

Intersectoral Action for Early Childhood Development in India: Opportunities, Challenges and the Way Forward

DEEPTI AGRAWAL,¹ BENAZIR PATIL,² DIPTI KAPOOR,³ PUSHPA CHAUDHARY⁴

From ¹WHO Country Office for India, Delhi; ²Society of Community Health Oriented Operational Links (SCHOOL), Delhi;

³Department of Pediatrics, Lady Hardinge Medical College, New Delhi; ⁴RMNCAH Unit, WHO Country Office for India, Delhi.

Correspondence to: Dr Deepti Agrawal, National Professional Officer, WHO Country Office for India, 1st Floor, RK Khanna Tennis Stadium, DLTA, Safdarjung Enclave, Delhi 110 029. agrawald@who.int

Nurturing care framework for early childhood development (ECD) focuses on five essential aspects of the holistic development of a child, which are interrelated and inseparable. This multidimensional approach to child development is dependent on contributions from multiple sectors, requiring the 'whole of government' approach. In India, the lack of a single multisectoral framework for ECD, narrow accountability to sector-specific outcomes, overlapping responsibilities of frontline workers, lack of leadership for coordination, and limited supervisory mechanisms result in fragmented service delivery. In recent years, there is high-level political commitment to intersectoral action, which promote holistic health. Better results and developmental outcomes are possible with different sectors working closely by converging their resources under the Sustainable Development Goals strategic action plans, POSHAN Abhiyaan, and the Aspirational districts program. Leveraging opportunities for intersectoral action requires a deliberate and consistent effort towards alignment of goals, favorable conditions of partnerships, leadership and governance, and capacity at every level.

Keywords: Coordination, Collaboration, Convergence, Multisectoral, Nurturing care.

The nurturing care framework for early childhood development (ECD) is multidimensional. The five domains of nurturing care viz., good health, adequate nutrition, safety and security, responsive caregiving, and early learning opportunities are interrelated, emphasizing the necessity for intersectoral work to promote a holistic approach to child well-being. Bringing together the contributions from all relevant sectors provides the best chance to ensure comprehensive service delivery for all children [1]. Intersectoral action for health and well-being can be described as 'actions on health or determinants of health undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector.' A wide range of social and environmental factors influence ECD and, therefore, an intersectoral approach is preferable, to achieve outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector working alone [2].

Abundant field experience, and various research studies have shown that governments worldwide face many challenges and barriers in planning and implementing intersectoral and multisectoral interventions that seek to ensure universal access to nurturing care, comprehensive early childhood care, and education services and in reaching the poor and marginalized families [3-5]. Early childhood services are provided by a wide range of programs, primarily by the education, health, nutrition, and social welfare sectors.

Although the overarching aim is to provide the best possible services to children and their families, each one of them follows and adopts different frameworks, professional cultures, and practices [6]. Intersectoral planning and action requires proactive efforts with the alignment of a range of factors, including favorable conditions of partnerships, leadership and governance, and capacity, amongst others [7]. This paper focuses on intersectoral action for ECD and discusses some of the opportunities and challenges in implementation at different levels and possible ways to strengthen the coordinated planning and action.

INTERSECTORAL PROGRAM PLANNING AND GOVERNANCE

Several factors found to enable and facilitate the implementation of intersectoral action, including political will and good governance; a clear mandate to reach out beyond the health sector; identifying co-benefits, ample resources; supporting data and evidence; sufficient capacity; strong cross-sectoral collaboration; and civil society engagement [2]. Recently, the Government of India has accelerated efforts to promote holistic health, investing in programs with a high-level political commitment to intersectoral action. The key ones include the multi-ministerial POSHAN Abhiyaan, Swachh Bharat Mission, Aspirational Districts Program (ADP), and Sustainable Development Goals (SDG) Action Plan. The four-point strategy of the POSHAN Abhiyaan includes intersectoral convergence for better service delivery; technology

for real-time growth monitoring and tracking of women and children; intensified health and nutrition services for the first 1000 days, and 'Jan Andolan' (mass movement). The National Nutrition Council and the executive committee of the POSHAN Abhiyaan have representation from all line ministries, state and district level representatives, and partner agencies.

The Aspirational Districts Program (ADP) brings synergies between five sectors: health and nutrition, education, agriculture, and water resources, financial inclusion and skills development, and basic infrastructure. A real-time monitoring system with indicators allows for tracking performance in each of them. The principal approach is to ensure convergence between different government schemes and public initiatives. For example, stunting is addressed through many centrally sponsored schemes (National Health Mission, Umbrella Integrated Child Development Services (ICDS), Mid-day Meal Scheme, subsidized ration through Public Distribution System, and program for WASH), state government initiatives and both public and private sector initiatives to increase household income.

The SDGs establish ECD as a priority and the key to achieving seven goals, namely, no poverty, zero hunger, good health and well-being, quality education, gender equality, clean water, and sanitation, and reduce inequalities. For the implementation of the SDGs, the NITI Aayog provides the overall leadership and coordinates the efforts of the implementing central ministries, state governments, departments, and agencies at the district level. Under the SGD strategic action plan, goals and targets are mapped to various departments and Ministries with 62 priority indicators identified for measuring the progress on the outcomes and compute the SDG India Index. Similarly, the State Swachh Bharat Mission (Rural) is set up to achieve coordination and convergence among the State Departments dealing with sanitation, drinking water supply, school education, health, women and child development, among many others.

IMPLEMENTATION ACTIONS

The multisectoral and intersectoral approaches are implemented in various ways, at different levels and in different contexts. In recent years, the Indian government has spearheaded initiatives covering children in the 0-3-year age group like the Home-Based Care for Young Child (HBYC) program, Rashtriya Bal Swasthya Karyakram, National Crèche Scheme, Child Protection Scheme, and various schemes for children with special needs. While policy planning is the function of the central government, state-level planning and implementation are in the state government's hands. The district is the site of local planning and capacity building; the block is the site of training, supervision, and periodic data

review; and the village includes the site of service delivery by the frontline workers (FLWs).

The process of translating intersectoral action into effective implementation at various levels continues to be challenging. Collaboration is often constrained by the vertical organization of sectors, entrenched siloed thinking, restricted use of resources only within a specific sector or program, making it difficult to ensure accountability for service delivery and measure effectiveness and impact. Establishing cross-sectoral relationships not only requires effort but also takes time to deliver enough results. Under the POSHAN Abhiyaan, the convergence action plan committees have been formed at State, District, and Block Level, with a mandate to review progress, identify gaps, and introduce effective interventions as required, based on specific targets and the mandate assigned. Since there is no separate budget allocated for these convergence mechanisms, the committees are yet to be successfully institutionalized, and the practice of departments working in silos continues to exist.

At the community level, various departments require convergence for service delivery at the grassroots level. The examples of the Village Health Sanitation Nutrition Day (VHSND) and HBYC program demonstrate the potential for inter-sectoral actions at the community level for ECD through FLWs. With overlapping functions and activities, the three cadres of FLWs, ASHAs (Accredited Social Health Activist), ANMs (Auxiliary Nurse Midwife), and AWWs (Anganwadi worker), work together to deliver nearly all the essential nutrition interventions. They reach out to the parents and caregivers of children from 0 to 6 age group at different contact points in the village setting to deliver mainly the health and nutrition components of nurturing care. However, in urban areas, this mechanism is less well defined.

Even though the FLWs play a significant role in improving the coordination for nurturing care for ECD, gaps remain. In a study conducted in Odisha, it was observed that the nature and extent of coordination between the health and nutrition departments were service-specific, with the largest gaps at the block level. Heavy workloads, narrow accountability to sectoral outcomes, and limited supervisory mechanisms were common challenges across all levels. Frontline worker coordination is better for services that are primarily driven by the health department (e.g., antenatal care and immunization). Nutrition and child development services require more joint planning. The study concluded that shared priorities and regularity of actions between sectors across all levels, clear roles, and leadership and accountability are imperative for achieving effective coverage and delivery of improved maternal and child health services and nutrition [8].

Efforts are underway to address these challenges. In Odisha, coordination between the National Rural Health Mission (NRHM) and ICDS is enhanced, notably through inter-departmental coordination meetings and a focus on intra-ministerial capacity strengthening. There is close coordination at the state level in developing guidelines, planning, and reviewing programs [8]. Project Aarambh (Wardha district of Maharashtra state), supported by UNICEF since 2018, draws trainers from both the ICDS and health sectors. ICDS Supervisors and ASHA Facilitators trained through an incremental learning approach further train the ASHAs and AWWs, jointly. Supervisor led joint trainings, supportive supervision, and participatory decision-making by the field functionaries translates into better coordination in service delivery.

TOWARDS BETTER INTERSECTORAL PLANNING AND IMPLEMENTATION

While policies and programmatic mandates for all stakeholders to work in coordination are already in place, the processes of joint planning, implementation, and monitoring of flagship programs have significant scope for improvement. Shared responsibilities with unclear boundaries and a lack of accountability result in fragmented service delivery. Better results will be possible when different Ministries work closely by converging their resources, skills, knowledge, and program delivery. Many countries have adopted policies that integrate multiple sectors under one national authority for system governance and management to provide better coordinated and goal-oriented services. For example, in Ecuador, the National Intersectoral Strategy for ECD, launched by the Ministry of Coordination of Social Development, ensures comprehensive care for under-five children in health, early childcare/stimulation, and education [9]. An evaluation of Chile's pioneering ECD program, Chile Crece Contigo (ChCC; Chile Grows with You), noted that one of the factors for its successful expansion is the formation of a national coordinating body which promoted better coordination of activities in all sectors rather than focusing on the activities of one sector. This national body created a financial and technical accountability system that has been important in setting and maintaining quality standards [3]. Based on the global examples and opportunities presented across multiple sectors in India, we propose the following five steps for improving effectiveness of intersectoral action:

1. Move from survive to 'survive, thrive and transform' agenda: ECD represents the 'thrive' agenda in the Global Strategy for Women's, Adolescents' and Children's health. Addressing the social determinants of health represents the 'transform' agenda, including the five components of nurturing care, through a multisectoral approach. The ADP focus on socio-economic outcomes in low-performing districts and

SDG strategic action plans furthering 'collective efforts for inclusive growth' across sectors represents a paradigm shift in addressing sustainable development. The key sectors of health, nutrition, and education now need to identify the practical steps that will assist the respective ministries to realize the benefits of this intersectoral approach to achieve the desired ECD outcomes in their respective domains.

2. Develop a common framework for nurturing care for ECD: Align with the national policies and SDG strategic action plans to ensure the continuum of services across the lifecycle with clear sectoral priorities and responsibilities. The focus should be on delivering all the essential services to the mother-child dyads through mechanisms that facilitate a continuum of care approach, rather than sector-driven, service-specific delivery processes [8]. Allocate budgets for sustained operations of the intersectoral committees and training of responsible officials at national and sub-national levels.

3. Designate one national authority for leadership and governance: Intersectoral structures provide a solution when the government has already passed multiple pieces of legislation/policy that overlap and share common goals but administered across various ministries. While the overlapping tasks mandated under these Acts/policies could be merged within a single ministry, another alternative is to create an intersectoral and decentralized committee to facilitate collaboration among ministries [10]. Leverage opportunities within the existing coordination mechanisms under POSHAN Abhiyaan, SDG action plans, and ADP while monitoring the performance based on indicators that contribute to various domains of ECD.

4. Promote effective coordination between the FLWs: Plan for joint planning, reviewing, monitoring, and addressing skill gaps through sustained supportive supervision. Implementation structures at the district, block, and gram panchayat levels under the ADP and SDG strategic action plan should be utilized to bring an integrated approach to delivering all the essential services during the first 1000 days.

5. Strengthen collaborations with technical and academic institutions: Establish multiple 'centers of excellence' for ECD and knowledge partnerships for innovations in capacity building, research, evaluation, and documentation of the ongoing programs. Form 'communities of practice' to provide a platform for multi-stakeholder involvement and sharing of innovative approaches.

To summarize, integration of nurturing care for ECD starts from the simple and compelling idea of comprehensive and child-family centric services that avoid fragmentation and bring together sectors and stakeholders (ministries, professionals, policies, programs, services, communities,

parents, and children) at every level with a shared vision and mission. However, delivering on it can be quite complex, depending on the policy context, leadership and governance, capacity for reform, the pre-existing structures, partner organizations, and health workers' capacities. Interministerial and intersectoral coordination mechanisms are in place for many national programs in India, guiding the coordinated implementation of interventions that promote ECD and trigger equitable growth and development of all children. The time has come for all sectors to do a lot more towards the realization of the human potential of all children.

Note: DA and PC are staff members of the World Health Organization. The authors alone are responsible for the views expressed in this paper and they do not necessarily represent the decisions, policy or views of the World Health Organization.

Acknowledgements: Dr Rajesh Mehta, Regional Advisor, WHO office for South East Asia region, for his valuable suggestions for conceptualizing this paper and editing the manuscript. Dr Neena Raina, Senior Advisor, MCA, WHO Regional Office for South-East Asia for her guidance and advise.

Contributors: DA: developed the detailed outline of the manuscript and drafted the manuscript, provided technical guidance on the content and reviewed the manuscript; BP: conducted desk review and interviews, developed the detailed outline and draft of the manuscript, and revised the manuscript; DK: contributed to manuscript writing and revision; PC: reviewed the manuscript critically. All authors read and approved the final manuscript.

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

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