

India

CHILD WELL-BEING

REPORT

2019



Together for children.
For change. For life.

Children often visualise a beautiful, ideal world for themselves when asked to draw or create something they like. The idea of using clay and play dough to design this India Child Well-Being Report is to ensure that children constantly stay at the centre of all our discussions, even as we adults strive to build a better world for them.

Preface

There can be no keener revelation of a society's soul than the way in which it treats its children.
- Nelson Mandela

Over the past few decades, we as a nation have made significant strides in poverty reduction, social development, economic growth and governance. The 2018 global Multidimensional Poverty Index (MPI) released by the United Nations Development Programme (UNDP) and the Oxford Poverty and Human Development Initiative (OPHI) estimate that over 270 million people in India moved out of poverty in the decade since 2005-06, and the poverty rate nearly halved from 55% to 28%. At the same time, an estimated 600 million people, part of the 'middle class', earn between US \$2 to US \$10 per day, while India also has the third highest number of dollar billionaires in the world.

While these trends bode well for India's progress in the war against poverty, nearly 370 million people are living below the poverty line. And the economic inequality is on the rise; the richest 1% of the population holds more than 50% of national wealth. In contrast, the bottom 60% owns only 4.8% of the national wealth (Oxfam Wealth Report, 2019).

Any country's true progress cannot be measured by its GDP and income growth alone. It reflects in the quality of life that the nation offers all its citizens, including one of the most vulnerable sections in any society — Children. The India Child Well-being Report is World Vision India and IFMR LEAD's attempt to throw light on the holistic quality of life of children in India. We have adapted the child well-being aspirations that guide World Vision in implementing and evaluating its child-centric community development interventions across the world. The 24 indicators chosen for the composite index of this report provide an overview of child well-being across all States and Union Territories in India, across three broad umbrellas – Healthy Individual Development, Positive Relationships and Protective Contexts.

We acknowledge that the report may have its limitations, primarily due to prominent gaps in the availability of disaggregated data, and we have made attempts to overcome these. Through this exercise, we hope to encourage the importance of collecting high-quality, periodic data on all aspects of child development.

We hope that this report will serve as a tool to enable policymakers, practitioners and civil society to prioritise areas of improvement, and learn and adapt best-practices from other states and regions.

It is our hope that this report would encourage stakeholders to adopt a holistic approach to child well-being and development through investments in early childhood development, provide nurturing care and promote physical, emotional and cognitive development in a secure and stable environment.

Children are the present and the future of every society. And we believe that this report is only the first step towards a 'Call-to-Action' in building a nation that is fit for our children, and helping India move towards measuring progress through the lives of her children.



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1. Executive Summary



What is this report about?

“It is easier to build strong children than to repair broken men,” said Frederick Douglass in 1885. More than 150 years later, ‘building strong children’ remains as crucial as ever. Claiming a demographic share of nearly 40%, children (0-18 years) form a significant segment of India’s population and, therefore, a crucial determinant of its growth and development narratives. This report tries to show what child well-being in India looks like, currently. World Vision India, one of India’s largest grassroots humanitarian NGOs, and IFMR LEAD, an India-based research organisation which conducts high-quality, scalable research and evaluation, and evidence-based outreach to promote inclusive and sustainable development in India and other Low and Middle-Income Countries (LMIC), have come together for this project with the aim of presenting to the nation how its states fare in terms of certain identified parameters of child well-being, through a nuanced, interdisciplinary and evidence-based index.

How does this report define child well-being?

It is not an easy task to pinpoint the what, who and how of child well-being. Crystallising the key conversations around child well-being as a concept, process and a matter of right, World Vision’s definition draws heavily from the ecological view of the child well-being, as well as the United Nations perspectives on the same.

This report aims to measure child well-being as a state of being that facilitates i) Healthy Individual Development, ii) Positive Relationships and iii) Protective Contexts. These three key dimensions cover most of the major aspects of child well-being, encompassing the areas of health, nutrition, education and protection. Focussing on the three key dimensions mentioned above, a total of 24 indicators were selected to develop the computation of the child well-being index. The indices and the scores on child well-being have been computed using a rigorous methodology that involved normalisation and transforming negative indicators to positive indicators – a method similar to the calculation of the Human Development Index (HDI).

What does the child well-being index say?

In the following pages, both the composite child well-being index and the separate indices around the three key dimensions are presented. The composite index captures the performance of each state and union territory on a composite child well-being score, with Kerala (0.76), Tamil Nadu (0.67) and Himachal Pradesh (0.67) leading the charts among the states and Meghalaya (0.53), Jharkhand (0.50) and Madhya Pradesh (0.44) featuring at the bottom, among states. Among the Union Territories, Puducherry led the way with a score of 0.77 and Dadra & Nagar Haveli featured at the other end with a score of 0.52.

The index also captured the status of states and Union Territories regarding each of the three key dimensions. For the first – Healthy Individual Development– Kerala (0.78), Goa (0.75) and Sikkim (0.70) featured on top, whereas Meghalaya (0.31), Madhya Pradesh (0.27) and Jharkhand (0.26) featured at the other end of the spectrum. For the second key dimension – Positive Relationships – Nagaland (0.84), Arunachal Pradesh (0.80) and Meghalaya (0.77) featured at the top and Haryana (0.53), Jammu & Kashmir (0.53) and Sikkim (0.51) featured at the other end. Finally, for the third key dimension – Protective Contexts – Sikkim (0.78), Kerala (0.75) and Himachal Pradesh (0.74) featured at the top of the charts, while Telangana (0.55), Goa (0.51) and Andhra Pradesh (0.42) featured at the other end of the table.

What next?

The India Child Well-Being Report gives a snapshot of the status of child well-being in each of the states and union territories of the country. One of the highlights of the report is that it has the most recent data and adopts a multi-dimensional approach towards measuring child well-being – going beyond mere income poverty. It calls for urgent and immediate action from the government and concerned stakeholders to focus deliberately on states that offer scope for improvement. The producers of this report expect it to generate further academic and policy conversations on the under-researched theme of child well-being in the country and set the ball rolling for further reports in the coming years. As an organisation that believes in ‘life in all its fullness’ for every child, World Vision India hopes that this report would set off conversations among India’s elected representatives, bureaucrats, media, private entities, academia and the civil society, ultimately helping it invest more in the lives of its 472 million children.





2. Introduction

Childhood has been widely accepted as a critical period that provides scope for breaking the cycle of intergenerational poverty

2.1 Why Children and Childhoods Matter

Children constitute one of the most critical categories for any discussion around development, both due to their inherent relevance as a category and the external consequences in relation to others. The true measure of any nation's standing is how well it attends to its children - their health and safety, their material security, their education and socialisation and their sense of being loved, valued, and included in the families and societies into which they were born (UNICEF, 2007). Children are generally considered to be inherently vulnerable and relatively lacking in agency, implying aggravated well-being consequences for broader developmental concerns like inequality.

According to United Nations Children's Fund (UNICEF), severe impacts on child well-being loom large globally - 167 million children living in extreme poverty, 69 million children below age 5 dying between 2016 and 2030, and 60 million children of primary school age being out of school - if inequality is not tackled in time (UNICEF 2016). In the second most unequal country in an increasingly unequal world, this calls for a renewed attention on the well-being of children, a project that has been enthusiastically endorsed by governments, multilateral development organisations and a range of NGOs and researchers. Though provision of health, education and safety are broadly considered key to child well-being (where children are mostly passive recipients), a growing body of scholarship is emphasising the importance of recognising children as active agents, endorsing their perspective as participants in the process of ensuring their well-being (Bourdillon 2004). Regardless of the differences in approaches, it could be safely concluded that children form a key component in the development narrative, with child well-being having positive effects on the overall status of national sectors ranging from public health to economy.

Studying children and, by extension, their well-being is not as straightforward as it seems. Firstly, there exists a challenge

of definition; though the United Nations Convention on the Rights of the Child (UNCRC) defines a child as any individual below the age of 18, not all national, cultural and policy contexts are aligned to this yardstick. Secondly, children constitute a category in flux - they remain children only for a while and then become adults - and thus approaches that apply to women or caste need not work well when it comes to children (Bourdillon 2004). This also means that they cannot necessarily be seen as an exclusive category, since they form part of various groups like ethnic minorities, refugees, poor and so on. Thirdly, there is a challenge in terms of agency and expressing themselves in comparable and comprehensible adult language (Ibid), which renders collection of first-hand experiential information difficult. While all these make research and data collection on children a strenuous task, it calls for the need for repeated and renewed efforts to prepare and present evidence-based propositions towards child well-being.

Childhood has been widely accepted as a critical period that provides scope for breaking the cycle of intergenerational poverty (Camfield et al 2008). This knowledge reflects in the emphasis on children and child well-being in the global conversations around development, beginning with the landmark UNCRC. Monitoring, protecting and promoting well-being has been emphasised in the United Nations Convention (UNCRC 1989). Following a visible presence of child-related indicators in the Millennium Development Goals (MDGs), the Sustainable Development Goals (SDGs) also feature 44 child-related indicators spread across the 17 goals. These have been broadly clubbed into five dimensions of child rights, namely the rights to survive and thrive, to learn, to be protected from violence, to live in a safe and clean environment and to have an equal opportunity to succeed (UNICEF, 2018).

2.2 India and Child Well-Being

Article 39 (f) of the Indian Constitution directs the State to ensure that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment. Some of the key statistics surrounding children's issues would give a more solid perspective as one tries to situate child well-being in India within a complex web of causes and effects. Factors like reduced spending on social sectors, the intensifying impact of climate change, worsening social determinants like discrimination based on gender and caste and the rural-urban divide have contributed to worsening child vulnerabilities in India. In terms of health, the neonatal mortality rate in rural areas is twice that in urban areas. 38.4% children are stunted and in 2016, 0.9 million children under the age of five died in India — the highest globally. Social inequalities exacerbate the ill-effects on communities, and by extension on the children in these communities. Studies have shown that a child born to a family from a Scheduled Tribe has a 19% higher risk of dying in the neonatal period and a 45% risk of dying in the post-neonatal period compared to a child born in other social classes. Overall, India ranks 145 out of 195 countries in terms of access to healthcare, worse than Bangladesh, Myanmar and Sri Lanka.

In terms of education, merely 2.4% of persons above the age of 15 years have technical degrees, diplomas or certificates. More than half of the children enrolled in Grade 5 are unable to read a Grade 2 textbook. Regarding equality in access and opportunities, children with disabilities are among the most vulnerable. The proportion of enrolment of children with disabilities

to the total school enrolment reduces by 50% when they reach secondary education. 27% of these children (aged 5-19 years) are not attending any educational institution.

When it comes to safety, it needs to be noted that crime rates against children are increasing. A study by the government in 2007 found one in every two children is sexually abused. As per Census 2011, the number of Indian children (between 5 and 14 years of age) working is 4.35 million. The number almost doubles – to 8.22 million – if marginal workers are also included. The figure touches 35.38 million if we were to include children in the age group of 5-19 years.

Where do these numbers lead us to? Child well-being in India, as in many other developing countries, has not been explored as much in detail as in some of the Organisation for Economic Co-operation and Development (OECD) member countries. However, scholars have noted how India could benefit from approaching child well-being from a hybrid perspective, marrying the traditional notions (material deprivation of some children) to more recent notions (including both material and non-material dimensions of well-being of all children) of conceptualising child well-being (Saith et al 2010). There have been academic efforts to interrogate the proposition that poverty reduction is a prerequisite to well-being, forcing a lopsided discourse that leans heavily towards the narrow definitions of income poverty alone. Thus, considering there are multiple vantage points to look from – as evidenced from the numbers above – child well-being in India needs to be assessed through a multidimensional and integrated approach, minutely considering many of the specific complexities and traits that mark vulnerabilities of children. This is where the India Child Well-Being Report hopes to make a worthwhile contribution.





2.3 About this Report

The India Child Well-Being Report hopes to journey on from this point of departure to view child well-being as a multidimensional, holistic concern that is governed by individual development, positive relationships and protective contexts. While fully recognising the complications involved in putting together an evidence-based surface for further mapping, this report tries to give an overall feel of what child well-being in India currently looks like. Apart from sticking to the traditionally accepted and globally used indicators, this document has also tried to cut across sectors, themes and ambiguous terrains while portraying a realistic picture of childhoods. It is enriched both by World Vision India's rich grassroots and policy expertise and the technical rigour brought in by IFMR LEAD, converging towards an essentially interdisciplinary report.

What does this report say about children in India? In addition to an overall glimpse of India's performance, the report also gives a detailed outlook on different states and different key child well-being dimensions/ indicators. For instance, given below are some of the key questions that the India Child Well-being Report would attempt to discuss

- How do we conceptualise child well-being in the Indian context?
- How does India as a whole fare in terms of child well-being?
- Which Indian states perform well in terms of child well-being dimensions
- What could be the reasons behind the level of performance of a specific state?

3. Measuring Child Well-Being



3.1 Definition of Child Well-Being

The true measure of a nation's standing is how well it attends to its children — their health and safety, their material security, their education and socialisation and their sense of being loved, valued, and included in the families and societies into which they were born (UNICEF, 2007). The elements mentioned in the latter half of the UNICEF observation broadly point towards the multifaceted concept of child well-being. The idea seeps into other definitions as well, for instance, health. The Constitution of World Health Organisation states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It is clear that child well-being makes implicit and explicit appearances in different conversations ranging from nation-building to health, as a positive prerequisite. Maximising child well-being is thus considered crucial, not only because the general well-being of children reflects on the state of our societies, but also because it will shape the overall outlook and health of future generations and societies.

What exactly is child well-being? It is difficult to identify a well-accepted and shared agreement in the field towards a common definition (Jones et al 201). One of the useful

starting points could be Bradshaw's definition; in an apparent tangent to Amartya Sen's capabilities approach, child well-being was defined as “the realisation of children's rights and the fulfilment of the opportunity for every child to be all she or he can be (Bradshaw et al 2007).” Another useful definition views child well-being as a dynamic process, “wherein a person's physical, mental, social and material situation is more commonly positive than negative, and as an outcome of intrapersonal, interpersonal, societal and cultural processes (Minkinen 2013).” One of the core ideas that recur in these definitions is that child well-being needs to be multidimensional for it to have any relevance or use.

Child well-being is also a contested notion, in terms of what, who and how. It has been noted that a well-being approach not only prevents misuse of the principle of “best interests” which might be decided by adults and thus invalid, but also reinforces the consideration of children in sectors like national defence and economic policies (Camfield et al 2008). However, thanks to the various contestations and contradictions between disciplines that are in play – from paediatrics to psychology and economics to ecology –

scholars have also called child well-being as an example of “an object of scientific enquiry characterised by a plurality of approaches and measures” (Raghavan et al, 2014). The notion asks what is it that is intrinsically good for children that “our models of determinants study, and that our best measures detect.” In partial response, Raghavan et al introduce a theory of child well-being, which focusses on the development of children's stage-appropriate capacities as well as their engagement with the world in child-appropriate ways (Ibid). A study by Young Lives lists some of the more popular definitions of child well-being (see Table 1) based on Sarah C White's (2007) understanding of child well-being as “having a good life (material welfare and standards of living), living a good life (values and ideals), and locating one's life (experience and subjectivity) (Camfield et al 2008).”

Having

'Externally assessed and approved, and thereby normatively endorsed, non-feeling features of a person's life' (Gasper, 2007, p. 59)

'Economic' poverty indicators such as income per capita, income-poverty and income inequality (Sumner, 2007, p. 8)

Five 'capital assets' in the sustainable livelihoods framework (natural, human, financial, physical and social) (see Carney, 1998)

Basic needs such as health whose deprivation causes 'serious harm' (Doyal and Gough, 1991, p. 39)

Living

'The expansion of the "capabilities" of people to lead the kind of lives they value – and have reason to value' (Sen, 1999, p. 285)

'What people are notionally able to do and to be, and what they have actually been able to do and to be' (Gough et al, 2007, p. 6)

Play[ing] an active role in creative their well-being by balancing [...] different factors, developing and making use of resources and responding of stress' (Bradshaw et al, 2007, p. 136)

Locating

The 'feelings and/or judgements of the person whose well-being is being estimated' (Gasper, 2007, p.59)

'Intricately bound with ideas about what constitutes human happiness and the sort of life it is good to lead' (Honderich, 2005 in Gough et al, 2007, p. 4)

'Differ[s] from place to place [...] individual perceptions are grounded in shared meanings through culture; and [...] experience is essentially constituted in relation to others' (White, 2008)

Table 1: Some definitions of child well-being

Source: IJCR, Spring, 2009

3.2 Evolution of Child Well-Being Measures

Multiple frameworks that measure well-being exist. When it comes to children, well-being often measures the quality of life that enables them to thrive. However, there are no standard frameworks that measure the well-being of a child. In the 20th century, child well-being was primarily conceptualised in a material sense. Researchers measured child well-being based on the monetary poverty line and Gross National Product per capita (Saith et al 2010). Even though material resilience is a key dimension of child well-being, the early efforts largely neglected the fact that it took so much more for a child to realise their full capabilities than mere material well-being.

Well-being of children has been defined and measured in numerous ways in the past few decades. The UNCRC offers an understanding of children's well-being. Its principles – non-discrimination (Art. 2), best interest of the child (Art. 3), life, survival and development (Art. 6) and respect for the views of the child (Art. 12) – contribute greatly towards it. Bradshaw defines well-being as "the realisation of children's rights and the fulfilment of the opportunity for every child to be all she or he can be in the light of a child's abilities, potential and skills (Bradshaw et al 2007)."

Today, child well-being experts increasingly include child health, quality of education or child protection in their definitions. This has proved to be a more comprehensive approach, as it is multidimensional and able to identify twice as many vulnerable children than the singular material approach. Thus, researchers have been able to identify children who are above the poverty line but still suffer deprivation in other dimensions such as education, preventable illnesses, or sexual abuse. However, new challenges keep emerging for children, like psychological distress and mental illnesses (depression, schizophrenia, post-traumatic stress disorder, etc.), the pressure to conform to western lifestyle (Saith et al 2010) or the inequality in digital accessibility (UNICEF, 2017). This means that child well-being could not be treated as static – it calls for more dimensions to be included in future research.

The major thematic changes in the child well-being indicator movement and the shifts have been summarised by Ben-Arieh (Arieh, 2010) as follows:

- From focussing on child survival to child well-being
- From negative outcomes to positive outcomes
- From well-becoming to well-being
- From traditional to new domains
- From an adult perspective to a child perspective
- Towards a composite index of child well-being
- Towards a more policy-oriented effort





Studies that have looked at frameworks of well-being have suggested approaches towards understanding development through transition from ill-being to well-being. Well-being is the one that features five dimensions – material for good life, health, good social relations, security and freedom and choice (Alcamo et al 2003).

There have been a few significant multi-dimensional means of measuring child well-being; the Foundation for Child Development's Index of Child Well-being includes 28 indicators of seven different domains, namely Family Economic Well-Being, Safe/Risky Behaviour, Social Relationships, Emotional/Spiritual Well-Being, Community Engagement, Educational Attainment and Health. (Land, 2014). In Ireland's conception of child well-being, nine dimensions of child development were used, namely physical and mental well-being; emotional and behavioural well-being; intellectual capacity; spiritual and moral well-being; identity; self-care; family relationships; social and peer relationships; and social presentation. In the context of childhood poverty, a 'three-dimensional' human well-being (3D WB) lens was used by scholars, which focussed on "the enabling conditions for a 'flourishing childhood', including material, relational and

subjective well-being dimensions" (Jones et al, 2011).

Internationally, UNICEF seems to be setting the trend. UNICEF's 2007 Index of Child Well-being in OECD countries is one of the first attempts to compare levels of child well-being between multiple (21 industrialised) countries (Saith et al, 2010). It refers to six dimensions of well-being: material well-being, health and safety, educational well-being, family and peer relationships, behaviours and risks, and subjective well-being. However, it is not so for developing or poor nations. Most multi-dimensional indices look at a reductionist poverty/deprivation-based approach for developing and poor countries while having a well-being approach for developed / rich countries. The research on multidimensional child well-being has not been very extensive in India. The University of Oxford's Young Lives Project has arguably been the most advanced attempt to measure child well-being in India in a multidimensional way (Ibid). These have their limitations too. This gap is what this report on child well-being aims to fill. To date, this study is the most comprehensive attempt towards measuring child well-being in a multidimensional way across all of India.

3.3 World Vision and Child Well-Being

For World Vision, a grassroots humanitarian agency with over 60 years of experience working with children across the world, ensuring child well-being is central to its work. Through our experience of working with children and listening to adults and children, we have learnt that achieving the overall well-being of a child requires a holistic, multidimensional approach. Globally, World Vision developed their understanding of child well-being guided by the ecological understanding of well-being and the UNCRC. These provide a holistic view of the child, guaranteeing their rights to health and nutrition as well as spiritual, moral and social development. This is not centred on children alone; the sustained well-being of children also depends on approaches that contribute to empowering children and interdependent communities, caring and transformed relationships, resilient and secure households and communities and just systems and structures. Thus, for World Vision, children's well-being is based on healthy individual development, positive relationships and contexts where all children are valued and experience protection, social justice and participation in civil society.

In all its work across nearly 100 countries, World Vision measures the outcome of its interventions in terms of the well-being of the child. These are measured in terms of

- Increase in the number of children who are well nourished
- Increase in the number of children protected from infection and disease
- Increase in the number of primary school children who can read
- Increase in adolescent education and life skills
- Increase in the number of children who have a positive and peaceful relationship in their families and communities
- Increase in the number of children protected from violence
- Children reporting an increased level of well-being

4. Methodology

4.1 A Composite Index of Child Well-Being

This report is an attempt to look at how India is faring in terms of child well-being, using a composite child well-being index. Even though this is not a comprehensive representation of all aspects of child well-being, this index provides a snapshot as to how children fare in different Indian states and UTs. It will enable different states in the country to see specific areas where they need to prioritise, identify areas to invest and improve upon, learn from other states that are faring better, and identify data gaps and add more child well-being indicators in future. This section explains the index, the dimensions that form this composite index and the indicators under each of the dimensions.

As discussed earlier, there have been numerous efforts to conceptualise and measure child well-being. A 2012 study had highlighted as many as 61 unique domain names used in 19 studies that proposed subsequent indices of child well-being (Minkinen 2013). Social researchers and international development organisations have also used different domains to measure child well-being. UNICEF and OECD have been leaders in this field of measuring child well-being. However, these are used to measure children's well-being in developed states / OECD states. The well-being measures for developing

and least developed nations are quite different.

The UNICEF Innocenti Research Centre compares the well-being of children in developed nations using six dimensions: (1) material well-being; (2) health and safety; (3) education; (4) peer and family relationships; (5) behaviours and risks and (6) young people's subjective sense of well-being and measures using 40 separate indicators.

In the Indian context characterised by a widening inequality gap, a useful framework is to broadly categorise child well-being into two vast areas: outcomes of child development and contexts that affect those outcomes. For this report, child well-being is understood and measured from the perspective of child rights as given by UNCRC and the Ecological framework of child well-being. To arrive at a composite child well-being index for Indian states, we chose the three key dimensions that World Vision uses:

- i) Healthy Individual Development
- ii) Positive Relationships
- iii) Protective Contexts

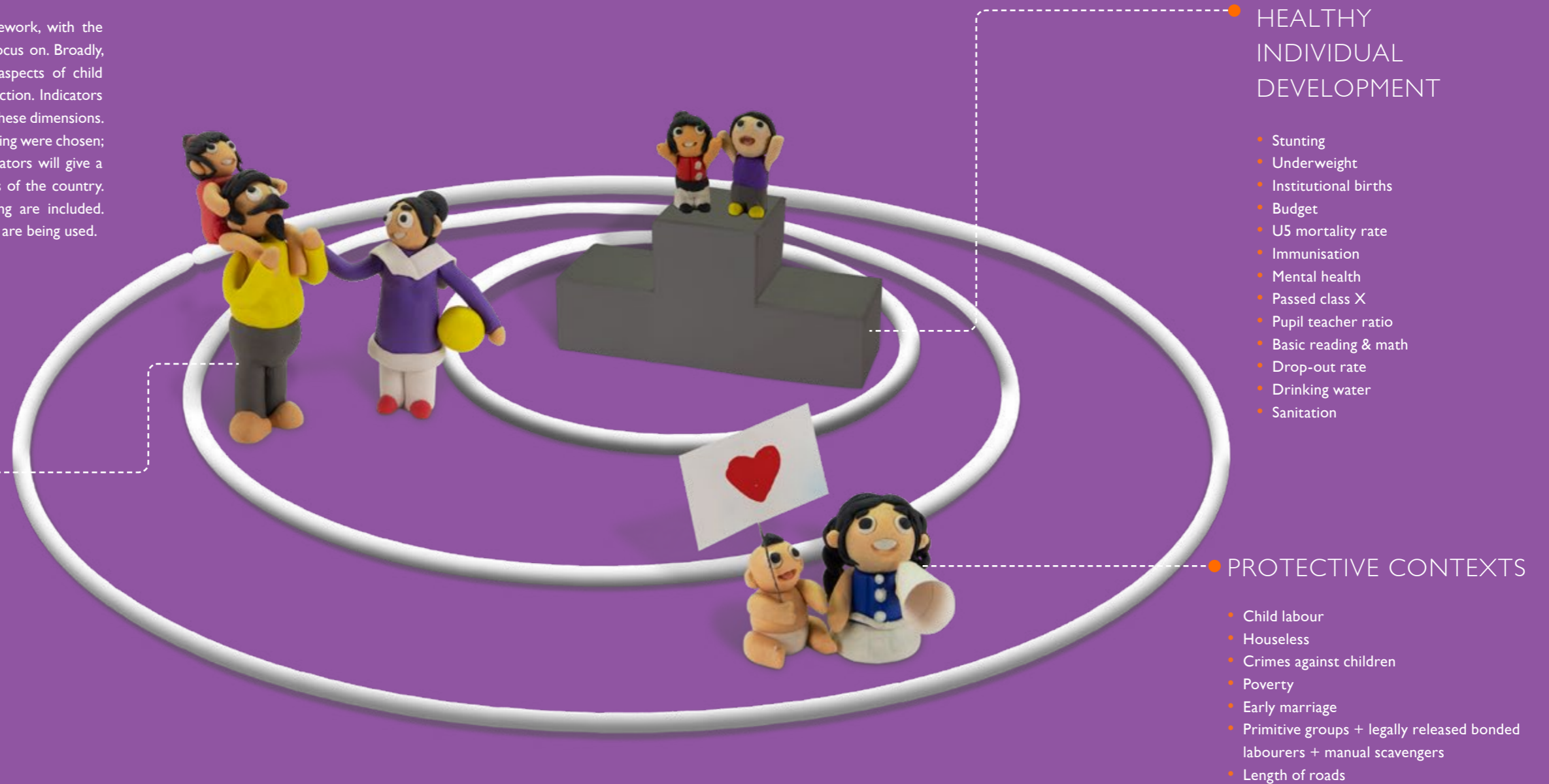
World Vision's dimensions have drawn heavily from ongoing conversations on child well-being, including the United Nations perspectives as well as the ecological view of child well-being. General Principles of the UNCRC play a fundamental role in realising all the rights in the Convention for all children.

These are: Non-discrimination (Art.2), Best interest of the child (Art.3), Right to life survival and development (Art.6), and Right to be heard (Art.12). Thus, these become important factors for the realisation of the well-being of the child.

The Ecological view of child well-being argues that the development and well-being of a child is connected to the child's experiences and the environment. Rather than looking at the child in a sociocultural vacuum, the ecological approach views the child "as a member of society interacting with others" (Minkinen, 2013). It locates the child at different levels – the individual, microsystem (the family), mesosystem, exosystem and the macrosystem (social). This model focuses on the healthy individual development of the child, positive relationships within the family, the neighbourhood and social institutions and the contexts in the society that provides protection and safety from violence, crimes and injustice. The advantage of this model is that it recognises all the dimensions that influence the child in its continuum of development, including support systems that provide resilience in times of disasters / hardships. The ecological view was advanced and improved upon to a structural model of child well-being, which tried to aggregate several approaches to child well-being, "combining them into one entity to clarify the concept as a whole (Ibid)."



This illustration depicts the child well-being framework, with the three key dimensions and the main aspects they focus on. Broadly, the three dimensions cover most of the major aspects of child well-being – health, nutrition, education and protection. Indicators were carefully selected to largely represent each of these dimensions. Across the dimensions, 24 indicators of child well-being were chosen; the expectation is that these child well-being indicators will give a valid measure of child well-being in different states of the country. Both negative and positive indicators of well-being are included. However, for want of data, only objective indicators are being used.



POSITIVE RELATIONSHIPS

- Sex ratio
- Birth registration
- Juvenile crimes
- Suicide rates

HEALTHY INDIVIDUAL DEVELOPMENT

- Stunting
- Underweight
- Institutional births
- Budget
- U5 mortality rate
- Immunisation
- Mental health
- Passed class X
- Pupil teacher ratio
- Basic reading & math
- Drop-out rate
- Drinking water
- Sanitation

PROTECTIVE CONTEXTS

- Child labour
- Houseless
- Crimes against children
- Poverty
- Early marriage
- Primitive groups + legally released bonded labourers + manual scavengers
- Length of roads

4.2 Key Dimensions and Indicators

The Indicators were chosen after rigorous consideration of several relevant criteria. Naturally, numerous indicators would ideally contribute to each of these dimensions of child well-being. However, we chose only those indicators which best represent child well-being, relevant to UNCRC and for which data was available. We did not include spiritual, environmental and psychological dimensions of healthy individual development, for want of an accepted definition and measures and data unavailability from the States and Union Territories. Different states are measured

based on the representative and available indicators, with an objective to encourage discussions among policy makers and researchers. A total of 24 indicators were chosen to develop the computation of child well-being index (please refer to the Annexure 1 for the list of indicators). The indicators were selected taking into consideration aspects including

- the child as the unit of measurement
- availability of recent, standardised nationally comparable data
- agreeable data
- opportunities to include children up to 18 years of age
- relevance to policy making and monitoring

Illustration 1 : Child well-being framework

4.2.1 Healthy Individual Development

WHY THIS DIMENSION?

At the heart of the dimension 'Healthy Individual Development' lies the fact that access to good health and education provides the best start in life for a child. WHO's Ottawa Charter for Health Promotions illustrates a broad approach to health, stating, "to reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. (WHO, 2016)" Simultaneously, the Incheon Declaration notes about quality education, that it "develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges. (UNESCO, 2016)" The link between health and education cannot be over emphasised. Poor health and nutrition affects scholastic performance of the child and the ability to regularly attend class.

The idea behind the dimension of 'Healthy Individual Development' has been heavily endorsed by the global community. It is rooted in the UNCRC, the international framework on child rights agreed upon by India. Article 24 of UNCRC recognises the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. Specifically, Article 24 calls for providing access to healthcare services, reducing infant and child mortality, combating malnutrition and providing adequate clean drinking water and environmental sanitation. Further, Article 28 of UNCRC states that States should recognise the right of the child to education and, in particular, make primary education compulsory and free to all, encourage different forms of secondary education, including general and vocational education, encourage regular attendance and take measures to reduce drop-out rate.

The SDGs also are reflective of these commitments. SDG 2 commits nations to end all forms of malnutrition, through achieving, by 2025, the internationally agreed targets on

stunting and wasting in children under 5 years of age. SDG 3 commits to end deaths of children to preventable causes and provide maternal care and SDG 6 focusses on access to drinking water and sanitation. SDG 4 ensures inclusive and equitable quality education and promotion of lifelong learning opportunities for all. It commits nations to ensure that all girls and boys receive complete, free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes by 2030.

INDICATORS

Nine indicators on health (mortality, nutrition, immunisation, safe birth, mental health and government's commitment to health) and four indicators on education (ability to read and write, pupil-teacher ratio, completion of Class X and dropout rates) record the aspects related to the healthy individual development of the child. The indicators are chosen to cover the development of the child up to 18 years; ranging from in-utero health to completion of Class X and XII. All the indicators are taken from standardised data sources to give a comparable coverage across different states. The data is the most recent, from government sources and focussed on policy interventions as well.

Of the 13 indicators, data for 8 indicators were chosen from the National Family Health Survey (NFHS) - 4. Though low birth-weight - would be a more appropriate indicator to measure the development of the child, we have used underweight as an indicator due to data unavailability. Access to water and sanitation was added as an indicator in this dimension as they have a direct bearing on the health of the child. Considering this index looks at well-being of children up to 18 years of age, we have indicators on Class X and secondary education from the Ministry of Human Resources Development. Mental health aspects were also included, with data from National Mental Health Survey 2015.



4.2.2 Positive Relationships

WHY THIS DIMENSION?

Relationships are crucial to the well-being of children. The preamble of UNCRC states that “for the full and harmonious development of his or her personality,” the child “should grow up in a family environment, in an atmosphere of happiness, love and understanding.” The advantage of looking at child well-being from an ecological point of view involves considering how child well-being is influenced by parents, families and their neighbourhoods / communities. Parents / families provide the emotional security the child needs, which in turn fosters confident growth – significant for healthy development. The child also gets support from the adults in the community and from external settings where they are in, like schools. The UN recognises the role of positive relationships in the life of the child, especially in protecting children from delinquency. The Riyadh Guidelines adopted in 1990 recognises that “the family is the central unit responsible for the primary socialisation of children. (United Nations, 1990)” It goes on to say that the society has a responsibility to assist the family in providing care and protection and in ensuring the physical and mental well-being of children.

Social determinants too play a significant role in the relationships the child enjoys within the family and in the community. Gender-based discrimination is quite evident in the Indian context where a girl child is more likely to die of preventable causes than a boy child under 5 years of age. Lack of social support or changes in the support system due to rapid migration / urbanisation poses a lot of challenges to children.

INDICATORS

Though positive relationships are critical for child well-being, these are very difficult to measure. Despite challenges in measuring, we have attempted to measure this dimension using four indicators. Many of the aspects that need to be included in this dimension are not currently measured by the government. Indicators like the child’s perception of well-being, relationship within the families, access to counselling and other support services and bullying in schools could not be included for want of data. The indicators chosen in this dimension cover aspects that are central to the child being cared for, within the family and the community. Child sex ratio has been chosen as a proxy indicator for the discrimination girl children face. Juvenile crimes and suicide rates are indicative of the support mechanisms that the child receives in the environment they grow in. The indicators chosen are based on the rights of the child. Article 7 of UNCRC commits that the child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents.



4.2.3 Protective Contexts

WHY THIS DIMENSION?

The social and economic contexts where children live largely determine their access to opportunities in life. They need to be situated in contexts where all children are valued, experience protection and are provided social justice; children growing up in poverty miss crucial opportunities of well-being. Quality of public services available, poverty, exposure to violence and crime and access to resources, infrastructure and social networks affect the child's ability to develop to their fullest potential. Researchers agree that growing up in socially and economically isolated communities increases the risk of adverse outcomes for children.

These themes pertaining to protective contexts have also been extensively endorsed by the global community. Children's rights outlined in the UNCRC commit governments to ensuring that children have a standard of living adequate for physical, mental, spiritual, moral and social development. Governments are not only committed to supplementing the family income, but also in case of need to provide material assistance (UNCRC Art.27). Article 2 of UNCRC ensures that the child is protected against all forms of discrimination. Social exclusion not only denies children their rights but also excludes them from accessing their rights - right to access to quality healthcare, education and other opportunities in life.

Exposure to violence can have a lasting impact on a child's physical growth, self-esteem and emotional and psychological well-being. A 2006 United Nations

General Assembly (UNGA) report by the independent expert for the UN study on violence against children states that "violence may result in greater susceptibility to lifelong social, emotional, and cognitive impairments and to health-risk behaviours, such as substance abuse and early initiation of sexual behaviour. (UNGA, 2006)" The SDGs aspire for a world which invests in its children and in which every child grows up free from violence and exploitation.

Living conditions also render children vulnerable. UNCRC recognises every child's right to a living standard adequate for physical, mental, spiritual, moral and social development and specifically mentions the role of governments to provide improved housing conditions (Art.27.3). When world leaders committed to the SDGs, they assured that they "will strive to provide children and youth with a nurturing environment for the full realisation of their rights and capabilities, helping our countries to reap the demographic dividend, including safe schools and cohesive communities and families." (UNGA, 2015) Eliminating poverty is certainly one of the most important prerequisites for children to develop and experience well-being.

INDICATORS

This dimension attempts to measure protective contexts relevant to child well-being using seven indicators. These indicators are characteristic of contexts and environments where the child is subjected to exploitative and unfair means that curtail their development. Contexts that threaten the child's current and future well-

being like poverty, early marriage, child labour, marginalisation, homelessness and violence, were measured.

These indicators that determine the contexts in which children live have a direct bearing on their well-being. Data for three indicators were taken from the Socio Economic and Caste Census (SECC) 2011. The indicator on adolescent pregnancy is mostly a representation of contexts that support early marriage and pregnancy among girls. Data to measure protective contexts for the child is taken from the National Crime Records Bureau (NCRB), which records the number of crimes against children. Access to roads is included among indicators as this determines the access to education and healthcare facilities for the child.

A detailed description of indicators, data sources and data challenges are given in the Annexures 1 and 2.



4.3 Computation of the Index

To compute a composite child well-being index, all the 24 indicators identified were listed. The India Child Well-Being Index was computed for every State and Union Territory based on these indicators. The steps involved are as follows:

I) RAW DATA

Raw data for each of the 24 Indicators was compiled for each State and Union Territory.

II) MISSING DATA:

Variable*	Missing Values
Under 5 mortality rate	3%
Mental health / illnesses (2015 - 2016)	67%
10th pass	22%
Pupil-teacher ratio and number of female teachers per 100 male teachers	6%
Basic reading and math skills	33%
Drop-out rates (secondary)	3%
Sex ratio (0-6) (number of females per 1000 males) (2011)	3%
Juvenile crimes [below 18 years (2016)]	6%
Suicide rates (below 18 years) 2014	3%
Child labour (below 18 years) (age 5 to 14) (2011)	6%
House less	3%
Adolescent pregnancy (women aged 15-19 years who were already mothers or pregnant)	3%
Primitive groups + legally released bonded labourer + manual scavenger	14%

*Four variables have data missing more than 10%, and out of which one variable has 67% missing values. Other variables had 100% data availability. A detailed table on data availability is annexed. Overall, less than three states have data availability lesser than 80%. However, in Dimension 1 there are eight states with less than 80% availability, in Dimension 2 only two states have less than 100% availability. In Dimension 3, six states have less than 67% availability, with all other states on 100% availability.

III) NORMALISATION

As the indicators have different measures of scale, it was necessary to bring them all under a common scale of measurement. Hence a process of normalisation was carried out. The formula to achieve this was

$$X_{New} = (X - X_{Min}) / (X_{Max} - X_{Min})$$

Where, X= Raw data value

X_{Min} = minimum observed value of the indicator in the dataset

X_{Max} = maximum observed value of the indicator in the dataset

X_{New} = normalised value after rescaling

The outcome of this step brought all the data range between 0 and 1. For instance, the maximum value for a specific indicator will be closer to 1 and the minimum value will be closer to 0. This makes the data not biased towards any particular indicator.

IV) TRANSFORMING NEGATIVE INDICATORS TO POSITIVE INDICATORS

As there were indicators like stunting and Infant Mortality Rate (IMR) which point towards the negative aspect of child well-being, these variables were converted into a positive indicator (For e.g. if the IMR for Bihar is 0.77, then it was assumed that the remaining 0.33 of the child population are doing well.)

The transformed indicators are stunting, underweight, IMR, mental illness, secondary drop-out rate, juvenile crimes, suicide rates, child labour, houseless, crime against children, adolescent pregnancy, households with income less than INR 5000 and Primitive Groups + Legally Released Bonded Labourers + Manual Scavengers

V) CALCULATION OF INDEX

The final step was to calculate the index which is the geometric mean of the three dimension's averages as given below:

$$\text{Child Well-Being Index (CWI)} = I_{\text{Healthy Individual Development}} \times I_{\text{Positive Relationship}} \times I_{\text{Protective Context}}$$

This method is similar to the calculation of the Human Development Index (HDI).





4.4 Limitations

As with any study of this nature, there are a few inherent limitations that need to be accounted for. Firstly, to include all contributing factors towards child well-being in a single index is a challenge. This index is founded on the most significant contributors, taking into consideration availability of reliable and comparable data across different states.

Data availability was one of the key limitations for this study – data for a few states (like Telangana for instance - a newly formed state) and UTs was not available for some indicators. Many indicators were selected based on uniform availability across States and UTs.

The fact that the study depends on secondary data sources meant that we had to limit ourselves to the credible data sources available. Moreover, the limitations already present in the data sources would be carried over into the index. The quality of data used was ensured by using government sources. So the index is only as accurate as the government data — something to be taken to account in the analysis of this data. Another limitation is that the data has not been broken down to age, sex, disability status, religion, caste and domicile. Any errors or deviations that crept in during the normalisation process should also be considered.

The index currently does not capture the aspects of different forms of abuse, disability and discrimination-based effects on child well-being; neither does it cover the effects of elements like disaster proneness. Secondly, all indicators were given equal weightage which may lead to some biases in the ranking. Thirdly, perspectives regarding external contextual factors such as policy environment, governance, resource allocations, prevalence of resource leakage (corruption) etc are bound to play a role in the performance of states, but these were beyond the scope of this index. Indicators regarding spiritual, environmental and psychological dimension of healthy individual development were not included for want of an accepted definition, measures and data from States and UTs.

The researchers and authors of this document do not in any way claim that this report is a definitive and comprehensive picture of child development. In fact, this provides a look at one slim slice of the picture with a strong bias towards child well-being and should be viewed as such. This report is also a challenge taken on by the organisations to show that we can and should be measuring child well-being as a key global metric, while simultaneously seeking to build on this effort in the future. Finally, there have been rare attempts to include a child's own perception of well-being and participation in understanding and measuring child well-being (Bradshaw et al). However, this index does not include that component, though World Vision India measures the perception of children on their own well-being in a periodical manner in its programmes.

5. Child Well-being in India: Composite Index

5.1 India Child Well-Being Index

India Child Well-Being Index is almost entirely based on government data. As part of the data review and collation, a large amount of information was gathered especially at the state level. The data for the composite index at the national level as well as the three dimensions of well-being are presented below to provide a snapshot of the current status in a state-based ranking. The dimension and the composite index has been divided into quartiles to facilitate a detailed look at how well the states perform within each of the dimensions, while acknowledging that a detailed state-by-state analysis of the data is beyond the scope of this document. The data is presented in a state-wise rank list; in graphic form for easy reference. The Composite Index and the three Indicator sets (classified into the three dimensions) are presented as a ranking bar chart and a colour-coded map of India. A more detailed description of the dimensions and indicators under each is provided under the forthcoming sections.

5.1.1 Status of child well-being in India - at a glance

In the composite child well-being index, each State and Union Territory was ranked based on a composite score that was computed. The value of the scores ranged from 0.77 to 0.44. Among the states, Kerala topped the list with a score of 0.76. Recording a score of 0.44, Madhya Pradesh was in the last quartile with the least score on child well-being. Among the Union Territories, the well-being score for the National Capital Territories of Delhi was 0.53, closely followed by Dadra Nagar Haveli at 0.52.

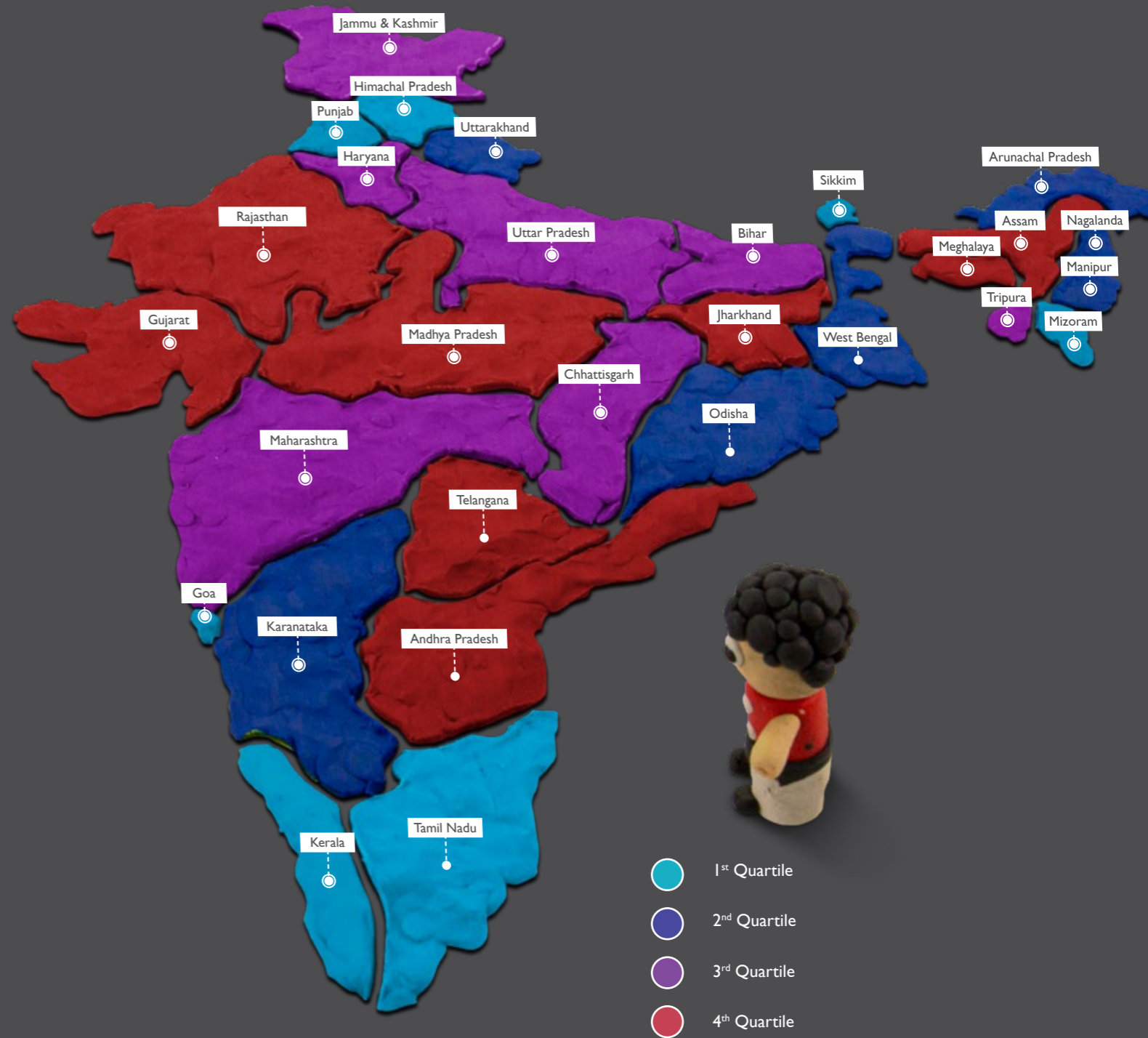


Illustration 2 Child well-being in Indian States

India Child Well-Being Index

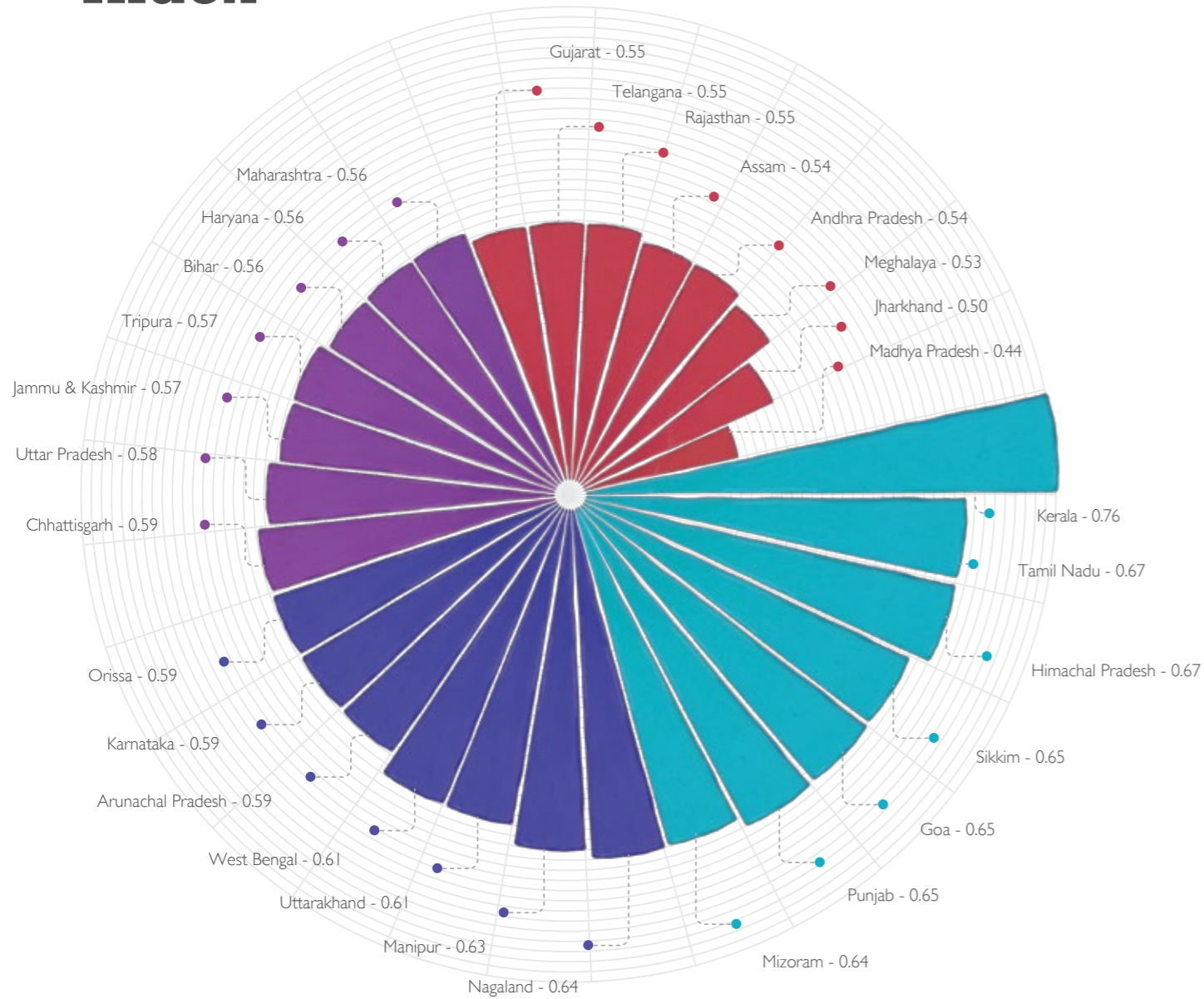


Illustration 3: Child well-being Index scores



Union Territories and their scores

Puducherry	0.77	Daman and Diu	0.57
Andaman and Nicobar Islands	0.68	Delhi	0.53
Lakshadweep	0.64	Dadra and Nagar Haveli	0.52
Chandigarh	0.62		

5.1.2 Highlights

On many measures of child well-being, Kerala surpassed most Indian states by ensuring access to good health and nutrition to children and safe drinking water and sanitation, providing quality education and addressing poverty. Among the UT Puducherry topped with good scores in the areas of providing health, nutrition and clean water and addressing poverty. However, low performance in the areas of child survival, nutrition, crimes against children and juvenile crimes, brought the scores down for Madhya Pradesh. More children live in poorer families in Madhya Pradesh. The states in the first and the last quartiles may not be a surprise. However, the overall picture of child well-being in different states and UTs has been a very mixed one.

States in the first quartile	Scores	States in the last quartile	Scores
Kerala	0.76	Rajasthan	0.55
Tamil Nadu	0.67	Assam	0.54
Himachal Pradesh	0.67	Andhra Pradesh	0.54
Sikkim	0.65	Meghalaya	0.53
Goa	0.65	Jharkhand	0.50
Punjab	0.65	Madhya Pradesh	0.44
Union Territories	Scores	Union Territories	Scores
Puducherry	0.77	Dadra and Nagar Haveli	0.52

5.2 Dimension 1: Healthy Individual Development

The dimension 'Healthy Individual Development' includes both health and education aspects, with 13 indicators. It covers the life span of the child from 0-18 years and includes aspects that contribute directly to the child's well-being. Most indicators have the child in focus; their outcome has a direct impact on the child. A few indicators are related to environmental and policy aspects, which directly contribute to the achievement of these child-focussed outcomes.

The following illustration and tables show the scores of States and Union Territories:

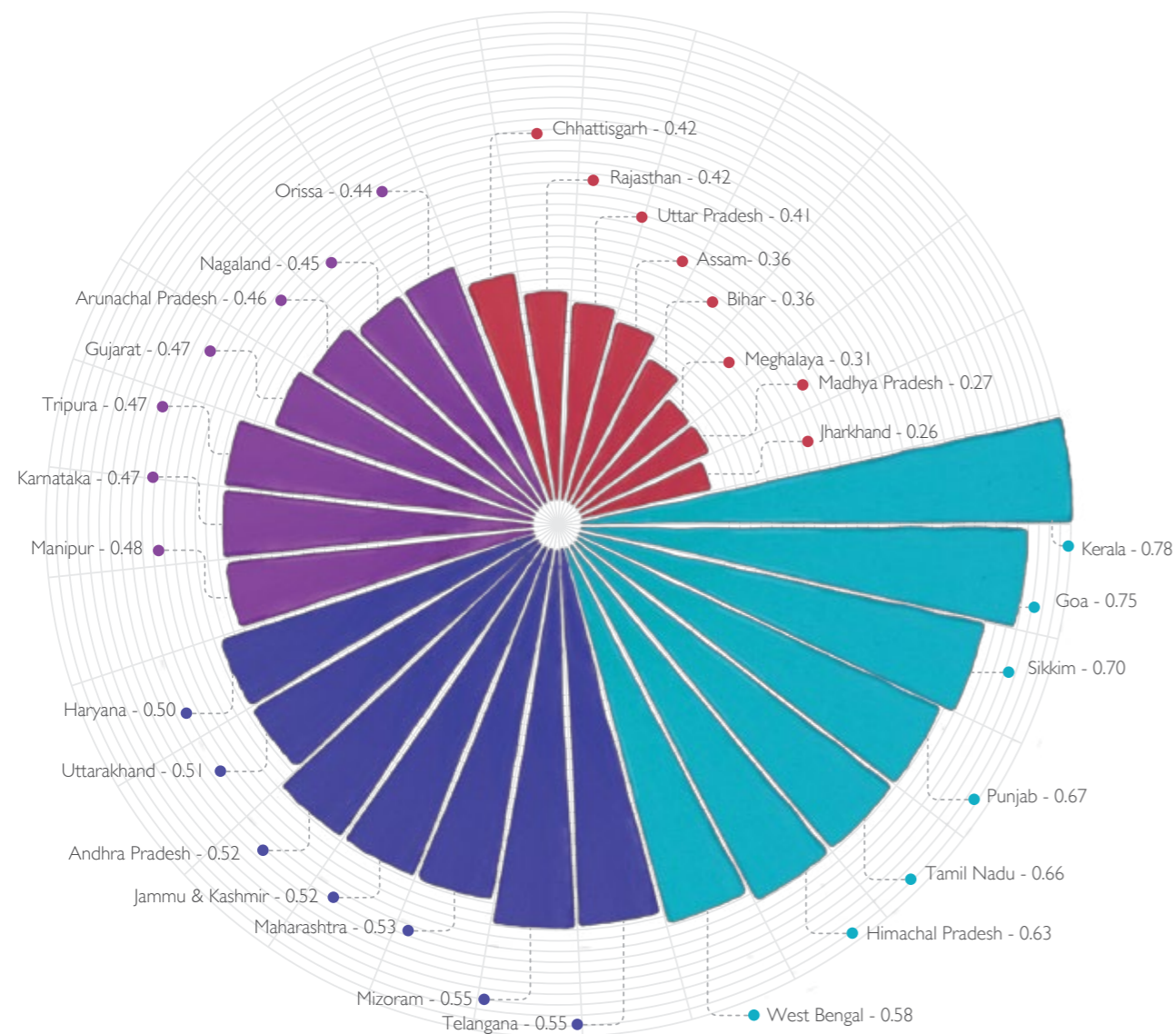


Illustration 4: Dimention scores - Healthy individual development



Union Territories and their scores

Lakshadweep	0.89	Daman and Diu	0.51
Andaman and Nicobar Islands	0.74	Dadra and Nagar Haveli	0.38
Chandigarh	0.66		
Delhi	0.60		

5.2.2 Highlights

In this dimension, among the states, Kerala topped the first quartile and Jharkhand was at the bottom of the last quartile. Among UTs, Lakshadweep topped the list with a score of 0.89. In providing good healthcare and good education for a healthy start to a child, Kerala bagged the top spot. Due to its exceptional performance in health, nutrition and education facilities, the state provided a healthy start to its children. More children were completing school and were able to have access to quality education. Kerala also performed better in addressing malnutrition and ensuring child survival and access to a healthy environment in terms of clean drinking water and sanitation facilities.

For Jharkhand, child survival, nutrition and access to water and sanitation are the key areas that need to be focussed on, to improve its score. More children were stunted and underweight, access to institutional delivery was low and a higher number of children were dying before they turned five. Efforts need to be taken to ensure children complete schooling, since more children were dropping out of school in the state. Survival, nutrition and basic education are other aspects in which Jharkhand performed lowest among all Indian states.

States in the first quartile	Scores	States in the last quartile	Scores
Kerala	0.78	Assam	0.36
Goa	0.75	Bihar	0.36
Sikkim	0.70	Meghalaya	0.31
Punjab	0.67	Madhya Pradesh	0.27
Tamil Nadu	0.66	Jharkhand	0.26
Union Territories	Scores	Union Territories	Scores
Lakshadweep	0.89	Dadra and Nagar Haveli	0.38

5.3 Dimension 2: Positive Relationships

As mentioned in the UN Guidelines for Prevention of Juvenile Delinquency, “it requires efforts on the part of the entire society to ensure the harmonious development of adolescents, with respect for and promotion of their personality from early childhood. (UNHR 2009)” This dimension looks at the relationships at the community and other levels that contribute to children’s well-being, ensuring that they are safe, protected and cared for. The indicators revolve around the important services, institutions and other state and non-state actors, their presence, ability and resources to function effectively. In fact, though this is a critical dimension for the

well-being of the child, we were able to include only four measurable indicators. The indicators show relationships in terms of gender discrimination and crime. The data for these indicators were sourced from Census 2011 and the NCRB. Due to challenges in measuring caste discrimination and its impact on children, that complex relationship was not included in this dimension.

The following illustration and tables show the scores of States and Union Territories:

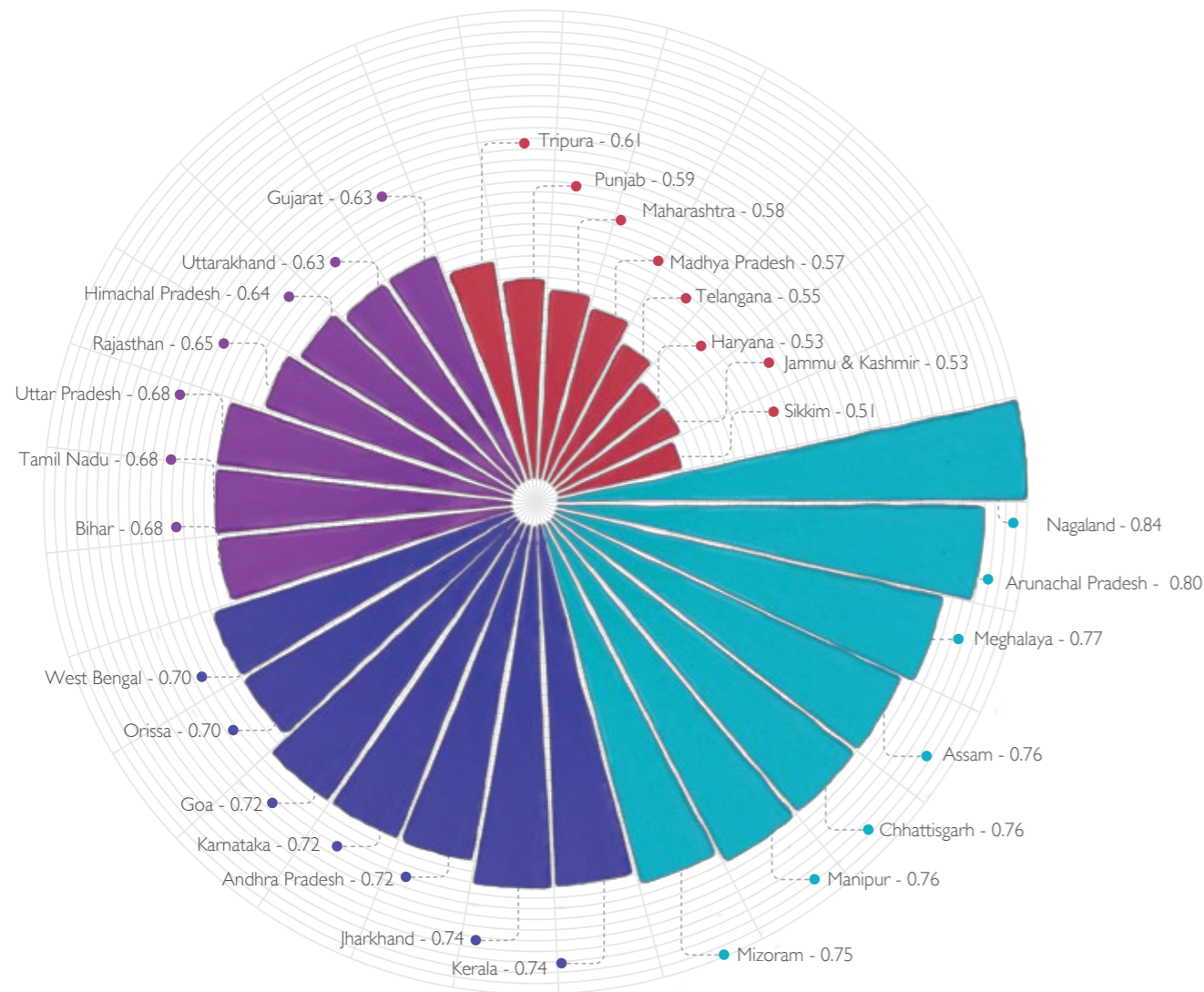


Illustration 5: Dimension scores - Positive relationship

● 1st Quartile ● 2nd Quartile ● 3rd Quartile ● 4th Quartile

Union Territories and their scores

Puducherry	0.83	Andaman and Nicobar Islands	0.52
Daman and Diu	0.66	Delhi	0.39
Dadra and Nagar Haveli	0.60	Lakshadweep	0.31
Chandigarh	0.58		

5.3.2 Highlights

Multiple North-Eastern states featured in the top rungs of this dimension of providing positive relationships for the child, with more children enjoying care in the environment they are growing in. The North-Eastern states had a better sex ratio, lesser involvement of children in crimes and most births being registered. Nagaland topped the first quartile of states. The involvement of children in crimes were low in Nagaland, more births were registered and suicides among children were low. However, another North-Eastern state Sikkim was at the bottom of the last quartile, owing to its higher number of crimes by juveniles and suicides among children.

States in the first quartile	Scores	States in the last quartile	Scores
Nagaland	0.84	Maharashtra	0.58
Arunachal Pradesh	0.80	Madhya Pradesh	0.57
Meghalaya	0.77	Telangana	0.55
Assam	0.76	Haryana	0.53
Chhattisgarh	0.76	Jammu & Kashmir	0.53
Manipur	0.76	Sikkim	0.51
Union Territories	Scores	Union Territories	Scores
Puducherry	0.83	Lakshadweep	0.31

5.4 Dimension 3: Protective Contexts

This dimension comprised seven indicators that determined the contexts in which children live, which have a direct bearing on their well-being. Data for three indicators were taken from Socio-Economic Caste Census (SECC) 2011. The indicator on adolescent pregnancy is broadly a representation of contexts that support early marriage and pregnancy among girls. Data for protective environment for the child was taken from the NCRB, which records the number of crimes against children.

Length of roads is included among indicators, as it determines access to education and healthcare facilities for the child. Decrease in child labour, poverty and other vulnerability markers are critical and are well-measured in this dimension.

The following illustration and tables show the scores of States and Union Territories:

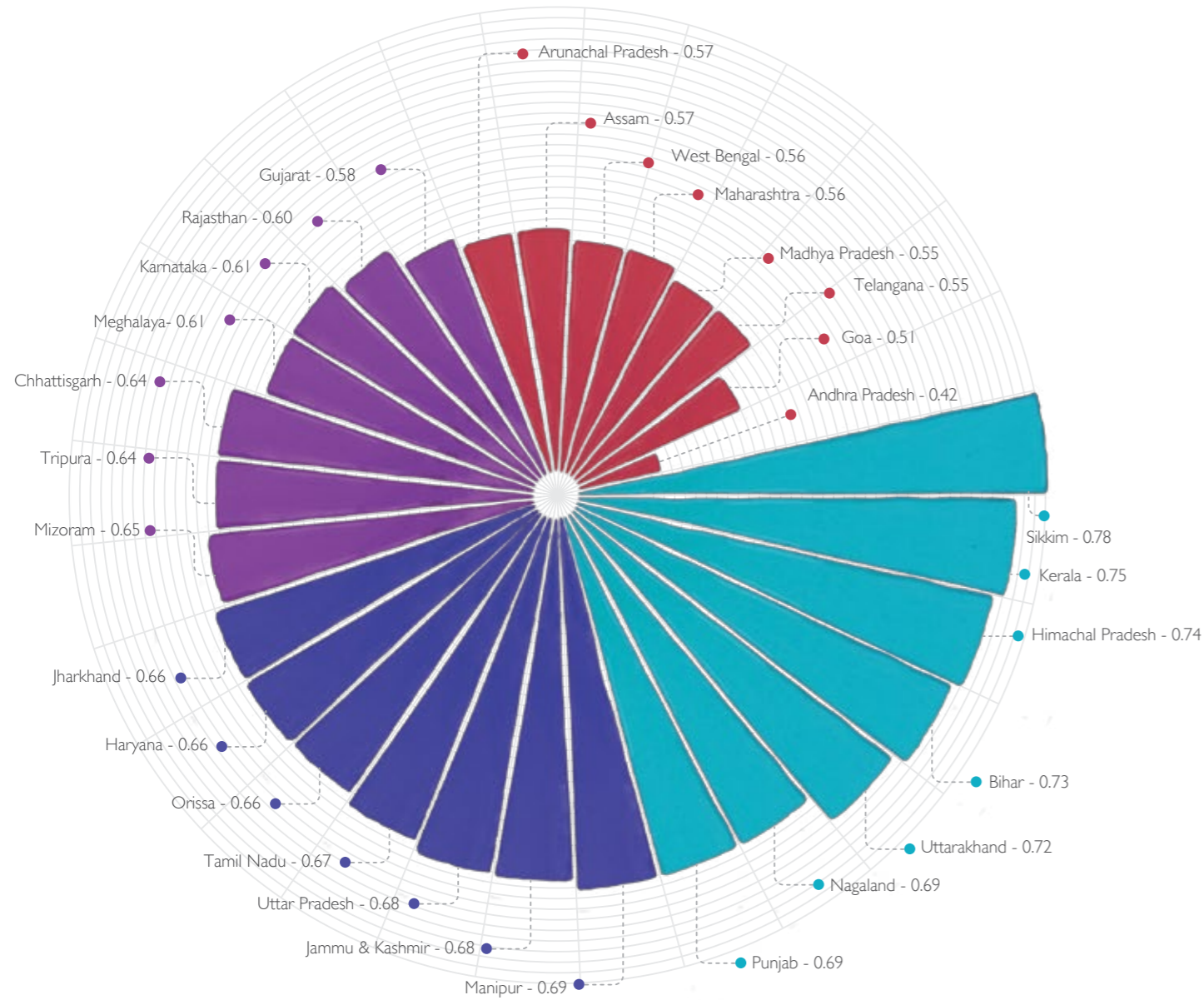


Illustration 6: Dimention scores - Protective contexts

● 1st Quartile ● 2nd Quartile ● 3rd Quartile ● 4th Quartile

Union Territories and their scores

Lakshadweep	0.94	Dadra and Nagar Haveli	0.61
Andaman and Nicobar Islands	0.81	Chandigarh	0.61
Puducherry	0.72	Daman and Diu	0.55
Delhi	0.63		

5.4.2 Highlights

Sikkim topped the list in the first quartile, with more children having homes, better roads and getting married after the legal age; Kerala followed at a close second. With more families in poverty, more child labourers and more children becoming mothers, Andhra Pradesh found itself in the bottom-most spot in the last quartile. Contexts that affect the current and future well-being of the child, like early marriage, child labour and crimes against children were high in Andhra Pradesh, and more children lived in poorer homes. These were also characteristic of states like Telangana, Madhya Pradesh, Maharashtra and West Bengal.

Protective Contexts

States in the first quartile	Scores	States in the last quartile	Scores
Sikkim	0.78	Maharashtra	0.56
Kerala	0.75	Madhya Pradesh	0.55
Himachal Pradesh	0.74	Telangana	0.55
Bihar	0.73	Goa	0.51
Uttarakhand	0.72	Andhra Pradesh	0.42
Union Territories	scores	Union Territories	scores
Puducherry	0.77	Dadra and Nagar Haveli	0.52

6. Child Well-Being and Sustainable Development Goals

The SDGs represent the greatest aspiration and responsibility of world leaders towards a better world. In their agenda towards transforming the world, the SDGs seek to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment. It envisages a world which invests in its children and in which every child grows up free from violence and exploitation.

In essence, child well-being lies at the very core of this global development blueprint. The success of meeting the goals largely depends on how children are taken care of today. And rightly so, throughout the 17 goals, 44 child-related indicators are present. World Vision India's composite child well-being index is well-aligned with the SDGs, covering 9 goals of the 17 SDGs. The infographic captures the alignment between the index and the SDGs.

The achievements of SDGs by India will have direct impact on the well-being of her children, and this child well-being index could be a useful tool as India pursues the targets. The Government of India recently measured the progress of every State and UT in each of the SDGs; the top-ranking states in the SDG performance are also the top-ranking states in this Child Well-Being Index. However, some of the states that were in the last quartile of child well-being were also showing improvement in the SDG progress. The India Child Well-Being Index will provide guidance to many states to identify areas to focus on for the achievement of SDGs related to children.



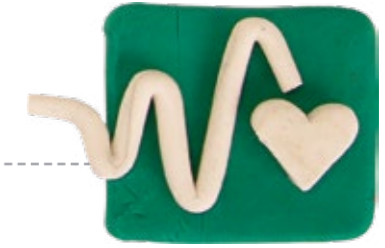
SDG 2:
END HUNGER,
ACHIEVE FOOD SECURITY
AND IMPROVED NUTRITION

- Children under 5 years who are stunted
- Children under 5 years who are underweight



SDG 4:
ENSURE INCLUSIVE
AND EQUITABLE QUALITY EDUCATION
AND PROMOTE LIFELONG LEARNING
OPPORTUNITIES FOR ALL

- Completed class X
- Pupil Teacher Ratio (PTR)
- Basic ASER reading, arithmetic and English: youth age 14-18
- Drop-out rates Secondary



SDG 3:
ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

- Institutional births
- Budget for health, education and protection (per capita expenditure)
- Under-five mortality rate (U5MR)
- Children age 12-23 months fully immunised
- Mental health / illnesses



SDG 6:
ENSURE AVAILABILITY
AND SUSTAINABLE
MANAGEMENT
OF WATER AND
SANITATION FOR ALL

- Households with an improved drinking-water source
- Households using improved sanitation facility



Healthy Individual Development



SDG 5:
ACHIEVE GENDER EQUALITY
AND EMPOWER ALL WOMEN
AND GIRLS

- Child sex ratio (0-6)



SDG 16:
PROMOTE PEACEFUL AND INCLUSIVE
SOCIETIES FOR SUSTAINABLE
DEVELOPMENT, PROVIDE ACCESS
TO JUSTICE FOR ALL

- Birth registration
- Juvenile crimes



SDG 3:
ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

- Suicide rates (below 18)



Positive Relationships



SDG 8:
PROMOTE SUSTAINED,
INCLUSIVE AND SUSTAINABLE
ECONOMIC GROWTH,
FULL AND PRODUCTIVE
EMPLOYMENT AND DECENT
WORK FOR ALL

- Child labour



SDG 16:
PROMOTE PEACEFUL AND
INCLUSIVE SOCIETIES
FOR SUSTAINABLE
DEVELOPMENT, PROVIDE
ACCESS TO JUSTICE FOR ALL

- Crimes against children
- Child labour



SDG 1:
END POVERTY IN ALL ITS
FORMS EVERYWHERE

- Income of the highest earner <5000
- Primitive groups+
Legally released bonded labour + Manual Scavenger



Protective Contexts



SDG 5:
ACHIEVE GENDER EQUALITY
AND EMPOWER ALL WOMEN
AND GIRLS

- Early marriage



SDG 11:
MAKE CITIES AND HUMAN
SETTLEMENTS INCLUSIVE,
SAFE, RESILIENT
AND SUSTAINABLE

- Houseless
- Length of roads



7 Discussion

Key lessons

The India Child Well-Being Index is a snapshot of how children survive and thrive in different parts of the country. The dimensions present an important step in measuring child well-being. Though it is known that income poverty is a significant determinant of children's future, this report attempts to look at the well-being of the child in a multi-dimensional way. It attempts to measure child well-being from the aspects of adequate nutrition, health care, education, housing, care from parents and community and protection from exploitative contexts.

It would have been worthwhile to see if children are loved and cared for, if they are treated equally with dignity, and if there is enough support from the community, civil society and the government so that children thrive. This exercise also revealed the need for more robust data along the dimensions of child well-being. The availability of data on multiple aspects of child well-being would enable the country and the states to develop a precise policy response and effective monitoring mechanisms.

As participants in the global pursuit of achieving the SDGs, India needs to invest effort and resources in child well-being

since it aligns significantly with most of the goals. The index lays out a blueprint for allocation of priorities in a state-wise manner, which would certainly improve the performance of the country as a whole.

One of the primary objectives of this index has been to garner attention on the under-researched theme of child well-being in India and inspire further academic and policy conversations on related issues. Some of the key indicators that need to be studied in the future include mobile usage, digital access, financial literacy, mental health and quality of relationships per se, between parents/peers and children. Research on disaggregated data – based on age, sex, disability status, religion, caste and domicile – is bound to throw up valuable insights and useful findings.

The index itself could be updated as and when updated government data is available, lending itself to addition of further indicators that may make it more comprehensive. In future endeavours, it would also be beneficial to include studies on external contextual factors such as policy environment, governance, resource allocations, prevalence of resource leakage (corruption), etc. Methodologically, future

efforts could lean more towards a mixed methods approach, with significant qualitative inputs from children themselves. Comparative studies with other developing countries and an analysis of better performances could also add value to future studies on child well-being.

Moreover, there is a need to expand the scope of the current understanding of requirements for child development to encompass the 'Nurturing Care Framework', in the context of a report released by WHO in 2018. The framework includes behaviours, attitudes and knowledge regarding caregiving (health, nutrition and water, sanitation and hygiene); psychosocial activities/stimulation; and responsiveness and safety. Essential to these are social contexts, family care (provided at home) and non-family care (provided at childcare centres and the wider community).

What do we expect this report to do?

World Vision India and IFMR LEAD hope this report will trigger policy-level changes, as it could provide a unique 'child well-being lens' for any policy development, monitoring and analysis. This report invites attention on states that need more thrust towards child well-being. It is a call for states to look at their respective scores on the dimensions of child well-being, and to prepare for priority areas of intervention with specific plans of action. India does have multiple significant legislations focussed on childhoods, including the Child Labour Act, Juvenile Justice Act, Right to Education Act and POCSO Act, to name a few. We hope this report would help guide policy decisions including the framing of new bills, amendments and rules, budgetary allocations and implementation strategies. This report is expected to contribute to discussions around community development by various actors, so that child well-being is prioritised in sectors where it has not hitherto been.

The creators of the report by no means claim this to be exhaustive; it is an earnest hope that this would trigger further analysis and discussions on researching child well-being, which would continue this momentum. NGOs, civil society groups and social researchers are welcome to contribute to this ongoing discussion and better shape future reports. We expect academic institutions and media to make the most of this endeavour, and aid in its dissemination among the wider public. World Vision India and IFMR LEAD believe this report

would provoke evidence-based conversations between India's elected representatives, bureaucrats, private entities and civil society in recognising child well-being as a cornerstone in nation-building and key to realising the SDGs' aspiration of 'leaving no one behind.'

What Children Think

Children's self-perception regarding well-being throws up some meaningful information. The following information has been collected through a World Vision India survey conducted with over 8500 children aged 12 to 18 years from 113 locations where we work. Though this data cannot be generalised, it offers an insight into what children think about their well-being. The following data was gathered using the Youth Healthy Behaviour Survey tool. Respondents were chosen using the Lot Quality Assurance Survey (LQAS) method. The following are the views of children on their well-being:

- 38.5% of children ranked themselves as thriving on the Ladder of Life tool*
- 70.1% of children have a strong connection with their caregiver
- 76.9% of the children knew of the presence of services and mechanisms to receive and respond to reports of abuse, neglect, exploitation or violence against children
- 50.2% of children were able to express three personal safety methods and three sources of help if they are in danger

**The Ladder of Life is used to measure subjective well-being. By 'thriving' the respondents mean that they have positive views of their present life situation.*

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Annexe 1. Indicators and Data Sources

Child Well-Being Indicators	Source	Year
Children under 5 years who are stunted	NFHS 4	2015-2016
Children under 5 years who are underweight	NFHS 4	2015-2016
Institutional births	NFHS 4	2015-2016
Budget for health, education and protection (per capita expenditure)	Union Budget	2014-15
Under-five mortality rate (U5MR)	NFHS 4	2015-2016
Children age 12-23 months fully immunised	NFHS 4	2015-2016
Mental health / illnesses	NMHS Report	2015-2016
Completed class X	MHRD	2015
Pupil-teacher ratio (PTR)	MHRD	2011 - 2012
Basic ASER reading, arithmetic and English: youth age 14-18	ASER	2017
Drop-out rates (Secondary)	MHRD	2012-13-2014-15
Households with an improved drinking-water source	NFHS 4	2015-2016
Households using improved sanitation facility	NFHS 4	2015-2016
Sex ratio (0-6)	Census	2011
Birth registration	Census	2014
Juvenile crimes	NCRB	2016
Suicide rates (below 18)	NCRB	2014
Child Labour (below 18)	Census	2011
Crimes against children	NCRB	2014
Women aged 15-19 years who were already mothers or pregnant at the time of the survey	NFHS 4	2015-2016
Monthly income of highest earner <5000	SECC	2011
Primitive groups+ legally released bonded labourers + manual scavengers	SECC	2011
House less	SECC	2011
Length of roads	MORTH	2009-2016

Annexe 2. Table on Data Availability

State / UT	Available	Dimension 1	Dimension 2	Dimension 3
Andaman & Nicobar Islands	86%	73%	100%	100%
Andhra Pradesh	95%	91%	100%	100%
Arunachal Pradesh	86%	73%	100%	100%
Assam	95%	100%	100%	67%
Bihar	95%	91%	100%	100%
Chandigarh	73%	55%	100%	67%
Chhattisgarh	100%	100%	100%	100%
Dadra and Nagar Haveli	86%	73%	100%	100%
Daman and Diu	86%	73%	100%	100%
Delhi	86%	82%	100%	67%
Goa	86%	82%	100%	67%
Gujarat	100%	100%	100%	100%
Haryana	95%	91%	100%	100%
Himachal Pradesh	91%	91%	100%	67%
Jammu & Kashmir	95%	91%	100%	100%
Jharkhand	95%	91%	100%	100%
Karnataka	95%	91%	100%	100%
Kerala	100%	100%	100%	100%
Lakshadweep	68%	73%	63%	67%
Madhya Pradesh	100%	100%	100%	100%
Maharashtra	95%	91%	100%	100%
Manipur	100%	100%	100%	100%
Meghalaya	95%	91%	100%	100%
Mizoram	91%	82%	100%	100%
Nagaland	95%	91%	100%	100%
Orissa	95%	91%	100%	100%
Puducherry	86%	73%	100%	100%
Punjab	100%	100%	100%	100%
Rajasthan	100%	100%	100%	100%
Sikkim	86%	73%	100%	100%
Tamil Nadu	100%	100%	100%	100%
Telangana	73%	82%	50%	100%
Tripura	91%	82%	100%	100%
Uttar Pradesh	100%	100%	100%	100%
Uttarakhand	95%	91%	100%	100%
West Bengal	100%	100%	100%	100%



Healthy Individual Development

STATE	STUNTING	UNDERWEIGHT	INSTITUTIONAL DELIVERY	BUDGET FOR CHILDREN	UNDER 5 MORTALITY	IMMUNISATION	MENTAL ILLNESS
Andhra Pradesh	0.59	0.44	0.87	0.05	0.52	0.53	
Arunachal Pradesh	0.66	0.79	0.29	0.53	0.63	0.05	
Assam	0.42	0.50	0.56	0.04	0.31	0.21	0.57
Bihar	0.00	0.11	0.46	0.00	0.28	0.47	
Chhattisgarh	0.37	0.28	0.56	0.08	0.20	0.73	0.86
Goa	0.99	0.67	0.96	0.42	0.92	0.95	
Gujarat	0.34	0.24	0.83	0.10	0.49	0.27	1.00
Haryana	0.50	0.51	0.71	0.08	0.52	0.48	
Himachal Pradesh	0.77	0.75	0.65	0.23	0.56	0.61	
Jammu & Kashmir	0.73	0.87	0.79	0.11	0.56	0.71	
Jharkhand	0.10	0.00	0.43	0.02	0.34	0.47	0.00
Karnataka	0.42	0.35	0.91	0.08	0.66	0.49	
Kerala	1.00	0.89	1.00	0.12	1.00	0.83	0.57
Madhya Pradesh	0.22	0.14	0.72	0.04	0.18	0.33	0.29
Maharashtra	0.49	0.33	0.86	0.06	0.69	0.37	
Manipur	0.68	0.95	0.54	0.22	0.73	0.54	0.71
Meghalaya	0.16	0.53	0.28	0.21	0.54	0.46	
Mizoram	0.71	1.00	0.70	0.47	0.45	0.27	
Nagaland	0.69	0.87	0.00	0.24	0.58	0.00	
Orissa	0.50	0.37	0.78	0.06	0.42	0.77	
Punjab	0.79	0.73	0.86	0.08	0.63	0.96	0.71
Rajasthan	0.32	0.31	0.76	0.08	0.38	0.35	0.29
Sikkim	0.65	0.94	0.92	0.53	0.65	0.85	
Tamil Nadu	0.74	0.67	0.99	0.10	0.72	0.61	0.86
Telangana	0.71	0.54	0.87	0.05	0.65	0.57	
Tripura	0.84	0.66	0.70	0.17	0.63	0.34	
Uttar Pradesh	0.07	0.23	0.52	0.03	0.00	0.28	0.86
Uttarakhand	0.52	0.59	0.53	0.16	0.44	0.40	
West Bengal	0.55	0.45	0.63	0.05	0.65	0.88	0.86

UNION TERRITORIES

Andaman & Nicobar Islands	0.87	0.73	0.95	0.74	0.92	0.68	
Chandigarh	0.69	0.65	0.88	0.34		0.79	
Dadra and Nagar Haveli	0.23	0.25	0.82	0.32	0.51	0.14	
Daman and Diu	0.87	0.59	0.85	0.23	0.62	0.55	
Delhi	0.57	0.58	0.77	0.25	0.51	0.60	
Lakshadweep	0.75	0.68	0.99	1.00	0.68	0.96	
Puduchery	0.85	0.70	1.00	0.43	0.86	1.00	

● 1st Quartile ● 2nd Quartile ● 3rd Quartile ● 4th Quartile

COMPLETED CLASS 10	PTR	BASIC READING AND MATH	SECONDARY DROP-OUT RATE	IMPROVED DRINKING WATER SOURCE	IMPROVED SANITATION FACILITY	AVERAGE	STATE
0.81	0.13	0.75	0.63	0.54	0.39	0.52	Andhra Pradesh
	0.11		0.58	0.75	0.20	0.46	Arunachal Pradesh
0.38	0.09	0.40	0.20	0.73	0.31	0.36	Assam
0.65	0.46	0.64	0.24	0.98	0.01	0.36	Bihar
0.20	0.25	0.55	0.42	0.85	0.11	0.42	Chhattisgarh
0.75	0.09		0.81	0.94	0.72	0.75	Goa
0.18	0.27	0.69	0.28	0.85	0.53	0.47	Gujarat
0.00	0.13	0.83	0.63	0.87	0.73	0.50	Haryana
0.49	0.08	0.85	1.00	0.92	0.62	0.63	Himachal Pradesh
0.13	0.04	0.59	0.57	0.82	0.38	0.52	Jammu & Kashmir
0.42		0.36	0.32	0.63	0.00	0.26	Jharkhand
0.77	0.10	0.39	0.23	0.82	0.45	0.47	Karnataka
1.00	0.12	1.00	0.76	0.91	0.99	0.78	Kerala
0.00	0.22	0.19	0.29	0.74	0.12	0.27	Madhya Pradesh
0.82	0.17	0.62	0.74	0.86	0.37	0.53	Maharashtra
0.22	0.08	0.50	0.68	0.00	0.34	0.48	Manipur
0.04	0.00	0.16	0.45	0.45	0.48	0.31	Meghalaya
0.37	0.01		0.40	0.86	0.79	0.55	Mizoram
0.38	0.14	0.60	0.54	0.67	0.68	0.45	Nagaland
0.62	0.12	0.64	0.10	0.82	0.07	0.44	Orissa
0.35	0.19	0.77	0.89	0.99	0.76	0.67	Punjab
0.78	0.10	0.29	0.72	0.76	0.28	0.42	Rajasthan
	0.05		0.63	0.97	0.85	0.7	Sikkim
0.88	0.20	0.68	0.92	0.85	0.37	0.66	Tamil Nadu
0.49		0.54	0.64	0.63	0.35	0.55	Telangana
0.29	0.09		0.15	0.79	0.49	0.47	Tripura
0.63	0.44	0.37	0.84	0.95	0.14	0.41	Uttar Pradesh
0.41	0.06	0.71	0.83	0.89	0.54	0.51	Uttarakhand
0.59	0.76	0.35	0.55	0.92	0.35	0.58	West Bengal

UNION TERRITORIES

	0.04		0.85	0.91	0.67	0.74	Andaman & Nicobar Islands
	0.16			1.00	0.78	0.66	Chandigarh
	0.13		0.59	0.62	0.15	0.38	Dadra and Nagar Haveli
	0.09		0.00	0.83	0.48	0.51	Daman and Diu
1.00	0.20		0.78	0.66	0.65	0.60	Delhi
	1.00		0.97	0.86	1.00	0.89	Lakshadweep
	0.67		0.77	0.94	0.56	0.78	Puduchery

Positive Relationships

STATE	SEX RATIO	REGISTERED BIRTHS	JUVENILE CRIMES	SUICIDE RATES (BELOW 18)	AVERAGE
Andhra Pradesh	0.76	0.37	0.90	0.87	0.72
Arunachal Pradesh	1.00	0.61	0.81	0.79	0.80
Assam	0.93	0.36	0.96	0.80	0.76
Bihar	0.73	0.07	0.93	1.00	0.68
Chhattisgarh	0.98	0.70	0.66	0.69	0.76
Goa	0.78	0.32	0.91	0.86	0.72
Gujarat	0.41	0.35	0.87	0.88	0.63
Haryana	0.00	0.43	0.81	0.88	0.53
Himachal Pradesh	0.54	0.27	0.84	0.93	0.64
Jammu & Kashmir	0.20	0.00	0.92	0.98	0.53
Jharkhand	0.83	0.21	1.00	0.91	0.74
Karnataka	0.83	0.33	0.97	0.77	0.72
Kerala	0.94	0.34	0.86	0.83	0.74
Madhya Pradesh	0.61	0.33	0.57	0.78	0.57
Maharashtra	0.43	0.31	0.70	0.88	0.58
Manipur	0.70	0.37	1.00	0.95	0.76
Meghalaya	0.99	0.24	0.92	0.95	0.77
Mizoram	0.99	0.29	0.80	0.92	0.75
Nagaland	0.79	0.59	0.97	1.00	0.84
Orissa	0.78	0.34	0.88	0.81	0.70
Punjab	0.09	0.34	0.99	0.96	0.59
Rajasthan	0.39	0.41	0.86	0.93	0.65
Sikkim	0.89	0.25	0.74	0.13	0.51
Tamil Nadu	0.79	0.37	0.85	0.70	0.68
Telangana		0.35		0.76	0.55
Tripura	0.89	0.10	0.97	0.48	0.61
Uttar Pradesh	0.49	0.26	0.99	0.98	0.68
Uttarakhand	0.41	0.21	0.95	0.95	0.63
West Bengal	0.88	0.23	0.98	0.71	0.70
UNION TERRITORIES					
Andaman & Nicobar Islands	0.97	0.28	0.84	0.00	0.52
Chandigarh	0.33	0.78	0.37	0.85	0.58
Dadra and Nagar Haveli	0.67	0.24	0.90	0.58	0.60
Daman and Diu	0.51	0.33	0.85	0.94	0.66
Delhi	0.27	0.51	0.00	0.78	0.39
Lakshadweep	0.56	0.07			0.31
Puduchery	0.96	1.00	0.62	0.72	0.83



Protective Contexts

STATE	CHILD LABOUR	HOUSE LESS	CRIMES AGAINST CHILDREN	ADOLESCENT PREGNANCY	NO OF HH WITH INCOME<5000	PTG + LRBL + MS	ROADS	AVERAGE
Andhra Pradesh	0.00	0.26	0.94	0.42	0.18	0.99	0.12	0.42
Arunachal Pradesh	0.67	0.74	0.88	0.50	0.31	0.86	0.05	0.57
Assam	0.72	0.93	0.95	0.31	0.23		0.28	0.57
Bihar	0.69	0.92	0.99	0.40	0.32	1.00	0.82	0.73
Chhattisgarh	0.79	0.79	0.74	0.84	0.00	0.95	0.34	0.64
Goa	0.30	0.48	0.50	0.95	0.83		0.01	0.51
Gujarat	0.56	0.41	0.92	0.74	0.36	1.00	0.08	0.58
Haryana	0.81	0.50	0.85	0.78	0.52	1.00	0.18	0.66
Himachal Pradesh	0.77	0.88	0.89	0.97	0.61		0.35	0.74
Jammu & Kashmir	0.84	0.64	0.99	0.95	0.38	0.98	0.00	0.68
Jharkhand	0.79	0.85	1.00	0.41	0.23	0.97	0.35	0.66
Karnataka	0.52	0.70	0.91	0.66	0.35	0.99	0.12	0.61
Kerala	0.96	0.94	0.86	0.95	0.33	1.00	0.20	0.75
Madhya Pradesh	0.65	0.50	0.70	0.69	0.12	0.92	0.31	0.55
Maharashtra	0.48	0.54	0.88	0.63	0.32	0.96	0.09	0.56
Manipur	0.59	0.74	0.94	0.68	0.42	0.97	0.45	0.69
Meghalaya	0.47	0.93	0.92	0.61	0.26	1.00	0.08	0.61
Mizoram	0.77	1.00	0.76	0.69	0.22	0.93	0.14	0.65
Nagaland	0.51	0.92	1.00	0.78	0.34	0.99	0.28	0.69
Orissa	0.80	0.82	0.93	0.67	0.05	0.98	0.41	0.66
Punjab	0.62	0.59	0.90	0.97	0.54	0.97	0.21	0.69
Rajasthan	0.69	0.34	0.93	0.75	0.29	0.99	0.22	0.60
Sikkim	0.54	0.92	0.75	0.96	0.29	0.99	1.00	0.78
Tamil Nadu	0.75	0.85	0.95	0.83	0.21	0.99	0.14	0.67
Telangana			0.91	0.49	0.25	1.00	0.09	0.55
Tripura	0.89	0.80	0.84	0.00	0.18	0.88	0.91	0.64
Uttar Pradesh	0.64	0.60	0.91	0.90	0.31	0.99	0.42	0.68
Uttarakhand	0.75	0.73	0.94	0.96	0.44	0.99	0.20	0.72
West Bengal	0.74	0.65	0.92	0.03	0.14	1.00	0.45	0.56
UNION TERRITORIES								
Andaman & Nicobar Islands	0.68	0.97	0.75	0.84	0.65	0.99		0.81
Chandigarh	0.65	0.00	0.64	1.00	0.74			0.61
Dadra and Nagar Haveli	0.70	0.26	0.97	0.51	0.35	0.97	0.52	0.61
Daman and Diu	0.54	0.24	0.96	0.81	0.73	0.00		0.55
Delhi	0.86	0.30	0.00	1.00	1.00			0.63
Lakshadweep	1.00		0.99		0.77	0.99		0.94
Puduchery	0.89	0.70	0.95	0.90	0.35	1.00	0.27	0.72



About IFMR LEAD

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About World Vision India

World Vision India is one of the country's largest child-focused humanitarian organisations.

With over six decades of grassroots experience, we employ proven, effective development, public engagement and relief practices empowering vulnerable children and communities living in contexts of poverty and injustice to become self-sufficient and bring lasting change. We serve all children regardless of religion, race, ethnicity or gender as a demonstration of Christ's unconditional love for all people.

World Vision India works in 123 districts impacting 26 lakh children and their families in over 6200 communities spread across 24 states and the National Capital Region of India to address issues affecting children in partnership with governments, civil society, donors and corporates.

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