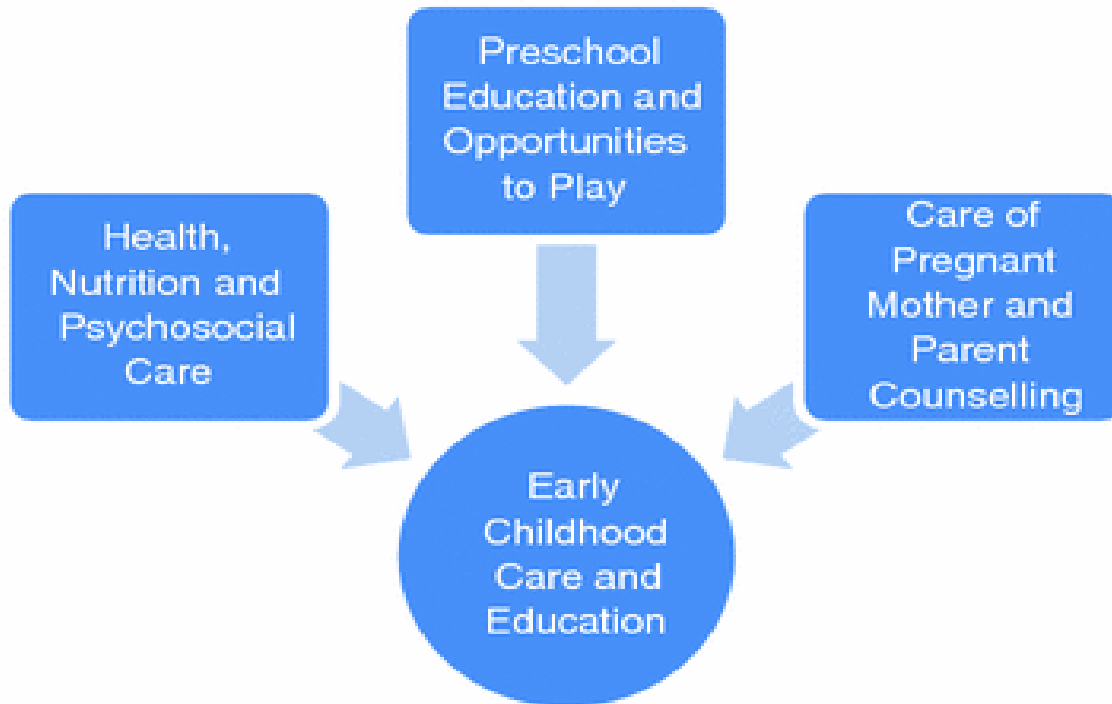




The need to reopen anganwadis

India must invest robustly in the world's largest social programme on early childhood services



Anganwadis at the centre of social safety net in rural areas:

1. As part of the Integrated Child Development Services (ICDS), anganwadis play a crucial role in supporting households, particularly from low-income families, by providing childcare, health and nutrition, education, supplementary nutrition, immunisation, health check-up and referral services.
2. The largest in the world, ICDS covers about 88 million children aged 0-6 years in India. Their closure significantly impacted service delivery and weakened an important social safety net.

Source of crucial support

1. Surveys by IDinsight across five States in November 2018 and November 2019 found that Anganwadi workers were a primary source of nutrition information for families.
2. Even as anganwadis resumed services, the closure has impacted their ability to serve as childcare centres. According to National Family Health Service



(NFHS)-5 data, in 2019-20, less than 15% of five-year-olds attended any pre-primary school at all.

3. A recent study estimates that the time women spend on unpaid work may have increased by 30% during the pandemic. In our COVID-19 rural household surveys across eight States, 58% of women cited home-schooling as the biggest contributor to the increase in unpaid work.
4. Sending younger children to anganwadis will free up women's time, including for economic activities. Early childhood, the period from birth to five years of age, is a crucial developmental window.
5. As platforms for early childhood education and nutrition support, anganwadis can play an important role for children to achieve their potential. The National Education Policy, 2020, places anganwadis at the centre of the push to universalise access to early childhood care and education (ECCE).
6. The government proposed a phased rollout of the ECCE Programme across all anganwadis, covering one-fifth each year, starting from 2021-22.

Challenges faced by Anganwadis:

1. Despite being the primary information-source on nutrition, Anganwadi workers can lack key knowledge – as found by studies from Delhi and Bihar.
2. Surveys we conducted in 2018-19 found that among mothers listed with Anganwadi workers, knowledge about key health behaviour such as complementary feeding and handwashing was low, at 54% and 49%.
3. Anganwadi workers often do not have the support or training to provide ECCE. Administrative responsibilities take up significant time, and core services like pre-school education are deprioritised.
4. A typical worker spends an estimated 10% of their time — 28 minutes per day — on pre-school education, compared to the recommended daily 120 minutes.
5. Anganwadis often lack adequate infrastructure. NITI Aayog found that only 59% of anganwadis had adequate seating for children and workers, and more than half were unhygienic.
6. These issues worsen in an urban context, with the utilisation of early childcare services at anganwadis at only 28%, compared to 42% for rural areas, according to NFHS-4 data.



Deepening impact

1. As anganwadis reopen, we must prioritise interventions with a demonstrated history of success, and evaluate new ones.
2. Studies in Odisha and Andhra Pradesh (and globally) have found that home visits, where volunteers work with children and caregivers, significantly improved cognition, language, motor development and nutritional intake while also reducing stunting.
3. Recent initiatives around home-based newborn and young child care are promising, but they need to extend beyond the first few months of a child's life, with seamless coordination with Anganwadi workers.
4. States will have to improve career incentives and remuneration for Anganwadi workers. One way to ensure they have more time is to hire additional workers at anganwadis.
5. A recent study in Tamil Nadu found that an additional worker devoted to pre-school education led to cost-effective gains in both learning and nutrition.
6. Policymakers have tried linking anganwadis and primary schools to strengthen convergence, as well as expanding the duration of daycare at anganwadis.
7. Reaching out to women during pregnancy can increase the likelihood that their children use ICDS services – as tried in Tamil Nadu.
8. In order to boost coverage as they reopen, large scale enrolment drives, that worked in Gujarat, may help mobilise eligible children.

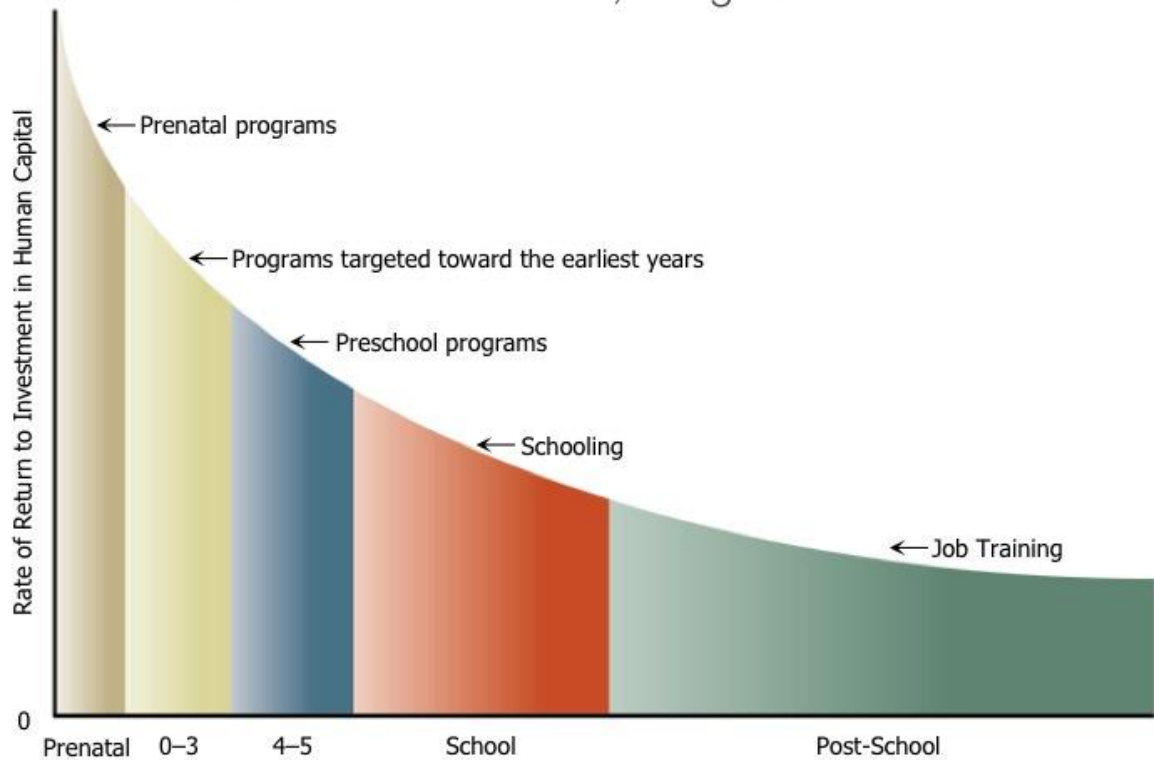
As the world's largest provider of early childhood services, anganwadis perform a crucial role in contributing to the life outcomes of children across India." To improve these outcomes, we need to invest more significantly in anganwadis and roll out proven innovative interventions.



CASE STUDY: Early childhood care and education (ECCE)

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

Early childhood care and education (ECCE) is more than preparation for primary school. It aims at the holistic development of a child's social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing. ECCE has the possibility to nurture caring, capable and responsible future citizens.

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In this way ECCE is one of the best investments a country can make to promote human resource development, gender equality and social cohesion, and to reduce the costs for later remedial programmes. For disadvantaged children, ECCE plays an important role in compensating for the disadvantages in the family and combating educational inequalities.