

Government of Karnataka

Budget 2015-16

**Pre Budget Advocacy for Enhanced Allocation
Early Childhood Care and Education**

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Early Childhood Care and Education

Pre Budget Advocacy for Enhancement of Allocation

'Invest in early childhood development: reduce deficits, strengthen the economy. Investing in early childhood education is a cost effective strategy even during a budget crisis.'

James J. Heckman¹.

1. Early Childhood Care and Education (ECCE) and its importance

Early Childhood Care and Education (ECCE) generally refers to the continuum of child care from birth till the age of six years involving *care* (nutrition, immunization and protection) *development* (physical social, cultural and emotional), and *education* (cognitive and preschool readiness). Scientific research has proved that first 5-6 years of child are very crucial since as much as 85 percent of the abilities of brain cells get developed during this period² (Ratna Dutta, 2014). The experiences during this critical period lay the foundation for the lifelong development. The cognitive skills, self-control, socialization, motivation and other character skills picked up in this early stages result in effective learning, developing healthy habits, knowledge building and personality development in future stages of life. The NCERT cohort study in 8 states of India including Karnataka indicated higher retention percentages among students in class 2 to 4 who had pre-school education as compared to those who did not have pre-school education³.

Prof Heckman argues that the economic future of a country depends upon its educated and skilled workforce and early childhood education is the most efficient way of accomplishing the same. His analysis indicates an annual return on investment of 7-10 percent due to increased schooling and career achievement along with reduced costs on remedial health and education as well as criminal justice systems⁴. He advises making 'greater investments in young children to see greater returns in education, health and productivity'⁵.

¹ Henry Schultz Distinguished Service Professor of Economics at The University of Chicago, a Nobel Laureate in Economics and an expert in the economics of human development

² <http://researchlink.in/FullIssue/Research%20Link%20121/5%20Research%20Paper.pdf>

³ <http://datatopics.worldbank.org/hnp/files/edstats/INDgmrpap06.pdf>

⁴ <http://www.heckmanequation.org/content/resource/invest-early-childhood-development-reduce-deficits-strengthen-economy>

⁵ For more visit <http://www.heckmanequation.org/>

2. Early Childhood Care and Education (ECCE) in India

The Article 45 of Constitution of India recognizes the significance of ECCE in that it directs that the State 'shall endeavor to provide early childhood care and education for all children until they complete the age of six years'. The ECCE received attention through National Policy for Education (1974) which led to initiation of Integrated Child Development Services (ICDS). Later on the National Education Policy (1986) and National Nutrition Policy (1993) recommended interventions for ECCE. The National Health Policy (2002) and National Plan of Action for Children (2005) strongly supported the ECCE policies.

The Government of India approved the National Early Childhood Care and Education (ECCE) policy in September 2013 with a vision of integrated development of child focused on the care and early learning in the developmental continuum. The critical stages in ECCE and what they entail in terms of policies are shown in table below:

ECCE Stage	What it involves	What it means in terms of policies
Conceptions to Birth	Ante and post natal health, nutritional care of mother	Safe childbirth, maternity entitlements
Birth to three years	Survival, healthcare, nutrition, infant and young child feeding	Safe, nurturing and stimulating environment for child care
Three to six years	Protection from hazards, healthcare, nutrition, pre-school education	Planned school readiness for 5-6 year olds

The interventions of first critical stage, i.e. Conception to Birth are largely addressed by the health department at the central and state levels with a number of sub schemes under National Health Mission (NHM). The other two stages are addressed both by Health and Women and Child Development departments. All these have been brought under the new Reproductive, Maternal, Newborn, Child and Adolescent health strategic approach (RMNCH+A) endorsing the need for a care continuum. The combined RMNCH+A services are aimed at improving the health indicators as well as achieving the targets of Millennium Development Goals. Schemes such as Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, facility based new born care, follow up of low birth weight children etc are directed towards improving the health care services through incentivizing the ground level workers such as ASHA and ANMs.

Similarly, ICDS⁶ is a centrally sponsored programme of Government of India which provides health, nutrition and education services to children below six years, pregnant

⁶ Launched on Oct 2nd 1975 in 33 community development blocks of the country

and lactating women and adolescent girls through Anganwadi centres (AWC). The funding for the services under ICDS is shared between GoI and State in the ratio of 90:10 except for supplementary nutrition 50:50 ratio.

3. Early Childhood Care and Education (ECCE) in Karnataka

The Women and Child Development Department in Karnataka is the nodal agency that has been implementing the ECCE components of ICDS through Anganwadi centres. The state has put in place the Karnataka State Commission for Protection of Child Rights(KSCPCR) in 2009 which has a mandate to promote protect and defend child rights in the State also has ECCE as one of the important focus areas of work. Karnataka state has also brought out a policy on child protection. Owing to the issues of child malnutrition in the State and considering the need for supplementary nutrition in a lifecycle approach, Karnataka Comprehensive Nutrition Mission⁷ was launched in 2010 to address the nutritional needs of the infants, children, adolescent girls, pregnant and nursing mothers. Karnataka Child Rights Observatory (KCRO), which is a consortium of NGOs and academics, works towards providing analyzed data to government and civil society for policy and action. It coordinates with the KSCPCR on a regular basis. More recently the state also has drafted a policy on day care centres/crèches in the State.

The Government of Karnataka has taken up initiative to improve ICDS, reduce malnutrition, and improve pre-school education (PSE) by forging ties with organizations working with children and also by partnerships. In Uttara Kannada district Shaktiman Centre has been started to address the health and nutritional issues of children. Similarly in Raichur and Tumkur districts, spirulina capsules are being provided to malnourished children by Spirulina Foundation. In Belgaum tracking of Severe and Acutely Malnourished (SAM) children has started as ‘SAM to Smile’ using tracking software. Similarly, in the districts of Bengaluru Rural and Hassan, ECCE activities were conducted under SSA on pilot basis⁸ during 2012-13. An amount of Rs. 15 lakh was allocated for 62 centres in 2 districts (31 each). While Hassan achieved the target, Bengaluru Rural could open only 20 ECCE centres. An amount of Rs. 11.75 lakh was spent on 1482 children from 51 centres (31 Hassan plus 20 Bengaluru Rural). In Bengaluru Urban and Koppal districts capacity building programmes for AWWs in PSE, and providing PSE kits were undertaken with the help of Akshara Foundation. Vedanta Foundation supported the PSE activity in

⁷ <http://www.karnutmission.org/AboutUs/aboutus.html>. The mission in the year 2014-15 is focusing on 4 districts of the State as a part of Centrally Sponsored Scheme under National Nutrition Mission which focuses on 200 high burden districts for Multi-sectoral Nutrition Programme to address maternal and child under-nutrition.

⁸ http://ssakarnataka.gov.in/pdfs/int_innovations/ECCE/ECCEActProg1213.pdf

Bengaluru Rural and Chickballapur districts. The United Way of Bengaluru⁹ is working with the children of people who are involved in construction and quarry works. It could be a useful source for channeling CSR.

4. Anganwadi Centres and ICDS

The AWC is the pivotal point on which the health, nutrition and education services provided to the women and children through implementation of ICDS converge. Anganwadi Worker (AWW) and Anganwadi Helper (AWH) are the key functionaries who co-ordinate with the departments of Health and Women and Child Development to ensure the delivery of services at the ground level. After the Supreme Court directives in 2004 and subsequently in 2006¹⁰, the norms for setting up of AWC were revised towards universalisation of ICDS in the country. One AWC is stipulated for 400-800 population (one AWC for 300-800 population in tribal areas). According to the revised nutritional norms, the per day per beneficiary cost of supplementary nutrition (SNP) was also revised from Rs. 2.00, Rs. 2.70 and Rs. 2.30 to Rs. 4.00, Rs. 6.00 and Rs. 5.00 for children, severely malnourished children and pregnant/ nursing mothers respectively¹¹.

Restructuring of ICDS in Mission Mode

The ICDS is being restructured and implemented in the mission mode during 2013-14 to 2016-17. The report of inter-ministerial group for restructuring the ICDS recommended the implementation to be in mission mode with repositioning of Anganwadi centres (AWC) as Early Childhood Development (ECD) centres or Balvikas Kendras by extending the total working period to 7 hours with a dedicated 4 hours session on early childhood education which has been accepted for implementation. Access to ECCE is defined as the setting up of the AWC for not more than 25 children of 3-6 age group. A state level ECD council is envisaged to provide curricular framework and standards of ECCE with a focus on decentralized planning and implementation. The devolution of the running of AWCs to panchayats and municipalities is strongly advocated.

Significant changes have been brought out for ICDS under mission mode¹². The Annual Programme Implementation Plan (PIP) has to be prepared by States along the lines of SSA and NRHM which offer flexibility and scope for innovation. An estimated 2 lakh AWCs to be built at the cost of Rs. 4.5 lakh per AWC during the

⁹ <http://www.unitedwaybengaluru.org/>

¹⁰ http://www.sccommissioners.org/Reports/Reports/ICDSReport_0706.pdf

¹¹ http://wcd.nic.in/univ_icds/univ_icds1.pdf

¹² http://wcd.nic.in/icdsimg/icds_english_03-12-2013.pdf ICDS mission framework of implementation

period 2013-14 to 2016-17 which has a cost sharing ratio of 75: 25 between GoI and State. An annual maintenance fund of Rs 2000 per AWC is provisioned for AWCs in own buildings. An amount of Rs. 100,000 per AWC is available for upgrading it into AWC cum crèche. An Additional AWW can be hired for AWC cum crèche and the honorarium of Rs. 3000 is provisioned for the same. An amount of Rs 28000 per AWC per annum is being made available for care items, soft toys, cleaning materials, etc. As per the nutritional norms approved per day per beneficiary cost of supplementary nutrition (SNP) is revised to Rs. Rs. 6.00, Rs. 9.00 and Rs. 5.00 for children, severely malnourished children and pregnant/ nursing mothers respectively.

5. Status of Anganwadi Centres and ICDS in Karnataka

Karnataka has 64518 AWCs (61187 AWCs and 3331mini AWCs) as on 31 March 2014 catering to over 48.56 lakh beneficiaries (including 38.82 lakh children of 0-6 age group). The evaluation report of ICDS ¹³(2011) and the Performance Audit of ICDS scheme by CAG in 2012-13 throw light upon various issues of AWCs and its services in the State.

The survey gap, service gap and the delivery gap was found to be 8.4 percent, 32.3 percent and 19.3 percent respectively. The Survey gap indicates the difference between number of eligible children in the AWC area and the number of children as per the survey register maintained by AWC. Service gap indicates the difference between the number of children who are in survey register and the number of children who are registered to receive the services in AWC. Delivery gap is the difference between the number of children who are registered to receive services and the number who actually receive the services. The required and actual number of AWCs (as on 2008-09) was found to be 73800 and 54700 respectively (state average 780/AWC) indicating a gap of 25.9 percent or 19100 AWCs. Karnataka state ranks 7th among the states with respect to infrastructure index¹⁴ of AWCs and is far behind the southern states of Tamil Nadu, Kerala, Maharashtra and Andhra Pradesh which occupy first four ranks respectively. Karnataka however stood first among the States with respect to performance of ICDS¹⁵.

During the 3rd phase expansion of ICDS (in 2008-09), GoI introduced Anganwadi on Demand (AOD) which approved the opening of 20000 AWCs in the country.

¹³ http://planningcommission.gov.in/reports/peoreport/peo/peo_icds_vol1.pdf

¹⁴ Infrastructure index is calculated by using data on 10+ indicators such as own buildings, availability of PSE kits, drinking water, toilet,etc

¹⁵ Performance index is calculated by using 7 indicators days of getting supplementary nutrition, % children of 12-23 months with full immunization, percentage of children between 3-6 who can write alphabets/words and etc

However only 2030 AWCs were requested by the states of which Karnataka state had requested only 232 AWCs.

The performance audit report indicated that the state had certified 100 percent SC/ST coverage without conducting the mapping of project areas to ensure the SC/St coverage. It also found that envisaged joint meeting of ICDS functionaries with NRHM functionaries at state level was not conducted during the period 2006-11. The audit also observed deficiencies in the maintenance of registers, reporting of number of beneficiaries and expenditure to GoI. The flexi fund (Rs. 12.57 crore) to be made available to the AWCs in the state was unutilized during the years 2009-10 and 2010-11.¹⁶

During 2012, Justice N. K Patil Committee looked into the various issues of malnutrition in the State and submitted a comprehensive master action plan report on prevention of malnutrition in the state to the Honorable High Court and directed the state Government to take immediate steps towards addressing malnutrition through ensuring proper services from Anganwadi centres. It is very important that the AWC has its own building for the purposes of storing the grains, cooking the food and serving it to children in a hygienic condition. Only 57 percent of AWCs have own buildings while 27 percent of the AWCs are run under trees, temple premises, godowns or panchayat buildings wherein there is no provision for proper delivery of services rendered by the AWCs. Facilities like drinking water and toilets are available only in 55 percent and 42 percent of AWCs respectively. Given that major health concern in children in the age of 0-6 years is diarrhea, the extent of AWCs to be covered with facilities of drinking water and toilets makes it a worrisome. Similarly the shortage of staff not only makes delivery of services difficult, but also affects their quality as well.

¹⁶ Performance Audit of ICDS Scheme page no169 (Annexures)

Table 1: Facilities in Anganwadi Centres in Karnataka (as on June 2012)

Facilities in AWC	Number	Percent
Total AWC	63377	--
Own building	36267	57.22
Rented	10225	16.13
Others	16885	26.64
Class rooms	50336	79.42
Rest room	80	0.13
Dining hall	443	0.70
Kitchen	31281	49.36
Store Room	26963	42.54
Toilet	26862	42.38
Electricity	2711	4.28
Playground	13723	21.65
Cooking on Gas stoves	19742	31.15
Water filters	34734	54.81

Source: Justice N K Patil Committee report, 2012

Table 2 - Shortage of Personnel looking after Anganwadi Centres in Karnataka

Personnel	Sanctioned	Filled	Vacant
Anganwadi supervisors	2402	1972	430 (18 percent)
Anganwadi workers	63377	61711	1666 (3 percent)
Anganwadi Helpers	60046	56601	3445 (6 percent)

Source: Justice N K Patil Committee report, 2012

The 29th Report tabled by Legislature Committee on Women and Child Welfare in legislature in December 2014¹⁷ also highlighted the deficits in the infrastructure of AWCs and urged for immediate attention by the State Government.

6. Analysis of Karnataka State Budget for ECCE (0-6 age group)

CBPS has done an analysis of the public expenditure on children in Karnataka. This study focuses on public expenditure on children (0-18 years of age) in Karnataka for the period 2001-02 to 2013-14. Budget documents, link documents (expenditure at ZP, TP and GP), expenditure incurred by societies implementing centrally sponsored flagship schemes viz. NRHM, SSA, RMSA were analyzed. The analysis included expenditure on children in the following sectors - education, health and nutrition, food security, age appropriate care including implementation of legal and institutional provisions. The public expenditure on children of 0-6 age group was analysed in more

¹⁷ <http://www.newindianexpress.com/states/karnataka/Infrastructure-Woes-in-Over-50pc-of-Anganwadis-Report/2014/12/11/article2565953.ece>

detail to understand its components. As much as 50 per cent of the total budgeted expenditure (in 2013-14) was spent on pre-school feeding, whereas health received a paltry 9 percent of total allocation (Table 3).

Table 3: Plan and Non-plan Expenditure on Children (0-6 age group) in Karnataka (Rs. in crore)

Years	Expenditure Heads								
	ICDS	Pre School Feeding	Health	NRHM	Plan	Pre School Feeding	Health	Non plan	Total Plan + Non Plan
2001	74	0	51	0	125	0	0	0	125
2002	89	0	56	0	145	0	0	0	145
2003	99	51	69	0	219	0	61	61	280
2004	137	39	66	0	242	66	24	90	332
2005	141	40	21	35	237	70	27	97	334
2006	185	105	8	52	350	130	17	147	497
2007	187	112	20	59	379	137	20	157	536
2008	222	114	16	85	437	142	23	165	602
2009	340	229	36	82	687	314	23	337	1024
2010	367	279	63	123	832	330	27	357	1189
2011	385	414	12	165	976	287	31	318	1293
2012 RE	590	376	78	188	1232	420	37	458	1690
2013 BE	681	688	201	189	1759	450	35	485	2244

The allocations for the year 2014-15 has increased to Rs. 2201 crore (details in Annexure 1) excluding NRHM component for the Children of 0-6 group. The allocation for the construction of AWCs has been reduced from Rs. 112 crore in 2013-14 to Rs.72 crore during 2014-15. Allocations for maintenance of AWC and preschool education have shown a marginal increase in 2014-15. Allocations for Bhagyalakshmi scheme has been reduced from Rs. 396 crore in 2013-14 to Rs. 251 crore in 2014-15.

The RFD of the Department of Women and Child Development indicates that 800 AWCs to be built in each of the years 2014-15 and 2015-16 which would also have electricity and cooking gas facility. About 1600 and 2000 AWCs are to be taken up for repairs and maintenance during the years 2014-15 and 2015-16. The estimated cost of construction of an AWC according to the specifications in a 1200 sq ft space is Rs. 11.95 lakhs and the cost of providing 800 AWC would require Rs. 95.6 crore.

Indicators of RCH and MCH in Karnataka

Reproductive Child Health (RCH) and Maternal Child Health (MCH) indicators for Karnataka state indicate that the performance of state is poor compared to the southern states (Table 4). The malnutrition among women and children which is considered to be the root cause for the poor indicators is being addressed through implementation of ICDS.

Table 4: Indicators of RCH and MCH in Karnataka

MCH and RCH indicators	Tamil Nadu	Kerala	Karnataka
Infant Mortality Rate (IMR)	21	12	31
Maternal Mortality Rate (MMR)	90	66	144
Neo Natal Mortality Rate	15	7	23
Under 5 Mortality Rate	24	13	37
Percent of children malnourished (moderate + severe) (2011)	35.22	36.94	40.5
Mothers who had ANC in I trimester (percent)	91.87	81.03	71.24
Mothers who had 3 or more ANC (percent)	98.99	88.9	97.29
48 hrs stay post delivery (percent)	57.88	101.07	81.16
Mothers who received post natal care within 2 weeks of delivery (percent)	61.76	128.34	86.93
PNC checkup within 48 hrs of delivery (percent)	57.95	101.26	81.98
Children under 3 years breastfed within one hour of birth (percent)	77.5	65.3	46.9
Children aged 0-5 months exclusively breastfed (percent)	64	69.1	68.2
Children 6-35 months exclusively breastfed for 6 months (percent)	22.4	22.3	38.3
Children age 6-9 months receiving solid/semi solid and breast milk (percent)	63	84.6	64.3

Table 5: Share of public expenditure on children by different age groups (in percent)

Age Group	Percent of Child Population	Average share of expenditure *
0-6 years	32	8
6-14 years	45	52
14-18 years	23	26
Multiple age groups below 18		13
Total	100	100

* For the years 2001-02 to 2012-13

Source: Public Expenditure on Children in Karnataka – 2014, CBPS

Given their share in the total child population as well as the relatively poor outcome indicators of reproductive and maternal child health in the state, it is clear that the Government of Karnataka needs to undertake urgent steps to increase the allocation and expenditure on children of this age group. The allocation and expenditures are to be directed at improvement in the quality of services rendered by AWCs and more effective implementation of ICDS.

7. Consultations with the Civil Society Organizations working with children

CBPS organized a consultation workshop with organizations¹⁸ working on various issues of children to sharpen the focus on the needs of 0-6 children – specifically the issues relating to AWCs. The discussions were wide ranging and provided some useful insights.

7. Issues and Problems

Poor infrastructure of AWCs

Many AWCs functioning from rented premises or other places such as godowns, temple courtyards, panchayat offices, etc which are not quite suitable for the purpose. Such AWCs are unable to provide good quality and adequate services.

AWCs in rented premises face severe constraints as the rent offered for AWCs is a paltry Rs. 750 in rural areas while it is Rs 3000 in urban areas and Rs. 5000 in BBMP limits. It has become very difficult to get rented building for AWCs at Rs. 750 even in rural areas¹⁹; and one can imagine the difficulties in finding space for AWCs in BBMP limits at a rent of Rs 5000 per month. Obtaining rent fixation certificate from public works department could be a long grind as certificate is issued only after checking documents relating to ownership, tax payment and ascertaining availability of toilet, electricity and water supply. Policy on urban planning has completely ignored the needs of 0-6 children as it does not take cognizance of the needs of this group e.g. AWCs and playgrounds.

Database indicating the facilities in AWCs, coverage and deficits is also lacking.

Poor implementation of labor laws

Despite labour laws making it mandatory for establishing a crèche in workplaces for children where 50 or more women work, this is not being followed. Government of Karnataka (Labour Department) has issued an order dated 23 October 2014 which requires the contractors engaging workers to make arrangement for sending their children of school going age to nearest school. Even this order is not being implemented.

¹⁸ Child Rights and You (CRY), Save the Children, BREADS (*Bangalore Rural Educational And Development Society*), BOSCO (Bangalore Oniyavara Seva Coota), CIVIC (Citizens' Voluntary Initiative for the City), etc. participated in the workshop held on 30 December 2014

¹⁹ <http://kannadigaworld.com/news/karnataka/44545.html>

Poor status of Anganwadi Workers and Helpers

Anganwadi Workers and Anganwadi Helpers form the backbone of ECCE as they are finally responsible for delivery of all services – be it nutrition, health or pre-school education. Delays in payment of honorariums to AWW and AWHs and delays in disbursement of contingency funds have rendered the delivery of AWCs services difficult. It forces AWWs to spend from their pockets and wait for the reimbursement (especially to cater to referral services for severe and acute malnutrition children). Also, capacity building of the AWWs and AWHs by National Institute of Public Co-operation and Child Development (NIPCCD) does not cater to the growing needs of AWCs.

Extension of Anganwadis to Day care centres

As AWCs are open for only 4-6 hours, this forces elder female child to stay home to look after the siblings in the event of both the parents working for making a living. It is important to extend the working of AWCs to whole day to ensure higher enrolment and retention of children in schools.

Fragmentation of program and budget

Institutionally, there is a disconnect between Women and Child Development Department and BBMP. The resources flow from different departments (health, WCD, Urban Development, etc.). The fragmentation of programme thus does not facilitate building a common and shared vision for 0-6 age group.

Varying criteria of eligibility

Different programmes define eligibility criteria differently. The definition of poverty (one of the conditions for eligibility) is different under different programmes. So also the requirements of documents to be furnished. Many a time, the eligible beneficiaries are denied the benefits due to poor maintenance of records and lack of coordination between AWWs and ASHA/ANMs. Bhaghya Lakshmi scheme is a case in point.

Problems of North (Hyderabad) Karnataka

The quality of food provided under supplementary nutrition programme (SNP) of ICDS is very poor especially in North Karnataka. Lack of drinking water facilities forms the main cause for diarrhea which further worsens the malnutrition among the children.

Infrastructure is rather poor. Many AWCs are located in open spaces / under trees. Boys / Girls Homes are not functional as well. Child labour and child marriages are rampant. Migration from these districts to Bangalore is also very high.

Other issues

The pre-school education (chili-pili) is largely need based and does not address the needs comprehensively. It has to get integrated to (Nali-kali) for better results.

Early Childhood Care programme completely ignores the needs of Special Needs Children. Allocation for foster care / institutional care is also going down.

8. Charter of Demands for improving AWCs and ECCE

The revised ICDS under mission mode offers an excellent opportunity for the State Government to act upon various issues of AWCs to address the malnutrition and poor state of RCH and MCH indicators in the State. The Government of Karnataka has taken up initiative to improve ICDS, reduce malnutrition, and pre-school education (PSE) by forging ties with organizations working with children and also by partnerships and the experiences can be used for addressing ECCE in a comprehensive manner. The draft of Karnataka State Policy for Children 2014 is being circulated (December 2014) and is about to be finalized which looks into child from 0-18 years of age continuum.

Improvement of ECCE requires interventions at three levels viz. at resources level, at implementation level and at policy level.

A. Enhanced Resources

Anganwadi Centres being the principal vehicle for implementation of ICDS, they need to be urgently strengthened. Enhanced resources are required primarily for improving the infrastructure i.e. building more AWCs, equipping the existing ones with required facilities such as toilets, kitchens, etc. There is also a need to increase allocation to recurrent expenditure such as compensation to AWWs / AWHs and contingent expenditure. The recurring costs would also increase significantly owing to the increased cost as per revised nutrition norms and honorarium to AWWs.

An attempt has been made to arrive at the requirement of capital investment for setting up of additional AWCs in the State as per the estimations done in the ICDS programme evaluation report 2011. The estimates are also done for the deficits in AWC facilities by considering the existing facilities. The following assumptions have been while calculating the required investment:

- a. The required land for the construction of the AWCs will be provided by the State/local Governments.
- b. Contribution from GOI that for construction of AWC and upgrading AWCs has been worked out as per Government of India's revised scheme of Implementation

of ICDS in Mission Mode²⁰ with revised the norms which include the financial support by GOI (Sharing in the ratio 75:25 between centre and states) for construction of AWC building @ Rs 4.5 lakh per AWC, maintenance of AWC building @ Rs. 1 lakh per AWC and Rs. 28000 per AWC cum crèche as Annual untied Fund.

- c. The construction of AWCs and upgrading of AWCs would also result in savings in terms of rent payment.

It is estimated that an amount of Rs. 4530 crore is required as a capital investment at the minimum to ensure the adequate reach and effective functioning of AWCs. With GOI contribution and savings summing up to Rs. 1650 crore, the capital requirement reduces from Rs. 4530 crore to **Rs. 2880 crore**²¹. (Please see Tables 6 and 7 below). This might be further marginally reduced if some of the government schools which are on the verge of closure (especially in BBMP limits) are used to run AWCs.

Table 6: Rough Estimates of the requirement of capital investment for AWCs

Additional AWCs	Estimation of the Deficit			Cost of making up the deficit	
	AWCs required	AWCs existing	Gap	Unit cost (Rs. In lakh)	Total cost (Rs. In lakh)
	²² 73800	64518	9282	11.95	110920

Construction of own building	Total AWCs	In own building	Gap	Unit cost (Rs. In lakh)	Total cost (Rs. In lakh)
	64518	37849	26669	11.95	318695

Facilities	Total AWCs	With the facility	Gap	Unit cost (Rs. In lakh)	Total cost (Rs. In lakh)
Kitchen	64518	31281	33237	0.10	3324
Store room	64518	26963	37555	0.10	3756
Toilet	64518	26862	37656	0.15	5648
Gas stoves with LPG connection	64518	19742	44776	0.10	4478
Electricity	64518	2711	61807	0.10	6181
Total					23387

Total cost					453002
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²⁰ http://wcd.nic.in/icdsimg/icds_english_03-12-2013.pdf. See Annexure XVIII page 110-112

²¹ A finer estimate can be arrived at using the updated information on AWCs and revised norms of ICDS.

²² As estimated in ICDS Evaluation report http://planningcommission.gov.in/reports/peoreport/peo/peo_icds_vol1.pdf.

Table 7: Financial Support from GOI and savings in rent (Rs. in lakhs)

Infrastructure	Unit cost (Rs)	Share(GOI/State)	GOI share (Rs in lakh)
Own Buildings to be built (73800-37849) 35951	450000	75/25	121335
Maintenance of own buildings (37849)	2000	75/25	568
Upgrading existing AWC (37849)	100000	75/25	28387
Untied fund for AWC cum crèche (per annum)	28000	75/25	13549
Total			163838
Add rent saved per annum²³			1252
Total			165090

Some Suggestions for Resource Mobilization

The advocacy to enhance spending on ECCE does not imply that the resources for this be found by cutting expenditure on some other program. We think that additional resources should be found for this very important programme and the following could be considered:

- a. Surcharge/cess for funding the needs of ECCE.
- b. All private health and educational institutions are generally registered as not for profit societies or trusts. However, it is a well known fact that many of them run completely on commercial principles. It is time to bring these under the purview of some tax regime. To begin with removal of tax exemption status for these could be considered by taking it up with GOI.
- c. A nominal annual tax for vehicles (progressive - higher for big cars) may be considered.
- d. Building and Construction Workers Welfare Fund has about Rs 3000 crore, a part of which can be used to set up AWCs cum crèche in various parts of Bengaluru city and other urban areas to cater to the needs of children of workers involved in building and construction activity.
- e. Many infrastructure projects incur heavy cost overruns. Achieving greater efficiency in their management could result in substantial savings to fund the above.

B. Improved implementation

- a. Enforce labour laws effectively in order that children of workers engaged in construction activities, quarries, etc. are taken due care.

²³ Rent saved as a result of construction of buildings for AWC. For detailed calculation see Annexure 3

C. Policy Related Interventions

- a. Extend the timing of Anganwadi Centres so that they function as Day Care Centres in order to facilitate working parents leave their children for the entire day without having to keep one elder child (generally the girl child) at home to attend to them. This would improve enrolment of girls.
- b. Rationalize the eligibility criteria for all benefit-oriented programmes. Adopt uniform criteria for all programmes and simplify the documentation.
- c. Anganwadi Centres are at the core of the ECCE and there is need for repositioning them as ECD centres which would be one delivery point that would provide both the RCH and MCH services of Health department as well as the pre-school education of the Education department. This could be the point where the ASHA and AWW would come together to provide services of both Health and WCD departments. (Reports of committee for restructuring the ICDS, CAG performance audit of ICDS will be very useful in the matter)
- d. Bring AWC / ECD centre under the supervision of Gram Panchayat / Municipality. This would help in efficient monitoring, improving accountability, also use of local resources (grains, vegetables, etc.) for better nutrition²⁴ and effective community engagement. Some local NGOs could be co-opted as members.
- e. The programme for preparing children of 4-6 years could be brought under education department (within the ambit of RTE) with 0-3 years being handled by WCD. The discussions highlighted urgent need for looking into the issues of AWCs and transforming them into vibrant Early Childhood Development (ECD) centres by integrating it with school education.
- f. Services to the 0-6 age group children are delivered by Health, Women and Child Development, Education (pre-schooling) and RDPR (Nutrition Mission is under Karnataka Livelihood Promotion Society under RDPR). Similarly, convergence between urban local bodies (such as BBMP) and line departments of government is required. There is need for some institutional mechanism to bring convergence among these various departments.
- g. Urban Development Department should ensure that provision is made for Anganwadi and Day Care Centres while making city and town master plans/
- h. A stock taking exercise of the AWCs regarding the facilities available and services provided by them along with the target beneficiaries to arrive at the deficits in terms of facilities and services. Creation and maintaining credible

²⁴ It has been felt that Anna Bhaghya is encouraging disproportionate consumption of cereals and that there is a need to include pulses, oil, vegetables, etc. in the diet for wholesome nutrition of children.

database becomes the first step. This will help in planning for the investments for children of 0-6 age group through AWC.

D. Some suggestions for budgetary practices

The issue of ECCE discussed above illustrates quite convincingly the need for two important reforms in budgetary practices – a) the need for programme budgeting; and b) a multi-year perspective.

ECCE should be seen as a programme with a set of common goals / objectives (outcomes) such as:

- a. Lowering Infant Mortality;
- b. Improving Nutritional Status of Children under the age of 6 years;
- c. Higher enrolment and retention of children in primary schools;
- d. Better socially adjusted, healthy and productive youth; and so on.

Over a period of time, a suitable organization structure could be created to compliment the programme delivery.

Budgeting in India has been largely incremental line item oriented. What this exercise also underlines is the need for multi-year perspective. The investment of Rs 2880 crore could be provided over a period of three to four years. There must be a commitment to provide resources over the period.

Annexure - 1

Budgetary Allocations for Children (0-6) for the year 2014-15 (Rs. In lakhs)

0-6 years		2013-14	2014-15
2210-6-101-7-16	Uterus Diseases	50	50
2211-0-103-0-11	Honararium to Anganawadi Workers & ASHA	30	2561
2211-0-103-0-5	Women Health Care	2509.27	16.05
2211-0-103-0-73	Health Kits for New mothers	131.97	0
2211-0-3-0-2	Training of Auxiliary Nurses, Midwives, Dadis and Lady Health Visitors	1334.01	1666.02
2230-1-103-1-1	Janashri Bima Yojana to Unorganised Workers	0	0
2235-2-102-0-4	CSS(100 percent) of Integrated Child Development Service	2204	1671.74
2235-2-102-0-5	CSS(100 percent) - Training of Anganwadi Workers & Helpers	600	2142.63
2235-60-800-2-8	New Pension System for Anganawadi Workers	1331.4	1500
4235-2-102-1-01	Construction of Anganwadi Buildings	8200	4195
4235-2-102-1-02	Construction of Anganwadi BuildingsSDP	3000	3000
2210-3-101-0-71	Strengthening of PHUs - Maternity Homes		
2211-0-105-7-0	Supply of Drugs under Family Welfare and Pulse Polio Immunisation		
2225-1-102-0-71	Nursery-cum-Women Welfare Centres		
2235-2-102-0-55	Centrally Sponsored Scheme of Integrated Child Development Service		
2235-2-102-0-56	ICDS-District Cell		
2235-2-102-0-73	Creches for Children of Working Women		
2235-2-102-0-79	Maintenance of Anganwadi Buildings		
2236-2-101-0-51	Pre-School Children Feeding Programme		
2202-0-101-0-65	Pre - Elementary Schools	855.33	926.19
2210-0-101-0-62	Strengthening of PHCs - Maternity Homes	1460.33	1142.47
2210-0-106-0-53	Supply of Drugs and Syringes and Pulse Polio Immunisation	63.39	478.59
2211-0-102-0-02	ICDS-District Cell	1081.94	1208.17
2211-0-102-0-22	Centrally Sponsored Scheme of Integrated Child Development Service	67040.06	69516.27
2211-0-102-0-61	Maintenance of Anganwadi Buildings	1649.90	1932.68
2211-0-102-0-63	Creches for Children of Working Women	75.76	60.81
2225-0-101-0-75	Nursery-cum-Women Welfare Centres	136.305	264.17
2235-0-101-0-61	Pre-School Children Feeding Programme	113825	127862.69
	Total	205578.67	220194.48
	NRHM	18866.29	27288.00
	Total Expenditure	224444.95	247482.48

Annexure - 2**Annexure 2: Savings in the form of Rent payment to AWCs**

Rent	No	Rent (pm)	Total Amount
No of Rented buildings	11130		
Bengaluru	490	5000	29400000
Others	10640	750	95760000
Total			125160000
Total (Rs. In lakhs)			1252