



ECCE CSR LANDSCAPE IN INDIA AND POTENTIAL FOR IMPACT

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About the Study

This study has been conducted to raise awareness on Early Childhood Care and Education (ECCE) in India and serve as a guide to CSR funders to consider ECCE in their portfolio. The study dwells on the following aspects of ECCE:

- Importance of ECCE for child-development and need for ECCE interventions in India
- CSR funder participation in ECCE, funding trends and opportunities
- The solution space of ECCE, enabled by CSR funders/ corporate foundations in India and collaboration opportunities

Published by DHFL Changing Lives Foundation and Sattva Consulting in November 2019
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Acknowledgements: We are grateful to Dr. Vrinda Dutta, Center for Early Childhood Education and Development (CECED) for sharing her invaluable insights on the ECCE space with us. We also thank Ms. Siddhi Lad, DHFL Changing Lives Foundation for initiating this study and advising the project. We thank all participating organisations for sharing their valuable experiences and insights for this study.

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Photo Courtesy: Meraki

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Abbreviations

ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CECED	Center for Early Childhood Development and Education
CSR	Corporate Social Responsibility
ECCE	Early Childhood Care and Education
ECE	Early Childhood Education
FPO	Farmer Producer Organisation
HNWIs	High Net Worth Individuals
ICDS	Integrated Child Development Services
ICT	Information and Communication Technology
IECEI	Indian Early Childhood Education Impact
IMR	Infant Mortality Rate
JSSK	Janani Shishu Suraksha Karyakram
LaQshya	Labour Room Quality Initiative Guidelines
MHRD	Ministry of Human Resource Development
MMR	Maternal Mortality Rate
MoHFM	Ministry of Health and Family Welfare
MWCD	Ministry of Women and Child Development
NEP	National Education Policy
NMR	Neonatal Mortality Rate
PHCs	Public Health Centres
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyaan
POSHAN	Prime Minister's Overreaching Scheme for Holistic Nourishment
SDGs	Sustainable Development Goals
SHG	Self Help Group
SUMAN	Surakshit Matritva Aashwasan
TLM	Teaching Learning Material
ToT	Training of Trainer
U5MR	Under 5 Mortality Rate
UN	United Nations

Glossary

Term	Definition
Care	Care comprises of: <ul style="list-style-type: none">• Presence: Presence implies consistent availability of a significant caregiver in a predictable manner.• Relationship: Relationship refers to a secure attachment between a child and a caregiver, characterised by trust and confidence.• Caregiving activities: Caregiving activities involves routine activities such as feeding, bathing, grooming, toileting, putting to sleep and comforting.¹
Cognitive Development	Cognitive development is the construction of thought processes, including remembering, problem solving, and decision-making, from childhood through adolescence to adulthood. ²
Early Stimulation	Early stimulation is a set of techniques and activities, such as holding, playing, talking needed by children of ages 0 to 6 to ensure their social, emotional and cognitive development. ³
ECE	ECE is a centre-based learning programme for children aged 3 to 6. It has two major objectives: <ul style="list-style-type: none">• To promote all-round development of children in terms of physical, social, emotional, creative, language and cognitive development through a play-based, age/developmentally appropriate programme of activities and interactions which can provide them a head start for lifelong learning and development;• To develop children's school readiness through specific kinds of play-based, cognitive and language related activities and experiences which will foster in them skills and concepts related to readiness for learning of the 3R's (Reading, Writing and Arithmetic), prior to entry to primary schooling.⁴
Implementers	All civil society organisations solution providers/non-profits who implement solutions on the ground for social good.
Caregiver	A caregiver is an individual with whom the child shares a stable emotional bond, implying that the caregiver is consistently available and emotionally invested in the child. This could be a birth or adoptive parent, a grandparent or a relative as long as the significant adult is not interchangeable with others who fulfil the role. ⁵ In the context of this report, the definition of caregivers is extended individuals such as pre-primary teachers, anganwadi workers, and daycare employees.
School Readiness	School readiness refers to the basic, minimum skills and knowledge required in a variety of domains by children before entering a structured learning environment. ⁶
CSR funders	Corporates who fund social development under the aegis of the CSR law either directly or through corporate foundations (non-profit vehicles - section 8 company, trust, society)

Executive Summary

1. ECCE Needs and Trends in India

1. Early Childhood Care and Education (ECCE) includes all-round needs of the child encompassing nutrition, health and early childhood education. The following three aspects are intrinsic to ECCE:

- Early years are distinct windows of opportunities; each phase (typically prenatal, 0 to 3 and 3 to 6/8 years of age) warrant their own distinct inputs.
- There are deep-seated interlinkages between health, nutrition and educational needs of a child, and therefore, a child's development potential cannot be fully realised unless these interlinkages are incorporated in the intervention design.
- Providing for a child requires catering to her social, economic, cultural and familial context.

2. About one fourth of children in the age group 3 to 6 do not attend any form of pre-school in India. Moreover, 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.

3. Amongst the ones who attend some form of pre-school, almost 50% are not ready for formal schooling. Only about 34.9% of time in anganwadi centres is spent on age-appropriate play-based learning activities; this share falls to just 11.7% in private pre-schools.

4. Tracking and addressing child health has been more effective than early education in India - 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.

2. Policy landscape

5. The focus on pre-primary education in India is renewed with The Draft National Education Policy (NEP) 2019 which 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", to create developmentally appropriate teaching-learning experiences for the child. However, there is a lack of clarity on the modality of achieving the infrastructural and institutional changes required by the policy.

6. 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.

3. Interventions by ECCE implementers

7. The non-profit solution space for ECCE has a range of implementers; those with comprehensive ECCE solutions, solutions pertaining to a thematic area (health/education/nutrition) or solutions that address specific needs such as parental capacity-building, play-based learning, daycare etc.

8. ECCE implementers have been instrumental in executing innovative ECCE interventions through contextual approaches on the ground. However, these innovations remain largely localised, with very few translating to systemic change.

9. Anganwadi worker/ teacher is the most heavily intervened stakeholder by implementers, with pedagogy-focused capability building being the most popular approach. Increasingly, implementers are recognising the importance of parental capacity building.

10. The implementer landscape has certain white spaces like early stimulation, responsive care, parental capacity building, children with disabilities. There is also a felt need by implementers to increase the focus on the 0 to 3 age group.



4. CSR funding for ECCE

11. Despite education and health being top funded areas for CSR funders, only 17% of top education funders and 22% of top healthcare funders make some contribution to interventions related to ECCE.

12. There is little data available on the CSR expenditure towards ECCE due to lack of standardised reporting practices. However, aligning schedule VII of the Companies Act to SDGs has the potential to give ECCE the much-deserved attention from CSR funders in terms of funding and reporting.

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

- Lack of awareness around ECCE amongst community/ funders and its implications.
- Early education outcomes currently cannot be expressed as easily as health and nutrition outcomes.
- The impact of early education becomes apparent only through later year gains for the child in the academic, cognitive and social context.

5. Opportunities to unlock capital and promote collaboration

14. Investing in ECCE has far reaching impacts ranging from improved economic growth, creating responsible citizenry, to low crime rates.

15. There are several best practices that exist in the ecosystem that can be leveraged not just to increase the collective contribution of the CSR community to ECCE but also enhance the effectiveness of existing ECCE interventions. 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 non-profits towards comprehensive ECCE outcomes.
- Collaborate with other funders working on addressing ECCE or non-ECCE outcomes.



Photo Courtesy: Meraki

CHAPTER 1

ECCE Needs and Trends in India



As a country, we recognise children for their potential to contribute to the nation⁷ and therefore both their survival and “thrival” are critical inputs to nation-building. Of particular relevance are their early years, the period from conception to age 6 or 8, when their physical, psychological and emotional development is heightened – their brain growth reaching almost 90% of its total potential (figure 1) - and bearing far-

reaching consequences for their later years.⁸

Early Childhood Care and Education (ECCE) is defined as a **holistic or integrated programme of nutrition, health and early childhood education which caters to children from prenatal to 6/8 years and addresses the all-round needs of the child from a life cycle perspective.**⁹

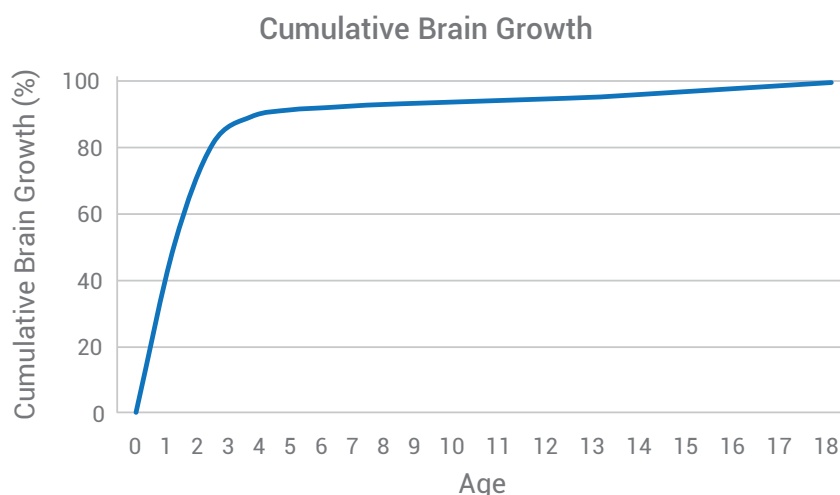


Figure 1: Cumulative Brain Growth in Early Years
Source: Early Childhood Education in India: A Snapshot, 2015¹⁰

1.1 Understanding Early Year Needs of a Child

The early years are comprised of distinct “windows of opportunities” – each phase in the continuum representing certain developmental priorities warranting distinct inputs.

Broadly, these phases are:

- (i) Conception to birth (ii) Ages 0 to 3
- (iii) Ages 3 to 6 or 8.¹¹ These distinct needs, adapted to the Indian context can be understood from figure 2. Missing these windows of opportunities are noted to often have irreversible consequences.¹²

There are deep-seated interlinkages between health, nutrition and educational needs of a child. Child's development potential, therefore, cannot be fully realised unless these are accounted for in intervention design.

Impact of improved nutrition and health on education ranges from improved enrollment in younger years, less grade repetition, less absenteeism, more grade completions and higher academic performance.¹³ In the early years, prevalence of disease and absence of adequate nutrition impacts a child directly by altering her brain's physiology, and by means of reduced stimulus to the brain - an important input in the early years for cognitive development - owing to lack of physical activity during illness.¹⁴

Lack of early stimulation, cognitive and emotional development or early learning experiences render interventions aimed at improving health and nutrition

outcomes suboptimal. A study which elicits the importance of psychosocial interventions in children between ages 2 and 9, found that treatment with both psychosocial stimulation and nutritional supplementation had the most impact on cognitive functioning in the later years.¹⁵

Catering to a child requires catering to her social, economic, cultural and familial context.

The role of the caregiver is critical to early year development. Responsive caregiving has implications for a child's socioemotional and cognitive development. Lack of adequate care can lead to development delay, seeing as the early years are packed with formation of several competencies, and enabling these competencies requires inputs from caregivers such as playing, storytelling, talking.¹⁶ Additionally, violence and abuse at home exposes the child to toxic stress, which contributes to developmental impairments in early years.

The socioeconomic reality of the child also determines her developmental outcomes. Poverty and its implications, such as lack of access to sanitation, nutritious food, and quality health facilities are also determinants of ECCE outcomes.¹⁷





Age	Determinants	Outcomes	Indicators
 Prenatal to one month	<ul style="list-style-type: none"> Maternal health, nutrition adequacy and quality of care of new-born Safe delivery, family and community support Environmental hygiene, safe water and sanitation 	<ul style="list-style-type: none"> Healthy, responsive new-born 	<ul style="list-style-type: none"> Mother not anaemic or underweight Child weighs more than 2500 g Child moves head side to side on being stimulated
 One month to three years	<ul style="list-style-type: none"> Nutrition adequacy Exclusive breastfeeding Responsive complementary feeding, quality of caregiver-child interaction Immunisation, management of illnesses Health and hygiene practices Sensory motor and language stimulation Opportunities for play and exploration Cultural attitudes and stereotypes 	<ul style="list-style-type: none"> Curiosity, sociability Confidence – self help Sensory motor skills Freedom from intermittent diseases Nutritional security 	<ul style="list-style-type: none"> Full immunisation by end of year one Completion of all prophylaxis e.g. Vit A Toilet trained Ability to communicate clearly Sociability and ability to stay away from family for a few hours Age appropriate height and weight Age appropriate motor and audio-visual skills
 Three to six years	<ul style="list-style-type: none"> Quality of ECCE Basic healthcare services including disability and screening Nutrition adequacy and incidence of intermittent diseases Literacy levels of parents, educational environment at home 	<ul style="list-style-type: none"> Interest in learning School readiness (language, numeracy and psychosocial skills) Activeness, self-confidence, awareness of environment Freedom from intermittent diseases, nutritional security Management of identified disability 	<ul style="list-style-type: none"> Active participation in ECCE activities Ability to narrate experience confidently Demonstration of curiosity Age-appropriate self-help and social skills Age appropriate height and weight Regular pre-school attendance
 Six to eight years	<ul style="list-style-type: none"> ECCE experience and school readiness Access to schooling Nutritional adequacy Quality of school Socio-cultural factors – extent of inclusion (gender, tribe, caste etc.) Early detection of disabilities Social norm, role models, supportive home environment Safe water and sanitation Female teachers 	<ul style="list-style-type: none"> Sociability, self esteem Ability to read and write Continued interest in learning Freedom from anaemia and intermittent diseases 	<ul style="list-style-type: none"> Demonstration of competencies for Class 2 by age of 8 Regular attendance No worm infestation or anaemia

Figure 2: An Indian Conceptual Framework for Integrated Child Development
Source: Early Childhood Care and Education India, 2009¹⁸

1.2 Trends in Data for ECCE Indicators

While the necessity of ECCE has been recognised to some extent in government policies, its status is not tracked comprehensively in India. Among the major components of ECCE, while health and nutrition of children and mothers is almost continuously monitored, there is little data around education in the early childhood years.

Pre-school education in India is provided by both, state-run anganwadi centres operated under the Integrated Child Development Scheme (ICDS), and private pre-

schools. While school-level enrollment is tracked by the government, there is limited data on children attending pre-schools. A national survey from 2014 reported that 27% of children in the 3 to 6 age group did not attend pre-schools, while about 39% attended government run pre-schools in anganwadi centres and 31% attended private pre-schools.¹⁹ The share of private pre-schools is higher in urban areas, while those of anganwadi centres is higher in rural areas.²⁰

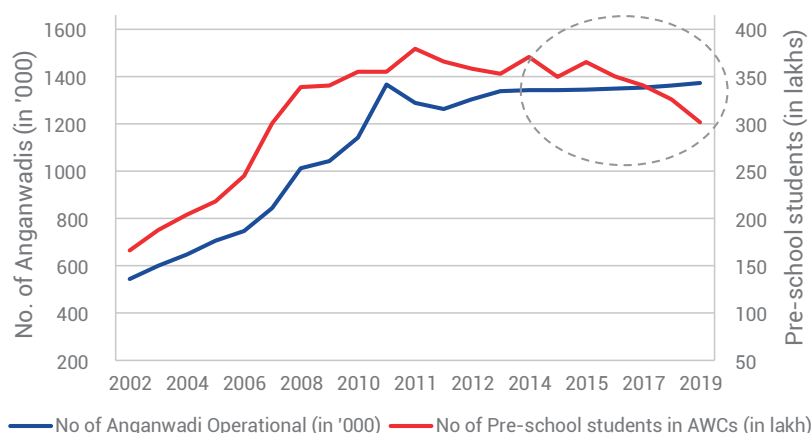


Figure 3: Student enrolment in Anganwadi Centres
Source: Ministry of Women and Child Development



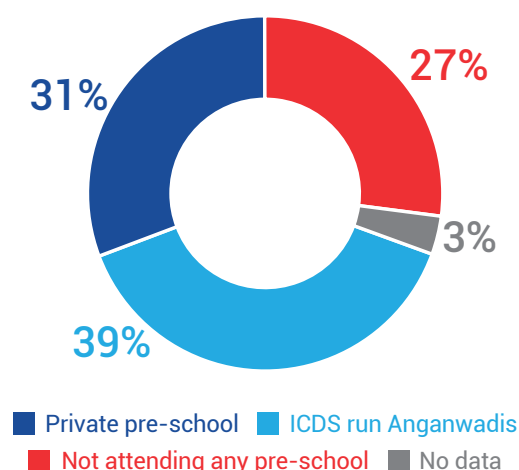


Figure 4: Status of pre-school attendance
Source: Rapid Survey on Children, 2014

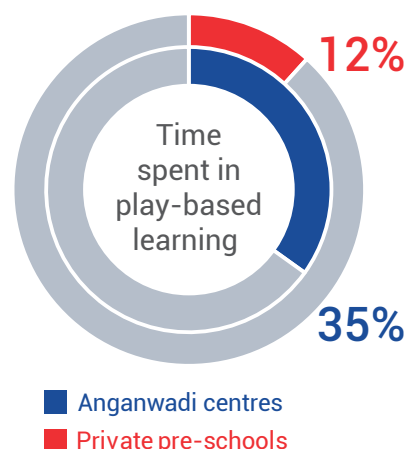


Figure 5: Time spent in play based learning at pre-schools
Source: India Early Childhood Education Impact Study, 2017

13.7 lakh

anganwadi
centres

3.02 Cr

pre-school students
in anganwadis

28%

anganwadis don't have
sanitation facilities

12%

anganwadis don't have
drinking water facilities

As of 2019, about 13.73 lakh anganwadi centres were operational in India with 1.1 anganwadi centre for every 1000 people. Anganwadi centres provide six integrated services in a life-cycle mode to pregnant and lactating women, children from birth to age 6 and adolescent girls. These services are: supplementary nutrition, immunisation, health check-ups, referral services, pre-school non formal education and nutrition and health education. They provide pre-school education to 30 million children of the estimated 82 million children in the 3 to 6 age group in India.

While the number of overall students enrolled increased during the 2000s with the significant rise in the number of anganwadi centres, since 2015, the number of children attending pre-school in anganwadi centres has steadily declined, despite a steady rise in population and number of anganwadi centres.²¹

While almost three-fourths of children in India attend pre-schools, **a 2012 study suggests that the mean school readiness scores of children at age 5 in India were well under 50%.** The study used a school readiness instrument developed by the World Bank, adapted for India, which measures readiness in pre-math and numerical concepts, pre-literacy and language concepts and cognitive.²²

In 2017, a study which assessed over 298 pre-schools in three states found that only about 34.9% of time in anganwadi centres is spent on age-appropriate play-

based learning activities. This share falls to just 11.7% in private pre-schools. Instead pre-schooling tends to concentrate too much on formal teaching of the 3Rs of reading, writing and arithmetic. Minimal training in early childhood education is provided to anganwadi workers while those in private pre-schools are often untrained.²³ Pre-schools in anganwadi centers also face infrastructural challenges and limited availability of learning aids. For example, despite a push to improve facilities and modernise anganwadi centres, as of July 2019 the government submitted to the Parliament that 12.6% of anganwadi centres do not have drinking water facilities and 28% do not have sanitation facilities.²⁴

"We have noticed in our work that children were still developmentally delayed despite getting right amount of nutritional inputs, which calls for a focus on ECD - Integrating health, nutrition, education with responsive care"

- SNEHA

India has made significant improvements in early childhood health. Infant mortality rate reduced by 41% between 2005 and 2016 from 58 per 1000 live births to 34. Mortality rate of children under 5 years of age has also reduced from 74 to 50, while neonatal mortality rate reduced from 37 to 24. The share of children who have been fully immunised, which includes BCG, measles and full dosage of polio and DPT vaccine, has also increased from 43.5% in 2005 to 62% in 2016.²⁵ India still records more than 1 lakh deaths a year under the age of 5 and has a long way to go to achieve neonatal mortality rate of 12 and under 5 mortality rate of 25 as laid out in the SDGs.²⁶ **Studies which have looked at past improvements in indicators such as under 5 mortality rates suggest that 97% of districts in states**

like Chhattisgarh and Uttar Pradesh are at risk of not meeting the SDG targets by 2030.²⁷

Additionally, improvements in early childhood health are not uniform across all Indian states. While states like Kerala have achieved levels of childhood health comparable to developed high income countries, the situation in states like Bihar, Madhya Pradesh, Rajasthan etc. is lower than all-India average. Figure 6 shows the variation in under 5 mortality rates in Kerala is 11, compared to an average rate of 6.5 in United States. On the other hand under-5 mortality rate is 55 in Madhya Pradesh, comparable to Madagascar where it is 56.6. Similar variations can be seen in other health indicators like IMR, NMR, immunisation coverage etc. as well.^{28 29}

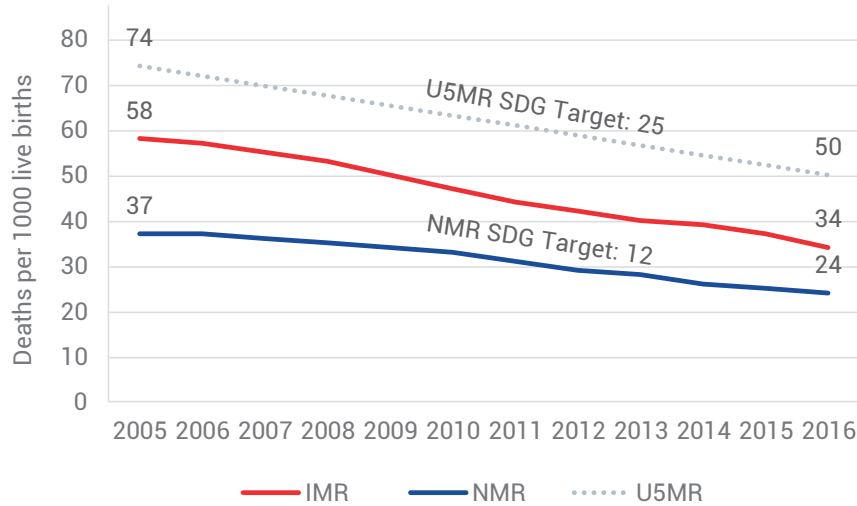


Figure 6: Infant and Neonatal Mortality Rates
Source: United Nations Sustainable Development Goal 3.2

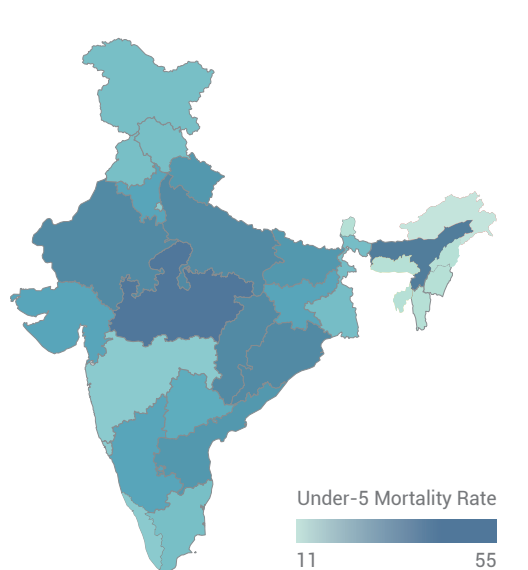


Figure 7: Regional variations in under-5 mortality
Source: Handbook of statistics of children in India (NIPCCD), 2018





	Infant Mortality Rate	% of Children Underweight
	34	35.7%
	6.4	20.5%
	25.1	32.6%
	26.7	27%

Figure 8: International Comparisons
Source: Latest available data from World Bank

Malnourishment levels amongst children have seen a decline. As of 2015, 35.7% of children under the age of 5 are underweight for their age in India, reducing from a level of 42.5% in 2005. Similarly, share of children who are stunted, i.e. low height for age, also reduced from 48% to 38.4%.³⁰ However, the percentage of children who are considered wasted, i.e. underweight for their height, has increased slightly from 19.8% in 2005 to 21% in 2015 and approximately 45 million children are underweight for their age. India is far from reaching the targets laid out by the World Health Organisation which require percentage of children wasting to be no more than 5% and a 40% reduction in levels of stunting from 2012.³¹ In terms of nutrient intake as well there is a need for

improvement, with 58.4% of children under the age of 6 were anaemic in 2016.³²

The state of early childhood health in India is more critical than many neighbouring countries such as Bangladesh, Nepal and Sri Lanka. Bangladesh and Nepal have lower infant mortality rates despite lower per-capita income levels compared to India. Infant mortality rates of Sri Lanka are comparable to developed countries, although its GDP per capita is less than 10% of high income countries. Sri Lanka, Bangladesh and Nepal also have a lower share of malnourished children.³³

1.3 The ECCE Ecosystem in India

Government: The government is the biggest provider of ECCE services through the nation-wide network of its ICDS centres. The ICDS system is overseen by the Ministry of Women and Child Development (MWCD). The Ministry of Health and Family Welfare (MoHFW) is responsible for programs that cater to the health and nutritional outcomes of pregnant and lactating women and children. With the Draft NEP 2019, pre-primary education, hitherto overseen by the MWCD will be under the aegis of Ministry of Human Resource Development (MHRD).

Private Funding Ecosystem: The private funding ecosystem entails CSR funders such as Tech Mahindra Foundation, Glenmark Foundation, multilaterals such as

the World Bank, UNICEF, HNWIs and family foundations such as HT Parekh Foundation.

Ecosystem Enablers: Research and advocacy agents such as CECED have been critical to policy articulation on ECCE. Multilaterals such as UNICEF have been instrumental in not just supporting interventions on-ground but also supporting government efforts through research, strategic initiatives and policy formulation.

This report will dwell on policies, non-profit implementers, CSR funders and opportunities for collaboration amongst these stakeholders in the subsequent chapters.

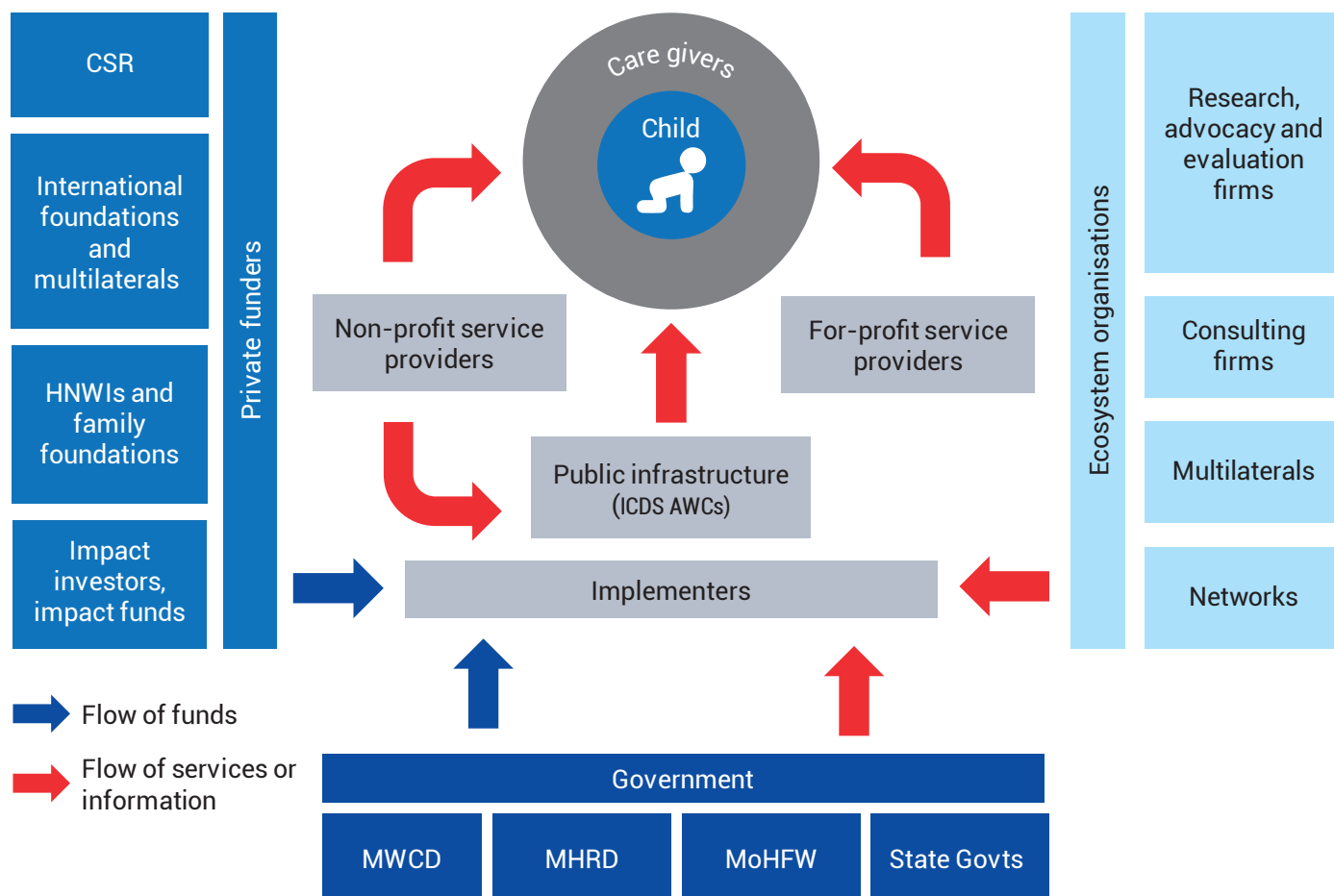
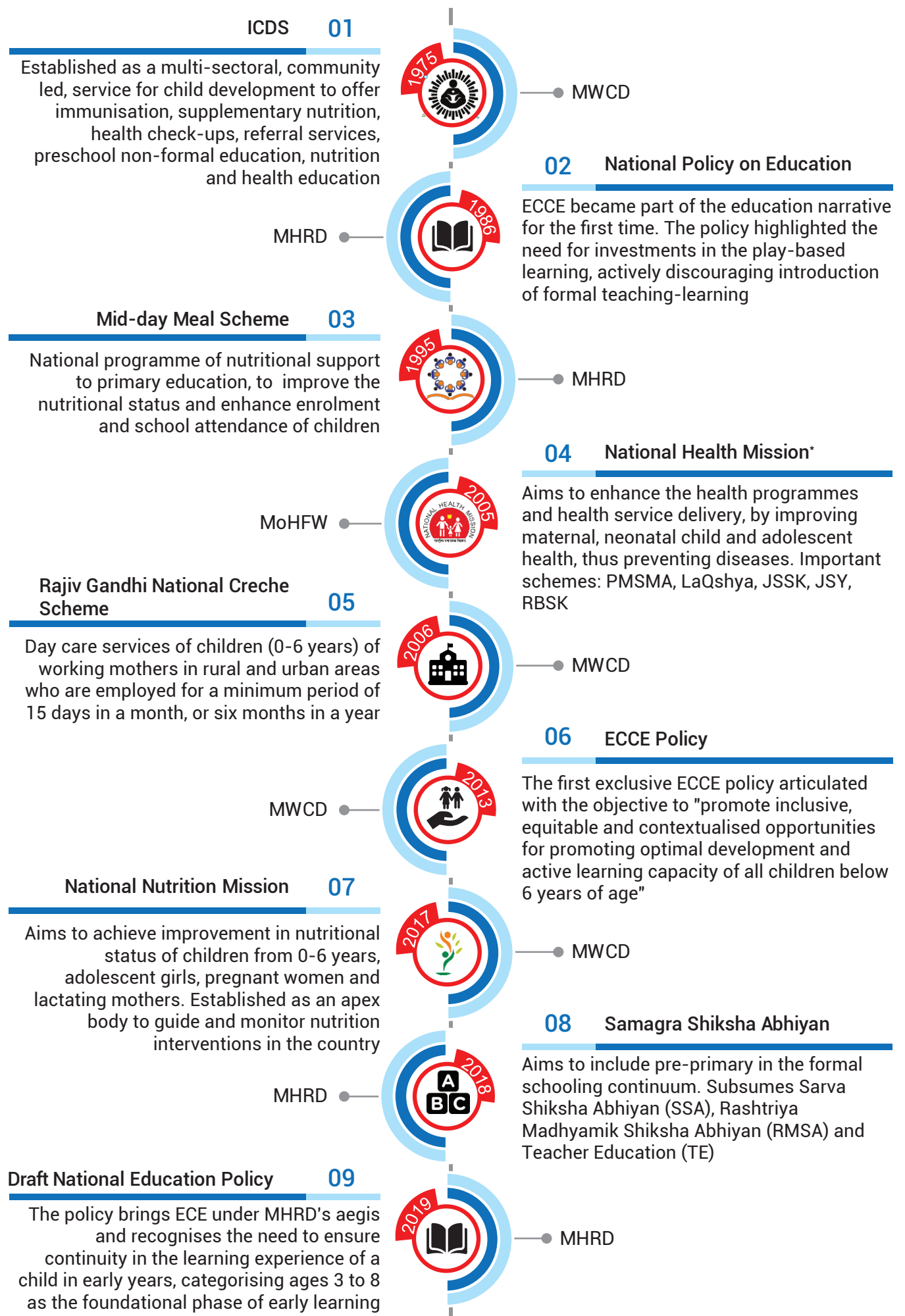


Figure 9: ECCE ecosystem in India. Source: Sattva Analysis

CHAPTER 2

Policy Landscape





*Previously National Rural Health Mission

Figure 10: Policy Timeline: Some significant policies and programmes impacting ECCE in India. Source: Sattva Analysis

The need to address early years of a child in a “holistic and integrated manner” was first articulated in the National Policy for Children, 1974 paving the way for ICDS as a centre for holistic care for children aged 0 to 6. Over the years, however, while health and nutritional needs received attention at the centres, the focus on ECE eventually diminished.³⁴ Despite reiterations in policy on the need to focus on ECE, the ICDS - intended as the largest delivery machinery for ECE - has had limited success in translating this vision.³⁵ In 2013, the National ECCE Policy was formulated to address the lack of a comprehensive vision for ECCE, in particular for early years of learning, and arrive at a common scientific understanding of what it entails.³⁶ The policy was complemented with a call to strengthen and restructure the ICDS system.³⁷

Five years after the policy was rolled out the following challenges remain:

- A lack of felt need for pre-primary education in favour of formal schooling,³⁸
- Private schools using curriculum and pedagogy that is not age-appropriate,³⁹
- Absence of mechanisms to ensure smooth transfer for a child between pre-primary and formal schooling.⁴⁰

The Draft NEP 2019 absorbs ECE under its aegis and attempts to address these issues in its design. The policy's approach towards ECE has found resonance among practitioners and echoes global articulations of ECE needs and approaches to a large extent.⁴¹

2.1 Understanding the Draft NEP 2019 in Context of ECCE

The Draft NEP 2019 introduces the “**foundational learning phase**”, a combination of pre-primary and primary sections to ensure that the early learning years are a single pedagogical phase that has access to a “**flexible, multifaceted, multilevel, play-based, activity-based, and discovery-based education**”. In pursuance of this, the policy recommends developing a two-part curriculum for early childhood care and education that will consist of:

- Guidelines for parents and teachers of children up to three years to inculcate responsive care and early stimulation practices amongst caregivers
- Joint curriculum for children ages 3 to 8 that would cater to parents, anganwadi centres, pre-primary schools and Grade 1 and 2⁴²

The Draft NEP's design addresses the following hitherto unaddressed aspects:

Despite the National Early Childhood Care and Education Curriculum Framework 2014, there were no mechanisms to ensure adherence to standardised practices in pedagogy and curriculum for children in the age group 3 to 6. Bringing pre-primary education under the aegis of the MHRD could contribute to the standardisation.⁴³

Addressing primary and pre-primary as a continuum

has the potential to tackle the lack of felt need for early education among parents, developmentally inappropriate curriculum and absence of mechanisms to ensure transition for children.⁴⁴

The discourse on the need for focus on children between ages 0 to 3 has so far been limited to the context of health and nutrition. The **need for early stimulation and approaches to address it** has been covered with specificity in a national policy for the first time.⁴⁵

“There is no policy that talks about exemplar building of parental capacity to improve home environment/ outcome. Existing initiatives don't actively build skills, they focus more on disseminating information”

-Meraki



Photo Courtesy: Meraki

The Draft NEP's design, however, does not provide clarity on addressing these challenges:

1. Creation of the joint curriculum, given the lack of a precedent, will be an experimental process. The draft is unclear on the modality that the MHRD will adopt to effect this transition.⁴⁶

2. The new structure proposed entails huge infrastructural investments and there is a lack of clarity on the modality of its execution and even feasibility in some cases.

The policy suggests four ways to physically integrate foundational phase viz.

- Strengthening and expansion of the anganwadi system to include a robust education component,
- Co-location of anganwadi centres in primary schools,
- Co-location of pre-primary schools with primary schools where possible and
- Building standalone pre-schools.⁴⁷

Co-location of anganwadis and government pre-schools within formal schools has been explored before with mixed results.

3. There are several issues that already impede effective delivery in the anganwadi system that have not been addressed: In many ways, the anganwadi system is pivotal to the scheme, with the anganwadi

staff continuing to bear the same roles. However, there are certain challenges that are well-understood in the context of anganwadi centres that the policy does not address.⁴⁸

- Anganwadi workers are overworked - They are contractual workers with over six distinct responsibilities cutting across education, nutrition and health. Supplemented only with an anganwadi helper, in some instances they have additional responsibilities such as running daycares housed in the anganwadi centres.⁴⁹
- While anganwadi centres continue to be under the aegis of the MWCD, pre-primary education will now be overseen by MHRD. This adds a dimension of complexity to the already existing challenge of coordination, and will require a strong implementation strategy.
- In the context of health and nutrition interventions, poor inter-departmental coordination, translating to lack of role clarity among frontline workers viz. AWW (Anganwadi Worker) and ASHAs (Accredited Social Health Activist), has been pointed out as a key implementation bottleneck for ICDS.⁵⁰

2.2 Budgetary focus on ECCE in India

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.

The governments at the central and state levels in India

are a major spender on ECCE, spending more than INR 57.8K crores (USD 8 billion) in FY 2018-19.⁵¹ This is approximately 0.3% of the national GDP, compared to 1.3% spent by Finland and 0.8% average for OECD countries.⁵² For the union budget, it has fallen from 4.8% in 2012-13 to 2.7% in 2019-20.⁵³

	Total Children's Budget	Children's Budget as a % of Total Budget	Budget for 0 to 6 age group	% share of 0 to 6 age group in the Children's Budget
Central Government (2019-20)	INR 91.6K crore (USD 12.8 billion)	2.7%	INR 19.4K crore (USD 2.7 billion)	22%
State Governments (2018-19)	INR 4.58 lakh crore (USD 63.9 billion)	~10% to 20%	INR 40.3K crore (USD 3.6 billion)	4% to 16%

Table 1: Government expenditure on children and on ECCE.

Source: Sattva Analysis from data available on Public Expenditure on Children in India: Trends and Patterns

2.3 Overview of Policy Trends in Health and Nutrition

The policy efforts on the health and nutritional aspects of child development have focused on synchronising the various programmes and improving institutional delivery. The recently launched Surakshit Matritva Aashwasan (SUMAN) scheme for instance, brings under its ambit the current schemes aimed at improving maternal and child health outcomes such as JSSK, PMSMA, LaQshya etc. to ensure zero preventable maternal and newborn deaths and providing quality maternity care. Similarly, POSHAN

Abhiyan launched in 2017, consolidates programmes aimed at improving nutritional outcomes for children under six, lactating mothers and pregnant women by laying out mechanisms for inter-sectoral convergence. Additionally, the programme enhances focus on the first 1000 days, integrates technology through ICT for real-time growth monitoring of children and focuses on the need for strong behaviour change and communication strategy.

CHAPTER 3

Interventions by ECCE Implementers



In this section we will discuss some of the approaches, challenges and gaps in the non-profit solution space

for ECCE. Table 2 lists down approaches taken by these implementers towards ECCE outcomes.

3.1 Approaches

Implementers i.e. non-profits who implement solutions on-ground have approached ECCE both through strengthening government systems and creating private systems of learning. Implementers are enabling the public system through capacity building of government functionaries and by deploying curated ECE programmes.

ECCE implementers have been instrumental in executing innovative ECCE interventions through contextual approaches on the ground. However, these innovations remain largely localised, with very few translating to systemic change.

Implementers are innovating in pedagogy, Teaching/Learning Material (TLM) and approaches to engage the community. Another significant aspect of their work is training of trainers (ToT), entailing training on innovative

teaching-learning techniques, and building motivation and resilience to work with young children.⁵⁵

Anganwadi worker/ teacher is the most heavily intervened stakeholder, with pedagogy-focused capability building being the most popular approach, which aligns with the priorities aligned in the Draft NEP 2019.

A few implementers also focus on anganwadi helpers, Lady Supervisors, and Child Development Project Officers (CDPO) among others. While building the AWW's capacity is imperative, addressing physical infrastructure gaps and sensitising the machinery is also critical. While training is a critical component of intervention for frontline workers, sustained mentorship programmes are much needed.

3.2 Gaps and Opportunities

There is a need for focus on early stimulation and responsive care for ages 0 to 3.

Ages 0 to 2/3 is a critical window of opportunity for a child, with her need for nutrition and stimulation to effect cognitive enhancement at its peak. The nutritional needs of the age group has found resonance as among Poshan Abhiyan's key focus, and now the need for early stimulation has been stressed on in the Draft NEP 2019. Although, AWW are supposed to cater to early stimulation for children ages 0 to 3 through home visits and lessons for mothers in the anganwadi centres, the implementation has been limited.⁵⁶ There is a need to address this gap by lending expertise to AWWs on scientific practices, early detection, prevention and mitigation of developmental delays.

"Parents, especially in the Northern states, try to treat illnesses of young children at home, instead of seeking medical help."

- PATH

Implementers are realising the need for active parental engagement.

Most parenting programmes seen today are often concerned with disseminating information. With regards to the correct approach to parental capacity building, it is said⁵⁷ "A parenting focus can augment the effects of preschool on children's skill development, but only if it provides parents with modeling of positive interactions or opportunities for practice with feedback. Simply








providing information through classes or workshops is not associated with further improvements in children's skills." This resonated with most implementers, who identified the need for programmes that inculcate active parenting skills.

ECCE needs for children in special contexts need more attention. Disability, and migration are factors that make them more vulnerable.

Interventions for children in special contexts are few. Aspects such as migration and disability pose their own unique challenges. With regards to migration, for instance, research in the context of India indicates that rural-urban migrant families, who additionally have a poor economic socio economic status, face higher odds of under-2 mortality compared to urban non-migrants. While policies reference to these aspects, concrete guidelines are missing.⁵⁸ Implementers such as, Mobile Creches and Ummeed Child Development Center can be seen as addressing these aspects, but these issues require more implementers to create interventions and support existing government services.

"There is a lot of knowledge that gets lost within non-profit organisations due to lack of documentation and knowledge sharing which hinders sustainability and scalability of solutions."

-CECED

# Implementer	Age group	Outcomes	Primary Caregivers	Stakeholders/ Other members of the Community	Educators	Enabling Government Service Delivery Channels
1. Aga Khan Foundation	Up to 1 month 1 mth to 3 years 3-6 years		<ul style="list-style-type: none"> • Training frontline workers to deliver home-based training on responsive care, safety, security • Training parents on reading to children, providing them books through mini-libraries 	<ul style="list-style-type: none"> • Active management of the ECCE facilities by training the Anganwadi Vikas Sewa Samitis - village orgs comprising of parents and other community stakeholders 	<ul style="list-style-type: none"> • Capacity building programmes for AWWs 	<ul style="list-style-type: none"> • Training programmes for LS and CDPO to enhance the supervision skills for effective mentorship and support to the AWWs
2. Pratham	Up to 1 month 1 mth to 3 years 3-6 years		<ul style="list-style-type: none"> • Mothers' monthly meetings - awareness sessions on health and nutrition 	<ul style="list-style-type: none"> • Engaging the community by hiring women from the community to run the balwadis 	<ul style="list-style-type: none"> • Training of AWWs, mentoring, monitoring and providing on-site support, initiating effective assessment and measurement practices 	<ul style="list-style-type: none"> • Training programmes for LS
3. Grammangal	Up to 1 month 1 mth to 3 years 3-6 years		<ul style="list-style-type: none"> • Awareness and mindset shift programme for the mother, father and the grandparents • Baba Paalak Programme to sensitise and train fathers to become able caregivers • Programme to improve parent relationship to create a positive home environment 	<ul style="list-style-type: none"> • Baalnagri – A mela that brings the community together to understand balwadi activities. The locally sourced TLMs are displayed, and the community members are engaged on the importance of ECE to build ownership 	<ul style="list-style-type: none"> • Capacity building programmes for AWWs and the anganwadi helper • On-site support for AWWs 	<ul style="list-style-type: none"> • Capacity building programmes for AWWs, anganwadi helpers, LS and CDPO
4. AROEHAN	Up to 1 month 1 mth to 3 years 3-6 years	 	<ul style="list-style-type: none"> • Counselling sessions through home visits to educate and provision for the health and nutrition needs of pregnant and lactating mothers 	<ul style="list-style-type: none"> • Using Mata Samitis and Mata Baithaks to educate women on important aspects of maternal and child needs • Orchestration and capacity building support to VHNSCs 	<ul style="list-style-type: none"> • Capacity building programmes for AWWs 	<ul style="list-style-type: none"> • Capacity building programmes for AWWs • Community health camps with PHCs
5. Meraki	Up to 1 month 1 mth to 3 years 3-6 years		<ul style="list-style-type: none"> • 6 month long training programme called Margdarshak to build capability of parents as responsive caregivers 	NA	NA	NA
6. Sesame Workshop	Up to 1 month 1 mth to 3 years 3-6 years		<ul style="list-style-type: none"> • Program on financial literacy for children ages 3-8 and their parents • Parent capacity building through awareness programs, take home material and engagement through technology 	<ul style="list-style-type: none"> • Training programs for community members around health, nutrition and hygiene 	<ul style="list-style-type: none"> • Capacity building for AWWs, LS and other ICDS functionaries 	<ul style="list-style-type: none"> • Capacity building for AWWs, LS and other ICDS functionaries



Comprehensive ECCE



ECE



Maternal and child health










Nutrition



Others: Responsive care, Parental capacity

Addressed Not addressed

Table 2a: Implementer approaches
Source: Sattva Analysis

# Implementer	Age group	Outcomes	Primary Caregivers	Stakeholders/ Other members of the Community	Educators	Enabling Government Service Delivery Channels
7. SNEHA	Up to 1 month 1 mth to 3 years 3-6 years		• Addresses the nutritional and health needs of the mother, especially in first 1000 days	• Community organisers, members of the community (who work on raising awareness and integrating the community to public health systems)	NA	• Strengthening health and nutrition services of the ICDS and capacity building of ICDS staff
8. Ummeed Child Development Center	Up to 1 month 1 mth to 3 years 3-6 years		• Enables primary caregivers to provide responsive care to children and detect developmental delays	• Early Childhood Champions (ECC) are community workers trained in monitoring development in children and also enable parents to become responsive caregivers	NA	No
9. CINI	Up to 1 month 1 mth to 3 years 3-6 years		• Equipping with training and ECCE kits to strengthen families in their capacity to support the children and prepare them to enter primary education	• Interventions involving women's groups and local elected members to promote sanitation through the use of toilets, maintenance of drainage etc.	• Capacity building programmes for AWWs and LS	• Capacity building programmes for AWWs and LS
10. Prajayatna	Up to 1 month 1 mth to 3 years 3-6 years		• Parent meetings to educate parents on different aspects of child development to enhance their involvement	• Institutional capability building to ensure governance for ECE outcomes through training of Bal Vikas Samitis • Gram Panchayat level sensitisation programmes	• Capacity building programmes for AWWs	• Capacity building programmes for AWWs
11. Jansahas	Up to 1 month 1 mth to 3 years 3-6 years		• Door-to-door visits to drive enrolments in pre-schools • Counselling programmes for pregnant and lactating mothers	• Community meeting or Participatory Learning Action (PLA) sessions for the village to take ownership of the local ECCE needs	• Capacity building programmes for AWWs • Sustained mentorship support for AWWs	• Mentorship support for ASHAs, AWWs, NMs, NRC centres • Synchronising the efforts made by AWWs, ASHAs and the NMs
12. Makkala Jagriti	Up to 1 month 1 mth to 3 years 3-6 years		• Monthly mothers meeting for parent empowerment	• Strong community engagement strategy for local government bodies like panchayats	• Capacity building programmes for AWWs	• Capacity building programmes for AWWs
13. Mobile Creches	Up to 1 month 1 mth to 3 years 3-6 years		• Parent workshops	• Engaging teachers from the community • Community volunteers to teach/lead meetings in teacher's absence	• Orientation and basic skill building of community childcare workshops	• Capacity building programmes for AWWs



Comprehensive ECCE



ECE



Maternal and child health



Nutrition



Others: Responsive care, Parental capacity

■ Addressed ■ Not addressed

Table 2b: Implementer approaches
Source: Sattva Analysis

CHAPTER 4

CSR Funding for ECCE



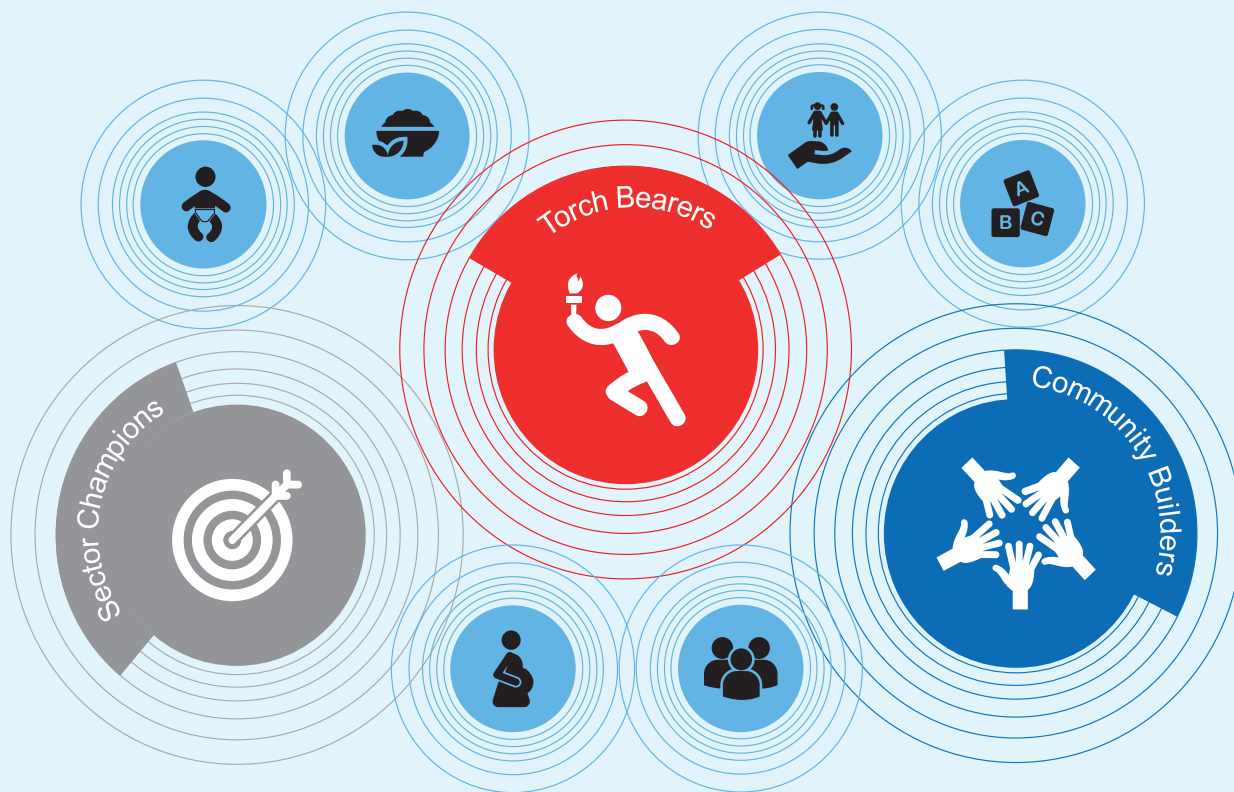


Figure 11: CSR funding archetypes for ECCE
Source: Sattva analysis



Torch bearers: This archetype of funders address multiple components of ECCE, typically with an ECCE-specific need-based approach. For instance, Larsen & Toubro Public Charitable Trust is working on data-driven holistic ECCE interventions in Talasari, Maharashtra which includes renovating anganwadi centres, engaging caregivers and community, mentoring and training anganwadi workers, providing contextual TLM, encouraging breastfeeding and addressing early pregnancy. Setco Foundation recounts their foray into ECCE being one of developing school/pre-school infrastructure, to then progressing to quality of age-appropriate teaching, addressing the lack of felt need for ECCE in the community and finally, also focusing on the health and development of the children. Morgan Stanley is another example where, in addition to providing children with the opportunity to engage in play-based learning, they worked on health and nutrition needs of mothers and children of the community.



Sector champions: These funders work on specific themes of ECCE, often closely aligned with the company's flagship programmes or thematic areas of focus. They fund programmes addressing components

of ECCE like early education, maternal and child health, nutrition and so on. Glenmark, for instance, is a pharmaceutical company, focusing on healthcare interventions. This has extended to their work in ECCE, where, they provide for mothers and children through need-assessment studies. Tech Mahindra Foundation has a flagship programme on ECE where they undertake capacity-building for teachers in Bombay Municipal Balwadis. Tata Steel is a local champion in maternal and child health in Jharkhand - their efforts in capacity building of ASHA workers has led to over 60% drop in IMR and NMR.⁵⁹



Community builders: These are CSR funders who take a comprehensive community building approach to their work. They cut across thematic areas such as healthcare, education, livelihoods, water and sanitation among others. The CSR activities of manufacturing, cement, and extraction companies are typically anchored around their areas of industrial operations - corporate foundations like JSW Foundation and ACC Trust are strengthening communities around their areas of operations. This approach of strengthening the social capital, forming sustainable Village Development Committees, and physical infrastructure support helps in channelising focus towards maternal and child care, raising awareness about nutrition, strengthening the functioning of ICDS and so on.

While education and health are the top funded areas by CSR funders, very few CSR funders are funding comprehensive ECCE. In 2015-16, 2016-17 and 2017-18, companies have provided funding of about INR 14,000 cr/ USD 1946 million, each year on an average, across several thematic areas. Education, health and nutrition, attract the highest share of funds through this channel, accounting for about half of the total funding. In FY 2016-17, the education sector accounted for about 31% of total expenditure under CSR programmes, while healthcare accounted for 18%.⁶⁰ However, education and health interventions particular to ECCE were found to be scarce.

Only 17% of top education CSR funders and 22% of top healthcare CSR funders are making some contribution to interventions related to early childhood education

The annual reports for the top CSR funders in education and healthcare sectors (consistently in the top 100 funders over the last three years) were analysed to find out whether they had any projects, in any of the three years, which related to ECCE and the amount of funds that were spent on these projects. It was found that, between 2016 and 2018, of the 77 funders identified as top funders in education only 13 had projects, with an ECCE focus, while only 16 of the 73 top funders in healthcare had projects with ECCE focus. Of these 13 CSR funders having education projects which had ECCE focus, only 3 could be considered as having a focus on ECCE in their education programme as a whole with more than a third of the education funding going to projects related to ECCE. Similarly in the healthcare sector, of the 16 top funders which had ECCE related projects, only 3 spent more than a third of their healthcare funding on projects related to ECCE.

There is little data available on the CSR expenditure towards ECCE due to lack of standardised reporting practices

While companies are required to report their CSR expenditure by law, the format of such reporting is broad in nature. Companies primarily report their expenditure under various categories listed under Schedule VII of the Companies Act of 2013. The categories listed are vague and the Act does not provide any specific definitions of the same. Additionally, there is no obligation to report expenditure for separate projects run by a company through its CSR programme. Thus, companies very often report multiple projects in the same category together.

CSR law evolving to SDGs can give a much required external impetus to increasing funding across all components of ECCE

The High Level Committee - 2018 of the Ministry of Corporate Affairs recommended that the items in Schedule VII be modified to bring it in line with the UN SDGs. SDG target 4.2 calls out ECCE specifically and this has the potential to give ECCE much-deserved attention from CSR funders in terms of funding and reporting.⁶¹



17%

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

4%

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



22%

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

4%

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



Photo Courtesy: Sesame Workshop India

Reasons for CSR funders' relative absence from ECCE interventions space:

Lack of awareness around ECCE and its implications for interventions in health and education

Several experienced CSR funders and solution providers point to a lack of understanding of ECCE and its later year implications for interventions in health and education. It was also pointed out that the felt need among communities for ECCE interventions is often not strong. Sectors such as livelihood, agriculture and water have more resonance amongst the target community, and hence CSR programmes related to these are better embraced by their communities in comparison to ECCE.⁶²

Long horizon for impact

Interventions, especially in early education and early child development have a long impact horizon. The cognitive and socioemotional benefits for children become evident over 3 to 5 years, much after they begin formal schooling. Given that the typical nature of CSR funding is programme-based with shorter turnarounds, year-on-year impact is difficult to demonstrate.

Absence of standardised metrics to measure ECE outcomes

Despite efforts such as the National ECCE curriculum framework by NCERT and the Early Learning and Development Standards (ELDS) by CECED, measuring learning outcomes of children age 3 to 6 in the context of India is still an evolving area. Therefore, there is a lack of standardisation in the ways implementers assess learning outcomes and rationales for adopting different teaching-learning techniques vary. In comparison, health and nutrition have clear output/outcome indicators, and have received sustained policy attention in the past, which has made health and nutrition an easier target area for CSR funders investing in ECCE.



Photo Courtesy: Gram Vikas

"Data is the new oil - real-time evidence-based data has helped us gain a deeper understanding of the challenges around malnutrition and early childhood education."

- Larsen & Toubro Public Charitable Trust

CHAPTER 5

Opportunities to unlock capital and promote collaboration



5.1 Arguments for Investments in ECCE

Investments in ECCE demonstrate clear linkages to improved economic growth of a country.

Investment in the early years has the highest investment return of any level of education and training with returns to public expenditure in ECCE quantified to be at least ten times the initial cost.⁶³ ECCE also circumvents economic inefficiency by eliminating the need for remedial investments to correct impairments caused in early years.⁶⁴ Studies also discuss the ability of ECCE interventions to narrow socioeconomic disparity when made accessible to marginalised communities.⁶⁵

Investments in ECCE have inter-generational impact.

Research suggests that the intergenerational nature of poverty can be reversed through the higher capabilities built through ECCE.⁶⁶ Those who have received positive parenting are likely to be capable parents themselves, thereby amplifying the impact of ECCE investments across generations.⁶⁷ Good livelihood outcomes can

save future generations from shocks of poverty. Adverse health outcomes, such as malnutrition, that can be passed on intergenerationally, are potentially averted through ECCE.

Children who receive quality ECCE lead a quality life.

Children subjected to toxic stress are deprived of their developmental potential. What should also be noted is that toxic stress also takes a “cumulative toll” wherein adults with more adverse experiences in early childhood are also more likely to have chronic health problems, including alcoholism, depression, heart disease and diabetes.⁶⁸ ECCE is capable of creating responsible citizenry. Several studies point to the positive impact of early childhood interventions, particularly those that build parental capacity, to prevent delinquencies and suppress crime rate in general.⁶⁹

5.2 Opportunities for CSR Funders in ECCE

The research on ECCE and its implication for individuals and by extension the country is compelling. Of particular relevance to funders should be the existing synergies between ECCE and interventions aimed at improving an individual's later-year outcomes along most parameters viz. livelihood, health, socio economic or cultural equality among others.

This section captures some of the opportunities that CSR funders can examine to contribute to ECCE, either by increasing the collective contribution or by enhancing the effectiveness of their ECCE programmes. Figure 12 elicits some of the existing and potential collaboration models, between governments, CSR funders and implementers, that could result in gains in ECCE outcomes.

CSR funders are in a unique position to leverage their expertise in complementing and strengthening government systems through models like:

- **Infrastructure building to complement and strengthen ICDS services**
- **Leveraging commercial distribution networks**
- **Providing technology solutions for executing anganwadi operations**
- **Following a data-driven, outcome focused approach**

The Draft NEP 2019 highlights the poor infrastructure of anganwadi centre as an impediment to address ECCE.⁷⁰ There is a need to support infrastructural needs of ECCE such as upkeep of anganwadi centre and PHCs, infrastructure for sanitation, and community kitchens among others, which can be met by CSR funders. Several CSR funders have demonstrated expertise in village and community building activities, especially



Photo Courtesy: Vikramshila Education Resource Society

through schemes such as Adarsh Gram Yojana, with over 11% of the total CSR funds being devoted to rural development.⁷¹ Moreover, corporates come with a process-driven way of working which can be leveraged to address the lack of measurability of ECCE interventions. The existing distribution networks and technology expertise of corporates could be used to complement government distribution channels, increasing the effectiveness of anganwadi operations, providing technology to track early learning outcomes and so on.

CSR funders can leverage existing institutional platforms to unlock ECCE impact

- CSR funders can synergise their work in livelihood creation, agriculture, community development and women empowerment by leveraging SHGs and FPOs to create parent / community engagement forums in order to build caregiver awareness on ECCE. Community forums such as mothers' groups have been noted to reduce mortality among unborn and young children and mothers in low- and middle-income countries.⁷²
- Institutional and community platforms can also be used to address the lack of felt need for ECCE interventions. For instance, initiatives such as "community dashboards" by DHFL changing lives foundation enables the community to track its progress across various health, nutrition and education indicators basis the services dispensed by the anganwadi centres. This drives a sense of ownership among the community with regards to its ECCE interventions.

NEP 2019 could open up opportunities for collaboration across funding and technical expertise in formal schooling and ECE

Funders and implementers will have to address infrastructural and curricular needs of the shared school model in their programmes to help younger children integrate into the new system. Funders and implementers will also have to work towards sensitising and training the school machinery; build capacity for existing teachers, train new cadre of teachers for ECE for their programmes.

"Oftentimes, there is a mismatch between the child development cycle and the typical investment period that the corporate chooses. The cognitive growth of the child is reflected over a much longer time."

- Aga Khan Development Network

CSR funders can work towards amplifying impact of current programmes by adding an ECCE component

Given the interconnected nature of ECCE programmes, it is possible to impact ECCE outcomes by complementing ECCE through skill development and livelihoods, providing financial security, providing access to safe drinking water etc. While the possibilities are endless, some of these extension models are highlighted below:

- CSR funders engaged in skill development programmes could consider funding ECE teacher training programmes. The dearth of quality ECE teachers across private and public facilities has been highlighted in several surveys. An evaluation undertaken to assess the professionalism in preparing ECE teachers, points to the inadequacy of training facilities, poor quality of training and inadequate regulation for quality and certification.⁷³
- CSR funders could incorporate ECCE components such as parental interventions, lessons on responsive care, in their existing health programmes.
- CSR funders could incrementally take up capacity-building activities for frontline workers wherever infrastructural interventions are undertaken.
- Especially in context of ECE, CSR funders could diversify implementers across locations and enabling their cross-learning to diffuse innovations and combine traditional/contextual methods – a thrust area of the ECCE policy – with global best practices in curriculum and pedagogy.

"Women's Collectives under SHGs, Sanghas, and Upasanghas can be well mobilised and trained to act as change vectors in the area of ascertaining quality in Anganwadi Centres (AWCs), in the areas where partnership models are possible."

- Vikramshila



Photo Courtesy: Meraki

CSR funders interested in holistic ECCE could initiate cross-sectoral partnerships

Implementers of ECE solutions note the impediments to effective teaching posed by poor nutritional and health outcomes in the communities they work in. Evidence suggests that early learning programmes with need-based health interventions embedded have better outcomes.⁷⁴ CSR funders can explore the integration of health and nutrition aspects in their early education efforts, which may also resonate well with the community, driving engagement for ECCE programmes.

Funders could synergise their work with the efforts of other geographically intersecting funders working in themes peripheral to ECCE

Funders could explore how to leverage peripheral interventions, such as livelihood generation, drought

mitigation, WASH, disaster relief collocated with their existing ECCE intervention. For instance, parent support programmes in the US also have components of livelihood support for parents.⁷⁵

There is a need to contribute to research and create ECCE evidence in the Indian context to make this interconnected sector more lucrative for CSR funders

Other than the Indian Early Childhood Education Impact (IECEI) study in the recent past, there are very few studies have been conducted at scale in India to understand how existing interventions can be strengthened.⁷⁶ CSR funders could consider this by enabling research by organisations such as CECED or support emerging solutions to create evidence for their work.



Photo Courtesy: Vikramshila Education Resource Society

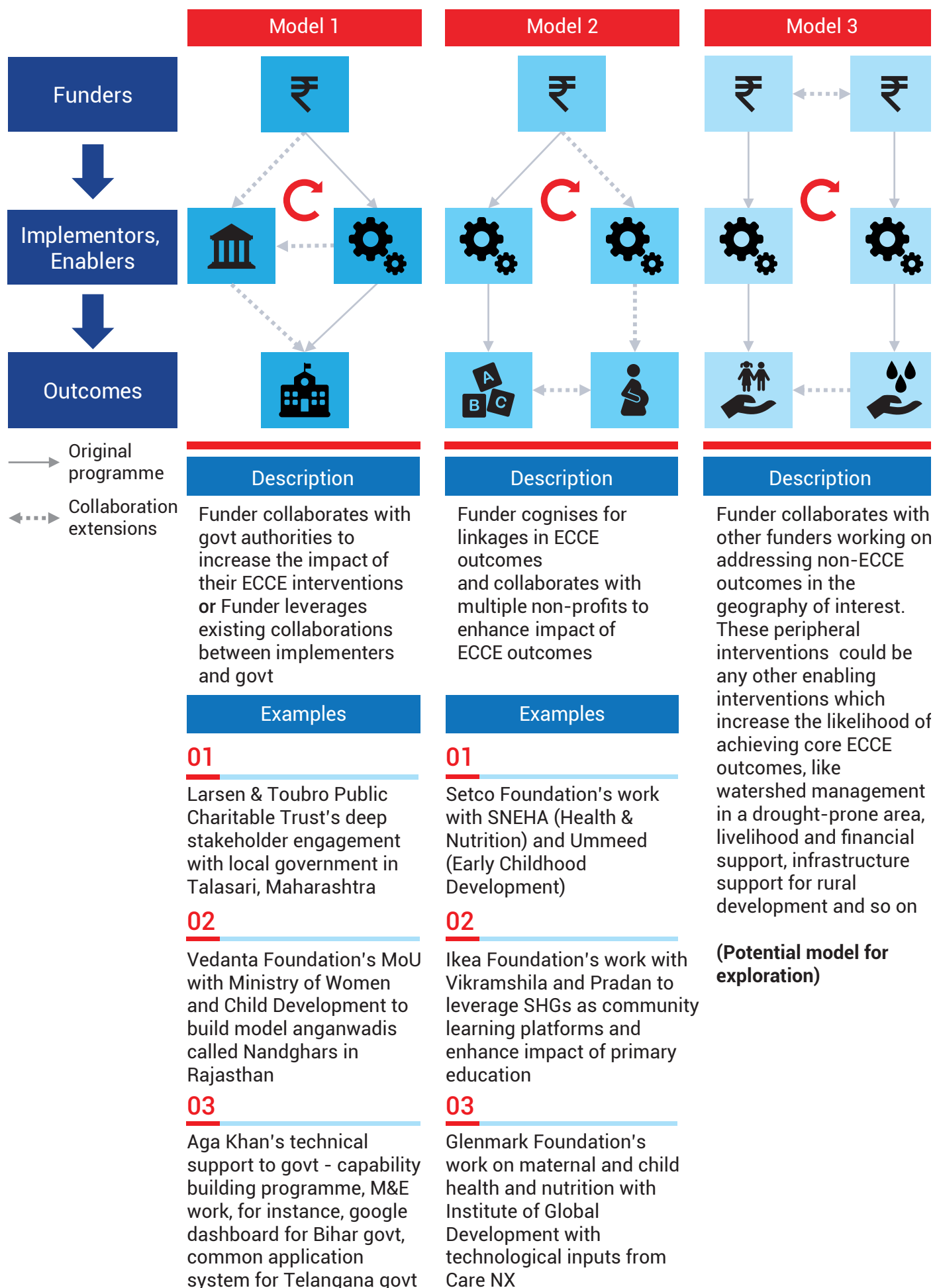


Figure 12: Collaboration models in ECCE. Source: Sattva analysis

Research Methodology

Methodology:

The study was approached in the following ways to address the above research areas, over October and November 2019:

1. Secondary Research:

- Derive a conceptual understanding of ECCE, understand the needs of the child and the accompanying considerations for designing ECCE interventions
- Policy research to understand the current policy framework for ECCE and the resulting opportunities.
- Studying annual reports of corporates and solution providers, and literature on CSR funding
- Data analysis to understand trends in ECCE outcomes in India and in CSR spending on ECCE

2. Primary research to understand CSR funders' take on ECCE and the enabling and hindering factors; elicit opportunities for CSR funders to contribute to ECCE; identify gaps in the ECCE solution space needing addressal.

Primary research was conducted with 24 respondents spread across the following organisation types - CSR funders, implementers and ecosystem organisations

Limitations of the study:

1. Scarcity of data and standard reporting: There is a lack of data, both on CSR funding and data pertaining to ECCE that has limited the scope of the inquiry

2. Limited sample size: Few CSR funders address ECCE today and thus, the size of the sample is limited. In addition, the study does not contain the perspectives of those engaged in other closely related interventions such as daycares, child's rights, disaster relief for children etc.

3. The report has a bigger focus on school readiness of the child and aspects of health and nutrition of national priority. It does not extensively focus on niche issues around child health, disabilities etc.



Photo Courtesy: Sesame Workshop India

List of interviews

Organisation	Name
Aga Khan Foundation	Arjun Sanyal, Shipra Sharma
Aide et Action South Asia	Umi Daniel
Akshara Foundation	Asha Sharath
AROEHAN	Kaustubh Gharat
Center for Early Childhood Education and Development (CECED)	Dr. Vrinda Dutta
Cognizant Foundation	Sudha YegnaNarayanan
Foundation for Mother & Child Health India	Shruti Iyer
Glenmark Foundation	Ganesh Khude
Grammangal	Pravin Gurav
Hindustan Zinc Limited	Monika Jain
Jansahas	Mukesh Baa
Larsen & Toubro Public Charitable Trust	Gayatri Oleti
Lupin Human Welfare and Research Foundation	Sitaram Gupta
Saarathi Education	Ankit Arora
Mobile Creches	Chavi Vora
Morgan Stanley	Abha Goel
PATH	Ruchika Sachdeva
Meraki	Seemant Dadyal
Sesame Workshop India	Sonali Khan
Setco Foundation	Urja Shah
Society for Nutrition, Education & Health Action (SNEHA)	Shreya Mangarekar, Sushma Shinde
Tata Steel	Subrat Mahapatra
Tech Mahindra Foundation	Neha Soneji
The SRF Foundation	Suresh Reddy
Ummeed Child Development Center	Ashwini Vaishampayan
Vikramshila Education Resource Society	Shubhra Chaterjee

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About

About DHFL Foundation

Established in December 2017, DHFL Changing Lives Foundation is dedicated towards creating equal opportunity and maximizing human development. Inspired by DHFL's ethos of 'Changing Lives', the foundation invests in programmes aimed at the holistic development of children, empowerment of women and adolescents and sustainable transformation of communities. The foundation has adopted Early Childhood Care & Education (ECCE) as its mainstay social programme.

DHFL Changing Lives Foundation strives to provide a level playing field for every child in the country to realize and manifest his/her fullest potential and have an equal access and strong start to school and in life. The foundation envisages creating a shared vision and a platform for India-specific ECCE programmes through on-ground implementation, partnership with government, communities and social enterprises.

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Sattva is a social impact strategy consulting and implementation firm. Sattva works closely at the intersection of business and impact, with multiple stakeholders including non-profits, social enterprises, corporations and the social investing ecosystem. Sattva works on the ground in India, Africa and South Asia and engages with leading organizations across the globe through services in strategic advisory, realizing operational outcomes, CSR, research, assessments, and co-creation of sustainable models. Sattva works to realize inclusive development goals across themes in emerging markets including education, skill development and livelihoods, healthcare and sanitation, digital and financial inclusion, energy access and environment, among others. Sattva has offices in Bangalore, Mumbai, Delhi and Paris. Sattva Research works on research and insights to influence decision-making and action towards social impact in the ecosystem in Asia. Sattva Research has partnered with organizations such as CII, USAID, AVPN, DFID, GIZ and Rockefeller Foundation to publish research, case studies and insights, and engages sector leaders through roundtables, conferences and impact circles.

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