Tracking of Millennium Development Goals by Districts in India

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Introduction

Development is a process of economic and social transformation within a country. The Millennium Development Goals were adopted by the General Assembly of the United Nations on 18 September 2000, at the UN Millennium Summit. Nearly 190 countries have signed up to the resolution, which was to achieve the eight Millennium Development Goals by 2015. One of the important resolutions was: We believe that the central challenge we face today is to ensure that globalization becomes a positive force for the entire world's people. For while globalization offers great opportunities, at present its benefits are very unevenly shared, while its costs are unevenly distributed. We recognize that developing countries and countries with economies in transition face special difficulties in responding to this central challenge. Thus, only through broad and sustained efforts to create a shared future, based upon our common humanity in all its diversity, can globalization be made fully inclusive and equitable. These efforts must include policies and measures, at the global level, which correspond to the needs of developing countries and economies in transition and are formulated and implemented with their effective participation (http://www.un.org/millennium/declaration/ares552e.pdf).

India is one of the developing countries by means of a huge socio-economic and demographic diversity. Even broad comparisons between its states bring out mammoth variant regarding socio-economic and demographic indicators. In Bihar, for instance poverty is nine times high as in Kerala, eighteen percent of the total population are accessed to toilet facility and only one percent use piped drinking water. According to 2001 thirty seven percent households of India are having toilet facility, twenty percent population are availed of piped drinking water, the total literacy rate is 65 and the male/female differential in literacy is 22 percent. Millennium development goals are the most recent statement of commitment towards narrowing gaps between the developed and developing regions of the world (Mishra, 2004). Achieving the millennium development goals is now a challenge for India and it has just 5 years to translate the millennium development goals into reality.

Review of literature

Ahulwalia and Hussain (2004) assessed the development experience of Bangladesh since its independence in 1971 and explored the role of policies and institutions in explaining the performance and finally reached to a conclusion that the performance of Bangladesh on the development front over the past three decades have been very impressive, although there has been some weakening of the momentum of growth and some slackening of the progress in social development in recent years. According to their survey, over the past three decades, Bangladesh's record of improvement shows an acceleration in economic growth, decline in the volatility of growth and reduction in poverty in its multiple dimensions. However, enormous challenges remain as Bangladesh struggles to lift its still remaining half of the population out of poverty.

Bhalla (2003) using the World Bank data had documented how the poverty reduction goal had already been reached by 2000, the very year of formulation of the goals for 2015. One of his surprising finding is that while poverty estimates are precisely reproduced, there is a big discrepancy between the published growth rate of 10.4 per cent and the 'reproduced' survey growth of 5.6 per cent. Akila (2004) concerning the achievement of second and third goals, highlighted some gender concerns in the primary education situation in a study of Tamil Nadu. The author found that regarding literacy attainment, male-female disparities, considering both rural-urban and OC-SC/ST factors, should be reduced. Social and gender equity can be achieved only by generating better awareness of primary education among the disprivileged and minority groups in every district. Reproductive health matters (2006) mentioned some human resources and technical requirements for achieving the MDGs and to close the gape between the complexity of an intervention and the ability to implement it which includes details of basic product design, supplies and equipment; facilities, human resources and communication and transport needs for delivery of the intervention; regulations and legislation, management systems and collaborative action as regards government capacity requirements; and ease of usage. Global monitoring report (2004) warns that based on current trends, most developing countries will fail to meet most of the millennium development goals. For example, the report reveals uneven progress toward meeting the first goal of halving the number of people who live in extreme poverty by 2015. While this goal is likely to be achieved at the global level - largely through progress in the world's two most populous countries, China and India.

There is an urgent need to take a holistic approach to achieving gender equality and women's empower ment, including guaranteeing women's property and inheritance rights, reducing discrimination in labour markets, increasing women's representation in political bodies, and ending violence against women (Millennium Project task Force, 2004). Freedman (2003) in a study of maternal mortality discussed strategies to address maternal mortality and emphasized the importance of all women having access to EmOC (emergency obstetric care) in the event of birth complications and also viewed that using this MDG, we have an important opening for strategic advocacy focused on accountable health systems that can deliver the care necessary to save women's lives and improve their health. That focus will enable us to demand that attention be given to the globalization policies that have contributed to the devastation of health systems in many parts of the world.

According to Gwatkin (2002) the health goals are expressed as national averages, rather than gains among poor or disadvantaged groups. This means that significant progress in non-poor groups can result in the achievement of goals even though only minor improvements in the health of the poorest have been made. Current health spending in most low income countries is insufficient for achieving the health goals (World Bank, 2003). Haines and Cassels (2004) in their study noticed that there is, of course, a need for new drugs, vaccines, and diagnostics-and thus an important research agenda in relation to the millennium development goals. However, countries are not "off track" because knowledge is lacking on how to treat a child with pneumonia, to prevent diarrhoea, to deliver babies safely, or even to prolong the life of people living with AIDS. But effective interventions often fail to reach the people who need them. Hogan and et.al (2005) assessed the costs and health effects of a range of interventions for preventing the spread of HIV and for treating people with HIV/AIDS in the context of the millennium development goal for combating HIV/AIDS. After the study they came to a

conclusion that reduction of HIV transmission can be done most efficiently through mass media campaigns, interventions for sex workers and treatment of sexually transmitted infections where resources are most scarce. However, prevention of mother to child transmission, voluntary counselling and testing, and school based education would yield further health gains at higher budget levels and would be regarded as cost effective or highly cost effective based on standard international benchmarks. Haslegrave and Bernstein (2005) in their study observed that when the MDGs were developed following the Millennium Summit in 2000, no goal was included on sexual and reproductive health, for reasons that are now history. Matters that have an impact on, or are components of, sexual and reproductive health were included - maternal and child health, HIV/AIDS, gender equality and education - but sexual and reproductive health were left out.

Bryce, and et.al. (2006) presented the first report of the Child Survival Countdown, a worldwide effort to monitor coverage of key child-survival interventions in 60 countries with the world's highest numbers or rates of child mortality and found that merely seven countries are on track to met the fourth millennium development goal, 39 countries are in the process of development, although they need to accelerate the pace, and 14 countries are cause for serious concern. Coverage of the key child survival interventions remains critically low, although some countries have made substantial improvements in increasing the proportion of mothers and children with access to life saving interventions by as much as ten percentage points in 2 years. Children from the poorest families were less likely than those from wealthier families to have received at least six essential prevention interventions. Wibulpolprasert,Tangcharoensathien and Kanchanachitra (2005) in their study on cost effective interventions to achieve MDGs revealed that to ensure that the millennium development goals will not end up as just another unfinished programme, the World Health Organization, UNAIDS (the joint UN programme on HIV/AIDS), the United Nations Development Programme, the World Bank, and other development partners-as well as the governments of less developed countries-must work to strengthen inadequate health systems and must ensure that global initiatives work synergistically in health development in each needy country.

Need for the study

Data provided by United Nations on 26th June 2009 and compiled by Statistics Division, Department of Economic and Social Affairs, United Nations illustrates that while there has been significant progress with respect to some of the goals, and in some parts of the world, it is also necessary to admit that overall progress has been slow. Haines and Cassels (2004) in their study concerning health and millennium development goals have given a valid argument that to achieve the UN's goals worldwide, less developed countries need to concentrate on limitations in health systems and policy. Delamonica, Mehrotra and Vandemoortele (2004) viewed that it is important to notice that millennium development goals are interlinked so that the failure to meet one is likely to have subsidiary effects for some of the other goals. The progress chart of the millennium development goals (2005) represents the scenario of south Asian regions regarding the achievement of goals and targets which is shown in Table 1.

Table 1: Progress chart by region (2005)

	Number of regions (out of ten world regions)			
	Target met or close to begin	Target expected to be met if prevailing trends persist	Target not expected to be met if prevailing trends persist	No progress, or deterioration or reversal in trends
South Asia	0	2	10	2

Source: Millennium Development Goals: Progress chart (2005) http://www.un.org/millenniumgoals/mdg_chart-sept.pdf

India is one of the south Asian regions with 28 states, 7 Union territories and 593 districts still in a process of development. The development of a Country always depends upon the development of its states and the development of a state is dependable on the development of its districts. If progress of the districts can be measured as well as necessary steps can be taken for its improvement, the growth of the country will be faster. The present study emphasises on measuring the millennium development goals in 593 districts of India.

Objective

1. To assess the achievement of Millennium Development Goals in 593 districts of India.

Data and methodology

Data: The study sample consists of 593 districts of India for which the required information are available in DLHS-III (2007-08) data. DLHS-III provides the district wise socio-economic and demographic indicators. For instance percentage of population having BPL card, percentage of people accessed to toilet facility, percentage of population use piped drinking water, percentage of total/male/female literate population with age 7 years and above, percentage of girls and boys at the age of 6-11 years attending school, percentage of children (12-23 months) received measles vaccination, percentage of institutional birth, percentage of men make use of condom, contraceptive prevalence rate etc. For assessing the achievement of the millennium development goals the above mentioned indicators are used in the present study.

Methods: 1. Bivariate analysis is applied to obtain the percentage of the indicators according to the districts.

2. Geographical Information System is used for the district wise presentation of all the indicators.

Results

Poor:

Figure 1 shows the scenario of poor living in different districts of India. In India, as whole in 119 out of 593 districts poverty is very less i.e. in these districts 0-32 percent people are living below poverty line, 211 districts fall in the category where 32-64 percent poor are found and in maximum districts (261districts) poverty is very high. It is remarkable that in 364 districts of India, more than half proportions of population are still living below poverty line. In almost all the districts of Orissa, Bihar, Madhya Pradesh, Uttar Pradesh, Jharkhand, Chhattisgarh and most

of the districts of West Bengal, Karnataka, Rajasthan, Maharashtra, Jammu & Kashmir, Manipur, Meghalaya and Mizoram are under high poverty. Whereas none of the districts in Kerala, Punjab and some of the districts of Goa, Tamil Nadu and Arunachal Pradesh are not below poverty line. Figure depicts that among all the districts percentage of persons below poverty line is highest (96 percent) in Malkangiri (Orissa) and lowest (1 percent) in Lakshadweep (Kerala). Hence it is observed that the central, eastern and north eastern regions are affected more by poverty.

Literate (Age 7+):

It is apparent from the Figure 2 that India and all its districts are overcoming the problem of illiteracy. In 425 districts of India more than 65 percent literate population with age 7 years and above are found. In the remaining districts percentage literate fall in he range of 33-65. Percentage of literate population is found to be high in he north eastern states except Nagaland. In Southern region, except Andhra Pradesh all the states show high literate population. Almost all the districts of Himachal Pradesh, Punjab, Uttarakhand, Delhi, Gujarat, Maharashtra and Orissa literacy is high.

Literate Male population:

Figure 3 presents the scenario of male literacy in different districts of India. The figure clearly articulate that all 558 districts amongst 593 districts comprise of more than 65 percent literate males. Merely 32 districts fall in the category where literate male population is found between 33-65 percent. Few districts of Uttar Pradesh (Sitapur, Bahraich, Shrawasti, Balampur, Budaun and Gonda), Madhya Pradesh (Barwani, Dhar and Jhabua), Chhattisgarh (Bastar), Orissa (Rayagada, Gajapati Malkangiri and Nabarangpur), Rajasthan (Udaipur and Banswara), Bihar (Araria, Sitamarhi, Katihar, Purnia, Saharsa and Seohar), Maharashtra (Nandurbar), Chhattisgarh (Bastar and Dantewara), Jharkhand (Godda, Pakur and Sahebganj), Andhra Pradesh (Mahbubnagar, Kurnool, Khammam and Vizianagaram) are having literate males between 33-65 percent. The rest two districts by means of very less percent of literate male are Nuapada (Orissa), South Andaman.

Literate Female Population:

According to 2001 census the male/female differential regarding literacy is 22 percent and still the number of female literates is less than male literates. Figure 4 reveals that more than half of the districts (320 districts) contain 32-64 percent of female literates. Whereas it is already observed that in 558 districts the percent of male literates is more than 65. Female literacy is high in all the districts of north eastern states except Nagaland. More than half of the districts of Maharashtra, Karnataka, Tamil Nadu and Uttarakhand possess more than 64 percent female literates. Almost all the districts of Kerala, Himachal Pradesh and few of Andhra Pradesh, Delhi, Gujarat, West Bengal, Orissa are having high female literacy. Very few districts where percentage of female literates is very low, among them Barwani and Jhabua of Madhya Pradesh, Rayagada and Nabarangapur of Orissa, Bahraich and Shrawasti of Uttar Pradesh show very poor percentage of female literates.

School Attendance:

Both the Figure 5 and Figure 6 are illustrating that in all the districts of India more than 90 percent boys and girls of age 6-11 are enrolled in primary education. In 591 districts more than 90 percent boys and in 588 districts more than 90 percent girls are attending schools. However 100 percent attendance by boys and girls of age 6-11 is noticed in 85 and 81 districts respectively.

Children between the ages of 12-23 months received measles vaccination:

Figure 7 divulges the situation of coverage of measles vaccination in all the districts of India. The vaccination is wide spread all over the districts. The data reveals that in 134 districts more than 90 percent children (12-23 months) are fully immunized. Mostly all the districts of eastern region, western region and southern region show full vaccination coverage. In few districts of northern region also more than 67 percent children are fully immunized. Several districts of Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Arunachal Pradesh, Manipur, Tripura, Meghalaya and few districts of Rajasthan possess the coverage between 33-67 percent. Merely 15 districts are found where the coverage of measles vaccination is very less (0-33 percent children are fully immunized) and the districts come under central and north eastern region. Those districts are Kimur, East Garo Hills, Tamenglong, Budaun, Mathura, Etah, Kheri, Sitapur, Bahraich, Shrawasti, Balrampur, Gonda, Kaushambi, Mirzapur and Jhab regionua. Consequently the improvement in the full measles vaccination among children in central, north eastern and western region is vital.

Institutional Births:

Figure 8 shows that more than 67 percent institutional delivery takes place in 85 districts of India and the districts are located in Kerala, Tamil Nadu, Karnataka, Goa, Andhra Pradesh, Maharashtra, Gujarat, Madhya Pradesh, Sikkim, Mizoram and Jammu & Kashmir. A majority of districts (115 districts) are found where institutional delivery takes place up to 33 percent. However in 216 districts 33-67 percent institutional births occur. In only 34 districts percentage of institutional birth is high i.e. more than 90 percent delivery takes place in institutions. In some of the southern districts like Kheri, Ernakulam, Kannur, Kottayam, Kozhikode, Malappuram, Pathanamthitta and Thrisure 100 percent institutional delivery takes place. The birth is lowest (7 percent) in Bahraich district of Uttar Pradesh. Some north eastern states like Arunachal Pradesh, Meghalaya, Manipur, Nagaland, some eastern states like Bihar, Chhattisgarh, Jharkhand, some parts of Orissa, and one western state Gujarat represents a poor scenario of institutional delivery.

Condom use:

It is an enormous issue of concern that in majority of the districts very few percentage of men use condom. It is clear from the Figure 9 that in 10, out of 593 districts only 20-29 percent men are using condom, 61 districts are located where 10-20 percent men use condom and in 511 districts men hardly use condom. In 90 districts of India less than 1 percent males are using condom and the districts come under the states where HIV prevalence and poverty is high. For instance Tamil Nadu, Karnataka, Andhra Pradesh are the sates where HIV prevalence is high and Bihar, Orissa, Jharkhand and Assam are the states where poverty is very high. In Chandigarh and Central Delhi condom use by male is 29 and 28 percent respectively.

Contraceptive prevalence rate:

It is evident from the Figure 10 that contraceptive prevalence rate is high in the districts of Himachal Pradesh, Punjab, Haryana, Uttarakhand and Delhi which come under northern region. Among the eastern states in several districts of Orissa and West Bengal prevalence is high. In More than 30 districts of Madhya Pradesh contraceptive prevalence rate is very high whereas the prevalence is very low in Bihar, Jharkhand and Uttar Pradesh. In the north eastern region except the districts of Mizoram, Tripura and Sikkim all the districts show a low rate of prevalence. Contraceptive prevalence rate is high in most of the districts of Karnataka, Andhra Pradesh, Tamil Nadu, Kerala, and in all the districts of Gujarat and Maharashtra.

Knowledge of HIV/AIDS:

Figure 11 apparently reveals about the women with correct knowledge of HIV/AIDS. From the survey it is observed that in 340 districts of India above 90 percent women has correct knowledge about HIV/AIDS. Similarly the figure illustrates that more than 67 percent of women in 582 districts are having the correct knowledge. Only nine districts are found where 33-67 percent women are aware about HIV/AIDS. The districts are Khandamal of Orissa, Hingoli if Maharashtra, Goalpara, Barpeta, Darrang, Nagaon, Hailakandi of Assam, Anantnag and Kargil of J & K. A great improvement is seen among the women that not a single district is found where women are less aware about HIV/AIDS.

Toilet facility:

Figure 12 depicts the stipulation of toilet facility by districts. All over the India 262 districts are pointed out where less than 33 percent people are having toilet facility which come under Orissa, Bihar, Jharkhand, Chhattisgarh, Madhya Pradesh, Maharashtra, Karnataka, Jammu & Kashmir, Rajasthan, Haryana, Uttar Pradesh, Andhra Pradesh and Tamil Nadu and Manipur. The districts with very low percentage (5, 6 and 7 percent respectively) of population accessed to toilet facility are Godda (Jharkhand), Araria (Patna), Durg (Chhattisgarh) and Siddharth Nagar (Uttar Pradesh). The accessibility of toilets is very high in 154 districts. For instance almost all the districts of Kerala, Punjab, Arunachal Pradesh, Tripura, Mizoram, Nagaland and few districts of Maharashtra, Jammu & Kashmir and West Bengal show high percentage of population accessed to toilet facility. It is a matter of concern that in maximum of the districts sanitation facility is not still improved.

Piped drinking water:

It is evident from Figure 13 that availability of improved source of drinking water is very poor in 319 districts of Central, Northern, Eastern and North eastern regions. However fewer districts of western and southern regions are going through the same difficulty. Again the data shows that among 593 districts in 384 districts less than 50 percent people are accessed to improved source of drinking water. Only 155, out of 593 districts are availed of piped drinking water. In several districts of Maharashtra, Gujarat, Punjab, Haryana, Himachal Pradesh, Uttarakhand, Andhra Pradesh, Tamil Nadu, Karnataka, Arunachal Pradesh, Sikkim and Mizoram more than sixty seven percent of population are accessed to improved source of drinking water. Figure reveals that less than 5 percent of population in the districts like Gopalgunj (Bihar), Kandhamal (Orissa),

Ambedkar Nagar (Uttar Pradesh), Latehar (Jharkhand), Uttar Dinajpur (West Bengal), Sidhi (Madhya Pradesh) and Sarguja (Chhattisgarh) are availed of piped drinking water.

Conclusion

In UN Millennium Summit held on 18 September 2000, a resolution was taken to achieve the eight millennium development goals. According to the target of the first goal the proportion of people living below poverty line should reduce to 50 percent up to the targeted year 2015. Finally the district wise study concerning the achievement of some selected millennium development goals have reached to a perceptible conclusion that amongst 593 districts 277 have achieved the first target whereas more than half of the districts (364 districts) are still underneath stern poverty. Further to reduce poverty, districts of eastern and central regions should be taken in to consideration. Concerning the target of the second goal which is to ensure that all boys and girls should complete a full course of primary schooling it can be stated that in all the districts of India the school attendance boys and girls belong to the age group 6-11 is more than 90 percent. To eliminate gender disparity in primary and secondary education is one of the targets of the third goal and the study reveals that primary education has overcome the male/female disparity. But gender disparity in secondary education still exists in most of the districts. The survey depicts that more than 50 percent literate males and females are located in 587 and 459 districts respectively and female are lacking by 128 districts. Consequently it can be visualized that up to 2015 India will be able to purge the gender disparity in education in all its districts. To reduce the under five mortality up to two third, measles vaccination coverage is indispensable indicator. Except 89 districts in all the districts more than 50 percent children are immunized against measles and it is expected that the country will be capable to full coverage of measles vaccination in all its districts. For the improvement of maternal health institutional birth is one of the most important indicators. Provision of institutional births in the districts of India is very poor. Very few districts are traced where more than 90 percent delivery occurs in institutions. Except the districts of southern region and some of the districts of western region remaining are the less privileged districts in terms of institutional births. To overcome the HIV/AIDS infection people should have the correct knowledge of HIV/AIDS and condom use should be wide spread. It is a great achievement for the country that proportion of women having correct knowledge of HIV/AIDS is high in all the districts and they are very close to meeting the target. On the contrary proportion of males who make use of condom by districts is very poor and due to this the chance of occurrence of HIV may be high. In one hand knowledge of HIV/AIDS is wide spread among women and on the contrary low condom use among men is a serious matter of concern. Less condom use among men may be due to the fact that Poor households lack the income to purchase contraceptives and family planning services. Achieving the eighth goal all the districts should have more than half of the population accessed to toilet facility and improved source of drinking water. Out of 593 districts, in 362 districts people are not accessed to toilet facility and in 384 districts people are not availed of improved source of drinking water. To ensure environmental sustainability in all the districts is a challenging task for India. The accomplishment of India on the Millennium development goals in the past seven years have been very impressive, although there has been some weakening of the momentum of augmentation and some slackening of the progress in social development in recent years.

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Table 2: Millennium development goals, and its indicators available in DLHS-III, 2007-08

Goals	Targets	Indicators	Indicators available in DLHS-III, 2007-08
1.Eradicate extreme poverty and hunger	Reduce by half the proportion of people living on less than a dollar a day	1. Proportion of population below $1(ppp) per day	1. Have a BPL card (%)
2.Achieve universal primary education	Ensure that all boys and girls complete a full course of primary schooling	1. Net enrollment ratio in primary education 2. Proportion of pupils starting grade 1 who reach grade 5 3. Literacy rate of 15-24 year old	1. Percent total literate Population (Age 7 +) 2. Percent literate Male Population (Age 7+) 3. Percent literate Female Population (Age 7+) 4. Percent girls (age 6-11) attending Schools 5. Percent boys (age 6-11) attending Schools
3.Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels by 2015	1. Ratio of girls to boys in primary, secondary and tertiary education 2. Ratio of literate men to women in 15-24 years old 3. Share of women in wage employment in the non agricultural sectors	1. Percent girls (age 6-11) attending Schools 2. Percent boys (age 6-11) attending Schools
4.Reduce child mortality	Reduce by two-thirds the mortality rate among children under five	1. Proportion of one year old children immunized against measles 2. Under five mortality 3. Infant mortality	1. Children (12-23 months) who have received Measles Vaccine (%)
5.Improve maternal health	Reduce by three-quarters the maternal mortality ratio	1. Maternal mortality ratio 2. Proportion of births attended by skilled health personnel	1. Institutional births (%)
6.Combat HIV/AIDS, malaria and other diseases	Halt and begin to reverse the incidence of malaria and other major diseases	1. Condom use rate and contraceptive prevalence rate and population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	1. Condom use (%) 2. Contraceptive prevalence rate 3. Women have correct knowledge of HIV
7.Ensure environmental sustainability	Reduce by half the proportion of people without sustainable access safe drinking water	1. Proportion of population with sustainable access to and improved water source 2. Proportion of the population with access to improved sanitation	1. Use piped drinking water (%) 2. Have Access to toilet facility (%)

Figure 1: Poor

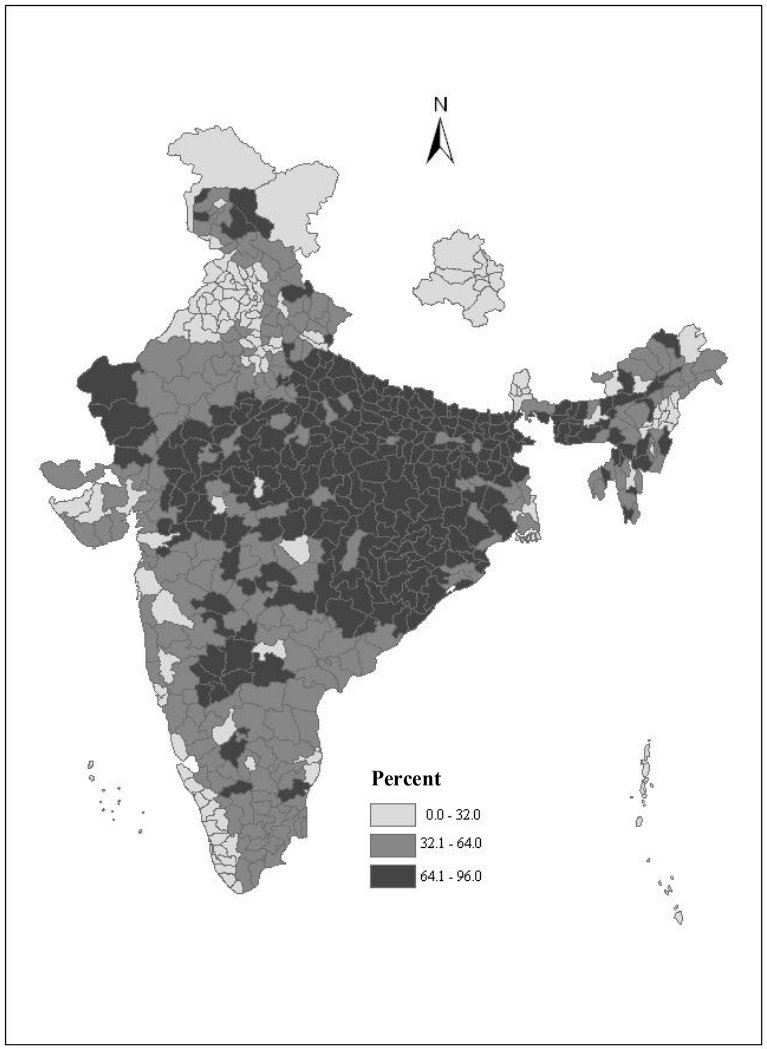

Figure 2: Literate population (Age 7+)

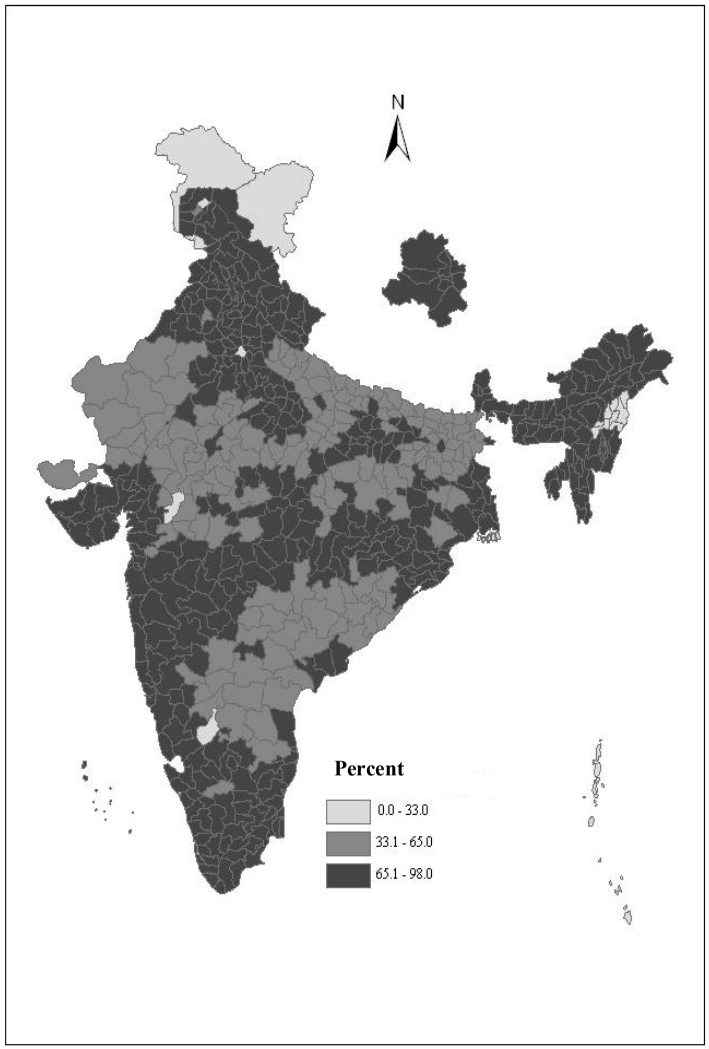

Figure 3: Literate male population (Age 7+)

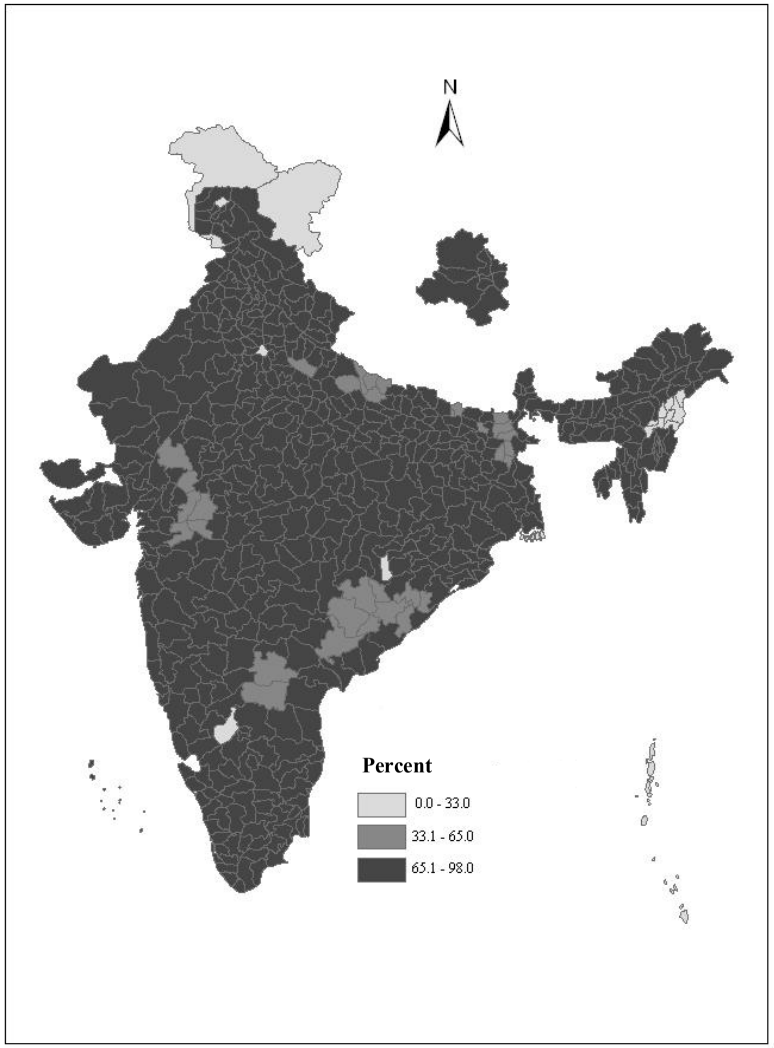

Figure 4: Literate female population (Age 7+)

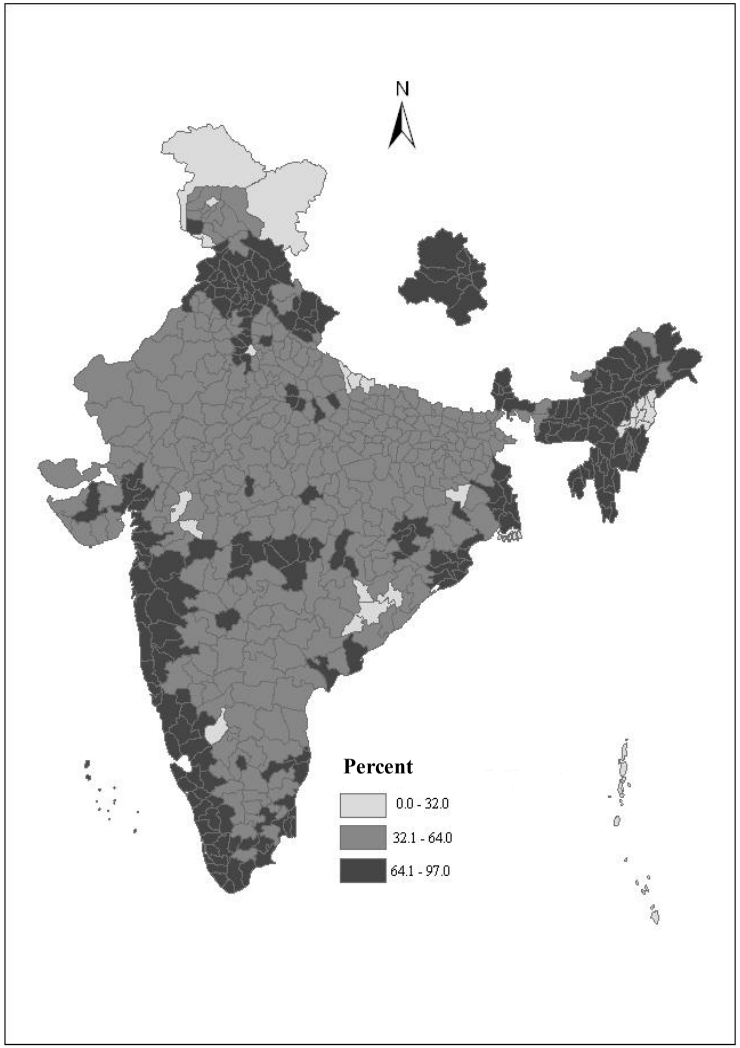

Figure 5: Boys (Age 6-11) attending schools

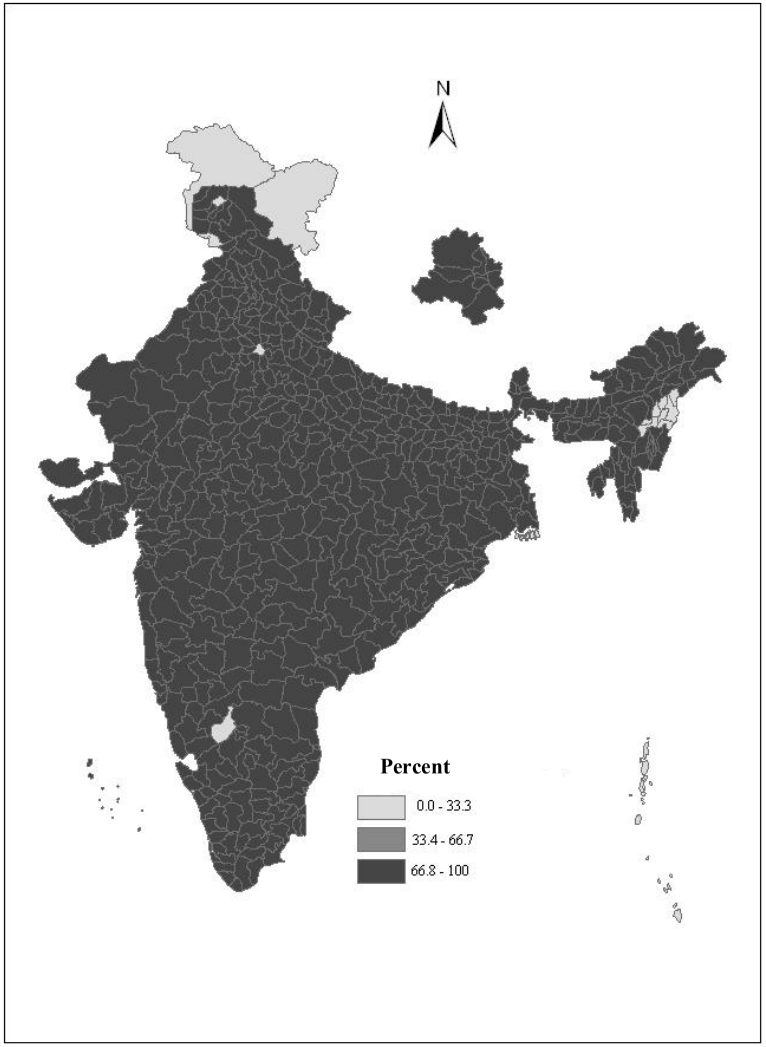

Figure 6: Girls (Age 6-11) attending schools

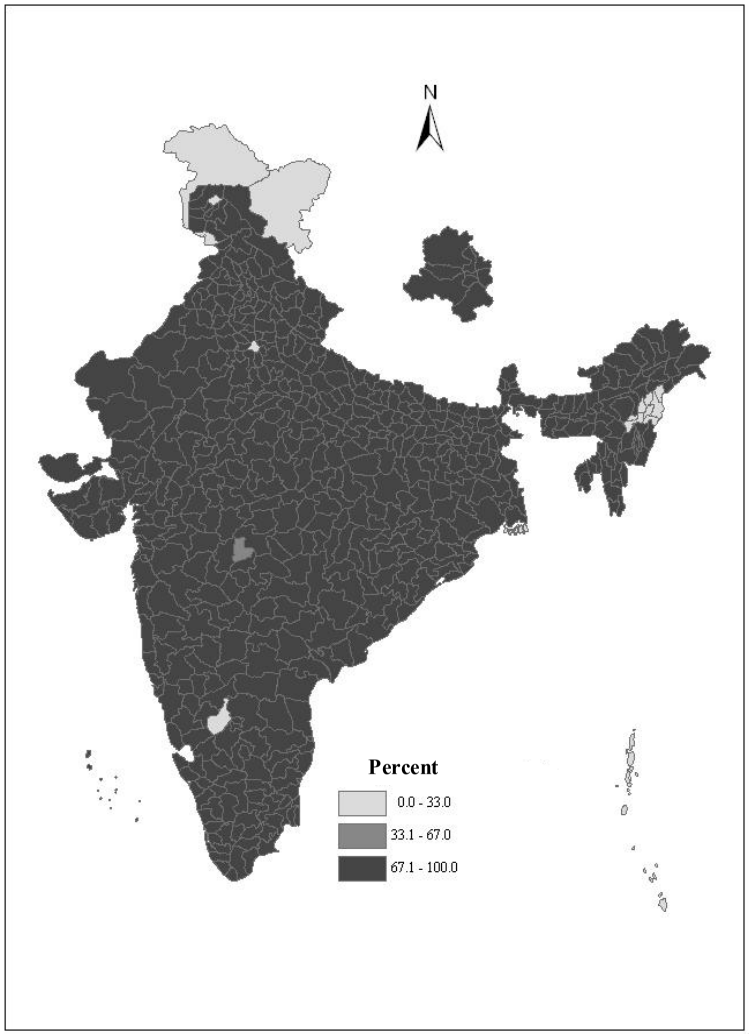

Figure 7: Children received measles vaccination

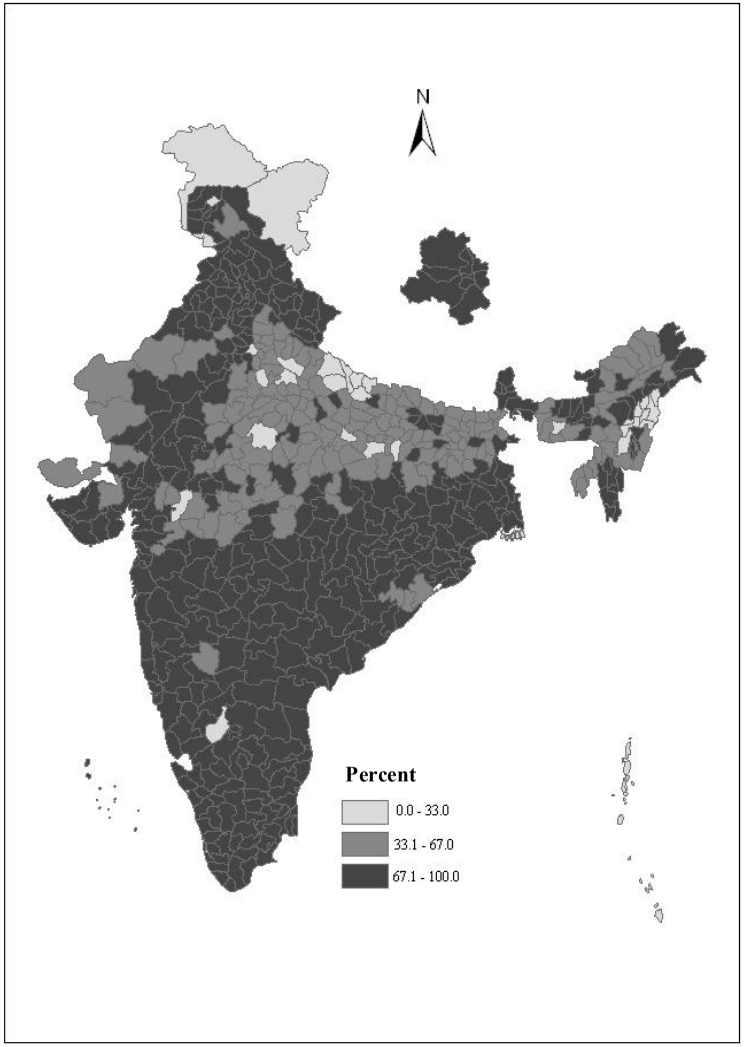

Figure 8: Institutional Births

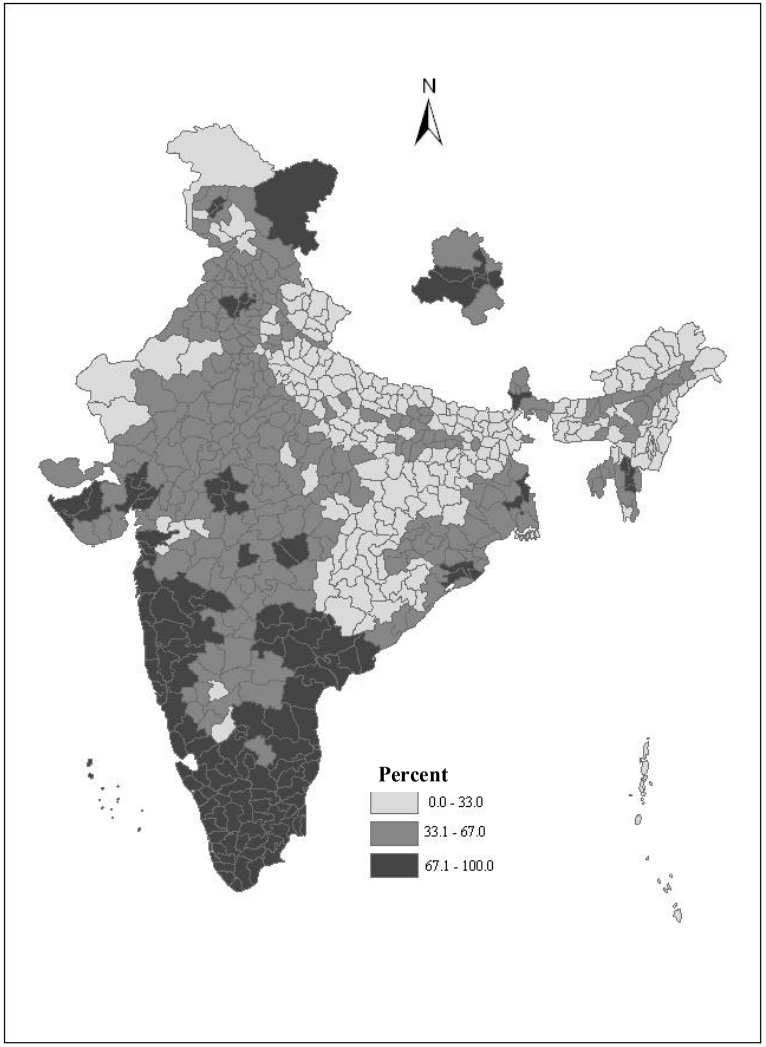

Figure 9: Condom use by men

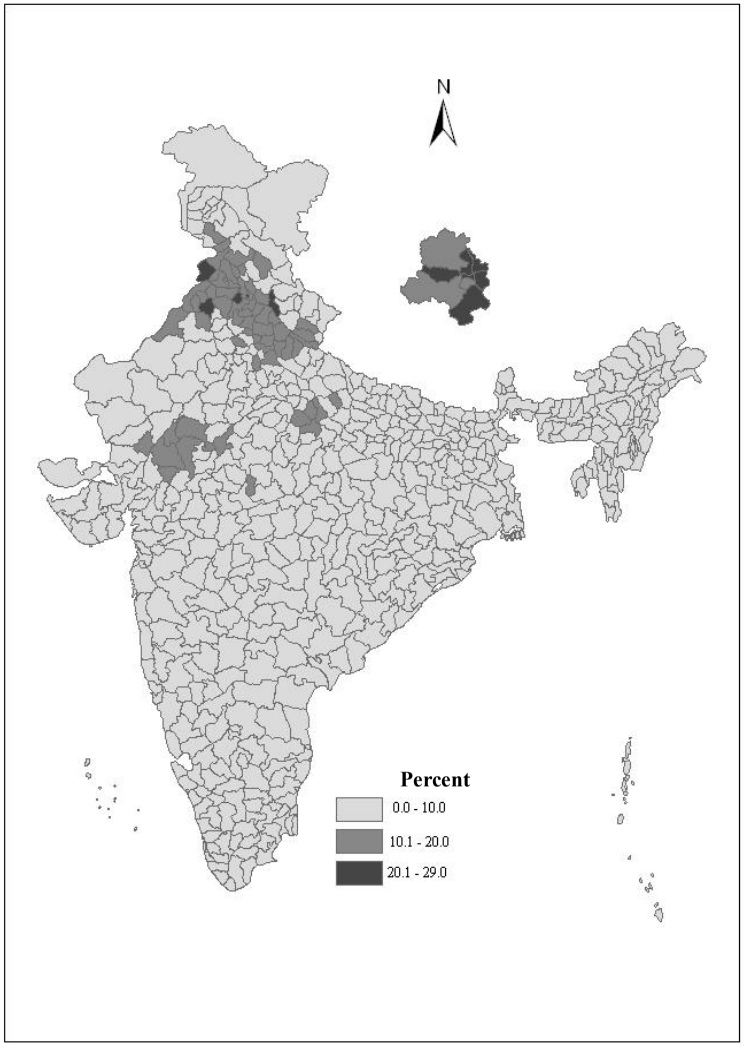

Figure 10: Contraceptive prevalence rate

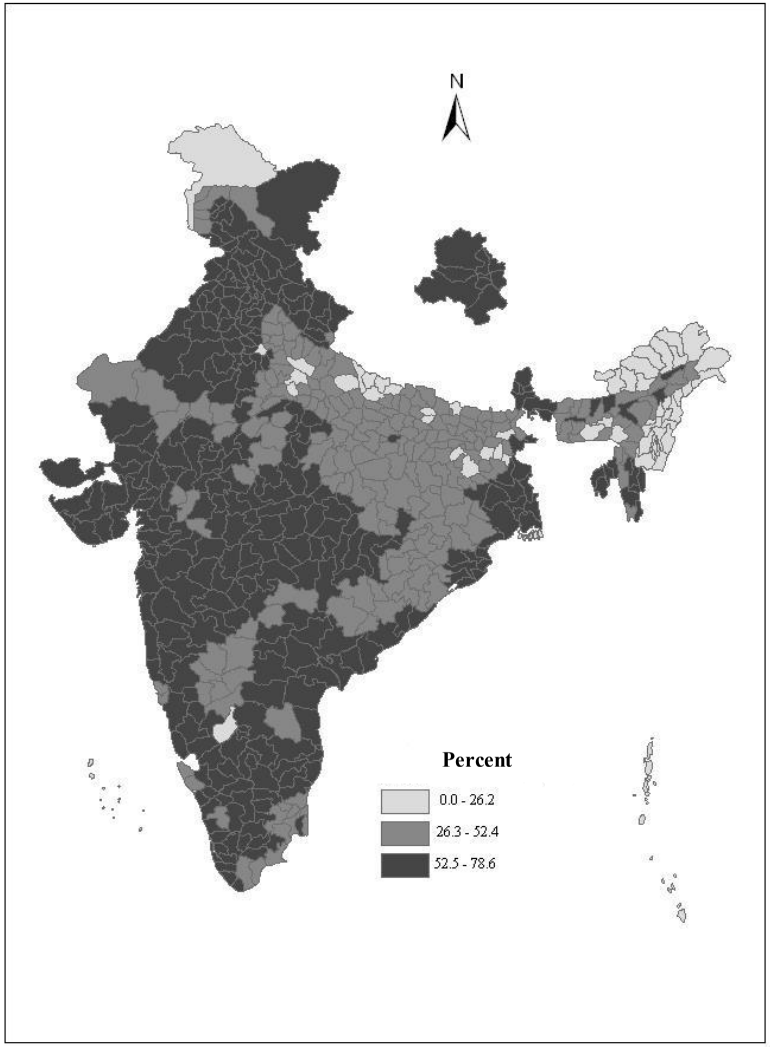

Figure 11: Correct knowledge of HIV/AIDS

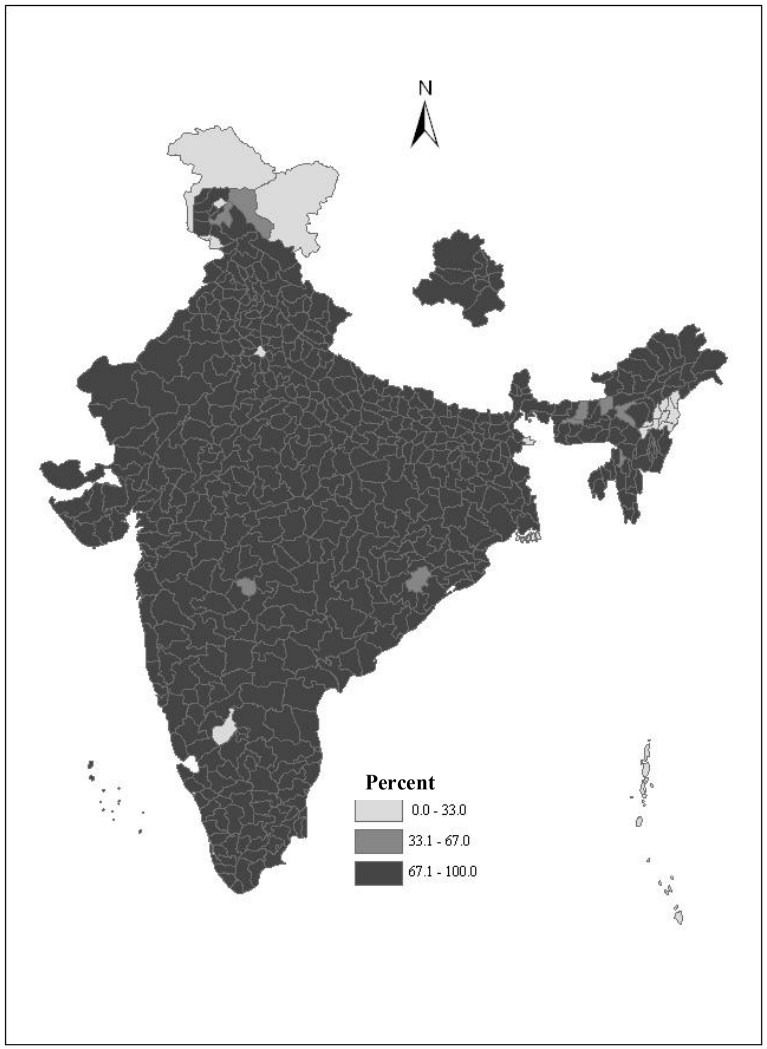

Figure 12: People having access to toilet facility

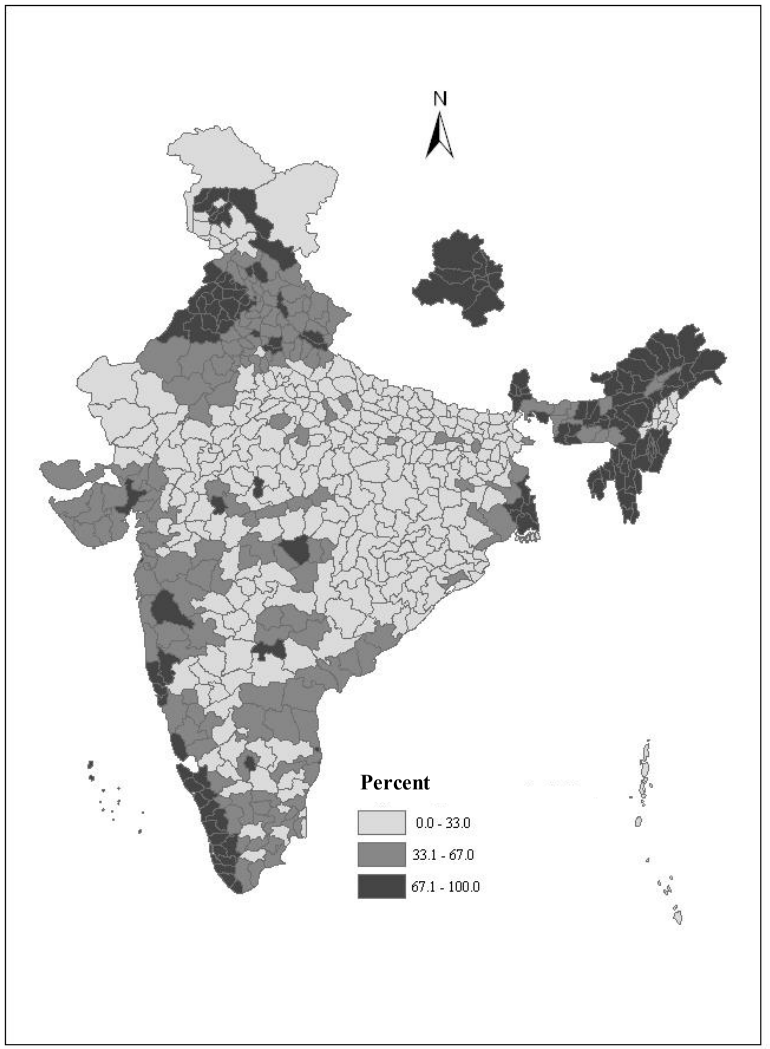

Figure 13: People use piped drinking water

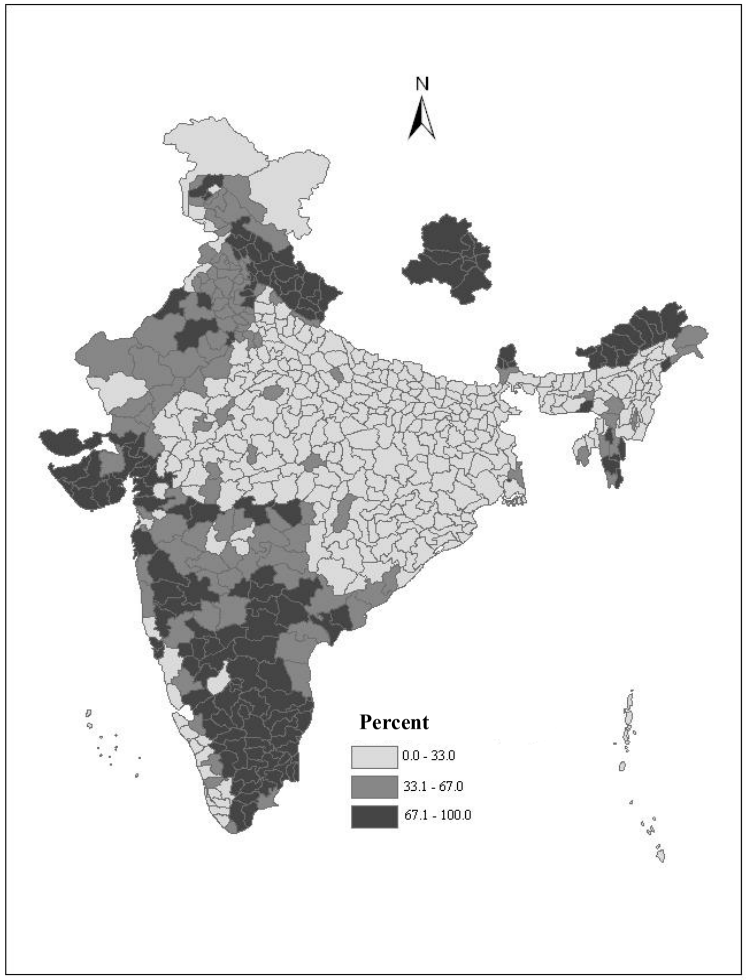

Figure 14: Percentage of poor by states

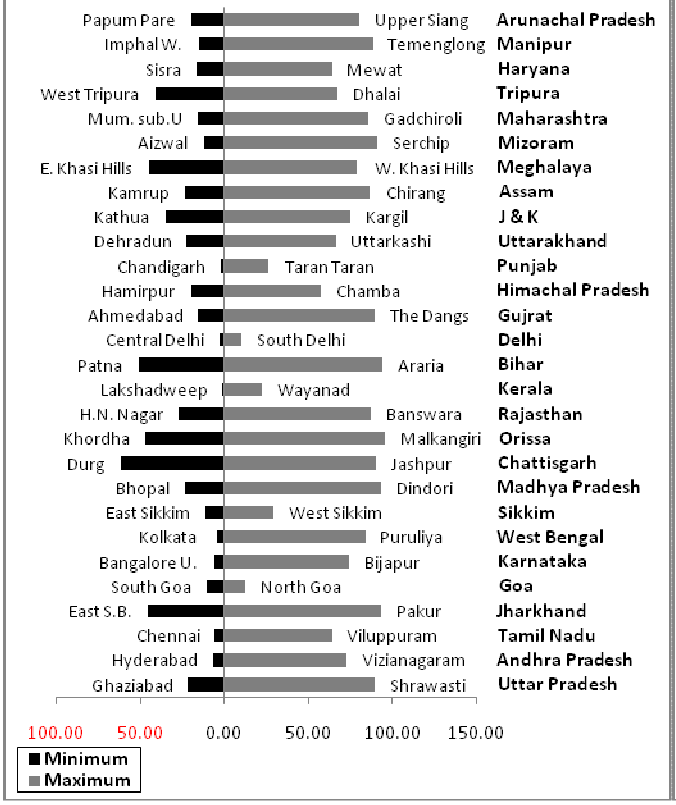

Figure 15: Percentage of people accessed to toilet facility by states

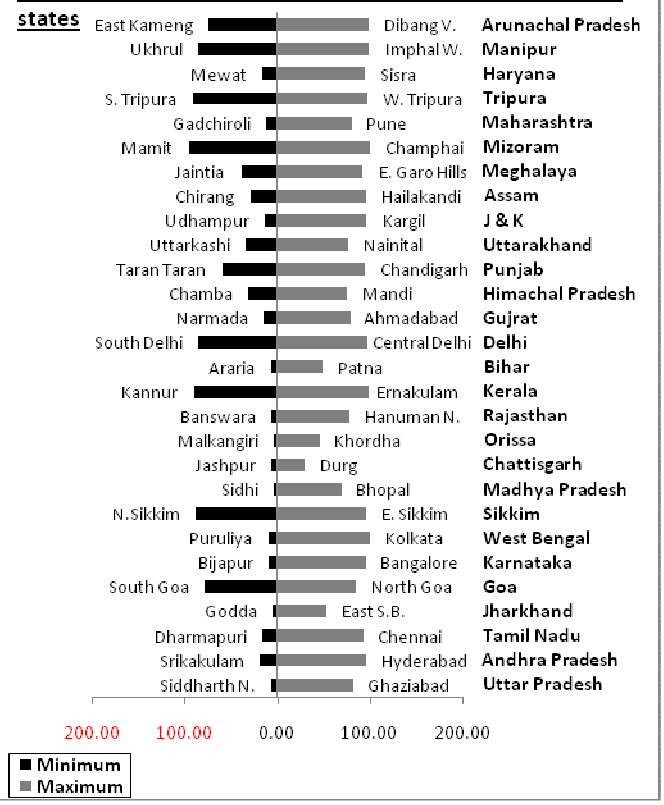

Figure 16: Percentage of people use piped drinking water by states

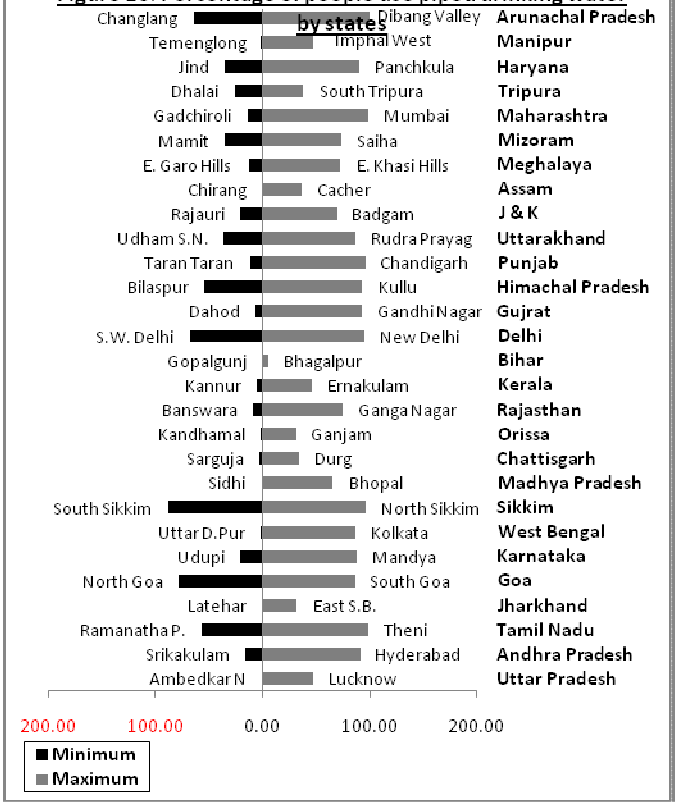

Figure 17: Percentage of literate people (Age 7+) by states

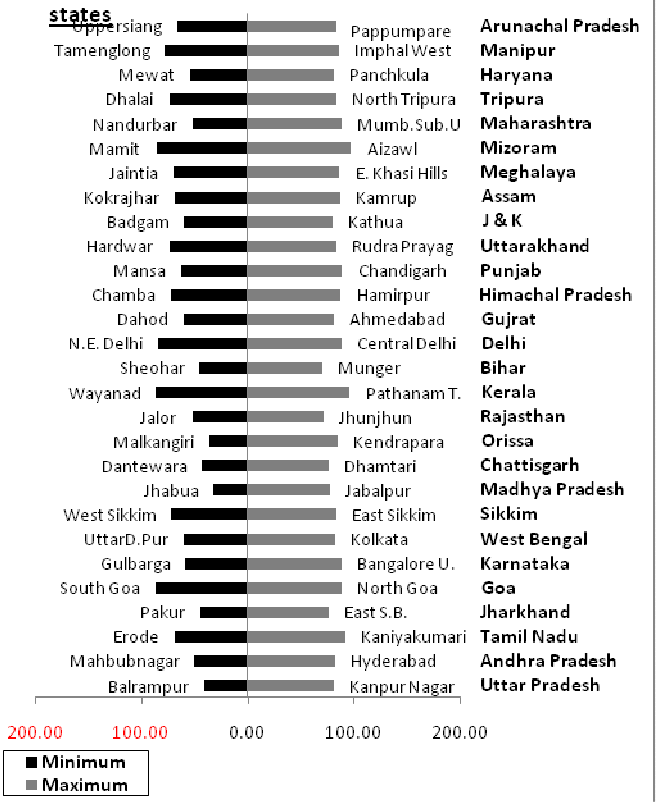

Figure 18: Percentage of children (12-23) received measles vaccination by state

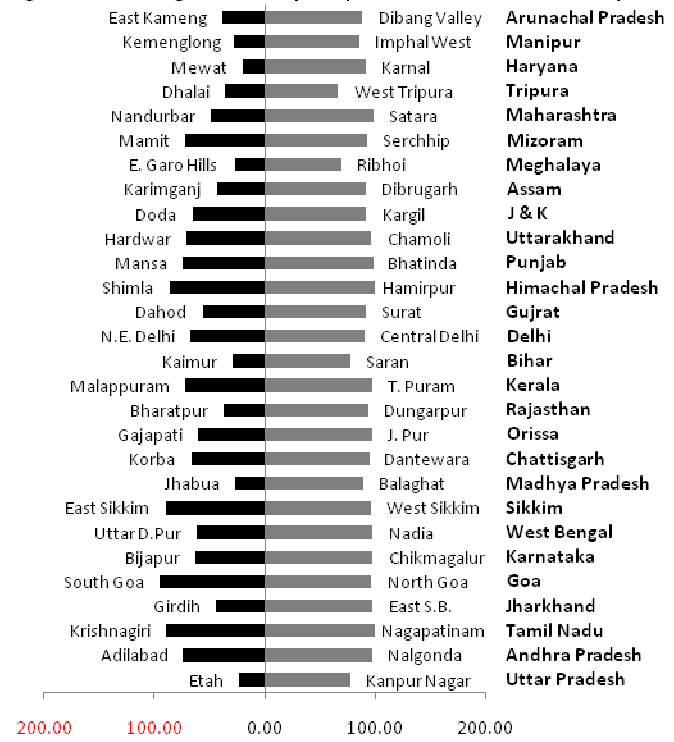

Figure 19: Percentage of women having knowledge of HIV/AIDS by state

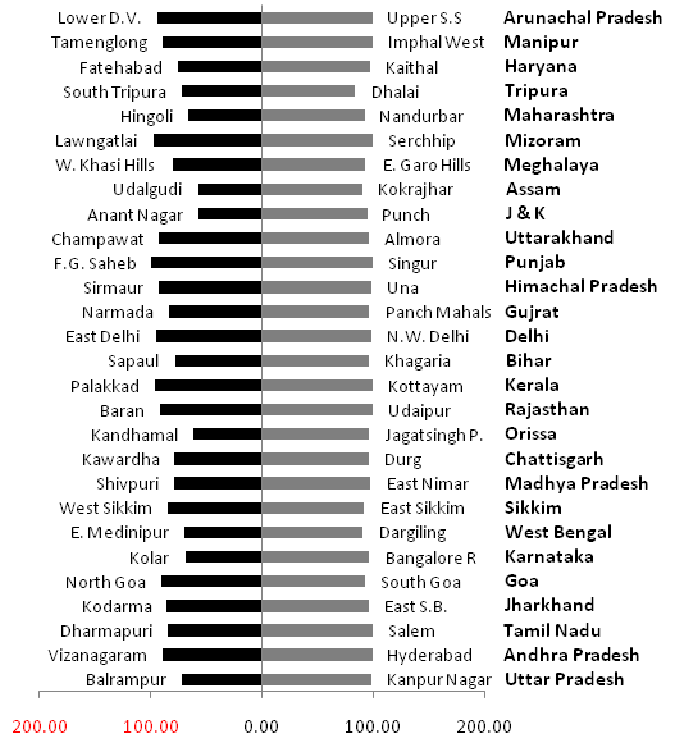

Figure 20: Percenage of men use condom by state