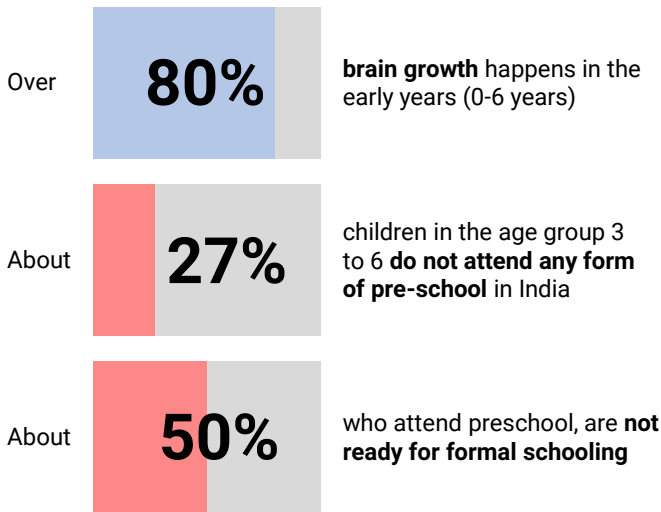
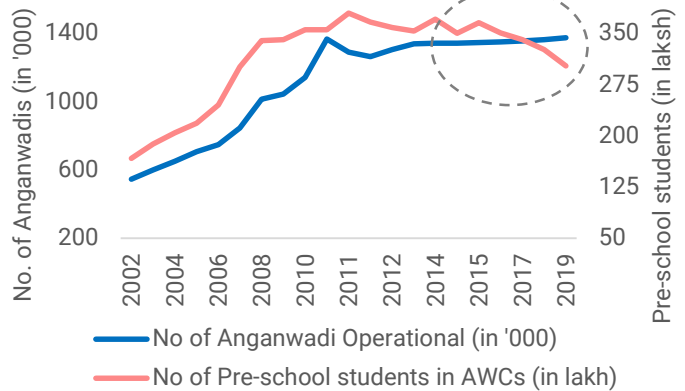


ECCE CSR LANDSCAPE IN INDIA AND POTENTIAL FOR IMPACT

Early Childhood Care and Education (ECCE) includes all-round needs of the child encompassing nutrition, health and early childhood education.

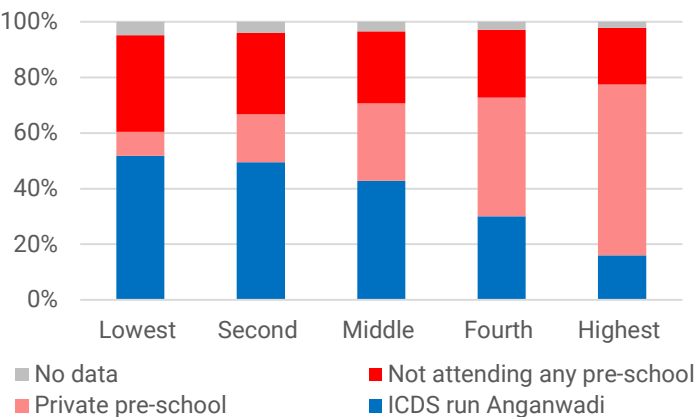


The enrolment in Anganwadi centres has dropped over 14% post 2015, despite a steady increase in population and the number of Anganwadi centres every year

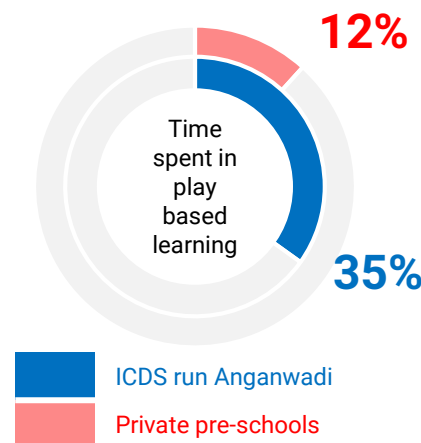


Children in high income families prefer private pre-schools. The amount of time spent on age-appropriate play-based learning activities private pre-schools, however, is significantly lesser than in Anganwadis

Children Attending Pre-school by Family Income Quintile



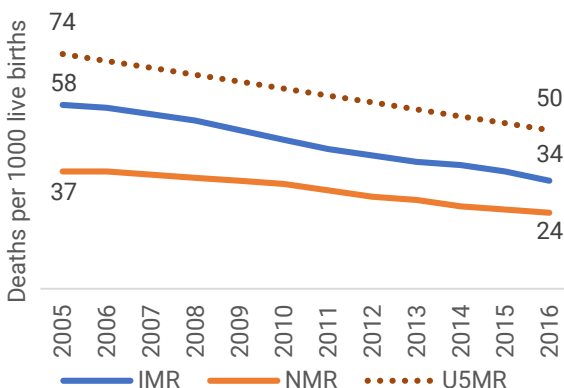
Play-based Learning



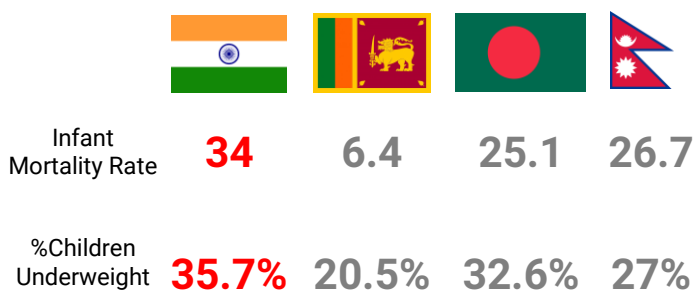
There are deep-seated interlinkages between health, nutrition and educational needs of a child which need to be incorporated in the intervention design

Between 2005 and 2016, IMR reduced by 41%, U5MR reduced 32% and NMR reduced by 35%. However, the gains are not commensurate with the country's economic progress, and significant efforts are needed to achieve SDG targets NMR of 12 and U5MR of 25 by 2030.

IMR, NMR and U5MR trends in India



The state of early childhood health in India is poorer than neighbouring countries



Indian government spends about 0.3% of GDP on ECCE which is much lesser than the OECD countries' average of 0.8%. Moreover, the overall children's budget has been declining over the last decade

ECCE budgets	% Children's budgets of total budget	% 0-6 age group of children's budget
Central Government (2019-20)	2.7%	22%
State Governments (2018-19)	~10% to 20%	4% to 16%

The **Draft National Education Policy 2019** defines the early learning needs in the age group 0 to 3 and the age group 3 to 8 as a single learning continuum called the **"foundational phase"**, which will enhance focus on ECCE.

ECCE implementers have been instrumental in executing innovative ECCE interventions through contextual approaches on the ground. However, these **interventions remain largely localised**. On conducting whitespace analysis of implementer landscape, we found the following gaps and opportunities:



Early stimulation, responsive care, parental capacity building, children with disabilities are not adequately addressed



Anganwadi worker/ teacher is the most heavily intervened stakeholder with pedagogy focused capability building being the most popular approach



There is a felt **need to increase focus on the zero to three age group**.

While education and health are top CSR funding areas, few CSR programmes focus on ECCE. There is little data available on the CSR expenditure towards ECCE due to lack of standardised reporting practices.



17% of the top **education funders** had ECCE **related** projects



22% of the top **healthcare funders** had ECCE **related** projects

Aligning schedule VII of the Companies Act to SDGs has the potential to give ECCE the much-deserved attention

4% of the top **education funders** had ECCE **focused** projects

4% of the top **healthcare funders** had ECCE **focused** projects



Target 4.2 - By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

Interventions pertaining to health and nutrition are better represented than other components of ECCE in CSR funding. This can be attributed to:



Early education outcomes are **not easily expressed and measured**



Lack of **awareness** around ECCE



The **impact** of early education becomes apparent only through later years

To enhance their ECCE impact, CSR funders can facilitate collaboration at three levels:

Collaborate with



Government authorities/ institutions to complement the efforts

Collaborate with



Multiple **implementers** towards comprehensive ECCE outcomes

Collaborate with



other **funders** working on addressing ECCE or non-ECCE outcomes

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For detailed approach, methodology, insights, download the full report here

