Quality Early Childhood Care and Education in India: Initiatives, Practice, Challenges and Enablers

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Abstract

Early Childhood Care and Education (ECCE) is globally recognized as a crucial element of education for all. Therefore, countries have intensely pursued it. After many efforts, progress towards ensuring ECCE is apparent in many countries in the world. But most of them could not either completely achieve this goal or compromised its quality due to inadequate resources, improper planning and ineffective implementation strategies; especially a vast and populous country like India. A number of initiatives have been taken by the Government of India for bringing quality in the form of policies, plans, constitutional amendments, acts, development of quality standards and curriculum framework, schemes and flagship programs like Integrated Child Development Services (ICDS); District Primary Education Programme (DPEP) and Sarva Shiksha Abhiyan (SSA). In this endeavour, somewhere India has compromised with the non-negotiable quality standards for ECCE, leading the emergence of expected and unexpected issues and challenges. As a result, the country has missed the target of ensuring quality in ECCE. However, recent studies give evidence of tremendous progress towards quality reforms. Of course, there are low achievements in some aspects and in some regions, but also improvement in others which shows that ensuring quality is an attainable target. This paper intends to describe initiatives of the Government of India, assess the ground realities, identify major challenges in quality reform in ECCE and suggest possible enablers to reach out the same.

Keywords: Early Childhood Care and Education, Early Childhood Education, quality standards, Integrated Child Development Services, Anganwadi Centres

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Early childhood is a period for significant brain development that set foundation for later learning. At this time, the early experiences provided to the children influence their brain development and establish neural connections that provide basis for language, reasoning, problem solving, social skills, behaviour and emotional health (Rhode Island KIDS COUNT, 2005, p. 6). Therefore, Annual Status of Education Report (ASER) (2013, p. 8) envisaged, "in order to improve learning outcomes and sustain them in the long run, early years may be the best place to invest". That can be done by providing quality Early Childhood Care and Education (ECCE) to all children. According to the Asia-Pacific End of Decade Notes on Education for All 2012, created by the United Nation Educational, Scientific and Cultural Organization (UNESCO) and United Nations Children's Fund (UNICEF) "Early Childhood Care and Education (ECCE) refers to a range of processes and mechanisms that sustain and support development during period between birth and 8 years of life. It encompasses education, physical, social and emotional care, intellectual stimulation, health care and nutrition" (p.4).

ECCE is also considered as an important component of universal enrolment, retention and achievement in primary grades and later education. Josephine (2003) found a strong relationship between pre-primary education and retention at primary level. Rao (2010, p. 19) also reported that, "children in higher quality ECCE centre had better perceptual, memory, verbal and numerical skills than the one with lower quality, indicating that quality is related to child outcome measures." Thus, Woodhead, Ames, Vennam, Abebe, and Streuli affirmed that "quality ECCE is good for children's development, consistent with realising their rights and an important pro-poor strategy capable of increasing equity (2009, p. 1)."

Global Scenario in ECCE

Since long, ECCE has been there in all walks of life across the globe. But, during 21st century, its significance formally recognised by the whole world, that led us delineate global commitments towards it. In this endeavour, the Universal Declaration of Human Rights 1948, United Nations Convention on the Rights of the Child (UNCRC) 1989 and Education for All (EFA) movement contributed as major signposts.

The Jomtien World Conference on Education for All 1990 adopted 'World Declaration on Education for All' and 'Framework for Action to Meet Basic Learning Needs' and the

World Education Forum 2000 adopted 'Dakar Framework for Action, Education for All' were the landmarks in global EFA movement. To support these efforts, UNESCO initiated the consecutive Education for All Global Monitoring Reports (EFA GMR). According to EFA GMR 2008 "programmes for under-3s that include nutrition, health and cognitive components have a positive impact on child well-being. Yet, only 53% of the world's countries have an official ECCE programme targeting this age group". In many countries "governments often view the care and education of very young children as the responsibility of families and/or private providers. As a result, there are few national frameworks for financing, coordinating and supervising ECCE programmes" (UNESCO, 2007, p. 11). However, the latest report in 2015 revealed, since 2000, the focus on ECCE has increased in both poor and rich countries. Early Childhood Education (ECE) services have also expanded considerably (UNESCO, 2015a).

With this expansion, slowly the focus moved towards improving the quality of ECCE and making it free and compulsory, especially for disadvantaged children. Therefore, equitable and early investment in quality of the ECCE services and programs became vital concern. Recognising this, the World Education Forum 2015 adopted the 'Incheon Declaration for Education 2030', that encouraged the "provision of at least one year of free and compulsory quality pre-primary education and access to quality early childhood development, care and education for all children" (UNESCO, 2015b, p. 7). Now, guarantee quality in ECCE is priority in many countries. They are trying hard to trace this global commitment. India is one of them that too is chasing for the same through variety of initiatives.

Government of India's Initiatives in ECCE

India ratified UNCRC in 1992 and pledged to the Education for All across the nation, which extensively contributed in the efforts of the Government of India for ECCE. Since 1951, ECCE in its holistic form i.e. child welfare, education, health and nutrition became an integral part of all the initiatives. These can be seen in the form of policies, plans, constitutional amendments, acts and schemes of Government of India. The most significant are the Five Year Plans; National Policy for Children, 1974; Integrated Child Development Services (ICDS), 1975; amendment in the National Policy on Education (NPE), 1986;

Programme of Action (POA), 1992 on National policy of Education, 1986; District Primary Education Programme (DPEP); Sarva Shiksha Abhiyan (SSA); 86th Amendment Act in the Constitution under Article 45 of the Directive Principles of State Policy in part IV; National Plan of Action (NPA), 2005; Right of Children to Free and Compulsory Education Act (RTE)-2009 under Section 11, Chapter III and National Policy for Children (NPC), 2013.

These initiatives have potential that encouraged the provision and accessibility of ECCE for all children and that can be noticed in national survey reports. The survey report of National Council of Educational Research and Training (NCERT) found 493,700 existing pre-primary institutions in the country in 2000 (NCERT 2006, p. 6) that increased up to 655,493 in 2009 (NCERT, 2016, p. 40). Similarly, National University of Educational Planning and Administration (NUEPA) (2016, p. xv) survey report revealed, 24.07% increase of primary schools with attached pre-primary section in 2015-16, compared to 14.27% in 2002-03. These findings indicate India's efforts in making ECCE accessible to all children.

However, the Eleventh Five Year plan stated that, "the preschool education (PSE) component of ICDS-Anganwadi is very weak with repetition high and learning levels low" (Planning Commission, 2008, p. 11). Recognizing this, the Twelfth Five Year Plan is committed to place high priority on provision and access to 'quality' ECCE (Planning Commission, 2013a, p. 50). In this endeavour, the major initiatives of the Government for quality reforms in ECCE are through the Ministry of Women and Child Development (MWCD). Ministry formulated the National ECCE Policy, 2013; National ECCE Curriculum Framework (MWCD, 2013a); Quality in ECCE: Pictorial Handbook for Practitioners, 2014; Age Appropriate Assessment Cards; Quality Standards for ECCE (MWCD, 2013b) and National ECCE Council, 2014. Realising the need for awareness among various stakeholders about quality ECCE and their role in ensuring the same, the NCERT has developed a bilingual (Hindi and English) 'Resource Package for Awareness on ECCE (Chandra 2016a and Chandra 2016b): The Package is a combination of folk, print and electronic media which is further supplemented with a 'Guide Book for Early Childhood Educators on Awareness Generation on ECCE' (Chandra & Mandal, 2016b). These initiatives are considered as the most systematic, clear and serious efforts for improving quality of ECCE in the country.

Still, the quality component of ECCE is considered at risk, especially education component that covers 3-6 years of age group. A study conducted by Centre for Early Childhood Education and Development (CECED) and Annual Status of Education Report (ASER) (2015) in India, found that, children attending ECCE program that were ranked high on the quality assessment gained significantly more from one year ECCE than children who attended poor quality ECCE centres. Similarly, a recent study in three Indian states indicated significant issue of quality in ECCE centres (Kaul, Chaudhary, & Sharma, 2014). Evidences from the Indian ground can magnify this picture and may lead to provide possible solutions to address issues and challenges in the quality reforms in ECCE. Thus, researcher decided to locate ground evidences against each quality standard of MWCD, assess them, uncover the major issues/ challenges and suggest possible enablers for ensuring quality ECCE in India.

Objective

The main objective of this study is to assess the quality of Early Childhood Care and Education (ECCE) in India and the issues concerning. In order to do this, following specific objectives are identified;

1. To assess ground realities about quality ECCE in India.
2. To determine major issues and challenges in quality reforms.
3. To suggest possible enablers for ensuring quality in ECCE.

Method

The present paper is a narrative review of large and small scale research studies conducted to assess the quality of ECCE in different sectors in India like Government, Private and Non-Government Organisation (NGO). These studies are mainly conducted by the NCERT, NUEPA, CECED, ASER, National Institute of Public Cooperation and Child Development (NIPCCD), Planning Commission, M.S. Swaminathan Research Foundation and National Human Rights Commission. The review focuses on the researches conducted

during the year 2000 to 2016, because this time World Education Forum adopted the Dakar Framework for Action, Education for All that reinforced the expansion and improvement in ECCE. Also, UNESCO initiated the EFA GMRs for defining issues, monitoring progress and highlighting gaps in the area. The primary focus of the review is quality ECCE, and this means that studies other than this topic and duration are excluded. Studies included in the review are identified by manual searches of relevant journal and reports and electronic database searches on Google Scholar, JSTOR, Academia and official websites of Government of India and other organisations. These searches provided 1 status report and 32 research studies (30 cross sectional and 2 longitudinal). Out of 32 research studies 23 employed probability sampling, 7 used non-probability sampling and rest of the 2 did not mentioned the sample and sampling procedure. Data in these studies are collected at various levels including children and ECCE functionaries using standardised tests, interview schedules, questionnaires and observation schedules. The most important limitations of these studies are coverage of states and kind ECCE centres. 29 studies are state specific, while 3 studies cover all the states of India. Out of these 3 studies, 1 is conducted only on ECCE component of ICDS catered through Anganwadi Centres (AWCs). Also, most of the state specific studies are conducted on AWCs, may be because of countywide prevalence of such centres. However, studies have potential to provide glimpse of quality in ECCE in all sectors across the country.

Results and Discussion

The results of these studies fall into three parts. First part deals with the assessment of quality of ECCE on the basis of eight 'Quality Standards' developed by the MWCD. Second part covers the identification of major challenges in quality reforms. Third part suggests possible enablers to reach out the same.

Quality of ECCE

There are 8 quality standards and researcher attempted to provide a glimpse of research evidences broadly, under each key standard. Efforts are also placed to reveal facts from

every region of India and generate an apparent portrait on quality of ECCE in all sectors.

Standard I (Interaction). Interaction (child-child-, child-teacher and child-material) is the most significant aspect of quality ECCE. Aruna, Vazir & Vidyasagar. (2000); Blaustein (2005); Meisels (1998); MWCD (2013b); NAEYC (2009b); UNICEF (2012) are of the view that, interaction between children and the range of environmental as well as cultural experiences along with meaningful dialogues are associated with positive deviance in their overall development. It helps children, build a solid knowledge foundation and prepare them for formal schooling.

In contrary to this, Kaul et al.(2014) in her longitudinal study, found limited interaction among children and with teacher in all the ECCE centres in Andhra Pradesh (A.P.), Rajasthan and Assam. They interact only during teaching-learning process. Due to inadequate educational material and large number of children, teachers interact with the whole class in AWCs in A.P. (Rao, 2010). Shortage of ECE kits and play material are reported in AWCs in Jammu (Dhingra & Sharma, 2011), Madhya Pradesh (M.P.) (Dixit, Sakalle, Patel, Taneja & Chourasiya, 2010), A.P., Rajasthan, Assam (Kaul et al., 2014) and A.P. (Rao, 2010). If available, are either in inadequate quantity, unutilised (Dhingra & Sharma, 2011; Kaul et al., 2014) or improperly used by the Anganwadi Workers (AWWs). Overall 44% AWCs (NIPCCD, 2006) and 18% Creches (Planning Commission, 2013b) in the country also facing the same issue. In Jammu, pictorial charts are not hanged at the eye level of children; text used are too small and children are restricted to touch and explore them (Dhingra and Sharma, 2011).

Standard II (Health, Nutrition, Personal care and Routine). It is recognised that, good-quality holistic ECCE programs encapsulate early learning as well as health, nutrition, hygiene, safe water, sanitation, affection, care and protection of children (UNESCO, 2006; UNESCO & UNICEF, 2012; Young Lives, 2016). Enhanced service delivery in these areas can promote human capital development and ensure long term growth (World Bank Group & International Monetary Fund, 2016). Compromising this may lead to adverse effect on the education and development of the children. In this regard, UNESCO (2012) informed that, children with poor health entering primary school are more likely to have higher

absenteeism, class repetition and eventually drop out before completing primary education.

However, the studies revealed that, health facilities in India are being compromised. A study conducted by the Planning Commission (2009b) in Jammu & Kashmir (J&K) found that, health checkups are irregular in AWCs. Similarly, Dixit et al.(2010) revealed that, monthly health check-ups are either provided to sick children or none at all in the AWCs of M.P. The routine immunization is hampered due to the infrequent visit of Auxiliary Nurse Midwifery **(**ANMs). In Tripura, rate of full immunisation is also low. Yet, majority of the children (80%) below 6 months had received preliminary immunisation (NIPCCD, 2011).

NIPPCD (2013a) found that, 70% AWCs have World Health Organisation (WHO) Growth Charts (both old and new) out of which only 58.33% AWWs are using the new Growth Charts while in Tripura they are not (NIPCCD, 2011). About 89% weighing machines are in working condition in all the states (NIPCCD, 2006). But, in Uttar Pradesh (U.P.), most of them gave wrong readings (NIPCCD, 2013b). Majority of the AWW in U.P. and M.P. are not aware of the correct plotting of weight in growth charts and only 44% of them in U.P. had received training on its use (Dixit et al., 2010; NIPCCD, 2013b). Organising Nutrition and Health Education (NHED) sessions once a month is a norm in most (89%) of the AWCs in Tripura. However, Majority of AWWs lacked the skills for Growth Monitoring, filling and maintaining the Growth Charts and counselling mothers (NIPCCD (2011).

Dixit et al. (2010) found shortage of NHED kits at the AWCs in M.P. In J&K, medical kits are generally provided once a year in AWCs and the quantity of drugs/other items last for one or two months that lead these kits in limited use (Planning Commission, 2010). While in minority community, AWCs (66%) had regularly refilled these kits (NIPCCD, 2013a).

Planning Commission (2013b) reported, poor rest and sleeping facilities in crèches in India. Most of them had no mattress, carts, pillows, blankets/quilts, bed and bed sheets. However, delivery of Supplementary Nutrition (SN) component is fairly regular and as per the norms in AWCs in Tripura (NIPCCD, 2011) and Karnataka (NIPCCD, 2012b). While in J&K, it last for 3-4 months only, after that children discontinue the centre (Planning Commission, 2009). Also, in A.P. children come to the AWCs at the time of distribution of SN (Rao, 2010). Little emphasis is reported to develop the habit of washing hands before

meal and after toilet in ECCE centres (Kaul et al., 2014). While, in Creches, children realised the value of personal hygiene and cleanliness (NIPCCD, 2010b).

Standard III (Protective Care and Safety). Appropriate teacher-children ratio is the significant aspect of quality ECCE. Research on the impact of teacher-child ratio on children's learning suggests that, a low ratio matters most at younger age, when children are being socialised into the process of learning (Planning Commission, 2013a). As per the national survey report, teacher child ratio of Primary schools decreased from 42 to 34 (NCERT, 2016). But, this ratio needs to be managed, especially, in private ECCE centres.

It is encouraging to know that, there is a favourable teacher-child ratio (i.e. less than 25 children with an AWW and helper) in most of the AWCs in A.P., Rajasthan and Assam (Kaul et al., 2014). But, this ratio is disappointing in private ECCE centres, who sometimes have 80 children in a class (Kaul et al., 2014). Hegde and Cassidy (2009) also found an average ratio of 1: 35 in the Kindergartens of Mumbai.

Standard IV (Infrastructure/Physical Environment). Studies found thatinfrastructure ensures high-quality programs for children (Kagan & Rigby, 2003) and better school readiness skills (CECED & ASER, 2015). Therefore, this aspect of quality needs major attention.

It is found that, most of the AWCs are operated in rented buildings with single rooms in Jammu (Dhingra & Sharma, 2011), M.P. (Dixit et al., 2010) and Tamil Nadu (Narasimhan & Chiristina, 2001). Whereas, in Karnataka 74.4% are operated in own buildings which have better facilities for storage, cooking and food service (NIPCCD, 2012b). 28% to 90% AWCs in all the states are operated in Pucca house (NIPCCD, 2006) while, Government ECCE buildings in Delhi are decaying and do not have adequate light and ventilation (NIPCCD, 2014). Improper light and ventilation is also reported in AWCs in Jammu (Dhingra & Sharma, 2011); 41% to 56% Creches in U.P., Maharashtra, Orissa and A.P. (NIPCCD, 2010c) and 19% Creches in the country (Planning Commission, 2013b).

In Jammu, indoor space of AWCs is clean; 20% properly whitewashed with display of TLM and 20% surrounded by uncovered stinking drains and stagnant water (Dhingra & Sharma, 2011). Similarly, cleanliness of surroundings of AWCs found satisfactory in

Karnataka (NIPCCD, 2012b).

Most of the AWCs in M.P. (Dixit et al., 2010), Tripura (NIPCCD, 2011), Karnataka (44%) (NIPCCD, 2012b) and J&K (Planning Commission, 2009) did not have enough space for outdoor and indoor activities. Similar condition is found in, urban AWCs in the country (NIPCCD, 2006). Most of the Creches in India have two rooms with small space, no electricity and unsafe playground (Planning Commission, 2013b). While, 70% minority concentrated districts have adequate indoor space for activities and cooking and 66% have adequate space to store SN food items/materials (NIPCCD, 2013a). Lack of cooking facilities and separate kitchen at AWCs is reported in M.P. (Dixit et al., 2010), U.P. (NIPCCD, 2013b), Karnataka (NIPCCD, 2012b), J&K (Planning Commission, 2009) and Creches in the country (Planning Commission, 2013b). Cooking is performed in rooms, at Helpers/AWWs house or in an open space outside the centre. Storage facility is also found inadequate in majority of the AWCs in Karnataka (NIPCCD, 2012b), J&K (Planning Commission, 2009), A.P. (Rao, 2010) and 50% AWCs in the country (NIPCCD, 2006).

Insufficient toilet facility is reported in AWCs of Jammu (Dhingra & Sharma, 2011), M.P. (Dixit et al., 2010), Karnataka (NIPCCD, 2012b), minority concentrated districts (NIPCCD, 2013a), J&K (Planning Commission, 2009), A.P. (Rao, 2010) and if, available are not in use. Similarly, 59% AWCs in the country (NIPCCD, 2006) and 28% Creches in India (Planning Commission, 2013b) have the same issue. Rao (2010) reported the availability of drinking water in AWCs of A.P. While, in Tripura (NIPCCD, 2011), J&K (Planning Commission, 2009) and 14% Creches in India (Planning Commission, 2013b) it is compromised. Across the country hand pumps and tap water are the main source of water in majority of the AWCs (NIPCCD, 2006) but in U.P. it is hand pump (96%) (NIPCCD, 2013b). 92% AWWs are storing this water for children in open buckets with slight or no cover.

Standard V (Organisation and Management). For improving quality in ECCE Central Advisory Board of Education (CABE) recommended that, ECCE curriculum should be developmentally appropriate and have school readiness component as learning at this stage should be in accordance with children's interests and developmental priorities (MHRD, 2013). Also, participation, self-confidence, motivation, school success and retention can be

ensured by using mother tongue (Ball, 2011) and discouraging formal instruction of 3R's (Marcon, 2002).

ASER (2013, p. 7) reported that, private schools discourage direct enrolment of children in Grade I. So, most of the children go to ECCE centres for readiness. However, only few ECCE programs focus on school readiness (Chandra, 2010). Kaul et al. (2014) found no readiness activities for reading, writing and number in 50% ECCE centres in A.P, Rajasthan and Assam while, private ECCE centres are conducting them but for short duration. However participation of majority of children in both places is unsatisfactory. Centres are focusing on either modest curriculum of songs/rhymes or formal teaching of 3R's (76%), especially in private ECCE centres. Less attention is given on providing TLM, activity-based teaching, age-appropriate activities and ensuring developmentally appropriate learning environment. Most of the centres have formal class arrangement with no or irrelevant display on walls (Kaul et al., 2014). In Delhi most big ECCE centres provide structured and disciplined curriculum transaction with homework and examination that lead us considering them as training centres of children for admission to grade I (Report of the committee on pre-primary and preschool education in Delhi, 2007).

Only private ECCE centres are planning and following ECCE program schedule that focuses on formal education through rote memorization (Kaul et al., 2014). Whereas, AWCs in Jammu had planned time schedule for ECCE activities but lacked execution (Dhingra and Sharma, 2011). In majority (88.33%) of AWCs in J&K, ECCE activities are conducted for 1 to 2 hours only (Planning Commission, 2009). Most of the private ECCE centres in M.P. follow English while, AWCs in Jammu (Dhingra & Sharma, 2011) and M.P. (Sanwal, 2008) follow Hindi as a medium of instruction. In 70% AWCs in A.P. maintenance of records and registers are found unsatisfactory (Venugopal, K.R.).

Majority of AWWs in Jammu (Dhingra & Sharma, 2011), M.P. (Dixit et al., 2010), Tripura (NIPCCD, 2011) and U.P. (NIPCCD, 2013b) received orientation/induction training on recruitment but job/refresher trainings are lacking. In contrast, Sanwal (2008) reported continuous refresher trainings to the AWWs and non in private ECCE centres in M.P. Backlog of training of Child Development Project Officers (CDPOs) and Supervisors in Arunachal Pradesh (NIPCCD, 2006), Tripura (NIPCCD, 2011) and creche workers in U.P., Maharashtra, Orissa, A.P. (NIPCCD, 2010c) is reported.

Key positions of AWWs, Supervisors and CDPOs have been filled-up in Tripura (NIPCCD, 2011). While in U.P. only 77% sanctioned post of CDPOs and 69% of Supervisors are filled (NIPCCD, 2013b). CECED reported low salary of ECCE professionals in the country. AWW is paid less and expected to facilitate all the services under the scheme. Though, few private unaided schools offer high scale yet, the practice varied and unregulated (CECED, 2010). Similar, issue is reported among of the Creche workers (94%) in U.P., Maharashtra, Orissa and A.P. (NIPCCD, 2010c). NIPCCD (2010a) reported that, little importance is given to ECCE programs under budgetary allocations.

Supervision by the Supervisors and CDPOs is found weak in Tripura. They are not spending quality time in the centre and mostly unable to provide necessary support to the AWWs (NIPCCD, 2011). The average time spent by CDPOs at AWCs is 1 to 2.5 hours in Himachal Pradesh (H.P.) and 30 minutes to 3 hours in U.P. In both the places, monitoring is limited to the opening of AWCs, presence of AWWs, attendance of children, chart reading by children and children playing with play material (NIPCCD, 2012a).

Standard VI (Children Experiences and Learning Opportunities). ECCE aims to foster children's social and cognitive maturation and prepare them for school (Elliot, 2006) through developmentally appropriate practices (Early Education for All, 2006) and curriculum (Blaustein, 2005; CECED & ASER, 2015; NAEYC, 2009). Therefore, CABE suggested carrying out activities for promoting their all round development on regular basis (MHRD, 2013). Boethel (2004) and Rao & Pearson (2007) found significant correlation between children's development and their participation in ECCE activities. However, in many countries, there is need for massive increase in children's participation (UNESCO, 2012).

It is encouraging that AWWs in Jammu employ non-formal method through play way approach. Free group discussion and indoor activities (storytelling; reciting poems and songs) are being conducted daily (Dhingra & Sharma, 2011). While, 50% ECCE centres in A.P., Rajasthan and Assam did not conduct developmentally appropriate language-development activities; motor development activities and art and craft activities. In AWCs no planned efforts found to encourage interaction and promote cooperation and sharing skills. Wherever, these are conducted, are often with few children. Participation of children

in ECCE activities also found low (Kaul et al., 2014). 70% AWCs organise outdoor activities while, activities related to fine muscle coordination, emotional development and intellectual development are rarely observed in the country (NIPCCD, 2006).

Standard VII (Assessment and Outcome Measures). Recognising the significance of assessment of children, National Plan of Action for Children, 2005 (DWCD-MHRD, 2005, p.15) suggested the development of "inbuilt mechanisms for monitoring the learning outcomes in children and undertake periodic assessment to ensure that all children acquire school readiness by the end of the programme". Therefore, CABE recommended the use of comprehensive and continuous assessment of children with an aim to early identification and diagnosis of disabilities or developmental challenges in children (MHRD, 2013). SAMEO INNOTECH Regional Education Program (2008) suggested that, assessments should be systematic and in accordance with legislative and national policies.

A study conducted by NIPCCD (2012a) found that, almost all the AWWs in H.P. and U.P (83.33%) assess the developmental progress of children regularly to ascertain the effectiveness of ECCE. However, there is no systematic, objective based uniform pattern of assessment. Rao (2010) also revealed that, although the teachers maintained a daily diary, there is no stringent evaluation of ECCE activities. With regard to monitoring of ECCE centres it is found that, Mothers' Committee in higher quality AWC in A.P. is involved in daily matters of the AWCs. They organise monthly meetings to share their concerns about the program and communicate to the AWWs (Rao, 2010). While, Creche scheme is monitored by the state government through District office and report is submitted to Department of Women and Child Development (DWCD) (NIPCCD, 2010c).

Standard VIII (Managing to Support quality System). According to Bhise and Sonawat (2016), qualified and properly trained teacher is a key to success in any circumstances. In this regard, how teachers are prepared for teaching is a critical indicator of education quality (UNESCO, 2004; UNESCO, 2010). Therefore, CABE framed criteria for ECCE teachers that includes minimum educational qualification of 12th grade or equivalent, with command on one language spoken in the area (MHRD, 2013). The requisite ECCE training shall be of two years duration, conducted in a variety and/or

combination of modes. Das et al. (2008) reinforced experiential learning and increased knowledge of school readiness and child development. According to MWCD, 2013a, teachers must know how to teach young children and develop resources to do so. Das (2003) suggested, joint training of primary teachers and ECCE workers to ECCE-primary linkage and need for continuity.

CECED (2010) highlighted inappropriateness or inadequacy of some NCTE norms and specifications; absence of induction training/orientation programs for teacher educators; inadequate training centres and non involvement of teacher educators in preparation of the curricula and training to teach the curriculum prepared by experts. Over 50% of the teacher education institutions belonged to private sector, followed by the NGOs and government sector. In most of the states, SSA has conducted teacher training and pedagogical improvement programs for ECCE functionaries. Chandra (2008) reported that, less importance is given to the curriculum development and teacher education in ECCE. NIPCCD (2010d) revealed uneven geographical distribution of teacher training centres, absence of training centres in North-East region, under utilisation of ICDS centres due to the non-deputation of trainees and non-reporting of trainees at training centres as well as lack of well defined monitoring system for the evaluation of training programs. Chandra (2008 & 2009) found small number of monitoring and evaluation programs on ECCE. It is also reported that, no action researches are conducted to identify the requirement for intervention programs to improve performance of teachers and children both (Chandra, 2008).

Major Issues and Challenges in Quality Reforms in ECCE

The results indicate that, major issues and challenges lie in compromising the non-negotiable quality standards for ECCE during implementation by the government and also at the individual level by ECCE functionaries. This acted as a deterrent for enhancing quality of ECCE in all sectors. For easy understanding the resulting issues and challenges are being mentioned under following four categories:

Teaching and learning. Inadequate teaching learning facilities, inappropriate teaching

learning process and improper assessment/outcome measures are the major hindrance in improving the quality of ECCE. Within these, there are certain issues which make it more challenging. These are:

High teacher child ratio and lack of interaction. A high teacher children ratio is common in private ECCE centres. This is an important factor that contributes less interaction between teacher and children. Therefore, most of the time in all kinds of ECCE centres, teacher's interaction is with the whole class rather at the individual level. Also, there are fewer opportunities for children to interact with the teacher, environment and material available (Kaul et al., 2014; Rao, 2010).

Lack of appropriate Teaching Learning Material (TLM) and its use. There are lack of TLM and if available are inappropriate, inadequate, underutilised and children are not allowed to use them. Also, the TLM are placed above the eye level that does not allow children to explore and even notice them (Dhingra & Sharma, 2011; Dixit et al., 2010; Kaul et al., 2014; NIPCCD, 2006; Planning Commission, 2013b; Rao, 2010).

Improper teaching learning process. In most of the ECCE centres, there is predominance of formal teaching of 3Rs (Reading, Writing and Arithmetic) and rote memorization. Only few activities for school readiness are reported. Most of the teachers in government ECCE centres do not even understand the meaning of school readiness. Majority of the private and few government ECCE centres are having formal classroom set-up. Most of the activities are not developmentally appropriate. Activities for socio-emotional, cognitive and art and craft are rarely found (Kaul et al, 2014). Hence, there is a complete disregard of the age, developmental needs and capabilities of children. Participation of children in the activities is also reported very low. Centres have program schedule but lack execution, especially in AWCs. Activities are also being organised for very short duration in AWCs (Dhingra and Sharma, 2011). In most of the AWCs maintenance of records and registers are found unsatisfactory in A.P. (Venugopal, K.R., 2009).

Lack of appropriate assessment and outcome measures. There is regular but unsystematic developmental assessment of children and no rigorous evaluation of activities found in ECCE centres.

Infrastructure and physical facilities. Inadequate infrastructure and physical facilities are reported in most of the government ECCE centres (NIPCCD, 2014). Their buildings found in pathetic condition. Also, light; ventilation; space for indoor and outdoor activities; safety; electricity; cooking space; storage; toilets, clean and safe drinking water are compromised in ECCE centres of almost all the states.

Health facilities. Irregular health checkups and immunisation; infrequent visit of ANMs to the centres; wrong plotting of growth curve on MCP cards (Dixit et al, 2010); use of old Growth Chart; defective weighing machines; lack of skills for Growth Monitoring, filling and maintaining the Growth Charts and counselling mothers; shortage of NHED kits and lack of rest and sleeping facility (Planning Commission, 2013b); lack of coordination between ICDS and Health Department and less stress on hygiene and hands washing (Kaul et al, 2014) are the common challenges to ensure good health and safety of children in ECCE centres.

Management of ECCE programs and centres. Certain key management issues if not addressed properly, may create a dent in the quality of ECCE. These are the lack of training of ECE functionaries, low level of training (NIPCCD, 2010d), lack of on job/refresher trainings, unavailability of training centres, non-deputation of teachers for training, non involvement of teachers in the development of preschool curriculum (CECED, 2010), vacant posts, low salary of ECCE functionaries, heavy work load, lack of proper monitoring mechanism and lack of researches and research based intervention programs.

Realising these imbalances in the services for human development, World Bank Group & International Monetary Fund (2016, p. ix) affirmed that, "we must urgently address the widespread inequalities of opportunity in education, health, and other sectors".

Possible Enablers for Ensuring Quality ECCE

It is certainly difficult to state precise quantitative objectives for addressing these issues and challenges. But the synchronised steps by the government and individual level can make difference through improvement in these gap areas. It is also crucial to tune them with the Quality Standards for ECCE, National ECCE Curriculum Framework by the MWCD and CABE recommendations. In this context, the suggested enablers are as follows:

Ensuring basic infrastructure and facilities. The government must take quick action to ensure provision of safe and adequate infrastructure mainly enough indoor and outdoor space; adequate light and ventilation; activity corners; conducive learning environment; procurement of teaching learning aids; safety and hygiene; safe drinking water; clean and child friendly toilets and regular health facilities in all sectors.

Recruitment of exclusive ECCE teachers and their training. Most significant is developing a system of recruiting the exclusive ECCE teachers, who are vibrant, trained and experienced. There should be comprehensive and intensive trainings for ECCE functionaries supported by regular refreshers/orientation programs. During their training programs teachers must be oriented about new developments and initiatives in ECCE. These training programs should follow National Council for Teacher Education (NCTE) norms and specifications, upgrading teacher education curriculum and focus on hands-on experiences. Government must ensure accessibility and equitable distribution of ECCE teachers training centres across states. There should be a system of regular monitoring and evaluation of ECCE program as well as on-site support and mentoring of ECCE functionaries. An organized framework to determine salary structure of ECCE must be created. In this regard, recommendations of CABE report may be a helpful guide.

Development and rollout of common developmentally appropriate curriculum. Equally important is to develop a common, contextualised, developmentally appropriate curriculum framework at each sub-stages of development and rollout in all ECCE centres in the country. The curriculum framework must be synchronised with the National ECCE

Curriculum Framework ensuring joyful and activity based teaching learning process infused with school readiness activities of extended duration and integrated assessment of children.

Ensuring regular and systematic assessment of children. Assessment should be made an integral part of the ECCE curriculum and teaching learning process. The prime objective of assessment should be measuring the level of child for further improvement. Teachers should regularly assess children's holistic development, through standard procedure like using 'Age Appropriate Assessment Cards' developed by the MWCD, maintaining portfolios and teacher diaries as suggested in National ECCE Curriculum Framework and CABE report. Later on, standard tools for assessment of developmental level of children can be developed.

Documentation and adaption of good practices in ECCE. There are a number of good practices followed by various ECCE centres across the country. Some of them are already documents by various organisations working in the area of ECCE like NIPCCD and CECED. Government must consider the feasible parts of these good practices in other ECCE centres.

Ensuring parent and community involvement. Quality reforms cannot be brought without the involvement of parent and community. Therefore, concerted efforts must be taken to motivate parents and community to involve themselves in ECCE programs. For doing this, creating awareness about the significance of ECCE among them is crucial. In this regard, NCERT and UNICEF have developed awareness material and are organising awareness programs/campaigns. Government may collaborate with these organisations for wider publicity of right kind of ECCE among various stakeholders.

Convergence with concerned ministries. ECCE is not only catering the education components but their overall development and care. Government must work to build a strong and consistent convergence with flagship programs and concerned Ministries to address issues related to health, safety and welfare of children.

Research, record keeping and sharing. It is vital to conduct researches on quality improvement for development, trials and validation of different curricula/training models. There should be rigorous and systematic maintenance of record of ECCE activities at national level. The recorded data must be accessible to the public for quick analysis of the status.

Making ECCE a mandate. Government should make ECE mandatory in all formal schools under all sectors especially, government. This will automatically resolve the issue of high teacher child ratio, as children will have more options for their education.

Monitoring of ECCE activities. There should be a monitoring of each and every activity like facilities, training, assessment and teaching learning process etc. Therefore, it is suggested that Government should make ECCE Council functional as early as possible to carefully monitor the implementation of policies and programs on ECCE and to regulate them by developing a system of accreditation.

Conclusion

This review revealed that, India has intensely pursued the first EFA goal of ECCE. Government is committed to ensure that all children, irrespective of gender and social category, have access to quality ECCE. In this endeavour, Government has taken huge initiatives which have potential to improve the quality of ECCE in the country. Collectively, studies under review provided a clear picture of success in terms of targets achieved and concerns in terms of areas of improvement for quality ECCE. Data shows that, India is successfully reaching the target of ensuring the provision and accessibility of ECCE for all children. In this venture, improvement in enrolment at pre-primary and primary and retention in primary grades are the visible outcomes. Yet findings demonstrate that, quality of ECCE across the country is very diverse. Still, there is lack of basic requisites for organising ECCE programs and activities like infrastructure; physical facility; health facilities; competent teachers; training and orientation of teacher; developmentally

curriculum framework; child friendly teaching learning process; common assessment procedure and monitoring and supervision of ECCE activities. This shows that, basic quality standards for ECCE are compromised at various levels that create major hindrance in improving the quality of ECCE. However, concerted interventions from the government, local and individual level may combat these challenges. These interventions include ensuring basic infrastructure and facilities, recruitment of exclusive ECCE teachers and their training, development and rollout of common developmentally appropriate curriculum, documentation and adaption of good practices in ECCE, ensuring parent and community involvement, convergence with concerned ministries, research based interventions, making ECCE a mandate in all the schools and rigorous monitoring of ECCE activities.

Therefore, it is felt that India must revise its target date according to the Incheon Declaration for achieving the goal of quality ECCE by 2030. In this venture, these findings may play a crucial role in informing the issues and challenges in improving the quality of ECCE. The suggested enablers will also, help the Government in reworking on addressing the issues and challenges emerged. The need is to have considerable amount of commitment towards quality ECCE that will lead to fruitful results.

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