

Trends and Issues of Child Mortality in India

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ABSTRACT

Child development is imperative for sustainable human development of any country. Child development encompasses various dimensions which are related to well-being of children. Children have to be nurtured in a way that they start their life in a best way. Child population in India is one of the largest in the world. During the decade 2001–2011, the population of the country increased in absolute terms while the population of children (0–6 years) decreased. The overall sex ratio showed a trend of improvement but the child sex ratio (0–6 years) showed a declining trend. India is one such country in the world where child mortality rates are alarmingly high. A perceptible decline has been witnessed in infant mortality rate over a period of time but it is still high and a matter of serious concern. Most of the infant deaths take place in the neo-natal stage. Maternal health has close bearing on child health. Key reproductive and child health indicators from National Family Health Survey show the lagging performance in most of the indicators. The prospects of child survival and development are affected by multitude of factors. The high rates of child mortality in India are due to the fact that the concerned factors and their meaningful impact are found to be wanting in many respects.

KEY WORDS: Child development, Child mortality, Sex ratio, Health indicators

INTRODUCTION

Child development is imperative for better status of human development of the population. Sustainable human development crucially depends upon the condition of child development in any country. Child development encompasses various dimensions – physical health, mental health, emotional development, economic stability, spiritual strength, quality education and safe and supportive environment. These dimensions are related to well-being of children and have to be addressed properly and significantly. Multi-faceted development of children in present time will contribute to healthy adult population in future. The children have to be nurtured since their birth in a way that they start their life in a best way. The importance of an enabling environment in child nurturing is well known. *United Nations Convention on the Rights of the Child (1990)* has rightly stated:

‘Childhood is entitled to special care and assistance. Child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. The child should be fully prepared to live an individual life in society, and brought up in the spirit of peace, dignity, tolerance, freedom, equality and solidarity’. (Office of the High Commissioner for Human Rights, United Nations Human Rights, Convention on the Rights of the Child).

Childhood has to be a meaningful experience for children so that they blossom from a bud into a flower and spread their fragrance in all spheres of life.

Demographic Profile of Child Population in India

Child population in India is one of the largest in the world. As per census 2011 provisional figures, the child

Table 1: Child population (0–6 years) in India (2001 and 2011)

Census	Population (million)			Child population (million)			Percentage share of child population to the total population		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
2001	1028.74	532.2	496.5	163.84	85.01	78.83	15.93	15.97	15.88
2011	1210.19	623.72	586.47	158.79	82.97	75.84	13.1	13.3	12.9

Source: Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, New Delhi, Census of India 2001 and 2011 as cited in Children in India 2012 – A Statistical Appraisal of Social Statistics Division, Central Statistics Division, Ministry of Statistics and Programme Implementation, Government of India, New Delhi, http://mospi.nic.in/mospi_new/upload/Children_in_India_2012.pdf

population (0–6 years) in India is 15,87,89,287. Of these 8,29,52,135 are males and 7,58,37,152 are females. Males outnumber females by 71,14,983. In absolute terms, child population is highest in Uttar Pradesh (2,97,28,235) followed by Bihar (1,85,82,229) and Maharashtra (1,28,48,375). The percentage share of children (0–6 years) to the total population is 13.12. The percentage share of children (0–6 years) to the total population is highest in Meghalaya (18.75) followed by Bihar (17.9) and Jammu and Kashmir (16.01).

During the decade 2001–2011, the population of the country increased in absolute terms by 181 million while the population of children (0–6 years) decreased by 5.05 million. The number of male children declined by 2.06 million whereas that of female children by 2.99 million. During the decade 2001–2011, the percentage share of children (0–6 years) to the total population decreased by 2.81 from 15.93 to 13.12. There has been greater decline in the percentage share of female children. The percentage share of males has declined by 2.67 while that of females by 2.95.

The overall sex ratio (number of females per 1000 males) in India is showing a trend of improvement but the child sex ratio (0–6 years) is showing a declining trend. This is a matter of concern as this is resulting into a large number of missing girls from the total population.

The child sex ratio was higher than the overall sex ratio from 1961 to 1991. Since then former is lower than latter. The child sex ratio is highest in Mizoram (971) and lowest in Haryana (830).

Table 2: Sex ratio and child sex ratio in India (1961–2011)

Year	Sex ratio	Child sex ratio
1961	941	976
1971	930	964
1981	934	962
1991	927	945
2001	933	927
2011	940	914

Source: Office of the Registrar General and Census Commissioner, India, Ministry of Home Affairs, Government of India, Census of India 2011 Provisional Population Totals Paper 1 of 2011 India Series 1, Chapter 5, Size, Gender Composition of Population, Page no. 90, http://www.censusindia.gov.in/2011-prov-results/data_files/india/Final_PPT_2011_chapter5.pdf

The sex ratio at birth (number of female live births per 1000 male live births) is a key indicator of discrimination against girl child and heinous crimes like female foeticide.

Table 3: Sex ratio at birth (2000–2002 to 2008–2010)

Year	Sex ratio at birth
2000–2002	892
2001–2003	883
2002–2004	882
2003–2005	880
2004–2006	892
2005–2007	901
2006–2008	904
2007–2009	906
2008–2010	905

Source: Social Statistics Division, Central Statistics Division, Ministry of Statistics and Programme Implementation, Government of India, New Delhi, Children in India 2012 – A Statistical Appraisal, http://mospi.nic.in/mospi_new/upload/Children_in_India_2012.pdf

Table 4: Under-5 mortality rate in India and other countries in Asia (2010–2013)

Country	Under-5 mortality rate			
	2010	2011	2012	2013
India	60	58	55	53
Bangladesh	49	46	43	41
Bhutan	43	40	38	36
China	16	15	14	13
Indonesia	33	32	31	29
Iran	19	18	18	17
Iraq	37	36	35	34
Malaysia	09	09	09	09
Myanmar	56	54	52	51
Nepal	45	43	41	40
Sri Lanka	11	10	10	10
Thailand	15	14	14	13

Source: The World Bank, Data – Mortality Rate, Under-5, <http://data.worldbank.org/indicator/SH.DYN.MORT>

The sex ratio at birth continuously declined from 2000–2002 to 2003–2005. Since then there has been slight improvement in it till 2008–2010.

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Healthy childhood requires sufficient nutritional intake as well as apt and suitable health care facilities. The most essential and decisive time period in life is early childhood (0–6 years) as during this period the foundations are laid for cognitive, social and emotional language, physical/motor development and cumulative lifelong learning. Malnutrition, infections, diseases and disabilities not only affect the present condition of the children but also make

bleak their future prospects. The impact of all these is felt both at micro and macro levels.

There are three key components in the life cycle of a child. These are *child survival*, *child development* and *child protection*. The latter two components contribute to a large extent to the possibilities of child survival. *Child mortality rate* (per 1000 live births) is a crucial indicator to assess the likelihood of child survival. India is one such country in the world where child mortality rates are alarmingly high. The recent data of the *World Bank* point towards it. The World Bank data on under-5 mortality rate show that child mortality rate in India is quiet high as compared to other countries in Asia.

Even though progress has been made on the front of child mortality over the years, but the high rates remain an area of concern for all, particularly policy makers, implementers and researchers.

Under-5 mortality rate in India is 52. It is higher for females and in rural areas. The gender gap between under-5 mortality rate (total) is 7 while in rural areas it is 8 and in urban areas 3.

Mortality rates are higher in the first few hours, days and weeks of life. Therefore, *infant mortality rate* is a key indicator of child mortality. Sex-wise infant mortality rate is higher in females and region-wise it is higher in rural areas.

The gap between infant mortality rate (persons) in rural and urban areas is 18, between infant mortality rate (males) is 19 and between infant mortality rate (females) is also 19. Among the bigger states infant mortality rate is highest in Madhya Pradesh (56) followed by Assam (55) and Odisha and Uttar Pradesh (each 53).

Table 5: Under-5 mortality rate by sex and residence (2012)

All-India	Under-5 mortality rate(total)			Under-5 mortality rate(rural)			Under-5 mortality rate(urban)		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
All-India	52	49	56	58	54	62	32	31	34

Source: Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, SRS Statistical Report 2012, Chapter – 4, Estimates of Mortality Indicators, Page no. 84, http://www.censusindia.gov.in/vital_statistics/SRS_Report_2012/11_Chap_4_2012.pdf

Table 6: Infant mortality rate by sex and residence (2012)

All-India	Infant mortality rate(total)			Infant mortality rate(rural)			Infant mortality rate(urban)		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
All-India	42	41	44	46	45	48	28	26	29

Source: Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, SRS Statistical Report 2012, Chapter – 4, Estimates of Mortality Indicators, Page no. 75, http://www.censusindia.gov.in/vital_statistics/SRS_Report_2012/11_Chap_4_2012.pdf

A perceptible decline has been witnessed in infant mortality rate over a period of time but it is still high. It has declined by 21.2 from 2000–2002 to 2010–2012.

Table 7: Decline in average infant mortality rate by residence (2000–2002 to 2010–2012)

Year	Infant mortality rate			Decline in infant mortality rate		
	Total	Rural	Urban	Total	Rural	Urban
2000–2002	65.7	71.7	42.0	–	–	–
2010–2012	44.5	48.8	29.3	21.2	22.9	12.7

Source: Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, SRS Statistical Report 2012, Chapter 4, Estimates of Mortality Indicators, Page no. 78, http://www.censusindia.gov.in/vital_statistics/SRS_Report_2012/11_Chap_4_2012.pdf

The decline in infant mortality rate is higher in rural areas (22.9) as compared to urban areas (12.7).

Infant mortality rate comprises *neo-natal mortality rate* (the number of infant deaths less than 29 days of life per

Table 8: Neo-natal mortality rate and percentage share of neo-natal deaths to infant deaths by residence (2012)

All-India	Neo-natal mortality rate			Percentage share of neo-natal deaths to infant deaths		
	Total	Rural	Urban	Total	Rural	Urban
All-India	29	33	16	68.5	70.4	56.8

Source: Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, SRS Statistical Report 2012, Chapter 4, Estimates of Mortality Indicators, Page no. 79, http://www.censusindia.gov.in/vital_statistics/SRS_Report_2012/11_Chap_4_2012.pdf

1000 live births) and *post neo-natal mortality rate* (the number of infant deaths of 29 days of life to less than 1 year of life per 1000 live births).

Most of the infant deaths take place in the neo-natal stage. These infants are not able to live 1 month of their life. The percentage share of neo-natal deaths to infant deaths is higher in rural areas. The gap between rural and urban areas in the percentage share of neo-natal deaths to infant deaths is 13.6. Among the bigger states neo-natal mortality rate is highest in Madhya Pradesh and Odisha (each 39) followed by Uttar Pradesh (37) and Rajasthan (35). The percentage share of neo-natal deaths to infant deaths is highest in Jammu and Kashmir (77.2) followed by Odisha (74.4) and Karnataka (73.0).

Peri-natal mortality rate (the number of still births and infant deaths of less than 7 days of life per 1000 live births and still births taken together during the year) and *still birth rate* (number of still births per 1000 live births and still births taken together during the year) are other key indicators being used in demographic analysis of children. At all-India level peri-natal mortality rate is 28 while still birth rate is 5.

Table 9: Peri-natal mortality rate and still birth rate by residence (2012)

All-India	Peri-natal mortality rate			Still birth rate		
	Total	Rural	Urban	Total	Rural	Urban
All-India	28	31	17	5	5	5

Source: Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, SRS Statistical Report 2012, Chapter 4, Estimates of Mortality Indicators, Page no. 81, http://www.censusindia.gov.in/vital_statistics/SRS_Report_2012/11_Chap_4_2012.pdf

There is a significant difference in peri-natal mortality rate (14) between rural and urban areas. However, still birth rate is equal in rural and urban areas. Among the bigger states, peri-natal mortality rate is highest in Odisha (37) followed by Chhattisgarh (36) and Madhya Pradesh (35). Among the bigger states, still birth rate is highest in Karnataka (14) followed by Himachal Pradesh (12) and Chhattisgarh (11).

Maternal health has close bearing on child health. Key reproductive and child health indicators from *National*

Family Health Survey show the lagging performance in most of the indicators. Even though there has been some improvement in these indicators over a period of time but the performance cannot be assessed to be satisfactory. Due to slow rate of progress India is still far away from achieving *Millennium Development Goals 4* – reduce child mortality and *5* – improve maternal health.

The prospects of child survival and development are affected by multitude of *factors* – biological, socio-cultural, economic, politico-administrative and

Table 10: Key reproductive and child health indicators from national family health survey (1998–1999 to 2005–2006)

Indicator	National Family Health Survey-2 (1998–1999) All-India	National Family Health Survey-3 (2005–2006) All-India
<i>Marriage and fertility</i>		
Women age 20–24 married by age 18 (%)	50.0	47.4 Rural – 56.2 Urban – 29.3
Total fertility rate (children per woman)	2.9	2.7 Rural – 3.0 Urban – 2.1
Women age 15–19 who were already mothers or pregnant at the time of the survey (%)	Not available	16.0 Rural – 19.1 Urban – 8.7
Median age at first birth for women age 25–49	19.3	19.8 Rural – 19.3 Urban – 20.9
Married women with two living children wanting no more children (%)	72.4	84.6 Rural – 81.6 Urban – 89.7
Family planning (currently married women, age 15–49)		
Current Use		
Any method (%)	48.2	56.3 Rural – 53.0 Urban – 64.0
Any modern method (%)	42.8	48.5 Rural – 45.3 Urban – 55.8

Unmet need for family planning

Total unmet need (%)	15.8	12.8
		Rural – 14.1
		Urban – 9.7

Maternity care (for births in the last 3 years)

Mothers who had at least three antenatal care visits for their last birth (%)	44.2	50.7
		Rural – 42.8
		Urban – 73.8

Mothers who consumed iron folic acid for 90 days or more when they were pregnant with their last child (%)	Not available	22.3
		Rural – 18.1
		Urban – 34.5

Births assisted by doctor/nurse/lady health visitor/auxiliary nurse midwife/other health personnel (%)	42.4	48.8
		Rural – 39.9
		Urban – 75.3

Institutional births (%)	33.6	40.8
		Rural – 31.1
		Urban – 69.4

Mothers who received postnatal care from doctor/nurse/ lady health visitor/auxiliary nurse midwife/other health personnel within two days of delivery for their last birth (%)	Not Available	36.8
		Rural – 28.5
		Urban – 60.8

Child immunisation and vitamin A supplementation

Children 12–23 months fully immunized (BCG, measles, and three doses each of polio/DPT) (%)	42.0	43.5
		Rural – 38.6
		Urban – 57.6

Children age 12–35 months who received a vitamin A dose in last 6 months (%)	Not available	24.9
		Rural – 24.2
		Urban – 26.8

Treatment of childhood diseases (children under 3 years)

Children with diarrhoea in the last 2 weeks who received ORS (%)	26.9	26.2
		Rural – 24.0
		Urban – 32.7

Children with diarrhoea in the last 2 weeks taken to a health facility (%)	65.3	61.5
		Rural – 60.2
		Urban – 65.4

Children with acute respiratory infection or fever in the last 2 weeks taken to a health facility (%)	Not available	70.5
		Rural – 67.5
		Urban – 80.1

Child feeding practices and nutritional status of children

Children under 3 years breastfed within 1 hour of birth (%)	16.0	23.4
		Rural – 21.5
		Urban – 28.9

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Children age 0–5 months exclusively breastfed (%)	Not available	46.3 Rural – 48.3 Urban – 40.3
Children age 6–9 months receiving solid or semi-solid food and breast milk (%)	Not available	55.8 Rural – 53.8 Urban – 62.1
Children under 3 years who are stunted (%)	51.0	44.9 Rural – 47.2 Urban – 37.4
Children under 3 years who are wasted (%)	19.7	22.9 Rural – 24.1 Urban – 19.0
Children under 3 years who are underweight (%)	42.7	40.4 Rural – 43.7 Urban – 30.1
<i>Nutritional status of ever-married adult women (age 15–49)</i>		
Women whose body mass index is below normal (%)	36.2	33.0 Rural – 38.8 Urban – 19.8
Women who are overweight or obese (%)	10.6	14.8 Rural – 8.6 Urban – 28.9
<i>Anaemia among children and adults</i>		
Children age 6–35 months who are anaemic (%)	74.2	78.9 Rural – 80.9 Urban – 72.2
Ever-married women age 15–49 who are anaemic (%)	51.8	56.2 Rural – 58.2 Urban – 51.5
Pregnant women age 15–49 who are anaemic (%)	49.7	57.9 Rural – 59.0 Urban – 54.6

Source: Ministry of Health and Family Welfare, Government of India, New Delhi, and International Institute for Population Sciences, Mumbai, Key Indicators for India from NFHS – 3, <http://www.nfhsindia.org/pdf/India.pdf>

environmental. The important factors having significant bearing on child health and mortality are: income (financial stability); rate of employment; housing (adequate space to play and explore, overcrowding in home, green space in and around home, housing

conditions); community programmes for children and families; social assistance programmes and subsidies; nutrition (balanced diet, access to food); quality of child care facilities; education level of family members; quality of education/literacy development programmes; access

to education; gender concerns (equality or stereotyped behaviour); rights of women and children and their protection; general health of mother and child (pre-conception and pre-natal health of mother, age of mother, fertility rate, birth order, period of spacing between births, premature birth, weight at birth, height at birth, maternity care, medical condition, chronic conditions in family members, immunisation); access to health services; mental health of mother and child; environment for upbringing of child; consistency and responsiveness of care givers; health and hygiene practices (pattern of child for eating, sleeping and playing, engagement of parents in nurturing of child, parenting classes, breastfeeding practices, physical activities of child); inter-personal relationships and orientation of policy makers and policy implementers towards child development. All these factors cumulatively influence and shape the child personality. The high rates of child mortality in India are due to the fact that these factors and their meaningful impact are found to be wanting in many respects.

Socio-cultural beliefs of the society significantly influence maternal and child health practices. Many times these beliefs are not grounded on scientific foundations. Social pressures persuade people to follow them without realising their detrimental effects. These prevent people from accepting and following scientifically proven health practices. These contribute to high rates of maternal and child mortality.

More than 50% of women in India are anaemic. Anaemia increases the risk that mothers and their babies will either die at childbirth or the baby will have lower birth weight or pre-term delivery. The baby in turn has greater chances to be anaemic which will impair his/her future mental and physical development. More than 75% of children up to 3 years of age are anaemic. A large proportion of mothers are malnourished. These women given birth to children suffering from various nutritional disorders. These children are underweight/stunted/wasted. Children whose body weight is less than 2.5 kilogram have much higher risk of early childhood death.

Child malnourishment is quite severe and more than 50% of children are malnourished in India. Malnutrition is a leading cause of child morbidity and mortality. Malnutrition directly affects the physical and cognitive growth of children and increases their susceptibility to infections and diseases. These have negative impact on their educational performance as well as psychological and social adaptation. At times these may cause irreversible damage and, thus, hamper all possibilities of a bright future.

The vaccination of children against six preventable diseases – diphtheria, measles, pertussis, poliomyelitis, tetanus and tuberculosis – is crucial for reducing child mortality. *Universal Immunisation Programme* was launched by the Government of India in 1985–1986 for vaccination of children and prevention of their morbidity and mortality. A large number of children are not being vaccinated for various reasons. These children are at higher risk of infections and diseases. *Coverage Evaluation Survey (2009)* by the United Nations Children's Fund (UNICEF) and Ministry of Health and Family Welfare, Government of India pointed out that at all-India level 61% of children in the age group 12–23 months received full immunisation coverage. The coverage of full immunisation was higher in urban areas (67.4%). In rural areas it was 58.5%. At all-India level, 39% of children were out of full immunisation coverage. 7.6% of children received no vaccination at all-India level (urban areas – 5.2% and rural areas – 8.5%).

India is in fact facing morbidity challenge. Various diseases are causing disabilities and premature deaths. Communicable diseases like flu, HIV/AIDS, Japanese encephalitis and acute encephalitis syndrome, malaria, measles, polio, rabies, tuberculosis; and non-communicable diseases like blindness, blood pressure, cancer, cardiovascular diseases, diabetes, diarrhoea etc. are leading to child morbidity and mortality. The sedentary lifestyle has resulted in rising incidence of lifestyle diseases in children. The children are suffering from conditions like hypertension, high blood cholesterol, early onset of type-2 diabetes, obesity and pre-mature ageing.

Institutional deficiencies and failures are one of the leading contributory causes of higher child mortality. These comprise inadequate number of health centres and their deplorable condition. These health centres are ill-equipped and over-crowded and have shortage of funds, manpower, materials and poor hygiene. All these pose a greater risk of hospital-borne infection.

CONCLUSION

Children are the asset of any nation as its future depends upon them. They have to be carefully nurtured for moulding the destiny of nation. The issues of child survival and development assume significance in this context. In India there has been a perceptible improvement on this front but still there is a long way to

go. Child mortality rates have to be reduced in the interest of everyone and for securing a dignified future. Some urgent measures should be taken for reducing child mortality. These measures may include strengthening national health systems; providing better and qualitative reproductive health services to expectant mothers; expanding the coverage of child immunisation programmes, improving the health and nutrition level of children and mothers; increasing public health expenditure; regular monitoring of maternal and child health programmes; carrying out comprehensive awareness programmes and building up positive attitude. The consistent involvement of all stakeholders and their sincere efforts are essential for achieving the desirable results.

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