

India Child Well-being Report 2020





I. Foreword

Children and their well-being play an indispensable role in India's developmental discourse. According to the World Bank estimates, India constituted the world's highest child population with 363.1 million in the year 2019. However, India is yet to achieve the dream of well-being of all her children and to optimise their potential for the country.

The data from the Census 2011 shows that there are 10.1 million working children between the ages of 5 and 14, and 42.7 million children in India are out of school. The Under 5 Mortality Rate is 37 as compared to the targeted 23 by 2025.

The impact of the coronavirus disease (COVID-19) pandemic on children and child well-being is also a growing concern for India's children. The pandemic has caused a major disruption in the life and well-being of children. The report also provides brief insights into the impact of COVID-19 on children in the areas of education, nutrition and child protection.

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To make the well-being of children a reality in our country, we need to explore ways to measure child well-being in appropriate methods to inform our discussions and decisions related to children. Though there are various indicators that reveal the status of children and their well-being in India, there is no single comprehensive measure of child well-being.

World Vision India, being a child-focussed organisation, has been working towards improving the lives of children, families and communities, together with our partners. Decades of experience has shaped World Vision India's understanding of child well-being as an integral concept with its multidimensionality.

Considering the lacunae in understanding child well-being and the inadequacy of research in the Indian context, there arises a need for a comprehensive study that considers the multidimensional aspects of child well-being. The India Child Well-being Report aims to fulfil that need.

This is the second edition of the India Child Well-Being Report by World Vision India, which provides a comprehensive assessment of child well-being on nine different dimensions across 640 districts in 28 states and 9 union territories. The India Child Well-being Report 2020 has been brought out in collaboration with Pathfinder International India, O.P. Jindal Global University, Poverty Learning Foundation, and the University of Melbourne.

The report has tried to conceptualise child well-being in the Indian context and analyse how different states and districts fare in terms of child well-being. It analyses the contributing factors that influence the well-being of children. The report also highlights the association of Sustainable Development Goals (SDGs) with child well-being. The nine dimensions used in the child well-being index capture the vulnerability of children, with indicators in each of these dimensions

aligning to around nine of the SDGs.

The report has tried to conceptualise child well-being in the Indian context and analyse how different states and districts fare in terms of child well-being. The report also analyses the contributing factors that influence the well-being of children.

Investments in early childhood development are pertinent for a better tomorrow for our children, especially in a time where uncertainty has intensified around us. It falls on us to work towards paving a secure future for the next generation, enabling them to be resilient and empowered to face the challenges that have risen in these past few months.

Child well-being is an important conversation in the development sector and it is critical that we understand it in a holistic way. We hope that this report will serve as a guide for policymakers, practitioners and civil societies to understand child well-being, prioritise areas of improvement and develop policies and programmes based on facts and evidence.

Madhav Bellamkonda
CEO & National Director, World Vision India



2. Acknowledgements

The India Child Well-being Report 2020 is the result of the collaborative efforts of World Vision India, Pathfinder International India, O.P Jindal Global University, Poverty Learning Foundation and the University of Melbourne.

Under the guidance of Mr Madhav Bellamkonda, National Director and CEO, World Vision India, and Mr Cherian Thomas, Regional Leader, World Vision International, this project was managed by the Late Dr Prasad Talluri, and his team members, Dr Subramania Siva and Ms Ann Kavitha.

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This report has been designed by Mr Moses Ponraj and Ms. Ringlin Krispah.

We dedicate The India Child Well-Being Report-2020 to Late Dr Prasad Talluri (27.05.1969 – 09.11.2020) whose commitment and tireless efforts have made the development and execution of this report possible.



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3. Executive Summary

Investing in children is an essential step to create an economically prosperous country. Creating a better space for children in the policy requires special attention, focusing on socialisation, health, education, and safety. To have comprehensive and effective child-centric policies, it is essential to understand how existing policies and programmes influence children's subjective and objective well-being. In this context, over the years, World Vision India, as an organisation committed to child well-being in the country, has embarked on a journey to publish the status of child well-being in India. In 2019, World Vision India, in collaboration with IFMR Lead, produced "India Child Well-being Report 2019" which provided a snapshot of the status of child well-being in each of the states and union territories in the country.

In continuation, World Vision India has brought out the "India Child Well-being Report 2020," in collaboration with Pathfinder International India, O.P. Jindal Global University, Poverty Learning Foundation, and the University of Melbourne, which provides a comprehensive assessment of child well-being across 640 districts in 28 states and 9 union territories. This report aims to guide policymakers and development organisations in designing and implementing programmes and initiatives based on facts and evidence, and stimulate discussion for strengthening policies at the national and state level.

Context

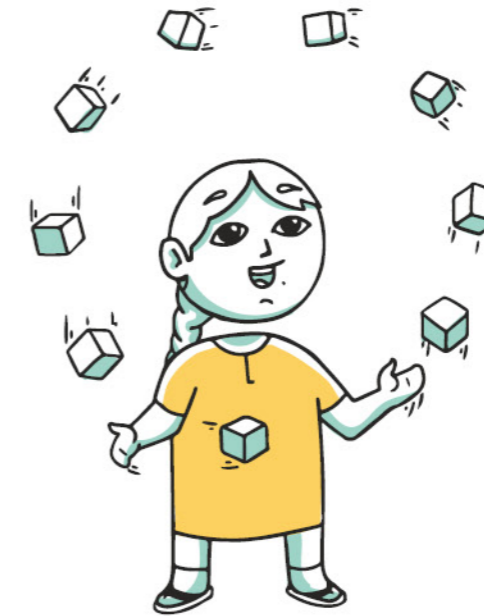
As a multidimensional and holistic approach, child well-being provides a contextual understanding of a child through different domains such as health, material well-being, education, conditions of housing and environment and interpersonal relations. It brings the child's quality of life and happiness at the forefront and aims to increase children's capabilities following each domain's basic indicators. The child well-being index is a key statistical tool for evaluating and monitoring children's status in society

In India, about 363.1 million children were in the age group of 0-14 years in 2019[1]. Given the size of the child population and the importance of their 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 conditions of freedom and dignity, and that childhood and youth are protected against exploitation, and moral and material abandonment. Various indicators, for instance, infant mortality rate, under-five mortality rate, out-of-school children, and so on, reveal the challenging status of children and their well-being in India. One of the recent reports indicates that India ranks 113 of 176 countries in terms of childhood index, which evaluates child well-being. The opportunity cost of not investing in children and youth is at 4% of the GDP every year[2].

India Child Well-Being Report 2020 aims to provide a high-level briefing, which describes the current trends at the state and district levels across 28 states and 9 union territories in India. The report has tried to answer some of the key questions:

1. How do we conceptualise child well-being in the Indian context?
2. How do different states and districts fare in terms of child well-being?
3. Which are the contributing factors that influence the well-being of children?

This report provides data on various child-centric indicators and analyses them through nine different dimensions with comparison across the different regions, states and districts. The uniqueness of this report lies in capturing the district-level data.



Nussbaum's Framework

According to Nussbaum's capability approach, the ten dimensions: life, bodily health, bodily integrity, senses, imagination, thoughts, emotions, practical reason, affiliation, other species, play, and control over one's environment are the real opportunities based on personal and social circumstances. Ninety indicators were identified under nine dimensions, excluding one of the dimensions, i.e., 'other species'. Since, a few indicators are taken into account more than once in defining the dimensions, a total of 99 indicators were used in formulating the composite index that presents the status of child well-being in India. Using the indicators' data, the performance of states, union territories and districts in terms of their child well-being across nine dimensions is also analysed.

Source of Data and Indexing

Authentic pan-India-level secondary datasets available in the public domain, which are statistically significant to the district level, have been used to take an evidence-based approach for the development of this report. To calculate the index, data has been drawn for 99 indicators from the National Family and Health Survey (NFHS-4, 2015-16), Census 2011, National Sample Survey, Socio-economic and Caste Census 2011, Ministry of Human Resource Development, Annual Status of Education Report, and National Crime Records Bureau. The index calculation was carried out in two stages. In the first stage, an index of each dimension was constructed. The construction of these dimension-wise indices is analogous to constructing the Human Development Index of the United Nations Development Programme. The composite index scores were computed for each of the 640 districts by calculating the average of their nine dimension-wise index scores.



Findings

Comparatively, of the six regions (refer Appendix 3) in India, the Southern region performed relatively better with regard to the child well-being index. High child well-being index values of the top five districts in this region can be attributed to the good performance in the dimensions of life; bodily health; bodily integrity; senses, imagination and thought; and play.

The five top performing districts of the Western region scored high child well-being index values due to their good performance in the dimensions of bodily health; bodily integrity; and senses, imagination and thought.

In the Northern region, the dimensions of bodily health; bodily integrity; senses, imagination and thought; and play contributed to the high child well-being index values of the top five districts.

The districts in the Eastern region recorded high child well-being index values wherein the top five districts performed well in the dimensions of life; bodily health; and bodily integrity.

The North-Eastern region showed an average performance in terms of child well-being index. The dimensions of life; bodily health; practical reason; affiliation; and control over one's environment primarily contributed to the top five districts' better performance in this region.

In the Central region, the child well-being index values of the top five districts are contributed to by the dimensions of life; bodily health; bodily integrity; and senses, imagination, and thought.

Way Forward

The India Child Well-Being Report 2020 represents children's well-being across the states and districts in India. This report's uniqueness lies in the multidimensionality of dimensions and indicators used to analyse children's well-being, which considers the child-centred and the external factors influencing their well-being. This index provides a layout of region-wise priority areas that require policy interventions, which would improve the country's performance as a whole.

With the current scenario of global health crisis, it is important to address the effect of the COVID-19 pandemic on child well-being. The report also provides brief insights regarding the impact of COVID-19 on children. At the national level, children are primarily impacted due to the extended closure of schools, disruption of child protection services resulting in aggravated domestic and/or sexual violence against them, and malnutrition due to decline in household income. In the context of this report, child well-being is majorly affected with respect to the dimensions of bodily health; bodily integrity; and senses, imagination and thought.

The report also highlights the association of the Sustainable Development Goals (SDGs) with child well-being. The nine dimensions used in the child well-being index capture the vulnerability of children. The indicators in each of these dimensions are aligned with the following SDGs – SDG 1, 2, 3, 4, 5, 8, 10, 15 and 16.

All these indicators and dimensions represent the necessity to move beyond traditional factors of child well-being and look into the myriad other factors that directly and indirectly affect children. The index presented in this report provides a snapshot of children's status across the states and districts. The next significant step would be to use this work in sustainable monitoring for a child's well-being at the national, state, and district levels. Three areas emerge as critical:

- i. Improvement in comparative data covering different regions, states, and districts
- ii. Strengthening of national data sources
- iii. Establishment of strong linkages with policy analysis

By addressing various aspects and impacts of child well-being in India, the report serves as a tool for policymakers to identify the key areas where policy interventions need to be strengthened. It is also expected to initiate discussions surrounding children's well-being and enable appropriate interventions by all stakeholders to create a more nurturing childhood for our country's children.

In collaboration with Pathfinder International India, O.P. Jindal Global University, Poverty Learning Foundation, and the University of Melbourne, World Vision India has brought out the India Child Well-being Report 2020.



4. Introduction

4.1 Children and Child Well-being

Child well-being, as a multidimensional and a holistic approach, provides a contextual understanding of a child in different domains such as health, material well-being, education, conditions of housing and environment and interpersonal relations. The child well-being approach puts the quality of life and happiness of the child at the forefront and aims at increasing the capabilities of the child in accordance with the basic indicators in each domain. Well-being is related to self-realisation and developing conditions that are necessary for expanding the current and future capability sets of children. The well-being approach, therefore, aims to enhance the capabilities of children by creating national and comparative (international) indicators to monitor these domains[3]. Understanding well-being is crucial for interpreting "the best interests of the child"[4]. It is a new phenomenon and an approach that has been adopted by several organisations working with children. The child well-being index is a key statistical tool for evaluating and monitoring the status of children in society. Measuring child well-being is important for policymakers and implementers to strengthen the on-going policy priorities and programmes as well as draw the future policy changes.

4.2 India and Child Well-being

Children and their well-being play an indispensable role in India's developmental discourse. In India, about 363.1 million children were in the age group of 0-14 years in the year 2019[5]. Given the size of the child population and the importance of their well-being, Article 39 (f) of the Indian Constitution[6] 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 moral and material abandonment. Various indicators, for instance, Infant Mortality Rate, Under-five Mortality rate, out-of-school children and so on reveal the poor status of children and their well-being in India. One of the recent reports indicates that India ranks 113 of 176 countries in terms of childhood index, which evaluates the child well-being[7]. The opportunity cost of not investing in children and youth is at 4% of the GDP every year[8].

4.3 World Vision India and Child Well-being

Across India, in different contexts, World Vision India, together with partners and communities, is working towards improving the lives of children, families and communities. In this context, World Vision India has developed a set of child well-being outcomes (CWBOs) and aspirations to provide a practical definition of child well-being and a common language for World Vision India staff across the partnership. The framework has four aspirations for the well-being of all children and 15 child development outcomes that describe World Vision India's understanding of what a good life for children is. These outcomes express the organisation's understanding of 'life in all its fullness'[9].

Decades of experience has shaped World Vision India's understanding of child well-being as an integral concept with its multidimensionality and this is guided by the ecological understanding of well-being and the United Nations Convention on the Rights of Child (UNCRC).

Besides, the organisation has a greater understanding of "sustained child well-being" and has developed a framework with four levels:

1. **Children:** Empowering children - especially the most vulnerable - with good health and the basic abilities and skills they need to be productive, contributing citizens and agents of change throughout their lives (including literacy, numeracy, life skills and vocational/entrepreneurial training).
2. **Households/families:** Improving households' resilience, livelihood capacities and caregiving capacities (physical, psychosocial, etc. - including issues of resource allocation and gender equity within households, to ensure that increased incomes/assets lead to improved well-being for both boys and girls).
3. **Community:** Strengthening the resilience and capacity of communities and partners to respond to present and future challenges to child well-being, including disasters.
4. **Enabling environment:** Working to ensure that systems, structures, policies and practices (local, national, regional and global) support and protect the well-being of children, especially the most vulnerable.

In this direction, World Vision India is analysing progress on the relevant child well-being outcome targets:

- (i) children report an increased level of well-being (12-18 years)
- (ii) increase in the number of children protected from disease and infection (0-5 years)
- (iii) increase in the number of children well-nourished (0-5 years)
- (iv) increase in the number of children who can read by age 11, and informing policymakers and implementers on policy implications

4.4 About the Report

The aim of Child Well-Being Report 2020 is to provide a high-level briefing which describes the current trends at state and district levels across 28 states and 9 union territories in India. It focuses on child well-being and highlights issues that need to be taken into account in developing policy and practice. The report tries to answer some of the key questions:

1. How do we conceptualise child well-being in the Indian context?
2. How do different states and districts fare in terms of child well-being?
3. Which are the contributing factors that influence the well-being of children?

Child well-being indicators presented in this report provide data on child outcomes across nine different dimensions to

compare across the different regions, states and districts. The uniqueness of this report lies in capturing the district-level data. It adopts the international framework of Martha Nussbaum (1993) by contextualising it to the Indian scenario and measures child well-being through 9 dimensions and 99 indicators.

World Vision India's technical partners - Pathfinder International India, O.P. Jindal Global University, Poverty Learning Foundation and the University of Melbourne - have contributed to the development of this report.

4.5 Definition of Child Well-being

Child well-being is an outcome of several policy level inputs and it needs to be measured across the ages (0 to 18 years). Different organisations and researchers have been using different definitions and different methods of measurements to arrive at a child well-being index to inform the policy on the status of children.

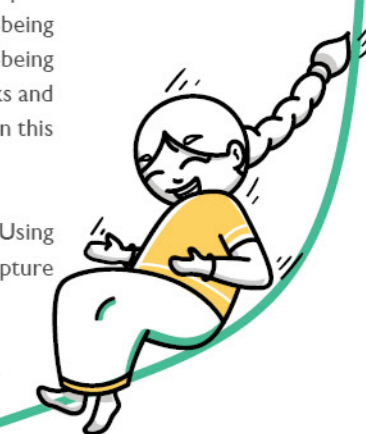
The United Nations Convention on the Rights of the Child (UNCRC) [10] has drawn the normative framework for understanding child well-being. The rights-based approach to understand child well-being says - "Child well-being and deprivation represent different sides of the same coin. From a child rights perspective, well-being can be 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. The degree to which this is achieved can be measured in terms of positive child well-being outcomes, whereas negative outcomes and deprivation point to the denial of children's rights"[11].

Another definition says "the overall well-being of children and young people is defined in terms of averages of social conditions encountered by children and young people"[12]. The literature states "numerous efforts have been made to define the concept of child well-being in the context of child indicators. Much of these efforts are rooted in Western culture in developed countries". Child well-being is often associated with developmental transitions between different stages in life. "Often, especially among young children, the standards for development are based on a preferred adolescent or adult outcome, implying the need to prepare children for their transition into later stages in life or to monitor the developmental process"[13]. 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[14].

The Term "Well-Being" Underwent Changes Through Multiple Discourses And Was Measured Through Multiple Indicators.

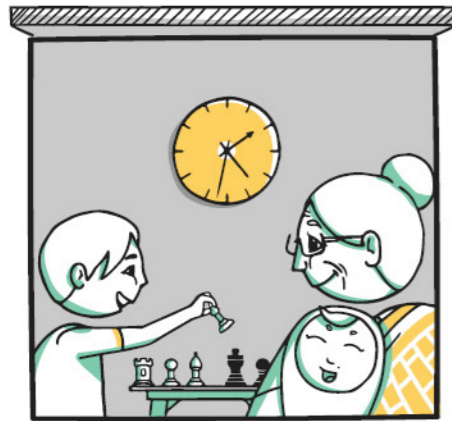
Traditionally, child well-being was measured through objective or social indicators such as educational outcomes or household income. However, such indicators are only a proxy for the quality of people's lives. Over time, multiple frameworks and approaches have been used in measuring child well-being across countries. On an international level, six indicators[15] are being used to measure child well-being - material well-being, health and safety, education, family and peer relationships, behaviours and risks and subjective well-being. Multidimensionality is another way adopted to measure child well-being[16]. In this way, different scholars and agencies have defined child well-being in different ways.

This report has adopted Nussbaum's capability approach to measure child well-being in India. Using capabilities identified by Nussbaum, a comprehensive index has been constructed to define and capture the multidimensionality of child well-being.

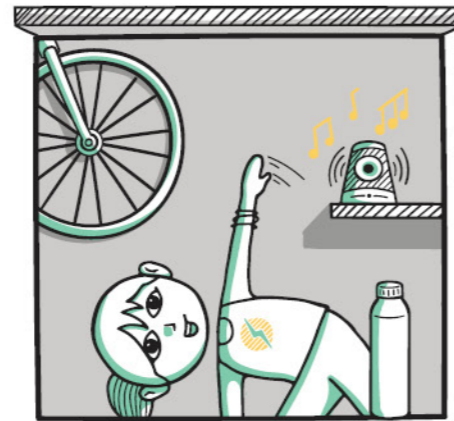


4.6 Nussbaum's Framework

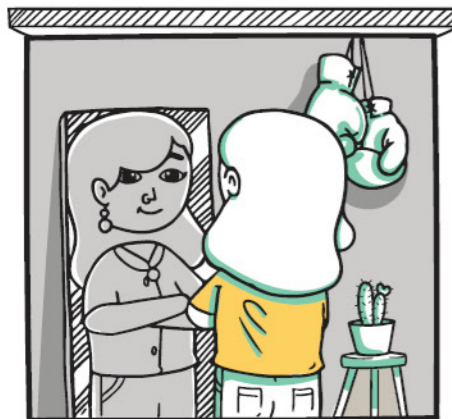
The capability approach is an economic theory conceived in the 1980s as an alternative approach to welfare economics. In this approach, both Amartya Sen and Martha Nussbaum bring together a range of ideas that were previously excluded from (or inadequately formulated in) traditional approaches to the economics of welfare. The core focus of the capability approach is on what individuals are able to do [17]. In his capability framework, Sen [18] has built the three important principles: functioning, capabilities and agencies. Nussbaum [19] frames these basic principles in terms of ten capabilities:



1. Life
Being able to live to the end of a human life of normal health; not dying prematurely, or before one's life is so reduced as to be not worth living.



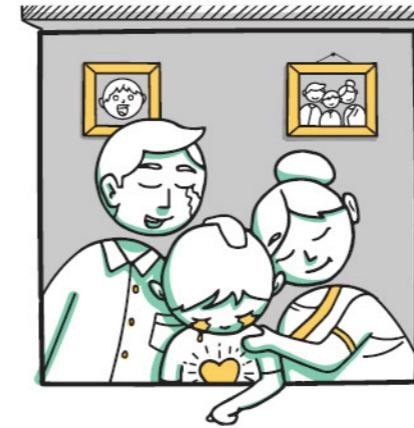
2. Bodily Health
Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.



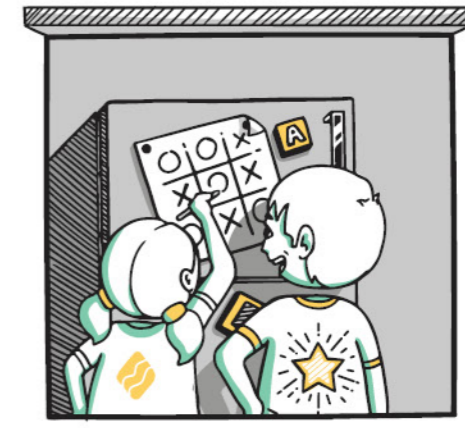
3. Bodily Integrity
Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.



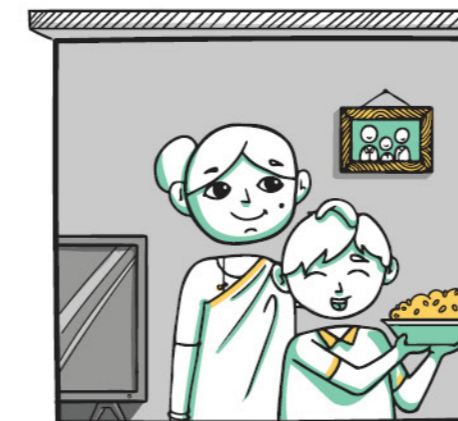
4. Senses, Imagination and Thoughts
Being able to use the senses, to imagine, think and reason—and to do these things in a “truly human” way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech and freedom of religious exercise. Being able to have pleasurable experiences and to avoid non-beneficial pain.



5. Emotions
Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude and justified anger. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)



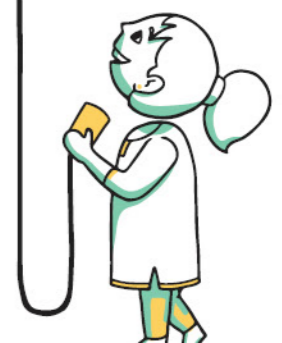
6. Practical Reason
Being able to form a conception of the good and to engage in critical reflection about the planning of one's life.

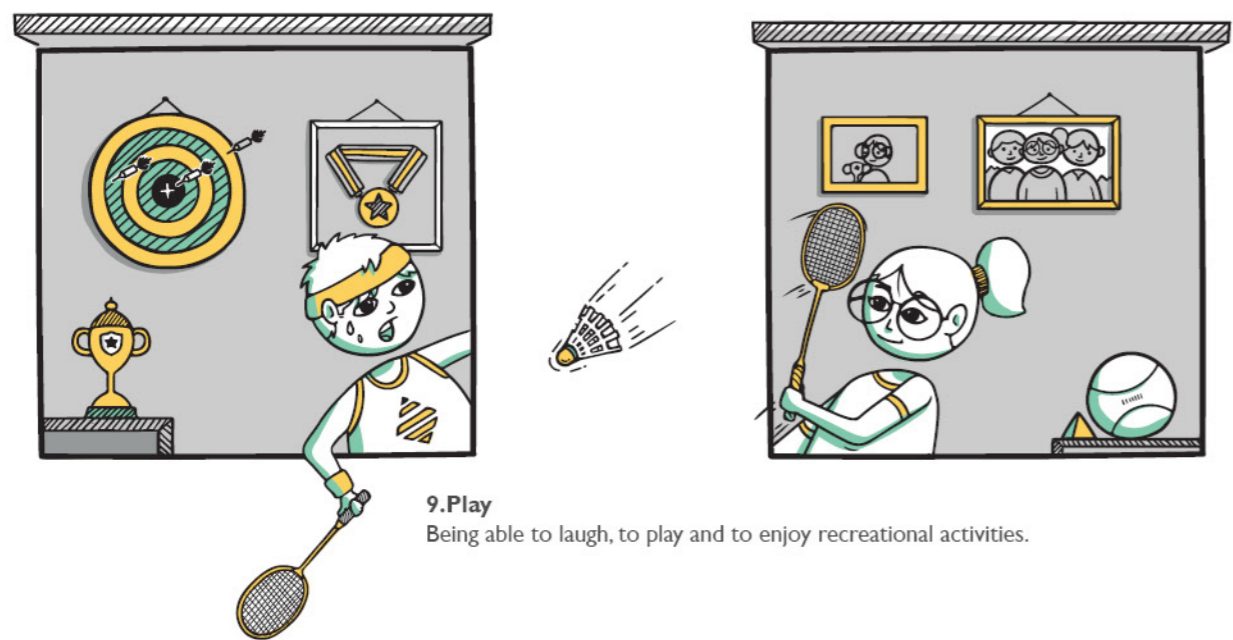


7. Affiliation
Being able to live with and toward others, to recognise and show concern for other humans, to engage in various forms of social interactions; to be able to imagine the situation of another. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin and species.

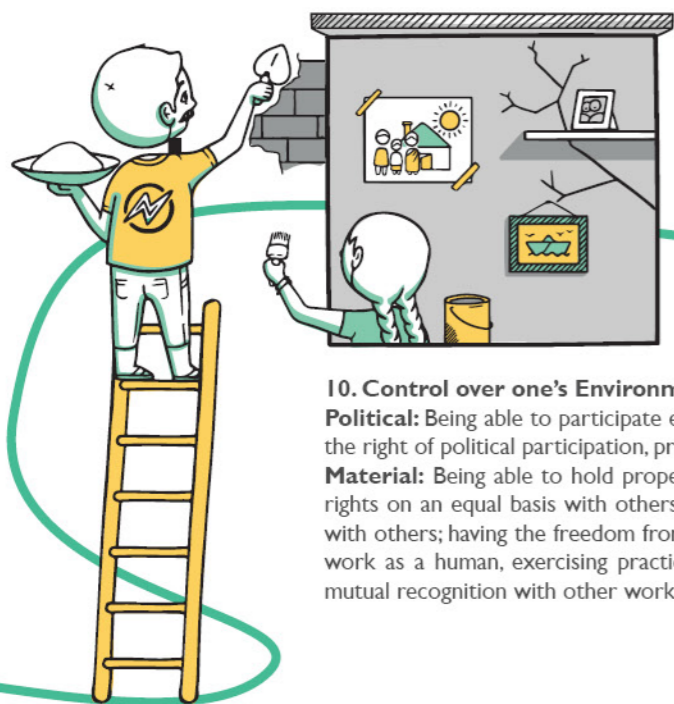


8. Other Species
Being able to live with concern for and in relation to animals, plants and the world of nature.





9. Play
Being able to laugh, to play and to enjoy recreational activities.



10. Control over one's Environment
Political: Being able to participate effectively in political choices that govern one's life; having the right of political participation, protections of free speech and association.
Material: Being able to hold property (both land and movable goods) and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.



5. Methodology

5.1 Dimensions and Indicators

In this report, a unified child well-being index is constructed by combining the aforementioned central capabilities as dimensions of child well-being, which were measured using 93 unique indicators extracted from Census 2011, National Sample Survey (NSS), National Family Health Survey (NFHS) and few other authenticated sources. The indicators under each dimension were chosen after rigorous consideration of criteria such as the contribution of the indicators to dimension, the extent to which the indicators represent child well-being, agreeable data, relevance to policy making and monitoring. Since, some of the indicators are taken into account more than once in defining the dimensions, a total of 99 indicators were used in the calculation of the index. It should be noted that some of the identified variables under various dimensions are not included in calculation of the index as there was no reliable data source available. The list of these variables can be seen in the attached data in Appendix-2. This list serves as a guide to data collection initiatives in the future to allow a better evaluation of child well-being in India.

5.2 Data Collection

The data sources used are NFHS- 4 (2015-16), Census-2011, NSS, Socio Economic and Caste Census- 2011 (SECC), Ministry of Human Resource Development (MHRD), Annual Status of Education Report (ASER) and National Crime Records Bureau (NCRB). The full list of indicators, their sources and specific assumptions made (if any) while calculating the index is available in Appendix-2.

According to Nussbaum, these are real opportunities based on personal and social circumstances. Nussbaum's capabilities approach is centred around the notion of individual human dignity. Given Nussbaum's contention that the goal of the capabilities approach is to produce capabilities for each and every person, the capabilities stated in the table belong to individual persons, rather than to groups. The capabilities approach has been very influential in development policy where it has shaped the evolution of the HDI, has been much discussed in philosophy and is increasingly influential in a range of social sciences.

The India Child Well-being Report 2020 has been framed around nine dimensions except for the one that talks about "Other species" as it does not apply to the present context.

5.3 About the Index Calculation

Computation of the Index:

Index calculation was carried out in two stages. In the first stage, an index of each dimension was constructed. The method of construction of these dimension-wise indices is analogous to the method used in the construction of the HDI of the United Nations Development Programme (UNDP). This involves a process of rescaling of each variable to make them comparable and then taking a geometric mean to derive the index.

Rescaling:

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, as follows:

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

If X reflects positively on child well-being (e.g. School enrolment)

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

If X reflects negatively on child well-being (e.g., Infant mortality)

Where, X = Raw data value

X_{Min} was set marginally lower than the minimum observed value of the indicator in the dataset.

X_{Max} was set marginally higher than the maximum observed value of the indicator in the dataset. This was necessary to avoid reducing the minimum values of any rescaled variable to 0, which would in turn have reduced the value of the indicator to 0 as well.

X_{New} = normalised value after rescaling

Once each variable is rescaled, dimension-wise indices are calculated by taking a geometric mean of all the variables associated with a particular dimension. The index is a number between 0 and 1 and higher values indicate better performance.

Analysis of Variance:

The analysis of variance was performed for each of the indicators to see their contribution to the index calculation. It was observed that all the indicators contribute significantly towards the index calculations.

Calculation of Final Index:

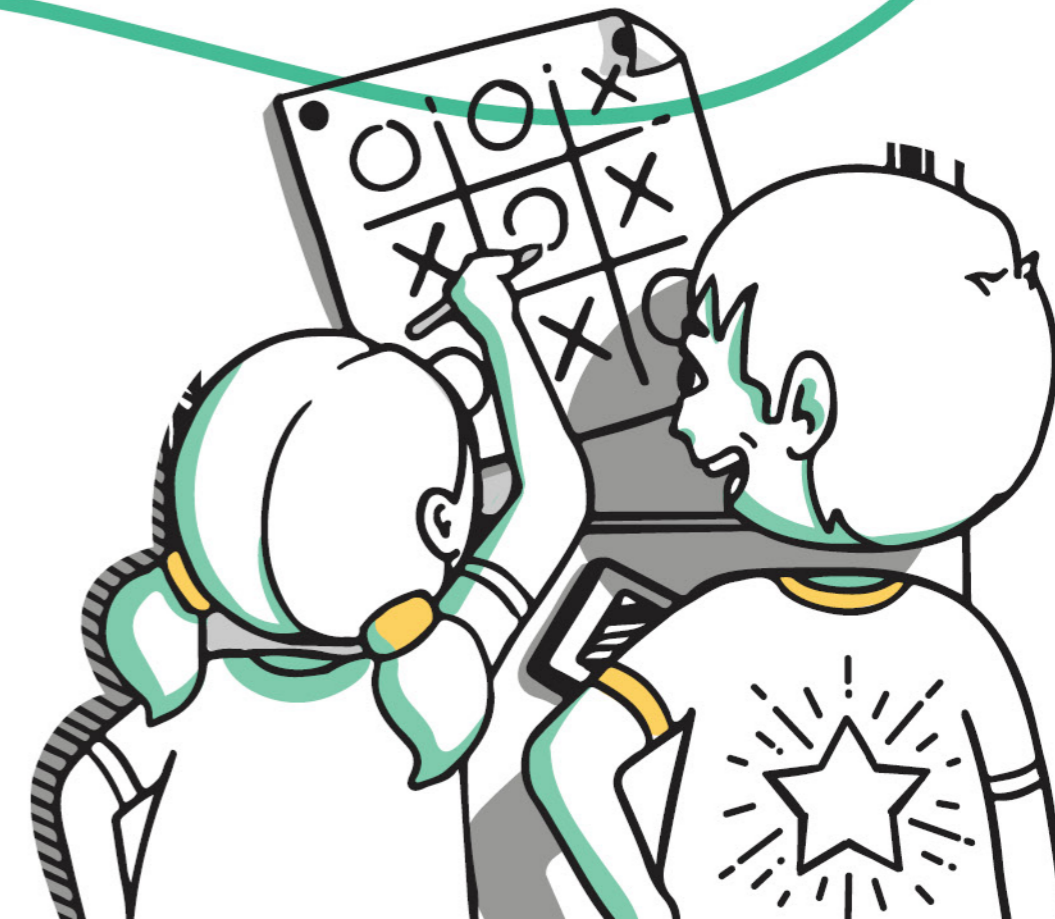
Finally, we computed the composite index score for each of the 640 districts, which is the averages of the index scores of these nine capabilities.

5.4 Limitations

As with any study of this nature, there are a few limitations that need to be addressed. Data unavailability was a key limitation of this study. The child well-being index is defined by the most significant contributors, taking into consideration the availability of reliable and comparable data across different states. Different data sources are employed to extract data for different indicators since there is no single source that provides information as per the study requirements. Thus, there exists variation in the time period of data sources, which may lead to inconsistency in the data used.

Nussbaum's capability approach, despite providing a well-defined list of human capabilities and a more structured theoretical framework, comes with its own set of limitations. The inclusion of certain dimensions and indicators of this framework in measuring child well-being such as – Other Species – is not considered in this study due to data unavailability. Furthermore, the study could not include aspects like "having opportunities for sexual satisfaction and for choice in matters of reproduction" in the Bodily Integrity dimension as they are not applicable to younger children.

The quantitative nature of the study limits itself to capturing the children's perception of child well-being and their participation in measuring child well-being. Thus, the index is prone to discrepancies on the account of no direct participation of children. Lastly, all the indicators were given equal weightage, which may lead to biases in the ranking.

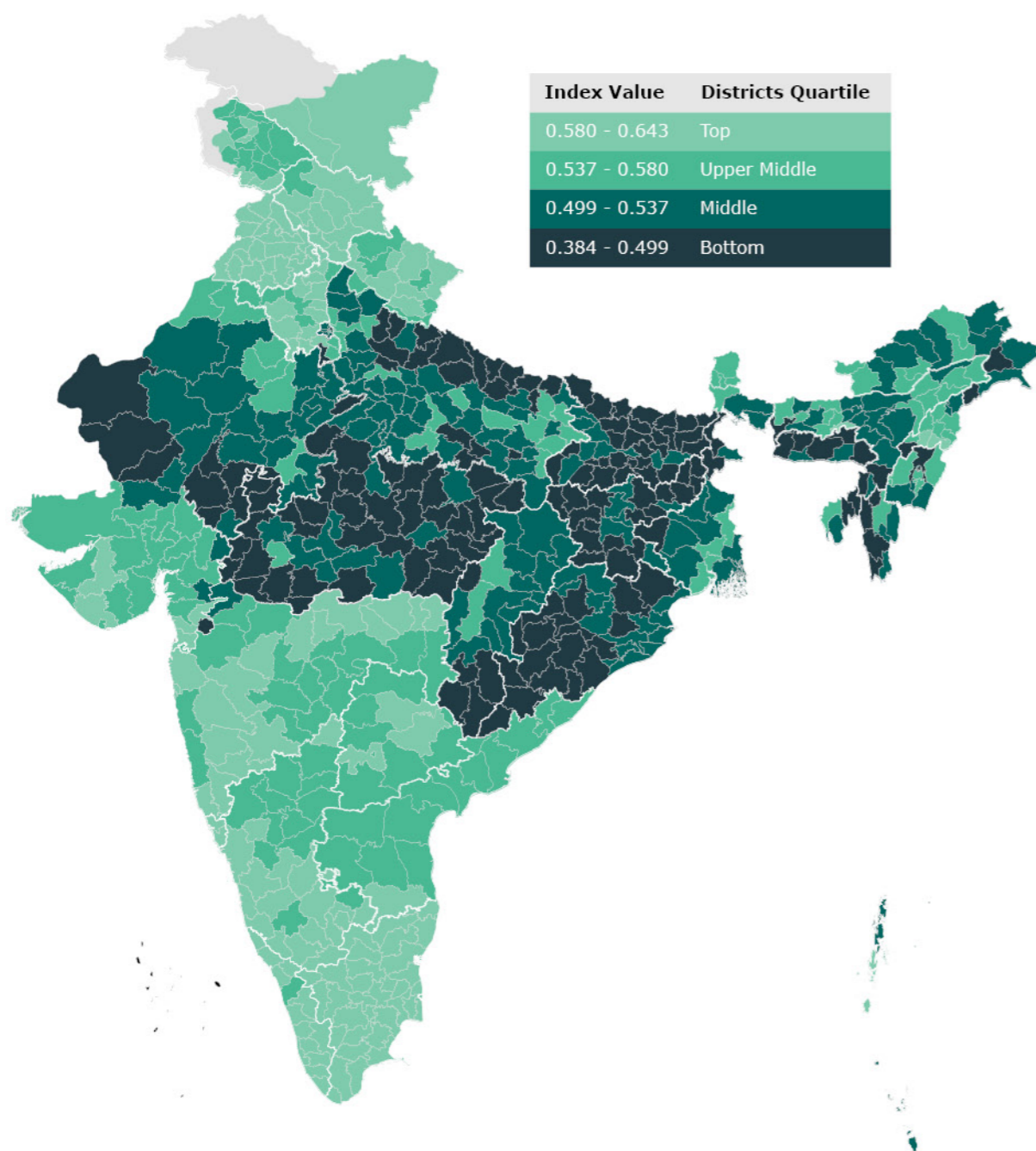




6. Child Well-being in India

The child well-being approach takes the children's quality of life at the foremost and aims to measure the capabilities of the child in accordance with the fundamental indicators in each one of the nine dimensions. In this report, the concept of well-being is mainly discussed through self-realisation and developing conditions necessary for strengthening the current and future capability sets of children. It aims to assess children's capabilities by creating National and State level indicators to monitor the progress of nine dimensions. This section presents a region-wise analysis in terms of the child well-being index and its nine dimensions while discussing which states show better performance and their leading causes. The region-wise classification of states and union territories is attached in Appendix-3.

6.1 Child Well-being Index:



*Map not to scale

Map I presents the composite index of child well-being in 640 districts across 28 states and 9 union territories in India.*

*With regard to data availability, Jammu and Kashmir was considered a state. However, in this report, Jammu and Kashmir and Ladakh have been represented as union territories according to the recent amendment to Article 370 of the constitution.

Table I: Region-wise break-up of top five and bottom five performing districts

District	Index score	State Name
Top 5 performing districts		
Kottayam	0.64	Kerala
Kanyakumari	0.63	Tamil Nadu
Ernakulam	0.63	Kerala
Pathanamthitta	0.63	Kerala
Krishnagiri	0.62	Tamil Nadu
Bottom 5 performing districts		
Adilabad	0.54	Telangana
East Godavari	0.54	Andhra Pradesh
Raichur	0.55	Karnataka
Chikkaballapura	0.55	Karnataka
Bijapur	0.55	Karnataka

Southern Region

District	Index score	State Name
Top 5 performing districts		
North Goa	0.62	Goa
Pune	0.62	Maharashtra
Sindhudurg	0.61	Maharashtra
Amravati	0.60	Maharashtra
Nagpur	0.60	Maharashtra
Bottom 5 performing districts		
Daman	0.48	Daman and Diu (UT)
Dangs	0.48	Gujarat
Dohad	0.50	Gujarat
Banas Kantha	0.52	Gujarat
Narmada	0.52	Gujarat

Western Region

District	Index score	State Name
Top 5 performing districts		
Sahibzada Ajit Singh Nagar	0.63	Punjab
Kangra	0.63	Himachal Pradesh
Rupnagar	0.63	Punjab
Jammu	0.63	Jammu and Kashmir (UT)
Panchkula	0.62	Haryana
Bottom 5 performing districts		
Shrawasti	0.38	Uttar Pradesh
Bahraich	0.42	Uttar Pradesh
Mewat	0.44	Haryana
Sitapur	0.46	Uttar Pradesh
Shahjahanpur	0.46	Uttar Pradesh

Northern Region

District	Index score	State Name
Top 5 performing districts		
South Andaman	0.58	Andaman and Nicobar Islands (UT)
Darjeeling	0.56	West Bengal
Haora	0.55	West Bengal
Hugli	0.55	West Bengal
Nadia	0.55	West Bengal
Bottom 5 performing districts		
Malkangiri	0.39	Odisha
Nabarangapur	0.41	Odisha
Pakur	0.43	Jharkhand
Sheohar	0.43	Bihar
Sitamarhi	0.43	Bihar

Eastern Region

District	Index score	State Name
Top 5 performing districts		
Kohima	0.60	Nagaland
Kamrup Metropolitan	0.59	Assam
Phek	0.59	Nagaland
Wokha	0.58	Nagaland
Lower Subansiri	0.58	Arunachal Pradesh
Bottom 5 performing districts		
West Khasi Hilla	0.45	Meghalaya
Jaintia Hilla	0.47	Meghalaya
Cachar	0.47	Assam
East Garo Hills	0.48	Meghalaya
Tirap	0.48	Arunachal Pradesh

North-Eastern Region

District	Index score	State Name
Top 5 performing districts		
Durg	0.55	Chhattisgarh
Bilaspur	0.54	Chhattisgarh
Indore	0.54	Madhya Pradesh
Dhamtari	0.54	Chhattisgarh
Hoshangabad	0.53	Madhya Pradesh
Bottom 5 performing districts		
Alirajpur	0.41	Madhya Pradesh
Jhabua	0.42	Madhya Pradesh
Barwani	0.43	Madhya Pradesh
Dakshin Bastar	0.45	Chhattisgarh
Dantewada	0.45	Chhattisgarh
Tikamgarh	0.45	Madhya Pradesh

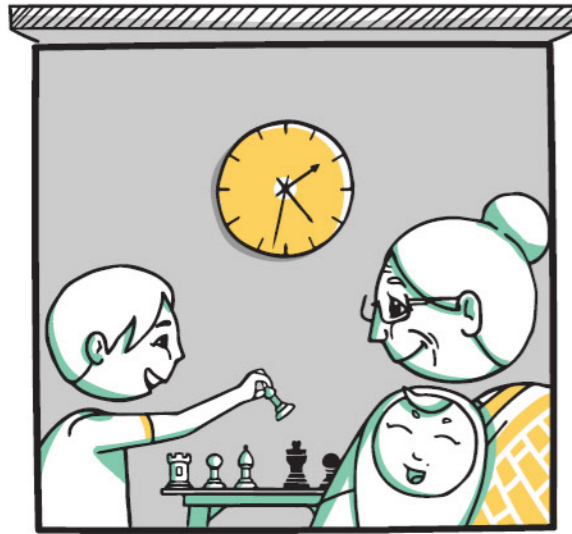
Central Region

The Southern region performed relatively better than other regions in the country in terms of the child well-being index. High index values of districts in this region can be attributed to the good performance in the dimensions of life, bodily health, bodily integrity, senses, imagination and thought and play. Few districts recorded low index values because of poor performance in the dimensions of bodily health, senses, imagination and thought, practical reason, and affiliation. Next to the Southern region, the Western region shows better performance than the other regions. High child well-being index values of these districts are mainly contributed to by the dimensions of bodily health, bodily integrity and senses, imagination and thought, whereas few districts show poor performance because of low values in the dimensions of bodily health, bodily integrity, senses, imagination and thought and affiliation.

In the Northern region, better performance of few districts in child well-being index is contributed to by the dimensions of bodily health, bodily integrity, senses, imagination and thought and play, whereas the poor performance in few districts is attributable to the dimensions of life, bodily health, bodily integrity, senses, imagination and thought, practical reason and affiliation. In the Eastern region, the dimensions of life, bodily health and bodily integrity primarily contributed to the districts' better performance. Few poorly performing districts in this region recorded low values in all the child well-being index dimensions, except for bodily integrity and emotions.

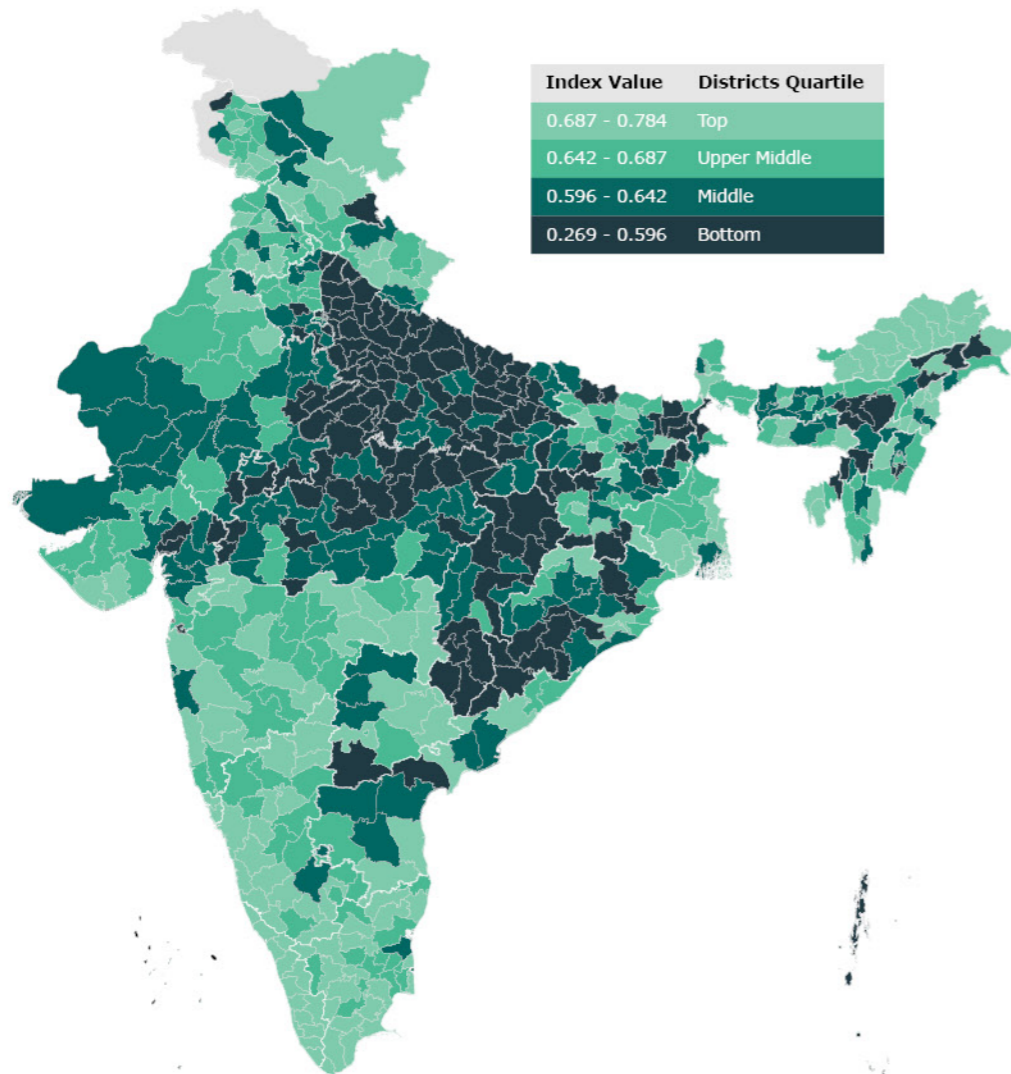
The North-Eastern region shows an average performance in terms of child well-being index. Few districts recorded better index values mainly because of their good performance in the dimensions of life, bodily health, practical reason, affiliation and control over one's environment. In the same region, few other districts recorded low index values because of their poor performance in the dimensions of senses, imagination and thought, emotions, affiliation and play. The Central region is the poorly performing region among all the regions in the country. Better child well-being index values of few districts in this region are contributed to by the dimensions of life, bodily health, bodily integrity and senses, imagination and thought, whereas the poorly performing districts recorded low child well-being index values due to low performance in the dimensions of bodily health, bodily integrity, senses, imagination and thought, practical reason and control over one's environment.





6.2 Dimension 1: Life

“Being able to live to the end of a human life of normal length; not dying prematurely, or before one’s life is so reduced as to be not worth living.”

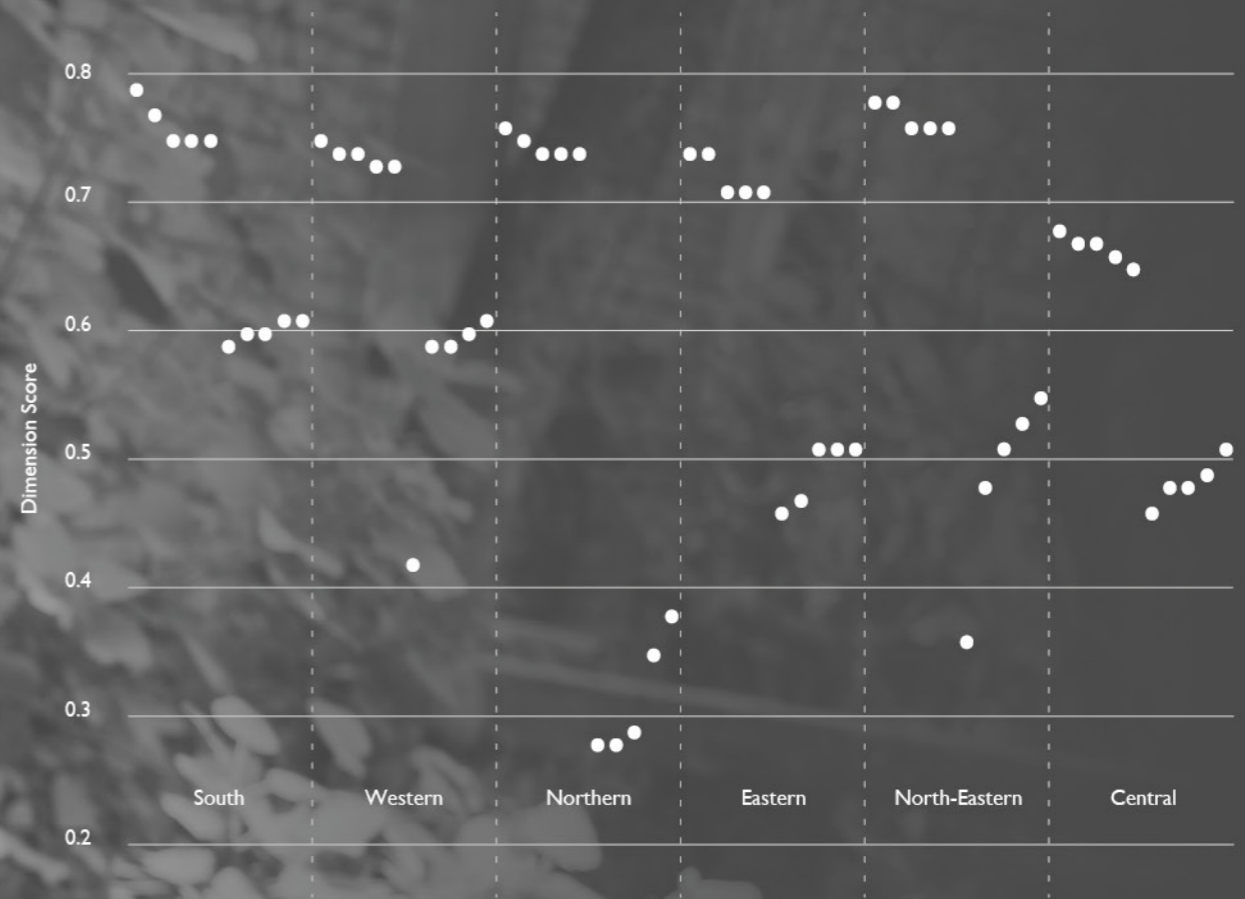


*Map not to scale

Map 2 presents the “Life” dimension in 640 districts across 28 states and 9 union territories.

Table 2: Region-wise break-up of top five and bottom five performing districts in “Life” Dimension

District	Index score	State Name	District	Index score	State Name
Southern Region			Western Region		
Top 5 performing districts			Top 5 performing districts		
Chennai	0.78	Tamil Nadu	Amaravati	0.74	Maharashtra
Chikmagalur	0.76	Karnataka	Wardha	0.73	Maharashtra
Kottayam	0.74	Kerala	Tapi	0.73	Gujarat
Kasaragod	0.74	Kerala	Ratnagiri	0.72	Maharashtra
Ernakulam	0.74	Kerala	Aurangabad	0.72	Maharashtra
Bottom 5 performing districts			Bottom 5 performing districts		
Guntur	0.58	Andhra Pradesh	Daman	0.41	Daman and Diu (UT)
Mahbubnagar	0.59	Telangana	Anand	0.58	Gujarat
Karaikal	0.59	Puducherry (UT)	Dohad	0.58	Gujarat
YSR Kadapa	0.60	Andhra Pradesh	Kheda	0.59	Gujarat
Kurnool	0.60	Andhra Pradesh	Narmada	0.60	Gujarat
Northern Region			Eastern Region		
Top 5 performing districts			Top 5 performing districts		
Garhwal	0.75	Uttarakhand	Darjeeling	0.73	West Bengal
Udhampur	0.74	Jammu & Kashmir (UT)	Purbi Singhbhum	0.73	Jharkhand
Samba	0.73	Jammu & Kashmir (UT)	Arwal	0.70	Bihar
Sangrur	0.73	Punjab	Khordha	0.70	Odisha
Rudraprayag	0.73	Uttarakhand	Cuttack	0.70	Odisha
Bottom 5 performing districts			Bottom 5 performing districts		
Shrawasti	0.27	Uttar Pradesh	Rayagada	0.45	Odisha
Mewat	0.27	Haryana	Malkangiri	0.46	Odisha
Sitapur	0.28	Uttar Pradesh	Paschimi Singhbhum	0.50	Jharkhand
Gonda	0.34	Uttar Pradesh	Sheohar	0.50	Bihar
Kanshiram Nagar	0.37	Uttar Pradesh	Purnia	0.50	Bihar
North-Eastern Region			Central Region		
Top 5 performing districts			Top 5 performing districts		
East Garo Hills	0.77	Meghalaya	Seoni	0.67	Madhya Pradesh
Dibang Valley	0.77	Arunachal Pradesh	Indore	0.66	Madhya Pradesh
East Siang	0.75	Arunachal Pradesh	West Nimar	0.66	Madhya Pradesh
South Garo Hills	0.75	Meghalaya	Dhamtari	0.65	Madhya Pradesh
Upper Siang	0.75	Arunachal Pradesh	Chhindwara	0.64	Chhattisgarh
Bottom 5 performing districts			Bottom 5 performing districts		
Dhemaji	0.35	Assam	Bastar	0.45	Chhattisgarh
Imphal East	0.47	Manipur	Dakshin Bastar	0.47	Chhattisgarh
Thoubal	0.50	Manipur	Dantewada	0.47	Chhattisgarh
Bishnupur	0.52	Manipur	Panna	0.47	Madhya Pradesh
Karimganj	0.54	Assam	Mandsaur	0.48	Madhya Pradesh
			Rewa	0.50	Madhya Pradesh



In terms of life dimension, the Southern region performed relatively better than the other five regions in the country. High index values of districts in this region are attributable to low rates of miscarriage during pregnancy, abortion, stillbirth and under-five mortality rate, whereas the low index values are primarily due to the high infant mortality rate, a high proportion of deaths due to non-medical reasons and low child sex ratio. Following the Southern region, the North-Eastern region shows better performance with low abortion rates, miscarriage rates and high child sex ratio. In the same region, few districts show poor performance due to higher rates of abortion and miscarriage during pregnancy, along with low child sex ratio.

In the Northern region, the top performance of a few districts can be attributed to low abortion rates, low stillbirth rates, low under-five mortality rate and low neonatal mortality rate, whereas low child sex ratio, high under-five mortality rate and high infant mortality rate are the factors behind the poorly performing districts in this region. In the Western region, better index values are contributed to by controlling abortion, stillbirth, neonatal mortality and under-five mortality rates. Few districts in this region show poor performance because of low birth weight, low child sex ratio, high infant mortality rate, under-five mortality rate and a high proportion of deaths due to non-medical reasons.

The Central region shows a mixed performance with some districts performing better in terms of abortion, miscarriage during pregnancy and stillbirth rates, while some districts show poor performance in terms of child sex ratio, low birth weight, the proportion of deaths due to non-medical reasons, under-five mortality rate, neonatal mortality rate and infant mortality rate. The Eastern region is the poorly performing region among all other regions in the country. In this region, the better index values are attributable to low rates of abortions, miscarriages during pregnancy and stillbirths, whereas the low index values are contributed to by low child sex ratio, low birth weight, high infant mortality rate and under-five mortality rate.



Nutritional Awareness: How Two Mothers Saved Their Children From Malnutrition

“For the first time in my life I was made aware of the right practices in breastfeeding, I started feeding my son correctly for six months.” – Suhasini

“Until World Vision India’s awareness programmes on breastfeeding, I was ignorant of its importance, as a result of which my son was not properly breastfed”, says Suhasini (22 years), mother to Abimaniu (2 years), her only son. They live in a small village in the outskirts of Pudukottai district. Suhasini was very concerned about the health of her son as he was severely malnourished. Nothing she did helped him improve his health.

This is not only the case with Suhasini’s son. According to the NFHS (2015-16), 20% of children in Tamil Nadu are too thin for their height, which results from inadequate food intake or an illness causing weight loss, and 8% are severely wasted. Although breastfeeding is nearly universal in the state, only 48% of children under six months of age are exclusively breastfed as recommended by the World Health Organisation (WHO). Only 40% of children under the age of three from the rural areas of Pudukkottai are breastfed within one hour of birth.

Reflecting on her past predicament, Suhasini said, “For the first time in my life I was made aware of the right practices in breastfeeding, I started feeding my son correctly for six months.” However, Suhasini’s problems did not end there. Her son was suffering from excessive diarrhoea, due to which he was severely malnourished. The doctors were not very positive about his progress.

“It was then that I attended World Vision India’s “Food Demo” programme where I got educated on how to cook nutritious food with the available food items at home. They taught us to make use of nutritious leaves, pulses, sprouts, mung beans payasam (porridge), ragi (finger millet) balls, variety meals, chicken and fish to feed our children. Only after this did my son’s weight and health improve” says Suhasini.

Suhasini was delighted that she was finally able to help her son gain weight, but she was grateful for more than just that. She said, “The intervention did not end with the programmes conducted. World Vision India’s staff taught me improved hygienic practices. Now, not only do I keep my house clean, I also frequently change my son’s clothing. This has drastically decreased the number of times my son fell sick”.

Silambu, 29 years, a timed and targeted counselling (ttC) volunteer and a mother of two, reaches out to other

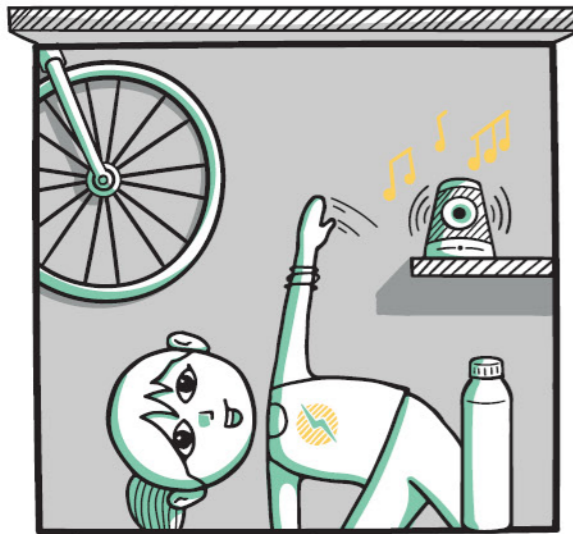
mothers of the community through the World Vision India’s Food Demo programme. She extends primary health care counselling at the household level and teaches mothers to prepare nutritious food for their children while being consistent in doing it. She monitors children below five years and checks for signs of malnutrition or any other potential illnesses. In case of any, she advises them to visit the primary health centre or seek help from village health nurses. She counsels mothers on feeding practices, quality of care, hygiene, health care seeking and immunisation.

As a former attendee of World Vision India’s awareness programmes, Silambu testifies, “Immediately after my daughter (Mirsika Shree, 3) was born, she was diagnosed with ‘Yellow Fever’ and was admitted in the ICU for 13 days. At this point, she weighed only 2.3 kg. After 15 days from birth (before even administering any vaccines), the doctor reported that my child would not survive.”

Despite this, she got her child vaccinated. For the first 30 days (from birth) she did not gain any weight, but because of the methods that she learnt and applied from World Vision India’s interventions, her child not only gained weight (she was now 3.5 kg), but also completely recovered from the ‘Yellow Fever’. “In spite of the doctor’s diagnosis, I was able to save my daughter because of the knowledge that I gained after attending World Vision India’s awareness programmes when I was pregnant. Now my daughter is more active than my son”, says Silambu, smiling.

When asked about how being a volunteer had influenced her in taking care of her kids, she said, “The food demo training programmes helped me to understand the different types of nutritious food for children. This helped me to prepare nutritious food for my own children. The primary reason I volunteer for World Vision India is to see other mothers benefit from these programmes just as I did.”

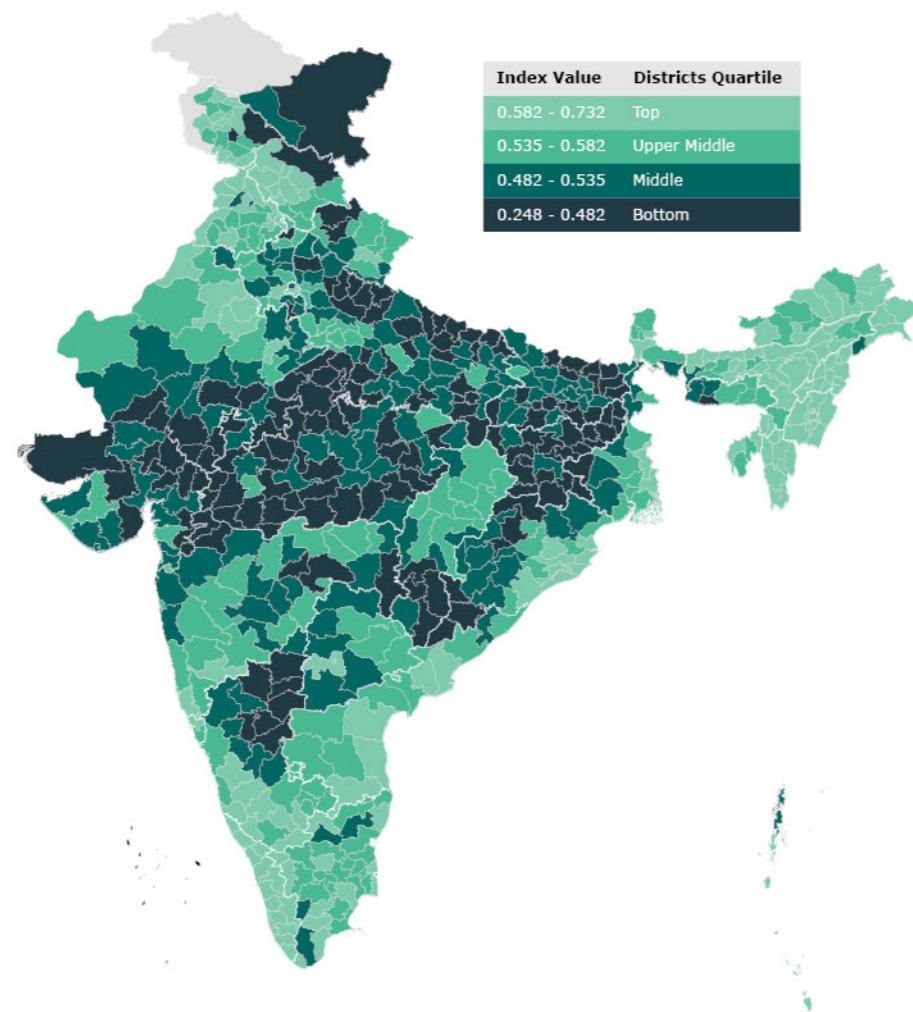
During the financial year of 2018-19, as a result of World Vision India’s interventions in our project locations, 79% of children were exclusively breastfed until six months of age, 82.54% of parents or caregivers are now able to provide well for their children and 96.63% of children receive a minimum meal frequency.



6.3 Dimension 2: Bodily Health

“Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter”

2a. Bodily Health - Being Healthy



*Map not to scale

Map 3 presents the “Bodily Health – Being Healthy” dimension in 640 districts across 28 states and 9 union territories.

Table 3: Region-wise break-up of top five and bottom five performing districts in “Bodily Health – Being Healthy” dimension.

District	Index score	State Name
Top 5 performing districts		
Ernakulam	0.68	Kerala
Kasaragod	0.67	Kerala
Palakkad	0.67	Kerala
Thiruvananthapuram	0.66	Kerala
Pathanamthitta	0.66	Kerala
Bottom 5 performing districts		
Gulbarga	0.40	Karnataka
Gadag	0.40	Karnataka
Yadgir	0.41	Karnataka
Koppal	0.43	Karnataka
Bellary	0.43	Karnataka

Southern Region

District	Index score	State Name
Top 5 performing districts		
Sindhudurg	0.60	Maharashtra
North Goa	0.60	Goa
Sangli	0.60	Maharashtra
South Goa	0.58	Goa
Bhandara	0.57	Maharashtra
Bottom 5 performing districts		
Dangs	0.33	Gujarat
Nandurbar	0.39	Maharashtra
Gadchiroli	0.40	Maharashtra
Narmada	0.42	Gujarat
Dadra and Nagar Haveli	0.43	Dadra and Nagar Haveli (UT)

Western Region

District	Index score	State Name
Top 5 performing districts		
Samba	0.67	Jammu and Kashmir (UT)
Anantnag	0.67	Jammu and Kashmir (UT)
Amritsar	0.65	Punjab
Jammu	0.64	Jammu and Kashmir (UT)
Kullu	0.64	Himachal Pradesh
Bottom 5 performing districts		
Bahraich	0.34	Uttar Pradesh
TehriGarhwal	0.35	Uttarakhand
Pratapgarh	0.37	Rajasthan
Dungarpur	0.39	Rajasthan
Lalitpur	0.39	Uttar Pradesh

Northern Region

District	Index score	State Name
Top 5 performing districts		
Nicobar	0.67	Andaman and Nicobar Islands (UT)
Nadia	0.65	West Bengal
Khordha	0.64	Odisha
Cuttack	0.63	Odisha
Puri	0.63	Odisha
Bottom 5 performing districts		
Pashchimi Singhbhum	0.25	Jharkhand
Dumka	0.36	Jharkhand
Khunti	0.37	Jharkhand
Purulya	0.39	West Bengal
Purbi Singhbhum	0.41	Jharkhand

Eastern Region

District	Index score	State Name
Top 5 performing districts		
Mokokchung	0.73	Nagaland
Aizawl	0.71	Mizoram
Phek	0.70	Nagaland
Bishnupur	0.69	Manipur
Champhai	0.69	Mizoram
Bottom 5 performing districts		
South Garo Hills	0.44	Meghalaya
Tirap	0.51	Arunachal Pradesh
West Garo Hills	0.51	Meghalaya
East Garo Hills	0.52	Meghalaya
Dhubri	0.53	Assam

North-Eastern Region

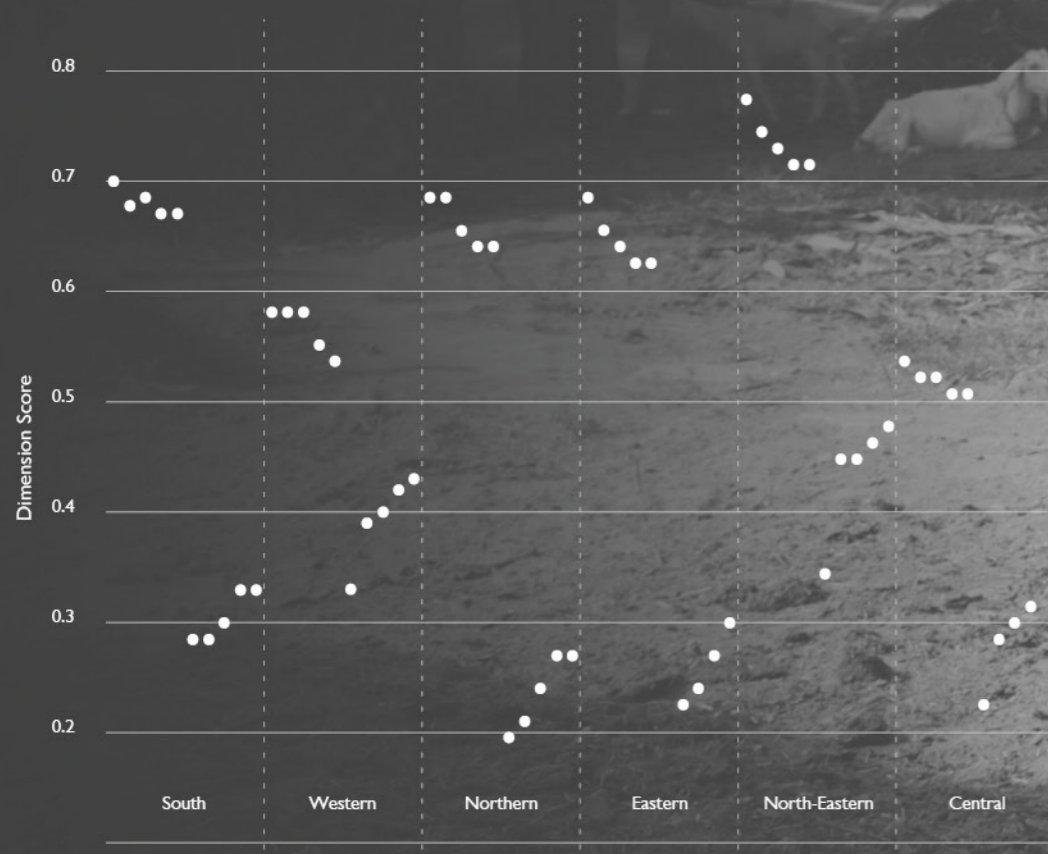
District	Index score	State Name
Top 5 performing districts		
Durg	0.57	Chhattisgarh
Kabeerdham	0.56	Chhattisgarh
Raipur	0.56	Chhattisgarh
Jashpur	0.55	Chhattisgarh
Janjgir Champa	0.55	Chhattisgarh
Bottom 5 performing districts		
Barwani	0.36	Madhya Pradesh
Alirajpur	0.40	Madhya Pradesh
Sheopur	0.41	Madhya Pradesh
Burhanpur	0.42	Madhya Pradesh
Guna	0.43	Madhya Pradesh

Central Region

In terms of Bodily Health – Being Healthy dimension, the North-Eastern region performed relatively better than the other five regions in the country. High index values of districts in this region are contributed to by a low percentage of underweight, overweight and obese children, low levels of stunting and anaemia among children, whereas the low index values are primarily due to high percentage of stunting and anaemia among the children. Following the North-Eastern region, the Southern region shows better performance with a low percentage of underweight, obese and overweight children and low levels of wasting among children. In the same region, few districts show poor performance due to the high percentage of wasting, stunting and underweight among children.

In the Northern region, few districts recorded high values because of their better performance in the indicators of stunting, overweight and anaemia among children. In the same region, high levels of stunting, wasting, underweight and anaemia among children are the factors behind the poor performance of few districts. The Eastern region shows an average performance by controlling the levels of stunting and anaemia among children and by high levels of stunting, wasting and anaemia among children. Low index values of a few districts in this region can be attributed to high levels of stunting, wasting and anaemia among children.

In the Western region, better index values are attributable to low levels of stunting and malnourishment among children and the availability of age-appropriate vaccines. Few districts in this region show poor performance because of the high levels of malnourishment and anaemia among children. The Central region is the poorly performing region among all other regions in the country. While few districts show better performance in indicators of stunting and overweight in children, others show poor performance, which is attributable to the indicators of high levels of stunting and wasting among children.





Better Nutrition For Better Health

*“After some weeks of eating green leafy vegetables, my health has improved and I am able to feed my child well,”
- Marcus’ mother.*

Marcus, a 10-month-old boy, is his parents’ first child. While the parents were delightfully celebrating the birth of their child, they were struck with the saddening truth that their child was malnourished and not of the required weight.

In addition to their worry, they could see that Marcus was not actively moving his hands and legs. In his third month, his Mid-Upper Arm Circumference (MUAC) measurement was only 12.4 and his weight was just 4.2 kg, which was less than ideal.

“At first I thought that all the children were slow and inactive, but it was only later that I realised that my child’s inactivity was due to his poor health; this bothered me a lot” said Marcus’s mother.

Marcus’ parents were trying to find a solution to improve their child’s health condition with the meagre wages earned by his father as a daily wage labourer. The silent struggle of Marcus’ parents was conveyed to a World Vision India volunteer at the right time.

“Through the World Vision training I learnt about caring for my baby efficiently, maintaining cleanliness at home, cooking healthy food with locally available vegetables, doing proper medical check-ups and taking medicines when needed. I felt a big support from World Vision throughout,” says his mother.

To reduce the rate of malnourished children and to help the poor families have healthy children, World Vision India came up with the idea of “Kitchen Gardening”. In this fabulous initiative, World Vision India, with the technical support

of “Semina Agro”, started its work in the communities of Dumka from December 2018.

Vegetable seeds were distributed to the families of malnourished children as per the seasons. Special training was offered to the households about easy ways to start a kitchen garden, practical ways for maintenance and tips to produce healthy vegetables with smart efforts without any chemical interference. Ultimately, this initiative produced great results to the people of the villages.

Marcus’ parents were given ten varieties of seeds and the training to prepare the land and sow the seeds. Smart maintenance of the plants and ways to use organic fertilisers were also taught. Within 15 to 20 days, Marcus’ parents were able to include healthy and organic vegetables straight from their kitchen garden into their diet.

“After some weeks of eating green leafy vegetables, my health has improved and I am able to feed my child well,” says Marcus’ mother.

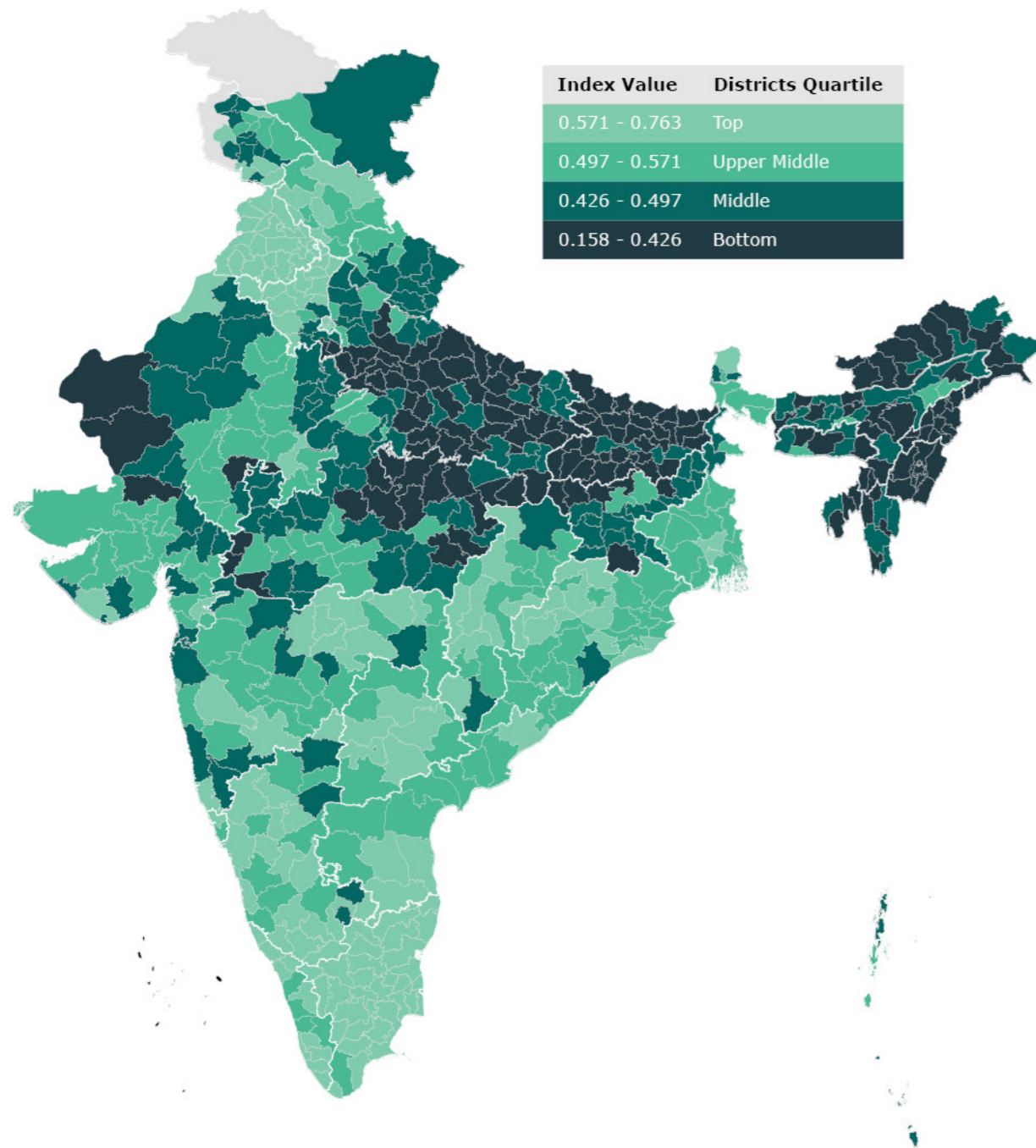
Now Marcus is a healthy, active boy. During his 10th month, his MUAC measurement had increased to 15.3 cm and his weight to 8.3 kg.

Like Marcus, numerous malnourished children’s lives and their families are experiencing remarkable changes in the community of Dumka through the “Kitchen Gardening”.

In 2019, 600 families benefitted through this programme.



2b. Bodily Health - Access to Health Facility



*Map not to scale

Map 4 presents the "Bodily Health- Access to health facilities" dimension in 640 districts across 28 states and 9 union territories.

Table 4: Region-wise break-up of top five and bottom five performing districts in "Bodily Health – Access to Health Facilities" dimension

District	Index score	State Name
Top 5 performing districts		
Kottayam	0.76	Kerala
Vellore	0.75	Tamil Nadu
Puducherry	0.73	Puducherry (UT)
Wayanad	0.72	Kerala
Krishnagiri	0.72	Tamil Nadu
Bottom 5 performing districts		
Gulbarga	0.47	Karnataka
Chikkaballapura	0.47	Karnataka
Bengaluru	0.48	Karnataka
Raichur	0.48	Karnataka
Vizianagaram	0.51	Andhra Pradesh

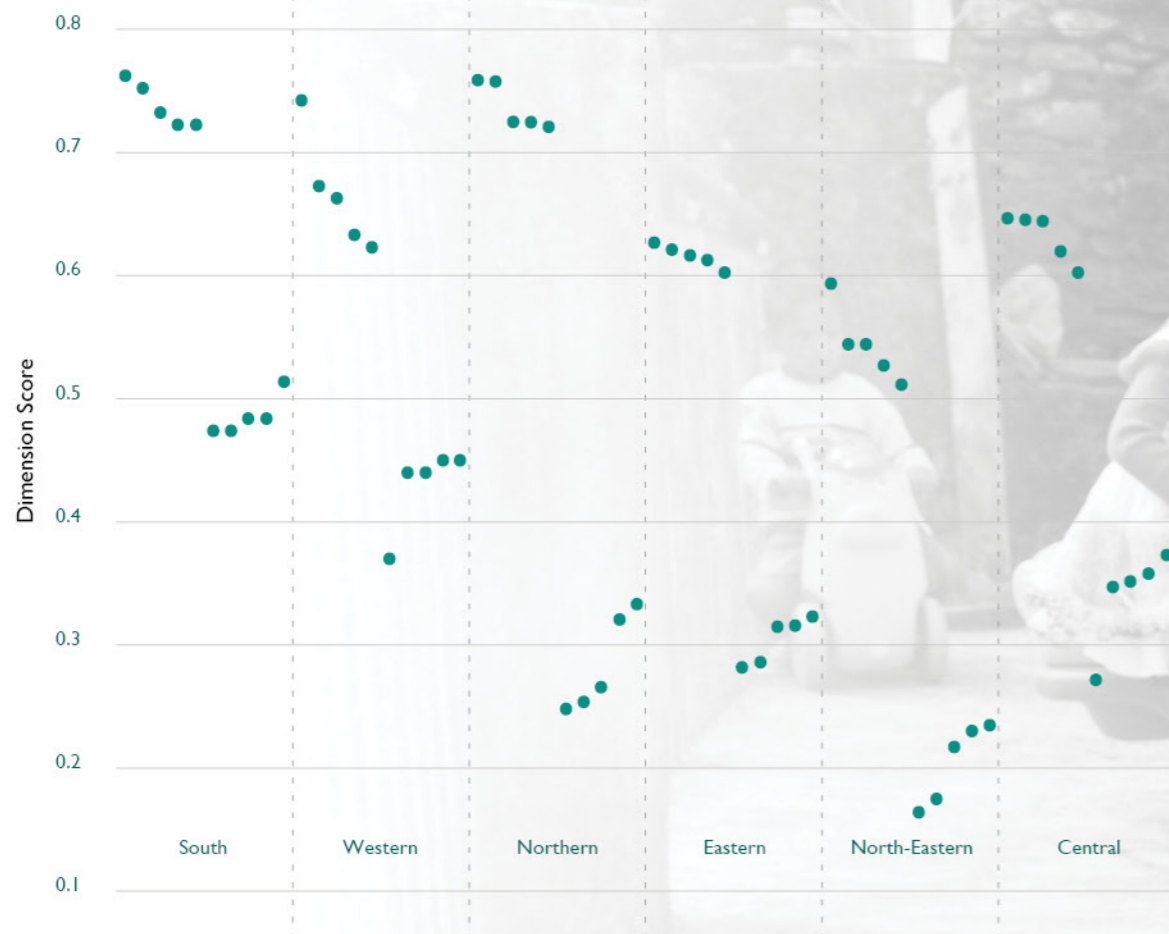
District	Index score	State Name
Top 5 performing districts		
North Goa	0.74	Goa
Diu	0.67	Daman and Diu (UT)
Sindhudurg	0.66	Maharashtra
Nagpur	0.63	Maharashtra
Tapi	0.62	Gujarat
Bottom 5 performing districts		
Banas Kantha	0.37	Gujarat
Nandurbar	0.44	Maharashtra
Kolhapur	0.44	Maharashtra
Porbandar	0.45	Gujarat
Dohad	0.45	Gujarat

District	Index score	State Name
Top 5 performing districts		
Faridkot	0.76	Punjab
Kapurthala	0.76	Punjab
Sahibzada Ajit Singh Nagar	0.72	Punjab
Muktsar	0.72	Punjab
Sangrur	0.72	Punjab
Bottom 5 performing districts		
Bahraich	0.24	Uttar Pradesh
Shrawasti	0.25	Uttar Pradesh
Balrampur	0.26	Uttar Pradesh
Mewat	0.32	Haryana
Kaushambi	0.33	Uttar Pradesh

District	Index score	State Name
Top 5 performing districts		
Jagatsinghapur	0.62	Odisha
Anugul	0.62	Odisha
Sambalpur	0.61	Odisha
Balangir	0.61	Odisha
Nayagarh	0.60	Odisha
Bottom 5 performing districts		
Purba Champaran	0.28	Bihar
Muzaffarpur	0.28	Bihar
Madhubani	0.31	Bihar
Sitamarhi	0.31	Bihar
Madhepura	0.32	Bihar

District	Index score	State Name
Top 5 performing districts		
North District	0.59	Sikkim
Kamrup Metropolitan	0.54	Assam
Jorhat	0.54	Assam
South District	0.52	Sikkim
Sivasagar	0.51	Assam
Bottom 5 performing districts		
Longleng	0.16	Nagaland
Mon	0.17	Nagaland
Zunheboto	0.21	Nagaland
Ukhrul	0.22	Manipur
Chandel	0.23	Manipur

District	Index score	State Name
Top 5 performing districts		
Bilaspur	0.64	Chhattisgarh
Rajnandgaon	0.64	Chhattisgarh
Dhamtari	0.64	Chhattisgarh
Bijapur	0.62	Chhattisgarh
Durg	0.60	Chhattisgarh
Bottom 5 performing districts		
Jhabua	0.27	Madhya Pradesh
Singrauli	0.34	Madhya Pradesh
Alirajpur	0.35	Madhya Pradesh
Tikamgarh	0.35	Madhya Pradesh
Panna	0.37	Madhya Pradesh



In terms of Bodily Health - Access to Health Facilities dimension, the Southern Region performed relatively better than the other five regions in the country. The top performance of few districts in this region can be attributed to high levels of institutional deliveries, availability of age-specific vaccines and high access to health care facilities in these districts. Low levels of age-appropriate vaccination, low access to health care facilities, poor hygiene facilities and mothers' health status during pregnancy are the factors behind the poor performance of few districts in this region. Following the Southern Region, the Northern region shows better performance. High index values of districts in this region are mainly contributed to by the high levels of institutional deliveries, age-appropriate vaccinations and good sanitation and hygiene facilities. Few districts recorded low index values because of their low levels of institutional deliveries, age-appropriate vaccines and sanitation and hygiene.

In the Western region, high index values of few districts can be attributed to increased levels of institutional deliveries and high levels of sanitation and hygiene, whereas low levels of institutional deliveries and poor sanitation and hygiene facilities are the factors behind the poor performance of few districts in this region. The Eastern region's better performance in few districts can be attributed to the high levels of antenatal and maternal care and sanitation facilities, while its poor performance in few other districts can be attributed to low levels of maternal and antenatal care and low levels of sanitation and hygiene facilities.

In the Central Region, the districts which recorded high index values show good performance in levels of substance abuse, antenatal and maternal care access to women and sanitation and hygiene. In the same region, districts with low index values show low levels of institutional delivery, substance abuse and low levels of maternal health. The North-Eastern region is the poorly performing region among all other regions in the country. Few districts' better performance can be attributed to the high levels of institutional deliveries, improved maternal and antenatal care and good sanitation facilities. Few other districts show poor performance due to low levels of institutional deliveries, age-specific vaccines and high levels of substance abuse among children.



Neha Looks Forward to a Bright Future

“For my second child I felt more prepared because I was training other women about the same things. I would go regularly to the Anganwadi centre for all my check-ups and tetanus shots and other vaccinations. I know all the vaccinations that Harshit has to take at the different intervals and I know the importance of handwashing and will only breastfeed him for the first six months,” - Neha

Twenty-three-year-old Neha has been working as a timed and targeted Counselling (ttC) volunteer for the past two years through World Vision India’s, Sagar Health Project in Madhya Pradesh. Her main job is to educate women from right from pregnancy till 24 months after the child is born about what food to eat, the necessary vaccinations during pregnancy and after childbirth and a host of other things. Through this counselling, support for the first 1000 days of the child are covered and Neha monitors the progress of the child and mother through regular home visits.

Five years ago, Neha’s life was very different from the one she is leading now. When she was just 18 years old, she had completed her 10th grade and was looking forward to completing her 12th grade. She had one day hoped to get a job and become independent. But it was then that her father decided to get her married and all her dreams came to a standstill. Her husband was just a year older than her and would often migrate for work to another state, leaving her in the company of her in-laws and the rest of the family.

She recounts the story of her first pregnancy as one that was filled with a lot of fear and loneliness. “When we got married there was a lot of pressure to get pregnant and have a child soon. We waited for a while, but soon enough my son Arpit was born. I was only 19 years old then. I was very scared as I did not have enough knowledge about any of this and there was nobody to guide me. No one from my family came to see me and my husband was also out of the state,” she says.

“During that time I did not step outside the house. I never weighed myself, did not take the necessary vaccinations during my pregnancy, and would not talk to anyone. I was just at home. I delivered Arpit at home itself with the help of my mother-in-law and a dai (midwife). After my delivery, I was very weak. I would eat little and did not have a good appetite. It took me two months to feel better. My son would fall sick very often. This continued for almost two years and we had to keep taking him to the hospital for treatment. I did not know anything about cleanliness and would not care about these things,” says Neha with a sullen look.

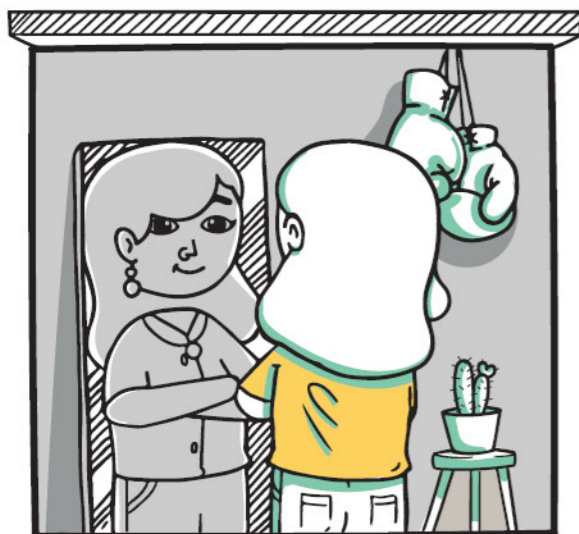
It was around the same time that a World Vision India staff told them about all the work that was going to begin in their village shortly. The frontline workers were asked to recommend people in the village for different volunteer roles. That is when the Anganwadi worker suggested Neha’s name after which she filled a form and gave an interview. She was subsequently selected for the role of a ttC volunteer and thus began her two-year journey with World Vision India.

Neha tells us that she has learnt a lot now through all the training sessions which she has attended. This has not only helped her make difference to her community but it has had a huge impact in her own life. Earlier she did not even realise the importance of delivering at a hospital but now she urges women to only deliver at the hospital. A strong example of this is the birth of her second son, which was in the government hospital. After learning about healthy timing and spacing between pregnancies, she decided that she would have her second child only after her older son turned three. Her younger son Harshit is now four-months-old and is much healthier as compared to how Arpit was at the same age.

What made a difference to her second pregnancy was knowledge and access to services. She reflects over these differences with a smile and enthusiasm, “for my second child I felt more prepared because I was training other women about the same things. I would go regularly to the Anganwadi centre for all my check-ups and tetanus shots and other vaccinations. I know all the vaccinations that Harshit has to take at the different intervals and I know the importance of handwashing and will only breastfeed him for the first six months,” she says proudly.

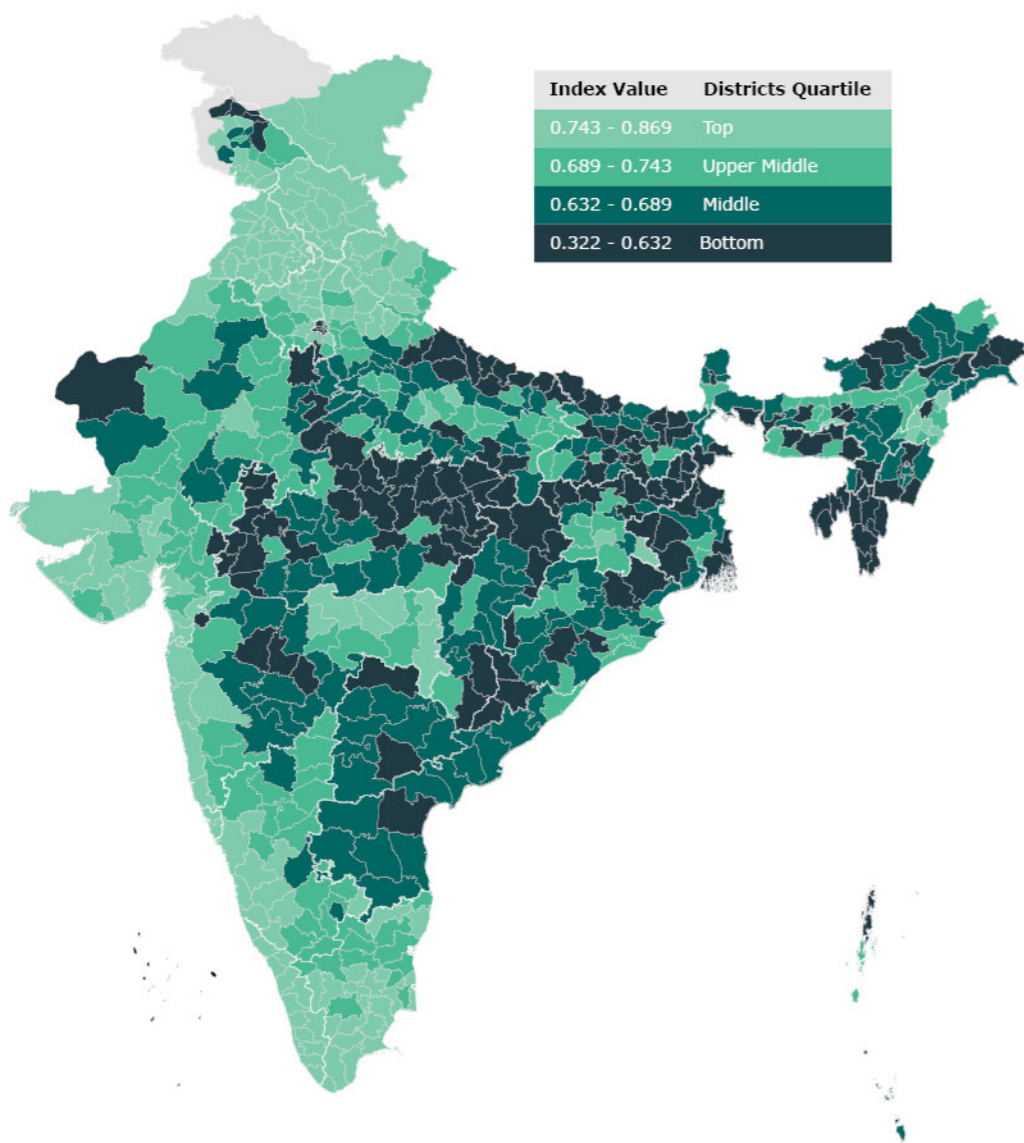
When we asked Neha to describe the work that she does, she excitedly tells us. “The first thing I do when I find out that a woman is pregnant is to go and meet her. I tell her to register herself at the Anganwadi centre and then I tell her to take all her necessary vaccinations, weigh herself at regular intervals at the centre, eat the iron tablets that are provided by the ASHA worker, have at least three meals a day since women out here eat mostly two meals. But I tell them to eat extra. I tell her to sleep under a mosquito net, and most importantly to wash their hands with soap after using the toilet, before eating or preparing food. I also tell them to deliver only in the hospital and to call the ambulance if they need transport to the hospital. I also tell them to take enough rest and sleep for at least two hours in the day time and 8 hours in the night.”

Through this volunteering opportunity, Neha is also able to earn a small income that she uses for herself and her children. She tells us about how this project has personally impacted her life. “Before I was so scared to go outside the home as I had no friends. I felt shy to move around the village and I did not know how to gather women or talk to people. But ever since I became a ttC volunteer, people have started recognising me in the village. Now the women call me to their house and talk to me very warmly. It feels good to get that respect and recognition now. I feel happy when I am able to help solve their issues or answer their questions,” says Neha.



6.4 Dimension 3: Bodily Integrity

“Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction”



*Map not to scale

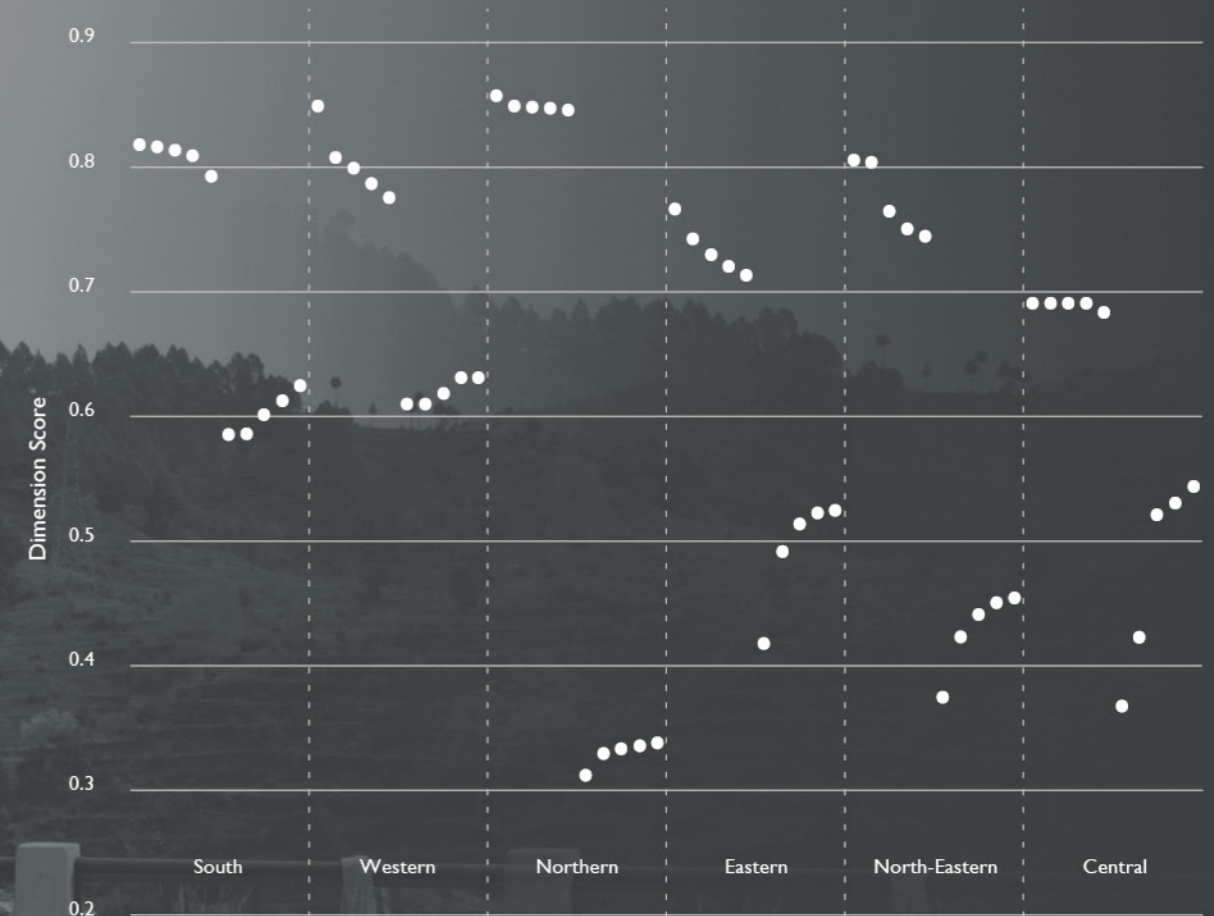
Map 5 presents the “Bodily Integrity” dimension in 640 districts across 28 states and 9 union territories.

Table 5: Region-wise break-up of top five and bottom five performing districts in “Bodily Integrity” dimension

District	Index score	State Name	District	Index score	State Name
Top 5 performing districts			Top 5 performing districts		
Udupi	0.83	Karnataka	Diu	0.86	Daman and Diu (UT)
Ernakulam	0.83	Kerala	North Goa	0.82	Goa
Dakshina Kannada	0.83	Karnataka	South Goa	0.81	Goa
Mahe	0.82	Puducherry (UT)	Sindhudurg	0.80	Maharashtra
Kanyakumari	0.80	Tamil Nadu	Ratnagiri	0.79	Maharashtra
Bottom 5 performing districts			Bottom 5 performing districts		
Nalgonda	0.60	Telangana	Parbhani	0.61	Maharashtra
Prakasam	0.60	Andhra Pradesh	Jalna	0.61	Maharashtra
Adilabad	0.61	Telangana	Dangs	0.62	Gujarat
Hyderabad	0.62	Telangana	Dohad	0.63	Gujarat
East Godavari	0.64	Andhra Pradesh	Aurangabad	0.63	Maharashtra

District	Index score	State Name	District	Index score	State Name
Top 5 performing districts			Top 5 performing districts		
Gurdaspur	0.87	Punjab	Purbi Singhbhum	0.78	Jharkhand
Jalandhar	0.86	Punjab	Khunti	0.75	Jharkhand
Rupnagar	0.86	Punjab	Siwan	0.74	Bihar
Fatehgarh Sahib	0.86	Punjab	Darjeeling	0.73	West Bengal
Kapurthala	0.86	Punjab	Kolkata	0.72	West Bengal
Bottom 5 performing districts			Bottom 5 performing districts		
North Delhi	0.32	Delhi (UT)	Purba Champaran	0.43	Bihar
New Delhi	0.34	Delhi (UT)	Malkangiri	0.50	Odisha
South West Delhi	0.34	Delhi (UT)	Godda	0.52	Jharkhand
North East Delhi	0.35	Delhi (UT)	Deoghar	0.53	Jharkhand
North West Delhi	0.35	Delhi (UT)	Sitamarhi	0.54	Bihar

District	Index score	State Name	District	Index score	State Name
Top 5 performing districts			Top 5 performing districts		
Kohima	0.82	Nagaland	Gwalior	0.70	Madhya Pradesh
Zunheboto	0.82	Nagaland	Durg	0.70	Chhattisgarh
Mon	0.78	Nagaland	Indore	0.70	Madhya Pradesh
Kiphire	0.76	Nagaland	Bijapur	0.70	Chhattisgarh
Wokha	0.76	Nagaland	Balaghat	0.69	Madhya Pradesh
Bottom 5 performing districts			Bottom 5 performing districts		
Kolasib	0.38	Mizoram	Jhabua	0.38	Madhya Pradesh
Mamit	0.43	Mizoram	Tikamgarh	0.43	Madhya Pradesh
Serchhip	0.45	Mizoram	Dindori	0.53	Madhya Pradesh
Saiha	0.46	Mizoram	Chhatarpur	0.54	Madhya Pradesh
East Kameng	0.46	Arunachal Pradesh	Mandla	0.55	Madhya Pradesh



In terms of Bodily Integrity dimension, the Northern region performed relatively better than the other five regions in the country. High index values of few districts can be attributed to their good performance in the indicators of crimes against women, sexual crimes against children, levels of substance abuse among parents and levels of crimes against children, whereas high levels of crimes and sexual crimes against children and high numbers of children with disabilities are the factors behind the poor performance of few districts in this region. In the Southern region, better index values are contributed to by an increased number of births registered, low levels of substance abuse among children and fewer crimes against children. Few districts in this region show poor performance because of increased sexual crimes against women, high percentages of children with disability and increased domestic violence.

The Western region shows an average performance with few districts performing better in terms of crimes against children, sexual crimes against children and women, number of births registered and substance abuse among children, while few other districts show poor performance due to high levels of crimes against children, high levels of domestic violence and increased substance abuse. Followed by the Western region, few districts in the North-Eastern region show better performance because of low levels of sexual crimes against children, a low number of children with disabilities and low levels of substance abuse among parents. The poorly performing districts in this region show high levels of crimes against children, high levels of sexual crimes against women and children, substance abuse among parents and sexual violence among women.

In the Eastern region, few districts recorded high index values, which can be attributed to a high number of births registered and low levels of substance abuse among parents. In the same region, few other districts recorded low index values because of high levels of crimes registered against children and high substance abuse among parents. The Central region is the poorly performing region among all other regions in the country. The better performance of a few districts in this region can be attributed to low levels of crimes against children, low levels of sexual crimes and violence against women. The poor performance of a few districts is due to increased domestic violence, sexual violence and other crimes against children in the region.



Finding a Safe Haven in a Children's Club

"My children's group is the source of strength for me. I will encourage each child in my community to be a part of the children's group," - Kajal.

"I do not have a birthday," said Kajal*, 7. Her parents do not keep records and birthdays are something they can do without. They live a hard life, working in a factory from morning to late evening to make ends meet. Kajal is often left to herself.

She comes to the World Vision Centre along with her cousin Priya*, 9, when her parents and siblings are away working in factories close to the locality. Priya's parents have sent her from her village in Uttar Pradesh for studies. She is in the first standard while Kajal is in kindergarten.

The door to Kajal's house is bolted with a block of small wood. There is no lock. The alley to her house is a narrow one; the door directly opens to the house. Passers-by can peep into the house without entering. There is no sense of privacy either.

When Kajal's parents leave home for work, they pack their lunch and keep some food for Kajal and Priya. Kajal's older sister, 14, and brother, 20, work in a box-making factory. Workers in such factories are paid poorly.

A middle-aged man in his early 60s rented the small room above Kajal's house. For her parents, it was a good way of earning some extra money but it proved to be expensive. Kajal and her cousins were first attracted to the sweets and money the old man shelled out for them. Treats were hard to come by in the family and their heads were easily swayed. The old man invited Kajal and Priya to his room when they were alone and touched their private parts. They were shocked and too petrified to speak up. They kept it to themselves for a week.

Kajal and Priya are part of the children's group formed by World Vision India in the community. They had participated in programmes to raise awareness on safe and unsafe touch, POCSO Act, Child Rights and Life School for Transformation Development (LSTD). Priya was part of the rallies and street plays organised on child protection in the community.

The children's group meet once or twice a month and the girls one day mustered enough courage to speak up at one of the meetings. The children then informed Tara, a member of the Child Protection Unit (CPU) in the community. The children's group and CPU work side by side to ensure the safety of children and women in the community.

"I never imagined that anyone from my community could ever perform such a heinous crime, I always stand for child protection and such culprits will never go unpunished. Children often cannot protect themselves that is why they need our help, support and protection," said Tara.

A meeting of community leaders was convened and First Information Report (FIR) was lodged against the man at the police station. Soon the man was arrested. The children's group and the CPU members' prompt action saved Kajal and Priya from further abuse and torment.

"My children's group is the source of strength for me. I will encourage each child in my community to be a part of the children's group," said Kajal.

India has the highest number of sexually abused children. Close to 32,608 sexual offences against children were registered under POCSO Act in 2017. In 2018, 39,827 cases were registered under POCSO, which is more than a 22% increase.

At the World Vision India Centre where the children's group held their monthly meetings, children swarm the place any day of the week. It has become a safe haven for many whose parents are away working in factories. The community has been empowered and the safety shield expanded.

World Vision India has set up around 20 children's group in Kajal's community and is actively involved in capacity building to empower children to end violence against them.

**Names changed to protect their identity*



6.5 Dimension 4: Senses, Imagination and Thought

Index Value	Districts Quartile
0.611 - 0.780	Top
0.531 - 0.611	Upper Middle
0.455 - 0.531	Middle
0.240 - 0.455	Bottom

“Being able to use the senses, to imagine, think and reason – and to do these things in a ‘truly human’ way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one’s own choice, religious, literary, musical, and so forth. Being able to use one’s mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid non-beneficial pain.”

*Map not to scale

Map 6 presents the “Senses, Imagination and Thought” dimension in 640 districts across 28 states and 9 union territories.

Table 6: Region-wise break-up of top five and bottom five performing districts in “Senses, Imagination and Thought” dimension

District	Index score	State Name
Top 5 performing districts		
Ernakulam	0.75	Kerala
Thrissur	0.73	Kerala
Kottayam	0.73	Kerala
Pathanamthitta	0.72	Kerala
Puducherry	0.72	Puducherry (UT)
Bottom 5 performing districts		
Yadgir	0.43	Karnataka
Raichur	0.47	Karnataka
Kurnool	0.49	Andhra Pradesh
Koppal	0.49	Karnataka
Bellary	0.49	Karnataka

Southern Region

District	Index score	State Name
Top 5 performing districts		
Pune	0.72	Maharashtra
North Goa	0.71	Goa
Amravati	0.69	Maharashtra
South Goa	0.69	Goa
Nagpur	0.69	Maharashtra
Bottom 5 performing districts		
Dangs	0.36	Gujarat
Banas Kantha	0.36	Gujarat
Bhavnagar	0.38	Gujarat
Surendranagar	0.41	Gujarat
Jamnagar	0.43	Gujarat

Western Region

District	Index score	State Name
Top 5 performing districts		
Chandigarh	0.78	Chandigarh (UT)
Shimla	0.77	Himachal Pradesh
New Delhi	0.76	Delhi (UT)
Kangra	0.76	Himachal Pradesh
Panchkula	0.75	Haryana
Bottom 5 performing districts		
Jalor	0.35	Rajasthan
Shrawasti	0.35	Uttar Pradesh
Jaisalmer	0.36	Rajasthan
Budaun	0.37	Uttar Pradesh
Barmer	0.37	Rajasthan

Northern Region

District	Index score	State Name
Top 5 performing districts		
South Andaman	0.71	Andaman and Nicobar Islands (UT)
North and Middle Andaman	0.63	Andaman and Nicobar Islands (UT)
Darjeeling	0.61	West Bengal
Nadia	0.57	West Bengal
Rohtas	0.56	Bihar
Bottom 5 performing districts		
Nabarangapur	0.26	Odisha
Pakur	0.27	Jharkhand
Pashchimi Singhbhum	0.29	Jharkhand
Koraput	0.30	Odisha
Malkangiri	0.32	Odisha

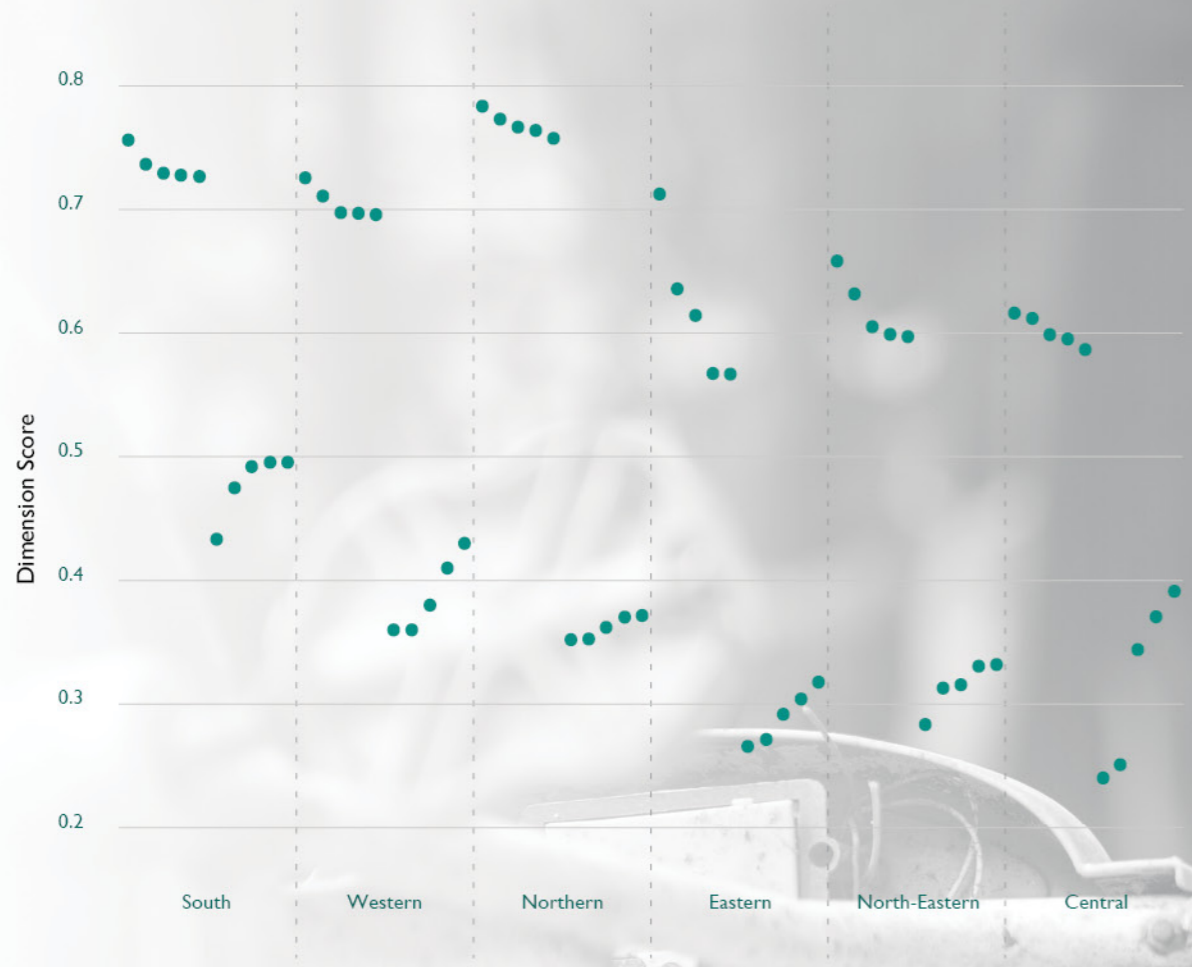
Eastern Region

District	Index score	State Name
Top 5 performing districts		
Aizawl	0.66	Mizoram
East District	0.63	Sikkim
Imphal West	0.60	Manipur
Lower Subansiri	0.60	Arunachal Pradesh
Saiha	0.59	Mizoram
Bottom 5 performing districts		
West Khasi Hills	0.28	Meghalaya
Jaintia Hills	0.31	Meghalaya
Ribhoi	0.31	Meghalaya
Hailakandi	0.33	Assam
Karimganj	0.33	Assam

North-Eastern Region

District	Index score	State Name
Top 5 performing districts		
Durg	0.61	Chhattisgarh
Dhamtari	0.61	Chhattisgarh
Raipur	0.60	Chhattisgarh
Koriya	0.59	Chhattisgarh
Gwalior	0.58	Madhya Pradesh
Bottom 5 performing districts		
Bijapur	0.24	Chhattisgarh
Alirajpur	0.25	Madhya Pradesh
Jhabua	0.34	Madhya Pradesh
Barwani	0.37	Madhya Pradesh
Dakshin Bastar Dantewada	0.39	Chhattisgarh

Central Region



In terms of Senses, Imagination and Thought dimension, the Southern region performed relatively better than the other five regions in the country. High index values of districts in this region are attributable to the high percentage of schools with drinking water facility, schools with electricity and low levels of child labour. In the same region, the low index values are primarily due to low pass percentage of class tenth, high number of dropouts at primary school and low secondary school enrolment rate. Following the Southern region, the Western region shows better performance with a high percentage of schools with drinking water facilities, high percentage of schools with electricity and low percentage of boy children (15-19 years) smoking tobacco products. Few districts show poor performance due to the low percentage of households with internet, low pass percentage of class tenth and high secondary school dropout rate.

In the Northern region, the top performance of few districts can be attributed to their good performance in the indicators of schools with drinking water facilities, schools with electricity and low percentage of boy children (15-19 years) smoking tobacco products. Low percentage of households with internet, low pass percentage of class tenth and high secondary school dropout rate are the factors behind the poor performance of few districts in this region. The Central region shows an average performance with few districts performing better in terms of percentage of schools with drinking water facilities, primary school enrolment rates and tobacco usage among girl children (15-19 years), while few other districts show poor performance in terms of percentage of households with internet, pass percentage of class tenth and primary school enrolment rate.

In the North-Eastern region, better index values are contributed to by low levels of child labour, high secondary school enrolment rate and a high percentage of schools with drinking water facility. Low index values in a few districts of the same region are contributed to by low percentage of households with internet and low percentage of schools with drinking water and electricity facilities. The Eastern region is the poorly performing region among all other regions in the country. In this region, the better index values are attributable to high percentage of schools with drinking water and electricity facilities and low usage of tobacco by girl children (15-19 years); whereas the low index values are contributed to by low percentage of schools with electricity, low percentage of households with internet and low pass percentage of class tenth.



Difficult Ways to School: Overcoming Hurdles

“Villagers are more afraid of animals than thieves. We lock the door just to keep away animals. Recently there has been a rise in wild animal sightings,” – Mawat Singh



The Chorkhal High School is perched on a mountain peak overlooking villages and forests on all sides. This is the only school for the cluster of 4-5 villages in the vicinity.

Sisters Himanshu, 16, and Samiya, 11, walk a daunting 45-minute long mountain trail from the village, Udalt in Uttarakhand, to their school. They are accompanied by Sumit, 14, and Pawan, 15, from a neighbouring village. The sun beats down on them but, hardened by the mountains, they walk without breaking into a sweat. They pass through a patch of land where there are no big trees, just shrubs and bushes - but this is the most dangerous stretch in their journey - where bears and wild boars are often sighted.

The only primary school in the village has seven students, but after the 5th standard, they have no choice but to attend school at Chorkhal Village. Rampal Singh is the Principal In-charge and one of its only teachers. A resident of Pauri city, he has spent nine years at Udalt and seen the village shrink from around 35 households to 25.

“It is difficult here. There is no hospital, no school and job opportunities. In summer, we struggle from drought and during the monsoon, the road is often blocked by landslides. There are wild animals like leopards, bears, monkeys and wild boars roaming the vicinity of the village. Children here are not allowed to go out on their own, else they risk being attacked by wild animals,” said Rampal Singh.

School-going children like Himanshu, Samiya, Sumit and Pawan are often victims of this man vs animal conflict because they traverse through forests inhabited by wild animals. And in the rainy season, they risk slipping on the steep terrain that the footpath traverses. “It is difficult to walk to school but we are used to it. Apart from other animals, snakes crawl out on the road when it rains. There are many risks on the way to school,” said Himanshu, who

is in the 10th standard.

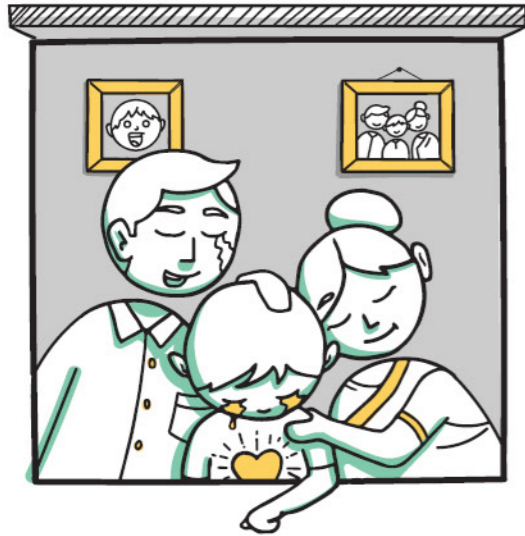
Sumit’s house sits on a slant of a hill that cuts into a river. On the other side of the gorge is a barren mountain where he would often watch Himalayan black bears scavenging for food. “When there is any news of leopard or bear sightings, I do not walk to school alone. I go to my friend Pawan’s house and we walk together. If I am alone, I skip school,” says Sumit nonchalantly.

Forests are set on fire early spring despite strict government laws for arson. The cattle rearing locals are dependent on new grass that emerge after the forest fire, but this also brings wild animals closer to the human habitation and creates conflict between animals and men.

“Villagers are more afraid of animals than thieves. We lock the door just to keep away animals. Recently there has been a rise in wild animal sightings,” said Mawat Singh, who keeps his two priced labradors chained at all times as dogs are easy prey for leopards.

World Vision India has set up 61 Remedial Education Centre (REC) in 100 communities, covering 6059 children. REC gives learning support for children under 6 to 14 years. Each REC has a teacher and free classes are given for two hours, six days a week. This is to ensure that children attain appropriate age learning and also develop foundational, essential and applied life skills.

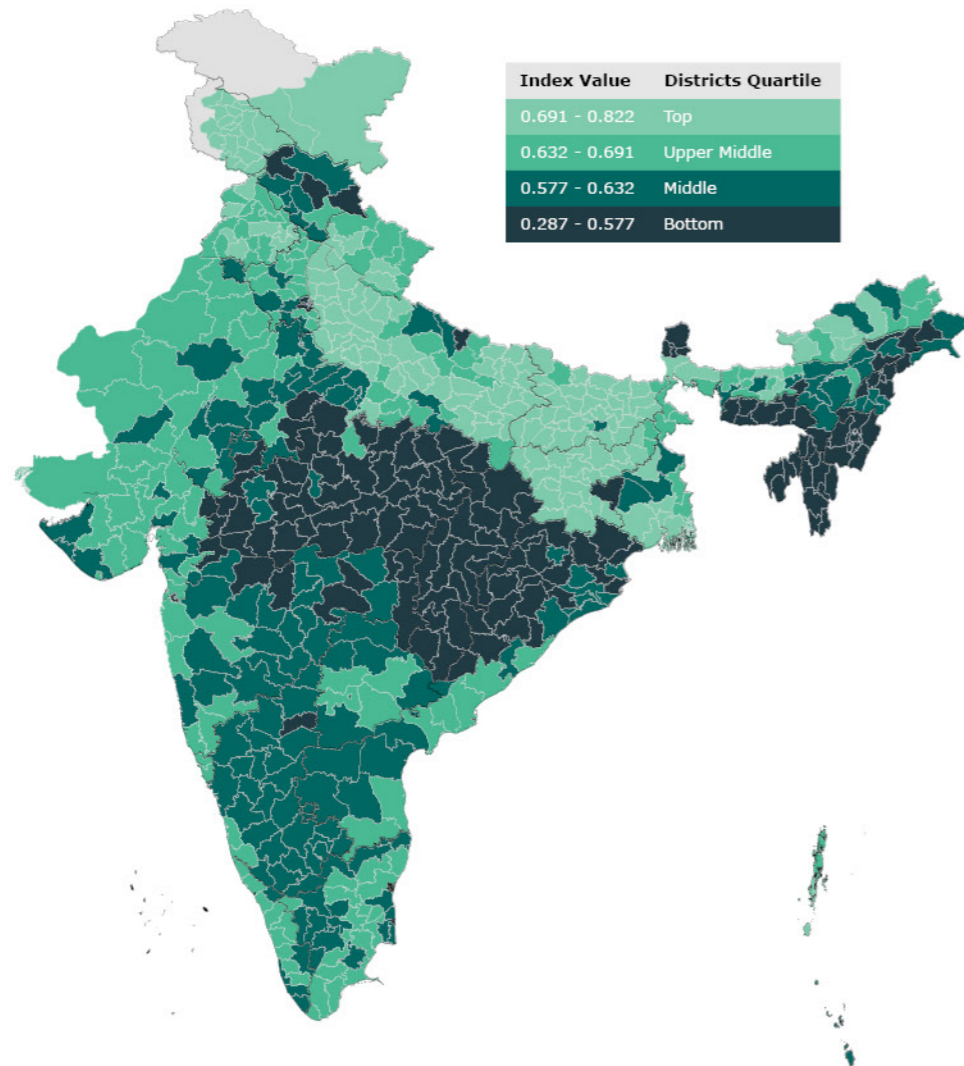
Samiya who is in the sixth standard attends the REC at Udalt after school. Here, she learns Hindi and maths. In many villages of Pauri Garhwal District, REC has helped children stay in school. The overall assessment over the years shows that school dropout has reduced to a minimum in World Vision India’s operational areas.



6.6 Dimension 5: Emotions

“Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one’s emotional development blighted by fear and anxiety.

(Supporting this capability means supporting forms of human association that can be shown to be crucial in their development)”



*Map not to scale

Map 7 presents the “Emotions” dimension in 640 districts across 28 states and 9 union territories.

Table 7: Region-wise break-up of top five and bottom five performing districts in “Emotions” dimension

District	Index score	State Name
Top 5 performing districts		
Kozhikode	0.67	Kerala
Malappuram	0.66	Kerala
Kanyakumari	0.66	Tamil Nadu
Kannur	0.66	Kerala
Kottayam	0.66	Kerala
Bottom 5 performing districts		
Lakshadweep	0.48	Lakshadweep (UT)
Yanam	0.52	Puducherry (UT)
Puducherry	0.54	Puducherry (UT)
Mahe	0.55	Puducherry (UT)
Karaikal	0.55	Puducherry (UT)

Southern Region

District	Index score	State Name
Top 5 performing districts		
Valsad	0.69	Gujarat
North Goa	0.68	Goa
Dadra and Nagar Haveli	0.68	Dadra and Nagar Haveli (UT)
South Goa	0.68	Goa
Mahesana	0.67	Gujarat
Bottom 5 performing districts		
Daman	0.31	Daman and Diu(UT)
Buldana	0.56	Maharashtra
Nandurbar	0.57	Maharashtra
Bhandara	0.57	Maharashtra
Gondiya	0.57	Maharashtra

Western Region

District	Index score	State Name
Top 5 performing districts		
Jammu	0.81	Jammu and Kashmir (UT)
Leh	0.80	Ladakh (UT)
Kargil	0.79	Ladakh (UT)
Samba	0.79	Jammu and Kashmir (UT)
Punch	0.78	Jammu and Kashmir (UT)
Bottom 5 performing districts		
North Delhi	0.43	Delhi (UT)
Shrawasti	0.44	Uttar Pradesh
New Delhi	0.46	Delhi (UT)
West Delhi	0.46	Delhi (UT)
South Delhi	0.47	Delhi (UT)

Northern Region

District	Index score	State Name
Top 5 performing districts		
Gopalganj	0.82	Bihar
Palamu	0.81	Jharkhand
Siwan	0.81	Bihar
Munger	0.80	Bihar
Hazaribagh	0.80	Jharkhand
Bottom 5 performing districts		
Malkangiri	0.38	Odisha
Nabarangapur	0.47	Odisha
Kendujhar	0.48	Odisha
Mayurbhanj	0.51	Odisha
Nuapada	0.52	Odisha

Eastern Region

District	Index score	State Name
Top 5 performing districts		
Tawang	0.75	Arunachal Pradesh
Kurung Kumey	0.75	Arunachal Pradesh
West Siang	0.72	Arunachal Pradesh
Lower Subansiri	0.72	Arunachal Pradesh
Papum Pare	0.71	Arunachal Pradesh
Bottom 5 performing districts		
Kolasib	0.29	Mizoram
Peren	0.33	Nagaland
Serchhip	0.35	Mizoram
Mamit	0.35	Mizoram
West Khasi Hills	0.35	Meghalaya

North-Eastern Region

District	Index score	State Name
Top 5 performing districts		
Bhind	0.62	Madhya Pradesh
Gwalior	0.62	Madhya Pradesh
Indore	0.62	Madhya Pradesh
Bhopal	0.61	Madhya Pradesh
Datia	0.61	Madhya Pradesh
Bottom 5 performing districts		
Dindori	0.42	Madhya Pradesh
Mandla	0.43	Madhya Pradesh
Dakshin Bastar Dantewada	0.47	Chhattisgarh
Jhabua	0.47	Madhya Pradesh
Barwani	0.48	Madhya Pradesh

Central Region



In terms of Emotions dimension, the Eastern Region performed relatively better than the other five regions in the country. The top performance of a few districts in this region can be attributed to low levels of child labour and juvenile crimes, whereas low pupil-teacher ratio and a high percentage of fathers who smoke various tobacco products are the factors behind the poor performance of few districts in this region. Followed by the Eastern region, the Northern region shows better performance. High index values of districts in this region are mainly contributed to by low levels of child labour, low levels of juvenile crimes and a low percentage of household members that belong to marginalised communities. Few districts recorded low index values because of their high levels of juvenile crimes and low pupil-teacher ratio.

In the North-Eastern region, the top performance of few districts can be attributed to a low percentage of household members that belong to marginalised communities and low percentage of tobacco usage by parents, whereas low pupil-teacher ratio and high percentage of mothers who smoke tobacco products are the factors behind the poor performance of few districts in this region. The Southern region's better index values in few districts are attributable to their good performance in the indicators of child labour and tobacco usage by parents, while its poor performance in few other districts can be attributed to low pupil-teacher ratio and high rates of juvenile crimes.

In the Western region, districts which recorded high index values show good performance in the indicators of juvenile crimes and percentage of household members from marginalised backgrounds. In the same region, districts with high percentage of family members in marginalised communities and high percentage of separated parents recorded low index values. The Central region is the poorly performing region among all other regions in the country. Few districts' better performance in this region can be attributed to low rate of child labour and low percentage of mothers that smoke tobacco products, whereas few others show poor performance due to low pupil-teacher ratio and a high percentage of tobacco smoked by fathers.



How Activities through the Children's Club Help Children Overcome Their Inhibitions

"Before we would get angry and hit our children for simple mistakes. But through the programmes, we learnt that we should talk to our children with love." - Naziya

"Earlier I was scared. Not confident to speak or give speeches in front of people. But because of the children's group and activities, I am now confident. Even in school, I am willing to speak now," says 11-year-old Ummekulsum. Ummekulsum is smart and vocal sponsored child from a small community in World Vision India's Mumbai Baljoti Project. She is currently studying in the seventh grade and lives with her family of five in a rented house in Mumbai. Her father, Wajed, works as a driver and her mother, Naziya, has recently taken up tailoring to supplement the family income.

Ummekulsum's sponsorship journey began when she was in the third grade and has been a part of the children's club since the 4th grade. She says, "Through the children's group we get to learn things that we did not learn in school. We sing action songs, learn about our rights, good values, and how to understand good and bad touch. Every Sunday we meet and have a different activity. Our teachers tell us in advance what we will do the next week, so we prepare accordingly. For Diwali we made beautiful lanterns," says Ummekulsum.

She is happy that unlike the other girls in school, she learnt about personal safety and child rights from a young age. She says, "In school, we learnt a little about good touch and bad touch in the 6th grade. However, through World Vision India, we learnt about these much earlier. But we never knew about our rights until we were part of World Vision. Every child has 4 basic rights - right to life, right to growth, right to education and right to participation," says Ummekulsum proudly.

All the children who are a part of her group can list their rights and understand the importance of them. She says, "If we do not have these rights then we will lose out. We will not be able to progress or move ahead. If we do not have food to eat or water to drink then we cannot survive. We also should not cut trees as we need clean air. Earlier people would kill the girl child even before she is born. All girls have the right to live," says Ummekulsum.

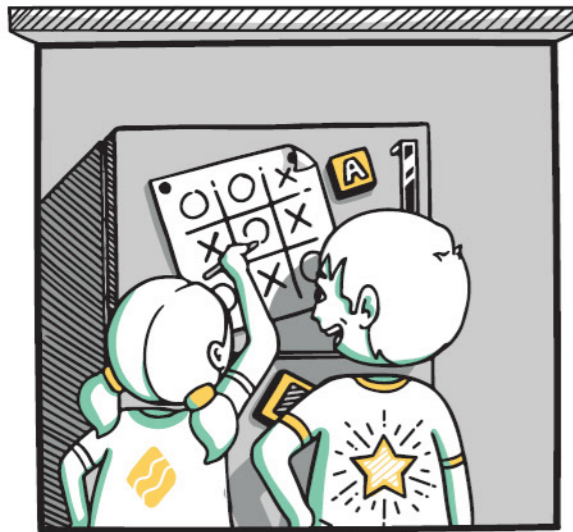
When we asked her about her dream for the future she was quick to respond, "I want to do something that involves a lot of mathematics. I love mathematics. My teacher is also good in school and he tells me not to show my classmates the answers because I can solve the problems very quickly" says Ummekulsum with a smile.

"Earlier Ummekulsum was very shy, but now she speaks so confidently. When she comes back home on Sunday from her meeting she is still singing and playing the games. She tells me excitedly all the things that their teacher tells them. It is nice to hear them speak so much now," says her mother Naziya (29).

Naziya and her husband have also attended several training programs for parents and other sessions on self-help groups, government entitlements and parent's enrichment program. These programs have helped them to understand the needs of their children and have encouraged a more loving and respectful relationship.

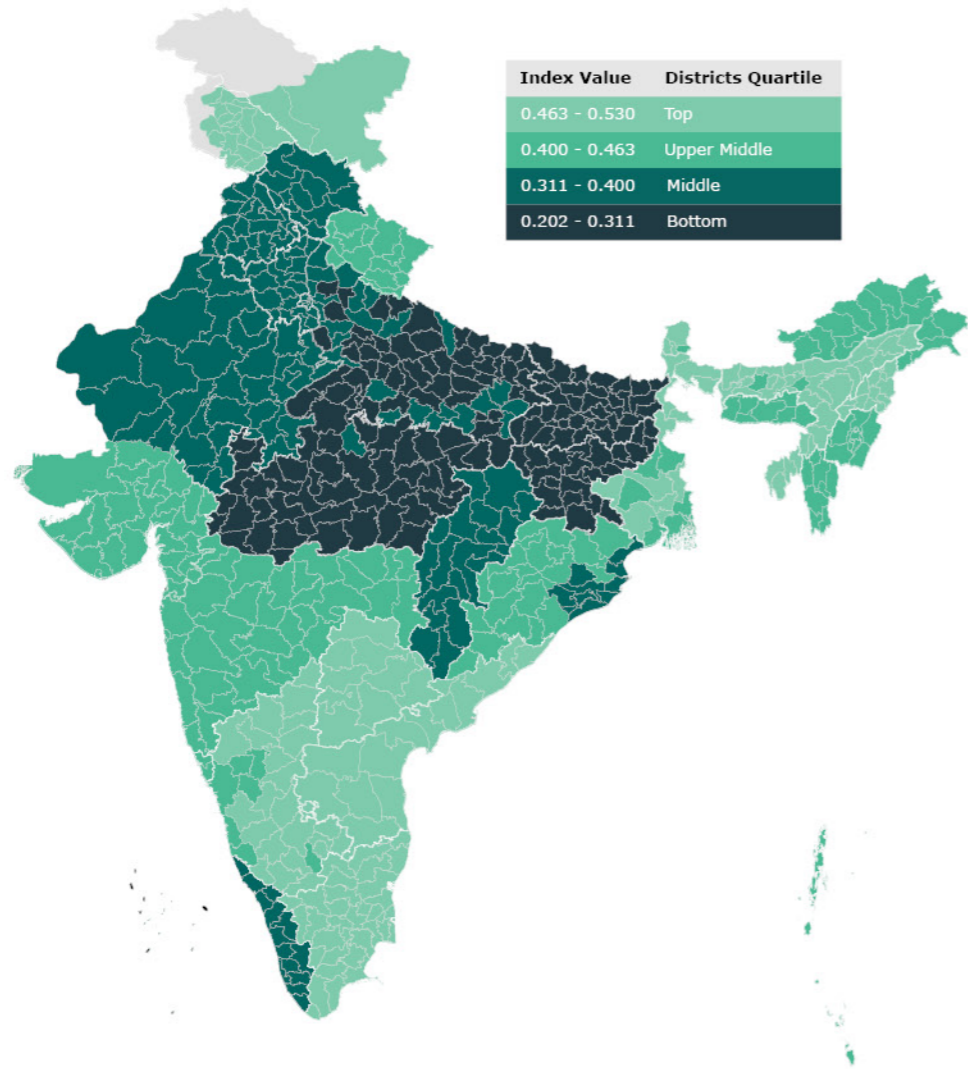
Naziya says, "Before we would get angry and hit our children for simple mistakes. But through the programmes, we learnt that we should talk to our children with love. We must explain things nicely and they will understand. I have noticed that now my children want to talk to me more. They share their feelings and tell us about their day in school. Earlier they would not speak much but now they know that they can trust us. We also learnt that we need to make a time table for them so that they learn to be more disciplined, wake up on time and do things by themselves," says Naziya.

Naziya smiles as she sees her daughter speaking so freely. She says, "At her age, I would not know anything. I could only study till grade 7 as I had to look after my siblings. I am so happy that my children are doing so much. I want to support them in whatever way possible. I am not able to help them with their studies so much, but both Ummekulsum and her older brother study together so they support each other."



6.7 Dimension 6: Practical Reason

“Being able to form a conception of the good and to engage in critical reflection about planning one’s life. (This entails protection for the liberty of conscience and religious observance).”



*Map not to scale

Map 8 presents the “Practical Reason” dimension in 640 districts across 28 states and 9 union territories.

Table 8: Region-wise break-up of top five and bottom five performing districts in “Practical Reason” dimension

District	Index score	State Name
Top 5 performing districts		
Coimbatore	0.49	Tamil Nadu
Salem	0.49	Tamil Nadu
Dharmapuri	0.49	Tamil Nadu
Krishnagiri	0.49	Tamil Nadu
Nilgiris	0.49	Tamil Nadu
Bottom 5 performing districts		
Kozhikode	0.39	Kerala
Thiruvananthapuram	0.39	Kerala
Alappuzha	0.39	Kerala
Kottayam	0.39	Kerala
Malappuram	0.39	Kerala

Southern Region

District	Index score	State Name
Top 5 performing districts		
Daman	0.46	Daman and Diu (UT)
Dangs	0.46	Gujarat
Dadra and Nagar Haveli	0.46	Dadra and Nagar Haveli (UT)
Tapi	0.46	Gujarat
Surat	0.46	Gujarat
Bottom 5 performing districts		
Sindhudurg	0.43	Maharashtra
Amravati	0.43	Maharashtra
Akola	0.43	Maharashtra
Buldana	0.43	Maharashtra
Chandrapur	0.43	Maharashtra

Western Region

District	Index score	State Name
Top 5 performing districts		
Srinagar	0.53	Jammu and Kashmir (UT)
Kishtwar	0.53	Jammu and Kashmir (UT)
Reasi	0.53	Jammu and Kashmir (UT)
Leh	0.53	Ladakh (UT)
Doda	0.53	Jammu and Kashmir (UT)
Bottom 5 performing districts		
Unnao	0.31	Uttar Pradesh
Kushinagar	0.31	Uttar Pradesh
Kannauj	0.31	Uttar Pradesh
Gorakhpur	0.31	Uttar Pradesh
Varanasi	0.31	Uttar Pradesh

Northern Region

District	Index score	State Name
Top 5 performing districts		
Uttar Dinajpur	0.47	West Bengal
Maldah	0.47	West Bengal
Darjeeling	0.47	West Bengal
Puruliya	0.47	West Bengal
Koch Bihar	0.46	West Bengal
Bottom 5 performing districts		
Madhepura	0.20	Bihar
Saharsa	0.20	Bihar
Aurangabad	0.20	Bihar
Jehanabad	0.20	Bihar
Nalanda	0.20	Bihar

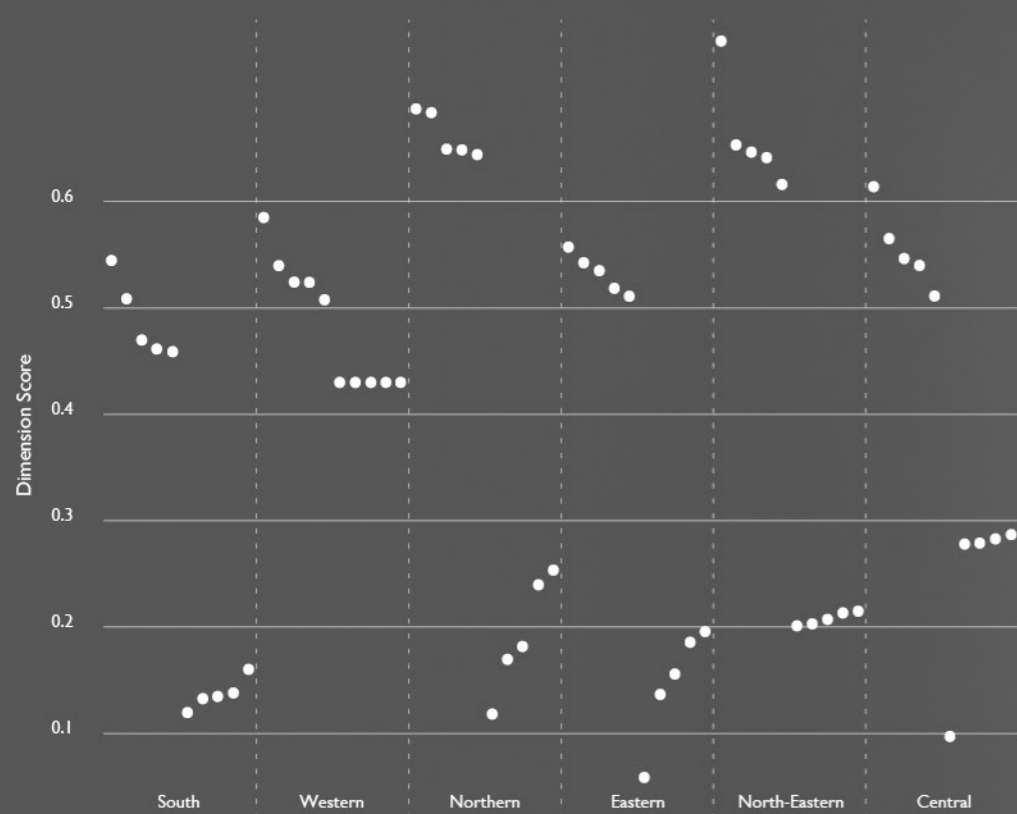
Eastern Region

District	Index score	State Name
Top 5 performing districts		
Aizawl	0.40	Mizoram
Saiha	0.40	Mizoram
Kolasib	0.40	Mizoram
Mamit	0.41	Mizoram
Lawngtlai	0.41	Mizoram
Bottom 5 performing districts		
Dhalai	0.53	Tripura
West Tripura	0.53	Tripura
South Tripura	0.53	Tripura
North Tripura	0.53	Tripura
Peren	0.52	Nagaland

North-Eastern Region

District	Index score	State Name
Top 5 performing districts		
Narayanpur	0.39	Chhattisgarh
Dakshin Bastar Dantewada	0.39	Chhattisgarh
Bijapur	0.39	Chhattisgarh
Kabeerdham	0.39	Chhattisgarh
Korba	0.39	Chhattisgarh
Bottom 5 performing districts		
Rajgarh	0.30	Madhya Pradesh
Rewa	0.30	Madhya Pradesh
Tikamgarh	0.30	Madhya Pradesh
Sehore	0.30	Madhya Pradesh
Anuppur	0.30	Madhya Pradesh

Central Region



**Data for ten out of the twelve indicators chosen to measure the dimension of Practical Reason is taken from a state-level source resulting in approximately equal index values.*

In terms of the Practical Reason dimension, the Southern region performed relatively better than the other five regions in the country. High index values of districts in this region are contributed to by the high percentage of children who can read a paragraph of standard I level text and high percentage of children who can identify four out of five letters correctly. The low index values of few districts in the same region are primarily due to low percentage of children who can identify numbers and high levels of mental retardation and mental illness. Following the Southern region, the Western region shows better performance with high percentages of reading and arithmetic abilities. In the same region, few districts show poor performance due to low percentage of children with reading and arithmetic abilities.

In the North-Eastern region, few districts recorded high values, which can be attributed to high percentage of children who can identify four out of five letters correctly and a high percentage of children who can read a paragraph of standard I level text. Poorly performing districts in this region show low levels of arithmetic recognition and ability to read letters among children. The Eastern region shows an average performance with a few districts' better percentage of children with reading and arithmetic abilities and few others with low percentage of children with reading and arithmetic abilities.

In the Northern region, better index values are contributed to by high percentage of children who can read words and perform arithmetic subtraction. Few districts in this region show poor performance because of the low percentage of children who can identify four out of five letters correctly and low percentage of children who can read words. The Central region is the poorly performing region among all other regions in the country. While few districts recorded better index values due to better arithmetic recognition ability among children, others recorded low index values due to poor performance in the said indicators.



Angel Pursues Her Dream of Becoming a Doctor, One Step at a Time

“When I grow up, I want to become a doctor and help those who are sick, like how my doctors helped me.” – Angel

Eleven-year-old Angel is a sponsored child of World Vision India and studies in class five. She is the youngest of four sisters and a brother, and lives in a tiny room along with her parents in a bustling Mumbai slum. With a soft voice and sweet smile, she tells us, “When I grow up, I want to become a doctor and help those who are sick, like how my doctors helped me.”

As a child, Angel had a severe deficiency of ‘vitamin D’ in her body, causing her bones to develop irregularly, eventually making her feet turn inwards. The doctors told her mother, Shantha, that even though her bones would grow, her height would remain the same.

It took eight years of numerous hospital visits and physiotherapy sessions and her parent’s life savings to help Angel stand on her own two feet. Her mother recalls that time as a difficult one, as she was the only one who could take her for her doctor’s visits. Her father was the sole breadwinner of the family and worked as a labourer. Work was irregular and as Shantha had to care for Angel, the family had no other source of income.

It was in the year 2012 that World Vision India began working in Angel’s community in Mumbai. At that time she was five years old and came to the community centre for different programmes for children. She was quiet and shy even then, and because of her health condition she was not able to participate fully in all the activities. However, the staff saw her eagerness and encouraged her parents to send her to school. She started attending kindergarten and although it was

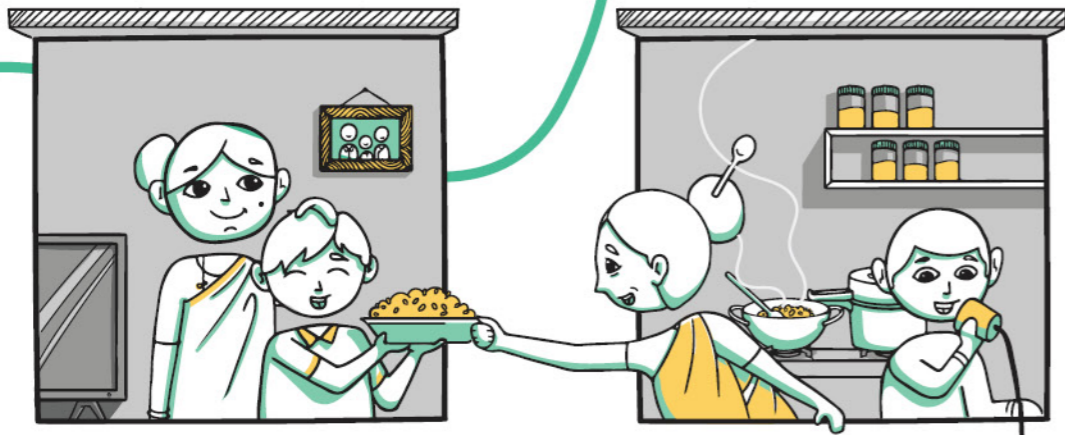
difficult for her to cope, she braved the hardships with a smile.

“We were hesitant to send her to school in the beginning because her legs were weak and her hips prevented her from sitting or standing. But Sunita (a World Vision India staff) accompanied me to different hospitals in the beginning and motivated me to send Angel to school. Now, after seven to eight years Angel is fine. Her legs are straight and she is able to go to school on her own. People in our community say that it is only because of our perseverance that she has gotten better. I am so happy that she is healthy now,” says Shantha with a smile.

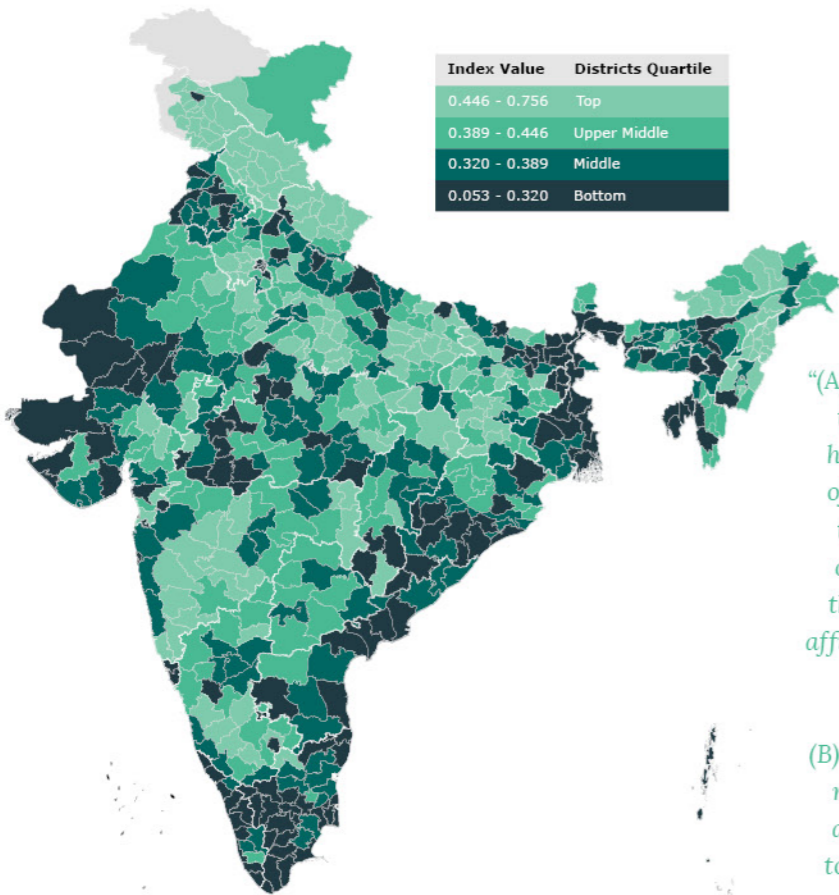
Shantha is also an active participant in the meetings for women. She says, “Children get to learn a lot from the meetings like how to stay safe, and what is good and bad touch. They also go for outings and have drawing classes.

Angel looks at her mother and smiles. She ensures that she studies hard and does not miss a day of school. Her favourite subject is ‘English’ and says that if she cannot become a doctor then she will definitely become a teacher.

World Vision India has been working in the Dharavi since the year 2012 on education, child protection, economic resilience, disaster risk reduction and community engagement. The project works to empower community members such as youth groups, self-help group members and others to ensure that children are cared for, protected and participating in a loving and safe community environment.



6.8 Dimension 7: Affiliation



“(A) being able to live with and toward others, to recognise and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech.)

“(B) having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin”

*Map not to scale

Map 9 presents the “Affiliation” dimension in 640 districts across 28 states and 9 union territories.

Table 9: Region-wise break-up of top five and bottom five performing districts in “Affiliation” dimension

District	Index score	State Name	District	Index score	State Name
Southern Region			Western Region		
Top 5 performing districts			Top 5 performing districts		
Chikmagalur	0.55	Karnataka	Satara	0.59	Maharashtra
Yadgir	0.51	Karnataka	Sangli	0.54	Maharashtra
Mandya	0.47	Karnataka	Valsad	0.53	Gujarat
Bengaluru Rural	0.46	Karnataka	Bhandara	0.53	Maharashtra
Shimoga	0.46	Karnataka	Buldana	0.51	Maharashtra
Bottom 5 performing districts			Bottom 5 performing districts		
Mahe	0.11	Puducherry (UT)	Diu	0.20	Daman and Diu (UT)
Coimbatore	0.13	Tamil Nadu	Mumbai	0.20	Maharashtra
Yanam	0.13	Puducherry (UT)	Daman	0.21	Daman and Diu (UT)
Chennai	0.13	Tamil Nadu	Bhavnagar	0.23	Gujarat
Puducherry	0.16	Puducherry (UT)	Dangs	0.26	Gujarat
Northern Region			Eastern Region		
Top 5 performing districts			Top 5 performing districts		
Bilaspur	0.69	Himachal Pradesh	Banka	0.56	Bihar
Hamirpur	0.69	Himachal Pradesh	Ranchi	0.54	Jharkhand
Pithoragarh	0.65	Uttarakhand	Simdega	0.54	Jharkhand
Kinnaur	0.65	Himachal Pradesh	Rohtas	0.52	Bihar
Kargil	0.65	Ladakh (UT)	Lohardaga	0.51	Jharkhand
Bottom 5 performing districts			Bottom 5 performing districts		
Central Delhi	0.11	Delhi (UT)	Nicobar	0.05	Andaman and Nicobar Islands (UT)
North East Delhi	0.17	Delhi (UT)	Pakur	0.13	Jharkhand
West Delhi	0.18	Delhi (UT)	Kolkata	0.15	West Bengal
Jaisalmer	0.24	Rajasthan	Sahibganj	0.18	Jharkhand
Jalor	0.25	Rajasthan	Darjeeling	0.19	West Bengal
North-Eastern Region			Central Region		
Top 5 performing districts			Top 5 performing districts		
Phek	0.76	Nagaland	Jashpur	0.62	Chhattisgarh
Kiphire	0.66	Nagaland	Sidhi	0.57	Madhya Pradesh
Longleng	0.65	Nagaland	Datia	0.55	Madhya Pradesh
East Siang	0.64	Arunachal Pradesh	Singrauli	0.54	Madhya Pradesh
Ukhrul	0.62	Manipur	Surguja	0.51	Chhattisgarh
Bottom 5 performing districts			Bottom 5 performing districts		
Dhalai	0.20	Tripura	Bijapur	0.09	Chhattisgarh
North Tripura	0.20	Tripura	Indore	0.28	Madhya Pradesh
West Tripura	0.20	Tripura	East Nimar	0.28	Madhya Pradesh
South Tripura	0.21	Tripura	Narayanpur	0.28	Chhattisgarh
Churachandpur	0.21	Manipur	Ujjain	0.28	Madhya Pradesh



In terms of the Affiliation dimension, the Northern region performed relatively better than the other five regions in the country. The top performance of few districts in this region can be attributed to the high percentage of women having land ownership. Whereas low pass percentage in class tenth and low percentage of women having land ownership are the factors behind poor performance of few districts in this region. In the Western region, better index values are contributed to by high pass percentage in class tenth and high percentage of women having land ownership. Few districts in this region show poor performance in the said indicators.

The Southern region shows an average performance, with some districts performing better in terms of high pass percentage in class tenth and high percentage of women having land ownership, while some districts show poor performance in the same indicators. Followed by the Southern region, few districts in the North-Eastern region show better performance because of high percentage of women having land ownership. Whereas, the poorly performing districts show low pass percentage in class tenth and low percentage of women having land ownership.

In the Central region, high percentage of women having land ownership in few districts is contributing to better performance. The low index values of a few other districts in this region are primarily because of low pass percentage in class tenth. The Eastern region is the poorly performing region among all other regions in the country. Few districts recorded high index values which can be attributed to a high percentage of women having land ownership, whereas few other districts show poor performance in the said indicator along with low pass percentage of class tenth.



Responding to Child Safety Needs in Flood-Affected Kerala

“The counselling sessions with the families have helped parents and children sit together and talk; something they had not done after the floods. This itself has brought in a lot of difference,” - Joyal Jacob, another volunteer who works for the project.

In 2018, Kerala faced the century’s worst deluge that displaced nearly a million people, caused hundreds of fatalities, and washed away homes and property. For farmers in Alappuzha, it has been a year of crop losses twice in a row. Their livelihoods had been completely destroyed. While for many others in this region, it was their houses, property and dear ones, that the floodwaters washed away. Though help came from all directions in the form of relief kits of various sizes, loss of their lifelong savings and spiraling household debts had left people in shatters. Many had to start everything from the scratch.

The children, too, were indirectly affected. “Schools have reopened and children are back into their study routines. But, this does not mean that everything is normal. Many children carry the unseen scars the floods inflicted,” says Angel (24), a volunteer working for World Vision India. Angel volunteers for World Vision India’s psychosocial intervention in communities and schools affected by the floods.

World Vision India identified a need for psychosocial support in communities, during the assessment for the post-flood recovery project. Accordingly, 13 social workers attended a five-day training conducted by the social work department of Christ University, at Kainankary CMC convent.

“Initially, we gave group sessions to the children for up to four days. This way we interacted with them and got to know each other. We employed techniques like play therapy and art therapy during these sessions, to indirectly identify children who faced issues, prioritise those who are in need of help and call them for individual counselling sessions,” says Angel. The individual session happened three days a week and went on until all the children were covered. The team also began follow-up sessions, where they visited the child’s family and community.

Children shared with the counsellors their deepest fears and concerns. There were children who were sexually abused during the flood period when they had to take refuge in different places. Angel recounted one major case of sexual abuse they identified, “a 14-year-old girl studying in the ninth grade, who used to be very good at studies, fell back once the classes resumed after the floods. Though it came to her teachers’ notice, no one could find the reason. But during the counselling session, the girl revealed that she was sexually abused. When the floodwaters came in, her

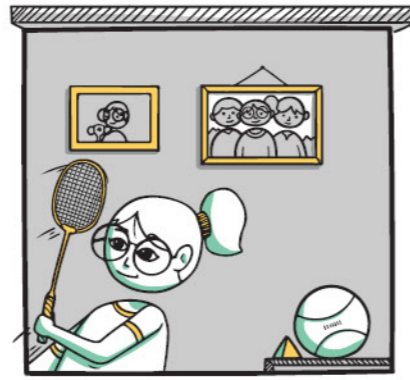
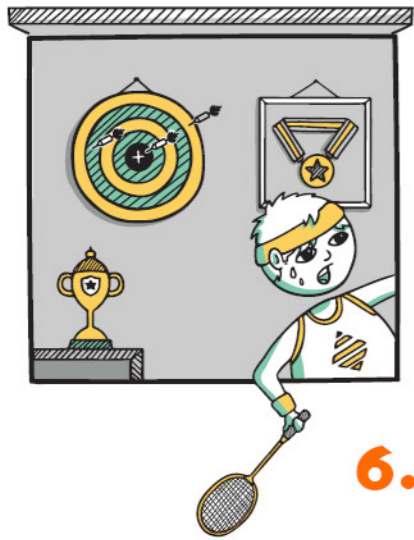
parents had to move to a relief camp and she was sent to her mother’s house. There, one of the neighbours sexually abused her when others were not around. He took naked photos of her and blackmailed to make the photos public if she told anyone about it. The girl was terrified by the incident and kept it a secret.” World Vision India informed ChildLine about the incident and the man was arrested. Through further counselling sessions with her and her family, the girl is slowly getting back to normal and is able to focus on her studies.

The team could also identify changes in the behaviour and study patterns of a few other children as well. “This was mainly because everything seemed different once the children came back from relief camps,” says Angel. Some of their houses were washed away completely and many children have developed a fear of water because of this. For many others, there is increased pressure on studies as the schools were closed for a long period.

The school authorities are also very happy about the changes they see in children. “Even after returning from the relief camps, many children kept in touch with the people they met at the camps. This had significantly affected their studies. But, the counselling sessions helped them to get back on track. Moreover, counselling parents also helped resolve many family issues that bothered our children,” says Sr Ansamma Joseph, Principal of Holy Family Girl’s School, Kainankary.

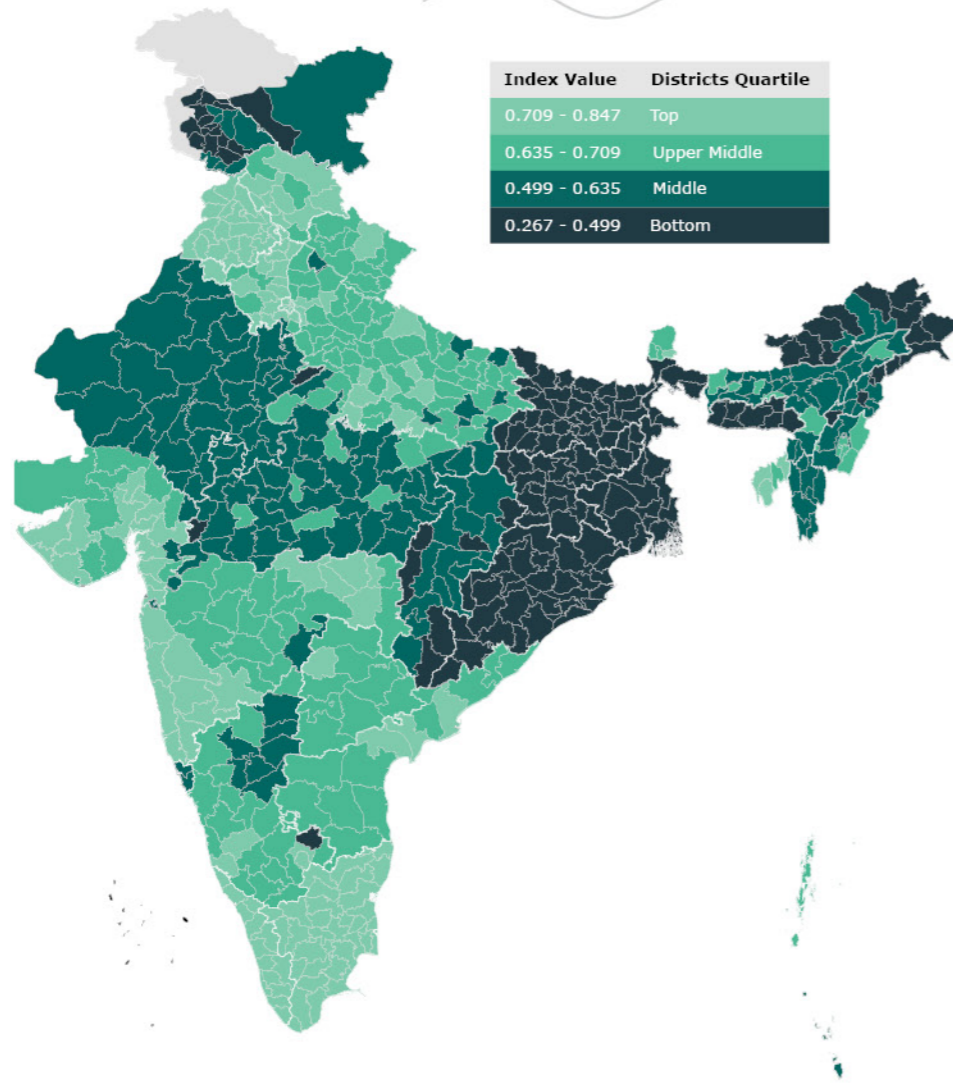
In the communities, many people have resorted to alcoholism and substance abuse to cope with the loss of livelihood and income. This has resulted in family clashes which again affected children and their studies. “The counselling sessions with the families have helped parents and children sit together and talk; something they had not done after the floods. This itself has brought in a lot of difference,” says Joyal Jacob, another volunteer who works for the project.

Many parents are also equally satisfied with the changes they see after the counsellors spoke with them. “After the floods, it is true that the time that we would spend with children was taken by a lot of other important concerns. The counselling has bridged that gap. It also helped children to focus on their studies keeping distractions like mobile phones at a distance,” says Sujata (40), a parent.



6.9 Dimension 8: Play

“Being able to laugh, to play, to enjoy recreational activities”



*Map not to scale

Map 10 presents the “Play” dimension in 640 districts across 28 states and 9 union territories.

Table 10: Region-wise break-up of top five and bottom five performing districts in “Play” dimension

Southern Region



District	Index score	State Name
Top 5 performing districts		
Pathanamthitta	0.83	Kerala
Chennai	0.82	Tamil Nadu
Thiruvallur	0.81	Tamil Nadu
Perambalur	0.81	Tamil Nadu
Namakkal	0.80	Tamil Nadu
Bottom 5 performing districts		
Chikkaballapura	0.43	Karnataka
Lakshadweep	0.50	Lakshadweep (UT)
Yadgir	0.58	Karnataka
Bagalkot	0.59	Karnataka
Gulbarga (Kalaburagi)	0.60	Karnataka

Northern Region



District	Index score	State Name
Top 5 performing districts		
Chandigarh	0.85	Chandigarh (UT)
East Delhi	0.81	Delhi (UT)
Kapurthala	0.81	Punjab
New Delhi	0.80	Delhi (UT)
Gurgaon	0.80	Haryana
Bottom 5 performing districts		
Rajouri	0.44	Jammu and Kashmir (UT)
Punch	0.44	Jammu and Kashmir (UT)
Reasi	0.45	Jammu and Kashmir (UT)
Bandipore	0.46	Jammu and Kashmir (UT)
Kupwara	0.46	Jammu and Kashmir (UT)

North-Eastern Region



District	Index score	State Name
Top 5 performing districts		
West Tripura	0.74	Tripura
South Tripura	0.73	Tripura
North Tripura	0.71	Tripura
East District	0.71	Sikkim
Dhalai	0.71	Tripura
Bottom 5 performing districts		
Peren	0.27	Nagaland
Longleng	0.36	Nagaland
South Garo Hills	0.39	Meghalaya
Jaintia Hills	0.39	Meghalaya
Mon	0.40	Nagaland

Western Region



District	Index score	State Name
Top 5 performing districts		
Mumbai Suburban	0.79	Maharashtra
Raigarh	0.76	Maharashtra
Nagpur	0.75	Maharashtra
Thane	0.75	Maharashtra
Pune	0.75	Maharashtra
Bottom 5 performing districts		
Dadra and Nagar Haveli	0.49	Dadra and Nagar Haveli (UT)
Dohad	0.51	Gujarat
Nandurbar	0.60	Maharashtra
South Goa	0.60	Goa
Daman	0.60	Daman and Diu (UT)

Eastern Region



District	Index score	State Name
Top 5 performing districts		
South Andaman	0.70	Andaman and Nicobar Islands (UT)
North and Middle Andaman	0.70	Andaman and Nicobar Islands (UT)
Nicobar	0.59	Andaman and Nicobar Islands (UT)
Nadia	0.50	West Bengal
Darjeeling	0.49	West Bengal
Bottom 5 performing districts		
Gajapati	0.30	Odisha
Malkangiri	0.30	Odisha
Bargarh	0.30	Odisha
Kandhamal	0.30	Odisha
Nabarangapur	0.30	Odisha

Central Region



District	Index score	State Name
Top 5 performing districts		
Bhopal	0.71	Madhya Pradesh
Gwalior	0.69	Madhya Pradesh
Indore	0.68	Madhya Pradesh
Hoshangabad	0.68	Madhya Pradesh
Bhind	0.67	Madhya Pradesh
Bottom 5 performing districts		
Jashpur	0.44	Chhattisgarh
Janjgir Champa	0.46	Chhattisgarh
Alirajpur	0.48	Madhya Pradesh
Bastar	0.48	Chhattisgarh
Dakshin Bastar Dantewada	0.49	Chhattisgarh



In terms of the Play dimension, the Southern region performed relatively better than the other five regions in the country. High index values of districts in this region are attributable to high proportion of monthly expenditure spent on children, low proportion of households where female children are going to fetch water and low percentage of child labour. Low index values in few other districts are primarily due to low percentage of schools with playgrounds, low proportion of monthly expenditure spent on children and household overcrowding. Following the Southern region, the Western region shows better performance with improved monthly expenditure spent on children, controlled child labour and fewer girl children fetching water. In the same region, few districts show poor performance due to low proportion of monthly expenditure spent on children, low percentage of schools with playgrounds and high percentage of child labour limiting the children's opportunities to play.

In the Northern region, the high index values of few districts can be attributed to their good performance in the indicators of schools with monthly expenditure spent on children, percentage of schools with playgrounds and child labour. Low percentage of schools with playgrounds and household overcrowding are the factors behind the poor performance of few districts in this region. In the Central region, districts which recorded better index values show high monthly expenditure spent on children, more schools with playgrounds, low levels of child labour and fewer girl children fetching water, while few other districts recorded low index values due to poor performance in terms of percentage of schools with playgrounds, proportion of girl children going to fetch water and levels of household crowding.

In the North-Eastern region, better index values are contributed to by high proportion of monthly expenses spent on children, low percentage of child labour and low proportion of households where girl children are going to fetch water. Low index values in few districts of the same region are contributed to by low percentage of schools with playgrounds, high levels of household crowding and high percentage of child labour. The Eastern region is the poorly performing region among all other regions in the country. In this region, the better index values are attributable to controlled child labour and fewer girl children fetching water and high proportion of monthly expenses spent on children; whereas the low index values are contributed to by low percentage of schools with playgrounds and high percentage of child labour.



Children Lead The Way Forward

A sleepy town in Lalitpur, Uttar Pradesh, made news after winning the under-14 Inter-School District Volley Competition 2019. It all started with a small intervention.

Maholi village is 40 km from the district headquarters of Lalitpur. A narrow asphalt road cuts across sea of wheat fields. Around 100 odd houses dotted this desolate landscape, one of the worst drought-hit areas in the state.

Education has always been a triviality at Maholi. A decrepit school on the outskirts of the village does not do much to change that notion.

“Earlier villagers used to think that education was useless. Now there has been huge change amongst parents and students,” said Bharat, a Physical Training Instructor at Maholi government school. As the coach of the volley team,

he has seen big transformation in the lives of the children. World Vision India had set up Remedial Education Centre (REC) and Life Skill Education Training (LSET) at Maholi. The World Health Organisation (WHO) defines Life skills as the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

LSET is part of REC and students have classes once a month. There are 60 modules based on the ten core life skills as laid down by the WHO: awareness of self, interpersonal relationships, management of stress, communications, critical thinking, creative thinking, decision-making, empathy building, emotions management and problem solving.

Just a few months back, the school had only one ball. As part of LSET’s learning through games and activities, World Vision India provided volley ball, nets, jerseys, shorts and sneakers for two dozen students in the school.

Wearing the jersey has its charm and students have taken great pride from it. In these blue superhero suits, they felt motivated and their dreams took on wings. “We had only one ball and no other equipment but after we got help from World Vision, we started practising for an hour or so every day and when the time came, we decided to take a shot,” said Bharat.

The boys got a rousing welcome when they returned after winning the Volley Competition at Lalitpur. The success came as a surprise to the entire village. But to the teacher and students who have trained hard, it was a sweet consolation. The name of the village flashed in the local newspaper, and this was a matter of pride for the villagers. Shivi, 13, is one of the younger boys in the team. His parents were so proud of the achievement that they went door to door to share the good news.

“On 26th January, we invited all the villagers and we held a special felicitation ceremony for the students,” said Vijay Kumar, Principal of the school.

The school was selected to take part in the state-level competition held at Bareilly, where 18 teams from three mandals, Lalitpur, Jaluan and Jhansi, participated.

Prem, 15, known for his deadly float serve, and identified by his peers as the best player in school was disappointed that they didn’t succeed in the state level as much as they did at the district level. But through that whole process, he learned about discipline and unity. “We encouraged one another and our confidence levels have increased because of the exposure,” said Prem.

For Anurag, 14, it was not just the thrill of the competition that he remembers fondly, but the experience of riding the train for the first time on the way to Bareilly, some 500km away. There were many boys who were travelling for the first time outside Lalitpur. “This was the first time I had gone out of my district. This was also the first time on the train,” said Anurag, elated at the experience.

Priyanka, 14, attends REC and LSET. She has seen huge a behavioural change amongst her peers: a general growing awareness on hygiene, discipline and cleanliness. “We didn’t want go to school in the beginning, but we now encourage our friends and juniors to not miss school,” said Priyanka.

At Maholi, WVI’s REC has been a second home to Priyanka and her friends. Here, under trained teachers, they get the personal assistance and help they could not access in school. REC is an innovative approach and community-led process that seeks to ensure learning support to children of age 6-14 years in the community, to inculcate basic knowledge about reading, writing, math and life skills.

Life skills are abilities that shape children to face life situations that they transform their lives in a healthy, confident, and satisfying way. LSET equips children to be resilient and gain in confidence. The goal of LSET is to provide developmentally appropriate opportunities for children aged 6 to 18 years to experience life skills, to practice them until they are learned, and be able to use them for healthy adolescence. World Vision India developed LSET in partnership with Indian National Science Academy (INSA) and Indian Association of Life Skills Education (IALSE).

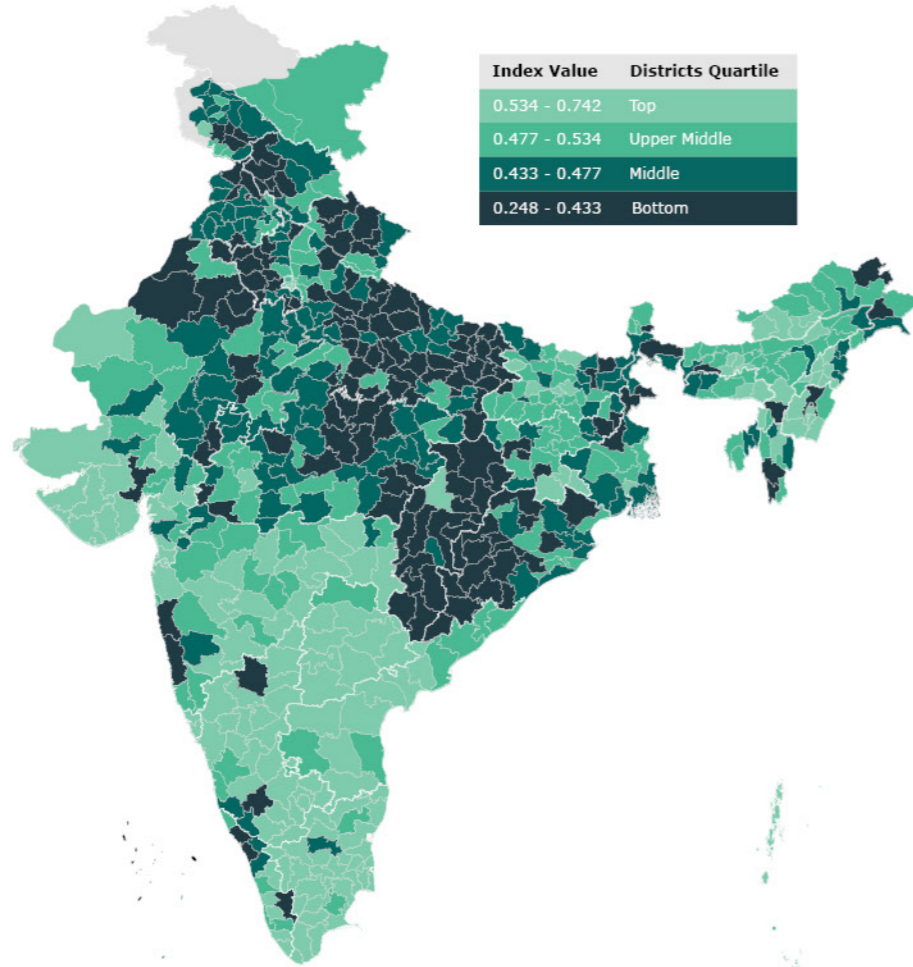
The modules are administered in schools and children’s groups with the support of trained volunteers. So far, 26,430 children have completed LSET modules in India from 898 RECs. According to World Vision India’s assessment 48.72% children develop and demonstrate the application of foundational life skills that contribute to their own development. 89.39% children are able to express themselves with confidence and participate actively in discussions

After the attention, the school has seen an increase in enrolment. “We had around 200 students but after winning the trophy, our students have increased to 262. Parents want to send their children to school,” said Vijay Kumar, principal of the school.

Maholi like many villages in Lalitpur has come a long way from the gloom of illiteracy. And now, children are leading the way forward.



6.10 Dimension 9: Control Over One's Environment



“(A) Political. Being able to participate effectively in political choices that govern one’s life; having the right of political participation, protections of free speech and association.

“(B) Material. Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.”

*Map not to scale

Map 11 presents the “Control over one’s environment” dimension in 640 districts across 28 states and 9 union territories.

Table 11: Region-wise break-up of top five and bottom five performing districts in “Control Over One’s Environment” dimension

District	Index score	State Name
Top 5 performing districts		
Bengaluru	0.74	Karnataka
Nizamabad	0.68	Telangana
Gulbarga(Kalaburagi)	0.68	Karnataka
Kancheepuram	0.68	Tamil Nadu
Kanyakumari	0.67	Tamil Nadu
Bottom 5 performing districts		
Idukki	0.35	Kerala
Hassan	0.35	Karnataka
Kozhikode	0.38	Kerala
Bijapur	0.39	Karnataka
Kannur	0.43	Kerala

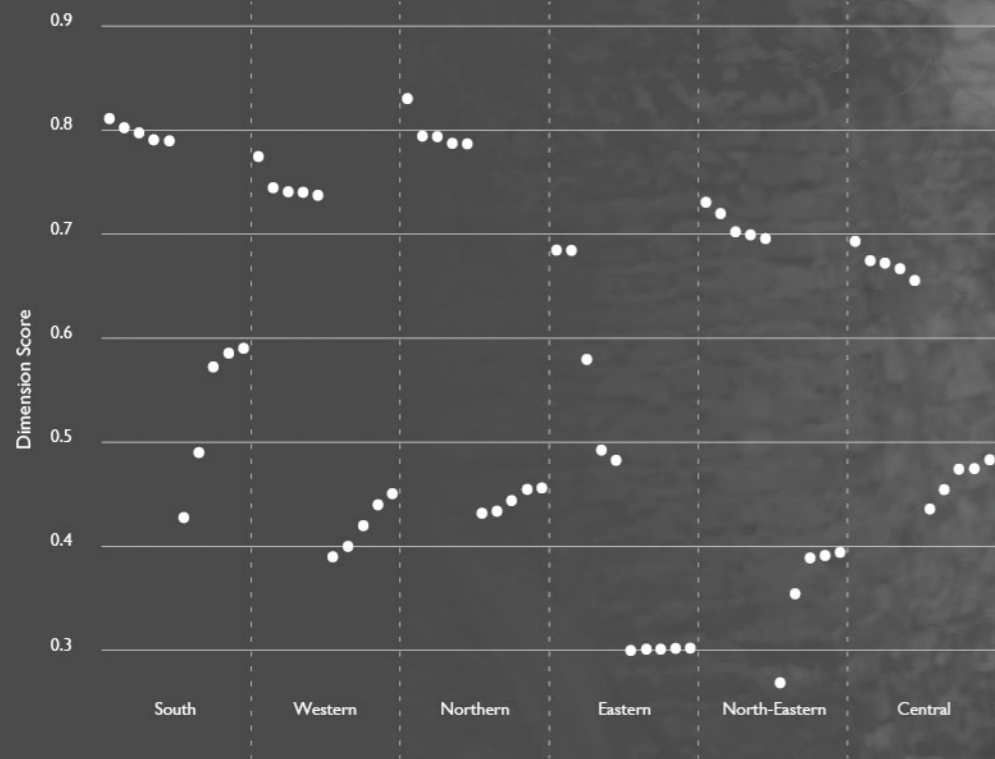
District	Index score	State Name
Top 5 performing districts		
Kachchh	0.68	Gujarat
Junagadh	0.67	Gujarat
Jamnagar	0.67	Gujarat
Diu	0.66	Daman and Diu (UT)
Bhavnagar	0.64	Gujarat
Bottom 5 performing districts		
Ahmadabad	0.39	Gujarat
Ratnagiri	0.40	Maharashtra
Raigarh	0.42	Maharashtra
Patan	0.44	Gujarat
Dangs	0.45	Gujarat

District	Index score	State Name
Top 5 performing districts		
Rajouri	0.57	Jammu and Kashmir (UT)
South West Delhi	0.55	Delhi (UT)
Jaisalmer	0.55	Rajasthan
East Delhi	0.55	Delhi (UT)
South Delhi	0.54	Delhi (UT)
Bottom 5 performing districts		
Churu	0.25	Rajasthan
Sikar	0.27	Rajasthan
Sant Kabir Nagar	0.30	Uttar Pradesh
Hamirpur	0.32	Himachal Pradesh
Siddharthnagar	0.32	Uttar Pradesh

District	Index score	State Name
Top 5 performing districts		
South Andaman	0.60	Andaman and Nicobar Islands (UT)
Pashchimi Singhbhum	0.58	Jharkhand
North and Middle Andaman	0.56	Andaman and Nicobar Islands (UT)
Purbi Singhbhum	0.55	Jharkhand
Patna	0.55	Bihar
Bottom 5 performing districts		
Nabarangapur	0.32	Odisha
Baudh	0.33	Odisha
Malkangiri	0.34	Odisha
Balangir	0.36	Odisha
Kalahandi	0.36	Odisha

District	Index score	State Name
Top 5 performing districts		
Dimapur	0.63	Nagaland
Kohima	0.63	Nagaland
Lower Subansiri	0.61	Arunachal Pradesh
Tamenglong	0.60	Manipur
Mokokchung	0.59	Nagaland
Bottom 5 performing districts		
Cachar	0.27	Assam
Dibang Valley	0.36	Arunachal Pradesh
Lohit	0.37	Arunachal Pradesh
East District	0.41	Sikkim
Goalpara	0.42	Assam

District	Index score	State Name
Top 5 performing districts		
Bilaspur	0.60	Chhattisgarh
Indore	0.55	Madhya Pradesh
Harda	0.52	Madhya Pradesh
Hoshangabad	0.51	Madhya Pradesh
Chhindwara	0.51	Madhya Pradesh
Bottom 5 performing districts		
Dakshin Bastar Dantewada	0.32	Chhattisgarh
Narayanpur	0.33	Chhattisgarh
Rajnandgaon	0.35	Chhattisgarh
Alirajpur	0.35	Madhya Pradesh
Rajgarh	0.36	Madhya Pradesh



In terms of the Control Over One's Environment dimension, the Southern Region performed relatively better than the other five regions in the country. The top performance of few districts in this region can be attributed to low variation in monthly household income and low levels of migration in households. High variation in monthly household income, high levels of migration and low percentage of households having the monthly income of highest-earning household member less than 5000 are the factors behind the poor performance of few districts in this region. Followed by the Southern region, the Western region shows better performance. High index values of districts in this region are mainly contributed to by low variation in monthly household income and low percentage of households having monthly income of highest earning household members less than 5000. Few districts recorded low index values because of their poor performance in the said indicators, along with high variation in rainfall.

In the North-Eastern region, the top performance of few districts can be attributed to the low variation in monthly household income and low levels of migration, whereas high variation in minimum and maximum temperature, high variation in rainfall and low percentage of households having monthly income of the highest earning member as less than 5000 are the factors behind the poor performance of few districts in this region. The Eastern region's better performance in few districts is attributable to low variation in rainfall, low levels of migration and low variation in monthly household income, while its poor performance in few other districts can be attributed to high variation in maximum and minimum temperature and low percentage of households having monthly income of highest-earning household member as less than 5000.

In the Central region, the districts which recorded high index values show good performance in the indicators of migration and variation in monthly household income. In the same region, districts with high variation in maximum and minimum temperature and low percentage of households having monthly income of highest earning household members less than 5000 recorded low index values. The Northern region is the poorly performing region among all other regions in the country. Few districts' better performance in this region can be attributed to low variation in rainfall, low levels of migration and low variation in monthly household income, whereas few other districts show poor performance due to high variation in maximum and minimum temperature, high levels of migration and low percentage of households having monthly income of highest earning household members less than 5000.





Tackling Climate Change

- One Tree at a time

The land was lush. There was water in the well. Now these are just wishes.

Up a hill, a small wooded area stands out like an island in a sea of wheat fields. The early spring-breeze is cool but there are ominous signs of impending drought in the parched land.

This is the last natural vegetation around Pinky's vicinity. This is where her mother collects firewood for the

family. At thirteen she does not understand the bigger narratives around climate change but she has seen the forest shrink and the farmland expand.

"My grandmother told me that our house was surrounded by dense forest. Now the trees have been cut down and the land turned into farms. I remember when I was younger we would play outdoors but nowadays the sun is just too hot and keeps us indoors," said Pinky, seated under a shade at the village tube well.

She had come to draw water with her elder sister Shivani, 15 and their friend Kanshilya, 14. Pinky's village in Lalitpur is part of the Bundhelkhand region and has a long history of drought. The struggle for clean water has been an integral part of her life.

Pinky's village of around 100 households is completely dependent on three ground water sources. More than 85% of India's rural domestic water requirements and 50% of its irrigation requirements are being met from ground water resources. In Pinky's case availability of water is also dependent on electricity for pumping water. She has missed school often, standing in queue to fetch a bucket of water. Deforestation and drought are two sides of the same coin at Pinky's village and she has felt the brunt of both. Residents of the village are dependent on wood for cooking. This inevitably has led to cutting down trees. On the other hand, the level of ground water has declined over the years as a result of deforestation, climate change and man-made factors.

A joint study by National Institute of Disaster Management (NIDM) with Indian Council of Social Science Research (ICSSR) in the Bundhelkhand region shows that drought is not just a result of bad monsoon but also man-made.

Mansingh, a farmer had recently taken up poultry to adapt to the environmental changes. Mansingh's wheat field is almost ripe and will be harvested soon but he has no plan of planting crops in summer. "The land is too dry and we do not get enough rain. We are fully dependent on rain for irrigation," said Mansingh.

According to the Minor Irrigation Census (2001) only 49% of agriculture land is irrigated in Lalitpur district. "The water level is reducing at a devastating pace. We used to have hand pumps but the ground water has dropped and the hand pumps have dried up. We had to dig down to 300ft to reach ground water," said Mansingh.

At the tube well, Mansingh has made a small channel to harvest excess water. This patch of land is one of the greenest in the village. The rest of the village is dry and wears a forlorn look, dotted by single neem trees in some houses. But Mansingh has managed to plant few dozens of trees around his house. That has made a big difference in this dry landscape. The tube well draws folks of all ages and even cattle and birds.

Amit (14), dreams of a utopian world, where the land is green and where the birds sing from the trees. At his family's land, just behind his house he has the perfect canvas to make that dream come true.

"If we cut down one tree, we need to plant two trees," said Amit. His enthusiasm for planting trees was not always there. He had acquired this from the environment classes at his children club that meets once a week.

'Why are Trees Called our Friend,' is the theme of the activity book designed by World Vision India for children. The book has eight modules on environment. It takes roughly three months to complete all the learnings and activities in the book.

Through the activity book children learn about different names of plants and trees. They are encouraged to go outdoors and find trees and plants they are unaware of and get help from elders in identifying them. They are encouraged to collect leaves or fruits of plants and trees native of the place and list their economic and medicinal values. Through this interactive community learning process, parents and elders are able to pass down their traditional knowledge to the children on trees and plants of the area.

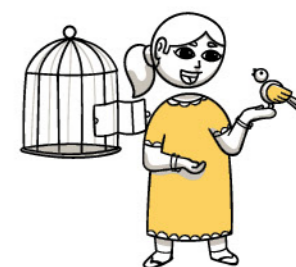
As part of the Activity book on environment exercises, 5000 children received two tree saplings each from World Vision India adding 10,000 potential trees into the parched, ailing land.

Amit has gone on to plant more than a dozen tree saplings at his backyard. Against the backdrop of the green wheat field, Amit's garden is beginning to take shape. He and his friends have found a novel way of drip-irrigating the sapling in this drought-stricken land. A bottle of water is kept by the side of the sapling and a robe soaked in water is let to drip down slowly. This system saves water and time and works perfectly here.

Many children have dreams of their own, expressed in creative forms such as poems, songs and paintings in the activity book. These dreams are etched in their minds. They learn to value the little they have left by drawing lessons from what they have lost. They work towards restoring the glorious past: One tree at a time.

World Vision India is worked among 1000 children in Lalitpur district to raise awareness on environment and encourage them to act. Here children learn to dream.

"I dream of a world where clear streams run through the land, where the forest becomes greener and where animals and birds can find home again," said Pinky, her eyes set beyond the parched landscape.



7. COVID-19 and Child Well-being

The impact of the coronavirus disease (COVID-19) pandemic on children and child well-being is a growing concern, across the world including India. According to the child well-being framework considered in this report, COVID-19 has affected the Indian child well-being in terms of the following dimensions: life; bodily health; bodily integrity; and senses, imagination and thought. Even though much of its impact on children is non-health-related, there will be certain long-term implications. For instance, breadwinners lose their jobs or are forced to sell productive assets in order to survive, with long-running consequences for child poverty. The longer schools remain closed, the less likely children are to catch up on learning and essential life skills that support a healthy transition to adulthood. The longer immunisation campaigns are suspended, the greater and more costly will be the struggle to eliminate polio and to manage measles outbreaks.



7.1 Education

It is estimated[20] that the extended closure of schools impacts India's future earnings by anywhere between \$420 billion and \$600 billion, as depleted learning levels of students will translate into poorer productivity, going forward. In early March 2020, at initial stages of the pandemic, most states had temporarily closed schools to prevent the spread of the infection.

India			
COVID-19 Impact on Education			
Status	School closed due to COVID-19		
Affected Learners	32,07,13,810		
School Type	Females	Males	Total
Pre-primary	45,57,249	54,47,169	1,00,04,418
Primary	7,28,77,621	7,03,49,806	14,32,27,427
Secondary	6,39,83,677	6,91,60,694	13,31,44,371
Tertiary	1,67,39,688	1,75,97,908	3,43,37,596

Source: UNESCO (2020) Education – From disruption to Recovery, Global monitoring of school closures caused by Covid-19 [21]

UNESCO estimated nearly 321 million Indian children were asked to stay home. Ten weeks later, they remain away from classrooms and have been advised online or distance learning. But in a country with already dismal learning levels[22] and low internet use[23], how many children can actually cope up with a new system of virtual teaching and learning remains a major concern. The first to drop out of schools could well be those who are already working. In India, there are more than 3 million marginal or part-time workers between ages 15 and 19, who are attending school[24]. Such children are quite likely to drop out totally as financial constraints and economic work are already the top two reasons for rural boys to leave school.

Soon after the lockdown, Governments and education stakeholders have responded swiftly to continue children's learning, using various delivery channels including digital tools, TV/radio-based teaching and take-home packages for parent or caregiver-guided education. However, the massive scale of school closures caused by COVID-19 has laid bare the uneven distribution of the technology needed to facilitate remote learning. It has also highlighted the lack of preparedness and low resilience of systems to support teachers, facilitators and parents/caregivers in the successful and safe use of technology for learning

7.2 Malnutrition

COVID-19 lockdown meant 115 million Indian children risk malnutrition[25]. Declines in household incomes, changes in the availability and affordability of nutritious foods and interruptions to health, nutrition and social protection services may lead to an increase. Malnutrition could exacerbate the effects of COVID-19 in mothers and children. At the same time, more children are becoming malnourished

due to the deteriorating quality of their diets, interruptions in nutrition and other essential services and the socioeconomic shocks created by the pandemic[26].

Many children in India no longer have three meals a day[27] and many are missing school meal/mid-day meal[28]. Since April 2020, Anganwadi (child care) centres have not provided food to children, when the centres were either converted into quarantine centres or closed down due to the pandemic[29]. Such disruptions in normal nutrition programmes can result in millions of children becoming malnourished and it could lead to increase in number of stunted children in the coming years.

Every second child in India suffers from at least one form of nutrition failure (i.e., stunting, underweight, or wasting)[30]. Given the large child population base (about 140 million in 2016), these figures translate into huge numbers of about 77 million undernourished children in India. It is estimated[31] that malnutrition can decrease the economic growth of a nation by approximately 8% due to loss in productivity caused by reduced schooling and cognitive impairments.

Children are unable to learn optimally when they are undernourished or unwell. Hence, the nutrition and health (including mental health) of children should be addressed through healthy meals and the introduction of well-trained social workers, counsellors and community involvement into the schooling system[32]. To protect the children's rights to nutrition, promoting safe and affordable diet/nutrition to pregnant and lactating women and infants can be the thoughtful action.

7.3 Child Protection

Disruptions to services for preventing and responding to violence in the home, due to the global pandemic, has left children vulnerable to exploitation and abuse. Violence against children in home and outside existed long before COVID-19, however the risks are now highlighted. Particularly, child sexual abuse, child marriages and other forms of violence against children were reported during the lockdown period. It was noted that since in a significant number of abuses, especially in cases of incest, the sexual involvement with children is situational and occurs as a result of life stresses[33].

Before the pandemic, India, which accounts for one in three child marriages, globally, had become a world leader in working to reduce child marriage, through education and awareness. But a harsh, long lockdown, which was implemented with just a few hours' notice, left millions of daily labourers and migrant workers without any work, pushing millions more into poverty. India's economy contracted by almost 24% last quarter and schools remain closed across the country as tens of thousands of new COVID-19 cases continue to be recorded daily. Millions of families have been forced to consider child marriage to alleviate poverty.

Of the 3.07 lakh calls received by the ChildLine across the country between March 20-31 (first week of lockdown), 30% were against abuse and violence on children. This itself indicates the intensity of violence against children during lockdown. After the lockdown, (after March 24, 2020), the number of calls to ChildLine has increased by 50%[34].

During the three-month lockdown period, roughly 92,000 interventions were made by ChildLine. Of this, 5584 (38%) interventions were related to child marriages. It has reported a 17% increase in distress calls related to early marriage of girls in June and July this year compared to 2019. Millions have lost their jobs during the lockdown (March to early June) and most of them entered into poverty. So parents of young girls - worried for their safety and anxious about their future prospects - are marrying their daughters off to ensure their well-being[35].

Children who have lost one or both parents due to the pandemic are obviously highly vulnerable. Such children may experience a range of psychological issues such as anxiety, low mood, insomnia and loss of appetite. Quarantine, isolation and traumatic bereavement may also lead to post-traumatic stress disorder[36]. Adversities affecting children may be divided into three categories:



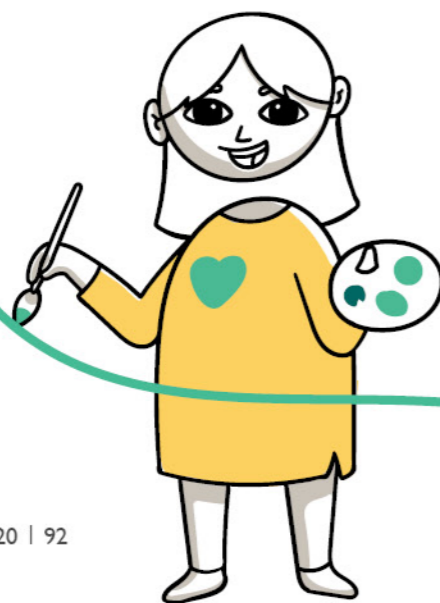
1. Those who are COVID-positive patients and are isolated
2. Children of COVID-positive parents and children who have lost either or both parents due to the infection
3. Children who are in quarantine/shielding or isolated due to general lockdown. Children in different categories may face different sets of mental health issues.[37]

The uncommon emergencies such as the COVID-19 can lead to severe and impairing psychopathology in some children. The psychological problems identified in such children range from mood to conduct disorders, substance abuse, anxiety disorders and suicidal tendencies. The development of an emotional epidemic curve to understand the mental health epidemiology of the pandemic is the need of the hour[38].

To summarise, millions of children could be adversely affected by the COVID-19 pandemic.

- It impacts those children in poor socioeconomic groups, who are already vulnerable and disadvantaged.
- Children's education is expected to be badly affected by school closures.
- Many parents have not prepared to facilitate digital education to their children.
- Child exploitation has increased during the lockdown and the number of child marriages have increased.

By and large, the COVID-19 pandemic will have a far-reaching, long-term impact on children in India.



8. Child Well-Being and the Sustainable Development Goals

The Sustainable Development Goals (SDG) are a set of 17 ambitious targets adopted by countries across the world to achieve by 2030. At the core of these SDGs lies the theme of Inclusiveness “Leaving no one Behind”[39]. These 17 targets essentially aim to create a sustainable future for the citizens of the world, essentially the children of the current generation. Therefore, children, who are the main stakeholders and their well-being form the crux of these goals. The future is uncertain for today’s children as they face the impending effects of increasing climate change, economic and social inequalities and international conflicts. In such a scenario, investing in children’s health, education, development and overall well-being is essential to sustain their childhood and secure their well-being.

The 17 SDGs have a total of 44 child-related indicators and address 5 dimensions of child rights

1. Every child survives
2. Every child learns
3. Every child is protected from violence and exploitation
4. Every child lives in a clean and safe environment
5. Every child has a fair chance in life.

The Child Well-Being Index for India will serve as a crucial tool for monitoring the progress of achievement of these goals and will also be a useful tool in carving a path for achieving these goals.

The achievement of these 17 SDGs by India will reflect the progress of the country in securing a sustainable childhood for the children of the country.

Performance of the various states and union territories are measured by the NITI Aayog and co-incidentally, the top performing states in the 2019 survey are also among the top performing states on the overall child well-being index; the states in the Southern zone of the country (Karnataka, Kerala, Andhra Pradesh, Telangana, Tamil Nadu and Union territory of Puducherry) performed overall very well on the Child Well-Being Index and are the top performing states on the SDG 1,3,6,7,8,9,10,13,14 and 16[40]. The India Child Well-Being Index will help the states in identifying the interventions needed for improving the well-being of children within the states and serve as a useful guide in setting the path for achieving progress on the SDGs.

The India Child Well-Being Index measures child well-being through 9 dimensions and 99 indicators. These dimensions capture the vulnerability of children. Each of these dimensions and indicators are aligned with the SDGs including SDG 1, 2, 3, 4, 5, 8, 10, 15 and 16. For more details, refer Appendix 2.



9. Child Well-being in Indian Districts

The tables in this section explain the performance of the districts against the indicators for all the nine dimensions across 28 states and 9 union territories.

You can access the detailed tables and maps online. Please follow the link to access this section of the report or scan the QR code.



bit.ly/indiadistricts



10. Discussions and Way Forward

The India Child Well-Being Report 2020 is a representation of children's well-being across the states and districts in India. The uniqueness of this report lies in the multidimensionality of dimensions and indicators used to analyse the well-being of children, which takes into consideration the child-centred and the external factors influencing child well-being. The child well-being index provides a layout of region-wise priority areas that require policy interventions, which would improve the performance of the country as a whole.

While measuring the children's well-being, indicators like child sex ratio, infant mortality rate, neonatal mortality rate, abortions and low birth weight determine the children's ability to transit from birth to adulthood with a reasonably acceptable quality of life. Children's Bodily Health is affected by factors like wasting, stunting, underweight and anaemia. In addition, lack of access to health care facilities for pregnant mothers resulting in low institutional deliveries, lack of timely vaccination for children and poor sanitation and hygiene facilities are also the contributors to child well-being. With respect to Bodily Integrity, sexual crimes against women and children, more children with disabilities and substance abuse among parents majorly contributed to child well-being.

The well-being of children is determined by their ability to imagine, to think and to reason, which is contributed to by factors such as pass percentage of 10th class students, primary school enrolment rate, secondary school dropout rate and the low percentage of households with internet under the senses, imagination and thought dimension. In the Emotions dimension, pupil-teacher ratio, parents smoking tobacco products and juvenile crimes majorly contributed to the well-being of children. Inadequate math and reading abilities among children aged between 5 and 16 years is a major contributor to child well-being under the dimension of Practical Reason.

Under the Affiliation dimension, women having land ownership indicators contribute majorly to the well-being of children. Playing and recreational opportunities for children are limited by factors such as a low percentage of schools with playgrounds and a low proportion of monthly expenditure spent on children, child labour and overcrowded households. In the Control over one's environment dimension, high variation in monthly household income, high levels of migration and low percentage of households having monthly income of highest earning household member as less than 5000, high variation in maximum and minimum temperature and rainfall contributed majorly to the well-being of children.

With the current scenario of global health crisis, it is important to address the effect of covid-19 pandemic on the child well-being.

The report also provided brief insights into the impact of COVID-19 on children. At a national level, children are primarily impacted due to the extended closure of schools, disruption of child protection services resulting in aggravated domestic and/or sexual violence against children and malnutrition due to decline in household income. In the context of this report, child well-being is majorly affected with respect to the dimensions of bodily health, bodily integrity, and senses, imagination and thought.

The report also talks about the association of SDGs with child well-being. The nine dimensions used in the child well-being index capture the vulnerability of children. The indicators in each of these dimensions are aligned with the following SDGs – SDG 1, 2, 3, 4, 5, 8, 10, 15 and 16.

All These Indicators And Dimensions Represent The Necessity To Move Beyond Traditional Factors Of Child Well-Being And To Look Into Other Factors Which Directly And Indirectly Affect Children.

The child well-being index presented in this report provides a snapshot of the status of children across the states and districts. The next significant steps would be on how to use this work in sustainable monitoring for child well-being at the national, state and district level. Three areas emerge as critical:

1. Improving comparative data covering different regions, states and districts
2. Strengthening national data sources
3. Establishing strong linkages with policy analysis

World Vision India and its partners hope that this report will serve as a useful tool to inform policymakers and initiate demand-driven policy changes at the country as well as state level. The report is expected to enable states and the country to take a deeper look at the districts and identify the direct and indirect factors affecting the well-being of children and undertake significant policy interventions. The report is also expected to initiate discussions surrounding the well-being of children and enable undertaking of appropriate interventions by all stakeholders to create a more nurturing childhood for the children of this country.



I I. Appendix I

Dimension-Wise List of Top Ten and Bottom Ten Districts in India

Child well-being Index

Top ten districts

District	Index score	State
Kottayam	0.643	Kerala
Jammu	0.632	Jammu and Kashmir (UT)
Rupnagar	0.631	Punjab
Kanyakumari	0.630	Tamil Nadu
Kangra	0.630	Himachal Pradesh
Ernakulam	0.627	Kerala
Pathanamthitta	0.626	Kerala
Sahibzada Ajit Singh Nagar	0.626	Punjab
Panchkula	0.621	Haryana
Krishnagiri	0.621	Tamil Nadu

Bottom ten districts

District	Index score	State
Shrawasti	0.384	Uttar Pradesh
Malkangiri	0.391	Odisha
Alirajpur	0.406	Madhya Pradesh
Nabarangapur	0.411	Odisha
Jhabua	0.417	Madhya Pradesh
Bahraich	0.421	Uttar Pradesh
Pakur	0.428	Jharkhand
Sheohar	0.429	Bihar
Sitamarhi	0.429	Bihar
Barwani	0.431	Madhya Pradesh

Top ten districts

District	Index score	State
Chennai	0.784	Tamil Nadu
East Garo Hills	0.769	Meghalaya
Dibang Valley	0.768	Arunachal Pradesh
Chikmagalur	0.766	Karnataka
East Siang	0.753	Arunachal Pradesh
South Garo Hills	0.753	Meghalaya
Garhwal	0.751	Uttarakhand
Upper Siang	0.749	Arunachal Pradesh
Kottayam	0.744	Kerala
Kasaragod	0.743	Kerala

Bottom ten districts

District	Index score	State
Shrawasti	0.269	Uttar Pradesh
Mewat	0.272	Haryana
Sitapur	0.278	Uttar Pradesh
Gonda	0.344	Uttar Pradesh
Dhemaji	0.346	Assam
Kanshiram Nagar	0.372	Uttar Pradesh
Shahjahanpur	0.392	Uttar Pradesh
Pilibhit	0.398	Uttar Pradesh
Budaun	0.398	Uttar Pradesh
Sant Ravidas Nagar (Bhadohi)	0.403	Uttar Pradesh

I. Life

2a. Being Healthy

Top ten districts

District	Index score	State
Mokokchung	0.732	Nagaland
Aizawl	0.710	Mizoram
Phek	0.700	Nagaland
Bishnupur	0.694	Manipur
Champhai	0.693	Mizoram
Lunglei	0.692	Mizoram
Dimapur	0.688	Nagaland
Peren	0.685	Nagaland
Ernakulam	0.684	Kerala
Imphal East	0.684	Manipur

Bottom ten districts

District	Index score	State
Pashchimi Singhbhum	0.248	Jharkhand
Dangs	0.333	Gujarat
Bahraich	0.340	Uttar Pradesh
Tehri Garhwal	0.352	Uttarakhand
Barwani	0.362	Madhya Pradesh
Dumka	0.364	Jharkhand
Pratapgarh	0.372	Rajasthan
Khunti	0.375	Jharkhand
Dungarpur	0.390	Rajasthan
Nandurbar	0.391	Maharashtra

2b. Access to Health Facility

Top ten districts

District	Index score	State
Kottayam	0.763	Kerala
Faridkot	0.757	Punjab
Kapurthala	0.755	Punjab
Vellore	0.747	Tamil Nadu
North Goa	0.736	Goa
Puducherry	0.731	Puducherry (UT)
Sahibzada Ajit Singh Nagar	0.722	Punjab
Muktsar	0.722	Punjab
Wayanad	0.721	Kerala
Sangrur	0.718	Punjab

Bottom ten districts

District	Index score	State
Longleng	0.158	Nagaland
Mon	0.169	Nagaland
Zunheboto	0.212	Nagaland
Ukhrul	0.225	Manipur
Chandel	0.229	Manipur
Phek	0.235	Nagaland
West Siang	0.237	Arunachal Pradesh
Bahraich	0.243	Uttar Pradesh
Tamenglong	0.247	Manipur
Shrawasti	0.248	Uttar Pradesh

Top ten districts

District	Index score	State
Gurdaspur	0.869	Punjab
Jalandhar	0.861	Punjab
Diu	0.861	Daman and Diu (UT)
Rupnagar	0.860	Punjab
Fatehgarh Sahib	0.859	Punjab
Kapurthala	0.858	Punjab
Bathinda	0.858	Punjab
Ludhiana	0.852	Punjab
Tarn Taran	0.848	Punjab
Amritsar	0.848	Punjab

Bottom ten districts

District	Index score	State
North Delhi	0.322	Delhi (UT)
New Delhi	0.339	Delhi (UT)
South West Delhi	0.343	Delhi (UT)
North East Delhi	0.345	Delhi (UT)
North West Delhi	0.348	Delhi (UT)
South Delhi	0.351	Delhi (UT)
East Delhi	0.352	Delhi (UT)
West Delhi	0.362	Delhi (UT)
Central Delhi	0.368	Delhi (UT)
Shrawasti	0.377	Uttar Pradesh

3. Bodily Integrity

4. Senses, Imagination and Thought

Top ten districts

District	Index score	State
Chandigarh	0.780	Chandigarh (UT)
Shimla	0.770	Himachal Pradesh
New Delhi	0.763	Delhi (UT)
Kangra	0.761	Himachal Pradesh
Panchkula	0.754	Haryana
Ernakulam	0.753	Kerala
Sonapat	0.753	Haryana
Solan	0.750	Himachal Pradesh
Ambala	0.747	Haryana
North Delhi	0.744	Delhi (UT)

Bottom ten districts

District	Index score	State
Bijapur	0.240	Chhattisgarh
Alirajpur	0.250	Madhya Pradesh
Nabarangapur	0.265	Odisha
Pakur	0.270	Jharkhand
West Khasi Hills	0.283	Meghalaya
Pashchimi Singhbhum	0.291	Jharkhand
Koraput	0.303	Odisha
Jaintia Hills	0.312	Meghalaya
Ribhoi	0.314	Meghalaya
Malkangiri	0.317	Odisha

5. Emotions

Top ten districts

District	Index score	State
Gopalganj	0.822	Bihar
Jammu	0.811	Jammu and Kashmir (UT)
Palamu	0.810	Jharkhand
Siwan	0.806	Bihar
Munger	0.805	Bihar
Hazaribagh	0.803	Jharkhand
Darbhanga	0.803	Bihar
Purbi Singhbhum	0.799	Jharkhand
Leh	0.795	Ladakh (UT)
Kargil	0.795	Ladakh (UT)

Bottom ten districts

District	Index score	State
Kolasib	0.287	Mizoram
Daman	0.309	Daman and Diu (UT)
Peren	0.329	Nagaland
Serchhip	0.349	Mizoram
Mamit	0.351	Mizoram
West Khasi Hills	0.352	Meghalaya
Mokokchung	0.365	Nagaland
Malkangiri	0.377	Odisha
Saiha	0.380	Mizoram
Jaintia Hills	0.393	Meghalaya

6. Practical Reasons

Top ten districts

District	Index score	State
Srinagar	0.530	Jammu and Kashmir (UT)
Kishtwar	0.529	Jammu and Kashmir (UT)
Reasi	0.529	Jammu and Kashmir (UT)
Leh	0.529	Ladakh (UT)
Dhalai	0.528	Tripura
West Tripura	0.528	Tripura
South Tripura	0.528	Tripura
Doda	0.527	Jammu and Kashmir (UT)
Kargil	0.527	Ladakh (UT)
Ramban	0.527	Jammu and Kashmir (UT)

Bottom ten districts

District	Index score	State
Madhepura	0.202	Bihar
Saharsa	0.202	Bihar
Aurangabad	0.203	Bihar
Jehanabad	0.203	Bihar
Nalanda	0.203	Bihar
Darbhanga	0.204	Bihar
Saran	0.204	Bihar
Sitamarhi	0.204	Bihar
Begusarai	0.204	Bihar
Rohtas	0.204	Bihar

7. Affiliation

Top ten districts

District	Index score	State
Phek	0.756	Nagaland
Bilaspur	0.691	Himachal Pradesh
Hamirpur	0.688	Himachal Pradesh
Kiphire	0.657	Nagaland
Pithoragarh	0.653	Uttarakhand
Kinnaur	0.652	Himachal Pradesh
Longleng	0.650	Nagaland
Kargil	0.648	Ladakh (UT)
East Siang	0.645	Arunachal Pradesh
Hamirpur	0.639	Uttar Pradesh

Bottom ten districts

District	Index score	State
Nicobar	0.053	Andaman and Nicobar Islands (UT)
Nicobar	0.053	Andaman and Nicobar Islands (UT)
Nicobar	0.053	Andaman and Nicobar Islands (UT)
Bijapur	0.092	Chhattisgarh
Central Delhi	0.115	Delhi (UT)
Mahe	0.115	Puducherry (UT)
Coimbatore	0.128	Tamil Nadu
Yanam	0.130	Puducherry (UT)
Pakur	0.132	Jharkhand
Chennai	0.134	Tamil Nadu

8. Play

Top ten districts

District	Index score	State
Chandigarh	0.847	Chandigarh (UT)
Pathanamthitta	0.827	Kerala
Chennai	0.818	Tamil Nadu
Thiruvallur	0.813	Tamil Nadu
East Delhi	0.810	Delhi (UT)
Kapurthala	0.809	Punjab
Perambalur	0.806	Tamil Nadu
Namakkal	0.805	Tamil Nadu
Thiruvananthapuram	0.804	Kerala
Salem	0.803	Tamil Nadu

Bottom ten districts

District	Index score	State
Peren	0.267	Nagaland
Gajapati	0.299	Odisha
Malkangiri	0.301	Odisha
Bargarh	0.301	Odisha
Kandhamal	0.301	Odisha
Nabarangapur	0.302	Odisha
Nuapada	0.306	Odisha
Rayagada	0.310	Odisha
Koraput	0.310	Odisha
Debagarh	0.317	Odisha

9. Control Over One's Environment

Top ten districts

District	Index score	State
Bengaluru	0.742	Karnataka
Nizamabad	0.685	Telangana
Kachchh	0.684	Gujarat
Gulbarga(Kalaburagi)	0.680	Karnataka
Kancheepuram	0.676	Tamil Nadu
Junagadh	0.672	Gujarat
Kanyakumari	0.671	Tamil Nadu
Jamnagar	0.670	Gujarat
Madurai	0.662	Tamil Nadu
Bellary	0.662	Karnataka

Bottom ten districts


District	Index score	State
Churu	0.248	Rajasthan
Sikar	0.268	Rajasthan
Cachar	0.271	Assam
Sant Kabir Nagar	0.303	Uttar Pradesh
Hamirpur	0.321	Himachal Pradesh
Dakshin Bastar Dantewada	0.323	Chhattisgarh
Siddharthnagar	0.325	Uttar Pradesh
Nabarangapur	0.325	Odisha
Mahrajganj	0.326	Uttar Pradesh
Narayanpur	0.332	Chhattisgarh




12. Appendix 2

Dimension-Wise List of Indicators, Source of Data and Corresponding SDGs


I. Life

Indicator Number	Indicators	Source of Data	Corresponding SDG
1	Under five mortality rates: boy	NFHS 4 (2015-16)	
2	Under five mortality rates: girl		
3	Under five mortality rates: total		
4	Sex ratio (adult)		
5	Sex ratio (<6 years)		
6	Infant mortality rates		
7	Neonatal mortality rate		
8	Abortion rate		
9	Miscarriage		
10	Still birth		
11	Low birth weight		
12	Proportion of deaths due to non-medical reasons		
13	Suicide rates	NCRB (2018)	




2a. Being Healthy

Indicator Number	Indicators	Source of Data	Corresponding SDG
14	Stunting	NFHS 4 (2015-16)	
15	Underweight		
16	Wasting		
17	Number of children (under age five) with acute respiratory infection symptoms		
18	Children aged 6-59 months who are anaemic		
19	Children under five years who are underweight		
20	Children under five years who are normal		
21	Children under five years who are overweight		
22	Children under five years who are obese		




2b. Access to Health Facilities

Indicator Number	Indicators	Source of Data	Corresponding SDG
23	Institutional births	NFHS 4 (2015-16)	
24	Full immunisation coverage		
25	Vitamin A two dose coverage		
26	Zinc coverage		
27	Percentage of children (under age 5) with diarrhoea who received ORS (packets or pre-packaged fluids)		
28	Percentage of men aged 15-49 who smoke various tobacco products		
29	Percentage of women aged 15-49 who smoke various tobacco products		
30	Registered pregnancies for which the mother received Mother and Child Protection (MCP) card (%)		
31	Household covered under any health scheme/health insurance (%)		
32	Average out-of-pocket expenditure per delivery in public health facility (INR)		




2b. Access to Health Facilities

Indicator Number	Indicators	Source of Data	Corresponding SDG
33	Percentage of families living in urban slums	SECC (2011)	
34	Percentage of families living in non-durable houses	NFHS 4 (2015-16)	
35	Sleeping room in household per member		
36	Tenure/ownership of house		
37	Percentage of women (20-24) who gave birth before 18 years of age		
38	Percentage of women (aged 15-49 years) who received postnatal care within two days of giving birth	NFHS 4 (2015-16)	
39	Percentage of women (aged 15-49 years) who were attended to at least four times during pregnancy by any health care provider /ANC visit		
40	Percentage of women aged 15 to 24 who have access to hygienic methods of protection during their menstrual period		
41	Schools with girls' toilet	Govt. portal: https://data.gov.in/	
42	Schools with functional girls' toilet		



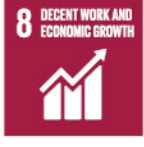
3. Bodily Integrity

Indicator Number	Indicators	Source of Data	Corresponding SDG
43	Crimes against children	NCRB (2015)	
44	Percentage of children under whose births are registered	NFHS 4 (2015-16)	
45	Percent of women married or in union before the age of 18		
46	Percentage of women (aged 15-49 years) who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons		
47	Percentage of women aged 15-49 who have kids and smoke various tobacco products		
48	Percentage of men aged 15-49 who have kids and smoke various tobacco products		




3. Bodily Integrity


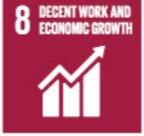




Indicator Number	Indicators	Source of Data	Corresponding SDG
49	Women who experienced sexual crimes	NCRB (2015)	
50	Children who experienced sexual crimes	NCRB (2012-2015)	
51	Percentage of women (20-24) who gave birth before 18 years of age	NFHS 4 (2015-16)	
52	Women aged 15-49 who have ever experienced sexual violence by anyone as a child or as an adult		
53	Percentage of children with disabilities (0-19yrs)	Census	
54	Percentage of persons with disabilities (above 19 years)		

4. Senses, Imagination and Thought

Indicator Number	Indicators	Source of Data	Corresponding SDG
55	Passed class X	NSS	
56	Drop-out rate: from primary school	Census	
57	Drop-out rate: from secondary school		
58	School enrolment rate: primary		
59	School enrolment rate: secondary	NFHS 4 (2015-16)	
60	Girl children aged 15-19 who smoke various tobacco products		
61	Boy children aged 15-19 who smoke various tobacco products	Census	
62	Child labour (below 18 years)		



4. Senses, thoughts and imagination

Indicator Number	Indicators	Source of Data	Corresponding SDG
63	Households with internet	NFHS 4 (2015-16)	
64	Schools with drinking water (2015-16)	Govt. portal (2015-16) data.gov.in	
65	Mental retardation	SECC (2011)	
66	Mental illness		
67	Schools with electricity (2015-16)	Govt. portal (2015-16) data.gov.in	



Indicator Number	Indicators	Source of Data	Corresponding SDG
68	Pupil teacher ratio	MHRD (2012-2013) data.gov.in	
69	Child labour	Census 2011	
70	Primitive groups + legally released bonded labourers + manual scavengers	SECC (2011)	
71	Marital status: separated	SECC (2011)	
72	Juvenile crimes	NCRB (2016)	
73	Percentage of women aged 15-49 who have kids and smoke various tobacco products	NFHS 4 (2015-16)	
74	Percentage of men aged 15-49 who have kids and smoke various tobacco products		

5. Emotions

6. Practical Reason

Indicator Number	Indicators	Source of Data	Corresponding SDG
75	Mental retardation	SECC (2011)	
76	Mental illness		
77	Percentage of children (5-16 years) who can identify fewer than 4 out of 5 letters correctly	ASER (2018)	
78	Percentage of children (5-16 years) who can identify 4 out of 5 letters correctly		
79	Percentage of children (5-16 years) who can read 4 out of 5 words correctly		
80	Percentage of children (5-16 years) who can read a short paragraph (Std 1 level text)		
81	Percentage of children (5-16 years) who can read a longer paragraph (Std 2 level text)		
82	Percentage of children (5-16 years) who can identify fewer than 4 out of 5 single-digit numbers correctly		
83	Percentage of children (5-16 years) who can identify 4 out of 5 numbers between 1 and 9		
84	Percentage of children (5-16 years) who can identify 4 out of 5 numbers between 11 and 99		
85	Percentage of children (5-16 years) who can solve two 2-digit by 2-digit subtraction problems with carryover		
86	Percentage of children (5-16 years) who can solve a 3-digit by 1-digit division problem		

7. Affiliation

Indicator Number	Indicators	Source of Data	Corresponding SDG
87	Percentage of women having land ownership	NFHS 4 (2015-16)	
88	Passed class X	NSS	

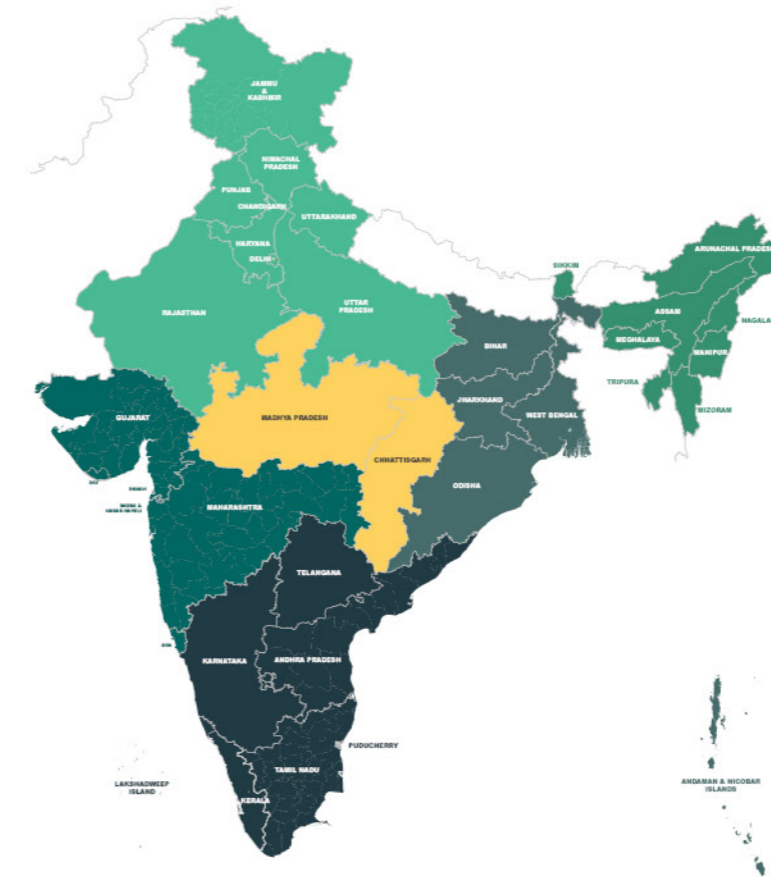
Indicator Number	Indicators	Source of Data	Corresponding SDG
89	Proportion of monthly expenditure spent on children	NSS consumption rounds, District level	
90	Access to open spaces within school (availability of playground)	Govt. portal (2012-13)	
91	Overcrowding (number of people staying in a house)	NFHS 4 (2015-16)	
92	Child labour	Census (2011)	
93	Gender-wise data on fetching water	NFHS 4 (2015-16)	

Indicator Number	Indicators	Source of Data	Corresponding SDG
94	Households having monthly income of highest earning household member as less than 5000	SECC (2011)	
95	Variability in household income	NSS	
96	Household where a member has migrated any time	Employment and Migration Surveys, District level.	
97	Variability in rainfall over time	Indian Meteorology Department	
98	Variability in change in temperature over time: minimum temperature		
99	Variability in change in temperature over time: maximum temperature		



13. Appendix 3

Region-Wise Classification of States and Union Territories



Region	States and Union Territories
Southern Region	Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Telangana and the Union Territories of Lakshadweep and Puducherry
Western Region	Goa, Gujarat, Maharashtra and the Union Territories of Dadra and Nagar Haveli and Daman and Diu
Northern Region	Haryana, Himachal Pradesh, Punjab, Rajasthan, Uttarakhand, Uttar Pradesh and the Union Territories of Chandigarh, Delhi, Jammu and Kashmir and Ladakh
Eastern region	Bihar, Jharkhand, Odisha, West Bengal and the Union Territory of Andaman and Nicobar Islands
North-Eastern Region	Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura
Central Region	Chhattisgarh and Madhya Pradesh



I 4. Abbreviations

1. ASER - Annual Status of Education Report
2. COVID - 19 - Corona Virus Disease 2019
3. CWBO - Child Well-Being Outcome
4. GDP - Gross Domestic Product
5. HDI - Human Development Index
6. MHRD - Ministry of Human Resource Development
7. NCRB - National Crime Records Bureau
8. NFHS - National Family Health Survey
9. NSS - National Sample Survey
10. SDG - Sustainable Development Goal
11. SECC - Socio-Economic and Caste Census
12. UNCRC - United Nations Convention on the Rights of Child
13. UNDP - United Nations Development Programme
14. UNESCO - United Nations Educational, Scientific and Cultural Organization
15. UT - Union Territory

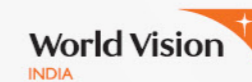
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16. About World Vision India and Partners



World Vision India

World Vision India is one of the country's largest child-focused humanitarian organisations. With over seven 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 143 districts impacting around 26 lakh children and their families in over 6200 communities spread across 23 states and 3 union territories to address issues affecting children in partnership with governments, civil societies, donors and corporates.

With you, we can build a nation fit for children. Join us. Together for children. For change. For life.



University of Melbourne

Established in 1853, the University of Melbourne is a public-spirited institution that makes distinctive contributions to society in research, learning and teaching and engagement. It is consistently ranked among the leading universities in the world. The university has 10 Faculties that offer a range of academic programmes, including the Faculty of Architecture, Building and Planning (ABP). ABP is a creative and people-oriented built environment faculty and hosts the Bachelor of Design, a comprehensive range of built environment graduate programmes, the Melbourne Sustainable Society Institute (MSSI) and Australian Urban Research Infrastructure Network (AURIN).



O.P. Jindal Global University (JGU)

O.P. Jindal Global University (JGU) is a non-profit global university established in 2009 by the Government of Haryana and recognised by the University Grants Commission (UGC). The university has received the highest grade 'A' of the National Accreditation & Assessment Council (NAAC). JGU has made history by breaking into the QS World University Rankings 2020. It is also the only Indian private university in the top 150 'young' universities in the world (under 50 years of age) in the QS Young University Rankings 2020. In 2019, JGU was awarded the prestigious 'Institution of Eminence' status by the Government of India. JGU was founded as a philanthropic initiative of its Founding Chancellor, Mr. Naveen Jindal, in memory of his father, Mr. O.P. Jindal. In line with its aspiration to serve as a role model for institutional excellence in higher education, JGU has made significant progress towards achieving the goal through its nine schools; three research, capacity building and training institutes; and multiple research initiatives and centres.



Pathfinder International India

Pathfinder International India (PII) is a wholly owned subsidiary (a registered not-for-profit Section 8 Company in India) of Pathfinder International. PII's aspiration is 350+ million citizens participate in and benefit from India's economic and development growth. PII considers regressive and restrictive gender and social norms a barrier to this aspiration, and a root cause in preventing the full realization of entitlements and rights by marginalized populations, women and girls, and young people. Since its establishment in 2011, PII has dedicated itself towards addressing the health issues around family planning, maternal health and adolescent health. It has implemented multiple projects to bring SRHR information and services to the people who need them most; in collaboration with the state governments, development partners and corporates in India. It believes cooperation and collaboration between governmental, non-governmental and private sector organizations is necessary for progress in addressing barriers, constraints, and challenges to successful rights-based development outcomes.



Poverty Learning Foundation

Poverty Learning Foundation (PLF) is an independent think-tank and policy research group working on contemporary development issues. It conducts independent, non-partisan research and analysis on critical public policy issues. It provides strategic advisory support to the decision-makers by partnering with governments, corporate sector, civil society and academia. PLF offers policy-research; monitoring, evaluation and learning; process documentation and communication; strategic advisory; institutional strengthening and change management; social audit; and program life cycle consultation. It has expertise in thematic areas - poverty and inclusions, climate, water and natural resource management; childhood and youth; and governance and institutions..



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