SECTION PIL-W

THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. 1003 OF 2021

IN THE MATTER OF:

THE TEMPLE OF HEALING

THROUGH ITS SECRETARY DR. PIYUSH SAXENA PETITIONER

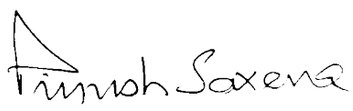
VERSUS

UNION OF INDIA RESPONDENT

INDEX

SL. NO.	PARTICULARS	COPIES	COURT FEE
1	Spare copy for process filed on behalf of the Petitioner.	1+3	
		Total	

Filed by:



THE TEMPLE OF HEALING
THROUGH ITS SECRETARY
DR. PIYUSH SAXENA
5/1202, NRI Complex,
Nerul, Navi Mumbai,
Maharashtra-400706
Mob. No. 09867050000/09321093210
E-Mail: drpiyush2020@gmail.com
Petitioner In Person

Place: New Delhi
Dated: 27.04.2022

Index

Sr. No.	Particulars of documents	Page no. Of the part to which it belongs		Remarks
		Part 1 (contents of paper book)	Part II (contents of file alone)	
(i)	(ii)	(iii)	(iv)	(v)
1	Court fees			Rs.620
2	Listing proforma	A1-A4	A1–A4	
3	Cover page of paper book		A5	
4	Index of Record of Proceedings		A6	
5	Writ proforma – Section 1B		A 7	
6	Defect list		A 8	
7	Note sheet		NS-1 to	
8	Synopsis and list of dates	B- E		

9	Writ petition with affidavit	1-50		
10	Appendix A - Copy of Articles - 21, 24, 39 and 44 of Constitution of India , B to F - Copy of sections - 30 , 31(1) , 32(1) , 38(1) and 56(1) of J.J.Act 2015	51-53		
11	Annexure p-1 2021 Orphan report by INSAMER	54-55		
12	Annexure p-2 Hindustan Times Report regarding orphan children published on 27-07-2011	56		
13	Annexure p-3 Reply of R.T.I from ministry of women and child development regarding data of orphan/abandoned/sur	57-58		

	rendered children			
14	Annexure p-4 'Children in India 2018- A Statistical Appraisal' published by Ministry of Statistics and Programme Implementation	59-205		
15	Annexure p-5 Adoption Statistics by Ministry of Women & Child Development	206		
16	Annexure p-6 Facts about adoption in U.S.A	207-208		
17	Annexure p-7 Report of 'The Diplomat' newspaper on infertility published on May 30, 2018	209-210		
18	Annexure p-8 Screenshot of ministry of women and child development website when typed 'orphan'	211		

	showing result 0/0			
19	Annexure p-9 Reply of R.T.I from Ministry of Law and Justice regarding figures of orphans and adoptions	212		
20	Annexure p-10 Home study report of resident Indian parent/ overseas citizen of India/foreigner living in India issued by Ministry of Women and Child Development	213-223		
21	Annexure p-11 Times of India report on passing of Juvenile Justice Amendment Bill 2021 in Rajya Sabha published on 28-07-2021	224-226		

22	Annexure p-12 Copy of petitioner's representation to Ministry of Women & Child Development on March 1, 2021 regarding low rate of adoption and simplification of adoption procedure	227-231		
23	Application for permission to appear and argue in person	232-236		
24	Filing index		237-238	
25	Memo of appearance		239	
26	ID Proof (copy of Aadhar card)		240	
27	Refiling Declaration		241	

LISTING PROFORMA

SECTION:PIL

	The case pertains to (Please tick/check the correct box): -	
(a)	Central Acts: (Title)	Juvenile Justice (J J) Act of 2015 & Hindu Adoptions and Maintenance Act, 1956
(b)	Section	
(c)	Central Rule : (Title)	N/A
(d)	Rule No's	N/A
(e)	State Act : (Title)	N/A
(f)	Section	N/A
(g)	State Rule : (Title)	N/A
(h)	Rule No's	N/A
(i)	Impugned Interim Order (Date)	N/A
(j)	Impugned Final Order/Decree (Date)	N/A
(k)	High Court: (Name)	N/A
(l)	Name of Judges who passed the order	N/A

(m)	Tribunal/Authority (Name)	N/A
1.	Nature of Matter (Civil/Criminal)	Civil
2.(a)	Petitioner(s) Name	The Temple of Healing through its secretary Dr Piyush Saxena
(b)	E-Mail Id :	Email: drpiyush2020@gmail.com
(c)	Mobile Phone Number	09867050000 / 09321093210
3.(a)	Respondent(s) Name	The Union of India through The Secretary Ministry of Women and Child Development
b)	E-Mail Id :	nic-mwcd@gov.in
4 (a) (b)	Main Category Classification Sub-Category Classification	Part III of the Constitution of India Article 21

5.	Not to be Listed Before:	N/A
6.(a) (b)	Similar Disposed of Matter with Citation, if any, &Case details. Similar Pending Matter with Case details	No similar disposed of matter No similar matter pending
7.	Criminal Matters: -	NA
(a)	Whether Accused/Convict has Surrendered:	NA
(b)	FIR No./Complaint No. And Date	NA
(c)	Police Station	NA
(d)	Sentence Awarded	NA
(e)	Period of Sentence Undergone including period of detention/custody undergone.	NA
8	Land acquisition Matters:	No
(a)	Date of Section 4 notification	NA

(b)	Date of Section 6 notification	NA
(c)	Date of Section 17 notification	NA
9	Tax Matters: State the tax effect	No
10	Special Category: (first petitioner/Appellant only):	No
11.	Vehicle number: (in case of motor accident claim matter)	NA

The Temple of Healing
through its secretary

Filed on: 21th August, 2021
Place : New Delhi

Dr. Piyush Saxena
(Petitioner-in-person)

IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION
WRIT PETITION (CIVIL) NO. 1003 OF 2021

(under article 32 of the constitution of India)

IN THE MATTER OF:

The Temple of Healing Petitioner

Versus

The Union of India Respondent

IA NO. 111814 OF 2021

APPLICATION FOR PERMISSION TO APPEAR AND ARGUE IN PERSON

PAPER BOOK

{FOR INDEX, KINDLY SEE INSIDE}

PETITIONER IN PERSON:

INDEX OF

RECORD OF PROCEEDINGS

Sr. No.	Date of Proceedings	Remarks
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

SYNOPSIS AND LIST OF DATES

That the Instant Writ petition has been filed by the petitioner under article 32 of the constitution of India seeking simplification of impractical administrative procedures resulting in extremely low adoption rates in India.

The Ministry of Women and Child Development does not have the data about the number of orphans in India. Private surveys find around 3 crore orphans in India. India has 3 crore infertile couples, many of them desperately, looking for adoption. The most stringent policies hardly permit this. Death of many parents due to Covid 19 has left many orphans but the Govt. could not help. Annual adoptions are less than 4000 per year under J J Act 2015 and around 15,000 under Hindu Adoption and Maintenance Act 1956. The total comes to less than 1 adoption per 1000 orphans. In USA 1,35,000 adoptions take place every year at 1/4th of our population.

The prospective parents find it difficult to fulfil cumbersome documentation process. An Adoption preparer scheme on the lines of Tax Preparer scheme should be introduced. They will be trained by the Ministry.

The data about orphans should be digitalised in view of large-scale computerisation even at the village level.

Orphans have little access to Employment News, Google, WhatsApp or any work-related opportunity. They can be imparted some vocational guidelines once every month for 2 hours at any Govt School at all Blocks in country to suggest for possible employment.

The Ministry has been kind enough to permit me to give 8 presentations one after the other on the subject. Apparently, they agreed to all my suggestions but no concrete action has been taken. A recent amendment in J J Act 2015 to shift the process of adoption from District Judge to the District Magistrate is just an eyewash.

Hence, the Writ petition

List of dates

S. No	Period	Description
1	Since Time immemorial	Practice of adoption for children who lost parents in epidemics, war etc
2	1st Adoption in Mythology	23 rd June - 3227 (BC) Lord Krishna There were no documentation and

		there were no complaints
3	Guardians and Wards Act, 1890.	Christians, Muslims, Parsis, and Jews
4	The Muslim Personal Law (Shariat) Application Act, 1937	For Muslims
5	Special Marriage Act 1954	All religions
6	Hindu Adoption and Maintenance Act, 1956.	Hindus, Sikhs, Buddhists and Jains
7	U N Convention on the Rights of the child. India joins in 1992	India's commitment to its children finds strength
8	The Juvenile Justice (Care & Protection of Children) Act 2000	All citizens
9	The Juvenile Justice (Care & Protection of Children) Act 2015	All citizens
10	Juvenile Justice (Care and Protection of	Lok Sabha passes bill on 24th March 2021

	Children) Amendment Bill 2021	
11	Juvenile Justice (Care and Protection of Children) Amendment Bill 2021	Rajya Sabha passes bill on 28th July 2021

IN THE SUPREME COURT OF INDIA

(CIVIL ORIGINAL JURISDICTION)

Under Article 32 of Constitution of India

WRIT PETITION (CIVIL) NO. 1003 OF 2021

PUBLIC INTEREST LITIGATION

IN THE MATTER OF:

The Temple of Healing

through its secretary

Dr. Piyush Saxena

S/o Mr. Justice K Narayan

5/1202, NRI Complex,Nerul,

Navi Mumbai - 400706 ……Petitioner

Versus

The Union of India

through the Secretary

Ministry of Women and Child Development

A 601,Shastri Bhawan,

New Delhi– 110115 …..Respondent

A WRIT PETITION IN PUBLIC INTEREST UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA

To,

The Hon'ble Chief Justice of India and his Hon'ble Companion Justices of the Hon'ble Supreme Court of India,

The humble petition on behalf of the petitioner above named

MOST RESPECTFULLY SHEWETH

1. That the petitioner herein is filing the instant Writ Petition in the public interest under Article 32 of the Constitution of India for the enforcement of Fundamental Right guaranteed under Article 21 which gives an individual the right to live with dignity. An orphan cannot survive its life with dignity until he/she feels like an orphan.
2. That the petitioner does not have any personal interest in filing the litigation and the petition is not guided by self-gain or for gain of any other person or institution or body and there is no motive other than of public interest in filing the present Writ Petition.

3. Petitioner's Full name Dr. Piyush Saxena
   Postal address 5/1202 NRI Complex, Nerul Navi Mumbai 400706

E-mail id	drpiyush2020@gmail.com
Phone no.	09321093210, 09867050000
Proof for identification	Aadhar card
Occupation	Consultancy
Annual income	Rs 40 lacs
PAN number	ANKPS5294H
Aadhar card number	384602039035

4. That the petitioner is a charitable trust working toward better health and service to humanity etc. and this organization has been associated with orphans since 1995.
5. **An Orphan – a compromised definition:** Unlike many other countries, orphans in India are not covered separately by any specific Ministry, but are included among all poor children. However, section 2(42) of the J.J. Act 2015 defines an ‘orphan’ as a child without parents.

   Fathers play a vital role in the development of a child's emotional well-being. Children also look up to their father for security, both physical and emotional. Children want to make their father proud and an involved father promotes their inner growth and strength.

   A mother's role is to love her children with all her heart and to understand and help the child. One of the most meaningful roles that a mother plays is the role of a

nurturer. When a mother nurtures her child well, love and goodness are awakened in the child's heart.

In this petition we have mentioned "Orphan" which covers "Orphans, abandoned and surrendered children"

An orphan has neither of the two, and is a deprived one. The legislature appreciates the difference between a poor child and an orphan and has, therefore, purposely segregated them.

However, the executive has clubbed orphans with other children for the sake of administrative convenience.

J J Act 2015, CHAPTER VIII, ADOPTION Section 56. (*1*) Adoption shall be resorted to for ensuring **right to family** for the orphan etc.

The need is to implement this right for someone who are neither vote banks nor capable to present their case.

The petitioner urges to kindly consider orphans distinctively from other poor children.

This is especially important when we know that given the right upbringing, orphans can often outshine normal

children. The petitioner would like to bring to the notice of Honorable Lordships the examples of a few inspiring orphans of our time.

6. That there are a few Inspiring Orphans of Our Time. From level zero to the sky heights, they reached when they got opportunity and environment.

a) Steve Jobs (American business magnate; Chairman, CEO and co-founder of Apple Inc.)

b) Marilyn Monroe (American Actress, Model, and Singer)

c) Leo Tolstoy (Famous Russian Novelist regarded as one of the greatest authors of all times)

7. **Orphan and Infertility Statistics:**

That according to the Indian Society of assisted reproduction, infertility currently affects 10 to 14 percent of the Indian population. This ratio is higher among couples in urban areas where it impacts one out of six couples. Sadly, nearly 3.2 crore couples who are actively trying to conceive suffer from infertility. Many of them desperately want to adopt a child e.g. an orphan. Is the corresponding number of orphans (vis-à-vis infertile couples) in India an indication by Mother Nature?

	Number of orphans in India	**Crores**
a	Govt. of India confirmed that they never had or have this data because this is a state subject.	N.A.

b	State Govts. had or have no such data because they never focused on this issue in the name of administrative convenience.	N.A.
c	INSAMERS Report April 2021 **(Annexure p-1 at pages 54 to 55)** India, needs to take urgent action in this regard as the official figures put the number of orphans at 31 million. In India , only 41% of births are registered, with diseases and outbreaks caused by social inequality, poverty and other social problems that arise due to the strict caste system being considered the primary reason for the high population of orphans in the country and therefore we need to take urgent action in this regard as the official figures put the number of orphans at 31 million.	3.1
d	About 20 million children, about 4% of their population in India and higher than people living in Delhi, are orphan.Hindustan Times	2.0

	Report published on July 27 , 2011 **(Para 5 , Annexure p-2 at page 56)**.	

As per para 1 and 2, the ministry does not have the statistics. The ministry believes that these figures are exaggerated, and the actual number of orphans is much lower.

In 2021 census, there is no column for counting the number of orphans. However, in response to petitioner's RTI for the number of orphans, the Ministry of WCD replied vide letter No-CW-II-29/2/2021-CW-II dated 03.06.2021 and suggested him to go through 'Children in India 2018 –A Statistical Appraisal' publication for statistics on various aspects of childhood **(Annexure p-3 at pages 57 to 58)**.

Quote "It is informed that Ministry of Statistics and Programme Implementation published 'Children in India 2018 – A Statistical Appraisal'. **(Annexure p-4 at pages 59 to 205)**. Unquote. Petitioner refers to Page no. 126 of this annexure. **Homeless children/orphans**: NFHS(National Family Health Survey)-4 (2015-16) defines an orphan as a

child with one or both parents who are dead. As per the NFHS– 4 (2015-16), overall, 5 % of children under age 18 years are orphans. “Unquote

41% of Indian population is below 18 years (source: https://censusindia.gov.in/census_and_you/age_structure_and_marital_status.aspx). Hence the number of orphans in India comes to 138 Crores (Current population estimate) X 41% X 5% = 2.82 Crores which matches with media and international reports.

8. **THE MOOT QUESTION IS: “AT WHAT NUMBER OF ORPHANS WILL THE MINISTRY TAKE COGNIZANCE OF THE HARSH REALITY AND CHANGE THE POLICY?”**

That every single orphan is a citizen of India and is entitled to considerations of a welfare State. The officials in the Ministry have confided with me in their personal capacity their feelings as under:

“ANAATH WHO HAI JISKA KOI NAATH NAHIN HAI” In a welfare state e.g.in India the Govt. has to play the role of owning up an orphan rather than become a hindrance to adoption using outdated processes.

“We will need to have a much better political will to address this issue. Once the top people order, the bureaucracy mostly falls in line.”

“Our guess is that once the top court takes cognizance of this matter, we will suddenly find the government machinery geared to fight this bias toward orphans.”

9. Adoption Statistics **(Source: Central Adoption Resource Authority , Annexure p-5 at page 206)**

Year	**In-country Adoption**	**Inter-country Adoption**
2010	5693	628
2011 (Jan'11 to March'12)	5964	629
2012-2013 (April'12 to March'13)	4694	308
2013-2014 (April'13 to March'14)	3924	430
2014-2015 (April'14 to March'15)	3988	374
2015-2016 (April'15 to March'16)	3011	666
2016-2017 (April'16 to March'17)	3210	578
2017-2018 (April'17 to March'18)	3276	651
2018-2019 (April'18 to March'19)	3374	653
2019-2020 (April'19 to March'20)	3351	394
2020-2021 (April'20 to March'21)	3142	417

Total intra-country adoptions in India in past 5 years from 01.04.2016 to 31.03.2021	16353	2693
Annual average for past 5 years	3270	539

We have no information about the number of adoptions under Hindu Adoptions and Maintenance Act.

10. **Adoption in USA (para 1 of Annexure p-6 at pages 207 to 208)**

In contrast, “about 135,000 children are adopted in the United States of America each year”. As a matter of fact, the number of children adopted every year has been almost the same for the past few years.

The key point to note here is that the US has a much better rate of adoption despite stricter laws, simply because the bureaucratic machinery is not a major hindrance there. We can always learn from those practices and discard outdated laws in India too.

11. **Adoptions are at a low in India.There are mainly 4 reasons for this which are as follow:-**

a**. Complex Social Norms**

The outlook on orphans in India is that they belong in orphanages. Moreover, there is a stigma that hovers over adoption in India because it indicates infertility among the adopting couple. Indian culture places high value on ideas of fertility and family, disregarding scientific evidence that points otherwise. So much so, that the very idea of adoption suggests a defectiveness or inadequacy in a marriage or an individual. Adoption is an absolutely last resort, with couples even choosing secret gamete donation as a means of bypassing the infertility issue before considering adoption. There are a few noble exceptions, but they are in such small numbers that the society is hardly enthused by the idea. Perhaps, by creating an awareness campaign, the government can easily promote greater awareness for the need to find families for orphaned children.

The rules as stated in the current guidelines above presume that all the adoptive parents are criminals of the first order and that each one of them has to be viewed under a microscope. The State must adopt a view that it is only the first guardian after the loss of a natural guardian and the adopting guardian is acting on their behalf out of sheer love and affection.

Understandably, there will be a few aberrations but those should not deter the authorities from the right course, to

either create or support draconian laws restricting adoptions. **Later in this document, we have suggested a few remedies to minimize or eliminate the aberrations.**

The general fear is that adopting parents might use adoption enabling laws to either create bonded labor (in the case of boys) or drive prostitution rackets (in the case of girls). Yes, a few despicable and unworthy parents may still do that – perhaps one in a million - but that is hardly a reason to deprive millions of orphaned children from having a decent life. Yes, we do notice such villains in grotesque Hindi movies, but by and large adopting parents belong to a different value system.

The moment a natural guardian is lost due to any reason, the Welfare State ends up extending its hand to shelter the minor/orphan. As your Lordships can well understand, an institutional system can hardly substitute for the love and affection of a family. Otherwise, we would all be living in a utopian world of institutions.

The role of institutions in adoptions should be limited to one of supervision at best, not on determining the “level of affection” which will remain a subjective issue. No one can exhaust the list of affectionate behavior. The role should then be to limited to that of a watch dog. It is a much easier job than maintaining millions of orphans in jail-like

conditions. The Government can easily ensure that the adopting parents have the capability to look after the adopted child and provide basic education. We can suggest a number of milestones wherein an adopting parent must report about the welfare of the child, making it easy for the government machinery to track the progress.

b**. Outdated Adoption Law(s)**

Technically, there is only one relevant adoption law in India - the adoption regulations of 2017 based on the Juvenile Justice (JJ) Act of 2015 and Juvenile Justice (JJ) Rules of 2016. However, there are many old religious practices, sometimes useful and sometimes not so useful, that further complicate matters by adding to interpretation.

c**. Lack of Financing for Background Checks**

Our estimate is that it currently costs about Rs 1000 per child to run background checks of prospective parents, as it also involves medical testing by a doctor and verification of documents submitted by adopting parents.

An all-too-common story is that when someone finds on the streets a child who can’t even communicate who his or her parents are, and places the child into an orphanage, “parents” of the child may not want to terminate their rights.

The background check is expected to help ensure that this isn't the case before a child is adopted.

Your Lordship can easily spot the irony of this provision. When parents or a parent has abandoned the child in a heap of garbage, how likely are they to come back running to "all" the orphanages to "identify" the child after so many months and claim paternal rights? Tattoos? And do they really have any paternal right over the abandoned child in the first place? This is a classic narrative that only logically inconsistent movies can promote.

Unfortunately, there's no official financing available for these background checks, and the orphanage directors certainly cannot afford it. By some estimates, it would cost more than Rs 100 crore to run such background checks for every orphaned child in orphanages alone.

Currently, a child can be legally free for adoption only after a newspaper advertisement, and no claim for 60 days. The Government advertises once in a year or when they have "enough", say 5-6 children to save on costs. The clock however keeps ticking.

d. **Failing Systems and Infrastructure**

When potential parents look to adopt, they fill out a form stating what a "perfect match" for them will be (e.g. a male baby with no medical issues and light skin, for instance).

The Central Adoption Resource Authority (CARA) of India doesn't have a department or agency to follow up with prospective parents on these matches. Without a division to follow up, CARA doesn't have the means to check if these parents would be interested in adopting a child that does not "exactly" meet the original specifications. Parents are placed on a waiting list until their "exact category" is found. A simple portal having the basic details of the child meant for adoption, and perhaps even a photograph, can solve this mess and speed up the process.

Additionally, orphans living in shelter homes usually have no access to employment news, computers, Wi-Fi, internet and information about job opportunities. While in the age group of 14-18 years, many of them put in hard work into their studies, but may still end up going in the wrong direction because there is no guidance available to them. After reaching 18 years of age, they are required to vacate the shelter home as per rules. It is horrifying to even imagine their difficulty!

We are aware that a centrally sponsored scheme of the government – Civil Society Partnership Para 3.3 Procedure for sanction and release of funds under the sponsorship program – offers sponsorships of Rs 2000 per month per child, subject to further guidelines, as laid down by the MWCD.

The desired results are not forthcoming as envisaged by the ministry.

12. **Proposed Solutions:**

Indian Demography:

May 30, 2018

1	Total Districts	736
2	Total Tehsil	5572
3	Total Blocks	6612
4	Population	138 crore
5	Orphaned and abandoned children	3.2 crore
6	Infertile couples	3.2 crore

As can be seen, the number of infertile couples in India approximately matches the number of children for adoption. Is this Mother Nature's way of indicating that we should try to find a happy middle ground?

We propose that:

All 6612 blocks in 5564 tehsils across 736 districts in India must organize a 2-hour career counseling session for orphans in their respective blocks every month. These sessions must be conducted by an officer, e.g. Block

Education Officer/ Assistant Basic Shiksha Adhikari or equivalent. Two-hours a month is not a big ask but the results can be amazing. There are a significant number of ways in which they can also involve the leading citizen of the block in these meetings to increase awareness.

i. All orphans who are living in shelter homes (operational since 2015 with a minimum of 5 children) should be encouraged to participate.

ii. The Child Adoption Resource Information and Guidance system may appoint a few trained “Adoption Preparers” on the lines of Income Tax Preparer scheme of 2006. They can help prospective parents complete the cumbersome paperwork required for adoption. Presently this job is being done by social workers voluntarily. Officially they do it selflessly but they claim hefty donations as a matter of right. Petitioner propose that suitable press releases be used to invite graduates to work as ‘adoption preparers’. Selected candidates can undergo an official training for a week covering all adoption rules and process. They can pay Rs 5000/- for the training. Upon successful completion, they can get a certificate. Their names may be put on a central website for verification and fraud prevention. They should be allowed to charge Rs 2000/- from each parent for guidance in adoption. Many parents as of today are seeking help for filling up the forms and paying hefty fees to

advocates who have little knowledge about adoption practices.

iii. Sometimes, solutions to complex problems such as this one are quite simple indeed. We propose setting up of empowered local Advisory Bodies of respectable people, along the lines of Jury Duty of the US, wherein we can invite at least 25 respectable people to decide on adoption cases. This system will work in the following process:

a. Couples desirous of adopting children must register their request on a central portal, along with their identifiers and other details.

b. Depending on the areas from which these requests have come in, Jury members should be asked to convene regular sessions in which prospective parents must be present to put forward their requests and how they plan to take care of the child they are adopting. They can be offered their requested choices from local orphanages.

c. If the 3/4 majority of the Jury members agree to their request for adoption, they can allow the parents to fill in the required forms and complete the paperwork necessary within a week.

There are several advantages of such a system. First, a social network from the area where the prospective parents reside can ensure someone or the other has an oversight

on how they are bringing up the adopted child almost at all times. Second, it moves the responsibility from the government and puts it squarely on the people/society. This itself allows the bureaucracy to facilitate quick decision making. Third, it creates a lot of awareness about the adoption issue and removes taboos around it. Fourth, it improves people accountability in the management of social problems. Fifth, it reduces the burden on the judiciary and other branches of the government and reduces unnecessary expenses. Sixth, it expedites decision making and smoothens the adoption process.

We are aware that this is an out-of-box suggestion requiring out-of-box thinking. We are willing to provide a blueprint on how this new system works so that the bureaucracy does not sit on this issue for years.

If 27.5 million infertile couples **(Last line of Annexure p-7 at pages 209 to 210)** could adopt 27.5 million orphans, it is God's job done.

The situation is getting worse by the day.

As stated earlier, CARA's system only holds 2000 children at one time. It is indeed pathetic. This also means crores of children can't become legally adoptable because the government has not applied adequate resources towards getting the children registered.

Therefore, the system can't generate a profile for them until the first 2000 are adopted which of course, is at a standstill, since there is no department to check with parents about potential matches outside of the original specifications. Therefore, crores of children are left forever without a chance of being adopted by a family.

13. **How the ministry has reacted?**

We appreciate the WCD Ministry's initiatives for addressing gaps in state action toward issues of women and children, and in promoting inter-ministerial and inter-sectoral convergence to create gender equitable and child-centered legislation, policies, and programs.

However, petitioner's search for orphans leds to 0/0 results in Child Related Legislation in legislation and policy on the ministry's official website. Screenshot of the website regarding this fact is attached as Annexure p-8 **(Annexure p-8 at page 211)**.

14. We also appreciate the concern of the Government for the subject. The Lok Sabha on Wednesday, March 24, 2021 passed the Juvenile Justice (Care and Protection of Children) Amendment Bill, 2021. The Bill inter alia, seeks to re-define the category of "serious offences" under the Juvenile Justice (Care and Protection of Children) Act,

2015 and further, empower the District Magistrates to pass adoption orders.

15. This is unlikely to have any impact and the reason is clear. Delays in the overburdened judiciary have long been cited as a reason preventing empowerment of the administration to take this responsibility,whereas the actual cause of delay is the requirement of the tricky and lengthy paperwork.

    The reasons for stringent rules for adoption are that the Government intends to exercise caution, lest even one child falls prey to either bonded labor or child abuse.

    In fact, to earn maximum TRP, the media exaggerates such rare incidents by blowing them out of proportion.

    In response to petitioner's RTI, seeking number of adoptions every year under HAMA (Hindu Adoption and Maintenance Act 1956), the Ministry of Law and Justice replied vide letter dated 9th July, 2021 **(Annexure p-9 at page 212)** that no such information is available with them. The Law Ministry is administratively conceived with HAMA as regards legislation alone. For further information , we have been advised to contact respective State Govt. who too do not have this information.

16. **Childline 1098 - NGOs India**

    ngosindia.com › help-support › childline-1098

The CHILDLINE India Foundation, by the department of Tele communication, Ministry of Communication & IT, has set up a four-digit telephone number - 1098 - nation-wide toll free helpline for children in distress. The CHILDLINE service is developed and implemented across the country by CIF.

Petitioner's 6 calls to them confirm that they are active and also willing to take up matters of individual child harassment. All 6 calls also revealed that they had absolutely no clue about adoption, its rules and practices, as only the **Central Adoption Resource Authority "CARA"** of the Women & Child Development Ministry, Government of India is the sole authority to frame policies related to adoption and execute them in India.

The ministry sometimes intends to follow tough guidelines as provided by

The Hague Convention on Intercountry Adoption.

Incidentally they need not be applied on Inter country adoptions.

17. **Our efforts**

That we have made 7 presentations, replied to various arguments, citing the plight of prospective parents who are desirous of adopting orphans, abandoned, and surrendered children, during the months of November and December

2020, as well as on January 14, February 15, 18, and 19, 2021 and on April 23, 2021 before the Ministry of the Women and Child Development, New Delhi.

Finally, on their suggestion, we have also submitted to them a brief to act upon.

I, the petitioner, had also recommended providing monthly vocational guidance to orphans for two hours in every block before they turn 18 years old. This will ensure that the children are able to seek jobs even in the absence of adequate education, infrastructure, or resources.

1. Hence, it should be given adequate publicity through a separate new website: http://hama.nic.in, the existing CARA site: http://cara.nic.in, press releases, and through multimedia efforts.

2. Childline 1098 service should include information about orphan's registration, information about HAMA and orphan adoption.

18. Home study report schedule VII **(Annexure p-10 at pages 213 to 223)** must be scrapped. This 11-pages report seeks lot of information which.

Page No.	Number of particulars needed by Social Worker
1	7

2	5
3	34
4	19
5	7
6	8
7	6
8	5
9	4
10	11
11	9
Total	115

The prospective parents very carefully fill this form lest one mistake make them miss the bus. This form is tricky to complete. It serves one and only one purpose. It gives an opportunity of interpretation to the “social worker” who invariably expects a donation in cash for his/her guidance. This amount is only for the guidance to fill the form. It does not guarantee adoption of a child. The parents are clandestinely advised that in total the normal waiting period for a successful adoption through the J.J. Act exceeds 2 years and direct expenses exceed Rs 4 lakhs. In many cases, prospective applicants who have finally failed to get

a child, this unofficial investment of up to Rs 4 lakhs goes down the drain. The parents wish to adopt a baby. By the time the process of adoption is complete the baby becomes a child.

The District administration is required to publish a notice in the local newspaper for a child to be legally free for adoption. It involves cost and hence the advertisement is procrastinated to a date when 4 to 6 children could be clubbed together. Interestingly our personal enquiries at 4 places revealed on condition of anonymity that in none of the cases, a reply has ever come in response to such an advertisement.

Logically too, if an unwed mother has abandoned her baby to a dustbin, why should she come to claim it? Section 2(16) of J.J. Act defines “child legally free for adoption” means a child declared as such by the Committee after making due inquiry under section 38. Section 38 of the Act requires the process of declaring LEGALLY FREE to be completed in two months but **it has never stipulated the need of an advertisement**.

The solution however is simple. Instead of an advertisement in newspapers, the committee can put it up on a portal of the District Administration, thus involving no cost. To save on the mandatory (as told by officials but I

found it nowhere in statute) waiting period, it may be reduced to 7 days. We can also take an undertaking from the prospective parent to give back the baby, if the true parent happens to claim it within 60 days.

In one particular case, an overly dedicated social worker concerned for the future welfare of the child, even sought a confirmation in writing from at least one reference of the adopting parents to take care of the child in case the adoptive parents do not live long! The prospective mother was heartbroken but she managed this undertaking. For a moment, please think of the plight of an infertile lady who is already suffering all sorts of humiliation from mother-in-law, sister-in-law, friends and relatives in an Indian family, going around begging from pillar to post, lest the social worker should write a note against her.

While the form does not ask for this certificate, the social worker is free within his/her rights to ask these questions for his/her sincere concern for the child to be adopted. Concerns such as these are directly related to the amount of donation in cash expected/ receivable by the social worker. Please look at the questionnaire in the self-study report. True information is not likely to come. False information gives no result. Does it really affect the child Adoption eligibility in a true sense? Normally this is treated for bribery. This adds to corruption.

The social worker must say YES without recording any reason. Record reasons if he says NO.

By laying down one basic principle of parenthood – the parent will feed the child first before they eat, for the protection of the adoptive orphan – the executive has virtually stopped adoptions. The measures are akin to stopping all transport services to avoid accidents. Low adoption rate is a result of such warped approach.

The ability to adopt a child is judged on the basis of donation and not on the basis of futile documentation. Therefore, instead of this form, the social worker might as well take a decision based on the bank account statement of the proposed parents, IT returns, CIBIL rating (www.cibil.com), and telephone calls to three references. Based on this information, the social worker may recommend one of the following:

i) Prospective adoptive parents to adopt (no reasons required), or,

ii) Prospective adoptive parents cannot adopt (reasons to be listed)

Matching the data of missing persons with the database of children up for adoption

The prospective parents will have to give an undertaking in advance to surrender claim on a child, in case a genuine claimant appears in a rare case.

Documents required as listed on CARA site:

a. Current Family Photo: Yes

b. PAN Card: Yes

c. Birth Certificate (Where is the need if Aadhaar/PAN is given)

d. Proof of Residence (Where is the need if Aadhaar number is given; unless there is a change)

e. Proof of Income: No need, it can be made IT-return based. Non-tax payers may not be eligible to adopt. The CIBIL rating is another source to verify status. However, in the case of people with agricultural income, only the social network model may work.

f. Certificate from a medical practitioner (No need; it should instead be declaration based, seconded by three references based on general information of prospective parents)

g. Divorce Certificate, if applicable, to be uploaded because this information does not appear on Aadhaar Card or other documents.

h. Two reference letters: No need, the prospective parents should instead provide three recommendations from persons who have their mobile numbers linked to their

Aadhar Cards. A system generated SMS can go on their mobile numbers to confirm their recommendation.

i. Consent of the adult children: Yes, if applicable

j. After the adoption, instead of regular visits by a social worker to the parents' home, we propose daily uploading of child's photo for a week, then weekly uploading for a month, then monthly uploading for six months. Failure to do so should be system advised to the three references.

k. Proposal application for adoption by a prospective parent.

Prohibited adoptions will continue to be prohibited.

Please also consider the following suggestions to simplify procedure.

19. **Agenda 1**

The prospective parents submit an online application on the CARA website based on his/her Aadhar Card and linked mobile number. He/she then receives an ID and password, downloads the adoption form, and submits the following information online:

1. Name of self
2. Married, divorcee, or widowed
3. Existing children (son and/or daughter)
4. Religion: Hindu, Jain, Sikh, Arya Samaj
5. PAN number (IT)

6. General health forms for self (Declaration) and spouse (if applicable)
7. Married since ……
8. Aadhar numbers of both
9. Aadhar linked mobile numbers of both
10. Bank account numbers of both, as linked to Aadhar
11. Address of both
12. Date of birth of both

Online declaration: We are physically, mentally, emotionally and financially sound and stable.

- Preferred gender of an orphan: Male/Female

No uploading of documents at this stage. All documents in a proper file will be submitted while the application goes to the court.

Agenda 2

Section 31. (*1*) of the J J Act 1956 - "Any child in need of care and protection may be produced before any of the responsible persons (as per list) within a period of twenty-four hours. To simplify this. all orphans in the country must be enrolled. The states will be responsible through:

1. Gram Pradhan
2. Gram Panchayat

3. Block Development Officer
4. Tehsildar
5. City Municipal Corporations
6. District Magistrate
7. State Govt.

Any citizen with the knowledge of an orphan should and must report him or her to their respective Gram Pradhan/ Municipal Corporation. Inaction by the Gram Pradhan must be reported to a higher authority in the hierarchy as committing a non-cognizable offence.

The following particulars are needed for the registration of an orphan:

1. Date of Registration*
2. Address of place where he/she lived the previous night*
3. Gender*
4. Photographs (4, i.e., 1 of front face, one each from left and right view, and one full body) *
5. Basic health, as it appears*
6. Deformity, if any, as it appears*
7. Name (if known)
8. Birth details (if known)

9. Orphan brought by … (optional)

*Items 1-6 are mandatory but a medical certificate is not needed.

In addition, the registration may be done using the available technology and Childline1098 service. Within a year, we will have data of orphans and prospective parents.

Agenda 3

The Child Adoption Resource Information and Guidance system may appoint a few trained ‘Adoption Preparers’ on the lines of Income Tax Preparer scheme 2006. They will help prospective parents complete the cumbersome paperwork required for adoption. Another specialized honorary post may be created for leading civilians to whom these Adoption Preparers can locally report. He/she can be a retired, Senior Class 1 medical doctor who empathizes with the pain of adoptive parents. Adoption preparers name should be published in the report of the concerned respective Government officer at the District level.

We have the conviction that within two years of implementation, legal adoption in deserving cases will grow up to 60% from the current 0.1%. Moreover, many more orphaned children will live better childhoods and secure a job when they reach 18 years of age. The additional burden to the exchequer is nil for this exercise.

Let the Children Belong in Families

There are millions of orphans who are waiting for a loving family. It doesn't have to be that way.

Our efforts at the Ministry

We had an opportunity to interact with most of the top officials at the Ministry, specifically those below, on one or the other occasion.

Sr No	Name of the Officer	Desig.	Email & Phone
	Shri Indevar Pandey	Secretary	secy.wcd@nic.in 011-23383586, 011-23386731

2.	Sh. Ashish Srivastava	Additional Secretary	jswmn-mowcd@gov.in 011-23381654, 011-23384482
3.	Ms. Aastha Saxena Khatwani	Joint Secretary	aastha.khatwani@nic.in 011-23388576
4.	Shri Manoj Kumar Singh	Director	mksingh.ofb@nic.in 011-23386553
5.	Sh. Manoj Kumar Singh	Member Secretary and CEO (PS to CEO)	ceo-cara[at]gov[dot]in ps2ceo[dot]cara-mwcd[at]govcontractor.in 011- 26760301 011- 26760302
6.	Sh. Sanjay Barshilia	Director (Programme)	cooltiger[dot]18[at]gov[dot]in 011- 26760402
7.	Dr.JagannthPatl, MSW, LL.B,	Joint Director	j[dot]pati[at]nic[dot]in 011- 26760310

	Ph.D.,	(Admin)	

Petitioner is proud and happy to confess that they have all been working very hard. Fortunately, they have not only appreciated the problem but have shown their keenness to sort out this mess. They are however, not prepared to take a chance with the black sheep and they are scared of consequences if a few or even one child goes into wrong hands.

Juvenile Justice (Care and Protection of Children) Amendment Bill 2021 **(Source: The Times Of India Report published on 28 July 2021; Annexure p-11 at pages 224 to 226)**.

Lok Sabha passed bill in March 2021, Rajya Sabha passed bill on 27th July 2021. Adoption orders which as of now are issued by district courts will be issued by district magistrates ones the amendments are notified as law (Para 1 of the Annexure p-11).

Even as there have been concerns raised by certain civil society groups working on child rights over the decision to give the DM the power to issue an adoption order, its implications and the on ground implementation, the government has been strongly defending the move, claiming that it will enable speedy disposal of adoption cases, curtail delays and enhance accountability.

The WCD minister said, “the children of our country deserve a united house in support of the amendments proposed, the amendments that empower the district magistrate, empower CWC and enhance accountability. Hence, sir, through you, I beseech that this House, irrespective of political differences, stand together in the service of our children.” Justifying the need for the amendments, the WCD minister in her speech in Rajya Sabha cited information collected by the National Commission for Protection of Child Rights through a survey of child care institutions that found extreme delays on the part of CWC in completing paperwork for declaring children free for adoption. Elaborating on the data, Irani made a strong case for the amendment where the government has had to “for the first time, give conditions under which CWCs now need to function and report to the district magistrate”.

For those questioning why the government was becoming a bit stringent about the functioning of CWCs, Irani cited examples. “There is a case pending in the Madras High Court where the biological parents of a child were frequently quarrelling and the Child Welfare Committee just came, took the child and suddenly gave up the child for adoption,” she said. She cited another case from Madhya Pradesh where a mother is fighting for her rights in an adoption matter.

She went on to point out that many cases of adoption are pending in the courts. It is true. I had an opportunity to speak to 4 judges who have been dealing with adoption cases. It is absolutely wrong to attribute this delay to the judiciary. Every judge is a father or a mother. They know the urgency of the matter. They are willing to conduct a day-to-day basis hearing to pass an order because they are aware that the child is growing. The truth is that the legislature and executive wish to permit fool proof process for adoption. Why should we not make our roads, drivers and vehicles fool proof before permitting public movement of transport? Media is concerned about TRP. Tragic news sells more. We nave nearly stopped adoption process by making it so difficult. The fear of media has done more harm than good. The poor orphans and the pitiable parents have no one to look at for support.

20. That the Petitioner-in-person has not filed any other Petition either before this Hon'ble Court or any other court seeking similar relief.
21. That the petitioner had 7 meetings with the ministry and the ministry was positive for all the suggestions of the petitioner but they have no time frame for any implementation.

22. **FACTS OF THE CASE: -**

A. Data of orphans not available with ministry

B. Reputed surveys count 3 crores orphans in India

C. Reputed surveys count 3 crores infertile couples looking for adoption of Indian orphans in India and abroad.

23. **QUESTIONS OF LAW: -**

a) Conservative, obsolete and impractical approach of the ministry is holding up the issue.

b) India is a welfare state. Orphans have a right to survive and survive with dignity.

c) Hence guidelines of the ministry need revision.

24. GROUNDS: -

a) Many rules had been modified in past 25 years to make life simple for citizens. The govt trusted them. For example issuance of international credit cards, self-certification of documents, issuance of passports, clearance of baggage at airports, transgenders identification, issuance of learners driving license and jandhan account, nothing went wrong.

b) However, for adoption all citizens have been treated as scoundrels and more and more stringent impractical laws have been enacted.

c) MINISTRY OF WOMEN AND CHILD DEVELOPMENT

NOTIFICATION New Delhi, the 4th January, 2017 –

Para 6 for adoption procedures. In fact, with each subsequent amendment the loopholes for faulty adoptions have been plugged. But in the process the number of adoptions has come down.

d) In welfare state orphans too have a right to a caring home. The parents have a desire to adopt an orphan.

e) The black sheep should be harshly punished but the rules should be to facilitate life of orphans and not to make it nearly impossible to adopt.

Examples of when the Government has trusted citizens and how the outcomes have turned out well

For instances how similar fears had been overcome in the past in favor of citizens, changing the life of Indians forever.

1	International Credit cards	In 1997, the RBI feared that it may lead to massive flight of capital.

		However, the Govt. took a risk and issued ICCs to all who desired. Nothing adverse happened. All are happy.
2	Self-Certification of documents	All of us have faced difficulty in getting true copy attested by a Gazette officer. The Govt. took a risk and permitted self-certification. Nothing adverse happened. All are happy.
3	Issuance of passports	We used to get it in 3-4 months ordinarily. For urgent need we used to take a certificate from a senior Govt. officer. The Govt. trusted citizens. Now the passports are issued in less than 2 weeks.
4	Clearance of baggage at airports	Long back, baggage tags were checked before delivery of bags at the airports. The Govt. trusted citizens. Now it is hassle free.
5	Transgenders identification	Long debates were held for identification of the transgenders. In October 2020, the Govt. trusted citizens and permitted transgenders to have identity certificate based on

		declaration. All are happy.
6	Issuance of learners driving license	Vehicle driving Learning license has been issued without test. The Government trusted citizens.
7	Jandhan account	The Government trusted citizens
8	Orphans/ adoptions	The Government needs to trust citizens

Incidentally the country faced a similar dilemma for above mentioned 7 actions. But the leaders took a chance. India moved forward at each step. The Govt. trusted its citizens and made the process simple and now the outcomes have come out well. For orphans the Govt. needs to trust citizens and make the process simple.

The petitioner is aware that there cannot be a fool proof solution which the ministry has so far been trying to search since many years. It looks unfair for an orphan to wait indefinitely for practical guidelines by ministry in time.

Therefore, there is a lot of procrastination and no time frame.

The problem needs urgent solution now because due to Covid -19 many parents have lost their lives, leaving behind many orphans who are waiting to be adopted.

THE FACTS CONSTITUTING THE CAUSE OF ACTION

That the petitioner had 8 meetings with the Ministry as under

S. No.	Date	Meeting with
1	November 2020	The Secretary
2	December 2020,	do -
3	January 14, 201	do -
4	February 15, 2021	do -
5	February	do -

	18, 2021	
6	February 19, 2021	do -
7	April 23, 2021	Zoom meeting presided over by the Additional Secretary
8	March 24th 2021 July 27th 2021	Juvenile Justice (Care and Protection of Children) Amendment Bill 2021 Lok Sabha passed bill Rajya Sabha passed bill

Petitioner had 8 very elaborate meetings with the Ministry as above. He filed an application on 1st March 2021 to the Ministry of Women & Child Development **(Annexure p-12 at pages 227 to 231)**. The matter was discussed with him. However, no concrete action has so far been taken to improve the number of adoptions in the country. **Hence This Petition.**

The petitioner seeks the Hon'ble Courts' intervention to at least decide on a time frame for the Ministry to find a solution, if they are not convinced by our proposals.

We have placed our arguments in brief and we are always prepared to elaborate any of our suggestions as needed by the Ministry.

25. That the issues arose in this petition are related to the Central Acts which affect not only a specific person or group of persons rather all citizens of the nation and therefore the injury is to the public.
26. That there is no any civil, criminal or revenue litigation, involving the petitioner, which has or could have the legal nexus with the issues involved in the Public Interest Litigation.
27. That no other writ petition arising out of the same issues or for the same relief has been filed by the petitioner earlier before this Hon'ble Court, any Hon'ble High Court or any other Hon'ble Court of law.
28. A change may happen to the country. What if?
    a. Every child felt loved, valued and safe.
    b. No child aged out of the system.
    c. Every orphan becomes a son or daughter.
    d. You could change a child's life.
    e. We could create a world without orphans.

f. We make an orphan's journey to a family.

g. We make nobody's child to a beloved son.

h. The fatherless… who are within your towns, shall come and eat and be filled, that the LORD your God may bless you in all the work of your hands that you do.

PRAYER

In view of the facts and circumstances stated above it is prayed that this Hon'ble Court may graciously be pleased to

a. Issue a writ of mandamus or any other appropriate writ, order or direction to the Union of India for improving the number adoptions in our country ,

b. Direct the Ministry of Women and Child Development to give adequate publicity to HAMA (Hindu Adoptions and Maintenance Act, 1956) even though the Act has been formulated by the Ministry of Law,

c. Direct the Ministry of Women and Child Development to make Adoption procedures simple, superfluous and to scrap the duplicate information ,

d. Direct the ministry of Women and Child Development to digitalize the registration of orphans,

e. Direct the ministry of Women and Child Development to introduce a scheme for Orphan Adoption Document Preparers,

f. Direct the Ministry of Women and Child Development to introduce some vocational training at the block level,

g. Direct the Ministry of Women and Child Development to reduce the number of pages of the home study report schedule VII to reduce paperwork to make the adoption process simple and corruption free,

h. Fix the accountability of the Ministry of Women and Child Development for extremely low adoption rates, which is less than 0.1% i.e. 1 adoption per 1,000 (One adoption per thousand orphans),

i. Direct the ministry of Women and Child Development to create a social framework to decide on the adoption cases, along the lines of the Jury Duty by leading citizens across the country which also increases the social cohesion, awareness and contribute to general law and order situation ,

j. Pass such other or further order as this Hon'ble court may deem fit and proper under the facts and circumstances of the case.

Filed By

The Temple of Healing

through its secretary

Filed on: 21-08- 2021 Dr. Piyush Saxena

Place : New Delhi (Petitioner-In-Person)

IN THE SUPREME COURT OF INDIA

(CIVIL ORIGINAL JURISDICTION)

Under Article 32 of the Constitution of India

WRIT PETITION (CIVIL) NO. 1003 OF 2021

PUBLIC INTEREST LITIGATION

IN THE MATTER OF:

The Temple of Healing

through its secretary

Dr. Piyush Saxena .....Petitioner

Versus

The Union of India

Through the Secretary

Ministry of Women and Child Development

.....Respondent

AFFIDAVIT

I, Dr. Piyush Saxena S/o Mr. Justice K Narayan, Aged 62 years, presently residing at 5/1202 , NRI Complex Nerul , Navi Mumbai 400706 at presently at New Delhi, do hereby solemnly affirm and declare as under:

1. That I am the petitioner-in-person in the above accompanying Writ Petition under section-32 of the Constitution of India and fully conversant with the facts and circumstances of the petition, and hence competent to swear this affidavit.
2. That the accompanying Synopsis along with the Writ petition have been drafted by myself and therefore the contents of Synopsis at pages B to E and contents of Writ Petition from Para 1 to 28 at pages 1 to 45 are true to the best of my knowledge and belief and nothing material has been concealed.
3. That I, the petitioner, have no personal interest in filing this litigation and this petition is not guided by self-gain or for gain of any other person or institution or body and there is no motive other than of public interest in filing the present Writ Petition.

(Dr.Piyush Saxena)

DEPONENT

VERIFICATION

I, Piyush Saxena, aged 62 years, the above named deponent do hereby verify that the contents in the above affidavit Para 1 to 3 are true to the best of

my knowledge and belief.No part of the same is false and nothing material has been concealed therefrom.

Verified at New Delhi on 21st day of August 2021.

(Dr.Piyush Saxena)

DEPONENT

Appendix

A. Constitution of India : Fundamental Rights under Chapter III. One of these rights is provided under Article 21 which reads as follows: “No person shall be deprived of his life or personal liberty except according to procedure established by law.” Thus article 21 gives every child to live with dignity. Article 24- “Fundamental Rights of the Citizens” provides the right against exploitation of the children below 14 years. Article 44 of the Constitution declares that: “The State shall endeavor to secure for the citizens a Uniform Civil Code throughout the territory of India.” This goal is yet to be fully achieved. Article 39 specifically requires the State to direct its policy: To provide healthy environment to the children and to make sure that the facilities are provided. It is give them a sense of freedom and dignity youth are protected against exploitation, force labor and, against moral and material abandonment.

B. The J J Act 2015, Section 30. The functions and responsibilities of the Committee shall incl (xi) declaration of

orphan, abandoned and surrendered child as legally free for adoption after due inquiry;

C. The J J Act 2015, Section 31. (1) Any child in need of care may be produced before any of the responsible persons as per list within a period of twenty-four hours.

D. The J J Act 2015, Section 32. (1) Any person who finds an orphan, shall within twenty-four hours give information to the Childline Services etc.

E. The J J Act 2015, Section 38. (1) In case of orphan the Committee shall make all efforts for tracing the parents or guardians of the child and on completion of such inquiry, if it is established that the child is either an orphan having no one to take care, or abandoned, the Committee shall declare the child legally free for adoption. Provided that such declaration shall be made within a period of two months from the date of production of the child, for children who are up to two years of age and within four months for children above two years of age:

F. The J J Act 2015, Section 56. (1) Adoption shall be resorted to for ensuring right to family for the orphan, abandoned and surrendered children, as per the provisions of this Act, the rules made thereunder and the adoption regulations framed by the Authority.

ANNEXURE P-1

2021 ORPHAN REPORT BY INSAMER

APRIL 2021

Page 11/12 of main report

Orphan and Orphanhood

India, needs to take urgent action in this regard as the official figures put the number of orphans at 31 million. In India ,only 41% of births are registered, with diseases and outbreaks caused by social inequality, poverty and other social problems that arise due to the strict caste system being considered the primary reason for thehigh population of orphans in the country.

https://www.ihh.org.tr/public/publish/0/152/insamer-2021-yetim-raporu-eng-200425-n.pdf

www.insamer.com

info@insamer.com

www.ihh.org.tr/en

APRIL 2021 REPORT

2021 Orphan Report

Human Rights

Prepared By

Cansu Nar

Executive Editor

Dr. Ahmet EminDağ

Editor

MervenurLüleciKaradere

For citation: Nar, Cansu. *2021 Orphan Report*, INSAMER Report, April 2021.

©INSAMER 2021

PelikanBasım

Ulubatlı Hasan Caddesi No. 2

H D Blok No. 19

Başakşehir – Istanbul

Annexure P-2

Hindustan Times

JUL 27, 2011 02:26 AM IST

- India has the highest population of children below the age of 18 --- 41% of the total population. Although over 4% of them are orphan as per the study, around 13% of them live with either of their parent.
- But what the study highlight is that a large number of children in India struggle to survive leave alone having access to education and other welfare measures. Some of these children end up being trafficked or pushed into illegal works.
- “Many of the children who are trafficked are those whose parents have died or they have been abandoned,” said a senior government official.
- The only good news the study presents is that the overall estimation of orphan children in % age terms is expected to fall by 2021 although their number will increase from present 20 million to 24 million. However, there is no comparative data to indicate whether the number of orphan children has increased or decreased.
- About 20 million children, about 4% of their population in India and higher than people living in Delhi, are orphan. Of them, parents of only 0.3% children have died and rest have been abandoned.
- The figure is result of a study done by SOS Children’s Village by analysing data from National Family Health Survey-3 for the year 2005-06 and the population estimation by the Census of India to find the dark spots for children below the age of 18 in India.
- I request you to visit this site also
- www.hindustantimes.com/delhi/about20m-kids-in-india-orphans-study/story-CM5xsW91McYBjQ3WLhh6MO.html)

ANNEXURE P-3

No-CW-II-29/2/2021-CW-II
Government of India
Ministry of Women and Child Development

Shastri Bhawan, New Delhi
Dated: 03.06.2021

To,

Dr. Piyush Saxena
Secretary, The Temple of Healing
No. 5/1202 NRI Complex, Nerul West
Navi Mumbai, 400706
Email id: drpiyush2020@gmail.com

Subject: Application under Right to Information(RTI) Act, 2005.

Sir,

With reference to your online RTI application No. MOWCD/R/E/21/00408 dated 06.05.2021, following may be noted:

Point No. 1 (b) & (c) of the RTI Application: It is informed that Ministry of Statistics and Programme Implementation publishes 'Children in India 2018 – A Statistical Appraisal' on a regular intervals. The publication have statistics on various aspects of childhood including crimes committed against children, children with disabilities of one or more type, street children, orphan children, and children who have committed some crime etc, analyzed and presented at one place for use of policy makers, administrators, social activists and various other stakeholders. The said publication is available on the website of the Ministry of Statistics and Programme Implementation. The link of the same are as under :

http://www.mospi.nic.in/sites/default/files/publication_reports/Children%20in%20India%202018%20%E2%80%93%20A%20Statistical%20Appraisal_26oct18.pdf

However, as per Child Adoption Resource Information and Guidance System (CARINGS), data of Orphan/Abandoned/ Surrendered are as under:

	31.03.2020	**31.03.2021**
Orphan	711	870
Abandoned	1581	2361
Surrendered	734	1275

Point No. (a) of the RTI Application: No information has been sought under RTI Act, 2005. Hence, may be treated as NIL.

Point No. (d) of the RTI Application: No information has been sought under RTI Act, 2005.

2. As far as HAMA is concenred, your RTI application has already been transferred to Legislative Department under Section 6(3) of the RTI Act, 2005 vide letter of even No. dated 11.05.2021 for providing the desired information to you directly

3 In case you are not satisfied with the above decision, you may prefer your appeal to Sh. Manoj Kumar Singh, Director, Ministry of Women & Child Development, Government of India, Shastri Bhavan, New Delhi, within 30 days from the date of receipt of this information.

Yours faithfully

(Paras Sarwaiya)
Under Secretary & CPIO
No. 23383881

Copy to:

1. Director and CPIO [Kind attn: Sh. S.K. Chitkara], Legislative Department, Ministry of Law & Justice -under Section 6(3) of the RTI Act, 2005.
2. US(IFC)- for information

सत्यमेव जयते

Annexure P-4

CHILDREN IN INDIA 2018

- A Statistical Appraisal

Social Statistics Division
Central Statistics Office
Ministry of Statistics and Programme Implementation
Government of India
www.mospi.gov.in

सत्यमेव जयते

CHILDREN IN INDIA 2018

- *A Statistical Appraisal*

Social Statistics Division
Central Statistics Office
Ministry of Statistics and Programme Implementation
Government of India
www.mospi.gov.in

FOREWORD

के. वी. ईपेन
सचिव
K V Eapen
Secretary

भारत सरकार
Government of India
सांख्यिकी एवं कार्यक्रम कार्यान्वयन मंत्रालय
Ministry of Statistics and Programme Implementation
सरदार पटेल भवन,संसद मार्ग, नई दिल्ली –110001
Sardar Patel Bhawan, Sansad Marg, New Delhi-110001
फोन /Tel : 23742150/ 23344689 फैक्स /Fax :23742067
E-mail : secymospi@nic.in

The emotional, social and physical development of children has a direct impact on the overall development of the country. Understanding the status of children is thus of immense importance. In the Indian context, this assumes special significance as children (0-14 years) comprise around one third of the total population of the country.

Survival and Health; Childcare and Nutrition; Development and Education; Protection; Participation are some of the areas which are critical in evaluating the status of children. To ensure that India's children develop well, adequate investment in early childhood development is essential. Every child has a basic right to be born in a safe and non-discriminatory environment and to grow through her formative years of life in a healthy and dignified way. Unfortunately, our adverse sex ratio at birth, child mortality rates and the child sex ratio reflect the ensuing challenges. Reducing the level of malnutrition and micronutrient deficiency and increasing enrolment and retention rates in school, as well as achievement and completion rates are focus areas in child development. Safeguarding children from violence, exploitation and abuse is extremely crucial.

In an endeavour to provide suitable statistics for informed decision making, the Ministry of Statistics and Programme Implementation has been bringing out various statistical publications on issues of concern. The present publication, '*Children in India 2018 – A Statistical Appraisal*' is the third such report on the state of children in India. It presents consolidated and updated statistics on the status of children in India and should serve as a useful reference tool to appraise the progress on various fronts.

I congratulate the Social Statistics Division of CSO, Ministry of Statistics and Programme Implementation for bringing out this report. I hope this report will be beneficial to policy makers and other stakeholders

New Delhi

(K V Eapen)
Chief Statistician and Secretary

PREFACE

jktho ykspu
egkfuns'kd
RAJEEV LOCHAN
Director General
Ph. : 011-23364761
Telefax : 011-23742026

Hkkjr ljdkj
lkaf[;dh ,oa dk;ZØe dk;kZUo;u ea=ky;
dsUnh; lkaf[;dh dk;kZy;
ljnkj iVsy Hkou] laln ekxZ
ubZ fnYyh&110001

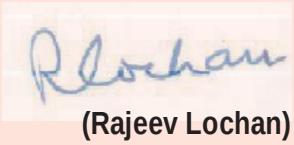
Government of India
Ministry of Statistics and Programme Implementation
Central Statistics Office
Sardar Patel Bhawan, Parliament Street
New Delhi-110001

The Ministry of Statistics and Programme Implementation attaches considerable importance to the coverage and quality aspects of statistics released in the country. The statistics released are based on administrative sources, surveys and censuses conducted by the Central and State Governments and are in tune with the demand of time. Statistics on various aspects of childhood, analyzed and presented at one place, is of immense use for policy makers, administrators, social activists and various other stakeholders. In view of this, the Social Statistics Division of Central Statistics office has been bringing out a statistical publication on children in India based on the official statistics on various related sectors. The Ministry had earlier brought out statistical publications on the subject in the years 2008 and in 2012.

The present publication 'Children in India 2018 – A Statistical Appraisal', presents and analyses the statistics on the conditions of children on broad indicators such as child survival, child development and child protection, etc. covering demographic particulars such as status of child nutrition, health and education, children at work and in situations of crime, etc. The publication also provides useful information on Constitutional and legal provisions for children and important child oriented policies and programmes.

I wish to place on record my appreciation for the valuable services rendered by the team of officers of the Social Statistics Division of the Central Statistics Office in bringing out this Report.

I sincerely hope that the publication 'Children in India 2018 – A Statistical Appraisal' would be of immense help to all stakeholders. I solicit valuable feedback from users of this report, which will, in turn, help us in further improving the utility of the publication.



(Rajeev Lochan)

Officers Associated with the Publication

Shri B. N. Tiwari
Additional Director General

Smt. Sunitha Bhaskar
Director

Smt. Richa Shanker
Director

Shri Shrikant Kale
Joint Director

Smt. Soumya P Kumar
Deputy Director

Shri Ravi Kumar
Junior Statistical Officer

DISCLAIMER

This is a statistical publication based on data produced by various official source agencies of India.

CONTENTS

CHILDREN IN INDIA 2018

- *A Statistical Appraisal*

HIGHLIGHTS

- As per Census 2011, India, with a population of 121.1 Cr, has 16.45 Cr children in the age group 0-6 years and 37.24 Cr in the age group 0-14 years which constitute 13.59% and 30.76% of the total population respectively.
- 48% of the child population in the age group 0-14 years is female.
- 74% of the children (0-6 years) live in rural areas where as the rural population constitute69% of the total population of India.
- At all India level, the sex ratio in the age groups 0-6 years and 0-14 years are 918 and 916 respectively whereas it is 943 for all ages and also is not favourable to females in any of the States/UTs.
- The Sex Ratio for children aged 0-6 years is at 970 in Meghalaya and Mizoram and is relatively better as compared to lowest in Haryana at 834.
- As per Civil Registration System , Sex Ratio at Birth denoting the number of female live births to 1000 male live births has been reported as 881 in 2015 at all India level.
- Registration of births at 88.3% in 2015 at all India level with 15 States achieving cent percent registration is commendable.
- As per Sample Registration System (SRS) - 2016, Infant Mortality Rate (IMR)at all India level is 34 to 1000 live births. The IMR for female has been reported at 36 against 33 for male.
- There has been substantial reduction in the IMR at all India level from 46 in 2011 to 34 in 2016. Among the bigger States/UTs, IMR varies widely from 10 in Kerala to 47 in Madhya Pradesh.
- Under-five Mortality Rate (U5MR) estimated at 39 for 2016 at all India level varies significantly in rural (43) and urban areas. Among the bigger States/UTs, U5MR varies from 11 in Kerala to 55 in Madhya Pradesh.
- NFHS-4 (2015-16) shows that at all India level, 38% of children under age five years are stunted (too short height for their age) which is an improvement from 48% in 2005-06. It is higher among children in rural areas (41%) than that of urban areas (31%).
- Five states with higher prevalence of stunting in children under age five are Bihar (48%), Uttar Pradesh (46%), Jharkhand (45%), and Meghalaya (44%), whereas it is lowest in Kerala and Goa (20% in each).

- At all India level, 21% of children under age five years are wasted (too thin for their height). It varies in the range of 6% in Mizoram to 29% in Jharkhand.
- At all India level, 36% of children under age five years are underweight which varies in the range of 12% in Mizoram to 48% in Jharkhand.
- As per the NFHS- 4(2015-16), 18% of infants had a low birth weight of less than 2.5 kg.
- At all India level, 28% of children had mild anaemia, 29% had moderate anaemia, and 2% had severe anaemia in 2015-16.
- The prevalence of anaemia among children in age group 6-59 months is highest among children in Haryana (72%) and lowest in Mizoram(19%).
- At all India level, 79% of live births in the five years before the survey were delivered in a health facility.
- Almost all births in Puducherry, Kerala, Lakshadweep, and Tamil Nadu were delivered in a health facility.
- In the five years before the survey, 81% live births were delivered by a skilled health provider, majority were attended by doctors (56%), followed by ANMs, nurses, midwives, LHVs (25%), and dais (traditional birth attendant) (11%). The proportion of births assisted by a skilled health provider has increased from 47% in 2005-06 to 81% in 2015-16.
- At all India level, 90% of Births in urban areas were delivered by a skilled health provider whereas the corresponding figure for rural areas is 78%.
- At all India level, 79% of women in age group 15-49 years who had a live birth in the five years before the survey (NFHS 4) received antenatal care from a skilled provider at least once for their last birth.
- At all India level, only 27% of newborns had a first postnatal check within the first 2 days after birth.
- Regarding the awareness on HIV/ AIDS, at all India level, 62% of women know that HIV/AIDS can be transmitted during pregnancy, 58% know that it can be transmitted during delivery, and 55% know that it can be transmitted by breastfeeding.
- At all India level, 62% of children age 12-23 months received all basic vaccinations at any time before the NFHS -4, and 54% received all basic vaccinations by age 12 months.
- The percentage of children age 12-23 months who have received all basic vaccinations increased from 44% in 2005-06 to 62% in 2015-16.

- The coverage of all basic vaccinations is highest in Puducherry, Punjab, Lakshadweep, and Goa (88% -91%) and lowest in Nagaland (35%) and Arunachal Pradesh (38%).
- During the year 2016, Sample Registration system reported Fertility Rate in the age group 15-19 years as 10.7, with rural fertility rate (12.3) in the same age group being almost double the rate in urban (6.7).
- Literacy rate among children (7-18 years) stands at 88.3% and the gender gap observed for this age group is 3% in 2011.
- As per census 2011, the highest literacy rate among the age group 7-19 years is in Kerala (97.9%) and the lowest in Arunachal Pradesh (78.8%).
- The UDISE 2015-16 enrolment data reveals that the Gross Enrolment Ratio (GER) at Primary level is 99.2%whereas at Upper Primary, Secondary and Senior Secondary levels, it is 92.8%, 80.0% and 56.2% respectively.
- The number of working children in the age group of 5-14 years was 1.27 crore in 2001 which was 5% of total children in the age group 5-14 years whereas in 2011, the child workers (1.01 Cr) constituted 4% of the age group 5-14 years.
- NCRB data reveals that rate of crime against children (below 18 years of age) has increased to 24 per lakh children in 2016 from 21.1 in 2015.
- Kidnapping and Abduction of children are the highest registered category of crime against children in 2016.
- Under Protection of Children from Sexual Offences Act, 2012 (POCSO) crimes reported areas high as 34.4% of total crime against children.
- 35,849 cases of juveniles in conflict with the law have been registered in the year 2016, showing an increase of 7.2 per cent over the 33,433 cases of 2015.
- The Census 2011 showed that, in India, 20.42 lakhs children aged 0-6 years are disabled which constitute 1.24% of all 0-6 years age group children.
- As per Census 2011, the number of disabled children in the age group 10-19 years is 46.2 lakhs.

INTRODUCTION

India is home to the largest child population in the world. The Constitution of India guarantees Fundamental Rights to all children in the country and empowers the State to make special provisions for children. The Directive Principles of State Policy specifically guide the State in securing the tender age of children from abuse and ensuring that children are given opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity. The State is responsible for ensuring that childhood is protected from exploitation and moral and material abandonment.

The National Policy for Children, 2013 was adopted to affirm the Government's commitment to the rights based approach in addressing the continuing and emerging challenges in the situation of children.

The National Policy for Children, 2013

Recognises that:

- a child is any person below the age of eighteen years
- childhood is an integral part of life with a value of its own
- children are not a homogenous group and their different needs need different responses, especially the multi-dimensional vulnerabilities experienced by children in different circumstances
- a long term, sustainable, multi-sectoral, integrated and inclusive approach is necessary for the overall and harmonious development and protection of children

Reaffirms that:

- every child is unique and a supremely important national asset
- special measures and affirmative action are required to diminish or eliminate conditions that cause discrimination
- all children have the right to grow in a family environment, in an atmosphere of happiness, love and understanding
- Families are to be supported by a strong social safety net in caring for and nurturing their children.

Guiding Principles of the National Policy for children

(vie)ry chEild has universal, inalienable and indivisible human rights

(ii) The rights of children are interrelated and interdependent, and each one of them is Equally important and fundamental to the well-being and dignity of the child

(vieiir)y chEild has the right to life, survival, development, education, protection and participation

(iv) Right to life, survival and development goes beyond the physical existence of the child and also encompasses the right to identity and nationality

(v) Mental, emotional, cognitive, social and cultural development of the child is to be addressed in totality

(vi) All children have equal rights and no child shall be discriminated against on grounds of religion, race, caste, sex, place of birth, class, language, and disability, social, economic or any other status

(vii) The best interest of the child is a primary concern in all decisions and actions affecting the child, whether taken by legislative bodies, courts of law, administrative authorities, public, private, social, religious or cultural institutions

(viii) Family or family environment is most conducive for the all-round development of children and they are not to be separated from their parents, except where such separation is necessary in their best interest

(ix) Every child has the right to a dignified life, free from exploitation

(x) Safety and security of all children is integral to their well-being and children are to be protected from all forms of harm, abuse, neglect, violence, maltreatment and exploitation in all settings including care institutions, schools, hospitals, crèches, families and communities

(xi) Children are capable of forming views and must be provided a conducive environment and the opportunity to express their views in any way they are able to communicate, in matters affecting them

(xii) Children's views are to be heard in all matters affecting them, in particular judicial and administrative proceedings and interactions, and their views given due consideration in accordance with their age, maturity and evolving capacities.

The issues of child survival, health & nutrition, education and protection are being cared by many Government agencies and thus data on indicators related to children are being collected and compiled by more than one agency for different reference time-periods. Though the comprehensive results of these surveys are readily available once the results are released, the availability of consolidated results at one place is required for a holistic view to facilitative targeted policy and programme initiatives. This publication on children in India is an attempt to present important statistical revelations related to status of children in India in various sectors based on official data sources like administrative statistics, census and surveys. The main data sources used for preparation of this publication are Office of Registrar General of India, M/o Health and Family Welfare, M/o Human Resource Development, National Sample Survey Office, National Crime Records Bureau etc.

This publication has attempted to cover various aspects of child life, starting from the survival in the world, mortality during their first few weeks/months, vaccination against various diseases, practises for improving nutritional status of infants etc. More focus has been given to the health of the children in the tender age-group 0-6 years. The issues relating to mothers health which have significant impact on children's health have also been discussed in the publication. Education plays a very vital role in the development of children. The chapter on education captures data on many education indicators like enrolment rates, drop-out rates, etc. Children are a vulnerable group who are prone to various social, economic and environmental hazards. Data on various types of crimes committed against children, children with disabilities of one or more type, street children, orphan children, and children who have committed some crime are discussed in the chapter on child protection.

The constitution and legal provisions which address to the needs and the welfare of the children have been collated and presented in the form of Annexure. The Government of India has been implementing policies and programmes to improve the health care, education status and protection of children in the country. Time to time interventions in the form of children specific schemes of the Government have also been included in the Publication. The Sustainable Development Goals and the targets related to children have also been listed in the annexure to give a fair idea about the importance given to children and also how the policy makers may plan adequate policies for the welfare of children to achieve the goals and targets in stipulated time frame. The statistical tables related to various indicators and all other relevant data have also been included in the Appendix.

Chapter 1:

Population and Vital Statistics

Chapter 1:
Population and Vital Statistics

India is the second most populous nation in the world. The study of the demographic profile of its child population is important to understand the population dynamics of this group, which has vital role to play in shaping the future of the Country. Ensuring the healthy growth and development of children ought to be a prime concern of all societies. The early years of a child's life are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up, fulfilling their social, emotional and educational needs. New-borns and children are vulnerable to malnutrition and infectious diseases, many of which can be effectively prevented or treated.

Child Population

As per Census 2011, India, with a population of 121.1 Cr, has 13.59% (16.45 Cr) of its population in the age group 0-6 years and 30.76% (37.24 Cr) in the age group 0-14 years.

Table 1.1.1 : Total Population and child population in India- census 2011

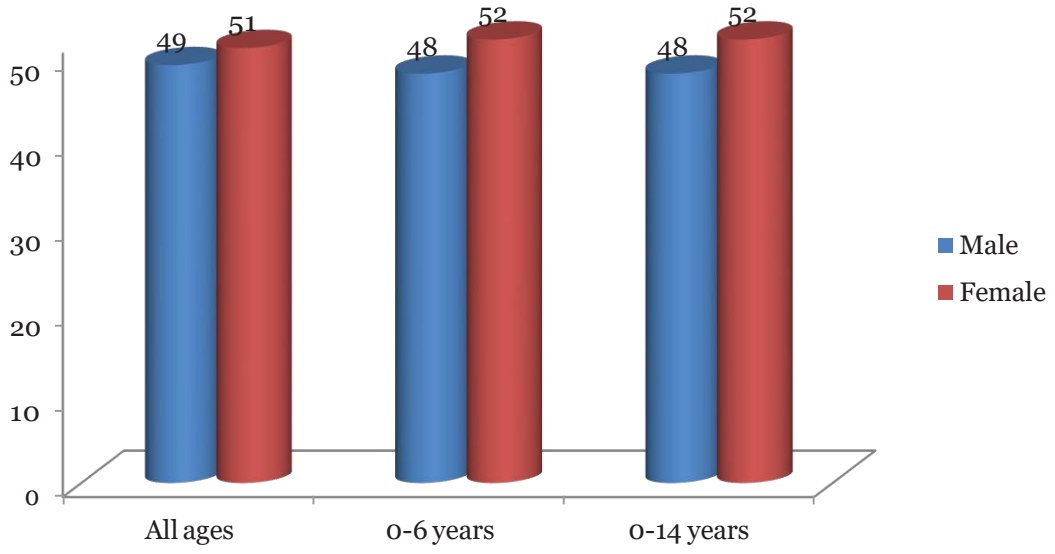
(In Crore)

	Total			Rural			Urban		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**
Total population	121.09	62.33	58.76	83.37	42.78	40.60	37.71	19.55	18.16
0-6 years	16.45	8.58	7.88	12.13	6.31	5.82	4.32	2.27	2.05
0-14 years	37.24	19.44	17.81	27.36	14.23	13.12	9.88	5.20	4.68

Source: Office of Registrar General of India

The Census 2011 revealed that, the gender wise composition of the child population is nearly the same as that of the total population. 48% of the child population (both 0-6 years and 0-14 years) is female which is slightly lower than the overall proportion of females in the country.

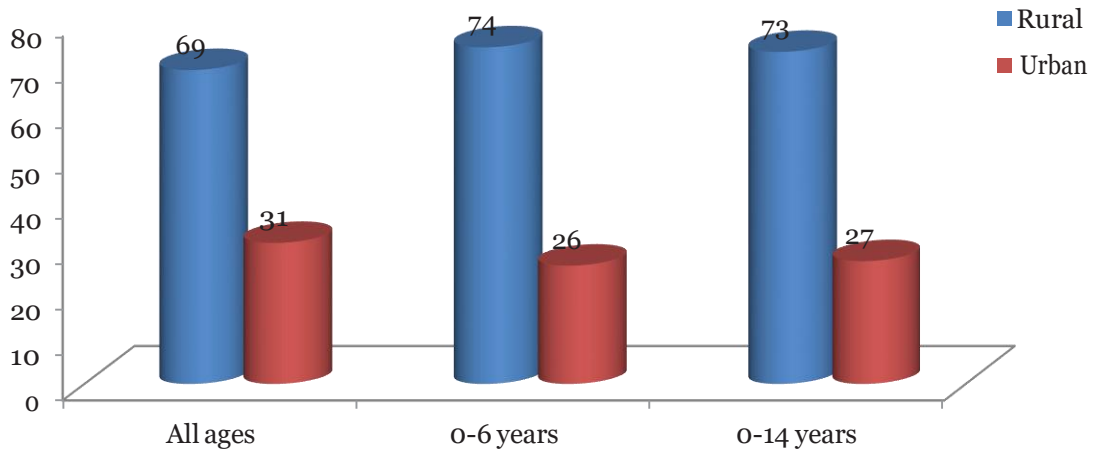
Fig 1.1.1 : Population distribution by sex, India, Census 2011



Source: Office of Registrar General of India

While 69% of the total population of India resides in rural areas, 74% of the children (0-6 years) live in rural areas.

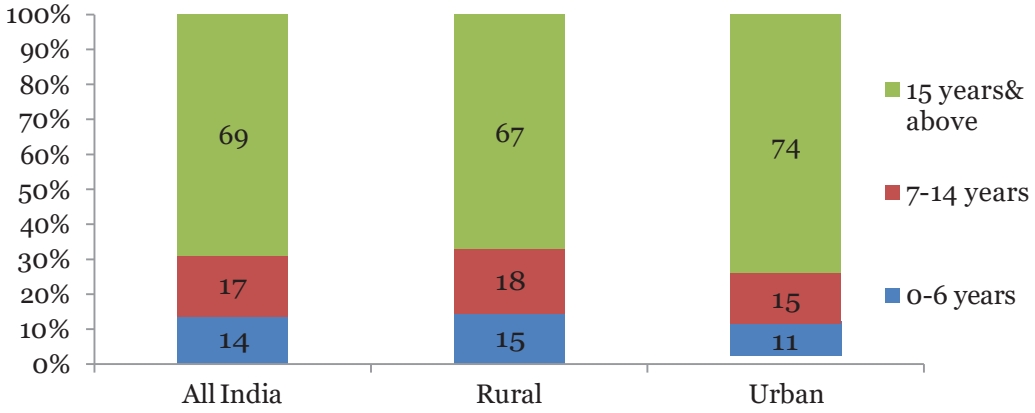
Fig 1.1.2 : Population distribution of various age-groups by place of residence, India, Census 2011



Source: Office of Registrar General of India

In rural India, 33% of its population belonged to the age group 0-14 years whereas in urban areas, 26% of the total population is in age group 0 -14 years.

Fig 1.1.3 : Share of child population in total population by residence, India, Census 2011

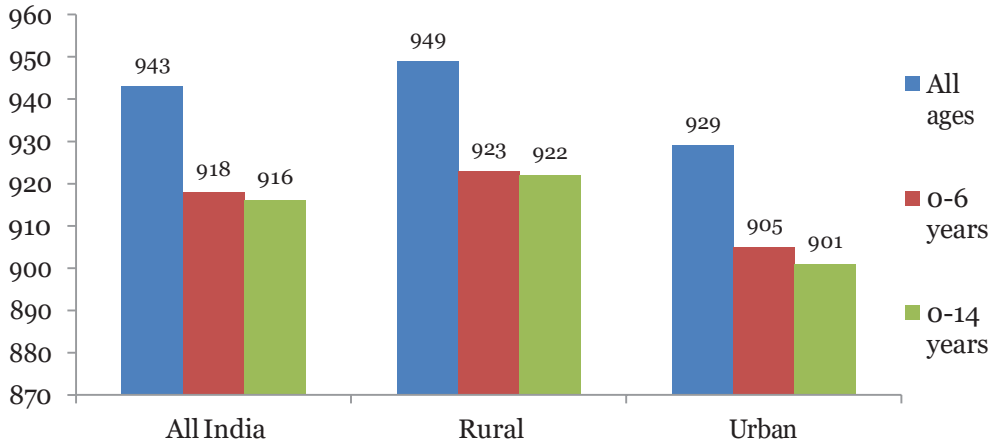


Source: Office of Registrar General of India

Child Sex Ratio (CSR)

The 'Sex Ratio', being the number of females per 1000 males, is an important demographic indicator. The Census 2011 data reveal that the child sex ratio is lower than overall sex ratio for all India as well as for rural and urban areas. At all India level, the sex ratio in the age group 0-6 years is 918 and the same in 0-14 years age group is 916 whereas all age sex ratio is 943. The sex ratio in rural areas is better as compared to urban areas both for all ages and children.

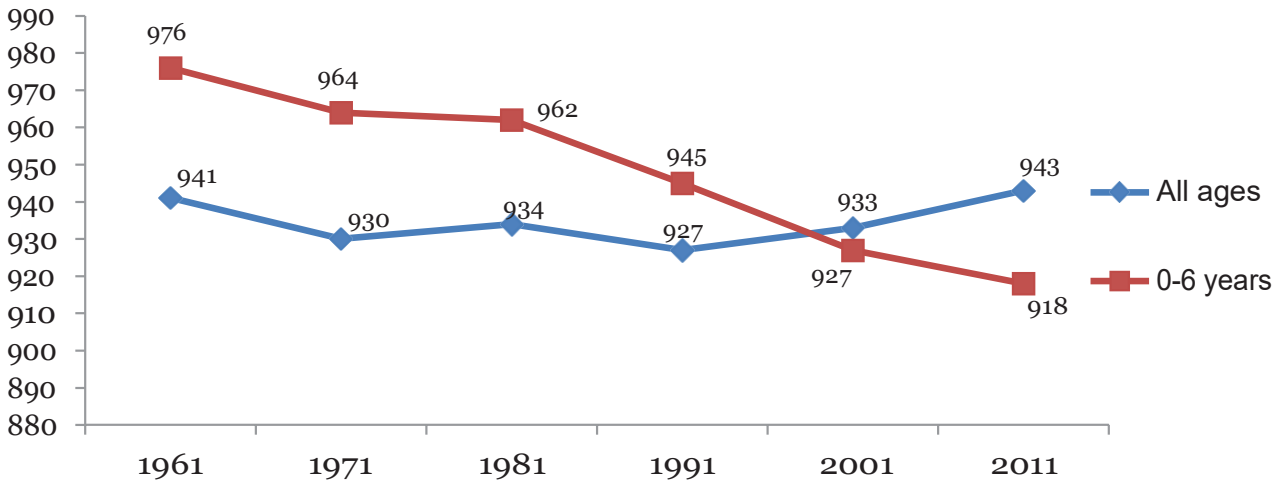
Fig 1.2.1 : Sex Ratio : Census 2011



Source: Office of Registrar General of India

An improvement has been observed in the sex ratio of population of all ages during 1961 to 2011, but the child sex ratio has ever been declining throughout the period with 1% decline over the last decade.

Fig 1.2.2 : Trend in Sex Ratio - All ages and Children (0-6 years) -India



Source: Office of Registrar General of India

During 1991-2011, child sex ratio declined in both rural and urban India. The decline in child sex ratio of 0-6 years age group during 1991-2011 in rural areas is by 25 points and in urban India, the same has dropped by 30 points. However, the gap in rural-urban child sex ratio has been reduced from 27 points in 2001 to 18 points in 2011.

Table 1.2.1 :Child (0-6 years) Sex Ratio: 1991-2011 – India

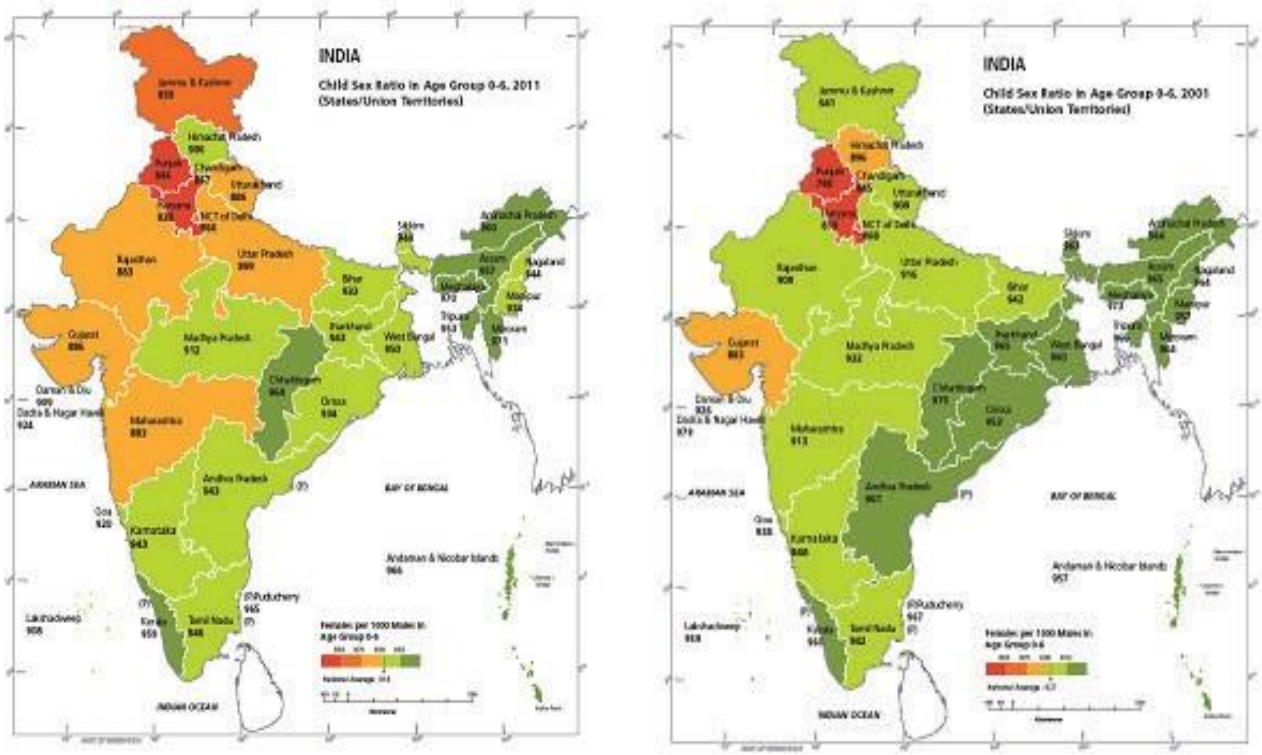
Census year	Total	Rural	Urban
1991	945	948	935
2001	927	933	906
2011	918	923	905

Source: Census, India, Office of Registrar General of India

As per Census 2011, the child sex ratio has been observed to vary significantly among States/ UTs. The States/UTs with significantly low child sex ratio (<900) are Haryana (834), Punjab (846), Jammu & Kashmir (862), Delhi (871), Chandigarh (880), Rajasthan (888), Maharashtra (894), Uttarakhand (890), Gujarat (890). Though, the overall sex ratio is favourable to females in the State of Kerala (1084) and UT of Puducherry (1038); there are no such states where child sex ratio is favourable to girls. The States/

UTs which are having better child sex ratio (> =950) are Mizoram (970), Meghalaya (970), Andaman & Nicobar Islands (968), Puducherry (967), Chhattisgarh (969), Arunachal Pradesh (972), Kerala (964), Assam (962), Tripura (957), Sikkim (957) and West Bengal (956).

Fig 1.2.3 :State-wise Child Sex Ratio in 2001 & 2011



Source: Office of Registrar General of India

As a declining trend has been observed in the country's child sex ratio during 2001-2011, few States/UTs show significant decline in child sex ratio. Jammu & Kashmir has recorded a decline of 8.4%, Dadra Nagar Haveli and Lakshadweep show a decline of around 5% in CSR from 2001 to 2011. Punjab and Chandigarh have shown an improvement in CSR to the tune of 6% and 4.1% respectively, though the CSR in these states in 2001 was very low.

During 2001-11, the number of districts with very low child sex ratio (less than 800) has been reduced, however, there is a considerable decline in the number of districts with child sex ratio 950 and above.

Table 1.2.2 : Number of Districts by ranges of Child Sex Ratio - India, Census 2001 & 2011

Ranges of CSR	Census Year	
	2001	**2011**
Total	640*	640
<800	18	6
800-849	36	52
850-899	71	135
900-949	224	266
950-999	279	178
1000+	12	3

**O/o RGI generated 2001 results for the 640 districts of Census 2011.*

As per National Family Health Survey Reports, while overall child sex ratio has declined by 2 points during 2005-06 to 2015-16, an improvement of 2 points is observed in rural areas for this period, and a decline of 9 points were observed in urban areas.

Table 1.2.3 : Child (0-6 years) Sex Ratio as per NFHS

Year	Total	Rural	Urban
NFHS 3 (2005-06)	918	921	908
NFHS 4 (2015-16)	916	923	899

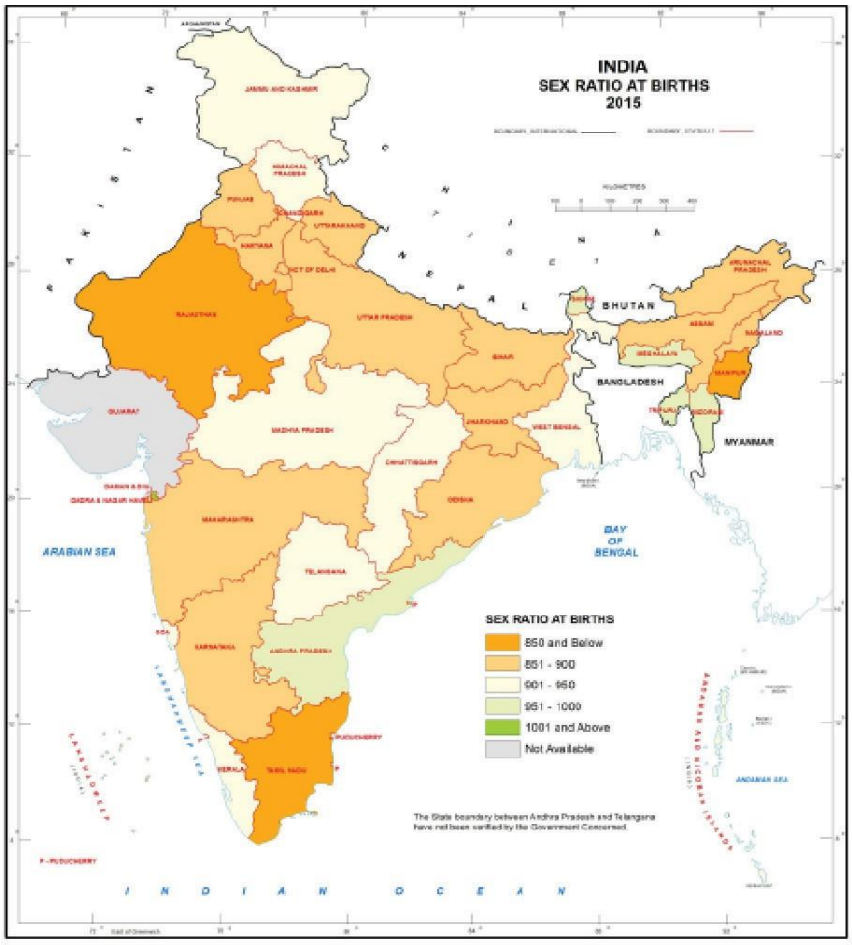
Source: National Family Health Survey

1.3 Ratio at Birth (SRB)

The Sex Ratio at Birth (SRB) is an important indicator to analyse the sex differential of the population at the beginning of their life. SRB denotes the number of female live births to 1000 male live births.

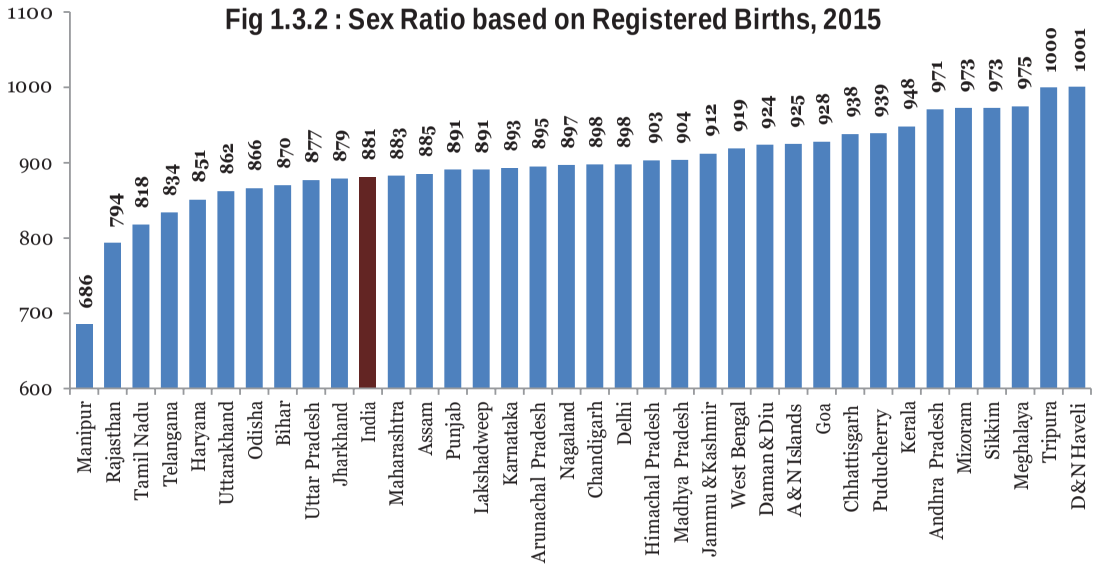
As per the report of the Civil Registration System, the sex ratio at birth for the year 2015 is 881 showing a decline from 2014 which was at 887. Among the States/UTs, the highest SRB has been reported in Dadar & Nagar Haveli (1001), followed by Tripura (1000), Meghalaya (975) and Sikkim and Mizoram both with 973. The lowest SRB has been reported in Manipur (686) followed Rajasthan (794), Tamil Nadu (818) and Haryana (851).

Fig 1.3.1 : State-wise Sex Ratio at Birth -2015



Source: Civil Registration System Report 2015, Office of Registrar

Fig 1.3.2 : Sex Ratio based on Registered Births, 2015



Source: Civil Registration System Report 2015, Office of Registrar

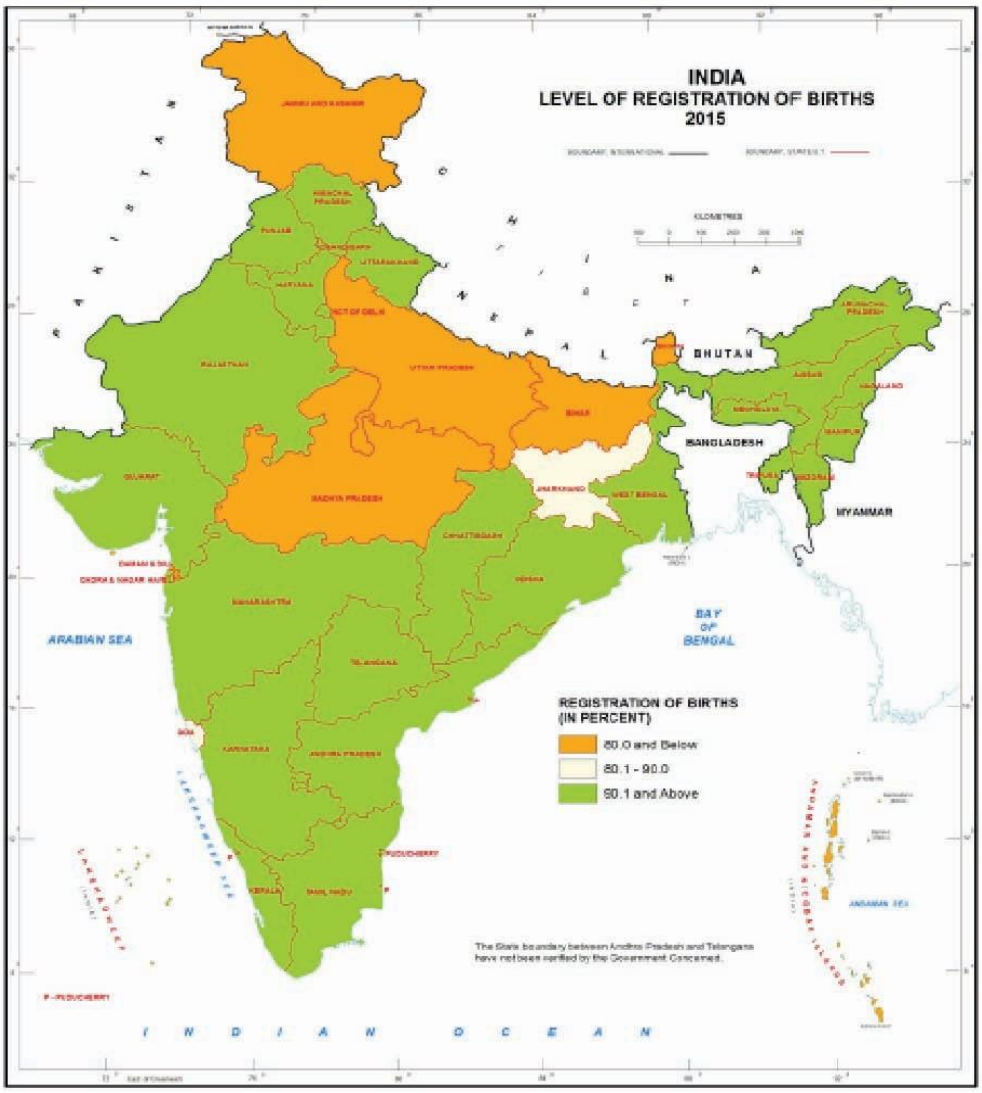
The SRS 2016 reported that during 2014-16, the sex ratio at birth at all India level is 898 (Rural: 902, Urban: 888) against 906 (Rural: 907, Urban: 905) during 2012-14. Among the bigger States, the sex ratio at birth varies from 959 in Kerala, 948 in Orissa to 837 in West Bengal, 832 in Haryana. In rural area, Kerala has the best SRB at 972 females born against 1000 male child; Haryana having lowest sex ratio at birth at 835. Among the urban area, Madhya Pradesh has recorded the highest sex ratio at birth as compared to other major States during 2014-16 and Gujarat having the lowest sex ratio at birth (820).

1.4 Birth Registration coverage

Registration of birth is a right of every child and is the first step towards establishing her/his legal identity. Civil Registration System (CRS) in India is the unified process of continuous, permanent, compulsory and universal recording of the vital events (births, deaths, still births) and characteristics thereof. The Registration of Births and Deaths Act, 1969 (Act No. 18 of 1969) provides for the compulsory registration of births and deaths. Civil Registration records are the best source of Vital Statistics. For the individual, records emanating from CRS provide her/his legal identity and access to the rights of a citizen including entitlements (social benefits provided by the Government).

Births are registered only at the place of occurrence. For births occurring in the house, head of the household is responsible to report the same to the Registrar of Births of the concerned area. It is the responsibility of the officer in-charge or any person authorised by her/him to report the births and deaths that occur in hospitals, nursing homes, health centres etc. to the Registrar of Births and Deaths of the concerned area.

Fig 1.4.1 : State-wise Level of Registration of Births -2015

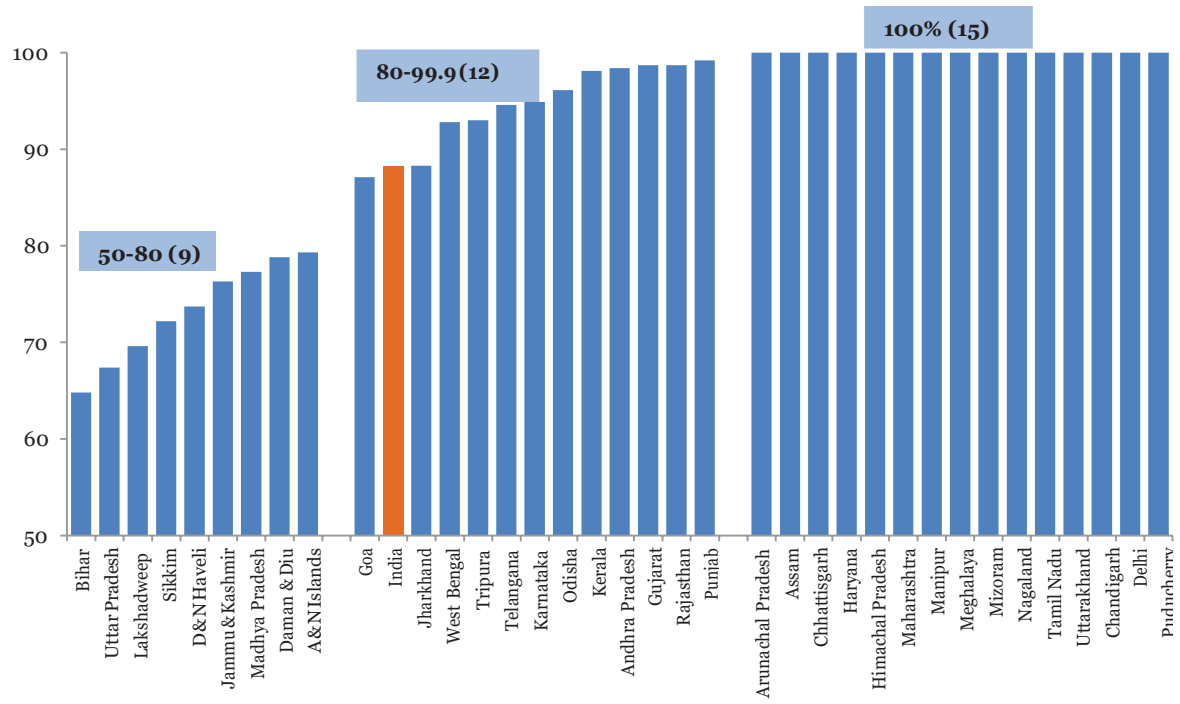


Source: Civil Registration System Report 2015, Office of Registrar General of India

The number of registered births has reached to 23.1 million in 2015 as compared to 23.0 million in 2014. There has been a gradual improvement in birth registration as the share of registered births to total estimated births is increasing year by year. As per CRS 2015, 50.2% male births and 44.3% of female births got registered in India.

The level of registration of births has increased to 88.3% in 2015 from 69.0% in 2006 i.e. in last 10 years an increase of about 19.3%. 15 States/UTs have achieved the cent per cent level of registration of births. 15 out of the remaining 20 major States have crossed 90% level of registration of births.

Fig 1.4.2 : Level of Registration of Births of States/UTs, 2015



Source: Civil Registration System Report 2015, Office of Registrar General of India

1.5 Mortality among Children

The status of mortality related indicators for children in India reflects the extent of threats to the health of the children. India still has high child mortality rate. The problem has caught attention of policy makers and researchers for several decades and focussed initiatives are leading to declining mortality rates.

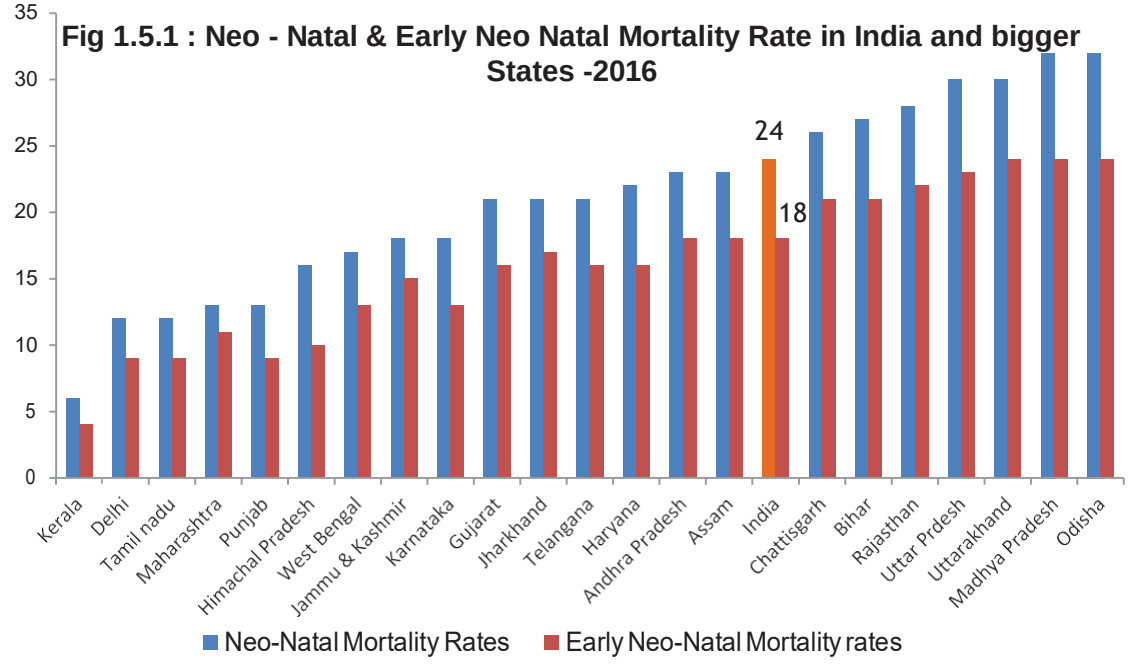
1.5.1 Peri-natal Mortality Rate and Still Birth Rate

Peri-natal Mortality Rate (PMR) is defined as the number of still births and infant deaths of less than 7 days per one thousand Live Births (LB) and Still Births (SB) taken together during the year. At the National level, SRS data estimates peri-natal mortality rate to be 23 and ranges from 26 in rural areas to 14 in urban areas. Among the bigger States/UTs, for PMR, Kerala (10) and Odisha (37) are the two extremes. The Still Birth Rate (SBR) is estimated as the ratio of the number of still births per one thousand live births and still births during the year. The estimate of Still Birth Rate for the year 2016, at the National level is 4. Among the bigger States/UTs, the highest level of still birth rate has been estimated for Himachal Pradesh (24) and the lowest for Jharkhand (0).

1.5.2 Neo-natal Mortality Rate

The Neo-natal Mortality rate is defined as the number of infant deaths less than 29 days of life per thousand live births. As per SRS 2016 report, the neo-natal mortality rate of the country is 24 and ranges from 14 in urban areas to 27 in rural areas in 2016. Among the bigger States/UTs, neo-natal mortality ranges from 32 in Odisha and Madhya Pradesh to 6 in Kerala. The percentage of neo-natal deaths to total infant deaths is 68.8 percent at the National level and varies from 60.4 percent in urban areas to 70.7 percent in rural areas. Among the bigger States/UTs, Uttarakhand (79.1) registered the highest percentage of neo-natal deaths to infant deaths and the lowest is in Assam (53.4).

Early neo-natal mortality rate i.e. number of infant deaths less than seven days of life per thousand live births forms an important component of infant mortality rate and more specifically of the neo-natal mortality rate. At the National level, the early neo-natal mortality rate for the year 2016 has been estimated at 18 and ranges from 21 in rural areas to 11 in urban areas. Among the bigger States/ UTs, the early neo-natal mortality rate is lower in Kerala (4) and highest in Madhya Pradesh, Odisha and Uttarakhand (24). The percentage of early neo-natal deaths to the total infant deaths during the year 2016, at the National level, has been 53.2 and it varies from 54.8 in rural areas to 45.8 in urban areas. Among the bigger States/UTs the percentage of early neo-natal deaths for total infant deaths, varies from 40.5 in Kerala to 62.9 in Uttarakhand.



Source: Sample Registration System Report 2016, Office of Registrar General of India

1.5.3 Infant Deaths

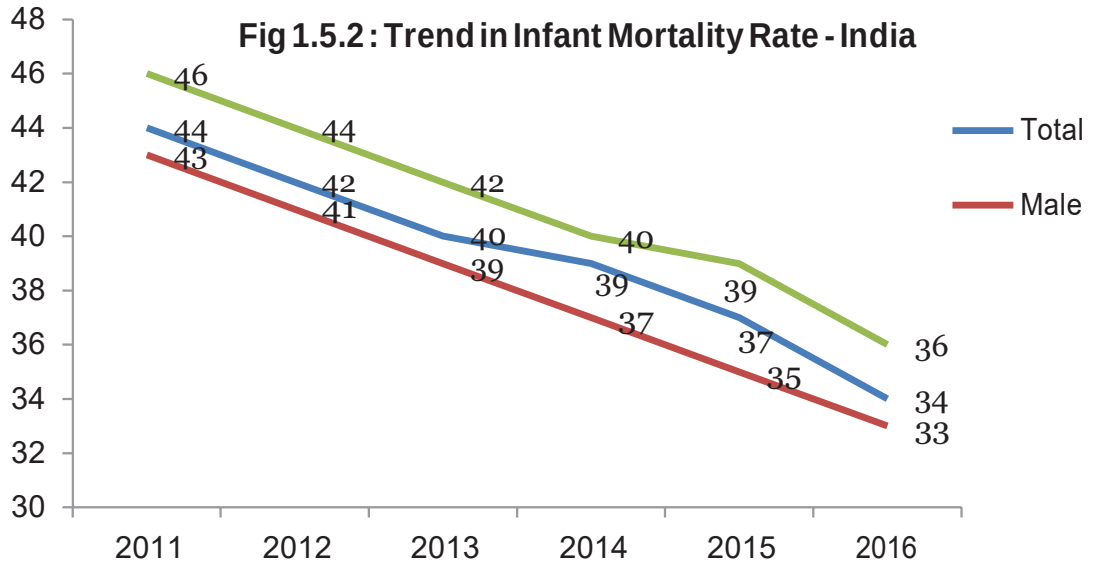
The infant deaths (death of a child less than one year old)get registered by place of occurrence (Rural /Urban) of the event. It may be observed that as per CRS 2015 data, the share of rural area is only 28.8% while that of urban area is 64.2% in total registered infant deaths during the year. Non-registration of infant deaths in rural area is a cause of concern which may be due to non-reporting of infant deaths to domiciliary events. The share of female infant deaths in total female deaths is 3.1% while the same for male is at 2.8%.

At the National level, the percentage share of infant deaths to total deaths in the year 2015 is 2.9 percent as compared to 3.1 in 2014 and varies from 1.6 percent in rural areas to 4.5 in urban areas.

1.5.4 Mortality Rate

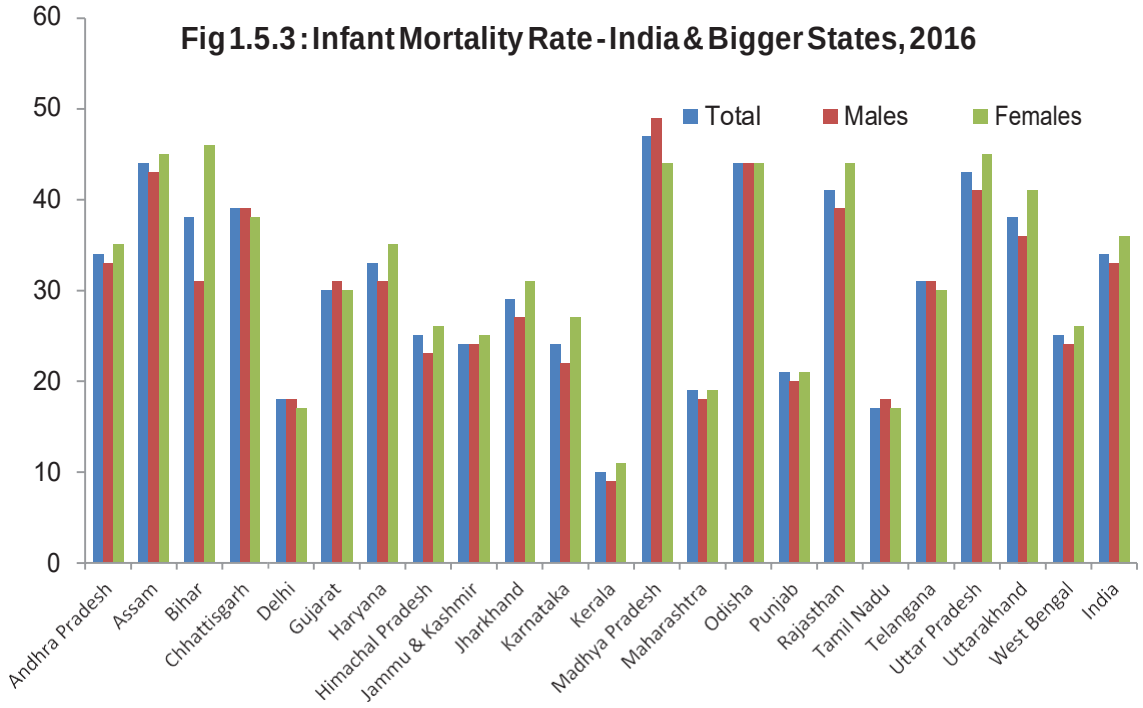
Infant Mortality Rate is defined as the infant deaths (less than one year) per thousand live births. SRS 2016 reported, at the National level, IMR is 34 and varies from 38 in rural areas to 23 in urban areas. Among the major States/UTs, IMR varies from 10 in Kerala to 47 in Madhya Pradesh in 2016.

The trend in IMR at all India level (2011-16) showed that, female infants usually experience a higher mortality than male infants and in 2016, IMR for females is 36 vis-à-vis 33 for males at all India level.



Source: Sample Registration System Report 2016, Office of Registrar General of India

The gender wise differential in the IMR is most prominent in Bihar where IMR for Rural female is 47 as compared to 31 for rural male. In urban area, Haryana females have higher IMR than their male counterpart. Assam, Gujarat and Madhya Pradesh have been observed to have much higher IMR in rural area as compared to urban areas. Among the major States/UTs, IMR varies from 10 in Kerala to 47 in Madhya Pradesh in 2016.



Source: Sample Registration System Report 2016, Office of Registrar General of India

As per the National Family Health Survey (NFHS-4), IMR has been reported as 40.7 during 2015-16 with highest reported for the state of Uttar Pradesh (63.5) and lowest for Kerala as (5.6).

Child Mortality Rate

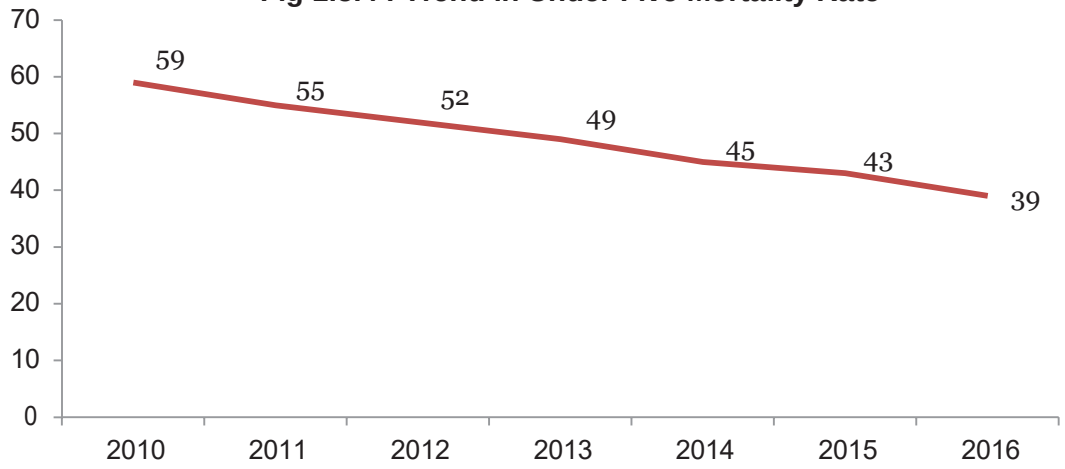
The SRS 2016 revealed that at the National level, child mortality rate (death rate for children aged 0-4 years) is estimated at 9.4 and it varies from 10.7 in rural areas to 6.0 in urban areas. Among the bigger States/UTs, this varies from 2.3 in Kerala to 14.2 in Madhya Pradesh. Higher death rates have been observed among female children as compared to male children in all States except in Andhra Pradesh, Delhi, Madhya Pradesh and Tamil Nadu.

Under-five Mortality Rate (U5MR)

At the National level, Under-five Mortality Rate (probability of dying between birth and the fifth birthday) is estimated at 39 and it varies from 43 in rural areas to 25 in urban areas in the year 2016 as

per Sample Registration System. Among the bigger States/UTs, it varies from 11 in Kerala to 55 in Madhya Pradesh.

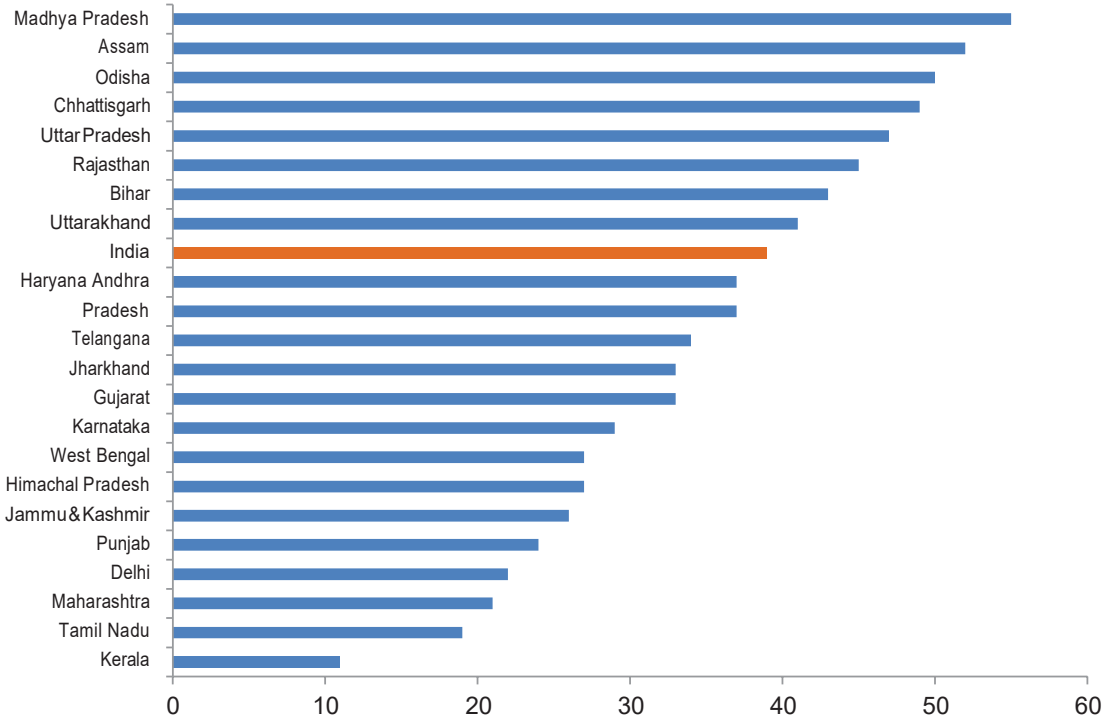
Fig 1.5.4 : Trend in Under Five Mortality Rate



Source: Sample Registration System Report 2016, Office of Registrar General of India

The SRS 2016 reported that at all India level, U5MR among females is at 41 vis-a-vis 37 for males. All the bigger States/UTs have higher Under-five Mortality Rates for female than that of male except Chhattisgarh and Madhya Pradesh. The gap in female – male U5MR is highest in Bihar (16 points).

Fig 1.5.5 : Under 5 Mortality rate, India & the bigger states, 2016



Source: Sample Registration System Report 2016, Office of Registrar General of India

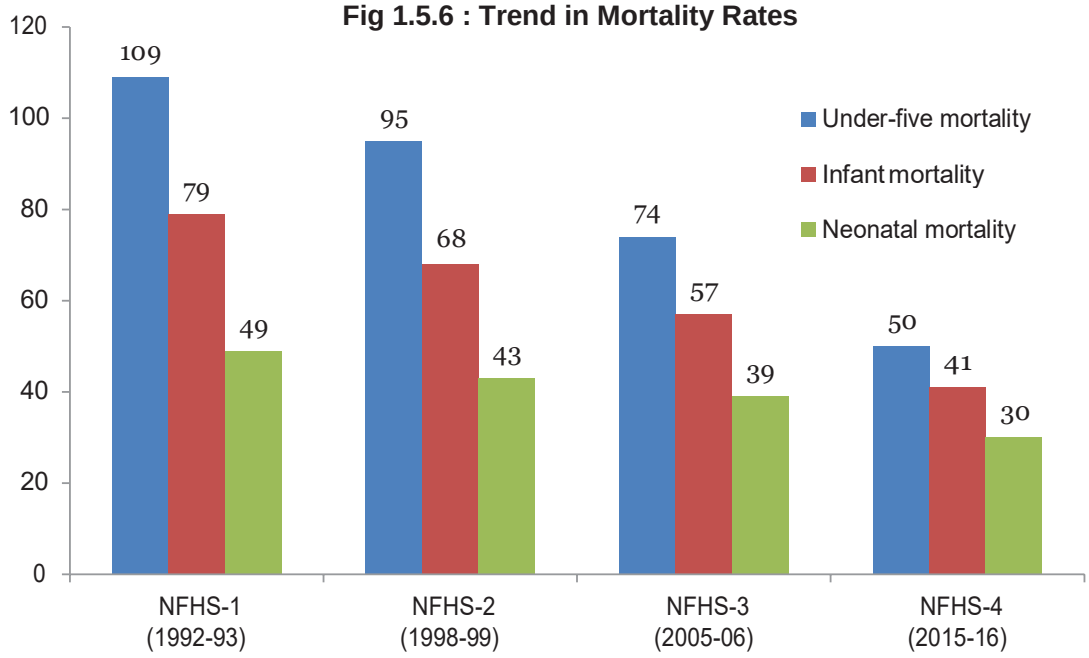
1.5.7 Death Rate in 5-14 years age group

In 2016, SRS revealed that at the National level, the death rate for age group 5-14 years is estimated at 0.6. Rural-urban differentials exist with the urban areas registering lower death rates as compared to that in rural areas in majority of the States. Among the bigger States/UTs, the lowest death rate in this age group is registered in Kerala (0.2) and the highest in Jharkhand (1.4).

1.5.8 Trends in Infant and Child Mortality as reflected in NFHS-4

The NFHS-4 (2015-16) estimated that for the five-year period before the 2015-16, at all India level the neonatal mortality rate was 30 deaths per 1,000 live births. This means that one in 33 live births died during the neonatal period. The infant mortality rate was 41 deaths per 1,000 live births and the under-five mortality rate was 50 deaths per 1,000 live births. This indicates that one in 20 children in India die before their fifth birthday. More than four-fifths (82%) of these deaths occur during infancy.

Fig 1.5.6 : Trend in Mortality Rates



Source: National Family Health Survey

The neonatal mortality rate declined from 49 deaths per 1,000 live births in the five years before the NFHS 1 (1992-93) to 30 deaths per 1,000 live births in the five years before the NFHS 4 (2015-16). During the same period, the infant mortality rate declined from 79 deaths per 1,000 live births to 41 deaths per 1,000 live births and the under-five mortality rate declined from 109 deaths per 1,000 live births to 50 deaths per 1,000 live births. The decline in the under-five mortality rate (54%) is slightly higher than the decline in the infant mortality rate (48%) during 1992-93 to 2015-16.

Conclusion:

Vital statistics are conventional numerical records of births, sickness, deaths and marriages, which help the policy makers to assess the health and growth of a community. The analysis of demographical study of children is particularly important as it is an indication of the future composition of the population which has impact on various sectors like employment, health etc. Further, it throws light on the need for targeted policy and programme interventions.

Chapter 2:

Health and Nutrition

Chapter 2:

Health and Nutritional Status of Children

The health sector has a special role to play given its unique reach to families and caregivers during the first 1000 days starting from conception which is a most critical time period for brain development. Multi-sectoral interventions are essential for improved health, nutrition, education, social welfare and child protection of all the children in the country. Good nutrition is essential for survival, physical growth, mental development, performance, productivity, health and well-being across the entire life-span: from the earliest stages of foetal development, at birth, and through infancy, childhood, adolescence and on into adulthood. Breastfeeding and complementary feeding are a critical aspect of caring for infants and young children.

Under-nutrition affects the human life and it is particularly harmful in early age groups i.e. childhood. Adequate and appropriate food is essential to promote and maintain tissue growth, and to regulate body processes. Therefore, food supply with necessary nutrients in sufficient amount is necessary to meet the requirements for children's body.

There is a growing recognition that protecting, promoting and supporting children in their early years is essential for the transformation that the world seeks to achieve in the next 15 years guided by the Sustainable Development Goals (SDGs).

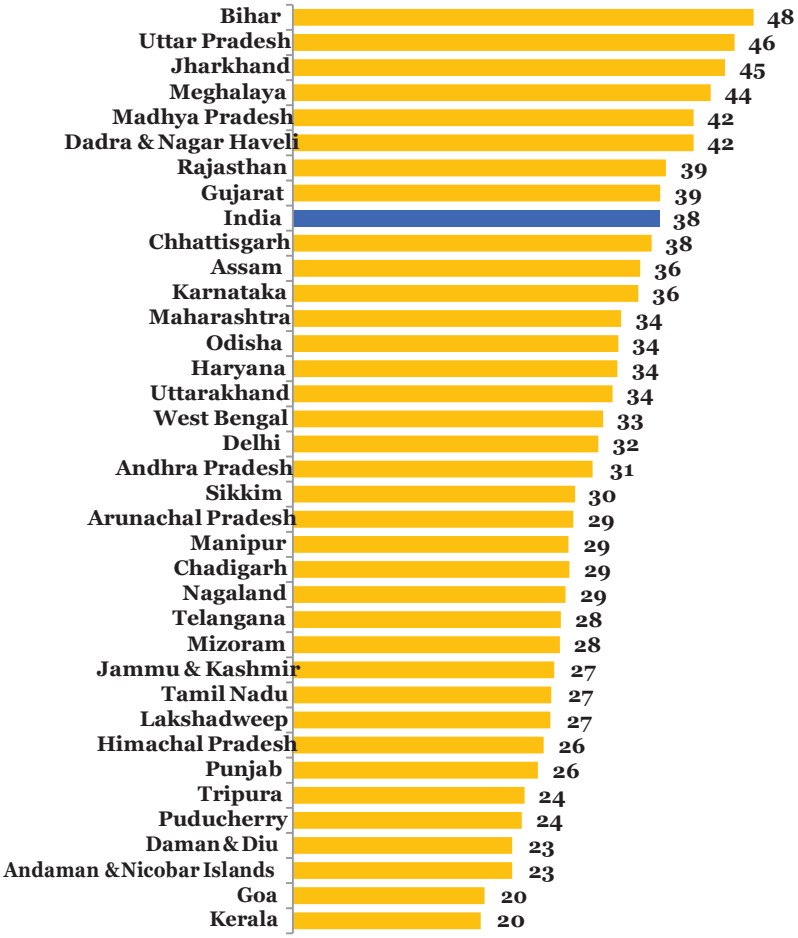
Stunting (height-for-age)

Height-for-age is a measure of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted), or chronically undernourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted.

In India, NFHS-4 (2015-16) estimates 38% of children under age five years as stunted (too short for their age) which signify chronic under-nutrition. The prevalence of stunting has decreased from 48% in 2005-06 to 38% in 2015-16.Stunting is observed to be higher among children in rural areas (41%) than urban areas (31%).

The prevalence of stunting in children under age five is the highest in Bihar (48%), Uttar Pradesh (46%), Jharkhand(45%), and Meghalaya (44%), and lowest in Kerala and Goa (20% each).

Fig 2.1.1 : Stunting in Children by State/UT
(Percentage of children age 0-59 months)



Source: NFHS-4 (2015-16)

Wasting (weight-for-height)

Weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children with Z-score less than minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted), or acutely undernourished. Children with weight-for-height Z-score less than minus three standard deviations (-3 SD) from the median of the reference population are considered severely wasted. Wasting may result from inadequate food intake or from a recent episode of illness causing weight loss.

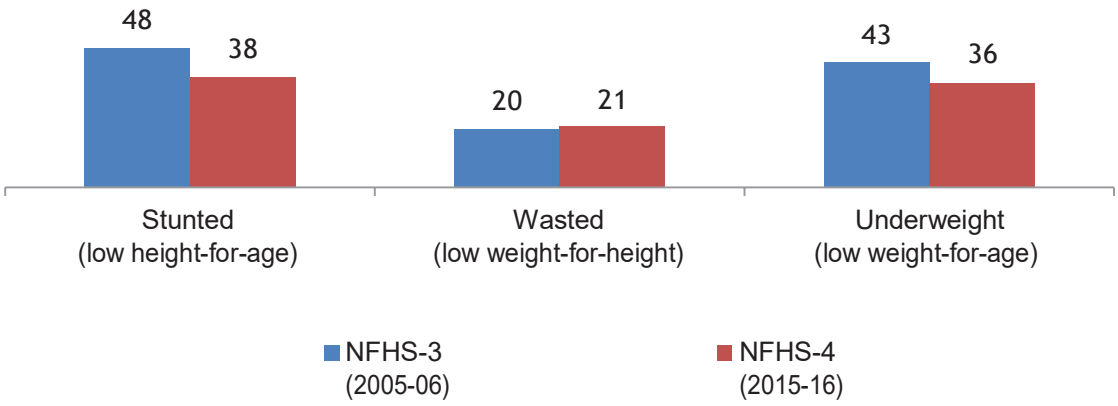
As per NFHS-4 (2015-16) survey, 21% of children under age five years are wasted (too thin for their height), which signify acute under-nutrition. The prevalence of wasting has remained the same since 2005-06 to 2015-16. Jharkhand has the highest levels of wasting (29%) among the States during the period 2015-16. The lowest levels of wasting are observed in Mizoram (6.1%) and Manipur (6.8%).

Underweight (weight-for-age)

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic under-nutrition. Children whose weight-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight. Children whose weight-for-age Z-score is below minus three standard deviations (-3 SD) from the median are considered severely underweight.

NFHS-4 results reveal that, 36% of children under age five years are underweight. Jharkhand has the highest levels of underweight (48%).The lowest level of underweight is observed in Mizoram (12%) and Manipur (14%).

Fig 2.3.1 : Trend in Nutritional Status of Children in India
(Percentage of children age 0-59 months)



Source: National Family Health Survey

Breastfeeding

Breastmilk is an uncontaminated nutritional source which contains all of the nutrients needed by children in the first six months of life. It is recommended that children be exclusively breastfed in the first six months of their life. Appropriate infant and young child feeding (IYCF) practices include exclusive breastfeeding in the first six months of life, continued breastfeeding through age two years, introduction of solid and semi-solid foods at age six months, and gradual increases in the amount of food given and the frequency of feeding as the child gets older. It is also important for young children to receive a diverse diet, i.e., eating food from different food groups to take care of the growing micronutrient needs.

Early breastfeeding

Early initiation of breastfeeding is important for both the mother and the child. The first breastmilk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Thus, it is recommended that children be put to the breast feed immediately or within one hour after birth.

NFHS – 4 (2015-16) results show that 95% of children born in the two years before the survey were breastfed at some time. More than two-fifths (42%) of last-born children in the two years before the survey who ever breastfed were breastfed within one hour of birth, and over four-fifths (81%) of children began breastfeeding within one day of birth. The data reveals that about two-fifths (42%) of children born in the last 5 years were breastfed within 1 hour of birth. Timely initiation of breastfeeding is particularly low for women with no schooling, for home deliveries, and for births delivered by a traditional birth attendant (dai).

NFHS 4 data reveals that the percentage of children who are breastfed within one hour of birth is very low in Uttar Pradesh (25%); the States in which more than two-thirds of children are breastfed within one hour of birth are Goa, Mizoram, Sikkim, and Odisha.

Exclusive Breastfeeding

Exclusive breastfeeding in first 6 months of life is essential to lay down the foundation stone of infants for future years with advantages of lower risk of diarrhoea, respiratory tract infections, sudden infant death syndrome, allergies (e.g. asthma), obesity, Type 1 & 2 diabetes in later life, etc.

As per NFHS-4 (2015-16), 55% of infants under age six months are exclusively breastfed. Contrary to the recommendation that children under age six months are to be exclusively breastfed, many children in that age group are given other liquids, such as plain water (18%), other milk (11%), or complementary foods (10%) in addition to breastmilk. Exclusive breastfeeding among children under six months increased from 46% in 2005-06 to 55% in2015-16.

Complementary Feeding

After the first six months, breastmilk is no longer enough to meet the nutritional needs of the infant; therefore, appropriate complementary foods are recommended to be added to the diet of the child to meet the nutrients requirements including fruits and vegetables rich in vitamin A. The NFHS-4 (2015-16) indicates that 94% of Indian children age 6-23 months received breastmilk, milk, or milk products (2+ times) during the day or night before the interview. 20% of breastfed children had an adequately diverse diet since they had been given foods from the appropriate number of food groups, while 31% had been fed the minimum number of times appropriate for their age. The feeding practices of only 9% of breastfed children age 6-23 months meet the minimum standards for all IYCF feeding practices. 10% of all children age 6-23 months were fed the minimum acceptable diet.

The NFHS 4 data shows that breastfed children age 6-23 months are less likely to receive the minimum number of food groups than non-breastfed children age 6-23 months (20% and 34%, respectively).Children in urban areas (28%) are more likely than those in rural areas (20%) to have an

adequately diverse diet. Breastfed infants (9%) are less likely to meet the minimum acceptable diets than the non-breastfed infants (14%).

The proportion of children age 6-23 months who receive a minimum acceptable diet is highest in Tamil Nadu and Puducherry (31% each) and the lowest in Rajasthan, Chandigarh, and Dadra & Nagar Haveli (3% or less). The pattern is the same among breastfed and non-breastfed children.

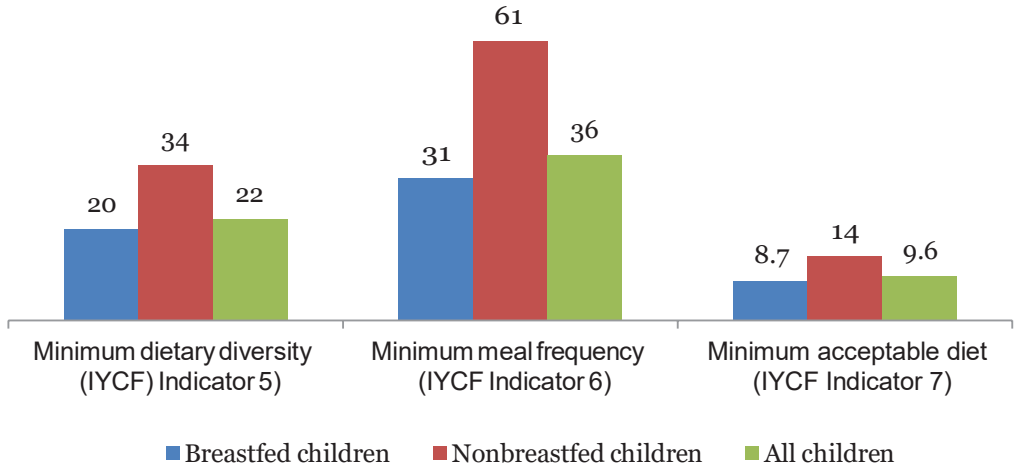
Minimum Acceptable Diet

Infants and young children should be fed a minimum acceptable diet (MAD) to ensure appropriate growth and development. Without adequate diversity and meal frequency, infants and young children are vulnerable to under-nutrition, especially stunting and micronutrient deficiencies, and to increased morbidity and mortality. The WHO minimum acceptable diet recommendation, which is a combination of dietary diversity and minimum meal frequency, is different for breastfed and non-breastfed children. Breastfed children are considered to be consuming a minimum meal frequency if they receive solid, semisolid, or soft foods at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months. On-breastfed children ages 6-23 months are considered to be fed with a minimum meal frequency if they receive solid, semi-solid, or soft foods at least four times a day.

The NFHS-4 (2015-16) indicates that 94% of Indian children age 6-23 months received breastmilk, milk, or milk products (2+ times) during the day or night before the interview. 20% of breastfed children had an adequately diverse diet since they had been given foods from the appropriate number of food groups, while 31% had been fed the minimum number of times appropriate for their age. The feeding practices of only 9% of breastfed children age 6-23 months meet the minimum standards for all IYCF feeding practices. 10% of all children age 6-23 months were fed the minimum acceptable diet.

Fig 2.4.1 : IYCF Indicators on Minimum Acceptable Diet (MAD)

(Percentage of children 6-23 months)



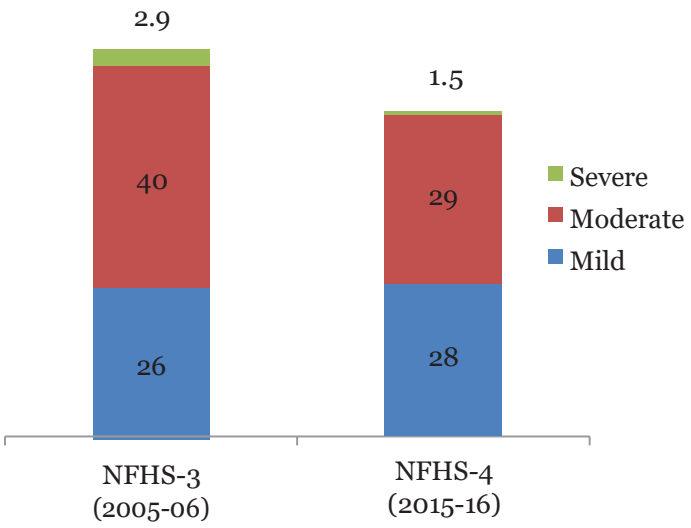
Source: NFHS-4 (2015-16)

Anaemia Prevalence in Children

Anaemia is a condition that is marked by low levels of haemoglobin in the blood. Iron is a key component of haemoglobin, and iron deficiency is estimated to be responsible for half of all anaemia globally. Other causes of anaemia include malaria, hookworms and other helminths, other nutritional deficiencies, chronic infections, and genetic conditions. Anaemia is a serious concern for children because it can impair cognitive development, stunt growth, and increase morbidity from infectious diseases.

Overall, 58% of children had some degree of anaemia haemoglobin levels below 11.0 g/dl). 28% of children had mild anaemia, 29% had moderate anaemia, and 2% had severe anaemia. Between 2005-06 and 2015-16, the prevalence of anaemia among children age 6-59 months declined from 70% to 58%, but continued to be higher among rural children.

Fig 2.5.1 : Trends in Childhood Anaemia
(Percentage of children age 6-59 months)



Source:NFHS-4 (2015-16)

Table 2.5.1 : Trends in prevalence of anaemia in children
(Percentage of children age 6-59 months classified as having anaemia)

Anaemia status by haemoglobin level	NFHS-4 (2015-16)			NFHS-3 (2005-06)		
	Urban	**Rural**	**Total**	**Urban**	**Rural**	**Total**
Mild (10.0-10.9 g/dl)	26.8	28.2	27.8	25.6	26.5	26.3
Moderate (7.0-9.9 g/dl)	27.5	29.7	29.1	34.2	42.1	40.2
Severe (<7.0 g/dl)	1.6	1.5	1.5	3.1	2.9	2.9
Any anaemia (<11.0 g/dl)	55.9	59.4	58.4	63.0	71.5	69.5
Number of children	56,240	1,48,757	2,04,997	10,133	32,255	42,388

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using the CDC formula (Centre for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47 (RR-3): 1-29). Haemoglobin levels are shown in grams per decilitre (g/dl).

The NFHS 4 (2015-16) reveals that Anaemia is more prevalent among children under age 24 months than among older children, with a peak prevalence of 71% observed among children age 12-17 months. Anaemia prevalence increases with increasing birth order of children and is higher among the children of anaemic mothers than non-anaemic mothers.

The prevalence of anaemia among children age 6-59 months is highest among children in Haryana (72%), followed by Jharkhand (70%) and Madhya Pradesh (69%). Several Union Territories have even higher prevalence of anaemia (Dadra and Nagar Haveli, Daman & Diu, and Chandigarh). The States with the lowest prevalence of anaemia among children are Mizoram (19%), Manipur (24%), and Nagaland (26%).

Presence of Iodized Salt in Households

Iodine is an essential micronutrient, and iodized salt prevents goitre or any other thyroid-related health problems among children and adults. It is recommended that household salt should be fortified with iodine to at least 15 parts per million (ppm). The NFHS-4 (2015-16) tested for the presence or absence of potassium iodate or potassium iodide in household salt. Among the households in which salt was tested, 93% had iodized salt. This is much higher than in NFHS-3 (2005-06), when only 76% of households were using iodized salt. There is steady increase in the use of iodized salt by household wealth quintiles, from 90% in the lowest wealth quintile to 98% in the highest wealth quintile. Among the States, the use of iodized salt is lowest in Dadra & Nagar Haveli (71%), Andhra Pradesh (82%) and Tamil Nadu (83%).

Micronutrient Intake and Supplementation among Children

Micronutrient deficiency is a major contributor to childhood morbidity and mortality. Micronutrients are available in foods and can also be provided through direct supplementation. Breastfeeding children benefit from supplements given to the mother. The information collected on food consumption among the youngest children under age two years is useful in assessing the extent to which children are consuming foods rich in two key micronutrients—vitamin A and iron in their daily diet.

Iron deficiency is one of the primary causes of anaemia, which has serious health consequences for both women and children. Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe Vitamin A Deficiency (VAD) can cause eye damage and is the leading cause of childhood blindness. VAD also increases the severity of infections such as measles and diarrhoeal disease in children and slows recovery from illness. VAD is common in dry environments where fresh fruits and vegetables are not readily available. The intake of both vitamin A-rich and iron-rich foods increases as children are weaned.

NFHS 4 (2015-16) estimates that around 60% of children aged 6-59 months were given vitamin A supplements in the six months preceding the survey. 44% of children age 6-23 months consumed foods rich in vitamin A in the day or night before the interview and 18% consumed iron-rich foods.31% were given de-worming medication. The percentage of children age 6-59 months given Vitamin A supplements in the last six months ranges from 29% in Nagaland and 31% in Manipur to 89% in Goa.

Role of mothers in improving the health status of children

Health care services during pregnancy and childbirth and after delivery are important for the survival and wellbeing of both the mother and the infant. Antenatal care (ANC) can reduce the health risks for mothers and their babies by monitoring pregnancies and screening for complications. Delivery at a health facility, with skilled medical attention and hygienic conditions, reduces the risk of complications and infections during labour and delivery.

Antenatal care (ANC) from a skilled health provider

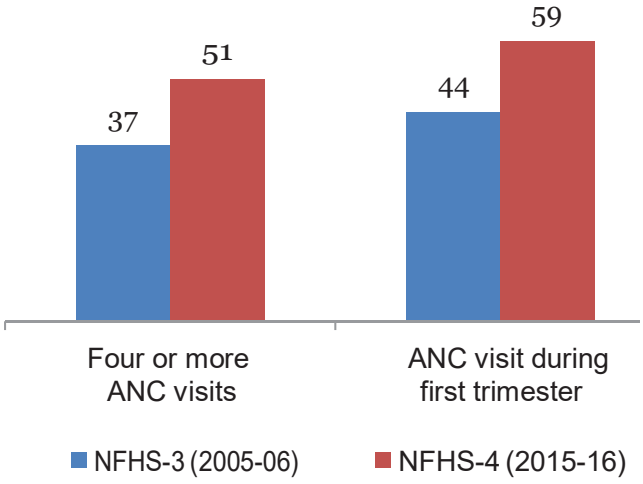
Antenatal care includes pregnancy care received from skilled providers, that is, doctors, auxiliary nurse midwives, nurses, midwives, and lady health visitors. As per NFHS-4 (2015-16), 79% of women age 15-49 who had a live birth in the five years before the survey received antenatal care from a skilled provider at least once for their last birth. The majority of women received antenatal care from doctors (59%), followed by auxiliary nurse midwives (ANMs), nurses, midwives, and lady health visitors (LHVs) (20%).

NFHS-4 results show that use of a skilled provider for ANC is low in Nagaland (44%) and Bihar (49%), and high in Kerala and Lakshadweep (more than 99%).Use of a skilled provider for ANC services is higher in urban areas (89%) than rural areas (75%).

Use of a skilled provider for ANC services increases with rising education. 61% of women with no schooling obtained ANC services from a skilled provider, compared with 93% of women with 12 or more years of schooling. Women in the younger ages (below 20 years) are more likely to receive ANC from a skilled provider than women in the older age group 35-49 years (81% versus 62%).Similarly, women with a first birth are more likely to receive ANC from a skilled provider than women with a birth of order 6 and above (87% versus 49%).

Fig 2.8.1 : Trends in Antenatal Coverage

(Percentage of women age 15-49)



Source: NFHS

WHO has recommended at least four ANC visits. NFHS 4 (2015-16) has revealed that, 51% of the women had at least four ANC visits during their last pregnancy and 17% of women had no ANC visits. Urban women are more likely to have had four or more ANC visits than rural women (66% and 45%, respectively).59% of women had their first ANC visit during the first trimester. The median number of months pregnant at the time of the first visit for all women with at least one ANC visit is 3.5months.

The proportion of women who had at least four ANC visits during their last pregnancy is lowest in Bihar (14%) and highest in Kerala (90%) and Andaman & Nicobar Islands (92%). The proportion of women who received the recommended four or more ANC visits increased from 37% in2005-06 to 51% in 2015-16. Over the same time period, the proportion of women who received ANC in the first trimester increased from 44% to 59%.

Protection against Neonatal Tetanus

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during that pregnancy
- Two or more injections, the last one within three years of the birth
- Three or more injections, the last one within five years of the birth
- Four or more injections, the last one within ten years of the birth
- Five or more injections at any time prior to the birth

Neonatal tetanus, a major cause of early infant death in many developing countries, is often due to failure to observe hygienic procedures during delivery. NFHS-4 data shows that 89% of women's last births were protected against neonatal tetanus. About 9 in 10 women less than age 35 years had their last birth protected against neonatal tetanus, compared with 81% of older women age 35-49 years. The percentage of women whose last birth was protected against neonatal tetanus increased with education, from 84% among women with no schooling to 92% among those with 12 or more years of schooling.

Similarly, the percentage of women whose last birth was protected against neonatal tetanus increases with the wealth quintile, from 85% among women in households in the lowest wealth quintile to 93% among those in the highest wealth quintile.

Nutritional status of mother

The malnutrition status of adolescent women becomes the genesis of low birth weight. Poor prenatal nutrition compounds the health issues of the infants and hence high rates of disease. So adolescent nutrition, delay in the age of first marriage and pregnancy, maternal nutrition and nutrition during pregnancy are the keys to reduce low birth weight (including micro nutrient supplementation), essential newborn care, appropriate infant and young child feeding practices (including, early and exclusive breastfeeding), and community management of acute malnutrition. Malnourishment of adolescent girls contributes to poor maternal nutritional status and birth outcomes, including low birth weight. Anaemia varies by maternity status i.e. 58% of women who are breastfeeding are anaemic as compared with 50% of women who are pregnant.

Institutional Deliveries

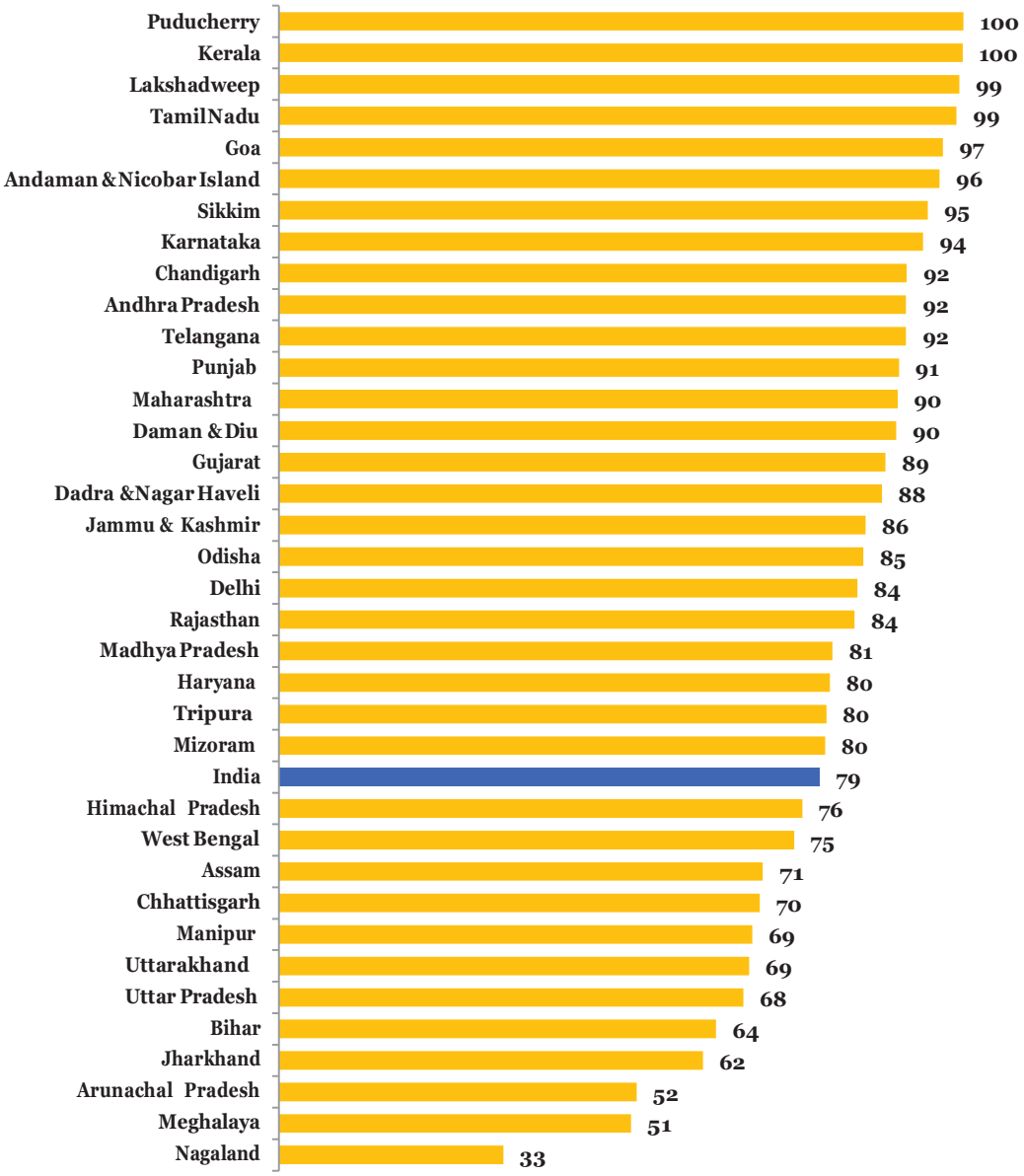
Increasing institutional deliveries (Deliveries that occur in a health facility) is an important factor in reducing neonatal mortality. As per NFHS-4 (2015-16), 79% of live births in the five years before the survey were delivered in a health facility. The most quoted reason for not delivering in a health facility was that the woman did not think it was necessary (40%), but 18% women sighted distance and transportation as the reason for non-institutional deliveries, 18% said that the husband or family did not allow them to have the delivery in a health facility, and 16% sighted cost as the reason.

Institutional deliveries doubled between 2005-06 and 2015-16, from 39% to 79%. Higher-order births are much less likely to be institutional deliveries; only 48% of sixth or higher order births occurred at a health facility, compared with 88% of first births. Antenatal care increases the likelihood of an institutional delivery. 91% of births to mothers who had four or more ANC visits were delivered in a health facility, compared with 57%of births to mothers who had no ANC visits. The mother's educational status is highly correlated with the place of delivery. 95% of births to mothers with 12 or more year of schooling were delivered in a health facility, compared with 62%of births to mothers with no schooling. 89% of births to urban women were delivered in a health facility, compared with 75% of births to rural women.

Almost cent per cent of births in Puducherry, Kerala, Lakshadweep, and Tamil Nadu were delivered in a health facility. 90% of births or more deliveries occurred in health facilities in 14 States and Union Territories. At the other end of the spectrum, only one-third of births in Nagaland and just over half of births in Meghalaya and Arunachal Pradesh were delivered in health facilities.

Fig 2.8.2 : Health Facility Births by State/UT

(Percentage of births in the five years before the survey)



Source: NFHS-4 (2015-16)

Skilled Assistance during Delivery

Childbirth with the assistance of doctors, auxiliary nurse midwives, nurses, midwives, and lady health visitors can influence the birth outcome and the health of the mother and the newborn. A skilled attendant can manage complications of pregnancy and delivery or refer the mother and/or the baby to the next level of care.

The NFHS-4 findings show that in the five years before the survey, 81% live births were delivered by a skilled provider, majority were attended by doctors (56%), followed by ANMs, nurses, midwives, LHVs (25%), and dais (traditional birth attendant)(11%). Skilled assistance during deliveries in India has increased substantially; the proportion of births assisted by a skilled provider increased from 47% in 2005-06 to 81% in 2015-16.93% of births to mothers who had four or more ANC visits were delivered by a skilled attendant, compared with 60% of births to mothers with no ANC visits. Only 19% of births that took place at the woman's own home were delivered by a skilled provider.

Births to women in urban areas (90%) are more likely to be delivered by a skilled provider than births to women in rural areas (78%).The mothers' educational status is highly correlated with skilled delivery. 95% of births to mothers with 12 or more years of schooling were delivered by a skilled attendant, compared with 66% of births to mothers with no schooling.

Postnatal Health Check for Mothers

A large proportion of maternal and neonatal deaths occur during the first 24 hours after delivery. For both the mother and the infant, prompt postnatal care is important to treat complications that arise from delivery and to provide the mother with important information on caring for herself and her baby. All women who deliver in a health facility receive a postnatal health check within the first 24 hours after delivery and that women giving birth outside of a health facility should be referred to a health facility for a postnatal check within 12 hours after giving birth.

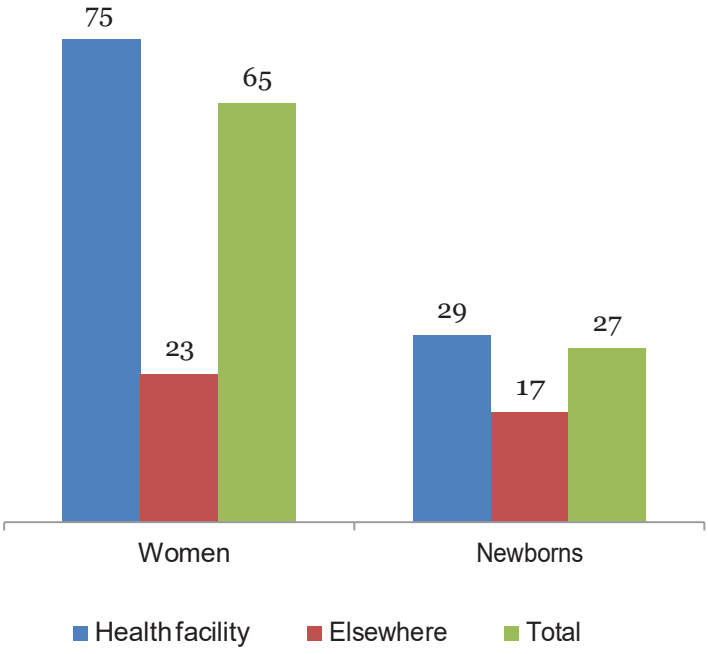
The first 48 hours of life is a critical phase in the lives of newborn babies and a period in which many neonatal deaths occur. Lack of postnatal health checks during this period can delay the identification of newborn complications and the initiation of appropriate care and treatment.

In India, as per NFHS-4 (2015-16) only 27% of newborns had a first postnatal check within the first 2 days after birth. 64% of newborns did not receive any postnatal health check.

Newborns delivered in a health facility were much more likely to receive a postnatal health check within two days of birth than those delivered elsewhere, particularly at their own home/parent's home. There is a positive relationship between the mother's level of education and a postnatal check in the first two days after birth. 31% of babies born to mothers with 12 or more years of schooling received a postnatal check within two days, compared with 22% of babies born to mothers with no schooling.18% of newborns received a first postnatal check from a doctor, while 12% received a first postnatal check from an ANM, nurse, midwife, or LHV.

Fig 2.8.3 : Postnatal Care by Place of Delivery

(Percentage of last births in the five years before the survey for which women and newborns received a postnatal check during the first two days after birth)



Source: NFHS-4 (2015-16)

Adolescent birth rate

The adolescent fertility in India is a consequence of early marriage. The adolescent birth rate is the annual number of live births to adolescent women per 1,000 adolescent women. The adolescent birth rate is also referred to as the Age-Specific Fertility Rate for women aged 15–19 years. During the year 2016, Sample Registration system reported the Fertility Rate in the age group 15-19 years as 10.7, with rural fertility rate (12.3) in the same age group being almost double the rate in urban (6.7).

As per the NFHS-4, (2015-16), the level of teenage childbearing (Women aged 15-19 years giving birth or are pregnant with their first child) has declined from 2005-06 (16%) and 2015-16 (8%).

Birth Weight

Birth weight is an important indicator when assessing a child's health for early exposure to childhood morbidity and mortality. Children who weigh less than 2.5 kilograms (kg) at birth are considered to have a higher-than-average risk of early childhood death.

As per the NFHS 4, (2015-16), 18% of infants had a low birth weight of less than 2.5 kg. Low birth weight decreases with an increase in the mother's schooling and household wealth status. Only 15% of births to mothers having 12 or more years of schooling have a low birth weight, compared with 20% of births to mothers having no schooling.

Similarly, 15% of births to mothers in households in the highest wealth quintile have a low birth weight, compared with 20% of births to mothers in the lowest wealth quintile households. The pattern of birth weight by background characteristics may be affected by the availability of birth weight records or the mother's recall and should be interpreted with caution.

Knowledge of mother-to-child transmission of HIV/AIDS:

Increasing the level of general knowledge about transmission of HIV/AIDS from mother to child and reducing the risk of transmission using antiretroviral drugs are critical to reducing mother-to-child transmission (MTCT) of HIV/AIDS. As per NFHS-4 findings, 62% of women know that HIV/AIDS can be transmitted during pregnancy, 58% know that it can be transmitted during delivery, and 55% know that it can be transmitted by breastfeeding. Among men,69% men know that HIV/AIDS can be transmitted during pregnancy, 64% know that it can be transmitted during delivery, and 56% men know that it can be transmitted by breastfeeding. Overall, 49% of both women and men know all three modes of mother-to-child transmission of HIV/AIDS.

Vaccination of Children

Immunizing children against vaccine preventable diseases can greatly reduce childhood morbidity and mortality. To have received all basic vaccinations, a child must receive at least:

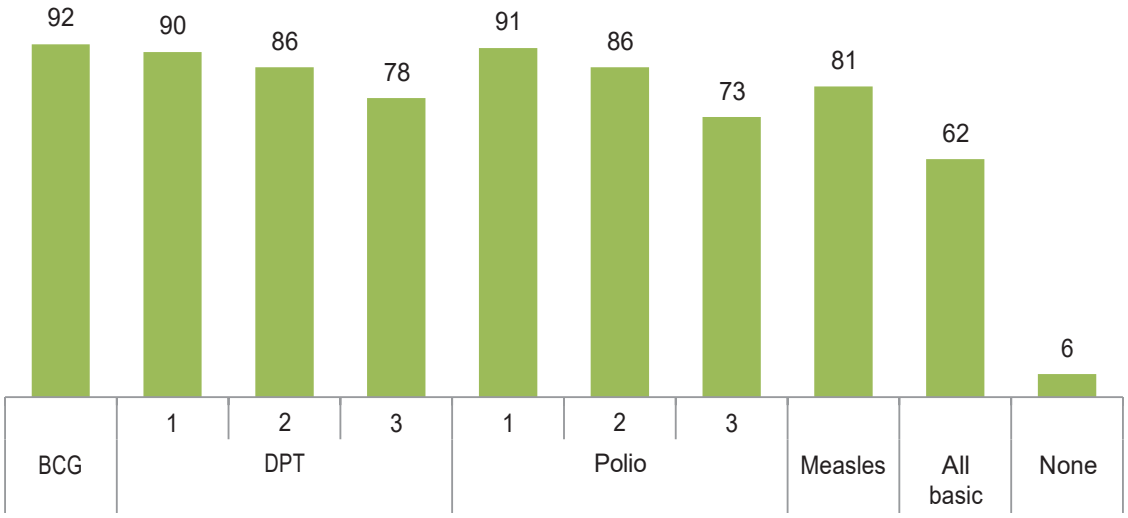
- one dose of BCG vaccine, which protects against tuberculosis
- three doses of DPT vaccine, which protects against diphtheria, pertussis (whooping cough), and tetanus
- three doses of polio vaccine
- one dose of measles vaccine

NFHS-4 (2015-16) reflects that 62% of children age 12-23 months received all basic vaccinations at any time before the survey, and 54% received all basic vaccinations by age 12 months.

Coverage was highest for the BCG vaccine (92%) and lowest for the third dose of polio vaccine (73%). Although more children received the first doses of the DPT and polio vaccines than the second or third doses, the dropout rates are higher for polio than for DPT. 90% of children age 12-23 months received the first DPT dose and 78% received the last dose. These percentages were 91% and 73% for the polio vaccine. 6% of children age 12-23months received no vaccinations. 63% of children received three doses of hepatitis B vaccine.

Fig 2.9.1 : Childhood Vaccinations

(Percentage of children age 12-23 months)



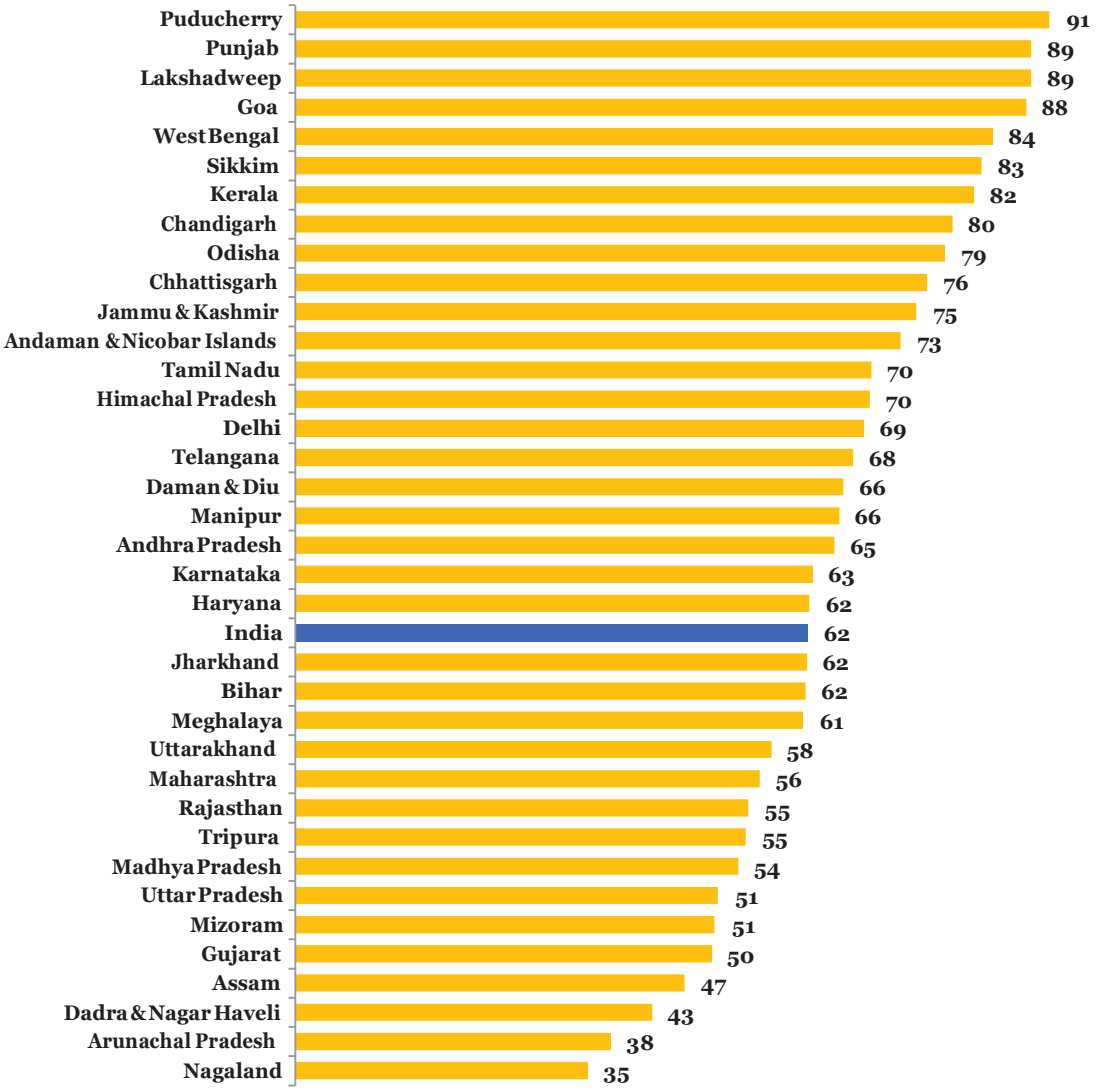
Source: NFHS-4 (2015-16)

The percentage of children age 12-23months who have received all basic vaccinations increased from 44% in 2005-06 to 62%in 2015-16. Between 2005-06 and 2015-16, this percentage increased more in rural areas (from 39% to 61%) than in urban areas (from 58% to 64%). The proportion of children who received no vaccinations remained low in both surveys (5-6%). It has been observed in the NFHS-4 results that children age 12-23 months of first birth order are much more likely to receive all basic vaccinations than children of birth order 6 or more (67% versus 43%) and that Vaccination coverage increases with increasing mother's schooling; 70% of children age 12-23 months whose mothers have 12 or more years of schooling have received all basic vaccinations, compared with 52% of children whose mothers have no schooling.

Coverage of all basic vaccinations varies considerably by State and Union Territory. The coverage is highest in Puducherry, Punjab, Lakshadweep, and Goa (88-91%) and lowest in Nagaland (35%) and Arunachal Pradesh (38%).

Fig 2.9.2 :Coverage with All Basic Vaccinations by State/UT

(Percentage of children age 12-23 months)



Source: NFHS-4 (2015-16)

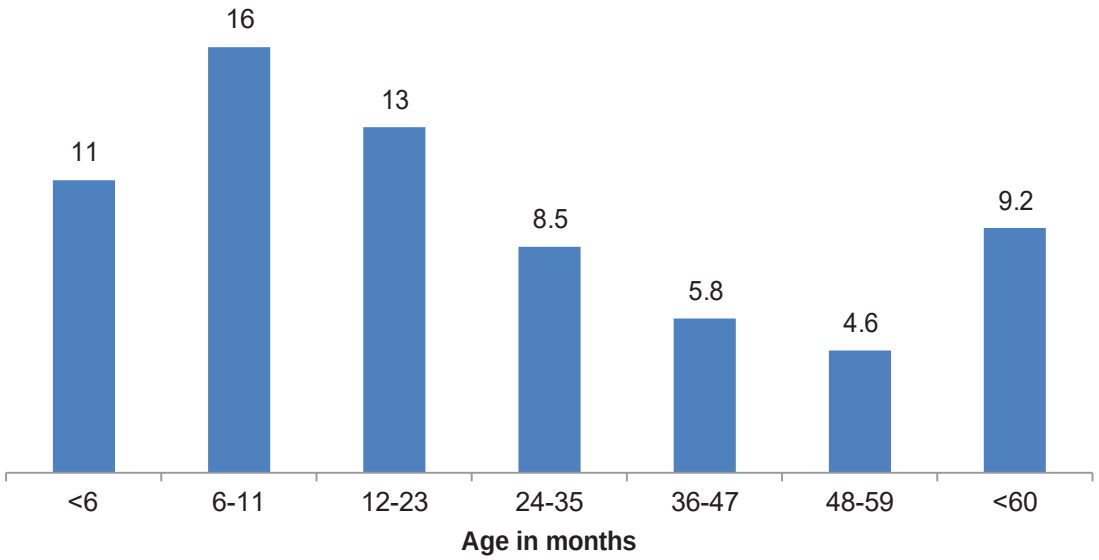
Prevalence of Diarrhoea

Diarrhoea is the third leading cause of childhood mortality in India, and is responsible for quite a large number of deaths of children under 5 years of age. Appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease. In NFHS-4 survey, mothers reported that 9% of children under age five years had diarrhoea in the two weeks before the survey. Advice or treatment was sought for 68% of children under age five years who had diarrhoea in the two weeks before the survey. The prevalence of diarrhoea rises from 11% among children under age six months to 16% among those age 6-11 months, when complementary foods and other liquids are introduced. Prevalence remains high

(13%) at age 12-23 months, which is the time when children begin to walk and are at increased risk of contamination from the environment.

Children with diarrhoea are given increased fluids or a fluid made from a special packet of Oral Rehydration Salt (ORS) or gruel. It has been observed that 60% of children with diarrhoea received some form of Oral Rehydration Therapy (ORT)—ORS packets (51%) or gruel (28%) or increased fluids (7%). While 19% of children received antibiotics, 15% were given both zinc and ORS, which can reduce the duration and severity of diarrhoea. 38% received continued feeding and ORT, as recommended. However, 18% of children with diarrhoea did not receive any treatment.

Fig 2.9.3 : Prevalence of Diarrhoea by Age
(Percentage of children under age five years)



Source: NFHS-4 (2015-16)

Disposal of Children's Stools

Proper disposal of children's faeces is important to prevent the spread of disease. NFHS data reveals that in 2015-16, only 36% of youngest children under age five years living with their mother had their last stools disposed of safely. Children's stools are more likely to be disposed of safely in households with an improved toilet facility that is not shared (59%) or a shared toilet (51%) than in households with an unimproved facility or no facility (12%). The data also reflects that children's stools are much more likely to be disposed of safely in urban households (61%) than in rural households (26%).

The proportion of children whose stools are disposed of safely varies from 13% in Odisha and 17% in Bihar to 92% in Kerala and 98% in Sikkim.

Conclusion

Ensuring healthy lives and promoting the well-being for children is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child mortality. Major progress has been made on reducing malaria, tuberculosis, polio and the spread of HIV/AIDS. However, more focussed efforts are needed to fully eradicate a wide range of diseases and address many other persistent and emerging health issues.

Chapter 3:

Education

Chapter 3:

Education

Education is the most powerful tool which can lead to positive changes in different sectors like economic development, improvement in health conditions, better environment, etc. School education lays the foundation stone for the child's future. An assessment of the level of education in India is important while examining the conditions of children in India.

Literacy Rates

Literacy rate is one of the most important indicators of social development and is closely related to the socio economic growth of any country. Literacy rate of population is defined as 'the percentage of literates to the total population age 7 years and above'. Literacy rate in India has been growing consistently over the years and stands at 73% as per 2011 census. Female literacy rate (64.6%) is still much lower than male literacy rate (80.9%). However, the increase in literacy rate is comparatively higher in case of females in all age groups and thus, the gender gap in literacy rate is gradually decreasing over years and it has come down from 21.6% in 2001 to 16.3% in 2011. However, literacy rate among -children (considering the age-group 7-18 years) stands at 88.3% and the gender gap observed for this age group is 2.9 percentage points in 2011.

Table 3.1.1 :Percentage of Literate by age and Sex

Years ↓	Age Group →	7-9	10-14	15-19	All ages@	7& above
	Male	62.6	77.0	75.3	52.7	**64.0**
1991	**Female**	51.0	59.7	54.9	32.2	**39.0**
	Person	56.9	68.8	65.8	42.8	**52.0**
	Male	74.1	86.0	85.0	63.2	**75.3**
2001	**Female**	67.7	77.0	72.7	45.2	**53.7**
	Person	71.0	81.7	79.3	54.5	**64.9**
	Male	83.2	92.2	91.2	69.8	**80.9**
2011	**Female**	81.2	90.0	86.2	56.0	**64.6**
	Person	82.2	91.1	88.8	63.1	**73.0**

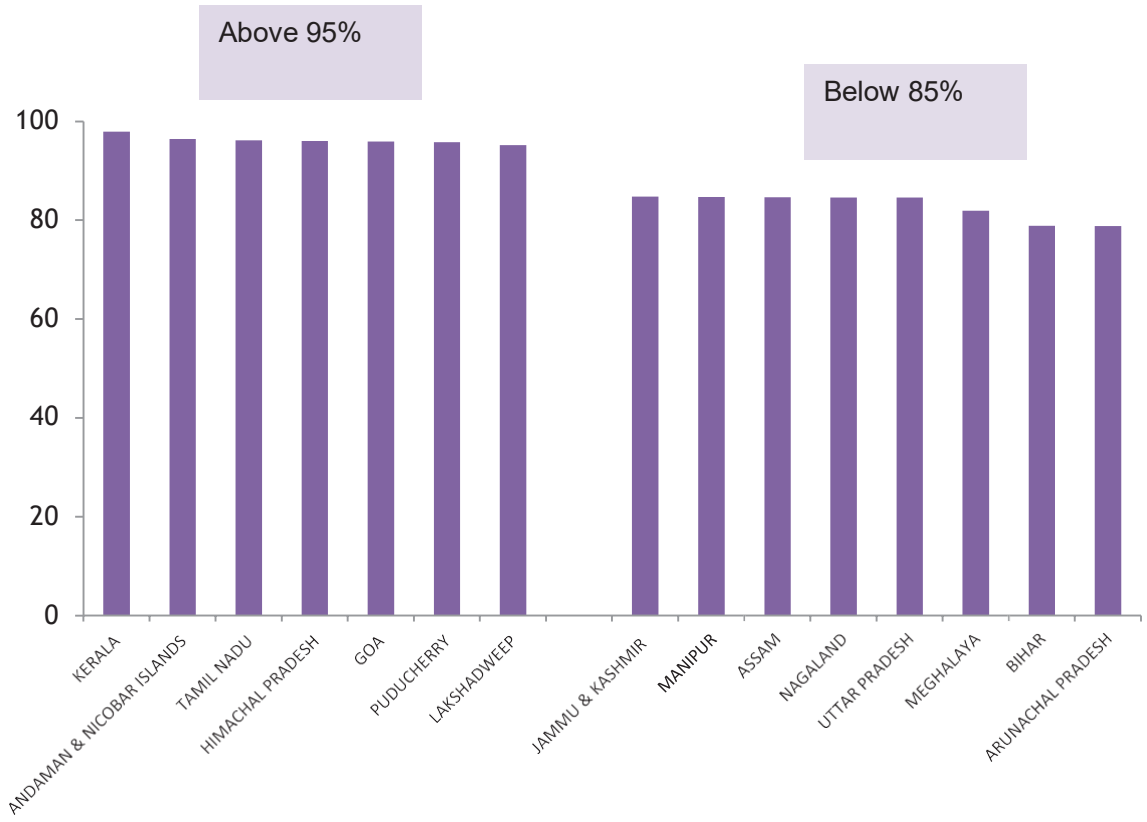
Source: Census of India

Note:

1. For 1991, figures exclude Jammu & Kashmir as the census was not held in that state.
2. For 2001, figures exclude three sub-divisions of Manipur viz. Mao Maram, Paomata and Purul of Senapati district, as census results in these three sub-division were cancelled due to technical and administrative reasons.
3. @ Based on population including 'age not stated'.

The highest recorded literacy rate among the age group 7-19 years is in Kerala (97.9%) and the lowest in Arunachal Pradesh (78.8%) as per census 2011. Many States have achieved above 95% literacy rate for population for the age group 7-19 years whereas, Arunachal Pradesh and Bihar have recorded literacy rates below 80% also.

Fig 3.1.1 : Literacy rate among 7-19 years : high & low performing State/UTs



Source: Census 2011

Educational institutions

Educational institutions play an important role in development of human resources for any country. Adequate number of institutions and related infrastructure is very much essential for the well-being of students. In India, the number of recognised educational institutions has shown an overall increasing trend over the years. However, the rate of increase is comparatively high among primary and upper primary institutions, thereby implying better infrastructure availability at elementary level. A total of 12,72,212 educational institutions have been reported in India at elementary levels in 2014-15.

Table 3.2.1 : Number of Educational Institutions by Type 2014-15

Type	Number
Primary	847118
Upper Primary	425094
Secondary	135335
Senior Secondary	109318
Total	**1516865**

Source: Educational Statistics at a glance 2016

Pupil-Teacher Ratio (PTR)

Pupil-Teacher Ratio gives the average number of pupils (students) per teacher at a specific level of education in a given school-year. In 2014-15, in Primary level, there is one teacher for 24 students and in Upper Primary level, there is 17 students for one teacher.

Table 3.3.1 :Pupil-Teacher Ratio (PTR) by Type of Institution 2014-15

Type of Institution	Pupil Teacher Ratio
Primary	24
Upper Primary	17
Secondary	27
Senior Secondary	38
Higher Education#	24

#Does not include Stand Alone Institutions

Source: Educational Statistics at a glance 2016

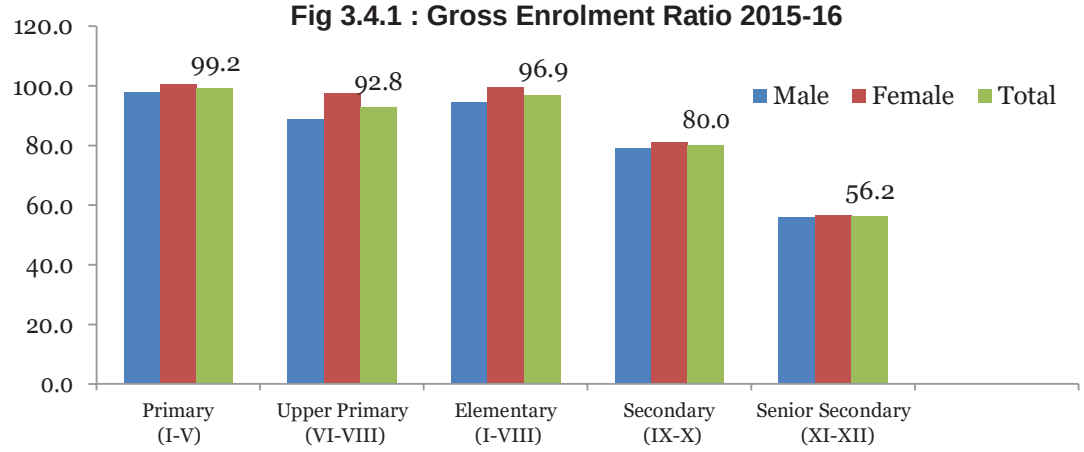
School Enrolment

Improvements in institutional and infrastructure facilities address many problems of access to schooling which get translated to better enrolment figures. In general, the enrolment figures show an increasing trend for all levels in India. At the primary level, 1291 Lakh students were enrolled in 2015-16. The enrolment figures for Upper primary, Secondary and Senior Secondary are 676 lakh, 391 lakh and 247 lakh respectively for2014-15.

Gross Enrolment Ratio (GER)

The Gross Enrolment Ratio is the number of individuals who are actually enrolled in a particular level of education per the number of children who are of the corresponding enrolment age. The 2015-16 enrolment data reveals that GER reduces with increase in level of education. The GER at Primary level is 99.2and GER recorded at Upper Primary, Secondary and Senior Secondary level are 92.8, 80.0 and 56.2 respectively. In Primary, Upper Primary and Secondary levels, GER for females is more than GER for males.

Fig 3.4.1 : Gross Enrolment Ratio 2015-16



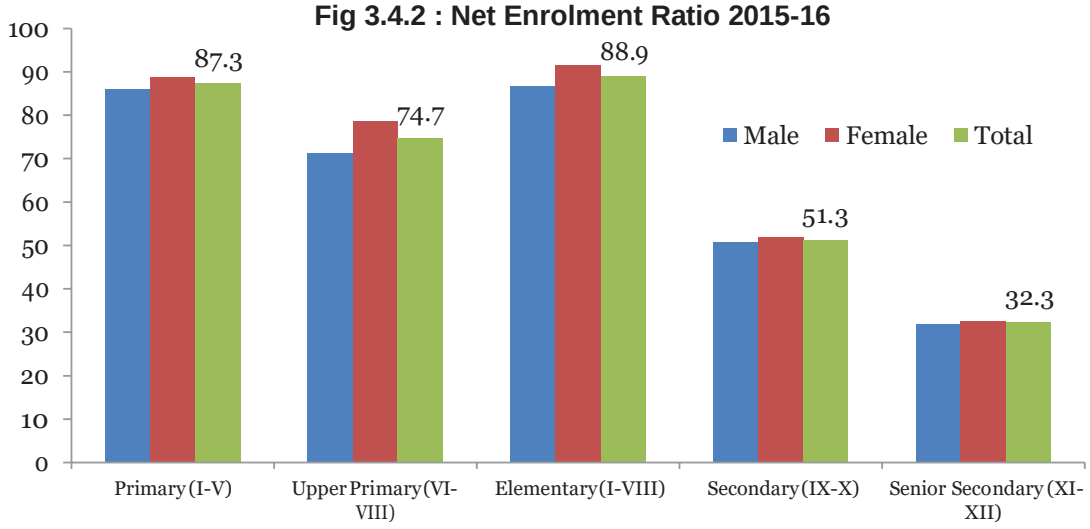
Source: School Education in India:U-DISE2015-16

Considering the status of different States in India, GER at primary level is as high as 140.9 in Meghalaya whereas the observed GER at primary level in Andhra Pradesh is only 84.5.

Net Enrolment Ratio (NER)

The Net Enrolment Ratio (NER) is the total number of students in the official age group for a given level of education enrolled in that level, expressed as a percentage of the total population in that age group.

Fig 3.4.2 : Net Enrolment Ratio 2015-16



Source: School Education in India:U-DISE2015-16

Out of the States in which NER data is available, the highest value of NER during 2015-16 at elementary level was observed in West Bengal (96.86) and lowest (71.32) in Jammu & Kashmir.

Number of female enrolled per hundred male

The number of female enrolled per hundred male enrolled is increasing over the years in all levels of education, more than 90 female children were enrolled against 100 male children in all levels of education up to senior secondary during 2015-16.

Table 3.4.2 : Number of Female per hundred Male Enrolled by Stages of Education

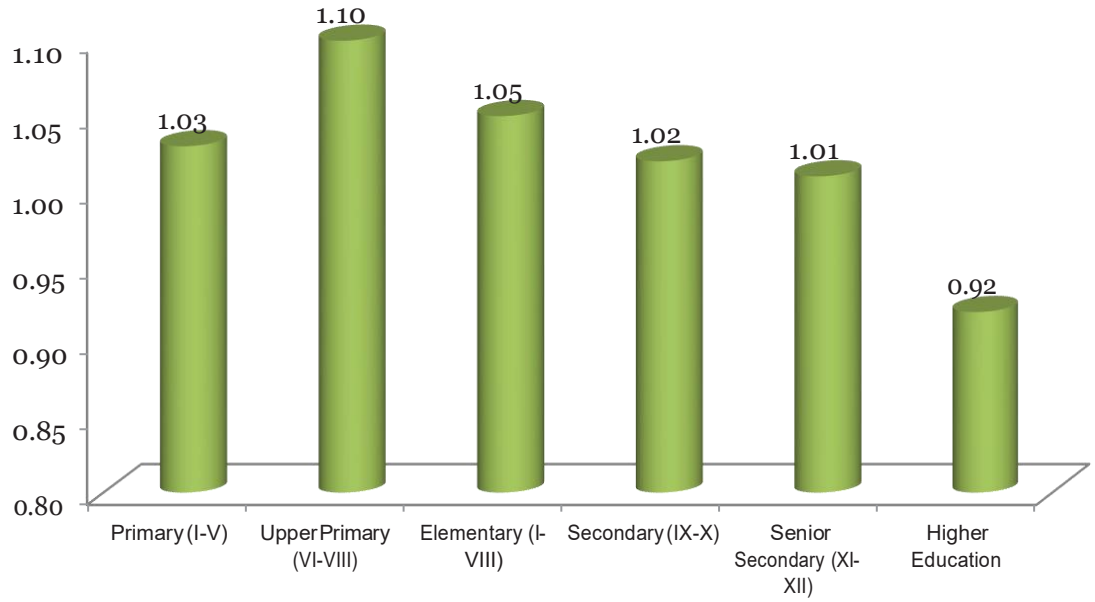
Level/ Year	Primary (I-V)	Upper Primary (VI-VIII)	Secondary (IX-X)	Senior Secondary (XI-XII)	Higher Education
2005-06	87	81	73	72	62
2009-10	92	88	82	80	67
2015-16	93	95	91	90	86

Source: Educational Statistics at a glance 2016, School Education in India:U-DISE2015-16

Gender Parity Index (of GER)

The Gender Parity Index (GPI) is the ratio of GER of females to that of males at a particular level of education. The GPI has showed that, in the levels of Primary, Upper Primary and Secondary level, the gross enrolment has become favourable to females.

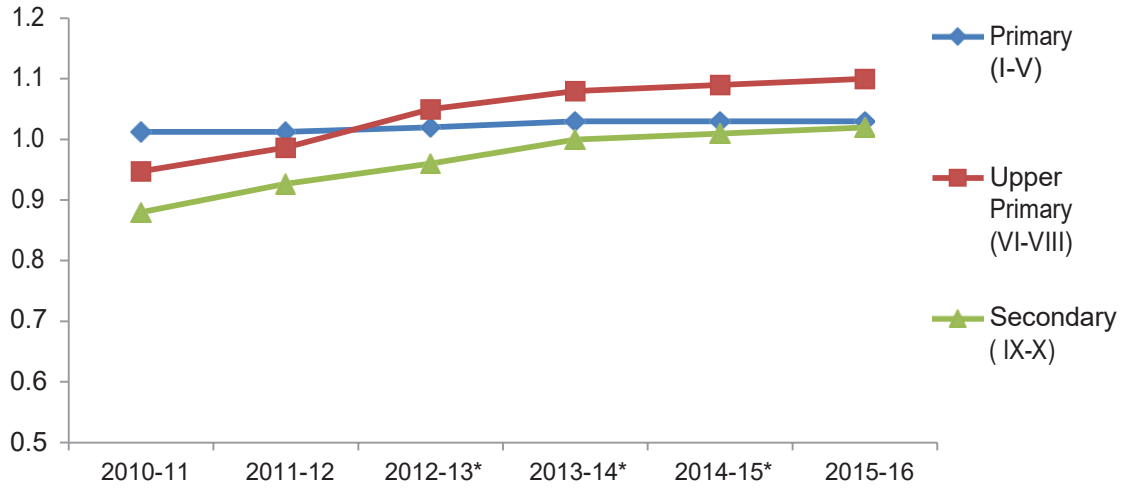
Fig 3.4.3 : Gender Parity Index 2015-16



Source: School Education in India:U-DISE2015-16

During 2005-06 to 2015-16, Gender Parity Index has improved for all levels of school education. However, the improvement is more prominent in case of upper primary level. GPI has reached up to 1.03 and 1.10 in 2015-16 from 0.94 and 0.88 in 2005-06 for primary and upper primary levels respectively.

Fig 3.4.4 : Trend in Gender Parity Index (GPI)



Source: Educational Statistics at a glance 2016 , School Education in India:U-DISE2015-16

The highest value of GPI during 2015-16 at elementary level was 1.13 which was observed in Uttar Pradesh whereas States like Mizoram, Odisha, Sikkim and Rajasthan recorded GPI values less than 1.0.

Average Drop-out Rate

The Average Drop –out Rate presents the average of grade-specific drop-out rates in Primary Grades and is calculated by using the standard methods by considering grade-wise enrolment in previous year and the current year and grade-specific number of repeaters in the current year. The Average Annual Drop –Out rate for different levels of education is shown below.

Table 3.4.3 : Average Annual Drop-Out Rate in School Education

Classes/ Year	Primary			Upper Primary			Secondary		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
2012-13*	4.68	4.66	4.67	2.30	4.01	3.13	14.54	14.54	14.54
2013-14*	4.53	4.14	4.34	3.09	4.49	3.77	17.93	17.79	17.86
2014-15	4.36	3.88	4.13	3.49	4.60	4.03	17.21	16.88	17.06

Source: Educational Statistics at a glance 2016 , School Education in India:U-DISE2015-16
* Figures related to School Education are provisional.

In the recent years, the average annual drop-out rate is decreasing for both boys and girls for the primary level of school education whereas it is on rise in upper primary level. At secondary level, average annual drop-out rate decreased slightly in 2014-15 compared to 2013-14.

Participation in Education

Attendance ratios are taken as important indicators for providing a surrogate measure for the proportion of a population currently attending educational institutions. Gross Attendance Ratio (GAR), Net Attendance Ratio (NAR) and Age-specific Attendance Ratio (AAR) are three such principal indicators.

Gross Attendance Ratio (GAR)

In the gross attendance ratio, for a particular level of education, the denominator consists of all persons in the official age-group for that level, whether attending or not, while the numerator consists of the persons who are studying in that particular level (including persons outside the official age-group). As per NSS 71st round (2014) ,for levels primary to higher secondary, GAR was 91% and 88% for rural males and females respectively, marginally lower as compared to 93% for both males and females in urban areas. It has been observed that with increase in level of education, there is a decrease in GAR. For above higher secondary level education, the GAR is as low as 9 for rural females against 12 for rural male whereas urban male and female have same GAR of 18 higher education.

Table 3.5.1 : Gross Attendance Ratio (%) for different levels of education

Level of education	Rural		Urban		Rural + Urban	
	Male	Female	Male	Female	Male	Female
Primary	102	100	102	102	102	101
Upper Primary	91	88	93	88	92	88
Secondary	86	84	90	94	87	87
Higher Secondary	63	58	73	75	66	63
Primary to Higher Secondary	91	88	93	93	91	89
Above Higher Secondary	12	9	18	18	14	12

Source: NSS 71st Round (2014)

Net Attendance Ratio (NAR)

For each education class-group, NAR is the ratio of the number of persons in the official age-group attending a particular class-group to the total number of persons in the age-group.

For the country as a whole, 84% of male and 83% of female children in the age-group 6-10 years, the official age-group for Classes I-V, were reported to be attending primary classes. There were no major rural-urban or male-female differences observed in 2014 in India till elementary level (primary and upper primary). At secondary and above levels, rural-urban gap widens among females compared to males.

Table 3.5.2 :Net Attendance Ratio (%) for different levels of education

Level of attendance	Rural		Urban		Rural + Urban	
	Male	Female	Male	Female	Male	Female
Primary	84	82	85	84	84	83
Upper Primary	64	61	67	64	64	62
Secondary	51	49	56	59	52	51
Higher Secondary	36	33	45	47	38	37
Above Higher Secondary	12	8	18	17	14	11

Source: NSS 71st Round (2014)

NAR showed a continual increase with the movement towards higher quintile class of Usual Monthly Per Capita Consumer Expenditure (UMPCE) at each level of attendance in both rural and urban India. Variation in NAR across UMPCE was wider after elementary level. These ratios varied between the lowest and the highest quintile classes from nearly 1.5 times at secondary level for both the areas.

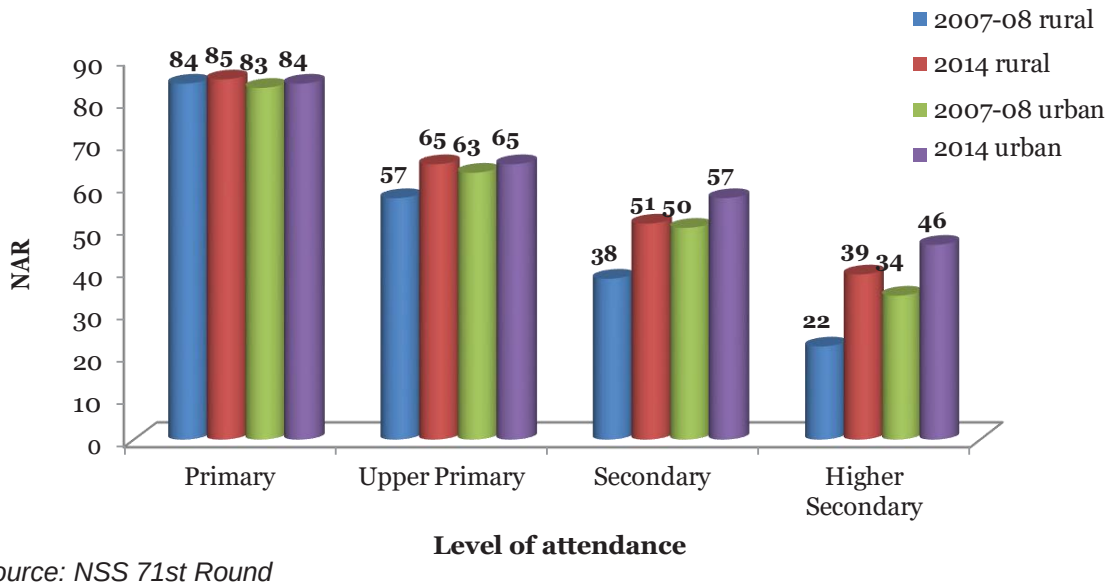
Table 3.5.3 :NAR for different levels of education for each quintile class of UMPCE

Quintile class of UMPCE	Primary	Upper Primary	Secondary	Higher Secondary	Above Higher Secondary
			Rural		
1	79	55	38	18	4
2	82	61	45	26	5
3	84	65	50	31	8
4	86	66	55	42	12
5	89	67	63	53	20
All	**83**	**63**	**50**	**34**	**10**
			Urban		
1	78	54	39	23	6
2	85	64	56	38	10
3	88	69	62	47	15
4	89	73	67	60	23
5	89	74	72	66	31
All	**84**	**65**	**57**	**46**	**17**

Source: NSS 71st Round (2014)

A remarkable improvement is evident in NAR 2014 over 2007-08 from secondary level onwards in both rural and urban areas. Improvement was more rapid in the higher levels of current attendance. At secondary level, NAR has been reported as 50% in 2014 in rural areas. In 2014,at primary level. The highest value of NAR (96%) was observed in Uttarakhand, Sikkim and Puducherry and the lowest was in Arunachal Pradesh (70%).

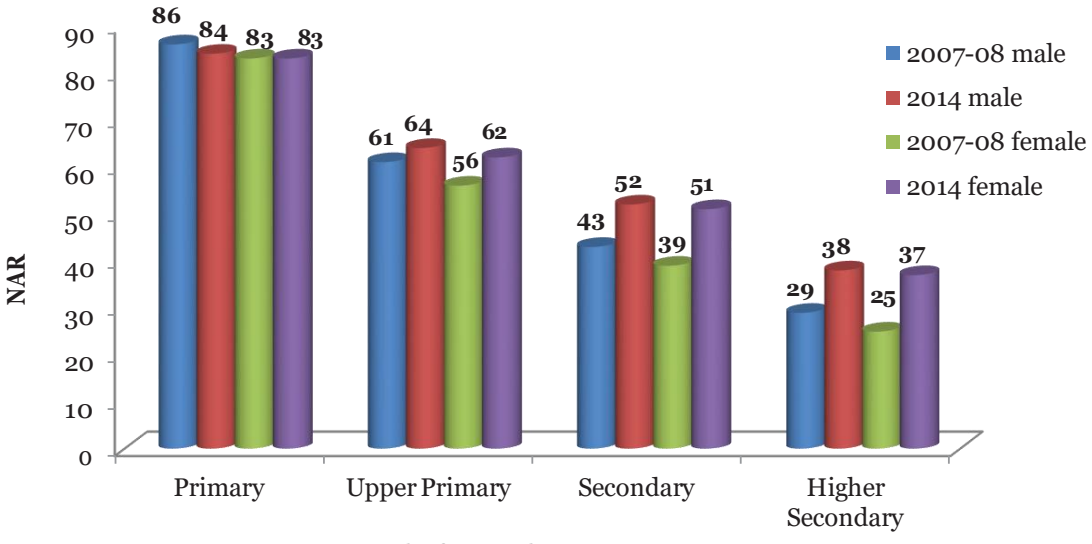
Fig 3.5.1 : Net Attendance Ratio (%) in rural and urban areas



Source: NSS 71st Round (2014)

It is observed that male-female gaps in NARs were narrowing over the years. Improvement in NAR was more observed for females. At secondary level, NAR became 52% (in 2014) from 43% (2007-08) for males and for females NAR has increased to51% from 39% during this period. In general, NAR at all India level is improving in all levels of education for both males and females.

Fig 3.5.2 : Net Attendance Ratio (%) for males and females



Source: NSS 71st Ro(2014)

3.53 Age-specific attendance ratio (AAR)

For each age-group AAR gives an idea of proportion of persons of a particular age-group currently attending educational institutions, irrespective of the level or class in which they are studying. The rural-urban gap in AAR is more prominent especially among the females in the higher age-groups.

Table 3.5.4 : Age Specific Attendance Ratio (%) for different age-groups

Age Group (years)	Rural		Urban		Rural + Urban		
	Male	Female	Male	Female	Male	Female	Person
6-13	90	88	92	91	90	89	90
14-17	75	72	81	83	77	75	76
18-23	32	24	40	38	35	28	32
24-29	4	2	6	3	4	2	3

Source: NSS 71st Round (2014)

Conclusion:

Obtaining quality education is the foundation to improving people's lives and their sustainable development. Major progress has been made towards enhancing access to education at all levels and improving enrolment rates in schools particularly for girls. Basic literacy skills have improved tremendously, yet further efforts are needed to make even greater strides for achieving universal education goals. India has achieved equality in primary education between girls and boys, but still there is much more to be achieved regarding quality and coverage at all levels of education.

Chapter 4:

Child Protection

Chapter 4:

Child Protection

Child Protection is about keeping children safe from a risk or perceived risk to their lives or childhood. It is about recognizing that children are vulnerable and hence reducing their vulnerability by protecting them from harm and harmful situations. Child protection is about ensuring that children have a security net to depend on, and if they happen to get trapped in the ill practises of the society or fall as victims of crimes the system has the responsibility to provide the child with the necessary care and rehabilitation to bring them back into the safety net and also to take adequate preventive measures.

It is the collective responsibility to protect children from abuse or neglect, prevent impairment of their health and development, and to ensure their growth in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully. Preventing and responding to violence, exploitation and abuse is essential to ensuring children's rights to survival, development and well-being. The development, care and protection of children needs to be ensured by facilitating access to learning, nutrition, institutional and legislative support for enabling them to grow and develop to their full potential into well-nurtured children with full opportunities for growth and development in a safe and protective environment.

The children form a very heterogeneous group with specific requirements for their development and growth, especially the girls, children from disadvantaged groups, marginalised communities, street children, children with disability, children hit by any kind of crime, children who committed the crime, etc., so everyone's requirement needs to be assessed and due consideration in accordance with their age, maturity and evolving capacities is required.

Child Labour

Children are a valuable asset for any society. The child's natural place is at school and the playground. However many children are unfortunately denied these basic development opportunities in childhood.

Child labour is the practice of engaging children in economic activity, on part-time or full-time basis. Child labour actually makes poverty worse and also deprives children of education, resulting in poverty passing down from generation to generation.

The ill effects of child labour are many like long hours of work, malnutrition, impaired vision, deformities caused from sitting long hours in cramped over crowded work places, diseases like serious respiratory diseases, T.B., Cancer, etc. They are often forced to lead solitary lives away from their families, deprived of meaningful education and training opportunities that could prepare them for a better future.

The following are some of the situations in which children are engaged in work:

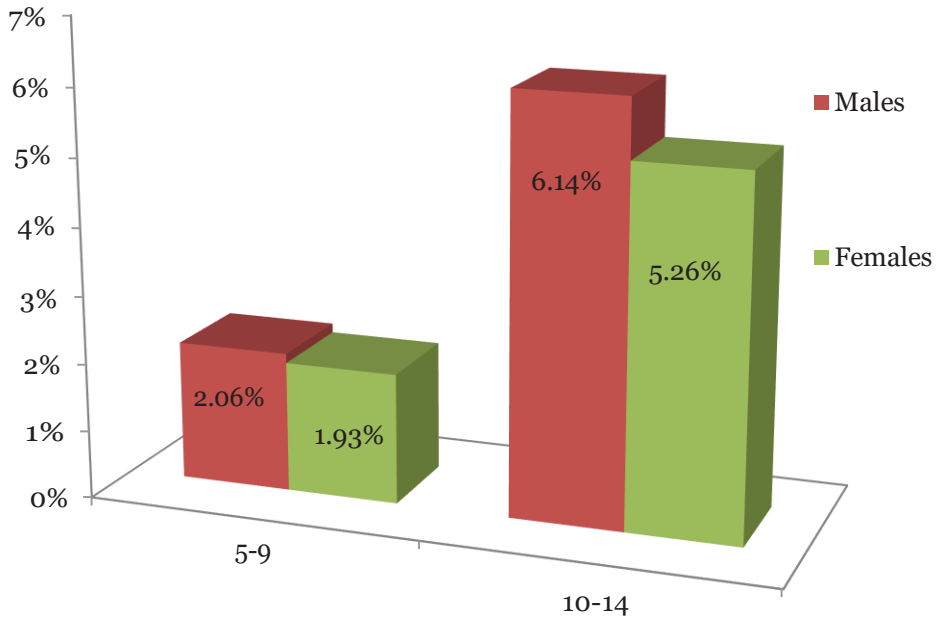
- *Agriculture- Children working long hours and under severe hardships on the fields including exposure to the hazards of working with modern machinery and chemicals.*
- *Hazardous Industries/ Occupations- Like glass making, mining, construction, carpet weaving, zari making, fireworks and others as listed under the Child Labour Act.*
- *Small industrial workshops and service establishments.*
- *On the streets- Rag pickers, porters, vendors etc.*
- *Domestic work- Largely invisible and silent and hence face higher degree of exploitation and abuse in the home of employees.*

Recognizing that child labour is the outcome of multiple causes and has multiple dimensions, Government of India enacted legislation (1986) and prepared the national policy on child labour (1987) to tackle the problem with a multi-pronged approach. The important pillars of the national policy on the elimination of child labour have been as under:

- *Legislative Action Plan--Strict and effective enforcement of legal provisions relating to child labour under various laws.*
- *Convergence of government developmental programmes – Focus on converging various developmental initiatives to alleviate poverty, provide access to social security, health and education, economic and social empowerment of the child workers and their families.*
- *Project based plan of action – Implementation of National Child Labour Project Scheme (NCLPS) in the areas of high concentration of child labour.*

Census 2011 reports 1.01 crore working children (main + marginal) in the age group of 5-14 years as compared to the child population of 25.96 crore in the same age group. It further revealed that 2% of the children aged 5-9 years, and 6% of the children aged 10 -14 years are working. 4.15% of the boys and 3.63% girls of age group 5-14 years are workers. In 2011, among the child workers, 75% belonged to the age group 10-14 years and 25% were from the age group 5-9 years.

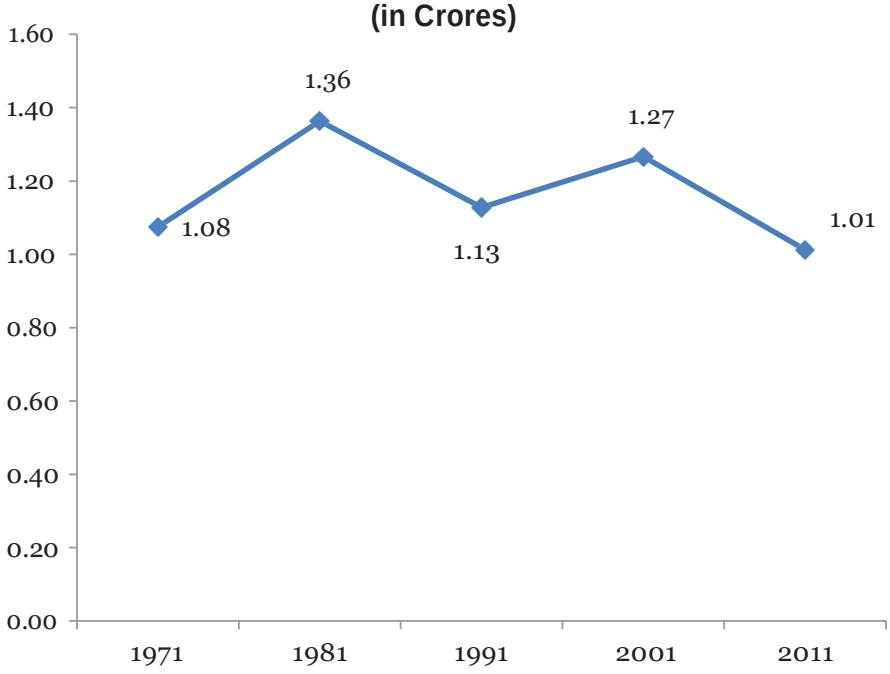
Fig 4.1.1 : Proportion of Child workers by age group, India - Census 2011



Source: Census 2011

As per Census, a fluctuating trend in the number of child workers has been observed during the last decades. The number of working children in the age group of 5-14 years was reported as 1.27crore in 2001 which was 5% of total children in the age group 5-14 years whereas in 2011, the child workers (1.01 Cr.) constitute 4% of the age group 5-14 years.

Fig 4.1.2 : Trend in number of Child Workers (in Crores)



Source: O/o Registrar General of India

The Census 2011 showed that, 56% of the child workers (0-14 years) are females as compared to 44% in 2001.There is a lot of variation in the proportion of children working among the States, Kerala with only 3% working children to 32% working children in Gujarat.

Violence/Crime against children

Violence against children includes physical and mental abuse and injury, neglect or negligent treatment, exploitation and sexual abuse. Violence may take place in homes, schools, orphanages, residential care facilities, on the streets, in the workplace, in prisons and in places of detention. Such violence can affect the normal development of a child impairing their mental, physical and social being. Any form of abuse; physical, emotional, sexual, neglect, exploitation are potentially harmful to a child's health, survival, dignity and development.

Crimes against children include physical and emotional abuse, neglect and exploitation, such as through child pornography or sex trafficking of minors. The children are vulnerable to different kinds of crimes like kidnapping, murder, rape or assault to the modesty of girl child, etc.The list of offences under the two broadly categorised offences under the Indian Penal Code (IPC) and the Special and Local Laws(SLL) is as given in Annexure III.

Crimes against children in India have been reportedly increasing over the years. The total number of crimes against children reported in 2016 as per NCRB is 106958, while 94172 crimes were recorded in 2015. The data suggest an upward trend with significant increase of crime rate from 21.1 in 2015 to 24.0 in 2016.

Kidnapping and Abduction of children are the highest registered category of crime against children, accounting for more than half of all crimes in 2016. Cases registered under Protection of Children from Sexual Offences Act, 2012 (POCSO) were reported as high as 34.4%.Rape is also a big category of crime against children amounting to more than 18% of all crimes against children.

Table 4.2.1 : Incidence and Rate of Crimes committed against Children

Crime Head	Crime Incidence			Crime Rate			Percentage Variation in Incidence	
	2014	2015	2016	2014	2015	2016	2014-2015	2015-2016
Total Crime against Children	89423	94172	106958	20.1	21.1	24.0	5.3%	13.6%

Crime Head	Total Cases Reported	Major States/UT during 2016		
Kidnapping & Abduction	**54723**	Uttar Pradesh (9657)	Maharashtra (7956)	Madhya Pradesh (6016)
Protection of Children from Sexual Offences Act, 2012	**36022**	Uttar Pradesh (4954)	Maharashtra (4815)	Madhya Pradesh (4717)

Source : Crime In India, 2016, NCRB

More than 50% of crimes against children have been recorded in just five States, namely Uttar Pradesh, Maharashtra, Madhya Pradesh, Delhi UT and West Bengal. While Uttar Pradesh records the highest number of cases with 15% of recorded crimes against children, followed by Maharashtra (14%) and Madhya Pradesh (13%).

Rate of crime against children is defined as the number of crimes for every 1,00,000 population of children. States having the highest rate of crime in 2016 is given below:

Table 4.2.2 : Incidence of crime against children

State	Number of Cases 2016	Rate
Delhi UT	8178	146.0
A&N Island	86	61.4
Chandigarh	222	55.5
Sikkim	110	55.0
Mizoram	188	50.8
India	106958	24.0

Source :Crime In India, 2016, NCRB

A total of 96,900 cases reported under 'crime against children' were disposed of by police during 2016. The charge-sheeting rate under overall crimes against children (IPC & SLL) is 65.4% in 2016, which is lesser than charge-sheeting rate of 2015 (85.6%). The lowest charge sheet rate was found in cases of 'Exposure and Abandonment' (10.6%). Out of 22,763 cases in which trials were completed, 6,991 cases ended in conviction. Thus the conviction rate under crime against children at the national level stood at 30.7%.

The conviction rate under crime head 'buying of minor for prostitution' (100.0%) and Kidnapping for Ransom (60.7%) were highest during the year 2016. 98,865male and 2,495 female persons were

arrested for these crimes and 81,003 males and 2,012 females were charge-sheeted by the police and correspondingly, only 8,973 males and 145 females were convicted, 20,149 males and 472 females were acquitted during 2016.

Missing Children

As per NCRB data, a total of 1,11,569 children below 18 years of age comprising 41,175 boys and 70,394 girls were reported missing by the year 2016. 41,067 boys and 22,340 girls were reported missing in the year 2016.The highest number of missing children were reported from West Bengal (16,881 children-4,595 males and 12,286 females) followed by Delhi UT (14,661 children-6,125 males and 8,536 females) and Madhya Pradesh (12,068 children-3,446 males and 8,622 females) by 2016. Out of total 1,11,569 missing children, a total of 55,944 children (20,364 males and 35,580 females) were traced in the year 2016 and 55,625 children (20,811 males and 34,814 females) were untraced at the end of the year.

Juveniles in Conflict with Law

'Juveniles in Conflict with Law' refers to any person below age of 18 years who comes into conflict with the justice system as a result of being suspected or accused of committing crimes. Data on juveniles in conflict with law is based on police recorded First Information Report (FIR) only irrespective of final order.

The Indian Penal Code and the various protective and preventive special and local laws specifically mention the offences wherein children are victims. The Juvenile Justice (Care and Protection of Children) Act, 2015 allows for juveniles in conflict with Law in the age group of 16–18, involved in heinous offences, to be tried as adults.

In the year 2016, 35,849 cases of juveniles in conflict with the law have been registered, an increase of 7.2 per cent over the 33,433 cases of 2015.A total of 44,171 juveniles were apprehended in 35,849 cases, out of which 41,826 juveniles were apprehended under cases of IPC and 2,345 juveniles were apprehended under cases of SLL during 2016.The highest number of cases under juveniles in conflict with law were reported in Madhya Pradesh 20.6% (7,369 cases) followed by Maharashtra 18.4% (6,606 cases) and Delhi UT 7.0%(2,499 cases) during 2016. Majority of juveniles in conflict with law apprehended under IPC & SLL crimes were in the age group of 16 years to 18 years (73.8%) (32,577 out of 44,171) during 2016.

Table 4.4.1 : Incidence of Crimes committed by Juveniles

Crime Head	Crime Incidence			Percentage Variation in Incidence	
	2014	2015	2016	2014-2015	2015-2016
Crime Incidence (IPC+SLL)	28455	33433	35849	17.4%	7.2%

Crime Head	Total Cases Reported	Major State/UT during 2016		
Theft	7717	Maharashtra	Tamil Nadu (667)	Uttar Pradesh (611)
Rape	1903	Madhya Pradesh (442)	Maharashtra (258)	Rajasthan (159)
Arms Act, 1959	228	Bihar (79)	Madhya Pradesh (38)	Rajasthan (19)
Juvenile Justice (Care & Protection of children) Act, 2000	224	Tamil Nadu (209)	Chhattisgarh (6)	Maharashtra (5)

Source : Crime In India, 2016, NCRB

Homeless children/orphans

NFHS–4 (2015-16) defines an orphan as a child with one or both parents who are dead. As per the NFHS– 4 (2015-16), overall, 5%of children under age 18 years are orphans. The percentage of children who are orphans rises rapidly with age, from less than 1% among children under age 2 years to 9% among children age 15-17 years. The Northeast region has the highest percentage of children who are orphans (6% or more in every State except Tripura).

The percentage of children under age 18 years who do not live with a biological parent decreased only slightly and i.e. from 4% NFHS-3 (2005-06) to 3% NFHS-4 (2015-16) . The percentage of children under age 18 years who are orphans did not change between 2005-06 and 2015-16 i.e.at (5%).

Table 4.5.1 :Age-wise distribution of orphans

Age in years	Percentage withone or both parents dead
<2	0.6
2-4	1.5
5-9	3.3
10-14	6.3
15-17	9.2

Source : National Health & Family Survey-IV, 2015-16

Central Adoption Resource Authority (CARA), a Statutory Body under M/o Women and Child Development has been established for the welfare of the orphan and the abandoned children which functions as a nodal body at the national level for promoting and regulating adoption of Indian children.

Table No 4.5.2 : Year-wise number of adoptions within and outside the country

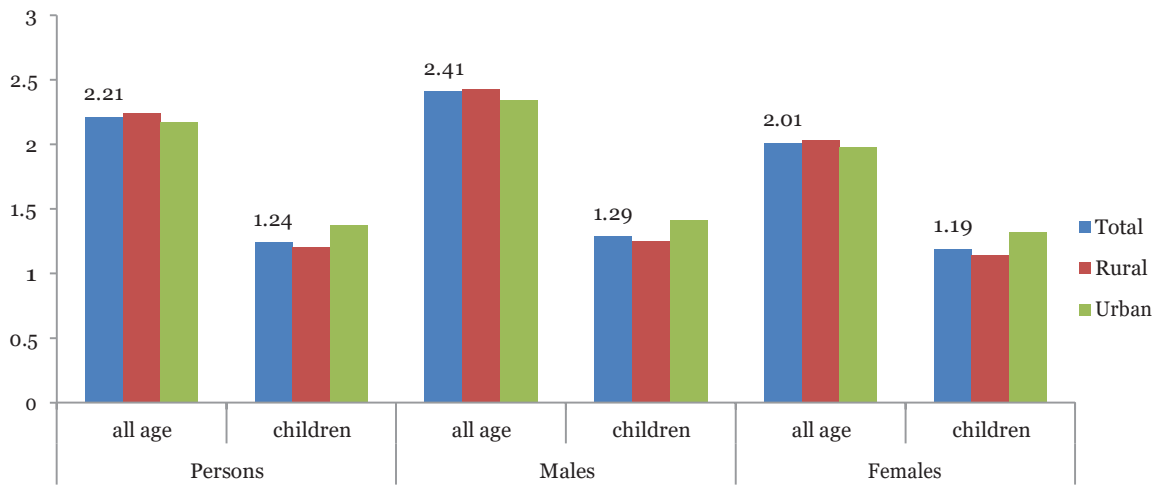
Year	In-country Adoption	Inter-country Adoption
2013-2014	3924	430
2014-2015	3988	374
2015-2016	3011	666
2016-2017	3210	578
2017 - 2018	2595	516

Source : Central Adoption Resource Authority (CARA)

Children with disability (mental and physical)

Disabled children are the most vulnerable group and they need special attention. The disability among children is a matter of serious concern as it has wider implications. The Census 2011 showed that in India, 20.42 lakhs children aged 0-6 years are disabled which constitute 1.24% of all 0-6 age group children. Thus, one in every 100 children in the age group 0-6 years suffered from some type of disability. The percentage of male disabled children to total male children is 1.29% and the corresponding figure for females is 1.19%.

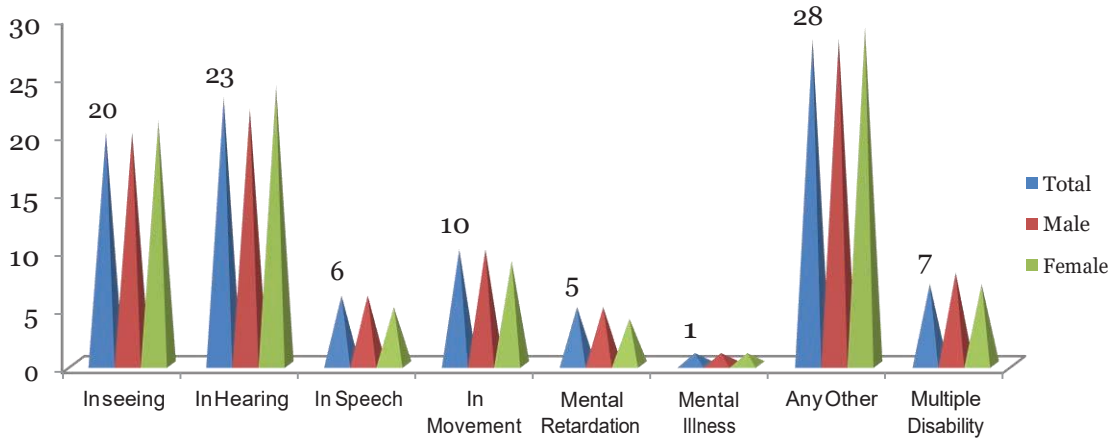
Fig 4.6.1 : Percentage of disabled population - all ages and children (0-6 years) to the respective total population in India - Census, 2011



Source :Census 2011

23% of the disabled children (0-6 years) are having disability in hearing, 30% in seeing and 10% in movement. 7% of the disabled children have multiple disabilities. A similar pattern is observed among male and female disabled children.

Fig 4.6.2 : Type of disabilities (in%) among children (0-6 yrs) in India - Census, 2011



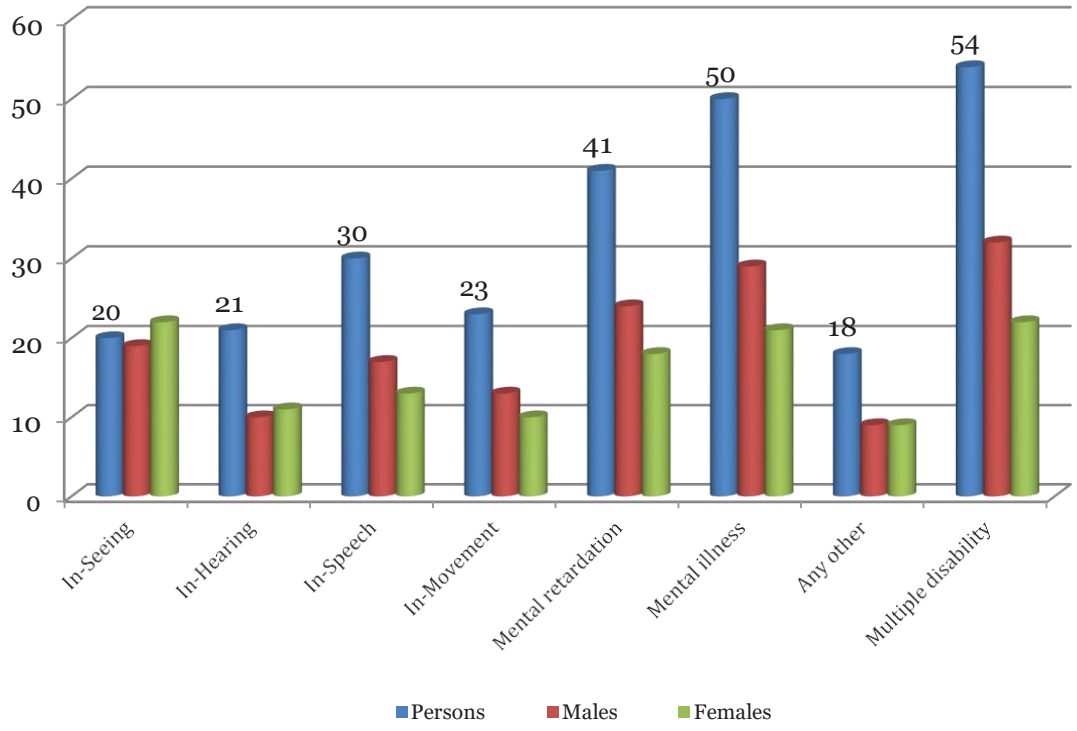
Source :Census 2011

As per Census 2011, the number of disabled persons is highest in the age group 10-19 years (46.2 lakhs).Out of the total disabled in the age group 0-19 years, 20% are having disability in hearing followed by 18% with disability in seeing. 9% has multiple disabilities.

The Census 2011 showed that, 61% of the disabled children aged 5-19 years are attending educational institutions and among the disabled children aged 5-19 years who were attending educational institutions, 57% are male children.

54% of the disabled children with multiple disabilities never attended educational institutions. Also, 50% of the children with mental illness never attended educational institution.

Fig 4.6.3 : Disabled children (5-19 years) never attended educational institution by type of disability & sex in India - Census, 2011



Source : Census 2011, O/o Registrar General of India

Bihar (12.48%) has the highest share of disabled children (0-6 years) in the population of disabled persons of the State followed by Meghalaya (11.41%). In Kerala, only 3.44% of the disabled persons belonged to the age group 0-6 years, which is the lowest among the State/ UTs. The State of Uttar Pradesh is home for the highest number of disabled children (0-6 years). Four States namely, Uttar Pradesh (20.31%), Bihar (14.24%), Maharashtra (10.64%), and West Bengal (6.48%) together have the burden of more than 50% of the disabled children.

Child Marriage

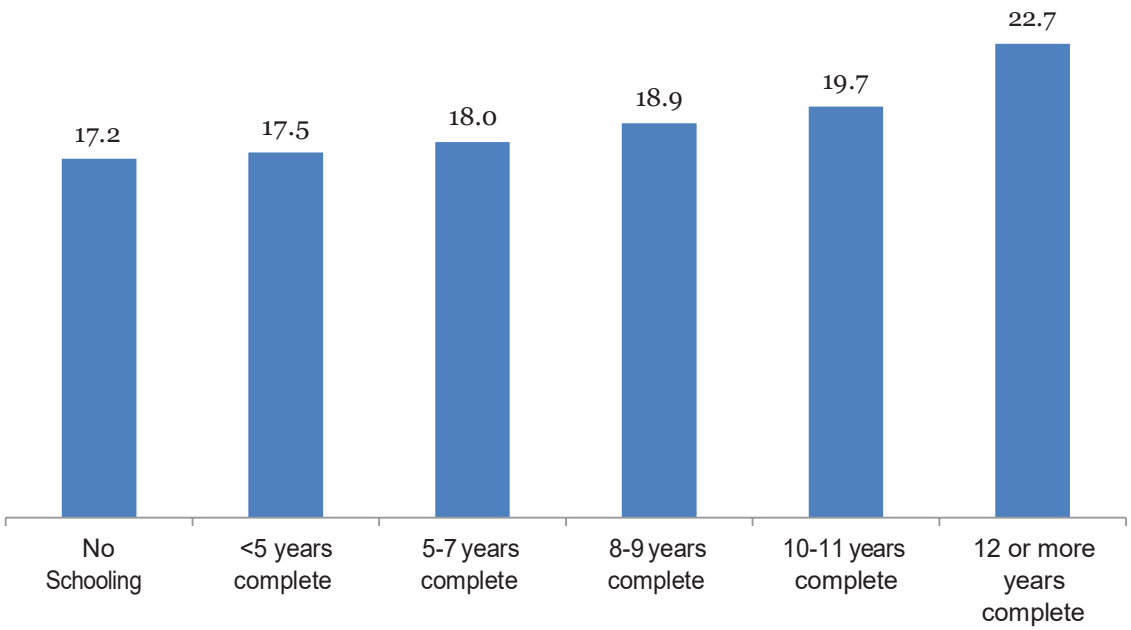
Marriage at a young age has far reaching consequences for both girls and boys in terms of their overall development and in making important life decisions and securing basic freedoms, including

pursuing opportunities for education, earning a sustainable livelihood and accessing sexual health and rights. Child marriage has profound physical, intellectual, psychological and emotional impact on both boys and girls; it results in depriving childhood, educational opportunities, attainment of employment and curtails their productivity. For girls, it enlarges their fertility span, which almost certainly results in premature pregnancy and multiple pregnancies and is likely to lead to a lifetime of domestic and sexual subservience over which they have no control. The Prohibition of Child Marriage Act 2006 declared child marriages below the stipulated age as a cognizable offence.

Early marriage has been declining over time. As per NFHS-4 (2015-16), marriage before the legal age of 18 is 27% for women age 20-24 years, compared with 46% for women age 45-49years. Similarly, for men, marriage before the legal age of 21 years is at 20% for men age 25-29 and at 29 % for men age 45-49 years to. The median age at first marriage for women age 20-49 years increased from 17.2 years in 2005-06 to 19.0 years in 2015-16. For men age 25-49 years, the median age at first marriage increased by almost two years between 2005-06 and 2015-16 (22.6 years and 24.5 years, respectively).The data suggests that urban women marry later than rural women. For women age 25-49 years, the median age at first marriage is 1.7 years more among urban women than rural women (19.8 years versus 18.1 years). Also, women having 12 or more years of schooling marry much later than other women. The median age at first marriage for women age 25-49 years increases from 17.2 years for women with no schooling to 22.7 years for women with 12 or more years of schooling.

Fig 4.7.1 : Women's Median Age at First Marriage by Schooling

(Among women age 25-49)



Source: NFHS-4

NFHS-4 showed that, 28% of women age 18-29 years and 17 % of men age 21-29 years married before reaching the legal minimum age at marriage (18 years for women and 21 years for men). About two-fifths of women (18- 29 years) married before reaching the legal minimum age at marriage in West Bengal (44%), Bihar (42%), Jharkhand (39%), and Andhra Pradesh (36%). About one-third of women (18- 29 years) in Rajasthan, Assam, Madhya Pradesh, and Tripura (33% each), as well as Dadra & Nagar Haveli (32%) and Telangana (31%) married before reaching the legal minimum age at marriage. The percentage of women (18- 29 years) married before reaching the legal minimum age of 18 years is lowest in Lakshadweep (5%), Jammu & Kashmir and Kerala (9% each), and Himachal Pradesh and Punjab (10% each). About one-fourth of men age 21-29 years in Rajasthan and Madhya Pradesh (28% each), Bihar and Jharkhand (27% each), Dadra & Nagar Haveli and Gujarat (26% each), and Arunachal Pradesh (24%) married before the minimum legal age. The lowest proportions of men (21-29 years) married below the legal age at marriage are in Kerala (2%), Chandigarh (4%), Puducherry and Goa (5% each), Himachal Pradesh (6%), and Tamil Nadu and Andaman & Nicobar Islands (7% each).

4.8 Conclusion

Child Protection Systems (including Justice and Police, child and family social services, health and education and communities) provide improved quality of life and better access to services for the prevention of and response to violence, abuse and exploitation of children at all times. Parents, caregivers, and children demonstrate skills, knowledge and behaviour enabling children to grow up in caring homes and communities, including schools that are free from violence, abuse and exploitation.


APPEND

LIST OF DATA TABLES

Table 1.1: Child Population - Census 2011

States/UTs	Total Population		Child Population					
			0-6 years		0-14 years		0-18 years	
	Male	Female	Male	Female	Males	Females	Males	Females
Andaman & Nicobar Islands	202871	177710	20770	20108	47271	45404	61135	58044
Andhra Pradesh	42442146	42138631	4714950	4427852	11205169	10585623	14632580	13729926
Arunachal Pradesh	713912	669815	107624	104564	249602	243759	315516	308093
Assam	15939443	15266133	2363485	2274645	5230649	5018250	6559738	6208885
Bihar	54278157	49821295	9887239	9246725	21697061	20024127	26248868	23548209
Chandigarh	580663	474787	63536	55898	144742	121770	192392	156388
Chhattisgarh	12832895	12712303	1859935	1801754	4152234	4031602	5248688	5086376
Dadra & Nagar Haveli	193760	149949	26431	24464	56346	51467	71317	61966
Daman and Diu	150301	92946	14144	12790	29148	25837	42462	32059
Delhi	8987326	7800615	1075440	937014	2459269	2106050	3210942	2710408
Goa	739140	719405	74460	70151	164106	154054	210661	196312
Gujarat	31491260	28948432	4115384	3661878	9282125	8163488	11846335	10367677
Haryana	13494734	11856728	1843109	1537612	4129750	3400204	5353869	4373631
Himachal Pradesh	3481873	3382729	407459	370439	934708	840677	1206577	1083940
Jammu & Kashmir	6640662	5900640	1084355	934550	2255174	1985536	2789004	2483574
Jharkhand	16930315	16057819	2767147	2622348	6101640	5789478	7565928	7034491
Karnataka	30966657	30128640	3675291	3485742	8233981	7790893	10705512	10024049
Kerala	16027412	17378649	1768244	1704711	3989641	3841333	5060037	4872718
Lakshadweep	33123	31350	3797	3458	8262	8195	10521	10520
Madhya Pradesh	37612306	35014503	5636172	5173223	12623269	11678973	15947178	14554582
Maharashtra	58243056	54131277	7035391	6291126	15780067	14137148	20396042	18092467
Manipur	1438586	1417208	194484	180873	444072	417616	563536	534843
Meghalaya	1491832	1475057	288646	279890	596904	581038	733567	713764
Mizoram	555339	541867	85561	82970	180955	175047	226257	218809
Nagaland	1024649	953853	149785	141286	351175	327857	448951	420286
Odisha	21212136	20762082	2716497	2556697	6167001	5909421	7799156	7520366
Puducherry	612511	635442	67527	65331	151966	146426	193607	185961
Punjab	14639465	13103873	1665994	1410225	3897168	3187782	5174159	4197215
Rajasthan	35550997	32997440	5639176	5010328	12548143	11177283	15845710	14048666
Sikkim	323070	287507	32761	31350	84338	81599	111851	108235
Tamil Nadu	36137975	36009055	3820276	3603556	8754861	8252642	11336945	10650138
Tripura	1874376	1799541	234008	224006	520047	497944	667426	638116
Uttar Pradesh	104480510	95331831	16185581	14605750	37589959	33718307	48064457	42864768
Uttarakhand	5137773	4948519	717199	638615	1652441	1476567	2137408	1917086
West Bengal	46809027	44467088	5410396	5171070	12638131	12099344	16511024	15609553
India	**623270258 587584719**		**85752254**	**78762999**	**194351375**	**178092741**	**247489356**	**224622121**

Source: Census of India 2011, Registrar General of India

Table 1.2: Percent Share of Child Population in Total Population - Census 2011

States/UTs	0-6 years			0-14 years			0-18 years		
	Male	Female	Total	Males	Females	Total	Males	Females	Total
Andaman & Nicobar Islands	10.2	11.3	10.7	23.3	25.5	24.4	30.1	32.7	31.3
Andhra Pradesh	11.1	10.5	10.8	26.4	25.1	25.8	34.5	32.6	33.5
Arunachal Pradesh	15.1	15.6	15.3	35.0	36.4	35.7	44.2	46.0	45.1
Assam	14.8	14.9	14.9	32.8	32.9	32.8	41.2	40.7	40.9
Bihar	18.2	18.6	18.4	40.0	40.2	40.1	48.4	47.3	47.8
Chandigarh	10.9	11.8	11.3	24.9	25.6	25.3	33.1	32.9	33.0
Chhattisgarh	14.5	14.2	14.3	32.4	31.7	32.0	40.9	40.0	40.5
Dadra & Nagar Haveli	13.6	16.3	14.8	29.1	34.3	31.4	36.8	41.3	38.8
Daman and Diu	9.4	13.8	11.1	19.4	27.8	22.6	28.3	34.5	30.6
Delhi	12.0	12.0	12.0	27.4	27.0	27.2	35.7	34.7	35.3
Goa	10.1	9.8	9.9	22.2	21.4	21.8	28.5	27.3	27.9
Gujarat	13.1	12.6	12.9	29.5	28.2	28.9	37.6	35.8	36.8
Haryana	13.7	13.0	13.3	30.6	28.7	29.7	39.7	36.9	38.4
Himachal Pradesh	11.7	11.0	11.3	26.8	24.9	25.9	34.7	32.0	33.4
Jammu & Kashmir	16.3	15.8	16.1	34.0	33.6	33.8	42.0	42.1	42.0
Jharkhand	16.3	16.3	16.3	36.0	36.1	36.0	44.7	43.8	44.3
Karnataka	11.9	11.6	11.7	26.6	25.9	26.2	34.6	33.3	33.9
Kerala	11.0	9.8	10.4	24.9	22.1	23.4	31.6	28.0	29.7
Lakshadweep	11.5	11.0	11.3	24.9	26.1	25.5	31.8	33.6	32.6
Madhya Pradesh	15.0	14.8	14.9	33.6	33.4	33.5	42.4	41.6	42.0
Maharashtra	12.1	11.6	11.9	27.1	26.1	26.6	35.0	33.4	34.3
Manipur	13.5	12.8	13.1	30.9	29.5	30.2	39.2	37.7	38.5
Meghalaya	19.3	19.0	19.2	40.0	39.4	39.7	49.2	48.4	48.8
Mizoram	15.4	15.3	15.4	32.6	32.3	32.4	40.7	40.4	40.6
Nagaland	14.6	14.8	14.7	34.3	34.4	34.3	43.8	44.1	43.9
Odisha	12.8	12.3	12.6	29.1	28.5	28.8	36.8	36.2	36.5
Puducherry	11.0	10.3	10.6	24.8	23.0	23.9	31.6	29.3	30.4
Punjab	11.4	10.8	11.1	26.6	24.3	25.5	35.3	32.0	33.8
Rajasthan	15.9	15.2	15.5	35.3	33.9	34.6	44.6	42.6	43.6
Sikkim	10.1	10.9	10.5	26.1	28.4	27.2	34.6	37.6	36.0
Tamil Nadu	10.6	10.0	10.3	24.2	22.9	23.6	31.4	29.6	30.5
Tripura	12.5	12.4	12.5	27.7	27.7	27.7	35.6	35.5	35.5
Uttar Pradesh	15.5	15.3	15.4	36.0	35.4	35.7	46.0	45.0	45.5
Uttarakhand	14.0	12.9	13.4	32.2	29.8	31.0	41.6	38.7	40.2
West Bengal	11.6	11.6	11.6	27.0	27.2	27.1	35.3	35.1	35.2
India	**13.8**	**13.4**	**13.6**	**31.2**	**30.3**	**30.8**	**39.7**	**38.2**	**39.0**

Source: Census of India 2011, Registrar General of India

Table 1.3: Sex ratio of Child Population and all ages- Census 2011

States/UTs	0-6 years	0-14 years	0-18 years	All ages
Andaman & Nicobar Islands	968	961	949	876
Andhra Pradesh	939	945	938	993
Arunachal Pradesh	972	977	976	938
Assam	962	959	947	958
Bihar	935	923	897	918
Chandigarh	880	841	813	818
Chhattisgarh	969	971	969	991
Dadra & Nagar Haveli	926	913	869	774
Daman and Diu	904	886	755	618
Delhi	871	856	844	868
Goa	942	939	932	973
Gujarat	890	879	875	919
Haryana	834	823	817	879
Himachal Pradesh	909	899	898	972
Jammu & Kashmir	862	880	890	889
Jharkhand	948	949	930	948
Karnataka	948	946	936	973
Kerala	964	963	963	1084
Lakshadweep	911	992	1000	946
Madhya Pradesh	918	925	913	931
Maharashtra	894	896	887	929
Manipur	930	940	949	985
Meghalaya	970	973	973	989
Mizoram	970	967	967	976
Nagaland	943	934	936	931
Odisha	941	958	964	979
Puducherry	967	964	961	1037
Punjab	846	818	811	895
Rajasthan	888	891	887	928
Sikkim	957	968	968	890
Tamil Nadu	943	943	939	996
Tripura	957	957	956	960
Uttar Pradesh	902	897	892	912
Uttarakhand	890	894	897	963
West Bengal	956	957	945	950
India	**918**	**916**	**908**	**943**

Source: Census of India 2011, Registrar General of India

Table 1.4: Sex ratio in the Age-Group 0-6 Years by Residence : Census 2001 & 2011

States/UTs	Sex Ratio 2001			Sex Ratio 2011			%
	Rural	Urban	Total	Rural	Urban	Total	Change
Andaman & Nicobar Islands	966	936	957	976	954	968	1.16%
Andhra Pradesh	963	955	961	941	935	939	-2.28%
Arunachal Pradesh	960	980	964	975	957	972	0.79%
Assam	967	943	965	964	944	962	-0.27%
Bihar	944	924	942	938	912	935	-0.72%
Chandigarh	847	845	845	871	880	880	4.12%
Chhattisgarh	982	938	975	977	937	969	-0.64%
Dadra & Nagar Haveli	1003	888	979	970	872	926	-5.46%
Daman and Diu	916	943	926	932	894	904	-2.35%
Delhi	850	870	868	814	873	871	0.38%
Goa	952	924	938	945	940	942	0.44%
Gujarat	906	837	883	914	852	890	0.77%
Haryana	823	808	819	835	832	834	1.86%
Himachal Pradesh	900	844	896	912	881	909	1.47%
Jammu & Kashmir	957	873	941	865	850	862	-8.41%
Jharkhand	973	930	965	957	908	948	-1.80%
Karnataka	949	940	946	950	946	948	0.26%
Kerala	961	958	960	965	963	964	0.42%
Lakshadweep	999	900	959	911	911	911	-5.03%
Madhya Pradesh	939	907	932	923	901	918	-1.52%
Maharashtra	916	908	913	890	899	894	-2.06%
Manipur	956	961	957	931	949	936	-2.19%
Meghalaya	973	969	973	972	954	970	-0.34%
Mizoram	965	963	964	966	974	970	0.59%
Nagaland	969	939	964	933	973	943	-2.15%
Orissa	955	933	953	946	913	941	-1.24%
Puducherry	967	967	967	953	975	967	0.05%
Punjab	799	796	798	844	852	846	6.07%
Rajasthan	914	887	909	892	874	888	-2.26%
Sikkim	966	922	963	964	934	957	-0.63%
Tamil Nadu	933	955	942	936	952	943	0.13%
Tripura	968	948	966	960	947	957	-0.90%
Uttar Pradesh	921	890	916	906	885	902	-1.49%
Uttarakhand	918	872	908	899	868	890	-1.94%
West Bengal	963	948	960	959	947	956	-0.44%
India	**906**	**919**	**934**	**923**	**905**	**918**	**-1.66%**

Source : Census 2001, Census 2011, Registrar General of India

Table 1.5: Sex Ratio based on Registered Births, 2011-2015

State/UTs	2011	2012	2013	2014	2015
Andaman & Nicobar Islands	954	934	947	1031	925
Andhra Pradesh	983	985	954	955	971
Arunachal Pradesh	897	819	978	993	895
Assam	920	872	909	902	885
Bihar	N.A.	N.A.	924	868	870
Chandigarh	835	887	904	870	898
Chhattisgarh	915	895	925	934	938
Dadra & Nagar Haveli	960	954	876	890	1001
Daman & Diu	857	886	961	916	924
Delhi	893	886	895	896	898
Goa	934	929	946	947	928
Gujarat	901	902	901	886	N.A.
Haryana	833	832	840	843	851
Himachal Pradesh	918	916	906	896	903
Jammu & Kashmir	913	N.A.	923	914	912
Jharkhand	N.A.	847	885	886	879
Karnataka	983	971	943	926	893
Kerala	939	955	942	948	948
Lakshadweep	897	N.A.	969	1043	891
Madhya Pradesh	897	912	904	908	904
Maharashtra	861	894	901	911	883
Manipur	816	797	700	684	686
Meghalaya	942	947	978	968	975
Mizoram	972	968	954	963	973
Nagaland	873	873	873	860	897
Odisha	902	896	886	880	866
Puducherry	912	909	910	911	939
Punjab	852	844	876	880	891
Rajasthan	911	861	859	799	794
Sikkim	947	974	956	968	973
Tamil Nadu	905	904	853	834	818
Telangana	*Included in Andhra Pradesh*		954	961	834
Tripura	982	980	1055	882	1000
Uttar Pradesh	N.A.	930	883	881	877
Uttarakhand	869	847	843	865	862
West Bengal	924	926	913	897	919
India	**909**	**908**	**898**	**887**	**881**

Source: Civil Registration System 2015, Registrar General of India Note: N.A. – Not Available

Table 1.6: Sex Ratio in the age-group (0-6 years) by Residence: 2015-16 (NFHS-4)

States	Rural	Urban	Total
Andhra Pradesh	841	967	874
Arunachal Pradesh	940	920	936
Assam	934	836	923
Bihar	939	936	939
Chhattisgarh	991	922	977
Goa	1074	821	897
Gujarat	939	806	884
Haryana	875	777	838
Himachal Pradesh	916	901	915
Jammu & Kashmir	924	895	917
Jharkhand	928	889	920
Karnataka	978	878	937
Kerala	1027	1013	1020
Madhya Pradesh	924	900	918
Maharashtra	899	943	918
Manipur	983	988	985
Meghalaya	1003	918	991
Mizoram	944	977	961
Nagaland	935	1007	955
Odisha	931	952	934
Punjab	869	827	852
Rajasthan	897	852	887
Sikkim	1002	735	907
Tamil Nadu	920	960	939
Telangana	894	923	907
Tripura	958	1082	987
Uttar Pradesh	907	888	903
Uttarakhand	948	858	918
West Bengal	963	881	939
India (0-6)	**923**	**899**	**916**
India All ages	**1009**	**956**	**991**

Source : National Family Health Survey (2015-16), M/o Health & Family Welfare

Table 1.7: Level of Registration of Births, 2011-2015

(in %)

State/UTs	2011	2012	2013	2014	2015
Andaman & Nicobar Islands	97.6	95.3	97.2	71.9	79.3
Andhra Pradesh	79.8	74.8	98.5	100	98.4
Arunachal Pradesh	100	100	100	100	100
Assam	85.8	87.6	97.7	100	100
Bihar	59.8	74.7	57.4	64.2	64.8
Chandigarh	100	100	100	100	100
Chhattisgarh	55.1	74.2	87.8	100	100
Dadra & Nagar Haveli	73.1	71.9	71.8	65.1	73.7
Daman & Diu	91.2	96.1	98.4	76.4	78.8
Delhi	100	100	100	100	100
Goa	92.6	100	100	86	87.1
Gujarat	100	100	100	95	98.7
Haryana	100	100	100	100	100
Himachal Pradesh	100	100	100	93.1	100
Jammu & Kashmir	69.9	69.8	71.8	75.5	76.3
Jharkhand	60.7	61.9	77.7	82	88.3
Karnataka	98.9	100	96	97.8	94.9
Kerala	100	100	100	100	98.1
Lakshadweep	76.8	75.1	60	59.5	69.6
Madhya Pradesh	86.5	87.2	84.1	82.6	77.3
Maharashtra	100	100	100	100	100
Manipur	81.2	83.1	100	100	100
Meghalaya	100	100	100	100	100
Mizoram	100	100	100	100	100
Nagaland	100	100	100	100	100
Odisha	95.6	96.4	93.9	98.5	96.1
Puducherry	100	100	100	100	100
Punjab	100	100	100	100	99.2
Rajasthan	96.7	98	98.4	98.2	98.7
Sikkim	79.3	80.3	79.9	74.1	72.2
Tamil Nadu	100	100	100	100	100
Telangana	Included in Andhra Pradesh		100	95.6	94.6
Tripura	85.9	91	91.4	81.7	93
Uttar Pradesh	64.9	57.5	68.6	68.3	67.4
Uttarakhand	77.5	79	76.6	86	100
West Bengal	100	100	92.8	92.5	92.8
India	**83.6**	**84.4**	**85.6**	**88.8**	**88.3**

Source: Civil Registration System 2015, Registrar General of India

Table 1.8: Infant Mortality Rates by sex and residence, in bigger States, 2016

States	Rural			Urban			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Andhra Pradesh	37	38	38	23	26	24	33	35	34
Assam	45	47	46	22	22	22	43	45	44
Bihar	31	47	39	26	34	29	31	46	38
Chhattisgarh	41	40	41	31	31	31	39	38	39
Delhi	23	25	24	18	16	17	18	17	18
Gujarat	39	37	38	18	19	19	31	30	30
Haryana	33	38	35	26	28	27	31	35	33
Himachal Pradesh	23	27	25	24	13	19	23	26	25
Jammu & Kashmir	24	26	25	23	23	23	24	25	24
Jharkhand	28	34	31	22	20	21	27	31	29
Karnataka	25	30	27	17	21	19	22	27	24
Kerala	10	11	10	8	11	10	9	11	10
Madhya Pradesh	53	47	50	34	31	33	49	44	47
Maharashtra	22	25	24	13	13	13	18	19	19
Odisha	45	46	46	36	31	34	44	44	44
Punjab	23	23	23	17	18	18	20	21	21
Rajasthan	42	47	45	27	33	30	39	44	41
Tamil Nadu	22	18	20	14	15	14	18	17	17
Telangana	36	33	35	24	25	24	31	30	31
Uttar Pradesh	45	47	46	29	40	34	41	45	43
Uttarakhand	39	44	41	27	32	29	36	41	38
West Bengal	25	26	25	22	23	22	24	26	25
India	**37**	**40**	**38**	**22**	**25**	**23**	**33**	**36**	**34**

Source: Sample Registration System 2016, Registrar General of India

Table 1.9: Neo-Natal Mortality Rates and Early Neo-Natal Mortality Rates by residence in bigger States, 2016

States	Neo-Natal Mortality Rates			Early Neo-Natal Mortality Rates		
	Rural	Urban	Total	Rural	Urban	Total
Andhra Pradesh	27	11	23	21	8	18
Assam	24	13	23	19	8	18
Bihar	28	17	27	22	13	21
Chattisgarh	27	20	26	22	17	21
Delhi	16	12	12	8	9	9
Gujarat	27	13	21	20	11	16
Haryana	24	16	22	18	11	16
Himachal Pradesh	16	15	16	11	9	10
Jammu & Kashmir	19	15	18	17	11	15
Jharkhand	23	13	21	19	9	17
Karnataka	22	10	18	17	7	13
Kerala	7	4	6	5	3	4
Madhya Pradesh	35	20	32	26	16	24
Maharashtra	17	9	13	13	7	11
Odisha	33	24	32	25	17	24
Punjab	13	12	13	8	9	9
Rajasthan	31	17	28	25	14	22
Tamil nadu	16	9	12	12	6	9
Telangana	25	15	21	19	9	16
Uttar Prdesh	32	19	30	26	14	23
Uttarakhand	32	24	30	26	19	24
West Bengal	17	14	17	14	11	13
India	**27**	**14**	**24**	**21**	**11**	**18**

Source: Sample Registration System 2016, Registrar General of India

Table 1.10: Under-Five Mortality Rates (U5MR) by sex and residence, in bigger States, 2016

States	Rural			Urban			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Andhra Pradesh	42	41	41	23	30	26	36	38	37
Assam	52	60	56	22	23	23	48	57	52
Bihar	36	52	44	29	41	34	35	51	43
Chhattisgarh	53	52	53	31	32	32	49	48	49
Delhi	23	25	24	22	23	22	22	23	22
Gujarat	43	41	42	19	20	19	34	33	33
Haryana	38	46	41	26	32	29	34	42	37
Himachal Pradesh	25	30	28	28	16	22	26	29	27
Jammu & Kashmir	25	30	27	23	23	23	25	28	26
Jharkhand	32	37	35	29	24	26	31	35	33
Karnataka	30	36	33	19	22	20	26	31	29
Kerala	11	13	12	8	11	10	10	12	11
Madhya Pradesh	64	56	60	36	35	35	58	52	55
Maharashtra	25	29	27	13	15	14	20	23	21
Odisha	50	53	52	42	35	38	49	51	50
Punjab	26	25	25	21	25	23	24	25	24
Rajasthan	46	53	49	31	36	33	42	49	45
Tamil Nadu	24	22	23	14	16	15	19	19	19
Telangana	37	40	38	26	26	26	33	34	34
Uttar Pradesh	49	51	50	34	41	37	46	49	47
Uttarakhand	42	49	45	29	35	31	38	45	41
West Bengal	27	30	29	24	23	23	27	28	27
India	**42**	**46**	**43**	**24**	**27**	**25**	**37**	**41**	**39**

Source: Sample Registration System 2016, Registrar General of India

Table 1.11 a: Mortality Rates (for the five-year period preceding the survey) 2015-16

States	Neonatal mortality Rate					Infant Mortality Rate				
	Rural	Urban	Male	Female	Total	Rural	Urban	Male	Female	Total
Andhra Pradesh	27.5	13.1	30.0	16.5	23.6	40.4	20.1	40.6	28.7	34.9
Arunachal Pradesh	12.5	9.1	9.6	14.1	11.8	24.0	18.6	23.0	22.7	22.8
Assam	34.8	15.9	36.9	28.6	32.9	49.9	28.3	51.5	43.7	47.7
Bihar	37.7	28.0	41.4	31.8	36.7	49.7	34.3	52.3	43.6	48.2
Chhattisgarh	43.1	38.1	46.6	37.5	42.1	56.4	44.4	57.1	50.7	54.0
Goa					(12.9)					(12.9)
Gujarat	28.4	24.5	32.0	21.1	26.8	38.8	27.3	38.4	29.4	34.2
Haryana	23.2	20.1	22.9	21.2	22.1	33.6	31.4	31.0	34.8	32.8
Himachal Pradesh			31.4	19.0	25.5			40.4	27.7	34.3
Jammu & Kashmir	21.4	28.7	24.4	21.8	23.2	31.1	36.7	35.3	29.2	32.4
Jharkhand	34.9	25.4	36.4	29.5	33.1	46.3	33.7	45.8	41.8	43.9
Karnataka	22.8	14.0	21.3	16.9	19.2	33.4	19.5	30.5	24.7	27.7
Kerala	4.4	4.4	3.7	5.1	4.4	5.4	5.8	5.7	5.4	5.6
Madhya Pradesh	38.9	31.4	41.4	32.3	37.0	53.9	43.9	55.5	46.9	51.4
Maharashtra	17.1	15.6	20.3	12.3	16.5	24.3	23.5	28.0	19.5	23.9
Manipur	17.0	12.7	17.7	13.3	15.6	24.7	15.9	24.1	19.3	21.7
Meghalaya	20.4	4.4	21.8	14.7	18.3	32.1	15.5	33.9	25.8	29.9
Mizoram	11.0	11.6	9.5	13.1	11.3	49.7	31.2	34.6	45.6	40.0
Nagaland	18.3	11.4	18.3	14.5	16.4	32.9	20.6	29.7	29.2	29.5
Odisha	30.3	17.3	27.7	29.2	28.4	43.3	20.9	40.5	39.6	40.1
Punjab	24.0	17.1	19.8	22.8	21.2	33.9	22.2	25.6	33.5	29.2
Rajasthan	32.3	20.4	31.1	28.4	29.8	44.2	30.7	42.5	40.0	41.3
Sikkim	25.5	(11.0)	26.7	(13.5)	20.8	37.7	*	32.3	(26.0)	29.5
Tamil Nadu	16.9	11.1	15.3	13.0	14.2	22.6	17.8	21.9	18.7	20.3
Telangana	30.6	12.2	23.0	20.7	21.9	38.2	20.3	29.3	30.3	29.8
Tripura	16.8	(2.3)	15.8	10.6	13.2	31.5	(11.6)	32.7	20.3	26.7
Uttar Pradesh	47.4	36.7	49.1	40.9	45.2	66.6	51.9	64.6	62.4	63.6
Uttarakhand	25.7	33.4	29.7	26.4	28.1	38.1	44.0	42.9	36.6	40.0
West Bengal	26.3	10.9	29.1	14.5	22.0	31.9	16.2	34.5	20.1	27.5
India	**33.1**	**20.1**	**32.8**	**25.8**	**29.5**	**45.5**	**28.5**	**43.3**	**37.9**	**40.7**

Source : National Family Health Survey-4 (2015-16), M/o Health & Family Welfare
**Rate not shown; based on fewer than 250 unweighted person-years of exposure to the risk of death*

Table 1.11 b: Mortality Rates (for the five-year period preceding the survey) (0-4 years)

States	Child Mortality Rate					Under 5 Mortality Rate				
	Rural	Urban	Male	Female	Total	Rural	Urban	Male	Female	Total
Andhra Pradesh	4.7	9.4	5.7	6.5	6.1	44.9	29.3	46.1	34.9	40.8
Arunachal Pradesh	11.1	6.5	11.7	8.6	10.2	34.8	25.0	34.4	31.0	32.8
Assam	9.0	11.7	9.6	9.0	9.3	58.5	39.7	60.6	52.3	56.6
Bihar	10.9	6.3	8.3	12.7	10.4	60.1	40.4	60.2	55.8	58.1
Chhattisgarh	12.0	6.9	12.2	9.5	10.9	67.7	51.0	68.6	59.7	64.2
Goa					(0.0)					(12.9)
Gujarat	12.8	4.9	9.2	10.1	9.6	51.1	32.1	47.2	39.3	43.5
Haryana	10.7	5.2	6.1	11.6	8.6	43.9	36.5	37.0	46.0	41.1
Himachal Pradesh			3.0	4.0	3.5			43.3	31.6	37.6
Jammu & Kashmir	5.5	4.9	4.6	6.2	5.4	36.4	41.4	39.8	35.3	37.6
Jharkhand	12.7	4.6	9.3	13.0	11.1	58.4	38.2	54.7	54.3	54.5
Karnataka	4.8	4.4	3.5	5.9	4.6	38.0	23.8	33.9	30.5	32.2
Kerala	0.6	2.4	2.1	0.9	1.5	6.0	8.1	7.8	6.3	7.1
Madhya Pradesh	16.1	8.8	14.0	14.4	14.2	69.2	52.3	68.8	60.6	64.9
Maharashtra	6.1	4.1	7.2	3.1	5.3	30.3	27.5	35.0	22.5	29.1
Manipur	5.3	2.4	5.3	3.2	4.3	29.9	18.2	29.3	22.4	25.9
Meghalaya	11.0	4.5	11.5	8.6	10.1	42.7	20.0	45.0	34.2	39.7
Mizoram	8.9	3.6	5.6	6.6	6.1	58.1	34.7	40.0	51.9	45.9
Nagaland	9.6	4.4	9.2	6.9	8.1	42.1	24.9	38.6	35.9	37.3
Odisha	9.7	4.5	9.3	8.5	8.9	52.6	25.2	49.4	47.8	48.6
Punjab	5.3	2.3	4.7	3.4	4.1	39.0	24.5	30.1	36.8	33.2
Rajasthan	10.7	6.2	8.4	11.3	9.7	54.4	36.7	50.6	50.8	50.7
Sikkim	1.6	(5.3)	1.3	(4.4)	2.8	39.2	*	3.5	(0.3)	32.2
Tamil Nadu	7.7	5.7	8.1	5.2	6.7	30.2	23.4	29.8	23.8	26.9
Telangana	3.2	4.6	4.2	3.6	3.9	41.3	24.9	33.5	33.8	33.6
Tripura	5.0	(9.8)	2.1	10.6	6.1	36.4	(21.3)	34.7	30.7	32.6
Uttar Pradesh	16.8	10.7	12.1	19.3	15.5	82.3	62.0	75.9	80.4	78.1
Uttarakhand	8.1	5.1	4.0	10.5	7.1	45.9	48.8	46.8	46.7	46.7
West Bengal	6.1	0.2	4.1	4.7	4.4	37.8	16.4	38.5	24.7	31.8
India	**10.7**	**6.0**	**8.5**	**10.4**	**9.4**	**55.8**	**34.4**	**51.5**	**47.8**	**49.7**

Source : National Family Health Survey-4 (2015-16), M/o Health & Family Welfare Note: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death

**Rate not shown; based on fewer than 250 unweighted person-years of exposure to the risk of death*

Table 2.1: Percentage of mal-nutritioned children under five years of age: 2015-16

States	Stunted			Wasted			Underweight		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Andhra Pradesh	32.5	28.3	31.4	17.8	15.5	17.2	33.1	28.4	31.9
Arunachal Pradesh	30.7	24.0	29.4	18.8	11.4	17.3	20.9	13.8	19.5
Assam	38.0	22.3	36.4	17.5	13.2	17.0	30.8	21.4	29.8
Bihar	49.3	39.8	48.3	20.8	21.3	20.8	44.6	37.5	43.9
Chhattisgarh	39.2	31.6	37.6	23.7	20.6	23.1	39.6	30.2	37.7
Goa	23.2	18.3	20.1	11.5	27.7	21.9	21.2	25.3	23.8
Gujarat	42.9	31.7	38.5	28.5	23.4	26.4	44.2	32.0	39.3
Haryana	34.3	33.4	34.0	21.3	21.0	21.2	29.9	28.5	29.4
Himachal Pradesh	26.7	21.4	26.3	13.3	19.1	13.7	21.6	17.1	21.2
Jammu & Kashmir	28.8	23.0	27.4	11.0	16.1	12.1	16.5	17.0	16.6
Jharkhand	48.0	33.7	45.3	29.5	26.8	29.0	49.8	39.3	47.8
Karnataka	38.5	32.6	36.2	26.9	24.8	26.1	37.7	31.5	35.2
Kerala	19.5	19.8	19.7	15.5	16.0	15.7	16.7	15.5	16.1
Madhya Pradesh	43.6	37.5	42.0	27.1	22.0	25.8	45.0	36.5	42.8
Maharashtra	38.4	29.3	34.4	26.1	24.9	25.6	40.0	30.7	36.0
Manipur	31.4	24.1	28.9	7.1	6.4	6.8	14.2	13.1	13.8
Meghalaya	45.0	36.5	43.8	15.5	13.7	15.3	29.9	22.9	29.0
Mizoram	33.8	22.7	28.0	7.8	4.5	6.1	15.7	8.5	11.9
Nagaland	30.9	22.5	28.6	11.7	10.1	11.2	18.0	13.6	16.8
Odisha	35.3	27.2	34.1	20.9	17.0	20.4	35.8	26.2	34.4
Punjab	24.5	27.6	25.7	16.1	15.0	15.6	21.1	22.4	21.6
Rajasthan	40.8	33.0	39.1	23.4	21.6	23.0	38.4	30.7	36.7
Sikkim	32.9	22.9	29.6	14.7	13.2	14.2	15.4	12.0	14.2
Tamil Nadu	28.6	25.5	27.1	20.3	19.0	19.7	25.7	21.5	23.8
Telangana	33.3	20.9	28.1	20.4	14.6	18.0	33.1	22.2	28.5
Tripura	26.8	17.2	24.3	18.0	13.4	16.8	25.0	21.7	24.1
Uttar Pradesh	48.5	37.9	46.3	17.9	18.0	17.9	41.0	33.7	39.5
Uttarakhand	34.0	32.5	33.5	19.9	18.6	19.5	27.1	25.6	26.6
West Bengal	34.0	28.5	32.5	21.6	16.7	20.3	33.6	26.2	31.6
Total	**41.2**	**31.0**	**38.4**	**21.5**	**20.0**	**21.0**	**38.3**	**29.1**	**35.7**

Source: NFHS-4 (2015-16)
Note : Level of malnutrition is below -2 standard deviations

Table 2.2: Breastfeeding status by age

(In %)

Age in months	Not breastfeeding	Exclusively breastfed	Breastfeeding and consuming:			
			Plain water only	Non-milk liquids/juice	Other milk	Complementary foods
<2	3.8	72.5	9.6	0.6	5.9	7.7
2-3	4.6	58.4	17.2	1.1	10.6	8.1
4-5	4.9	41.5	23.9	1.6	14.0	14.1
6-8	6.2	17.0	20.0	2.4	12.2	42.2
9-11	8.6	7.2	12.0	2.0	7.9	62.3
12-17	15.1	4.2	5.0	1.6	4.4	69.8
18-23	26.2	2.3	2.4	0.9	2.7	65.6
<4	4.3	64.0	14.2	0.9	8.7	7.9
<6	4.5	55.0	18.1	1.2	10.8	10.4
6-9	6.7	15.0	18.7	2.3	11.7	45.7
12-23	20.5	3.3	3.7	1.2	3.5	67.8

Source: NFHS-4 (2015-16)
Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semisolids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.
Children who receive breastmilk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water.

Table 2.3: Initial breastfeeding among children born in past two years : 2015-16

States/UTs	Percentage ever breastfed	Among last-born children born in the past two years who were ever breastfed:		
		Percentage who started breastfeeding within one hour of birth *	Percentage who started breastfeeding within one day of birth #	Percentage who received a prelacteal feed $
Andaman & Nicobar Islands	96.9	43.4	83.8	13.2
Andhra Pradesh	96.4	39.2	79.0	23.4
Arunachal Pradesh	92.0	61.0	82.9	19.0
Assam	94.0	65.4	91.5	6.0
Bihar	94.4	35.3	80.9	24.7
Chandigarh	95.9	35.1	75.0	26.1
Chhattisgarh	97.1	47.4	90.3	9.4
Dadra & Nagar Haveli	95.3	46.0	81.5	5.7
Daman & Diu	96.6	53.8	84.8	11.5
Delhi	94.0	29.9	82.0	17.1
Goa	96.8	75.4	93.1	8.8
Gujarat	95.6	49.7	81.0	18.6
Haryana	95.1	42.3	82.1	31.2
Himachal Pradesh	93.7	40.6	80.7	20.4
Jammu & Kashmir	93.0	47.1	84.7	16.8
Jharkhand	96.7	33.0	83.4	19.3
Karnataka	89.2	57.6	82.1	8.7
Kerala	98.5	63.3	95.1	9.0
Lakshadweep	97.8	61.3	91.0	8.5
Madhya Pradesh	95.1	34.6	84.0	12.4
Maharashtra	96.3	57.0	86.5	13.1
Manipur	97.0	65.6	90.4	22.6
Meghalaya	96.7	60.8	92.5	15.5
Mizoram	95.4	73.4	91.9	16.3
Nagaland	95.5	52.9	85.9	30.7
Odisha	97.2	68.9	94.2	5.9
Puducherry	95.5	64.6	90.9	5.7
Punjab	94.5	29.9	74.9	32.1
Rajasthan	96.1	28.4	85.0	16.8
Sikkim	97.0	69.7	94.6	5.0
Tamil Nadu	94.5	55.4	88.1	13.5
Telangana	97.0	35.8	74.2	26.2
Tripura	97.7	46.2	90.2	2.9
Uttar Pradesh	93.8	25.4	67.5	41.5
Uttarakhand	94.1	28.8	72.2	39.1
West Bengal	96.8	47.7	88.7	11.0
India	**95.0**	**41.5**	**81.4**	**21.1**
Urban	94.9	42.9	80.2	22.3
Rural	95.1	40.9	81.9	20.6
Male	94.7	41.5	81.1	21.1
Female	95.4	41.5	81.8	21.0

Source: NFHS-4 (2015-16)
*Note: *Includes children who started breastfeeding immediately after birth # Includes children who started breastfeeding within one hour of birth*
$ Children given something other than breastmilk during the first three days of life

Table 2.4: Median duration (months) of breastfeeding among last-born children born in the last three years* : 2015-16

States/UTs	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding #
Andaman & Nicobar Islands	28.8	4.2	5.0
Andhra Pradesh	22.9	4.4	6.0
Arunachal Pradesh	31.1	3.7	5.3
Assam	≥36.0	4.3	6.2
Bihar	≥36.0	2.7	6.7
Chandigarh	33.2	0.7	4.3
Chhattisgarh	≥36.0	5.3	6.6
Dadra & Nagar Haveli	16.3	4.6	7.2
Daman & Diu	18.2	0.7	0.7
Delhi	26.2	2.3	6.0
Goa	26.0	0.7	5.0
Gujarat	23.6	2.9	6.5
Haryana	31.5	2.4	6.0
Himachal Pradesh	22.1	4.1	5.1
Jammu & Kashmir	28.9	4.5	5.6
Jharkhand	≥36.0	4.0	6.6
Karnataka	20.9	2.8	5.5
Kerala	28.7	2.9	5.0
Lakshadweep	23.2	4.0	6.0
Madhya Pradesh	29.7	3.3	6.8
Maharashtra	25.4	3.2	5.6
Manipur	≥36.0	4.5	5.1
Meghalaya	29.3	0.9	4.4
Mizoram	25.8	3.9	5.2
Nagaland	18.5	1.6	4.5
Odisha	≥36.0	4.0	5.6
Puducherry	19.9	0.6	4.8
Punjab	25.3	2.6	5.5
Rajasthan	26.5	3.2	7.0
Sikkim	32.0	3.1	4.9
Tamil Nadu	17.4	2.2	3.9
Telangana	25.7	4.2	5.8
Tripura	≥36.0	7.1	7.9
Uttar Pradesh	30.1	1.6	5.2
Uttarakhand	31.0	2.4	4.7
West Bengal	≥36.0	2.6	4.7
India	**29.6**	**2.9**	**5.8**

Source: NFHS-4 (2015-16)
*Note: * Median durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey. It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding*
 # Either exclusively breastfed or received breastmilk and plain water, and/or non-milk liquids only

Table 2.5: Minimum Acceptable Diet : 2015-16

Background characteristic	Among breastfed children 6-23 months, percentage fed:			Among Non-breastfed children 6-23 months, percentage fed:				Among all children 6-23 months, percentage fed:			
	Minimum dietary diversity [1]	Minimum meal frequency [2]	Minimum acceptable diet [3]	Milk or milk products [4]	Minimum dietary diversity [1]	Minimum meal frequency [5]	Minimum acceptable diet [6]	Breastmilk, milk, or milk products [7]	Minimum dietary diversity [1]	Minimum meal frequency [8]	Minimum acceptable diet [9]
Age (months)											
6-8	6.6	34.1	4.9	49.8	10.6	44	2.5	96.9	6.8	34.7	4.8
9-11	13.5	22.5	5.5	61.2	23.1	56.5	7.9	96.7	14.3	25.4	5.7
12-17	23.6	30.8	9.4	64.6	33.2	63.1	14.3	94.7	25	35.7	10.1
18-23	29.3	35.2	12.6	62.9	38.8	63.0	17.1	90.3	31.8	42.5	13.8
Total	**19.8**	**31.2**	**8.7**	**62.4**	**33.6**	**61.1**	**14.3**	**94**	**22**	**35.9**	**9.6**
Male	19.5	31.7	8.8	64.6	33.9	62.8	14.7	94.5	21.7	36.5	9.7
Female	20.2	30.6	8.5	60.0	33.3	59.3	13.9	93.5	22.3	35.3	9.4
Urban	24.5	32.5	10.1	66.2	38.8	64.5	16.9	92.7	27.6	39.4	11.6
Rural	18.1	30.7	8.2	59.9	30.3	58.9	12.7	94.6	19.8	34.5	8.8

Source: NFHS-4 (2015-16)

Note :

1 Children receive foods from four or more of the following food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains or roots, including porridge or gruel, fortified baby food; c. itamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, shellfish, or organ meats; g. beans, peas, lentils, or nuts; h. foods made with oil, fat, ghee, or butter from

2 For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months

3 Breastfed children age 6-23 months are considered to be fed a minimum acceptable diet if they are fed the minimum dietary diversity as described in footnote 1 and the minimum meal frequency as defined in footnote 2

4 Includes two or more feedings of commercial infant formula, fresh, tinned and powdered animal milk, and yogurt

5 For nonbreastfed children age 6-23 months, minimum meal frequency is receiving solid or semi-solid food or milk feeds at least four times a day

6 Nonbreastfed children age 6-23 months are considered to be fed a minimum acceptable diet if they receive other milk or milk products at least twice a day, receive the minimum meal frequency as described in footnote 5, and receive solid or semi-solid foods from at least four food groups not including the milk or milk products food group

7 Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt

8 Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 5

9 Children age 6-23 months are considered to be fed a minimum acceptable diet if they receive breastmilk, other milk or milk products as described in footnote 7, are fed the minimum dietary diversity as described in footnote 1, and are fed the minimum meal frequency as described in footnotes 2 and 5

Table 2.6: Foods and liquids consumed by children in the day or night preceding the interview by breastfeeding status and age : 2015-16

Age (months)	Liquids			Solid or semi-solid foods								
	Infant formula	Other milk*	Other liquids#	Fortified baby foods	Food made from grains$	Fruits and vegetables rich in vita-min A@	Other fruits and vegetables	Food made from roots	Food made from beans, peas, lentils, nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any solid or semi solid food
BREASTFEEDING CHILDREN												
<2	2.3	8.3	5.3	1.8	6.3	4.9	3.1	2.6	1.7	2.8	1.9	8.0
2-3	2.9	13.3	5.4	2.4	6.3	4.9	3.2	2.4	1.8	2.4	2.3	8.6
4-5	4.5	17.7	8.0	4.3	9.8	6.3	4.1	3.3	1.9	2.9	3.1	15.1
6-8	7.8	27.4	19.1	13.9	32.5	14.5	9.3	7.3	4.7	5.6	7.2	45.5
9-11	9.6	34.7	28.3	17.0	56.3	28.3	16.7	15.0	9.4	10.5	12.1	68.7
12-17	10.6	39.5	36.1	15.3	71.6	44.8	26.4	24.3	14.4	19	17.3	83.1
18-23	9.8	40.8	38.3	14.4	79.0	54.2	31.5	29.4	18.5	23.9	20.4	89.4
6-23	9.6	36.5	31.8	15.1	62.8	38.2	22.5	20.6	12.6	16.1	15.1	74.5
Total	8.0	30.7	25.3	12.0	48.7	29.8	17.7	16.0	9.9	12.6	11.9	58.2
NON-BREASTFEEDING CHILDREN												
<2	9.1	23.1	11.5	5.3	8.8	9.5	6.9	2.9	5.0	8.8	9.0	16.5
2-3	6.7	36.0	9.9	5.3	9.8	7.6	4.2	3.5	2.8	3.6	3.8	14.8
4-5	13.8	44.0	19	8.2	11.6	9.6	5.4	5.6	3.6	4.5	6.0	23.2
6-8	12.9	50.7	30.0	20.3	32.2	21.6	12.2	8.2	4.6	8.3	9.0	50.4
9-11	18.1	59.9	34.2	22.7	56.1	37.8	24.1	22.5	11.2	16.5	15.4	69.7
12-17	16.9	62.1	44.7	21.2	70.6	51.1	33.6	26.9	17.8	25.4	26.8	84.5
18-23	14.9	62.7	47.3	20.2	79.3	56.8	39.4	32.6	22.1	29.7	30.0	90.4
6-23	15.7	61.4	44.0	20.7	71.1	50.7	34.2	28.1	18.5	25.6	26.2	83.8
Total	**15.3**	**59.4**	**41.7**	**19.6**	**66.2**	**47.4**	**31.9**	**26.2**	**17.3**	**24**	**24.6**	**78.6**

Source: NFHS-4 (2015-16)
Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night).
** Other milk includes tinned, powdered, and fresh animal*
milk # Does not include plain water
$ Includes fortified baby food
@ Includes pumpkin, carrots, squash, sweet potatoes that are yellow or orange inside, dark green leafy vegetables, ripe mangoes, papayas, cantaloupe, or jackfruit

Table 2.7: Percentage of children age 6-59 months having anaemia(<11.0 g/dl): 2015-16

States	Rural	Urban	Total	Male	Female	NFHS-3 (2005-06) Total
Andhra Pradesh	60.8	52.4	**58.6**	56.7	60.7	-
Arunachal Pradesh	51.0	49.7	**50.7**	50.2	51.2	56.9
Assam	36.5	27.6	**35.7**	35.9	35.4	69.4
Bihar	64.0	58.8	**63.5**	62.0	65.0	78.0
Chhattisgarh	41.2	42.9	**41.6**	41.6	41.5	71.2
Goa	41.2	52.2	**48.3**	49.4	47.2	38.2
Gujarat	64.6	59.5	**62.6**	64.1	60.8	69.7
Haryana	72.9	69.6	**71.7**	70.4	73.4	72.3
Himachal Pradesh	53.3	58.7	**53.7**	51.9	55.7	54.4
Jammu & Kashmir	44.1	40.6	**43.3**	42.6	44.0	58.5
Jharkhand	71.5	63.2	**69.9**	69.1	70.8	70.3
Karnataka	63.3	57.1	**60.8**	61.5	60.2	70.3
Kerala	35.7	35.5	**35.6**	35.2	36.0	44.5
Madhya Pradesh	69.8	66.2	**68.9**	69.1	68.8	74.0
Maharashtra	54.0	53.6	**53.8**	54.0	53.6	63.4
Manipur	22.0	24.5	**22.8**	24.8	20.7	41.1
Meghalaya	41.8	33.6	**40.7**	41.6	39.9	63.8
Mizoram	24.5	14.1	**19.1**	20.8	17.4	43.8
Nagaland	23.1	17.6	**21.6**	21.3	21.9	-
Odisha	45.7	38.1	**44.6**	44.0	45.1	65.0
Punjab	57.2	55.7	**56.6**	58.0	55.1	66.4
Rajasthan	61.6	55.7	**60.3**	60.3	60.3	69.6
Sikkim	52.7	59.7	**55.1**	58.4	51.1	58.1
Tamil Nadu	52.3	48.2	**50.4**	51.2	49.5	64.2
Telangana	67.5	51.6	**60.7**	62.2	58.9	-
Tripura	49.2	45.7	**48.3**	49.4	47.1	62.9
Uttar Pradesh	62.7	65.0	**63.2**	63.2	63.1	73.9
Uttarakhand	52.8	59.3	**54.9**	53.2	56.8	60.7
West Bengal	53.7	55.5	**54.2**	52.2	56.2	61.0
India	**59.4**	**55.9**	**58.4**	**58.3**	**58.6**	**69.4**

Source: NFHS-4 (2015-16)

Table 2.8: Prevalence of anaemia in children : 2015-16

States/UTs	Anaemia status by haemoglobin level			Any anaemia (<11.0 g/dl)
	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)	
Andaman & Nicobar Islands	26.0	22.6	0.4	49.0
Andhra Pradesh	26.4	29.9	2.4	58.6
Arunachal Pradesh	29.1	24.1	1.1	54.3
Assam	23.9	11.4	0.4	35.7
Bihar	30.2	31.8	1.4	63.5
Chandigarh	27.5	41.6	4.0	73.1
Chhattisgarh	24.0	17.0	0.6	41.6
Dadra & Nagar Haveli	35.5	47.4	1.7	84.6
Daman & Diu	35.7	37.2	0.9	73.8
Delhi	19.4	36.2	4.1	59.7
Goa	29.8	18.1	0.5	48.3
Gujarat	31.5	29.3	1.7	62.6
Haryana	28.2	40.5	3.0	71.7
Himachal Pradesh	23.1	28.0	2.6	53.7
Jammu & Kashmir	21.1	21.6	1.2	43.8
Jharkhand	31.6	37.2	1.1	69.9
Karnataka	30.3	29.8	0.8	60.9
Kerala	22.7	12.5	0.4	35.6
Lakshadweep	27.8	25.5	0.4	53.6
Madhya Pradesh	29.4	37.6	2.0	68.9
Maharashtra	27.7	25.0	1.1	53.8
Manipur	16.5	7.2	0.2	23.9
Meghalaya	30.2	17.3	0.5	48.0
Mizoram	12.8	5.9	0.7	19.3
Nagaland	15.1	10.8	0.5	26.4
Odisha	24.8	19.0	0.8	44.6
Puducherry	29.0	15.6	0.2	44.9
Punjab	27.3	27.9	1.4	56.6
Rajasthan	27.1	31.3	1.9	60.3
Sikkim	32.4	22.2	0.4	55.1
Tamil Nadu	27.5	22.2	0.9	50.7
Telangana	24.7	33.5	2.5	60.7
Tripura	30.5	17.6	0.2	48.3
Uttar Pradesh	26.4	34.4	2.4	63.2
Uttarakhand	27.3	30.1	2.4	59.8
West Bengal	30.9	22.8	0.5	54.2
India	**27.8**	**29.1**	**1.5**	**58.4**

Source: NFHS-4 (2015-16)
Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using the CDC formula (Centers for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47 (RR-3): 1-29). Haemoglobin levels are shown in grams per decilitre (g/dl).

Table 2.9: Anaemia status by haemoglobin level: 2015-16

Background characteristic	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)	Any anaemia (<11.0 g/dl)
Age in months				
6-8	30.1	36.9	1.4	68.4
9-11	28.1	38.3	2.1	68.6
12-17	27.7	41.0	2.4	71.1
18-23	27.4	39.6	2.8	69.8
24-35	28.6	31.8	1.8	62.2
36-47	28.1	23.1	1.1	52.2
48-59	26.4	17.5	0.7	44.6
Total	**27.8**	**29.1**	**1.5**	**58.4**
Male	27.3	29.4	1.6	58.3
Female	28.4	28.7	1.5	58.6
Urban	26.8	27.5	1.6	55.9
Rural	28.2	29.7	1.5	59.4

Source: NFHS-4 (2015-16)
Note : Haemoglobin levels, is adjusted for altitude using the CDC formula (Centers for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47 (RR-3): 1-29). Haemoglobin levels are shown in grams per decilitre (g/dl).
* Excludes children whose mothers were not interviewed

Table 2.10: Presence of iodized salt in household

States/UTs	Percentage of households with salt tested
Andaman & Nicobar Islands	99.9
Andhra Pradesh	99.4
Arunachal Pradesh	99.7
Assam	99.8
Bihar	99.0
Chandigarh	99.0
Chhattisgarh	99.7
Dadra & Nagar Haveli	98.5
Daman & Diu	96.8
Delhi	98.6
Goa	99.9
Gujarat	99.1
Haryana	99.6
Himachal Pradesh	99.6
Jammu & Kashmir	99.7
Jharkhand	99.8
Karnataka	99.4
Kerala	99.8
Lakshadweep	98.8
Madhya Pradesh	99.5
Maharashtra	99.4
Manipur	99.8
Meghalaya	99.8
Mizoram	99.8
Nagaland	99.9
Odisha	99.8
Puducherry	99.7
Punjab	99.7
Rajasthan	99.7
Sikkim	99.7
Tamil Nadu	99.5
Telangana	99.1
Tripura	100.0
Uttar Pradesh	99.4
Uttarakhand	99.5
West Bengal	99.8
India	**99.5**

Source: NFHS-4 (2015-16)

Table 2.11: Micronutrient intake among children

States/UTs	Youngest children age 6-23 months living with their mother		Children age 12-35 months	Children age 6-59 months		
	% who consumed foods rich in vitamin A in past 24 hours *	% who consumed foods rich in iron in past 24 hours #	% given vitamin A supplements in past 6 months	% given vitamin A supplements in past 6 months @	% given iron supplements in past 7 days $	% given deworming medication in past 6 months $
Andaman & Nicobar Islands	67.1	51.3	75.2	66.7	25.3	46.2
Andhra Pradesh	38.5	24.3	78.8	71.6	27.3	20.7
Arunachal Pradesh	59.0	41.4	46.7	40.3	20.8	28.6
Assam	53.3	26.8	57.3	51.2	20.5	30.2
Bihar	39.2	13.8	64.8	60.7	21.9	25.0
Chandigarh	22.0	5.9	62.0	56.3	12.9	16.3
Chhattisgarh	62.7	13.7	78.2	69.2	35.7	39.7
Dadra & Nagar Haveli	24.1	1.1	63.2	58.9	15.3	13.9
Daman & Diu	46.3	19.6	77.5	68.2	25.1	22.8
Delhi	51.6	11.5	64.2	58.1	28.1	41.5
Goa	36.0	20.9	91.1	88.6	55.5	65.6
Gujarat	43.8	5.1	75.9	70.3	32.0	28.2
Haryana	36.7	8.0	70.9	66.0	40.7	35.0
Himachal Pradesh	51.8	5.1	73.7	63.1	19.7	39.7
Jammu & Kashmir	62.1	44.2	72.0	64.0	19.1	39.1
Jharkhand	45.1	13.7	58.8	52.9	17.3	21.6
Karnataka	43.1	21.9	82.8	78.2	50.2	51.2
Kerala	55.1	37.8	81.6	74.4	17.8	50.5
Lakshadweep	54.3	44.6	54.2	52.2	10.1	47.2
Madhya Pradesh	39.6	7.6	66.3	59.6	25.9	29.5
Maharashtra	40.8	15.3	74.8	69.7	41.2	44.7
Manipur	68.9	52.9	39.0	31.4	4.5	9.2
Meghalaya	68.9	53.5	58.6	53.1	29.7	32.8
Mizoram	73.9	61.1	70.7	68.4	24.9	56.3
Nagaland	63.1	51.8	35.1	28.6	8.2	17.4
Odisha	62.5	16.5	76.8	68.5	27.9	27.5
Puducherry	72.2	56.9	76.5	74.4	45.1	49.1
Punjab	34.0	6.6	77.9	70.4	32.5	29.0
Rajasthan	26.6	2.8	45.1	40.1	14.1	15.6
Sikkim	68.2	36.8	86.6	82.7	50.9	47.9
Tamil Nadu	72.5	58.5	72.8	68.1	34.0	52.9
Telangana	42.8	26.8	81.3	75.3	37.3	25.2
Tripura	38.5	19.6	67.3	62.3	7.9	55.2
Uttar Pradesh	32.6	5.3	45.0	39.2	13.1	17.0
Uttarakhand	39.6	9.5	40.2	36.5	14.2	15.6
West Bengal	61.9	42.6	76.5	66.4	27.9	54.1
India	**44.1**	**17.9**	**65.5**	**59.5**	**26.1**	**31.4**

Source: NFHS-4 (2015-16)

Note: Information on iron supplements and deworming medication is based on the mother's recall. Information on vitamin A supplementation is based on the vaccination card (where available) and mother's recall.

** Includes meat and organ meats, fish, poultry, eggs, pumpkin, carrots, squash, sweet potatoes that are yellow or orange inside, dark green leafy vegetables, ripe mango, papaya, cantaloupe, and jackfruit*

 # Includes meat and organ meats, fish, poultry, or eggs

$ Based on the mother's recall

@ Based on the mother's recall and the vaccination card (where available)

Table 2.12: Antenatal care by type of provider

States/UTs	Doctor	ANM/ nurse/ midwife/ LHV	Dai/ TBA	Anganwadi/ ICDS worker	Community/ village health worker	ASHA	No ANC	Percentage receiving ANC from a skilled provider
Andaman & Nicobar Islands	31.6	65.8	0.0	0.0	0.0	0.0	2.5	97.5
Andhra Pradesh	90.7	6.6	0.0	1.3	0.0	0.3	1.0	97.3
Arunachal Pradesh	45.4	12.5	0.1	0.1	0.1	0.7	40.8	57.9
Assam	58.8	23.6	0.3	1.4	0.5	4.7	10.5	82.5
Bihar	30.4	18.6	0.4	4.4	0.3	1.7	43.9	49.0
Chandigarh	61.1	35.9	0.6	0.0	0.0	0.0	2.4	97.0
Chhattisgarh	44.0	47.2	0.2	4.2	0.1	0.4	3.8	91.2
Dadra & Nagar Haveli	56.5	29.3	0.0	2.1	0.0	0.4	11.7	85.8
Daman & Diu	66.7	12.7	0.7	4.2	0.0	0.0	15.8	79.4
Delhi	76.7	12.3	0.5	0.5	0.0	0.1	9.8	89.1
Goa	87.4	7.0	0.0	2.7	0.0	0.0	2.9	94.4
Gujarat	71.0	9.4	0.4	3.3	0.1	2.0	13.7	80.4
Haryana	48.3	30.9	0.7	2.3	0.1	0.6	17.1	79.2
Himachal Pradesh	77.7	12.9	0.5	0.5	0.2	0.1	7.9	90.6
Jammu & Kashmir	81.8	8.6	0.6	0.2	0.1	1.1	7.6	90.4
Jharkhand	39.0	30.7	0.3	5.9	0.2	0.4	23.4	69.6
Karnataka	82.3	5.1	0.0	1.1	0.0	0.2	11.0	87.5
Kerala	98.9	0.3	0.0	0.1	0.0	0.0	0.6	99.2
Lakshadweep	99.3	0.4	0.0	0.0	0.0	0.0	0.4	99.6
Madhya Pradesh	31.3	37.6	0.5	6.9	0.1	1.0	22.4	68.9
Maharashtra	77.5	13.5	0.2	0.9	0.1	0.2	7.5	91.0
Manipur	86.6	1.9	0.5	0.1	0.1	0.6	10.1	88.6
Meghalaya	62.3	18.0	0.6	0.4	0.2	1.5	15.3	80.4
Mizoram	67.5	19.3	0.2	0.2	1.2	0.6	10.9	86.8
Nagaland	35.5	8.5	0.8	0.2	0.2	1.0	53.7	44.0
Odisha	75.9	7.0	0.4	7.8	0.2	2.8	5.7	82.9
Puducherry	87.9	9.1	0.0	0.1	0.0	0.2	2.6	97.0
Punjab	59.3	35.4	0.3	0.9	0.0	1.1	2.9	94.6
Rajasthan	54.9	27.8	0.2	2.5	0.0	0.5	14.1	82.7
Sikkim	70.8	22.8	0.0	0.0	0.0	1.3	5.1	93.6
Tamil Nadu	83.1	8.6	0.0	0.4	0.1	0.1	7.6	91.7
Telangana	85.8	8.6	0.0	2.0	0.1	0.2	2.7	94.5
Tripura	92.2	0.8	0.0	0.2	0.0	0.4	6.3	93.1
Uttar Pradesh	36.8	35.5	0.4	1.6	0.1	1.7	23.7	72.3
Uttarakhand	52.2	22.7	0.6	1.4	0.1	1.2	21.8	74.8
West Bengal	78.9	9.0	0.2	1.2	0.2	1.9	8.6	87.9
India	**58.8**	**20.4**	**0.3**	**2.5**	**0.1**	**1.2**	**16.4**	**79.3**

Source: NFHS-4 (2015-16)
Note: If more than one source of ANC was mentioned, only the provider with the highest qualification is considered. ANM = Auxiliary nurse midwife; LHV = Lady health visitor; TBA = Traditional birth attendant; ICDS = Integrated Child Development Services; ASHA = Accredited Social Health Activist
1 Skilled provider includes doctor, auxiliary nurse midwife, nurse, midwife, and lady health visitor

Table 2.13: Antenatal care indicators

States/UTs	% who had at least one ANC visit	% who had four or more ANC visits	% with an ANC visit in the first trimester of pregnancy	% who received two or more TT injections during the pregnancy	% whose last birth was protected against neonatal tetanus #	% who took IFA for at least 100 days
Andaman & Nicobar Islands	96.8	92.1	68.4	89.9	91.8	58.4
Andhra Pradesh	98.8	76.3	82.3	91.7	94.9	56.1
Arunachal Pradesh	56.1	26.7	36.9	56.5	63.9	8.3
Assam	87.8	46.4	55.1	83.6	89.8	32.0
Bihar	55.7	14.4	34.6	81.5	89.6	9.7
Chandigarh	96.9	64.5	67.4	89.1	95.1	44.9
Chhattisgarh	95.7	59.1	70.8	89.7	94.3	30.3
Dadra & Nagar Haveli	84.9	75.6	63.5	81.1	86.8	43.9
Daman & Diu	80.7	62.7	75.1	61.1	71.1	38.3
Delhi	89.2	67.9	63.0	83.3	90.6	53.8
Goa	96.7	89.0	84.4	89.3	96.2	67.4
Gujarat	85.1	70.5	73.8	81.4	86.6	36.8
Haryana	82.3	45.1	63.2	86.3	92.3	32.5
Himachal Pradesh	90.4	69.1	70.5	69.7	86.2	49.4
Jammu & Kashmir	90.9	81.3	76.7	81.6	87.4	30.2
Jharkhand	76.3	30.3	52.0	85.9	91.7	15.3
Karnataka	88.0	70.1	65.9	80.1	88.1	45.2
Kerala	92.6	90.1	95.1	94.8	96.4	67.1
Lakshadweep	87.4	82.3	90.6	90.0	93.6	81.7
Madhya Pradesh	75.6	35.7	53.0	83.3	89.8	23.5
Maharashtra	91.9	72.2	67.6	81.4	90.4	40.6
Manipur	89.5	69.0	77.0	84.5	88.8	39.2
Meghalaya	81.1	50.0	53.3	67.8	79.2	36.2
Mizoram	87.9	61.4	65.6	74.2	82.5	53.6
Nagaland	45.8	15.0	24.7	59.4	63.7	4.4
Odisha	92.9	61.9	64.0	89.3	94.3	36.5
Puducherry	97.2	87.7	80.6	75.0	82.1	66.3
Punjab	97.1	68.4	75.6	89.0	92.9	42.6
Rajasthan	85.5	38.5	63.0	81.9	89.7	17.3
Sikkim	91.0	74.7	76.2	95.9	97.2	52.8
Tamil Nadu	91.4	81.1	64.0	65.4	71.0	64.0
Telangana	96.6	74.9	83.1	85.4	88.8	52.7
Tripura	88.9	64.3	66.4	91.9	93.0	13.4
Uttar Pradesh	76.1	26.4	45.9	81.4	86.5	12.9
Uttarakhand	77.0	30.9	53.5	85.7	91.4	24.9
West Bengal	90.3	76.4	54.9	91.4	95.4	28.0
India	**82.7**	**51.2**	**58.6**	**83.0**	**89.0**	**30.3**

Source: NFHS-4 (2015-16)

Note: TT = Tetanus toxoid; IFA = Iron and folic acid

 # Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth

Table 2.14: Trends in maternal care indicators

Maternal care indicators for births to women age 15-49 years during the five years preceding the survey by residence, NFHS-4 and NFHS-3, India

Indicator	NFHS-4 (2015-16)	NFHS-3 (2005-06)
URBAN		
Percentage who received antenatal care*	90.8	91.8
Percentage who had at least three antenatal care visits*	77.0	76.8
Percentage who received antenatal care within the first trimester of pregnancy*	69.1	65.8
Percentage of births delivered in a health facility#	88.7	66.7
Percentage of deliveries assisted by a skilled provider#, @	90.0	73.9
RURAL		
Percentage who received antenatal care*	80.4	74.8
Percentage who had at least three antenatal care visits*	59.4	47.8
Percentage who received antenatal care within the first trimester of pregnancy*	54.2	40.0
Percentage of births delivered in a health facility#	75.1	29.7
Percentage of deliveries assisted by a skilled provider#, @	78.0	37.7
TOTAL		
Percentage who received antenatal care*	83.5	79.6
Percentage who had at least three antenatal care visits*	64.6	56.0
Percentage who received antenatal care within the first trimester of pregnancy*	58.6	47.3
Percentage of births delivered in a health facility#	78.9	39.6
Percentage of deliveries assisted by a skilled provider#, @	81.4	47.4

Source: NFHS-4 (2015-16)
*Note: * Based on the last birth to women in the five years preceding the survey # Based on all births to women in the five years preceding the survey*
@ Doctor, auxiliary nurse midwife, nurse, midwife, lady health visitor, or other health personnel

Table 2.15: Delivery and postnatal care

States/UTs	% of births delivered in a public health facility	% of births delivered in a private health facility	% of births delivered in a health facility	% of deliveries assisted by a skilled provider*	% of births delivered by caesarean section	% of children who received postnatal care from a skilled provider in the first two days of birth1
Andaman & Nicobar Islands	92.0	4.3	96.4	97.2	19.3	23.1
Andhra Pradesh	38.3	53.2	91.5	92.1	40.1	28.5
Arunachal Pradesh	42.7	9.6	52.2	53.7	8.9	8.0
Assam	59.9	10.6	70.6	74.3	13.4	22.9
Bihar	47.6	16.2	63.8	69.9	6.2	10.8
Chandigarh	72.4	19.3	91.6	93.3	22.6	50.5
Chhattisgarh	55.9	14.4	70.2	78.0	9.9	34.2
Dadra & Nagar Haveli	66.4	21.6	88.0	89.5	16.2	20.7
Daman & Diu	43.0	47.1	90.1	77.0	15.7	19.4
Delhi	55.5	28.8	84.4	86.6	26.7	21.1
Goa	58.2	38.7	96.9	97.5	31.4	49.5
Gujarat	32.6	55.9	88.5	87.1	18.4	15.7
Haryana	52.0	28.4	80.4	84.6	11.7	21.4
Himachal Pradesh	61.6	14.8	76.4	78.9	16.7	29.0
Jammu & Kashmir	78.1	7.5	85.6	87.5	33.1	20.3
Jharkhand	41.8	20.1	61.9	69.6	9.9	21.7
Karnataka	61.2	32.8	94.0	93.7	23.6	22.3
Kerala	38.3	61.5	99.8	99.9	35.8	49.1
Lakshadweep	64.3	35.0	99.3	100.0	38.4	56.9
Madhya Pradesh	69.4	11.4	80.8	78.0	8.6	17.5
Maharashtra	48.9	41.4	90.3	91.1	20.1	30.5
Manipur	45.7	23.4	69.1	77.2	21.1	10.7
Meghalaya	39.5	11.9	51.4	53.8	7.6	9.0
Mizoram	63.7	16.0	79.7	83.6	12.7	11.0
Nagaland	25.1	7.7	32.8	41.3	5.8	1.6
Odisha	75.8	9.5	85.3	86.5	13.8	29.5
Puducherry	82.0	17.9	99.9	100.0	33.6	36.0
Punjab	51.6	38.8	90.5	94.1	24.6	47.2
Rajasthan	63.5	20.5	84.0	86.5	8.6	22.6
Sikkim	82.7	12.0	94.7	97.1	20.9	12.7
Tamil Nadu	66.6	32.3	98.9	99.2	34.1	35.4
Telangana	30.5	60.9	91.5	91.3	57.7	25.2
Tripura	69.1	10.8	79.9	80.9	20.5	8.4
Uttar Pradesh	44.5	23.3	67.8	70.4	9.4	24.4
Uttarakhand	43.8	24.9	68.6	71.2	13.1	19.2
West Bengal	56.6	18.6	75.2	81.6	23.8	26.7
India	**52.1**	**26.8**	**78.9**	**81.4**	**17.2**	**24.2**

Source: NFHS-4 (2015-16)

*Note: * A skilled provider includes a doctor, auxiliary nurse midwife, nurse, midwife, lady health visitor, and other health personnel. For birth attendance, if the woman mentioned more than one person attending the delivery, only the most qualified person is considered in this table.*

Table 2.16: HIV/AIDS awareness indicators

States/UTs	Percentage who have heard of HIV or AIDS	Percentage who know that HIV/ AIDS can be prevented by using condoms	Percentage who have comprehensive knowledge about HIV/AIDS*	Percentage who know that HIV/AIDS can be transmitted from a mother to her baby by all three means#
Andaman & Nicobar Islands	87.2	59.5	29.3	38.9
Andhra Pradesh	95.2	57.5	28.9	75.6
Arunachal Pradesh	78.0	45.2	16.0	34.4
Assam	77.7	44.6	9.4	40.3
Bihar	45.7	33.5	10.1	32.5
Chandigarh	98.6	87.6	41.1	59.3
Chhattisgarh	81.1	57.5	20.7	42.4
Dadra & Nagar Haveli	47.4	34.7	9.3	15.9
Daman & Diu	79.4	63.2	27.9	34.3
Delhi	89.1	72.6	32.7	51.3
Goa	97.2	77.4	34.6	70.0
Gujarat	59.3	43.1	18.4	33.8
Haryana	85.1	71.6	31.1	61.7
Himachal Pradesh	90.7	68.6	30.9	50.1
Jammu & Kashmir	91.6	68.5	19.0	64.8
Jharkhand	61.4	45.5	15.7	40.9
Karnataka	81.5	50.0	9.5	55.5
Kerala	98.8	74.2	43.1	48.8
Lakshadweep	94.1	46.7	22.0	44.2
Madhya Pradesh	61.0	46.8	18.1	38.5
Maharashtra	86.7	67.9	30.0	58.0
Manipur	99.0	79.0	40.7	52.6
Meghalaya	78.5	47.0	13.3	43.4
Mizoram	97.6	91.2	66.2	54.5
Nagaland	89.2	39.9	12.5	59.7
Odisha	90.0	59.4	20.2	57.4
Puducherry	99.0	72.7	25.4	55.9
Punjab	97.8	87.7	49.3	71.4
Rajasthan	65.0	50.4	19.1	45.1
Sikkim	90.9	62.7	25.5	57.4
Tamil Nadu	95.2	64.7	16.0	57.8
Telangana	90.1	59.1	29.5	65.6
Tripura	85.2	57.6	28.0	43.8
Uttar Pradesh	61.0	47.4	17.5	41.3
Uttarakhand	80.9	65.3	28.6	52.6
West Bengal	74.7	53.9	18.6	47.5
India	**75.6**	**54.9**	**20.9**	**49.1**

Source: NFHS-4 (2015-16)

*Note: * Respondents with comprehensive knowledge say that the consistent use of a condom every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, say that a healthy-looking person can have HIV/AIDS, and reject two common misconceptions about transmission or prevention of HIV/AIDS*

 # During pregnancy, during delivery, and by breastfeeding

Table 2.17: Percentage of children age 12-23 months who have received all basic vaccinations : 2015-16

States	Rural	Urban	Total	Male	Female
Andhra Pradesh	67.2	60.4	**65.2**	61.4	69.1
Arunachal Pradesh	36.4	44.2	**38.2**	37.4	39.1
Assam	44.4	70.9	**47.1**	48.0	46.0
Bihar	61.9	59.7	**61.7**	61.7	61.7
Chhattisgarh	74.3	84.8	**76.4**	77.6	75.1
Goa	(90.1)	(87.7)	**88.4**	(83.1)	(93.6)
Gujarat	50.4	50.4	**50.4**	48.9	52.2
Haryana	65.1	57.0	**62.2**	63.3	61.0
Himachal Pradesh	69.9	(64.8)	**69.5**	70.0	68.9
Jammu & Kashmir	72.9	81.6	**75.1**	74.3	76.0
Jharkhand	60.7	67.0	**61.9**	63.1	60.6
Karnataka	64.8	59.8	**62.6**	59.9	65.5
Kerala	82.0	82.2	**82.1**	82.1	82.0
Madhya Pradesh	50.2	63.0	**53.6**	54.2	52.9
Maharashtra	56.7	55.8	**56.3**	54.8	57.8
Manipur	61.7	74.2	**65.8**	68.4	63.1
Meghalaya	58.5	81.4	**61.5**	58.4	64.6
Mizoram	51.3	49.8	**50.5**	46.0	55.0
Nagaland	33.4	41.6	**35.7**	34.2	37.4
Odisha	79.2	75.0	**78.6**	79.8	77.1
Punjab	89.3	88.7	**89.0**	88.4	89.8
Rajasthan	53.1	60.9	**54.8**	50.2	59.9
Sikkim	83.7	(81.4)	**83.0**	81.5	84.9
Tamil Nadu	66.8	73.3	**69.7**	72.3	67.0
Telangana	68.3	67.8	**68.1**	72.0	63.6
Tripura	51.2	64.1	**54.5**	60.6	49.1
Uttar Pradesh	50.4	53.6	**51.1**	53.2	48.7
Uttarakhand	58.2	56.5	**57.7**	57.3	58.1
West Bengal	87.1	77.7	**84.4**	85.6	83.3
India	**61.3**	**63.9**	**62.0**	**62.1**	**61.9**

Source: NFHS-4 (2015-16)
Note: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death

Table 2.18: Percentage of children age 12-23 months who have received vaccinations : 2015-16

States	Hepatitis B *	BCG	DPT #	Polio $	Measles
Andhra Pradesh	68.8	97.2	89.0	72.3	89.4
Arunachal Pradesh	40.9	70.9	52.3	53.7	54.6
Assam	52.0	82.3	66.5	56.0	71.4
Bihar	65.5	91.7	80.1	72.9	79.4
Chhattisgarh	76.4	98.4	91.4	81.7	93.9
Goa	85.2	100.0	94.2	92.9	96.5
Gujarat	38.6	87.9	72.7	62.3	75.0
Haryana	54.3	92.8	76.5	75.3	79.0
Himachal Pradesh	74.1	94.8	85.0	82.4	87.5
Jammu & Kashmir	70.3	95.6	88.1	83.8	86.2
Jharkhand	56.3	95.8	82.3	73.8	82.6
Karnataka	58.9	92.5	77.9	74.6	82.4
Kerala	82.4	98.1	90.4	88.5	89.4
Madhya Pradesh	56.3	91.6	73.4	63.6	79.6
Maharashtra	60.8	90.0	74.9	67.0	82.8
Manipur	69.8	91.2	77.8	76.6	74.2
Meghalaya	62.9	86.0	74.0	71.0	71.9
Mizoram	56.8	75.3	61.7	61.7	61.1
Nagaland	45.8	68.4	52.0	52.5	50.4
Odisha	83.2	94.1	89.2	82.8	87.9
Punjab	91.0	98.2	94.5	93.7	93.1
Rajasthan	53.0	88.8	71.6	65.4	78.1
Sikkim	84.1	98.9	93.0	87.7	93.3
Tamil Nadu	68.2	94.9	84.5	82.3	85.1
Telangana	70.6	97.4	87.9	75.3	90.6
Tripura	54.4	82.4	71.1	70.1	69.7
Uttar Pradesh	52.8	87.6	66.5	68.3	70.8
Uttarakhand	59.4	92.6	80.0	68.0	80.5
West Bengal	86.4	97.5	92.7	87.9	92.8
India	**62.8**	**91.9**	**78.4**	**72.8**	**81.1**

Source: NFHS-4 (2015-16)
Note: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death
** 3 doses of Hepatitis B vaccine # 3 doses of DPT vaccine*
$ 3 doses of Polio vaccine

Table 2.19 a : Percentage of children age 12-23 months who have received vaccinations : 2015-16

States	3 doses of Hepatitis B vaccine				BCG				3 doses of DPT vaccine			
	Rural	Urban	Male	Female	Rural	Urban	Male	Female	Rural	Urban	Male	Female
Andhra Pradesh	71.5	62.1	65.2	72.4	97.0	97.7	97.5	97.0	90.6	84.9	88.2	89.7
Arunachal Pradesh	38.1	50.1	42.0	39.7	68.0	80.4	71.6	70.2	49.9	60.0	54.3	50.1
Assam	50.0	70.0	53.7	50.2	81.0	94.3	83.7	80.8	64.6	82.8	67.7	65.2
Bihar	65.6	64.7	64.5	66.5	91.7	91.5	90.7	92.7	80.2	79.3	79.1	81.2
Chhattisgarh	75.0	81.9	76.6	76.1	98.7	97.1	98.2	98.6	91.0	93.2	92.4	90.5
Goa	(75.9)	(89.7)	(76.4)	(93.6)	(100.0)	(100.0)	(100.0)	(100.0)	(94.7)	(94.0)	(93.2)	(95.2)
Gujarat	37.2	40.5	38.3	39.0	85.9	90.6	88.5	87.2	69.1	77.6	72.3	73.1
Haryana	56.2	50.8	54.8	53.7	92.3	93.8	92.9	92.6	79.2	71.6	77.9	74.9
Himachal Pradesh	73.9	(76.3)	76.9	70.8	95.3	(88.1)	93.9	95.8	85.8	(74.8)	86.4	83.4
Jammu&Kashmir	68.7	74.9	68.0	72.7	94.7	98.5	94.9	96.5	86.7	92.4	86.7	89.6
Jharkhand	54.5	64.7	57.9	54.7	95.1	98.7	95.9	95.7	81.3	87.1	82.6	82.0
Karnataka	62.8	54.1	57.4	60.6	95.2	89.2	90.8	94.5	82.1	72.7	75.9	80.2
Kerala	82.1	82.7	81.9	82.8	97.9	98.3	97.9	98.3	90.3	90.5	89.8	91.1
Madhya Pradesh	53.4	64.3	56.4	56.2	90.3	95.0	91.6	91.6	70.7	80.8	74.0	72.7
Maharashtra	63.5	57.3	57.8	63.8	89.8	90.3	91.0	89.1	74.8	75.0	74.1	75.8
Manipur	65.8	78.1	73.6	65.8	89.1	95.5	91.0	91.5	74.3	84.9	79.4	76.0
Meghalaya	60.3	79.9	60.6	65.1	84.4	96.2	83.6	88.3	71.8	88.1	71.0	76.9
Mizoram	55.5	58.0	52.2	61.3	71.4	79.2	70.5	80.1	60.4	63.0	56.2	67.2
Nagaland	43.4	52.2	43.9	48.2	65.0	77.2	68.7	68.0	49.7	58.0	50.1	54.1
Odisha	84.0	78.8	84.9	81.3	94.2	93.3	95.0	93.0	89.6	87.4	90.1	88.3
Punjab	92.2	89.1	91.4	90.5	98.5	97.7	98.6	97.8	95.7	92.6	94.5	94.4
Rajasthan	51.7	58.0	50.0	56.4	87.0	95.3	87.7	90.1	69.8	78.4	68.6	75.0
Sikkim	86.4	(78.9)	80.6	88.4	99.2	(98.2)	98.0	100.0	95.0	(88.4)	92.0	94.1
Tamil Nadu	66.1	70.8	67.8	68.6	93.9	96.2	96.4	93.4	83.1	86.3	85.6	83.5
Telangana	71.4	69.7	75.2	65.3	97.2	97.6	98.1	96.6	86.3	89.5	87.3	88.6
Tripura	48.4	72.5	61.2	48.5	80.0	89.5	82.3	82.4	68.9	77.4	76.8	66.0
Uttar Pradesh	51.9	56.0	54.5	51.0	87.4	88.3	88.8	86.2	65.9	68.8	68.3	64.7
Uttarakhand	59.8	58.6	58.2	60.9	94.0	90.4	92.0	94.0	79.6	81.0	80.3	79.6
West Bengal	88.7	80.6	87.8	85.0	98.5	95.1	97.5	97.5	94.7	87.8	93.5	92.0
India	**62.5**	**63.3**	**62.5**	**63.0**	**91.4**	**93.2**	**92.1**	**91.7**	**77.7**	**80.2**	**78.3**	**78.5**

Source: NFHS-4 (2015-16)
Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death

Table 2.19 b: Percentage of children age 12-23 months who have received vaccinations : 2015-16

States	3 doses of Polio vaccine				Measles vaccine			
	Rural	Urban	Male	Female	Rural	Urban	Male	Female
Andhra Pradesh	75.2	64.9	67.5	77.1	88.4	92.0	91.0	87.8
Arunachal Pradesh	51.0	62.7	55.5	51.8	51.9	63.4	55.0	54.2
Assam	53.7	76.4	56.4	55.7	69.7	86.1	72.5	70.2
Bihar	73.0	71.6	72.4	73.4	79.6	77.2	79.9	78.9
Chhattisgarh	80.2	87.5	82.5	80.8	93.3	96.3	95.1	92.7
Goa	(91.4)	(93.5)	(87.2)	(98.4)	(98.2)	(95.6)	(96.1)	(96.8)
Gujarat	63.0	61.5	60.6	64.4	73.7	76.7	74.8	75.2
Haryana	77.0	72.1	78.3	71.8	79.1	78.8	79.3	78.6
Himachal Pradesh	83.6	(67.3)	82.8	81.9	87.4	(89.2)	87.3	87.9
Jammu & Kashmir	83.1	85.9	83.2	84.5	84.2	92.1	85.2	87.2
Jharkhand	72.4	79.9	74.7	72.7	82.0	85.4	83.1	82.1
Karnataka	78.2	70.0	70.8	78.8	83.8	80.7	81.2	83.8
Kerala	87.6	89.6	87.4	89.7	88.6	90.3	90.1	88.5
Madhya Pradesh	61.5	69.5	63.4	63.8	77.7	85.1	79.7	79.6
Maharashtra	69.1	64.4	64.1	69.9	82.9	82.6	83.4	82.1
Manipur	72.7	84.7	78.8	74.3	70.4	81.8	75.4	72.9
Meghalaya	69.0	84.2	65.7	76.4	69.7	86.6	70.4	73.4
Mizoram	59.1	64.2	54.7	68.7	61.8	60.4	56.0	66.3
Nagaland	50.1	58.8	49.2	56.5	47.8	57.0	49.1	51.8
Odisha	83.3	79.9	84.8	80.7	88.5	84.7	88.8	86.9
Punjab	94.8	92.0	93.1	94.5	93.3	92.7	92.6	93.7
Rajasthan	64.5	68.5	61.7	69.6	75.8	86.5	76.0	80.5
Sikkim	87.9	(87.1)	87.5	87.9	94.8	(90.0)	91.6	95.4
Tamil Nadu	80.7	84.4	83.5	81.2	84.4	85.9	87.4	82.8
Telangana	76.3	74.4	78.7	71.6	89.4	91.8	93.1	87.8
Tripura	67.2	78.9	73.6	67.0	67.3	76.9	72.0	67.6
Uttar Pradesh	67.8	69.8	69.4	67.0	70.8	70.8	72.9	68.5
Uttarakhand	68.4	67.2	67.7	68.4	81.8	77.7	80.1	81.1
West Bengal	90.1	82.5	89.4	86.5	94.5	88.4	93.6	91.9
India	**72.6**	**73.4**	**72.4**	**73.3**	**80.3**	**83.2**	**81.7**	**80.5**

Source: NFHS-4 (2015-16)
Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death

Table 2.20: Prevalence of diarrhoea

Background characteristic	Percentage of children with diarrhoea
Age in months	
<6	11.1
6-11	16.4
12-23	13.3
24-35	8.5
36-47	5.8
48-59	4.6
Total	**9.2**
Male	9.5
Female	8.9
Urban	8.2
Rural	9.5

Source: NFHS-4 (2015-16)

Table 2.21: Disposal of children's stools

State/Union Territory	Manner of disposal of children's stools					Percentage of children whose stools are disposed of safely*
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown in garbage	Left in the open	
Andaman & Nicobar Islands	45.5	17.9	3.0	8.1	24.5	63.6
Andhra Pradesh	17.5	10.8	10.5	16.9	43.2	28.9
Arunachal Pradesh	22.1	12.4	7.9	22.3	28.3	35.8
Assam	10.9	7.0	5.2	22.9	51.5	19.5
Bihar	8.5	5.2	3.1	11.7	66.6	17.1
Chandigarh	53.5	31.1	2.0	10.0	3.5	84.6
Chhattisgarh	12.7	7.6	6.5	18.7	51.9	21.9
Dadra & Nagar Haveli	22.2	21.5	7.7	16.3	32.3	43.7
Daman & Diu	59.9	14.7	4.1	3.9	16.9	74.6
Delhi	51.1	23.2	7.2	10.1	7.8	74.8
Goa	48.2	30.5	1.2	9.2	10.6	78.7
Gujarat	35.2	22.9	3.7	6.0	31.0	59.1
Haryana	48.0	16.1	5.3	9.9	19.2	65.2
Himachal Pradesh	42.0	36.5	3.3	4.6	12.5	78.7
Jammu & Kashmir	37.1	15.6	2.6	14.6	28.1	54.2
Jharkhand	10.8	6.4	6.9	9.3	62.9	20.5
Karnataka	27.0	14.3	4.0	14.6	38.9	42.1
Kerala	37.3	54.4	1.4	2.3	4.3	92.0
Lakshadweep	43.9	40.9	5.2	2.6	6.4	85.9
Madhya Pradesh	16.3	9.1	4.0	11.5	55.7	26.6
Maharashtra	36.8	12.9	4.9	10.7	34.1	50.1
Manipur	17.4	34.1	16.6	15.8	14.0	52.5
Meghalaya	19.8	15.3	23.7	20.6	16.0	36.3
Mizoram	41.3	34.0	7.7	14.4	2.4	75.3
Nagaland	22.5	31.8	13.4	18.7	10.9	55.9
Odisha	7.0	2.9	3.8	19.9	61.2	12.5
Puducherry	31.0	5.3	0.8	9.3	49.3	40.6
Punjab	49.1	31.3	4.5	8.8	6.1	80.5
Rajasthan	20.0	11.9	6.8	12.3	47.5	33.1
Sikkim	47.9	49.8	0.6	1.7	0.0	97.7
Tamil Nadu	23.3	9.6	4.5	9.1	51.9	34.2
Telangana	28.4	11.5	10.9	11.0	36.8	40.3
Tripura	13.2	41.4	27.1	7.8	9.7	54.7
Uttar Pradesh	17.8	7.4	5.4	18.8	48.0	26.9
Uttarakhand	35.6	29.1	2.6	3.6	27.6	65.3
West Bengal	18.6	21.9	6.4	26.2	25.6	41.4
India	**22.0**	**12.7**	**5.3**	**14.2**	**43.5**	**36.1**

Source: NFHS-4 (2015-16)
*Note: * Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the fecal matter was put/rinsed into a toilet or latrine, or if it was buried*

Table 3.1: Literacy Rate by Age and Sex - Census: 2011

State/UT	7-18years			7 years & above		
	Male	Female	Person	Male	Female	Person
Andaman & Nicobar Islands	96.4	96.4	96.4	90.3	82.4	86.6
Andhra Pradesh	92.0	89.7	90.9	74.9	59.1	67.0
Arunachal Pradesh	81.0	76.6	78.8	72.6	57.7	65.4
Assam	85.2	84.0	84.6	77.8	66.3	72.2
Bihar	81.6	75.7	78.9	71.2	51.5	61.8
Chandigarh	93.3	92.4	92.9	90.0	81.2	86.0
Chhattisgarh	91.1	88.1	89.6	80.3	60.2	70.3
Dadra & Nagar Haveli	94.5	88.9	92.0	85.2	64.3	76.2
Daman & Diu	93.6	94.0	93.7	91.5	79.5	87.1
Delhi	93.8	93.2	93.6	90.9	80.8	86.2
Goa	96.2	95.6	95.9	92.6	84.7	88.7
Gujarat	93.1	89.8	91.6	85.8	69.7	78.0
Haryana	92.7	89.5	91.3	84.1	65.9	75.6
Himachal Pradesh	96.3	95.7	96.0	89.5	75.9	82.8
Jammu & Kashmir	87.9	81.3	84.7	76.8	56.4	67.2
Jharkhand	88.1	82.8	85.5	76.8	55.4	66.4
Karnataka	94.0	92.1	93.0	82.5	68.1	75.4
Kerala	97.9	97.9	97.9	96.1	92.1	94.0
Lakshadweep	95.2	95.1	95.2	95.6	87.9	91.8
Madhya Pradesh	89.7	86.7	88.3	78.7	59.2	69.3
Maharashtra	94.1	93.1	93.6	88.4	75.9	82.3
Manipur	85.7	83.6	84.7	83.6	70.3	76.9
Meghalaya	80.5	83.4	81.9	76.0	72.9	74.4
Mizoram	93.5	91.5	92.5	93.3	89.3	91.3
Nagaland	84.9	84.2	84.6	82.8	76.1	79.6
Odisha	90.2	86.2	88.2	81.6	64.0	72.9
Puducherry	95.8	95.7	95.7	91.3	80.7	85.8
Punjab	91.1	90.3	90.8	80.4	70.7	75.8
Rajasthan	90.5	81.0	86.0	79.2	52.1	66.1
Sikkim	93.4	93.1	93.2	86.6	75.6	81.4
Tamil Nadu	96.4	95.9	96.1	86.8	73.4	80.1
Tripura	95.3	93.7	94.5	91.5	82.7	87.2
Uttar Pradesh	86.5	82.4	84.5	77.3	57.2	67.7
Uttarakhand	93.3	91.9	92.7	87.4	70.0	78.8
West Bengal	90.5	89.8	90.1	81.7	70.5	76.3
India	**89.7**	**86.8**	**88.3**	**80.9**	**64.6**	**73.0**

Source: Census 2011

Table 3.2: Number of Recognised Educational Institutions

(in hundreds)

Level/ Year	Primary (I-V)	Upper Primary (VI-VIII)	Secondary (IX-X)	Higher Secondary (IX-XII)
2005-06	7726	2885	1060	536
2006-07	7849	3056	1122	574
2007-08	7878	3252	1138	592
2008-09	7788	3656	1221	642
2009-10	8199	3941	1222	717
2010-11	7485	4476	1312	720
2011-12	7143	4788	1283	841
2012-13*	8539	5778	2189	1224
2013-14*	8589	4215	1335	1036
2014-15*	8471	4251	1353	1093

Source: Educational Statistics at a glance 2016
*Note: * Figures related to School Education are provisional.*

Table 3.3: Level-wise Enrolment in school education (in lakh)

Level/ Year	Primary (I-V)		Upper Primary (VI-VIII)		Secondary (IX-X)		Higher Secondary (XI-XII)	
	Male	Female	Male	Female	Male	Female	Male	Female
2005-06	705	616	289	233	145	105	78	56
2006-07	711	626	299	246	149	110	81	60
2007-08	711	644	311	262	159	123	93	70
2008-09	706	647	314	270	165	130	95	74
2009-10	697	639	317	278	169	138	99	79
2010-11	701	646	327	292	175	143	109	86
2011-12	726	672	331	299	186	155	116	94
2012-13*	696	652	333	317	183	163	107	93
2013-14*	686	638	341	323	197	176	118	105
2014-15*	676	629	345	327	201	182	124	111
2015-16	669	622	347	329	205	186	130	117

Source: Educational Statistics at a glance 2016 ; School Education in India 2015-16 : Flash Statistics, U-DISE
Note: * Provisional Figures

Table 3.4 Gross Enrolment Ratio in different stages of education

Year	Primary Classes (I-V)			Upper primary Classes (VI-VIII)			Secondary (IX-X)			Higher Secondary (XI-XII)		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
2005-06	105.8	112.8	109.4	66.4	75.2	71.0	57.6	46.2	52.2	31.4	25.2	28.5
2006-07	108.0	114.6	111.4	69.6	77.6	73.8	58.6	47.4	53.5	31.5	26.1	28.9
2007-08	112.6	115.3	114.0	74.4	81.5	78.1	62.6	53.2	58.2	36.3	30.4	33.5
2008-09	114.0	114.7	114.3	76.6	82.7	79.8	64.8	55.5	60.4	37.5	31.6	34.5
2009-10	113.8	113.8	113.8	79.0	84.3	81.7	66.7	58.7	62.9	38.5	33.5	36.1
2010-11	116.3	114.9	115.5	82.9	87.5	85.2	69.2	60.9	65.2	42.3	36.2	39.4
2011-12	107.1	105.8	106.5	81.4	82.5	82.0	69.0	63.9	66.6	47.6	43.9	45.9
2012-13*	107.2	104.8	106.0	84.6	80.6	82.5	69.6	67.0	68.1	41.9	39.5	40.8
2013-14*	102.6	100.2	101.4	92.8	86.3	89.3	76.8	76.5	76.6	52.8	51.6	52.2
2014-15*	101.4	98.9	100.1	95.3	87.7	91.2	78.1	78.9	78.5	54.6	53.8	54.2
2015-16	100.7	97.9	99.2	97.6	88.7	92.8	81.0	79.2	80.0	56.4	56.0	56.2

Source: Educational Statistics at a Glance 2016 , MHRD
School Education in India 2015-16 : Flash Statistics, U-DISE
Note: * Figures related to School Education are provisional.

Table 3.5: Gross Enrolment Ratio for different stage of Education : 2015-16

States/UTs	Primary			Upper Primary			Secondary			Higher Secondary		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Andaman & Nicobar Islands	91.13	86.76	88.93	86.35	81.97	84.14	89.07	84.28	86.69	72.92	76.40	74.62
Andhra Pradesh	84.88	84.05	84.48	81.12	81.56	81.33	74.63	76.48	75.51	58.28	62.27	60.16
Arunachal Pradesh	127.61	125.88	126.76	127.14	133.20	130.13	91.66	87.58	89.63	62.02	61.60	61.81
Assam	104.70	107.59	106.11	87.65	98.75	93.05	72.48	83.04	77.59	38.22	39.47	38.81
Bihar	104.35	111.30	107.67	98.21	119.39	107.89	72.42	85.43	78.37	34.76	36.66	35.62
Chandigarh	77.42	86.57	81.44	90.42	102.40	95.53	85.23	89.84	87.19	80.86	86.75	83.28
Chhattisgarh	100.17	99.87	100.02	101.62	103.08	102.33	89.44	94.48	91.93	53.89	54.11	54.00
Dadra & Nagar Haveli	84.69	80.21	82.53	93.71	87.97	90.96	91.56	85.17	88.57	45.29	52.60	48.49
Daman & Diu	79.68	84.95	82.03	74.86	84.64	79.15	67.05	81.44	72.97	16.32	32.27	21.54
Delhi	108.04	113.93	110.71	118.86	140.55	128.12	103.23	111.27	106.81	73.25	83.60	77.90
Goa	100.89	104.45	102.57	96.83	100.93	98.74	103.03	105.44	104.16	70.79	81.59	75.84
Gujarat	95.64	99.11	97.24	94.70	96.99	95.73	80.26	66.82	74.13	45.17	41.42	43.43
Haryana	89.96	93.21	91.41	87.39	99.22	92.39	84.20	84.23	84.22	59.68	59.48	59.59
Himachal Pradesh	97.97	99.73	98.80	103.37	105.47	104.36	108.44	105.53	107.08	94.58	96.60	95.53
Jammu & Kashmir	84.86	87.24	85.98	68.77	71.85	70.20	67.65	65.88	66.81	61.01	55.98	58.60
Jharkhand	108.56	109.92	109.22	97.75	108.19	102.73	70.70	76.93	73.65	47.75	48.98	48.32
Karnataka	102.93	103.04	102.98	92.43	94.39	93.37	82.35	84.19	83.22	37.12	42.87	39.86
Kerala	95.45	95.44	95.44	94.55	96.28	95.39	102.31	102.58	102.44	72.88	82.44	77.56
Lakshadweep	77.90	69.90	73.80	92.53	75.67	83.26	105.39	102.06	103.66	93.23	102.35	98.16
Madhya Pradesh	95.35	93.52	94.47	90.49	98.13	94.02	81.54	79.30	80.49	47.04	43.24	45.25
Maharashtra	97.86	97.60	97.74	97.44	101.38	99.24	91.97	87.62	89.95	68.74	66.74	67.81
Manipur	128.91	132.90	130.85	127.00	132.94	129.89	93.61	92.52	93.07	71.10	64.81	67.95
Meghalaya	138.75	143.12	140.90	126.00	146.20	135.89	80.73	93.94	87.27	39.77	47.03	43.35
Mizoram	124.91	121.00	122.99	135.90	133.60	134.78	107.26	110.85	109.02	53.57	57.86	55.68
Nagaland	98.14	100.96	99.50	98.55	106.40	102.28	68.90	74.57	71.62	36.42	36.44	36.43
Odisha	104.91	102.50	103.73	94.86	93.63	94.26	79.40	79.83	79.61	@	@	@
Puducherry	80.20	90.23	84.79	82.41	92.57	87.04	83.59	95.38	88.95	64.74	86.95	74.80
Punjab	99.87	103.99	101.70	95.01	102.92	98.38	87.12	86.97	87.06	69.03	71.69	70.19
Rajasthan	101.27	99.48	100.43	91.46	91.21	91.34	81.15	70.12	76.06	66.09	51.59	59.31
Sikkim	107.27	98.32	102.87	143.72	157.85	150.61	113.52	126.14	119.78	60.72	75.88	68.23
Tamil Nadu	103.39	104.43	103.89	92.55	95.65	94.03	91.86	96.18	93.92	74.14	90.60	82.03
Telangana	103.13	102.90	103.02	88.61	90.27	89.41	80.73	84.44	82.53	57.99	64.88	61.32
Tripura	107.58	108.36	107.96	125.75	130.33	127.97	116.17	120.91	118.49	45.24	41.53	43.46
Uttar Pradesh	88.63	96.16	92.15	68.24	83.49	75.08	67.65	67.86	67.75	62.21	59.26	60.78
Uttarakhand	98.87	99.76	99.29	85.84	88.07	86.89	85.71	85.73	85.72	73.36	78.54	75.83
West Bengal	103.13	104.26	103.68	97.90	112.64	105.00	74.92	92.65	83.56	48.98	54.36	51.54
India	**97.87**	**100.69**	**99.21**	**88.72**	**97.57**	**92.81**	**79.16**	**80.97**	**80.01**	**55.95**	**56.41**	**56.16**

Source: School Education in India: U-DISE 2015-16

Note:@ In a few states such as Odisha higher secondary is part of higher education which may not have been covered under U-DISE.
Enrolment Ratios are based on child population provided by the Department of Higher Education, Ministry of HRD

Table 3.6: Net Enrolment Ratio for different stages of Education : 2015-16

States/UTs	Primary			Upper Primary			Secondary			Higher Secondary		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Andaman & Nicobar Islands	79.39	76.01	77.69	67.87	63.98	65.91	58.68	57.9	58.29	43.45	47.48	45.42
Andhra Pradesh	71.23	73.03	72.1	61.39	65.49	63.37	49.63	55.18	52.29	23.1	26.7	24.8
Arunachal Pradesh	-	-	-	-	-	-	65.74	64.03	64.9	40.43	39.95	40.19
Assam	98.26	-	99.6	73.66	82.25	77.83	52.42	59.13	55.67	26.47	27.43	26.92
Bihar	97.49	-	-	88.26	-	96.88	45.22	52.65	48.62	20.06	20.93	20.45
Chandigarh	68.32	77.21	72.23	70.58	80.11	74.64	57.77	61.79	59.49	54.12	59.17	56.19
Chhattisgarh	91.66	91.72	91.69	81.31	82.93	82.1	54.56	57.36	55.94	31.51	33.06	32.28
Dadra & Nagar Haveli	78.22	75.53	76.92	71.21	66.98	69.18	58.6	54.72	56.78	25.98	32.11	28.66
Daman & Diu	69.29	74.06	71.42	58.85	67.08	62.45	44.5	54.63	48.67	12.55	24.41	16.43
Delhi	91.05	96.16	93.36	91.14	-	98.08	66.93	70.95	68.73	47.78	54.3	50.71
Goa	93.91	97.61	95.66	82.51	87.38	84.78	75.72	81.56	78.45	48.04	58.52	52.94
Gujarat	81.07	84.09	82.46	72.38	74.55	73.35	51.53	42.78	47.54	28.71	26.43	27.65
Haryana	72.66	75.12	73.76	65.93	74.04	69.36	50.75	50.51	50.65	31.8	31.06	31.47
Himachal Pradesh	81.5	82.77	82.1	79.66	81.36	80.46	68.04	66.61	67.37	53.47	55	54.18
Jammu & Kashmir	71.48	73.41	72.39	54.71	57.56	56.04	43.75	43.32	43.55	31.89	31.09	31.51
Jharkhand	96.54	97.93	97.21	85.06	93.57	89.12	48.07	51.32	49.61	27.74	29.23	28.43
Karnataka	96.32	96.48	96.4	78.43	80.39	79.37	61.57	62.78	62.14	24.91	29.3	27
Kerala	85.56	85.73	85.65	79.25	80.68	79.94	76.54	76.49	76.52	51.87	58.64	55.19
Lakshadweep	77.46	69.31	73.28	74.31	63.19	68.2	69.12	68.1	68.59	56.37	69.62	63.53
Madhya Pradesh	80.39	79.22	79.83	69.47	75.6	72.31	47.33	45.69	46.56	24.97	23.46	24.26
Maharashtra	85.83	85.74	85.79	76.63	80.7	78.49	60.47	59.33	59.94	41.31	42.48	41.85
Manipur	-	-	-	-	-	-	82.86	82.24	82.56	55.07	51.01	53.04
Meghalaya	95.81	97.94	96.86	69.75	76.12	72.87	46.12	53.72	49.88	23.77	28.24	25.98
Mizoram	-	97.67	99	91.5	93.6	92.52	56.6	63.7	60.08	30.04	34.13	32.05
Nagaland	82.22	84.25	83.2	77.92	84.16	80.89	44.46	48.59	46.44	22.24	23.08	22.65
Odisha	91.53	89.45	90.51	72.38	71.6	72	52.76	53.08	52.92	@	@	@
Puducherry	65.61	73.67	69.3	60.55	68.03	63.96	49.45	56.55	52.68	36.07	48.89	41.88
Punjab	82.16	86.54	84.1	86.26	93.26	89.24	51.11	52.24	51.6	40.74	42.94	41.7
Rajasthan	79.74	78.59	79.2	67.55	66.73	67.18	44.44	37.3	41.14	33.51	25.63	29.82
Sikkim	76.59	74.32	75.47	78.34	87.02	82.57	38.91	44.15	41.51	21.69	28.75	25.18
Tamil Nadu	90.46	91.37	90.9	75.9	78.31	77.05	64.93	67.03	65.93	47.4	56.94	51.97
Telangana	80.51	80.77	80.64	67.59	69.36	68.45	51.24	53.62	52.39	19.98	22.1	21.01
Tripura	97.58	98.43	97.99	-	-	-	88.42	91.27	89.82	33.32	30.08	31.77
Uttar Pradesh	79.89	86.68	83.07	55.11	67.19	60.53	42.04	41.9	41.98	34.7	33.07	33.91
Uttarakhand	84.03	84.86	84.42	65.68	66.86	66.24	52.07	50.86	51.49	40.4	43	41.64
West Bengal	93.63	94.42	94.02	76.19	86.82	81.3	47.19	57.77	52.35	29.46	32.92	31.11
India	**85.98**	**88.77**	**87.3**	**71.35**	**78.68**	**74.74**	**50.66**	**51.93**	**51.26**	**31.97**	**32.67**	**32.3**

Source: School Education in India: U-DISE 2015-16

Note: Level-wise enrolment of children within the official age-group as a percentage of the population of that age-group. Enrolment Ratios are based on child population provided by the Department of Higher Education, Ministry of HRD.

@: Higher secondary is part of higher education which may not have been covered under U-DISE.

Table 3.7: Gender Parity Index (GPI) in different stages of Education

Level/ Year	Primary (I-V)	Upper Primary (VI-VIII)	Elementary (I-VIII)	Secondary (IX-X)	Higher Secondary (XI-XII)
2005-06	0.94	0.88	0.92	0.80	0.80
2006-07	0.94	0.90	0.93	0.81	0.83
2007-08	0.98	0.91	0.96	0.85	0.84
2008-09	0.99	0.93	0.97	0.86	0.85
2009-10	1.00	0.94	0.98	0.88	0.87
2010-11	1.01	0.95	0.99	0.88	0.86
2011-12	1.01	0.99	1.00	0.93	0.92
2012-13*	1.02	1.05	1.03	0.96	0.94
2013-14*	1.03	1.08	1.04	1.00	0.98
2014-15*	1.03	1.09	1.05	1.01	0.99
2015-16	1.03	1.10	1.05	1.02	1.01

Source: Educational Statistics at a Glance 2016 , MHRD
School Education in India 2015-16 : Flash Statistics, U-DISE
Note: * Figures related to School Education are provisional.

Table 3.8: Gender Parity Index for different stages of Education : 2015-16

States/UTs	Primary	Upper Primary	Elementary	Secondary	Higher Secondary
Andaman & Nicobar Islands	0.95	0.95	0.95	0.95	1.05
Andhra Pradesh	0.99	1.01	1.00	1.02	1.07
Arunachal Pradesh	0.99	1.05	1.01	0.96	0.99
Assam	1.03	1.13	1.06	1.15	1.03
Bihar	1.07	1.22	1.11	1.18	1.05
Chandigarh	1.12	1.13	1.12	1.05	1.07
Chhattisgarh	1.00	1.01	1.00	1.06	1.00
Dadra & Nagar Haveli	0.95	0.94	0.94	0.93	1.16
Daman & Diu	1.07	1.13	1.09	1.21	1.98
Delhi	1.05	1.18	1.10	1.08	1.14
Goa	1.04	1.04	1.04	1.02	1.15
Gujarat	1.04	1.02	1.03	0.83	0.92
Haryana	1.04	1.14	1.07	1.00	1.00
Himachal Pradesh	1.02	1.02	1.02	0.97	1.02
Jammu & Kashmir	1.03	1.04	1.03	0.97	0.92
Jharkhand	1.01	1.11	1.04	1.09	1.03
Karnataka	1.00	1.02	1.01	1.02	1.15
Kerala	1.00	1.02	1.01	1.00	1.13
Lakshadweep	0.90	0.82	0.87	0.97	1.10
Madhya Pradesh	0.98	1.08	1.02	0.97	0.92
Maharashtra	1.00	1.04	1.01	0.95	0.97
Manipur	1.03	1.05	1.04	0.99	0.91
Meghalaya	1.03	1.16	1.07	1.16	1.18
Mizoram	0.97	0.98	0.97	1.03	1.08
Nagaland	1.03	1.08	1.04	1.08	1.00
Odisha	0.98	0.99	0.98	1.01	@
Puducherry	1.13	1.12	1.12	1.14	1.34
Punjab	1.04	1.08	1.06	1.00	1.04
Rajasthan	0.98	1.00	0.99	0.86	0.78
Sikkim	0.92	1.10	0.99	1.11	1.25
Tamil Nadu	1.01	1.03	1.02	1.05	1.22
Telangana	1.00	1.02	1.00	1.05	1.12
Tripura	1.01	1.04	1.02	1.04	0.92
Uttar Pradesh	1.08	1.22	1.13	1.00	0.95
Uttarakhand	1.01	1.03	1.01	1.00	1.07
West Bengal	1.01	1.15	1.06	1.24	1.11
India	**1.03**	**1.10**	**1.05**	**1.02**	**1.01**

Source: School Education in India: U-DISE 2015-16

Note: @ In a few states such as Odisha higher secondary is part of higher education which may not have been covered under U-DISE.

Table 3.9: Gross Attendance Ratio for different stages of education : 2014

States/UTs	Primary	Upper Primary	Primary & Upper Primary	Secondary	Higher Secondary	Primary to Higher Secondary
Andaman & Nicobar Islands	109	86	98	99	112	101
Andhra Pradesh	105	92	100	88	70	93
Arunachal Pradesh	82	130	97	114	73	96
Assam	103	116	107	90	72	100
Bihar	97	89	95	78	55	87
Chandigarh	90	94	92	117	106	101
Chhattisgarh	102	87	96	88	60	89
Dadra & Nagar Haveli	96	82	91	101	37	86
Daman & Diu	88	40	69	72	93	73
Delhi	96	96	96	79	93	93
Goa	74	90	81	169	79	97
Gujarat	100	92	97	80	53	87
Haryana	100	90	96	91	80	93
Himachal Pradesh	105	99	103	111	96	103
Jammu & Kashmir	115	93	107	109	82	103
Jharkhand	105	90	99	95	51	91
Karnataka	99	88	95	99	65	91
Kerala	100	92	97	112	100	100
Lakshadweep	91	104	96	114	167	108
Madhya Pradesh	102	97	100	80	61	90
Maharashtra	100	92	97	101	67	92
Manipur	100	92	98	100	122	101
Meghalaya	107	116	110	122	50	102
Mizoram	103	97	101	128	99	105
Nagaland	103	84	96	105	116	101
Odisha	104	83	96	100	48	89
Puducherry	107	91	102	98	67	94
Punjab	108	88	101	91	93	98
Rajasthan	102	90	98	83	65	91
Sikkim	114	141	122	109	83	112
Tamil Nadu	101	89	96	108	74	95
Telangana	111	87	101	98	79	97
Tripura	103	114	107	105	67	102
Uttar Pradesh	102	78	93	67	59	84
Uttarakhand	106	103	105	92	71	98
West Bengal	100	106	102	97	56	94
India	**101**	**90**	**97**	**87**	**64**	**90**

Source: NSS 71st Round (2014)

Table 3.10: Net Attendance Ratio for different stages of education : 2014

States/UTs	Primary	Upper Primary	Primary & Upper Primary	Secondary	Higher Secondary
Andaman & Nicobar Islands	83	65	85	55	58
Andhra Pradesh	89	71	91	54	49
Arunachal Pradesh	70	67	84	55	29
Assam	87	72	93	56	35
Bihar	77	57	83	44	26
Chandigarh	78	70	84	84	78
Chhattisgarh	85	58	85	55	35
Dadra & Nagar Haveli	88	67	87	59	27
Daman & Diu	83	38	69	55	59
Delhi	82	67	87	43	56
Goa	71	62	80	92	63
Gujarat	88	70	90	54	37
Haryana	82	65	86	55	51
Himachal Pradesh	90	80	92	67	66
Jammu & Kashmir	91	62	93	44	38
Jharkhand	81	56	86	43	25
Karnataka	91	74	90	74	47
Kerala	90	76	92	80	74
Lakshadweep	91	85	94	75	59
Madhya Pradesh	84	68	87	47	32
Maharashtra	88	71	90	62	46
Manipur	88	64	92	68	57
Meghalaya	86	58	89	38	12
Mizoram	87	70	93	64	26
Nagaland	88	66	89	73	70
Odisha	88	66	87	67	32
Puducherry	96	79	94	57	49
Punjab	87	60	89	53	54
Rajasthan	81	57	85	43	29
Sikkim	96	68	97	42	27
Tamil Nadu	88	72	89	69	53
Telangana	93	68	92	68	52
Tripura	94	77	97	62	27
Uttar Pradesh	77	48	81	36	31
Uttarakhand	96	85	96	61	49
West Bengal	85	73	90	55	28
India	**83**	**63**	**87**	**52**	**38**

Source: NSS 71st Round (2014)

Table 4.1 : Proportion of Child workers by age group, India - Census 2011

States/UTs	5-9 years					10-14 years				
	Rural	Urban	Total	Male	Female	Rural	Urban	Total	Male	Female
Andaman & Nicobar Islands	2.13	1.88	**2.04**	2.06	2.01	3.25	2.97	**3.14**	3.58	2.69
Andhra Pradesh	1.64	3.10	**2.11**	2.17	2.04	7.02	4.88	**6.33**	6.26	6.41
Arunachal Pradesh	2.78	2.63	**2.75**	2.71	2.80	7.52	4.55	**6.87**	6.67	7.07
Assam	1.66	1.77	**1.67**	1.74	1.60	6.75	4.16	**6.46**	7.91	4.93
Bihar	2.34	2.16	**2.32**	2.42	2.21	5.47	3.93	**5.31**	6.06	4.48
Chandigarh	0.72	1.52	**1.50**	1.61	1.36	5.28	3.10	**3.16**	3.58	2.64
Chhattisgarh	1.65	0.74	**1.46**	1.43	1.50	8.80	2.68	**7.54**	7.38	7.70
Dadra & Nagar Haveli	0.73	0.93	**0.81**	0.89	0.73	5.91	3.48	**5.03**	4.56	5.55
Daman & Diu	0.45	0.71	**0.63**	0.66	0.60	2.21	5.68	**4.41**	6.48	2.01
Delhi	0.55	0.63	**0.62**	0.67	0.57	1.36	1.63	**1.62**	2.15	0.99
Goa	3.55	4.35	**4.05**	4.04	4.06	4.73	5.40	**5.15**	5.47	4.80
Gujarat	1.41	1.64	**1.50**	1.59	1.38	7.27	4.25	**6.11**	6.41	5.77
Haryana	0.98	1.86	**1.27**	1.32	1.21	3.52	3.23	**3.43**	3.79	2.97
Himachal Pradesh	5.71	1.70	**5.35**	5.22	5.49	16.06	3.05	**14.86**	14.32	15.47
Jammu & Kashmir	2.08	2.56	**2.18**	2.21	2.15	6.32	4.68	**5.95**	6.02	5.87
Jharkhand	2.40	1.06	**2.14**	2.12	2.15	8.98	2.45	**7.60**	7.70	7.49
Karnataka	1.55	2.22	**1.79**	1.85	1.74	6.45	4.38	**5.71**	6.13	5.26
Kerala	0.61	0.63	**0.62**	0.64	0.59	1.10	1.00	**1.05**	1.22	0.88
Lakshadweep	0.22	0.82	**0.67**	0.80	0.53	0.72	0.76	**0.75**	0.95	0.57
Madhya Pradesh	1.75	1.28	**1.64**	1.64	1.65	7.67	3.24	**6.59**	6.83	6.33
Maharashtra	2.33	1.98	**2.18**	2.23	2.13	5.71	3.49	**4.78**	5.06	4.47
Manipur	4.10	2.02	**3.56**	3.61	3.51	8.82	4.05	**7.56**	7.52	7.60
Meghalaya	3.31	1.25	**3.00**	2.99	3.02	9.72	3.15	**8.57**	9.49	7.62
Mizoram	1.60	0.86	**1.27**	1.24	1.30	7.56	3.06	**5.37**	5.21	5.54
Nagaland	7.41	2.35	**6.12**	6.07	6.18	25.00	6.27	**19.92**	19.88	19.96
Odisha	1.52	1.57	**1.53**	1.52	1.54	6.74	3.46	**6.26**	6.35	6.15
Puducherry	0.82	0.76	**0.78**	0.83	0.73	1.46	1.26	**1.33**	1.62	1.02
Punjab	1.88	2.83	**2.22**	2.34	2.08	4.65	5.07	**4.80**	5.66	3.71
Rajasthan	1.73	0.99	**1.58**	1.48	1.68	10.23	2.87	**8.61**	7.52	9.84
Sikkim	4.09	1.80	**3.58**	3.70	3.47	14.60	5.02	**12.49**	12.94	12.03
Tamil Nadu	1.51	1.69	**1.59**	1.62	1.56	3.40	2.90	**3.17**	3.47	2.85
Tripura	0.82	0.72	**0.80**	0.84	0.75	3.35	1.86	**3.04**	3.38	2.68
Uttar Pradesh	2.60	3.17	**2.71**	2.87	2.53	5.84	5.60	**5.79**	6.66	4.81
Uttarakhand	2.10	1.58	**1.96**	1.94	1.98	6.25	3.07	**5.39**	5.54	5.22
West Bengal	1.12	1.83	**1.31**	1.39	1.22	4.87	4.74	**4.83**	6.02	3.59
India	**2.01**	**1.96**	**2.00**	**2.06**	**1.93**	**6.42**	**3.84**	**5.72**	**6.14**	**5.26**

Source: Census of India 2011, Registrar General of India

Table 4.2 : Crime Against Children (IPC + SLL)

States/UTs	Crime Incidence			Crime Rate 2016
	2014	2015	2016	
Andaman & Nicobar Islands	50	102	86	61.4
Andhra Pradesh	2059	1992	1847	11.8
Arunachal Pradesh	134	181	133	28.3
Assam	1385	2835	3964	33.3
Bihar	2255	1917	3932	8.8
Chandigarh	208	271	222	55.5
Chhattisgarh	4358	4469	4746	47.2
Dadra & Nagar Haveli	11	35	21	16.2
Daman & Diu	7	28	31	34.4
Delhi	9350	9489	8178	146.0
Goa	330	242	230	44.2
Gujarat	3219	3623	3637	17.6
Haryana	2540	3262	3099	33.4
Himachal Pradesh	467	477	467	21.6
Jammu & Kashmir	211	308	222	4.9
Jharkhand	423	406	717	5.5
Karnataka	3416	3961	4455	22.7
Kerala	2391	2384	2879	30.8
Lakshadweep	1	2	5	25.0
Madhya Pradesh	15085	12859	13746	45.7
Maharashtra	8115	13921	14559	38.5
Manipur	137	110	134	14.0
Meghalaya	213	257	240	24.0
Mizoram	178	186	188	50.8
Nagaland	25	61	78	11.6
Odisha	2196	2562	3286	23.4
Puducherry	38	56	71	15.1
Punjab	1762	1836	1843	21.0
Rajasthan	3880	3689	4034	14.1
Sikkim	93	64	110	55.0
Tamil Nadu	2354	2617	2856	14.1
Telangana	1930	2697	2909	26.0
Tripura	369	255	274	22.1
Uttar Pradesh	14835	11420	16079	18.2
Uttarakhand	489	635	676	17.6
West Bengal	4909	4963	7004	23.8
India	**89423**	**94172**	**106958**	**24.0**

Source: Crime in India 2016, NCRB
Note: IPC: Indian Penal Code SLL: Special & Local Laws
Crime Rate is calculated as Crime per one lakh of children population

Table 4.3 : Incidence of Crime against Children under various crime Heads- 2016

Sl. No.	Crime Head	Crime Incidence	Share in total crime incidence
	IPC Crimes		
1	Murder	1640	1.53
2	Abetment of Suicide of Child	41	0.04
3	Attempt to Commit Murder	213	0.20
4	Infanticide	93	0.09
5	Foeticide	144	0.13
6	Exposure and Abandonment	811	0.76
7	Kidnapping & Abduction	54723	51.16
7.1	Kidnapping & Abduction	27534	25.74
7.2	K & A in order to Murder	222	0.21
7.3	Kidnapping for Ransom	166	0.16
7.4	K & A of Women to Compel her for Marriage	16636	15.55
7.5	Procuration of Minor Girls	2465	2.30
7.6	Importation of Girls from Foreign Country	5	0.00
7.7	Other Kidnapping	7695	7.19
8	Human Trafficking	340	0.32
9	Selling of Minors for Prostitution	122	0.11
10	Buying of Minors for Prostitution	7	0.01
11	Unnatural Offences	1247	1.17
	Total IPC Crimes against Children	**59381**	**55.52**
	SLL Crimes		
12	Protection of Children from Sexual Offences Act	36022	33.68
12.1	Child Rape	19765	18.48
12.2	Sexual Assault of Children	12226	11.43
12.3	Sexual Harassment	934	0.87
12.4	Use of Child for Pornography/ Storing Child Pornography	47	0.04
12.5	Other Section of POCSO	3050	2.85
13	Juvenile Justice (Care and Protection of Children) Act, 2000	2253	2.11
14	Immoral Traffic (Prevention) Act, 1956	56	0.05
15	Child Labour (Prohibition & Regulation) Act, 1986	204	0.19
16	Prohibition of Child Marriage Act, 2006	326	0.30
17	Other Crime Committed Against Children (IPC+SLL)	8716	8.15
	Total SLL Crimes against Children	**47577**	**44.48**
Total Crime against Children		**106958**	**100.00**

Source: Crime in India 2016, NCRB

Table 4.4 : Cases Registered against Juveniles (IPC+SLL)

States/UTs	2014	2015	2016	Crime Rate
Andaman & Nicobar Islands	14	13	12	8.6
Andhra Pradesh	883	1015	809	5.2
Arunachal Pradesh	81	66	57	12.1
Assam	487	624	436	3.7
Bihar *	4371	1658	2335	5.2
Chandigarh	116	100	96	24.0
Chhattisgarh	1691	1914	1953	19.4
Dadar & Nagar Haveli	6	17	0	0.0
Daman & Diu	2	3	7	7.8
Delhi	1969	2366	2499	44.6
Goa	64	28	21	4.0
Gujarat *	4380	1577	1681	8.1
Haryana	1041	1098	1186	12.8
Himachal Pradesh	272	195	204	9.4
Jammu & Kashmir	102	181	198	4.4
Jharkhand	150	124	140	1.1
Karnataka	412	446	453	2.3
Kerala	1203	1398	628	6.7
Lakshadweep	1	0	0	0.0
Madhya Pradesh	6512	6583	7369	24.5
Maharashtra	5407	5693	6606	17.5
Manipur	23	17	10	1.0
Meghalaya	125	111	84	8.4
Mizoram	44	41	53	14.3
Nagaland	10	17	18	2.7
Odisha	838	934	994	7.1
Puducherry	16	61	72	15.3
Punjab	277	111	117	1.3
Rajasthan	2309	2203	2273	8.0
Sikkim	19	41	27	13.5
Tamil Nadu	1549	1814	2217	11.0
Telangana	931	1252	998	8.9
Tripura	64	37	25	2.0
Uttar Pradesh	1397	1006	1438	1.6
Uttarakhand	123	127	124	3.2
West Bengal *	1566	562	709	2.4
India	**38455**	**33433**	**35849**	**8.0**

Source: Crime in India 2016, NCRB
*Note: *Data for the year 2014 is under clarification (Bihar, Gujarat, West Bengal) Crime Rate is calculated as Crime per one lakh of children population*

Table 4.5 : Juveniles Apprehended under various crime head – 2016

Crime Head	Below 12 years	12-16 years	16-18 years	Total
IPC Cases				
Murder	13	263	901	1177
Culpable Homicide not Amounting to Murder	5	26	38	69
Causing Death by Negligence	5	65	230	300
Attempt to Commit Murder	4	239	1035	1278
Attempt to Commit Culpable Homicide	0	15	65	80
Grievous Hurt	15	313	1090	1418
Causing Injuries under Rash Driving	7	285	931	1223
Unlawful Assembly	2	54	122	178
Rioting	10	325	1691	2026
Assault on Women with Intent to Outrage her Modesty	10	329	1288	1627
Insult to the Modesty of Women	1	28	65	94
Kidnapping & Abduction	4	162	1198	1364
Human Trafficking	0	0	21	21
Rape	29	464	1561	2054
Attempt to Commit Rape	2	18	53	73
Unnatural Offences	8	92	118	218
Theft	222	2935	6982	10139
Criminal Trespass/Burglary	78	1268	2466	3812
Robbery	10	433	1355	1798
Dacoity	0	54	273	327
Extortion	0	10	92	102
Cheating	0	25	163	188
Arson	2	18	70	90
Forgery	0	2	17	19
Counterfeiting	0	3	11	14
Other IPC Cases	186	2921	9030	12137
Total Cognizable IPC Crimes	613	10347	30866	41826
SLL Cases				
Juvenile Justice (Care and Protection of Children) Act, 2000	0	223	2	225
Arms Act, 1959	2	32	209	243
Excise Act, 1944	0	55	188	243
Gambling Act, 1867	0	52	206	258
Prohibition Act (State)	0	21	155	176
Narcotic Drugs & Psychotropic Substances Act, 1985	0	34	161	195
Information Technology Act, 2000	0	5	20	25
SC/ST (Prevention of Atrocities) Act, 1989)	9	3	7	19
Explosives and Explosive Substances Act	0	1	6	7
Indian Railways Act, 1989	0	1	2	3
Unlawful Activities (Prevention) Act, 1967	0	0	1	1
Other SLL Crimes	13	183	754	950
Total Cognizable SLL Crimes	**24**	**610**	**1711**	**2345**
GRAND TOTAL (IPC+SLL)	**637**	**10957**	**32577**	**44171**

Source: Crime in India 2016, NCRB

Table 4.6 : Disabled Children (0-6 years) - Census, 2011

States/UTs	Disabled population	Disabled children	Share of disabled children in the disabled population	Share of disabled children to the total disabled children
Andaman & Nicobar Islands	6660	385	5.78	0.02
Andhra Pradesh	2266607	127168	5.61	6.22
Arunachal Pradesh	26734	2123	7.94	0.10
Assam	480065	35742	7.45	1.75
Bihar	2331009	290999	12.48	14.24
Chandigarh	14796	933	6.31	0.05
Chhattisgarh	624937	35229	5.64	1.72
Dadra & Nagar Haveli	3294	321	9.74	0.02
Daman & Diu	2196	113	5.15	0.01
Delhi	234882	13760	5.86	0.67
Goa	33012	1519	4.60	0.07
Gujarat	1092302	78316	7.17	3.83
Haryana	546374	37733	6.91	1.85
Himachal Pradesh	155316	7203	4.64	0.35
Jammu & Kashmir	361153	27939	7.74	1.37
Jharkhand	769980	73262	9.51	3.59
Karnataka	1324205	92853	7.01	4.55
Kerala	761843	26242	3.44	1.28
Lakshadweep	1615	77	4.77	0.00
Madhya Pradesh	1551931	117731	7.59	5.76
Maharashtra	2963392	217361	7.33	10.64
Manipur	58547	5201	8.88	0.25
Meghalaya	44317	5058	11.41	0.25
Mizoram	15160	908	5.99	0.04
Nagaland	29631	1930	6.51	0.09
Odisha	1244402	81105	6.52	3.97
Puducherry	30189	1273	4.22	0.06
Punjab	654063	43664	6.68	2.14
Rajasthan	1563694	89791	5.74	4.40
Sikkim	18187	628	3.45	0.03
Tamil Nadu	1179963	62538	5.30	3.06
Tripura	64346	4389	6.82	0.21
Uttar Pradesh	4157514	414824	9.98	20.31
Uttarakhand	185272	12164	6.57	0.60
West Bengal	2017406	132405	6.56	6.48

Source: Census of India 2011, Registrar General of India

ANNEXU

Annexure-I

Definition, Constitutional and Legal provisions, Policies and Programmes with respect to Children

Definition

The United Nation's Convention on the Rights of the Child (UNCRC)is an international agreement which has incorporated rights of children without any discrimination whatsoever. Its preamble is based on four basic principles of Non-discrimination (Article 2), Best Interest of the Child (Article 3), Right to Life Survival and Development (Article 6) and Right to be Heard (Article 12). It was ratified by India on 11 December 1992. The UNCRC defines a child as *a human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.* This definition of the child has definite bearing not only on child development programmes and on budgetary provisions for them, but also on production of statistics as applicable to different cross-sections of children in terms of reference ages.

Nationally, the preamble of the National Policy for Children 2013 of India recognizes that-

- A child is any person below the age of eighteen years;
- Childhood is an integral part of life with a value of its own;
- Children are not a homogenous group and their different needs need different responses, especial the multi-dimensional vulnerabilities experienced by children in different circumstances;
- A long term, sustainable, multi-sectoral, integrated and inclusive approach is necessary for the overall and harmonious development and protection of children.

In India, rights of citizens including that of children have been directly or indirectly provided for by the Constitution of India. The country has a well framed Constitutional, Legal and Policy structure to safeguard different cross-sections of children which align with specific age-groups issues for specific target groups of children such as, child labourers, children in school education, children in crimes, etc.

Constitutional Provisions

The Constitution in its Part III (Fundamental Rights) and Part IV (Directive Principles of State Policy) guarantees under the articles mentioned below, rights to the children of India:

- Article 14: Citizens of India, including children, must be treated equally before law and must be given equal protection by the law without any discrimination or arbitrariness.
- Article 15 – The State shall not discriminate against any citizen …. Nothing in this article prevents the State from making any special provision for children.

- 15(A1r)ti–dPerohibits discrimination against any citizen on the grounds of religion, race, caste, sex etc.
- Article 15(3): Discrimination is prohibited by the constitution. However, it shall not hold a ground to prevent the state from making special provisions for women and children for their benefit.
- Article 21: No person shall be deprived of his life or personal liberty without due process of law. A person has the right to adequate food, shelter, clothing, etc. Such life shall not mean mere animal existence.
- Article 21A: The State shall provide free and compulsory education to all the children falling in the age group of six to fourteen years in such manner as the State may, by law, determine.
- Article 23: Prohibits trafficking in human beings and beggar or any other form of forced labour.
- Article 24: Prohibits employment of children under the age of fourteen years in a factory, mine or in any other hazardous employment.
- Article 39 (e): The state shall thrive to ensure that the tender age of children is not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.
- Article 39 (f): The state shall ensure children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity. It must also be ensured that childhood and youth are protected against exploitation and against moral and material abandonment.
- Article 41: The state is obliged to, within its economic capacity and development, secure provisions for educational opportunities and facilities.
- Article 44: The state shall make all possible efforts to secure a Uniform Civil Code for all the citizens, thereby implying a uniform code for the adoption of children.
- Article 45: The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.
- Article 46: It is the duty of the state to promote the educational and economic interests of weaker sections of the society with special care and therefore, the children therein.
- Article 47: The state is duty-bound to raise the level of nutrition and the standard of living and to improve public health, including that of children.
- Article 51 (c): International laws and treaties shall be respected by the state to every possible extent, including the CRC and its optional protocols, Optional Protocol to CRC on Sale of Children, Child Prostitution and Child Pornography and Optional Protocol to CRC on the Involvement of Children in Armed Conflict.
- Article 51 A (k): It shall be the duty of every citizen of India who is a parent or guardian to provide opportunities for education to his child or, as the case may be, ward between the age of six and fourteen years.

- Article 243G provides for the institutionalisation of child care by seeking to entrust programs of Women and Child Development to Panchayat (Item 25 of Schedule 11).

Legal Provisions

Some of the important legislations in India to safeguard the rights of children are:

- The Guardian and Wards Act, 1890.
- The Immoral Traffic (Prevention) Act, 1956.

  The Immoral Traffic (Prevention) Act, 1956 [ITPA] is the premier legislation for prevention of trafficking for commercial sexual exploitation. It lays down stringent punishment for the perpetrators of the crime, such as, for keeping a brothel, living on the earnings of prostitution, procuring, inducing or taking persons for the sake of prostitution, detaining a person where prostitution is carried on etc. The Act also provides for setting up of Protective Homes by the State Governments.
- The Young Persons (Harmful Publications) Act, 1956.
- The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986
- The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and distribution) Act, 1992 and its amendment Act in 2003.
- Offences mentioned under IPC Indian Penal Code, 1860
- The Prohibition of Child Marriage Act 2006

  Child marriage is a violation of child rights which has serious health repercussion on girls, such as frequent pregnancies, miscarriages and early motherhood. To eliminate the social evil of child marriages, the Prohibition of Child Marriage Act 2006 was enacted which prohibits child marriages rather than only restraining them. The Act prohibits the solemnization of child marriages where a person who, if a female has not completed 18 years of age and if a male has not completed 21 years of age. According to the Act, child marriage is a cognizable and non-bailable offence. The Act makes it mandatory for all States/UTs except Jammu and Kashmir to notify rules and prescribes that the States shall appoint Child Marriage Prohibition Officers (CMPOs) having responsibility over areas for preventing solemnisation of child marriage/s.

- **The National Commission for Protection of Child Rights (NCPCR),** a statutory body , was set up in March 2007 under the Commission for Protection of Child Rights Act, 2005, an Act of Parliament (December, 2005). The Commission's mandate is to ensure that all Laws, Policies, Programmes and Administrative Mechanisms are in consonance with the Child Rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child.

The Protection of Children from Sexual Offences (POCSO) Act, 2012

To deal with child abuse cases, the Government has brought in a special law viz. "The Protection of children from Sexual Offences (POCSO) Act, 2012". The Act has come into force with effect from 14th November, 2012 along with the rules framed there under. The Act defines a child as any person below the age of 18 years and provides protection to all the children from the offences of sexual assault, sexual harassment and pornography. An offence is treated as "aggravated" when committed by a person in a position of trust or authority of child such as a member of security forces, public officer, public servant etc. The Act provides for the establishment of Special Courts for trial of offences under the Act, keeping the best interest of the child as of paramount importance at every stage of the judicial process. The Act incorporates child friendly procedures for reporting, recording of evidence, investigation and trial of offences.

The Juvenile Justice (Care and Protection of Children) Act, 2015

The act came into force on 15-01-2016 repealing the Juvenile Justice (Care and Protection of Children) Act, 2000. As per the provision of Section 110 (1) of JJ Act, 2015, the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 have been framed repealing the Model Rules of 2007. The JJ Model Rules which were notified on 21st September, 2016 are based on the philosophy that children need to be reformed and reintegrated into society. The Rules are appreciative of the development needs of children and therefore best interest of the child along with child friendly procedures is incorporated across the provisions and is the primary objective of these Rules.

Policies and Programmes

The Nation has implemented a number of Child centric policies addressing the issues of Child Survival, Child Development and Child Protection. The important among them are as follows:

1. **National Policy for Children, 1974** as the first policy document concerning the needs and rights of children, recognized children to be a supremely important asset to the country. The goal of the policy had been to take the next step in ensuring the constitutional provisions for children and the UN Declaration of Rights are implemented. It outlines services the state should provide for the complete development of a child, before and after birth and throughout a child's period of growth for their full physical, mental and social development.

2. **National Policy on Education, 1986** was called for "special emphasis on the removal of disparities and to equalize educational opportunity," especially for Indian women, Scheduled Tribes (ST) and the Scheduled Caste (SC) communities. To achieve these, the policy called for expanding scholarships,

adult education, recruiting more teachers from the SCs, incentives for poor families to send their children to school regularly, development of new institutions and providing housing and services. The NPE called for a "child-centered approach" in primary education, and launched "Operation Blackboard" to improve primary schools nationwide.

3. **National Policy on child Labour, 1987** contains the action plan for tackling the problem of child labour. It envisaged a legislative action plan focusing and convergence of general development programmes for benefiting children wherever possible, and Project-based plan of action for launching of projects for the welfare of working children in areas of high concentration of child labour.

4. **National Nutrition policy, 1993** was introduced to combat the problem of under -nutrition. It aims to address this problem by utilizing direct (short term) and indirect (long term) interventions in the area of food production and distribution, health and family welfare, education, rural and urban development, woman and child development etc.

5. **National Population Policy, 2000** aims at improvement in the status of Indian children. It emphasized free and compulsory school education up to age 14, universal immunization of children against all vaccine preventable diseases, 100% registration of birth, death, marriage and pregnancy, substantial reduction in the infant mortality rate and maternal mortality ratio etc.

6. **National Health Policy, 2002:** The main objective of this policy is to achieve an acceptable standard of good health amongst the general population of the country. The approach is to increase access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Overriding importance is given to ensuring a more equitable access to health services across the social and geographical expanse of the country.

7. **National Charter for children (NCC), 2003** highlights the Constitutional provisions towards the cause of the children and the role of civil society, communities and families and their obligations in fulfilling children's basic needs. Well-being of special groups such as children of BPL families, street children, girl child, child-care programmes, and educational programmes for prevention from exploitation find special mention in the NCC. It secures for every child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation. The Charter provides that the State and community shall undertake all possible measures to ensure and protect the survival, life and liberty of all children. For empowering adolescent, the Charter states that the

State and community shall take all steps to provide the necessary education and skills to adolescent children so as to equip them to become economically productive citizens.

8. **National Plan of Action for Children (NPA), 2005** was adopted by Government of India in the pursuit of well-being of children. NPA has a significant number of key areas of thrust out of which the one's relating to child protection are:
   - Complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child,
   - Addressing and upholding the rights of children in difficult circumstances,
   - Securing for all children legal and social protection from all kinds of abuse, exploitation and neglect.
9. **The National Policy for Children, 2013** adheres to the Constitutional mandate and guiding principles of UNCRC and identifies rights of children under 4 key priority areas, namely, Survival, Health and Nutrition; Education and Development, Protection and Participation. The policy recognised that a child is any person below the age group of eighteen years. Childhood is an integral part of life with a value of its own. Children are not a homogenous group and their different needs, need different responses, especially the multi vulnerabilities experienced by children in different circumstances. A long term, sustainable multi-sectoral, integrated and inclusive approach is necessary for the overall and harmonious development and protection of children.

The National Policy for Children, 2013, reaffirmed that every child is unique and a supremely important national asset. Special measures and affirmative action are required to diminish or eliminate conditions that cause discrimination. All children have the right to grow in a family environment, in an atmosphere of happiness, love and understanding. Families are to be supported by a strong social safety net in caring for and nurturing their children. In view of the furtherance of the objectives of the National ECCE Policy the following have been formulated and circulated to all states and UTs:

National ECCE Curriculum Framework has been framed to promote quality and excellence in early childhood education by providing guidelines for practices that would promote optimum learning and development of all young children and set out the broad arrangement of approaches and experiences rather than detailed defining of the content.

Quality Standards for ECCE have been framed to provide a framework that will assess the implementation of the ECCE programmes across the country and assist the ECCE centres and service providers in developing and maintaining dynamic quality programmes that reflect the objectives, the programmes, standards and practices of the ECCE policy.

Age appropriate child assessment Cards have been developed for use for formative assessment of children in the age bracket of 3-6 years.

10. **National Early Childhood Care and Education (ECCE) Policy** lays down the way forward for a comprehensive approach towards ensuring a sound foundation for survival, growth and development of child with focus on care and early learning for every child. It recognizes the synergistic and interdependent relationship between the health, nutrition, psycho-social and emotional needs of the child. This would add impetus to the ECCE activities mentioned in the revised service package of ICDS.

11. **The National Plan of Action for Children, 2016** was launched in the pursuit of well-being of children to provide a roadmap that links the Policy objectives to actionable strategies under the 4 key priority areas. It aims at establishing effective coordination and convergence among all stakeholders, including Ministries and Departments of Government of India and civil society organisations to address key issues pertaining to rights of children.

    It is an initiative to further strengthen and activate the implementation and monitoring of national, constitutional and policy commitments and the UN Convention on the Rights of the child. In alignment with the National Policy for Children 2013, the NPAC has following objectives:

    i. Ensure equitable access to comprehensive and essential preventive, promotive, curative and rehabilitative health care of the highest standard, for all children before, during and after birth, and throughout the period of their growth and development.
    ii. Secure the right of every child to learning, knowledge, education, and development opportunity, with due regard for special needs, through access, provision and promotion of required environment, information, infrastructure, services and supports, for the development of the child's fullest potential.
    iii. Create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places, especially public spaces.
    iv. Enable children to be actively involved in their own development and in all matters concerning and affecting them.

Child Budgeting

Public expenditure meant for the development of the general population can be expected to have some benefits for children as well. However, since children comprise one of the largest disadvantaged sections of Indian Society, there is strong case for identifying the protection of public expenditure meant for addressing the needs of children in particular. This requires the segregation of schemes meant specifically for addressing the needs of children, from other development schemes. The total magnitude

of budget outlays on child specific schemes is referred to as the "Child Budget" is not a separate budget but a part of the total government budget. Child Budgeting has been included in the Monitoring and evaluation framework of National Plan of Action for Children, 2016.

Schemes for the well-being and development of Children

Different Central Ministries are implementing various schemes / programmes following the guidance of the national policies for the welfare, development and protection of children. These schemes are aim to tackle the issues relating to the overall welfare of children. The State/ UT Governments also execute numerous programmes from time to time for improving the lot of children.

Following are some of the important schemes of Central Government in this regard-

1. Integrated Child Development Services (ICDS)

The Integrated Child Development Services (ICDS) Scheme is one of the world's largest and unique programmes for early childhood care and development representing country's commitment to its children and nursing mothers towards providing pre-school non-formal education, breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The objectives of the Scheme are:

- to improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Provision of supplementary nutrition under the ICDS Scheme is primarily made to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children, pregnant women and lactating mothers. Under the revised Nutritional and Feeding norms State Governments/ UTs have been directed to provide 300 days of supplementary food to the beneficiaries in a year which would entail giving more than one meal to the children from 3-6 years who come to AWCs.

ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) is being implemented in 162 high malnutrition burdened districts with the following objectives:

- To strengthen the ICDS policy framework, systems and capacities, and facilitate community engagement, to ensure greater focus on children under three years of age.
- To strengthen convergent actions for improved nutrition outcomes

2. Pradhan Mantri Matru Vandana Yojana

The scheme has been launched in 2017 to provide partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child. The cash incentive provided would lead to improved health seeking behaviour amongst the Pregnant Women and Lactating Mothers (PW&LM).

3. Rajiv Gandhi National Crèche Scheme (RGNCS)

The Central Sector Scheme was launched to provide crèche facility to the children of age group of 6 months to 6 years of working women who is employed for a minimum period of 15 days in a month or 6 month in a year. The objective includes promoting physical, cognitive, social and emotional development (Holistic Development) of children and to educate and empower parents/ caregivers for better childcare.

4. Scheme for Adolescent Girls (SAG)

A comprehensive scheme for the holistic development of adolescent girls called Scheme for Adolescent Girls is being implemented in 205 selected districts across the country, using the ICDS platform. Scheme for Adolescent Girls aims at an all-round development of Adolescent Girls (AGs) of 11-18 years by making them self-reliant through facilitating access to learning, health and nutrition through cost effective interventions. The Scheme for Adolescent Girls is a centrally sponsored scheme and is being implemented through the State Governments/UTs across 205 districts in the country. Anganwadi Centre is the focal point for delivery of the services. The scheme has two major components viz. Nutrition and Non Nutrition Component.

The adolescent girls under the scheme are provided supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients per day for 300 days in a year in the form of Take Home Ration or Hot Cooked Meal. Nutrition is provided to 11-14 years out-of-school girls and all girls of 14-18 years age (out of school and in school girls). While the nutrition component aims at improving the health & nutrition status of the adolescent girls, the non-nutrition component addresses the developmental needs.

Under the Non-Nutrition component, the out of school adolescent girls (11-18 years) are being provided IFA supplementation, Health check-up and Referral services, Nutrition & Health Education, Counselling/Guidance on family welfare, Adolescent Reproductive Sexual Health (ARSH), child care practices and Life Skill Education and accessing public services. The adolescent girls aged 16-18 year are also provided vocational training in different trades in order to empower them.

5. Kishori Shakti Yojana(KSY)

This is a scheme with the objectives to improve the nutritional and health status of girls in the age group of 11-18 years as well as to equip them to improve and upgrade their home-based and vocational

skills; and to promote their overall development including awareness about their health, personal hygiene, nutrition, family welfare and management.

6. National Nutrition Mission (NNM)

A National Nutrition Mission (NNM) has been setup from 2017-18 to work as an apex body to monitor, supervise, fix targets and guide the nutrition related interventions across the Ministries. The programme through the targets will strive to reduce the level of stunting, under-nutrition, anaemia*(among young children, women and adolescent girls)* and low birth weight babies. It aims to create synergy, ensure better monitoring, issue alerts for timely action to achieve the targeted goals.

NNM would strive to achieve reduction in Stunting from 38.4% (NFHS-4) to 25% by 2022 (Mission 25 by 2022).The goal of NNM is to achieve improvement in nutritional status of Children (0-6 years) and Pregnant Women & Lactating Mothers (PW&LM) in a time bound manner.

7. Child Rehabilitation through Non- Institutional Care of Children Adoption

Central Adoption Resource Authority (CARA) has been setup as a Statutory Body as per the provisions under Section 68 of the Juvenile Justice (Care & Protection of Children) Act, 2015 (Act No. 2 of 2016) to function as a nodal body at the National level for promoting and regulating adoption of Indian children, mandated to undertake the following:-

- Promote In-Country adoptions and to facilitate inter-State adoptions in coordination with State Agencies.
- Regulate Inter-Country adoptions.
- Frame regulations on adoption and related matters from time to time, as may be necessary.
- Carry out the functions of the Central Authority under the Hague Convention on Protection of Children & Cooperation in respect of inter-country adoption.
- Any other function as may be prescribed.

Government has notified Juvenile Justice Act, 2015 and Chapter VIII of the Act, provisions for adoption of orphan, abandoned& surrendered children and also adoption of children by relative, as defined in the Act. The Act has adequate safeguards mechanisms for the children to ensure their best interest and provides for reporting of all adoptions in the country including relative adoptions. Further, all adoptions under the Act have to proceed as per the Adoption Regulations, 2017. These regulations would strengthen adoption programme in the country by streamlining the adoption process with transparency, early de-institutionalisation of children, informed choice for the parents, ethical practices and strictly defined timelines.

“Adopt a Home” program has been launched whereby the corporate sector, business houses

and individuals are invited to support the children staying in the Children Homes run under the Juvenile Justice (Care and Protection of Children) Act by the State Governments/UTs and their NGO partners.

Model Foster Care Guidelines have been developed in the light of the Juvenile Justice (Care and Protection of Children), Act, 2015 and JJ Model Rules 2016. These Guidelines provide detailed procedures, roles and responsibilities of stakeholders, along with various aspects related to the implementation of the foster care program. The State/ UTs to adapt or adopt the Guidelines as framed.

8. Integrated Child Protection Scheme

The objectives of the Scheme are to contribute to the improvement in the well being of children in difficult circumstances, as well as reduction of vulnerabilities to situation and actions that leads to abuse, neglect, exploitation, abandonment and separation of children from parent.

Track Child: A TrackChild portal has been developed for tracking missing and recovered children all over the country. There are various stake holders responsible for data entry on TrackChild portal. Information of missing & recovered children is uploaded by the Police and information of children residing in Child Care Institutions (CCIs) is uploaded by Child Welfare Committees, Juvenile Justice Boards and functionaries of CCIs. The TrackChild was designed & developed as per the guidelines provided under the Juvenile Justice (Care and Protection of Children) Act 2000 and Integrated Child Protection Scheme.

Khoya-Paya Portal which integrated as citizen's corner in the TrackChild portal with the objective of creating a citizen centric platform was to enable citizens to report missing children as well as sightings of their whereabouts without losing much time. Found children can also be reported. Any citizen can register on KhoyaPaya by using an Indian Mobile number.

Childline services: The Childline service is a free 24x7 phone outreach service. Under ICPS, the services are expanded with the final objective of covering all the districts. Childline is working in 413 locations.

Railway Childline : This is a preventive initiative to provide care and protection to children who come in contact with Railways so that as far as possible children are recued as soon as they fall out of safety net and repeated missing. This initiative is currently operating at 33 railway stations.

9. Beti Bachao Beti Padhao

Beti Bachao, Beti Padhao (Save girl child, educate a girl child) is a programme that aims to generate awareness and improve the efficiency of welfare services intended for girl child. BBBP addresses the declining Child Sex Ratio (CSR) and related issues of women empowerment over a life-cycle continuum. It is a tri-ministerial effort of Ministries of Women and Child Development, Health & Family Welfare and Human Resource Development. The key elements of the scheme include Nation-wide awareness

and advocacy campaign; Enforcement of PC&PNDT (Pre-Conception & Pre-Natal Diagnostic Techniques) Act; Enabling girl child education; and multi-sectoral action in selected districts of BBBP. There is a strong emphasis on mind set change through training, sensitization, awareness raising and community mobilization on ground. The main goal of the scheme is to celebrate the girl child and enable her education. The objectives of the Scheme are as under:

- To prevent gender biased sex selective elimination
- To ensure survival and protection of the girl child
- To ensure education and participation of the girl child

10. Ujjawala Scheme for Combating Trafficking

Ujjawala is a comprehensive scheme to combat trafficking . The Scheme was launched with the objective to prevent trafficking of women and children for commercial sexual exploitation, to facilitate rescue of victims and placing them in safe custody, to provide rehabilitation services by providing basic amenities, to facilitate reintegration of victims into the family and society and to facilitate repatriation of cross border victims. The Scheme is being implemented mainly through NGOs. The Scheme has five components— Prevention, Rescue, Rehabilitation, Re-Integration and Repatriation of trafficked victims for commercial sexual exploitation.

Trafficking of children is an organized crime violating all basic human rights. Poverty, illiteracy, lack of livelihood options, natural / man-made disasters are some of the factors that make a person vulnerable to trafficking.

Commitment towards Prevention of Trafficking:

i) Article 23 of the Constitution of India prohibits trafficking in human beings and forced labour.
ii) “Immoral Traffic (Prevention) Act, 1956” lays down provisions for stringent punishment to the perpetrators of the crime.
iii) Indian Penal Code also penalises offences related to trafficking.
iv) India has ratified the:

- UN Convention against Transnational Organized Crime with its Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children
- SAARC Convention on Preventing and Combating Trafficking of Women and Children in Prostitution;
- Convention on the Elimination of All Forms of Discrimination against Women;
- Convention on the Rights of the Child: and
- ILO Convention 138 regarding admission of age to employment and Convention 182 regarding worst forms of child labour.

Annexure –II

Sustainable Development Goal and Targets Related to Children

The SDGs have given due importance to various developmental aspects of child life and have accordingly included 27 targets in the SDG monitoring framework. The global development agenda recognizes that sustainable and positive outcomes in development will not be achieved unless violence against children ends. Apart from indicators for prevalence of malnutrition, maternal and child mortality, etc.; five goals and eleven targets address violence and abuse, trafficking, sexual and other types of exploitation, harmful practices such as child marriage and the worst forms of child labour including children in armed forces along with promotion of safe public spaces, safe and non-violent learning environments and birth registration.

Goals	Targets
GOAL 1: *End poverty in all its forms everywhere*	By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definition. Implement nationally appropriate social protection systems and measures for all, and by 2030 achieve substantial coverage of the poor and the vulnerable. 1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate related extreme events and other economic, social and environmental shocks and disasters.
GOAL 2: *End hunger, achieve food security and improved nutrition and promote sustainable agriculture*	By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.
GOAL 3: *Ensure healthy lives and promote well-being for all at all ages*	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. By 2030, end preventable deaths of new-borns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other diseases.

GOAL 3: *Ensure healthy lives and promote well-being for all at all ages*	By 2030, ensure universal access to sexual and reproductive health- care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination. **3.c.** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states.
GOAL 4: *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*	By 2030, ensure that all girls and boys have access to complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship. By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations. **4.a.** Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.
GOAL 5. *Achieve gender equality and empower all women and girls*	End all forms of discrimination against all women and girls everywhere Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. **5.c** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

GOAL 6. *Ensure availability and sustainable management of water and sanitation for all*	By 2030, achieve universal and equitable access to safe and affordable drinking water for all. By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.
GOAL 7. *Ensure access to affordable, reliable, sustainable and modern energy for all*	**7.1** By 2030, ensure universal access to affordable, reliable and modern energy services.
GOAL 8. *Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all*	**8.7** Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.
GOAL 10. *Reduce inequality within and among countries*	**10.2** By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
GOAL 11. *Make cities and human settlements inclusive, safe, resilient and sustainable*	**11.2** By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons **11.5** By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations. **11.7** By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
GOAL 16. *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*	Significantly reduce all forms of violence and related death rates everywhere. End abuse, exploitation, trafficking and all forms of violence against and torture of children. **16.9** By 2030, provide legal identity for all, including birth registration.

Annexure-III

Special Provision/ Acts for Protection of children against crime

Indian Penal Code (IPC)(various sections providing penalty for crime against children)

(i) Murder (Section 302 IPC)
(ii) Attempt to Commit Murder (Section 307 IPC)
(iii) Infanticide (Section 315 IPC)
(iv) Foeticide (Section 315 and 316 IPC)
(v) Abetment of Suicide of Child (Section 305 IPC)
(vi) Exposure and Abandonment (section 317 IPC)
(vii) Kidnapping & Abduction (Section 363, 363A, 364,364A, 365, 366, 367, 368 & 369 IPC).
(viii) Procuration of Minor Girls (section 366-A IPC)
(ix) Importation of Girls from Foreign Country(Section 366-B IPC)
(x) Human Trafficking (Sec 370 and 370A IPC)
(xi) Selling of Minors for Prostitution (Section 372 IPC)
(xii) Buying of Minors for Prostitution (Section 373 IPC)
(xiii) Unnatural Offences (Section 377 IPC)

Special and Local Laws (SLL) (various Acts providing penalty for crime against children)

i) Prohibition of Child Marriage Act, 2006
ii) Transplantation of Human Organs Act, 1994
iii) Child labour (Prohibition & Regulation) Act, 1986
iv) Immoral Traffic (Prevention) Act, 1956
v) Juvenile Justice (Care & Protection of Children) Act, 2015
vi) Protection of Children from Sexual Offences Act, 2012

Annexure-IV

Definitions and Explanations

Indicators	Definition	Source
Sex Ratio	Sex ratio has been defined as the number of females per 1000 males in the population; it is expressed as 'number of females per 1000 males' Sex Ratio = Number of Females *1000 Number of Males	Registrar General of India
Level of Registrations	The level of registration, defined as the percentage of registered births/deaths to the births/deaths estimated through Sample Registration System, determines the performance level of a State / Union territory with regard to functioning of Civil Registration System. Level of Registration = Number of events registered during the year × 100 Number of estimated events for the year	CRS, Registrar General of India
Sex Ratio at birth (SRB)	Number of female births registered during the year × 1000 Number of male births registered during the year	CRS, Registrar General Of India
Infant Mortality Rate (IMR)	Infant Mortality Rate (IMR) is defined as the infant deaths (less than one year) per thousand live births. Number of infant deaths during the year *1000 Number of live births during the year	SRS, Registrar General Of India
Neo-natal mortality rate (NMR)	Number of infant deaths of < than 29 days during the year *1000 Number of live births during the year	SRS, Registrar General of India
Early neo-natal mortality rate	Number of infant deaths of < than 7 days during the year*1000 Number of live births during the year	SRS, Registrar General of India
Under-five Mortality Rate	The under-five mortality is the probability (5q0) that a child born in a specific year or time period will die before reaching the age of five, subject to current age specific mortality rates. It is expressed as a rate per 1,000 live births.	SRS, Registrar General Of India
Peri-natal mortality rate	Number of still births and infant deaths of <7 days during the year*1000 Number of live births and still births during the year	SRS, Registrar General of India
Age-specific fertility rate	Number of live births in a particular age-group*1000 Mid-year female population of the same age-group	SRS, Registrar General Of India

Neonatal mortality	The probability of dying within the first month of life.	NFHS-4, M/o Health & Family Welfare
Infant mortality	The probability of dying between birth and the first birthday.	NFHS-4, M/o Health & Family Welfare
Child mortality	The probability of dying between the first and fifth birthdays.	NFHS-4, M/o Health & Family Welfare
Under-five mortality	The probability of dying between birth and the fifth birthday.	NFHS-4, M/o Health & Family Welfare
Stunting (height-for-age)	Height-for-age is a measure of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted), or chronically undernourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted.	NFHS-4, M/o Health & Family Welfare
Wasting (weight-for-height)	Weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted), or acutely undernourished. Childrenwhose weight-for-height Z-score is below minus three standard deviations (-3 SD) from the median of the reference population are considered severely wasted.	NFHS-4, M/o Health & Family Welfare
Underweight (weight-for-age)	Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic under-nutrition. Children whose weight-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight. Children whose weight-for-age Z-score is below minus three standard deviations (-3 SD) from the median are considered severely underweight.	NFHS-4, M/o Health & Family Welfare

Minimum acceptable diet (MAD)	Proportion of children age 6–23 months who receive a minimum acceptable diet. This indicator is a composite of the following two groups: Breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day Breastfed children age 6–23 months and Non-breastfed children age 6–23 months who received at least two milk feedings, and had at least the minimum dietary diversity (not including milk feeds), and the minimum meal frequency during the previous day Non-breastfed children age 6–23 months	NFHS-4, M/o Health & Family Welfare
Gender Parity Index (GPI)	The Gender Parity Index (GPI) is the ratio of the number of female students enrolled at primary, secondary and tertiary levels of education to the corresponding number of male student in each level. Thus GPI (based on GER) which is free from the effects of the population structure of the appropriate age group, provides picture of gender equality in education	M/o Human Resource Development
Gross Enrolment Ratio (GER)	The Gross Enrolment Ratio (GER) for a class-group is the ratio of the number of persons in the class-group to the number of persons in the corresponding official age-group	M/o Human Resource Development
Gross Attendance Ratio (GAR):	For each class-group, this is the ratio of the number of persons in the class-group to the number persons in the corresponding official age-group. For example, for Class group I-V the ratio (in %), corresponding to normative age-group of 6-10, is Number of persons attending Classes I-V × 100 Estimated population in the age-group 6-10 years	National Sample Survey 71st Round
Net Attendance Ratio:	For each education class-group, this is the ratio of the number of persons in the official age-group attending a particular class-group to the total number persons in the age-group. For example, for Class group I-V the ratio (in %) is Number of persons of age 6-10 years currently attending Classes I-V × 100 Estimated population in the age-group 6-10 years	National Sample Survey 71st Round

Annexure-V

References

- Census 2011, O/o Registrar General of India
- Sample Registration System, O/o Registrar General of India
- Civil Registration System, O/o Registrar General of India
- Annual Report, M/o Women & Child Development
- National Family Health Survey Report, M/o Health & Family Welfare
- U-DISE reports, M/o Human Resource Development
- National Sample Survey Reports, M/o Statistics & Programme Implementation
- Crime In India, National Crime Records Bureau

सत्यमेव जयते

Social Statistics Division
Central Statistics Office
Ministry of Statistics and Programme Implementation
Government of India
www.mospi.gov.in

Printed at PRABHAT PUBLICITY #8459794966

CARA	**Central Adoption Resource Authority** **Ministry of Women & Child Development** **Government of India Adoption Statistics** http://cara.nic.in/resource/adoption_Stattistics.html

Year	In-country Adoption	Inter-country Adoption
2010	5693	628
2011 (Jan'11 to March'12)	5964	629
2012-2013 (April'12 to March'13)	4694	308
2013-2014 (April'13 to March'14)	3924	430
2014-2015 (April'14 to March'15)	3988	374
2015-2016 (April'15 to March'16)	3011	666
2016-2017 (April'16 to March'17)	3210	578
2017-2018 (April'17 to March'18)	3276	651
2018-2019 (April'18 to March'19)	3374	653
2019-2020 (April'19 to March'20)	3351	394
2020-2021 (April'20 to March'21)	3142	417

ANNEXURE P-6

As the country changes, so does this ever-evolving institution.

BY ASHER FOGLE

Dec 8, 2015

Surprising Facts You May Not Know About Adoption - USA

Adoption became an official legal process (and not just an informal practice) in the 1850s. And over the last 150 years, the institution has evolved and changed along with society. Today, about 135,000 children are adopted in America every year — from the foster care system, private domestic agencies, family members, and other countries.

Celebrities like Sandra Bullock, Viola Davis, and Katherine Heigl have increased its visibility. Movements like feminism, Civil Rights, and LGBT equality have transformed ideas about who can and should adopt. And more resources exist to help parents

of children coming out of foster care. Adoption continues to be a more widely accepted and better understood way of creating a family. This wasn't always the case, though: Until the middle of the 20th century, adoption was often stigmatized and kept secret. (Think about how many children have taunted each other with "You're adopted.")

https://www.goodhousekeeping.com/life/parenting/a35860/adoption-statistics

ANNEXURE P-7

THE | DIPLOMAT

May 30, 2018

India's Hidden Infertility Struggles

Behind India's booming population is another story: declining fertility rates and desperate couple

India, the world's second most populous nation at 1.3 billion people after China (1.4 billion) has always intrigued demographers. And now, with the United Nations projecting that India's population will outstrip China's as early as 2022, it looks like the country may well be ready to explode at its seams.However, few know about an entirely unexpected problem that is currently bedevilling Asia's third largest economy — a dramatic decline in its fertility rate.

The World Population Prospects: The 2017 Revision report estimates that the fertility rate of Indians (measured as the number of children born to a woman), has plummeted by more than 50 percent, from 4.97 during the 1975-80 period to 2.3 for the current period of 2015-20. By 2025-30, the report projects, the rate will nosedive further to 2.1, touching 1.86 from 2045-50 and 1.78 from 2095-2100. A fertility rate of about 2.2 is generally considered the replacement level, the rate at which the population would hold steady. When the fertility rate dips below this number, the population is expected to decline.

Urban Indian fertility is now at levels seen in developed countries and in some places among the lowest in the world. According to the Indian Society of Assisted Reproduction, infertility currently affects about 10 to 14 percent of the Indian population, with higher rates in urban areas

where one out of six couples is impacted. Nearly 27.5 million couples actively trying to conceive suffer from infertility in India.

ANNEXURE P-8

While we type Orphan it gives 0/0 results

ANNEXURE P-9

F. No. 6(3)/202 1 - RTl
Government of India
Ministry of Law and Justice
Legislative Department
RTI Cell

New Delhi, the 9th July, 2021

Dr. Piyush Saxena, Secretary ,
The Temple of Healing,
5/1202. NRI Complex, Nerul West.
Navi Mumbai -400706.

Subject: Providing of Information under RTI Act.

Sir,

Please refer to Ministry of Women and Child Development's letter No.CW-11-29/2/202 I-CW-II dated 3.6.2021 transferring therewith your online application dated 6.5.2021p(received in this Department on 11.6.2021) on the subject mentioned above. In this regard, it is stated that no such information is available in this department. As per Government of lndia (Allocation of Business) Rules, 1961 , this department is administratively conceived with the Hindu Adoptions and Maintenance Act, 1956 as regards legislation alone. Further the requisite information may be available with the respective State Government. You are, therefore, requested to contact the concerned department of the State government.

Yours faithfully,

(P.C. Meena)
Deputy Secretary& CPIO
Tel. No. 23388007

Note.- Shri Udaya Kuinara, Joint Secretar; & Legislative Counsel, Legislative Department, Ministry of Law and Justice, Room No.436 'A; Wing, 4* Floor, Shastri Bhawan, New Delhi - 110001 (Tel. No.01123389163 & E mail aa-rti-legis@nic.in) is the First Appellate Authority for filing the first appeal, if any (within 30 days from the date of issue of the letter).

ANNEXURE P-10

SCHEDULE VII
[See regulations 2(11), 9 (10) and 20 (2)]

HOME STUDY REPORT OF RESIDENT INDIAN PARENT/ OVERSEAS CITIZEN OF INDIA/FOREIGNER LIVING IN INDIA

MR._____
MS._____

Adoption of orphan/abandoned/surrendered children can be processed by following procedures as laid down in Adoption Regulations. All prospective adoptive parents are required to register in Child Adoption Resource Information and Guidance System (CARINGS) and adopt from authorised institutions.

CARINGS REGISTRATION NO.	-
DATE OF REGISTRATION	-
PAN CARD NO	-
AADHAR CARD NO, IF AVAILABLE	-
PASSPORT NO, IF APPLICABLE	-
NAME OF THE SOCIAL WORKER	-
DATE OF HOME VISIT	-

Part-1 of the report is to be filled up by the Prospective adoptive parents.

The Home Study Report helps build a strong proposal for the prospective adoptive parent (s) to adopt, and therefore, prospective adoptive parents are expected to provide all information to the best of their knowledge. The prospective adoptive parents are solely responsible for the authenticity of the information provided in the template and are required to sign below on each page of Part 1.

The prospective adoptive parent(s) are encouraged to seek advice from the social worker and Counsellors in preparing themselves for adoption and for supporting the child that they wish to adopt. Any difficulty faced by the prospective adoptive parents in filling up Part 1 may be shared with the Social Worker during the home visit.

Part-2 of the template is to be filled up by the Professional Social Worker engaged by the Specialised Adoption Agency or District Child Protection Unit or State Adoption Resource Agency or Central Adoption Resource Authority (CARA).

The Home Study Report helps the adoption agency in finding the family best suited for each child that is available for adoption. During the home study, the social worker will assess the financial, employment, health, lifestyle, home and neighbourhood environments of the prospective adoptive parent (s); their parenting styles and attitude(s); motivation for adoption; commitment towards adoption and their overall readiness-cum-maturity to adopt.

Part – 1

A. Familiarity with Adoption
(This section can be filled up by either of the prospective adoptive parent)

1. What is your motivation behind adopting a child

_____

_____

_____

2. Will you be able to support an older child, a child with an addressable medical condition or a child with special need?

   Yes/No

3. Have you met any adoptive families or children who were adopted – if yes, how was your experience and response

_____

_____

4. Are there any areas where you may need counselling or professional help in supporting the child you wish to adopt – please provide complete details?

_____

_____

_____

_____

_____

5. Please describe how the prospective adoption would affect other members residing with you and their support to the child.

B. Family background information:

Particulars	**Male Applicant**	**Female Applicant**
Name (underline Family name)		
Date of birth		
Place of birth		
Citizenship		
Address		
Email ID		
Contact Phone No. and Mobile No.		
Religion		
Language(s) spoken at home		
Date of Marriage		
Date of Earlier Marriage (if any)		
Date of divorce (if any)		
Educational Qualification		
Employment/ Occupation		
Name and Address of the present Employer/Business concern		
Annual Income		
Health Status		

Photograph of the prospective adoptive parents

(1) Provide following information about your parents.

Details about Parents of the Applicants	Male Applicant		Female Applicant	
	Father	Mother	Father	Mother
Name in full				
Age				
Nationality/Citizenship				
Occupation				
Previous occupation				
Presently residing with prospective adoptive parent (Indicate Yes/No)				

(2) Please complete the following table with the names of each of your respective children (adopted and biological), their sex, educational status (kindergarten, elementary, etc.) and dates of birth.

Name of the Child	Sex	Date of Birth	Educational Status

(3) Please provide age, gender, occupation, and nature of the relationship of other family member(s) residing with prospective adoptive parents.

Name	Nature of Relationship	Age	Gender	Occupation

(4) Please provide details of any other non-related adults/children living in the home (e.g. house help, staff, outside personnel etc):

_____

_____

C. Professional/Employment Details (Professional career details for last 5 years): Please complete the following table with details relating to your professional career.

Male Applicant			
Organisation	Employer Details (Name and Address)	Job Title	From To

Female Applicant			
Organisation	Employer Details (Name and Address)	Job Title	From To

D. Financial Position: (Give a short description of your income from all sources, savings, investments, expenditures and liabilities).

_____

_____

Please provide your most recent tax invoices, bank statements etc. of both of you.

Do you have any outstanding debts, mortgages etc.

(a) If yes, please provide supporting documentation;

(b) No

E. Current marital relationship and quality of marital relationship (if applicable): (Give details about the marriage, legal separation, if any, reasons for such separation, present marital life and decision making procedures).

(1) Please specify your marital status: _____

(2) Please describe the procedures you and your spouse use to reach a decision.

F. Attitude of grandparents/extended family members, other relatives and significant others towards the present adoption: (Give a short description about the opinion of other important persons towards adoption who would have impact in the child rearing process when the child arrives in the receiving country.)

G. Anticipated Plans of the prospective adoptive parents for adopted child and rearing in the Family:

(1) Please describe how you will manage caring for the adopted child and other life commitments such as work.

(2) Who will be responsible for caring for the child when you are at work, or absent from the familial home (domestic help, grandparents and spouse).

(3) In case the adopted child demonstrates adjustment difficulties, please describe the steps that you plan to take to ease his/her transition into the family?

H. Preparation and Training for Adoption: (Give details about the counselling if undergone on adoption, child care, handling of needs of children, prospective adoptive parents training and/or experiences in parenting children having special needs, if any)

Understanding about adoption procedure:
Reading of reference materials:
Learning from friends/relatives:
Interaction with adoptive parents groups:
Learning through counselling from professional:

I. Possible Rehabilitation Plan for the child in case of any eventuality with prospective adoptive parent(s): (Give a short description about your plan for the security of the child in case you face any short or long term eventuality.

In case you are a single prospective adoptive parent, please give a short description about the close relative who would be giving undertaking for the security of the child).

(1) Does your work require you to travel?

(2) Who would care for the child in your absence? Please provide a brief description including his/her age, gender, occupation and relationship:

(3) In the event of unforeseen misfortune do you have someone who could take legal guardianship of child? If so, Please provide a brief description including his/her age, gender, occupation and relationship and contact details:

J. Health Status (Emotional and Physical):

(1) Do you or your spouse suffer from any medical condition? If so, would you please provide details?

(2) Are you or your spouse currently being treated by a psychologist or psychiatrist?

(3) Are you currently taking any prescribed medication?

(4) Are there currently any child(ren) in your house being treated for a severe medical condition?

(5) Does your family have health and hospitalization insurance coverage for all family members?

K. Certified that the above information is true to best of our knowledge

Name and signature of the prospective adoptive parents

PART – 2

(To be filled up by the Social Worker preparing the Home Study Report)

As far as possible, the Home Study Report has to be completed within a period of one month from the date of registration.

The social worker should attempt to put the prospective adoptive parents at ease by opening the conversation with a warm-up question. The social worker should employ non-verbal cues such as inclining the head and nodding to indicate that the prospective adoptive parents are actively listening. After each question, the social worker may provide the prospective adoptive parents with sufficient time to respond. Any verbal response by the social worker to an answer by the prospective adoptive parents should be neutral and non-judgmental. The social worker should attempt to establish eye contact as much as possible between reading the question and jotting down the response of the prospective adoptive parents to demonstrate empathy. The social worker should try to avoid interrupting the prospective adoptive parents unless they do not understand a response.

(The information/facts filled in the template shall be kept confidential by the agencies /authorities.)

1. Factual Assessment:

(i) Have you verified the contents of the facts mentioned in Part I of the template?

Yes/No

(ii) Are you satisfied about the facts mentioned in the documents vis-à-vis observation during interviews and visits?

Yes/No

2. Psycho-social Assessment:

Interaction with the prospective adoptive parents

(i) Have you interacted with the prospective adoptive parents individually and/or jointly?

(ii) Are the prospective adoptive parent(s) well prepared for adoption? In case of single prospective adoptive parent, please mention about family support system.

(iii) Do you think that prospective adoptive parents have expressed their genuine feeling for parenting?

Home visit findings:

(i) When did you visit the home of the prospective adoptive parents? Who were the members present during your visit?

(ii) Whom did you interact during the home visit?

(iii) Have you met any neighbour/relative? Give a detailed description about the interaction?

(iv) Whether the home environment is conducive for the child? If no, what steps can be taken to improve the situation? Have you advised the prospective adoptive parents?

(v) Are the prospective adoptive parent(s) well prepared for adoption?

(vi) Do you think that prospective adoptive parent(s) have expressed their genuineness during the interaction?

(vii) Did the prospective adoptive parent(s) have any doubt about parenting issues or any other issues? Have you cleared their doubts?

Interaction with the family members:

(i) Have you interacted with other family members of the prospective adoptive parents? What is their opinion about the proposed adoption? Are they positive about the adoption?

(ii) Are there any other family member(s) whom you could not interact but they might have a larger role in the proposed adoption? If so, how did you do their assessment? Did you take their views subsequently?

(iii) Have you interacted with older children present in the home of the prospective adoptive parents? If yes, please give details.

(iv) Have you noticed any adverse remarks from the family members? If so, how far those remarks may have an impact on the adoption process?

Financial capacity:

(i) What is your opinion about the financial status of the prospective adoptive parent(s)? Are they financially sound to welcome another member into their family?

(ii) Have you observed any financial situation which is not disclosed in Part-I?

Physical and emotional capacity:

(i) Are the prospective adoptive parents(s) in a good physical and emotional state to take care of a child?

(ii) Have you observed any physical or psychological issues with the prospective adoptive parent(s) or any other family member that is going to affect the life of the upcoming child? If so, give details.

(iii) Provide details of number of rooms in the house and if there is adequate space for the child to be supported.

(iv) Are the prospective adoptive parent(s) emotionally equipped enough to take care of a child?

3. Recommendation for adoption.

Do you recommend the prospective adoptive parent(s) for adoption? Put your views and rationale for recommending the prospective adoptive parents for adoption including the parent(s) suitability. (Attach additional sheets, if required)

In case you do not recommend the prospective adoptive parents for adoption, appropriate reasons for taking such decision must be given in detail.

Signature, name, designation of Social Worker

*****

ANNEXURE P-11

THE TIMES OF INDIA

NEW DELHI: Wednesday 28 July 2021

The Rajya Sabha passed Juvenile Justice (Care and Protection of Children) Amendment Bill 2021. The Bill was passed by the Lok Sabha in March. Adoption orders which as of now are issued by district courts will be issued by district magistrates once the amendments are notified as law.

The amendments give the district and additional district magistrates the power to issue adoption orders and monitor the functioning of various agencies including the child welfare committee (CWC) and district child protection unit (DCPU) that are responsible for implementation of the JJ Act.

The divisional commissioner will have the power to decide appeals

with regards to adoption cases. Even as there have been concerns raised by certain civil society groups working on child rights over the decision to give the DM the power to issue an adoption order, its implications and the onground implementation, the government has been strongly defending the move, claiming that it will enable speedy disposal of adoption cases, curtail delays and enhance accountability.

Women and Child Development minister Smriti Irani lashed out at the protesting opposition members saying, “some of the most renowned Parliamentarians who have always prioritized the needs of the vulnerable, however, politics demands that today they stand here right in the Well and attract attention towards the issues that they feel fit.”

the WCD minister said, “the children of our country deserve a united House in support of the amendments proposed, the amendments that empower the district magistrate, empower CWC and enhance accountability. Hence, sir, through you, I beseech that this House, irrespective of political differences, stand together in the service of our children.”

Justifying the need for the amendments, the WCD minister in her speech in Rajya Sabha cited information collected by the National

Commission for Protection of Child Rights through a survey of child care institutions that found extreme delays on the part of CWC in completing paperwork for declaring children free for adoption. Elaborating on the data, Irani made a strong case for the amendment where the government has had to “for the first time, give conditions under which CWCs now need to function and report to the district magistrate”.

For those questioning why the government was becoming a bit stringent about the functioning of CWCs, Irani cited examples. “There is a case pending in the Madras High Court where the biological parents of a child were frequently quarrelling and the Child Welfare Committee just came, took the child and suddenly gave up the child for adoption,” she said. She cited another case from Madhya Pradesh where a mother is fighting for her rights in an adoption matter. She went on to point out that many cases of adoption are pending in the courts.

http://timesofindia.indiatimes.com/articleshow/84834924.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

ANNEXURE P-12

Temple of Healing

Chairperson	Secretary	Treasurer
Shreesh Sarvagya	Dr Piyush Saxena	- Chaitalee Parab

ToH/2021/Orphan/0013

March 1, 2021

The Secretary

Min. of Women and Child Dev.

A 601 Shastri Bhavan

New Delhi 110115

Subject: Orphans: Low rate of adoption (less than 0.02%) | Request for simplification of procedure

Sir,

As you may recall, we had presented before you the plight of prospective parents of orphans, abandoned, and surrendered children, in the months of November and December 2020 as well as on January 14, February 15, 18, and 19, 2021.

Our concern is based on low adoption levels in India. According to CARA figures, only 3351 in-country and 394 inter-country adoptions took place from April 2019 to March 2020. Even though India has 2 crore orphans (www.hindustantimes.com/delhi/about-20m-kids-in-india-orphans-study/story-CM5xsW91McYBjQ3WLhh6MO.html) — this data is based on private surveys since MWCD does not have data — less than 2 adoptions are successful for every 10,000 orphans or 0.02 %. On the other hand, India has 3 crore infertile couples off which 2 crore couples desperately wish to adopt but fail due to complex procedures.

I had also recommended providing monthly vocational guidance to orphans for two hours in every block by the Ministry of HRD, before they turn 18 years old. This will ensure that the children are able to seek jobs even in the absence of adequate education, infrastructure, or resources.

Address: 5/1202 NRI Complex, Nerul, Navi Mumbai 400 706
Phone: 02227526000, 09867050000, 09321093210
Website: www.thetempleofhealing.org
Email: drpiyush2020@gmail.com

Based on your guidance, we further recommend the following:

1. HAMA (Hindu Adoptions and Maintenance Act, 1956) does not appear on your website despite the fact that section 56(3) of the J J Act continues to permit simple adoptions. Hence, it should be given adequate publicity through a separate new website: http://hama.nic.in, the existing CARA site: http://cara.nic.in, press releases, and multimedia efforts.

2. Childline 1098 service should include information about orphan's registration, information about HAMA and orphan adoption.

3. Home study report schedule VII: www.scps.wcd.hp.gov.in/Downloads/Schedule_VII_Home_Study_Report.pdf to be scrapped. This 76-column, 8-page report seeks information which is tricky to complete. Moreover, the social worker seeks a donation for his/her guidance. Therefore, instead of this form, the social worker may take a decision based on bank account statement of the proposed parents, IT returns (no other document needed), CIBIL rating www.cibil.com, and telephone calls to three references. Based on this information, the social worker may recommend one of the following:

   i) Prospective adoptive parents to adopt (no reasons required), or,
   ii) Prospective adoptive parents cannot adopt (reasons to be listed)

4. To make a child legally adoptable, we may upload the information and advertise on an online portal and simultaneously begin adoption proceedings rather than placing a newspaper advertisement and waiting for 60 days, a period which frequently extends to more than one year and costs a lot of money. Matching data of missing persons also has an easy solution: the prospective parents will give an undertaking in advance to surrender claim on a child, in case a genuine claimant appears.

5. Documents required as listed on CARA site:

a) Current Family Photo: Yes

b) PAN Card: Yes

c) Birth Certificate (No need if Aadhaar/PAN is given)

d) Proof of Residence (No need if Aadhaar number is given; unless there is a change)

e) Proof of Income: No need, it should be IT return based. Non-tax payers may not be eligible to adopt. The CIBIL rating is another source to verify status.

f) Certificate from a medical practitioner (No need; it should instead be declaration based, seconded by three references based on general information of prospective parents)

g) Divorce Certificate to be uploaded because this information does not appear on Aadhaar Card or other documents.

h) Two reference letters: No need, the prospective parents should instead provide three recommendations from persons who have their mobile numbers linked to their Aadhaar Cards. A system generated SMS will go on their mobile numbers to confirm their recommendation. (In many cases the social worker has asked for a written guarantee from the two references that they will adopt the child if both prospective parents die. Visualise the plight of a prospective mother).

i) Consent of the older children: Yes

j) After the adoption, instead of regular visits by a social worker to the parents' home, we propose daily uploading of child's photo for a week, then weekly uploading for a month, then monthly uploading for six months. Failure to do so should be system advised to the three references.

5. Proposal application for adoption by a prospective parent.

Prohibited adoptions will continue to be prohibited.

Please also consider the following suggestions to simplify procedure.

Agenda 1

He/she submits an online application on the CARA website based on his/her Aadhar Card and linked mobile number. He/she then receives an ID and password, downloads the adoption form, and submits the following information online:

- Name of self
- Married, divorcee, or widowed
- Existing children (son and/or daughter)
- Religion: Hindu, Jain, Sikh, Arya Samaj
- PAN number (IT)
- General health of self (Declaration) and spouse (if applicable)
- Married since ……
- Aadhar numbers of both
- Aadhar linked mobile numbers of both
- Bank account numbers of both as linked to Aadhar
- Address of both
- Date of birth of both
- Online declaration: We are physically, mentally, emotionally and financially

sound and stable.

- Preferred gender of an orphan: Male/Female

No uploading of documents at this stage. All documents in a proper file will be submitted while the application goes the court.

Agenda 2

All orphans in the country will be enrolled. The States will be responsible through:

1. Gram Pradhan
2. Gram Panchayat
3. Block Development Officer
4. Tehsildar
5. District Magistrate
6. State Govt.
7. City Municipal Corporations

Any citizen with the knowledge of an orphan should and must report them to their respective Gram Pradhan/ Municipal Corporation. Inaction by the Gram Pradhan must be reported to a higher authority in the hierarchy.

The following particulars are needed for the registration of an orphan:

1. Date of Registration*
2. Address of place where he/she lived the previous night*
3. Gender*
4. Photographs (4, i.e., 1 of front face, one each from left and right views, and one full body) *
5. Basic health as it appears*
6. Deformity if any as it appears*
7. Name (if known)
8. Birth details (if known)
9. Orphan brought by … (optional)

*Items 1-6 are mandatory.

In addition, the registration may be done using the available technology and Childline 1098 service. Within a year, we will have data of orphans and prospective parents.

Agenda 3

The Child Adoption Resource Information and Guidance system may appoint a few trained ‘Adoption Preparers’ on the lines of Income Tax Preparer scheme 2006. They will help prospective parents complete the cumbersome paperwork required for adoption.

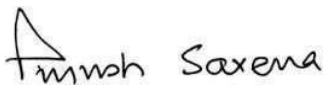
Within two years of implementation, we guarantee that legal adoption in deserving cases will grow up to 60% from the current 0.02%. Moreover, orphaned children will live better childhoods and secure a job when they reach 18 years of age. The additional burden to the exchequer is nil for this exercise.

I request you to kindly also visit - https://afamilyforeveryorphan.org/why-only-a-fraction-of-orphans-are-legally-adoptable-in-india and https://afamilyforeveryorphan.org.

Please feel free to call me to discuss further. I shall travel to Delhi if need be.
I do not claim any travelling expenses.

Best regards,

Your Sincerely,



Dr. Piyush Saxena

cc: The PMO, New Delhi

cc: The Cabinet Secretary, New Delhi

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

IA NO. 111814 OF 2021

IN

WRIT PETITION (CIVIL) NO. 1003 OF 2021

IN THE MATTER OF:

The Temple of Healing

through its secretary

Dr. Piyush Saxena ……Petitioner

Versus

The Union of India

through the Secretary

Ministry of Women and Child Development

…….Respondent

APPLICATION FOR PERMISSION TO APPEAR AND ARGUE THE WRIT PETITION BEFORE THIS HON'BLE COURT AS IN PERSON

TO

The Hon'ble Chief Justice of India and His Hon'ble Companion Justices of the Hon'ble Supreme Court of India

The humble application on behalf of the petitioner above named

MOST RESPECTFULLY SHEWETH:

1. That the petitioner-in-person is very well aware of the facts and circumstances of the petition and thus seeking permission to appear and argue the matter as in person.
2. That the petitioner herein has not engaged the services of an Advocate on Record as the petitioner is well conversant and can diligently assist the court and the petitioner herein wishes to pursue the matter as in-person.
3. That the petitioner herein is not willing to accept an advocate if appointed by this Hon'ble Court because he himself wants to explain his point of view regarding the matter.
4. That the petitioner is trying to put forth all the facts , circumstances and observations in the form of this Writ Petition in Public Interest before this Hon'ble Court.

PRAYER

In view of the facts & circumstances stated above, it is prayed that this Hon'ble Court may graciously be pleased to:

(a) allow the petitioner-in-person to appear and argue the above Writ Petition in person before this Hon'ble Court and ;

(b) pass any other or further order(s) as may be deemed fit and proper in the circumstances of the case.

AND FOR THIS ACT OF KINDNESS THE PETITIONER , AS IN DUTY BOUND, SHALL EVER PRAY.

Filed By

The Temple of Healing

through its secretary

Dr. Piyush Saxena

(Petitioner In Person)

Filed on: 21-08- 2021

Place : New Delhi

IN THE SUPREME COURT OF INDIA

(CIVIL ORIGINAL JURISDICTION)

IA NO. 111814 OF 2021

WRIT PETITION (CIVIL) NO. 1003 OF 2021

PUBLIC INTEREST LITIGATION

IN THE MATTER OF:

The Temple of Healing

through its secretary

Dr. Piyush Saxena …Petitioner

Versus

The Union of India

Through theSecretary

Ministry of Women and Child Development

…..Respondent

AFFIDAVIT

I, Dr. Piyush Saxena S/o Mr. Justice K Narayan, Aged 62 years, presently residing at 5/1202 , NRI Complex Nerul , Navi Mumbai 400706 at presently at New Delhi, do hereby solemnly affirm and declare as under:

1. That I am the petitioner-in-person in the above Writ Petition and fully conversant with the facts and circumstances of the application, and hence competent to swear this affidavit.

2. That I wish to appear and argue the Writ Petition in person before this Hon'ble Court.
3. That I am very well aware of the subject and its facts and therefore not willing to accept an advocate because I myself want to explain my point of view regarding the matter.

(Dr.Piyush Saxena)

DEPONENT

VERIFICATION

I, Piyush Saxena, aged 62 years, the above named deponent do hereby verify that the contents in the above affidavit Para 1 to 3 are true to the best of my knowledge and belief. No part of the same is false and nothing material has been concealed therefrom.

Verified at New Delhi on 21st day of August, 2021.

(Dr.Piyush Saxena)

DEPONENT

IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION

W.P.(CIVIL) NO. 1003 OF 2021

IN THE MATTER OF :--

The Temple of Healing through its secretary Dr Piyush Saxena	Petitioners
versus	
The Secretary Ministry of Women and Child Dev Union of India	Respondents

MEMO OF APPEARANCE

THE REGISTRAR
SUPREME COURT OF INDIA
NEW DELHI

SIR,

PLEASE ENTER MY APPEARANCE FOR THE ABOVE NAMED PETITIONER IN PERSON IN THE ABOVE MENTIONED MATTER.

. YOUR FAITHFULLY

The Temple of Healing
through its secretary
Dr. Piyush Saxena
5/1202 NRI Complex
Nerul, Navi Mumbai 400706
Ph: 09867050000/ 09321093210
Email: drpiyush2020@gmail.com

DATED : 21/08/2021 PETITIONER-IN-PERSON