

BIHAR FACTSHEET 2020



DEVELOPED BY:



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India

THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

BACKDROP

In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national coalition for civil society organizations from 15 states in the country to bring certain macro-level changes that can help to achieve the envisaged health, nutrition and women's economic empowerment outcomes through a common platform. It is believed that this platform will give a collective voice to the people and has the capacity to negotiate and influence the state for the necessary integration of health, nutrition and gender under the government flagship programmes like NRLM, NHM, ICDS and others. Oxfam India acts as an interim Secretariat for this coalition at the national level to provide necessary support for its effective functioning. As the thematic areas of work of this coalition are being looked through the lens of gender discrimination and social inclusion, emphasis is being given on Dalits, Adivasis and Muslims communities.

As evidence generation is one of the key strategies for functioning of this coalition, Oxfam India intended to develop a state factsheet for each of the target states to highlight health, nutrition and women empowerment related issues of the state.

Only the important indicators related to health, nutrition and women empowerment have been included in this factsheet and presentation of segregated data is limited to only locations (rural & urban), caste categories (SC, ST, OBC & Others) and religious groups (Hindus & Muslims). As data for other religious categories are not available for all indicators for all sources, only two religious groups have been considered for the present analysis.

STATE AT A GLANCE

OVERALL POPULATION

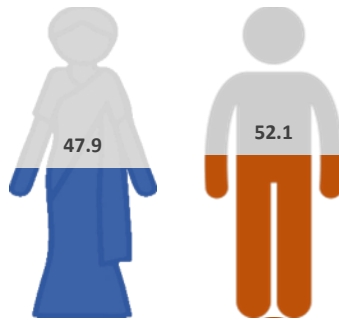
INDIA **1,210,854,977**

STATE **104,099,452**

(8.6%)
OF INDIA POPULATION

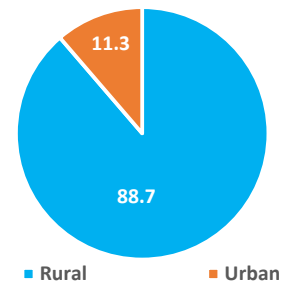
Source: Census 2011

STATE POPULATION BY SEX (%)



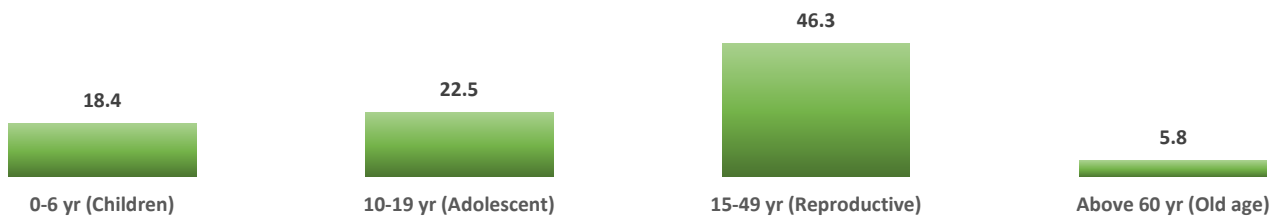
Source: Census 2011

STATE POPULATION BY LOCATION (%)



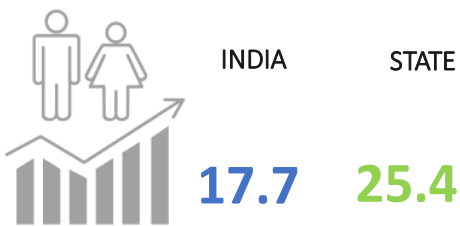
Source: Census 2011

STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

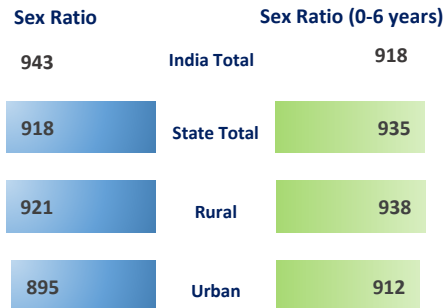
* DECADAL POPULATION GROWTH RATE (%)



* Total population growth between 2001-2011

Source: Census 2011

SEX RATIO (FEMALES PER 1000 MALES)



Source: Census 2011

HEALTH INDEX (RANK)



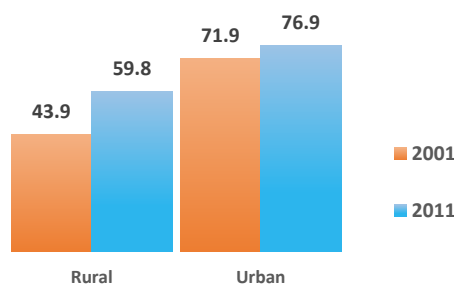
Source: Economic Survey 2019

OVERALL LITERACY RATE (%)

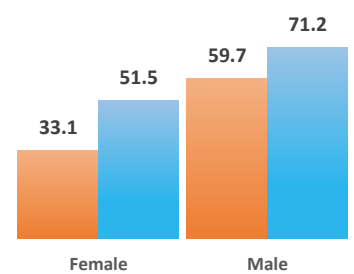
	2001	2011
INDIA	64.8	73.0
STATE	47.0	61.8

Source: Census

BY LOCATION

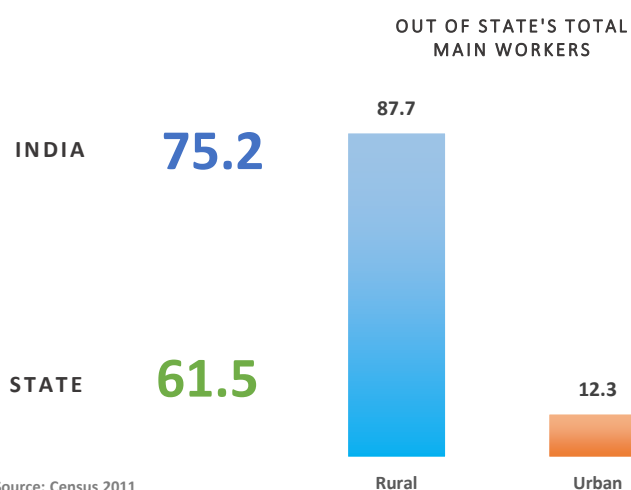


BY SEX



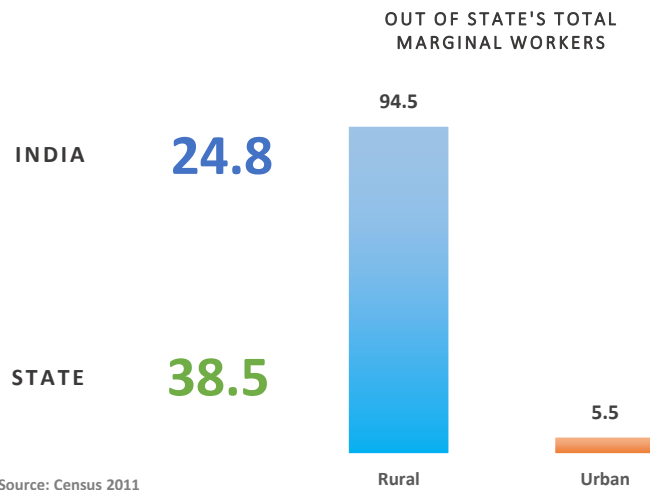
- Nearly 90% of Bihar's population lives in rural areas.
- Bihar's decadal population growth rate is 8% more than India
- Sex ratio in urban areas is a matter of concern - both overall and for children
- Bihar fares well in comparison to national total in child sex ratio by 17 points
- The state stands second from bottom in health index rank.

MAIN WORKERS (%)



Source: Census 2011

MARGINAL WORKERS (%)



Source: Census 2011

ASPIRATIONAL DISTRICTS OF STATE WITH THEIR RANKS AS PER BASELINE* CONDUCTED IN 2018

Name of the Districts	Composite Rank	Health Rank	Education Rank	Agriculture Rank	Financial Inclusion Rank	Skill Development Rank	Basic Infrastructure Rank
1. Araria	91	76	90	48	65	85	85
2. Aurangabad	52	63	48	27	30	68	91
3. Banka	82	77	79	39	71	95	92
4. Begusarai	43	48	46	10	11	84	95
5. Gaya	54	80	78	18	44	37	46
6. Jamui	72	46	71	11	62	55	100
7. Katihar	89	71	95	33	59	34	87
8. Khagaria	80	35	85	51	38	90	98
9. Muzaffarpur	46	86	41	19	26	41	74
10. Nawada	63	70	62	38	36	75	83
11. Purnia	85	58	93	44	35	53	57
12. Sheikhpura	58	67	76	28	58	10	66
13. Sitamarhi	78	73	84	46	83	72	51

Source: Niti Aayog

TOP 20 IN INDIA BOTTOM 20 IN INDIA

*Total 115 districts have been identified as Aspirational Districts in India. But the ranks given in the table are based on the baseline conducted by NITI Aayog in 2018 for 101 Aspirational Districts only.

- Bihar has less main workers and more marginal workers in comparison to India, reflective of poor employment opportunities in the state.
- Five districts in Bihar fall in the bottom 20 aspirational districts of India, when scored for composite ranking. On segregation, it is found that the state fares somewhat well in agriculture.

PROPORTION OF VULNERABLE POPULATION

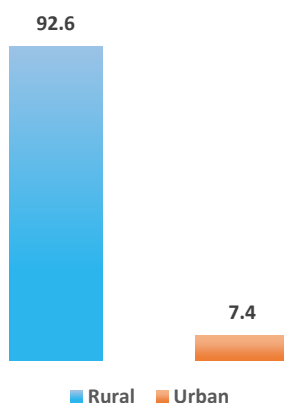
OVERALL SCHEDULE CASTE (SC) POPULATION

INDIA **201,378,372**

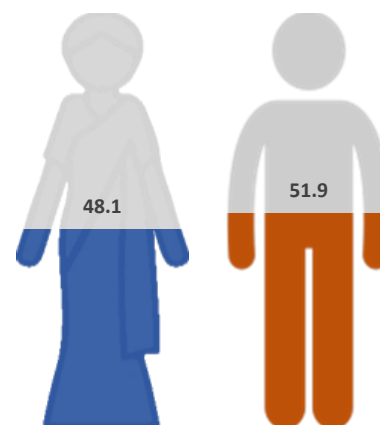
STATE **16,567,325**
(8.2%)

Out of India's SC population

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



Source: Census 2011

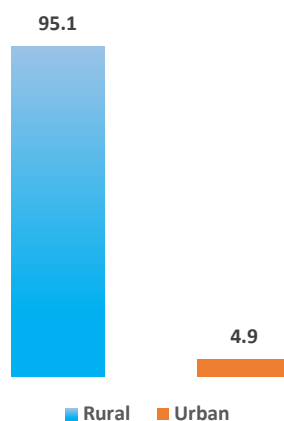
OVERALL SCHEDULE TRIBE (ST) POPULATION

INDIA **104,545,716**

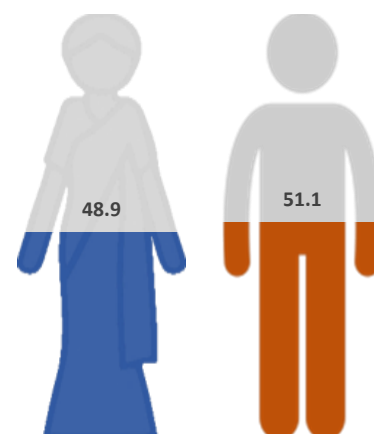
STATE **1,336,573**
(1.3%)

Out of India's ST population

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



Source: Census 2011

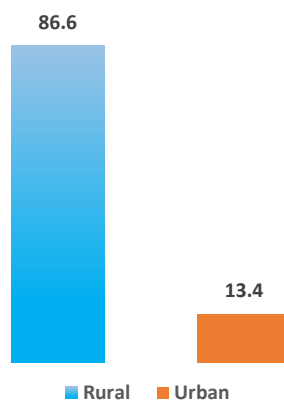
OVERALL MUSLIM POPULATION

INDIA **172,245,158**

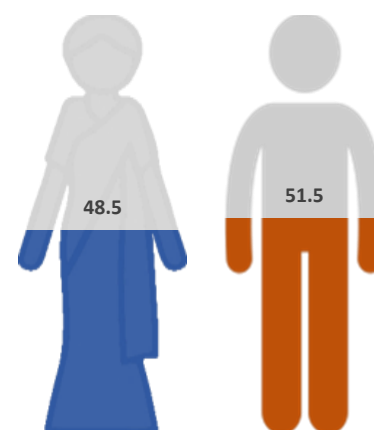
STATE **17,557,809**
(10.2%)

Out of India's Muslim population

MUSLIM POPULATION BY LOCATION (%)



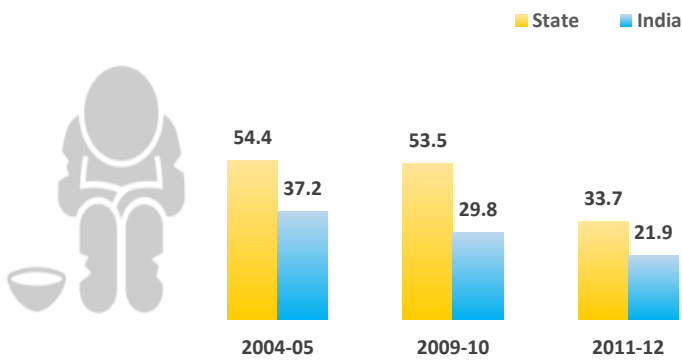
MUSLIM POPULATION BY SEX (%)



Source: Census 2011

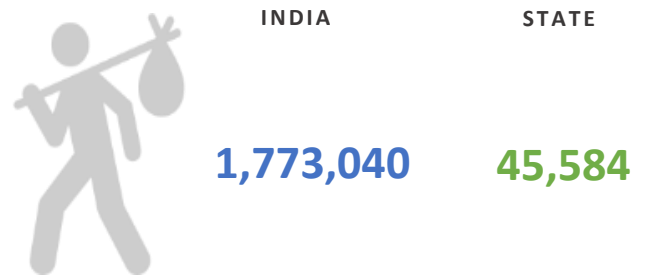
- Scheduled castes, Scheduled Tribes and Muslims contribute to 15.9%, 1.3%, 16.8% respectively of the total state population, reflecting the major contribution of SC and Muslim groups.

POPULATION LIVING BELOW POVERTY LINE (%)



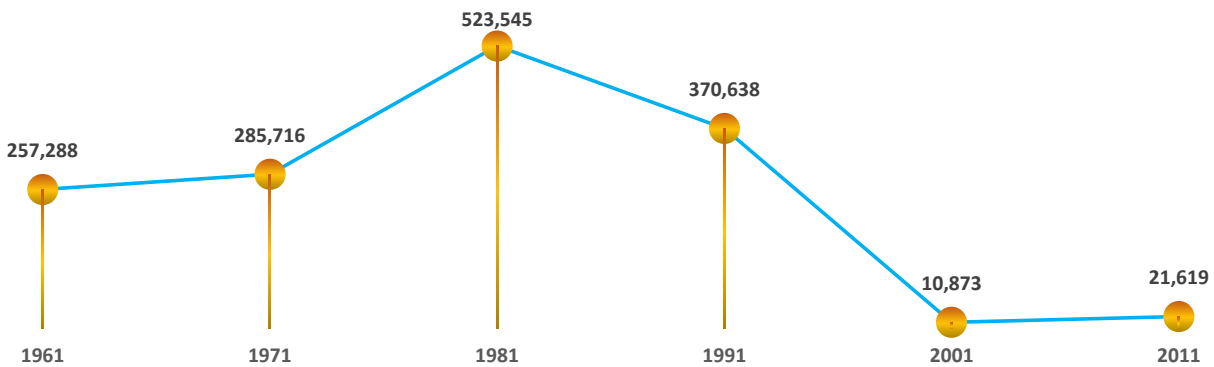
Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)



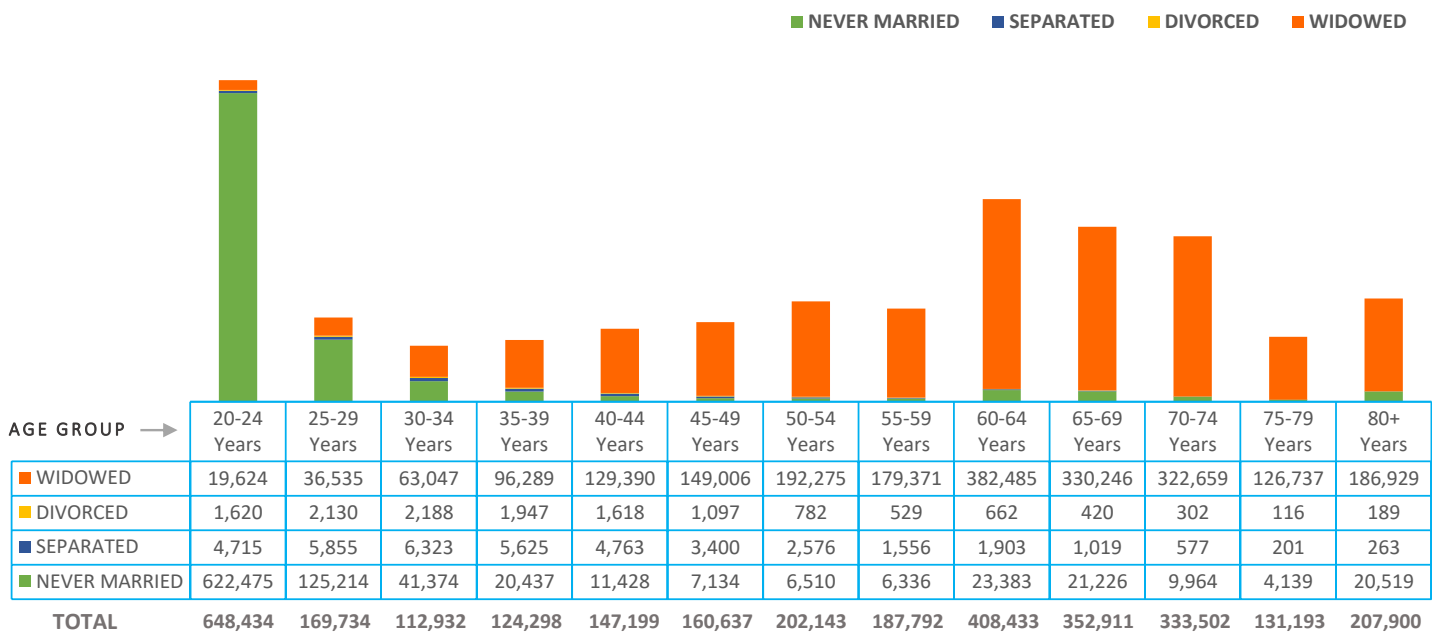
Source: Census 2011

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)



Source: Statistical Profile Of Scheduled Tribes In India 2013

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- There is a reduction of more than 20 percentile points in the state's BPL population between 2004-05 and 2011-12.
- In the last three decades, there has been a severe depletion in the state's PVTG population, coming down from 5 lakhs to as low as 20 thousand in 2011.
- Nearly 14 lakh women aged 60 years and above are single in the state which depicts their vulnerability in terms of both age and social security.

PERSONS WITH DISABILITIES IN ALL AGE GROUP

INDIA'S TOTAL PERSON WITH DISABILITIES STATE'S TOTAL PERSON WITH DISABILITIES

26,814,994

2,331,009

(8.7%)

OUT OF WHICH

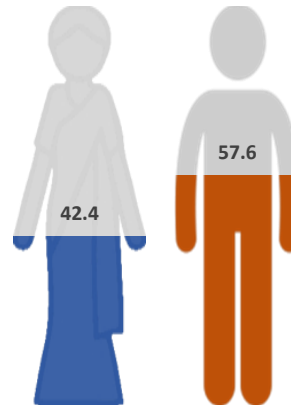
2,116,698

110,844

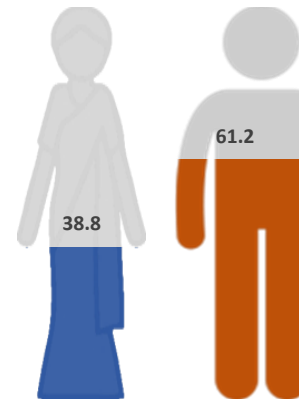
(5.2%)

REPORTED MULTIPLE DISABILITIES

PERSONS WITH DISABILITIES OUT OF STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE DISABILITIES OUT OF STATE'S MULTIPLE DISABILITIES (%)



Source: Census 2011

CHILDREN (0-4 YEARS) WITH DISABILITIES

INDIA'S TOTAL CHILDREN (0-4 YEARS) WITH DISABILITIES STATE'S TOTAL CHILDREN (0-4 YEARS) WITH DISABILITIES

1,291,637

186,314

(14.4%)

OUT OF WHICH

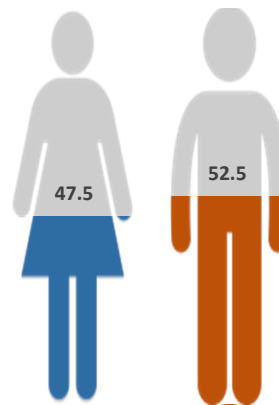
78,662

6,843

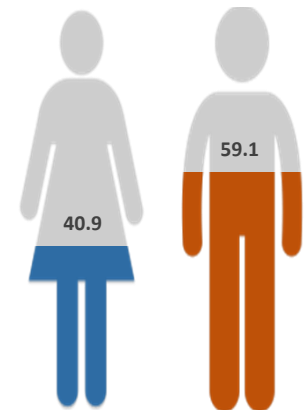
(8.7%)

REPORTED MULTIPLE DISABILITIES

PERSONS WITH DISABILITIES OUT OF STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE DISABILITIES OUT OF STATE'S MULTIPLE DISABILITIES (%)



Source: Census 2011

CHILDREN (5-9 YEARS) WITH DISABILITIES

INDIA'S TOTAL CHILDREN (5-9 YEARS) WITH DISABILITIES STATE'S TOTAL CHILDREN (5-9 YEARS) WITH DISABILITIES

1,955,926

257,526

(13.2%)

OUT OF WHICH

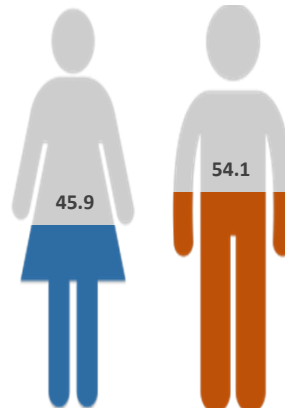
187,492

13,161

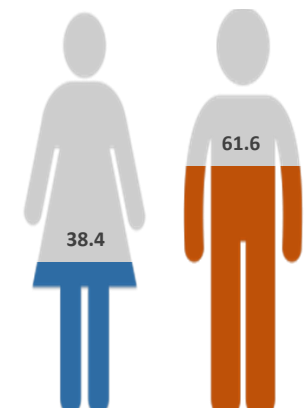
(7%)

REPORTED MULTIPLE DISABILITIES

PERSONS WITH DISABILITIES OUT OF STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE DISABILITIES OUT OF STATE'S MULTIPLE DISABILITIES (%)



Source: Census 2011

- Out of total disabilities, 16% of the children aged 0-9 years are living with disabilities in Bihar.
- Across age-groups, more males are found to be living with disabilities than their female counterparts.

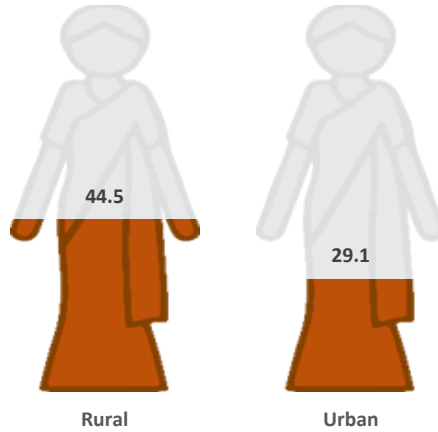
HEALTH AND NUTRITION

MARRIAGE AND FERTILITY

WOMEN 20-24 YEARS MARRIED BEFORE 18 YEARS (%)

INDIA **26.8**

STATE **42.5**

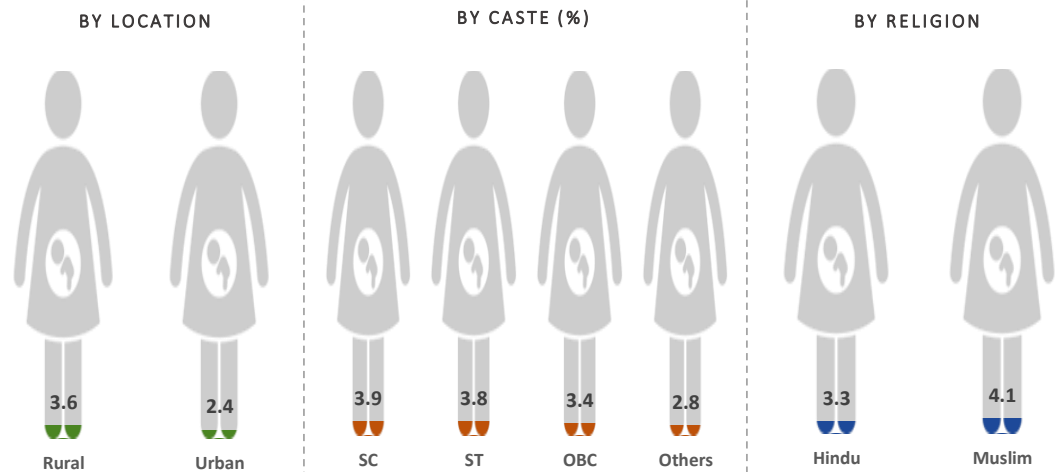


Source: NFHS 2015-2016

TOTAL FERTILITY RATE (%)

INDIA **2.2**

STATE **3.4**

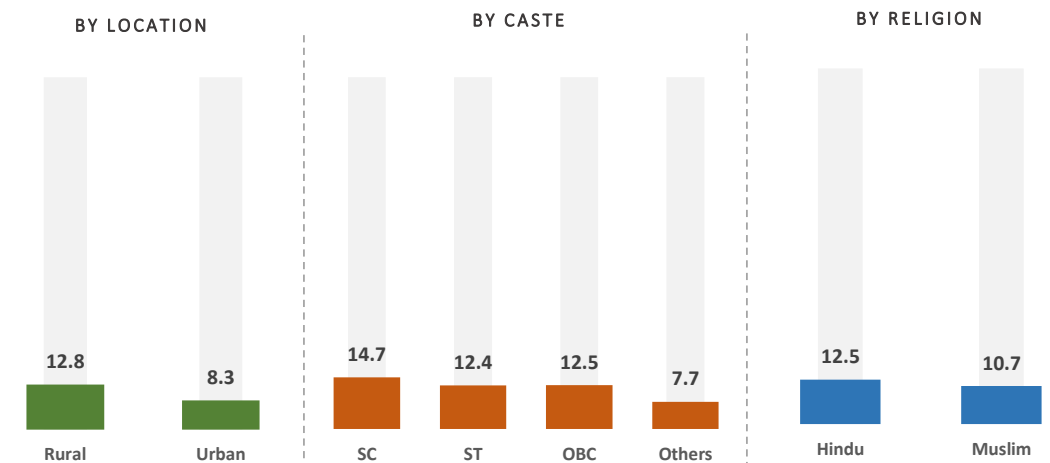


Source: NFHS 2015-2016

WOMEN 15-19 YEARS WHO WERE ALREADY MOTHERS OR PREGNANT (%)

INDIA **7.9**

STATE **12.2**

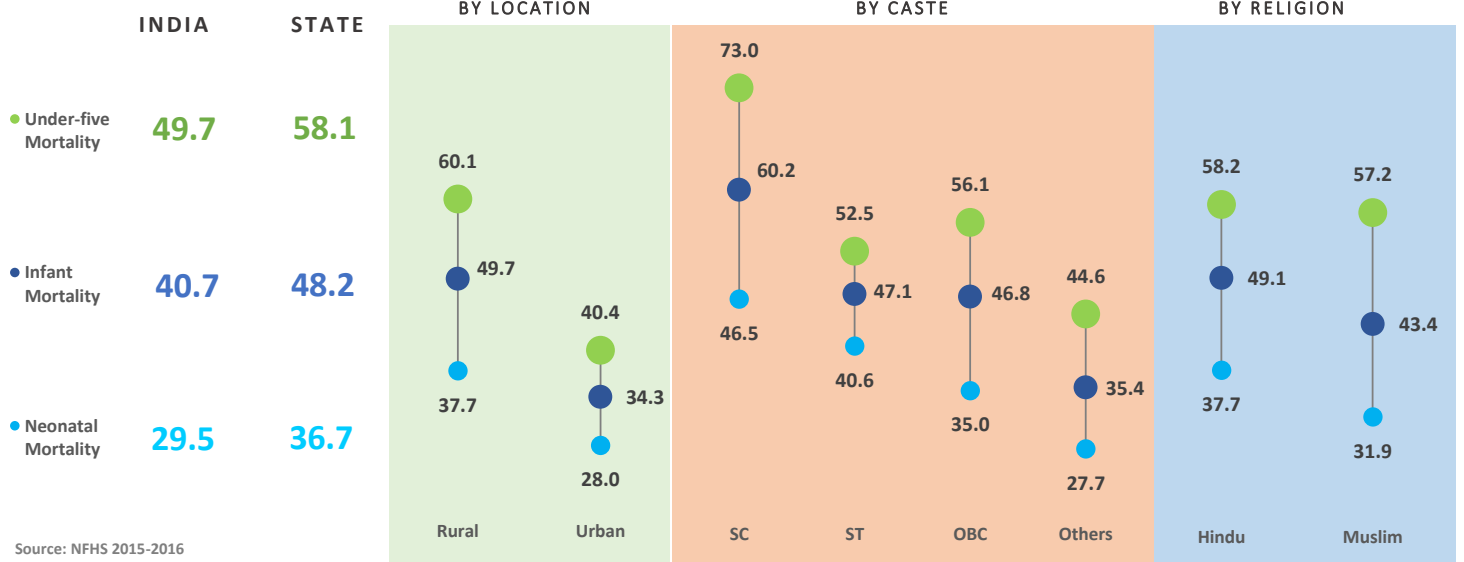


Source: NFHS 2015-2016

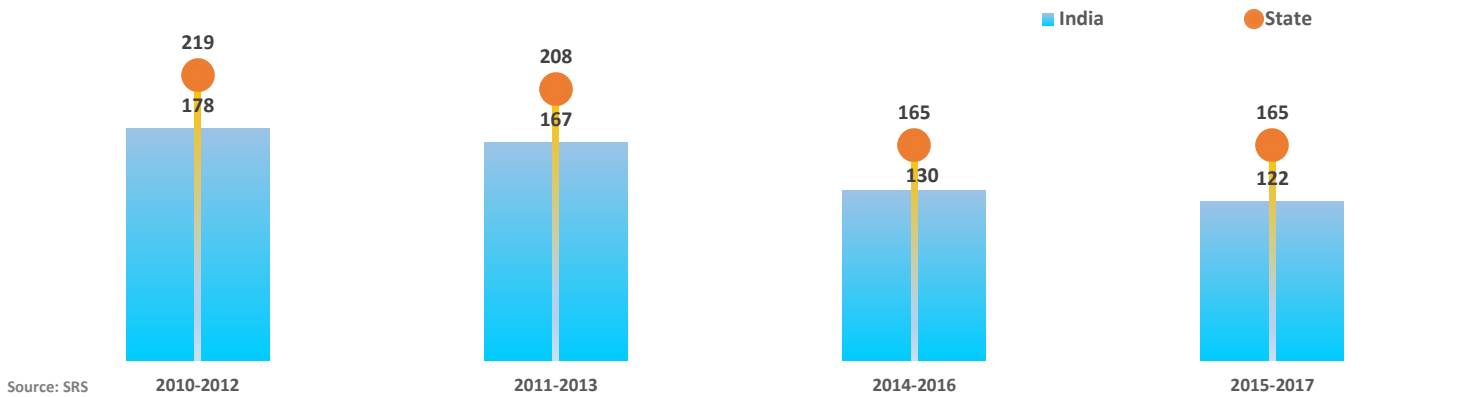
- More than 40% girls living in rural Bihar get married before they turn 18.
- High rate (15%) of teenage pregnancies among SCs
- The state records a higher rate of TFR in comparison to the national total with Muslims recording the maximum (4.1%).

MORTALITY

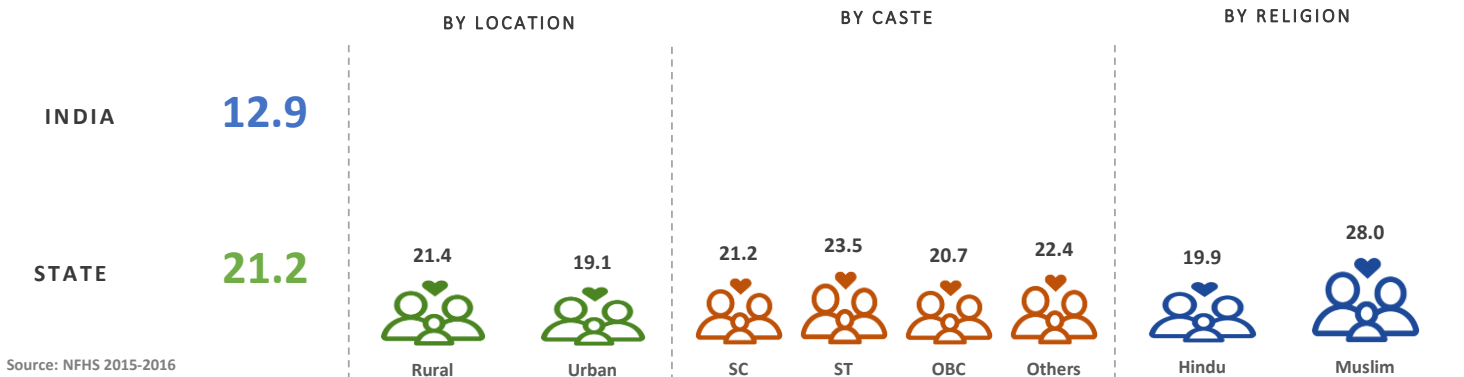
MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



MATERNAL MORTALITY RATE (MMR) (DEATHS PER 100,000 LIVE BIRTHS)



CURRENTLY MARRIED WOMEN AGED 15-49 WITH UNMET NEED * FOR FAMILY PLANNING (%)

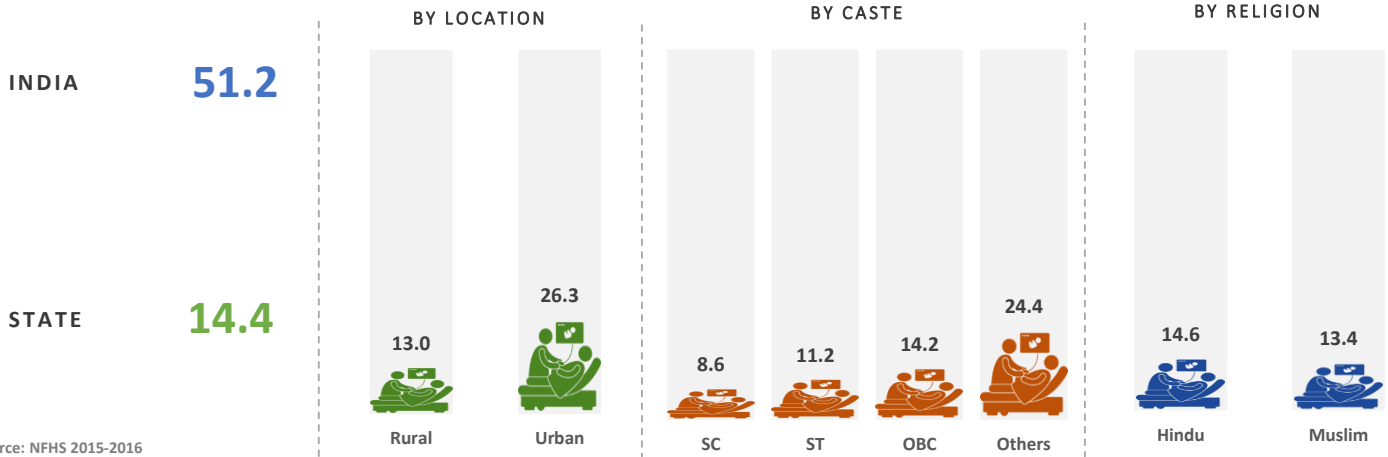


* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

- High Child mortality rates (neonatal, infant and under-5) in rural areas and among scheduled caste population in Bihar
- Mortality rates (both maternal and child) in Bihar are much higher in comparison to country figures.
- While the country has not witnessed any change in its maternal mortality rate since 2014, Bihar recorded a change of 8 points between 2014 to 2017, signifying improvement.
- Prevalence of high unmet need among Muslim women signifying poor access to contraceptive measures. Also need to remember that TFR is also high among Muslims in the state.

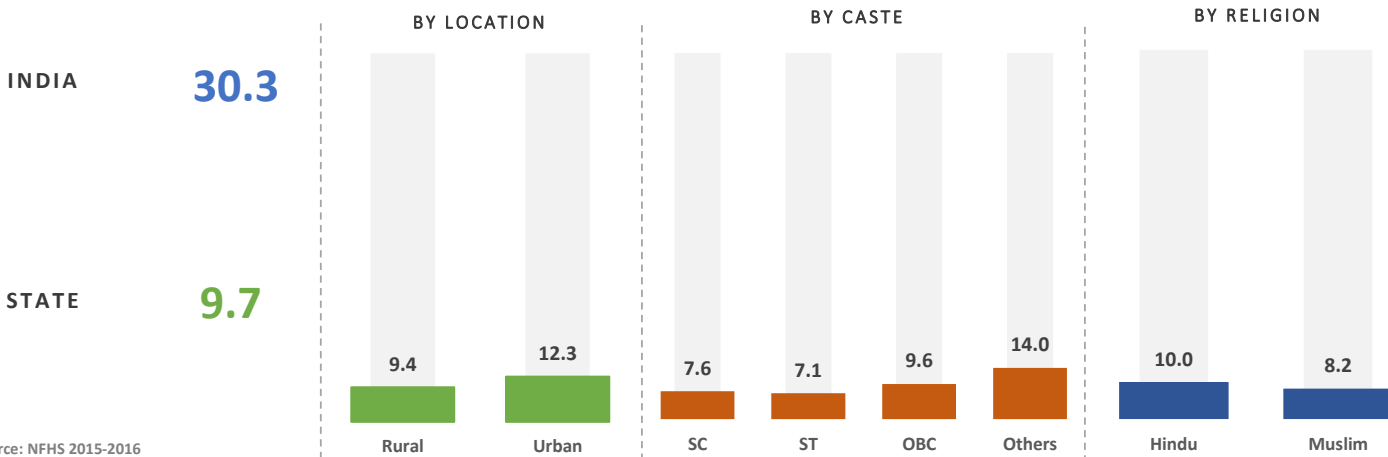
MATERNAL CARE

MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



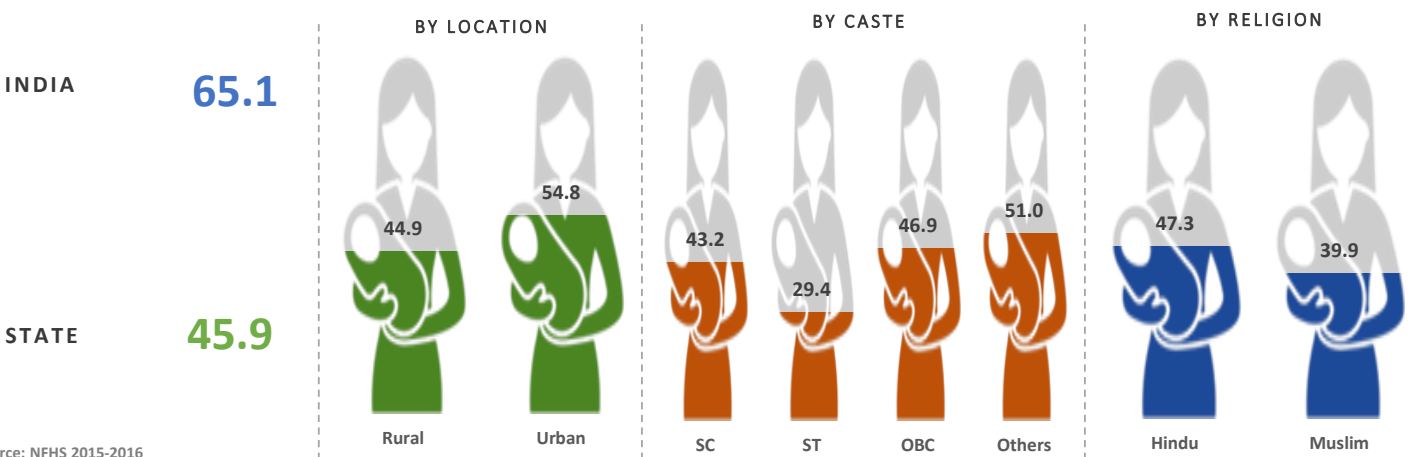
Source: NFHS 2015-2016

MOTHERS WHO CONSUMED IFA FOR 100 DAYS OR MORE WHEN THEY WERE PREGNANT (%)



Source: NFHS 2015-2016

MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)

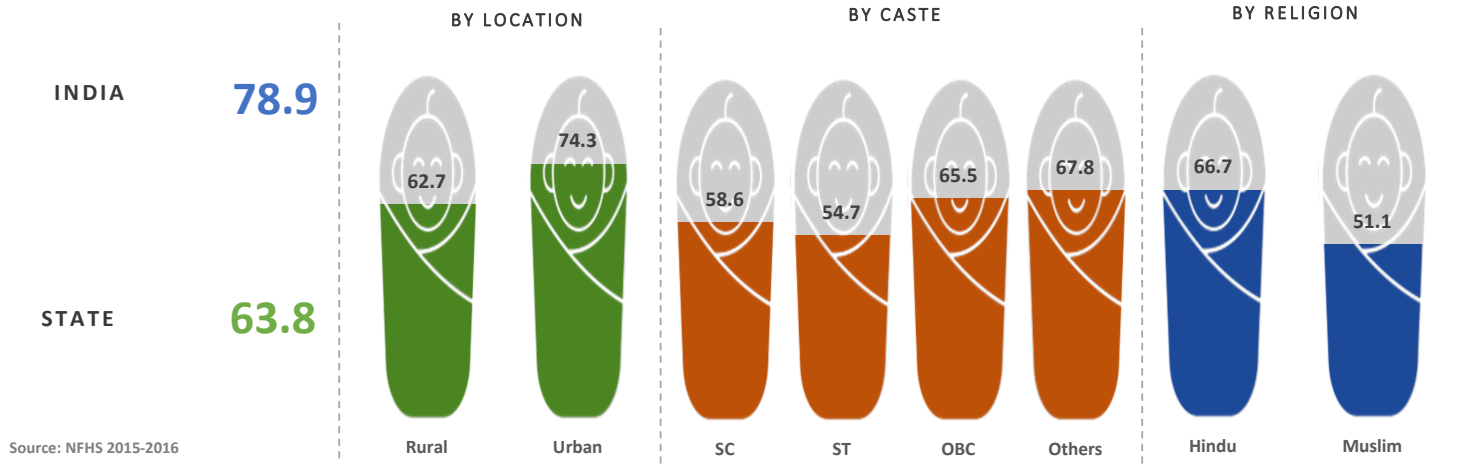


Source: NFHS 2015-2016

- The state shows low utilization of antenatal care services among all women and postnatal care services especially among ST's.
- Extreme low consumption rate of IFA tablets during pregnancy, with the state recording a meagre 9% in comparison to a national total of 30%.

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA



17.2

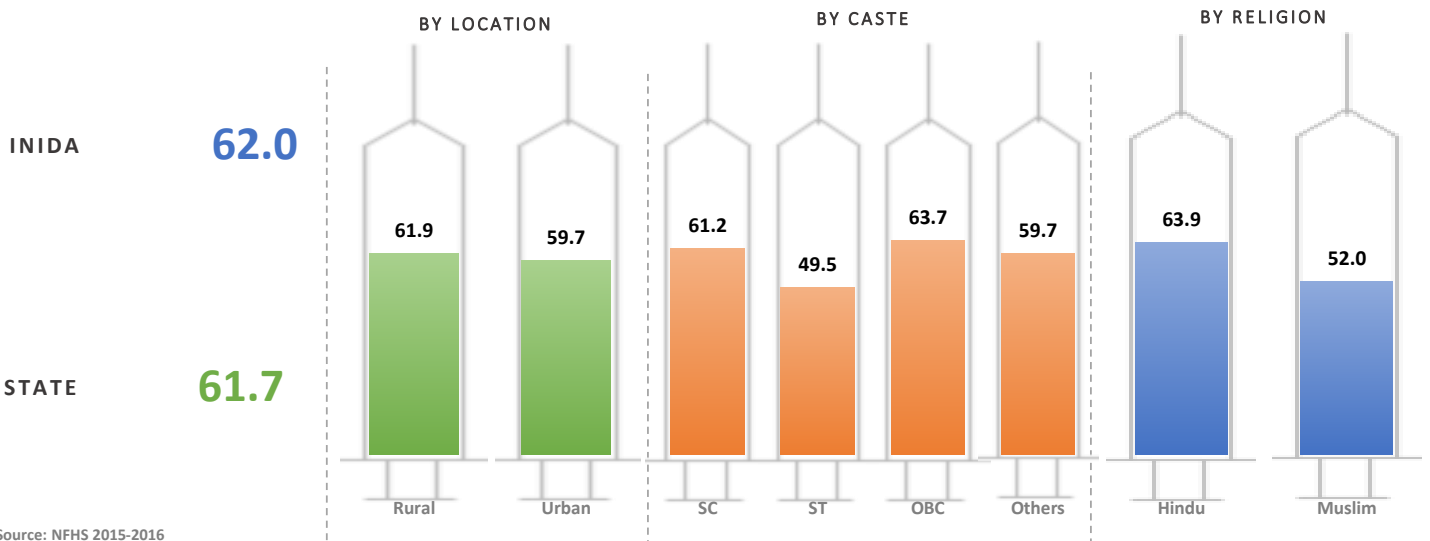
STATE

6.2



Source: NFHS 2015-2016

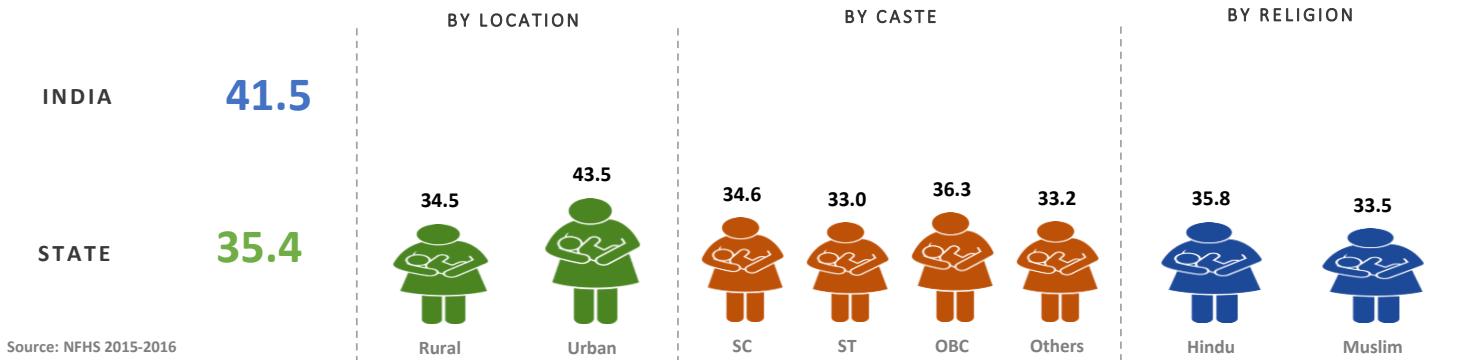
CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



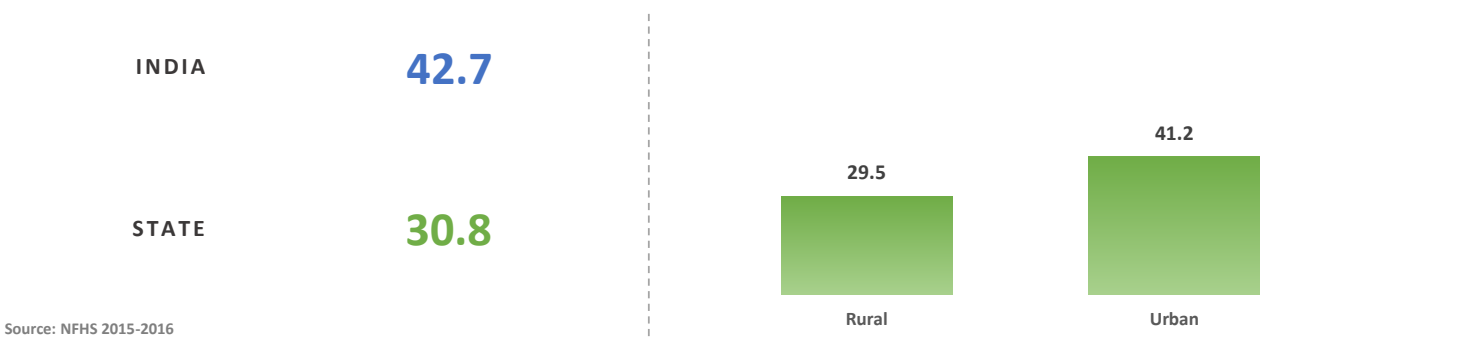
- Both institutional delivery and immunization is a concern among Scheduled Tribe population.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

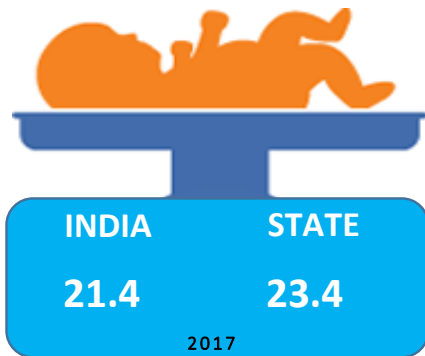
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



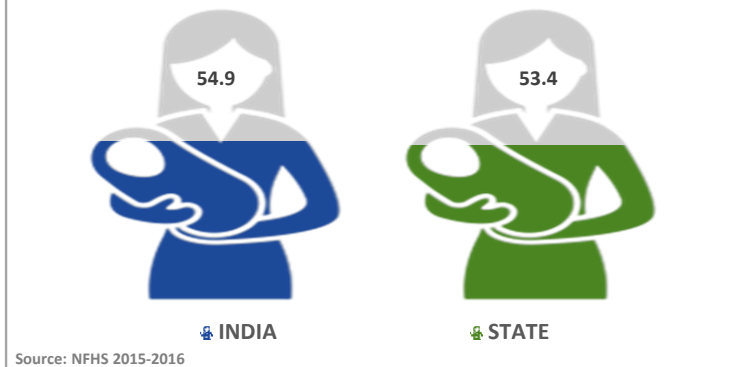
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



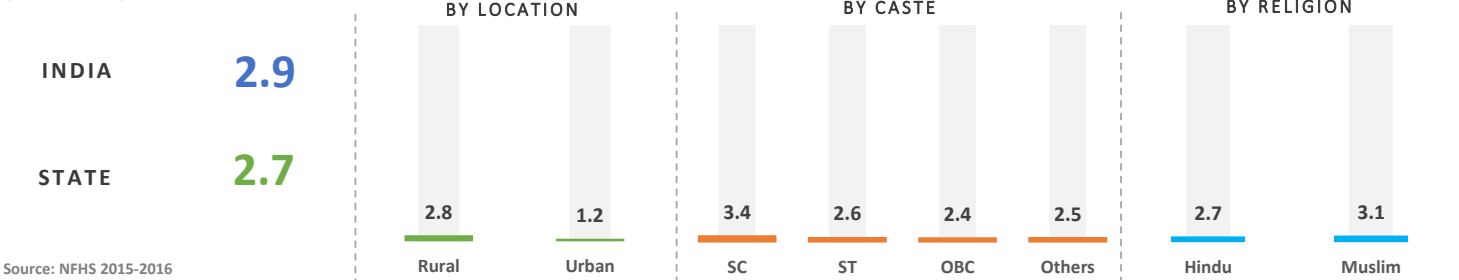
PREVALENCE OF LOW BIRTHWEIGHT (%)



CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING AMONG LAST-BORN CHILDREN BORN IN THE LAST THREE YEARS (MONTHS)



- The country and Bihar shows low rate in early initiation of breastfeeding, with only 35% of the mothers in the state, breast-feeding their babies within one hour of birth
- While half of the state's children are exclusively breastfed yet data for median duration of exclusive breastfeeding comes to only around 3 months for each child instead of the stipulated 6 months of compulsory exclusive feeding.

CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

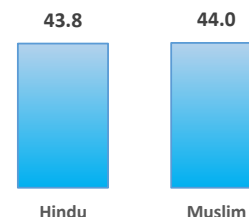
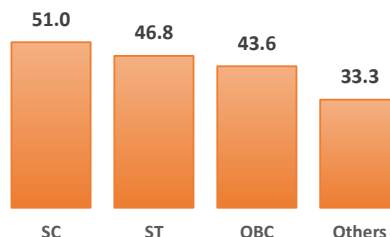
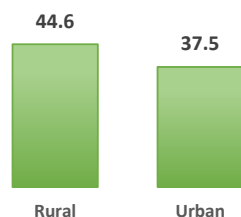
BY LOCATION

BY CASTE

BY RELIGION

INDIA **35.7**

STATE **43.9**



Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

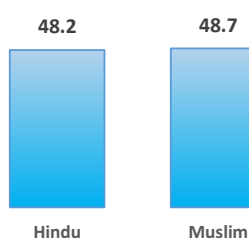
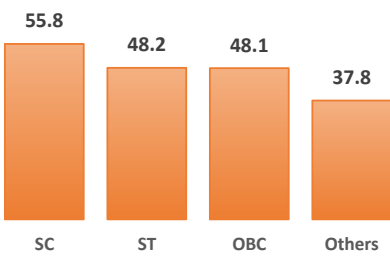
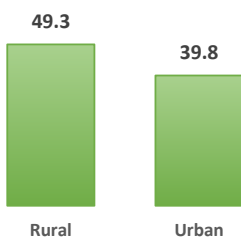
BY LOCATION

BY CASTE

BY RELIGION

INDIA **38.4**

STATE **48.3**



Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

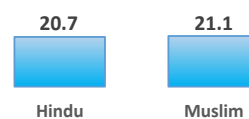
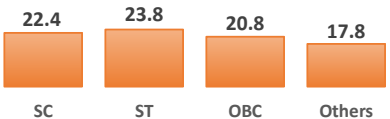
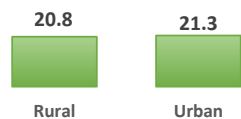
BY LOCATION

BY CASTE

BY RELIGION

INDIA **21.0**

STATE **20.8**



Source: NFHS 2015-2016

CHILDREN AGE 6-59 MONTHS WHO ARE ANAEMIC (<11.0 G/DL)(%)

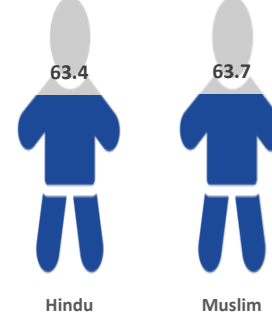
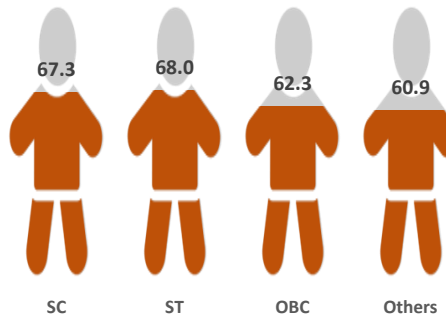
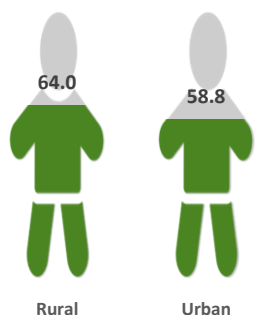
BY LOCATION

BY CASTE

BY RELIGION

INDIA **58.5**

STATE **63.5**

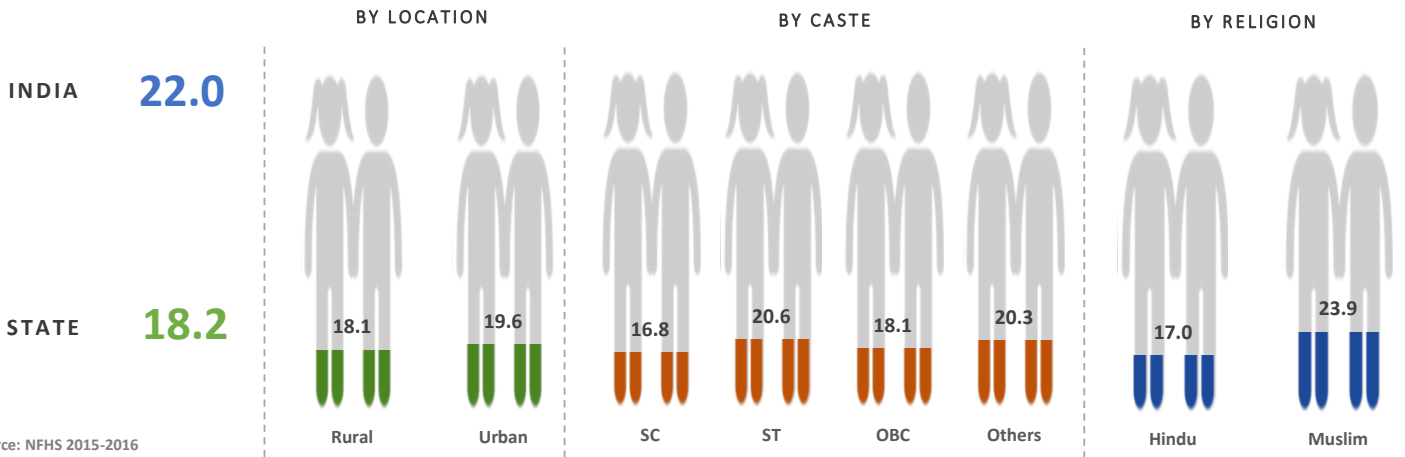


Source: NFHS 2015-2016

- While the state fares very badly in child stunting and underweight figures (48.3% & 43.9% respectively), the prevalence of this is further high among the Scheduled caste community.

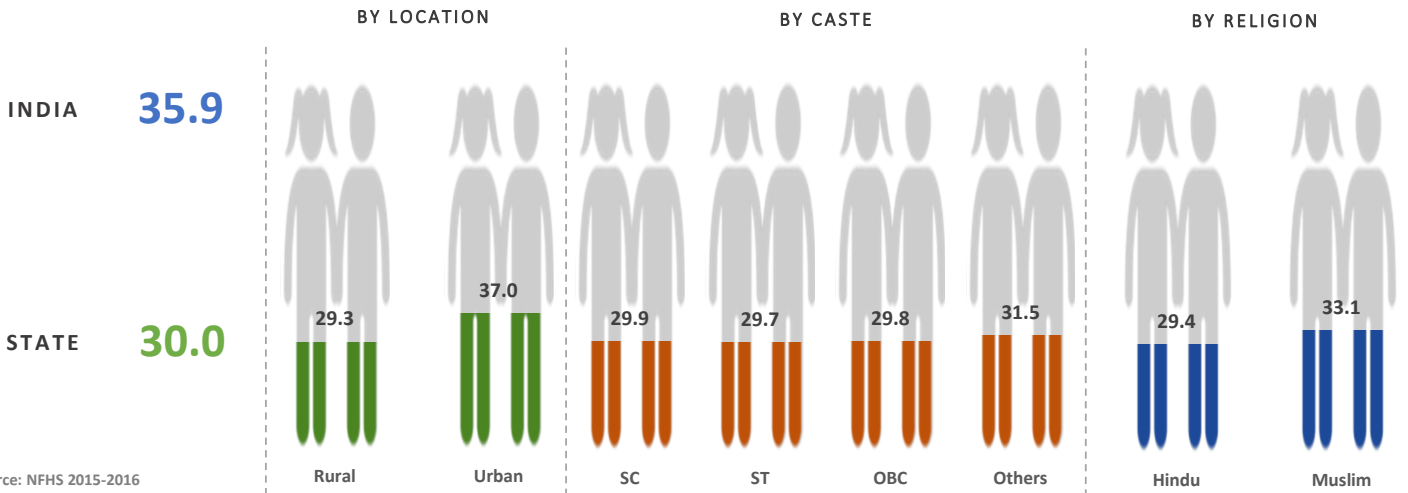
DIETARY DIVERSITY PATTERN

6-23 MONTHS CHILDREN FED 4+ FOOD GROUPS IN PAST 24 HOURS (%)



Source: NFHS 2015-2016

6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)

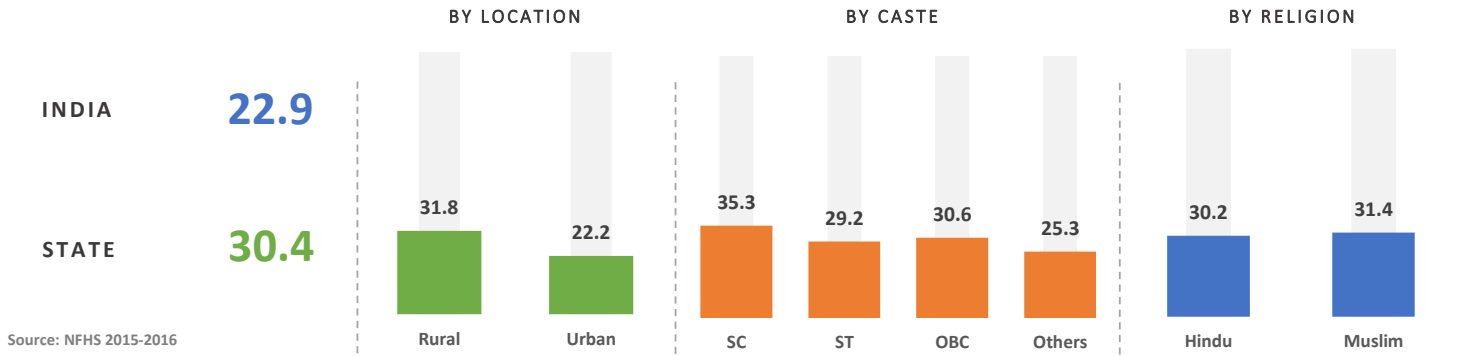


Source: NFHS 2015-2016

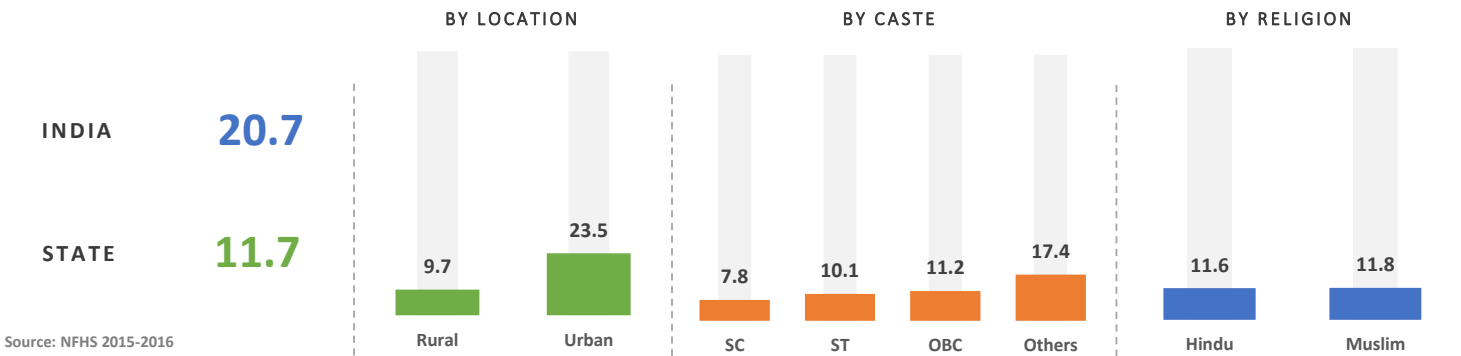
- Only 18% of Bihar's children consume meals having 4 or more food groups. This can also be linked with the appalling level of malnutrition prevalent among the children in the state. Similar concern is with minimum meal frequency.

NUTRITIONAL STATUS OF WOMEN AND MEN

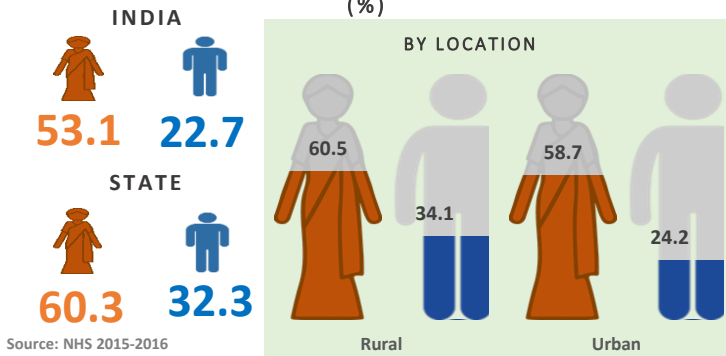
WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M²) (%)



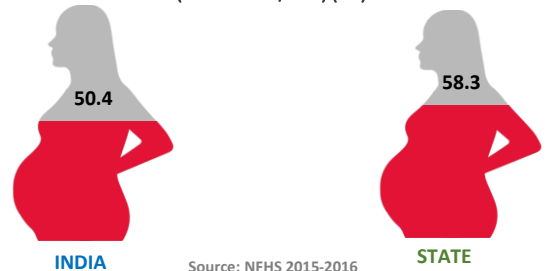
WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M²) (%)



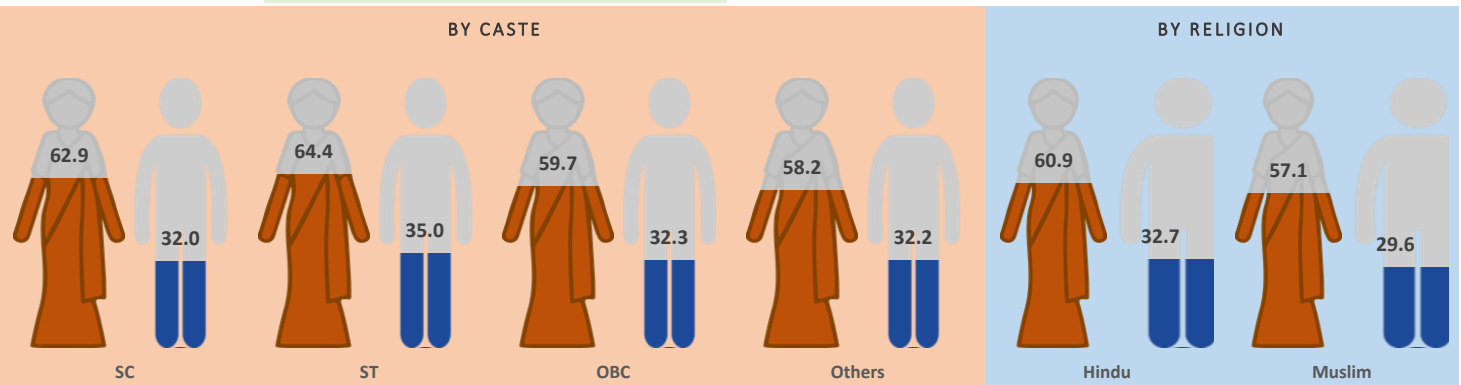
WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



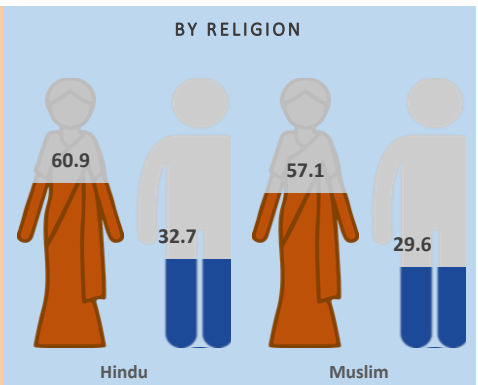
PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



BY CASTE



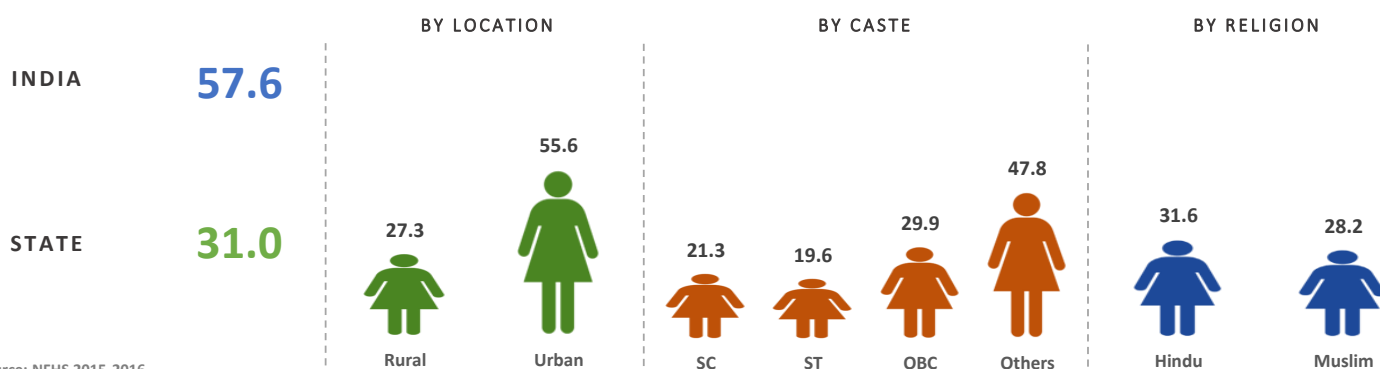
BY RELIGION



- There is a higher proportion of women with below normal Body Mass Index (BMI) in rural areas and among scheduled caste communities.
- Anaemia is a major concern both across the nation and state with around 60% of the women (pregnant and non-pregnant) with low haemoglobin count. In the previous section, it was found that anaemia is also prevalent among the children.

MENSTRUAL HYGIENE

WOMEN AGED 15-24 WHO USED HYGIENIC METHOD OF PROTECTION DURING MENSTRUATION (%)



Source: NFHS 2015-2016

OTHER HEALTH ISSUES

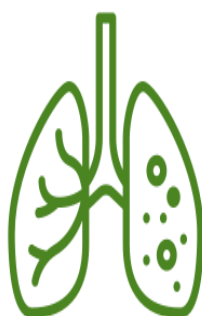
PERSONS SUFFERING FROM TUBERCULOSIS

INDIA **2,155,894**

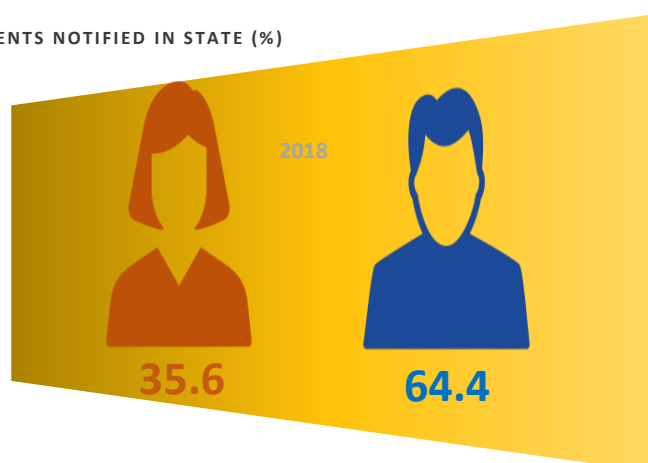
STATE **104,930**

4.9%

OUT OF TB PATIENTS NOTIFIED IN INDIA



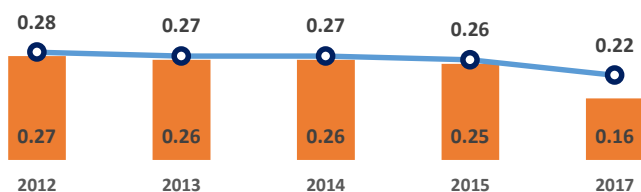
OUT OF TB PATIENTS NOTIFIED IN STATE (%)



Source: India TB Report 2019

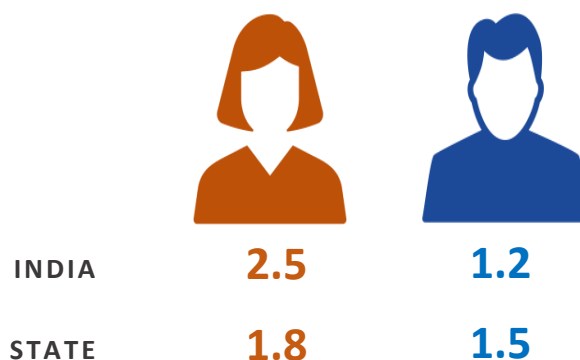
PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

STATE INDIA



Source: India NACO-Report

WOMEN & MEN AGED 15-49 YEARS WHO REPORTED SEXUALLY TRANSMITTED INFECTION (STI) IN THE PAST 12 MONTHS (%)



Source: NFHS 2015-2016

- Prevalence of unsafe menstrual practices is a major concern in the state with around 70% having poor menstrual hygiene. This difference is particularly high among the rural and urban agglomerations and also across the social groups (SC, ST, OBCs fare lower than the others).
- High prevalence of Tuberculosis among men is another concern.

HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE
(% OF TOTAL HEALTH EXPENDITURE)

OUT OF POCKET HEALTH EXPENDITURE
(% OF TOTAL HEALTH EXPENDITURE)

INDIA

30.6



60.6

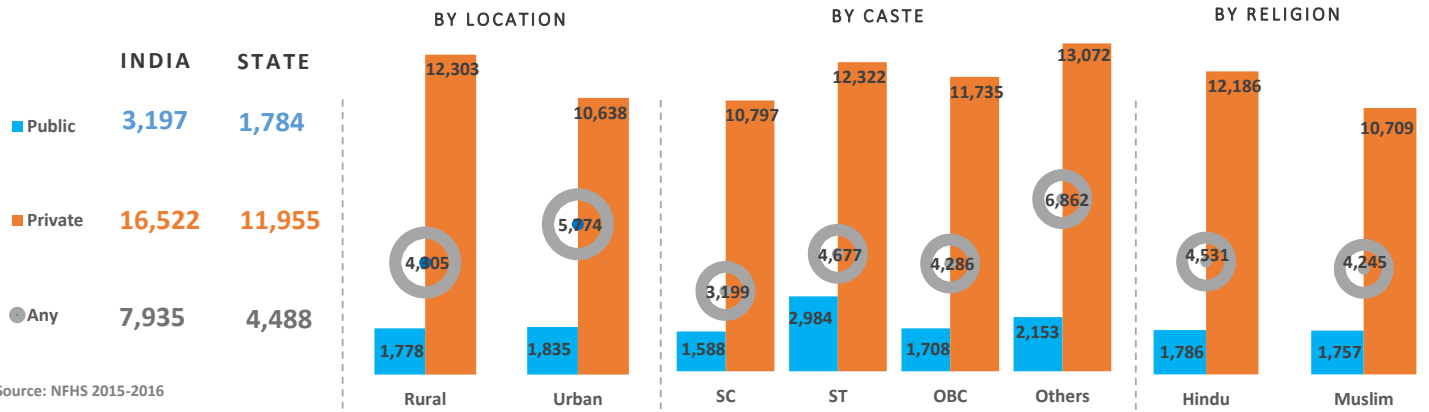
STATE

19.1

79.9

Source: National Health Accounts Estimates for India 2015-16

AVERAGE OUT OF POCKET EXPENDITURE PER DELIVERY IN PUBLIC, PRIVATE AND ANY HEALTH FACILITY (RUPEES)



Source: NFHS 2015-2016

- Government share in health expenditure is abysmal in both India and Bihar. However, Bihar fares lower with around 10% difference in comparison to the country.
- With low government share in health expenditure, Bihar shows high out of pocket expense (80%). Moreover, while average expenditure for delivery in public health facilities is around Rs. 1700/- in Bihar, it is approximately Rs. 3000/- for the scheduled tribes.

GOVERNMENT FLAGSHIP PROGRAMMES FOR HEALTH AND NUTRITION

NATIONAL HEALTH MISSION

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

NHM has six financing components:

- (i) NRHM-RCH Flexipool,
- (ii) NUHM Flexipool,
- (iii) Flexible pool for Communicable disease,
- (iv) Flexible pool for Non communicable disease including Injury and Trauma,
- (v) Infrastructure Maintenance and
- (vi) Family Welfare Central Sector component.

INTEGRATED CHILD DEVELOPMENT

Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development.

The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. Objectives of the Scheme are:

1. To improve the nutritional and health status of children in the age-group 0-6 years;
2. To lay the foundation for proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development;
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

POSHAN ABHIYAAN

The Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN) Abhiyaan or National Nutrition Mission is one of the India's flagship programmes to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers by leveraging technology, a targeted approach and convergence. It aims to build a people's movement (Jan Andolan) around malnutrition.

Key Strategies

For implementation of POSHAN Abhiyaan the mission adopts a four point strategy:

1. Inter-sectoral convergence for better service delivery
 2. Use of technology (ICT) for real time growth monitoring and tracking of women and children
 3. Intensified health and nutrition services for the first 1000 days
- Jan Andolan

SHORTFALL IN HEALTH FACILITIES IN RURAL AREAS (%)

(as on 1st July 2019)

	India	State
Sub Centres and HWC-SCs	23.0	53.4
PHCs and HWC-PHCs	28.2	46.5
CHCs	36.9	83.1

Source: Rural Health Statistics 2019

SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

India State

Anganwadi Workers	4.7	6.9
Source: Status report of ICDS as on 31st March 2015		
ASHA	Surplus	14.2
(as on 1st July 2019)		
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	86.3

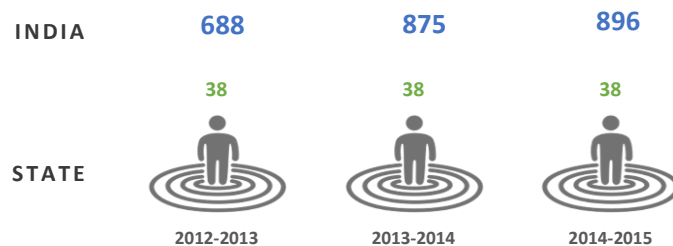
Source: Rural Health Statistics 2019

NUMBER OF AWCs



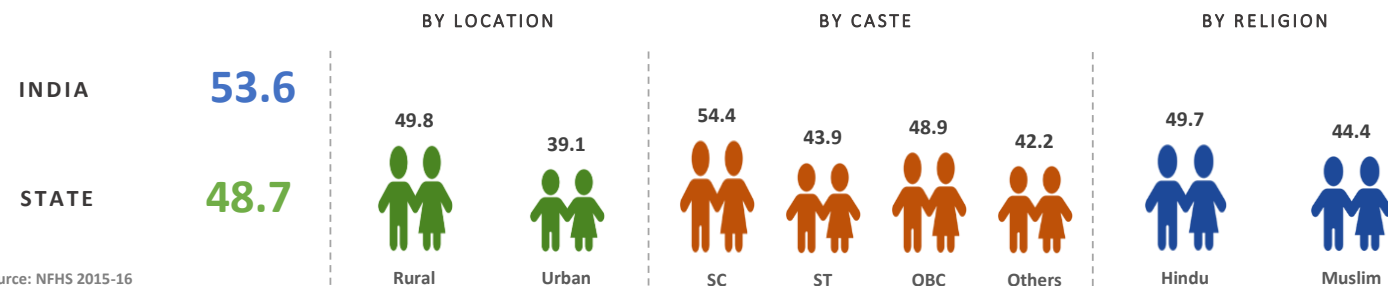
Source: Status report of ICDS as on 31st March 2015

NUMBER OF NUTRITIONAL REHABILITATION CENTRES



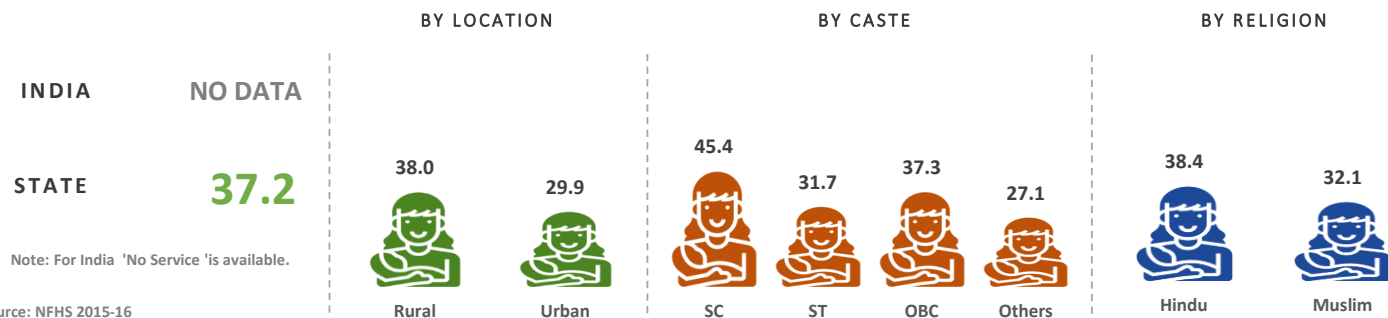
Source: PIB 2012-13, 2013-14 & 2014-15

CHILDREN AGED 0-71 MONTHS WHO RECEIVED SERVICES FROM AN AWC (%)



Source: NFHS 2015-16

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

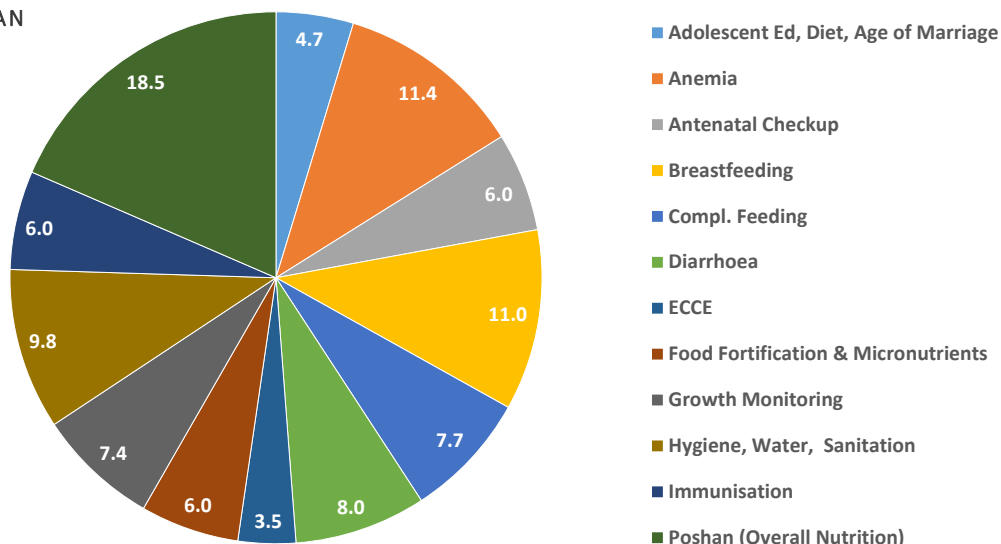


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state has a tremendous shortfall of primary health-care facilities, with a shortfall of more than 80% of CHCs which is the first point of contact for the people with any health specialist. Consequently, there is also a shortfall of more than 85% specialists at the CHC level.
- While more than 20% of the sanctioned AWCs are not operational in the state, out of those operational more than 30% of the centres are not providing services.
- More than half of the state's children and nearly two-third of its pregnant women do not receive their entitled services like nutritious food etc. from AWC.

THEMES-WISE ACTIVITIES IN POSHAN
MAAH (SEPTEMBER 2019)



Source: <http://dashboard.poshanabhiyaan.gov.in/janandolan/#/>

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

Activity type	State Value (%)	India Value (%)
Home Visits	64.6	14.4
Anemia Camp	2.0	1.5
CBE-Community Based Events (ICDS)	1.9	22.3
Community Radio Activities	0.4	0.3
Cooperative/Federation	0.4	0.2
Cycle Rally	0.7	0.3
DAY-NRLM SHG Meet	3.6	1.9
Defeat Diarrhoea Campaign (D2)	0.2	No Data
Farmer Club Meeting	0.5	0.2
Haat Bazaar Activities	0.4	0.4
Harvest Festival	0.1	0.2
Local Leader Meeting	0.5	0.5
Nukkad natak/Folk Shows	0.2	0.4
Other Activities	7.7	34.7
Panchayat Meeting	1.1	1.0
Poshan Mela	1.9	8.2
Poshan Rally	2.1	2.6
Poshan Walk	1.4	1.5
Poshan Workshop/Seminar	0.7	4.1
Prabhat Faree	1.5	1.1
Providing Water to the Toilets	0.3	0.3
Safe Drinking Water in Anganwadi Centres	1.0	0.7
Safe Drinking Water in Schools	0.5	0.2
School Based Activities	3.0	2.9
VHSND	2.6	No Data
Youth Group Meeting	0.7	No Data

Source: <http://dashboard.poshanabhiyaan.gov.in/janandolan/#/>

WOMEN EMPOWERMENT

FEMALE WORKERS (15-59 YEARS)
POPULATION RATIO (%)

INDIA **23.8**
STATE **4.3**



Source: Annual Report PLFS 2017-18

FEMALE (15-59 YEARS) LABOUR FORCE
PARTICIPATION RATE (%)

INDIA **25.3**
STATE **4.4**



Source: Annual Report PLFS 2017-18

FEMALE (15-59 YEARS) UNEMPLOYMENT
RATE (%)

INDIA **6.0**
STATE **2.6**



Source: Annual Report PLFS 2017-18

WOMEN HEADED ESTABLISHMENTS

INDIA STATE

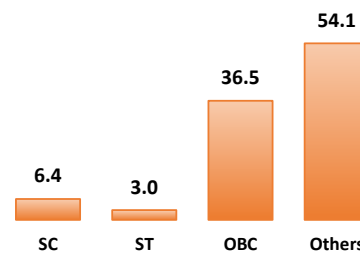
8,050,819 **153,610**

1.9% Out of India's Women Headed Establishments

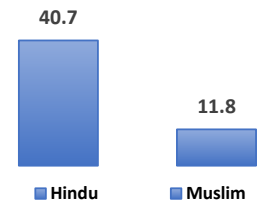
9.0% Out of State's Total Establishments-
Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

BY CASTE



BY RELIGION

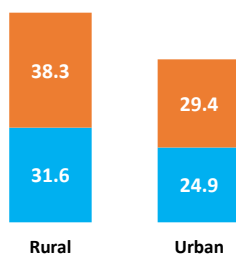


MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

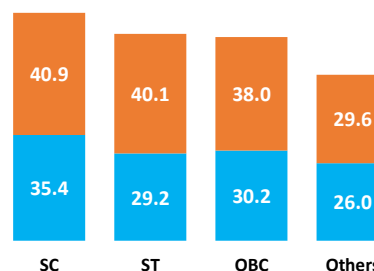
INDIA STATE

MALE **18.7** **30.4**
FEMALE **18.8** **37.1**

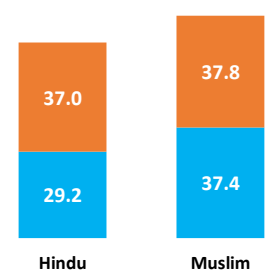
BY LOCATION



BY CASTE



BY RELIGION



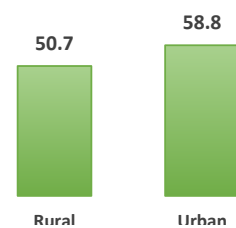
Source: NHS 2015-2016

CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS* (%)

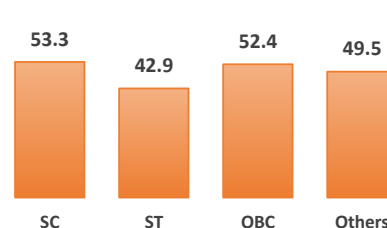
INDIA **63.0**

STATE **51.8**

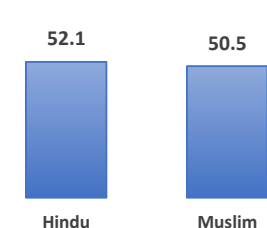
BY LOCATION



BY CASTE



BY RELIGION



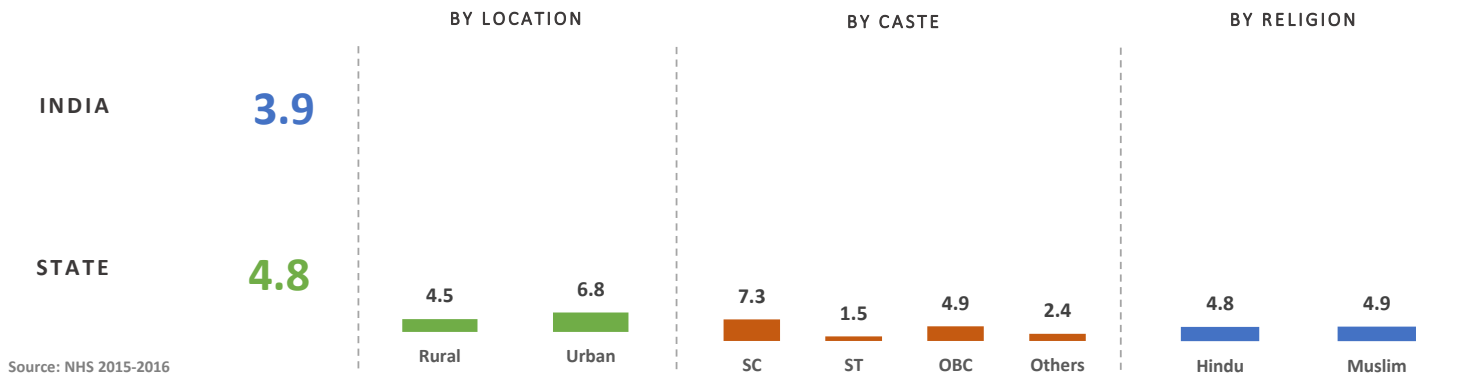
* Three Decisions

Own health care
Making major household purchases
Visits to her family or relatives

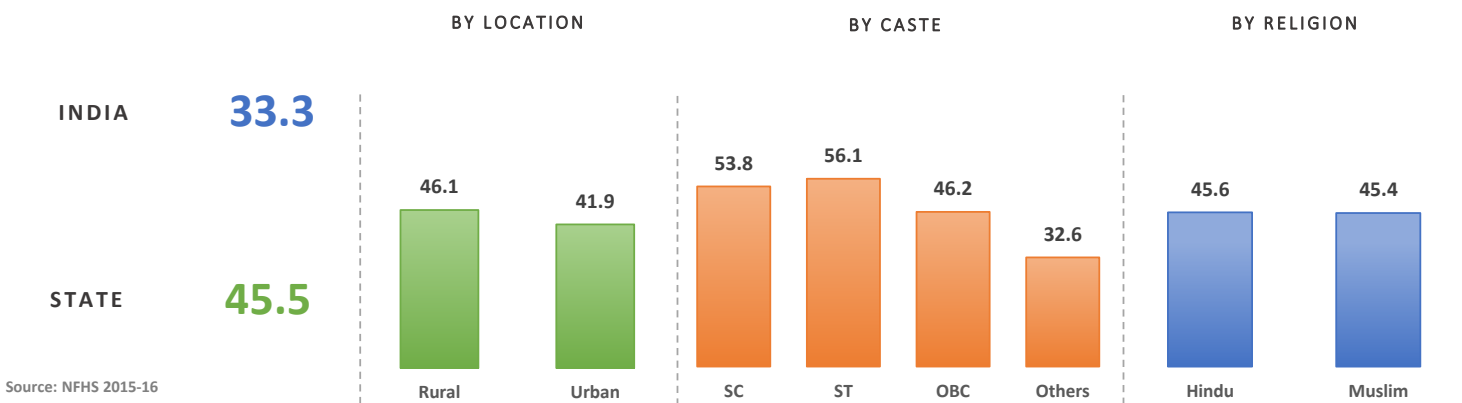
Source: NFHS 2015-16

- The state has less than 5% of women in its labour force. And this consists of both currently employed and unemployed women signifying the proportion of active employed women to be further less.
- Bihar has only 1.9% of women headed establishments in the country, with SC, ST and Muslims contributing the least in this.

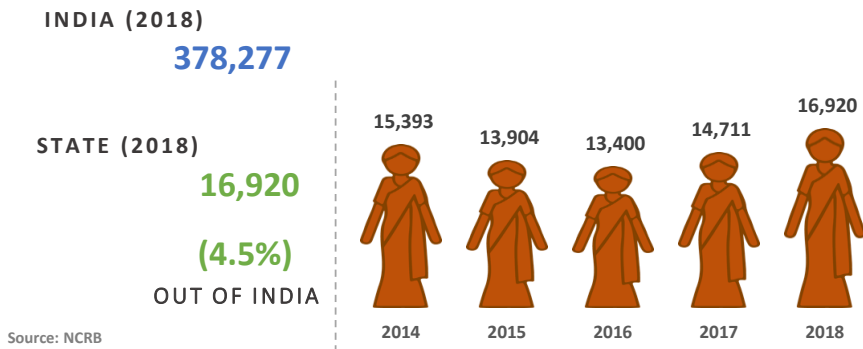
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



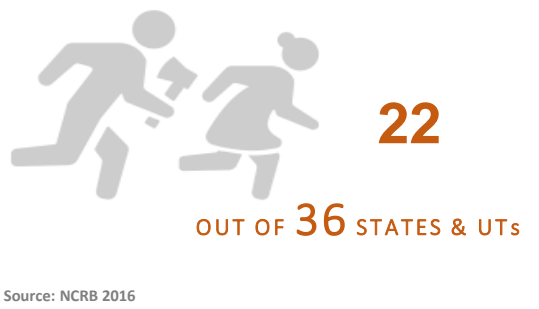
WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)



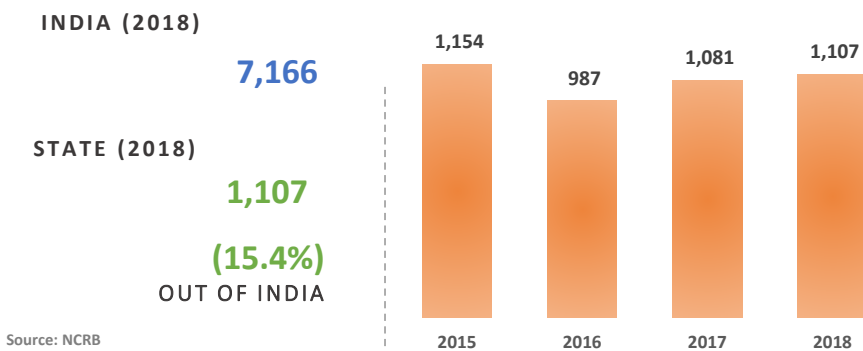
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



DOWRY DEATHS REPORTED (No.)



WOMEN TRAFFICKING CASES REPORTED (No.)



FEMALE SUICIDE CASES (No.)

INDIA	42,391
STATE	185

Source: Accidental Deaths & Suicides in India 2018

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	STATE
FOETICIDES	128	1
INFANTICIDES	56	0

Source: NCRB 2018

- Bihar has a high incidence of violence against women with around every second woman woman in the state having an abusive history. Further, proportion of Bihar's women experiencing violence is 12% more than the overall national figure.
- There has been an increase of 26% in crime against women since 2016.

GOVERNMENT FLAGSHIP PROGRAMMES FOR WOMEN EMPOWERMENT

NATIONAL RURAL LIVELIHOOD MISSION

What is NRLM

Govt. of India established National Rural Livelihoods Mission (NRLM) in June 2010 to implement the new strategy of poverty alleviation woven around community based institutions.

Mission's primary objective is to reduce poverty by promoting diversified and gainful self-employment and wage employment opportunities for sustainable increase in incomes.

To achieve the desired goal of the mission, NRLM provides a combination of financial resource and technical assistance to states such that they could use the comprehensive livelihoods approach encompassing four inter-related tasks. These tasks are:

1. Mobilizing all rural, poor households into effective self-help groups (SHGs) and their federations;
2. Enhancing access of the rural poor to credit and other financial, technical and marketing services;
3. Building capacities and skills of the poor **for gainful and sustainable livelihoods; and**
4. Improving the delivery of social and economic support services to the poor.

BETI BACHAO BETI PADHAO

Beti Bachao, Beti Padhao is a campaign of the Government of India that aims to generate awareness and improve the efficiency of welfare services intended for girls in India.

The Overall Goal of the Beti Bachao Beti Padhao (BBBP) Scheme is to celebrate the girl child and enable her education. The objectives of the Scheme are as under:

- i. To prevent gender biased sex selective elimination
- ii. To ensure survival and protection of the girl child
- iii. To ensure education and participation of the girl child

Strategies employed to successfully carry out the scheme are:

1. Implement a sustained social mobilization and communication campaign to create equal value for the girl child and promote her education.
2. Place the issue of decline in child sex ratio/sex ratio at birth in public discourse, improvement of which would be an indicator for good governance.
3. Focus on gender critical districts and cities.

TOTAL SHGs FORMED



918,091

SHGs HAVING BANK ACCOUNT (%)



77.2

SHGs HAVING CREDIT LINKED (%)



61.6

TOTAL VILLAGE ORGANIZATIONS FORMED



59,846

TOTAL CLUSTER LEVEL FEDERATIONS FORMED

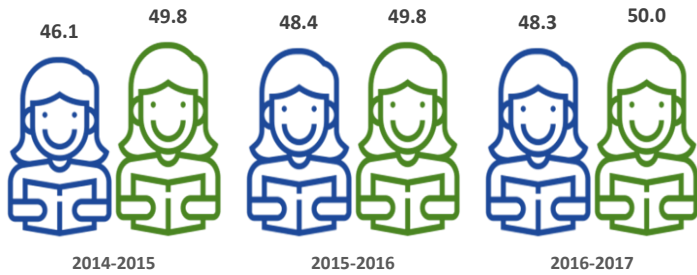


1,027

Source: Jeevika dashboard accessed on 6th Mar 2020

GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

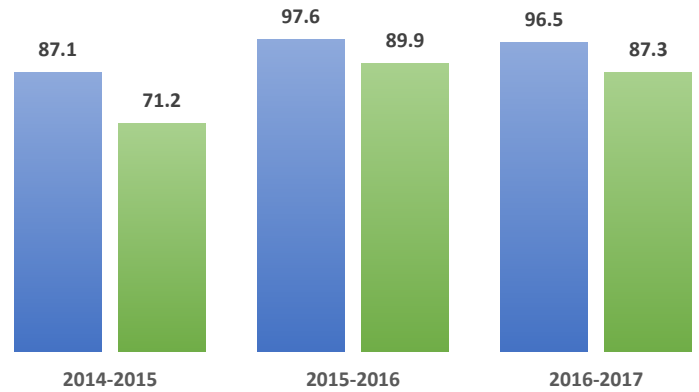
INDIA STATE



Source: U-Dise

SCHOOLS HAVING GIRL'S TOILET IN ELEMENTARY EDUCATION (%)

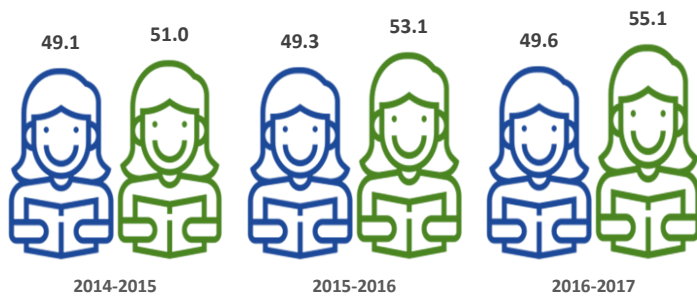
INDIA STATE



Source: U-Dise

GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

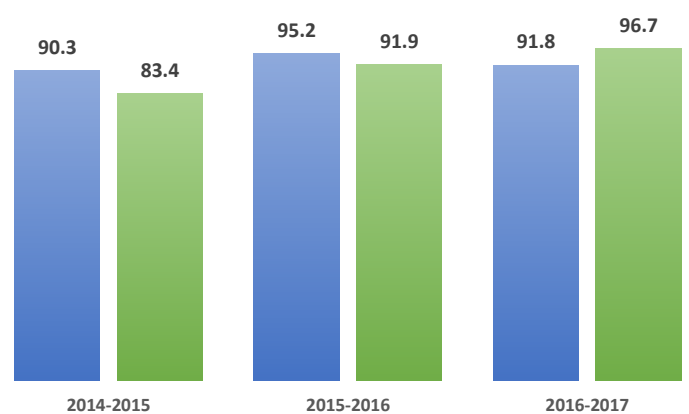
INDIA STATE



Source: U-Dise

SCHOOLS HAVING GIRL'S TOILET IN SECONDARY EDUCATION (%)

INDIA STATE



Source: U-Dise

- There has been almost no improvement in girls' enrolment in both elementary and secondary level for Bihar as well as for the entire country since 2014 to 2017. However, toilets being one of the major contributors for improving girl's enrolment has shown an improvement for both Bihar and India.