

Investing in Early Years in Human Capital for Future Resilience: For an Inclusive and Equitable World

Edited by
Beena Pandey
Hyun Hee Ban



RIS
Research and Information System
for Developing Countries
विकासशील देशों की अनुसंधान एवं सूचना प्रणाली

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Zone IVB, 4th Floor, India Habitat Centre
Lodhi Road, New Delhi - 110 003, India

Tel.: +91-11-24682177-80

E-mail: dgoffice@ris.org.in

Website: www.ris.org.in

unicef  | for every child

UNICEF India country office
UNICEF House, 73 Lodi Estate
New Delhi 110 003

Tel: + 91 11 2469-0401

+ 91 11 2469-1410

Email: newdelhi@unicef.org

Website: www.unicef.org/india

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अमिताभ कांत
Amitabh Kant
जी20 शेरपा
G20 Sherpa



सत्यमेव जयते

Foreword

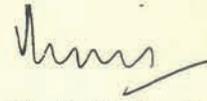


Investment in early child development is crucial to accelerate human capital gains for achieving social equity and inclusive economic growth. Sustained policy investments in a child's nutrition, health and education, especially during their early years, are essential to strengthen the future resilience of economies. This is equally important to achieve several Sustainable Development Goals (SDGs).

Child-sensitive and inclusive social protection systems offer opportunities for planned investments across a person's lifecycle--from conception to death. Research shows how well-designed and integrated social protection promotes equity by providing a level playing field and accelerating human development, thereby enabling gender equality and achieving inclusive development and balanced economic growth.

There has also been added emphasis to promote women-led enterprises. Investments in universal social protection for women should be scaled up to promote women's economic participation. I laud this timely volume on 'Investing in Early Years in Human Capital for Future Resilience: For an Inclusive and Equitous World' by RIS and UNICEF. The report focuses on the need to invest in early childhood years to optimize child development in every sphere for future economic growth.

I hope the recommendations emanating from report provide a clear roadmap in the desired direction. It will undoubtedly be of great use to academicians, policymakers, practitioners and all those working in the sphere of women and child development.


(Amitabh Kant)

Place- New Delhi
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Tel : +91-11-24156460, 24156500 • E-mail : g20sherpaoffice@mea.gov.in / amitabh.kant@nic.in

भारत सरकार, जी20 सचिवालय, सुषमा स्वराज भवन, नई दिल्ली - 110021
Government of India, G20 Secretariat, Sushma Swaraj Bhawan, New Delhi - 110021



Preface

The present volume focuses on the dire need to invest in early childhood years to optimise child development, in every sphere, across the world for future economic growth. It proposes that investing in future resilience is not confined to the current child cohorts, but extends to the next generation child cohorts, equipped with higher human capital; thus today's children during the course of life can shape prosperity and resilience of their next generations.

The book argues that child development is fundamental to inclusive economic growth to create a more equitable world – in terms of child survival, well-being and in addressing social inequities. The book touches upon access, equity and inclusion in every aspect of child development through optimal investments. For inclusive human-centric development, the book addresses cross-cutting issues, be it gender and child budgeting, education, health, nutrition, effects of migration, role of IT, strengthening of rural and urban infrastructure for improving human capital, etc.

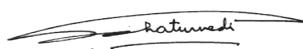
The volume gives a global evidence-based perspective on how well-designed and integrated social protection promotes equity by levelling the playing field and accelerates human development; thereby, enabling gender equality, inclusive development, and realising balanced economic growth.

India's G20 Presidency in 2023, gave a unique opportunity to draw from the Indian experience in working towards meeting

these challenges, and which has resonance for other countries. The book's chapters, together tell the story of the future of the world's children, and the future of inclusive world economics, if the right investments are made, in time.

This book, which includes authors and contributors from multiple disciplines, was edited by Research and Information System for Developing Countries (RIS), a New Delhi-based autonomous policy research institute, with support from the United Nations Children's Fund (UNICEF) India. The book's 10 chapters are an important contribution to the efforts being made by countries to achieve social cohesion, gender equity, inclusive economic growth, and realise the rights of the child, in order to meet the Sustainable Development Goals (SDGs) in 2030.

All chapters of the book contributed by eminent academicians, touch upon various aspects of the children that is crucial to address their basic needs. We hope that this book will help us to collectively aspire to the theme of India's G20 Presidency: *One Earth, One Family, One Future*, with the ultimate goal of better results for children now and in the years to come.



Sachin Chaturvedi
Director General
Research and Information
System for Developing Countries



Cynthia McCaffrey
UNICEF Representative to India



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The production of the report was managed by RIS publication team comprising Mr Tish Malhotra; Mr Pradeep Kumar; Mr Sachin Singhal; Ms Ivy Sarkar Roy; and Ms Chandini Sharma.



Introduction

Beena Pandey* and Hyun Hee Ban**

Investing in the early years of all children is critical to global efforts to accelerate human capital gains, attain social equity and inclusive economic growth, as well as realise commitments to the rights of the child. Building and developing a country's human capital largely depends on giving children a life free from poverty, and the best possible nutrition, education, child protection services, social protection and health in the early years. It is therefore imperative to pursue a strategy that ensures resilient social sectors along with focusing on future human capital gains through investing in children.

This has intergenerational payoffs that lead to more effective economic and social empowerment of the people. However, the case for investing in human capital from the earliest years is not confined to a narrow financial cost-benefit analysis, but also covers the multiple personal, community and national socio-economic benefits that flow from integrated and effective child development policies.

* Assistant Professor, RIS

** Chief, Social Policy, UNICEF, India

The world faces several challenges, such as worldwide multi-dimensional poverty, financial crisis, inflation, increasing inequalities, the challenges of climate change, and the devastating effects of the COVID-19 pandemic. The post-pandemic era has impacted women and men, who lost their jobs and livelihoods, as well as children who missed out on school and social opportunities, leading to serious implications for poverty risks and personal development. Further, pandemic induced restrictions were the major setbacks that exacerbated existing inter-country and intra-country disparities in social and economic development. The worldwide economic downturn, impacted not only social and economic dimensions but also resulted in increased inequalities that disturb social cohesion in various spheres. Deepening challenges of malnutrition, school closures, loss of a parent or caregiver, increases in child labour and child marriage, etc. have been further aggravated by rising global food and fuel prices. Further, these vulnerabilities exposed women and children due to a lack of access to social safety nets.

Such a current state of the world's children affected by these multifaceted factors can halt progress towards achieving the Sustainable Development Goals (SDGs) within the stipulated time frame. Such severe upheavals across the globe, therefore, call for decisive and effective investments and social safety nets measures for children to ensure that no one is left behind.

The book argues that supporting child development through optimal and multisectoral investments is fundamental to inclusive economic growth to create a more equitable world and address social inequities. It also addresses cross-cutting issues, such as disability inclusion, gender and child budgeting, the effects of migration, and strengthening of rural and urban infrastructure for improving

human capital, etc. It presents a global evidence-based perspective on how inclusive and integrated social protection promotes equity by levelling the playing field and accelerates human development; thereby, enabling gender equality, inclusive development, and realising balanced economic growth.

It is proposed that investing in future resilience is not confined to the current child cohorts, but extends to the next generation of children, equipped with higher human capital; thus today's children during the course of life can shape prosperity and resilience of their next generations. Moreover, women's health and empowerment have an intergenerational impact in determining the health of children. Adoption of gender budgeting with a special emphasis on the girl child has the potential to mitigate gender inequalities. Considerable evidence suggests that improved health care, nutrition, and education outcomes make the workforce more productive and socially engaged.

Yet, in spite of the evidence of the early years being the most important to human development, the world is persistently underinvesting in the youngest children. In low and middle-income settings, young children are rarely the priority, with significantly more spending going to children over age six in primary and secondary schools. Moreover, outside of Organisation for Economic Co-operation and Development (OECD) countries, social protection and social service spending – the main element of early years investment – lags behind other sectors, and so poverty risks and vulnerabilities which are there in the pre-school period persist into older childhood and continue into adulthood.

Effective early investment starts with social protection for children, beginning with pregnancy supports and universal child

benefits – a simple, scalable, foundational policy for children, underpinning effective child development policies and optimising efforts in education and health. India’s G20 Presidency in 2023 provided a unique opportunity to galvanise the focus on child-centric policies that prioritise progressive universal child benefits, especially around the early years, maternity benefits and child care. Such challenges can therefore become opportunities, as the G20 Presidency is a huge occasion, and India has set a collaborative agenda for the world in line with the theme of *‘One Earth, One Family, One Future’*.

It is a huge opportunity for India to be the voice of the Global South during the Indian G20 Presidency in terms of inclusive, resilient and sustainable growth. It gives a platform for pushing investments in health, education and other sectors for children in the early years, to achieve the SDGs. Digital transformation in support of this can be facilitated by using India’s own digital public infrastructure as a unique model. This is demonstrated in its incredible growth story by adopting the National Optical Fibre Network (NOFN) with high-speed internet access, that not only guarantees urban-rural connects leading to local area development, but also paving the way to financial and digital inclusion, especially in improving online education, telemedicine, banking system, boosting tourism and generating skill development and employment opportunities. For that reason, the role of information technology has become integral to the socio-economic development of our societies, as it influences almost every sector from banking, communication, and finance to health and education systems, policing and more. Today, such endeavors have become an enabler as well as a backbone to reach out social benefits to millions of people, including children.

Over the years, women's entrepreneurship has been contributing towards economic growth and job creation. It is estimated that small and medium enterprises (SMEs) have the potential to generate around 70 per cent of jobs and 40 per cent of economic growth.¹ India's Honourable Prime Minister is of the view that global development is not possible without women's participation, and indeed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ratified by 189 countries², has women's participation at its core. A women-led development approach is one of the main objectives of the Government of India, through initiatives like financial and digital inclusion. Provision of gender budgeting and investing in women's entrepreneurship or women-owned startups is key to their empowerment. In India, women Self-help Groups (SHGs) play an important role in empowerment of women, as their access to micro-financing is a game changer in alleviating multi-dimensional poverty and enabling them to directly contribute to invest in children's well-being in terms of nutrition, health and education, etc. The financial strength of the members of SHGs has led to reduced child mortality, improved maternal health, better nutrition, improved school attendance and decreased drop-out rates. In this context, there is a need to promote women-led enterprises that increase innovations, boost competitiveness, create jobs, improve productivity and wages which empower women and their families at large. In the sphere of urban-rural migration, women play an important role in conserving biodiversity, as they are the custodians of traditional knowledge of vast genetic resources and in due course, they share these traditional practices with their children.

All chapters together tell the story of the future of the world's children, and the future of inclusive world economics, if the right investments are made.

Chapter 2 on *Ensuring Quality Education from Early Years in India: New Policy and New Opportunities* by Banerji focused on India's new National Education Policy launched in 2020 that puts a high priority on quality education starting early in a child's life. The chapter outlines how the policy heralds a new era in India's efforts to ensure quality education by discussing the associated opportunities that have opened up, as well as the challenges that India needs to overcome. The chapter uses available evidence to describe current realities and argues for greater attention to specific implementation elements so that the "foundational stage," as envisaged in the new Education Policy, can be a strong influence on improving children's learning pathways in future.

Chapter 3 on *Governance, Policy and Localisation for Child Development in India* by Parande and Manoraj discusses that the SDGs can only be achieved with the participation of local persons, especially women, children and the most marginalised, and by localisation of the goals. The chapter explains the importance of child development in relation to child rights and the SDGs by analysing the role of governance, policy and the localisation of intervention for holistic child development. It also explores the contemporary challenges to inclusive participation of children at the local level and highlights India's efforts to overcome this. It draws attention to legal and policy recommendations for various stakeholders in ensuring effective child participation in context of achievement of inclusive sustainable development at the local level.

Chapter 4 on *Gender and Child Budgeting: Potential to Mitigate Inequalities*, by Chakraborty, Kaur and Yadav, discusses that gender and child budgeting is a fiscal innovation for budget transparency and accountability. It has efficiency and equality dimensions in mitigating inequalities in human development. The chapter also highlights the importance and scope of public finance management tools like child budgeting for mitigating inequalities and its relevance in reducing crimes against children in the long term. The chapter highlights the significant public policy implications in light of the fact that that gender and child budgeting have relatively greater roles to play in mitigating inequalities than economic growth per se.

Chapter 5 on *Better Child Health Services for Human Capital Gains*, by James, examines the importance of nurturing a healthy population from early childhood and the necessity of adequate mother and child care and proper nutrition that ensures better immunity to diseases. It then studies the various determinants of proper health services such as availability, accessibility, and quality. The lessons learnt from the COVID-19 pandemic and the challenges to achieving proper healthcare consisting of accessibility, affordability, and quality are also examined. The chapter recommends addressing these challenges through higher budgetary allocations for the health sector, at both national and global level, and argues that child health should be a mandatory state responsibility to free children's health from the susceptibilities of family income.

Chapter 6 on *Unleashing the Full Potential: The Role of Social Protection*, by Preksha, Ban and Bandyopadhyay, makes the investment case for child-sensitive and inclusive lifecycle social protection for all, to contribute towards India's Vision 2047. A

global evidence-base documents how well-designed and integrated social protection promotes equity by leveling the playing field and accelerating human development; thereby, enabling gender equality, inclusive development, and realising balanced economic growth. These investments can have vital contributions towards building a self-reliant India and achieving the SDGs. The author analyses options for an inclusive lifecycle social protection system in India, mostly focused on universal child and family benefits and their linkages with wider services for children and women.

Chapter 7 on *Early Childhood Nutrition: Pathways to Nurture* by Anand, Kumar, Saini, Rao and Barman, highlights that millions of children under five years of age are suffering from one or more forms of malnutrition. Various SDG indicators pertaining to malnutrition and stunting are thoroughly analysed. Some of the identified critical determinants of child nutrition include poverty, inequalities and climate vulnerabilities which can be addressed through a focus on providing nutrition-rich diets, immunisation, enhancing access to water, sanitation and hygiene (WASH) services and women's empowerment. There is also need to monitor and evaluate outcomes for better planning, implementation, and reporting.

Chapter 8 on *Social Cohesion for Inclusive Development: Gender Perspectives* by Pandey, Bandopadhyay and Nair discusses that social cohesion is the relationship and bonding in a society and its orientation towards the common good. Increasing globalisation, a dynamic market structure, disturbing conflicts between and within nations, migrations and an evolving social and cultural environment have highlighted the growing inequalities and the role of social-cohesion for inclusive economic growth. One of the

key drivers of social cohesion is gender equality. Ironically, while women are the main architects of social cohesion, in terms of 'care and social relationship', they are largely excluded from its functions and benefits. This chapter provides a snapshot review of gender equality as a critical component of social cohesion and inclusive growth in India and G20 countries. It provides a case to mainstream gender into social cohesion programmes and to integrate social cohesion with a gender focus into public policies and programmes.

Chapter 9 on *Functional Portability and a Shift in Perspective: Migrant Labourer Families in India* by Kaushik, Mohanty, Naik, and Ban describes how migration has been a core part of India's labour economy, but one that has often gone uncounted and unprovided-for. The COVID-19-related migrant crisis in India highlighted the importance of covering migrants through social inclusion mechanisms and welfare schemes, recognising circular and seasonal mobility patterns and the need for social protection and public services at a range of locations. The authors describe how 'functional portability' – social protection and welfare which can be carried more effectively within and across state borders – has often been discussed as a solution; but within that broader definition it is also necessary to have specific mechanisms which will enable migrants to access schemes and entitlements as they move between locations. There is a new drive – especially post-pandemic – towards portability but there is still much to be done to make these mechanisms effective.

Chapter 10 *The Way Forward for an Inclusive and Equitable World* collectively deliberates on the clear pathways proposed in the book for building human capital for future resilience by investing in children during the early years. As we are all aware, early child care

and stimulation, healthcare and nutrition are the basic pre-requisite components for the development of the child's brain in the early years. The role of parents, especially mothers, plays a vital role in the child's holistic development and growth in early childhood. Timely intervention during early childhood in supporting human capital, in terms of access to nutrition, health care, education, knowledge, skills, etc. has the potential to increase individual productivity in the long run.

India is the world's fifth largest economy. Out of 600 million children in South Asia there are 450 million children in India. In order to ensure their comprehensive care and development there is need to evolve coherent, integrated, adequate, efficient and sustainable investments in children. Child development is a complex and multifaceted process which requires coordination and collaboration among various stakeholders through horizontal and vertical coordination. Investing in and enhancing outcomes across multiple sectors include health, food systems, water, sanitation and hygiene (WASH), education, child protection, social protection as well as multisectoral delivery platforms.

Endnotes

¹ <https://www.worldbank.org/en/topic/sme/finance>

² <https://indicators.ohchr.org/>



Building Foundations for Quality Education: New Policy and New Opportunities for Young Children in India

Rukmini Banerji*

Abstract: India's New Education Policy launched in 2020 puts a high priority on quality education starting early in a child's life. One of the strongest recommendations of the policy is that all children should attain foundational literacy and numeracy by the time they reach Grade 3 (that is by the end of the "foundational stage" or age 8). The policy document lays out a timeline of five years for meeting these goals. The new policy envisages pre-primary and early grades in primary school as a continuum. Translating policy into practice especially as far as foundational literacy and numeracy effort is in the process of being translated into practice. This chapter will outline how the New Education Policy heralds new innings in India's efforts to ensure quality education by discussing the opportunities that have opened up as well as the challenges that India needs to overcome. The chapter will use available evidence to describe current realities and argue for greater attention to specific implementation elements so that the "foundational stage," as envisaged in the New Education Policy, can be a strong influence on improving children's learning pathways in the future.

Keywords: Education, NEP, Quality Education, Learning Outcomes.

* CEO, PRATHAM Education Foundation, India

Setting the Stage

In India, the Right to Education Act came into effect in 2010 guaranteeing free and compulsory education for every child from the age of 6 to 14. Available data showed that school enrollment for this age group was close to 96.6 per cent (ASER 2010). In the next ten years, not only have enrollment figures gone up, the actual number of years that children spend in school has also gone up.¹ For example, Std 8 enrollment was roughly 11-12 million around 2008-9 but that number has increased to 22-23 million just before COVID.² With roughly 25 million children in each single year age, it is clear that the number of children reaching Std 8 has increased substantially and significantly in a decade or more. All of this suggests that for children in the elementary school age group, India is now very close to universal enrollment. This is no insignificant achievement for a country of the niche and diversity of India.

But, what about the quality of education? How equipped are children with skills and knowledge by the time they complete the compulsory stage of schooling in India? UNESCO's framework for understanding educational quality has five elements.³ These include learner characteristics, contextual features, enabling inputs, teaching-learning processes and outcomes. Systematic evidence or studies that track change over time in all of these elements may be hard to come by for India. However, it would be fair to say that in the last two-three decades, parental support for children's education has been high. Families have high aspirations for their children's schooling and faith that the education system will deliver a better future.⁴ Both from government and non-government sources, quantitative data on inputs for schooling are more easily available. School infrastructure has shown steady improvement in

the last twenty years. Today India has more teachers, more training, textbooks and midday meals than ever before.

But as far as learning outcomes are concerned, even before COVID-19, the situation was far from satisfactory. Different studies have been done that measure children’s learning in different ways but overall, three patterns characterise the learning crisis in India.



First, learning levels have been chronically low for at least a decade or more. Second, there are wide variations in learning levels within each grade even with regard to basic skills, like reading and arithmetic. Third, learning trajectories (i.e. change in learning over time) are relatively flat over time indicating that there is not much “value” added for every year of schooling. The prolonged school closure due to the pandemic made each of these trends worse.⁵

As the intensity of the pandemic waned, in 2022, schools finally opened after almost two years. Now the education system was

grappling not only with the challenges of the past but also the additional problems that COVID-19 brought in its wake.

New Education Policy 2020: National Priorities and Guidelines for Action for Young Children

India's New Education Policy was announced in July 2020. While it has wide-ranging recommendations for the entire education system up to college and university, from the point of view of the quality of education, the statements about young children, pre-schooling and early grades are very significant.

First, the policy document accepts that there is a learning crisis in the country and states that:

–Ability to read and write, and perform basic operations with numbers, is a necessary foundation and an indispensable prerequisite for all future schooling and lifelong learning.⁶

Second, in tackling the learning crisis, the policy highlights the valuable contribution that early childhood education can make. It goes further to strongly recommend that:

–Universal provisioning of quality early childhood development, care, and education must thus be achieved as soon as possible, and no later than 2030, to ensure that all students entering Grade 1 are school ready.⁷

Next, the policy document sets out priorities for action. In one of the strongest statements seen in any policy document about children's learning, the New Education Policy 2020 lays out clear and urgent national priorities and deadlines. It states that:

–Attaining foundational literacy and numeracy for all children will thus become an urgent national mission, with immediate measures to be taken on many fronts and with clear goals that will be attained in the short term (including that every student will attain foundational literacy and numeracy by Grade 3). The highest priority of the education system will

*be to achieve universal foundational literacy and numeracy in primary school by 2025. The rest of this Policy will become relevant for our students only if this most basic learning requirement (i.e., reading, writing, and arithmetic at the foundational level) is first achieved.*⁸



In addition to foundational skills of reading and basic arithmetic, the policy also points to the potential contribution of a broader range or “breadth” of skills that include cognitive capacities, critical thinking, problem solving as well as socio-emotional dispositions.⁹

Fourth, by restructuring the education system to include the “foundational” stage (age 3 to age 8 or pre-school to Std II), the policy lays out the need to include early childhood education or pre-schooling in the ambit of the education system. It suggests:

–Prior to the age of 5 every child will move to a “Preparatory Class” or “Balavatika” (that is, before Class 1), which has an ECCE-qualified teacher. The learning in the Preparatory Class shall be based primarily on

*play-based learning with a focus on developing cognitive, affective, and psychomotor abilities and early literacy and numeracy.*¹⁰

For the age group 3 to 8 year olds, the New Education Policy 2020 lays out clear national priorities for learning outcomes. The policy recommends structural changes like the “foundational” stage or “preparatory” class, and essential inputs such as teachers qualified in early childhood education for the pre-school stage. By articulating clear goals and timelines and by specifying structural changes and key inputs, the New Education Policy 2020 hopes to catalyse a major step up in quality education for young children.



Where are we today?

Until recently, the formal school system in India started in Std 1 with the assumption that children were six years old when they entered school. Following the same logic, children would be fourteen years old by the time they reached Std 8 which is the end

of elementary school and the end of the compulsory schooling stage. Over the last two to three decades, there has been a huge push to achieve universal enrollment for the 6-14 age group. Consequently, data on provision, enrollment, retention and dropout from Std 1-8 is easily and publicly available (See, Unified District Information System for Education (UDISE)). Much of the administrative data for enrollment and provision is collected at the level of the school and aggregated to block, district, state and national levels.¹¹

As the spotlight turns to the age group 3 to 8 and this age range begins to be viewed as a continuum, basic questions come up, especially for children aged 3 to 6: Are children in this age group enrolled in any kind of educational institution? How old are they when they enter formal school? Do we have any information about children and how “ready” they are for formal schooling?

Where are Children Enrolled Before Age Six?

The series of ASER (Annual Status of Education Report) reports that have been published continuously since 2005, have been providing information for well over a decade on enrollment patterns for children aged 3 upwards. ASER is a household survey based on a random sample of villages in all rural districts of India; it has been conducted annually for a decade from 2005 to 2014, and then in every alternate year - 2016 and 2018. After a break due to COVID, the ASER survey was conducted again in 2022. Since it is a household survey, ASER is able to pick up information on different kinds of institutions where children are enrolled.¹²

In India, by the time children are six years old, a large majority of children are enrolled in formal school – either in government



schools or private schools, in Std 1 or higher. But before age six, there are big variations by age and by context options. Depending on accessibility and affordability, children can go to any of the following:

- Anganwadi¹³: This is a community-based early childhood centre which is run by the Ministry of Women and Child Development. Anganwadis offer health, immunisation, nutrition and early childhood care and education.
- Pre-school classes in private schools: Typically, private schools prefer to take in children not in Std I but a few years earlier. This is true not just in metro cities, urban and peri-urban areas but also in rural areas. Pre-school classes in private schools are usually referred to in India as “Lower KG” and “Upper KG” or “nursery”. Perceived advantages of private schools include the availability of pre-schooling as well as the fact that children can

transition from pre-primary grades to primary grades easily. (English instruction is also seen as an added plus point.)

- **Primary School:** While private schools can steer children under age 6 to their pre-school classes, until recently, the government school system (run by the Department of Education) began from Std 1. Parents who have high aspirations for their children’s education but cannot afford to send their children to a private pre-school tend to enroll young children into Std 1 before the child is six.
- **Not enrolled anywhere:** There still continues to be a trend in some parts of India that children come directly to Std 1 without any exposure to pre-school.

Table 2.1. Percentage of Children Enrolled in Different Types of Pre-schools and Schools (Age 3 to 5)

ASER 2018	AW	Govt LKG/ UKG	Pvt LKG/ UKG	Govt School	Pvt School	Not enrolled	Total
Age 3	57.1	1	10	2	1	28.8	100
Age 4	50.5	2.1	23.4	5.3	3	15.6	100
Age 5	28.1	2.8	27.5	23.3	9.8	8.1	100
ASER 2022	AW	Govt LKG/ UKG	Pvt LKG/ UKG	Govt School	Pvt School	Not enrolled	Total
Age 3	66.8	1.3	7.7	1.9	0.6	21.7	100
Age 4	61.2	2.7	18.1	3.8	1.8	12.3	100
Age 5	35.3	3.4	23.4	24.6	7.3	5.5	100

Source: ASER, 2018 and 2022.

Data from ASER 2022 for rural India shows that there is wide variation across ages and states in terms of which type of school or pre-school young children are enrolled.

Data from ASER 2018 and 2022 indicate that in 2022, at age 5, there is a lot of variation in where children are enrolled. A third of all five year olds are in anganwadis, one fourth are in private school pre-school classes and another one fourth are enrolled in government school, most likely attending in Std I.

There have been significant shifts in these enrollment patterns in the COVID years. Despite schools and anganwadis being closed for almost two years, in 2022 we see that for children aged 3 to 5, enrollment in anganwadis has gone up as compared to 2018. And we see a drop in the proportion of children aged 3-5 who are not enrolled anywhere in the same period.

The overall national figures hide the wide variations that exist across states. For example, there are states like Punjab, Kerala, Haryana or Himachal Pradesh where less than 10 per cent children at age 5 are still enrolled in anganwadis. On the other hand, there are states like West Bengal, Karnataka, Maharashtra and Odisha where more than 50 per cent of the five year olds continue to be enrolled in anganwadis. Assam, Bihar and Gujarat are not far behind; they have between 40 to 50 per cent five year old children in anganwadis. (Tables with state information are available in the annexure)

Along the same lines, Jammu-Kashmir, Haryana, Kerala and Punjab have more than 40 per cent children, aged 5, enrolled in private pre-schools. In Himachal, Madhya Pradesh, Jharkhand, Tamil Nadu, Gujarat and Rajasthan, more than 30 per cent of this age group is already enrolled in government schools and most likely studying in Std 1.



Like in primary schooling, there are clear differences for boys and girls in terms of enrollment in government run and privately provided pre-schooling opportunities. Girls and children from poorer families are much more likely to attend anganwadis or government schools. The opposite is true of boys and children from economically better off families; these children are more likely to attend pre-schools and primary schools that are managed and run by private providers.¹⁴

In-depth research studies show that pre-school provisioning, particularly anganwadis, was widespread even ten years ago in states like.¹⁵ For example, the India Early Childhood Education Impact (IECEI) study that tracked more than 14,000 four year olds for four years in two rural districts each in three states (Assam, Rajasthan and Telangana states that “almost all of the villages sampled for the study had at least one government pre-school facility, usually an anganwadi centre. The majority also had one or

more privately managed pre-schools. Most families were sending their children to these facilities, even at age 4.”¹⁶

How Old are Children When They Enter Formal School in India?

It is assumed that children in India enter Std 1 at age 6. Legislations like the Right to Education Act 2010 as well as the New Education Policy 2020 refer to age 6 as the age at which children should be entering formal school. However, ASER surveys over time indicate a much more varied picture.

All India rural figures from ASER 2022 show that 25 per cent children currently enrolled in Grade 1 in government schools have entered school before age six. The corresponding number nationally for rural private schools is less than 20 per cent. (ASER 2022 figures when compared with ASER 2018 show increases in enrollment at all age groups from age 3 to age 6.)

Like with all other indicators in education, there is wide variation across the country. For almost every state, the proportion of under age children (those under the age of 6) enrolled in government schools in Std 1 is higher than that in the private schools of the same state. Interestingly, states which have high anganwadi enrollment at age 5 are the same states where underage enrollment is low in Std 1 in the government schools. These are states like Karnataka, Maharashtra, Chhattisgarh, Odisha and West Bengal. In all of these states, 12 per cent or less children are underage in Grade 1. On the other hand, in states like Himachal Pradesh, Rajasthan and Haryana more than 40 per cent of children coming to government schools in Grade I are under age. (Tables with state information are available in the annexure.)

While large scale studies like ASER provide broad patterns over time, in-depth studies (like IECEI) can provide more granular glimpses of ground level realities. Looking closely at age patterns and enrollment in different school and pre-school options in two rural districts in three states, the IECEI study concludes that:

“Children’s participation in pre-school and early primary grades is unstable and fluid and does not necessarily follow the linear age-based trajectory prescribed by policy (RTE Act, 2009 and National ECCE Policy, 2013). In some states, large numbers of 4-year-olds are already in school (although not necessarily enrolled). In others, significant proportions of 6- and 7-year olds are still in pre-school. In all states, children attend irregularly; back and forth movements between pre-school and primary grades are frequently observed, and enrolments stabilize only by age 8.”¹⁷



What is the Status of Foundational Literacy and Numeracy as Children Enter Std 1?

It is difficult to measure children's learning when children are very young. Usual methods of assessment use pen and paper tests but it is inappropriate when children are young and also not able to read and not accustomed to tests. However, several studies done in India in the last decade can point to important lessons as far as the learning of young children is concerned.

In terms of recent cross-section studies, ASER 2019 was a household study focussed on the age group 4 to 8 and studied close to 37,000 children in this age group in 26 districts across India.¹⁸ In this study, children were assessed on four domains of development:

- Cognitive: (Can children sort by colour? Do they have spatial awareness? Can children order by size? Can they recognise patterns? Are they able to solve a puzzle?)
- Early language: Do children know how to describe what they see in a picture? Can they understand a story that is read out to them? Are they able to read letters, words, texts? Can they answer simple questions based on the content they read?
- Early numeracy: Can children count objects? Can they compare them? Can they recognise 1-digit and 2-digit numbers and compare them? Do they know how to do simple numeric problems based on these numbers? Are they able to apply these concepts in day-to-day situations?
- Social and emotional: Can children identify emotions and regulate them? Can they resolve a situation of conflict? Do they empathise with others?

The correlation between age and ability is very high. For all domains, more older children can complete tasks satisfactorily as

compared to younger children. The study also shows strong links between higher cognitive skills and arithmetic or even language skills. Interestingly, by age 6 a majority of children are able to do numerical tasks (number recognition, numerical operations like addition or subtraction with 1 digit numbers) while many struggles with problem solving (such as oral problems of addition and subtraction.) This research also points to the fact that a significant proportion of eight year olds (or those who have reached Std 2 or 3) are still struggling with tasks that are meant to be at the level of children entering school.

Longitudinal studies like IECEI that followed a sampled cohort of children from age 4 to age 8 indicate that across states school readiness levels were far below expectations in cognitive and language domains.¹⁹

In 2022, the Indian Government conducted a foundational learning study for a large sample of Std 3 students across the country. This study found in terms of numeracy skills, close to half of all students in Std 3 either lack or have limited basic skills so they are unable or only partially able to complete basic grade-level tasks. In reading (for example Hindi which had a large sample size), close to 54 per cent children either lacked or had limited basic skills to deal with basic grade level tasks (FLS 2022).

While it is well accepted that school readiness rests on a breadth of skills, the ASER reports can provide data over time on some aspects of foundational literacy and numeracy skills such as letter and number recognition.

The ASER surveys ask children to read out aloud. There are a set of simple tasks; each child is asked to read letters, simple everyday words, a basic paragraph with four short sentences (text

is at a Std 1 level) and finally a 8-10 sentence story (which is at a Std 2 level). This is done one-on-one with each child. There is a similar process for basic arithmetic; children have to recognise numbers till 100, do a 2 digit subtraction problem with borrowing (Std 2 level problem) and solve a division problem - 3 digits by 1 digit (which is usually expected by Std 4). The same set of tasks are done by every child regardless of age.²⁰ Since the same set of tasks has been administered in every ASER survey for the last decade and a half, it is possible to look at patterns over time.

Tracking Std 1 learning levels over the last decade (2012 to 2022) using ASER data we can see that between 50-60 per cent children come into Std 1 able to at least recognise letters and numbers. As several other previously cited studies have shown and as one would expect, there are clear age patterns in what children are able to do with respect to reading or basic arithmetic. All India numbers for rural areas, show that age matters for learning.

Data for rural India for Std 1 indicates that 56 per cent of all children in Std I in 2022 could at least recognise letters and 62.4 per cent at least recognise numbers 1-9 (Table 4). However, when these figures are disaggregated by age, it is clear that younger children have a disadvantage. Interestingly, private schools, even those in rural areas, usually do not take in children directly into Std 1. Instead, children are expected to spend one year each in “lower KG” and “upper KG”. While private schools are often seen as having better learning outcomes, it is worth remembering that due to the intake practices in such schools, the age distributions of children in Std 1 are very different in government schools as compared to private schools. While the all-India (rural) 2022 data for Std 1 shows that only 27 per cent of children attends private

schools, this figure is close to 50 per cent in states like Haryana, Punjab, or Uttarakhand (ASER 2022). When a child is enrolled in formal school at the “right” age, it is more likely that she will be able to keep up with the curriculum that has been designed for that grade.

If the focus were to shift to what children are able to do when they are in Std 3, we can use ASER data over time and also take a look at the Foundational Learning Study conducted by the Government in 2022.²¹

With ASER data over time, we can see that nationally, less than 30 per cent of children are at “grade” level. Using the ASER metrics, it means that children who are “grade level” can read a story at Std 2 level and do math problems like subtraction with borrowing numbers up to 100.

Nationally over time, there have been some incremental improvements and there is a clear drop as a result of school closures during COVID. But the larger message from this data is that even as early as Std III a majority of children are getting left behind.

Table 2.2. Reading and Arithmetic Levels for Std 1 Children (Rural India)

Age	Percentage of Children Who	
	Can Read at Least Letters	Can Recognize at Least Numbers (1-9)
Age 5	39.1	45
Age 6 and 7	57.7	64.1
Age 8 and above	73.4	80.1
All	56	62.4

Source: ASER, 2022.

Translating Policy into Practice: Opportunities and Challenges

The New Education Policy 2020 focuses on the achievement of foundational literacy and numeracy by Std 3. NIPUN Bharat is the programme that has been launched to translate NEP 2020 into practice at for the youngest children in our education system. For NIPUN Bharat to be successful with the stipulated timeline of the next five years, there will have to be substantial year on year learning gains not just for children who are in Std 3 but for every year that children spend in the education system starting as early as three.

The New Education Policy 2020 clearly states that the ages 3 to 8 should be seen as the foundational stage of a child's educational journey. While it is worth noting that for the first time in India's history early childhood education has received the same priority as the first few grades in school. At the same time, if the age of entry to formal school has to be six, then several significant interconnected implications of this policy statement have to be understood.

Understanding Why Age Six Should be When Children Enter Std I

The New Education Policy 2020 states that children should enter Std 1 at age six. Although this has been the assumption for school entry, the reality has been different and much more varied. For children coming into government primary schools, the only option for them to get exposure to early childhood education was the anganwadi. Data shows that until recently, at the all-India level at least in rural areas, about one fourth of all children

were entering school before they reached age six and thus were technically “under age”. (This number is higher than 40 per cent in government schools in states like Himachal Pradesh and Rajasthan.) As the aspiration for education has increased among parents, their desire for their children to have as many years of schooling as possible has also risen. Options for attending pre-school may be constrained by affordability (in the case of private pre-preschools) or accessibility (remote locations) and also influenced by perceptions that anganwadis do not give the child adequate exposure to early childhood education. A combination of these factors leads parents, particularly those who are taking their children to government schools, to enroll their children earlier than age six.

Clearly, age and level of cognitive development are highly correlated. Hence, the age of entry into formal school is a critical variable that influences the future education trajectory of a child. Analysis of available data shows that age matters for learning. By the time a child enters formal schooling in Std 1, s/he should have a strong foundation for learning. To ensure that children enroll in Std 1 at age 6, state governments and different departments will have to collaborate and work out an immediate strategy that can lead in a few years to a permanent change in the way age and grade are aligned within our institutional structures.

Understanding the Implications of Providing Three Years of Early Childhood Education

According to the New Education Policy 2020, a child is to be enrolled in Std 1 at age six, and the child must have at least three years of exposure to early childhood education before entering

formal school. Except for Himachal Pradesh and Punjab, while initiated the process of including pre-primary grades within their government schools in 2017-18, most government school systems have not had any provision for pre-schooling as part of their institutional structures.²² However, if we look at data over time for this age group (as has been done in a section above), the current provisioning for this age group varies considerably across states but in each case includes anganwadis, private pre-schools and in some cases, pre-primary sections in government schools.

If the policy of three years of pre-schooling is to be adhered to and quality early childhood education is the goal, then several steps need to be considered by state governments; some decisions need to be implemented immediately and others planned for in the medium to long run.

Existing evidence can be useful, especially for immediate decisions for translating policy into practice. For example, using ASER 2022, we can clearly see that in states like Maharashtra, Karnataka or Odisha, where a high proportion of children remain enrolled in anganwadi is high, the clear choice should be to strengthen the early childhood component of the Integrated Child Development Services (ICDS) system. In many states, over the years, anganwadis have moved into school compounds. These are called “co-located” anganwadis. In all likelihood, at the school level, there is a collaboration of different sorts between the anganwadi and the school. But at the state level, clear decisions to strengthen the pre-school part of anganwadis will be useful to minimize confusion about who is supposed to do what.

For states in the north, like Punjab and Himachal Pradesh, almost half of all families still enroll their children in private schools because

private schools have pre-primary provisions and also because the transition from pre-primary to primary in the same school is automatic. Given this background, it is essential to offer a pre-primary alternative within government primary schools. Himachal Pradesh and Punjab have already done this for several years and are seeing a rise in pre-primary enrollment in their schools.

Some new conceptions of the foundational stage have also been floated. For example, in Andhra Pradesh, the government has been talking about a “foundational school”. In its basic form, the “foundation school” will have anganwadi, Std I and Std II in the same location, functioning under the guidance of the same team of teachers. Std III to Std V and above will physically move to the middle school and become part of that institutional structure.

In the medium term, based on the realities of each state and current prevailing patterns, a decision about where a child should ideally be at which age needs to be taken. For instance, for children who are between the ages of 3 and 4, being in a community setting (ideally an anganwadi) close to the home may be best. The anganwadi is often located in the same neighbourhood as the child’s home. The child’s mother and the anganwadi instructor and helper know each other well. Their language of communication and other social practices are similar as they are all local. Proximity to the family and trust between the anganwadi staff and the child’s mother makes it easier to implement the nutrition, health and immunisation components of the anganwadi’s responsibilities.

By the same token, being in a school setting in the year before Std 1 also has its advantages. “School readiness” is a term that is widely used. But being ready for school has many dimensions; for a small child, the physical infrastructure (several rooms, compound wall,

gate) can be intimidating. Routines like the school bell announcing different periods, going for midday meals are all new activities for small children. School readiness also includes being “ready for class”. This includes organisation of time and of students in class. Learning to do activities in groups as well as individually, listening to the teacher, following certain disciplines. Finally, “school readiness” also has a “ready for learning” element. For example, learning to use teaching-learning materials in the class, learning to handle books, print readiness and so on. For the age group five to six, spending one year before Std I in the school can enable this school readiness to happen in an organic and integrated way. But this year can only be impactful if teachers specially trained for this age and stage are available.

The Government of India’s conceptualisation of “Balvatika” are along these lines. Based on the recommendations of the new policy the Government of India states that “prior to age of 5, every child will move to a ‘Preparatory Class’ or ‘Balvatika’, i.e. before Grade-I with a focus on developing cognitive, affective, and psychomotor abilities and also early literacy and numeracy”.²³

Studies using longitudinal data point to the need for an in-depth understanding of current patterns. For example, research from the Young Lives study of Andhra Pradesh and Telangana, that follows two cohorts of children from 2002 to 2017 does not find much of an effect on exposure to early childhood education on later academic outcomes.²⁴

Evidence from the IECEI study shows that exposure to pre-school in the year or two before entering Std 1 has a significant impact on how “ready” children are for formal school but the pre-school exposure needs to be of high quality. The IECEI study notes

that “children participating regularly had higher school readiness levels than their peers who participated less regularly. Within the quality domains, the study found that children who were exposed to activities for cognitive development scored better in the school readiness assessment. On the other hand, there was a negative association between the attainment of school readiness levels at age 5+ with formal teaching of the 3R’s at the pre-school stage, which unfortunately is common practice across pre-schools and is also the expectation of parents” (page 95).

The need for defining quality in pre-schooling and being able to incrementally implement improvements is likely to be an essential feature of translating policy into practice in this context.

Ensuring Alignment and Convergence for the Foundational Stage

Whether in the short term or in the medium-long term, it is critical to have alignment of several types in terms of strengthening the foundational stage.

First, between the two ministries, the Department of Women and Child Welfare and the Education Department in each state, the purpose of and provisioning for the foundational stage needs to be aligned. The roles and responsibilities will fall into place. While the Central Government Departments can create a joint but flexible framework of action, “one-size-fits-all” will not work for India. Each state has to decide how far anganwadis will go in terms of providing access to early childhood education and where the school education department will come in.

Similarly, alignment is needed for curriculum expectations as well as teaching-learning practices between the anganwadi or the

pre-primary sections and the first two grades in formal school. Recent research shows fundamental discontinuities in teaching-learning expectations between different stages of the foundational stage continuum from age three to age six (Pathways to Numeracy 2020).

In India as in many other countries, for the early childhood phase, five domains of development are given primary importance. These included physical development, cognitive development, pre-language, pre-math and socio-emotional development. However, until now, when a child reached Std I, assessments typically became academically oriented with reading and arithmetic being the main focus. If the foundational stage is to be seen as a continuum, then assessments or tracking of children's progress also needs to be seen in the same way. Further, taking a cue from the holistic development goal of early childhood education, while there is a lot of discussion of "foundational" literacy and numeracy, it is also widely acknowledged that the child's foundation for learning must be built on a "breadth of skills". These too need to be viewed as a progression over the five years of the foundational stage.

To assist in this process of building the continuum, a conceptual framework and guidelines for action have been outlined in the new National Curriculum Framework (NCF). For the first time, the Government of India released the National Curriculum Framework for the foundational stage in 2022. This timely release of NCF for the early years is evidence of the high priority that is being given to the foundational stage and for streamlining the process of translating this policy priority into practice. The remaining parts of the curriculum framework are still being worked on and will be released as and when they are ready.

Looking Forward

India's New Education Policy has opened new opportunities for the country. It has the potential of bringing about a sea change in our efforts to ensure quality education for the children of India. Current experiences indicate that governments at all levels are making energetic efforts to translate policy into practice. There are at least three key types of decisions that need to be urgently implemented. First, the age of entry into Std 1 should become at least 6. Second, practical decisions about the continuum of provision (from age 3 to age 8) need to be taken based on current ground realities in terms of existing patterns of provision, enrollment and participation. Using available evidence, state governments need to decide the optimal pathway to link pre-schooling opportunities with formal schooling. Third, the impact of early childhood education on later learning trajectories will be strong only if the teaching-learning processes in the pre-school years are sound and of good quality. Parents and pre-school providers need to understand that it is the "breadth of skills" that leads to better foundations for learning. Broad based holistic early childhood education approaches need to be integrated into the early years of formal schooling rather than "3 Rs" which currently anchor formal schooling influence pre-primary education. The momentum and gusto that is visible today across state governments in implementing NIPUN Bharat needs to continue and strengthen, but challenges need to be solved in practical ways, tracking of the progress of pre-schools and schools as well as of children needs to be closely done. All of this will help government departments, parents and teachers, schools and communities can come together to work jointly towards a critical national goal that can ensure a bright future for all our children.

Endnotes

- ¹ In ASER 2022, 98.4 per cent of children in the age group 6-14 are enrolled in school. UDISE+ report for 2021-22 shows that enrollment has gone up in 2021-22 as compared to 2018-19. Also, that gross enrollment ratios for elementary education is about 100 per cent.
- ² These calculations use UDISE data over the years as well as projections from the last census figures. UDISE stands for Unified District Information System for Education.
- ³ See IIEP Learning Portal for details of framework and definitions <https://learningportal.iiep.unesco.org/en/issue-briefs/monitor-learning/quality-and-learning-indicators>
- ⁴ High and sustained enrollment in school for majority of children is a testament to parental belief that education is an important pathway to the future. Expenditure on additional paid classes (also called tuition or coaching) incurred by families at all income levels is also evidence of high parental aspirations and support for education.
- ⁵ In India, there are several sources of data that have measured student achievement over time. These include NAS – the National Achievement Surveys done by the Central Government, ASER – Annual Status of Education Report. For one state, Andhra Pradesh, the “Young Lives” study tracks changes over time. India Human Development Survey has also measured basic learning in different ways of data collection.
- ⁶ NEP 2020 page 8
- ⁷ NEP 2020 page 8
- ⁸ NEP 2020 page 8
- ⁹ NEP 2020 page 4-5
- ¹⁰ NEP 2020 page 7
- ¹¹ Data for elementary school age group is available from a variety of sources such as DISE/UDISE +School education. Statistics.
- ¹² The UDISE+ report of 2021-22 notes that pre-primary data contained in the UDISE+ system does not include the pre-primary enrolment of the Early Childhood Care and Education (ECCE) system run by the Ministry of Women and Child Welfare through the Anganwadi Centres and standalone pre-primary education centres run by different kindergartens.
- ¹³ Anganwadis are government run community based centres for early childhood development for the age group 0 to 6. They are part of the Ministry of Women and Child Development (WCD) at the state and national level. According to the Ministry’s website: “For the holistic development of the child, the Ministry has been implementing the world’s largest and most unique and outreach programme of Integrated Child Development Services (ICDS) providing a package of services comprising supplementary nutrition, immunisation, health check-up and referral services, pre-school non-formal

education.” It is estimated that there are over a million anganwadi centres across the country.

¹⁴ See ASER reports and also IECEI study (2017)

¹⁵ Published in 2017, the India Early Childhood Education Impact (IECEI) study was a five-year longitudinal study (2011-2016) of a cohort of four year olds across two rural districts each in three major Indian states, viz. Assam, Rajasthan and Telangana. Supported by UNICEF and carried out by ASER Centre and Ambedkar University, the study followed a cohort of 14,000 four-year olds from age 4 to age 8 as they moved from pre-schools to primary schools. For the full report, see <https://asercentre.org/researches/india-early-childhood-education-impact-study/>

¹⁶ <https://img.asercentre.org/docs/Researchper cent20andper cent20Assessments/Past/Education/policybrief2017.pdf>

¹⁷ <https://img.asercentre.org/docs/Researchper cent20andper cent20Assessments/Past/Education/policybrief2017.pdf>

¹⁸ ASER 2019: Early Years. See <https://asercentre.org/aser-2019-early-years/>

¹⁹ In the period 2011-2016 when the study took place, the official entry age to Std 1 in several states was below 6.

²⁰ While the usual ASER survey is used for children age 5 to 16, in 2019, the ASER team carried out an exercise focussed on the age group 4 to 8. This study ASER 2019 Early Years has been referred to in earlier sections. The tools developed for this round of the survey were broader in scope explored the domains of cognitive skill and socio-emotional learning. See ASER 2019 for more details <https://asercentre.org/aser-2019-early-years/>

²¹ https://nipunbharat.education.gov.in/fls/file/Benchmarking_for_ORF_and_Numeracy.pdf

²² Assam has had a pre-primary class in their primary schools called “Ka Sreni”. However, these classes have rarely been staffed with adequate numbers of trained teachers. In Bihar, as well, there was a similar intervention called “baal varg” which did not go far also for the same reason. In comparison, the pre-primary grades in Himachal and Punjab have received proper support in terms of manpower and financial resources from their education departments.

²³ NCERT notes on Balvatika and Vidyapravesh. https://itpd.ncert.gov.in/pluginfile.php/1536185/mod_label/intro/5_5_eng_introduction_to_the_vidya_pravesh_and_balvatika_transcript.pdf. See also other documents on NIPUN Bharat such as <https://ncert.nic.in/ComicFlipBookEnglish/nipunbharat/mobile/index.html> Also guidelines for Vidyapravesh. These are related to three month programme in Std I to prepare children for school https://ncert.nic.in/pdf/VidyaPravesh_Guidelines_GradeI.pdf

Chapter 2: Age 5: Percentage of Children in Different Types of Pre-school and School: Selected States

State	Anganwadi	Govt LKG/ UKG	Pvt LKG/ UKG	Govt School	Pvt School	Other	Not Attending Anywhere	Total
Punjab	4.14	8.85	61.34	19.1	5.34	0	1.23	100
Kerala	4.27	28.61	54.07	8.03	4.21	0.06	0.74	100
Haryana	6.68	3.81	42.88	24.78	18.3	0	3.55	100
Himachal Pradesh	7.45	11.9	32.67	31.36	14.53	0	2.09	100
Jammu & Kashmir	11.14	22.52	40.29	14.47	9.43	0	2.16	100
Arunachal Pradesh	11.59	10.46	33.18	24.68	11.8	0.3	7.99	100
Rajasthan	16.93	0.75	12.44	44.82	18.11	0.14	6.81	100
Tamil Nadu	18.39	1.45	28.26	34.93	16.58	0.12	0.28	100
Uttar Pradesh	23.97	1.28	27.8	25.5	8.48	1.08	11.88	100
Uttarakhand	29.67	1.25	36.06	19.97	9.77	0.35	2.94	100
Madhya Pradesh	30.78	0.49	20.68	31.54	12.43	0	4.09	100
Telangana	33.17	5.08	35.76	20.07	4.61	0	1.31	100
Jharkhand	35.79	4.91	16.44	32.84	3.29	0.51	6.21	100

Chapter 2 Annex 1 continued

Chapter 2 Annex 1 continued

State	Anganwadi	Govt LKG/ UKG	Pvt LKG/ UKG	Govt School	Pvt School	Other	Not Attending Anywhere	Total
Andhra Pradesh	36.48	2.02	35.85	17.69	7.61	0	0.36	100
Chhattisgarh	38.6	0.64	9.5	6.47	40.23	0	4.55	100
Assam	40.6	4.71	23.95	22.88	5.24	0.16	2.47	100
Bihar	45.81	0.56	15.45	25.51	5.01	0.65	7.02	100
Gujarat	47.16	2.03	4.99	41.79	1.4	0	2.62	100
West Bengal	51.55	8.79	15.92	18.29	1.99	0.24	3.22	100
Karnataka	55.95	4.41	33.45	4.67	1.4	0	0.12	100
Maharashtra	61.14	6.42	21.11	7.41	2.74	0	1.17	100
Odisha	72.42	0.44	8.99	15.96	1.88	0.03	0.27	100
All India	35.32	3.45	23.26	24.47	7.59	0.4	5.51	100

Source: ASER, 2022

Chapter 2 Annex 2: Percentage of Children at Different Ages Enrolled in Grade I in Government & Private Schools. Selected States (in %)

State	Govt School		Govt School		Govt School		Private School		Private School	
	Age<=5	Age=6	Age>=7	Total	Age<=5	Age=6	Age>=7	Total		
Jammu & Kashmir	19.86	29.2	50.94	100	13.44	17.96	68.59	100		
Himachal Pradesh	44.93	43.28	11.79	100	32.6	46.57	20.82	100		
Punjab	29.71	41.8	28.5	100	9.19	38.34	52.47	100		
Uttarakhand	26.32	51.78	21.89	100	18.06	32.68	49.26	100		
Haryana	51.24	25.59	23.17	100	29.88	39.3	30.82	100		
Rajasthan	49.73	33.78	16.49	100	43.14	32.17	24.69	100		
Uttar Pradesh	26.95	41.76	31.29	100	16.67	24.77	58.56	100		
Bihar	26.53	38.96	34.51	100	12.38	17.59	70.03	100		
Assam	21.79	40.21	38	100	10.95	33.48	55.57	100		
West Bengal	12.32	38.56	49.11	100	14.56	27.31	58.13	100		
Jharkhand	25.2	44.53	30.27	100	11.45	22.58	65.97	100		

Chapter 2 Annex 2 continued

Chapter 2 Annex 2 continued

State	Govt School	Private School	Private School	Private School	Private School					
	Age<=5	Age=6	Age>=7	Total	Age<=5	Age=6	Age>=7	Total		
Odisha	11.41	66.35	22.25	100	12.19	58.41	29.4	100		
Chhattisgarh	9.62	64.36	26.02	100	75.82	16.08	8.1	100		
Madhya Pradesh	33.52	42.36	24.12	100	29.77	33.84	36.39	100		
Gujarat	28.91	56.06	15.03	100	13.18	62.1	24.71	100		
Maharashtra	5.07	53.81	41.13	100	7.18	54.16	38.66	100		
Karnataka	4.14	58.9	36.95	100	2.95	60.52	36.54	100		
Kerala	14.77	66.42	18.81	100	8.68	65.07	26.25	100		
Tamil Nadu	35.08	58.11	6.81	100	32.35	56.88	10.77	100		
Andhra Pradesh	20.5	65.03	14.46	100	17.07	46.65	36.28	100		
Telangana	28.2	50.2	21.6	100	9.94	23.83	66.23	100		
All India	24.03	45.18	30.79	100	19.26	32.54	48.2	100		

Source: ASER, 2022



Governance, Policy and Localisation for Child Development in India

Pragna Parande* and Vani Manoj**

Abstract: It has been largely recognised that Sustainable Development Goals 2030 (SDGs), the fulfilment of which the countries have committed, can only be achieved by multi-sectoral and multi-faceted partnerships and the localisation of the goals. One of the major stakeholders to sustainable development are children. As per the WHO-UNICEF-Lancet Commission, it is crucial that policy-makers place children at the heart of their efforts to achieve the SDGs. Further, Article 12 of the United Nations Convention on the Rights of the Child (one of the most widely ratified convention of the United Nations) recognises a child's right to be heard or express views freely and to have her/his views considered in decision-making to have the government ensure the realisation of their rights and their holistic development. However, child development is a process and not an event. The chapter first undertakes to explain child development in relation to child rights and the sustainable development goals by analysing the role of governance, policy and the localisation of intervention for holistic child development. It proceeds to contextualise governance, policy and localisation within child development ecosystem. The chapter then analyses India's efforts towards supporting child development and presents its contemporary challenges. It also argues that inclusive participation of children at the local level is essential for child development interventions to succeed. The chapter recommends that child-friendly spaces as a point of convergence of governance, policy and localisation for child development. It concludes by providing legal and policy recommendations to various

* Advisor, V.V. Giri National Labour Institute

** Managing Director, Chetana Conscience of Women

stakeholders in ensuring effective convergence of both governance and policies while incorporating child participation in context of achievement of inclusive sustainable development at the local level.

Keywords: Child Development, Governance, Policy, Localisation, Child Participation, Child Friendly Spaces

Introduction

As the world recovers from the COVID pandemic and economies are strengthened the nation states are re-examining their efforts towards achieving sustainable development. It has been largely recognised that Sustainable Development Goals 2030 (SDGs), the fulfilment of which the countries have committed, can only be achieved by multi-sectoral and multi-faceted partnerships and the localisation of the goals. One of the major stakeholders to sustainable development are children. As per the WHO-UNICEF-Lancet Commission, it is crucial that policy-makers place children at the heart of their efforts to achieve the SDGs. Therefore, as countries re-envision their development agenda, the needs and voices of children (i.e. the future custodians of our world) should constitute a major part of shaping our vision for their world.

Article 12 of the United Nations Convention on the Rights of the Child (one of the most widely ratified convention of the United Nations) recognises a child's right to be heard or express views freely and to have their views considered in decision-making, to have the government ensure the realisation of their rights and their holistic development. Despite dramatic improvements in survival, nutrition, and education over recent decades, the COVID pandemic and the resulting decline in sustainable development has made today's children face an uncertain future.

The World Bank study published in February 2022, states that in the year 2020, an estimated 279,000 to 286,000 additional lives of children under the age of 5 were lost in low and middle-income countries. These deaths were due to the indirect effects of recessions on account of COVID-19, such as closure of health clinics, disruptions in food and medicine delivery, or disruption in child vaccinations programmes during lockdowns. (Cardona M *et al.* 2022; Arts *et al.*, 2022) The World Health Organisation (WHO) recently reported that in 2021, the global child immunisation coverage dropped by an estimated 25 million children under the age of 1 year for not receiving basic vaccines (WHO 2022 1a; Arts *et al.*, 2022). Whereas, UNICEF estimates that 67 million children missed out entirely or partially on routine immunisation between 2019 and 2021 (UNICEF, 2023). In 2020, WHO had reported that the “COVID-19 pandemic has disrupted or halted critical mental health services in 93 per cent of countries worldwide” (WHO 2022 1b; Arts *et al.*, 2022). A January 2022 report by the Global Education Evidence Advisory Panel (GEEAP) highlighted that a Grade 3 child losing “one year of schooling during the pandemic could lose up to three years’ worth of learning in the long run.” (GEEAP 2022; Arts *et al.*, 2022). In 2021, a joint report by the International Labour Organisation and the United Nations revealed that “[f]or the first time in two decades, the number of children being put to work has risen – to 160 million worldwide, representing an increase of 8.4 million over four years – while millions of others are at risk due to the COVID-19 pandemic’ (ILO 2021; Arts *et al.*, 2022).

It can be summarised that climate change, global food crisis, ecological degradation, migrating populations, conflict, pervasive inequalities, and predatory commercial practices threaten the

health and future of children in every country. In this context, holistic development of a child is certainly hindered with significant and far-reaching positive and negative impacts. Studies reveal that children not receiving adequate attention and support during their early years are more likely to struggle in various areas, including education, health, social and economic development. It is essential that society invests in the development of children to ensure a bright future for all. James Heckman, a Nobel laureate in economics, through extensive research has revealed that the rate of return for investments in quality early childhood development for disadvantaged children is 7-10 per cent per annum through better outcomes in education, health, sociability, economic productivity and reduced crime (Heckman and Karapakula 2019). However, child development is a process and not an event.

The chapter undertakes to explain child development in relation to child rights and the sustainable development goals by analysing the role of governance, policy and the localisation of intervention for holistic child development. The chapter proceeds to contextualise governance, policy and localisation within child development ecosystem. It then analyses India's efforts towards supporting child development and presents its contemporary challenges. It also argues that inclusive participation of young and adolescent children at the local level is essential for child development interventions to succeed. The chapter recommends that child-friendly spaces as a point of convergence of governance, policy and localisation for child development. It concludes by providing legal and policy recommendations to various stakeholders in ensuring effective convergence of both governance and policies while incorporating

child participation in context of achievement of inclusive sustainable development at the local level.

Child Development and Relevance of the Sustainable Development Goals

Child development is the sequence of physical, emotional, and cognitive growth that a child experiences from infancy to adulthood. The Centre for Disease Control (CDC) states, 'Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional and educational needs are met' (CDC 2023).

UNICEF identifies both the child and the context that influences a child development while referring to early childhood development (ECD). A child under the United Nation's Convention of the Rights of Child (UNCRC) refers to any person who is below the age of 18 years unless the national law provides for a different age. However, it is pertinent to keep in mind that term 'children' is generic and homogenises the diversity and lived experiences of persons from 0 to 18 years of age. The needs, aspirations and lived experiences of children change according to their age, geographical location, demographic, and their experiences. Within the term children there are different sub-set groups such as orphaned children, children with disability, children in conflict with law, etc. Therefore, the broad umbrella of children attempts to encompass the varied needs of persons below 18 years of age. Until and unless we acknowledge the difference and needs of the various groups while providing them with agency to advocate for their aspirations, we will be unable to realise our vision for their world. In this chapter, though the challenges of all sub-groups

within the term 'children are not elaborated, however, usage of the term 'child' and 'children' does recognise the unique challenges of children within children.

Further, it is vital to understand that when referencing to development a holistic approach should be adopted wherein development includes, but is not limited to physical cognitive, linguistic, socio-emotional, and ethical and spiritual development, as well as a sense of national or group identity (Britto & Kagan, 2010; Naudeau, Kataoka, Valerio, Neuman, & Elder, 2011). As per UNICEF, the context that influences child development are essential. Contexts can be both direct factors, which are the environments closest to the child - such as caring, safe and stimulating family and home environments - having the most direct impact on development (Bornstein, Britto, Nonoyama-Tarumi, Ota, Petrovic, & Putnick, 2012) and indirect factors such as relevant policies, systems, and cultural and social influences including harmful social norms (Irwin, Siddiqui, & Hertzman, 2007; Shonkoff & Phillips, 2000; Super & Harkness, 1999). Achieving the full developmental potential of a child is influenced by the interaction between the child and the context (Rutter, 2002).

Under the widely adopted UNCRC the states are obligated to ensure that through comprehensive and integrated policies, governance and local interventions, the right of children to achieving their full development are realised. Additionally, both economic and neurological evidence suggests that early childhood development has a positive and long-lasting impact on children and society. The latest Lancet Series says that 90 per cent of the brain development happens by the age of 6 years (UNICEF, 2020). According to a report by the National Bureau of Economic Research, investing in early

childhood education and care can help reduce poverty and crime by improving educational outcomes, increasing earnings potential, and reducing the likelihood of criminal behaviour. In fact, the report estimates that every dollar invested in early childhood education can result in a return of up to \$17 in long-term savings from reduced crime and increased economic productivity (Borowsky *et al.*, 2022).

Child development and sustainable development goals are closely interlinked, as the well-being of children is essential for achieving sustainable development. Sustainable Development Goals (SDGs) are a set of 17 global goals adopted by the United Nations General Assembly in 2015 to address poverty, inequality, climate change, and other critical issues by 2030. These goals aim to create a sustainable world where all people can live with dignity and freedom, with a focus on economic, social, and environmental sustainability. As many as 44 SDG indicators directly link to children, therefore, sustainable development without achieving the child related SDGs is difficult.

Sustainable Development Goals adopted by United Nations came into effect in 2016 and the countries are committed to the achievement of the goals by 2030. As the world marks the 7th year of their commitment, it has been realised that child development is a critical component of sustainable development as children are the future of any society. For example: SDG Goal 1- End poverty promotes care and education of children to support their mobility from poverty. SDG Goal 2- End hunger, achieve food security, and improve nutrition requires proper nutrition for malnourished children as they are more likely to have health problems, impairments in cognitive and physical development, and reduced academic performance. SDG Goal 3- Promote well-being requires

physical, cognitive, and social development of children. Further, SDG Goal 4- Inclusive and equitable quality education supports early childhood education as a critical tool to ensure a child's cognitive and social development. Goal 5- Achieve gender equality recognises the gender disparity in access to rights and facilities and focuses on ensuring equality. Therefore, providing access to education, healthcare, and nutrition for children can help reduce poverty, hunger, and inequality, while promoting healthy and productive lives for all. Investing in child development is essential for building a sustainable future where all people can live with dignity and freedom. Ensuring that children receive proper care, nutrition, education, and protection is essential for achieving sustainable development goals. Child development through the sustainable lens ensures that the future generation are productive, contribute to their communities and support the building of a sustainable future.

What is Governance, Policy and Localisation in the Context of Child Development?

Governance, Policy, and Localisation are crucial elements that determine the success of child development in any country. The policies and strategies implemented by governance processes and systems play a significant role in shaping the quality of life of children. Governance, policy and their localisation need to be understood in the context of the broader child rights eco-system and the child development eco-system.

Policy and Governance

The terms policy and governance are often used inter-changeably. However, there exist important distinctions between the two terms.

The term 'policy' refers to a rule – a guide to decision making' (Chakrabarti & Sanyal, 2016). Similarly, Sir Geoffery Vickers states that 'decisions giving directions, coherence and continuity to the courses of action for which the decision-making body is responsible' is policies (Vickers, 1965).

On the other hand, the term 'governance' is derived from the Greek word 'kubernáo', meaning to steer or guide. Chanakya a Minister to the Gupta King, in his *Arthashastra*, a treatise in Sanskrit written around 300 BC, addresses in detail the problems of governance by a monarch. Viewed from the point of view of a monarchy, *Arthashastra* can be considered as the first guideline for good governance (Srinivasan & Selvan, 2015). Therefore, governance as a concept was known to man since ancient times. However, in modern times and in a democracy, the term 'governance' connotes the process by which an organisation, especially a government, formulates its policies, enacts appropriate laws, implements the related programmes, evaluates and modifies them when necessary, changes the laws and programmes if needed and becomes accountable to the stakeholders/citizens and gets their mandate to govern (Srinivasan & Selvan, 2015). James Rosenau describes it as 'systems of rules at all levels of human activity – from the family to the international organisation' (Rosenau, 1995; Holzscheiter *et al.*, 2019). Thus, the term governance applies to all organisations and extends beyond the government.

Within the Indian context, governance has been extensively studied and the International Institute of Administrative Sciences states that 'governance refers to the process whereby elements in society wield power and authority, and influence and enact policies and decisions concerning public life, and economic and

social development’ (International Institute of Administrative Sciences (IIAS) 2009). The Planning Commission has provided that ‘Governance relates to the management of all such processes that, in any society, define the environment which permits and enables individuals to raise their capability levels, on one hand, and provide opportunities to realize their potential and enlarge the set of available choices, on the other’ (Tenth Five Year Plan, India, Planning Commission 2002–2007).

Therefore, policy making refers to the process of developing and enacting policies, while governance refers to the process of implementing and enforcing those policies. In other words, policy making is about creating the rules, while governance is about making sure those rules are followed (Olivia, 2022). For example, Right to Education (RTE) Act of 2009 is a policy initiative that guarantees free and compulsory education to all children between the ages of six and fourteen in India. The Act aims to ensure that every child in India has access to quality education, regardless of their socio-economic background. The policy provides the legal framework for the Act, while the governance structure ensures that the Act is implemented to increase enrollment in schools and improve educational outcomes for children in India (Olivia, 2022). Therefore, policy is an important part of governance. It provides a framework for decision-making and helps to ensure that decisions are made in the best interests of the community. Policy also helps to ensure that the action of the decision-making body is consistent with the community’s values and objectives. Policy and governance form the facets of a process of implementing decisions. (Olivia, 2022).

The growing scientific knowledge, programmatic initiatives and policy advocacy relating to child development do not necessarily translate into better outcomes for children. Research shows that in underprivileged communities, lack of resources and opportunities can result in worse child development outcomes that can persist from one generation to the next (Gupta *et al.*, 2007) UNICEF identifies that “the largest driver of influence is the system that provides the institutional, infrastructural and operational support for the services. The system includes the organisational and institutional structures within which early child development services are situated. The governance of that system is vital to the success of its implementation in supporting services. Governance, simply stated, lays out the roles and responsibilities for the key stakeholders and partners who are involved in the design, coordination, finance, implementation, support, and monitoring of services being implemented at scale. If well designed and supported by a culture of consultation and coordination, sowing the seed of participation, governance has the potential to create nationally sustainable policies and systems to guide national programming and services [for children]” (Rebello Britto *et al.*, 2013).

However, an area that requires further attention is ‘how child rights are given shape in national and transnational politics, law and society.’ (Holzscheiter *et al.*, 2019) This is essential as under international and national laws, children are vested with certain degree of agency which influences the “systems of rules and governance that surround them. (Holzscheiter *et al.*, 2019). Presently child rights governance serves to monitor and evaluate how governments deliver various activities to protect child rights and invest in children (Save the Children, 2019) and also, may be

used to measure modern idea of statehood.” (Sköld and Cromdal, 2019; Holzscheiter *et al.*, 2019). Therefore, while international and domestic law on child protection and child rights formulate appropriate, legitimate and desirable behaviour towards children and their social environment, governance denotes the concrete structures, processes, rules and practices that enact these human rights principles. (Holscheiter *et al.*, 2019) Therefore, governance structures can play a key role in driving change and realising child development at a local level (O’Toole, 2003). Conversely the same governance structures can also act as a barrier to the realisation of rights. Therefore, the establishment of governance structures should be undertaken in a coordinated manner, with enough resource and human capacity to ensure their success.

Localisation

Localisation refers to the process of considering the subnational contexts and at the same time the manner in which the broader policy and governance influence the subnational context. A localised approach towards the protection of the rights of children is fundamental or a pre-requisite to achieve the SDGs. Empowering local governments in rural and urban areas, empowering communities to address the demand side factors towards protection child rights and strengthening local institutions are pre-requisites to achieve the child related SDGs.

In reference to the rights of children which were formally enshrined under the UNCRC, new paradigm was developed to observe rights of ‘children with regard to gender, ethnicity and culture, addressing *inter alia* issues like harmful traditional practices, freedom of religion or the right of children to privacy.’

(Holzscheiter *et al.*, 2019). In a multi-faceted world with diverse understanding of the rights of children, the UNCRC at certain points was in conflict with regional, national, sub-national and local ideas of the child's agency and rights. Anna Holzscheiter states in this regard that '[UNCRC] also formalised, universalised and homogenised the understanding of childhood and rights of children, thereby disregarding how class, ethnicity, gender or culture, then and now, shape local perceptions of for example corporal punishment, disability or the environment.' (Holzscheiter *et al.*, 2019) In light of this exercise, for an inclusive and decolonised understanding of child rights, it is pertinent to localise the right of children to local contexts and practices. In this regard, Fay "raises the pertinent question as to whether it is possible to identify several 'universal CRC-based concepts of protection" that can be accommodated with local culture and religious traditions to promote child safety and protection' (Holzscheiter *et al.*, 2019). Therefore, child rights need to be localised and any conflict needs to be negotiated with understanding of the local context and participation of the local communities to ensure both child protection and development.

In terms of sustainable development, the SDGs is the major driver whose indicators and targets has been adopted universally. The relevance and importance of SDGs to the realisation of child development has been stated previously in this chapter. The existing large inequality in development and economic growth between countries makes it necessary to localise the adoption and vision of the SDGs to the communities' priorities and resource availability. The vision of leaving no one behind requires that the process of localisation takes in to account the local contexts from

the very exercise of setting the goals and targets to determining the means of implementation and using indicators to measure and monitor progress (UNICEF, 2022).

At the local level, the full realisation of the rights of children and their development requires coordinated efforts between national, subnational and local institutions across a wide variety of actors. At least 105 of the 169 targets underlying the 17 SDGs will not be reached without proper engagement and co-ordination with subnational and local governments (OECD 2020, A Territorial Approach to the Sustainable Development Goals: Synthesis Report). Moreover, Goal 17 Partnership for the Goals solely focuses on fostering and promoting high impact partnership. The localisation of SDGs recognises that the local governments and actors form the governance eco-system that is closest to the people. Further, the local actors are best places to understand the needs, resource capability and local contexts for the successful realisation of social and economic development of the communities. In recognition of this, many countries are adopting SDG localisation as a framework for local development policy to support local and regional actors in rural and urban settings. This requires a ‘whole of society’ approach and partnerships with public institutions, the private sector, and communities to achieve sustainable development (UNICEF, 2022).

Child Development in India

India has the largest population of children in the world. Children (ages 0-18 years) account for 472 million members of India’s population i.e. 39 per cent of the total population (Census of India, 2011). Of these, 128 million (26 per cent) children live in urban areas (Census of India, 2011). Children notably represent one-third of

India's current urban population (Statistics on Children in India, 2018). Technical group on population projections in its report has stated that as per the Census 2011, the 'population in the school-going age of 5-14 years is expected to decline from 25.4 crores in 2011 to 20.7 crores in 2036. The share of the population aged 5-14 years to total population of all ages is expected to decrease by 7.3 per cent from 20.9 per cent in 2011 to 13.6 per cent in 2036.' However, the report further states that 'the proportion of population in the working age-group 15-59 years is expected to rise from 60.7 per cent in 2011 to 65.1 per cent in 2036' (National Commission on Population, 2019). Consequently, even though there shall be a decrease in the young population of the country, the adolescent and adult population is expected to rise, thereby, making key early intervention in the area of child development critical.

According to the National Family Health Survey (NFHS)-5, India reveals high levels of stunting, despite marginal improvement over the years. In 2019-21, 35.5 per cent of children below five years were stunted and 32.1 per cent were underweight (Suri, 2021). Further, there are more stunted children in rural areas (37.3 per cent) as compared to urban centres (30.1 per cent), possibly linked to low socio-economic status of households in rural areas (Suri, 2021). The Infant Mortality rate (IMR) decreased by 5 per cent from 40.7 per cent (NHFS-4) to 35.2 per cent (NHFS-5). However, children age 6-59 months who were anaemic accounted for 67.1 per cent which was 8.5 per cent more than NHFS-4 at 58.6 per cent. This can affect their cognitive and physical development of children (Suri, 2021). Annual Status of Education Report (ASER) for India stated that basic reading abilities of children dropped to pre-2012 levels, reversing the slow progress made in the past decade. For

example, the percentage of children in Std III in government or private schools who can read at the Std II level dropped from 27.3 per cent in 2018 to 20.5 per cent in 2022. Further, the percentage of children in Std III who can at least do subtraction dropped from 28.2 per cent in 2018 to 25.9 per cent in 2022 (ASER, 2022).

Table 3.1. Comparison of National Health and Family Survey 5 and National Health and Family Survey 4

India			
Indicator (%)	NHFS 5	NHFS 4	Difference (-/+) (%)
Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)	52.2	50.4	1.8
All women age 15-19 years who are Anaemic (<11.0 g/dl)	59.1	54.1	5
Women age 15-19 years who were already mothers or pregnant at the time of the survey	6.8	7.9	-1.1
Young women age 18-29 years who experienced sexual violence by age 18	1.5	1.5	0
Children under 5 years who are stunted (height-for-age)	35.5	38.4	-2.9
Children under 5 years who are wasted (weight-for-height)	19.3	21.0	-1.7
Children under 5 years who are severely wasted (weight-for-height)	7.7	7.5	0.2
Children under 5 years who are underweight (weight-for-age)	32.1	35.8	-3.7
Children age 6-59 months who are anaemic (<11.0 g/dl)	67.1	58.6	8.5
Infant mortality rate (IMR)	35.2	40.7	-5.5

However, the diversity of challenges which differ based on region, demography, religion, and culture are not reflected in the composite data provided in studies. The data sets and reports hide important inequalities within the territories which are linked to

'economic capacity, coverage and quality of services, as well as the capacity of subnational structures to plan, deliver and monitor services' (UNICEF, 2022). It is evident that despite dramatic improvements in survival, nutrition, and education over recent decades, data trends reveal that today's children in India continue to face an uncertain future.

The Government of India has enacted various laws and policies that support the development and protection of children in the country. Laws such as – (i) The Juvenile Justice (Care and Protection of Children) Act, 2015 provides for the care, protection, treatment, and rehabilitation of children in need of care and protection, as well as children in conflict with the law; (ii) The Protection of Children from Sexual Offences (POCSO) Act, 2012 provides for the protection of children from sexual abuse and exploitation, and for the speedy investigation, trial, and punishment of offenders; (iii) The Right to Education (RTE) Act, 2009 guarantees free and compulsory education for all children between the ages of 6 and 14; and (iv) The Child Labour (Prohibition and Regulation) Act, 1986 prohibits the employment of children in certain hazardous occupations and regulates the working conditions of children in non-hazardous occupations amongst other laws.

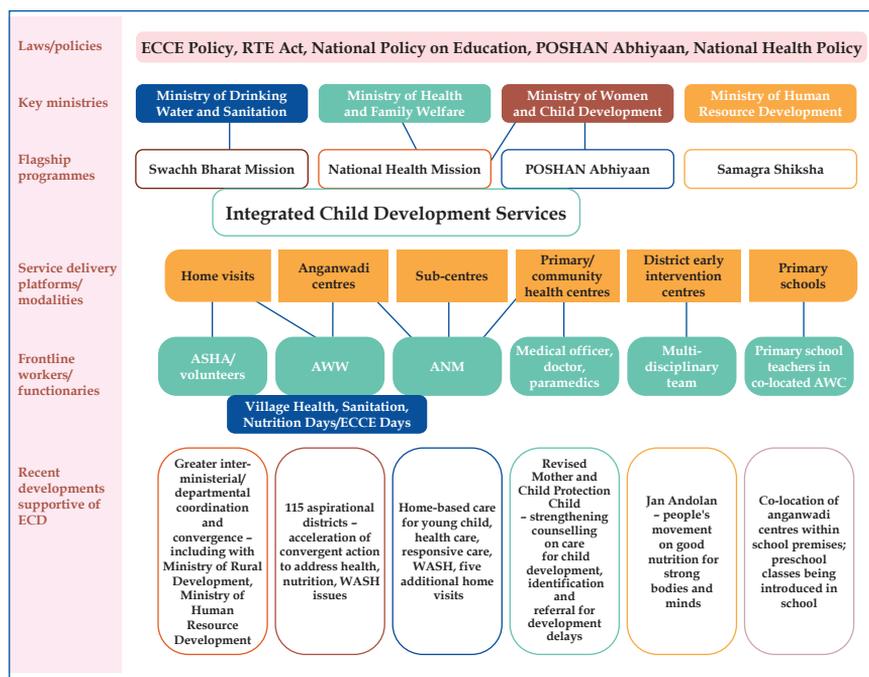
Moreover, the government recognises that effective policies are critical for improving child development outcomes in India. Policies such as the National Nutrition Mission and the Right to Education Act have been instrumental in addressing issues such as malnutrition and access to education. The National Nutrition Mission aims to reduce stunting, undernutrition, and low birth weight among children. The Right to Education Act ensures that every child between the ages of 6-14 has access to free and

compulsory education. Moreover, local initiatives such as the Kishori Shakti Yojana, which aims to empower adolescent girls, have been successful in improving outcomes for marginalised populations. The programme focuses on providing education, vocational training, and health services to adolescent girls, and it has been successful in improving their social and economic outcomes.

Integrated Child Development Services (ICDS) – Interaction of Policy, Governance and Localisation in India

A major policy of the government, the Integrated Child Development Services (ICDS) programme, was introduced by the Government in 1975. It is the largest mother and child welfare programme in the world to provide supplementary nutrition, pre-school education, immunisation, and health and nutrition education, among other health and development services. The ICDS scheme is a significant illustration of interaction of policy, governance and localisation in relation to child development in India. Also, an analysis of ICDS scheme is relevant as access to quality ECD is a needed investment in future meaningful participation of children which is discussed further in this Chapter. Under the ICDS programme, the beneficiaries are children in the age group of 0-6 years, pregnant women and lactating mothers. The scheme is administered and implemented by States/UTs. Through sustained engagements at regular intervals, States/UTs have been requested to optimise coverage of beneficiaries including child beneficiaries and ensure that children of appropriate age are enrolled at Anganwadi centers (AWCs). The policy and service delivery structure of the programme is as follows:

Figure 3.1: Service Delivery of ICDS Scheme in India



Source: UNICEF, 2022.

The researchers found that men aged 15 to 54 years and women aged 15 to 49 years who were fully exposed to a local ICDS centre during the first three years of life completed 0.1-0.3 more grades of schooling than those who were not exposed. The effect was stronger among women than men (Nandi *et al.*, 2016). Nandi informed, “Considering the high levels of child undernutrition in India, ICDS is one of the most important nutrition programmes in the world both in terms of scope and coverage. This is the first national study to show that the programme can bring substantial long-term schooling benefits” (Nandi *et al.*, 2016). In response to a Parliamentary Question, the Ministry of Women and Child Development informed that as of 2022, 8.7 crore children in the age group 0-6 years are registered as beneficiaries in Anganwadi

Centres across the country, out of which, the number of children aged 3-6 years, enrolled in Anganwadi Centres across the country, is 4.25 crores (LS No. 301, 2023). Further, the government is providing Anganwadi Centres across the country Growth Monitoring Devices and Smart Phones for efficient service delivery (LS No. 289, 2023). Despite the ICDS scheme providing a robust system for ensuring child development, there exist numerous challenges to the realisation of child development in the country.

Challenges to Child Development in India

The child development and protection policies, though have had a significant impact on child development outcomes, it is recognised that there is still a long way to go in ensuring universal access to the services. The three key challenges are (1) lack of adequate human and financial resources, (2) poor coordination and convergence and (3) poor capacity building of different actors. Capacity and resource constraints prevent subnational and local governance structures from effectively implementing their key functions. Further, less financial resource allocation directly aggravates the delivery of social services to children. The lack of adequate financial resources is in terms of both the low allocation of funds to necessary governance structures as well as the schemes that directly benefit children and their families. Other challenges include lack of awareness of policies and their benefits among the population. This leads to low participation rates and under-utilisation of the schemes resulting in decrease in funding of the policies. Moreover, the governance structures and implementation procedures are developed strictly which results in bureaucratic delays. Another challenge are cultural barriers

which hinder the implementation of child development policies in India. Communities may have cultural beliefs that conflict with the policies, language barriers and literacy levels also contribute to the acceptance of the policies at the local level. Implementing child development policies in India is essential to improving the lives of children in the country.

Child Participation Essential for Child Development

For the last 30 years, child participation has been widely acknowledged as one of the most important dimensions of children's rights (UNICEF 2017). Child participation refers to the active involvement of children with their environments. However, in context of governance, the participation of children is considered in relation to Article 12 on UNCRC which recognises a child's right to be heard or express views freely, to have her/his views considered seriously in decision-making and to have a government ensure the realisation of these rights (UNICEF 2017). Hence, child participation in the decision-making process is essential for ensuring that children's rights are respected and protected and that their needs are addressed in policies and programmes. The voice of children needs to be mobilised to reach the SDGs. Child participation allows the future participants of our society to navigate and advocate for their vision of their future.

However, child participation in the governance system presents contemporary challenges. A major challenge is that child participation is often tokenistic, it may exclude vulnerable groups, and evidence of its impact is frequently limited. Another significant challenges to child participation in governance is the lack of awareness and knowledge about children's rights and recognition

of child's agency to participate in the decision-making process. Even if child participation is recognised, there is absence of appropriate platforms and mechanisms for children to participate in governance especially in traditional governance structures. Furthermore, socio-economic and cultural factors also hinder children's participation in governance. On the one hand, poverty, discrimination, and marginalisation of some children limit their participation while on the other cultural norms might discourage their participation in governance. Children's safety and security being at risk, limits their participation. And conversely participation can put them at risk such as voicing opinion and experience on gender-based violence may put the child at risk. Therefore, any participation models which fail to provide for protective mechanisms which facilitate their anonymity, privacy etc when appropriate, create vulnerable situations for participation of children.

Good child participation models exist in different countries. For example, the Children's Parliament in Scotland provides a platform for children to express their views on issues related to their lives, such as education, healthcare, and safety. All Scottish children between the ages of 8 and 14 can join online. As members, they can then take part in online activities, including voting on issues of importance and sharing ideas about projects and children's active citizenship roles. In addition to working online, the Children's Parliament sought to create 20 local caucuses throughout Scotland, each made up of 20 children who would meet monthly over three years (Ponet, 2011). Another example is of Network of Young Counsellors of Child Ombudsperson in Croatia. Young counsellors between the age of 12 to 18 years are elected democratically by their peers. They have regular meetings both on national and regional level where

they work with the Child Ombudsman. Similarly, the Bulgarian Children's Council, another model for child participation, is set up with the State Agency for Child Protection (SACP) since 2003 and consists of 35 representatives of children from the country's all 28 administrative regions and non-governmental organisations for disadvantaged children. "The Children's Council is a consulting body to the SACP Chair and its main function is to represent the child viewpoint on policies and questions in the context of Art. 12 of the UNCRC" (Almasi, 2015; Day *et al.*, 2015). The council is formed by selecting a representative for an administrative area who speak on behalf of the children of that area. The Children's Council includes students, as well as children from specialised institutions, from minority ethnic groups and children with disabilities. The Council meets several times a year with the help of an SACP expert team that creates the link between the children and institutions as well as helps set up and conduct meetings. (Almasi, 2015; Day *et al.*, 2015)

In India, the *Bal Panchayat* or *Bal Sabha* (Children's Council) is a good example of a child participation model. In a country with the youngest population in the world, mobilisation of children's participation is a complex process. The *Bal Panchayat* or *Bal Sabha* is a local self-government body comprising children between the ages of 6-18 years.¹ The Council has the power to decide on issues related to the local community, such as sanitation, education, and health. The model seeks for children to form committees at the local level, deliberate on issues that concern them and then engage with the local governance to resolve the issues. The *Bal Panchayat* is connected with key local governance institutions and has been successful in promoting the participation of children in

decision-making processes while empowering them to take action for the betterment of their community (Kailash Satyarthi Children's Foundation 2020; India Education Diary 2020).

However, governments and civil society organisations need to create opportunities for children to participate meaningfully in governance processes, promote awareness about children's rights and the importance of their participation, and address socio-economic and cultural barriers that limit their participation. It is pertinent that participation through different models should go beyond tokenism and manifest in constructive action. Transparency and accountability through adoption of Accountability to Affected People (AAP) principles should be critical part of the child participation model and governance.

Child Friendly Spaces at Local Level

UNICEF has identified three critical direct pathways through which subnational development contributes to children's rights across contexts, which include (1) providing effective and equitable financing and delivery of social services; (2) ensuring child-friendly infrastructure, environments and living conditions; and (3) developing responsive institutions and good governance at the subnational level that supports social cohesion and strengthens the social contract (UNICEF, 2022). Child-friendly spaces or environments are models wherein all three areas are undertaken at the last level of governance to implement sustainable development with children at the heart of that development.

Child-friendly spaces are safe and nurturing environments that provide children with opportunities for learning, play, and socialisation. Child-friendly spaces can be indoor or outdoor and

can be located in various settings, such as schools, parks, and community centres. In 1989, the United Nations Convention on the Rights of the Child (CRC) formalised the rights of children of which Article 12 of the Convention made a clear commitment that children has a right to be heard and respected and it has become synonymous with the participation movement. Following the 1989 Convention, the 1992 Earth Summit extended children's participation rights to the realm of living (and working) environments, and introduced Agenda 21, an Action Plan for sustainability to be implemented at the local level that included a section focused on strengthening the role that children (as well as other groups) played in development. The Cities Summit in 1996 came out with the habitat agenda and acknowledged that children and young people are a key stakeholder group for sustainable urban development (NIUA 2016). Catherine McAllister's case study on the city of Waterloo found that "children have an intense relationship with their environments" (McAllister, 2008). Hence, a push was given for ensuring that any sustainable development incorporates environments which provide for child development. In this regard, child-friendly spaces are a point of convergence of governance, policy, and localisation for child development because they require the active involvement of multiple stakeholders, including government, non-governmental organisations (NGOs), communities, and children themselves for ensuring safe and nurturing environments for children.

Governance can promote the creation of child-friendly spaces by developing policies and strategies that prioritise the well-being of children. For example, the Government of India has launched the *Beti Bachao, Beti Padhao* (Save the Girl Child, Educate the Girl Child) campaign to address gender discrimination and promote

girls' education. The campaign has led to the construction of child-friendly toilets in schools, which have improved the health and hygiene of children, particularly girls.

Policies can promote the creation of child-friendly spaces by providing guidelines for their design, operation, and maintenance. For example, the Government of Norway has developed guidelines for the creation of child-friendly cities. The guidelines provide recommendations for the design of urban spaces that promote children's health, well-being, and participation. The guidelines include recommendations for the design of parks, playgrounds, and public spaces that are safe, accessible, and inclusive (Norway 2022).

Localisation is essential for ensuring that policies and programmes are responsive to the needs and priorities of communities. Local communities have a unique understanding of the challenges and opportunities that exist in their communities and can contribute to the development of child-friendly spaces. For example, Child-Friendly Cities initiative by UNICEF, has made local governments strive toward child-friendliness with a focus on the participation of children and young people.

The relevance of child friendly spaces is evidenced by the project of Child Friendly Village initiative in India by the Ministry of Panchayat Raj, Government of India.² The Ministry has adopted thematic approach to SDGs to ensure 'local action' for achieving 'global plan'. The approach aims to localise SDGs in rural areas through Panchayati Raj Institutions (PRIs), especially Gram Panchayats (The local governance institution of the government) by clubbing 17 'Goals' into '9 Themes'. Appropriate policy decisions and revisions have followed resulting into revamping of Rashtriya Gram Swaraj Abhiyan (RGSA) and Gram Panchayat Development

Plan (GPDP) Guidelines which smoothens the process of Localisation of Sustainable Development Goals (LSDGs) in Gram Panchayats (Orissa Diary, 2023). One of the themes for LSDGs is Child Friendly Village that ensures that all the children are able to enjoy their rights for survival, development, participation and protection. The theme requires that the Gram Panchayats provide safe, secure and clean environment to all children wherein each child can develop to their full potential by ensuring the basic requirements in terms of Health, Education, Nutrition and Protected environment for wellbeing of each child (DRDPR Maharashtra, 2018). The child friendly panchayat model promotes participation of children by ensuring that *Bal Panchayat* in the village present during *Gram Sabha* and also participation of *Gram Panchayat* members in *Bal Sabha* and *Bal Panchayat* meetings. The model requires the panchayat to undertake planning and create a roadmap for accomplishing the vision and mission statement for child friendly village (DRDPR Maharashtra, 2018).

Conversely Child Friendly Cities³ is another initiative which is being adopted by urban cities in India such as in Bhubaneswar, officials have launched the “Socially Smart Bhubaneswar” initiative, under which adolescent girls are being trained in self-defence techniques. The city has also joined the Urban95 initiative of the Bernard van Leer Foundation which aims to create cities with the needs of a three-year-old (whose average height is 95 cm, and thus the name). This initiative focuses on making changes at the urban planning level (Weedy 2018; Bhattacharya 2021). Therefore, only with the effective coordinated action of different actors of the governance eco-system promoting child friendly policies at the local level can the rights and development of children be realised.

The Road Ahead – Cohesion at the Local Level

The careful analysis of the importance of governance, policy and localisation for the realisation of child development and in turn sustainable development reveals that though there are numerous interventions that have successfully aided the vision, more focus concentrated efforts need to be undertaken while providing space for children participation.

Firstly, decentralisation is a key aspect of localisation of child development. The effective and equitable financing and delivery of goods and social services by national, regional and local governments and other local actors are the most immediate and direct means through which children's rights are realised at the local level (UNICEF, 2022). Decentralisation in India is complex as India is a quasi-federal state. The federal structure divides powers of the Centre and State thereby creating a unique relationship that has evolved since Independence. Despite numerous policies and schemes, the implementation, their translation and reach to the last mile is the duty of the states of India. The Supreme Court has highlighted the need for collaborative federalism in Govt. of NCT of Delhi vs Union of India (2018) by stating that “where both the Centre and the state governments should express their readiness to achieve the common objective and they have to move on the path of harmonious co-existence and inter-dependence irrespective of their differences”. Despite robust laws and policies in place, their impact shall be negligible unless their implementation is affected by co-operation from the Centre, States and local governance systems and the delivery of services is decentralised across the country.

For effective decentralisation, the following measures should be undertaken: (i) Local communities should be given the power to make decisions related to child development in their areas. This can be done by strengthening local governance structures like Gram Panchayats and Municipalities, and giving them the resources and capacity to implement programmes for child development, (ii) local communities should be provided with the necessary resources and capacity to develop and implement programmes for child development. This includes providing training and support to local leaders and volunteers, and investing in local infrastructure like schools and healthcare centers, (iii) community and children participation is essential for the success of any program related to child development. Communities should be actively involved in the planning, implementation, and monitoring of programs related to child development. Integration of Accountability to Affected People (AAP) principles to the monitoring procedures shall ensure transparency and accountability, (iv) decentralisation should be supported by partnerships between the government, civil society organisations, and the private sector. These partnerships can help in building the necessary capacity and resources required for effective decentralisation.

Secondly, the adoption of child-friendly budgets is vital to child governance and sustainable development. The budget is the most concrete expression of the government's intention, policies, priorities, decisions and performance at the national level, state level, or local level. A child-friendly budget is a budget that takes into account the needs and rights of children.

It prioritises investments in education, health, social protection, and other areas that directly affect the well-being of children. The chapter has identified inadequate funding and lack of financial resources as one of the major challenges to implementation of child development policies. Child-friendly budgets can help promote equity and social justice by ensuring that resources are allocated fairly to all children, regardless of their socio-economic background. In India the total allocation for children in Union Budget 2022-2023 was Rs. 92,736.5 crore, which is an increase of 8.19 per cent in absolute terms from the last Budget. However, the increase was not proportionate to the total expenditure of the budget. The share of the Budget for children was a meagre 2.35 per cent of the Union Budget. Child Health saw a decrease of 6.08 per cent in allocation and Child Development Programme saw a drop of 10.97 per cent in allocation, whereas, child education saw a marginal increase of 0.3 per cent in allocation. In the Union Budget 2023-2024 the ICDS (Integrated Child Development Scheme), received a marginal increase in allocation of 1.4 per cent over last year; however, with the general inflation at 5-6 per cent, more allocation was needed. While Child Budget Statements (CBS) are published by the Union and State Governments, they need to be more responsive to the special needs of children. Though the projected economic growth globally is showing signs of slowing, and the rising inflation will deeply impact marginalised communities especially children. There is dire need to rethink the manner in which national, subnational and local governments prepare their budgets which have the power to drastically and directly impact the delivery of services.

Thirdly, capacity building in the technical and institutional capacity of local, subnational and national actors is one of the first steps to advancing effective localisation of child development. At the local level, different actors play a key role in planning, monitoring and evaluating the difference policies and schemes that realise child development. The local actors strengthen social inclusion and are the first point of contact to understand the needs of the children in their communities. However, with the integration of new understanding to child development, technology and changing of the challenges faced by children within their communities, the local and subnational actors should be equipped with the right tools and strategies to support the change and ensure child development. Investment in building capacities of local actors help the full realisation of citizens' and children's rights through responsive institutions that support social cohesion and strengthen the social contract.

Lastly, inter-relationship between different actors through horizontal and vertical coordination plays a key role in ensuring concentrated efforts to realise the right of children at the local level. In India, child development is a complex and multifaceted process which requires coordination and collaboration among a range of local actors, including government agencies, non-governmental organisations (NGOs), community groups, parents and children. Effective coordination between these actors is essential to ensure that children receive the necessary support and resources for their development. Horizontal coordination refers to collaboration among actors at the same level of governance, such as between different departments within a state government or

between multiple NGOs working in a particular region. However, vertical coordination refers to collaboration among actors at different levels of governance, such as between local NGOs and the central government. This coordination is particularly important in a decentralised system like India's, where aspects of child development are under the purview of different actors within the governance system. Horizontal coordination among different government departments and NGOs can ensure that services are comprehensive and delivered in a coordinated manner, while vertical coordination between different levels of governance can ensure that resources and policies are tailored to the specific needs of different children's communities.

Child development forms a key target in the achievement of sustainable development. The COVID-19 pandemic, the war in Ukraine and the rise in inflation has deeply impacted the marginalised communities especially children. There is rising inequality and any progress made by countries has been pushed back years. The safety and development of children, who are the true inheritors of our society needs to be recognised as a key priority of the actors within the governance structures. Major international commitments need to be translated and adopted in consonance with the local contexts to ensure that the commitments are achieved and do not just end up as words on pieces of paper. We need to closely study local community level factors that impact child development and highlight good practices and models for better learnings. Without collective and local effort child development might just remain as an elusive dream.

Endnotes

- ¹ There does not exist a formal document on the concept and structure of Bal Panchayat. Analysis of the structures of various Bal Panchayats or Bal Sabhas organised by the State Government, NGOs and UNICEF reveal that the age of children participating in Bal Panchayat is between 6-18 years.
- ² The examples of Child Friendly Village are one initiative that has been adopted by the government. It is pertinent to note that the lived experiences and needs of children in both rural and urban areas differ. Further, the governance structure at the local level has different stakeholders. Recognising this difference, the authors argue that creation of child friendly spaces is necessary for the convergence of policy, governance and localisation for child development.
- ³ According to UNICEF, “A child friendly city is a city or any local system of governance that is committed to fulfilling children’s rights, including their right to influence decisions about their city; express their opinion on the city they want; participate in family, community and social life; receive basic services such as healthcare, education and shelter; drink safe water and have access to proper sanitation; be protected from exploitation, violence and abuse; walk safely in the streets on their own; meet friends and play; have green spaces for plants and animals; live in an unpolluted environment; participate in cultural and social events; and be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability.” (Unicef, “Child Friendly Cities promoted by UNICEF National Committees and Country Offices – Fact sheet”, September 2009, https://www.unicef.de/blob/23350/110a3c40ae4874fd9cc_452653821ff58/fact-sheet—child-friendly-cities—data.pdf)

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Gender and Child Budgeting: Potential to Mitigate Inequalities

Lekha Chakraborty*, Amandeep Kaur** and
Jitesh Yadav***

Abstract: Gender and child budgeting is a fiscal innovation, which encompasses knowledge building, institutional mechanisms, capacity building and accountability mechanisms. The impact of gender and child budgeting on mitigating inequalities is empirically analysed using a panel data analysis. We inferred that it is not economic growth, but social sector spending which is efficacious in tackling inequalities. However, Public Finance Management (PFM) tools like child budgeting (PF4C) *per se* do not instantaneously translate into reducing inequalities. The higher the period of implementation of PFM tools like child budgeting, the higher the scope of mitigating inequalities. It is revealed from the models that the year of inception of child budgeting in a State and incidence of crime against children are inversely related, indicating the relevance of c-PFM in reducing crimes against children in the long term. This has significant public policy implications that gender and child budgeting has relatively greater roles to play in mitigating inequalities than economic growth *per se*. These results are in confirmation with the existing literature on the link between gender budgeting and gender equality outcomes, especially in education and health.

Keywords: Public Financial Management; Gender Budgeting, Child Budgeting; Social Spending, Public Finance for Children.

* Professor, NIPFP, New Delhi

** Economist, NIPFP, New Delhi

*** Research Fellow, NIPFP, New Delhi

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Introduction

Institutions are increasingly becoming the central focus of economists studying the processes of growth, and why nations have differed so greatly in their socio-economic development goals. Explorations of the role of institutions remain rare, particularly in analysing endemic social constructs including patriarchy and how public policy can change these constructs. What makes this compelling?

Recall the debate set off by Amartya Sen when he claimed that millions of women and girls were “missing” referring to the number of females who have died as a result of unequal access to intra-household resources, nutrition, and healthcare. Against the backdrop of G20 forum, there is a need to analyse the role of public policy and institutions in addressing gender related prejudices resulting in female survival disadvantage, and the role of institutions in upholding the right to life for India’s children and women. What are institutions exactly? Institutions are defined as the rules of the game in a society or, more formally, are the humanly devised constraints that shape human interaction.

There is a need to make Gender Budgeting and Child Budgeting more appropriate PFM tools than just confined to Gender Budgeting and Child Budgeting Statements in the Expenditure Budgets of Union Budget documents. It is interesting to recall here that the first Gender Budgeting initiative in India has explicitly mentioned about the “public expenditure benefit incidence analysis” to capture the distributional impacts of public spending. The expert group on “Classification System of Government Transactions” has suggested a comprehensive methodology for gender budgeting than just confined to Gender Budget Statement. The excerpts from

first Gender Budget Statement quoted below reiterates the need to go beyond Statements to detail incidence analysis methodologies.

“An expert group on “Classification System of Government Transactions” had submitted its report in July, 2004, outlining the broad outline of issues and concerns involved. Now, Department of Women and Child Development and National Institute of Public Finance and Policy are being entrusted with the task of jointly undertaking a review of the public expenditure profile of the Departments of Rural Development, Health, Family Welfare, Labour, Elementary Education, Small Scale Industries, Urban Employment and Poverty Alleviation, Social Justice & Empowerment and Tribal Affairs, through the gender lens, conduct beneficiary-incidence analysis and recommend specific changes in the operational guidelines of various development schemes so as to improve coverage of women beneficiaries of the public expenditures. As part of the accounting reforms, it is the intention of the Government to consider aspects of beneficiary class identification for a meaningful analysis of the incidence of public expenditure and facilitate evaluation of beneficiary-impact for identified targets groups. An initial and maiden effort has been made to present here the budget provisions that are substantially meant for welfare of women and children. This class of beneficiaries also benefits from other programmes but that is not presently segregated/quantified. This is intended to serve as a reference point for future exercises to segregate budget provisions according to the gender of beneficiaries.”

Expenditure Budget, Volume 1, 2005-06,
Union Budget, Government of India¹

Against this backdrop, the processes of gender and child budgeting in India, as a fiscal innovation, needs a reboot to mitigate inequalities. Innovation is the way of transforming a new concept into tangible processes, resources, and institutional mechanisms in which a benefit meets identified problems. Gender and child

budgeting is a fiscal innovation in that it translates gender and child commitments respectively into fiscal commitments by applying a “gender and child lens” to the identified processes, resources, and institutional mechanisms, and arrives at a desirable public expenditure benefit incidence.

Gender and child budgeting as an innovation has four specific components: knowledge processes and networking, institutions, building capacities, and public accountability mechanisms. The National Institute of Public Finance and Policy (NIPFP) was a pioneer of gender budgeting in India, and in institutionalising gender budgeting within the Ministry of Finance, Government of India, in 2005. The Expert Committee Group on “Classification of Budgetary Transactions” made recommendations on gender budgeting which led to the institutionalisation process, integrating the analytical matrices of fiscal data through a gender lens and also the institutional innovations for gender budgeting. Rebooting the classification of budgetary committee recommendations and revamping the process of gender budgeting in India is inevitable, at both *ex ante* and *ex post* levels to address the crisis-ridden economy post-pandemic. These recommendations embodied the fact that the public budgeting processes often fail to visualise or account for its gender specific impacts. At the Central and State levels, Gender Budgeting followed the NIPFP methodology of reporting the expenditure profile in terms of the intensity of gender (child) in public expenditure under Part A (specifically targeted programmes) and Part B (indirect programmes). Later, the PF4C² has been introduced in India within the same PFM framework as gender budgeting.

Unpacking the “social content” of macro policies is pertinent for rapid economic progress. Right institutions and innovative

tools have been adopted subsequently to strengthen the “gender and child lens” of public spending decisions and how differential outcomes of fiscal policy are measured. The role of Ministry of Finance, Government of India in owning and leading the nation in terms of equity considerations from fiscal policy perspective is commendable. However the risks involved in innovation, the lack of capacity building of the stakeholders to clearly visualise the appropriate measures and the efficacy of the new institutional mechanisms to take it to logical outcomes were the formidable challenges posed to gender and child budgeting process. The absence of disaggregated data also has made the process more difficult. The G20 data building initiative needs to integrate the gender disaggregated data requirements.

Men and women are at asymmetric levels in the socio-economic realm in India in terms of education, health, work force participation and the participation in governance Also, given the disturbing demographics- the monotonous decline in the child sex ratio in some of the prosperous states of India, there can be no valid objection to highlight the role of gender and child budgeting as a potential PFM tool in the G20 forum to mitigate inequalities. The legal fiat of gender and child budgeting is crucial for second generation reforms in gender and child budgeting. Several countries have introduced gender and child budgeting as a legal mandate. In India, gender and child budgeting is mandated through Budget Call Circulars. However, the employment guarantee programmes has a legal backing from the perspective of public interest litigation (PIL); in the sense, if guaranteed days of employment is not provided, it can be approached from a PIL perspective. However, gender budgeting and child budgeting needs a legal framework within the fiscal rules

framework rather than going through the route of Public Interest Litigation. This is because establishing gender and child budgeting within the PIL framework will be ambiguous. One way to make gender and child budgeting mandatory is to incorporate these clauses as PFM long term strategies within the Fiscal Responsibility and Budget Management (FRBM) revised Acts, with or without setting up Fiscal Councils.

Gender and child budgeting can be rebooted as a budget transparency revolution in India, through demystifying budget process exercises to make the budgeting process more democratic. Within such demystifying budget exercises, if every household is made aware of gender and child budgeting as a tool of accountability of their “voice” in government, the process can be more democratic rather than these powerful tools getting confined as technocratic exercises. This has a powerful calculus of voting, especially of women voters to translate their revealed preferences into public expenditure decisions. Simultaneously, citizens may also “vote with their feet” if their expectations are not fulfilled by the government. This second generation reforms on gender and child budgeting in India - as owned by every single citizen as a tool of their relation with the government - is awaited. The political economy of gender and child budgeting is thus compelling. This paper takes up the link between PFM tools focusing on child budgeting and its potential to mitigate inequalities. Specifically, this paper tries to analyse the state’s role in curbing the incidence of crimes against children and ascertain the impact of social sector spending—in particular PFM tools like child budgeting—on crime involving children. The paper is organised into sections. Section 1 reviews the existing literature, while section 2 interprets data. Section 3 builds up the model and interprets results. Section 4 concludes.

Review of Literature

Stotsky, Chakraborty, and Gandhi (2019) analyze data from 1991–2015 for 29 Indian states in order to study the impact of fiscal transfers on gender inequalities. The study points out that inter-governmental fiscal transfers improve gender equality.

Stotsky and Zaman (2016) investigate the effect of gender budgeting on gender inequalities and conclude that gender budgeting has a positive influence on reducing gender inequalities in elementary and secondary education. Specifically, they find that states that work on gender budgeting have made more progress toward equal enrollment in primary schools than states that don't. The impact of gender budgeting on sectoral gender inequalities is examined by Chakraborty, Ingrams, and Singh (2017) for the Asia Pacific region. The researchers concluded that gender budgeting has significant impact on reducing educational and health inequalities but no effect on labour force participation rates. They also highlight that public expenditure on health and education has significantly improved gender equality. Given the literature suggesting fiscal management tools have a significant positive result on gender outcomes, this paper studies the impact of the same on the welfare of child. This kind of research has not yet been conducted in the sphere of welfare of children.

The existing literature has not empirically looked into the role of State and public policies in curbing inequalities against children specifically, and this study tries to fill in that gap prevalent in the literature by looking into the link between child budgeting and crime against children. Though such links have not yet been explored in the context of India, existing research has demonstrated a beneficial relationship between gender budgeting initiatives and gender equality outcomes.

Table 4.1. Literature Review: Selected Empirical Studies

	Objective/Issue Addressed	Methodology	Conclusions and Recommendations
Stotsky, Chakraborty, and Gandhi (2019)	To analyse the impact of transfers on gender outcomes	Panel data analysis	Significance of integrating gender and child indicators in fiscal transfers.
Stotsky and Zaman (2016)	Investigate the effect of gender budgeting on gender inequalities	Panel data analysis	Gender budgeting has a positive influence on reducing gender inequalities in elementary and secondary education.
Chakraborty, Ingrams, and Singh (2017)	Impact of gender budgeting on sectoral gender inequalities in Asia Pacific	Panel data analysis	Gender budgeting has significant impact on reducing educational and health inequalities but no effect on labour force participation rates. They also highlight that public expenditure on health and education has significantly improved gender equality.
Raj et al (2018) ³	Impact of gender budgeting on gender violence	Panel data analysis	Inverse relationship between gender budgeting and violence against women.

Source: Authors' Compilation.

This chapter aims to study the role of the state in the prevention of crime against children, with a special emphasis on child budgeting. When children are exposed to crime and violence, it may have long-lasting effects on their mental and physical health, as well as on their growth and development. More and more biomedical evidence points to a plausible link between childhood trauma and poor health. Studies have found changes in the nervous system, and immune system of children who were exposed to crime and violence (Repetti, Taylor, and Seeman 2002; Felitti *et al.*, 1998;

Teicher and Samson 2016; Kundakovic and Champagne 2015). The effects of crime against children are felt at every level of society, including in the home, neighborhood, and larger community. Children who are exposed to violence and criminality are more likely to become offenders as adults, and the intergenerational impacts may trap families in cycles of hardship, deprivation, and poor health (Hughes *et al.*, 2017). Brown *et al.* (2009) indicate a 20-year decrease in life expectancy for children who faced six or more bad childhood experiences (mostly types of abuse and neglect) compared to those who had none. Teens who have been physically or sexually abused are two-to-eight times more likely to try to kill themselves or succeed than other teens (Evans, Hawton, and Rodham 2005; Fergusson, Boden, and Horwood 2008).

The general literature has focused mostly on social, psychological, and economic variables explaining the dynamics of crime in different nations (e.g. Becker 1968; Fleisher 1966; Freeman 1996; Jacob and Lefgren 2003; Levitt 1998, 2004; Lochner and Moretti 2004; Levitt and Lochner 2001; Roman and Butts 2005; Merlo and Wolpin 2015; Jawadi *et al.*, 2021). Using data from France for 1975Q1–2013Q4 and the United Kingdom for 1983Q1–2018Q2, Jawadi *et al.* (2021) show a significant direct relationship between unemployment shocks and crime rates in both countries. Pellegrina (2008) used data from Italy from 1999 to 2002 to show that the length of a trial has a positive effect on crime. In the case of Greece, Laspa (2015) looks into what causes people to commit crime. Using data from Japan from 1964 to 2009, Halicioglu, Andres, and Yamamura (2012) look at factors that can explain both the total amount of crime and the different types of crime. In the context of India, Dutta and Husain (2009) study the determinants of crime rates by taking data

on Indian states from 1999–2005. The study found the number of crimes registered under the Indian Penal Code (IPC) per 10,000 people to be inversely proportional to the number of policemen per 1,000 square kilometer, but directly proportional to conviction rate in the previous year and the number of IPC cases per civil policemen.

Tyagi (2016) considers panel data from 13 Indian states from 2003 to 2007. This study examines juvenile delinquency as a function of a variety of independent factors including number of convicted juveniles (under IPC) in the last year, number of adults arrested, strength of the police force, per capita income, unemployment among youth, and corruption. The study demonstrates that an increase in the police force has a negative impact, arrests of adults have a positive effect, and youth unemployment has a positive effect, but, per capita income at the state level has no influence on the crimes committed by juveniles. Dutta *et al.* (2020) incorporated a larger panel dataset by considering 17 Indian states from 2011–13. The study used incidence of juvenile property crime per capita as the dependent variable and net state domestic product (NSDP) per capita, police per capita, adult crime, and illiteracy rate as the explanatory variables. It points out a non-linear relationship exists between state per capita income and the incidence of juvenile property crime. The study demonstrates that the frequency of property crimes committed by adolescents increases as the NSDP grows, since a richer state or higher urbanisation provide the opportunity for such conduct. When the per capita NSDP increases further, the positive effect of the NSDP on juvenile delinquency lessens. Thus, as NSDP per capita increases further, youth criminality is abated. The cause of criminality in children is a much-discussed topic but there is a dearth of literature that talks about the protection of children.

Interpreting the Data

As per the 2011 census, India is home to 444 million children between the ages of 0–18 years, constituting more than a third of India's total population. According to the most recent data from India's National Crime Record Bureau (NCRB), every four minutes a new crime is recorded that targets children. Crime incidence does not necessarily go down as the country's income increases. There are certain “capabilities” (like education and nutrition) that are positively correlated with per capita income and, without direct intervention, tend to increase with economic expansion. However, protection against crime is not an outcome of economic prosperity *per se*; in fact, there are egregious incidents of violence and crime growing against the backdrop of an increase in per capita income and other development metrics (Mavi, 2014).

The study takes into account a panel dataset containing observations for different Indian states as cross-section units across a time period of eight years from 2013 to 2020. This section gives an overview of the variables used in the study, their corresponding data sources, and descriptive statistics of the given variables. The rationale behind taking the time period from 2013–2020 is the introduction of the country's child budget in 2013 by the state of Bihar. Except for the states of Telangana (which was not formed as of 2013) and Jammu and Kashmir (where data is scarce), all states are included. Both the dependent as well as independent variables incorporated in the study for conducting the panel regression analysis are summarised in Figure 4.1, along with their data sources. Log of crime incidence has been used as the dependent variable while the explanatory factors are grouped into three broad

categories: gross state domestic product (GSDP) variables, social spending variables, and child budget dummies.

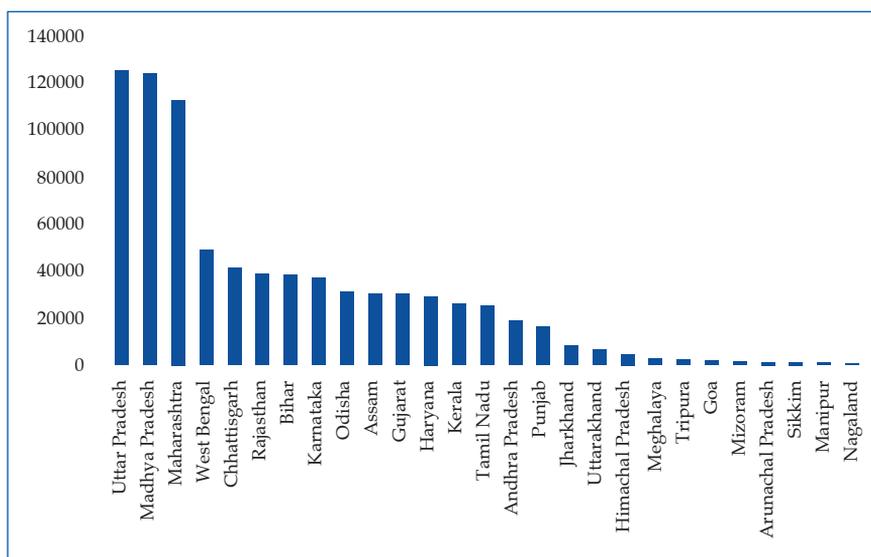
The data on crime incidence is sourced from the National Crime Records Bureau (NCRB), Ministry of Home Affairs, Government of India. The graphs below give clear evidence of a substantial surge in crime of all types committed against children during the time period under consideration. As per the available statistics, crime reports involving minors skyrocketed from 50,608 in 2013 to 135,131 in 2019, an increase of 167 per cent, before levelling off at 117,864 in 2020 (Figure 4.1). According to NCRB data 2020, every four minutes a new crime is recorded that targets children in India. Figure 4.1 shows the trend in crime incidence. Out of all the states, Uttar Pradesh reported the highest incidence of crime against children over the years, followed by Madhya Pradesh. Further, Figure 4.2 gives the statewise total incidence of crime during the period 2013–2020. As observed, crime

Figure 4.1: Crime Incidence for Various Years



Source: NCRB (various years).

Figure 4.2: The Total Incidence of Crime against Children, 2013–2020



Note: States with child budgeting are Maharashtra, Chhattisgarh, Bihar, Karnataka, Odisha, Assam and Kerala
Source: NCRB (various years).

incidence has been highest in Uttar Pradesh followed by Madhya Pradesh and Maharashtra while Nagaland and three northeastern states (Arunachal Pradesh, Manipur and Sikkim) of India reported the lowest crime against children.

Data on the GSDP has been taken from the National Institute of Public Finance and Policy (NIPFP) databank, based on MOSPI data. Statewise trends in GSDP are illustrated in Figure 4.3, as per which Maharashtra had the highest GSDP over the years, followed by Tamil Nadu. On comparing Figure 4.2 and Figure 4.3, it can be seen that states with a higher GSDP, i.e. Maharashtra, Tamil Nadu, and Uttar Pradesh, also had a higher crime incidence, thus indicating the likelihood of a positive correlation between GSDP and crime incidence. Another explanatory variable is the amount of aggregate social spending that a state allocates (Table 4.2).

Table 4.2: State Level Social Sector Spending in India: Disaggregated Components

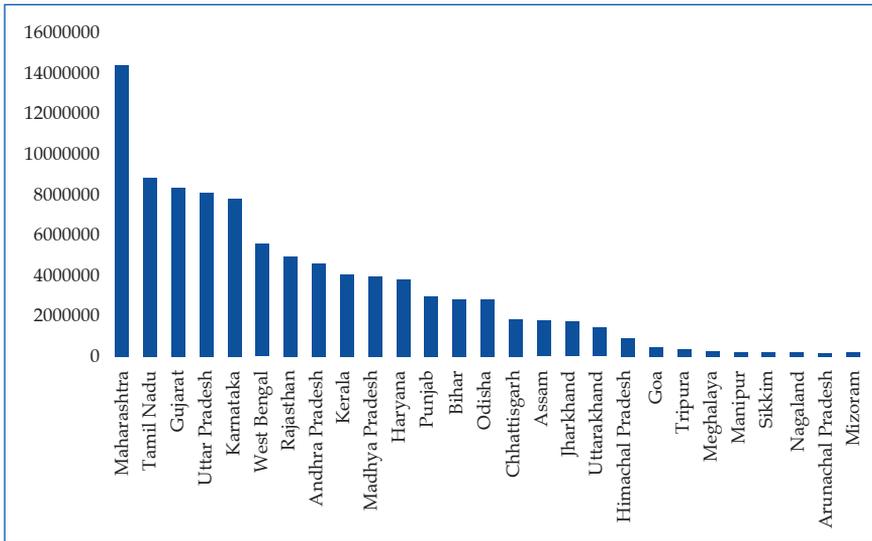
A. Social Services (1 to 12)
1. Education, Sports, Art and Culture
2. Medical and Public Health
3. Family Welfare
4. Water Supply and Sanitation
5. Housing
6. Urban Development
7. Welfare of Scheduled Castes, Scheduled Tribes and Other Backward Classes
8. Labour and Labour Welfare
9. Social Security and Welfare
10. Nutrition
11. Relief on account of Natural Calamities

Source: Expenditure Classification, State level Finance Accounts of India.

The data is compiled from budget documents and finance accounts of the various states. As seen in Figure 4.4, among all states, Maharashtra and Uttar Pradesh devote the highest amount of expenditure to social sectors. Observations from Figure 4.2 and Figure 4.4 combined suggest that states on the higher end of social spending are the states that have a higher crime incidence. Consequently, the data reveals that states with a higher GSDP and more social expenditure may have a higher crime rate, at least in the preliminary stage.

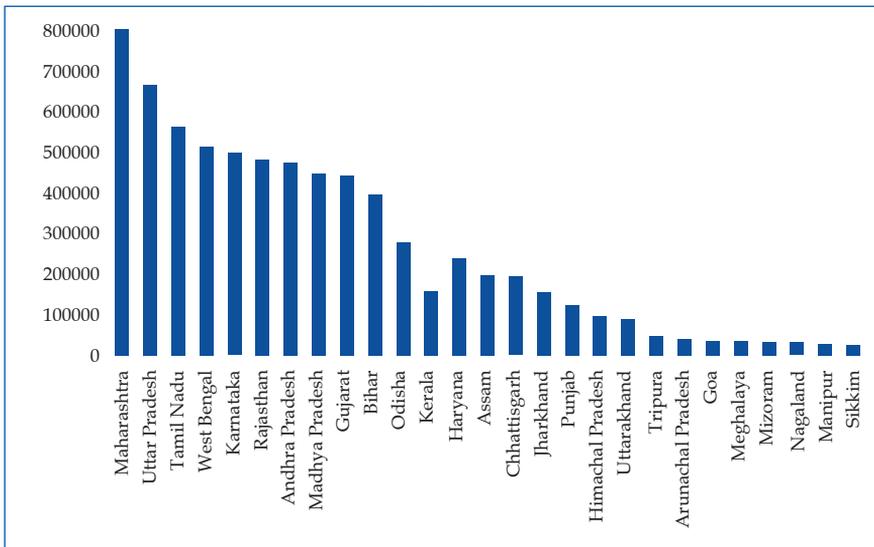
It is generally well understood that states where social spending and GSDP are high shall tend to report a lower crime incidence, contrary to the positive correlation between GSDP and crime

Figure 4.3: GSDP by State, 2013–2020



Source: NIPFP databank (various years)

Figure 4.4: Total Social Spending by State, 2013–2020

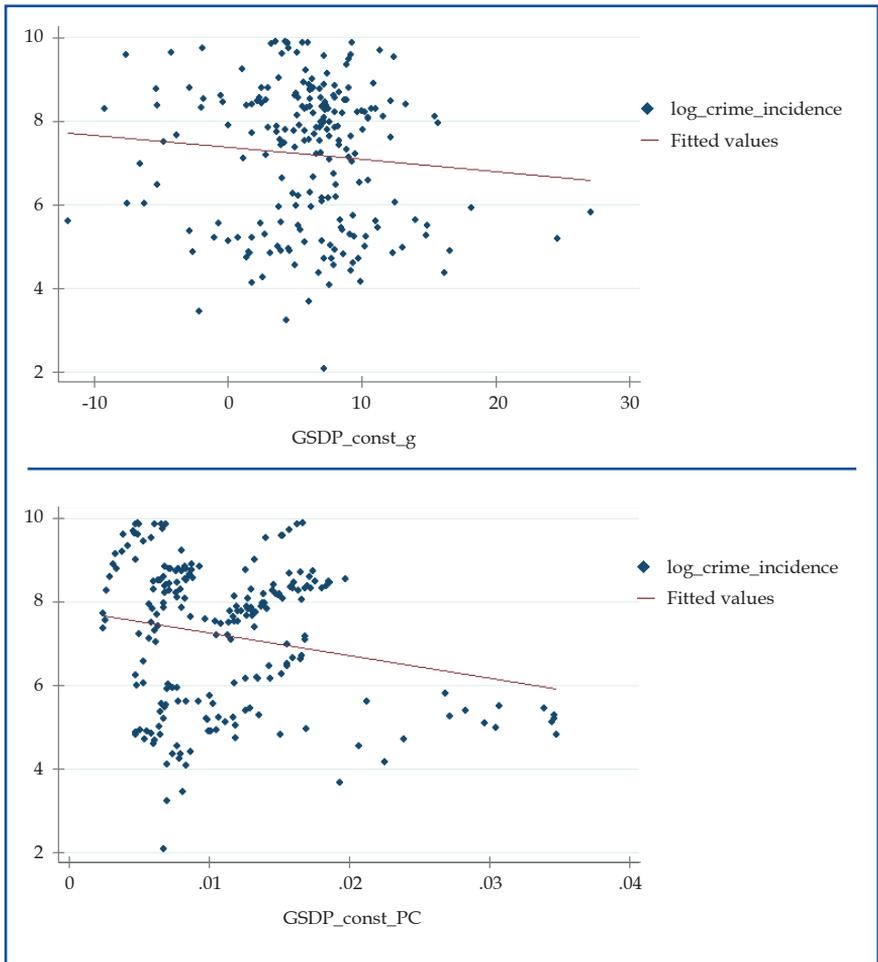


Source: Finance accounts (various years)

incidence and simultaneously between the level of social spending and crime incidence reflected in figures above.

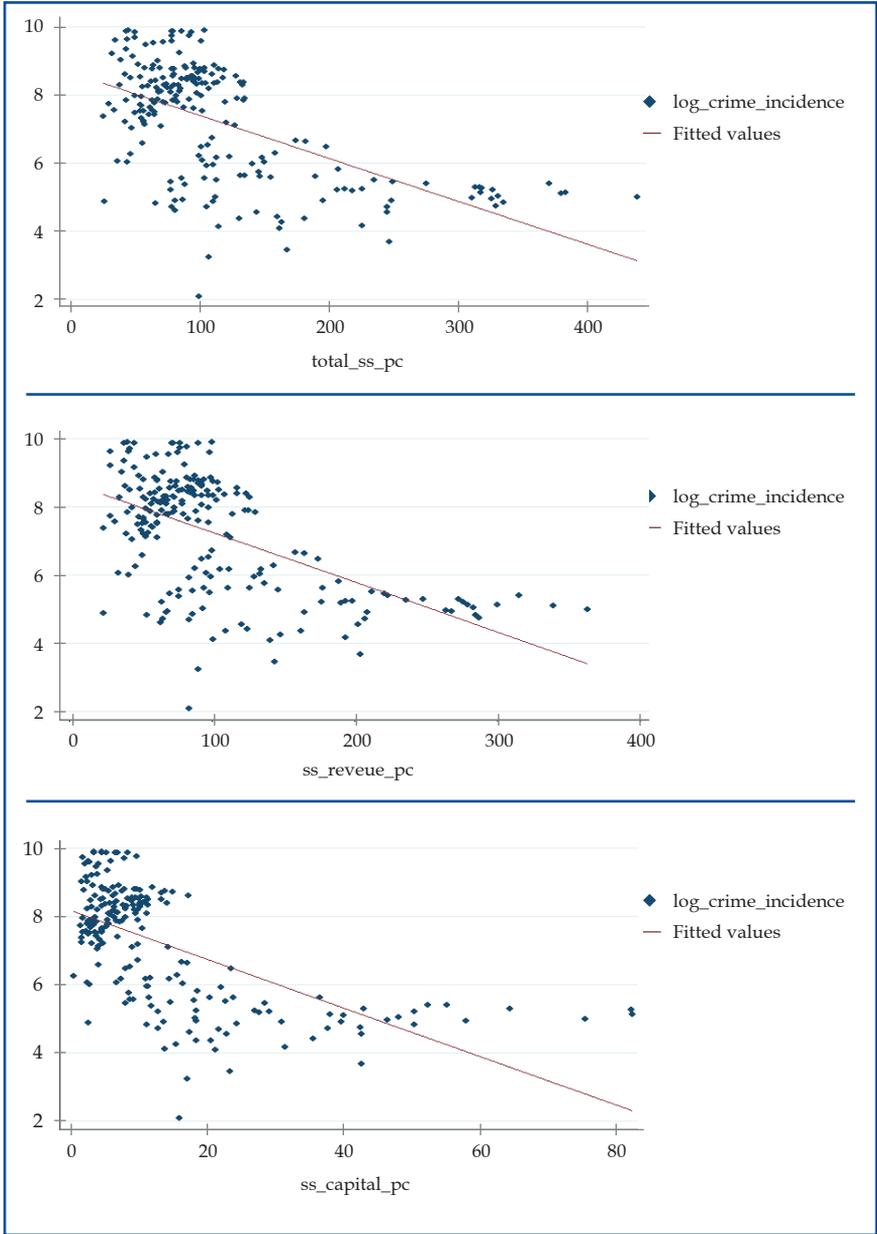
Figures 4.5 and 4.6 display a compilation of scatterplots for the dependent variable with each independent variable. There is an inverse correlation between crime rates and per capita GSDP, as depicted in Figure 4.5. Also, states with higher levels of social sector spending per capita are associated with lower crime incidences,

Figure 4.5: Scatterplots of Crime Incidence and GSDP Variables for Years 2013–2020



Source: NCRB (various years).

Figure 4.6: Scatterplots of Crime Incidence and Social Spending Variables for years 2013–2020



Source: NCRB (various years).

as depicted in Figure 4.6. The reasons for positive link between the two reiterates high public service provisioning in education, health, housing, urban development, water and sanitation, social security and welfare , labour and labour welfare, welfare of SC, ST, minorities and climate change related spending have contributed to the required social infrastructure for economic wellbeing and in turn reduced the atrocities against children.

Econometric Model and Results

With the help of Fixed effects estimates, this paper tries to answer the following questions:

- 1) Do social expenditures have any impact on lowering the rate of crimes against children?
- 2) Does the length of time child budgeting has been in effect aid in the reduction of child-related crime?
- 3) Does a distinction exist between states with child budgeting and those without child budgeting?

In order to answer these questions, this study employs the following structural form:

$$\begin{aligned} \log_childcrime_incidence_{it} = & \\ & \beta_0 + \beta_1 (per\ capita\ GSDP)_{it} + \beta_2 (per\ capita\ social\ spending)_{it} \\ & + \beta_3 (year\ of\ child\ budget\ /inception\ dummy)_{it} \\ & + \beta_4 (child\ budget\ State\ dummy)_{it} + u_{it} \end{aligned}$$

$\log_crime_incidence_{it}$ represents the log of childcrime incidence for state i in the year t. Per capita GSDP variables_{it} measure the impact of GSDP variables on the incidence of crime. There are two GSDP variables that this study uses. The first is GSDP growth rate and the second is GSDP per capita. Per capita social spending variables_{it} measures the impact of social sector expenditure on the incidence

of crime. There are three subvariables this study incorporates, namely total social spending per capita, revenue social spending per capita, and capital social spending per capita. Year of inception is the dummy that indicates the year from which child budgeting was initiated in state i . The child budget dummy takes a value of 1 if child budgeting exists in state i in year t . u_{it} is the error term. The per capita GSDP seemingly is highly correlated to crime incidence, unless there are substantial public policy initiatives on board to reduce atrocities against children.

β_2 assesses the effect of social spending on crime against children. β_3 measures the effect of introducing child budgeting on the incidence of crime against children; it also helps gauge the time factor of introducing child budgeting, i.e. the long-term benefits (if any) to instituting a child budget. β_4 analyses the disparity between the number of crimes committed against children by a state that has implemented child budgeting and a state that has not. The fixed effects estimates are presented in Table 4.3.

It is important to build more dummies into the model related to child budgeting and outcomes using detail demand for grants, incorporating child budgeting methodology (adherence to CRC, differentiation of child specific and child sensitive; and reference to SDGs) on how child budgeting is done rather than just the year of inception and the status of child budgeting. However, compiling such an information across all the detailed Demand for Grants (DDGs) across Indian States related to child budgeting is an enormous task and beyond the scope of present chapter. This is an important area of future research using DDGs for more financial input variables; and NFHS data for more outcome variables.

A positive relationship exists between the child-related crime and economic growth. So, if the goal is to reduce crime against children, it is not just enough to stop at economic growth. Instead, a public policy that focuses on social spending has the potential to provide better outcomes. Based on the estimated coefficients, a rise in social spending has a bigger effect than a similar rise in GSDP per capita.

The existence of a positive link between social expenditure and incidence of crime is at first counter-intuitive, but a closer examination reveals a non-linear relationship between crime incidence and social spending factors. There is a statistically significant result when the square of social expenditure is included in the same model. This indicates a concave relationship between social spending and crime incidence against children. As social spending goes up, the crime incidence against children increases but the rate of increase is dampened.

This “time factor” is also evident when one looks at the interpretation of the year of inception dummy of child budgeting in a State. The year of child budgeting inception dummy comes out to be significant as well, indicating that the longer that the child budgeting has been in place in a State, the greater the likelihood that crime against children would decrease. Therefore, there seems to be a negative correlation between the time period of child budgeting and the occurrence of crime against children.

The child budgeting dummy *per se* came out to be positively related with crime incidence. The introduction of child budgeting *per se* will not reduce crime against children. Kaur, Chakraborty and Yadav (2022) in their analysis on child budgeting revealed that within child budgeting, a significant chunk is focused on education

Table 4.3. Determinants of Addressing Crime against Children: Fixed Effect Estimates

Category	Variables	Crime Incidence (log)	Crime Incidence (log)	Crime Incidence (log)	Crime Incidence (log)	Crime Incidence (log)	Crime Incidence (log)
GSDP variables	GSDP growth rate	0.0134 (0.0056) **	0.0136 (0.0055) **	0.0031 (0.0069)			
	GSDP per capita				0.3137 (0.2243)	0.3676 (0.2186)*	1.0636 (0.1924)***
Social spending variables	Total social spending per capita	23.2257 (2.2042)***			20.2494 (2.6650)***		
	(Total social spending per capita) ²	-36.3648 (4.3965) ***			-34.0468 (4.5594) ***		
	Revenue Social spending per capita		26.5998 (2.4747)***			23.1446 (2.8918)***	
	(Revenue social spending per capita) ²		-49.2073 (5.9725)***			-46.8894 (6.0874)***	
	Capital social spending per capita			38.5110 (12.3926)***			6.3824 (12.6692)
	(Capital social spending per capita) ²			-294.9004 (134.1885)**			-84.5500 (128.5487)

Table 4.3 continued

Table 4.3 continued

Category	Variables	Crime Incidence (log)						
Dummies	Year of inception dummy	-0.2768 (0.1869)	-0.2583 (0.1850)	-0.4385 (0.2355)*	-0.2760 (0.1890)	-0.2601 (0.1867)	-0.3907 (0.2178)*	
	Child budgeting dummy	0.3846 (0.1705)**	0.3812 (0.1685)**	0.7960 (0.2090)***	0.3133 (0.1699)**	0.3057 (0.1675)*	0.6392 (0.1906)***	
	Constant	5.1166 (0.1872)***	5.0966 (0.1841)***	6.7258 (0.1358)***	5.1500 (0.2015)***	5.0907 (0.2022)***	5.9023 (0.1898)***	
	Observations	210	210	210	210	210	210	
	R-squared (within)	0.4714	0.483	0.1557	0.4599	0.4736	0.2786	
***p < 0.01, **p < 0.05, *p < 0.1								

Source: Authors' estimations.

spending, and the spending related to child protection schemes are found to be less than one per cent of the entire child budgeting. The empirical evidence from our models also emphasise the significance of designing more child protection-related schemes and budgetary allocation, within the child budgeting.

It may also be noted that the states with a higher crime incidence against children are the states that have introduced child budgeting (Figure 4.2). The states that have introduced child budgeting before the year 2021 are Maharashtra, Chhattisgarh, Bihar, Karnataka, Odisha, Assam and Kerala. As can be seen from Figure 4.2, the aforementioned states are on the higher end of the number of cases reported. However, as seen in the inverse relationship between the year of inception of child budgeting and crime against children, the occurrence of crime against children decreases as the time period of PFM tool like child budgeting increases.

Conclusion

Gender and child budgeting is a fiscal innovation, which encompasses knowledge building, institutional mechanisms, capacity building and accountability mechanisms. The impact of gender and child budgeting on mitigating inequalities is empirically analysed. Using a panel data analysis, we inferred that it is not the economic growth, but social sector spending that is efficacious in tackling inequalities. However, PFM tools like child budgeting *per se* do not instantaneously translate into reducing inequalities. Higher the period of implementation of PFM tools like child budgeting, higher the scope of mitigating inequalities.

It is revealed from the models that the year of inception of child budgeting in a state and incidence of crime against children are

inversely related, indicating the relevance of c-PFM in reducing crimes against children in the long term. This has significant public policy implications that gender and child budgeting has relatively greater role to play in mitigating inequalities than the economic growth *per se*. These results are in confirmation with the existing literature on the link between gender and child budgeting on human development outcomes.

Endnotes

- ¹ https://www.indiabudget.gov.in/budget_archive/ub2005-06/eb/stat19.pdf
- ² https://www.unicef.org/sites/default/files/2019-12/UNICEF_Public_Finance_for_Children.pdf
- ³ <https://scroll.in/article/907102/gender-focused-state-budgeting-can-reduce-domestic-violence-and-increase-womens-welfare>

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Better Child Health Services for Human Capital Gains

T. C. James*

Abstract: The chapter focuses on the importance of nurturing a healthy population from early childhood and the necessity of adequate mother and child care and proper nutrition that ensures better immunity to diseases. The current global status of health services including the impact of the COVID-19 pandemic and the pace of progress towards achievement of Sustainable Development Goal 3 of ensuring healthy lives and promoting the well-being of all people at all ages by 2030 have been looked into. The impact of climate change and lessons learnt from the COVID-19 pandemic and the challenges to achieving universal quality healthcare consisting of accessibility, affordability, and quality such as inadequate health and other critical infrastructure, non-availability of adequate and well-qualified health service personnel, lack of availability of proper medicines and vaccines, and diagnostic services will be examined. The chapter will conclude with suggestions for the way forward to address these challenges and other issues such as more R&D into diseases largely affecting developing countries, use of technologies for disease surveillance, improving health service delivery and accessibility, developing sustainable nature-friendly lifestyles, use of traditional and alternative medical systems that are “acceptable, affordable, appropriate, accountable and adaptable”, and finding financial resources for improving health services.

Keywords: Universal Quality Health Care, Health Services, SDG 3.

* Visiting Fellow, RIS & President, NIPO, India

Introduction

Nurturing a healthy population from early childhood and providing adequate mother and child care and proper nutrition that ensure better immunity to diseases are factors that ultimately affect a country's economic health. The World Bank observes that investing in the early years helps to break the cycle of poverty, address inequality, and boost productivity.¹ Investment policies in health services must be based on the various determinants of proper healthcare services, both curative and preventive and also on a realistic estimation of the current status of the health indicators, including the impact of the COVID-19 pandemic and the pace of progress towards achievement of Sustainable Development Goal (SDG) 3 of ensuring healthy lives and promoting the well-being of all people at all ages by 2030. The G20 presidency of India is an opportunity for pushing investments in health, particularly in technology-led healthcare. Technology can contribute to a more inclusive development. Information Technology will be an enabler to reach out social benefits to millions of people. The current need is to have a public policy that is more receptive to social sector needs. The strategy should focus on future human capital gains through investing in children. This chapter will explore some of these issues and propose suggestions for the G20 to act upon for providing better health services in the future for human capital gains.

From a human capital development perspective, early childhood health is very important. That is the period when the foundations of a healthy adult are laid down. Stunting, wasting, etc. mostly result from poor health and nutrition conditions in childhood. Studies have shown that healthy children are likely to attend schools

more and engage in other activities that contribute to their overall development as human beings and higher productivity as adults. Childhood traumas can last lifelong and may affect the performance of individuals. It is also the period when proper social behaviours, essential for citizens, are developed.

Current Global Status of Healthcare

There has been tremendous improvement in child health during the last three decades or so. The global number of new borns' deaths declined from 5 million in 1990 to 2.4 million in 2019, according to WHO.² But that cannot be considered as sufficient and there are quite many gaps as we will see later in this chapter. Among the G20 countries, India, Indonesia and South Africa are having low-performance scores in Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) and these are also the three countries with low per capita GDP within the G20.



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An important indicator of the health status of a country is the life expectancy of its people. At the middle of the last century, the global life expectancy was a low of 45.51 years; it became 66.8 years in 2000 and 73.4 years in 2019.³ Health experts look into the Healthy Life Expectancy (HALE), at birth as a better indicator. HALE⁴ has moved from 58.3 years in 2000 to 63.7 years in 2019. The progress is an indicator of the improvement of child health in the form of a reduction of child mortality. There is a huge difference between developed and least developed countries (LDCs) in this regard. Tables 1 and 2 in Annexures present the status as they exist in the G20 countries and LDCs.

Within the G20 group, we can see variations. The life expectancy in Japan is the highest and that of South Africa is the lowest. In HALE also these positions are maintained. The early industrialised countries have uniformly higher levels of life expectancy at birth and HALE. The fast developing countries like India, Brazil, etc. have to catch up much. In almost all countries, the HALE index is around 10 points below that of the life expectancy. The LDCs reflect similar variations. Bangladesh has the highest life expectancy at 74.3 and the Central African Republic has the lowest at 53.1, they maintain the positions in HALE also. LDCs are a more varied group than G20. It is evident that life expectancy at birth and HALE in many countries, including some developed countries, need to be improved.

There have been consistent efforts since the founding of the WHO to raise the healthcare status of all countries. But with time, the difficulties and challenges has come to the fore. At the beginning of the current millennium, specific action plans in the form of MDGs were set by the UN for all countries to achieve by



2015. Of these, two belong to the healthcare sector. Although much progress has been achieved, it has not been sufficient for a healthy world. Therefore, in the SDGs set by the leaders of 193 countries in 2015 to be achieved by 2030, health and well-being for all, at all ages was included as Goal No. 3. It is health and well-being from womb to tomb covering child, adolescent, youth, adult and old age. The foundation has to be laid down in the womb itself. That is why maternal health is equally important for a person's health and well-being. This Goal has several specific, some statistical, targets, such as reducing MMR to less than 70 per 100,000 live births and Neonatal Mortality Ratio (NMR) to at least as low as 12 per 1,000 live births and under-5 mortality ratio (U-5MR) to at least as low as 25 per 1,000 live births by 2030. This is proposed to achieve by ensuring that births are attended by skilled health personnel and neo-natal care, vaccination, and so on. There are also targets that address environmental issues like household and ambient air

pollution, unsafe water, unsafe sanitation and lack of hygiene, (exposure to unsafe Water, Sanitation and Hygiene for All [WASH] services) that attributes to mortality rate.



There has been progress in the matter but global inequalities continue to prevail. There is a substantial difference between the high-income countries (HICs) and the low-income countries (LICs). The LDCs lag far behind. While G20 countries are generally doing better compared to the LDCs, there are also some large population countries that are still in the process of catching up. The good thing is that women are consistently doing better in life expectancy and HALE, approximately 5 years in HICs and 2.4 years in LICs. Similarly, there have been improvements in global MMR and U-5MR, both have been lowered, 40 per cent and 60 per cent respectively between 2000 and 2019 (WHO). Tables 3 and 4 in

Annexures present the current available status in select indicators, which are more material to child health, in G20 countries and LDCs.

While life expectancy and HALE are broad indicators of the health of the people in general, more material indicators from early childhood care and health are the MMR, the U-5MR and the NMR. But the patterns in these indicators are also like those in life expectancy and HALE. In the matter of MMR, Italy has the best score at 2 followed by Japan at 5; in U-5MR it is Japan at 2 followed by Italy at 3; and in NMR Japan and Korea both have only 1. The three countries in G20 that have to catch up much are Indonesia in MMR, India and South Africa in MMR, U5MR and NMR. Among the large LDCs, the performances of Cambodia and Bangladesh are better and at the other extreme are countries like South Sudan, Somalia, and Afghanistan. A value of 1150 for MMR in South Sudan, 1120 in Sierra Leone, and 829 in Somalia and the Central African Republic are alarming ones. In U-5MR, Somalia, Chad, Sierra Leone and Central African Republic have values of more than 100. In NMR, Lesotho has the highest figure followed by South Sudan, Central African Republic and Somalia. The world has to help out these countries to improve their child health indicators significantly.

Health is also very much impacted by environmental factors like pollution. Surprisingly, in this also, the more industrialised G20 countries fare better than the new emerging countries and the LDCs. Canada at 7.0 reports the lowest mortality rate on this indicator followed by Australia at 8.4, whereas India reports a figure of 184.3 followed by China at 112.7 and Indonesia at 112.4. Among the LDCs Sierra Leone has a figure of 324.1 with Afghanistan, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Gambia, Guinea,



Guinea-Bissau, Mali, Niger, Somalia, and Togo having numbers above 200. Even with less industrial activities, these countries have very poor air quality, which causes mortality at a higher rate than the industrialised countries.

Availability and access to safe water, sanitation and hygiene (WASH) is essential for good health and wellbeing. The situation is also similar here. The scores of most developed countries are less than one point on this, whereas India has a figure of 18.6, followed by South Africa with 13.7. Among the LDCs, the best figure is 3.9 for Bhutan, which is a carbon-negative county, followed by 6.2 for the Solomon Islands. At the other end, we have Chad with a figure of 101.0 followed by Somalia with a tally of 86.6.

While a one-to-one relationship between health and wealth is difficult to establish, the countries with an average life expectancy at birth of more than 80 years in 2019⁵, are not really poor countries and with per capita income of more than USD 20,000 GDP (PPP) whereas countries with less than 60 years average life expectancy

at birth⁶ belong to the Least Developed Countries. (See Table 5.1 and 5.2 in the Annexures). What the statistics bring out is that there is some kind of link between health and economic performances particularly in matters of child health, mortality on account of air pollution and access to WASH. This reinforces the argument



that investing in health adds to the human value of a country and contributes to its economy.

Climate change is a significant threat to child health, particularly for children living in low- and middle-income countries. The effects of climate change, such as extreme weather events, air pollution, and the spread of disease-carrying insects, can have a devastating impact on children's physical and mental health. Children are particularly vulnerable to the effects of climate change because their immune systems are still developing, and they are more likely to be exposed to environmental hazards due to their behaviours and

lack of control over their surroundings. Climate change also poses a threat to children's future prospects, as it can limit their access to education and economic opportunities, exacerbate poverty and food insecurity, and undermine the development of human capital. As such, addressing climate change is critical to protecting child health and ensuring a sustainable future for the generations to come.

The COVID-19 pandemic has impacted all sectors, particularly healthcare services. It did not only derail the progress towards achievement of SDG 3, but reverse the progress (Takien *et al.*, 2022). This heavily affected children and women. As per WHO, prior to the pandemic, there had been encouraging trends globally in the reduction of child stunting. The total number of children affected by stunting was 27 per cent lower in 2020 than in 2000, and the prevalence rate of stunting also declined. Some of the results reported by WHO based on a global pulse survey of 129 countries on the continuity of essential health services show that during the last quarter of 2021 when the pandemic was waning found little to no improvement in service disruptions. In half the countries, the day-to-day primary and community care for the prevention and management of the most common health conditions were badly affected. Elective, critical and operative care were disrupted in 38 per cent of reporting countries and close to one half of countries reported that routine immunisation services were disrupted in the final quarter of 2021. Lower-income countries generally reported more disruption to services than HICs. The main reasons for disruptions were temporary closures or postponement of services (40 per cent of countries), as well as shortages of staff, essential medicines and diagnostics, and health facility infrastructure and

space (36 per cent of countries). Millions of people have missed out on vital health care (WHO).

Challenges for Achieving Universal Quality Healthcare

Universal Health Coverage (UHC) has been the goal of all countries since the formation of the WHO in 1946 whose constitution itself declared health as a fundamental human right. It envisages that everyone gets good quality health services, when and where needed, without incurring financial hardship. All the efforts are towards ensuring universal quality healthcare for all, starting with the children. There are many challenges to achieving the same, which, *inter alia*, are deficiencies in health infrastructure and human resources, lack of access to medicines and vaccines, affordability of the drugs, hospital care and diagnostics, inadequacies in delivery systems, shortages of ancillary services like transport and electricity, nutritional deficiencies in the diet, and environmental and climate issues. In health infrastructure and human resources, the countries of the South are deficient. They are not able to meet the norms prescribed by the WHO. Even countries like India which turn out a large number of medical graduates, face deficiency mainly because of migration of the skilled professionals to other developed countries. The Philippines exports a good number of nurses, though its healthcare system really needs them. It is true that poverty is a major bottleneck as is shown by the plight of most of the LDCs. Overall, for countries of the South, finance is the biggest challenge. The sister sector education also greatly impacts the health sector as educated mothers are better able to ensure proper healthcare for their children, including vaccination. Studies have shown that mother's education and the economic status of the

family have a direct and major impact on the immunisation of the children. When mothers have more than 12 years of education, the vaccination percentage is 78.5. (Billaiya, 2017).

The COVID-19 pandemic drew considerable attention to the financing of the health sector. Many countries increased their expenditure on health. In 2020, the global health expenditure reached USD 9 trillion, that is 10.8 per cent of global GDP. The high-income countries are the ones who spend the maximum on health with around 9 per cent of GDP, followed by upper middle-income countries which spend more than 7 per cent. The low-income countries and the lower middle-income countries spend



above 6 per cent and 5 per cent, respectively (WHO GHE, 2022). Table 5 brings out the picture of health sector expenditure in the G20 countries.

What comes out clearly is that the countries with high health indicators are also the rich countries who spend more on health compared to the others. As per WHO GHE 2022, spending on patient care and medical goods accounted for more than 60 per cent of the expenditure. Preventive care, health systems governance and administration and other health services accounted for the rest. The most important challenge, particularly for the South, is that of financing health in general and maternal and child health in particular. Many of them are facing serious economic challenges and have not yet overcome the poverty syndrome. They naturally try to invest in sectors that bring in immediate visible returns. They also may bring the parties in government electoral returns if those investments result in more employment and a reduction of poverty. In such a situation, all theoretical rationale of investment in health, particularly on women and child health, that it will in the long-term result in high economic returns may not cut much ice with the governments of countries who are on a hand to mouth existence. This puts the onus on countries that are more advanced economically. The G20, being a group of 20 large economies, have a moral responsibility in this regard. It is the same obligation that the wealthy has towards the poor. Mahatma Gandhi, in his inimitable style, put it: "If god gives us power and wealth, he gives the same so that we may use them for the benefit of mankind and not for our selfish carnal purpose."⁷

Within the health finance sector, sometimes questions are raised as to the effectiveness of the same, but studies have clearly established that there is a close link between health expenditure and health outcomes. What is to be realised is that the measurement

of the effectiveness of expenditure on health outcomes cannot be taken in the same way as that of the steel industry. The results impact a whole population and in the case of expenditure on child health programmes, it will have results after many years. However, low-income countries are at more risk than high income countries on the negative shocks of health expenditure (Rana, *et al.*, 2018).

Out-of-Pocket Expenditure (OOPE) is a matter of major concern in health expenditure since it adversely affects the income and expenditure pattern of a family. It also becomes a determinant of the decision-making in taking or adopting a particular medical treatment or procedure or even vaccination. Since children are not the breadwinners of a family, it is understandable, if in the process they may get neglected. A major constraint with the LICs is the high proportion of out-of-pocket expenditure (44 per cent). External aid has met some 29 per cent of the expenditure. (WHO, 2022) The OOPE in health care is high in India too, though it has come down from 64.2 per cent of the total health expenditure in 2013-14 to 48.2 per cent in 2018-19 (Government of India, 2023).

Way Forward

Steps are required to be taken at policymaking and execution levels, regionally, nationally and globally to improve the quality of human capital to meet the novel challenges of the 21st century. Health can no longer be treated as a responsibility of individuals and families since an unhealthy population is likely to bring down the national growth rate. A clear prioritisation of health services in the national development agenda is a must. This commitment should lead to a higher allocation of financial resources for the sector in the national

budgets. At the global level also, countries should take a fresh commitment to achieve the SDGs, the progress which got adversely affected during the pandemic period. Regional level collaborations are required especially for monitoring, preventing, treating, and containing contagious diseases.

The G20 has a significant role in healthcare services and in facilitating the achievement of SDG-3 goals and targets. For one, it must take seriously the 'one world, one health' approach proposed in 2004 and reiterated during the German G20 presidency in 2017. Human, animal and plant life and environment and climate are all inter-related and weakness in any one of them can adversely affect the others. Australia has established a One Health framework formulating the roles and responsibilities of various agencies and stakeholders that should be followed by other countries.

Secondly, the G20 should also help in getting more finances and medical technology to the developing and least developed countries. The World Bank estimates that between USD 10.3 and 11.5 billion, a year is needed to implement 'One Health' globally⁸. As WHO says, this will require all kinds of financing from domestic resources including the private sector to international financial institutions and multilateral banks. While high income economies will be able to meet their financial requirements domestically, the low and even middle-income countries need support as emphasised by the "One Health Joint Plan of Action" and the G20 Lombok Policy Brief.⁹ The moral principle that the rich have an obligation to help the poor applies to nations as well. Environmental and climate problems are more global than national and the solutions have to come from the international community. In this case, proportionate apportioning

of responsibilities based on population or area may not be a viable one. The rich countries will have to bear a higher proportion of the expenses.

Thirdly, G20 should take the lead in getting all countries to commit themselves to the health of the children so that we have a bright global future. Today's children are tomorrow's human capital. While in 1946 itself the right to health has been accepted by the UN, the time has come to a firmer commitment by governments towards child health. While all countries may not be able to immediately meet the health expenditure of the entire population, they all should make a beginning by declaring children as national assets and meeting all their health and nutrition needs. Child health care should no longer be an element of the OOEPE on healthcare. Since most countries have free vaccination and immunisation, and nutrition programmes for children, this would not be a huge financial burden. International organisations like WHO and UNICEF can play a major role in this.

A fourth area to focus on in child health and general health is that of technology. Technology is perhaps the best way to solve the challenges and issues in healthcare. The use of digital technologies during the COVID-19 period by India has shown how the pandemic spread could be monitored easily and cheaply and centralised data made available to policymakers instantaneously to adapt policies and strategies through the COWIN portal. It also used the digital platform for an effective COVID-19 vaccination programme. Digital technology is a great leveller; it can do wonders in inclusiveness. It also enables transparency and reduces costs. It extends access to healthcare services to people geographically at a

distance including hilly and difficult terrain. Technology can also play a role in medical education and medical consultations across borders and distances. The new technologies, including Artificial Intelligence (AI) and 3-D printing can significantly help in medical research like the way the CRISPER did. India already had a well-developed Information Technology (IT) framework which may not be the case with many LICs. Setting up of such infrastructure is, therefore, a prerequisite. These involve technology transfer, which is easier said than done because of the private ownership of most of the technologies. They also affect the local manufacture of medicines in most of those countries. The Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS Agreement) 1994 provides that countries should facilitate technology transfer to the LDCs. There is also the issue of a country's capacity to absorb technology; this must be built up by other countries who already have the same.

Fifthly, traditional lifestyles and food habits should not be totally ignored. They have developed over long periods of trial and error and contain many good things as the 'new found' benefits of millets show. The Traditional Medicine (TM) systems of India, China and other countries also have shown results in many cases. The nutraceutical revolution owes much to them. They are more in tune with nature. Research should be done to explore the effectiveness and quality of TM systems and food practices, and they should be promoted as a part of sustainable living. Being part of the local culture, their acceptability should be good.

Sixthly, the current G20 presidential proposal to have LiFE (lifestyle for the environment) contributes to investing in health

that has the potential to create a virtuous cycle of sustainable development. By promoting sustainable lifestyle choices, such as reducing consumption and using renewable energy, LiFE can help to reduce greenhouse gas emissions, mitigate climate change, and improve air quality. These changes, in turn, can have a positive impact on public health by reducing the incidence of respiratory and cardiovascular diseases, as well as improving mental health and overall well-being. Investing in LiFE can also have economic benefits by creating new jobs in green industries, promoting sustainable tourism, and reducing healthcare costs associated with air pollution and climate-related disasters. By investing in LiFE, the G20 can create a more resilient and sustainable economy that supports both environmental and health goals. Moreover, the adoption of LiFE can help to build a culture of sustainability that promotes personal and collective wellbeing. By integrating environmental and health considerations into lifestyle choices and economic policies, the G20 can create a healthier, more resilient, and sustainable world for future generations.

Finally, child health ought to be perceived as a concern beyond political borders. They are our future and the G20 should take the lead in adopting a global approach and strategy for keeping every child healthy and well. Child health must be a mandatory state responsibility everywhere. That will free children from the susceptibilities of family income. Most countries already have a number of state-funded programmes for child health and this should not cause too big a dent in their overall finances, but rich countries and international organisations should come forward to help low-income countries.

Endnotes

- ¹ World Bank. Early Years: the Foundation for Human Capital. Available at <https://www.worldbank.org/en/programs/earlyyears>. Accessed on 10 April 2023.
- ² <https://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality>.
- ³ WHO. The Global Health Observatory. <https://www.who.int./data>.
- ⁴ WHO defines HALE as ‘average number of years that a person can expect to live in “full health” by taking into account years lived in less than full health due to disease and/or injury’. [WHO. The Global Health Observatory.]
- ⁵ Australia, Canada, France, Germany, Italy, Japan, Republic of Korea, and the United Kingdom among G20 countries, and Switzerland, Singapore, Spain, Iceland, Israel, Sweden, Norway, Netherlands, New Zealand, Ireland, Greece, Portugal, Finland, Belgium, Austria, Slovenia, Cyprus, Denmark, Taiwan, Qatar, Costa Rica among others.
- ⁶ Central African Republic, Chad, Kiribati, Lesotho, Mozambique, Somalia
- ⁷ M.K.Gandhi. 1970. My Theory of Trusteeship ed. By Anand T. Hingorani. Bhartiya Vidya Bhavan, Bombay.
- ⁸ World Bank. 2022. One Health Approach Can Prevent the Next Pandemic. Available at <https://worldbank.org/en/news/feature/2022/10/24/>
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Chapter 5 Annex 1: Life Expectancy and HALE in G-20

Sl.No.	Country	Life Expectancy at Birth Years (2019)			Healthy Life Expectancy at Birth Years (2019)		
		Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8
1.	Argentina	73.5	79.5	76.6	65.4	68.8	67.1
2.	Australia	81.3	84.8	83.0	70.2	71.7	70.9
3.	Brazil	72.4	79.4	75.9	63.4	67.4	65.4
4.	Canada	80.4	84.1	82.2	70.5	72.0	71.3
5.	China	74.7	80.5	77.4	67.2	70.0	68.5
6.	France	79.8	85.1	82.5	71.1	73.1	72.1
7.	Germany	78.7	84.8	81.7	69.7	72.1	70.9
8.	India	69.5	72.2	70.8	60.3	60.4	60.3
9.	Indonesia	69.4	73.3	71.3	61.9	63.8	62.8
10.	Italy	80.9	84.9	83.0	71.2	72.6	71.9
11.	Japan	81.5	86.9	84.3	72.6	75.5	74.1
12.	Korea DR	80.3	86.1	83.3	71.3	74.7	73.1
13.	Mexico	73.1	78.9	76.0	64.3	67.2	65.8
14.	Russia	68.2	78.0	73.2	60.7	67.5	64.2
15.	Saudi Arabia	73.1	76.1	74.3	63.8	64.4	64.0
16.	South Africa	62.2	68.3	65.3	54.6	57.7	56.2
17.	Türkiye	76.4	80.7	78.6	67.8	69.0	68.4
18.	UK	79.8	83.0	81.4	69.6	70.6	70.1
19.	USA	76.3	80.7	78.5	65.2	67.0	66.1

Source: WHO.

The comparative data for the LDCs is presented in Annex-2 below:

Chapter 5 Annex 2: Life Expectancy and HALE in LDCs

S.No.	Country	Life Expectancy at Birth Years 2019			Healthy Life Expectancy at Birth Years 2019		
		Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8
1.	Afghanistan	63.3	63.2	63.2	54.7	53.2	53.9
2.	Angola	60.7	65.5	63.1	53.6	56.2	54.8
3.	Bangladesh	73.0	75.6	74.3	64.2	64.4	64.3
4.	Benin	61.2	65.7	63.4	54.5	56.6	55.5
5.	Bhutan	72.0	74.4	73.1	63.2	63.5	63.4
6.	Burkina Faso	60.1	65.2	62.7	53.4	56.3	54.9
7.	Burundi	61.5	66.1	63.8	54.0	57.2	55.6
8.	Cambodia	67.2	72.7	70.1	59.8	63.0	61.5
9.	Central African Republic	50.2	56.3	53.1	44.5	48.4	46.4
10.	Chad	58.0	61.3	59.6	51.3	52.8	52.0
11.	Comoros	65.9	68.9	67.4	58.3	59.6	58.9
12.	Congo, DR	63.8	65.6	64.7	56.4	56.1	56.2
13.	Djibouti	64.1	67.8	65.8	57.2	58.9	58.0
14.	Eritrea	61.3	67.1	64.1	53.9	57.7	55.7
15.	Ethiopia	66.9	70.5	68.7	59.0	60.8	59.9
16.	Gambia, The	63.4	67.7	65.5	56.4	57.7	57.0
17.	Guinea	59.5	62.3	61.0	52.9	53.7	53.3
18.	Guinea-Bissau	57.4	63.0	60.2	51.1	54.1	52.6
19.	Haiti	63.3	64.8	64.1	55.9	55.8	55.8
20.	Kiribati	56.1	62.8	59.4	50.5	54.9	52.6
21.	Lao PDR	66.2	70.9	68.5	59.2	61.9	60.5
22.	Lesotho	47.7	54.2	50.7	42.3	46.4	44.2
23.	Liberia	63.2	65.0	64.1	54.9	55.0	54.9
24.	Madagascar	64.1	66.6	65.3	56.9	57.7	57.3
25.	Malawi	62.3	68.9	65.6	55.1	59.0	57.1
26.	Mali	62.2	63.4	62.8	54.8	54.5	54.6
27.	Mauritania	68.1	68.7	68.4	60.2	59.4	59.8

S.No.	Country	Life Expectancy at Birth Years 2019			Healthy Life Expectancy at Birth Years 2019		
		Male	Female	Total	Male	Female	Total
28.	Mozambique	54.5	61.7	58.1	47.9	52.8	50.4
29.	Myanmar	65.9	72.2	69.1	58.8	62.8	60.9
30.	Nepal	68.9	72.7	70.9	60.6	62.1	61.3
31.	Niger	62.1	64.6	63.3	55.3	55.8	55.5
32.	Rwanda	66.9	71.2	69.1	59.0	61.4	60.2
33.	Sao Tome and Principe	68.8	72.0	70.4	60.9	62.2	61.6
34.	Senegal	66.8	70.1	68.6	58.8	59.9	59.4
35.	Sierra Leone	59.6	61.9	60.8	52.5	53.3	52.9
36.	Solomon Islands	62.9	67.9	62.2	56.5	59.1	57.8
37.	Somalia	54.0	59.2	56.5	48.3	51.3	49.7
38.	South Sudan	60.8	64.8	62.8	52.9	54.5	53.7
39.	Sudan	67.6	70.8	69.1	59.6	60.3	59.9
40.	Tanzania	65.4	69.3	67.3	57.6	59.3	58.5
41.	Timor-Leste	67.9	71.4	69.6	59.8	62.0	60.9
42.	Togo	61.5	67.2	64.3	54.7	57.8	56.2
43.	Tuvalu
44.	Uganda	63.2	70.1	66.7	56.0	60.4	58.2
45.	Yemen, Rep.	64.4	68.9	66.6	56.9	58.2	57.5
46.	Zambia	59.5	65.4	62.5	52.5	56.3	54.4

Source: WHO.

Chapter 5 Annex 3: Health Indicators of G20 Countries

Sl. No.	Country	MMR (2017)	-5MR (2020)	NMR (2020)	UHC Service Index (2019)	Air Pollution (2016)	WASH (2016)
1	2	3	4	5	6	7	8
1.	Argentina	39	09	05	73	26.6	0.4
2.	Australia	06	04	02	87	08.4	0.1
3.	Brazil	60	15	09	75	29.9	1.0
4.	Canada	10	05	03	89	07.0	0.4
5.	China	29	07	03	82	112.7	0.6
6.	France	08	04	03	84	09.7	0.3
7.	Germany	07	04	02	86	16.0	0.6
8.	India	145	33	20	61	184.3	18.6
9.	Indonesia	177	23	12	59	112.4	7.1
10.	Italy	02	03	02	83	15.0	0.1
11.	Japan	05	02	01	85	11.9	0.2
12.	Korea DR	11	03	01	87	20.5	1.8
13.	Mexico	33	14	08	74	36.7	1.1
14.	Russia	17	05	02	75	49.4	0.1
15.	Saudi Arabia	17	07	03	73	83.7	0.1
16.	South Africa	119	32	11	67	86.7	13.7
17.	Türkiye	17	09	05	79	46.6	0.3
18.	UK	07	04	03	88	13.8	0.2
19.	USA	19	06	03	83	13.3	0.2

Note. These are based on SDG 3 indicators. MMR is SDG indicator 3.1.1, -5MR is 3.2.1, NMR is 3.2.2, UHC service coverage index is 3.8.1, Air pollution mortality rate is 3.9.1, and WASH mortality rate is 3.9.2.

Source: WHO.

Chapter 5 Annex 4: Health Indicators of Least Developed Countries

S. No.	Country	MMR	-5MR	NMR	UHC	Air Pollution	WASH
1	2	3	4	5	6	7	8
1.	Afghanistan	638	58	35	37	211.1	13.9
2.	Angola	246	71	27	39	118.5	48.8
3.	Bangladesh	173	29	17	51	149.0	11.9
4.	Benin	397	86	30	38	205.0	59.7
5.	Bhutan	183	28	15	62	124.5	3.9
6.	Burkina Faso	320	85	26	43	206.2	49.6
7.	Burundi	548	54	21	44	208.1	45.2
8.	Cambodia	160	26	13	61	149.8	6.5
9.	Central African Republic	829	103	39	32	211.9	82.1
10.	Chad	1140	110	33	28	280.1	101.0
11.	Comoros	273	61	29	44	172.4	50.7
12.	Congo, DR	473	81	27	39	163.9	59.8
13.	Djibouti	248	56	30	48	159.0	31.3
14.	Eritrea	480	39	18	50	173.7	45.6
15.	Ethiopia	401	49	27	38	144.4	43.7
16.	Gambia, The	597	49	26	48	237.0	29.7
17.	Guinea	576	96	30	37	243.3	44.6
18.	Guinea-Bissau	667	71	35	37	214.7	35.3
19.	Haiti	480	60	25	47	184.3	23.8
20.	Kiribati	92	50	21	51	140.2	16.7
21.	Lao PDR	185	44	22	50	188.5	11.3
22.	Lesotho	544	90	44	48	177.6	44.4
23.	Liberia	661	78	31	42	170.2	41.5
24.	Madagascar	335	50	20	35	159.6	28.3
25.	Malawi	349	39	19	48	115.0	28.3
26.	Mali	562	91	32	42	209.1	70.7
27.	Mauritania	766	71	31	40	169.5	38.6
28.	Mozambique	289	71	28	47	110.0	27.6
29.	Myanmar	250	44	22	61	156.4	12.6
30.	Nepal	186	28	17	53	193.8	19.8

31.	Niger	509	78	24	37	251.8	70.8
32.	Rwanda	248	40	18	54	121.4	19.3
33.	Sao Tome and Principe	130	16	8	60	162.4	11.4
34.	Senegal	315	38	21	49	160.7	23.9
35.	Sierra Leone	1120	108	31	39	324.1	81.3
36.	Solomon Islands	104	19	08	50	197.0	6.2
37.	Somalia	829	115	37	27	212.8	86.6
38.	South Sudan	1150	98	40	32	165.1	63.3
39.	Sudan	295	57	27	44	184.9	17.3
40.	Tanzania	524	49	20	46	139	38.4
41.	Timor-Leste	142	42	19	53	139.8	9.9
42.	Togo	396	64	24	44	249.6	41.6
43.	Tuvalu	...	22	10	52
44.	Uganda	375	43	19	50	155.7	31.6
45.	Yemen, Rep.	164	60	28	44	194.2	10.2
46.	Zambia	213	61	24	55	127.2	34.9

Source: WHO.

Chapter 5 Annex 5: Health Sector Expenditure in G20 Countries

Sl. No.	Country	GDP per capita \$ (2021)	Health exp. per capita (\$PPP) (2019)	Health exp. as % of GDP (2019)	Govt health exp. as % of GDP (2019)	Govt. health exp. as % of total health exp. (2019)	Out of pocket exp. as % total health exp. (2019)
1	2	3	4	5	6	7	8
1.	Argentina	10,636	2198.88	9.5	5.93	62.36	27.66
2.	Australia	60,443	5294.46	10.2	7.10	71.68	15.98
3.	Brazil	7,507	1497.81	9.6	3.91	40.74	24.88
4.	Canada	51,988	5520.65	11.0	7.61	70.17	14.91
5.	China	12,556	880.19	5.3	3.0	55.98	35.23
6.	France	43,659	5492.53	11.1	8.33	75.31	9.26
7.	Germany	51,204	6738.67	11.7	9.09	77.73	12.82
8.	India	2,257	211.00	3.0	0.99	32.79	54.78
9.	Indonesia	4,333	358.29	2.9	1.42	48.94	34.76
10.	Italy	35,658	3998.01	8.7	6.41	73.92	23.31
11.	Japan	39,313	4587.03	11.0	9.01	83.86	12.91
12.	Korea (DR)	34,998	3521.33	8.1	4.86	59.53	30.25
13.	Mexico	10,046	1110.94	5.4	2.68	49.31	42.12
14.	Russia	12,195	1704.04	5.65	3.45	61.15	36.57
15.	Saudi Arabia	23,186	2789.56	5.69	3.93	69.17	16.50
16.	South Africa	7,055	1187.33	9.1	5.35	58.76	5.69
17.	Türkiye	9,661	1186.74	4.4	3.38	77.92	16.89
18.	UK	46,510	5087.38	9.9	8.07	79.47	17.07
19.	USA	70,249	10921.01	16.7	8.52	50.84	11.31

Sources: Col. 3. World Bank database. WHO. Global health expenditure database: columns 4,6,7 & 8. OECD database and the Global Economy.com for col. 5.





Unleashing the Full Potential: The Role of Social Protection in Aspirations for India 2047

Preksha Golchha *, **Veena Bandopadhyay**** and
Hyun Hee Ban***

Abstract: Over the last 75 years, India has experienced impressive economic growth, enabling its transition from a low-income country towards becoming a \$26 trillion economy. Macro-economic growth alongside a technology-led expansion of services, a strengthening of last-mile coverage and inclusive social policies such as the National Food Security Act, Rural Employment Guarantee Act, and safety net programmes for various target groups have contributed towards a substantial reduction in multidimensional poverty. Expanding and effectively utilising abundant human resources have been critical to India's rapid development, and India can expect to realise its true potential in the next 25 years emerging as the largest nation on earth when the working-age population is predicted to decline globally.

The Indian government has steadily invested in social protection by introducing new schemes and policies to address India's human capital deficit by tackling specific concerns such as malnutrition, child health, unemployment, and others. Shifting its approach from investing in individual social protection programmes towards smart and systematic investments can enable the Government of India to achieve the aspiration of a Developed India through coherent, integrated, adequate, efficient, and sustainable investments in social protection systems. Tailored investments and accelerated spending in high-priority regions within the country, and for high-priority age cohorts within a lifecycle approach, will enable the country to wholly reap social protection systems' benefits and amplify the return on every investment.

Keywords: Social Protection; MPI

* Senior Research Fellow, Economic Policy Research Institute (EPRI)

** UNICEF, Social Policy Specialist, UNICEF, India

*** Chief, Social Policy, UNICEF, India

India's Path to Sustainable Growth and Development

From a country considered low-income and on the way to becoming a \$26 trillion economy and categorising as a developed nation by 2047, India's growth has been impressive over the last 75 years.¹ The growth results from prudent macroeconomic policies, economic liberalisation, infrastructure expansion and rapid digitisation, and social inclusion. However, social inclusion is faltering for the hardest to reach. Even though the traditionally disadvantaged groups in India have experienced a significant decrease in the Multidimensional Poverty Index (MPI) in the last decade, they remain among the poorest strata of society. The annual income of Scheduled Caste (SC) and Scheduled Tribe (ST) households are 80 and 70 per cent of the average annual household income at an all-India level.²

India's macroeconomically strong and consumption-based economy, combined with a stable government committed to sustainable policy measures to facilitate strong growth, create jobs and improve living standards, bodes well for the economy. India's focus on the social sector investment during this period - particularly, technology-led expansion of services, strengthening of last mile coverage, and inclusive social policies such as rural development and public distribution of food - has contributed to India's growth and development, separating it from its peers. The expansion of government expenditure on social services (health, education, and others) by the Centre and States continues - from 6.2 per cent in 2014-15 to 8.6 per cent in 2021-22 (BE).

The Global MPI³ (2023) indicates a reduction in multidimensional poverty from 24.85 per cent to 14.96 per cent, suggesting that "the SDG target 1.2 of reducing at least by half the proportion

of men, women and children of all ages living in poverty in all its dimensions according to national definitions by 2030 is possible to achieve—and at scale.”⁴ However, while India’s growth has been rapid, it has not necessarily been inclusive. Regional disparities are profound and significant - rural MPI is 3.7 times higher than urban and Bihar, Jharkhand and Uttar Pradesh - among India’s poorest states - 51.9 per cent, 42.1 per cent, and 37.7 per cent of the population are living in poverty, respectively, compared to under 5 per cent living in poverty among the top performers - Kerala (0.85 per cent), Goa (0.84 per cent), and Delhi (3.43 per cent). Pockets of development are insufficient for achieving the vision of becoming a developed nation. The concentrations of poverty in some states are also associated with high circular, seasonal or longer-term internal migration, and migration is likely to increase with climate-induced challenges.



Yet, India lags behind its target for achieving gender equality (Goal 5) – a target that is foundational to many SDG targets. Women and girls in India have fewer opportunities throughout life and are more prone to food insecurity, inadequate nutrition, violence and abuse, child labour and child marriage. These limitations have cascading effects on their longer-term development outcomes and that of their children. Inequalities – gendered, social and economic – threaten long-term prosperity, delay poverty reduction, and potentially exacerbate conflict and social instability. As both a driver and a consequence of restricted mobility and opportunity, inequalities perpetuate a vicious cycle of poverty and deprivation.



Favourable demographics, demand, rising aspirations, growing middle class, rapid urbanisation and entrepreneurship form India's diverse and self-sustaining growth drivers. Over the last few decades, expanding and effectively utilising abundant

human resources have been critical to India's rapid development. Furthermore, a significant under-penetration of technology, services (including financial services), and infrastructure development indicate substantial employment growth potential and positions India as a global powerhouse. India's demographics are critical to its aspirational growth, and reaping the demographic dividend will be fundamental to India's growth strategy. Realising this potential dividend demands an acceleration of human capital accumulation (health, education, WASH and nutrition) and utilisation (opportunity and productivity), bridging equity gaps (gendered, economic and social) and a disruption-resilient economy through the achievement of the Sustainable Development Goals (SDGs).

Social Protection for a Developed India

The WHY

Home to nearly a sixth of the global population, India will be a key contributor to global achievements in growth and development. India can expect to realise its true potential in the next 25 years when it emerges as the largest nation on earth (in terms of population) with a median age of 38. The Economic Survey (2018-19) indicates that about 67 per cent of India's population, currently lies in the working age group. By 2030, India's working-age population is expected to exceed 1 billion when the working-age population is slated to decline globally, including in the South Asia region and the developed world.⁵ Studies estimate that approximately 25 per cent of the incremental global workforce over the next decade will come from India.⁶ Therefore, India's growth and development is crucial for the global economy.

SDGs reflect a blueprint for peace and prosperity; development depends on capital. Evidence suggests that human capital facilitates the development of other forms of capital, such as economic, social and cultural capital, making it fundamental to accelerating the achievement of all SDGs. Studies have verified the link between human capital and India's growth at numerous stages. Shukla (2017)⁷ and Sharma (2019)⁸ confirm a strong positive relationship between human capital and economic growth to conclude that human capital is key to a long-term sustained economic growth in India.



A well-documented evidence base confirms the vital role of social protection in enhancing investments in human capital.⁹ The Indian government has steadily invested in social protection by introducing new schemes and policies to address India's human capital deficit by tackling specific concerns, such as malnutrition,

child health, unemployment etc. India has established an elaborate social protection architecture focusing on alleviating chronic poverty through rural safety nets. While protective programmes have received a major boost through the enactment of entitlements, the government has also begun to invest in preventive instruments, such as insurance in the informal sector, to deal with unexpected healthcare costs, accidents, and deaths.¹⁰ Moreover, beyond the large national schemes, the provision of social protection across states can differ substantially. States like Kerala dedicate a significant share of their expenditure to social welfare, compared to states like Bihar.

Therefore, a piecemeal, siloed, blanket approach in India's diverse context is insufficient and inefficient in generating the necessary results. India's democratic federal system offers state governments powerful fiscal abilities to devise and implement development plans and programmes tailored to their development objectives. Kerala, Karnataka, and Tamil Nadu have utilised these fiscal capabilities to make significant leaps in growth and development in the last 30 years. However, not all states exercise these powers to their fullest abilities due to governance, capacity gaps, and local-level politics that interfere with development planning and implementation.

India's staggered demographic transition offers the government a rather extended window of opportunity to establish and benefit from the foundations of a social protection system in the states that currently lag. While the demographic window of opportunity has passed for some top performers like Kerala and Tamil Nadu (both of which showcase evidence of results from investments in social welfare and social protection well ahead of the demographic dividend) and is closing imminently for others like Delhi,

Gujarat etc.; however, the poorest states, including Bihar, Uttar Pradesh, Jharkhand, and other states, including Madhya Pradesh, Chhattisgarh and Rajasthan are yet to experience the demographic window of opportunity (until 2055-56).¹¹

India needs to revisit its approach to social protection – from investing in individual programmes and schemes towards a more systems approach focused on children while harnessing the full power of India’s democratic federal system to bridge the national divide through smart and systematic investments. Tailored investments and accelerated spending in high-priority regions within the country and for high-priority age cohorts within a lifecycle approach will enable the country to wholly reap social protection systems’ benefits and amplify the return on every investment.

Integrated social protection delivered across the lifecycle adequately and comprehensively will accelerate India’s progress towards tackling three fundamental goals related to reducing poverty and inequality – SDG 1, 5 and 10. Well-designed social protection can increase the efficiency and effectiveness of investments in education, health, and nutrition, which builds human capital and strengthens social and economic risk management.¹² Social protection instruments offer excellent opportunities to respond to women’s needs and redress gender inequality through impacts on gender-specific outcomes such as employment, maternal and child health, education, relationship dynamics, fertility, domestic violence, and access to resources. For reasons of prevention and resilience, social protection is particularly important for families with young children where policies for child development and gender equality are critical (see Box 1). Moreover, by extending

the benefits of growth to the most vulnerable and excluded, social protection empowers marginalised individuals, reduces inequality, promotes social cohesion, builds resilience, and strengthens the state-citizen relationship, ensuring progress towards achieving the SDGs.

Box 6.1: The Importance of Social Protection in the Pre-school Years

For children of pre-school age, and particularly for those in infancy, safe and nurturing care is critical for their social, emotional, and cognitive development. At the same time in life, families are least likely to be attached to the labour market, and for most the burden of care – particularly for women – is higher than at other times of parenthood. These realities increase the likelihood of poverty and gender inequality. Moreover, due to the range of age-sensitive social policies at work during this period (maternity, paternity, parental leave, birth grants, childcare supports, and family and child benefits to name a few), and the fact that children do not yet have access to school services, social protection is the main vehicle through which public supports reach young families. Evidence on the effectiveness and efficiency of these policies for child development, family strengthening, and systems efficiency abounds.

This is ever more important as India and the rest of the world face a poly-crisis of emergencies, including the climate crisis. Shock-responsive social protection is a vital part of preparedness for future challenges. The arguments for social protection are magnified in moments of crisis, not least economically, as benefit systems can be economy-saving fiscal responses, as was seen during the pandemic. Strong high-coverage systems with strong databases are crucial. Social protection systems are at the heart of building resilience, supporting adaptation and responding to loss and damage. They

are also key for supporting the economic dislocations households will face due to mitigation.



The WHAT

The Government of India should aim to enhance efficiency, improve effectiveness and expand coverage to deliver inclusive and comprehensive social protection. India's most promising social protection directions will better enable the government to invest in human and cognitive capital, to develop productive opportunities for youth, and to re-optimize a mix of climate and development strategies that will promote Just Transition through a greener, sustainable, as fair as possible and inclusive society and economy.

Reduce Fragmentation and Improve Coherence through a Systems Approach

An analysis of India's social protection system brings forth an important challenge – an overcrowded system with far too many

programmes and actors, limited investment, and far too little impact on the level of investment. The Indian social protection system contains hundreds of different programmes at both the national and state level. The 2016-17 budget indicated 950 schemes and programmes at the national level alone. However, despite many schemes, these are largely fragmented and unconsolidated.

The fragmentation of investment across a myriad of social protection interventions reflects India's input-focused programming approach. Each intervention is designed with a singular objective without considering complementarities and interdependencies with other interventions and among multiple outcomes. However, the ultimate vision of universal and adequate social protection cannot be achieved by multiple schemes operating in silos. The ad-hoc nature of expansion in the social protection sector in India lacks systematic planning and reduces the impact efficiency of investments.

India's federal and decentralised governance system makes adopting a systems approach exponentially more challenging. Challenges related to resistance to the political economy, the risks of centralisation and a lack of transparency are noteworthy but not an impasse. India needs a coordinated portfolio of interventions to address different dimensions of poverty and deprivation and to reduce vulnerability across the life cycle in ways that accumulate benefits across generations.¹³ The only sustainable pathway is a gradual and planned progression towards integration at the policy, programme and administrative levels depending on the national and sub-national context, capacity and needs.

Accelerate Last-mile Coverage and Capture Low-hanging Fruit Through Smart Investments

In the past two decades, India's social protection investments have been driven by immediate needs and triggers eliciting responses to singular outcomes. More importantly, although central and state governments share the responsibility for social protection, the central government has initiated and funded many of the major social protection programmes.¹⁴ Yet, the coverage and impact of these centrally funded programmes can vary significantly across states. On the one hand, where the role of states in delivering social protection comes into question; on the other hand, their capacity and ability to implement centrally funded schemes is also concerning.

Bridging the centre-state divide in delivering social protection is an urgent consideration for the Indian government. The government should seek to apply the full potential of the federal structure to maximise the impact of total social protection expenditure nationally. Empowering states to exercise their full fiscal decision-making capacities and leveraging central expenditure to deliver structure, capacity and infrastructure for optimal impact offers the Indian government a path to invest smartly in bridging the equity gaps in delivery and impact, as well as enabling a needs-responsive social protection system at the state level.

Deliver Statutory Rights and Increase Return on Investment through a Lifecycle Approach Focused on the Early Years of Childhood

A rights-based approach to social protection underpins the Sustainable Development Goals. India's current social protection landscape features hundreds of national and state-level schemes



addressing risks and vulnerabilities throughout the lifecycle. These programmes have evolved and grown; new programmes continue to be introduced in response to persistent challenges. The Government of India's flagship scheme to tackle malnutrition in children - the Integrated Child Development Services (ICDS) - is the world's largest early childhood development initiative; India's Pradhan Mantri Jan Dhan Yojana (PMJDY) programme was among the world's largest COVID-related cash transfer scheme covering over 206 million individuals and the decades-old the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) - which has been directly providing jobs in rural areas and indirectly creating opportunities for rural households to diversify their sources of income generation - has long emerged as a global best practice in public works programming. Unfortunately, despite its breadth and depth, India's social protection system

cannot deliver rights across the lifecycle. Lower coverage and expenditures in weaker performing states, exclusion or inadequate coverage of crucial groups such as women, persons with disabilities, majority of those in the informal sector, migrants and a large number of extremely vulnerable individuals living in states with weak administrative capacity and the fast-expanding urban poor populations are counter-productive for realising human rights. Prioritising consolidation and optimisation of social protection schemes and their implementation, deliberately incorporating gender and disability lenses and encouraging localisation of social protection will enable the government to build on India's existing social protection landscape to prioritise lifecycle vulnerabilities and build an inclusive social protection system most cost-efficiently.



Augment Impact Through an Integrated Multisectoral System

Evidence that investments across sectors – social protection, health, education, water and sanitation, gender and disability protection, technology, innovation and infrastructure – are all simultaneously necessary. Social protection is a core instrument of this toolkit to facilitate and accelerate investments across all sectors – a framework within which cross-sectoral synergies can be harnessed through integrated programming, one where the social protection system addresses the demand-side barriers, with complementary interventions that strengthen the supply of services. Ethiopia’s study demonstrates that “single-sector solutions are unlikely to achieve adequate results with feasible resource allocations. The complexity of SDG inter-relationships and the challenges of diminishing marginal returns to socio-economic investments require cross-sectoral approaches at decentralised levels.”¹⁵ The study also highlights how leveraging sectoral synergies at decentralised levels can enhance SDG performance at a lower cost offering substantial value for money when government expenditures rise alongside synergistic spending.¹⁶

India’s social protection system has made important strides from a set of fragmented schemes to an integrated system – in the last 5-6 years, “budgets have been enhanced, a larger number of people are being covered, and a series of new programmes have been launched with a focus on rights-based entitlements and technological innovations.”¹⁷ As noted above, the 2016-17 budget indicated 950 schemes and programmes at the national level alone. However, a recent analysis indicated this had reduced to 163 central (or centrally-sponsored) social assistance schemes with the expenditure of over Rs. 500 Crore

(equivalent to approximately US\$ 62.5 million) and an additional 428 schemes of less than Rs. 500 crore. In addition to these, there are also several State-level schemes.¹⁸

Nonetheless, much remains to be achieved. Despite a plethora of multisectoral interventions being introduced, the coordination and coherence in implementation and cross-sectoral financing towards a joint outcome still need to be improved in the poorer states in India.

Integration necessitates changes in legal, policy and institutional setup. With India's scale, a national coordination and policy mechanism for social protection with vertical and horizontal integration capacity may be non-negotiable for accelerating investments (efficiently) and realising the SDGs.

The Importance of Evaluation and Learning

Lack of reliable and systematically produced administrative data and monitoring evaluation and learning (MEL) are factors that impede efficiency and reform. If the population and their disaggregated needs and location are uncounted, it is impossible to provide quality, accessible and adequate social services of which social protection is a part. MEL, including grievance redress mechanisms (GRMs), is an important aspect of accountability to citizens served by the government.

The HOW

Systems Approach

India's scheme-based approach to delivering social protection must transition towards a more systems-based approach through a unified vision for social protection in India. An urgent requirement



is a broad social protection policy framework or strategy that lays the foundation for social protection laws and programmes, guides innovation in the sector, and enables coordination among various actors to consolidate cost and expenditure and optimise delivery systems. Without a national vision for social protection that celebrates India's diversity and decentralised power structure and responds to a diverse and rapidly changing risk profile, inefficiency in spending will likely persist.

A social protection policy framework also draws linkages within the sector and builds bridges to other policy areas to reinforce comprehensive impacts by building inter-sectoral synergies. Within a federal system, a social protection strategy/policy framework is far more important – it can enable better central-state coordination in activities, encourage optimal expenditure at both levels and makes states responsible for providing relevant and responsive social protection, as India's diversity demands.

Countries like Cambodia, Viet Nam, and China have all developed a national social protection policy framework or reform roadmap that unifies the national social protection system and sets the boundaries within which all social protection actors operate. Cambodia has seen a rapid consolidation and expansion of the social protection system under the second National Social Protection Policy Framework (2016-2025) vision while strengthening decentralised governance in social protection delivery. Countries like Oman, Qatar, and other GCC countries use national strategies and policies to guide the transition from a subsidy-based to a social protection-based support system. In Africa, most countries, such as South Africa, with well-established social protection systems have followed an expansion plan supported by the social protection strategy/policy or white paper.

Governance and Institutional Framework

Federal India requires a suitable and decentralised governance mechanism that exercises the full power of a decentralised government – politically, administratively and fiscally. While India has successfully devolved politically, fiscal and administrative decentralisation leaves much to be desired. For social protection expansion, the right level of management is incredibly important.

Increasingly, governments with a nationwide federal structure, including Cambodia, Nepal, China, Montenegro, and others, are adopting a national-level coordination mechanism that has heightened accountability at national and sub-national levels towards delivering on social protection commitments. Nationally managed coordination mechanisms can coordinate across sectors, states, and between the centre and the state to achieve the desired

balance between localisation and centralisation of social protection. Social protection institutional set-up needs to be multisectoral, with appropriate vertical and horizontal mechanisms for coordination and coherence and simultaneously enable localisation of social protection response.

Finally, urgent and substantial investments are needed to strengthen the institutional capacity for social protection and service delivery in the poorest and most deprived states, alongside strengthening national and state policies. Even the most generous budget allocation for social protection must deliver the desired results of a sound implementation structure at all levels and for all areas supported by adequate implementation capacity.

Smart Investments

India's social protection system's smartest expansion strategy hinges on exercising states' political and fiscal power and capabilities to deliver localised, responsive and relevant social protection that tackles local challenges and responds to the longer-term development needs of India's diverse population. Strengthening and leveraging this decentralised capacity is one of the cornerstones of India's fight against poverty and vulnerability. The Government of India must identify and calibrate its investment in social protection through this structure to offer the states with the highest potential for the impact the highest investments for three reasons i) laws of diminishing marginal returns determine that states at lower levels of development can reap a higher return on investment compared to those that are already high performers when implementing capacity is sufficient; (ii) these states require the additional investment to bridge the national divide and

promote more inclusive and equitable economic growth and (iii) weaker states (with higher poverty rates) are also those with younger populations, which offers the Government of India an excellent opportunity to invest in early years, and further maximise the impact of future investments.

Investments in social protection are only affordable when there is a political and social willingness to invest. They are also only sustainable when they are affordable. In this scenario, establishing a wide range of social assistance instruments that stretch the government budget is unlikely to deliver on affordability or sustainability. A sustainable social protection system is built on the foundations of an integrated tax-benefit system that is progressive and enables the government to support those that cannot afford to self-insure while providing a desirable return on investment to those that can self-insure through the contributory system.

Lifecycle Approach

Fiscal constraints and competing priorities suggest that a path to progressive universalisation of social protection is best suited to achieving India's vision for a developed India. Lifecycle investments – through early childhood investment, comprehensively lay the foundations for lifecycle coverage. Heckman (2008) explains how early disadvantages can cause skill gaps to open over the life cycle, and they explain the significance of early interventions on long-term individual human capital accumulation. These directly impact equity, opportunity, and prosperity and are particularly important for India's vision of becoming a developed nation. Building on early childhood investments, every subsequent investment automatically yields higher returns and enables governments to respond better to

risks in later life. Life cycle investments are also vital in terms of maternal health and adolescence – with girls particularly affected by poor indicators regarding school drop-out, child marriage and sexual and reproductive health and rights (SRHR). As such, a lifecycle approach to social protection can potentially be gender transformative.¹⁹

The lifecycle framework adopts a human rights approach and, within this perspective, elicits considerations of gendered disparities and inequities, and the needs of persons with disabilities become more obvious. By design, it encourages policymakers to think more inclusively and respond with higher sensitivity. India's existing programmes do tackle risks across the lifecycle but inadequately. The ad-hoc approach to tackling single outcomes has prevented the sector from systematically addressing and tackling long-term challenges throughout life.

With the foundations of social protection set through some of the largest schemes in the world, India's social protection system is poised for success in this regard with some fundamental changes to the national approach to social protection.

Digitisation

With a population of 1.3 billion (17.5 per cent of the global population) and a land area exceeding 3.28 million km² (2.4 per cent of the world's land area), the scale of service delivery in India is unimaginable for most countries. Yet, India's unprecedented digital advancement has enabled a rapid expansion of the social protection system in the country. Aadhar and JAM trinity first revolutionised state-citizen interaction, enabling targeted delivery of Direct Benefit Transfers (DBT) “through 318 Central schemes

and over 720 State DBT schemes,”²⁰ then “seamless portability of ration card across States through ‘One Nation One Ration Card’ and national database of unorganised workers ‘eShram portal’” simplified access to social protection, extending protection to those who were traditionally excluded.²¹ Today, India’s Social Protection Open Digital Ecosystem is a world-class platform underpinning the best practices in modernisation and systematisation of social protection globally. The pandemic response accelerated numerous innovations in identifying vulnerable groups and delivering emergency benefits – in cash and kind. India’s digital and financial infrastructure and inclusion efforts over the last ten years enabled the government to launch one of the largest cash transfer schemes to move over Rs 30,000 crore into the account of woman Jan-Dhan account holders in April 2020. The government has demonstrated the existing system’s ability to expand horizontally and vertically in response to the crisis. Still, significant room for improvement is available to enhance inclusion and implementation. National and international experts have widely acknowledged the need for human capital accumulation for its direct benefits to productivity and output growth and its indirect but crucial impact on technical adaptation and innovation.²² The opportunity opens wide for the government to operationalise the full integration, further advance digital technology and India’s innovation capacity to leverage existing systems to make the social protection system more inclusive and adaptive in responding to shocks.

Sustainability

Finally, social protection and being strategically planned must be environmentally sustainable – financially and environmentally. The

cost to the environment from rapid digitisation is not unknown. As India bridges the digital divide, the government must develop a plan to ensure it is environmentally sustainable – (i) actively mitigate the negative impacts, (ii) accelerate innovations that focus on sustainable expansion, green economy, sustainable consumption and expand the knowledge commons, and (iii) align the vision, values and objectives for sustainable growth.²³ Additionally, especially in India, the adverse consequences of the climate emergency and artificial shocks have disadvantaged the youth population. India’s existing skill gap and the changing nature of work – higher skill requirements and fewer entry-level jobs, the urgency of equipping this rapidly growing segment of the population with skills and other capabilities is increasingly more important.

Country Example: Just Transition, South Africa²⁴

South Africa has established a Just Transition framework aimed at improving coordination and planning in Just transition – “to achieve a quality life for all South Africans, in the context of increasing the ability to adapt to the adverse impacts of climate, fostering climate resilience, and reaching net-zero greenhouse gas emissions by 2050, in line with best available science. A just transition contributes to the goals of decent work for all, social inclusion, and the eradication of poverty.”

The framework does not deal with climate mitigation and adaptation policies. It manages the social and economic consequences of those policies, and considers alternative economic models for a Just Transition while centralising decision-making around human development concerns.

Therefore, the framework supports South Africa’s broader reform efforts to the benefit of most citizens “to enable deep, just, and transformational shifts” as effective response to climate change.

Enabling a Just Transition is not an option for securing India's future; it is now necessary. Recent climate-related crises are a stark reminder that poorer and vulnerable communities—children, women and young people, the unemployed, and those living in informal settlements—are most vulnerable to climate change. Climate change does not only affect these population groups more; it contributes substantially to worsening inequity and widening the national divide. Social protection is at the core of a Just Transition strategy, as it must identify and respond to the changes in circumstances of those affected by the transition towards a greener economy, irrespective of their financial situation. This further emphasises the need for a rights-based approach to social protection in India and for establishing well-trained and resourced local governments.

India can encourage and promote environmental sustainability and build a greener economy through social protection in three important ways: (i) by creating tangible, sustainable assets – the MNREGS demonstrates the potential for public works programmes in India to prioritise and expand green jobs, promote sustainable agricultural investments²⁵ and build assets that contribute towards a greener economy; (ii) building human capital and increase risk-taking capacity to encourage and accelerate innovation – the most powerful tool at humanity's disposal in the fight against economic and climatic uncertainty; and (iii) offsetting the losses of the “losers” as the economy is decarbonised. Promoting a greener economy can be a strong driver of poverty eradication. Promoting sustainable practices leads to innovation, enhances resilience and generates savings which drive new investment and employment.²⁶

Key Recommendations

India's social protection system is poised for fundamental transformation from a scheme-based to a system-based approach. Enabling a systems approach can enable the Government of India to achieve the aspiration of a Developed India through coherent, integrated, adequate, efficient and sustainable investments in social protection systems. To that end, the paper presents a few key recommendations:

- Due to the growing number and severity of disasters, including because of climate change, there is a need for urgent investments into adapting regular social protection programmes and integrating them into disaster risk management systems as a key tool to help children and families cope with these shocks. Shock-responsive social protection systems anticipate and prevent shocks from transforming into crises, prepare people to cope with shocks, and help build recovery and resilience. Shock-responsive social protection should address the gendered and age impacts of migration, portability of entitlements, and social protection programmes in urban informal settlements.
- The Government of India must develop a unified social protection strategy towards a unified vision for social protection in the country supported by a strong vertical and horizontal coordination mechanism and clearly defined pathways for the localisation of social protection interventions to maximise the return on investments. A strategy that celebrates India's diversity leverages the powers of the decentralised governance mechanism. Holding duty-bearers accountable will rapidly and substantially improve the quality and coverage of social protection in India.

- The Government of India should aim to rapidly improve lifecycle coverage through (i) enhanced last mile coverage by improving local capacity and resources to deliver support and services, (ii) extension of existing social protection interventions to excluded women and persons with disabilities and (iii) consolidation of existing schemes towards integrated interventions and investments that are multisectoral and synergistic. Some examples include implementing “plus” programmes that combine multiple interventions contributing to common objectives to tackle malnutrition, maternal and child health and unemployment challenges, and underemployment challenges.
- India’s current demographic transition demands the government sustain more universal and adequate investments in children in the early years. These investments can solidify the base upon which an integrated tax-benefit system can be established over time to support the economy.
- The Government of India must optimally identify and calibrate its investment in social protection through federal and state-level mechanisms. By capacitating and resourcing states to deliver social protection that is relevant and responsive to the needs of the state’s population and leveraging federal expenditure to build systems and infrastructure to support integrated, adequate and sustainable social protection.
- The Government of India needs to future-proof its development and the social protection system. In this context, developing the social protection system to deliver Just Transition – a greener, sustainable, equitable and inclusive society and economy will be crucial. To that end, incorporating the expansion of a greener economy, a more sustainable and efficient system of

social protection and encouraging innovation in optimising the use of sustainable resources in social protection emerge as top priorities.

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Early Childhood Nutrition: Pathways to Nurture

Pramod Kumar Anand^{*}, Krishna Kumar^{*}, Rohit Saini^{},
P. Srinivasa Rao^{**} and Arpit Barman^{***}**

Abstract: Early childhood nutrition is critical for health, development and well-being. However, millions of children under five years of age are suffering from one or more forms of malnutrition. This chapter has a focus on various challenges, analysis and recommendations for better child nutrition outcomes. The current global status of various indicators detrimental to child nutritional outcomes has been discussed. The prevalence of malnutrition among children under the age of five years has been analysed across Sustainable Development Goal (SDG) regions. The prevalence of anaemia among women aged 15 to 49 years is found to be rising, which is a cause of deeper concern especially for women and children. Some of the identified critical determinants of child nutrition include poverty, inequalities and climate vulnerabilities which can be addressed through a focus on poor and vulnerable sections by providing nutrition-rich diets, immunisation, enhancing access to WASH services and women's empowerment. Towards this end, correlation coefficients are computed to bring out the association of variables affecting child malnutrition by selecting at least 100 countries for each variable to ensure the adequacy of sample size, and are found to be as expected on a priori basis. It is also observed that globally, the per capita availability of nutrition-rich items is increasing, though there is a slight decline in the case of roots and tubers. Recommendations

* Visiting Fellow, RIS

** Fellow, RIS

*** Research Assistant, RIS

include enhancing awareness, empowering women, ensuring availability of nutritious foods, and investments in the food and health sectors. There is also need to monitor and evaluate outcomes for better planning, implementation, and reporting.

Keywords: Child nutrition, Malnutrition, Women Empowerment, Sustainable Development Goals, Food Security, Climate Change

Introduction

Early childhood development, being in the nature of a global public good, necessitates significant investments from different stakeholders and sectors. Towards it, early childhood nutrition is a critical building block. Malnutrition in all its three forms i.e., undernutrition (stunting, underweight and wasting), overweight, and micronutrient deficiencies, especially among children under five years of age, continues to be a major global concern. To address the related challenges, the past G20 presidencies, as well as the ongoing India presidency have regularly acknowledged and committed appropriate actions towards the prevention of hunger and malnutrition by improving food security and nutrition. For instance, the very first priority area for the Agriculture Working Group during the G20 India presidency has been food security and nutrition. Notably, the latest summit on Nutrition for Growth (N4G) in Tokyo in 2021 also called upon a wide range of stakeholders globally, such as governments, international organisations, businesses, civil society, think-tanks and academia to share their best practices and innovations to reduce malnutrition and provide good nutrition for all. The summit also committed to achieve the World Health Assembly's (WHA) global nutrition targets for 2025, as well as the related Sustainable Development Goals (SDGs) and to ensure success of the United Nations Decade

of Action on Nutrition (2016-2025). Also, the Tashkent Declaration and Commitments to Action for Transforming Early Childhood Care and Education (2022) recalled the ECCE priorities emanating from the global partnership strategy for the period 2021 to 2030. It also underscored the need for optimal nutrition besides attributes like health, security, safety and care (UNESCO, 2022).



By definition, stunting is the condition of a child below five years having a height less for age (HFA), being below minus two standard deviations, compared to the median height of the reference population for the corresponding age. Its subset is severe stunting for a child with HFA below minus three standard deviations. Underweight and wasting are defined on the same lines for children below five years for Weight for Age (WFA) and Weight for Height (WFH), respectively. On the other hand, overweight and

its subset obesity are WFA, being above plus two and plus three standard deviations, respectively.

Among all age groups, adequate and quality nutrition intake by children is of immense importance, as it necessitates shaping a healthier future to meet the much-needed requirements for the development of productive human capital for better socio-economic outcomes. As per the Joint Child Malnutrition estimates, 2022, globally 22.3 per cent (148.1 million) children of under five years of age were stunted, around 6.8 per cent (45 million) were wasted and 5.6 per cent (37 million) were overweight (UNICEF, WHO and World Bank, 2023). It is estimated that around 45 per cent of deaths among children under five years of age are linked to undernutrition.¹ Thus, it becomes important to have various mechanisms and investments to provide affordable, nutrient-rich foods for children, especially those belonging to economically weaker sections.



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Various forms of malnutrition arise not only due to insufficient and unsafe food but also due to inadequate progress on interconnected goals, such as health (SDG3), education (SDG4), resource accessibility and women's empowerment (SDG5), water and sanitation (SDG6). As a result, all types of malnutrition hinder individual productivity, thereby impeding growth (SDG8). Immense challenges are faced globally which obstruct better child nutritional outcomes. It becomes imperative to evolve public policies to provide timely interventions on nutrition for children and women, especially for families facing multidimensional poverty. Only by addressing malnutrition, we can create a healthy, prosperous, and inclusive world for everyone. Adequate nutrition thus also substantially facilitates towards achieving the SDGs and fosters global prosperity.

This chapter encompasses a review of literature, challenges, present scenario, and analysis, including correlation analysis among various factors affecting child malnutrition, statistical capacity and data gaps, follows by conclusions and culminates into detailed recommendations.

Review of Literature

The quality of human capital is a critical source of sustainable development and necessitates a healthy, educated and employable population. Such overarching objectives are contingent upon people having access to food and adequate nutritional provisions, socio-economic amenities, in particular, access to essential health and educational services. The quality of human capital determines productivity, and if achieved in an inclusive manner leads to reduced multi-dimensional poverty and inequalities leading

towards equity. Among other determining factors, as per United Nations (UN), good nutrition is indispensable to the health, well-being and promotes economic growth and affluence of individuals and communities (UN Nutrition, 2022), especially child nutrition is the critical determining factor of productive human capital for the present and future growth prospects.



Without nutritious diets, supportive nutrition services and good feeding practices during this critical period, children under the age of two are at heightened risk of all forms of malnutrition (UNICEF, 2021). On the importance of nutrition, Haddad *et al.*, (2015), argue that one dollar spent on scaling up nutrition interventions targeted towards the first 1,000 days of life could yield a return of at least \$16.

Against this backdrop, the study of the critical determinants and challenges associated to improve child nutritional outcomes is essential to promote policy interventions and to take informed

decisions with effective collaborations among the concerned stakeholders.

Child nutritional outcomes are determined by the diverse aspects and necessitate improved participation of all stakeholders and sectors. The UNICEF's conceptual framework on maternal and child nutrition 2020 and its analytical framework 2022, describe the wide range of determinants that include enabling, underlying and immediate ones, leading to child nutritional outcomes and impact. These encompass contextual (environmental, governance, resource and socio-cultural as enabling determinants), systemic (food, health, social protection, education, and water and sanitation system as underlying determinants) and behavioural and nutritional status (such as breastfeeding, mother-infant diets, food handling, physical activity, dietary intake, food security, nutritional absorption, mental well-being and immune systems as immediate determinants), leading to child nutritional outcomes such as, inter-generational effects, shortcomings which cause stunting, wasting, low birth weight, anaemia and overweight.

FAO (2022) argues that the reduction of poverty and inequalities are crucial to enhance people's capacity to access adequate and nutritious food. Laillou *et al.* (2020) also argue that for reducing stunting, household wealth status was one of the most important independent predictor of child malnutrition. Further, Lukwa *et al.* (2020) affirm that inequalities of household wealth, residence and socio-economic status play a critical role in both child malnutrition and food insecurity.

Reduction of poverty and inequalities along with enhancement of household incomes and wealth status are critical enablers to address child malnutrition. These largely help in enhancing a

household's capacity to access adequate food, nutrition and basic amenities.

Provision of safe drinking water and sanitation services with hygiene (WASH) practices remain major challenges, all the more in tropical countries as well as poor and vulnerable households which are more prone to bacterial and viral diseases. Access to WASH services helps to improve the household's nutritional status and thereby reducing all forms of child malnutrition considerably. For instance, Mulyaningsih *et al.* (2023) indicate that several indicators of WASH, such as access to safe drinking water, sanitation and hygiene are essential to improve children's health and nutritional status. Further, Cunningham *et al.* (2018) argue that women, who are empowered demonstrate improved WASH practices, compared to women who are not empowered, former resulting in higher child Length for age z scores, among children between 6 to 24 months of age in Nepal. Similarly, Lailou *et al.* (2020) argue that poor performance on WASH indicators leads to a higher proportion of stunting and wasting prevalence. Further, Karpati *et al.* (2020) argue that the combined probability of not being deprived in the dimensions of nutrition, sanitation, and health, has the most significant impact on reducing the likelihood of stunting. Besides, Mudadu *et al.* (2023) also argue that vulnerability hampering access to safe WASH practices contributes to stunting in children under 5 years of age, particularly in developing countries, leading to lack of sanitation and higher stunting levels.

Therefore, in framing a policy intervention, it needs to be internalised that improved access to WASH helps in the reduction of child undernutrition.



Another key area to promote nutritional status is women's empowerment. Essilfie *et al.* (2020), argue in a study related to children in Ghana, that women's education, mother's autonomy in household decision making and maternal occupation are important factors in reducing undernutrition related anthropometric failures, as well as reduction of overweight and obesity. Christian *et al.* (2023), analysing women's empowerment and participation, argue that household decision-making and asset ownership avert domestic violence, and significantly reduce anaemia among women aged 15–49 years; and stunting in children under 5 years. Women empowerment in the agriculture sector, like land ownership, also has a positive effect on child nutritional outcomes.

On child nutrition, several studies indicate a close association between change in climate and prevalence of child undernutrition. Such as high-temperatures affect the production of the major cereals, and crops with changing cropping patterns, as well as increased

extreme weather events adversely affecting food and agriculture systems during pre and post-harvest times with increased food insecurity and undernutrition. The situation was exacerbated further during COVID-19 pandemic and conflict. Agostoni *et al.* (2023), argue that climate change and undernutrition represent severe threats to child health status including child feeding practices. Van der Merwe *et al.*, (2022) argue that an increase in the monthly average maximum temperature raises the likelihood of stunting and of being underweight among children in Nigeria. Mahrous (2019) argues that food security in East African Community (EAC) region is adversely affected by temperature. Belayneh *et al.* (2021) also argue that during the period of highest food scarcity i.e. pre-harvest season, household food insecurity increases the risk of child wasting among children (aged 6 to 47 months) in the drought-prone areas of Sidama, Ethiopia.

Challenges

Globally, millions of families, especially poor and vulnerable face the challenge to provide nutrition-rich diets to children to ensure normal growth and development. Such families encounter various difficulties that impede progress towards tackling malnutrition such as parents (especially single mothers) living in poverty being unable to afford nutrition-rich food; individuals who reside in hard-to-reach communities or areas affected by climate change or conflict and thus having limited access to fresh fruits and vegetables. The COVID-19 pandemic and ongoing geo-political conflicts have led to an increase in food inflation for many cereal and other items, further reducing affordability. Moreover, there is a mushrooming of markets that are stocked with low-priced baby food that is

high in sugar and overly processed. Further, significant data gaps related to household access to food, dietary intake and nutritional outcomes present substantial challenges for policymakers and decision-makers.

The progress made on some parameters is slowing or even reversing on some of the parameters due to the pandemic, conflict, economic downturn and loss of agriculture incomes. This situation is further exacerbated by the vulnerability of the population with an increased proportion of people suffering from poverty and having multiple disadvantages such as deprived health, education, safe drinking water and provision of sanitation services etc. In this context, United Nations (UN, 2022) states that the global poverty rate in 2020 as compared to 2019 increased to 9.2 per cent from 8.3 per cent, the largest increase since 1990, besides an increase in extreme poverty level, first since 1998. Adeyeye *et al.*, (2021) also argued that prevalence of poverty in certain regions, in particular, African countries is leading to poverty causing hunger and malnutrition which has been exacerbated further with the COVID-19 pandemic.

One of the crucial challenges faced in improving child nutritional outcomes is the early childhood malnutrition, especially its undernutrition component during the first thousand days of life since inception. It is because inadequate nutrition during the first two years has more detrimental effect on overall health and wellbeing of individuals. Globally, only one in three children aged between 6-23 months receives minimum diverse balanced diets for their healthy growth and development. Even, many young children consume such processed foods which are high in sugar, salts and fats affecting growth and development, which is continuing and



deepening the challenges. Lack of awareness remains a critical gap in this endeavour. UNICEF and WHO recommend that infants need to be breastfed within one hour of birth, be exclusively breastfed for the first six months and need breastfeeding until 2 years of age or beyond. Also, infants and young children should be frequently provided with adequate nutrient-rich diets throughout the day.

Women's poor health is also a major challenge right from their adolescent stage as they need proper nourishment to build a robust immune system and ample nutrient reserves to mitigate the impact of any infection, all the more to fulfil the need for adequate nutrition during pregnancy and lactation. A well-nourished woman is more likely to give birth to a well-nourished child who joins her on a path to good health and prosperity (Victora, *et al.*, 2021). However, the present levels of prevalence of anaemia, underweight and obesity among them continue to be considerably high globally. As per UNICEF ², in 2019, globally the prevalence of

anaemia was 29.9 per cent (equivalent to over half a billion women) among women of reproductive age, 15 to 49 years. During the same period, 10 per cent of women aged between 20 to 49 years faced being underweight while more than 35 per cent of women aged between 20 to 49 years suffered from being overweight with 13 per cent among them being obese. Women, especially pregnant women, having iron deficiency are at risk for undesirable outcomes such as pre-term delivery, which may result in low-birth-weight of infants and lower iron reserves for the new-borns, which may not only impair child development but also increase infant and child mortality rates.

Only a well-nourished woman has low risk at the time of pregnancy and childbirth, and their children grow both physically and mentally. In contrast, the challenge of increased hunger and undernourishment, poverty with inadequate access to basic amenities and various other factors, leads to long-term consequences which include hampering the survival, and physical and mental health of children and results in poor human capital which impedes the socio-economic development further

Also, vulnerability and inadequate access to safe WASH provisions and practices is yet another challenge leading to a higher level of stunting and wasting among children and the prevalence of anaemia among women. Climate change is causing extreme weather events, droughts and floods and thus adversely impacting food and agriculture systems resulting in considerable reduction in cereal production, nutritional qualities of the crops and leading to a reduction in livelihood opportunities affecting food security and nutrition. This may reverse the progress made on some of the indicators of the SDG 2 (Zero-Hunger). The severity of

the situation is underscored in the latest IPCC Report 2023, stating that approximately 3.3 to 3.6 billion people are highly vulnerable to climate change. The Report adds that increased weather events, including climate extreme, adversely affect millions of people with increased acute food insecurity, reduced water security ³, and thus hinder efforts to meet the SDGs (IPCC, 2023). As a result, the productivity of agricultural, forestry and fishery sectors stands affected, with higher incidences of droughts, floods, wildfires and marine heat waves contributing to reduced food availability and increased food prices, threatening food security, nutrition and livelihoods of millions of people across regions (IPCC, 2022). On the challenge of water availability, IPCC Report also mentions that roughly half of the world's population is currently experiencing severe water scarcity, for at least some part of the year due to climatic and non-climatic drivers. Further, lack of adequate and reliable data for nutritional aspects of children makes monitoring,



evaluation and assessment of policy decisions difficult. As per the Report of the High Level Panel of Experts on Food Security and Nutrition (HLPE, 2022), the high-quality, timely and relevant data are key to inform actions that promote better access to food and improved nutrition. Such quality, accuracy and timelines of data are necessary to design, monitor and evaluate effective food security and nutrition policies. This necessitates further discussion on present situation of data and monitoring system for monitoring child nutritional outcome.

Data and Monitoring System for Child Nutritional Outcomes

Regular review and monitoring, based on timely and reliable data, are an integral part of any policy and the programmes/projects carried out to implement it. This helps in tracking progress, taking mid-course corrective action, bringing transparency and accountability in implementation and facilitating evidence based public debate. Official data produced by the countries is primarily used for monitoring various parameters/indicators related to nutrition. Some monitoring frameworks, a few of which are described in subsequent paragraphs, have been established to measure nutritional outcomes at a global level. Countries can of course evolve their own indicator frameworks, suitable in the local context, for monitoring the nutritional status of the target population. WHA deliberations held in 2012 came out with a Comprehensive Implementation Plan for addressing nutritional deficiencies of maternal, infant and young children and identified six global targets to be achieved by 2025 as detailed below:

- 40 per cent reduction in the number of stunted children.

- 50 per cent reduction of anaemia in women of reproductive age.
- 30 per cent reduction of low birth weight.
- No increase in childhood overweight.
- Increased rate of exclusive breastfeeding in the first six months to at least 50 per cent.
- Reduced childhood wasting to less than 5 per cent.

The six primary outcome indicators of the Global Nutritional Monitoring Framework (GNMF) have been developed in 2014 initially with subsequent modification of indicators in the following years post-2014 to track the progress of the targets mentioned above. Further, additional 14 core indicators for GNMF were proposed for monitoring pathways towards the global nutrition targets (Table 7.1).

Subsequently, in 2015, with the adoption of the 2030 agenda and SDGs being at its core, Food security and Nutrition finds due appropriate prominence in the SDGs. Under SDG 2 relating to Zero hunger, the SDG Target 2.1 seeks to end hunger and ensure accessibility of safe, nutritious and sufficient food all year round while the SDG Target 2.2 aims at ending all forms of malnutrition and achieving WHA target related to stunting and wasting in children under 5 years of age, and addressing nutritional needs of adolescent girls, pregnant and lactating women, and older persons. Indicators evolved by the UN are used for monitoring these targets i.e., SDG Target 2.1 and 2.2 at a global level. Details are given in Table 7.2.

Table 7.1. List of 20 Core GNMF Indicators

Category	Indicator
Primary outcome	Prevalence of low height-for-age in children under five years of age
	Prevalence of haemoglobin <11g/dl in pregnant women and <12g/dl in non-pregnant women (Anaemic)
	Prevalence of infants born < 2,500g
	Prevalence of weight-for-height > +2 SD in children under five years of age
	Prevalence of exclusive breastfeeding in infants aged six months or less
	Prevalence of low weight-for-height in children under five years of age
Intermediate outcome	Prevalence of diarrhoea in children under 5 years of age
	Proportion of women aged 15–49 years with low body mass index (< 18.5 kg/m ²)
	Number of births during a given reference period to women aged 15–19 years /1,000 females aged 15–19 years
	Proportion of overweight and obese women 18+ years of age (body mass index \geq 25 kg/m ²)
	Proportion of overweight in school-age children and adolescents 5–19 years (BMI-for-age > +1 SD)
Process	Proportion of children aged 6 to 23 months who receive a minimum acceptable diet
	Proportion of population using safely managed drinking services
	Proportion of population using safely managed sanitation services
	Proportion of pregnant women receiving iron and folic acid supplements
	Percentage of births in baby-friendly facilities
	Proportion of mothers of children 0 to 23 months who have received counselling, support or messages on optimal breastfeeding at least once in the previous 12 month

Policy and capacity	Number of trained nutrition professionals/100,000 population
	Number of countries with legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22) and subsequent relevant World Health Assembly resolutions
	Number of countries with maternity protection laws or regulations in place

Source: WHO (2017). Global Nutrition Monitoring Framework: Operational guidance for tracking progress in meeting targets for 2025. Geneva: World Health Organisation.

Table 7.2. Food Security and Nutrition related Targets and Indicators in SDGs

SDG Target	UN Global Indicator
2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	2.1.1 Prevalence of undernourishment
	2.1.2 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)
2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	2.2.1 Prevalence of stunting (height for age < -2 standard deviation from the median of the World Health Organisation (WHO) Child Growth Standards) among children under 5 years of age
	2.2.2 Prevalence of malnutrition (weight for height > +2 or < -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)
	2.2.3 Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)

Source: United Nations (2023). Global Indicator Framework for Sustainable Development Goals and Targets for the 2030 Agenda for Sustainable Development. Inter-Agency and Expert Group on SDG Indicators (IAEG-SDGs).

The collection, analysis and dissemination of better and reliable data at a more disaggregated level will require statistical capacity building efforts, especially for developing countries, including Least Developed Countries (LDCs). These countries do not find enough resources for investment in the statistical systems for enhancing their capacity due to other development commitments.

Analysis of Various Covariates of Child Nutrition across SDG Regions

The preceding sections entail for improved National Statistical Systems for collection and dissemination of information on the factors that help to monitor and evaluate policies. Globally we have reached midway for achieving the 2030 Agenda for Sustainable Development. The SDG Report 2022 highlighted that global health and well-being was still challenged by COVID-19 and impeding progress in meeting SDG2 (Zero Hunger) and SDG3 (Good health and wellbeing) targets (UN, 2022). It further reported that the pandemic disrupted health systems and essential health services across major areas including maternal and child health, immunisation, mental health, and treatment of several diseases.

In the post-pandemic world, the need for health and well-being has emerged even stronger, necessitating more dedicated efforts toward achieving it universally. One may recall that (WHO, 1946), 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

Thus, as discussed, the critical path of a healthy life includes adequate nutrition at all times. Moreover, any form of malnutrition at any stage of life may lead to irreversible detrimental health outcomes as malnutrition, in all its forms, poses a significant risk

to human health. Elaborating on it, the WHO states that lack of nutrition during specific life stages has short-term, long-term and intergenerational effects (WHO, 2019). Such effects include death, disability and stunted mental and physical growth. Inadequate foetal nutrition during pregnancy and during the first two years of life causes not only undernutrition among children but overweight in adulthood and associated chronic diseases (WHO, 2019), acting as one of the root causes of the double burden of malnutrition.

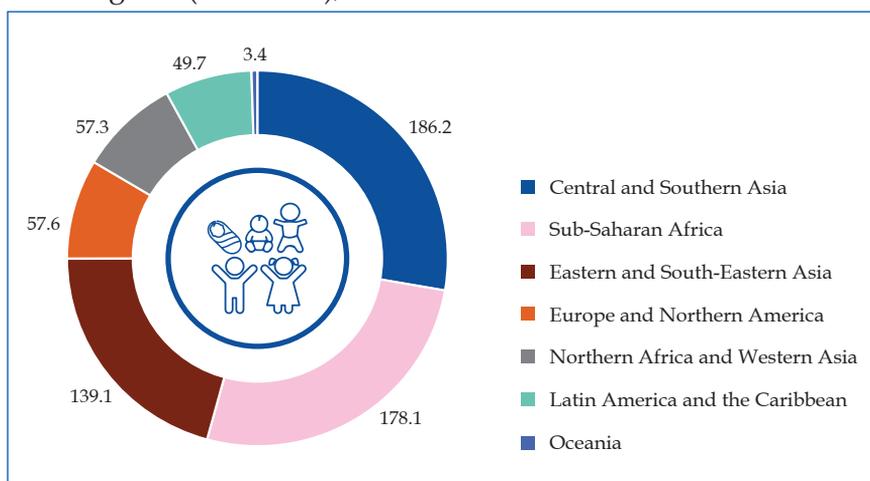
Among all life stages, the ante-natal stage, as well as childhood (under 5 years) and young adolescent (5-14 years) stages are largely dependent on the parents'/guardians' for nutrition. Particularly in ante-natal and neo-natal stages, children are completely dependent on mothers for nutrition, thus, bringing the mother's health and nutrition to the forefront for a healthy new life to exist. This calls for extensively analysing various factors that affect child nutritional outcomes taking into account region-wise disparities in order to achieve high nutritional child outcomes.

Child Population across SDG Regions

The global population of children and young adolescents aged between 0 to 14 years is estimated at around 2.02 billion in 2021 (UN, 2022). Among these, the population of 'older children and young adolescent' aged between 5-14 years is 1.34 billion, whereas the population of children under five years of age is 671 million. Across the SDG regions, out of the total 671 million children under five years of age, 27.7 per cent children (186.2 million) were born in Central and Southern Asia region, followed by Sub-Saharan Africa and, Eastern and South-Eastern Asia which had 26.5 per cent children (178.1 million), and 20.7 per cent children (139.1 million), respectively

(Figure 7.1). Accordingly, at the global level three out of every four children under the age of five, are in these three SDG regions. Europe and Northern America region have around 8.6 per cent (57.6 million) share in the global children population; North Africa and Western Asia region has around 8.5 per cent (57.3 million) share in the global children population; while the share of Latin America and the Caribbean is around 7.4 per cent (49.7 million). The Oceania region has the least proportion of children in the world with a share of 0.5 per cent (3.4 million). In 2021, the top 10 countries in the world with the highest population of children under five years of age were India (17.17 per cent), China (11.14 per cent), Nigeria (5.19 per cent), Pakistan (4.41 per cent), Indonesia (3.34 per cent), the USA (2.85 per cent), Ethiopia (2.65 per cent), Democratic Republic of Congo (2.64 per cent), Bangladesh (2.18 per cent) and Brazil (2.12 per cent); which collectively accounted for 53.7 per cent share of the children.

Figure 7.1: Population of Children under Five Years of Age across SDG Regions (in million), 2021

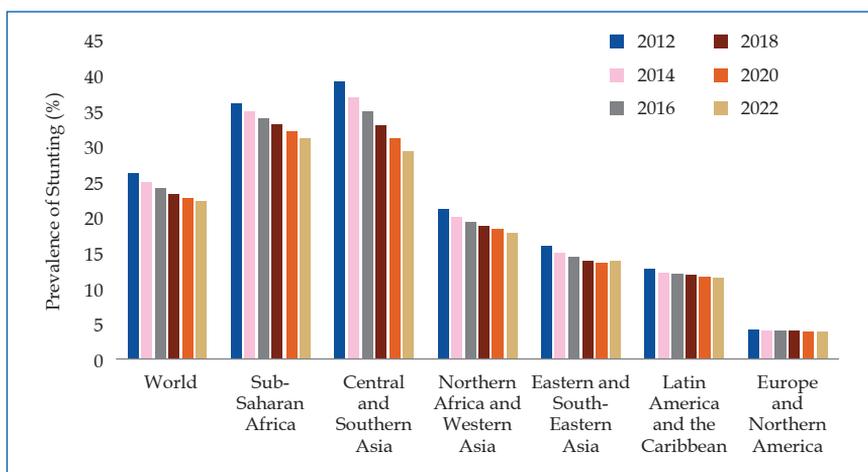


Source: Authors' computation based on data from World Population Prospects 2022

Stunting among Children of under Five Years of Age

The height of the child with respect to age is one of the standard indicators of nutrition status among children. It may be recalled that the state of severe stunting is a subset of stunting. In literature, the term moderate stunting is used for HFA being less than minus two to minus three standard deviations below the median and severe stunting being below minus three standard deviations. The global prevalence of stunting among children under five years of age has been slowly decreasing between the years 2012 and 2022 (Figure 7.2.) as it declined from 26.3 per cent in 2012 to 22.3 per cent in 2022. Such a declining trend in child stunting has been observed across all the SDG regions. Central and Southern Asia region observed the sharpest decline, where the share of stunted children decreased from 39.3 per cent to 29.4 per cent between 2012 and 2022, though

Figure 7.2: Proportion of Moderately or Severely Stunted Children under Five Years of Age across the SDG Regions and World (2012 to 2022)



Source: Authors' computation based on data from Joint Child Malnutrition Estimates (JME) (2023 Edition), UNICEF, WHO and World Bank Group. Note Data for Oceania region was not available.

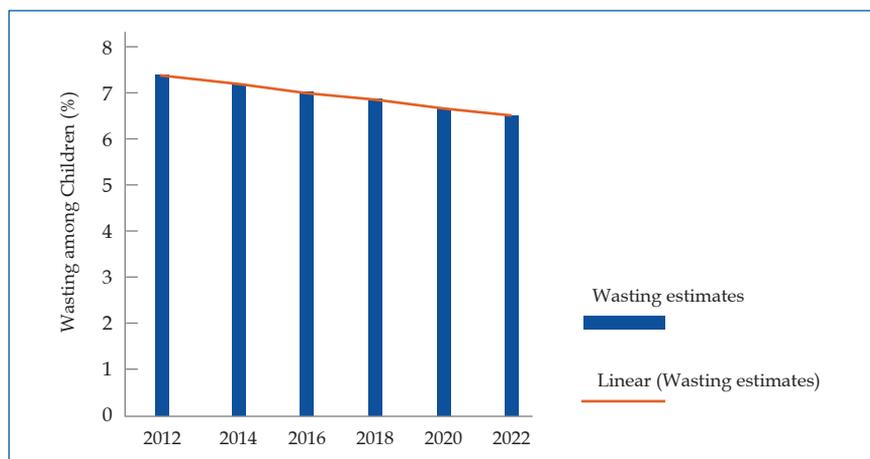
continuing to remain the highest among all SDG regions. Stunting among children in Sub-Saharan Africa also decreased from 36.2 per cent to 31.3 per cent in the same period. Similar was the case for Northern Africa and Western Asia it decreased from 21.2 to 17.9, for Eastern and South-Eastern Asia from 16.0 to 13.9, for Latin America and the Caribbean region from 12.7 decreased to 11.5 per cent and for Europe and Northern America, from 4.2 to 3.8 per cent during 2012 to 2022. The efforts to address stunting need to be revamped globally on fast track, with focus during the first 1,00 days of life since inception.

Wasting among Children under Five Years of Age

Wasting in children refers to being too thin for their height. It may result from severe weight loss or inability to gain weight due to poor nutrition or infections. In contrast to stunting, which is indicative of chronic malnutrition in children, wasting may occur owing to sudden and temporary setbacks, such as a sickness or disease. Globally, there was a declining trend on wasting among children declining from 7.5 to 6.8 per cent during 2012 to 2022 (Figure 7.3). UNICEF, WHO and the World Bank in their Joint Child Malnutrition Estimates (2023) reported that, across the world, Southern Asia was facing the highest prevalence of wasting. Notably, among the children facing wasting, more than 55 per cent were in the South Asia region in 2022. They estimated that the total number of children affected by moderate or severe wasting was around 45 million, out of which, the highest number was in Southern Asia (25.1 million) followed by Western Africa (4.6 million), South-Eastern Asia (4.3 million), Eastern Africa (3.5 million), Middle Africa (1.9 million)

and Northern Africa (1.8 million) while the remaining regions have a low prevalence of wasting.

Figure 7.3: Global Estimates of Wasting among Children under Age of Five Years (2012 to 2022)

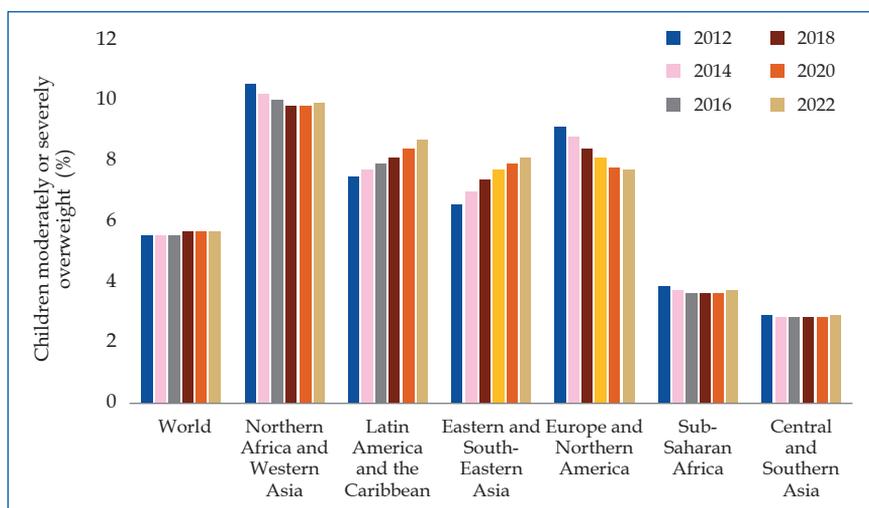


Source: Authors' computation based on data from JME (2023 Edition), UNICEF, WHO and World Bank Group.

Overweight Children under Five years of Age

Overweight and its subset obesity are attributed to an accumulation of excess fat in the body. Body Mass Index (BMI) is used as an indicator to measure the prevalence of overweight. The incidence of overweight and even obesity is also observed in children under five years of age. There is a strong correlation between childhood obesity, adult obesity, disability in adult age, premature death and a higher probability of getting Non-Communicable Diseases. Globally, the population of overweight children has been around 5.5 per cent between the years 2012 and 2022 (Figure 7.4). The percentage of overweight children (including obese) was the highest in North Africa and Western Asia, but it followed a decreasing trend till 2018 with a marginal increase in 2022. It is found that the proportion

Figure 7.4: Proportion of Moderately or Severely Overweight Children under Five Years of Age across SDG Regions and World (2012 to 2022)



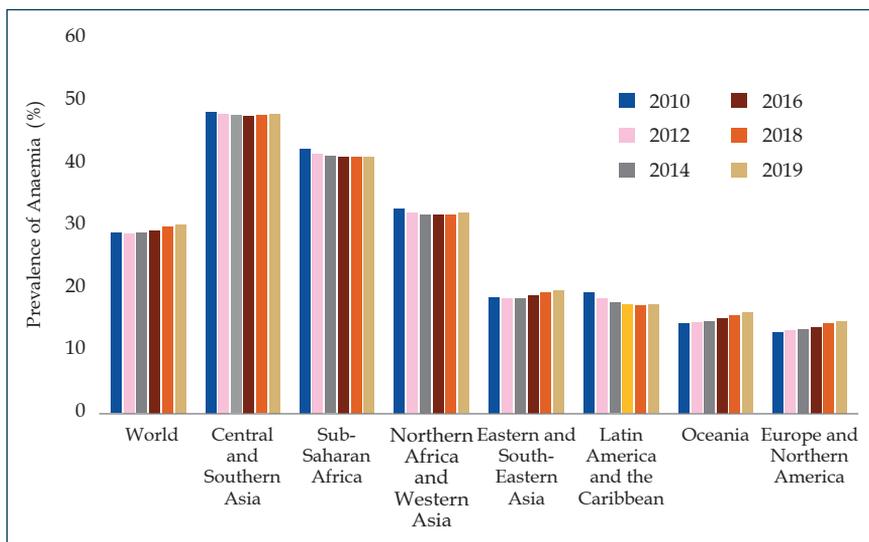
Source: Authors' computation based on data from JME (2023 Edition), UNICEF, WHO and World Bank Group.

of overweight children is on the rise across the regions having higher vulnerable populations creating innumerable challenges necessitating immediate corrective policies.

Prevalence of Anaemia among Women of Reproductive Age (15-49 years)

The global prevalence of anaemia among women of reproductive age (15-49 years) has been gradually rising since 2014. As evident from Figure 7.5, across the SDG regions, the highest population of women affected by anaemia was observed in Central and Southern Asia followed by Sub-Saharan Africa, and Northern Africa and Western Asia with a slightly wavering trend in these regions though the values remaining at around 47 per cent, 41 per cent and 32 per cent, respectively. In Eastern and South Eastern Asia,

Figure 7.5: Prevalance of Anaemia among Women aged 15 to 49 years across the SDG Regions and World (2010 to 2019)



Source: Authors' computation based on data from WHO-Global Health Observatory (GHO).

Oceania and Europe and Northern America and Latin America and the Caribbean, although the prevalence was comparatively low, it shows an upward trend. Globally all the SDG regions indicate a rise in anaemia levels as of 2019.⁴ This trend needs to be reversed through effective policy interventions.

Global Production of Selected Nutrition-rich Items

As per UNICEF, one of the objectives of Early Childhood Development is that all young children since inception to school entry, have equitable access to essential nutrition for development needs. In this endeavour, Government of India under its flagship programmes Saksham Anganwadi and Poshan 2.0 provides anganwadi services having package of six services namely, supplementary nutrition, nutrition & health education, pre-school

non-formal education, immunisation, health check-ups and referral services. The beneficiaries include children of age group 0 to 6 years, adolescent girls 14 to 18 years, pregnant women and lactating mothers. It is relevant to analyse production and per capita availability of nutrition-rich items. The production (in million tonnes) of cereals increased from 2,583 to 3,071; vegetables from 976 to 1,155; fruits from 761 to 910; roots and tubers from 798 to 876; milk from 738 to 918 and pulses from 70 to 89 between 2011 and 2021 (Table 7.3).

Table 7.3: Global Production of Nutrition-rich Items for 2011 and 2021 (Million Tonnes)

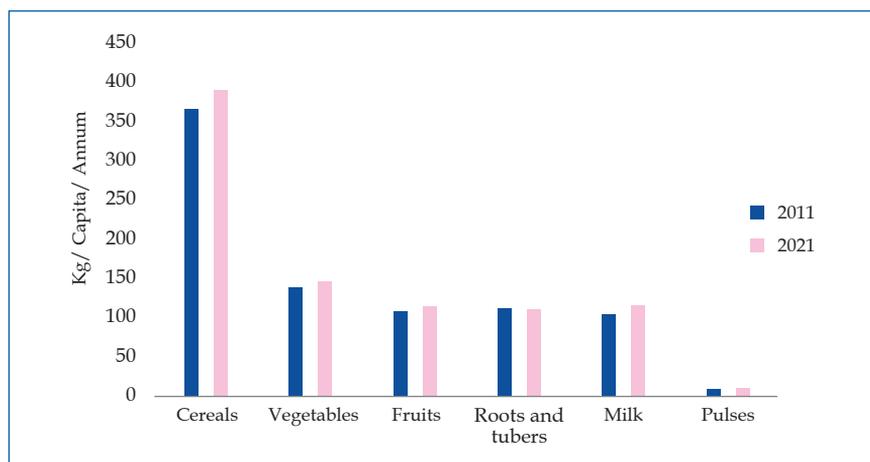
Items	2011	2021
Cereals	2,582.7	3,070.6
Vegetables	976.0	1,154.6
Fruits	761.4	909.6
Roots and tubers	798.0	876.0
Milk	738.1	918.2
Pulses	70.2	89.0

Source: Authors' computations based on FAOSTAT.

Per Capita Availability of Nutrition-rich Items

In spite of the rising global population (from 7,073 million in 2011 to 7,909 million in 2021), the global per capita availability of selected nutrition-rich items increased between 2011 and 2021, except in the case of roots and tubers for which though the overall production increased, the per capita availability decreased (Figure 7.6). The per capita availability (in kg per annum) of cereals increased from 365.1 to 388.2; vegetables from 138.0 to 146.0; fruits from 107.6 to 115; milk from 104.4 to 116.1; pulses from 9.9 to 11.2, though for roots and tubers it decreased from 112.8 to 110.8 between 2011 and 2021.

Figure 7.6: Global per Capita Availability of Selected Nutrition-rich Items for 2011 and 2021



Source: Authors' computations based on FAOSTAT.

Correlation Analysis for Various Indicators Affecting Child Nutrition

Various covariates affecting child nutrition globally have been extensively discussed. This requires further analysis of significance of association of the factors as discussed in literature. Table 7.4 shows the description of Indicators related to malnutrition used in calculating the correlation matrix. Country-wise observations were taken for all the indicators with the latest available data. Wherever the latest available data was not available for any particular indicators, the previous year's data was used. At least 100 observations were taken for each of the indicators to ensure the adequacy of sample sizes. For all of the indicators, data was collected from publicly renowned sources such as the UN Department of Economic and Social Affairs Statistics, the World Bank and FAO. The `Dom_food_prod` variable was calculated by summing the production of cereals, fruits, vegetables, milk and roots and tubers to get the production

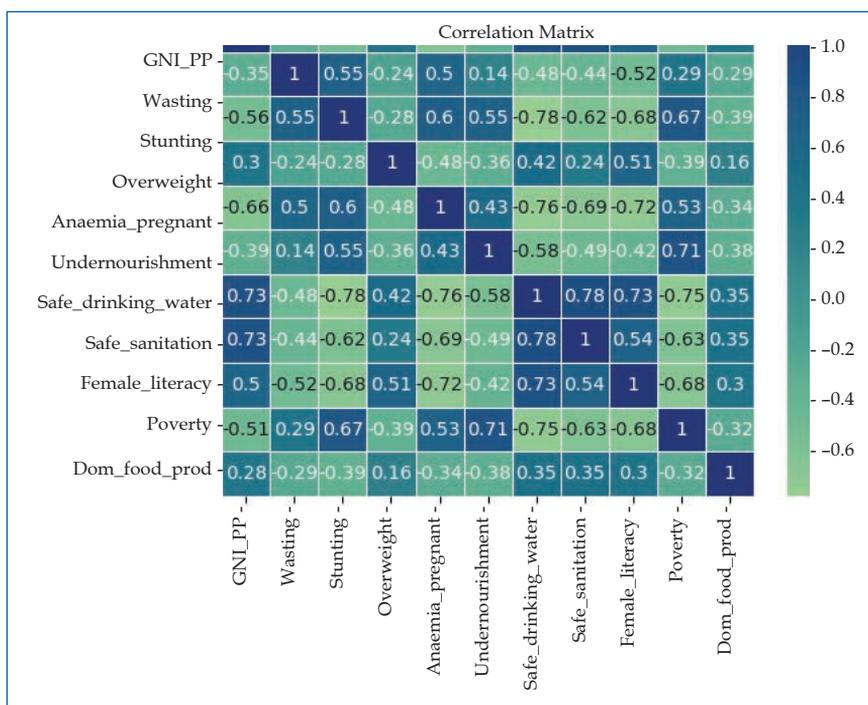
Table 7.4: Description of Indicators for Analysing Correlation Coefficient of Child Nutritional Outcomes

Variable Name	Indicator	Data Source	Time Period
GNI_PPP	GNI per capita, PPP (constant 2017 international \$)	World Development Indicator, World Bank	2017-2019
Wasting	Proportion of children moderately or severely wasted (%)	UN Statistics, SDG Indicators Database	2010-2019
Stunting	Proportion of children moderately or severely stunted (%)	UN Statistics, SDG Indicators Database	2019
Overweight	Proportion of children moderately or severely overweight (%)	UN Statistics, SDG Indicators Database	2019
Anaemia_pregnant	Proportion of women aged 15 to 49 years with anaemia, pregnant (%)	UN Statistics, SDG Indicators Database	2019
Under_nourishment	Prevalence of Undernourishment (%)	UN Statistics, SDG Indicators Database	2019
Safe_drinking_water	Proportion of population using safely managed drinking water services, all regions (%)	UN Statistics, SDG Indicators Database	2019
Safe_sanitation	Proportion of population using safely managed sanitation services, all regions (%)	UN Statistics, SDG Indicators Database	2019
Female_literacy	Literacy rate, adult female (% of females ages 15 and above)	World Development Indicator, World Bank	2017-2019
Poverty	Proportion of population below international poverty line (%)	World Development Indicator, World Bank	2016-2019
Dom_food_prod	Per capita domestic production of food and nutrition rich items (Kg per capita)*	FAOSTAT	2019

of food and nutritious rich items divided by the population of the respective country for that year. Rest of the indicators were taken from the sources as provided.

The correlation matrix represented below (Figure 7.7) has Pearson’s correlation coefficient value for each pair of indicators. From the figure, we can infer that there is a strong positive correlation between the prevalence of Anaemia in pregnant women with stunting (0.6) and wasting (0.5). There is a strong negative correlation between higher per capita income (GNI_PPP) and stunting (-0.56) and a medium negative correlation with wasting (-0.35). However, income still has a medium positive correlation

Figure 7.7: Correlation Matrix of Various Indicators Affecting Child Nutrition



Source: Authors’ Computation based on Data Sources as mentioned in Table 7.4.

with children being moderately or severely overweight (0.30) indicative of overweight in high income countries. Water, Sanitation and Hygiene (WASH) are crucial for human health, development and well-being. We see a strong negative correlation between the proportion of population which is using safely managed drinking water services and similarly for safely managed sanitation services with wasting (-0.48 and -0.44 respectively) and stunting (-0.78 and -0.62 respectively). As extensively discussed, the provision of affordable, healthy food for young and infants is of immense importance as means of investing in future human capital. This is reflected by the negative association between per capita domestic production of food and nutritious rich items with wasting (-0.29) and stunting (-0.39). There exists a strong negative correlation between women's literacy rate with stunting (-0.68) and wasting (-0.52) emphasising the need for investment in mothers' education to reduce child malnutrition.

The literature analysed in this chapter significantly matches the results of the correlation matrix on the association of many indicators with malnutrition. It is a fact that correlation provides only the broad direction on *ceteris paribus* basis, as it may overlook causation.

Conclusions

Globally, millions of children are suffering from various forms of malnutrition impeding socio-economic progress and coming in the way of achieving SDGs. There exist vast inequalities in the proportion of children facing undernutrition across various SDG regions, as a large proportion of undernourished children are in Sub-Saharan Africa and Central and Southern Asia. By contrast

the problem of being overweight, and within it of obesity among children, is mainly concentrated in developed regions of Europe, Northern and Latin America and the Caribbean. Inadequate early childhood development has enduring implications, as it places children on a diminished path of growth and detrimentally affects the progress of a country on the current and ensuing attainment of socio-economic aspirations.

Thus, there is an immediate need to cater to policy interventions to address various forms of malnutrition, prevailing across different regions to ensure healthy nutritional outcomes. It is found that the COVID-19 pandemic and global geo-political situation have reversed the progress made on some of the SDG indicators. The headwinds of climate change are also coming in the way of providing food security and adequate nutrition. With the rising global population, the per capita availability of many nutrition rich items is increasing at a slower pace, though in the case of roots and tubers, it has rather decreased. Besides adequacy, it is important that diets are appropriately diverse for better nutritional outcomes. It is also seen that there is a strong association between the incidence of poverty on child stunting and overall undernutrition levels. This partly explains that the onset of the COVID-19 pandemic and the increase in poverty hindered progress in improving nutritional outcomes, especially among children and infants. Also, global shocks have caused worldwide disruptions in supply chain mechanisms causing high food inflation leading to further adverse effects on food security and nutrition. Notably, food insecurity in turn disproportionately affects women and children as they find it difficult to access and afford nutrition rich food. Positive interventions during the first 1,000 days of life since inception as

well as breastfeeding during the first six months since birth help in averting malnutrition. It is found that gender empowerment significantly assists in improving nutritional status. The WASH practices also help in this endeavour.

A correlation analysis is also carried out which shows results as expected on a *a priori* basis like there being a strong association in reducing undernutrition, with domestic production of nutrition-rich food items. Another important element to reduce child malnutrition is ascertained to be female's health and women empowerment. It is also found that women's anaemia and low literacy have a strong correlation with the prevalence of moderate and severe children stunting and wasting.

Recommendations

In the light of the preceding discussions, some key recommendations are as follows:

- i. It is critical to invest in women's empowerment to facilitate improved economic opportunities *via* improving the female literacy rate (including digital literacy).
- ii. Policies need to be advocated to focus on the first 1,000 days of life since inception and exclusive breastfeeding practices during the first six months. Furthermore, to promote improved nutrition across the entire population, it is essential to incorporate nutrition into school curriculum, public debate, development programmes and policies. This can be achieved by facilitating collaboration and better awareness among stakeholders across various sectors, including health, food systems, water, sanitation and hygiene, education, as well as delivery platforms.

- iii. There is a need to invest in infant-centric health centers, having adequate skilled health workforce, especially in rural regions of developing countries, and it is necessary to monitor children's anthropometric growth measures regularly. Dedicated trained health workforces thus need to be deployed in such areas to provide proper care and nutrition including for adolescent girls, pregnant and lactating mothers and also to reduce anaemia among them.
- iv. The advocacy for systematic integration of age-appropriate infant and young child feeding and care practices, as well as caregiver mental health, into routine maternal and child health care services, including community-based services, needs to be intensified.
- v. This would not only reduce the risk of deaths due to birth complications but will also ensure optimal child nutrition outcomes leading to healthier and productive cohorts. It is also found that affordability and accessibility of basic amenities, such as safe drinking water, housing, and safe sanitation services need to be enhanced on a priority basis to attain crucial determinants of better child nutrition outcomes.
- vi. The Governments need to provide affordable essential services, such as reproductive health services and perinatal care, enhance awareness regarding best breastfeeding practices, immunisation, home-based treatment of diarrhea, and timely introduction of supplementary foods in order to improve the health and well-being of children under five years of age, adolescent girls, pregnant and lactating women.
- vii. The Governments should also take a lead in safeguarding the right to food and nutrition for every child, in collaboration

- with stakeholders including health personnel, civil society, development partners, think-tanks, academia and the private sector. The focus of all the stakeholders should be to mobilize food, health, and social protection systems to ensure nutritious, safe, and affordable diets, essential nutrition services, and to promote positive nutrition practices for all children.
- viii. There is a need to establish collaborative alliances between state and non-state entities to secure financial commitments and foster a supportive environment conducive to implementing comprehensive policies that encompass both nutrition-specific and nutrition-sensitive actions.
 - ix. The developed countries need to enable investments by multilateral financial institutions in financing developing countries of Africa and Asia to formulate relevant packages, especially towards poor and vulnerable sections. Such assistance can be synergised with innovative financing mechanisms such as nutrition bonds.
 - x. The private sector needs to be encouraged to include projects, treating early childhood investment as a public good, and wherever possible to go beyond the Corporate Social Responsibility (CSR) in nutrition. Further, workplace health and nutrition policies, along with new environmental, social, and governance (ESG) strategies, that have proven to generate remarkable financial gains for companies, need to be encouraged.
 - xi. More attention is needed to encourage food companies to relook at their unhealthy and highly processed products and invest in healthier options towards the generation of awareness for better child development mechanisms.

- xii. Investments in resilient food value chains should be enhanced, as these can provide accessible and affordable healthy and nutritious diets for vulnerable groups throughout the year. This includes prioritising the production and distribution of nutrition-rich foods including millets, milk, fruits, vegetables, pulses, and fish.
- xiii. The adverse effects of climate change such as droughts, extreme weather conditions, floods; causing sub-optimal production of nutrition-rich food items leading to food shortages need to be addressed by investing in resources to adapt, especially in developing countries including LDCs, and to mitigate such effects.
- xiv. Special emphasis needs to be accorded to monitoring and evaluation of various parameters of malnutrition. Timely and reliable statistics is certainly crucial to make data driven decisions and thus allowing appropriate policy interventions. The government statistical entities need to devise and execute appropriate monitoring and evaluation frameworks, along with enhancing surveillance systems, to gather data on designated input, output/outcome, and impact indicators related to various anthropometric indices. The use of ICT technologies can facilitate in data collection and its dissemination facilitating comparisons across the national and sub-national levels and carrying out of the econometric analysis, including panel data.
- xv. Steps that enhance the national health information systems should be taken to ensure regular monitoring and reporting of data related to malnutrition and its determinants. Such data should be utilised to support and help in the implementation of

effective prevention and treatment services on various aspects of malnutrition at the national and sub-national levels.

In a nutshell, there is a need for regional and international cooperation, including at the G20 forum, for early childhood better nutritional, pre-school educational and care outcomes and to prevent lagging of any child across the globe. This will require effective revisions to current policies and related strategies and adequate investments thus creating effective interventional measures that are tailored to the specific needs of poor and vulnerable groups, to achieve equitable and sustainable outcomes.

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Social Cohesion for Inclusive Development: Gender Perspectives

Beena Pandey^{*}, Veena Bandopadhyay^{} and Padmaja Nair^{***}**

Abstract: Social cohesion is the relationship and bonding in a society and its orientation towards the common good. Inequalities and disparities are the drivers of social cohesion, while well-being is the consequence of a cohesive society. Social cohesion calls for equality of opportunities, participation in decision making and overall ability to exercise the fundamental rights as a member of a community, a nation, or the global community.

Increasing globalisation, a dynamic market structure, disturbing conflicts between and within nations, migrations and an evolving social and cultural environment have highlighted the growing inequalities and the role of social cohesion for inclusive economic growth. And more recently, the pandemic, with its social and economic outfalls, has further underlined the inequalities in society. The SDGs, recognising the challenges, target reduced inequalities within and amongst nations, peaceful and inclusive societies and institutions, and gender equality, as its key agenda for 2030.

One of the key drivers of social cohesion is gender equality. Gender relations play a critical role within the family, community, the market, and the State. Ironically, while women are the main architects of social cohesion, they are largely excluded from its functions and benefits. Social protection in the context of poverty and vulnerability contributes to social cohesion; and investments in social protection programmes provide a direct link between people and

* Assistant Professor, RIS

** UNICEF, Social Policy Specialist, UNICEF

*** Social Protection Consultant

governments and also paves the way for gender equality, shaping the level of trust of citizens in a State, when backed by measures of equity and responsiveness.

Keyword: Social Cohesion, Gender Equality, Inclusive, Development.

Introduction

In economies across the world, the development process has direct linkages between the advancement of different social sectors and economic growth. To achieve the narratives of social cohesion, inclusive economic growth, and shared prosperity, investments in the social sector can play the pivotal role in achieving the desirable outcomes. The Sustainable Development Goals (SDGs) also emphasise the holistic growth of the economy, by giving thrust to the social sectors. However, the uneven growth pattern of the social sectors across developing regions, has forced countries to chart novel ways to address common challenges. Rising inequalities and huge gaps in access to basic opportunities, like health, education, drinking water, sanitation, electricity, nutrition for children, social protection and digital services etc., for the under privileged are a few indicators of growth stagnation, experienced during the pre as well as the post-pandemic years. Further, access gaps are also determined by rich-poor, urban-rural and gender lines that leads to intergenerational vicious cycles of poverty that disturbs the social cohesiveness of societies.

An Evolving Development Agenda

Social cohesion is emerging as a key development agenda across the globe as new economic, political and social orders emerge in a fast-changing world.¹ It has gained momentum in the policy arena over the last few decades, fueled by several factors: the changing economic and political equations within and between regions and

countries; rapid urbanisation, and technological advancement; climate change impacts; increasing conflicts and internal and cross border migration; widening income inequalities; and growing ethno-cultural diversity. And most recently, COVID-19, has not only pushed growth and development back by several years but has also deepened existing inequalities and made everyone vulnerable, *albeit* with different levels of risks; and studies indicate that social cohesion and community resilience are critical in the process of recovery after disasters like pandemic.²

However, as a development paradigm and an important resource, social cohesion is yet to be fully unpacked and operationalised within a policy framework and evidence backed roadmap. The focus of discourse currently is on elements of trust, inclusion and shared resources brought together by responsive institutions in a cohesive society; on a sense of relationality, social caring, and connectedness; and, most importantly on inequalities and diversities that need to be addressed and positively managed. Within this discourse, gender is emerging as a key dimension of both relationality and inequality.³ A shared understanding between policy makers and implementers on the elements of social cohesion - including the gender dimensions - and its role and processes in development would go a long way in leveraging its strengths in a shifting world.

Defining Social Cohesion within the Development Paradigm

Definitions of social cohesion have evolved around concepts of values, norms and beliefs that are time, space, and place specific and adapted to different contexts. As such a universally agreed and accepted definition and standardised and measurable set of indicators is still in the process of evolving. What has emerged

so far may be described as a broad framework of definitions with a range of overlapping elements, together with context specific measures of assessment.

The earliest definition of social cohesion, expounded by sociologists in the nineteenth century, refers to it as 'collective consciousness'. Against the background of the pre-modern era, with societies that shared a strong moral identity, 'collective consciousness' was defined as the sense of solidarity and unity established amongst people in a society with similar non-material - and material - attributes of beliefs, morality, and feelings. Strong norms of right and wrong drove the sense of collective consciousness that made the members of the society believe that they were part of a 'just and principled community' that enabled them to trust and support each other. However, even then many sociologist and political thinkers were convinced that this solidarity and trust would not be able to withstand the pressures of industrialisation and far-ranging political changes of the modern era.⁴

Interest in the concept of trust, solidarity and social cohesion was rekindled after the landmark World Summit in Social Development in 1995, when member States committed to creating an economic and political environment that would enable people to achieve social development. Social cohesion was variously defined as the positive relationship between ethnic, religious, linguistic, and other groups of identity; and as 'trust' between citizens leading to collaboration and collective action and economic growth.⁵ In other words, social cohesion came to be seen as being essential for an efficient democracy, market economy and civil society.

A comprehensive study on South and Southeast Asian (SSEA) countries⁶, undertaken by the Bertelsmann Stiftung Foundation

describes social cohesion as the ‘quality of solidarity’ or communal ‘togetherness’ in a community or State (territorially delimited). *Social relations, connectedness, and a focus on common good* are its three core domains, wherein social relations constitutes the horizontal network between people in a community, trust in others and the acceptance of diversity; connectedness is a sense of strong identification with the country or society, trust in its institutions (social and political), and the belief that social conditions that are prevalent are just and fair; and the focus on common good refers to solidarity and helpfulness in the society, respect for social rules and civic participation and an overall sense of responsibility to the community and others expressed by the members of the society. A comparison of the western and SSEA countries on similar parameters, further elaborates that cohesion in modern societies are based on solidarity rooted in diversity and interdependence and not on similarity, and that cohesion amongst the majority cannot be achieved by excluding the minority. It also observes that social cohesion is a stable characteristic of society and changes over a long period of time.⁷

From a development perspective, the United Nations Development Programme (UNDP) describes social cohesion as a prerequisite for sustainable and peaceful societies, and for ensuring a resilient State that can change and adapt to the challenges of the 21st century. Again, trust and responsive institutions of governance are key drivers of social cohesion. It defines social cohesion along two dimensions: *vertical dimension that represent trust between government and society, i.e. trust and confidence in State institutions and processes, a commitment to laws and institutions and a common future; and horizontal dimension that describes trust and relationships amongst*

*people in a State across various groups identified by class, race, or other social construct.*⁸

The Organisation for Economic Cooperation and Development (OECD) on the other hand, defines social cohesion as a process that “works towards the well-being of all its members, fights exclusion and marginalisation, creates a sense of belonging, promotes trust, and offers its members the opportunity of upward social mobility.” It therefore identifies *social inclusion, social capital and social mobility as the three pillars* of social cohesion. Social inclusion is measured by aspects of exclusions like poverty, inequality, and social polarisations; social capital by measures of trust and civic participation of individuals in various group across different levels of society; and social mobility by the extent to which people can or believe they can move upwards in society. Social cohesion is believed to sustain economic growth and reduce poverty and ensure equity in the distribution of benefits.⁹

Although the conceptual definitions vary to an extent and there is a complex interplay of multiple dimensions, the concept and role of ‘communities’ and ‘institutions’ and their horizontal and vertical relationships based on attitudes and norms, shared values, trust and sense of belonging, in the pursuit of a common goal remain a common denominator.

Social Cohesion as a Driver for Development

The assumption since the notion of social cohesion, first appeared in academic literature in the mid nineteenth century, was that it could be weakened by the process of industrialisation, globalisation and even democratisation. The current day discourse is, however, more balanced and sees social cohesion as a possible factor that will also

foster a process of change and inclusive development and growth. Hence, as a development approach, social cohesion is primarily a process that addresses plurality and diversity within a community or society and aims to *reduce inequalities, disparities, and persistent gaps*.¹⁰ Most importantly, it is conceived as a 'collective property' of a country and an end-product which is the result of effective and planned policies that address economic and social rights and inclusion. As such, it is necessary for long term prosperity and economic growth and hence, is a process and state of being to be necessarily fostered, protected, and encouraged.¹¹

The 2030 Agenda, hence has a specific goal (SDG 16) to 'promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels'. Its planned targets also include establishment of effective, accountable, and transparent institutions at all levels; responsive, inclusive, participatory and representative decision-making at all levels; and promoting and enforcing non-discriminatory laws and policies for sustainable development, amongst others, indicating that development indicators must measure elements of social cohesion.

Overall, societies that are more prosperous are seen to be more cohesive, while cohesive societies in turn are economically more stable and productive and provide scope for a better life in future.¹² Studies however, also indicate that income wellbeing alone is not sufficient to reduce exclusion and thereby increase social cohesion. In fact, a change in income levels needs to be accompanied with improvements in other dimensions of social cohesion, if inequalities have to be countered and diversities have to be built upon. Economic development and prosperity, equitable income distribution,

gender equality, human development (education, health, and life expectancy), and technology that leads to a knowledge society, as well as social protection and effective allocation of resources to promote public good, are believed to be the key factors that promote and strengthen social cohesion.¹³

At the same time, however, as studies have shown, there is no one-size-fits-all approach. Countries may achieve the same level of social cohesion, but under different conditions and more importantly in different ways or in different dimensions. Some correlate of social cohesion, like economic prosperity, are universal, while others like political freedom and income inequality, work differently in different societies and regions of the world, perhaps influenced by local social values and the process of modernisation.^{14,15} Extreme poverty and discriminations against women are the greatest barriers and have the greatest negative impact on social cohesion. On the other hand, cultural diversities, including linguistic, ethnic or religious diversities, do not appear to have a significant impact on social cohesion. However, where these elements (ethnicity, religiosity, etc.) are present to high degrees, it may prove to be detrimental to social cohesion, and consequently to economic growth and development.¹⁶

Social cohesion is hence, emerging as a desirable state of being or quality of countries and nations wherein there is supportive co-existence and constructive acceptance of diversities at the community level, and trust in the institutions of the State, influenced by social norms and social, economic and political contexts. At the same time while it does not appear to be a necessary pre-condition for economic growth and prosperity, it is critical for sustainable growth with equality and justice.

Social Protection for Social Cohesion

Social protection, in the context of poverty and vulnerability, and social and economic risks, is believed to contribute to social cohesion.¹⁷ Social protection programmes provide a direct link between people and governments, and hence, shape the level of trust of citizens in a State, when backed by measures of equity and responsiveness. Social protection approaches like Universal Basic Income (UBI) programmes can support social cohesion as, by definition, it recognises everybody's right to participate in the economy and society.¹⁸

By addressing poverty and inequality, a UBI enhances participants' sense of belonging, in turn leading to enhanced civic engagement and democratic participation at the local and national level and contributing to building more stable democracies. Further, when income support is directed towards all adults instead of just the male head of the households or woman care givers, it is observed to increase women's agency. However, gaps in the programme design like poor coverage, inefficient implementation, or even low size of transfer amount can affect the impact of social protection on social cohesion. Hence, social protection programmes need to be carefully designed to allow the active participation of women and marginalised groups in decision making, developing skills, building social networks, etc. contributing towards social inclusion and building social capital.

Investment in social protection policies paves the way for achieving gender equality and encourages women to actively participate in the labour force market. In fact social protection programmes may also be designed to provide opportunities for participation of the community, especially of women, contributing

to their empowerment and mitigating gender inequalities. According to an estimate, an additional investment of 2 per cent of GDP in health and care services not only contributes to rise in employment activities, by women¹⁹, but surges in incomes of the household in turn can lead to more inclusive growth and cohesive societies. Further, public and private sector investment in the care infrastructure enable women workers relieved from family responsibilities to engage in employment activities which also imply their access to social protection policies. India's G20 Presidency has prioritised the shift from women's development to women-led development throughout the world. For that financial inclusion, digital inclusion and social protection can be leveraged as crucial instruments to bring about revolutionary change in their lives.

Gender and Social Cohesion - A Symbiotic Relationship

Gender equality is identified as one of the core elements of the evolving paradigm of social cohesion in development, more specifically in the context of *relationality and inequality*. Relationality refers to contacts and relationships between individuals and groups, and individuals and the State coloured by the perceived and ascribed differences between genders. It is the sense of belongingness in a society that different gendered identities perceive and their trust in the community and the State institutions. Inequalities, on the other hand refer to the disparities in access between men and women in the social, economic, and political domains, and in decision making roles within the family, community and the State. In the context of social cohesion, gender equality therefore, implies that all population, irrespective of which gender group that they

identify with, have equality of opportunities, and can exercise their fundamental rights as citizenships without any discrimination. This is made possible when the values and traditions in the community and the benevolent and democratic role of the State ensure social cohesion through equal respect for all genders.

Ironically, while women are the main architects of social cohesion, in terms of care and social relationship, they are largely excluded from its functions and benefits. This phenomenon, known as the 'gender paradox of social cohesion', explains the interdependent mode of production and distribution of welfare between the State, the market and the family, in terms of paid and unpaid work that falls mainly to the women. National accounting systems and redistributive policies (fiscal policies) do not take into account the income or savings that accrue as a result of unpaid work by women and therefore, ignore the fact that a significant part of public spending is financed by this unaccounted work undertaken by women. Women are thus, excluded from exercising their rights and citizenship that are integral elements of social cohesion.²⁰

Gender inequality is a structural problem and a key reason why gender relations have not improved significantly is because of the persistence of discriminatory social institutions. Bottlenecks, embedded in the existing values and norms of societies and manifested as gender barriers are reflected in institutional structures and practices, hampering women's economic and political participation, and consequently, the overall development and well-being of societies. In fact, women's perceptions about themselves and others' perceptions about women - as a group that has been traditionally assigned roles and responsibilities that are different from men within the family, community, and the State - influences

gender equality, calling for gender transformative approaches to address it. Social cohesion will be hard to achieve when one half of the population (globally women constitute over 50 per cent of the population) finds it a challenge to participate and benefit from the processes of the family, society and the State. The challenges are greater, because gender is not just a binary concept, but has several layers of intersectionality - of race, class, sexuality, disability, etc. Gender equality is therefore seen as a 'fault-line' in social cohesion and one that urgently needs to be addressed by placing it in the center of social cohesion policies.²¹

Women today suffer from 'inclusion deficit'²² - i.e. work mostly in the informal sector, with lower productivity, lower wage rates, higher unemployment rate, lower levels of education, lesser access to social protection schemes, etc. Studies indicate that discrimination by gender is evident in key areas like job segregation in the labour market, division of labour in paid and unpaid work, distribution of resources and income within households, access to redistributions of the State, and access to institutional credits. Access to and control over resources are dictated by identifications of an individual or community in terms of sex, age, class, gender orientation, cultural factors, etc., and women as a group come out poorly in this area. Lack of access to resources and ownership rights effect livelihood and food securities and overall wellbeing of women in terms of increased vulnerability to poverty, migration, violence. Women also have little say in decision making in the household and at the community and State levels. Consequently, it affects the wellbeing of the family especially children in terms of health, nutrition, and education, and their limited participation in the political domain. This unevenness effects the autonomy of women to make informed

decisions about their own lives and fully exercise their citizenship without discrimination. As a result, a sense of perceived and actual marginalisation of one half of the population sets in, and is perpetuated by various other factors. It may also result in a lack of trust on the part of the marginalised group in the institutions of governance and the state.

The recent upheaval caused by COVID-19 and its aftermath in terms of lockdowns, loss of livelihoods and overall economic upheavals appear to have added to this state of discrimination and inequality. It has burdened women with dual responsibilities- especially working women- of managing work at home and work from home. Majority of the women workforce are primarily engaged in agriculture, health, paid domestic work, manufacturing sector and tertiary sector including education, banking, IT sector etc. A major proportion of the women workforce is engaged in the agricultural sector. In tackling COVID-19 women have played an outstanding role in the healthcare sector. Apart from health workers, large numbers of women are working in the teaching profession. Likewise, the majority of women also constitute the major chunks of domestic workers working as full time or part time maids for meager monthly wages in nearby houses. Many of them have migrated from their hometowns to the metropolitan cities for a better living. It is also estimated that women at both employed and non-employed in both organised and unorganised sector spend comparatively more hours in unpaid work like cooking, cleaning, and taking care of elderly parents, sick and children at home than men.

All of this leads to inequalities, impacting the human rights of women, which is often inter-generational. In such a case, social

cohesion policy will need to be structured to remove the obstacles that prevent the exercise of citizenship and use of opportunities by women. Promoting social cohesion alone may not lead to gender equality, but high levels of inequalities can lead to a decrease in the levels of social cohesion, and therefore, promotion of gender equality will lead to reduction in gender gaps and wider scope for women to exercise their citizenships. This will benefit the population and increase the feeling of ownership and trust in democratic institutions of the State and, in the process, improve social cohesion.

Over the past few decades, issues related to women witnessed remarkable progress at international, regional and national levels; particularly since International Women's Year in 1975 and at the 4th World Conference on Women in Beijing, in 1995, as a way to support the gender component of social cohesion. Hence, social cohesion policies and programme need to take cognizance of specific gender inequalities and address them. Social cohesion policies should contribute to 'substantive' equality by guaranteeing that both women and men have the same opportunities in the social, economic, political and personal spheres.²³ The World Economic Forum's Global Gender Gap Report, 2023, revealed that to reach full parity, the world still needs 131 more years based on the current rate of progress. Therefore, integration of gender issues into gender budgeting and gender friendly local governance public policy that are both crucial to maintain social cohesion in the societies. In this context, social protection policies should integrate gender dimensions in the overall socio-economic growth recovery process post- pandemic.

Adopting a gender mainstreaming approach to ensure that issues of gender equality are addressed is the most promoted approach for gender integration in social cohesion. Most programme frameworks also advocate for using a gender lens for social cohesion policies *per se* as well as in those that may have an impact on social cohesion. However, experience in this area is as yet limited and policy parameters need to be better understood.

Social Cohesion in Practice

Interventions for measuring the concept of social cohesion, have primarily included the development of conceptual frameworks, measuring dimensions, depths and dynamics of social cohesion based on contextualised indicators, and developing indices and tools for measurement. Some of the widely used ones include the Social Cohesion Radar of the Bertelsmann Stiftung Foundation,²⁴ based on three core domains - Social Relations, Connectedness, Focus on Common Good - and their respective dimensions; the Social Cohesion and Reconciliation (SCORE) Index²⁵, a tool designed to measure social cohesion and reconciliation as two indicators of peace in multi-ethnic societies around the world by providing scores on a number of dimensions for different groups and also for various demographic categories within these groups. It provides a snapshot of what the relationship within and between groups are in a country at a specific point in time; and the OECD's Social Institutions and Gender Index (SIGI)²⁶, which considers laws, social norms and practices to identify the underlying drivers of gender inequality and generate data for necessary transformative policy-change. Besides, there are several other indices and tools developed based on contextual interpretation of the concept. These include a

two-by-two framework of horizontal and vertical dimensions and subjective and objective components; apart from measurement systems based on the understanding of social cohesion as shared values and a sense of belonging, the commitment and ability to live and/or work together, the promotion of well-being and the reduction of gaps, or a mixed approach as that used by UNDP, and OECD.

At the programme level, a majority have focused on strengthening social cohesion, primarily in the background of social or political unrest, migration and poverty. For instance, UNDP's core programmatic areas for strengthening social cohesion include improving economic recovery and livelihoods, promoting equality and inclusion in governance, and building capacities at all levels for conflict resolution and prevention.²⁷ Development programmes that address health care, education, livelihoods, food security or gender empowerment, that have a significant impact on enhancing social cohesion, are also part of the agenda. The approach is to work with both local communities and the State. In some of the countries, cities and local governments have also begun to address issues of social cohesion, through social protection and other routes.

- In India although the term 'social protection' is not widely used in India, there are a number of Central and State Government schemes pertaining to social protection, and which also bear resemblance to the provision of conditional cash transfers (CCTs) which are also prevalent in many Latin American countries. A report by the Development Monitoring and Evaluation Office (DMEO),²⁸ NITI Aayog, states that in India there are three components which comprises the overarching social protection system like social assistance; social insurance and promotional

measures. Examples of social assistance include cash transfer schemes like the Maharma Gandhi National Rural Employment Guarantee Scheme and the Pradhan Mantri Matru Vandana Yojana for pregnant women and lactating mothers; while in-kind transfers include the Public Distribution System and the Mid-Day Meals Scheme in school. Further, social insurance focuses on old-aged pensions and pensions for disabled; on the other hand, promotional measures mainly focus on skill development and employment generation for the youths.

- Similarly, among G20 countries, Brazil's Bolsa Familia and Mexico's Prospera witnessed a great revolutionary change by delivering social transfers in lieu of little conditionality to poor women along with their children. These schemes provide monthly cash transfers to women beneficiaries in response to their specific conditions, such as minimum attendance of children in schools, health clinics as well as their full participation in the child immunisation schedule.
- Likewise, Argentina's Asignacion Universal por Hijo also provides cash payments to unemployed, self employed and informal laborers earning less than the prescribed minimum wage; and Saudi Arabia's Citizen's Account Programme provides a sort of basic income to lower and middle income families. It helps in addressing the issue of financial constraints faced by them in terms of their basic consumption needs like food security, health and education etc. Apart from this Deem Al Manahil Fund (Princess Madawi' Fund for Women Development) supports Saudi women in their entrepreneurial endeavor by providing technical skills, management and financial assistance.

- In pursuance of ‘no one is left behind’ in China, until 2020, minimum living allowances were given to as many as 44.628 million beneficiaries in both rural and urban areas, out of which 40.7 per cent were women.²⁹ With its complete adherence to promote social protection for female employees, maternity insurance benefits have been provided to millions of women in the country. Similarly, unemployment insurance fund, work-related injury insurance, and skill improvement subsidies schemes were successfully introduced in 2014 and 2017 for the benefits of the women’s working in the labour force.
- Despite fiscal constraints in South Africa, significant expansion of social protection measures has been initiated to mitigate the ill effects of persisting poverty at large. Specific gender sensitive social protection schemes provide cash transfers and in-kind support like food assistance for women in need. The Kenyan National Safety Net, Inus Jamii, Programme provides cash transfers to orphans, disabled and vulnerable children of the poor households. Further countries like Morocco and Togo are transferring suitable amounts of cash or grants to women to pursue entrepreneurial activities.

Moving the Agenda Forward

The importance as well as learnings that have helped to untangle this nascent, highly contextual and complex attribute of societies have grown considerably, with elements of Social Cohesion also being reflected in the 2030 Agenda for sustainable development, especially the Goal 5 pertaining to gender equality. However, much more remains to be done before it can be firmly rooted into

the development policy and programme framework of countries and regions.

While a broad convergence of the definition of social cohesion and its domains and dimensions is emerging, further research and empirical evidence is needed to consolidate and firm up the understanding. More importantly, its evidently symbiotic relationships with economic growth and social development, inclusion, gender equality, and social protection, need to be unpacked based on larger evidence. Currently much of the learning has emerged from interventions in response to conflicts and emergencies of various kinds. However, social cohesion is an overarching development resource and may have a greater role to play in programme planning and assessment of outcomes. A White Paper from regional groups like the G20 can help root the issue into the global and country development framework.

As social cohesion is a state of being of a State, manifested in attitudes and behavior of communities and societies, and in many ways reflecting the state of wellbeing, it is critical to use a barometer to assess the pulse of societies. This calls for developing a universal framework for measurement – one that integrates existing tested ones and improves on it with efficient indicators and indices that can be applied at the global level and has the flexibility to be adapted according to contextual needs of nations and regions. And most importantly, also reflects the gender dynamics of societies. Periodic assessments will help place countries and societies on the social cohesion map and provide directions for interventions and improvements.

Social cohesion as a development resource may be designed at two programme levels – as a programme intervention in itself where

necessary - and as a cross cutting lens in all other programme areas. In both cases assessment of exclusions and gender inequalities will be necessary pre-conditions. Further, as social cohesion is defined in the context of communities or societies related to social groups, demographics, geographies or territorial boundaries, assessment of the level and dynamics of social cohesion in this context and interventions accordingly may be a part of development planning of States and regions. Urban neighborhoods and local bodies, youth and adolescents, women and girls, migrants, persons with disabilities and other vulnerable groups may be prioritised.

And finally, the as yet neglected dimension of social cohesion, i.e. the vertical dimension of trust and relationship between society and the institutions of the State needs to be addressed. Building a relationship of trust will require institutions to provide a sense of participation in social and economic justice, efficient services and economic opportunities to all without discrimination.

Since 2014, gender empowerment has also been one of the major priority areas of the G20 agenda. Following every G20 Summit and Ministerial meetings, in various Communiqués and Declarations issued, witnessed the commitments made by the respective countries towards their inclusive support for women economic empowerment. Commitments are being reaffirmed in the G20 meetings, time and again to support economies through strengthening cooperation for sustained gender equality.

In fact, T20 Final Communiqué of Italy believes that the G20 has a crucial role in ensuring that the recovery from the pandemic preserves social cohesion.³⁰ Apart from these, the Governments in these G20 countries should work effectively in close partnership with the public, private organisations and civil society organisations

in order to have more cohesive societies and bring significant improvement in the socio-economic conditions of women. It's a great opportunity for India's G20 Presidency to showcase their strength to the rest of the world by creating a pathway where every woman lives with dignity by removing all barriers to women-led development and ensure their optimum contribution in the nation building through cohesive societies.

Thus, there is an emergent need among the developing south to reprioritise their development initiatives by balancing both social and economic development parameters. This calls for adequate public investments in these social sectors according to the country's developmental needs by initiating concrete steps through political will. The economies should also reassure to take guarantee to utilise government expenditure in a judicious manner for the well-being of the mankind. Furthermore, development of the social sector takes care of progress in human development as it improves the quality of life and strengthens human capabilities and social cohesion.

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Delivering Effectively for Children Impacted by Migration: Role of Portable Social Protection and Services

Urvashi Kaushik*, Sruti Mohanty**, Mukta Naik***
and Hyun Hee Ban#

Abstract: Migration has been a core part of India's labour economy for a very long time. When it is discussed, it is largely framed as an issue to do with male labour. In reality, however, the migrant labour workforce contains a significant proportion of women, many of them accompanied by children

The COVID-19 pandemic brought to attention the way migrants access social inclusion mechanisms and welfare schemes, which aim to reduce the vulnerability of poor laborers, and would do better to better recognize circular and seasonal mobility patterns. The barriers remain particularly acute for interstate circular migrants. It is clear that social services need to be portable to meet the needs of most vulnerable migrant families.

'Functional portability' – social protection and welfare which can be carried more effectively within and across state borders – has advanced and strengthened by leveraging policy and technology. It will be necessary to buttress these efforts with specific mechanisms enabling migrant families to access schemes and entitlements as they move between locations.

* Social Policy M&E Specialist, UNICEF India

** Social Policy consultant, UNICEF India

*** Fellow, CPR India

Chief, Social Policy, UNICEF India

It is crucial that benefits become more portable for migrants, whether they are moving within or across state borders. Factors affecting this include the design, implementation and delivery processes, and institutional arrangements for the different schemes, whoever is responsible for administering them. The centre-state, rural-urban and source-destination axes all need to be considered. There is a new drive – especially post-pandemic – towards portability and there is a lot to further build on.

Keyword: Urban Migration, Portable Social Protection, Targeted Children

Introduction

Migration has been a core part of India's labour economy for a very long time. Such work as has been carried out on migrant labour is usually within the framework of labour rights and labour organisation – and considers this cohort to be largely or exclusively men moving alone. However, the migrant exodus of 2020 during the COVID-19 pandemic contained a significant proportion of children and women¹ – demonstrating that many migrants move as *families*; women migrate too, to a range of industries including informal domestic labour; and indeed older children migrate independently as well. There is also a substantial cohort of children left behind by migrating families as both parents are on the move for work.

The World Bank estimates suggest that more than 40 million internal migrants were affected by the pandemic in some way.² Women were particularly impacted, since many migrant women were working in domestic or similar fields, and/or in part-time temporary positions that were more readily laid off permanently.³ During the COVID-19 pandemic, challenges that migrants faced in accessing social protection in destination states became evident. That lack of access is not limited to the pandemic alone.

This chapter focuses on the early years of migrant children, and how they can be better supported in future. Many migrant parents, especially mothers, have high aspirations for their children (see below); yet at the moment, children's start in life is not equipping them for reaching their full potential.

The Overall Migrant Demographic in India

Who are the Inter- and Intra-state Migrants in India? And What Drives Them?

It is estimated from official surveys that around 10 to 13 million people in India migrate seasonally every year for employment.⁴ Other field and civil society surveys estimate a range between 40 and 150 million.⁵ Most of these are people from rural areas, and for many it is a regular occurrence, known as 'circular' migration as they move back and forth.



Often migration is seen as driven purely by economic distress and desperation, and a phenomenon that needs to be contained and prevented on the basis that migrants would prefer to stay in their villages. At the same time there are other drivers: notably aspiration, which motivates many people across the socioeconomic spectrum to move to another location in search of a better life.

A Closer Look

Two studies conducted by a team from the Development Management Institute supported by UNICEF in 2021 looked in more detail at the experiences and views of migrants in Uttar Pradesh (UP) and Bihar, two states from which many migrants originate. This was specifically in the context of the pandemic and surveyed only those workers who had returned to their villages as a result, but the results are still a useful collation of migrants' own views.

In both areas, around 80 per cent of those surveyed said that they had left because they did not have enough income to support their living expenses. Nearly 20 per cent of the total respondents also said that they had aspirations for a better quality of life. These two things are of course not mutually exclusive – most people who have insufficient income want a better quality of life – but it is also the case that people migrate for reasons that are not always solely economic.

As both reports point out, 'the exodus of rural workers to urban and peri-urban areas on a massive scale in India stems from a much deeper and structural crisis of migration in India'.⁶



Both studies also investigated the profile of the survey respondents in more detail. Almost all of them were aged between 14 and 35, and they were mostly either ‘marginal landowners’ or did not own any land. Over 71 per cent were supporting family members; 56 per cent (64 per cent of women and 48 per cent of men) were married. Importantly, in both groups around half said they were accompanied by their spouse and/or their family. They had access to identity documents and bank accounts, and the vast majority also had access to ration cards.

Women and Children

India’s National Sample Survey for 2007-2008 cites 27.5 million accompanied child migrants, 4.9 million independent child migrants, and 18.1 million left-behind children. Similarly, data from the Census 2011 shows that 92.9 million migrants in India in the



0 to 19 age group, roughly equally divided by gender (49 per cent boys and 51 per cent girls); and in addition, that child migration has more than doubled between 1991 and 2011. Yet the role of women, families and children in inter- and intrastate migration is largely left out of the discussions on the topic.

Migration overall is largely framed as an issue to do with male labour; this is valid – *but it is not the complete picture*. Among these migrant families there are many pregnant women and young children who are unable to access the available provisions. A 2021 report from the Centre for Policy Research and UNICEF India looking specifically at migrant children across five Indian states points out that ‘for example, Chhattisgarh found that 30–40 per cent of returning migrants were women, many of them accompanied by small children’.⁷ The same report understood from stakeholders that children find it difficult to adjust to a life of

continuous movement. Children on the move find it challenging to access centrally led welfare schemes.

In addition, many women migrants are employed in less formal sectors such as such as domestic work or associated work on construction sites, which means that their work is not documented to the same degree as that of male migrants. It also put them at additional risk during the pandemic.

Motivation and Aspiration towards Urban Migration

It is important to note that duty bearers working with migrants have pointed out that women and younger people are particularly attracted by the idea of moving to the city. While the realities of urban living may be very different from the expectation, migration potentially enables people to move beyond the impositions of caste (and, to some extent, of gender expectations) that restrict them in rural villages. It makes it possible for them to work in new areas and to live in ways that are not necessarily bound by these restrictions.

It also holds out the possibility of a different life for their children and this is very important to many families. One person working with community based organisation observed: “About 10 per cent of the migrants I interacted with (during the crisis) were ensuring a quality education for their children in the city. About half of the migrants were convinced that a city-based education would help them escape hard labour and poverty in the future.”⁸ Significantly, it is *mothers* here who are particularly ambitious for their children, with much the same hopes as many middle-class parents. Fathers were much less likely to express similar ambitions. Nearly a quarter (23 per cent) of the mothers surveyed aspired for

their children to move into a 'government' job; 12 per cent for them to become a doctor; 9 per cent an 'academic'; 7 per cent to work in the police; and 5 per cent to become an engineer.⁹

The Reality of Many Children's Futures

Despite parents' stated wishes for their children's future, this is not always likely to happen. Although this volume focuses on early years, it is also worth looking briefly at what happens to migrant children over this stage. There are obvious implications for the future education of children who move out of their source state.

This is covered in greater detail in following sections. It is worth noting here that moving across states (and sometimes within states) often means moving to a place where a different language is spoken. This poses obvious problems even when children do



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access education (see below) and compounds other prejudices and assumptions about migrant and/or poor children, if they find instructions hard to follow because they do not understand what they are being asked. As a result, they are more likely to drop out.

In addition, according to multiple estimates, up to 20 million children of migrants are 'left behind'. Left-behind children fall into two categories: those who are left behind when their parents first migrate, and those who migrate with their parents and are then left behind when parents – or fathers – leave this work to move on or return to their source state. This group is also the most deprived in terms of social benefits.

Partly as a result of this economic insecurity, many children of migrant labourers will become labourers themselves, employed in industries such as brick kilns. The pandemic has exacerbated this: 69 per cent of women from migrant labourer families in UP and 89 per cent of women from Bihar reported that the pandemic had affected their children's education. In both states, under 10 per cent of parents of both sexes had bought books for their children for that academic term. The links between struggling at school and dropping out partly or completely are well-documented – and that is without the additional financial pressures which make children leave education to try to contribute to the family finances.¹⁰

Services for Migrant Families

In the Indian context, the federal structure means that social and welfare provision is a complex combination of universal and local. Given the vast size of the country, and the political, social and

economic variations between different states, this drive towards localisation is understandable and mostly appropriate.

Some aspects of social protection and welfare are provided by Central Government and are intended to offer universal coverage in particular, education and health. This includes the otherwise broad-based Public Distribution Scheme (PDS) which provides food rations wherein much progress has been achieved in creating the One Nation One Ration Card (ONORC) which provides access to the family based entitlements regardless of the location of the family members.

Other schemes are provided by States and are explicitly based on migrants providing, among other things, a local address. The documentation may include bank details, proof of address and/or ration cards. As a result, state schemes tend to exclude interstate migrants.

Without the appropriate official identity documents, migrant workers are unable to identify themselves and register for welfare and benefits. The pandemic has particularly highlighted this as an issue. For instance, construction workers (an industry that relies heavily on interstate migrant labour) are required to produce proof of duration of employment in order to access the Building and Other Construction Workers (BOCW) fund.

Housing schemes may also require proof of length of stay: and in the case of slum rehabilitation/rehousing schemes may demand proof of several decades' stay in the respective city. In addition, many migrant families are based across multiple locations – especially if fathers are working in one area and mothers and children are left behind in another place. This can further complicate access to

location-based benefits, though there are attempts to make these more portable in future.

The rapid advancements in digitising information may alleviate this problem in future. In India, in particular, the biometric ID card (Aadhaar) has provided a unique opportunity for broadening inclusion for migrants and migrant families. The digitised data is already used to maintain databases on social benefits, and to facilitate cash transfers. Linking this further to trace claimants' mobility would further benefit migrants, especially circular migrants.

Perceptions of Migrant Labourer Families by States

The 2021 Centre for Policy Research and UNICEF India report on assessing the portability of social protection and services for children affected by migration identifies a sedentary bias in the way that migrant labourer families and their welfare needs are depicted, as well as the very strong division between rural and urban provision.¹¹

Migrants are usually considered to have their primary/sole address at 'source': that is, in the place – usually rural – from which they have migrated, rather than the place – often urban – where they arrived and where they now need accommodation, food and other benefits.

Source states in rural areas, while more aware of the needs of migrants and migrant families (including women and children), however, they are not necessarily fully aware of the needs of intrastate migrants; in particular and that people moving within the same state may need support to access existing schemes and benefits, even if they have previously been aware of and/or been claiming them. The assumption is that people will be able to

access these and will also have an existing social network which can support them, but this is not necessarily the case in practice. These people may in fact have travelled a long way across the state and know very few people in the new locality – and they are also very likely to have travelled from a rural area such as a village to a town or a huge urban area. It may even be the case that language is a problem. For instance, anyone migrating across Karnataka to Bangalore may find that Hindi rather than Telugu is required, because of the changing demographic in this city. Overall, the awareness of migrant-related issues can vary hugely among source states (see Box 9.1) and even in these it can be minimal.

Destination states tend to consider that their responsibilities are only the ‘universal’ entitlements such as health and education. There is relatively little consideration of labour welfare or migrant workers’ rights (and see above for access to the BOCW fund) – with NGOs and/or private employers offering such provision as is available. Migrants are also usually considered to be, once again, single/independent adult men; women, families and children are not given much additional thought or provision.

Circular Migrants and Migration Pathways

It is crucial that benefits become more portable for migrants, whether they are moving within or across state borders. Factors affecting this include the design, implementation and delivery processes, and institutional arrangements for the different schemes, who are responsible for administering them. The centre-state, rural-urban and source-destination axes all need to be considered. There is a new drive – especially post-pandemic – towards portability but there is still much to build on.

Box 9.1: State Initiatives and Approaches toward Addressing Migration Policy and Programmes among Some Source States

Odisha has a history of addressing the needs of migrants dating back over a couple of decades, and the approach has already shifted to one of facilitating safe migration, including migration registers, language interventions and seasonal hostels. The state has a Memorandum of Understanding with the neighbouring state of Andhra Pradesh to ensure migrants have access to social services. It is also focusing more broadly on poverty alleviation through improving access to and quality of housing and land, and it is also moving to enhance urban livelihoods.

In Chhattisgarh, the migrant crisis precipitated by the pandemic has driven a new policy response to the issue, focusing again on facilitating safe migration and working in collaboration with destination state governments and labour unions. Proposals have included a dynamic database of migrants and a labour portal which will also link to labour resource centres.

In UP, the policy is more towards containing migration, on the basis that if people are migrating in search of work, equipping them with skills and employment at source will meet their needs more effectively and spare them the other difficulties associated with migration. At the same time, the financial contribution of skilled migrants who send money home is considered beneficial to the state.¹²

The barriers remain particularly acute for interstate circular migrants because the onus is continually on them to prove their status in destination states. The documents they are required to produce for registration and/or re-registration, such as proof of residence, bank accounts and ration cards, may quite simply not be available; or the holders may not have been present in their destination state long enough to be eligible for specific provision in any case.

Finally, there is a growing acknowledgement of the role of policy in facilitating safe migration pathways, with key elements of documentation, identification, information availability and access to recourse in the case of injustice and discrimination.

Impact of Migration on Children during their Early Years

Women and children are some of the worst off among circular migrants when it comes to accessing schemes and their provision.¹³ The previous section of this chapter flagged up the barriers in accessing housing, including public housing (which usually requires both proof of identity and proof of residence). In some states, documentation and proof of minimum durations of stay are even required for accessing urban homeless shelters. While this affects everyone who attempts to access this provision, pregnant women and children are especially at risk if they cannot find housing or shelter. Migrant children are known as being more likely to be malnourished, and there are concerns that the pandemic exacerbated this gap.¹⁴

Access to Services Specifically Targeted at Pregnant Women and Early Years

India operates an Integrated Child Development Services (ICDS) scheme which is envisaged to be universal and which is specifically aimed at the early years demographic: pregnant women, breastfeeding mothers and children up to the age of six. This scheme has four components: early childhood care education and development; maternal care and nutrition counselling; health services; and community mobilisation, awareness, advocacy

and information, education and communication. These offer six services: supplementary nutrition, pre-school non-formal education, nutrition and health education, immunisation, health check-up and referral services. All services are provided through Anganwadis.

A central government cash benefit scheme, Pradhan Mantri Matru Vandana Yojana (PMMVY), for all first live pregnancies and while breastfeeding continues, is provided on the basis that women fulfil certain conditions including giving birth in a government hospital; registering the birth; taking the baby for antenatal checkups; and immunisation. This scheme is explicitly designed to be portable, with the guidelines referring to 'intrastate and interstate migration' and making it clear that beneficiaries should produce their Aadhaar number or similar identity documentation.

Migrant Children and Primary Education

Under the Right of Children to Free and Compulsory Education (RTE) Act, all children in India are entitled to free education up to the age of 14. This and other legislation covering primary school education make explicit provisions for migrant children, whether left behind or moving with parents. This includes attempts to ensure that all children who have dropped out of education partially or completely can be readmitted to classes of their own age group, and given the catch-up classes that they need; mobile schools; financial assistance; examinations on demand; other courses and classes to keep children at the level they should be; and residential camps and drop-in centres. There is a new National Education

Policy which enables all children to access primary education in their mother tongue.

The provision, as outlined, is fairly comprehensive (and see earlier sections for parents' aims for their children, which certainly require education). In practice, however, it is hard to usually maintain the records of migrant children or to access specialised funding. This compounds the difficulties they may face in any case with an education system provided in a different language from the one they speak at home, particularly for interstate migrant families. The CPR and UNICEF study documented state governments' efforts to provide education in the children's mother language through additional teacher coaches and as a result of inter-state government collaboration between Governments of Telangana and Odisha. Such initiatives are welcome and must scale and replicate elsewhere to avert knock-on effects of any disruption in education.

Food and Nutrition for Pregnant Women and Early Years

The ICDS requires Anganwadi workers (AWW) to maintain monthly records of food distribution to both temporary and permanent residents. That includes recording new claimants who have migrated into the area, and deleting those who have left. AWWs are also required to provide claimants who migrate from the place (usually the village) where they made their first claim with a certificate, so that they can present this at the Anganwadi in the place they move to, with the aim of providing a seamless service. This may be improved by the new software which aims to improve the monitoring of service delivery and nutrition outcomes.

Health

Health is another area where provision is intended to be both universal and centrally directed. The National Health Mission provides healthcare coverage through government hospitals nationwide, and a number of other schemes including the ICDS are intended to provide for marginalised families, the urban poor and/or the early years cohort. However, the lived experience of migrant women and children points to barriers – many of them familiar ones. There are also further issues with the practicalities in destination states. The institutional infrastructure, which is already under extreme pressure, is often incapable of responding to the additional demands of meeting the needs of migrant workers. Both Anganwadis and primary healthcare centres are working in areas of extreme population density, and many migrant workers (especially given their difficulties with accessing quality housing) live in urban slum areas where this density is at its highest.

Strategies to Address Functional Portability

The pandemic has highlighted many of the gaps through which migrant labourers and their families fall. The early years cohort, which is under-invested in much policy and practical planning, is particularly at risk. In highlighting these gaps – as well as the areas in which provision *is* being made – it has also driven momentum for reform.

The post-pandemic examination of priorities and practicalities offers the opportunity to address needs of migrant children more effectively, while the UNICEF social protection framework also

recognizes that social protection must address the impacts on children of macro trends such as climate change, demographic shifts, urbanisation and forced displacement.

This section looks at policies, interventions and schemes across a range of different areas affecting children impacted by migration. Although they are tailored to the specific Indian context, they all have useful implications for similar strategies which could be applied elsewhere.

Policy

The role of policy in facilitating safe migration pathways and portable services is increasingly being acknowledged. A round table discussion on state-led migration initiatives for families and children organised by UNICEF in December 2022 brought together different stakeholders including representatives from six state government across India, NGOs, CSOs and researchers to discuss initiatives led primarily by state governments. A number of these focus on families overall, and some specifically on children, including those in the early years cohort.

Improving Digital Tracking and Inclusion

A robust tracking system is widely agreed to be important, not only to inform policy (because state and central government will have more realistic and accurate understanding of who is migrating, where and when) and also because this helps make it possible for migrants themselves to access services as they move across locations. The states of Odisha and Chhattisgarh have both attempted local/village-level databases and registers to document the movement

of seasonal migration and track the migration of individuals and families in real time.

Box 9.2: Tracking Migration in the Mumbai Area

The Maharashtra Tracking System (MTS), which includes the state capital Mumbai, is an online system set up in October 2022 to track seasonal migration and collect data about malnourishment. It was established in recognition that migrants are often unable to access services – or do not know that they are eligible for these services in the first place – and aims to connect them with services including school enrolment, immunisation, training opportunities, shelter, drinking water, sanitation, and ration provision.

Schemes Benefiting the Whole Family

A number of schemes and projects aim to improve the lives of families, which will also improve the experiences of children in their early years. The Governments of Gujarat and Odisha use Mother and Child Protection cards, which serve as records of immunisation and maternal health and are also, importantly, linked to tracking systems (which should make it more possible to claim ICDS benefits when pregnant women move across locations), while Gujarat also provides incentives to health schemes to include migrants.

One urban area in Gujarat (the Surat Municipal Corporation) has also taken the step of ensuring that Anganwadis are sited in areas of high population by migrant families, which ideally also make it more possible to access the ICDS. Government officials report that the corporation also issues birth certificates to migrant children born in Surat hospitals even if their parents do not have local documentation.¹⁵

Box 9.3: Inclusion Mechanisms in Kerala

Kerala is an area which receives a high number of migrant workers, including from Bihar and UP, as well as West Bengal and neighbouring areas of South India. A district-level scheme, funded by a mix of funding provided to different departments to support migrant workers, provides health screening and other health provision; inspections of living conditions; worksite inspections; and a migrant 'link worker' system to enable these different professionals and departments to work together. The medical professionals involved include a medical officer, junior health two inspectors and a lab technician; and the frontline workers are also paid.

Box 9.4: Improving the Lives of Migrant Brick Kiln Worker Families in Telangana

A pilot scheme in Telangana is working with 9,000 brick kiln workers, working closely with Anganwadis and other frontline workers to ensure that midday meals are provided during the summer; living conditions have improved; and that migrant children and families are provided with education and healthcare.

Some states have also set up their own food security schemes, targeting poor and needy workers and construction workers in particular; though this may also depend on registration with the BOCW.

Women and Children Focused Food Programmes

A number of states have set up their own specialised food security schemes to supplement the provisions of the National Food Security Act, which entitles pregnant women and children aged up to 14 to a daily nutritious meal (often provided by Anganwadis) as well as

to some cash benefits to women. For example, the Mukhyamantri Suposhan Yojana in Chhattisgarh is specifically aimed at pregnant women and young children.

In some areas, there have also been important efforts to ensure that pregnant women and children aged up to 6 have *portable* benefits. The state of Gujarat makes the Mamta card, which provides basic information and also give access to services including rations available to interstate migrants, portable by linking it to an online system which generates a unique tracking number for each applicant. Importantly, the information is also now provided in Hindi as well as Gujarati, which goes some way to overcome other difficulties.

Provision Targeted Specifically at Early Years

There are several schemes providing day-care for the children of construction workers, mostly led by community based organisations. These have been recognised as important for children who are no longer breastfed, but they are not always so suitable for infants because mothers are not able to take breaks to feed their children. If mothers are then encouraged or feel under pressure to stop breastfeeding small babies, this has knock-on consequences for their children's health and nutrition, especially if other sources of clean nutritious food are scarce or unavailable.

Provisions for Children of Different Age Groups

A range of strategies include seasonal hostels and residential schools for left-behind children; schools at worksites; better tracking of children to ensure continuity in their education; and volunteers moving with families to provide children with education while they are between

schools. All of these programmes show potential for supporting children and young people and need to be scaled up effectively.

Several states have established hostels for children aged 6 and over, who are either left behind while their parents migrate for a period or whose parents prefer to leave them if adequate provision is available. These have managed to ensure continued education and reduce the risk that children will drop out of school.

Not all parents wish to use this kind of provision, however. Other options that are being explored are kinship care programmes, under which support is given to grandparents or other close relatives in order to help them look after children whose parents have migrated.

Recommendations

These recommendations are again drawn from the Indian experience and would apply well and also have resonance for other countries. Migrants make a huge contribution for a country's economic growth and while the challenge is enormous, the positive cases exemplify the potential of collaborative and focused efforts in the right direction. The following actions are recommended to provide impetus to the ongoing efforts in furthering outcomes for families impacted by migration.

Policy

- Reframe the discussion, and the associated service provision, from one that depicts migrants as single men to a wider consideration of the entire family, and address migration as an intersectional axis of vulnerability.

- Identify a basic set of rights that all citizens must have access to, irrespective of their migrant status.
- Keep migration central to policy discourse across different states' departments, and create awareness of migrants' related vulnerabilities and lived realities, especially those of children and women.

Data and Monitoring

- Use and enhance existing data from health and welfare systems (such as the ICDS) to help build a robust understanding of circular migration.
- Review data systems to include gender- (and in India, caste-) disaggregated data on migration by incorporating appropriate variables in the management information systems.
- Build IT-enabled data systems to converge multiple scheme databases and village-level migrant registers to track circular and seasonal patterns on a broader level. Strengthen existing IT interventions (such as the ONORC) while taking care to avoid technology-related exclusions.
- Ensure that migration- and family-related questions are included in employment surveys, and release migration data from the next census.
- Build in adequate safeguards to ensure that people are not excluded if there are gaps in ITI systems, and devise offline mechanisms to connect services such as PDS shops which rely on digital access, in areas of chronically poor internet connectivity.
- Set up helplines to support new-arrived migrants with information about social protection services in the locality.

Box 9.5: Examples of Provisions for Different Migrant Child Cohorts

Providing own language teachers for migrating children

A large number of migrants leave the state of Odisha to work in Telangana and Tamil Nadu. Working in conjunction with the NGO Aide-et-Action, the state government is providing textbooks and teachers to accompany children to ensure that their education is continued in their own language. This addresses the language issue flagged up above and plays a crucial role in reducing dropout rates.

Supporting left-behind children and young people in Odisha

In Odisha, 44 hostels have been opened since 2003, supporting approximately over 2,000 migrant children. The hostels are based in localities with which children are already familiar and are staffed by one male and one female caretaker. The young residents are provided with meals, medical insurance and healthcare, and other utilities.

Trained support for kinship carers in Maharashtra

The Society for Action in Creative Education and Development (SACRED) in the Jalna area of Maharashtra set up its Kinship Care Programme in 2016, to support children aged 6 and over whose parents migrate to work in sugarcane cutting. Under this programme, AWWs were trained at the district level and then encouraged to make at least one village volunteer in each village, covering around 1,700 Anganwadis in total. The scheme reports that in 2019, around 4,000 to 5,000 children remained in kinship care across the Jalna district while their families migrated.

Child labourers in Telangana

Worksite schools are being provided for child labourers in Telangana, using teachers who have come from Odisha and teach children in the Odia and Marathi languages. This has been made possible through multi-agency work, including the cooperation of the brick kiln owners.

- Provide digital literacy programmes for front-line workers such as AWWs who are required to record the details of claimants and clients.

Functional Portability

- Establish mechanisms for interstate portability. This requires the full range of state and non-state actors – including multiple government departments at state, district and city level, front-line workers, civil society organisations and informal community leaders – to clarify the frameworks and processes that are best suited to deliver social protection to vulnerable migrant populations and early years in particular.
- Establish clarity on fiscal frameworks to ensure that each party takes full responsibility for its own area of work.
- Recognise the aspirations of migrants and facilitate safe migration from source states.
- Recognise the contribution that migrants make to the workforces and economies of destination states, and seek to actively include them in social protection schemes.
- Source and destination states should work more closely together to monitor child migration corridors and improve the effectiveness of rescue operations for children forced into labour.
- Facilitate State Governments' collaborative arrangements with NGOs, civil society organisations and employers to facilitate migrant incorporation and make potential beneficiaries aware of their entitlements.

- Explore whether it is possible for claimants to access benefits such as rations and access to shelter/housing without the need to provide identity and other documentation.
- Clarify whether entitlements, such as the ONORC, are portable across split households. If they are not at the moment, expand and enable different family members to claim wherever they are currently based.

Nutrition

- Ensure that ration cards are issued to everyone who is entitled to them, and that these cards can only be cancelled when the beneficiary dies. A ration card holder should be able to retain their ration card after migration without the need to reapply, transfer, surrender or submit additional documentation.
- Expand the ICDS programme and ensuring active enrolment of migrant women and children in rural and urban areas.

Accommodation

- States should minimise forced evictions of slum dwellers and support improvements in the quality of housing in informal settlements.
- In municipalities that see a lot of family-based migration, states must set up adequate family shelters and/or, alternatively, facilitate affordable rental housing. The new Affordable Rental Housing Complexes (ARHC), component of the *Pradhan Mantri Awas Yojana* (PMAY) government housing programme can be used for this purpose.

Childcare and Education

- Introduce simplified portability systems that allow the children of seasonal migrants to access schooling at both source and destination. As part of this, destination and source states should work together to ensure that children are able to continue their education in their first language.
- Increase access to Anganwadis in urban and peri-urban areas, especially the areas of mass density and low-quality housing where migrants are typically located. This could potentially be supported by a referral system, which would enable migrants to know the location of Anganwadis. A monitored referral system would also help ensure that Anganwadis do register and support migrants.
- Increase the number of hostels in source districts for children aged 6 and over.
- Set up systems for onsite schools, working with NGOs, civil society organisations and employers.
- Provide childcare facilities such as crèches at construction sites and brick kilns.
- Children rescued from child labour must be reintegrated into the education system with close monitoring at local level to ensure that they do not drop out. They also need to be connected to all social protection schemes that they are eligible for.

Pregnant and Breastfeeding Women

- State governments should ensure that left-behind women from migrant households are prioritised for support, including support with accessing employment.

- Build frontline worker capacity and the infrastructure such as Anganwadis, to improve the delivery of pregnancy, antenatal care and early childhood nutrition services for migrant families.

Specialised Support for Families

- Involve municipal bodies at urban destinations in planning and programmes such as the ICDS, along with training and incentives to frontline workers for covering migrants as a priority group.
- Ensure that migrants have access to helplines and resource centres they can approach for support and at times of distress, in order to ensure that they are rescued from dangerous situations and given safe passage home, and can also obtain legal aid in situations such as abuse and wage theft.
- Make large employers more accountable for fulfilling their legal obligations towards migrants.
- Support the work of independent organisations which work with migrant labourers and their families.
- Give clear information to officials and people from migrant communities explaining that claimants will not lose the welfare and social benefits to which they are entitled when they give data for collection and recording.
- Consider providing training and incentives for covering migrants as a priority group to frontline workers such as AWWs in destination states.

Endnotes

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The Way Forward for an Inclusive and Equitable World

Elizabeth Harrop^{*}, Beena Pandey^{**} and
Hyun Hee Ban^{***}

Conclusions

The nine preceding chapters of the book “Investing in Early Years in Human Capital for Future Resilience: For an Inclusive and Equitable World” have given a window into India’s remarkable progress in recent decades in creating progress towards human capital development.

India has made an enormous contribution to the global effort to achieve the Sustainable Development Goals (SDGs) and the Agenda 2030 vision of freeing the human race from the tyranny of poverty and healing and secure our planet.¹ India now enjoys almost universal birth registration at 89 per cent of children under age 5,² and has more than halved its infant mortality rate in 20 years 2001-2021, from 64.37 to 25.49 deaths before reaching the age of one, per 1,000 live births.³ India’s New Education Policy

* Consultant, UNICEF, India

** Assistant Professor, RIS

*** Chief, Social Policy, UNICEF, India

has the potential of bringing about a sea change in our efforts to ensure quality education for the children of India (chapter 2). India has also dramatically reduced its child marriage rate 2001-2021, from almost half (49 per cent) to less than a quarter (23 per cent) of women aged 20 to 24 years who were first married or in union before age 18.⁴ India's progress in the last decade specifically (from an under-18 child marriage rate of 38 per cent in 2011) is one of the strongest among countries in South Asia.⁵ Though there is still much to be done, and the polycrisis of the COVID-19 pandemic, the war in Ukraine, climate change and the rise in inflation has deeply impacted marginalised communities especially children.

Yet the chapters collectively offer a clear pathway forward. They each make clear thematic recommendations towards the goal of building and developing India's human capital through investments in children, many of which have a common vision and foundation, and are actionable and achievable. This offers hope and optimism that India's children, and their rich talents and potential, will unlock the future prosperity of their own communities and of India as a nation.

Recommendations

The safety, wellbeing and development of children needs to be recognised as a key priority and efforts need to be redoubled to meet the SDGs in just seven years. This involves steps in policy and implementation to meet child rights obligations and improve the quality of human capital to meet the novel challenges of the 21st century.

The following recommendations are synthesised from the chapters above, consolidating a way forward across the various themes of the book.

Recommendation 1: Implement a National Action Framework for Early Years Policy Development

The authors of chapters 2, 3 and 6 particularly, highlight the need to unite numerous policies and programmes under common systems-based frameworks for accountability and action by National and State implementers.

This applies particularly to India's social protection system which is poised for fundamental transformation from a scheme-based to system-based approach through the need to develop a unified social protection strategy across the life cycle, starting with the youngest children. In such a transition the foundational policy for all children is a universal child benefit (UCB), a social protection policy that has clear anti-poverty advantages as well as system strengthening elements. While all children should be eligible for such policies, India could start with a UCB for the youngest children where the returns to human capital investment are the highest. Moreover, delivering on a systems approach underpinned by UCBs can enable the government of India to create coherent, integrated, adequate, efficient and sustainable investments in all children, across multiple sectors (see Box 10.1).

Recommendation 2: Provide Flexibility in Delivery of the Framework for State and Local Actors

While central government departments can create a joint but flexible framework of action, the authors of chapters 2, 3 and 6 note that "one-size-fits-all" will not work for India, with its highly decentralised service delivery, and diversity in marginalised children and groups, between and within states.

Strategies and implementation plans are needed which - though honouring a common set of minimum standards and overall vision - allow for flexibility and celebrate India's diversity, leveraging the powers of the decentralised governance mechanism and holding duty bearers accountable.

Recommendation 3: Promote Child, Women's and Community Participation for Equity and Accountability, and the Fulfilment of Human Rights

Several chapters comment that the participation of communities, persons with disabilities, women, and children, adolescents and youth, are essential to strengthen strategies at central and local levels, for effective action related to child and human capital development. This participation is in line with human rights-based, flexible and contextualised approaches, and needs to integrate accountability to affected people (AAP) principles in policy and programme development and monitoring procedures.

Recommendation 4: Develop Mechanisms for Integrated and Cross-Sectoral Policies for Early Childhood Development

Chapters 2 and 7 explore how child development is a complex and multifaceted process which requires coordination and collaboration among a range of actors, through horizontal and vertical coordination. There is a need to develop mechanisms for integrated and cross-sectoral policies to enhance outcomes across multiple sectors, including in health, food systems, water, sanitation and hygiene (WASH), and education, in line with the best evidence and frameworks for early childhood development (ECD) such as the Nurturing Care Framework.⁶

The value of multisectoral investments were highlighted in almost all chapters, and are needed to increase effectiveness and efficiencies in complementary social and public policies and services for all children and their families; particularly amongst the most vulnerable groups, where intersecting needs are most common. They are also key in addressing underinvestment in preventive actions, where greater intensity or coverage of a service or policy (such as poverty alleviation in social protection) could lead to lower rates of stunting or infant mortality, or hunger in schools, and higher burdens on complementary health and education systems.

Recommendation 5: Build and Sustain Partnerships between Nation States, the Government, the International Community, Multilateral Financial Institutions, Civil Society Organisations, and the Private Sector

Multiple chapters acknowledge the need for regional and international cooperation, including at the G20 forum, for children's better nutritional, educational and care outcomes, and for addressing economic vulnerabilities and inequalities, including for migrant children across source and destination countries. This includes support for a One Health framework which outlines the roles and responsibilities of various agencies and stakeholders.

Strong vertical and horizontal coordination mechanisms, as noted in recommendation 4, are needed within and across sectors to leverage the powers of the decentralised governance mechanism and efficiency of resources to support service delivery. Establish clarity on fiscal frameworks to ensure that each party takes full responsibility for its own area of work, and conduct technical and institutional capacity building of local, subnational and national actors. ECD is a public good and has the potential for major

system efficiencies, and therefore requires standards in quality and accountability, coverage and sustainability, most reliably delivered by public bodies.

Recommendation 6: Increase Investments in Effective Public Finance for Children (PF4C)

As noted in chapters 2 and 7, the evidence is clear that investing in the early years maximises both child rights and well-being, human capital and financial investments.

Underinvestment in the early years' risks impeding innovation and goodwill in the development and delivery of multisectoral plans and strategies, which will not work without concerted effort to increase the budget for ECD. At present a minority of countries worldwide are following the evidence on good practice for investing in ECD, investing substantially less than parity when compared to children or primary or secondary school age (see Box 10.1).

A concerted effort is needed to increase and sustain budgets for ECD. This requires harnessing the transformative capacity of gender and child budgeting as a fiscal innovation, which has a relatively greater role to play in mitigating inequalities than economic growth; and promoting evidence that the longer the period of implementation of public financial management (PFM) tools like child budgeting, the greater the scope of mitigating inequalities.

To do this, more needs to be invested on children overall, and in particular on social protection benefits and services in the preschool period. Conduct knowledge building, institutional mechanisms, capacity building and accountability mechanisms on gender and child budgeting. Through this, prioritize investments in education,

Box 10.1: The Immediate Need to Address a Shortfall in PF4C in the Early Childhood

Despite a clear consensus across experts - from pediatricians to economists - that the earliest years of a child's life comprise the most critical period of child development, a new publication from UNICEF finds that in every region of the world countries are spending the least on children in early childhood (Innocenti Research Report, 2023).⁷ Although the under sixes make up a third of all children, low-income countries spend on average just 6 per cent of their child budgets on this age-group, middle income countries spend approximately 10 per cent on average, and high-income countries spend 27 per cent on average. At a minimum, countries should seek to achieve parity on spending by age, if not provide more support for families and children when labour market attachment is at its weakest, and needs for care and investment in child development are at their highest.

More specifically, outside of high-income settings, key investments in social protection in the form of cash transfers, parental leave policies and childcare services are commonly missing, have low coverage, or are underfunded. Amongst priority policies, a foundational intervention for all children - a universal child benefit (UCB) - should be the starting point in every country. UCBs work to prevent poverty for all children, can be implemented in short order, and facilitate access to key services like health care, childcare and education for all through acting as a birth/child registration method and addressing inhibitive transaction costs that families might face when accessing the services.

Although all children should be eligible for such policies, countries may need to begin with the youngest children where the returns to child development and so human capital are the highest, and the longest-term dividends will accrue to children, their families, their countries, and indeed the world as a whole.

health, nutrition, social protection, and other areas that directly affect the well-being of children, and help promote equity and

social justice by ensuring that resources are allocated fairly to all children, regardless of their socio-economic background.

Recommendation 7: Promote Inclusive Forms of Technology and Innovation for Development

Chapters 5, 7 and 9 note that digital technology has the potential to be a great leveler and can support inclusiveness. It also enables transparency and reduces costs. Establishing infrastructure which supports technological approaches to systems strengthening and innovation is therefore, a prerequisite.

Particular attention should be paid to the use of Information and Communication Technologies (ICTs) in areas such as to extend access to healthcare services; to facilitate data collection and its dissemination; and in supporting last mile delivery of social protection entitlements through ICT-enabled data systems which converge multiple scheme databases and village-level migrant registers.

To prevent digital exclusion, there is a need to build in adequate safeguards to ensure that people are not excluded if there are gaps in ICT systems; devise offline mechanisms to connect to services; and provide digital literacy technologies and programmes, for women, youth, persons with disabilities; front-line workers and others.

Recommendation 8: Embrace Goals for People and Planet, as One, to Enhance Resilience

Due to the growing number and severity of disasters, including as a result of climate change, there is a need for urgent and sustained design and implementation of LiFE (lifestyle for the environment) policies and programmes to create more resilient and sustainable

economies and communities, that supports both environmental and health goals. The development and scaling of shock responsive social protection is needed for the consequences of climate change that can no longer be avoided.

When delivering on education, health and social protection for children and families, green solutions should be prioritised, such as through local procurement and encouraging innovation in optimising the use of sustainable resources. Across all sectors, ways to incentivize greener behaviors and consumption of recipients can also be built in to policies through incentives and information sharing.

Recommendation 9: Enhance Data Collection, Disaggregation, Dissemination and Use

Several chapters speak to the importance of quality, disaggregated data for evidence informed policy, budgeting and programmes. Robust high coverage databases for last mile social protection and interoperable databases for multisectoral programming delivery are crucial so that no child is left behind. Timely and reliable statistics are crucial to make data driven decisions across all sectors, allowing appropriate policy interventions.

The government statistical entities need to build on appropriate monitoring, evaluation and learning (MEL) frameworks, along with enhancing surveillance systems, to gather data on designated input, output/outcome, and impact indicators related to various anthropometric indices. MEL including grievance redress mechanisms (GRMs) are also an important aspect of accountability to citizens served by government.

Further research and empirical evidence is needed to consolidate and firm up the understanding of social cohesion. Its evidently complementary relationships with economic growth, social development, inclusion, gender equality, and social protection, need to be unpacked based on larger evidence. This will support developing a universal framework for measurement of social cohesion and provide directions for interventions and improvements.

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About the Book

'Investing in Early Years on Human Capital for Future Resilience: For an Inclusive and Equitable World' focuses on the urgent need for global investments in young children for realizing sustainable development and equitable outcomes for all. Access to services and participation, equity and inclusion are key drivers to realize the rights of the child. Moving beyond a cost-benefit analysis, this book provides a socio-economic perspective that attributes crucial early years investments in health, nutrition, education, social protection, and public finance for children as vital for human capital development, inclusive economic growth and wider social empowerment. Using an evidence-based lens, this book draws on the knowledge of multiple technical experts to offer a cross-sectoral analysis of integrated gender and age-sensitive policy and programmes, and argues that child development is fundamental for a resilient future. The book concludes that timely investments in integrated approaches to child well-being, rights and development will predict the future of the world's children and pave the way for global human-centric development.



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