

Public Investment in Young Children in India

August 2014

Subrat Das
Protiva Kundu*

*(Authors are with Centre for Budget and Governance Accountability (CBGA), New Delhi.
They can be reached at: subrat@cbgaindia.org and protiva@cbgaindia.org.)

Abstract

This paper presents an assessment of the current situation in India with regard to public investments in young children. Taking into account some of the major concerns pertaining to the status of young children in the country, the paper makes a case for the Union Government and the State Governments to increase their magnitudes of investments in programmes meant for early childhood care and development. The issues of limited fiscal policy space in India and the consequent inadequacy of public resources for social sectors have been highlighted, since social sector programmes provide the larger resource envelope for targeted investments in young children. The paper also discusses briefly the problem of fund utilization in some of the important child-focused programmes in the country. It suggests that the State Governments need to be urged and enabled (with increase in the devolution of untied funds from the Union Government) to make long-term public expenditure commitments in social sectors, particularly in the areas relating to early childhood care and development. This would not be possible unless the fiscal consolidation efforts of the Union Government and States are accompanied with strong policy measures for increasing the tax-GDP ratio of the country.

Contents

<i>Section</i>	<i>Page No.</i>
The Context	3
Young Children in India	4
Limited Fiscal Policy Space in India	11
Budgetary Resources for Programmes Meant Largely for Young Children	14
Utilization of Budget Outlays in the Programmes for Children	21
Concluding Observations	23
Annexure	25
References	28

The Context

India has the largest number of children among all countries across the world. The children in India constitute a heterogeneous group with different needs in accordance with the socio-economic and cultural diversity across different regions within the country and different age groups among children. Early childhood is the most vulnerable stage for children; it is well acknowledged that the first 6 to 8 years of a child's life are the most critical years as these years lay the foundation for their life-long development. The health, nutrition, education, care and development opportunities given to a child at this stage determine to a large extent his/her growth and development over the entire lifetime.

There is strong evidence to suggest that young children need multi-pronged care and development support and hence special attention in public policies too. What has also been long established and accepted is that the interventions for this age group are closely linked to those for the mothers. Prioritizing resources towards Early Childhood Care and Development (ECCD) is a long-term and judicious investment, which can bring multiple benefits to the child, his/her family and the entire society.

However, the available literature indicates that this age group has received low priority in India's public policies (Kaul and Shankar, 2009). The recent report on 'State of World's Children' by UNICEF points out that India has the highest proportion of undernourished children in the world, along with Yemen. It has also been argued that the worrying state of children in India reflects a lack of political commitment to children's rights (FOCUS, 2006).

Nonetheless, starting from the Eleventh Five Year Plan period (i.e. 2007-08 to 2011-12) in India, early childhood care and development has assumed greater importance in the country's policy framework. 'Inclusive growth' was cited as one of the top priorities for the Union Government over the last decade and there has been some acceptance among the policymakers that 'inclusive growth' begins with children; thus, the Twelfth Five Year Plan (meant for 2012-13 to 2016-17) has stated the intentions of the policymakers to consider the issues relating to children as an urgent priority. At the national level, it has been stated that the fulfillment of children's rights needs to be treated as a crucial indicator of national plan and strategy (Planning Commission, 2012).

In such a backdrop, this paper tries to assess the present situation in India pertaining to public investments in young children. The first section of the paper highlights some of the major concerns pertaining to the status of young children in India. The second section discusses the issues of limited fiscal policy space in India and the consequent inadequacy of public resources for social sectors, which provide the larger resource envelope for making targeted investments in young children. The third section presents an analysis of the

present situation of Union Budget and State Budget investments in the country that are meant largely for young children. The problem of fund utilization in some of the important child-focused programmes or schemes in the country is discussed in the fourth and final section of the paper. The paper ends with some concluding observations on the issues that require greater attention of the policymakers both in the Union Government as well as in the State Governments.

I. Young Children in India

Definition, Legal Provisions and Policies

In India, childhood has been defined in the context of legal and constitutional provisioning, mainly for aberrations of childhood. It is thus a variable concept to suit the purpose and rationale of childhood in diverse circumstances. Essentially, the difference lies in defining the upper age-limit of childhood. According to Article 1 of the United Nation's Convention on the Rights of the Child (UNCRC), "A child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier." In India, the Union Ministry of Women and Child Development, the nodal Union Government Ministry for child development, has adopted the definition of child as provided in the UNCRC. There is no specific definition for young children in India; however, early childhood is defined as the formative stage of first six years of life, with sub-stages having age specific needs following the life cycle approach (MWCD, 2013).

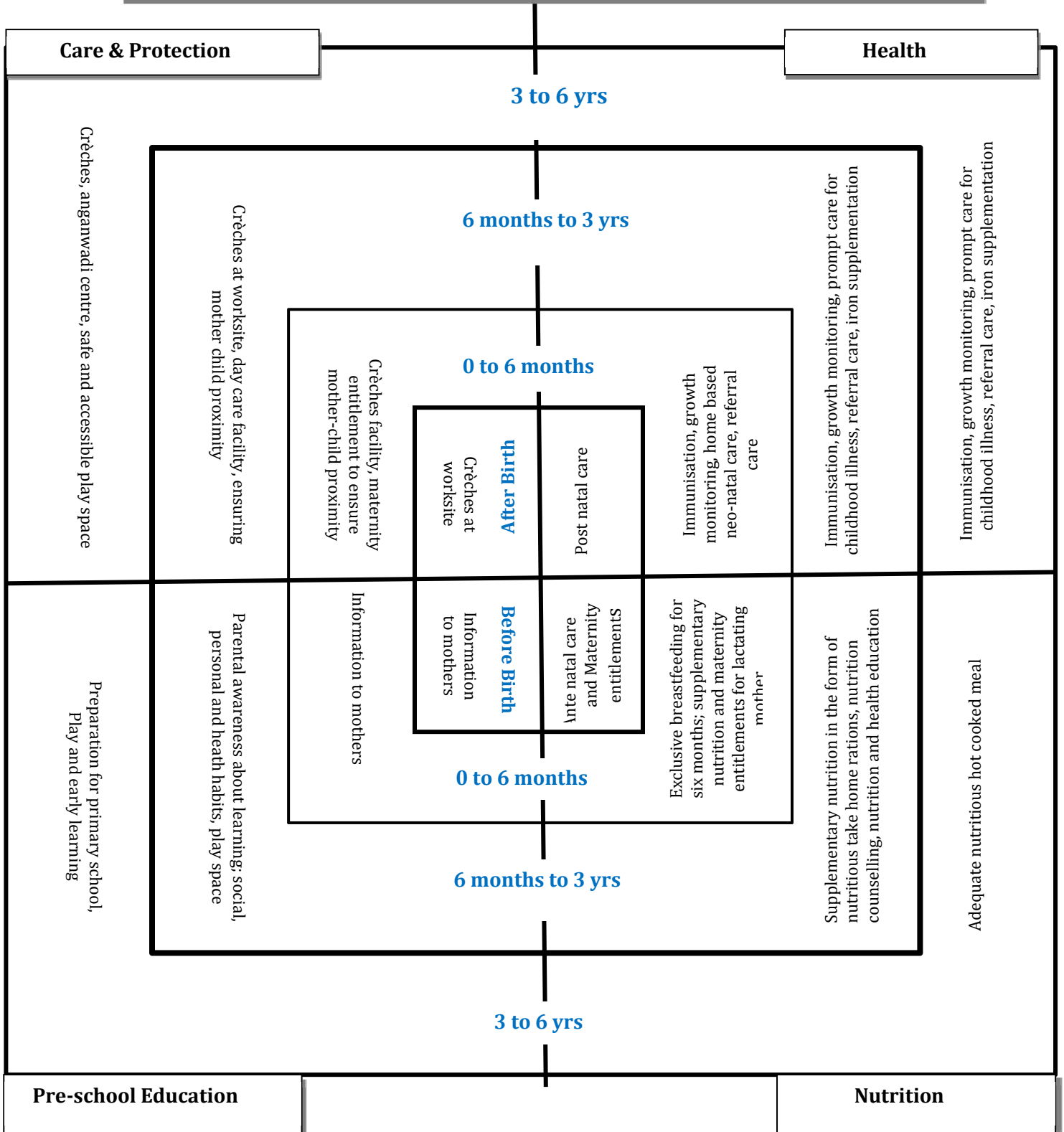
The period from birth to six years comprise the following sub-stages, with each having its own age-specific needs: conception to birth, birth to six months, six months to three years, and three years to six years (please see Figure 1 below).

While each stage is distinct in terms of the nature of the child's development and needs, they form a continuum wherein each following stage builds on the foundation of the one that precedes it. Thus, there is a requirement of a continuity of inputs pertaining to Care, Health, Nutrition, Education and Protection across the spectrum in an integrated manner.

The various aspects relating to young children are part of the Concurrent List and the State List in the Constitution of India. Hence, the States can frame their own legislations and policies on most aspects relating to young children. Even in case of the Central legislations or polices relating to children, the States have to frame their own rules to implement them.

Since Independence, a number of legislations and policies have been adopted with the purpose of ensuring development of children and upholding their rights (See Box 1 in the Annexure to the paper).

Figure 1: Essential Components of Early Childhood Care and Development



However, the government's approach towards children under six has been and continues to be fragmented. Delegation of responsibilities pertaining to young children to different Ministries without well-defined mechanisms for convergence, limited interventions through the schemes, low magnitudes of budgets for the schemes, and absence of a Rights framework and entitlements have escalated the problems of young children in India.

A major drawback in the country's policies and programmes has arisen from the failure to recognize the close interconnectedness of women's needs and rights with those of young children during this important period of their development. The planning for women as workers and that for the health and development of children has been carried out in compartments. This lacuna in conceptualization has led to inadequacy of policy interventions for both.

While the 'Right to Education' of children between the ages of 6 to 14 was addressed in 2002 by the 86th Constitutional Amendment, the children under six continued to remain in the "shall endeavour" category of state policy. Even the Right to Education Act, 2009 states that "to prepare children above the age of three years for elementary education and to provide early childhood care and education for all children until they complete the age of six years, the appropriate Government 'may make' necessary arrangement for providing free pre-school education for such children" (emphasis has been added).

Social factors like the patriarchal assumption, widespread in the country, that care of children is the responsibility of the mother alone and the prevalence of gender discrimination in many aspects have also contributed towards increasing the burden on women excessively and neglect of children. Similarly, the lack of awareness among a major chunk of the population about the importance of this critical period of childhood is a major factor that has contributed to the worrisome situation of young children in India.

Some of the observers have opined that other factors, like the existence of widespread poverty in the country, the persistent problem of inflation, the growing trend of migration, and a gradual breakdown of family support systems in many parts of the society have also aggravated the challenges of young children. Recently, even the country's poor sanitation coverage has been linked to the problem of child malnutrition in an emerging area of research. It has been argued that, in countries across the world, the young children who are malnourished could be "suffering less a lack of food than poor sanitation" (Harris, 2014).

Status of Young Children in India

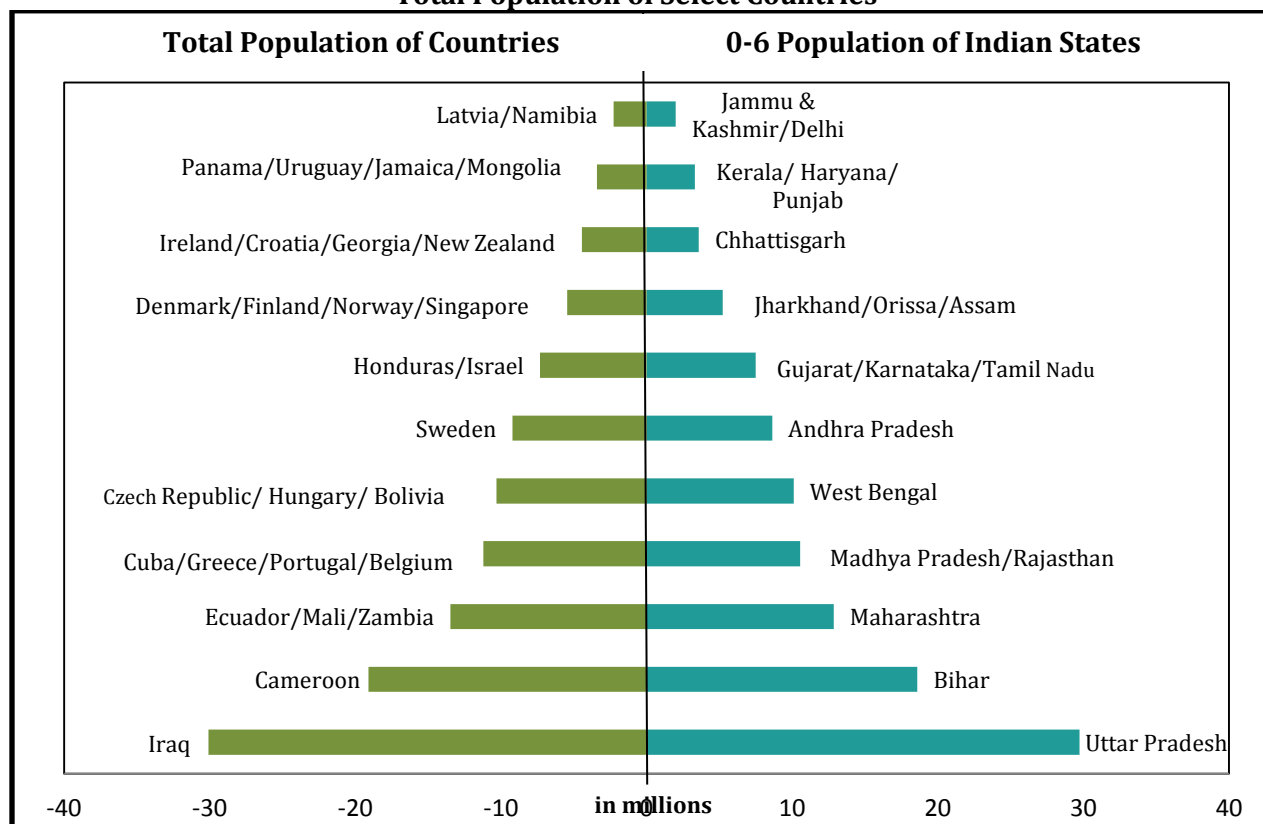
The development of a child starts in the mothers' womb. The average Indian child gets a rather poor start in life as many a time, before birth, he/she is heading for disaster due to poor ante-natal care and maternal undernutrition. About 60 percent mothers in India are anaemic, only 25 percent of the pregnant mothers get full ante-natal checkup, and only around 50 percent women get post-natal care within two weeks of delivery. The anaemic mother is likely to result in low birth-weight of the child, a major cause of child undernutrition.

Table 1: Status of Maternal Health in India

Indicators	Value	Year
Maternal Mortality Ratio (per 1 lakh live births)	178	2010-12
Mothers with full ANC checkup (%)	26.5	2009
Institutional delivery (%)	60.5	2010
Pregnant women aged 15-49 who are anaemic (%)	57.9	2005-06
Mothers who consumed 100 IFA Tablets (%)	46.6	2007-08
Mothers who received Post-Natal Care within two weeks of delivery (%)	49.7	2007-08

Source: Compiled from – Sample Registration Statistics 2012; Coverage Evaluation Survey, 2009; NFHS-III, 2005-06, and DLHS-III, 2007-08.

Figure 2: Population Pyramid: 0-6 Population of Select Indian States and Total Population of Select Countries



Note: Please ignore the minus (-) sign with the numbers on the left hand side of the population axis.

Source: Census of India, 2011, and State of World's Children, 2012, UNICEF

As per Census 2011, India is home to 158.8 million children under six years of age, which is 13.1 percent of total population of the country. Many Indian States have 0-6 child populations that are similar to and even higher than the total population of many countries (see Figure 2 above). Taking care of the special needs of the country's young children should be a high priority by the government so as to fulfil their rights. However, the high share of young children population also indicates that adequate development of this crucial section can reap a rich demographic dividend for the country. Hence, the future of India's development depends to a large extent on how well the country takes care of its young children now.

However, despite some visible progress in health sector in India in the recent decades, the country continues to lose precious young lives due to early childhood diseases, inadequate newborn care and child birth-related causes. India is among those countries where child mortality rate is alarmingly high. The scenario varies widely across the States, ranging from moderate level of child mortality in some States to alarmingly high rates in some others.

Figure 3: State-wise Pattern of Infant Mortality Rate (IMR) in 2012

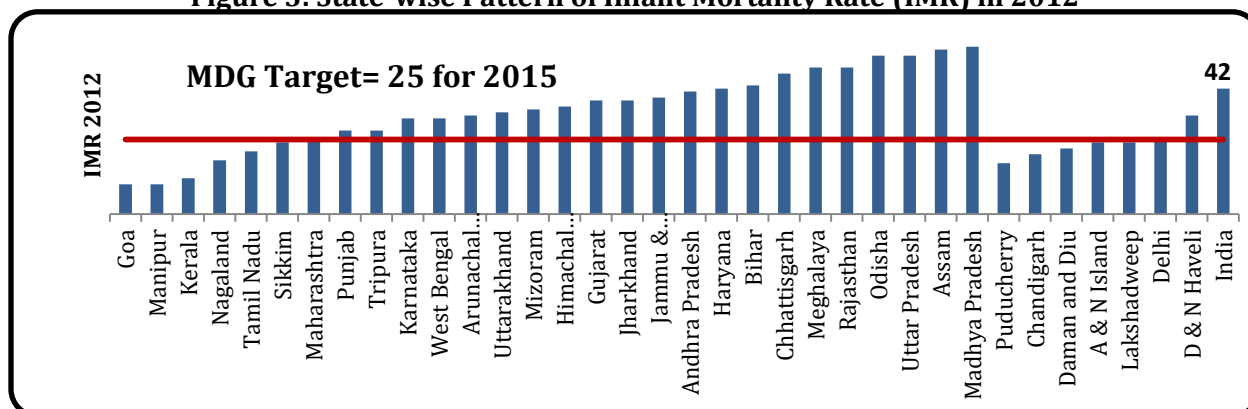
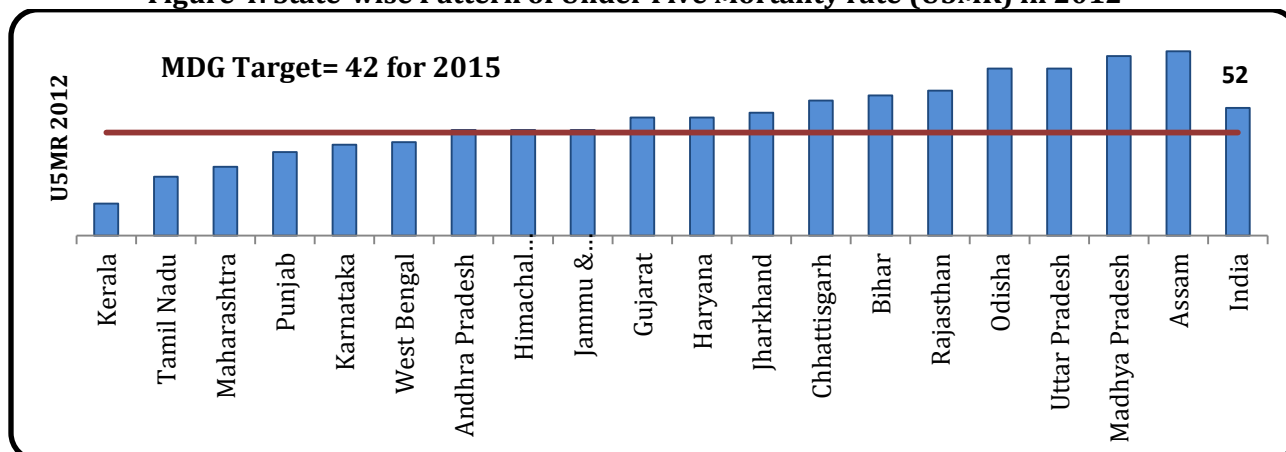


Figure 4: State-wise Pattern of Under Five Mortality rate (U5MR) in 2012



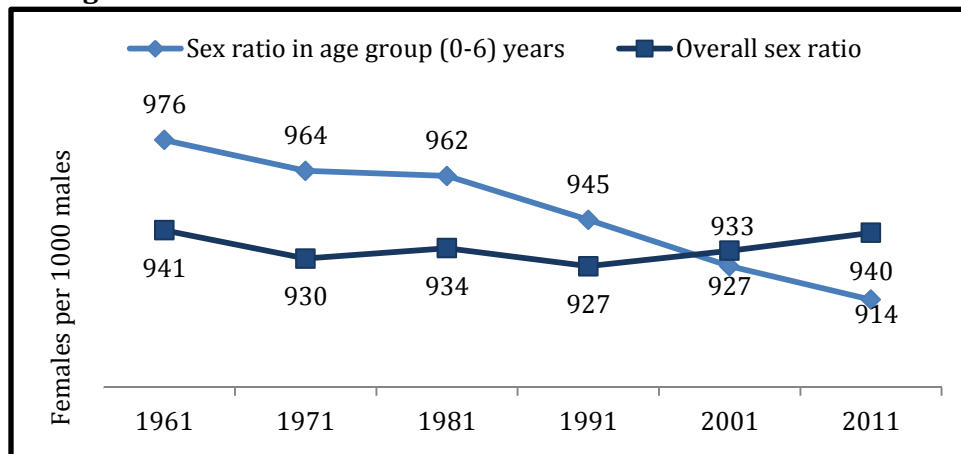
Note: IMR and U5MR figures are per 1000 live births.
Source: SRS 2012

Though, the infant mortality rate is declining over the years, incidence of infant mortality among girl children has been higher in most of the years. The percentage decline in female IMR has been 39.5 percent and the percentage decline in male IMR has been 41 percent over the last two decades (SRS, 2012). Figures 3 and 4 show that, as of 2012, India was 17 points and 10 points short of the targets set under Millennium Development Goals for reduction of IMR and U5MR, respectively.

The declining Child Sex Ratio in the country has been another cause for serious concern. This process (of declining Child Sex Ratio) has led to nearly 3 million girl children ‘missing’ in 2011 as compared to 2001. There are now 48 fewer girls per 1000 boys than there were in 1981 (see Figure 5 below).

The State-wise scenario of missing girl children is grave. The divide between the north and south has got even starker with the Child Sex Ratio in 2011. With the exception of Himachal Pradesh, no State in north India now has a Child Sex Ratio above 900. The latest trend in Child Sex Ratio is indicating a continuing preference for boys in society, despite laws to prevent female foeticide and schemes to encourage families to have girl child.

Figure 5: Trends in Overall Sex Ratio and Child Sex Ratio in India



Source: Census of India, Office of Registrar General of India.

Indian economy has been one of the fastest-growing economies in the world in the recent decades. During the last fifteen years, India’s GDP has been growing at about 6 percent per year on average; yet the progress of child development indicators has been much slower in India than in many countries with comparable or even much lower rates of economic growth. The slow progress in the field of child health and nutrition is most striking among all child development indicators (see Table 2 below).

Table 2: Status of Child Health in India

Indicators	Figure	Year
Exclusive breastfed till 6 months of age (%)	69.9	2009
Underweight* (%)	43	2005-06
Stunted* (%)	48	2005-06
Wasted* (%)	19.8	2005-06
Not fully vaccinated (%)	56	2005-06
Suffer from anaemia (%)	79	2005-06
Diarrhoea during the last two weeks (%)	15.5	2009
Acute respiratory infection during the last two weeks (%)	18.8	2009
Fully immunized** (%)	61	2009

Note: *Below 5 years, **12-23 months.

Source: Coverage Evaluation Survey, 2009; NFHS-III, 2005-06.

Whenever, the performance of India is compared with other South Asian countries, the gloomy picture of the status of India's young children becomes more glaring. India has the lowest child immunization rates in South Asia. Proportion of children without BCG vaccination in India is twice as high as that in Nepal, more than five times as high as that in Bangladesh, and almost thirty times as high as that in Sri Lanka. Turning to child undernutrition, India emerges in a poor light again, with only Nepal doing worse. And, despite its sophisticated medical system and highly skilled doctors, India has not been able to achieve higher rates of child survival than any of its neighbours except Pakistan (FOCUS, 2006).

As children grow up, undernutrition and ill health constrains their learning abilities and preparedness for schooling. Over time, the Net Enrolment Ratio at primary level of education in India has increased to 98 (in 2009-10 as per NSS data). However, the learning scenario in schools across the country is dismal according to independent surveys like the Annual Status of Education Report (ASER - Rural, 2013); only 41 percent of children in standard V in government schools can read standard II level text and the situation is worsening over the years. The literature available also indicates that the greatest lacuna in early childhood care and education (ECCE) in the country is the absence of appropriately trained teachers, and addressing this gap may take time.

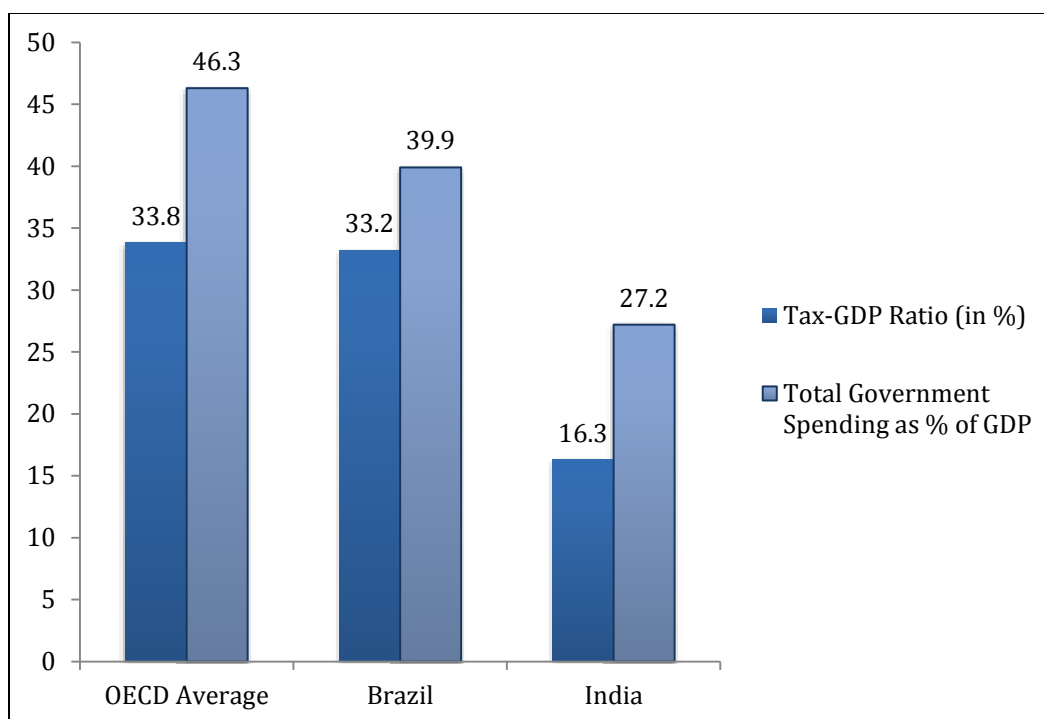
The worrying state of young children in India certainly calls for strong interventions from the government towards early childhood care and development. Despite the limitations in the conceptualization of this issue and the gaps in the policy framework adopted by the government, a number of policies and programmes have been pursued in India for a few decades now. Some of these programmes, both the ones introduced by the Union Government as well as those introduced in some of the States (for instance, those in Tamil

Nadu) have been considered widely as very relevant for addressing the needs of young children. However, there have been major concerns pertaining to the limited coverage of such programmes / interventions as well as their inadequate quality. In this context, the limited magnitude of public resources provided for such programmes has drawn the attention of most observers.

II: Limited Fiscal Policy Space in India

The overall magnitude of public resources available to the government in India has been inadequate in comparison to several other countries, mainly owing to the low magnitude of tax revenue collected in the country. The total quantum of government spending, as compared to the size of the country's economy, has been much higher in most of the developed countries as well as in some of the developing countries like Brazil and South Africa. As shown in Figure 6 below, for the year 2010 (2010-11 for India), total government spending as a proportion of the country's GDP was 27.2 percent for India, while it was a much higher 39.9 percent for Brazil and 46.3 percent for the OECD countries on an average. When the quantum of government spending is higher (as a proportion of total spending by all three actors in the economy, viz. firms, households and government), the government does get a larger fiscal space; this in turn allows the government to carry out substantive public provisioning of essential services (like, education, health, nutrition, drinking water and sanitation etc.) and other development interventions for the people, which would be required more for the vulnerable sections of the population.

**Figure 6: A Comparison of *Tax-GDP Ratio* and *Total Government Spending as % of GDP*:
India, Brazil and OECD Average (as of 2010)**



Note: * OECD Average figure for 'Tax-GDP Ratio' is the average for all 34 member countries, while that for 'Total Government Spending as % of GDP' is the average for 32 member countries of the OECD excluding Chile and New Zealand.

Source: Compiled by Centre for Budget and Governance Accountability (CBGA) from the data given in the following Publications - (i) OECD (2014), "Total tax revenue", in OECD Factbook 2014: Economic, Environmental and Social Statistics, OECD Publishing. (ii) OECD (2014), "Government expenditures, revenues and deficits", in OECD Factbook 2014: Economic, Environmental and Social Statistics, OECD Publishing. (iii) IMF (2014), "World Economic Outlook - Recovery Strengthens, Remains Uneven", April 2014, (iv) Government of India (2013), "Indian Public Finance Statistics 2012-13", Ministry of Finance.

A comparison of total government expenditure to GDP ratios across the BRICSAM countries (presented in Table 3 below) indicates that China, South Africa, Mexico and Brazil have expanded their fiscal policy space over the decade from 2001 to 2012, while that has not happened in India.

Table 3: Total Government Expenditure to GDP Ratios for BRICSAM Countries (in %)

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Brazil	36.1	39.2	39.0	36.1	37.7	38.0	38.4	38.3	38.1	39.9	39.2	40.4
Russia	33.7	36.3	34.9	31.7	32.8	31.1	33.1	34.3	41.4	38.0	35.9	37.5
India	26.8	27.5	28.5	27.2	26.2	26.5	26.4	29.7	28.3	27.2	26.7	26.9
China	17.9	18.9	18.6	18.1	18.6	18.9	18.9	20.4	23.2	22.8	23.9	24.8
South Africa	25.9	25.8	26.5	26.5	26.9	28.2	28.4	30.1	33.0	32.4	31.9	32.6
Mexico	21.2	22.1	22.5	20.3	21.7	22.6	22.8	25.6	27.2	26.7	26.3	27.2

Note: Total expenditure consists of total expense and the net acquisition of nonfinancial assets. Apart from being on an accrual basis, total expenditure differs from the GFSM 1986 definition of total expenditure in the sense that it also takes the disposals of nonfinancial assets into account.

Source: Compiled by Centre for Budget and Governance Accountability (CBGA) from International Monetary Fund, World Economic Outlook Database, April 2014

**Table 4: Per Capita Government Expenditures:
India, Other BRICS Countries and OECD Average**

	General Government Expenditures Per Capita (in US dollars, at current prices and PPPs)	
	2001	2011
OECD Average	10716	16548
Russia	3395	7917
Brazil	2638	4564
South Africa	1784	3537
China	469	2004
India	422	997

Source: Compiled by Centre for Budget and Governance Accountability (CBGA) from OECD (2014), "General government expenditures and revenues per capita", in OECD Factbook 2014: Economic, Environmental and Social Statistics, OECD Publishing (<http://dx.doi.org/10.1787/factbook-2014-87-en>).

Also, a comparison of per capita government expenditures (in purchasing power parity US dollars and at current prices) in India, other BRICS Countries and OECD Average (presented in Table 4 above) shows that that the level of per capita government expenditure in India is far short of the OECD average, Russia, Brazil, South Africa and even China. It seems the level of per capita government spending in China has improved considerably during 2001 to 2011, as a result of which the gap between China and India in this regard has widened over the last decade.

Since the adoption of pro-market economic reforms in India in the early 1990s, the proponents of a proactive fiscal policy for the country (which would necessarily require a stepping up of the quantum of government spending as a proportion of total spending by all three actors in the economy) have gradually been shrinking into a minority. The path of fiscal consolidation followed in India over the last decade has not allowed much space for expansionary fiscal policies; however, the low tax-GDP ratio in India could be improved in order to acquire larger space to increase public expenditure on development sectors. The overall magnitude of public resources available to the government in India has been inadequate in comparison to several other countries, mainly owing to the low magnitude of tax revenue collected in the country; at around 17 percent, India's tax-GDP ratio constrains the fiscal policy space available to the government.

Low Magnitude of Public Spending on ‘Social Sectors’ – the larger resource envelope for targeted public investments in young children

In the budgetary classification followed in India, social sectors or social services (used interchangeably) usually refer to sectors pertaining to education, health, nutrition, drinking water and sanitation, and housing etc. and social protection measures for underprivileged sections. The limited fiscal policy space available to the government in India and the limited priority given to the social sectors in the country’s overall budgetary spending have resulted in low magnitude of public spending on the social sectors.

For instance, India’s public spending on health and education (as compared to the country’s GDP) is significantly lower than those of several other developing countries, like, Argentina, Mexico, Brazil, South Africa and China (see Table 5 below). The lack of adequate priority for social sectors in the country’s fiscal policy has translated into inadequate public spending in a number of critical sectors such as education and health. What is more disconcerting is that India’s public spending on social security payments for the poor has been negligible; the country’s total public spending on social security for the poor (comprising the old age pension scheme, widow pension scheme, and disability pension scheme etc.) has been less than 0.15 % of GDP even in the most recent years.

**Table 5: Public Spending on Health and Education:
An International Comparison**

Country	Public Spending on Health as % of GDP (in 2010)	Public Spending on Education as % of GDP (in 2010)
Norway	8.0	7.3
United States	9.5	5.4
United Kingdom	8.1	5.6
Argentina	4.4	6.0
Russia	3.2	4.1
Mexico	3.1	5.3
Brazil	4.2	5.7
China	2.7	4.0*
South Africa	3.9	6.0
India	1.2	3.1

Note: * This figure for China is based on UNESCO Data and not the source cited below.

Source: Compiled from UNDP (2013), “Human Development Report 2013 - The Rise of the South: Human Progress in a Diverse World”, New York

What the aggregate figures for India hide is the fact that there have been wide variations in public investments in social sectors across States, even over the last decade; and, most of the States with poor indicators of the status of young children have witnessed relatively

lower magnitudes of budgetary expenditure on social sectors (please see Table A1 in the Annexure to the paper).

It is rather obvious that with inadequate budgetary resources for social sectors, the government interventions in the country for human development in general and development of children in particular could not be very substantive. In fact, the persistence of deficits in the development of children in the country is a problem that seems to have been rooted, among other factors, in the deficiencies in public provisioning and government interventions in the social sectors that provide the larger resource envelope for targeted interventions for young children.

III: Budgetary Resources for Programmes/Schemes Meant Largely for Young Children

Over the last decade, some of the civil society organizations in the country (like *HAQ: Centre for Child Rights* and *Centre for Budget and Governance Accountability*, among others) have been tracking the quantum of public investments from the Union Budget and budgets of different States, which are meant for child-specific schemes (that is, the government programmes or schemes which are meant largely for the benefit of children). We follow a similar methodology here to track the quantum of budgetary expenditure on schemes that are meant largely for young children.

Given the nature and design of prevailing government programmes or schemes in India, it is very difficult to segregate budgetary expenditures made exclusively for young children, i.e. children in the 0 to 6 years age group; hence, the compilation in this section of the paper includes the budgetary expenditure/allocation figures for schemes that are meant primarily for young children as well as those schemes that cater to young children along with older children or mothers.

We also examine (in our compilations) the priorities for major child related sectors, viz. *Child Development* (interventions for child nutrition), *Child Health* (interventions for child survival and health), *Child Education* (education related interventions, which in this compilation refers only to *Sarva Shiksha Abhiyan* that includes resources for Primary Education and is also meant now to include a pre-school education component) and *Child Care and Protection* (interventions for care of young children and protection of children in various kinds of difficult circumstances). Please see Table 6 below for a list of some of the major schemes included under the four categories.

Table 6: Union Government Schemes Meant Largely for Young Children

Sectors	Programmes/Schemes
Nutrition	Integrated Child Development Services (ICDS), Mid-Day Meal (MDM) scheme.
Care and Protection	National Crèche Scheme for the Children of Working Mothers, Scheme for the Welfare of Working Children in need of Care and Protection, Conditional Cash Transfer scheme for Girl Child (Dhanlakshmi), Integrated Child Protection Scheme (ICPS).
Health	Indira Gandhi Matritva Sahayog Yojana (IGMSY), Routine Immunization, Pulse Polio Immunization, NRHM-RCH Flexi-pool, Reproductive and Child Health Project, Manufacture of Sera and BCG Vaccine, Kalawati Saran Children's Hospital, Child Care Training Centre, Singur.
Education	<i>Sarva Shiksha Abhiyan</i> (programme for universalizing Elementary Education) – which includes resources for Primary Education (Classes I to V).

Note: This compilation includes the Central schemes that are meant exclusively for young children (0-6 years) as well as those schemes that cater to young children along with older children or mothers.

Table 7: Union Government Spending on Schemes Meant Largely for Young Children as a proportion of Total Union Budget (in Percent)

Sectors	2010-11	2011-12	2012-13
Nutrition	1.60	1.90	1.90
Care and Protection	0.02	0.02	0.02
Health	0.45	0.45	0.49
Education	1.60	1.60	1.70
Total	3.7	3.9	4.1

Note: This compilation includes the Union Budget expenditures for schemes that are meant exclusively for young children (0-6 years) as well as those schemes that cater to young children along with older children or mothers.

Source: Compiled from Union Budget, Expenditure Budget, Vol. II, various years.

Table 8: Union Government Spending on Schemes Meant Largely for Young Children as a proportion of GDP (in Percent)

Sectors	2010-11	2011-12	2012-13
Nutrition	0.240	0.270	0.270
Care and Protection	0.003	0.003	0.003
Health	0.070	0.070	0.070
Education	0.250	0.230	0.240
Total	0.57	0.57	0.58

Note: This compilation includes the Union Budget expenditures for schemes that are meant exclusively for

young children (0-6 years) as well as those schemes that cater to young children along with older children or mothers.

Source: Compiled from Union Budget, Expenditure Budget, Vol. II, various years; and Economic Survey, Government of India, various years.

It can be seen that the total Union Government spending on schemes meant largely for young children accounted for 4.1 percent of the total Union Budget and 0.58 percent of the country's GDP in 2012-13 (as shown in Tables 7 and 8 above). At this magnitude (which is obviously an overestimation of the quantum of core investments in young children), the priority accorded by the Union Government to public investment in young children appears to be very low when we take into account the fact that a sizable proportion of India's young children are exposed to a range of deprivations and difficult circumstances and the lack of adequate development opportunities for the young children now would constrain significantly their learning and development in future (issues that have been discussed at length in the first section of this paper).

Moreover, from these broad compilations of Union Government spending on schemes meant largely for young children, it appears that interventions pertaining to survival and health and those pertaining to care and protection are the ones that have had particularly low magnitudes of Union Budget expenditures in the recent years. However, this does not amount to saying that Union Government spending on interventions for development and education are adequate. It has been argued by many observers and policy analysts that the unit costs for government interventions in ICDS and SSA need to be stepped up in order to enable better quality of provisioning in these important programmes. Moreover, pre-school education for young children has been a grossly neglected area in the country.

Public investments in young children in the country are not the responsibility of the Union Government alone; the State Governments too are expected to make adequate budgetary investments in this crucial section of the population. As has been mentioned earlier, the States can frame their own legislations and policies on most aspects relating to young children.

We have noted earlier that there has been a lot of variation across States in terms of their magnitudes of State Budget expenditures on social sectors. Given that social sector expenditures provide the larger resource envelope for investments in young children, it is plausible to believe that there would have been similar variations across States in terms of their budgetary expenditures on young children. In the following Table, we present a comparison of budgetary expenditure (during 2010-11 to 2012-13) on schemes meant largely for young children in two States in the country, viz. Tamil Nadu and Odisha.

Table 9: Budgetary Expenditure on Schemes Meant Largely for Young Children@:
Figures from Two States (2010-11 to 2012-13)

(Figures in Rs. Crore)

State	Schemes Meant Largely for Young Children@ in the Sector	2010-11		2011-12		2012-13	
		Central Share in Schemes*	State Share in Schemes#	Central Share in Schemes*	State Share in Schemes#	Central Share in Schemes*	State Share in Schemes#
Tamil Nadu	Nutrition	1844.0	1138.9	2126.9	1209.4	1128.8	1776.3
	Health	686.4	519.4	714.6	643.6	923.5	917.1
	Education	697.3	276.0	681.4	194.4	716.4	283.5
	Care and Protection	6.1	...	12.8	...	43.3	...
Odisha	Nutrition	1150.9	857.4	1072.0	932.7	1207.9	1000.1
	Health	620.5	357.6	643.3	170.2	230.7	284.0
	Education	732.5	523.3	927.2	914.0	1043.1	705.0
	Care and Protection	6.7	12.0	6.0	15.7	6.7	17.5

Note: ... No relevant figures could be found in the source of this information [*Finance Accounts for Tamil Nadu* (Appendix VI and Appendix VII), for 2010-11, 2011-12 and 2012-13 published by the Office of the Comptroller & Auditor General of India] for Tamil Nadu Government's expenditure from its own resources on Care and Protection related schemes, though such expenditure figures (from the State Government's own resources) were reported for Odisha.

@ This compilation includes the expenditures/allocation figures for schemes that are meant exclusively for young children (0-6 years) as well as those schemes that cater to young children along with older children or mothers.

* Figures for *Central Share in Schemes* include both – Union Budget resources flowing through the State Budgets (e.g. in schemes like, ICDS, Mid-Day Meal, and Integrated Child Protection Scheme etc.) and Union Budget resources bypassing the State Budgets (e.g. in schemes like, Sarva Shiksha Abhiyan, National Rural Health Mission, and National Child Labour Project etc.)

Figures for *State Share in Schemes* include the State Government's own funding for a number of schemes, some of which are as listed in the following –

Tamil Nadu: Integrated Child Development Services, Mid-Day Meal, Sarva Shiksha Abhiyan, 13th FC Recommended Grants for Elementary Education, National Rural Health Mission, Puratchi Thalaivar MGR Nutritious Meal Programme, PT MGR Nutritious Meal Programme for Children in the Age Group 5-9, and Dr. Mutthulaxmi Reddy Maternity Assistance Scheme for Female Members of BPL Households, among others.

Odisha: Integrated Child Development Services, Mid-Day Meal, Sarva Shiksha Abhiyan, 13th FC Recommended Grants Grant for Elementary Education, National Rural Health Mission, and Conditional Cash Transfers to Pregnant Women, among others.

Source: Compiled from *Finance Accounts for Tamil Nadu* (Appendix VI and Appendix VII), various years; and *Finance Accounts for Odisha* (Appendix VI and Appendix VII), various years (published by the Office of the Comptroller & Auditor General of India).

Tamil Nadu has been widely recognized as one of the very few States in the country, which has taken some substantive policy initiatives for early childhood care and development. In the recent years, Odisha, one of the States lagging behind the better off States in terms of economic and human development, has started paying more attention to the need for government interventions for young children. As shown in Table 9 above, in the case of both Tamil Nadu and Odisha, despite the relatively stronger commitment (as compared to the other States) shown by them, Central resources (i.e. funds contributed from the Union Budget for Central schemes) have accounted for almost 60 percent or higher shares in total budgetary expenditure on young children during the recent years. However, in both the States, interventions for care and protection appear to be the area that requires immediate prioritization in terms of budgetary resources.

In most of the other States, the share of Central resources (i.e. funds contributed from the Union Budget for Central schemes) are likely to be much higher in the total budgetary expenditure on schemes meant largely for young children. Thus, the State Governments too need to step up the investments in young children from their own resources, besides the Union Budget resources for young children focused interventions being augmented.

Box 1: Integrated Child Development Services (ICDS) Scheme

Key Features	Concerns with ICDS	Recent Policy Directions
<p>- ICDS is the largest ECD programme in the world, which aims at addressing health, nutrition and development needs of young children, pregnant and breastfeeding mothers.</p> <p>- The Eleventh Five Year Plan of India promoted universalisation of ICDS starting with 2008-09 and a consequent expansion of Anganwadi Centres (AWCs) from 10.5 lakh to 13.17 lakh, against a requirement of 14 lakh.</p> <p>- It is covering 7.9 crore young children (in the 6 months to 6 years age group) and 1.82 crore pregnant and lactating mothers through a network of 13.17 lakh operational AWCs / Mini AWCs.</p> <p>- The early learning component of ICDS is covering 3.5 crore children, 3-6 years old (as on 30.06.2012). <u>(Planning Commission, 2013, Twelfth Five Year Plan of India)</u></p>	<p>- While it has been universalised, a lot remains to be done to improve the quality of services in ICDS.</p> <p>- It has been argued that ICDS has been ineffective in urban areas because of lack of responsiveness to problems of the urban poor (like, the lack of a fixed location, lack of government-authorized identify, and many living in unrecognized slums) and not taking into account the higher unit costs for space and services in urban areas. <u>(Blake et al, 2009)</u></p> <p>- The C&AG of India, in its Performance Audit of ICDS in 2011-12, found that – 61 percent of the test-checked AWCs did not have their own buildings and 25 percent were functioning from semi-pucca/ kachcha buildings or open/ partially covered space; there were no toilets in 52 percent of the test checked AWCs and drinking water facility was not available in 32 percent of the test checked AWCs; and there were shortages of staff and key functionaries at all levels. <u>(CAG Report no. 22 of 2012-13)</u></p> <p>- "... the number of beneficiaries per AWC continues to be high. As of December 2013, one functioning AWC provided supplementary nutrition to 68 children. The number of children per AWC was the highest in Bihar and Uttar Pradesh, with one AWC feeding 194 and 108 children, respectively." <u>(Accountability Initiative, 2014)</u></p> <p>- "As of December 2013, 36 percent of Child Development Project Officer / Assistant Child Development Project Officer posts and 37 percent of Supervisor posts were vacant across India." <u>(Accountability Initiative, 2014).</u></p>	<p>- Restructuring of ICDS in the Twelfth Five Year Plan period aims at transforming AWCs into vibrant, child friendly ECD centres.</p> <p>- Restructured ICDS to have expanded/redesigned services, extended duration (6 hours), with an additional AWW provided initially in 200 high burden districts and with piloting of crèche services in 5 percent of AWCs.</p> <p>- It would include the provision of adequate infrastructure, facilities such as safe drinking water, toilets, hygienic SNP arrangements, wall painting, play space and a joyful early learning environment including provision for activity corners.</p> <p>- It would also have institutional reforms like the establishment of Anganwadi Management Committees, which would include mothers/<i>mahila</i> mandals/parents as members, with untied funds for local action.</p> <p>- It would have a new component of Child Care and Nutrition Counselling for mothers of children under three years; this will focus on regular and prioritised home visiting at critical contact points for improving family care behaviour. <u>(Planning Commission, 2013, Twelfth Five Year Plan of India)</u></p>

It is widely acknowledged that the Integrated Child Development Services (ICDS) scheme has been the mainstay of government interventions in India for early childhood care and development. Box 1 above presents a brief overview of some of the major concerns with ICDS (while it has been universalised; a lot remains to be done to improve the quality of services) as well as some of the policy directions pertaining to ICDS that are meant to be implemented during the years 2013-14 to 2016-17.

A close look at both the major gaps and the policy directions for restructuring ICDS indicate that there would be a need for increasing budgetary investment in ICDS significantly. We may note here that the Union Budget expenditure on ICDS was Rs. 15712 crore in 2012-13, which is projected to go up to Rs. 16432 crore in 2013-14 (Revised Estimates) and Rs. 18691 crore in 2014-15 (Budget Estimates). However, ensuring that this crucial ECD programme becomes highly effective across the country would no doubt require a significantly higher quantum of budgetary resources towards – addressing the gaps in infrastructure in the AWCs, gaps in human resources for programmatic functions, improvement in quality of services, and incorporating the host of new measures that have been announced as part of restructuring of ICDS.

We may also note here that, in September 2013, the Union Government adopted a ‘National Early Childhood Care and Education (ECCE) Policy’ for inclusive development and learning of children in the 0-6 years age group. As per this National ECCE policy, the relevant ECCE services will be delivered through government, private, and non-governmental channels. The Union Ministry of Women and Child Development has also prepared the ECCE curriculum framework and quality standards. However, effective implementation of this important policy too would require allocation of adequate budgetary resources by both the Union Government and the States.

In the context of these references to the need for higher budgetary outlays for ECD programmes, we must note that, in India, the view on social sector programmes which has been propagated the most in the last few years is that – underutilization and ineffective use of budgetary resources is the biggest challenge in this domain and not the inadequacy of budgetary resources. Hence, we also need to pay some attention to this issue of utilization of budget outlays in the social sector programmes/schemes, with reference to those for children.

IV: Utilization of Budget Outlays in the Programmes/Schemes for Children

A number of studies¹ by *Centre for Budget and Governance Accountability* and *UNICEF India* on some of the child-focused programmes in the country have revealed that shortage of staff has weakened the State Government apparatus in these sectors, which, as a result, has not been able to utilize effectively the budget outlays provided for these programmes. This phenomenon of under-utilization of available budgetary resources in development programmes in most of the States has been cited by many policymakers (as well as independent policy analysts) as the key problem in social sectors in the country at present; more importantly, it has also been used as the main rationale (by the Union Ministry of Finance and the Planning Commission of India) for discouraging any significant increase in budgetary provisions (by the Union Government) for the social sector programmes in the last few years.

The findings of the said studies throw light on a set of institutional and procedural constraints, which need to be addressed in order to enable the States to effectively utilize greater magnitudes of budget outlays in the child-focused programmes, which would directly benefit the children in the country. This set of studies have analysed the implementation of some of the major programmes/schemes for children like, *Integrated Child Development Services (ICDS)*, *Sarva Shiksha Abhiyan (SSA)* and the *Reproductive and Child Health (RCH)* component of the *National Rural Health Mission (NRHM)* at the district level in selected States (viz. Uttar Pradesh and Chhattisgarh).

These studies have found that, over the last few years, the following problems have been observed with regard to utilization of available budgetary resources in the said programmes/schemes across various States, particularly in the backward States in India:

- (i) Low capacity of the States to increase spending in the schemes, which is evident from the lower levels of actual spending as compared to approved budgets for the schemes in many States; and
- (ii) Poor quality of spending/fund utilization in the schemes, since – (a) the fund utilization levels are skewed across the four quarters in a fiscal year (typically, a large share of spending getting crowded in the last two quarters of the fiscal year, which in India runs from 1st April to 31st March), (b) fund utilization levels are skewed across different components in a scheme (spending on those components increases quickly where it is easier to disburse money as compared to some other components, which require greater

¹Such as, (i) Centre for Budget and Governance Accountability and UNICEF (2012), “Sarva Shiksha Abhiyan”, *Budgeting for Change* Series, New Delhi; (ii) Centre for Budget and Governance Accountability and UNICEF (2012), “Integrated Child Development Services”, *Budgeting for Change* Series, New Delhi.

efforts from the implementing agencies); and (c) fund utilization levels are skewed across different regions within a State.

Further, the studies have revealed that the main reasons (or causal factors) for such under-utilization of budget outlays by the States in the social sector schemes can be traced to the institutional and procedural constraints in the process of implementation of schemes and deficiencies in the planning process being followed at the district level. The studies have identified a number of factors responsible for the above-mentioned problems in fund utilization in schemes, which can be broadly divided into the following categories:

(1) The first key factor pertains to the deficiencies in decentralized plans (or need assessment documents) being prepared in most of the schemes, which is caused by a shortage of staff to carry out planning activities, and lack of emphasis on training and capacity building of staff and community leaders for decentralized planning.

(2) The second causal factor is the delay in the flow of funds up to the grassroots level (where the services are being delivered), as a result of which very little time is being available in a fiscal year to spend the budgetary resources; however, this problem of delay in fund flow is rooted in the delay taking place in preparation, submission and subsequent approval of decentralized plans in the schemes, which in turn is caused primarily by the shortage of skilled staff for carrying out such decentralized planning work in the schemes.

(3) The third causal factor relates to systemic weaknesses in the government apparatus in the States, particularly the backward States. A shortage of trained, regular staff for various important roles like, management, finance/accounts, and frontline service provision has weakened the capacity of the government apparatus to implement the schemes (please see Table 10 below for some relevant evidence on shortage of staff).

Table 10: Shortages of Staff in Madhya Pradesh and Odisha in Selected Sectors, 2012

	Selected Sectors (State Government Departments)	Shortages of Staff in 2012 as against Sanctioned Strength
Madhya Pradesh*	Health: Gynaecologists	54.2 %
	Health: Paediatricians	43.6 %
	Health: Anaesthetists	48.1 %
	Water and sanitation: Rural drinking water	47.0 %
Odisha**	Selected Sectors (State Government Departments)	Shortages of Staff in 2012 as against Sanctioned Strength
	Education	25.7 %
	Integrated Child Development Services: Anganwadi Workers and Anganwadi Helpers	8.6 %
	Integrated Child Development Services: Others (supervisory staff)	28.0 %

Source:

*Compiled from - Vikas Samvad (2012), Status of Maternal and Child Health Services in Madhya Pradesh: A Situation Analysis, Bhopal, Madhya Pradesh,

** Calculated from - Govt. of Odisha (2012), FRBM Special Statement, State Budget of Odisha for 2012-13 and information provided at www.icds.gov.in

Thus, the problem of poor resource absorption (or fund utilization) capacity of States in the child development programmes in sectors like nutrition, education, and health has been caused primarily by the shortage of staff for various important roles like, management, finance/accounts, and frontline service provision. In fact shortage of staff is also considered as one of the main reasons behind weak enforcement of several important central legislations in the country (like, the *Protection of Women from Domestic Violence Act, SC/ST Prevention of Atrocities Act* etc.).

The main cause for this problem of shortage of staff in the States seems to be rooted in the kind of 'fiscal consolidation' strategies that the State Governments have followed over the last decade. In their attempt to eliminate the 'deficits' in their budgets, many States seem to have checked their long-term expenditure commitments (particularly in development sectors) by freezing the recruitments in regular cadres of their departments for more than a decade now. In this context, we may note here that – the State Governments should not approach 'fiscal consolidation' on the basis of compressing long-term public expenditure commitments in social sectors; the Union Government needs to increase the devolution of untied funds to States; and, most importantly, the fiscal consolidation efforts of the Union Government and States should not be pursued without any effort for increasing the tax-GDP ratio of the country.

Concluding Observations

As discussed in this paper, India has 158.8 million children under six years of age, and some of its States have 0-6 child populations that are higher than even the total populations of some countries. The development deficits and deprivations confronting the country's young children, however, has been a cause for serious concern. Taking care of the special needs of the country's young children ought to be an urgent priority for both the Union Government and the States as the future of India's development depends to a large extent on how well the country takes care of its young children now.

There have been gaps in the policy framework in India for early childhood care and development, which need to be addressed. Nonetheless, a number of government programmes have been pursued in the country, some of which have been considered widely as very relevant for addressing the needs of young children. However, there are major concerns pertaining to the limited coverage of such programmes as well as their

inadequate quality. In this context, the limited magnitude of budgetary resources provided for such programmes has drawn the attention of many observers and child rights activists.

The overall magnitude of public resources available to the government in India has been inadequate in comparison to several other countries, mainly owing to the low magnitude of tax revenue collected in the country. The limited fiscal policy space available to the government and the limited priority given to social sectors in the country's overall budgetary spending have resulted in low magnitude of public spending on social sector programmes, which provide the larger resource envelope for targeted public investments in young children.

Both the Union Government and State Governments in India need to step up the quantum of public investments on interventions targeted towards young children. Moreover, the investments from the Union Budget and State Budgets need to be stepped up significantly for interventions in the hitherto neglected sectors of child survival and health and care and protection of children. In order to address the problem of poor fund utilization capacity of States in the child development programmes in sectors like nutrition, education and health, the problem of staff shortage at the subnational level would need to be addressed.

In this context, the State Governments need to be urged and enabled (with increase in the devolution of untied funds from the Union Government) to make long-term public expenditure commitments in social sectors, particularly in the areas relating to early childhood care and development. Also, the fiscal consolidation efforts of the Union Government and States should be accompanied with a strong effort for increasing the tax-GDP ratio of the country.

Annexure

Box A1: National Policies and Programmes and important legislation Guaranteeing Rights and Entitlement to Children

Policy Framework:

- ▶ 1974 National Policy for Children
 - ▶ 1986 National Policy on Education
 - ▶ 2003 National Children's Charter
 - ▶ 1993 National Nutrition Policy
 - ▶ 1998 National Policy for the Mentally Handicapped
 - ▶ 2002 National Health Policy
 - ▶ 2006 National Policy for Persons with Disabilities
 - ▶ 1992,2005 National Plan of Action for Children
 - ▶ 1992 National Plan of Action for the SAARC Decade of the Girls Child (1991-2000)
 - ▶ 1998 National Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children
 - ▶ 2005 National Plan of Action for Children(NAPC) Affected by Human Immuno Deficiency Virus (HIV) /Acquired Immuno Deficiency Syndrome(AIDS)
 - ▶ 2005 Action Plan for the Inclusive Education of Children and Youth with Disabilities
 - ▶ 2009 Right to Free and Compulsory Education Act
 - ▶ 2013 National Policy for Children
 - ▶ 2013 National Early Childhood Care and Education (ECCE) policy
 - ▶ Convention on the Rights of the Child (UN CRC), 1989
-
- ▶ The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979

Existing legal provision:

Laws related to nutrition:

- ▶ Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution Act,1993 (Amended in 2003)

Other Laws directly affecting the young child:

- ▶ Registration of Births and Deaths Act, 1969
- ▶ Special Laws – Maternity Benefit Act, 1961
- ▶ The Commissions For Protection of Child Rights Act, 2005

Laws providing for crèches:

- ▶ Factories Act, 1954
- ▶ Mines Act, 1952
- ▶ Plantations Labours Act, 1951
- ▶ Beedi and Cigar Workers' Act, 1966
- ▶ Contract Labour Act, 1970
- ▶ Building and Other Construction Workers' Act 1996
- ▶ MGNREGS

**Table A1: State Budget Expenditures on Social Sectors during 2004-05 to 2013-14:
Real Per Capita Expenditure at 2004-05 prices (Figures in Rs.)**

States	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13 (RE)	2013-14 (BE)
Andhra Pradesh	1731	1449	1795	2332	2967	2831	3631	4168	5113	6029
Assam	1691	1254	1452	1664	1832	2452	2652	2922	4420	4579
Bihar	686	810	1024	1252	1459	1573	1579	2061	3278	3460
Chhattisgarh	1631	1429	1870	2243	2822	3665	3475	4523	6077	7166
Gujarat	1871	1505	1767	1979	2383	2995	3561	3820	4876	5404
Haryana	1530	1613	1872	2410	3165	4237	4269	4993	5888	6958
Himachal Pradesh	3650	3474	4086	4541	5493	5844	7023	7008	8508	8974
Jharkhand	1778	1484	1753	1866	2275	2283	2631	2371	3640	3741
Karnataka	1755	1562	1905	2306	2643	3211	3532	4056	5304	6192
Kerala	2225	1790	1697	2110	2524	2775	3228	4263	4904	5856
Madhya Pradesh	1115	1109	1232	1431	1641	1937	2521	2888	3755	4124
Maharashtra	1979	1764	2025	2097	2538	3247	3650	4079	4861	5366
Odisha	1195	1038	1168	1548	2074	2320	2718	3287	3884	4312
Punjab	1458	1307	1501	1571	2133	2185	2532	2997	5018	5315
Rajasthan	1610	1404	1588	1821	2369	2588	2661	3236	4178	4619
Tamil Nadu	2108	1685	1979	2321	3100	3362	3882	4739	5747	6346
Uttarakhand	2568	2427	2776	3156	3492	4615	4747	5890	7273	7953
Uttar Pradesh	941	887	1038	1273	1645	1933	2046	2359	2921	3190
West Bengal	1155	1144	1300	1585	1888	2661	2852	3358	4020	4414

Source: Compiled by CBGA from *RBI State Finances: A Study of Budgets*, various years, Reserve Bank of India, GoI; National Account, Central Statistics Office, Ministry of Statistics and Programme Implementation, GoI and Census of India 2011, GoI.

Table A2: Union Government Spending on Schemes Meant Largely for Young Children

(i) Child Nutrition (Figures in Rs. Crore, except where expressed in %)

Schemes	2009-10	2010-11	2011-12	2012-13	2013-14 (RE)	2014-15 (BE)
ICDS*	8196	9804	14306	15812	14994	18757
MDM	6938	9128	9902	10868	10927	13215
Nutrition - Total	15134	18932	24208	26680	25921	31972
Total Union Govt. Spending	1024487	1197328	1304365	1410367	1590434	1763214
GDP at current mkt. price	6477827	7795314	8974947	10028118	11320463	12839952
% of Union Budget	1.5	1.6	1.9	1.9	1.6	1.8

% of GDP	0.2	0.2	0.3	0.3	0.2	0.2
*Includes ICDS, WB Assisted ISSNIP, NNM, NIPCCD, Nutrition Education Scheme (FNB)						
(ii) Child Care and Protection (Figures in Rs. Crore, except where expressed in %)						
Schemes	2009-10	2010-11	2011-12	2012-13	2013-14 (RE)	2014-15 (BE)
ICPS	43	115	177	258	240	400
Rajiv Gandhi National Crèche Scheme for the Children of Working mothers	100	69	74	7	8	125
Scheme for the Welfare of Working Children in need of care and protection	10	10	10	9	7	10
Conditional Cash Transfer Scheme for the Girl Child with Insurance cover (Dhanlakshmi)	5	2	0	12	5	5
Child care and protection - Total	157	196	261	286	260	540
Total Union Govt. Spending	1024487	1197328	1304365	1410367	1590434	1763214
GDP at current mkt. price	6477827	7795314	8974947	10028118	11320463	12839952
% of Union Budget	0.02	0.02	0.02	0.02	0.02	0.03
% of GDP	0.002	0.003	0.003	0.003	0.002	0.004

(iii) Child Health and Survival (Figures in Rs. Crore, except where expressed in %)

Schemes	2009-10	2010-11	2011-12	2012-13	2013-14 (RE)	2014-15 (BE)
IGMSY		116.24	289.82	82.07	270	400
Janani Suraksha Yojana						
Routine Immunisation		391.56	440.47	1000.86		
Pulse Polio Immunisation		978.1	722	1379.72		
Reproductive and Child Health Project		187.63	37.18	85.91		
NRHM-RCH Flexipool		3622.14	4205.39	4030.71	6812.27	2914.44
Manufacture of Sera and BCG Vaccine		23.01	76.39	190.84	71	156.34
Kalawati Saran Children's Hospital		50.25	53.88	52.4	65.45	67
Child Care Training Centre, Singur		31.18	33.62	40.89	48.97	19
Health-Total	0	5400	5859	6863	7268	3557
Total Union Govt. Spending	1024487	1197328	1304365	1410367	1590434	1763214
GDP at current mkt. price	6477827	7795314	8974947	10028118	11320463	12839952

% of Union Budget	0.0	0.5	0.4	0.5	0.5	0.2
% of GDP	0.00	0.07	0.07	0.07	0.06	0.03

(iv) Child Education (Figures in Rs. Crore, except where expressed in %)

Schemes	2009-10	2010-11	2011-12	2012-13	2013-14 (RE)	2014-15 (BE)
Sarva Shiksha Abhiyan	12825	19637	20842	23873	26608	28258
Total Union Govt. Spending	1024487	1197328	1304365	1410367	1590434	1763214
GDP at current mkt. price	6477827	7795314	8974947	10028118	11320463	12839952
% of Union Budget	1.3	1.6	1.6	1.7	1.7	1.6
% of GDP	0.2	0.3	0.2	0.2	0.2	0.2

Source: Compiled from Union Budget documents, Govt. of India, various years.

References

- Accountability Initiative. 2014: 'Budget Briefs – ICDS, GOI 2014-15'.
- Bernard van Leer Foundation. 2013: 'Learning Begins Early', Early Childhood Matters, June/120.
- Blake, Simon, Tara Chand, Gaurav Gupta and Iona Miller. 2009: 'Starting Strong', New Philanthropy Capital.
- Centre for Budget and Governance Accountability (CBGA). 2012: 'Unfulfilled Promises? - Response to Union Budget 2012-13', New Delhi.
- CBGA and UNICEF (2012), 'Sarva Shiksha Abhiyan', *Budgeting for Change* Series, New Delhi;
- CBGA and UNICEF (2012), 'Integrated Child Development Services', *Budgeting for Change* Series, New Delhi
- Citizens' Initiative for the Rights of Children Under Six. 2006: 'Focus On Children Under Six' (FOCUS), Abridged Report, December
- Harris, Gardiner. 2014: 'India's poor sanitation linked to malnutrition', Times of India, July 18
- International Institute for Population Sciences (IIPS) & Macro International. 2007. 'National Family Health Survey (NFHS-3), 2005-06: India', Volume I.
- Kaul. V and Dipa Shankar. 2009: 'Early Childhood Care and Education in India', NUEPA
- Ministry of Finance. 2014-15. 'Expenditure Budget', Volume I and Volume II, (link: www.indiabudget.nic.in)
- Ministry of Finance. 2013-14. 'Expenditure Budget', Volume I and Volume II
- Ministry of Finance. 2012-13. 'Expenditure Budget', Volume I and Volume II
- Ministry of Finance. 2011-12. 'Expenditure Budget', Volume I and Volume II
- Ministry of Home Affairs. 2011. 'Primary Census Abstract', Office of the Registrar General and Census Commissioner (Link: www.censusindia.gov.in)
- Ministry of Home Affairs. 2011. 'Houselisting and Housing Census Data', Office of the Registrar General and Census Commissioner (Link: www.censusindia.gov.in)

- Ministry of Home Affairs. 2012. 'Sample Registration System Statistical Report 2012', Office of the Registrar General and Census Commissioner (Link: www.censusindia.gov.in)
- Ministry of Statistics and Programme Implementation. 2012: 'Children in India 2012-A Statistical Appraisal', Social Statistics Division, Centre Statistics Office, September.
- Ministry of Women and Child Development (MWCD). 2001: 'Definition of the Child', India: First Periodic Report on the CRC.
- Ministry of Women and Child Development (MWCD). 2013: 'National early Childhood Care and Education Policy (ECCE)', September, 27
- National Council of Educational Research and Training (NCERT). 2006: 'National Focus group on Early Childhood Education', Position Paper', September
- Office of the Comptroller and Auditor General of India. 2012: 'Report of the Comptroller and Auditor General of India on Performance Audit of Integrated Child Development Services (ICDS) Scheme', CAG Report no. 22 of 2012-13.
- Planning Commission. 2011: 'Report of the Working group on Child rights for the Twelfth five Year Plan', 2012-17
- Planning Commission. 2011: 'Report of the Working group on Nutrition for the Twelfth five Year Plan', 2012-17
- Planning Commission. 2013: 'Twelfth Five Year Plan of India (2012-13 to 2016-17)'.
- The World Bank. 2004: 'Reaching Out to the Child', An Integrated Approach to Child Development, Human Development sector, South Asia Region, June 15.
- UNICEF. 2012: 'Children in an Urban World', The State of the World's Children, 2012, February
- UNICEF. 2011: 'Early Childhood Education Building on Integrated Child Development Services', briefing paper series, Innovations, Lessons and Good Practices.
- UNICEF. 2009: 'Coverage Evaluation Survey Report'.

.....