National Institute of Urban Affairs

U20 AHMEDABAD 2023
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सत्यमेव जयते
Ministry of Housing and Urban Affairs
Government of India

G20 भारत 2023 INDIA

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Mainstreaming Children and Youth Priorities into Urban Planning and Governance

Need and Significance of a Data System

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ACKNOWLEDGEMENTS

We would like to record our sincere thanks to Shri Hardeep Singh Puri, Hon'ble Minister of the Ministry of Housing and Urban Affairs (Government of India) for the opportunity to collaborate for this compendium of good practices on child-friendly urban governance. We are thankful to Shri Amitabh Kant, G20 Sherpa for his advice and guidance. We are also thankful to Shri Kaushal Kishore, Hon'ble Minister of State, Ministry of Housing and Urban Affairs (Government of India) for his support. We extend our gratitude to Shri Manoj Joshi, Secretary, Ministry of Housing and Urban Affairs (Government of India) and would like to convey our deep appreciation to Shri Rahul Kapoor, Joint Secretary, National Urban Livelihoods Mission and Shri Kunal Kumar, Joint Secretary and Mission Director of Smart Cities Mission at Ministry of Housing and Urban Affairs (Government of India) for their active and continuous support to develop this publication, 'Mainstreaming Children and Youth Priorities into Urban Planning and Governance: Need and Significance of a Data System'.

We would also like to acknowledge the support received from our national partner, National Institute of Urban Affairs (NIUA), especially Mr. Hitesh Vaidya, Director of NIUA and Professor Debolina Kundu from NIUA for their technical guidance and advice.

We are grateful to Ms. Cynthia McCaffrey, Representative for her leadership and support for this publication and Mr. Arjan de Wagt, Deputy Representative a.i. at UNICEF India for his continuous guidance and encouragement. We extend our sincere gratitude to Ms Hyun Hee Ban, Chief of Social Policy and Social Protection at UNICEF India, for her strategic advice and unwavering support. A special mention for Mr. Thomas George, Global Urban Lead at UNICEF Headquarters for furthering the agenda of urban local governance in India and Veena Bandyopadhyay, Social Policy Specialist at UNICEF India for her guidance.

A special mention for Mr. K. D. Maiti for his technical support and invaluable efforts in developing this data framework.

We would like to acknowledge strong contributions by Mr. Krishanu Bhattacharya (Consultant, Local Governance at UNICEF India) for his technical inputs. Deep appreciation to Ms. Swaha Katyayini Ramnath, Knowledge Management and Advocacy Officer, for her tireless efforts to coordinate, edit and finalize this publication.

Last but not the least we would like to especially acknowledge and thank Dr. Soumen Bagchi, Social Policy Specialist at UNICEF India, for leading this initiative and driving the agenda of child-friendly local governance.

We would like to thank colleagues and partners whose names are not listed in this short note but whose contributions were invaluable.

हरदीप एस पुरी
HARDEEP S PURI

सत्यमेव जयते

आवासन और शहरी कार्य मंत्री
पेट्रोलियम एवं प्राकृतिक गैस मंत्री
भारत सरकार
Minister of
Housing and Urban Affairs; and
Petroleum and Natural Gas
Government of India

MESSAGE

India's towns and cities are transforming on an unprecedented scale as they strive to meet the demands of rapid urbanisation. This transformation is felt not only in changes to the built environment and physical infrastructure of our urban areas, but also in their social fabric as fundamental demographic shifts continue to occur. As India's urban population continues to surge, the number of children and adolescents in urban spaces has also grown significantly. India – now the most populous country in the world – is among the youngest countries in the world with an average age of 29 where more than 25% of the population is still in secondary school or younger.

This segment of the population represents an aspirational India. The Modi government recognises that they need to be treated not just as passive recipients of urban services, but also as vital stakeholders, active participants, and inheritors of our cities. It is for them that we make such efforts today to revitalise our cities and make our urban areas 'future-proof'. Our flagship programmes and policies today are geared towards addressing their diverse needs and empowering them to shape the future of the country. Planning and governance processes across the three levels of urban governance reflect this imperative.

To that end, I compliment the Ministry of Housing and Urban Affairs (MoHUA), the National Institute of Urban Affairs (NIUA) and UNICEF India on releasing this publication 'Mainstreaming Urban Children and Youth Priorities into Planning and Governance: Need and Significance of a Data System'. A reliable data framework is critical in understanding the needs of our stakeholders. It helps policymakers in evidence-based decision-making and designing targeted interventions. I hope the data framework recommended here will strengthen our efforts to ensure that no child or young person is left behind in our urban areas.

New Delhi
03 July 2023

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सत्यमेव जयते

G20 भारत 2023 INDIA

MESSAGE

A substantial portion of the urban population across the world would be in informal settlements that generate inequities, poverty, unhealthy environment, and violence, impeding survival and the realization of child rights. To optimally mainstream the priorities of children and youth into urban planning and governance, and to reap the benefits of the urban transformation, there is a need to address the challenges faced by the children and youth, especially those living in vulnerable situation. As the U20 aims at facilitating lasting engagement between the G20 and cities by raising the profile of urban issues in the G20 agenda and establishing a forum for cities to develop a collective message and perspective to inform G20 negotiations, it is imperative that we raise and prioritize the issue of inclusion of children and youth in urban planning and governance frameworks across the globe.

Data-driven decision-making is critical for allocating resources efficiently, monitor progress, and measure the impact of evidence-based urban planning and governance. By integrating a comprehensive data system, that captures the perspectives of children and youth, we can foster inclusive and responsive urban environments that cater to their unique requirements. On the other hand, it is also critical for the 2030 Agenda that emphasizes that governments have primary responsibility for tracking of progress towards the Sustainable Development Goals(SDGs) and relevant targets at national, and local levels.

I congratulate the Ministry of Housing and Urban Affairs (MoHUA)-Government of India, through the National Institute of Urban Affairs (NIUA) and UNICEF India for bringing out this publication-"Mainstreaming Children and Youth Priorities into Urban Planning and Governance-Need and Significance of a Data System" which sheds light on the critical role of a robust data system in mainstreaming the priorities of children and youth. It can provide the policy makers with the real insights into the specific vulnerabilities and aspirations of youth and children, identify gaps in services and opportunities, and design targeted policies and programs that address these issues. I urge the G20 countries and participants from U20 to harness the power of data in amplifying the voices of children and youth in urban spaces.

Warm Regards

Yours sincerely,

(Amitabh Kant)

Place- New Delhi
Dated- 30/06/2023

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REPRESENTATIVE,
UNICEF INDIA COUNTRY OFFICE

MESSAGE

The world is witnessing an unprecedented rate of urbanization, with cities emerging as centres of economic growth, innovation, and cultural exchange. Within these ever-evolving urban landscapes, children and young people represent a significant portion of the population that will shape the present and future of our societies. Their well-being, education, health, and overall development are fundamental factors that will determine not only their own life trajectory, but the success and sustainability of our cities.

In order to realize the rights of every child achieve the global agenda of the SDGs by 2030, it is the responsibility of policy makers and policy influencers to ensure that the voices, needs and aspirations of the younger generation are heard, acknowledged, and integrated into the fabric of urban development.

Urbanization brings both opportunities and challenges, and it is our responsibility to ensure that the urban spaces we create and govern cater to the holistic development and well-being of our younger generations. This is especially important for children who are hard to reach or currently falling further behind due to the current polycrisis of emergencies which every country is facing. In order to accomplish this, a robust child and youth sensitive data framework is indispensable to support mainstreaming of priorities of children and youth into planning and governance, and pave the way for a more inclusive, sustainable, and prosperous future.

It is with great pleasure that I give appreciation for the collaborative effort made by the Ministry of Home and Urban Affairs (MoHUA), National Institute of Urban Affairs (NIUA) and UNICEF India for developing this foundational framework to measure development for children exposed to multiple vulnerabilities in urban settings in India. Let us work together to create cities where every child and young person has the opportunity to thrive, contribute, and shape their own destiny.

Cynthia McCaffrey

MESSAGE

With India aspiring to be a five trillion-dollar economy in the coming years, Indian cities will be at the frontier of driving key global political-economy trends in the coming decades. Children and Youth will be the key change makers in the emerging urban narrative. It calls for developing conducive policies and urban environments to ensure overall health and well-being of children and youth.

Data and indexes acknowledge the heterogeneity prevailing in urban populations and play a critical role in informed and effective policy making and urban planning. It is particularly true for the marginalized groups including children (girls), women, persons with disabilities among others, captures their aspirations and challenges. The 'Urban Child Development Data Framework', built on several existing and applicable urban and child-related indexes, (both at the national and international levels) will be useful to measure development for children living in urban India.

The framework provides a systematic monitoring mechanism to capture the changes in the wellbeing of children across all urban sectors. Such a granular understanding will create a robust evidence eco-system and support efficient policy and programme development. Through the eleven dimensions identified data framework, it is a practical tool for the city officials and policy makers in ensuring evidence-driven governance, policies and planning for child-friendly cities (CFCs)

I extend my sincere gratitude to the Ministry of Housing and Urban Affairs for their constant support and guidance. I also congratulate UNICEF - India team and team at NIUA for their immense support in contextualization and development of the framework. I hope the framework and recommendations of the document will play a pivotal role in fulfilling our commitments of "Leave no-one behind" by creating inclusive, safe and resilient cities.

Hitesh Vaidya
Director

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CHIEF, SOCIAL POLICY & SOCIAL PROTECTION, UNICEF INDIA COUNTRY OFFICE

MESSAGE

It is universally recognized that children have rights that are inalienable and indivisible. Of the 377 million urban Indians, 120 million (32 %) are under the age of 18, and 36.5 million (10%) are children under the age of six. In rapid urbanization scenario, children and youth often encounter vulnerabilities related to forced migration, disrupted social networks, lack of access to quality education, healthcare sanitation and other basic services in informal settlements, increased risk of violence and exploitation, exposure to environmental hazards, and marginalization from decision-making processes. As urban landscapes change rapidly, it becomes crucial to address these vulnerabilities to ensure their safety, well-being, and meaningful participation in urban development.

Vulnerabilities faced by urban children and youth calls for tailored interventions that reflect their unique requirements and circumstances. A strong and children sensitive urban data framework allows us to identify the gaps in policies, systems and service delivery processes and equip us to make informed decisions that prioritize rights and well-being of urban children and youth. I sincerely appreciate and congratulate the Ministry of Housing and Urban Affairs (MoHUA), Government of India, National Institute of Urban Affairs (NIUA) for extending their collaborative support to UNICEF India for developing this urban child data framework for mainstreaming urban children and youth priorities into planning and governance.

The objective of this study is to review the available frameworks across the globe and develop a child sensitive data framework to measure development for children living in urban set up in India, exposed to the multidimensional vulnerabilities. The purpose is to have a systematic monitoring mechanism to capture the changes in the well-being of the children across eleven domains that touch their lives and that of their families (Survival-health-nutrition, quality education, housing/shelter quality, drinking water and sanitation, environment, disaster risk management, open green space, transport/mobility, protection-participation-security, governance, finance and demography.

Let us seize this opportunity to create cities that are safe, inclusive, and responsive to the needs of our future generations where their rights are upheld, their aspirations are nurtured, and their potential is realized.

Hyun Hee Ban

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ACRONYMS

AHS	Annual Health Survey
AMRUT	Atal Mission for Rejuvenation and Urban Transformation
ARI	Acute Respiratory Infection
CEB	Census Enumeration Blocks
CFC	Child-friendly City
CFCI	Child-friendly Cities Initiative
CHC	Community Health Centre
CMI	Cities in Motion Index
CPI	City Prosperity Index
CRC	UN Convention on the Rights of the Child
CYWI	Child and Youth Well-Being Index
DCF	Data Capture Format
DISE	District Information System for Education
DLHS	District Level Household and Facility Survey
DMG	Distance to measuring Goal
DPEP	District Primary Education Programme
ELI	Ease of Living Index
EUM	Employment, Unemployment, and Migration
EUS	Employment and Unemployment Survey
FSU	First Stage Unit
GIL	Global Liveability Index
HDPI	Human Development Profile of India

HG	Hamlet Group
IAEG	Inter-Agency and Expert Group
IHDS	India Human Development Survey
IIPS	International Institute for Population Sciences
LFPR	Labour Force Participation Rate
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MoHFW	Ministry of Health and Family Welfare
MoHUA	Ministry of Housing and Urban Affairs
MoSPI	Ministry of Statistics and Programme Implementation
MPCE	Monthly Per Capita Expenditure
MPI	Municipal Performance Index
NCAER	National Council of Applied Economic Research
NCRB	National Crime Records Bureau
NFHS	National Family Health Survey
NIF	National SDG Indicator Framework
NIPFP	National Institute of Public Finance and Policy
NITI Aayog	National Institution for Transforming India Aayog
NNC	Nurturing Neighbourhoods Challenge
NRHM	National Rural Health Mission
NSS	National Sample Survey
NUA	New Urban Agenda
ODF	Open Defecation-Free
OECD	Organisation for Economic Co-operation and Development
ORGI	Office of the Registrar General of India
PHC	Primary Health Centre

PLFS	Periodic Labour Force Survey
PSU	Primary Sample Unit
RMSA	Rastriya Madhyamik Shiksha Abhiyan
SB	Sub Block
SBM-U	Swachh Bharat Mission Urban
SCs	Scheduled Castes
SCM	Smart City Mission
SDG	Sustainable Development Goal
SECC	Socio-economic and Caste Census
SEMIS	Secondary Education Management Information System
SLI	Spatial Liveability Index
SRS	Sample Registration System
SSS	Second Stage Stratum
STs	Scheduled Tribes
SU	Sub Unit
UDISE+	Unified District Information System for Education plus
UFS	Urban Frame Survey
ULB	Urban Local Body
UN	United Nations
UNICEF	United Nations Children's Fund
UOF	Urban Outcome Framework
UR	Unemployment Rate
UT	Union Territory
WASH	Water, Sanitation and Hygiene
WPR	Worker Population Ratio

EXECUTIVE SUMMARY

The 2030 Agenda is a plan of action for people, planet and prosperity. Member states resolved to 'end poverty in all its forms', to take bold and transformative steps to 'shift the world onto a sustainable and resilient path', and to ensure that 'no one will be left behind'. The 2030 Agenda emphasizes that governments have primary responsibility for 'follow up and review' of progress towards the Sustainable Development Goals (SDGs) and targets at national, regional and global levels. It encourages Member States to set their own national targets and to establish regular and inclusive review processes and highlights the need for 'high quality, accessible, timely and reliable disaggregated data' to measure progress. UNICEF is the global custodian of data for children. The Inter-Agency Expert Group for SDG Indicators has identified UNICEF as custodian or co-custodian for 17 global SDG indicators.

Of the 368 million population of predicted for 2036, about 147 million would be in urban areas.[1] A substantial portion of the urban population would be in slums[2] or in unplanned, un-recognized hazardous locations that generate inequities, poverty, unhealthy environment, and violence, impeding survival and the realization of child rights. To optimally mainstream the priorities of children and youth into urban planning, governance and municipal budgeting and to reap the benefits of the demographic dividend, there is a need to address the challenges faced by the children in Urban India, especially those living in informal settlements in vulnerable situation with hardly any access to basic services. There is a need for a Comprehensive Policy Framework for overall development of Urban Children in India which would need a Holistic gender and age disaggregated database looking at all the aspects of child development.

The data-ecosystem of India is relatively robust due to a strong administrative data system, complemented by large-scale survey-based information led by the stakeholder Ministries of the national Government and the National Statistical Office (NSO). However, there are challenges attributed to relatively slow progress towards generation of new data for newly emerging socioeconomic challenges, and associated needed social welfare measures, for a progressing country.

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[1] thewire.in/government/india-population-growth-government-report-2036-projections-urban-migration

[2] Registrar General of India and Census Commission defines: A Slum, for the purpose of Census, has been defined as residential areas where dwellings are unfit for human habitation by reasons of dilapidation, overcrowding, faulty arrangements and design of such buildings, narrowness or faulty arrangement of street, lack of ventilation, light, or sanitation facilities or any combination of these factors which are detrimental to the safety and health.

For example, while the information on health and nutrition is very well captured in the periodic National Family Health Survey (NFHS), it does not integrate well with evidence for children who are on move with their parents (migrants), leaving their place original residence. Similarly, there are hardly any quality information of people, children, adolescents and women living in slums or in peri-urban areas. Similar is the situation with regards to quality of administrative data on critical welfare programmes and schemes. Though the country has moved progressively to local level governance through the Panchayati system in rural areas and Urban Local Bodies (ULBs) in urban areas, the data-ecosystem is weak and more needs to be done to capture the Government's investment and its outcome on the population.

Rights-Based Urban Child Development Data Framework

To overcome the issues and the challenges of urban children, a rights based urban child development data framework is essential. The genesis of this study goes back to UNICEF's discussion with the Ministry of Housing and Urban Affairs (MoHUA) and the Ministry's assurance to support various themes targeting urban children with a focus on an urban child database. This study is a collaborative initiative of the National Institute of Urban Affairs (NIUA) and the United Nations Children's Fund (UNICEF), which aims to determine a framework to measure development for children living in urban India. The purpose is to have a systematic monitoring mechanism to capture the changes in the well-being of children across all domains that touch the lives of children and their families. A robust evidence eco-system to assess the situation of urban children in a granular manner will ultimately support efficient policy and programme development by the Government and its resource allocation.

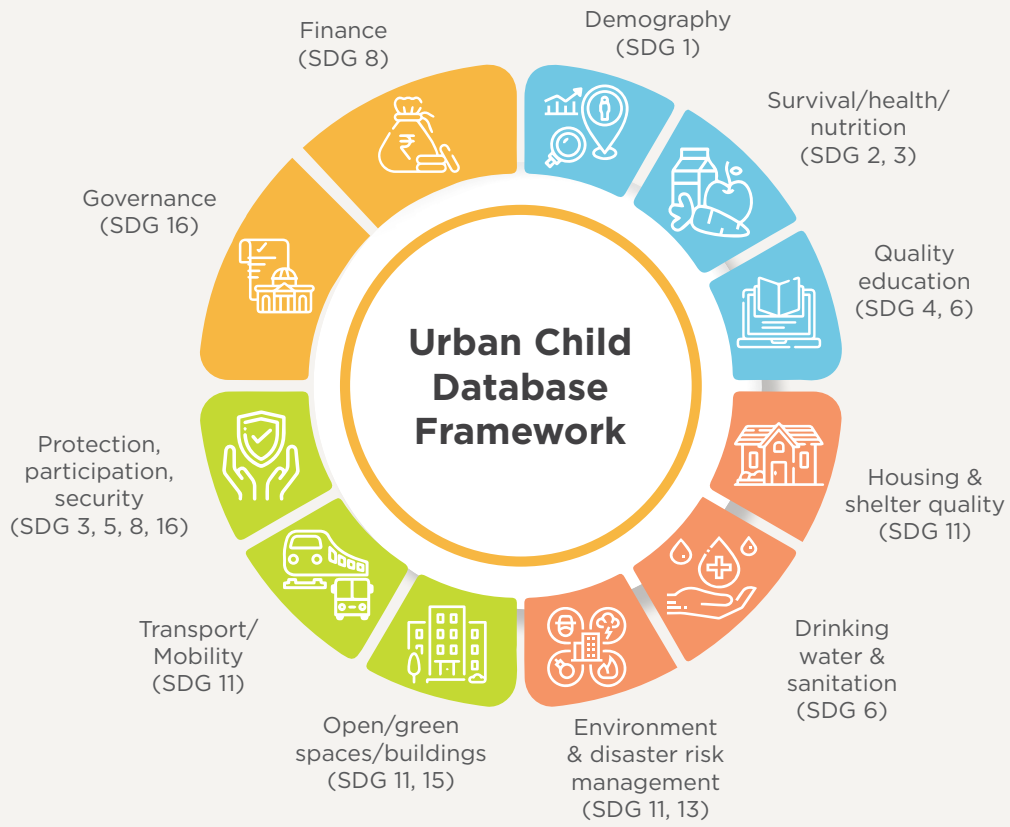
The framework is built on several urban and child-related indices, both at the national and international levels. A detailed review of various urban and child-related indexes includes common thematic areas, viz, education, health, infrastructure, environment, and governance. The document further reviewed the Organisation for Economic Co-operation and Development (OECD) tools for measuring the distance from the SDGs. Further, the report also identified various child-related components of the New Urban Agenda (NUA) of the United Nations (UN) and various urban flagship programmes of the government of India, including Smart Cities Mission (SCM), Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and the Swachh Bharat Mission Urban 2.0 (SBM-U).

Dimensions of the Framework

Indicators in the framework under various domains have been identified primarily keeping in view the availability of related information at secondary level, from the official sources. Alongside we have included such indicators that are essential for monitoring, though such information may not be available currently. This is mainly

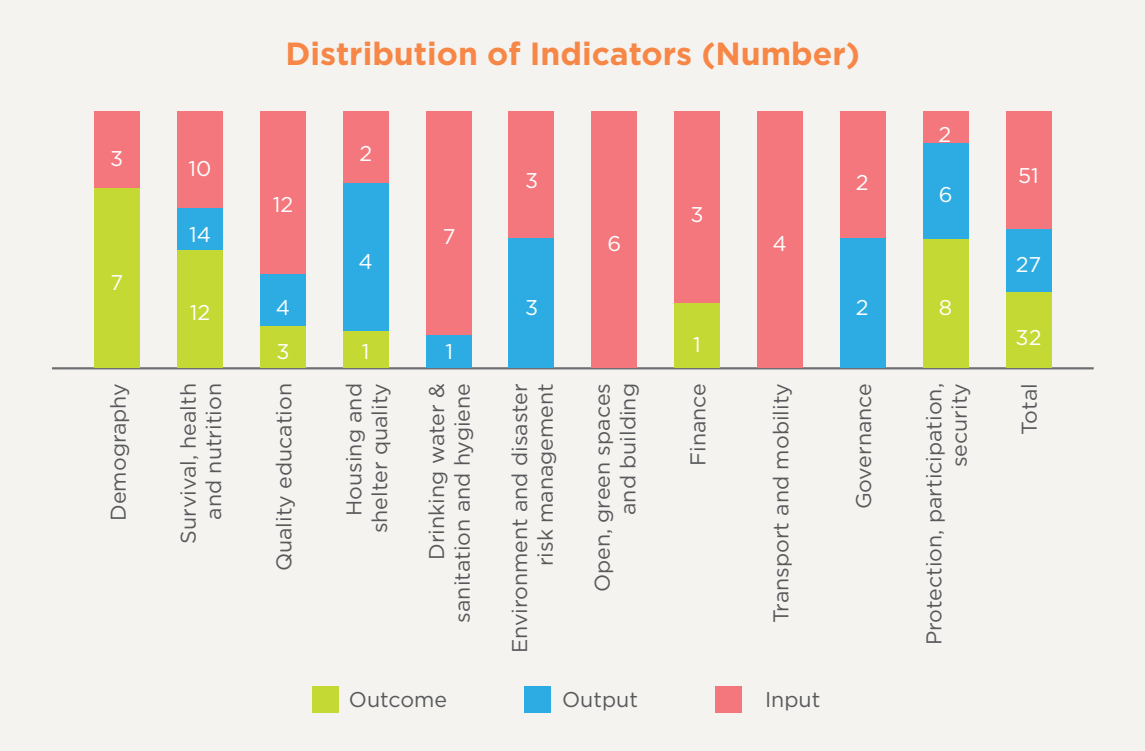
to highlight the evidence gaps, which need to be bridged. The data framework is expected to be instrumental in ensuring evidence -driven governance, policies and planning for child friendly cities (CFCs). It also highlights the gap in critical information needed for developing holistic idea on situation of children in urban India.

Broadly, the Framework identifies following 11 domains for measuring the progress of children living in urban India. It is to be noted that while each domain is independent and contributes independently, it is also linked and affects other domains significantly. Each domain is in fact a dimension in the child development dimension monitoring portal (physical, emotional, cognitive, moral and psychological) and has its own critical importance in the growth trajectories of an urban child. Accordingly, all domains should be addressed and monitored, concurrently. For example, while the domain on Demography broadly reflects a situation yet it affects all other domains. Increase in population size would have direct or indirect impact on other dimensions of child development. Therefore, for a comprehensive monitoring, equal emphasis is needed on all domains, including its planning, implementation and most importantly Government's investment.

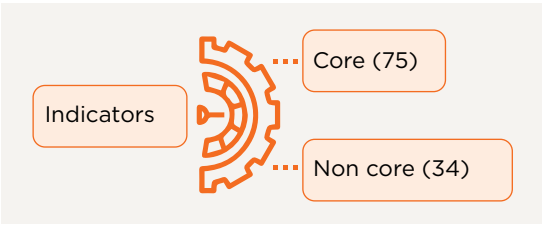


Indicators' Distribution

The proposed Urban Child Development Data Framework includes 110 indicators at outcome, output and input level, distributed across all 11 domains/dimensions as mentioned above. The indicators in the framework have reflection in the SDG framework and its action plan. The distribution is presented below:



Of the 110 indicators, many are essential and critical. The indicators, with regards to criticality, have been grouped into two broad Types, namely 1) 'Core' and 2) 'Non-core' indicators. While indicators critically essential to measure for child development are listed as 'core' indicators, the remaining are listed as 'non-core' indicators (summary matrix, in Chapter 5)



The framework has to be practical from the point of availability of indicator values. With regards to availability of information, the indicators are classified into 3 groups. Tier-1, Tier-2, and Tier-3. For Tier-1 indicators, there is a standard meta-data and information is most readily available. In addition, the numerator and denominator can be collected from the same database. Regarding Tier-2 indicators, while broad

	Indicators under		
	T1	T2	T3
All domains	76	23	11

meta-data may be available, the collation of data for numerator and denominator are from different databases or are not generated. On the other hand, Tier-3 indicators highlight the data gaps, due to lack of a standard meta-data and both the numerator and denominator are currently unavailable. As for example, there may not be any clear-cut understanding about what constitute children-related built environments or child-friendly budgeting. The absence of data at the Tier 3 level points towards an action plan for broadening the themes of data collection or generating new evidences.

For details of indicator classification and Type, see Table 13 in Chapter 5. Indicators have been selected based on the Urban Outcome Framework (UOF) of MoHUA, the National SDG Indicator Framework (NIF) 2022 of the Ministry of Statistics and Planning Implementation (MoSPI), and other existing indexes on child development.

Next Step

The following section summarizes the recommended next steps.

1. The next step, to begin with, would be to establish the database with available information, on a digital platform, alongside developing a dashboard to determine the change in a regular manner. It is however, accepted that the framework would require some level of field testing in the form of pilots in a selected geographies to assess data availability at all concerned disaggregated level, for the proposed indicators.
2. Given that data-ecosystem in ULBs are not at the same level of preparedness, as that at district or state level, it would be useful, to assess the data availability situation, through a pilot / field testing with understanding the human resource infrastructure at ULB level to coordinate and manage data collation and compilation.
3. Data capturing tool: The immediate next step would be to create a tool for capturing information from ULBs and upward, to facilitate better understanding of the indicators for the enumerators.
4. Capacity building at all levels is essential to collate and compile data to generate a usable database and its dashboard. In this regard, attention can be drawn to another big database implemented by the Ministry of Rural development (MoRD) on Mission Antodaya. A digital portal that integrates data entry, monitoring of data entered, two-way communication between data enumerators and national database administrator, and finally results presentation through a dashboard would be very effective.
5. Finally, determining the frequency of database updating is essential. Such a holistic data framework will help to measure the challenges related to child development in different dimensions.
6. It is recommended that a Technical Group may be created in NIUA to establish the monitoring system to assess situation of children for a regular hand-holding, policy and implementing standard operating procedures (SOPs), coordination with States/ districts/ULBs, and catalysing capacity building.

CHAPTER | 01

INTRODUCTION

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1.1 BACKGROUND

The 2030 Agenda is a plan of action for people, planet and prosperity. Member states resolved to 'end poverty in all its forms', to take bold and transformative steps to 'shift the world onto a sustainable and resilient path', and to ensure that 'no one will be left behind'. The 2030 Agenda emphasizes that governments have primary responsibility for 'follow up and review' of progress towards the SDG goals and targets at national, regional and global levels. It encourages Member States to set their own national targets and to establish regular and inclusive review processes and highlights the need for 'high quality, accessible, timely and reliable disaggregated data' to measure progress. UNICEF is the global custodian of data for children. The Inter-Agency Expert Group for SDG Indicators has identified UNICEF as custodian or co-custodian for 17 global SDG indicators.

The National Institute of Urban Affairs under the Ministry of Housing and Urban Affairs, with support from UNICEF, India undertook an empirical study titled ***"Scale and Nature of Deprivation among Children and Adolescents in Urban India: An Empirical Analysis"*** based on secondary data from official census and large-scale sample surveys. Among other recommendations, the study highlighted the urgent need for institutionalizing the urban health care system at all levels and adopting an integrated approach to building strong evidence for urban programming, especially those focused on children. Strong evidence generation is substantially dependent on systematic, frequent and comprehensive approach towards a holistic database, particularly focused on children. UNICEF is already working with NIUA on the Urban Primary Health Care and through this intervention proposes to engage on the much-required agenda of Urban Children database.

To optimally mainstream the priorities of children and youth into urban planning, governance and municipal budgeting and to reap the benefits of the demographic dividend, there is a need to address the challenges faced by the children in Urban India, especially those living in informal settlements in vulnerable situation with hardly any access to basic services. There is a need for a Comprehensive Policy Framework for overall development of Urban Children in India which would need a Holistic gender and age disaggregated database looking at all the aspects of child development.

A data framework to understand the growth and well-being of children living in urban settings emanates from the government's plan about transforming cities and towns at all tiers,[3] in order to make children's lives enjoyable and barrier-free. At the same time, the plan seeks to allow a child's unfettered growth, to become a productive, participating adult, contributing in full measure to national development. A CFC is a city, town, or community in which children's needs, priorities, voice, and rights are integral into public policies, programmes, and decisions.[4]

Of the 4 billion people living in urban areas today, nearly a third of them are children. It is estimated that by 2050, almost 70 per cent of the world's children will live in urban areas, many of them in slums.[5] In India, urbanization is increasing at a very rapid rate. The number of children and adolescents in urban areas is growing as cities grow. With 253 million teenagers, India has an enormous adolescent population, with one in five citizens between the ages of 10 to 19.[6]

Out of the Total Urban Population of 377 Million in India:

32%
(120 million)
are children and adolescents
under the age of 18.

10%
(36.5 million)
are children under
the age of six.

Hence, the government should incorporate the CFC initiative into their decision-making process at the local level.

India is the third-largest economy (according to purchasing power parity) and the fifth-largest as per nominal gross domestic product (GDP).[7] The economic survey for 2018–19 mentions that India's demographic dividend will peak around 2041. However, despite all the demographic dividends and growing economic advantages, almost 8 million young children under the age of six reside in slums in challenging conditions.

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[3] NUPF_Final_Oct 2020.pdf (iica.nic.in)

[4] https://childfriendlycities.org/what-is-a-child-friendly-city/

[5] www.childfriendlycities.org/growing-cities/

[6] https://www.unicef.org/india/children-in-india

[7] https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1633594

1.2 ISSUES AND CHALLENGES OF URBAN CHILDREN IN DEVELOPED AND DEVELOPING COUNTRIES

The issues and challenges faced by children in urban areas in developed and developing countries are quite similar and differ only in scale. A study in the USA found that in urban areas, low-income children of colour are at a greater risk of developing mental health problems and are less likely to receive effective child mental health services (Rafferty & Griffin, 2010).

The lack of open spaces is one of the most severe issues in unplanned urban settlements. The study by (Özdirenç et al., 2005) in Turkey found that children in metropolitan areas are more sedentary and overweight than children in rural areas, which impacts their flexibility, muscular endurance, and fitness. The primary cause is that children in urban areas resort to indoor activities like watching TV, while children in rural areas typically favour outdoor activities like sports. Furthermore, there is a direct relationship between asthma and pollution in urban areas. For example, in a study on French cities, it was found that in the school area where pollution is high, the risk of developing asthma, eczema, allergic rhinitis, and pollen sensitivity among the children was much higher (Morand et al., 2010).

In African countries, parental underemployment and unemployment are the leading causes of poverty. That is why the family, including children, must stay in the urban slum or slum like situation. However, violence exposure, and trauma-related discomfort are particularly prevalent in underdeveloped urban areas (Dallape, 1996), which in turn directly affects the education level and children's IQ level. Another study (Black et al.,2002) shows a significant correlation between young children's IQ, reading ability, and exposure to violence and trauma.

Inadequate water and sanitation services are also linked to health problems and their repercussions. In areas with higher population pressure, there may be higher chances of waste being disposed of. In cases where waste or garbage is disposed off in an unplanned way, it significantly increases daily life's difficulties and harms human dignity, particularly for children in an underdeveloped urban area. Inadequate and irregular water supply is another critical issue of urban slum settlements, which also affects the growth of children and increases their health-related issues.

1.3 ISSUES AND CHALLENGES OF URBAN CHILDREN IN INDIA

India is currently home to approximately 1.4 billion population and by 2036, as per a projection by the Government, almost 40 per cent of the population will be living in the urban areas. This is going to be a gigantic task for any Government to meet the demand for better and efficient governance. Of the 368 million children expected to be alive in 2036, about 147 million would be in the urban areas.[8] A substantial portion of the urban population would be in slums or in unplanned, unrecognized hazardous locations that generate inequities, poverty, unhealthy environment, and violence impeding survival and meaningful growth of children into adults as national wealth. As per census 2011, out of 4,041 Statutory Towns, there were slums in 2,543 Towns (63%), which comprises around 14 million households (around 14% of the total urban households). Of the total households in slums, 5 million (38 per cent) households are in the slums of 46 million plus cities.

As of 2011, about 7.6 million children are living in slums in India and they constitute 13.1 per cent of the total child population of the urban areas of the 26 States/ Union Territories reporting slums, based on a report compiled by the National Buildings Organization (NBO).[9]

Contrary to the general belief of abundance in cities and towns of India, there is a large mass of people and their children in urban areas who live a life of deprivation, neglect and without proper delivery system for social benefits, planned by the Government. The difficulties the poor face is exacerbated by multiple factors like high density of population in small areas, overcrowding, illegality of housing, lack of secured tenure and legal protection, poor infrastructure to deliver services and limited voice in decision-making. Quite often, poor families show high level of mortality, more prone to diseases – communicable as well as non-communicable ones, and exclusion due to poverty.

For the overall development of children, it is necessary to recognize and address the problems and challenges children face in cities. There are various issues and challenges for children in urban India, such as mental health issues contributed to by recurrent emergencies and disasters; Acute Respiratory Infection (ARI) due to ever increasing pollution; diarrhoea due to declining living conditions and lower quality sanitation facilities; malnutrition and undernutrition; lack of clean and adequate distribution of drinking water; unhygienic, and overcrowded housing conditions, etc. The problem is more visible, especially in precarious informal settlements with limited access to essential services provided by the government.

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[8] thewire.in/government/india-population-growth-government-report-2036-projections-urban-migration

[9] https://www.thehindu.com/news/national/every-eighth-urban-child-in-india-lives-in-slum-report/article2541052.ece 2011

Challenges for Children in Urban India

Lack of full immunization, particularly among migrant children, is one of the most critical issues in the urban slum, leading to high mortality. Lack of awareness about vaccination schedules, and limited access to health services are the most important reasons for a large proportion of children in migrant families not being fully vaccinated. Health inequality among urban children is another severe issue in India, and are quite visible among the less developed states. In South Indian states, parent's illiteracy and caste factors are the main reasons for health inequalities among urban children; on the other hand, in less developed states, parent's illiteracy, poor economic status, being Muslim, and child birth order of three or more are significant contributors to health inequalities among urban children (Arokiasamy et al., 2013).

ARI in children is mainly due to higher pollution levels and poor house ventilation systems, and in urban India, is higher in the poor income group than in the rich income group (Sharma, Kuppusamy, and Bhoorasamy, 2013). In addition, the housing type impacts the ARI, which is significantly higher in Kutcha Housing than in Pucca Housing (Sharma, Kuppusamy, and Bhoorasamy, 2013). Children living in slums are more likely than children living outside slums to suffer adverse health effects from pollution (Gosh and Mukherji, 2014).

The prevalence of child undernutrition was more pronounced among children from poor socio-economic strata. During 2005–06 as well as 2015–16, maternal factors (specifically mother's education) were the highest contributory factors in explaining rich-poor inequality in stunting as well as underweight. More than 85 per cent of the economic inequality in stunting, underweight, and wasting among urban children were explained by maternal factors, environmental factors, and health-seeking

factors[10]. Primarily in poor settlements in urban areas, children from low-income families frequently suffer from malnutrition due to poor maternal health, restricted access to healthcare facilities, and insufficient parental education (Kumar and Singh, 2016). Social support and social cohesiveness are crucial for adolescents' overall development. Due to issues like the increase in child marriage and inadequate teen prenatal care, it is difficult to improve the sexual and reproductive health of adolescents in metropolitan settings (Ramadass, Gupta, and Nongkynrih 2017). All these factors contribute to undernourishment and malnutrition among urban youth.

1.4 NEED FOR A RIGHTS-BASED URBAN CHILD DEVELOPMENT DATA FRAMEWORK

India has an enormous amount of data on almost all services that are delivered by the government through its official network of data systems, and this is widely acknowledged by academics and policymakers. India's data ecosystem is quite robust, as it not only has a strong administrative data system but also a survey-based system that effectively complements the administrative system. However, there are challenges with its standalone systems. For example, data on health and nutrition do not integrate well with evidence from children's outcomes in education. Similar is the situation in other critical welfare sectors.

Millions of children today live in urban slums, many without access to adequate basic services. These children are vulnerable to dangers ranging from violence and exploitation to injuries, illnesses, and death. In terms of evidence or data, it is challenging to quantify these situations as most data due to higher level aggregation

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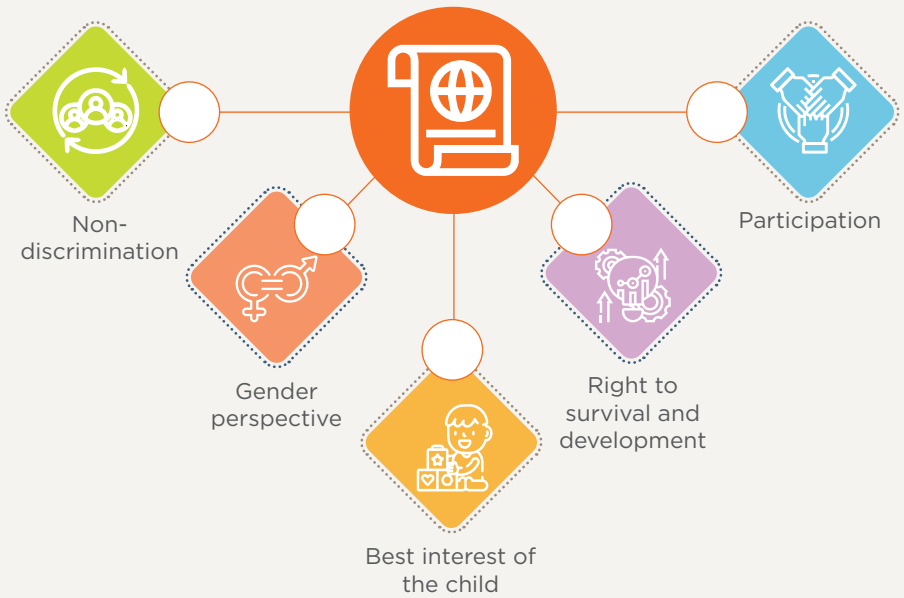
lacks granularity, on most social domains. Thus, quite often, it is incorrectly depicted that the urban children are better off in life trajectories than their rural counterparts, obscuring the disparities that exist among the children in various localities of the cities.

In response to a felt need for generating critical evidence about children to be visualized and presented in an integrated into the overall urban outcome framework, UNICEF partnered with NIUA to develop this framework covering all aspects of children's lives which is expected to remove obstacles to comprehensive planning for children. To overcome the issues and challenges facing urban children, a rights-based urban child development data framework is essential. This should align with all the principles and goals of the United Nations Convention on the Rights of Children (CRC), and Child Friendly City Initiative (CFCI) of UNICEF, and the goals and dimensions of UNICEF's strategic framework for 2022–25 should be considered[11]. There are five principles of CRC: non-discrimination, gender perspective, best interest of the child, right to survival and development, and participation. Here, non-discrimination means that all children are equal and should not be treated differently with respect to gender, class, race, etc.

Five Principles of CRC



[10] http://pubmed.ncbi.nlm.nih.gov/33272222/

[11] The UNICEF Strategic Plan 2022-2025 has five goal areas: Every child, including adolescents: 1. Survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies; 2. Learns and acquires skills for the future; 3. Is protected from violence, exploitation, abuse, neglect and harmful practices; 4. Has access to safe and equitable WASH services and supplies, and lives in a safe and sustainable climate and environment; 5. Has access to inclusive social protection and lives free from poverty. https://www.unicef.org/reports/unicef-strategic-plan-2022-2025

For a gender perspective, the concerns of children are a social and political issue that transcends all others and must be considered in any analysis. The government's policy should be such that all children must be able to participate in the decision-making process that affects them. The state is the sole authority to uphold all the rights of children.

According to UNICEF, there are various CFCI strategies that the government should implement for the overall development of children. In a CFC, the child-related policies should be inclusive. The programme and the guidelines should be such that they encourage the cities and communities to prioritize the most disadvantaged group. Moreover, every child must have the right to participate, and by listening to them, policies and services are adapted to meet their needs. The procedures and the programme should be such that they encourage their participation in all phases of neighborhood development. During the framework of the policies, the role of local governance is essential because the local government knows the critical issues and challenges, along with their solution for the well-being of the children and young people in the local area.

The data framework will help identify the areas where challenges are severe and where the government's intervention is needed due to socio-economic background, poverty, a natural emergency, or other issues. This will further help the government create an efficient child-related policy and programme specifically for a vulnerable group or in a particular area of the county.

1.5 CONCLUSION

In India, information related to children is relatively limited. Even though some data sources, such as the Census, NFHS, and NSS, collect child-related information, they have many limitations. For example, one can use the child-related Census data at the state, district, urban, and intra-urban administration levels, but the Census collects only limited information about the children. On the other hand, as compared to the Census, although NSS and NFHS provide some more information regarding child indicators, in these sample survey data, a sample of the child-related indicators at the district level is very low. Moreover, the information is unavailable at the ULB level.

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CHAPTER | 02

CHILD DATA: A REVIEW OF EXISTING DATA SOURCES

2.1. INTRODUCTION

The main aim of the chapter is to compile existing child related information on demographics and socio-economic status, health profiles, access to services like housing and government programmes, and proximity to facilities like public health centres, schools, and play-schools. In addition, the chapter also compiles data sources on security and safety concerns, crime and violence, and children with special needs. Further, the chapter prepares a list of agencies responsible for the data collection in each domain of child related indicators. The present chapter is based only on available secondary data sources. This exercise is critical for understanding the current data available for urban children in India in various domains.

2.2. SOURCES, PRODUCERS, AND FREQUENCY OF DATA/ INDICATORS RELATED TO CHILDREN

Since independence, both the central and state governments of India have launched several child-related programmes and policies for the overall development of children. In India, child related indicators are collected by various agencies. Details of data sources, nodal agencies of different data sources, data frequency of different data sources, and various child indicators available in each data source are listed in Table 2.

2.2.1 Census

In India, except for the Census of India, all other data sets are sample-based. Although the Census collects information from every household, it covers only a few child-related indicators, such as the demographic profile of the children, migration, and worker information. Another issue with the Census is that it collects data at an interval of ten years. As a result, the Census provides only broad ideas about the county's urban child status and fails to capture specific child-related issues. It is well known that the vulnerabilities faced by children in urban areas need to be explored by adopting an intersectional approach that considers each child's social, economic, geographical, and demographic position. Thus, the information available in the Census provides limited insights in this regard.

2.2.2 National Sample Survey

Another essential data source collected by the Ministry of Statistics and Programme Implementation (MoSPI) of the Government of India is the NSS. The NSS collects data in various areas, including employment and unemployment, migration, health and education spending, disabilities, and housing conditions. NSS data is broadly classified into thick and thin data. The sample size of the thick data set is larger than that of the thin data set. The thick data set is collected at an interval of five years, known as the quinquennial survey. The thick survey focuses on specific domains such as the Employment and Unemployment Survey and the Consumer Expenditure Survey. On the other hand, in a thin data set, there are not any specific intervals for the data collection. Data is typically collected every three to seven years. Examples of thin data sets are Household Health Surveys, the Survey on Education Expenditure, Disability Surveys, etc.

The major disadvantage of NSS data is that the child related component is not included in the sample design of the survey. Therefore, child related data cannot be directly extracted from the NSS round. To estimate the child-related indicators from the NSS data, children's age (defined as 0 to 18 years) must be filtered out of the "age" variable.

2.2.3 National Family Health Survey

Another very important and comprehensive data source for children is the NFHS, a multi-round, large-scale survey conducted on a representative sample of households across India. Until now, five rounds of the survey have been completed: NFHS-1 (1992–93), NFHS-2 (1998–99), NFHS-3 (2005–06), NFHS-4 (2015–16), and NFHS-5 (2019–21). The nodal organization responsible for the collection and dissemination of the data is the International Institute for Population Sciences (IIPS) in Mumbai, under the supervision of MoHFW, with some financial and technical assistance from international organizations. The NFHS has grown and enlarged in terms of its coverage and depth in order to both explore emerging population issues and provide robust estimates at the sub-population level. Therefore, the sample size varies depending on the round. The NFHS-5 programme covered all 28 states, eight union territories (UTs), and 707 school districts. NFHS provides detailed data on children, such as morbidity, infant and child mortality, nutrition, anaemia, immunization, and medication.

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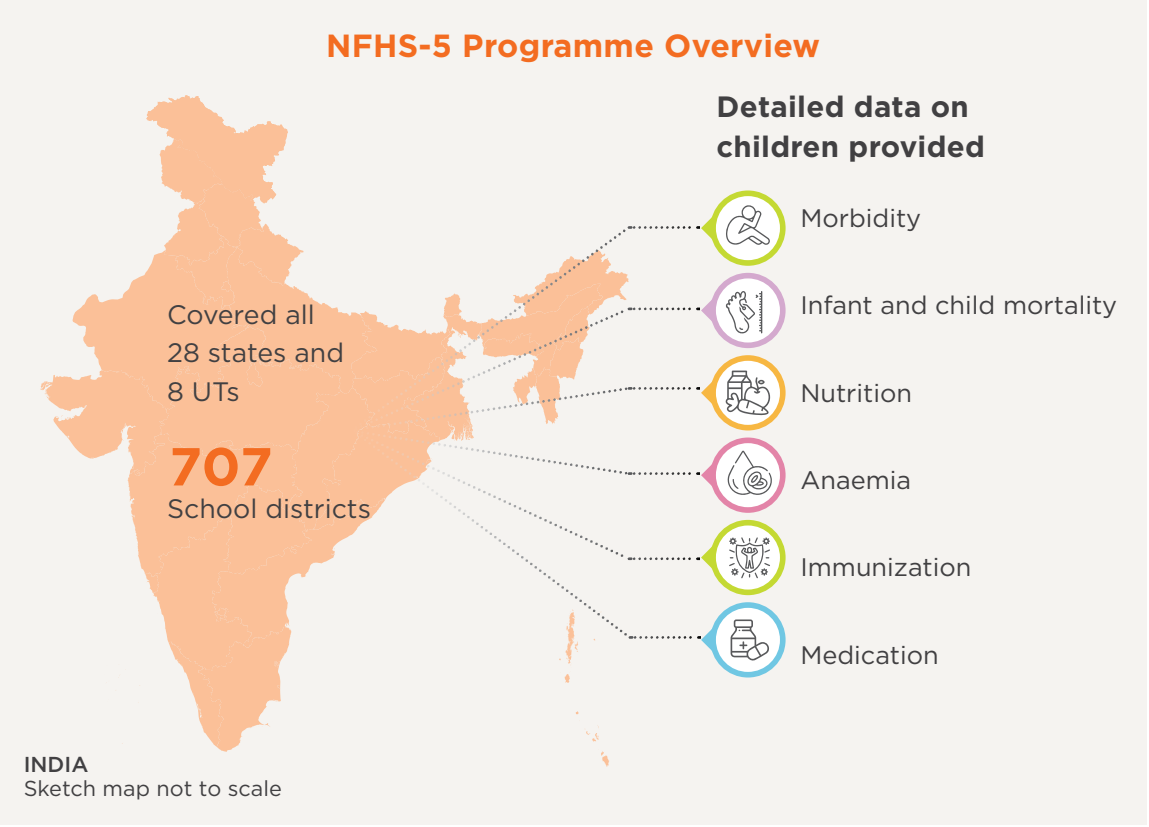


2.2.4 District Level Health And Facility Surveys

The next data source is the District Level Health and Facility Survey (DLHS), which is a multi-round survey conducted on a representative sample of households throughout India. Until now, four rounds of the survey have been completed: DLHS-1 (1998–99), DLHS-2 (2002–04), DLHS-3 (2007–08), and DLHS-4 (2012–13). The surveys are conducted by IIPS, under the guidance of MoHFW. The main objective of the DLHS is to collect information on health facility enrolment. Along with the facilities, the DLHS survey also gathers information on new-born care, post-natal care, the nutritional status of the children, immunization, etc. Both the components of DLHS are implemented in all states and UTs except the nine states of Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Odisha, Rajasthan, and Assam, which are covered by the Annual Health Survey (AHS).

2.2.5 India Human Development Survey

In a diverse country like India, where the heterogeneity and vulnerabilities in the lives of children in urban areas pose a complicated question, the importance of evidence-based policy formulation remains undebated. Therefore, robust, and regular statistical data on various topics related to the well-being of children is vital to plan, organize, implement, manage, and monitor programmes and policies and assess their effectiveness and impact.

Another unique and comprehensive data source regarding children is the India Human Development Survey (IHDS). It is a panel survey conducted on a representative sample of households throughout India. The survey is undertaken jointly by the National Council of Applied Economic Research (NCAER), New Delhi, and the University of Maryland. It is a household survey with the primary objective of improving knowledge of human development in India. Except for Andaman, Nicobar, and Lakshadweep, the IHDS collected data from a nationally representative sample of 41,554 households across all states and UTs of India. The first IHDS survey was conducted in 2005–06, and after six years, in 2011–12, the second IHDS survey was conducted. Since it is panel data, the re-interview rate in the second survey was 85 per cent. The IHDS survey collects information in multiple areas such as consumption and standard of living, income, education, fertility, nutrition, immunization of children, etc.

2.2.6 Sample Registration System

The SRS is a comprehensive demographic survey to get an annual estimate of the birth rate, death rate, and other fertility and mortality indicators at the national and state levels by place of residence and gender. The Office of the Registrar General of India (ORGI) is the nodal agency for collecting the data. SRS mainly collects information on fertility and mortality at the national and state levels after the sixth month. SRS is currently used by 7,597 sample units, or roughly 1.5 million households, and a population of 7.27 million dispersed across all states and UTs.

2.2.7 Unified District Information System For Education

As a part of the National District Primary Education Programme (DPEP) in India, a school-based computerized information system was first designed and developed in the early 1990s. Initially, the District Information System for Education (DISE) was developed for classes 1–5 for planning and monitoring the DPEP across 42 districts in seven states. This was later expanded to cover the entire primary education system in India. Following the implementation of the Rastriya Madhyamik Shiksha Abhiyan (RMSA), a separate and dedicated Secondary Education Management Information System (SEMIS) for classes 9 to 12 was established. Following that, the Unified District Information System for Education (UDISE) was launched in 2012–13, combining the DISE and SEMIS. UDISE generally offers yearly data on literacy, school facilities, enrolment, dropout rates, etc.

2.2.8 Crime Report of India

The Crime Report of India is published by the NCRB, Ministry of Home Affairs. It is an annual report containing crime and justice data for all 36 states and UTs. The report includes 19 metropolitan cities with more than 2 million populations. On the other hand, the remaining 34 metropolitan city data are available on the NCRB website.

2.2.9 Multiple Indicator Cluster Survey

Child related data is also provided by UNICEF in their Multiple Indicator Cluster Survey (MICS). MICS has provided child related information on various domains, such as child health, child protection, child survival, child education, nutrition, and data on early

childhood. MICS has provided information both at the national and state level. The first MICS survey was conducted in India during 1995–96. The most recent MICS data for India is available for the year 2000.

Table 1: Data Sources, Nodal Organizations, and Data Frequency of Different Child Indicators

Child Indicators	Sources of Data	Nodal Organization	Data Frequency
Demographic Profile, Migration, Workers	Census of India (2011)	Office of the Registrar General of India (ORGI)	Decadal (every census after 10 years), Census-2011
Activity Status, Child Labour, Employment & Unemployment, Type of Employment, Job Contract Type, Social Security Benefits in the Job	Employment & Unemployment Survey 68th round (2011–12) – Quinquennial Round (Large sample size)	NSS, MoSPI	Every after five year- 27th (1972-73), 32nd (1977-1978), 38th (1983), 43th (1987-88), 50th (1993-94), 55th (1999-2000), 61st (2004-05), 66th (2009-10), 68th (2011-12)
Activity Status, Child Labour, Employment & Unemployment, Type of Employment, Job Contract Type, Social Security Benefits in the Job	Employment & Unemployment Survey, Periodic Labour Force Survey (PLFS) 2019-20	NSS, MoSPI	Annual- PLFS (2017-18), PLFS (2018-19), PLFS (2019-20)
Disability related Facilities/ Infrastructure, Benefit/ Assistant, Disability Enrolment, Benefits/ Assistance	A person with disabilities survey, 76th Round (2018)	NSS, MoSPI	28th (1972-74), 52nd (1995-96), 60th (2004), 71st (2014), 75th (2017-18)
Health Expenditure of Child, Immunization, Child Hospitalization, Child Suffered from The Different Types of Diseases, Child Average Age of Death, Coverage by Health Scheme	Household Social Consumption: Health, 75th Round (2017-18)	NSS, MoSPI	28th (1972-74), 52nd (1995-96), 60th (2004), 71st (2014), 75th (2017-18)
Housing Condition, Sanitation & Bathroom, Water, All Covered under Government Schemes	Drinking Water, Sanitation, Hygiene and Housing Conditions, 76th Round (2018)	NSS, MoSPI	7th (1953-54), 23rd (1968-1969), 28th (1973-1974), 44th (1988-1989), 49th (1993), 54th (1998), 58th (2002), 65th (2008-09), 69th (2012), 76th (2017-18)

Child Indicators	Sources of Data	Nodal Organization	Data Frequency
Migration & Labour Force	Employment & Unemployment and Migration Particulars, 64th round (2007-08)	NSS, MoSPI	9th (1955), 11th (1956-57), 12th (1957), 13th (1957-58), 38th (1983), 43rd 1987-88), 49th (1993), 55th (1999-2000), 55th (1999-2000), 64th (2007-08)
Expenditure on Medical & Education	Consumer Expenditure Survey, 68th round (2011-12)	NSS, MoSPI	Every after five year-27th (1972-73), 32nd (1977-1978), 38th (1983), 43th (1987-88), 50th (1993-94), 55th (1999-2000), 61st (2004-05), 66th (2009-10), 68th (2011-12)
Morbidity, Undernourishment & Malnourishment, Immunization, Medication	National Family Health Survey (NFHS) -5 (2019-2021)	International Institute for Population Sciences (IIPS), Mumbai	NFHS-1 (1992-93), NFHS -2 (1998-99), NFHS-3 (2005-06), NFHS-4 (2015-16), NFHS-5 (2019-20)
Child health, Child Protection, Child Survival, Education, and Nutrition	Multi Indicator Cluster Survey (MICS)	UNICEF	MICS -1995-96 MICS-2000
Crime & Violence	National Crime Records Bureau (NCRB)- (2020)	Ministry of Home Affairs, Government of India	Annual
Literacy, School Infrastructure, Enrolment, Dropout Rate	Unified District Information System for Education (UDISE) (2020-21)	Government of India	Annual
Demographic, Migration, Activity Status, Illness Disease, Nutrition	Indian Human Development Survey (IHDS)-II (2011-12)	National Council of Applied Economic Research (NCAER), New Delhi.	IHDS -1(2004-05), IHDS-2 (2011-12) (penal data)
Health Structure, Nutrition, Health Infrastructure	District Level Household & Facilities Survey (DLHS)-4 (2012-13)	IIPS	DLHS-1 (1998-99), DLHS-II (2002-04), DLHS-III (2007-08), DLHS-IV (2012-13)
Mortality, Fertility, Birth Rate	Sample Registration System (2019)	ORGI and the Census Commissioner, Government of India	Annual/Bi-Annual
Educational Status	UDISE	Government of India	Annual

2.3. REVIEW OF METHODOLOGY OF THE AVAILABLE DATA SOURCES

2.3.1 Periodic Labour Force Survey

The Periodic Labour Force Survey (PLFS) of the NSS, was conducted between July 2019 and June 2020. It covers all the states and UTs except for the villages of the Andaman and Nicobar Islands. The rotational sampling design is used in the survey in urban areas. In this sampling design, each selected household in the urban area is visited four times at the beginning with the first visit schedule and the next three times with a revisit schedule. However, there is no revisit sample in the rural areas.

NSS used a stratified multi-stage sample design for the survey. The recent Urban Frame Survey (UFS) block and 2011 Population Census villages (Panchayat wards for Kerala) are the First Sample Units (FSUs) in urban and rural areas, respectively. Based on the projected population of the 2011 census, the total sample size is allocated to the rural and urban sectors of the States/UTs. Within each NSS region, a separate stratum is formed in the urban area based on the population of the town, according to the 2011 census. Second Stage Stratums (SSSs) is another NSS classification to identify and categorize the household. The total number of SSSs in the rural area differs from the urban area. SSS is defined by the number of members in each household who have completed secondary school (10th standard). This could be because education above the secondary level of schooling is a determinant of the household's status. The data from the PLFS can be used to study the pattern of changes in some of the most important labour force indicators, such as the Worker Population Ratio (WPR), the Labour Force Participation rate (LFPR), the unemployment rate (UR), etc.

2.3.2 Employment and Unemployment Survey

All Indian States UTs are covered in the Employment and Unemployment Survey (EUS) of NSS[12] except the interior villages in Nagaland located (beyond five kilometers of the bus route) and villages in the Andaman and Nicobar Islands, which are inaccessible all year.

A stratified multi-stage sampling technique is used for the survey. In rural and urban areas, the FSUs are the 2001 census village (Panchayat wards in the case of Kerala) and UFS blocks, respectively. The total number of sample FSUs and sample size are allocated to the rural and urban sectors of the States and UTs based on the projected population proportions of the 2001 census. The FSUs are further subdivided into Hamlet Groups (HGs) and Sub Blocks (SBs) based on population size.

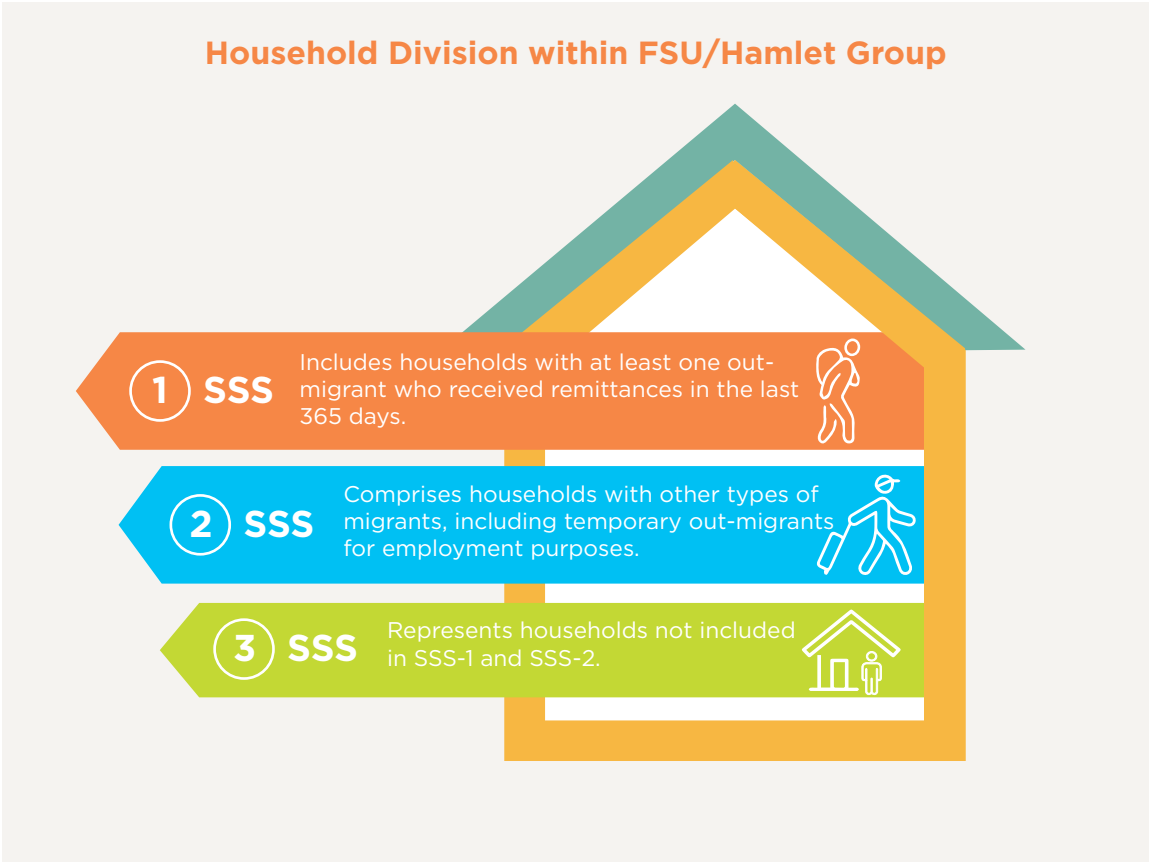
After the formation of the FSU, HGs/SBs, the listed households in a selected FSU, are categorized into different strata i.e. SSS. The formation criteria for the SSS in a rural sector are different from those in an urban sector. In rural areas, the SSS is

[12] The methodology of NSS consumer expenditure survey of 2011-12 is similar to EUS 2011-12 that is why methodology of consumer expenditure survey is not explain separately in the present section.

categorized based on available household property and the house's structure. In urban areas, on the other hand, households within the SSS are categorized according to the household's Monthly Per Capita Expenditure (MPCE). Based on the 2001 population census, a separate basic stratum is formed within each district of the urban town with a population of 10 lakh or more.

2.3.3 Employment, Unemployment and Migration Particulars Survey

The Employment, Unemployment, and Migration (EUM) Particulars Survey of the NSS was conducted between July 2007 and June 2008. The survey covers all the states/UTs except for Leh Ladakh and Kargil district of Jammu & Kashmir, interior villages of Nagaland located beyond five kilometers of the bus route, and villages in the Andaman & Nicobar Islands that remain inaccessible throughout the year. Each district of a state/UT is divided into rural and urban strata, covering their respective districts. The FSUs for the rural area are the village lists of the 2001 census (Panchayat wards in Kerala), and for the urban area are the recent UFS. The total number of samples in the rural and urban sectors is based on the projected population from the 2001 census. If an FSU has a population of more than 1,200 people, then it is further divided into HGs in the rural sector.



All households in the chosen FSU/HG, and SB were divided into three strata. SSS-1 covered a household with at least one out-migrant and received at least one remittance from them in the last 365 days. Similarly, SSS-2 will be the remaining household with at least one other type of migrant, including a temporary out migrant, for employment purposes, and SSS-3 will be the other household that is not included in SSS-1 and SSS-2. If an urban district has one or more towns with a population of 10 lakh or more as of the 2001 population census, then each city and town is segregated into a separate basic stratum.

2.3.4 Household Social Consumption: Health Survey

The survey is titled "Household Social Consumption: Health" of NSS. The survey was conducted between July 2017 and June 2018. Except for villages in the Andaman and Nicobar Islands, which are inaccessible all year, the survey included all Indian states and UTs. NSS used a stratified two-stage sample design in the survey. In the survey, the FSU for urban and rural areas are the UFS and village list of the 2011 census. The FSU is further subdivided into HG/SBs. In the survey, each district is divided into rural and urban strata. The total number of FSUs and sample size in rural and urban areas are fixed based on the proportion of the 2011 census population in different states/UTs.

Based on the demographic composition of the children, all the households listed in the selected FSU and block/HG/SB were stratified into three SSS. In each FSU, two households with at least one child under the age of one are chosen as SSS-1. Households with at least one member hospitalized in the last 365 days (from the remaining household) are covered by SSS-2, and all households that are not designated as SSS-1 or SSS-2 are designated as SSS-3.

2.3.5 Survey of Persons with Disabilities

The Survey of Persons with Disabilities of NSS was conducted between July and December 2018. Except for villages in the Andaman and Nicobar Islands, which are inaccessible all year, the survey included all Indian states and UTs. The survey was specifically designed to estimate various kinds of disability indicators such as types of disability, causes of disability, facilities available to persons with disabilities etc. A stratified two-stage sample design was used in the survey. In rural and urban areas, the FSUs were the UFS and the 2011 population census villages (Panchayat wards for Kerala).

The FSU is divided further into HGs/SBs. Each village or FSU is subdivided into a number of Sub Units (SUs) based on the projected village's population in the 2011 census. The FSU will form a SU only if the village has a population of 1000 or more (or 500 in some selected villages). If the village's population is less than 1000, the entire village is considered an FSU. In the urban area, the FSU was based on the household in the UFS population frame. A separate SU was formed if the number of households in an FSU or UFS exceeds or equals 200. If the UFS has fewer than 200 households, the entire UFS is considered an FSU. In the urban area, the FSU was based on the

household in the UFS frame instated of population. If in a UFS, if the household is more than or equal to 200, then a separate SU was formed. On the other hand, If the number of households in the UFS is less than 200, then the entire UFS is considered an FSU. All the households listed in the selected village/UFS Block/SU were stratified into seven SSS based on different types of disabilities in the village. A total of 20 households were planned to be selected from each sample village/UFS block/SU.

On the basis of the projected 2011 census, a separate basic stratum was formed within each urban town of a district with a population of 10 lakh or more. The remaining urban area is considered another basic stratum.

2.3.6 National Family Health Survey

The fifth and latest round of the NFHS (NFHS-5) was conducted during 2019–21 under the supervision of MoHFW. The survey's primary objective is to collect essential data on health and family welfare, as well as levels of fertility, infant and child mortality, maternal and child health, and other health and family welfare indicators. The NFHS-5 sample was designed to provide district level estimation of various indicators, including husband's background and women's work, HIV/AIDS knowledge, attitude and behavior, and domestic violence. The NFHS-5 provides information for 707 districts, 28 states, and 8 UTs. NFHS-5 used the stratified two stage sample method for the survey. Each district is subdivided into two strata: urban and rural. Each rural stratum is again sub-stratified into smaller substrata. The Primary Sample Unit (PSU) of the rural area is a list of villages from the 2011 Census.

Similarly, the PSU for the survey in an urban area is Census Enumerations Blocks (CEBs). Before the selection of PSU, each PSU was sorted according to the literacy rate of women aged six and older and the percentage of Scheduled Castes (SCs) and Scheduled Tribes (STs). The sub-strata within each PSU are created based on the village population and the percentage of the population belonging to each SC/ST.

Before the main survey, a thorough household mapping and listing operation was carried out in each selected rural and urban PSU. The chosen PSU was divided into a slice of roughly 100–150 households, with an expected total of at least 300 households. The survey used systematic sampling with probability proportional to segment size, and two of the segments were randomly chosen. In the second stage, 22 homes were randomly chosen using systematic sampling from each chosen rural and urban cluster.

2.3.7 District Level Household and Facility Survey

The fourth round of the DLHS (DLHS-4) was conducted in 2012–13. The objectives of the survey were to assess the performance and implementation of various National Rural Health Mission (NRHM) programmes and to provide a reproductive and child

health database at the district level in India. The survey has two components: a district level household survey and a district level survey of the health facilities. A multi-stage stratified probability proportionate to the size of the sample with replacement is used in the survey. The FSU of the survey is a village from the 2001 census for rural areas and the UFS block for urban areas. The minimum number of houses in rural and urban areas required to form an FSU was 300. In the listed district, the FSU block is divided into two categories: million-class cities and non-million-class cities.

Because each village is under the jurisdiction of one sub-centre, the sub-centre attached to the village (Primary Sample Unit) is chosen for the study. In the survey, only those primary health centres (PHCs) that are associated with the subcenter are included. The survey includes all community health centres (CHCs), sub-divisional hospitals, and district hospitals in a district. The sub-centre and PHC in each selected PSU are identified through discussions with the village's medical officer and sarpanch. In some cases, the district hospital is linked to educational facilities. In such cases, district hospitals must be identified and included in the survey. If there are two district hospitals in a district, both hospitals are included in the survey.

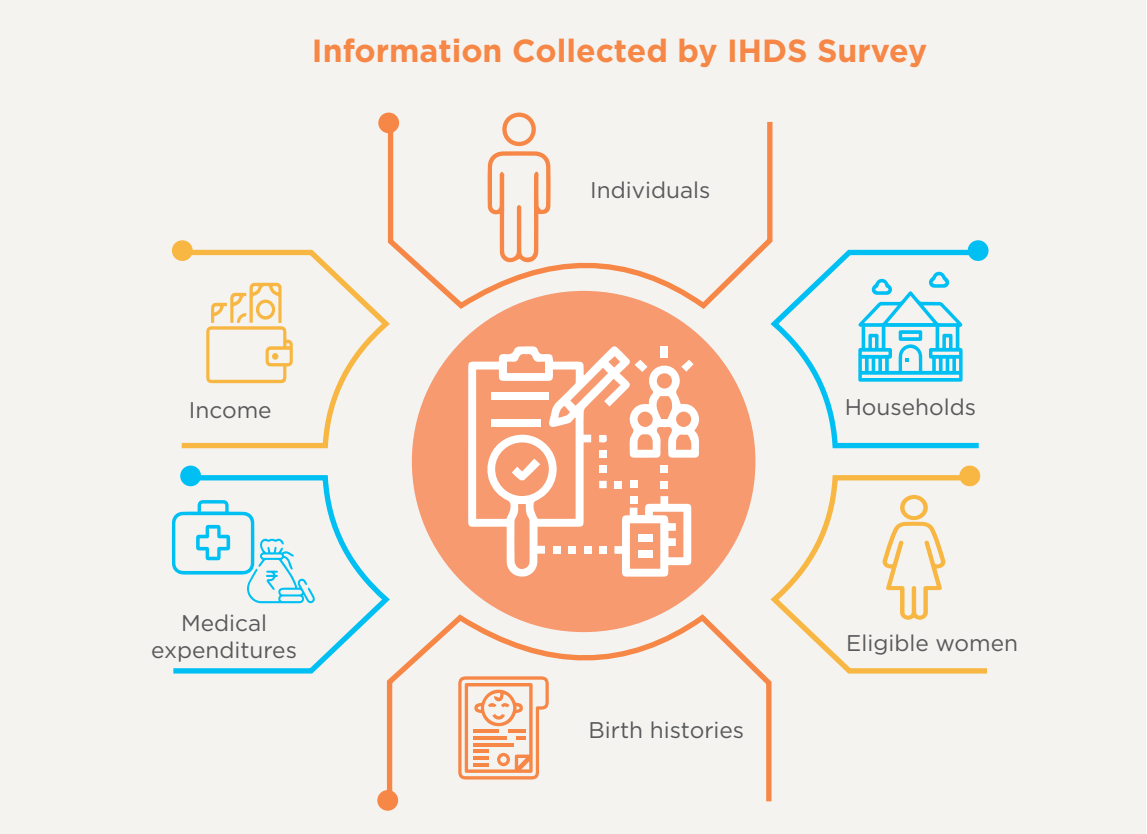
2.3.8 Indian Human Development Survey

IHDS II was carried out in 2011–12 in cooperation between the University of Maryland and NCAER. The IHDS survey is a panel data survey that collects information on individuals, households, eligible beneficiary women, birth histories, education, medical expenditures, income, etc. All Indian states and union territories are included in the study, except Andaman/Nicobar and Lakshadweep. The survey is based on the 2001 Census, and it spans 276 towns and cities, 384 districts, 1503 villages, and 971 urban blocks. The number of sample households for the survey was 41,554, and the same household provided 85 per cent of the data for the IHDS-II second round.

In the survey, a different sample design was used to select urban and rural PSUs. Based on the 2001 census, a PSU was formed in each village and urban block with a limit of households of 150 to 200. In the urban area, the blocks are selected based on probability proportionate to size[13]. After determining the number of blocks in each urban area, the enumeration block is chosen at random with the assistance of ORGI. Finally, from each block, 15 households were selected for the study.

In the rural sector, approximately half of the sample households were initially interviewed by NCAER in the survey of the Human Development Profile of India (HDPI) in 1993–94. The remaining samples are drawn from districts located in states and union territories that are not covered by HDPI. In this panel survey, 85 per cent of households were re-interviewed in 2011–12. The households re-interviewed are the original households and those that have separated from the main rooted household but are still living in the village.

[13] Probability proportional to size (PPS) sampling is a method of sampling from a finite population in which a size measure is available for each population unit before sampling and where the probability of selecting a unit is proportional to its size. Its use arises in two particular contexts: (i) multistage sampling and (ii) single-stage sampling of establishments.



2.3.9 National Crime Records Bureau

The NCRB developed a software application that collects data from each police station in the country. Before data collection, a survey was conducted each year on the functional officials of the police station, such as police constables, head constables, assistant sub-inspectors, and sub-inspectors. There are two levels to the data validation process during data collection. The first level of validation occurs at the police station/district level, and the second level occurs at the state level during the consolidation of district data via the NCRB application. The data were examined at the NCRB for discrepancies and inconsistencies after the final entry.

NCRB generates data at the all-India level after completing all data collection procedures and receiving final data from all states/UTs, including metropolitan cities. The period of record for the data is one year, from January to December.

2.3.10 Unified District Information System for Education Plus (UDISE+)

The UDISE+ system is the only source of data that provides school-level information on the education system, teachers, student enrolment, the physical infrastructure of the school, etc. Under the UDISE+ system, schools manually enter data into a paper version of the Data Capture Format (DCF) with a reference date of September 30th

of each year. These paper DCFs were computerized at the block or district level, organized at the state/UT level, and then shared with the Central Government to build a national database.

2.4. CHALLENGES OF METHODOLOGY AND ROBUSTNESS OF DATA

2.4.1 NSS Data

The main advantage of the NSS is that it covers all segments of society, regardless of caste or religion. The NSS is theme specific, which means that each survey focuses on a single topic, such as disability, employment and unemployment, migration, and so on. The main advantage of the theme-specific survey is that it covers every variable related to the specific theme which enables in-depth exploration of the specific domains and robust insights for policy formation.

The main problem with the survey is its time component (as noted above data is typically collected only every three to seven years). It is impossible to see the annual and seasonal variation of various indicators from the various rounds of NSS surveys. The PLFS can be used to estimate and analyse seasonal and quarterly variations in labour-related indicators. However, surveys like PLFS are only for the employment and unemployment theme of the county. In other NSS rounds, the problem of time lag still exist.

Another major disadvantage of NSS data is the small sample size, due to which district-level analysis in the smaller states, such as in North-eastern states, is not possible. The survey is not designed specifically for children related data, i.e., the sample design is not based on a universe of children. We can calculate child labour and adolescent employment data by filtering out the population's age group. In such cases (for example, at the district or city level), the sample may not be a true representative of the population, and the sample size may be insufficient to draw any conclusion.

Data Quality of National Sample Survey

The following are the main reasons for the lack of robustness of data at the district level. First, households are listed and selected based on various criteria, which are theme specific. Except for the 76th round of the Household Social Consumption: Health Survey (2017-18), there is no child component in the SSS. In this case, the surveyed child numbers may not be a true representation of the universe of children.

Second, child indicators can only be computed at the national level and, in some rounds, also at the state level. The sample size decreases as it moves from the state level to the regional level and finally to the district level. In such a case, the estimate may not be accurate.

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Third, the vast majority of thick round NSS surveys provide information on variables at the city level (only for million-plus cities). However, most cities are bounded by one or two districts. As a result, if someone wants to extract information for children at the city level, the sampling error will be very high.

2.4.2 NFHS

The main advantage of the NFHS survey is that it covers all segments of society, disaggregated by caste or religion, gender, children etc. Another advantage of the NFHS data is that the questionnaires for the different sets of respondents are separate. There are four main questionnaires of the NFHS survey, household questionnaire, man questionnaire, women questionnaire, and biomarker questionnaire. The related questions for different groups are covered in the different questionnaires. In the child related questions, the respondent are women. Although to-date NFHS

provides the most comprehensive and disaggregated level of information regarding children, it collects this information majorly from the mothers rather than the children themselves. Although this might increase the accuracy of the information collected, it ignores the importance of including the stakeholders, i.e., the children themselves.

NFHS provides all the information on the district level variables except sexual behaviour, husband background, women's work, HIV/AIDS knowledge, attitudes, behaviour, and domestic violence. However, the extraction of the child related information at the district level is based on a very small sample size. Another serious issue is that the city-level information in the NFHS is not available.

Data Quality of the NFHS

The empirical investigation of health and survival indicators revealed significant challenges for children living in low-income urban areas. Because of the small sample size, estimating neonatal mortality rates for the urban poor at the state level is nearly impossible. In addition to these constraints, the sample size for adolescent reproductive health in urban areas is too small for state-level evaluations.

2.4.3 IHDS

The IHDS survey had the advantage of covering a wide range of topics, including health, education, immunization, income, children's ability to read and write, consumption expenditure, and so on. The IHDS is possibly India's only survey that collects data on all three indicators pertaining to household's economic resources, i.e., household income, consumption expenditure and asset-based wealth index. IHDS is simply an Indian panel survey that provides information on the same household over time. Although IHDS is the only national-level dataset that includes a special set of questionnaires that evaluates children's learning and cognitive skills and a schedule for adolescent children, it remains to be seen whether the panel of these age-cohorts would be included in subsequent rounds.

Data Quality of IHDS

In the IHDS survey below the state level, the sample size is much less. Since the sample of children is few in the IHDS survey, at the district level and, in most cases, the state level, analysis is not possible. Hence, the data quality is not feasible in the IHDS survey if someone wants to study only children's issues. Also, since IHDS is mainly panel data that focuses on studying associations between social determinants and human well-being, including children, its utilization for estimating cross-sectional indicators might not be always statistically prudent. Thirdly, the last round of IHDS was conducted in 2011-12 and therefore, the inferences based on this data may not be relevant in contemporary times due to rapidly changing social, economic, and demographic environments.

2.4.4 MICS

MICS has provided detailed information on child health, child protection, child survival, child nutrition and education. In the MICS survey report, the information about the children is available only at the level of the State, UTs, rural and urban. However, the city level information is not available in the MICS survey. The new round of MICS arrives with expanded content, a more flexible questionnaire architecture, and several new initiatives and innovations[14].

2.5 CONCLUSION

Child-related information is critical for developing the country's child-related programmes and policies. Although in India, child-related data has been collected by different agencies, the data have a few limitations. The primary benefit of census data is that it has collected child-related information from every household. As a result, studies can be conducted at the state, district, and city levels using census data. The main problem with census data is that it only collects limited information about children, and there is a significant time gap between two censuses in data collection.

The survey-based data sources have their own merits and demerits. For example, in the NSS, there is no survey particularly dedicated to children. In NSS data, child related study is possible only by filtering the child population from the "age" variable. Moreover, in NSS data, the sample size decreases as it moves from the state level to the regional level and finally to the district level. As in NSS, a study at the district or city level is not possible in IHDS due to a lack of sample size.

Among the survey-based data sources, DLHS is one of the most important data sources for children, which provides data on children in different domains. However, the main problem with the DLHS data is that the data is too old since the last data was collected in 2011–12. Because of the gap in the period of data collection, the indicator will not be suitable for the present situation. The MICS survey of UNICEF is also an important data source for children. However, like the DLHS, MICS data for India is too old, as the last survey was conducted in 2000.

[14] https://mics.unicef.org/news_entries/234/THE-7TH-ROUND-OF-MICS-IS-LAUNCHED

NFHS is one of the most important data sources for any study of children. In NFHS child related information has been collected separately. Since the respondent to the child related questions of the survey are the mother, hence the quality of data is very good. as the mother is aware of all the children's problems, such as health issues and vaccinations, ensuring the accuracy of the data. Another advantage is that the NFHS provides child-related information regularly; therefore, comparative studies are possible with the help of NFHS data. However, the major problem with the NFHS data is that the study at the district level, mainly in small states, is not possible due to the small sample size.

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CHAPTER | 03

URBAN AND CHILD RELATED INDEX: A REVIEW

3.1. INTRODUCTION

The urban and child index is a dataset or in-depth statistical representation that aids in mapping and evaluating the general development of cities and children in a demarcated geographical area. The result of the composite index makes the individual and the community more informative and makes a better policy decision. Moreover, all the indicators are split into several dimensions when the index is built. Therefore, policymakers can choose which dimension of the index needs greater attention based on the composite outcome of each index dimension. The main objective of the chapter is to review various urban and child-related indices available in India and globally. Furthermore, an attempt is made to identify child-related components in the urban index.

3.2 REVIEW OF INDEX RELATED TO URBAN AND CHILDREN

3.2.1 Globally Available Urban Indices

Spatial Liveability Index – Singapore

The main objective of the Spatial Liveability Index (SLI) is to investigate the spatial component of liveability in dense urban centres of 203 subzones in Singapore. The index has a total of eight dimensions, along with several indicators. Singapore's Urban Redevelopment Authority divides the country into five regions, 55 planning areas, and 323 sub-zones. Subzones are divisions within a planning area which are usually centred around a focal point such as a neighbourhood centre or activity node. The sample size of the index is 203, and published in 2020. Table 2 shows the dimensions and indicators of the index.

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Table 2: Dimensions and Indicators of the SLI

Dimensions	Indicators	Indicators Related to Children*[4]
Public Transport	Number of Metro Stops	-
	Percentage of Neighbourhoods that a Resident can Reach in a Single Journey without Transfer	-
Infrastructure	The Length of the Road	-
	The Width of the Road	-
	Number of Intersections	-
Community FACILITIES	Number of Community Centres	Yes
	Number of Sports Centres	Yes
Open Space & Public Space	Number of Green Spaces in sq.m per Person	Yes
	Number of Access Points to Parks	Yes
	Number of Exercise Facilities	Yes
	Number of PLAYGROUNDS	Yes
Healthcare	Number of Hospitals	Yes
	Number of Private Clinics	Yes
	Distance to the Nearest Hospital	-
Cultural & Environmental Education	Number of Commercial Areas	-
Education	Number of Educational Institutions (Primary, Secondary, and High Schools)	Yes
Employment	Percentage of Land Allocated to Business Areas	-
	Number of Businesses Registered in Each Time Window	-
		Total Child Related Indicators - 9

Source: A Spatial Liveability Index for Dense Urban Centers, 2020

Cities in Motion Index – Global

The Cities in Motion Index (CMI) is a study published annually by the business school of the University of Navarra (IESE) that aims to evaluate the development of the world's cities. The main aims of CMI are to enable measurement of the future sustainability of the world's leading cities and the quality of life of their inhabitants. There are ten dimensions in the CMI: governance, urban planning, public management, technology, the environment, international outreach, social cohesion, mobility & transportation, human capital, and the economy. For the index, a total of 181 cities were included around the world. The dimensions and indicators of CMI are explained in table 3.

[15] Are directly or indirectly related as well as important for the children.

Table 3: Dimensions and Indicators of the CMI

Dimensions	Indicators	Indicators Related to Children
Human Capital	Population with Secondary and Higher Education	-
	Business Schools	Yes
	International Movement of Higher-Level Students	-
	Number of Universities	-
	Museums per City	Yes
	Art Galleries	Yes
	Expenditure on Leisure and Recreation	Yes
Social Cohesion Indicators	Ratio of Deaths	-
	Crime Rate	-
	Health Index	-
	Unemployment Rate	-
	Gini Index	-
	Price of Property	-
	The Ratio of Women Workers	-
Economic Indicators	Labour Productivity	-
	Time Required to Start a Business	-
	Ease of Starting a Business	-
	Headquarters of Publicly Traded Companies	-
	People at Early Business Stage	-
	Entrepreneurs	-
	GDP	-
Public Management	Total Tax Rate	-
	Reserves	-
	Reserves per Capita	-
	Embassies	-
	Twitter	-
	Sales Tax	-
Governance	Legal Rights Index	-
	Corruption Perceptions Index	-
	Functions of the Innovation Department	-
	Government Web Services	-
	Open Data Platform	-

Dimensions	Indicators	Indicators Related to Children
Environmental	CO_2 Emissions	Yes
	CO_2 Emission Index	Yes
	Methane Emissions	Yes
	Percentage of the Population with Access to the Water Supply	Yes
	PM2.5	Yes
	PM10	Yes
	Pollution Index	Yes
	Environmental Performance Index	Yes
Mobility and Transportation	Traffic Index	Yes
	Inefficiency Index	-
	Number of Road Accidents	-
	Metro	-
	Flights	-
	Means of Transportation	-
	Index of Traffic for Commuting to Work	-
Urban Planning	Percentage of the Population with Access to Sanitation Facilities	Yes
	Number of People per Household	-
	Bicycle Shops	-
	Architects	-
	Cycling	-
International Outreach	Number of International Tourists	-
	Number of Passengers of an Airline	-
	Hotels	-
	Sights Map	-
	Number of Conferences and Meetings	-
Technology	Number of Broadband Subscribers	Yes
	IP Addresses	-
	Facebook	-
	Mobile Phones	-
	Quality of Web Services	-
	Innovation INDEX	-
	Smartphones	Yes
	Wi-Fi Hot Spot	Yes
		Total Child Related Indicators - 17

Source: IESE Cities in Motion Index, 2020

The Global Liveability Index 2022

The Economist Intelligence Unit (EIU) develops the Global Liveability Index (GIL) every year. There are a total of five dimensions in the GLI, which include: stability, healthcare, culture & environment, education, and infrastructure. The index covers 173 cities in the world. The dimensions and indicators of GLI of 2022 are discussed in Table 4.

Table 4: Dimensions and Indicators of GLI

Dimension	Indicators	Children Related Indicators
Stability	Prevalence of petty crime	-
	Prevalence of violent crime	-
	Threat of terror	-
	The threat of military conflict	-
	The threat of civil unrest/conflict	-
Healthcare	Availability of private healthcare	Yes
	Quality of private healthcare	Yes
	Availability of public healthcare	Yes
	Quality of public healthcare	Yes
	Availability of over-the-counter drugs	Yes
	General healthcare indicators	Yes
Culture & Environment	Humidity/temperature rating	Yes
	The discomfort of climate for travellers	-
	Level of corruption	-
	Social or religious restrictions	-
	Level of censorship	-
	Sporting availability	Yes
	Cultural availability	Yes
	Food and drink	-
	Consumer goods and services	-
Education	Availability of private education	Yes
	Quality of private education	Yes
	Public education indicators	Yes
Infrastructure	Quality of road network	Yes
	Quality of public transport	Yes
	Quality of international links	-
	Availability of good-quality housing	Yes
	Quality of energy provision	Yes
	Quality of water provision	Yes
	Quality of telecommunications	Yes
		Total Child Related Indicators -18

Source: https://www.eiu.com/n/wp-content/uploads/2022/07/liveability-index-2022.pdf

UN-Habitat's City Prosperity Index

The purpose of creating the City Prosperity Index (CPI) is to help city authorities and local and national interest groups identify opportunities and potential intervention areas to become more prosperous. The index has a total of 6 dimensions: productivity, infrastructure development, quality of life, equity and social inclusion, environmental sustainability, and governance and law. In addition, the CPI serves as a monitoring mechanism that can provide a common framework within which cities, countries and the international community can measure progress and identify possible roadblocks. Table 5 explains the dimensions and indicators of CPI.

Table 5: Dimensions and Indicators of CPI

Dimensions	Sub Dimensions	Indicator	Children Related Indicator
Productivity	Economic Strength	City Product per Capita	-
		Old Age Dependency Ratio	-
		Mean Household Income	Yes
	Economic Agglomeration	Economic Density	-
		Economic Specialisation	-
	Employment	Unemployment Rate	-
		Employment to Population Ratio	
		Informal Employment	-
Infrastructure Development	Housing Infrastructure	Improved Shelter	Yes
		Access to Improved Water	Yes
		Access to Improved Sanitation	Yes
		Access to Electricity	Yes
		Sufficient Living Area	Yes
		Population Density	-
	Social Infrastructure	Physician Density	-
		Number of Public Libraries	Yes
	Information and Communication Technology	Internet Access	Yes
		Home Computer Access	Yes
		Average Broadband Speed	Yes
	Urban Mobility	Use of Public Transport	--
		Average Daily Travel Time	-
		Length of Mass Transport Network	-
		Traffic Fatalities	-
		Affordability of Transport	-

Dimensions	Sub Dimensions	Indicator	Children Related Indicator
	Urban Form	Street Intersection Density	-
		Street Density	-
		Land Allocated to Streets	-
Quality of Life	Health	Life Expectancy at Birth	Yes
		Under-Five Mortality Rate	Yes
		Vaccination Coverage	Yes
		Maternal Mortality	Yes
	Education	Literacy Rate	-
		Mean years of Schooling	-
		Early Childhood Education	Yes
		Net Enrolment Rate in Higher Education	Yes
	Safety and Security	Homicide Rate	-
		Theft Rate	-
	Public Space	Accessibility to Open Public Area	Yes
		Green Area per Capita	Yes
Equality and Social Inclusion	Economic Equity	Gini Coefficient	-
		Poverty Rate	-
	Social Inclusion	Slums Households	Yes
		Youth Unemployment	-
	Gender Inclusion	Equitable Secondary School Enrolment	-
		Women in Local Government	-
		Women in Local Work Force	-
	Urban Diversity	Land Use Mix	-
Environmental Sustainability	Air Quality	Number of Monitoring Stations	Yes
		PM2.5 Concentration	Yes
	Waste Management	Solid Waste Collection	Yes
		Waste Water Treatment	Yes
		Solid Waste Recycling Share	Yes
	Suitable Energy	Share of Renewable Energy	-

Dimensions	Sub Dimensions	Indicator	Children Related Indicator
Urban Governance and Legislation	Participation	Voter Turnout	-
		Access to Public Information	-
		Civic Participation	-
	Municipal Financing and Institutional Capacity	Own Revenue Collection	-
		Days to Start a Business	-
		Subnational Debt	-
		Local Expenditure Efficiency	-
	Governance of Urbanisation	Land Use Efficiency	-
			Total Child-Related Indicator – 25

Source: Data and Analytics | UN-Habitat (unhabitat.org)

3.2.2 Globally Available Indices Related to Children

Child and Youth Well-Being Index – USA

Duke University has developed the Child and Youth Well-Being Index (CYWI) to understand children's welfare in the United States. It is based on time series data, with the first CYWI developed in 1975. There is a total of seven dimensions of the CYWI index, covering a total of 28 indicators. For the calculation of the CYWI, a total of 181 cities has been included. The dimensions and indicators of CYWI-2013 are explained in table 6.

Table 6: Dimensions and Indicators of CYWI

Dimensions	Indicators
Family Economic Well-being	Poverty Rate (All Families with Children Ages 0–17)
	Secure Parental Employment Rate (All Families with Children Ages 0–17),
	Median Annual Income (All Families with Children Ages 0–17)
	Rate of Children with Health Insurance (All Families with Children Ages 0–17)
Safe/Risky Behaviour	Teenage Birth Rate (Ages 10–17)
	Rate of Violent Crime Victimization (Ages 12–19)
	Rate of Violent Crime Offenders (Ages 12–17)
	Rate of Cigarette Smoking (Grade 12)
	Rate of Binge Alcohol Drinking (Grade 12)
	Rate of Illicit Drug Use (Grade 12)

Dimensions	Indicators
Social Relationships	Rate of Children in Families Headed by a Single Parent (All Families with Children Ages 0–17)
	Rate of Children Who Have Moved Within the Last Year (Ages 1–17)
Emotional/Spiritual Well-Being	Suicide Rate (Ages 10–19)
	Rate of Weekly Religious Attendance (Grade 12)
	Percent Who Report Religion as Being Very Important (Grade 12)
Community Engagement	Rate of Persons Who Have Received a High School Diploma (Ages 18–24)
	Institutionally Disconnected Youth Rate (Ages 16–19)
	Rate of Pre-kindergarten Enrolment (Ages 3–4)
	Rate of Persons Who Have Received a Bachelor's Degree (Ages 25–29)
	Rate of Voting in Presidential Elections (Ages 18–24)
Educational Attainment	Reading Test Scores (Averages of Ages 9, 13, and 17)
	Mathematics Test Scores (Average of Ages 9, 13, and 17)
Health	Infant Mortality Rate
	Low Birth Weight Rate
	Mortality Rate (Ages 1–19)
	Rate of Children with Very Good or Excellent Health (Ages 0–17, as reported by parents)
	Rate of Children with Activity Limitations due to Health Problems (Ages 0–17, as reported by parents)
	Rate of Obese Children and Adolescents (Ages 6–19)
Total Dimensions - 7	Total Indicators - 28

Source: https://www.bing.com/search?q=Child+Youth+Well-being+Index+USA

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3.2.3 Urban Indices of India

Ease of Living Index

The Ease of Living Index (ELI), 2020, has been developed by MoHUA. The index aims to quantify the ease of living of citizens living in the cities. The three pillars of ELI are quality of life, economic ability, and sustainability, and include 14 sectors and 50 indicators. Table 7 explains the indicators along with different sectors.

Table 7: Dimensions and Indicators of ELI

Pillars	Sector	Indicators	Indicators Related to Children
Quality of Life	Education	Household Expenditure on Education	Yes
		Literacy Rate	Yes
		Pupil-Teacher Ratio at the Primary Level (Grades 1-5) across Govt. and Private Schools/Upper Primary Level	Yes
		Drop Out Rate at primary level & Upper primary level	Yes
		Access to Digital Education	Yes
		Professionally Trained Teacher	Yes
		National Achievement Survey Score for Class 3, 5 and 8	Yes
	Health	Household Expenditure on Health	Yes
		Availability Of Healthcare Professional	Yes
		Accredited Public Health Facilities	Yes
		Availability of Hospital Beds	Yes
		Prevalence of Water Borne Diseases	Yes
		Prevalence of Diseases (Water-Borne & Vector-Borne Diseases)	Yes
	Housing & Shelter	Households with Electrical Connections	
		Average Length of Electrical Interruptions	
		Beneficiaries Under PMAY	-
		Slum Population	-
	Wash & SWM	Water Supply to Household	Yes
		Households with Piped Water Supply	

Pillars	Sector	Indicators	Indicators Related to Children
		Swachh Survekshan Score	--
		Amount of Waste Water Treated	-
		Connected to Sewerage Network	Yes
	Mobility	Availability of Public Transport in per Lakh Population	--
		Transport Related Fatalities per Lakh Population	-
		Road Infrastructure	--
	Safety & Security	Prevalence of Violent Crime	-
		Extent of Crime Recorded against Women	
		Extent of Crime Recorded against Children	Yes
		Extent of Crime Recorded against Elderly	-
	Recreations	Availability of Open Space	Yes
		Availability of Recreation Facilities	-
Economic Ability	Level of Economic Development	Traded Clusters	
	Economic Opportunities	Cluster Strength	-
		Credit Availability	-
		Number of Incubation Centres/Skill Development Centres	Yes
	Gini Coefficient	Inequality Based on Consumption Expenditure	-
Sustainability	Environment	Water Quality	Yes
		Total Tree Cover	Yes
		Households Using Clean Fuel for COOKING	Yes
		Hazardous Waste Generation	Yes
		Air Quality Index	Yes
	Green Spaces and Building	Availability of Green Spaces	Yes
		Does the City Incentivise Green Building	--
		Number of Green Buildings in the City	-
	Energy Consumption	Energy Requirement vs Energy Supply	

Pillars	Sector	Indicators	Indicators Related to Children
		Energy Generated from Renewable Sources	-
		Number of Energy Parks	-
	City Resilience	The City Implemented Local Disaster Reduction Strategies	-
		Number of Deaths and Directly Affected Persons Attributed to Disasters	-
			Total Child Related Indicators - 27

Source: https://amplifi.mohua.gov.in/eol-landing

Municipal Performance Index

The Municipal Performance Index (MPI) 2020, is developed by MoHUA. The MPI provides an in-depth analysis of the functioning of 111 municipalities across five dimensions: governance, services, finance, technology, and planning. These are further divided into 20 sectors. The index attempts to strengthen democracy while also assisting municipalities in their approach to policy-making and governance. The index increases the transparency about how the cities run, enabling people and other key stakeholders to understand better how their local governments operate and hold them responsible. The indicator of the index in each dimension is explained in table 8.

Table 8: Dimensions and Indicators of MPI

Dimensions	Sector	Indicators	Child Related Indicator
Service	Education	Vacancy of Teachers	Yes
		Pupil-Teacher Ratio	Yes
		Education Expenditure	Yes
	Health	Primary Healthcare Institutions	Yes
		Vacancy of Doctors	Yes
		Community Healthcare Workers	Yes
	Water & Waste Water	Piped Connections	Yes
		Water Supplied	Yes
		Wastewater Treatment	-
		Storm Water Drainage	-
		Sewage Network	Yes
	SWM & Sanitation	Garbage Collection	Yes
		Street Cleanliness	Yes
		Waste Disposal	Yes

Dimensions	Sector	Indicators	Child Related Indicator
		Waste Treatment	Yes
		Sewage Treatment Capacity	-
		Household Sewer Connection	Yes
	Registration & Permits	Registration Efficiency	-
		Online Registration	-
		Ease of Obtaining Permits	-
		Online Registration for Permits	-
		Online Registration for Licenses	-
		Number of Licenses Awarded	-
	Infrastructure	Roads with Street Lights	Yes
		Street Lights with Light-Emitting Diode	-
		Expenditure on Road Maintenance	-
		Road Density	-
		Footpath Density	Yes
Finance	Financial Management	Revenue Management	-
		Expenditure Management	-
		Fiscal Responsibility	-
		Fiscal Decentralisation	-
Technology	Digital Governance	E-Governance Initiatives	-
		Command and Control System	-
		Number of E-Tenders	-
		Value of E-Tenders	-
		Open Data Policy	-
		Presence of CDO	-
		City-Data Alliance	-
		Presence on Open Data Portal	-
	Digital Access	Internet Access and Uses	Yes
	Digital Literacy	Digital Literacy Programmes	Yes
		The Number of People who Participated in These Programmes	-
		Number of Digital Literacy Centres in a Particular Municipality	Yes
Planning	Plan Preparation	Does the City have a Development Plan/ Master Plan Which was Updated in the Last 10 Years	-
		Is the Current Development Plan of the City Built on a Geographic Information System (GIS)	-

Dimensions	Sector	Indicators	Child Related Indicator
		Is the Land-Use Plan Preparation Done by Qualified Town Planners	-
		Does the Municipal Corporation Follow the Practice of Local Area Planning	-
	Plan Enforcement	Presence of Land Titling Laws	-
		Presence of Land Pooling Laws	-
		Single-Window Clearance in Place for Building and Construction Projects	-
		Incentivisation of Green Buildings	-
	Plan Implementation	Plan Violations	-
		Penalty Efficiency	-
		Land under Encroachment	-
Governance	Transparency & Accountability	Disclosure of Assets	-
		Budget Publication	-
		Publication of Performance and Reports	-
		Environmental Status Reports	Yes
		Corruption Cases against Employees	
	Human Resources	Adequacy of ULB Staff	-
		Leadership and Stability	-
		Gender Equality	Yes
		Average Tenure of Mayor	-
		Direct Election of Mayor	-
	Participation	Voter Turnout	-
		Local Representation	-
		Community Involvement	-
	Effectiveness	Citizen Charter	-
		Establishment Expenditure per Employee	-
		Capacity Building	Yes
		Presence of Ombudsman	-
			Total Children Related Indicators - 22

Source: https://amplifi.mohua.gov.in/mpi-landing

SDG Urban Index

The SDG urban index has been developed by National Institution for Transforming India (NITI) Aayog of India. The index primarily tracks SDG progress at the national, State/UT and local level. The result of the index is represented in dashboard form. A total of 15 SDGs are used in the index. The information for their respective indicators was gathered from official data sources such as the NFHS, NCRB, UDISE+, several ministries' data portals, and other public information sources. The index has covered 56 urban areas of the country. There are 12 state capitals with fewer than a million people and 44 with more than a million people among the 56 urban areas.

Each indicator is ranked from 0 to 100. A score of 100 means that an indicator in a particular area has already achieved the 2030 goal, while a score of 0 means the indicator could not perform the target. The goal and the indicators of the index are explained in table 9.

Table 9: Goals and Indicators of SDG UI

SDG Goal	Indicators	Child Related Indicator
No Poverty (SDG-1)	Percentage of Population Living Below the National Poverty Line	-
	Headcount Ratio as per the Multidimensional Poverty Index	-
	Percentage of Households with Any Usual Member Covered by a Health Scheme or Health Insurance	-
	Persons Provided Employment as a Percentage of Persons who Demanded Employment under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	-
	Percentage of the Population (Out of Total Eligible Population) Receiving Social Protection Benefits under Pradhan Mantri Matru Vandana Yojana (PMMVY)	-
	Percentage of Households Living in Katcha Houses	Yes
Zero Hunger (SDG-2)	Percentage of Beneficiaries Covered under National Food Security Act (NFSA), 2013	-
	Percentage of Children under Five Years Who are Underweight	Yes
	Percentage of Children under Five Years Who are Stunted	Yes
	Percentage of Pregnant Women Aged 15-49 Years Who are Anaemic	Yes
	Percentage of Adolescents Aged 10–19 Years Who are Anaemic	Yes
	Rice and Wheat Produced Annually per Unit Area (Kg/Ha)	-
	Gross Value Added (Constant Prices) in Agriculture per Worker (in Lakhs/Worker)	-

SDG Goal	Indicators	Child Related Indicator
Good Health and Well-being (SDG-3)	Maternal Mortality Ratio (per 1,00,000 Live Births)	Yes
	Under 5 Mortality Rates (Per 1,000 Live Births	Yes
	Percentage of Children in the Age Group 9-11 Months Fully Immunised	Yes
	Rate of Tuberculosis per 1,00,000 Population	-
	HIV Incidence per 1,000 Uninfected Population	-
	Suicide Rate (per 1,00,000 Population)	-
	The Death Rate Due to Road Traffic Accidents (per 1,00,000 Population)	-
	Percentage of Institutional Deliveries Out of the Total Deliveries Reported	Yes
	Monthly per Capita Out-Of-Pocket Expenditure on Health as a Share of Monthly Per Capita Consumption Expenditure (MPCE)	-
	Total Physicians, Nurses, and Midwives per 10,000 Population	-
Quality of Education (SDG Goal-4)	Adjusted Net Enrolment Ratio (ANER) in Elementary Education (Class 1-8)	Yes
	Average Annual Dropout Rate at Secondary Level (Class 9-10)	Yes
	Gross Enrolment Ratio (GER) in Higher Secondary (Class 11-12)	Yes
	Percentage of Students in Grade Viii Achieving at least a Minimum Proficiency Level in Terms of Nationally Defined Learning Outcomes to be Attained by the Pupils at the End of the Grade	Yes
	Gross Enrolment Ratio (GER) in Higher Education (18-23 Years)	Yes
	Percentage of Persons with Disability Who have Completed at least Secondary Education (15 Years and Above)	Yes
	Gender Parity Index (GPI) for Higher Education (18-23 Years)	Yes
	Percentage of Persons Who are Literate (15 Years and Above)	Yes
	Percentage of Schools with Access to Basic Infrastructure (Electricity, Drinking Water)	Yes
	Percentage of Trained Teachers at Secondary Level (Class 9-10)	Yes
	Pupil Teacher Ratio (PTR) at Secondary Level (Class 9-10)	Yes

SDG Goal	Indicators	Child Related Indicator
Gender Equality (SDG-5)	Sex Ratio at Birth	Yes
	The Ratio of Female to Average Male Wage/Salary Earnings Received among Regular Wage/ Salaried Employees	-
	Rate of Crimes against Women per 1,00,000 Female Population	-
	Per Lakh Women Who have Experienced Cruelty/Physical Violence by Their Husband or His Relatives during the Year	-
	Percentage of Elected women Over Total Seats in the State Legislative Assembly	-
	The Ratio of Female to Male Labour Force Participation Rate (LFPR) (15-59 Years)	-
	The Proportion of Women in Managerial Positions, Including Women on Board of Directors in Listed Companies (per 1,000 Persons)	-
	Percentage of Currently Married Women Aged 15-49 Years Who have Their Demand for Family Planning Satisfied by Modern Methods	-
	Operational Land Holding Gender Wise (Percentage of Female Operated Operational Holdings)	-
Clean Water and Sanitation (SDG 6)	Percentage of the Population Getting Safe and Adequate Drinking Water within Premises through Pipe Water Supply (PWS)	Yes
	Percentage of the Population Having Improved Source of Drinking Water	Yes
	Percentage of Individual Household Toilets Constructed against Target (SBM(G)	-
	Percentage of Districts Verified to be ODF (SBM)	-
	Percentage of Schools with Separate Toilet Facilities for Girls	Yes
	Percentage of Industries (17 Categories of Highly Polluting Industries/ Grossly Polluting/ Red Category of Industries) Complying with Wastewater Treatment as per CPCB Norms	-
	Percentage of Groundwater Withdrawal against Availability	-
	Percentage of Blocks/ Mandals/ Taluka Over-Exploited	-
Affordable and Clean Energy (SDG-7)	Percentage of Households Electrified	Yes
	Percentage of LPG+PNG Connections against the Number of Households	Yes

SDG Goal	Indicators	Child Related Indicator
Decent Work and Economic Growth (SDG-8)	The Annual Growth Rate of GDP (Constant Prices) per Capita	-
	Ease of Doing Business (EODB) Score (Feedback Score)	-
	Unemployment Rate (%) (15-59 Years)	-
	Labour Force Participation Rate (LFPR) (%) (15-59 Years)	-
	Percentage of Regular Wage/ Salaried Employees in Non-Agriculture Sector without Any Social Security Benefit	-
	Percentage of Households Covered with a Bank Account under PMJDY against Target	-
	Number of Functioning Branches of Commercial Banks per 1,00,000 Population	-
	Automated Teller Machines (ATMs) per 1,00,000 Population	-
	Percentage of Women Account Holders in PMJDY	-
Industry, innovation and infrastructure (SDG-9)	Percentage of Targeted Habitations Connected by All-Weather Roads under Pradhan Mantri Gram Sadak Yojana (PMGSY)	-
	Score as per Logistics Ease Across Different States (LEADS) Report	-
	Percentage Share of GVA in Manufacturing to Total GVA (Current Prices)	-
	Manufacturing Employment as a Percentage of Total Employment	-
	Innovation Score as per the India Innovation Index	-
	Number of Mobile Connections per 100 Persons (Mobile Tele Density)	Yes
	Number of Internet Subscribers per 100 Population	Yes
Reduce Inequality (SDG-10)	Percentage of the Population in the Lowest Two Wealth Quintiles	-
	Percentage of Elected Women over Total Seats in the State/ UT (Lok Sabha Elections)	-
	Percentage of Seats Held by Women in Panchayati Raj Institutions (PRIs)	-
	Percentage of SC/ST Seats in State Legislative Assemblies	-
	The Ratio of Transgender to Male Labour Force Participation Rate (LFPR) (15 Years and Above)	-
	Rate of Total Crimes against SCs (per 1,00,000 SC Population)	-
	Rate of Total Crimes against STs (per 1,00,000 ST Population)	-

SDG Goal	Indicators	Child Related Indicator
Sustainable cities and communities (SDG 11)	Percentage of Urban Households Living in Katcha Houses	Yes
	Percentage of Urban Households with Drainage Facility	Yes
	Percentage of Individual Household Toilets Constructed against Target (SBM(U))	-
	Deaths due to Road Accidents in Urban Areas (per 1,00,000 Population)	-
	Percentage of Wards with 100% Door to Door Waste Collection (SBM(U)	-
	Percentage of MSW Processed to the Total MSW Generated (SBM(U)	-
	Percentage of Wards with 100% Source Segregation (SBM(U)	-
	Installed Sewage Treatment Capacity as a Percentage of Sewage Generated in an Urban Area	-
Responsible Consumption and Production (SDG-12)	Per Capita Fossil Fuel Consumption	-
	Percentage Use of Nitrogenous Fertiliser out of Total N,P,K, (Nitrogen, Phosphorous, Potassium)	-
	Hazardous Waste Generated per 1,000 Population (Metric Tonnes/ Annum)	-
	Quantity of Hazardous Waste Recycled/Utilised to total Hazardous Waste Generated	-
	Plastic Waste Generated per 1,000 Population (Tonnes/ Annum)	-
	Percentage of BMW Treated to the Total Quantity of BMW Generated	-
	Installed Capacity of Grid Interactive Biopower per 10 lakh Population	-
Climate Action (SDG-13)	Number of Human Lives Lost per 1 Crore Population due to Extreme Weather Events	-
	Disaster Preparedness Score as per the Disaster Resilience Index	-
	Percentage of Renewable Energy out of Total Installed Generating Capacity (Including Allocated Shares)	-
	CO2 Saved from LED Bulbs per 1,000 Population (Tonnes)	-
	Disability Adjusted Life Years (DALY) Rate Attributable to Air Pollution (per 1,00,000 Population)	-

SDG Goal	Indicators	Child Related Indicator
Life Below Water (SDG 14)	Mean Shore Zone Coastal Water Quality - Biochemical Oxygen Demand (BOD) (mg/l)	-
	Mean Shore Zone Coastal Water Quality – Total Nitrogen (TN) (µmol/l)	-
	Percentage Increase in Area Under Mangroves	-
	Average Marine Acidity (pH) Measured at Representative Sampling Stations in the Shore Zone	-
	Percentage of the Available Potential Area Developed under Aquaculture	-
Life on Land (SDG 15)	Forest Cover as a Percentage of Total Geographical Area	Yes
	Tree Cover as a Percentage of Total Geographical Area	Yes
	Percentage of the Area Covered under Afforestation Schemes to the Total Geographical Area	-
	Percentage of Degraded Land over a Total Land Area	-
	Percentage Increase in the Area of Desertification	-
	Number of Cases under the Wildlife Protection Act (1972) per Million Hectares of Protected Area	-
Peace, Justice and Strong Institutions (SDG 16)	Birth Registration	Yes
	Violence against Children	Yes
	Murders per 1,00,000 population	-
	Cognizable Crimes against Children per 1,00,000 Population	Yes
	Number of Victims of Human Trafficking per 10 lakh Population	-
	Number of Missing Children per 1,00,000 Child Population	Yes
	No. of Courts per 1,00,000 Population	-
	Prevention of Corruption Act and Related Sections of IPC per 10 Lakh Population	-
	Percentage of Births Registered	Yes
	Percentage of Population Covered under Aadhaar	-
Total		Total Child Related Indicators - 35

Source: https://sdgindiaindex.niti.gov.in/urban

3.2.4 Indices Related to Children in India

Child Development Index in India

The Child Development Index in India (CDII) is computed for all 640 districts of India by the National Institute of Public Finance and Policy (NIPFP). In the index, there are a total of seven dimensions and several indicators, with equal weights assigned to all indicators within each domain. Table 10 explains the dimensions and indicators of CDII.

Table 10: Dimensions and Indicators of the CDII

Dimensions	Indicators
Health	Institutional Births
	Children aged 12-23 Months Fully Immunised (BCG, Measles, and Three Doses Each of Polio and DPT)
	Prevalence of Diarrhoea (Reported) in the Last 2 Weeks Preceding the Survey
	Prevalence of Symptoms of Acute Respiratory Infection (ARI) in the Last Two Weeks Preceding the Aurvey
	Children under the Age of Three Years Breastfed Within One Hour of Birth
Nutrition	Children under Five Years Who are Stunted (Height-for-Age)
	Children under Five Years Who are Underweight (Weight-for-Age)
Education	Net Enrolment Ratio at the Upper Primary Level
Children and work	Child Labour 5-14 Years
Child marriage	Women Aged 20-24 Years Married Before the Age of 18 Years
Children having children	Women Aged 15-19 Years Who were Already Mothers or Pregnant at the Time of the Survey
Children and violence	Rate of Total Cognisable Crimes against Children

Source: https://econpapers.repec.org/RePEc:npf:wpaper:22/371

Child Well-Being Index

World Vision India developed the Child Well-being Index (CWI) in collaboration with Pathfinder International India, OP Jindal Global University, Poverty Learning Foundation, and the University of Melbourne. This is a district level analysis in which the index is constructed for 640 districts in 28 states and nine UTs. There are nine dimensions in the index that capture children's vulnerability. The index is based on data collected from different secondary sources such as NFSH-4, Census 2011, NSS, Socio-economic and Caste Census (SECC) 2011, the annual status of the education report and NCRB. Table 11 explains the dimensions and indicators of CWI.

Table 11: Dimensions and Indicators of CWI

Dimensions	Indicators
Life	Under-Five Mortality Rate Boys
	Under-Five Mortality Rate Girls
	Under-Five Mortality Rate Total
	Sex Ratio (Adults)
	Sex Ratio (<6 Years)
	Infant Mortality Rates
	Neonatal Mortality Rate
	Abortion Rate

Dimensions	Indicators
	Miscarriage
	Stillbirth
	Low Birth Weight
	The Proportion of Death due to Non-Medical Reasons
	Suicide Rate
Being Healthy	Stunting
	Underweight
	Wasting
	Numbers of Children with Acute Respiratory Infection Symptoms
	Children Aged 6-59 Months Who are Anaemic
	Children Under Five Years Who are Underweight
	Children Under Five Years Who are Normal
	Children Under Five Years Who are Overweight
	Children Under Five Years Who are Obsessed
Access to Health & Others Facilities	Institutional Birth
	Full Immunisation Coverage
	Vitamin A Two-Dose Coverage
	Zinc Coverage
	Percentage of Children (Under Age 5) with Diarrhoea Who Received ORS
	Percentage of Men Aged 15-49 Years Who Smoke Various Tobacco Products
	Percentage of Women Aged 15-49 Years Who Smoke Various Tobacco Products
	Registered Pregnancies for Which the Mother Received Mother and Child Protection (MCP) Card (%)
	Households Covered under Any Health Scheme/Health Insurance (%)
	Average Out-of-Pocket Expenditure per Delivery in a Public Health Facility (INR)
	Percentage of Families Living in Urban Slums
	Percentage of Families Living in Non-Durable Houses
	Sleeping Room in Household per Member
	Tenure/Ownership of the House
	Percentage of Women (20-24 Years) Who Gave Birth Before 18 Years of Age
	Percentage of Women (Aged 15-49 Years) Who were Attended to at least Four Times during Pregnancy by Any Health Care Provider/ANC Visit
	Percentage of Women Aged 15 to 24 Years Who have Access to a Hygienic Method of Protection during their Menstrual Period
	School with Girl's Toilet
	School with Functional Girl's Toilet

Dimensions	Indicators
Bodily Integrity	Crime against Children
	Percentage of Children under Whose Birth is Registered
	Percentage of Women Married or in Union before the Age of 18
	Percentage of Women (Aged 15-49 Years) Who Consider a Husband to be Justified in Hitting or Beating His Wife for at least One of the Specific Reasons
	Percentage of Women Aged 15-49 Years Who have Kids and Smoke Various Tobacco Products
	Percentage of Men Aged 15-49 Years Who have Kids and Smoke Various Tobacco Products
	Women Who Experience Sexual Crimes
	Children Who Experience Sexual Crimes
	Percentage of Women (20-24 Years) Who Gave Birth before 18 Years of Age
	Women Aged 15-49 Years Who have Ever Experienced Sexual Violence by Anyone as a Child or as an Adult
	Percentage of Children with Disabilities (0-19 Years)
	Percentage of Persons with Disabilities (Above 19 Years)
Senses, Imagination and thought	Passed Class X
	Drop-Out Rate: from Primary School
	Drop-Out Rate: from Secondary School
	School Enrolment Rate-Primary
	School Enrolment Rate-Secondary
	Girl Children Aged 15-19 Years Who Smoke Various Tobacco Products
	Boy Children Aged 15-19 Years Who Smoke Various Tobacco Product
	Child Labour
	Household with Internet
	School with Drinking Water
	Mental Retardation
	Mental Illness
	School with Electricity
Emotions	Pupil-Teacher Ratio
	Child Labour
	Primitive Groups + Legally Released Bonded Labours + Manual Scavengers
	Marital Status: Separated
	Juvenile Crimes
	Percentage of Women Aged 15-49 Years Who have Kids and Smoke Various Tobacco Products
	Percentage of Men Aged 15-49 Years Who have Kids and Smoke Various Tobacco Products

Dimensions	Indicators
Practical Reason	Mental Retardation
	Mental Illness
	Percentage of Children (5-16 Years) Who can Identify Fewer than 4 out of 5 Letters Correctly
	Percentage of Children (5-16 Years) Who can Identify 4 out of 5 letters Correctly
	Percentage of Children (5-16 Years) Who can Read a Short Paragraph (Std I Level Text)
	Percentage of Children (5-16 Years) Who can Read a Longer Paragraph (Std 2 Level Text)
	Percentage of Children (5-16 Years) Who can Identify Fewer than 4 out of 5 Single-Digit Numbers Correctly
	Percentage of Children (5-16 Years) Who can Identify 4 out of 5 Numbers between 1 and 9
	Percentage of Children (5-16 Years) Who can Identify 4 out of 5 Numbers between 11 and 99
	Percentage of Children (5-16 Years) Who can Solve Two 2-Digit by 2-Digit Subtractions Problems with Carry-Over
	Percentage of Children (5-16 Years) Who can Solve a 3-Digit by 1-Digit Division Problem
Affiliation	Percentage of Women Having Land Ownership
	Passed Class X
Play	The Proportion of Monthly Expenditure Spent on Children
	Access to Open Spaces within the School
	Overcrowding (Numbers of People Staying in the House)
	Child Labour
	Gender-Wise Data on Fetching Water
Control over one's Environment	Households Having Monthly Income of Highest Earning Household Members as Less than 5000
	Variability in Household Income
	Households Where a Member has Migrated at Any Time
	Variability in Rainfall Over Time
	Variability in a Change in Temperature Over Time: Minimum Temperature
	Variability in a Change in Temperature Over Time: Maximum Temperature

Source: https://www.worldvision.in/wvreports/India-Child-Wellbeing-Report-Web.pdf

3.3. OECD TOOL FOR MEASURING DISTANCE FROM SDGS

The SDGs are a set of 17 goals and 169 targets that must be achieved internationally by the year 2030[16]. The OECD report of Distance to Measuring Goal (DMG) was initially published in July 2016 as pilot research. The report's primary purpose is to provide a specific tool for measuring the difference between the SDG target and the present achievement. Three different components have been employed to measure the Distance to the Goal: selecting the indicators and data sources, choosing the target value for each indicator; and selecting the method for normalizing the value of each indicator.

3.3.1 Selecting Indicators and Data Sources

The OECD methodology states that each indicator should be chosen based on its applicability, correctness, credibility, timeliness, accessibility, interpretability, coherence, cost-efficiency, and data availability. There are three primary factors to consider when choosing data sources. First, the data should be chosen from preferably the OECD database or secondly, the UN global SDG database. Finally, the data are considered adequate as near alternatives for the Inter-Agency and Expert Group (IAEG) indicators when data from the OECD and the UN's global SDG database are not available.

According to the OECD assessment, at the time of measuring the target, two different types of data availability should be kept in mind. They are missing country/countries data and missing indicators. For both types of missing data, there are two general methods of dealing with it: omission and deletion, and imputation. In the first case, the omission may be at a single or multiple data points and the omission of the complete data series, depending upon the availability of the data. This, however, ignores the potential for systematic discrepancies between complete and partial samples, which might lead to skewed estimates. The second method to deal with the missing data is to perform single or multiple imputations of the values of the data. For example, when there is only one missing value in a data set, it is typically replaced by the mean, median, or mode of the distribution that is of interest or by utilizing regression imputation. On the other hand, to handle the multiple missing data points, the Markov Chain or Monte Carlo technique[17] should be used.

3.3.2 Fix the Target Value

The next stage is to fix the end values to measure the distance between the current value of the indicator and the end-value that need to be attained by 2030.

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[16] SDGs https://www.un.org/sustainabledevelopment/

[17] Markov Chain or Monte Carlo sampling provides a class of algorithms for systematic random sampling from high-dimensional probability distributions. Unlike Monte Carlo sampling methods that are able to draw independent samples from the distribution, Markov Chain Monte Carlo methods draw samples where the next sample is dependent on the existing sample, called a Markov Chain. This allows the algorithms to narrow in on the quantity that is being approximated from the distribution, even with a large number of random variables

Three Methods in the OECD Tool Measure to Fix the Target

Type A target: This is a fixed value identified as the target within the SDG.

Type B target: When the target level in the 2030 agenda is not available, the target level must be derived from some internationally recognized expert sources, such as those of the World Health Organization (WHO), or based on OECD expert opinion.

Type C Target: Where target values cannot be determined from the 2030 Agenda or expert sources, target levels should be fixed based on the current best performing OECD countries.

3.3.3 Normalization

The indicator values should be normalized to compare the performance across different targets. A zero distance between the current and target positions means the country has already achieved the 2030 target. Negative scores indicate the country already exceeds the target and, for the study, are reported as 0.

A modified version of the Z-score square should be used for normalization (Z-scores above 0 represent sample values above the mean, while Z-scores below 0 represent sample values below the mean), or using the ratio-scale method. The ratio scale method placed scores on a common scale from 0 to 100, where 0 is the initial value and 100 is the end value. The scale shows the position of a county, with indicators of how far they are from achieving the target.

The time distance method can also be used to describe the time needed to reach a specific target. In the time distance method, the difference between two countries for a particular indicator is calculated as the time difference between those countries.

3.4. THE NEW URBAN AGENDA TRANSFORMATIVE AND IMPLEMENTATION COMMITMENTS

The UN-Habitat NUA was adopted in Ecuador in 2016. The main objective of the NUA is to provide a detailed framework for managing and observing urbanization globally and advancing the SDGs.

3.4.1 Dimensions of NUA

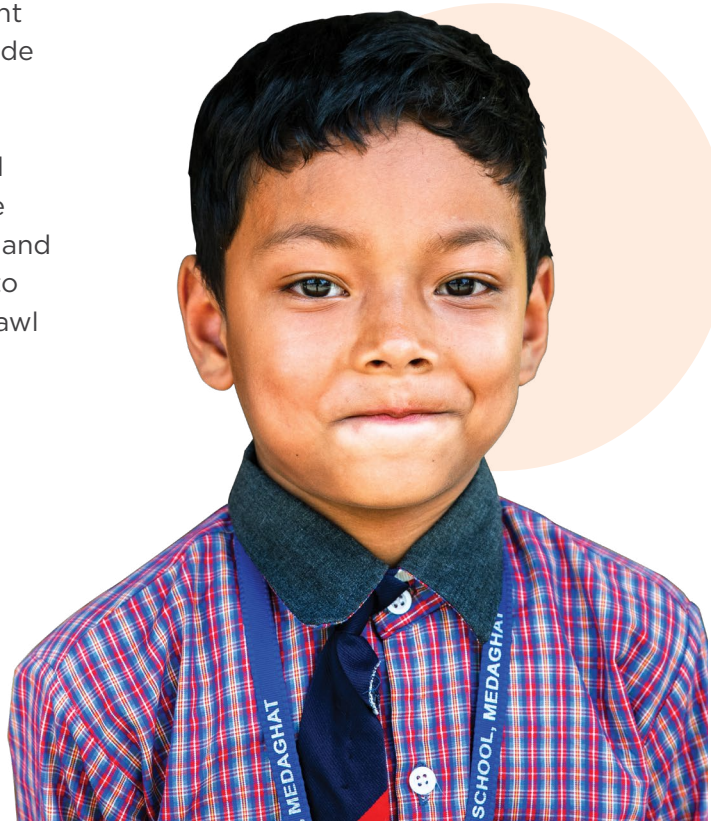
There are four dimensions of NUA, i.e., social sustainability, economic sustainability, environmental sustainability, and spatial sustainability.

Social sustainability places a vital role in equal rights of all people, particularly those from groups including SCs and STs, women, girls, children living in poverty, persons with disabilities, HIV/AIDS patients, elders, indigenous peoples, people who live in slums and other informal settlements, the working poor, the unemployed, small-scale farmers and fishers, as well as refugees, returnees, internally displaced people, and migrants. The social sustainability dimension has three sub-themes: first, empowering under-represented groups, especially promoting gender equality; second, planning for immigrants; and third, developing an age-representative urban design.

Economic sustainability is a crucial component of sustainable urban development. Economic sustainability should include long term inclusive economic growth with good employment opportunities for everybody. According to the NUA, cities should be places of equal opportunity for people to live fulfilling lives. Furthermore, it is committed to increasing economic output by creating employment, decent work, and other livelihood opportunities in cities and other human settlements.

The NUA urges **environmental sustainability** and the creation of cities that limit their adverse ecological effects and protect, conserve, restore, and promote their ecosystems, water, natural habitats, and biodiversity. It also asks for the adoption of sustainable consumption and production patterns. Encouraging clean energy and sustainable use of land and resources, protecting ecosystems and biodiversity, and promoting sustainable consumption and production all highlight the significance of environmental sustainability.

Urban form and **spatial sustainabilit**y are crucial. The NUA promotes spatial development methods that consider the need to guide urban extension to prioritize urban renewal. This is done by planning to provide accessible and well-connected infrastructure and services, sustainable population densities, compact design, and integration of new neighbourhoods into the urban fabric, preventing urban sprawl and marginalization.



3.4.2 Means of Implementation

There are four primary means of implementation of the NUA; intervention mechanisms, hard measures for infrastructure and services, soft measures, and technology and innovation.

The NUA provides standards and principles for directing, governing, planning, designing, financing, implementing, and managing urban areas and human settlements in its intervention mechanism. The role of government at the national, regional, and local levels should be clearly defined, and the government should make a comprehensive strategy for achieving sustainable urban development.

There are four components in the hard measure of infrastructure and service: transport and mobility, energy, solid waste, water, and sewage. Equity is at the heart of some of these components, for example: Urban traffic consists of both traffic within cities and between them and the countryside and suburbs as without a broader vision of urban-rural connections, especially in countries with mass urban migration, urban fringes will not achieve the connections they need. The NUA also stresses the value of accessible, affordable, and equitable energy distribution.

The NUA encourages investment in protected, accessible, sustainable water, sanitation, and waste management systems. NUA recognizes the importance of protective, accessible, and sustainable infrastructure and service systems for water, sanitation, solid waste, urban sanitation, air pollution reduction and storm water management. NUA aims to enhance safety during water-related disasters, enhance health, guarantee appropriate and equitable sanitation, guarantee access to women and girls with special needs, and stop open defecation.

The soft measure of NUA covers four components; culture, education, health, and urban safety. Every city asset should be enhanced by culture, which also plays a crucial role in developing the cultural, artistic, and tourism sectors. In the city, education should be treated as a public good. Therefore, the city authorities should confirm that every child should get a quality education. To considerably enhance educational achievement, gender equality must be emphasized. Cities must acknowledge the significance of factors such as air quality, traffic, green spaces, water quality and other environmental factors on human health. In urban safety, the NUA is in favour of creating safe, accessible, green, and well-designed streets and other public areas open to all. The street and public areas should be free from crime and violence, including sexual harassment and gender-based violence.

The NUA's primary focus is on technology, transportation, construction, and building technology in the technology and innovation section. NUA advocated a smart city approach for sustainable economic growth and improved city services, construction, and building technology. The transport sector plays a crucial role in connecting people to schools, hospitals, job opportunities, and the overall socio-economic development of the city. In new urban and transportation infrastructures, the focus should be

on low-carbon transportation technologies like electric cars and micro-mobility solutions. In construction and building technology, NUA emphasizes using sustainable natural resources and building materials. In addition, energy-efficient building and construction forms should be used to reduce greenhouse gas and black carbon emissions, promote energy efficiency and improve public health.

3.4.3 New Urban Agenda and Child Related Components

While there is no specific separate section for urban children in NUA, the following are the main components related to children included in NUA:

- First, NUA advocated that girls, children, and youth should have equal rights in all urban spaces. Government policies should be designed to enable women and girls to participate fully in all government and non-government activities. According to NUA, special attention should be given to women's property security to ensure the empowerment of women. In addition, at the national, state, and local levels, the government should ensure essential services to all women and girls.

- Second, in the city, gender disparity is prevalent. Therefore, gender-disaggregated indicators need to be developed to identify areas of gender inequality.

- Third, NUA recognizes the importance of age-responsive planning, which includes children, youth, and older people. Therefore, NUA encourages child-friendly city planning.

- Fourth, NUA also advised on the availability of open space in the city. The urban open space should be enclosed by a fence and transformed into a park where children can play with those from the neighborhood.

- Fifth, according to NUA, social, economic, gender, and geographic disparities in access to education are quite common in urban areas. For example, half of the children in conflict areas do not attend primary school. In addition, NUA recommended that poor infrastructure conditions, such as lack of access to clean drinking water, hand-washing facilities, the internet, and computers are the main reasons for educational disparities. Moreover, poverty as a factor towards increase in child labour, child marriage and adolescent pregnancy, children being ill from disease due to overcrowding in slums and therefore not able to attend school etc.

- Sixth, NUA mentions that children are the key to creating a better future. They must be empowered in such a way that they can advocate for themselves and their communities. The NUA also emphasizes the significance of utilizing the urban demographic bonus and encouraging young people's access to education, skill-building, and employment opportunities.

- Seventh, according to the NUA, financial constraints are one of the most significant barriers to education for poor families. Therefore, NUA promoted a

self-sufficient primary and secondary education system. Governments should introduce policies and laws guaranteeing 12 years of free, publicly funded, inclusive, equitable, and quality primary and secondary education.

- Eighth, the NUA promises universal access to reproductive health services and to reduce infant and maternal mortality. Childhood deaths can be prevented by implementing proven interventions such as immunization, nutrition, access to clean water and food, and health care in the city.

3.5. CONCLUSION

From the above discussion, we can conclude that several indexes have been developed specifically for the urban area at the national and international levels. However, the objectives of different urban indexes are different. For example, some indexes focus on the city's living conditions, while others focus on the city's sustainability. Some common areas, such as health, education, infrastructure, environment, etc, are covered by all the indexes. Furthermore, the indicators are different within the same dimension of the different indexes.

Compared to the numbers of the urban index, the availability of child-related indexes is very low at the national and international levels. The review also found that while children related components are included in the available urban indices, child-related indicators are insufficient to cover all the issues and challenges urban children face.

The CWI and CDII are developed for children in India. The main advantage of the CDII is that it shows the district level position of children. However, the index shows the overall situation and is not specific to urban areas. Moreover, the index did not cover children's essential components, such as environmental and governance dimensions. Although, on the other hand, the environmental dimension is included in the CWI, the main environmental indicator, such as air quality, is not included in the dimension. In general, the problem of children in urban areas is different from rural areas; hence, a separate index is needed for children in urban areas.

The age range covered by most child-related indexes is 0–17 years. However, the issues and problems of children in different age groups are different. A separate age-specific index is required for the different age groups such as early childhood, adolescence etc.

Although the NUA covers children in urban areas in a limited way, it covered some critical issues for children. For example, the NUA emphasizes age-responsive planning, access to open space in the city, gender disparities, free education for children, and better health services.

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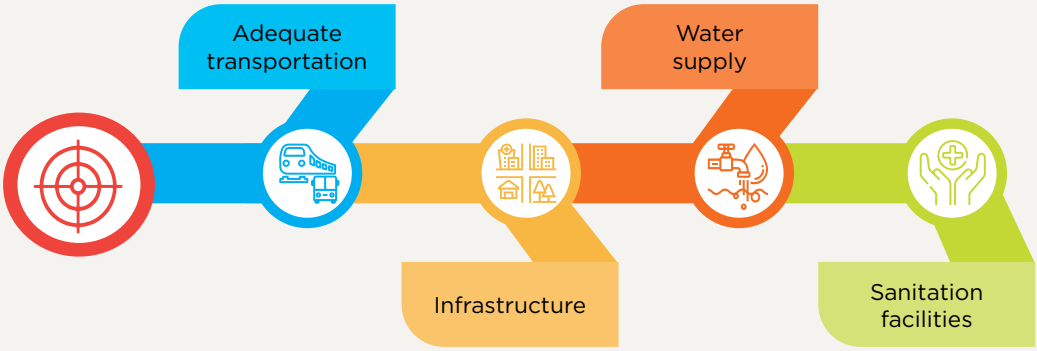
CHAPTER | 04

URBAN FLAGSHIP PROGRAMMES OF THE GOVERNMENT: CHILDREN'S NEEDS AND REQUIREMENTS

4.1. INTRODUCTION

The Government of India has introduced different schemes for the development and provision of facilities in urban areas of the country. The most famous schemes are the SCM, AMRUT, SBM-U, the Nurturing Neighborhoods Challenge (NNC), etc. The main goal of the schemes is the overall development of urban areas, which includes providing adequate transportation, infrastructure, water supply, and sanitation facilities. This chapter aims to examine the various child-related components in the available centrally sponsored urban schemes and to identify additional child components in these schemes.

Main Goals of Urban Development Schemes



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4.2 REVIEW OF THE CENTRALLY SPONSORED SCHEMES AND IDENTIFICATION OF CHILD RELATED COMPONENTS

4.2.1 Smart City Mission

The SCM was launched in 2015 to improve the quality of life for people in 100 Indian cities. It is a centrally funded programme that focuses on sustainable and inclusive development by implementing "smart solutions" in cities. The scheme is to develop the entire urban ecosystem, which is represented by the institutional, physical, social, and economic infrastructure pillars of comprehensive development.

SCM covered the following eight areas:[18]

1. Promoting mixed land use in area-based development.
2. Expand housing opportunities for all.
3. Creating walkable localities.
4. Preserving and developing open spaces.
5. Promote a variety of transport options.
6. Make governance citizen-friendly and cost-effective by using online and digital services.
7. Giving a particular identity to the city based on its main economic activities.
8. Improving infrastructure and services in area-based development by using smart solutions.

The scheme's child component is not as stringent as required. The major child related components included in this scheme that are directly related to the children are, first, the safety and security of children in the city; second, a focus on creating open spaces such as parks, playgrounds, and recreational spaces; and third, giving importance to education in an urban area.

Need for Child Components in the Smart Cities Mission

Beyond the above-mentioned initiatives, the SCM must assure the provision of enough skilled teachers in the school. Moreover, SCM must also give importance to the improvement of government school infrastructure facilities such as gender-based toilet facilities, drinking water, hand-washing facilities, etc. To provide opportunities to all students, the school must create a disabled-friendly infrastructure.

Second, in the budget of SCM, there must be a child budget. The funds in the budget should be used only for child-related activities.

[18] https://smartcities.gov.in/about-scm

Third, for the improvement of the children's health in the city, a special unit for children in government hospitals is required. Along with the residential children of the city, the team should also monitor vulnerable children such as migrated children, street children, and orphaned children.

Fourth, SCM also needed a digital child monitoring system with auto-updates and real-time monitoring. The monitoring should be from the womb to employment and in different sectors such as education, health, child protection, child safety, etc.

Fifth, for the development of recreational activities among children, the mission should also give importance to the development of child-friendly sports complexes, child-friendly equipment in public parks, cultural exchange programmes, etc.

Sixth, the mission should also focus on the construction of child- and disability-friendly transportation, bus stops, footpaths, etc. and promote and implement the concept of a child friendly local government through a comprehensive approach.

4.2.2 Atal Mission for Rejuvenation and Urban Transformation

Atal Mission for Rejuvenation and Urban Transformation (AMRUT) was launched in June 2015 with three broad objectives. First, to provide tap water with an assured supply of water and a sewerage connection to each household; second, to increase the amenity value of cities by developing greenery and well-maintained open spaces (e.g., parks); and third, to reduce pollution by switching to public transport or constructing facilities for non-motorized transport (e.g., walking and cycling).

The following are the main components that are covered under AMRUT and are directly or indirectly related to children. First, increase the amenity value of cities by developing greenery and well-maintained open spaces. Second, to ensure access, ensure a supply of tap water and a sewerage connection to the household. Third, enhancing the amenity value of cities by creating and upgrading green spaces, parks, and recreation centres, especially for children.

Need for Child Components in AMRUT

To ensure the overall development of children in urban areas, mission must also include the following components:

First, the supply of purified drinking water in each government school.

Second, development of child-friendly footpaths in the city.

Third, the establishment of a youth and children's cultural centre.

Fourth, each city should develop a science centre for children and youth.

Fifth, the master plan of the city should incorporate the child components.

4.2.3 Swachh Bharat Mission-Urban 2.0

SBM-U was launched in October 2014 with the aim of accelerating universal sanitation coverage across the country so that 100 per cent open defecation-free (ODF) status could be achieved. SBM-U revolutionized the urban sanitation scenario in India by providing 100 per cent access to sanitation facilities in urban India and prioritizing the needs of women and persons with disabilities. Moreover, the SBM -U also aimed to achieve 100 per cent scientific solid waste management.

To further accelerate the momentum of SBM-U, SBM-U 2.0 was launched in October 2021. Over the next five years, SBM-U 2.0 focuses on maintaining the results of solid waste management and sanitation. SBM-U 2.0 will also ensure complete access to sanitation facilities, especially for the migrant population from rural to urban areas in all the statutory towns.

Need for Child Components in SBM-U

In SBM-U, there are not any core components that are directly related to children. However, all the components of the SBM, such as sanitation, the cleanliness of the city, and proper waste management, are indirectly related to child health. For the overall development of children, the following components must be included in the programme:

First, in a government school, separate clean toilet facilities for boys and girls are required.

Second, hygienic drinking water facilities in public places and in government schools.

Third, the government school requires separate hand-washing facilities for students.

Fourth, the programme should include the availability of free and accessible sanitary napkins in the government school to support menstrual health and hygiene.

4.2.4 Nurturing Neighbourhoods Challenge

The NNC was launched in the first week of November 2020. It is a 3-year initiative hosted by the SCM, MoHUA, in collaboration with the Bernard van Leer Foundation and the World Resources Institute (WRI) India. The main objectives of the NNC are to develop public space, mobility, neighbourhood planning, access to early childhood services and amenities, and data management across city agencies. The SCM announced 25 short-listed cities for the NNC cohort.

The NNC is an important scheme for children in urban areas because it directs Indian cities towards the improvement of young children's health and well-being. It also promotes an early childhood-centric approach among Indian cities. In addition, the schemes also promote early childhood amenities in government office premises, bus shelters, and transit hubs. In the programme, over 70 early childhood-oriented experiments, tactical trials, and pilot projects were carried out by the cohort cities across India. Further, the programme also places importance on the development of neighbourhood parks, streets, transit facilities, anganwadi centres, public health centres, and other public spaces. Around 1 million people are expected to benefit from the initiatives, which are expected to reach over 1 lakh newborns and toddlers.

4.3 CONCLUSION

From the above discussion, one can draw the conclusion that the government has undertaken several initiatives for the overall development of urban areas. Several urban flagship programmes have covered a variety of urban-related topics, from housing, sanitation, drinking water, hygiene, parks and open spaces, to the development of the city's infrastructure.

However, one of the major disadvantages is that with the exception of NNC, none of the flagship programmes specifically design for the overall development of children in the city. Since children are an important part of urban areas, focus should also be given to the inclusion of child-related components in the urban flagship programmes. Furthermore, children-related schemes should be region-specific and issue-centric because children's problems and issues vary from place to place.

CHAPTER | 05

INTRODUCTION TO URBAN CHILD DEVELOPMENT DATA FRAMEWORK

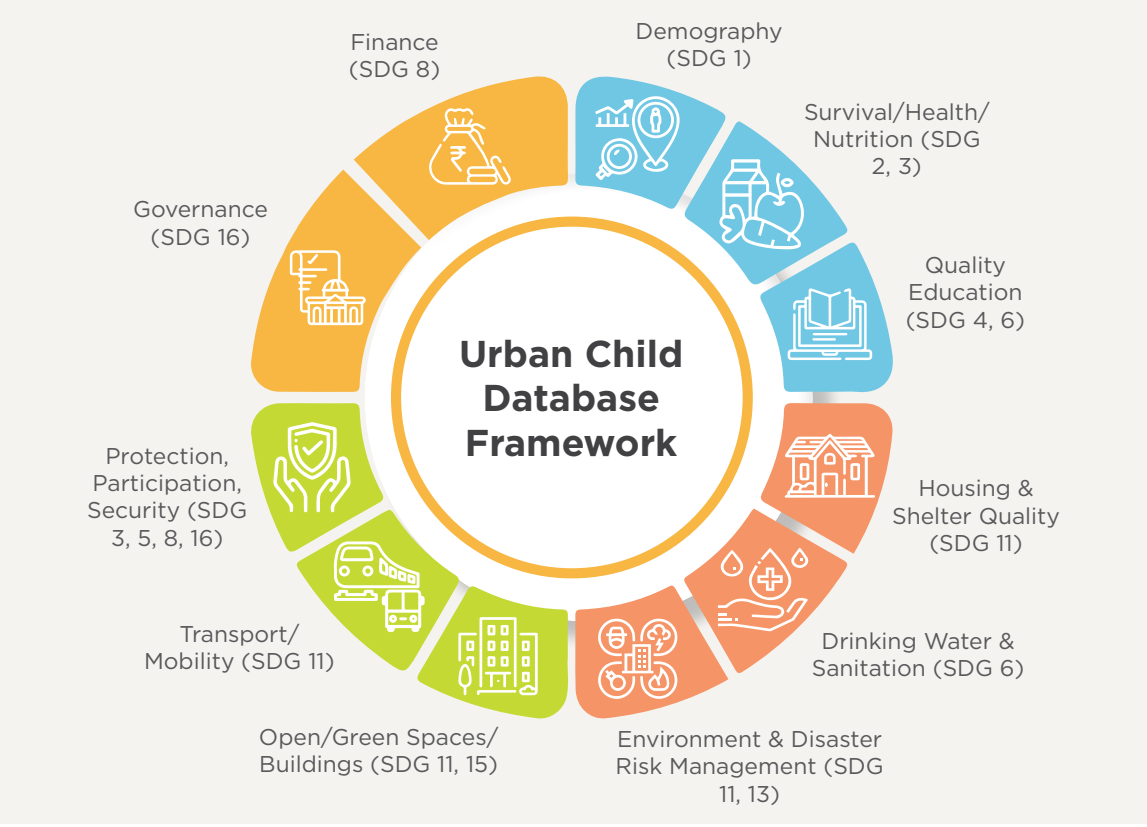
5.1 URBAN CHILD DEVELOPMENT DATA FRAMEWORK FOR CHILDREN: A CONCEPTUAL BACKGROUND

In the introduction, it has already been discussed that the urban and urban child population will be increasing rapidly in the future. Moreover, children in urban areas face various challenges that have already been discussed. Hence, with the help of a specific urban child development data framework, India and the global community can develop proper strategies for the practical work on child related policies. This framework provides a situational analysis before intervention is identified to improve the children's development. The details of the child framework are analysed in the upcoming chapters.

5.2 DIMENSIONS OF THE FRAMEWORK

A total of 11 dimensions such as demography; survival, health, nutrition; quality education, etc., have been identified for the urban child development data framework (Figure 1). Each of the dimensions has several sub-categories (Figure 2) and associated indicators.

Figure 1: Dimensions of Urban Child Data Framework



Source: Conceptualized by Authors

Figure 2: Thematic Coverage of Child Data Framework

Open, Green Spaces And Building (SDG 11&15)

- Schools with Playground Area, Area Under Green Cover, Number of Parks Per 10,000 Households
- Open Spaces within 500 Meters from Premises, Playgrounds Per 100,000 Population

Finance (SDG 8)

- Households with Access to Banking Facilities, Covered by Any Medical Insurance
- Budgetary Expenditure on Children and Maternal Care, Budget Statement on Children

Transport and Mobility (SDG 11)

- Access to Public Transport
- Child Friendly Foot Paths, Availability of School Buses

Governance (SDG 16)

- Seats held by Women, Child Centric Master Plan, Child Centric Citizen Charter
- Availability of Management Information System (MIS) for Monitoring of Indicators on Children

Drinking Water, Water, Sanitation And Hygiene(WASH) (SDG 6)

- Access to Piped Water within Premises, Connected to Sewer Network (Toilet & Kitchen)
- Access to Adequate Quantity of Water
- Swachh Survekshan Score, Waste Collection, Solid Waste Collection
- Access to Improved Toilets Facilities

Environment and Disaster Risk Management (SDG 11&13)

- Particulate Matter (PM 2.5 and PM 10) Above Mean Level & Concentration, Forest Cover
- Adopting and Implemented State/ National Disaster Risk Reduction Strategies
- Child Deaths Attributed To Extreme Climate Conditions
- Student's Participation in the Programmes Like Environment Days, Cleanliness Drives etc

Protection, Participation, Security (SDG 3,5,8,16)

- Living with One Biological Parents or are Orphan, Missing Children, Cases Registered Under Kidnapping & Abduction, Crime Against Girls, Child Labour Rescued
- Birth Registration, Child Marriage, cases registered Under the POCSO Act, Working Children, Missing Children Restored to Family

Source: Conceptualized by Authors

5.3 FRAMEWORK INDICATORS

5.3.1 About the Indicators

There are different components of the indicators in the proposed data framework for children. These are:

Sources of the indicator: Indicators are identified from different existing data frames. For the urban child frameworks, indicators are mainly identified from MoHUA UOF, the National SDG Indicator Framework (NIF) 2022, and the global SDGs frame.

Data sources for the indicator values: Several secondary data sources have been identified for indicator values. The main secondary data sources are the 1) Census of India, 2) National Sample Survey (NSS), 3) National Family Health Survey (NFHS), 4) District Level Household and Facility Survey (DLHS), 5) National Crime Records Bureau (NCRB), and 6) Sample Registration System (SRS).

Data frequency: In different data sources, the frequency of data collection is different; for example, Census data are collected every ten years, NFHS data are collected every 4–5 years, etc.

Level of disaggregation: The framework explains in detail the disaggregation of the indicators that are needed for a comprehensive assessment of the situation. Indicators are mainly disaggregated at the state, urban, and ULB levels. In some exceptional cases, indicators' values are needed by age, gender, and social group level and disability status too.

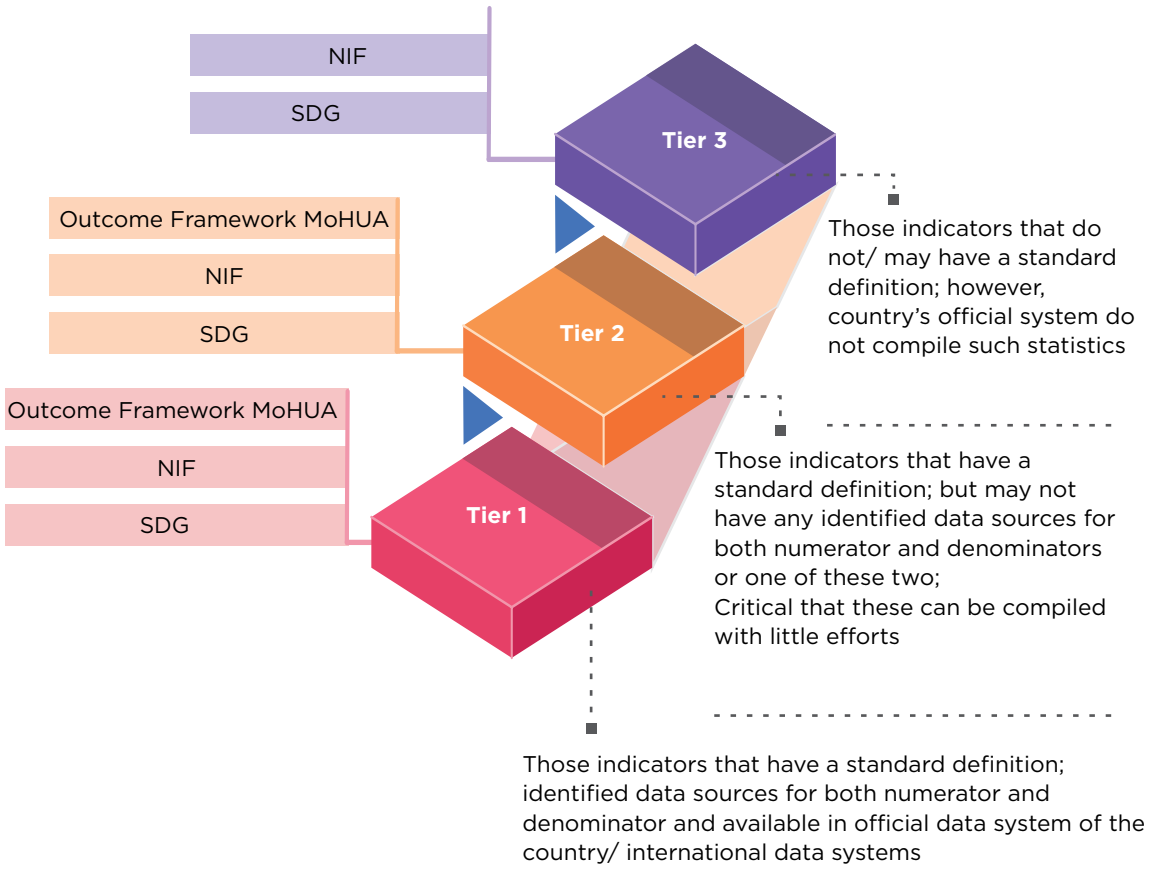
Measurement unit: The framework identifies a unit of measurement for each indicator. Most of the indicators are in percentage format.

The numerator and denominator of the indicator: The numerator is a subgroup of the denominator. For most indicators that are simple percentages this is numerator divided by denominator multiplied by 100.

Data availability: This framework shows the available information for the indicator at different levels of disaggregation. Most indicators are available at the state and urban levels from secondary data sources. However, indicator values at ULB level are either not available or not compiled at all. A detailed study is therefore required to assess data availability at ULB level.

Indicator classification: Indicators are classified into three tiers (Figure 3). Tier-1 means the indicators numerator and denomination are available from the same data sources, and indicators are available from open data sources. Tier 2 indicates that information about the indicators is available, but the numerator and the denominator will be available from different data sources. Finally, tier 3 includes those indicators that are not readily available.

Figure 3: Classification and Sources of the Indicators



Source: Conceptualized by Authors

The majority of the indicators (79) are in Tier 1, which means these indicators have a value currently from the official secondary sources. There are twenty-two (22) indicators in Tier 2, while just 12 indicators are in Tier 3. In other words, the data gap is low, in so far as this framework is concerned. However, considering the disaggregation, data gap may be significant, largely due to near lack of information at ULB level.

Indicator type: There are mainly two types of indicators, they are core and non-core (Table 12). Core indicators are directly related to children and essential for the assessment of child development. On the other hand, non-core indicators indirectly affect children's overall well-being and are needed for comprehensive assessment of the enabling environment.

Table 12: Core and Non-Core Indicators - Number

Indicator Groups	No. of Indicators	Indicators by Types	No. of Indicators
T1	76	Core	74
T2	23	Non-core	34
T3	9		

Indicator Categories: All the indicators are categorized into three groups, input indicators, output indicators, and outcome indicators. The input indicator means the cost and resources are used for the outcome. Output generally includes the number of support or service interactions children receive while in a shelter or participating in a particular programme. Finally, outcomes indicators are changes over the period due to input indicators and participation in the programme.

There are a total of 108 indicators across all eleven dimensions. The distribution of indicators in the different dimensions are as follows and are explored more extensively in table 13 below.

Table 13: Summary of Matrix of Indicators by Type, Category and Classification

		Indicator Category			Indicator Classification		
Dimension	Number of Indicators	Outcome	Output	Input	Tier 1	Tier 2	Tier 3
Demography (SDG - 1)	10	7	3		10		
Survival, health and nutrition (SDG 2 & 3)	26	12	4	10	25	1	
Education (SDG 4 & 6)	19	3	4	12	18	1	
Housing & shelter quality (SDG 11)	7	1	4	2	8		
Drinking water, water, sanitation and hygiene (WASH) (SDG -6)	8		1	7	3	4	1
Environment and Disaster Risk Management (SDG – 11 & 13)	6		3	3	1	3	2
Open, green spaces and building (SDG - 11, 15)	6			6		5	1
Finance (SDG - 8)	4	1		3	2	1	1
Transport and mobility (SDG – 11)	4			4		3	3
Governance (SDG – 16)	4		2	2	1	1	2
Protection, participation, security (SDG 3, 5, 8, 16)	16	8	6	2	11	3	2
Total	108	32	27	51	79	22	12

5.3.2 Indicator Selection, Rationale and Sources

In the framework, indicators are mainly identified from the MoHUA urban outcome framework, the NIF 2022, the SDGs, and existing available indexes and literature available for the children.

While framing the framework, following points have been in kept in view:

a. While such indicators that have direct association in measuring child's survival and overall growth and development have been included, some indicators that may not be directly related to children have been also included in dimensions like Environment, Climate, Disaster Risk Management, Governance and Finance for comprehending the enabling environment available to all children for their growth and development;

b. Most indicators are SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) and have standard meta-data. In addition, most indicators have a value, from the secondary data sources, in the official data system;

c. Amongst the selected indicators, there are a few which are core for measuring the change in the situation of children. Moreover, out of these, some core indicators which do not have a value currently, in the official data system have been added. The rationale for their inclusion is to point towards data gaps;

d. In addition, the indicators, in needed, can be used for development of various indices - by different dimensions and disaggregated by geographies;

The secondary data sources are: 1) Census of India, 2) National Sample Survey (NSS), 3) National Family Health Survey (NFHS), 4) District Level Household and Facility Survey (DLHS), 5) National Crime Records Bureau (NCRB), 6) Sample Registration System (SRS), and 7) Administrative Reports and statistical Handbooks of state/ULB.

As noted above, while the Census based information is available in several layers of disaggregation, such as at national, urban, state, district, and city levels, it has limited coverage of child related information and its disaggregation. Other data sources are either survey-based or from administrative records/MIS maintained at national or state/ULB level. Under the survey-based estimates, Health and Survival related information are available comprehensively at the national, state, urban, district, and city levels in some cases, with significant disaggregation. Given that administrative information in the official data system does not have enough disaggregation or are collated at higher level of geographic / institutional level, availability of quality information is broadly limited to national and state / district level.

On the other hand, information at city / ULB level is a complete black box. It may be difficult to comprehend uniformly, what kind of quality information are available, on the selected indicators. The list of such information may vary significantly across the states / ULBs. This hampers mapping the situation of children at below state level. In view of this, it would be prudent to undertake a study to assess the data availability at below district level, keeping in view its quality, level of disaggregation, frequency of updating and timeliness of data dissemination.

In the proposed urban framework, the information that needs to be collected is divided into three parts: state, urban, and ULB level. The data sources, for most of the indicators is available at the state and district level, though may not be up to date in all cases. As stated earlier, the main issue is about having disaggregation of the indicators at the ULB level.

Table 14: Dimensions and Indicators for Child Data Framework

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
DEMOGRAPHY (SDG 1)											
1	Total Population	Census, 2011 and subsequent census	Once in 10 years	State ,urban, ULB wise,	Number	Not Required	Not Required	State, urban	T1	Non-Core	Output
2	Number of households	Census, 2011 and subsequent census	Once in 10 years	State , urban, ULB wise,	Number	Not Required	Not Required	State, urban	T1	Core	Output
3	Child Population	Census, 2011 and subsequent census	Once in 10 years	State , urban, ULB wise, Disaggregated by age M/F, Social Groups	Number	Not Required	Not Required	State, urban	T1	Core	Output
4	Sex ratio at birth	SRS Report	Once in 10 years SRS report (annual)	State , urban, ULB wise,	Per 1000 male	Number of female live births at area of resident	Number of male live births at area of resident	State, urban	T1	Core	Outcome
5	Child sex ratio	Census, 2011 SRS report	Once in 10 years SRS report (annual)	State , urban, ULB wise,	Per 1000 male	Number of male (age group 0–6 years)	Number of female (age group 0–6 years)	State, urban	T1	Core	Outcome
6	Number of disabled children (< 18 year) as per census 2011 definition	Census, 201, NSS special reports,	Census- Once in 10 years NSS: Once in 5-7 years; last survey conducted in 2018	State , District, ULB wise, Disaggregated by age, M/F, social groups	Number	Not Required	Not Required	State, District, ULB wise,	T1	Core	Outcome
7	Children living in slum (<18 Year)	Census, 2011 and Census 2001	Once in 10 years	State , urban, ULB wise, Disaggregated by age M/F Social Groups	Percentage	Not Required	Not Required	State , District, ULB wise,	T1	Core	Outcome

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
8	Homeless children / street children	Census, 2011	Once in 10 years	State , urban, ULB wise, M/F	Number	Not required	Not required	State	T1	Core	Outcome
9	Children multidimensionally poor	Estimates are provided by NITI AYOG, based on latest NFHS data	Once after 4-5 year	State, District, Urban, ULB M/F	Percentage (Estimated)	Number of multi dimensionally poor children	Total number of children	State Urban	T1	Core	Outcome
10	Children living in poor families (living below states and sector specific poverty line)	To be estimated from consumer expenditure survey of NSS	Once in 5 years	State ,urban, ULB wise, M/F	Percentage	Number of children living in families that are identified to be below poverty line	Total numbers of children	State,	T1	Core	Outcome
SURVIVAL, HEALTH AND NUTRITION (SDG 2 & 3)											
1	Neonatal mortality rate	Sample Registration System (SRS)	Annual	State , urban, ULB wise, M/F	Deaths per 1000 live births	Number of neonatal newborn dying within 28 days of birth at area of residence	Number of live births at area of residence	State, urban	T1	Core	Outcome
2	Infant mortality rate	SRS	Annual	State, District, Urban, ULB M/F	Deaths per 1000 live births	Number of newborns dying under one year of age at area of residence	Number of live births at area of residence	State	T1	Core	Outcome

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
3	Under-five mortality rate	Sample Registration System	Annual	State ,urban, ULB wise, M/F	Deaths per 1000 live births	Deaths at age 0–5 year[21]	Number of surviving children at beginning of specified age range during the 10 years prior to survey	State, urban	T1	Core	Outcome
4	MMR	Sample Registration System	Annual	State, District, ULB wise,	Per 100000 live births	Number of maternal deaths	Number of live births	State	T1	Non-Core	Outcome
5	Children aged 12-24 months) fully immunized as per the national protocol	NFHS	Once in 4-5 year	State , urban, ULB wise, M/F	Percentage	Number of children fully immunized	Total number of children	State , urban level	T1	Core	Input
6	Infants under 6 months of age who are exclusively breastfed	NFHS	Once in 4-5 years	State, urban, ULB wise, M/F	Percentage	Numbers of Infant under 6 months who are exclusively breastfed	Total numbers of infant under 6 months	State , urban level	T1	Core	Input
7	Prevalence rate of low birth weight	NFHS	Once in 4-5 years	State, urban, ULB wise,M/F	Percentage	Number of live birth whose weight is below 2.5 kg	Total numbers of live birth	State, , Urban	T1	Core	Outcome
8	Children under age 5 who are stunted	NFHS	Once in 4-5 years	State, urban, ULB wise, M/F	Percentage	Numbers of stunted children under age 5	Total numbers of children under age 5	State, ,	T1	Core	Outcome
9	Children under age 5 who are underweight	NFHS	Once in 4-5 years	State , urban, ULB wise, M/F	Percentage	Number of underweight children under 5 years	Total numbers of children under 5 years	State, Urban	T1	Core	Outcome

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
10	Children aged below 5 years who are overweight or obese (BMI ≥25.0 kg/m2)	NFHS -	Once in 4-5 years	State, Urban, ULB M/F	Percentage	Numbers of overweight children below aged 5 years	Total numbers of children in below age 5 years	State, Urban	T1	Core	Outcome
11	Children age group (6-59 months) anaemic	NFHS	Once in 4-5 years	State , urban, ULB wise, M/F	Percentage	Number of children in age group (6-59 month) suffering from anaemia	Total number of children in age group (6-59 month)	State, Urban	T1	Core	Outcome
12	School going children provided weekly Iron and Folic Acid supplementation.	NFHS	Once in 4-5 years	State , urban, ULB wise,	Percentage	Number of school going children provided IFA tablet	Total number of school going children	State, urban	T1	Core	Outcome
13	Children suffered from the respiratory illness, in last 6 months	NFHS -	Once in 4-5 years	State , urban, ULB wise, M/F	Percentage	Numbers of children suffered from respiratory illness in last 6 months	Total number of children	State, Urban	T1	Core	Outcome
14	Number of HIV and AIDS infected children	To be determined	ULB	State, Urban, ULB M/F	Number	Numbers of children infected with HIV/AIDS	Total number of children	State, Urban	T2	Core	Outcome
15	Children who usually smoke or use any form of tobacco	NFHS	Once in 4-5 year	State, District, , ULB, M/F	Percentage	Numbers of children smoke or use tobacco (i.e., under 18 year)	Total numbers of children	State, Urban	T1	Core	Output
16	Women who delivered in a health facility or assisted by a TBA	NFHS	Once in 4-5 year	State, Urban, ULB	Percentage	Number of women who delivered in a health facility or assisted by a TBA	Total number of women who delivered children	State, Urban	T1	Core	Output

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
17	Hospitals or health facilities/clinics per 100,000 population managed by the government providing maternal and child health services including emergency services	State Health Department, Statistical handbook, and ULB	Annual	State, Urban, ULB	Per 100000 population	Number of hospital/ health facilities/ clinics managed by the government providing maternal and child health services including emergency services	Total population of the geographic entity. Multiplied by 100,000	State, Urban, ULB	T1	Core	Input
18	Number of private clinics 100,000 population providing maternal and child health services including emergency services	State Health Department, Statistical hand book, and ULB	Annual	State, Urban, ULB	Per 100000 population	Number of private clinics providing maternal and child health services including emergency services	Total population of the geographic entity. Multiplied by 100,000	State District, ULB	T1	Core	Input
19	Number of hospital beds per 10,000 children including ICU beds catering to child related care and well being	State Health Department, Statistical handbook, and ULB	Annual	State, Urban, ULB	Per 10000 children	Number of hospital beds including ICU beds catering to child related care and well being	Total child population of the geographic entity. Multiplied by 10,000	State District, ULB	T1	Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
20	Number of care centres for physically/ mentally challenged children	State Health Department, Statistical hand book, and ULB	Annual	State, Urban, ULB	Per 10000 children	Number of care centres for physically/ mentally challenged children	Total number of Care centre	State District, ULB	T1	Non-core	Input
21	Healthcare professional per 100,000 population	State Health Department and ULB, statistical handbooks		State, Urban, ULB	Per 100000 population	Number of healthcare professional	Total population of the geographic entity. Multiplied by 100,000	State District, ULB	T1	Core	Input
22	Paediatrician per 10,000 children	State Health Department, Statistical Handbook, ULB	Annual	State, Urban, ULB	Per 10000 children	Number of paediatricians	Total child population of the geographic entity. Multiplied by 10,000	State District, ULB	T1	Core	Input
23	Gynaecologist per 100,000 women	State Health Department, Statistical Handbook, ULB	Annual	State, Urban, ULB	Per 100000 women	Number of Gynaecologist	Total number of women age group 15-49	State District, ULB	T1	Core	Input
24	Percentage of Physician/ Specialists posts filled in Government hospitals	State Health Department, Statistical Handbook, ULB	Annual	State, Urban, ULB	Number	Number of vacant position (cumulative across all Government hospitals			T1	Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
25	Malaria cases reported last year in per 100000 population	State health department, ULB, Statistical Hand book,	Annual	State, Urban, ULB	Per 100000 population	Malaria case reported last year	Total population of the geographic entity. Multiplied by 100,000	State District, ULB	T1	Non-Core	Output
26	Dengue death reported last year in per 100000 population (Case Fatality Ratio)	State health department, ULB, statistical handbooks	Annual	State, Urban, ULB	Ratio	Death due to dengue in last year	Total population of the geographic entity. Multiplied by 100,000	State, ULB	T2	Non-Core	Output
EDUCATION (SDG Goal 4 & 6)											
1	Adult literacy rate (Above 15 years)	Census of India 2011 and Subsequent Census	Once in 10 years	State, Urban, ULB, M/F	Percentage	Total number of literate populations (Above 15 years)	Total population (Above 15 years)	State, Urban	T1	Non-core	Outcome
2	School attendance rate in primary, upper primary and secondary education level,	UDISE	Annual	State, Urban, ULB	Percentage	Student's Total Days of Attendance	Student's Total Days of Membership	State, Urban	T1	Core	Output

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
3	Adjusted Net Enrolment Ratio in primary, upper primary and secondary education,	UDISE	Annual	State, Urban, ULB	Ratio	Number of children in the official school going age enrolled in the school (primary, upper primary and secondary school)	Total number of populations in the respective age group	State, Urban	T1	Core	Output
4	Dropout rate in primary, upper primary and secondary education,	UDISE	Annual	State, Urban, ULB M/F	Ratio	As per the definitions in the meta-data defined in UDISE	As per the definitions in the meta-data defined in UDISE	State, Urban	T1	Core	Output
5	Percentage of students in grade 3, 5, 8 and 10 achieving at least a minimum proficiency level in terms of nationally defined learning outcomes to be attained by pupils at the end of each of above grades	National Achievement Survey	Once in 3 years	State, Urban, ULB	Percentage	As per the definitions in the meta-data defined by NECRT for National Achievement Survey	As per the definitions in the meta-data defined by NECRT for National Achievement Survey	State, Urban	T1	Core	Outcome
	Seats for EWS and disadvantaged students which are filled	State Statistical Reports	Annual	State, Urban, ULB	Percentage			State, Urban ULB	T2	Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
6	Average annual household expenditure on education (only students studying till higher secondary level)	NSS 75th round Sample Survey Social Consumption on Health 2017-18	Once in 4 – 5 years	State, Urban, ULB	In INR	Total expenditure on education (children study till higher education)	Total numbers of household (children study till higher education)	State, Urban	T1	Core	Input
7	Trained teachers out of total teachers engaged.	UDISE	Annual	State, Urban, ULB	Percentage	Number available trained teacher	Total number of teachers	State, Urban	T1	Core	Input
8	Pupil-Teacher Ratio at the primary level (Grade 1-5) and upper primary level (6-8 grade) across government, private and municipality school.	UDISE	Annual	State, Urban, ULB	Ratio	Number of students enrolled at different education level (primary, upper primary)	Total number of teachers at different education level (Primary, upper primary level)	State, Urban	T1	Core	Input
9	Schools with access to computers for pedagogical purposes	UDISE	Annual	State, Urban, ULB	Percentage	Schools with access to computers for pedagogical purposes	Total number of schools	State, Urban	T1	Core	Input
10	Schools with internet facilities	UDISE	Annual	State, Urban, ULB	Percentage	Total number of schools with internet facilities	Total number of schools	State, Urban	T1	Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
11	Children (6-18 years) with skills to work on a computer	UDISE	Annual	State, , Urban, ULB	Percentage	Number of children (6-18) with skills to work in a computer	Total number of schools going children in age group (6-18)	State, Urban	T1	Core	Outcome
12	Enrolment ratio of children with disabilities in primary, upper primary and secondary education,	UDISE	Annual	State, Urban, ULB M/F	Percentage	Number of differently abled children enrolled in the school in specific age group	Total numbers of disabled children in specific age group	State, Urban	T1	Core	Output
13	Number of special schools r per 10,000 physically disabled children	UDISE	Annual	State, Urban, ULB	Per 10000	Number of special schools for physically disabled children	Total number of physically disabled children	State, Urban	T1	Core	Input
14	Schools with disable friendly infrastructure/ material for disabled student	UDISE	Annual	State, Urban, ULB	Percentage	Schools with disable friendly infrastructure/ material for disabled student	Total number of schools	State, Urban	T1	Core	Input
15	Schools with access to electricity	UDISE	Annual	State, Urban, ULB By different grades	Percentage	Schools with access to electricity facility	Total number of schools	State, Urban	T1	Core	Input
16	Schools with basic drinking facilities	UDISE	Annual	State, , Urban, ULB	Percentage	Schools with basic drinking facilities	Total number of schools	State, Urban	T1	Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
17	Schools with basic hand washing facilities	UDISE	Annual	State, , Urban, ULB	Percentage	Schools with basic hand washing facilities	Total number of schools	State, Urban	T1	Core	Input
18	Schools with single-sex basic sanitation facilities	UDISE	Annual	State, , Urban, ULB	Percentage	Schools with basic hand single sex basic sanitation facilities	Total number of schools	State, Urban	T1	Core	Input
HOUSING & SHELTER QUALITY (SDG 11)											
1	Households living in pucca houses	Census, 2011	Once in 10 years	State, , Urban, ULB	Percentage	Total number of households living in the dilapidated household	Total number of households	State, Urban,	T1	Non-core	Output
2	Average number of living rooms per household member	Census, 2011	Once in 10 years	State, Urban, ULB	Average	Total number of liveable rooms	Total number of households members	State, Urban,	T1	Non-Core	Output
3	Percentage of houses electrified	NFHS, Census, 2011	NFHS: Once in 4-5 year Census: Once in 10 years	State, Urban, ULB	Percentage	Total number of the electrified household	Total number of households	State, Urban,	T1	Non-Core	Output
4	Households using clean cooking fuel[21]	NFHS-Census, 2011	NFHS: Once in 4-5 year Census: Once in 10 years	State, , Urban, ULB	Percentage	Number of households used clean cooking fuel	Total number of households	State, Urban,	T1	Non-Core	Outcome

[19] As defined in census 2011

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
5	Percentage of household with drainage facility	Census, 2011	Once in 10 years	State, Urban, ULB	Percentage	Total number of households with close drainage facilities	Total number of households	State, , Urban,	T1	Non-core	Output
6	Percentage of households with at least one mobile phone	NFHS-Census, 2011	NFHS: Once in 4-5 year Census: Once in 10 years	State, Urban, ULB	Percentage	Number of households with at least one mobile phone	Total number of households	State, , Urban, ULB	T1	Non-Core	Input
7	Percentage of households that have a computer	NFHS, Census, 2011	NFHS: Once in 4-5 year Census: Once in 10 years	State, District, Urban, ULB	Percentage	Number of households has computer	Total number of households	State, Urban, ULB	T1	Non-Core	Input
8	Percentage of households that have access to the internet	NFHS-5, 2019-20 Census, 2011	NFHS: Once in 4-5 year Census: Once in 10 years	State, Urban, ULB	Percentage	Number of household with access to the internet facility by any device	Total number of households	State, Urban,	T1	Non-Core	Input
DRINKING WATER, WATER, SANITATION AND HYGIENE (WASH)) (SDG -6)											
1	Household with piped water within premises	NFHS-5, Census, 2011	NFHS: Once in 4-5 year Census: Once in 10 years	State, , Urban, ULB	Percentage	Number of households with piped water	Total number of households	State, Urban,	T1	Core	Input
2	Percentage households receiving adequate quantity of water (>55 LPCD)	Reports / MIS from Ministry of Jal Shakti	Annual	State, Urban,	Percentage	Total number of households receiving ed adequate quantity of water	Total number of households	State, Urban,	T2	Non-Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
3	Households connected to sewer network (Toilet & Kitchen)	NFHS	Once in 4-5 year	State, Urban, ULB	Percentage	Number of households connected to the sewerage network	Total number of households	State, Urban	T1	Non-Core	Input
4	Households having access to improved toilet facilities[21]	NFHS Census, 2011	NFHS: Once in 4-5 year Census: Once in 10 years	State, Urban, ULB	Percentage	Number of household with access to improved toilet facility	Total number of households	State, Urban,	T1	Non-Core	Input
5	Swachh Survekshan Score (Percentage of wards that are clean in the ULB as per Swachh Survekshan)	Ministry of Housing and Urban Affairs (MoHUA)	Annual	ULB	Percentage	Total number of wards that are clean in the ULB	Total number of wards in the ULB	State, Urban	T2	Core	Output
6	Households with day-to-day waste collection	ULB		ULB	Percentage	Number of households with day-to-day waste collection	Total number of households	No	T3	Non-Core	Input
7	Households whose drinking water was tested for E. coli contamination	Special surveys conducted by Ministry		State, Urban, ULB	Percentage	Household whose drinking water was tested and found with E. coli contamination	Total number of households	State, Urban	T2	Core	Input
8	Percentage of Wards where solid waste is collected daily	ULB administrative Reports		Urban, ULB	Percentage			Urban	T2	Non-core	Input

[20] For improved toilet follow the definition of NFHS-2019-21

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
Environment and Disaster Risk Management (SDG – 11 & 13)											
1	Number of days the levels of fine particulate matter (PM 2.5 and PM 10) above mean level	Ministry of Environment Forest and Climate Change / Periodicity:	Annual	State, Urban, ULB	Number of days	Not required	Not required	State, Urban	T2	Core	Output
2	Forest area covered	State Forest department, Statistical handbook	Annual	State, Urban, ULB	Percentage	Total forest covered area	Total area	No	T1	Non-Core	Input
3	Numbers of child deaths attributed to extreme climate per -10000 child population	National disaster management authority,	Annual	State, Urban, ULB By specific age groups	Per 100000 population	Child deaths attributed to extreme climate	Total number of child death	Not available	T2	Core	Output
4	Whether adopted and implemented state / national disaster risk reduction strategies	National disaster management authority	Annual	State, urban ULB	Binary	Not required	Not required	State	T2	Non-Core	Output
5	Percentage of the budget spent on the “LiFE” mass campaigns across cities to raise awareness for climate action			State, urban, ULB	Rs. (in crores)			Not available currently	T3	Non-core	Input
6	Number of students in the ULB participated in the programmes like environment days, cleanliness drives etc (in lakh)			State, urban, ULB	Number			Not available currently	T3	Non-core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
OPEN, GREEN SPACES AND BUILDING (SDG- 11, 15)											
1	Schools in the city (public and private) with playground area as per state government guidelines	State statistical reports/ handbooks, Department specific collated data	Annual	State, urban ULB	Percentage	Number of schools in the city with playground area as per guidelines	Total number of schools	To be determined	T2	Core	Input
2	Area under green cover	State statistical reports/ handbooks, Department specific collated data	Annual	State, urban ULB	Percentage	Total green covered	Total area of the geographic entity	To be determined	T2	Non-Core	Input
3	Total number of parks per 10,000 households operated by ULB	State statistical reports/ handbooks, Department specific collated data	Annual	State, urban ULB	Per 10000 household	Total Number of parks	Total number of households	To be determined	T2	Non-Core	Input
4	Households reporting an open space within 500 meters from premises	State statistical reports/ handbooks, Department specific collated data	Annual	State, urban ULB	Percentage	Total number of households reporting an open space within 500 meters from promises	Total number of households	To be determined	T3	Non-Core	Input
5	Sport centres 100,000 population	State statistical reports/ handbooks, Department specific collated data	Annual	State, urban ULB	Per 100000 population	Total numbers of sport centre	Total population multiplied by 100,000	To be determined	T2	Non-Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
6	Numbers of playgrounds per 100,000 population	State statistical reports/ handbooks, Department specific collated data	Annual	State, urban ULB	Per 100000 population	Total numbers of playground	Total numbers of population	To be determined	T2	Non-Core	Input
FINANCE (SDG- 8)											
1	Households with access to banking facilities	Census, 2011 NFHS	Once in 10 years for census; Once in 4-5 years for NFHS	State, Urban, ULB	Percentage	Total numbers of household access to banking facilities	Total number of households	State, District, Urban, ULB	T1	Non-Core	Input
2	Percentage of household having a child (0-17 years) covered any medical insurance	DLHS, 2011-12	Once in 4-5 year	State, Urban, ULB	Percentage	Children 0-17 years covered by a medical insurance	Total number of children in the age group 0-17	State, , Urban	T1	Core	Outcome
3	Budgetary expenditure on children and maternal care	Outcome budget	Annual	State, Urban, ULB	Percentage	Total expenditure of the budget on children and maternal care	Total budgetary expenditure	State	T2	Core	Input
4	Does the ULB develop child budget statement and publish it?	ULB	Annual	ULB	Binary	Not required	Not required	To be determined	T3	Core	Input
TRANSPORT AND MOBILITY (SDG – 11)											
1	Number of public buses per 10,000 households	State transport department, RTO	Annual	State, Urban, ULB	Per 10000 children	Number of public buses	Total number of children	To be determined	T2	Non-Core	Input
2	Ambulance per 10000 children	State Health Department/ Statistical handbook	Annual	State, Urban, ULB	Per 10000 children	Number of ambulances	Total number of children multiplied by 10,000	To be determined	T2	Non-Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
3	School buses per 10,000 children	State Education Department/ Statistical handbook	Annual	State, District, Urban, ULB	Per 10000 children	Number of school buses	Total number of children, multiplied by 10,000	To be determined	T2	Non-Core	Input
4	Child friendly urban footpaths road length per square km			State Urban, ULB	Km	Total number of child friendly urban footpath (Excluding highways)	Total length of road (Excluding highways)	To be determined	T3	Non-Core	Input
GOVERNANCE (SDG – 16)											
1	Seats held by women	State Election Commission	Every after 5 years	State, ULB boards	Percentage	Number of seats held by women	Total number of seats	State, ULB	T1	Non-Core	Output
2	Whether state/ city/ULB has an updated child centric master plan? (Updated in the last 10 year)	State Planning Department ULB boards		State, ULB boards	Binary	Not required	Not required		T2	Core	Input
3	Does the state/ city/ULB have a Management Information System (MIS) for monitoring of indicators on children and frequency of data updating			State, ULB boards	Binary	Not required	Not required	To be determined	T3	Core	Input
4	Does the ULB have a child centric citizen charter?			ULB boards	Binary	Not required	Not required	To be determined	T3	Core	Output

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
PROTECTION, PARTICIPATION, SECURITY (SDG 3, 5, 8, 16)											
1	Children aged 0-17 years living with one biological parents or are orphan	NFHS	Once in 4-5 year	State, , Urban, ULB	Percentage	Children aged 0-17 years living with one or both biological parent	Total number of children aged 0-17	State, Urban	T1	Core	Output
2	Children under age 5 whose births are reported registered with a civil authority	NFHS	Once in 4-5 year	State, Urban, ULB	Percentage	Number of children under 5 births register with a civil authority	Total number of children under age 5	State, Urban	T1	Core	Outcome
3	Numbers of missing children in the current reference period	NCRB	Annual	State, Urban, ULB	Number	Not required	Not required	State,	T1	Core	Outcome
4	Child victims cases registered under kidnapping & adduction (as per the IPC)	NCRB	Annual	State, Urban, ULB	Number	Not required	Not required	State, Urban	T1	Core	Outcome
5	Numbers of crime[21] recorded against girls (Below 18 Year)-IPC/SLL	NCRB	Annual	State, Urban, ULB	Numbers	Not required	Not required	State, urban	T1	Core	Outcome
6	Girls aged below 18 years, who are married or are in union	NFHS	Once in 4-5 year	State, Urban, ULB	Percentage	Numbers of girls below 18 years, who are married or are in union	Total numbers of girls in that age	State, Urban	T1	Core	Outcome
7	Rate of crime against children under (IPC/SLL)	NCRB	Annual	State, Urban, ULB	Rate			State,	T1	Core	Output

[21] Kidnapping & Abduction, Buying of Minor Girls, Rape, Attempt to Commit Rape, Assault, Insult to the Modesty of Women, Protection of Children from Sexual Offences Act (SLL)

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
8	Number of cases registered under the POCSO Act	NCRB	Annual	State, Urban, ULB	Number	Not required	Not required	State, urban	T1	Core	Output
9	Crime committed by juveniles under IPC/SLC	NCRB	Annual	State, , Urban, ULB	Number	Not required	Not required	State, urban	T1	Core	Output
10	Total number of Children restored to family in the reference period by Child Welfare Committee (CWC)	State Administrative reports	Annual	State, Urban, ULB	Number			To be determined	T2	Core	Output
11	Children (5-19 years) working/ earning	Census, 2011 NSS-PLFS	Census: Once in 10 years NSS: Annual	Census: State, District, Urban, ULB, by specific age groups M/F Social Group	Percentage	Numbers of working children in (5-19 Year)	Total numbers of children in same age group	State, Urban	T1	Core	Outcome
12	Number of child labour rescued. In the reference period	State Administrative reports	Annual	State, Urban, ULB	Number			To be determined	T2	Core	Output
13	Children age 5-18 years working and engaged in hazardous industries	NSS-PLFS		State, Urban, ULB M/F	Percentage	Number of children (5-18) working in hazard industries	Total number of children (5-18 years)	State, Urban	T1	Core	Output
14	Number of children injured due to road traffic	Administrative report of state/ ULBs	Annual	State, Urban, ULB M/F	Number	Not required	Not required	To be determined	T2	Core	Output
15	Roads with street-lights per square km	Administrative report of state/ ULBs	Annual	State, Urban, ULB	Km	Total length of road with street-light (Excluding national highway)	Total road length (Excluding national highway)	To be determined	T3	Non-Core	Input

Sl. No.	Indicator	Data Source (Current)	Data Frequency (Currently Available)	Desired Disaggregation	Unit	Numerator	Denominator	Availability (Current)	Indicator Classification	Indicator Type	Indicator Categories
16	Numbers of day care centre for children (Per 10000 below 6 years children)	Administrative report of state/ ULBs	Annual	State, Urban, ULB	Per 10000 child population	Total numbers of day care centres	Total numbers of child population below 6 years multiplied by 10,000	To be determined	T3	Non-Core	Input

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CHAPTER | 06

CONCLUSION

6.1 INTRODUCTION

We are living in an increasingly urbanized world and it is evident that cities will be the principal agents for addressing the global developmental agenda. Due to the size and density of urban populations, cities are most susceptible to impacts of crises in terms of quality of life, disaster risks, refugee management, shortages and overcrowding in housing, lack of essential services, financial instability and joblessness, and increased inequities. Children from urban areas are the most vulnerable in such a context.

The objective of this study is to determine a framework to measure development for children living in urban areas in India, exposed to multidimensional vulnerabilities. The purpose is to have a systematic monitoring mechanism to capture the changes in the well-being of children across all eleven domains that touch their lives and that of their families. The absence of a framework and a robust evidence eco-system not only makes it difficult to assess the situation in a granular manner but impedes efficient policy and programme development by the Government at all levels and its resource allocation.

The proposed urban child development data framework has been developed keeping in view that every child in disadvantageous situation represents a missed opportunity – because when society fails to extend the services and protection that would enable them to develop as productive and creative individuals, it loses the social, cultural and economic contributions that the child could have made.

The next step, to begin with, would be to establish the database with available information on a digital platform, alongside developing a dashboard to see the change over time in a regular manner. It is, however, accepted that the framework would require some level of field testing in the form of pilots in a selected geographies to assess data availability at all concerned disaggregated level, for the proposed indicators.

Given that data-ecosystem in ULBs are not at the same level of preparedness, as that at district or state level, it would be useful, to assess the data availability situation, through a pilot / field testing. At the same time, attention is also required to understand the human resource infrastructure at ULB level to coordinate and manage data collation and compilation, in a regular manner, alongside necessary supervision. That may have a reflection on the capacity development needed.

This report has created a tool (Table 15) for capturing information from ULBs and upward, to facilitate better understanding of the indicators for the enumerators, especially the numerators and denominators of proposed indicators. The tool also explains what data source could be used reliably, for most indicators. For some, indicators however, especially at the ULB level, enquiries are required, based on a face-to-face meeting with concerned authorities.

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and UNICEF India

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73 Lodi Estate, New Delhi, 110003, India

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