

Demand for Grants 2024-25 Analysis

Women and Child Development

The Ministry of Women and Child Development is responsible for: (i) addressing gaps in state action for women and children, and (ii) promoting inter-ministerial and cross-sectoral collaboration to ensure gender-equitable and child-centred policies.¹ The Ministry of Women and Child Development mainly implements schemes to enhance nutrition, and strengthen safety and security among women and children. This note examines proposed budget of the Ministry of Women and Child Development for 2024-25, trends in expenditure, and key issues related to women and children.

Overview of Finances

Allocation in 2024-25²

In 2024-25, Rs 26,092 crore has been allocated to the Ministry (0.54% of the union budget). The allocation towards the Ministry is estimated to increase by 2.5% over the revised estimates of 2023-24. About 99.9% of the Ministry’s expenditure in 2024-25 is revenue expenditure, implying a negligible share of capital expenditure.

Table 1: Allocation towards the Ministry of Women and Child Development (in Rs crore)

	2022-23 Actuals	2023-24 RE	2024-25 BE	% change from RE 2023-24 to BE 2024-25)
Saksham Anganwadi and POSHAN 2.0	19,876	21,523	21,200	-2%
Mission SHAKTI	2,340	2,326	3,146	35%
Samarthya	2,145	1,864	2,517	35%
Sambal	196	462	629	35%
Mission VATSALYA	1,043	1,272	1,472	16%
Others	735	328	274	-16%
Total	23,994	25,449	26,092	2.5%

Note: BE- Budget Estimates; RE- Revised Estimates.
Sources: Demand No. 101, Ministry of Women and Child Development, Union Budget 2024-25; PRS.

Key Expenditure Heads

In 2021-22, the schemes being run by the Ministry were rationalised and replaced with three umbrella schemes (Table 1). These three schemes are expected to constitute 99% of the Ministry’s total expenditure in 2024-25. The highest allocation is towards Saksham Anganwadi and POSHAN 2.0, which aims to combat malnutrition among women and children. In 2024-25, Rs 21,200 crore has been

Key Announcements in Budget Speech 2024-25³

- **Initiatives to promote workforce participation:** Working women hostels and creches will be set up. Women-specific skilling programmes will be launched. Initiatives to enhance market access for women self-help-groups will be undertaken.
- **Lower stamp duty on purchase of property:** The central government will encourage state governments to lower stamp duty on properties purchased by women.

allocated towards this scheme, which is 81% of the total estimated expenditure by the Ministry. Beneficiaries under the scheme comprise: (i) children up to six years of age, (ii) adolescent girls (14-18 years), and (iii) pregnant women and lactating mothers.⁶ It also provides for services such as pre-school education and awareness around health and nutrition. The allocation towards this scheme is estimated to see a decrease of 2% over the revised estimate for the previous year.

12% of the total estimated expenditure of the Ministry in 2024-25 has been allocated towards Mission SHAKTI (Rs 3,146 crore). Mission SHAKTI aims to address issues of women safety and women empowerment. It has two components: (i) Samarthya, which subsumed erstwhile programmes such as creche services, working women hostels, and cash transfers to pregnant and lactating women, and (ii) Sambal, which subsumed erstwhile programmes such as Beti Bachao, Beti Padhao, Nari Adalat, and Women Helpline. The allocation towards Mission SHAKTI is estimated to register an increase of 35% over the revised estimate for the previous year.

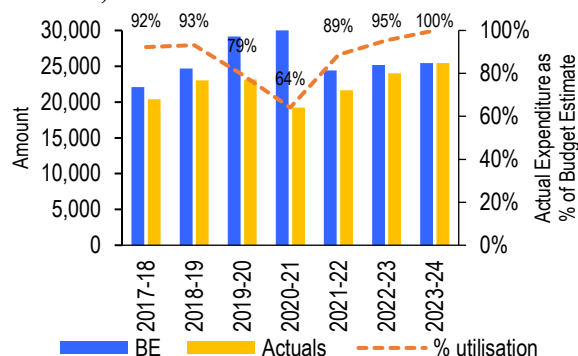
Mission VATSALYA has been allocated Rs 1,472 crore in 2024-25 (6% of the total allocation towards the Ministry). This scheme aims to support children in need of care and protection and in conflict with law. It includes initiatives such as child care institutions, specialised adoption agencies, and sponsorship for foster care.

Fund Utilisation

Utilisation of funds by the Ministry has varied over the years (Figure 1 on next page). Between 2021-22 and 2023-24, on average, spending under Mission SHAKTI and Mission VATSALYA was 30% and 19% lower than budgeted (Figure 2 on next page). The overall fund utilisation by the Ministry was significantly lower in 2019-20 (79%) and 2020-21 (64%). This was mainly due to underspending under erstwhile Anganwadi services

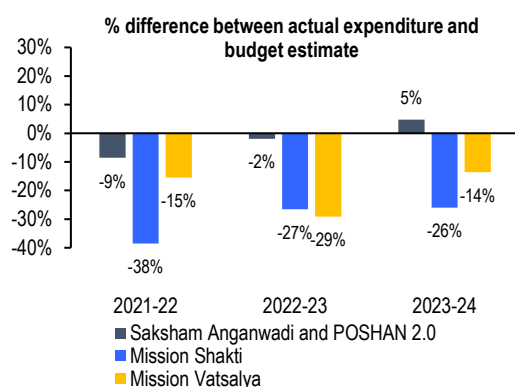
and National Nutritional Mission schemes (see Table 6 in annexure). These schemes have been subsumed under Saksham Anganwadi and POSHAN 2.0.

Figure 1: Allocation and utilisation of funds (in Rs crore)



Note: The Actuals for 2023-24 are Revised Estimates.
Sources: Expenditure Budget, Ministry of Women and Child Development, 2017-18 to 2024-25; PRS.

Figure 2: Fund underutilisation under umbrella schemes between 2021-22 and 2023-24 (in %)



Note: Revised estimates for 2023-24 taken as actuals.
Sources: Expenditure Budget, Ministry of Women and Child Development, 2021-22 to 2024-25; PRS.

Issues for Consideration

Health and Nutrition

Prevalence of undernutrition among children

Malnutrition is a significant public health concern in India.⁴ Malnutrition is the deficiency or excesses in nutrient intake.⁴ According to WHO (2024), women, infants, children, and adolescents are at a higher risk of malnutrition.⁴ Undernutrition (deficiency in intake) in children makes them more vulnerable to disease and death.⁴ On several indicators of undernutrition among children, India registered improvements between 2015-16 and 2020-21 (Table 2).⁶ A joint report on Transforming Child Nutrition by NITI Aayog and UNICEF (2023) termed the progress in the last two decades to be slow. The National Family Health Survey-5 (2019-21) estimated that about one-third of children in India are stunted (low height for age).⁶ About one-third of children in India were also found to be underweight (low weight for age). The

prevalence of undernutrition among children was higher in rural areas (Table 2). There is also a significant inter-state variance in prevalence of undernutrition (see Table 7 in annexure). For instance, Bihar (43%), Jharkhand (40%), Uttar Pradesh (40%), Gujarat (40%), and Meghalaya (47%) had a relatively higher prevalence of stunting.⁶ Bihar and Jharkhand also had a relatively higher prevalence of wasting and underweight children.

Table 2: Prevalence of undernutrition among children under five years of age

Indicator	All-India		Urban		Rural	
	2015-16	2019-21	2015-16	2019-21	2015-16	2019-21
Stunted (low height for age)	38%	36%	31%	30%	41%	37%
Wasted (low weight for height)	21%	19%	20%	19%	21%	20%
Underweight (low weight for age)	36%	32%	29%	27%	38%	34%

Sources: National Family Health Survey (NFHS) 4 and 5, Ministry of Health and Family Welfare; PRS.

Increase in anaemia among women and children

As per the National Family Health Survey-5 (2019-21), prevalence of anaemia among both women and children has increased and remains high.⁶ Between 2019-20 and 2020-21, about two-thirds of the children aged 6-59 months were found to be anaemic. About 52% of pregnant women and 57% of non-pregnant women were also found to be anaemia.⁶ Anaemia among children can impair cognitive development, stunt growth, and increase morbidity from infectious diseases among children.⁵ Maternal undernutrition (including anaemia and micronutrient deficiency) increases the risks of stillbirths and infant mortality, while also affecting the mother's health.⁴

Table 3: Prevalence of anaemia among women and children

Indicator	All-India		Urban		Rural	
	2015-16	2019-21	2015-16	2019-21	2015-16	2019-21
Children aged 6-59 months	58%	67%	56%	64%	59%	68%
Non-pregnant women aged 15-49 years	53%	57%	51%	54%	54%	59%
Pregnant women aged 15-49 years	50%	52%	46%	46%	52%	54%

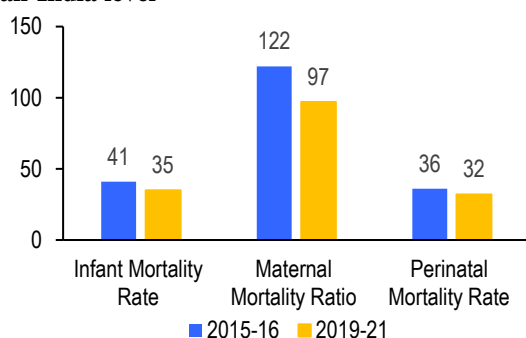
Sources: National Family Health Survey (NFHS) 4 and 5, Ministry of Health and Family Welfare; PRS.

Mortality rates among mothers and children

Service delivery for maternal care has improved in both urban and rural India over the last few years. Institutional births constitute 89% of all births in India, whereas around 90% of all births are attended by skilled health personnel.⁶

Maternal mortality ratio (MMR) defined as the number of maternal deaths per 1,00,000 live births has declined between 2014 and 2020.⁶ In addition, infant mortality rate (IMR) has also come down during the same period. IMR is the number of deaths in the first year of life per 1,000 live births. MMR and IMR in India is significantly higher than countries such as USA, China, Germany, and UK (see Table 9 in Annexure).⁷

Figure 3: Maternal and infant mortality rates at all-India level



Note: Perinatal mortality rate: stillbirths and newborn deaths within seven days per 1,000 pregnancies of seven or more months.

Sources: National Family Health Survey 4, 5; Special Bulletin on Maternal Mortality in India, 2018-19, Sample Registration System; PRS.

There is also a significant inter-state variance in MMR and IMR across regions. States such as Assam, Madhya Pradesh, Uttar Pradesh, Bihar, Chhattisgarh, and Odisha had relatively higher MMR and IMR (see Table 8 in Annexure).

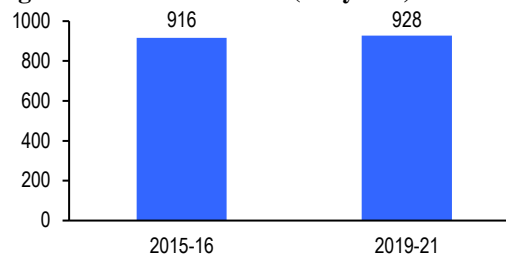
Perinatal deaths (which comprises stillbirths and infant deaths within first seven days of life) offer a better measure of the level of mortality and quality of service around delivery than infant mortality rate which focuses on infant deaths in the first year of life.⁶ Out of the 32 perinatal deaths in 2020-21, about 20 deaths were early neonatal deaths while 12 deaths were stillbirths (foetal deaths in pregnancies lasting seven or more months).⁶ Perinatal mortality rate was relatively higher in states such as Uttar Pradesh Bihar, and Jharkhand (for state-wise details, refer to Table 8 in the Annexure).

Poor Child Sex Ratio

According to NFHS-5 (2019-21), child sex ratio (CSR) in India is 928. This is lower than the natural level of around 950.^{6,8} CSR is defined as the number of females per 1,000 males in the age 0-6 years.⁶ As per the United Nations Population

Fund (2019), reasons for a lower child sex ratio in India include: (i) economic and social considerations motivating preference for a son such as concerns for old-age security, dowry and wedding expenses, rising financial costs and relative financial costs of raising daughters, and (ii) sex-selection.⁹

Figure 4: Child Sex Ratio (0-6 years)



Sources: National Family Health Survey 4, 5; PRS.

Immunisation

Universal Immunisation Programme run by the central government offers free vaccines to children against 12 diseases.¹⁰ It aims to prevent serious diseases which may have life-threatening consequences. Over the years, the percentage of fully vaccinated children (referred to as immunisation coverage) has grown, rising from 35% in 1992-93 to 77% between 2019-20 and 2020-21.⁶ This is still short of universal coverage. Immunisation coverage also varies widely across states. Most North-eastern states, except Sikkim, have relatively lower coverage, with Nagaland at 58% and others ranging around 60-70%.⁶ Large states such as Uttar Pradesh, Maharashtra, and Bihar have coverage near 70% (for details, see table 12 in Annexure).⁶ Immunisation services for pregnant women and children is one of the components of the Saksham Anganwadi and POSHAN 2.0 scheme.¹⁴

One-third of Anganwadis operate for less than required days, affecting nutrition delivery

As of June 2024, out of about 14 lakh Anganwadi Centres in India, 37% did not operate for a minimum of 25 days in a month (as recommended by the scheme guidelines), while 13% were not open for at least 15 days a month.¹¹ Nutrition support is mainly delivered through two avenues: (i) hot cooked meals and (ii) take home ration. Hot cooked meals are provided through AWCs to the beneficiaries for a minimum of 300 days a year, and 25 days a month.¹² It also impacts the early childhood care and education and creche facilities offered through the AWC to the beneficiaries.¹⁴

Infrastructural deficiencies at Anganwadis

According to the 2012-13 CAG report on Integrated Child Development Services, the AWC has to be consolidated as the first village/habitation post for health, nutrition, and early learning.¹³ The report also noted that for this to happen, it is imperative that AWCs have their own buildings

with adequate infrastructure. As of July 2024, about half of the total AWCs are operating out of own government buildings.¹¹ The rest of the AWCs utilise either rented premises or other premises (includes panchayat house, community buildings, school premises, and open spaces).

As of June, 2024, 35% did not have functional toilets and 36% did not have drinking water facilities.¹¹ State-wise assessment of AWCs have brought out certain gaps. For example, in Andhra Pradesh, few AWCs lack separate washrooms for girls, accessibility issues in hilltop and tribal areas, delayed reimbursement for transportation of take-home ration.¹⁴ In Assam, irregularity in receiving rent grants from the government was found to be a major challenge.¹⁴ Certain AWCs in tribal areas in Assam were prone to frequent flooding. Limited distribution of raw materials for food preparation impacted delivery of hot cooked meals.¹⁴

Vacancies for Anganwadi staff

The Standing Committee on Women and Child Welfare (2023) highlighted that the inadequate availability of Anganwadi workers/staff has been a continuing area of concern.¹⁸ As of December 2023, 10% of the sanctioned posts for Anganwadi helpers were vacant.¹⁵ 5% of the sanctioned posts for Anganwadi workers were also vacant.¹⁵

Low remuneration for Anganwadi workers

According to a report by Niti Aayog (2021), payment of honorariums to Anganwadi workers and helpers remains one of the key barriers to the formalisation of their status.¹⁶ According to the report, poor working conditions include low and delayed remuneration, excessive work load, and assignment of non-ICDS work.¹⁶ The honorariums for Anganwadi workers and helpers were revised in 2018.¹⁷

Table 4: Honorarium paid to Anganwadi Workers and Helpers per month (in rupees)

Role	Old Rates (before revision of honorarium in 2018)	Revised Rates (as of October 1, 2018)
Anganwadi Worker	3,000	4,500
Anganwadi Worker at Mini-AWC	2,250	3,500
Anganwadi Helper	1,500	2,250

Note: Anganwadi helpers are also eligible for performance linked incentive of Rs 250 per month in addition to the honorarium for facilitating proper functioning of AWCs. Sources: Ministry of Women and Child Development; PRS.

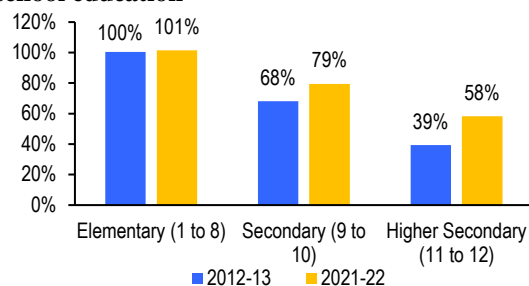
In addition to this, Anganwadi workers and helpers are also entitled to additional honorarium from states depending on the qualification or number of years of service.¹⁷ For instance, the lowest additional monthly honorarium for Anganwadi workers and helpers is Rs 450 and Rs 500

respectively in Manipur.¹⁷ Whereas, the highest additional honorarium is given in Madhya Pradesh, Rs 7,000 for Anganwadi workers and Rs 3,500 for helpers.¹⁷ In addition, there are provisions of promotion, leave, uniform, and social security benefits for Anganwadi workers and helpers.¹⁷ The Standing Committee on Women and Child Welfare (2023) suggested setting up a special body to recommend a base salary for anganwadi workers and helpers.¹⁸

Education

Gross enrolment ratio (GER) of girls in school education reduces significantly from elementary level to secondary and higher secondary level (Figure 5). While there has been an improvement over the last decade, in 2021-22, 42% of girls age were not enrolled in higher secondary education. GER is ratio of the enrolment of children in a specific level of education to the population in that age-group.¹⁹

Figure 5: Gross enrolment ratio of girls in school education



Sources: UDISE+ Flash Statistics 2012-13, 2021-22; PRS.

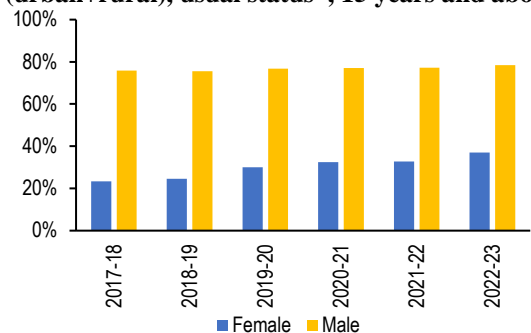
There was also significant variance in gross enrolment across states. States such as Meghalaya, Madhya Pradesh, Andhra Pradesh, Jharkhand, and Odisha had a relatively lower enrolment in secondary and higher secondary levels (see Table 10 in the Annexure).¹⁹ According to the 2018 Survey on Household Social Consumption on Education in India, key reasons for girls dropping out of schools was engagement in domestic activity, marriage, and financial constraints.²⁰

Employment

Low female labour force participation

India has a relatively lower labour force participation rate (LFPR).²¹ A key reason is low LFPR of females.²¹ Labour force participation rate (LFPR) is defined as the percentage of persons among those who are working/seeking work in a given age group.²² LFPR among females aged 15 years and above in 2022-23 was 37%, significantly lower than male LFPR at 79%.²² This gap was higher in urban areas where female LFPR stood at 25%, as compared to male LFPR at 75%.²² Female LFPR in India is below the average of the top 10 economies of the world (55%).²³

Figure 6: Labour Force Participation Rate (urban+rural), usual status*, 15 years and above



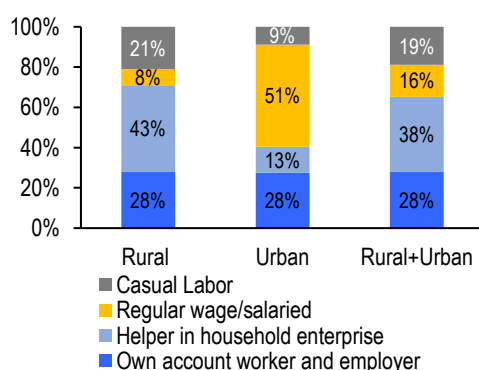
Note: *Usual status refers to the activity status of a person determined on the basis of activities pursued in the last 365 days preceding the date of survey.

Sources: Periodic Labour Force Survey, 2017-18 to 2022-23, Ministry of Statistics and Programme Implementation; PRS.

In 2022-23, 64% of females were found to be employed in agriculture and allied activities.²² A higher proportion of females in rural areas (43%) were also found to be engaged as unpaid helpers in household enterprises.²² In urban areas, women were primarily involved in manufacturing (24%) and services (40%).²²

Among women who did not participate in the labour force, 45% did not participate due to childcare/ personal commitment in home making, whereas 34% women wanted to continue their studies.²⁴ Other key factors that may impact female labour force participation are: (i) gender-biased social norms, (ii) salary/wage disparity, and (iii) rising household income acting as a disincentive for female labour force participation.²⁴ According to a Report (2023) by the Ministry of Labour and Employment, as household incomes rise, women withdraw from labour force and tend to focus on education.²⁴ Following this, as education level rises, women may move back to the labour force.²⁴

Figure 7: Distribution of female workers (15 years and above) in employment categories in 2022-23



Sources: Periodic Labour Force Survey 2022-23; PRS.

Lack of creche facility

Mission SHAKTI aims to address issues that restrict participation of women in the economy. For example, the Palna creche facility under the scheme seeks to address the need of quality creche facilities for children, enabling mothers to take up gainful employment. The Palna sub-scheme works in conjunction with the Saksham Anganwadi scheme. According to the guidelines, a Palna creche has to preferably be co-located with the Anganwadi Centre.²⁵

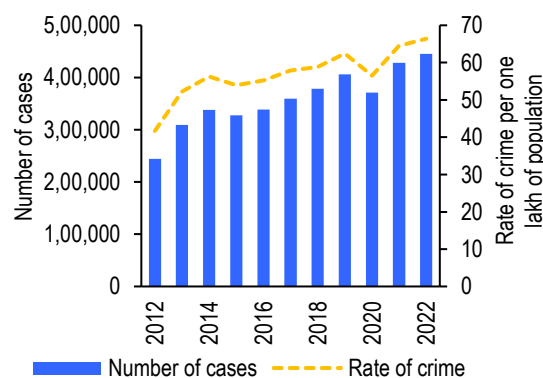
The Ministry of Women and Child Development has set a target of setting up 17,000 Anganwadi-cum-Creches (AWCCs), by 2026.²⁶ As of December 2023, 5,222 AWCCs have been approved.²⁷ According to the Ministry of Women and Child Development, 2,688 creches were operational by May 2023.²⁸ However, the National Creche Scheme dashboard of the Ministry reports a lower number (1,918 AWCCs) as of March 2024.²⁹ These operational creches have 39,128 beneficiaries.³⁰

Safety and Security

Crimes against women

As per the National Crimes Record Bureau, Crime rate against women (calculated as crimes registered per one lakh of female population) has increased from 42 in 2012 to 66 in 2022.³¹ 4.5 lakh crimes against women were recorded in 2022.³¹ This was higher than 2021 (4.3 lakh).³² The Standing Committee on Home Affairs (2021) noted that key reasons for increase in crimes against women include lack of awareness and education, and a lack of fear of law.³² It also observed that crimes have increased due to: (i) shifting of population from rural to urban areas, (ii) police apathy and delay in getting justice, (iii) unequal power structure, (iv) traditions and customs derogatory to women, and (v) resistance to change.³²

Figure 8: Crimes against women



Note: Crime Rate is calculated as crime per lakh population
Sources: Crimes in India Reports (2012-22), NCRB; PRS.

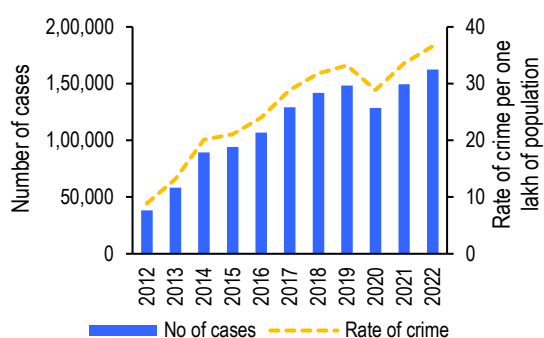
Crime rate against women in 2022 was the highest for cruelty by husband or relatives (21 per lakh women), kidnapping and abduction of women (13),

and assault on women with an intent to outrage her modesty (12).³¹ Conviction rate for crimes against women was 21% in 2012 and increased to 25% in 2022.³¹ The Standing Committee on Home Affairs (2021) observed that a low conviction rate indicates a serious mismatch between measures adopted for safety of women and children and their implementation.³²

Crimes against children

Crime rate against children (crimes registered per one lakh of population) also increased from 9 in 2012 to 37 in 2022.³¹ In 2022, 1.6 lakh crimes against children were registered, higher than the previous year (1.5 lakh).

Figure 9: Crimes against children



Note: Crime Rate is calculated as crime per lakh population
Sources: Crimes in India Reports (2012-22), NCRB; PRS.

The Standing Committee on Home Affairs (2021) observed low and delayed registration of cases and a low conviction rate in crimes against women and children.³² The lowest conviction rate has been recorded for crimes such as rape, cruelty by husband or his relatives, domestic violence, human trafficking, cyber-crimes, and sexual offences against children.³²

Annexure

Table 6: Underutilisation (% difference) of funds under erstwhile schemes

Scheme/Programme	2017-18	2018-19	2019-20	2020-21
Subsumed under Mission SHAKTI				
Pradhan Mantri Matru Vandana Yojana	24%	56%	10%	56%
One Stop Centre	67%	-42%	50%	58%
Beti Bachao Beti Padhao	15%	13%	69%	72%
Working Women Hostels	46%	49%	80%	87%
Information and Mass Communication	13%	11%	44%	83%
Mahila Shakti Kendra	17%	76%	84%	86%
Other Schemes Funded from Nirbhaya Fund	71%	99%	100%	100%
Swadhar Greh	43%	74%	49%	51%
Ujjwala	51%	87%	69%	73%
Women Helpline	24%	59%	36%	58%
Gender Budgeting and Research, Publication and Monitoring	-	31%	60%	93%
Home for Widows	-	-	100%	80%
Mahila Police Volunteers	-	36%	84%	100%
Support to Training and Employment Program (STEP)	92%	11%	100%	-

Ineffective utilisation of NIRBHAYA Fund

Nirbhaya Fund is a dedicated fund set up in 2013 for implementation of initiatives aimed at enhancing safety and security for women in the country. The Standing Committee on Women and Child Development (2020) highlighted a low utilisation rate of funds under the Nirbhaya Fund.¹⁸ As of August 2023, 68% of the total sanctioned amount has been released to the states by the respective Ministries.³³ As of February 2023, out of the total funds released (Rs 3,900 crore) average utilisation rate of the Nirbhaya Fund across states was 62% (see Table 11 in Annexure).³⁴ The Committee noted that the implementation of projects funded from the Nirbhaya Fund is slow and needs to be paced-up.¹⁸ It noted that major delays in implementation of projects under the funds has been due to administrative hurdles owing to ineffective coordination between different Ministries and state governments.¹⁸ It recommended that the status of implementation of projects be overseen by a Committee under the Chairmanship of the Cabinet Secretary.¹⁸

Subsumed under Mission VATSALYA				
Child Protection Scheme	2%	-26%	42%	44%
Subsumed under Saksham Anganwadi and POSHAN 2.0				
Anganwadi Services	1%	-3%	15%	23%
National Nutrition Mission	40%	14%	45%	89%
Scheme for Adolescent Girls	2%	59%	65%	84%
National Creche Scheme	76%	77%	4%	85%

Sources: Demand No. 101, Ministry of Women and Child Development, Union Budget from 2017-18 to 2022-23; PRS.

Table 7: Indicators of undernutrition in children (0-59 months) – 2019-21

State/UT	Stunting (low height for age)	Wasting (low weight for height)	Underweight (low weight for age)
Andhra Pradesh	31.2%	16.1%	29.6%
Arunachal Pradesh	28.0%	13.1%	15.4%
Assam	35.3%	21.7%	32.8%
Bihar	42.9%	22.9%	41.0%
Chhattisgarh	34.6%	18.9%	31.3%
Goa	25.8%	19.1%	24.0%
Gujarat	39.0%	25.1%	24.0%
Haryana	27.5%	11.5%	39.7%
Himachal Pradesh	30.8%	17.4%	25.5%
Jharkhand	39.6%	22.4%	39.4%
Karnataka	35.4%	22.4%	32.9%
Kerala	23.4%	19.5%	19.7%
Madhya Pradesh	35.7%	17.4%	33.0%
Maharashtra	35.2%	18.9%	36.1%
Manipur	23.4%	25.6%	13.3%
Meghalaya	46.5%	9.9%	26.6%
Mizoram	28.9%	12.1%	12.7%
Nagaland	32.7%	9.8%	26.9%
Odisha	31.0%	18.1%	29.7%
Punjab	24.5%	10.6%	16.9%
Rajasthan	31.8%	16.8%	27.6%
Sikkim	22.3%	13.6%	13.1%
Tamil Nadu	25.0%	14.6%	22.0%
Telangana	33.1%	21.7%	31.8%
Tripura	32.3%	18.2%	25.6%
Uttar Pradesh	39.7%	17.3%	32.1%
Uttarakhand	27.0%	13.2%	21.0%
West Bengal	33.8%	20.3%	32.2%
Andaman and Nicobar Islands	22.5%	16.0%	23.6%
Chandigarh	25.3%	8.4%	20.6%
Dadra and Nagar Haveli and Daman and Diu	39.4%	21.6%	38.7%
Delhi	30.9%	11.2%	21.8%
Jammu & Kashmir	26.9%	19.0%	21.0%
Ladakh	30.5%	17.5%	20.4%
Lakshadweep	32.0%	17.4%	25.8%
Puducherry	20.0%	12.4%	15.3%
India	35.5%	19.3%	32.1%

Sources: National Family Health Survey - 5, 2019-21; PRS.

Table 8: Maternal and Child mortality indicators (2019-21)

State/UT	Perinatal Mortality Rate	Infant Mortality Rate	Maternal Mortality Ratio
Andhra Pradesh	26.7	30.2	45
Arunachal Pradesh	11	12.9	-
Assam	29.8	31.9	195
Bihar	43	46.8	118
Chhattisgarh	38.7	44.2	137
Goa	2.4	5.6	-
Gujarat	25.2	31.2	57
Haryana	30.4	33.3	110
Himachal Pradesh	26.8	25.6	-
Jharkhand	39.7	37.9	56
Karnataka	21.4	25.4	69
Kerala	6.2	4.4	19
Madhya Pradesh	34.1	41.3	173
Maharashtra	21.4	23.2	33
Manipur	20.5	25	-
Meghalaya	27.1	32.3	-
Mizoram	13.7	21.3	-
Nagaland	12.5	23.4	-
Odisha	35.5	36.3	119
Punjab	26.2	28	105
Rajasthan	22.8	30.2	113
Sikkim	17.6	11.2	-
Tamil Nadu	17.8	18.6	54
Telangana	23.1	26.4	43
Tripura	32.9	37.6	-
Uttar Pradesh	43.9	50.4	167
Uttarakhand	40.6	39.1	103
West Bengal	27.5	22	103
Andaman and Nicobar Islands	30	20.6	-
Chandigarh	19.1	15.5	-
Dadra and Nagar Haveli and Daman and Diu	20	31.8	-
Delhi	24.5	24.5	-
Jammu and Kashmir	14.9	16.3	-
Ladakh	30	20	-
Lakshadweep	3.6	2.9	-
Puducherry	3.7	30.2	45
India	31.9	35	97

Note: Perinatal Mortality rate is calculated as perinatal deaths per 1,000 pregnancies of seven or more months. Infant Mortality Rate is calculated as infant deaths under one year of age per 1,000 live births. Maternal Mortality Ratio is calculated as maternal deaths per 1,00,000 live births.

Sources: National Family Health Survey – 5, 2019-21; Special Bulletin on Maternal Mortality in India, 2018-19, Sample Registration System; PRS.

Table 9: Maternal and infant mortality across select countries in 2020

Global	Infant Mortality Rate (deaths per 1,000 live births)	Maternal Mortality Ratio (maternal deaths per 1,00,000 live births)
Brazil	13	72
Canada	4	11
China	5	23
France	3	8
Germany	3	4
India	35	97
Italy	2	5
Japan	2	4
United Kingdom	4	10
United States	5	21

Sources: World Bank; PRS.

Table 10: Statewise Gross Enrolment Ratio for Girls by levels of education in 2021-22 (in %)

State/UT	Elementary (1 to 8)	Secondary (9 to 10)	Higher Secondary (11 to 12)
Andhra Pradesh	99%	84%	58%
Arunachal Pradesh	112%	68%	56%
Assam	114%	81%	42%
Bihar	97%	67%	36%
Chhattisgarh	96%	81%	74%
Goa	93%	86%	76%
Gujarat	94%	73%	48%
Haryana	103%	93%	76%
Himachal Pradesh	107%	95%	95%
Jharkhand	98%	71%	48%
Karnataka	107%	95%	59%
Kerala	101%	97%	88%
Madhya Pradesh	88%	68%	51%
Maharashtra	106%	93%	71%
Manipur	120%	77%	70%
Meghalaya	161%	94%	53%
Mizoram	138%	98%	66%
Nagaland	91%	67%	39%
Odisha	95%	81%	45%
Punjab	110%	95%	83%
Rajasthan	102%	76%	66%
Sikkim	91%	92%	72%
Tamil Nadu	99%	95%	86%
Telangana	110%	95%	67%
Tripura	111%	84%	60%
Uttarakhand	115%	91%	81%
Uttar Pradesh	100%	66%	48%
West Bengal	109%	93%	71%
Andaman and Nicobar Islands	71%	73%	70%
Chandigarh	94%	96%	89%
Dadra and Nagar Haveli and Daman and Diu	92%	79%	71%
Delhi	125%	112%	99%
Jammu & Kashmir	92%	61%	53%
Ladakh	79%	63%	55%
Lakshadweep	71%	62%	60%
Puducherry	78%	79%	73%
India	101%	79%	58%

Sources: UDISE+ Flash Statistics 2021-22; PRS.

Table 11: Year-wise quantum of Nirbhaya Funds allocated between 2016 and 2022 and overall utilisation (in Rs crore)

State/UT	Year-wise fund allocation						Total utilisation	Utilisation Rate
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22		
Andhra Pradesh	19.9	66.4	9.0	13.4	2.6	13.0	42.0	71%
Arunachal Pradesh	6.0	2.8	8.6	6.6	11.0	10.0	16.0	34%
Assam	17.3	4.2	8.0	18.4	16.8	11.7	36.3	36%
Bihar	21.5	2.9	3.6	24.1	26.9	33.3	43.6	47%
Chhattisgarh	22.0	12.0	7.5	22.0	7.6	12.3	53.1	39%
Goa	6.0	1.7	0.05	5.4	3.5	0.5	12.7	70%
Gujarat	16.2	6.5	58.0	69	54.2	13.4	177.1	64%
Haryana	16.1	2.9	4.8	13.4	7.8	9.7	36.0	71%
Himachal Pradesh	5.9	1.8	4.6	16.7	3.7	1.9	19.4	98%
Jharkhand	5.1	11.4	7.1	15.1	19.4	7.4	34.9	74%
Karnataka	20.3	5.7	206.8	24.2	21.1	21.7	229.8	81%
Kerala	16.1	4.7	3.5	15.4	12.3	5.7	34.3	66%
Madhya Pradesh	29.5	19.7	15.6	45.7	33.1	47.0	94.4	56%
Maharashtra	19.8	21.8	118.2	132.4	13.3	8.6	254.7	56%
Manipur	4.8	1.6	5.9	9.3	11.4	5.4	22.2	53%
Meghalaya	5.4	1.7	2.2	8.0	8.5	3.5	12.4	77%
Mizoram	4.9	3.4	5.7	6.8	4.1	11.5	18.9	59%
Nagaland	5.8	5.8	5.2	10.7	4.7	8.7	27.3	28%
Odisha	20.2	4.1	8.7	24.9	15.8	25.5	49.3	92%
Punjab	14.4	5.9	9.5	16.9	9.3	5.1	37.5	50%
Rajasthan	29.2	7.2	8.2	25.9	21.7	36.9	82.8	81%
Sikkim	0.2	6.2	0.7	1.8	6.3	1.4	7.3	58%
Tamil Nadu	15.3	3.4	183.7	97.5	14.1	15.7	304.5	42%
Telangana	17.0	7.4	89.0	65.1	9.0	50.7	201.0	52%
Tripura	5.5	1.6	3.2	5.7	2.6	7.0	12.0	67%
Uttar Pradesh	32.7	48.0	94.0	105.5	163.2	49.1	305.3	50%
Uttarakhand	8.5	3.8	3.3	9.6	8.4	4.8	22.0	63%
West Bengal	21.4	4.3	50.0	17.8	6.2	5.0	95.3	61%
Andaman and Nicobar Island	3.3	1.9	0.9	0.8	5.9	0.9	9.8	64%
Chandigarh	4.3	2.5	0.7	1.0	3.8	0.8	9.1	43%
Dadra and Nagar Haveli and Daman and Diu	0.2	9.0	0.0	4.2	3.7	0.5	12.5	92%
Delhi	32.8	9.2	74.2	291.3	8.9	6.4	413.1	84%
Jammu and Kashmir	9.7	2.4	3.6	15.0	2.8	6.5	22.4	47%
Ladakh	0.0	0.2	0.0	0.0	4.1	0.3	1.3	62%
Lakshadweep	0.1	4.6	0.0	0.2	0.4	0.2	5.0	57%
Puducherry	3.3	1.8	1.0	5.0	3.3	0.9	9.6	91%
Total	460.6	300.5	1005.1	1145.0	551.1	442.5	2764.3	62%

Sources: Unstarred Question No. 280, Ministry of Women and Child Development, Lok Sabha, February 2, 2023; PRS.

Table 12: Percentage of children age 12-23 months who received all the vaccines under the Universal Immunisation Programme

State/UT	NFHS - 4	NFHS - 5
Andhra Pradesh	65%	73%
Arunachal Pradesh	38%	65%
Assam	47%	67%
Bihar	62%	71%
Chhattisgarh	76%	80%
Goa	88%	82%
Gujarat	50%	76%
Haryana	62%	77%
Himachal Pradesh	70%	89%
Jharkhand	62%	74%
Karnataka	82%	84%
Kerala	89%	78%
Madhya Pradesh	54%	77%
Maharashtra	56%	74%
Manipur	66%	69%
Meghalaya	61%	64%
Mizoram	51%	73%
Nagaland	35%	58%
Odisha	79%	91%
Punjab	89%	76%
Rajasthan	55%	81%
Sikkim	83%	83%
Tamil Nadu	70%	89%
Telangana	68%	79%
Tripura	55%	70%
Uttarakhand	58%	81%
Uttar Pradesh	51%	70%
West Bengal	84%	88%
Andaman and Nicobar Islands	73%	80%
Chandigarh	80%	81%
Dadra and Nagar Haveli and Daman and Diu	-	95%
Delhi	69%	76%
Jammu & Kashmir	75%	86%
Ladakh	79%	88%
Lakshadweep	89%	86%
Puducherry	91%	82%
India	62%	77%

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