

PLAN FOR EVERY CHILD

GENDER VULNERABILITY INDEX REPORT - I



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FOREWORD

The rights of girls and women is a key priority across the world and there should be no compromise in its' attainment.

Plan India In an attempt to develop collective perspectives and generate a normative consensus on the status of girls and women in India, has broken new ground and pioneered a gender vulnerability assessment tool designed to be used by policymakers, development practitioners, academicians, gender experts, Non-Government Organisations among others. The Gender Vulnerability Index (GVI), is an initiative towards a landscape analysis taking into account four core dimensions:

The salient objectives of the initiative are as below:

- a) Education
- b) Health and Survival
- c) Poverty
- d) Protection

It is well understood that the four dimensions are complementary and improvements or shortfalls in one domain may to lead to corresponding changes in any or all of the others. We present the rationale of the four chosen core dimensions and indicators, as well as a bird's eye view of the state of girls in India.

Every girl and woman is vulnerable to many other aspects and circumstances outside the purview of the four dimensions. However, we resort to these for the sake of consistency across the Indian states. With a hundred and seventy indicators, our aim is to comprehensively capture and track national efforts on empowering girls and young women and in creating a safe, equitable and supportive environment for them to learn, lead, decide and thrive.



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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Checkup
BE	Budget Estimates
BIAAG	Because I am a Girl
CBCPM	Community Based Child Protection Mechanism
CPC	Child Protection Committee
CSR	Child Sex Ratio
DISE	District Information System for Education
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education
ECE	Early Childhood Education
GVI	Gender Vulnerability Index
GBV	Gender Based Violence
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
ICPS	Integrated Child Protection Scheme
ICTC	Integrated Counselling and Testing Centre
IMR	Infant Mortality Rate
JSSK	Janani Sishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
MOSPI	Ministry of Statistics and Programme Implementation
NCPCR	National Commission for Protection of Child Rights
NCRB	National Crime Records Bureau
NER	Net Enrolment Rate
NFHS	National Family Health Survey

NITI Aayog	National Institution for Transforming India (Aayog is Hindi for "commission")
NSSO	National Sample Survey Organisation
POCSO	Protection of Children from Sexual Offences Act
PTR	Pupil-Teacher Ratio
RE	Revised Estimates
RMNCH+A	Reproductive, Maternal, New-Born, Child and Adolescent Health
RTE	Right of Children to Free and Compulsory Education Act
SDG	Sustainable Development Goal
U5MR	Under Five Mortality Rate
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund

A young girl in a yellow headscarf is carrying a large, heavy basket of sticks on her back. She is looking directly at the camera with a serious expression. The background is a blurred outdoor setting.

INTRODUCTION

Every child is born with the same inalienable right to a healthy start in life, an education and a safe, secure childhood – all the basic opportunities that can translate into a productive and prosperous adulthood. But around the world, we are confronted with an uncomfortable but undeniable truth. Millions of children's lives are blighted, for no other reason than the household, community, gender or circumstances into which they are born. Millions of children are denied their basic rights due to their race, ethnicity or gender; which is further exacerbated because they live in poverty or with a disability.

Children are in especially difficult circumstances when their basic needs for food, shelter, education, medical care, protection, discrimination and security are not met. A majority of these marginalized, excluded and vulnerable children, are girls¹. Gender inequality compounds all forms of exclusion². A child, particularly a girl who is born or forced into a situation of marginalisation and exclusion is at further risk of abuse, neglect and exploitation.

In India, 39% of the 1.21 billion population i.e., about 472 million are children (0-18 years) - the highest proportion in the world, and constitute 19% of the world's population of children. Nearly 29% of the children are in the age group of 0-5 years. The child sex ratio (0-6 years) is at 919³ (rural- 923, urban- 905) and the sex ratio at birth is at 900⁴ (rural- 903, urban- 890). Though the girl child comprises nearly half of the population under 18 years, girls in India face a spectrum of multifaceted issues at different ages. The Picture below depicts the different challenges the girls face during the life cycle.

Plan India follows a Lifecycle Approach which caters from birth of a girl child to 18 years.

Plan India as part of its BIAAG report, identified the different vulnerabilities/ issues the girl child face through out the life cycle.

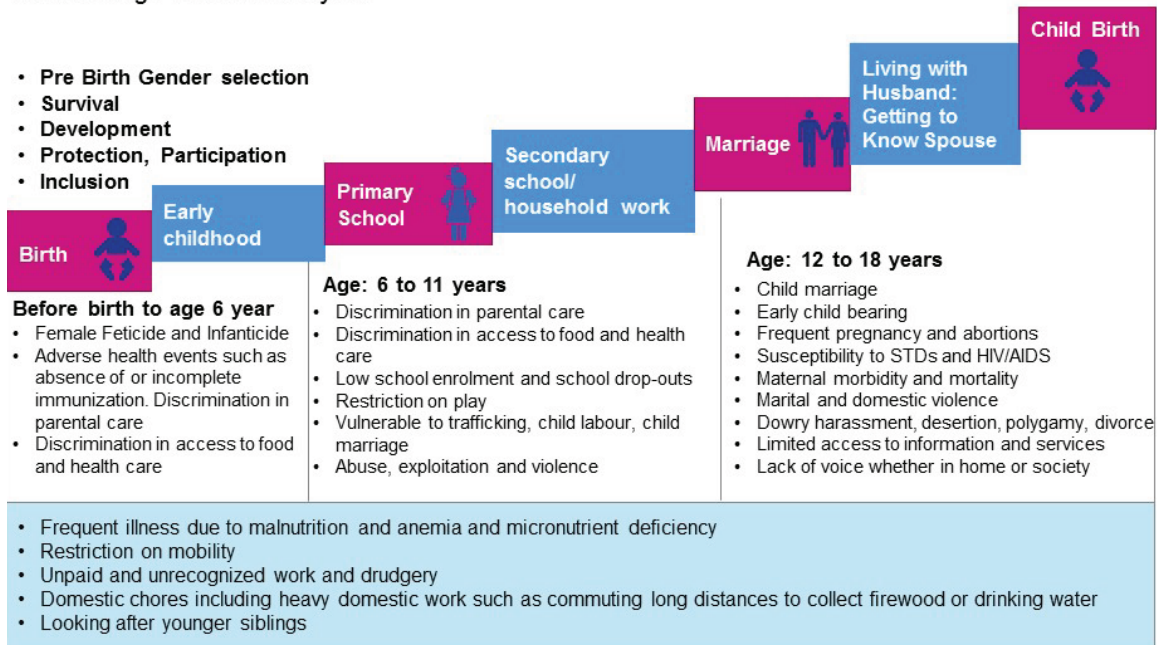


Figure 1.1: The Lifecycle Approach

More than ever, we should recognize that development is sustainable only if it can be carried on and sustained by future generations. We have an opportunity to replace vicious cycles with virtuous cycles in which today's poor children are exposed to. Given a fair chance at health, education and protection from harm, they can be at par with children who are endowed with better opportunities from birth. Thus making not only their own lives better, but their societies richer in every sense of the word. For when we help a girl access the medicine and nutrition she needs to grow up healthy and strong, we not only increase her chances in life, we also decrease the economic and social costs associated with poor health and low productivity. When we educate a girl, we not only give her the tools and knowledge to make her own decisions and shape her own future, we also help raise the standard of living of her family and her community.

Gender inequality varies from place to place, but everywhere some form of gender-based discrimination, gender stereotyping and an unequal distribution of power between women and men, girls and boys and other genders is found. At the same time robust evidence demonstrates that gender equality is beneficial for girls and boys, men and women, and society as a whole. International laws, such as the

UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), also recognise that substantive equality is a key human rights principle.

Plan International has enunciated a new global strategy which has made an ambitious plan to reach out to '100 million' girls, with the thrust around gender transformative programmes in order to contribute to the achievement of the Sustainable Development Goals. Plan India has realigned its country strategy accordingly by specifically establishing the goal to reach '10 million' girls. To cater this ambitious target there is also a larger need to identify the vulnerabilities and the status of girl and women across the nation. In a series of consultations with experts, there was a felt need to define '**Vulnerability**' within the Lifecycle Approach. These deliberations have led to the development of "**The Gender Vulnerability Index**", henceforth GVI, a first of its kind in the country, where states have been ranked based on their performance.

At this juncture there are multiple indicators available across the board to capture various themes around Gender Vulnerability, however, it is not captured in a comprehensive and consolidated manner. The GVI, developed by Plan India, is an attempt to see the vulnerabilities faced by girls and women across all major dimensions. The GVI is an accessible tool and novel lens which can be used to realign and revisit priority areas.



EXISTING INDICES

There are several indices that cover the discipline of development, some of which focus on girls and children. The Government of India's Digital Gender Atlas aims to see the status of Girls' education using i) Composite Gender Ranking (ii) Trend Analysis of Gender Indicators (iii) Vulnerabilities based on educational indicators in districts with substantial tribal, schedule caste, minority population in educationally backward blocks and in left wing extremist districts, and the low sex ratio districts selected under Beti Bachao Beti Padhao programme. The India Child Rights index by HAQ centre attempted to see the status of child rights in the country and rank the Indian states respectively. The Women Empowerment Index, introduced by the Hindustan Times, covers vital features for expansion of freedom and agency. While composite indices are fundamental in the analysis of multidimensional phenomena, their relevance continues to be vital to policy. The dimensions of GVI have been observed in isolation through a number of policy tools, while the GVI aims to move the lens further to capture a wider scope of gender equality in India.

TOPIC	SOURCE	BRIEF
National Indices		
INDIA CHILD RIGHTS INDEX	http://haqrcrc.org/wp-content/uploads/2016/07/india-child-rights-index.pdf HAQ Centre; Year 2011.	The Key Indicators Used are: Overall National Ranking Overall GDP Birth Registration Sex Ratio Early Childhood Care Child Marriage Child Labour 5-14 Education Health Crimes Against Children Crimes By Children.
DIGITAL GENDER ATLAS FOR GIRLS' EDUCATION IN INDIA	http://103.7.128.243/atlas/	A composite index that covers the education sector for advancing girls' education. Access, Infrastructure, Outcome and Teachers are the chief categories covered.
WOMEN EMPOWERMENT INDEX' (WEI)	http://www.hindustantimes.com/interactives/women-empowerment-index/	The Hindustan Times in India published the Women Empowerment Index with state rankings, some of the indicators used were: Currently married women who usually participate in household decisions (%) Women who worked in the last 12 months who were paid in cash (%) Ever-married women who have ever experienced spousal violence (%) Women having a bank or savings account that they themselves use (%)
HEALTH OUTCOMES INDEX	http://social.niti.gov.in/health-index	Health Outcomes Index takes into account health monitoring integrity, health governance, health system delivery and key outcomes. A total of 28 Indicators were considered to arrive at the index value.
SCHOOL EDUCATION QUALITY INDEX (SEQI)	http://social.niti.gov.in/education-index	Niti Ayog has developed the school education quality index taking into account learning outcomes and quality/access outcomes/equity outcomes/ governance processes; a total of 44 indicators were considered to arrive at the index value.

GENDER PARITY INDEX	https://data.gov.in/keywords/gender-parity-index	The group of indices cover higher education, primary education. The index is a ratio of the female to male values and includes parity by social groups as well.
POVERTY AND VULNERABILITY IN URBAN INDIA	http://iihs.co.in/knowledge-gateway/wp-content/uploads/2015/07/IIHS-RF_Poverty_Edited-changes-accepted_Reduced-size.pdf	This study assessed the current situation in urban areas, tracing paradigms, reach, access, affordability, quality, and appropriate use of government services. It also examined any patterns, trends, or aspects that are particular to urban areas, if so then the causes for these patterns. Further they examined income and expenditure-based poverty, is income and poverty the primary determinant of vulnerability. Finally, the implications of these particularities in framing policy responses.
Relevant Global Indices		
GENDER INEQUALITY INDEX	http://hdr.undp.org/en/composite/GII	India ranks 131 in Gender Inequality Index, GII. The Index focuses on Health, Empowerment and Labour Market and develops a Male Gender Index and a Female Gender Index.
GENDER DEVELOPMENT INDEX	http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf	Considerations include a long and healthy life, knowledge measured by literacy and education and a decent standard of living
HUMAN DEVELOPMENT INDEX		Expanding human choices is the foundation of the HDI which regards life expectancy, expected years of schooling, mean years of schooling and Gross National Income per capita (GNI) as its components
MULTIDIMENSIONAL POVERTY INDEX	http://www.ophi.org.uk/research/multidimensional-poverty/(OPHI)	The MPI reconceptualises the measurement of poverty, away from solely monetary or income poverty, to include deprivations relating to living standards, health and education among others. The intensity is measured, and a counting vector, and cut-off points are established to identify and aggregate the poor

Table 1.1: National and Global Indices

Though many reports and Indices are available, but to measure the vulnerability from key dimensions is not attempted; this may be due to lack of data and also as these dimensions are complex by themselves. To see them from a single prism is also to complicate the process further and show a diminishing status.

CONCEPTUALISATION OF THE GENDER VULNERABILITY INDEX

When Plan India initiated the process of developing the Gender Vulnerability Index and started looking at possible dimensions where girls and women are vulnerable, we found that the following dimensions were prominent in defining the status of girls and women, as depicted below:

The two key challenges faced during the process were

1. Lack of data in many dimensions, or in other words, insufficient indicators to develop a composite index
2. The dimensions are strongly correlated as they can't be seen in isolation and need to be aligned to one or the other dimensions.

To address these challenges post deliberations the key four dimensions, Protection, Poverty, Education and Health have been identified and selected, as depicted (Figure 1.3).

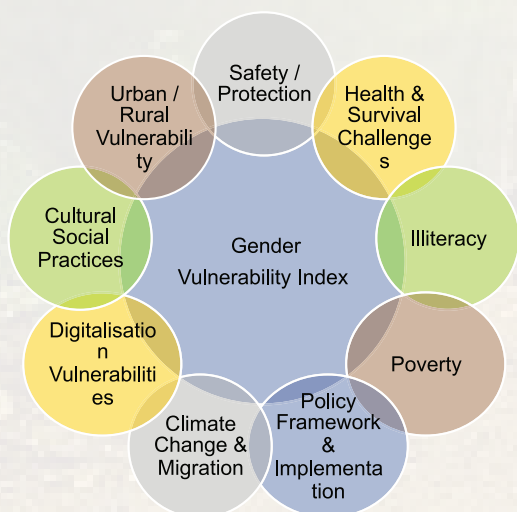


Figure 1.2: Prominent Indicators of Gender Vulnerability

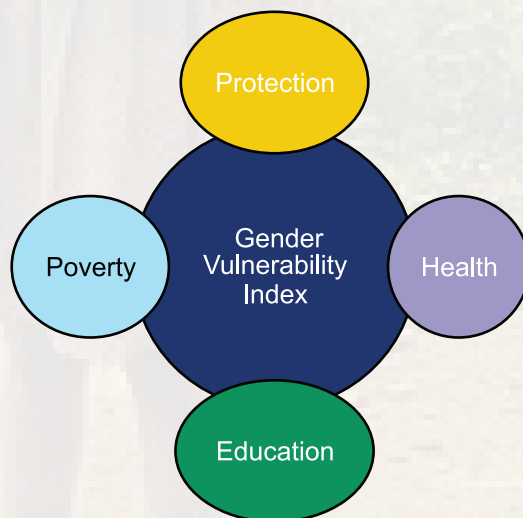


Figure 1.3: Chosen Indicators

METHODOLOGY

As mentioned above, the Gender Vulnerability Index, is a multifaceted index which gives the composite value within the dimension and in totality as the Gender Vulnerability Index. Hence the methodology adopted was very similar to international standards used by HDI and other prominent studies.

The following steps were adapted to arrive at the index.

Step 1: Establishing a Conceptual Framework for Gender Vulnerability

Plan's Lifecycle Approach (Figure 1.1) has been utilised for establishing and defining Vulnerability for girls and women in India as it incorporates native issues and challenges, which are relevant to the local context and eliminate the static definitions of gender by covering major challenges faced by girls and women across the lifecycle. We revisit the concept in more detail in the next sections.

Step 2: Finalising the Dimensions

As stated above when initially the deliberation started, the following dimensions were identified

- Safety / Protection
- Health & Survival Challenges
- Illiteracy
- Poverty
- Policy Framework & Implementation
- Climate Change & Migration
- Digitalisation Vulnerabilities
- Cultural Social Practices
- Urban /Rural Vulnerability

Taking into account availability of reliable data sources, examining the interdependence of dimensions on other major dimension and further the effectiveness of the dimension in impacting the lives of girls and women, these dimensions were further categorised into four major dimensions, namely

- Protection
- Health
- Education
- Poverty

Step 3: Identifying the Indicators and consolidating the data

One of the crucial features in the research process is identifying the indicators, which is contingent upon the availability of state-wise data, as one of the chief aims of the Index is to provide state wise estimations. Hence from a list of nearly 1000+ Indicators , under each dimension taking the most relevant indicator which has the appropriate influence in determining vulnerability has been considered and a total of 170 indicators on which the data is available across all the states in India, has been taken in to account. The structure of the dimensions is as follows:

Dimension	No of Indicators
Protection	26
Education	68
Health	57
Poverty	19

Table 1.2: Number of indicators in the dimensions

All the state wise data points are compiled and arranged into a dataset .The 170 indicators are taken from different data sources namely Census 2011, National Family Health Survey IV, Health Management Information System, District Information for School Education, Rapid Survey on Children, Annual Economic Survey, Annual Survey on Education report and National Achievement Survey. The report largely incorporates this data in the analysis of the index. The only limitation in consolidating the data is for Union Territories and in few smaller states from where these data points are not available; hence Union Territories have been discarded from this list (Delhi, however, is included)

Step 4: Normalising the values

It's important to Normalise the values to bring them on a uniform scale, as the data points are of different time periods, sources. Hence to normalise the values the standard global practice of Yehulashet⁵ principal has been used. Every Indicator will be either a Positive indicator, where increase in the value means performance in the same area is good or a Negative Indicator, where decrease in the value means performance in the area is good. Hence the normalisation is also applied as follows

For Positive Indicators	$(\text{Actual value} - \text{minimum value in the array}) / (\text{maximum value in the array} - \text{minimum value in the array})$
For Negative Indicators	$(\text{Maximum Value in the array} - \text{Actual Value}) / (\text{maximum value in the array} - \text{minimum value in the array})$

Table 1.3: Normalisation of Different Indicators

Step 5: Calculating the Index

From the Normalised values under each dimensions the mean is calculated which will become the state value and the same is calculated using the Harmonic mean value which becomes the Dimension Index value for state and further the total GVI.

For calculating State aggregate = Average (Normalised Values of the points in the Dimension)

For Calculating Index = Harmonic mean (State Aggregates)

Step 6: Ranking the states based on GVI and Dimension Values:

As a final step, for each dimension and GVI, the ranks have been calculated using a formula for statistical ranks. The preliminary result from this process is presented below and these dimensions are explored in detail in the next section.

Category	POVERTY	PROTECTION	EDUCATION	HEALTH	GVI
Andhra Pradesh	5	26	11	5	12
Arunachal Pradesh	20	18	29	25	26
Assam	27	15	23	18	24
Bihar	30	27	25	30	30
Chhattisgarh	13	19	16	11	15

Delhi	21	28	30	24	28
Goa	8	1	5	6	1
Gujarat	10	24	15	16	16
Haryana	17	21	12	26	19
Himachal Pradesh	15	2	1	15	6
Jammu and Kashmir	28	3	24	13	20
Jharkhand	26	14	28	28	27
Karnataka	7	17	7	4	7
Kerala	12	10	8	1	2
Madhya Pradesh	25	22	26	14	25
Maharashtra	9	25	4	7	9
Manipur	1	13	17	10	5
Meghalaya	6	9	27	29	21
Mizoram	2	7	13	9	3
Nagaland	11	8	14	22	14
Odisha	23	23	21	19	23
Punjab	22	4	3	8	8
Rajasthan	24	16	20	17	22
Sikkim	18	6	2	3	4
Tamil Nadu	3	12	22	2	10
Telangana	4	20	6	20	11
Tripura	19	5	18	23	17
Uttar Pradesh	29	30	19	27	29
Uttarakhand	14	11	10	12	13
West Bengal	16	29	9	21	18

Table 1.4: The Gender Vulnerability Index, by Dimensions

Best Performance	Satisfactory Performance	Unsatisfactory Performance	Poor performance
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Though the study has used the international standards it also has following limitations which need to be considered to generalise and take values in totality:

- The values are normalised and indexed, hence there will be variations when the same is seen with actual data sets

- The GVI and final ranking is based on normalised values, the ranks generated with actual data may vary.
- If there are minute differences in the values of normalised values they may not be reflected
- As the data sources vary and different timelines have been used, standard statistical tests can't be administered on the data sets.
- These indices are calculated based on the available secondary data; no primary data has been collected and further the quality of the data is subjective.
- Conceptually, we limit ourselves to view vulnerability of girls and women as intrinsic, without drawing comparisons, as it is beyond the scope of the Index

GENDER VULNERABILITY INDEX

Today, India stands at an important junction. While narratives of social inclusion, gender parity and equity, and women's empowerment are vital accompaniments to policy, a cookie cutter approach to gender vulnerability is unsuitable. While there are thousands of national and state level responses, the burning question still remains to be answered.

Where are we?

Using The Gender Vulnerability Index (GVI), with 170 indicators, we can identify India's current status across the four dimensions of Education, Health, Poverty and Protection and draw integrated conclusions. The goals of the GVI are three pronged, firstly, the inquiry towards the measurement of Gender Vulnerability is unique to the Indian context. It is a tool to identify broadly, the challenges which the respective states face by aggregating indicators of vulnerability, by the priorities established in the Life Cycle Approach, and identifying the states which struggle to catch up to national momentum. Second, it is ultimately the parts that make up the whole, for balanced and inclusive development, the index cuts, not only across regions, but also dimensions. The dimensions of Education, Health, Poverty and Protection and their advancement are equally crucial for the development of girls and women, and their status at the regional and national levels can be measured by the index. Third, although indices are vital policy and measurement tools, there is no comparable composite index which measures Gender Vulnerability for India and her states. Improvements in the status of girls and women can have a multiplier effect on their welfare, and that of a country, thus, there exists a need to close this information gap.

The Lifecycle Approach is a Plan India framework which is rooted in the belief that the challenges women face along the lifecycle are unique, but their impact carries on throughout their life. Poor nutrition and education at birth can correspond to much more than just economic and health consequences in her future. Most,

if not all, of these challenges are hand in glove. For instance, neglect and abuse are observed before the womb, and are lifelong contributors to their vulnerability. Indicators in the index reflect the following obstacles to a fulfilling life, either directly or indirectly, and can largely be grouped in the four chosen indicators.

Plan India follows a Lifecycle Approach which caters from birth of a girl child to 18 years.

Plan India as part of its BIAAG report, identified the different vulnerabilities/ issues the girl child face through out the life cycle.

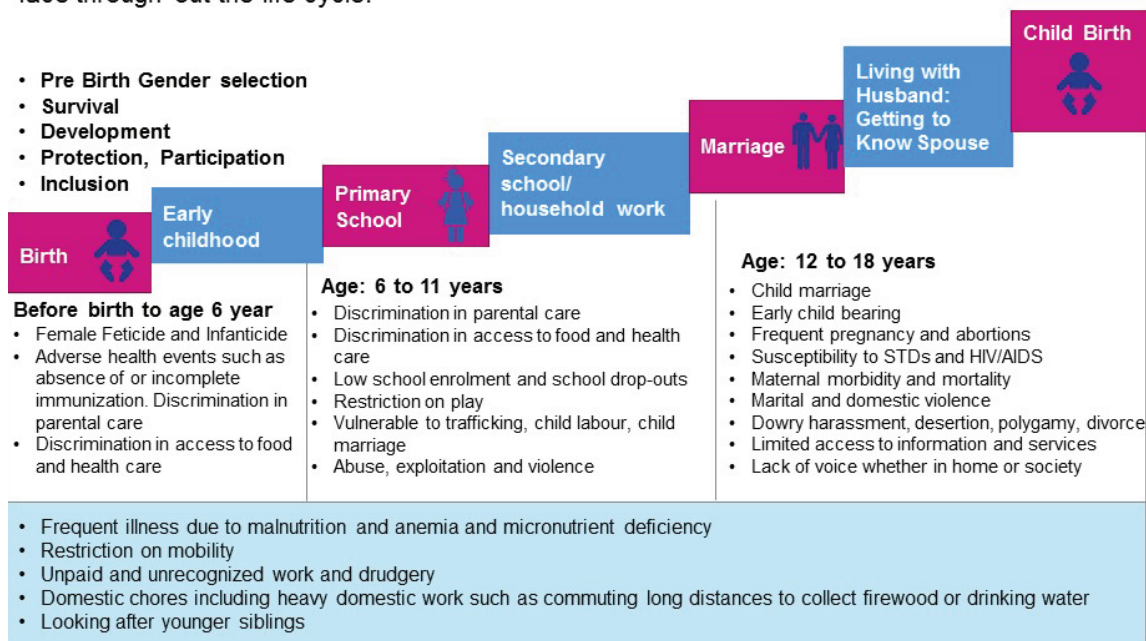


Figure 1.1: The Lifecycle Approach

The index scores can be measured on a scale of zero to one, as any traditional index, the closer the score is to one, the better is the performance. The states are given a rank of 1 to 30, 1 being the state with the best performance and 30 being the state with the poorest performance. The GVI is presented as a single figure at the level of the country, further estimations are presented for each state, by each dimension as well as at the level of the country.

Poverty	Protection	Education	Health and Survival	India
0.490	0.630	0.499	0.526	0.5314

Category	GVI	Rank
Goa	0.656	1
Kerala	0.634	2
Mizoram	0.627	3
Sikkim	0.613	4
Manipur	0.610	5
Himachal Pradesh	0.604	6
Karnataka	0.604	7
Punjab	0.592	8
Maharashtra	0.592	9
Tamil Nadu	0.582	10
Telangana	0.580	11
Andhra Pradesh	0.578	12
Uttarakhand	0.576	13
Nagaland	0.564	14
Chhattisgarh	0.552	15
Gujarat	0.543	16
Tripura	0.530	17
West Bengal	0.519	18
Haryana	0.516	19
Jammu and Kashmir	0.509	20
Meghalaya	0.504	21
Rajasthan	0.496	22
Odisha	0.483	23
Assam	0.483	24
Madhya Pradesh	0.467	25
Arunachal Pradesh	0.452	26
Jharkhand	0.450	27
Delhi	0.436	28
Uttar Pradesh	0.434	29
Bihar	0.410	30
India	0.531	

Table 2.1.1: State-wise GVI

Best Performance	Satisfactory Performance	Unsatisfactory Performance	Poor performance
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The Index reveals Goa as the state where girls are least vulnerable. With a GVI of **0.656**. Goa ranks 1st in terms of protection, 5th for education, 6th for Health and Survival, and 8th for Poverty. Kerala ranks second, with a GVI of 0.634. This comes from excellent achievements in the health dimension.

Mizoram ranks third, and closely with Kerala at 0.627 in the GVI. It also ranks well in the Poverty and Protection dimensions. Based on the trends in these three states, it can be suggested that higher achievements in one dimension can lead to stronger performances in another. While it is indeed true, that good health and education are enablers in development of women and children, the explanatory power of the scores is not enough to determine a strict relationship. It can still be postulated that improvements in one dimension may have a multiplier effect. Both Goa and Kerala display incredible achievements across the board. However, Sikkim, with a rank of 4 and Punjab with a rank of 8, both exhibit high scores for all dimensions, except for poverty. Implying, the women in these states, even with good standards of health and education, are vulnerable to because of their quality of life, as per our conception of poverty, and passive participants in the household and society. Gender equality is truly multidimensional, and poverty alleviation interventions must work in parallel with gender empowerment. Girls and women in Andhra Pradesh are significantly more vulnerable to violence, and abuse than any of the other indicators. Conversely, they perform very well in the health and poverty dimensions. Bihar's girls and women are most vulnerable and their position is acute. Not only do they have the lowest GVI score of **0.410**, they are the unhealthiest and poorest as per the GVI. Education is also ranked among the lowest, and protection is unsatisfactory. For instance, in Bihar 39% of the girls are getting married before the legal age. Furthermore, 12.2% of girls aged 15-19, when surveyed, were either mothers or pregnant. Delhi comes in just after Jharkhand, with a GVI score of 0.436. These shortfalls exist because education in Delhi is the poorest among the 30 states. The protection dimensions ranks poorly as well. Jharkhand ranks 27th and Uttar Pradesh ranks 29th with GVIs of .450 and .434 respectively. The state wide disparities are clearly immense, more so at the level of the dimensions. The following chapters dive into the four dimensions of the Gender Vulnerability Index.

Education

Education is unarguably a part of one's basic human dignity and natural justice. This research introduces this dimension with the premise that girls and women should possess an adequate and robust ecosystem to achieve their best potential. It holds true that educating girls will translate into progress in the truest sense. To understand the impact of education, studies go to show that 50% of all first births in the development are to adolescent girls. But if she completes school, her marriage is delayed by an estimated 4.4 years, which has the potential to avert teenage pregnancy and early motherhood. Furthermore, an additional year of schooling will contribute to an increase in family income by 10-20% that invariably contributes to an improved quality of life. The same study quoted that, if 10% more girls go to school, it will lead to a corresponding estimated increase in GDP by 3%. By ensuring the actualization of women's capabilities, the economic and wealth generating capacity of our nation will improve significantly. The spill overs of educating women have a lasting impact beyond national boundaries. Globally, the GDP would rise by 5.4% if girls receive the job skills which they need⁶. Education is beyond an ordinary enabler, it allows girls to realize their human rights. It is a tool for holistic empowerment to give girls the voice they need to motivate transformational change and address the collective social inequality that they face.

Plan's lifecycle approach strongly advocates for participation by listing enrolment and dropouts as a critical challenge faced by girls and young women; the causes for which are deeply rooted in the social fabric of India's many communities. These range from the opportunity costs against marriage and labour, the cost of schooling, social and family norms and responsibilities, among many others. The case for infrastructure is crucial for the Indian context. India's infrastructure shortfalls spill over onto the education sector. Taking a cue from the enrolment challenge, we acknowledge that poor quality infrastructure can discourage families to send girls to school⁷. The Right to Education act frames that no school can be established if it does not fulfil the criteria for boundary wall, separate toilet facilities for girls and boys, as well as safe and adequate drinking water. However, 32% of schools are without boundary walls, 42% without electricity⁸, as measured 6 years after the act was made effective. Such disparities in the quality of education, across regions and gender exacerbate inequalities.

In the Bikaner district of Rajasthan, poor quality of transportation infrastructure, long travel routes to neighbouring villages as well as the poor condition of schools dissuaded attendance and encourage drop-outs

The initial emphasis on bringing more students into the class room has stretched to stress on the quality of learning, The Right to Education Act lays down

the criteria for pupil teacher ratio, teacher working hours and ensures there are no rural and urban imbalances⁹. Year in, year out we are convinced about the implications which household characteristics and quality of school have on the learning outcomes. Girls require good quality education, especially those that are marginalized or vulnerable to other forms of discrimination such as child marriage, in order to achieve parity in outcomes and capabilities, and to narrow the sustained discrimination and inequality. Poor outcomes are both a cause and consequence of weak learning.

At the start of the decade major developments took place in India's policy and legal framework for Education. The Right to Education act was effective from April 2010 and designated education as a fundamental right. With the aim of universalization of education, the act stipulates that every child between the ages of 6 to 14 has the right to free and compulsory education at a neighbouring school. An important feature of the act, along with compulsory admission and attendance, is the emphasis on teacher quality, infrastructure, and retention. However, the shortfalls include financial irregularities and fund misappropriation, noncompliance, asymmetries in Infrastructure and pupil teacher ratio as well as violations of the Act.

Over the years, national priorities have indeed focused tremendously on the education of the girl child, which include, among others, the Sukanya Samridhi Yojana to support the expense of education and marriage of females; Sarva Shiksha Abhiyan and Kasturba Gandhi Balika Vidyalaya programme which focus on the education of children, with particular emphasis on girl children, as a pivotal element. The Sarva Shiksha Abhiyan comes with the goal to safeguard the education of children aged 6-14 by ensuring free and compulsory education for them. The program saw some changes due to the introduction of the RTE, which reinforced its implementation¹⁰. The Kasturba Gandhi Balika Vidyalaya program mandates reservations in schools for girls, especially those that are discriminated against. These include girls who belong to socially and economically disadvantaged groups.

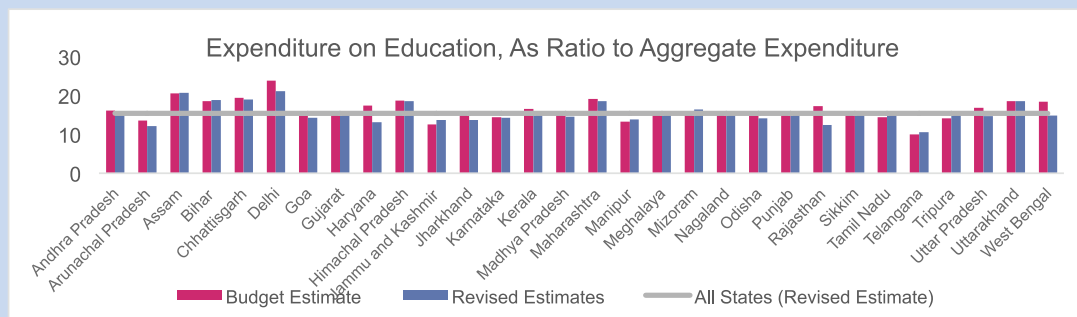
For this dimension in our Gender Vulnerability Index, we hold onto the notion that progress in education is three pronged, and aspire to bring into this dimension, the domains of enrolment and retention, infrastructure and quality. As enrolment and retention are necessary preconditions to allow women to achieve equality in education, their livelihoods, and ultimately in all spheres of life, we regard it with the significance that it warrants by including indicators which measure inequality in access. Moreover, the role of governance, and a top down perspective is included by keeping a budgetary indicator to keep track of policy agenda's and priorities. Therefore, the GVI includes a percentage of the state budget earmarked for Education as an indicator in our index. With 68 critical indicators, which are:

Infrastructure	
State-wise Average Expenditure per Female Student During One Academic Session (most recent)	Budget Allocated for Education, Percentage of
Schools with Usable Toilet for Girls, Percentage of	Schools with Electricity, Percentage of
Schools with Drinking water facility, Percentage of	Schools with Boundary Wall, Percentage of
Schools with Girls Toilet, Percentage of	Gender Index Infrastructure - Elementary
Schools with Ramp, Percentage of	Gender Index Infrastructure - Secondary
Access	
Ratio of Girls to Boys - Primary	Girls Transitioned from Primary to Upper Primary, Percentage of
Ratio of Girls to Boys - Upper Primary	Girls Transitioned from Elementary to Secondary, Percentage of
Ratio of Girls to Boys - Elementary	Girls Transitioned from secondary to higher Secondary, Percentage of
Ratio of Girls to Boys - Secondary	Girls Transitioned to next level - Total, Percentage of
Ratio of Girls to Boys - Higher Secondary	Girls Dropout at Primary level, Percentage of
Girls Promoted - Primary, Percentage of	Girls Dropout at Upper Primary, Percentage of
Girls Promoted - Upper Primary, Percentage of	Girls Dropout at Elementary, Percentage of
Girls Promoted - Elementary, Percentage of	Girls Dropout at Secondary, Percentage of
Girls Promoted - Secondary, Percentage of	Girls Dropout at XI-XII, Percentage of
Girls Promoted - Higher Secondary, Percentage of	Gross Enrolment Ratio - Primary
Average Repetition Rate - Primary	Gross Enrolment Ratio - Upper Primary

Average Repetition Rate - Upper Primary	Gross Enrolment Ratio - Elementary
Average Repetition Rate - Elementary	Gross Enrolment Ratio - Secondary
Average Repetition Rate - Secondary	Gross Enrolment Ratio - Higher Secondary
Average Repetition Rate - Higher Secondary	Net Enrolment Ratio - Elementary
Net Enrolment Ratio - Primary	Net Enrolment Ratio - Secondary
Net Enrolment Ratio - Upper Primary	Net Enrolment Ratio - Higher Secondary
Girls Out of School (11-14 Years), Percentage of	Female Graduates, Percentage of
Attended Preschool Education, Percentage of	Female Literacy Rate
Children (36-71 months) who Attended Preschool Education for 16 or More Days, Percentage of	Female Age 6 Years and Above who Ever Attended School, Percentage of
Youth Literacy Rate	Women with 10 or More Years of Schooling, Percentage of
Districts Covered by Continuous Education Program for Females, Percentage of	Composite Gender Index Elementary (CGI)
Gender Index Access Elementary	Composite Gender Index Secondary (CGI)
Gender Index Access Secondary	
Quality	
Professionally trained female teachers, Percentage of	Correct score Mathematics (Girls - on a scale of 500), Percentage of
Pupil Teacher Ratio – Primary	Correct score Language (Girls - on a scale of 500), Percentage of
Pupil Teacher Ratio - Upper Primary	Gender Index Teachers - Elementary
Pupil Teacher Ratio - Secondary	Gender Index Teachers - Secondary
Pupil Teacher Ratio - Higher Secondary	Gender Index Outcome - Elementary

Table 2.2.1: Education Indicators

Expenditure on education, per state, differs significantly. Telangana spends the least proportion of its budget on education, while, Delhi spends the most. This is especially interesting considering that Delhi is the poorest performing state in the Education dimension and Telangana ranks relatively well. However, it also displays current priorities. As for its translation, only time will tell.



Source: RBI, *State Finances: A Study of Budgets: Revised and Budget Estimates (Statement 26)*¹¹

Graph 2.2.1: Expenditure on Education

States	EDUCATION	Rank
Himachal Pradesh	0.693	1
Sikkim	0.678	2
Punjab	0.663	3
Maharashtra	0.657	4
Goa	0.655	5
Telangana	0.620	6
Karnataka	0.620	7
Kerala	0.620	8
West Bengal	0.606	9
Uttarakhand	0.568	10
Andhra Pradesh	0.567	11
Haryana	0.560	12
Mizoram	0.550	13
Nagaland	0.544	14
Gujarat	0.541	15
Chhattisgarh	0.528	16

Manipur	0.510	17
Tripura	0.499	18
Uttar Pradesh	0.476	19
Rajasthan	0.468	20
Odisha	0.452	21
Tamil Nadu	0.439	22
Assam	0.437	23
Jammu and Kashmir	0.431	24
Bihar	0.419	25
Madhya Pradesh	0.388	26
Meghalaya	0.380	27
Jharkhand	0.367	28
Arunachal Pradesh	0.344	29
Delhi	0.341	30
INDIA	0.499	

Table 2.1.2: Education Dimension Scores and Ranks

Best Performance	Satisfactory Performance	Unsatisfactory Performance	Poor performance
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National Snapshot

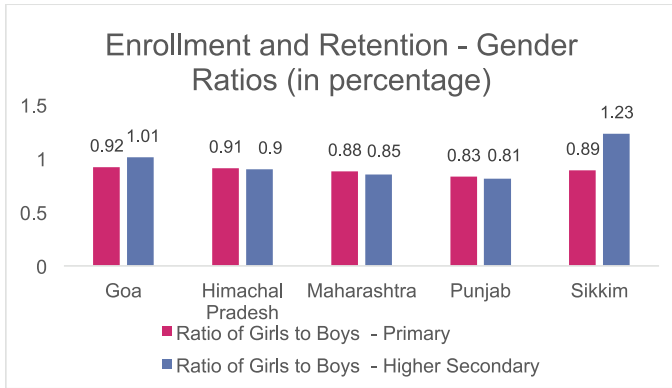
The Education dimension in the GVI is given a score of **0.499**.

Although this number doesn't tell us much in isolation, along our four dimensions, education has the third highest score on the Gender Vulnerability Index. As mentioned prior, poor educational outcomes and inputs have been regarded as both a cause and consequence of poverty and inequality, it comes as no surprise that India scores similarly in both poverty and education. In order to progressively create a more equitable country for girls and young women, the focus has been on encouraging enrolments and reducing dropouts. Collectively, the nation is moving in the right direction. However, there are stark differences across regions and years of schooling. While Sikkim has 5 students per teacher at primary, and 15 at higher secondary; Uttar Pradesh has a ratio of 39 at primary and 97 at higher secondary level. Moreover, the percentage of girls with correct scores for mathematics and languages differ by state, by a maximum of 11.2 and 9.8 percentage points, respectively. Parallel to enrolment and achievement, is the

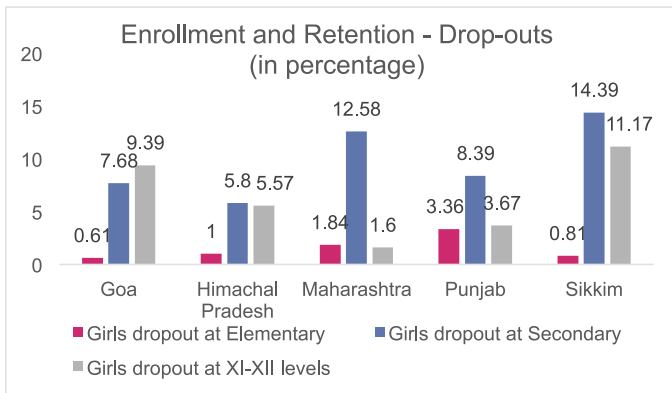
question of repetition. Repeating a year of education can result in late entry into the labour market and lost years, as well as additional costs to support an extra year of education at the same level. Studies show that repetition doesn't necessarily lead to superior results and may even reinforce socioeconomic disadvantages¹². Academic performance is not the only indication of repetition, socioeconomic inequities also have an impact on repetition, so much so that socioeconomically disadvantaged students are one and a half times more likely to repeat a grade than advantaged students¹³. Among education for girls, the challenges that women and girls face are with respect to their continued education and their retention at higher levels of schooling. Women in India have not received all the education that they need. The weakest link is clearly the percentage of graduates that are female. There is an underlying paradox, although fewer and fewer women are dropping out of school, as displayed above, we find that the country hosts many women whose educational needs were not fulfilled, especially at a higher level of schooling. Thus, there exists a strong case for supporting them through continuous education and skill development to mitigate group based and intergenerational inequalities. The gross and net enrolment ratios are low at an all-India level, particularly at the Secondary School level. This measure is marked by heavy state wide variations. The bigger picture suggests that India's education budget and expenditure are fairly low, especially the average expenditure per female student. Although, improvements have indeed been made along the lines of water and sanitation infrastructure, there are clear imbalances in the kind of infrastructure prioritized. On one hand, India ranks highly with respect to the percentage of schools with a girls toilet, on the other, it is still far behind with respect to the percentage of schools with a usable toilet for girls. The inadequacies in school infrastructure include electricity and boundary walls.

Best performing states

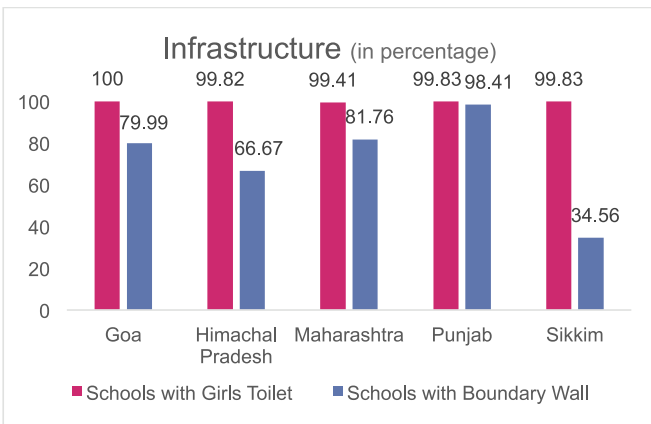
Himachal Pradesh, Sikkim, Punjab, Maharashtra and Goa are the best performing states with the highest GVI scores in education. Although Himachal Pradesh carries a strong foundation in education from the previous decades, it has sustained the achievements. School participation rates were almost as high for girls, as they were for boys in 1996¹⁴, even before the Millennium Development Goals were introduced.



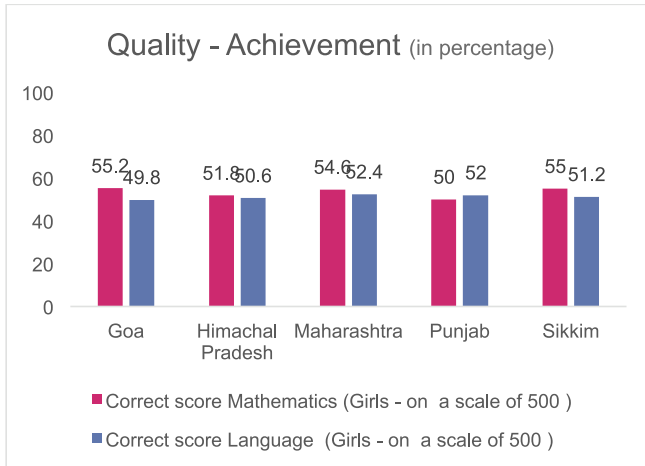
Maharashtra and Punjab have among the poor gender ratios in schools. Whereas Goa, Sikkim and Himachal Pradesh have reasonable ratios at the current time



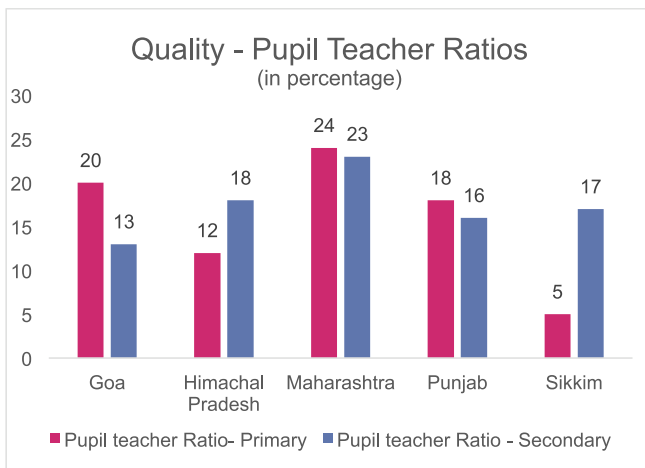
In all five states, the dropouts at Primary are below the national average. However, they are still considerably higher for Punjab. At higher levels of schooling, the trends in dropouts for Sikkim and Maharashtra are very high, retention is thus, a vital challenge.



Right to Education Act clearly states that schools must have both toilets and boundary walls to be recognized as a school. Yet, states classified as high-ranking for Education, fail to accommodate this dimension. Sikkim is the only state which has fewer percentage of schools with a boundary wall than the national average of 64.3%



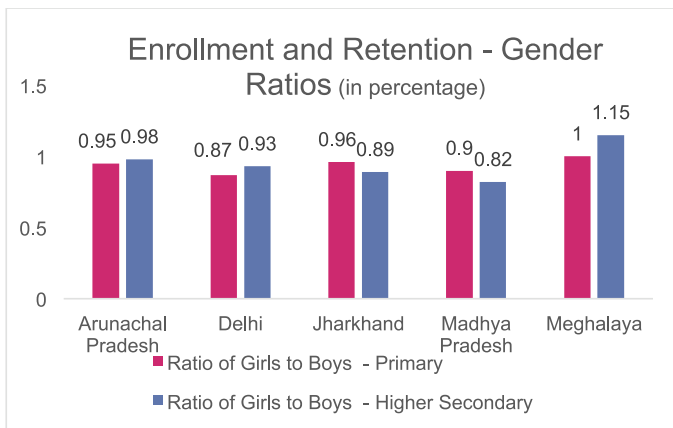
Although, nationally, scores do not differ by more than 10 percentage points for both subjects, this score is an indicator of both achievement and quality. Punjab is an outlier among the five, as the score in Mathematics for girls is relatively weaker and falls just short of the national average. Girl children in Goa, on the other hand, fall marginally behind in their language outcomes.



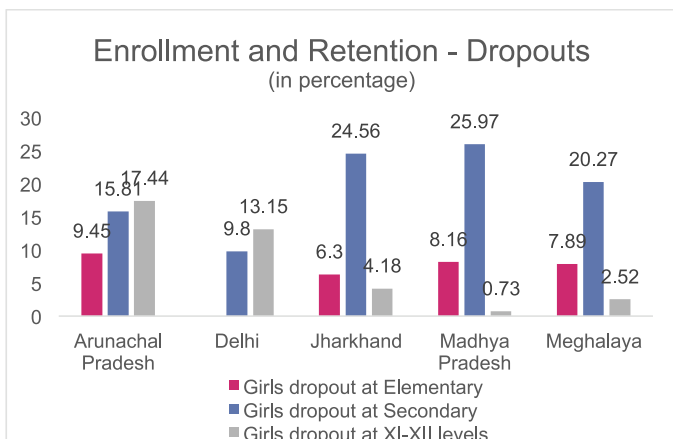
All top performing states display satisfactory pupil teacher ratios. While Maharashtra's ratios are reaching closer to the national average of 23 for primary school and 27 for secondary school, the figures are relatively lower than average for the other states, and remarkably so for primary schools in Sikkim.

Poor performing states

Delhi, Arunachal Pradesh, Jharkhand, Meghalaya, and Madhya Pradesh rank least in the Education dimension of the GVI.

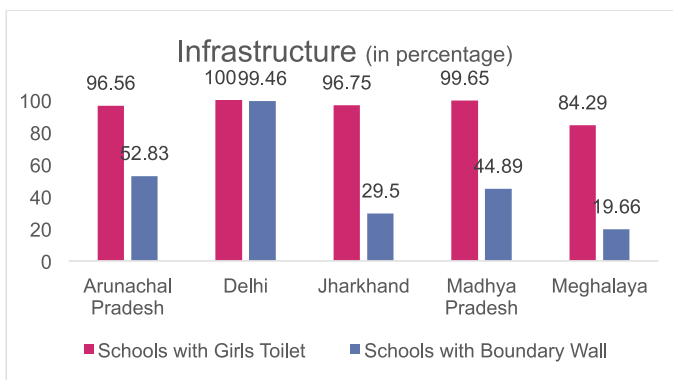


Meghalaya has the highest ratio at the Primary School level, and remarkably higher than average at the higher secondary level. States below the national average of 0.90 and 0.93 at the higher secondary and primary levels respectively are not far from closing the gap.

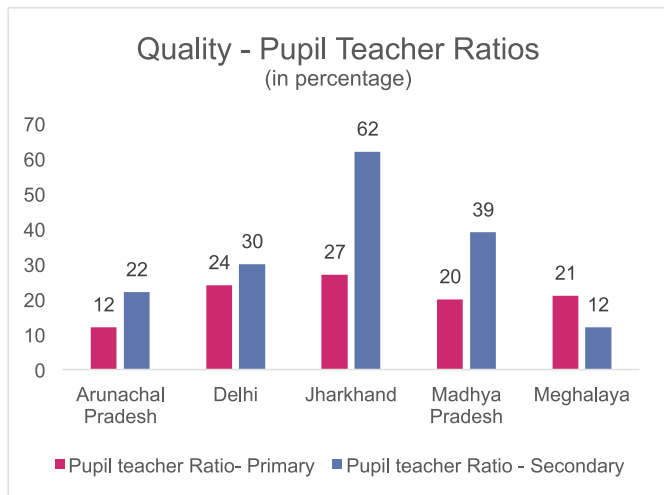


Jharkhand, Madhya Pradesh and Meghalaya have some of the highest dropout rates for girls. While Arunachal Pradesh has satisfactory gender ratios at schools, the high dropouts blur out those achievements.

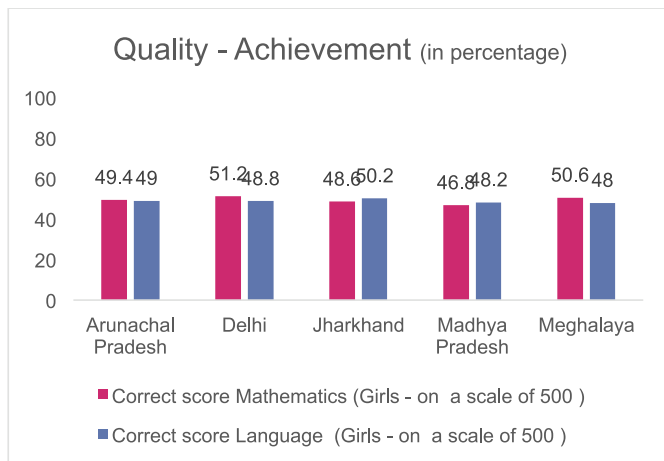
*The Girls dropout rate at Elementary for Delhi is unavailable



Delhi ranks highest in the infrastructure indicators. Meghalaya, paradoxically, with among the highest ratio of girls to boys in school, as well as a fair number of teachers per students, suffers significant drawbacks in the infrastructure space.



Jharkhand stands out with one of the highest PTRs in all the states. Both Arunachal Pradesh and Meghalaya have satisfactory PTRs. There exists some room for improvement for Delhi and Madhya Pradesh



All of the five states rank under the national average. Mathematics scores for Madhya Pradesh are among the weakest. Quality of education in these states is weak, as reflected in the learning achievements.

Graphs 2.1.2-2.1.12: State Performance on Education Indicators

Health

At the turn of the century, governments and international development organizations had put the spotlight on maternal and child health. Through sustained efforts and pertinent programs, the incidences of maternal mortality and infant mortality gradually eroded. The pace of decline has advanced in the last two decades and signals towards a better India for future mothers¹⁵. Although significant progress has been made, we have been too slow in achieving the maternal health targets of the Millennium Development Goals. With respect to reducing infant mortality, we are moderately on track. Since the infant mortality rate is an important marker, not only of development of the child and mother, but also of the entire population,

improvements in IMR are realistic indications of progress in human development. However, not reaching the explicit target does not discount the impressive achievements in reducing the infant mortality rate, and fulfilling the needs of young and expectant mothers.

Still, these improvements are no indication to silence the alarm bells on the state of female health. The health challenges that women face on all life stages are enormous and deserve profound attention. We still have our task cut out. Many studies over the years confirm that poverty and persistent inequality further exacerbate poor health outcomes¹⁶. Since women are disproportionately represented among the poor, they are indeed trapped by intergenerational poverty and inequality. When uninsulated from the shocks of poor health, and reproductive and sexual wellbeing, she is exposed to associated risks that affect her physical and economic statuses. This further perpetuates the health gap in our societies.

Although deaths caused by neonatal factors, and neonatal preterm birth have fallen by 42% in the last decade, preventable diseases continue to cause immense suffering among our population, particularly among young children, adolescent girls, women and pose a threat to their maternal health. Iron deficiency, or anaemia is the leading cause of morbidity and disability in India over the last decade, and its intensity is a challenge. However, morbidity and mortality as a result of malnutrition has declined in the last decade. Malnutrition, though preventable, still leads the list¹⁷. We cannot ignore that malnutrition is cyclical, and thus intergenerational. Poor vitality among girls can be partially explained by sociocultural factors such as neglect and son preference, girls nutritional needs are often neglected in such households, Plan's lifecycle approach lists malnutrition as a chief concern among young women. This lack of subsistence is a violation of a girls most fundamental needs and can affect her throughout the life course. While, iron deficiency can be preventable inexpensively, clearly, its prevalence is still haunting. Pregnant women face severe consequences from iron deficiency during their term, which acutely impact the health of their child. 50% of maternal deaths are associated with anaemia.¹⁸

Children have the right to survive and develop into healthy adults. The percentage of live births to total estimated live births is only 56.9% in India, and only 62% of India's children are fully immunized according to the 2016 HMIS and NFHS data respectively. Plan India's lifecycle approach includes feticide, infanticide and adverse health events as its chief components for reviewing the status of girl children under the age of one year. Moreover, the conditions of being stunted, undernourished and wasted are huge hurdles in the development of healthy children in India. Girl children get the shorter end of the stick. This discrimination takes shape in the form of inadequate access to nutrition and health. The Government of India has several well drafted programs that support and influence children everywhere in India, however there are large mismatches in their translation across the Indian states¹⁹.

Supporting women and girls with pertinent health policies

The National Rural Health Mission (NRHM) was introduced at a time when the situation of maternal and infant mortality was acute. India was getting sicker, and her women were facing severe health deprivations. While earlier efforts focused on developing infrastructure, the NRHM was instrumental in reforming the healthcare system in India.

At the time of the Eleventh Plan, the national and state governments had an expenditure of over Rs. 596 Billion²⁰. The Janani Suraksha Yojana part of the NRHM, was implemented from 2005 as a response to the maternal and child health crises, with a vision to promote institutional deliveries, particularly for those under the poverty line²¹. Janani Suraksha Yojana, modifies the National Maternity Benefit, and is centrally sponsored. The percentage of institutional deliveries has been on the rise²². New-born children in India are benefitting from the delivery of postnatal care services, and both the mother and child, from safer childbirth. The Janani Suraksha Yojana can be credited for the rise in institutional deliveries. The policy supports both the demand and supply side²³.

However, the Yojana is not without its challenges and shortfalls. The audit of the NRHM reveals that many of the beneficiaries are not aware of the potential service offerings, there is still insufficient infrastructure for basic Reproductive and Child Health (RCH) services. Moreover, a shortfall in both the number and quality of medical professionals across the states was observed. Despite success, several obstacles have been identified. These include, distance and lack of access to health centres and unhygienic surroundings of the health centre, and implementation challenges were also observed²⁴.

In 2013, the Reproductive, Maternal, Newborn, Child and Adolescent Health approach was introduced by recognizing that newborn health is linked to the mothers' health, and health challenges spill over to the next stages²⁵. The scheme aims to tackle the issues of anaemia and design and execute interventions to screen birth diseases and defects. In February of the same year, the Rashtriya Bal Swasthya Karyakram (RBSK) was launched specifically to address birth defects by providing free of cost surgeries where needed. The highly relevant programs struggle to fulfil the needs of the beneficiaries due to lack of internal controls. Although, impressive achievements in the reduction of maternal and infant mortality have been observed in the last two decades, these deficiencies jeopardize potential reductions in maternal and infant mortality, as well as the total fertility rate²⁶.

Right from survival to nutrition to women's reproductive and sexual health, all coupled with environmental and social risks, and general neglect threaten the collective wellbeing of our girls and women. Health should therefore not be measured in isolation and its holistic measurement is vital to capture the gendered perspective. We include a wide spectrum of indicators, in the Gender Vulnerability Index. The health dimension of our index has three broad aims, to identify states with systemic insufficiency's, to evaluate whether women are partaking in health promoting behaviours, and third, to gauge how informed they are about their wellbeing and health. Moreover, we observe the most recent figures on child and female health to account for the current health status for each state. Reproductive and maternal health rightly play a pivotal role in this dimension. The 57 critical indicators for the health dimension are:

Indicators	
Women who availed benefit from national program for safe motherhood (JSY/JSK/ both), Percentage of	Budget allocated for Medical & Health, Percentage of
Female Health	
Women aged 15-24 years who use hygienic methods of protection during their menstrual period, Percentage of	Women age 15-49 years who are anaemic, Percentage of
To whom a health worker ever talked to them about family planning (Female, non-user), Percentage of	Women with high blood-sugar level (>140 mg/dl), Percentage of
Women who consume any kind of tobacco, Percentage of	Women with blood pressure above the normal (140-159 mm of Hg), Percentage of
Women who consume any kind of alcohol, Percentage of	Girls aged 15-18 years who are underweight (less than 18.5 BMI), Percentage of
Women who tried to stop smoking or using tobacco in any other form during the past 12 months, Percentage of	Girls aged 15-18 years who are overweight (more than 25 BMI), Percentage of
Smoking (age group 15-29 years) - Current Smoker, Percentage of	Women chewing (age group 15-29 years) Paan (with or without tobacco), Percentage of

Women who have quit Smoking, Percentage of	Women chewing (age group 15-29 years) (Tobacco Only), Percentage of
Women Drinking alcohol (age group 15-29 years) (Current Drinker), Percentage of	Women chewing (age group 15-29 years) (Ex Chewer), Percentage of
Women Drinking alcohol (age group 15-29 years)(Ex Drinker), Percentage of	Tubectomies to Total sterilization, Percentage of
Maternal Care	
ANC Registered to Estimated Pregnancies, Percentage of	Women who have Consumed 100 or more IFA tablet during pregnancy, Percentage of
women register to ANC in 1st Trimester registration to Total ANC Registrations, Percentage of	Women received PNC within 48 hrs. of delivery or discharge, Percentage of
JSY registration to Total ANC Registration, Percentage of	Institutional Deliveries to total ANC registration, Percentage of
Pregnant Woman received 3 ANC check-ups to Total ANC Registrations, Percentage of	Institutional deliveries to Total Reported Deliveries, Percentage of
Pregnant women given 100 IFA tablets to Total ANC Registration, Percentage of	Safe deliveries to Total Reported Deliveries, Percentage of
Pregnant women having severe anaemia (Hb<7) treated at institution to women having Hb level<11, Percentage of	Home deliveries to Total Reported Deliveries, Percentage of
SBA attended home deliveries to Total Reported Home Deliveries, Percentage of	Mothers paid JSY Incentive for Delivery at Public institution to Total Public Deliveries, Percentage of
Mothers paid JSY incentive for home deliveries to Total Reported Home Deliveries, Percentage of	Cases where JSY Incentive paid to ASHA for Delivery at Public institution to Total Public Deliveries, Percentage of

Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions, Percentage of	Women receiving post-partum check-up within 48 hours of delivery to Total Reported Deliveries, Percentage of
Women getting post-partum check-up between 48 hours and 14 days to Total Deliveries, Percentage of	
Child Health and Survival	
Live Births to Estimated Annual Live Births, Percentage of	Children age 6-59 months who are anaemic, Percentage of
Total Reported Live Births to Total Deliveries, Percentage of	New born girls received check-up within 24 hrs. of birth, Percentage of
Pregnant women age 15-49 years who are anaemic, Percentage of	Girls aged 6-8 months who were fed complimentary food, Percentage of
New-borns weighed at birth to Live birth, Percentage of	Children Stunted, Percentage of
New-born's having weight less than 2.5 kg to New-borns weighed at birth, Percentage of	Children Wasted (Weight for height below 2 SD), Percentage of
New-borns breast fed within 1 hour of birth to Total live birth, Percentage of	Children Underweight, Percentage of
New-borns visited within 24hrs of home delivery to total reported home deliveries, Percentage of	IMR (Female)
Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT), Percentage of	HIV Prevalence among children
Children with prevalence of symptoms of acute respiratory infection (ARI) in the last 2 weeks preceding the survey, Percentage of	Female Children (<18 Years) to total HIV, Percentage of

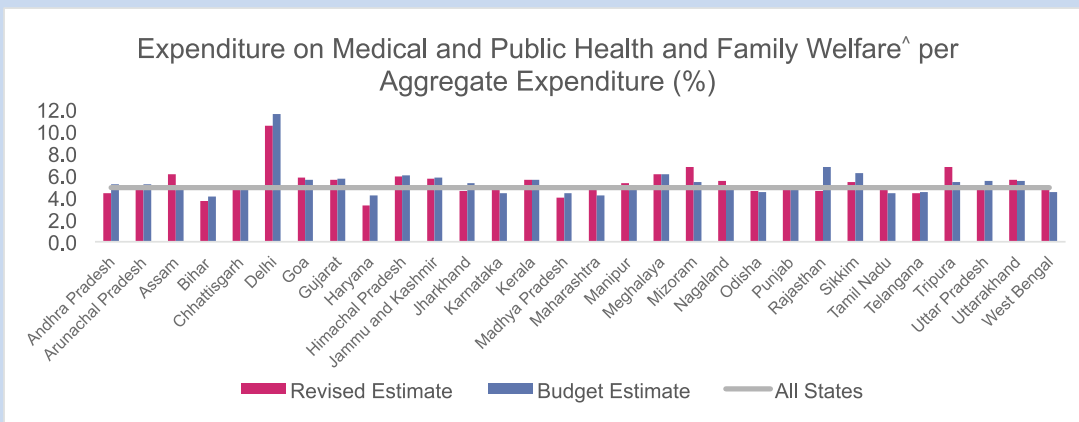
Table 2.2.1: Health Indicators

Investments in healthcare from the state, as measured by the budget allocated towards health, as well as the awareness and uptake of state programs are

included as key measures in our health and survival dimension. Observing the percentage of expenditure instead, the study finds that Delhi has the highest estimated expenditure at 11.6 percent, followed by Rajasthan at 6.8%²⁷, as per the 2016 report.

Expenditure on Public Health

The health expenditure as a ratio of aggregate expenditure was 4.9% in 2015-2016 for all Indian states. While in 2009, it was much lower, at 3.9%.



Source: RBI, *State Finances: A Study of Budgets: Revised and Budget Estimates (Statement 26)*²⁸

Graph 2.2.1: Expenditure on Health

State	HEALTH	Rank
Kerala	0.683	1
Tamil Nadu	0.641	2
Sikkim	0.633	3
Karnataka	0.596	4
Andhra Pradesh	0.593	5
Goa	0.587	6
Maharashtra	0.581	7
Punjab	0.580	8
Mizoram	0.575	9
Manipur	0.572	10
Chhattisgarh	0.560	11
Uttarakhand	0.556	12

Jammu and Kashmir	0.540	13
Madhya Pradesh	0.533	14
Himachal Pradesh	0.522	15
Gujarat	0.519	16
Rajasthan	0.517	17
Assam	0.514	18
Odisha	0.513	19
Telangana	0.509	20
West Bengal	0.507	21
Nagaland	0.484	22
Tripura	0.480	23
Delhi	0.479	24
Arunachal Pradesh	0.477	25
Haryana	0.467	26
Uttar Pradesh	0.455	27
Jharkhand	0.454	28
Meghalaya	0.443	29
Bihar	0.435	30
INDIA	0.527	

Table 2.2.2: Health Dimension Scores and Ranks

Best Performance	Satisfactory Performance	Unsatisfactory Performance	Poor performance
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National Snapshot

India's Health dimension in the GVI, is a close equivalent to the national overall GVI, at 0.5268. Whereas the national GVI stands at 0.5266.

At the current juncture, the collective strength lies in the realm of birth circumstances, states are displaying increasing improvements in child survival and maternal health and are striving towards reaching an ideal. Indian women are

making effective choices and engaging in several health promoting behaviours. However, the risk of adverse consumption and health decisions is higher for the socioeconomically disadvantaged who, with poor access to quality healthcare, can fall into the medical poverty trap²⁹. Female health outcomes such as high blood pressure and blood sugar levels are not major obstacles, although, the twin dilemmas of nutrition of both high and low BMI exist simultaneously in India, with high state-wide disparities.

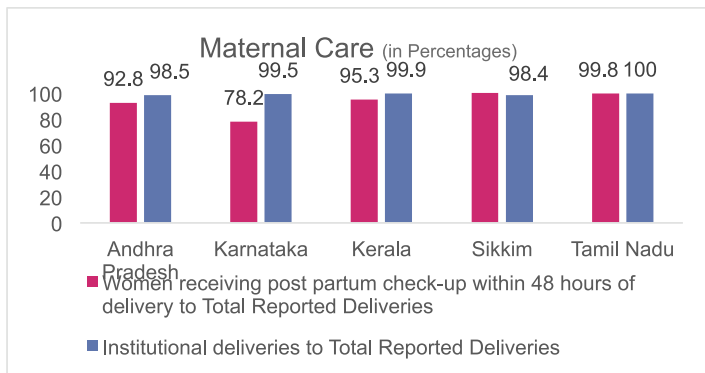
With respect to maternal health and survival, reach continues to be a formidable challenge as intended beneficiaries are being excluded, this is reflected in the Gender Vulnerability Index. A sharp decline in infant mortality was observed in the last decade, yet, India was unable to meet the MDG target of 27³⁰.

An issue that cuts across life stages is that of anaemia, for young children adolescent girls and pregnant women. Moreover, Expectant women are not taking enough Iron and Folic Acid during their term. Achieving good health outcomes for girls and children includes the amount of nourishment they are receiving. Not only are nearly half of children in India severely stunted, a large proportion of adolescent girls are underweight.

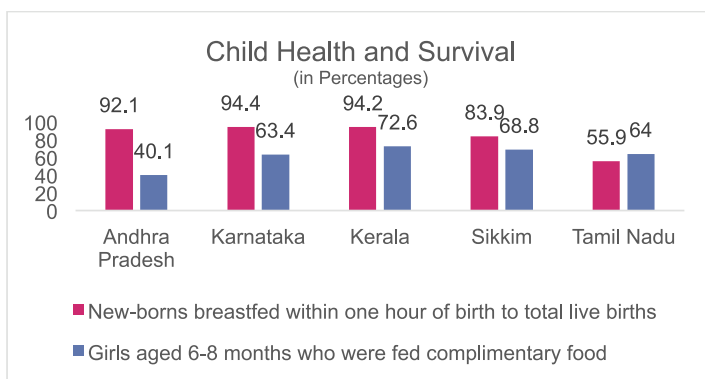
India is home to 33% of stunted children in the world.³¹ Consumption is not the only determiner of their nutrition, children can lose vital nutrients due to high disease and diarrhoea incidence as a result of WASH related resource deprivations and poor hygiene behaviours³². On the other end of the spectrum, a stronger push is needed to close the gap of hygienic management of menstrual periods. The uglier side of reproductive health takes shape in the form of information and decision making. Of the total sterilizations taking place in India, close to 98% are tubectomies. Cases in which a female who does not use any form of contraception was approached by a health worker are also few.

Comparing state performance in the GVIs health dimension reveals several gaps in their female, child and maternal health outcomes. While Kerala, Tamil Nadu, Sikkim, Karnataka, Andhra Pradesh rank the highest in the health dimension; Bihar, Meghalaya, Jharkhand, Uttar Pradesh and Haryana are the poor performers.

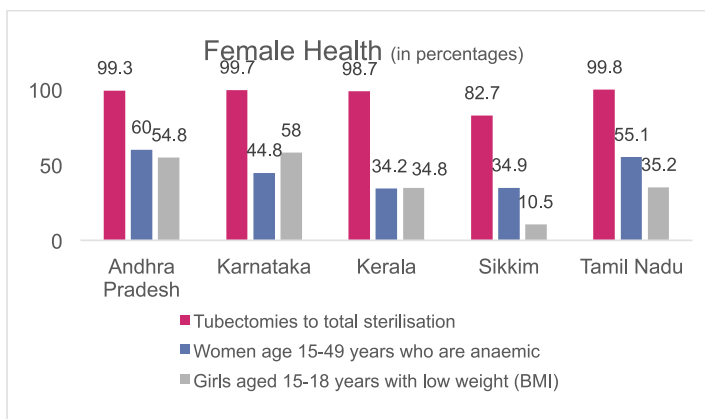
Best Performing States



Kerala, Sikkim and Tamil Nadu perform well on most indicators of maternal health, including the critical indicators. Karnataka ranks Poorer among the five for postpartum care.

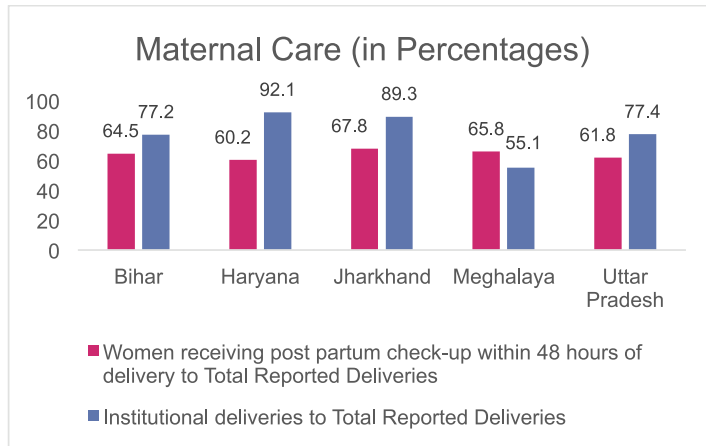


Tamil Nadu has one of the lowest rates of breast fed newborns among all 30 states studied, while Kerala, Karnataka and Andhra Pradesh perform significantly well. Girls in Andhra Pradesh aren't receiving solid complementary foods at an age when they are very vulnerable.



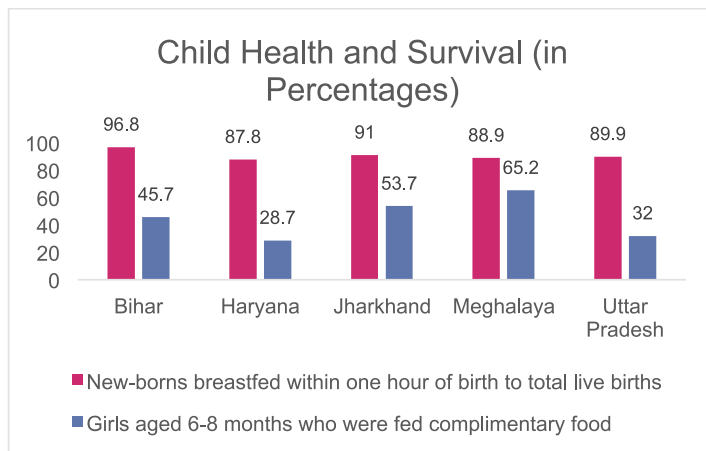
Kerala has among the lowest rates of anaemia, including those among pregnant women. While Sikkim performs exceptionally well on the critical indicators, its problem is conversely, that of overweight girls.

Poor Performing States

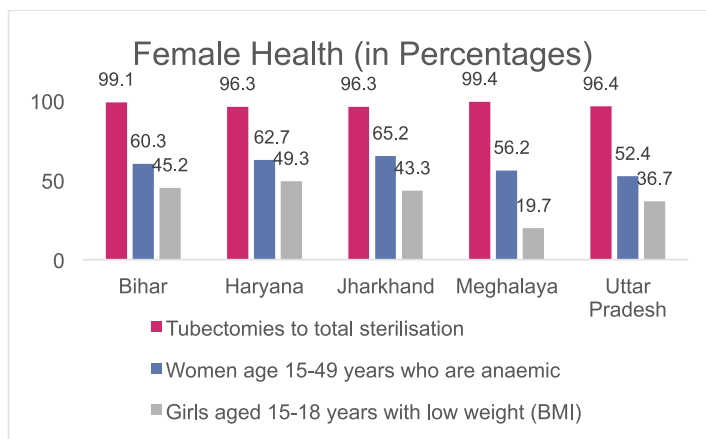


Bihar and Meghalaya perform especially poorly on maternal health. Haryana displays satisfactory performance in promoting institutional deliveries.

Uttar Pradesh although weak in terms of postpartum care and institutional deliveries, over 89% of women received sufficient iron supplements, and payments to the beneficiaries of maternal welfare programs are relatively high.



Bihar performs poorly across the board, however, despite its weak ranking, mothers are breastfeeding their infants. Infant girls in Haryana receive the least amount of complimentary food, adding to their vulnerability



Girls and women in Haryana, Bihar and Jharkhand are the most undernourished, as more than 40% of girls are underweight, and more than 60% of women are anaemic in these states. The choice of tubectomies as the preferred form of sterilization across the board is a reflection on the extent of gender bias in the society.

Graphs 2.2.2-2.2.8: State Performance on Health Indicators

Poverty

The burden of poverty is carried by women. At their own home, or in society, poverty impacts women disproportionately and women are at an absolute disadvantage in many respects. Inequality and poverty damage the realization of their human rights and consequently, their human dignity. In isolation, gender equality is of pivotal importance. For the poor, it is a fundamental input towards upward social mobility and empowerment. We say this because even if a society's poverty status is improved, girls and women are still likely to remain vulnerable. For instance, Saudi Arabia ranks relatively strongly on the human development index, at 56²²; while its ranking in the Gender Inequality Index is fairly low, at 135. On the other hand, gender equality can lead to sustainable reduction in poverty. This calls for transformative change in gender dynamics and inclusive development, especially in our approach to poverty. Gender inequality is correlated with extreme poverty³³ and the group based disadvantage that women face are immense. Women from poor socioeconomic backgrounds are among the least advantaged women in society and experience the damaging symptoms of poverty throughout the course of their life. Poverty is an injustice to human capability and human development. Impoverished women are more likely to experience gender based violence, as well as worse health and education circumstances.

Women should have equal access to productive and fulfilling work as well as safe and equitable occupational circumstances. Social value systems which lead to child marriage, young motherhood, the burden of care and poor educational attainment among other factors often dictate their labour force participation³⁴ and self-sufficiency. Equal economic opportunity can lead to economic empowerment of women and higher household incomes. The capacity and choice to participate in gainful employment and economic decision making are important to reduce gender vulnerability and close the gender gap. Economic inequality and participation can take the shape of inequalities in ownership and control of land, access to information and services and political participation. Plan's lifecycle approach also highlights the unequal access to Information and Communication Technology, as well as critical financial services.

Many women are excluded from decision making in their households.³⁵ To better understand how poverty and agency interact for women, the study turns to the notion that a person's agency is her ability to act in accordance with her own self defined values and goals. Poverty is a possible cause of failure of agency, but this relationship isn't a simple one as it is not necessarily symbiotic for females. An important feature of the analysis of agency in our approach is the claim that

‘interventions with the goal to alleviate poverty can improve a woman’s agency’ is distortionary³⁶. Simply put, alleviation from poverty does not necessarily lead to gender parity. Welfare improvements through anti-poverty measures may not change the status of women’s empowerment, and in some circumstances can worsen it. Agency, on the other hand, is valuable in reducing poverty³⁷. In conclusion, an increase in income and consumption doesn’t necessarily empower her and a feminist perspective to poverty is crucial for gender inclusive development.

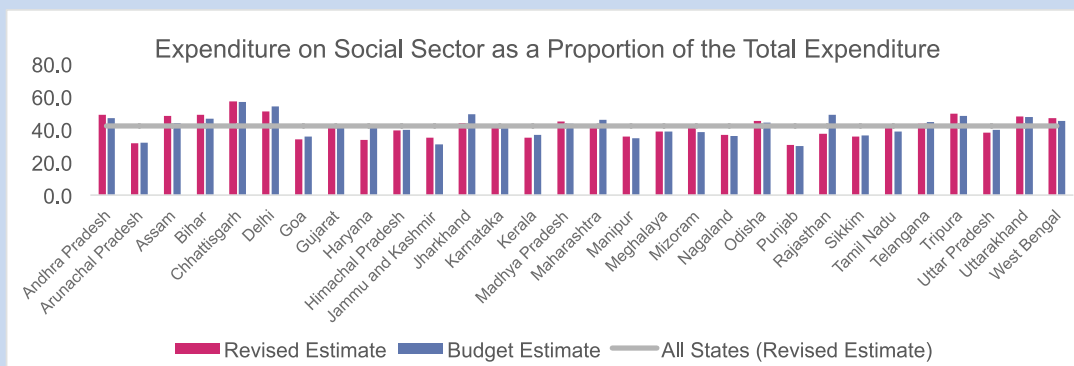
In the poverty dimension of the GVI, research considers the domains of monetary poverty, economic participation of women and access to information. Firstly, how one conceptualizes poverty matters. Its depth, severity and duration as well as its symptoms can differ from one poor household to the next. For this purpose, the Tendulkar estimations of poverty ratio are chosen, to account for extreme poverty. Secondly, female labour force participation in India is a conundrum, with both demand and supply side challenges coming into play, along with structural changes. Despite the demographic dividend, the current demographic potential lies latent. The sociocultural underpinning, such as the unaccounted for housework and childcare role of women, as well as social value systems jeopardize preferred outcomes for women’s participation. Her financial independence, status and participation in household decisions are impacted positively by her choice of participation in the labour force. Thirdly, information and communication technology can provide them with relevant skills, build their self-confidence and ultimately allow them to make more informed decisions³⁸. Better access to information and communication services for women are critical for India to narrow the gender divide and empower women³⁹. The GVI accounts for these factors through 19 indicators, some of which are:

Indicators	
Female Elected Representatives , Percentage of	Budget allocated for Social Security , Percentage of
Assets and Poverty	
Ratio of Poverty (Tendulkar Calculation)	Women owning a house and/or land (alone or jointly with others), Percentage of
Households not Practicing Open Defecation , Percentage of	Rural household with completed electrification, Percentage of
Villages electrified, Percentage of	

Economic Participation	
Women taking part in labour, Percentage of	Women graduated and unemployed, Percentage of
Women working , Percentage of	Non Workers (Female), Percentage of
Women Unemployed (available for work) , Percentage of	People Issued a Disability Certificate , Percentage of
Distribution of workers available for work for 12 months and worked for 12 months, Percentage of	Women who worked in the last 12 months who were paid in cash, Percentage of
Distribution of workers available for work for 12 months and did not get any work, Percentage of	
Financial Inclusion	
Women having a bank or savings account that they themselves use, Percentage of	Women currently married who usually participate in household decisions, Percentage of
Women who have a mobile phone that they themselves use, Percentage of	

Table 2.3.1: Poverty Indicators

Punjab is spending the least proportion of its total expenditure on the social sector, while Chhattisgarh is spending the most, as per the 2015-2016 revised estimated by the RBI. For all states, the estimate stands at 42.1%



Source: RBI, State finances a study of budgets: Revised and Budget Estimates (Statement 32)⁴⁰

Graph 2.3.1: Social Sector Spending

State	POVERTY	Rank
Manipur	0.752	1
Mizoram	0.678	2
Tamil Nadu	0.658	3
Telangana	0.622	4
Andhra Pradesh	0.614	5
Meghalaya	0.596	6
Karnataka	0.595	7
Goa	0.593	8
Maharashtra	0.581	9
Gujarat	0.552	10
Nagaland	0.550	11
Kerala	0.545	12
Chhattisgarh	0.538	13
Uttarakhand	0.512	14
Himachal Pradesh	0.486	15
West Bengal	0.485	16
Haryana	0.480	17
Sikkim	0.470	18
Tripura	0.465	19
Arunachal Pradesh	0.462	20
Delhi	0.449	21
Punjab	0.447	22
Odisha	0.429	23
Rajasthan	0.425	24
Madhya Pradesh	0.424	25
Jharkhand	0.411	26
Assam	0.409	27
Jammu and Kashmir	0.403	28
Uttar Pradesh	0.352	29
Bihar	0.310	30
INDIA	0.490	

Table 2.3.2: Poverty Dimension Scores and Ranks



National Snapshot

The Poverty dimension under the GVI comes to a total 0.490. The highest value in this dimension is assigned to Manipur. On the other hand, Bihar has the lowest poverty GVI.

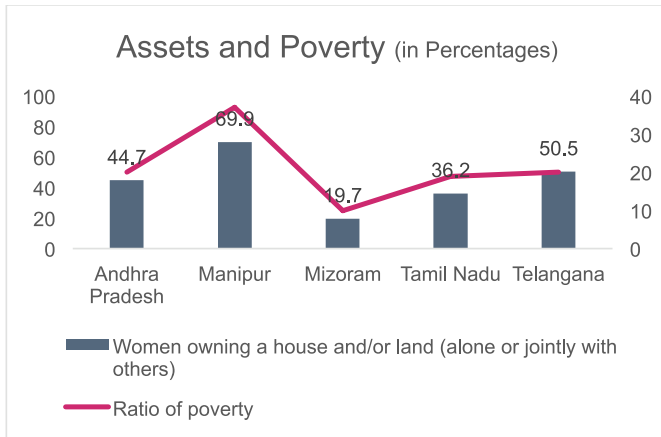
While state wise inequalities are bound to exist, certain indicators demand broader attention. Social security is an enabler in development, and is a vital component of development policy. Thus for the states, their scale of spending is unequal, although not disaggregated by the function, it reveals how they prioritize a decent standard of living. Although, 84% percentage of married women in the country are participating in household decisions, collectively speaking, there are considerable state-wise disparities which implies that women in our country don't have an equal voice across. Non-workers, percentage of working women and those taking part in the labour market are among the weakest national indicators.

Considering the indicators of home ownership, mobile ownership, and financial inclusion, there are still some disparities across the country. More and more women are now able to open and operate bank accounts, although the figures are still low at an overall level, a bird's eye view suggests that there aren't many inequalities in these respect. Land ownership is an important indicator of gender equality as owning property encourages parity by increasing her participation in decision making⁴¹. Zooming out of the household and community, political participation too needs a push from all states.

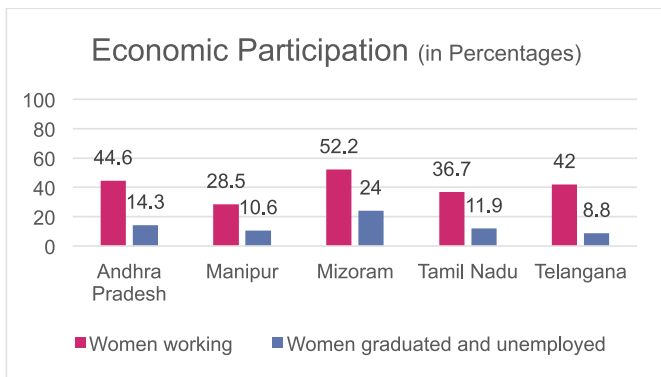
Along the poverty dimension, there are some regional distinctions in ranking. It is evident from table 7.3.1 that only states in the North East, and those in the South are positioned 1st through 5th.

Best Performing States

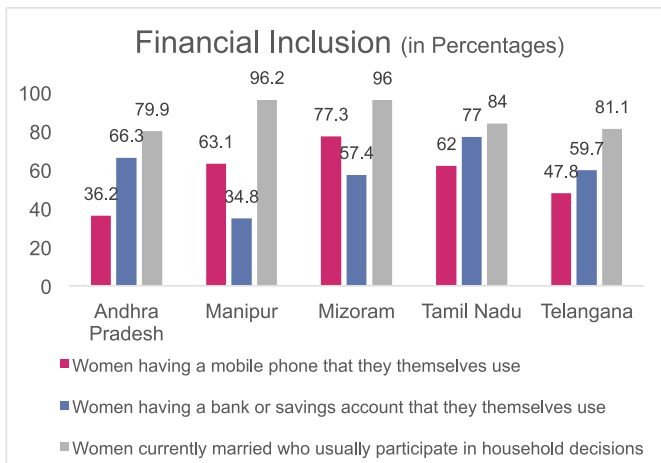
Manipur, Mizoram, Andhra Pradesh, Telangana and Tamil Nadu are the best ranking states in the Poverty domain of the GVI.



In Manipur, close to 70% of women own land. However, extreme poverty is a cause for concern. Andhra Pradesh and Telangana display more female land ownership than the national average. Mizoram has the lowest poverty headcount ratio of the five. Land ownership, however, is far below the national average.



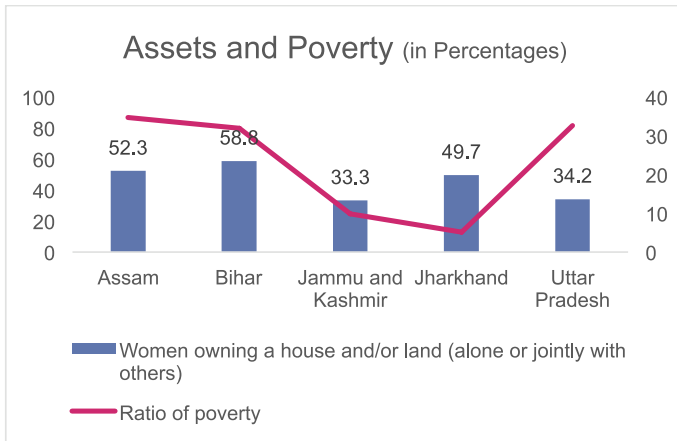
Women in Mizoram are well integrated into the labor market. High unemployment rates for female graduates is a feature of Mizoram, Andhra Pradesh and Tamil Nadu. Compared to the national estimates, all five states have high percentage of working women.



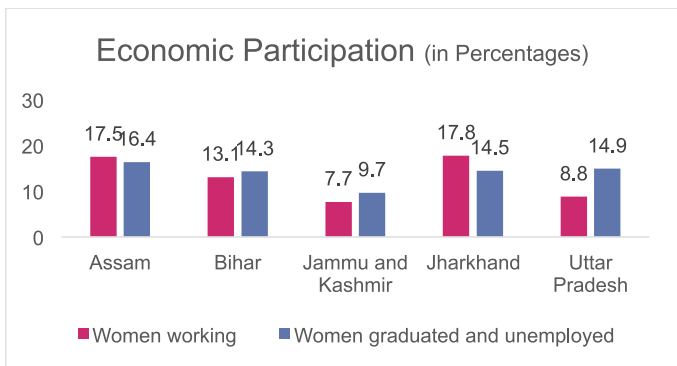
For four out of five states, financial inclusion is comparatively high. Manipur stands out as the state with the highest female household participation rates, but the lowest financial inclusion estimations. Mobile phone usage is below the national levels for Telangana and Andhra Pradesh.

Poor Performing States

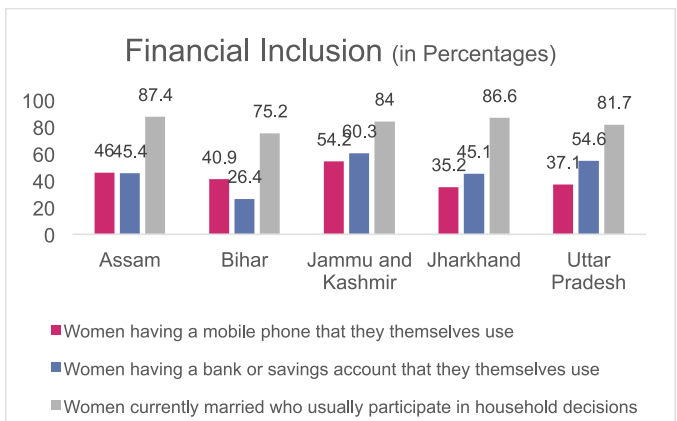
Bihar, Uttar Pradesh, Jammu and Kashmir, Assam and Jharkhand perform the poor in the Poverty domain of the GVI



Uttar Pradesh's low score in the GVI is revealed in the poor state of affairs for women. The state has low rates of female land ownership, and high poverty headcount. Women in Jharkhand appear to have better poverty indicators, in fact, the Poverty Head Count in Jharkhand is the 3rd lowest among all Indian States.



The indicators of Economic Participation in all the five states are dismal. Jammu and Kashmir have the lowest proportion of women working and taking part in labor, the estimations for Bihar and Uttar Pradesh are not much higher either.



Although household decision making in these states is at par, Bihar has among the lowest female household participation rates. The proportion of women in Bihar that are included in the financial systems is the least in the country. Whereas mobile phone usage for all states, except Jammu and Kashmir, is lower than the national average.

Graphs 2.3.2-2.3.8: State Performance on Poverty Indicators

Protection

At the heart of Plan India's lifecycle approach is the protection and safety of girls and women. It has been established that India is not neutral territory, group based disadvantages are roughly tied to community values and traditional practices are hard to break. Discrimination starts at the womb and persists throughout her life. Girls and women, for every year of their lives, are exposed to specific forms of gender based discrimination which disempowers them and widens the gender divide.

Violence, abuse, neglect are the most brutal suppressions of freedom. Women are vulnerable even before their birth and formative years to female feticide and infanticide. As they grow older, they are at risk of human trafficking, physical and sexual abuse and neglect, and this continues in the form of marital and domestic abuse, dowry harassment and desertion. Abuse and the threat of violence are an insult to one's personal welfare and humanity. These behaviours are not always predicted by a household's socioeconomic identity and are not likely to end anytime soon. While nearly a third of all rape victims are girls under the age of 18⁴². Sources expect the demographic crises is likely to exacerbate abuse⁴³ and the dwindling sex ratio is likely to continue to fall⁴⁴. These dilemmas are not just social, they are ethical violations of one's human security.

While girls are at times the last to eat, they are also least prioritized when it comes to their health and education. While the male child is an investment, the girl child is a burden, especially among poorer families. Among the most persistent features of many Indian households, is child marriage. In India, the rules of the game dictate marriage to be an inevitable milestone in one's life, and a heavy obligation for parents of female children. Today, more than 1 out of 4 girls are married before the age of 18, and 1 out of 5 boys are married before the age of 21. Although the incidence of child marriage has fallen significantly in the last two decades, it is still persistent and intergenerational because of the strong social stigma surrounding unmarried girls, preservation of her chastity and as means of protection from sexual violence. She is undereducated and it further perpetuates inequalities in decision making. She is also more likely to become a mother before becoming an adult. Younger girls call for smaller dowries and poorer families are more likely to end her education⁴⁵.

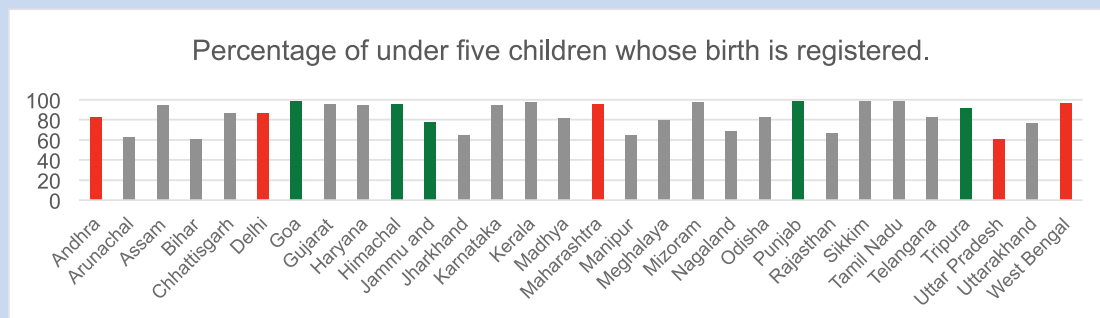
Preventing social malpractice is among the first step, thus crimes against women and children are an important reflection of our dimension. Crimes against women and children, for instance, reveal how the justice system responds to current crises. Protection is one of the most complex features and in order to allow for children and women to flourish, improvements in their personal wellbeing by protecting their rights is necessary. Thus to construct the protection Index in the GVI, Plan India has considered 26 critical indicators as stated below:

Indicators	
budget allocated for social security, percentage of	
Violence	
ever-married women who have ever experienced spousal violence, percentage of	under five mortality rate
sex ratio for the total population	ever-married women who have experienced violence during any pregnancy, percentage of
	female migrants, percentage of
Youth Protection	
women aged 20-24 years, married before the age of 18 years, percentage of	women age 15-19 years who were already mothers or pregnant when surveyed, percentage of
sex ratio at birth (female live births/ male births *1000)	females aged 0-19 that are disabled , percentage of
under five children whose birth is registered, percentage of	child sex ratio
Justice and Crime	
girls below 18 years victims of culpable homicide, percentage of	total number of cyber crimes
female suicides to number of suicides, percentage of, percentage of	girls under 18 years who are victims of kidnapping & abduction, percentage of
total child trafficking cases	children in juvenile homes waiting for disposal of cases, percentage of
cases under POCSO which offenders were known to victims, percentage of	total cases under POCSO, percentage of
crimes against children to total crimes, percentage of	girls under 18 years within rape victims, percentage of
crime rate against women, percentage of	youths (18-30) under trial in jail, percentage of
number of children in jail (children of inmates)	girls below 18 years victims of culpable homicide, percentage of

Table 2.4.1: Protection Indicators

Universal Birth Registration

An important national indicator; birth registrations are compulsory. However, violations of the 1969 births and deaths act are numerous, 48 years after its enactment. The challenge is thus universal and permeates to all four dimensions, and results in discrimination of access. Birth registrations is the first official legal identity. Without this identity, children are more vulnerable to the brutalities of child trafficking, child marriage, and other crimes.



Graph 2.4.1: Birth Registrations in India

State	PROTECTION	Rank
Goa	0.848	1
Himachal Pradesh	0.830	2
Jammu and Kashmir	0.827	3
Punjab	0.780	4
Tripura	0.765	5
Sikkim	0.746	6
Mizoram	0.741	7
Nagaland	0.729	8
Meghalaya	0.726	9
Kerala	0.714	10
Uttarakhand	0.697	11
Tamil Nadu	0.659	12
Manipur	0.656	13
Jharkhand	0.652	14
Assam	0.620	15
Rajasthan	0.610	16
Karnataka	0.607	17
Arunachal Pradesh	0.596	18
Chhattisgarh	0.585	19

Telangana	0.583	20
Haryana	0.573	21
Madhya Pradesh	0.567	22
Odisha	0.562	23
Gujarat	0.561	24
Maharashtra	0.559	25
Andhra Pradesh	0.542	26
Bihar	0.539	27
Delhi	0.520	28
West Bengal	0.493	29
Uttar Pradesh	0.483	30
India	0.630	

Table 2.4.2: Protection Dimension Scores and Ranks

Best Performance	Satisfactory Performance	Unsatisfactory Performance	Poor performance
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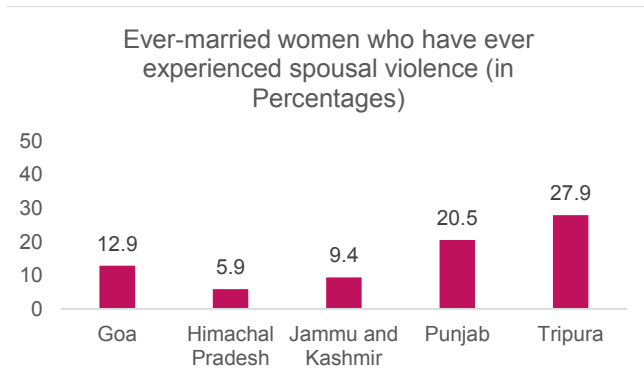
National Snapshot

The GVI for protection is the highest among all four dimensions, at **0.630**. While this figure suggests that India has shown some progress in protection indicators, there's still a long way to go. Violence is a bitter truth and there's enough evidence to prove that women all over India are vulnerable to abuse and violence, not just in their own homes. Just under a third of women who have ever been married report experiencing spousal violence.

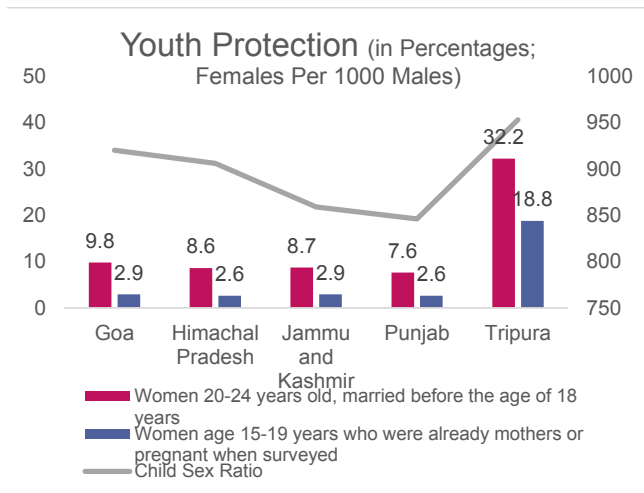
There are severe regional imbalances, especially in the protection of women. The regional disparities for crimes against women are appallingly high, nationally the figure stands at 53.9%, in states like Assam and Delhi this rate crosses over 140%. Indicators for the protection of young girls give a confounding picture, the child sex ratio is far below an acceptable standard. In West Bengal, the incidence of child marriage is over 40%, while in Punjab it's estimated to be less than 8%. These figures represent the immense state wide disparities which cannot be explained with certainty by any of the other dimensions of the GVI. Karnataka, for instance, ranks among the best in all other dimensions. But, the highest proportion of girls and women in the country who have ever experienced violence during a pregnancy are in Karnataka. The mortality rate for children under five also suffers from the same incongruity, we are miles from reaching the ideal. Girls and women in India are not equally safe.

Best performing states

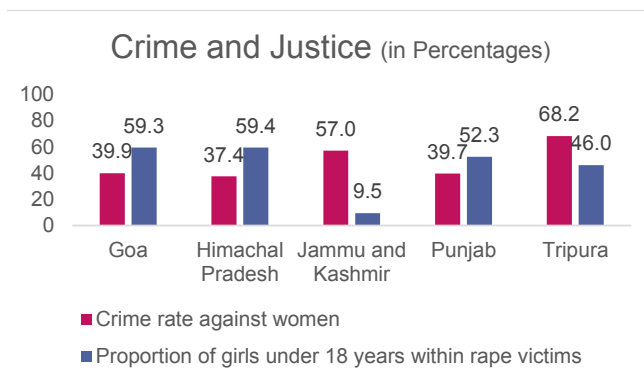
The states which perform the best in the dimension of Protection are Goa, Jammu and Kashmir, Himachal Pradesh, Punjab and Tripura.



This figure suggests that despite the understanding that these five states are closest to achieving preferable outcomes for gender equality, violence against women is still unacceptably high for both Punjab and Tripura, and a painful reality across all states.



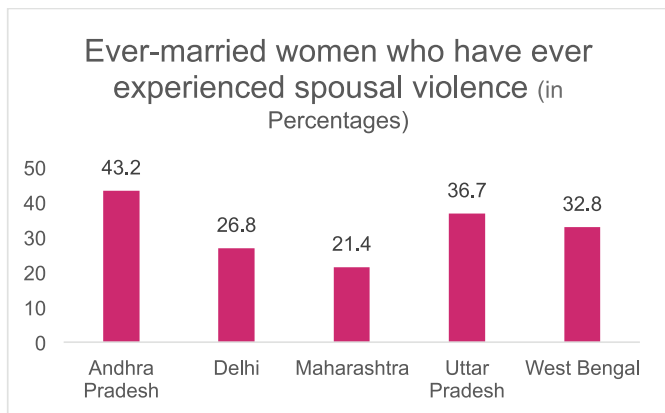
Tripura stands as an outlier in the context of youth protection. Although, the child sex ratio is relatively high, the percentage of adolescent pregnancies is the highest in the country. Punjab has the lowest rate of child marriage in the country, the other three states are not far behind.



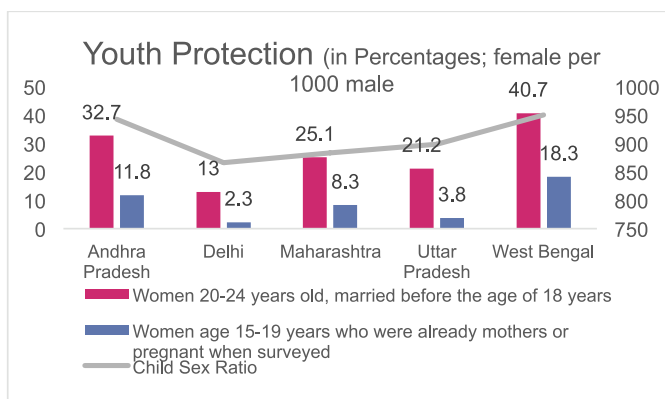
Sexual violence is a striking reality. In Goa and Himachal Pradesh, younger girls are at higher risk for sexual abuse and rape.

Poor Performing States

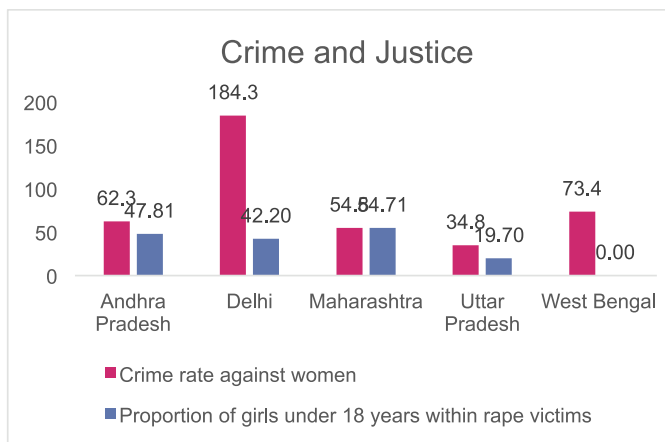
Maharashtra, Andhra Pradesh, Delhi, Uttar Pradesh and West Bengal rank the lowest in the GVIs protection dimensions.



The consistently high percentages of spousal violence signals poor gender relations and gender perceptions. Spousal violence is alarmingly high in India. Andhra Pradesh has some of the highest rates of spousal violence in the country. Uttar Pradesh and West Bengal perform poorly as well.



The child sex ratio is a universally a challenge. West Bengal, as mentioned above, has the highest rates of child marriage and one of the highest rates of adolescent pregnancies. Delhi has the lowest percentage of adolescent pregnancies.



Delhi, a clear outlier is notorious for women's safety. It has the highest crime rate against women. The rate in West Bengal is also notably high.

Graphs 2.4.2-2.5.8: State Performance on Protection Indicators

WAY FORWARD - PICTURES FOR LIFE

The Gender Vulnerability Index is the first step as part of “Plan for Every Child”, campaign to identify the vulnerabilities faced by girls and women in order to contribute to a developmental dialogue for gender sensitive solutions and gender transformation. As a process, it is also vital to note that though the GVI divulges the magnitude of the vulnerabilities at state and national level, it is imperative that regional priorities and variations in the social, economic and cultural constructs are taken into account. Hence it is important that girls and women who face the effect of vulnerabilities are able to understand and accept the issues related to them, so that the strategic approaches can be employed to deliver tangible solutions.

Plan India believes and practices that youth participation is key determinant for transforming the narrative with regard to issues faced by girls and women. As a process the GVI will be validated by youth, including young women and men, girls and boys as per the contextual setting and further solutions will be arrived as per the recommendations provided by them. The GVI tool will be modified based on the deliberations and will also provide avenue for giving appropriate weightage to those indicators which has greater influence in changing the lives of the girls and women, in India.

Plan India, has used an effected model called “Pictures for Life”, where children and youth have validated Plan India’s programmes. The same process will be used for validating the GVI, where youth and young women will be shaping conclusions as per their local context. They will construct the vulnerability index

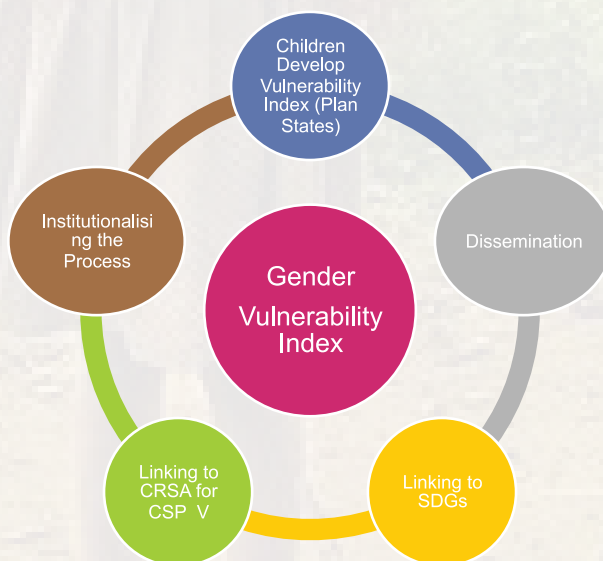


Figure 3.1: Process Overview for Pictures for Life

for their respective regions and this will be amalgamated to the national youth led and derived GVI. The process is two pronged. In Phase I, the girls develop the GVI based on the existing composite index. In Phase II, girls will be involved in programme design and monitoring not only at the level of Plan but will also contribute towards monitoring government programmes. The final outlines of the Pictures for life is as depicted in figure 3.1

The novelty which 'Pictures for Life' introduces to this composite index is of self-stated validation by girls and young people. The GVI is complex and context specific, the Pictures for Life approach calibrates the dimensions at the regional level, making it an appropriate tool for navigating the social, economic, cultural and religious labyrinths of India. Pictures for Life takes recommendations from the youth and discusses in detail at the granular level which will derive youth led solutions at the state level for all thirty states.

The process is depicted in the flowchart below:

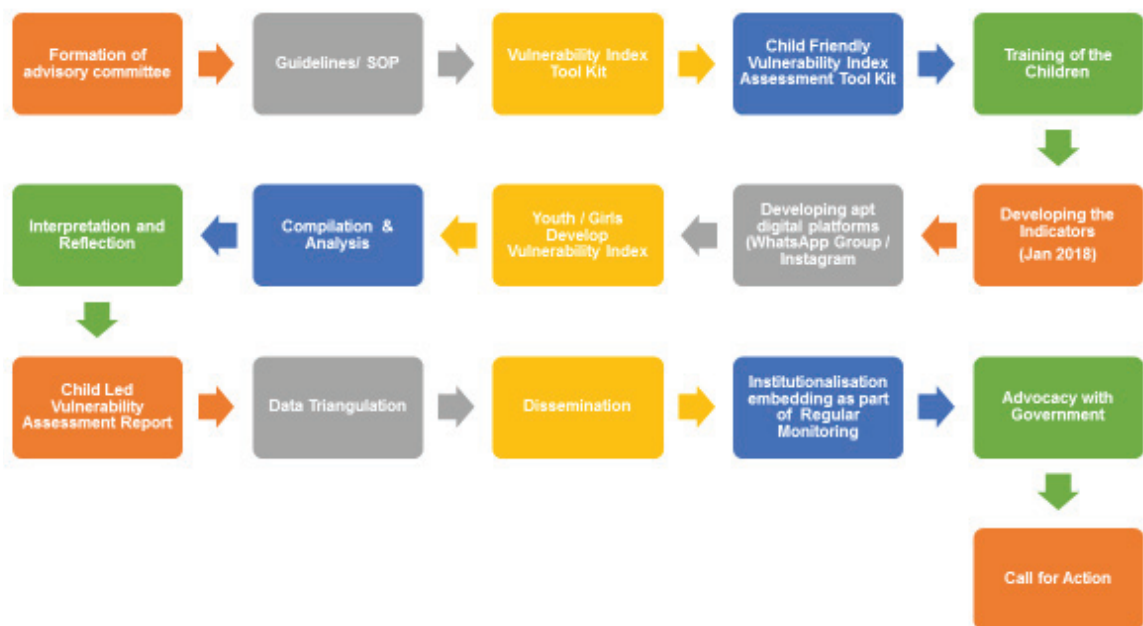


Figure 3.2: Process Flowchart for Pictures for Life

Plan India envisions that the GVI (quantitative and qualitative), could be used for policy influencing and advocacy and by policy makers for gauging the performance of various gender related flagship initiatives by the Government of India and other relevant stakeholders.

ANNEXURE: STATE FACT SHEETS

STATE FACT SHEET: ANDHRA PRADESH



State: Andhra Pradesh

Capital: Hyderabad/ Amaravati

Population: Number of children under 18 years: 0.85 crores (M), 0.80 crores (F)

Sex Ratio (SR): 1020

Child Sex Ratio (CSR): 943

Sex Ratio at Birth (SRB): 944

Female Literacy Rate: 71.1

Ratio of Poverty: 20.0

Infant Mortality Rate (IMR) Female: 39

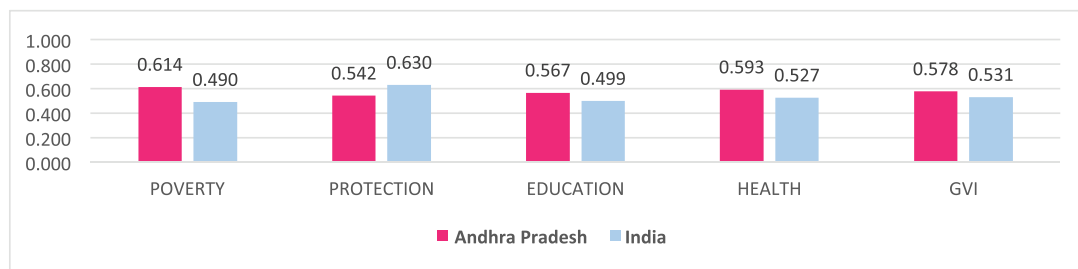
Under Five (U5) Mortality Rate: 41

HIV Prevalence (C): 0.66

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 32.7% girls are getting married before the legal age ➤ 43.2% women have ever experienced spousal violence ➤ 97.7% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 34.3% of women have 10 or more years of schooling ➤ About 71.1% women are literate, Seven out of ten women in India are literate ➤ Though 99.7% schools reported having a separate toilet for girls but only 72.8% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 39.5% households have no access to toilet facilities and defecating in open. ➤ 67.5% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (64.1%) are registering for ANC. 98.5% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 36.2% of the women in the state have a mobile phone that they themselves use. ➤ 44.7% of the women own land/property (Alone or with other people) ➤ 66.3% women have a bank account that they themselves operate ➤ 14.2% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Andhra Pradesh	5	26	11	5	12



On a scale of 0- 1, Andhra Pradesh scores 0.578 on GVI with a rank of 12 among states.

STATE FACT SHEET: ARUNACHAL PRADESH



State: Arunachal Pradesh

Capital: Itanagar

Population: Number of children under 18 years: 0.03 crores (M), 0.03 crores (F)

Sex Ratio (SR): 958

Child Sex Ratio (CSR): 960

Sex Ratio at Birth (SRB): 925

Female Literacy Rate: 58.7

Ratio of Poverty: 9.2

Infant Mortality Rate (IMR) Female: 32

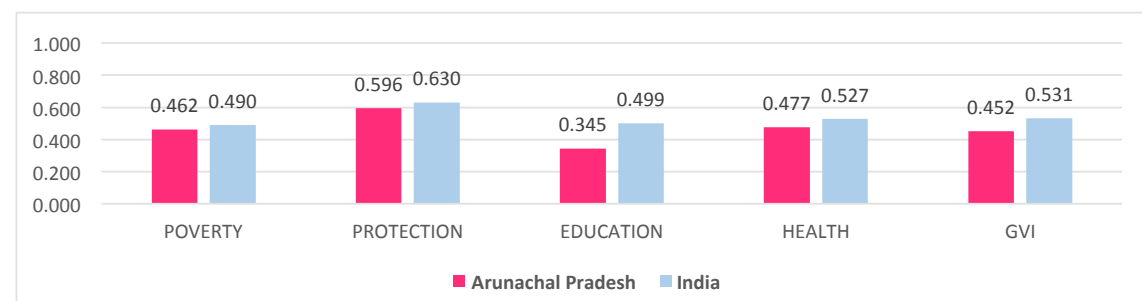
Under Five (U5) Mortality Rate: 33

HIV Prevalence (C): 0.07

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 23.5% girls are getting married before the legal age ➤ 30.6% women have ever experienced spousal violence ➤ 100% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 31% of women have 10 or more years of schooling ➤ About 58.7% women are literate, Seven out of ten women in India are literate ➤ 96.6% schools reported having a separate toilet for girls but only 35.8% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 31.7% households have no access to toilet facilities and defecating in open. ➤ 73.3% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 71% pregnancies are registering for ANC. 93.2% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 59.8% of the women in the state have a mobile phone that they themselves use. ➤ 57.7% of the women own land/property (Alone or with other people) ➤ 56.6% women have a bank account that they themselves operate ➤ 3.2% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Arunachal Pradesh	20	18	29	25	26



On a scale of 0- 1, Arunachal Pradesh scores 0.452 on GVI with a rank of 26 among the states.

STATE FACT SHEET: ASSAM



State: Assam

Capital: Dispur

Population: Number of children under 18 years: 0.66 crores (M), 0.62 crores (F)

Sex Ratio (SR): 993

Child Sex Ratio (CSR): 957

Sex Ratio at Birth (SRB): 931

Female Literacy Rate: 53.5

Ratio of Poverty: 34.7

Infant Mortality Rate (IMR) Female: 49

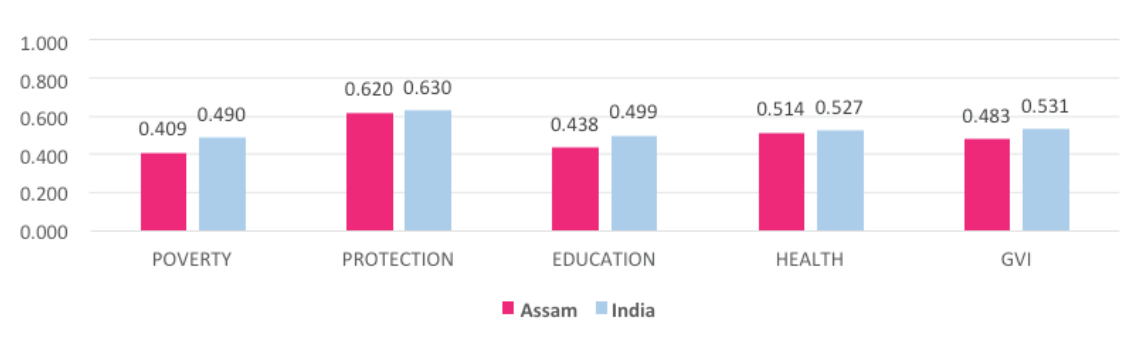
Under Five (U5) Mortality Rate: 56

HIV Prevalence (C): 0.06

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 32.6% girls are getting married before the legal age ➤ 24.5% women have ever experienced spousal violence ➤ 93.2% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 26.2% of women have 10 or more years of schooling ➤ About 53.5% women are literate, Seven out of ten women in India are literate ➤ Though 83.9% schools reported having a separate toilet for girls but only 54.3% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 37.5% households have no access to toilet facilities and defecating in open. ➤ 44.8% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (67.7%) are registering for ANC. 86.5% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 46% of the women in the state have a mobile phone that they themselves use. ➤ More than half (52.3%) of the women own land/property (Alone or with other people) ➤ 45.4% women have a bank account that they themselves operate ➤ 11.6% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Assam	27	15	23	18	24



On a scale of 0- 1, Assam scores 0.483 on GVI with a rank of 24 among the states.

STATE FACT SHEET: BIHAR


State: Bihar
Capital: Patna

Population: Number of children under 18 years: 2.62 crores (M), 2.35 crores (F)

Sex Ratio (SR): 1062

Child Sex Ratio (CSR): 933

Sex Ratio at Birth (SRB): 916

Female Literacy Rate: 63

Ratio of Poverty: 32

Infant Mortality Rate (IMR) Female: 46

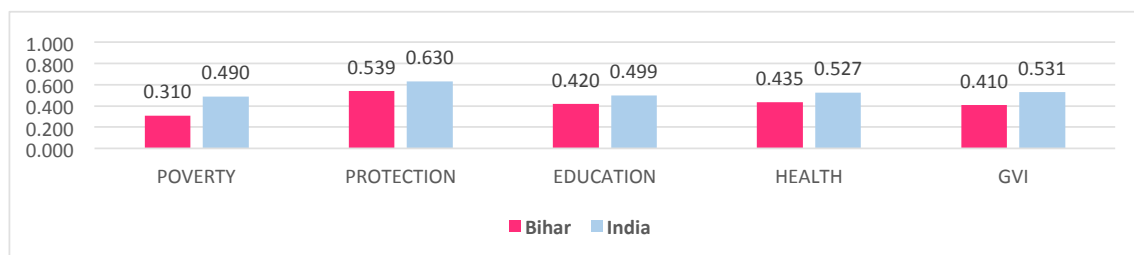
Under Five (U5) Mortality Rate: 58

HIV Prevalence (C): 0.25

Protection: <ul style="list-style-type: none"> ➤ 39.1% girls are getting married before the legal age ➤ 43.2% women have ever experienced spousal violence ➤ 100% girls who are victims and reported the cases under POCSO act knew their offenders 	Education: <ul style="list-style-type: none"> ➤ 23% of women have 10 or more years of schooling ➤ About 63% women are literate, Seven out of ten women in India are literate ➤ Though 90% schools reported having a separate toilet for girls but only 61% reported that the toilets are usable.
Health and Survival: <ul style="list-style-type: none"> ➤ 74.8% households have no access to toilet facilities and defecating in open. ➤ 31% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (68.3%) are registering for ANC. One out of four women (22.8%) is not delivering in a medical institution. 	Poverty: <ul style="list-style-type: none"> ➤ 40.9% of the women in the state have a ➤ More than half (58.8%) of the women own land/property (Alone or with other people) ➤ 26.4% women have a bank account that they themselves operate ➤ 13 of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Bihar	30	27	25	30	30



On a scale of 0- 1, Bihar scores 0.410 on GVI with a rank of 30 among the states.

STATE FACT SHEET: CHHATTISGARH



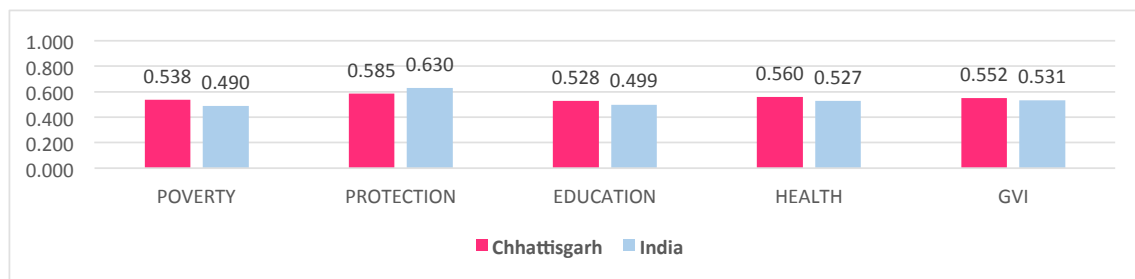
State: Chhattisgarh
Capital: Naya Raipur
Population: Number of children under 18 years: 0.52 crores (M), 0.51 crores (F)
Sex Ratio (SR): 1019
Child Sex Ratio (CSR): 964
Sex Ratio at Birth (SRB): 942

Female Literacy Rate: 46.4
Ratio of Poverty: 33.7
Infant Mortality Rate (IMR) Female: 44
Under Five (U5) Mortality Rate: 64
HIV Prevalence (C): 0.19

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 21.3% girls are getting married before the legal age ➤ 36.7% women have ever experienced spousal violence ➤ 96.6% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 26.5% of women have 10 or more years of schooling ➤ About 46.4% women are literate, Seven out of ten women in India are literate ➤ Though 99.2% schools reported having a separate toilet for girls but only 70.2% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 69.6% households have no access to toilet facilities and defecating in open. ➤ 47.1% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 64.8% pregnancies are registering for ANC. 91.3% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 31% of the women in the state have a mobile phone that they themselves use. ➤ 26.4% of the women own land/property (Alone or with other people) ➤ 51.3% women have a bank account that they themselves operate ➤ 12.1% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Chhattisgarh	13	19	16	11	15



On a scale of 0- 1, Chhattisgarh scores 0.552 on GVI with a rank of 15 among the states.

STATE FACT SHEET: NCT OF DELHI



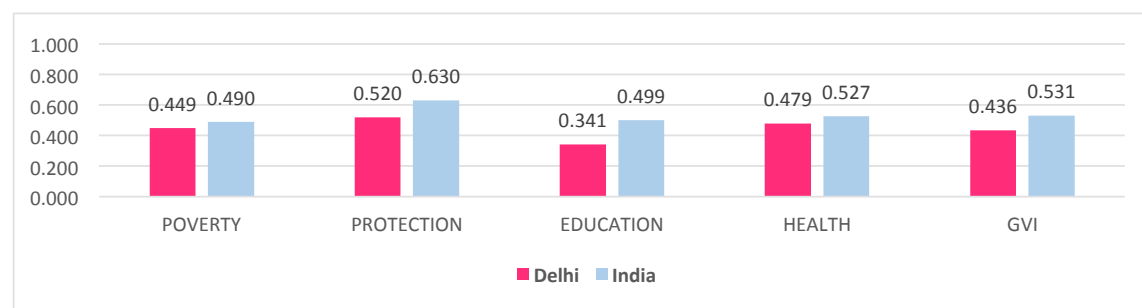
State: NCT of Delhi
Capital: New Delhi
Population: Number of children under 18 years: 0.32 crores (M), 0.27 crores (F)
Sex Ratio (SR): 849
Child Sex Ratio (CSR): 864
Sex Ratio at Birth (SRB): 904

Female Literacy Rate: 64.4
Ratio of Poverty: 9.7
Infant Mortality Rate (IMR) Female: 22
Under Five (U5) Mortality Rate: 47
HIV Prevalence (C): 0.23

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 13% girls are getting married before the legal age ➤ 26.8% women have ever experienced spousal violence ➤ 83.3% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 55.4% of women have 10 or more years of schooling ➤ About 64.8% women are literate, Seven out of ten women in India are literate ➤ 100% schools reported having a separate toilet for girls.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 2.5% households have no access to toilet facilities and defecating in open. ➤ 90.2% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 93.7% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 66.6% of the women in the state have a mobile phone that they themselves use. ➤ 35% of the women own land/property (Alone or with other people) ➤ 64.4% women have a bank account that they themselves operate ➤ 5% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Delhi	21	28	30	24	28



On a scale of 0- 1, Delhi scores 0.436 on GVI with a rank of 28 among the states.

STATE FACT SHEET: GOA


State: Goa
Capital: Panaji

Population: Number of children under 18 years: 0.02 crores (M), 0.02 crores (F)

Sex Ratio (SR): 1018

Child Sex Ratio (CSR): 920

Sex Ratio at Birth (SRB): 948

Female Literacy Rate: 59.6

Ratio of Poverty: 39.9

Infant Mortality Rate (IMR) Female: 11

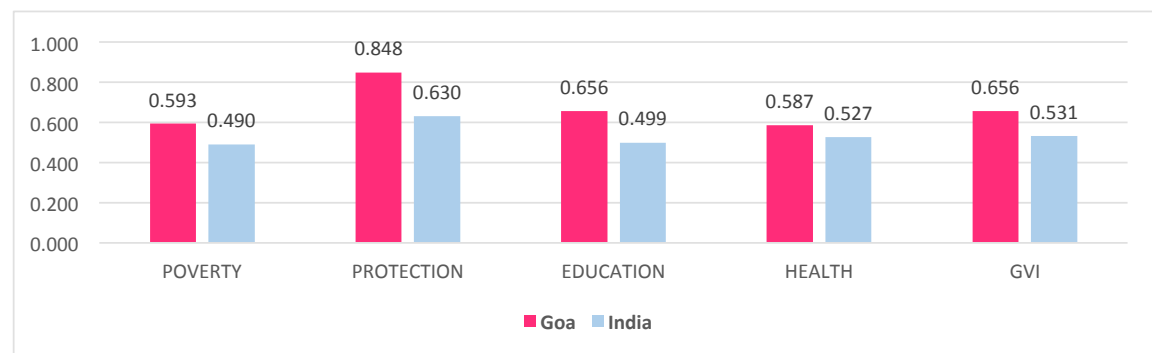
Under Five (U5) Mortality Rate: 13

HIV Prevalence (C): 0.40

Protection: <ul style="list-style-type: none"> ➤ 9.8% girls are getting married before the legal age ➤ 12.9% women have ever experienced spousal violence 	Education: <ul style="list-style-type: none"> ➤ 58.2% of women have 10 or more years of schooling ➤ About 59.6% women are literate, Seven out of ten women in India are literate ➤ 100% schools reported having a separate toilet for girls.
Health and Survival: <ul style="list-style-type: none"> ➤ 13.9% households have no access to toilet facilities and defecating in open. ➤ 89.3% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Three out of four pregnancies (74.6%) are registering for ANC. 99.9% women are delivering in a medical institution. 	Poverty: <ul style="list-style-type: none"> ➤ 80.9% of the women in the state have a mobile phone that they themselves use. ➤ 33.9% of the women own land/property (Alone or with other people) ➤ 82.8% women have a bank account that they themselves operate ➤ 2.3% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Goa	8	1	5	6	1



On a scale of 0- 1, Goa scores 0.656 on GVI with a rank of 1 among the states.

STATE FACT SHEET: GUJARAT

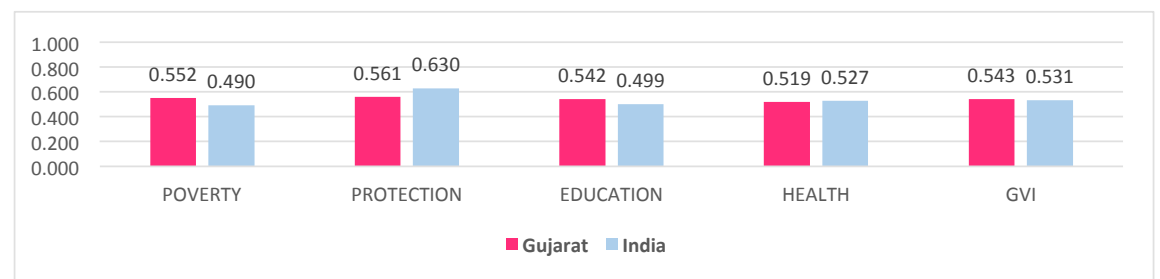


<p>State: Gujarat</p> <p>Capital: Gandhinagar</p> <p>Population: Number of children under 18 years: 1.18 crores (M), 1.04 crores (F)</p> <p>Sex Ratio (SR): 915</p> <p>Child Sex Ratio (CSR): 886</p> <p>Sex Ratio at Birth (SRB): 908</p>	<p>Female Literacy Rate: 47.7</p> <p>Ratio of Poverty: 1.0</p> <p>Infant Mortality Rate (IMR) Female: 37</p> <p>Under Five (U5) Mortality Rate: 43</p> <p>HIV Prevalence (C): 0.42</p>
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<p>Protection:</p> <ul style="list-style-type: none"> ➤ 24.9% girls are getting married before the legal age ➤ 21.1% women have ever experienced spousal violence ➤ 99.5% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 33% of women have 10 or more years of schooling ➤ About 47.7% women are literate, Seven out of ten women in India are literate ➤ Though 100% schools reported having a separate toilet for girls but only 81.1% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 38.1% households have no access to toilet facilities and defecating in open. ➤ 60.3% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (66.1%) are registering for ANC. 98.9% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 47.9% of the women in the state have a mobile phone that they themselves use. ➤ 27.2% of the women own land/property (Alone or with other people) ➤ 48.6% women have a bank account that they themselves operate ➤ 9.6% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Gujarat	10	24	15	16	16



On a scale of 0- 1, Gujarat scores 0.543 on GVI with a rank of 16 among the states.

STATE FACT SHEET: HARYANA



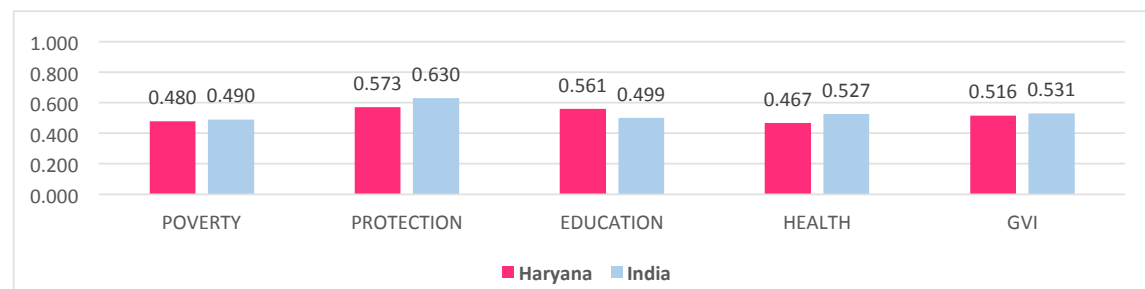
State: Haryana
Capital: Chandigarh
Population: Number of children under 18 years: 0.54 crores (M), 0.44 crores (F)
Sex Ratio (SR): 876
Child Sex Ratio (CSR): 830
Sex Ratio at Birth (SRB): 898

Female Literacy Rate: 46.4
Ratio of Poverty: 21.8
Infant Mortality Rate (IMR) Female: 38
Under Five (U5) Mortality Rate: 41
HIV Prevalence (C): 0.13

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 18.5% girls are getting married before the legal age ➤ 32% women have ever experienced spousal violence ➤ 97.8% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 45.8% of women have 10 or more years of schooling ➤ About 46.4% women are literate, Seven out of ten women in India are literate ➤ Though 99.6% schools reported having a separate toilet for girls but only 82.3% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 25.6% households have no access to toilet facilities and defecating in open. ➤ 78.4% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (64.7%) are registering for ANC. 92.1% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 50.5% of the women in the state have a mobile phone that they themselves use. ➤ 35.8% of the women own land/property (Alone or with other people) ➤ 45.6% women have a bank account that they themselves operate ➤ 9.5% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Haryana	17	21	12	26	19



On a scale of 0- 1, Haryana scores 0.516 on GVI with a rank of 19 among the states.

STATE FACT SHEET: HIMACHAL PRADESH



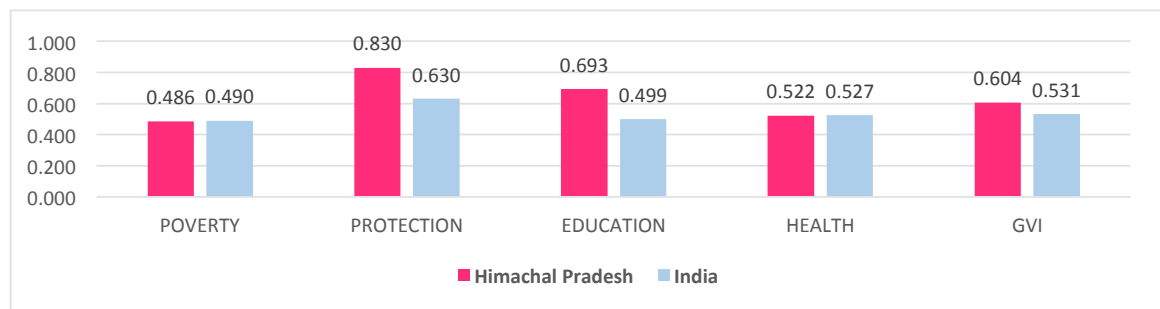
State: Himachal Pradesh
Capital: Shimla
Population: Number of children under 18 years: 0.12 crores (M), 0.11 crores (F)
Sex Ratio (SR): 1078
Child Sex Ratio (CSR): 906
Sex Ratio at Birth (SRB): 915

Female Literacy Rate: 68.9
Ratio of Poverty: 39.3
Infant Mortality Rate (IMR) Female: 35
Under Five (U5) Mortality Rate: 38
HIV Prevalence (C): 0.12

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 8.6% girls are getting married before the legal age ➤ 5.9% women have ever experienced spousal violence 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 59.4% of women have 10 or more years of schooling ➤ About 68.9% women are literate, Seven out of ten women in India are literate ➤ Though 99.8% schools reported having a separate toilet for girls but only 79.5% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 21.8% households have no access to toilet facilities and defecating in open. ➤ 84.3% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (66%) are registering for ANC. 86.3% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 73.9% of the women in the state have a mobile phone that they themselves use. ➤ 11.3% of the women own land/property (Alone or with other people) ➤ 68.8% women have a bank account that they themselves operate ➤ 8% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Himachal Pradesh	15	2	1	15	6



On a scale of 0- 1, Himachal Pradesh scores 0.604 on GVI with a rank of 6 among the states.states.

STATE FACT SHEET: JAMMU & KASHMIR



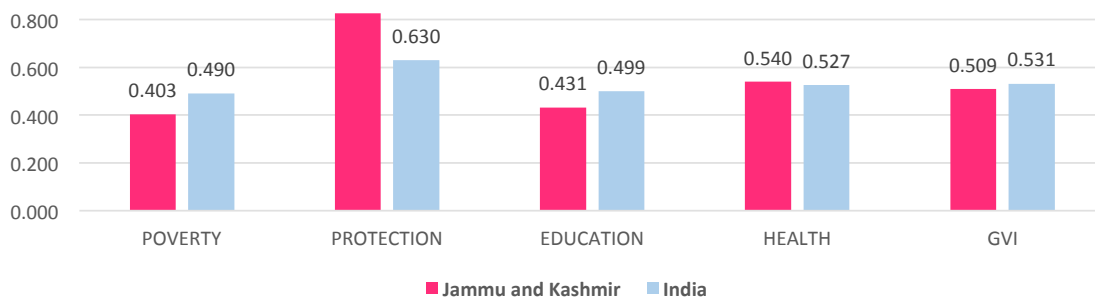
State: Jammu & Kashmir
Capital: Srinagar/ Jammu
Population: Number of children under 18 years: 0.28 crores (M), 0.25 crores (F)
Sex Ratio (SR): 972
Child Sex Ratio (CSR): 589
Sex Ratio at Birth (SRB): 944

Female Literacy Rate: 82.2
Ratio of Poverty: 9.9
Infant Mortality Rate (IMR) Female: 36
Under Five (U5) Mortality Rate: 38
HIV Prevalence (C): 0.03

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 8.7% girls are getting married before the legal age ➤ 9.4% women have ever experienced spousal violence 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 37.2% of women have 10 or more years of schooling ➤ About 82.2% women are literate, Seven out of ten women in India are literate ➤ Though 95% schools reported having a separate toilet for girls.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 33.1% households have no access to toilet facilities and defecating in open. ➤ 66.5% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 92.1% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 54.2% of the women in the state have a mobile phone that they themselves use. ➤ 33.3% of the women own land/property (Alone or with other people) ➤ 60.3% women have a bank account that they themselves operate ➤ 4% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Jammu & Kashmir	28	3	24	13	20



On a scale of 0- 1, Jammu & Kashmir scores 0.509 on GVI with a rank of 20 among the states.

STATE FACT SHEET: JHARKHAND



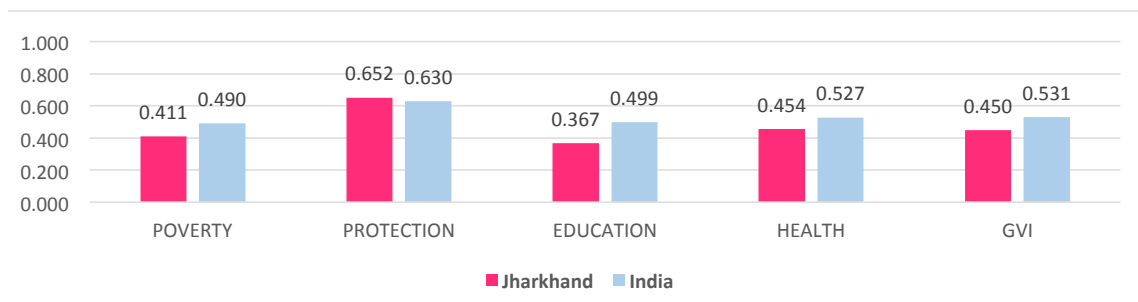
State: Jharkhand
Capital: Ranchi
Population: Number of children under 18 years: 0.76 crores (M), 0.70 crores (F)
Sex Ratio (SR): 1002
Child Sex Ratio (CSR): 943
Sex Ratio at Birth (SRB): 918

Female Literacy Rate: 63.3
Ratio of Poverty: 5.1
Infant Mortality Rate (IMR) Female: 36
Under Five (U5) Mortality Rate: 54
HIV Prevalence (C): 0.17

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 38% girls are getting married before the legal age ➤ 34% women have ever experienced spousal violence ➤ 76.2% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 28.7% of women have 10 or more years of schooling ➤ About 63.3% women are literate, Seven out of ten women in India are literate ➤ Though 96.8% schools reported having a separate toilet for girls but only 61.4% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 75.6% households have no access to toilet facilities and defecating in open. ➤ 49.6% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 72.1% pregnancies are registering for ANC. 89.3% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 35.2% of the women in the state have a mobile phone that they themselves use. ➤ 49.7% of the women own land/property (Alone or with other people) ➤ 45.1% women have a bank account that they themselves operate ➤ 7.9% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Jharkhand	26	14	28	28	27



On a scale of 0- 1, Jharkhand scores 0.450 on GVI with a rank of 27 among the states.

STATE FACT SHEET: KARNATAKA



State: Karnataka

Capital: Bengaluru

Population: Number of children under 18 years: 1.07 crores (M), 1.00 crores (F)

Sex Ratio (SR): 979

Child Sex Ratio (CSR): 943

Sex Ratio at Birth (SRB): 949

Female Literacy Rate: 56.9

Ratio of Poverty: 16.6

Infant Mortality Rate (IMR) Female: 30

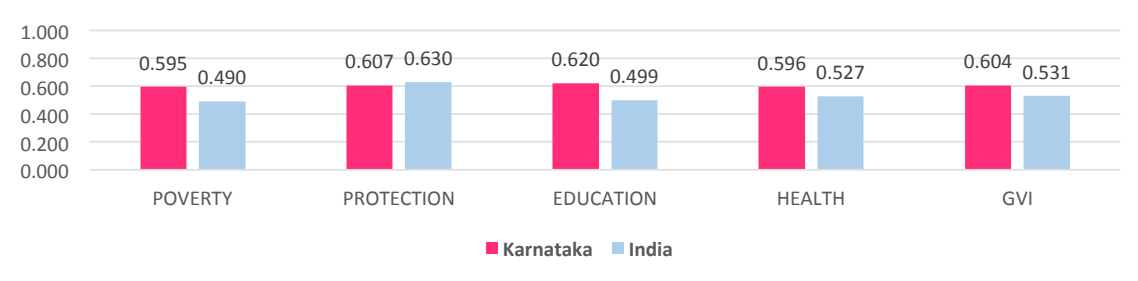
Under Five (U5) Mortality Rate: 32

HIV Prevalence (C): 0.45

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 23.2% girls are getting married before the legal age ➤ 20.5% women have ever experienced spousal violence ➤ 97.4% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 45.5% of women have 10 or more years of schooling ➤ About 56.9% women are literate, Seven out of ten women in India are literate ➤ Though 99.6% schools reported having a separate toilet for girls but only 59.3% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 33.2% households have no access to toilet facilities and defecating in open. ➤ 70.3% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (64.7%) are registering for ANC. 99.5% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 47.1% of the women in the state have a mobile phone that they themselves use. ➤ 51.8% of the women own land/property (Alone or with other people) ➤ 59.4% women have a bank account that they themselves operate ➤ 1.9% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Karnataka	7	17	7	4	7



On a scale of 0- 1, Karnataka scores 0.604 on GVI with a rank of 7 among the states.

STATE FACT SHEET: KERALA

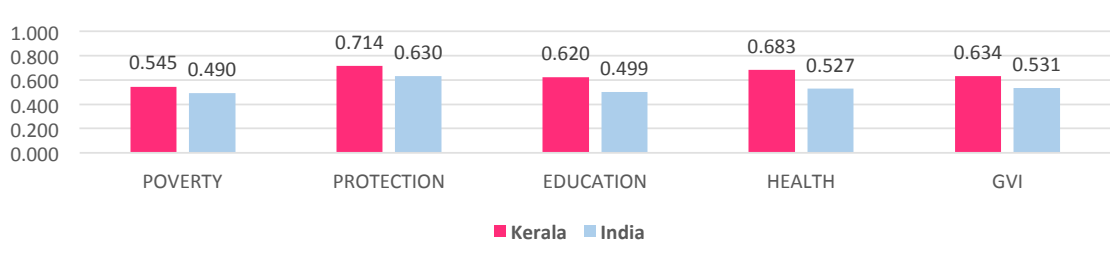


<p>State: Kerala</p> <p>Capital: Thiruvananthapuram</p> <p>Population: Number of children under 18 years: 0.51 crores (M), 0.49 crores (F)</p> <p>Sex Ratio (SR): 1049</p> <p>Child Sex Ratio (CSR): 959</p> <p>Sex Ratio at Birth (SRB): 960</p>	<p>Female Literacy Rate: 73.5</p> <p>Ratio of Poverty: 11.2</p> <p>Infant Mortality Rate (IMR) Female: 13</p> <p>Under Five (U5) Mortality Rate: 7</p> <p>HIV Prevalence (C): 0.11</p>
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<p>Protection:</p> <ul style="list-style-type: none"> ➤ 7.6% girls are getting married before the legal age ➤ 14.3% women have ever experienced spousal violence ➤ 99% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 72.2% of women have 10 or more years of schooling ➤ About 73.5% women are literate, Seven out of ten women in India are literate ➤ Though 99.2% schools reported having a separate toilet for girls but only 78.8% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 1.9% households have no access to toilet facilities and defecating in open. ➤ 90% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 63.3% pregnancies are registering for ANC. 99.9% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 81.2% of the women in the state have a mobile phone that they themselves use. ➤ 34.9% of the women own land/property (Alone or with other people) ➤ 70.6% women have a bank account that they themselves operate ➤ 4.7% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Kerala	12	10	8	1	2



On a scale of 0- 1, Kerala scores 0.634 on GVI with a rank of 2 among the states.

STATE FACT SHEET: MADHYA PRADESH


State: Madhya Pradesh
Capital: Bhopal

Population: Number of children under

18 years: 1.59 crores (M), 1.46 crores (F)

Sex Ratio (SR): 948

Child Sex Ratio (CSR): 912

Sex Ratio at Birth (SRB): 935

Female Literacy Rate: 49.1

Ratio of Poverty: 8.1

Infant Mortality Rate (IMR) Female: 53

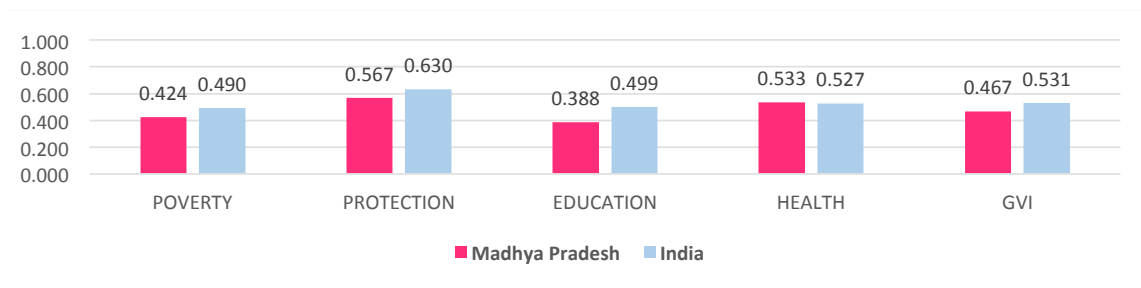
Under Five (U5) Mortality Rate: 65

HIV Prevalence (C): 0.09

Protection: <ul style="list-style-type: none"> ➤ 30% girls are getting married before the legal age ➤ 33% women have ever experienced spousal violence ➤ 92.4% girls who are victims and reported the cases under POCSO act knew their offenders 	Education: <ul style="list-style-type: none"> ➤ 23.2% of women have 10 or more years of schooling ➤ About 49.1% women are literate, Seven out of ten women in India are literate ➤ Though 99.7% schools reported having a separate toilet for girls but only 45.9% reported that the toilets are usable.
Health and Survival: <ul style="list-style-type: none"> ➤ 63.4% households have no access to toilet facilities and defecating in open. ➤ 37.6% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only three out of five pregnancies (60.8%) are registering for ANC. 90.8% women are delivering in a medical institution. 	Poverty: <ul style="list-style-type: none"> ➤ 28.7% of the women in the state have a mobile phone that they themselves use. ➤ 43.5% of the women own land/property (Alone or with other people) ➤ 37.3% women have a bank account that they themselves operate ➤ 11.4% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Madhya Pradesh	25	22	26	14	25



On a scale of 0- 1, Madhya Pradesh scores 0.467 on GVI with a rank of 25 among the states.

STATE FACT SHEET: MAHARASHTRA



State: Maharashtra

Capital: Mumbai

Population: Number of children under

18 years: 2.04 crores (M), 1.81 crores (F)

Sex Ratio (SR): 952

Child Sex Ratio (CSR): 883

Sex Ratio at Birth (SRB): 923

Female Literacy Rate: 52.0

Ratio of Poverty: 10.3

Infant Mortality Rate (IMR) Female: 22

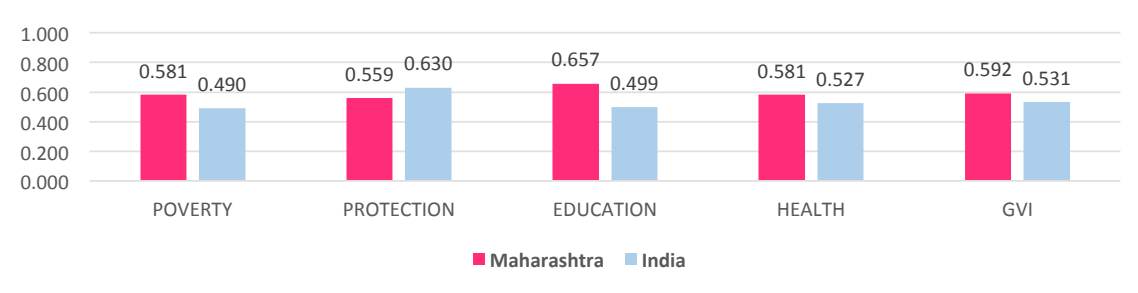
Under Five (U5) Mortality Rate: 29

HIV Prevalence (C): 0.37

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 25.1% girls are getting married before the legal age ➤ 21.4% women have ever experienced spousal violence ➤ 100% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 42% of women have 10 or more years of schooling ➤ About 52% women are literate, Seven out of ten women in India are literate ➤ Though 99.4% schools reported having a separate toilet for girls but only 62.5% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 36.5% households have no access to toilet facilities and defecating in open. ➤ 66.1% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 71.6% pregnancies are registering for ANC. 99% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 45.6% of the women in the state have a mobile phone that they themselves use. ➤ 34.3% of the women own land/property (Alone or with other people) ➤ 45.3% women have a bank account that they themselves operate ➤ 4.8% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Maharashtra	9	25	4	7	9



On a scale of 0- 1, Maharashtra scores 0.592 on GVI with a rank of 9 among the states.

STATE FACT SHEET: MANIPUR


State: Manipur
Capital: Imphal

Population: Number of children under

18 years: 0.05 crores (M), 0.05 crores (F)

Sex Ratio (SR): 1049

Child Sex Ratio (CSR): 934

Sex Ratio at Birth (SRB): 950

Female Literacy Rate: 66.0

Ratio of Poverty: 37.0

Infant Mortality Rate (IMR) Female: 11

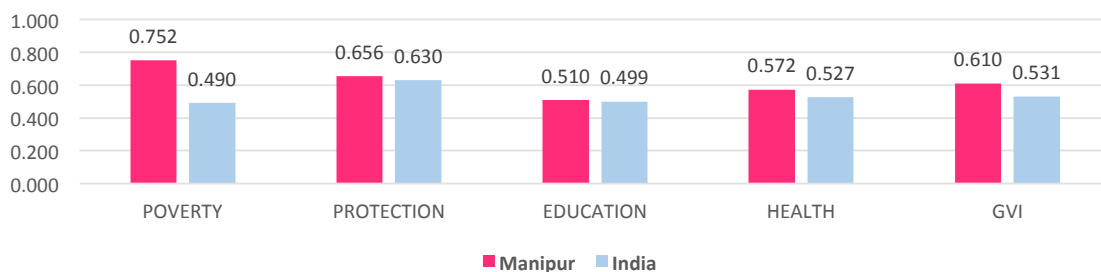
Under Five (U5) Mortality Rate: 26

HIV Prevalence (C): 1.15

Protection: <ul style="list-style-type: none"> ➤ 13.1% girls are getting married before the legal age ➤ 53.1% women have ever experienced spousal violence ➤ 100% girls who are victims and reported the cases under POCSO act knew their offenders 	Education: <ul style="list-style-type: none"> ➤ 45.9% of women have 10 or more years of schooling ➤ About 66.0% women are literate, Seven out of ten women in India are literate ➤ Though 98.7% schools reported having a separate toilet for girls but only 24.5% reported that the toilets are usable.
Health and Survival: <ul style="list-style-type: none"> ➤ 12.6% households have no access to toilet facilities and defecating in open. ➤ 76.1% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 91% pregnancies are registering for ANC. 82.2% women are delivering in a medical institution. 	Poverty: <ul style="list-style-type: none"> ➤ 63.1% of the women in the state have a mobile phone that they themselves use. ➤ 69.9% of the women own land/property (Alone or with other people) ➤ 34.8% women have a bank account that they themselves operate ➤ 4.8% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Manipur	1	13	17	10	5



On a scale of 0- 1, Manipur scores 0.610 on GVI with a rank of 5 among the states.

STATE FACT SHEET: MEGHALAYA

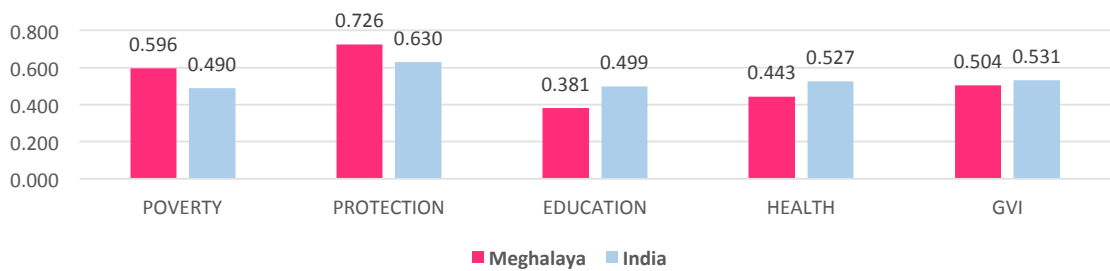


<p>State: Meghalaya Capital: Shillong Population: Number of children under 18 years: 0.07 crores (M), 0.07 crores (F) Sex Ratio (SR): 1005 Child Sex Ratio (CSR): 970 Sex Ratio at Birth (SRB): 943</p>	<p>Female Literacy Rate: 100.0 Ratio of Poverty: 20.9 Infant Mortality Rate (IMR) Female: 49 Under Five (U5) Mortality Rate: 40 HIV Prevalence (C): 0.06</p>
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<p>Protection:</p> <ul style="list-style-type: none"> ➤ 16.5% girls are getting married before the legal age ➤ 28.7% women have ever experienced spousal violence ➤ 93.4% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 33.6% of women have 10 or more years of schooling ➤ About 100.0% women are literate, Seven out of ten women in India are literate ➤ Though 84.3% schools reported having a separate toilet for girls but only 38.5% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 30.6% households have no access to toilet facilities and defecating in open. ➤ 63.7% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 55.1% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 64.3% of the women in the state have a mobile phone that they themselves use. ➤ 57.3% of the women own land/property (Alone or with other people) ➤ 54.4% women have a bank account that they themselves operate ➤ 3.2% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Meghalaya	6	9	27	29	21



On a scale of 0- 1, Meghalaya scores 0.504 on GVI with a rank of 21 among the states.

STATE FACT SHEET: MIZORAM



State: Mizoram

Capital: Aizawl

Population: Number of children under 18 years: 0.02 crores (M), 0.02 crores (F)

Sex Ratio (SR): 1013

Child Sex Ratio (CSR): 971

Sex Ratio at Birth (SRB): 979

Female Literacy Rate: 82.7

Ratio of Poverty: 9.9

Infant Mortality Rate (IMR) Female: 33

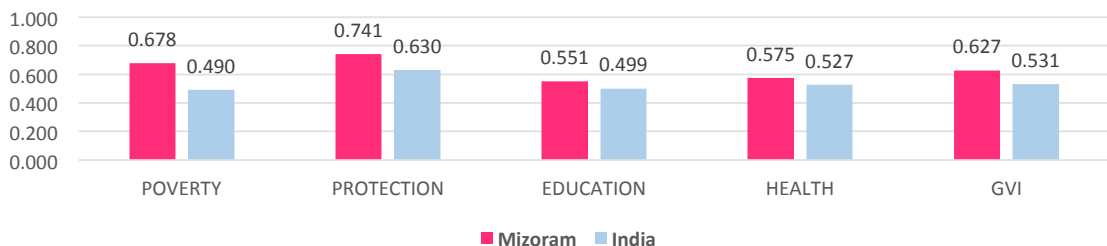
Under Five (U5) Mortality Rate: 46

HIV Prevalence (C): 0.80

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 10.8% girls are getting married before the legal age ➤ 17.0% women have ever experienced spousal violence ➤ 91.1% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 40.2% of women have 10 or more years of schooling ➤ About 82.7% women are literate, Seven out of ten women in India are literate ➤ Though 99.3% schools reported having a separate toilet for girls but only 25.3% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 3.8% households have no access to toilet facilities and defecating in open. ➤ 93.4% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 77.5% pregnancies are registering for ANC. 89.8% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 77.3% of the women in the state have a mobile phone that they themselves use. ➤ 19.7% of the women own land/property (Alone or with other people) ➤ 57.4% women have a bank account that they themselves operate ➤ No elected representative is woman.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Mizoram	2	7	13	9	9



On a scale of 0- 1, Mizoram scores 0.627 on GVI with a rank of 3 among the states.

STATE FACT SHEET: NAGALAND

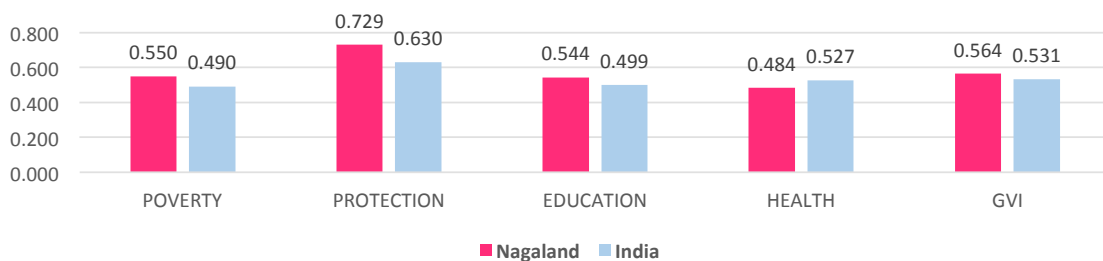


<p>State: Nagaland Capital: Kohima Population: Number of children under 18 years: 0.04 crores (M), 0.04 crores (F) Sex Ratio (SR): 968 Child Sex Ratio (CSR): 944 Sex Ratio at Birth (SRB): 928</p>	<p>Female Literacy Rate: 54.5 Ratio of Poverty: 7.1 Infant Mortality Rate (IMR) Female: 14 Under Five (U5) Mortality Rate: 37 HIV Prevalence (C): 0.78</p>
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<p>Protection:</p> <ul style="list-style-type: none"> ➤ 13.3% girls are getting married before the legal age ➤ 12.7% women have ever experienced spousal violence ➤ 100% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 33.3% of women have 10 or more years of schooling ➤ About 54.5% women are literate, Seven out of ten women in India are literate ➤ Though 99.9% schools reported having a separate toilet for girls but only 40.9% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 13.9% households have no access to toilet facilities and defecating in open. ➤ 72.6% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 80.3% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 70.5% of the women in the state have a mobile phone that they themselves use. ➤ 34.7% of the women own land/property (Alone or with other people) ➤ 38.9% women have a bank account that they themselves operate ➤ No elected representative is woman.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Nagaland	11	8	14	22	14



On a scale of 0- 1, Nagaland scores 0.564 on GVI with a rank of 14 among the states.

STATE FACT SHEET: ODISHA


State: Odisha
Capital: Bhubaneswar

Population: Number of children under 18 years: 0.78 crores (M), 0.75 crores (F)

Sex Ratio (SR): 1036

Child Sex Ratio (CSR): 934

Sex Ratio at Birth (SRB): 939

Female Literacy Rate: 69.9

Ratio of Poverty: 31.6

Infant Mortality Rate (IMR) Female: 51

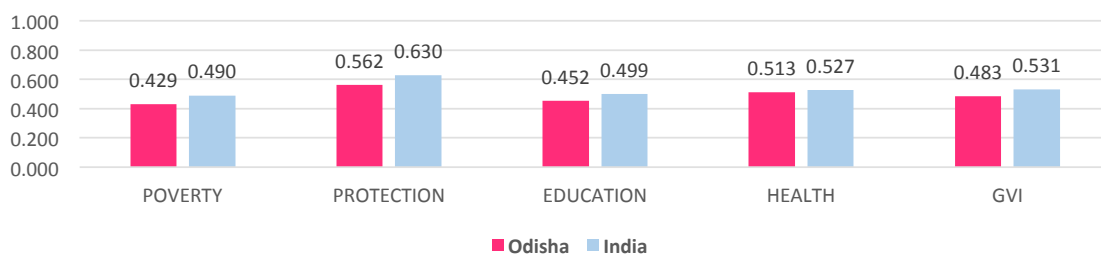
Under Five (U5) Mortality Rate: 49

HIV Prevalence (C): 0.25

Protection: <ul style="list-style-type: none"> ➤ 21.3% girls are getting married before the legal age ➤ 35.2% women have ever experienced spousal violence ➤ 100% girls who are victims and reported the cases under POCSO act knew their offenders 	Education: <ul style="list-style-type: none"> ➤ 26.7% of women have 10 or more years of schooling ➤ About 69.9% women are literate, Seven out of ten women in India are literate ➤ Though 97.1% schools reported having a separate toilet for girls but only 65.8% reported that the toilets are usable.
Health and Survival: <ul style="list-style-type: none"> ➤ 77.7% households have no access to toilet facilities and defecating in open. ➤ 47.4% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 58.3% pregnancies are registering for ANC. 92.0% women are delivering in a medical institution. 	Poverty: <ul style="list-style-type: none"> ➤ 39.2% of the women in the state have a mobile phone that they themselves use. ➤ 63.5% of the women own land/property (Alone or with other people) ➤ 56.2% women have a bank account that they themselves operate ➤ 28.6% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Odisha	23	23	21	19	23



On a scale of 0- 1, Odisha scores 0.483 on GVI with a rank of 23 among the states.

STATE FACT SHEET: PUNJAB



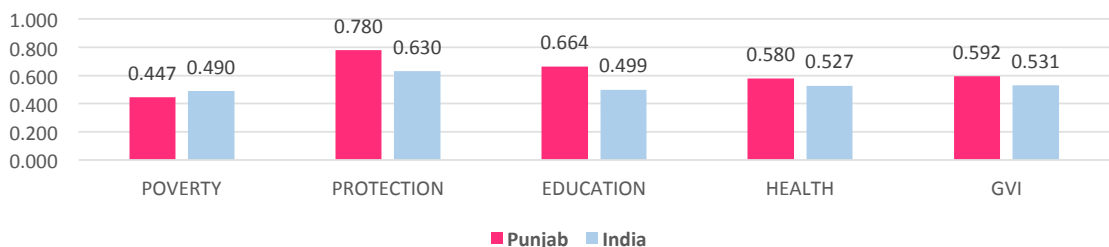
State: Punjab
Capital: Chandigarh
Population: Number of children under 18 years: 0.52 crores (M), 0.42 crores (F)
Sex Ratio (SR): 905
Child Sex Ratio (CSR): 846
Sex Ratio at Birth (SRB): 899

Female Literacy Rate: 71.9
Ratio of Poverty: 36.9
Infant Mortality Rate (IMR) Female: 25
Under Five (U5) Mortality Rate: 33
HIV Prevalence (C): 0.19

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 7.6% girls are getting married before the legal age ➤ 20.5% women have ever experienced spousal violence 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 55.1% of women have 10 or more years of schooling ➤ About 71.9% women are literate, Seven out of ten women in India are literate ➤ Though 99.8% schools reported having a separate toilet for girls but only 75.8% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 9.7% households have no access to toilet facilities and defecating in open. ➤ 84.4% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (67.5%) are registering for ANC. 95.0% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 57.2% of the women in the state have a mobile phone that they themselves use. ➤ 32.1% of the women own land/property (Alone or with other people) ➤ 58.8% women have a bank account that they themselves operate ➤ No elected representative is woman.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Punjab	22	4	3	8	8



On a scale of 0- 1, Punjab scores 0.592 on GVI with a rank of 8 among the states.

STATE FACT SHEET: RAJASTHAN



State: Rajasthan

Capital: Jaipur

Population: Number of children under 18 years: 1.58 crores (M), 1.40 crores (F)

Sex Ratio (SR): 973

Child Sex Ratio (CSR): 883

Sex Ratio at Birth (SRB): 942

Female Literacy Rate: 86.7

Ratio of Poverty: 19.9

Infant Mortality Rate (IMR) Female: 49

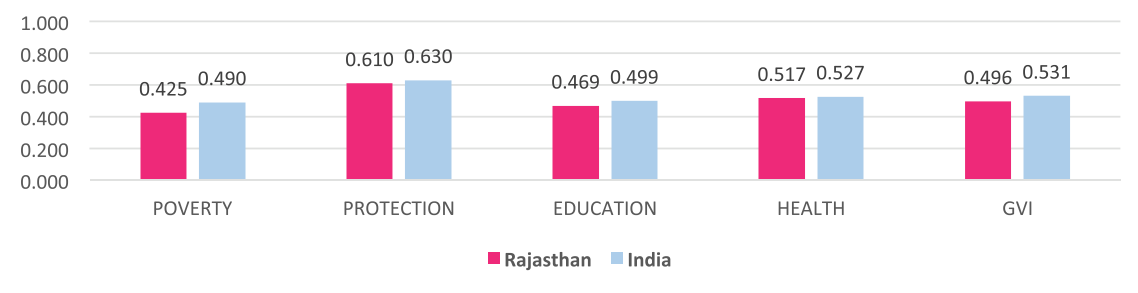
Under Five (U5) Mortality Rate: 51

HIV Prevalence (C): 0.23

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 35.4% girls are getting married before the legal age ➤ 25.1% women have ever experienced spousal violence ➤ 93.0% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 25.1% of women have 10 or more years of schooling ➤ About 86.7% women are literate, Seven out of ten women in India are literate ➤ Though 99.7% schools reported having a separate toilet for girls but 79.8% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 59.1% households have no access to toilet facilities and defecating in open. ➤ 55.2% women reported that they have used hygienic methods of protection during their menstrual period. ➤ Only two out of three pregnancies (68.0%) are registering for ANC. 96.8% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 41.4% of the women in the state have a mobile phone that they themselves use. ➤ 24.1% of the women own land/property (Alone or with other people) ➤ 58.2% women have a bank account that they themselves operate ➤ 11.7% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Rajasthan	24	16	20	17	22



On a scale of 0- 1, Rajasthan scores 0.496 on GVI with a rank of 22 among the states.

STATE FACT SHEET: SIKKIM



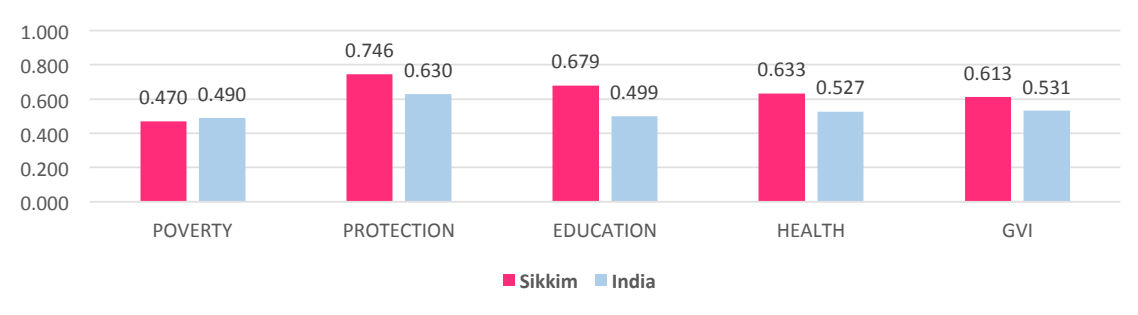
State: Sikkim
Capital: Gangtok
Population: Number of children under 18 years: 0.01 crores (M), 0.01 crores (F)
Sex Ratio (SR): 942
Child Sex Ratio (CSR): 944
Sex Ratio at Birth (SRB): 965

Female Literacy Rate: 70.0
Ratio of Poverty: 20.4
Infant Mortality Rate (IMR) Female: 23
Under Five (U5) Mortality Rate: 32
HIV Prevalence (C): 0.23

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 14.5% girls are getting married before the legal age ➤ 2.6% women have ever experienced spousal violence ➤ 94.9% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 40.7% of women have 10 or more years of schooling ➤ About 70.0% women are literate, Seven out of ten women in India are literate ➤ Though 99.8% schools reported having a separate toilet for girls.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 4.4% households have no access to toilet facilities and defecating in open. ➤ 84.6% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 51.4% pregnancies are registering for ANC. 98.4% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 79.8% of the women in the state have a mobile phone that they themselves use. ➤ 24.8% of the women own land/property (Alone or with other people) ➤ 63.5% women have a bank account that they themselves operate ➤ 12.3% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Sikkim	18	6	2	3	4



On a scale of 0- 1, Sikkim scores 0.613 on GVI with a rank of 4 among the states.

STATE FACT SHEET: TAMIL NADU



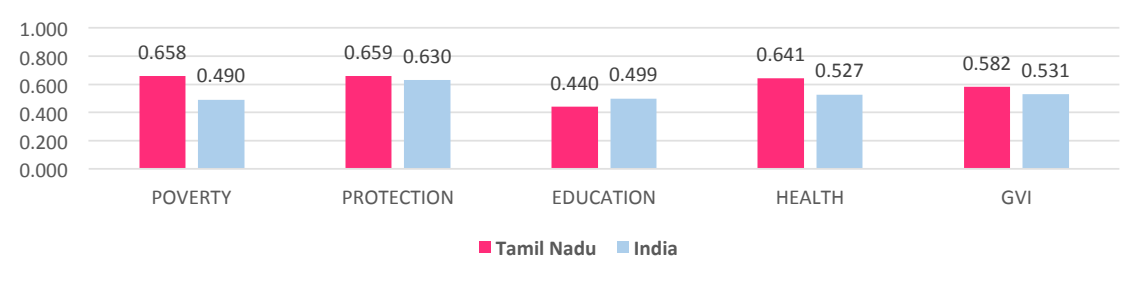
State: Tamil Nadu
Capital: Chennai
Population: Number of children under 18 years: 1.13 crores (M), 1.07 crores (F)
Sex Ratio (SR): 1033
Child Sex Ratio (CSR): 946
Sex Ratio at Birth (SRB): 938

Female Literacy Rate: 62.5
Ratio of Poverty: 18.9
Infant Mortality Rate (IMR) Female: 20
Under Five (U5) Mortality Rate: 27
HIV Prevalence (C): 0.28

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 15.7% girls are getting married before the legal age ➤ 40.6% women have ever experienced spousal violence ➤ 99.6% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 50.9% of women have 10 or more years of schooling ➤ About 62.5% women are literate, Seven out of ten women in India are literate ➤ Though 99.9% schools reported having a separate toilet for girls but only 76.3% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 43.4% households have no access to toilet facilities and defecating in open. ➤ 91.4% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 61.1% pregnancies are registering for ANC.100% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 62.0% of the women in the state have a mobile phone that they themselves use. ➤ 36.2% of the women own land/property (Alone or with other people) ➤ 77.0% women have a bank account that they themselves operate ➤ 11.8% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Tamil Nadu	3	12	22	2	10



On a scale of 0- 1, Tamil Nadu scores 0.582 on GVI with a rank of 10 among the states.

STATE FACT SHEET: TELANGANA

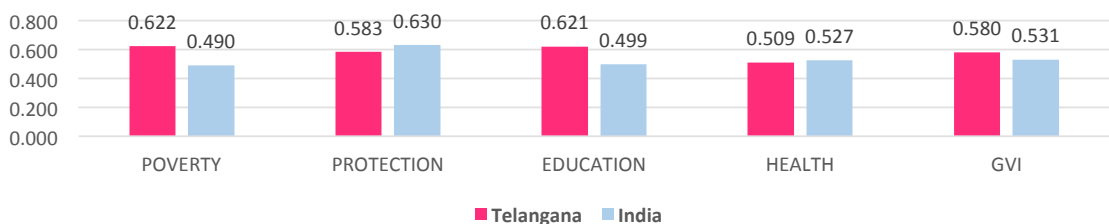


<p>State: Telangana Capital: Hyderabad Population: Number of children under 18 years: 0.61 crores (M), 0.57 crores (F) Sex Ratio (SR): 1007 Child Sex Ratio (CSR): 943 Sex Ratio at Birth (SRB): 961</p>	<p>Female Literacy Rate: 71.1 Ratio of Poverty: 20.0 Infant Mortality Rate (IMR) Female: 35 Under Five (U5) Mortality Rate: 32 HIV Prevalence (C): 0.66</p>
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<p>Protection:</p> <ul style="list-style-type: none"> ➤ 25.7% girls are getting married before the legal age ➤ 43.0% women have ever experienced spousal violence ➤ 99.3% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 43.3% of women have 10 or more years of schooling ➤ About 71.1% women are literate, Seven out of ten women in India are literate ➤ Though 100% schools reported having a separate toilet for girls but only 64.4% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 76.3% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 93.2% pregnancies are registering for ANC. 99.2% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 47.8% of the women in the state have a mobile phone that they themselves use. ➤ 50.5% of the women own land/property (Alone or with other people) ➤ 59.7% women have a bank account that they themselves operate ➤ 8.2% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Telangana	4	20	6	20	11



On a scale of 0- 1, Telangana scores 0.580 on GVI with a rank of 11 among the states.

STATE FACT SHEET: TRIPURA



State: Tripura

Capital: Agartala

Population: Number of children under

18 years: 0.07 crores (M), 0.06 crores (F)

Sex Ratio (SR): 998

Child Sex Ratio (CSR): 953

Sex Ratio at Birth (SRB): 950

Female Literacy Rate: 84.1

Ratio of Poverty: 2.8

Infant Mortality Rate (IMR) Female: 23

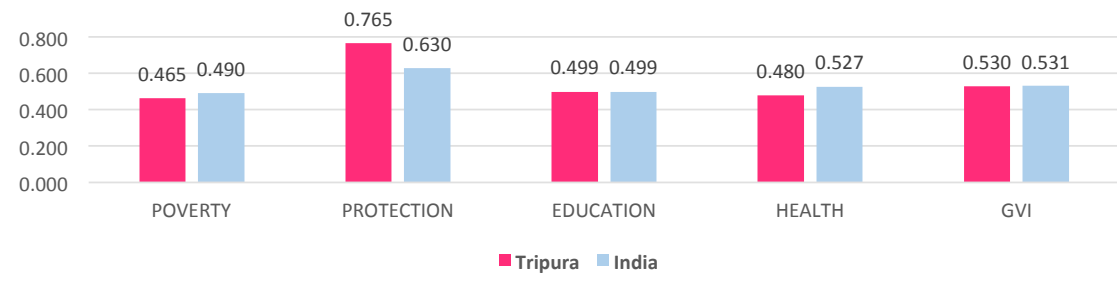
Under Five (U5) Mortality Rate: 33

HIV Prevalence (C): 0.31

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 32.2% girls are getting married before the legal age ➤ 27.9% women have ever experienced spousal violence 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 23.4% of women have 10 or more years of schooling ➤ About 84.1% women are literate, Seven out of ten women in India are literate ➤ Though 99.9% schools reported having a separate toilet for girls but only 40.0% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 3.5% households have no access to toilet facilities and defecating in open. ➤ 43.5% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 90.3% pregnancies are registering for ANC.90.1% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 43.9% of the women in the state have a mobile phone that they themselves use. ➤ 57.3% of the women own land/property (Alone or with other people) ➤ 59.2% women have a bank account that they themselves operate ➤ 6.3% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Tripura	19	5	18	23	17



On a scale of 0- 1, Tripura scores 0.530 on GVI with a rank of 17 among the states.

STATE FACT SHEET: UTTAR PRADESH



State: Uttar Pradesh

Capital: Lucknow

Population: Number of children under

18 years: 4.81 crores (M), 4.29 crores (F)

Sex Ratio (SR): 995

Child Sex Ratio (CSR): 899

Sex Ratio at Birth (SRB): 901

Female Literacy Rate: 62.5

Ratio of Poverty: 32.6

Infant Mortality Rate (IMR) Female: 50

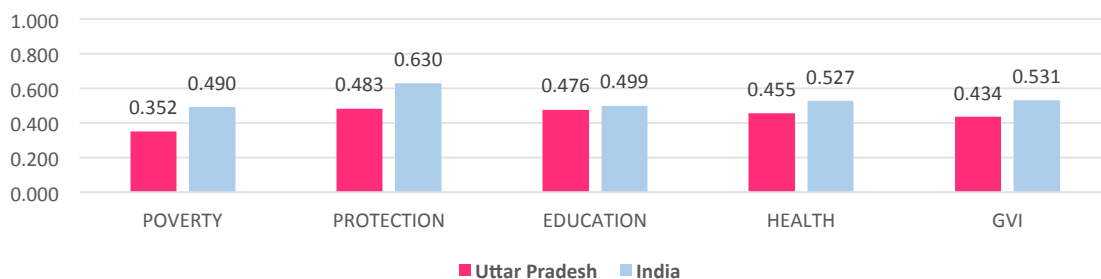
Under Five (U5) Mortality Rate: 78

HIV Prevalence (C): 0.12

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 21.2% girls are getting married before the legal age ➤ 36.7% women have ever experienced spousal violence ➤ 97.2% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 32.9% of women have 10 or more years of schooling ➤ About 62.5% women are literate, Seven out of ten women in India are literate ➤ Though 99.8% schools reported having a separate toilet for girls but only 51.5% reported that the toilets are usable
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 57.7% households have no access to toilet facilities and defecating in open. ➤ 47.1% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 62.3% pregnancies are registering for ANC. 77.4% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 37.1% of the women in the state have a mobile phone that they themselves use. ➤ 34.2% of the women own land/property (Alone or with other people) ➤ 54.6% women have a bank account that they themselves operate ➤ 6.3% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Uttar Pradesh	29	30	19	27	29



On a scale of 0- 1, Uttar Pradesh scores 0.434 on GVI with a rank of 29 among the states.

STATE FACT SHEET: UTTARAKHAND



State: Uttarakhand

Capital: Dehradun

Population: Number of children under

18 years: 0.21 crores (M), 0.19 crores (F)

Sex Ratio (SR): 1015

Child Sex Ratio (CSR): 886

Sex Ratio at Birth (SRB): 912

Female Literacy Rate: 47.8

Ratio of Poverty: 8.3

Infant Mortality Rate (IMR) Female: 34

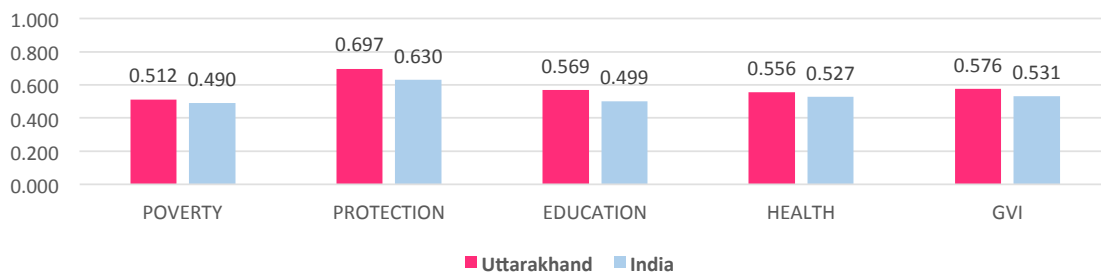
Under Five (U5) Mortality Rate: 47

HIV Prevalence (C): 0.11

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 13.9% girls are getting married before the legal age ➤ 12.7% women have ever experienced spousal violence ➤ 98.1% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 44.6% of women have 10 or more years of schooling ➤ About 47.8% women are literate, Seven out of ten women in India are literate ➤ Though 97.2% schools reported having a separate toilet for girls but only 61.2% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 21.6% households have no access to toilet facilities and defecating in open. ➤ 69.9% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 73.0% pregnancies are registering for ANC. 82.3% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 55.4% of the women in the state have a mobile phone that they themselves use. ➤ 29.2% of the women own land/property (Alone or with other people) ➤ 58.5% women have a bank account that they themselves operate ➤ 9.1% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
Uttarakhand	14	11	10	12	13



On a scale of 0- 1, Uttarakhand scores 0.576 on GVI with a rank of 13 among the states.

STATE FACT SHEET: WEST BENGAL



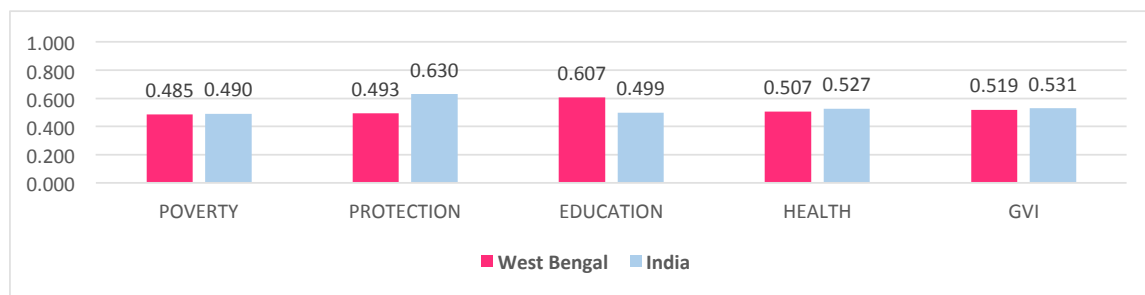
State: West Bengal
Capital: Kolkata
Population: Number of children under
18 years: 1.65 crores (M), 1.56 crores (F)
Sex Ratio (SR): 1011
Child Sex Ratio (CSR): 950
Sex Ratio at Birth (SRB): 933

Female Literacy Rate: 66.4
Ratio of Poverty: 14.7
Infant Mortality Rate (IMR) Female: 31
Under Five (U5) Mortality Rate: 32
HIV Prevalence (C): 0.21
State Fact Sheet: West Bengal

<p>Protection:</p> <ul style="list-style-type: none"> ➤ 40.7% girls are getting married before the legal age ➤ 32.8% women have ever experienced spousal violence ➤ 80.2% girls who are victims and reported the cases under POCSO act knew their offenders 	<p>Education:</p> <ul style="list-style-type: none"> ➤ 26.5% of women have 10 or more years of schooling ➤ About 66.4% women are literate, Seven out of ten women in India are literate ➤ Though 98.3% schools reported having a separate toilet for girls but only 64.3% reported that the toilets are usable.
<p>Health and Survival:</p> <ul style="list-style-type: none"> ➤ 28.3% households have no access to toilet facilities and defecating in open. ➤ 55.0% women reported that they have used hygienic methods of protection during their menstrual period. ➤ 77.8% pregnancies are registering for ANC. 92.1% women are delivering in a medical institution. 	<p>Poverty:</p> <ul style="list-style-type: none"> ➤ 41.9% of the women in the state have a mobile phone that they themselves use. ➤ 23.8% of the women own land/property (Alone or with other people) ➤ 43.5% women have a bank account that they themselves operate ➤ 7.7% of elected representatives are women.

Gender Vulnerability on a Scale of 0-1 across four Dimensions

	Rank among Indian states				
	Poverty	Protection	Education	Health	GVI
West Bengal	16	29	9	21	18



On a scale of 0- 1, West Bengal scores 0.519 on GVI with a rank of 18 among the states.

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A young girl is seen from behind, walking away from the camera. She is carrying a large, heavy bundle of sticks or branches on her back, which is secured with a strap. She is wearing a light-colored, long-sleeved shirt and a dark skirt. The background is a bright, hazy outdoor setting, possibly a rural area with trees and a path. The overall tone is soft and slightly desaturated.

ABOUT PLAN INDIA

Plan India, a member of Plan International Federation, is a nationally registered independent child development organization committed to creating a lasting impact in the lives of vulnerable and excluded children, their families and communities. For over 35 years, Plan India and its partners have improved the lives of millions of children by providing them access to protection, basic education, proper healthcare, a healthy environment, livelihood opportunities and participation in decisions which affect their lives.

