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EARLY CHILDHOOD DEVELOPMENT (ECD) IN INDIA: PROGRESS, CHALLENGES AND PROSPECTS

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Abstract

India has the largest child population in the world with 60 million children between the ages of three and six. The early childhood stage is globally recognized as a crucial stage of learning and cumulative brain development. Therefore, most democratic countries invested in the development of early childhood. Recently, the government of India launched National Education Policy-2020 and announced that quality early childhood care and education will be achieved as soon as possible, and no later than 2030. A number of initiatives have been taken by the Government of India for bringing quality at the early childhood stage in the form of policies, plans, laws and constitutional provisions. However, the status of child and maternal mortality rates in Indian states are still upsetting and quality ECCE is not available to crores of young children particularly children from socio-economically disadvantaged groups. This paper is an attempt to study the different child welfare laws, policies and schemes running in India along with their challenges and prospects. Towards the end of the paper, some major challenges are discussed with possible enablers to reach out to the holistic development of early childhood development in India.

Key Words: *Early Childhood Development, ICDS, ECCE in India, Prospects of ECCE, Challenges*

1.0 INTRODUCTION

Children are considered the future of any nation. The first 6–8 years of a child's life, known as the early childhood stage, are globally recognized as the most critical years for lifelong development, since the pace of development during these years is extremely rapid (Doherty, 1997). Researches have also indicated that if these early years are not supported by, or embedded in, a stimulating and enriching physical and psychosocial environment, the chances of the child's brain developing to its full potential are considerably, and often

irreversibly, reduced (Levinger,1994; Ghai, 1975; Natesan and Devdas, 1981; Anandalakshmi, 1982; Bhattacharya, 1981; Upadhyay, 1996). Since the early years of children are a very delicate period, well-designed programmes are required for their growth and development. Deficiencies of micronutrients during this stage can lead to permanent retardation in physical and mental growth throughout children's school life (Karavida, Tympa and Charissi, 2019). Dere (2019) mentioned that if the children received preschool education in their early life, it positively affects the creativity of children.

Realizing the importance of early childhood development, the General Assembly of the United Nations Organizations (UNO) unanimously adopted a resolution on November 20, 1959 which is popular as "Declaration of the Rights of the Child". It says that, *"Mankind owes the child the best it has to give ..... All children, without any exception whatsoever, shall be entitled to these rights, without distinction of discrimination"*. The declaration affirms that, *"Every child has the right to affection, love and understanding; to adequate nutrition and medical care; to free education; to full opportunity for play and recreation; to a name and nationality; to special care, if handicapped; to be among the first to receive relief in times of disaster; to learn to be a useful member of society and develop individual abilities; to be brought up in a spirit of peace and universal brotherhood; to enjoy these rights, regardless of race, color, sex, religion, natural or social origin".* On the occasion of the 20th anniversary of the Declaration of the Rights of the Child, UNO declares 1979 as the International Year of the Child. Further, for the first time, Sustainable Development Goals (SDGs) include an early child development goal as Goal-4 and states that, *"By 2030, ensure that all girls and boys have access to quality early childhood development , care and pre-primary education so that they are ready for primary education."*

In India, Early Childhood Development (ECD) got importance through National Policy on Children (1974) which recognized children as *"the nation's supremely important asset"* and *"their nurture and solicitude as the nation's responsibility"* and emphasizes concern and commitment to achieve full physical, mental and social welfare of the child. However, the framers of the Indian Constitution made necessary provisions not only for removing the bottlenecks, but also for improving the conditions of children's health, education, care (article-21 & 45), security and sanitation (article- 24 and 39). With a view to providing child welfare services adequately, Indian government initiated one of the world's largest schemes i.e., Integrated Child Development Services (ICDS) on 02 October, 1975 across the country through Anganwadi Centres (AWCs) intended to lay the foundation for holistic and integrated

development of the child between the ages of 0 to 6 years. Families are the child's first teacher; they play a very significant role in shaping young children's attitudes, values, behaviors, habits and skills. Learning experiences can therefore be effectively undertaken by parents, siblings, grand-parents and other extended family members. The demand for ECD in India arose due to changes in the family structure, participation of women in the labor force in high numbers.

1.2 NEED OF THE STUDY

India reported the highest number of deaths of children below five years (UNICEF, 2019) whereas 68 percent of the under-deaths can be attributed to child and maternal malnutrition and 83 percent of the neonatal deaths to low birth weight and short gestation (Perapadan, 2020). Those who survive don't reach their full potential due to poor nutrition, care and less opportunities to learn. Prado and Dewey (2014) reported that poor nutrition and chronic lack of essential nutrients during childhood impairs cognitive, language, motor and socio-emotional development. Neuroscience researches prove that early childhood is a time of noteworthy cognitive development that lays the foundation for later learning. That's why the government makes provisions, programmes and policies from time to time for tackle the problems in child care services. The United Nations also considers that investment in ECD is key to achieve at least seven of the Sustainable Development Goals (SDGs) - poverty, hunger, health, education, gender, clean water and sanitation and inequality. The strongest evidence demonstrating the potential of ECD comes from well-planned and well-resourced programmes that are 'developmentally appropriate' respecting children's rights, needs, capacities, interests and ways of learning at each stage of their early lives. A number of laws, programmes and policies initiated since long by the government of India for ECD. However, care and education are still concerning. The present article is an effort to study the law, constitutional provisions, policy and plan implemented by the government of India for the welfare of children.

2.0 MATERIALS AND METHODS

The main purpose of this study was to assess current practices and challenges of early childhood development in India. This study utilizes secondary data from various sources. Data pertaining to different variables have been taken from Census of India (2011); Office of Registrar of India (2011); National Crime Record Bureau (NCRB report); Planning Commission; Ministry of Women and Child Development, Ministry of Health and Family Welfare (MHFW), Ministry of Social Justice and Empowerment, Ministry of Human Resource Development, Ministry of Law and Justice, Government of India; Early Childhood Care and Education (ECCE) Policy, 2013; Press Information Beauro (PIB); World Health Organization

(WHO), UNO, UNICEF and UNESCO reports. The details of the data cited and taken from various sources have been mentioned with full details in the reference list.

3.0 PROGRESS: LEGISLATION, POLICIES, SCHEMES IN ECCE

India is the second most populous country in the world where 13.12 percent of her population lies in the tender age bracket of 0-6 years (Census of India, 2011). The Constitution of India guarantees fundamental rights to all children in the country and empowers the state to make special provisions for children development. The central and state governments formulated several legislations, policies and schemes which ensures good health, nutritious diet, education, recreational activities, social security and prevention of exploitation of children. Different ministries and departments are implementing the following legislation, policy and schemes for the development and welfare of the children. Some of these are as:

3.1 LEGISLATIONS PERTAINING TO EARLY CHILDHOOD DEVELOPMENT

The legislations pertaining to ECD as prepared by union government are as:

I. The Infant Milk Substitutes (IMS), Feeding Bottles and Infant Foods Act, 1992: The act, 1992 and amendment act 2003 (IMS Act) is India's biggest commitment in the interest of infants and young children. This act deals with the regulation of production, supply and distribution of IMS, feeding bottles and infant foods with a view to the protection and promotion of breastfeeding and ensuring the proper use of infant foods and for matters connected therewith or incidental thereto. It provides that no person should produce, supply or distribute any IMS or infant food unless every container thereof or any label affixed thereto indicates in a clear, conspicuous and in an easily readable and understandable manner, the word "important notice" in the capital letters in such language as may be prescribed and indicate there under that "Mother's milk is best for baby".

II. The Disabilities Act, 1995: The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (or PwD Act), began in 2010 to make it compliant with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) listed seven conditions of disabilities in children while the list of RPWD Act, 2016 has been expanded from 7 to 21 conditions and it now also includes blindness, low vision, leprosy cured person, hearing impairment, locomotors disability, dwarfism, intellectual disability, mental illness, autism spectrum disorders, cerebral palsy, muscular dystrophy, chronic neurological disorders, specific learning disabilities, multiple sclerosis, speech and language disability, thalassemia, hemophilia, and sickle cell anemia, multiple disabilities, acid attack victims, and Parkinson's disease. As per the RPWD Act 2016 special courts should be set up which will

handle the cases related to the violation of rights of disabled people. In addition, state governments will set up district-level committees and a separate state fund for the welfare of PwDs. For children with disabilities aged between 6 and 18 years; education will be free.

3.2 POLICIES FOR CHILD WELFARE

Policy is defined as a plan or course of action of a government to influence and determine decisions, actions, and other matters (Pickett, 2000) following policies has been formulated by Indian government for ECD:

I. National Policy for Children (NPC), 1974: This policy was adopted on August 22, 1974, following the United Nations Declaration on the Rights of the Child. The NPC stated, *"It is the policy of the state to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development"*. The policy focused on the some of the following integrated delivery:

- Nutrition for infants and children in the preschool age, along with nutrition for nursing and expectant mothers;
- Maintenance, education, and training of orphans and destitute children;
- Crèches and other facilities for the care of children of working or ailing mothers; and
- Care, education, training, and rehabilitation of handicapped children.

II. National Nutrition Policy (NNP), 1993: Policy was introduced in 1993 to tackle the problem of nutrition through direct (short term) and indirect (long term) interventions for vulnerable groups of children. The direct nutrition intervention means ensuring proper nutrition of children, adolescent girls, pregnant women and fortification of essential food along with popularization of low-cost nutritious foods control of micronutrient deficiencies while the indirect long-term nutrition interventions leading to institutional and structural changes like ensuring food security for every person, improving purchasing power of rural and urban poor by public food distribution systems, strengthen health & family welfare programme, imparting health and nutrition knowledge, prevention of food adulteration and monitoring of nutrition programmes and improvement in nutrition surveillance and research into various aspects of nutrition etc.

III. National Health Policy (NHP), 1983, 2002, 2017: According to WHO, *"Health policy refers to decisions, plans and actions that are undertaken to achieve specific health care goals within the society"*. For attaining the highest possible level of good health and well-being, the government has formulated three health policies in different years. The first NHP was launched in 1983 with the objective to attain good health for all by the year of 2000 A.D. through

universal provision of comprehensive primary health care services. In 2002, the second NHP with the objective of achieving an acceptable standard of good health among the general population of the country through eradicate Polio, Eliminate Leprosy, Kala Azar, Lymphatic Filariasis and Achieve Zero level growth of HIV-AIDS and reduce IMR to 30/1000 and MMR to 100/100000 by 2010. The third NHP was announced on 15th March, 2017 with the objective to strengthen the trust of the common man in the public health care system by making it patient centric, efficient, effective and affordable, with a comprehensive package of services and products that meet immediate health care needs of most people.

IV. National Early Childhood Care and Education (ECCE) Policy, 2013: The Ministry of Women and Child Development (MWCD) has formulated this policy and the same has been notified in 12 October 2013 (PIB, 2013) with the vision to promote inclusive, equitable and contextualized opportunities for promoting optimal development and active learning capacity of all children below 6 years of age. The policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation for survival, growth and development of children with focus on care and early learning of every child (as cited by B2B, 2017). It recognizes the synergistic and interdependent relationship between the health, nutrition, psycho-social and emotional needs of the child. The key areas of this policy are universal access with equity and inclusion, quality in ECCE, strengthening capacity, monitoring and supervision, advocacy, research and review. For achievement of the policy goals the national ECCE curriculum framework, quality standards for ECCE and age-appropriate child assessment cards have been formulated.

3.3 SCHEMES FOR CHILDREN DEVELOPMENT

- **I.** Integrated Child Development Services (ICDS) Scheme
- **II.** Pulse Polio Immunization Programme
- **III.** Childline India Foundation (CIF).
- **IV.** Reproductive and Child Health Programme
- **V.** Rajiv Gandhi National Creche Scheme for the Children of Working Mothers
- **VI.** *Beti Bachao*, *Beti Padhao* (BBBP)
- **VII.** *Dhanlakshmi* Scheme

I. Integrated Child Development Services (ICDS) Scheme: ICDS is the world's largest countrywide programme launched on 2nd October 1975 in 33 community development blocks with a mandate of providing holistic services to young children for pre-school education, health and immunization through AWCs. This scheme offers a fundamental intervention for

addressing the nutrition and health problems and promoting early childhood education among the disadvantaged population of the country. It provides an integrated package of services, seeks to directly reach out to pregnant & lactating mothers and children (0-6 years). The scheme is based on the inter-sectoral approach strategy and consists of six basic components. The details of ICDS services are as:

Supplementary Nutrition Programme (SNP): SNP tackles malnutrition and includes supplementary feeding and growth monitoring. The target groups are pregnant and nursing women and children below 6 years. Special attention is given to children below 3 years of age. Through SNP, the AWCs attempts to bridge the calorie gap between the nationally recommended average and the actual intake of children and women in low income and disadvantaged communities. Supplementary nutrition is given for 300 days in a year. The nature and type of food under SNP varies from state to state (Sachdev and Dasgupta, 2001), usually consists of a hot cooked meal, containing a varied combination of pulses, cereals, oil, vegetables and sugar (Prajapati, 2018). However, some states provide ready-to-eat meals containing some basic ingredients. There is flexibility in selection of food items to respond to local needs (Sachdev and Dasgupta, 2001).

Immunization: It is a verified tool for controlling and eliminating life-threatening infectious diseases and is estimated to prevent between 2 and 3 million deaths each year (WHO, 2018). Immunization through AWCs of pregnant women and infants protects children from six vaccine preventable diseases-poliomyelitis, diphtheria, pertussis (Whooping Cough), tetanus, tuberculosis and measles because it causes child mortality, disability, morbidity and related malnutrition (Gupta, Gupta and Baridalyne, 2013). Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality. The service of immunization is provided through the public health infrastructure, i.e., Health Sub-Centre, Primary Health Centre (PHC) and Community Health Centre, as these are the joint responsibility of ICDS and the MHFW.

Health Check-up: It includes health care of children less than six years of age, ante-natal care of expectant mothers and postnatal care of nursing mothers. These services are provided by the ANM, medical officers, in-charge of health sub-centres and primary health centres under the RCH programme of the MHFW with the help of AWWs and Anganwadi Sahayika. Health services include regular health check-ups, recording of weights, immunization, management of malnutrition, treatment of diarrhea, deforming and distribution of simple medicines, etc. The target groups are examined at the AWC at regular intervals by the ANM who diagnoses minor ailments and distributes simple medicines.

Referral Services: During health check-ups and growth monitoring, sick or malnourished children, who need prompt medical attention, are referred to the PHC or its sub-centre by AWW. The AWW has also been oriented to detect disabilities in young children. She enlists all such cases and refers them to the ANM and Medical Officer in charge of the PHC/ Sub-centre. These cases referred to by the AWW are to be attended by health functionaries on a priority basis.

Non-formal Pre-school Education (NPSE): NPSE is a crucial component, most joyful daily activity of the package of ICDS aimed at physical, motor, psycho-social and cognitive development of a child in a cogent and holistic manner. Ila (2005) reported that preschool education contributes to the universalization of primary education, by providing the necessary preparation for primary schooling and offering substitute care to younger siblings. Under NPSE, child centered play way activities conducted for three hours a day with the help of local toy which are prepared by local resources and support materials orientated by local culture prepared by AWW. The PSE activities include storytelling, counting numbers, reading simple words, painting, drawing, writing alphabets words, threading and matching color, distinguish objects, recognize pictures, free conversations to speak freely etc.

Nutrition and Health Education (NHE): NHE has the long-term goal of capacity building of women in the age group of 15-45 years so that they can look after their own health, nutrition and development needs as well as that of their children and families. The main objective of NHE is to help individuals to establish food habits and practices that are consistent with the nutritional needs of the body and adapted to the cultural pattern and food resources of the area in which they live. NHE comprises basic health, nutrition and development information related to childcare and development, infant feeding practices, utilization of health services, family planning and environmental sanitation, maternal nutrition, Ante-Natal Care (ANC), prevention and management of diarrhea, acute respiratory infections and other common infections of children.

II. Pulse Polio Immunization Programme: With the global initiative to eradication of polio in 1988 following World Health Assembly resolution, this programme was launched in India in 1995 to immunize children in the age group of 0-5 years through improved social mobilization, plan mop-up operations in areas where poliovirus has almost disappeared and maintain a high level of morale among the public. About 172 million children are immunized during each National Immunization Day (NID).

III. Reproductive and Child Health (RCH) Programme: The RCH programme was launched throughout the country on 15th October, 1997; is a comprehensive sector wide flagship programme, under the bigger umbrella of the government of India's National Rural Health Mission (NRHM), to deliver the RCH targets for reduction of maternal and infant mortality and total fertility rates. The major components of the RCH programme are maternal health, child health, immunization, family planning, Adolescent Health (AH) and Pre-Conception and Pre-Natal Diagnostic Techniques (PC-PNDT). RCH program aims to reduce social and geographical disparities in access to, and utilization of quality reproductive and child health services.

IV. Rajiv Gandhi National Creche Scheme for the Children of Working Mothers: With the objective to empower women by providing day-care facilities to their children, the MWCD implements National Creche Scheme across the country on January 1st, 2017 which was previously known as Rajiv Gandhi National Crèche Scheme (RGNCS) launched on 01 January, 2006 (Pavithra, 2020). Through the scheme, not only does the government aim to provide a safe place for the working mothers to leave their wards while they are off at work, but also attempts to improve the health of children while promoting holistic development of children (Pavithra, 2020). The scheme focuses on infants (6 months to 6 years) of working women in rural and urban areas who are employed for a minimum period of 15 days in a month, or six months in a year. A crèche is a facility located near the homes of children or near the place of work of the mothers (at a walkable distance i.e., ½ - 1 km); enables parents to leave their children (up to 6 years of age) while they are at work and their children attained stimulating environment for their holistic development. As of January 2015, there are 23,293 functional crèches. The scheme will provide an integrated package of the ideally the number of children in the crèche should not be more than 25. Of these, at least 40 percent of children should, preferably, be below 3 years of age. It is important that adequately trained workers and helpers are available to provide day care facilities and to supervise the functioning of the crèche and the crèche should be located in a safe and secure place which is welcoming and child friendly.

V. *Beti Bachao Beti Padhao* (BBBP): As the declining sex ratio over the years caused women disempowerment and discrimination against the girl child, there usurped a need to ensure the protection and empowerment of the female. BBBP (save the girl child, educate the girl child), is one the flagship programmes launched on January 22, 2015 in Panipat, Haryana. It is a collaborative tri-ministerial initiative being run by MWCD, MHFW and MHRD covers across

India with aims at making girls independent both socially and also financially through education.

VI. *Dhanalakshmi* Scheme: The life of girls in India reflects strong elements of discrimination at various stages due to adverse social attitude towards them. An innovative Conditional Cash Transfer (CCT) scheme for girl child, with insurance cover which would go a long way towards ensuring the survival of the girl child and assuring a better life for her, was launched on 03 March, 2008 by the MWCD, GoI. The direct and tangible objective of the scheme is to provide a set of financial incentives for families to encourage them to retain a girl child, educate her and prevent child marriage. Unlike other schemes, family planning was not linked for receiving financial incentives under the *Dhanalakshmi* scheme. The scheme provides for cash transfers to the family of the girl (preferably to the mother) on fulfilling certain specific conditions such as birth registration (Rs. 5,000), childhood immunizations at specific ages (Rs. 1,250), enrolment and completion of primary schooling (Rs. 3,500) and enrolment in secondary school and completion of Class 8 (Rs. 3,750). Altogether, the staggered incentives total Rs. 13,500. If the girl remains unmarried till the age of 18 years, she gets an insurance maturity cover of Rs. 1 lakh.

4.0 CHALLENGES RELATED TO LEGISLATION, POLICIES AND SCHEMES OF ECD

The Government of India is committed to 'Education for All' and inclusion is the key in current child welfare policies. There are 168.48 million children of 0-6 years of age (Census of India, 2011). Recognizing the need to provide quality life to children a number of legislations, policies and schemes are being implemented by the government like ICDS, NCS etc. for reducing IMR, MMR and increasing enrollment in pre-school education but the objective cannot be achieved without minimizing challenges before the legislation, schemes and policies. On 29th July, 2020 union cabinet approved the National Education Policy, 2020 which will provide universal provision of quality ECCE not later than 2030.

The IMS act states clearly that no company would be allowed to advertise food products. In such a circumstance, it is only the doctors who would be eligible to introduce the products that are available in the market to mothers. However, aggressive promotions to doctors by companies, including Nestle, Abbott and Danone through conferences, conventions, digital platforms and freebies continue unabated, thereby creating a health problem for millions of babies (Gupta, 2008). A story of Times of India (2017, May 17) reported that aggressively promoting and marketing baby food through conferences and conventions, exotic trips and

even offering discounts on e-commerce sites like Amazon, Discount Kart etc. (Mukherjee, 2018). While the RPwD act is widely proclaimed as a significant step forward in terms of legislation, unfortunately the implementation of the law has been halting during the years following its enactment. Three years after the RPwD act was passed, only 12 states had started to implement the law (Tiberawal, 2020). Many states have not yet appointed Disability Commissioners and few states have reported the number of equal opportunity policies they have received (DEOC, 2018). In a study, Math et al (2019) mentioned that the scale for assessment of mental disability needs to be accurate, easily administrable, and not time-consuming.

Several significant steps were taken to implement the NPC 1974. These include implementation of the Integrated Child Development Services (ICDS) programme since 1975 to address the need for early childhood care; implementation of the immunization programme since 1978 as an essential intervention to protect children from life-threatening diseases that are avertable; and the adoption of the Child Labour (Prohibition and Regulation) Act since 1986. National action plans were adopted in 1979, 1992 and 2005.

Despite impressive gains in the last few decades India still has more than 260 million people living in poverty (CIDA, 2003). Lower-income peoples having slower trajectories of growth during infancy and early childhood (Hanson et al, 2013). Children in the most disadvantaged positions in those countries which have low-Human Development Index (HDI) and children are at the greatest risk of failing to reach their developmental potential. Optimizing care for child development at home is essential to reduce the adverse effects of poverty on children's early development and subsequent life (Tran, Luchters, & Fisher, 2017). Majority of AWCs in India are poorly designed and inadequate infrastructure and physical facilities in pathetic condition are reported in most of the government ECCE centres (NIPCCD, 2014; Prajapati, 2018). There is a lack of Teaching Learning Material (TLM) and if these are available, they are inappropriate, inadequate, underutilized and children are not allowed to use them. Also, the TLM are placed above the eye level that does not allow children to explore and even notice them (Dhingra & Sharma, 2011; Dixit et al., 2010; Kaul et al., 2014; Rao, 2010). Singh et al (2019 mentioned in his paper that India alone accounts for more than 61 million stunted children (low height for age), 47 million underweight children (low weight for age) and 25 million wasted children (weight for height). There is inadequate dietary intake, especially micronutrient deficiency during pregnancy and lactation reported in India (Rao et al, 2010). This poor health profile causes MMR, IMR and under five CMR. Planning Commission (2013)

reported that poor sleeping facilities in crèches in India. Most of them had no mattress, carts, pillows, blankets/quilts, bed and bed sheets. These is a lack of training of ECD personnel, low level of training (NIPCCD, 2010), lack of on job/refresher trainings, unavailability of training centres, non-deputation of trainer for training, non-involvement of teachers in the development of preschool curriculum (CECED, 2010), vacant posts, low salary of ECCE functionaries, heavy workload, lack of proper monitoring mechanism and lack of researches and research-based intervention programmes. People, including parents and ECCE personnel, are largely unaware of the full intent of the recent legislation, policies and programmes formulated by the Indian Government. Researches demonstrate that parental engagement in ECD services enhances children's achievements and adoption (Blok et al., 2005; Deforges and Abouchaar, 2003; Edwards et al., 2008; Harris and Goodall, 2006; Powell et al., 2010; Sylva et al., 2004; Weiss et al., 2008). AWCs focus on rote memorization during NPSE (Prajapati, 2018) and activities for socio-emotional, cognitive, art and craft are rarely found (Kaul et al, 2014). Majority of AWWs and Sahayika are not well educated and trained. Either they are Intermediate or graduate (Patil and Doibale, 2003). Joshi (2017) reported that the basic information and knowledge of schemes and policies don't reach people due to the lack of awareness and promotion.

BBBP is facing a major challenge with the surging trend of use of portable ultrasound machines for sex determination and online sale of Medical Termination of Pregnancy (MTP) kit (Mahajan, 2016) and this scheme faces insufficient allocation and release of funds (Nokore, 2019).

5.0 PROSPECTS

It is needless to mention that, though India has a comprehensive legal regime, policy framework and schemes to protect the rights and interests of the children, greater momentum is required for effective implementation of these legislation, policies and programmes for well-being of the children by improving their level of security, education, health and nutrition etc. Following strategies might be helpful for implementation:

- The government has made many policies and schemes for children welfare but people living in rural and backward areas know only about two or three such provisions out of all. Therefore, awareness drives by students or volunteers need to be encouraged by the government, where they must go to villages as a part of recreational programmes and should educate people about all the related schemes and programmes.

- Government functionaries working in the area of child protection ought to be equipped with recent knowledge and information about children welfare act, policies, programmes and its implementation options available in India for the children. There is also a dire need to have training modules and standard operating procedures for functionaries.
- The Indian government has worked for the welfare of children. However, due to the huge population and enormous demand for children welfare services cannot reach out to each individual. So, the government must collaborate and coordinate with national as well as international NGOs which have been working for the protection of children in India. They can support the government in the smooth and effective implementation of the policies and schemes.
- Policy recommendations for care and education should be implemented on priority basis. Further, at least 3 and 6 percent of the total budget will be invested in the health and education of children respectively.
- India has a tradition of strong family and communities; the community can play a significant role in child protection. So, community participation along with awareness regarding children welfare policies and schemes should be promoted.
- Central and State governments will have to provide physical and human resources to ensure successful implementation of children welfare schemes.
- Beside these many other factors which can help in improving the status of children are like small family norms, avenues for employment, safe drinking water, a clean and fair environment, appropriate farm, food policies including prices, women's education, knowledge about sound feed practices and eating habits, growth monitoring and women supportive socio-cultural norms need to be given more emphasis.
- The last polio case in the country was reported from Howrah district of West Bengal with date of onset 13th January 2011. Thereafter, no polio case has been reported in the country that's why WHO has removed India from the list of countries with active endemic wild poliovirus transmission on 24th February, 2012.

CONCLUDING REMARKS

The Government of India is committed to ensure that all children, irrespective of gender and social category, have access to quality care and education and for this government made special provision, policies, law and programmes. Data shows that India is successfully reaching

the target of ensuring the provision and accessibility of care and education for all children. Still, there is a lack of basic requisites for organizing quality ECCE programmes and activities like infrastructure; physical facilities; health facilities; competent teachers; training and orientation of teachers; child friendly teaching learning process; common assessment procedure and monitoring and supervision of ECCE activities. This shows that basic quality standards for ECCE are compromised at various levels that create major hindrance in improving the quality of ECCE. The child welfare system faces great challenges in achieving its goals of safety, permanence, and well-being for children. The suggested enablers will also help the Government in reworking on addressing the issues and challenges emerging.

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