



TRACKING INVESTMENT IN
**EARLY CHILDHOOD
DEVELOPMENT (ECD):**
AN ANALYSIS OF
UNION BUDGET 2021-2025

Protiva Kundu
Radhika Desai



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MESSAGE

A nurturing environment in early childhood complemented by stimulation and early learning is essential to provide a foundation to every child to achieve their potential. Early Childhood Development (ECD) has an indispensable role in young children's socio-emotional and cognitive development. Public provisioning of quality childcare provides the necessary support to families to ensure their children's growth and development while contributing to the national economy as workers. The National Education Policy 2020 emphasizes the need for universal provisioning of quality early childhood development (ECD). Universal public provisioning of ECD holds the promise of inclusive, egalitarian and just society for young citizens of India.

This study report, "Tracking Investment in Early Childhood Development (ECD): An Analysis of the Union Budget 2021-2025" is a timely and rigorous contribution to the discourse on early childhood development (ECD). It maps the landscape of Union government's budgetary commitments to the ECD sector using the ECD Framework of Action- comprising of the Nurturing Care Framework (NCF) and Enabling Environment. The analysis provides critical insights into both systemic gaps and emerging avenues in ECD provisioning — across key early childhood domains of nutrition, early learning, health, caregiving, and safety; support to nutrition and health of mother's, and creches for families with young children. Particularly, this report identifies gaps in funding, investment and budgetary allocation that would need to be addressed for effective ECD.

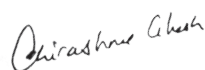
Importantly, the report does not stop at diagnosis. It goes further to offer a practical roadmap to improve governance, financing, and accountability in ECD provisioning. Additionally, It advocates for rethinking how we design and implement multisectoral interventions for young children and their caregivers, while drawing attention to promising examples at the state level, such as the Haryana Creche Policy 2022.

I express my appreciation to the researcher for the exemplary work and the authors for putting together a comprehensive, well-structured and lucid report. I thank the members of the Advisory Committee for this study for their guidance in conceptualising and executing the study. I am grateful to the Alliance Steering Committee for their inputs towards finalising the report.

This report has become a reality thanks to combined efforts of both, FORCES (Forum for Creches and Childcare Services) and the Alliance for Right to ECD networks.

I am confident this report will serve as a guide for future investment and budgeting towards public provisioning for universal right to ECD in India. This work will inform policymakers, practitioners, and advocacy motivating a renewed commitment to place young children and their caregivers at the centre of India's development agenda.

In Solidarity



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Researcher and Author

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ACRONYMS

ADIP	Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances
AWC	Anganwadis Centres
AWCC	Anganwadi-cum-Crèche
AWH	Anganwadi Helpers
AWW	Anganwadi Workers
BBBP	Beti Bachao Beti Padhao
BE	Budget Estimates
CARA	Central Adoption Resource Authority
CBS	Child Budget Statement
CCL	Children in Conflict with Law
CNCP	Children in Need of Care and Protection
DEPWD	Department of Empowerment of Persons with Disabilities
DSEL	Department of School Education and Literacy
DWCD	Department of Women and Child Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECDI	Early Child Development Index
ECE	Early Childhood Education
FC	Finance Commission
FPC	Family Participatory Care
GDP	Gross Domestic Product
ICDS	Integrated Child Development Services
LKG	Lower Kindergarten
MAA	Mothers' Absolute Affection
MEITY	Ministry of Electronics and Information Technology
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Schemes

MI&B	Ministry of Information and Broadcasting
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
MoHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare
MoHUA	Ministry of Housing and Urban Affairs
MPI	Multidimensional Poverty Index
MWCD	Ministry of Women and Child Development
NCERT	National Council for Educational Research and Training
NCF	Nurturing Care Framework
NCPCR	National Commission for Protection of Child Rights
NEP	National Education Policy
NFHS	National Family Health Survey
NHM	National Health Mission
NIPCCD	National Institute of Public Cooperation and Child Development
NPAC	National Plan of Action for Children
PAB	Project Approval Board
PMMVY	Pradhan Mantri Matru Vandana Yojana
POSHAN	Prime Minister's Overarching Scheme for Holistic Nourishment Abhiyaan
RE	Revised Estimates
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SMSA	Samagra Shiksha Abhiyan
SNP	Supplementary Nutrition Programme
SRS	Sample Registration System
UKG	Upper Kindergarten

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01

INTRODUCTION

Early Childhood is a critical period for development interventions because during this phase of a child's growth they have a profound impact on a child's future success in education, health, employment, social relationships, and the achievement of a fulfilling life.

Early Childhood is defined as the period from birth to eight years (UNICEF 2023). The time from birth to age five is when the brain develops rapidly to build the foundation of cognitive capacity and socio-emotional skills necessary for realisation of human potential. Early Childhood is a critical period for development interventions because during this phase of a child's growth they have a profound impact on a child's future success in education, health, employment, social relationships, and the achievement of a fulfilling life. The developmental growth of the foetus from conception to birth is influenced by a pregnant woman's health, nutrition and psychosocial environment. Therefore, holistic early childhood development (ECD) requires effective government support for pregnant women, lactating mothers, and children up to eight years. The consequences of inadequate and poor quality ECD support for disadvantaged, vulnerable and at-risk children in this age group are deleterious

and long-lasting, as their families have fewer resources to invest to compensate for the insufficient public provisioning for ECD. These children may miss necessary milestones of human growth and development, and society ultimately pays the price through higher social costs and declining economic fortunes.

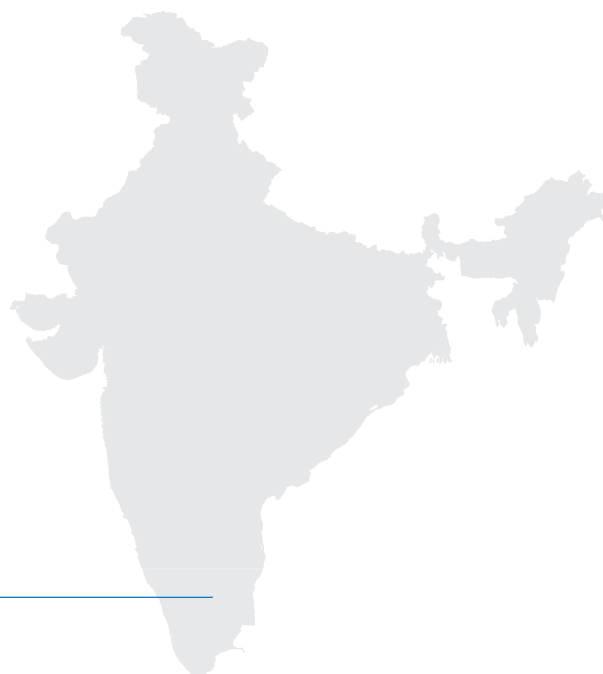
Many studies have shown that correlation is quite high between good quality early childhood programmes and a better future in terms of attainment of higher education and better employment prospects (Schweinhart, 2016). A number of longitudinal studies, such as Heckman's High Scope Perry's Preschool programme, and the Abecedarian Project have analysed the long-term effects of investing in early childhood programmes. Professor Heckman's research shows that a comprehensive, high-quality, birth-to-five ECD programme for disadvantaged children yields a 13% return on investment per child, per annum through improved

Research by the London School of Economics and Centre for Mental Health has established that providing perinatal mental health support and care for women during pregnancy and babies in early childhood is five times more effective than interventions designed to deal with individual or social problems in later life (Bauer et al., 2022). Thus, comprehensive early childhood development programmes benefit not only children, but the society as a whole, and the returns to investment on ECD are substantial.



education, economic, health, and social outcomes (Heckman, 2012). A study by the National Forum on Early Childhood Policy and Programmes found that high-quality early childhood programmes can yield a return of \$4 – \$9 for every \$1 invested (Heckman et al., 2010). The India Early Childhood Education Impact Study shows a positive impact of early childhood education on primary level outcomes up to grade 3, subject to an upward, seamless continuum of age-appropriate, play-based pedagogy and curriculum (Kaul, Bhattacharjee, & Chaudhry et al., 2017). Research by the London School of Economics and Centre for Mental Health has established that providing perinatal mental health support and care for women during pregnancy and babies in early childhood is five times more effective than interventions designed to deal with individual or social problems in later life (Bauer et al., 2022). Thus, comprehensive early childhood programmes benefit not only children, but the society as a whole and the returns to investment on ECD are substantial. Clearly, good quality ECD is pivotal for the holistic growth of a child and reducing inequalities in education, health, and nutrition among children.

The official recognition of the importance of ECD in India is evident from the large number of child-specific policies. These policies provide conducive environment and frame for investment in ECD.



As per the 2011 Census, children under the age of six (henceforth referred to as young children) constituted, on average,

**14% of
India's total
Population**

and in absolute numbers, there were 165 million young children in the country in 2011. As per UNICEF estimates in 2023, the number of children under five years in India was approximately 115 million¹ and they constitute approximately eight per cent of the total population (UNICEF Database). The recently released report, 'The State of the World's

1. The decrease in the number of children under age five is due to the decrease in the fertility rate in India

Children 2024' by UNICEF notes that although the number of children (up to 18 years) will drop from 456 million in 2024 to an average of 350 million in 2050, India will be the country with the highest number of children. Hence, investment in ECD is critical if India is to have high-quality human resources and reap the benefits of the demographic dividend.

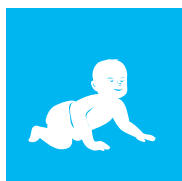
Interventions for ECD in India can be divided into three phases:



Phase 1

Conception to Birth

the inputs are of the pregnant woman



Phase 2

Birth to 3 years

the inputs are to the lactating mothers and the infants.



Phase 3

Foundational Stage of education for a child from 3 to 8 years.

It is subdivided into

- Preschool and pre-primary-inputs for children aged 3 + up to 6 years
- Primary school learning stage inputs are for young children from age 6 to 8

Phases 1 and 2 cover the critical first 1,000 days from conception, and interventions

focus on nutrition and health. In Phase 3, interventions in nutrition and health continue, and to it is added to the component of early learning, readiness for school and school education.

The government is the largest provider of ECD services, and both Union and State governments spend on the welfare of children as public provisioning of childcare is largely premised within social sector funding (Education, Health and Nutrition, Social Protection). Therefore, the total budgetary allocation for ECD covers all the Ministries/ Departments that incur expenditure towards public provisioning of childcare. However, measuring government spending on ECD is a challenge, and monitoring government spending on young children is difficult. The main reason is the absence of a methodology to measure the actual size of spending by the government.

Objective



In this backdrop, this study attempts to measure the Union Government's spending for early childhood development for children up to age 6 years. Taking into account some of the major concerns pertaining to the status of young children in the country, the study aims to identify the strengths and gaps in the current approaches and budgetary allocations, and assess if the Union Government needs to increase its magnitudes of investments in programmes for ECD in the coming budgets.

The ECD Framework for Action

The ECD Framework for Action is the theoretical lens that informs the analysis of this study. It is multisectoral and could be defined as a combination of Nurturing Care Framework (NCF) and interventions for Enabling Environment for ECD. NCF was developed in 2018 by the World Health Organisation, UNICEF, and the World Bank, in collaboration with the Partnership for Maternal, Newborn & Child Health and the Early Childhood Development Action Network. It consists of five interrelated and indivisible domains. These are good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning. Interventions creating an

“Enabling Environment for ECD” are those that engender women’s good health, promote fathers’ participation in childcare, guarantee women’s maternity rights in paid work, provide quality childcare facilities for families with young children, and increase both awareness and participation on ECD in families and communities. These interventions are important on two counts. Firstly, they spread the responsibility of ECD to all stakeholders such as government, employers, and community thereby reducing women’s excessive unpaid labour in the household. Secondly, they create an infrastructure (physical and social) and milieu for ECD interventions.

Figure 2: Nurturing Care Framework



Methodology

In order to achieve adequate development of young children, multi-sectoral interventions are required in health, nutrition, education, child protection and social services. The study analyses the Union Government's spending of the last 5 years (2021-2025) from the perspective of ECD interventions across relevant sectors. The Mission POSHAN 2.0 (Saksham Anganwadi and Poshan 2.0) Guidelines clearly map the role of different ministries as part of convergence for various nutrition and non-nutrition components of ECD. Based on these Guidelines, the analysis conducts a thorough scrutiny of the expenditure budget documents of the list of departments to gauge the contribution of those departments towards ECD.

To arrive at the quantum of the Union Government spending on ECD, the following steps are carried out:

Step 1

Mapping relevant ministries, departments and agencies associated programmes and schemes.

Step 2

Categorisation of programmes and schemes targeted for ECD into ECD-specific and ECD-sensitive interventions where ECD-specific interventions



are those which directly influence ECD outcomes, and ECD-sensitive interventions indirectly influence ECD outcomes.

Step 3

Mapping institutions and statutory bodies that play a pivotal role in planning, designing, implementing and monitoring of ECD-related services.

Step 4

Examining the demand for grants of relevant expenditure ministries and collating budget information for the identified schemes/programmes and institutions.

Step 5

Apportionment of expenditure for interventions which are ECD-sensitive for 0-6 years children. Adding entire budgets of ECD-sensitive programmes and schemes as spending on ECD will likely result in overestimation of ECD expenditure. Therefore, a methodical process was adopted to apportion the expenditure in order to ascertain the ECD component in the programmes' outlay.

Step 6

Analysing financial data for 5 years for trend analysis of expenditure.

Step 7

Building analysis on existing work or the latest information available wherever data is limited or unavailable.

Step 8

Analysing administrative data and survey data related to available ECD services, targeted beneficiaries, coverage, and outcome indicators for better interpretation of budget data.



Limitations

-  The National Early Childhood Care and Education (ECCE) Policy defines early childhood as the period from birth to six years. The National Education Policy (NEP) 2020 recommended that along with the early primary stage of 6–8 years, the preschool stage (3–6 years), be conceptualised as the Foundational Stage of school education; it recognised the critical role and contribution of ECD in impacting learning outcomes at the primary stage. Therefore NEP (2020) effectively clubbed together children from 3–8 years as a single category to ensure a smooth and seamless transition from pre-primary to primary in education. This has led to confusion in the definition of what constitutes an ECD service, who constitute young children, and which Ministries are responsible for the various domains of ECD of young children. The uncertainty has made it even more difficult to align programmes and schemes to substages of early childhood development and address age-specific needs of young children.
-  ECD financial statistics are patchy, often not disaggregated by age and gender, which is required to better interpret budget figures. Given the nature and design of prevailing government programmes or schemes in India, it is very difficult to segregate budgetary expenditures made exclusively for young children. Hence, the compilation includes the budgetary expenditure for schemes that are meant primarily for young children, as well as those schemes that cater to young children along with older children or mothers.
-  In some ECD-sensitive schemes, it is difficult to identify the right parameters for apportionment. To avoid overestimation, in such cases, the expenditure of these schemes is not considered for estimation.
-  Over time, the merger of schemes by different ministries has made it more difficult to assess the budgetary performance of sub-schemes.
-  Paucity of administrative and survey data, such as updated child population, disabled children by age group, etc., has made it difficult to interpret budget data accurately.
-  The terminology used in the ECD policy framework and by practitioners is not always the same as reported in the Budget document, and hence, this sometimes challenges the mapping exercise.

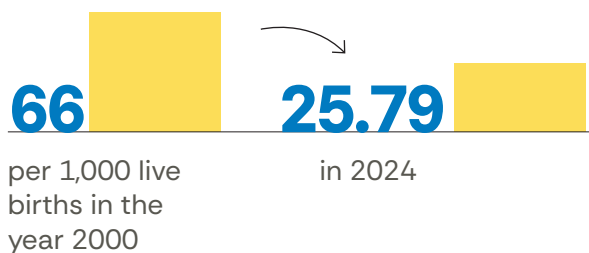
02

SITUATIONAL ANALYSIS OF ECD IN INDIA

Unlike physical and physiological health parameters, nationally representative data pertaining to aspects of cognitive development through stimulation and early learning is lacking.

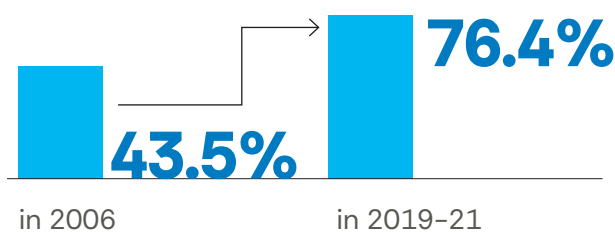
Indian policy intervention in ECD has a legacy of focusing on the health and nutrition domains of child development. This policy focus, in conjunction with increased budgetary allocations, has resulted in significant improvement in some outcomes of health and nutrition of young children. For example,

Infant mortality has fallen from



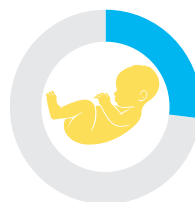
Source: Sample Registration System-SRS, 2024

Full immunisation rates have increased from



Source: National Family Health Survey-NFHS-V

Yet, India still accounts for one-fifth of under-five mortality and a quarter of neonatal deaths globally.

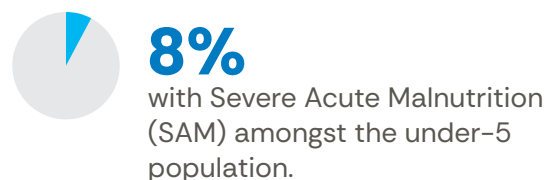


National data reveal that only

27%

of newborns had a first postnatal check within 2 days of birth.

Nutritional outcome in our children is still poor, with



Source: NFHS-V

Micronutrient deficiencies with anaemia are another prevalent risk factor for poor growth and development of young children.

When it comes to child health, neonatal deaths are the highest contributors to under-five and infant deaths in the country. More than 55 per cent of deaths in children from birth to four years can be attributed to prematurity and low birth weight, pneumonia and diarrhoeal diseases (Census India 2011). Birth asphyxia and birth trauma are the cause of 8.2 % of infant deaths.



Although preschool education for children in the age group three to six years is provided as Early Childhood Care and Education (ECCE), India lags behind the rest of the world, ranking last among 45 countries in the Economist Intelligence Unit's 2012 survey of ECCE quality. Also, according to World Bank data (2019), India's gross enrolment ratio in pre-primary schools for children in the age group from three to six years stands at 63 per cent, much lower than that of its neighbours: Sri Lanka (69), Pakistan (81), Nepal (87) and China (89) (Kundu et al., 2022).

Unlike physical and physiological health parameters, nationally representative data pertaining to aspects of cognitive development through stimulation and early learning is lacking. Fortunately, an alternative measure, the Early Child Development Index (ECDI), a composite indicator to assess literacy-numeracy, learning/cognition, physical development and socio-emotional development is currently available as a tool to measure early development of 3–4-year-old children at the population level. Using the Multiple Indicator Cluster Survey (MICS) household surveys and predictive modelling, it has been estimated that 32.2% of children in India have low ECDI scores (McCoy et al., 2016). This reflects the lack of public provision for stimulation and early learning opportunities for children from birth up to three years. Two other domains of early childhood development, namely safety and security, and responsive caregiving, are also yet to be addressed in any significant way.





03

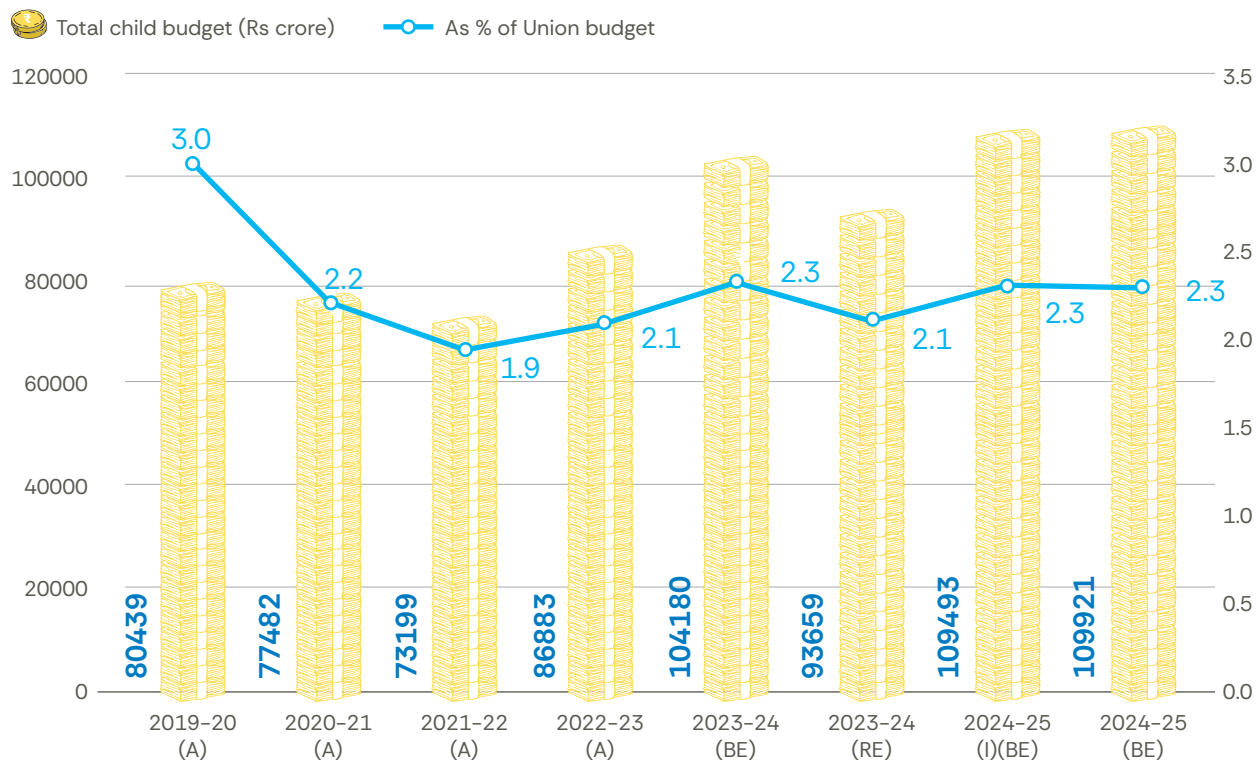
III. MULTISECTORAL ECD INTERVENTIONS BY UNION GOVERNMENT: MAPPING OF POLICIES AND PROGRAMMES

The Union Government's budget (2024-25) outlay towards welfare of children, as reported in the Child Budget Statement (CBS) Statement 12: Allocations for the Welfare of Children (up to age 18), shows that, in nominal terms, the expenditure on children has increased in the last 5 years. However, alarmingly in 2024-25 there is a decline in the share of allocation to 2.3% from the actual spending of 3% in 2019-20.

Also, as a percentage of the total Union Budget, the 2.3% expenditure for the welfare of children is substantially below the 5 % target recommended in the National Plan of Action for Children (NPAC) 2016 of the Ministry of Women and Child Development (MWCD). Thus, it is evident that the programmes for the welfare of children implemented by the Union Government are heavily underfunded, and do not meet the financial targets set by its own Ministry. Inevitably, the impact of this low allocation for children is low availability and suboptimal spending of funds for young children.

The following sections will try to examine what proportion of this expenditure on children's welfare is targeted for ECD as a whole and its specific components.

Figure 1: Union Government expenditure on Children (0-18 years) as % of Union budget



Source: Child Budget Statement, Union Budget Document, various years



Further analysis of policies, programmes and schemes of the Government of India using the lens of ECD Framework for Action outlined earlier (see Section 01) is presented in this section. To begin with the analysis maps the laws, policies, and schemes of the Union Government.

Table 1: Mapping of policies/plan on the ECD Framework for Action domains

Components	Policies
Adequate Nutrition	National Nutrition Policy, . National Food Security Act National Food Security Act (NFSA), 2013
Good Health	The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 National Health Policy (NHP), 2017
Opportunities for Early Learning	The National Policy on Education (NPE), 1986 National Early Childhood Care and Education (ECCE) Policy, 2013 National Education Policy (NEP) 2020 National Curriculum Framework for Foundational Stage Adharsheela, 2022 Navchetna, 2024
Safety & Security	Juvenile Justice (Care and Protection of Children) Act, 2015 The Protection of Children from Sexual Offences (POCSO) Act, 2012
Responsive Caregiving	India Newborn Action Plan (INAP), 2014
Enabling Environment- Supporting Care-givers well-being	Maternity Benefit Amendment Act, 2017 National Minimum Guidelines for Setting up and Running Crèches under Maternity Benefit Act 2017
Others (Overarching)	The National Policy for Children (NPC), 2013 National Plan of Action for Children (NPAC), 2016

Similarly, the expenditures incurred by different departments' schemes are also presented below, using the ECD Framework for Action. Each component of the Framework is used as a category for ECD based analysis of schemes' budget. Further, these schemes are divided

into ECD-specific, and ECD-sensitive. Table 2 and Table 3 map ECD-specific and ECD-sensitive interventions by different ministries and departments.

Table 2: Mapping of ECD-specific schemes budgeted for by their implementing ministries/
department and the domain of intervention

ECD SPECIFIC			
Key Components	Schemes/Programmes	Ministries/ Departments	Year Launched
Nutrition	Mission POSHAN 2.0 (Saksham Anganwadi and POSHAN 2.0)	MWCD	2021
Health	Navjaat Shishu Suraksha Karyakram	MoHFW	2009
	Facility Based Newborn Care	MoHFW	2011
	Universal Immunisation Programme	MoHFW	1985
	Mission Indradhanush	MoHFW	2014
	Pulse Polio Programme	MoHFW	1995
	National Deworming Day	MoHFW	2015
	Rashtriya Bal Swasthya Karyakram	MoHFW	2013
	Intensified Diarrhoea Control Fortnight – 2022	MoHFW	2022
	Manufacture of Sera and BCG Vaccine	MoHFW	1978 (BCG)
	Child hospital	MoHFW	
	Childcare training centre	MoHFW	
	Assistance to Disabled Children for Aids and Appliances	DEPWD	1981
	DISHA	DEPWD	2017
Early Learning	Saksham Anganwadi and Mission POSHAN 2.0	MWCD	2021
	Samagra Shiksha Abhiyan	DSEL	2018
Safety & Security	Mission Vatsalya	MWCD	2021
	Beti Bachao Beti Pado (Mission Sambal)	MWCD	2015
Responsive Caregiving	Mothers' Absolute Affection (MAA)	MoHFW	2016
	Family Participatory Care (FPC) in Special Newborn Care Units (SNCU)	MoHFW	2008
Enabling Environment-Supporting Care-givers Well-being	Janani Suraksha Yojana	MoHFW	2005
	Janani Shishu Suraksha Karyakram	MoHFW	2011
	Pradhan Mantri Surakshit Matritva Abhiyan	MoHFW	2016
	Anaemia Mukta Bharat Strategy	MoHFW	2018

ECD SPECIFIC			
Key Components	Schemes/Programmes	Ministries/ Departments	Year Launched
Enabling Environment-Supporting Care-givers Well-being	Lactation Management Centres	MoHFW	2023
	PALNA (Mission Samarthya)	MWCD	2022
	Creche facilities in Police force	MoHA	
	Pradhan Mantri Matru Vandana Yojana (Mission Samarthya)	MWCD	2017

Note: MoHFW – Ministry of Health and family Welfare, MWCD – Ministry of Women and Child Development, MoHA – Ministry of Home Affairs; DSEL – Department of School Education and Literacy, DEPWD – Department of Empowerment of Persons with Disabilities; Source: Collated by author

Table 3: Mapping of ECD sensitive schemes budgeted for by their implementing Ministries/ Department and the domain of intervention

ECD SENSITIVE		
Key Components	Schemes/Programmes	Ministries/ Departments
Safety & Security	Atal Mission for Rejuvenation and Urban Transformation (AMRUT)	MoHUA
Others	Gender Responsive Budgeting (Mission Samarthya)	MWCD
	Communication and Information Dissemination	MI&B
	National Informatics Centre	MEITY
	Aadhaar Seeding	MEITY

Note: MoHUA – Ministry of Housing and Urban Affairs, MI&B – Ministry of Information and Broadcasting, MEITY – Ministry of Electronics and Information Technology; Source: Collated by author

There is another set of ministries/ departments which are indirectly contributing to ECD or working in convergence with key ministries for ECD. However, due to paucity of disaggregated information and data, it is difficult to identify through which specific scheme the ECD-sensitive intervention is getting implemented, and hence difficult to estimate

the proportion of expenditure attributed to young children in these schemes. It is also difficult to determine the basis on which an apportionment could be made. However, it is important to identify these interventions and gather budgetary information from department officials in due course, for the purpose of ECD apportionment.

The following table outlines the relevant ministries/departments and the ECD-sensitive programmatic interventions which impact both mother and child but for which it is difficult to identify related budget lines as well as assign weights..

Table 4: *Ministries/Dept. whose spends on ECD-sensitive interventions cant be ascertained*

Ministry/Dept	Interventions
Ministry of Ayush	POSHAN Vatika with medicinal plant Regional meal planning Ayurvedic health and wellness centre
Ministry of Agriculture	Seeds for POSHAN Vatika Crop diversification
Department of Food and Public Distribution	Public distribution system
Ministry of Environment, Forest and Climate	Social forestry, trees suitable for agro-climatic zone for local fruits and vegetables; Reducing probability of pollution related death
Ministry of Fisheries, Animal Husbandry and Dairying	Poultry, Fish, Dairy in meal
Ministry of Home Affairs	Disaster Management Schemes
Ministry of Housing and Urban Affairs	Swachh Bharat Mission (U)
Ministry of Jal Shakti (Dept. of Drinking Water and Sanitation)	Jal Jeevan Mission Swachh Bharat Abhiyan (R)
Ministry of Panchayati Raj	Convergence with grassroot stakeholders, Poshan Panchayat, Village Health and Sanitation Committee, Village Child Protection Committee etc.
Ministry of Rural Development	Mahatma Gandhi National Rural Employment Guarantee Schemes (MGNREGS)

Role of Institutions

There are a number of autonomous bodies which play a vital role in the governance of ECD across various sectors. Key institutions include the National Council for Educational Research and Training (NCERT), the Central

Adoption Resource Authority (CARA), the National Institute of Public Cooperation and Child Development (NIPCCD) and the National Commission for Protection of Child Rights (NCPCR). These autonomous bodies

are major stakeholders in the government's functioning as they are engaged in diverse activities, ranging from formulating frameworks for policies, advocating policy documents, strengthening programme implementations, capacity building of

functionaries, designing curriculum, promoting research ecosystem, and overall protection of child rights for ensuring strong foundations for holistic development of children.

Table 5: Mapping institutions responsible for ECD-sensitive interventions

ECD SENSITIVE		
Institutions	Ministries	Key Interventions
CARA	MWCD	Responsible for the adoption of orphaned, abandoned, and surrendered children through its associated/ recognised adoption agencies, and mandated to monitor and regulate in-country and inter-country adoptions.
NCERT	MoE	Advises governments on policies and programmes for the qualitative improvement of learning, prepare curriculum, develop educational kits, and undertakes capacity building of functionaries etc.
NIPCCD	MWCD	Engaged in training and research, with significant emphasis on planning and designing curriculum for functionaries under Anganwadi services; capacity building of functionaries working under Juvenile Justice (JJ) System; research, documentation of good practices etc.
NCPCR	MWCD	Examines and reviews the safeguards provided by or under any law for the protection of child rights, and recommends measures for their effective implementation.

Note: MoE- Ministry of Education; Source: Collated by author

04

UNION GOVERNMENT'S PROVISIONING FOR ECD: A SNAPSHOT

A critical time to shape productivity is from birth to age five, when the brain develops rapidly to build the foundation of cognitive and character skills necessary for success in school, health, and life.

Expenditure on all the ECD-specific interventions and ECD-sensitive interventions (Figures 3, 4, and 5), implemented by the Union Government as central sector schemes or centrally sponsored schemes, collectively constitutes the total expenditure on ECD by the Union Government. The estimation shows an allocation of approximately Rs. 32,886 crores for ECD by the Union Government in 2024-25 (BE). This could be an under-estimation, as in the absence of disaggregated expenditure and administrative data, the analysis could not capture the ECD-sensitive spending of some of the departments (see Table 4).

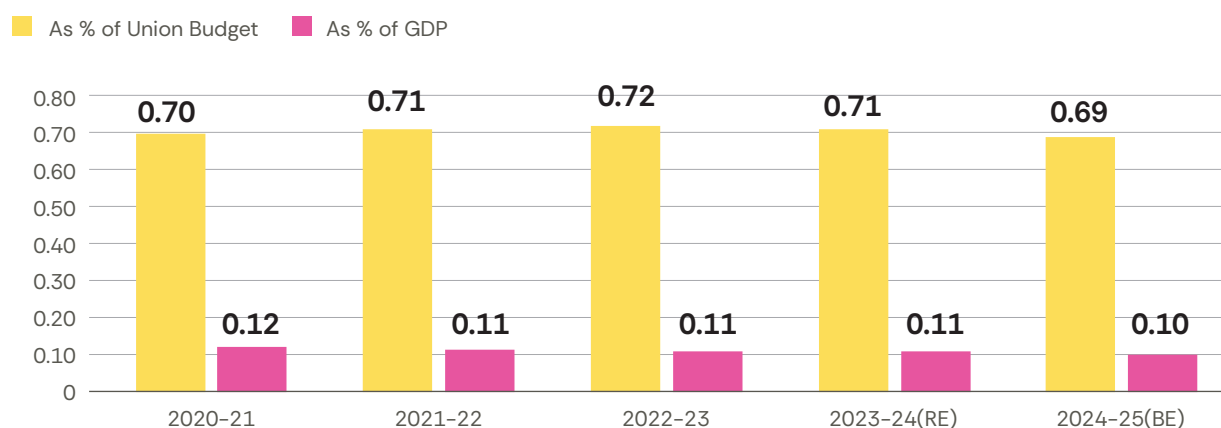
Converting this spending in terms of the Union Government's total expenditure and the country's Gross Domestic Product (GDP) (2024-25), shows that 0.7% of the Union Budget and 0.1% of GDP is allocated for ECD. As of 2021, the projected population of young children in India was 184 million (Population Projections for India and States 2011-2036, National Commission on Population,

Ministry of Health & Family Welfare). Based on the population projection, the per-child allocation for 2024-25 stands at Rs. 1,787.

A five-year expenditure analysis highlights a declining trend of expenditure over time. After the pandemic years (2020-21 and 2021-22), there was some improvement in expenditure on young children in 2022-23. However, there was a drop in the share allocated for children in the subsequent year 2023-24 (RE) followed by a further drop in 2024-25 (BE). These continuous reductions in expenditure are a serious concern, especially as it is well-established that the pandemic disrupted the development and growth of children across all key domains of human development.

A comparison of ECD expenditure with the spending reported in the Child Budget Statement (Statement 12) shows that, as of 2024-25 (BE), around 30% of the Union Government's spending on children's welfare is attributed to ECD.

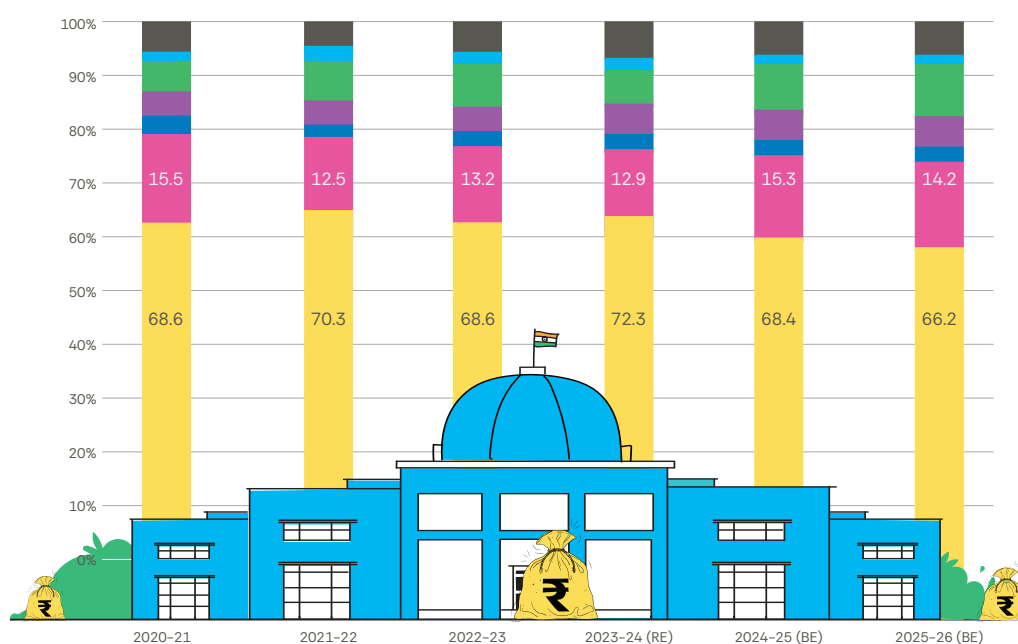
Figure 3: Union Government spending on ECD as % of Union budget and as % of GDP



Source: Author's calculation

Figure 4: Union Government expenditure on various interventions for ECD under broad heads (Rs. crores)

■ Nutrition
 ■ Health & responsive care giving
 ■ Early learning
 ■ Safety & protection
■ Support to working women
■ Communication & Awareness generation
■ Institution/statutory bodies



Source: Author's calculation

	2020-21	2021-22	2022-23	2023-24	2024-25 (RE)	2025-26 (BE)
Nutrition	16234	18382	19876	21810	20071	21960
Health & responsive care giving	3666	3271	3836	3883	4474	4695
Early learning	696	627	813	821	925	1031
Safety & protection	1029	1070	1135	1479	1613	1722
Support to working mothers	1179	1731	2145	1166	1030	2522
Communication & Awareness generation	408	678	703	553	539	501
Institutions/statutory bodies	461	388	474	450	687	723

The distribution of ECD expenditure (Figure 4) across the key components of the ECD Framework for Action shows that Nutrition always receives the maximum percentage of total ECD funding and it is never less than 66%. The allocation of the total expenditure of ECD on children and mothers' health, and responsive caregiving ranges from 12.5% to 15.5%. Support for working mothers, primarily for the welfare of their children in the form of creches, day-care facilities, etc. receives the next highest allocation ranging from approximately 7% to 12%. Safety and Security expenditure never exceeds 8% of the total expenditure. In spite of the acknowledgement of critical importance of early learning in the Foundational Stage the allocation to it remains in the low range of 3.5–4.5%.

The budget for health and responsive caregiving is merged because disaggregated level expenditure data is not available for the two interventions identified under 'Responsive Caregiving', namely Mothers' Absolute Affection (MAA) and Family Participatory Care

(FPC) both of which are financed through the National Health Mission (NHM) under its Reproductive, Maternal, Newborn, Child and Adolescent (RMNCH-A) health component. It would be useful to understand the financing pattern for both the interventions separately, because the two components of health and responsive caregiving are distinct conceptually, and in practice; they require completely unique interventions tailored to young childrens needs in distinct phases of early childhood. Based on the available information on responsive caregiving, it can be safely inferred that this component receives little or no dedicated attention in government programmes. The neglect of responsive caregiving in both programmes and budget has deleterious consequences for ECD, especially for children in the birth to 3 years age group, because care and stimulation through responsive caregiving are critical to cognitive and socio-emotional development of infants and toddlers.



05

UNION GOVERNMENT SPENDING ON ECD COMPONENTS: GAPS AND CHALLENGES

Overall spending by the Union Government on ECD provides a broad overview of the status and priority for ECD in terms of the financing strategy of the Union Government, and highlights the need for increased investment towards young children. However, it does not help identify specific resource gaps which need investment, nor does it indicate the areas of intervention in need of course correction.

This section discusses key schemes and programmes under each component of ECD in terms of allocation, spending patterns, unit costs, coverage, and gaps in programme implementation.

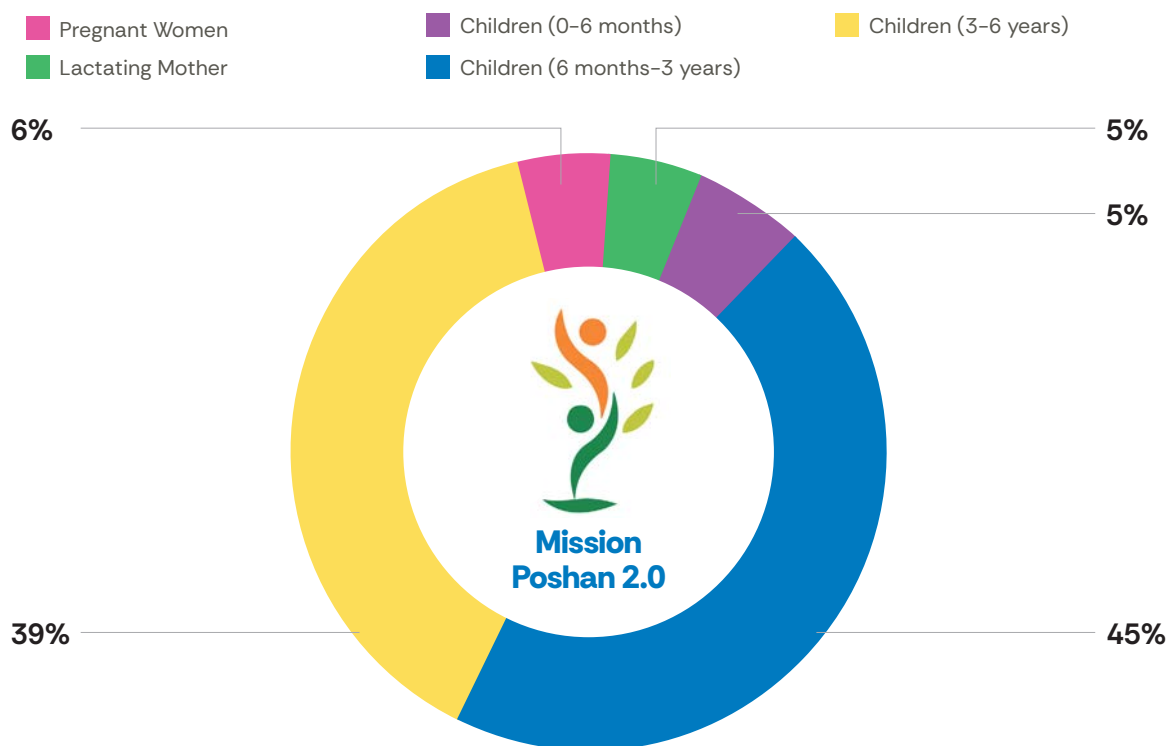
A Nutrition (Pregnant Women, Lactating Mothers, and Young Children)

Child undernutrition is a persistent challenge in India. This is undermining the progress towards wider human development goals. Malnutrition, caused by poor maternal nutrition and inadequate feeding practices, is a key factor for the high infant mortality rate in India. Undernutrition not only causes health problems for young children but also impairs cognitive development, thereby affecting their learning capacity. Global estimates indicate that the direct cost of child undernutrition is between \$20 to \$30 billion per year (Save the Children, 2010). India accounts for one-third of malnourished children globally. The estimated costs of malnutrition (both child and adult) to India are \$10 billion annually (Outreach International, 2024).

In 2021–22, the Ministry of Women and Child Development (MWCD) launched Mission

Poshan 2.0 (Saksham Anganwadi and POSHAN 2.0) to address the challenges of malnutrition among children, adolescent girls, pregnant women and lactating mothers. The mission seeks to improve outcomes through the convergence of nutrition-related initiatives. The Umbrella Integrated Child Development Services (ICDS)–Anganwadi Services, Prime Minister’s Overarching Scheme for Holistic Nourishment Abhiyaan (POSHAN), and the Scheme for Adolescent Girls come under Mission POSHAN 2.0. The three verticals that form the backbone of Mission POSHAN 2.0 are Nutrition Support for POSHAN and Adolescent Girls, Early Childhood Care and Education (3–6 years), and Anganwadi infrastructure, including modern upgraded Saksham Anganwadis. Figure 5 below presents the distribution of beneficiaries under Mission POSHAN 2.0.



Figure 5: Distribution of beneficiaries under Mission Poshan 2.0 (excluding adolescent girls)

Source: POSHAN Tracker, accessed in November, 2024

As per the November 2024 data on POSHAN Tracker, 88.2 million children (0-6 years) are enrolled in Anganwadis, i.e, approximately

48% of the young children

(as projected for 2021 by MoHFW) are getting covered under the Mission POSHAN 2.0



Of these, 85.4 million children (97%) were measured on growth parameters. The POSHAN Tracker data showed that 37% of these young children are stunted and 17% are underweight. The continued prevalence of such high levels of undernutrition clearly demonstrates the urgent need for more effective implementation of the scheme.

The implementation period for this restructured scheme aligns with the 15th Finance Commission (FC) period (2021–22 to 2025–26), and the total financial implication of Rs.1,81,703 crores was estimated, comprising Rs. 1,02,031 crores as the Central Government's share (Loksabha, 2023).

Table 6: Union Government spending on Saksham Anganwadi & Poshan 2.0 (Rs. crore)

	2021-22(A)	2022-23(A)	2023-24(RE)	2024-25(BE)	Total	15th FC commitment	% expenditure incurred
Saksham Anganwadi and POSHAN 2.0 (Umbrella ICDS - Anganwadi Services, POSHAN Abhiyan, and Scheme for Adolescent Girls)	18382	19876	21523	21200	80981	102031	79%

Source: Union Budget, various years

In the first four years of the 15th FC, expenditure under the scheme totalled Rs. 80,981 crores, that is 79% of the 15th FC financial commitment (Table 6). It could be inferred that the expenditure under the scheme is in tune with the commitment, as only 21% needs to be spent in 2025–26. However, there could be a bit of change in this utilisation rate as the data available for 2023–24 and 2024–25 are revised estimates and budget estimates, and not the actual expenditure. However, a better utilisation of allocated funds does not always guarantee desired outcomes, and a further

analysis shows significant challenges in implementation.

The Supplementary Nutrition Programme (SNP) is the core of Mission POSHAN 2.0. The Guidelines suggest that Supplementary Nutrition shall be served for a minimum of 300 days in a calendar year, averaging 25 days per month with Morning Snacks, Hot Cooked Meals (HCM) and Take-Home Ration (THR). A ballpark estimate of the resource requirement for SNP, based on the POSHAN Tracker data, shows a need for Rs. 23,363 crores allocation to provide nutrition to young

children (Table 7). Given the fund sharing pattern for SNP across states, at least 70% of this fund, approximately Rs. 16,345 crores should be released by the Centre. However, in 2024-25, the allocation for the entire scheme for Mission POSHAN 2.0 stands at Rs. 21,200 crores. Given that Mission

POSHAN 2.0 includes POSHAN Abhiyan health interventions such as immunisations, antenatal care, institutional birth, etc., and Jan Andolan, as well as Saksham Anganwadi components, it is highly unlikely that the SNP component received funding anywhere close to what is required under the Guidelines.

Table 7: Estimation of resource requirement for SNP (excluding adolescent girls) in POSHAN 2.0

SNP calculation				
	No.	Unit Cost/Day (Rs.)	No. of Days / Year	Total Cost (Rs. crore)
Severely Malnourished children (6 months -6 years)	1676002	12	300	603
SNP for Normal Growth Children (6-72 months)	82124095	8	300	19710
SNP for Pregnant Women and Lactating Mothers	10701847	9.5	300	3050
				23363

Note: 1.9% of children aged 6 months to 6 years are severely malnourished (PIB, 2024), which constitutes 0.16 crores children
Source: Author's calculation based on POSHAN Tracker data as of 30th November, 2024.

Despite the government having identified malnutrition as a high-priority area of intervention, the flagship programme for providing nutrition to children and mothers remains grossly underfunded; this requires urgent rectification.

E Early Learning (Children Aged 3–6 Years)

Sustainable Development Goal (SDG) 4.2 aims to ensure that, by 2030, all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. The India Early Childhood Education Impact (IECEI) study highlighted the need to consider children up to the age of 8 years or up to Grade 2 as the Foundational Stage of school education. The National Education Policy (NEP) 2020 includes the Foundational Stage as part of early learning in order to rectify the low learning levels across the school system. Further, the National Education Policy (NEP) 2020 has recommended the inclusion of

children aged 3–6 years within the school education system, and the universalisation of pre-primary education and foundational learning up to Grade II by 2030. These decisions emerge from the critical importance of the early years in laying the foundation for lifelong learning and development.

However, the current Early Childhood Education (ECE) system in India remains under-planned and chronically underfunded. Government-supported ECE services are provided through two major channels: 1. Anganwadi Centres and 2. Pre-schools/Pre-primary sections in schools.

Anganwadi Services

Anganwadi Centres (AWC) are community-based early childhood development centres administered by the Department of Women and Child Development/Social Welfare Department of each state as part of the Integrated Child Development Services (ICDS) programme. The Ministry of Women and Child Development (MWCD) tasked with the development and welfare of children from birth to six years has launched the “Navchetna- National Framework for Early Childhood Stimulation for Children from Birth to Three Years, 2024” and “Aadharshila- National Curriculum for Early Childhood Care and Education for Children from Three to Six Years 2024” to ensure optimal learning for all children. Aadharshila aims to improve the quality of Early Childhood Education



(ECE) transacted at AWCs by prioritising competency-based lesson plans and nearly 150 activities covering all learning domains; it has a special focus on children with disabilities. However, there are no separate budget heads available for the interventions in ECE under MWCD. Therefore, the section below is restricted to the analysis of funding for the infrastructure and modernisation of Anganwadis, for which information is available.

While Mission POSHAN 2.0 recognises Early Childhood Education (ECE) as a key component of the Anganwadi Services

Scheme, as noted by the ECCE Taskforce (2022), (lack of) its provision has been its weakest feature. The Mission POSHAN 2.0 budget does not provide disaggregated data on allocation to the Umbrella ICDS or Saksham Anganwadi. Further, although the funds for the Saksham Anganwadi budget cover early learning, there are no separate funds marked for it. Therefore, it is not possible to analyse the current allocation or adequacy of funds for early learning through the AWCs.

Saksham Anganwadi

At present, the Guidelines for Saksham Anganwadi suggest a unit cost of Rs.3,000 per AWC once every five years and Rs. 1,000 per AWC per annum for 4 years for the pre-school component under Mission POSHAN 2.0. As per the scheme guidelines, under Saksham Anganwadi, 2 lakh AWCs at the rate of 40,000 AWCs per year shall be strengthened, upgraded and rejuvenated across the country to improve nutrition delivery. The cost norms decided for upgradation are Rs.1.00 lakh per government-owned AWCs of which Rs.75,000 per AWCs for 30,000 AWCs every year and Rs.1.00 lakh per AWC for 10,000 AWCs, which would also be provided with LED Screens. This would require an allocation of Rs.325 crores per year.

While the disaggregated data for Saksham Anganwadi is not available for 2024–25, the spending pattern for Saksham Anganwadi in 2022–23 and 2023–24 shows a lower unit cost assigned than those proposed in the norms (Table 8). This under-allocation inevitably leads to fewer and poorer quality services. To ensure comprehensive services of good quality as per the norms, would be required. Approximately, 70% of this cost, i.e., Rs 227 crore is to be released by centre for the upgradation of 40,000 AWCs. However, this base amount was not released in 2022–23 or in 2023–24, although more than 40,000 AWCs were approved for upgradation in both years.

Table 8: Target and central release for Saksham Anganwadi

Central release	2022-23	2023-24
No. of AWCs approved for upgradation	41192	50916
Funds allocated for upgradation (Rs Crore)	213	314
Budget per AWC (Rs.)	51709	61670

Source: Lok Sabha starred question No. 277 answered on 09.08.2024

According to the Mission Saksham Anganwadi and POSHAN 2.0 Guidelines, a total of 50,000 AWCs (@ 10,000 AWCs per year) were to be constructed under convergence with MGNREGS for a five-year period ending FY 2025-26. The cost norm for the construction of Anganwadi Centres (AWCs) under convergence with MGNREGS is Rs. 12 lakh per

AWC, wherein Rs.8 lakh would be provided under MGNREGS, Rs.2.00 lakh under the 15th FC (or other untied funds) and Rs.2.00 lakh by MWCD. This implies Rs.800 crores annually from MGNREGS to be spent on AWCs construction. However, as per the available data, in 2022-23, only Rs. 253 crores, i.e 31.6% of the requirement was allocated.

Table 9: Fund released by Union Government for construction of Anganwadi Centres (AWCs) under MGNREGS (Rs. crore)

	2020-21	2021-22	2022-23	2023-24
Funds Released	NA	1297	252.5	NA
No. of AWCs Constructed	NA	57021	18819	NA

Source: Lok Sabha starred question No. 240 to be answered on 04.08.2023

Pre-schools/Pre-primary Sections in Schools

Preschools and pre-primary sections in schools are administered by the Department of Education in each state, largely as part of the Samagra Shiksha Abhiyan (SMSA).

For pre-primary education, all government schools are supported as per the financial norms under the Early Childhood Care and Education (ECCE) component under SMSA, which are as follows:



Recurring Grant, including manpower deployment and other teaching learning

aids/materials up to Rs.2 lakh per school per annum for pre-primary sections in government primary schools.



Provision up to Rs.500 per child per annum for pre-primary sections in government schools.



Non-recurring grant up to Rs.1 lakh per school for Bala features, child-friendly furniture, outdoor play materials, etc., for pre-primary sections in government schools and co-located Anganwadis (once in 5 years)²

Table 10: Percentage of rural children aged 3 to 6 enrolled in pre-schools and schools, by type 2022

Age	Pre-School			School			Not in Pre-school
	Anganwadi	Government Pre-primary	Private LKG/UKG	Government	Private	Other	
3	66.8	1.3	7.7	1.9	0.6	0.1	21.7
4	61.2	2.7	18.1	3.8	1.8	0.1	12.3
5	35.3	3.4	23.4	24.6	7.3	0.4	5.5
6	8.2	2.1	13.8	57.1	15.7	0.5	2.6

Note: LKG = Lower Kindergarten. UKG = Upper Kindergarten. Given education policies, three-year-olds can be in multi-grade classrooms in school; Source: ASER, 2023.

2. Note that these colocated Anganwadis are distinct from the Anganwadi Centres (AWCs) run by MWCD

As per UDISE+ 2021-22, there are

374027

Primary Schools



188145

**government
Primary Schools
having Pre-
Primary Section.**



The data also shows that of the new admission in Class I, only 23% of children have pre-school experience from AWCs, and the

share is 31% in government and government-aided schools. These children come under the purview of the Department of School Education and Literacy (DSEL) and are covered by Samagra Shiksha Abhiyan (SMSA).

The Project Approval Board (PAB) meeting minutes of SMSA show that the approved ECCE outlay is around 4% of the total SMSA allocated outlay in 2024-25, of which 60% would be central outlay, i.e. 2.48% of total SMSA outlay. However, the disaggregated expenditure data for ECCE under SMSA is not available in the public domain. Hence, to arrive at the expenditure on ECCE under SMSA, the total SMSA expenditure is apportioned based on the pattern observed in the approved outlay for SMSA by PAB.

Table 11: Estimation of expenditure for ECCE under Samagra Shiksha Abhiyan (SMSA) (Rs. crore)

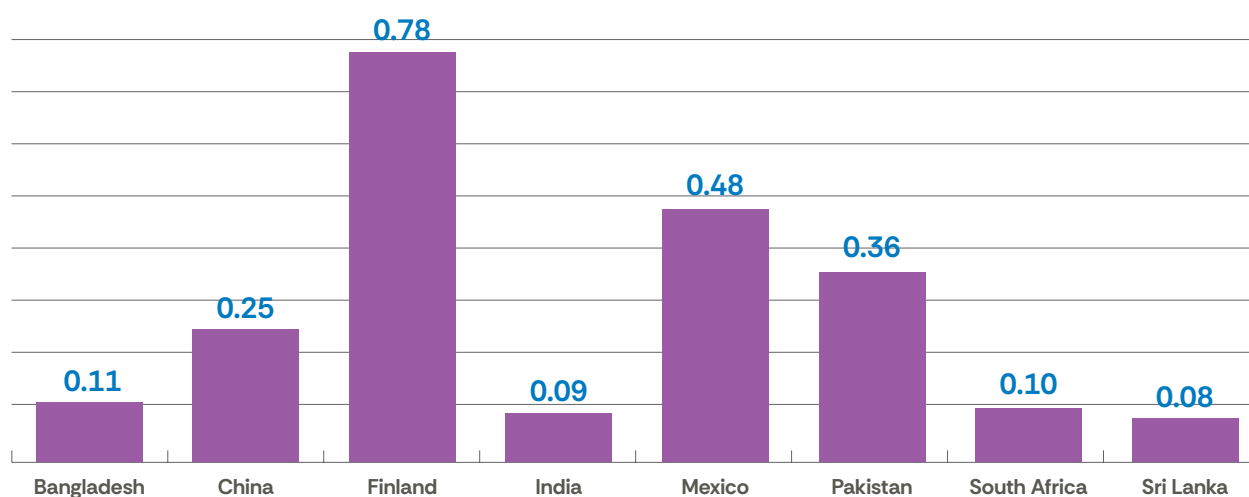
	2020-21	2021-22	2022-23	2023-24(RE)	2024-25(BE)
Samagra Shiksha Abhiyan (SMSA) (Rs. crore)	27835	25061	32515	33000	37500
Expenditure on ECCE (% SMSA Approved Outlay for Centre @2.5%)	696	627	813	825	938

Source: Author's calculation based on Union Budget document and samagra PAB meeting minutes

The draft NEP 2016 had suggested an estimate of 1.4% of total government (Centre and States combined) expenditure per annum for the universalisation of ECE and another 0.6% of total government expenditure as a one-time investment for expansion and improvement of ECE centres, although this is not part of the final policy document. The

ECCE Taskforce 2022 recommended an additional Rs. 9,800 crores per year, with a central share of Rs. 5,880 crores on a 60:40 sharing basis. However, it is evident that the current spending of Rs. 938 crores in 2024–25 through SMSA on the ECE component falls significantly short of the above-stated estimated budget.

Figure 6: Public expenditure on pre-primary education as % of GDP (2020) of some countries



Note: Public expenditure on early childhood education covers all public spending (in cash or in kind) towards pre-primary education services (including kindergarten and day-care centres, which usually provide educational content as well as traditional care for children aged 3 to 5+); the Bangladesh figure is for 2022
Source: UIS database accessed as on 10th Nov, 2024

Figure 6 shows government financing of ECCE in India in comparison with other low-, middle- and high-income countries. While the figures are not strictly comparable, they provide insight into India's position in the ECCE expenditure pecking order. India is home to 99 million children aged 3 to 6 years (Census

2011), far more than any other country in the comparison, and spends only 0.09 % of its GDP on ECE, reflecting a significant under-allocation. In contrast, countries such as Finland, often considered global leaders in Early Childhood Development, spend around 0.8% of GDP on ECCE.

Child Health and Responsive Care Giving

The Ministry of Health and Family Welfare (MoHFW)'s interventions in child health largely come through the Reproductive and Child Health (RCH) programme, including the Routine Immunisation Programme, Pulse Polio Immunisation Programme and National Iodine Deficiency Disorders Control Programme (Table 2) under the National Health Mission (NHM) Flexi-pool. The Family Participatory Care (FPC) implemented by MoHFW under the Reproductive Maternal Newborn Child and Adolescent Health plus (RCMNH+) component of NHM flexi-pool head contributes to responsive caregiving. However, separate budget heads of interventions related to child health, nutrition and responsive caregiving under NHM are not available.



Table 12: Union Government spending on health interventions for ECD (Rs. crore)

	2020-21	2021-22	2022-23	2023-24 (RE)	2024-25 (BE)
Manufacture of Sera and BCG Vaccine	57	79	153	99	125
Kalawati Saran Children's Hospital	128	132	147	167	180
Child Care Training Centre, Singur	21	21	23	25	30
Flexible Pool for NHM, NRHM-RCH, NUHM, Health System Strengthening, Family Welfare Central Sector, Communicable Diseases and Non-Communicable Diseases	3441	3019	3489	3367	4153
Total	3647	3252	3812	3659	4488

Source: Child Budget Statement, various years

In 2019-20,

Rs. 3175 crore
was spent on child health.

Although the Union Government increased spending during the COVID-19 years, soon after, in the post-pandemic year of 2023-24, only Rs. 3,659 crores was allocated. This was a mere 16% increase from the Rs. 3,175 crores allocated in 2019-20, four years earlier.

Added to this, the percentage of funding for the National Health Mission (NHM)–the active healthcare component –in the budget of MoHFW has declined from 51% in 2021-22 to 41% in 2024-25 (Gopal,2025). This declining

level of funding is likely to have led to a reduced level of funding for the health of young children as well.

The health needs of children with disabilities are addressed by the Department of Empowerment of Persons with Disabilities (DEPwD) under the Ministry of Social Justice and Empowerment. Two major programmes implemented by the DEPwD are 'Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP)', and the Disha scheme under the National Trust Act. ADIP aims to address Persons with Disabilities (PwD) by supporting them with assistive aids and appliances. The Child Budget Statement reports spending of the DEPwD on all children, and thus in the absence of age-disaggregated data for disabled children, it is difficult to assign the weight for expenditure on 0-6 years old children. Hence, the total budget for aids and appliances for children has been considered for apportionment purposes in Table 13.

Table 13: Union Government spending on Aids and Appliances for children (Rs. crore)

	2020-21	2021-22	2022-23	2023-24(RE)	2024-25(BE)
Aids and appliances	18.91	19.87	24.22	30.5	31.5

Source: Union Budget document, various years

The key objective of the Disha scheme is to identify and train children with disabilities for school readiness in the age group from birth to 10 years. Disha Centres provide early intervention through therapies, training and support to family members. The National Trust Act for early intervention and school readiness spent Rs. 1.84 crores for 327

children with disabilities through 33 Disha Centres in the Financial Year 2022-23 (National Trust, Annual report, 2023-24). However, there is no recent data available for spending under the Disha scheme.

The current health expenditure of Rs. 272 per child by MoHFW in 2024-25 (Budget

Estimates), is grossly inadequate to meet the diverse and intensive needs of inclusive early childhood development. India risks falling short of its commitments under the Sustainable Development Goal (SDG) 3 without a substantial increase in investment. Despite the crucial importance of early intervention, budgets for children with disabilities remain significantly low. Limited

funding restricts access to specialised services, therapies, and inclusive education, especially during the formative developmental years. This underinvestment undermines the effectiveness of initiatives like the Disha Scheme and poses a major barrier to achieving inclusive growth and equal opportunities for all young children.

Child Safety and Security

While India is committed to upholding the rights of children, not all children enjoy optimum safety and security. There are around 29.6 million stranded, orphaned and abandoned children in India (UNICEF, 2016). According to a 2016 report, 'Status of Children in Urban India, 7.8 million children aged 0 to 6 years (out of 128.5 million children) reside in informal settlements with poor living conditions (NIUA, 2016). India reported a 26% increase in crimes against children over the last two years, as per the National Crime Records Bureau report 2022 (NCRB, 2023). Many children continue to face neglect and abuse. The prevalence of all forms of child abuse is extremely high in India (physical abuse 66%, sexual abuse 50% and emotional abuse 50%), as reported in a Government of India Survey (MWCD, 2007). The vulnerable population include urban underprivileged groups, migrant communities, and rural populations. In large cities, street

children and child labourers are at risk, along with children affected by disasters, those in conflict zones, refugees, HIV/AIDS, and children with disabilities.

[Mission Vatsalya is a Centrally Sponsored Scheme that delivers services for Children in Need of Care and Protection \(CNCP\) and Children in Conflict with Law \(CCL\) through Institutional Care and Non-Institutional Care. Adoption is a preferred form of care for CNCP in the 0–6 age group. and they are placed in a Specialised Adoption Agency \(SSA\) for this purpose. As of October 2024, there were 34,756 children aged 0–6 years eligible for adoption in SAAs \(Mission Vatsalya Dashboard\). However, according to CARA, only about 3000–4000 children get adopted annually; the figure was 4,029 in 2023–24 including both in-country and inter-country adoption \(CARINGS, accessed as of 20th Nov, 2024\).](#)

The Expenditure Finance Committee (EFC) did an appraisal of Mission Vatsalya for the 15th Finance Commission (FC) period (2020-21 to 2025-26). The total financial

commitment is Rs. 10,916.42 crores for this period, with the Central share at Rs. 6,927.90 crores and the State share at Rs. 3988.52 crores (PIB, 2022).

Table 14: Union Government spending on Mission Vatsalya (Rs. Crore)

	2020-21	15th FC period (2021-22 to 2025-26)				Commitment for the 15th FC period	Total spending for 4 years of 15th FC
		2021-22	2022-23	2023-24(RE)	2024-25 (BE)		
Mission Vatsalya	847	761	1043	1272	1472	6928	4548 (66%)

Source: Union Budget, Various years

In the first four years of Finance Commission period, only 66% of the estimated expenditure on Mission Vatsalya was spent by the Union Government. Union Govt needs to allocate 34% or above (given the possibility that in 2023-24 and 2024-25 actual expenditure could be lower) in 2025-26, to be in line with the estimates; this seems difficult given the current utilisation pattern.



Beti Bachao Beti Padhao (BBBP)

The Beti Bachao Beti Padhao (BBBP) scheme aims to address the issue of the declining female child sex ratio through national awareness campaigns. The scheme focuses on key ECD interventions, including increasing sex ratio at birth, reducing under-five child

mortality, increasing institutional deliveries, providing girls toilets, and creating awareness about the POCSO Act. Initially the scheme focused on multi-sectoral interventions in 405 selected districts with a low child sex ratio but later was expanded to cover all districts.

The Central Government had estimated a release of

Rs. 1,110

for BBBP during the 15th Finance Commission (FC) period. Despite the expansion of the scheme to all districts across the country, the fund utilisation remained very low - only 60% of the estimated budget was spent in the first four years of the 15th FC.

Table 15: Union Government spending on Beti Bachao Beti Padhao (BBBP) (Rs. crore)

	2020-21	15th FC period (2021-22 to 2025-26)				Commitment for the 15th FC period	Total spending for 4 years of 15th FC
		2021-22	2022-23	2023-24(RE)	2024-25 (BE)		
Mission SAMBAL (Beti Bachao Beti Padao)	61	59	92	222	222	1110	656 (59%)

Source: Union Budget, Various years

As per the ECD Framework for Action, the creation of a safe city, public space and access to drinking water and sanitation are also integral components of safety and security. While a number of schemes are implemented by the Union Government in this direction (Table 4), the disaggregated expenditure for young children is not

available for most of the schemes. Only the expenditure reported for Atal Mission for Rejuvenation and Urban Transformation (AMRUT) by Ministry of Housing and Urban Affairs (MoHUA) in the Child Budget Statement (CBS) has been considered under the safety component for the estimation.

Support to Working Mothers

The erstwhile scheme of 'Mission for Protection and Empowerment of Women' has been revamped and brought under the umbrella scheme of Mission Shakti from the year 2021-22. Mission SAMARTHYA, a sub-scheme of Mission Shakti focuses on women empowerment. Shakti Sadan, Sakhi Niwas, Palna, Pradhan Mantri Matru Vandana Yojana, National Hub for Women Empowerment, Gender Budgeting, Research/Skilling/Training/Media Advocacy have been merged under Mission Samarthya.

PALNA, PMMMVY and Sakhi Niwas,

the three key programmes, vital to fostering an enabling environment for ECD, constitute more than 97% budget under Mission Samarthya.

Table 16: Financial commitment for schemes under Mission Samarthya during 15th FC period

	2021-22	2022-23	2023-24	2024-25	2025-26	Total cost up to 2025-26	Union Govt. share	% of Total Share
Palna	53	75	104	133	161	526	355	67.5
Sakhi Niwas	83	66	71	77	53	350	236	67.4
PMMVY	2630	2630	2630	2630	2630	13150	8876	67.5
Mission Samarthya	3499	3447	3491	3540	3569	17546	12318	70.2

Source: Department related Parliamentary Standing Committee Report, MWCD, 2023

Table 17: Union Government spending on Mission Samarthya (Rs. Crore)

	2021-22	2022-23	2023-24 (RE)	2024-25 (BE)	Total spending up to 2024-25 (BE)	Allocation required for 2025-26 to match financial commitment
Mission Samarthya	1729	2145	1864	2517	8255 (67%)	4063

Source: Union Govt. Budget documents, various years

In the absence of disaggregated budget data for each sub-scheme under Mission

Samarthya, it is not possible to comment on the extent of under-allocation.



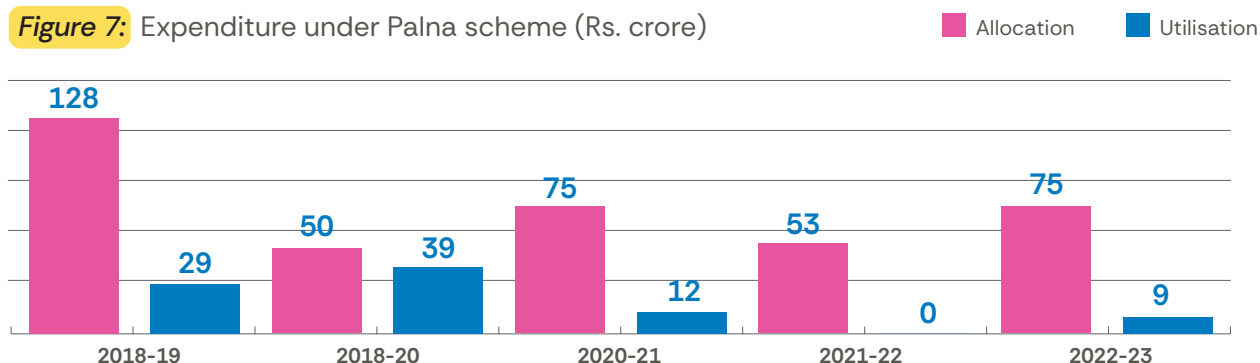
PALNA, under Mission Shakti, provides day care facilities and protection to children aged 6 months to 6 years. Under PALNA, MWCD has extended free childcare services through Anganwadi-cum-Crèches (AWCCs). The objective of PALNA is to provide quality creche facilities in a safe and secure environment for children (6 months – 6 years), nutritional support, health and cognitive development of children, growth monitoring, immunisation and pre-primary education.

Under the PALNA component, 17,000 AWCCs and 170 standalone creches were planned to be set up by 2025–26 across the country, in convergence with Mission Saksham Anganwadi

and POSHAN 2.0. The majority of states, however, prefer to run AWCCs over stand-alone crèches as it increases their financial, human resources and administrative burden (NITI Aayog). The Expenditure Finance Committee for Mission Shakti recommended that creches may be merged with the nearest Anganwadi Centres (AWCs) and operated as (Anganwadi-cum-Crèches) AWCCs. The government has made provisions for two additional staff in AWCC (one Creche Worker and one Creche Helper) in addition to the already existing Anganwadi Worker (AWW) and Anganwadi Helper (AWH). As of 2024, there are only 1,918 creches operational under PALNA, covering 39,128 children. These constitute 12% of the 17,170 creches planned to be set up by 2025–26 under the PALNA scheme, and it appears unlikely that the rest will be set up in the next two years.

Financial Assistance under PALNA

A recurring grant of Rs. 152,600 per annum is provided to a crèche serving 25 children. Besides, there is the provision of Rs. 10,000 at the start of every new crèche, with a subsequent grant of Rs. 5,000 at five-year intervals for replacing or purchasing new equipment/furniture, water filters, etc. However, the expenditure data available for PALNA up to 2022–23 (see Fig. 7 below) shows significant under-utilisation of resources and demonstrates the need to overhaul the implementation of the scheme, given the criticality of the scheme for ECD and the support it offers to parents of young children.

Figure 7: Expenditure under Palna scheme (Rs. crore)

Source: Lok Sabha, 2023



PMMVY: Maternity benefit programme

The Pradhan Mantri Matru Vandana Yojana (PMMVY) is designed for pregnant women and lactating mothers aged 19 and above to compensate for loss of wages due to pregnancy and childbirth and to promote health-seeking behaviour. Under PMMVY 2.0, all eligible beneficiaries are entitled to

maternity benefits under the scheme for two living children, provided the second child is a girl child. Through this provision, the scheme seeks to improve the child sex ratio. The phase II of the programme witnessed modification in terms of cash incentive for the first child; the cash incentive of Rs. 5,000 is provided in two instalments. For the second child, a benefit of Rs.6,000 is provided in one instalment.

Table 18: Central Share of funds released during the last four years under PMMVY (Rs. crore)

	2019-20	2020-21	2021-22	2022-23	2023-24
PMMVY	2203	1079	1628	1988	2068

Source: Lok Sabha unstarred question no. 244 answered on 21.07.2023

As per the POSHAN tracker (April 2023), the number of pregnant women and lactating mothers was 65,94,190. A ballpark estimation of resource requirements, assuming one live birth for the first child with a cash incentive of Rs. 5,000 shows a need for Rs. 3,297

crores. However, the expenditure under the scheme falls short of this need. Clearly, the Union Budget is failing to provide even basic maternity benefits to a substantial number of mothers.



Sakhi Niwas

Sakhi Niwas, earlier known as the Working Women's Hostel, is a demand-driven scheme. It is meant to promote the availability of safe and conveniently located accommodation for working women, with day-care facilities for their children. The Sakhi Niwas' are to be located as per local needs and requirements of the States/UTs in urban, semi-urban, and rural areas where employment opportunities for women exist. The states and UTs are provided financial assistance for running Sakhi Niwas as per the demand. While in the Financial Year (FY) 2024-2025 Rs.5,000

crores was allocated for construction of Working Women Hostel (WWHs) to 28 states, these funds were not from Mission Shakti but under the Scheme for Special Assistance to States for Capital Investment (PIB Release 2025). There are 494 functional Working Women's Hostels in the country, with day-care facilities for children.

The discussion above was based on data sourced from the Mission Samarthya and other government departments' budgets. The closer look indicates an inefficient utilisation of funds under each subscheme, and underscores the challenges faced by each subscheme.

Others (Communication & Awareness)

Creating an enabling environment for ECD requires the active participation of parents, community members, and other stakeholders. This also needs generating awareness and capacity building of different stakeholders about ECD and the various schemes and programmes contributing towards system strengthening and family strengthening. The Ministry of Information and Broadcasting (MI&B) and the Ministry of Electronics and Information Technology (MEITY), through different programmes, contribute towards this objective. The following ECD-sensitive schemes have been accounted for in estimating the Union Government's ECD spending.



Ministry/Department

Ministry of Information & Broadcasting (MI&B)

Programme/scheme

- Development Communication and Information Dissemination
- Exhibition of Children Films in Schools

Objective

To generate awareness in citizens about various schemes and programs of the Government to enable the target beneficiaries to avail benefits of the developmental schemes.

Ministry of Electronics and Information Technology (MEITY)

Programme/scheme

- National Informatics Centre
- Aadhaar Seeding

Objective

To develop MIS, dashboard for programmes/ schemes Beneficiary identification.

As there is no minimum age for Aadhar seeding, even a newborn can be issued an Aadhar card. Hence, the total expenditure on UIADI is apportioned by the share of the young child population in India, which is 16%. The same ratio is applied for the development

of Management Information Systems (MIS) and dashboards, as young children are registered under various schemes, and there is a need to maintain MIS by each department for planning, budgeting and monitoring purposes.

Table 19: Union Government expenditure on communication and awareness (Rs. crore)

	2020-21	2021-22	2022-23	2023-24(RE)	2024-25(BE)
MI&B	100	211	285	197	149
MEITY	307	467	418	377	383
Total	407	678	703	574	533

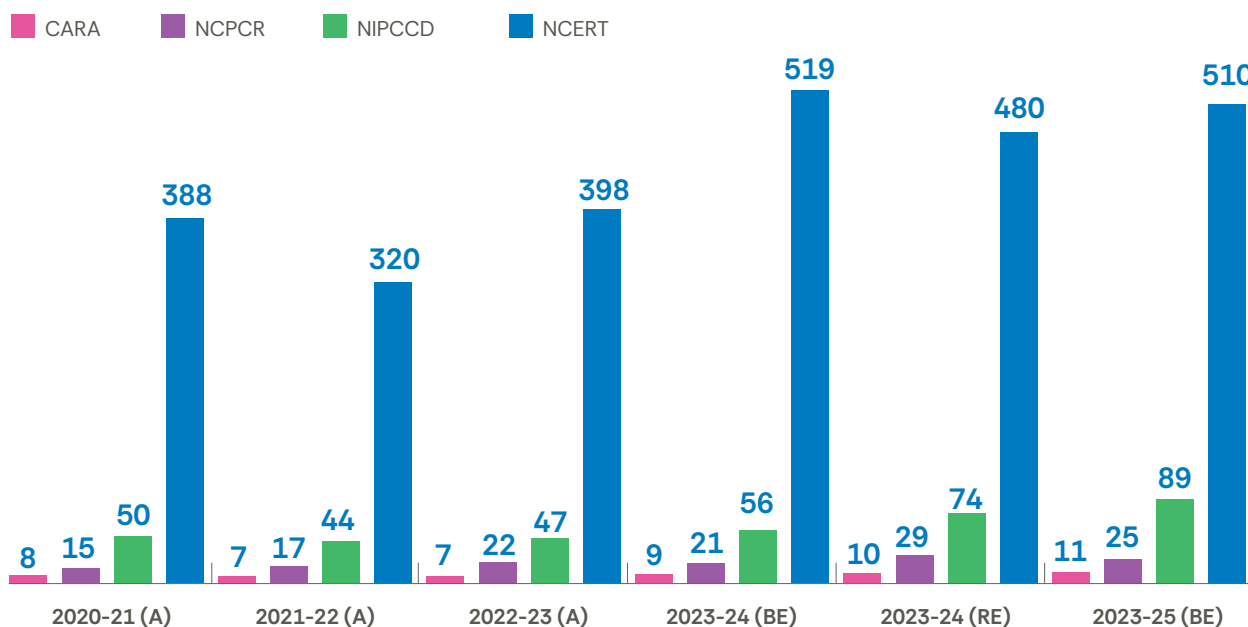
Source: Author's calculation based on Union Budget documents, various years

G Institutions

Institutions such as CARA, NCPCR, NIPCCD, and NCERT involved in ECD play complementary roles in ensuring the well-being and development of young children (See Table 5). While these institutions

collectively contribute to a holistic ECD framework in India, the expenditure on these institutions/autonomous bodies has remained largely stagnant (Fig. 8). However, post-COVID, some upward movement in spending is observed for NIPCCD and NCERT.

Figure 8: Union Government spending on key institutions responsible for ECD (Rs. Crore)

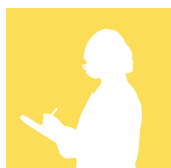


Source: Union Budget document, various years

The sections above have provided a comprehensive analysis of the spending across ministries, schemes and programmes despite severe data availability constraints. The pattern of spending across different programmes highlights a cycle of under-allocation followed by under-utilisation of funds. Together this results in poor implementation of programmes, which further leads to sub-optimal level outcomes.

Further, in order for the budget outlay to have maximum impact on the ground in strengthening ECD, greater attention is required in ECD Programme design, implementation, and budgetary allocation; to constraints and gaps in the governance of ECD public provisioning; and to critical social, cultural and economic elements in children's experience of early childhood. The following section discusses these issues.

Issues Impacting ECD requiring Policy Attention



Shortage of Human Resources

A high child-to-staff ratio is key to delivering quality childcare services. There should be some specified norms related to the child-staff ratio under different government programmes. For example, Finland has a 4:1 child-staff ratio for children less than three years and a 7:1 ratio for older children. No such aggregated figures are available for India (Kundu & Patil, 2023).

The Mission POSHAN 2.0 Guidelines do not specify any norms for the child-to-care worker ratio. However, as of 2024, 13,33,828 Anganwadi Workers (AWWs) and 11,64,178 Anganwadi Helpers (AWHs) are there to implement Mission POSHAN 2.0. This implies a child-AWW ratio of 66:1 and a child-AWH ratio of 76:1, which is well above most of the developing countries. Further, 3–6% of AWCs across states do not have any AWW assigned to them and the vacancies increase to 12% for AWC helpers. As per ICDS' Annual Programme Implementation Plan (APIP) 2023–24, there are 70,444 vacant AWW positions and 12,3,287 vacant AWH positions. As of March 2017, 39% of sanctioned positions for Child Development Project Officers and 35% of sanctioned positions for Supervisors were

vacant across the country.

There is an acute shortage of qualified pre-primary school teachers in India despite the critical role teachers play in nurturing young children. Around 1.1 lakh schools in India are single-teacher entities, most of which are primary schools. After the end of the 12th Five-Year Plan period in 2017–18, there is a decrease in the share of the Union Government on the salary component in most of the centrally sponsored schemes. This has made the situation of hiring an adequate number of teachers even more difficult, as the responsibility of recruitment is now on cash-strapped state governments.

The situation is worse when we examine human resources availability in programmes for health and safety services for young children. The Health Dynamics of India 2022–23 report by MoHFW shows that in rural Community Health Centres, there was a shortfall of 80.5% paediatricians, and 74.2% obstetricians and gynaecologists. On an average, the District Child Protection Officer, who is the nodal officer for implementing child protection schemes and initiatives has 69 children under his jurisdiction.

The problems due to shortage of human resources, are exacerbated by a lack of a professionally qualified workforce during

implementation of schemes at the ground level. ASHA and Anaganwadi workers, who are instrumental in the delivery of ECD services at the grassroots level, are not designated as formal workers and only receive honorarium. Many lack adequate education and training required for providing ECD services. Similarly about 41% of pre-primary teachers in government and government-aided schools are also underqualified.



Shortage of Infrastructure for ECD Services Especially in Urban Areas and Sparse/Tribal Areas

The Rapid Survey on children by MWCD, revealed that of the 1.4 million AWCs, 73% of children aged between three to six years of age in urban areas and 57% in rural areas, respectively, do not attend the pre-school services provided by AWCs. Only 10% of the AWCs are located in urban areas (MWCD, 2015) although 31.2% of the population resided in urban areas, as per Census 2011. Even where functional AWCs exist, most families utilise only the supplementary nutrition services of ICDS. The families refrain from sending their young children to the AWCs due to hindering factors like distance, lack of services and resource gap – 7% of mothers were unaware of the available facilities.

In case of early learning for 3–6 year olds in the AWCs and pre-primary schools, lack of adequate teaching and learning materials, growth charts, proper infrastructure, and personnel have been reported in various

studies. These facts indicate that there is an urgent need for stronger implementation and monitoring of Mission POSHAN 2.0.



Lack of Convergence among Departments and Actors

Various ministries and institutions address different aspects of children's education, care, health and safety. Mission POSHAN 2.0 Guidelines underscore the importance of convergence across sectors, departments and schemes for optimal utilisation of resources and effective implementation of interventions for young children. However, in reality, the ministries and departments often work in silos resulting in poor outcomes among young children in the critical domains of early childhood development.



Lack of Targeted Attention to Disadvantaged Children in Poverty, Scheduled Castes and Scheduled Tribes, and Vulnerable Backgrounds

The number of children under age five living in households in the bottom poorest percentile was approximately 27%, and in the top richest quintile was approximately 14% (Khan et al., 2024). Studies indicate that more than 33% of Indian children from birth to 5 years of age experience multidimensional poverty (Pradhan et al., 2023). Children (under age 5) in the poorest quintile are most affected by stunting (46%), underweight (43%), and

wasting (23%). The comparative numbers for all India averages are 35.5%, 32.1% and 19.3% respectively. As per the global Multidimensional Poverty Index (MPI) 2021, 50.3% of the Scheduled Tribes (STs) and 33.3% of the Scheduled Castes (SCs) live in poverty (UNDP, 2021). A study based on NFHS-5 data found that while the national incidence of Multidimensional Child Poverty in India is 32%, it is as high as 50% among STs and 37% among SCs.

However, social status is not the only factor that places young children in poverty, and neither is poverty the only factor that impedes the holistic development of children in early childhood. Other equally relevant factors include discrimination and exclusion due to gender inequality, geographical location, religious affiliation, and disability. In addition, children of stigmatised communities, migrant children, child labourers, children residing in slums, homeless children, children living on the streets, children in institutions, children of women-headed families, children in conflict zones and other young children face multiple risks. These risks include deprivation, neglect, abuse, violence and exploitation. These children reside in locales with poor hygiene and sanitation, making them vulnerable to infections. They often do not have access to clean water, sufficient food and proper nutrition. They do not have a safe and secure environment free from violence, abuse and exploitation. They do not have access to play areas, early learning and play materials, or ECCE centres. In order to prevent irreversible long-term damage to their physical, cognitive and emotional





development, these disadvantaged children require comprehensive, quality early childhood interventions that provide the multiplicity of components specified in the ECD Framework for Action for holistic development.



Impact of Gender Discrimination and Gender Inequality on ECD

A healthy child is the foundation of optimal outcomes in early childhood development, and the good nutritional and health status of a pregnant woman is critical for the birth of a healthy child. However, due to a deeply rooted patriarchy in India, girls are subjected to systematic gender discrimination and gender inequality from birth. Girls and women often face inequitable access to food, medicines and healthcare. The nutritional, physical and psychological health status of pregnant women and lactating mothers is often poor; malnourishment is prevalent, and more than half of pregnant women, 52.2% as per NFHS-5, are anaemic.

An overwhelming number of women workers (81.2%) are employed in the informal sector (ILO 2018), characterised by low wages, poor working conditions and an absence of social protections such as paid leave or maternity benefits. Therefore, these women workers whose incomes are critical for household survival, are unable to recover or rest during maternity and often have to return to work at the earliest possible time. Lactating women

are unable to follow the essential practice of only breastfeeding the child in the first six months required for an infant proper health.

Women from economically poor backgrounds suffer the triple burden of labour-domestic work, and care work (including for children and the elderly), and paid or unpaid work outside the household. The gender discriminatory division of labour within the household results in women spending four hours more than men on household tasks, and women spend 20% of their time in caregiving work compared to men's 3% (MOSPI, 2025).

The high burden of domestic work, care work and paid work leaves women with little time and energy to dedicate time for early childhood stimulation or responsible caregiving. Due to minimal paternal involvement in caregiving, children may not receive the attention and stimulation required for optimal early development.



Impact of Emerging Challenges on the Development of Young Children

In the new age era, children are exposed to a host of new threats linked to climate change, pollution, urbanisation, conflict, migration and inequality. Hence, their future is uncertain, and urgent action is needed to address these threats.

Children's lives today, and their future existence, are at risk from climate vulnerability, including greenhouse gas emissions, pollution, extreme weather events like floods, frequent heatwaves, and cyclones. Research identifies air pollution as the second leading risk factor for death among children under 5 (Roychowdhury, 2024). These factors contribute to water and food insecurity, emerging infectious diseases, and deterioration of both physical and mental health in children. Climate change is also impacting children's education. Climate-induced closure of schools and Anganwadi Centres and damage to infrastructure are hindering children's school attendance and learning opportunities, thereby widening the learning gaps (Kundu, 2023). Climate shock also results in the displacement of children from their homes. Displacement not only disrupts education, nutrition or health services for children, but it also generates a higher risk of becoming separated from their parents or caregivers, amplifying various other risks, including exploitation, child trafficking and abuse.

Urbanisation also presents another challenge for children. India has undergone a fast-paced urbanisation to the tune of 19.6% in the last decade. With growing urbanisation, the number of children living in urban areas is also increasing. According to a 2016 report, 'Status of Children in Urban India, 7.8 million children aged 0 to 6 years (out of 128.5 million children) reside in informal settlements with poor living conditions (NIUA, 2016). There

are 1,264 slums (both migratory and non-migratory) with 40% of children living in slum areas (Census 2011), and studies have shown that most often these children remain excluded from essential health services, safe drinking water, sanitation, and education.

According to the National Family and Health Survey (NFHS)-5 only

63.9%

of the urban poor children get fully immunized, 49.8% of urban poor under-five children were underweight.

To address the challenges that children face in cities, there is a need to incorporate a child-centric lens into urban planning, laws and standards for infrastructure, as well as the greening of urban spaces. Moreover, from the outset, policies must ensure that city action plans and infrastructure are climate resilient.

Recognising the hazards that children face and understanding their impact is critical to safeguarding the rights of children today and in the future. However, there is no clear policy priority for ECD, and budgetary commitments observed towards this end continue to be inadequate.



06

CONCLUDING OBSERVATIONS AND POLICY SUGGESTIONS

The current attempt to gauge the quantum of resources that Union Government is spending towards young children suggests that ECD sector is grossly underfunded and requires substantially more investment to achieve universal access and improved service quality.

The government, over the last decade, has instituted an array of policy and programmatic changes in education and health that impact young children. The NEP 2020 made a critical break from the past by establishing continuity between early learning and primary education, formulating a Foundational Stage of education from ages three to eight. The decades-old intervention targeting nutrition and health of young children, ICDS, was strengthened by bringing in convergence between nutrition and early learning and introducing technology for effective monitoring and improved outcomes. Clear Guidelines were established for providing funds for nutrition and early education. These changes, many hoped, were a harbinger for improved programmatic governance backed with budgetary resources. This study is an attempt to gauge the quantum of resources that the Union Government is spending towards young children. The findings and suggestions are summarised below.



BUDGET ALLOCATION FOR THE YOUNG CHILD

The budget analysis suggests that the ECD sector continues to be grossly underfunded and requires substantially more investment to achieve universal access and improved service quality. Compared to the average spending of 0.7% of GDP on ECD in OECD countries, where young children have access

to quality early childhood development, including care, early learning, and education, the Union Government spends only 0.1% of GDP. In absolute terms, the Union Government's total resource envelope is Rs. 32,886 crores for ECD. This allocation is very low for a country where 16% of the population is under six years of age, and the government is implementing several ECD-specific and ECD-sensitive schemes. The consequence of this insufficient allocation is that available resources are spread thinly across schemes, resulting in obstacles to effective implementation and desired outcomes.



ATTENTION TO INCLUSION OF DISADVANTAGED AND VULNERABLE CHILDREN

Targeted expenditure to address the requirements of ECD for such disadvantaged and vulnerable children is critical for achieving the SDGs on children and poverty. The analysis showed that only two schemes, which included services for children with disability, were woefully underfunded and lacked any special focus on young children. There was no information available on young girl children under the Beti Bachao Beti Padhao scheme. Moreover, there was no allocation in any budget heads for programmes or schemes for young children belonging to Dalit and indigenous groups, migrant children, or urban slum children.





STRENGTHENING ENABLING ENVIRONMENT FOR WOMEN AND FAMILIES OF YOUNG CHILDREN

There is widespread agreement that in order to achieve the increased labour force participation of women required for robust and rapid economic growth, it is essential to make provision for childcare support for families with young children, thus reducing women's work burden. However, the analysis reveals that the Union Budget spending is also low in enabling environment components, which are critical for families of young children. The gap between the allocation and requirement for the flagship programme for mothers (PMMVY) is Rs. 1,229 crores; more than one-third (37%). Further, it is of utmost concern that although the need for creches is very high not only is the budget allocated for PALNA low, but this paltry amount is going unspent. Even under the flagship programme of MNREGA, where the proportion of women workers is high, and which guarantees crèches for women workers with young children, there is a huge gap between avowed commitments and actual allocations. Unless the government adopts policies, institutes programmes and allocates resources that guarantee women's maternity rights, promote more equitable gender divisions of labour within the family, and takes responsibility for public provisioning of a sufficient number of good quality creches, day-care centres and pre-primary schools, young children will continue to be deprived of the multiplicity of inputs required for holistic ECD.



DISAGGREGATED DATA ON ECD

While it is relatively easier to map the ECD-specific programmes directly targeted for children and mothers, and consolidated expenditure incurred under these programmes, paucity of disaggregated data makes it extremely difficult to capture the proportion of expenditure for schemes targeting specific domains of ECD, young children in different age groups, and disadvantaged and vulnerable children. The problem is compounded in ECD-sensitive schemes because budgets for these groups are neither identified separately nor are apportioned by any clear parameters. It is crucial to have disaggregated data in budgets that corresponds to the critical domains of ECD Framework for Action, and for children in substages of early childhood, for efficient implementation, monitoring and improved outcomes in ECD.



STRENGTHENING DATA MANAGEMENT SYSTEM

The interventions for ECD vary across age groups, as from conception to 6 years, the needs of children are very specific. However,

there is a paucity of both physical and financial data for ECD-centric interventions by age. For example, although stimulation, early learning and responsible caregiving are critical for children from birth to three years, it was not possible to collate data for analysis on spending for these domains or for this age group from the currently available data. Therefore, for better planning and budgeting, there is an immediate need for strengthening the data management system. The government should allocate dedicated funds for collecting and maintaining data for substages of early childhood, and the domains of the ECD Framework for Action. Each department contributing to ECD should work towards real-time maintenance of information related to the type of interventions, targeted beneficiaries, coverage, budgetary interventions and outcomes. To start with, the Child Budget Statement of the Union Government could be revamped, and expenditure for each intervention could be reported under different age brackets and domains.



UPWARD REVISION OF UNIT COSTS OF COMPONENTS ASSOCIATED WITH ECD INTERVENTIONS

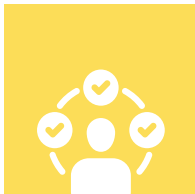
The prevailing unit costs within the government system are quite low compared to other service providers, and this has a direct link to outcomes. An effective implementation of Saksham Anganwadi

and POSHAN 2.0 requires an urgent revision of financial norms, including the payment of salary to the AWWs and AWHs, per-child spending on SNP, rental costs, and construction of AWCs. However, this programmatic gap continues from the ICDS, and the financial norms for the majority of the components have largely remained unchanged. The study highlights the urgent need for revisiting the financial norms proposed under Mission POSHAN 2.0, with an upward revision that should be inflation-indexed.



IMMEDIATE RECRUITMENT OF PROFESSIONALLY QUALIFIED STAFF IN VACANT POSTS, AND INVESTMENT IN CAPACITY BUILDING

Improving the quality of ECD provision requires professionalising the workforce. This suggests investing in salaries, training, and professional development. For early learning, there are variations in the qualification of ECCE teachers appointed and their salaries across schemes. The pay norms of ECCE teachers should be reviewed, as this is the most crucial stage of education. Training and capacity building of the childcare workforce and parents is extremely critical for responsive caregiving. The government should invest in the capacity building of professional caregivers as well as parents, especially in early stimulation programmes for children aged 0–3 years.



CONVERGENCE AMONG MINISTRIES BASED ON A HOLISTIC APPROACH TOWARDS ECD

ECD is not only about children but also about mothers and fathers, and adolescent girls and boys who are prospective parents. Interventions around health, education, nutrition and safety, targeted only to children, might not help in the growth and development of young children as they also need environmental stimulation. An enabling environment for families through access to basic services, creche facilities, ECD awareness and training to all family members and community including adolescent boys; healthcare, education, and nutritional support for adolescent girls and pregnant and lactating mothers; and maternity benefits for women is essential for successful ECD outcomes. Therefore, to achieve sustainable

outcomes and significant impact through ECD interventions, the government recognizing the multisectoral nature of ECD inputs must develop a well-defined process and structure to achieve convergence at the budgetary and implementation level across ministries and among departments and stakeholders.



COST ESTIMATION FOR UNIVERSALISATION OF ECD

It is imperative to draw a financial roadmap for the universal provision of quality ECD in India. While there is no financial benchmark for ECD outlined in any policy documents, various studies have tried to estimate the cost of quality childcare. It would be useful to define a financial benchmark for public investment on universalisation of ECD, likewise the benchmark of 6% of GDP for public education as recommended in the NEP 2020.



07

PROVISIONING FOR ECD AT STATE LEVEL: A CASE STUDY OF HARYANA

Public provisioning of ECD is largely premised within social sector fundings (Education, Health and Nutrition, Social Protection). These are largely part of State list and Concurrent lists as defined in the Seventh Schedule of Constitution of India.

Therefore, both the Union and State Governments share responsibility for financing ECD. As the majority of the social sector interventions come under the purview of the State List, States contribute a much higher resources towards social sectors than the Union Government. Moreover, after the 14th and 15th Finance Commissions' recommendations, the share of the States in tax devolution has increased. As the tax devolution comes with larger flexibility and greater autonomy to States, it is evident that many of the States actually spent part of these additional resources towards social sectors. Hence, the Union Government's spending on ECD presents only a partial picture. A state-level analysis can only reflect upon the States' priority towards ECD vis-à-vis the Union.

To understand how States are spending on the welfare of young children, a state-level analysis of ECD financing of Haryana as a sample

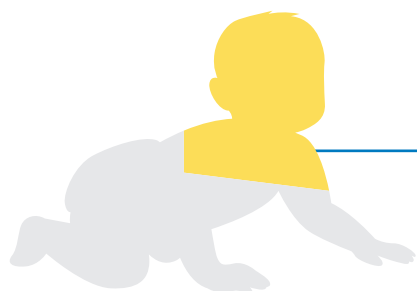
state has been carried out. The rationale for selecting Haryana is its recent progressive childcare policy. The Haryana State Policy on Early Childhood Development commits to implementing universal, comprehensive, and quality ECD services for all children (from birth 8 years of age) in the State, with a special focus on children from disadvantaged backgrounds and those in difficult or special circumstances. The Haryana government introduced the Haryana Creche Policy 2022 in 2023, the first such policy in the country. Ensuring a nurturing and inclusive environment, day-care facilities with sleeping arrangements, nutritious food, age-appropriate stimulation and learning materials, monitoring the growth of children, providing medical check-ups and immunisations, ensuring safety and security measures, and engagement of parents in the care process are the key elements in the policy.

State of Young Children and Mothers

Haryana is home to

3.4 million 0-6 years age group children

(Census 2011), which accounts for 14% of the state's population.

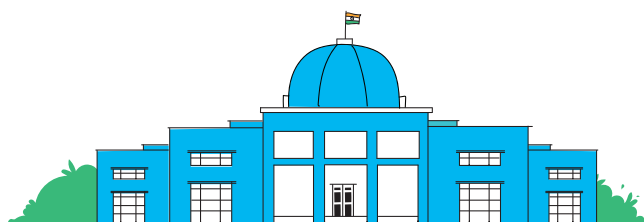


While there is improvement in nutritional and health outcomes of children in the State over the years, according to NFHS-5, in 2019–21, the Infant Mortality Rate (IMR) in Haryana is 33% and Under 5 Mortality Rate (U5MR) is 39%. Also, of all children under 5 27.5% are stunted, 11.5% are wasted, and 4.4% are severely malnourished, and more than 70% of children aged 6–59 months are anaemic. According to NFHS-5, in Haryana, breastfeeding within one hour was initiated by 41.6% of infants and 69% of infants of 0–6

months are exclusively breastfed. However, non-breastfeeding children aged 6–23 months receiving an adequate diet is only 11%. On the education front, only 7.6% of children aged 5 years attended pre-school education (NFHS-5, 2019–21). Developmental deficits are also prevalent among mothers. About 56% of pregnant mothers aged 15–49 years are anaemic, and only 51% of mothers consumed iron folic acid for 100 days or more when they were pregnant (NFHS-V, 2019–21).



Government Provisioning for ECD in Haryana



Provisioning for young children and pregnant women and lactating mothers comes through a set of centrally sponsored schemes (as discussed in Table 2) and State-run initiatives. The following table presents major ECD-specific state-run initiatives following the ECD Framework for Action.

Table 20: State-run schemes for ECD-specific interventions

Key Component	Scheme	Department	Interventions
Responsive Caregiving	Improving Infant & Young Child feeding	DWCD	Training to grass root level ICDS functionaries on Infant and young child feeding practices Generating awareness on Infant Young Child Feeding Practices
Health	Assuring Total Anaemia Limit (ATAL) Abhiyaan Renamed as ATAL Swasthya Abhiyaan	DoHFW	Providing IFA to different age groups of children , adolescents and women towards eradicating anaemia from the state
Enabling Environment-Supporting Caregiver's Well-being	Mukhya Mantri Matritav Sahayta Yojana (MMMSY)	DWCD	Providing maternity benefit of Rs. 5000/- to pregnant and lactating mothers for second child (boy) in one instalment after the birth.
Early Learning	Play School (Balvatika I & II)	DWCD	Upgradation of 4,000 Anganwadi centers across the state into play schools

Source: Website of Department of Women and Child Development (DWCD), Haryana

This section tries to measures the quantum of budgetary spending of the state towards ECD.

Nutrition

Saksham Anganwadi and POSHAN 2.0 are the two flagship schemes of the Union and State Govt. responsible for ensuring nutrition to children and mothers. Besides, the State also implements 'Panjiri Plant Gharaunda' to provide better nutrition to children up to six years of age and the Scheme for Multi-Sectoral Nutrition Programme to address Maternal and Child Under-nutrition.

As per the POSHAN tracker, as of November 2024, the Mission POSHAN 2.0 is getting implemented across all 22 districts through 25,926 Anganwadi Centres (AWCs). The number of eligible beneficiaries covered is approximately 1.9 million, of which 1.7 million are children aged 0-6 years. This implies a coverage of 89% of the young child population in the State.

Table 21: Spending on nutrition component of ECD in Haryana (Rs. crores)

	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
ICDS	637	597	721	735	704	780
Panjiri Plant Gharaunda	2	2	2	2	2	2
Scheme for Multi Sectoral Nutrition Programme to address the Maternal and Child Under Nutrition	-	163	97	150	129	150
SNP	168	67	89	110	111	111
Supplementary Nutrition Programme for Scheduled Castes	14	16	29	60	40	50
Scheme for Poshan Abhiyan	20	8	18	75	40	26
Total	840	853	955	1,162	1,027	1,120

Source: Haryana State Budget documents

Responsive Caregiving

Table 22: Spending on responsive caregiving (Rs. crore)

Schemes	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
Improving Infants and Young Child Feeding	0.05	0.10	0.13	0.16	0.16	0.16
Financial Assistance to Scheduled Castes Families under Infant & Young Child Feeding	-	0.02	0.03	0.04	0.04	0.04
Total	0.05	0.12	0.16	0.20	0.20	0.20

Source: Haryana State Budget documents

Early Learning

The provisioning for early learning in Haryana is supported by the Department of Women and Child Development (DWCD) through Saksham Anganwadi and POSHAN 2.0 through the Anganwadi Centres and Play Schools. DWCD reported that at present there are 37,872 children enrolled in 4,000 Play Schools. Following the recommendations of the National Education Policy (NEP 2020), the Haryana government in 2023 introduced a three-tier preschool education model in all government schools under the Department of Primary Education. This was provisioned through Samagra Shiksha Abhiyan (SMSA).. In 2023-24, the state proposed to open 5,049 new Balvatikas under the SMSA (Samagra PAB, 2023-24). As there is no disaggregated expenditure data available for the ECCE component under SMSA, the same methodology as the Union Government was applied for estimating the expenditure. The PAB minutes for the last three years show that

2.4% of the total approved outlay for SMSA in Haryana is getting approved for the ECCE component. That ratio has been applied to the total SMSA expenditure of the State to arrive at the preschool expenditure figure.

Children who cannot attend school due to multiple disabilities are supported by the Department of Social Justice by providing financial assistance. The scheme called 'Financial Assistance to Non-School Going Disabled Children' covers disabled children aged 0-18 years with financial assistance of Rs.1,200 per month. Unfortunately, the population data of disabled children available in Census 2011 is within three age brackets, 0-4, 5-9 and 10-19 years. In the absence of age-disaggregated data, the spending under the scheme was apportioned by the share of 0-4 age group population in the total disabled child population, which accounts for 14.6% of the population.

Table 23: Spending on early learning (Rs. crores)

Schemes	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
ECCE under SMSA @ 2.4% Share	12.0	7.6	11.6	13.2	7.6	13.2
Financial Assistance to Non-school going Disabled Children (0-4)	3.7	3.2	3.1	3.7	3.5	3.9
Total	15.7	10.8	14.7	16.9	11.1	17.1

Note: The spending on early learning under Mission Poshan 2.0 is getting covered under the ICDS component (Table 7)

Source: Haryana State Budget documents

Health

Table 24: Spending on health (Rs. crores)

Schemes	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
Janani Suraksha Yojna for Scheduled Castes	3.5	3.6	3.9	5.0	5.0	5.0
Assuring Total Anaemia Limit (ATAL) Abhiyaan Renamed as ATAL Swasthya Abhiyaan	69.0	6.8	3.0	3.0	3.0	3.2
Child Survival Safe Motherhood	6.8	6.6	6.1	8.7	8.7	11.1
Maternity and Child Health	41.3	52.1	49.2	40.0	40.0	45.0
Total	120.6	69.0	62.2	56.7	56.7	64.3

Source: Haryana State Budget Documents

The interventions to improve maternal and child health in the State are largely being implemented through the National Health Mission (NHM). To achieve the goals of Anaemia Mukh Bharat, in 2019, the Haryana Government launched ATAL (Assuring Total Anaemia Limit) Abhiyaan in tune with the

Central Government's 6x6x6 strategy. The six age groups or beneficiaries – children (6–59 months), children between 5–9 years, adolescent boys and girls (10–19 years), women of reproductive age and pregnant women and lactating mothers are provided with iron and folic acid supplements.

Safety & Security

Several child protection interventions are running in Haryana for Children in Need of Care and Protection (CNCP), both through institutional care services and family-based alternative care services. SOS Children's Village is established in Faridabad to provide family-based care and family strengthening programmes to address de-institutionalisation and holistic growth of children. The State has seven adoption

agencies for 0–6 years CNCP children with a total capacity of 140 children. Currently, only 54 prospective adoptive children are placed in these Specialised Adoption Agencies (SAAs). According to the Beti Bachao Beti Padhao (BBBP) dashboard, between 2015 and 2022, with the implementation of the scheme, the child sex ratio in the State has improved from 878 to 916.

Table 25: Spending on safety & security (Rs. crore)

Schemes	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
State Orphanage	0.3	–	0.3	0.5	0.5	0.5
SOS Children Village	0.2	0.5	0.4	0.0	0.4	0.4
Juvenile Justice	0.3	4.4	–	5.0	2.3	3.5
Mission Vatsalya	30.2	20.1	44.2	61.6	43.0	55.0
BBBP	–	–	–	5.5	3.7	5.0
Total	30.9	25.0	44.9	72.6	49.8	64.4

Source: Haryana State Budget documents

Supporting Caregiver's Well-being

The Haryana Creche scheme provides comprehensive childcare services – creches for children under 3 years of age and day-care facilities for children aged 3–6 years, including children who are attending preschool or AWCs through an after-school programme. As of November 2024, around 8,500 children were enrolled in 402 creches, including Anganwadi cum Creches (AWCCs) operating in the State. Acknowledging the role of professionally qualified workers for ECD, the scheme also provides a monthly honorarium of Rs.15,000 for Creche Workers and Rs.7,500 for Creche Helpers, which is much higher compared to the Mission POSHAN 2.0 Guidelines' financial norms of Rs.4500– and Rs. 2,250 for Anganwadi workers and Anganwadi Helpers, respectively. Priority for the State Creche Policy 2022 is also clearly evident in the six-fold increase in allocation of Haryana State Creche Scheme between 2023–24(RE) and 2024–25(BE)

(Table VIII). On the other hand, while the Working Women Hostel (WWH) scheme is operational in the State, as of now, against a sanction of 20 Working Women Hostels (WWHs) since 1975, only 8 Working Women's Hostels are functional. Besides PMMVY, the government also supports pregnant mothers with maternity benefits through the Mukhyamantri Matritwa Sahayata Yojana (MMMSY) to compensate wage loss. However, the overall support of maternity benefits to pregnant mothers dropped from Rs. 107 crore to 76 crore between 2023–24(BE) and 2024–25(BE) (Table VIII).

It is not only mothers, the role of Anganwadi Workers and Helpers is immense in caregiving and creating a care ecosystem. The support provided to them to create an enabling work environment is also reported under this broad component of ECD action in Table 26.

Table 26: Spending on programmes to support caregivers' wellbeing (Rs. crore)

Schemes	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
Haryana State Creche Scheme					5	32
Rajiv Gandhi National Creche Scheme Renamed as National Creche Scheme	1	1	7	20	12	20
Sakhi Niwas	-	-	-	-	-	0.01
Mukhyamantri Matritva Sahayata Yojana					25	35
PMMVY	23	19	35	107	30	41
Financial Assistance to Scheduled Caste Women (Pradhan Mantri Matru Vandana Yojna -PMMVY)	12	4	3	15	4	8
Financial Assistance to Scheduled Castes Anganwadi Workers/Helper	38.4	30.4	25.7	60.0	56.0	60.0
Financial Assistance to Scheduled Castes Families under Future Security Scheme for Anganwadi Workers	2.0	0.8	1.0	2.5	1.3	2.0
Future Security Scheme of Insurance for Anganwadi Workers/Helper	3.2	2.1	2.3	5.0	2.7	3.0
Total	80	57	74	209	136	201

Source: Haryana State Budget documents

Efforts towards System Strengthening

There are some other ECD-specific interventions (budget heads) which are for strengthening the ECD ecosystem, and these interventions are cutting across sectors and schemes. These include the construction of Anganwadi Centres (AWCs), and training and capacity building of frontline functionaries. The expenditure under the above-mentioned

heads is vital for ECD provisioning. They are clubbed together and categorised as Efforts Towards System Strengthening .

The state's expenditure on statutory bodies is given in Table 28. Table 29 gives the data on spending on ECD-sensitive schemes by other departments.

Table 27: Spending on programmes to strengthen system (Rs. crore)

	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
Construction of Anganwadi Centres	12.8	19.6	1.8	62.0	12.1	45.0
Anganwadi service general and Swachata action plan	-	-	-	-	0.02	0.01
Setting up of Anganwadi Training Centres (UDISHA) Project	0.3	-	-	0.5	0.3	-
Total	13.1	19.6	1.8	62.5	12.4	45.0

Source: Haryana State Budget documents

Table 28: Expenditure on institutions/ statutory bodies (Rs. crore)

Intervention	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
SCPCR	0.9	0.9	1.3	1.3	1.0	1.3
Construction of JJBs And CWCs (SAP)	-	-	-	-	-	5.5
Strengthening of SCERT	0.1	0.2	0.3	2.5	1.5	0.7
Total	1.0	1.0	1.6	3.8	2.5	7.4

Source: Haryana State Budget documents

Table 29: ECD-sensitive interventions by other departments (Rs. crore)

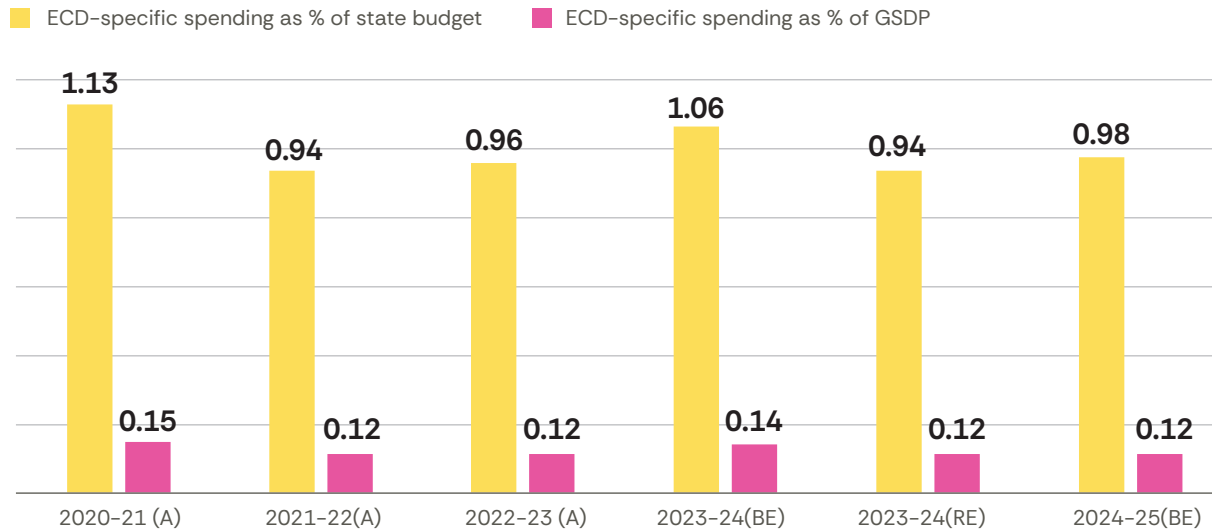
	2020-21(A)	2021-22(A)	2022-23(A)	2023-24(BE)	2023-24(RE)	2024-25(BE)
Strengthening of Ayurvedic/Unani/Homeopathic Dispensaries/Prathmic Swasthya Kendra and Special Medicine for Women, Children and aged person	113	123	136	180	156	192
AMRUT	369	685	202	359	234	59
Mahagram Yojana for updation of Drinking Water Supply in Village	35	22	20	25	15	25
Water supply to Scheduled Caste dominated habitation in Urban Area	2	2	3	3	5	3
Water supply to Scheduled Caste Dominated Habitation in Rural Area	3	2	0	5	1	3
GIA to Govt. Supported NGOs including Child Welfare Council, Bhartiya Gramin Mahila Sangh and other Govt. NGOs for Specific Purpose	25	19	28	30	30	30

Source: Haryana State Budget documents

All expenditures under the different key components of ECD together constitute only around 1% of Haryana's total State budget and 0.1% of the State's Gross State Domestic Product (GSDP) (Fig. 5). The five-year spending pattern also shows a stagnant expenditure towards the development of young children in the State. A closer look at the distribution of spending across key components shows that, similar to the Union Government, in Haryana too, more than three-fourths of the spending is for the nutrition and health component, followed by

support to caregivers' well-being. However, this is also to highlight that the spending pattern presented here only captures the ECD-specific interventions. There are a number of other schemes run by various departments that have implication on the growth and development of young children and their caregivers. However, in the absence of disaggregated expenditure data and administrative data, it was not possible to determine what proportion of those expenditures is spent on ECD.

Figure 5: ECD specific spending in Haryana as % of total state budget and % of GSDP



Source: Haryana State Budget documents

To conclude, while Haryana is progressively working towards improving ECD, the policy commitment for universal, comprehensive, and quality ECD are not adequately supported with budgetary provisions. Further gap in allocation and expenditure is hindering the on-ground implementation. While a substantial allocation for the Haryana creche

scheme in the recent budget reflects a financial commitment towards State Creche Policy 2022, to achieve the desired outcomes, state must also ensure commensurate investment in other critical components of ECD including nutrition, early learning and health components of ECD.

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