

MEGHALAYA FACTSHEET 2020



Picture Courtesy: Bosco Integrated Development Society, Shillong, Meghalaya

DEVELOPED BY:



ऑक्सफैम इंडिया
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 categories (Hindus & Muslims). As data for other religious categories are not available for all indicators for all sources, hence only two religious groups have been considered for the present analysis.

STATE AT A GLANCE

OVERALL POPULATION

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

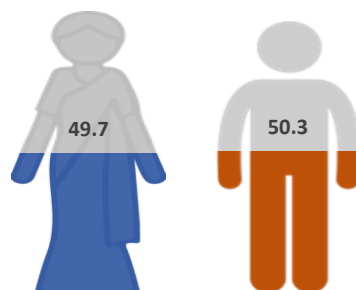
STATE **2,966,889**

(0.2%)

OF INDIA POPULATION

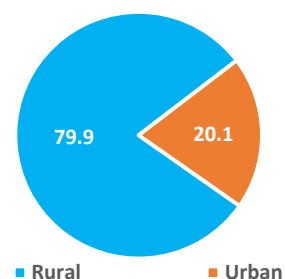
Source: Census 2011

STATE POPULATION BY SEX (%)



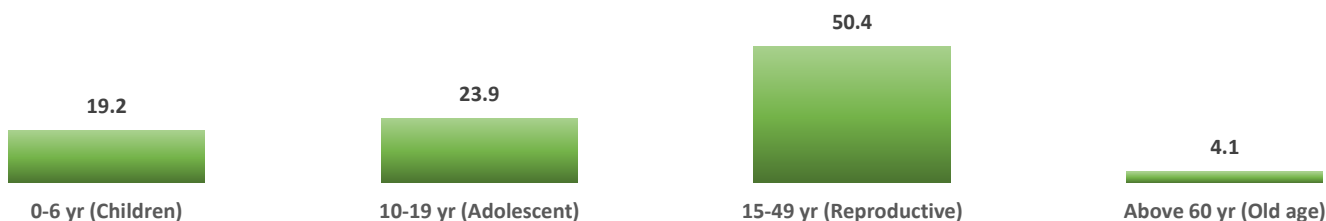
Source: Census 2011

STATE POPULATION BY LOCATION (%)



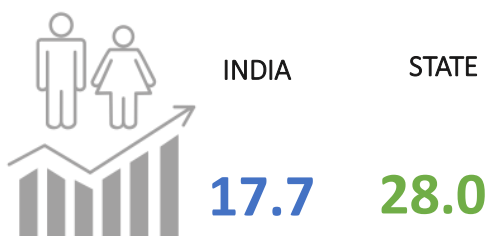
Source: Census 2011

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)

Sex Ratio		Sex Ratio (0-6 years)	
943	India Total	918	
989	State Total	970	
986	Rural	972	
1001	Urban	954	

Source: Census 2011

HEALTH INDEX (RANK)

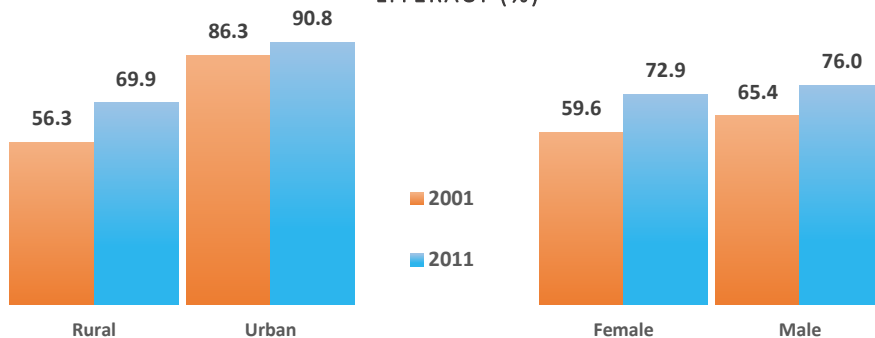
NO DATA

OVERALL LITERACY RATE (%)

	2001	2011
INDIA	64.8	73.0
STATE	62.6	74.4

Source: Census

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



Source: Census

- Nearly 80% of Meghalaya's population lives in rural areas.
- Around half of the state's population falls in the reproductive age-group.
- The decadal population growth rate is quite high in comparison to the national figure.

MAIN WORKERS (%)

INDIA

75.2

OUT OF STATE'S TOTAL
MAIN WORKERS

79.3

STATE

77.7

20.7

Rural

Urban

Source: Census 2011

MARGINAL WORKERS (%)

INDIA

24.8

OUT OF STATE'S TOTAL
MARGINAL WORKERS

91.8

STATE

22.3

8.2

Rural

Urban

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
Ribhoi	51	29	68	65	77	3	76

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.

PROPORTION OF VULNERABLE POPULATION

OVERALL SCHEDULE CASTE (SC) POPULATION

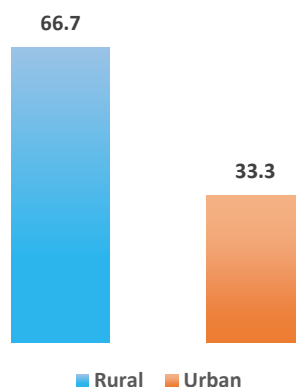
INDIA **201,378,372**

STATE **17,355**
(0.0%)

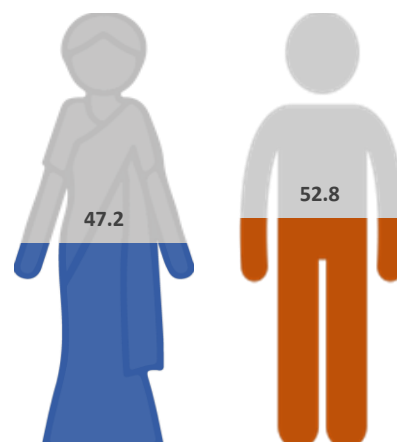
Out of India's SC population

Source: Census 2011

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



OVERALL SCHEDULE TRIBE (ST) POPULATION

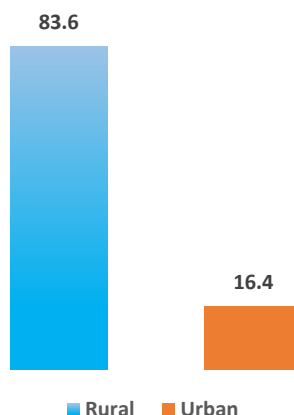
INDIA **104,545,716**

STATE **2,555,861**
(2.4%)

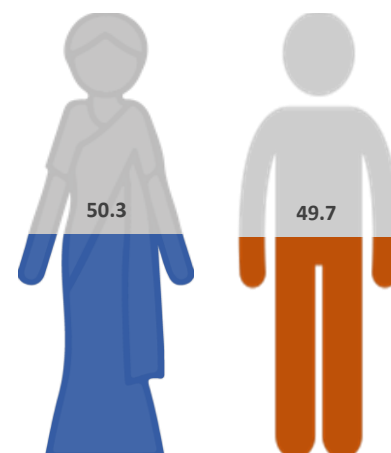
Out of India's ST population

Source: Census 2011

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



OVERALL MUSLIM POPULATION

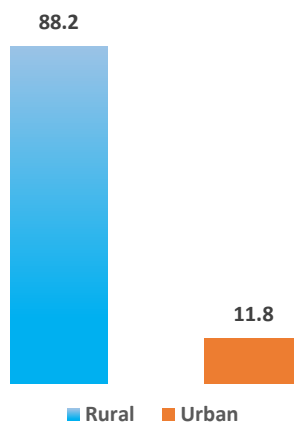
INDIA **172,245,158**

STATE **130,399**
(0.1%)

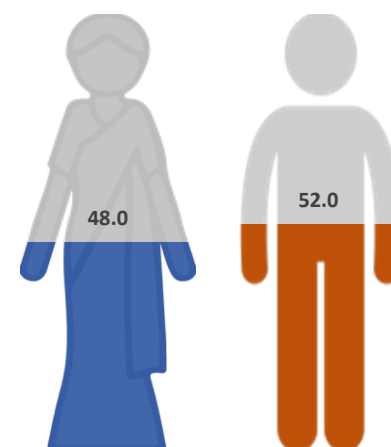
Out of India's Muslim population

Source: Census 2011

MUSLIM POPULATION BY LOCATION (%)

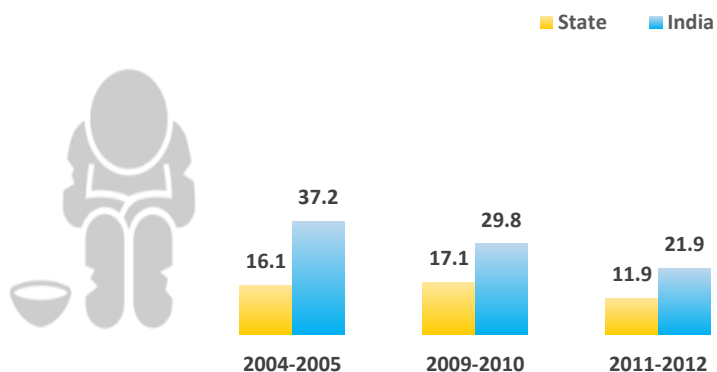


MUSLIM POPULATION BY SEX (%)



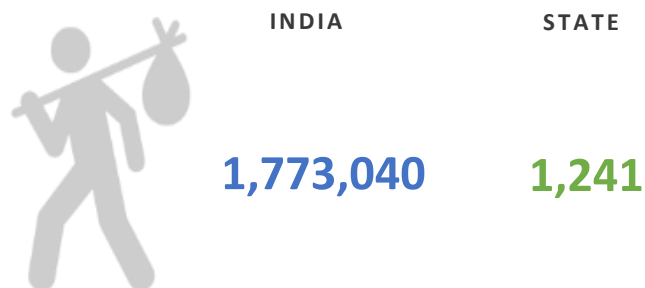
- The entire Scheduled caste, Scheduled tribe and Muslim population of the state is primarily concentrated in the rural region with very little urban share.

POPULATION LIVING BELOW POVERTY LINE (%)



Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)

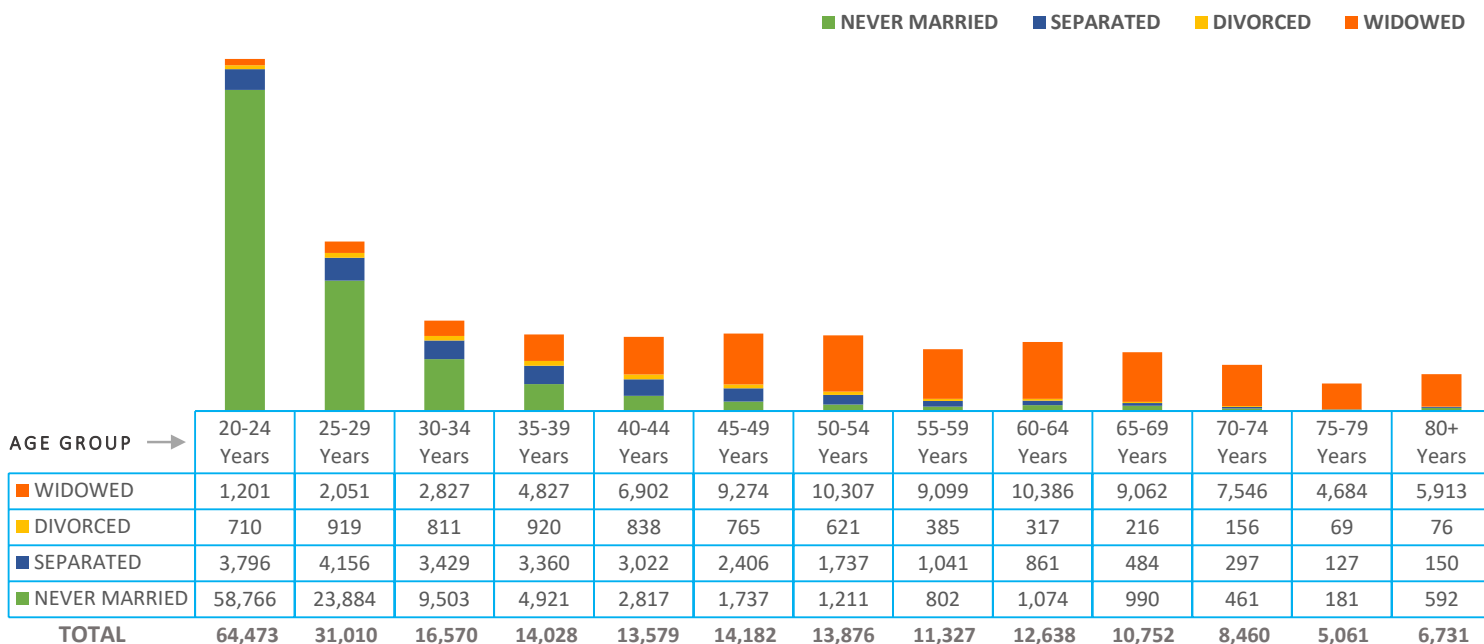


Source: Census 2011

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)

NO DATA

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- The state has seen a decrease in BPL population over the years, though it has increase to some extent in 2009-10.

PERSONS WITH DISABILITIES IN ALL AGE GROUP

INDIA'S TOTAL PERSON WITH
DISABILITIES

26,814,994

STATE'S TOTAL PERSON WITH
DISABILITIES

44,317
(0.2%)

OUT OF WHICH

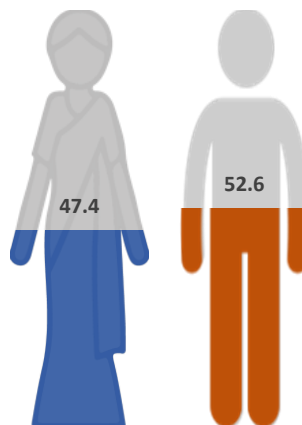
2,116,698

3,576
(0.2%)

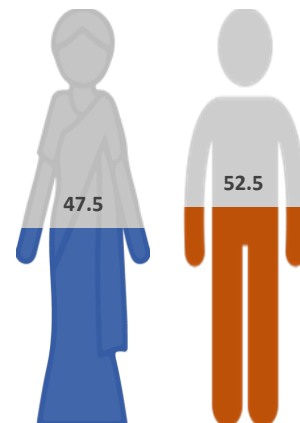
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

PESONS 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

3,330
(0.3%)

OUT OF WHICH

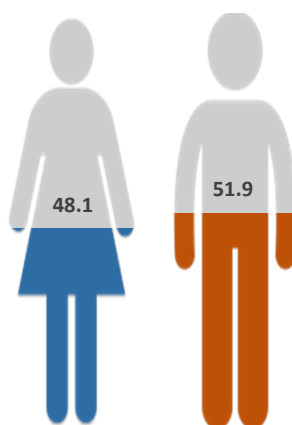
78,662

252
(0.3%)

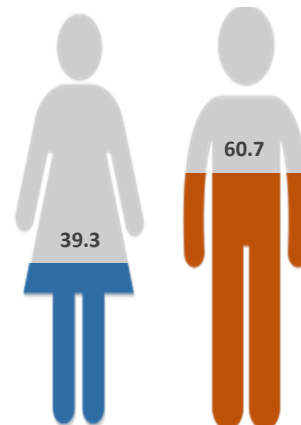
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

PESONS 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

4,459
(0.2%)

OUT OF WHICH

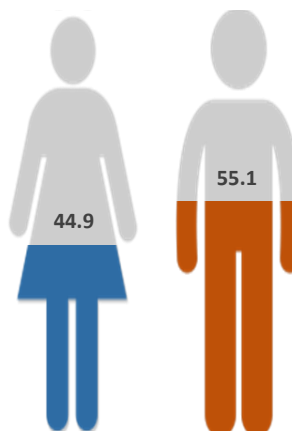
187,492

427
(0.2%)

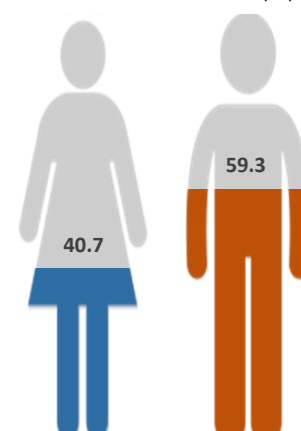
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



- The prevalence of multiple disabilities is more among the boys in Meghalaya in comparison to girls.

HEALTH AND NUTRITION

MARRIAGE AND FERTILITY

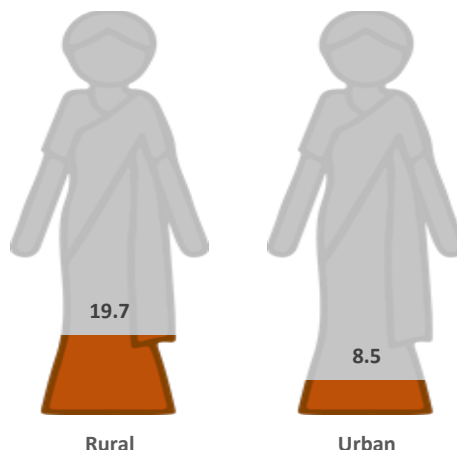
WOMEN 20-24 YEARS MARRIED BEFORE 18 YEARS (%)

INDIA

26.8

STATE

16.9



Rural

Urban

Source: NFHS 2015-2016

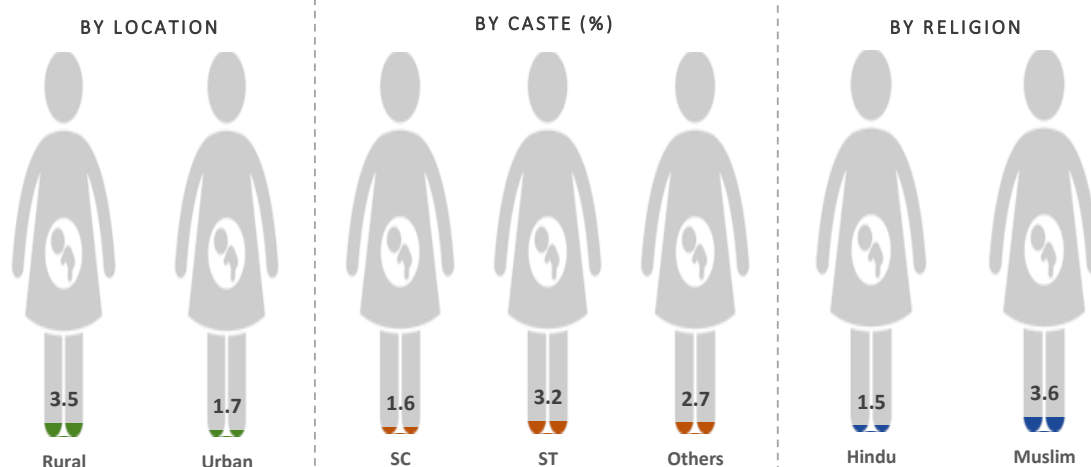
TOTAL FERTILITY RATE (%)

INDIA

2.2

STATE

3.0



Rural

Urban

SC

ST

Others

Hindu

Muslim

Source: NFHS 2015-2016

Note:- Comparable data for OBC is not available.

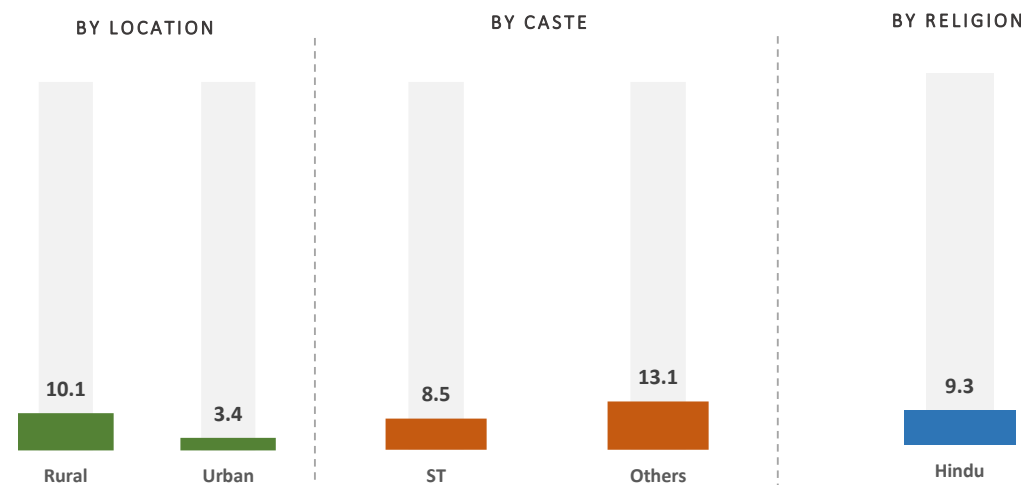
WOMEN 15-19 YEARS WHO WERE ALREADY MOTHERS OR PREGNANT (%)

INDIA

7.9

STATE

8.6



Rural

Urban

ST

Others

Hindu

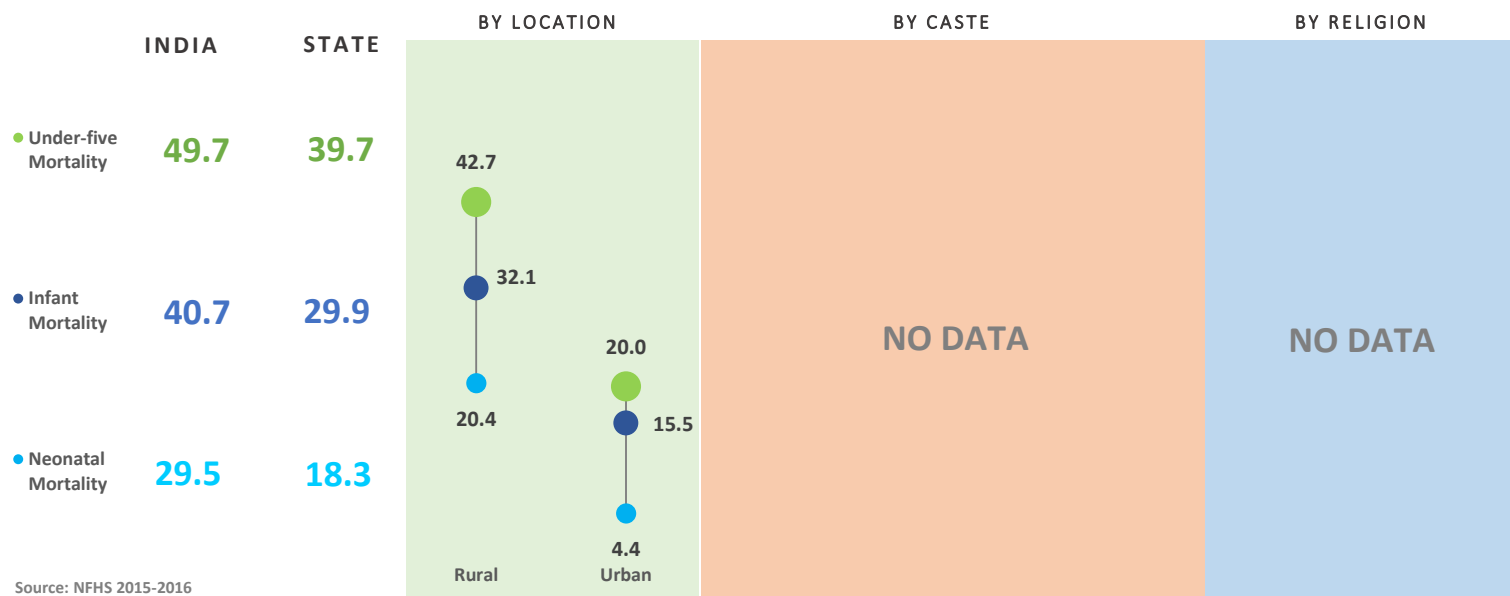
Source: NFHS 2015-2016

Note:- Comparable data for SC, OBC and Muslim are not available.

- The Total fertility rate in Meghalaya is much above the replacement levels. Except for urban areas and the Hindu population, it is a cause of concern across the state.
- Teenage pregnancy is also quite high in the state, across all sections and areas.

MORTALITY

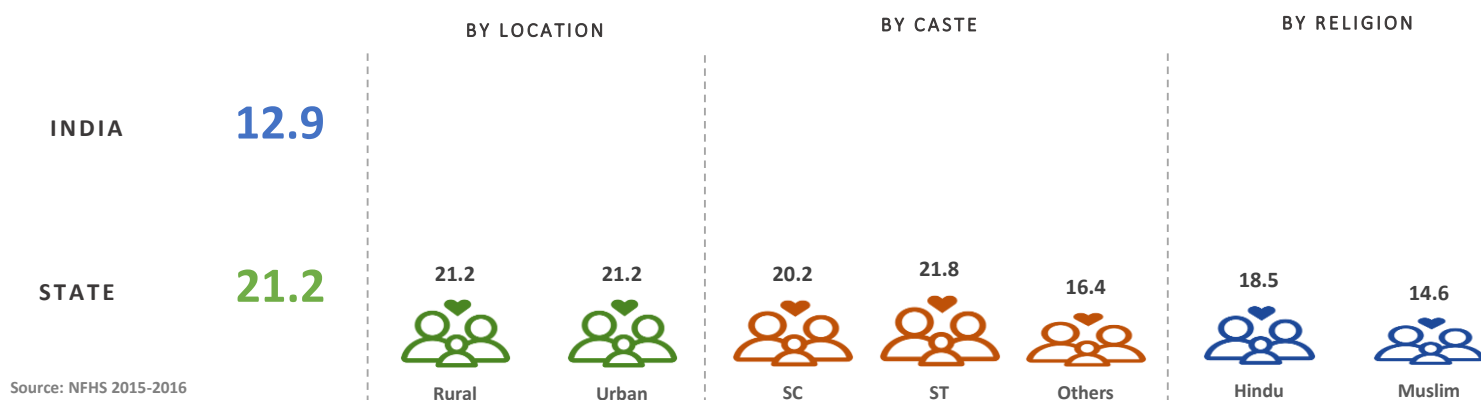
MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



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

NO DATA

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



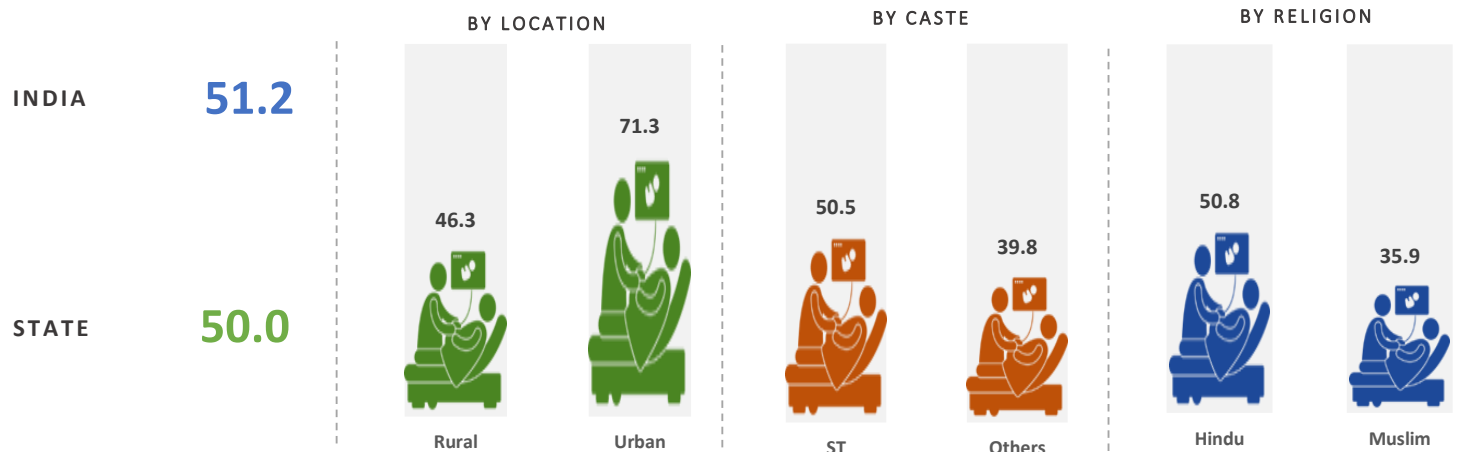
Note:- Comparable data for OBC is not available.

* 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.

- Child mortality rates (neonatal, infant and under-5), though less than the country figure, are on a higher trend, especially in rural areas.
- Prevalence of high unmet need across the population of Meghalaya signifies lack of access of contraceptives. Also, the TFR is also quite high in the state.

MATERNAL CARE

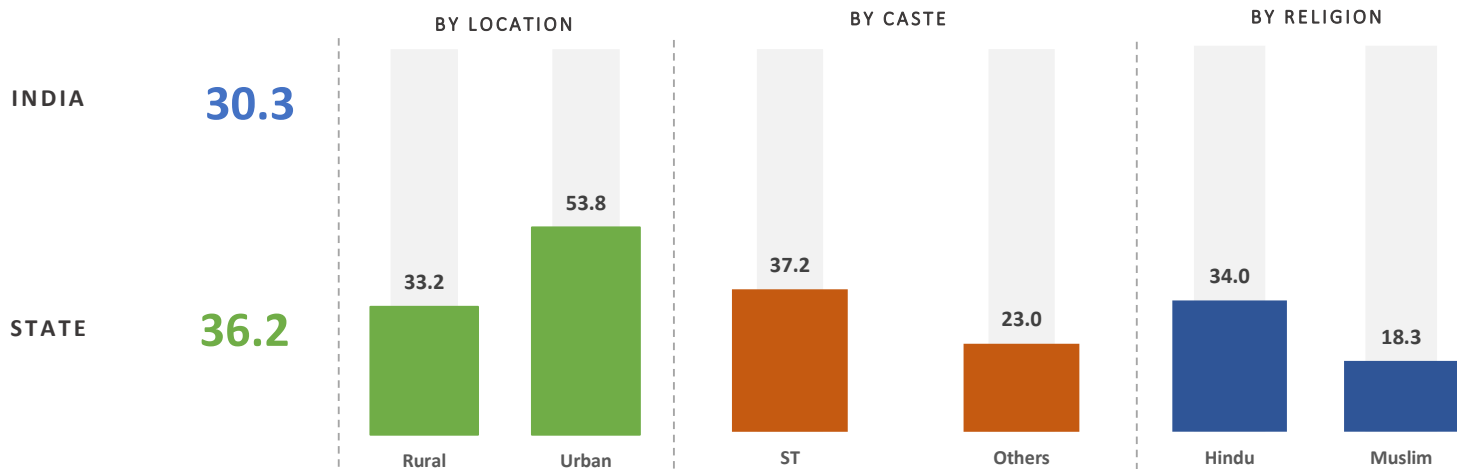
MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



Source: NFHS 2015-2016

Note:- Comparable data for SC and OBC are not available.

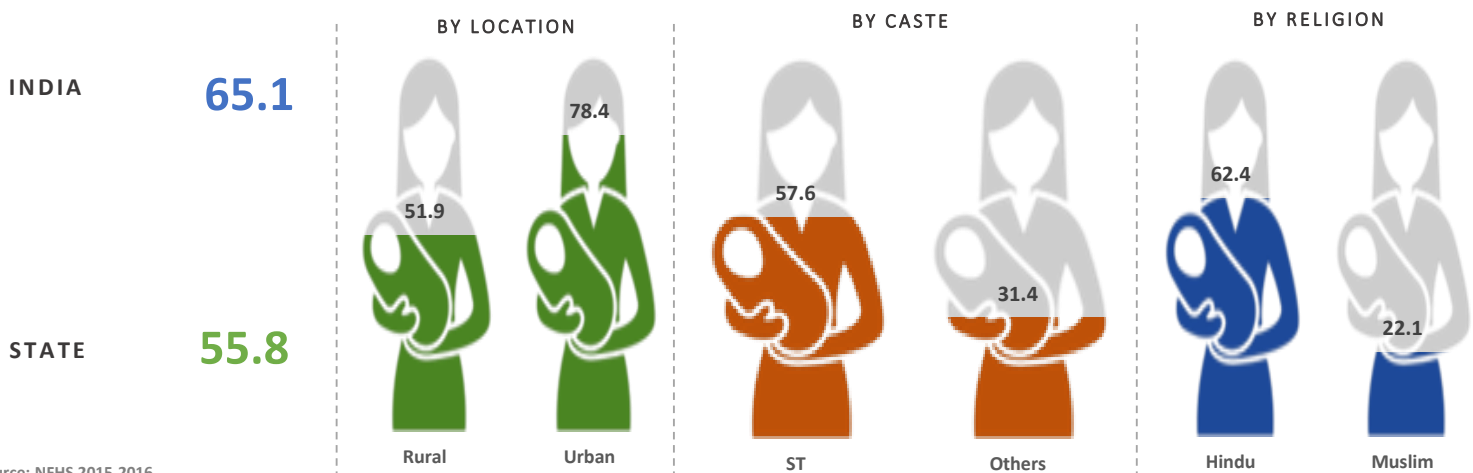
MOTHERS WHO CONSUMED IFA FOR 100 DAYS OR MORE WHEN THEY WERE PREGNANT (%)



Source: NFHS 2015-2016

Note:- Comparable data for SC and OBC are not available.

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



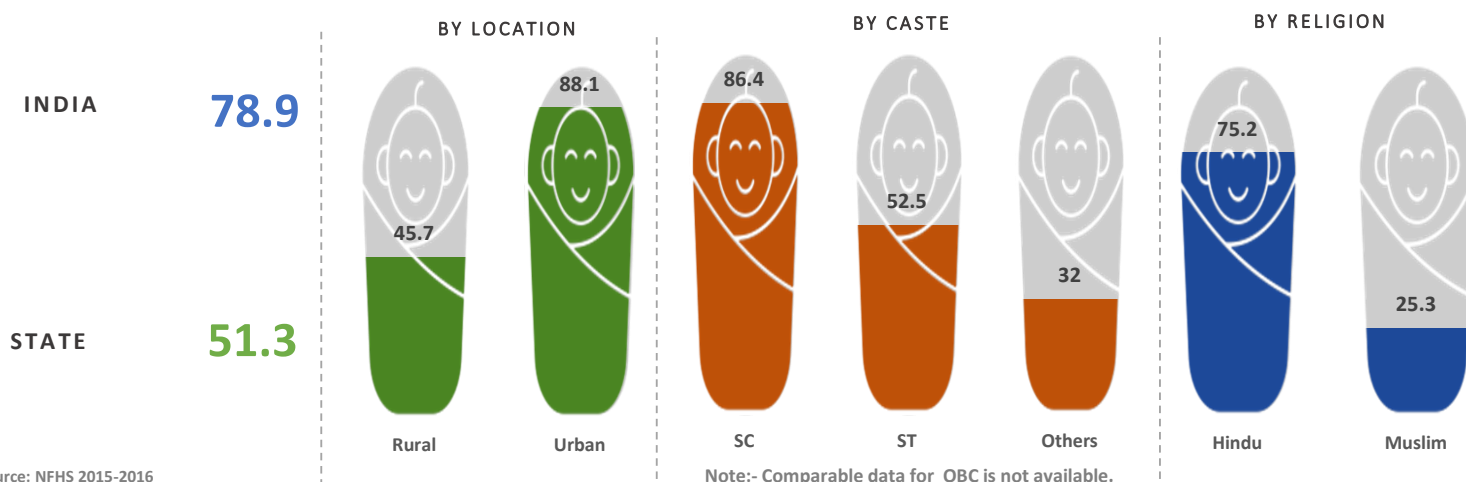
Source: NFHS 2015-2016

Note:- Comparable data for SC and OBC are not available.

- The state is a little better in ante-natal care indicators than the country but the condition of Muslim women are deplorable.
- Post-natal care is an area of neglect with it being low across all groups but worse among the Muslims.

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA



17.2

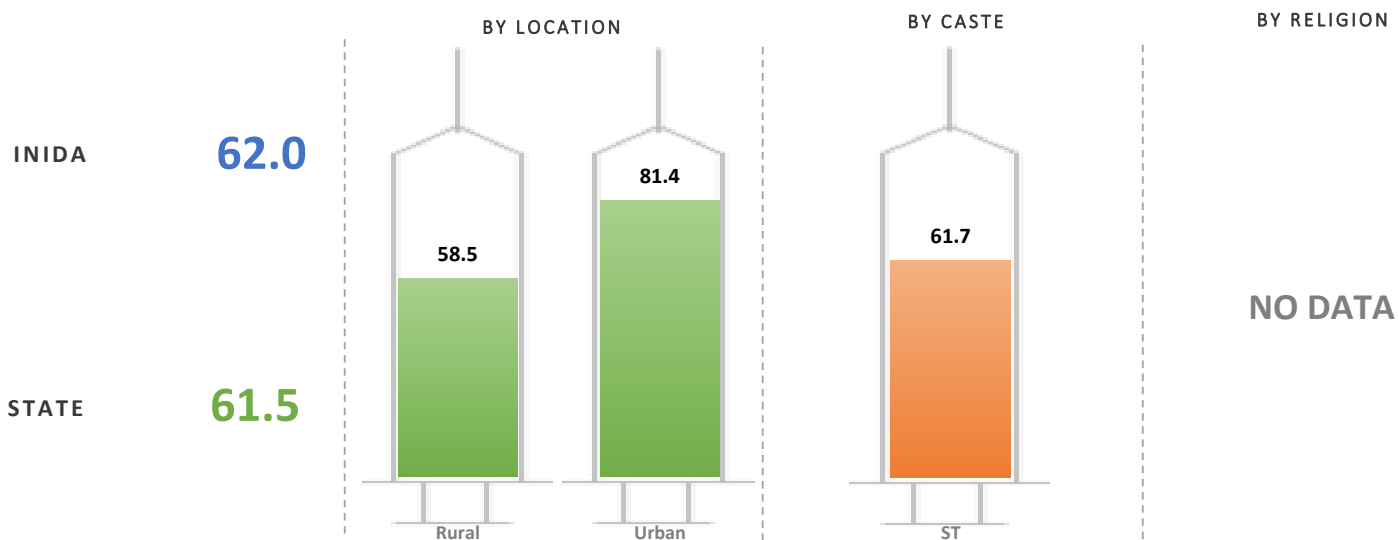
STATE

7.6



Source: NFHS 2015-2016

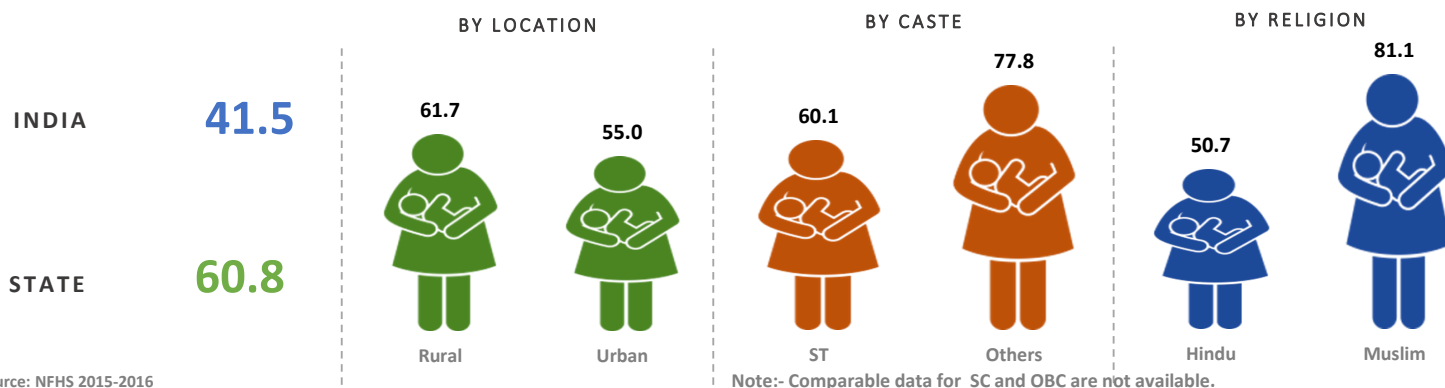
CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



- The tremendous rural-urban divide in the state gets apparent in the indicators of institutional delivery and immunization. Also, the high disparity in institutional delivery between Hindu and Muslim population, with the latter being deprived of the benefit.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

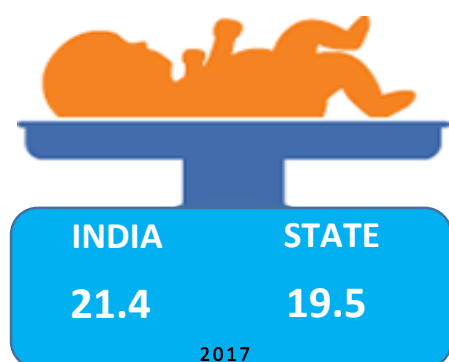
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



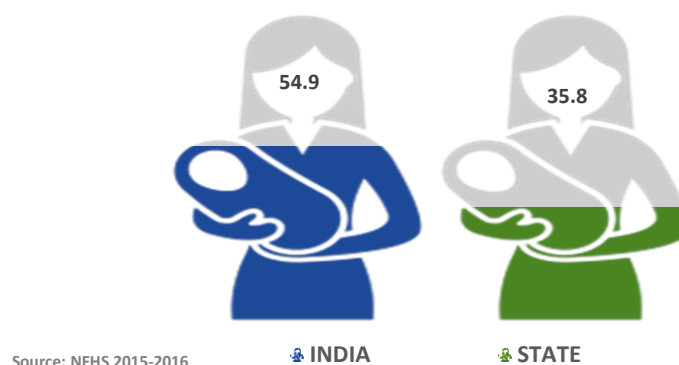
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



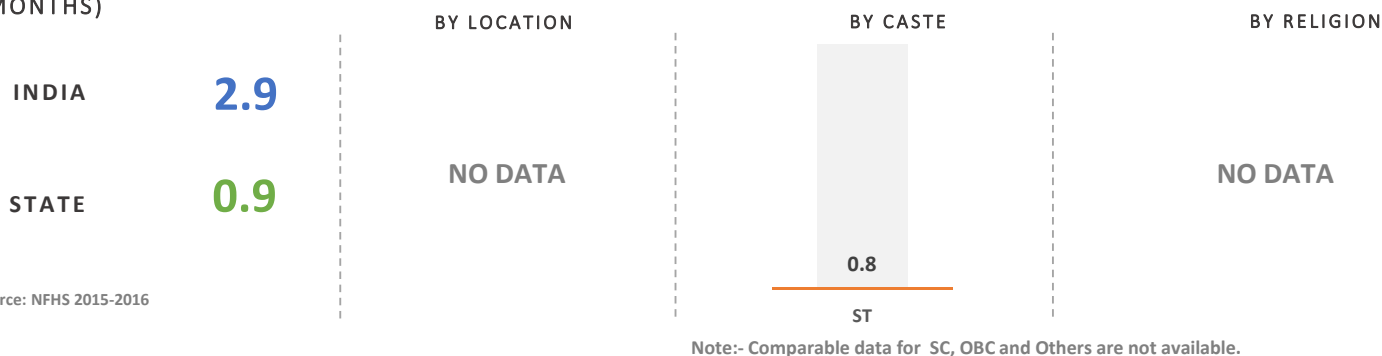
PREVALENCE OF LOW BIRTHWEIGHT (%)



CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



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



- The state fares much better than the country in early initiation of breastfeeding and complementary feeding.
- However, its performance in exclusive breastfeeding is appallingly low which is also highlighted in the median duration of exclusive breastfeeding which is even less than 1 month for a new born child in Meghalaya. This requires urgent attention.

CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

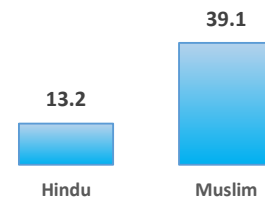
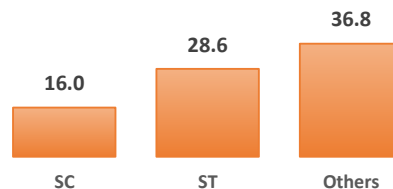
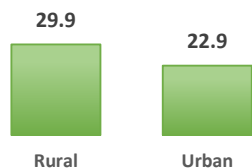
BY LOCATION

BY CASTE

BY RELIGION

INDIA **35.7**

STATE **28.9**



Source: NFHS 2015-2016

Note:- Comparable data for OBC is not available.

CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

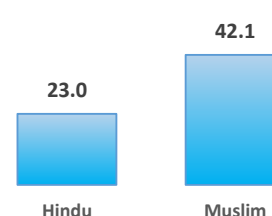
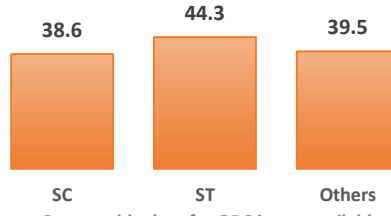
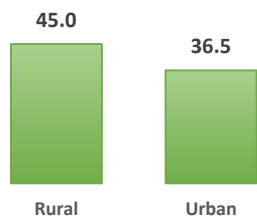
BY LOCATION

BY CASTE

BY RELIGION

INDIA **38.4**

STATE **43.8**



Source: NFHS 2015-2016

Note:- Comparable data for OBC is not available.

CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

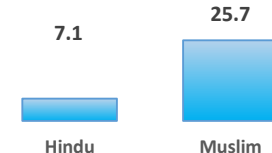
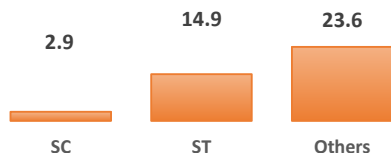
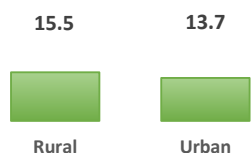
BY LOCATION

BY CASTE

BY RELIGION

INDIA **21.0**

STATE **15.3**



Source: NFHS 2015-2016

Note:- Comparable data for OBC is not available.

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

BY LOCATION

BY CASTE

BY RELIGION

INDIA **58.5**

STATE **40.7**



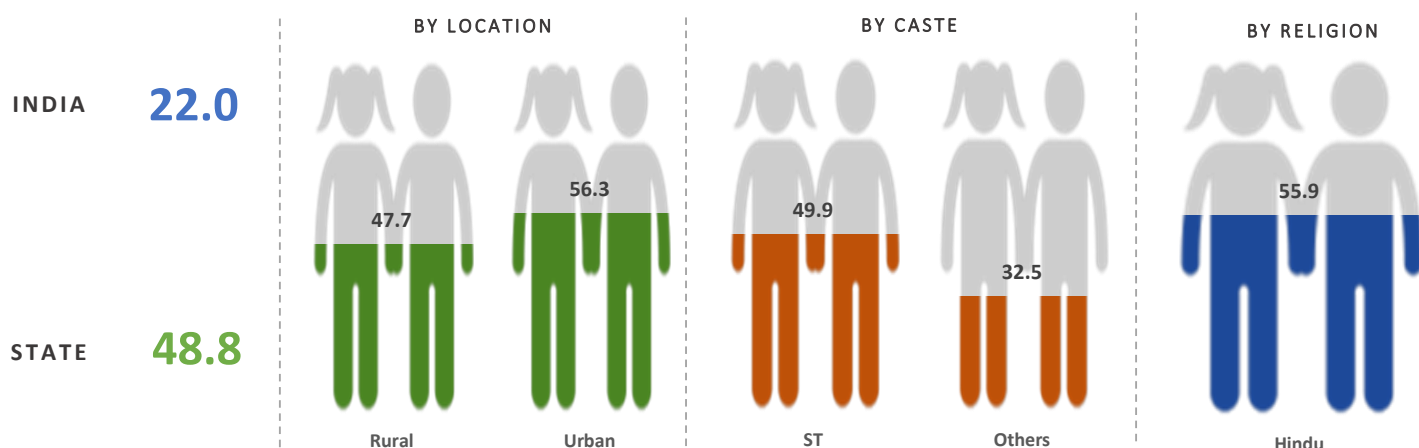
Source: NFHS 2015-2016

Note:- Comparable data for OBC is not available.

- The state fares overall better than the country underweight and wasting indices. However, for all the 3 indices of child nutrition, the condition of the Muslim children are deplorable. Similar condition is noted in child anemia where highest anemia can be observed among Muslim children.

DIETARY DIVERSITY PATTERN

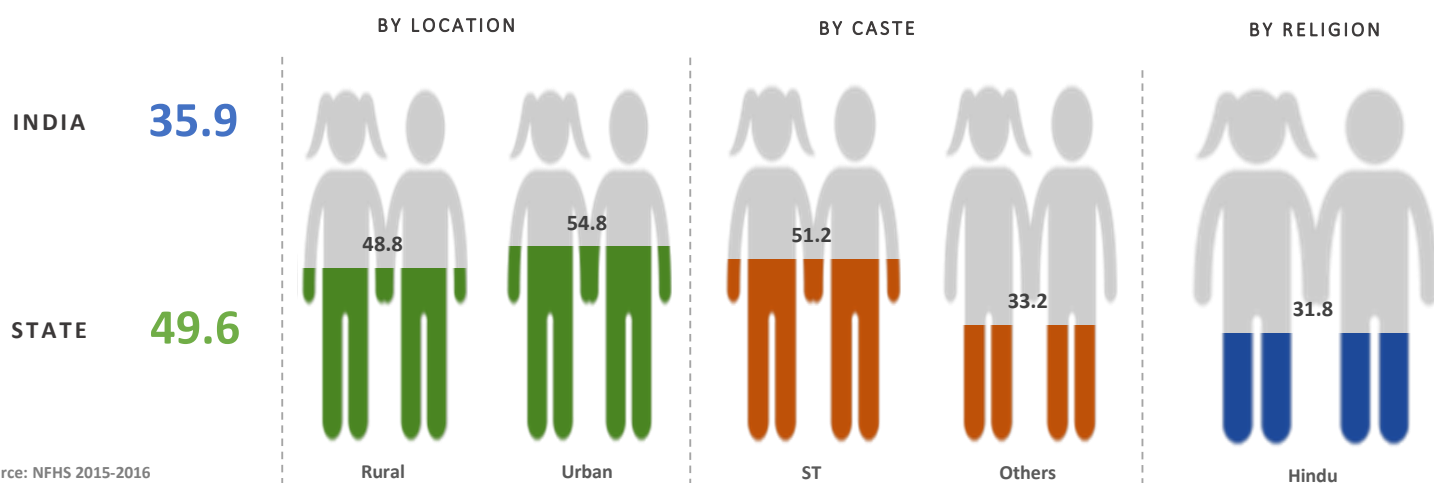
6-23 MONTHS CHILDREN FED 4+ FOOD GROUPS IN PAST 24 HOURS (%)



Source: NFHS 2015-2016

Note:- Comparable data for SC, OBC and Muslim are not available.

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



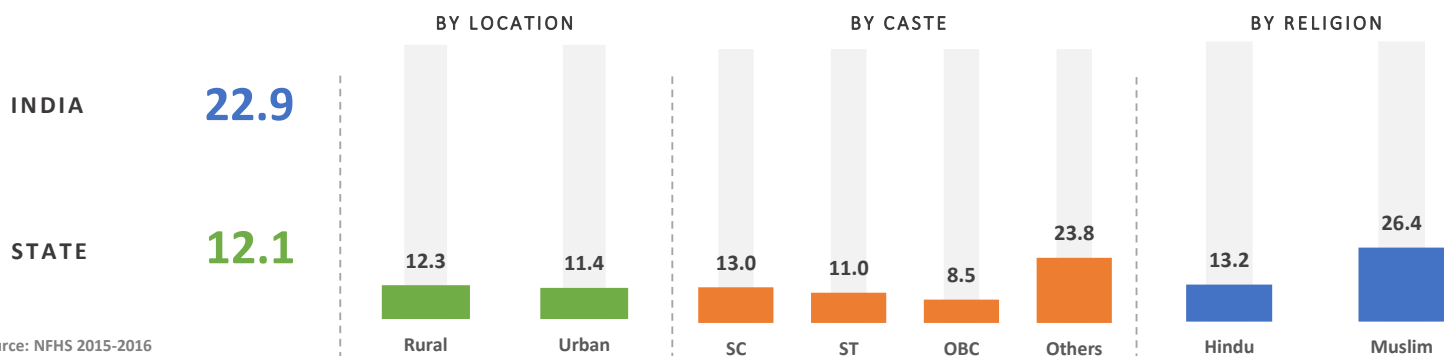
Source: NFHS 2015-2016

Note:- Comparable data for SC, OBC and Muslim are not available.

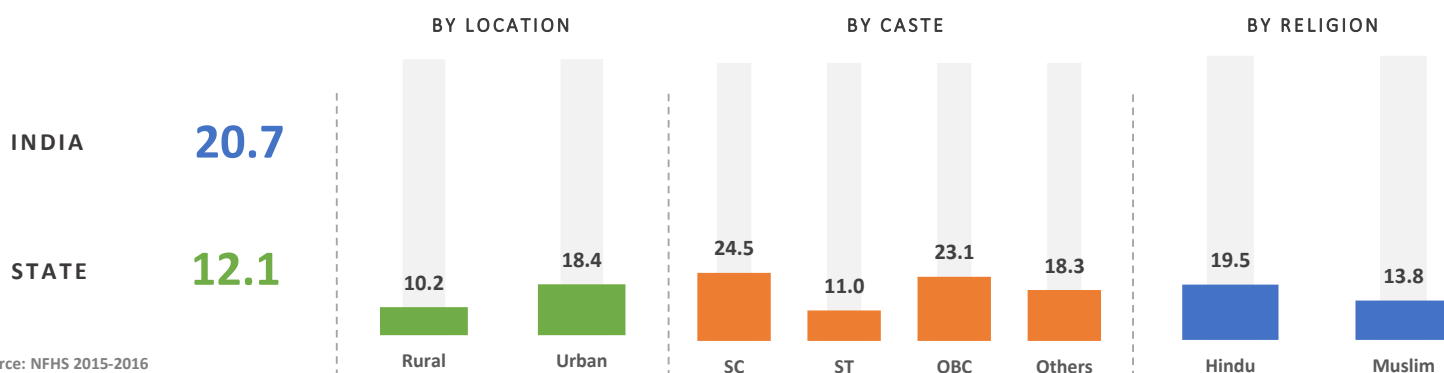
- The state's overall figures for dietary diversity are better than the country but owing to lack of comparable data, segregated figures for social and religious groups are not available and thus it is unable to ascertain the dietary diversity pattern of Muslim children who fare so poorly in the child nutrition indicators.

NUTRITIONAL STATUS OF WOMEN AND MEN

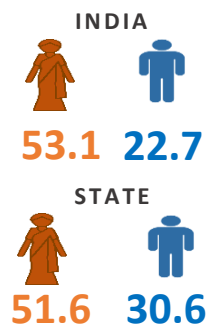
WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M²) (%)



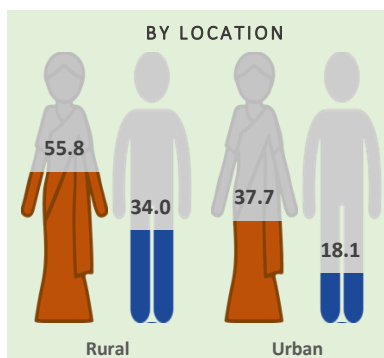
WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M²) (%)



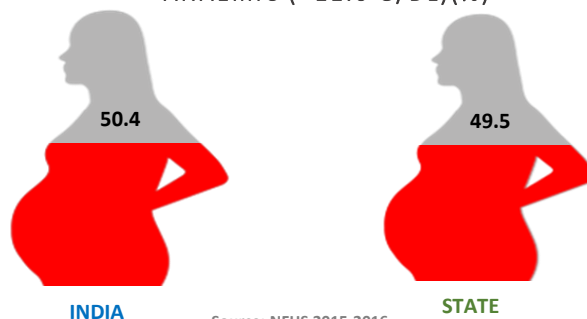
WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



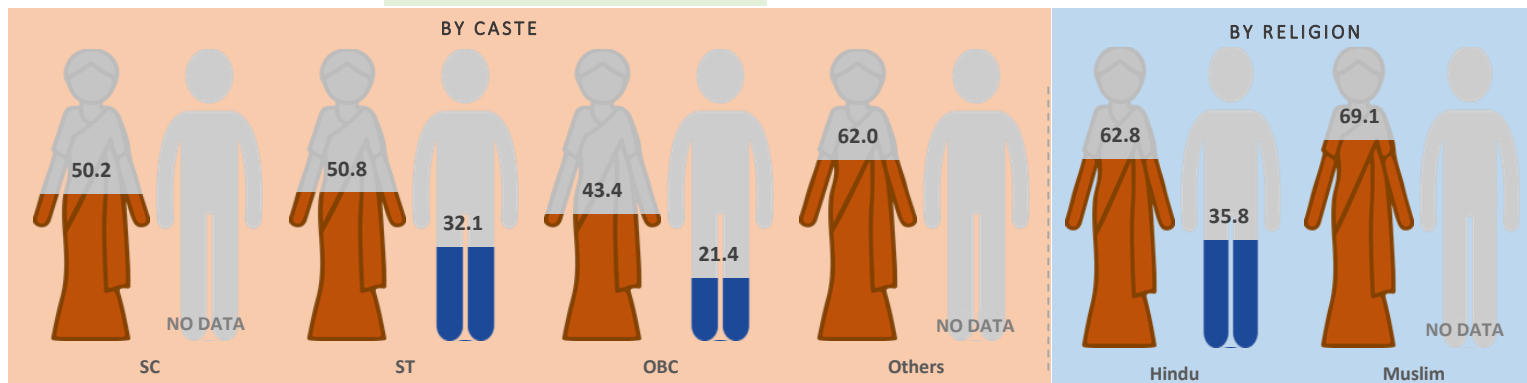
Source: NFHS 2015-2016



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



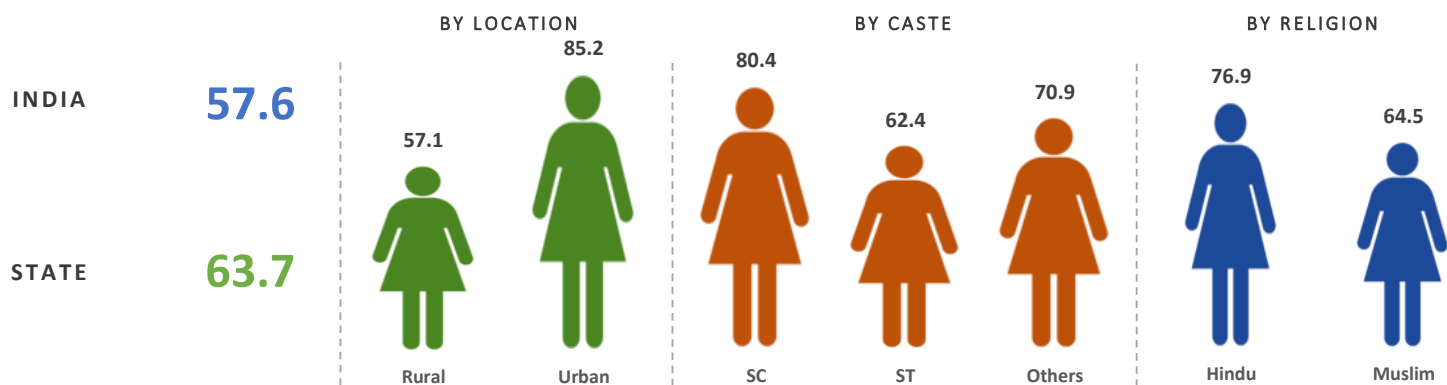
Source: NFHS 2015-2016



- Here again the state fares overall better than the country with regard to nutritional status of adults. However condition of Muslims are deplorable here too with them having highest percentage of below normal BMI and also are most anemic in the state.
- Anaemia is a major concern both across the nation and state with around 50% of the women (pregnant and non-pregnant) with low haemoglobin count.

MENSTRUAL HYGIENE

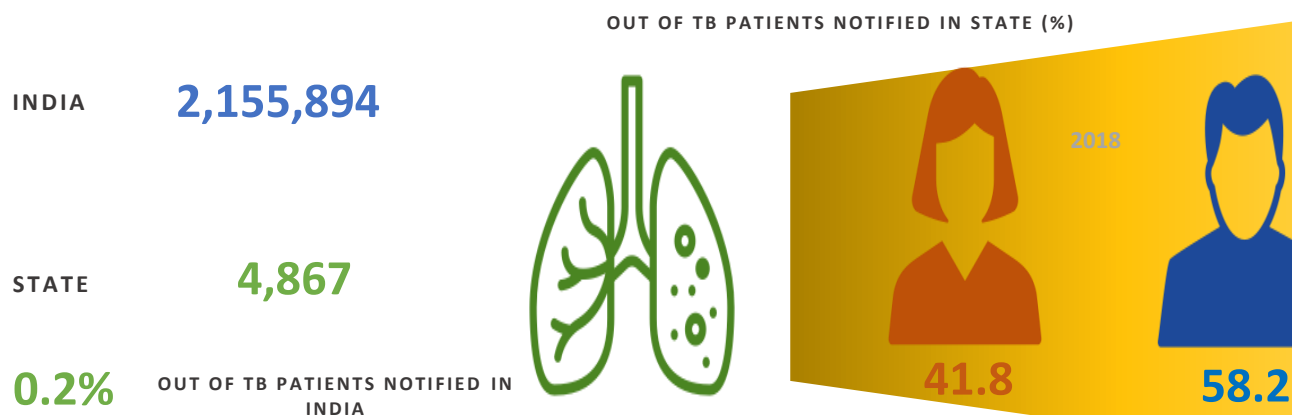
WOMEN AGED 15-24 WHO USED HYGIENIC METHOD OF PROTECTION DURING MENSTRUATION (%)



Source: NFHS 2015-2016

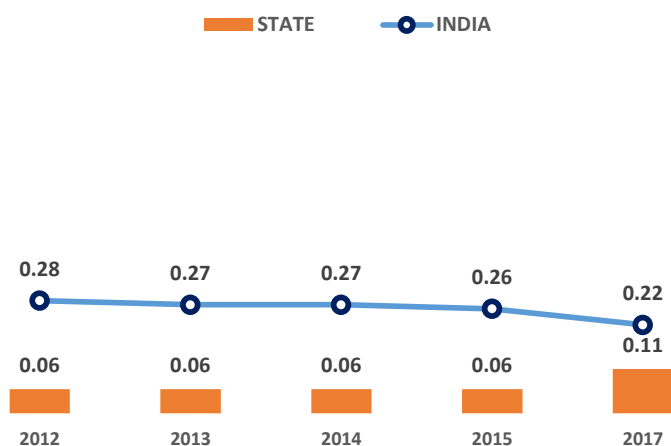
OTHER HEALTH ISSUES

PERSONS SUFFERING FROM TUBERCULOSIS



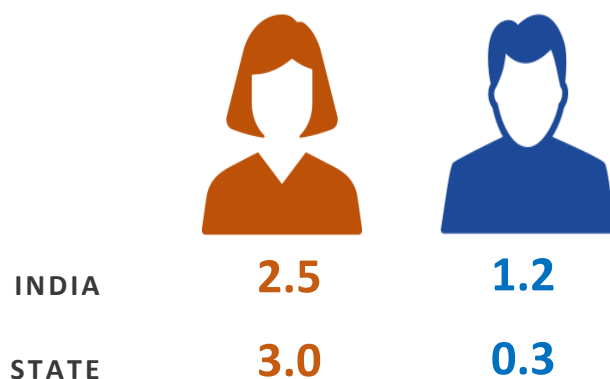
Source: India TB Report 2019

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

- Overall prevalence of using hygienic methods of protection during menstruation is better in the country, across all the groups. But still huge urban rural disparity continues.
- High prevalence of Tuberculosis among men is another concern.

HEALTH EXPENDITURES

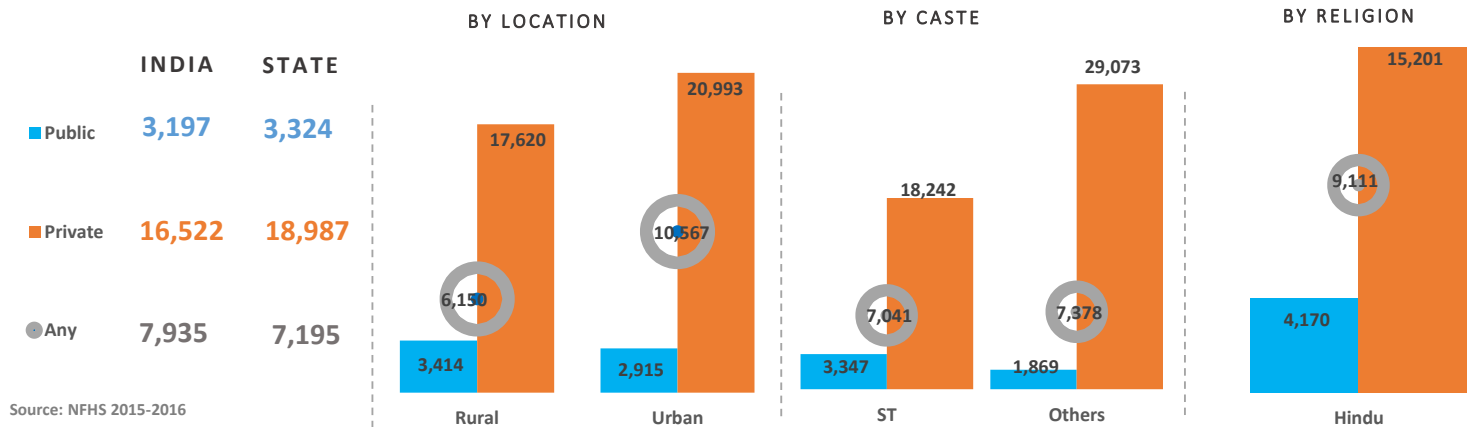
GOVERNMENT HEALTH EXPENDITURE (%
OF TOTAL HEALTH EXPENDITURE)

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

NO DATA

NO DATA

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



Note:- Comparable data for SC, OBC and Muslim are not available.

- Average expenditure for delivery in public and private facilities is much higher than the country figure. Also it is much higher in the rural areas for public facilities in comparison to urban areas.

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	42.0
PHCs and HWC-PHCs	28.2	4.8
CHCs	36.9	9.7

Source: Rural Health Statistics 2019

SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

India
4.7
State
9.5

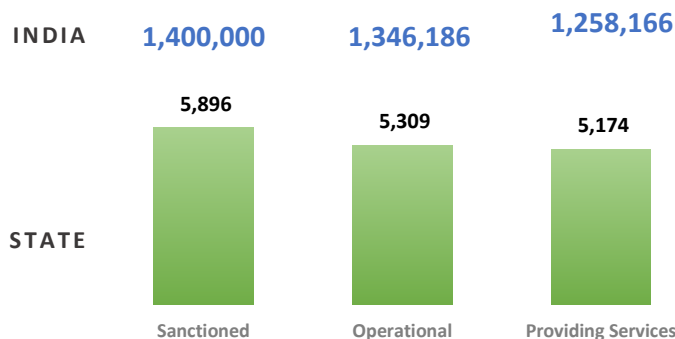
Source: Status report of ICDS as on 31st March 2015

(as on 1st July 2019)

	India	State
Anganwadi Workers	4.7	9.5
ASHA	Surplus	Surplus
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	96.4

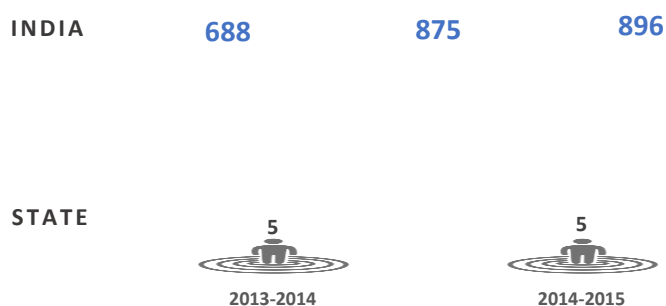
Source: Rural Health Statistics 2019

NUMBER OF AWCs



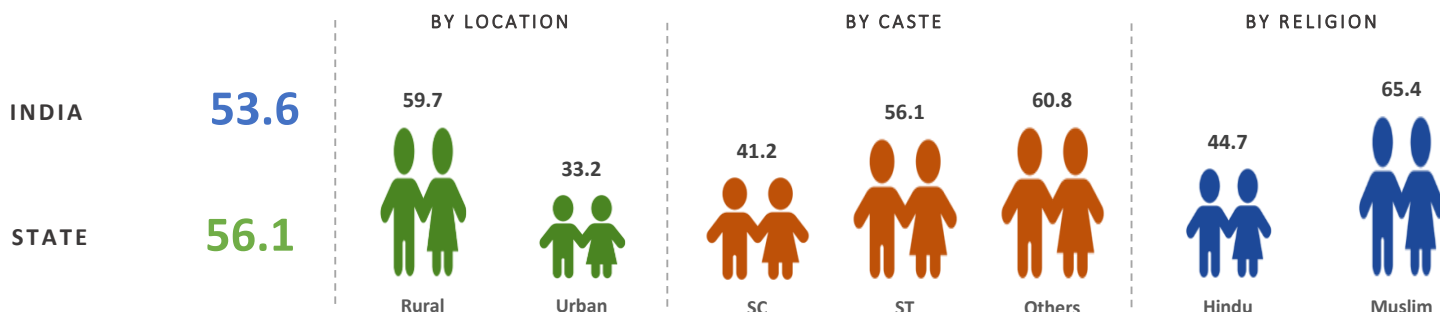
Source: Status report of ICDS as on 31st March 2015

NUMBER OF NUTRITIONAL REHABILITATION CENTRES



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

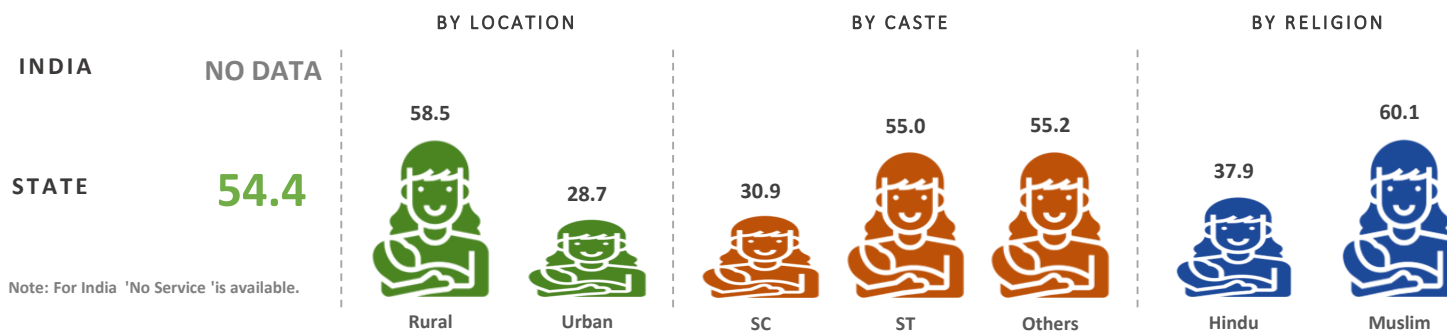
CHILDREN AGED 0-71 MONTHS WHO RECEIVED SERVICES FROM AN AWC (%)



Source: NFHS 2015-16

Note:- Comparable data for OBC is not available.

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)



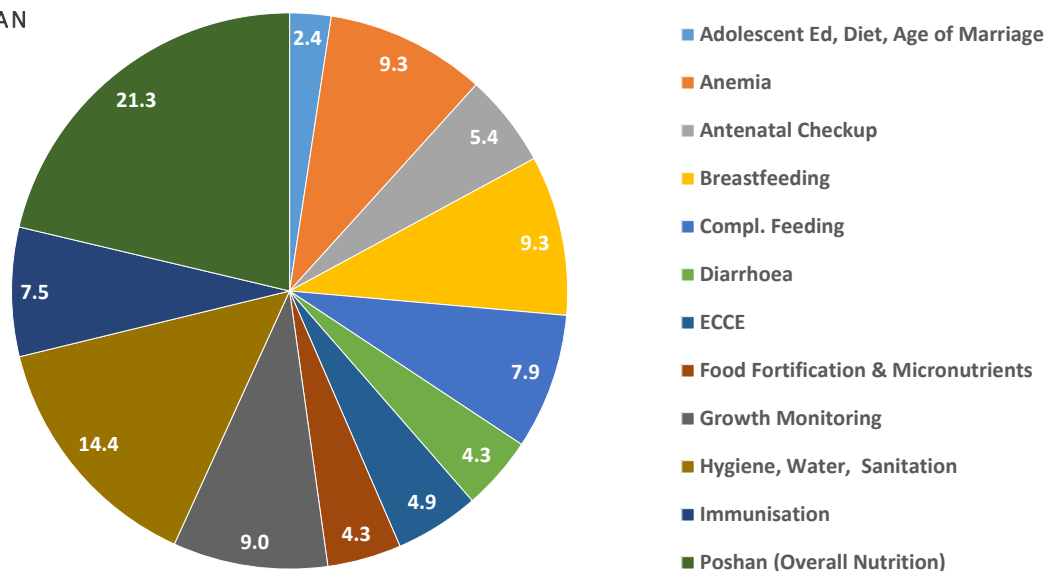
Note: For India 'No Service' is available.

Source: NFHS 2015-16

Note:- Comparable data for OBC is not available.

- The state has shortfall of all categories of health facilities, however the shortfall is more acute at the primary level— Sub-centres – which is the primary point of healthcare contact for the rural people.
- The shortfall of specialists at CHC is more than 96% for the state signifying that despite having health facilities, people might not be able to avail its benefit owing to lack of specialists.

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	25.5	14.4
Anemia Camp	3.1	1.5
CBE-Community Based Events (ICDS)	4.5	22.3
Community Radio Activities	0.3	0.3
Cooperative/Federation	0.0	0.2
Cycle Rally	0.1	0.3
DAY-NRLM SHG Meet	1.5	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	0.1	0.2
Haat Bazaar Activities	0.2	0.4
Harvest Festival	0.0	0.2
Local Leader Meeting	0.9	0.5
Nukkad natak/Folk Shows	0.2	0.4
Other Activities	24.8	34.7
Panchayat Meeting	1.1	1.0
Poshan Mela	2.7	8.2
Poshan Rally	2.7	2.6
Poshan Walk	1.3	1.5
Poshan Workshop/Seminar	3.8	4.1
Prabhat Faree	1.4	1.1
Providing Water to the Toilets	0.1	0.3
Safe Drinking Water in Anganwadi Centres	1.0	0.7
Safe Drinking Water in Schools	0.2	0.2
School Based Activities	5.9	2.9
VHSND	18.2	No Data
Youth Group Meeting	0.2	No Data

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

WOMEN EMPOWERMENT

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

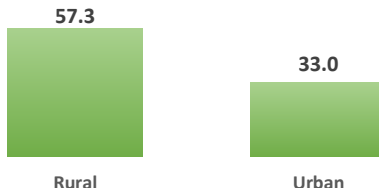
INDIA **23.8** STATE **51.4**



Source: Annual Report PLFS 2017-18

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

INDIA **25.3** STATE **52.4**



Source: Annual Report PLFS 2017-18

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

INDIA **6.0** STATE **2.0**



Source: Annual Report PLFS 2017-18

WOMEN HEADED ESTABLISHMENTS

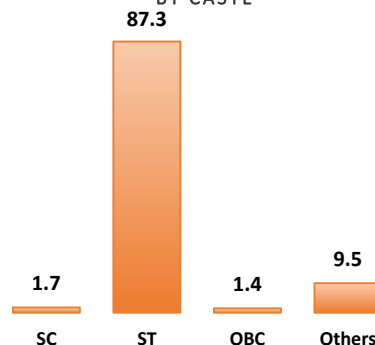
INDIA **8,050,819** STATE **29,530**

0.4% Out of India's Women Headed Establishments

28.0% Out of State's Total Establishments - Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

BY CASTE



BY RELIGION



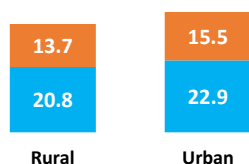
MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

INDIA STATE

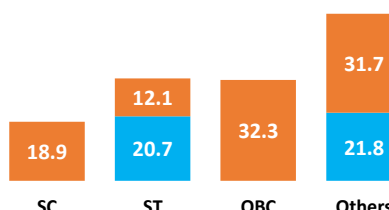
MALE **18.7** **21.3**

FEMALE **18.8** **14.1**

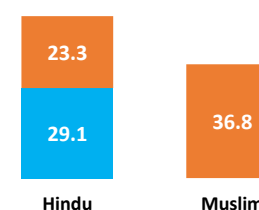
BY LOCATION



BY CASTE



BY RELIGION



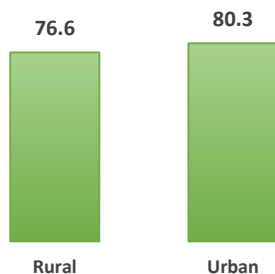
Source: NFHS 2015-2016

Note:- Male Comparable data for SC, OBC and Muslim are not available.

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

INDIA **63.0** STATE **77.3**

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

Note:- Comparable data for SC, OBC, Others and muslim are not available.

- The state has around 52% 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.
- Meghalaya has only 0.4% of women headed establishments in the country, with this being held primarily by the Scheduled caste community.

WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA

3.9

NO DATA

STATE

0.4

0.4

0.5

Rural

Urban

0.0

Hindu

Source: NFHS 2015-2016

Note:- Comparable data for muslim is not available.

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

BY LOCATION

BY CASTE

BY RELIGION

INDIA

33.3

STATE

31.6

33.5

23.7

Rural

Urban

30.8

ST

33.4

Hindu

Source: NFHS 2015-16

Note:- Comparable data for SC, OBC, Others and muslim are not available.

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

INDIA (2018)

378,277

STATE (2018)

571

(0.2%)

OUT OF INDIA

390

337

372

567

571

2014

2015

2016

2017

2018

Source: NCRB

STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



28

OUT OF 36 STATES & UTs

Source: NCRB 2016

DOWRY DEATHS REPORTED (No.)

INDIA (2018)

7,166

STATE (2018)

1

(0.0%)

OUT OF INDIA

1

0

1

1

2015

2016

2017

2018

Source: NCRB

WOMEN TRAFFICKING CASES REPORTED (No.)



1

OUT OF 854
IN INDIA

Source: NCRB 2018

FEMALE SUICIDE CASES (No.)

INDIA	42,391
STATE	38

Source: ADSI 2018

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	STATE
FOETICIDES	128	1
INFANTICIDES	56	1

Source: NCRB 2018

- The state has less incidence of violence against women than the country figure, however the rate is still in the rural areas.
- Meghalaya ranks 28th in India regarding rate of crime against women which is definitely praiseworthy. However, there has been an increasing trend in the crime rate 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



21,993

SHGs HAVING BANK ACCOUNT* (%)



66.8

SHGs HAVING CREDIT LINKED (%)



NO DATA

TOTAL VILLAGE ORGANIZATIONS FORMED



1,049

TOTAL CLUSTER LEVEL FEDERATIONS

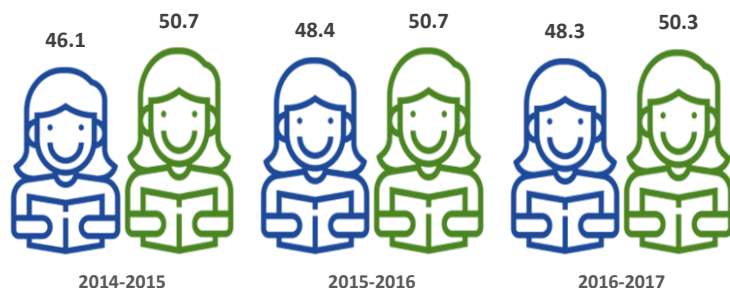


0

Source:- Website Of Deen Dayal Antyodaya Yojana - National Livelihoods Mission (NRLM), as on 4th May 2020

GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

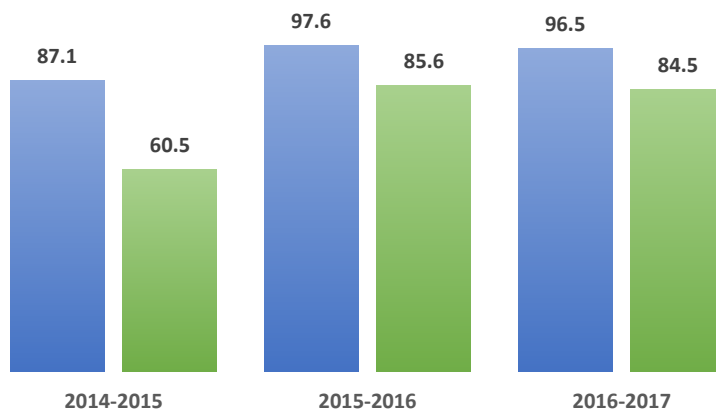
INDIA STATE



Source: U-Dise

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

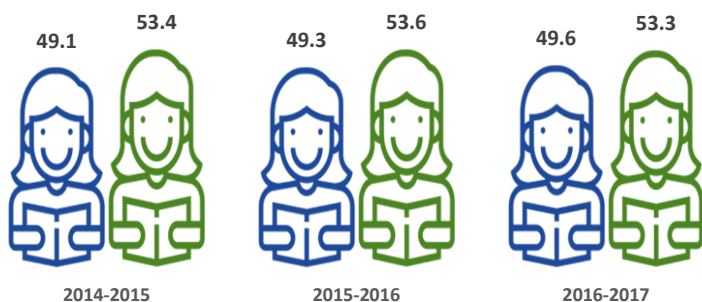
INDIA STATE



Source: U-Dise

GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

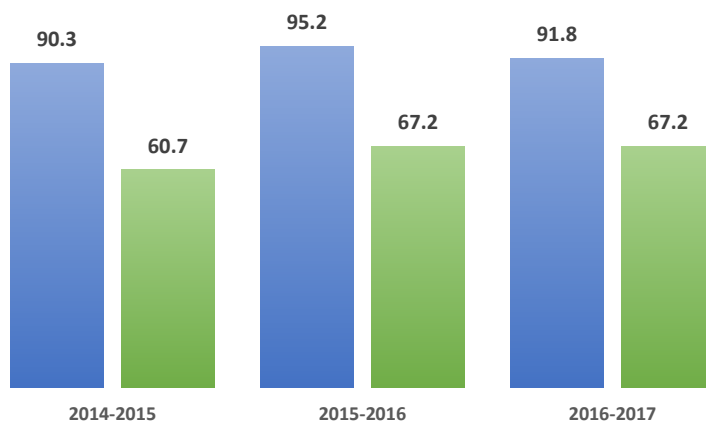
INDIA STATE



Source: U-Dise

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

INDIA STATE



Source: U-Dise

- About 43% of the SHGs in Meghalaya are still left to establish some kind of bank linkage.
- There has been almost no improvement in girls' enrolment in both elementary and secondary level for Meghalaya 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 increase for the state between 2015 and 2016.