

Building Futures

Early Childhood Development Service
Quality Standards for South Asia



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Acknowledgements

As we come to the end of a year-long journey that culminated in the development and publication of *Building Futures: Early childhood development service quality standards for South Asia*, it is befitting to recall the invaluable contribution made by so many people at various stages of this work, which has made this publication possible.

The journey spanned two phases with the mapping of early childhood development (ECD) service standards across several countries in the first phase and associated development of these ECD service standards for South Asia in the second. Further, conforming to the holistic perspective on ECD, the standards were required to be multidisciplinary and multisectoral, for which no exemplars were available.

In both phases of this interesting but very complex assignment, the support received at each stage of the work from the Peer Group of 13 members (see Annex 6), representing health, nutrition and ECE sectors and including staff members from UNICEF, World Health Organization, United Nations Educational, Scientific and Cultural Organization and Asia-Pacific Regional Network for Early Childhood, was of immense value.

The Peer Group contributed to identifying countries for in-depth review and finalization of the analytical framework in the first phase and also provided very constructive feedback at different stages of the development of the ECD Service Standards. Most importantly, their participation ensured due attention to the holistic, multisectoral composition of the ECD Service Standards, for which this support was indispensable.

In addition, in the second phase, South Asian country representatives from the relevant departments of government, partners and UNICEF were invited by the UNICEF Regional Office for South Asia (ROSA) for a workshop to review the first draft of the standards. The active participation and suggestions received from each of these representatives, who not only added to the multisectoral dimension of the work but also brought into the review their vast field experience as well as the users' perspective, significantly helped in the contextualization and finalization of the standards. Their contribution is deeply appreciated.

It is not possible to forget that this initiative was the brainchild of Urmila Sarkar, who was the erstwhile Regional Education Adviser at ROSA, and her interest in and support to this assignment is gratefully acknowledged. At a later stage of the work, the current Regional Education Adviser at ROSA, Jim Ackers, painstakingly reviewed the draft standards and provided very constructive suggestions for its improvement, which is again deeply appreciated. Last but not least, it is necessary to put on record the invaluable contribution of Ameena Mohamed Didi to this work, whose knowledge of and deep interest in ECD, her efficient and cheerful facilitation and coordination at all stages and her active involvement along with Chemba Raghavan in conducting the review workshop, all made it possible for these standards to see the light of the day.

Dr Venita Kaul
Consultant, UNICEF ROSA
February 2020

Foreword

Research over the last two decades has shown that the early years are the most important period of a child's life. This is when the brain is built, and foundations are laid for lifelong health and learning. For the first time, Early Childhood Development (ECD) has been prioritized on the global development agenda and the Sustainable Development Goals (SDGs) have a specific target under Education for ECD with complementary targets under Health, Nutrition and Protection.

With this global recognition of the importance of the early years, countries in South Asia have embraced ECD as an important developmental priority. The provision of ECD services is on the rise in all countries. Multiple stakeholders are involved in the delivery of ECD services which vary widely in modality, focus and quality. These services are often unregulated and do not meet the minimum standards required to ensure the necessary developmental needs of all children.

Building Futures: Early childhood development service quality standards for South Asia has been developed by the UNICEF Regional Office for South Asia to promote a shared vision for the provision of holistic and comprehensive quality ECD services in the region. These guidelines are designed with the principles of child rights, equity and inclusion at its core. The guidelines recognize that good quality ECD services have the potential to break the vicious cycle of intergenerational poverty and deprivation and to promote social equity, economic growth and prosperity. While these guidelines acknowledge the critical role of parents and families as primary caregivers it asserts that ECD services should be valued as a public good for which the government must take primary responsibility and accountability.

SDG 4, Target 4.2 stipulates that by 2030, all girls and boys have access to *quality* early childhood development, care and pre-primary education. If South Asia is to meet this target, the drive to scale up ECD services must be accompanied by mechanisms to improve ECD service standards. We hope that *Building Futures* will serve as a useful guiding document for all stakeholders who may be working across related sectors involved in policymaking, planning, implementing and overseeing ECD provisions and services for children to ensure they meet quality standards. These guidelines are intended to assist countries in developing their own standards in cases where standards do not already exist; and in countries where standards already exist, it may serve as a key reference when these standards are reviewed and updated.

It is my hope and expectation that this document will play a key role in accelerating progress towards universalizing access to quality ECD services for all children in South Asia.

Jean Gough
Regional Director
UNICEF South Asia



Preface

Why ECD Service Quality Standards ?

This document, which proposes quality standards for Early Childhood Development (ECD) services for children in the South Asian context, is designed to provide guidance on the planning, implementation, mentoring, monitoring and regulation of these services.

It addresses home and centre-based ECD services for two sub-stages of early childhood: (a) from conception to 3 years, and (b) from 3 years to age at school entry, as per each country's policy. For each sub-stage it proposes guiding principles and implementation standards for different domains, which will contribute to promoting high quality services for children during this critical stage of development.

These standards have been developed in response to a need expressed during a network meeting in the South Asian region by UNICEF staff members, who were of the opinion that countries in the region were currently at varying stages of ECD provisions. With ECD now acknowledged as a significant and monitorable target for the Sustainable Development Goals (in particular SDG 4 and SDG 4.2), which have been ratified by over 150 countries, the vision is for each country to ensure ECD delivery of satisfactory quality for every child from conception to age of school entry.

As a first step to plan a strategy for this vision, it is important for each country to have a validated set of age-wise Early Learning and Development Standards (ELDS) for children that reflect the expected outcomes of ECD of satisfactory quality. To realize this vision, ELDS therefore should be accompanied by a set of 'Quality Standards for Early Childhood Services' aligned to the child outcomes.

While some countries have developed and, in a few cases, even validated ELDS, very few in South Asia have formulated quality standards for services

for children (see Figure 1). Even where these have been developed, they are not necessarily aligned to ELDS, nor are they in active use for guiding/monitoring existing services available for children, as indicated in a mapping of ECD service standards, *A Mapping of Early Childhood Development Standards and Good Practices: Lessons for South Asia* (Kaul, 2019).

While some diversity in ECD services and standards across South Asia may be necessary, and perhaps even desirable from the perspective of contextual diversity, the services need to conform broadly to a core set of universally acceptable parameters or quality standards, applicable to the stage of early childhood. Further, these standards should be informed by a set of guiding principles, stemming from a holistic, needs and rights-based perspective, complemented by developmental and contextual appropriateness.

Who can use these ECD standards?

These standards have been prepared to be used as a reference or guiding document for all stakeholders from across the sectors of health, nutrition, care and education, who may be working with ECD and involved in policy-making, planning, implementing and overseeing ECD provisions and services for children to ensure they meet quality standards. The goal is to help develop a consistent and complementary vision across these sectors for holistic and comprehensive ECD programmes and services for children prior to their school entry.

More specifically, the potential users could include policymakers and planners, development partners, programme organizers and implementers, entrepreneurs and service providers, parents and caregivers as well as researchers and programme evaluators. A more detailed description of how these standards could be used by different stakeholders is found in Part 3.

What process was followed for development of the standards?

The ECD Service Standards have been developed as an initiative of the UNICEF ROSA Education section, with support from a consultant and a peer group of 13 international specialists (see Annex 6). These specialists include (a) UNICEF staff from the South Asian region and headquarters; (b) partners representing the World Health Organization (WHO) and United Nations Educational, Scientific and Cultural Organization (UNESCO); and (c) representatives of the Asia-Pacific Regional Network for Early Childhood (ARNEC), an ECD network. The peer group reviewed the development of the standards periodically and shared valuable feedback and suggestions.

The standards were developed in two distinct phases. In the first phase, between December 2018 and April 2019, a mapping and analysis exercise was undertaken of ECD service standards from a set of eight sampled countries from within and outside South Asia. The standards, their utilization and related enabling and challenging factors were mapped and reviewed based on a desk review to derive learnings for developing service quality standards for South Asia.

Of the eight countries, three – India, Sri Lanka and Thailand – were identified with the help of the peer group for more comprehensive case studies. The criterion for selecting them was that they were relatively more advanced in their initiatives in the domain of ECD. The other five countries, i.e., Australia, Kenya, the Philippines, Singapore and South Africa, were identified based on an Internet search across regions for a more selective review of the scope, content and use of their ECD service standards. In addition, the Regional Framework for ECD Services for the Caribbean islands was also studied.

The country-wise review was carried out on the basis of a comprehensive tool developed for the purpose of mapping and this was vetted by the peer group before use. The preparation of these standards drew upon the learnings from the

first phase that are documented in the report, *A Mapping of Early Childhood Development Standards and Good Practices: Lessons for South Asia*, as well as from a review of internationally available frameworks and guidance material for early childhood development brought out by UNICEF and WHO.¹

About *Building Futures*: Structure

Building Futures addresses the need for and requirements of good quality services for promoting optimal and holistic development of children in the early childhood years. In this context, it addresses the different developmental needs of children in the five domains of good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety (Nurturing Care Framework, 2018), and draws out their implications for ensuring quality services to support children's development.

This document has been conceptualized in three parts:

Part 1 lays out the context for the ECD Service Standards. It begins by defining ECD and then discusses the significance of the early childhood stage, i.e., from prenatal to six/eight years for lifelong development, with the first 1,000 days being the most critical. It moves on to indicate ECD services required for this age group and emphasizes the importance of ensuring their content and quality, for which there is an imperative need to lay down quality standards.

The document further situates itself in the specific context of South Asia by briefly reviewing the status of children in the region at the ECD stage and the initiatives in services and standards in place in this domain.

Part 2 focuses on guidance for developing quality standards for ECD services for two sub-stages: (i) from conception to 3 years of age, and (ii) from 3 years to school-entry age (as applicable in the country context in South Asia). It begins

¹ These included the Nurturing Care Framework; Standards for ECD Parenting Programmes; UNICEF Programme Guidance for ECD; Step by Step Quality Framework; Pre-Primary Education Conceptual Framework, among others.

by identifying the range of ECD services that are required and may exist in the different countries in the South Asian region (see Annex 1). It presents possible categorizations of these services across sectors, for which the standards are being proposed.

Part 2 then lays out guiding principles for the standards, derived from a few recent global resource frameworks as well as theoretical and experiential understanding of this stage of children's development, particularly in the South Asian context. (To show developmental progression, some indicative developmental characteristics of children in each of the two sub-stages are found in Annexes 2 and 3)

This section further lists some domain-specific considerations for the service standards pertaining to each of the five domains of the Nurturing Care Framework, i.e., responsive caregiving, good health, adequate nutrition, opportunities for early learning, and safety and security.

Based on this basic guidance, the document identifies broad and holistic quality standards and related quality principles and indicators that should inform the planning, implementation and monitoring of ECD services in the context of any state or country in this region. For this, it also draws upon the lessons learned from the mapping of standards across countries (Kaul, 2019).

The standards and corresponding quality statements and indicators, as laid down, avoid

being over prescriptive and instead offer a flexible frame with broad directions for ensuring quality services, thus allowing for contextual factors to be accommodated. Some standards identified may appear to be aspirational, given the diverse baselines in most countries in South Asia, but these can contribute to setting up a calibrated accreditation framework for ECD services by laying out a progressive roadmap for quality.

The identified indicators, which follow the standards and quality statements for each category of service, are suggested for structural quality, process quality and expected outcomes. Since there is significant diversity in the nature of services for ECD, particularly in the birth to 3 years age group, the attempt is to make the indicators also more generic so that they may be adapted in more measurable or quantifiable terms, as per the requirements of a particular service and context.

Part 3 discusses the potential users of the ECD Service Standards and ways in which they could use these standards. The document concludes with a suggested plan for setting up a functional quality assurance and monitoring system for service quality standards for ECD.

We hope that UNICEF staff, their government counterparts and all other stakeholders find this document useful in shaping their efforts for universalizing good quality ECD services for all children in the South Asian region.





Part 1

Early childhood
development services:
Significance and
priority

“

The earliest years of a child's life
last a lifetime!

”

1.1 Early Childhood Development: Why all countries must invest in it

Early years are significant and environment matters

It is now internationally acknowledged and appreciated that supporting Early Childhood Development (ECD) initiatives with adequate funding must be seen as an 'investment' rather than an 'expenditure'. Credible evidence from across the world confirms that investing in ECD services can yield significant returns for every dollar invested in terms of a healthier, more productive, better educated and socially adjusted citizenry. "Early experiences have a profound impact on children's development. They affect learning, health, behaviour and – ultimately – adult social relationships, well-being and earnings." – Nurturing Care Framework (WHO, UNICEF & World Bank Group, 2018).

While genetics play a significant role in a child's development, the quality of the environment or experiences the child has access to in the first eight years of life, and in particular in the first 1,000 days (when brain growth is at its steepest incline), leave a sustained impact on brain development. Every positive experience the child has leaves a strong neural imprint on the child's brain, thus molding its architecture. This is clearly evident in comparisons made of scanned images of the brains of children from an enriched and stimulating environment as opposed to those in states of deprivation, poverty, abuse and neglect. The higher density of neural connections made and sustained

over the early childhood years is clearly more visible in the former, indicating higher potential.

ECD participation can have long-term impact

A child's development is not only continuous but also cumulative in nature; as a result, early childhood experiences not only influence the child's immediate adjustment and performance at the preschool or primary school level, but also have lasting effect on how a child's life will shape up all the way into adulthood. This has been corroborated by longitudinal research across the globe. Participation in good quality environments in these critical early years has been found to lead not only to better psychosocial adjustment as adults, in terms of quality of life, but also contributes to healthier and less disease prone living.

ECD quality is key to ensuring impact

While external intervention has a limited role in influencing the genetic potential of the child, the scope of influencing and improving the child's early environment within his/her own social context is fortunately relatively unlimited. What the child needs is good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety (WHO, UNICEF & World Bank Group, 2018). These needs can be ensured through nurturant parenting and caregiving, support for wholesome development as well as enriching and age-appropriate early learning opportunities for play and interaction with adults, peers and the environment.

Box 1. Brains are built over time

Brains are built over time, from the bottom up. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Simpler neural connections and skills form first, followed by more complex circuits and skills. In the first few years of life, more than 1 million new neural connections form every second. After this period of rapid proliferation, connections are reduced through a process called pruning, which allows brain circuits to become more efficient.

– Center on the Developing Child, Harvard University, <https://developingchild.harvard.edu/science/key-concepts/brain-architecture>

A high quality and developmentally appropriate and holistic environment for the child in the early years would ensure language and cognitive enrichment and psychosocial development, along with positive, secure and enabling relationships. All these will contribute to a sound foundation for life and enable the child to develop to her/his full potential. On the other hand, research also warns that participation in low quality ECD programmes may lead to only limited, unsustainable benefits, if any; it can instead have an adverse impact on children's development and learning.

ECD spend makes a sound investment

At a societal level, ECD collectively contributes to breaking the cycle of intergenerational poverty, and improving the health, education and well-being of the global population. Studies estimating benefit to cost ratios of investing in ECD in developed countries have found these to be, in dollar terms, in the range of 14.3 to 17.6 for every dollar invested. Recent evidence from Turkey shows significant benefit-cost estimates, also in dollar terms, in the range of 3.7 to 5.8 for every dollar invested.

In the South Asian context, a study demonstrated returns, in Indian rupee terms, of approximately 25:1, which is a very significant gain (World Bank, 2016). These studies provide robust evidence that "confirms the potential impact of interventions in developing economies" (Behrman & Urzua, 2013).

ECD is a right of every child

The UN Convention on the Rights of the Child (1990) clearly indicates that (1) state parties recognize that every child has the inherent right to life; and (2) state parties shall ensure to the maximum extent possible the survival and development of the child.

Thus, 190 countries who ratified this convention have committed to ensuring every child's right to survival and development. For this to be realized, the first six years are critical and of these the first 1,000 days from conception are the most

vulnerable. The implication of this commitment is that this provision for children cannot be treated as a welfare activity by the state in which quality can be compromised. Instead this is a justiciable right of every child, which is non-negotiable and must meet defined standards of good quality provision.

Sustainable Development Goals

A clear acknowledgment of the significance of ECD internationally is its incorporation in the Sustainable Development Goals (SDGs) (2015), which set a global agenda for action for 2030, with a vision to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.

The SDGs have now been ratified by 193 countries. While ECD is specifically included as Target 2 of Goal 4 related to Education, it is also inferred in the other 16 SDGs and targets from a holistic, multisectoral perspective.

SDG Target 4.2 on ECD states, "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". The two specific indicators to be monitored for Target 4.2 for each country or province are stated along with others in Box 2.

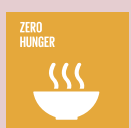
The key to these SDG targets being achieved lies in ensuring access to high quality ECD services for all children under 6 years of age, irrespective of class, caste, religion or gender. This in turn requires establishing clear and monitorable quality standards for all categories of services for children in the two sub-stages, from conception to 3 years and from 3 years to school-entry age.

These services, which include those provided by different sectors, being 'integrated' in nature, such as health and nutrition programmes and pre-primary education programmes, require effective convergence between the various departments, including health, education and women and children departments, to ensure a holistic ECD for all children.

Box 2. SDG goals, targets and indicators for ECD



Goal 1, target 1.2: By 2030, **reduce** at least by half the proportion of men, women and children of all ages living in **poverty** in all its dimensions according to national definitions.



Goal 2, target 2.2: By 2030, **end hunger** and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

Indicator 2.2.1 : Prevalence of **stunting** (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age

Indicator 2.2.2 Prevalence of **malnutrition** (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (**wasting and overweight**)



Goal 3, target 3.2: By 2030, **end preventable deaths** of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births.



Goal 4, target 4.2: 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.

Indicator 4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex

Indicator 4.2.2: Participation rate in organized learning (one year before the official primary entry age), by sex



Goal 16, Target 16.2: By 2030, **end** abuse, exploitation, trafficking and all forms of **violence** against and torture of children.

Box 3. Four quality goals

1. Every child survives and thrives
2. Every child learns
3. Every child is protected from violence and exploitation
4. Every child has a safe and clean environment

Source: UNICEF Programme Guidance for ECD, 2017

The standards in this document have been developed to provide guidance for setting up these services, keeping the SDG indicators in mind.

Are all children's rights being fulfilled?

Over one third of children under 5 years of age worldwide still fail to achieve their full developmental potential due to malnutrition, poverty, disease, neglect and lack of learning opportunities" (Britto, Engle & Super, 2013).

Based on compelling scientific evidence available, not only from neuroscience but also from developmental psychology and economics, there is now a distinct understanding globally that good quality and age and developmentally appropriate ECD programmes for children can scaffold children's growth and development and put them on a positive trajectory of good health, optimal growth, capability and well-being.

Box 4. The first 1,000 days

ECD covers children from conception to 8 years of age, but the proposed standards focus on the stage from conception to school-entry age, in which the first 1,000 days are the most critical and sensitive period.

"In these earliest years, the *health* sector is uniquely positioned to provide support for nurturing care. From age 3 children move to more formal preschool settings where *education* plays a pivotal role." – Nurturing Care Framework, 2018 (WHO, UNICEF & World Bank Group, 2018)

1.2 ECD in the South Asian context

Policy context

The process of developing ECD service standards requires placing them in the policy context of the region for which they are intended, with a view to assess the extent to which there is an enabling environment for quality assurance. Figure 1 displays a mapping of policy instruments in ECD available in the South Asian countries (except for Afghanistan), which provides an understanding of each country's preparedness to engage with issues of quality and service standards in ECD.

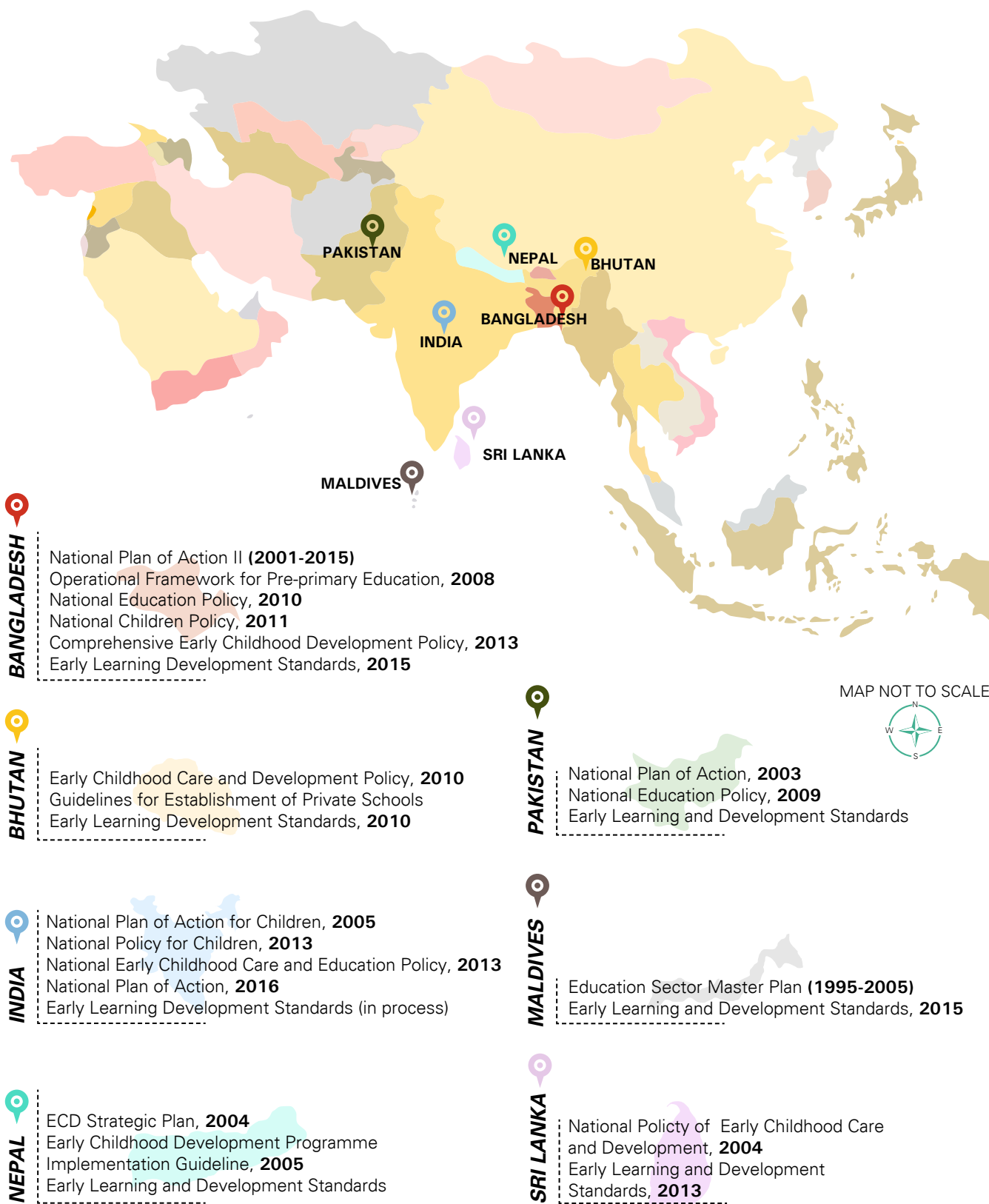
It is really commendable that the seven countries in the South Asian region represented in Figure 1 have already developed Early Learning and Development Standards (ELDS) for children, at least for those aged 3 to 6 years, while five out of the seven countries have an approved National Policy for ECD. The ELDS have not been validated as yet in all cases.

While some countries also have a set of service standards or guidelines for ECD, these are not comprehensive for all stages, nor do they support an organized system of planning, monitoring or regulation. They are considered more as guiding documents, as for example, in India and Sri Lanka.

“ With social and demographic shifts in populations due to rapid urbanisation, changing labour markets and breaking down of the joint family system, the proportion of children aged 0–59 months old who are left in inadequate care is also becoming alarmingly high. As a result the need for child care support for parents emerges as an essential priority of public policies in the social domain but there is far too little recognition of this crucial need in most countries. ”

– Sadasivam, 2017

Figure 1. Mapping of ECD policy instruments in the South Asian region



Source: Dogra, M. & V. Kaul, 2018, p.42.

Note: Additional countries may have also developed and validated ELDS but updated information in public domain is not available.

Box 5. Diversity in South Asia

The South Asian region is marked by geographical and socio-cultural diversity. “South Asia’s rich ecological, geographic and cultural diversity makes the region unique, but also explains why it is volatile and vulnerable in social, economic and environmental terms. Bangladesh, India and Pakistan are among the 10 most populous countries in the world while Bhutan and Maldives are among those with the smallest populations. Urbanization is also shaping South Asia’s development trajectory.

Nearly 130 million South Asians currently live in informal urban settlements, but with rapid and uncontrolled urbanization, this [34 per cent] may increase to 42 per cent by 2035. The region faces continuing challenges from weak urban governance, poor provision of public services, lack of effective social protection systems and mounting urban poverty to the impact of climate change, natural hazards, political turmoil and gender inequality.” – Situation for Children in South Asia, <https://www.unicef.org/rosa/children-south-asia>

Status of children

A review of the status of young children in the region over the recent decades reflects a mixed story. While there may be overall progress, particularly in the reduced number of child deaths, the status on other indicators is still grim. Almost 60 per cent of deaths in South Asia continue to be due to neonatal mortality, while 8 million children out of the global figure of 23 million not fully immunized live in South Asia.

More than half of the world’s low birthweight babies and wasted children under the age of 5 years and over 40 per cent of the world’s stunted children under 5 years live in the region, wherein there are also concerns of increasing overweight and obesity in children in this age group. Access to early childhood education is also low, with only 50 per cent of children attending preschools. Overall, only two thirds of children between the ages of 3 and 6 years are developmentally on track in South Asia (UNICEF ROSA, 2019).

Parental support programmes, parenting education, nutritional and health support, day care and other institutional and home-based ECD services for children under 3 years, therefore, need to be given priority by governments, along with pre-primary education, nutrition and health support for children aged 3 to 6 years.

A key requirement is *quality* that is often compromised due to a multiplicity of perceptions of quality among stakeholders, dearth of resources and non-availability of standards as benchmarks. This points to the urgent need for a specification of ECD service quality standards for the region, which can in turn provide a direction for individual countries to move forward to develop their own standards according to their respective contexts.

“ Liberalisation and economic restructuring processes that increase demands on household income have heightened women’s obligation to take up paid work...without significant reallocation of their household and caregiving duties. ”

– Sadasivam, 2017





Part 2

ECD Services and Service Quality Standards

“ Good quality ECD services have the potential to break the vicious cycle of intergenerational poverty and deprivation and promote social equity, economic growth and prosperity. ”

2.1 ECD Services

2.1.1 Definitions

- A 'standard' for the purpose of this document is defined as "something established by authority, custom, or general consent as a model" or "a level of quality or attainment", "a benchmark" (Oxford Dictionary). This may differ from a 'norm', which is "something that is usual, typical or the existing pattern."
- Quality with regard to Early Childhood Development (ECD) may be defined for the purpose of this document as "all provisions or services from prenatal to school entry age that support/ensure enabling and stimulating environments for children and address their developmental needs for responsive care, health, nutrition, early learning, safety and security in an integrated manner."²
- An ECD service in the context of this document may be defined as "any community-based intervention, either centre-based or home-based, that meets or supports the needs of pregnant and lactating women, infants and/or young children that are vital to their early childhood development." They could include such services sponsored by any sector, including health, nutrition, education, water and sanitation or rural development as a public, private or community initiative.

2.1.2 ECD services in South Asia: Multiple classifications and categories

In South Asia, as in many parts of the world, there is a range of services to promote early childhood development in children in their early years. It is important to recognize this diversity to enable a more needs-based design of services. These services can, for purpose of convenience, be classified along multiple dimensions as follows:

(a) Classification by developmental sub-stage³

A major principle for classification is the age or sub-stage within the early childhood stage,

which is considered to be from conception to 6 or 8 years of age or till the age of school entry. Since each sub-stage, while conforming to the five domains of responsive caregiving, health, nutrition, early learning, and safety and security, should be customized to its age-wise developmental priorities, the developmental sub-stages become an important dimension for classification within the ECD stage, as follows:

- Prenatal to birth
- Birth to 3 years
- 3 to 6/8 years (or to age of school entry, as per country context)

(b) Classification by domain

ECD services should be conceptualized as an integrated package of four categories of services, each of which must reach all children in their early childhood years as per their need, i.e., from conception to the age before school entry (see Figure 2).

The services may be categorized into services for health and nutrition, early learning, family support and special needs. Each of these must address the five domains of holistic child development, i.e., health, nutrition, responsive caregiving, early learning, and safety and security. They may be delivered through a single window approach or through a variety of services sponsored by different sectors, such as health, education or women and children's affairs, but converged for every child in the context of each country.

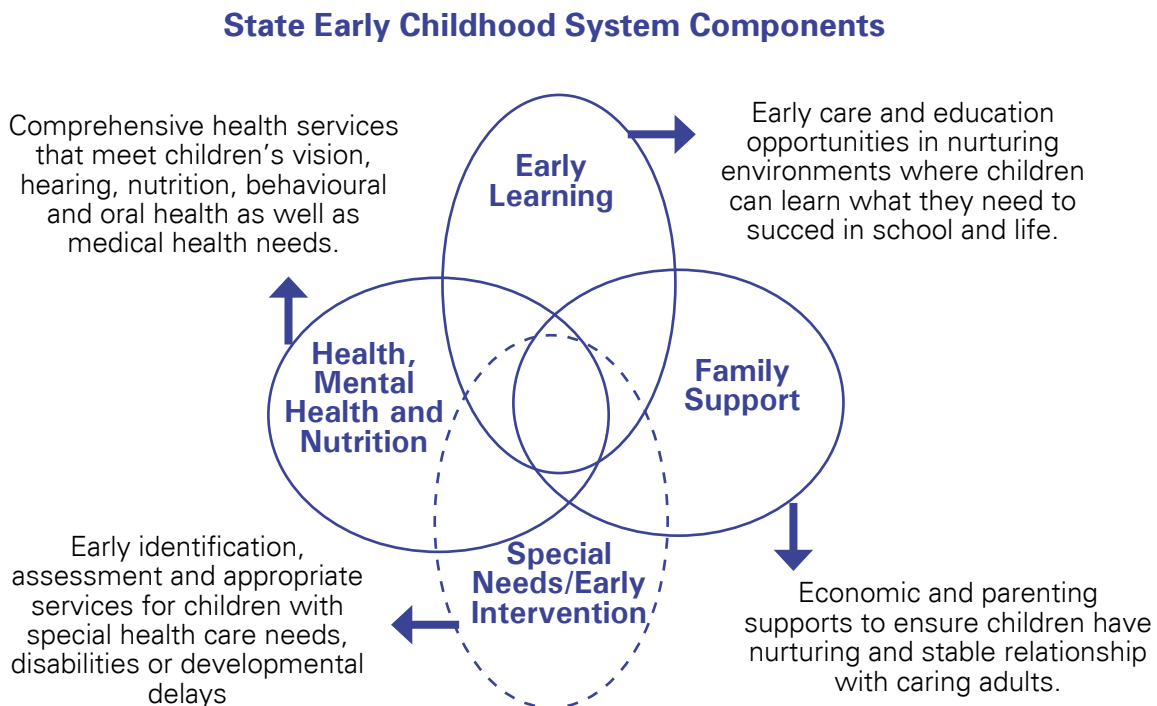
(c) Classification by structure and location

Further categorization of these services can be on the basis of structure or location, i.e., centre-based services and home or community-based services. While centre-based services could include crèches; day-care centres; nutrition rehabilitation centres; health facilities; preschools; and institutional destitute care homes, home-based services could include parenting programmes; volunteer-based

² The standards also would apply to services for children in emergencies for which a more detailed guidance is available at http://s3.amazonaws.com/inee-assets/resources/doc_1_INEE_Toolkit_-_ECD.pdf.

³ A sample of progression of developmental characteristics of children in the two sub-stages of birth to 3 years and 3 to 6 years is included in Annexes 2 and 3.

Figure 2. Classification of ECD services by domain



Source: Early Childhood Systems Working Group (Bruner, 2019)

outreach to families; nutrition programmes; and health campaigns.

(d) Classification by target group and nature of service

All ECD services may be further classified with reference to the target group and nature of service as follows:

Universal support services are designed to benefit all family caregivers and children in a particular country, province or district. For example, services for health promotion and primary prevention; or public awareness programmes through media for ensuring children's vaccination; or provision of universal services for antenatal and postnatal care, crèches and day-care centres, preschool education centres; and nutrition supplementation.

Targeted support services focus on individuals or communities who are at risk of later problems because of factors such as poverty, undernutrition, adolescent pregnancy, HIV,

violence, displacement and humanitarian emergencies. These services aim to mitigate the risk through specific financial and/or non-financial benefits to strengthen the individual's capacity to cope with stress or deprivation, e.g., nutrition supplementation programmes; free health camps; ECD services for children with special needs; and parenting support programmes for families below poverty line.

Indicated support services are meant for individual families or children who have additional needs, such as orphaned or destitute children, and children with very low birthweight or severe malnutrition who need special, often short-term, services to address their critical needs. Services include nutrition rehabilitation centres; special health centres; transitional institutional care homes; refugee camps; and special programmes for school readiness.

Annex 1 provides a list of selected major ECD services implemented in South Asian countries for which these standards will apply.

2.1.3 Sub-stages and services for which the proposed standards are applicable

- The service quality standards, as mentioned, are being proposed in a holistic package for two sub-groups of early childhood: (i) Conception to 3 years, and (ii) 3 years to school-entry age.⁴
- The standards for conception to 3 years of age are further bifurcated into centre-based services and home-based or informal, community-based services. This bifurcation is necessary to address the diversity in structure and design of these services.
- Services that are exclusively for children aged 3 to 6 years are generally limited to pre-primary education programmes, although conceptualized within a developmentally holistic frame, with health and nutrition components. These are primarily centre-based services, either standalone or as part of school.
- However, for any targeted or indicated support services for the 3 to 6 years age group that are transitional and may aim to address special health, custodial, nutritional or learning needs, whether home or community-based, the guiding principles and domain-based considerations will apply, as will the specified process-based standards listed for centre-based programmes.

Any home-based or informal community-based preschool service is not considered as acceptable, since the national mandate as per SDG Goal 4 is to provide at least one year of centre-based pre-primary education to all children. Most South Asian countries, like Bangladesh, India and Maldives, have already taken policy decisions to support this commitment by linking pre-primary centres with schools, or providing it as a part of the school structure. As a result, school/centre-based preschools is the only category included for the 3 years to school-entry age group.

Box 6. Interface between ELDS and service standards

Most countries in South Asia have developed Early Learning Development Standards (ELDS)

for at least one, if not both, sub-stages of early childhood (see Figure 1), which possibly represent the country's vision or priorities for its children in the early childhood stage. In some cases, the ELDS have been validated as the desired outcomes in terms of quality. The ECD service standards, therefore, need to be perceived as the means to realize the vision for children as articulated in the ELDS, by supporting or complementing the role of parents or other caregivers and ensuring services as per the agreed quality standards

2.2 ECD Service Quality Standards objectives and guiding principles⁵

2.2.1 Objectives

The specific objectives of developing quality standards are:

- (a) Develop a common understanding of what constitutes *quality* in early childhood services for children from conception to school-entry age among different stakeholders, i.e., parents, other caregivers, service providers, educators, administrators, and specialists representing different related sectors, such as health, education and social welfare.

⁴ Since officially prescribed school-entry age may differ across countries it has not been specifically indicated, but is expected to be in the age range of 5 to 7 years.

⁵ Annex 4 provides selected resources of service standards from South Asian countries for reference.

- (b) Enable policymakers and planners, entrepreneurs, programme implementers and service providers to design and implement age-appropriate services for children that are of acceptable quality.
- (c) Enable UNICEF staff and other development partners to support and advise their government counterparts in setting up efficient systems for delivery of services for children.
- (d) Enable parents and caregivers to make more informed choices about alternative care and learning facilities for their children/wards.
- (e) Support research and programme evaluation in the area of ECD, particularly in understanding/assessing quality of services and their impact.
- (f) Enable more effective advocacy and meaningful mentoring, monitoring and evaluation of services from the perspective of supportive supervision and quality improvement.

2.2.2 Guiding principles and domain-based considerations for ECD Service Standards

Children develop well if they receive optimal opportunities and experiences that ensure their good health, adequate nutrition, responsive caregiving, and opportunities for early learning in safe and secure environments. The five domains according to the Nurturing Care Framework

together constitute what is known as 'holistic development of a child' (WHO, UNICEF & World Bank Group, 2018).

The five domains also provide a direction for identifying the different but complementary requirements of high quality ECD service for children, adapted for age. While these domains intersect in influencing a child's development, with each domain having its own specific priorities, planning for them should first take into account some broader guiding principles.

The ECD Service Standards are thus preceded by guiding principles followed by considerations related to each of the five domains, which are applicable for all categories of services as described and from which the service standards have to an extent been derived. The five domains apply to both sub-stages for which standards are proposed.

Guiding principles

- Equity, inclusion and acceptance of diversity are cornerstones of any good ECD service. All children irrespective of caste, socio-economic status, gender or ability must be 'included' and provided equitable opportunities to develop to their full potential.
- Every child has the right to survive, grow and thrive to her/his full potential. The rights and best interest of every child must be respected and protected.

Box 7. Guiding principles and standards are crucial

Guiding principles and standards are crucial to:

- Promote, reinforce and safeguard quality services for all young children
- Encourage ECD services to pursue excellence
- Provide a basis for assessing and, where required, rating the effectiveness of an ECD service
- Establishing systems to enable learning, self-development and improved performance
- Promote professionalism in the field

Source: Quality Standards for Early Childhood Care and Education, Government of India

- Good quality ECD services have the potential to break the vicious cycle of intergenerational poverty and deprivation for individual children and families while also promoting economic growth, social equity and prosperity.
- Role of parents and families as primary caregivers of a child must be acknowledged, respected and supported as they are the mainstay of the child's development and learning.
- Approach to planning and implementing ECD services should be rights based and not in a 'welfare' mode that tends to adopt a minimalist and charitable approach towards children.
- It is important to incorporate state of the art knowledge available at the global level for ECD in planning for children's development, but these learnings need to be situated within the national and local cultural ethos to avoid cultural alienation.
- Children live within a social context wherein the family, community and culture influence their development; ECD services thus should be guided by cultural sensitivity and contextual relevance to ensure effective impact and acceptance.
- Spending on scaffolding the early continuum of nurturing care, development and learning is an investment and not an expenditure, since it yields significant long-term returns and must therefore be valued as a public good for which the government must take the primary responsibility and be accountable.

The five domains: Some considerations

Planning for each of the five domains, i.e., health, nutrition, care, early learning, and safety and security, from the perspective of a holistic ECD service provision, will involve significant complementarity across domains. However, it will also require retaining some focus on each specific domain and ensuring all aspects of the respective domains are addressed, according to the precepts listed:

Domain 1: Good health

Young children's good health is the result of caregivers:

- monitoring children's physical and emotional condition;
- giving affectionate and appropriate responses to children's daily needs;
- protecting young children from household and environmental dangers;
- having hygiene practices that minimize infections;
- using promotive and preventive health services for antenatal and postnatal care; and
- seeking care and appropriate treatment for children's illnesses.

Source: Nurturing Care Framework, 2018 (WHO, UNICEF & World Bank Group, 2018)

Good health means focusing holistically on physical and mental and emotional health and well-being of both children and caregivers. All these aspects are interdependent:

- Children must be healthy and safe in order to be able to develop and learn optimally.
- Healthy development means that children of all abilities, including those with special health care needs, are able to grow up in an environment in which their physical, social, emotional and learning needs are being met.
- Early years experiences can also impact the health status of individuals in their adulthood. There is emerging evidence that adverse experiences in childhood may cause toxic stress in children, which can negatively impact their brain architecture and make them more disease prone in adulthood.

Domain 2: Adequate nutrition

Across every stage of childhood – from the womb until the age of 5 years – a child's nutritional needs

and the behaviours and influences on diet evolve and change. Poor maternal nutrition affects the child while in the womb and during childbirth.

The absence of exclusive breastfeeding in the first six months of life and the inability of caregivers to provide a diverse and nutritious range of complementary foods with continued breastfeeding can lead to stunting, wasting and micronutrient deficiencies. Consumption of unhealthy foods high in energy, sugar, fat and salt contributes to early childhood overweight and obesity.

- Good food, good practices and good services are essential for nutrition adequacy for children.
- Mother's nutritional status and intake during pregnancy influences not only her own health and well-being but also that of the child while in the womb and during childbirth.
- Exclusive breastfeeding from immediately after birth to the age of six months, along with skin to skin body contact, provides a sound foundation for a baby's growth and development in the first 1,000 days.
- Between the ages of 6 and 23 months – the complementary feeding period – breastfeeding and access to a diverse range of nutritious and safe foods and avoidance of unhealthy foods and beverages provide children with the essential vitamins, minerals and nutrients they need to develop to their full physical and cognitive potential, with benefits that endure well into adulthood.
- Maintaining a warm, caring and interactive environment while feeding the child improves children's acceptance of food and helps ensure adequate food intake and is conducive to the child's nutritional well-being, optimal growth and development.
- Young children's nutrition is influenced by (i) availability, access, affordability and desirability of food; (ii) availability and use of quality nutrition services including access to quality health services and a healthy environment, free of

disease and unsanitary conditions; and (iii) feeding and care practices; these factors are shaped by broader social, cultural, political and economic factors.

Domain 3: Responsive caregiving

When an infant or young child babbles, gestures or cries, and an adult responds appropriately with eye contact, words or a hug, neural connections are built and strengthened in the child's brain that support the development of communication and social skills.

- Responsive caregiving encompasses both sensitivity and responsiveness. 'Sensitivity' is being aware of a child's acts and vocalizations from the time of birth, which are communicative signals to indicate her/his needs and wants. 'Responsiveness' is the capacity of parents and caregivers to respond appropriately to these signals (WHO, UNICEF & World Bank Group, 2018).
- While 'custodial' care is important for the protection of the child, 'responsive' care is significant for the child's holistic development; both are vital.
- Warm and consistent care and relationships are key to the development of basic trust and security in children in the early years and provide the foundation for their socialization for life.
- Early stimulation and regular interaction with the child, through immersion in language and interactive play opportunities, stimulates brain growth and early learning and development.

Domain 4: Opportunities for early learning

- Learning begins as early as at conception. Talking with the baby in utero helps it recognize the mother's voice after birth and bond better with her. It is also known to impact the child's speech and language development.

- Opportunities for play, activity and interaction with other children and with adults are the vital ingredients through which children learn and co-construct their own knowledge and not through ‘one way teaching’ by adults.
 - Children learn best in their own home language or mother tongue, although they can pick up many languages simultaneously if exposed to them in the environment.
 - Children are not developmentally ‘ready’ for formal learning of the 3Rs, i.e., reading, writing and arithmetic, in the early childhood years. Starting teaching of academic skills too early can lead to a poor foundation for life and be counterproductive.
 - Children with special needs or from marginalized communities must be included with others, with the most vulnerable being reached out to, to enable them to receive equitable opportunities to learn and develop to their full potential.
- which add to children’s vulnerability and toxic stress.
- Sexual exploitation of children, often even during infancy, is becoming more commonly reported. Sexual exploitation can traumatize a child for life. Ensuring protection of children from this menace cannot be overemphasized.
 - Children are also increasingly becoming victims of emergency situations in countries around the world, including in contexts of internal conflicts or natural disasters. These situations place children in extreme and prolonged contexts of deprivation including separation from families that are known to create toxic stress. This in turn has serious consequences for their physical and emotional health often leading to social maladjustment.
 - Ensuring caregivers’ mental health and working with them to prevent maltreatment of children is also important.

Domain 5: Security and safety

- Every child must be protected from abuse, violence, neglect and harm through ensuring all measures and appropriate practices for prevention and intervention.
- Children in these early years are very vulnerable to risks as they do not developmentally have the required capability to protect themselves from unanticipated threats or dangers, physical pain or emotional stress. Ensuring a risk-free immediate environment, free of physical or environmental hazards, to the extent possible, for every child is vital.
- More longer-term risks could be due to environmental pollution, exposure to chemicals or traffic hazards, natural disasters or emergencies of any kind, often leading to children being separated from parents, all of

2.3 ECD Service Quality Standards

2.3.1 Service Standards: Conception to childbirth

This sub-stage focuses primarily on two critical phases – pregnancy and childbirth – and is concerned with the related care of mother and newborn. In this context, standards for antenatal and postnatal health services are already available in almost all of the South Asian countries, either through facilities or through home outreach and are in almost all cases already based on WHO guidelines or standards.⁶

The WHO guidelines (WHO, 2015; WHO, 2016) have specified eight quality standards and quality statements corresponding to each standard, which detail the practical implications. These may be used to derive measurement indicators for each of the standards for this sub-stage. Since these

⁶ According to the information given on the website of each country’s health department.

standards are now universally accepted, they are being adopted in this document for this sub-stage.⁷ These eight standards apply to health facilities as well as individual counselling or home support services.

The eight standards are:

Standard 1 Every woman and her newborn receive evidence-based routine care and management of complications during labour, childbirth and early postnatal period, as per WHO guidelines.

Standard 2 The health information system enables the use of data for early and appropriate action to improve care for every woman and her newborn.

Standard 3 Every woman and her newborn with conditions that cannot be dealt with effectively with the available resources is appropriately referred.

Standard 4 Communication with women and their families is effective and in response to their needs and preferences.

Standard 5 Women and their newborn receive care with respect and dignity.

Standard 6 Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens her own capabilities.

Standard 7 For every woman and newborn, competent and motivated staff is consistently available to provide routine care and manage complications.

Standard 8 The health facility has an appropriate physical environment with adequate utilities, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

The quality statements corresponding to each of these standards and indicators are available in detail in the WHO guidelines (WHO, 2015; WHO 2016).

Guidelines for the water and sanitation domain available from UNICEF are also important in this context.⁸ WHO guidelines for maternal nutrition and protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services are important for ensuring quality provision of nutrition services from conception to childbirth (see Box 8). In addition, Annex 5 provides

Box 8. WHO guidelines

Nutrition guidelines and standards for the period conception to birth are covered in various WHO guidelines:

1. *WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience*, World Health Organization, Geneva, 2016.
2. *Guideline: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services*, World Health Organization, Geneva, 2017.
3. *Implementation guidance: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: The revised Baby-friendly Hospital Initiative*, World Health Organization, Geneva, 2018.

Standards/guidelines for breastfeeding in facilities providing maternity and newborn services are covered under the 'Ten Steps to Successful Breastfeeding' (revised 2018), <https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding>.

⁷ A similar format of standards and associated quality statements and indicators has been adopted in this document for articulating the other categories of standards too, i.e., birth to 3 years and 3 years to school-entry age. The indicators have been classified in terms of structural quality, process-based quality and expected outcomes.

⁸ https://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en.

web resources for stage-wise standards/guidelines available for nutrition.

2.3.2 Service Standards: Birth to 3 years:⁹ Home/community-based services

Mutual investment by families, businesses and the state in this critical phase of human life lays the foundation for children’s success in school, adults’ success at work, and the ability of children and families to exit poverty and gain lifelong health.

Four family-friendly policies:

- Paid parental leave to care for young children
 - Supporting breastfeeding
 - Affordable, accessible and quality child-care services
 - Child benefits
-

Services in this category, which could include parenting services/programmes; home visitors’ services, health volunteer visits; home-based day-care centres and play groups, or non-formal community-based child care programmes; and early childhood nutrition services, are prevalent in South Asia. These standards, quality statements and indicators address the needs of both parents and children.

STANDARDS AND QUALITY STATEMENTS

Standard 1 Every parent/caregiver/family is given parenting guidance and support by a service provider in responsive caregiving and parenting, which strengthens the caregivers’ own parenting capabilities to meet the holistic needs of their children/wards, while retaining sensitivity to their own needs and socio-cultural context and respecting their role as primary caregivers.

Quality statement 1: Parents and caregivers are explained the importance of warm and consistent care and relationships as key to the development of children in the early years.

Quality statement 2: Assurance is provided to the parents and family that it is not necessary to have a single caregiver for a child as children adjust well to multiple caregivers, but consistency in caregivers and caregiving is more important.

Quality statement 3: Parenting programmes place emphasis on the fact that children need affectionate, interactive and secure care from adults in a harmonious family environment, since these early experiences form the basis for their developing a sense of trust in the environment and set a foundation for their socialization for life.

Quality statement 4: Parents and caregivers are encouraged to regularly respond, interact and play with the child in a language-rich and play-based environment since this stimulates the child’s brain growth and facilitates physical, language, socio-emotional, cognitive and creative development.

Quality statement 5: Parenting and caregiver programmes and interactions value parents’ own experiences and practices and encourage sharing and cross learning, particularly in terms of traditional play materials, games, child-care practices and nutritional recipes that are conducive for children’s development.

Standard 2 Every child is given holistic and age-appropriate opportunities for his/her development and early learning, irrespective of the child’s caste, socio-economic status, gender, language, ability and social context.

Quality statement 1: Parents understand the importance of giving children opportunities for free play, outdoor physical activities and social interactions in accordance with their age since these are all vital ingredients for children’s learning and development.

⁹ Annex 2 shows a table demonstrating age and domain-wise progressive development indicators for children from birth to 3 years of age to provide an understanding of the developmental process in expected outcomes in children during this sub-stage.

Quality statement 2: Parents ensure that their child is encouraged to learn and use her/his home language or mother tongue in which children learn best at this stage, although they may have a natural flair to pick up many languages if exposed to them in the environment.

Quality statement 3: Parents are aware that children learn better by co-constructing their knowledge through direct experiences in the environment and interactions with other children and adults, rather than through direct teaching.

Quality statement 4: Parents receive guidance on how to 'immerse' children in a language-rich environment with plenty of opportunities to talk, share and listen to stories and rhymes with them, with a view to promote their emotional and language development and thinking skills.

Quality statement 5: Parents of children with special needs are also *included*, with the most vulnerable being specially reached out to, to enable early identification of disability and intervention to ensure equitable opportunities for every child to develop to his/her full potential. On any detection of disability or special need, relevant guidance is communicated by the service provider with care and required sensitivity to the parent/family and necessary and feasible support provided.

Standard 3 Every child's health is nurtured through conducting/facilitating periodic health check-ups; monitoring the immunization schedule; promoting breastfeeding and age-appropriate, nutritious and safe complementary foods, which are nutrient rich without excess energy, saturated and trans fats, and free of sugars or salt; promoting nutritional supplementation; and regular growth monitoring along with referrals, as and when required.

Quality statement 1: Parents are encouraged/facilitated to maintain health cards of the child, including immunization records, and growth monitoring and screening for malnutrition are carried out or facilitated regularly. Any indication of concern regarding a child's health or nutritional status is treated, if minor, or else referred to the closest health facility through the family for health and nutritional support.

Quality statement 2: Parents are given regular orientation on issues of children's nutrition and access to services; exclusive breastfeeding for the first six months of life and continuation for two years or more along with age-appropriate, nutritious and safe complementary foods; when and how to feed a child and enhancing the diversity and nutrient density of local home food and ensuring a nutritious and balanced diet for children; nutritional adequacy for the mother and importance of creating a warm and caring environment for the child while feeding; and early detection, preventive care and treatment of life-threatening wasting.

Quality statement 3: Parents and children are encouraged to maintain good hygiene practices, including regular washing of hands, especially before and after meals and after use of toilet, including age-appropriate toilet training; and provided orientation on the importance of proper sanitation, potable drinking water and other health and hygiene habits related to personal and environmental hygiene.

Quality statement 4: Parents and caregivers are sensitized to the importance of not only physical but also emotional health of the child, the factors that impact emotional health, including need for positive disciplining, and the importance of providing nurturant care and affection to the child.

Quality statement 5: Service providers maintain a close professional link with the local health facility-based services and guide/support parents or other caregivers to avail of these services as and when the need for more technical and professional skills and understanding arises.

Standard 4 Every child's safety and security, physical and socio-emotional, is considered paramount and all possible precautions are taken to create conditions that will ensure the same.

Quality statement 1: Parents and caregivers are encouraged to take all measures possible within the home and in the immediate environment to protect every child from abuse, violence, neglect and harm through appropriate preventive measures and required interventions.

Quality statement 2: Service provider guides parents/caregivers to help every child develop awareness of a 'good touch' and a 'bad touch', as protection from sexual abuse.

Quality statement 3: Service provider alerts parents and caregivers to ensure safety of toys and play materials for children, especially of sharp edges or corners in play equipment/materials, electrical points, toxic colours on toys, and small beads that could be swallowed inadvertently.

Quality statement 4: Parents and caregivers are sensitized to the harmful effects of physical or verbal abuse or shouting at children, which may create a sense of insecurity in the child.

Quality statement 5: Parents and caregivers are made aware of the negative impact of long-term separation from family or any prolonged deprivation due to emergency situations or natural disasters that can lead to development of toxic stress in children, which has a negative impact on their development.

Standard 5 Competent, professionally trained and motivated service providers are available to identify and address the holistic needs of each child by supporting the parents or family as caregivers, as and when required, through home visits or through community-based interventions.

Quality statement 1: Service providers and associated staff have the necessary educational and professional qualifications prescribed for delivering the required services to families and interest and commitment in nurturing young children's growth and development.

Quality statement 2: Service providers have clarity regarding their respective roles and are provided comprehensive on-the-job training, followed by recurrent training, which equips them to be multiskilled with adequate understanding and skills in the integrated care of children. This could include maternal and child health; first aid; children's health challenges; identification of children with special needs; information on referrals; nutritional care and support; significance and nature of play for early

learning; and effective communication skills to promote behaviour change, as and when needed.

Quality statement 3: Training of service providers is complemented by effective on-site mentoring and supportive supervision to ensure effectiveness in service delivery. In addition, availability of 'easy to use' reference materials are made accessible to all to ensure updated understanding, knowledge and practices.

Quality statement 4: A well laid down career development plan for service providers is in place, linked to experience and upgradation of qualifications, so as to ensure continuity and commitment of the staff and to incentivize upgradation of their knowledge and skills.

Quality statement 5: Service providers maintain regular communication with not only the parents/caregivers but also the wider community. They involve community leaders in mobilizing resources as and when required to enhance the effectiveness of children's services and create awareness of developmentally appropriate ECD, thus fostering in them a sense of ownership and responsibility for the welfare and development of the children.

INDICATORS

A. Structural indicators

(a) Dosage

Duration of interaction with parents/caregivers, e.g., number of home visits/interactions per month; number of parenting meetings and duration of each interaction.

(b) Physical space, facilities and resources

The ECD Service ensures/promotes:

- Well-ventilated, well-lit, adequate and safe indoor spaces and outdoor spaces for every child to allow for free movement and play.
- Barrier-free physical spaces to facilitate access and movement for any child with disabilities.

- Clean and potable drinking water and clean toilet with handwashing facilities for every child.
- Well-equipped health facilities,¹⁰ like a primary health centre, easily accessible for every child and pregnant woman.
- Access to locally available and age-appropriate play materials for every child.
- Need-based nutrition counselling support, micronutrient supplementation and therapeutic nutrition support available for every child at home or from other sources.

(c) Staffing

- Minimum staff requirement (as per category of service) in terms of levels and numbers.
- Eligibility/qualifications (academic and professional/non-professional) as prescribed at national/provincial level.
- Salaries/compensation for each level as prescribed.
- Provisions for professional development/ career advancement of staff.

B. Process-based indicators

- (a) Content of the ECD Service adequately covers the five domains of nurturing care, i.e., responsive caregiving; health; nutrition; opportunities for early learning; and safety and security.
- (b) Service's/programme's inputs are age appropriate for this sub-stage of early childhood, i.e., birth to three years.
- (c) Service content and approach builds on and is sensitive to parents' and children's own language, social background and beliefs.

- (d) Service provider has the necessary technical knowledge and understanding of early childhood development and the five domains, and the required communication skills to influence parents and caregivers with this knowledge to motivate and enable positive behaviour change.
- (e) Parents/caregivers appreciate the service, demonstrate demand for it and actively participate in it.

C. Outcome indicators

- (a) Parents/caregivers are observed to be displaying increased frequency of 'responsive care' interactions with their children.
- (b) Parents/caregivers demonstrate knowledge of health and nutrition requirements for the child, such as completing immunization schedule or nutrition practices such as early initiation and exclusive breastfeeding from birth to six months, followed by introduction of age-appropriate, nutritious and safe complementary foods, alongside continued breastfeeding and provision of nutritional supplementation, and show evidence of following the same in practice.
- (c) Parents/caregivers provide age-appropriate early learning opportunities to their children by encouraging them to play, telling them stories and demonstrating enhanced interaction with them.
- (d) Parents/caregivers display due priority for their children's safety and security by showing evidence of the steps taken by them to ensure their children are safe.

2.3.3 Service Standards: Birth to 3 years: Centre-based services

Centre-based services, as indicated, refer to all services for children for which the structure for

¹⁰ For health and nutrition service quality indicators, refer to national guidelines.

service delivery is a centre, which may be privately or publicly sponsored and which provides health and nutrition preventive and rehabilitation care, alternative care and/or early learning opportunities to a group of children in this age group at a site that is away from their homes. These could be crèches, play groups, day-care centres, health and nutrition facilities or any centres that aim to offer health, nutrition, responsive care and early learning opportunities to children.

Standards for centre-based services are again identified in terms of the five domains of nurturing care and followed by more specific quality statements and indicators.

STANDARDS AND QUALITY STATEMENTS

Standard 1 The centre places value on nurturing relationships and creating an inclusive, responsive and enabling climate that promotes warm and responsive interactions between children and adults and among adults, for children to grow and thrive physically, emotionally and cognitively, and benefit from opportunities offered.

Quality statement 1: Children and parents feel welcome when they come to the ECD centre, as each child is welcomed by name and made to feel special, irrespective of his/her social background or individual abilities.

Quality statement 2: Service provider/caregiver in a day care ensures a smooth and stress-free transition for every child from home to the centre or programme with special measures, such as allowing a family member to accompany the child, gradually increasing duration of stay in the centre, or allowing the child to bring in a favourite toy or possession.

Quality statement 3: Service provider appreciates that each child is unique and makes efforts to familiarize herself and be responsive to each child's needs, habits, strengths and preferences as and when required, so that each child receives equitable opportunities and no unfavourable comparisons are made.

Quality statement 4: Service provider handles with care and sensitivity any negative occurrence, such as toilet accidents common with young children, with full understanding of children's developmental needs, without creating any shame, trauma or insecurity in the child.

Standard 2 Every child is given holistic and age-appropriate opportunities for his/her development and learning that meet his/her needs for responsive care and early learning, irrespective of the child's caste, class, gender, language, ability and social context.

Quality statement 1: The centre's vision for children's well-being and learning is guided by the understanding that for children in these early years, opportunities for free movement and play in a safe and secure environment and interaction with others form the main source and strategy for their development and learning.

Quality statement 2: Every child is given the facility, support and encouragement to interact and learn in her/his home language or mother tongue in which children learn best at this stage, although they may have a natural flair to pick up many languages if exposed to them in the environment.

Quality statement 3: Children are given age-appropriate opportunities and adequate and flexible time and facilities for free play in activity corners with toys and other play materials, in addition to activities such as conversation, storytelling, music and rhymes, all of which help develop their language and creative skills.

Quality statement 4: Every child feels nurtured and valued with each child's progress, achievements and development, including birthdays, being regularly celebrated, irrespective of her/his gender, caste, class or social background, or individual appearance or abilities.

Quality statement 5: Children with special needs are also *included* with other children, with the most vulnerable being specially reached out to, to enable early identification of disability and plan

intervention/referral and needs-based adaptation to ensure equitable opportunities for all children to develop to their full potential. On detection of any disability or special need, relevant guidance is communicated by the service provider with care and required sensitivity to the parent/family and necessary and feasible support provided.

Standard 3 Every child's health and nutrition is nurtured through conducting/facilitating periodic health check-ups; monitoring the immunization schedule; promoting breastfeeding and age-appropriate, nutritious and safe complementary foods that are nutrient rich without excess energy, saturated and trans fats, free of sugars or salt; promoting nutritional supplementation with required nutritional calorie and micronutrient contribution; and regular growth monitoring along with referrals, as and when required.

Quality statement 1: The centre maintains health cards with specific notes for each child, including his/her immunization record and any specific health issues, and carries out regular growth monitoring and screening for malnutrition. Any indication of concern regarding a child's health or nutritional status is treated, if minor, in consultation with the parents or else referred to the closest health facility through the family for health and nutritional support.

Quality statement 2: Parents are given regular orientation on issues of children's health and nutrition and access to services; exclusive breastfeeding for the first six months of life and its continuation for two years or more along with age-appropriate, nutritious and safe complementary foods; when and how to feed a child; supplementary complementary diets and recipes for enhancing the diversity and nutrient density of local home food; nutritional adequacy for the mother and importance of creating a warm and caring environment for the child while feeding; and early detection, preventive care and treatment of life-threatening wasting.

Quality statement 3: The centre gives priority to maintaining good hygiene and sanitation practices

among the staff and children, including ensuring regular washing of hands, especially before and after meals and after use of toilet; toilet training; use of dustbin; clean storage of food; cleanliness of premises; availability of potable drinking water; and other health and hygiene habits related to personal and environmental hygiene.

Quality statement 4: Parents and caregivers are sensitized to the importance of not only physical but also emotional health of the child, the factors that impact emotional health, including need for positive disciplining, the ill effects of child abuse and the importance of providing nurturant care and affection to the child.

Quality statement 5: Service providers maintain a close professional link with the local facility-based services and guide/support parents or other caregivers to avail of these services as and when the need for more technical and professional skills and understanding arises.

Standard 4 Every child's safety and security, physical and socio-emotional, is considered paramount in the centre and all possible precautions are taken to create conditions that will ensure the same.

Quality statement 1: The centre has a written policy/checklist that is followed, which commits to take all measures possible within the centre and in the immediate environment to protect every child from abuse, violence, neglect and harm through appropriate preventive measures and required interventions, and have first-aid equipment and facilities available.

Quality statement 2: Caregivers are trained to help every child develop awareness of a 'good touch' and a 'bad touch', as protection from sexual abuse.

Quality statement 3: The centre has essential safety measures at hand such as first-aid kits, fire extinguishers, fire alarms and other safety equipment installed and available at all times. There are no safety hazards, such as small beads or play materials, which could be swallowed inadvertently, live wires, open switches, sharp edges or toxic

colours in toys, walls or furniture, which can potentially harm children.

Quality statement 4: Caregivers are all sensitized to the harmful effects of physical or verbal abuse or raising of voice in anger, which may create a sense of insecurity in the child.

Quality statement 5: Caregivers are made aware of the negative impact of long-term separation from family or any prolonged deprivation due to emergency situations or natural disasters that can lead to development of toxic stress in children, which has a negative impact on their development.

Standard 5 Competent, professionally trained and motivated service providers are available to identify and address the holistic needs of each child in the centre.

Quality statement 1: The caregivers and other staff have training and experience in different domains of nurturing care, including basic information on age-appropriate health care, nutrition, responsive caregiving, early learning, and maintenance of safety and security for children in the centre.

Quality statement 2: The centre, or its sponsoring organization, employs caregivers and other staff with educational and professional qualifications, as prescribed at national/provincial level for the assigned roles, and ensures they possess the requisite skills, interest, role clarity and commitment to nurturing young children and providing parenting support, with the required sensitivity towards socially diverse families.

Quality statement 3: The centre has adequate trained supervisory staff and caregivers to ensure age-appropriate adult to child ratio to ensure high quality care and development opportunities and experiences for all children in a safe and secure environment.

Quality statement 4: The centre, or its sponsoring organization, follows a professional development policy and plan, which comprises induction training for all staff at entry, followed by periodic refresher

trainings, supplemented by an effective system of on-site mentoring and availability of 'easy to use' reference materials to keep the staff updated on current knowledge and practices.

Quality statement 5: The centre, or its sponsoring organization, has a well laid down career development plan appropriate to each staff position, so as to facilitate continuity and commitment of the staff and reduce turnover and incentivize efforts to upgrade their knowledge and skills.

Standard 6 Every parent/family is given guidance and support in responsive caregiving and parenting that strengthens their own parenting capabilities to meet the holistic needs of their children by complementing the centre's curricular vision, while retaining sensitivity to the parents' own needs and socio-cultural context and respecting their role as primary caregivers.

Quality statement 1: The centre interacts with a new set of children/parents to understand family context and culture and parents' views on child-rearing, so as to ensure compatibility between the centre and home and avoid any conflict of approach.

Quality statement 2: Assurance is provided to the parents and family that it is not necessary to have a single caregiver for a child as children adjust well to multiple caregivers, but consistency in caregivers and caregiving is more important.

Quality statement 3: Parenting programmes place emphasis on the fact that children need affectionate, interactive, consistent and secure care from adults in a harmonious family environment, since these early experiences form the basis for their developing a sense of trust in the environment and set a foundation for their socialization for life.

Quality statement 4: Parents are encouraged to respond, interact and play regularly with their child in a language-rich and play-based environment since this stimulates the child's brain growth and facilitates physical, language, socio-emotional, cognitive and creative development.

Quality statement 5: Parenting programmes and interactions value parents' own experiences and practices and encourage sharing, particularly in terms of traditional play materials, infant games, child-care practices and nutritional recipes that are conducive for children's development.

Standard 7 The centre has adequate, secure and well-ventilated facilities for children's optimal growth and development.

Quality statement 1: The centre is designed in a way that ensures all children are within sight and being supervised at all times by adults all through the centre's activities, for example, as children play, eat, move around, go to the toilet or just sleep.

Quality statement 2: The centre has indoor facilities, which are adequately spacious for the number of children in the facility to carry out planned activities, allowing them space to move about or play freely indoors, without any hindrance. For sleeping too, there should be separate cots or floor space for each child so that children are not placed too close to each other for reasons of personal hygiene and contagious infections. Bed linen or mattress if provided should be washed and changed regularly.

Quality statement 3: The centre has adequate outdoor space, which is safe from hazards of any kind and which has age-appropriate, safe and well-maintained outdoor play equipment. The space is also adequately spacious for children to engage freely in outdoor play.

Quality statement 4: The centre has separate toilets and kitchen away from the children's play and sleeping area to keep them away from smoke, or to avoid children entering the toilets or kitchen on their own, which could be unsafe.

Quality statement 5: The centre has activity corners on all sides for children's free play activities, such as dolls corner, art corner, blocks and toys corner, music corner, picture books corner, which children can access easily and

carry out play of their choice. These corners are equipped with a variety of safe, not too small and non-toxic local toys and materials appropriate for children's ages, skills and abilities. Materials with multiple use possibilities are preferred from the perspective of economic efficiency.

Quality statement 6: The centre has arrangements for potable drinking water, clean water for toilet and handwashing, and effective arrangements for periodic cleaning of the facility during the day to ensure sanitized and clean spaces for children to use as they crawl, walk, run and move around freely.

Quality statement 7: Growth monitoring, health care and supplementary meals are essential components of the centre's programme and all necessary equipment and facilities are available for these activities in a satisfactory condition, such as weighing scale, first-aid kit, unbreakable crockery, utensils and dustbins.

INDICATORS

A. Structural indicators

(a) Dosage

- Duration of interaction with children, i.e., number of hours by number of days per year the child attends the centre's programme.
- Duration of interaction with parents/caregivers: number of home visits/parent meetings per month/year and duration of each interaction.

(b) Physical space, facilities and resources

Core facilities for all health centres, day-care centres and play groups:¹¹

- Well-ventilated, well-lit, adequate and safe indoor spaces and outdoor spaces available for every child to allow free movement and play.

¹¹ Given the range of services of varying standards, the 'core' indicators apply to non-negotiable provisions.

- Barrier-free physical spaces available to facilitate access and movement for any child with disabilities.
- Clean and potable drinking water and clean toilets with handwashing facilities available for every child and adapted for children with disability.
- Well-ventilated, well-lit, safe and adequate indoor space for the number of children attending/visiting, allowing for free movement with child-friendly corners, such as activity/play corners for different kinds of age-appropriate play for children.
- Well-equipped health facilities,¹² like primary health centres, easily accessible for every child and pregnant woman for regular health checks. First-aid box, growth monitoring equipment, such as weighing scales and growth monitoring charts/graphs, and thermometers available in the centre.
- Breastfeeding-friendly space with adequate privacy and cleanliness made available for lactating mothers.

Additionally for crèches, day-care centres and play groups:

- Safe and adequate outdoor space for outdoor play for number of children attending for free movement, with adequate and safe outdoor play equipment.
- Adequate space and clean facilities for each child to sleep, if required.
- Floor surface covering for children to sit and play; regular supply of stationery for children's drawings and art work, and maintaining each child's portfolio and records.

- Kitchen space, if required for the service, e.g., for day care, to be non-smoky and well-equipped with requisite kitchen equipment and utensils for meals.
- Storage facility for staff and children.
- Standards for nutrition maintained in food quality and menu, if provided.
- Children's health records, staff records, financial and other records maintained.

Desirable:

- Activity area/corners with materials per corner, such as dolls corner, blocks corner, art corner, picture books corner, manipulative toy materials corner, for free and creative play.
- Musical instruments/music playing facility (for music and movement).
- Sick bay if child is unwell, with medical help on call.
- Play materials, including art materials, activity materials for activity corners as above according to children's developmental needs, ages, numbers and needs of the programme that meet safety standards.

(c) Staffing¹³

- Minimum staff requirement: In numbers as per levels and specific needs of ECD Service and number as prescribed in national or provincial rules, if available.
- Eligibility qualification: Academic and professional criteria (as prescribed at national/provincial level)
 - Professional/level: Infant caregivers, facilitators/teachers; supervisors, programme managers; therapists

¹² For health and nutrition service quality indicators, refer to national guidelines.

¹³ For health and nutrition services staffing, refer to national guidelines.

- Non-professional staff: Helpers, drivers and other support staff
- Adult-child ratio: All levels and categories of staff indicated above to be estimated by age of children to be catered to and number of children enrolled for each sub-stage, e.g., infants, toddlers.
- Salaries/compensation for each level.
- Provisions for professional development of staff.

B. Process-based indicators

- (a) Content of the ECD Service covers the five domains of nurturing care adequately, i.e., responsive caregiving; health, nutrition; opportunities for early learning; and safety and security.
- (b) The Service's inputs are age appropriate for this sub-stage of early childhood, i.e., conception to 3 years.
- (c) The Service's content and approach builds on and is sensitive to parents' and children's own language, social background and beliefs.
- (d) Infant caregiver, teacher and other staff have the necessary technical training, knowledge and understanding of early childhood development and the five domains; the requisite skills and attitude to organize a warm, caring, non-discriminatory, safe and stimulating play-based environment for all children; and possess adequate communication skills to interact with and influence parents and caregivers with their knowledge to motivate and enable positive behaviour change in caregiving.
- (e) Parents/caregivers appreciate the service and demonstrate demand for it.

C. Outcome indicators

- (a) The centre has been able to create a warm, child-friendly, play-based and safe and secure environment for children with age and developmentally appropriate activities and opportunities for children's care and learning.
- (b) The centre demonstrates a holistic approach with planned facilities and processes for supporting all five domains of responsive caregiving, health, nutrition, and early learning in a safe and secure environment.
- (c) Children stay happily in the centre and move around freely and engage in play and older ones actively participate in planned activities.
- (d) Parents/caregivers are observed to be displaying increased frequency of 'responsive care' interactions with their children.
- (e) Parents/caregivers demonstrate knowledge of health and nutrition requirements for the child, such as completing the immunization schedule or exclusive breastfeeding from birth to six months, followed by introduction of age-appropriate, nutritious and safe complementary foods, alongside continued breastfeeding, and provision of nutritional supplementation, and show evidence of following the same in practice.
- (f) Parents/caregivers provide age-appropriate early learning opportunities to their children by encouraging them to play, telling them stories and demonstrating enhanced interaction with them.
- (g) Parents/caregivers display due priority to children's safety and security by showing evidence of the steps taken by them.

2.3.4 Service Standards: 3 years to school-entry age:¹⁴ Centre-based services

STANDARDS AND QUALITY STATEMENTS

Standard 1 The centre places value on nurturing relationships and creating an inclusive, responsive and enabling climate that promotes warm and responsive interactions between children and adults and among adults, for children to grow and thrive physically, emotionally and cognitively and benefit from opportunities offered.

Quality statement 1: Children and parents feel welcome when they come to the ECD centre, as each child is welcomed by name and made to feel special, irrespective of her/his social background or individual abilities.

Quality statement 2: Teachers ensure a smooth and stress-free transition for every child from home to the centre or programme with special measures, such as allowing a family member to accompany the child, gradually increasing duration of stay in the centre, or allowing the child to bring a favourite toy or possession.

Quality statement 3: Teachers appreciate that each child is unique and make efforts to familiarize themselves and be responsive to each child's needs, habits, strengths and preferences, as and when required, so that they ensure equitable opportunities and do not make unfavourable comparisons.

Quality statement 4: The centre's teacher/staff handles any negative occurrence with care and sensitivity, such as toilet accidents common with young children, with full understanding of children's developmental needs, without creating any shame, trauma or insecurity in the child.

Standard 2 Every child is given holistic and age-appropriate opportunities for his/her development and learning that meet the child's needs for responsive care and early learning, irrespective of his/her caste, class, gender, language, ability and social context.

Quality statement 1: The ECD centre/services have developed and use a curriculum that is holistic and age appropriate in nature, in accordance with a national/provincial curriculum framework, and focuses on enabling children to secure a sound foundation for all round development in terms of physical and motor, language, cognitive, socio-emotional and creative development, with the content designed in conformity with their age, needs, interests and socio-cultural contexts.

Quality statement 2: The ECD centre adopts a pedagogical approach, which is play and interaction-based and not didactic and allows flexibility, as it subscribes to the principle that every child creates his/her own knowledge and learning at his or her own pace through direct experience, but scaffolded by warm and caring social interaction with adults and other children.

Quality statement 3: The curriculum includes components of emergent and early literacy and emergent numeracy, but does not introduce any formal teaching of literacy and numeracy, since children are not yet developmentally ready for it.

Quality statement 4: The programme provides a range of free play opportunities for children to engage with in activity corners such as dolls corner, books corner, construction corner with building blocks and other play and art materials, with the understanding that free play offers children significant opportunities to develop their creativity and language skills and important executive functions, such as self-regulation, task persistence, cognitive flexibility and working memory.

Quality statement 5: Teachers appreciate the value of a well-balanced and planned preschool curriculum, with time and space provided daily for alternating of individual, small group and large group activities, quiet and vigorous activities, outdoor and indoor activities and free, child-led and teacher-guided activities as per children's ages.

Quality statement 6: The teacher creates a language-rich environment for children to be immersed in, with emphasis on opportunities for listening and speaking and emergent literacy with

¹⁴ The terminal age for this sub-stage is not specified since it varies within and across countries in the South Asian region, as it is determined by the prescribed age for entry to school in Grade 1, which ranges from 5 to 7 years of age.

the understanding that language development in the child's home language or regional language is key to all learning at this stage of a child's development.

Quality statement 7: The ECD centre adopts a very inclusive approach and ensures disability friendly spaces and facilities with access to special expertise and resource support for curricular adaptations in case of children with special needs.

Standard 3 Every child's health and nutrition is nurtured through conducting/facilitating periodic health check-ups and monitoring the immunization schedule; age-appropriate, nutritious and safe complementary foods that are nutrient rich without excess energy, saturated and trans fats, free of sugars or salt; promoting nutritional supplementation with required nutritional calorie and micronutrient contribution; and regular growth monitoring along with referrals, as and when required.

Quality statement 1: The centre maintains health cards for each child, including immunization records and notes on any specific health issues, advises periodic health check-ups and provides for daily nutrition/meal, in addition to carrying out regular growth monitoring and screening for malnutrition. Any indication of concern regarding a child's health or nutritional status is treated, if minor, in consultation with the parents or else referred to the closest health facility through the family for health and nutritional support.

Quality statement 2: The teachers and other staff in the centre are trained in first aid, children's health and nutrition challenges and identification of special needs, including early detection of malnutrition. Any detection of disability in a child is communicated with care and required sensitivity to the parents and relevant advice and support for referral or other action is given.

Quality statement 3: Staff's as well as children's personal hygiene is monitored and good hygiene practices are promoted, such as washing hands before and after eating food and after using toilet, personal hygiene and keeping the environment clean. Cleanliness, good sanitation, clean toilets and availability of potable drinking water and appropriate ventilation are given due importance.

Quality statement 4: Parenting sessions are held periodically, and parents are oriented on children's health; health and hygiene habits; immunization schedule; preventive care against malnutrition, such as early initiation of breastfeeding, counselling and support for exclusive breastfeeding, complementary feeding, provision of food and micronutrient supplements, early detection and referral for preventive care and treatment of life-threatening wasting, and concerns if any regarding growth monitoring; and care for minor childhood illnesses.

Quality statement 5: Parents and caregivers are sensitized on the importance of not only physical but also emotional health of the child, the factors that impact emotional health, including need for positive disciplining, the ill effects of child abuse and the importance of providing nurturant care and affection to the child.

Standard 4 Every child's safety and security, physical and socio-emotional, is considered paramount in the centre and all possible precautions are taken to create conditions that will ensure the same.

Quality statement 1: The centre has a written policy that it follows, which commits to take all measures possible within the centre and in the immediate environment to protect every child from abuse, violence, neglect and harm through appropriate preventive measures and requisite interventions.

Quality statement 2: Caregivers/teachers are trained to help every child develop awareness of a 'good touch' and a 'bad touch', as protection from sexual abuse.

Quality statement 3: The centre has essential safety measures at hand, such as first-aid kits, fire extinguishers, fire alarms and other safety equipment installed and available at all times. There are no safety hazards, such as small beads or play materials that could be swallowed inadvertently, live wires, open switches, sharp edges or toxic colours in toys, walls and furniture, which can potentially harm children.

Quality statement 4: Caregivers are all sensitized to the harmful effects of physical or verbal abuse, corporal punishment or raising of voice in anger, which may create a sense of insecurity in the child.

Quality statement 5: Caregivers are made aware of the negative impact of long-term separation from family or any prolonged deprivation due to emergency situations or natural disasters that can lead to development of toxic stress in children, which has a negative impact on their development.

Standard 5 Competent, professionally trained and motivated service providers/teachers are available to identify and address the holistic needs of each child in the centre.

Quality statement 1: The teachers/caregivers and other staff are trained and experienced as per their role definitions in different domains of nurturing care, including basic knowledge and skills in age-appropriate health care, nutrition, responsive caregiving, early learning, and maintenance of safety and security for children in the centre. They possess skills, interest, role clarity and commitment to nurturing young children and providing parenting support and guidance with sensitivity to social and cultural diversity.

Quality statement 2: The teachers/caregivers and supervisory and other staff in the centre have educational and professional qualifications as prescribed for each level at national/provincial level.

Quality statement 3: The centre has adequate number of trained supervisory staff and caregivers to ensure age-appropriate adult to child ratio to ensure high quality care and development opportunities and experiences for all children in a safe and secure environment.

Quality statement 4: The centre, or its sponsoring organization, has a clearly articulated professional development policy and plan, which comprises induction training of all staff at entry, followed by periodic refresher trainings. This is accompanied by an effective system of on-site mentoring by senior staff and availability of 'easy to use' reference materials to keep the staff updated on current knowledge and practices.

Quality statement 5: The programme has a well laid down career development plan appropriate

to each staff position, so as to ensure continuity and commitment of the staff and an incentive to upgrade their knowledge and skills.

Standard 6 Every parent/family is given guidance and support in responsive caregiving and parenting that strengthens their own parenting capabilities to meet the holistic needs of their children by complementing the centre's curricular vision, while retaining sensitivity to the parents' own needs and socio-cultural context and respecting their role as primary caregivers.

Quality statement 1: The centre follows the practice of interacting with a new set of parents and family members, getting to know more about the family context and culture and parents' views on child-rearing and early learning to ensure compatibility and avoid any conflict of approach.

Quality statement 2: The centre periodically involves parents and grandparents in the centre's activities by encouraging them to have interactive sessions with the children, or provide support to the teacher/caregiver in any of the centre's activities.

Quality statement 3: The centre conducts parenting programmes to enhance parents' understanding of the importance of responding to children's need for affectionate, interactive, consistent and secure care from adults in a harmonious family environment, since these early experiences form the basis for their developing a sense of trust in the environment and set a foundation for their socialization for life.

Quality statement 4: Parents are encouraged to regularly respond to children's questions and interact and play with their child in a language-rich, age-appropriate and play-based environment, since this stimulates the child's brain growth and facilitates physical, language, socio-emotional, cognitive and creative development.

Quality statement 5: Parenting programmes and interactions value parents' own experiences and practices and encourage sharing, particularly in terms of traditional play materials, games, child-care practices and nutritional recipes that are conducive for children's development.

Standard 7 The centre has adequate, secure and well-ventilated facilities and materials for children’s optimal growth and development.

Quality statement 1: The centre is designed in a way that ensures all children are in sight and being supervised at all times, as per the centre’s activities, for example during free play in activity corners, indoor and outdoor activities, and during toilet use. There preferably should be a boundary wall and locking facility beyond the reach of children to ensure they do not step out on their own.

Quality statement 2: The centre has indoor and outdoor facilities, which are adequately spacious and without any hazards for the number of children in the facility and the planned activities, so that children can move about or play freely indoors or outdoors without any hindrance, and has adequate appropriate, safe and well-maintained outdoor play equipment.

Quality statement 3: The centre provides barrier-free access for children with special needs and ensures provision of ramps, rails, lifts, adaption of toilets for wheelchair users, and tactile flooring as per requirement.

Quality statement 4: The programme has separate toilets and kitchen away from the children’s play and sleeping area to keep them away from smoke, or to avoid children entering the toilets or kitchen on their own, which could be unsafe.

Quality statement 5: The centre has activity corners for children’s free play activities, such as dolls corner, art corner, blocks and toys corner, music corner, picture books corner, which children can access easily to carry out play of their choice. The activity corners are equipped with a safe, not too small and non-toxic local toys and materials appropriate for children’s ages, skills and abilities. Materials with multiple use possibilities are preferred from the perspective of economic efficiency.

Quality statement 6: The centre has arrangements for potable drinking water, clean water for toilet and handwashing and effective arrangements for periodic cleaning of the facility during the day to ensure sanitized and clean spaces for children to use as they walk, run and move around freely.

Quality statement 7: Growth monitoring, health care and supplementary meals are essential components of the centre’s programme and all necessary equipment and facilities are available for these activities in satisfactory condition, such as weighing scale, first-aid kit, unbreakable crockery, utensils and dustbins.

INDICATORS

A. Structural indicators

(a) Dosage

- Duration of interaction with children, i.e., number of hours by number of days per year, the child attends the centre’s programme.
- Duration of interaction with parents/ caregivers: Number of home visits/ parent meetings per month/year and duration of each interaction.

(b) Physical space, facilities and resources

Core facilities for all preschools/pre-primary services:

- Well-ventilated, well-lit, adequate and safe indoor spaces and outdoor spaces available for every child to allow for free movement and play.
- Barrier-free physical spaces available to facilitate access and movement for any child with disabilities.
- Clean and potable drinking water and clean toilets with handwashing facilities available for the number of children and adapted for children with disability.
- Well-ventilated, well-lit, safe and adequate indoor space for number of children attending, allowing for flexible class arrangements and with child-friendly, age-appropriate and accessible activity corners, such as dolls corner, blocks corner, art corner, picture books corner, manipulative toy materials corner, for free and creative play.

- Safe and adequate space for outdoor play for the number of children for free movement, with adequate and safe outdoor play equipment.
- Well-equipped health facilities,¹⁵ like primary health centres, easily accessible for every child for regular health checks and health cards maintained. First-aid box, growth monitoring equipment, such as weighing scales and growth monitoring charts/graphs, and thermometers available in the centre.
- Clean and durable floor surface covering in place for children to sit for activities and play; furniture if available to be light and movable for flexible class arrangements.
- Regular provision of stationery for children's drawings and art work, and maintaining each child's portfolio and records.
- Storage facility for staff and children.
- Standards for nutrition maintained in food quality and menu, if provided.
- Record-keeping of children's health records, staff records, financial records and other records maintained.
- Kitchen space, if required for the service (if supplementary cooked meal is provided), to be clean, non-smoky and away from the classroom for children's safety and with requisite kitchen equipment and utensils for meals as per numbers enrolled.

(c) Staffing¹⁶

- Minimum staff requirement in numbers as per levels and specific needs of the ECD Service and number as prescribed in national or provincial rules, if available.

- Eligibility qualification: Academic and professional criteria (as prescribed at national/provincial level, if available)
 - Professional/level: Teachers/facilitators; supervisors, programme managers; therapists
 - Non-professional staff: Helpers, drivers and other support staff
- Adult-child ratio: All levels and categories of staff to be estimated by age of children to be catered to and number of children enrolled for each age group, as per prescribed standards at provincial or national level.¹⁷
- Salaries/compensation for each level as per prescribed standards at provincial or national level.
- Provisions for professional development of staff on-site and off-site, including supportive supervision, training and mentoring.

B. Process-based indicators

- (a) Teachers maintain regular lesson plans and diaries for teaching-learning, which reflect a holistic approach to the curriculum, with the five domains of nurturing care, i.e., responsive caregiving, health, nutrition, opportunities for early learning, and safety and security, covered adequately,
- (b) Curricular inputs and pedagogy are observed to focus not on formal teaching of the 3Rs but on nurturance of all developmental domains, including language and emergent literacy and numeracy, cognitive, socio-emotional, physical and motor development and creativity, transacted through age-appropriate play and activity-based pedagogy.
- (c) The content and approach builds on and is sensitive to parents' and children's own language, social background and beliefs.

¹⁵ For health and nutrition service quality indicators, refer to national guidelines.

¹⁶ For health and nutrition services staffing, refer to national guidelines.

¹⁷ Rules if available as prescribed by the government may be used to determine staff number, salaries and qualifications. Having rules at national or provincial level by the government is good practice.

- (d) Teachers supervise children during meal time and try to ensure they get/bring food items, which are nutritious and adequate for them and avoid junk food.
 - (e) Teachers carry out regular growth monitoring and maintain updated health cards of all children.
 - (f) Teachers/facilitators and other staff have the necessary academic qualifications, professional training, knowledge and understanding of early childhood development and the five domains, including emergent and early literacy and emergent numeracy, and the requisite skills and attitude to organize a warm, caring, inclusive and safe learning environment for all children, based on principles of developmentally appropriate curricular planning.
 - (g) The teachers receive regular induction and in-service training and benefit from an effective mentoring system and professional development programme.
 - (h) Teachers also have the skills, knowledge, attitude and resources to adapt themselves, or with resource support, curricular materials, and use assistive devices and appropriate tools to ensure curricular access for children with disabilities.
 - (i) Teachers conduct regular parent-teacher meetings and maintain communication with parents with sensitivity to and understanding of their socio-cultural environment, with the objective of inviting collaboration and orienting them on children's learning and developmental needs, including health and nutrition needs, and their own role in meeting these needs.
- confident and active participation of children in all activities.
 - (b) The centre demonstrates a holistic and balanced approach with evidence of planned facilities and processes for supporting all five domains of responsive caregiving, health, nutrition and early learning in a safe and secure environment.
 - (c) The classrooms are visibly attractive to children and reflect play and activity-based pedagogical approach to the curriculum, with focus on all developmental domains of cognitive, language, socio-emotional, physical and motor, and creative development, and not on the formal teaching of the 3Rs.
 - (d) Children are observed and documented to be progressing in all domains, with children at school-entry stage demonstrating adequate school readiness in terms of conceptual, language and psycho-social foundation.
 - (e) Parents/caregivers demonstrate knowledge of health and nutrition requirements for the child, such as ensuring completion of immunization schedule; awareness of balanced diet and nutritional needs of preschoolers; and importance of personal hygiene and handwashing, and evidence of these health habits are observed in children.
 - (f) Parents/caregivers are observed to be displaying increased frequency of 'responsive care' interactions with their children and reporting measures taken for children's health, nutrition and safety and security.
 - (g) Parents/caregivers appreciate the ECD Service and demonstrate demand for it.
 - (h) Parents/caregivers provide their children age-appropriate early learning opportunities by encouraging them to play, telling them stories and demonstrating enhanced interaction with them.

C. Outcome indicators

- (a) The centre demonstrates a child-friendly, play-based and safe and secure environment for children, with evidence of warm teacher-child relationships and

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Part 3

Use of ECD Service Standards and Quality Assurance and Monitoring System

“The most significant value or use of the service standards will be their contribution to the development of a common understanding of the holistic, integrated and developmentally appropriate nature of quality in ECD.

”

3.1 Potential use and users of ECD Service Standards

3.1.1 Background

ELDS and ECD Service Standards: A quality package

The genesis of this initiative by UNICEF ROSA to develop standards for Early Childhood Development (ECD) services came from the need expressed by UNICEF colleagues working with various government counterparts to promote ECD in the region.

The rationale for this request was that, while in most South Asian countries, Early Learning and Development Standards (ELDS) have been developed for different sub-stages of early childhood with UNICEF support, and in some cases even validated, these are essentially child outcomes.

By themselves, ELDS would have little value unless they are complemented by a set of ECD service quality standards, which are necessary to create a conducive environment to promote the attainment of the desired ELDS outcomes in children. This inter-relationship becomes even more significant in the context of the SDGs, which include ECD as a target for Goal 4 and to which countries in South Asia are committed.

Lack of common vision of ECD

A major issue with ECD quality is that there is no single perception or understanding of what defines quality. This varies among all stakeholders including planners and policymakers. This is particularly so in South Asia where ECD as an organized programme of services is still in a nascent stage and has yet to take root in the system. Stakeholders therefore have little understanding or experience of it and in most cases treat it as a replica or downward extension of the schooling system or in some cases a mere nutrition/meal distribution centre or custodial care centre with a minimalist approach.

The most significant value or use of the service standards therefore will be their contribution to the development of a common understanding of the

holistic, integrated and developmentally appropriate nature of quality in ECD among all stakeholders by serving as a common point of reference, which to date has not existed in the South Asian context.

Need for contextualization and adaptation

While these standards will serve to provide broad guidance, each country will be required to develop its own contextualized specifications for quality in accordance with these standards and quality principles to (a) align them with their respective ELDS, and (b) make the indicators/standards more monitorable and measurable to assess and standardize quality.

In the domain of nutrition, for example, suggestions for safe complementary foods would be required to be drawn from local traditions, food habits and food availability. Similarly, for day care or pre-primary education the norm for an indicator like caregiver/teacher-child ratio would have to be estimated as per the child population in the region to make it economically realistic and implementable, which may not be desirable by norms in other countries. One example of this adaptation and linkage with ELDS can, to an extent, be seen in the ECD Service Standards developed by Thailand (Kaul, 2019).

3.1.2 Users

Policymakers and planners

- The implementation of ECD, being a multidimensional concept, requires participation of several sectors/ministries in the South Asian context, including health, nutrition, women and children affairs, education, labour, rural development and sanitation.
- These standards can pave the way for development of a common vision and perspective of holistic ECD in goals and objectives for different age groups/sub-stages across the five domains of health, nutrition, responsive caregiving, opportunities for early learning, and safety and security.
- The shared vision of quality in ECD services will enable a more integrated and better coordinated implementation and convergence of services

across sectors in planning, monitoring and evaluation of the ECD services, with a clearer focus on processes and outcomes.

Development partners

- Development partners, including UNICEF staff, could effectively use the standards (in combination with available ELDS as 'an ECD quality package' or on its own where ELDS is not available) for ready reference to initiate a discussion with officials or representatives from different sectoral ministries or departments with a mandate for ECD on the need for quality assurance in ECD services.
- The Service Standards (as also ELDS) will facilitate discussions for quality services for ECD with policymakers in accordance with a common vision for different age groups/ sub-stages in their respective contexts. They will help plan and design services and quality assurance systems and institutional mechanisms in accordance with these discussions. This would be particularly significant in the context of the SDGs to which the countries have already committed.
- Development partners could also use these standards to plan, design and carry out advocacy initiatives for all stakeholders to foster their understanding of indicators of developmentally appropriate ECD and the kinds of services required for them to be nurtured.
- Development partners could also use the standards in collaboration with their government counterparts to plan training of administrators and sectoral representatives and service providers on both the ELDS as a means of understanding children's developmental milestones/outcomes and the ECD Service Standards as the way forward for designing and implementing integrated services to ensure expected outcomes.

Implementing organizations, entrepreneurs and service providers

- The Service Standards for both sub-groups, i.e., birth to 3 years and 3 years to 6 years, can serve

as a very useful reference for government-sponsored or non-governmental organizations (NGOs) or private entrepreneurs interested in designing and sponsoring/offering age and developmentally appropriate services in health, nutrition, education or responsive caregiving, such as parenting programmes, home or centre-based health and nutrition services, crèches, day-care programmes, play groups, preschools and institutional care programmes.

- The standards can also support effective monitoring and mentoring of services as age-appropriate and high quality integrated provisions for young children.
- The standards can also help service providers or service managers do self-assessments or make comparative assessments with other programmes and identify their own needs for further support and development.

Parents/caregivers and community members

- The Service Standards can enhance parents/caregivers' understanding of the more desirable ways of caring and interacting with children, what is good for their nourishment, health and well-being, what promotes their development and learning, and how these requirements may differ as per age and context and respond more actively to parenting programmes.
- The standards can facilitate parents to make more informed choices of services for their young children by providing them criteria and related indicators of quality, and enable service providers to match this demand.
- A common understanding in both parents and service providers of home-based and centre-based services could also emerge, which may facilitate better communication and partnership between them in the interest of the child.
- The larger community and community leaders in particular, especially in rural settings, have an important role in ensuring that the services for children meet essential requirements of satisfactory quality and in particular ensure holistic support to the child. The specific

guiding principles and standards will provide community leaders with the necessary understanding of what to look for as indicators of quality on their monitoring visits and for evaluating services in their catchment area, and to identify and support areas for further improvement of services.

Research and programme evaluation and monitoring

- An important requirement of the SDG planning and monitoring process internationally, at regional level and within countries is to develop/adapt tools for tracking progress on SDG indicators at individual country level and across countries and regions.
- A set of core standards, such as these, allows for valid and specific comparisons to be made across different geographical or social entities on agreed parameters of quality.
- Specifications of standards with indicators will also require and enable higher validity tools to be developed around the given indicators and standardized with adequate robustness and precision.
- These standards also provide a standard frame of reference for research on ECD quality or for quality assessment of different programmes or services in ECD run by different organizations or by the government.
- There is often a requirement from sponsors or donors for evaluations of programme they support and these standards can be a resource or provide a reference.
- The Service Standards will allow for more robust comparisons across programmes and more consistency of interpretations as a result of a common understanding of what constitutes quality.
- These standards can also serve as an invaluable reference document for an effective quality assurance and monitoring system for ECD, since the standards will help operationally define quality in ECD services for each of the two ECD sub-stages and provide indicators for monitoring and/or evaluation.

3.2 Setting up a functional quality assurance and monitoring system

Quality assurance may be defined as a “construct and a practice whose goal is to enhance quality through the application of standards and benchmarks against which evidence of performance is going to be gauged” (Ishimine, Tayler & Thorpe, 2009).

It should be a key requirement in any country to determine whether, and to what extent, its programmes and services are delivering on the expected outcomes. In the area of ECD, this would involve setting up a quality assurance and monitoring system, which incorporates quality standards of guiding principles, learning and development outcomes and service standards, thus covering relevant domains of structural and process quality. The system will need to be further situated within an enabling policy and provisioning environment.

The quality assurance and monitoring system for ECD should be designed to have a balanced enforcement cum enablement role and not be converted into an inspectorial, license-awarding regime.

As mentioned in a document on quality standards (Government of India, 2014), the entire process of quality assurance involves three distinct steps or components—quality configuration, quality assessment and quality improvement process (see Figure 3).

The guiding principles, domain-specific considerations and service standards, quality principles and indicators laid down in Part 2 (in conjunction with ELDS) will serve as a sound framework for quality configuration or conceptual framework for quality.

The guidelines for the monitoring and regulatory process suggested in this section address the quality assessment aspect, along with fostering quality improvement through its enablement function. Some important guidelines based on this vision for a quality assurance and monitoring system in ECD are proposed.

Figure 3. Component quality assurance and monitoring system



3.2.1 Enabling environment: Main components

- The implementation of ECD services due to its integrated nature should be carried out by relevant vertical sectors, such as health, nutrition, child protection and education. It therefore is imperative to have a dedicated ECD authority to steer the planning and monitoring of ECD services in the country, prioritize required actions, prepare budgets and facilitate convergence among the various departments. Examples include the Children's Secretariat in Sri Lanka and the Ministry of Women and Child Development in India.

Since senior-level participation is required for effective convergence and high-level priority of early childhood, this may be facilitated by a committee or council constituted at a higher level of authority. A good practice is evident in Thailand where a National Committee on Early Childhood Development is chaired by the prime minister and the minister of education is the first vice-chairperson, with other sectors represented along with subject experts. The committee plays a key role in proposing guidelines for early childhood care and development and establishing coordination between 14 relevant agencies and organizations under the same ECD policy (Kaul, 2019).

- An approved multisectoral policy and action plan to be in place for ECD, providing for integrated and holistic ECD services in the country for

children from birth to 6 years of age with clear time-bound goals and targets, steps for implementation and specified responsibilities, developed through stakeholder consultation, including relevant departments. This should be supported by adequate budgetary provisions allocated for each relevant sector, covering costs of human, physical and financial resource provisions, as per identified priorities by the ECD authority.

- An effective systemic mechanism in place supported by the ECD authority for regular convergence and coordination between the different sectors involved with provision of ECD services for children, for the purposes of planning and monitoring of actions and outcomes.
- Holistic and integrated services in place for children with universal access and adequate provisions for quality, including professionally trained staff and other parameters as per standards, for both sub-stages of birth to 3 years and 3 to 6 years of age.
- A cadre established and operationally in place of appropriate positions for childcare and early learning programmes and related supervisory personnel with a feasible career plan for both to attract qualified personnel. These positions may conform to essential academic and professional qualifications and salary structures to attract and

- retain qualified personnel.
- Establishment of adequate number of professional training institutions of acceptable quality for preparation and professional development of personnel associated with these ECD services.
- Decentralized parenting programmes in place to reach out to families and communities with new knowledge and good practices in childcare and parenting as informed by the science of ECD, but taking into account parents' own contexts, traditions and culture.
- A robust system of registration, monitoring and regulation in place for quality assurance, accountability and quality improvement through an enabling cum enforcement approach. For this, the service quality standards and ELDS will be required to adapt to suit the country's context and made more specific and measurable, while retaining the overall framework of the given standards. The standards may be required to adapt, taking into account the national vision for the child, local demand and field realities, such as resource and personnel availability, institutional capacity and socio-cultural considerations.

Box 9. An enabling policy and implementation framework

Country programme plans that include ECD outputs and outcomes:

- Annual work plans that include specific advocacy, planning, programming and budgeting targets for early childhood-related sectoral initiatives and appropriately cross referenced.
- Required ECD staffing and capacity.
- Mechanisms to coordinate planning, implementation and monitoring of ECD programme activities related to early childhood development across sectors within [UNICEF] Country Offices.
- Sectoral result areas implementing ECD intervention packages.
- Financial benchmarks for programme expenditures on ECD.
- Funding proposals that explicitly reflect ECD-related targets and indicators.
- Partnerships leveraged for ECD.
- Evaluations that demonstrate progress on achievements related to ECD including effectiveness and scalability of programmes.
- Effective system for knowledge management and sharing of lessons learnt and best practices.
- Inclusion of ECD in an Emergency Preparedness and Response Plan.

Source: UNICEF Programme Guidance for ECD, 2017

3.2.2 Quality Assurance and Monitoring System (QAMS) for ECD

- Objectives
 - To serve as the regulatory and development authority in a given country for ECD services for children under 3 years of age and between 3 and 6 years.
 - To serve as a single window for resource materials, technical guidance and information on initiatives for capacity strengthening and quality improvement of services.
- Functions
 - To lay out procedures, norms and standards for registration/accreditation/regulation of ECD services or facilities and disseminate the information in public domain.
 - To provide specific rules, criteria and indicators for eligibility for registration of services as per the service standards.
 - To develop/adapt tools or instruments for quality assessment and monitoring of services, standardize them and provide training on them.
 - To periodically monitor/assess the quality of ECD services for children from birth to 3 years of age and aged 3 to 6 years, as per the given standards, directly or through authorized personnel/institutions.
 - To provide resource materials, train and support institutions/sponsoring organizations to carry out self-assessment/monitoring and make quality improvement plans and implement them.
 - To prepare and make available resource materials to support quality improvement of services.

- To guide establishment of services for children as per approved standards and provide opportunities to early childhood personnel for their professional development.
- Guide/conduct parenting programmes and advocacy initiatives for parents and caregivers through public education and outreach to share new knowledge and priorities in child-rearing to support children's development.
- To periodically review standards, rules and procedures and make necessary amendments.

- Target population/clientele

Specific ECD services for children from birth to 3 years of age and aged 3 to 6 years to be listed across the country, including public, NGO and private sector services, or as relevant to the country context.

3.2.3 Registration and licensing of ECD services/centres/programmes requirements

- Application format and process for registration of an early childhood centre/programme.
- Registration and inspection protocol.
- Protocol for service providers to apply for a variance to the licencing and inspection standards.
- Application for any variance from standards proposed particularly in career path for all early childhood services staff.
- General policy for certification of private centres.
- An accreditation framework or process document.

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Annexes



Annex 1. Selected ECD Services implemented in South Asia¹⁸

Country	Age/target group	Type of ECD service	Funding/location
Afghanistan	Birth–6 years	Negligible provision with some private preschools or mosque-based preschools	
Bangladesh (ECCD)	3–5 years	Centre-based preschools and community and home-based day cares and play groups	NGOs/development partners
	5–6 years	Pre-primary class in government schools	Government
Bhutan (ECCD)	(a) Under 3 years (b) 3–5 years (c) 6–8 years	<ul style="list-style-type: none"> • Home-based parenting programme • Crèches (6 months to 3 years) • Care for Child Development (C4CD) programme and C4CD Plus programme (through health facilities) • Centre-based programmes • Preschool classes for school readiness • ECCD centres/preschools • Private ECCD centres (mostly in urban locations) • Workplace-based centres (these might also be enrolling children under 3 years based on need) • Mobile facilitator programme – 3 to 5-year-olds (the mobile facilitator programmes are a form of centre-based programme where the facilitator moves between two centres) 	<ul style="list-style-type: none"> • Government grants • Community centres by government • Workplace centres by corporates/private/NGO • Private

¹⁸ For more details on services, refer to Annex 1 in UNICEF Programming Guidance for ECD, 2017.

Country	Age/target group	Type of ECD service	Funding/location
India (ECCE)	Parents/ caregivers	Parenting programmes	NGOs; private
	Under 3 years	National home visit programme for health with ECD package	Government grants; NGO & private
	3–5/6 years	Crèches & day-care centres	Government grants; NGO & private
		Anganwadis (ICDS)	Government
		Preschools & play groups	Private
		Preschools attached to primary schools	Private & few government funded
Maldives ECCD /PPE	Birth–3 years	Parenting programmes (non-formal community education)	Community-based
	3–6 years	Preschool centre-based	Community members; private
		Pre-primary class in government school	Government
Nepal (ECD)	Under 3 years	<ul style="list-style-type: none"> • Home-based programmes • Crèches/day-care centres • School-based pre-primary classes 	NGO/community-based; private
	3–5 years	Community-based child development centres	Government grants to community
Pakistan 'katchi'	3–5 years	1-year <i>katchi</i> /preparatory class attached to primary schools Private preschools	Government
Sri Lanka (ECCD)	3–5 years	Preschool centres	NGOs & private institutions; few government funded

ECD: Early Childhood Development; ECCD: Early Childhood Care and Development; ICDS: Integrated Child Development Services; NGO: non-governmental organization; PPE: pre-primary education

Source: ARNEC website, <https://arnec.net>, and government country websites.

Annex 2.

Some developmental characteristics of children, ages birth–1 year, 1–2 years and 2–3 years^{19,20,21}

Characteristic	Age 1 year	Age 2 years	Age 3 years
Socio-emotional	<p>Responds when called by name</p> <p>Has fear of strangers; needs to have a parent or familiar person in sight</p> <p>Tends to imitate what others do</p> <p>Likes to have a favourite toy of her own at all times</p> <p>Shows frustration when needs are not met</p>	<p>Wants to do things on her own</p> <p>Gets upset when separated from a parent/caregiver; is shy in front of strangers</p> <p>Finds it difficult to share things</p> <p>Imitates adult behaviour, e.g., talking on a phone</p> <p>Likes to play alone or with another child sitting beside her, not necessarily with her</p>	<p>Wants to do her daily activities independently like washing, eating, dressing</p> <p>Enjoys helping with household chores</p> <p>Plays simple pretend games and imitates adults</p> <p>Plays alongside other children and sometimes also with them</p> <p>Says 'no' often and throws temper tantrums easily</p>
Cognitive	<p>Repeats actions that cause a response, e.g., shakes a rattle or keeps on ringing a bell</p> <p>Claps hands and can wave a 'bye bye'</p> <p>Looks for things not in sight, e.g., 'peekaboo', i.e., looks for objects that were visible but now hidden</p> <p>Follows simple and short instructions</p> <p>Can solve simple problems like moving an object away to reach out to a toy</p>	<p>Looks for objects that are out of sight</p> <p>Points to and can name some familiar objects, body parts and family members</p> <p>Can build a tower of four blocks</p> <p>Starts to play make-believe games and copies actions seen in the environment, like feeding or dressing a doll</p> <p>Can imitate sounds of familiar animals</p>	<p>Indulges in make-believe play with dolls, animal toys, people</p> <p>Can match an object with a picture in a book</p> <p>Completes a puzzle with 2–3 pieces</p> <p>Can name a few colours</p> <p>Can differentiate big and small</p>

¹⁹ These are indicative developmental indicators by the time child completes 1, 2 and 3 years, respectively.

²⁰ Refer to country's Early Learning and Development Standards also for more comprehensive understanding and use.

²¹ While these are indicative milestones, it must be noted that each child develops at his or her own pace and these indicators should be seen from that perspective of flexibility.

Characteristic	Age 1 year	Age 2 years	Age 3 years
Language & literacy	<p>Babbles in a way that sounds like talking and tries to 'talk' with others</p> <p>Can understand some frequently used words, gradually increasing from about 2 to 12 words and basic instructions like "stop" or "give me"</p> <p>Begins to speak first words such as "da-da" or "ma-ma" around the 10th or 11th month</p> <p>Recognizes family members' names and names of common objects in the environment, e.g., shoe, cup</p> <p>Communicates with action, e.g., raising arms to say, "pick me up!" or shakes head to say "no"</p>	<p>Can use language for social etiquette, such as saying "hi" and "bye" or "please" and "thank you" when asked.</p> <p>Draws and scribbles at will if given a pencil or crayon</p> <p>Recognizes names of people and objects</p> <p>Uses phrases and two-word sentences; has vocabulary in home language of 50 or more words</p> <p>Follows simple instructions involving just one action</p>	<p>Recognizes and names almost all common objects in the environment and pictures of these</p> <p>Understands a two-step instruction and follows it</p> <p>Can tell her name and age and begins to use pronouns now, such as I, you, we, they</p> <p>Speaks in sentences using 5 to 6 words and possesses a vocabulary of approximately 250 to 500 words in home language</p> <p>Speaks clearly although may not be fully comprehensible and answers simple questions</p> <p>Enjoys simple stories, rhymes and songs and can tell stories but not necessarily in sequence</p>
Physical & motor development (large muscle and fine muscle coordination)	<p>Lies on her stomach and can sit alone without support</p> <p>Crawls on hands and knees</p> <p>Can pull up to a standing position and walks with support</p> <p>Grasps objects with thumbs and fingers and can drink from a glass or bowl</p> <p>Puts things in boxes and takes them out again</p>	<p>Walks independently and can pull or push a toy while walking</p> <p>Crawls up steps and can climb onto low furniture</p> <p>Dances to music and responds to rhythm</p> <p>Begins to eat by herself using a spoon</p> <p>Enjoys taking things apart and can stack 2 to 4 blocks</p> <p>Draws/scribbles on paper and starts to do colouring</p>	<p>Has better body control and coordination. Can climb 2 steps at a time and jump with both feet together</p> <p>Can stand on one foot and kick a large ball</p> <p>Eats easily with a spoon but needs help to dress herself.</p> <p>Can turn pages of a book easily</p> <p>Can stack 4 to 6 objects, e.g., building blocks, plastic containers</p> <p>Colours outlines of drawings but not always within the given outlines</p>

Annex 3.

Some developmental characteristics of children, ages 3–4 years, 4–5 years and 5–6 years²²

Domain	Age 3–4 years	Age 4–5 years	Age 5–6 years
Health & nutrition	Carries out basic routine activities, such as feeding, grooming, brushing, washing hands, with adult assistance	Carries out routine activities, such as feeding, grooming, brushing, bathing, toileting, washing hands with supervision	Can manage daily routine activities independently, such as bathing, dressing, toileting
Sensory & cognitive development	Begins to identify different sounds, odours, tastes and textures	Identifies and begins to classify different objects based on any one attribute, e.g., odour, taste and texture, colour	Classifies different objects based on more than one attribute, e.g., odour, taste and texture, colour and shape
Physical & motor development	Can use fine muscles to engage in different activities, such as putting large beads through a wire, building blocks, buttons/unbuttons a shirt Participates actively in unstructured outdoor/indoor play and other forms of physical activities without rules along with other children	Uses fine muscles to engage in different activities, such as putting small beads through a wire, building blocks, buttons/unbuttons a shirt, draws/colours with a crayon within enclosed space Participates actively in structured outdoor/indoor play and other forms of physical activities and follows instructions	Uses fine muscles to engage in different activities, such as putting small beads through a wire, building blocks, holding a pencil correctly and drawing/writing Participates actively in outdoor/indoor games and other forms of physical activities as a member of a team and begins to learn to follow rules

²² Refer to ELDS of own or other countries in the region for children aged 3 to 6 years for more details.

Domain	Age 3–4 years	Age 4–5 years	Age 5–6 years
Language & literacy development	<p>Can understand and respond to simple questions through words or short, simple sentences</p> <p>Shows interest in books, e.g., begins opening up the book correctly, pretend reading a book</p> <p>Can differentiate between and identify sounds of animals, objects in the environment</p>	<p>Can understand more complex questions and responds to them through sentences</p> <p>Begins to develop awareness of print, e.g., points to beginning of the text on the page</p> <p>Can differentiate and identify the beginning sounds of words</p>	<p>Can understand questions with more complexity and responds to them through longer sentences and with more detail</p> <p>Develops awareness of print, e.g., begins to understand that print progresses, e.g., from left to right, and can identify letters</p> <p>Can differentiate beginning, end and middle sounds of words and starts to decode text</p>
Socio-emotional development	<p>Enjoys playing in a group of children but engages in individual play or with a child playing alongside</p> <p>Controls her emotions towards unsatisfied situations/incidents with adults' assistance</p> <p>Expresses satisfaction at having completed desired activity by gesturing or seeking approval</p>	<p>Enjoys playing with a small group of children or with another child collaboratively</p> <p>Begins to try to control her emotions if placed in any unsatisfied situations/incidents on her own at times</p> <p>Volunteers to do more activities to show her capabilities</p>	<p>Begins to enjoy engaging in games with rules and learns to follow the rules</p> <p>Better able to control her emotions towards unsatisfied situations/incidents on her own</p> <p>Takes initiative to do new activities to show her capabilities</p>

Annex 4.

Selected resources for ECD standards from South Asian countries

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2. Bhutan, *MCH Handbook 2019*, <https://www.dropbox.com/sh/u6utur39ae2qs48/AAAeNM46g6YHz9LZHt4BoMN5a?dl=0>: Bhutan Care for Child Development Screening Tools (BCDST) incorporated in above.
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6. Sri Lanka, *National Guidelines for Day Care Services in Sri Lanka*, www.childprotection.gov.lk/wp-content/uploads/2017/09/National-Day-Care-Guidelines-in-Sri-Lanka-English.pdf

Annex 5.

Available standards/ guidelines for health and nutrition services

Most nutrition services are delivered through the health system and the WHO standards for improving quality of maternal and newborn care in health facilities also provide broad overarching normative guidance.

Conception to childbirth

The WHO guidance mostly covers facility-based standards, but is also applicable to home and community-based services.

1. *WHO Recommendations on antenatal care for a positive pregnancy experience*, World Health Organization, Geneva, 2016, https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en.
2. *Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services*, World Health Organization, Geneva, 2017, <https://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en>.
3. *Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative*. World Health Organization, Geneva, 2018, <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf>.

Standards/guidelines for breastfeeding in facilities providing maternity and newborn services are covered under the 'Ten Steps to Successful Breastfeeding', revised 2018, World Health Organization, <https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding>.

Birth to 3 years

Applicable to centre-based and home/community-based services:

1. Standards/guidelines for breastfeeding in facilities providing maternity and newborn services are covered under the 'Ten Steps to Successful Breastfeeding', revised 2018, World Health Organization, <https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding>.

2. *Complementary feeding: family foods for breastfed children*, World Health Organization, Geneva, 2000, https://www.who.int/nutrition/publications/infantfeeding/WHO_NHD_00.1/en.
3. WHO guiding principles of feeding non-breastfed children 6-24 months, World Health Organization, Geneva, 2005, https://www.who.int/maternal_child_adolescent/documents/9241593431/en.
4. PAHO/WHO, *Guiding principles for complementary feeding of the breastfed child*, Pan American Health Organization, World Health Organization, 2003, https://www.who.int/maternal_child_adolescent/documents/a85622/en.
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Note: Guidelines for the sub-stage 2 to 6 years are also applicable to the sub-stage 3 to 6 years.

Annex 6. Peer Group members

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Building Futures: Early childhood development service quality standards for South Asia is a seminal work that serves to provide a common point of reference for policymakers, planners and early childhood development (ECD) practitioners and service providers in South Asia. It suggests guiding principles, quality standards and indicators that may be adapted according to country context to raise the quality of service provision and care of children in their early years.

The publication is colour coded in three key parts to allow easy access for the reader: Part 1 in red gives the context for the need to have quality ECD standards; Part II in blue provides the standards, quality statements and indicators; and Part III in green suggests potential uses and users of the standards as well a quality assurance and monitoring system.



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