

India's Policy and Program Landscape for Early Childhood Development

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Despite continuous improvement in health and nutrition-related child outcomes in India in the last decade, sub-optimal developmental outcomes still prevail due to multiple risk factors. Overcoming these risks depends on a supportive policy environment and implementation across relevant sectors to achieve universal coverage for all children and their families, especially those at-risk and those already affected by developmental disorders/disability. Several national policies articulate the multi-dimensional and multisectoral vision for achieving early childhood development (ECD), focusing on the first 1000 days and reaching the most vulnerable children. The enactment of various 'Acts' entitles children to their right to nutrition, safety, and security. Flagship programs of various Ministries translate this vision into action through various schemes that provide services in each of the five domains of nurturing care. Public spending is the largest source of funding for ECD programs while Corporate Social Responsibility is emerging as a promising funding opportunity. Ensuring effective implementation of ECD by developing a shared framework for implementation across sectors, establishing a robust governance mechanism, and sustainable financing strategies for universal access is the recommended way forward.

Keywords: Early childhood care and education, Government, Nurturing care framework, Strategy.

Though the concept of nurturing care is new, countries in South-East Asia have been implementing interventions to support early childhood development (ECD) for many years, which include good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. India implemented the world's largest program for children, the Integrated Child Development Services (ICDS), as early as 1975. Early Childhood Care and Education (ECCE) found its due place in the policy framework in 1986. With clearly defined policies and strategic frameworks, India has been making steady progress in child survival and creating enabling conditions for children to attain their optimal development potential. In this article, we describe the national policies that articulate India's vision for ECD and map out the government programs translating this vision into action for the children in the age group 0-6 years.

FACTORS AFFECTING ECD

This section describes some of the critical threats to ECD that are duly recognized in various policy documents.

Health domain: As per the census 2011, India has 164.5 million children in the aged 0-6 years (13.6% total population). With investments in the social sectors, child health-related outcomes have improved. Under-five mortality has declined from 69 deaths per 1000 live births in 2008 to 36 deaths per 1000 live births in 2018, the national average

for full immunization increased from 43.5% in 2006 to 62% in 2015-16. However, progress is unevenly distributed across the states and regions, with large urban-rural differentials. For instance, the under-five mortality rate of children born in rural areas is more than one and a half times their urban counterparts.

The death rate for all major causes of under-5 death reduced in India from 2000 to 2017, with the least decline observed for birth defects [1]. The prevalence of birth defects is 6-7%, translating into 1.7 million birth defects annually [2]. Nearly 18% of newborns are born with low birth weight, and 13% are born preterm. More than one million sick and small newborns discharged from Special Neonatal Care Units (SNCU) annually are at high risk of mortality, stunting, developmental delays, and disabilities. Prevalence of neurodevelopmental disorders (NDDs) in India was reportedly 12% in children aged 2-9 years, with one-fifth having more than one disorder [3]. Lack of timely diagnosis and early intervention due to poor outreach further impacts the ability of the families to access specialized care.

Nutrition domain: Maternal and child undernutrition is one of the most significant threats to child survival and development. According to National Family Health Survey (NFHS 4), 25% of women of reproductive age in India are undernourished, and around 54% are anemic. Despite large-scale supplementary feeding programs, child and maternal malnutrition attribute to 68% of the under-5 deaths in India,

with major contributors being low birth weight and short gestation (together 46%), followed by child growth failure (21%)[4].

According to State of Food Security and Nutrition in the World (2020), 20 % of India's children under the age of five suffer from wasting, and 34.7% are stunted [5]. The Comprehensive National Nutrition Survey 2016-2018 found the prevalence of anemia in children aged 1-4 years to be 40.6%. NFHS 5 (2019-20), first phase data reports a stagnation or worsening of child stunting, wasting, and underweight across several states and notable improvement in a few. Anemia in children under five has increased in 16 states/ Union Territories. The percentage of overweight children under-five have increased in 20 of 22 states. This 'triple burden' of malnutrition – undernutrition, micronutrient deficiency, and obesity – markedly impacts optimal ECD with a long-term adverse impact on health and wellbeing.

Early learning: Although nearly 70% of children attend pre-primary education, about 20 million marginalized children remain out of preschool learning programs [6].

Safety and security: World Bank and UNICEF estimate that in 2017, 11.7% of Indian children (0-18 years) were living in monetary poverty taken at \$1.90 line and 50% at \$3.20 line in 2011 Purchasing Power Parity [7]. As per the National Crime Record Bureau (NCRB) data the crime rate registered per lakh children population increased to 33.2 in 2019. Kidnap-ping and abduction (46.6%) and cases under the Protection of Children from Sexual Offences (POCSO) Act, 2012 (35.3%) were the major crimes [8]. Environmental factors further exacerbate threats to ECD. Global burden of disease attributes 11% of the under-5 deaths to unsafe water and sanitation and 9% to air pollution [9]. Contaminated water can expose children to lead and arsenic, both of which are linked to cognitive impairment. One-in-five households in urban areas do not have a toilet, and two-fifths of them access drinking water from outside their premises.

Responsive caregiving and development outcomes: Data on parental mental health, quality child daycare, adequate supervision by an adult, early stimulation, home environment, and children who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, is not available for India.

POLICY ENVIRONMENT

The Government of India's policy documents cover the essential components required for quality ECD programs.

Policies focusing on child health and nutrition: The National Policy for Children (NPC) 2013 aims to protect the rights of the children to survival, health, nutrition, education, development, protection, and participation. It focuses on

preventing disabilities through early intervention and recognizes that all vulnerable children, including those with disabilities, have the right to education. The National Plan of Action for Children (NPAC) 2016 provides a roadmap linking NPC 2013 to actionable programs and strategies. It takes due note of the importance of the 'first 1000 days' approach and reaching the "last" and least-served children ('Last Child First').

The National Vaccine Policy (2011) aims to strengthen the Universal Immunization Program in India, streamline the decision-making process on new and underutilized vaccines, and address the issues of vaccine security, vaccine research and development. The National Health Policy (NHP) 2017 assures free, comprehensive primary health care services for all aspects of reproductive, maternal, child, and adolescent health.

NPC 2013, Section 4 reinforces the nutritional rights of all children with safeguards from hunger, deprivation, and malnutrition. The National Food Security Act (NFSA), 2013 addresses the nutritional needs of children six months to six years by promoting exclusive breastfeeding, providing free age-appropriate meals, identifying and providing meals for malnourished children through the local anganwadi.

Policies promoting early learning: The National ECCE Policy (2012) aims towards the institution of developmentally appropriate practices by enhancing caregiver awareness, education, and provision of resource materials for adequate play. This ensures the provision of age and developmental stage appropriate stimulation from home to community services, with active learning up to 6 years based on play-based experiential and nonformal education. The National Education Policy (NEP) 2020 has proposed developing a curricular and pedagogical frame-work for ECCE in subgroups 0-3 years and 3-8 years.

Policies promoting responsive caregiving: The Maternity Benefit Amendment Act, 2017, provides for maternity leave up to 26 weeks while this Act and the National Policy on Empowerment of Women 2001 provides for crèche facilities in every establishment having fifty or more employees.

Policies focusing on the safety and security of children: NPC 2013 emphasizes protection from all forms of harm or abuse in all settings. NPAC 2016 is committed to securing all children's legal and social protection from all kinds of abuse, exploitation, and neglect. The POCSO Act, 2012 contains provisions protecting children from sexual assault, sexual harassment, and pornography and establishment of special courts for the trial of such offenses. The Commissions for Protection of Child Rights Act, 2005 provides for children's courts for speedy trial of offenses against children or violation of child rights.

PROGRAM LANDSCAPE

In 2013, the Ministry of Health and Family Welfare launched the 'Strategic Approach reproductive, Maternal, Newborn Child plus Adolescent Health' (RMNCAH), building upon the continuum of care concept and focusing on the life course approach. The India Strategy for Women's, Children's and Adolescents' Health (I-WACH), 2018-2030, has three key objectives: 'Survive, Thrive, and Transform.' The thrive agenda focuses on health and wellbeing (early childhood development, reducing pollution-related deaths and illnesses), while the 'transform' agenda focuses on enabling the environment (poverty, education, water, sanitation, and hygiene). Both these strategies bring a paradigm shift in the RMNCAH programs through multisectoral action. **Table I** lists various centrally sponsored programs and schemes that contribute to early child development.

The Nurturing Care Framework (NCF) for ECD recognizes three levels of support- universal, targeted, and indicated, depending on the intensity and range of services required. The services in all three levels must form a seamless continuum of care through referrals, resources, and tailored services. Children and families could require more (or less) support, depending on the challenges faced at different points in their lives and as they move along this continuum. As is apparent from **Table I**, the largest number of programs are under the mandate of the Ministries of Women and Child Development (MWCD) and Health and Family Welfare (MoHFW). They mainly provide universal support for health, nutrition, and early education, with some targeted support for children at high risk due to their health condition or nutrition status. The 'indicated' support for children with additional needs is provided mainly by the Ministry of Social Justice and Empowerment (MoSJE). Individual flagship programs of different ministries have their own well-defined management system and dedicated workforce at regional/state and district/local level.

Recently, the MWCD has classified its major schemes under three umbrella schemes that span interventions across the nurturing care domains. Saksham Anganwadi and Mission POSHAN 2.0 include Integrated Child Development Services (ICDS), Anganwadi Services, POSHAN Abhiyan and the National Crèche Scheme. Mission Vatsalya includes child welfare and child protection services. Mission Shakti includes Beti Bachao Beti Padhao and Pradhan Mantri Matru Vandana Yojana.

Many programs and schemes specifically address the needs of the economically and socially marginalized populace. The Janani Suraksha Yojana provides financial support to pregnant women belonging to below poverty line (BPL). The National Crèche Scheme and National Rural Employment Guarantee Act (MGNREGA) provision for crèches at

the work site for working women from the poorest households. Pradhan Mantri Matru Vandana Yojana (PMMVY) provides financial support to pregnant and lactating women who are not regularly employed. Niramaya, an affordable health insurance scheme for persons with disabilities, and Samarth, a respite care scheme for orphans or abandoned children, families in crises, and persons with disabilities from BPL and low-income group families are offered by MoSJE.

FUNDING AND INVESTMENTS

Public spending is the largest source of funding for ECD-related programs both by the central and state governments. Statement 12 lists out budget allocations incurred by the Union government on schemes for children (0-18 years). Union budget 2020-21 made 3.16% of the total budgeted allocations for children with the highest allocations (in terms of sectoral share) for education (69.17%), followed by child development (25.49%), child health (3.36%) and child protection 1.98 % [10]. Since the education sector caters to children 6-14 years, the largest allocation in terms of ECD is to women and child development for ICDS. In the financial year 2020-21, INR 15 billion was allocated to the child protection scheme, accounting for about 5% of MWCD allocations [11]. The budget for schemes providing support for children with disabilities through the National Trust Act included INR 99 million sanctioned for 115 Disha Centers for early intervention and school readiness, and INR 78.5 million for 45 Samarth Centers for respite care. These benefited 3097 and 1461 children, respectively. Niramaya, the disability health insurance scheme, enrolled 77086 beneficiaries. During the year 2019-2020, a total of 19086 claims were settled, resulting in an expenditure of INR 110.5 million [12].

Substantial public expenditure comes from state budgets as well. An analysis of public expenditure on children across 16 States during the seven years (2012-13 to 2018-19) shows an increase in per-child expenditure (PCE) in all the states [11]. Corporate social responsibility has emerged as a promising funding opportunity in recent years to reinforce the efforts by the states. In 2017-18, about 11 584 companies reported spending INR 82.15 billion on sectors relevant to ECCE [13].

MOVING FORWARD

The policy documents of the Government of India reflect adherence to global trends, reaffirming the rights of all children and commitment to affirmative action for safeguarding these rights. Translating the vision articulated in various policy documents depends on harmoniously integrating nurturing care interventions across multiple sectors and programs while adopting a 'life course' approach. In India, a fragmented approach towards ECD

Table I Programs and Schemes and Providing Nurturing Care Support and Services Across Sectors

Services	Programs and schemes	Nodal ministry
Universal support: All caregivers and children		
Information, essential support, and services	Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	MoHFW
	Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakaram (JSSK)	
	Navjaat Shishu Suraksha Karyakram (Essential new-born care and resuscitation)	
	Universal Immunization Program; Mission Indradhanush	
	Home-Based Newborn Care	
	Home-Based Care for Young Children	
	Community & facility care for sick children (IMNCI, F-IMNCI, SAANS campaign, Intensified Diarrhea Control Fortnight)	
	Ayushman Bharat- Health and Wellness Centers	
	Rashtriya Bal Swasthya Karyakram (Universal screening for 4Ds)	
	Mother’s Absolute Affection (MAA) Program	
	Anemia Free India (prophylactic IFA)	MWCD
	Village Health, Sanitation and Nutrition Day	
	Mission POSHAN 2.0	
	Integrated Child Development Services	
	Anganwadi Services	
	POSHAN Abhiyaan	
	Integrated Child Protection Scheme	
	Beti Bachao Beti Padhao Yojana	
	Samagra Shiksha	MoE
	Maternity Benefit (Amendment) Act 2017	MoLE
	Swachh Bharat Mission	MDWS, MoHUA
Targeted support: Families and children at risk		
Additional contacts and benefits	Special Newborn Care Units (SNCU) and Family Participatory Care	MOHFW
	Comprehensive Lactation Management Centres	
	District Early Intervention Centre (RBSK)	
	Follow up of babies discharged from SNCU	
	Anaemia Mukh Bharat (testing and point of care treatment)	MWCD
	National Crèche Scheme	
	Pradhan Mantri Matru Vandana Yojana (Maternity Benefit Scheme)	
Indicated support: Children with additional/ special needs and their families		
Specialized care and services	Linkages to specialized centers through Rashtriya Bal Swasthya Karyakram	MoHFW
	Nutrition Rehabilitation Centres	NACO, MoHFW
	PPTCT; Paediatric care and support for children with HIV	
	DISHA Centres for early intervention and school readiness; Niramaya (Disability Health Insurance Scheme); Samarth (Respite care)	
	CARA (Adoption services); Family Counselling Centre Scheme	MWCD

MoHFW: Ministry of Health and Family Welfare; MWCD: Ministry of Women and Child Development; MoSJE: Ministry of Social Justice and Empowerment; MoE: Ministry of Education; MoLE: Ministry of Labour and Employment; MDWS: Ministry of Drinking Water and Sanitation; MoHUA: Ministry of Housing and Urban Affairs; NACO: National AIDS Control Organisation; SAANS: Social Awareness and Action to Neutralise Pneumonia Successfully; POSHAN: Prime Minister's Overarching Scheme for Holistic Nutrition; CARA: Central Adoption Resource Authority; PPTCT: Preventing Parent to Child Transmission.

KEY MESSAGES

- Several of India's policies and programs across sectors contribute to the five domains of the nurturing care framework.
- It is imperative to have a common ECD framework and a national authority to coordinate inter-sectoral and multi-level ECD interventions.
- Various programs and schemes providing universal and targeted support require better integration for a seamless continuum of care.

across different flagship programs and schemes results from a lack of a shared vision and understanding among the stakeholders. Therefore, a national ECD framework, drawing upon the national policy documents and aligned with the NCF, with a clear description of organizational roles and responsibilities and linkages with relevant policies of multiple ministries needs to be developed. For this purpose, it is imperative to establish dedicated leadership at the national level that enables actors at different levels in the early childhood system to establish a dialogue horizontally and vertically and create common pathways for co-operation and coordination.

To address this, the authors propose that the National Council for ECD or the National Coordination and Action Group as envisaged in National ECCE Policy and NPAC 2013, respectively, should be made functional as the apex authority to steward all sectors that contribute to ECCE. Another option is that the National Council for POSHAN Abhiyan, which already has the highest level of political mandate and commitment for multisectoral action, takes on the additional role of steering ECCE. Additionally, leadership in early childhood development is required to champion, implement and advance the field and bring about breakthrough change at scale. Priority investments are needed to develop standards, monitoring and evaluation tools, a supervision system, and an effective and synchro-nized reporting system of all the schemes that contribute to ECD.

At the program level, it is time to review the coverage, quality, and investments made in programs aiming at support for children at risk and in special care, matched with the availability of a well-trained workforce that provides quality services. The existing programs would benefit from a fresh perspective by learning from the many successful global ECD programs, that include mental wellbeing of caregivers, positive parenting, and gender transformative approach of engaging fathers in caregiving, defining quality standards for early childhood services, and developing early childhood workforce. Independent evaluation of large government programs conducted periodically to assess their impact will help course corrections.

The NPC 2013 explicitly highlights the importance of

child budgeting exercise, stating that it is essential to 'track allocation and utilization of resources and their impact on outcomes for children by all related ministries and departments.' It is vital that both central and state governments not only continue to increase public spending on children but also strike a balance in the allocation of funds across sectors to strategically invest in health, nutrition, and social protection sectors for maximum benefits to reach children 0-6 years [10]. The business houses have played a key role in strengthening initiatives of the government and non-governmental organizations (NGO) to extend outreach by providing additional human and financial resources. Consistent budget allocation and a sustainable fund-raising strategy will ensure long-term investment in ECD programs.

In conclusion, a significant proportion of children remain at risk of poor development due to multiple risk factors despite improvements in child survival. Strategic investments in nurturing care for ECD are essential for children to thrive and achieve the full potential of human development. There are several government policies across multiple sectors that support early childhood development. However, translating policy into action, cohesive implementation, adequate financing, and governance have been a challenge that interferes with all children receiving all inputs for ECD. Policy and program integration, establishing robust and unified leadership at the national and state level, increasing budgetary allocation for social sectors, and ensuring accountability will significantly improve the developmental outcomes of India's children.

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