

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

Final Report





To,
Sumitra Mishra
Chief Executive Officer,
Mobile Creches

Date: 18 January 2026

Subject: Final Report for “Assessing MC as an ECD Field Building Organisation in India”

Dear Ma'am,

We are pleased to submit the Final Report for the above-mentioned assignment. We sincerely appreciate the opportunity you have provided us to undertake this work.

This comprehensive assignment would not have been possible without your invaluable guidance and support throughout the process.

Thank you for your confidence in our team.

A handwritten signature in blue ink, reading 'Manoranjan Pattanayak', is positioned above the closing text.

Yours faithfully,

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Abbreviations

AQI	Air Quality Index
ARNEC	Asia-Pacific Regional Network for Early Childhood
AWW	Anganwadi Workers
AWCC	Anganwadi cum Creche Centre
BPT	Bal Palika training
BOCWA	Building and other Construction Workers Act
CSO	Civil Society Organization
CMC	Creche Management Committee
CwD	Children with Disability
DePwD	Department of Empowerment of Persons with Disabilities
EBF	Exclusive Breast Feeding
ECD	Early Childhood Development
ECDAN	Early Childhood Development Action Network
ECCE	Early Childhood Care and Education
FGD	Focus Group Discussions
FORCES	Forum for Creches and Childcare Services
GPDP	Gram Panchayat Development Plan
ICDS	Integrated Child Development Scheme
IGNOU	Indira Gandhi National Open University
IYCF	Infant and Young Child Feeding
KII	Key Informant Interviews
MBA	Maternity Benefit Act
MC	Mobile Creches
MDB	Multilateral Development Banks
MIS	Management Information System
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoWCD	Ministry of Women and Child Development
NCF	Nurturing Care Framework
NEP	National Education Policy
NFHS	National Family Health Survey
NPE	National Policy on Education
NSDC	National Skills Development Corporation
NSQF	National Skills Qualification Framework
PDP	Parent Development Programme
PLFS	Periodic Labour Force Survey
PRI	Panchayati Raj Institutions
QA	Quality Assurance
QP	Quality Packs
RBSK	Rashtriya Bal Swasthya Karyakram
ROOT	Relevance, Outreach/Partnership, Outcomes, Traction
RPL	Recognition of Prior Learning
SEL	Social Emotional Learning
SEM	Social Ecological Model
SOP	Standard Operation Procedures
SSC	Sector Skills Council
ToT	Training of Trainer'
WASH	Water, Sanitation and Hygiene

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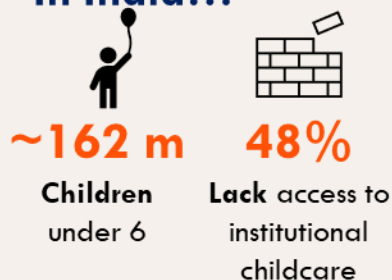
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Key Highlights

Mobile Creches (MC) as an ECD Field-Builder: Setting the context

In India...



Holistic care as a game changer



Health



Nutrition



Safety



Learning



Responsive caregiving

The intrinsic and instrumental benefits of ECD...



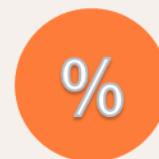
Capabilities as development: ECD (health, nutrition, education) expands individual freedoms to choose valued life paths



Evidence suggests **positive impacts** on cognitive, motor, socioemotional, growth.



Women's work: childcare cuts unpaid care; raises participation and hours.



Annual social returns of 7-13% pa may accrue as lifetime benefits of quality ECD programmes

...can pave the way for Viksit Bharat

Unlocking universal ECD in India: challenges



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



No enforceable right to ECD under age 6



No enforceable creche standards for all, variable quality



Informalised workforce, low pay and limited training and career pathways.



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

MC's reach

1969

First creche started...

55+

Years of experience

90,000+

Children served directly & indirectly

15

Across multiple states and UTs

This report asks: Can MC help?

- **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?

Mobile Creches (MC) as an ECD Field-Builder: The report finds MC has...

Relevant strategies



Scaling up its creche model through partnerships



Pursuing a **rights-based ECD** policy agenda



Recognized technical resource influencing **national creche standards**



Community engagement yields sense of ownership in rural areas

Positive impact on children



94% parents choose MC for safety & nutrition



Nearly **all parents** report improvement in eating habits, motor skills, hygiene after coming to the creche



Cognitive skills positively related to length of creche enrolment

Empowered mothers...

31% mothers joined workforce after creche enrolment;

30% of working mothers would not have worked without the creche



Creches improved productivity at work, fewer absences and more rest

Wide outreach

Strong **systemic engagement** with government and CSOs/ networks reflecting shared purpose, joint delivery mechanisms and multi-year modalities

Enabled some policy influence (**NEP, 2020; NFSA, 2013**) and gave MC a place at the table (**National ECCE Policy 2013, Task Force on ECCE**)

Influenced professional care-workforce



Offers better salaries, early mover in offering benefits and **progression opportunities**

Complete, participative, **training** by practitioner trainers builds skills and readiness.

Creating **motivated workforce**, with agency within household and community

The Unfinished agenda

- Disability protocols, climate resilience

- ECD as a right; enforceability of creche norms

- Low social demand for ECD

- Undiversified financing
- Accredited, portable
- qualifications for creche workers

- Rigorous, peer-reviewed evaluations of creche models

Strategies for tomorrow



Inclusive Models



Integrate climate



Certified care worker training



Generate evidence



Find partners for scale



Public campaign



Enforce creche standards

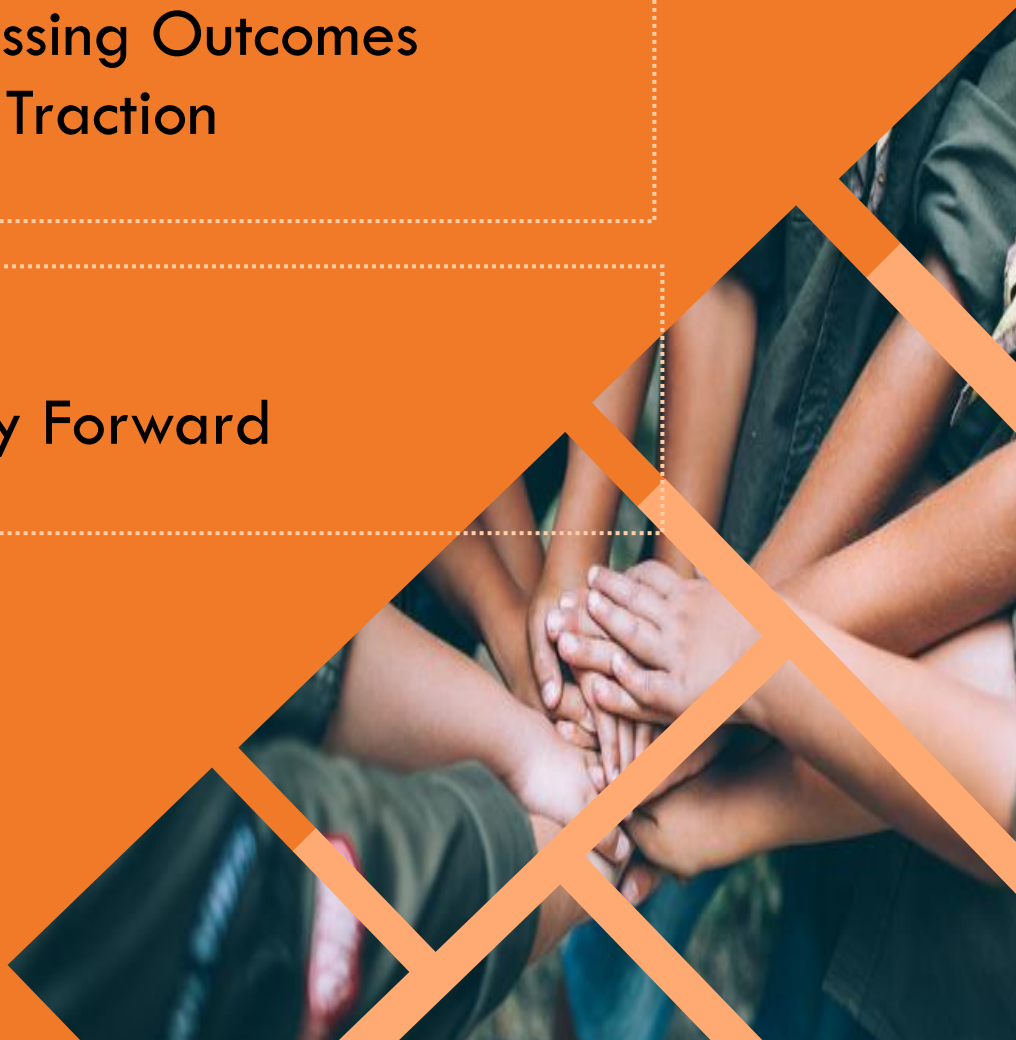
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1. Introduction



1. Introduction

This report provides the key findings of an assessment of the impact of Mobile Creches (MC) as a field building organisation in the Early Childhood Development (ECD) sector in India. Before going into the results, this chapter sets the context for the assessment. Section 1.1 examines the need for ECD, and its status and coverage in India. Section 1.2 then investigates the barriers that exist to universal ECD in the country. A good field-building organisation would work towards dismantling these barriers, bringing us to the assessment framework needed for this study. Section 1.4 introduces this framework and subsequent methodology after a quick review of MC's 55+ year long history in Section 1.3.

1.1. The big picture: Imperative of early childhood development (ECD)

“ Invest in children’s health for lifelong, intergenerational, and economic benefits. The evidence is clear: early investments in children’s health, education, and development have benefits that compound throughout the child’s lifetime, for their future children, and society as a whole.

WHO–UNICEF–Lancet Commission, 2020 ”

The ‘capabilities approach’ views development as increase in people’s freedoms to lead the kind of lives that they value (Sen, 1992, 2006). Good health, education, and higher household incomes are all ways that help expand individual freedoms. These ‘conversion factors’ can be particularly critical in the early years of a child, when physical and cognitive development is rapid, and lays the foundation for the future (Hart, 2012; Nussbaum, 2011).

This intrinsic importance of ECD interventions has been established through individual research studies and meta-analyses over the years. Parenting interventions have positive impacts on under three-year-old children’s cognitive, language, motor, socioemotional development, especially in low and middle-income countries (Jeong et.al.2021). Parent-and child-focused educational interventions, integrated services, and nutrition-based programs significantly enhance early cognitive development in children across developing countries (Rao et al., 2014). Motor development and height-for-age improve with responsive caregiving (WHO, 2020). Cognitive, motor, and socio-emotional development are all positively impacted by early learning opportunities. Combined nutrition and caregiving interventions show significant improvements in cognitive, language, motor and weight-for-height development, when compared to standard of care or nutrition interventions alone.

There are also instrumental benefits to investing in ECD for improving women’s labour force participation. The presence of children under 15 years of age, and especially five-years of age, negatively impacts women’s labour force participation globally – a phenomenon known as the “labour force penalty” (Addati et al. 2018). Most women outside the labour force report that their lack of paid work is because of unpaid care work responsibilities while men majorly cite reasons of education, sickness or disability. Moreover, women are more likely to reduce their hours of paid work and move to part-time work when they are responsible for the care of children less than six-years of age. Childcare can help alleviate both these issues – that is allow more women to work and allow them to work longer hours (Halim et al., 2023).

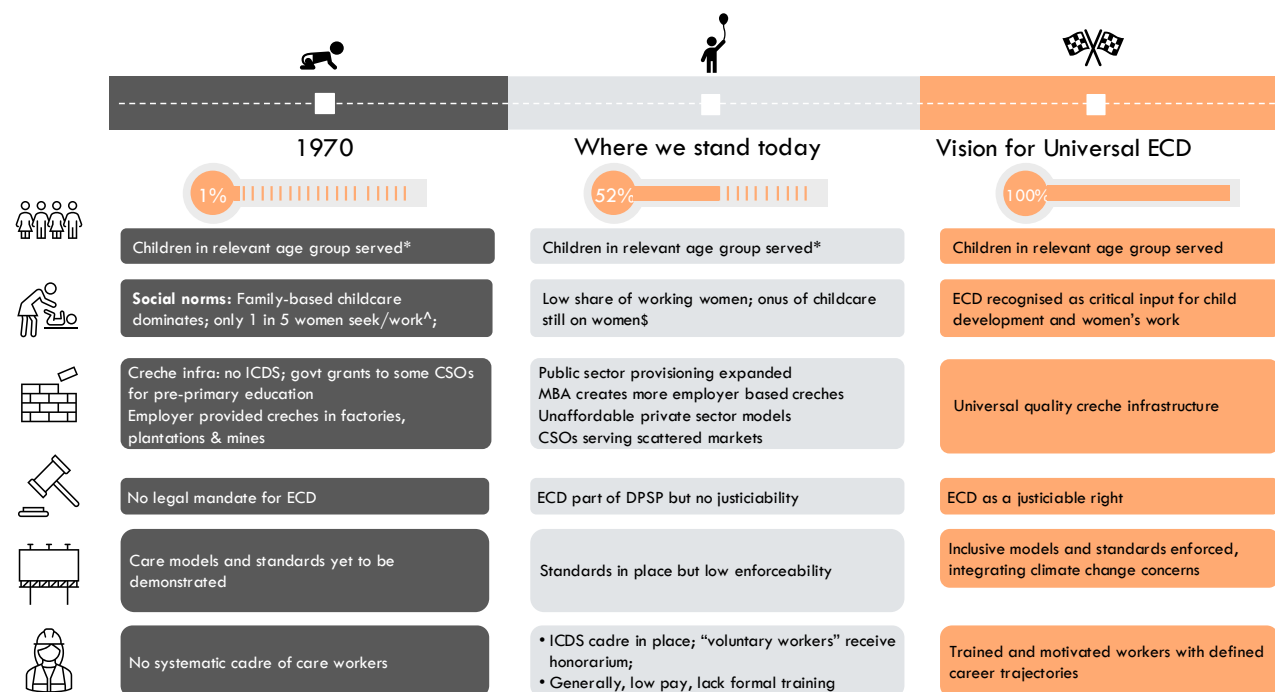
Investment in ECD can also lay the foundation for sustained economic development and social progress, by way of promoting school completion, higher income trajectories for both children and mothers, and lower crime rates. A famous example is the Perry Preschool Program, targeted at African American children in Michigan, USA. This provided a pre-school for children aged three years, for a period of two years, combined with weekly home visits of teachers. Summing up life-time benefits of the programme showed an annual social return of 7-10% (Heckman, 2010). Returns were even higher (~13% per annum) for a more comprehensive birth to five years intervention (García et al., 2016).

For India investing in ECD can be crucial to achieving the vision of Viksit Bharat by 2047. Harnessing the country’s demographic dividend requires building a skilled and healthy workforce, and ECD lays the critical foundation for this. Equally important is the role of ECD in enhancing women’s labour force participation by alleviating the unpaid care burden that disproportionately falls on them. Strategic investment in ECD can be considered a vital lever for policymakers aiming to capitalize on India’s demographic advantage and drive sustainable, inclusive development aligned with the goals of Viksit Bharat.

1.2 Unlocking universal ECD: India’s systematic challenges

India has come a long way in the delivery of ECD services, though there is some way to travel (Figure 1).

Figure 1: The long road to universal ECD

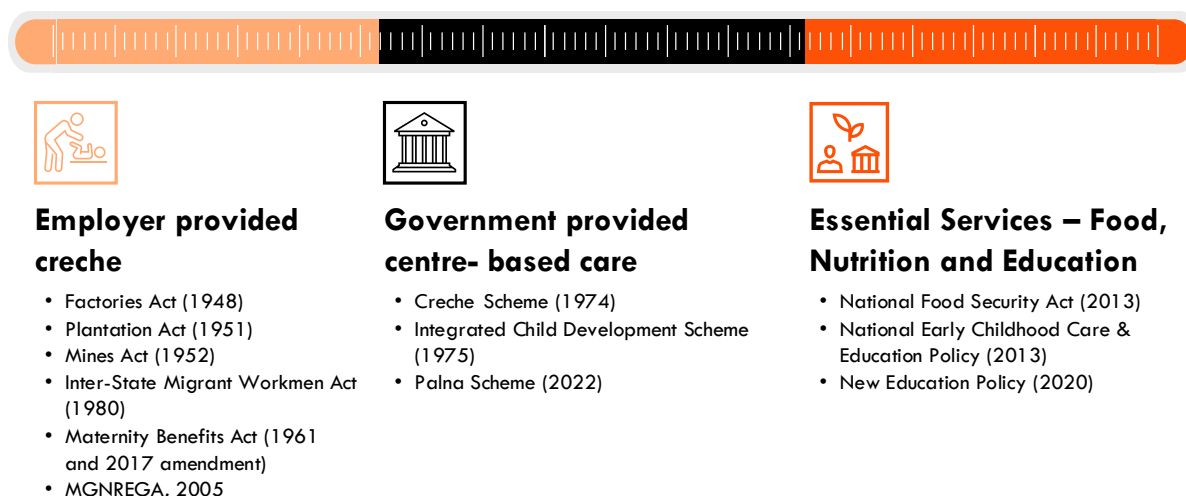


*Source: UNESCO Institute of Statistics; ^Source: World Development Indicators, World Bank; MBA: Maternity Benefits Act; DPSP: Directive Principles of State Policy; \$ As per the World Values Survey, 7 in 10 respondents say “pre-school children suffer with working women”

Ensuring access to quality ECD services for India's 162 million children below the age of six years is a formidable undertaking. ¹ Nearly half of these children have no access to school-based or institutionalized ECD services. ² Children under five years of age also experience significant development challenges - 36% children showing stunting, 19% children being wasted, 32% children being underweight, and 67% children being anaemic (NFHS-5, 2019-21). 11% of children aged between six and 23 months receive a minimum acceptable diet, with low dietary diversity contributing to the prevalence of anaemia (Gunnal et al., 2023). Additionally, gaps remain in Infant and Young Child Feeding (IYCF) practices, with only 64% of mothers exclusively breastfeeding in the first six months, and just 46% providing timely complementary feeding (NFHS-5, 2019–21).

This is despite an evolving recognition of the importance of ECD in various policy frameworks, which can be grouped into three overarching themes (Figure 2). First, provision of employer-funded institutional childcare centres to support the childcare needs of working women and increase women labour force participation. Second, establishing creche guidelines for government supported institutional childcare facilities to ensure that it meet minimum quality and safety requirements. Third, recognizing that holistic child development depends on integrated interventions, creating policies that link young children with nutrition, health and learning needs.

Figure 2: The broad contours of ECD provision policy in India



The country operates the world's largest ECD program through the Integrated Child Development Services (ICDS), providing early learning opportunities and supplementary nutrition support for under six-years-old. The National Education Policy (2020) espouses the need for universal quality Early Childhood Education (ECE) access by 2030 for children between three and six years, via Anganwadi Centres (AWCs), government pre-primary classes, and private LKG/UKG. However, despite these, some challenges remain.

¹ 2023 estimates from World Population Prospects, UN Population Division.

² As per the UNESCO Institute of Statistics, India had a net enrolment rate of 51.57% in ECD. Data for this is sourced from U-DISE and WCD, thus representing pre-primary schools and the ICDS programme.

1.2.1 Childcare infrastructure and funding

There are four sources of early childhood development services.

(1) Family and home-based care; (2) public or government provisioning; (3) provisioning by the civil society development sector, and lastly private, (4) for-profit ECD services. In India, ECD is largely provided at home. In this section, we review the status of the last three sources of ECD services.



Public provisioning in ECD is limited. India's primary mechanism for delivering ECD services is the ICDS, operating through ~1.4 million AWCs that serve ~76 million children, covering ~47% of the target population. Efforts to expand creche infrastructure include initiatives like the Palna Scheme, which envision 17,000 additional Anganwadi-

cum-Creche Centres (AWCCs) during the 15th Finance Commission cycle. However, implementation has been slow: as of February 2025, only 1284 standalone creches and 1761 AWCCs are operational across 23 states and union territories. In comparison, more than 11,000 AWCCs have been approved (MoWCD, Lok Sabha Unstarred Question No. 3495, March 2025).

State governments are complementing some of these efforts. For example, Karnataka has a network of 4,000 rural creches serving mothers employed under the MGNREGA program. Haryana has enacted a state Creche Policy, under which it aims to increase women's labour force participation by providing holistic care to under 6-year-olds. Odisha has an "Aami Kuni Pilaa" programme, an ECD initiative for under-three-year-olds, promoting responsive care-giving and home-based early learning. The Mukhyamantri Sampurna Pushti Yojana targets undernourished children under 6 years of age with additional nutrition.

Low public provisioning is tied to inadequate funding. Union government expenditure on ECD is 0.5% of its total budgetary spending (IWWAGE & Mobile Creches, 2024). This includes expenditure on three schemes - Saksham Anganwadi and Mission POSHAN 2.0, Mission Vatsalya, and Mission Shakti. Moreover, planned outlays on a standalone creche of the Palna scheme (under Mission Shakti) are lower than the basic annual operating expenditure required, as per government norms. Addressing these deficits is critical to ensuring equitable and effective public ECD services nationwide.

There are capacity constraints in the non-governmental sector. CSOs provide ECD services through various models. Besides Mobile Creches (MC), key players include Pratham, Seva Mandir, CRY, Tara MC, and Bal Raksha Bharat, among others. The SEWA Sangini Childcare Cooperative operates community-driven creches in Gujarat where local women manage facilities and share annual surplus. Seva Mandir runs 160 Balwadis serving ~4,000 children (ages 1-5 years) in Rajasthan, providing seven-hour daycare with preschool education and nutrition. Pratham operates balwadis, focusing on three-hour daily early childhood education camps and school readiness for pre-primary children (3-5 years).

Despite these organizations delivering important interventions, scaling remains a challenge. Funding is one constraint. CSR funding has become a major source of financing for India's development programmes across sectors. Education and healthcare projects receive over 70% of the total CSR funds, yet spending on ECD remains low (UNDP, 2025). This funding gap stems from two reasons. First, funders often lack patience

for the long gestation period of ECD interventions. Second, community demand for ECD services is limited compared to sectors such as education, healthcare and livelihood generation (UNDP, 2025).

There is limited implementation of employer provided creche services. Under laws such as the Factories Act 1948, Building and other Construction Workers Act (BOCWA) 1996, MGNREGA 2005 and Maternity Benefits Act 2017, employers are mandated to provide creche services, if they employ more than a set threshold of workers. The Maternity Benefit Act is applicable for organisations with more than 10 workers, which directly excludes 85% of the total workforce that is estimated to be employed by smaller firms. Creche provision is mandatory for organisations employing more than 50 workers. Even in this subset, only a fraction of employers provides creches (Centre for Economic and Data Analysis [CEDA] & The Udaiti Foundation, 2024).

Private sector provided services are unaffordable for many. The average out-of-pocket spending on pre-primary education from private institutions in urban areas was nearly ₹ 1,400 per month per child in 2017-18. Adjusting for inflation, this amounts to 7% of the average household's monthly budget in 2023-24. This proportion jumps to 14% if we consider the average budget of a household falling in the bottom 10-20% of the distribution.

1.2.2. Legal entitlement and ECD

Article 21A (introduced as part of the 86th constitutional amendment) of the Constitution, established free compulsory primary education for children between six to 14 years of age as a fundamental right. Simultaneously, Article 45 was amended to direct the State to provide “early childhood care and education” (ECCE) as a Directive Principle of State Policy (DPSP). However, as a non-justiciable directive, this amendment does not legally obligate the government to provide ECD infrastructure and services, and even early education, for children below six years.

1.2.3 Lack of established, inclusive ECD standards

Globally, the Nurturing Care Framework (NCF), a joint initiative of WHO, the World Bank, and UNICEF, sets widely accepted standard for ECD. Anchored to Sustainable Development Goal (SDG) 4.1, the framework aims to ensure universal access to quality ECD, care, and pre-primary education by 2030. The NCF identifies five essential components for effective ECD: Good Health, Adequate Nutrition, Responsive Caregiving, Security and Safety, and Opportunities for Early Learning. It covers children in the bracket of zero to six years of age, with particular emphasis on the critical “first 1,000 days” (i.e., up to three years), a sensitive window for cognitive, emotional, and physical development where interventions yield lasting benefits.

On-ground delivery of ECD services in India vary. The revitalised ICDS scheme serves six key functions: supplementary nutrition, pre-school education, nutrition and health education, immunization, health checkups, and referral services. Operating three to four hours a day, AWCs provide two hot cooked meals for three to six-year-olds and take-home rations for children under three years of age. They provide basic pre-school preparatory services to three to six-year-olds and early stimulation to under three-year-olds through interventions with mothers. The AWCs additionally provide vaccination, health check-ups and referrals, and

growth monitoring under the POSHAN Abhiyaan. However, many gaps arise in practice (Prasad, 2025; NITI Aayog 2025).

The Palna Scheme goes a bit further. It has a similarly designed integrated package of services to be available at standalone and Anganwadi cum Creches (AWCC), where intended services include everything available at AWCs and additionally, supplementary nutrition, health check-ups, early stimulation for children, growth monitoring and sleep facilities for children below three years. These creches are also intended to be run for longer hours.

On the non-government side, ECD providers follow need and demand-based models. Recently, the Maternity Benefits Act 2017 stipulated common minimum guidelines for creches including timings, infrastructure/ space requirements, and activities including health and sanitation practices, stimulation guidelines, and child protection policies, among others. However, this is not enforceable, with lack of compliance data.

Another area where creche standards often miss an opportunity is to address the needs of children with disabilities (CwD). By some estimates, India has the highest prevalence of developmental disabilities among children younger than five years (Global Research on Developmental Disabilities Collaborators, 2018).³ The Census 2011 identified that CwD were 7% of the population in the bracket of zero to 6 years of age. CwDs face a higher risk of lagging in early childhood, with delays in acquiring numeracy and literacy skills. Moreover, timely intervention at an early stage can promote better adjustment and improvement in lifetime well-being. Inclusive ECD necessitates that the special needs of these children are identified and accommodated.

Currently, inclusion aspects are spread across different government guidelines and programmes. As part of the ICDS, the Rashtriya Bal Swasthya Karyakram (RBSK) programme institutes a screening programme to identify the 4 Ds – defects at birth, deficiencies, diseases and development delays in early years for children between the ages of zero to 18 years. Screening happens at birth and then for a period of six weeks, through home follow-ups. Till six years of age, detection is meant to happen at anganwadis through mobile health teams. Identified children may be served at District Early Intervention Centres, managed by the Ministry of Health and Family Welfare. The Department of Empowerment of Persons with Disabilities (DePWD) has also introduced a scheme for setting up of Cross-Disability Early Intervention Centres focussed on screening, therapeutic services, family and peer counselling and training, and school readiness.

However, inclusive creche models for day-to-day care are missing. For example, the common minimum guidelines mentioned above, only refer to the need for ramps and furniture to accommodate special needs of children. The National Framework for Early Childhood Stimulation (“Navchetna”) and National Curriculum Framework for ECCE (“Aadharshila”) provide inputs for early education curriculum for children with development delays and disabilities.

³ These refer to disabilities such as epilepsy, intellectual disability, hearing loss, vision loss, autism spectrum disorder and Attention-Deficit Hyperactivity Disorder (ADHD). India has the highest prevalence in the world for all these disabilities except ADHD, where China has the highest prevalence.

1.2.4 Lack of a well-paid professional cadre of care workers

India's ECD sector suffers from inadequate professional workforce compensation and conditions. India's ECD workforce spans multiple categories in the National Industrial Classification (NIC), against which data is provided in the Periodic Labour Force Survey. These include domestic workers (aayahs, governesses, babysitters), social workers in CSOs, and pre-primary education staff, for whom benefits such as paid leave, job security, and formal training are less prevalent compared to primary education workers.

The ICDS employs 1.3 million anganwadi workers (AWW).⁴ However, the AWWs are regarded as 'voluntary' workers, who render 'part-time' services in ECD. Consequently, they are not paid salaries but 'honorariums' at the rate of ₹4,500 per month, as directed by the Union Government (MoWCD, February 7, 2024). States may pay more, but this still means that AWW's compensation can fall short of minimum wages for unskilled workers. Moreover, these are also revised on an ad-hoc basis through government notification, instead of being based on performance-based appraisals.

1.2.5 Low demand for ECD due to social norms

Young children are largely seen as the responsibility of their families, and specifically mothers, in India. That ECD is not yet a norm, can be seen from the low enrolment rates (52%) relative to primary education where enrolment exceeds 100%, though this is also partly a function of availability of quality ECD at affordable prices, and economic opportunities for women.

Women undertake a disproportionate burden of providing care to children. On average they spend 137 minutes on unpaid caregiving activities of household member in a day, relative to 75 minutes by men.⁵ Moreover, as per the World Values Survey during 2017-22, seven in 10 respondents in India said that "when a mother works for pay, the children suffer" (Haerpfer, et al., 2022).


1.3 Introducing Mobile Creches

MC was founded in 1969 to address urgent ECD needs of marginalized children within India's industrializing landscape. Initially focused on providing childcare at construction sites, MC has since evolved into a field building organisation, providing, and enabling its partners to provide holistic, age-appropriate childcare services across settings, including urban slums, rural communities, and worksites. The organisation follows the NCF, promoting early childcare along the five axes of good health, adequate nutrition, security and safety, opportunities for early learning, and responsive caregiving. It also advocates for adoption of holistic early childcare policies at different levels of government to influence systemic change.


MC envisions three strategic goals in its Strategy 2022-27.

⁴ See details: <https://www.poshantracker.in/statistics>


⁵ <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2106113>



Strategic Goal 1
Enable quality childcare for half a million marginalized young children (by 2027)

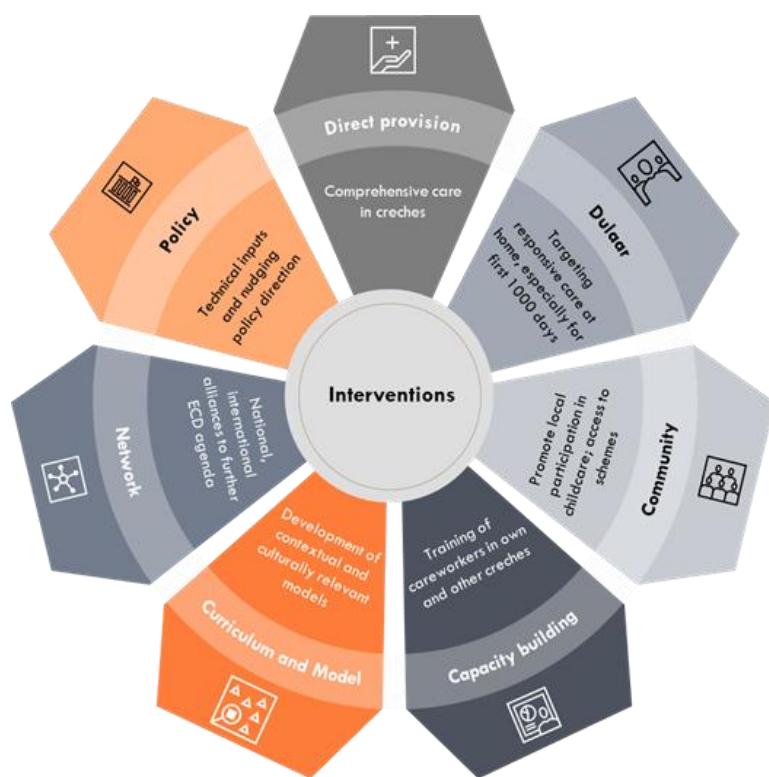


Strategic Goal 2
Innovate ways to create exponential ECD capabilities across the ecosystem.



Strategic Goal 3
Elevate the criticality of ECD in stakeholder agendas to prioritize young children.

Figure 3: MC Interventions



The organisation attempts to actualize these goals through several core interventions (Figure 3). It provides comprehensive childcare through creches that it directly runs. It also partners construction companies and other CSOs, providing them the creche model, including curriculum, training and M&E supervision. Besides the creche model of care, MC promotes responsive home-based care focused on children's critical first 1,000 days through its Dulaar programme in two areas of Delhi. Across models and creche sites, MC strives to encourage local community participation by improving access to government schemes for mothers and children.

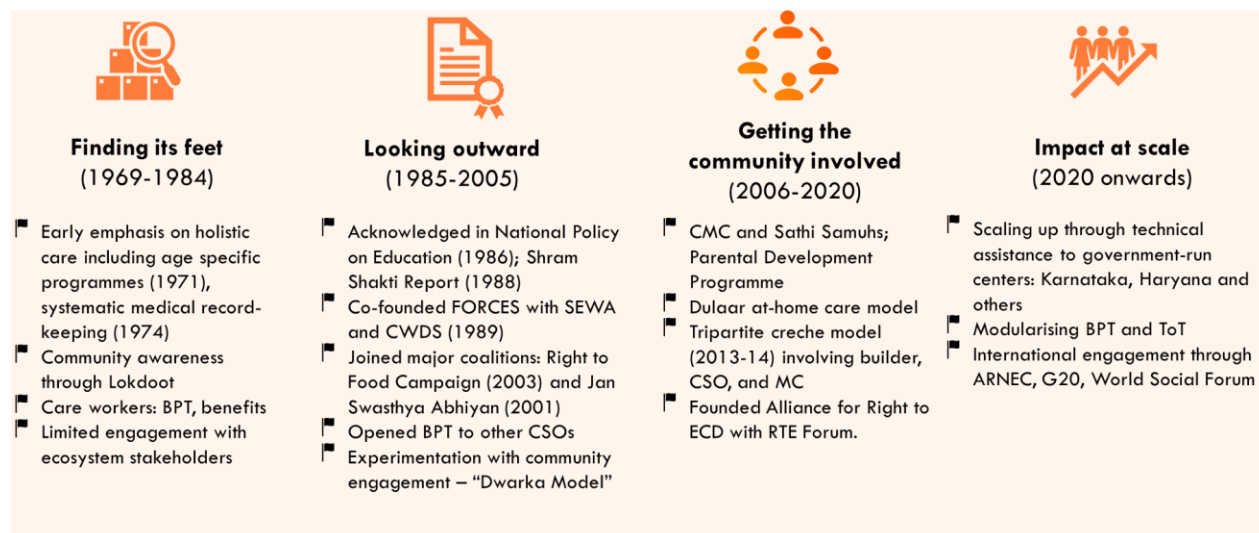
Beyond service delivery, MC aims to be a field building organisation. This includes contributing to quality training and creche models/ curriculum for

adoption by others, including state governments. It aims to increase awareness about ECD at the grassroots level and make rights-based entitlement to ECD a part of policymakers' agenda. Additionally, MC works to strengthen policy and frameworks by providing inputs based on its on-ground experience. Lastly, the organization actively fosters networks and collaborations through national and international partnerships, advancing the ECD agenda by addressing intersectional issues including gender, labour welfare, poverty, climate change, and food security.

1.3.1 MC: strategic shifts through the years

The organization's evolution spans four phases (Figure 4). Between 1969-1984 it experimented with delivery models. Between 1985-2005, after having established itself, and gaining recognition from government and other stakeholders on its core work, MC made strides on policy engagement. The period of 2006-2020, it focussed on building strong community relationships as a way of furthering ECD. The current phase focuses on scaling impact and establishing itself as a field builder.

Figure 4: Strategic shifts in MC's work



Finding its feet (1969-1984): The idea of holistic care was baked into MC operations from the beginning. The organization set up its first creche in Rajghat in 1969, with the aim of providing a safe place and food for children of construction workers. Initially, the food was delivered by Brothers to All Men (BAM), a voluntary organization. By 1970-71, the centres started offering separate programmes for children in different age groups: six months to three years, three to six years, and older than six years. After the first year, a voluntary doctor began visiting the centre, which coincided with an increased focus on health and hygiene. Medical record keeping was introduced in 1974, with individual cards for children documenting their health status and immunization records. Despite this, getting children to the creches was an important hurdle the organization had to overcome. External observers note:

“...creche concept was a strange one, and doubt and even open hostility had to be overcome in the beginning. For poor people, education is a luxury. If a child was born to be an unskilled building worker cum peasant farmer, why did he need education? Or again, the help of older children on site or earning a day's wage elsewhere was not something to be lightly given up. Perhaps an even thornier problem was the doubts expressed on the mixing of children of different castes and religions. To eat together and join in non-denominational-type prayers was a really important step for these children to be allowed to take. Success in achieving this has been one of the Creche organization's most rewarding gains” (Bridgland, 1972). ”

Generating community awareness about the creche required comprehensive engagement strategies. Creche workers conducted door-to-door visits to build awareness, while adult literacy, cooking demonstration, and vocational education programs helped attract a broader demographic to the centers. Street theatre became a particularly effective tool for initiating community conversations, formalized through the Lokdoot programme in 1979. This approach later evolved into mini-Lokdoot performances, where two or three volunteer members staged small plays during regular community meetings to maintain ongoing dialogue.

This evolution was not a result of attempts to find a perfect 'model', rather, operations expanded organically. For instance, the 'mobile' aspect of the creches in the first few years was a result of the mobility of children and families at construction sites. Thus, MC had to follow families to the next site once construction was wrapped up at the first. Similarly, in the mid-1970s, MC community creches were created as the government created resettlement colonies and invited MC to set up creches in these areas.

A critical question to be resolved in the initial period was that of workers at the creche. MC recognized that volunteers or trained workers, such as teachers or Bal Sevikas, would not fit the bill, both because of the challenging nature of the task at hand, and the relatively low pay possible. Instead, MC recruited workers from similar communities, who would understand the needs of the child, and for whom the relatively low salaries would be an important supplementary source of income. This resulted in an "army of the untrained" to work at the creches (Swaminathan & Singh, n.d.). Turning this untrained army into a professional cadre was an important task during this period. This needed a two-fold approach – structured training and providing opportunities for career development.

“ One of the key achievements of MC have been its commitment to creche workers- training and salary-treating them as professionals, who deserve respect/dignity, keeping them motivated.” (Mridula Bajaj, Former ED, MC)

There was some experimentation in the way training was provided during this period. For the first few workers, training was on the job, facilitated by subject matter experts. As the first workers gained some experience, they were able to act as trainers for the next batch of workers, who received demonstrations and learnt by doing. This was formalized as a two-year long course called Bal Palika Training (BPT) in 1978. In parallel, there were *Teach-In*, a participatory method of staff training in small groups, and training programs for specific areas (e.g., record keeping, staff management, supervision, etc.)

In response to staff demands, MC took steps to provide necessary benefits and development opportunities for its people. This included provision of staff gratuity fund (1975), provident fund (1976), and health checkups (1989). In 1976, maternity leave for three months with full pay was granted; medical leave and earned leave were introduced in 1983. MC staff have also been undergoing evaluations using Key Performance Indicators (KPIs) since 1976, and appraisals since 1979.

As the basic models evolved, MC recognized that a single agency could not meet the needs of all children or working mothers in India (Swaminathan & Singh, n.d.). Yet, engagement with policy or other stakeholders in the sector was relatively limited. MC received grants from the Central Welfare Social Board (CSWB), starting 1974, as part of the scheme of assistance to *Voluntary Agencies for Crèches for Working/Ailing Mothers*. In 1975, the *Integrated Child Development Scheme* (ICDS) took shape, with input from experts such

as Professor Mina Swaminathan, who was closely associated with MC. The organization engaged with contractors to exhort them to provide partial funding under their legal obligation to provide creches for workers. There were some networking activities with other CSOs, to increase familiarity with MC's work and requests to train workers. However, it was during the next period of its evolution that MC began taking on a larger role as a systems player.

Looking outward (1985-2005): In this period, MC found recognition as a model, in multiple fora. The *National Policy on Education (NPE)* (1986) was an important policy milestone that would explicitly identify early childhood care and education's (ECCE) intrinsic role in human development, as a feeder into primary education, and as a support system for working women, especially from low-income backgrounds. It affirmed the need for holistic care for young children under the age of six. It also highlighted the need to provide ECCE services to disadvantaged groups through the ICDS, day care centres and creches being run by the CSOs. The policy took note of MC as a model for setting up "special schools for specific duration for building and construction workers and other categories of people" (NPE, 1986). Similarly, the Report of the National Commission on Self-Employed Women and Women in the Informal Sector (1988) [also known as the Shram Shakti Report] acknowledged that organizations like MC should be financially supported for scale up.

The Shram Shakti Report gave impetus to the formation of the Forum for Creches and Childcare Services (FORCES), in partnership with SEWA and the Centre for Women's Development Studies (CWDS), in 1989. These organizations were working to ensure informal worker rights and their access to childcare facilities. Subsequently, this became a platform to commission relevant research and nudge policy in favourable directions. Some examples of policy engagement in this period included providing inputs to the National Labour Commission for a comprehensive legislation covering maternity benefits for all women, campaigning for a Maternity Benefits Act for women in the informal sector and providing inputs to the 10th Five Year Plan (2002-07).

MC joined hands with broader coalitions in the early 2000s. It joined the Right to Food Campaign (2003), advocating for the National Food Security Act (2013). It joined the Jan Swasthya Abhiyan (formed in 2001), campaigning for the Right to Health and Health Care as basic human rights to address India's growing child health and nutritional crises. MC's involvement with Nirman Mazdoor Adhikar Abhiyan aligned closely with its mission of providing ECD services for marginalized communities, including construction workers.

Another source of collaboration with CSOs in the field was MC's care worker training program. The two-year BPT programme ran for two batches, before being re-designed into a year-long program. In 1989, trainees from other CSOs also started joining the BPT, and MC supported them to set up training centres of their own. This period also saw exposure visits of MC staff to other NGOs.

In the early 2000s, MC's experience in Dwarka encouraged it to practise new community engagement strategies over the following years. When smaller construction projects and contractor reluctance made traditional creche provision infeasible, MC pivoted to a community-based model that operated independently of physical care centres. This innovative approach encompassed direct parent education sessions for families with children under three, capacity building for women workers on age-appropriate child development practices, strategic partnerships with local CSOs, and coordination of health and immunization services.

Getting the community involved (2006-20): Starting with the *Dwarka Model*, MC tried other experiments to increase community involvement in ECD. There was a brief experiment where the day-to-day running of the creches was handed over to community members. By 2010-11, however, all the centres were back in direct delivery mode largely on account of quality concerns.

This was followed by more successful attempts to set up *Creche Management Committees* and *Sathi Samuhs*, to provide oversight over creches. These comprised of parents, and other community members to improve connections with local health systems and create community awareness on ECD issues. The *Parent Development Programme* (PDP) started in 2012-13, aimed to increase the practice of responsive caregiving, and raise parental awareness on issues of nutrition, health, safety and learning opportunities. This was done through monthly meetings and quarterly workshops, where topics for parental and community awareness were discussed. These programmes continue till date.

Apart from creches, an at-home care model of *Dulaar* was piloted in two locations, where pregnant and lactating women were trained on addressing the needs of their children in the first 1000 days. This leveraged culturally embedded engagement – such as ‘godh bhara’ and ‘annaprashan’ events to increase awareness of good parenting practices. The programme additionally addressed fathers, to help promote greater participation in parenting. Parents, and particularly fathers, were taken to picnics and retreats as a mode of outreach. Again, this programme continues with *Dulaar* parents being expected to serve as catalysts on the ground, spreading further awareness of holistic care practices among parents not covered by the programme.

During this period, MC tried to get construction companies and builders to be more active in running creches. This meant going beyond paying part running costs of creches, to taking responsibility for establishing and running creche facilities while MC acted as facilitator. Employers who took on these responsibilities include Shapoorji Pallonji and the Amrapali Group. In 2013-14, MC also tried operating a tripartite model involving the builder, CSO, and MC, with the CSO being responsible for running the creche. MC would provide the operating manuals and SOPs for running the creche, financial grants, guidance and oversight. This model is still in use.

MC continued to leverage networks and alliances for policy advocacy, especially on rights-based entitlement to ECD through this period. It collaborated with the Right to Education (RTE) Forum to establish the Alliance for Right to ECD, launched as part of a national campaign to implement the Right to Education Act (2009).

Impact at scale (2020 onwards): Recognizing the need for scale, MC currently operates centre-based care models, directly or in partnership with CSOs, companies, and state governments. At present, there are 334 centres that are directly run – by MC itself or partner CSOs, benefiting more than 15,000 children. In these creches, MC is responsible for recruitment, training, curriculum, monitoring, and partial or complete funding.

“ You take us to any setting, any situation, any part of the country and ask us to set up a culturally, locally rooted childcare centre/creche. We will pick up our box and go to the most unimaginable setting, and we will know what to do over there, setting up a creche that delivers comprehensive ECD services.” (Sumitra Mishra, CEO, MC)

”

MC also provides technical assistance to government-run initiatives, for example, Karnataka and Haryana. This involves capacity building of AWCC workers and ICDS staff operating 4,479 government-run centres across these states. Again, these are a mix of urban (Haryana) and rural (Karnataka) centres. In the latter state, the Department of Rural Development and Panchayati Raj invited MC to support a large-scale pilot initiative involving 4,000 Koosina Mane (creches) for children of MGNREGA workers.

“ MC has become a go-to organization for states seeking to evolve norms and share experiences in ECD. Its reputation for quality and professionalism has made it a trusted resource in the sector.” (Sanjay Kaul, Board, MC, DPS Society & Rainbow Foundation)

MC partnerships underscore the need for flexible, practical training modules for a large cadre of care workers. This led to MC finalizing a detailed 12-day pre-service training curriculum to further train frontline creche workers (*Balya Pariposhan*) and a ‘Training of Trainer’ (ToT) module based on this 12-day training curriculum. Keeping COVID-19 in mind, MC also re-strategized its training methods to make them suitable for online dissemination, including the creation of 12 digital modules.

In recent years, MC has started engaging with the ECD ecosystem globally, for experience sharing and wider policy advocacy. An example was a publication on its remote learning model, that became a part of the Asia-Pacific Regional Network for Early Childhood (ARNEC) documentation of good ECD practices in the context of COVID-19. Similarly, MC is part of multiple working and advisory groups of the Early Childhood Development Action Network (ECDAN), a networking platform for information and experience sharing with similar organizations in the global South. MC and FORCES participated in knowledge-sharing events on the sidelines of India’s presidency of the G20 summit. This brought together representatives of CSOs from member countries to ideate on action areas to promote the care economy.

“ MC has been successful in mobilizing the ECD ecosystem through their communication efforts based on newsletters, academic collaborations, and social media outreach, also putting MC on the global stage.” (Professor Joan Lombardi, Global ECD Expert)

1.4 About the report

1.4.1 Evaluation framework

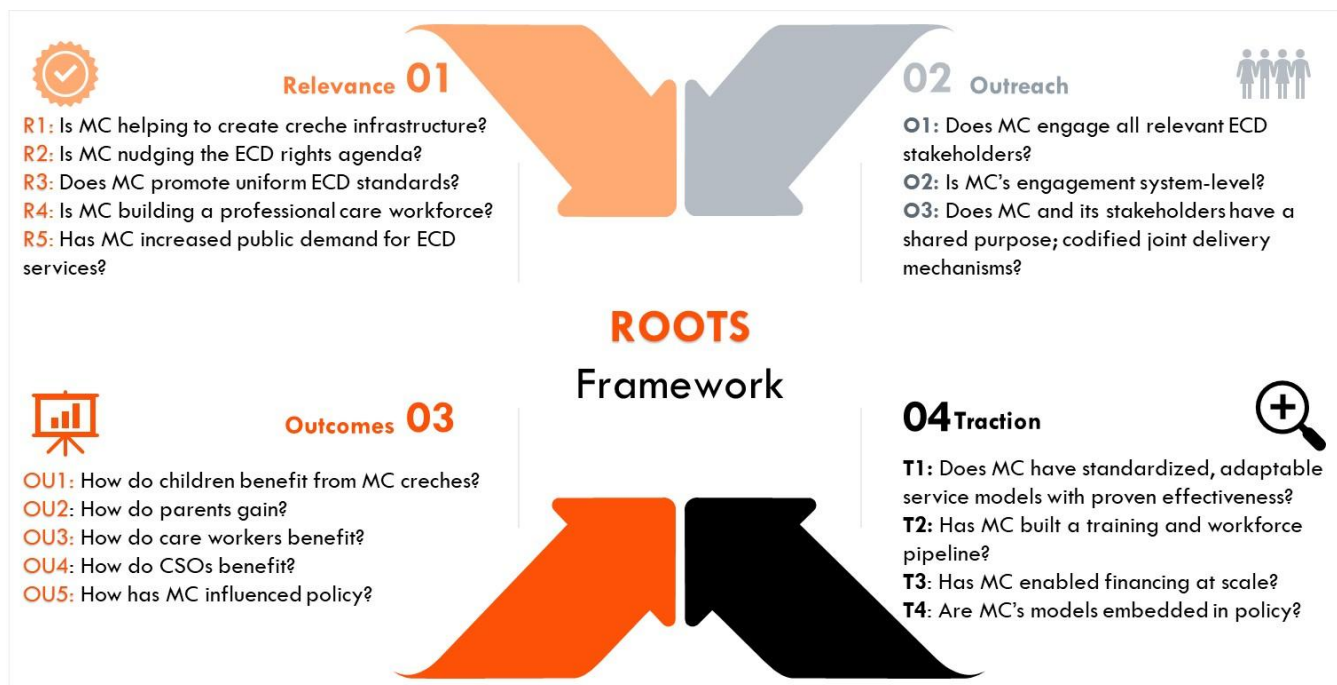
The assessment proceeds in four directions. We assess whether:

- MC’s work and strategy are relevant and addresses key ECD gaps for marginalized children in India (Relevance)
- whether MC builds effective multi-stakeholder partnerships to co-create and scale ECD solutions (Outreach/ partnerships)
- whether MC’s intervention positively impact outcomes for stakeholders like children, parents, alumni and care-workers (Outcomes), and

- whether MC's models are sustainable, scalable, and replicable across contexts nationwide (Traction)

In summary, we call this the ROOT framework - comprising Relevance, Outreach/Partnership, Outcomes, and Traction. The key indicators assessed against each element of the framework is identified in Figure 5.

Figure 5: Describing the ROOTS framework

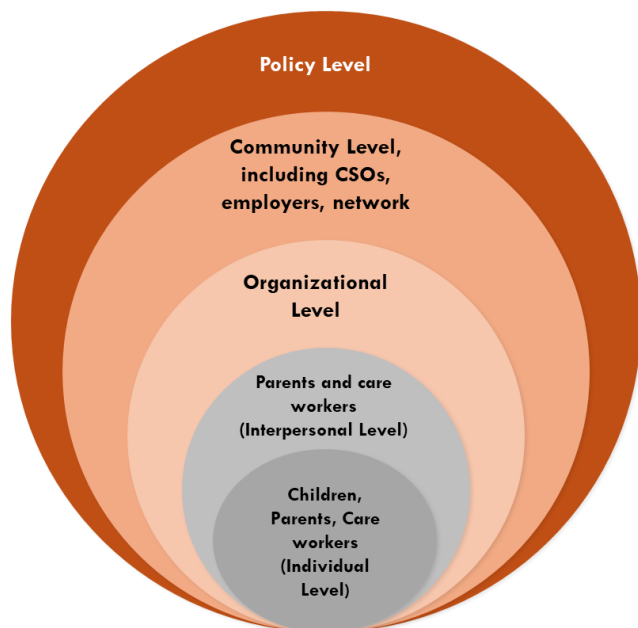


1.4.2 Research coverage

The Socio-Ecological Model (SEM) was used as part of the analytical framework for identifying the key ecosystem participants for the ECD sector (Figure 6). Any field building organisation would have to operate along these inter-connected layers to be able to enact systemic change. The SEM also aligns with MC's systems thinking approach and thus guided the coverage of stakeholders we studied for the purpose of this assessment. The study adopted a mixed methods approach to collect data by engaging with different stakeholders.

Quantitative Data Collection: Involved a perception study of parents (mainly mothers) sending their children to the creches for at least a continuous period of four months. To sample these parents, the study selected 46 creches in four operational states - Delhi NCR, Haryana, Rajasthan, and Odisha - representing MC's diverse delivery models including directly managed facilities, MC-CSO partnerships, government operated creches (MC as technical partner), and MC managed government creches. It also covered a mix of rural-urban and community and worksite creches. We targeted approximately 14 parents per creche yielding a sample of 646 parents.

Figure 6: The Socio-Ecological Model (SEM)



Qualitative Data Collection: The qualitative data collection relied on an extensive stakeholder mapping to capture diverse perspectives across MCs' operational landscape, engaging people through interviews and focus group discussions. Institutional perspectives were gathered from the MC Founder, Board Members, current and former staff members, and funders representing sustained partnerships with the organization. Community-level insights were captured through eight focus group discussions with parents, including those enrolled in the Dulaar programme, creche management committees, interviews with representatives of CSOs and elected representatives from Panchayati Raj Institutions (PRI). Interviews with CSOs and employees of partner construction companies, network and alliances, and ECD specialists shed light on the ecosystem role of MC. 47 childcare workers (both

direct and indirect) provided insights on day-to-day creche operations, training curriculum and motivation levels.

This stakeholder engagement strategy prioritized individuals with direct experience and deep knowledge of MCs' operations, ensuring rich qualitative data to complement quantitative findings and provide nuanced understanding of the organization's field-building impact.

1.4.3 Report Organization

This report evaluates MCs' role as a field-building organization within India's ECD ecosystem using the ROOT framework (Relevance, Outreach/Partnership, Outcomes, Traction) across four main chapters. The assessment progresses from establishing ECD's foundational importance and MC's strategic evolution (Chapter 1) to analyzing MC's strategic relevance for universalising ECD and ecosystem partnerships (Chapter 2), narrating reported impact across stakeholders and scalability potential (Chapter 3), and concluding with identified gaps and strategic recommendations for the next decade (Chapter 4).



2. Assessing Relevance and Outreach




2. Assessing Relevance and Outreach

This section focusses on the relevance and outreach dimension for evaluating MC role as a field-building organization in the Indian ECD ecosystem. The relevance dimension examines how effectively MCs' strategies and interventions address the critical gaps and challenges in universalizing access to ECD. It includes assessing the alignment of the MC programmes with the ECD needs of marginalized children and families, and success in overcoming fundamental barriers to accessing quality ECD. The Outreach/partnership evaluates MC's capacity to engage with a wide range of ecosystem stakeholders in co-creating and scaling policies, financing childcare, service delivery models, generating systemic impacts that extend beyond the reach of any single organization.

2.1 Assessing Relevance

The relevance criteria assess whether MC is "doing the right things" by examining how MC's strategic positioning and programmatic responses address the five critical challenges to ECD universalization in India identified in Chapter 1. More specifically, the assessment focuses on the following aspects:

Is MC doing the right things, in terms of addressing the key challenges to ECD universalization?

	R1 Is MC helping to create childcare 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?

R1: Is MC helping to create childcare infrastructure?

As outlined in Chapter 1, In India, ECD services through state-supported institutional childcare (ICDS) is limited with nearly half the children having no access to ECD services. The Union government spending on ECD is 0.5% of total budgetary spending (IWWAGE & Mobile Creches, 2024), which translates to fewer childcare centres, with existing ones witnessing major infrastructure gaps along with inter-state and intra-state variations in the ECD service provisioning (NITI Aayog, 2020).

As part of its latest strategy (2022-27), MC has prioritized scaling its childcare approach. This strategy involves demonstrating, replicating, and scaling models and programmes across multiple settings. Demonstration has involved running creches across worksites (construction sites, factories, tea plantations, brick kilns, and mineral grinding units), urban areas (resettlement colonies and slums), and rural/tribal regions. It has also demonstrated parental interventions for better at-home ECD services.

Its approach to provide childcare at scale has resulted in 4800+ creches currently operational across 15 states, serving the needs of 90,000+ children as of FY 2024-25. This includes 334 direct centres, run by MC or through its partnerships with 13 CSOs. In the latter model, the CSO manages the creches, while MC provides funding support, training of care workers, and supervisory visits and monitoring through multi-year partnerships. MC also partners with governments in different ways to provide creches at scale. This includes formal agreements with Haryana, Karnataka, Odisha, Delhi and Telangana. In Karnataka and Haryana, it has supported the development of locally tailored creche models, serving as a technical partner addressing the training needs of AWWs, and providing monitoring support.

MC's engagement with policy has also included emphasizing on creche infrastructure. MC has been involved in influencing the schemes that were formulated and designed after 1969. Initially, this was in the form of advocating for better implementation of existing schemes. For example, MC pushed for the enforcement of regulations under the Contract Labor (Regulations & Abolition) Act, 1971, by writing to the Prime Minister. MC also put pressure on the government to register construction workers and set up structures for cess collection under BOCWA by 2005, which would help in welfare programmes for workers. More recent engagements include campaigning for increased number of AWWs, creches, and for greater funding, through lobbying and generating research on costing models to compare against earmarked budgets (IWWAGE & Mobile Creches, 2024).

R2: Is MC nudging the ECD rights agenda?

As seen in Chapter 1, the policy framework in India has progressively acknowledged the importance of ECD and called for its universalization. For example, the National Policy on Education (1986) set a coverage target of 70% for under six-year-olds to be reached by 2000, primarily through the ICDS, but also other pre-primary day-care and education centres. The National Plan of Action on Children (2005) pushed for universal ECCD through stronger ICDS, pre-schools, day care, workplace creches, and caregiver/parent training. The National ECCE Policy (2013) affirmed universalization, set quality standards and a curriculum framework, and proposed Anganwadi-cum-Crèches (AWCCs) for under-threes. The National Action Plan on Children (2016) aimed to provide ECCE to all 3-5-year-olds through AWCs, crèches, and day care, and the National Education Policy (2020) set a goal of universal, high-quality ECCE by 2030, to be delivered via standalone Anganwadis, co-located models with primary schools, pre-primary sections, and standalone pre-schools to children between the ages of three to eight years.

MC's work and strategy have been part of this evolution. Through the years, the organisation has engaged with ongoing policy discussion to push the agenda on rights based ECD. For this MC has leveraged alliances and networks such as FORCES, Alliance for Right to ECD and the Right to Food Campaign. For example, the *Law Commission's 2015 Report No. 259* recognized ECD as critical to development and human rights but noted that the legal frameworks lacked clear justiciable ECD entitlements. The report called for state to

provide creche and day care services for under-six years-olds and for the inclusion of this group in the “Right to Education”. The cover letter of the report also notes that:

“Some of the representatives of Alliance for Right to Early Childhood Care & Development and Mobile Crèches met the Commission to highlight the issue relating to the rights of children under the age of six years. Recognizing the importance and relevance of ECD from the perspective of national and human resource development, the Commission decided to take up the study.” (Shah, 2015).

While the right to ECD has still not been realized, one success in the journey has been the National Food Security Act (2013) which guarantees free, age-appropriate meals at Anganwadis for children of the ages between six months and six years. This was achieved through the advocacy of the Right to Food Campaign, which MC joined in 2003.

R3: Does MC promote uniform ECD standards?

From its inception, MC focused on providing holistic ECD services through creches for socio-economically vulnerable communities. As seen in Chapter 1, the organisation focussed on first providing a secure place for children of construction workers with food, but quickly moved to providing health-monitoring, nutrition and learning programmes. It now formally follows the NCF, focusing on addressing the five key components: good health, adequate nutrition, security and safety, opportunities for early learning, and responsive caregiving practices. Moreover, this is reflected in creche models across locations – such as urban slums and rural areas, as also in other childcare models targeted towards at-home care (e.g. the Dulaar programme).

Given this experience of demonstrating childcare standards in multiple settings and supporting CSOs and state governments to do the same, MC is well placed to contribute to the establishment and codification of ECD standards. MC is recognised as a technical resource in setting the national minimum creche guidelines under the Maternity Benefits Act 2017. The creche standards stipulated under Haryana’s Creche Policy also show MC’s influence.

However, MC’s current model does not explicitly account for the special needs for children with disabilities. This includes aspects such as protocols for detection of development delays, referral system to interventions and parental counselling, or day-to-day and inclusive curriculum and lesson plan. Development of an inclusive model that can be adopted by others could be an area of intervention going forward.

Another challenge that the MC model does not address is air pollution and natural disasters. Delhi is a key location for MC’s creches where the Air Quality Index (AQI) routinely breaches thresholds for ‘poor’.⁶ Children’s developing physiology makes them more vulnerable to air pollution and heat-related illnesses (Lombardi and Simmons, 2025). These external stressors could also adversely impact the physical, emotional and mental health of caregivers, in turn affecting their wards. Lastly, climate change related adverse events

⁶ <https://www.aqi.in/in/world-most-polluted-cities>

could disrupt care services. Demonstrating resilient models would make the MC model more adaptable in vulnerable geographies.

R4: Is MC building a professional care workforce?

As noted in Chapter 1, AWWs in India, are classified as volunteers who receive minimal honorariums of ₹2,500-4,500 (for mini and main AWCs respectively). Even outside of the ICDS, formal training, paid leave and job security are less prevalent for early childcare workers. This under-investment in care workers could undermine service quality and perpetuate the perception of ECD as secondary to formal education, despite its foundational importance for child development.

MC has developed a professional care work model within its own operations. The organisation adopted a community-based recruitment strategy, hiring workers from similar backgrounds who understood children's needs and for whom these positions provided meaningful supplementary income. MC pioneered progressive employment practices early on, establishing a gratuity fund (1975), a provident fund (1976), and regular health checkups (1989) for all staff. Performance appraisals using KPIs have been conducted since 1979. Currently, Delhi-NCR creche workers earn ₹24,000-30,000 monthly, while MC contributes ₹11,500 toward salaries in partner-run centres across NCR and Rajasthan. Though CSO partners are free to supplement this amount, they face financing constraints, resulting in low compensation.

Compensation and professionalisation of care workforce are partially reflected in government creches MC supports. Haryana's Creche Policy identifies the respective 'job description' of both care workers and creche helpers. This includes setting minimum educational qualifications, and other requirements, and listing the tasks expected at the creche. The state policy also sets out proposed salaries of creche workers, as opposed to the honorariums customarily paid to AWWs. Creche workers in Karnataka are paid based on NREGA wage rates. On the other hand, the compensation in creches funded by the District Mineral Foundation in Odisha is substantially lower.

“*Respect for the humblest was our driving force. Creche workers were valued and heard, held accountable and asked to take collective action.*” (Devika Singh, Co-founder, MC)

MC's training evolution also reflects its commitment to professionalizing care work. Initially operating with what the founders termed an "army of the untrained," MC developed a systematic approach combining structured training with career advancement opportunities. Early workers became trainers for subsequent cohorts through demonstration and hands-on learning, eventually formalized as the two-year Bal Palika programme (later shortened to one year). These training programmes have also been provided to care workers from other CSOs, and anganwadi workers in states where MC has a Memorandum of Understanding (MoU) with the government.

However, MC has not leveraged this strong training programme to influence institutional childcare standards in both public and private sectors. For example, there is no certification attached to MC's care worker training. MC's experience could also be used to transform the current architecture of skills training for care workers under the National Skills Development Corporation (NSDC). MC's next phase should prioritize acting on these areas.

R5: Has MC increased public demand for ECD services?

India faces a cultural barrier to universal ECD due to deeply entrenched social norms that position childcare as exclusively a family, and specifically maternal, responsibility. This cultural positioning creates obstacles to public demand for institutional ECD services, undermining efforts to achieve comprehensive early childhood care coverage. Care practices at home may not always be able to address the diverse needs of children in early childhood, especially in the face of challenges such as transitions to cities, environmental challenges, and socio-psychological stress.

MC has prioritized community engagement in its own programme from the outset. In the early years, creche workers conducted door-to-door visits to raise awareness about the creche. Adult literacy and vocational education programmes broadened community participation. Street theatre, initiated through the Lokdoot programme in 1979, played a key role in sparking important conversations. This evolved into “mini Lokdoot,” where two or three volunteers performed skits at regular community meetings. Today, community engagement is a continuous process, extending from creche establishment through ongoing operations. In rural areas, MC also engages with elected representatives, that is Panchayati Raj Institution (PRI) members.




In addition to creches, MC has piloted an at-home care model called Dulaar at two sites. This programme trains pregnant and lactating women to address their children’s needs during the critical first 1,000 days. Dulaar leverages culturally significant events such as ‘godh bharaai’ and ‘annaprashan’ to promote good parenting practices, while also encouraging fathers’ involvement through activities like picnics and retreats. Parents, especially fathers, are expected to become local advocates, spreading awareness about holistic childcare to families beyond the programme’s reach.

However, despite these programme specific successes, broader demand for institutional childcare is yet to emerge within larger communities and society at large. This indicates a gap in ecosystem-wide advocacy efforts needed to build widespread public support for government-backed childcare services. While MC has succeeded in creating pockets of community acceptance and ownership, the challenge remains to scale this awareness and demand to influence broader policy priorities and public investment in ECD services across India’s diverse contexts.

2.2 Assessing outreach

The outreach lens captures the extent of MCs’ collaboration and coordination with ecosystem actors, government agencies, CSOs, private sector partners (employers), networks, donors, and international stakeholders to co-create, implement, scale policies, standards, financing mechanisms, and delivery models. This framework measures whether MC has built capacity to foster multi-stakeholder engagement that produces systemic outcomes beyond what any single organization could achieve independently. The assessment attempts to measure this using the following criteria.

How does MC align and work with multiple ecosystem actors to produce systemic outcomes?

	O1	Does MC engage all key ECD stakeholders?
	O2	Is MC's engagement system-level?
	O3	How does MC engage stakeholders? Do they have shared purpose; joint delivery mechanisms; shared delivery and mapped financing channels

O1: Does MC engage all relevant ECD stakeholders?

The SEM framework outlined in Chapter 1 identified the broad categories of stakeholders in the ECD ecosystem. This section zooms in on the community and policy level of the SEM and identifies key stakeholders in these two categories. **As can be seen from Table 1**, MC engages with a wide range of stakeholders in different capacities. This includes the larger communities in which it operates, employers and the labour ecosystem, CSOs and networks, knowledge and research ecosystems, national and international funders, and governments in different capacities.

There are two groups that MC misses out on engaging. One is the schooling system. It is understood that care workers and supervisors may engage with nearby schools for admission of some of the children coming to the creches, once they are of age. Under community engagement, MC may also help migrant workers get identification documents which in turn supports school admissions of their children. However, in the absence of any systematic engagement with schools, older children coming to the creche, especially at construction sites, miss out on schooling. Another stakeholder not engaged are workforce development and professional bodies, who, as mentioned in Section 2.1, can be leveraged to create a trained and certified care workforce.

Lastly, while MC works extensively with different governments, its interface with departments not directly related to women and child development, rural development, or education is relatively limited. Some departments include Urban Development, Health and Skilling. MC engaged with the Ministry of Housing and Urban Affairs under the Deendayal Antyodaya Yojana - National Urban Livelihoods Mission (DAY-NULM) for setting up creches as part of smart city planning. However, it has not yet translated to action on ground leading to the integration of inclusive creche models in city planning. An instructive example is Bogota's Care Blocks model that provides unpaid caregivers with the chance to access free services for job training, skilling, exercise and self-care while their children attended creches. These care blocks are meant to be accessible on foot, to reduce dependence on public transport, though buses are available to connect people living in remote areas (Miner and Rojas, 2024).

O2: Is MC's engagement system-level?

Systems level engagement would mean that MC works with the specific stakeholder beyond one-off programme activities, helping shape and align policies and standards, so that ECD services are scalable and durable across sites and over time.

As identified in Table 1, MC engages multiple stakeholders to effect systemic change, including CSOs and networks/ alliances; international funders and organisations; and multiple levels of government. However, gaps limit systemic impact. Community engagement is centre focused and lacks broader mobilisation. This is also true of the engagement with the employer ecosystem. Knowledge/research ecosystem engagement is partial. While strong on policy analysis, it misses the opportunity for peer-reviewed evaluations that could widen uptake of creche models. As a field builder, MC could gain from tapping new sources of funds, such as climate-linked funds, that could also support the demonstration and wider uptake of climate resilient creche models.




O3: How does MC engage stakeholders? Do they have shared purposes; joint delivery mechanisms; shared delivery and mapped financing channels?

MC engages most robustly with government and civil society (Table 1). It has joint delivery mechanisms with Women and Child Development and Rural Development departments across several states, provides AWW training, and contributes inputs to national standards and policies (e.g., NEP, National ECCE Framework). With CSOs, MC operates creches via defined SOPs, capacity building, and multi-year partnerships, and advances the policy agenda on universalisation through alliances like FORCES, Alliance for the Right to ECD, and international networks (ECDAN, ARNEC) with shared charters and advocacy agendas. MC also maintains strategic, multi-year alignment with institutional donors, often subscribing to a shared purpose.

“*My understanding of ECD became better because of MC. Earlier I thought that creches for very young children would involve one worker, providing milk and other eatables to children.*” (CEO, CSO partner of MC, Delhi)


While engagement with communities is also programmatic, there is a sense of ownership and shared purpose at least in rural communities. More than one PRI member mentioned the need for leveraging public funds for better upkeep of creches. In one village, the PRI member mentioned the development funds had already been spent on restoring electricity connection. Another PRI member mentioned that the village wanted to contribute towards toys to the creche, and funds on that account had already been set aside in the Gram Panchayat Development Plan (GPDP). The community ownership of creches is possibly because of direct interaction with PRI members, who being close to their constituents are more effective at bringing change. Moreover, women and child development are part of its remit.


Table 1: The ecosystem for ECD

S.no	Stakeholder (A)	Role in ECD ecosystem (B)	Does MC's programme engage with the stakeholder? (C)	Does MC engage with the stakeholder to effect systemic change? (D)	What is the level of engagement – in terms of shared purpose, joint delivery mechanisms, and shared learning? (E)
C1	 Community (including parents)	Responsible for care provision, demand institutional ECD services, helping nudge the policy agenda.	Yes, communities oversee creche functioning, ensure active parental participation and enable sustained holistic care at home.	No, community engagement programme lacks the broader community mobilization needed for systemic change	Delivery mechanisms and protocols – in the form of Creche Management Committees, Saathi Samuhs. Parental Development Programme and Dulaar training present. Demonstrate shared purpose in rural areas.
C2	 Employers and labour ecosystem	Large scale creche provision, in line with legal requirements and mandates	Yes, provides funding and infrastructure for MC/ partner run creches; some provide supportive policies for parents to visit the creche	Engagement with broader ecosystem of employers e.g. leveraging business associations and chambers of commerce to promote provision of creches and progressive, parent friendly employer policies could help with system-level awareness building. Engagement with labour ecosystem present through trade union participation in FORCES.	Documented roles and responsibilities in MOUs, joint delivery mechanisms where employers provide infrastructure, funding and support (such as breastfeeding breaks and allowing mothers to visit creches) and established multi-year relationships in some cases.
C3	 Education system - schools	Absorbs children post 6 years	No interface. MC caters only to children up to the age of six years. Though older children attend creches (especially at construction sites), they are provided	No interface.	Not applicable

S.no	Stakeholder (A)	Role in ECD ecosystem (B)	Does MC's programme engage with the stakeholder? (C)	Does MC engage with the stakeholder to effect systemic change? (D)	What is the level of engagement – in terms of shared purpose, joint delivery mechanisms, and shared learning? (E)
			bridge courses at the creche. There is currently no systematic attempt to send them to schools.		
C4	 Health system	Ensure health monitoring, conduct early screening for developmental delays and disabilities, and facilitating referral systems for necessary interventions	MC's engagement with health stakeholders involves collaborations with public health centres (PHCs) in Odisha and selected creches in Delhi for referrals, and through ASHA workers who visit creches for vaccinations	No	Not applicable
C5	 CSOs, networks and alliances	Enable scaling up of demonstrated creche models; advocate and influence the local national, and international research, programme and policy agenda	13 CSOs work with MC in operating creches in partnership.	<p>Yes. MC works with CSOs as part of networks and alliances like FORCES, Alliance to the Right to ECD, and the Right to Food Campaign to pursue the policy agenda for universalisation.</p> <p>MC also engages with international networks of CSOs such as Early Childhood Development Action Network (ECDAN) and the Asia Pacific Regional Network for Early Childhood (ARNEC) to release policy briefs and frameworks on ECD.</p>	<p>With its partner CSOs, MC has well-defined mechanisms such as SOPs and capacity building sessions that facilitate improved understanding of ECD and creche service delivery.</p> <p>The work of alliances is also relatively well developed. E.g., FORCES has a defined charter of demands, reflecting shared purpose, and defined mode of work. Similarly, ECDAN has a charter and set vision and strategy for 2024-28. MC has defined role to play</p>

S.no	Stakeholder (A)	Role in ECD ecosystem (B)	Does MC's programme engage with the stakeholder? (C)	Does MC engage with the stakeholder to effect systemic change? (D)	What is the level of engagement – in terms of shared purpose, joint delivery mechanisms, and shared learning? (E)
					as a practitioner, providing inputs into the organisation's advocacy agenda through participation in the 'Global Policy and Advocacy Advisory Group' and the 'Childcare Systems Working Group' (ECDAN, 2024).
C6	 <p>Knowledge and research ecosystem</p>	Demonstration of efficacy of creche models for uptake by larger ecosystem	<p>MC undertakes research on specific topics related to creche models – e.g., on the application of socio-emotional learning, air pollution's impacts on children in their first 1000. However, currently missing are discussions on more experimental/ quasi-experimental research comparing longer term outcomes of children at the creche with non-creche going or ICDS children.</p>	<p>Partial. MC and FORCES commissions research periodically on policy issues. As noted under column C, systematic and published peer-reviewed research on the creche models can also help improve credibility of the MC model further and help increase uptake in new state governments, thus effecting systemic change.</p>	No regular, systematised engagement.
C7	 <p>Funders including multilateral actors like UN agencies,</p>	Enable scaling up of creche infrastructure	<p>MC engages with a wide variety of funders for its programmatic functioning. 90% of its funding, for instance for FY24 and FY25 were from institutional</p>	<p>As a demonstrator, MC is working to pilot user-fee based creche models in a few locations in India. It could also look to leverage CSR funding for</p>	Engagement with donors is multi-year in nature, with interviewed donors attesting to the role of MC as a foundational organization in the ECD

S.no	Stakeholder (A)	Role in ECD ecosystem (B)	Does MC's programme engage with the stakeholder? (C)	Does MC engage with the stakeholder to effect systemic change? (D)	What is the level of engagement – in terms of shared purpose, joint delivery mechanisms, and shared learning? (E)
	international NGOs, and global partnerships, MDBs		donors. A little over 40% of this is from international grants, and around 23% from local institutional grants. CSR grants at ~15% form a relatively low share and could be leveraged for further growth.	part financing of creche modules looking at inclusive childcare or integrating climate change considerations (see Chapter 4). Its engagement with the funding ecosystem as a systems-player is limited. To build on its role as a thought leader and influencer, it could also develop an evidence base on other innovative financing mechanisms including use of result-based financing and leveraging of climate related funds for instance (Green Climate Fund, Global Environment Facility) (ECDAN, 2025)	space. There is also strategic alignment with funders through shared purposes.
C8	 Workforce development and professional bodies	Key for professionalization of the care workforce	No interface	No interface	Not applicable

S.no	Stakeholder (A)	Role in ECD ecosystem (B)	Does MC's programme engage with the stakeholder? (C)	Does MC engage with the stakeholder to effect systemic change? (D)	What is the level of engagement – in terms of shared purpose, joint delivery mechanisms, and shared learning? (E)
C9	 Government	ECD service delivery, policymaking for ECD universalisation; integrate childcare in different setting including MGNREGS, urban planning etc.	MC partners with government departments for creche provision and AWW training	MC has been working with departments such as Women and Child Development (Haryana, Telangana, Delhi), District Mineral Fund (Odisha), Ministry of Rural Development (Karnataka) to support provision of creches in multiple geographies. It also engaged with specific departments to provide inputs into standards and policies – such as the New Education Policy, National ECCE Framework. It also leverages networks and alliances to help set and shift the policy agenda.	Joint delivery mechanisms in place with government partners. MC maintains limited data sharing and learning protocols with government partners, enabling knowledge transfer and continuous improvement of collaborative approaches.

3. Assessing outcomes and traction








3. Assessing outcomes and traction

In this chapter, we focus on the two remaining dimensions of the ROOTS framework – outcomes, and traction. The outcomes dimension focuses on assessing the impact of MCs' programme on stakeholders including children, families, creche workers and communities. We also outline the impacts on CSOs, and the policy architecture. Complementing this, the traction dimension examines how MC's work is amenable for scaling-up.

3.1 Assessing outcomes

For assessing outcomes, we break our analysis down to the following criteria.

Is MC's work making a difference? How does MC's programme impact different stakeholders?

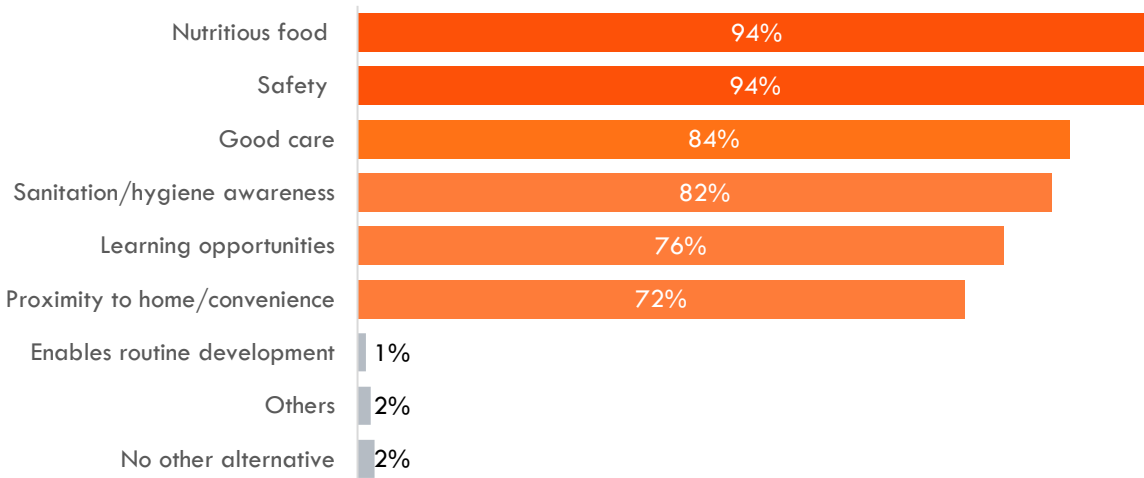
	OU1 How do children benefit from MC creches?
	OU2 How do parents gain from engaging with MC?
	OU3 How do care workers benefit from their roles with MC?
	OU4 How do CSOs benefit from partnering with MC?
	OU5 How has MC influenced policy?

OU1: How do children benefit from MC creches?

Parents of current creche attendees and alumni attest to their ability to access holistic care through MC creches. Various aspects of holistic care feature in responses when parents are asked what motivated them to continue sending their children to the creche. As illustrated in (Figure 7), parents' top priorities for selecting creches are nutritious food and safety, both cited by 94% of respondents. Safety is an important concern, as in the absence of creches, 4 in 10 parents would take the child to work or leave home, unattended. A construction worker mentioned how her employer was unlikely to take responsibility if her child had an accident at the worksite, which made the creche a much better alternative.

Other motivators to send their children to the creche include good care (84%), sanitation and hygiene awareness (82%) and learning opportunities (72%), revealing that parents recognize the creche as essential developmental and health education platforms rather than merely convenient daycare services during work hours. Most parents also attest to their children being happy or excited to go to the creche on most days.

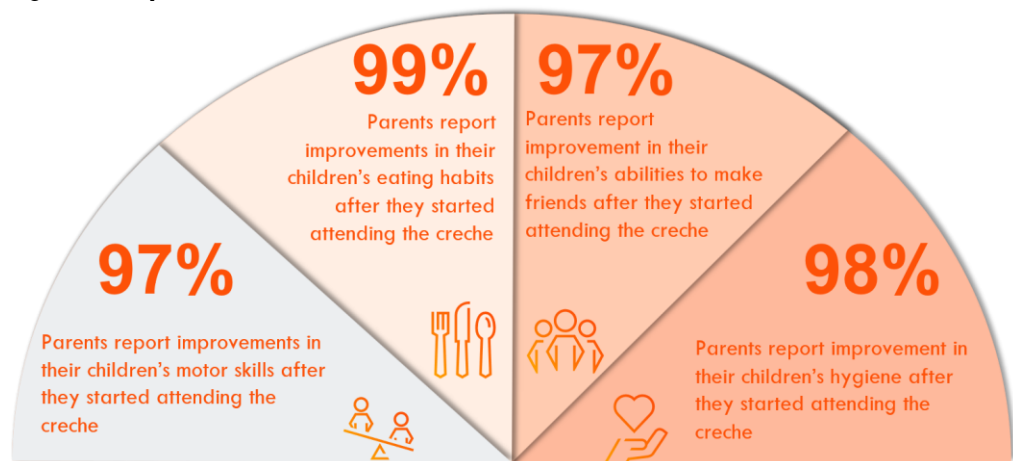
Figure 7: Reasons for sending children to the creche



Nearly all parents report

improvements in their children's habits after they started attending the creche. This includes improvement in motor skills, ability to make friends, and hygiene practices. To probe the hygiene habit further, parents were asked about handwashing

Figure 8: Impact on children



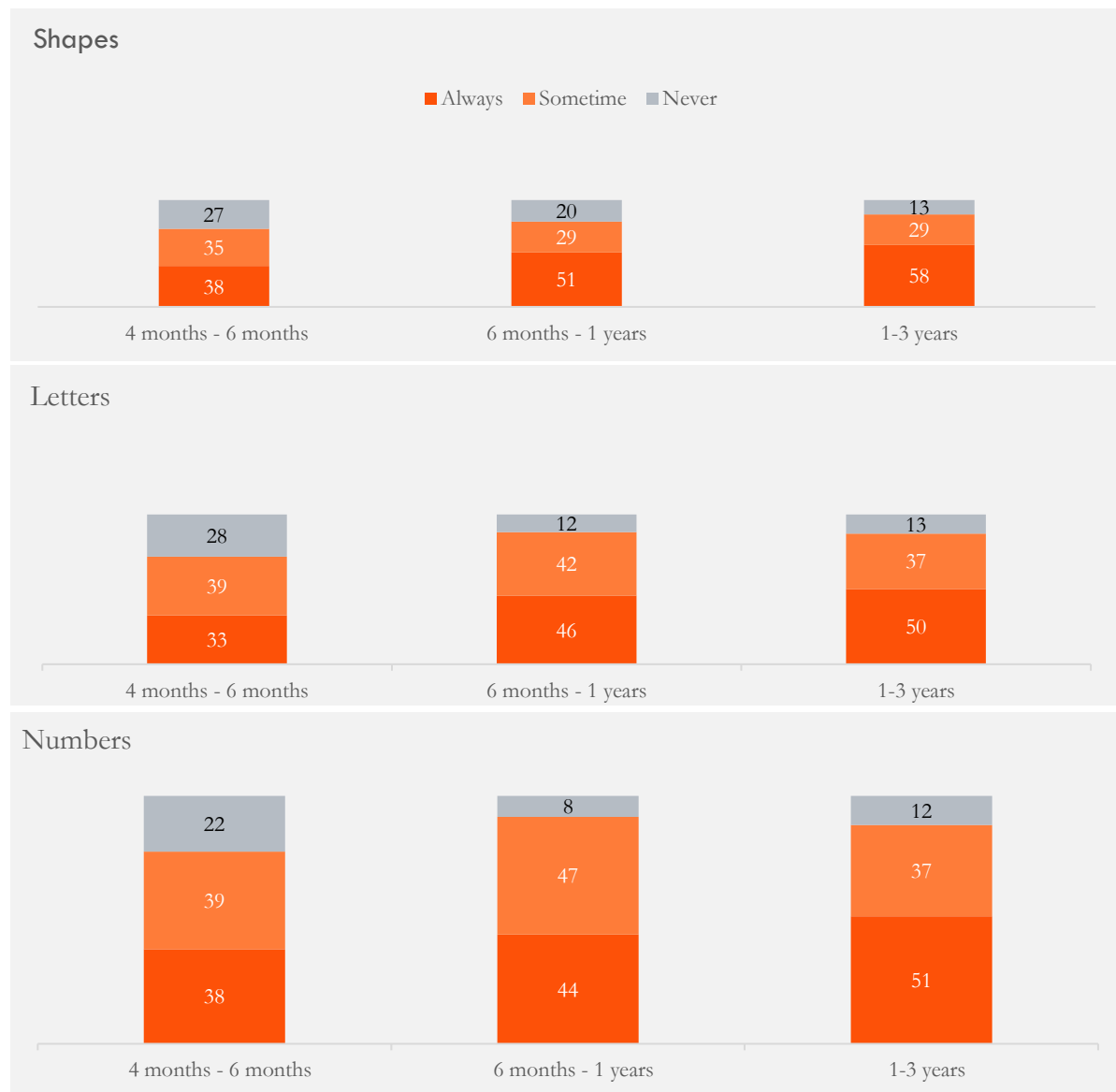
practices of their children. 9 in 10 parents said their children wash hands before eating and after using the bathroom. Compliance was lower for handwashing after playing outside, or touching unhygienic objects, especially at worksites in Delhi, which provides an opportunity for programmatically boosting handwashing (for example, through reminders to parents during meeting).

Parents also report an improvement in nutritional habits. In discussions, parents revealed how their children seemed to fall sick less often after going to the creche, where meals are nutritious, and fixed. However, healthy habits at the creche don't always translate to healthy habits at home, with some parents admitting that their children demand to eat 'junk food' at home. However, most parents can identify constituents of a 'healthy diet'. This is detailed further under OU2.

“Yes, I think his eating habits have improved. I also see that he takes baths and washes his hands regularly. I wish my older children would do the same.” (Parent, Raja Bazaar, Delhi)

Many parents perceive improvement in cognitive abilities of their children. Approximately 8 in 10 parents say that their children (three years or older) can independently identify shapes, letters, and numbers. 5 of these parents on average say that they can 'always' do this. Interestingly, performance is positively related the duration of time spent at the creche (Figure 9). The share of children who can independently perform these activities always is highest for those who have spent more than a year at the creche.

Figure 9: Percentage of parents who said that their children (age three years or more) can identify elements independently



Parents have important suggestions to give on programmatic improvement in creches. The most sought-after needs are infrastructure and safe outdoor play areas: 52% want more space and age-appropriate equipment, and 45% seek access to safe outdoor play areas. Nutrition is the next priority, with 37% asking to improve food, particularly in terms of suggesting more variety in daily diets.

From Creche to Career: MC's enduring influence

MC's influence extends beyond early childhood, shaping alumni career trajectories and professional aspirations, as revealed in various conversations with alumni.

A clear example is a 32-year-old alumna from Seemapuri, who credits the creche for nourishing her early years, opening doors to education and work, and now caring for her child so she can keep building the career it helped her begin.

Her connection to Mobile Creches began in infancy - her mother, a teacher at the centre, enrolled her when she was six months old, and she spent over three years at the creche before starting school. She remembers receiving nutritious food - milk, dalia, eggs, and bananas, that kept her healthy as she learned to draw, colour, and master the alphabet. The staff soothed crying children, provided medicine when needed, and "treated kids like family," creating a safe space where she could grow. The creche also helped secure her school admission, putting her on a path to education.

As an adult, she completed her MBA and now works as a manager at an international airport. "Whatever level I am at right now is because of Mobile Creche," she says, drawing a straight line from early care to career. The creche continues to enable her career - she and her husband both work, secure in the knowledge that their two-year-old son is comfortable at the creche, where the staff check his diet, health, weight, and height regularly. The centre's timing aligns with working parents' schedules; another reason she prefers it. Private childcare, she says, is unaffordable.

Another example is a 38-year-old group manager with a national daily. Born and raised in Noida to parents with no formal education and working as daily labourers, the alumni's early life presented significant challenges. He began attending the creche as a 15-year-old as a youth volunteer for Lokdoot, initially drawn by the presence and company of other children, and soon found himself immersed in an environment that would shape his future.

He spent three years engaging in various programmes, participating in Lok Doot and receiving crucial guidance from staff. This guidance led him to join spoken English and computer classes at an affiliated CSO - opportunities his family's financial situation could never have afforded. He vividly recalls how this support proved to be a turning point for his life, providing him with skills and confidence that were foundational to his career as a writer, spanning reputable organizations like Dainik Bhaskar, Zee News, and Radio Mirchi. Mobile Creches not only equipped him with practical abilities but also instilled a sense of independence and a positive attitude toward growth.

The influence of Mobile Creches extends far beyond alumni's professional success. He remains a fervent advocate for the organization, actively encouraging families in his community to enrol their children, citing himself as an example of its value. He emphasizes the holistic care that young children receive including nutrition, emotional support, safety, and the nurturing environment. Even after two decades, he maintains a deep sense of gratitude and a desire to "pay back," expressing his willingness to contribute his skills as a writer to future generations of Mobile Creches beneficiaries. This enduring connection underscores the

organization's ability to foster not just individual achievement, but also a lasting commitment to community upliftment.

For some alumni, this has also translated into career choices. An alumnus from Dakshinpuri, now 28 years old, recalls being enrolled at the creche at an age of two-and-a-half years because of his mother's prolonged illness. MC offered him cooked meals, safety, and emotional stability at a time when his family was struggling to cope. The plays, storytelling sessions, and early exposure to performance at MC sparked his interest in theatre: a skill he has carried into adulthood as a theatre artist who still performs for MC children. He explains that the confidence he built through these childhood experiences helped him get a job at a CSO and shaped his professional identity.

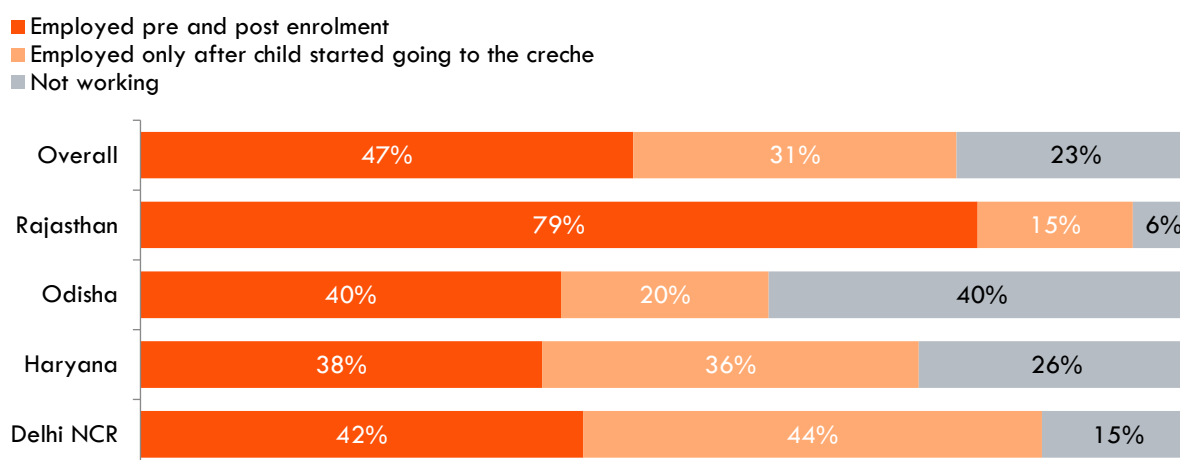
OU2: How do parents gain from engaging with MC?

Parental engagement has translated into greater awareness, at least on some aspects of care. Most parents of creche going children report that MC makes them aware of good health, hygiene and sanitation practices. 87% of parents rate this information as useful. Parents can identify elements of a healthy diet, though this at times may be influenced by local culture. For example, in Odisha, fish/ eggs/meat is seen as healthy by a higher share of the respondents than in other states. Similarly, parents under the Dulaar scheme are aware of the need for Exclusive Breast Feeding (EBF) for the first six months of the child's life.

Deeper engagement on some issues may be necessary where parents (Dulaar and creche) do not show the necessary awareness. For instance, parents show low awareness of the concept of 'good touch, bad touch'. Similarly, deeper interactions reveal instances of misinformation. For example, a parent talks about giving raw eggs to their child during flu, as a home remedy.

More mothers were able to work after their children enrolled at the creche (Figure 10). This pattern was most pronounced in Delhi NCR. In Rajasthan, the creche did not create new workers but ensured improvements in working conditions for parents – providing safer childcare, allowing for more consistent hours, or freeing up other family members. In Odisha, many women continue to report themselves as 'not working'. However, this may be a characteristic of the rural economy, where women support household agriculture. Notably, 30% of working mothers reported that they would not work in the absence of the creche.

Figure 10: Employment status of women pre-and-post creche enrolment of their children



An overwhelming share of mothers attests that creche access enables them to work longer hours with fewer absences, earn additional income, experience less stress, and have more free time to rest. This was also echoed by employers who said setting up creches improved workers' productivity through fewer absences, improvement in workers' retention and productivity as they felt confident about their children's safety and could visit them easily.

Lifelong Ties: How Alumni continue to belong to MC

Alumni sustain relationships with MC through three distinct pathways – becoming professional care or CSO workers, enrolling their own children at the creche, and encouraging people in the community to seek the services of the creche for their children. Some alumni exhibit all three of these pathways.

Take the 53 years old women's coordinator for a non-profit located in Seemapuri as a case in point. She first arrived at the Mobile Creche in Seemapuri in 1982 as a young girl from a family of limited means. Her parents were illiterate, and her mother sent her partly so she could get at least one meal a day. She stayed associated with the creche for ten to twelve years, till she reached the fifth grade. It was at the creche that two workers, she still remembers as 'Naidu Madam' and 'Draupadi Madam', organised plays in the evenings, one of which depicted girls being denied education. That play inspired her so deeply that she compelled her parents to send her to school, even though they had not sent her older sister. She later did a one-year childcare course with MC and today works as a women's coordinator at an NGO.

As a mother of three daughters, she chose the same path for her children, leaving even her youngest at the creche when she was just two and a half months old, trusting the creche staff to keep them safe and nourished with healthy food. Her advocacy extends well beyond her own family. She recommends the creche "to whoever I meet," and her example has had a ripple effect - her sisters-in-law and neighbours began enrolling their children after seeing her do so. She now calls for new creches in underserved areas where working women lack safe childcare options.

Another alumna, 38, has known no life without Mobile Creches, likening MC to her “maternal home”. Her mother was a care worker at the Seemapuri centre and enrolled her when she was just six months old. She notes that this was a conscious choice on her parents’ part and not because of lack of options, as her grandmother was open to tending to her and her siblings while their parents worked. The early grounding helped her be confident and prepared her for school. Even after starting school, she kept returning to meet her MC teachers and later joined MC’s youth club.

After her mother’s death, MC gave her a job as a care worker and supported her financially. She credits the care worker training she once took casually, at her mother’s insistence after class twelve, with “saving her life and her family from all the troubles”. She learnt the essentials of nutrition, vaccination, safety, and sanitation skills she uses every day. The centre has also been a source of emotional support, with fellow care workers giving her strength to continue when she thought of leaving, during a period of personal upheaval.

Because of her role as a care worker, the alumna also enjoys a degree of popularity in her community. Children in her neighbourhood seek her help with school projects. She actively encourages mothers in her family and neighbourhood to enrol their children to the creche. She also encourages them to engage with the training programme for parents, so that they can practice better childcare at home. MC for her is not merely an institution; it is a lifelong circle of care, one that raised her, employed her, and continues to shape the community around her.

OU3: How do care workers benefit from their roles with MC?

Care workers associated with MC express strong motivation for their work driven primarily by the fulfilment they derive from working with children (Figure 11). They describe personal growth, enjoyment, and a sense of purpose tied to social work, often highlighting pride in doing their jobs well. As one care worker in Delhi put it “...I teach new colleagues so well that people say, ‘If you’ve learnt from [care worker name], you know how to work.’”

Figure 11: Key motivations for continuing as care workers

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				
CW 6				
CW 7				
CW 8				
CW 9				
CW 10				
CW 11				
CW 12				
CW 13				
CW 14				
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CW 45				
CW 46				

Practical considerations also play a role - income and benefits are on their minds. A care worker in Odisha shared, “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.” At the same time, some workers see moving on as aspirational. As a care worker in Rajasthan put it, “This is a good job, so I won’t leave it without a reason. But if something better comes along, I would like to pursue it.” There are also constraints around agency, with a few expressing ambivalences due to factors like approval from future in-laws or the situation at home.

The impacts of the job go beyond incomes and job-related skill development, however. A Delhi-based care worker with three decades of experience said that joining MC boosted her confidence and helped her navigate the city, which had previously made her nervous because she didn’t know how to take public transport. A Rajasthan respondent noted that, by becoming a care worker, she developed a routine that enabled her to maintain a balance against domestic responsibilities.

Additionally, care workers felt they gained agency within their families and communities, being consulted on household decisions such as purchasing, their children's education, and social engagement. At the community level, care workers were respected for their work and were consulted on issues relating to childcare or sending children to creches. Moreover, some of the more experienced care workers thought that, within the family and in the community, they were "seen" and consulted on different matters.

OU4: How have CSOs benefited from working with MC?

MC is currently collaborating with 13 regional CSO partners through multi-year partnership to provide ECD through childcare centres. Partner CSO leaders undergo orientation training before launching creches that follow MC's established model, with MC providing care worker training, funding, and monitoring support throughout implementation. Beyond expanding access to quality ECD services, these partnerships create substantial organisational development benefits for participating CSOs. These include the following.

- Facilitating CSO financial sustainability by helping them attract new donors and organizing workshops for donor engagement and fund-raising capacity building.
- Connecting to networking and alliances, helping amplify policy positions. For example, CSO partners have become a part of FORCES and Alliance for the Right to ECD, and participated on government committees since collaborating with MC.
- Helped innovate on service delivery on other programmes. For example, one CSO started a skill building centre for garment workers in collaboration with a corporate donor and arrested the gap in attendance by offering a creche alongside. Once they got placed, the garment worker could start paying for childcare.
- MC's holistic care model has also helped re-orient how their CSO partners envisaged creches. The two CSO partners who affirmed this have prior experience of establishing and managing creches. However, before engaging with MC, they were focused on providing custodian care, rather than ECD. This thinking under-went a change post their orientation training.



We established creches for working and ailing mothers in 1990 under the Rajiv Gandhi Creche Scheme. At that time, the focus was on providing a safe and protective space for the children while parents went to work. It was only after we started our partnership with the Mobile Creches that we realized the importance of creche not just in offering a safe space but supporting holistic development through ECD services.



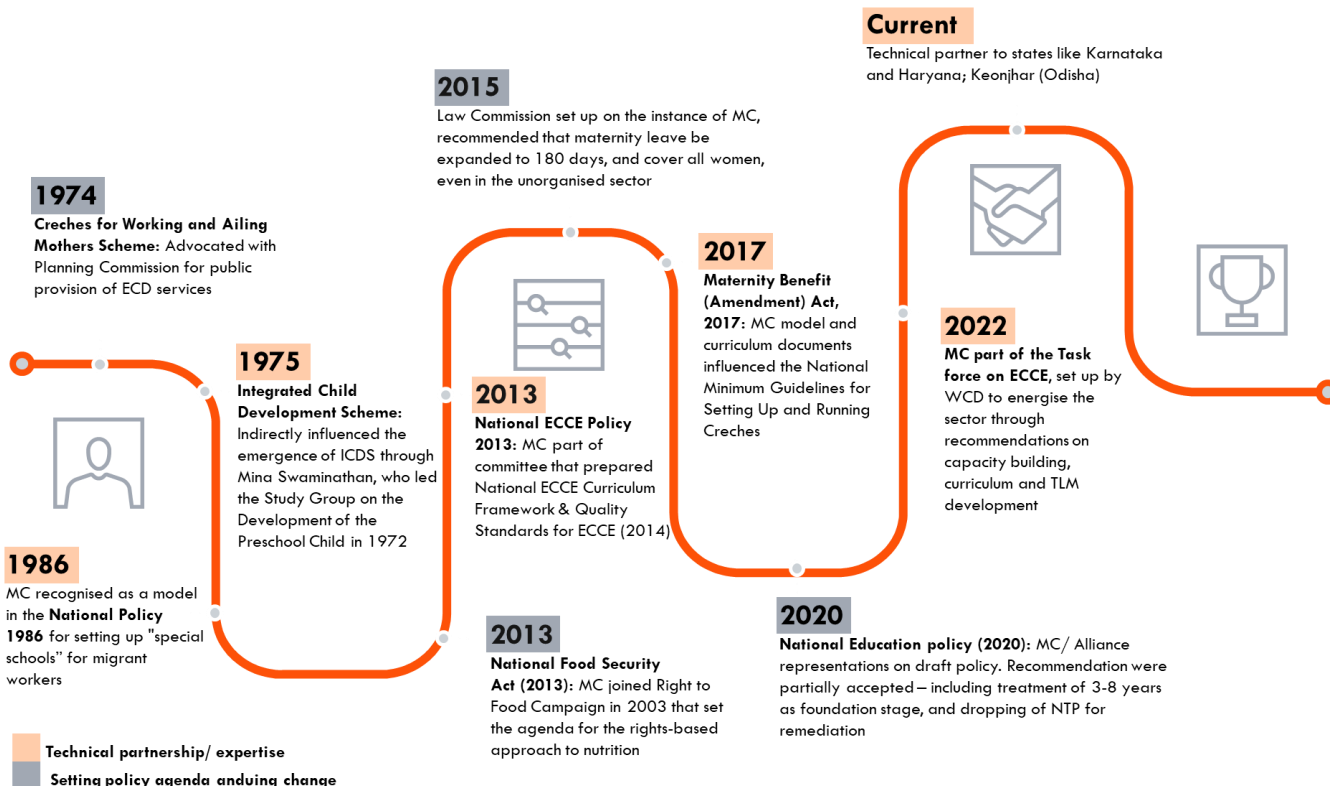
Founder, Nav Srishti

OU5: How has MC influenced policy?

MC leverages networks and alliances to influence policy to move in favourable directions. This includes FORCES, Alliance for Right to ECD and the Right to Food Campaign among others. As part of these coalitions, and individually, MC has been successful in furthering the policy agenda, towards better ECD service delivery and universal ECD. There are broadly two ways in which MC can impact policy: one, setting the policy

agenda or pursuing policy shifts, and two, providing technical inputs into policy from its experience as a practitioner. Key milestones are highlighted in Figure 12.





Figure 12: Some key milestones in MC's policy journey



3.2 Assessing traction

In this section, we review MCs' work applying the traction lens. The assessment focuses on four key areas: proven adaptability and effectiveness, training pipeline, financing, and policy enablement, highlighting both MC's current achievements and opportunities for further growth. Together, these dimensions offer a comprehensive view of MC's readiness for scaling its impact and achieving long-term sustainability as a field-building organization in ECD.

Is MC's work ready for scale up?

	T1 Does MC use 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, with compliance mechanisms?

T1: Does MC use standardized, adaptable service models with proven effectiveness?

Recognising that MC could not be a sole provider of ECD services in India, it has prioritised the setting up of demonstratable creche models that could operate across rural, urban, and worksite settings. Today, MC models are operational across multiple sites including tribal villages, urban slums, and work sites, across 15 states. It has also developed protocols for tea gardens, courts and prisons. There are common standards across models – including trained care-workers (though the length of training and content differs), creche infrastructure and space, adherence to the Nurturing Care Framework, MIS data requirements and standards, and community engagement. The uptake of these models across by governments and other CSOs speak to their adaptability.

For greater uptake of these models by independent users however, it may be important to show evidence of effectiveness, based on counterfactual based research. This will generate strong evidence of its model effectiveness and adaptability, crucial for both expanding MC's reach and securing long-term funding. Furthermore, by conducting rigorous proof-of-concept research into the efficacy of its core components (training, curriculum, and program delivery methods), MC can significantly enhance its policy influence with government bodies at various levels. Similarly, while MC has a clear understanding of its creche model's operational costs, it requires rigorous research to establish a cost framework for government replication, specifically for programs like the Palna scheme.

T2: Has MC built a training and workforce pipeline?

MC has a strong training programme is strong, with comprehensive content, and a demonstration-based, participative mode of delivery (Figure 13).

The efficacy of the training is also reflected in care worker testimonials. Care workers praise how the training is delivered: it's regular, continuous, practical, and easy to understand. Many describe frequent sessions and demonstrations that build skills over time, helping them keep pace as the work evolves. Interactive exercises like the "Dafliwala Game," helping workers internalize and apply strategies effectively.

Figure 13: Key strengths of MC's training content

<p>01 Comprehensiveness of content</p> <p>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, and recordkeeping.</p>	<p>02 Addressing motivation</p> <p>Two days of the training are dedicated to orientation, reflecting on personal childhood experiences and their impact on adult life; and understanding the status of children in India. This helps set the stage for the modules to follow.</p>	<p>03 Mode of training</p> <p>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.</p>
<p>04 Practical, demonstrative</p> <p>Experiential training and personal guidance; provided through six-month long in-service training. Each month, the trainer visits the creche, observes the creche worker at work, provides detailed feedback and “how-to”, and demonstrates how to engage with parents.</p>	<p>05 Presence of a trainer cadre</p> <p>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.</p>	<p>06 Flexible; adaptive to change</p> <p>Continuous changes in the training programme have been made to move with the times. A formal Bal Palika Training (BPT) module for a two-year course was initially created, which has evolved into the current 12-day classroom and in-service training- flexible to budget (Karnataka model 7 days). Over the years, topics have been added as per need.</p>

“ 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) ”

Care workers highlight how the training helped them understand health, hygiene, nutrition, and child growth, moving beyond “custodian care” to more comprehensive support. Workers appreciate practical guidance on diets, vaccinations, and cleanliness, with one noting that people “know about food but not about nutrition,” and now they can explain the difference between packaged and fresh foods to parents. They also emphasize the importance of safety training, which covers both laws and real-world responses to difficult situations. Care workers also practice responsive caregiving, saying they now avoid scolding and instead manage children with love and care. Training on parents’ engagement has also strengthened their work.

At present, MC uses this curriculum, with some customization to train care workers staffed at its own centres, CSO run centres, and in states where it acts as technical partner to the government. In the last two years (FY24 and FY25), MC has trained over 5,000 creche workers and mid-level functionaries. While a sizeable number to reach for a single organisation, systemic change will need making this training available more

widely. This could involve collaborating with the NSDC or universities to develop certified training programs based on MC's curriculum.

T3: Has MC enabled financing at scale?

MC relies on a mix of domestic and foreign contributions to deliver quality ECD services nationwide. Institutional donors provided most of the support through multi-year, unrestricted grants that help sustain and scale programmatic interventions and human resources. Government funding and CSR contributions also play a role, though their shares are relatively lower. These funds work to finance MC run creches as well as partner-run creches. However, unlocking system wide financing is key to promoting uptake at scale.

Policy advocacy for more government spending is one way of enabling this. This would involve continuing some of the work MC has already been doing in the form of research on costing norms for creches and comparing against the funding available. Based on this, MC could commission a blueprint to project the financing gap till 2035 or 2040. It could also identify sources of financing, for example through sin taxes, builder cesses, coordination with CSR players, or innovative financing mechanisms such as results-based financing, or leveraging global climate funds.

MC could also tap into private sources of finance, for greater availability of funding in the short to medium term. One way to do this could be mobilization efforts with construction companies to partially shoulder the costs of running creches, to meet legal mandates. While this is something the organisation has already been doing on a case-to-case basis, using platforms such as FICCI or CII to familiarise stakeholders with the benefits of creches to employers – greater productivity, lower attrition – could promote greater private sector creche provision. The pre-requisite for this again would be evidence generation.

T4: Are MC's models embedded in policy?

As noted in Chapter 1, India has established national creche standards (National Minimum Standards and Protocol for Creches), which MC has supported in its formulation through its sectoral expertise. For instance, creches need to be operational for 26 days a month. Second, safety aspect of the creche was prioritized by mandating CCTV cameras, creating IDs for parents and children, ensuring that no child is left alone in creche and each creche displaying important and emergency contact numbers. Third, the creches are located (preferably) on the ground floor, well-ventilated with access to clean kitchens, and child-friendly toilets with running water. Fourth, access to hygienic and nutritious meals, and ECCE material. Fifth, creches need to be operated by trained creche supervisor and helper/s. Finally, improving parental ownership through the setting up of Creche Administrative Committee. At the state level, MC influenced the Haryana Creche Policy that sets out various norms of creches.

While MC has been instrumental in embedding policy guidelines for institutional childcare, the country lacks enforceable regulatory mechanisms to ensure compliance and quality in creches. One reason for this is the multiplicity of departments and institutions that govern childcare policies. These range from Women and Child Development, Rural Development and Panchayati Raj, Labour and Employment, Urban Development, Education, Health, among others. A coordinating mechanism among these different ministries could enable better adoption of minimum creche standards, especially over a longer time horizon.

In the UK, the Early Years Foundation Stage (EYFS) statutory framework sets the standard for ensuring quality ECD and ECE access.⁷ The Office for Standards in Education, Children's Services and Skills (Ofsted) is responsible for maintaining oversight on the overall quality and standards of education and skill provision services, including early childcare. This includes inspection of childcare agencies, regulation of service quality and reporting on their findings to the UK Parliament and public. In Philippines, as part of the Early Childhood Care and Development (ECCD) Act, an ECCD Council is responsible for setting standards, developing policies, and ensuring compliance with such policies.

India's National ECCE Policy, 2013 also envisaged a National ECCE Council, an autonomous body under the Ministry of Women and Child Development that would oversee the implementation of the policy. This would have representatives from all related Departments/ Ministries, State Departments, academic centres, CSOs, professionals and practitioners. The Council would be tasked with designing a regulatory framework for ECCE and guiding its implementation by states. It would also be responsible for programme evaluation. This Council has not been established as of now but may be the way forward for ensuring uniform creche standards. In the interim, MC may consider partnering with more states and programmes to ensure greater uptake of its creche models and its integration into localized policies.

⁷ For additional details, check: <https://www.daynurseries.co.uk/advice/national-standards-for-early-learning-and-childcare-in-england>

4. Way Forward



4. Way Forward

This section draws on the assessments from Chapters 2 and 3 to outline what MC needs to do over the next ten years to strengthen its role as a field-building organization in early childhood development (ECD) while advancing the universalization of ECD.

4.1 Taking stock of the assessment

Across the ROOTS dimensions, MC demonstrates a mature, sector-influencing role in India's ECD ecosystem. It has:

- A holistic, Nurturing Care Framework aligned service model, that has been applied in diverse settings and geographies.
- A practice-grounded training ecosystem, with structured, iterative, in-service training that improves care-worker skills, confidence, and agency.
- Demonstrated child, parent, including improved child development markers, and mother's work stability.
- A community-rooted approach to engagement, using culturally contextual strategies (door-to-door outreach, Lokdoot, Dulaar) to build trust and promote responsive caregiving.
- A clear recognition of the need to achieve scale through partnerships.
- A strong track record of engaging with the rights-based ECD agenda, including contributions to national coalitions, the Law Commission's 2015 ECD study, and the NFSA (2013), in its individual capacity, as well as a part of alliances and networks.

Together, these strengths position MC as an ECD field building organisation, exhibiting its experience as a demonstrator of sound creche models, thought leader in the sphere of training and capacity building, and influencer helping shape the policy agenda.

That said, in this section we aggregate some of the gap areas identified in Chapter 2 and 3, against each assessment criteria.

4.1.1 Gap areas and why they matter



Although MC has shaped key elements of India's ECD agenda, the right to ECD remains unrealized as a justiciable entitlement, and existing policy frameworks lack enforceability. This weakens accountability, limits public investment, and creates variation in how standards are adopted across states and care providers (CSOs, employers, private sector, for example). Additionally, going forward, broader engagement across government departments, such as Urban Affairs, Skills and Health could provide opportunities for inclusive, accessible ECD.

MC's model delivers holistic ECD but does not yet incorporate explicit inclusive protocols such as structured screening, referral pathways, parent counselling, or inclusive curricula. Similarly, the model does not address air pollution, climate risk, or disaster resilience, which are critical for child health and service continuity, especially in high AQI geographies like Delhi. These omissions limit the model's ability to serve the full spectrum of vulnerable children and to remain resilient in challenging environmental contexts.

While MC has elevated the status of care workers through structured training and progressive employment practices, it has not yet translated this into accredited, certified qualifications aligned with NSDC or university systems. Deeper partnerships with professional bodies are essential to create sector wide standards, mobility pathways, and a sustainable workforce pipeline for a scaled ECD system.

MC's models are widely adaptable, but rigorous, peer-reviewed impact evaluations across settings are still limited. This restricts external validation, limits MC's influence with policymakers who require stronger evidence, and reduces the organization's ability to demonstrate comparative effectiveness at scale. Strengthening evaluation partnerships will enhance MC's ability to unlock further policy uptake, institutional funding, and national replication.

Current financing is effective for programmatic delivery but is not yet positioned for system scale expansion. MC needs blended, multiyear, and diversified models, including public funds and global or climate linked financing streams. Adequate funding is also associated with the abilities to support higher compensation for care workers, both in partner-led and government funded settings, directly affecting professionalisation and retention.

Deep social norms suppress demand for childcare services. Without broader, ecosystem-wide advocacy and tailored parent engagement, social demand for ECD and policy recognition of the same, would remain suboptimal.

4.2 Suggested strategies for the next decade

Based on the gaps identified above, we propose five priority and two desirable strategies. These have been tagged as priority or desirable based on an assessment of its need, and the time needed for execution.

4.2.1 Priority strategies

Priority Strategy 1: Develop models integrating the needs of children with development delays and disabilities

India currently follows a dual track system of ECD for CwD through the ICDS in conjunction with the disability-focused Rashtriya Bal Swasthya Karyakram (RBSK) programme. The RSBK institutes a screening programme to identify the 4 Ds – defects at birth, deficiencies, diseases and development delays including disability in early years for children between the ages of zero to 18 years. Till 6 years of age, ways of identification include (a) screening at birth, and through home follow-ups till the child reaches six months of age (b) community screening at Anganwadis through mobile health teams up to the age of six. After identification, these children receive interventions through District Early Intervention Centres, which are geared towards improving long-term outcomes for both CwD and their families.

MC's current models do not explicitly address the needs of CwD. Since universal ECD will necessitate addressing the needs of these children, protocols for comprehensive childcare models that are able to provide inclusive care will need to be developed. As a first step, this will require MC to integrate these concerns in its directly delivery models through -

- **Early screening of development delays and signs of disability.** Simple screening tools for use by community workers are already available and may be adapted and administered consistently at the creche. Children showing signs of developmental delays or developing disabilities may then be referred to ASHA workers or ANMs.
- An **updated creche curriculum**, explicitly designed to provide early learning opportunities to all children, including CwD and development delays. Such curriculum would integrate, for instance, tactile picture cards or toys as part of activity-based learning to serve children with visual impairments. Children suffering from ADHD would similarly benefit from shorter, non-repetitive activities while children on the autism spectrum would need immersion in routines, and access to 'quiet spaces'. The delivery of such curriculum may also need supportive teaching aids and assistive technology, as determined.
- **Updated care worker training curriculum.** Care workers would need to be trained to identify, refer, support and deliver the inclusive creche curriculum to CwD and development delays. Care workers would also need to engage closely with parents to demonstrate practical guidance on monitoring growth and providing the right environment at home. MC could leverage partnerships with existing CSOs (e.g., Ummeed, ASTHA, Child Development Centre) that work in the area.

- **Community engagement:** would involve practical guidance to parents to monitor child's growth, practice home activities that could stimulate development of social, speech and motor development, and create a positive home environment to foster confidence among CwD. Additionally, area-wise or city-wise support groups for parents of CwD may also help manage the emotional well-being of caregivers at home.

Systematic testing of models with these approaches will also empower MC to contribute to global thought leadership on inclusive ECD strategies. Once field efficacy is demonstrated, the next step would be for partnering states and union ministries to adopt these standards in their guidelines, positioning MC as a thought leader on inclusive ECD strategies. The first stage – that is developing the protocols, training care workers, implementing the pilot, could take two to three years. Generating evidence on the efficacy of the pilots could take up to five years, post which, scale up could be planned.

Priority Strategy 2: Integrate climate change and air pollution concerns in ECD models

As noted earlier in Chapter 2, young children are especially vulnerable to climate change impacts such as extreme heat, air pollution, and natural disasters, as their developing physiology puts them at greater risk for heat-related and respiratory illnesses (Lombardi and Simmons, 2025). These stressors can also compromise caregivers' physical and mental well-being, affecting the quality-of-care children receive, while climate-related events can further disrupt essential care services. These risks are specially heightened in urban areas where MC already operates – particularly Delhi, where air quality regularly breaches normal levels.

A study among communities where MC showed that while parents recognised that their children suffered from prolonged diseases such as persistent cough and breathlessness during winters, they did not connect it to pollution during the same months (Banerjee & Mamatha G, 2024). Moreover, parents reported brakes on breastfeeding, delayed vaccinations, reliance on quacks, and unnecessary antibiotic use, during illness, which could have unintended consequences on children's immune systems. Thus, integrating these considerations in the creche model – including PDP, would address an important gap area.

Same as inclusive care models, integrating climate resilience and pollution considerations in MC's direct and partner run delivery models would require testing and demonstrating effective approaches backed by credible research. Subsequently, this would be included in state and national standards. Such an approach would include:

- Provisioning of infrastructure such as air purifiers, fans/ coolers, where necessary and possible, to ensure uninterrupted care services.
- Leverage the Parent Development Programme and Dulaar to raise awareness among parents/caregivers about the challenges of climate change on children and their own health and well-being, and methods to safeguard children against pollution (e.g., adoption of clean cooking fuel program, indoor air quality improvement strategy, recycling, waste management).
- Updated care worker training manuals with SOPs in case of natural disaster or events such as extreme AQI/ heatwave.

Since these are tangible interventions with observable impact within a relatively short span of time, partnership with CSR funders could be explored to test and implement these models. The implementation can also be staggered, with quick implementation first of infrastructure, and then subsequently through care worker and parent capacity building. Generating greater evidence on the need for and efficacy of these models, may take longer – up to five years. This would also help MC make linkages between ECD and climate risks, encouraging governments to tap into funds such as the Global Climate Fund and Global Adaptation Fund.

Priority Strategy 3: Establish certified training programmes for care workers

To ensure a workforce pipeline for the childcare sector, MC can offer its training programme as a certified training course to aspiring care workers, even outside of the MC system. This could help set professional standards, planned as a graded set of competencies and skills, enable career development ladders. For this, MC could:

- **Consider partnering with accredited universities** (e.g., Jamia Milia University and IGNOU) with ECD departments to provide certified training courses for care workers.
- **Design tailored qualifications packs aligned to its training programme.** The National Skills Quality Framework (NSQF) is an integrated national level framework that organises qualifications according to levels of knowledge, skills and aptitude, ranging from entry level jobs to expert level problem solving skills. Qualification Packs (QPs), associated with each skill type and NSQF level, describe the nature of skills required and a model training curriculum. These are designed in collaboration with specific Sector Skill Councils (SSC). Training programmes must align with these QPs. Care workers are covered under multiple QPs under two SSCs at present: the Homemaker and Care Giver Sector Skill Council and the Management Sector Skill Council. However, these are not adequately aligned to the Nurturing Care Framework (Table 2). In the medium term, MC could consider partnering with the National Skills Development Corporation (NSDC) and the relevant SSC to develop/modify appropriate progressive qualification packs and corresponding model curriculum. This would in turn enable other training institutions to offer the right courses to a greater number of workers each year.
- In the short term, MC may consider allowing existing care workers to be accorded “trained” status based on **Recognition of Prior Learning (RPL)**. This would require assessment of workers by SSC-approved agencies, and certifications for competencies closest to existing NSQF standards.

This strategy can be implemented quickly, within the next three years, since MC already has the necessary technical capacity and training modules to do so.

Table 2: Current creche workers relevant QPs in NSDC

	Title	Description	Training curriculum overview
Home Maker and Caregiver Sector Skill Council	(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.	(c) Covers broader caregiving- daily living, environment upkeep and relationship building 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).
	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.	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.
	Play School Facilitator cum Caregiver	Engage children in classroom activities using Montessori methods, monitor and apply health, hygiene and safety standards	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.
Management Sector Skill Council	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.	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.
Home Maker & Caregiver Sector Skill Council	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.	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.

Priority Strategy 4: Unlocking systemic financing and scaling through research

As noted in various sections above including Section 2.2, Section 3.2, and Section 4.1, generating a rigorous evidence base is crucial to ensure that MC's childcare models are adopted more widely by practitioners and policymakers, while also unlocking financing for creche infrastructure. Implementing this would require more systematic engagement with research and academia including drawing up a research agenda annually, earmarking budgets, and continuously engaging with the ecosystem. We identify mainly two broad areas of research:

- **One, proof-of-concept research, to improve scalability and traction of MC models:** This would involve subjecting its own creche models to counterfactual based assessments, identifying impacts of the creche on children's learning, nutritional, health and hygiene outcomes relative to alternatives such as home-based interventions (parental awareness of childcare practices for example) and no interventions. Impacts could also be tested for stakeholders other than children – for example, parents, creche workers and employers who enable creches for their workers. Research designs could focus on testing the relative efficacy of the different parts of the intervention – such as nutritious meals, care worker training, creche curriculum, and parental development programmes. Testing approaches for inclusive and climate-responsive creche models would also be a part of this research.
- **Two, policy research to influence system-wide financing of childcare.** These could have two strands in turn:
 - a) **Develop an ECD funding blueprint for the next decade.** This would map out the availability of funding from different sources – government, industry platforms, global donors, against projected needs for 2030, 2035 and 2040. The latter in turn would require developing rigorous costing norms for different models. This research could also identify financing mechanisms used in other geographical contexts, such as use of climate linked funds, or innovative mechanisms such as social impact bonds, or convergence financing (such as the Karnataka Koosina Mane model), to serve as ready reckoner of case studies.
 - b) **Establishing the cost of inaction.** While research exists on lifetime costs and benefits of ECD programmes, these are largely focused on a few programmes in the West. Given India's unique context, and evolving economic and environmental challenges, it may be advisable to identify India specific benefit pathways of ECD, and synthesise evidence on each pathway, to distill the same into a single rupee figure. Such a number would enable more evocative communication of the need for investment in ECD.

This multi-faceted research approach, integrating model efficacy, financial viability within existing norms, and the compelling case for investment through 'cost of inaction' data, will provide the robust evidence essential for effective advocacy, scaling MC's proven ECD interventions, and significantly enhancing its policy influence with government bodies at all levels.

Implementation timelines may depend on the assessed priority of the research topic and research methodologies adopted. For example, while some of the studies on returns to ECD investment cited above

involved longitudinal studies tracking beneficiaries well into their adulthood, it may be possible to generate similar evidence using secondary literature, in the short term.

Priority Strategy 5: Widen childcare partnerships for systemic childcare infrastructure provision

Section 3.2 noted the lack of enforceability of childcare models in India. In the absence of such mechanisms, MC could strategically widen partnerships with potential infrastructure providers to enable scaling up of its models. Women and Child Development, and Rural Development departments at the state level are natural partners, whom MC has already been engaging. Other potential partners could be city governments in metropolitan and industrial cities, looking to integrate a care block approach like Bogota. Industry-wide partnerships in sectors such as construction, textiles and electronics could be another way of enabling creche provision at scale.

This strategy would require continuous engagement with potential partners, based on identified common ground. MC's intervention may not be uniform across these partners. It could serve as a technical provider of creche curriculum, creche worker training in some cases, provide additional monitoring oversight in other cases, and provide feet on the ground only where possible to do so, balancing the need for creche quality against available organizational bandwidth.

4.2.2 Desirable strategies

Desirable Strategy 1: Drive broad demand for ECD services through strategic advocacy and public campaigns

Relatively low awareness of and demand for ECD services prevents it from becoming a statutory requirement. This may be because of the continuing belief that young children are the sole responsibility of parents (and specifically mothers). One way to change this would be a systematic campaign that highlights the criticality of the early years, popularizes the nurturing care framework and associated childcare practices, identifies benefits of formal care for mothers, and disseminates information about the availability of good facilities for children in the community. Successful examples of such campaigns in the past have been the Pulse Polio Campaign, and the Swachh Bharat Abhiyan.

To contribute to such a campaign, MC could use its current PDP and community engagement activities as a starting point but move beyond individual parental engagement to build widespread community demand. This transformation could entail:

- Targeted community-wide awareness campaigns, engaging local leaders including in urban areas, Anganwadi workers, women's self-help groups, and other community influencers to disseminate information about the holistic benefits of ECD for all children and the entire community (not just children attending creches).
- Train and empowering more active/engaged parents as 'ECD ambassadors or mentors'. These peer networks could potentially cascade practical ECD knowledge, foster active participation, and build confidence among other parents, leveraging trusted community voices.

- Developing clear, culturally relevant messaging that frames ECD as a foundational investment for a healthier, more productive community and future workforce. Such messaging could leverage existing campaigns, such as UNICEF’s Early Moments Matter, or Government of India’s “Padhai bhi, Poshan bhi”. This can be used by MC – jointly through the Alliance for Right to ECD and FORCES, to develop publicly available communication material such as posters and digital toolkits, for wider dissemination through network CSOs, and community/ parent ambassadors. MC can also harness the power of social media, and digital advertising, to help widen dissemination.

Desirable Strategy 2: Advocate for an ECD Council to play a coordinating role

Multiplicity of stakeholders such as the ministries of WCD, health, education, labour and rural development, can lead to fragmented legislation and lack of uniform standards and monitoring. While India has already made some progress in identifying minimum standards of creches, there is no enforceability. One way to do this would be to have an organisation dedicated to laying down and maintaining standards, initially through voluntary and eventually through statutory accreditation. Such an organisation would be like the ECCD Council in Philippines or Ofsted in the UK. India’s National ECCE Policy also provisions for an ECCE Council to guide the implementation of ECCE in the states.

MC’s role as a field builder would be two-fold in this scenario. It would have to first advocate for the implementation of this Council. This would require building the case for an organisation such as this, considering the cost requirements as well as the benefits seen in other countries. Moreover, in future, it may need to act as a technical partner to provide practical guidance on creche/childcare standards for different contexts, and toolkits for regular quality monitoring and compliance.

Both desirable strategies mentioned above may need a longer time frame for implementation, considering the immediacy of the need, organizational resources, and dependency on other stakeholders.

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