2016

Comprehensive Care of the Preschool child: Health Care and Learning

Report of the Expert Group Consultation

Held at the All India Institute of Medical Sciences on Friday, November 18, 2016 on November 18, 2016

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Executive Summary

Every child has the right to optimal cognitive, social and emotional development. Notably, early childhood is more than a preparatory stage assisting the child's transition to formal schooling; it has been recognized as the critical period for comprehensive development taking into account the child's social, emotional, cognitive and physical needs, so as to establish a solid and broad foundation for lifelong learning and wellbeing. If the child is not given adequate support and stimulation to aid this development, he or she is at risk of being prejudiced in reaching their full potential. It is therefore crucial for a society, and a nation, to invest in this period of a person's life – particularly for a country like India, where over 40% of the population is below the age of 20[1], and over 13% below the age of six[2]. Thus, Early Childhood Care and Education (ECCE) refers to an integrated approach combining nutrition, health and education for the holistic development of a child below the age of six/eight years.

The Constitution of India guarantees equality before the law to all citizens, and pledges special protections for children. In 1992, India ratified the UN Convention on the Rights of the Child (CRC), thereby committing to the obligations imposed by that instrument. The UN proposed a working definition of early childhood as the period below the age of 8 years[3], while in India, early childhood is referred to in the Constitution as being "below the age of six years"[4]. However, India still has a very long way to go in terms of caring for its young. Extensive research has highlighted particular risks to young children from malnutrition, disease, poverty, neglect, social exclusion and a range of adversities. The first phase of results of the National Family Health Survey 2015-16 (NFHS-4) indicate that more than half of the children in 10 out of 15 states are anaemic[5]. This data confirms that in India, the underprivileged preschool child is most neglected and vulnerable to various adverse elements that retard his/her optimal development. A large part of the blame for this can be placed on the poverty and illiteracy endemic to our country. Changing family structures have led to the dissolution of joint families, which often translated into a lack of adequate parental care, since both parents are forced to work to make ends meet. Uneducated parents often find themselves ill-equipped to provide the

[1] Census of India 2011, available at http://www.censusindia.gov.in/

[2] *Ibid.*

[3] General Comment 7of 2005

[4]Article 45 of the Constitution of India states, "The State shall endeavor to provide early childhood care and education for all children until they complete the age of six years."

[5] Key Findings from NFHS-4, available at http://rchiips.org/nfhs/factsheet_nfhs-4.shtml

necessary stimulatory inputs and learning opportunities. Additionally, a lack of information also leads to poor nutritional and health care support, with even services that are freely available remaining unutilized.

The Government of India framed a National Early Childhood Care and Education Policy (NECCEP) in 2013 to reiterate the commitment to promote inclusive, equitable opportunities for promoting optimal development and active learning capacity for all children below age of 6 years. The revised National Plan of Action for Children (NPAC), 2016 is also due for release. However, significant gaps exist between policy and practice. The Indian government's flagship welfare program, under the banner of the Integrated Child Development Services (ICDS), is meant to provide food, preschool education, and primary healthcare to children less than 6 years of age and their mothers. These services are provided through *Anganwadi* centres established mainly in rural areas and staffed with frontline workers. However, the ICDS programme has not been particularly effective in reducing malnutrition, largely because of implementation problems and because the poorest states have received the least coverage and funding.

With this background, the Indian Child Abuse Neglect & Child Labour (ICANCL) group, Indian Academy of Pediatrics Delhi, Bal Umang Drishya Sanstha (BUDS) & Institute of Home Economics, Delhi University organized a one-day expert group consultation to bring together a convergence of stakeholders working on the issue of ECCE. The participants included doctors across specializations; academicians, nurses, medical social workers, child rights activists, others who have been working on the subject, including representatives of governmental ministries and

Non-Government Organisations (NGOs) as well as students.

The report below is based on the discussions and dialogue held over course of the day. While it is impossible to summarize all the rich ideas that were shared at the forum, we have reproduced below some of the key outputs and learning that occurred.

Plenary Session I - Early Childhood Health Care

The session was chaired by Ms Mira Siva. The discussion for the day was opened by a presentation on child survival, early health care and learning by Dr. R. N. Srivastava. In India, children below the age of six constitute one-fifth of the total population. While the priority in child care is to ensure survival, mortality continues to remain high in India, although it varies across states. The issue of neonatal and infant mortality has been studied extensively, and interventions can be made to reduce mortality. For instance, antenatally, a child can be given good nutrition through its mother. Neonatally, delivery has to be made as safe as possible, whether it is effected at home or in a medical institution; breastfeeding should be aggressively promoted; the rate of vaccination must be increased and enforced; and illness should be swiftly detected and treated. In regard to older children, safe water must be made available and accessible. Common illnesses such as pneumonia and diarrhea should be promptly identified and treated, and malnutrition controlled. Further, recurrent illnesses like diarrhea and cold reduce food intake and promote undernutrition and thereby retard growth; it is a vicious cycle. Undernutrition can also increase predisposition to infections and there is evidence that it may activate tuberculosis. Supplements of nutrients must be provided, and it is most important is to inform and educate the family and the community. Rural expenditure on health care is very small; little is spent in treatment until the time of hospitalization and common illnesses are ignored.

Dr. Srivastava reiterated that health care and education are the most important of children's rights, and thus must be made free and accessible to all children. The discussion on ECCE remains largely academic, and while there are some government programmes, information on best practices is not easily available. It is important that whatever is known be implemented. The responsibility for young children has to be taken by the local community, like the Panchayat, so that local best practices can be incorporated into the care of the child's health and his education.

Dr. Rajeev Seth then followed with a presentation on early brain and cognitive development and the need for multisensory stimulation. Without this, it can lead to impairment in a child's cognitive development.

He further noted that survival alone is not enough, there has to be a comprehensive approach to ECD. In order to ensure this, the capacities of Anganwadi and ASHA workers have to be built up. Dr. Seth mentioned his work with the NGO Bal Umang Drishya Sanstha (BUDS) in some backward districts of Rajasthan, where he noted children have barely any nutrition, and are served the bare minimum in terms of food. There is no infrastructure for learning or play. Thus, again, the responsibility for this has to be taken by the local community, and everything cannot be left to the highest echelons of government.

Dr. Vandana Prasad then gave a presentation on the public health approach to the problems of malnutrition and anemia in preschool children. She mentioned that she had 25 years' work on malnutrition through different programmes, but pointed out that actual knowledge is gained by testing theoretical principles and it is a long process. Obesity is on the rise amongst children and at the same time malnutrition continues to be a huge problem in India. The biggest reason is the actual lack of access to food in many parts of the country, especially in tribal communities. There are proximal as well as distant determinants of malnutrition. The former is largely inadequate access to food, inadequate care, and nutrition. The care of children is left to their families and within the family to women, but these women are themselves malnourished, often working 18 hours of the day, and in no position to care alone for their children. There are policies to support working women in their child care functions but these need to be implemented, there is a need for an adult caregiver who has to know what to do with the child.

There are two approaches to the issue – malnutrition as a medical emergency and malnutrition as an outcome of socio-economic injustices. There is now a medical middle ground and convergence on the issue of stunting as a factor. She mentioned that there is a big difference in malnutrition in India vis-à-vis Arica. In India we have acute and chronic malnutrition but in Africa it is largely acute. Thus, in the Indian context, mere survival is not enough - it is not enough that a child has been kept alive but that he has to live with malnutrition all his life.

Like the previous speakers, Ms. Prasad also cautioned against relying solely on the government ensure the well-being of children: top down action doesn't yield satisfactory results, and there is a need to use local resources to ensure sustainability and we must build on good practices and existing knowledge. Women's empowerment will have to be at the forefront. Women must not be viewed through a utilitarian sense, as mothers, but in their own rights as persons who care about their children and want to support them. She mentioned some of the best practices employed by her organisation: The use of pictorial and low-text content to educate mothers as well as local health workers; and good quality food, referrals for health services and an overall umbrella of care including supervised feeding, nutrition, and rigorous growth monitoring which women themselves can understand and perform. It is necessary to ensure that a child is taken into the care system as soon as he or she starts to slip, and not wait till the child hits the

malnutrition level. It is essential to have a continuum of care for every child, whatever their status. There is also a need to foster trust between the community and the health system, which is often very low. She ended by pointing out that the solutions are often simple rather than technical – good nutrition and disease prevention, and this yields visible results.

The session concluded with a presentation by **Dr. Tulika Seth,** who dealt largely with the effects of anemia on young children. Anemia is one of the most common afflictions plaguing children in the 0-6 age group, and can impact mental development, growth and physical capacity and reduce immunity. Traditional Indian diets are low in iron and we also have inhibitors like phytates that can decrease the absorption of iron; in any event, Indian babies start off iron deficient due to maternal undernutrition. It is necessary to look at other interventions outside anemia programs to address the problem; thus, macronutrients are important. Apart from poverty, there is also a paucity of information and women are not aware of what is a good source of nutrition; thus, there is a need to educate and inform. Programs for prevention of anemia will not work for those who are already anemic – they need prompt referral and appropriate intervention for treatment. Compliance is very important to detect and cure anemia. It is also very important to ensure that adolescent girls are taken care of – this is to ensure that they do not pass on their deficiency to the next generation, especially as the problem of early marriage is so prevalent in India. Food fortification is controversial though countries like Pakistan have done it. However, it is important to understand whether those who need this fortification will be able to access it at all. We can learn from other countries but perhaps going the way of kitchen gardens and education will yield more results.

She revealed that there was soon to be a national program on prevention and treatment of sickle cell anemia and thalassemia.

The discussion following the sessions raised the very important question: how come we do not know more about the issue and do more about it? How do we communicate and who is supposed to be mobilized and enlisted for communication? Nutrition is a much-neglected area. There is fairly simple knowledge that is available and the cause and effect dynamic is fairly easy to disseminate but even the average doctor or average development worker is unaware of these facts. The information has to be disseminated at the local level, and the Anganwadi and ASHA workers have to be trained to impart this knowledge at that level. Simple things – the benefits of vaccination, good nutrition etc have to be made a part of the discourse at the village level.

There is also a need for a civil movement, for targeted advocacy at the government level, to ensure that the govt takes the necessary action. We are also lacking at the most basic levels – for instance there is no national policy on crèches. When we talk about the child we also focus on their physical growth but their mental growth is largely ignored; why is this so? The child's development includes this aspect as well.

There are large alliances to advocate with the government; it is strong and ongoing. There is an issue of a lack of political will and there is no getting away with that. It is an ongoing struggle. But there are policies on paper which are now beginning to take off. Maybe in five years there will a lot more of this on the ground and there is a need to push for more. Paediatrics should not be located exclusively in the wards of tertiary care hospitals; there is a need for preventive, promotive and then hospital care. Lastly, if women do not fight there will no improvement. There are many good ideas on paper but there are no resources and there is no environment in terms of encouragement and support for ASHA and *Anganwadi* workers. The *Anganwadis* are touted as a centre for nutrition and learning for children and this has to be enforced and demanded. Also, the definition of child abuse has to be reframed in the Indian context. Mental health of the child is indeed very important and this has to be incorporated in our programs for children.

The person who cares the most for the child is the mother, and if the mothers are not looked after the child will not be looked after. She has to be supported, the issue of maternity benefits and entitlements has to be kept in mind. South Asia has the maximum gender discrimination and gender violence and this has had a direct impact on programmes for the welfare of children. At the end of the day, the government has to be made to implement the SDG goals by increasing the budget allocation for health from the current dismal 1.2 per cent.

The first plenary session was chaired by Dr. Srivastava and **Dr Ranjana Mahna,** Director Institute of Home Economics, University of Delhi. Dr Srivastava in his opening remarks reiterated that the ECCE must not remain a solely academic discussion, and must be translated into action at the rural and village level and for the poorest of families.

In her opening address, **Dr. Venita Kaul of CECED, Ambedkar University** spoke on the issue, Meeting the Needs of the Young Child in India: Ensuring a Fair Start through ECCE. She lauded the effort put into organizing the conference, recognizing that it is very rare that academicians and educators working on ECCE are able to meet with doctors and other professionals, and advocated the need for a multisectoral approach to understand and address issues related to children. She mentioned that here is a very close linear relationship between what happens to a child in his or her early years and problems that the child faces later, even in adulthood, such as depression and alcoholism. There is also a relationship between problems at school such as hyperactivity and attention deficit and what are now being called executive functions. It is a lot to do with the toxic stress that the child is harboring. In terms of health, there is adequate research to show that malnutrition and learning have a lot of interdependence. It leads to low energy, low attention level and low learning outcomes. She mentioned that while remedies were being sought within the education paradigm, this was not enough. Nutrition supplementation may be needed to fill this gap, and there is also a research to show that if nutrition is supplemented by early stimulation and early psychological interaction the effects would be better. She agreed that the first few years are critical and within the span of these early years these linkages have to be established so that the

conceptual foundations of the child can be properly formed. The whole process of learning, education and development is a cumulative continuum and there is a therefore a need to provide the child with a wholesome environment from the beginning – health, education and protection. As mentioned by other speakers, she also mentioned that given that ECCE had been left out of the Right to Education Act 2009, there was a need for advocacy in this regards and for regulation in this field. She opined that there was also parental and community awareness has to be created, and doctors can play a pivotal role in imparting this awareness. In this regard, she mentioned the close connection between the methodology to be followed in preschool and giving them a sound foundation to develop those executive functions. Those imparting the education have to therefore be trained adequately. Also, the content of this education is largely market-driven: schools are delivering the kind of education that parents are demanding, and there is therefore a need to create informed demand in that sense. The National Curriculum Framework, as a very broad framework, is clearly inadequate in addressing the ECCE needs of today's children. There is therefore a need to change the perception of parents so as to address problems in terms of curriculum, as pre-school education in private schools is largely demand-driven. Doctors can be an effective tool for providing parents with the right kind of exposure and information. She concluded that the field has to be approached in a professional way rather than through a minimalistic approach and advocacy has to be jointly directed in that way.

The session was concluded with comments from Dr. Mahna, who agreed on the need to dedicate both attention as well as resources to the issue.

Panel Discussion – Building Research and Sharing Practices: the CECED Experience

The following session was chaired by Dr. Kaul and the presentations were used to elaborate on the studies conducted by CEDED, which works extensively in the field of ECCE.

Dr. Aparajita B. Choudhary made a presentation on the findings from a three-state longitudinal study on the parameters and impact of ECCE in India, conducted by CECED. The study found that a good quality ECCE experience contributed to enhancing school readiness and that a combination of good quality training, mentoring and supervision enables teachers to work effectively with young children. School readiness levels make a significant difference in learning levels all the way, at least up to age 8, but she mentioned that school readiness levels of children are low across states and programme type. Further, major enrolments at preschool are in *Anganwadis* or in private preschools across states, while at age 4, there was a trend of migration to private schools. However, it was found that *Anganwadis* are often not associated with education.

Further, a good quality curriculum exhibits the following features:

- It features age and developmental appropriate activities which can be revised based on individual needs

-It focused on school readiness skills

- It provides opportunities for free play and guided activities with manipulated materials
- It provides a rich language environment which allows children to interact spontaneously with their teachers and peers.
- It teaches children concepts by doing things or participating in activities, not through rote memorization.
- All its programs aim to discipline children through positive guidance and have strong policies against corporal punishment.

The next presentation was made by her colleague from CECED, **Dr. Monimalika Dey,** who spoke about the CECED study "Early Childhood Development for the Poor: Impacting at Scale." She stated that the objective of the study had been to evaluate by randomized control trial (RCT) the impacts of two early stimulation interventions on child development and health, to investigate their scalability and the relative effectiveness of each mode of delivery, in comparison to an intervention solely based on nutritional education, and to identify the mechanisms whereby the interventions affect ECCE outcomes. She mentioned that to design the home visiting program on which the study was based, CECED had studied Sally Grantham-McGregor's intensive study which had followed children in Jamaica under it for 30 years. The program took into consideration principles of community psychology, child development, and activity based approach. She mentioned that while an adaptation of that methodology had been done in other countries like Bangladesh and Peru, it was in India that for the first time a group curriculum was also developed and this takes into account Indians' socio-centric nature, and aims to deliver information to mothers with this in mind. The groups have been divided based

on the ages of the babies and there is a facilitator for the interaction. She mentioned that while the study was started in January 2016 and CECED are just preparing to collect the midterm data, the pilot had shown significant gains in development outcome and it was also found that the gains amongst the boys were significantly higher than amongst the girls.

The final presentation of the session was made by **Dr. Sunita Singh,** who spoke on the validation process for Early Learning and Development Standards (ELDS) for India. Essentially, ELDS are statements of what children from birth to age eight should know and be able to do at various ages across their earliest years of development. Thus, they serve as a tool to track and promote healthy child growth and development. They also ensure good quality good quality ECCE by informing the design of an age-appropriate curriculum and care giving practices.

She mentioned that in regard to ELDS, one of the major challenges that children face is the transition from preschool to class 1. Thus, the objective of this study was to examine different settings and try to understand how ELDS can be established, so that these can inform policy as well as family interactions. She mentioned that ELDS had the following goals:

- To track the age and context specific developmental needs of children;
- To provide information which parents, educators, and policy makers can use to better understand developmentally appropriate needs of their children;
- To promote healthy child growth and development, good quality Early Childhood Care and Education for all children from birth to 8 years;
- To identify the areas which need improvement to ensure positive learning outcomes.

Thus, a core group had been set up consisting of experts in the field who would then work to develop ELDS in a manner that was age-appropriate and took account of development milestones.

Plenary Session II: Early Assessment and Interventions

The plenary session which followed was chaired by **Dr. Sheffali Gulati** of the Department of Paediatrics, AIIMS & Dr DN Virmani, past President IAP Delhi.

The first panelist, **Dr. Geeta Chopra,** spoke about her work on early screening and detection of disabilities. She mentioned that while World Health Organisation statistics revealed that childhood disability could be as high as 15%, most of these children are out of schools and therefore invisible. She also mentioned shocking statistics from a 2009 UNESCO Report, which found that 98% of children with disabilities in developing countries do not attend school. She quoted from a Harvard University study that toxic stress in the early years can damage developing brain architecture and lead to problems in learning and behavior, as well as increased susceptibility to physical and mental illness. Precipitants of toxic stress may include severe poverty, serious parental mental health impairments, child maltreatment, and/or exposure to violence, in the absence of stable, nurturing relationships with the adults in a child's life[6]. She advocated the need for early identification to commence timely interventions with family involvement, as this would be aimed at preventing delays, promoting emerging

[6] http://developingchild.harvard.edu/ accessed on 28th November 2016

competencies and creating a more stimulating and protective environment. She stated that unfortunately many children with disabilities in developing countries, particularly those with "mild to moderate" disabilities, are not identified until they reach school age. She then shared details of the screening tools she has developed, which would be useful for identifying impairments and signs of major disabilities among children between 0-6 years. She also presented *A Training Module on Early detection of Disabilities and Inclusion* comprising of simply written and profusely illustrated guidebooks on Prevention, Early Detection of disabilities and Inclusion of Children with Disabilities in *Anganwadis,* Disability Screening Schedule, Posters etc, which has so far been used to train 119 grass-root workers, who have screened more than 13,000 children, finding more than 7% disability rate in the age group 0-6 years. (pl include this)

Prof. Gulati seconded Dr. Chopra's views, stating that a prevalence study by NIH in 5 districts in India, including a rural and a tribal area, had revealed that over one-eighth of the children were found to have one or more disabilities including learning, developmental and neuro motor disabilities, and almost a quarter of these had more than one disorder.

Dr. Arun Singh's presentation followed Dr. Chopra's. He spoke about the background of the Rashtriya Bal Swasthya Karyakram (RBSK) programme, which is a school health program launched by the government to conduct child health screening and early intervention services, so as to link these to care, support and treatment and provide a continuum of care from birth throughout childhood. He began by defining disability as not reaching one's genetic potential. While dealing with a child, we do not know his or her future, and the word disability therefore appears to all of us as something different from ourselves. There could be two children with the same medical problem, both with the same initial genetic potential (or lack thereof). Of them, one receives parental interaction and one doesn't and in five years one sees that the former has a higher developmental index. This demonstrates a need for universalized care and attention for all children. The RBSK approach is to reach those who are untouched by other programmes, those who are completely excluded, and also to minimize out-of-pocket expenses on health care so as to make it genuinely free. It also provides comprehensive care, for which every child has to be screened twice a year by a dedicated screening team, upto the age of six. Defects at birth, developmental delay, deficiencies and diseases are the four red flags. The objective is to minimize or prevent disability rather than identify it. Intelligence and cognition are formed by the best utilization of the sensory organs and thus these organs have to be developed and disabilities in them picked up at the very earliest, so that the impact thereof can be minimized.

Government Schemes on Early Childhood

The following session was opened by **Ms. Roopa Kapoor,** member of the National Commission for the Protection of Child Rights (NCPCR) who shared her experiences in ECCE as a social worker as well as the work off the NCPCR on the subject. She expressed her opinion that ECCD would have to be addressed on a war footing, and advocated a positive deviance approach. Thus, solutions have to come from within the community; for instance, some communities have malnourished children but also healthy ones. Thus there is a difference in their backgrounds, as a result of which the child is a positive deviant, and this has most often been brought about by the parent who has taken care of the child in a way conducive to its well-being. She mentioned a rehabilitation program where the parent had to supplement the ICDS-given nutrition and care facilities; parents were taught about sanitization, cooking, and how to care or the child. The child's growth was monitored by young persons from within the community and it was noticed that there was a tremendous change in the children's health as well as their cognitive development. Thus there is a need for behavioural change within the community. She further agreed on the need to decrease the age of children and include younger ones into the RTE. She mentioned an NCPCR initiative as per which 15 states of India had been asked to select 30 villages each and to make them child-friendly. Thus, they need to ensure that these children are getting the benefit of government schemes and each child has to be accounted for in terms of

health, education, schooling etc. She mentioned that ICDS centres work well as crèches in south India, and are able to provide comprehensive care to children, and this model should be replicated across the country.

The government viewpoint was presented by **Dr. Rajesh Kumar,** Joint Secretary in the Ministry of Women and Child Development. He highlighted that the stakes were very high when it came to ECCD, given that the number of children under discussion was enormous – ICDS has 8.5 crore children and UID has raised the number of children under 5 to 19.5 crores. He revealed that on 16-17 October 2016, the government had launched a comprehensive program to address micro-nutrient deficiency and were also trying to promote conventional plant breeding. He agreed on the need for more investment in the ECCD component of ICDS and conceded that while institutional deliveries were increasing, the stories from the field are very different from the schemes on paper. Supplementary nutrition, antenatal and postnatal care to be made directly available to mothers, by linking these subsidies and allowances with Aadhar cards and bank accounts. The government is also looking to use technology to make these more accessible and has signed an agreement with the Bill Gates Foundation for the same. New vaccines including rotavirus and pneumococcal were being rolled out. He concluded by mentioning that the government was keen to work with professionals in the field and stated that on December 7, 2016, a conference was being held with the directors of ECCD programmes in all the states so that when funds are given from next year onwards this deprived section receives it in the best way possible.

Plenary Session III: Rights-based Approach to Early Childhood Development and Investing in the Early Years

The following session was chaired by **Ms. Razia Ismail**, who mentioned the two imperatives: making sure that we are working from a rights-based perspective, which has evolved from a welfare approach. She mentioned that we have a National Policy for Children and it acts as a reminder to the government in the absence of a declared statement or policy on human rights. However, we also need to be mindful of policies are not explicitly stated as being for children, but affect them profoundly: the food policy being a case in point. In this, it is helpful to be mindful of the Sustainable Development Goals (SDGs), while the child-related goals are obvious, the non-child-specific goals also affect children. The government should bear this in mind now, when we are on the threshold of a new National Plan of Action for Children and that will set the tone for future policies and set a framework for actions.

The first panelist, **Dr. Ajay Khera,** spoke about the need to work towards the holistic development of the child, which is key to the commitments of the government regarding the SDGs and this is key for the achievement of these. While India has moved quite fast in terms of child survival, in terms of holistic development, it is not only survival that matters; the child's potential has to be realized and this begs a lot more action. Social protection measures are necessary for this holistic development and this includes specific actions for the prevention of violence against children, as is universal health coverage which is a tool that has been adopted in the context of a strategic approach to the SDGs as well. This includes three dimensions: reaching every child i.e. horizontal extension, a challenge given there is a large chunk of population that is excluded even from primary health care. To achieve this, the government under the National Health Mission Programme has invested in infrastructure as well as programme management. Another approach has been to approach it under the Mother and Child Tracking System so that each pregnant woman and then her newborn are registered and given care, even home-based. This has a coverage so far of about 50% and they are closely and individually tracked, for instance for immunization, health checks etc. There is also a dedicated health worker in every village of the country and she is incentivized in terms of her performance. It is important also to provide a package of services, which will make drugs and diagnostics free and extend primary health care to the remotest parts of the country. This has to be linked with the referral support system for secondary and tertiary care. The third critical element is its depth, i.e. out-of-pocket expenditure to be minimized. If a person can't afford to go to the hospital, she won't go even if there is a promise of free services, due to the auxiliary expenditure like transport and medicines. Thus, these have to be minimized. For instance, transportation is being provided free of cost to pregnant women to facilitate institutional deliveries. He also mentioned some new initiatives such as Mission Indradhanush which is

trying to expand immunization coverage, and the Indira Gandhi Matritva Sahyog Yojna where the private sector and public sector come together to screen pregnant women once a month.

The Guest of Honour **Ms. Rashmi Saxena Sahni,** Joint Secretary in the MWCD, stated that given its overwhelmingly young demographic, India is very well-placed to advantage of the digital revolution, and it is therefore important for us to invest in children as much as we can. She reiterated that children do have rights; they are entitled to a happy childhood and one that allows them to develop to their full potential, and the government is on track to come out with a NPAC which is a convergence document that lays down a structure for goals that we should achieve by 2021 and highlights the areas of concern, including marginalized children such as those of migrants. India has robust legislation in place in addition to constitutional guarantees, such as the Juvenile Justice (JJ) Act and the Protection of Children from Sexual Offences (POCSO) Act, which have been hailed as innovative and transformative in their nature. Unfortunately violence against children, which directly impacts their growth and affects them throughout their lives, is deeply ingrained in our society. Needless to say, it has grave implications for the nation in the longer term. The NPAC has an education focus and treats it as a means to counter the effects of poverty, violence and other problems that affect children. We also already have *Anganwadis* which is not merely a place for nutrition and school education but also to inculcate skills for social interaction. The NECCEP focuses on care and early learning and recognizes the dependence between health, psycho-social development and physical and emotional well-being. The National ECCE Curriculum has also been formulated and notified to the states. There is also an annual curriculum contextualization in each state so as to incorporate the local practices, folklore and cultural values in each system into the curriculum for that state. She agreed that family structures have changed greatly in the last few decades and this gap also has to be addressed by schools and *Anganwadis,* and concluded by reiterating that if we start looking after our children today it will pay dividends in terms of having a society that is not only educated but also innovative and can take the country forward.

Her speech was followed by a presentation by **Ms. Razia Ismail**, who spoke on the issue of "lost children". She began by agreeing that children are low-value in our general attitude, and do not have leverage in spite of being the most critical part of any population, and they can't even speak for themselves. She advised that a policy that reaches out to all has to take into account those who tend to be left out; a universal mandate has to be for everybody. The fact of being left out of basic services and the benefits of whatever the state and society are able to provide are what identify this lost or, indeed, last child, who is otherwise invisible. These children do not even get counted accurately. For instance, the children of what are called nomadic tribes are not even listed in the Census and their children are completely lost to the system. Thus they have no entitlements; any services that they are able to avail of is accidental rather than targeted. Their status has not been established. If we test a program on the basis of whether it reaches out to children like these, there is a denial of their exclusion, which is often termed as accidental. Who has forgotten these children? Are they asking for recognition? In the context of primary health care (PHC) we have no numbers on those who are left out; if they are migrating from place to place they cannot be admitted into ICDS as they do not have any proof of domicile. She mentioned that there was only one example of a migrating ICDS service, in J&K, which may even have become defunct. She stated that inclusion is the job of the state, and the Constitution itself envisages social justice. Mother and child health programs started years ago and ICDS is also decades old. Now there are *Anganwadis* everywhere but some people still get excluded from them because they do not qualify, for instance as they do not have a fixed address. The NPAC has a 5-year timetable but without inbuilt and conscious accountability it could very well fail. She also mentioned the need for collaboration on the formulation of state plans, warning that at the Central level there had been no consultation with civil society and that this did not bode well in terms of inclusion. She repeated that while the SDGs are now influencing the programs and plans that are coming up, it is necessary to remember that all 17 goals affect children. These programs are an opportunity for us to ensure universal, pervasive and inclusive health care. Unfortunately, resource allocation is very low and there is no money to pay for professional services for children, but inclusion needs political will and not just capability. She also gave an alternate perspective to the talk of digitalization, mentioning that in putting health services under a scanner of technological advancement, there may have been a fading of human contact and its quality. She further mentioned that in order to ensure total inclusion, there should be a count of how many children there are, and there we may find some answers and realize that inside very not-so-high-risk district there are still high risk pockets. She concluded that the problem was one of governance, and that given that children are not in a position to raise their voices, we need to come together to look for these lost children and bring them into the mainstream.

Ms. Devika Singh, the founder of Mobile Crèches and a long-time child rights advocate, then took the floor, and began by reminding the gathering that India should not sight of its vision for social justice as enshrined in the Constitution. A rights-based approach begs the questions: what rights, who will deliver them, how will they be delivered? She stated that the problem was an urgent, and called for a reboot of the process so as to build the momentum all over again. In talking about equitable coverage and universal coverage, if we can account or the lost children we can move up the ladder and build on a sound foundation; that is what a human rights approach means. There is a need for investments for children and to have an absolute commitment that one will not allow the situation that exists today to persist. We need a crusade and not to just tinker with the system as it exists today.

The international and national communities are flagging the issue that early childhood development is critical to social, cultural, economic rights. When we have an environment where goals can be identified, we need to break the existing paradigms and set a new pace with a very firm commitment. India has signed numerous conventions and commitments and they are important as a starting point, and the rise in rights movements for women and children in India is heartening. However, so far India has used a welfare approach and does not yet have the rights-based approach other than on paper: neither in terms of programs nor budget. Ms. Singh made a very strong case for more determined legislation, which would give bite and

structure to children's rights and bring together the knowledge, experience and data that we have so far gathered.

She agreed that early childhood is very complex and there is a set of rights attached to it, and that anything that points to the need for a comprehensive approach would necessarily have to look at the full set of rights. There is an intersectoral requirement – safety, protection, preschool learning, nutrition, health and so on – but we need a mandate with teeth, which has clear directions for enforcement and which makes people accountable. A welfare approach is also characterized by targeting and the moment we target interventions we exclude those considered lower in priority. This in itself is not a rights-based approach. We need training institutions to create accountable personnel who k now their job. What is to be given, how to give it, how much is to be spent on it – these are all issues that need to be resolved so we can move from paper to reality. Children's rights cannot be seen without looking at the rights of women and families. We have to look at overlapping rights and have legislation that addresses this intersectionality. It is a big challenge and we cannot rest on our laurels in terms of digitalization etc. We have to dialogue with people and bring them on board and we require convergence structures to equip people and build their capacities.

During the discussion that followed, participants were keen to understand the challenges faced by ASHA workers. Dr. Khera replied that while in the past the *Anganwadi* workers were expected to deliver all PHC services at the community level, it was found that they were already overburdened and that is how the ASHA posts were created. The objective was mainly to improve outreach systems so that coverage could also be improved. But he conceded that given the increase in the volumes of work, two workers in a village are simply not enough. There are many layers of care to be provided and there is a need for an integrated unit to address all these needs. He agreed that ECCE requires human time and effort to be invested in a child and there is therefore a need to reengineer the health system.

Plenary Session IV: Equity and Quality in ECCE

The session was chaired by **Dr. Adarsh Sharma,** who began by flagging a few recurrent themes:

- holistic development can only take place if we have a multidisciplinary approach
- health is not a separate issue and is linked to all other aspects of thee child' well-being
- ECCE is every child's right and it comes not from medical or scientific evidence but from popular belief and observation
- a child deprived of the necessary ECCE interventions will be put at a disadvantage and if we do not catch that window of opportunity it is missed forever
- we have failed to translate our knowledge and experience into action and there is nothing to excuse that

She then handed the floor to **Dr. Rekha Sen,** whose presentation made a case for distance education on the subject of ECCE. She mentioned some of the pertinent questions: even when you do bring in regulation of those responsible for ECCE, how do you train those who are already in service? She mentioned that the National Council for Teacher Education (NCTE) doesn't have norms for training those who are already in the field. She explained how the program headed by her, which has been running since 1995 at the Indira Gandhi National Open University, was attempting to bridge this training gap. She stated that her objective was to show who are the people who take these courses, why do we need to lobby for it and debate on whether we even need these programs. The objective of the IGNOU's ECCE program is to help professionals who work with children develop their knowledge, skills and education and its innovation is that education and child health and nutrition have been spoken of together.

Ms. Shruti Mishra of Plan India, although unable to come, had sent in a presentation which was presented at the Conference. It was revealed that given that ECCE has been a neglected component of ICDS, Plan India had tried to understand how they could contribute to enriching it. When it comes to quality there is curriculum, pedagogy, creating a learning environment and other aspects to this issue. Each state has different developmental needs and needs different inputs and this has to be incorporated into all our programme is workers and health providers who translate the curriculum into practice and they need suitable training for this. Ultimately, mothers have to be equipped to care for their children, as well as other family members and the community so that they can all support the child and help in its optimum development.

The methods of early childhood should be followed into primary classes but this is discounted by the NCTE because since 2014 they have disassociated teacher training for preschool from classes 1 and 2 which completely disrupts continuity. This is a regressive step in terms of teacher training. This also sets us back in terms of building an appropriate cadre of workers. There needs to be a structure even for innovation and contextualization has to be based on that.

During the discussion, the participants enquired as to whether parent education was included in ICDS. The panelists replied that it was, under the moniker "parental counseling", in which ECCE includes not just the mother but also the father and other family members. There is an ECCE day on which all these issues are discussed at the village level and each *Anganwadi* is supposed to organize it once in a month. The need for support services in the extra-familial context (day care) was reiterated.

Closing and Recommendations

This session was moderated by Dr Rajeev Seth, Dr. Srivastav and Dr Geeta Chopra. The speakers and experts present agreed on the following recommendations:

To the Government:

- Comprehensive ECCE is possible if it includes the medical, health, developmental needs, education and early stimulation of the young child during infancy and preschool years. The approach has to be holistic.
- As for health, the facts are well-known and it is distressing that those who cannot afford treatment should be provided free medical assistance. This has to be addressed on an urgent basis.
- The government is trying to reduce out-of-pocket expense on health care, and while this is necessary (how and why?), it is necessary to make a push for the right to health for all children to be made a part of the government's obligations
- Budget for children is also being reduced. This is very worrisome as studies are indicating that for every Rs.1 spent on ECCE, there is a return of Rs. 25. Investing in early years is the foundation of any strong nation.
- Much information is available and this must be translated into practice. The *Anganwadi* centres must be transformed into genuine one-stop centres providing comprehensive health care and learning for children. Also, the centres have to be made inclusive across socio-economic strata as well as with respect to disabilities and other disadvantages
- Strengthen the ECCE profession by working on the curriculum, training of early educators, access to quality preschools, and childhood free from violence and abuse
- The government must come out with a policy to regulate play schools centres that provide ECCE.

- There is an opportunity at the Delhi level to look at a Delhi-centric mapping, assessment and outreach and this is practically feasible. We can look at gap areas and concerns that need to be addressed .
- There is a felt need for training across the board – from Anganwadi and ASHA workers to government doctors as well as those in policy-making positions, so as to ensure that they understand the parameters of good ECCE.

To the medical community:

- Paediatricians tend to worry more about physical health rather than overall early stimulation and this is missing from the paediatrics curriculum, and this needs to be addressed. To start, the IAP can form an advisory group to encourage paediatricians to provide anticipatory guidance to parents
- IAP can also have an advocacy document on right to health and learning for early childhood
- The IAP must also take the initiative to identify some innovators from other sectors and make first connections so as to foster convergence

To civil society:

- More components of ECCE must be included in academic discourse
- There is a case to be made for the need to look for intersectionality across issues, or instance to find connections between government policy which may even inadvertently lead to the exclusion of certain categories of persons, and tie these in with broad-based advocacy on ECCE.

Agenda

Time	Session & Chairperson	Speaker & Session Details
8.30 am – 9:15 am	Registration, Tea & Coffee	Introduction of the Conference- Dr Rajeev Seth, Chair, ICANCL
9.15-10.15 am	Plenary Session1: Early Childhood Health Care Chair: Dr Mira Shiva, Expert, Child Right to Health, New Delhi Co-Chair: Dr Anupam Sachdeva, President Elect IAP	**Speaker I:** Child Survival, Early Health Care & Learning: Prof. R.N. Srivastava Adviser ICANCL group **Speaker II:** Early Brain and Cognitive development and need for multisensory stimulation: Dr. Rajeev Seth, Chair ICANCL group **Speaker III:** Public Health Approach to tackle the problem of Malnutrition, Anemia & Health problems in preschool children: Dr Vandana Prasad, National Convener, Public Hea.lth Resource Network (PHRN) **Speaker IV:** Solutions to Eliminate Early Childhood Anemia: Translate knowledge to Practice. Prof Tulika Seth, Dept of Hematology, AIIMS, New Delhi
10.15-10.30	OPEN DISCUSSION	
10:30 am – 11 am	Keynote address I Chair: Dr. Ranjna Mahna Director, Institute of Home Economics, Delhi University Co- Chair: Dr RN Srivastava	Meeting the needs of the young child in India: Ensuring a fair start through ECCE Prof. Venita Kaul, Ambedkar University, New Delhi
11 am – 11:30 am	Panel Discussion: Building Research and sharing practices: CECED experience	**Panelist 1**: Early Learning and Development Indicators: Dr. Sunita Singh, AUD **Panelist 2**: Early Stimulation Study in Orissa: Dr. Monimalika Dey, AUD

	Chair: Prof. Venita Kaul Co-Chair: Dr. J.P. Kapoor, Director, Family Welfare, Delhi	**Panelist 3:** Longitudinal Impact Study on Preschool Education: Dr. Aprajita B. Choudhary, AUD
11:30 am – 12: noon	<u>Plenary Session II: Early Assessment and Interventions</u> Chair: Dr Prof Sheffali Gulati, Professor & Chief Child Neurology Division, Department of Pediatrics AIIMS Co- Chair: Dr DN Virmani, Past President IAP Delhi	**Speaker I**: Early Screening & Detection of Disabilities: Experiences from the slums of Delhi. Dr. Geeta Chopra, Associate Professor, Dept of Human Development and Childhood Studies, IHE, Univ of Delhi **Speaker II** Rashtriya Bal Suraksha Karyakaram for Management of Early Child Health Care. Dr. Prof Arun Singh, National Adviser RBSK, MOHFW, Govt of India
12-12.15 pm	OPEN DISCUSSION	
12:15 pm – 1.00 pm	Government schemes for early childhood Special Resource Guest: Ms Rupa Kapoor, Member, National Commission for Protection of Child Rights (NCPCR) Co- Chair: Dr Prof Indra Taneja, ICANCL group	<u>Chief Guest Key note II</u> Current status, Delivery of Care and Assigning Responsibility Dr Rajesh Kumar IAS Joint Secretary, Government of India, Ministry of Women & Child Development
1:00 pm – 2:00 pm	Lunch	
2:00 pm – 3.00 pm	Plenary Session III: Right Based Approach to Early Childhood Development and Investing in the Early Years	**Speaker I**: Improving investment in Early Childhood: Ms. Rashmi Saxena Sahni, Jt Secretary, Government of India, Ministry of Women & Child Development

	Chair and Guest of Honour Ms.Rashmi Saxena Sahni, Jt Secretary, Government of India, MWCD Special Resource Guest: Dr Ajay Khera, Deputy Commissioner (CH&I), Ministry of Health & Family Welfare	**Speaker II**: Right to Universal Health Care: case for full inclusion. Ms Razia Ismail, Convener Indian Alliance on Child Rights **Speaker III** Right Based Approach to Early Childhood Development: Ms Devika Singh, Founder, Mobile Creches
3.00-3.15pm	OPEN DISCUSSION	
3.15-3.45 pm	Plenary Session IV: Equity and Quality in ECCE Chair: Dr. Adarsh Sharma, Past Director NIPCCD Co-Chair: Dr Asha Singh, Lady Irwin College, Delhi	**Speaker I**: Community ECCE Models in rural India: Ms. Shruti Misra, Advisor ECCD, Plan India **Speaker II**: Distance Learning & Teacher development in ECCE: IGNOU experience : Dr. Rekha Sen Associate Professor, IGNOU
3.45- 4.00 pm	OPEN DISCUSSION	
4.00 pm – 4.30 pm	Discussion and Recommendations Dr Rajeev Seth, Dr. Geeta Chopra, Dr Anurag Agarwal, Dr. Uma Agrawal	

About the Organizers

ICANCL

Indian Child Abuse, Neglect and Child Labour Group (ICANCL Group) is a nationally registered society (Registration number S-68745/2010). It was started in 1996 within the framework of Indian Academy of Pediatrics (IAP). Recognizing the impact of socioeconomic, cultural and environmental factors on child health, development and overall welfare, ICANCL Group specifically focuses on comprehensive child welfare, child rights, abuse, neglect, exploitation and rehabilitation.

The ICANCL Group addresses the problems of Child Abuse and Neglect (CAN) with a multidisciplinary approach with other agencies and community organizations interested in child welfare. The group has committed its efforts to reach out to the neglected, deprived and abused children for their comprehensive needs, which include health aspects, education, rehabilitation, protection and prevention. Membership of ICANCL group is open to people of all disciplines interested in protection of children. Advocacy, information and sensitization are the crucial issues. The Group has held a number of national and regional conferences and publishes a quarterly newsletter highlighting its work and informing on ICANCL issues.

The Indian Academy of Pediatrics (IAP) Delhi

The Indian Academy of Pediatrics has closely linked with the development of the Pediatric Specialty in Delhi. The Delhi State Branch came into being in 1964. The first Department of Pediatrics was created at the Irwin (Now LNJP Hospital) Hospital and Dr P N Taneja joined as Head of Department in 1952. The Kalawati Saran Children's Hospital came up in 1956 and Dr Sheila Singh Paul was its Head of The department. The next Pediatric Department was established at the Safdarjung Hospital in 1957-59 with Dr A K Basu as its Head. The Pediatrics Department in AIIMS was started in 1958. Meetings in late fifties were mostly held in these hospitals.

In 1996, IAP Delhi registered under Societies Act of 1986 and purchased its office premises at Ansari Road Dariyaganj, New Delhi. Currently the new office is at Flat # 113-114 First Floor, Bank House, Punjab & Sind Bank Bldg. 21 Rajendra Place, New Delhi 110 060

Bal Umang Drishya Sanstha (BUDS)

BUDS (www.buds.in) is a registered, non-profit organization formed with the objective of advancing the education, health, development and welfare of children in India without distinction of caste, class, gender, ethnicity, and religion, rural / urban, physical or mental disability. BUDS aims to serve the underserved children by preventing diseases, promoting health and providing access to education and vocational training to every child. The

organization promotes equitable access to child rights and works as partners with Government, NGO's and allied National and International organizations. We encourage voluntary participation of multi-disciplinary professionals such as doctors, nurses, teachers, lawyers, social scientists and child activists.
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The Institute of Home Economics (IHE)

The IHE is a premier college of the University of Delhi. Located in the heart of South Delhi, the institute offers both under-graduate and post-graduate programmes in home science, microbiology, biochemistry and a host of other subjects. Its vision is to empower girl students through the provision of quality and value-based education.

Our Speakers

Dr Rajeev Seth is the current Chairperson of the Indian Child Abuse, Neglect & Child Labour (ICANCL) group. Dr Seth obtained his medical pediatric training at All India Institute of Medical Sciences, India and at the University of California San Francisco, besides, a post doctoral fellowship at Children's Hospital in Los Angeles, California USA. For the past 14 years, Dr Seth has been working as a volunteer to provide medical care and rehabilitation services to orphan and vulnerable children in India, with a focus on the Right to education, Right to health and development of Child Protection systems in his region. Dr Seth is Fellow of Indian Academy of Pediatrics & American Academy of Pediatrics; Member, Section of International Child Health, American Academy of Pediatrics, besides the Founder-Trustee, Bal Umang Drishya Sanstha (BUDS), a registered non-profit NGO.

Dr Uma Agrawal is the current Secretary of the ICANCL group.

Dr. R. N. Srivastava is a paediatrician and is the Adviser and Founder of the ICANCL Group.

Dr. Ajay Khera is currently serves as Deputy Commissioner at Ministry of Health & Family Welfare of the Government of India. He is a public health specialist and has been closely involved with various public health programs at the national level, including the integrated disease surveillance program, National AIDS Control Program, reproductive and child health programs, and universal immunization program. He is a specialist in epidemiological surveillance and outbreak investigation of communicable diseases including vaccine-preventable diseases.

Dr. Arun Singh is currently National Advisor – RBSK to the Government of India. He is a recipient of the Chief Minister's Excellence Award given by the Government of Madhya Pradesh for his work at the Hoshangabad District Hospital, where he helped in establishing the state's first breast milk bank and a sick new-born care unit (SNCU) and a District Early Intervention Centre (DEIC); the latter is now going to be replicated across the country under the RBSK.

Ms. Aparajita Bhargarh Chaudhary is an Assistant Professor with the Centre for Early Childhood Education and Development (CECED), Ambedkar University, Delhi. She has Master's in Child Development with specialization in Early Childhood Care and Education from Delhi University (2007). She has over nine years' experience of working in the area of educational research. She is at present coordinating a longitudinal study on impact of early

childhood education titled "India Early Childhood Education Impact Study, which is based on the premise that learning and development are continuous and cumulative process and any approach to address quality and equity at the primary stage needs to begin first by helping children develop a sound foundation, prepare for school and then make a smooth transition to school. She is also coordinating the standardization of tools for assessing quality of ECE programme and learning levels among children.

Dr. Asha Singh is an Associate Professor at Lady Irwin College, New Delhi. She is particularly interested in innovative teacher training, specially for early child hood years. She has an M.Sc. in Child Development from Delhi University and an M.Ed. from the University of Ottawa, Canada, as well as a P.hD. in Child Development from Delhi University. She has combined a multiplicity of interests in music, dance and drama with academic and research pursuits in using traditional and new media to study children's thought. She is keenly interested in

arts/theatre in education and promoting theatre in pedagogy among teachers. She specializes in child-related media studies and content development.

Dr. Devika Singh is the Co-Founder Mobile Crèches, a pioneering, day care programme for Care and Holistic Development of young children up to the age of six on construction sites and in urban poor settlements. She was the Coordinator of the National Secretariat of Forum for Creche and Childcare Services from 1995 – 2002 and Consultant to Mobile Creches on Training and Advocacy from 2005-2012. She is currently a member of the Secretariat Team for the Alliance for the Right to Early Childhood Development, with special focus on Policy Analysis, Advocacy, Conceptualizing Legislation for ECD, and Networking.

Dr Geeta Chopra is Associate Professor, Human Development and Childhood Studies, at the University of Delhi. She is the author of Child Rights in India: Challenges and Social Action (Springer, 2015) as well as 3 guidebooks on Childhood Disabilities. She was also appointed Editor for the UNESCO-NIPCCD publication 'Early Childhood Care and Education: A Manual for caregivers'. Her other work, which spreads over more than 15 years is on Development and Field testing of module for training grass root child care and health workers on early detection of disabilities and inclusion of children with disabilities in ECE programmes.

Dr Mira Shiva is a medical doctor and public health activist. Ms. Shiva was a member of the Drug Pricing Review Committee in 2001, as well as the Chemicals Ministry and the R& D Committee in the same year. Besides, she has played an important role as a member of various bodies like the Central Council for Health, National Population Commission, National Advisory Committee on Assisted Reproductive Technologies and National Human Rights Commission. She was also on the Task Force on Safety of Food and Medicine and was Chairperson of the Task Force on Consumer Education. She is also associated with civil society bodies like Health Equity and Society, All India Drug Action Network and Health Action International Asia Pacific. She is a founder member of Peoples Health Movement and a steering committee member of Diverse Women for Diversity.

Dr. Rajesh Kumar is a 1988-batch officer of the Indian Administrative Service and currently serves as Joint Secretary, Child Protection in the Ministry of Women & Child Development of the Government of India. He is in charge of ICDS-Child Development.

Ms. Rashmi Saxena Sahni is a 1984-batch officer of the Indian Revenue Service and currently serves as Joint Secretary, Child Protection in the Ministry of Women & Child Development of the Government of India. She has previously served as Director of Income-tax (Transfer Pricing) and was also part of a three-member panel set up in July 2012 to review taxation of IT units and development centres. In the Ministry, she also has charge of NCPC and CARA.

Ms. Razia Ismail is an activist and communication professional with advocacy experience in the UN and in international and Asian volunteer movements for inter-cultural learning and development with justice. One of the founders of the Trans Asia Alliance for Child Rights, and Co-Convenor of the India Alliance for Child Rights and the First Coordinator of the South Asia NGO Alliance since 2001. She has published many articles and papers on development with justice, peace, child rights, respect for diversity, gender justice in childhood, sustainable development, and the role and responsibility of the voluntary sector in policy formulation. She has co-authored the First India Social Development Report, two independent alternate country reports on child rights and women's advancement, and the book A Place to Live.

Dr. Rekha Sharma Sen is Associate Professor, Faculty of Child Development, School Of Continuing Education at the Indira Gandhi National Open University, New Delhi. Her responsibilities include design, development and implementation of programmes of study in the sector of Early Childhood Care and Education, Disability and Child Development. She was Chair Professor at Centre for Early Childhood Development and Research Millia Islamia in the period 2011- 2014, where she developed and taught the Masters Programme in Early Childhood Development and conducted research. Her areas of research include Early Childhood Care and Education, Emergent and Early Literacy, Disability, Creativity, and Gender in Open and Distance Learning.

Dr. Monimalika Day is currently Associate Professor at the Center for Early Childhood Education and Development (CECED) at Ambedkar University Delhi. She has a Masters degree in Child Development from Jadavpur University, India and a doctoral degree in Special Education with a focus on Early Childhood from the University of Maryland at College Park, and has taught at the George Mason University (GMU) in USA. Dr. Day. Her research projects focus on quality of services for young children, early stimulation, inclusion of children with disabilities, teacher education, and collaboration between schools and families. Along with colleagues, she developed the Masters in Education with a focus on Early Childhood Care and Education (ECCE), one of the three graduate programs in early childhood in India. She has authored two books, several chapters and has published in peer reviewed journals.

Dr. Sunita Singh is an Associate Professor at the Centre of Early Childhood Education and Development, Ambedkar University Delhi. Dr. Singh completed her Ph.D. from the Department of Curriculum and Instruction (Language and Literacy), University of Illinois at Urbana-Champaign and her MA and MPhil from Jawaharlal Nehru University in linguistics. Prior to joining CECED, she worked as an Associate Professor at Le Moyne College, Syracuse. She has worked extensively in schools, with teachers, families and in communities. Dr. Singh has published chapters in books and articles in several international peer reviewed journals. At CECED, Dr. Singh is a faculty mentor for various projects related to language and literacy and

early childhood education and development. She also teaches in the School of Education Studies, AUD.

Dr Vandana Prasad (MBBS, MRCP-Ped, MPH) is a community pediatrician and public health professional who has been engaged with the social sector for over two decades. Her main experience and expertise is in the area of malnutrition and child rights and she has many publications on these issues to her credit. She is Founder Secretary, National Convenor and technical expert for Public Health Resource Network (PHRN) with which she has been leading a model for community-based-management of malnutrition, titled 'Action against Malnutrition (AAM)'. She is also Joint Convenor of People's Health Movement-India (Jan Swasthya Abhiyan) and a member of the Steering Committee of the Right to Food Campaign, She has served Government of India as Member (Child Health), National Commission for Protection of Child Rights.

Dr Tulika Seth is a Professor of Hematology at All India Institute of Medical Sciences, New Delhi, with a specialization in paediatric anaemia.

Dr. Venita Kaul is Professor and Director of School of Education Studies and Founder Director of Center for Early Childhood Education and Development (CECED), at the Ambedkar University, Delhi. Prior to this assignment, Prof Kaul's past assignments include positions of Senior Education Specialist in The World Bank and Professor and Head of Department of Preschool and Elementary Education at NCERT. She has led several Education projects within and outside India and been on several National and International Committees. Prof Kaul has a PhD from I.I.T. Delhi in Psychology and has several national and international publications in Education to her credit.