



Assessing Impact of Mobile Creches as an Early Childhood Development Field- Building Organisation

Findings and recommendations

Agenda

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whys and how
of universal
ECD

2

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coverage and
methodology

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outreach

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outcome

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traction

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What can MC
do in the next
decade?

Universal institutional ECD: Need and challenges

In India...

 **~162 m**
Children under 6
(Source: World Population Prospects for 2023)

 **48%**
Lack access to institutional childcare
(Source: UNESCO Institute of Statistics)

The intrinsic and instrumental benefits of ECD...



Capabilities as development: ECD (health, nutrition, education) expands individual freedoms to choose valued life paths



Evidence suggests **positive impacts** on cognitive, motor, socio-emotional growth (Jeong et.al. 2021; Rao et al., 2014)

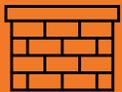


Women in Work: ECD services reduce burden of unpaid care; raise participation and hours. (Addati et al. 2018, Halim et al. 2023)



Global evidence suggests Annual social returns of 7-13% may accrue as lifetime benefits of quality ECD programmes (García et al., 2016; Heckman, 2010)

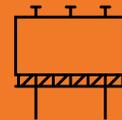
Unlocking universal ECD in India: challenges



Thin infra and funding; private care costly, while CSO, employer provision uneven/inadequate



No enforceable right to ECD under age 6



No enforceable creche standards for all, variable quality



Largely informal workforce, low pay and limited training and career pathways.



Low demand for ECD, reliance on family care, norms against mothers' paid work.

Study approach and methodology (1 / 2)

MC and universal ECD:

Relevance: Is MC doing the 'right' things?

Outreach: Does MC work with others to amplify impact?

Outcomes: Does MC make a difference?

Traction: Is MC's work ready for scale?



Relevance 01

- R1:** Is MC helping to create creche infrastructure?
- R2:** Is MC nudging the ECD rights agenda?
- R3:** Does MC promote uniform ECD standards?
- R4:** Is MC building a professional care workforce?
- R5:** Has MC increased public demand for ECD services?



Outcomes 03

- OU1:** How do children benefit from MC creches?
- OU2:** How do parents gain?
- OU3:** How do care workers benefit?
- OU4:** How do CSOs benefit?
- OU5:** How has MC influenced policy?

02 Outreach



- O1:** Does MC engage all relevant ECD stakeholders?
- O2:** Is MC's engagement system-level?
- O3:** Does MC and its stakeholders have a shared purpose; codified joint delivery mechanisms?

ROOTS Framework

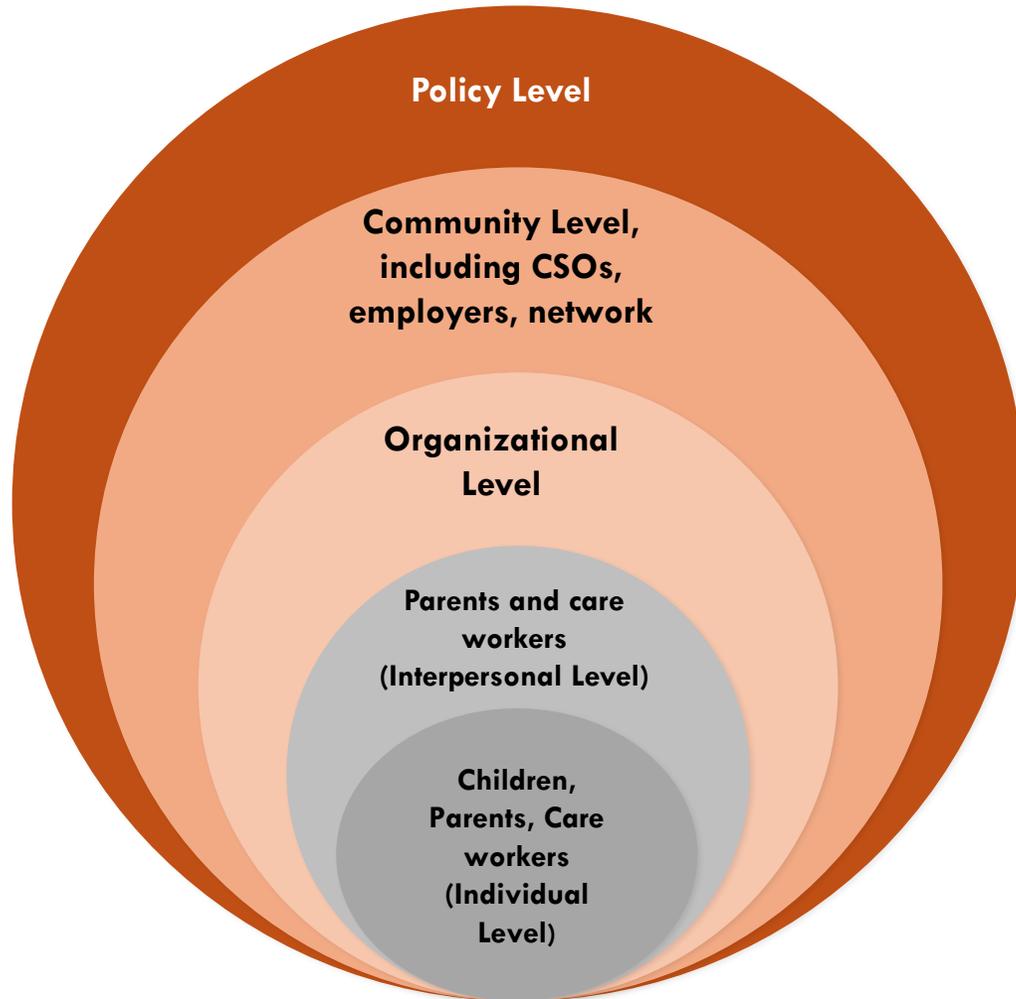
04 Traction



- T1:** Does MC have standardized, adaptable service models with proven effectiveness?
- T2:** Has MC built a training and workforce pipeline?
- T3:** Has MC enabled financing at scale?
- T4:** Are MC's models embedded in policy?

Study approach and methodology (2/2)

Theoretical framework: Socio-ecological model



Mixed methods data collection

115

In-depth interviews

08

Focused Group
Discussions

Stakeholders: Care workers, Parents and Community (Panchayati Raj Institution Members, Creche Management Committees), CSOs, Donor, ECD Specialist, Employers, Child Development Project Officer (Haryana and Odisha), Mobile Creches Leadership and Staff, Network/Alliance Partners, and Doctors

646

Parents surveys

46

Interviews with care
workers

States covered: Delhi, Odisha, Haryana and Rajasthan. The creches reflected a mix of models – managed directly by MC, Partner CSOs, or governments.

Documents reviewed: MC SOPs, MOUs with states/ employers, Annual Reports, Past evaluations, Policy documents, donor and research reports.

Looking back at MC's journey

1969

First creche started...



Finding its feet
(1969-1984)

- Early emphasis on holistic care including age specific programmes (1971), systematic medical record-keeping (1974)
- Community awareness through Lokdoot
- Care workers: 2- year BPT, early access to benefits
- Limited engagement with ecosystem stakeholders

55+

Years of experience



Looking outward
(1985-2005)

- Acknowledged in National Policy on Education (1986); Shram Shakti Report (1988)
- Co-founded FORCES (1989)
- Joined major coalitions: Right to Food Campaign (2003) and Jan Swasthya Abhiyan (2001)
- Opened BPT to other CSOs
- Experimentation with community engagement – “Dwarka Model”

90,000+

Children served
directly & indirectly



Getting the
community involved
(2006-2020)

- CMC and Sathi Samuhs; Parental Development Programme
- Dulaar at-home care model
- Tripartite creche model (2013-14) involving builder, CSO, and MC
- Founded Alliance for Right to ECD with RTE Forum.

15

Across multiple
states and UTs



Impact at scale
(2020 onwards)

- Scaling up through technical assistance to government-run centers: Karnataka, Haryana and others
- Modularising BPT and ToT
- International engagement through ARNEC, G20, World Social Forum

Assessing relevance: Is MC doing the right things? (1 / 2)

S.No	Question	Summary assessment	
R1	Is MC helping to create creche infrastructure?	<ul style="list-style-type: none"> Demonstrates models of care across different settings – urban communities, worksites and rural areas. Strategy 2022-27 explicitly recognises need for scale. 4800+ creches currently operational across 15 states <ul style="list-style-type: none"> 334 direct centres (MC/ CSO run), partnering with 13 CSOs. 4,479 indirect creches in partnership with government including Haryana and Karnataka Engages with policy to promote creche infra – Contract Labour Act (1970); BOCWA (1971), Palna Scheme (2022) 	
R2	Is MC nudging the ECD rights agenda?	<ul style="list-style-type: none"> Evolving policy environment from NPE 1986, National Plan of Action on Children 2005, National ECCE Policy 2013, National Action Plan on Children 2016, National Education Policy 2020 MC has been at the centre of this evolution, by leveraging alliances and partnerships <i>Example: Law Commission's 2015 Report No. 259 called for inclusion of ECD in fundamental rights; credited intervention of MC and FORCES for highlighting the issue</i> MC part of the Right to Food Campaign, whose efforts translated into National Food Security Act 2013 	
R3	Does MC promote uniform ECD standards?	<ul style="list-style-type: none"> Early adopter of holistic care - First creche started with custodian care and food (kitchen) but integration of hygiene, health monitoring, nutrition and cohort specific learning programmes. Formalized with the adoption of NCF. Has acted as a technical resource for National Minimum Guidelines for setting up and running Creches under Maternity Benefit Act 2017, creche SOP in Haryana. Models can mainstream climate change/ pollution/ CwD in future 	



Nascent



Intermediate



Advanced

Assessing relevance: Is MC doing the right things? (2/2)

S.No	Question	Summary assessment	
R4	Is MC building a professional care workforce?	<ul style="list-style-type: none">• Developed professional care work model for own operations - community-based recruitment strategy, and progressive employment practices, performance appraisals and better pay (yet to be achieved for partner run creches)• Reflected in government policy supported by MC. e.g., in Haryana.• Strong training programme present addressing own, CSO and government partners.	
R5	Has MC increased public demand for ECD services?	<ul style="list-style-type: none">• Prioritized community engagement in its own programme from the outset – door-to-door outreach, adult literacy classes, vocational education programmes and Lokdoot.• Now community engagement is continuous from creche establishment to operations (CMC, Saathi Samuhs, and PDP). Also engages with PRI members• There is further scope for engaging with wider public to promote demand for institutional childcare	

 Nascent

 Intermediate

 Advanced

Assessing outreach: Does MC work with others to amplify impact? (1/2)

Who are the key stakeholders in the ECD ecosystem?

Stakeholder		Role in ECD ecosystem			MC's engagement (Programmatic/System-level)	
		Service delivery and operations partners	Resource mobilisation	Knowledge/Policy/Advocacy		
	Community (parents)	Green			Grey	
	Employers and labor ecosystem	Green	Green		Grey	Orange
	Education system – schools	Green				
	Healthcare system	Green			Grey	
	CSOs, networks and alliances	Green		Green	Grey	Orange
	Knowledge and research ecosystem			Green	Grey	Orange
	Funders including INGOs, global partners and MDBs		Green	Green	Grey	
	Workforce development and professional bodies			Green		
	Government	Green	Green	Green	Grey	Orange

 Programmatic

 Systemic

Assessing outreach: Does MC work with others to amplify the impact? (2/2)

S.No.	Questions	Summary assessment	
O1	Does MC engage all relevant ECD stakeholders?	<ul style="list-style-type: none"> MC engages with most key stakeholders in the ECD ecosystem in different capacities. 	
O2	Is MC's engagement system-level? <i>[Systems level engagement would mean stakeholder engagement beyond one-off programme activities, helping shape and align policies and standards, so that ECD services are scalable and durable across space and time]</i>	<ul style="list-style-type: none"> MC engages multiple stakeholders to effect systemic change. These include CSOs, networks and alliances, governments and knowledge ecosystem players to influence policies Community and employer engagement is centre/ creche focused 	
O3	Does MC and its stakeholders have a shared purpose; codified joint delivery mechanisms?	<ul style="list-style-type: none"> Rural communities' express ownership over creches, demonstrating shared purpose With employers – multi-year MoUs present with delivery mechanisms including employer support to provide infrastructure, funding and other policy support to workers. SoPs and capacity building sessions with partner CSOs. FORCES has defined charter of demands. ECDAN has a charter and set vision and strategy for 2024-28; MC has defined role as practitioner within it. Multi-year engagement with strategically aligned donors Joint delivery mechanisms with government partners whereby MC can access monitoring data and conduct on-site inspection 	



Nascent



Intermediate



Advanced

Assessing outcomes: Does MC make a difference?

S.no.	Stakeholders	Status	
1	<u>Children</u>	<ul style="list-style-type: none"> MC creches provide holistic care for children – with nutritious food, safety and good care being key motivators for parents to send their children to the creche Nearly all parents report improvements in their children's habits after they started attending the creche Cognitive performance positively related the duration of time spent at the creche Alumni discuss lasting impact of MC on their lives – with its influence to get an education, inspiring career trajectories Many alumni also speak of sending their own children, or those in the community to MC creches 	
2	<u>Parents</u>	<ul style="list-style-type: none"> Creche enrolment enables mothers to work, put in longer hours, with fewer absences, higher income, reduced stress, and more rest time Parental engagement has translated into greater awareness about parenting practices, with parents being able to identify elements of a healthy diet, discuss the need for responsive parenting Deeper engagement may be needed to close existing awareness gaps; community mobilization for ECD as public good 	
3	<u>Care worker</u>	<ul style="list-style-type: none"> Care-workers show high motivation derived from the nature of work Impacts of the job go beyond incomes and job-related skill development, agency (household and community) 	
4	<u>CSO</u>	<ul style="list-style-type: none"> Partner CSOs receive orientation, care worker training, funding, and ongoing monitoring support Expand quality ECD access while strengthening CSO organizational capacity 	
5	<u>Policy</u>	<ul style="list-style-type: none"> MC engages policy through two pathways - one, setting the policy agenda or pursuing policy shifts, and two, providing technical inputs into policy from its experience as a practitioner. 	



Nascent



Intermediate



Advanced

Assessing traction: Is MC's work ready for scale?

S.no.	Question	Status	
T1	Does MC have standardized, adaptable service models with proven effectiveness?	<ul style="list-style-type: none"> Standardised creche models operational across rural, urban, and worksite settings Common standards across models – trained care-workers (length of training and content differs), creche infrastructure and space, adherence to the Nurturing Care Framework, MIS data requirements and standards, and community engagement Proven effectiveness may be improved by pursuing counterfactual based research 	
T2	Has MC built a training and workforce pipeline?	<ul style="list-style-type: none"> Strong training programme with comprehensive content, demonstration-based, participative mode of delivery MC customizes this curriculum to train care workers at own centres, CSO run centres, and states where it acts as technical partner. 5000+ creche workers and mid-level functionaries trained in FY24 and FY25 Can scale this further with certified training via NSDC, universities 	
T3	Has MC enabled financing at scale?	<ul style="list-style-type: none"> Financing at programme level: Institutional funding through multi-year, unrestricted grants, government funding and CSR contributions also play a role, though their shares are relatively lower. Has not yet unlocked financing at scale – may need models such as greater engagement with the private/ CSR sector, pursuing public financing or innovative financing models 	
T4	Are MC's models embedded in policy?	<ul style="list-style-type: none"> MC impacting policy guidelines for national (National Minimum Standards and Protocol for Creches), and state (Haryana Creche Policy) norms for creches. No regulatory mechanisms for compliance and quality enforcement Can partner with more governments/ large scale programmes for MC's creche model to be followed (e.g. Palna Scheme) 	



Nascent



Intermediate



Advanced

Universal ECD: What can MC do in the next decade? (1 / 2)

Area	Gap Addressed	Action Point	Time for Execution	Priority / Desirable
Inclusive ECD Models	MC's current models do not explicitly address the needs of children with disabilities (CwD) and development delays	<p>Pilot inclusive childcare models:</p> <ul style="list-style-type: none"> Integrate early screening tools for development delays at creches, with referrals to ASHA workers/ANMs Develop updated creche curriculum for inclusive learning (e.g., tactile cards, shorter activities for ADHD, routines for autism) Community engagement with parents on monitoring child growth and home activities for CwD; support groups for managing emotional well-being 	Pilot development & training: 2–3 years; Evidence generation on efficacy: up to 5 years; scale-up planned thereafter	
Climate Change & Air Pollution	Young children are especially vulnerable to climate impacts (heat, air pollution, natural disasters); parents lack awareness of pollution-health links	<p>Integrate climate change and air pollution concerns in ECD models:</p> <ul style="list-style-type: none"> Provision infrastructure (air purifiers, fans/coolers) for uninterrupted care Leverage PDP and Dulaar to raise parent/caregiver awareness on climate risks and mitigation (clean cooking fuel, indoor air quality) Update care worker training manuals with SOPs for natural disasters, extreme AQI, and heatwaves 	Quick implementation of infrastructure first; then care worker & parent capacity building. Evidence generation: up to 5 years	
Workforce / Training Certification	No certification is attached to MC's care worker training; limits wider uptake of the established training programme	<p>Establish certified training programmes for care workers:</p> <ul style="list-style-type: none"> Partner with accredited universities (e.g., Jamia Millia, IGNOU) for certified training courses Design tailored <u>Qualification Packs</u> aligned to NSQF in partnership with NSDC and relevant Sector Skill Councils In the short term, use Recognition of Prior Learning (RPL) to accord "trained" status to existing care workers 	Implementable within 3 years (<u>MC already has technical capacity and training modules</u>); medium-term for NSQF alignment	
Research & Evidence for Financing	Lack of rigorous evidence base to support model adoption and unlock systemic financing for creche infrastructure	<p>Build rigorous evidence base for wider model uptake, unlocking finance:</p> <ul style="list-style-type: none"> Conduct proof-of-concept research using counterfactual assessments of creche models (impact on children, parents, workers, employers) Develop an ECD funding blueprint mapping funding sources against projected needs for 2030–2040 Establish the cost of inaction through India-specific cost-benefit research on ECD 	Create ongoing annual research agenda with earmarked budgets; identify immediacy of research, and corresponding methodology that may deliver results within the time-frame	



Priority



Desirable

Universal ECD: What can MC do in the next decade? (2/2)

Area	Gap Addressed	Action Point	Time for Execution	Priority / Desirable
Scaling through Partnerships	Lack of enforceability of childcare models in India; limited systemic infrastructure for creche provision at scale	Widen partnerships for systemic childcare infrastructure provision: <ul style="list-style-type: none"> Partner with state WCD & Rural Development departments, city governments, and industry sectors (construction, textiles, electronics) Serve flexibly as technical provider of curriculum, training, monitoring, or direct delivery depending on partner context 	Continuous engagement over the next decade; approach varies by partner	
Demand Generation & Advocacy	Relatively low public awareness of and demand for ECD services; ECD not yet a statutory requirement	Drive broad demand for ECD services through strategic advocacy and public campaigns: <ul style="list-style-type: none"> Develop culturally relevant messaging framing ECD as a foundational investment (leverage UNICEF's Early Moments Matter, Gol's "Padhai bhi, Poshan bhi") Create publicly available communication material (posters, digital toolkits) through Alliance for Right to ECD and FORCES Use social media and digital advertising for wider dissemination; engage community/parent ambassadors, leverage current PDP and community engagement programmes 	Longer time frame – dependent on organizational resources and multi-stakeholder coordination	
ECD Governance / Coordinating Body	Multiplicity of stakeholders (WCD, health, education, labour ministries) leads to fragmented legislation and lack of uniform standards/monitoring; no enforceability of existing standards	Advocate for the establishment of an ECD Council to play a coordinating role in managing creche quality <ul style="list-style-type: none"> Build the business case for such a council including cost requirements and international benefits evidence In future, serve as technical partner providing practical guidance on creche standards and quality monitoring toolkits 	Longer time frame – requires building consensus, advocacy, and dependency on government stakeholders	



Priority



Desirable

Annex

Parents attest to the role of the creche in improving habits...

"Earlier, my child was very weak. I thought he would get some nutrition here and that has happened now." (Seemapuri, Delhi)

"Yes, I think his eating habits have improved. I also see that him taking baths and washes his hands regularly. I wish my older children would do the same."
(Raja Bazaar, Delhi)

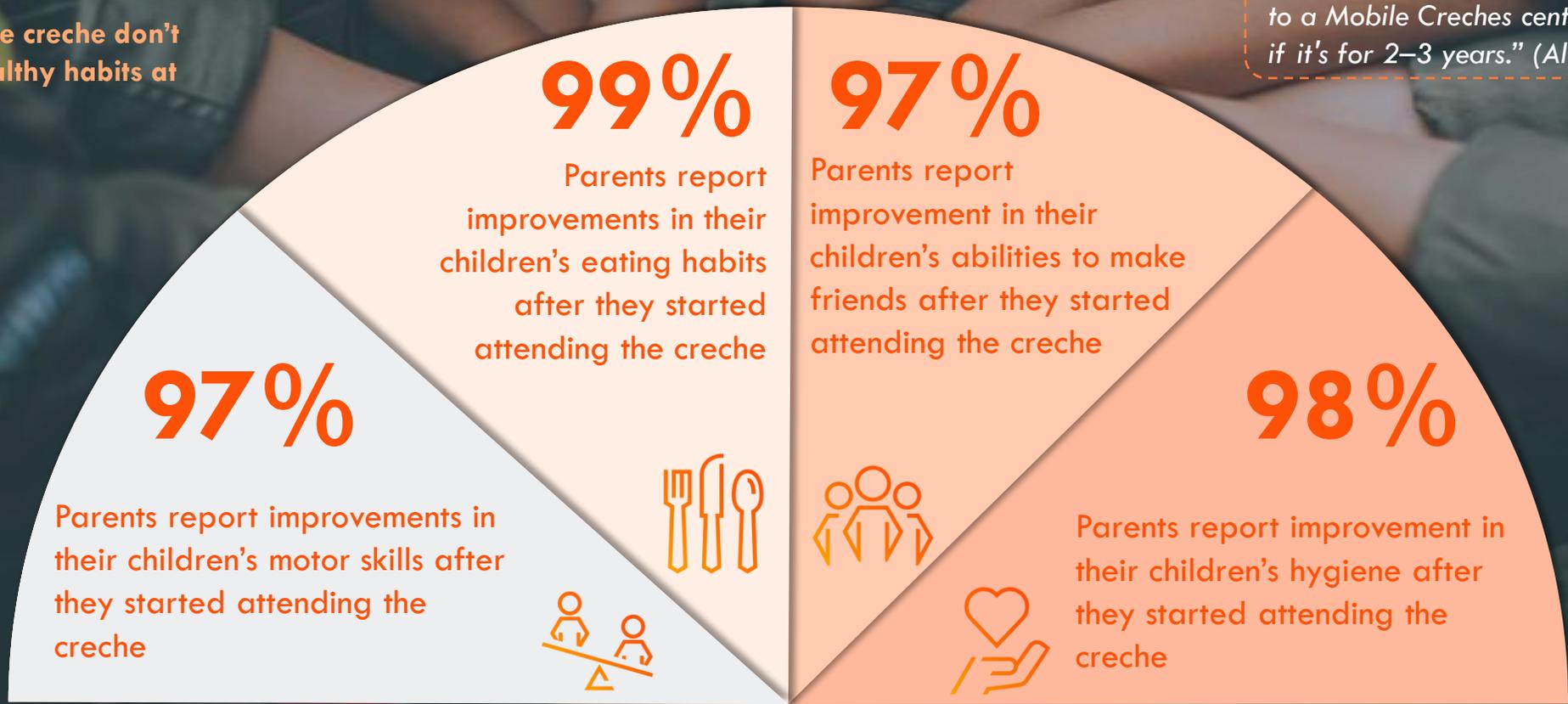
But healthy habits at the creche don't always translate to healthy habits at home...

"My child eats khichdi in the creche but likes to eat Chips at home. He would eat a banana or drink milk only if he got to eat biscuits or chips at home." (Mamura, Noida)

"I learnt to act... If someone asks me to do a play, I can do it well. I also learnt computers through a course linked to the Mobile Creches. Now, I am working at Red Fort as a computer operator." (Alumna)

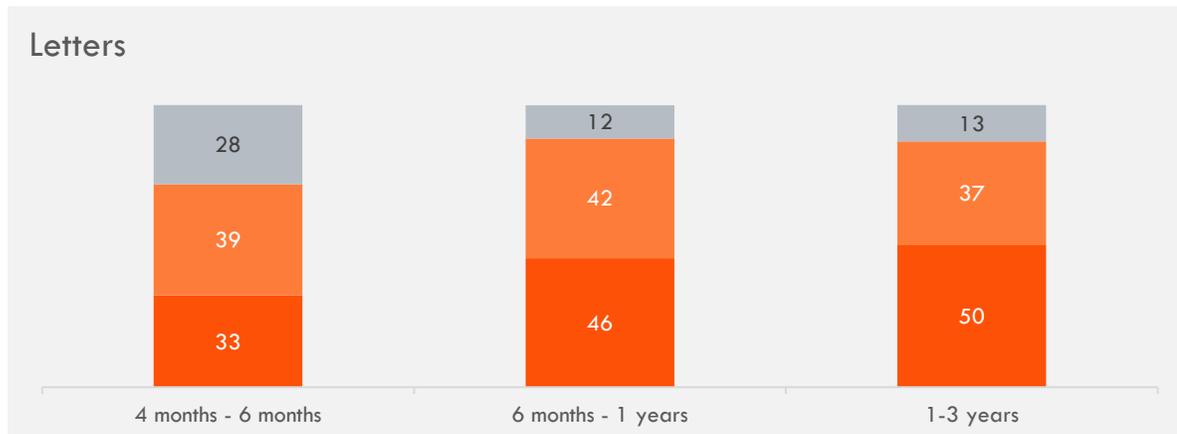
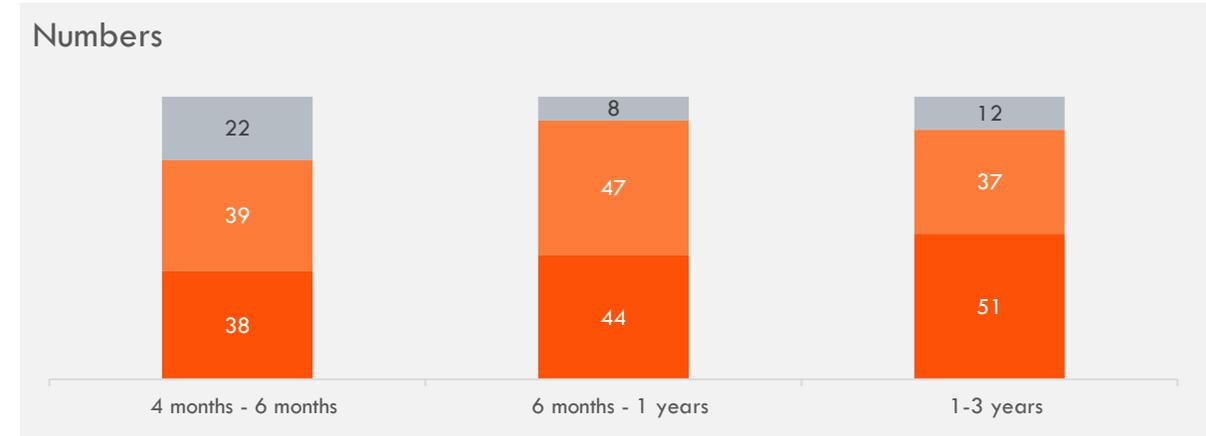
"I learned the alphabet at Mobile Creches. I got admission in a school because of Mobile Creches. I am in this position right now because of MC." (Alumna)

"If you want a child's future, send them to a Mobile Creches centre. Even if it's for 2-3 years." (Alumna)





Performance positively related the duration of time spent at the creche



"I want my child to get educated since I am illiterate. However, after my child has started attending the creche, she has made friends, she talks a lot, and teaches us things she has learnt from Didis"
(Mamura, Noida)

Never

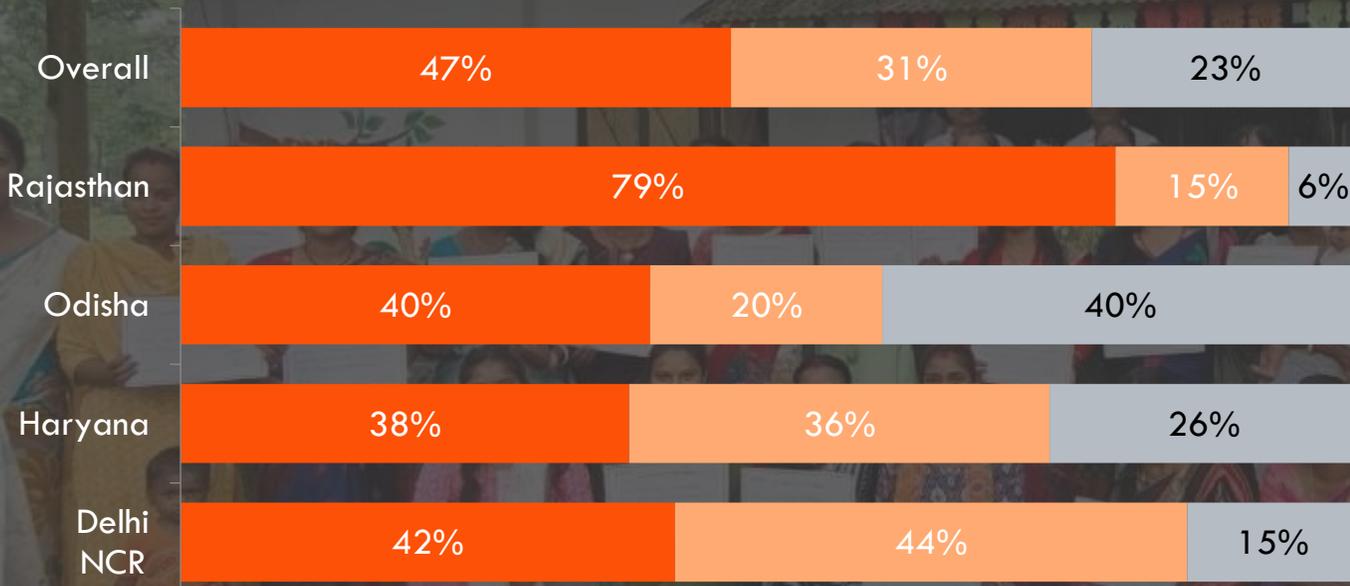
Sometime

Always

MC enables mothers to work

And allows them space to work productively, earn more, have rest times

- Employed pre and post enrolment
- Employed only after child started going to the creche
- Not working



"We live in a tribal area called Bansapal, and our income source is limited. If parents send their babies to Anganwadi, they can work peacefully. The babies can stay there safely and come back to their parents by evening [sic]." – PRI Member, Odisha (Sharapur)



"The Mobile Creche program positively affects the workplace by delivering organized and efficient creche services, leading to higher work efficiency and improved support for children's education. This partnership is seen as mutually beneficial for employees and the company." (Employer, Delhi NCR)



"I do not have a husband. I have a daughter, and I work all day as a labourer. How can I feed her on time or give her love? A creche is a good option-and the only one that helps." (Parent, Haryana) (Mother, Sonipat)



Motivation levels of creche workers are high

Key themes reported by care workers in relation to their motivation to continue in the field



S.no	Personal fulfilment or growth	Enjoyment from working with kids and love for the job	Sense of purpose/ social work	Income/ other benefits derived from the job
CW 1				
CW 2				
CW 3				
CW 4				
CW 5				
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CW 43				
CW 44				
CW 45				
CW 46				

Prime motivator to continue is the work with kids

"I have started liking working with the kids... I don't even know where the time goes." (Care worker, Delhi)

Income and other benefits also are on their mind

"...I want to do whatever I can for the love and affection I receive from children, and I am also getting money to run my house." (Care worker, Odisha)

Care workers express a sense of pride at doing well at their work

"Definitely. I love this job... it has given me so many things and now it's time I repay it. I teach new colleagues so well that people say, 'If you've learnt from [care worker name], you know how to work.'" (Care worker, Delhi)

But moving on may also be aspirational

*A couple of care workers (in Haryana) expressed some dissatisfaction, citing the lack of promotion. However, still want to continue care work.
Some care workers open to change if something better comes along
"This is a good job, so I won't leave it without a reason. But if something better comes along, I would definitely like to pursue it." (Care worker, Rajasthan)*

Lack of agency is a constraint at times

Some ambivalence shown by a couple of care workers who talked about potential approval of "future in laws" or "situation at home"

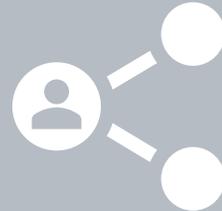
"Earlier, I was a housewife, and my opinions weren't often taken seriously. After I started working at Mobile Creches, my knowledge grew, and I now confidently share my views with my family...My opinions are considered when decisions are made about my children's education and household purchases." Care worker, Rajasthan

"I came from a village. I did not understand Delhi or its traffic lights. When I first took the bus, I could not remember the names of the stops. I listened and learned. Everyone helped me at work. They helped me know all there is to know about child health and nutrition. Now there is nothing that I feel I cannot do, and I am often praised for my progress." Care worker, Delhi

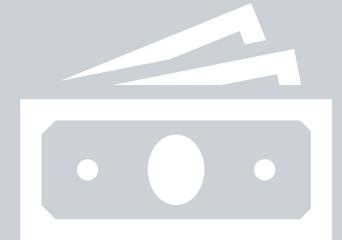
MC's collaboration with CSOs has had many positive impacts



Improve service delivery in ECD by training care workers and leadership effectively and documenting key practices (creche manual and MIS for monitoring development milestone)



Diversified activities under ECD through comprehensive ECD service delivery beyond custodian care, specific age brackets and expansion to new geographies.



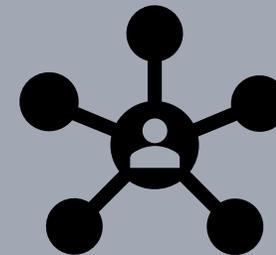
Helped innovate on service delivery on other programs

An CSO, supported by a corporate donor, launched a garment-worker skilling centre with an onsite crèche to remove attendance barriers; after trainees secured jobs, their earnings enabled a transition to self-funded childcare.



Supported networking and alliances, helping amplify policy positions.

For example, CSO partners have become a part of alliances, participated on government committees since collaboration with MC



Facilitating CSO financial sustainability by helping them attract new donors and organizing workshops for donor engagement and fund-raising capacity building.

MC and policy: Some key milestones

Current

Technical partner to states like Karnataka and Haryana; Keonjhar (Odisha)



1974

Creches for Working and Ailing Mothers Scheme: Advocated with Planning Commission for public provision of ECD services



1975

Integrated Child Development Scheme: Indirectly influenced the emergence of ICDS through Mina Swaminathan, who led the Study Group on the Development of the Preschool Child in 1972

1986

MC recognised as a model in the **National Policy 1986** for setting up "special schools" for migrant workers

2015

Law Commission set up on the instance of MC, recommended that maternity leave be expanded to 180 days, and cover all women, even in the unorganised sector



2013

National ECCE Policy 2013: MC part of committee that prepared National ECCE Curriculum Framework & Quality Standards for ECCE (2014)

2013

National Food Security Act (2013): MC joined Right to Food Campaign in 2003 that set the agenda for the rights-based approach to nutrition

2017

Maternity Benefit (Amendment) Act, 2017: MC model and curriculum documents influenced the National Minimum Guidelines for Setting Up and Running Creches

2020

National Education policy (2020): MC/ Alliance representations on draft policy. Recommendation were partially accepted – including treatment of 3-8 years as foundation stage, and dropping of NTP for remediation

2022

MC part of the Task force on ECCE, set up by WCD to energise the sector through recommendations on capacity building, curriculum and TLM development



Technical partnership/ expertise

Setting policy agenda and driving change



MC's training programme: Current Contours

Aspect	MC's approach through the years
Comprehensiveness of content	Focus on “integrated development”, covering nutrition, malnutrition, health, education, hygiene, safety, physical and mental development, socio-emotional development and practical creche management, including curriculum, structuring daily activities, recordkeeping
Addressing motivation	Two days of the training dedicated to orientation, reflection on personal childhood experiences and their impact on adult life; understanding the status of children in India. This helps set the stage for the modules to follow
Participative mode of training	Participative training, with space for discussions, group activities, movie screening, and games. For example, game of snakes and ladders set up to quiz participants on their learnings on health and hygiene.
Practical, demonstrative	Experiential training and personal guidance ; provided through six-months long in-service training. In-service training is for three 4 days. The first day, the trainer observes the creche worker at work, provides detailed feedback and “how-to” on the second day, and on the third day, demonstrates how to engage with parents
Presence of a trainer cadre	Dedicated training department with 27 employees (14 at the national level, 13 together in Karnataka, Jharkhand, Chhattisgarh, Telangana and Haryana). At the same time, in-service training providers are supervisors who themselves have risen the ladder from care worker positions. Thus, these trainers are practitioners .
Flexible; adaptive to change	Continuous changes in the training programme to move with the times and in line with regular evaluations. A formal Bal Palika Training (module) for a two-year course initially created, evolved into the current 12-day classroom and in-service training. Flexible to budget - Karnataka model fits the training into 7 days. Over the years also, topics have been added as their need have been identified. E.g., since 1996, new topics such as inputs on wider issues like gender values, social legislation, environment, included.
Quantity and scope of coverage	Started technical partnerships early . Workers from other NGOs started joining BPT in 1989. In 1992, MC started supporting other NGOs to set up training centres. In 2019-20, developed a pre-service training curriculum to be used by trainers of partner CSOs for further training of FLW. Continuously served as training partner for AWWs of multiple states, including Haryana and Karnataka. Also provides training to workers of CSO partners. Rated as “extremely useful” by CSO partners.

MC's training programme: Care worker testimonials



Key themes of training discussed by care workers

01 Health, hygiene, nutrition

The training helped care workers understand key elements of nutrition, malnutrition, growth and measurement, managing diets, and vaccinations. It also covered hygiene and helped them ensure the cleanliness of children. There is emphasis on mental as well as physical development *“Training on nutrition [I found most useful]...people know about food but not about nutrition. We inform parents about chemicals in packaged food vs fresh food.”* (Care worker, Delhi)

02 Early learning opportunities

The training helped care workers understand how to engage children and make learning fun – through song, dance and games. Craft making was also appreciated by care workers. *“[I learnt] How to teach children while playing, making toys out of waste material”* (Care worker, Haryana)

03 Responsive caregiving

The training helped care workers understand how to effectively manage children. *“We were taught about the mental development of the children. Children should not be scolded... We understood how to handle children with love and care.”* (Care worker, Haryana)

04 Engaging with parents

Care workers mention learning about parental engagement, especially to ensure children stayed in creche. discuss learning how to speak to parents, *“We get to learn a lot of new things. We get training on how to retain children; no kid should miss out the education. We also get training on how to speak with the committee, how to speak to the parents and all that.”* (Care worker, Delhi)

05 Safety

Multiple care workers recount learning how to ensure children's safety within/outside homes. These also include theoretical discussion on harassment and child abuse, and practical tips on how to respond in difficult situations. *“One aspect [of the training that] I liked was about the safety of the children, where they explained that sometimes the people we trust can do wrong things.”* (Care worker, Rajasthan)

As a result, care workers say that ...



They understand comprehensive care, beyond custodian care



They developed confidence



They can apply learnings at home

As per care workers, the training is...

Regular and continuous

“We have trainings, as well as regular meetings in office. As time passes, the work changes... it is necessary.” (Care worker, Delhi)
“Right now, I have been training almost every month. They give training for improvement and our understanding also keeps improving.” (Care worker, Delhi)

Practical and demonstrative

“[We get] Training on children's activities, including demonstrations.” (Care worker, Delhi)
“I got training of 12 days... I attend monthly training also. They teach us new things... practical also. They teach emotional and physical things about kids... how to look after kids. I like doing activities with kids the most.” (Care worker, Odisha)

Engaging and easy to understand

“One of the activities conducted was the “Dafliwala Game,” during which we were treated as children, despite being adults. We were asked questions one by one, and the trainers spoke to us in the tone typically used when addressing young children, even scolding us playfully, as one might with kids. Through this experience, they demonstrated effective methods for running the centre. Now that we are applying these techniques ourselves, we can clearly understand the trainer's approach and how well they prepared us.” (Care worker, Rajasthan)



S No.	Title	Description	Sector Name	Level	Training curriculum overview
1	(a) Baby Caregiver Non-Clinical (Household & Care homes) (b) Caregiver - Mother and Newborn – Non-Clinical (Household & Care Homes) (c) Child Caretaker (Non-Clinical)	Responsible for taking care of the physical, emotional, developmental, and social well-being of (a) infants and toddlers (b) mother and newborn (c) infant baby and children between the age of 2-6 years.	Home Maker and Caregiver Sector Skill Council	Level 3	(c) Covers broader caregiving- daily living, environment upkeep and relationship building with children with emphasis on housekeeping/cleanliness tasks tied to childcare. (a) and (b) are specific with the former including modules on Holistic Development of Infants and Toddlers and a distinct illness-care component and (b) including components on basic needs of mother, infant covering prenatal guidance and postnatal recovery, breastfeeding support, and maternal massage. On the job training mandatory for (c), only recommended for (a) and (b).
2	Assistant Creche Caretaker	Responsible for the physical, emotional, and social well-being of children in a crèche environment. They create a safe and stimulating learning environment, cater to children's basic needs, and support their development through play and activities.		Level 3.5	Covers modules on child welfare, hygiene and safety; inclusive, respectful relationships; developmentally appropriate activities (Montessori methods, play, language, arts, PE); observation, documentation and assessment; collaboration with parents/families; care routines for infants/newborns and mothers; feeding, sterilization and basic meal preparation; first aid and emergency response; professional practice, communication. Mandatory on the job training.
3	Play School Facilitator cum Caregiver	Engage children in classroom activities using Montessori methods, monitor and apply health, hygiene and safety standards		Level 4	Strongly Montessori-oriented. Curriculum dedicated to Montessori philosophy, prepared environment, sensorial materials, practical life exercises, language, math, geography/culture, music/rhymes, circle time, drama/role play, art and craft, games/PE. Mandates on the job training.
4	Pre-School and Day Care Facilitator	Responsible for the education, care and holistic development of children 3-6 years old, across settings like pre-schools and day care institutions. Can set up safe centres, including planning health, hygiene, diet standards, plan for games and activities to stimulate learning. This person should also maintain necessary records and registers.	Management Sector Skill Council	Level 4	Emphasizes child welfare and safety, holistic development through play/activities, collaboration with parents/families, and assessment of children's progress. No specific Montessori emphasis. Also focuses on general workplace communication and professional practice including English, Digital, Entrepreneurship, Customer service and Financial and Legal literacy skills.
5	Care Homes Supervisor (applicable for children's homes/ daycare, old age home or homes for PwD)	Required to assist the management including supervising daily living activities, pantry and food operations, recruitment and training of caregivers, apply knowledge on growth monitoring, managing stores and documentation, record keeping. They also keep care homes equipped and functional, and supervise caregiving, growth, rehabilitation, and recreation as applicable.	Home Maker and Caregiver Sector Skill Council	Level 4.5	Training on management of care homes, maintaining relationships with those under care and families, administrative tasks, maintaining service standards and communication, maintenance of health, hygiene and safety, and elective modules on child rights and laws; growth milestones; holistic recreation; nutritious diets; ADL supervision; kitchen hygiene and operations; parent/guardian engagement for those providing childcare.

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