

JHARKHAND FACTSHEET 2020



DEVELOPED BY:



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OXFAM
India

THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

BACKDROP

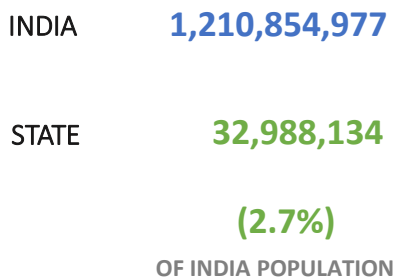
In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national 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.

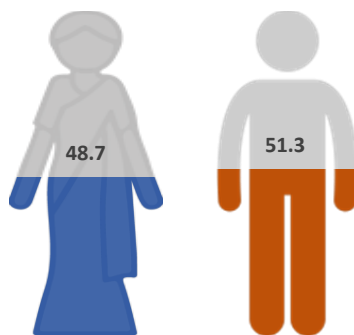
STATE AT A GLANCE

OVERALL POPULATION



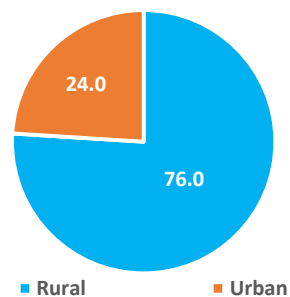
Source: Census 2011

STATE POPULATION BY SEX (%)



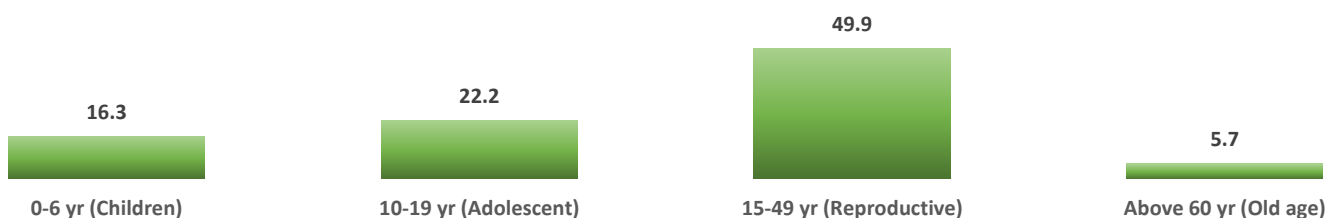
Source: Census 2011

STATE POPULATION BY LOCATION (%)



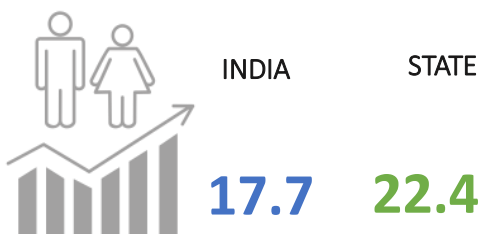
Source: Census 2011

STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

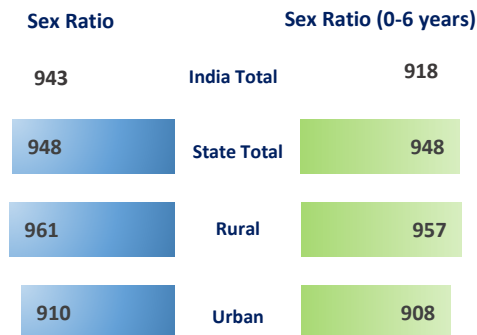
*DECADAL POPULATION GROWTH RATE (%)



* Total population growth between 2001-2011

Source: Census 2011

SEX RATIO (FEMALES PER 1000 MALES)



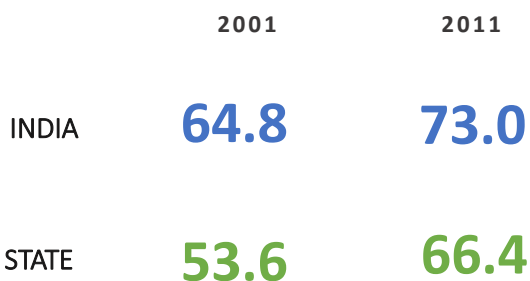
Source: Census 2011

HEALTH INDEX (RANK)



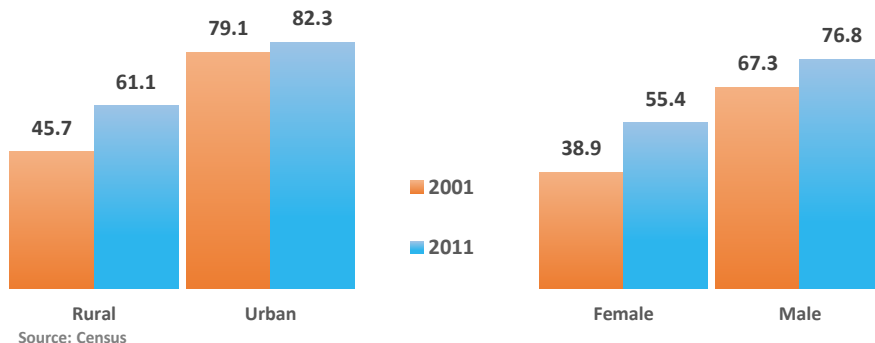
Source: Economic Survey 2019

OVERALL LITERACY RATE (%)



Source: Census

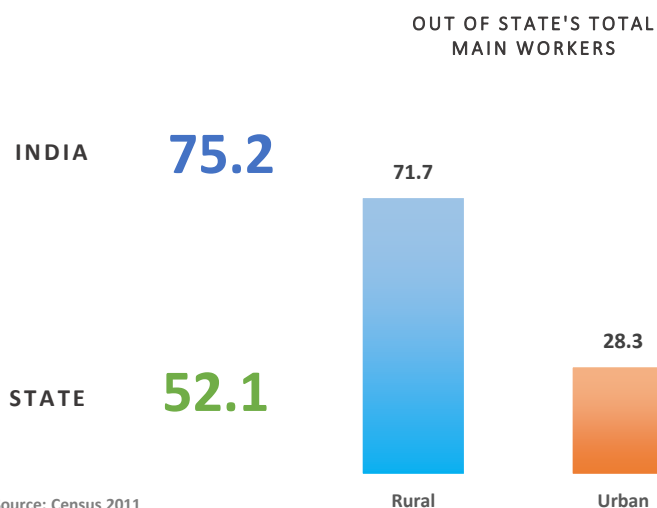
LITERACY RATE BY LOCATION AND SEX OUT OF STATE'S TOTAL LITERACY (%)



Source: Census

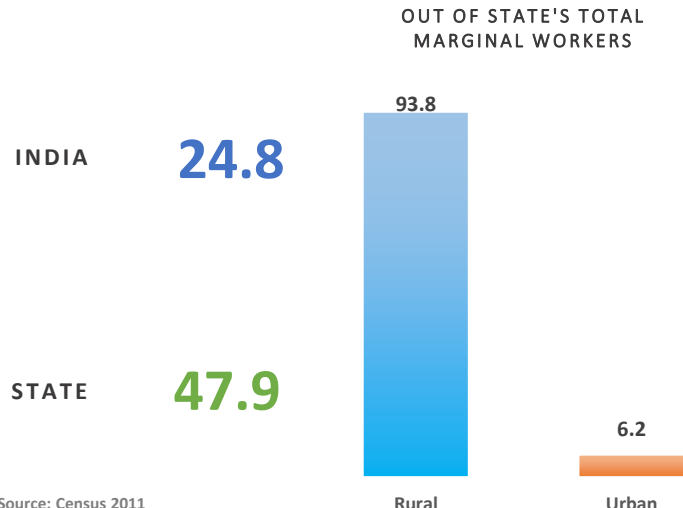
- More than three-fourth population in Jharkhand lives in rural areas.
- State's decadal population growth rate is nearly 5% more than India.
- Sex ratio in urban areas is a matter of concern in the state- both overall and for children.
- Above 10% improvement in state's overall literacy rate in 2011 from 2001. Improvement can also be noticed in the rural and female literacy rates in 2011 in comparison to 2001.

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
Hazaribagh	21	27	22	55	24	50	24
Purbi Singhbhum	27	61	37	66	31	1	27
Bokaro	28	41	26	62	40	22	21
Ramgarh	29	50	34	35	25	47	26
Ranchi	32	40	30	58	18	16	43
Gumla	49	12	53	75	60	80	71
Dumka	55	38	63	80	48	93	25
Garhwa	57	51	51	64	53	12	78
Chatra	59	53	77	47	74	51	36
Palamu	60	31	60	71	56	42	72
Giridih	61	52	69	60	45	92	37
Godda	62	21	70	79	49	94	61
Latehar	64	30	81	88	61	52	31
Lohardaga	65	75	72	73	21	7	62
Khunti	69	59	61	84	66	78	44
Pashchimi Singhbhum	70	72	64	82	39	81	41
Simdega	74	37	56	83	72	96	81
Pakur	86	85	83	68	43	91	53
Sahibganj	90	84	92	77	51	83	28

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.

- Jharkhand has less main workers and more marginal workers in comparison to India, reflective of poor employment opportunities in the state.
- Two districts in Jharkhand fall in the bottom 20 aspirational districts of India, when scored for composite ranking. State's aspirational districts have worse condition in agriculture and skill development sectors in comparison to other sectors like health, education, financial inclusion and basic infrastructure.

PROPORTION OF VULNERABLE POPULATION

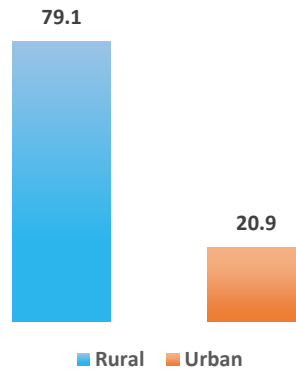
OVERALL SCHEDULE CASTE (SC) POPULATION

INDIA **201,378,372**

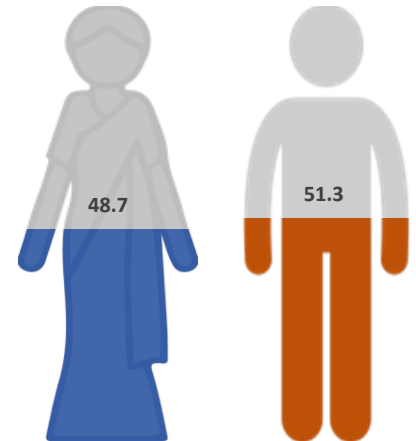
STATE **3,985,644**
(2.0%)

Out of India's SC population

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



Source: Census 2011

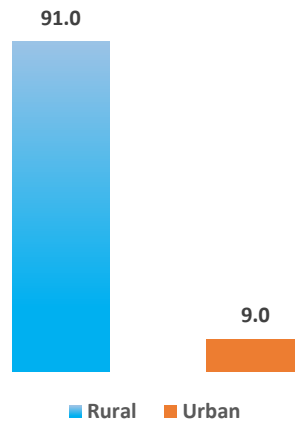
OVERALL SCHEDULE TRIBE (ST) POPULATION

INDIA **104,545,716**

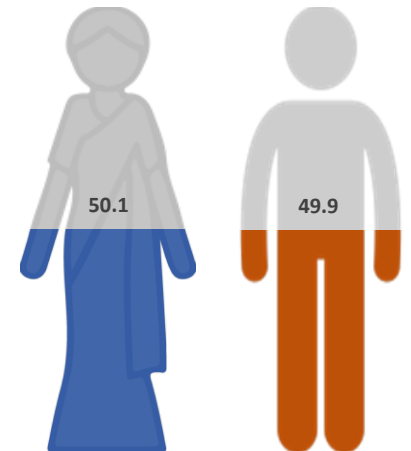
STATE **8,645,042**
(8.3%)

Out of India's ST population

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



Source: Census 2011

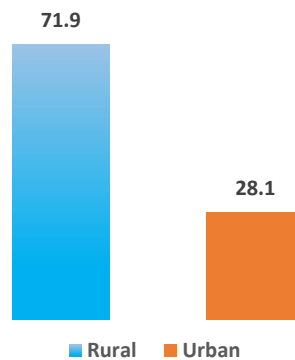
OVERALL MUSLIM POPULATION

INDIA **172,245,158**

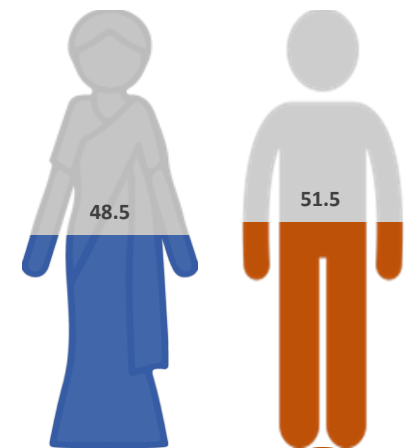
STATE **4,793,994**
(2.8%)

Out of India's Muslim population

MUSLIM POPULATION BY LOCATION (%)



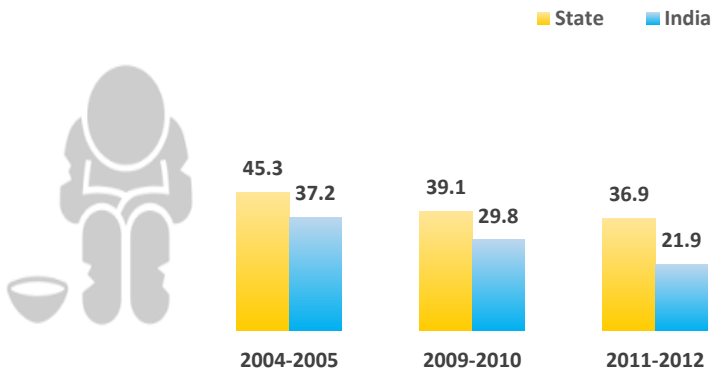
MUSLIM POPULATION BY SEX (%)



Source: Census 2011

- Scheduled Castes, Scheduled Tribes and Muslims contribute to 12.1%, 26.2% and 14.5% respectively of the total state population, reflecting the major contribution of ST communities.

POPULATION LIVING BELOW POVERTY LINE (%)



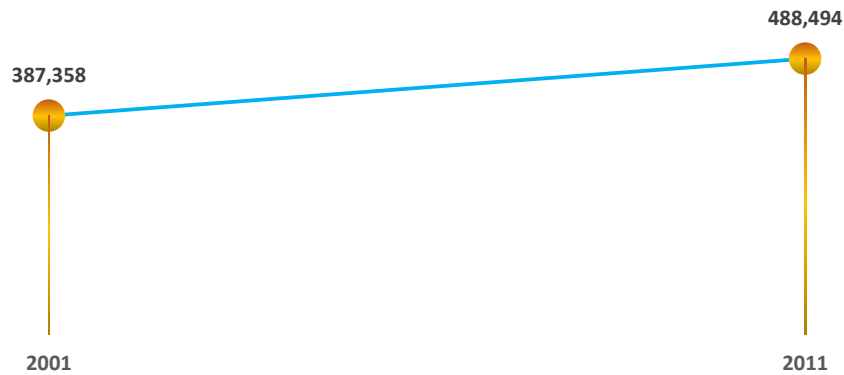
Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)



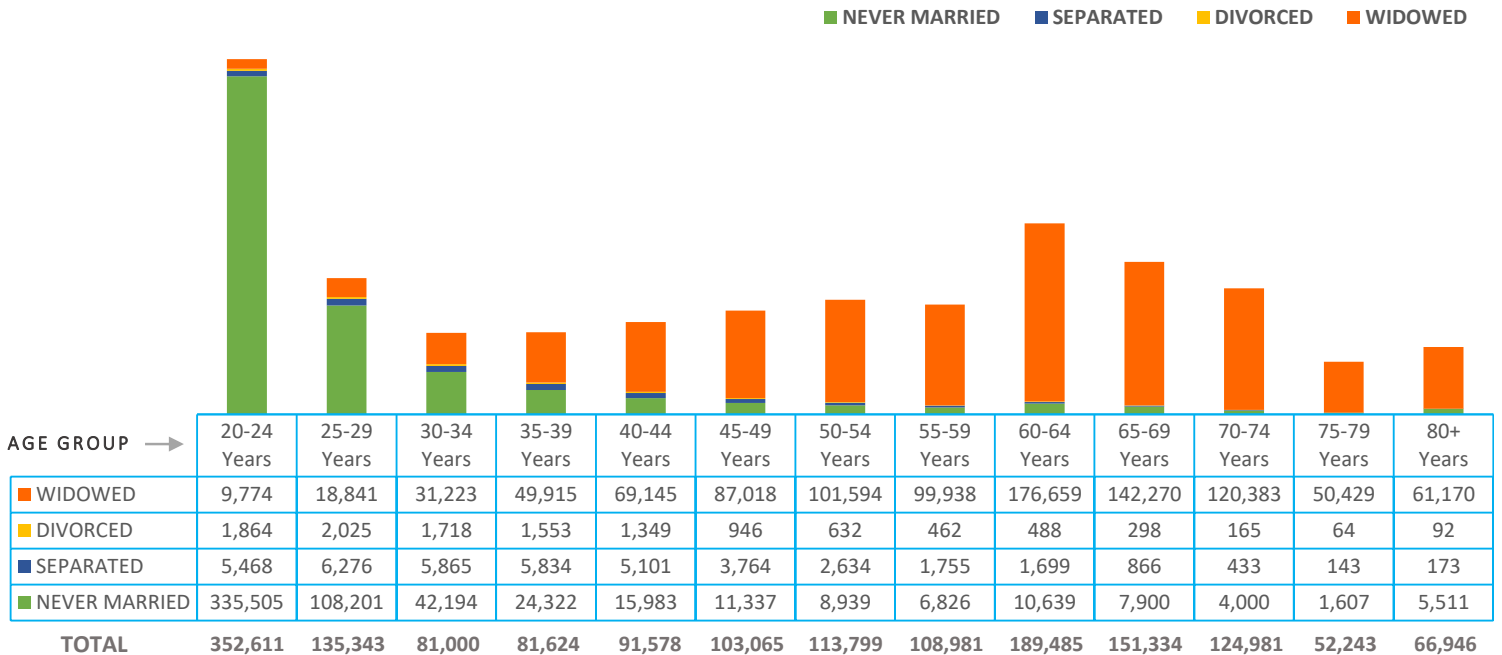
Source: Census 2011

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 8 percentile points in the state's BPL population between 2004-05 and 2011-12.
- In the last one decades, there is an increase of more than 1 lakh in the state's PVTG population.
- Nearly 6 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

769,980

(2.9%)

OUT OF WHICH

2,116,698

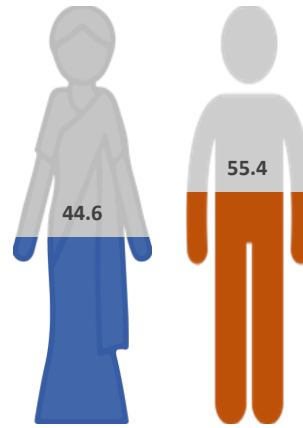
58,835

(2.8%)

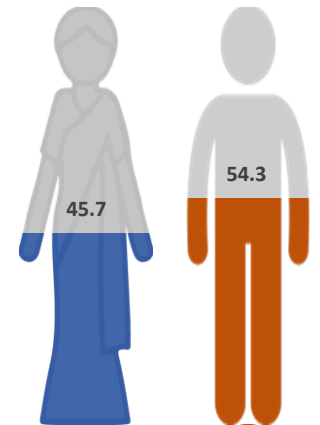
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



CHILDREN (0-4 YEARS) WITH DISABILITIES

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

1,291,637

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

46455

(3.6%)

OUT OF WHICH

78,662

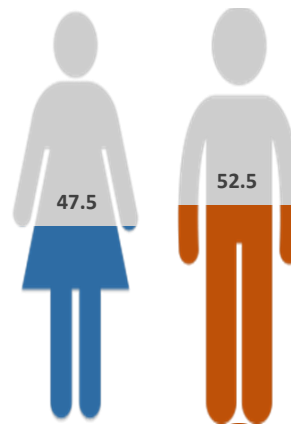
2773

(3.5%)

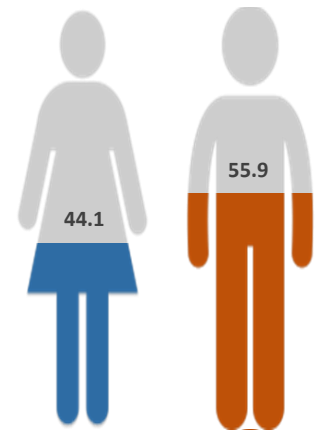
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



CHILDREN (5-9 YEARS) WITH DISABILITIES

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

1,955,926

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

67,427

(3.4%)

OUT OF WHICH

187,492

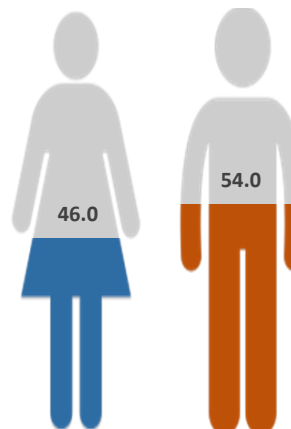
5,741

(3.1%)

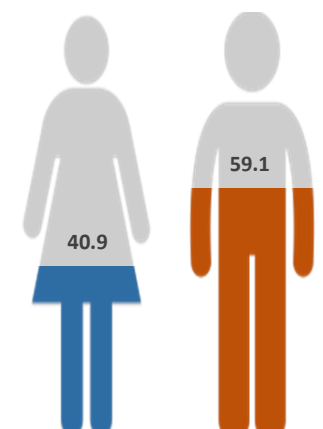
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



- Out of total persons with disabilities, 14% of the children aged 0-9 years are living with disabilities in the state.
- Across age-groups, more males are found to be living with disabilities than their female counterparts. Situation of multiple disabilities is even worse among males across all age-groups.

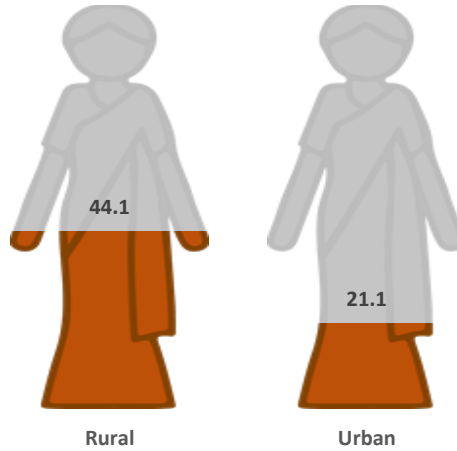
HEALTH AND NUTRITION

MARRIAGE AND FERTILITY

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

INDIA **26.8**

STATE **38.0**

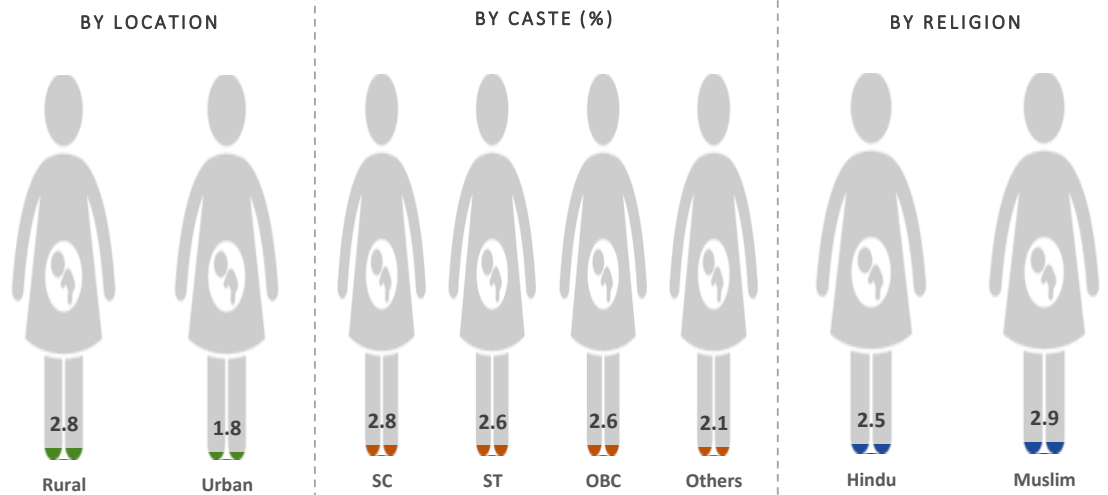


Source: NFHS 2015-2016

TOTAL FERTILITY RATE (%)

INDIA **2.2**

STATE **2.6**

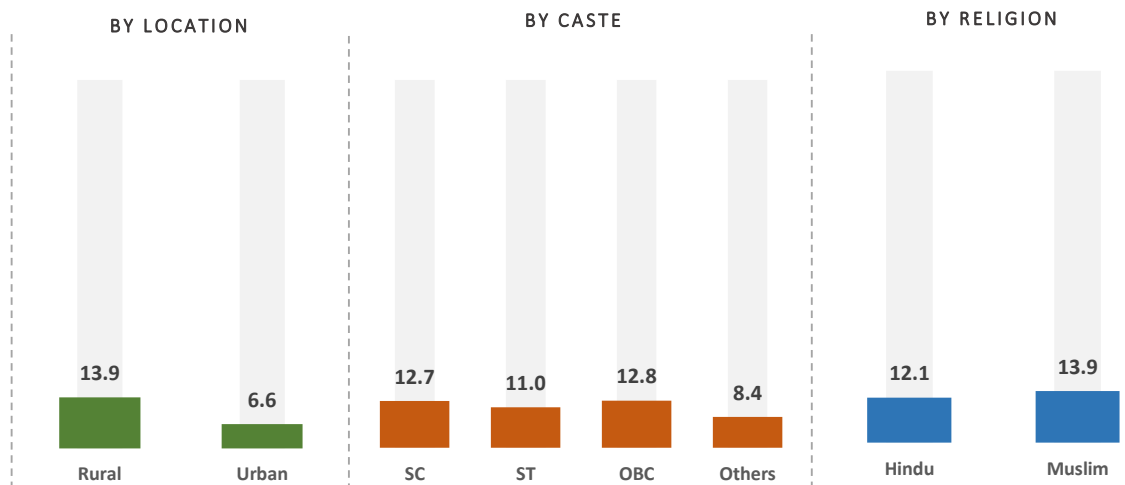


Source: NFHS 2015-2016

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

INDIA **7.9**

STATE **11.9**

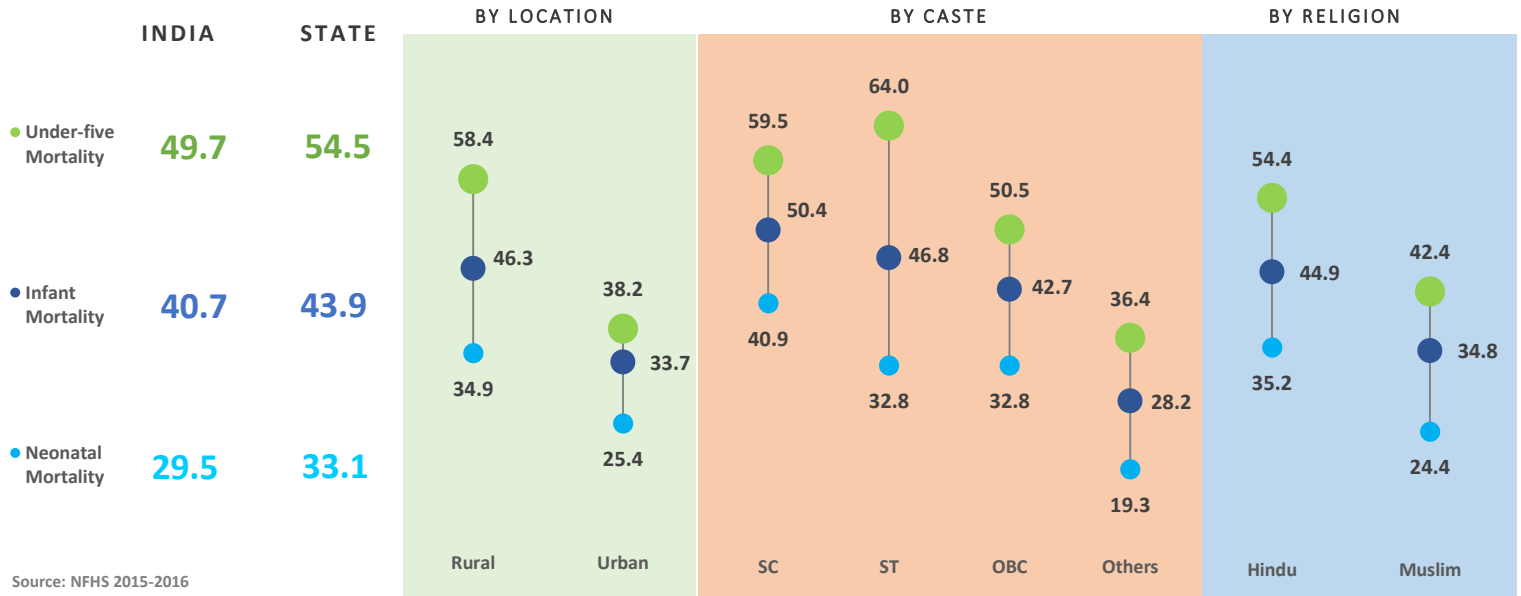


Source: NFHS 2015-2016

- More than 40% girls living in rural Jharkhand get married before they turn 18.
- High rate of teenage pregnancies (14%) in rural areas and among Muslims.
- The state records slightly higher rate of TFR in comparison to the national total. No much difference is observed in the state in terms of TFR among social and religious categories.

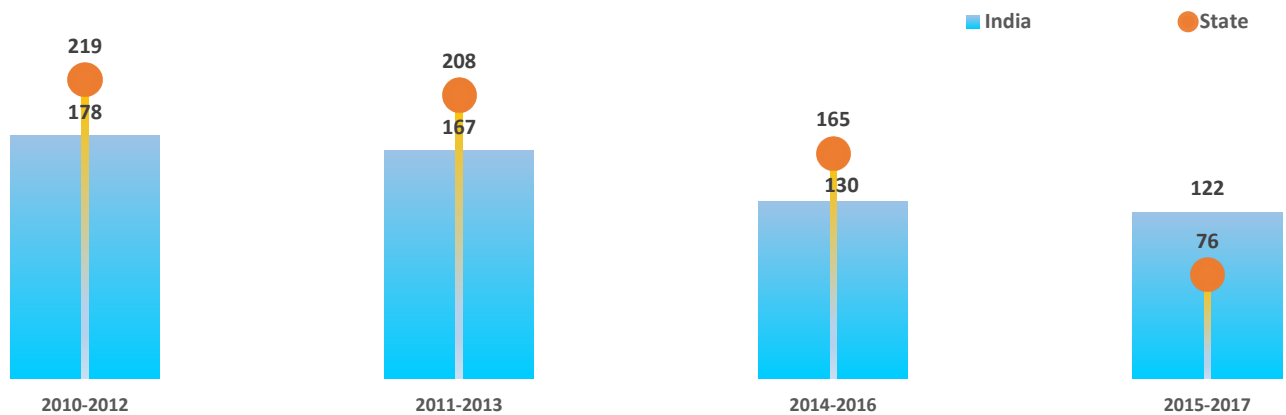
MORTALITY

MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



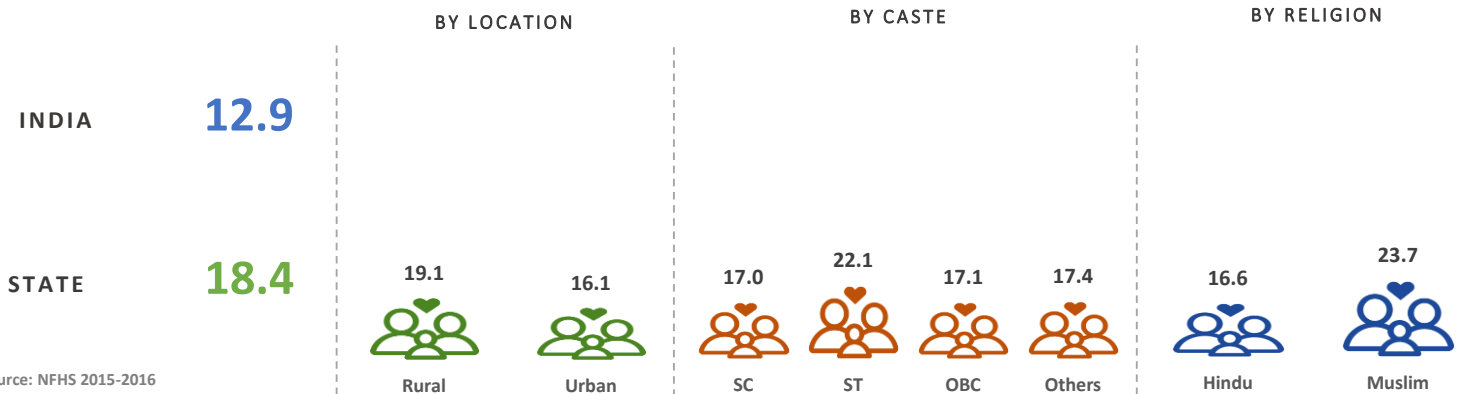
Source: NFHS 2015-2016

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



Source: SRS

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



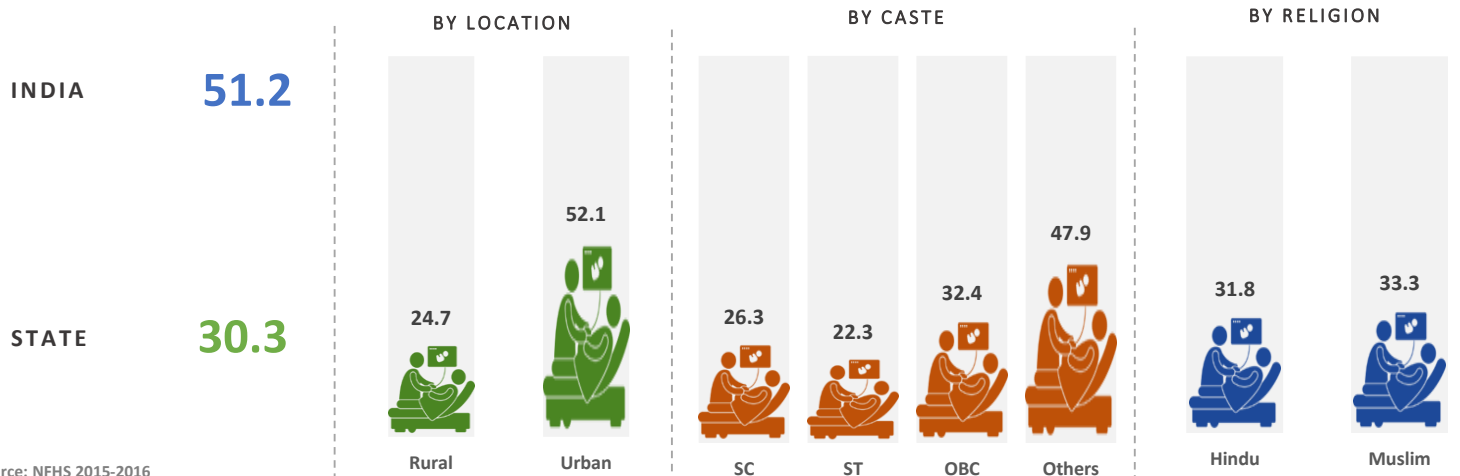
Source: NFHS 2015-2016

* 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 Hindus. Under-5 mortality rate is higher among STs (64%) compared to other social and religious categories.
- There is a significant decrease in maternal mortality rate in the state since 2010-12. State's maternal mortality rate is nearly 50% lesser than country's figure in 2015-17.
- Prevalence of high unmet need among ST and Muslim women signifying poor access to contraceptive measures.

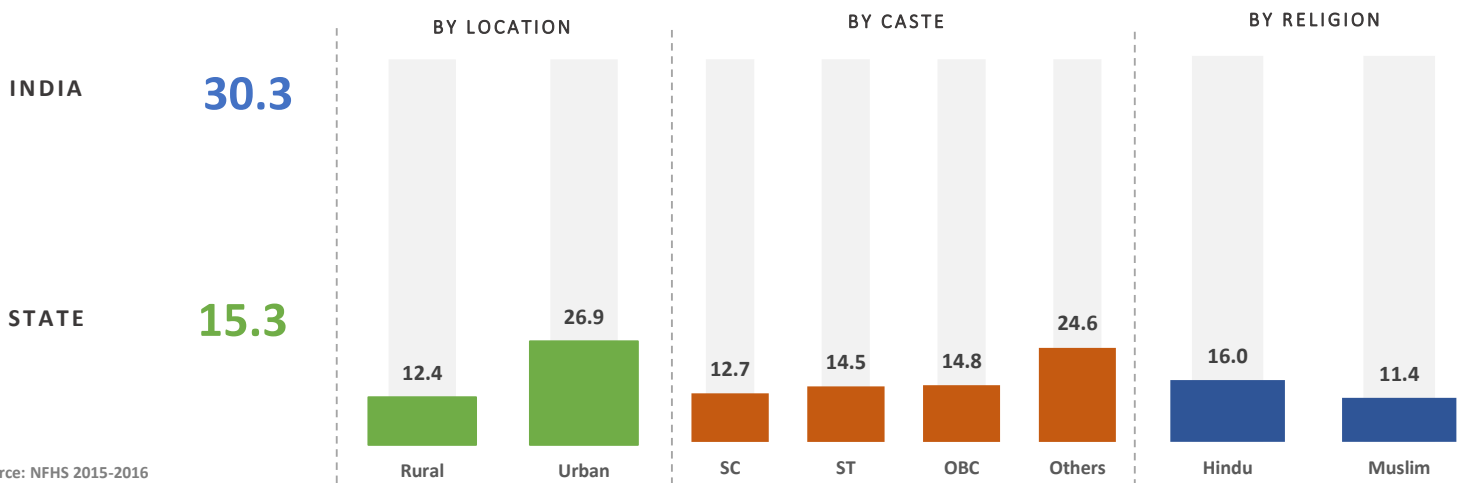
MATERNAL CARE

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



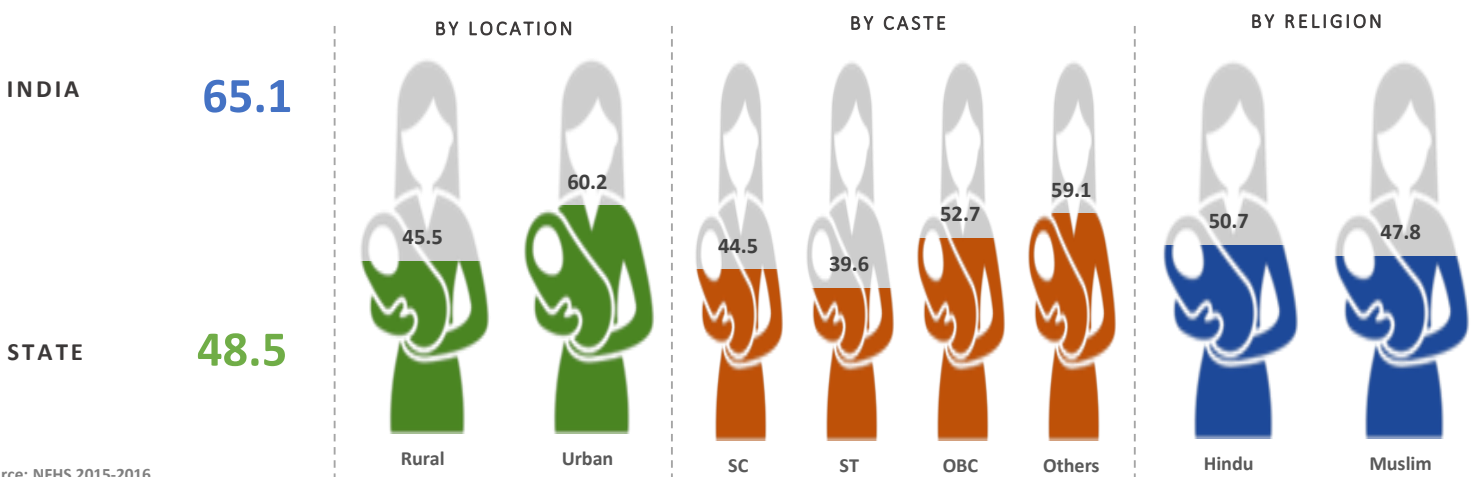
Source: NFHS 2015-2016

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 (%)

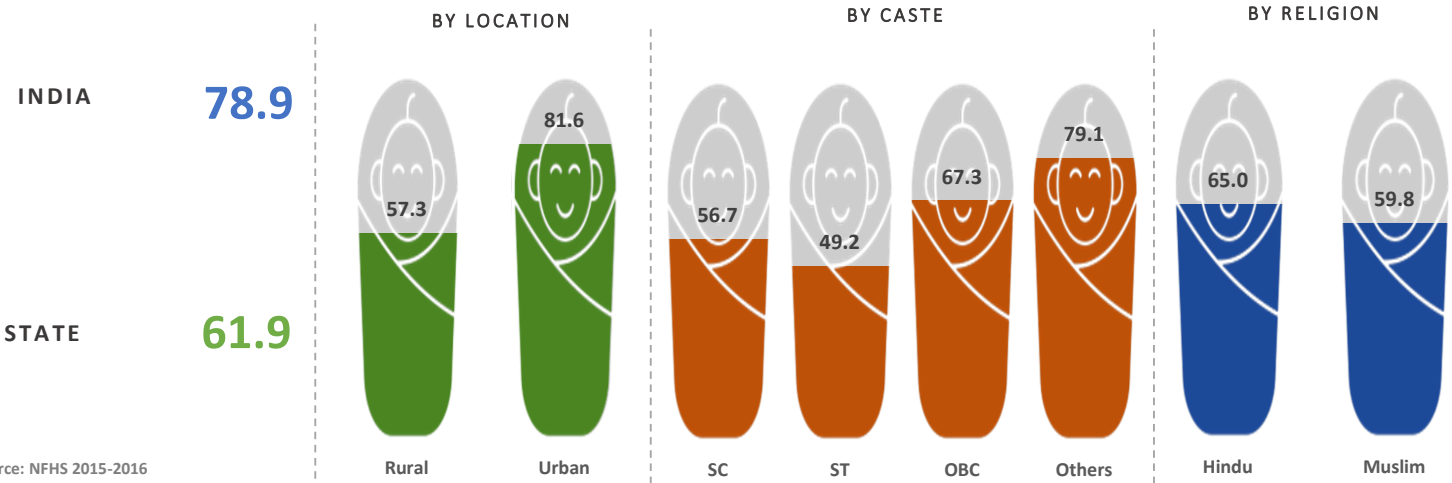


Source: NFHS 2015-2016

- The state shows low utilization of antenatal care services among all women. Data shows women in urban area have better access to antenatal care services in the state. Access to postnatal care services especially among STs is a matter of concern.
- Extreme low consumption rate of IFA tablets during pregnancy, with the state recording of only half (15%) of the national total (30%).

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)



Source: NFHS 2015-2016

BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA

17.2



STATE

9.9

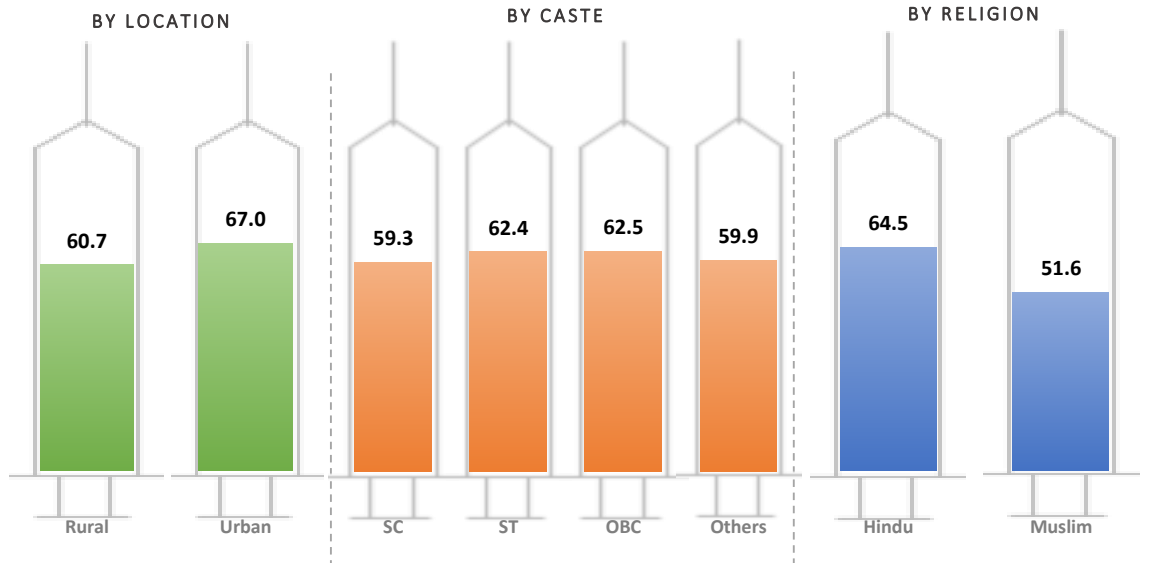


Source: NFHS 2015-2016

CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)

INDIA

62.0

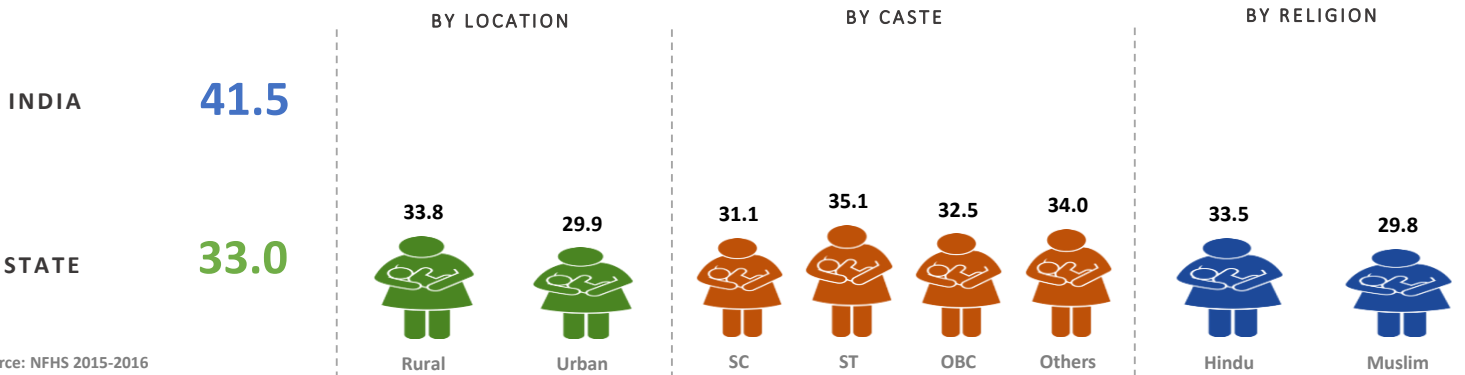


Source: NFHS 2015-2016

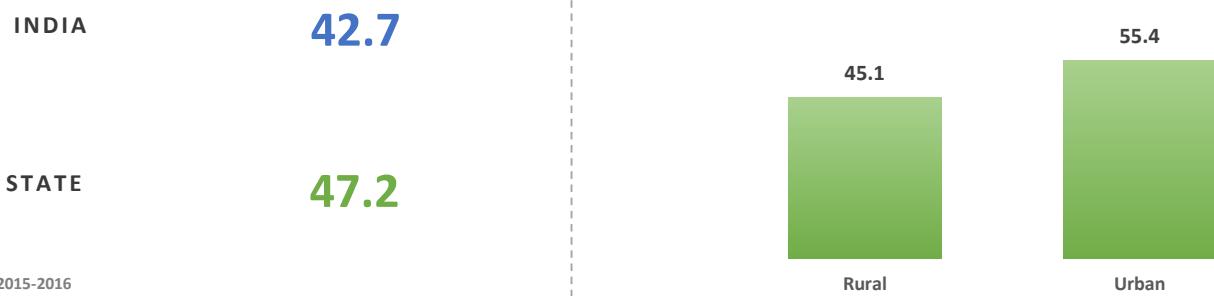
- Proportion of institutional deliveries among STs and fully immunized children among Muslims are comparatively lower in comparison to other social and religious categories.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

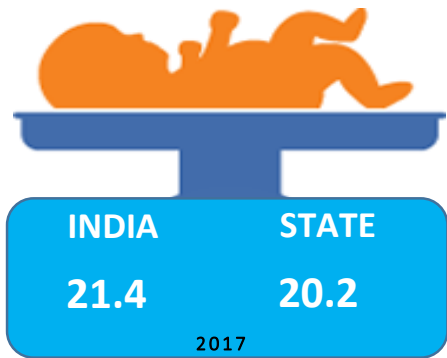
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



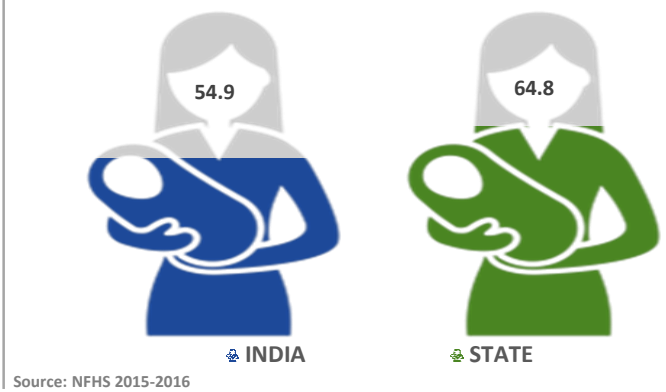
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



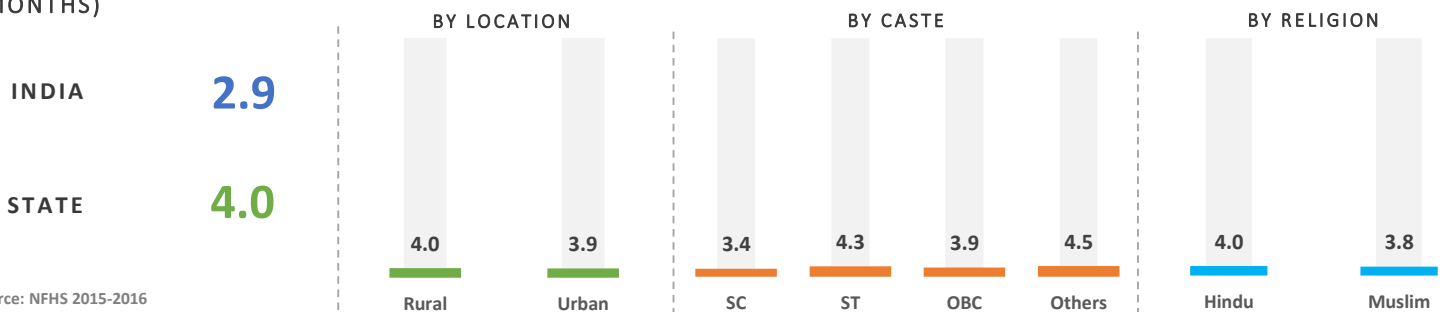
PREVALENCE OF LOW BIRTHWEIGHT (%)



CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)

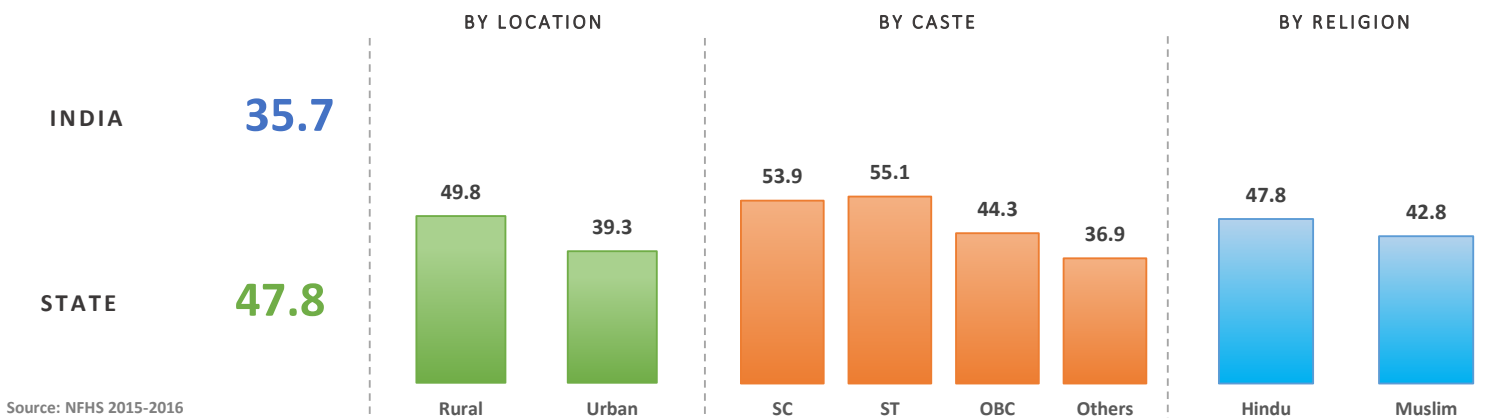


MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING AMONG LAST-BORN CHILDREN BORN IN THE LAST THREE YEARS (MONTHS)

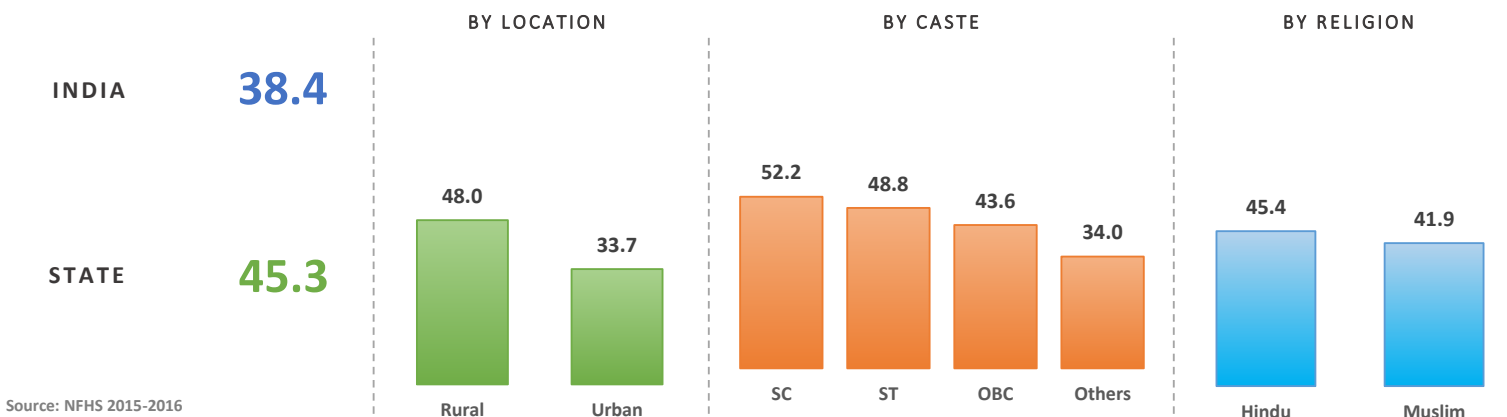


- Both the country and state shows low rate in early initiation of breastfeeding, with only 33% of the mothers in the state, breast-feeding their babies within one hour of birth.
- While nearly half of the state's children are exclusively breastfed yet data for median duration of exclusive breastfeeding comes to only 4 months for each child instead of the stipulated 6 months of compulsory exclusive feeding.

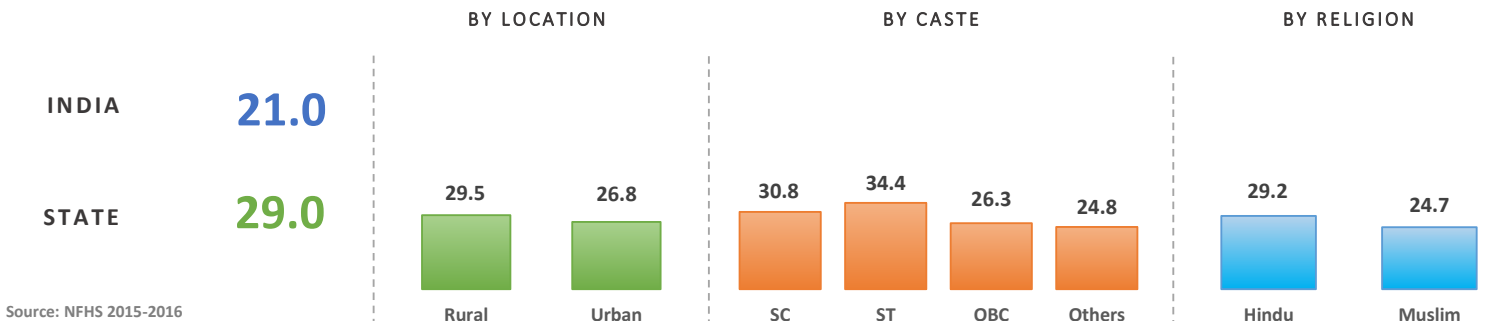
CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)



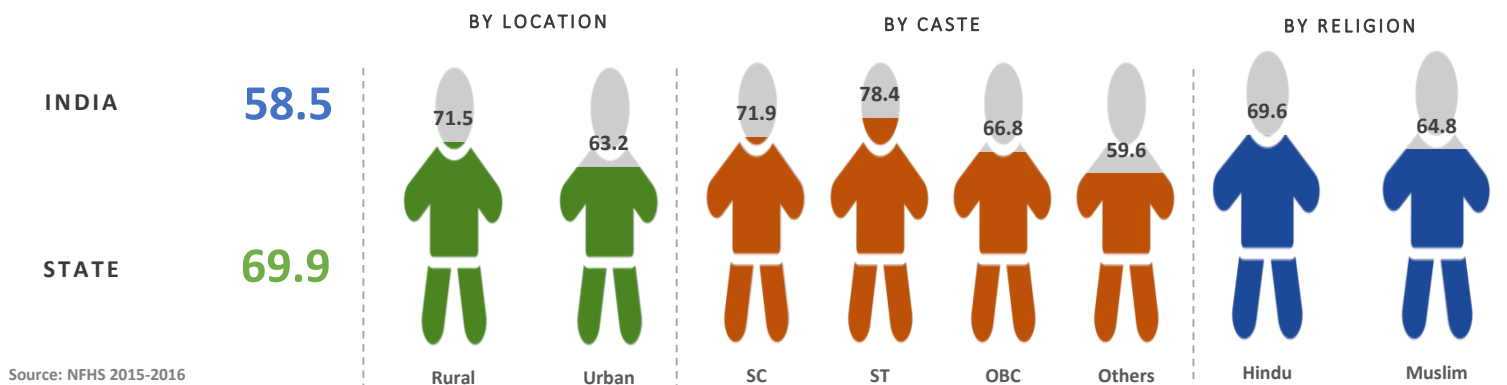
CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)



CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)



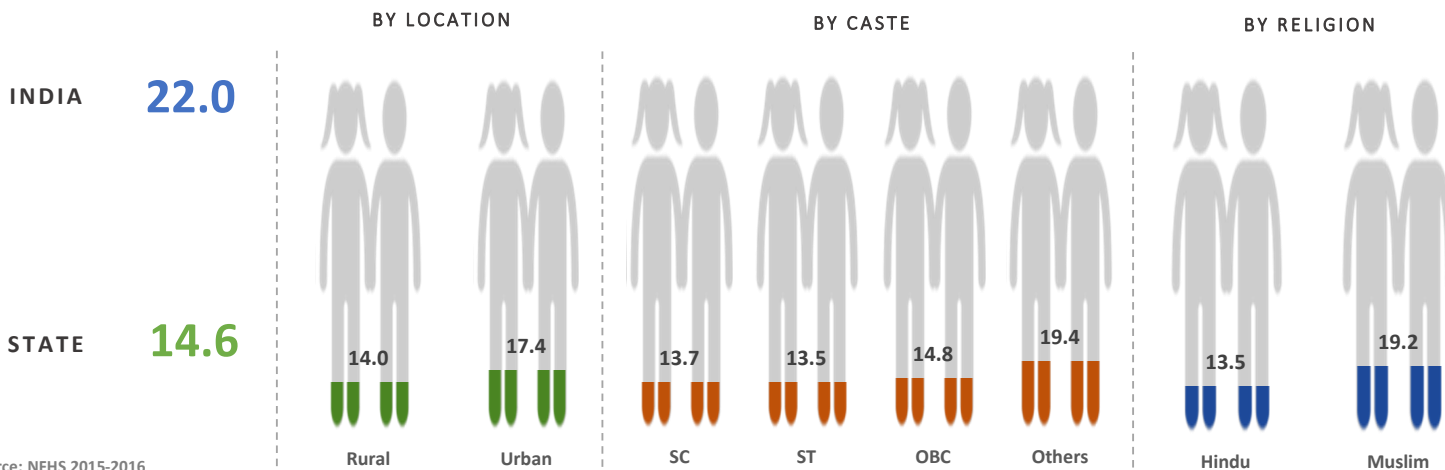
CHILDREN AGE 6-59 MONTHS WHO ARE ANAEMIC (<11.0 G/DL)(%)



- While the state fares very badly in child stunting and underweight figures (45.3% & 47.8% respectively), the prevalence of this is further high among the SC and ST communities.
- Prevalence of anaemia among children belong to ST community is higher in comparison to children belong to other social and religious communities.

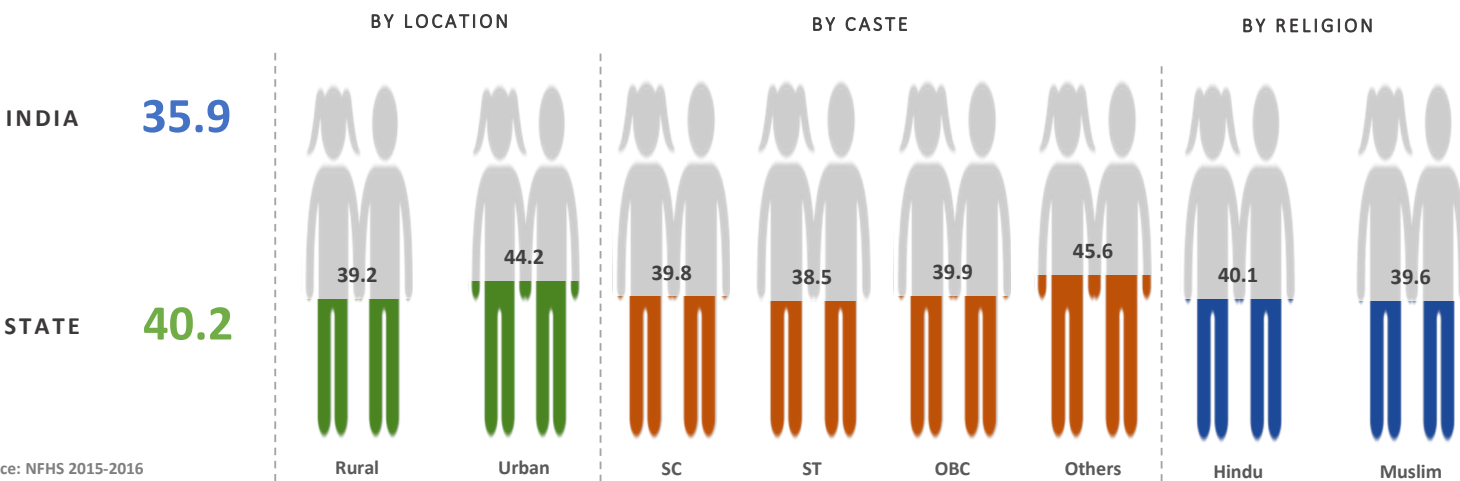
DIETARY DIVERSITY PATTERN

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 (%)

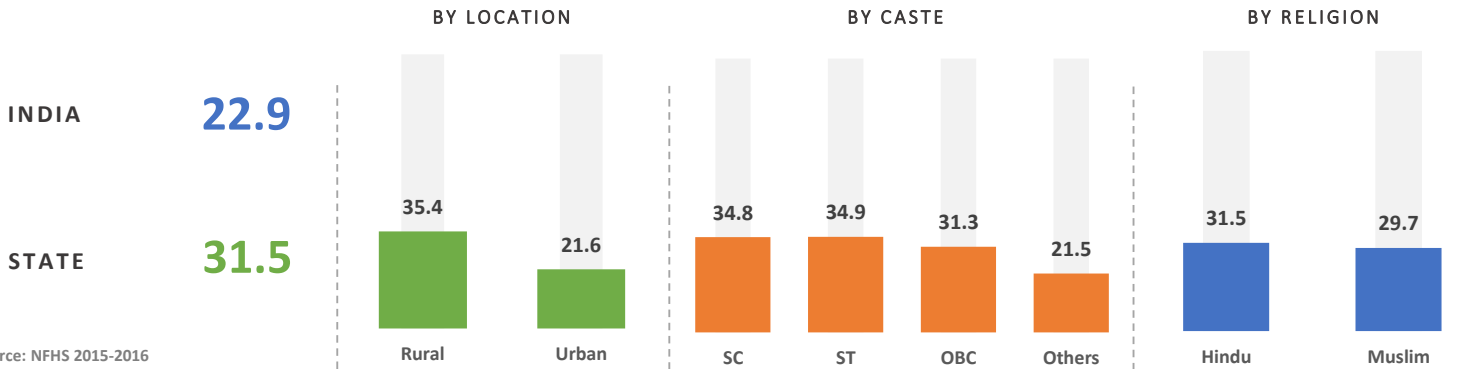


Source: NFHS 2015-2016

- Only 15% of children in Jharkhand 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 i.e. nearly 60% of are not fed minimum meal frequency in one day.

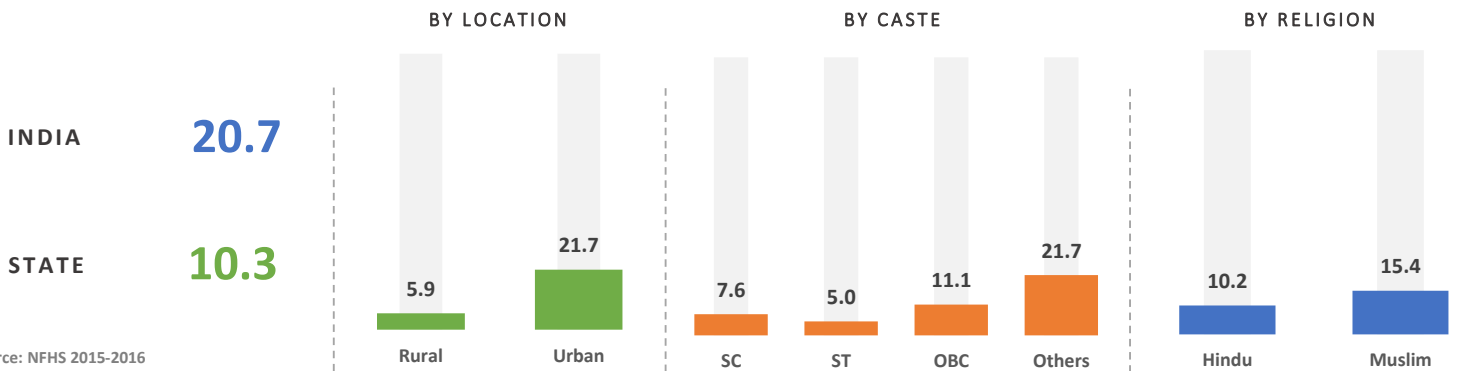
NUTRITIONAL STATUS OF WOMEN AND MEN

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



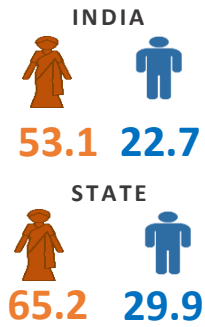
Source: NFHS 2015-2016

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

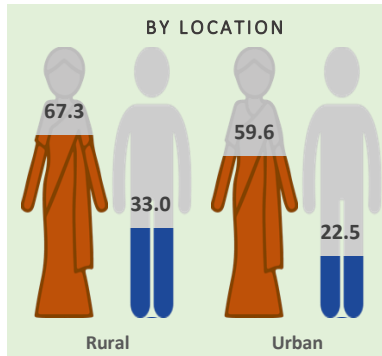


Source: NFHS 2015-2016

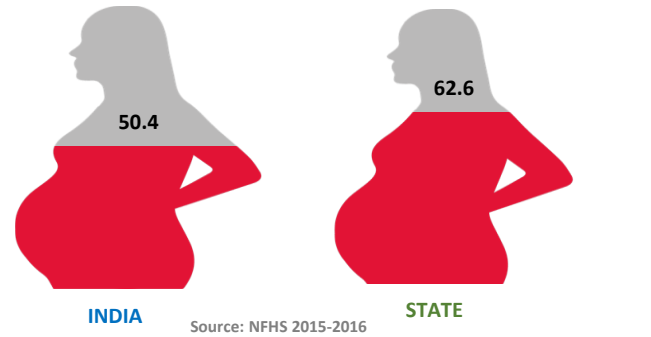
WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



Source: NFHS 2015-2016

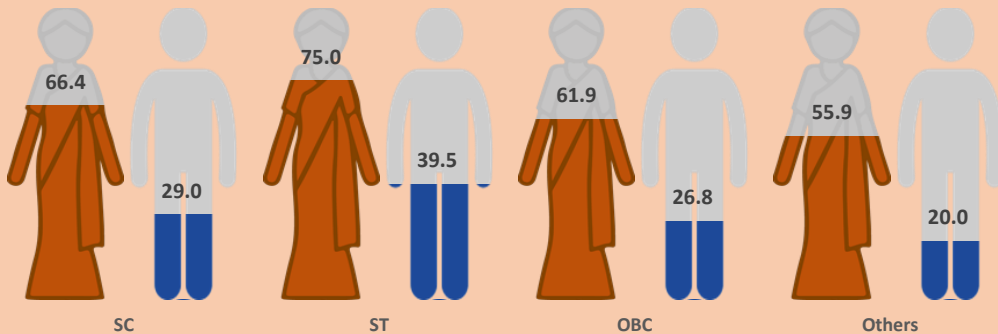


PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)

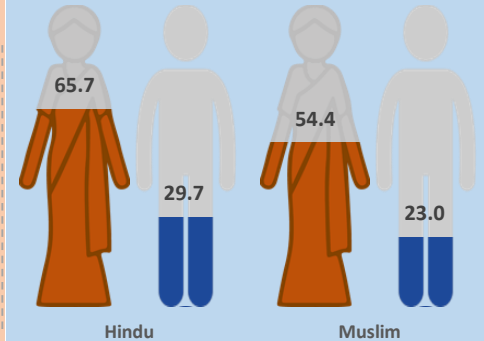


Source: NFHS 2015-2016

BY CASTE



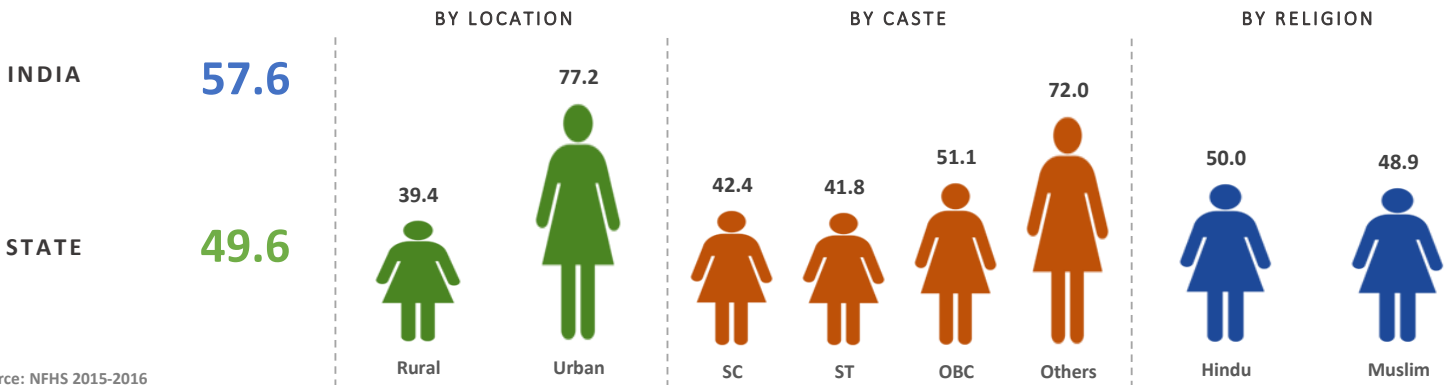
BY RELIGION



- There is a higher proportion of women with below normal Body Mass Index (BMI) in rural areas and among SC and ST communities.
- Anaemia is a major concern in the state with more than 60% of the women (pregnant and non-pregnant) with low haemoglobin count. The situation is worse among women belong to ST community.

MENSTRUAL HYGIENE

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



Source: NFHS 2015-2016

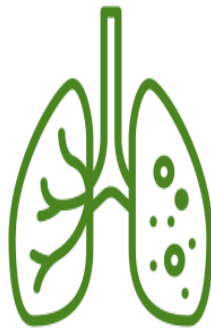
OTHER HEALTH ISSUES

PERSONS SUFFERING FROM TUBERCULOSIS

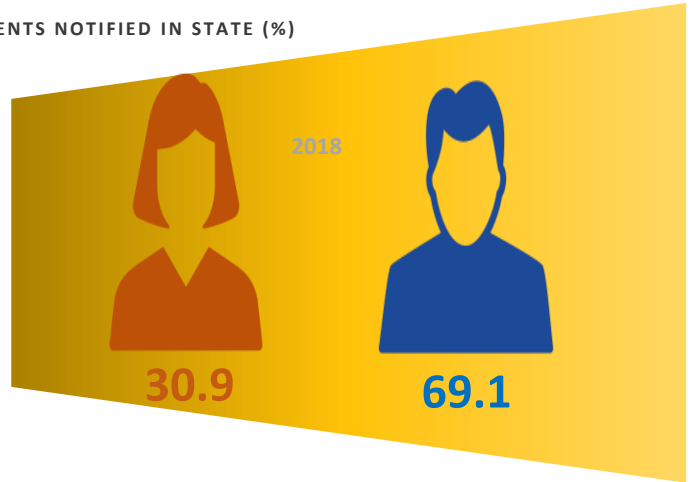
INDIA **2,155,894**

STATE **48,488**

2.2% OUT OF TB PATIENTS NOTIFIED IN INDIA

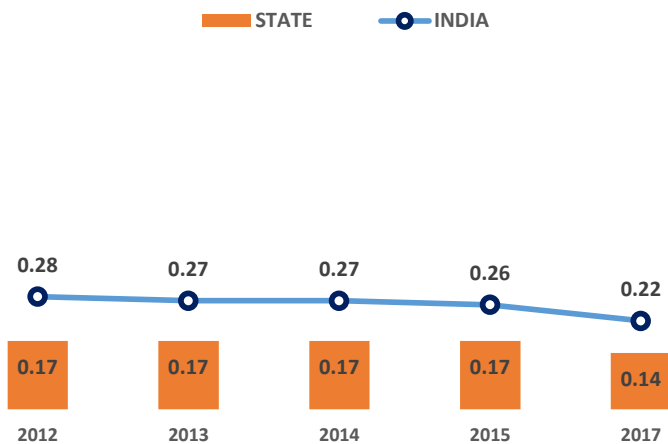


OUT OF TB PATIENTS NOTIFIED IN STATE (%)



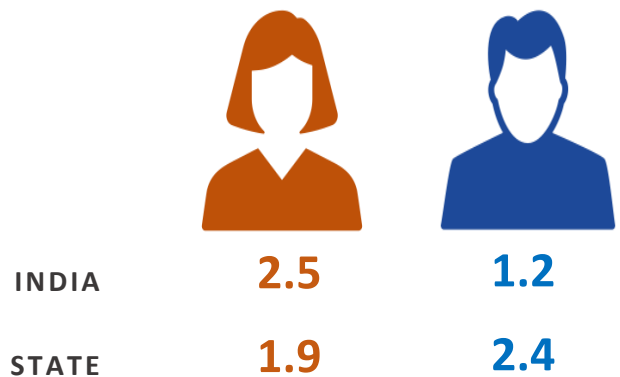
Source: India TB Report 2019

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



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 half of the women don't use any hygienic method for menstrual protection. This difference is particularly high in rural and urban agglomerations whereas across the social groups, SC, ST, OBCs fare lower than the others.
- High prevalence of Tuberculosis among men is a concern which is almost double to their female counterparts.

HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE (% OF TOTAL HEALTH EXPENDITURE)

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

INDIA

30.6

60.6

STATE

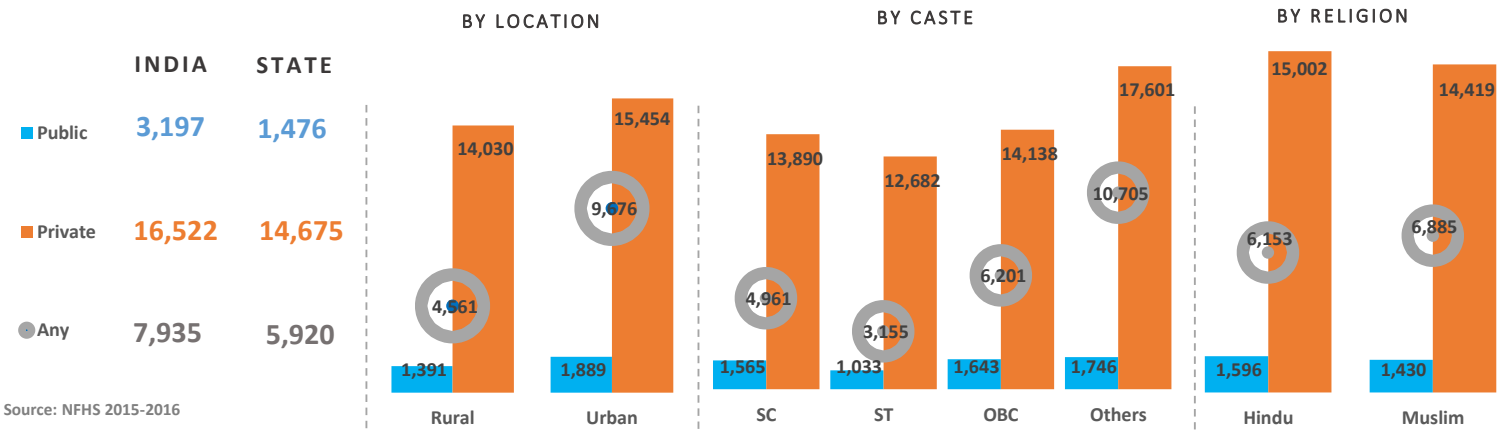
29.6

66.3



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 Jharkhand, however the share is almost same in both the cases.
- With low government share in health expenditure, the state shows high out of pocket expense (66%). Moreover, while average expenditure for delivery in public health facilities is around Rs. 1500/- in the state.

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	43.1
PHCs and HWC-PHCs	28.2	72.4
CHCs	36.9	36.4

Source: Rural Health Statistics 2019

SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

	India	State
Anganwadi Workers	4.7	3.9
ASHA	Surplus	3.8
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	90.4

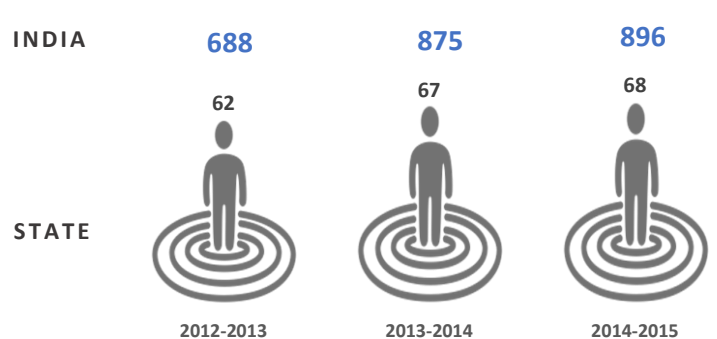
Source: Rural Health Statistics 2019

NUMBER OF AWCs



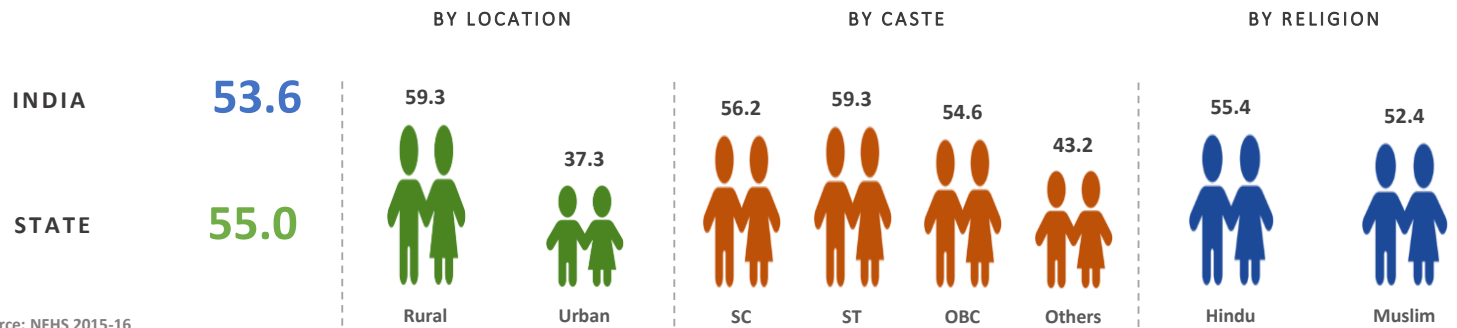
Source: Status report of ICDS as on 31st March 2015

NUMBER OF NUTRITIONAL REHABILITATION CENTRES



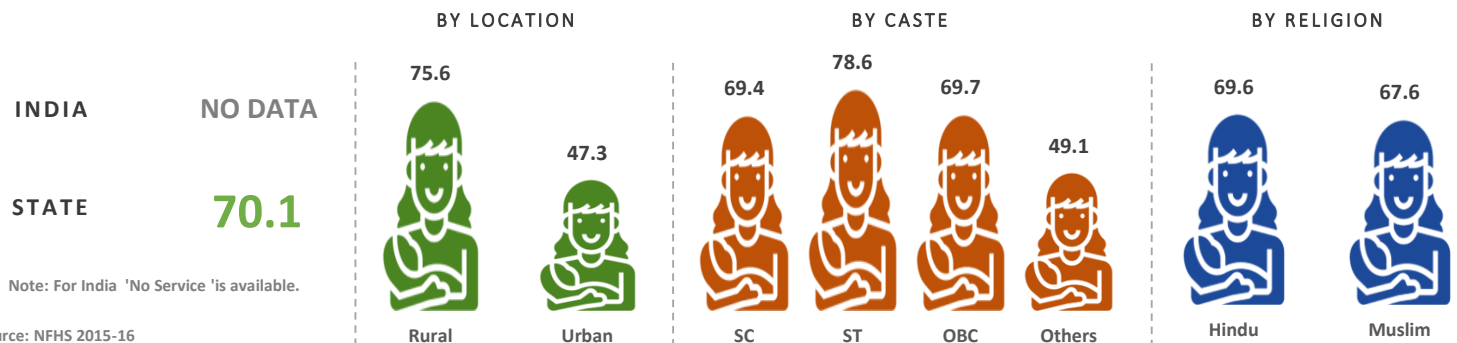
Source: PIB 2012-13, 2013-14 & 2014-15

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



Source: NFHS 2015-16

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

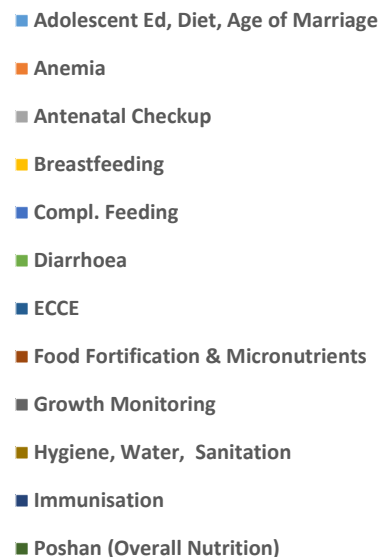
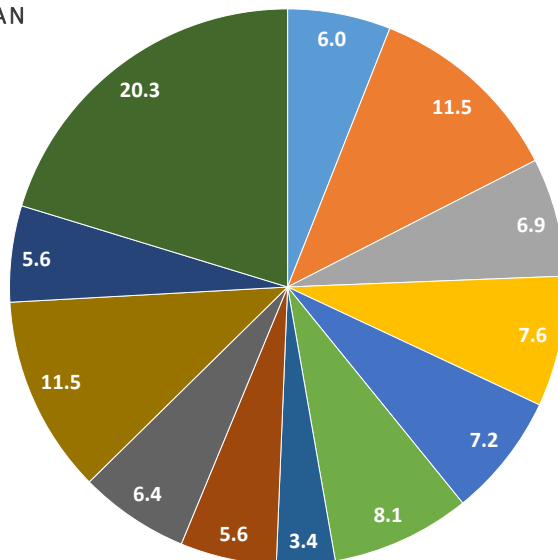


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state has a tremendous shortfall of primary health-care facilities, with a shortfall of more than 70% of PHCs which is the first point of contact for the people with any medical officer. But in contrast, there is a surplus of doctors at PHCs.
- There is also a huge shortfall of more than 90% specialists at the CHC level.
- Nearly half of the state's children and 30% of its pregnant women do not receive their entitled services like nutritious food etc. from AWC.

THEMES-WISE ACTIVITIES IN POSHAN
MAAH (SEPTEMBER 2019)



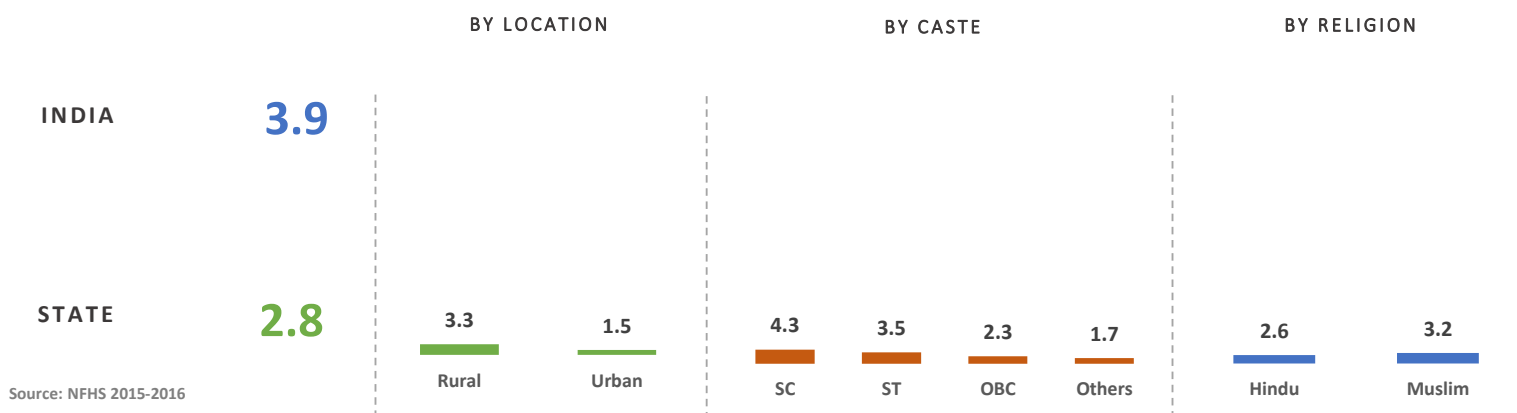
Source: <http://dashboard.poshanabhiyaan.gov.in/janandolan/#/>

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

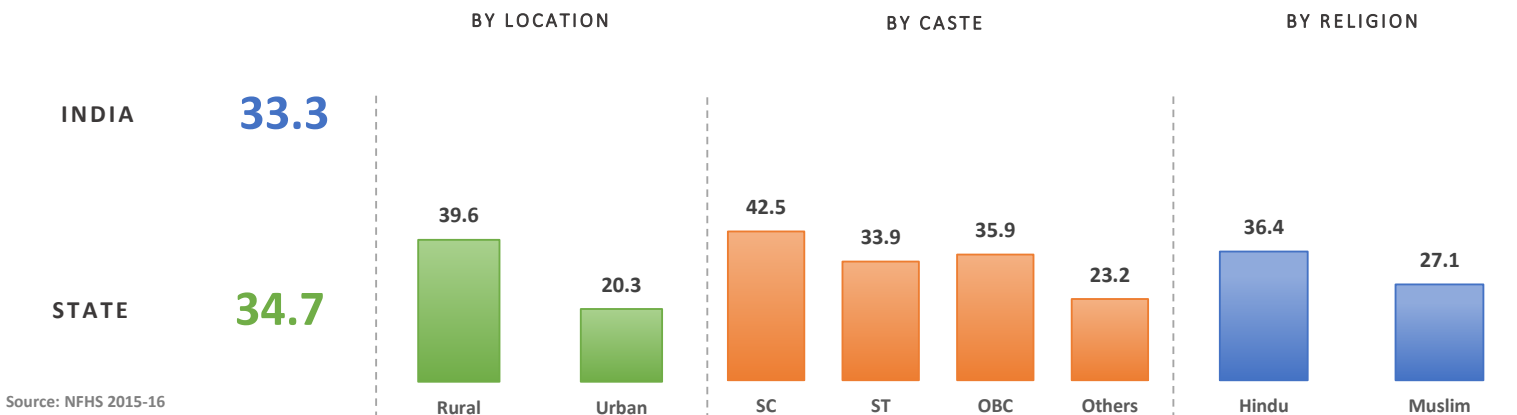
Activity type	State Value (%)	India Value (%)
Home Visits	14.9	14.4
Anemia Camp	6.5	1.5
CBE-Community Based Events (ICDS)	5.4	22.3
Community Radio Activities	1.1	0.3
Cooperative/Federation	0.7	0.2
Cycle Rally	2.6	0.3
DAY-NRLM SHG Meet	5.7	1.9
Defeat Diarrhoea Campaign (D2)	0.5	No Data
Farmer Club Meeting	0.9	0.2
Haat Bazaar Activities	3.1	0.4
Harvest Festival	0.3	0.2
Local Leader Meeting	1.4	0.5
Nukkad natak/Folk Shows	0.9	0.4
Other Activities	8.7	34.7
Panchayat Meeting	3.3	1.0
Poshan Mela	6.9	8.2
Poshan Rally	5.0	2.6
Poshan Walk	3.4	1.5
Poshan Workshop/Seminar	4.2	4.1
Prabhat Faree	2.3	1.1
Providing Water to the Toilets	0.7	0.3
Safe Drinking Water in Anganwadi Centres	1.6	0.7
Safe Drinking Water in Schools	1.8	0.2
School Based Activities	7.7	2.9
VHSND	8.4	No Data
Youth Group Meeting	2.0	No Data

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

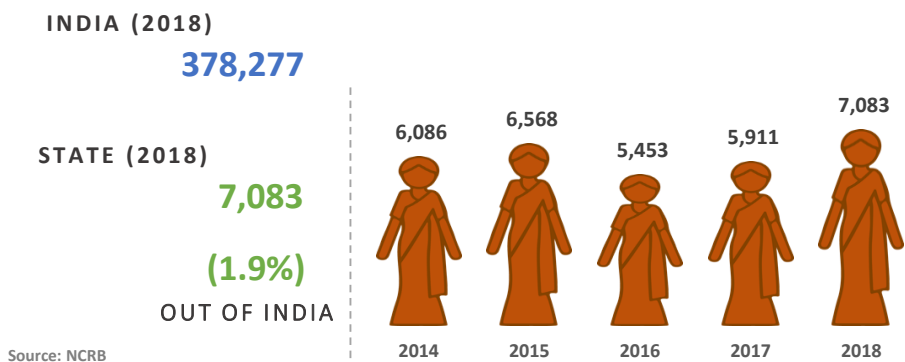
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



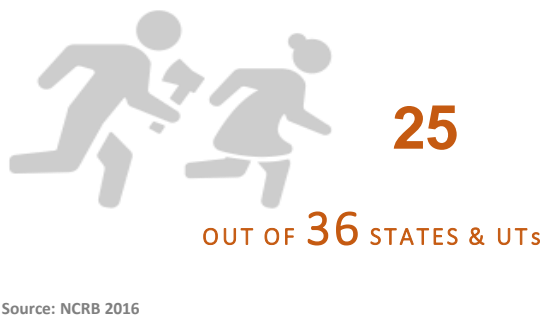
WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)



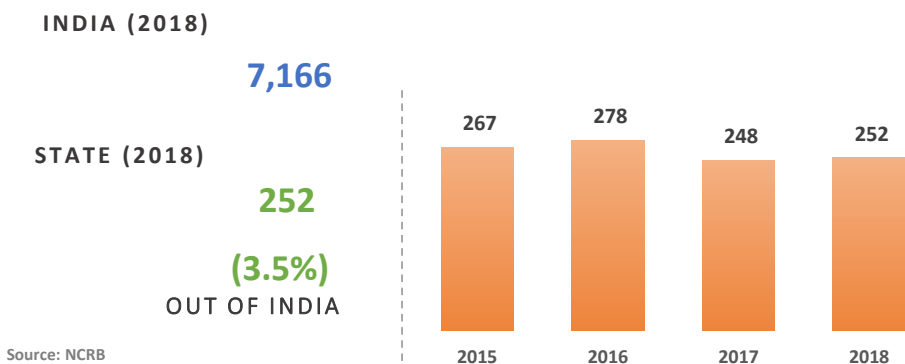
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



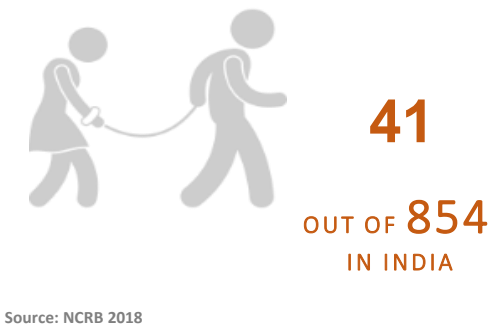
STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



DOWRY DEATHS REPORTED (No.)



WOMEN TRAFFICKING CASES REPORTED (No.)



FEMALE SUICIDE CASES (No.)

INDIA **42,391**

STATE **408**

Source: ADSI 2018

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	STATE
FOETICIDES	128	0

INFANTICIDES	56	0
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Source: NCRB 2018

- More than 30% of woman in the state having an abusive history, whereas the incidence is higher among SCs and Hindus in comparison to other social and religious categories.
- There has been an increase of 30% in incidences of 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



239,957

SHGs HAVING BANK ACCOUNT* (%)



57.4

SHGs HAVING CREDIT LINKED (%)



57.4

TOTAL VILLAGE ORGANIZATIONS FORMED



16,487

TOTAL CLUSTER LEVEL FEDERATIONS



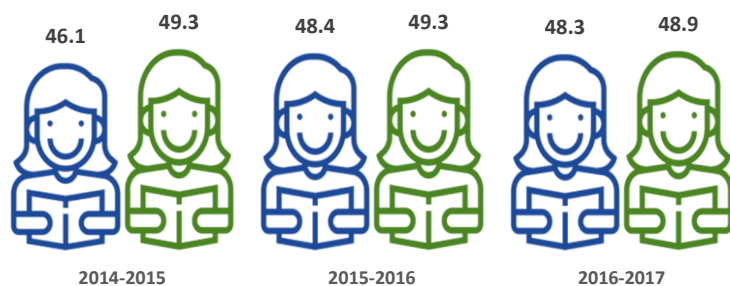
594

* Data on number of SHGs having bank account is not available. So, it is considered that number of SHGs having bank account and number of SHGs having credit linked with banks are same.

Source: JSLPS progress report as on (January 31, 2020)

GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

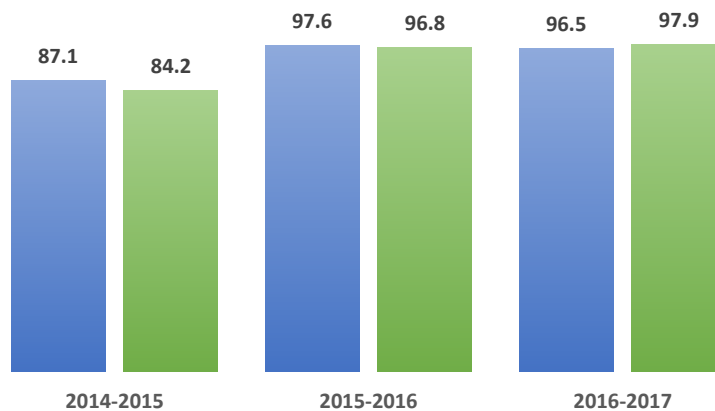
INDIA STATE



Source: U-Dise

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

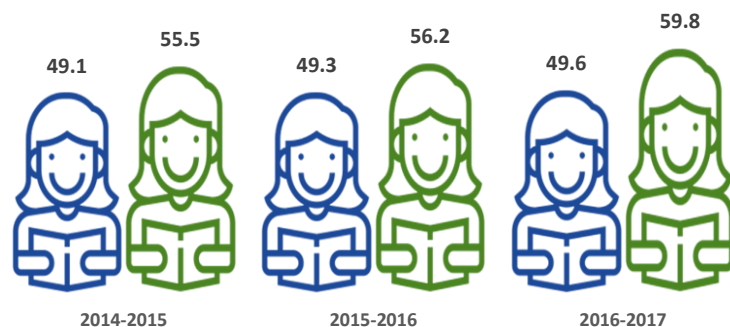
INDIA STATE



Source: U-Dise

GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

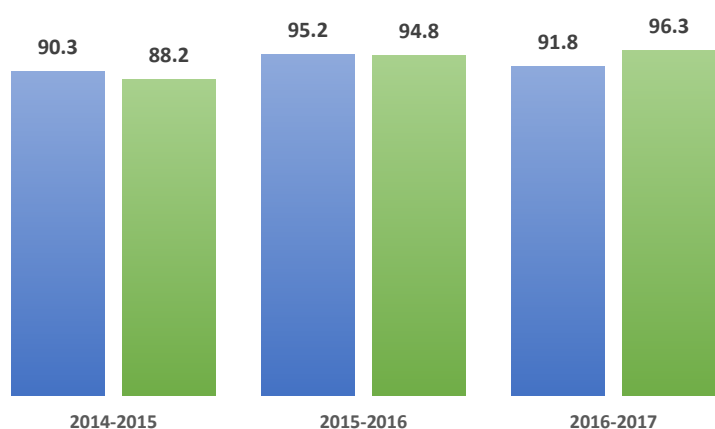
INDIA STATE



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 elementary level while a slight improvement in secondary level in the state since 2014 to 2017. However, similar trend can be observed for the entire country.
- Availability of girls' toilet in school being one of the major contributors for improving girl's enrolment has shown an improvement up to some extent for both Jharkhand and India between the period of 2014 to 2017.