

DID YOU KNOW

National Early Childhood Care and Education (ECCE) Policy

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 the 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 inter-generational 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 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 inter-dependent 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

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.

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 fulfilment 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 high 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 recognises 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 emphasises *the need to address areas of systemic reform in ECCE across all channels of services in the public, private and voluntary sectors, going beyond / CDS (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 universalising 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 stop gap arrangement till *Anganwadi Centres* are universalised in the area.

2.3.2 Creche services are provided both through public schemes and statutory provisions. The Rajiv Gandhi National Creche 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 creches (MWCD Annual Report, 2011-12) operational across the country. Statutory creche services include creches 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

² Exact figures are not available with respect to coverage.

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

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 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 per cent 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 pre-school/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 pre-school 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 recognises 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, creches, 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 Coordination 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 ICCE in a life-cycle approach and attaining child development outcomes.

5.1.7 AWC-cum-creches 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 Creches under schemes such as Rajiv Gandhi National Creches Scheme for the Children of Working Mothers as well as those under statutory laws by respective ministries and sectors (e.g. creches 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 creches 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 inter-related 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 mothertongue/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 Page 15 of 24 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 organisation 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 of Educational Research and Training (NCERT), State Councils of Educational Research and Training (SCERTs), State Institutes of Educational Research and Training (SIERTs), District

Institutes of Education and Training (DIETs), State Institutes for Rural Development (SIRDs) and Extension Training Centres, IGNOU, NIOS etc., 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 professionalisation 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; counselling 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 recognises 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 years 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 ECC! 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, I 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 I 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 Page 21 of 24 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), Creche Programme and Annual Implementation Plans of any other similarly situated programme of national/state/local bodies including PRIs, across the inter-linked areas of health, nutrition, pre-school education and water and sanitation.

10.8 The Government shall create 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 I 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.