

FORCES

(Forum for Crèche and
Child Care Services)

A Primer on ECCD



Supported by



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FOREWORD

Forum for Crèche & Child Care Services (FORCES), a national level advocacy network, has been at the forefront of child rights and ECCD issues for the past 20 years. In the past few years, it had been observed that there had been a lull in the activities of the network especially in some of the north Indian states. The last two years, hence, were devoted to revitalize the network, to reach out to newer demographic and geographic areas especially those in the north- east and to include new partners in the network.

At the grassroots level, ECCD has been mainly viewed from the perspective of national or state level programmes like ICDS. At the community level, there has been a near absolute absence of a dialogue on ECCD. The idea of collating this primer is thus twofold: first to acquaint newer partners with the principles and programmes of FORCES and second, to provide a handbook to enable more meaningful discussions on ECCD possible.

The primer, however, is not the last work on ECCD. It needs to be circulated especially at the grassroots level to assess response. The idea is to generate a bottom up dialogue on the handbook itself and thereafter to revise the document that you hold in your hands.

We appreciate the hard work and contributions of ICF especially of Dr. Anubha Rajesh, Ms. Vini Gupta and Dr. Adarsh Sharma in putting the material together for this booklet. As always, we acknowledge Plan India (International) for their unwavering & steadfast support to our project.

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National Coordinator- FORCES Network

Why this Booklet?

FORCES aims at ensuring child-survival and development, to ensure the well being of young children of working women from disadvantaged and deprived communities in India. A child's survival, growth and development, depends on the quality of care and provisions available for health, nutrition and also early learning. The intergenerational grip of poverty results in various deprivations among children in the early years. Child development being a continuous and cumulative process is divided into sub stages with specific needs and requirements that are a prerequisite for the next stage. Thus, it becomes pertinent to proactively address the needs of each sub stage to prevent accumulation of disadvantages in the later years. The three sub stages as per life cycle approach considered critical are:

- i. Prenatal period
- ii. Birth 2 years
- iii. 3-6 years

This booklet is developed with an objective to create awareness on the issues affecting the young child. The focus is to understand how the environment of early development related to pre natal environment and post natal care and child caring practices affect the survival, growth and development during early years. It attempts to delineate strategies to facilitate optimal development of the child within the framework of lifecycle and rights approach. The text of this booklet has been organized under the basic sub stages of the lifecycle approach to sensitize and build the technical capacities of the partner organizations to enable them to provide age appropriate interventions for improving child survival, growth and development.

FORCES operates in different geographical locations with the help of state partners. In the last two years some efforts were made to strengthen the network and in the process new NGO partners who are working on child rights also joined the network. Accordingly FORCES has prepared this advocacy booklet for acquainting the partners with the objectives of:

- ❖ Developing a common understanding of ECCD as a concept
- ❖ Sharing technical knowledge on evidence related to aspects of ECCD
- ❖ Promoting capacities of caregivers/ service providers for ECCD interventions
- ❖ Informing about positive and promising practices that promote ECCD and holistic development

The strategy is to empower the partners to create a cascade model where they would reach out to create awareness among the families and communities to ensure child centred care and behaviour practices and lobby with the government to gain their political will for attaining the much required benefits. The content of the booklet attempts to provide the 'why' and the 'rationale' for a particular need, discusses the existing scenario and moves further to delineate the critical inputs that will be translated into further actions by the partners.

FORCES Reaches Mother and the Young Child

FORCES prefers to target its programmes at the most neglected and deprived sections of the society. Its initial thrust on the issue of crèche, daycare and maternity entitlements has unambiguously advocated the **mother and young child to be a single unit**. It is well acknowledged that the cyclic effect of deprivation and intergenerational poverty is devastating. Undernourished, sick adolescent girls become mothers and produce low birth weight babies who face difficulties in survival, growth and development as they grow into adults. Many of these fragile babies die even before their first birthday. Very often the most deprived and neglected women are observed to be struggling for their survival. Without support from their families and without adequate child care facilities, it is difficult for poor working mothers to work, care for themselves and their children. It is even tougher for the migrant mothers and those stuck in remote locations or emergency ridden areas.

With the **growing awareness of value of ECCD** as a worthwhile investment, FORCES aims to prevent and manage the problems at 'the level of children' rather than intervening in 'the later adult years'. Through its vision FORCES aims to educate and empower women to become aware and healthy mothers, able to take good care of the child before and after birth and recuperate their own health. This will ensure the first steps towards survival, growth and development.

Why ECCD?

The **period from birth to six years**, lays the foundation for all future growth. The child's brain develops rapidly during the first two years and children are very vulnerable during this period. Some of the basic principles that are characteristic to this stage are:

- ❖ Development of the child is a cumulative process
- ❖ Deprivations at any stage affect the next stage
- ❖ Deficiencies multiply as the child progresses to the next stage and this leads to multiple disadvantages throughout the life of the child.
- ❖ Under-nutrition, inadequate care and poor environment result in delayed development and leading to irreversible damages

Early interventions can make a difference in the growth and development of children but yet many families burdened by poverty, struggling to earn a meager living, are not able to adequately support their children. In the present scenario where many families are unable to provide adequate child care, a vehicle has to be created to reach out to these disadvantaged and 'in-need' working women and families. This situation demands that along with the families, the communities and the state be held accountable to meet the needs of the young children particularly from the deprived and indigenous populations.

Benefits of ECCD: Global Endorsement

Providing holistic ECCD interventions can serve as a powerful tool to break this negative deprivation cycle

- ❖ Good quality and holistic ECCD services ensure economic and investment benefits as well developed children can only be productive adults capable of contributing to the nation's growth and development
- ❖ ECCD services allow women to continue their invaluable contributions to the work force and add to the human resources.

Significance of ECCD has been accordingly acknowledged, endorsed and recognized in several of the global declarations and ratifications. The World Education Forum in Dakar (2000) adopted the framework for action to achieve **six Education for All (EFA) goals** and ECCD is the first goal and forms the foundation of the EFA agenda (UNESCO, 2009). Goal 1 aims to expand and improve comprehensive Early Childhood Care and Education, especially for disadvantaged and vulnerable children (GMR, 2010). Similarly, the first five of the **Millennium Development Goals (MDG)** goals are intimately linked to eradication of poverty and deal with disadvantages arising from it affecting the development during early years. Not surprisingly the provision of comprehensive, holistic, integrated and high quality early childhood services to all young children and their families is seen as strategy to attain the MDGs (UNESCO, 2010).

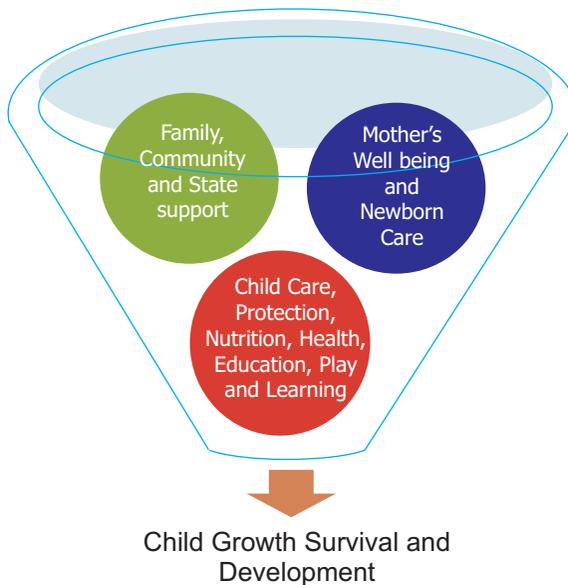
Further, in the Convention on the Rights of the Child (CRC), Article 6 states that ALL children have the right to survival and development and endorses making appropriate provisions to meet developmental needs during the early years. Under the rights approach child care is no more a responsibility within the domain of the parents and family. It is recognized as a state and national responsibility and has become a mandate of the government, civil society and its organizations to make holistic provisions for children below six years beginning even before birth.

Early Childhood Care and Development must be prioritized in our national agenda for action

ECCD in context of FORCES

Based on the experiences of FORCES, ECCD is interpreted and implemented in different ways.

- ❖ ECCD provisions are important for and must focus on **working women and maternity entitlements**
- ❖ ECCD provides **holistic solutions** for prenatal stage to 6 years. It has four interrelated areas: Nutrition, Care and Protection, Education, Play and Learning.
- ❖ Effective ECCD needs an **intersectoral approach** and cooperative model between various departments and stakeholders
- ❖ ECCD must be **inclusive of all children** regardless of socio economic status, gender, remote location or emergency situations



Prenatal Development to Birth - Ensuring Safe Motherhood and Healthy Head Start

Care and Protection

Care and protection is the right of every child and begins even before birth. A pregnant mother's physical and emotional care ensures the development of her baby in womb. Discrimination against girls is the biggest social evil. This results in neglect of girl child, poor nutrition, tendency to marry girls at a young age and not allowing access to health care in pregnancy. Strong preference for the male child is deeply rooted in India for social, cultural and economic reasons. For the want of a male child, many families resort to prenatal sex determination, infant foeticide or even abandon the new born girl child. The discriminatory attitude towards females is visible in the child sex ratio (914 females per 1000 males). A positive attitude towards the female population can only bring in a change for them throughout their life cycle and result in healthy babies. In addition poor women need nutrition, healthcare and maternity entitlements to provide adequate care during prenatal and subsequent years of development.

Balanced and Nutritious Diet

The foundations of adequate growth and development are laid before birth and continue throughout the life cycle of a human being. Catering to the nutrition needs for adolescents require a special diet inclusive of high protein and micronutrients like iron, calcium, iodine and zinc that help meet the demands of growth spurt

WHAT NEEDS TO BE DONE...

Care and Protection

- ✓ DISCOURAGE prenatal sex determination
- ✓ RECOGNIZE warning signs of problems during pregnancy and childbirth
- ✓ SPACE TWO consecutive deliveries by minimum two years
- ✓ ENCOURAGE the community to have mother friendly workplaces and awareness sessions for mothers-to-be and new mothers
- ✗ AVOID PREGNANCY before the age of 18 years and after 35 years

Balanced and Nutritious Diet

- ✓ BALANCED DIET inclusive of carbohydrates, proteins, minerals and vitamins - Green leafy and other vegetables, Fruits, Milk and Dairy Products, Grains
- ✓ IRON AND FOLIC ACID SUPPLEMENTS during pregnancy



Prenatal Development to Birth - Ensuring Safe Motherhood and Healthy Head Start

during adolescence. The girl's body develops and prepares for future childbearing during adolescence. A balanced and nutritious diet for adolescent girls reduces mortality and morbidity associated with pregnancy and delivery and also decreases the risk of producing low birth-weight babies. Poor nutrition during adolescence and pregnancy can slow the physical and cognitive development of the foetus for life. In India, discrimination against the girl child and women leads to malnutrition and poor consumption of food leading to nutrient and micronutrient deficiencies among female adolescents.

Pregnant women need to be informed about balanced nutrition. Eating a healthy diet benefits both the mother and the baby. Along with this, behaviour change among communities is important. Families and communities need to be mobilized and to increase awareness related to adequate nutrition and its advantage. Intersectoral linkages at the community level and building linkages with the existing services like the ICDS programme under the 'Kishori Shakti Yojana' will help promote positive practices and improve nutritional and health status of girls in age group of 11-18 years.

Healthcare, Immunization and Safe Childbirth

The prenatal period is a very significant period and defines the development of the child right from conception to birth. In addition to nutrition, exercise, pre-natal check-ups and immunization are important to ensure the well being of both mother and the child.

WHAT NEEDS TO BE DONE...

Healthcare, Immunization and Safe Childbirth

- ✓ REGISTRATION of pregnancy within 12 weeks
- ✓ REGULAR CHECKUPS (minimum FOUR) should be done
- ✓ TWO TETANUS TOXOID injections during pregnancy
- ✓ PROTECT AGAINST ILLNESS especially rubella, mumps, measles and influenza
- ✓ DELIVERY to be attended by trained birth attendant if domicile, else hospital delivery to be preferred
- ✓ POST-NATAL care to be assisted by a skilled and trained birth attendant to ensure the survival and health of the mother and the newborn baby
- ✓ ADVISE the mother, father and family on the needs of the mother and the newborn
- ✓ Create linkages with existing health network

Prenatal Development to Birth - Ensuring Safe Motherhood and Healthy Head Start

India continues to have the largest number of maternal deaths (63,000 in 2009) even though there has been a continuous decline observed in the Maternal Mortality Ratio (MMR) from 390 in 2000 to 230 in 2008. The maternal health programme under the Reproductive and Child Health programme (RCH) provides interventions like essential obstetric care, antenatal check-ups, immunization, iron and folic acid prophylaxis. Promoting institutional deliveries, it provides 24 hour delivery services at primary health centres. The government has a 'Janani Suraksh Yojana' to support issues of pregnancy and child care. It is important to increase awareness and ensure access to use health and family planning services that will prevent and reduce maternal and infant deaths and disabilities and seek support of existing networks.

- × NO smoking and drinking
- × AVOID medicines. If required take medicines after consulting a doctor
- × AVOID exposure to X-rays and other radiations

Birth to Two Years: Window of Opportunity for Growth and Development

Care and Protection

1989 United Nations Convention on the Rights of the Child (CRC)

Article 7: "The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents."

Birth registration and a free birth certificate is the right of every child born in the country. It ensures identity of name and nationality to the and available to all. All boys and girls should be registered to ensure their right to access basic services.

12 crore women work of which 90% work in unorganized sector with no statutory child care provided for them. Post childbirth, women need break from work to recuperate, to breastfeed baby and form a bond between mother and child. They need to be given leave and pay when caring for their child. Children above 6 months need to begin eating hygienically prepared nutritious food and to be given fresh nutrition at timely intervals, with the love and attention of a warm caregiver. Good child care provisions will also ensure that the elder siblings are not left at home with responsibility of taking care of younger siblings. Awareness to avail benefits from Rajiv Gandhi National Crèche Scheme and crèches under the NREGA should be made. Simultaneously, lobbying with the government is required to strengthen and expand these efforts to reach out to large populations.

WHAT NEEDS TO BE DONE...

Care and Protection

- ✓ REGISTER ALL children at Birth
- ✓ Generate awareness among families and communities to take advantage of existing POLICY AND PROVISIONS for child care and maternity entitlements
- ✓ Interface with existing schemes and staff like ANM and ASHA



Nutrition And Growth

- ✓ WEIGH CHILDREN REGULARLY (every month) between birth to two years
- ✓ EXCLUSIVE BREASTFEEDING for first six months
- ✓ INITIATE BREASTFEEDING within one hour of birth
- ✓ PROXIMITY of the newborn to the mother
- ✓ FREQUENT BREASTFEEDING results in more milk to be produced

Birth to Two Years: Window of Opportunity for Growth and Development

Nutrition and Growth

Nutrition is a crucial determinant of a child's health and well being. **Children grow and gain weight rapidly** in the first year. Regular weight gain is an important sign to ensure proper growth and development of the child. **Every child's growth** needs to be monitored regularly.

Breast feeding has multiple advantages. It gives life to the baby, stimulates the production of milk and helps the mother's uterus to contract, reducing risk of heavy bleeding and infections (Facts for Life, 2002). It is easy for baby to digest and promotes best growth and development and protects against infections. Colostrum, the thick yellowish milk is nutritious and protects baby against infections and is the first immunization for the baby. Children need to be **introduced to complementary** foods after 6 months along with breast feeding to meet their nutritional needs. Mothers should be made aware of the importance of weaning at the right age. Use of locally available, calorie-dense weaning foods and the continuation of breast-feeding are important for optimal growth and development of the child. Both girls and boys need similar quantities of food and nutrition.

India has **high rate of under-five mortality, morbidity, stunting and malnourishment among children.** Under-nutrition is an important factor contributing to the death of young children. Mortality risk associated with respiratory infections, diarrhea, malaria, measles, and other infectious diseases, are high in malnourished children. Poor nutrition can also

WHAT NEEDS TO BE DONE...

Nutrition and Growth

- ✓ BREASTFEEDING PROTECTS babies and young children from dangerous infections
- ✓ BOTTLE FEEDING can be threatening to child's health and survival
- ✓ WORKING WOMAN away from baby can CONTINUE TO BREASTFEED her child as often as possible through expressing milk and storing it
- ✓ INTRODUCE COMPLEMENTARY FOODS from six months, but continue breastfeeding through child's second year
- ✓ Introduce the complementary foods GRADUALLY
- ✓ CHILD'S DIET should include cooked and mashed vegetables, pulses, grains, fruit and dairy products
- ✓ SKILLED COUNSELING for mothers and family members on nutrition, health and psycho-social learning needs of the child
- ✓ ENCOURAGE A SICK CHILD to eat and drink. Extra breast feeding is beneficial

Birth to Two Years: Window of Opportunity for Growth and Development

slow the physical and cognitive development for the future life of the child. Children belonging to the 0-6 years age-group, pregnant women, lactating mothers and adolescent girls are provided supplementary nutrition under the ICDS scheme. This is essential for poverty ridden areas where malnutrition is prevalent. This helps improve health of women and children and reduce risk of mortality, morbidity and malnutrition.

Health and Immunization

Immunization against the six deadly preventable diseases is a cost effective intervention to ensure the well being of children. **India has a high rate of under-five child deaths.**

Of about 26 million infants born each year, 1.2 million die before the first 4 weeks of life and 1.7 million die before the first birthday. Many of these deaths could be prevented with immunization against the dangerous diseases and timely health care and management for diseases like diarrhea and acute respiratory infections.

Play and Learning

The period, 0-2 years is the most rapid stage of development. The brain develops the fastest in the first two years where the child builds more complex levels. The brain cells connect best when they receive appropriate love, care and stimulation from responsive and caring parents/ care givers. Thus,

Health and Immunization

- ✓ IMMUNIZATION SCHEDULE to be followed
- ✓ EARLY identification, prevention and management of newborn and childhood illness
- ✓ FOODS RICH IN VITAMIN A or vitamin a supplementation to children between ages of 6 months to 3 years

WHAT NEEDS TO BE DONE...

- ✓ IRON AND FOLIC ACID FOODS OR SUPPLEMENTATION to children under five years of age
- ✓ IODIZED SALT to prevent delays in development
- ✓ DEWORMING as and when required

Play and Learning

- ✓ ALL CHILDREN follow a typical sequence of development
- ✓ EACH CHILD is unique with an individual pattern for growth and development
- ✓ PLAY is key to learning and development

Birth to Two Years: Window of Opportunity for Growth and Development

children need nutrition, care and stimulating environment to grow and develop optimally. They need a safe environment and interesting things to look at, touch, smell and even taste. Both girls and boys need similar opportunities, attention, affection and care to realize their potential.

Children learn through play and exploring their environment. Parents being primary caregivers need to provide a safe, stimulating and encouraging environment to the children, conducive for play and exploration. At times many parents burdened with the multiple stress created by poverty and burdened with the day to day issues of survival may not have the time or be aware of this need. This results in infants not getting the required stimulation and may result in delayed physical motor, cognitive and emotional development. Hence, at times many parents need support to bring up their children. Promoting techniques for interaction with children should become an integral part of the ECCD programme.

Integrated Child Development Services, Crèches, and Balika Samridhi Yojana are the government schemes that directly support parenting and parenting education.

- ✓ ACCESS to play spaces and exploratory materials
- ✓ NEURAL CONNECTION is made every time the child experiences something new or uses one of the senses
- ✓ CLOSE RELATIONSHIP between the parents and children nourish the growing brain of the child
- ✓ INTERACTIONS LIKE HOLDING, CUDDLING, ROCKING, TALKING AND SINGING to a baby increase bonding and promote brain development
- ✓ POSITIVE CARE, AFFECTION AND ATTACHMENT lead to self-confident, happy, secure and well balanced adults
- ✓ Children learn by IMITATION
- ✓ POSITIVE AND EFFECTIVE WAYS of handling children's behaviour - reasoning, being consistent, praise and encouragement

Three to Six Years: Magic Years for Holistic Development

Care and Protection

Child abuse and exploitation in India is a hidden phenomenon and is under reported especially when it happens at home or is inflicted by family members. It occurs in various forms and is rooted in the social and economic environment. Physical or psychological malpractices against children can lead to lifelong consequences. (UNICEF, 2010). Children need a nurturing, caring and non abusive environment at home and centres. These immediate environments need to give a sense of security to the child and respect their rights to live with dignity, own a name and nationality, clean and safe food, water and shelter.

From the mother's point of view, secure care outside home relieves the mother from anxiety and helps her in continuing her work in order to earn and support her children. This reassuring place to leave children will relieve elder siblings more often the girl child of child care responsibilities. Increasing awareness to access services from the government through schemes like ICDS and Rajiv Gandhi National Crèche Scheme should be done.

Nutrition

Good nutrition helps children to grow and develop properly, fight infections and learn optimally. Poor nutrition leads to about 5.6 million child deaths per year and more than half of the total deaths take place in India (UNICEF, 2006). Research shows that malnutrition is not just life threatening, but leads to

WHAT NEEDS TO BE DONE...

Care and Protection

- ✓ Increase awareness among communities to STOP DISCRIMINATION and violence against children in any form
- ✓ Enable a PROTECTIVE ENVIRONMENT for children in emergencies
- ✓ KEEP CHILDREN AWAY from polluted environment and hazardous substances
- ✓ GENERATE AWARENESS to ensure access under existing schemes for child care facilities
- ✓ Provide HOLISTIC CARE through nutrition, health care and education

Nutrition

- ✓ PROVIDE WELL BALANCED AND HYGIENICALLY prepared food
- ✓ IDENTIFY MALNUTRITION as early as possible
- ✓ GIVE NUTRITION SUPPLEMENTS and micronutrients

Three to Six Years: Magic Years for Holistic Development

school drop outs and exclusion from school due to illness and poor cognitive development. Deficiency of micronutrients, such as iron, iodine, zinc and vitamin A in early years result in a lower attention span, decreased ability to concentrate and poor memory. Malnutrition and its severe effects can only be tackled by empowering and educating families, communities and support from the community and state.

Health

Poor hygiene practices, lack of clean drinking water result in illness or even death of a child. Children who are immunized timely are protected from the dangerous diseases. About 25 percent of under-5 mortality deaths are due to vaccine preventable diseases (UNICEF.org). Good hygiene practices, adequate sanitary conditions, low cost toilet facilities can prevent many illnesses.

Play and Learning

The period from 2-6 years, sets the foundations for lifelong learning. This age needs conscious efforts towards learning and stimulation which is an added important need for adequate social and mental development. Many ECCD programmes tend to focus on health and nutrition more than physical, social and cognitive inputs. Though health and nutrition continue to be important inputs it is important to ensure that adequate attention is also provided to learning and stimulation programmes. Organized

- ✓ MAKE PROVISION for nutritious food in child care centres/anganwadis
- ✓ MAINTAIN WEIGHT, HEIGHT RECORDS, and vaccination schedules

WHAT NEEDS TO BE DONE...

Health

- ✓ Provide TIMELY VACCINATIONS
- ✓ Provide CLEAN AND SAFE drinking water and sanitation facility
- ✓ WASH HANDS before feeding and eating
- ✓ Provide CLEAN AND PROTECTIVE CLOTHES
- ✓ Provide low cost and hygienic TOILET FACILITIES
- ✓ SAFE DISPOSAL of garbage

Play and Learning

- ✓ REACH OUT to far reached areas
- ✓ ADVOCATE to improve quality of facilities
- ✓ PROVIDE AGE APPROPRIATE low cost, locally available, play and learning materials

Three to Six Years: Magic Years for Holistic Development

play and learning helps children develop adequate motor and learning skills appropriate to their age, acquire concepts, language, habits and develop relationships with peers and adults.

- ✓ Provide DEVELOPMENTALLY APPROPRIATE ENVIRONMENT AND CURRICULUM for optimal development of children
- ✓ Ensure TRAINED TEACHERS and age appropriate activities
- ✓ PREPARE CHILDREN for primary school
- ✓ INVOLVE MOTHERS AND FAMILY in the centre
- ✓ EDUCATE PARENTS to enhance their parenting skills

Policies Governing Provision of ECCD Services in India

<p>The National Policy on Education (NPE), 1986</p>	<p>Views ECCE as a crucial input in the strategy of human resource development, as a feeder and support programme for primary education and also as a support service for working women. The Policy especially emphasizes investment in the development of young children, particularly children from sections of the population in which first-generation learners predominate. Recognizing the holistic nature of child development, ECCE programmes were to be expanded and were to be child oriented, with a focus around play and the individuality of the child. The aim was to bring about a full integration of childcare and pre-primary education, to both feed and strengthen primary education.</p>
<p>National Policy for the Child, 1974 and National Plan of Action: A Commitment to the Child, 1992</p>	<p>"It shall be the policy of the State to provide adequate services to children, both before and after birth and throughout the period of growth . . . The State progressively increases the scope of such services so that, within a reasonable time, all children in the country enjoy optimum conditions for their balanced development."</p>
<p>National Plan of Action (NPA), 1992</p>	<p>The NPA was followed by the formulation of the State Plan of Action for Children (SPAC), aimed at the protection, survival, development, and growth of children. For each of the areas covered under NPA and SPAC, time-bound goals and strategies were laid down.</p>
<p>National Nutrition Policy, 1993</p>	<p>Recognizes that children below 6 years are nutritionally vulnerable and constitute one of the 'high-risk' groups, and thus accords highest priority to them through policy articulations and programmatic interventions for especially vulnerable groups; the National Nutrition Mission (NNM) has been launched to address this problem.</p>
<p>National Population Policy, 2000</p>	<p>Sees the health of children as a step towards population stabilization.</p>
<p>National Policy for the Empowerment of Women, 2001</p>	<p>The provision of support services for women, like childcare facilities, including crèches at work places, educational institutions, homes . . . will be expanded and improved to create an enabling environment and to ensure full participation of women in social, political and economic life.</p>

<p>National Health Policy (NHP), 2002</p>	<p>The 0-6 year-olds comprise a vital segment vis-à-vis the targets of the NHP for reducing IMR to 30/1,000 live births and MMR to 100/ 100,000 by the year 2010. Separate schemes, tailor-made to suit the health needs of children, in tribal and other socio-economically underserved sections have been proposed.</p>
<p>Convention on the Rights of the Child (CRC), 1992</p>	<p>The ratification of CRC (1992) by India has further affirmed the country's commitment to children, and has resulted in the formulation of a policy framework to prepare a National Charter for Children that ensures that no child remains illiterate, hungry, or lacks medical care. A National Commission for Protection of Child Rights has been set up.</p>

Source: NCERT (2006)

RECOMMENDATIONS

Musings for NGO Partners

Families, communities and leaders at the grassroots level need to have an understanding of ECCD and its benefits. At the same time they should be aware of various policies and provisions to access services and get benefits of their entitlements. **Parents and families**, being the primary caregivers, bear the main responsibility for providing the basic needs for their children. Often they must be supported in their child rearing roles, so as to enable them to make informed choices to safeguard and promote their child's survival, growth and development. Equally important is the **role of community, other caregivers/ stakeholders** to ensure that the families get an immediate supportive environment. Additionally, to ensure sustainability and a proactive response, the families and caregivers need to be supported by the **local leaders and panchayats**. The NGO partners of FORCES therefore need to interface and establish linkages between target groups, service providers, leaders and local government, at the grassroots level in order to improve outreach and demand of services.

The planning and implementation of ECCD interventions have some non-negotiable principles and guidelines. These need to be integrated and complied, to make micro or macro level initiatives a success. They are based on knowledge of how children grow during the early years, evidence on what makes interventions work and feedback from innovative projects on ground such as Integrated Nutrition and Health Project (INHP) and Reproductive and Child Health, Nutrition and HIV/AIDS (RACHNA) project of CARE, the Dular project in Bihar, Anchal se Angan Tak, Mitanin from Chhattisgarh.

The content of the advocacy leaflet is meant to provide important information about ECCD, measures to reach out to the stakeholders and to solicit their involvement. This section provides some ideas and strategies for partners to involve all stakeholders to work together for ensuring holistic and comprehensive ECCD. Networking with varied stakeholders requires multipronged strategies. The diverse audience in the area of their operation will require varied approaches. No single approach is good or bad. Most of the times a mix of strategies and approaches may be required to get the desired results.

Working with Caregivers (Mothers, Fathers, Siblings, Family members)

Family is the first link to reach the children and improve the mother and child's immediate environment. Empowering the families means enhancing skills and knowledge of the target group to take appropriate care of children and make informed decisions. This also facilitates effective utilization of the available provisions from the government and other service providers. Besides family it is equally critical to build capacities of diverse caregivers like child care community leaders and volunteers, centre staff, social workers and nurses, who work with parents at the grassroots. These efforts are aimed at bringing attitudinal and behavioural changes for providing quality care and services.

How do we reach parents?

- ✓ Conduct face to face interaction, interpersonal contact and individual counseling sessions to sensitize them towards needs and rights of children
- ✓ Develop and promote mass media campaigns for ECCD radio and television messages, posters and print material for promoting, ensuring care and stimulation for children in the early years
- ✓ Undertake home visits to sensitize and build capacities of parents for taking care of young children and strategies for interaction
- ✓ Organize meetings at community centre to share and address concerns related to ECCD
- ✓ Facilitate parent-parent skill sharing programme on ECCD
- ✓ Coordinate family therapy groups for parents with similar problems
- ✓ Conduct mothers group meetings to build their capacities to raise children and address their concerns
- ✓ Promote participation of fathers through workshops to ensure their participation in taking care of young children
- ✓ Encourage parent involvement programme as part of childcare centres
- ✓ Set up resource groups within the community of volunteers to support families

How do we reach others in the family?

- ✓ Provide awareness for older siblings responsible for their younger siblings to communicate the significance of ECCD, significance of optimal nutrition and strategies for stimulation to their parents through Child to Child programmes

- ✓ Build capacities and train the childcare centre staff to work with children, siblings and parents
- ✓ Disseminate information on parent education on issues related to child development via healthcare centres and healthcare workers
- ✓ Build capacities for sensitivity and special competencies of staff to work with parents and children or children left alone in emergencies

Working with Community

Community participation is critical to sustain the efforts of any programme and promote its own culture and values. The community can play a proactive role in creating and sustaining ECCD provisions in the context of local needs. To support ECCD directly and indirectly, it will be beneficial to sensitize the community so that they understand the needs of the children and women. It will facilitate the community to come forward and offer pool of resources like space, manpower, equipment, food etc. This will allow for a safe, secure and thriving environment for children without depending on external support and simultaneously encouraging community ownership.

How do we reach the community?

- ✓ Train selected women, men and children as community leaders who can influence and sensitize others towards the needs and rights of children
- ✓ Promote community awareness on early childhood and its development through culturally relevant activities
- ✓ Collect local cultural knowledge, games and practices to build into caregiver trainings
- ✓ Use cultural and local platforms that exist and integrate with sensitization efforts for ECCD eg spread awareness through community media tools such as puppet show, folk songs, wall paper, street theater and community radio.
- ✓ Use folk games, folklore and stories to spread awareness and motivate behavioural changes
- ✓ Enhance awareness about the ECCD programmes such as ICDS, Rajiv Gandhi Creches Scheme etc which are available
- ✓ Involve community members as decision makers to facilitate and build trust and faith in ongoing programmes to help strengthen and improve efficacy of existing programmes
- ✓ Develop anganwadi centres as resource for counseling all parents about child care

- ✓ Encourage community to support the anganwadi worker by sharing and supporting her workload
- ✓ Involve employers of working mothers in the organized and unorganized sector in setting up child care services for the young children as per legal provisions
- ✓ Develop model centres that demonstrate impact and can be replicated
- ✓ Link ECCD and primary school to promote enrolment and ensure continuity of education
- ✓ Build capacities to mobilize the provision of Public Interest Litigation (PIL) as it builds awareness among the people and dominates the public perception to ensure grants and entitlements
- ✓ Encourage Gram Panchayats to support and oversee/monitor ECCD programmes at the grassroots

Working with Policy Frameworks and Systems

An enabling environment for children and sustainable ECCD programmes requires a supportive and proactive policy framework. NGOs can work towards creating awareness about the critical need for ECCD among policy makers, politicians, panchayats, health care providers, media, voluntary and private organizations. These stakeholders may be encouraged to play an active role and ensure accountability not only to benefit the ECCD programmes, but would also get benefitted in the larger picture.

How do we ensure proactive policy frameworks?

- ✓ Educate policy makers on criticality of ECCD to create political will
- ✓ Adopt social marketing strategies. This will facilitate in bridging gaps between the community and the policy. Working with the community and families facilitates understanding their needs and the panchayats and leaders/panchayats can be informed how best these can be addressed
- ✓ Organize multi-stakeholder meetings to share hindrances and outcomes of successful related programmes on ECCD
- ✓ Advocacy and dissemination of existing programmes that discuss the need, how best it has been addressed, its learning and outcomes, helps the decision makers to influence policy
- ✓ Develop public-private partnerships and converge services
- ✓ Network and coordinate with other NGOs and government departments

- ✓ Create impact based projects with an inbuilt monitoring and evaluation system

To sum up, NGOs have a big role in reaching out to varied stakeholders at grassroots to make ECCD provisions effective. Networking with parents, service providers, community, political and legal system can go a long way in working together to improve quality of ECCD provisions. Attempts should be made to mobilize local resources to leverage on provisions in nutrition, health, media and other schemes for women, children and disadvantaged communities to generate resources for early childhood. Even if policy and provisions exist there are inadequate mechanism and machinery to ensure granting of entitlements. NGOs can have three types of roles: (i) innovators to begin and pilot a new need based project, (ii) independent monitoring and evaluation agents and (iii) advocates (Consultative Group). Based on these suggestions pilot innovative initiatives be created and if found useful these may be replicated and scaled up.

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About FORCES

FORCES is a national network of organizations and individuals concerned with issues relating to women working in the unorganized sector and care of their children.

Founded in 1989 to act as a pressure group, the network is committed to the survival and development of the young child and the mother.

The critical issues are children and maternity entitlements for the vast majority of women in the unorganized sector, which have a cascading impact on the health and development of children and families.

FORCES Commitments

To adopt a holistic approach with multi-pronged advocacy for:

- ❖ Harnessing adequate resources for childcare services;
- ❖ Seeking decentralization in the distribution of resources;
- ❖ Social security for women working in the informal sector;
- ❖ Adequate and just policies with planned outlays and inclusion of children in all sectors;
- ❖ Survival and protection of girl child.

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