

Early Childhood Care and Education

RAJENDRA N SRIVASTAVA

Advisor, Indian CANCL Group, New Delhi.

drnsri@gmail.com

Early childhood years are the most crucial period for the development of physical and cognitive growth. Both genetic endowment and environmental factors determine the achievement of the ultimate developmental potential. Healthcare and nutrition, appropriate education, shelter and protection constitute the critical requisites for optimal growth and development. The measures to provide healthcare are well established, but education and learning during the early formative years have not been addressed adequately. In that context, the consensus statement by the Indian Academy of Pediatrics (IAP) on early childhood development (ECD) is a welcome effort [1]. It focuses on brain development and interventions for ECD that should begin early and be inclusive and available for all, especially for high risk and marginalized families.

It is important to be aware of the governmental plans toward provision of healthcare and education during early childhood.

GOVERNMENT POLICIES AND PROGRAMS

The National Early Childhood Care and Education (ECCE) policy [2] mentions the government's commitment, and describes various measures to provide ECCE to all children in the 0-6 age group. The National plan of action for children focuses on the four key areas of survival, health, nutrition and education, and development [3].

Healthcare

Various programs concerning antenatal and perinatal care, immunization, infant feeding, subsequent nutritional support, and care of children with disability are widely known. The Integrated Child Development Scheme (ICDS) program and primary health centers deliver health care services. However, the prevalence of malnutrition and anemia in young children still remains alarmingly high. Furthermore, their adverse impact on physical and intellectual attainment is irreversible. There are considerable difficulties in healthcare delivery to children in underprivileged rural and urban communities

that must be tackled by better micro-management and informing and educating the caregivers. Indeed, children must be given the 'right to health' (similar to the right to education), and the government must provide sufficient inputs to make it a reality [4]

Early Childhood Education

The ECCE policy document [2] reiterates the government's commitment to promote inclusive, equitable and contextualized opportunities for promoting optimal development and active learning capacity of all children below 6 years. Early childhood is referred to as the first 6 years of life with sub-stages: conception to birth, birth to 3 years and 3 to 6 years, that have age specific needs. ECCE encompasses the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment. As per 2011 census, India has 158.7 million children in the 0-6 year age group. Providing ECCE to them, especially those in the low income segments, is a formidable undertaking. The document mentions that the contribution of national programs that provide basic services, such as national rural health mission, total sanitation and drinking water campaign and several others is required towards providing an enabling environment. Various institutes that provide training for early childhood development will be strengthened. The policy document gives details of how ECCE is to be implemented through the ICDS program. The role of Non-governmental organizations is also mentioned.

IAP RECOMMENDATIONS

The IAP recommendations are directed towards pediatricians and the consensus document is envisaged to guide the pediatric fraternity to improve practices and advocacy in ECD [1]. It explicitly identifies the first 2000 days of life as being crucial for brain development and the factors eligible for prompt actions. It takes cognizance of WHO and UNICEF statements, sustainable development goals (SDGs) and the relevant wide database. It mentions appropriate interventions and identification of specific

needs of the vulnerable, integration with other sectors including obstetrics, education, civil society, government agencies, preschool learning advice and use of digital devices, and daycare crèche policies (guideline and training). It calls for necessary modifications in undergraduate and postgraduate medical training, and promoting research and developing innovative methods in ECD. Importantly, it mentions that “anganwadis need an additional trained worker in early stimulation and care for child development.” Most of these suggestions are; however, not elaborated.

The recommendations in neonatal period, interventions in the neonatal unit and postnatal period, identification of high risk newborn and stratification, described in great length, can only be practiced by neonatologists or experienced pediatricians at nurseries having adequate expertise, which may not be widely available. Neonatal developmental interventions asked to be performed by family members would be difficult to carry out among the poor socioeconomic communities. The two extensive tables list the scope of the pediatrician’s role in areas of ECD and checklist for working in pediatric clinics. Although important; it is doubtful that the busy pediatrician would have sufficient time for their application. Ideal neonatal care will reduce neonatal and infant mortality, but is unlikely to make a substantial contribution to ECD.

CHALLENGES AND THE WAY AHEAD

An Expert Group consultation that included government participation describes various measures to meet the challenges of early ECD [4]. ECCE training modules designed by UNICEF and Ambedkar University, Delhi, which outline the learning activity for children aged between 3-4, 4-5 and 5-6 year are available. Universal access to integrated child development including ECCE for all young children remains the primary responsibility of the government. It is to be provided through the ICDS with its network of 1,37,700 anganwadi centers in the country [6]. The governmental schemes and programs for

providing healthcare require better micromanagement and supervision. Early education for all children presents greater difficulties, but it can be carried out at anganwadis by adequately trained workers, helped by Accredited Social Health Activists (ASHAs), and given the necessary requirements by the government and support of the civil society. The anganwadi worker is presently overwhelmed with various forms of work. An additional anganwadi worker, trained in the provision of ECCE and other problems of children (*e.g.*, detection of disability, maltreatment and exploitation) will be extremely beneficial. Pediatricians should support and supervise various childcare programs. The IAP can provide its expertise, advise the policymakers, and advocate and demand on behalf of the children.

Funding: None; *Competing interests:* None stated.

REFERENCES

1. Bharadva K, Shastri D, Gaonkar K, Thakre R, Mondkar J, Nanavati R, *et al.* Consensus Statement on Early Childhood Development. *Indian Pediatr.* 2020;57:834-41.
2. Ministry of Women and Child Development, Government of India. National Plan of Action for Children. Available from: wcd.nic.in/sites/default/files/National%20Plan%20of%20Action%202016. Accessed July 24, 2020.
3. Ministry of Women and Child Development, Government of India. National Early Childhood Care and Education (ECCE) Policy. Available from: wcd.nic.in/sites/default/files/National%20Childhood%20Care%20and%20Education-Resolution. Accessed July 24, 2020.
4. Srivastava RN. Right to health for children. *Indian Pediatr.* 2015;52:15-18.
5. Seth R, Agarwal U. Comprehensive early childhood care and development. Focus on preschool child: health care and learning. *Cancl News.* 2016;17:22-30. Available from: <https://icancl.org/pdf/icancl-news-2017.pdf>. Accessed July 24, 2020.
6. Timsit A. Inside India’s ambitious effort to provide early care and education to 400 million kids, 2019. Available from: qz.com/india.1584703/Indians-icds-anganwadi-system-is-a-challenged-but-impressive-effort. Accessed July 24, 2020.