STATUS OF CHILDREN IN URBAN INDIA

BASELINE STUDY-2016

National Institute of Urban Affairs

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Bernard van Leer Foundation

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FOREWORD

India is home to 472 million children under the age of 0-18 years, comprising 39 percent of the country's total population. Out of the 128.5 million children residing in urban areas, close to 7.8 million children under the age of 0-6 years still live in abject poverty and poor conditions in informal settlements, making it imperative that we plan and build sustainable and inclusive cities from their perspective.

According to estimates by the McKinsey Global Institute, 590 million Indians will live in cities by 2030 and generate 70 percent of new employment. This trend represents both an enormous opportunity for India's growth and leadership in urban development, as well as a great challenge to deliver a higher quality of life to more citizens at 30 to 40 percent lower costs than in more sparsely populated areas. Failure to capitalize on this opportunity will not only leave many millions of Indians living in poverty - especially the 7.8 million young children growing up in slums - it will jeopardize the overall economic potential of cities.

Although the statistics are daunting, progress has been made through policy and frameworks in improving children's health and addressing their needs in urban areas. However children's requirements are often neglected by urban planning processes and mainstream discussions about urbanism. Inclusive and child-friendly cities must provide a physical environment that ensures children's health, develops their faculties and fosters their love for community and for nature.

The solution to the sprawl, inadequate amenities and lack of proper social infrastructure lies not only in effective service delivery but in improved planning. Urban planning and governance had so far not taken into account the needs of children; especially very young children (0-3 years) whose needs are special and particular. During the first 1000 days, children need day care, health care, nutrition and a safe and healthy environment which is accessible, equitable and affordable. Lack of provision of such services has an immediate effect on health outcomes of children.

Given India's prominence on the international stage, the rapid urbanization process and the sheer numbers of children living among the urban poor, the work on Child Friendly Smart Cities will offer a new perspective to urban planning and governance.

For tapping into the various National missions such as the Smart Cities mission, AMRUT, Housing for All and Swachh Bharat mission, the need of reliable data is pertinent. The baseline study 2016 developed by National Instutute of Urban Affairs (NIUA) will contribute to putting children in the centre of development and making our cities liveable, sustainable and growth oriented and reducing child mortality and morbidity.

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ABBREVIATIONS

ARI	Acute Respiratory Infection
BvLF	Bernard van Leer Foundation
CFCI	Child Friendly Cities Initiative
CFSC	Child Friendly Smart Cities
CSR	Child Sex Ratio
CWC	Child Welfare Committees
DALY	Disability Adjusted Life Year
GBD	Global Burden of Diseases
ICDS	Integrated Child Development Services
ICPS	Integrated Child Protection Scheme
IMR	Infant Mortality Rate
INR	Indian National Rupees
JJB	Juvenile Justice Board
MDGs	Millennium Development Goals
MHRD	Ministry Of Human Resource and Development
NCTD	National Capital Territory of Delhi
NDMA	National Disaster Management Authority
NFHS	National Family Health Survey
NGO	Non-governmental Organization
NIUA	National Institute of Urban Affairs
NSSO	National Sample Survey Organisation
RTE	Right to Education
SAM	Severe Acute Malnutrition
SD	Standard Deviation
SDGs	Sustainable Development Goals
TISS	Tata Institute of Social Sciences
U5MR	Under 5 Mortality Rate
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disability
UNICEF	United Nations International Children's Emergency Fund
UT	Union Territory
WASH	Water Sanitation and Hygiene

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CONTENTS

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1. Introduction

This document has been created by National Institute of Urban Affairs (NIUA) under the Child–friendly Smart Cities (CFSC) initiative with the aim of providing an information base about children in India in the urban context. This research study serves as a first measure of the status of children and brings together elements of quantitative and qualitative inquiry to the understanding of children's status in urban India.

1.1 Background

National Institute of Urban Affairs (NIUA), a premier institute for research, capacity building and dissemination of knowledge in the urban sector in India has partnered with Bernard van Leer Foundation (BvLF), a private grant making foundation based inThe Netherlands under their Urban 95 initiative to build Child Friendly Smart Cities (CFSC) in India within the urban agenda of building smart cities. The goal of this initiative is to mainstream the needs of children in the urban policy and planning framework of Indian cities.

1.2 Aims and objectives of the baseline study

The aim of the baseline study is to look at children's needs in a comprehensive manner through the lens of urban planning and design. The idea is to examine and analyse existing information on children in urban India across the following thematic areas:

- Demography: Children's population in urban areas, sex ratio, differently-abled children, vulnerable children (homeless, migrant children and children living in slums)
- Health, education and nourishment status: Access to education, status of health (mortality rate, immunisation rate, impact of water and sanitation on health), status of nourishment (types and reason for malnourishment)
- Living conditions and its impact on children: Condition of housing, density, access to safe drinking water, sanitation facilities at household and school level, access to play areas and amenities
- Mobility, safety and security: Safe mobility, crime against children, child protection, disaster risk reduction
- Legal provisions for child development: International initiatives (UNCRC, Child Friendly Cities initiative, Sustainable Development Goals); National Initiatives (Constitutional provisions, legislations and national policies and plan of actions, provision for children in urban missions/ urban development programmes).

To advocate child-friendly practices it becomes imperative to look at issues such as children's participation in decision making, child-friendly urban planning frameworks, safety standards for children, guidelines on quality of built and spatial environment and provision of equal opportunities for the differently-abled. This study concentrates on the various socio-economic, spatial and physical planning aspects which impact the quality of life of children in cities.

This study intends to develop new perspectives towards building a child–friendly urban India through detailed examination of the available data from diverse reference points. The study not only provides an overview of the current scenario of children in urban India, but also identifies key areas of concern and helps ascertain future areas of intervention for making cities child friendly. The study attempts to establish the relevance between children's needs and urban development by addressing specific questions such as:

- *How has the lack of proper infrastructure and amenities affected the growth of children in India? What are the factors affecting children that could be designated as by-products of poor planning decisions?*
- *How are by-products of poor planning decisions like air pollution, informal housing settlements, inadequate green areas and playgrounds affecting children?*
- *What barriers need to be overcome to make Indian cities child friendly?*
- *What are the key areas of intervention for making the neighbourhoods or cities child friendly?*

Inferences drawn from the study will be shared with stakeholders from all walks of urban life: local government, policy makers, city managers, urban practitioners, civil society and academia to sensitise them towards the current status of children in different states in India and further highlight the need for child–friendly cities. This will be a first step in helping to initiate a dialogue with government and city agencies to encourage urban planning frameworks to shift towards being child friendly.

1.3 Methodology, scope and limitations of the study

Gathering accessible, accurate and disaggregated data is an essential step in the process of recognising and improving the situation of children in urban areas.[1] This study attempts to compile data from a rich mix of data bases, each of which correlates to a specific challenge faced by children up to the age of 18 years in urban India as a consequence of poor planning of cities. The methodology for the baseline study comprises primarily secondary research and desk review of acceptable and credible data sets. The study draws from secondary data types such as:

- Census of India and other surveys like National Family Health Survey by government agencies
- Special studies by reputed NGOs/multi-lateral agencies
- Accredited university research studies
- Mass media
- External trend data that may have been monitored by implementing agencies.

PHOTO CREDIT: HUMARA BACHPAN CAMPAIGN

Although to ensure acceptability and credibility the study restricts itself to data generated by government/ government supported agencies or other reliable sources, one major challenge of the study is accessing correct data and choosing the appropriate data source, and one of the major limitations of the study is the availability of data on children across all age groups.

Being a signatory to the UN Convention on Rights of the Child (UNCRC) wherein a child is defined as a "human being" below the age of 18 years, India is impelled to cover all children; however, the truth is that availability of official data for children (0–18 years) continues to be varied and piecemeal and doesn't cover all age groups uniformly. For example, while data disaggregated by gender, territory and category is available in National Family Health Survey (NFHS) for the health sector for children in the age group of 0–5 years, similar disaggregated data is not available on a comprehensive basis for children in the 6–18 years age group. Comprehensive data that shows 6–14 and 15–18 age groups as distinct groups having requirements that are peculiar to them and which cut across sectors is rarely available. Also, the adolescent age group has a scattered presence in policy frameworks, whether it is the National Policy for Children 1974 or the National Charter for Children 2004.[2] This study has tried to overcome these challenges by drawing on surveys or studies concerning children done by credible organisations like UNICEF, Save the Children, DASRA and others.

Another limitation of the study is the lack of credible data in areas concerning impact of poor urban planning on children. This makes it difficult to draw an accurate picture of the multi-dimensional vulnerabilities experienced by urban children. The lack of data related to the urban risks and consequent vulnerabilities of children makes it difficult to measure the intensity of the problems and provision of appropriate services. For example, the census only has information on the number of children staying in slums in the 0–6 years age category; there is no official data available on the number of homeless children living on streets in the cities. The study has tried to address these data gaps by drawing on the existing body of evidence and analysis on children to establish the correlation between poor urban planning and development of children so as to enable evidence-based policy-making, planning, programme design and programme review. As mentioned earlier, to ensure acceptability and credibility, this study draws on surveys or studies done by reputed organisations.

1.4 Rationale for project - Child Friendly Smart Cities

India is home to 472 million children (0–18 years) comprising 39 per–cent of the country's total population.[3] The Constitution of India accords a special status to children as deserving of special provisions and protections to secure and safeguard the entitlements of 'those of tender age'. Out of the above mentioned population, 128.5 million Indian children reside in urban areas. Given that children comprise of 34 per–cent of the urban population it becomes imperative that we plan and build sustainable and inclusive cities from the perspective of children. Urban areas offer great potential to secure children's rights and accelerate progress towards the Sustainable Development Goals (SDGs). At the same time it is essential to note that children in urban settings face a particularly complex set of challenges with regard to their development and the fulfilment of their rights. Urbanisation has significant implications on the growth and development of children, especially in a country like India where a significant proportion fall in the vulnerable category, such as children living in slums, homeless children or children living on streets and migrant children. For children growing up in cities there is both a unique mix of advantages as well as disadvantages—access to better schools, sports facilities and health care is often in contrast to disadvantages like pollution, lack of independent mobility, inadequate play spaces, lack of recreational/public spaces and break–down of community support structures.

The consequences of poor urban planning adversely impacts all sections of society, but the magnitude of impact on children is significantly higher as they are still at a growing stage. It is a well known fact that issues that make urban life difficult for children also makes it difficult for other sections of society, such as women, elderly and the differently-abled. Thus, for cities to function as nurturing, dynamic communities for all people, it is best to plan and design them as better places for children first. To make cities liveable it's essential to put children at the heart of the planning and decision making framework. Planning and designing cities from the vantage point of a child is the best place to start because if the city works for the youngest resident and its family, it will work for all segments of the urban population such as women, senior citizens and the differently-abled.

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2. Demography

Children represent a significant percentage of India's population cohort. To design cities that are sensitive to the needs of children it is imperative to first assess the various demographic aspects of this population group. This chapter tries to capture certain salient demographic features of urban children such as population of children in various age groups in urban areas, sex ratio, population of differently-abled children. The section on vulnerable children tries to capture the demographic aspects of the urban disadvantaged children such as children living in slums, homeless children and migrant children who face a particularly complex set of challenges to their development and the fulfilment of their rights.

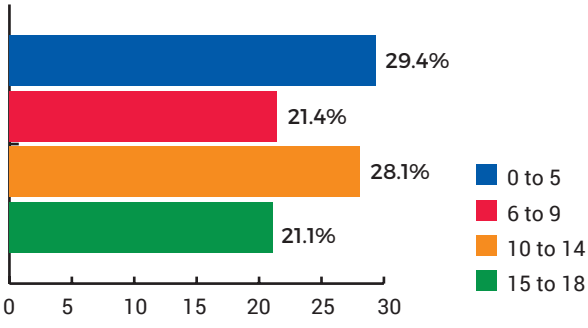
2.1 Population of children (0–18 years) in India

India is home to the largest number of children in the world. 19 per cent of the world's children live in India. Every fifth child in the world lives in India.[4] India has 472 million children (0–18 years) comprising 39 per cent of the country's total population, out of which 247.5 million (52.4 %) are male and 224.6 million (47.6 %) are female.[5] 138.9 million children (29.4 %) are in the 0–5 years age group, 100.9 million children (21.4 %) are in the 6–9 years age group, 132.7 million children (28.1 %) are in the 10–14 years age group and 99.7 million children (21.1 percent) are in the 15–18 years age group. 333.2 million children are in the 6–18 years age group and constitute 70.6 per cent of the total population of India. Children who are under 18 today, are poised to join the future workforce in the decades ahead. It is essential to develop a child–centric policy framework to reap the demographic dividends of a young and growing work force.

2.2 Population of children (0–18 years) in urban areas

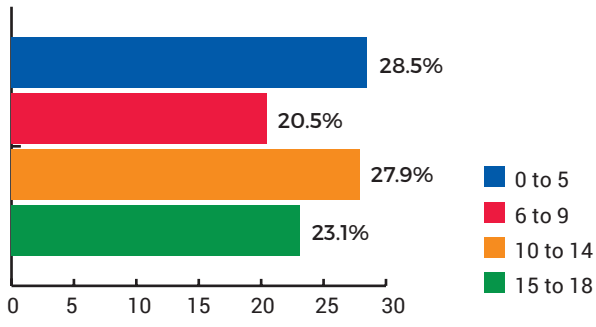
India has 128.5 million children located in urban areas who comprise 34 per cent of the total urban population.[6] Out of this, 67.7 million (52.7 %) are male and 60.7 million (47.3 %) are female. The children in urban areas constitute 27.2 per cent of total children population.

Figure 2.1 Children population in various age groups in India



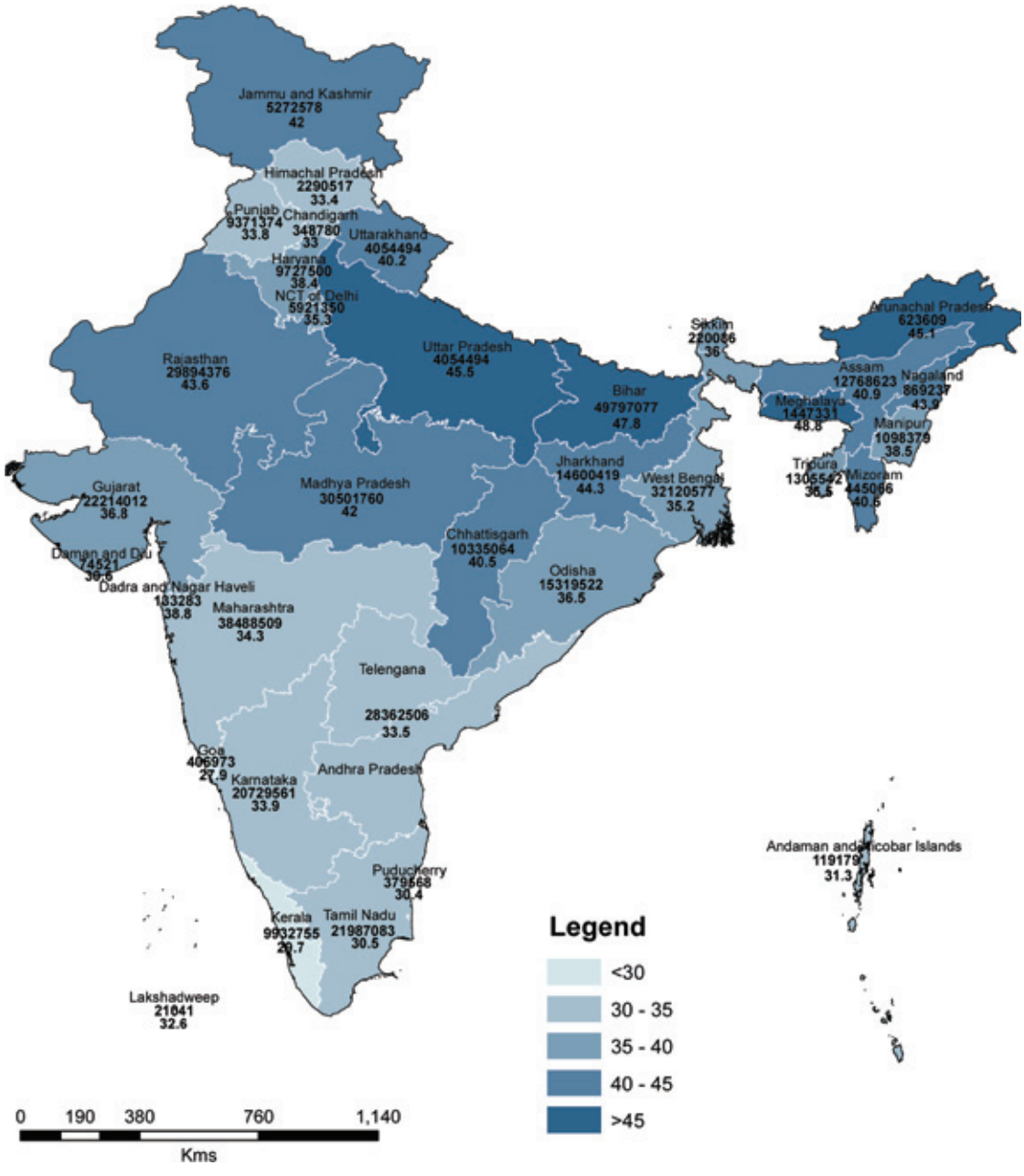
Source: Census of India, 2011

Figure 2.2 Urban children population in various age groups in India



Source: Census of India, 2011

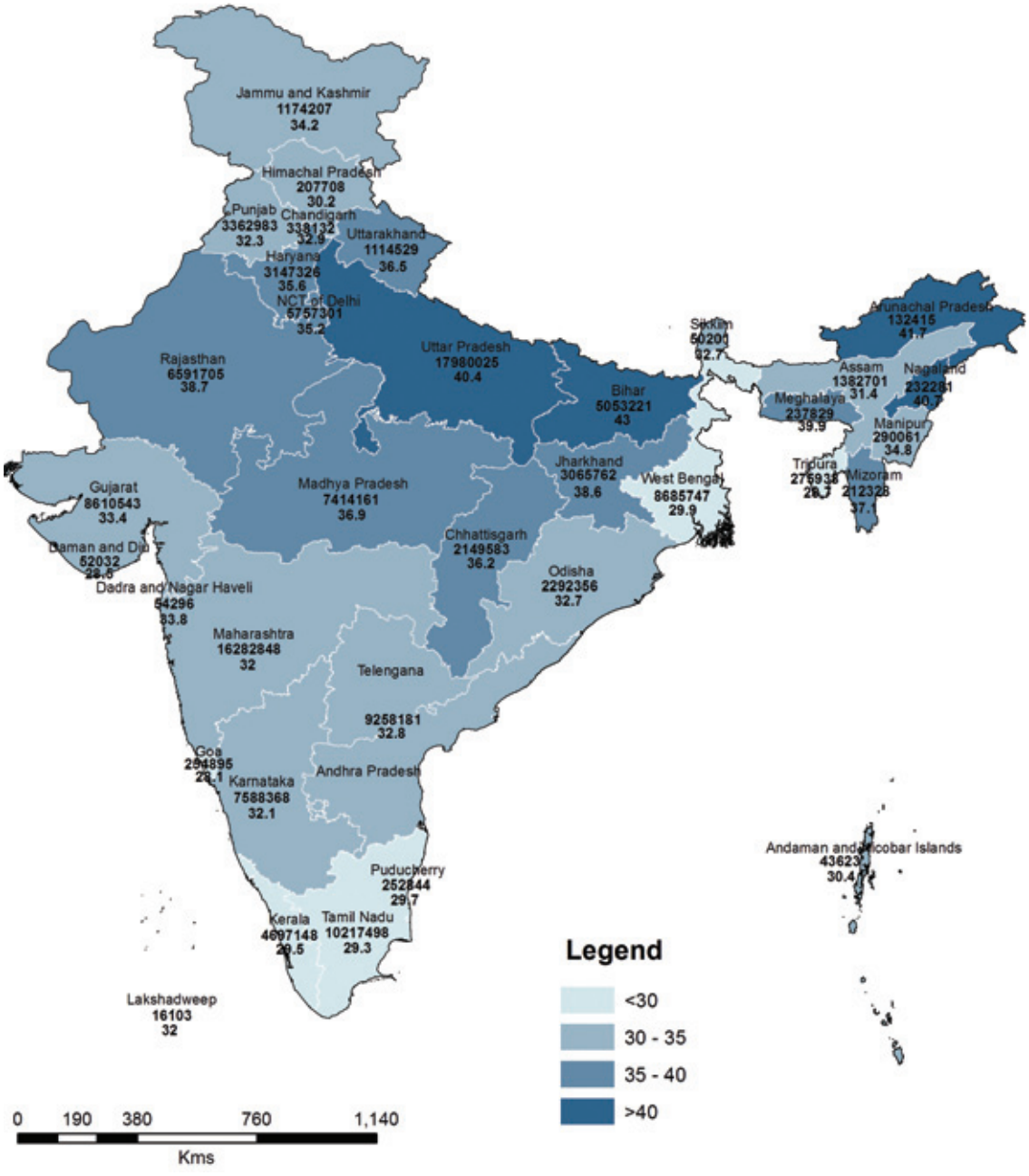
Figure 2.3 State wise population of children (0–18 years) in India



Source: Census of India, 2011

Note: The data for Telangana and Andhra Pradesh is the combined data for erstwhile Andhra Pradesh as separate data for both the states is not available in Census 2011

Figure 2.4 State wise population of children (0–18 years) in urban India



Source: Census of India, 2011

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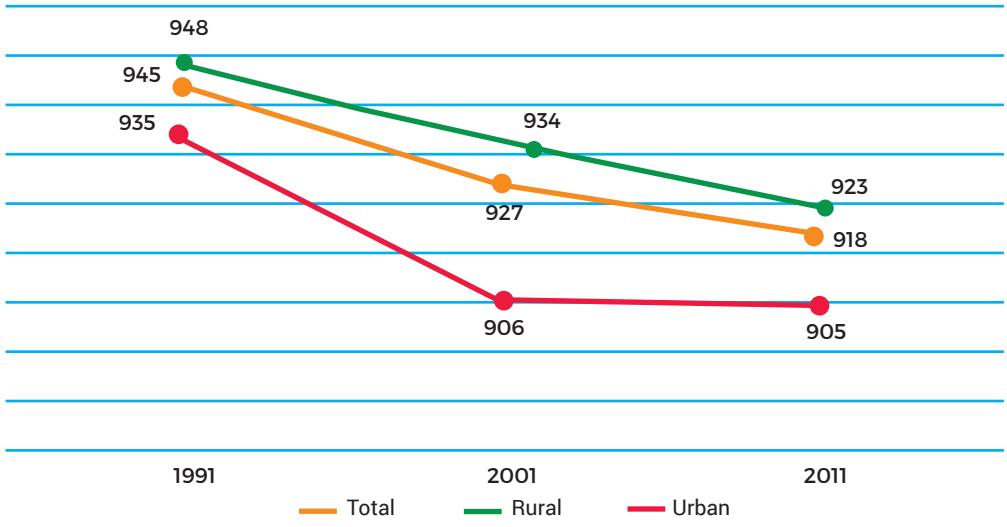
Figure 2.5 Child Sex Ratio in age group of 0–6 years



Source: Mapping the adverse Child Sex Ratio in India, Census of India

Urban India has 36.6 million children (28.5 %) in the 0 –5 years age group, 26.4 million children (20.5 %) are in the 6–9 years age group, 35.9 million children (27.9 %) are in the 10–14 years age group and 29.6 million children (23.1 %) are in the 15 –18 years age group. 91.9 million children are in 6–18 years age group who constitute 71.5 per cent of total population of urban India.

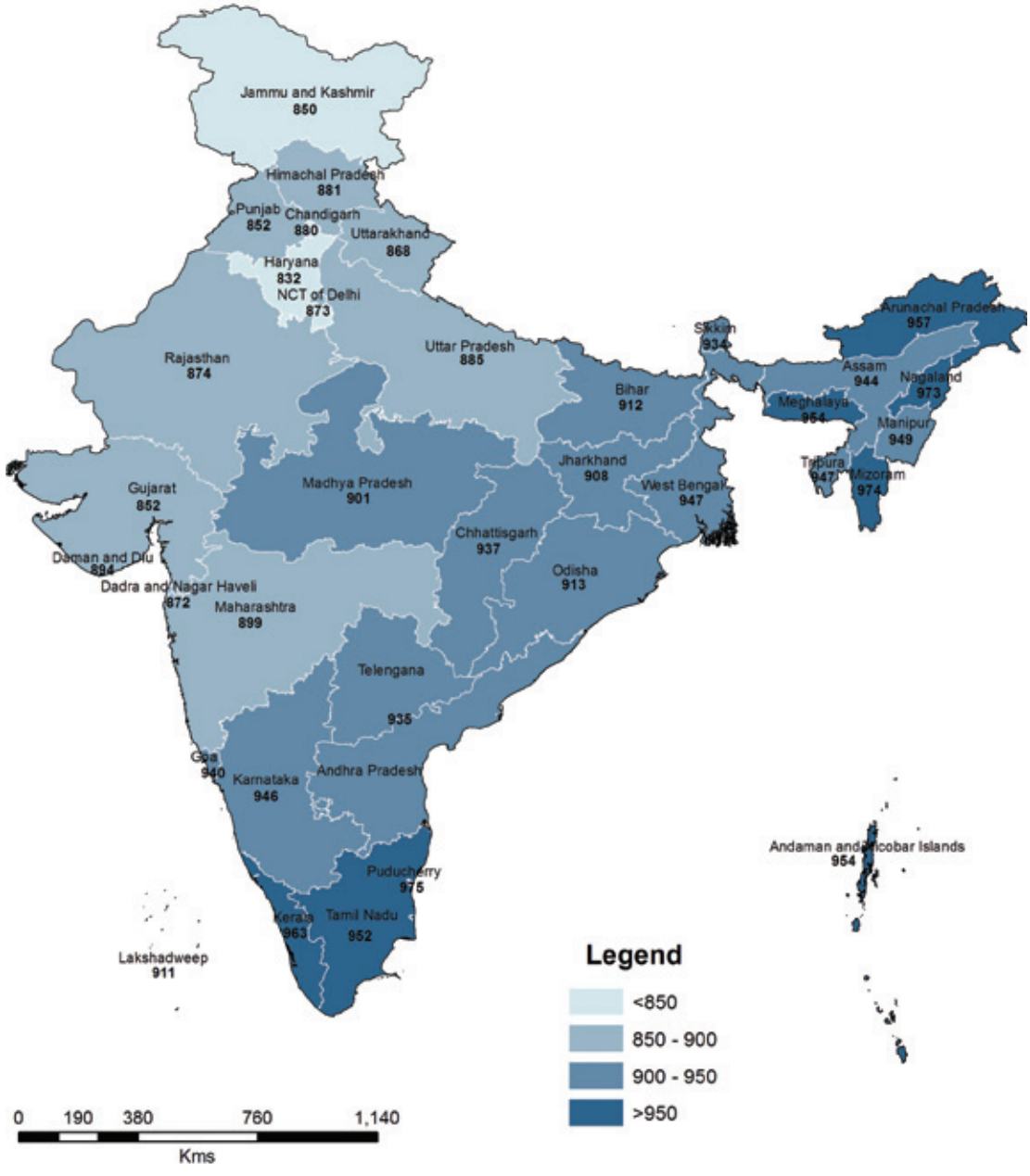
2.3 Child Sex Ratio (CSR)

Census 2011 has shown a sharp decline in the sex ratio of children in the age group of 0–6 years, with the decline continuing unabated since 1961. According to Census 2011, CSR in India has declined from 927 girls per 1000 boys in 2001 to 918. Wide variations are seen in ratios across different regions of the country. Overall, the CSR remains adverse in 21 states and union territories, where the fall ranges from 3 to 79 points. Thirteen out of the 35 states and Union Territories had CSR lower than the national average of 918 girls per 1000 boys in 2011. On the other hand, 11 states and two Union Territories had registered an increase in CSR during the last decade. The CSR ranged from a maximum of 972 in Arunachal Pradesh to a minimum of 834 in Haryana, Jammu & Kashmir, Punjab, Haryana, National Capital Territory of Delhi (NCTD), Chandigarh, Rajasthan, Uttarakhand. Gujarat and Maharashtra have recorded lower than 900 girls per 1000 boys. Gender biased sex selection is a discriminatory practice that is a result of a complex web of factors: deep-seated patriarchal mindsets that lead families to value sons over daughters, and commercialisation and misuse of medical technology that enables illegal sex selection. Sex ratio imbalances are expected to have serious socio-demographic consequences, further reinforcing the subordination of girls and women. The issue therefore requires a multi-faceted response to enhance the value of girls, as well as legal measures to curb misuse of medical technology for gender biased sex selection.[7]

2.4 Vulnerable children

Mainstream approaches to development often view all children in urban areas as a homogeneous group and use statistical aggregates to determine resource allocation and programming actions. An equity-focused approach is needed to direct solutions precisely to those children who are hardest to reach.[8] It is estimated that about 40 per cent of children in India are vulnerable or live in difficult circumstances which includes children without family support, children forced into labour, abused/trafficked children, children on the streets, children affected by substance abuse, by armed conflict/civil unrest/natural calamity etc. Survival, growth, development and protection of these children therefore needs priority focus and attention.[9] Every disadvantaged child bears witness to a moral offence: the failure to secure rights to survive, thrive and participate in society; and every excluded child represents a missed opportunity—because when the city fails to extend to the children the services and protection that would enable them to develop as productive and creative individuals,

Figure 2.6 Child Sex Ratio in India, in age group of 0–6 years



Source: Mapping the adverse Child Sex Ratio in India, Census of India

Note: The data for Telangana and Andhra Pradesh is the combined data for erstwhile Andhra Pradesh as separate data for both the states is not available in Census 2011

it loses the social, cultural and economic contributions they could have made.[10] Urban local governments in India need to ensure that marginalised children in urban centres receive greater attention and investment.

2.4.1 Population of children in slums

The census of India defines a slum as a residential area where dwelling units are unfit for human habitation owing to dilapidation, overcrowding, faulty arrangements and design of such buildings, narrow or faulty arrangements of streets, lack of ventilation, light or sanitation facilities, or any combination of these factors detrimental to safety and health. 65.5 million people in urban India live in slums and constitute 17.4 per cent of the urban population. Out of this 8.1 million (12.3 % of total slum population) are children in 0–6 years age group. These figures indicate that a significant proportion of the urban population inhabits unplanned and deprived areas. For the children growing up in slums, the urban experience is one of poverty and exclusion. Children's health is primarily determined by the socio–economic conditions in which they are born, grow and live. Children living in informal settlements and impoverished neighbourhoods are excluded from essential services and social protection to which they have a right. Inadequate access to safe drinking water and sanitation services puts children at increased risk of illness, malnutrition and death. When child health statistics are disaggregated, it becomes clear that even where services are nearby, children growing up in poor urban settings face significant health risks. In some cases, the risks exceed those prevalent in rural areas.[11]

The census of India only enumerates the population of children in the age group of 0–6 years living in slums. The lack of data on children in other age groups and upto 18 years age living in slums is a major limitation of this study. As per Census 2011 data, India has 164.47 million children in the age group of 0–6 years constituting 13.6 per cent of total population. Out of these, 43.19 million children reside in urban areas constituting 26.3 per cent of the total children population in 0–6 age group and 11.5 per cent of the total urban population. 18.7 per cent of urban children in 0–6 years age group reside in slums. These children are the hardest hit by the urban living conditions. Andhra Pradesh has the highest percentage (38.4 %) of children in the age bracket of 0–6 years living in slums, followed by Chhattisgarh (34.5 %) and Madhya Pradesh (31%).

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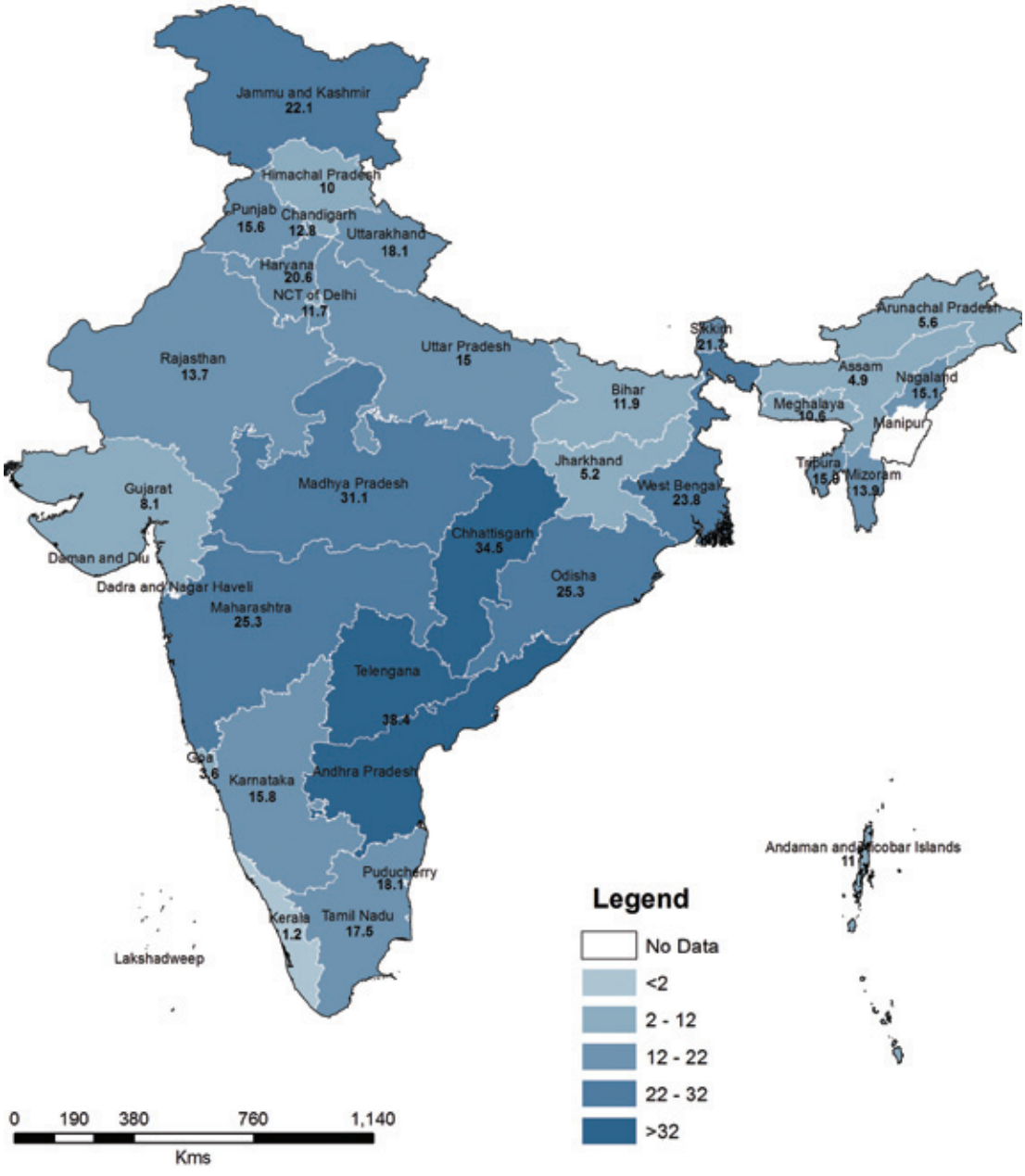
Figure 2.7 Percentage of urban children (0–6 years) living in slums



Source: Census of India, 2011

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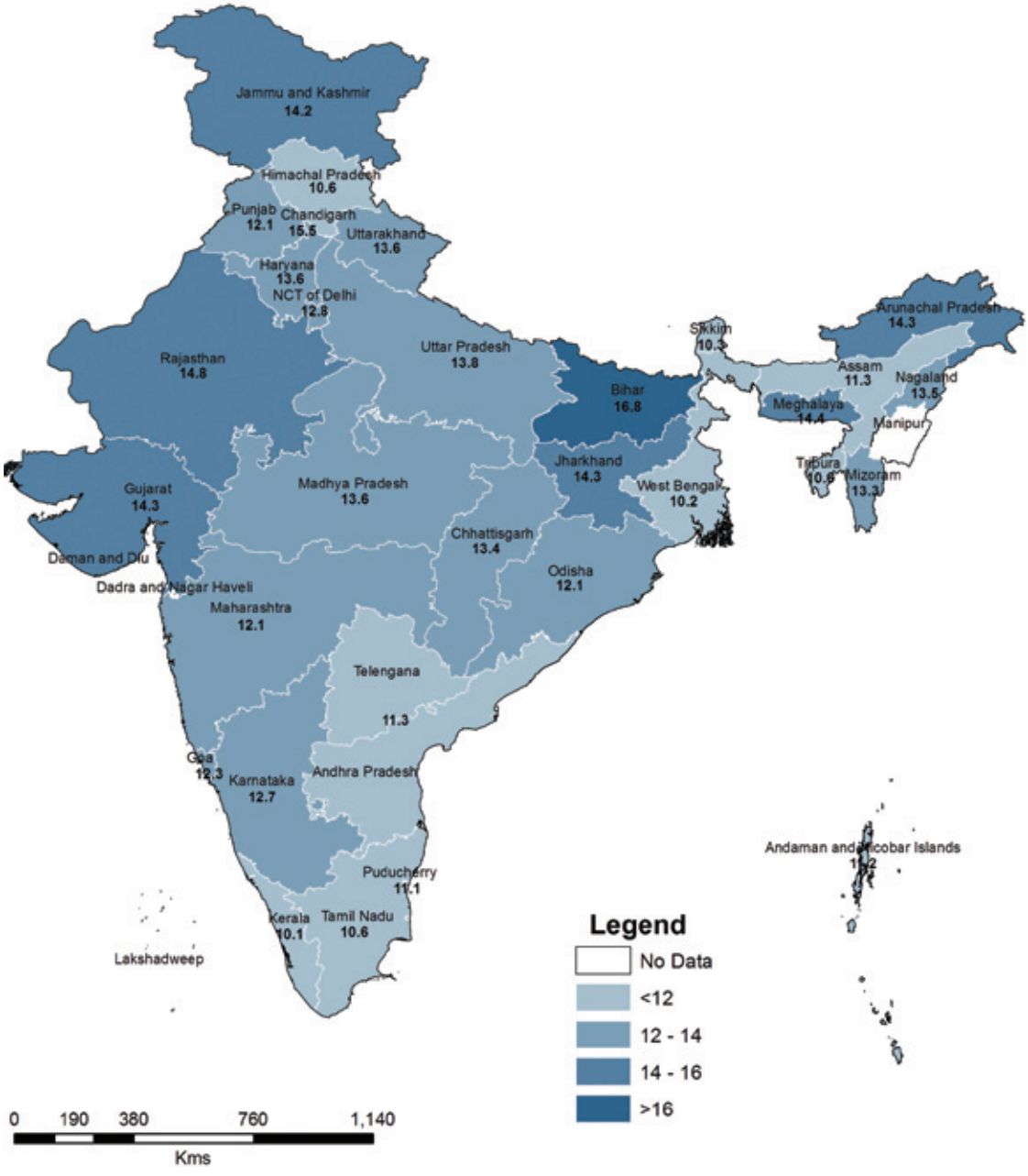
Figure 2.8 Children (0–6 years) as percentage of total slum population



Source: Census of India, 2011

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2.4.2 Children living on streets/ homeless children

Children resort to living and working on the streets for various reasons such as violence or abuse at home or in the neighbourhood, and poverty. While abuse, conflict or neglect can happen in any family home, children whose poverty and marginalisation leave them with few choices often see the street as the best available option for escape. Living on the street exposes them to violence and harsh living conditions. Children's gender, age, ethnicity and disability status influence the extent and type of violence they experience and the coping mechanisms they develop.[12] As per the 2011 census, India has 1.77 million homeless people out of which 0.27 million (15.3 %) are children in 0–6 years age group. 0.94 million (52.9 %) of homeless people reside in urban areas out of which 0.11 million are children in 0–6 years age group. These children constitute 41.7 per cent of the total homeless children population in India and 12.0 per cent of the total urban homeless population. However, there is no official estimate available of the total number of homeless children in the 0–18 years age group living in urban areas.

Studies done by various organisations provide a grim picture of the extent of vulnerability experienced by homeless children in urban areas. For children, homelessness in a city simply means more exposure to extremities of weather, health risks and lack of safety. A study conducted by Tata Institute of Social Sciences (TISS) and Action Aid, India between November 2012 and February 2013 estimated that 37,059 children lived on the streets of Mumbai.[13] The study also brings out the following facts:

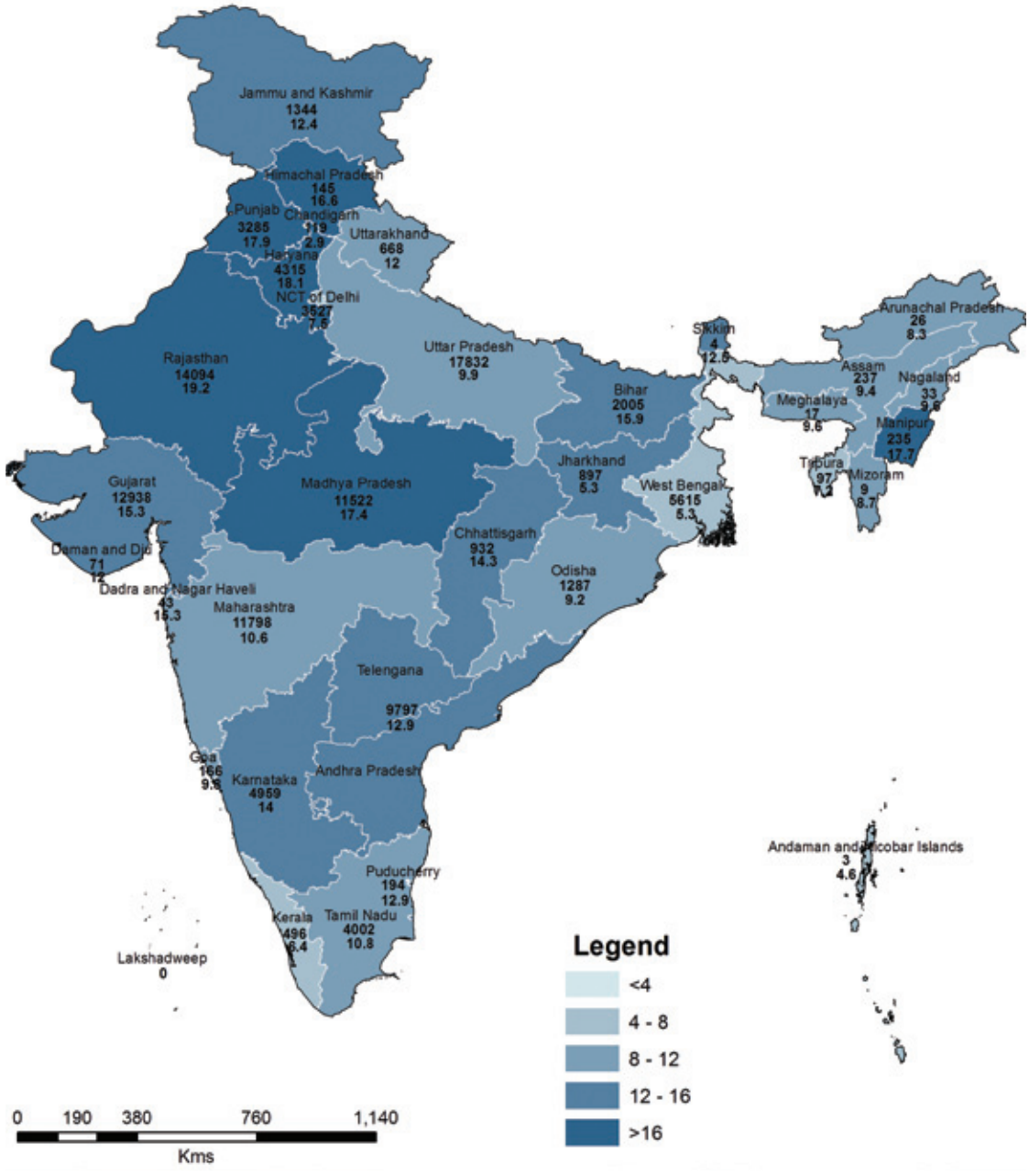
- Contrary to popular perception of runaway children, 65 per cent of street children lived with their families in temporary structures
- 905 children (2.5%) were found living on railway premises such as platforms and trains
- 70 per cent of the children were boys, while 30 per cent were girls
- Every two out of five children witnessed verbal, physical or sexual abuse, torture and forced starvation
- Around 24 percent of children of the school going age were illiterate
- Nearly 24 per cent of street children were engaged in some kind of work including selling flowers, newspapers, fruits and other items, doing odd jobs at eateries, begging, rag picking, construction work etc.
- Around 15 per cent children were addicted to substances like drugs, tobacco, whitener, shoe polish
- One in four children admitted to not taking regular meals due to lack of money, illness, injury or dependence on others
- 78 per cent children were unaware of the possibilities for any assistance from the police, government agencies or NGOs

A survey titled, 'Surviving the Streets', conducted by Save the Children in all nine districts of Delhi state from July to August 2010, estimates that Delhi has around 51,000 homeless children of which 20 per cent are girls. The largest chunk (61 %) were in the 7–14 years age group, while 23 per cent were in the 15–8 years bracket. The survey revealed that 70 per cent of the children were on the street despite having a home in Delhi. 50.5 per cent of them were illiterate and 87 per cent of them earned a living by working as rag pickers (20 %), street vendors (15.8 %) or by begging (15 %). More than 50 per cent of these children had suffered verbal, physical or sexual abuse. The survey also pointed out that the majority of the children surveyed were out of the preview of the government schemes as only few (20 %) had ID cards or birth certificates to help avail any government schemes or benefits.[14]

2.4.3 Migrant children

In India, internal migration accounts for a large population of 309 million as per Census of India 2001, and by more recent estimates, 326 million according to NSSO 2007–2008, accounting for nearly 30 per cent of the total population. About 15 million children are estimated to be internal migrants.[15] The constraints faced by migrants are varied, such as lack of formal residency rights, lack of identity proof, lack of political representation, low pay, insecure or hazardous work, limited access to state-provided services such as health and education and discrimination based on ethnicity, religion, class or gender. Women and children are among the most invisible and vulnerable among internal migrants. Migrant children face disruption of regular schooling, adversely affecting their human capital formation and in turn contributing to the inter-generational transmission of poverty. Children left behind by migrant parents also remain extremely vulnerable to sex trafficking.[16] A study conducted by Aide et Action in worksites of seven cities of India, points out that migrant children often live in deplorable conditions at worksites. As per the startling data revealed by the study, 90 per cent migrant children

Figure 2.9 Children (0–6 years) as percentage of urban homeless population



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did not have access to ICDS and *anganwadi* services at worksites, while 65 per cent suffered from various communicable diseases. Also, 80 per cent children did not have access to education and 40 per cent worked as child labour.[17]

As per the State of the World's Children report 2012, by UNICEF, most child migrants move with their families, accompanying parents or caregivers seeking employment or opportunity. Like adults, there are several factors that induce or influence the migration pattern of children. For many, migration is an attempt to secure a better life, whether in terms of economic or educational opportunities, or simply to escape poverty. Others relocate because of family circumstances, such as the loss of a parent, or to escape conflict or natural disasters and the upheaval and food shortages that accompany them. Be it forced or voluntary, with adult caregivers or alone, migration entails risks that require age-appropriate measures to protect the children involved.[18] Given the high volume of migration of children to urban areas, cities need to provide basic services to migrant workers, their families and especially for migrant children.

2.5 Differently–abled children

India has 7.86 million differently-abled children in the age group of 0–19 years. Of these, 2.27 million (28.9 %) are located in urban areas. In spite of existence of laws and regulations for providing and promoting safe mobility of the differently-abled, Indian cities lack universal accessibility leading to exclusion of differently-abled children and their families from basic human rights and amenities. Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995, Sections 44, 45 and 46 categorically provide for non-discrimination in participation, non-discrimination of the roads and built–up environment. As per Section 46 of the Persons with Disabilities Act, states are required to provide for ramps in public buildings, toilets for wheelchair users, Braille symbols and auditory signals in elevators or lifts, and ramps in hospitals, primary health centres and other rehabilitation centres.[19] Though the existing architectural guidelines like National Building Code, Building by–laws etc. have norms to make public places and buildings accessible to all, there is no comprehensive policy to make the city as a whole more accessible for the differently-abled. Obstacles faced by the differently-abled come in many guises and

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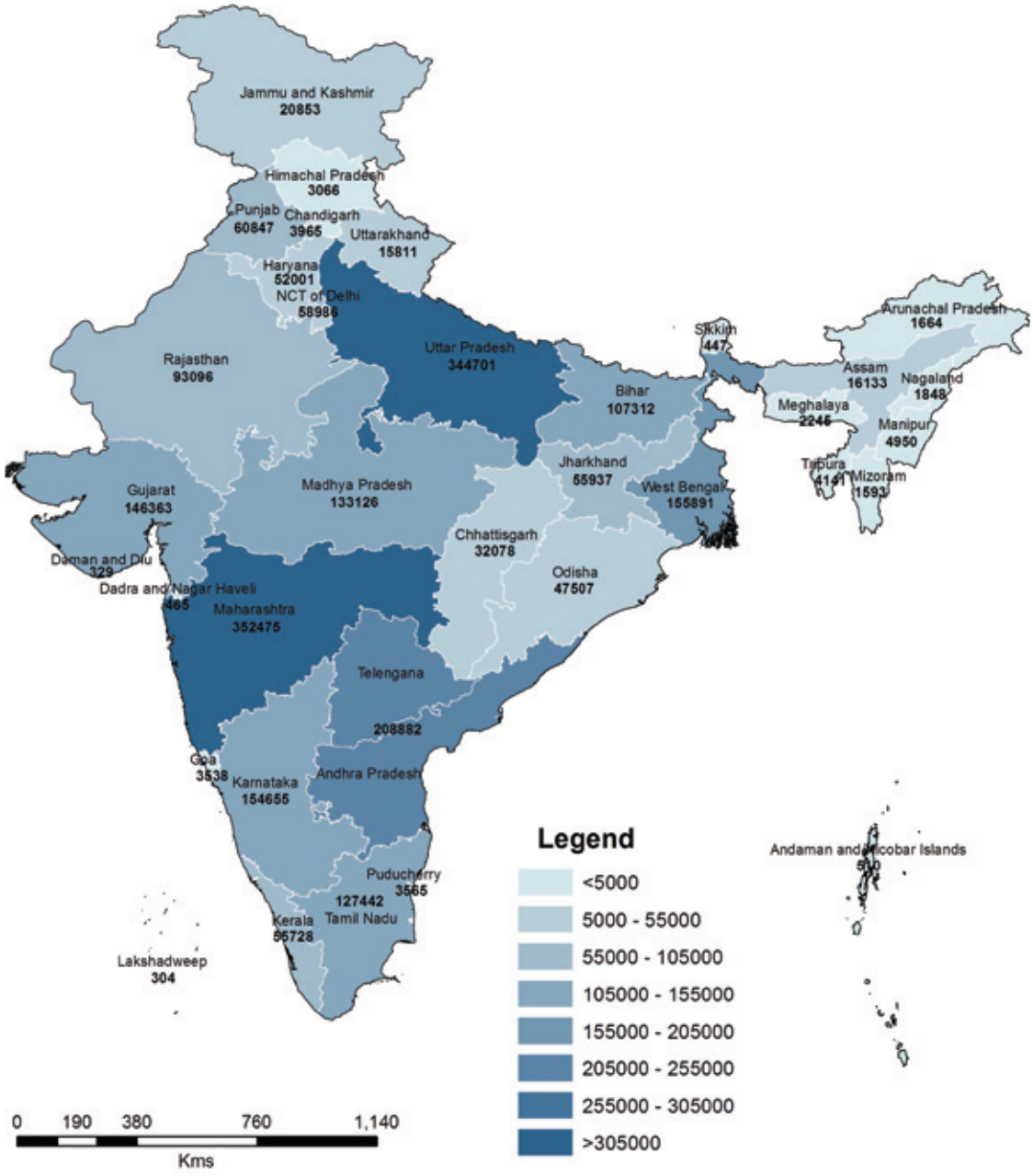
Figure 2.10 Population of urban differently-abled children



Source: Census of India, 2011

Note: The data for Telangana and Andhra Pradesh is the combined data for erstwhile Andhra Pradesh as separate data for both states is not available in Census 2011

are found in all aspects of urban life. The barriers faced by differently-abled children are compounded because of the environment in which they live. Lack of access to public transport system, poorly designed traffic crossings and streets that hinder safe and independent movement and lack of parks or play areas that are easily accessible are only some of the challenges faced by differently-abled children living in cities.

The inclusion of children with disabilities is a matter of social justice and an essential investment in the future of society. It is not based on charity or goodwill but is an integral element of the expression and realisation of universal human rights.[20] India is a signatory of the United Nations Convention on the Rights of the Child (UNCRC). The right to non-discrimination which is one of the four overarching principles of the Convention on the Rights of the Child ensures that all children to be treated equally regardless of race, ethnicity, language, religion, gender or any other distinction.[21] The Constitution of India guarantees right to equal opportunities and facilities to all children to develop in a healthy manner. India is also a signatory to the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Article 9 of UNCRPD casts an obligation on all the signatory governments to take appropriate measures to ensure persons with disabilities access on an equal basis with others to the physical environment, to transportation, to information and communications, including information and communications technologies and systems and to other facilities and services open or provided to the public, both in urban and in rural areas. Recently, Government of India has initiated the Accessible India Campaign (Sugamya Bharat Abhiyaan) to make India friendly for the differently-abled.[22] It becomes imperative for Indian cities to adopt appropriate strategies to ensure equal opportunity to all children, specially to those with disability. To start with, for creation of an inclusive environment in urban areas, cities need to focus on two major issues: built environment and transportation. Indian cities need to be planned and designed to minimise the social and structural barriers that children with disabilities face. Improving physical access to services, for example by building wheelchair ramps, is only a starting point in a strategy that must both strive for equal access for all children with disabilities and target the causes of social marginalisation.[23]

2.6 Conclusions

For the millions of urban disadvantaged children the urban experience is one of poverty and exclusion. But the absence of dis–aggregated data on urban vulnerable children renders the plight of this section of children invisible to the local authorities. As revealed in this chapter there is no or limited data available concerning the vulnerable children such as total number of children in 0–18 years age group living in slums, homeless children, number of children among seasonal migrant workers etc. The problems faced by these children are lost in a world of statistical averages that conceal the inequalities existing within the urban setting. In the absence of accurate information in most cities, development and resource allocation are done on the basis of overall city level statistical averages. This is a vicious cycle in which such trends feed on themselves and problems get escalated over time. The lack of information leads to exclusion of these children and as these children have not been mainstreamed in the planning framework they never get enumerated in any surveys or studies. The elementary attribute of a child–friendly city is that it provides due attention and investment to all children and doesn't allow the privilege of some to obscure the disadvantages of others. Creation of a disaggregated database of children in the city is an essential step towards formulation of broad policy actions and strategies to reach excluded children and foster equity in urban settings driven by disparity. Unless there is correct enumeration of urban disadvantaged children, cities will not be able to take effective measures for improving the living conditions of such children.

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3. Status of education, health and nutrition

Access to early child care, balanced nutrition, education, health and recreational facilities are key to the positive development of children into active and responsible citizens. Following an overview of the urban children's demographic aspects, this chapter looks at the education, health and nutrition status of children in urban settings. It presents an array of facts and figures to help understand the various complexities that are shaping the lives of children in urban areas—from the reason for being out of school to the factors affecting their health and nutritional status.

Different sections of this chapter present data for different age groups and also data from different points of time. The section on status of education covers all children in the school going age (5–18 years) and is based on the Census of India, 2011 data. The section on status of health, which is based on the Sample Registration System, Statistical Report 2013, focuses only on children in the 0–5 years age group as disaggregated data for all age groups is not available. Similarly, the section on nutritional status of children which is based on National Family Health Survey (NFHS)–3, 2005–06 data also focuses only the children in the 0–5 years age group due to lack of availability of disaggregated data on the nutritional status of all age groups. Availability of disaggregated data for children of all age groups is one of the major limitations of this chapter.

3.1 Status of education of urban children

3.1.1 Access to education in urban areas

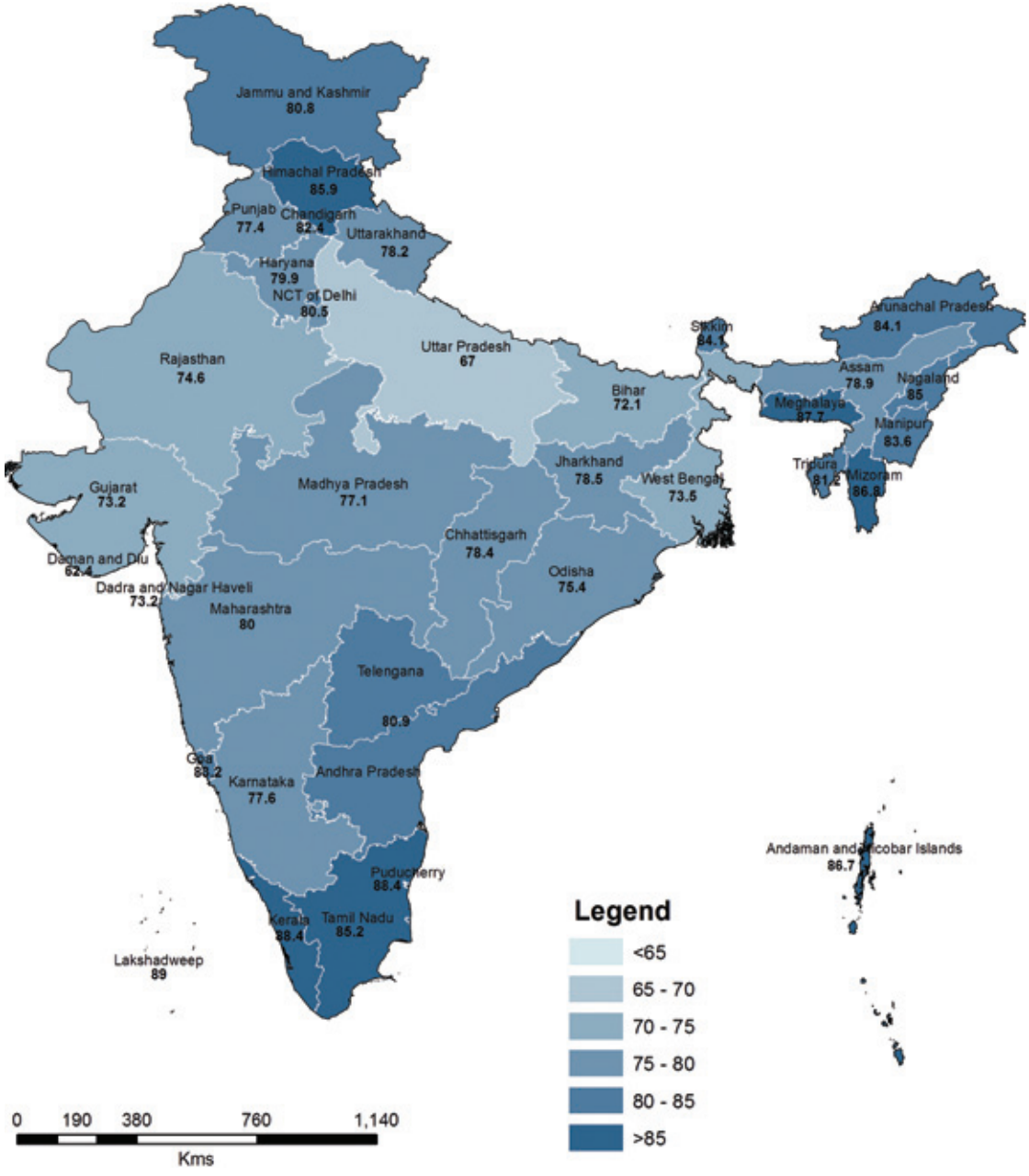
As per Census of India 2011, 77 per cent of children in the age group of 5–18 years in urban India have access to educational institutions. The percentage of females attending educational institutions in this age group stands at 76.8 per cent and is marginally lower than the percentage of males (77.1%) attending educational institutions. Lakshadweep has the highest percentage (89%) of urban children with access to education and Daman & Diu has the lowest (62.4%). Lakshadweep also has highest percentage of female children (88.6 %) in urban areas with access to education and Uttar Pradesh has the lowest (66.8%).[24]

3.1.2 Out of school children in urban areas

Census of India 2011 data indicates that 23 per cent (22.72 million) of urban children in the age group of 5–18 years are out of school. Out of this 9.1 per cent of urban children (8.97 million) in the 5–18 years age group used to attend school but have eventually dropped out, and 13.93 per cent (13.75 million) of children have never attended school. Daman and Diu has the highest percentage (23 %) of children who have dropped out of school and Uttar Pradesh has the highest percentage (23.68%) of children who have never attended school.[25]

A sample survey estimation of out of school children done by the Social & Rural Research Institute in 2014 reveals that approximately 6 million children (2.97%) in the age group of 6–13 years are out of school in India. A higher proportion of females (3.23%) are out of school than males (2.77%). At the national level, a higher proportion of children are out of school in rural areas (3.13%) as compared to urban areas (2.54%). Odisha has the highest percentage (6.10%) of children out of school in 6–13 years age group and Uttarakhand has the

Figure 3.1 Percentage of urban children (5–18 years) attending school



Source: Census of India, 2011

Note: The data for Telangana and Andhra Pradesh is the combined data for erstwhile Andhra Pradesh as separate data for both the states is not available in Census 2011

highest percentage (15.64%) of out of school children in urban areas. The majority of children who are out of school have never been enrolled in any school even though the Right to Education (RTE) is in place. This is closely followed by those who have dropped out after successfully completing some class. Maximum drop–outs in this age group are after class two.[26]

The survey also reveals that poverty or economic constraints are the main reasons for dropping out of school. In urban areas a higher proportion of the children (28.67%) are out of school because of poverty or economic reasons as compared to rural areas (22.33%). A gender–wise disaggregation of the reasons reveal that a higher proportion of the girls are out of school as they are engaged in domestic work or do not go to school to take care of the younger children. A marginally higher proportion of boys are also out of school than girls as they work to supplement household income. An estimated 28.07 per cent children with special needs are out of school. Out of the total children living in slums in the urban areas, 2.14 per cent are out of school. Slums from states such as Uttarakhand (20.34%), Punjab (13.25 %), Bihar (11.71%), Assam (8.08%), Madhya Pradesh (7.46%), Andaman and Nicobar Islands (6.16%), NCT of Delhi (5.79%), Odisha (4.05%), and West Bengal (3.13%) report a higher proportion of children to be out of school than the national average of 28.67 per cent. With 2.70 per cent female children from slums not attending school, the proportion of out of school females within slum areas is higher than males (2.14%).[27]

3.2 Health status of urban children

Ensuring children's right to life requires early preventive action and recognisition of the fact that most child deaths are preventable. A continuum of care is needed, across the life cycle linking the family, community, *anganwadis*, health centres and facilities converging health and child care services.[28]

3.2.1 Infant Mortality Rate (IMR)

Infant mortality is defined as infant (less than one year) deaths per thousand live births. The level of mortality is very high in the first few hours, days and weeks of a child being born. The reasons for infant deaths at the earlier and later stages of infancy differ to a certain extent. Hence, infant deaths are carefully grouped in two categories according to the age of death:

Table 3.1: Child (0–4 years) and infant mortality indicators, 2013

Indicators	Total	Rural	Urban
Child mortality rate	11	12	6
Under 5 mortality rate	49	55	29
Infant mortality rate	40	44	27
(i) Neo–natal mortality rate	28	31	15
Early neo–natal mortality rate	22	25	11
Late neo–natal mortality rate	6	6	4
(ii) Post neo–natal mortality rate	13	13	12
Peri–natal mortality rate	26	28	16
Still birth rate	4	4	5

Source: Sample Registration System, Statistical Report 2013

- Neonatal death: death ocurs before completing four weeks of life.
- Post neonatal death: death occurs between 28 and 365 days.

Both of these taken together constitute the Infant Mortality Rate (IMR). Early neonatal mortality rate (number of infant deaths less than 7 days of life per 1000 live births) forms an important component of the infant mortality rate and more specifically of the neonatal mortality rate. Most post neonatal deaths can be attributed to faulty feeding practices, poor hygiene and communicable diseases related to the digestive system such as diarrhoea and enteritis, and respiratory system such as bronchitis and pneumonia.[29]

IMR at the national level is 40 and varies from 44 in rural areas to 27 in urban areas. Assam and Madhya Pradesh have the highest IMR (54) and Kerala has the lowest IMR (12). IMR for female infants is higher than male infants across all states. During the last decade from 2001–03 to 2011–13, IMR at the national level declined by 33.3 per cent. Among the bigger states, the decline varied from 52.9 per cent in Tamil Nadu to 22.3 per cent in Assam. In the rural areas, decline in IMR varied from 52.9 per cent in Tamil Nadu to 21.8 per cent in Assam. The decline in IMR varied from 46.8 per cent in Maharashtra to 7.5 per cent in urban areas of Assam. Neo–natal mortality at the national level was 28 and ranged from 15 in urban areas to 31 in rural areas. Among the bigger states, neo–natal mortality ranges from 37 in Odisha to 6 in Kerala. The percentage of neo–natal deaths to total infant deaths is 68.0 per cent at the national level and varied from 56.4 per cent in urban areas to 69.9 per cent in rural

areas. Jammu & Kashmir had the highest percentage of neo natal deaths to infant deaths (77.7) and Assam hadlowest (50.3).[30]

3.2.2 Under five Mortality Rate (U5MR)

The Under-five Mortality Rate (U5MR) is the probability (expressed as a rate per 1000 live births) of a child born in a specified year dying before reaching the age of five if subjected to current age specific mortality rates.[31] At the national level, the under-five mortality rate is estimated at 49 and it varies from 55 in rural areas to 29 in urban areas. Among the bigger states, it varies from 12 in Kerala to 73 in Assam. All the bigger states have higher Under-five Mortality Rates for females than that for males except Jammu & Kashmir. Per cent share of deaths of children below age five to total deaths at the national level is 14.9 per cent and it varies from 16.5 per cent in rural areas to 9.1 per cent in urban areas.[32]

3.2.3 Death rate for children in age group of 5–14 years

At the national level, the death rate for children in the 5–14 years age group is estimated to be 0.7 Among the bigger states, the lowest death rate in this age group is registered by Kerala as 0.2 and the highest by Madhya Pradesh as1.2. Rural-urban differentials exist with the urban areas registering lower death rates as compared to that in rural areas in the majority of the states.[33]

3.2.4 Immunisation

The coverage evaluation survey 2009 (UNICEF and Government of India), reveals the immunisation coverage rates for each type of vaccination, according to either immunisation card or mother's recall. The analysis of vaccine specific data indicates a higher coverage of each type of vaccine in urban areas than in rural areas. At the national level, 61 per cent of the children aged 12 to 23 months received full immunisation. The coverage of immunisation was higher in urban areas (67.4%) compared to that in the rural areas (58.5%). It is a matter of concern that, nearly 8 per cent children did not receive even a single vaccine. Nearly 62 per cent of the male children aged 12 to 23 months received full immunisation, while among the females it was nearly 60 per cent. It is a matter of concern that, the birth order of the child still continues to affect the immunization coverage. While 67.4 per cent of first birth order children are fortunate enough to receive full immunization, only 40.4 per cent in the category of birth order 4 and above are covered under full immunisation. The full immunisation coverage of children aged 12 to 23 months is highest in Goa (87.9%), followed by Sikkim (85.3%), Punjab (83.6%) and Kerala (81.5%). The full immunisation coverage is lowest in Arunachal Pradesh (24.8%). The economic condition of the family has a direct and huge impact on the status of immunisation of children. About 75.5 per cent of children

PHOTO CREDIT: HUMARA BACHPAN CAMPAIGN

of less than one year belonging to the highest wealth index group are fully immunized while only 47.3 per cent from the lowest quantile are fully immunised. A mother's education also plays a significant role in ensuring full immunisation coverage of the children.[34]

3.3 Nutrition status of children

High levels of under–nutrition in children and women constitute a major threat to their survival and development. Globally, one–third of child deaths are attributable to underlying maternal and child under–nutrition, suggesting that the relationship between nutrition and infection is bi-directional. Through precipitating disease and speeding its progression, malnutrition is a key underlying contributor to infant, child and maternal morbidity and mortality. Some common childhood illnesses like diarrhoea, pneumonia, as well as measles are leading causes of death in children under five years. Frequent episodes of diarrhoea are often responsible for malnutrition among children. Similarly, malaria contributes to increased anaemia among children.[35]

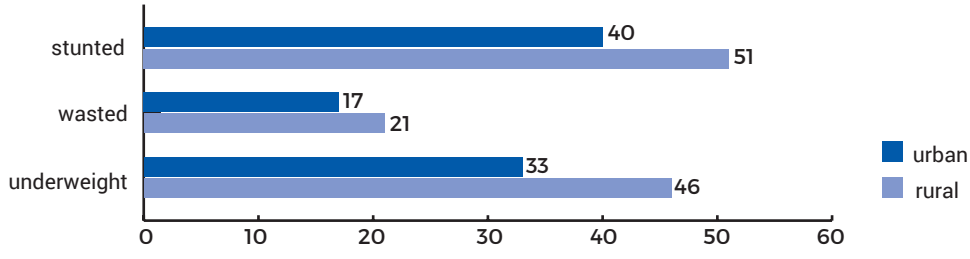
3.3.1 Stunting, underweight and wasting in children (0–5 years)

Stunting, underweight and wasting are the three most frequently used anthropometric indicators of nutritional status in children. They are defined as:[36]

- Stunting (low height-for-age): Stunting reflects failure to receive adequate nutrition over a long period of time. Height-for-age, therefore, represents the long-term effects of malnutrition in a population and does not vary according to recent dietary intake. Children whose height-for-age is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted) and are chronically malnourished. Children below minus three standard deviations (-3 SD) from the median of the reference population are considered to be severely stunted.
- Wasting (low weight-for-height): The weight-for-height index measures body mass in relation to body length and describes current nutritional status. Children who are below minus 2SD from the median of the reference population are considered thin (wasted) for their height and are acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children whose weight-for-height is below minus 3SD from the median of the reference population are considered to be severely wasted.
- Underweight (low 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 malnutrition. Children whose weight-for-age is below minus 2 SD from the median of the reference population are classified as underweight. Children whose weight-for-age is below minus 3 SD from the median of the reference population are considered to be severely underweight.

Stunting is considered the most reliable measure of under-nutrition, as it indicates recurrent episodes or prolonged periods of inadequate food intake, calorie and/or protein deficiency or persistent or recurrent ill health.[37] It is also a good long-term indicator of the nutritional status of a population because it does not vary appreciably by the season of data collection or other short-term factors such as epidemic illnesses, acute food shortages, or shifts in economic conditions.[38]

Figure 3.2 Percentage of malnourished children (0–5 years)



Source: Nutrition in India, National Family Health Survey (NFHS-3), India, 2005–06

The percentage of children below five years classified as malnourished according to these three anthropometric indices of nutritional status as revealed by NFHS 3, is indicative of the significant malnourishment among Indian children. Almost half of the children under age five years (48%) are chronically malnourished. In other words, they are too short for their age or stunted. Acute malnutrition, as evidenced by wasting, results in a child being too thin for his or her height. One out of every five children in India under age five years is wasted. Forty-three percent of children under age five years are underweight for their age. In developing countries, under-five mortality is largely a result of infectious diseases and neonatal deaths. Under-nutrition is an important factor contributing to the death of children in India. For malnourished children, the mortality risk associated with respiratory infections, diarrhoea, malaria, measles, and other infectious diseases is higher. More than half (54%) of all deaths before age five years in India are related to malnutrition. Because of its extensive prevalence in India, mild to moderate malnutrition contributes to more deaths (43%) than severe malnutrition (11%).[39]

An analysis of urban and rural children below five years indicates that the prevalence rate of underweight, stunting, wasting and Severe Acute Malnutrition (SAM) is much lower in urban areas than in rural areas. Although nutritional deficiencies are lower in urban areas than in rural areas, under-nutrition is widespread in urban areas. 40 percent of young children in urban areas are stunted, one-third are underweight, and 17 percent are wasted. Among the three measures of nutritional status, the differential in prevalence between urban and rural areas is most prominent in terms of the prevalence of underweight children. Children in rural areas are almost 40 percent more likely to be underweight than children in urban areas. The prevalence of stunting is 28 per cent higher in rural areas than in urban areas.[40]

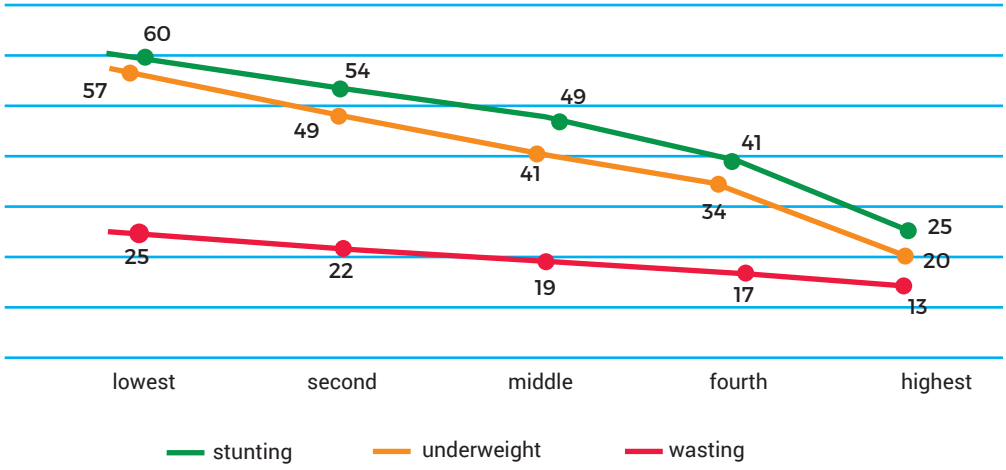
The proportion of children who are underweight in under five years age category ranges from 20 per cent in Sikkim and Mizoram to 60 per cent in Madhya Pradesh. In addition to Madhya Pradesh, more than half the young children in Jharkhand and Bihar are underweight. Other states where more than 40 per cent of children are underweight include, Meghalaya, Chhattisgarh, Gujarat, Uttar Pradesh and Orissa. In Meghalaya, Madhya Pradesh and Jharkhand more than one in every four children are severely underweight. Although the prevalence of underweight children is relatively low in Mizoram, Sikkim and Manipur, more than one-third of children are stunted in these states. Wasting is most common in Madhya Pradesh (35%), Jharkhand (32%), and Meghalaya (31%).[41]

3.3.2 Nourishment status of children in slums

NFHS–3 shows that there is a strong inverse relationship between under–nutrition in children and the level of wealth of the households that they live in. Six out of 10 children living in the poorest households (households in the lowest wealth quantile) are stunted and almost as many are underweight. However, even in the wealthiest households (households in the highest wealth quantile), one-quarter of children are stunted and one-fifth are underweight.

It is indeed alarming that the percentage of children in the age group of 0–59 months that are underweight and stunted is highest among the urban poor and is in fact higher than the overall rural figures. The problem of under–nutrition in children is of a serious magnitude in urban India. Increasing urbanisation poses a significant challenge to the nutritional status of children especially those living in urban slums or in poor areas which are not registered as slums. Due to the lack of investment in public utilities coupled with substantial growth in the urban population due to a poverty-led massive rural to urban migration, most urban dwellers have poor access to health and education services as well as inadequate availability of water, sanitation, drainage and garbage collection services. A significant majority of the urban poor reside in informal settlements and slums which are usually overcrowded, devoid of basic amenities and surrounded by a hazardous environment. The grave urban scenario of under–nutrition confirms the hardships faced by poorer urban children. An analysis of under-nutrition data of eight cities also reports that the poorest quantile has the worst underweight and stunting status as compared to the rest of the urban population. With reference to the underweight prevalence rates, the difference in the various population groups is comparatively low in Kolkata and Nagpur. In most cities, the difference in percentage of children stunted is much higher in the poorest quartile as compared to urban slums while the difference is comparatively lower between urban slums and non-urban areas.[42]

Figure 3.3 Percentage of malnourished children (0–5 years) as per level of household wealth



Source: Nutrition in India, National Family Health Survey (NFHS-3), India, 2005–06

Note: The economic status of households in NFHS-3 is determined by constructing a wealth index that uses data on different household assets and housing characteristics. Households are ranked on the basis of the wealth index and individuals in the households are divided into quantiles according to the household's wealth. Households in the highest wealth quantile are not necessarily wealthy in monetary terms, but they are better off socio–economically than four-fifths of the population in India.

Table 3.2 Nourishment status of children (0 to 5 years) as per location of residence

city/area	percentage of children (0–5 years)			city/area	percentage of children (0–5 years)		
	stunted	wasted	underweight		stunted	wasted	underweight
Delhi	41	15	27	Kolkata	28	15	21
slum	51	15	35	slum	33	17	27
non-slum	38	16	24	non-slum	23	14	16
Chennai	25	19	23	Meerut	44	10	28
slum	28	23	32	slum	46	9	26
non-slum	25	18	21	non-slum	42	10	30
Hyderabad	32	9	20	Mumbai	45	16	33
slum	32	11	26	slum	47	16	36
non-slum	32	9	18	non-slum	42	16	26
Indore	33	29	39	Nagpur	35	17	34
slum	40	34	50	slum	48	18	42
non-slum	31	28	37	non-slum	27	16	28

Source: Nutrition in India, National Family Health Survey (NFHS-3), India, 2005-06

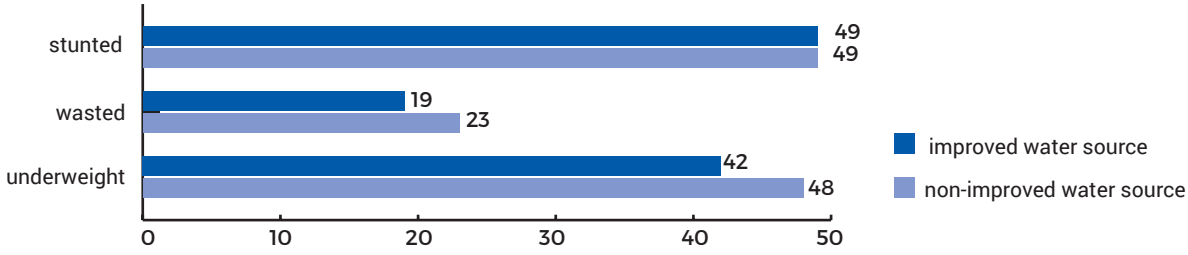
3.3.3 Impact of water on nourishment status of children[43]

A household's source of drinking water is often linked to its socio–economic status. Poor households are more likely to obtain their drinking water from untreated or contaminated water sources such as surface water, rivers, uncovered wells, tube-wells etc. The risks of food contamination, diarrhoeal disease and malnutrition are higher when a household does not have access to an improved water source. Infants and young children from households that do not have access to an improved water source are at a greater risk of being malnourished than those from households with an improved water source. NFHS–3 data reveals that children whose drinking water is from a non-improved water source are more likely to be underweight and wasted than children with access to an improved water source. However, the level of stunting does not vary by water source. This may be related to the fact that stunting is an indicator of the long-term effects of malnutrition and it does not vary according to recent dietary intake or diarrhoeal disease. Combining different water sources into improved and unimproved sources masks the distinctions between individual water sources. For all three measures of the nutritional status of children, nutritional deficiencies are most prevalent in households that obtain their drinking water from wells, tube–wells, and surface water, much less prevalent in households that use piped water and least prevalent in households that use bottled water or water from a tanker.

3.3.4 Impact of sanitation on nourishment status of children[44]

The type of toilet facility that members of a household use is strongly related to malnutrition among young children. Poor households are more likely to not have any toilet facility or to use unimproved facilities. In addition, the use of improved facilities reduces the risk of contracting diarrhoeal diseases. NFHS 3 data shows that more than half the households (55%) in India do not have any toilet facility and household members practices open defecation. An additional 15 per cent of households use non-improved toilet facilities. Only 3 out of every 10 households use an improved toilet facility that is not shared with other households. Young children

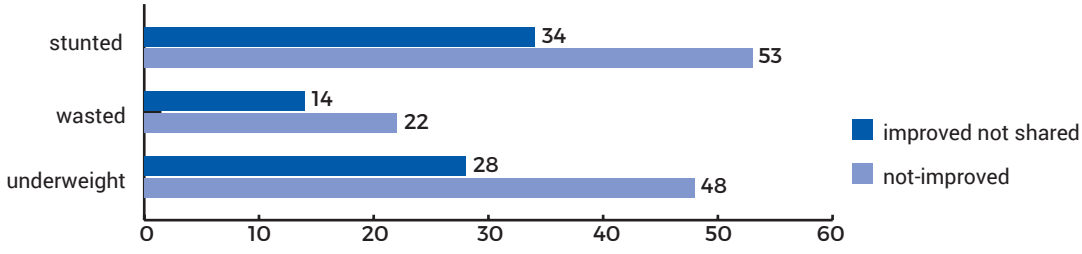
Figure 3.4 Percentage of malnourished children (0–5 years) as per drinking water source



Source: Nutrition in India, National Family Health Survey (NFHS-3), India, 2005–06

Note: **Improved water source:** piped into dwelling, piped into yard or plot, public tap or standpipe, tube–well or borehole, protected dug well, protected spring, rainwater
Non-improved water source: unprotected dug well, unprotected spring, tanker truck, surface water

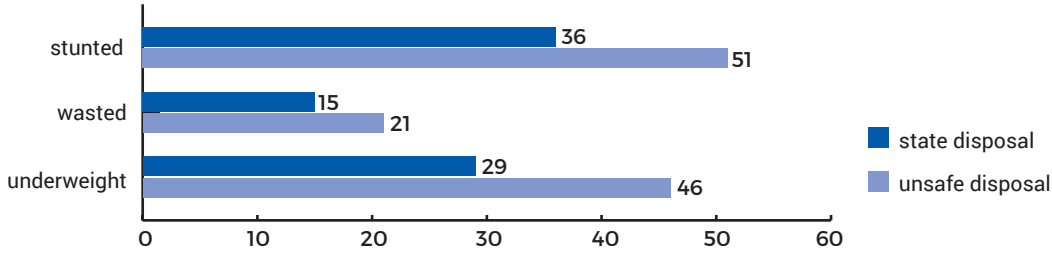
Figure 3.5 Percentage of malnourished children (0–6 years) as per access to sanitation facilities



Source: Nutrition in India, National Family Health Survey (NFHS-3), India, 2005–06

Note: Improved facility: Flush or pour flush toilet to sewer system, septic tank, or pit latrine; ventilated improved pit (VIP) latrine; pit latrine with slab; twin pit or composting toilet
Not improved: pour or pour flush not to sewer system, septic tank, or pit latrine; pit latrine without a slab/open pit; dry toilet; no facility/open defecation; any facility that is shared

Figure 3.6 Percentage of malnourished children (0–6 years) as per method of disposal of stool



Source: Nutrition in India, National Family Health Survey (NFHS-3), India, 2005–06

Note: Percentages are based on the youngest child under five years of age living with mother. Disposal of stools is considered safe if the child used a toilet or latrine; if stools were washed or rinsed into a toilet; latrine; if the stools were buried

in households that use improved toilet facilities are much less likely than other children to be stunted, wasted and underweight. For example, almost half the children in households without improved toilet facilities are underweight, compared with only 28 per cent of children in households with improved toilet facilities. More than half the children in households without improved toilet facilities are stunted, compared with 34 per cent in households with improved toilet facilities.

In addition, unsafe disposal of children's stools can spread disease, especially diarrhoeal disease, by direct contact with the stools or animal transmission. As per NFHS-3 data, stools of 79 per cent of young children are not disposed off safely in India. Children whose stools are disposed off in an unsafe way are much more likely than other children to suffer from nutritional deficiencies according to all three measures of nutritional status. Almost half the children whose stools are disposed of unsafely are underweight, compared with only 29 per cent of children whose stools are disposed of hygienically. More than half the children whose stools are disposed of unsafely are stunted, compared with just over one-third of children whose stools are disposed of hygienically. The differentials in nutritional deficiency by the method of disposal of the child's stools are almost the same as the differentials by the type of toilet facility the members of the household use.

3.3.5 Low birth weight

Birth weight is an important indicator for measuring the health condition of a child at birth. There is a close relationship between maternal and child health. Weak, undernourished and anaemic women give birth to children with low birth weight. NFHS 3 indicates that 22 per cent of babies born in India have low birth weight. Children with low birth weight are much more likely than other children to be undernourished. Almost half of children with low birth weight are currently stunted compared with about one–third of children who weighed 2.5 kg or more at birth. The lasting adverse effect of low birth weight makes it imperative to avoid the situation through proper care and nutrition of mothers across the life cycle: in early childhood, adolescence, pre–pregnancy and during pregnancy. Low birth weight has been associated with maternal age and mothers who are less than 20 years of age are at 50 per cent excess risk of giving birth to an underweight baby. The catch–up rate for low birth weight babies is slow. In case of the girl child, neglect of the young child and adolescent further accentuates the problem, leading to compromised growth of adult women who will give birth to small for age and under–weight babies, leading to a vicious cycle. Thus, integrated approaches are required across the life cycle to ensure child survival and development.[45]

3.3.6 Micronutrient Deficiencies

Micronutrient deficiencies need to be prevented across the life cycle of children; especially during pregnancy as adverse consequences occur due to iron and iodine deficiencies, which include still–births, abortions, congenital malformations, pre–term and low birth weight babies etc. Currently, 79 per cent children in India are anaemic, putting children at risk to survive and compromising their potential to learn. For both boys and girls, the intake of nutrients is less than the recommended dietary allowances for adolescents below the age of 18 years. While only 30 per cent of boys in the age group of 15–19 years are anaemic, 56 per cent of girls in the age–group of 15–19 years are anaemic. Anaemic adolescent mothers are at a higher risk of miscarriages, maternal mortality and still–births and low–weight babies. Under –nutrition in adolescents also leads to poor academic performance in schools and low productivity in the work force later in life.[46] Findings regarding prevalence of anaemia in children in eight cities also indicate that the anaemia prevalence rate is higher in the poorest urban quantile and slum areas as compared to non-slum areas. In Chennai, the anaemia prevalence rate in the poorest quartile is noted to be as high as 83 per cent. The prevalence of anaemia is reported to be over 50 per cent in all urban regions, except in Mumbai.[47]

3.4 Conclusions

A major limitation with the type of data available concerning the health and nutrition status of urban children is the lack of disaggregated data for all age groups. The health and nutrition related data available in NFHS, sample survey system, covers only children in 0–6 years age group. The lack/ absence of data on children beyond this age group (7–18 years) has resulted in gross under documentation and analysis of the issues faced by children in this age group. Also the lack of data concerning the impact of poor urban planning on the health of children is a major limitation–such as information on the impact of air pollution on the health of children, types of respiratory diseases caused due to air pollution, increase in number of such cases over the year, rise in obesity among children due to urban sedentary life style etc. The available surveys on health usually cover issues like mortality and under–nourishment, but there is

PHOTO CREDIT: HUMARA BACHPAN CAMPAIGN

no comprehensive documentation of the various health issues faced by urban children as a consequence of poor planning decisions.

The available data and research such as surveys by Census of India, National Sample Survey Organisation (NSSO), NFHS on children generally suggest that urban children are better off than their rural counterparts in many aspects like access to facilities, condition of health and education; however, these comparisons rest on aggregate figures in which the hardships endured by poorer urban children are obscured by the overall statistical averages of entire urban areas. One major consequence of this is that children living in informal settlements and impoverished neighbourhoods are excluded from essential services and social protection to which they have a right as their issues are not reflected in the existing surveys and studies which in turn influence the development trajectory of the city.

Although health and education facilities are generally more readily available in urban than in rural areas, they however remain beyond the reach of urban vulnerable children such as those growing up in slums, living or working on the streets, migrant children engaged in economic activities in the city and children of seasonal migrant workers. It is well known fact that physical proximity to a service does not guarantee access. Indeed, many urban inhabitants live close to schools or hospitals but have little chance of using these services as poor people may lack the sense of entitlement and empowerment needed to ask for services from institutions perceived as the domain of those of higher social or economic rank.[48] Factors like poverty and gender further undermine children's right to equal opportunity. Where detailed urban data is available, it reveals wide disparities in children's rates of survival, nutritional status and education resulting from unequal access to services. A survey in Delhi, India, found a primary school attendance rate of 54.5 per cent among children living in slums in 2004–2005, compared with 90 per cent for the city as a whole.[49]

It is a matter of grave concern as the first few years of a child's life have a profound and enduring effect on the rest of the child's life and, by extension, the lives of so many others. Poverty, ill health, poor nutrition and a lack of stimulation during this crucial period can undermine educational foundations, restricting what children are able to accomplish.[50] Cities need to provide better education and health facilities for children and ensure the access to these facilities for all children especially for the vulnerable such as homeless and migrant children and for those working and living on streets.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4. Living conditions

Following an overview of the landscape of demography, health, education and nourishment status of urban children in India, this chapter looks at the status of children in the urban setting through the lens of urban planning and development. Unstable and poor housing conditions, air pollution, lack of access to safe drinking water and sanitation facilities are some of the basic risk factors for children growing up in cities–especially in the urban poor neighbourhoods like slums and unauthorised colonies. Studies in developing countries show that environmental hazards and pollution are a major contributor to childhood deaths. Childhood deaths and illnesses from causes such as poverty and malnutrition are also associated with unsustainable patterns of development and degraded urban or rural environments.[51] Improving children's living conditions by addressing and tackling issues affecting their health presents an essential contribution towards the creation of child-friendly cities. This chapter critically analyses some of the phenomena shaping the lives of children in urban areas, from the condition of the built environment to the impact of air pollution on their health, to establish a correlation between health of children and their living conditions.

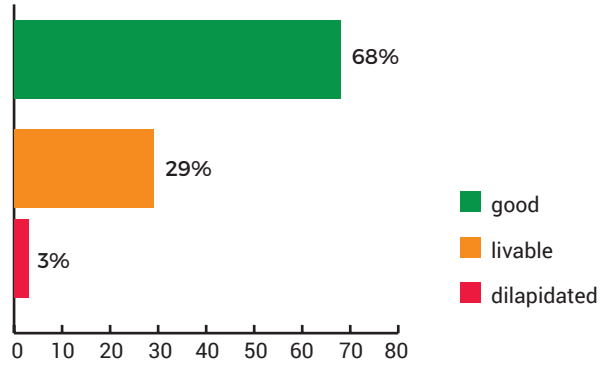
4.1 Built environment

4.1.1 Condition of housing in urban areas

Inadequate living conditions are among the most pervasive violations of the rights of children. Good environments promote social interaction, limit psychological stress and bolster health. The lack of decent and secure housing and infrastructure such as water and sanitation systems makes it so much more difficult for children to survive and thrive.[52] The condition of housing in which children live has an immense impact not only their health but their overall development. Although, the Census of India 2011 data on condition of housing shows that 53.97 million urban households live in good condition housing, nearly one–third of the urban households (32%) still live in houses which are in liveable (22.61 million) or in dilapidated (2.27 million) conditions. Lakshadweep has the maximum percentage of urban houses (85.2%) in good condition and Odisha has the minimum percentage (51.5%) of urban houses in good condition. In 16 states percentage of houses in good condition is below the national average of 68.4 per cent and these include Madhya Pradesh, NCT of Delhi, Daman & Diu, Chhattisgarh, Tripura, Manipur, Haryana, Nagaland, Jharkhand, Assam, Arunachal Pradesh, West Bengal, Punjab, Uttar Pradesh, Bihar and Odisha.

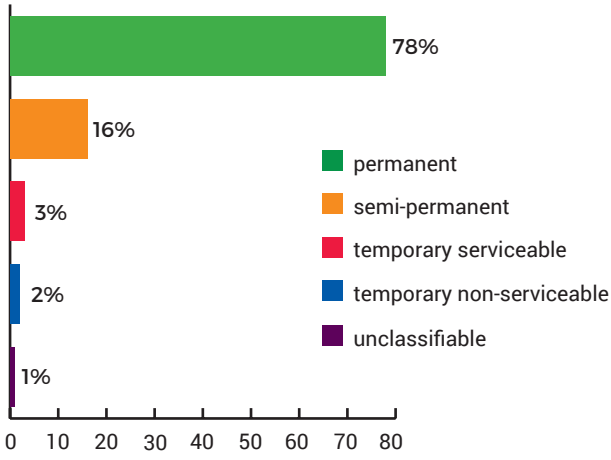
Families cannot adequately support their children if they live in precarious circumstances or under threat of eviction. Evidence shows that adequate housing can

Figure 4.1 Percentage of urban households as per condition of housing



Source: Census of India, 2011

Figure 4.2 Percentage of slum households as per condition of housing



Source: Census of India, 2011

protect children and families living in dense urban areas from communicable and chronic diseases as well as injuries and accidents. Lack of ventilation, overcrowding and inadequate natural light, common in the homes of the urban poor are responsible for chronic ailments among their children.[53] Census 2011 data on slums present a grim picture of the condition of housing in slum areas in Indian cities. 13.75 million urban households (17.4%) live in slums in Indian cities. Out of these 10.69 million live in permanent structures, 22.06 million live in semi-permanent structures, and 0.72 million live in temporary structures. Goa has the maximum percentage of slum house–holds (90.7%) with housing in good condition, and Arunachal Pradesh has minimum percentage (17.9%).

4.2 Access to water and sanitation facilities in urban areas

The challenge of sanitation in Indian cities is acute. With very poor sewerage networks, a large number of the urban poor in cities still depend on public toilets. To make matters worse, several public toilets do not have water supply while the outlets of many others with water supply are not connected to the city's sewerage system. Around 10 million people in urban India defecate in the open every day. Environmental and health implications of the lack of drinking water and sanitation facilities are a major cause for concern in Indian cities. A study by the Ministry of Urban Development, Government of India (2009) noted that 23 million children below the age of 14 in urban India are at risk from poor sanitation and 8 million children in urban areas are at risk from poor water supply. The poor quality of water further aggravates the situation and forces families to subsequently spend large amounts of money on treatment of water-borne diseases, further adding to their financial burden. It is estimated that the lack of waste water treatment leads to over 15 billion USD being spent in treating water-borne diseases in India.[54] According to the Ministry of Health and Family Welfare more than 12 billion INR is spent every year on illnesses resulting from poor sanitation.[55] The cost in terms of Disability Adjusted Life Years (DALY)[56] of diarrhoeal diseases for children from poor sanitation is estimated at INR 500 crore.

The cost per DALY per person due to poor sanitation is estimated at INR 5400 while that due to poor hygiene practices stands at INR 900. A study by the Water and Sanitation Program (WSP 2010) of the World Bank using data for 2006 shows that the per capita economic cost of inadequate sanitation, including mortality impact in India, is INR 2180. The study observes that when mortality impact is excluded, the economic impact for the poorest 20 per cent of urban households is the highest.[57]

Water, Sanitation and Hygiene (WASH) also has a direct impact on the health and education of children. Attendance and retention rates of girls studying in the middle and higher classes are affected the most by the absence of separate and functional sanitation facilities and their poor upkeep, in case facilities are provided. There is a growing evidence of the link between the linear growth of children and household sanitation practices and infections. Poor water, food hygiene and personal hygiene contribute to a high incidence of diarrhoea with a loss in body weight and nutrients. Poor availability of water both in terms of quantity and quality and poor use of toilets are increasingly recognised as contributing causes of under–nutrition. Ignorance about the importance of washing hands with soap and water after defecation, prior to cooking or prior to feeding is a significant contributor of under–nutrition in children, and poor access to water, sanitation facilities and poor personal hygiene practices such as not washing hands with soap and water lead to an increased transmission of infection. The poor and insanitary physical environment in which urban–deprived children live and their lack of or limited access to basic services such as water and sanitation has a direct impact on their health. Studies show that children living in slums are 1.3 times more likely to suffer from diarrhoea than in non-slum areas.[58]

Water and sanitation are crucial for a child's survival, health, nourishment and overall development. The section on Health and nutrition status of urban children in the preceding chapter has made apparent the various health issues faced by children in urban areas due to lack of drinking water and sanitation facilities. Article 24 of the Convention on the Rights of the Child commits state parties to strive to ensure the highest attainable standard of health for every child. This includes providing clean drinking water and eliminating the dangers of environmental pollution. Unsafe water, poor sanitation and unhygienic conditions claim many lives each year. Without sufficient access to safe drinking water and an adequate water supply for basic hygiene, children's health suffers. Thus, improving access to basic services remains vital for reducing child mortality and morbidity.[59]

4.2.1 Access to water supply in urban areas

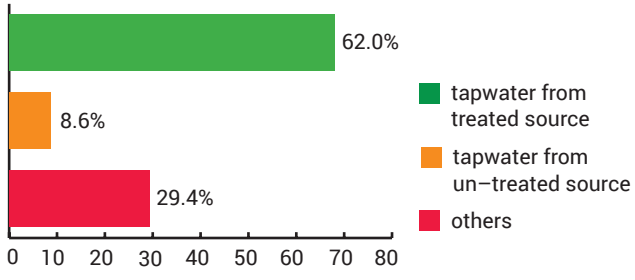
Census 2011 reveals that 55.7 million urban households (70.6%) are connected by networked water supply systems. 48.9 million (62%) have access to piped water supply from treated sources and 6.8 million (8.6%) have access to piped water supply from untreated sources. The rest 23.16 million urban households (29.4%) which are not connected by a networked water supply system depend mainly on ground water from other sources like wells, hand-pumps, tube-wells. Chandigarh has the highest percentage (93.8%) of urban households with access to tap water from treated source and Nagaland has the lowest percentage (6%).

The problem of drinking water is more acute in slums, where only 65.3 per cent of households have access to water from treated sources. 8.98 million slum households have access to tap water from treated sources while 1.2 million slum households have access to tap water from untreated sources. 3.57 million slum households depend on other sources like wells, hand-pumps, tube-wells etc. Chandigarh has the highest percentage (95.7%) of slum households with access to tap water from treated sources and Nagaland has the lowest percentage (4.1%).

Apart from access to drinking water, another crucial issue for urban households is the location of water source. Access to an improved water source does not always guarantee the availability of water within the premises or the availability of an adequate amount of water. When the water source is not located within the house the women and the children have to engage in sourcing the water. Children in particular, have to compromise their time for study and play as they have to spend considerable time to source water for household use. This is especially true in the poorest urban districts where adequate amount of water is not available or the source of water is faraway. Many people are forced to walk to collect water from other neighbourhoods or to buy water from private vendors. It is common for the urban poor to pay up to 50 times more for a litre of water than their richer neighbours, who have access to water mains.[60]

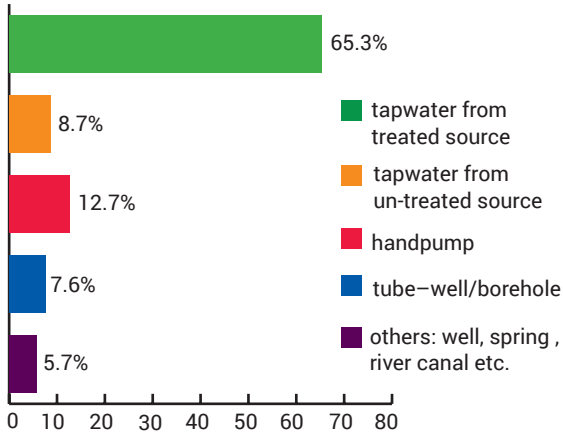
78.86 million (71%) urban households have drinking water sources within their premises, 22.7 million (21%) urban households have the water source near their houses and 6.35 million (8%) urban households have the

Figure 4.3 Percentage of urban households as per source of drinking water



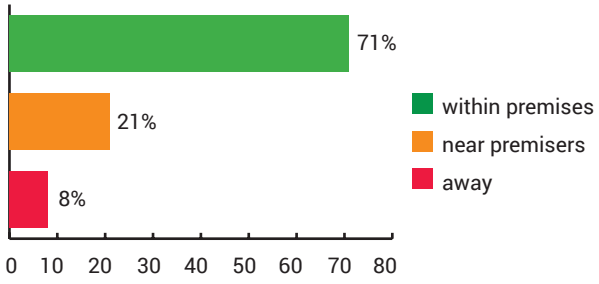
Source: Census of India, 2011

Figure 4.4 Percentage of slum households as per source of drinking water



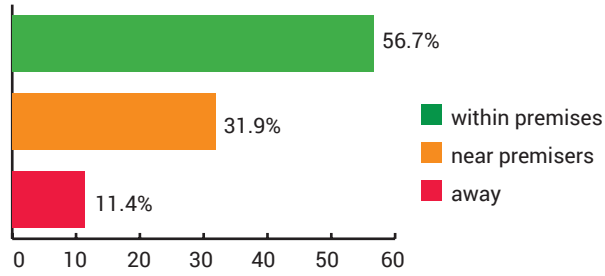
Source: Census of India, 2011

Figure 4.5 Percentage of urban households as per location of source of drinking water



Source: Census of India, 2011

Figure 4.6 Percentage of slum households as per location of source of drinking water



Source: Census of India, 2011

water source located away from their houses. Highest percentage of urban households (92.7%) in Punjab have drinking water source located within the premises and Manipur has the lowest percentage of urban households (31.8%) that have the drinking water source located within their premises.

Among slum households 7.80 million have drinking water sources within their premises, 4.38 million have the water source near their houses, and 1.56 million have the water source located away from their houses. Punjab has the highest percentage of slum households (89.2%) that have a drinking water source located within the premises; however, Chandigarh has the lowest percentage of urban households (5.6%) that have the drinking water source located within their premises.

4.2.2 Access to sanitation facilities in urban areas

64.16 million urban households (81.4%) have toilets located within their premises however, only 25.77 million urban households (32.7%) are connected to piped sewer systems.

Of the 18.6 per cent (14.7 million) urban households who dont have toilets within their premises, 4.74 million (6%) use community toilets and 9.96 million (12.6%) resort to open defecation. Lack of sanitaion facilities is a major issue in slum areas where only 9.08 million slum households (66%) have toilets located within their premises. Of the 34 per cent (4.67 million) slum households that do not have toilets within their premises, 2.07 million (15.1%) use community toilets and 2.6 million (18.9%) resort to open defecation. Only 3.37 million slum households (24.5%) are connected to a piped sewer system.

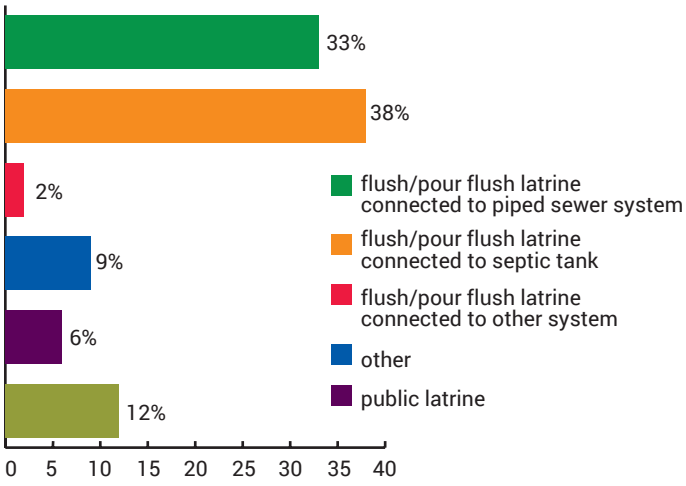
Mizoram has the maximum percentage (98.5) of urban households that have access to toilets within their premises and Chhattisgarh has the minimum percentage (60.2%). In fact, Chhattisgarh has the maximum percentage (34.4%) of urban households that resort to open defecation. Chandigarh has the maximum percentage (85.9%) of urban households with toilets within the premises connected to a piped sewer system and Lakshadweep has the minimum percentage (2.9%).

Mizoram also has the maximum percentage (99.3%) of slum households which have access to toilets within their premises. Punjab state has the maximum percentage (58.3%) of slum households of toilets within the premises connected to a piped sewer system though Chandigarh has the minimum percentage of slum households having access to toilets within their premises (3.9%) as well as slum households connected to a piped sewer system (1.6%). Odisha reports the maximum percentage (48.3%) of slum households resorting to open defecation. If one looks at the drainage coverage, 35.1 million urban households are connected to closed drainage and 29.39 million are connected to open drainage while 14.38 million urban households are not connected to any drainage system. For slum households 5.08 million are connected to closed drainage and 6.09 million are connected to open drainage; 2.58 million slum households are not connected to any drainage system.

4.3 Status of WASH in schools in India

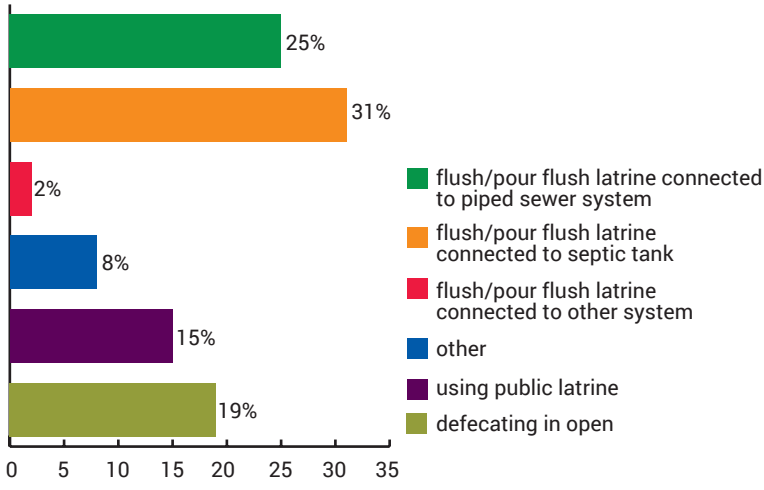
Schools with quality WASH (Water,Sanitation and Hygiene) programmes can effectively reduce the transmission of diseases. More than 4000 children under age five die from diarrhoea every day and more than 40 per cent of diarrhoea cases in school going children result

Figure 4.7 Percentage of urban households as per access to sanitation facilities



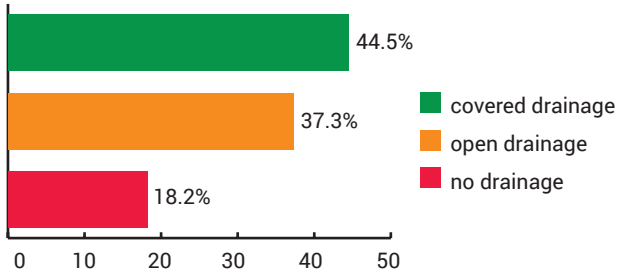
Source: Census of India, 2011

Figure 4.8 Percentage of slum households as per access to sanitation facilities



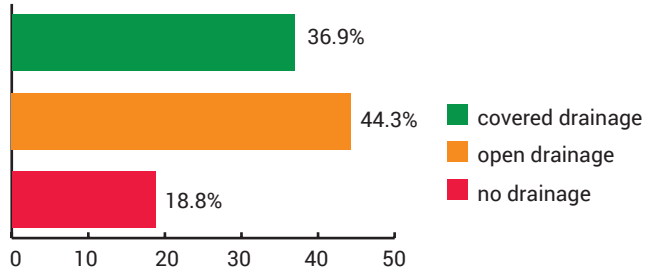
Source: Census of India, 2011

Figure 4.9 Percentage of urban households as per access to drainage facilities



Source: Census of India, 2011

Figure 4.10 Percentage of slum households as per access to drainage facilities



Source: Census of India, 2011

Table 4.1 Components of WASH in school

Access to sufficient quantities of water for	drinking, hand washing, cooking and personal hygiene, cleaning, flushing toilets
Toilet facilities that are	sufficient, adequate and child-friendly, gender specific, culturally appropriate, well maintained and separate for boys and girls
Hand washing facilities	which allow all children to wash hands before school meals, preferably in groups
Personal hygiene materials	• water, soap, sanitary pads etc. • safe disposal of solid and liquid waste
Hygiene education	curriculum, wall paintings, competitions, child cabinets etc. dedicated time in a daily schedule of every school for hand washing
Control measures to reduce transmission and morbidity of WASH related illnesses	• approach to control vector borne disease • de-worming campaigns, nutritional supplements

Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

from transmission in schools rather than homes. Nutrition deficiencies, diarrhoea and worm infestations are all related to poor WASH and all impact school participation and learning. WASH in schools is a first step towards ensuring a healthy physical learning environment. Schools with quality WASH programmes can effectively increase attendance and learning outcomes. Globally, around 2.65 billion people live without access to proper toilet facilities, and 883 million do not have access to safe water. Children are generally more receptive to new ideas and can more readily change their behaviour and promote improved practices within their families and among their communities. WASH initiatives through schools is one of the best routes to reach entire communities. Direct engagement with students can lead to community adoption of good WASH behaviours and technologies as well as improved health. Because children are agents of change, education for good hygiene practices in schools links students, families and communities.[61]

4.3.1 Availability of water and sanitation facilities in school

The number of schools having drinking water facilities has increased from nearly 0.9 (83%) in 2005–06 to 1.36 million (95%) in 2012–13. 193 million children in schools have access to drinking water facilities; however, 5 million (5%) children still did not have access to this facility in the year 2012–13.

The number of schools having separate toilet facilities for girls has increased from 0.4 million (37%) in 2005–06 to 1.24 million (88%) in 2012–13. However, the functionality of toilets and maintenance is a matter of concern. In all, more than 89 million girls in schools have access to toilet facilities but 7 million (7%) girls still lack access to separate toilets. About 23 million (22%) boys still lack access to separate boy's toilet facilities.There is not much variation between the status of WASH in rural and urban schools.

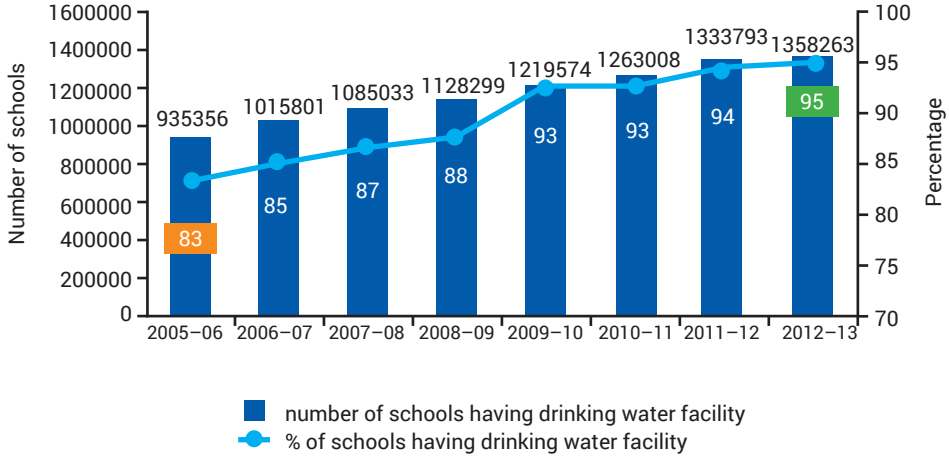
4.3.2 Functionality of water and sanitation facilities in schools

Though 95 per cent schools have drinking water facilities, it is functional in only in 85 per cent of these schools. Functional water facilities are present in more than 90 per cent schools in 13 states/UTs, while they are present in less than 65 per cent schools in 4 states/UTs (Arunachal Pradesh, Manipur, Meghalaya and Tripura). Functionality of girls toilets remains a major challenge. 25 per cent of schools still have non-functional toilets. Andhra Pradesh, Odisha and J&K have less than 40 per cent of schools with functional girls toilets.

4.3.3 Accessibility of school going children to water and sanitation facilities

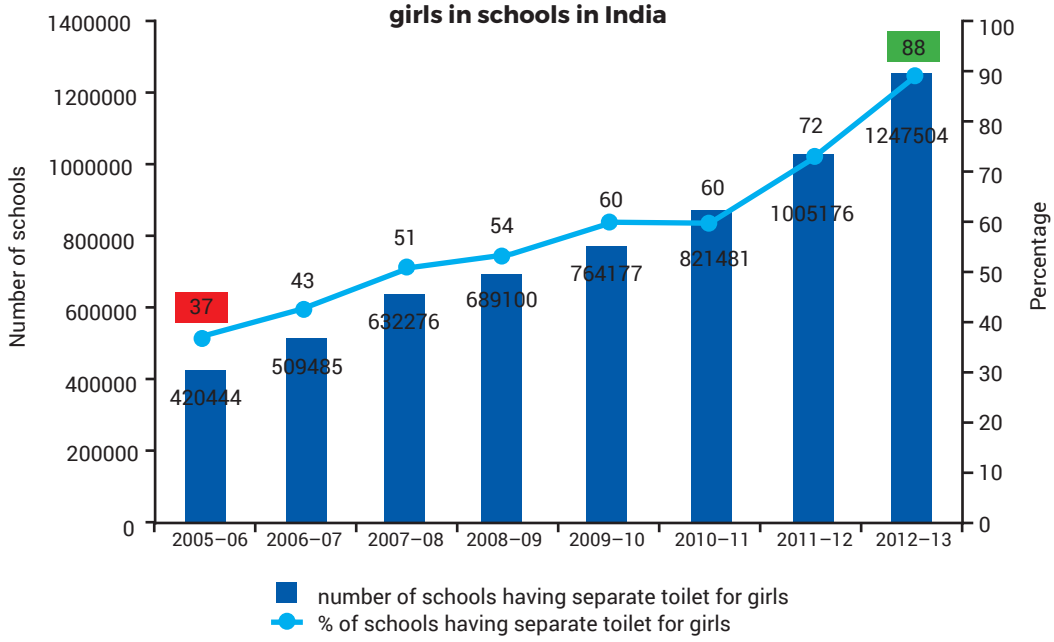
Although the availability of drinking water stands at 95 per cent in schools across India, a total of 5.23 million children (2.6% of total enrolment) do not have access to drinking water facilities in schools. Four states (Andhra Pradesh, Assam, Bihar and Rajasthan) account for more than 50 per cent of children without access to drinking water facilities in schools. Improving access to boy's toilets in four states (Andhra Pradesh, Madhya Pradesh, Odisha and West Bengal) would reduce the gap by 50 per cent. Similarly, improving the access to girl's toilets

Figure 4.11 Coverage of drinking water facilities in schools in India



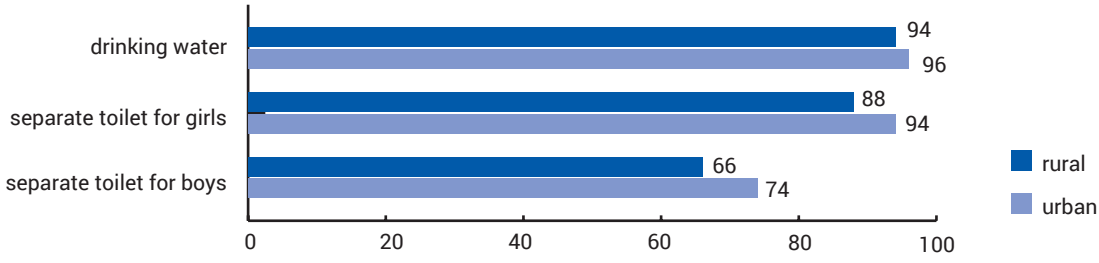
Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

Figure 4.12 Coverage of separate toilet facilities for girls in schools in India



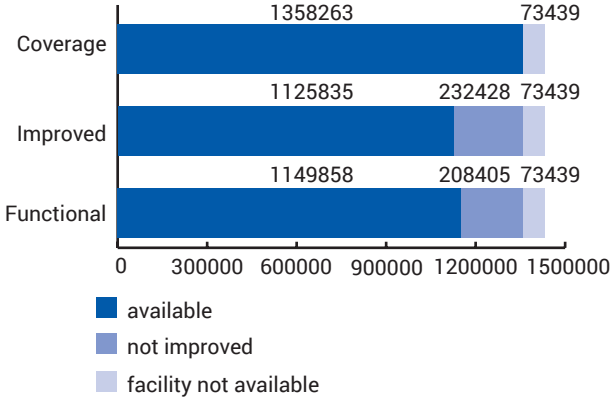
Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

Figure 4.13 Status of WASH in urban and rural schools



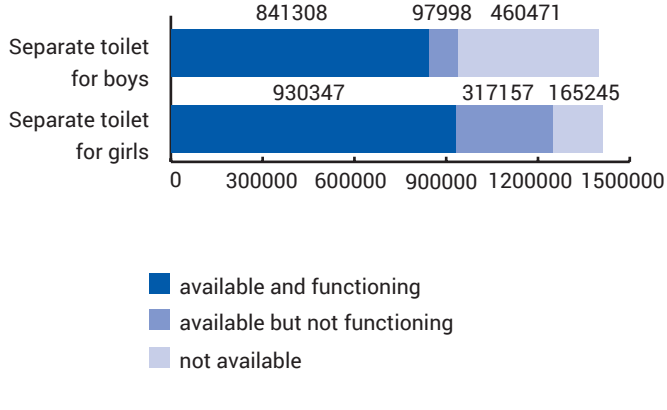
Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

Figure 4.14 Functionality of water facilities in schools in India



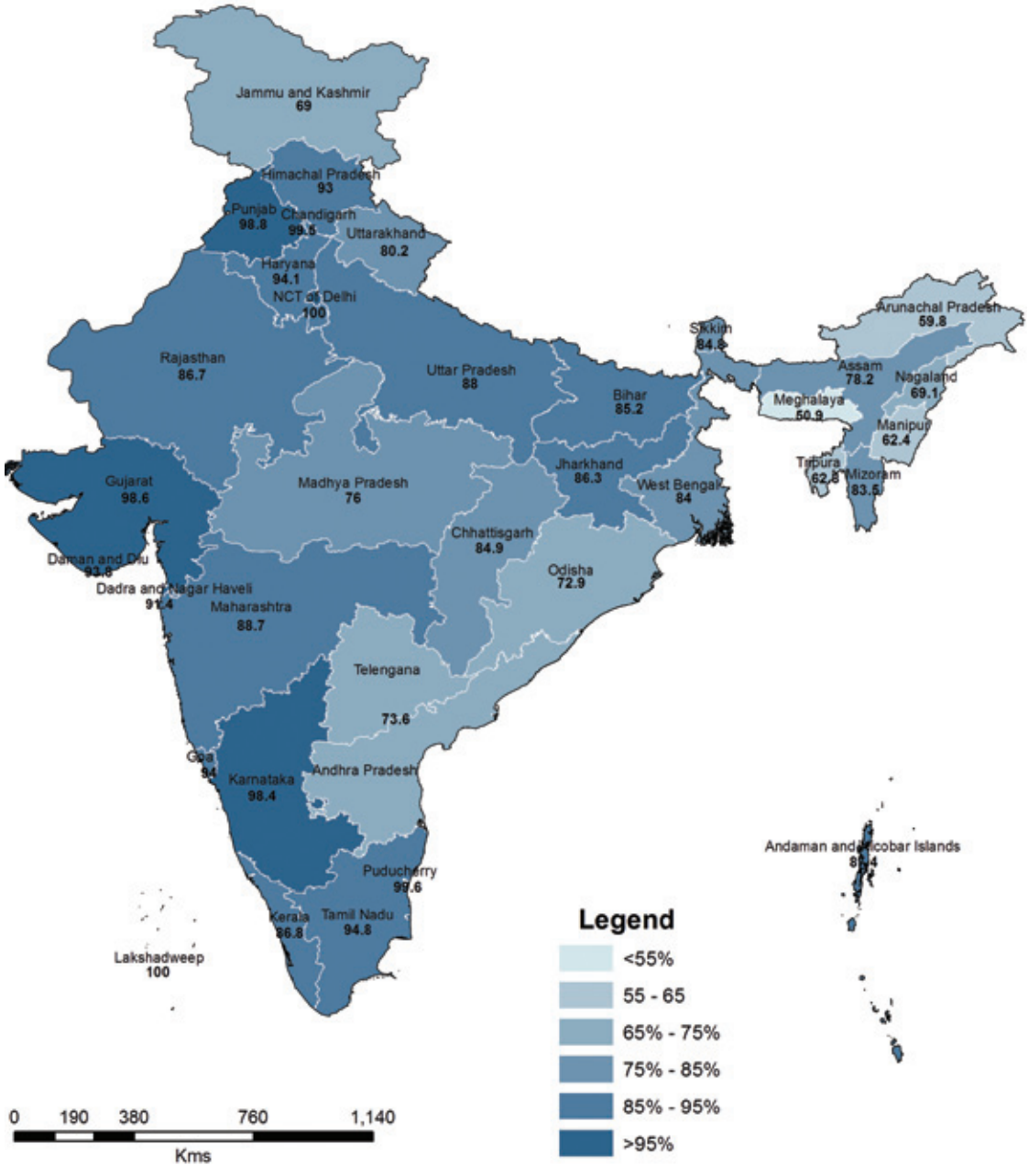
Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

Figure 4.15 Functionality of sanitation facilities in schools in India



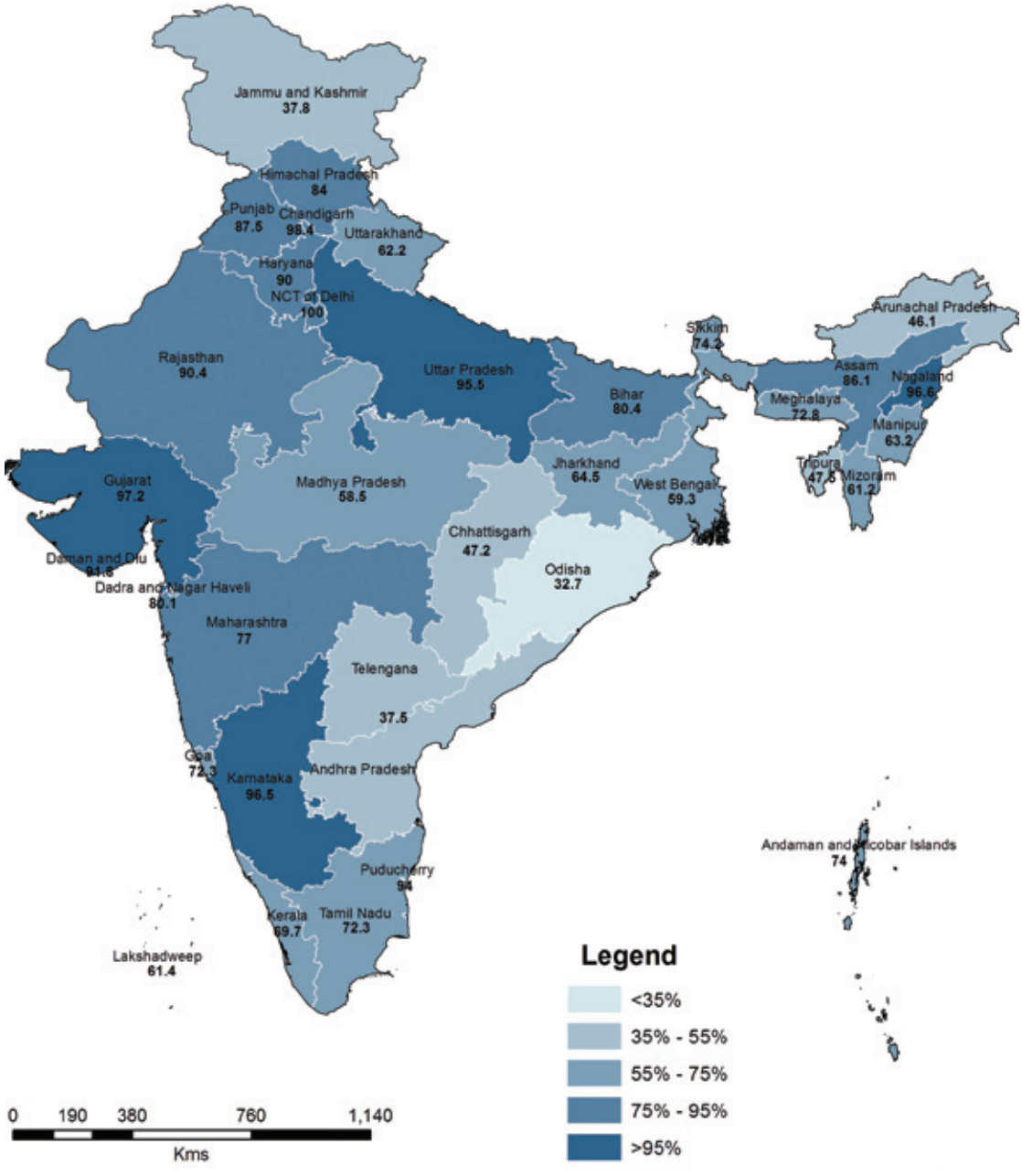
Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

Figure 4.16 State-wise functionality of drinking water facilities in schools



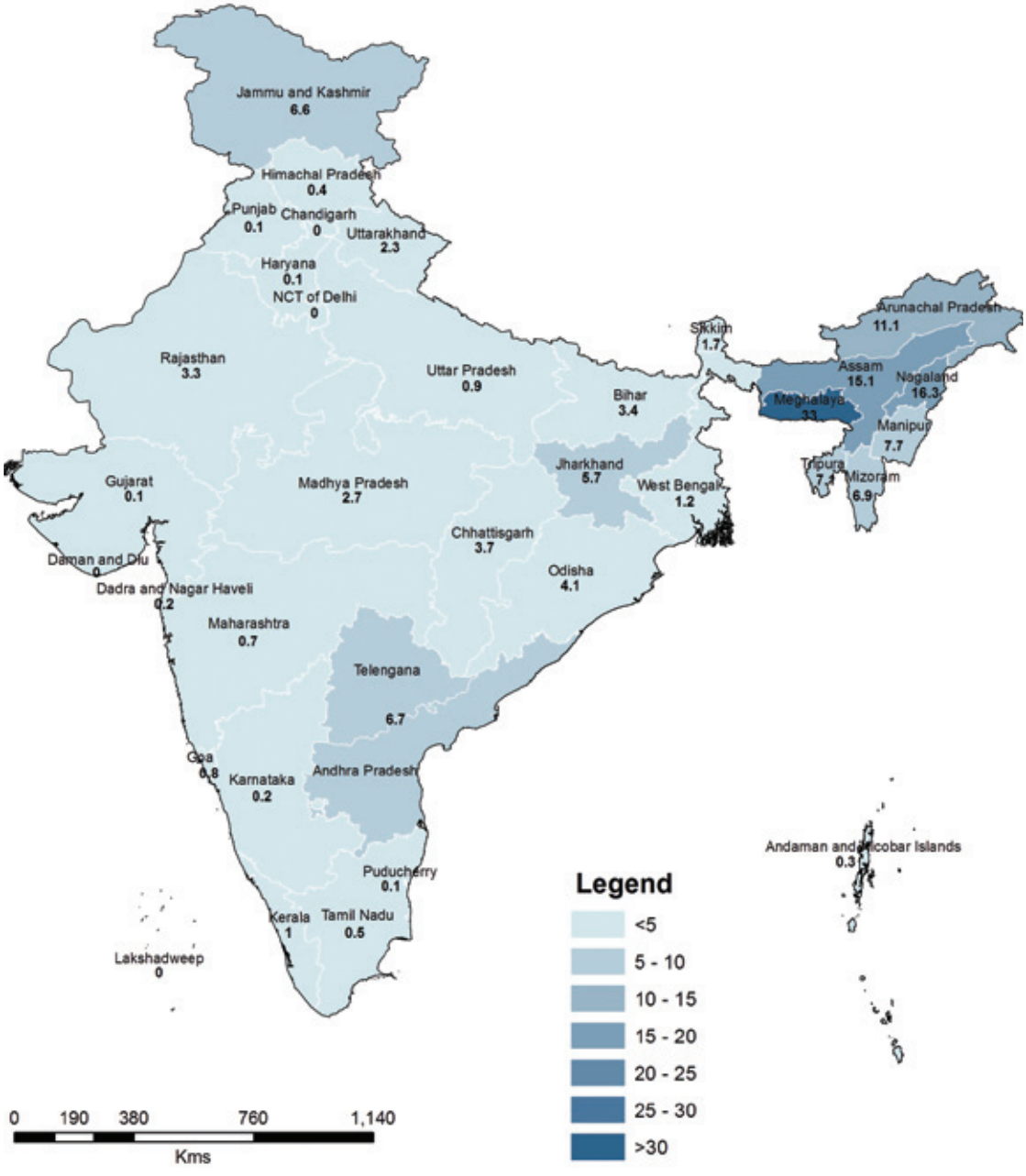
Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

Figure 4.17 State-wise functionality of separate toilet facilities for girls in schools



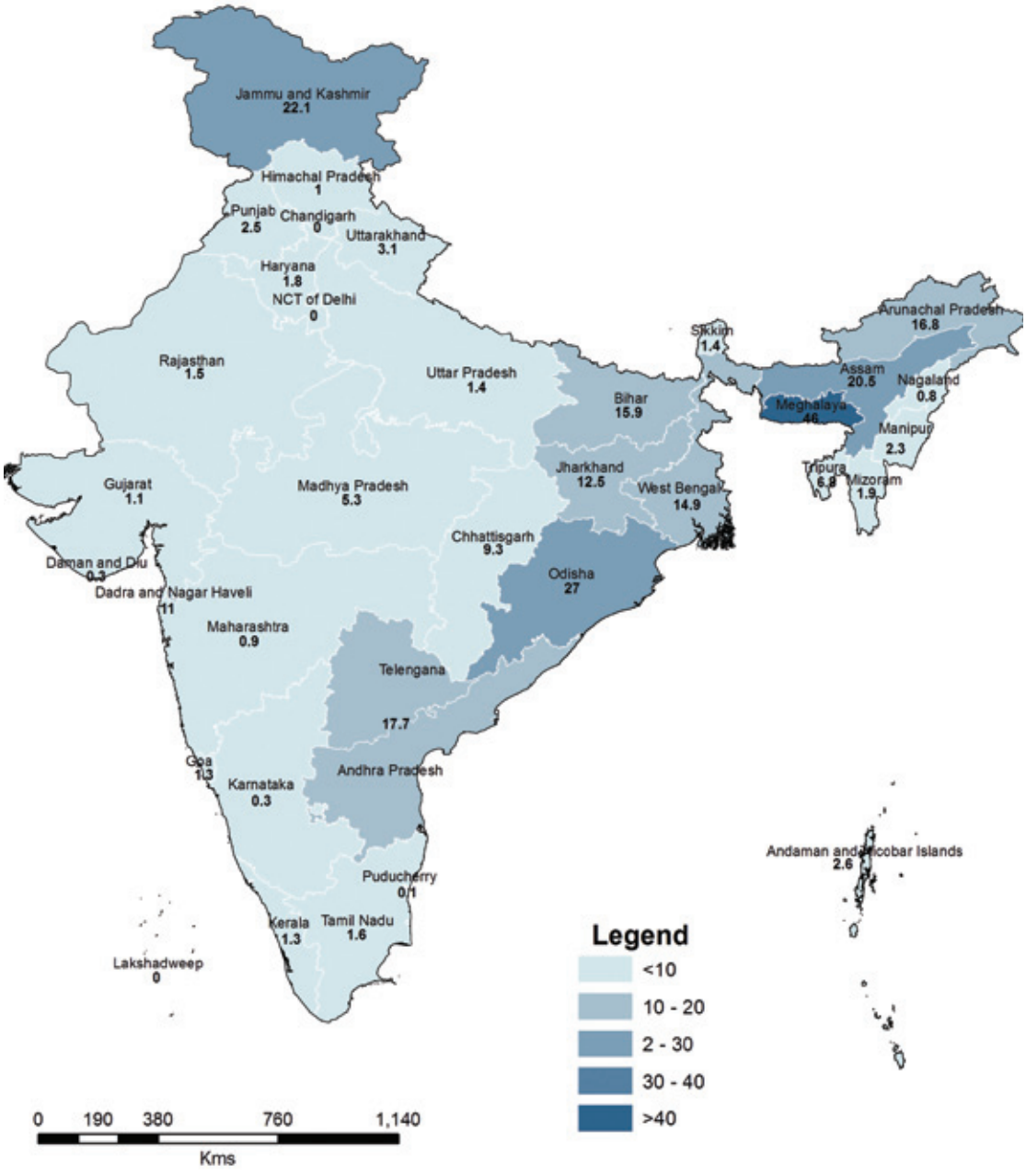
Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

Figure 4.18 Percentage of children (by enrolment) without access to drinking water facility



Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

Figure 4.19 Percentage of girls (by enrolment) without access to separate toilet facility



Source: An Overview of the Status of Drinking Water and Sanitation in Schools in India, 2012–13, UNICEF

in five states (Andhra Pradesh, Assam, Bihar, Odisha and West Bengal) would reduce the gap by 60 per cent.

4.4 Ambient environment—air pollution

The environment is one of the most critical contributors to the global toll of more than 10 million child deaths annually—as well as a very important factor in the health and well-being of mothers. More than three million children under five die each year from environment-related causes and conditions.[62] Unplanned growth in the cities has adversely impacted the air quality. Air pollution is a major environment-related health threat to children and a risk factor for both acute and chronic respiratory diseases.[63] Millions of children living in the world's largest cities, particularly in developing countries, are exposed to life-threatening air pollution two to eight times above the maximum World Health Organization (WHO) guidelines. More than 80 per cent of all deaths in developing countries attributable to air pollution-induced lung infections occur among children under five.[64]

Recently the Environment and Forest Ministry, Government of India stated air pollution to be one of the aggravating factors for many respiratory ailments and cardiovascular diseases. As per the data shared by the ministry more than 35,000 people have died due to Acute Respiratory Infections (ARI) across India in close to 10 years starting from 2006 to 2015. More than 26 million cases were reported every year during this period and 34.8 million cases came to light in 2014, which means more than 95,000 Indians of all ages report Acute Respiratory Infections (ARI) every day. Figures reveal that West Bengal reported the maximum number of ARI deaths, followed by Andhra Pradesh (along with Telangana), Uttar Pradesh, Madhya Pradesh, Karnataka and Delhi. These states also reported a relatively higher number of ARI cases. International studies have been indicating that India's air pollution could be exacting a far higher toll in human lives. A recent study published in Environmental Science and Technology journal claimed that foul air was killing up to 80 people a day in Delhi alone.[65] Similarly, findings of the 'Global Burden of Disease' (GBD) report noted that about 6,20,000 premature deaths had occurred in India from air pollution-related diseases in 2010. It ranked air pollution as one of the top 10 killers in the world, and the sixth most dangerous killer in south Asia.[66] A study on ambient air quality, respiratory symptoms and lung function

Table 4.2 Lung condition of children in 10–14 years age group

2373 children in 10-15 years age group tested in four metro cities				
	Delhi	Mumbai	Bengaluru	Kolkata
Number of children tested	735	573	503	562
% of children who passed the test	60	73	64	65
lung capacity (in %)				
Excellent	17	8	11	10
Good	19	26	17	30
Satisfactory	24	39	36	25
Bad	19	14	22	26
Poor	21	13	14	9

Source:http://timesofindia.indiatimes.com/home/environment/pollution/40-of-Delhi-schoolkids-fail-lung-capacity- test-Study/articleshow/47156480.cms

of children in Delhi done by Central Pollution Control Board emphasises that children are more susceptible to environmental pollutants than the adults. To substantiate this fact the study lists the following factors to explain the higher vulnerability of children to air pollution:[67]

- Children generally spend more time and are also more active outdoors than adults. They are active outdoors during midday when air pollution levels tend to be higher.
- Children have significantly higher oxygen demands so their respiration rates are higher and they inhale more air per unit of body weight than adults. Because of their smaller stature their breathing zone is lower, so they inhale air loaded with more particles.
- Diameters of their air passages are smaller and therefore more likely to be affected by inflammation produced by air pollution.
- Children's lungs are still developing and hence are more vulnerable to airborne particulates or pollutants.
- The efficiency of the detoxification system of the body develops in a time-dependent pattern. This in part accounts for the increased susceptibility of children at critical points of time.
- Children's immune defence is immature and hence less active against inhaled pathogens.

Damage to the respiratory system in children can be devastating and permanent and the adverse effects of

air pollution may be obvious in adult life owing to the long latent periods for several chronic diseases. Acute lower respiratory infection in childhood has been related to chronic cough in young adults, adult mortality from bronchitis and reduced lung function and increased bronchial reactivity. Children with chronic lung diseases are more susceptible than others. Malnourished children are more prone to bronchitis and pneumonia than normal-weight properly nourished children.[68]

As per a study conducted by HEAL Foundation and Breathe Blue in 2015 more than one third of school children in four big cities of India suffer from reduced lung capacity, with Delhi showing the worst results. The results of the study show the alarming impact of air pollution on the health of kids in urban India. In the survey, 2,373 children in Delhi, Mumbai, Bengaluru and Kolkata underwent a Lung Health Screening Test (LHST). The test determines how much air the lungs can hold, how quickly one can move air in and out of the lungs, and how well the lungs take oxygen in and remove carbon dioxide out from the body. The test can detect lung diseases and measure the severity of lung problems. Poor results in LHST mean compromised lung function and high possibilities of contracting pulmonary diseases. Of the 735 students who took the test in Delhi, 21 per cent were found to have `poor' lung capacity while another 19 per cent had `bad' capacity . This meant that 4 out of every 10 children screened in Delhi failed the test. Children in the three other cities surveyed were only marginally better off. In Bengaluru, 36 per cent (14% `poor' and 22% `bad') were found to have reduced lung capacity , followed by 35 per cent in Kolkata (9% `poor' and 26%`bad')[69] and 27 per cent in Mumbai (13%`poor' and 14% `bad'). The worst affected are children who commute in open vehicles like autos, rickshaws etc as they are more exposed to dust particles in the air. In Delhi alone, about 92 per cent children travelling in open vehicles fared 'poor' against 8 per cent who used closed vehicles like cabs and buses etc. Similar trends were noticed in Mumbai (open: 79%, closed: 21%), Bengaluru (open: 86%, closed: 14%) and Kolkata (open: 65%, closed: 35%).[70]

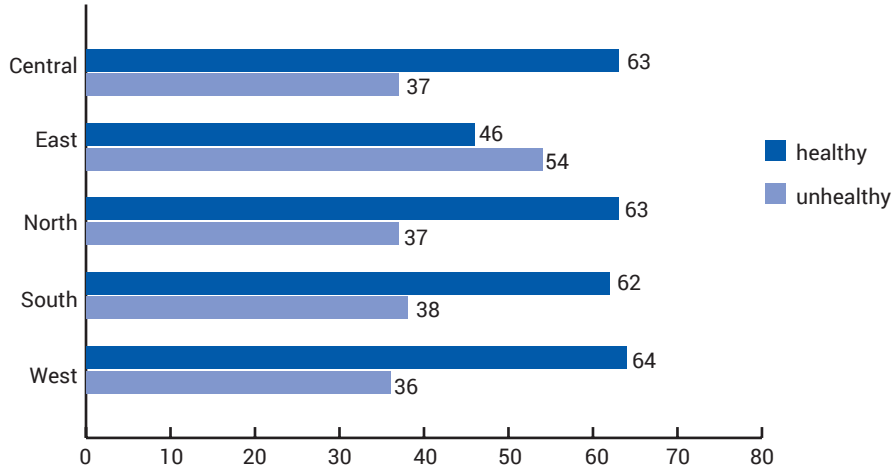
While outdoor pollutants are known risk factors for respiratory infections, indoor air pollution from solid fuels is one of the major contributors to the global burden of disease. In poorly ventilated dwellings, indoor smoke can be 100 times higher than acceptable levels for small particles. Exposure is particularly high among women and young children who spend the most time near the domestic hearth.[71] This is a particularly a major concern for Indian cities where a substantial proportion of urban growth is happening in unplanned, congested and overcrowded areas like slums and unauthorised colonies. Though lately much awareness has been generated in Indian cities, concerning the ill effects of rising outdoor air pollution especially on children, the same hasn't been achieved in the case of indoor air pollution. Dearth of data on the extent of prevalence of indoor air pollution and its impact on health is a major limitation for establishing the adverse impacts of indoor air pollution on the health of children.

4.5 Access to play spaces in urban areas

Play, both spontaneous and organised, is an important component of healthy development. When children play, they reap the benefits of physical exercise, develop advanced motor skills and find relief from stress and anxiety. Play also promotes children's cognition, creativity and socialisation. World Health Organisation (WHO) recommends at least one hour of daily physical activity for children aged 5–17. However, the current urban scenario has led to deprivation of such play experiences for children due to factors such as lack of accessibility to playgrounds, lack of availability of play grounds in the vicinity of housing areas, safety issues and lack of proper play equipment. Also, the increasing need for parking facilities has eventually reduced children's play areas by substantially reducing the open areas within neighbourhoods. Traditionally neighbourhood streets were versatile spaces that served as play areas for children and public spaces for adults have now become congested due to increased use for parking. Converting open areas to parking lots is a common phenomenon in Indian cities where the various aspects of city design are increasingly focused around automobiles rather than people.

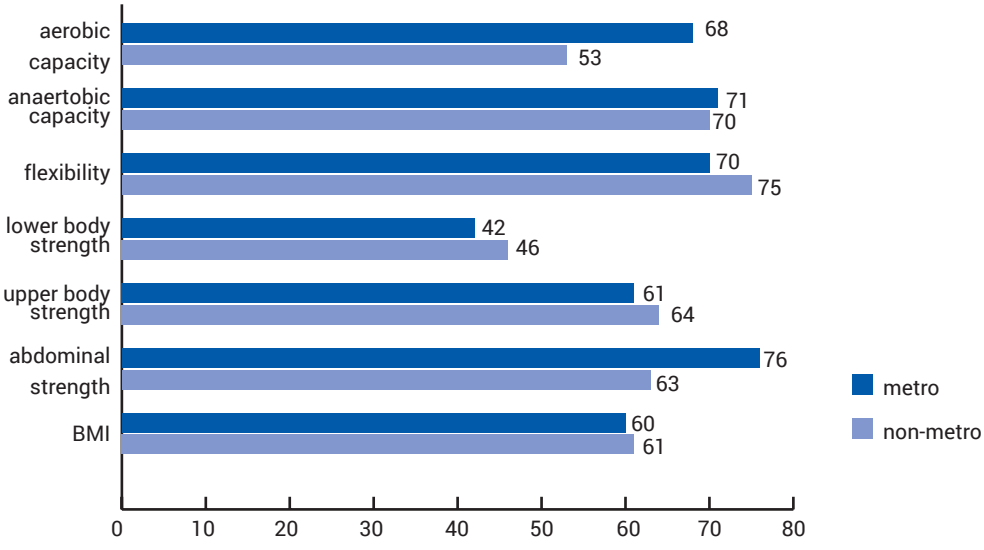
Studies show that lack of physical activities adversely affects the helath of children. An annual School Health and Fitness survey done by Edu Sports covering 1,15,559 students across 287 schools in 85 cities in 23 states reveals that 40 per cent of children don't have healthy Body Mass Index (BMI) levels and 40 per cent children don't have required endurance levels. The survey was built into the co–scholastic curriculum of schools during

Figure 4.20 Percentage of urban children as per Body Mass Index (BMI) in different geographic locations



Source: http://www.edusports.in/images/5th_Annual_Health_Fitness_Survey.pdf

Figure 4.21 Percentage of urban children as per fitness parameters

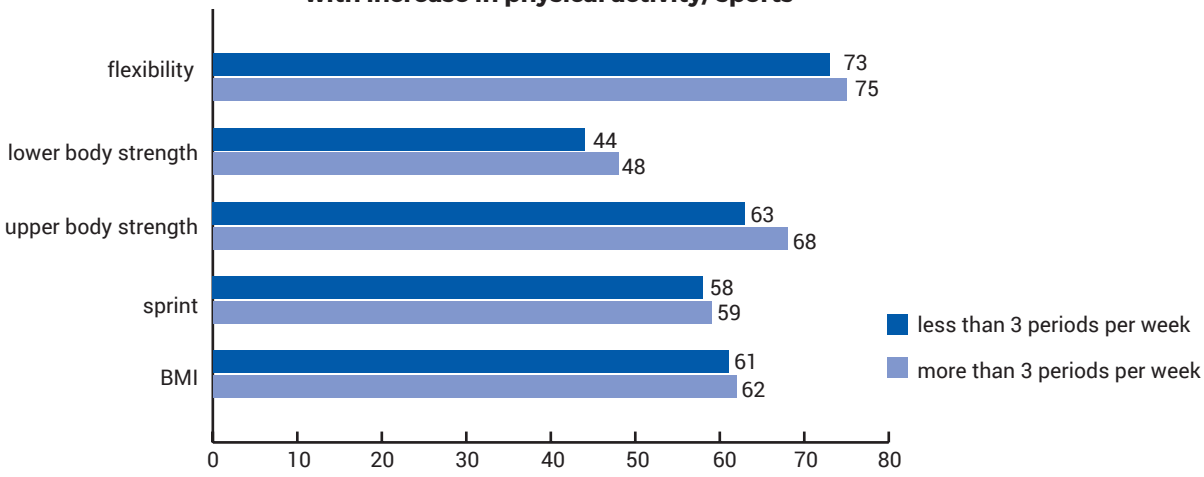


Source: http://www.edusports.in/images/5th_Annual_Health_Fitness_Survey.pdf

the academic year 2013–2014 and involved assessments of key health and physical fitness parameters such as anaerobic capacity, flexibility, lower and upper body strength and BMI among others. The survey reveals that the current generation of school children in India, regardless of age group or gender, seem to be heading towards an unhealthy future with health and fitness levels lagging far behind the required level. In a comparative study between boys and girls it was found that 65 per cent of girls have healthy BMI scores compared to 59 per cent of boys. However, girls score lower than boys in other fitness parameters (anaerobic capacity, flexibility, upper body strength and abdominal strength), which indicates that they are still short on overall fitness.[72]

The study also reveals that non-metros score higher than metros in terms of BMI levels and fitness parameters. Children in non-metros demonstrated better flexibility (75% in non-metros and 70% in metros), had good upper body strength (64% in non-metros and 61% in metros)

Figure 4.22 Percentage of urban children as per variation in fitness parameters with increase in physical activity/ sports



Source: http://www.edusports.in/images/5th_Annual_Health_Fitness_Survey.pdf

and a marginal overall BMI score (61% in non metros and 60% in metros).

The second part to the survey, which involved recording the changes seen in the parameters after a controlled, structured physical education/sports programme was administered to a sub-group of over 27,918 children from 116 schools in 34 cities across India. The children went through a structured sports programme spread over 24 months and experienced 2 to 4 sessions of structured sports/physical activity per week. Schools which followed structured activity showed significant improvement across fitness parameters, including anaerobic capacity, flexibility, upper body strength and abdominal strength. The schools which gave more than three classes per week for students showed a significant higher fitness level as compared to schools with less than two classes per week.[73]

Facilitating play can counteract increasing rates of obesity and overweight among children, which are related not only to changes in diet but also to a sedentary lifestyle reinforced by the loss of recreational opportunities. In urban settings, public play spaces can help mitigate the effects of overcrowding and lack of privacy in the home and may enable children to mix with peers of different ages and backgrounds, laying the foundation for a more equitable society. A large body of evidence shows that exposure to trees, water and the natural landscape benefits children's physical, mental and social well-being. Cities need to create better opportunities for children to participate in physical activities by providing safe and accessible spaces for recreation and designing neighbourhoods, streets and outdoor spaces that encourage active transportation, including walking and cycling.[74]

4.6 Urban risks

4.6.1 Safe mobility

Road traffic injuries claim a disproportionate number of young lives in India. Nationally, the young population (till 24 years) constitutes 40 per cent of the victims, other than motor vehicle drivers. In 2012, about 5,879 children in the age group 0–14 years and about 26,709 young adults in the age group 15–24 years were victims of road accidents. A study done by Centre for Science and Environment, New Delhi on road accident risk and accident hotspots in Delhi reveals that about 16 people die and 58 are injured every hour due to road accidents. This death rate is equivalent to wiping out about 40 of the population of a small nation like Maldives in a year. As per this study, Delhi has the highest number of fatal accidents among all cities, with five deaths per day. 11 per cent of the global road injury deaths occur annually in India. Over the last two decades, while the total number of accidents and injury shows only a small downward dip, fatalities have increased very sharply. The proportion of fatal accidents in total road accidents is up from 18 per cent in 2003 to 25 per cent in 2012. The brunt of this harsh fate falls on the very large number of people cycling and walking on the city's roads, as well as those who use

public transport.[75] Apart from road safety, the lack of safe transport to school is a major concern for children in urban areas. At least 12 children were severely injured and others suffered minor injuries in July 2015 after a school bus carrying around 30 students overturned near Kashmiri Gate in Delhi when it was speeding down the ISBT flyover.[76] In one of the worst disasters, 19 students were killed and some 20 were injured when their school bus was smashed by a speeding train at an unmanned rail-road crossing in Telangana in July 2015. Cramped autos, cabs and buses ferrying students squeezed into the vehicle along with their schools bags is a common sight in Indian cities. The most common violations are overloading, over–speeding by school bus, reckless driving by the bus driver etc. Children living in urban poor communities are exposed to heightened risk as they have to walk through insecure areas to reach school or work.

Most streets in Indian cities are by and large designed around the scale of an able adult and give priority to automobiles. The lack of pedestrian facilities such as properly designed foot paths, pedestrian crossings, street lights, adequate shading have deprived children, especially the differently–abled, safe access to a majority of these streets. With automobiles dominating streets, it has become increasingly risky for children to bike, walk or play outside. In order to be child friendly it is imperative for cities to be designed in a way that reduces risk to children. While planning cities it is necessary not only to ensure safe mobility of children within their community but also create universally accessible street networks that allow independent and safe mobility of differently–abled children. Universally accessible design offers an excellent parallel to the notion of child-friendly urban planning as it caters to those users who may have more difficulty but ultimately benefits users across the spectrum.[77] Cities that have universally accessible street networks and public spaces can improve mobility for everyone, regardless of physical ability or age—pregnant women, parents walking with young children, families walking with strollers carrying young children.

4.6.2 Crime against children

Child offence issues are multifarious—ranging from physical and mental abuse, trafficking and exploitation for labour, organ sale, sexual abuse. As per the Crime in India–2013 Compendium released by National Crime Records Bureau, Ministry of Home Affairs, Government of India, a total of 58,224 cases of crimes against children were reported in the country during 2013 as compared to

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Table 4.3 Incidence of crime against children in 2011, 2012 and 2013

	2011		2012		2013	
CRIME HEAD	NUMBER	%	NUMBER	%	NUMBER	%
Murder	1451	4.4	1597	4.2	1657	2.8
Infanticide	63	0.2	81	0.2	82	0.1
Rape	7112	21.5	8541	22.4	12363	21.2
Kidnapping and abduction	15284	46.2	18266	47.9	28167	48.4
Foeticide	132	0.4	210	0.6	221	0.4
Abetment of suicide	61	0.2	144	0.4	215	0.4
Exposure and abandonment	700	2.1	821	2.2	930	1.6
Procuration of minor girls	862	2.6	809	2.1	1224	2.1
Buying of girls for prostitution	27	0.1	15	0.0	6	0.0
Selling of girls for prostitution	113	0.3	108	0.3	100	0.2
Other crime (including prohibition of child marriage Act 2006)	7293	22.0	7580	19.9	13259	22.8
TOTAL	33098		38172		58224	

Source: Crime in India-2013 Compendium, National Crime Records Bureau, Ministry of Home Affairs

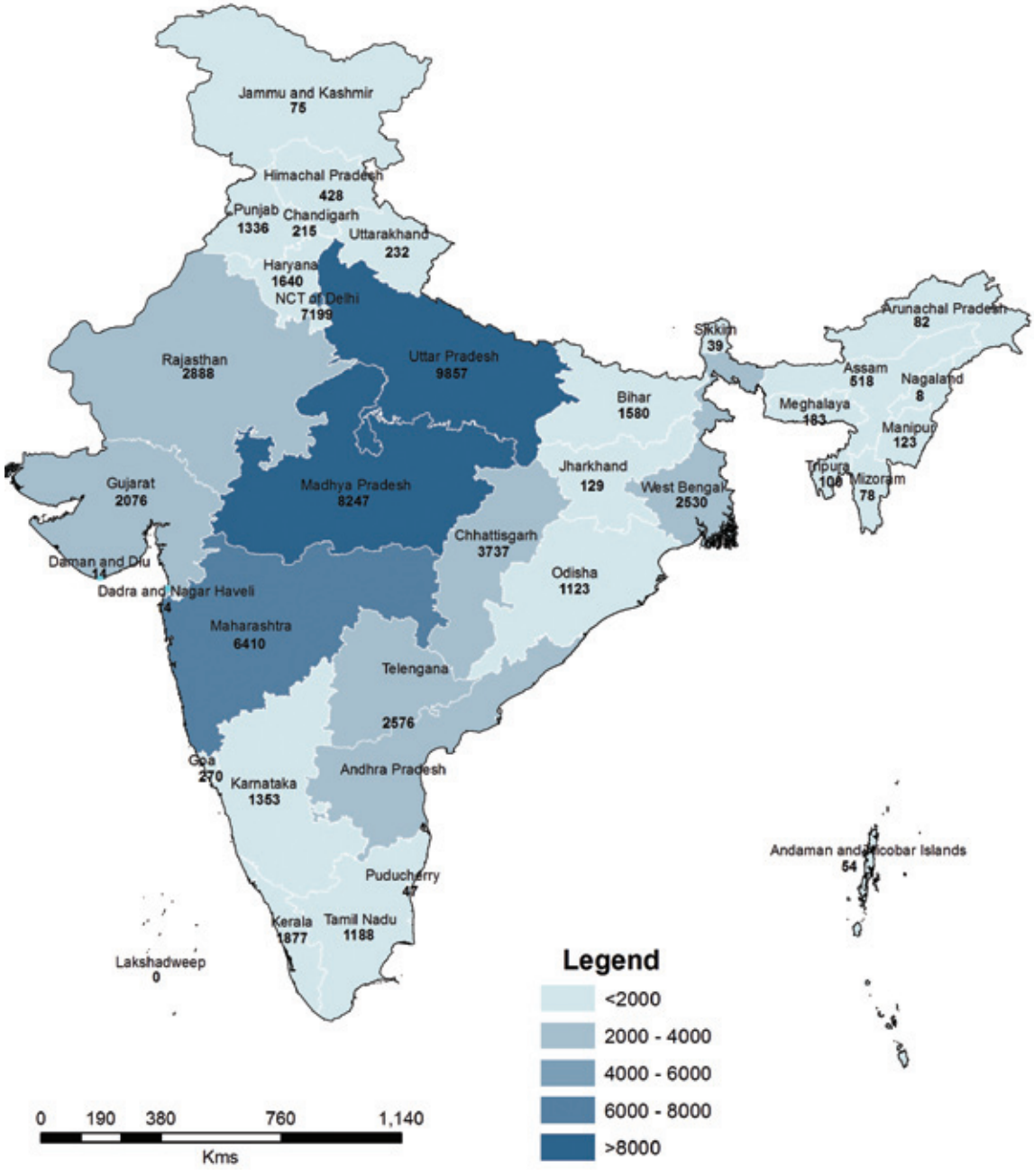
38,172 cases during 2012, showing an increase of 52.5 per cent. The age of child has been defined to be below 18 years as per the Juvenile Justice (Care and Protection of Children) Act, 2000. Thus the report has taken into account offences committed on a victim under the age of 18 years as crime against children for the purpose of analysis.

In 2013, Uttar Pradesh accounted for the highest percentage of total crimes committed against children (16.9%) reported in the country followed by Madhya Pradesh (14.2%), Delhi (12.4%) and Maharashtra (11.0%), Chhattisgarh (6.4%) and Rajasthan (5.0 %).[78]

During 2013 the crime rate (incidence of crimes committed against children per one lakh population of children) was 13.2 at national level. The crime rate was highest in Delhi (132.3) followed by Chandigarh (55.6), Goa (53.3), Andaman & Nicobar Islands (40.6), Chhattisgarh (37.7) and Madhya Pradesh (27.8) as compared to the national average of 13.2.[79]

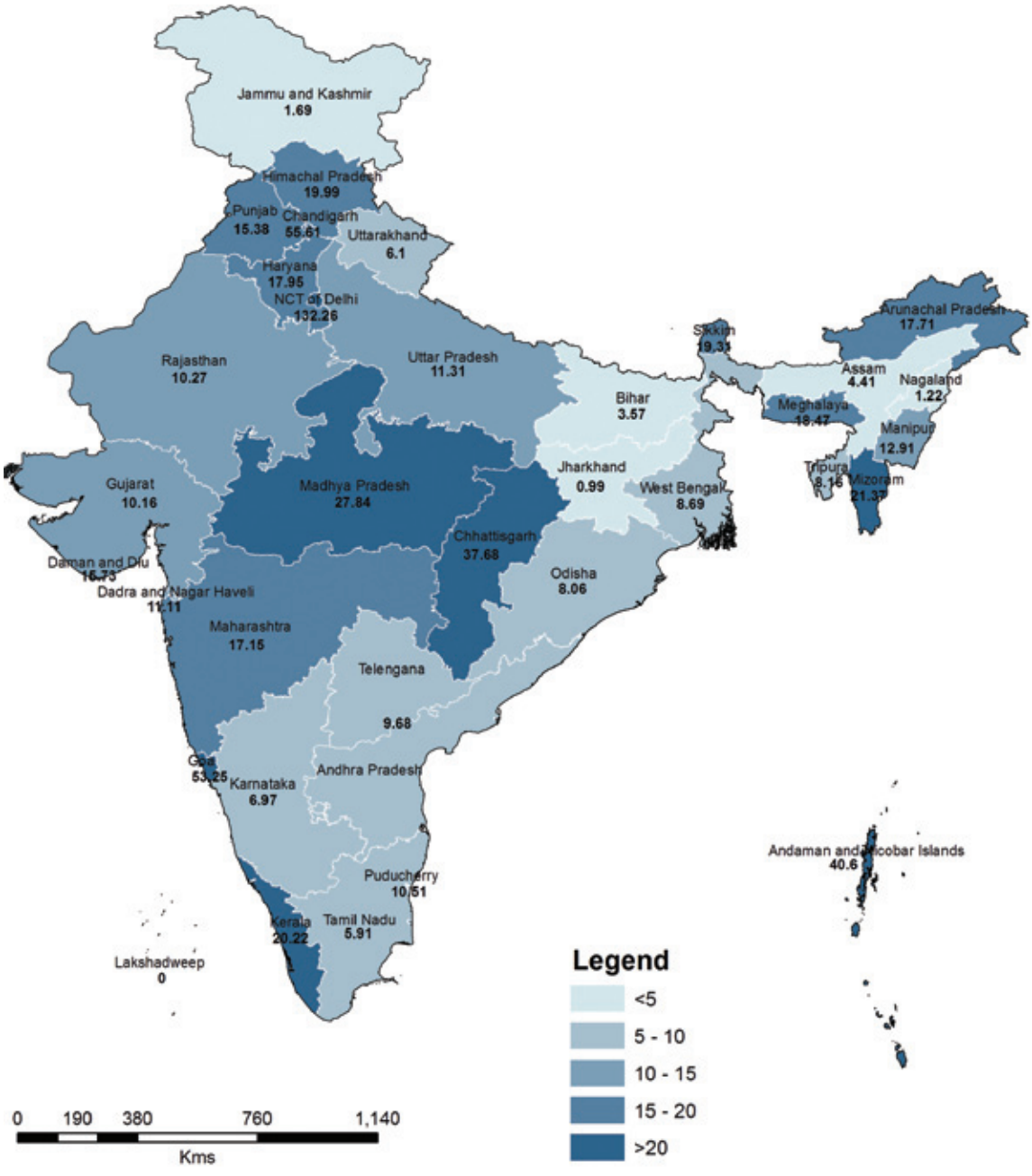
To ensure safety and security of children the Integrated Child Protection Scheme (ICPS) was introduced in 2009 by Government of India. Child Protection being a neglected area so far, the availability of persons trained and sensitised regarding children's issues in general, and protection in particular, is limited both in the government and voluntary sector. Though ICPS seeks to fill this gap through the service delivery structures under the scheme at state and district levels and training of other protection personnel through them, procedural delays in states have resulted in these not being set up in several states, as well as in the appointment of requisite staff needed for proper planning and implementation. The existing personnel, who are in any case appointed only on an additional charge basis, are not sensitive towards children's issues. The State Child Protection Societies have not yet been set up by Kerala, Maharashtra, Himachal Pradesh, Goa, Arunachal Pradesh, Meghalaya, Uttarakhand, Andaman & Nicobar Islands, Dadra and Nagar Haveli, Daman and Diu, and Puducherry. Staff has been recruited by five states only, out of which two have recruited staff partially. Further, members of many Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs) are also not adequately trained and sensitised, thus resulting in lack of an understanding of issues and procedures and undue delays in decision–making. Low priority given by states/UTs to child protection has resulted in lack of willingness to commit funds for ICPS. This is compounded by non-availability of adequate staff and thus, there are delays in submission of financial proposals by states. Furthermore, state governments are taking anywhere between four months to a year to

Figure 4.23 Incidence of crime against children during 2013



Source: Crime in India-2013 Compendium, National Crime Records Bureau, Ministry of Home Affairs

Figure 4.24 Rate of crime against children during 2013



Source: Crime in India-2013 Compendium, National Crime Records Bureau, Ministry of Home Affairs

release funds to State Child Protection Societies even after release of grants from the centre. During the course of implementation of the scheme it has emerged that the financial norms for maintenance of children, staff salaries, construction etc. under all components are too low. This has also hampered improvement in quality of services and in appointment of qualified personnel. The norms, therefore, require immediate revision to enable better implementation.[80] Providing a protective environment to every child is the foundation for ensuring realisation of the rights of children. To negate the root causes of exclusion and exploitation of children, it is necessary to facilitate mind-set changes and address deep–rooted social norms and traditions that violate the rights of children.

4.6.3 Children and disaster risk reduction

In India 85 per cent of the land is vulnerable to one or multiple hazards. About 60 cities with a population exceeding half a million are located within earthquake zones III, IV and V. Among the global cities facing the highest climate change risk in the coming decades, Indian metropolis Kolkata is ranked seventh, Mumbai eighth and Delhi twentieth.[81] For the children in Indian cities, natural disasters are a near certain death warrant. In the face of a disaster, children are among the most vulnerable and susceptible to injury and death. More than 50 per cent of those affected by natural disasters worldwide are children. Between 2000 and 2009, 8.45 million children under five years of age were affected by disasters in India, every year. During the unexpected floods that affected Kashmir in September 2014 around 10 million people experienced large–scale inundation, which included about 4.25 million children. The flood indirectly affected around 3.43 million children and severely impacted approximately 0.82 million children.[82] Vulnerable locations and the increasing concentrations of people and enterprises can make cities especially dangerous. The proximity of residential to industrial areas, the lack of space for evacuation, poor drainage, the potential for the rapid spread of communicable disease due to high population density—all of these factors can intensify disaster risk.[83]

Though all children are vulnerable in emergencies, certain realities place those living in poor urban areas at special risk. Disasters take a particular toll on underprivileged urban residents because of where they live, and also because they are inadequately served and ill–equipped to prepare for or recover from extreme events. The poorest urban populations and their children make their homes wherever they can find land or afford rent within reach of work: often in congested slums or informal settlements on flood plains or steep slopes, under bridges or on sites close to industrial waste. Children are at high risk in such locations, as they seldom have access to information or the protective infrastructure—storm drains, sewer systems, sea walls or paved roads —that can help people withstand extreme events. Homes are often built from flimsy materials that cannot stand up to high winds, mudslides, rushing water or earthquakes. In poor urban areas, failures in development contribute to disasters, and disasters, in turn, undo or undermine development gains—deepening poverty and further widening the social and health gaps separating poor from rich. Existing poor health and nutrition can increase disaster risk for children, hamper recovery and, if not addressed in the emergency response, leave children more vulnerable to future shocks.[84] Despite this majority of disaster risk reduction programmes in urban areas fail to specify the particular risks faced by children, specially the vulnerable section—infants, younger children, children living in slums, homeless children, differently–abled children. The 2015 Chennai floods exposed fatal flaws in the city administration: the complete lack of ward-level data on vulnerable populations such as children, pregnant women, senior citizens. Such data was essential to locate households with vulnerable people to expedite the rescue and relief operation.[85]

Another major aspect of disaster risk reduction is designing safe schools. In recent years, schools in India have witnessed many catastrophic incidents: a fire led to the deaths of over 400 people: about half of them students—at a school's prize giving ceremony in Dabwali, Haryana in 1995; In 2001 a total of 31 teachers died and 95 were injured; 971 students perished and 1,051 were injured in the Bhuj earthquake, Gujarat. Formal education was disrupted due to widespread damage to physical infrastructure. Many of the buildings collapsed and many others were declared unfit for use. Many of these buildings were poorly constructed, lacked earthquake resistant features and lacked maintenance. A fire at the Lord Krishna School in Kumbakonam, Tamil Nadu, took the lives of 94 children in 2004.[86] In India, where schools are often unprepared to respond to emergencies, attention needs to be accorded and support given to efforts targeting school children and youth with the aim of making them more aware of the threat of hazards and of the need and possibility of becoming better prepared for disaster. Towards this end, Government of India has approved a National

School Safety Programme—a Demonstration Project to be implemented by National Disaster Management Authority (NDMA) in partnership with the Ministry of Human Resource Development (MHRD), State/UT Governments, national and international agencies in 43 districts of 22 states/UTs of the country falling in seismic zone IV & V.[87] This programme is being implemented in 8600 schools in 43 districts of 22 states , i.e. Jammu & Kashmir, Haryana, Meghalaya, Manipur, Himachal Pradesh, Gujarat, Assam, Nagaland, Punjab, Chandigarh, Rajasthan, Arunachal Pradesh, Sikkim, Delhi, Tripura, Uttarakhand, Bihar, Mizoram, Andaman & Nicobar, West Bengal, Uttar Pradesh and Maharashtra. This is a demonstration project to promote a culture of safety in schools by initiating policy level changes, capacity building of officials, teachers, students and other stake holders by undertaking information, education and communication activities, promoting non–structural mitigation measures and demonstrating structural initiatives in a few schools.[88]

4.7 Conclusions

Children whose needs are greatest are also those who face the greatest violations of their rights. They require particular attention not only in order to secure their entitlements, but also as a matter of ensuring the realisation of everyone's rights. Inadequate living conditions are among the most pervasive violations of children's rights. Yet, the attention devoted to improving living conditions of children has not matched the scope and severity of the problem.[89] It is a well known fact that significant proportions of the built environment in Indian cities are unfit for the most sensitive and vulnerable inhabitants—children, especially the disadvantaged and the differently-abled; this is compounded by the lack or absence of data that co-relates the impact of the built environment on the growth and development of children. Though data is available on the condition of housing and supporting infrastructure like water supply, sanitation and transport etc, very little data is available concerning the impact of living conditions on urban children. This chapter establishes the fact that poor urban planning has immensely failed urban children of various age groups and social strata. While certain sections of children are becoming obese due to a sedentary life style reinforced by lack of physical activity, within the same city there are marginalised children who are deprived of their right to play because of the absence of safe play areas or open spaces in or around their impoverished and dense neighbourhoods. Although recent disasters such as the

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flash floods in Jammu Kashmir, Chennai floods, Bhuj earth –quake some years back etc. have established beyond doubt that children are hardest hit during a disaster, the majority of the disaster risk reduction programmes in urban areas still do not specify the particular risks faced by children, specially the vulnerable sections. This is primarily because the needs of children (apart from provision of schools and to some extent play parks) are considered a mere after thought in the decision making and urban planning frameworks. Urban decision making and governance on issues such as road safety, land use and air quality can have direct and adverse effects on the lives of both current and future generations of children. Children's rights to have their views taken into account in all matters affecting them are also enshrined in the US Convention on the Rights of the Child which India is a signatory to; nevertheless, children are rarely invited to take part in decisions informing urban planning and design.[90]

The current urban development scenario has immensely restricted the mobility of children across all age groups and strata. Though traditional neighbourhoods were more sensitive towards the needs of children, women and senior citizens, currently cities, and communities that are increasingly being planned, first around the scale of the automobile, and second around the scale of adult and able men and women have to a great extent excluded the needs of these sensitive groups. By excluding children, cities have left out the best of humanity.[91] This is very much evident in the fact that cities like Bhubaneswar that was traditionally a walk–able city and Chandigarh which was planned with cycle tracks around the city have seen an unprecedented increase in vehicular ridership and the currently unsafe streets have immensely discouraged the use by pedestrians and cyclists. At one end of the spectrum children from well-off neighbourhoods are spending sizable amounts of time being driven in cars from one place to another and at the other end, children from impoverished neighbourhoods often walk through hazardous areas and unsafe streets to go to school. The situation is particularly precarious for the differently–abled children who have been robbed of opportunities in all aspects of urban life as their mobility is severely restricted due to dearth of universal accessibility. Lack of access to public transport systems, poorly designed traffic crossings and streets that hinder safe and independent movement, and lack of parks or play areas that are easily and universally accessible are only some of the challenges faced not only by differently–abled children but by all children living in urban areas.

PHOTO CREDIT: HUMARA BACHPAN CAMPAIGN

The consequences of poor urban planning have adversely impacted all sections of society, but the magnitude of impact on children is significantly higher as they are still at a growing stage. Cities need to put children at the heart of the planning and decision making framework to make cities more liveable. The best cities in the world have a walk–able, relatable scale which unvaryingly caters to the needs of all age groups—children, adults and elderly. They tend to be safer, more accessible, and more culturally rich. They give the inhabitants greater opportunities for social interaction, as well as chance encounters and educational opportunities. By providing an infrastructure and facilities for the most sensitive and vulnerable sections, cities can actually usher in greater opportunities across multiple demographic segments.[92]


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5. Meeting the challenge of urbanisation—towards child friendly cities

Following the status of education, health, nutrition and living conditions of urban children in the previous chapters, this chapter highlights examples of efforts made to improve the living conditions of all children and foster their rights. The initiatives showcased illustrate that it is possible to fulfil commitments to children—but only if all children receive due attention and investment. This chapter identifies broad policy actions and legislative frameworks that have been implemented to improve the urban realities that confront children.

5.1 International initiatives

5.1.1 United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC was the first international treaty to state the full range of civil, political, economic, social and cultural rights belonging to children. Legally binding on state parties, the convention details universally recognised norms and standards concerning the protection and promotion of the rights of children—everywhere and at all times. The convention emphasises the correlation and interdependence of children's human rights. Across its 54 articles (details given in annexure I) and two Optional Protocols, it establishes a new vision for children—one that combines a right to protection through the state, parents and relevant institutions with the recognition that the child is a holder of participatory rights and freedoms. This broad adoption demonstrates a common political will to protect and ensure children's rights, as well as a recognition that children in all countries, living in exceptionally difficult conditions, need special consideration. The values of the UNCRC stem from the Geneva Declaration of the Rights of the Child (1924), the Universal Declaration of Human Rights (1948), and the Declaration of the Rights of the Child (1959).[93] The convention has changed the way children are viewed and treated—i.e. as human beings with a distinct set of rights instead of as passive objects that require care and charity. The four core principles of the UNCRC—non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child—apply to all actions concerning children. The Convention on the Rights of the Child is the most rapidly and widely ratified international human rights treaty in history. The unprecedented acceptance of the convention clearly shows a wide global commitment to advancing children's rights.[94]

5.1.2 Child–friendly Cities Initiative (CFCI)[95]

The Child–friendly Cities Initiative launched by UNICEF and the United Nations Human Settlements Programme (UN-Habitat) in 1996—is the first multi–stakeholder partnership to put children at the centre of the urban agenda. Coinciding with increasing decentralisation and as part of efforts to strengthen governance, CFCI taps into the wider acceptance of community participation in decision-making to promote local accountability for children's rights. The international secretariat of CFCI has identified nine principal building blocks for local administrations aiming to become child–friendly:

1. Child participation at all stages of planning and implementation
2. Child-friendly legislation
3. A child rights strategy
4. A coordinating mechanism or agency for children
5. Assessment of policy and programme impact on children
6. Budget and resources for children
7. A regular report on the state of children in the city
8. Awareness-raising and capacity building on child rights
9. Independent advocacy for children.

The Child–friendly Cities approach has been adapted for diverse contexts: while in high-income countries, the focus has been largely on urban planning, safe and green environments and child participation, low-income countries have tended to prioritise service delivery in health, nutrition, education and child protection. The Child–friendly Cities Initiative has generated some effective models for involving children in the governance and development of their communities. In essence, cities aspiring to be 'child-friendly' commit to implementing the principles of the Convention on the Rights of the Child through inclusion of a strong participatory approach and mainstreaming of children's rights in budgets and policies. Tracking improvements in child well-being over time is an important component of the initiative. It has become apparent that traditional assessment methods are not always sufficient to reveal the extent of differences in child well-being across neighbourhoods within a city. Rigorous monitoring and evaluation, with children and communities playing a greater part in collection and ownership of data, are necessary to ensure equitable progress. To address these needs, the Child–friendly Cities and Communities Research Initiative led to the development of a set of indicators and tools to assemble a wider range of disaggregated data, enabling more meaningful community engagement in local planning processes. The methodology is based on the experience of nine countries representing a variety of geographic, socio-economic and cultural contexts: Brazil, the Dominican Republic, France, Italy, Jordan, Morocco, the Philippines, Spain and the Sudan. Many towns and cities formed children's councils as a way to involve children in governance.

5.1.3 Sustainable Development Goals

For 15 years, the Millennium Development Goals (MDGs) were a guiding force on many issues affecting the lives of children, young people and their families. Over this time, tremendous progress was made in reducing preventable child deaths, getting more children into schools (including both girls and boys), reducing extreme poverty, and in ensuring that more people have access to safe water and nutritious food. However, progress has been uneven and many pressing issues including addressing inequalities, promoting inclusive economic growth, protecting children from violence, and combating climate change were not adequately covered in the MDGs. With the passage of the new Sustainable Development Goals (SDGs) in September of 2015, world leaders have set forth a course for the next era of human development that is transformational for both people and the planet.[96] There can be no sustainable development, prosperity or peace without equity—a fair chance for every child. If the most disadvantaged children do not have a share in progress, it will not be sustained. This new agenda presents a historic opportunity to advance the rights and well-being of every child, especially the most disadvantaged, in order to secure a healthy planet for today's children and future generations. The SDGs consist of 17 goals and 169 targets. Although not all of them reference children, the majority are relevant to children's lives. Taken together, the goals amount to a holistic approach to meeting children's needs, protecting them from harm and securing their environments.[97]

- Actions taken to safeguard oceans and ecosystems, create sustainable cities, invest in energy and infrastructure bolster institutions and forge partnerships that will shape children's lives and the world. In order that children may inherit a healthier planet, the SDGs call for integrating climate change policies into national strategies and plans and ensuring access to affordable, reliable and modern energy services for all by 2030.
- Many of the new goals address the most imminent dangers faced by children today. **Violence** threatens the lives and futures of millions of children and impacts the social fabric of communities and nations. Elevating protection against violence—including abuse, exploitation and trafficking—on the international agenda is one of the focus areas of the SDGs.
- Some goals draw direct attention to the things without which children cannot survive, thrive and make the most of their potential, such as food, health care, clean water, education and job prospects. The goal on **nutrition** calls for an end to malnutrition, which threatens children's lives and undermines their health, physical growth and education and in turn has a bearing on their future.
- The goal on **health** addresses the risks children face throughout their life cycle, from under-five mortality to non-communicable diseases. The focus on social determinants and the need to strengthen health systems and social safety nets refers to the factors that affect the health of the most disadvantaged.
- The goal on **water and sanitation** continues with the aim of providing universal and equitable access, with special attention to the needs of women and girls and vulnerable people. Although many children do not attend school, many others spend years in the classroom failing to learn any basic skills.

- The goal on **education** addresses access to learning opportunities and the quality of schooling. It adds early childhood learning to the agenda—a development milestoneand aiming to ensure accessible education for all children, whether girl, boy, disabled, indigenous or living in a vulnerable situation.
- The goal on **economic growth and employment** calls for a global strategy to ensure work opportunities for young people. It aims to end child labour, especially in hazardous forms, including recruitment and use of child soldiers—a critical addition to the global development agenda.
- Goals addressing **poverty, inequality and gender discrimination**, all of which harm children and impact their potential. The goal on **poverty** recognises the universal scope and many dimensions of the problem and urges countries to develop and strengthen social protection systems. Acknowledging that the poorest children are not getting a fair chance and that discrimination based on factors like ethnicity or geographic location can reinforce poverty across generations, the goal on **inequality** calls on countries to enact policies that narrow the gaps between rich and poor and to dismantle ones that exclude groups of children from societies, politics and economies. Given that many girls still face discrimination, the goal on Gender Equality provides strong targets on empowerment, discrimination and ending practices such as child marriage and female genital mutilation.

5.2 National initiatives

As India is one of the signatories of UNCRC, it has a legislative framework constituting of several constitutional provisions, legislations and also national policies with provisions that cover the interests and benefits of children. Some key policies and legislative provisions are listed in the following sections.

5.2.1 Constitution of India[98]

Although the Indian Constitution predates the UNCRC, it encompasses a majority of the rights included in the UNCRC under the Fundamental Rights and Directive Principles of State Policy. Constitutional guarantees that are specific to children include:

- Right to free and compulsory elementary education for all children in the 6–14 year age group (Article 21 A)

- Right to be protected from any hazardous employment till the age of 14 years (Article 24)
- Right to be protected from being abused and forced by economic necessity to enter occupations unsuited to their age or strength (Article 39(e))
- Right to equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity, and guaranteed protection of childhood and youth against exploitation and against moral and material abandonment (Article 39 (f))
- Right to early childhood care and education to all children until they complete the age of six years (Article 45).

Besides, children also have rights as equal citizens of India, just as any other adult, male or female, such as:

- Right to equality (Article 14)
- Right against discrimination (Article 15)
- Right to personal liberty and due process of law (Article 21)
- Right to being protected from being trafficked and forced into bonded labour (Article 23)
- Right of minorities for protection of their interests (Article 29)
- Right of weaker sections of the people to be protected from social injustice and all forms of exploitation (Article 46)
- Right to nutrition and standard of living and improved public health (Article 47).

Directive Principles of State Policy guiding state action in matters relating to children specifically mention that the state shall take necessary measures to: protect people from being abused and forced by economic necessity to enter occupations unsuited to their afe or strength (Article 39 (e))

- Provide equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guarantee protection of childhood and youth against exploitation and against moral and material abandonment (Article 39(f))
- Provide early childhood care and education to all children until they complete the age of six years (Article 45)
- Protect the weaker sections of the people from social injustice and all forms of exploitation (Article 46)
- Provide nutrition and standard of living and improved public health (Article 47).

5.2.2 Legislations and Rules[99]

The constitutional guarantees listed above are implemented through several state and national legislations. The key legislations and legal provisions that have a bearing on children's rights include 48 special and local laws and about 60 provisions dealing with various crimes, punishments and procedures as contained in the Indian Penal Code, the Criminal Procedure Code and the Indian Evidence Act. There are also many state specific legislations and rules as well as judicial precedences set through case law.

Children's issues are part of the concurrent list or the state list appended to the Constitution of India. Hence, on a majority of issues related to children, the states can frame their own legislations and policies. Even for central legislations and policies that govern children, the states have to frame their own rules to implement the same. Rules that have been framed by the central government for certain central legislations under the policy framework are outlined below.

5.2.3 Policy Framework

National Policy for Children, 1974 This was the first policy document addressing the needs and rights of children in India. The National Policy for Children recognised children as a supremely important asset to the country. The goal of the policy was to take steps in ensuring the constitutional provisions for children and implementation of the UNCRC principles. It outlined the various services to be provided by the state for complete development of a child, before and after birth and throughout a child's period of growth.[100] The National Policy for Children, 1974 recognised that programmes for children should find prominent place in national plans for the development of human resources, so that children grow up to become robust citizens, physically fit, mentally alert and morally healthy, endowed with the skills and motivations provided by society. The policy also laid emphasis on equal opportunities for the development of all children during the period of growth. Since the formulation of this policy the government has adopted two National Plans of Action for Children, dated 1992 and 2005 and also a National Charter for Children, 2003.

A National Plan of Action for Children (NPA) was released in August 1992 following which India acceded to the UN Convention on the Rights of the Child in December 1992. While the NPA for Children set out quantifiable goals to be achieved by 2000 in the priority areas of health,

nutrition, education, water, sanitation and environment; the NPA for the Girl Child (1991–2000) aimed at removal of gender bias and enhancing the status of the girl child in society, so as to provide equal opportunities for their survival, protection and development. Both the plans of action adopted an inter–sectoral approach in achieving the goals laid down them in close uniformity with the major goals of 'Health for All', 'Education for All' and other national initiatives. The National Plan of Action, 1992 comprised goals and objectives not just for children but women as well. In fact, a section on 'Children and Environment' (Section VIII) was also included. In 2005, the government of India came up with a new National Plan of Action for Children with an expanded scope to provide for specific actions on the issues of child participation, children affected by HIV/AIDS, child trafficking, sexual exploitation and child pornography, children in conflict with law, and early childhood care and development. However, the section on Children and Environment, was not to be found in the subsequent plan dated 2005. As regards the National Plan of Action for the Girl Child, it was not adopted by the states and several states did not formulate or feel the need for a separate state plan for the girl child; hence, the National Plan of Action for Girl Children was merged with the National Plan of Action for Children, 2005. However, the falling sex ratio in various age groups demands a focused approach and specific plan of action aimed at empowering girl children, and states are expected to draft their own plans of action to address the same.[101]

National Charter for Children, 2003 this was published in the Extraordinary Gazette of India, by the Ministry of Human Resource Development, Government of India, through its Department of Women and Child Development in February 2004. It reiterates the commitment of the government of India to the cause of children with the aim of overseeing that no child remains hungry, illiterate or sick. The underlying intent of this charter is to secure for every child the 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.[102]

To affirm the government's commitment to the rights based approach in addressing the continuing and emerging challenges faced by children, the government of India adopted the National Policy for Children, 2013. This policy reaffirms the government`s commitment to the realisation of the rights of all children in the country. It recognises every person below the age of 18 years as a child and considers childhood as an integral part of life with a value of its own. It also specifies that children are not a homogenous group and a long–term, sustainable, multi-sectoral, integrated and inclusive approach is necessary for the harmonious development and protection of children. It reaffirms that every child is unique and a supremely important national asset, and calls for special measures and affirmative action to diminish or eliminate conditions that cause discrimination. As per the policy, children have the right to grow in a family environment in an atmosphere of happiness, love and understanding, thus putting the onus on families, who in turn are supported by a strong social safety net to care for and nurture children. It lays down the guiding principles that national, state and local governments must respect when they formulate actions and initiatives for children. The policy envisages the right of every child to life, survival, development, education, protection and participation; equal rights for all children without discrimination; the best interest of the child as a primary concern in all actions and decisions affecting children; and family environment as the most conducive environment for all-round development of children. Key priority areas that have been identified and recognised as the undeniable rights of every child include survival, health, nutrition, education, development, protection and participation. As children's needs are multi-sectoral, interconnected and require collective action, the policy aims at purposeful convergence and strong coordination across different sectors and levels of governance; active engagement and partnerships with all stakeholders; setting up of a comprehensive and reliable knowledge base; provision of adequate resources; and sensitisation and capacity development of all those who work for and with children. The Ministry of Women and Child Development, Government of India is the nodal ministry for overseeing and coordinating the implementation of the policy and will lead the review process for the policy.[103]

Apart from the above mentioned national policies, there are certain issue specific policies specifically for children. Some of these critical policy documents that relate to or have a bearing on children's rights have been translated into action plans and programmes and schemes. Policy documents specifically for children include:[104]

- National Policy on Education, 1986

- National Policy on Child Labour, 1986
- National Youth Policy, 2003

Other policy documents that have a bearing on children's rights include: National Policy for the Mentally Handicapped, 1988; National Nutrition Policy, 1993; National Health Policy 2002; National Policy for Persons with Disabilities, 2006.

5.3 Children in national urban development agenda

The current urban development agenda in the country provides a great opportunity for creation of better cities for children. For the first time children have been considered as stakeholders in the urban development framework. The Smart Cities Mission Statement and Guidelines recognise children as key stakeholders. The mission which covers 100 cities, stipulates that consultation process in cities need to take account of all citizens including vulnerable sections of society like differently-abled, children, elderly etc. Some smart city features outlined in the mission document that have a direct impact on children include:

- Creation of walkable localities: Inclusion of pedestrian friendly pathways, encouragement of non-motorised transport (e.g. walking and cycling); creation or refurbishment of the road network not only for vehicles and public transport, but also for pedestrians and cyclists; provision of necessary administrative services within walking or cycling distance; attention to reducing congestion, air pollution and resource depletion.
- Preservation and development of open spaces: development of parks, playgrounds, and recreational spaces in order to enhance the quality of life of citizens, reducing the urban heat effects in areas and promoting eco-balance; encroachment-free public areas, ensuring safety of citizens especially children, women and elderly.
- Housing and inclusiveness: This includes expansion of housing opportunities for all.

The mission guidelines for Atal Mission for Urban Rejuvenation and Transformation (AMRUT) which aims at creation and development of infrastructure in 500 cities also takes into cognisance the specific needs of children. This mission aims at enhancing not only the living conditions of children by improving the basic infrastructure services in the city but also aims at enhancing amenity value of cities by creating and upgrading green spaces, parks and recreation centres, especially for children. The mission components include development of green spaces and parks with special provision for child-friendly components. The reforms milestones and timelines for AMRUT cities specify the development of at least one children's park every year and the formulation of a mechanism for maintenance of parks, playgrounds and recreational areas relying on People Public Private Partnership (PPPP) mode. As per the mission guidelines, urban local bodies will have to make funding provisions for parks and will have to establish a system for maintenance with participation of local residents. Another thrust area within the AMRUT Mission that would have a significant impact on children's health includes establishing a pollution monitoring system in cities, including Air Quality Monitoring.

The third major urban development programme which would help improve the living conditions of children is the Swachh Bharat (Clean India) Mission which aims at making the country open–defecation free by 2019. This programme focuses at improving access to better sanitation facilities at both homes and schools,and is one of the crucial urban development programmes from the context of children's health and development.

5.4 Conclusions and way forward

Though India has a robust legislative and policy framework for securing child rights and fostering development of children, there hasn't been significant improvement in the living condition of children in urban areas. This is mainly due to the fact that the existing policies and legislative framework primarily focus on child rights and social aspects of children's development like health and education but have not given much significance to the living conditions and urban environments in which the children live. While the existing body of evidence such as numerous surveys and studies on status of children clearly indicates the status of health and education and other social aspects like child rights, crime against children etc. There is a significant dearth of data and studies in the present context that link the existing status of children to the living conditions. This is despite the fact that living conditions not only have a significant impact and influence on the health and education status of children but also impact the quality of their life ahead and income capacity when they grow up into adults. Children are among the most vulnerable members of

any community and they disproportionately suffer the negative impacts of poor urban planning as they are still in a growing stage. In spite of this, the policy and legislative frameworks for children don't give adequate significance to improving their living condition and have rarely been the focus of any urban development policies and programmes. A business as usual scenario is not enough to make the vision of the National Policy for Children, 2013 a reality for the urban child.

Though the current state of development of Indian cities clearly shows that urban life can be harsh towards the most sensitive and vulnerable inhabitants i.e. children, it need not continue to be the same. The current urban development agenda in the country provides a great opportunity for creation of better cities for children. Child –friendly city planning is not just a munificent concept but is actually feasible and pragmatic. This has been proven by Bhubaneswar city which showcased a vision to become a child–friendly city and thereby won the national 'Smart Cities Challenge', topping the list of 20 Smart Cities under the Smart City Mission of Ministry of Urban Development, Government of India. Another city Pune, which is also part of the top 20 selected Smart Cities has envisioned the creation of a safe city for children in its Smart City proposal. Cities like these have highlighted the fact that it's essential to put children at the heart of the planning and decision–making framework to develop more liveable cities. Urban areas offer great potential and opportunities to secure children's rights and accelerate progress towards the Sustainable Development Goals (SDGs). Cities need to look beyond the broad statistical averages and address the specific needs of children belonging to different age groups or strata—the differently-abled, homeless, children living in slums, migrant children etc. to improve living conditions for all children. Stakeholders from all walks of urban life need to make collective efforts and pool resources and energies to create better cities for children—ultimately making cities better for everyone.

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6. Statistical profiles of urban children

Demography

Table 6.1 Population of children (0–18 years) in India

State/ UT	total population of children (0 to 18)	children as % of total population	male children (0 to 18)	% of male children (0 to 18)	female children (0 to 18)	percent of female children (0 to 18)
India	472111477	39.0	247489356	52.4	224622121	47.6
Meghalaya	1447331	48.8	733567	50.7	713764	49.3
Bihar	49797077	47.8	26248868	52.7	23548209	47.3
Uttar Pradesh	90929225	45.5	48064457	52.9	42864768	47.1
Arunachal Pradesh	623609	45.1	315516	50.6	308093	49.4
Jharkhand	14600419	44.3	7565928	51.8	7034491	48.2
Nagaland	869237	43.9	448951	51.6	420286	48.4
Rajasthan	29894376	43.6	15845710	53.0	14048666	47.0
Jammu & Kashmir	5272578	42.0	2789004	52.9	2483574	47.1
Madhya Pradesh	30501760	42.0	15947178	52.3	14554582	47.7
Assam	12768623	40.9	6559738	51.4	6208885	48.6
Mizoram	445066	40.6	226257	50.8	218809	49.2
Chhattisgarh	10335064	40.5	5248688	50.8	5086376	49.2
Uttarakhand	4054494	40.2	2137408	52.7	1917086	47.3
Dadra & Nagar Haveli	133283	38.8	71317	53.5	61966	46.5
Manipur	1098379	38.5	563536	51.3	534843	48.7
Haryana	9727500	38.4	5353869	55.0	4373631	45.0
Gujarat	22214012	36.8	11846335	53.3	10367677	46.7
Odisha	15319522	36.5	7799156	50.9	7520366	49.1
Sikkim	220086	36.0	111851	50.8	108235	49.2
Tripura	1305542	35.5	667426	51.1	638116	48.9
NCT of Delhi	5921350	35.3	3210942	54.2	2710408	45.8
West Bengal	32120577	35.2	16511024	51.4	15609553	48.6
Maharashtra	38488509	34.3	20396042	53.0	18092467	47.0
Karnataka	20729561	33.9	10705512	51.6	10024049	48.4
Punjab	9371374	33.8	5174159	55.2	4197215	44.8
Andhra Pradesh	28362506	33.5	14632580	51.6	13729926	48.4
Himachal Pradesh	2290517	33.4	1206577	52.7	1083940	47.3
Chandigarh	348780	33.0	192392	55.2	156388	44.8
Lakshadweep	21041	32.6	10521	50.0	10520	50.0
Andaman and Nicobar Islands	119179	31.3	61135	51.3	58044	48.7
Daman & Diu	74521	30.6	42462	57.0	32059	43.0
Tamil Nadu	21987083	30.5	11336945	51.6	10650138	48.4
Puducherry	379568	30.4	193607	51.0	185961	49.0
Kerala	9932755	29.7	5060037	50.9	4872718	49.1
Goa	406973	27.9	210661	51.8	196312	48.2

Source: Census of India, 2011

Table 6.2 Population of urban children (0–18 years) in India

State/ UT	total population of children (0 to 18) in urban areas	urban children as % of total urban population	urban children as % of total children population of India	total population of male children in urban areas	% of male children	total population of female children in urban areas	% of female children
India	128476879	34.1	27.2	67739209	52.7	60737670	47.3
Bihar	5053221	43.0	10.1	2669440	52.8	2383781	47.2
Arunachal Pradesh	132415	41.7	21.2	66188	50.0	66227	50.0
Nagaland	232281	40.7	26.7	118658	51.1	113623	48.9
Uttar Pradesh	17980025	40.4	19.8	9570586	53.2	8409439	46.8
Meghalaya	237829	39.9	16.4	119542	50.3	118287	49.7
Rajasthan	6591705	38.7	22.0	3523580	53.5	3068125	46.5
Jharkhand	3065762	38.6	21.0	1605941	52.4	1459821	47.6
Mizoram	212328	37.1	47.7	106967	50.4	105361	49.6
Madhya Pradesh	7414161	36.9	24.3	3924176	52.9	3489985	47.1
Uttarakhand	1114529	36.5	27.5	603248	54.1	511281	45.9
Chhattisgarh	2149583	36.2	20.8	1109826	51.6	1039757	48.4
Haryana	3147326	35.6	32.4	1743910	55.4	1403416	44.6
NCT of Delhi	5757301	35.2	97.2	3119791	54.2	2637510	45.8
Manipur	290061	34.8	26.4	146966	50.7	143095	49.3
Jammu & Kashmir	1174207	34.2	22.3	627525	53.4	546682	46.6
Dadra & Nagar Haveli	54296	33.8	40.7	30225	55.7	24071	44.3
Gujarat	8610543	33.4	38.8	4711044	54.7	3899499	45.3
Chandigarh	338132	32.9	96.9	186392	55.1	151740	44.9
Andhra Pradesh	9258181	32.8	32.6	4755100	51.4	4503081	48.6
Odisha	2292356	32.7	15.0	1190569	51.9	1101787	48.1
Sikkim	50201	32.7	22.8	25300	50.4	24901	49.6
Punjab	3362983	32.3	35.9	1863428	55.4	1499555	44.6
Karnataka	7588368	32.1	36.6	3898221	51.4	3690147	48.6
Maharashtra	16282848	32.0	42.3	8637694	53.0	7645154	47.0
Lakshadweep	16103	32.0	76.5	8133	50.5	7970	49.5
Assam	1382701	31.4	10.8	711425	51.5	671276	48.5
Andaman and Nicobar Islands	43623	30.4	36.6	22503	51.6	21120	48.4
Himachal Pradesh	207708	30.2	9.1	113684	54.7	94024	45.3
West Bengal	8685747	29.9	27.0	4471542	51.5	4214205	48.5
Puducherry	252844	29.7	66.6	128952	51.0	123892	49.0
Kerala	4697148	29.5	47.3	2394730	51.0	2302418	49.0
Tamil Nadu	10217498	29.3	46.5	5229951	51.2	4987547	48.8
Tripura	275938	28.7	21.1	140897	51.1	135041	48.9
Daman & Diu	52032	28.5	69.8	30537	58.7	21495	41.3
Goa	254895	28.1	62.6	132538	52.0	122357	48.0

Source: Census of India, 2011

Table 6.3 Population of urban children in various age groups

Age group	0 to 5		6 to 9		10 to 14		15 to 18	
State/ UT	population	%	population	%	population	%	population	%
India	36579569	28.5	26361063	20.5	35904718	27.9	29631529	23.1
Bihar	1452035	28.7	1118182	22.1	1446935	28.6	1036069	20.5
Arunachal Pradesh	33563	25.3	26318	19.9	39333	29.7	33201	25.1
Nagaland	61599	26.5	47877	20.6	67522	29.1	55283	23.8
Uttar Pradesh	4793394	26.7	3726312	20.7	5095941	28.3	4364378	24.3
Meghalaya	66294	27.9	45821	19.3	67246	28.3	58468	24.6
Rajasthan	1891939	28.7	1355666	20.6	1843329	28.0	1500771	22.8
Jharkhand	857758	28.0	639591	20.9	867204	28.3	701209	22.9
Mizoram	64696	30.5	42457	20.0	56893	26.8	48282	22.7
Madhya Pradesh	2098757	28.3	1527849	20.6	2083466	28.1	1704089	23.0
Uttarakhand	306477	27.5	229313	20.6	309925	27.8	268814	24.1
Chhattisgarh	625744	29.1	439955	20.5	594386	27.7	489498	22.8
Haryana	931406	29.6	647065	20.6	855819	27.2	713036	22.7
NCT of Delhi	1655844	28.8	1179609	20.5	1602264	27.8	1319584	22.9
Manipur	85881	29.6	60219	20.8	82921	28.6	61040	21.0
Jammu & Kashmir	363015	30.9	239497	20.4	316617	27.0	255078	21.7
Dadra & Nagar Haveli	19322	35.6	11847	21.8	12651	23.3	10476	19.3
Gujarat	2513625	29.2	1773015	20.6	2361564	27.4	1962339	22.8
Chandigarh	97377	28.8	69729	20.6	90927	26.9	80099	23.7
Andhra Pradesh	2535629	27.4	1864541	20.1	2636193	28.5	2221818	24.0
Odisha	633441	27.6	463245	20.2	643229	28.1	552441	24.1
Sikkim	12333	24.6	10141	20.2	14732	29.3	12995	25.9
Punjab	959720	28.5	683437	20.3	914574	27.2	805252	23.9
Karnataka	2263059	29.8	1536055	20.2	2074171	27.3	1715083	22.6
Maharashtra	4799499	29.5	3314759	20.4	4478478	27.5	3690112	22.7
Lakshadweep	4662	29.0	3178	19.7	4609	28.6	3654	22.7
Assam	383167	27.7	282498	20.4	391961	28.3	325075	23.5
Andaman & Nicobar islands	12258	28.1	9010	20.7	12241	28.1	10114	23.2
Himachal Pradesh	54537	26.3	43134	20.8	58959	28.4	51078	24.6
West Bengal	2338640	26.9	1760726	20.3	2479429	28.5	2106952	24.3
Puducherry	75158	29.7	53014	21.0	70375	27.8	54297	21.5
Kerala	1409483	30.0	964177	20.5	1323432	28.2	1000056	21.3
Tamil Nadu	3006292	29.4	2073249	20.3	2852387	27.9	2285570	22.4
Tripura	78865	28.6	56986	20.7	74696	27.1	65391	23.7
Daman & Diu	16867	32.4	9856	18.9	10986	21.1	14323	27.5
Goa	77233	30.3	52735	20.7	69323	27.2	55604	21.8

Source: Census of India, 2011

Table 6.4 Child Sex Ratio (0–6 years) in urban India

State/ UT	children population in 0–6 years age group in urban areas			Child Sex Ratio
	population	male	female	
India	43192388	22667805	20524583	905
Haryana	1095609	598019	497590	832
Jammu & Kashmir	425897	230214	195683	850
Punjab	1130717	610697	520020	852
Gujarat	2952359	1593929	1358430	852
Uttarakhand	365038	195407	169631	868
Dadra & Nagar Haveli	22391	11964	10427	872
NCT of Delhi	1955738	1044181	911557	873
Rajasthan	2234621	1192577	1042044	874
Chandigarh	115164	61254	53910	880
Himachal Pradesh	65076	34605	30471	881
Uttar Pradesh	5750748	3049986	2700762	885
Daman & Diu	19496	10295	9201	894
Maharashtra	5637563	2967992	2669571	899
Madhya Pradesh	2483664	1306179	1177485	901
Jharkhand	1021988	535653	486335	908
Lakshadweep	5440	2847	2593	911
Bihar	1750263	915568	834695	912
Odisha	747324	390665	356659	913
Sikkim	14893	7700	7193	934
Andhra Pradesh	2990780	1545662	1445118	935
Chhattisgarh	736748	380349	356399	937
Goa	90597	46688	43909	940
Assam	450807	231899	218908	944
Karnataka	2643388	1358222	1285166	946
Tripura	92705	47608	45097	947
West Bengal	2760756	1417741	1343015	947
Manipur	101411	52041	49370	949
Tamil Nadu	3512530	1799726	1712804	952
Meghalaya	77944	39895	38049	954
Andaman & Nicobar Islands	14463	7400	7063	954
Arunachal Pradesh	39899	20383	19516	957
Kerala	1649291	840356	808935	963
Nagaland	73589	37302	36287	973
Mizoram	75147	38072	37075	974
Puducherry	88344	44729	43615	975

Source: Census of India, 2011

Table 6.5 Population of children (0-6 years) in slums

State/ UT reporting slums	% of urban population living in slums	% of urban 0-6 population living in slums	children (0-6) population in slum	% of slum population in 0-6 age group	% of male in 0-6 population living in slums	% of female in 0-6 population living in slums
India urban	17.4	18.7	8082743	12.3	52.0	48.0
Andhra Pradesh	36.1	38.4	1149779	11.3	51.6	48.4
Chhattisgarh	32.0	34.5	254080	13.4	51.2	48.8
Madhya Pradesh	28.3	31.1	771999	13.6	52.2	47.8
Maharashtra	23.3	25.3	1428850	12.1	52.0	48.0
Odisha	22.3	25.3	188962	12.1	51.6	48.4
West Bengal	22.1	23.8	656780	10.2	51.4	48.6
Jammu & Kashmir	19.3	22.1	94204	14.2	53.8	46.2
Sikkim	20.4	21.7	3229	10.3	50.2	49.8
Haryana	18.8	20.6	225889	13.6	54.1	45.9
Uttarakhand	16.0	18.1	66176	13.6	53.1	46.9
Puducherry	17.0	18.1	16002	11.1	51.4	48.6
Tamil Nadu	16.6	17.5	614969	10.6	51.1	48.9
Tripura	14.5	15.9	14755	10.6	50.6	49.4
Karnataka	13.9	15.8	418295	12.7	50.9	49.1
Punjab	14.0	15.6	176257	12.1	53.8	46.2
Nagaland	14.4	15.1	11114	13.5	50.1	49.9
Uttar Pradesh	14.0	15.0	863392	13.8	52.9	47.1
Mizoram	13.7	13.9	10430	13.3	50.7	49.3
Rajasthan	12.1	13.7	307035	14.8	52.7	47.3
Chandigarh	9.3	12.8	14720	15.5	52.3	47.7
Bihar	10.5	11.9	208383	16.8	51.8	48.2
NCT of Delhi	10.9	11.7	229029	12.8	52.2	47.8
Andaman and Nicobar Islands	9.9	11.0	1588	11.2	49.6	50.4
Meghalaya	9.6	10.6	8241	14.4	50.5	49.5
Himachal Pradesh	8.9	10.0	6509	10.6	53.7	46.3
Gujarat	6.5	8.1	240589	14.3	52.5	47.5
Arunachal Pradesh	4.9	5.6	2226	14.3	49.5	50.5
Jharkhand	4.7	5.2	53465	14.3	51.8	48.2
Assam	4.5	4.9	22229	11.3	51.2	48.8
Goa	2.9	3.6	3240	12.3	52.2	47.8
Kerala	1.3	1.2	20327	10.1	50.5	49.5

Source: Census of India, 2011

Table 6.6 Population of homeless children (0-6 years)

State/ UT	homeless households in India	homeless population in India		0–6 as % of total	homeless households in Urban areas	homeless population in urban areas				urban 0–6 as % of total 0–6 homeless	0–6 as % of total urban homeless
		total	0–6 age group			total	0–6 age group	Male (0– 6)	Female (0–6)		
India	449787	1773040	270605	15.3	256896	938348	112712	58708	54004	41.7	12.0
Jammu & Kashmir	3064	19047	2868	15.1	1623	10848	1344	716	628	46.9	12.4
Himachal Pradesh	935	4098	688	16.8	227	872	145	89	56	21.1	16.6
Punjab	9853	46714	8912	19.1	4422	18374	3285	1736	1549	36.9	17.9
Chandigarh	868	4139	119	2.9	867	4133	119	63	56	100.0	2.9
Uttarakhand	3273	11824	1524	12.9	1947	5556	668	333	335	43.8	12.0
Haryana	11635	51871	10278	19.8	5864	23789	4315	2248	2067	42.0	18.1
NCT of Delhi	23175	47076	3594	7.6	23078	46724	3527	1774	1753	98.1	7.5
Rajasthan	37341	181544	37568	20.7	16385	73236	14094	7279	6815	37.5	19.2
Uttar Pradesh	72452	329125	47426	14.4	41227	180929	17832	9512	8320	37.6	9.9
Bihar	9818	45584	8401	18.4	3043	12591	2005	1009	996	23.9	15.9
Sikkim	75	277	29	10.5	13	32	4	0	4	13.8	12.5
Arunachal Pradesh	314	1556	209	13.4	68	313	26	11	15	12.4	8.3
Nagaland	220	876	135	15.4	125	344	33	16	17	24.4	9.6
Manipur	706	3212	477	14.9	326	1331	235	117	118	49.3	17.7
Mizoram	38	152	19	12.5	24	104	9	6	3	47.4	8.7
Tripura	850	3225	358	11.1	385	1352	97	60	37	27.1	7.2
Meghalaya	298	1241	228	18.4	62	177	17	4	13	7.5	9.6
Assam	3293	12919	1816	14.1	915	2527	237	128	109	13.1	9.4
West Bengal	28647	134040	9556	7.1	21087	104967	5615	3102	2513	58.8	5.3
Jharkhand	6121	23391	4360	18.6	2235	6967	897	466	431	20.6	12.9
Odisha	10334	34061	4529	13.3	4763	14053	1287	675	612	28.4	9.2
Chhattisgarh	7198	24214	4455	18.4	2531	6533	932	456	476	20.9	14.3
Madhya Pradesh	37822	146435	27440	18.7	18508	66055	11522	5900	5622	42.0	17.4
Gujarat	36925	144306	24920	17.3	23987	84822	12938	6706	6232	51.9	15.3
Daman & Diu	166	737	104	14.1	131	591	71	32	39	68.3	12.0
Dadra & Nagar Haveli	216	1004	221	22.0	65	281	43	21	22	19.5	15.3
Maharashtra	57480	210908	30211	14.3	32664	111373	11798	6221	5577	39.1	10.6
Andhra Pradesh	42812	145211	20750	14.3	23376	75857	9797	5021	4776	47.2	12.9
Karnataka	21425	76735	11998	15.6	10922	35473	4959	2541	2418	41.3	14.0
Goa	820	3051	346	11.3	498	1693	166	80	86	48.0	9.8
Kerala	5759	11853	880	7.4	3992	7761	496	253	243	56.4	6.4
Tamil Nadu	15299	50929	5978	11.7	11035	37117	4002	2039	1963	66.9	10.8
Puducherry	492	1590	205	12.9	459	1508	194	94	100	94.6	12.9
Andaman and Nicobar Islands	63	95	3	3.2	42	65	3	0	3	100.0	4.6

Source: Census of India, 2011

Table 6.7 Population of migrant children in urban areas

State/ UT	total migrants	migrants in 0–14 years age group		migrants in 15–19 years age group	
	persons	persons	%	persons	%
India	10,41,63,958	1,62,23,187	15.6	79,11,153	7.6
Arunachal Pradesh	1,41,702	34,429	24.3	15,634	11.0
Nagaland	1,63,683	38,569	23.6	17,840	10.9
Lakshadweep	9,338	2,149	23.0	706	7.6
Meghalaya	1,20,706	21,921	18.2	12,936	10.7
Goa	4,05,827	84,242	20.8	32,329	8.0
Dadra & Nagar Haveli	34,573	7,032	20.3	2,702	7.8
Andhra Pradesh	74,32,833	14,24,399	19.2	6,59,959	8.9
Gujarat	83,25,009	15,38,630	18.5	7,15,189	8.6
Daman & Diu	19,396	3,693	19.0	1,502	7.7
Sikkim	34,026	5,380	15.8	3,663	10.8
Kerala	23,55,823	4,52,477	19.2	1,69,945	7.2
Jammu & Kashmir	6,14,001	1,12,738	18.4	49,384	8.0
Pondicherry	3,03,468	54,403	17.9	23,294	7.7
Karnataka	62,53,747	10,78,135	17.2	5,10,559	8.2
Himachal Pradesh	3,55,573	58,048	16.3	30,925	8.7
Uttaranchal	9,80,727	1,62,115	16.5	80,322	8.2
Tamil Nadu	77,51,074	13,09,108	16.9	5,82,783	7.5
Punjab	36,51,047	6,06,167	16.6	2,83,058	7.8
Maharashtra	1,92,65,334	31,93,243	16.6	14,94,979	7.8
Mizoram	1,66,344	22,043	13.3	16,811	10.1
Assam	15,19,214	2,45,561	16.2	1,08,062	7.1
Haryana	29,19,662	4,18,327	14.3	2,25,987	7.7
Rajasthan	37,56,645	5,23,466	13.9	2,93,800	7.8
Manipur	99,041	14,821	15.0	6,511	6.6
Madhya Pradesh	55,13,638	7,67,701	13.9	4,02,710	7.3
Uttar Pradesh	85,64,903	12,11,364	14.1	5,82,269	6.8
Chandigarh	5,17,171	65,939	12.7	41,632	8.0
Orissa	23,40,107	3,05,436	13.1	1,71,780	7.3
Chhattisgarh	18,25,606	2,45,629	13.5	1,26,481	6.9
Bihar	24,06,368	3,02,549	12.6	1,71,841	7.1
Jharkhand	20,82,718	2,60,451	12.5	1,46,767	7.0
Delhi	55,61,030	6,45,864	11.6	3,99,857	7.2
Tripura	2,28,980	26,351	11.5	14,884	6.5
West Bengal	83,88,732	9,74,536	11.6	5,10,577	6.1
Andaman and Nicobar Islands	55,912	6,271	11.2	3,475	6.2

Source: Census of India, 2011

Table 6.8 Population of differently-abled children (0–19 years) in urban areas

State/ UT	percentage as per type of disability								
	total number	seeing	hearing	speech	movement	mental retardation	mental illness	any other	multiple disability
India-total	78,64,636	17.9	20.3	8.7	13.3	7.6	1.7	21.9	8.6
India-urban	22,72,454	19.2	22.1	8.7	10.0	7.6	1.7	22.9	7.8
Jammu & Kashmir	20,853	19.5	25.8	6.2	8.1	6.4	3.9	21.3	8.9
Himachal Pradesh	3,066	14.6	22.0	7.9	7.3	10.0	2.3	23.9	12.0
Punjab	60,847	12.1	31.1	4.4	8.8	8.1	1.9	27.4	6.2
Chandigarh	3,965	12.4	16.1	7.7	16.0	11.8	4.7	18.9	12.3
Uttarakhand	15,811	15.2	25.3	7.7	11.8	6.7	2.7	20.3	10.2
Haryana	52,001	12.3	30.5	4.9	9.5	6.6	2.6	25.7	8.0
NCT of Delhi	58,986	11.4	14.7	9.2	16.5	11.0	4.2	19.5	13.5
Rajasthan	93,096	23.8	18.3	7.9	11.7	7.7	2.2	18.5	9.9
Uttar Pradesh	3,44,701	18.3	29.5	6.8	9.8	4.5	1.6	24.6	4.9
Bihar	1,07,312	25.2	27.1	7.4	11.1	3.9	1.2	19.5	4.5
Sikkim	447	11.0	30.6	10.3	9.6	6.9	3.1	19.2	9.2
Arunachal Pradesh	1,664	22.0	30.0	5.8	8.1	7.1	2.3	19.2	5.5
Nagaland	1,848	12.9	28.0	7.6	11.1	4.7	1.8	24.8	8.9
Manipur	4,950	38.4	16.5	5.1	5.3	8.7	1.4	18.3	6.3
Mizoram	1,593	15.4	15.4	7.8	9.2	13.2	5.2	17.6	16.2
Tripura	4,141	12.1	12.2	11.0	13.6	7.3	3.1	24.9	15.7
Meghalaya	2,245	12.9	24.2	7.6	11.8	8.0	5.4	19.5	10.7
Assam	16,133	13.4	20.4	10.5	9.8	6.9	2.1	27.2	9.7
West Bengal	1,55,891	21.3	18.5	9.4	8.4	7.7	2.4	24.2	8.2
Jharkhand	55,937	24.3	23.6	8.1	11.0	5.8	1.9	17.9	7.4
Odisha	47,507	20.8	22.3	7.7	10.0	7.8	1.7	19.7	10.1
Chhattisgarh	32,078	20.5	14.5	7.7	16.4	8.5	2.4	17.1	12.8
Madhya Pradesh	1,33,126	18.7	21.0	6.3	12.8	6.7	2.1	23.8	8.7
Gujarat	1,46,363	23.3	20.3	6.8	9.3	6.9	2.2	23.9	7.4
Daman & Diu	329	17.6	17.3	10.0	14.9	10.3	4.0	14.0	11.9
Dadra & Nagar Haveli	465	12.0	23.0	7.7	15.3	7.1	1.7	16.6	16.6
Maharashtra	3,52,475	21.0	18.8	14.6	8.3	8.0	1.1	22.0	6.2
Andhra Pradesh	2,08,882	18.4	19.5	10.2	8.7	7.1	1.4	26.4	8.2
Karnataka	1,54,655	23.1	21.8	6.8	9.2	8.3	1.0	21.8	7.9
Goa	3,538	11.9	17.2	17.9	6.8	9.4	3.4	23.5	9.9
Lakshadweep	304	17.4	14.5	5.6	12.5	12.2	0.0	18.8	19.1
Kerala	55,728	11.4	16.5	8.5	11.6	16.5	1.3	17.3	17.0
Tamil Nadu	1,27,442	9.1	21.0	7.4	11.5	15.1	0.9	24.6	10.5
Puducherry	3,565	8.6	17.6	8.6	16.2	18.6	1.2	17.9	11.3
Andaman and Nicobar Islands	510	7.5	20.4	10.8	12.5	8.0	3.7	19.8	17.3

Source: Census of India, 2011

Status of education

Table 6.9 Access to education for children in urban areas

State/ UT	children (5–18 years) in urban areas attending educational institutions		
	% of total children	% of male	% of female
India	77.0	77.1	76.8
Lakshadweep	89.0	89.4	88.6
Puducherry	88.4	88.6	88.3
Kerala	88.4	88.3	88.5
Meghalaya	87.7	86.9	88.5
Mizoram	86.8	86.8	86.8
Andaman and Nicobar Islands	86.7	86.4	87.1
Himachal Pradesh	85.9	85.2	86.8
Tamilnadu	85.2	85.1	85.3
Nagaland	85.0	84.9	85.2
Sikkim	84.1	84.6	83.7
Arunachal Pradesh	84.1	85.2	83.1
Manipur	83.6	84.3	82.8
Goa	83.2	83.2	83.2
Chandigarh	82.4	82.0	83.0
Tripura	81.2	81.4	80.9
Andhra Pradesh	80.9	81.5	80.3
Jammu & Kashmir	80.8	81.4	80.2
NCT of Delhi	80.5	80.4	80.7
Maharashtra	80.0	80.0	79.9
Haryana	79.9	80.3	79.4
Assam	78.9	78.4	79.4
Jharkhand	78.5	78.7	78.3
Chhattisgarh	78.4	77.7	79.2
Uttarakhand	78.2	78.1	78.2
Karnataka	77.6	77.6	77.5
Punjab	77.4	77.2	77.7
Madhya Pradesh	77.1	76.8	77.4
Odisha	75.4	75.8	75.0
Rajasthan	74.6	76.5	72.4
West Bengal	73.5	72.9	74.0
Dadra & Nagar Haveli	73.2	71.1	76.0
Gujarat	73.2	74.7	71.4
Bihar	72.1	72.2	71.9
Uttar Pradesh	67.0	67.1	66.8
Daman & Diu	62.4	55.7	72.8

Source: Census of India, 2011

Table 6.10 Percent of children in urban areas under-school going age (5–18 years) who have not attended educational institutions

State/UT	attended before			never attended		
	% of total children	%of male	% of female	% of total children	% of male	% of female
India	9.1	9.16	9.02	13.93	13.71	14.18
Uttar Pradesh	9.3	9.56	9.06	23.68	23.29	24.12
Bihar	6.2	6.50	5.87	21.73	21.32	22.19
Rajasthan	8.7	8.11	9.35	16.73	15.40	18.27
Dadra & Nagar Haveli	11.9	14.81	8.06	14.88	14.07	15.93
Jammu & Kashmir	4.3	4.33	4.34	14.86	14.29	15.50
Daman & Diu	23.0	30.34	11.56	14.61	13.95	15.65
Jharkhand	6.9	7.13	6.65	14.58	14.15	15.04
Uttarakhand	7.8	8.17	7.43	13.98	13.68	14.34
West Bengal	12.7	13.19	12.22	13.81	13.87	13.76
Haryana	6.3	6.50	6.10	13.77	13.22	14.47
Madhya Pradesh	9.4	9.67	9.02	13.55	13.50	13.59
Gujarat	13.3	12.46	14.26	13.53	12.85	14.35
Punjab	9.1	9.57	8.49	13.47	13.23	13.78
NCT of Delhi	6.8	7.15	6.38	12.66	12.46	12.89
Chhattisgarh	9.4	10.26	8.39	12.19	12.00	12.41
Odisha	12.5	12.50	12.45	12.12	11.71	12.56
Karnataka	10.5	10.50	10.51	11.94	11.92	11.97
Arunachal Pradesh	4.0	4.37	3.63	11.86	10.47	13.24
Assam	9.4	10.13	8.64	11.69	11.47	11.93
Manipur	5.0	4.75	5.32	11.40	10.98	11.84
Chandigarh	6.6	7.49	5.43	10.97	10.48	11.60
Maharashtra	9.2	9.29	9.20	10.80	10.72	10.90
Andhra Pradesh	8.4	7.96	8.97	10.64	10.55	10.74
Goa	6.9	7.16	6.52	9.93	9.60	10.29
Tripura	9.1	8.95	9.36	9.70	9.70	9.70
Himachal Pradesh	4.4	5.36	3.26	9.69	9.46	9.96
Nagaland	6.2	6.47	5.83	8.82	8.67	8.97
Kerala	4.1	4.15	4.07	7.50	7.56	7.43
Sikkim	8.4	8.69	8.06	7.47	6.72	8.23
Andaman and Nicobar Islands	6.4	7.05	5.81	6.83	6.60	7.07
Meghalaya	5.5	6.21	4.88	6.74	6.86	6.62
Tamil Nadu	8.4	8.43	8.28	6.45	6.45	6.44
Mizoram	6.9	6.83	6.92	6.32	6.40	6.23
Lakshadweep	4.8	4.43	5.22	6.18	6.18	6.17
Puducherry	5.5	5.35	5.61	6.08	6.06	6.11

Source: Census of India, 2011

Table 6.11 Out of school children in (6–13 years)

State and UT	% of total children out of school	% of male children out of school	% of female children out of school	% of urban children out of school
India	2.97	2.77	3.23	2.54
Uttarakhand	5.07	4.92	5.24	15.64
Andaman and Nicobar Islands	2.12	2.15	2.08	5.55
Lakshadweep	3.62	0.00	7.55	5.42
Odisha	6.10	6.31	5.88	5.02
Bihar	4.95	4.61	5.32	4.93
Punjab	2.28	1.58	3.25	4.77
Uttar Pradesh	3.90	3.42	4.57	4.75
Madhya Pradesh	3.78	3.78	3.77	4.61
Rajasthan	5.02	3.44	7.47	3.71
Arunachal Pradesh	2.92	2.61	3.42	3.70
NCT of Delhi	3.15	2.99	3.39	3.15
Assam	2.88	2.82	2.97	2.77
Dadra & Nagar Haveli	1.49	1.17	1.90	2.43
West Bengal	2.45	3.51	1.28	2.18
Gujarat	1.94	1.52	2.56	1.88
Jharkhand	2.02	2.28	1.71	1.80
Meghalaya	2.90	2.13	3.70	1.54
Karnataka	1.49	1.54	1.43	1.31
Nagaland	0.90	1.12	0.61	1.25
Tamilnadu	0.66	0.70	0.62	0.79
Kerala	0.82	0.95	0.69	0.76
Chhattisgarh	3.75	4.34	3.18	0.75
Andhra Pradesh	0.91	0.77	1.13	0.66
Haryana	1.05	0.86	1.34	0.61
Maharashtra	0.81	0.72	0.93	0.59
Chandigarh	0.44	0.80	0.00	0.44
Tripura	0.79	0.75	0.84	0.44
Manipur	1.72	1.47	2.05	0.19
Daman & Diu	1.28	1.17	1.41	0.00
Goa	0.00	0.00	0.00	0.00
Himachal Pradesh	0.21	0.33	0.00	0.00
Jammu & Kashmir	2.04	2.51	1.26	0.00
Mizoram	0.60	0.82	0.29	0.00
Puducherry	0.18	0.00	0.40	0.00
Sikkim	0.58	1.05	0.00	0.00

Source: National Sample Survey of Estimation of Out-of-School Children in the Age 6-13 in India, Social & Rural Research Institute and Educational Consultants India ltd. (EdCIL)

Table 6.12 Reasons for children (6–13 years) for being out of school

State/UT	never enrolled as % of out of school	dropouts as % out of school	enrolled but never attended as % out of school	out of school differently able as % of out of school	out of school living in slum as % of out of school
India	44.5	36.9	18.5	28.7	2.4
Uttarakhand	48.9	40.5	10.6	41.0	20.3
Andaman and Nicobar Islands	0.0	0.0	100.0	45.7	6.2
Lakshadweep	11.7	0.0	11.7	21.0	0.0
Odisha	29.9	58.4	11.7	27.6	4.1
Bihar	55.0	25.2	19.8	22.5	11.7
Punjab	67.2	28.5	4.3	15.1	13.3
Uttar Pradesh	53.9	29.0	17.4	30.5	2.3
Madhya Pradesh	42.0	52.2	5.9	23.6	7.5
Rajasthan	17.9	36.7	45.4	99.6	1.4
Arunachal Pradesh	55.6	44.4	0.0	0.0	0.0
NCT of Delhi	24.1	47.9	28.0	7.3	5.8
Assam	26.5	71.2	2.3	31.2	8.1
Dadra & Nagar Haveli	55.7	44.3	0.0	11.5	0.0
West Bengal	25.6	53.9	20.4	21.3	3.1
Gujarat	38.3	44.4	17.3	6.2	2.2
Jharkhand	70.2	27.0	2.8	18.8	0.0
Meghalaya	4.8	64.6	30.6	22.5	0.0
Karnataka	35.6	59.0	5.7	23.6	1.3
Nagaland	28.4	71.6	0.0	22.8	0.0
Tamilnadu	42.4	53.6	4.0	27.0	1.0
Kerala	68.5	8.9	22.6	21.8	0.0
Chhattisgarh	56.5	42.8	0.7	46.1	0.0
Andhra Pradesh	41.8	24.3	34.0	11.7	1.0
Haryana	36.4	0.0	63.6	15.4	1.4
Maharashtra	49.2	29.1	21.7	11.9	0.0
Chandigarh	0.0	100.0	0.0	0.0	0.0
Tripura	77.3	22.7	0.0	39.4	1.1
Manipur	0.0	85.2	14.8	35.7	0.0
Daman & Diu	79.7	0.0	20.3	19.8	0.0
Goa	0.0	0.0	0.0	0.0	0.0
Himachal Pradesh	100.0	0.0	0.0	100.0	0.0
Jammu & Kashmir	64.2	30.8	5.0	14.1	0.0
Mizoram	100.0	0.0	0.0	80.0	0.0
Puducherry	100.0	0.0	0.0	6.6	0.0
Sikkim	0.0	100.0	0.0	0.0	0.0

Source: National Sample Survey of Estimation of Out-of-School Children in the Age 6-13 in India, Social & Rural Research Institute and Educational Consultants India ltd. (EdCIL)

Health status

Table 6.13 Infant Mortality Rates by sex and residence, India and bigger states

State/UT	total			urban		
	total	males	females	total	males	females
India	40	39	42	27	26	28
Andhra Pradesh	39	39	40	29	28	30
Assam	54	53	55	32	31	32
Bihar	42	40	43	33	32	34
Chhattisgarh	46	45	47	38	36	39
Delhi	24	23	25	22	21	23
Gujarat	36	35	37	22	21	23
Haryana	41	40	42	32	31	33
Himachal Pradesh	35	33	36	23	16	31
Jammu & Kashmir	37	36	38	28	27	28
Jharkhand	37	35	38	27	26	29
Karnataka	31	30	32	24	22	26
Kerala	12	10	13	9	7	10
Madhya Pradesh	54	52	55	37	35	38
Maharashtra	24	23	25	16	15	17
Odisha	51	50	52	38	37	39
Punjab	26	25	27	23	21	24
Rajasthan	47	45	49	30	29	32
Tamil Nadu	21	20	21	17	16	17
Uttar Pradesh	50	49	52	38	36	40
West Bengal	31	30	32	26	25	27

Source: Sample Registration System, Statistical Report 2013

Table 6.14 Per cent change in average Infant Mortality Rates between 2001–03 and 2011–2013 by residence, India and bigger states

India and Bigger States	total			urban		
	2001–03	2011–13	% change	2001–03	2011–13	% change
India	63.0	42.0	-33.3	40.0	28.0	-30.0
Andhra Pradesh	62.3	41.0	-34.2	36.0	30.0	-16.7
Assam	70.3	54.7	-22.3	35.7	33.0	-7.5
Bihar*	61.0	41.7	-31.6	50.3	31.6	-37.2
Gujarat	59.0	38.3	-35.0	38.3	24.3	-36.5
Haryana	62.3	42.3	-32.1	51.7	33.3	-35.5
Himachal Pradesh	51.7	36.3	-29.7	28.7	25.3	-11.6
Karnataka	55.0	32.7	-40.6	25.0	25.0	0.0
Kerala	10.7	12.0	12.5	9.0	9.0	0.0
Madhya Pradesh*	84.3	54.1	-35.8	54.7	37.9	-30.7
Maharashtra	44.0	24.7	-43.9	31.3	16.7	-46.8
Odisha	87.0	53.7	-38.3	57.3	39.0	-32.0
Punjab	50.7	28.0	-44.7	35.3	24.0	-32.1
Rajasthan	77.7	49.3	-36.5	55.0	31.0	-43.6
Tamil Nadu	45.3	21.3	-52.9	32.7	18.0	-44.9
Uttar Pradesh*	79.7	52.6	-34.0	58.3	38.6	-33.8
West Bengal	48.7	31.7	-34.9	35.7	26.0	-27.1

*Bihar includes Jharkhand, Madhya Pradesh includes Chhattisgarh and Uttar Pradesh includes Uttarakhand.
Source: Sample Registration System, Statistical Report 2013

Table 6.15 Per cent change in average Infant Mortality Rates between 2001–03 and 2011–2013 by residence, India and bigger states

India and bigger states	neo-natal mortality rate			percentage of Neo-natal death to Infant deaths		
	total	rural	urban	total	rural	urban
India	28	31	15	68.0	69.9	56.4
Andhra Pradesh	25	31	10	64.2	71.8	35.4
Assam	27	29	10	50.3	51.5	30.4
Bihar	28	29	11	66.2	68.3	34.1
Chhattisgarh	31	31	26	66.4	66.0	69.9
Delhi	16	24	15	66.6	68.2	66.1
Gujarat	26	31	16	72.1	71.9	72.8
Haryana	26	29	19	65.0	66.6	58.9
Himachal Pradesh	25	26	11	73.6	74.7	48.0
Jammu & Kashmir	29	31	18	77.7	79.1	66.7
Jharkhand	26	28	12	70.0	72.9	44.8
Karnataka	22	27	12	72.1	79.7	49.9
Kerala	6	7	3	54.9	59.6	32.7
Madhya Pradesh	36	39	23	68.0	68.6	62.9
Maharashtra	17	21	11	72.8	74.0	69.4
Odisha	37	39	26	73.5	73.8	69.2
Punjab	16	15	16	60.7	55.8	71.8
Rajasthan	32	36	17	68.2	69.9	56.8
Tamil Nadu	15	18	11	72.3	76.4	64.6
Uttar Pradesh	35	38	20	70.0	72.2	53.8
West Bengal	21	22	15	66.4	67.6	59.6

Source: Sample Registration System, Statistical Report 2013

Table 6.16 Under-five Mortality Rates (U5MR) by sex and residence, India and bigger states

India & bigger states	total			urban		
	total	male	female	total	male	female
India	49	47	53	29	28	30
Andhra Pradesh	41	40	42	29	29	30
Assam	73	68	77	34	34	35
Bihar	54	51	58	37	38	36
Chhattisgarh	53	47	59	38	38	39
Delhi	26	25	28	24	22	26
Gujarat	45	44	46	28	25	32
Haryana	45	42	49	34	34	35
Himachal Pradesh	41	37	45	32	28	38
Jammu & Kashmir	40	40	39	29	30	28
Jharkhand	48	45	51	27	26	29
Karnataka	35	33	36	28	25	30
Kerala	12	11	14	9	7	10
Madhya Pradesh	69	65	74	40	40	40
Maharashtra	26	26	27	18	17	19
Odisha	66	65	68	39	37	41
Punjab	31	26	36	24	21	26
Rajasthan	57	50	65	32	29	36
Tamil Nadu	23	22	24	17	16	19
Uttar Pradesh	64	60	70	44	45	43
West Bengal	35	34	35	26	25	27

Source: Sample Registration System, Statistical Report 2013

Table 6.17 Death rates for children (5–14 years) by sex and residence India and bigger states

India and bigger states	total			urban		
	total	male	female	total	male	female
India	0.7	0.7	0.7	0.4	0.5	0.4
Andhra Pradesh	0.3	0.3	0.3	0.1	0.0	0.1
Assam	0.5	0.6	0.5	0.3	0.4	0.3
Bihar	0.9	1.0	0.8	0.5	0.7	0.4
Chhattisgarh	1.1	1.2	0.9	0.7	1.2	0.2
Delhi	0.5	0.3	0.7	0.5	0.2	0.8
Gujarat	0.6	0.6	0.6	0.3	0.3	0.3
Haryana	0.5	0.6	0.4	0.8	0.9	0.6
Himachal Pradesh	0.5	0.0	0.9	0.0	0.0	0.0
Jammu & Kashmir	0.5	0.5	0.6	0.4	0.8	0.0
Jharkhand	0.8	0.6	0.9	0.5	0.6	0.4
Karnataka	0.4	0.4	0.4	0.6	0.6	0.6
Kerala	0.2	0.3	0.1	0.5	0.8	0.2
Madhya Pradesh	1.2	1.2	1.2	0.4	0.4	0.3
Maharashtra	0.5	0.5	0.4	0.4	0.4	0.4
Odisha	1.1	1.1	1.1	0.3	0.5	0.0
Punjab	0.3	0.3	0.3	0.2	0.2	0.2
Rajasthan	0.7	0.6	0.8	0.8	0.6	1.1
Tamil Nadu	0.5	0.6	0.4	0.3	0.4	0.2
Uttar Pradesh	0.8	0.8	0.8	0.4	0.7	0.1
West Bengal	0.6	0.6	0.6	0.3	0.4	0.3

Source: Sample Registration System, Statistical Report 2013

Living Conditions

Table 6.18 Percentage of urban households by condition of housing

State/UT	Total no. of households	% of households as per condition of housing		
		good	liveable	dilapidated
India	7,88,65,937	68.4	28.7	2.9
Lakshadweep	8,180	85.2	14.3	0.5
Sikkim	35,761	80.3	18.0	1.8
Himachal Pradesh	1,66,043	80.1	18.5	1.4
Puducherry	2,06,143	80.0	18.9	1.2
Dadra & Nagar Haveli	37,655	79.0	20.8	0.2
Andhra Pradesh	67,78,225	78.9	19.6	1.5
Goa	1,98,139	76.9	21.8	1.3
Andaman and Nicobar Islands	34,346	76.5	22.2	1.3
Gujarat	54,16,315	76.5	22.6	0.9
Tamil Nadu	89,29,104	76.4	22.4	1.2
Uttarakhand	5,92,223	74.4	23.1	2.5
Mizoram	1,16,203	73.6	24.9	1.5
Maharashtra	1,08,13,928	73.1	25.0	1.9
Karnataka	53,15,715	72.4	25.7	1.9
Kerala	36,20,696	72.4	23.7	3.9
Jammu & Kashmir	5,17,168	70.9	26.3	2.9
Chandigarh	2,28,276	69.9	26.6	3.5
Meghalaya	1,16,102	69.5	27.7	2.7
Rajasthan	30,90,940	68.9	29.3	1.8
Madhya Pradesh	38,45,232	67.6	29.7	2.7
NCT of Delhi	32,61,423	66.0	31.2	2.8
Daman & Diu	47,631	65.3	34.2	0.5
Chhattisgarh	12,38,738	64.2	33.1	2.6
Tripura	2,35,002	63.6	32.1	4.2
Manipur	1,71,400	63.4	32.1	4.5
Haryana	17,51,901	62.9	33.7	3.4
Nagaland	1,15,054	62.0	36.1	1.9
Jharkhand	14,95,642	59.9	36.3	3.7
Assam	9,92,742	58.9	35.4	5.7
Arunachal Pradesh	65,891	58.5	38.7	2.8
West Bengal	63,50,113	57.5	35.9	6.6
Punjab	20,94,067	57.3	37.4	5.2
Uttar Pradesh	74,49,195	57.0	39.1	3.9
Bihar	20,13,671	53.1	40.0	6.9
Odisha	15,17,073	51.5	42.7	5.8

Source: Census of India, 2011

Table 6.19 Percentage of slum households by condition of housing

State/UT	total number of households	Percentage of Census Houses as per condition				unclassifiable
		permanent	semi-permanent	temporary		
				serviceable	non-serviceable	
India	1,37,49,424	77.7	16.05	3.2	2.1	0.97
Arunachal Pradesh	4,005	17.9	33.68	1.5	39.5	7.52
Tripura	33,830	37.3	60.17	0.2	1.9	0.35
Assam	48,122	46.9	46.13	0.2	5.7	1.02
Nagaland	15,268	50.1	42.01	0.8	5.5	1.70
Chhattisgarh	3,95,297	57.2	35.81	5.4	1.2	0.46
Meghalaya	10,936	58.2	36.97	1.7	0.7	2.54
Odisha	3,50,306	58.9	24.06	12.4	3.9	0.71
Bihar	1,94,065	60.5	19.61	7.4	11.6	0.90
Jharkhand	79,200	60.8	32.63	4.7	1.5	0.40
Chandigarh	22,080	63.6	26.60	7.0	1.6	1.16
Madhya Pradesh	10,86,692	66.3	27.09	4.3	1.5	0.76
Karnataka	7,28,277	72.2	23.29	2.2	1.9	0.48
Puducherry	35,070	73.4	11.93	4.4	9.6	0.74
Tamil Nadu	14,51,690	74.3	15.15	5.9	3.7	0.87
Haryana	3,25,997	78.1	17.73	2.6	1.0	0.49
Andaman and Nicobar Islands	3,053	78.7	20.80	0.2	0.1	0.20
Gujarat	3,60,291	78.9	17.02	1.7	2.1	0.30
West Bengal	13,93,319	79.0	17.70	1.3	1.5	0.58
Jammu & Kashmir	96,990	81.4	13.21	2.8	0.3	2.30
Maharashtra	24,49,530	81.9	14.73	0.8	1.2	1.33
Uttar Pradesh	9,92,728	82.2	9.43	4.3	1.6	2.45
Sikkim	8,612	82.2	16.87	0.3	0.4	0.14
Kerala	54,849	83.4	12.38	1.0	2.2	1.04
NCT of Delhi	3,83,609	84.5	9.01	3.7	2.4	0.39
Andhra Pradesh	24,21,268	84.9	9.31	2.8	2.0	0.94
Rajasthan	3,83,134	85.3	8.69	4.3	0.8	0.81
Mizoram	16,240	87.0	11.90	0.0	0.9	0.24
Punjab	2,96,482	87.8	8.04	1.8	1.8	0.65
Himachal Pradesh	14,240	87.8	8.24	1.2	2.5	0.37
Uttarakhand	89,398	89.3	6.55	2.0	1.6	0.52
Goa	4,846	90.7	7.45	0.2	0.2	1.51

Source: Census of India, 2011

Table 6.20 Percentage of urban households as per source of drinking water

State/UT	total number of households	tap water from treated source	tap water from un-treated source	others: covered well, uncovered well, hand pump, tube well/ borehole, spring, river/ canal etc.
India	7,88,65,937	62.0	8.6	29.4
Chandigarh	2,28,276	93.8	2.9	3.2
Himachal Pradesh	1,66,043	93.3	2.2	4.5
Andaman and Nicobar Islands	34,346	92.7	5.3	2.1
Puducherry	2,06,143	91.8	3.6	4.6
Goa	1,98,139	87.8	2.4	9.8
Maharashtra	1,08,13,928	85.7	3.4	10.9
NCT of Delhi	32,61,423	75.8	6.1	18.1
Andhra Pradesh	67,78,225	75.5	8.0	16.5
Rajasthan	30,90,940	75.4	7.2	17.4
Uttarakhand	5,92,223	72.7	5.7	21.6
Jammu & Kashmir	5,17,168	70.6	17.3	12.1
Haryana	17,51,901	70.2	7.3	22.5
Sikkim	35,761	70.0	22.0	7.9
Gujarat	54,16,315	68.8	16.8	14.4
Karnataka	53,15,715	68.4	12.0	19.6
Meghalaya	1,16,102	68.1	9.4	22.4
Tamil Nadu	89,29,104	66.3	14.0	19.7
Punjab	20,94,067	66.1	10.4	23.6
Mizoram	1,16,203	61.8	12.5	25.6
Manipur	1,71,400	50.9	5.4	43.7
Madhya Pradesh	38,45,232	50.6	11.6	37.8
West Bengal	63,50,113	50.0	5.7	44.4
Daman & Diu	47,631	48.7	23.9	27.4
Arunachal Pradesh	65,891	46.5	37.7	15.8
Uttar Pradesh	74,49,195	44.7	6.9	48.5
Chhattisgarh	12,38,738	44.2	18.2	37.5
Tripura	2,35,002	43.5	10.5	46.0
Odisha	15,17,073	42.1	5.9	52.0
Dadra & Nagar Haveli	37,655	35.7	14.7	49.7
Jharkhand	14,95,642	34.7	6.9	58.4
Kerala	36,20,696	30.4	4.5	65.1
Assam	9,92,742	27.4	2.8	69.8
Bihar	20,13,671	15.1	4.9	80.0
Lakshadweep	8,180	11.7	5.2	83.1
Nagaland	1,15,054	6.0	29.7	64.3

Source: Census of India, 2011

Table 6.21 Percentage of urban households as per location of source of drinking water

State/UT	total number of households	within premises	near premises	away
India	7,88,65,937	71.2	20.74	8.0
Punjab	20,94,067	92.7	5.67	1.6
Uttarakhand	5,92,223	88.7	7.77	3.5
Chandigarh	2,28,276	86.2	11.61	2.2
Puducherry	2,06,143	85.1	14.20	0.7
Goa	1,98,139	85.1	12.25	2.7
Lakshadweep	8,180	84.9	12.60	2.5
Jammu & Kashmir	5,17,168	84.7	10.15	5.1
Himachal Pradesh	1,66,043	84.7	11.65	3.6
Haryana	17,51,901	83.9	11.04	5.1
Andaman and Nicobar Islands	34,346	83.9	12.78	3.4
Gujarat	54,16,315	83.7	11.52	4.8
Kerala	36,20,696	83.3	11.52	5.2
Sikkim	35,761	79.8	15.65	4.5
Maharashtra	1,08,13,928	79.3	15.57	5.2
Assam	9,92,742	78.8	12.82	8.4
Uttar Pradesh	74,49,195	78.8	15.96	5.2
NCT of Delhi	32,61,423	78.8	15.15	6.1
Rajasthan	30,90,940	78.2	14.11	7.7
Daman & Diu	47,631	77.4	21.48	1.1
Bihar	20,13,671	75.5	17.45	7.0
Dadra & Nagar Haveli	37,655	71.5	25.12	3.4
Karnataka	53,15,715	70.9	20.64	8.5
Arunachal Pradesh	65,891	69.7	23.06	7.3
Tripura	2,35,002	69.6	16.70	13.7
Andhra Pradesh	67,78,225	67.9	21.77	10.3
Jharkhand	14,95,642	59.1	23.09	17.8
Meghalaya	1,16,102	57.7	28.43	13.9
Odisha	15,17,073	56.8	24.71	18.4
West Bengal	63,50,113	56.2	27.78	16.1
Madhya Pradesh	38,45,232	55.4	30.09	14.5
Tamil Nadu	89,29,104	54.0	40.24	5.7
Mizoram	1,16,203	53.5	33.21	13.3
Nagaland	1,15,054	52.1	27.20	20.7
Chhattisgarh	12,38,738	49.7	37.42	12.9
Manipur	1,71,400	31.8	36.19	32.1

Source: Census of India, 2011

Table 6.22 Percentage of slum households as per source of drinking water

State/UT	total number of households	tap water from treated source	tap water from un-treated source	covered well	un-covered well	hand pump	tube well/ borehole	others: spring, river/ canal, tank/ pond/ lake, other sources
India	1,37,49,424	65.3	8.7	0.8	2.3	12.7	7.6	2.7
Andaman and Nicobar Islands	3,053	95.7	0.5	-	3.1	-	0.1	0.6
Goa	4,846	93.6	3.9	0.4	0.4	-	0.1	1.6
Himachal Pradesh	14,240	92.5	1.5	0.6	0.3	3.0	0.5	1.6
Puducherry	35,070	91.1	7.1	0.0	0.4	0.4	0.7	0.2
Maharashtra	24,49,530	86.6	3.7	0.5	0.9	3.8	2.5	2.0
Andhra Pradesh	24,21,268	77.8	6.2	0.4	2.0	5.6	5.2	2.8
Rajasthan	3,83,134	76.0	7.0	0.5	0.6	7.5	3.2	5.1
NCT of Delhi	3,83,609	73.3	11.0	0.1	0.1	5.4	6.1	4.0
Gujarat	3,60,291	72.7	11.9	0.4	0.2	6.8	3.5	4.5
Chandigarh	22,080	72.5	20.6	0.4	0.0	5.0	0.0	1.4
Sikkim	8,612	71.6	21.0	0.3	-	0.1	0.0	7.0
Uttarakhand	89,398	68.2	5.5	0.1	0.1	22.8	2.2	1.0
Karnataka	7,28,277	67.5	16.2	0.7	2.1	2.1	8.3	3.2
Tamil Nadu	14,51,690	67.1	13.5	0.8	1.9	7.8	5.5	3.3
Haryana	3,25,997	63.9	9.3	0.5	0.3	11.7	10.7	3.7
Jammu & Kashmir	96,990	63.8	27.2	0.6	0.1	3.8	1.5	3.0
Meghalaya	10,936	61.4	5.0	5.8	4.4	0.9	1.1	21.4
Punjab	2,96,482	60.4	9.4	0.1	0.1	17.9	10.8	1.3
Mizoram	16,240	56.6	10.5	2.8	1.8	0.8	1.5	26.0
West Bengal	13,93,319	55.7	7.5	0.6	2.1	18.1	14.4	1.7
Kerala	54,849	53.2	4.7	14.1	24.8	0.7	1.6	0.8
Tripura	33,830	48.4	10.5	0.6	2.2	20.9	16.1	1.3
Madhya Pradesh	10,86,692	48.4	12.5	1.2	4.7	16.9	13.1	3.3
Chhattisgarh	3,95,297	42.6	18.3	1.0	4.9	21.6	10.6	1.1
Uttar Pradesh	9,92,728	38.6	6.8	0.4	0.4	42.0	10.2	1.6
Odisha	3,50,306	35.0	5.7	4.4	13.4	16.1	23.1	2.4
Assam	48,122	25.8	2.2	3.2	9.7	37.8	15.2	6.1
Jharkhand	79,200	21.6	5.8	3.2	18.1	40.9	8.4	2.0
Bihar	1,94,065	11.7	3.9	0.8	2.7	71.3	7.4	2.3
Arunachal Pradesh	4,005	11.1	37.3	0.3	0.9	41.6	4.8	3.9
Nagaland	15,268	4.1	31.8	9.1	15.1	4.3	11.0	24.7

Source: Census of India, 2011

Table 6.23 Percentage of slum households as per source of drinking water

State/UT	total number of households	tap water from treated source	tap water from untreated source	covered well	others: covered well, uncovered well, spring, river/ canal etc.
India	1,37,49,424	65.3	8.7	0.8	25.2
Andaman and Nicobar Islands	3,053	95.7	0.5	-	3.7
Goa	4,846	93.6	3.9	0.4	2.1
Himachal Pradesh	14,240	92.5	1.5	0.6	5.4
Puducherry	35,070	91.1	7.1	0.0	1.7
Maharashtra	24,49,530	86.6	3.7	0.5	9.2
Andhra Pradesh	24,21,268	77.8	6.2	0.4	15.6
Rajasthan	3,83,134	76.0	7.0	0.5	16.4
NCT of Delhi	3,83,609	73.3	11.0	0.1	15.6
Gujarat	3,60,291	72.7	11.9	0.4	15.1
Chandigarh	22,080	72.5	20.6	0.4	6.5
Sikkim	8,612	71.6	21.0	0.3	7.1
Uttarakhand	89,398	68.2	5.5	0.1	26.1
Karnataka	7,28,277	67.5	16.2	0.7	15.7
Tamil Nadu	14,51,690	67.1	13.5	0.8	18.5
Haryana	3,25,997	63.9	9.3	0.5	26.3
Jammu & Kashmir	96,990	63.8	27.2	0.6	8.4
Meghalaya	10,936	61.4	5.0	5.8	27.8
Punjab	2,96,482	60.4	9.4	0.1	30.1
Mizoram	16,240	56.6	10.5	2.8	30.1
West Bengal	13,93,319	55.7	7.5	0.6	36.2
Kerala	54,849	53.2	4.7	14.1	27.9
Tripura	33,830	48.4	10.5	0.6	40.5
Madhya Pradesh	10,86,692	48.4	12.5	1.2	38.0
Chhattisgarh	3,95,297	42.6	18.3	1.0	38.2
Uttar Pradesh	9,92,728	38.6	6.8	0.4	54.2
Odisha	3,50,306	35.0	5.7	4.4	54.9
Assam	48,122	25.8	2.2	3.2	68.8
Jharkhand	79,200	21.6	5.8	3.2	69.3
Bihar	1,94,065	11.7	3.9	0.8	83.6
Arunachal Pradesh	4,005	11.1	37.3	0.3	51.3
Nagaland	15,268	4.1	31.8	9.1	55.0

Source: Census of India, 2011

Table 6.24 Percentage of slum households as per location of source of drinking water

State/UT	total number of households	within the premises	near the premises	away
India	1,37,49,424	56.7	31.9	11.4
Punjab	2,96,482	89.2	7.9	2.8
Uttarakhand	89,398	83.5	11.6	4.9
Sikkim	8,612	82.0	13.2	4.8
Andaman and Nicobar Islands	3,053	81.8	13.1	5.1
Jammu & Kashmir	96,990	80.7	13.3	5.9
Himachal Pradesh	14,240	79.9	14.0	6.1
Kerala	54,849	79.4	15.6	5.0
Assam	48,122	74.4	14.5	11.2
Haryana	3,25,997	73.4	18.0	8.6
Uttar Pradesh	9,92,728	71.0	21.7	7.2
Goa	4,846	70.8	27.0	2.1
Puducherry	35,070	70.2	28.4	1.4
Rajasthan	3,83,134	69.2	20.4	10.4
Maharashtra	24,49,530	64.6	28.3	7.1
Bihar	1,94,065	64.5	24.2	11.3
Gujarat	3,60,291	64.0	25.5	10.5
Andhra Pradesh	24,21,268	61.8	27.0	11.2
Arunachal Pradesh	4,005	57.3	33.6	9.1
Tripura	33,830	55.8	24.6	19.6
Mizoram	16,240	55.3	30.5	14.2
Meghalaya	10,936	53.0	30.2	16.7
West Bengal	13,93,319	51.7	32.3	16.0
NCT of Delhi	3,83,609	50.9	39.6	9.5
Karnataka	7,28,277	46.4	39.0	14.6
Jharkhand	79,200	46.0	29.6	24.4
Nagaland	15,268	45.0	28.7	26.4
Madhya Pradesh	10,86,692	39.9	39.7	20.5
Tamil Nadu	14,51,690	39.3	53.7	7.0
Odisha	3,50,306	38.0	32.7	29.3
Chhattisgarh	3,95,297	35.6	48.9	15.5
Chandigarh	22,080	5.6	76.8	17.7

Source: Census of India, 2011

Table 6.25 Percentage of urban households as per access to toilet facilities

State/UT	total number of households	% of households having latrine facility within the premises					% of households not having latrine facility within the premises		
		total	flush/ pour flush latrine connected to			others	total	public latrine	open defecation
			piped sewer system	septic tank	other system				
India	7,88,65,937	81.4	32.7	38.2	1.7	8.8	18.6	6.0	12.6
Chandigarh	2,28,276	87.6	85.9	0.9	0.2	0.6	12.4	9.2	3.2
Punjab	20,94,067	93.4	63.7	19.9	1.9	7.8	6.6	0.8	5.8
NCT of Delhi	32,61,423	89.8	60.5	24.7	0.9	3.8	10.2	7.1	3.0
Gujarat	54,16,315	87.7	60.4	24.2	0.5	2.5	12.3	3.6	8.7
Haryana	17,51,901	89.9	54.8	23.8	2.0	9.4	10.1	1.3	8.8
Karnataka	53,15,715	84.9	53.3	17.0	1.2	13.4	15.1	4.4	10.7
Himachal Pradesh	1,66,043	89.1	40.7	45.3	0.9	2.1	10.9	4.0	6.9
Maharashtra	1,08,13,928	71.3	37.8	28.6	0.9	4.0	28.7	21.0	7.7
Sikkim	35,761	95.2	34.4	55.7	1.8	3.3	4.8	2.6	2.2
Andhra Pradesh	67,78,225	86.1	33.7	44.4	1.3	6.7	13.9	2.0	11.9
Uttarakhand	5,92,223	93.6	31.7	53.1	1.2	7.7	6.4	1.7	4.7
Uttar Pradesh	74,49,195	83.1	28.3	46.9	2.0	5.9	16.9	2.1	14.8
Tamil Nadu	89,29,104	75.1	27.4	37.9	1.1	8.7	24.9	8.6	16.2
Rajasthan	30,90,940	82.0	25.6	45.6	2.4	8.4	18.0	1.3	16.7
Jammu & Kashmir	5,17,168	87.5	25.3	37.9	5.3	18.9	12.5	1.8	10.7
Madhya Pradesh	38,45,232	74.2	20.2	50.1	1.2	2.7	25.8	3.3	22.5
Puducherry	2,06,143	82.0	19.9	60.9	0.3	1.0	18.0	5.8	12.2
Goa	1,98,139	85.3	18.6	59.3	2.7	4.6	14.7	5.2	9.5
Assam	9,92,742	93.7	15.0	50.3	5.8	22.7	6.3	1.3	5.0
Kerala	36,20,696	97.4	14.3	56.7	4.3	22.1	2.6	0.9	1.7
Jharkhand	14,95,642	67.2	14.0	49.2	1.5	2.5	32.8	1.8	31.0
Arunachal Pradesh	65,891	89.5	13.8	53.6	7.5	14.6	10.5	3.8	6.7
West Bengal	63,50,113	85.0	13.6	45.4	2.5	23.5	15.0	3.7	11.3
Odisha	15,17,073	64.8	11.5	45.0	2.3	6.0	35.2	2.0	33.2
Meghalaya	1,16,102	95.7	9.7	68.7	4.5	12.8	4.3	1.9	2.4
Chhattisgarh	12,38,738	60.2	9.1	48.6	1.0	1.5	39.8	5.4	34.4
Dadra & Nagar Haveli	37,655	81.3	8.0	71.7	0.5	1.0	18.7	7.6	11.1
Manipur	1,71,400	95.8	7.4	43.1	13.2	32.1	4.2	1.9	2.3
Bihar	20,13,671	69.0	7.2	52.7	3.5	5.5	31.0	2.2	28.9
Tripura	2,35,002	97.9	6.7	37.6	5.7	47.9	2.1	0.8	1.3
Daman & Diu	47,631	85.4	6.3	77.6	0.3	1.2	14.6	10.5	4.1
Mizoram	1,16,203	98.5	5.1	71.3	4.4	17.7	1.5	0.6	0.9
Nagaland	1,15,054	94.6	4.5	67.3	7.4	15.5	5.4	3.2	2.2
Andaman and Nicobar Islands	34,346	87.1	3.0	83.2	0.6	0.2	12.9	5.1	7.8
Lakshadweep	8,180	97.7	2.9	93.8	0.5	0.5	2.3	0.4	1.9

Source: Census of India, 2011

Table 6.26 Percentage of slum households as per access to toilet facilities

State/UT	total number of households	% of households having latrine facility within the premises					% of households not having latrine facility within the premises		
		total	flush/ pour flush latrine connected to			others	total	public latrine	open defecation
			piped sewer system	septic tank	other system				
India	1,37,49,424	66.0	24.5	31.4	1.8	36.8	34.0	15.1	18.9
Punjab	2,96,482	88.7	58.3	18.5	2.4	13.8	11.3	0.8	10.5
Haryana	3,25,997	80.0	45.9	19.1	2.6	23.3	20.0	2.7	17.3
NCT of Delhi	3,83,609	50.1	43.0	4.0	0.9	51.6	49.9	37.4	12.5
Gujarat	3,60,291	64.4	40.3	20.2	0.8	37.0	35.6	14.3	21.3
Karnataka	7,28,277	63.3	33.3	13.1	1.6	39.0	36.7	11.7	25.0
Himachal Pradesh	14,240	85.5	32.5	43.7	0.8	21.7	14.5	5.1	9.4
Tamil Nadu	14,51,690	61.0	30.7	24.2	1.0	41.0	39.0	15.9	23.1
Andhra Pradesh	24,21,268	82.3	29.7	43.9	1.5	20.9	17.7	2.9	14.8
Goa	4,846	60.9	29.6	29.1	1.8	39.5	39.1	31.7	7.3
Uttarakhand	89,398	91.7	27.7	53.4	1.9	10.4	8.3	2.2	6.1
Jammu & Kashmir	96,990	88.2	25.9	22.4	6.9	40.3	11.8	2.7	9.1
Maharashtra	24,49,530	41.6	23.0	13.8	1.1	60.4	58.4	48.6	9.8
Sikkim	8,612	91.0	22.8	60.1	2.2	10.8	9.0	6.3	2.6
Rajasthan	3,83,134	71.6	22.0	35.4	2.4	34.8	28.4	2.1	26.3
Uttar Pradesh	9,92,728	77.5	20.5	47.4	2.7	27.0	22.5	3.8	18.8
Meghalaya	10,936	92.7	18.9	59.9	6.6	11.4	7.3	3.6	3.7
Kerala	54,849	93.2	15.6	52.1	3.8	9.1	6.8	3.5	3.3
West Bengal	13,93,319	82.5	14.6	42.6	3.0	19.2	17.5	6.4	11.1
Madhya Pradesh	10,86,692	62.9	13.6	44.3	1.5	39.2	37.1	5.5	31.6
Assam	48,122	86.4	13.1	40.5	6.6	26.7	13.6	3.1	10.5
Puducherry	35,070	62.8	11.5	49.4	0.5	37.5	37.2	12.3	24.9
Arunachal Pradesh	4,005	83.7	6.0	39.0	5.3	43.6	16.3	2.8	13.5
Jharkhand	79,200	52.7	5.9	42.5	1.5	48.4	47.3	5.4	41.9
Odisha	3,50,306	48.1	5.4	33.0	2.2	55.7	51.9	3.5	48.3
Mizoram	16,240	99.3	5.0	77.0	3.9	7.1	0.7	0.3	0.5
Nagaland	15,268	93.3	4.4	66.4	5.7	15.3	6.7	5.4	1.3
Bihar	1,94,065	53.8	4.4	39.7	3.6	48.9	46.2	3.7	42.5
Tripura	33,830	95.4	4.3	30.5	7.9	19.6	4.6	2.6	2.0
Andaman and Nicobar Islands	3,053	66.1	4.1	61.5	0.2	34.2	33.9	20.0	14.0
Chhattisgarh	3,95,297	48.7	3.6	42.2	1.1	52.1	51.3	9.7	41.6
Chandigarh	22,080	3.9	1.6	1.1	0.1	96.4	96.1	76.6	19.4

Source: Census of India, 2011

Table 6.27 Percentage of urban households as per access to drainage facilities

State/UT	total number of households	% of households as per access to drainage facilities		
		covered drainage	open drainage	no drainage
India	7,88,65,937	44.5	37.3	18.2
Chandigarh	2,28,276	87.3	8.7	4.0
Gujarat	54,16,315	69.4	13.2	17.4
Himachal Pradesh	1,66,043	65.0	28.6	6.4
Maharashtra	1,08,13,928	62.7	28.4	8.8
NCT of Delhi	32,61,423	60.3	35.7	4.0
Punjab	20,94,067	57.6	33.3	9.1
Karnataka	53,15,715	56.5	31.1	12.4
Goa	1,98,139	54.8	23.2	22.0
Andhra Pradesh	67,78,225	49.6	38.7	11.7
Haryana	17,51,901	49.4	42.8	7.8
Dadra & Nagar Haveli	37,655	47.0	15.7	37.3
Daman & Diu	47,631	46.5	30.7	22.8
Tamil Nadu	89,29,104	44.8	30.2	25.1
Uttarakhand	5,92,223	42.3	50.6	7.1
Sikkim	35,761	39.5	52.6	7.9
Rajasthan	30,90,940	34.4	51.6	14.0
Kerala	36,20,696	33.5	21.0	45.5
Jammu & Kashmir	5,17,168	32.7	50.4	16.9
Puducherry	2,06,143	32.3	50.2	17.4
Uttar Pradesh	74,49,195	32.2	61.2	6.6
Madhya Pradesh	38,45,232	31.9	50.4	17.7
Bihar	20,13,671	30.0	41.4	28.6
Jharkhand	14,95,642	24.9	45.9	29.2
West Bengal	63,50,113	24.4	42.4	33.2
Mizoram	1,16,203	20.4	59.1	20.5
Odisha	15,17,073	19.9	39.2	41.0
Meghalaya	1,16,102	17.9	62.5	19.7
Chhattisgarh	12,38,738	17.5	51.4	31.1
Arunachal Pradesh	65,891	15.7	50.6	33.8
Assam	9,92,742	15.4	40.9	43.7
Lakshadweep	8,180	14.8	11.1	74.1
Andaman and Nicobar Islands	34,346	12.1	74.0	14.0
Nagaland	1,15,054	8.6	67.9	23.5
Tripura	2,35,002	7.3	46.2	46.6
Manipur	1,71,400	6.0	64.4	29.6

Source: Census of India, 2011

Table 6.28 Percentage of slum households as per access to drainage facilities

State/UT	total number of households	% of households as per access to drainage facilities		
		closed drainage	open drainage	no drainage
India	1,37,49,424	36.9	44.3	18.8
Goa	4,846	61.5	23.8	14.7
Himachal Pradesh	14,240	57.9	31.6	10.5
Maharashtra	24,49,530	57.4	34.8	7.7
Gujarat	3,60,291	50.6	21.9	27.6
Punjab	2,96,482	49.8	38.8	11.3
NCT of Delhi	3,83,609	48.7	45.6	5.7
Andhra Pradesh	24,21,268	43.2	44.3	12.4
Tamil Nadu	14,51,690	42.1	29.0	28.9
Haryana	3,25,997	38.4	52.0	9.6
Sikkim	8,612	35.3	59.8	4.9
Karnataka	7,28,277	34.9	49.0	16.1
Kerala	54,849	31.7	30.7	37.6
Uttarakhand	89,398	29.8	64.4	5.8
Jammu & Kashmir	96,990	26.9	54.2	18.9
Rajasthan	3,83,134	26.6	56.6	16.8
West Bengal	13,93,319	25.0	43.8	31.3
Mizoram	16,240	23.8	61.4	14.8
Uttar Pradesh	9,92,728	21.5	70.7	7.7
Puducherry	35,070	20.9	53.2	25.9
Madhya Pradesh	10,86,692	20.8	57.1	22.1
Meghalaya	10,936	19.6	61.6	18.9
Bihar	1,94,065	19.2	39.5	41.2
Chandigarh	22,080	15.6	56.8	27.6
Jharkhand	79,200	14.4	41.6	44.0
Assam	48,122	12.1	37.8	50.1
Andaman and Nicobar Islands	3,053	10.3	82.1	7.7
Chhattisgarh	3,95,297	10.2	56.8	33.1
Odisha	3,50,306	9.4	36.7	53.9
Nagaland	15,268	5.0	80.0	15.0
Arunachal Pradesh	4,005	4.2	33.5	62.3
Tripura	33,830	3.9	43.3	52.8

Source: Census of India, 2011

Annexure I

A summary of the rights under the Convention on the Rights of the Child[105]

- Article 1 (Definition of the child): The convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the convention, has encouraged states to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18.

- Article 2 (Non-discrimination): The convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

- Article 3 (Best interests of the child): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

- Article 4 (Protection of rights): Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. When countries ratify the convention, they agree to review their laws relating to children. This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services. Governments are then obliged to take all necessary steps to ensure that the minimum standards set by the convention in these areas are being met. They must help families protect children's rights and create an environment where they can grow and reach their potential. In some instances, this may involve changing existing laws or creating new ones. Such legislative changes are not imposed, but come about through the same process by which any law is created or reformed within a country. Article 41 of the convention points out that when a country already has higher legal standards than those seen in the convention, the higher standards always prevail.

- Article 5 (Parental guidance): Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly. Helping children to understand their rights does not mean pushing them to make choices with consequences that they are too young to handle. Article 5 encourages parents to deal with rights issues 'in a manner consistent with the evolving capacities of the child'. The convention does not take responsibility for children away from their parents and give more authority to governments. It does place on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children.

- Article 6 (Survival and development): Children have the right to live. Governments should ensure that children survive and develop healthily.

- Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognised by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.

- Article 8 (Preservation of identity): Children have the right to an identity—an official record of who they are. Governments should respect children's right to a name, a nationality and family ties.

- Article 9 (Separation from parents): Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.

- Article 10 (Family reunification): Families whose members live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

- Article 11 (Kidnapping): Governments should take steps to stop children being taken out of their own country illegally. This article is particularly concerned with parental abductions. The Convention's Optional Protocol on the sale of children, child prostitution and child pornography has a provision that concerns abduction for financial gain.

- Article 12 (Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. This does not mean that children can now tell their parents what to do. This convention encourages adults to listen to the opinions of children and involve them in decision-making—not give children authority over adults. Article 12 does not interfere with parents' right and responsibility to express their views on matters affecting their children. Moreover, the convention recognises that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers greater weight than those of a pre–schooler, whether in family, legal or administrative decisions.

- Article 13 (Freedom of expression): Children have the right to get and share information, as long as the information is not damaging to them or others. In exercising the right to freedom of expression, children have the responsibility to also respect the rights, freedoms and reputations of others. The freedom of expression includes the right to share information in any way they choose, including by talking, drawing or writing.

- Article 14 (Freedom of thought, conscience and religion): Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should help guide their children in these matters. The convention respects the rights and duties of parents in providing religious and moral guidance to their children. Religious groups around the world have expressed support for the convention, which indicates that it in no way prevents parents from bringing up their children within a religious tradition. At the same time, the convention recognises that as children mature and are able to form their own views, some may question certain religious practices or cultural traditions. The convention supports children's right to examine their beliefs, but it also states that their right to express their beliefs implies respect for the rights and freedoms of others.

- Article 15 (Freedom of association): Children have the right to meet together and to join groups and organisations, as long as it does not stop other people from enjoying their rights. In exercising their rights, children have the responsibility to respect the rights, freedoms and reputations of others.

- Article 16 (Right to privacy): Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

- Article 17 (Access to information; mass media): Children have the right to get information that is important to their health and well-being. Governments should encourage mass media – radio, television, newspapers and Internet content sources – to provide information that children can understand and to not promote materials that could harm children. Mass media should particularly be encouraged to supply information in languages that minority and indigenous children can understand. Children should also have access to children's books.

- Article 18 (Parental responsibilities; state assistance): Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments must respect the responsibility of parents for providing appropriate guidance to their children—the Convention does not take responsibility for children away from their parents and give more authority to governments. It places a responsibility on governments to provide support services to parents, especially if both parents work outside the home.

- Article 19 (Protection from all forms of violence): Children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for

and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. In terms of discipline, the convention does not specify what forms of punishment parents should use. However any form of discipline involving violence is unacceptable. There are ways to discipline children that are effective in helping them learn about family and social expectations for their behaviour—ones that are non-violent are appropriate to the child's level of development and take the best interests of the child into consideration. In most countries, laws already define what sorts of punishments are considered excessive or abusive. It is up to each government to review these laws in light of the convention.

- Article 20 (Children deprived of family environment): Children who cannot be looked after by their own family have a right to special care and must be looked after properly by people who respect their ethnic group, religion, culture and language.

- Article 21 (Adoption): Children have the right to care and protection if they are adopted or in foster care. The first concern must be what is best for them. The same rules should apply whether they are adopted in the country where they were born, or if they are taken to live in another country.

- Article 22 (Refugee children): Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this convention.

- Article 23 (Children with disabilities): Children who have any kind of disability have the right to special care and support, as well as all the rights in the convention so that they can live full and independent lives.

- Article 24 (Health and health services): Children have the right to good quality health care—the best health care possible—to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.

- Article 25 (Review of treatment in care): Children who are looked after by their local authorities, rather than their parents, have the right to have these living arrangements looked at regularly to see if they are the most appropriate. Their care and treatment should always be based on 'the best interests of the child'. (see Guiding Principles, Article 3)

- Article 26 (Social security): Children—either through their guardians or directly—have the right to help from the government if they are poor or in need.

- Article 27 (Adequate standard of living): Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing.

- Article 28: (Right to education): All children have the right to a primary education, which should be free. Wealthy countries should help poorer countries achieve this right. Discipline in schools should respect children's dignity. For children to benefit from education, schools must be run in an orderly way—without the use of violence. Any form of school discipline should take into account the child's human dignity. Therefore, governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect. The Convention places a high value on education. Young people should be encouraged to reach the highest level of education of which they are capable.

- Article 29 (Goals of education): Children's education should develop each child's personality, talents and abilities to the fullest. It should encourage children to respect others human rights and their own and other cultures. It should also help them learn to live peacefully, protect the environment and respect other people. Children have a particular responsibility to respect the rights of their parents, and education should aim to develop respect for the values and culture of their parents. The convention does not address such issues as school uniforms, dress codes, the singing of the national anthem or prayer in schools. It is up to governments and school officials in each country to determine whether, in the context of their society and existing laws, such matters infringe upon other rights protected by the convention.

- Article 30 (Children of minorities/indigenous groups): Minority or indigenous children have the right to learn about and practice their own culture, language

and religion. The right to practice one's own culture, language and religion applies to everyone; the convention here highlights this right in instances where the practices are not shared by the majority of people in the country.

- Article 31 (Leisure, play and culture): Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities.

- Article 32 (Child labour): The government should protect children from work that is dangerous or might harm their health or their education. While the convention protects children from harmful and exploitative work, there is nothing in it that prohibits parents from expecting their children to help out at home in ways that are safe and appropriate to their age. If children help out in a family farm or business, the tasks they do should be safe and suited to their level of development and comply with national labour laws. Children's work should not jeopardise any of their other rights, including the right to education, or the right to relaxation and play.

- Article 33 (Drug abuse): Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade.

- Article 34 (Sexual exploitation): Governments should protect children from all forms of sexual exploitation and abuse. This provision in the convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

- Article 35 (Abduction, sale and trafficking): The government should take all measures possible to make sure that children are not abducted, sold or trafficked. This provision in the convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

- Article 36 (Other forms of exploitation): Children should be protected from any activity that takes advantage of them or could harm their welfare and development.

- Article 37 (Detention and punishment): No one is allowed to punish children in a cruel or harmful way. Children who break the law should not be treated cruelly. They should not be put in prison with adults, should be able to keep in contact with their families, and should not be sentenced to death or life imprisonment without possibility of release.

- Article 38 (War and armed conflicts): Governments must do everything they can to protect and care for children affected by war. Children under 15 should not be forced or recruited to take part in a war or join the armed forces. The convention's Optional Protocol on the involvement of children in armed conflict further develops this right, raising the age for direct participation in armed conflict to 18 and establishing a ban on compulsory recruitment for children under 18.

- Article 39 (Rehabilitation of child victims): Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.

- Article 40 (Juvenile justice): Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. Governments are required to set a minimum age below which children cannot be held criminally responsible and to provide minimum guarantees for the fairness and quick resolution of judicial or alternative proceedings.

- Article 41 (Respect for superior national standards): If the laws of a country provide better protection of children's rights than the articles in this convention, those laws should apply.

- Article 42 (Knowledge of rights): Governments should make the convention known to adults and children. Adults should help children learn about their rights, too. (See also article 4.)

- Articles 43–54 (implementation measures): These articles discuss how governments and international organisations like UNICEF should work to ensure children are protected vis–a–vis their rights.

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