Defining a right to integrated early childhood development in India

Venita Kaul, Director, Centre for Early Childhood Education and Development (CECED), Ambedkar University, Delhi, India

Effective learning in older children is inextricably linked to good health, nutrition, care and early learning opportunities in the early years.
Photo • Courtesy Centre for Early Childhood Education and Development (CECED), Ambedkar University Delhi

Meeting a child's right to education involves recognising that learning begins early and is inextricably linked to health and nutrition. In this article, Venita Kaul outlines work to define a right to integrated early childhood development in India, identify weak spots in existing provision, and suggest ways to make services more effective by taking a multi-sectoral approach and involving communities.

In 2009, the Government of India passed the Right of Children to Free and Compulsory Education Act. This sets out what India's state governments must offer to children aged 6 to 14. Many in civil society who had pressed for this act were, however, disappointed at the stipulation of 6 as a lower age limit. If the aim is to get children to learn effectively through to the age of 14, investment needs to begin at birth or before, not merely at the point where a child enters primary school. The process of learning and development is not only continuous but also cumulative, making it imperative not only to start early but also to ensure consistent and comprehensive support and scaffolding for the child.

There is now a lively debate in Indian civil society about how this act should be augmented to reflect the rights of under-6s, which is a provision under the Indian constitution. While the Government of India has set up a subcommittee to explore the feasibility of extending the Right to Education Act to include children under 6 years of age, there is a strong civil society movement that advocates making this a right to integrated early childhood development for children from birth onwards. The argument is that we should look also at younger age groups who are under preschool age, and we should think of the interdependence of education with health and nutrition. Effective learning in older children is inextricably linked to good health, nutrition, care and early learning opportunities in the early years.

While in principle this argument is sound, it is important to consider that the right to education is relatively more uni-sectoral or one-dimensional in nature and therefore it was relatively straightforward to identify entitlements. In comparison, it is harder to answer the questions 'What would such a right to ECD

look like in terms of legal entitlements for children, and how close do existing policy and programmatic interventions in India come to meeting it? What residual gaps would there be which the Government may still need to support?'

The current endeavour to answer these questions at the Centre for Early Childhood Education and Development (CECED), with the collaboration of legal expert Dr Archana Mehendale, draws on research I helped to conduct for the World Bank which resulted in the 2004 publication *Reaching Out to the Child: An integrated approach to child development*.

In the research for *Reaching Out to the Child* we took as our starting point the aspiration of ensuring that every child completes primary school successfully around the age of 11 years. We worked backwards from that goal, given the cumulative process of child development and learning, and identified sub-stages in a child's holistic development. The sub-stages we identified were: prenatal to 1 month; 1 month to 3 years; 3 years to 6 years; 6 years to 8 years; and 8 years to 11 years. This departed in two main ways from the age ranges more often discussed at a global level – our separating out of under 1 month, as this is when many neonatal deaths occur among vulnerable babies in India, and of 6–8 years, as this is the transition stage from preschool to school, when most primary dropouts occur.

We then defined a conceptual framework to identify – for each sub-stage – what outcomes should be expected, what determinants go into achieving those outcomes, and by what indicators they can be measured. These are shown in Figure 1. We used this framework to review all the provisions that were then in place in different states and sectors in India, and we computed a Child Development Index from four important indicators – infant survival rates, immunisation rates (later changed to malnutrition rates), and primary enrolment and primary completion rates – through which we could compare the different Indian states and track their progress over time.

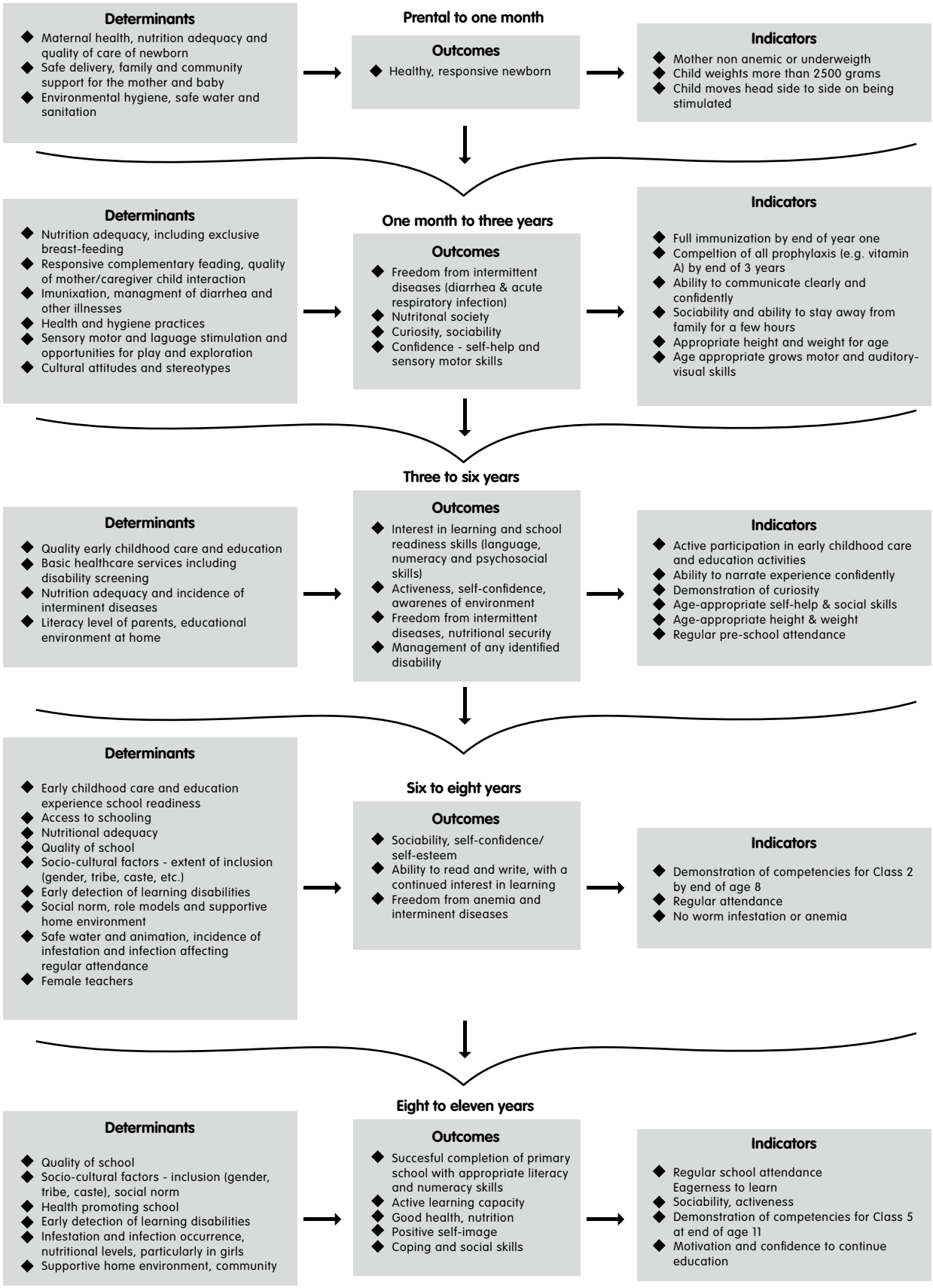
This revealed very large differences across states, Kerala and Himachal Pradesh topping the scale with indices of 92 and 91 respectively, ranging down to Bihar, with a score of 49. Analysis showed that states at the lower end of the scale tended to perform poorly across all indicators rather than being let down by one or two. The poor performance of states such as Bihar, Rajasthan, Uttar Pradesh, West Bengal and Assam suggests that centrally sponsored schemes – such as the Department of Health and Family Welfare's Reproductive Child Health Scheme; the Department of Women and Child Development's Integrated Child Development Services; and education initiatives including the District Primary Education Programme and *Sarva Shiksha Abhiyan* ('Education for All Movement') – have had only patchy impacts.

Prenatal to birth	maternal health and nutrition
	parental and family education
	safe motherhood
	maternal support services
Birth to 6 months	maternal health – postpartum care
	exclusive breastfeeding
	infant health
	nutritional security
	responsive care
	early stimulation/play
	safety and security
	support services
6 months to 3 years	infant health
	nutritional security, responsive care
	early stimulation/play and learning opportunities
	safety and security
3 to 6 years	child health and nutrition
	adequate nutrition
	day care
	play-based preschool education
	responsive care
	safety and security
6 to 8 years	child health and nutrition
	family care
	safety and security
	primary education

Towards a right to development

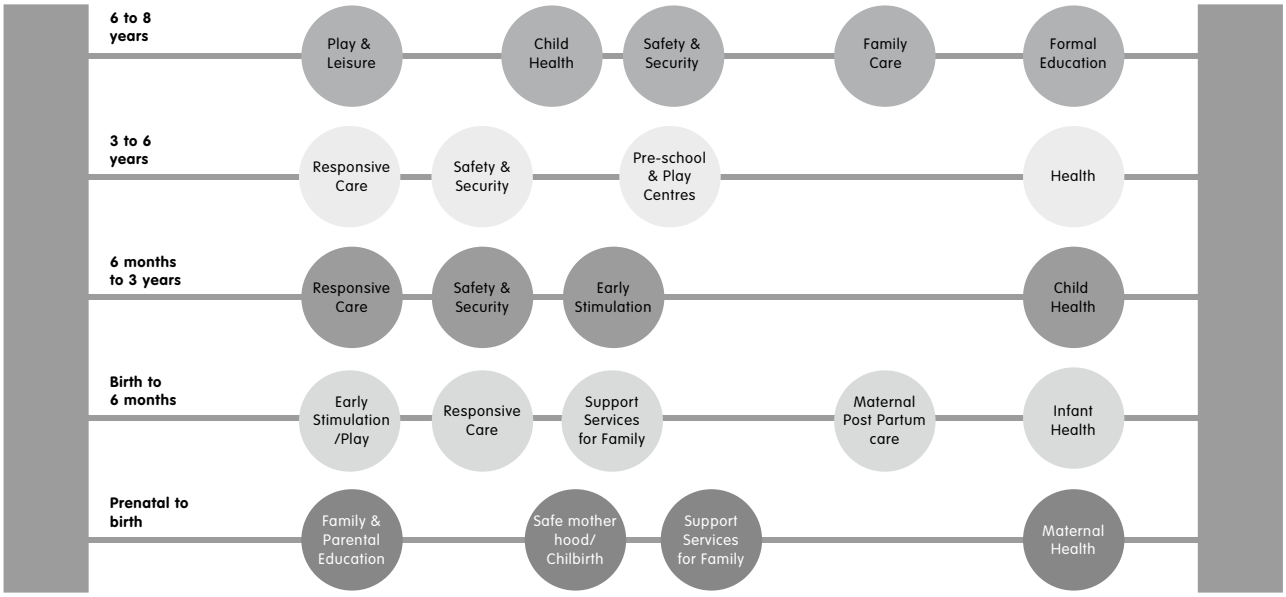
As we at CECED look now at building on that World Bank research and defining a right to early childhood

Figure 1 An Indian conceptual framework for integrated child development



Source: New Concept Systems 2003

Figure 2 Early childhood development provisions in existing laws, policies and programmes



development, we have identified basic determinants of early childhood development for each sub-stage and, based on those determinants, what could be considered as legal entitlements imperative for children's development and learning.

We then reviewed provisions in existing laws, policies and programmes to assess whether each of these entitlements was already covered to a weak or strong degree, and what gaps needed to be filled. The analysis is summarised in Figure 2.

In filling the gaps, we recommend learning from experience and moving towards a holistic, multi-sectoral approach. Interventions for children have often suffered from a fragmented and siloed sectoral approach that disregards the interdependence of health, nutrition and education and fails to achieve possible synergies.

It should be noted that a multi-sectoral approach does not imply the need for a single, integrated programme – in fact, experience in India shows that this may lead to suboptimal outcomes. For example, it is probably not realistic to expect a single *Anganwadi* worker under the ICDS programme[1] to cover all children's needs from malnutrition to education across the age range up to 6 years old. Planning and monitoring of services for children should be integrated, but it is not necessarily a good idea also to integrate implementation.

Decentralisation and community participation

We recommend that integrated planning must be done with community participation. Another common problem with interventions for children in India has been excessive centralisation and standardisation, paying too little attention to the contextual diversities of this large and varied country. Even at the level of districts and sub-districts, there can be important differences in priorities which can be overlooked. For example, there is the case of one community where children were well nourished but which lacked clinics and preschools; it was given a government intervention on malnutrition but little help with either health or education.

To avoid such wasteful use of resources, programmes need to be designed through a participatory approach that leads to a sense of community ownership. This requires communities themselves to assess their needs and demands, a process which is easier said than done. As a sequel to *Reaching Out to the Child*, we at the World Bank were invited by the government of Madhya Pradesh to take the report's recommendations forward by conceptualising and implementing a community-based pilot in integrated child development called Project Bachpan in a tribal block of Ratlam District. This very effective project found that it took fully 3 years for the villages' resource groups to come up with a plan for children, requiring awareness creation to overcome the apathy of many community members and confidence

building to tackle their sense that they could not make a difference.

The pilot, which underwent a rigorous evaluation, demonstrated the value of decentralised, community-based and convergent 'Village plans for children', as opposed to planning for children's health, nutrition and education in isolation from each other.

Promisingly, the project showed that the experience of making a plan for children led communities to give a much higher priority to the needs of their children. This will, however, inevitably need initial hand-holding by an NGO facilitator. It also requires an effort to educate the community about children's developmental needs. For example, we need to counter the common misconception that academically focused preschools lead to better school outcomes than preschools with more of an emphasis on play, exploration and development of social skills. Also, parents and even teachers need to be convinced that children should begin their education in their mother tongue or home language, and that their move to the school language should be gradual and scaffolded for a smooth transition.

Community participation in planning promises to shift the emphasis of service delivery from supply to demand – that is, rather than giving all communities the same thing, to give them some choices. Experience shows that this should help to increase the cost-effectiveness of interventions. Community involvement is also observed to be inextricably linked to quality of service delivery. When community members perceive value in a service, they are more willing to engage and feel a sense of ownership over the intervention; there is thus likely to be more effective monitoring and safeguards against the kind of misaligned incentives and corruption which can afflict the delivery of services, creating a vicious cycle – poor-quality services leading to less community involvement leading to poorer-quality services.

Such an approach implies a decentralisation of responsibility for services for children. Ultimately, local communities who make plans for their children could be allocated funds with which to 'buy' services from the relevant government bureaucracies, NGOs or the private sector. While the central responsibility of meeting a child's right to development obviously rests with the government, it would be wrong to ignore the potential for innovative partnerships with the business community and civil society to improve the quality of services delivered.

References

Centre for Early Childhood Education and Development (CECED). (2012, unpublished). *Framework for Right to Early Childhood Development*.

Kaul, V./World Bank. (2004). *Reaching Out to the Child: An integrated approach to child development*. New York: Oxford University Press.

Note

1 *Anganwadi* literally means 'courtyard playground'; it is the name given to the ECD centre under the government-sponsored ICDS scheme since it is located in almost every habitation in the country, close to the homes of children, and is expected to provide integrated services for children under 6 through an integrated approach by serving as a single window for service delivery. There is one *Anganwadi* worker, or trained adult woman, who is the main service provider and she has one woman *Anganwadi* helper who assists mainly in collecting children from home and providing the midday meal to them.