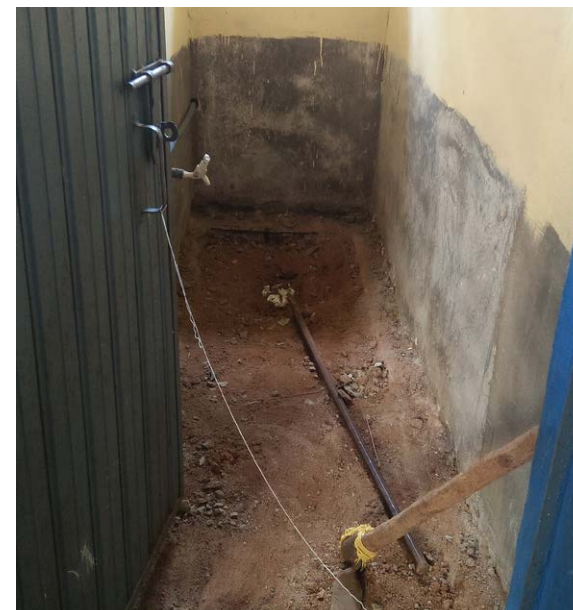
0%
Storage facility



0%
Supply of first aid kits
during the last two years



0%
Review done to check
hygiene practices



3.3.5 Findings Specific to Stakeholder Engagement - Sustainability

It was important to understand the views of the stakeholders to make sure the development strategy for Anganwadi centers covers all the issues affecting the creation of model Anganwadi centers. Hence focus group discussions were held among all the stakeholder groups to understand the issues hindering enrolment of children to Anganwadi centers



Parents

The feedback by parents indicates lack of basic facilities such as toilet, compound etc... and lack of playing materials were the issues that concerned them.

Parents prefer English medium education for their children. The feedback by parent whose children studied in private schools revealed that lack of basic facilities and English medium education made them prefer private schools for their children over Anganwadi centers.



Bala Vikas Samathi Members

A feedback of Bala Vikas Samithi members during focus group discussion revealed that lack of awareness among local parents, books and basic infrastructural facilities are hindering the enrolment of children to Anganwadi centers.



Stree Shakthi Groups

Stree Shakthi Group members stressed on introduction of English medium education and adequate learning and play materials helps increasing enrolment at Anganwadi centers.

Grama Panchayat Members and other local leaders

Grama Panchayat Members and other local leaders opine that Anganwadi workers must visit households and convince parents to enroll their kids to Anganwadi centers. Also separate classes for LKG & UKG, English medium education and adequate learning and play materials could help increase enrolment of children to Anganwadi centers





Government Standard Specifications

Engage in strengthening engagement scope of institutions, families, and communities.

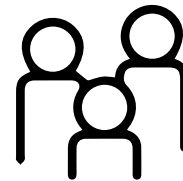
Identified Issues

All the 30 AWCs have Bala Vikas Samiti, but only one or two members are active.



50%

AWCs receive good support from Stree Shakti Groups [15 Centres]



43%

AWCs receive support from parents. [13 Centres]

Recommendation from Stakeholders



70%

Advised upgradation of infrastructure.



50%

Request for learning & play materials[indoor & outdoor]



70%

Suggested to increase teaching time.



100%

Proposed strengthening of Bal Vikas Samiti.



100%

Favour on community participation on AWC activities.



100%

Training requirement for SHGs to involve in AWC activities

■ Recommendations for way forward



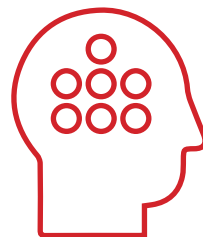
Child Friendly AWC

- Establish standards & validate.
- Periodic review & refurbish (painting, water proofing etc.) on need basis (Refer Annexure 1).
- Develop pilot Model AWC & operate.
- Establish & standardize process.



Activity Base Learning

- Motivation & capacity building of AWW.
- Supply of indoor & outdoor play materials.
- Orientation on how to use materials & inform Government of Karnataka about the issue.
- Review, develop & standardise the learning tools.
- Introduce multi-language communication skills.
- Establish digital record maintenance system.



AWW Capacity building

- Quarterly modular training for AWWs of all the 30 AWCs to teach children as per the Chilipili Curriculum.
- Capacity building training for 4 AWWs once every 3 months.
- Develop training module.
- Develop monitoring mechanism.



Health and Hygiene

- Capacity building for AWWs and Cook-cum-Helpers.
- Provide storage facility in AWCs.
- At least one child-friendly sanitary toilet to be built with water provision and consumables.
- Address the identified repairs in the kitchen and store rooms as per the attached details (refer Annexure 4).
- Provide water connection & storage facilities as per identified need.
- Implement BCC and Flip Card for toilet usage.

Section 4

Conclusion

Overall, the baseline survey revealed that AWWs across all the 30 surveyed AWCs are committed to their work. They are responsibly carrying out the six main services: supplementary nutrition, immunization, health check-up, referral services, pre-school education & nutrition and health education. Services to pregnant women and nursing mothers are excellent. Most of the AWCs adhere to cleanliness standards and standard guidelines for good record-keeping. However, there is a need for improvement in hygiene practices among AWWs, AWHs & children.

Strategic and inclusive intervention to revamp AWCs in terms of infrastructure, processes, facilities and amenities, skills of AWWs and AWHs, and stakeholder engagement can bring about a transformational change providing a whole new light to AWCs, the nurturing grounds for lakhs of children.



Section 5

Programme Partners

About

Toyota Kirloskar Motor

Toyota Kirloskar Motor is in the business inter alia of manufacture and sale of automobiles and automobile components in India and has undertaken a number of local community development activities in furtherance to its Corporate Social Responsibility (CSR) in Ramanagara District and other places in Karnataka. In this range of CSR activities, was the project to transform Anganwadi Centres in Ramanagara into Model Anganwadi Centres.

In this spirit, Toyota Anganwadi Development Programme (TADP) was initiated that intends to transform 30 Anganwadi Centres in the district. The project aims to deliver a comprehensive and replicable model for revamping Anganwadi Centres by focussing on creating an environment for creative learning, boosting physical and cognitive development in children with child-centric infrastructure and quality education along with improving health and hygiene standards.

Toyota Kirloskar Motor also entered into an MoU with the Department of Women and Child Development, Government of Karnataka. With this objective, Toyota Kirloskar Motor wanted to implement the initial activity of conducting a baseline survey through a non-governmental organisation for which it partnered with SNEHA and the latter agreed to carry out survey according to the objectives of TADP.

About

SNEHA - NGO

Established in 1999, Support for Network and Extension Help Agency (SNEHA) is an organisation that has been providing extensive support towards empowering the poor by networking with different development agencies with similar objectives. The organisation works towards its vision of perking up the living conditions of the poor and the vulnerable by directing the resources towards lawful needs of the community.

SNEHA collaborates with like-minded organisations to carry out activities focussed on:

- Livelihood
- WASH
- Education
- Environment

SNEHA has been working in the backward areas of Mysuru, Ramanagara, Chamarajanagar in Karnataka; Erode, Coimbatore, and Nilgiris in Tamil Nadu; and Siddhipet and Medak in Telangana. SNEHA is a member of Mysore and Chamarajanagar District NGOs Federation and FANSA (Fresh Water Action Network).



Section 6

Annexures

Annexure 1 | Child-friendly Anganwadi Centre

TOYOTA ANGANWADI DEVELOPMENT PROGRAMME (TADP), RAMANAGARA DISTRICT			
Baseline survey findings and Planned Activities			
Focus Area	Issues Identified in Baseline survey	Planned Activities	No of AWCs
Child friendly AWC	Wall Related	Wall plastering	1
		Wall putty	3
	Painting	Outdoor indoor painting	26
	Child friendly drawings	Outdoor indoor drawings	25
	Outdoor play materials	Outdoor play materials	3
	Roof repair with Water proofing	Chrukki with water proofing	10
	Floor related	Vitrified Flooring	1
		Ceramic flooring	1
	Doors	Replacement of Doors	11
	Windows	Replacement of Window	8
	Compound wall	Precast RCC slab fixing	8
	Store room related	Construction of wall and fixing Kadapa slabs	24
		New Store room	3
		Shelves in Kitchen	13
	Toilet	New toilet	7
		Repairs (Child Friendly)	20
	Water Storage	O H Plastic tanks 1000 ltrs Capacity	20
		Sump	10
		Water pump .5 HP	17
		Pipe line connection	17
	Electricity	Power connection	9
		Wiring	6
		Switch boards	6
		Consumables (Blubs)	30
		Fans	16
	Kitchen items	Small size 5 lits cookers	29
		Plates	27
		Tumblers	29
		Snacks bowel	29
		Serving spoons	26
		Mugs for serving	30
	Mats	Mats	14

Annexure 2 | Activity-based Learning

TOYOTA ANGANWADI DEVELOPMENT PROGRAMME (TADP), RAMANAGARA DISTRICT			
Baseline survey findings and Planned Activities			
Focus Area	Issues Identified in Baseline survey	Planned Activities	No of AWCs
Activity Based Learning	Poor knowledge for AWW Fear of Government audit Learning materials not used	1. Review, develop and standardise the learning tools. 2.Capacity building 3. Introduce multi language - Kannada & English 4. Establish digital record maintenace	30

Annexure 3 | Teachers Capacity Building

TOYOTA ANGANWADI DEVELOPMENT PROGRAMME (TADP), RAMANAGARA DISTRICT			
Baseline survey findings and Planned Activities			
Focus Area	Issues Identified in Baseline survey	Planned Activities	No of AWCs
Teachers Capacity building	Poor Capacity for AWW on teaching skills Less focus on teaching Teaching time table not followed No monitoring on teaching Over burdened with other works	1. Review and upgrade the curriculum 2. Capacity building 3. Develop training module 4. Develop monitoring mechanism	30

Annexure 4 | Health and Hygiene

TOYOTA ANGANWADI DEVELOPMENT PROGRAMME (TADP), RAMANAGARA DISTRICT			
Baseline survey findings and Planned Activities			
Focus Area	Issues Identified in Baseline survey	Planned Activities	No of AWCs
Health and Hygiene	Poor maintenance O & M Lack of water storage facilities Poor hygiene in cooking No first aid kits	1. Training on WASH practices 2. Motivational training 3. One time supply (Bucket, Mug, Brush and Mob) Supply of toilet consumables (Hand wash and Floor cleaner for 12 months)	30

Annexure 5 | BLS questionnaire

1. General Information:

1.Name of the Project	1.Ramanagara 2.Channapattana, 3. Kanakapura, 4.Harohalli, 5.Magadi					
2.Circle						
3.Name of the Grama Panchayath						
4.Name of the Village						
5.Name of the Anganwadi Centre						
6.Name of the Anganwadi Worker						
7. Educational Qualification of Anganwadi Worker (AWW)	Secondary	Graduate		Post Graduate		
8. Experience of the AWW	a. 0-5 Yrs	5 to 10 Yrs	10- 15 Yrs	15 +Above		
9. Mobile Number						
10. Name of the Anganwadi Helper						
11.Educational Qualification of Anganwadi Helper (AWH)	a. Illiterate	Up to 8 th std	Up to 10 th std	10 th +Above		
12. No of Students	Age		Boys	Girls	Total	
	6 months -3 yrs					
	3-6 yrs					
13. How many hours is the Anganwadi open on a working day	a.7 hrs	b.6 hrs	c.4 hrs	d.3 hrs	e.2 hrs	f.1 hrs
14. Demographic details						
a. Total number of families						
b. Total Male members						
c. Total Female members						
d. No of Pregnant women						
e. No of nursing mothers						
f. No of adolescent girls						
g. No of Infants 6 months -3 yrs						
h. No of children 3-6 yrs						
i. No.of 3-6 yrs children enrolled in AWC						
j. No.of 3-6 yrs children regularly attending the AWC – Average of last one week						
k. No of under 3-6 yrs children attending private pre schools						
l. No of under 3-6 yrs children at home						
m. No of under 3-6 yrs who are irregular						
n. No of Pregnant women enrolled & getting support						
o. No of Nursing Mothers enrolled & getting support						

2. Child friendly Infrastructure

1.Size of the building				Sqft
2.Status of the building				
a. Age of the building				Years
b. Wall structure	Good	Need Repair		
c. Roof structure	Good	Need Repair		
d. Leak proofing	Good	Need Repair		
e. Painting	Good	Need painting		
f. Drawings on the inner walls	Present	Needed		
g. Condition of the Floor	Good	Need Repair		
h. Exclusively space available for children movement and activities				Sqft
i. Windows & Doors	Good	Need Repair		
j. General Stability	Good	bad		
k. Chances of water logging during rains If yes, suggest remedy	Yes	No		
l. Cross ventilation and lighting,	Good	Fair	Bad	
m. Garden space,	Yes	No		
n. Plantation	If yes give the size.			
	Yes	No		
	If no please suggest suitable variety & number of plants / areas to be sown.			
o. Compound wall / pucca fencing If no please suggest a remedy.	Yes	No		
p. Whether a gate with locking facility is available	Yes	No		
q. Storage facility for provisions and Utensils	Yes	No		
r. Kitchen with infrastructure facilities	Yes	No		

3. Location / Accessibility of the AWC

a. Distance of the Anganwadi from the majority of the households.			
b. Mention the distance from the main village.			
c. Whether the AWC accessible by the differently abled children.	Yes	No	
d. Is there a name board visibly displayed	Yes	No	
4. Facilities / equipment			
e. Electricity	Yes	No	
f. Electric bulbs in Kitchen	Yes	No	Not working
g. Electric bulbs in Store room	Yes	No	Not working
h. Electric bulbs in Toilet	Yes	No	Not working
i. Fan	Yes	No	Not working
j. Wall clock	Yes	No	Not working
k. First aid kit with medicines, equipment, etc., (If supplied explain the usage)	Supplied	Not supplied	Used in time / Not used
l. Baby Weighing scale	Yes	No	Not working
m. Adult weighing scale	Yes	No	Not working
n. Separate kitchen	Yes	No	
o. Utensils for cooking and serving – Sufficiency	Yes	No	
p. Source of water	OHT PWS Near by RO Unit Mini water supply		
q. Storage of Water (Mention the capacity in Liters)	Sump Plastic tank Capacity		
r. Drinking Water facility (Mention the capacity in Liters)	RO unit Water filter Water Drum		
s. Do you have adequate mats / Carpet for children in AWC	Yes	No	
t. What time the children come to AWC	9.30 am	10.30 am	12.30 pm
u. How many children come on their own			
v. How many children brought by the helper			

4. Preschool Education

a. Availability of a curriculum in the AWC	Yes		No																																																																																																																																																																		
b. Availability of subject wise teaching materials (Cilipili book) in the AWC	Yes		No																																																																																																																																																																		
c. Using of Cilipili book as per its schedule	Not used	25%	50%	75%	100%																																																																																																																																																																
d. Availability of IEC materials – Posters / placards, etc.,	Yes		No																																																																																																																																																																		
e. Availability of indoor materials, learning materials supplied by the government	Experts opinion																																																																																																																																																																				
	Sufficient																																																																																																																																																																				
	Moderately sufficient																																																																																																																																																																				
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5. Wooden puzzles (Fruits)							
6. Shape cut -outs (Human body)							
7. Sand Paper letters (Kannada vowels & English Alphabets)							
8. Wooden Giraffe with 6 rings							
9. Beads with strings							
10. Vehicle Blocks for constructive and systematic play							
11. Finger puppets (Child size) 0-9 numbers & 5 vehicles							
12. Pyramid Rings (Plastic)							
13. Balls							
14. Work book cum drawing book with crayons							
15. Hand Glove puppet (Money)							
f. Play materials developed by on their own, if yes explain	Yes	No					
g. Availability of quality Blackboard & Chalks	Yes	No					
h. AWW ability to teach the children through the Activity Based learning methodology. (To be done through observation when she teaches)	25%	50%	75%	100%			
i. Are AWW teaching weekly subject correctly according to the time table	Not as per time table	25%	50%	75%	100%		
j. Children's knowledge and confidence level (Ask Few questions and observe, Ability to count items like beads, small songs, Rhymes, Storytelling, etc., , differentiate the colors and shapes, identify the items in the picture, etc.,)	Excellent						
	Good						
	Satisfactory						
	Need improvement						
k. Whether ECCE day review is taking place with mothers regularly at AWC	Yes	No					

5. Capacity building of the AWC workers.

Based on the observation of the Anganawadi, and interaction with the Anganawadi workers give your comments on the following areas. Please keep the notes for interaction on various subject matter aspects.				
a. How many training sessions AWW have undergone conducted by the department If yes , Please explain	Job course			
	Refresher Course			
b. How many training sessions AWH have undergone conducted by the department c. If yes , Please explain	Orientation			
	Refresher Course			
d. Understanding of supplementary nutrition <ul style="list-style-type: none"> • What are the Causes for Anemia? • How to identify the malnourished children? • What is stunting • What is wasting • What is under weight? 	Excellent			
	Good			
	Satisfactory			
	Need improvement			
e. Understanding of Preschool Education <ul style="list-style-type: none"> • Importance of preschool education • Methods of preschool education 	Excellent			
	Good			
	Satisfactory			
	Need improvement			
f. Understanding of Health Check up <ul style="list-style-type: none"> • What is ANC and PNC? • Reasons for Health check for below 6 years children and Lactating mothers. 	Excellent			
	Good			
	Satisfactory			
	Need improvement			
g. Understanding of Immunization <ul style="list-style-type: none"> • How do vaccines work? • How many vaccines to be given to the below 6 years children? • What the time period of the vaccines? 	Excellent			
	Good			
	Satisfactory			
	Need improvement			
h. Understanding of Referral Service <ul style="list-style-type: none"> • How to do referral below 6 years children and Lactating mothers • What are all the diseases referred for treatment 	Excellent			
	Good			
	Satisfactory			
	Need improvement			
i. Understanding of Health and Nutrition Education <ul style="list-style-type: none"> • What is the relationship for better health and nutrition • What is the relationship for better health and Sanitation • Describe the personal hygiene practices 	Excellent			
	Good			
	Satisfactory			
	Need improvement			
j. Knowledge on first aid <ul style="list-style-type: none"> • What is first aid? • How to do first aid? 	Excellent			
	Good			
	Satisfactory			
	Need improvement			
k. Knowledge on Early childhood development aspects like physical development, Cognitive development, creative & language development, Aesthetic development, Personal social and emotional development. <ul style="list-style-type: none"> • What are the key aspects of early childhood development? • Why these aspects are important? 	Excellent			
	Good			
	Satisfactory			
	Need improvement			
l. Record keeping capacity	Excellent			
	Good			
	Satisfactory			
	Need improvement			
m. Ability to interact & mobilize the community	Excellent			
	Good			
	Satisfactory			
	Need improvement			

6. Health & Hygiene

a. Whether all the children were vaccinated as per the schedule. If no give the number of children not covered.	Yes	No	
b. Whether all the Antenatal mothers were vaccinated as per the schedule. If no give the number of children not covered.	Yes	No	
c. Whether the Health workers are visiting and the records are available for the same	Yes	No	
d. Whether the nutritious food is provided to all the children as per the schedule If no please specify.	Yes	No	
e. Whether Child weight register is maintained for all the children	Yes	No	
f. Whether all the children are weighing to their age. Mention if there is any discrepancy.	Yes	No	
g. Any case of malnutrition found Please give details with numbers.	Moderate		
	Severe malnourished		
	Stunting		
	Wasting		
h. When is the last deworming given to children			
i. Whether all the children have taken bath on the day of visit. If no please give details with number.	Yes	No	
j. Whether the children have habit of daily bathing. If no please give details with number.	Yes	No	
k. Whether the children have hand washing habit before taking food and after using the toilet. If no please give details with number.	Yes	No	
l. Is soap available in the AWC for children's use.	Yes	No	
m. Is Water available hand wash and to use the toilet.	Yes	No	
n. Is a sanitary toilet available for the children's use.	Yes	No	
o. Is the toilet child friendly in all aspects – size, wall drawings, etc., Mention details	Yes	No	
p. Is there cleaning materials for toilet cleaning (Bucket, Mug, Brush etc)	Yes	No	
q. Is there an arrangement for supply of consumables such as Floor cleaner, toilet cleaner and soap etc	Yes	No	
r. Give your observation on the overall quality of the health services, quality of food items supplied and the hygiene aspects of : • Cleanliness of the center • Cleanliness of the children sitting area • Cleanliness of the kitchen and toilet • Hygiene practices of AWW • Hygiene practices of AWH • Hygiene practices of the children	Excellent	Good	Need improvement
s. Does your Anganwadi have dustbins for solid waste disposal and practice effectively	Excellent		
	Good		
	Needs improvement		
t. Does your Anganwadi practicing disposal for liquid waste?	Excellent		
	Good		
	Needs improvement		

7. Community Involvement

a. Is there a functioning Balavikas Samithi.	Regular / Irregular
b. If yes collect the dates & details of discussions of the last three meetings – Mention the Major Decisions.	
c. Any of the group members got involved in the AWC activities.	Yes/ No
d. If yes specify	

8. Focus group discussion with BalVikas Samithi

S.No	Name of the member	Sex M/F	Age	Qualification	Occupation
1					
2					
3					
4					
5					

Questions for Focus Group Discussions

1. In your opinion how would you rate the service and involvement of AWW?	Excellent	Good	fair	Poor	Very poor
2. How do you rate the service of AWH?	Excellent	Good	fair	Poor	Very poor
3. In your observation how is the quality of food provided to your children at the AWC?	Excellent	Good	fair	Poor	Very poor
4. Do the children learn extra-curricular skills at AWC? Yes or No, If Yes? What are the skills they learn?	Indoor activities	Outdoor activities	Both		
5. Are the children well-groomed (Self-cleanliness) when they come to AWC daily?	Yes	No	I don't know		
6. How would you rate hygiene practices in AWC?	Excellent	Good	fair	Poor	Very poor
7. How would you rate hygiene practice of AW workers?	Excellent	Good	fair	Poor	Very poor
8. Awareness of the roles and responsibilities of Bal Vikas Samithi, • Who should organize suitable building for the working of Anganawadi and suitable place (land) for building of Anganawadi? •Who should make a work-plan of Anganawadi center? • Who should conduct meeting of mothers of children registered in the center, to arrange exhibition of lessons and games learnt by children and to get opinions / feedback from mothers. • Who should supervise the Anganawadi works satisfactorily between 9.30 am and 4.30 pm. • Who should supervise that complementary nutritious food distribution works satisfactorily in Anganawadi center.	Excellent	Good	fair	Poor	Very poor
9. How to enroll more children to the Anganwadi					

9. Focus group discussion with Sthree Sakthi Members

S.No	Name of the member	Name of the Sthree Sakthi Sangha	Age	Qualification	Occupation
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Questions for Focus Group Discussions

1.In your opinion how would you rate the service and involvement of AWW?	Excellent	Good	fair	Poor	Very poor
2.How do you rate the service of AWH?	Excellent	Good	fair	Poor	Very poor
3.In your observation how is the quality of food provided to your children at the AWC?	Excellent	Good	fair	Poor	Very poor
4.Do the children learn extracurricular skills at AWC? Yes or No, If Yes? What are the skills they learn?	Indoor activities		Outdoor activities		Both
5.Are the children well-groomed (Self-cleanliness) when they come to AWC daily?	Yes		No	I don't know	
6.How would you rate hygiene practice of Children?	Excellent	Good	fair	Poor	Very poor
7.How would you rate hygiene practice of AW workers?	Excellent	Good	fair	Poor	Very poor
8.Involvement of Sthree Sakthi Members in AWC.	Excellent	Good	fair	Poor	Very poor
9.How to enroll more children to Anganwadi					

10. Focus group discussion with Parents

S.No	Name of the member	Sex M/F	Age	Qualification	Occupation
1					
2					
3					
4					
5					

Questions for Focus Group Discussions

1.In your opinion how would you rate the service and involvement of AWW?	Excellent	Good	fair	Poor	Very poor
2.How do you rate the service of AWH?	Excellent	Good	fair	Poor	Very poor
3.In your observation how is the quality of food provided to your children at the AWC?	Excellent	Good	fair	Poor	Very poor
4.Do the children learn extracurricular skills at AWC? Yes or No, If Yes? What are the skills they learn?	Indoor activities		Outdoor activities		Both
5.Are the children well-groomed (Self-cleanliness) when they come to AWC daily?	Yes		No	I don't know	
6.How would you rate hygiene practice of Children?	Excellent	Good	fair	Poor	Very poor
7.How would you rate hygiene practice of AW workers?	Excellent	Good	fair	Poor	Very poor
8.Parents Involvement in AWC.	Excellent	Good	fair	Poor	Very poor
9.How to enroll more children to Anganwadi					

11. Focus group discussion with Parents not sending their children to AWC

S.No	Name of the member	Sex M/F	Age	Qualification	Occupation
1					
2					
3					
4					
5					

Questions for Focus Group Discussions

1.In your opinion how would you rate the service and involvement of AWW?	Excellent	Good	fair	Poor	Very poor
2.How do you rate the service of AWH?	Excellent	Good	fair	Poor	Very poor
3.In your observation how is the quality of food provided to your children at the AWC?	Excellent	Good	fair	Poor	Very poor
4.Do the children learn extracurricular skills at AWC? Yes or No, If Yes? What are the skills they learn?	Indoor activities		Outdoor activities		Both
5.Are the children well-groomed (Self-cleanliness) when they come to AWC daily?	Yes		No	I don't know	
6. What are the reasons to send your children to the private school Please explain					

12. Focus group discussion with GP officials

S.No	Name of the member	Sex M/F	Age	Qualification	Occupation
1					
2					
3					
4					
5					

Questions for Focus Group Discussions

1. In your opinion how would you rate the service and involvement of AWW?	Excellent	Good	fair	Poor	Very poor
2. How do you rate the service of AWH?	Excellent	Good	fair	Poor	Very poor
3. In your observation how is the quality of food provided to your children at the AWC?	Excellent	Good	fair	Poor	Very poor
4. Do the children learn extracurricular skills at AWC? Yes or No, If Yes? What are the skills they learn?	Indoor activities		Outdoor activities		Both
5. Are the children well-groomed (Self-cleanliness) when they come to AWC daily?	Yes	No	I don't know		
6. How would you rate hygiene practice in AWC?	Excellent	Good	fair	Poor	Very poor
7. How would you rate hand washing practice of AW workers?	Excellent	Good	fair	Poor	Very poor
8. Grama Panchayath support to the AWC	Excellent	Good	fair	Poor	Very poor
9. How to enroll more children to Anganwadi					

13. Focus group discussion with Local leaders

S.No	Name of the member	Sex M/F	Age	Qualification	Occupation
1					
2					
3					
4					
5					

Questions for Focus Group Discussions

1. In your opinion how would you rate the service and involvement of AWW?	Excellent	Good	fair	Poor	Very poor
2. How do you rate the service of AWH?	Excellent	Good	fair	Poor	Very poor
3. In your observation how is the quality of food	Excellent	Good	fair	Poor	Very poor

provided to your children at the AWC?					
4. Do the children learn extracurricular skills at AWC? Yes or No, If Yes? What are the skills they learn?	Indoor activities		Outdoor activities		Both
5. Are the children well-groomed (Self-cleanliness) when they come to AWC daily?	Yes	No	I don't know		
6. How would you rate hygiene practice in AWC?	Excellent	Good	fair	Poor	Very poor
7. Local leaders support to the AWC	Excellent	Good	fair	Poor	Very poor
8. How to enroll more children to Anganwadi					

Name of the investigator

Signature

Annexure 6 | TADP Model Anganwadi Criteria

SI No	Focus Area	Model AWC- TKM Perspective	Stakeholders view [Survey]	Model AWC Criteria [Proposed]	Current Condition [Shortcomings]	Action Plan																																	
1	Child Friendly AWC	<ul style="list-style-type: none"> - Building aesthetics - Pleasant wall writings - Hygienic Wash rooms 	<ul style="list-style-type: none"> - Non Standardized Classrooms [Various Sizes] - Not attractive & Colourful - Non Available & Unsafe electrical connections - Poor sanitation facility 	<p>1. AWC Size:</p> <table border="1"> <thead> <tr> <th rowspan="2">Children</th> <th colspan="5">Area in SQM</th> <th rowspan="2">Toilets (No.s)</th> </tr> <tr> <th>Class room</th> <th>Kitchen</th> <th>Store Room</th> <th>Outside Play Area</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>01 - 15</td> <td>25</td> <td>10</td> <td>8</td> <td>30</td> <td>73</td> <td>1</td> </tr> <tr> <td>16-30</td> <td>35</td> <td>10</td> <td>8</td> <td>30</td> <td>83</td> <td>1</td> </tr> <tr> <td>31 & above</td> <td>45</td> <td>10</td> <td>8</td> <td>30</td> <td>93</td> <td>2</td> </tr> </tbody> </table> <p>2. Adequate Ventilation. 3. Colourful & attractive wall paintings . 3. Hygienics & child friendly toilets. 4. Clean & Hygienic place to Rest.</p>	Children	Area in SQM					Toilets (No.s)	Class room	Kitchen	Store Room	Outside Play Area	Total	01 - 15	25	10	8	30	73	1	16-30	35	10	8	30	83	1	31 & above	45	10	8	30	93	2	<ul style="list-style-type: none"> - Unstandardized / inadequate area. - The infrastructure is not attractive - Poorly maintained & unsafe - Non-availability of basic needs - Poor Quality painting & inner wall drawings. - Non available / Child friendly toilets. 	<ol style="list-style-type: none"> 1. Establish Standards & validated 2. Review/revise/refurbish on need basis e.g., Painting, Water proofing etc., [Annexure 1] 3. Develop Pilot Model Centre & Operate 4. Process establishment & Standardize.
Children	Area in SQM					Toilets (No.s)																																	
	Class room	Kitchen	Store Room	Outside Play Area	Total																																		
01 - 15	25	10	8	30	73	1																																	
16-30	35	10	8	30	83	1																																	
31 & above	45	10	8	30	93	2																																	
2	Activity Based Learning	<ul style="list-style-type: none"> - Playing Materials -Activity based Learning tools -Encouraging Environment to attend AWC 	<ul style="list-style-type: none"> - Unused play / learning materials - Low capacity of the AWW - Discouraging government audit system 	<ol style="list-style-type: none"> 1. Advanced activity based learning tools 2. Start English and Digital teaching 3. Standards to use the learning tools. 4. 100% utilization of play / learning tools. 5. Digitalize record maintenance 	<ul style="list-style-type: none"> - Age old learning tools - Focused on local language - Non availability of standards - Conventional record maintenance 	<ol style="list-style-type: none"> 1. Review, develop and standardise the learning tools. 2.Capacity building 3. Introduce multi language 4. Establish digital record maintenance (Annexure 2) 																																	
3	Teachers Capacity Building	<ul style="list-style-type: none"> -Training Module Development -Trainers Training 	<ul style="list-style-type: none"> - Low teaching skills of AWW - Less focus on teaching - Teaching time table not followed - No monitoring on teaching - Over burdened with other works 	<ol style="list-style-type: none"> 1. Standardise teaching module 2. Periodic skill upgradation 3. Fixed time for teaching. 4. Periodic review and monitoring 	<ul style="list-style-type: none"> - Lack of training - Low competency. - No reviews on teaching schedule - No performance monitoring. 	<ol style="list-style-type: none"> 1. Review and upgrade the curriculum 2. Capacity building 3. Develop training module 4. Develop monitoring mechanism (Annexure 3) 																																	
4	Health & Hygiene	<ul style="list-style-type: none"> - Basic Health & Hygiene Standards - Food Hygiene Process - Promote Nutrition Garden & Cooking Methods 	<ul style="list-style-type: none"> - Poor maintenance O & M - Lack of water storage facilities - Poor hygiene in cooking - No first aid kits 	<ol style="list-style-type: none"> 1.Standardise hygiene practices 2. Develop check list for O & M 3. Establish safety measures 4.Aquate water storage facility <table border="1"> <thead> <tr> <th rowspan="2">Children</th> <th colspan="5">Water requirement in Ltrs</th> <th rowspan="2">Total for 3 days</th> </tr> <tr> <th>Cooking</th> <th>Drinking</th> <th>Wash rooms</th> <th>Cleaning</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>01 - 15</td> <td>50</td> <td>20</td> <td>80</td> <td>150</td> <td>300</td> <td>900</td> </tr> <tr> <td>16-30</td> <td>100</td> <td>40</td> <td>150</td> <td>150</td> <td>440</td> <td>1320</td> </tr> <tr> <td>31 & above</td> <td>150</td> <td>50</td> <td>250</td> <td>200</td> <td>650</td> <td>1950</td> </tr> </tbody> </table> <p>Note : Minimum water storage should be for 3 days</p>	Children	Water requirement in Ltrs					Total for 3 days	Cooking	Drinking	Wash rooms	Cleaning	Total	01 - 15	50	20	80	150	300	900	16-30	100	40	150	150	440	1320	31 & above	150	50	250	200	650	1950	<ul style="list-style-type: none"> - Lack of consumables - No hygiene practice review - Lack of water storage facilities - No standards on safety and O & M 	<ol style="list-style-type: none"> 1. Develop SOP for kitchen management 2. Develop safety measures 3. Provide standard facilities 2. BCC and Flip card for toilet usage (Annexure 4)
Children	Water requirement in Ltrs					Total for 3 days																																	
	Cooking	Drinking	Wash rooms	Cleaning	Total																																		
01 - 15	50	20	80	150	300	900																																	
16-30	100	40	150	150	440	1320																																	
31 & above	150	50	250	200	650	1950																																	
5	OTHERS	Sustenance	<ul style="list-style-type: none"> - Less stakeholders engagement- BVS, Parents, SHGs, and local involvement are less 	<ol style="list-style-type: none"> 1. Capacity building for stakeholders 2. Establish ownership for sustenance 	<ul style="list-style-type: none"> - Lack of active involvement 	<ol style="list-style-type: none"> 1. Promote stakeholders engagement 2. Linkages with local bodies to avail government schemes and funds. 																																	

Annexure 7 | TADP consolidated summery

TOYOTA ANGANWADI DEVELOPMENT PROGRAMME , RAMANGARA DISTRICT																																				
Taluk / Circle			Ramanagara					Chennapatna					Magadi					Kanakapura					Harohalli			Total AWCs										
AWC Number	Focus Area	Activities/Needs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		24	25	26	27	28	29	30			
			Chatra bhare dodd	Vadda-radoddi	Kem-palahna-palya	Apco Factory	Kodi yala	Jagad-hapura	Chikke-nahali-2	Shy-anaboga-nahalli	Banaga-nahalli-3	Makali-1	Hanuman-thanagara	Chikka-malooru	Nayakana-palya	Ranga-lahna-palya	N.E.S Layout	Arasana kunte	Soluru	Bhesthar apalya	Koda halli-1	Mulalli	Vade dodd	Uyyam bhalli	Dodda koppa	Hanakad-abhooru	Anaja wadi	Setha nooru-3	Ra-mana-halli	Kada sikop-pa	Medam-arana-halli	Maral-awa-di-1				
Child friendly AWC	Wall Related	Wall plastering					1																											1		
		Wall putty								1																									3	
	Painting	Outdoor indoor painting		1			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26
		Outdoor indoor drawings					1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25
	Outdoor play materials	Outdoor play materials						1						1									1												3	
	Roof repair with Water proofing	Chrukki with water proofing						1		1		1	1					1					1			1	1			1	1			10		
	Floor related	Vitrified Flooring											1																						1	
		Ceramic flooring		1																															1	
	Doors	Replacement of Doors		1			1		1		1	1									1	1	1										1	1	11	
	Windows	Replacement of Window		1			1		1	1	1	1										1													8	
	Compound wall	Precast RCC slab fixing		1	1		1					1		1				1								1									8	
	Shelf in store room	Construction of wall and fixing Kadapa slabs		1	1					1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	24	
		New Store room																																	3	
	Toilet	New toilet		1		1							1												1										7	
		Repairs (Child Friendly)			1		1	1	1	1	1	1	1	1		1		1	1	1	1	1	1					1	1	1	1	1	1	1	20	
	Kitchen related	Shelfs in Kitchen		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1												13	
		Small size 5 lits cookers		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29
		Plates		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	27
		Tumblers		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29
		Snacks bowel		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29
		Serving spoons		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26
		Mugs for serving		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30
		Power connection											1						1						1		1								9	
	Wiring											1							1																6	
Switch boards										1	1												1											6		
Consumables (Blubs)		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30		
Fans						1		1			1	1										1			1	1	1	1	1	1	1	1	1	16		
Water Storage	O H Plastic tanks 1000 lits Capacity		1	1		1			1		1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20		
	Sump					1					1		1	1	1	1	1	1	1	1	1			1	1								1	10		
	Water pump .5 HP		1	1		1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	17		
	Pipe line connection				1	1	1				1					1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	17		
Mats		1	1			1					1				1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14		
Activity Based Learning	- Age old learning tools - Focused on local language - Non availability of standards - Conventional record maintenance	1. Review, develop and standardise the learning tools. 2. Capacity building 3. Introduce multi language 4. Establish digital record maintenance	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30	
Teachers Capacity building	- Lack of training - Low competency. - No reviews on teaching schedule - No performance monitoring.	1. Review and upgrade the curriculum 2. Capacity building 3. Develop training module 4. Develop monitoring mechanism	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30	
Health and Hygiene	- Lack of consumables - No hygiene practice review - Lack of water storage facilities - No standards on safety and O & M	1. Develop SOP for kitchen management 2. Develop safety measures 3. Provide standard facilities 4. BCC and Flip card for toilet usage	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30	
Sustenance	1. Capacity building for stakeholders 2. Establish ownership for sustenance	- Lack of active involvement	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30		

Annexure 8 | Government Standard Specifications

(To be published in the Gazette of India, Part I Section 1)

No. 6-3/2009-ECCE
GOVERNMENT OF INDIA

Ministry of Women and Child Development

New Delhi, the 24th September, 2013

RESOLUTION

The Government of India have had under consideration a National Early Childhood Care and Education (ECCE) Policy to reiterate the commitment to promote inclusive, equitable and contextualised opportunities for promoting optimal development and active learning capacity of all children below 6 years of age. After due consideration and approval, National Early Childhood Care and Education (ECCE) Policy is hereby adopted.


(Dr. Shreeranjana)

Joint Secretary to the Government of India

ORDER

ORDERED that a copy of the resolution be communicated to all Ministries and Departments of the Government of India, all State Governments and Union Territories, the President's Secretariat, the Vice-President's Secretariat, Lok Sabha Secretariat, Rajya Sabha Secretariat, Cabinet Secretariat, Prime Minister's Office and the Planning Commission.

ORDERED also that the resolution be published in the Gazette of India for general information.


(Dr. Shreeranjana)

Joint Secretary to the Government of India

To,
The Manager,
Government of India Press
(Bharat Sarkar Press)
Faridabad (Haryana)

NATIONAL EARLY CHILDHOOD CARE AND EDUCATION (ECCE) POLICY



MINISTRY OF WOMEN AND CHILD DEVELOPMENT
GOVERNMENT OF INDIA



National Early Childhood Care and Education (ECCE) Policy

1. Introduction

1.1 Early childhood refers to the formative stage of first six years of life, with well-marked sub-stages (conception to birth; birth to three years and three years to six years) having age-specific needs, following the life cycle approach. It is the period of most rapid growth and development and is critical for survival. Growing scientific evidence confirms that there are critical stages in the development of the brain during this period which influence the pathways of physical and mental health, and behaviour throughout the life cycle. Deficits during this stage of life have substantive and cumulative adverse impacts on human development.

1.2 Early Childhood Care and Education (ECCE)¹ encompasses the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment. It is an indispensable foundation for lifelong development and learning, and has lasting impact on early childhood development. It is imperative to accord priority attention to ECCE and invest in it since it is the most cost effective way to break the intergenerational cycle of multiple disadvantages and remove inequity, leading to long term social and economic benefits.

1.3 India has 158.7 million children in the 0-6 years age group (Census 2011) and the challenges of catering to this important segment of population for ensuring the holistic development of children in the country are well acknowledged.

1.4 The National Early Childhood Care and Education (ECCE) Policy reaffirms the commitment of the Government of India to provide integrated services for holistic

¹For the purpose of this policy, Early Childhood Care and Education (ECCE) = Early Childhood Education (ECE) = Early Childhood Development (ECD) = Early Childhood Care and Development (ECCD) = ICD (Integrated Child Development), all promoting holistic development of young child.

development of all children, along the continuum, from the prenatal period to six years of age. The Policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation for survival, growth and development of child with **focus on care and early learning** for every child. It recognises the synergistic and interdependent relationship between the health, nutrition, psycho-social and emotional needs of the child.

2. Context and Need for the Policy

2.1 Social Context

2.1.1 India has a tradition of valuing the early years of a child's life, and a rich heritage of practices for stimulating development and inculcating "*sanskaras*" or basic values and social skills in children. In the past this was delivered primarily within families, through traditional child caring practices which were commonly shared and passed on from one generation to another. However, there have been changes in the family as well as social context in the last few decades. Besides, there is a globally emerging realisation of the importance of the early years.

2.1.2 Strengthening capabilities of families, communities and services to ensure quality care and education for children in the early years is therefore a priority for India. Discrimination and inequities based on gender, social identity, disability and other exclusionary factors need to be addressed proactively to ensure universal access to integrated services towards fulfillment of right to free, universal pre-primary education. The diversity in social contexts and family structures needs to be appropriately addressed in order to bring balanced parenting, including inputs from fathers, mothers and other caregivers in the family through enabling provisions in programmes.

2.2 Policy Context

2.2.1 The Government of India recognised the significance of ECCE, through the amended Article 45 of Indian Constitution which directs that *"The State shall endeavour to provide ECCE for all children until they complete the age of six years"*.

2.2.2 The Right of Children to Free and Compulsory Education Act (RTE) which came into effect from April 1, 2010, has also addressed ECCE under Section 11 of the Act which states, *"with a view to prepare children above the age of three years for elementary education and to provide early childhood care and education for all children until they complete the age of six years, the appropriate Government may make necessary arrangement for providing free pre-school education for such children"*.

2.2.3 ECCE has received attention in the National Policy for Children (1974), consequent to which the Integrated Child Development Services (ICDS) was initiated on a pilot basis in 1975 with the objective of laying the foundation for holistic and integrated development of child and building capabilities of caregivers. In the 11th Plan period, the ICDS programme has been universalised to cover 14 lakh habitations. Reforms are afoot to ensure that universalisation with quality as well as focus on early childhood development is actualised in subsequent plans.

2.2.4 The National Policy on Education (1986) considers ECCE to be a critical input for human development and recognizes the holistic and integrated nature of child development. The National Nutrition Policy (1993) has also recommended interventions for child care and nutrition during early childhood. The National Health Policy (2002) and National Plan of Action for Children (2005) along with Position

Paper on ECCE in the National Curriculum Framework (2005) have also been supportive policy initiatives for early childhood. The Five Year Plans have also acknowledged the importance of Early Childhood Care and Education (ECCE) as the stage that lays the foundation for life-long development and the realisation of a child's full potential. The 12th Five Year Plan emphasizes *the need to address areas of systemic reform in ECCE across all channels of services in the public, private and voluntary sectors, going beyond ICDS (AWCs)*.

2.2.5 India is also a signatory to both the Convention on the Rights of the Child (CRC) 1989 and Education for All (EFA) 1990 which has postulated ECCE as the very first goal to be achieved for Education For All, since *"learning begins at birth"*. The Dakar Framework for Action (2000) and Moscow Framework for Action (2010) have reaffirmed the commitment to ECCE.

2.3 Programme Context

2.3.1 ECCE services are delivered through public, private and non-governmental service providers.

The public channel is the largest provider of ECCE services, historically through Integrated Child Development Services (ICDS) which is the world's largest programme mandated to provide ECCE. Today the ICDS programme provides services to nearly 80 million children under six years of age, through a network of 1.4 million approved Anganwadi Centres (AWCs). Programmes for universalizing elementary education such as the *Sarva Shiksha Abhiyan* (SSA) and National Programme for Education of Girls at Elementary Level (NPEGEL) have also supported setting up of ECCE centres, attached to primary schools in certain districts

of the country as a stop gap arrangement till Anganwadi Centres are universalized in the area.

2.3.2 Crèche services are provided both through public schemes and statutory provisions. The Rajiv Gandhi National Crèche Scheme for Working Mothers offers care and education services for children below 6 years of age and figures for 2011-2012 indicate that a total of 23,785 crèches (MWCD Annual Report 2011-12) are operational across the country. Statutory crèche services include crèches legally mandated under laws and acts such as a) The Mines Act (1952) b) Factories (Amendment) Act, 1987 c) Plantations Labour Act, (1951), d) Building and Other Construction Workers' (Regulation of Employment and Conditions of Service) Act, 1996 and e) The Mahatma Gandhi National Rural Employment Guarantee Act(2005).²

2.3.3 Various other national government programmes that support quality access to basic services for all, such as National Rural Health Mission, Total Sanitation and Drinking Water Campaign, targeted and conditional schemes like the Janini Suraksha Yojana and the Indira Gandhi Matritva Sahyog Yojana and provisions of maternity benefit that support women's reproductive health and child care needs as also schemes such as the Integrated Child Protection Scheme (ICPS) are expected to contribute towards an enabling environment for families to care for young children.

2.3.4 The unregulated private channel, both organized and unorganised is perhaps the second largest service provider of ECCE, and its outreach is steadily spreading even into the rural areas across the country although with varied quality. This

²Exact figures are not available with respect to coverage.

channel suffers from issues of inequitable access, uneven quality and growing commercialization.

2.3.5 In the non-governmental channel, there are small scale initiatives which are largely supported by trusts, societies, religious groups or international funding agencies.

2.3.6 There is a need to harmonise the activities of all these service providers, in accordance with service delivery norms, standards and regulations. The primary responsibility for this lies with the Government.

2.3.7 Despite the existence of multiple service providers, there is no reliable data available about the actual number of children attending ECCE provisions and their breakup as per delivery of services/ type of services. Out of the 158.7 million children in the below six years category (Census 2011), about 76.5 million children i.e. 48.2 percent are reported to be covered under the ICDS (MWCD, 2011). With emphasis on quality in the strengthened and restructured ICDS, this figure is likely to increase further. Broad estimations indicate that a significant number is also covered by the private service providers, besides some limited coverage by the non-governmental service providers for which no reliable data exists.

2.3.8 The quality and coverage of non-formal preschool/ early childhood care and education imparted through these multiple service providers is uneven, and varies from a minimalist approach to accelerated academic programmes. This is largely an outcome of inadequate understanding of the concept of ECCE and its basic premises, its philosophy and importance among all stakeholders. This, coupled with

inadequate institutional capacity in the existing system and an absence of standards, regulatory norms and mechanisms to ensure quality, has aggravated the problem.

2.4 In the above context, there is a need to ensure Early Childhood Care and Education (ECCE) for every child below six years across the country through appropriate reforms, measures and corrective actions enshrined in the Policy.

3. The Policy

3.1 The National ECCE Policy conforms to the vision of holistic and integrated development of the child, with **focus on care and early learning** at each sub-stage of the developmental continuum, in order to support children's all round and holistic development. This is envisaged to be provided by several care providers such as parents, families, communities, and other institutional mechanisms like public, private and non-governmental service providers.

3.2 The sub stages with their age-specific needs are as follows:

- (i) Conceptions to birth – ante and post natal health and nutritional care of mother, maternal counselling, safe childbirth, maternity entitlements, child protection and non-discrimination.
- (ii) Birth to three years – survival, safety, protective environment, health care, nutrition including infant and young child feeding practices for the first six months, attachment to an adult, opportunity for psycho-social stimulation and early interaction in safe, nurturing and stimulating environments within the home and appropriate child care centres.
- (iii) Three to six years – protection from hazards, health care, nutrition, attachment to an adult, developmentally appropriate play-based preschool

education with a structured and planned school readiness component for 5 to 6 year olds.

3.3 These age-specific needs are the basis for providing ECCE services in accordance with appropriate technical norms and standards. The various needs of the children will be taken care of by the National ECCE Policy in convergence with related programmes and policies of other sectors such as health, nutrition, education etc.

3.4 The policy recognizes that young children are best cared for in their family environment; however in a country of widespread diversity and stratification, many families need supportive measures for the optimal development of the child. The Policy thus acknowledges multiple models of ECCE service delivery and would be applicable to all ECCE programmes that are offered by public, private and non-governmental service providers in all settings which could go by the nomenclature of AWCs, crèches, play groups, play schools, pre-schools, nursery schools, kindergartens, preparatory schools, balwadis, home-based care etc.

4. Vision of the Policy

4.1 The vision of the policy is to achieve holistic development and active learning capacity of all children below 6 years of age by promoting free, universal, inclusive, equitable, joyful and contextualised opportunities for laying foundation and attaining full potential.

It envisages to improve pathways for a successful and smooth transition from care and education provided at home to centre based ECCE and thereafter to

school-age provision by facilitating an enabling environment through appropriate systems, processes and provisions across the country.

In furtherance of the vision of the policy, the government shall be guided by the following objectives:

- i. Facilitate comprehensive childcare supports, infrastructure and services aimed at holistic well-being of children and responsive to their developmental needs along the continuum of care from conception to age six.
- ii. Universalise and reinforce ECCE and ensure adaptive strategies for inclusion of all children with specific attention to vulnerable children.
- iii. Engage capable human resources and build their capacity to enhance and develop quality services for children and their families.
- iv. Set out the quality standards and curriculum framework for ECCE provisions and ensure their application and practice through advocacy and enforcement through appropriate institutional arrangements.
- v. Raise awareness and create common understanding about the significance of ECCE and promote strong partnerships with communities and families in order to improve the quality of life of young children through institutional and programmatic means and appropriate use of technology as required.
- vi. Recognise diversity of contexts, develop and promote culturally appropriate strategies and materials and work within the framework of decentralised governance using participatory and locally responsive approaches.

5. Key Areas of the Policy

The Policy focuses on the following key areas to achieve the objectives:

- a. Access with equity and inclusion in programmes and interventions across service providers
- b. Improving quality (minimum specifications, quality standards, regulation, curriculum, play and learning material, programme assessment and child assessment)
- c. Strengthening Capacity (institutions, personnel, families and communities)
- d. Monitoring and Supervision (MIS, National ECCE Council, etc.)
- e. Research and Documentation
- f. Advocacy and awareness generation
- g. Convergence and Coördination among policies and programmes
- h. Institutional and Implementation Arrangements (ECCE Cell, National ECCE Council, Plans of Action)
- i. Partnerships
- j. Increased investment towards ECCE
- k. Periodic Review

5.1 Universal Access with Equity and Inclusion

The Government shall take the following measures to ensure access to ECCE services:

- 5.1.1 The Government shall provide universal and equitable access to ECCE for all children through a decentralised and contextualised approach.

5.1.2 Access to ECCE will be mainly through ICDS and in convergence with other relevant sectors/ programmes in public channel as well as through other service providers viz. the private and non-governmental. Special plans will be developed to reach the most marginalised and vulnerable groups and hitherto unreached.

5.1.3 The Government shall provide universal access to services for each sub-stage defined in Section 3 that will include health, nutrition, age appropriate care, stimulation and early learning in a protective and enabling environment. Such ECCE centres would be functional as per population norms as prescribed and preferably within 500 meters.

5.1.4 The concept of access to neighbourhood ECCE centre, including provision for admission of children belonging to weaker section and disadvantaged group, would be encouraged in private and non-governmental service provision channel also.

5.1.5 No child would be subjected to admission test, written or oral for granting admission to an ECCE centre.

5.1.6 The AWC would be repositioned as a "vibrant child friendly ECD Centre" with adequate infrastructure, financial and human resources for ensuring a continuum of ECCE in a life-cycle approach and attaining child development outcomes.

5.1.7 AWC-cum-crèches with provision of full range of services, including care, planned early stimulation component, health, nutrition and interactive environment for children below 3 years will be developed, piloted and scaled up, if necessary, in response to community needs.

5.1.8 Implementation of Crèches under schemes such as Rajiv Gandhi National Crèches Scheme for the Children of Working Mothers as well as those under

statutory laws by respective ministries and sectors (e.g. crèches under MGNREGA Act, Building and Other Construction Worker's Act) would also be realigned and improved in accordance with the provisions of this Policy. Other models of crèches responding to the diversity of needs would be supported to work in adherence to the quality standards for ECCE with flexibility to meet the needs of the target population.

5.1.9 To ensure inclusion of all children, measures will be undertaken for early detection and interventions with appropriate adaptations and referrals where necessary, for children at risk of developmental delays and disabilities. Appropriate linkages with concerned programmes/ sectors would be established to facilitate participation of children with special needs in the ECCE programmes.

5.1.10 Family / Community and NGO-based ECCE service delivery model would also be experimented and promoted.

5.1.11 An urban strategy will be developed/ adopted to address the specific unmet needs of children in urban slums and to expand access to all urban settlements/ slums etc. To facilitate this, rules pertaining to area/town planning may be amended in the 12th Five Year Plan so as to provide space/ provision for neighbourhood ECCE/ Child Development Centres.

5.1.12 Universal access to integrated child development including ECCE for all young children remains the primary responsibility of the government through ICDS. The government may additionally explore supporting the not-for profit non-governmental and for-profit service providers by supplementing and complementing their services as may be deemed necessary and feasible.

5.1.13 Linkage with primary school system will be streamlined to address the issue of continuum and smooth transition from ECCE to primary schooling through school readiness package.

5.2 Ensuring Quality

The Government shall promote developmentally appropriate practices of ECCE through a multi-pronged approach of laying down norms and quality standards; developing curriculum framework; provision of appropriate and adequate play material; conducting programme assessment and child assessment.

5.2.1 To standardise the quality of ECCE available to children, basic Quality Standards and Specifications will be laid down for ECCE which will be enforced across public, private and non-governmental service providers.

The following base standards would be non-negotiable for promoting quality ECCE and shall be made mandatory for all service providers rendering any kind of ECCE service:

- An ECCE programme of 3-4 hours duration
- 1 classroom measuring atleast 35 square meters for a group of 30 children and availability of adequate (atleast 30 square meters) outdoor space for a group of 30 children
- Adequately trained staff
- Age and developmentally appropriate, child centric curriculum transacted in the mother tongue/local vernacular
- Adequate developmentally appropriate toys and learning materials

- A safe building which is within easy approach. It should be clean and should have surrounding green area
- Adequate and safe drinking water facilities
- Adequate and separate child-friendly toilets and handwash facilities for girls and boys
- Separate space allocated for cooking nutritionally balanced meals and nap time for children
- Immediate health service in terms of First Aid/ Medical Kit available at the centre
- The adult/ caregiver: child ratio of 1:20 for 3-6 year old children and 1:10 for under 3s should be available at the ECCE Centre. Children should not be unattended at any given point of time

5.2.2 A Regulatory Framework for ECCE to ensure basic quality inputs and outcomes, across all service providers undertaking such services or part thereof, will be developed by the National ECCE Council within one year of its establishment, and shall be implemented by states, with appropriate customisation, within three years of the notification of this Policy. Such implementation may be in a phased manner moving progressively from registration to accreditation and ultimately to regulation of all ECCE service provisions.

The quality standards would relate *inter alia* to building and infrastructure; pupil-teacher interaction; learning experiences planned for children; health, nutrition and protection measures; qualification and professional development of staff; parent and community involvement and organisation and management of the ECCE provision.

5.2.3 Age and developmentally appropriate National ECCE Curriculum Framework will be developed within six months of the notification of this Policy. The National ECCE Curriculum Framework will address the interrelated domains of development i.e. physical and motor; language; cognitive; socio-personal; emotional and creative and aesthetic appreciation, through an integrated, play based, experiential and child-friendly curriculum for early education and all round development. It would also lay down the implementation details such as principles of programme planning, role of parents and caregivers/ECCE teachers, essential play materials and assessment procedure etc. An enabling and loving environment devoid of corporal punishment will be ensured.

5.2.4 The mother tongue/ home language/ local vernacular of the child will be the primary language of interaction in the ECCE programmes. However, given the young child's ability at this age to learn many languages, exposure to other languages in the region and English, as required, in oral form will be encouraged in a meaningful manner. A multi-lingual strategy will be adopted respecting the children's language and at the same time using the plasticity of the early years to expose the child to many languages.

5.2.5 The Government shall ensure provision of safe, child friendly and developmentally appropriate play and learning materials and appropriate play spaces by appropriate instruments and instructions. The Government will promote use of traditional songs, stories, lullabies, folk tales, local toys and games as play and learning material in ECCE settings.

5.2.6 Programme evaluation of all ECCE service provisions will be undertaken by National ECCE Council, adopting consistent assessment criteria and methodologies

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as per quality norms relating inter alia to building and infrastructure; pupil- teacher interaction; learning experiences planned for children; health, nutrition and protection measures; qualification and professional development of staff; parent and community involvement and organization and management of the ECCE provision including fee-related matters.

5.2.7 Formative and continuous child assessment will be conducted at the ECCE centre in order to ensure that the ECCE programme is responsive to the developmental needs of the child.

5.2.8 Modern technology including ICT potential will be optimally and appropriately harnessed to promote developmental and learning needs of children and also for monitoring, evaluation, capacity building and training.

5.3 Strengthening Capacity

5.3.1 In view of the huge gap in the availability of trained human resources, the Government shall develop a proactive plan for strengthening existing training institutes for early childhood development like National Institute for Public Cooperation and Child Development (NIPCCD), including its Regional Centres and its outreach institutes like Anganwadi Workers Training Centres (AWTCs), Middle Level Training Centres (MLTCs) and establishing new ones, wherever necessary, within a stipulated timeframe. Similarly, other institutes like National Council for Educational Research and Training (NCERT), State Council for Educational Research and Training (SCERTs), State Institute for Educational Research and Training (SIERTs), District Institute of Education and Training (DIETs), State Institute for Rural Development (SIRDs) and Extension Training Centres, IGNOU, NIOS etc.

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would be associated to enhance the available trained manpower. The government will develop quality standards and a regulatory framework for accreditation and recognition of all training institutes.

5.3.2 The sector of ECCE will be professionalised at all levels with qualifications, development pathways, clear role definitions and capacity building specified for various ECCE personnel. Capacities of ECCE workers will be strengthened to handle multiage and multilingual context. A comprehensive training and skill development strategy and plan for different levels of ECCE professionals will be pursued by respective service providers for professionalization in the sector.

5.3.3 NIPCCD and its Regional Centres will be the main Child Development Resource Centres to provide continuous support to ECCE personnel (such as helpline; training; counseling centres; capacity development centres; assessment centres and advocacy hubs). In addition, States would be encouraged to open their own Resource Centres at the state and district level.

5.3.4 The policy recognizes that the young children are best cared for in their family environment and thus strengthening family capabilities to care for and protect the child will receive the highest priority. Parents and family members would be informed and educated about good child care practices related to infant and young child feeding practices, growth monitoring, stimulation, play and early education. Involvement of parents and other community members in the effective functioning of ECCE programmes will be encouraged and ensured.

6. Monitoring and Supportive Supervision

6.1 Monitoring and supervision of ECCE programmes will be strengthened, based on a systematic Monitoring Framework with disaggregated, tangible and easy-to-measure input, output and outcome indicators specified for ECCE quality. Appropriate authorities and the National ECCE Council along with National Commission for Protection of Child Rights may make necessary arrangements for such monitoring and supervision. Various means of verification such as Management Information System, independent surveys etc. would be adopted.

6.2 A sound system for data collection/generation and information management will be established across the country which will allow for regular collection, compilation and analysis of the data on ECCE. Such data would be generated on processes, inputs, outputs and outcome indicators through standards, regulation framework and appropriate surveys on outcome indicators. Programme monitoring and Management Information System would feed on such data.

6.3 Technology will also be used to enable use of comprehensive mother and child cards covering the full spectrum of services under ECCE for regular monitoring and for accountability to all children. Synergy will be established with ICDS/ NRHM/ SSA data to identify and fill the gaps. Special strategies need to be devised for using the information system to reach out to the poorest of the poor.

7. Research, Evaluation and Documentation

7.1 Links between policy, research and practice will be strengthened. Funds will be allocated for substantive research in the area of early childhood, including longitudinal studies tracking children from the earliest years.

7.2 Concurrent and operational research will be promoted to generate indigenous knowledge and to ensure a more evidence based approach towards planning, implementation and monitoring of ECCE programmes and interventions. Impact evaluation will be made integral to all interventions and action research will be promoted for generating innovative models.

8. Advocacy

8.1 A major deterrent to ensuring the right kind of ECCE is the lack of understanding of developmentally appropriate ECCE among the parents and other stakeholders and the widespread belief that child is the responsibility of only the mother. Added to this is the lack of understanding of age-appropriate needs, developmentally- appropriate interventions and implications of neglect.

8.2 In order to address the above, extensive use of media and inter-personal communication strategies will be made, including folk, print and electronic media, to reach out to parents, caregivers, professionals, and the larger community particularly the Panchayati Raj Institutions (PRIs) and the Urban Local Bodies (ULBs). Parent and community outreach programmes will be strengthened to enable them to get involved, advocate, plan and monitor ECCE programmes.

9. Convergence and Coordination

9.1 Children's needs are multi-sectoral in nature and require policies and programmes across diverse sectors including education, health, nutrition, water and sanitation, labour and finance. The independently stated policies such as National Policy on Education (1986); National Nutrition Policy (1993); National Health Policy

(2002); National Policy for Empowerment of Women (2001); revised National Policy for Children (2013); National Policy on AYUSH (2002) etc., programmes and other such related instruments, having bearing on ECCE, will be realigned and oriented with the current policy.

Regulatory, operational and financial convergence between these related policies, schemes and programmes will be encouraged and achieved over a stipulated period for optimal utilisation of resources.

9.2 Coordination and convergence will be achieved at different levels between, policies, programmes and schemes of various sectors through appropriate institutional mechanisms as well as between multiple stakeholders with the active participation of local communities.

9.3 Given that currently a significant number of 5 to 6 year olds are in primary schools in many states, and the Right To Education Act (2010) has the mandate for provision of free and compulsory elementary education from 6-14 years, convergence with Ministry of Human Resource Development and State Departments of Education will be of key importance, particularly for the adoption of child centric and play based approaches and extend the school readiness interventions for children of 5 plus years of age. Mechanisms will be instituted to facilitate this convergence so as to ensure continuity and inter-linkage of centre based ECCE and school-age provisions with specific reference to Section 11 of the Right to Education Act (2010).

10. Institutional and Implementation Arrangements

10.1 The nodal Ministry for overseeing the ECCE programmes and services will be the Ministry of Women and Child Development (MWCD) along with its state level counterpart departments. All State Governments / UT Administrations would be advised to make ECCE a subject under Business Allocation Rules of Department of Women and Child Development, as has been made in the Government of India under the Ministry of Women and Child Development.

10.2 The major interventions to implement the main provisions of this Policy will be initiated within one year of the notification of this Policy.

10.3 An ECCE Cell / Division will be established within MWCD for overseeing the implementation of the Plans of Action and act as interface, both at national and state levels, for multi-sectoral and inter-agency coordination. The Cell will include technical experts to ensure that quality norms and benchmarks are followed across states.

10.4 A National ECCE Council will be established within three months of notification of this Policy, with corresponding councils at State within eighteen months of notification of this Policy. The National ECCE Council will be the apex body with appropriate professional expertise, autonomy and funded by the MWCD, Government of India, to guide and oversee the implementation of the National ECCE Policy. It would contribute to strengthen the foundation of ECCE programmes in India by establishing a comprehensive ECCE system and developing an integrated framework facilitating and supporting multimodal and multicomponent interventions such as modalities of training, developing curriculum framework, setting quality standards and related activities; promoting action research among others. The Council will have representatives from all related Departments/Ministries, State

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Departments/ UT Administrations, Academic Resource Institutions, NGOs, civil society organisations, professionals and experts, practitioners, academicians, etc.

10.5 The policy will operate within India's framework of decentralisation and will therefore include provision for committees at the community, block, district, state and national levels. These committees will be in appropriate harmonisation with ICDS monitoring and mission committees which have provision for involvement of community members, mother's group, local self-government institutions (PRIs, ULBs).

10.6 In recognition of the social and geographical diversity of the country, the policy will allow for flexibility to ensure that services respond to local needs and with locally available resources. The district level administrative units and the *Panchayats* will be strengthened to provide for more decentralised planning and implementation of ECCE programmes. Community-based organisations such as Village Education Committees, Mother's (Parent's) Committees, Village Resource Groups, and PRIs will be directly involved and their capacities strengthened, to participate in and oversee the management of the ECCE centres across different service provisions and ensure accountability for quality functioning of services.

10.7 The programme of action for implementing and complementing the National ECCE Policy, National Early Childhood Education Curriculum and Quality Standards for ECCE will be reflected in the National/ State Plan of Actions in SSA, ICDS, Reproductive Child Health (RCH) of National Rural Health Mission (NRHM), Crèche Programme and Annual Implementation Plans of any other similarly situated

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programme of national/state/ local bodies including PRIs, across the interlinked areas of health, nutrition, pre-school education and water and sanitation.

10.8 The Government shall create an enabling environment for providing integrated services as per the various facets laid down in the policy.

10.9 In addition to the Regulatory Framework proposed in Section 5.2.2, the Government shall bring appropriate legislation for promoting integrated and comprehensive child development detailing age appropriate interventions to address various facets of care, education, survival, protection and development of all children under six years of age assuring the right of the child in early childhood to Integrated Child Development.

11. Partnerships

11.1 Resource Groups / Voluntary Action Groups of experts and professionals and higher learning institutions will be identified at regional, state, district and sub-district levels and invited to support government efforts in monitoring, supervision and capacity building for ECCE in a gradual and effective manner.

11.2 To achieve the objectives of the policy and support its own efforts, the Government may enter into partnerships for specific time bound initiatives with multiple stakeholders including community, non-governmental service providers and the private service providers while ensuring adherence to specified guidelines and standards.

12. Increased Investment towards Early Childhood Care and Education

12.1 Evidence indicates highest rate of return on investments made to improve child well-being in the early years of childhood.

12.2 The Government commits to increase the aggregate spending on quality ECCE interventions.

12.3 Early Childhood (from conception to 6 years) and ECCE budgeting would serve as an important dimension to assess investment in early years. The exercise of disaggregated child budgeting for early childhood may be carried out regularly so as to take stock of investments for children and to identify gaps in resource investment and utilisation. This would also assess child development outcomes.

13. Review

The implementation of the policy will be reviewed every five years. Periodic appraisals will also be made to assess progress of implementation and make mid-course corrections, if and when required.



Section 7

Disclaimer

All participants of this survey were formerly informed that information provided by them like personal data such as name/school address/date of birth/age/gender and sensitive personal data such as nutrition level will remain confidential. The same will be securely stored at various locations both as physical records and electronic records. This information will be used for the purpose of analytical report of the TADP project need assessment. It was also informed that only authorised groups of people will have access to the data provided. The stored data will be destroyed after 30 March 2023 post completion of TADP as per applicable regulatory requirements.

Despite all survey controls and statistical measures, we would like to declare that approximately 95% of the total information collected for the survey are accurate and true to its nature. The remaining 5% could be varying due to unavoidable conditions and constraints, and human or manual limitations.

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