A short note on Continuum of Maternal and Early Childhood care: Urgent need for policy and budget focus

Submitted to the Ministry of Finance, Government of India as Recommendations for Budget 2016-17

Key concerns about budget 2015-16:

Reduced allocations for all programmes related to maternal entitlements and early childhood development, even after the supplementary budget additions, except IGMSY. However the outlay is inadequate to ensure universal maternity benefits for all districts. Reduced budgets have adversely impacted honorariums of AWWs, rolling out of Anganwadi Centre cum Crèches, expanding IGMSY beyond the 52 pilot districts.

The grassroots experiences in 2015-16 highlight certain concerns which are probably result of the budget cut. They are as follows:

- ❑ Delayed disbursal of salaries to AWW, AWHs (2- 4 months)
  - In AP & Telengana, 3 months back govt. orders of revising the AWW salaries from Rs 4500 to Rs 7000 and of AWH from Rs 2200 to 4500, not implemented yet
- ❑ Vacancies not filled
  - Bihar vacant position: 5768 AWW and 6063 AWH
- ❑ Irregularity in the supply of SNP (UP, Haryana, Assam)
  - West Bengal : provision of eggs cut down from 6 days to 3 days
  - Kerala : only lunch is provided as SNP
  - Chhattisgarh announced the setting up of 3500 Adarsh ICDS; but no budget allocations made yet

Expenditure on schemes related to maternal health and child devlopment by Union Ministry of Women and Child Development and Ministry of Health and Family Welfare *(Rs crore)*

Year	RGSEAG-SABLA	IGMSY - CMB Scheme	JSY	ICDS
2010-11	329.51	116.2	1618.4	9,763
2011-12	593.75	289.8	1552.9	14,266
2012-13	503.63	82.07	1640.0	15,712
2013-14	548.33	270.0	1762.8	16,432
2014-15 R.E.	630.00	360.0	2039.8	16,520
2015-16 B.E.	10.00	438.0	N/A	8,754
Addl. Allocations in Union Supplementary Budget 2015-16	400.00	-	N/A	3,600
Total 2015-16 BE	410.00	438.0	-	12,354

Sources - Union budget documents, various years; Outcome budgets of MoHFW, various years; Outcome budgets, MWCD, various years

Policy and budgetary Asks for Early Childhood Development: a continuum of care from pregnancy to early childhood (birth-6 years)

1.Implementation of the NFSA 2013, within which the IGMSY or its alternative Central Schemes need to be up-scaled from the pilot phase into at least 200 high-priority districts, especially including those with a larger proportion of tribal (ST) population
2. Framing of Model Rules for NFSA with respect to ICDS and Maternity Entitlements
3. Maternity entitlements in all sectors need to be universal and unconditional, and wage compensation provided from three months before childbirth(to reduce burden of heavy work) to six months after delivery , so that exclusive breastfeeding and care of infant, can be practised even by women working in the informal sector.
4. Crèches and breastfeeding facilities at every workplace including MGNREGS sites, irrespective the number of women employed and/or employees to ensure women can continue to work and care for the infant . Staffing requirements and allocations to ensure quality care, and monitoring mechanisms needed, should be budgeted for accordingly.
5. ICDS

- Minimum wages for the Anganwadi Workers
- 70000 AWCs to be converted into AWC-cum-crèches by 2017
- The ICDS needs to be urgently strengthened as a support system for enhancing quality of services for children.
- Budget for second AWW in all AWCs – one AWW per age-group (0-3, 3-6)
- The preschool component in ICDS needs better implementation . This calls for 2nd worker
- Training and Capacity Building – Professionalisation, Comprehensive Training Strategy, Linkages (pre and in service training). Refresher training for staff, especially on stimulation, ,playful learning, nutrition, and holistic development

6. Governance Issues:

- Convergence – Institutional mechanism at every level to ensure convergence for integrated inputs of health, nutrition and learning.
- Allocation for human resources required to activate ECD Council
- Strengthen MWCD with budget, human resource and technical expertise
- Pooling of resources from interconnected ministries like WCD, Health, Food, Rural Development, Agriculture, Urban Development, HRD, Labour etc for Crèches and Early Childhood Development.
- Guidelines on allocation of the devolved amount for ICDS to states.
- Earmarked fund for ICDS and crèches under the PRI allocations

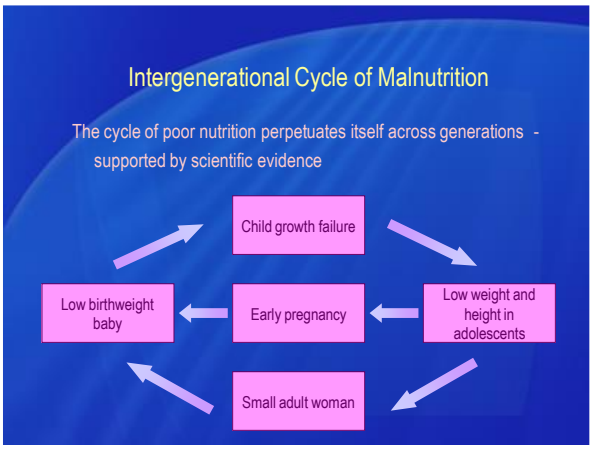
Rationale for Budgetary Priorities

India is looking at a future with tens of millions of children whose holistic development has been compromised due to low priorities and investmenr. In fact, Coffey and Spears (2014) have warned '*profound deficits in early-life health and net nutrition are particularly important factors shaping the distribution of human capital in India*[v]. Children in this country are growing up with a nutritional deficit that starts with insufficient breastfeeding and early

childcare and ends with malnourishment by age of six. Children under six requires integrated inputs health, education, early learning, care and protection. Neglect of any of these components will result in irreversible damage. **India is home to the largest no of hungry and malnourished children and accounts for 21% of deaths of under 5s.**

- Children under 6 years of age in India – **158.7 million;** which is **13.12%** of the total population[ii] out of which **48%** children are covered under ICDS i.e. **75.7 million**[iii]
- In 2010, **43%**of India's children under five were underweight and **48%** were stunted and **69%** were anaemic[iv]

The causes include **poor nutrition** of the woman during adolescence aggravated during and after pregnancy; **lack of social security for maternity** compelling many women to return to wage work early, **absence of crèche facilities** means women have to leave children at home, therefore children are deprived of exclusive breastfeeding for the first six months. The cycle of under-nutrition is perpetuated by the lack of effective crèches and childcare centres (like Anganwadi centres or AWC) that could detect and manage early stages of malnutrition. Essentially we have a vicious cycle as indicated by the figure below-



This misses out on critical care during the first five years (especially the period birth to 3 years), although most brain growth takes place in the earliest years. In fact the lethal combination of poor nutrition, exposure to infections caused by poor sanitation and unsafe water puts small children at risk of death.

- In 2013, India's child mortality rate was **53 per 1000** live births, accounting for **21%** of the deaths of children under five worldwide[v]; in fact India and Nigeria together account for more than a third of all under-five deaths[vi] across the world
- 51.3% of children are under the poverty threshold[vii]

In addition to this, the brain develops at the fastest rate during this period. By 5 years 90% brain development takes place and 100% cognitive functions, vision and hearing develop.

Prepared by:
Secretariat of the Alliance for Early Childhood Development (ECD)

Contributors:

- **Alliance for Right to Early Childhood Development**
- **Centre for Budget and Governance Accountability (CBGA)**
- **HAQ Centre for Child Rights**
- **Child Rights and You**
- **Working Group for Children under six (WGCU6) of the Right to Food Campaign and Jan Swasthya Abhiyan**
- **National Alliance for Maternal Health and Human Rights**

January 2016

---

[i] **Coffey and Spears**, Height of the problem in Seminar 661, 2014 retrieved December 2015 from Seminar http://www.india-seminar.com/2014/661/661_coffey_&spears.htm

[ii] **Office of Registrar General** & Census Commissioner (2011) Population Enumeration Data. Retrieved June 2015, from Census of India http://www.censusindia.gov.in

[iii] ibid

[iv] **UNICEF**. (2012). The state of the world children 2012 – Children in an urban world

[v] **UNICEF**. (2014). Levels and Trends in Child Mortality

[vi] Ibid

[vii] **Rustagi, P, Mishra S.K., Mehta. B.S**. (2015), *Child Well-being and Deprivations in India* In Shiv Kumar, Rustagi, Subramanian **India's Children** (pp. 58-60) , OUP, New Delhi