

Trends and Composition of Pre-School Education of ICDS in India: A State-wise Analysis

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Abstract: There is a strong evidence that the care a child enjoys in his/her early years in both qualitative and quantitative terms would have a positive impact on his/her brain development. Considering the significance of early years for the holistic development of children, Pre-School Education (PSE) to children of the age group of 3-6 years has been imparted through Integrated Child Development Services (ICDS) scheme in India. Non-formal PSE is treated as one of the key elements of the package of services envisaged under ICDS scheme as it lays foundation for adequate physical, social and cognitive development of children. It aids children in achieving improved results in both primary education and later learning stages. With this background, the present study makes a modest attempt to understand the genesis and development of PSE in India. Further, it throws light into different policies supporting PSE in the country. It concludes with a state-wise analysis of the functioning of PSE component of ICDS in the context of India.

1. Introduction

Over the past decades, countries have put several efforts on multiple indicators of development to ensure socio-economic advancements (Paltasingh and Satapathy, 2021). Educational attainment of the people is considered to be one of the key constituents of development (Barro and Lee, 2001). Several theoretical arguments and empirical studies made at international, national and regional level entails the importance of education for economic growth and development (Becker, 1962; Schultz, 1961). However, very few studies are focused on the PSE across the nations despite of its profound significance. In fact, the strength of a nation lies in having healthy, protected, educated and well-behaved children who are considered as the future assets of the nation. During the early years, brain development of a child occurs in a rapid manner. Hence, proper care should be taken by providing

Early Childhood Care and Education (ECCE) keeping in mind the overall development of a child. Heckman *et al.*, (2010) has noted that, investing in PSE offers the most cost-effective returns compared to investing in later phases of life. That is because the pre-school enrollment improves enrollment in subsequent learning (Hazarika and Vijoya, 2013; DeCicca and Smith, 2013). Therefore, there is a great importance of proper care and education in early years for the holistic development of children. Research studies across different disciplines state that, the period of 3-6 years of a child is more critical for his/her overall development, but a little emphasis has been given to this aspect in our educational system (Kaul *et al.*, 2015). In low income or developing countries like India, it is found that only one in every five children has access to PSE (UNESCO, 2019). Further, PSE is the weakest component in both rural and urban area (Somaioh and Vijayalakshmi, 2007). Lack of skill and expertise among the anganwadi workers (AWWs) fails to motivate mothers to send their children to AWCs. It is evident that, AWWs are overburdened with myriad of responsibilities at micro level which leads to inadequate focus on PSE (Bhatnagar and Bhadra, 2015). Proper PSE as well as appropriate parenting during the early years is highly relevant for the overall development of a child (Allen, 2012). Considering the significance of PSE, the Sustainable Development Goals (SDGs) of the United Nations (UN) aims for all boys and girls to have access to high-quality early childhood development, care, and education within the first three years of life so that they are prepared for primary school (UNESCO, 2019).

The ICDS programme in India has been instituted to provide students with PSE. One of the most crucial elements of the ICDS is thought to be the non-formal PSE, which lays foundation for adequate physical, social and cognitive development of children (Jacinta, 2015). It helps children performing better in both primary education and later learning phases. The ICDS offers early childhood education and care through non-formal PSE to children along with nutritional support as well as growth monitoring (Ghosh and Dey, 2020). The performance of ICDS is commendable for its supplementary nutrition and immunization in the country, but is being criticized for its quality and method (Prochner, 2002; Somaioh and Vijayalakshmi, 2007). So, proper evaluation of the performance of PSE of ICDS in India and addressing the challenges are the need of the hour. In this backdrop, the present paper makes a modest attempt to understand the genesis and development of PSE in India. Further, it throws light into different policies supporting PSE in the country. It concludes with a state-wise analysis of the functioning of PSE component of ICDS in the context of India. The subsequent part of the manuscript is organised as follows; Section-2 presents theoretical insights on PSE and human capital formation. Section-3 provides an idea about the data and methodology used in the present study. Section-4 describes ICDS and provision of PSE with a focus on objectives, significance and policies supporting PSE in India. Section-5 analyses state-wise analysis of the performance of PSE in India. Section-6 offers conclusion. Section-7 and 8 deals with critical appraisal and suggestive measures respectively.

2. Pre-School Education and Human Capital Formation: Theoretical Overview

The Oxford Dictionary defines human capital as, “the skills the labor force possesses and is regarded as a resource or an asset”. According to Goldin (2014), “human capital is the stock of productive skills,

talent, health and expertise of the labor force as physical capital is the stock of plants, machine, equipment and tools". Education, training, and health investments in people have the potential to boost their productivity (Chalil, 2021; Goldin, 2014). This study is supported by the human capital theory based upon the work of Schultz (1961) and Becker (1962). According to this theory, individual, society, and government should invest in education for future benefits. Traditionally, economic growth of a nation was attributed to land, labor, and capital but Schultz argued that growth in output could only be explained by human capital investment in terms of formal education, skill development, and improved health facilities. Prior to 1960, education was regarded more as consumption than investment. Later, on the high rate of return on education than the cost of investment made the case of equal opportunities for all to learn. Investment in human in the form of job training, skill promotion, and improving knowledge increases the national output as educated people are more productive and achievement oriented and can easily cope with any type of structural changes. Thus education is one of the forms of human capital and fairness in its provision is very much necessary for the development of a nation. Since PSE is regarded as the foundation of basic education in the academic life of a child, equal access to quality PSE will influence economic growth and poverty reduction. PSE helps more parents to join the workforce and increases their productivity, which fosters economic growth. It has also been discovered that investing in disadvantaged children's early years fosters equality and economic efficiency (MacEwan, 2013). Meier (1999) asserts that the most crucial element influencing economic development and income distribution is education. Government involvement in education is primarily motivated by three factors: the poverty trap, internalising positive externality, and avoiding information asymmetry.

According to Barnett (2008), PSE has some advantages for kids that can be attributed to academic achievement, economic output, and lower government spending. Additionally, it lowers the need for special education, grade repetition, and dropout rates among elementary school students and aids in obtaining high test scores. He claims that, this programme aids in boosting participation in follow-up education while also lowering crime, delinquency, and behavioural issues. PSE has a positive indirect effect on the economy, jobs, earnings, and national welfare (Pandey, 1991; Nores and Barnett, 2013).

3. Data and Methodology

The present research has been carried out through Systematic Review of the Literatures (SLR). A SLR approach is typically used to summarise the body of research that is currently available, find research gaps, and explain the body of knowledge that is currently available (Satapathy and Paltasingh, 2022). The authors focused on the PSE component of ICDS while reviewing a number of articles from national and international journals, as well as reports from various organisations. This section gives emphasis on the variables included in the study and the sources from which relevant data have been collected. All the required informations have been collected from secondary sources. The variables included in the present work are number of centres providing PSE as well as number of children enrolled in PSE under different schemes in India, state-wise number of operational ICDS projects, state-wise number of operational AWCs, number of PSE beneficiaries per AWCs, state-wise change in PSE and Supplementary Nutrition Programme (SNP) beneficiaries from 2014-19, and state-wise

honorarium paid to AWWs in India. Growth rate is calculated for allocation of funds for ICDS and Ministry of Women and Child Development (MWCD) by gathering the relevant data from various issues of policy briefs of ICDS, Government of India (GoI). Relevant information has been gathered from web portals and reports of Centre for Budget and Policy Studies, various issues of policy briefs on ICDS, Centre for Policy Research, GoI, various status reports of ICDS, and ICDS annexures for the year 2017-18, MWCD, GoI. As there is no consistency in the available data, authors could not use any econometrics method to study the impact of these variables on one another. The authors have analysed the available information through table and diagrammatic presentation of data. To accomplish the goals of the present research, every piece of data has undergone a thorough analysis. Further, the current work has adopted descriptive research design. Now it is pertinent to delve into the history of PSE in India for better conceptual understanding.

4. Pre-School Education and its History: The Indian Scenario

PSE includes all types of development, care, educational programmes, and institutional arrangements meant for young children before they enter into primary education (Paul, 2015). The periods (0-2) years, (2-3) years, and (3-6) years; all may be regarded together as the pre-school period. Even though ECCE and PSE are very often used interchangeably, the former is broader in scope in terms of variety of programmes, types of institutional settings, and group of children covered. The institutional settings for PSE vary widely across the world.

Family as an institution always gives significant attention and care to the children since time immemorial. Childhood is regarded as a distinct and enjoyable period of an individual's life for which numerous occasions are observed to mark the importance of this period. These occasions include naming ceremony of a child, the day of first intake of solid food, birthday ceremony, and the first day of formal education of a child. In India informal education was culture based; it was vested under the responsibility of elder family members through dance, song, play, and regular talks in a natural environment. However, due to the growing demand for an industrialised nation, a systematic, structured, and well planned child-rearing programme has been required (Pattnaik, 1996).

Universal PSE is a recent development in Indian history which has its origin during the 19th century. Education was previously only available to male members of upper caste community. The prevalence of mass illiteracy among low caste children, particularly among female children, had a growing impact on the unequal distribution of educational opportunities among the population (Pattnaik, 1996). Gandhian educational philosophy, which was first presented in 1937, emphasised the need for a systematic strategy to educating children from all social groups (Pattnaik, 1996). Further, Maria Montessori's visit to India in 1939 posed a constructive impact on PSE. Later, PSE drew the attention of different important committees and commissions in India after independence. The committee on PSE was suggested adding pre-primary classes to India's existing primary schools in 1953 after identifying the disadvantages of leaving all responsibility with parents. A complete reorganisation of pre-school educational philosophy and principles was advised by the "Committee on Child Care" (1963-1964) in order to introduce programmes that would meet the requirements of the Indian society. India's "Kothari Commission" proposed the establishment of state-level pre-primary education facilities in 1964. After

ten years, the “National Policy for Children” (NPC) (1974) declared that ECCE to provide all children in India with both care and instruction, particularly those who were first-generation school-goers. ECCE was regarded as a strengthening element for achieving the objectives of compulsory primary education as well as for human resource development in general, according to the “National Policy on Education” (NPE) (1986). With these progressive circumstances, the need for a mechanism was felt increasingly which resulted into the introduction of ICDS in 1975.

4.1. ICDS and Pre-School Education: Objectives, Significance and Policies

PSE is primarily provided in India through three channels i.e. private, state, and Non-Governmental Organisations (NGOs). Government-sponsored programmes are primarily targeted at underprivileged groups, particularly those in rural regions. The largest provider of PSE is ICDS, one of the largest centrally sponsored schemes serving children below 6 years. The services of ICDS are imparted through a network of AWCs with the active support of World Food Programme (WFP), CARE, World Bank, and United Nations International Children’s Emergency Fund (UNICEF). This is the only scheme which caters the needs of children belonging to lower socio-economic background as the fee structure is almost zero and it provides incentives through supplementary nutrition to attend AWCs regularly. Besides ICDS, early period care and education is also provided through other schemes like “Sarva Shiksha Abhiyan” (SSA) and “Rajiv Gandhi National Creche Scheme” (RGNCS) for working mothers. However, they have very insignificant coverage in terms of number of children as well as centres (Paul, 2015).

Alternatively, there exists private provision of PSE which is completely unregulated and supported by high tuition fees. The absence formal and of any regulatory framework and guidelines by the government makes the curriculum more academically oriented (Ghosh and Dey, 2020). However, private PSE is gaining popularity among parents and expanding its coverage in rural as well as tribal areas too. Some of these pre-schools serve as “teaching shops” that disregard children’s developmental requirements, while in other instances, the quality provided may be detrimental to children’s development and even be referred to as “mis-education” (Kaul *et al.*, 2015). In addition to private provision, NGOs are also playing an important role in imparting PSE to children. They mainly focus on underprivileged groups including tribals, migrant laborers, different religious communities as well as rural inhabitants.

Table 1: Coverage of PSE Provision in India

| <i>Programmes</i> | <i>No. of centres in millions</i> | <i>No. of children in millions</i> |
|---|---------------------------------------|--|
| Integrated Child Development Services (ICDS) Scheme | 1.08 | 72 |
| Rajiv Gandhi National Creche Scheme (RGNCS) for working mothers | 0.03 | 0.80 |
| Pre-primary sections attached with primary schools | 0.04 | 0.02 |
| Sarva Shiksha Abhiyan (SSA) | 0.08 | 0.50 |
| Non-Government Organizations (NGOs) services for ECCE | NA | NA |
| Private initiatives | 0.22 | 10 |

Source: Kaul *et al.*, 2015

Table 1 narrates the coverage of PSE provision in India. Almost all villages in India is having an AWC which caters the early learning needs of 3-6 years children. The second-largest provider of PSE, which is gradually expanding its reach not only in urban but also in rural and tribal areas, is the private sector. All other schemes have very negligible coverage in terms of PSE in India.

The ICDS scheme, one of the largest community-based programmes of GoI covers around 7.5 crores of children within 0-6 years and 1.67 crores of pregnant and lactating mothers through 6722 projects and around 12.6 lakh AWCs all over the nation (GoI, 2011a). The primary goals of this programme are to set the groundwork for children's overall development, improve the nutritional condition of children between the ages of 0 to 6, and reduce the rate of mortality and morbidity. Through this programme, pregnant women, lactating mothers, and adolescent girls also receive sufficient attention and care.

The major objectives of ICDS are (i) to enhance the health condition and nutritional status of children within 0-6 years of age, (ii) to lay the foundation for proper mental, social, psychological, physical, emotional, and cognitive development of children, (iii) to minimize the rate of maternal mortality, infant mortality, morbidity, malnutrition, and school dropouts among young children, (iv) to co-ordinate the activities of policy formulation and execution among different departments, (v) to extend health and nutrition education to mothers so that they may be able to cater the needs of their children, and (vi) to provide nutritious food to the lactating mothers and pregnant women (GoI, 2011b).

Six services, including supplementary nutrition, non-formal PSE, nutrition and health education, immunization, routine health checks, and referral services are used to carry out the goals of ICDS (Centre for Policy Research(CPR), 2019). While the former three components are coming under MWCD, the remaining components comes under Ministry of Health and Family Welfare (MoHFW). In 2016, GoI has reorganized the ICDS into "Umbrella ICDS", which includes the components such as; Anganwadi services (ICDS core), scheme for adolescent girls (known as SABLA), child protection services, National Creche Scheme, National Nutrition Mission and Pradhan Mantri Matru Vandana Yojana (MWCD, 2020). Out of these services, PSE is one of the most important components, comes under ICDS core and is provided to children of 3-6 years with a view to prepare them for later stages of education. The main purpose of PSE is to lay the foundation for overall development as well as life long learning of children and to facilitate for their optimum development. As per the National Council of Educational Research and Training (NCERT), the objectives of PSE are; to develop good healthy habits, evolve sensible socially acceptable attitudes and manners, develop emotional abilities, develop creativity, adequate physical development within children, and develop appropriate curriculum which caters the learning need of pre-school children (Paul, 2015).

4.2. Significance of Investment on Pre-School Education

Education, which moulds a child's conduct, has a much greater impact on how people live (Arora and Sharma, 2021). The educational achievement of people has a direct or indirect impact on a country's ability to grow and develop (Barro, 2001). The need for the government to place more emphasis on PSE in addition to primary, secondary, and higher education is increasing. According to Barnett (2008),

PSE has some advantages for kids that can be attributed to academic achievement, economic output, and lower government spending. Additionally, it aids in lowering drug and smoking habits in kids as well as melancholy. The priority given to early years is an outcome of multidisciplinary research that reflects the benefits of early intervention in the form of appropriate support and care in young children.

From an economic perspective, there is strong evidence regarding significant returns to high quality early childhood programmes. Nobel Laureate James Heckman (2007) has stated that investment during early childhood period, when brain development of a child is rapid, yields maximum returns than any other stages of childhood and education (Figure 1). It is a well-known fact that high quality PSE impacts children's educational development and their socio-emotional wellbeing more carefully than other phases of education (Arora *et al.*, 2007; Whitebread *et al.*, 2015).

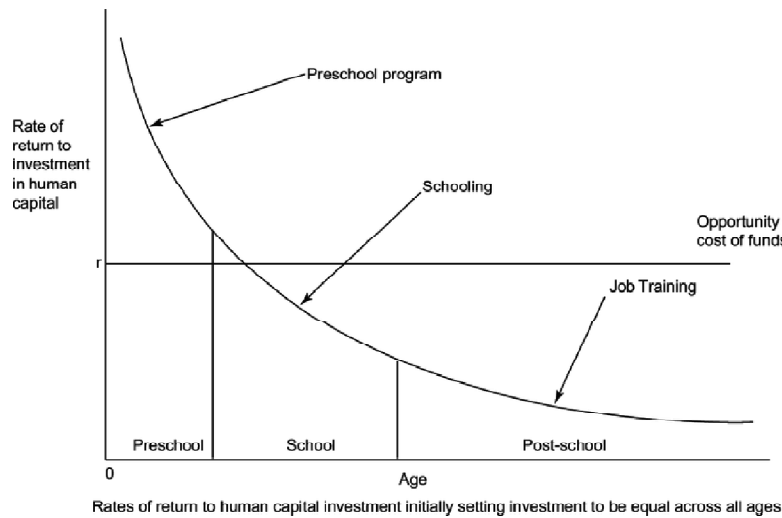


Figure 1: Rates of Return to Investment in Human Capital

Source: Carneiro and Heckman, 2003

It is evident from different studies in number of countries that programmes on PSE benefit children especially from lower socio-economic background (Berlinski *et al.*, 2009; Aboud and Hossain, 2011). Additionally, it has been noted that participation in PSE greatly improves adult outcomes like future education, employment, crime rates, and engagement in healthy behavior (Campbell *et al.*, 2002). The main reasons for investing in PSE are: (i) quality PSE sets a strong base for learning, (ii) universal PSE builds education system more effective and efficient, and (iii) equitable PSE is an effective strategy for advancing economic growth.

The profile of children in India as per Census-2011 shows the child population within 0-6 years is 158 millions. Out of all children, one-third are born with low birth weight, 42% are fully immunised between the ages of 12 and 23 months, and 14% are not immunised at all. In India, 47% of children under the age of two are underweight, and only 19.5 million of these children (who are between the

ages of 3 to 5 years) are receiving PSE through the ICDS. These data reflects the negligence and lack of proper care towards child population in India. Unless appropriate care has been given to them, their future will be at stake. Thus most important task for all the stakeholders here is to give much priority to the early years in a child's life and provide them adequate facilities with child friendly environment so that s/he can develop up to his full potentiality. The developmental needs that a child requires must be given adequate importance.

Table 2: Development Needs of Children from Birth to Eight Years

| <i>Sl. No</i> | <i>Age group</i> | <i>Development needs</i> |
|---------------|---------------------------|--|
| 1 | Pre-natal to birth | Maternal health and nutrition Parental and family education Safe motherhood |
| 2 | Birth to six months | Maternal support service Maternal health -postpartum care Exclusive breast feeding Infant health Responsive care Early stimulation Safety and security Support services |
| 3 | Six months to three years | Infant health Nutritional security, responsive care Early stimulation Safety and security |
| 4 | Three to six years | Safety and security Child health and nutrition Adequate nutrition Day care Play based pre-school education Responsive care |
| 5 | Six to eight years | Child health and nutrition Primary education Family care Safety and security |

Source: ECCE Report-1, Centre for Budget and Policy Studies, Bangalore.

Table 2 reveals that, from pre-natal to birth, maternal health care along with family support service is necessary for a pregnant lady. Then from birth to six months infant health care along with safety and security of both mother and infant are required for a child to improve in a better manner.

The period from three to six years is the most crucial as 90% brain development of a child occurs during this period (MacEwan, 2013). Thus appropriate care like adequate nutrition, play based PSE, safety, and security need to be given to children during this period for their better future development.

On the basis of equity, the economic case for government involvement in PSE programmes can be established. Children enter into formal learning with different skills and potentialities. Some of them might have completed their PSE while others might not get any chance to participate in any type of early learning programme. Several reasons may be there like unaffordability of user fee, distance from home to school, lack of infrastructural facilities at child care centres, and negligence of parents towards the early childhood period (Muchai, 2014). One more reason may be unawareness of parents about such type of programmes. Thus, government intervention is necessary for promoting PSE and to achieve equity in terms of accessibility of this programme. According to Currie (2001), government should fund this initiative until the marginal benefit of every additional dollar spent is equal for each person irrespective of rich and poor.

The most important justification for government intervention in this programme is market failure. As discussed by Currie (2001), there are mainly three reasons for market failure- (a) liquidity constraint, (b) externality, and (c) lack of information. Liquidity constraint prevents parents to make optimal investment on the human capital of their children. Thus government should intervene in the PSE programme and make an optimal investment. Lack of information or information asymmetry arises when parents are unaware of the quality of PSE provided by different institutions which lead to pay more fees for low quality education. This problem arises as parents are unable to identify between low quality and high quality education. In this case market mechanism fails to achieve an optimum solution. Hence government intervention is required in the form of informing parents by publicizing the information. Likewise, externalities also provide the strongest justification for government intervention in PSE. Private institutions only consider the private benefits and private costs at the time of deciding optimal solution. It does not take into account social benefits and costs. Education, that is provided only for welfare motives, includes social benefits which cannot be expressed in market price. The benefits are far greater than the costs which private institutions disregard. Hence there is necessity of government involvement to address the problems of market failure with regard to provision of PSE programmes. With the passage of time various policies have shaped the practice of PSE in India.

4.3. Policies Supporting Pre-School Education in India

Early learning is included in PSE along with care, nourishment, and playtime in a safe and kid-friendly setting (GoI, 2013). It is regarded as a major global support for children's growth and education and is also eligible for consideration under current laws and policies. However, a number of policies and action plans, starting with the NPE (1986 & 1992), which recognised ECCE as one of the essential components for children's overall development, regulate the provision of PSE (Sahoo and Jena, 2022). It is also seen as the foundational programme that supports elementary education and the first rung on the educational ladder (Sheeranjan and Awathi, 2010). Every child has a right to receive high-quality PSE, according to the 1989 "Convention on the Rights of the Child". Policy of "Education for All", 1990 stated that ECCE is the cornerstone of higher education because learning starts at birth. The

“National Nutrition Policy” (1993) advocated for government involvement in early childhood development, care, and schooling. It is stated that ECCE should be given the highest priority and that the quality element must receive significant attention in both the “Dakar Framework for Action” (2000) and the “Moscow Framework for Action” (2010). All children must receive free and required ECCE from the state up until the age of six, according to the revised article 45 (2002). “The National Plan of Action for Children” (2005), “The National Curriculum Framework” (2005), and “The National Health Policy” (2002) all recognised the beneficial role of ECCE in raising future enrollment, lowering child dropout rates, and raising test scores for higher education. As a result, these three strategies encouraged government involvement in the sound delivery of early education. Children between the ages of 6 and 14 would receive free and compulsory education, according to the “Right of Children to Free and Compulsory Education Act of 2009”. To prepare a kid for elementary school, the corresponding state government should offer free early education for the period of 3-6 years, according to the 11th section of the law. Numerous significant policies have been implemented from the first to the tenth five-year plans to improve each of the ICDS components. Funds were distributed in the 11th and 12th five-year plans for the development of early education. A national ECCE strategy that applies to all ECCE programmes and associated services in public, private, and voluntary settings across all regions was introduced by the GoI in 2013. The primary objective of this policy is to make ECCE universally available to all children, primarily through the ICDS programme. The significance of the early years for a child’s overall growth has been highlighted in the 2019 “Draft National Education Policy”. By 2025, every kid in the age range of 3-6 years must have access to free, high-quality, developmentally appropriate care and education (Ministry of Human Resource Development, 2019). Now it is quite appropriate to move into the state-wise analysis of the functioning of PSE in India

5. State-wise Analysis of the Performance of PSE in India: A Discussion

Since 1975, the GoI has been implementing the ICDS scheme for the development of health, education, and nutrition among the children, but the results are far from satisfactory (Ghosh and Dey, 2020). Even though ICDS is now available to everyone, more than half of children in the pre-school age range do not engage in any pre-primary programmes (CPR, 2019). The performance of PSE components in the context of India is discussed in the present study with a focus on growth rates of allocation of funds for MWCD and ICDS, the state-wise number of operational ICDS projects, state-wise number of operational AWCs, percentage of non-operational AWCs for the period 2008-2017, number of PSE beneficiaries per AWW for the period 2007-2018, state-wise number of PSE beneficiaries per AWW, state-wise percentage change in PSE and SNP beneficiaries from 2014-2019, and state-wise honorarium paid to AWWs in India.

Anganwadi services is the largest scheme of MWCD, GoI. Figure-2 shows continuous decline in the growth rate of allocation of funds for ICDS scheme from 2014-15 to 2016-17. Even though the allocations for MWCD has increased by 16% from 2017-18 to 2018-19, the allocation for ICDS core or anganwadi services has increased by only 7% (CPR, 2019). As per the data presented in the figure-2, the year 2015-16, 2016-17 and 2017-18 have witnessed less allocation of funds for anganwadi services in comparison to the year 2014-15. The trend of growth rate of allocation of funds shows a fluctuating

pattern. Despite the fact that, ICDS funding allocation has grown between 2019-20 to 2020-21, but the share of anganwadi services out of the total budget of MWCD, GoI has declined over the years which reflects the negligence towards anganwadi services.

Figure 3 shows state-wise number of operational ICDS projects in India. The total number of sanctioned as well as operational ICDS project is 7075 all over India. Uttar Pradesh has maximum

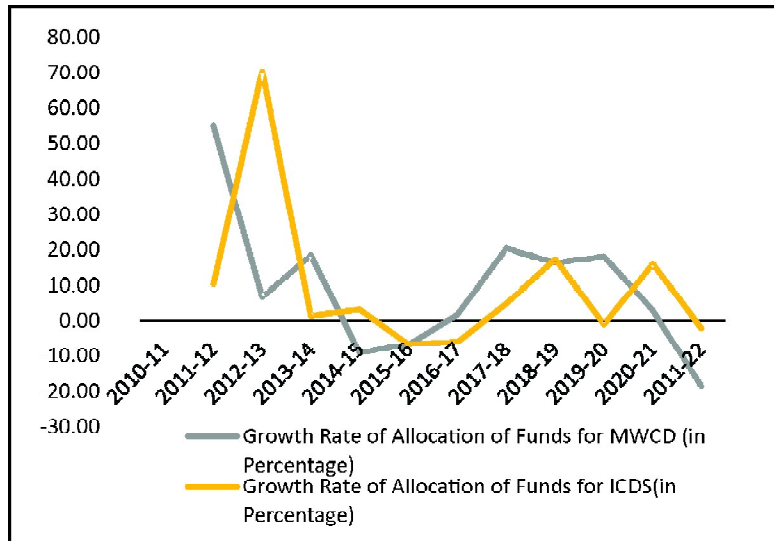


Figure 2: Growth Rates of Allocation of Funds for MWCD and ICDS

Source: Compiled by Authors from Various Issues of Policy Briefs on ICDS, CPR

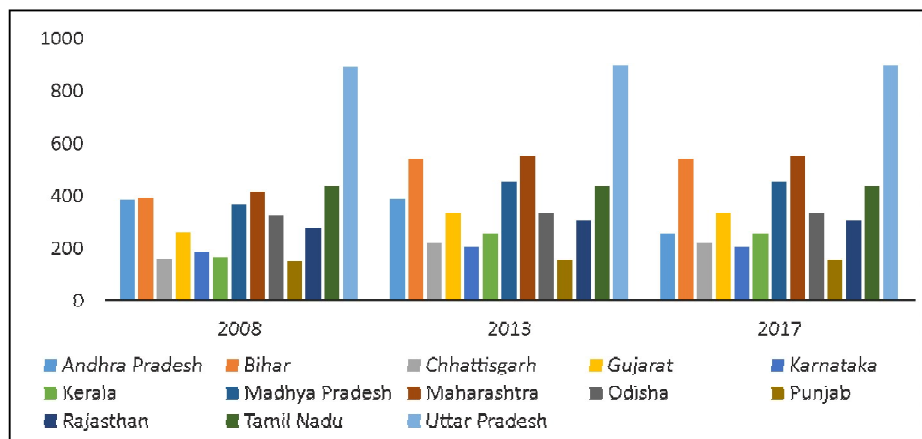


Figure 3: State-wise Number of Operational ICDS Projects in India

Source: Compiled by Authors from Status Reports of ICDS & ICDS Annexures 2017-18, MWCD, GoI

number of ICDS projects followed by West Bengal, Maharashtra, and Bihar. States like Chhattishgarh, Gujarat, Karnataka, Kerala, and Punjab have very less number of ICDS projects. The number of operational ICDS projects have decreased for the period 2008-17 in Andhra Pradesh due to separation of Telangana from it. Although the coverage of ICDS services has been increasing over the period, the operational gaps in terms of delivery of services is not consistent in quality and quantity across the country (Paul, 2015).

AWCs are the focal point of delivery of services for children at the village level. As on 2019, out of the sanctioned AWCs, 98 percent were in operation (CPR, 2019). But there is significant state-wise difference. Table-3 reveals, there is an increasing trend in the number of operational AWCs in almost all the states except Andhra Pradesh over the period from 2008-17. The reason of declining in the number of operational AWCs might be the separation of Telangana from Andhra Pradesh. Further, the table reveals that, Uttar Pradesh has highest number of operational AWCs, followed by Maharashtra, Madhya Pradesh, and Bihar. Many operational AWCs does not have required infrastructural facilities too which discourage parents to send their children to public funded AWCs (CPR, 2021).

Table 3: State-wise Number of Operational AWCs in India

| <i>States</i> | <i>2008</i> | <i>2010</i> | <i>2011</i> | <i>2012</i> | <i>2013</i> | <i>2014</i> | <i>2015</i> | <i>2017</i> |
|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Andhra Pradesh | 70034 | 79546 | 83483 | 86164 | 89679 | 90757 | 55574 | 55607 |
| Bihar | 39331 | 80211 | 80211 | 80211 | 80211 | 91677 | 91677 | 91677 |
| Chhattisgarh | 28165 | 36211 | 39137 | 47355 | 49395 | 49651 | 49941 | 49966 |
| Gujarat | 41968 | 47726 | 49697 | 50149 | 50158 | 51116 | 52065 | 53029 |
| Karnataka | 53552 | 62521 | 63366 | 63376 | 64513 | 64518 | 64558 | 64558 |
| Kerala | 31800 | 32232 | 33026 | 33082 | 33107 | 33112 | 33115 | 33318 |
| Madhya Pradesh | 67607 | 81610 | 90999 | 90999 | 90999 | 91318 | 91822 | 94398 |
| Maharashtra | 76198 | 86187 | 106231 | 106231 | 106931 | 107913 | 108010 | 109779 |
| Odisha | 40983 | 56498 | 69572 | 69183 | 69822 | 71306 | 71324 | 72195 |
| Punjab | 20169 | 26648 | 26656 | 26656 | 26656 | 26656 | 26656 | 26836 |
| Rajasthan | 50209 | 50923 | 57511 | 58494 | 60319 | 60324 | 60327 | 61974 |
| Tamil Nadu | 50433 | 54439 | 54439 | 54439 | 54439 | 54439 | 54439 | 54439 |
| Uttar Pradesh | 145607 | 150986 | 173533 | 186447 | 187602 | 187997 | 187997 | 187997 |

Source: Compiled by Authors from Various Status Reports of ICDS, MWCD, GoI

Figure 4 shows gender-wise number of PSE beneficiaries per AWW in India. The trend line shows declining of PSE beneficiaries per AWW for male, female as well as total beneficiaries. The number of beneficiaries per AWW represents the workload on AWW. Higher the number of beneficiaries, more the burden on her and vice-versa.

Table 4 shows state-wise number of PSE beneficiaries per AWW in India. States like Uttar Pradesh, Bihar, Maharashtra, and Madhya Pradesh have more number of PSE beneficiaries per AWW. In contrast,

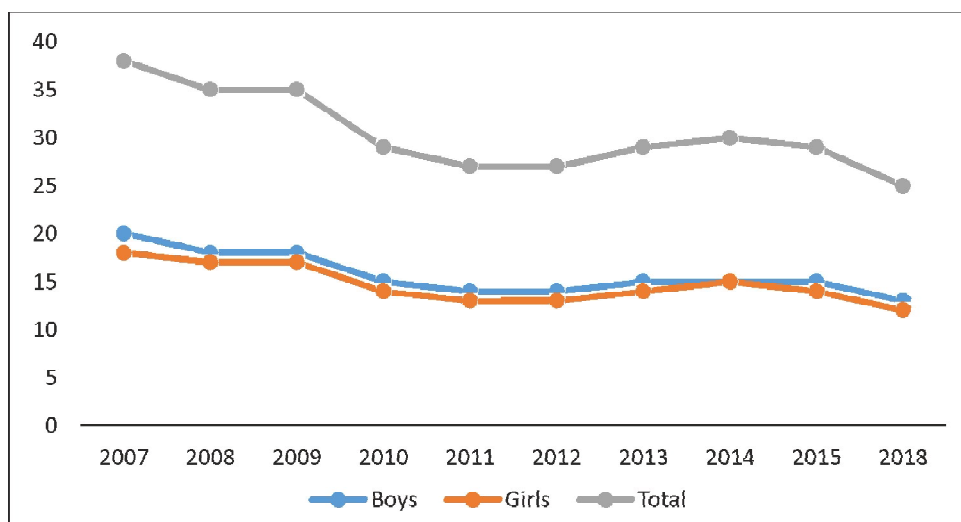


Figure 4: Number of PSE Beneficiaries Per AWW in India

Source: Compiled by Authors from Various Status Reports of ICDS, MWCD, GoI

Table 4: State-wise Number of PSE Beneficiaries Per AWW in India

| States | 2008 | | | 2013 | | | 2018 | | |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Boys | Girls | Total | Boys | Girls | Total | Boys | Girls | Total |
| Andhra Pradesh | 13 | 13 | 26 | 10 | 10 | 20 | 7 | 8 | 15 |
| Bihar | 25 | 24 | 49 | 25 | 24 | 49 | 16 | 14 | 30 |
| Chhattisgarh | 14 | 15 | 29 | 10 | 11 | 21 | 8 | 8 | 16 |
| Gujarat | 15 | 14 | 29 | 14 | 14 | 28 | 13 | 14 | 27 |
| Karnataka | 15 | 14 | 29 | 13 | 14 | 27 | 12 | 12 | 24 |
| Kerala | 9 | 9 | 18 | 7 | 6 | 13 | 6 | 6 | 12 |
| Madhya Pradesh | 18 | 18 | 36 | 17 | 16 | 33 | 20 | 18 | 38 |
| Maharashtra | 20 | 19 | 39 | 16 | 15 | 31 | 12 | 11 | 23 |
| Odisha | 14 | 14 | 28 | 11 | 11 | 22 | 24 | 25 | 29 |
| Punjab | 14 | 12 | 26 | 9 | 8 | 17 | 7 | 8 | 15 |
| Rajasthan | 13 | 13 | 26 | 10 | 9 | 19 | 10 | 10 | 20 |
| Tamil Nadu | 12 | 12 | 24 | 11 | 10 | 21 | 10 | 9 | 19 |
| Uttar Pradesh | 34 | 31 | 65 | 23 | 21 | 46 | 12 | 11 | 33 |
| India | 18 | 17 | 35 | 15 | 14 | 29 | 13 | 12 | 25 |

Source: Compiled by Authors from Various Status Reports of ICDS, MWCD, GoI

states like Kerala, Chhattishgarh, Andhra Pradesh, Punjab, and Tamil Nadu have less number of PSE beneficiaries per AWW. The main three components of ICDS are SNP, PSE, and regular health check-up. It has been shown that, the beneficiaries of SNP and PSE has been falling over the years (CPR, 2020). Among states, the number of PSE beneficiaries is highest in Madhya Pradesh and lowest in Kerala.

Figure 5 shows percentage change in PSE beneficiaries during the period 2014-19 across different states. The number of children availing PSE declined to 53% in Uttar Pradesh during the period 2014-19, which was the highest decline. The reason might be the preference of parents towards private provision of PSE which encourages them to shift their children to private PSE centers. The states where highest increase witnessed in PSE beneficiaries was Odisha (34%) and Bihar (12%). The states like Tamilnadu and Telangana shows no change in PSE beneficiaries from 2014-2019.

Table 5 shows state-wise honorarium paid to AWWs per month in India. On an average, AWWs are paid Rs 6,338/- per month as honorarium for their service. States like Tamil Nadu, Karnataka, Kerala, Madhya Pradesh, Mharashtra, and Gujarat pay more than the average honorarium. The monthly honorarium in Tamil Nadu is more than Rs 11,000/-. Contrary to this, states like Bihar, Chhattishgarh, Odisha, and Andhra Pradesh pay less than the average honorarium per month to the AWWs. The AWWs all over India are getting honorarium which is very meagre and far less than their contribution that might act as a barrier in imparting quality PSE. Thus considering the workload and contribution of AWWs, honorarium should be fixed in such a manner that will induce them to work harder and to give proper justice to their duties.

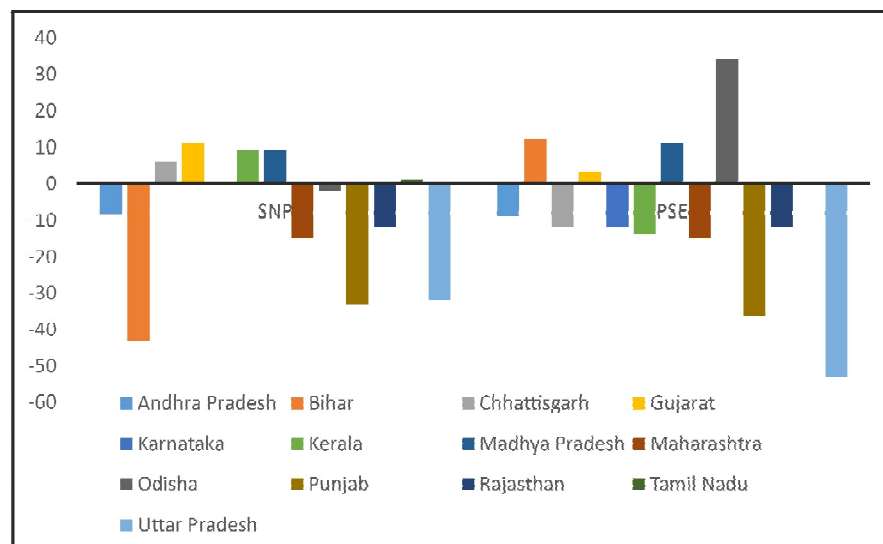


Figure 5: State-wise Percentage Change in SNP and PSE Beneficiaries Between 2014 to 2019 in India

Source: Compiled by Authors from CPR, 2019

Table 5: State-wise Honorarium Paid to AWWs in India (in Rs)

| <i>States</i> | <i>Honorarium for AWWs</i> |
|------------------|----------------------------|
| Andhra Pradesh | 5,700 |
| Bihar | 5,250 |
| Chhattisgarh | 5,500 |
| Gujarat | 6,250 |
| Karnataka | 7,500 |
| Kerala | 6,500 |
| Madhya Pradesh | 6,500 |
| Maharashtra | 6,500 |
| Odisha | 5,500 |
| Rajasthan | 6,224 |
| Tamil Nadu | 11,250 |
| Uttar Pradesh | 5,500 |
| National Average | 6,338 |

Source: Compiled by Authors from CPR, 2019

6. Conclusion

Since 1951, the wellbeing of children has been a key consideration in India's developmental planning. The concurrent list places child development and education, implying shared responsibility between the state and the centre in terms ECCE service delivery. Further, the Directive Principles of State Policy, which are a part of the Indian Constitution, contain several provisions for children that support early education programmes in the nation. Despite of the relevance, ECCE is not fully managed by educational department at centre or state level. Notwithstanding the government's commitments to ECCE in the form of the universalization of ICDS and the National ECCE Policy's (2013) recommendations, it has not yet been incorporated into the Indian Constitution as a Fundamental Right. A comparative state-wise analysis reflects there is wide variation among states in terms of service provision as well as children participation in PSE. Bihar is the state which has around 20% non-operational AWCs and vacant AWW posts. Contrary to which, Kerala and Maharashtra are the good performing states in terms of operational AWC and AWW posts (CPR, 2019). The disproportionate service provision might result into inequality in human capital formation as well as overall development. Thus considering this circumstance, policies should be made to squeeze the gap in performance among states with regard to PSE. Even though the PSE service of ICDS is growing and reaching to larger number of children, the promise for equal access to quality PSE to the marginalized and vulnerable sections of the society remains a dream for them. In reality a very less percentage of children is getting the benefits from early learning programmes for which their school readiness is very low. Thus in addition to expansion of ICDS projects, government should focus more on the quality

aspect of PSE by recruiting qualified AWWs, imparting them regular training, providing nutritious food to children along with proper infrastructure facilities.

7. Critical Appraisal

PSE is now emerging as a significant issue in Indian context. In spite of the remarkable expansion of service provision of ICDS, the status of children is far from satisfactory. Around half of children within the age group of 3-6 years do not participate in any type of PSE programmes (CPR, 2019). The absence of any regulatory framework for quickly expanding private sector raises questions with regard to equity and quality. A comparative state-wise analysis reflects there is wide variation among states in terms of service provision as well as children participation in PSE. The disproportionate service provision might result into inequality in human capital formation as well as overall development. Even though there are several policies and provisions confirming developmentally appropriate PSE, the issue of financing, execution, accessibility, and availability of quality PSE remain to be adequately addressed as there is no legislation for compulsory provisioning of PSE.

8. Suggestive Measures

Availability and accessibility of quality PSE promote inclusive education in terms of more enrollment and attendance as well as reducing drop out rates at later stages of education. Thus, following suggestive measures are required to be made in order to improve the qualitative provision of PSE. Firstly, awareness and motivation need to be created among parents of socio-economically disadvantaged sections to send their children to AWCs. Secondly, regular orientations and training programmes for AWWs need to be conducted. Thirdly, provision of adequate infrastructural facilities as well as appropriate teaching learning materials to the AWCs as it is evident that there is direct relationship between the readiness of infrastructure in the AWCs and the quality of service provision (Dhingra and Sharma, 2011). Fourthly, special attention should be given to the low performing states to enhance their performance in terms of improving enrollment and attendance of pre-school children.

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