

The Status of Early Childhood Development in India: Will We Reach the Countdown to 2030 Targets?

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Early childhood development (ECD) provides building blocks for future educational achievement, emotional and moral development; the early years of life provide a critical window of opportunity for intervention. Experts across the world are emphasizing on promotion of ECD through the 5-pronged Nurturing Care Framework (NCF). The Sustainable Development Goals have focussed on optimum development for all children by 2030. For India, with 164.5 million population of children between 0-6 years, the magnitude of the problem is huge. We have been focusing on ECD since the launching of the Integrated Child Development Scheme (ICDS) in 1976. Many national policies and programs have evolved since then to promote ECD. In spite of all efforts, the overall picture of early childhood development in India is still not optimal, due to multiple factors. All five components of nurturing care framework have not been included comprehensively in the services offered. If India focuses on these areas and comes up with a convergent ECD delivery system through a single portal that can be provided with equity at the grassroot level, coupled with proper documentation, we may proceed towards our goals at a better pace. Multiple stakeholders (the government, public and private health care providers, non-government organizations, professional bodies) need to work in synergy to enable us to reach the 2030 goals

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Healthy development in the first few years of life provides building blocks for educational achievement as well as emotional stability and morality. This leads to better economic productivity of the individuals as they grow up into responsible citizens, together building strong communities. Hence, promotion of early childhood development (ECD) is considered a prime investment for future prosperity in all dimensions: physical, social, financial, emotional and ethical. It has been shown that an increased adult income in the new generation can break the intergenerational cycle of poverty and raise the human capital [1]. These educated youngsters will also be the successful parents of the next generation.

The importance of the early years of life, particularly the first 1000 days has been realized as the critical window of opportunity for intervention. Experts across the world are emphasizing on promotion of ECD to ensure optimum brain development of every single child. The Lancet series on ECD in 2007, 2011 and 2017 have provided a plethora of scientific evidence to support the importance of ECD and the Nurturing Care Framework (NCF) [2] has evolved to channelize this science to action. To reach their full potential, children need the five inter-related and indivisible components of nurturing care [3], such as good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. In the first

years of life, parents, immediate family members and caregivers are the closest to the young child and thus the best providers of nurturing care.

Prior to conceptualization of the nurturing care framework, the focus of healthcare was primarily on management of acute illnesses. The need of the hour is to delve in deeper into the other three components (i.e. security & safety, opportunities for early learning and responsive care giving) and see how they impact child development. Security and safety [3] refer to safe and secure environments for children and their families, which includes protection from physical dangers, emotional stress, protection from physical punishment, abuse and neglect, environmental risks like air pollution and access to food and potable water, availability of safe play area etc. Opportunities for early learning [3] refer to any occasion for the baby, toddler or child to interact with a person, place, or object in their environment. Every interaction contributes to the child's brain development and lays the foundation for later learning. Responsive caregiving [3] refers to the ability of the parent/caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner, thereby enhancing interaction with the child.

In order to promote ECD, the NCF has given the following recommendations [4]:

- i) All infants and children should receive responsive care

during the first three years of life; parents and other caregivers should be supported to provide responsive care.

- ii) All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.
- iii) Support for responsive care and early learning should be integrated with interventions for optimal nutrition of infants and young children.
- iv) Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.

The Sustainable Development Goals have focussed on young children's development, seeing it as the key to the transformation that the world seeks to achieve by 2030. Not only is SDG 4 exclusively dedicated to ECD, but also seven other goals (poverty reduction, health and nutrition, women and girls' equality, and ending violence) are linked to ECD. Global institutions like UNICEF, the World Bank Group, UNESCO and the World Health Organization have also prioritized early childhood development in their programmes. All this speaks of the global focus on ECD. All the nations are working towards these goals; the 2030 countdown is on.

MAGNITUDE OF THE PROBLEM

In the developing world, even today, it is estimated that 250 million children (43% of child population) are at increased risk of not achieving their cognitive developmental potential in the first five years of life [1,5]. India, with her 164.5 million children between 0-6 years of age [6], accounts for a major portion of these children. Moreover, 74% of our children reside in villages, often marginalized, unreachable and unaccounted for. Reaching out to this huge, partially hidden population is a herculean task.

National Policies and Interventions to Promote Child Development

India has been focusing on ECD from the 1970s. The oldest and largest national program on child development, the Integrated Child Development Services (ICDS) was launched in 1976. We presently have a wide network of ICDS centres strewn across the country, delivering comprehensive healthcare, nutrition and pre-school education to children 0-6 years. In 2013, the ICDS was restructured to emphasize more on children below 3 years and Anganwadi centres were converted into Early Childhood Development Centres. Early Childhood Care and Education (ECCE) was included in the policy framework in

1986. ECCE services include day care (crèches), child health care and preschool education through various projects. Recently, the scope of ICDS has been widened to include pregnant women and lactating mothers along with children in the age group of 0-6 years, under the Umbrella ICDS scheme, launched in 2020. It offers a comprehensive package of six services: supplementary nutrition, pre-school non-formal education, nutrition and health education, immunization, health check-up and referral services.

Many national policies have evolved with a multi-sectoral and multi-dimensional perspective, which include: the National Policy for Children (1974); National Policy for Education (1986); National Plan of Action for Children (2005); National Early Childhood Care and Education (ECCE) Policy (2013); National Health Policy (2017); National Nutrition Policy (1993); National Population Policy (2000); National Curriculum Framework (2005) and the Maternity Benefit Amendment Act (2017) enforcing maternity leave up to 26 weeks and provision of crèche facilities in all establishments. Presently the Centre has about 38 programs that can be linked to and categorized in the NCF, but the major impetus still lies on health and nutrition.

Delivery of Services to Promote ECD

Services are delivered at the grassroot level by our field level workers (FLW) from both health and education sectors including Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM) and Anganwadi Worker, who by now have become well versed in home-based newborn care, integrated healthcare of young children, nutrition, immunization and hygiene, through programs like Home based newborn care, Integrated Management of Childhood and Neonatal Illnesses (IMNCI), POSHAN, Water, Sanitation and Hygiene (WASH) etc. All these activities focus on childhealth and well-being. Improved antenatal and perinatal care through the home-based and facility based newborn care programs (HBNC and FBNC), have improved neonatal mortality and morbidity. Implementations of early initiation of early and exclusive breast feeding and Kangaroo mother care have also been instrumental in promoting neonatal survival. Better vaccination coverage has lowered the incidence of common childhood infections. Follow-up clinics for high-risk newborns for early detection and early intervention for incipient developmental delay is being emphasized to minimize disabilities. In 2013, the Rashtriya Bal Surakhsha Karyakram (RBSK) program was launched to identify and treat all common illnesses in children up to 18 years of age, covering the 4 Ds (Defects at birth, Deficiencies, Diseases and Developmental delays including disabilities) (**Box I**). The

concept of District Early Intervention Centre (DEIC) would provide transdisciplinary assessment and early intervention for all detected developmental delays at a district level. The ICDS scheme has been providing early learning opportunity through pre-school education, targeting primarily, the 3-6 year age group. National conditional cash transfer schemes like Janani Surakhsha Yojana (JSY) and Janani Shishu Surakhsha Karyakram (JSSK) have been instrumental in increasing the uptake of various services.

In addition to the public health services, many non-government organizations and global bodies (WHO, UNICEF and UNESCO) are also supporting ECD activities in India.

THE CHALLENGES BEFORE INDIA

Despite having all these policies and programs in place, it must be acknowledged that the overall picture of early childhood development in India is still not optimal. If we look through the lens of the nurturing care framework, the health and nutrition aspect of child development is taken care of, and some of the outcomes have improved significantly over the years. For example, infant mortality has fallen from 66 deaths per 1000 live births in the year 2000 to 34 in 2016 [7]. Full immunization rates have increased from 43.5% in 2006 to 62% in 2016. Yet, India still accounts for one fifth of under-five mortality and a quarter of neonatal deaths globally. National data reveal that only 27% of newborns had a first postnatal check within 2 days of birth. The

progress has been unevenly distributed across the states and regions. The Governments face many challenges and barriers in the implementation of the various programs to ensure universal access to comprehensive healthcare, especially to the poor and marginalized families. To attain health, nutrition and immunization for all, we still have a long way to go.

Newborn care programs have focussed on reducing mortality, whereby a greater number of vulnerable newborns are surviving, but with a greater risk of brain damage. This includes low birth weight and preterm babies, those with hypoxic-ischemic encephalopathy and sepsis.

Nutritional outcome in our children is still poor with 46% underweight, 38% stunted and 19% with severe acute malnutrition (SAM) among the under-5 population [7]. Micronutrient deficiencies with anemia are another prevalent risk factor for poor development.

Although pre-academic learning is addressed by ECCE, the provision of early learning opportunities for younger children, safety and security and responsive parenting are yet to be addressed in a comprehensive way. Unfortunately, unlike physical health parameters, nationally representative data pertaining to these aspects is lacking.

Stunting, a proxy indicator of suboptimal cognitive development, recorded as 38% of under-five years children [7], indicates that more than a third of India's children are not growing and developing optimally, to their full potential. According to an INCLEN (International Clinical Epidemiology Network) study conducted in 5 regions across India, 12% of children between 2-9 years, have one or more neuro-developmental disorders [8]. Early child development index (ECDI), a composite indicator to assess literacy-numeracy, learning/cognition, physical development and socio-emotional development is currently used as a tool to measure early development of 3-4 year-old children at the population level. Using the MICS surveys and predictive modeling it has been estimated that 32.2% of children in India have low ECDI scores [9].

An in-depth situational analysis reveals the following lacunae:

Lack of Awareness and Training

There is still a dearth of awareness about early childhood development at most levels. ECD is still deprived of the priority it deserves. As the major stakeholders in child-care, we physicians are also not groomed about child development and its nuances during our training. It is essential to emphasize on ECD in the undergraduate teaching curriculum for doctors and nurses. Ground level healthcare providers, who are instrumental for delivery of

Box I The Four Ds of Rashtriya Bal Surakhsha Karyakram (RBSK)

<i>Defects at birth</i>	<i>Developmental delays and disabilities</i>
Neural tube defect	Vision impairment
Downs Syndrome	Hearing impairment
Cleft Lip and palate	Neuromotor impairment
Talipes deformity	Motor delay
Developmental dysplasia of hip	Cognitive delay
Congenital cataract	Language delay
Congenital deafness	Behavioral disorder (Autism)
Congenital Heart Disease	Learning Disability
Retinopathy of Prematurity	Attention Deficit
Hyperactivity Disorder	
<i>Diseases of childhood</i>	<i>Deficiencies</i>
Skin conditions	Severe anaemia
Otitis media	Vitamin A deficiency (Bitot's spot)
Rheumatic	Vitamin D deficiency (Rickets)
Heart Disease	Severe Acute malnutrition
Dental conditions	Goitre Convulsive disorders

ECD services at the grassroot level also lack adequate training and experience in prevention, early detection and early intervention. The key person in implementing ECD is the mother/caregiver. So, no matter how well-thought and intricately planned our policies and programs are, definite results will not come unless we can reach the parents through a band of trained and motivated field level workers, whom we still lack.

Less Emphasis on Children Aged 0-3 Years

We have laid more emphasis on the 3-6-year age group through our Early Child Care and Education (ECCE) programs while health and nutrition were the major focus for 0-3-year olds. The fact that maximum brain development occurs in the first 1000 days and basic circuits are first built in the developing brain, on top of which complex circuits are built up for newer skill development (bottom-up sequence of brain development) [10] tends to be ignored. Unless a strong foundation for motor, cognitive, language and emotional skills is built in early years, the later development will not reach its best. Home based Care for Young Child (HBYC) programs are addressing the health issues in this age group but much needs to be done to sensitize parents and caregivers on early stimulation and interactive parenting skills.

There are scattered piece-meal programs on ECD and early intervention running across the country, mostly by NGOs, but they remain confined without a scaling-up mechanism. National programs need to emulate them in a focused manner.

ICDS: On Satisfactory Reach Out

We have the robust ICDS program in place for 'early learning opportunity' for all children in the form of pre-school education and ECCE. But with 1.4 million anganwadi centers (AWC) sanctioned across the country, 73% of children between three to six years of age do not attend the pre-school services provided by AWCs in urban areas and 57% in rural areas across India. Low- and middle-income population in urban areas has no or low access to AWCs as only 10% of the AWCs are located in the urban areas. The marginalized tribal population in the out-of-reach areas are also largely deprived. There is a dearth of human resources and infra-structure in many places. As on March, 2017, 39% of sanctioned positions for Child Development Project Officer (CDPOs) and 35 per cent of sanctioned positions for Supervisors were vacant across the country. Even where functional AWCs are present, most mothers utilize only the supplementary nutrition services of ICDS. The mothers refrain from attending the AWCs due to hindering factors like distance, lack of services and resource gap – 7% of mothers were unaware of the available facilities [11]. Lack of

adequate teaching learning material, growth charts, proper infra-structure and personnel have been reported in various studies [12]. These facts indicate that the implementation and monitoring of this huge project needs improvement.

Sub-optimal Stress on Safety and Security Issues

Though India is committed to uphold rights of children, all are not assured optimum safety and security. The National Crimes Record Bureau (NCRB) data reveals that rate of crime against children (below 18 years of age) is on the rise (24 per 100,000 children in 2016 from 21.1 in 2015). Many of our children are exposed to neglect and or abuse. The prevalence of all forms of child abuse is extremely high (physical abuse 66%, sexual abuse 50% and emotional abuse 50%) in India, as revealed by a Government of India survey. The vulnerable population include urban under-privileged, migrating population, and rural communities. In large cities, street children and child labourers are at greatest risk of abuse. Children affected by disasters, those in conflict zones, refugees, HIV/AIDS, children with disabilities are at great risk too. The vulnerability of a girl child to abuse and neglect is of major concern. The 'girl child' is neglected throughout, starting from before birth through foeticide and right through their life cycle, with significant differences in access to food, healthcare, immunizations and education between male and female children.

Increasing urbanization, air pollution (environmental and within homes) and extreme events precipitated by climate change, unhygienic environment and practices like open air defecation and consumption of non-potable water are common risk factors.

The safety and security measures at all these levels are inadequate.

Responsive Caregiving Not Emphasized

Responsive caregiving is an aspect which none of our ECD programs have fully incorporated. Responsive care giving aims at concern and responsiveness to the child as he/she grows, so that every cue given by the child is returned, to stimulate optimum brain development. By now we all know the importance of this 'serve and return' principle of brain development, as coined by Prof Shonkoff [10] and how it augments the neuro-plasticity of the brain. Awareness building among parents and caregivers as well as health-care providers and teachers is essential to promote responsive caregiving, which has hitherto not been addressed adequately. The recently launched mother-child protection card with wonderful visuals, emphasizes on this aspect. With proper training, field level workers will eventually be able to propagate the message to parents. The monthly ECCE days observed by the AWCs is another good opportunity to promote responsive care giving.

Provision of crèches and maternity benefit schemes are also targeted to improve childcare, but without a basic awareness of early stimulation and parenting skills, these opportunities would be of no avail.

Inadequate Attention to Maternal Mental Health

Mental disorders such as depression and anxiety are common conditions in pregnancy and post-partum period. Prevalence of antenatal and postnatal depression was estimated to be around 25% and 19%, respectively in lower- and middle-income countries (LMICs) in a meta-analysis by Gelaye, et al. [13]. Maternal depression can reduce the mother's ability to provide adequate care to her infant. There is evidence that maternal depression is a risk factor for infant undernutrition and impairment in child emotional and cognitive development. Considering the lack of access to quality mental health services, the impact of maternal depression is likely to be more in LMICs. A study from rural India observed significant association between maternal depressive symptoms with infant under-nutrition and developmental delay [14].

Inadequate Facility for Early Detection and Management of Developmental Delay

Though perinatal care has improved substantially with implementation of the HBNC and FBNC, high-risk newborn identification and follow-up is still not adequate across the country. One million newborns are discharged from special newborn care units annually, who continue to remain at high risk of mortality, stunting and developmental delay. As per available estimates, 6% children are born with birth defects, 10% children are affected with development delays leading to disabilities, translating into more than 150,000 babies being born with birth defects [15]. Access to appropriate medical care is lacking in most cases of developmental delays and disabilities. Early diagnosis, intervention facilities and referral services for children with special needs is largely lacking. Basic neonatal screening of at-risk babies, like hearing screening or thyroid screening is not available in most set ups.

Lack of Convergence

ECD programs demand collaboration from multiple sectors including health, education, mother and child welfare and social justice, inadequacy of which hinders program implementation in many situations. Many non-government organizations are working effectively on ECD, but in a piecemeal manner. A robust public-private partnership to bring together these scattered efforts and promote scaling up is required.

Lack of Documentation

We lack adequate national data on the key threats to ECD

we encounter and the impact of the various on-going programs. Without a database, monitoring is not feasible. India with her huge and diverse population and numerous hindrances in service delivery is faced with a herculean task to ensure optimum early childhood development to her 164.5 million children, that too within the deadline of 2030!

THE WAY FORWARD

India's commitment to ECD is not a recent one. However, having policy on paper is not sufficient. There is need for increased political will and commitment to achieve this goal. To reach our targets for SDG, we must act now. The interventions for ECD can be delivered using the current health system but the services need to be strengthened and reoriented. Identified gaps in areas such as integrated support to parents for responsive caregiving and psychosocial stimulation, and interventions to support maternal mental health need to be looked into. At the same time, there is a need to measure the quality of services provided. The major challenge of ECD services is that it requires multisectoral, well integrated services. It also requires trained manpower to deliver these services in equitable manner to the target population. To proceed towards our goals we need to address all these challenges so far identified, focusing on the following areas:

Generate Awareness and Advocacy for ECD

A nation-wide movement on ECD needs to be evoked. Prioritization of promoting ECD at the policy-making level is mandatory to accelerate the momentum. The science and implication of ECD must be made clear to all stakeholders involved in implementation through adequate sensitization.

Awareness and skills are still lacking among field level workers. Extensive training and motivation are essential. General awareness about child development, early stimulation or responsive parenting is very poor among parents and caregivers, almost non-existent among the underprivileged. Only with adequate parental awareness will a need be generated in the community, without which the existing programs will not be utilized. Capacity building of parents and field level workers need to be emphasized.

Implementation and Monitoring

The gap between policy provisions and effective implementation has to be bridged. India is a vast country with large differences in health, nutritional and social indicators between various states. A robust monitoring system must be instituted to assure implementation by identifying the local challenges and devising methods for overcoming them. Utilization of modern-day technology can help in improving our monitoring system.

Documentation and Research

No project is effective without supporting data. Unfortunately, India's database on ECD related factors are very sparse (**Table I**). We need to focus on measuring relevant indicators for responsive caregiving and opportunities of early learning which are currently not available to assess where we stand today and chart the progress.

Family- and Child-Centric With Life-Cycle Approach

The nurturing care framework encompasses simultaneous delivery of multiple services which should be child and family centric. A single delivery point at the grassroot will perhaps be most efficient and cost effective. This will call for integration of various programs from different departments. It is imperative that a strong convergence among multiple stakeholders exists for a seamless delivery of services. Promotion of ECD calls for a life-cycle approach to the problem, as proper girl child rearing, healthcare, nutrition and education for the adolescent girl, prevention of early marriage and childbirth, proper antenatal, perinatal and neonatal care are all essential components thereof.

An umbrella program that provides comprehensive services focusing on infant stimulation, parent education, early education in homes and centers, health and nutrition education and care, sanitation, judicial protection against abuse, exploitation, violence and gender discrimination, and inclusive services for children with disabilities, street children and children with special needs is the need of the hour. To this effect, various stakeholders have to join hands, which include interdepartmental and inter-ministerial cooperation, convergence of the Government and non-government organizations, the implementing organizations and academic bodies, and the national and global bodies.

Community Engagement

Community engagement holds the key to sensitization of families and caregivers. A popular proverb "it takes a village to raise a child" is full of wisdom. The parents, family members and the community as a whole has an important part to play in laying the foundation of good health, and creating the appropriate environment for providing all components of nurturing care. Although traditionally mothers are perceived as primary caregivers, fathers also play a significant role in fostering social-emotional and cognitive development of their children. There is a need to involve fathers in responsive caregiving and to sensitize them about the negative impact of violence and physical punishment on the child's emotional development.

Involving Professional and Academic Bodies

ECD is an evolving science. To establish its significance in

today's world, a collaborative learning network of apex academic organizations need to be established, through whom well-documented research will propagate. This is an essential support for formulation of future policies.

It is evident that multiple stakeholders need to jointly get involved in a strategic work plan to proceed towards our goal. We present a strategy framework (**Table I**) that may be considered for the same.

If all the stakeholders work efficiently and in synergy, we can surely mend our deficits and take the ECD movement forward with a commendable momentum. The goal is fixed, the tracks are set and the race has begun, it is for us to pick up a synchronized acceleration to reach the goalpost of 2030 and win!

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Table I Strategic Framework for Multi-sectoral Approach to Augment Early Childhood Development

<i>Challenge faced</i>	<i>Suggested intervention</i>	<i>Proposed activities</i>	<i>Implementing agency</i>
Lack of awareness about ECD	Awareness generation among stakeholders, service providers, caregivers	Advocacy programs Mass media programs	Professional bodies, NGOs Public media Social media
Inadequate training of service providers	Train pediatricians Incorporate ECD in medical curriculum Train school teachers Train field level workers: ASHA, ANM, AWW	TOT and district level trainings Include ECD as a competency in teaching modules Incorporate in teachers training courses Widespread implementation of HBYC training utilizing the MCP card	Indian Academy of Pediatrics NMC, Medical colleges Dept of education Dept of health, Dept of WCW, NGOs
Non-equitable distribution of services	Increase focus on reach out and equity	Single point delivery at grass-root Decentralize schemes	All stakeholders
Sub-optimal attention on 0-3-year olds	Acknowledge and address their special needs at grassroots.	Umbrella ICDS Widespread implementation of HBYC	AWW, ASHA, crèches, day-care centres, preschools
Sub-optimal attention to ELO and RCG	Sensitize parents, caregivers, ECD workers on ELO, RCG	Emphasize on ELO and RCG in the HBYC program Parent education	Departments of health and WCW NGOs
Child safety measures are sub-optimal	Strengthen social security for children; Positive parenting Healthy environment	Include child safety in HBYC and MCP card Advocacy for child rights Strengthen legislature	Judiciary Government NGOs
Lack of convergence	Multi-sectoral approach	Convergence of all concerned departments; Government and private bodies; state and central government projects; Single portal delivery	All stakeholders
Funding	Separate fund allocation for ECD	Appoint designated FLW for ECD service delivery Incentive for ECD service delivery may be considered	Employers: government and private Funding agencies
NGO activities not fully utilized	Create NGO hub Database for all NGOs working on ECD.	Encourage handholding Promote scale-up Avoid replication	NGOs Central and state government
Insufficient documentation	Robust data collection Standardized approach	Extensive surveys Proper preservation of data Meet global criteria	Respective government departments Indian Statistical Institute
Inadequate research	Encourage scientific indulgence into ECD	Scientific research on ECD Newer recommendations	Academic and professional bodies, universities

ECD-Early childhood development, TOT -Training of trainers, FLW-Field level workers, ASHA-Accredited social health activists, AWW-Anganwadi workers, NGO-Non-government organization, ICDS-Integrated child development scheme, NMC-National medical council, WCW-Women and child welfare, HBYC-Home based care for the young child, MCP-Mother child protection, ELO-Early learning opportunity, RCG-Responsive caregiving.

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Web Table I Early Childhood Development Indicators: Current Status in India for Components of Nurturing Care

<i>Parameters</i>	<i>Indices</i>
<i>Good health^a</i>	
Under-5 mortality rate	34/1000
Maternal mortality ratio	145/100000
Preterm birth	13%
4 or more antenatal visits	51%
Postnatal visits	65%
Care seeking for pneumonia	78%
<i>Adequate nutrition</i>	
Early breastfeeding	57%
Exclusive breastfeeding	58%
Minimal acceptable diet	10%
Prevalence of stunting	38%
Wasting prevalence	21%
<i>Early learning^b</i>	
Attendance in early childhood education	38%
<i>Responsive caregiving^c</i>	
Birth registration	80%
<i>Security and safety^d</i>	
Basic drinking water	93%
Basic sanitation	60%

Adapted from "Country Profiles for Early Childhood Development", developed by UNICEF in collaboration with Countdown to 2030 Women's, Children's and Adolescent's Health. No data available for ^alow birthweight; ^bChildren's books at home, plaything at home, early stimulation at home, inadequate supervision; ^cParental mental health, public awareness about ECD, quality child day care; and ^dViolent discipline, positive discipline.