A short note on Continuum of Maternal and Early Childhood care (0-6 years)

Submitted to the Ministry of Finance, Government of India
December 2015

A. Context of the problem

India is looking at a future with tens of millions of children who have poor cognitive development. Children in this country are growing up with a nutritional deficit that starts with insufficient breastfeeding and early childcare and ends with malnourishment by age of six. In fact, Coffey and Spears (2014) have warned '*profound deficits in early-life health and net nutrition are particularly important factors shaping the distribution of human capital in India*'[i].

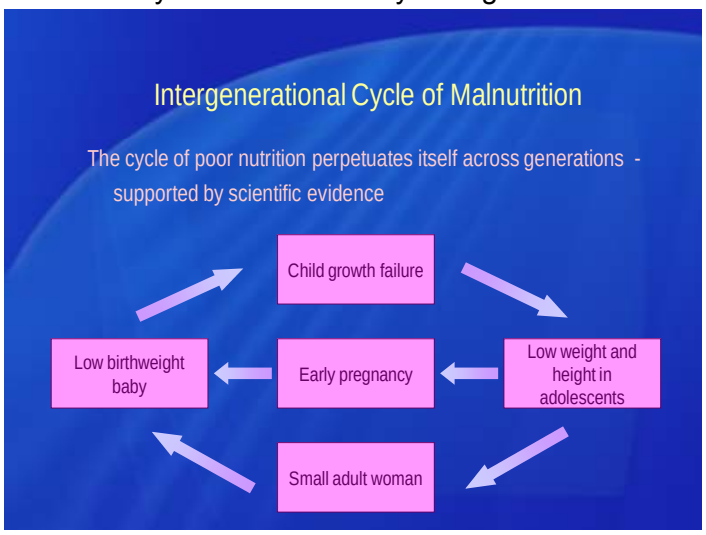
- Children under 6 years of age in India – **158.7 million;** which is **13.12%** of the total population[ii] out of which **48%** children are covered under ICDS i.e. **75.7 million**[iii]
- In 2010, **43%**of India's children under five were underweight and **48%** were stunted and **69%** were anaemic[iv]

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

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

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

Essentially we have a vicious cycle as indicated by the figure below-



Compounding the problem is the high level of out-of-pocket expenditure incurred during maternity as the recent NSSO data[viii] (71st Round, 2015) shows: an average of ₹5544 was

spent per childbirth (as inpatient in public or private hospitals) in rural area and ₹11685 in urban area. Despite cashless coverage of maternity through the JSSK (*Janani Sishu Suraksha Karyakram*), poor families are routinely forced to spend scarce resources on hospital childbirth, pushing them into debt and further reducing nutritional intake of breastfeeding women.

B. What is the existing legal and policy framework?

- India has a Maternity Benefit Act (1961) to which the Ministry of Labour is proposing revisions. But these benefits accrue only to a miniscule percentage of women who work within the formal sector or in government jobs. The remainder which is about 96% women are working in the informal sector[ix], not covered by any labour welfare measures like wage protection for maternity leave. A recent McKinsey report[x] points out the gender gap in employment is also exacerbated by unfair conditions for working women who become pregnant.
- The National Food Security Act (2013) recognizes that nutrition of pregnant and lactating women and exclusive breastfeeding upto 6 months is critical, and provides not only supplementary nutrition through ICDS but also a universal minimum maternity benefit allowance of at least Rs 6000 'according to schemes of the Central Government' (NFSA 2013).

Some state governments have ongoing schemes such as Odisha, Tamil Nadu, and Gujarat[xi]. At present however the GOI has no Central schemes except for a pilot phase of the IGMSY[xii] which is being implemented in 53 districts all over the country through the ICDS system, and **disqualifies women** who have had more than two children or are less than 19 years of age. Effectively this MoWCD rule[xiii] deprives women of the poorest wealth quintile, those with least education, and women from the Scheduled Castes and Tribes, as these social groups are most likely to have more than two children[xiv]. In this way the entire purpose of promoting maternal and child health among the marginalized and vulnerable groups is being lost.

The NFSA also includes provisions for food security but they are limited to cereals only, and fail to supplement protein and energy content through pulses and edible oils which are essential for poor, tribal or *Dalit* women, especially those who are pregnant or lactating.

- The Integrated Child Development Services schemes (ICDS) is one of the largest of its kind in the world, where centres are run for four hours each day in the community and provide nutrition as well as some child development inputs to the children. However in some states it has been plagued by poor implementation resulting from inadequate supervision and monitoring.

While the ICDS does have the potential to enable supplementary nutrition to be provided to all adolescents, pregnant and lactating women, it may not be able to handle the special needs of malnourished children. There are however promising practices of how this may be done through community engagement (such as women's self-help groups) that ensures better child feeding and caring practices and delivery of public health and nutrition services[xv].

- In addition the government has also set up a Nutrition Mission, has a Nutrition Policy in place and formulated an Early Childhood Care and Education policy with the support of UNICEF

C. Key concerns about budget:

Reduced allocations for all programmes related to maternal entitlements, even after the supplementary budget additions, except IGMSY; however the IGMSY outlay is inadequate to ensure universal maternity benefits for all districts.

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

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

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

D. Policy and budgetary asks:

1. Implementation of the NFSA 2013, within which
   - The IGMSY (or its alternative Central Schemes) to be up-scaled from the pilot phase into **at least 200 high-priority districts** especially including those with a larger proportion of tribal (ST) population.
   - The Public Distribution System to include subsidised pulses and oils.
2. Maternity entitlements in all sectors to be **universal and unconditional**, and wage compensation provided from three months before childbirth to six months after
3. **Creche** and breastfeeding facilities at every workplace made mandatory to ensure women can continue to work and care for the infant
4. The ICDS to be urgently strengthened as a support system for early childhood care and nutrition, with **more community involvement** as well as stronger supervision and monitoring to prevent leakages and enhance quality of services for children.
5. **Adolescent nutrition** schemes like SABLA to be scaled up and combined with health education and empowerment for all-round development of girls

Prepared by: National Alliance for Maternal Health and Human Rights (NAMHHR) In collaboration with the
- **Secretariat of the Alliance for Early Childhood Development (ECD)**
- **Centre for Budget and Governance Accountability (CBGA)**
- **Working Group for Children under six (WGCU6) of the Right to Food Campaign and Jan Swasthya Abhiyan**

Endnotes

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

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

[iii] ibid

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

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

[vi] Ibid

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

[viii] **National Sample Survey Office (2015)** Ministry of Statistics and Programme Implementation, Key Indicators of Social Consumption in India- Health, NSS 71st Round Jan-June 2014, Government of India June 2015

[ix] As per reports of the **NCEUS, 2007** (National Commission for Enterprises in the Unorganized and Informal Sector (www.nceuis.nic.in)

[x] **McKinsey Global Institute** (2015) *The Power of Parity: How equality for women could drive $12 trillion in global growth* accessed from *http://www.mckinsey.com/insights/growth/the_power_of_parity_advancing_womens_equality_in_india*

[xi] Mamata Scheme in Odisha was begun in 2011 to provide Rs 5000 for women with two children or less; Dr. Muthalakshmi Reddy Scheme in Tamil Nadu provides Rs 12,000 conditional upon institutional delivery and in Gujarat the Kasturba Poshan Sahay Yojna provides Rs 6000.

[xii] Indira Gandhi Matritva Suraksha Yojana (Maternity Protection Scheme) which gives Rs 6000 in two instalments to women of 53 districts [as per letter from **Ministry of Women & Child Development** dated 27 Sept 2013, F.No.905/2010-IGMSY]

[xiii] Ironically, the 'small family' insistence has been given up by the **Ministry of Health and Family Welfare,** which has already removed all disqualifications related to number of children from its JSY scheme for maternal entitlements, the *Janani Suraksha Karyakram* [as per letter from MoHFW dated 13 May 2013 No.Z 14018/1/2012-JSY

[xiv] **Lingam and Yelamanchili** (2011), Reproductive Rights and Exclusionary Wrongs: Maternity Benefits in Economic & Political Weekly, Vol - XLVI No. 43, October 22, 2011 : *Women contribute to the economy with their unpaid labour as well as social reproduction work but maternity protection in India is sector-specific and employer-employee centric. It thus leaves out the large majority of women in the unorganised sector. A new scheme such as the Indira Gandhi Matritva Sahyog Yojana which is being piloted in 52 districts implicitly recognises the need to compensate for wage loss due to maternity and provide support for the mother and child's nutrition. However, a series of exclusionary clauses mar the objectives of the scheme. This paper attempts to demonstrate the misguided "targeting" of this scheme.*

[xv] **Sinha D and Prasad V,** *Potentials, Experiences and Outcomes of a Comprehensive Community Based Programme to Address Malnutrition in Tribal India* in International Journal of Child Health and Nutrition, 2015, 4, (pp151-162) shows the impact of community based interventions in combating malnutrition. The key components of the programme analysed include child care through crèches, community mobilisation and systems strengthening to ensure better child feeding and caring practices and delivery of public health and nutrition services: '*This study suggests that this medium term strategy using a rights-based participatory approach for community based management of malnutrition may be comparatively effective by current WHO guidelines and other known community based interventions in terms of mortality, cost, degree and pace of improvements*.'