

ODISHA FACTSHEET 2020



DEVELOPED BY:



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**

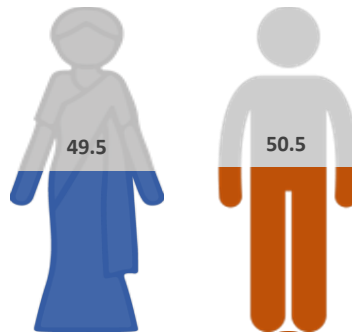
STATE **41,974,218**

(3.5%)

OF INDIA POPULATION

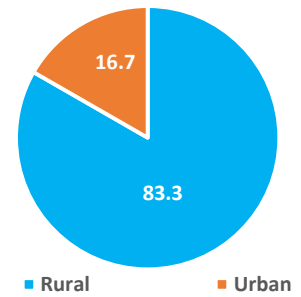
Source: Census 2011

STATE POPULATION BY SEX (%)



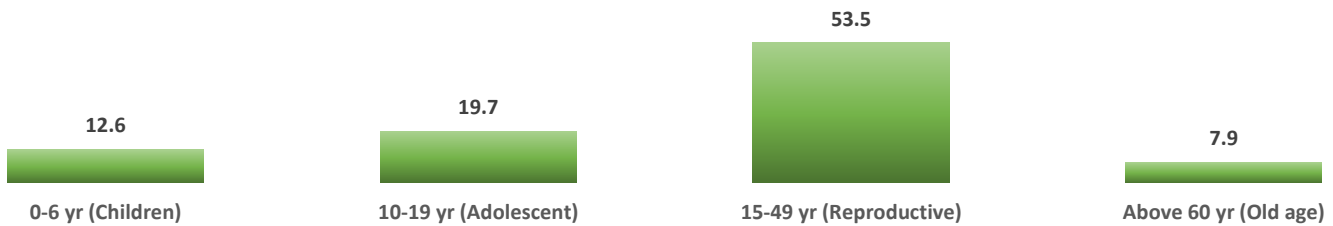
Source: Census 2011

STATE POPULATION BY LOCATION (%)



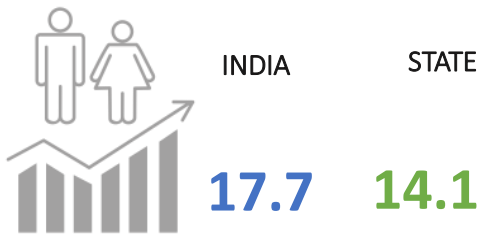
Source: Census 2011

STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

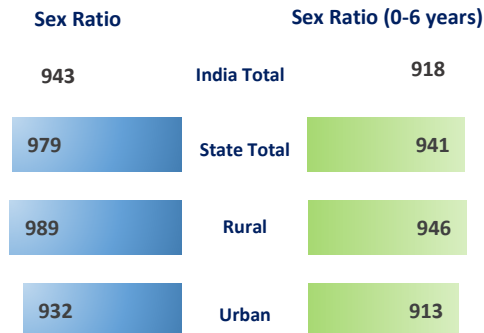
*DECADAL POPULATION GROWTH RATE (%)



* Total population growth between 2001-2011

Source: Census 2011

SEX RATIO (FEMALES PER 1000 MALES)



Source: Census 2011

HEALTH INDEX (RANK)



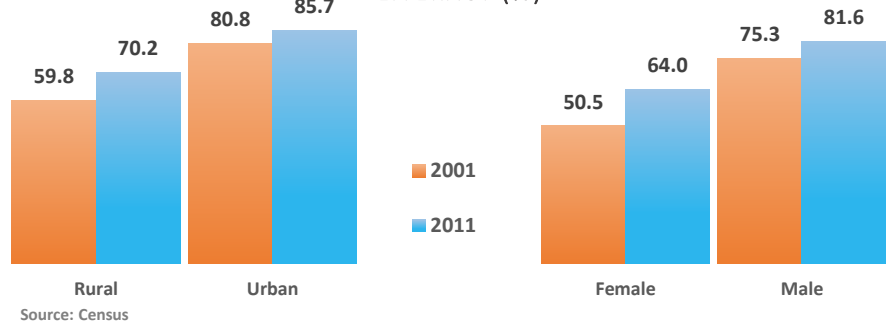
Source: Economic Survey 2019

OVERALL LITERACY RATE (%)

	2001	2011
INDIA	64.8	73.0
STATE	63.1	72.9

Source: Census

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



Source: Census

- More than 80% of the state's population lives in rural areas.
- Decadal population growth rate of the state is around 4% lower than India.
- Though both sex ratio and child sex ratio of the state are comparatively better than national average, the situation is worrisome in rural areas. In both the cases of sex ratio and child sex ratio, the ratio in urban areas is lower than the rural areas by 57 and 33 points respectively.
- The state stands at third position from bottom in health index rank.
- Though state's overall literacy rate is at par with India, gender disparity in literacy rate is still alarming.

MAIN WORKERS (%)

INDIA

75.2

OUT OF STATE'S TOTAL
MAIN WORKERS

80.5

STATE

61.0

Rural

19.5

Urban

Source: Census 2011

MARGINAL WORKERS (%)

INDIA

24.8

OUT OF STATE'S TOTAL
MARGINAL WORKERS

94.8

STATE

39.0

Rural

5.2

Urban

Source: Census 2011

ASPIRATIONAL DISTRICTS IN STATE

S.No	DISTRICTS NAME
1	BALANGIR
2	DHENKANAL
3	GAJAPATI
4	KALAHANDI
5	KANDHAMAL
6	KORAPUT
7	MALKANGIRI
8	NABARANGAPUR
9	NUAPARA
10	RAYAGADA

Source: MSME (https://my.msme.gov.in/MyMsme/List_of_AspirationalDistricts.aspx)

- The proportion of main workers in the state is lower in comparison to India. With higher proportion of marginal workers in the state compared to India, the state has nearly 40% of the workers who don't get work for six months in a year.

PROPORTION OF VULNERABLE POPULATION

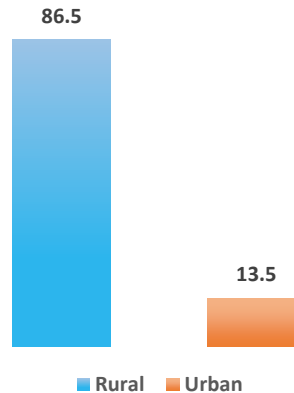
OVERALL SCHEDULE CASTE (SC) POPULATION

INDIA **201,378,372**

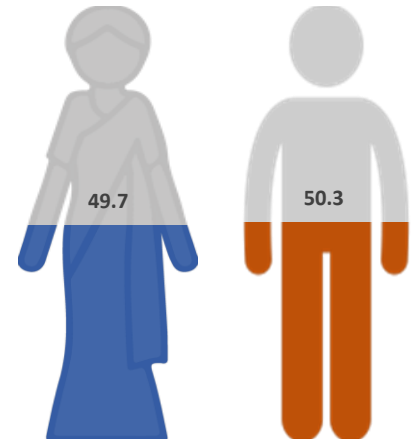
STATE **7,188,463**
(3.6%)

Out of India's SC population

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



Source: Census 2011

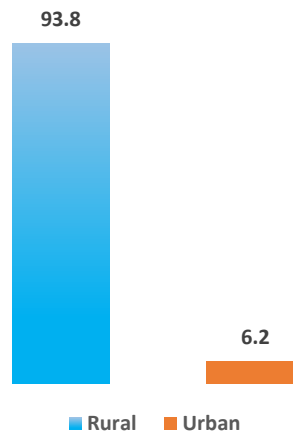
OVERALL SCHEDULE TRIBE (ST) POPULATION

INDIA **104,545,716**

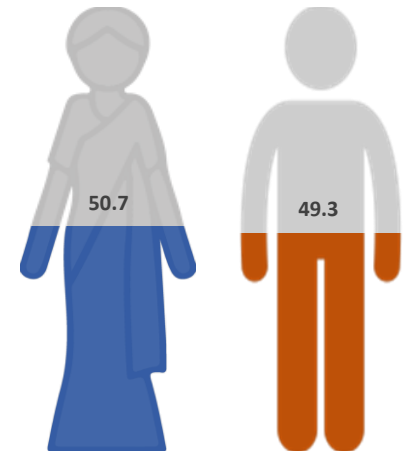
STATE **9,590,756**
(9.2%)

Out of India's ST population

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



Source: Census 2011

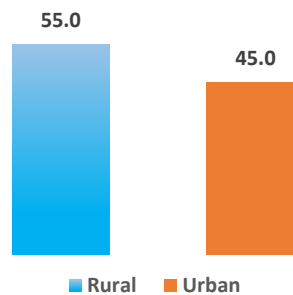
OVERALL MUSLIM POPULATION

INDIA **172,245,158**

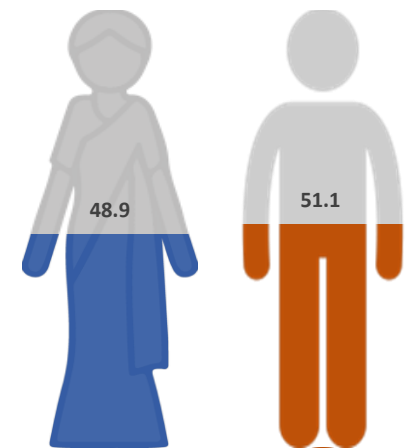
STATE **911,670**
(0.5%)

Out of India's Muslim population

MUSLIM POPULATION BY LOCATION (%)



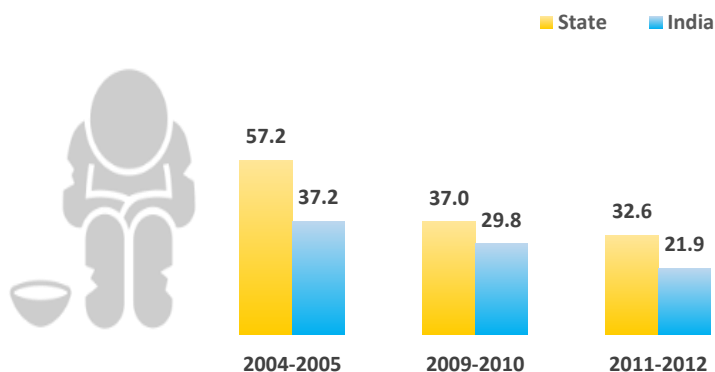
MUSLIM POPULATION BY SEX (%)



Source: Census 2011

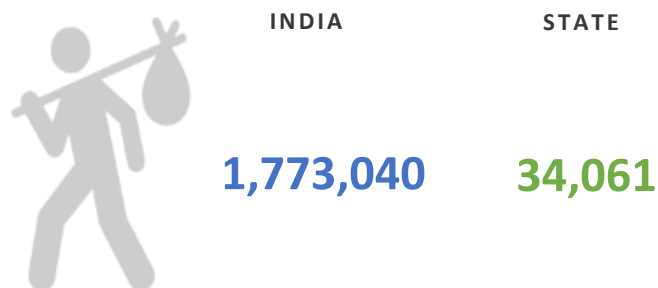
- Scheduled Castes, Scheduled Tribes and Muslims contribute to 17.1%, 22.8% and 2.2% respectively of the total state population, reflecting the major contribution of ST population.

POPULATION LIVING BELOW POVERTY LINE (%)



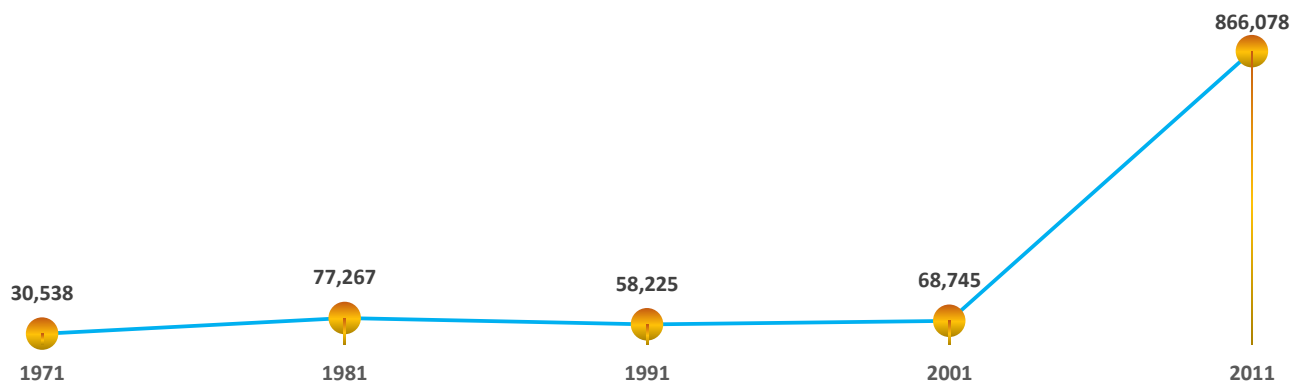
Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)



Source: Census 2011

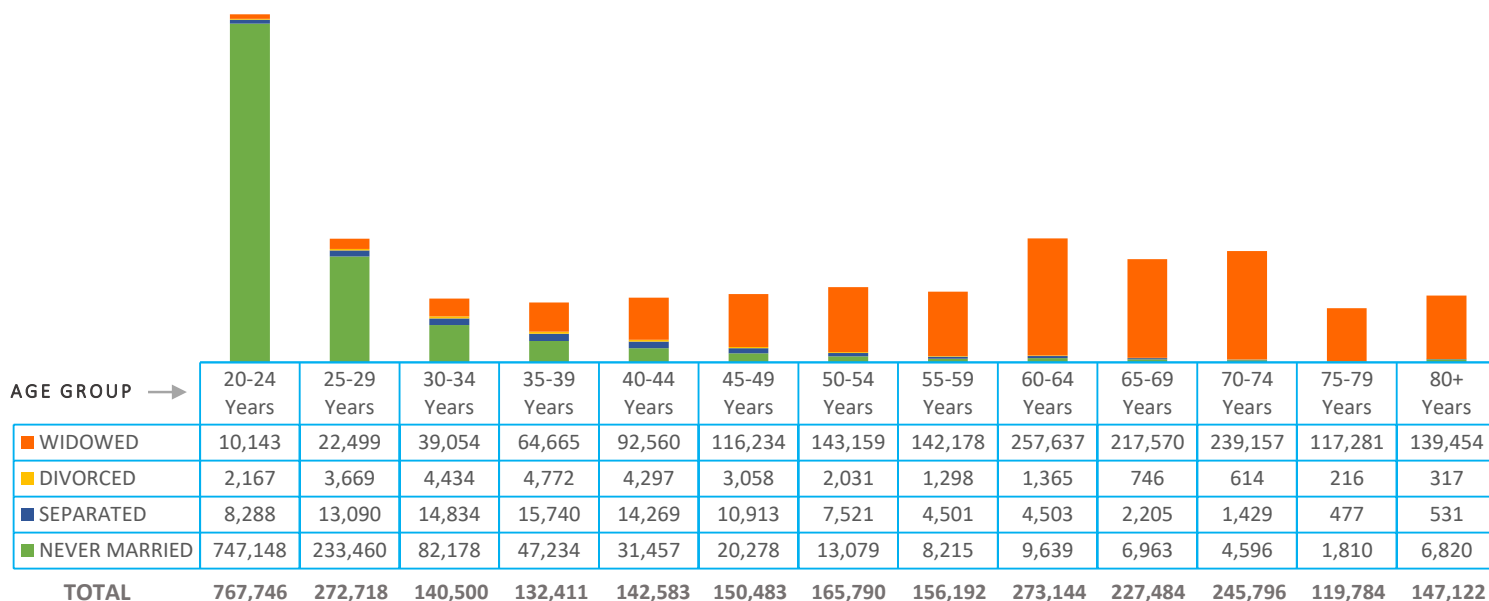
NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)



Source: Statistical Profile Of Scheduled Tribes In India 2013

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)

■ NEVER MARRIED ■ SEPARATED ■ DIVORCED ■ WIDOWED



Source: Census 2011

- There is a reduction of 25 percentile points in the state's BPL population between 2004-05 and 2011-12. But this reduction is below 5 percentile points between 2009-10 and 2011-12.
- There a significant increase in the state's PVTG population between 2001-2011. It has increased nearly 8 lakh in this period.
- More than 10 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

26,814,994

STATE'S TOTAL PERSON WITH
DISABILITIES

1,244,402
(4.6%)

OUT OF WHICH

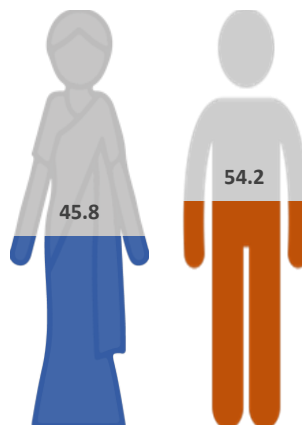
2,116,698

126,212
(6.0%)

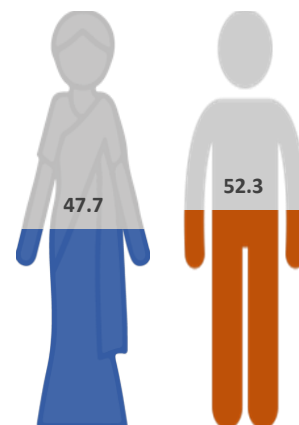
REPORTED MULTIPLE DISABILITIES

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

50,207
(3.9%)

OUT OF WHICH

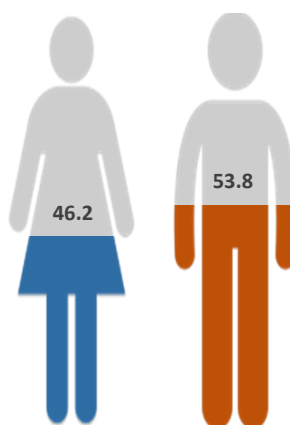
78,662

4,399
(5.6%)

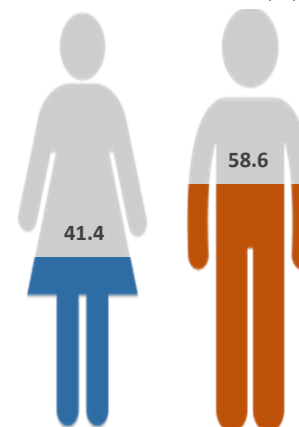
REPORTED MULTIPLE DISABILITIES

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

83,308
(4.3%)

OUT OF WHICH

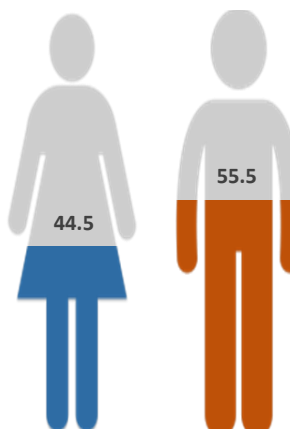
187,492

10,319
(5.5%)

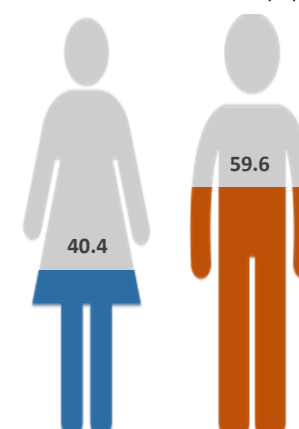
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



- The state shares almost equal proportion of people with any disabilities and people with multiple disabilities in the country.
- Out of total disabilities, nearly 11% of the children aged 0-9 years are living with disabilities in the state.
- Across all age groups, more men are found to be living with disabilities than their female counterparts, whereas this difference is more among 5-9 years of children.

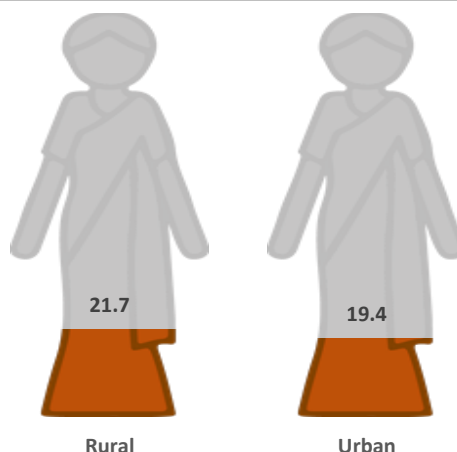
HEALTH AND NUTRITION

MARRIAGE AND FERTILITY

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

INDIA 26.8

STATE 21.3

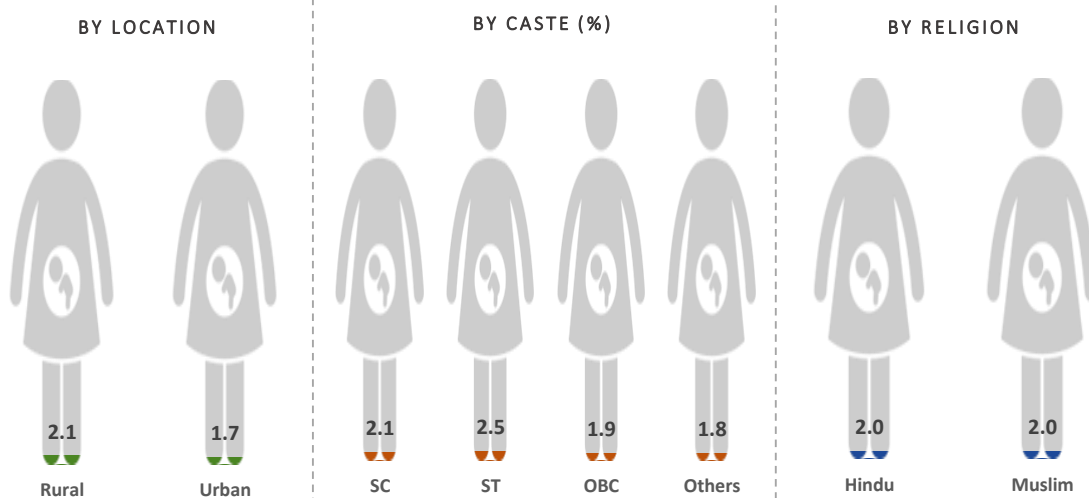


Source: NFHS 2015-2016

TOTAL FERTILITY RATE (%)

INDIA 2.2

STATE 2.1

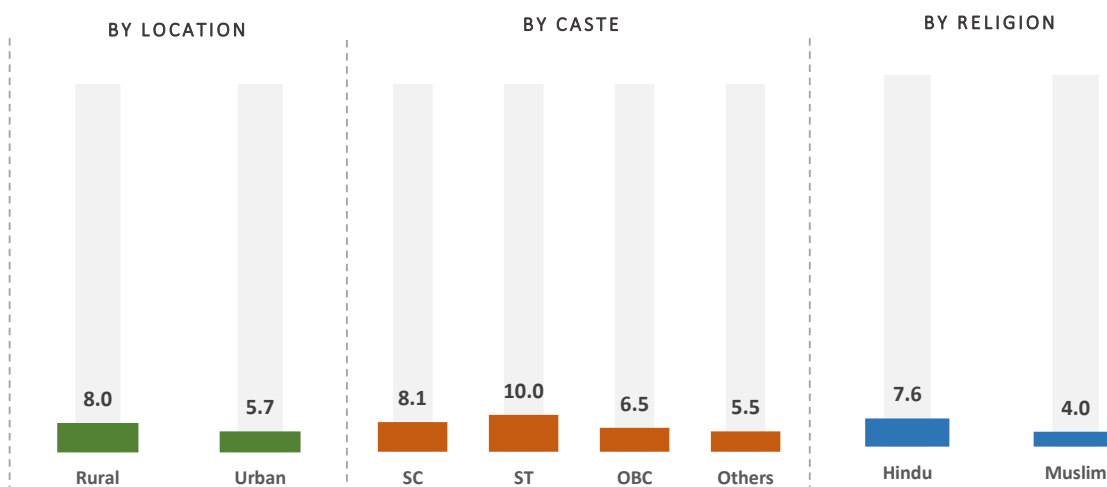


Source: NFHS 2015-2016

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

INDIA 7.9

STATE 7.6

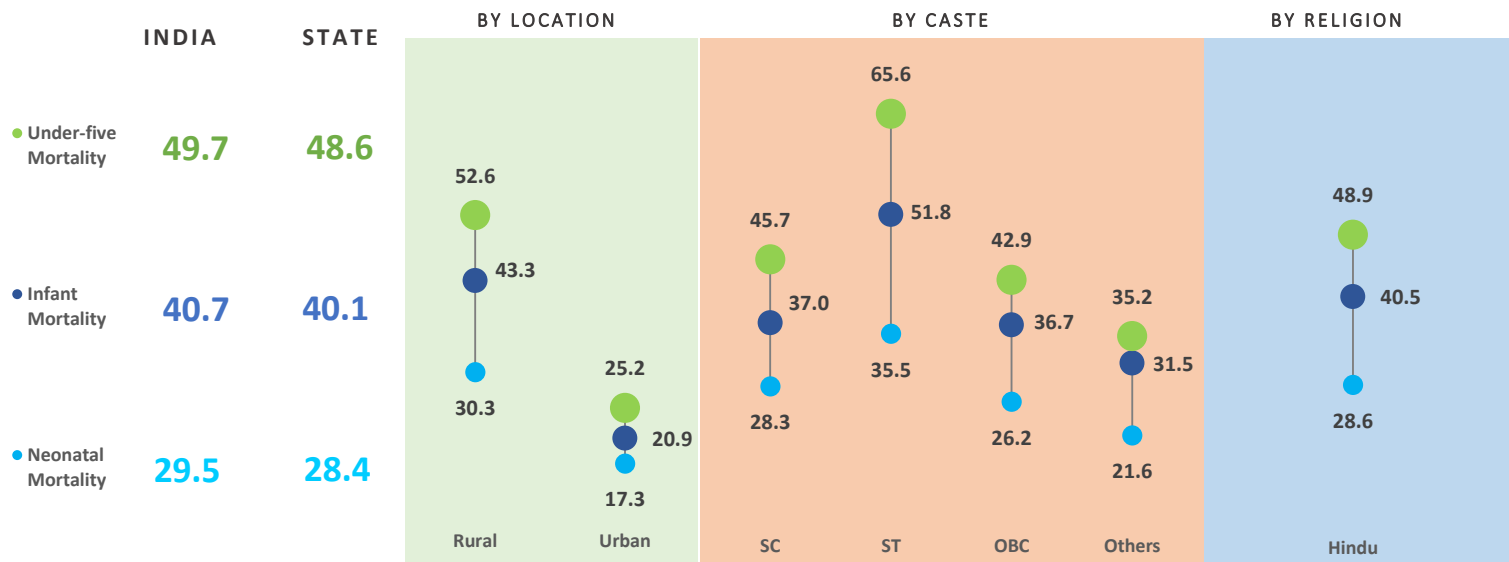


Source: NFHS 2015-2016

- One out of five girls in Odisha are married off before the legal minimum age of 18. However, the percentage is lower than the national average.
- The state records almost same rate of TFR in comparison to the national total with slightly higher among STs.
- No much difference between state and country in the percentage of teenaged girls who are already mothers or pregnant. However, the proportion is higher among STs (10%) compared to other social and religious categories.

MORTALITY

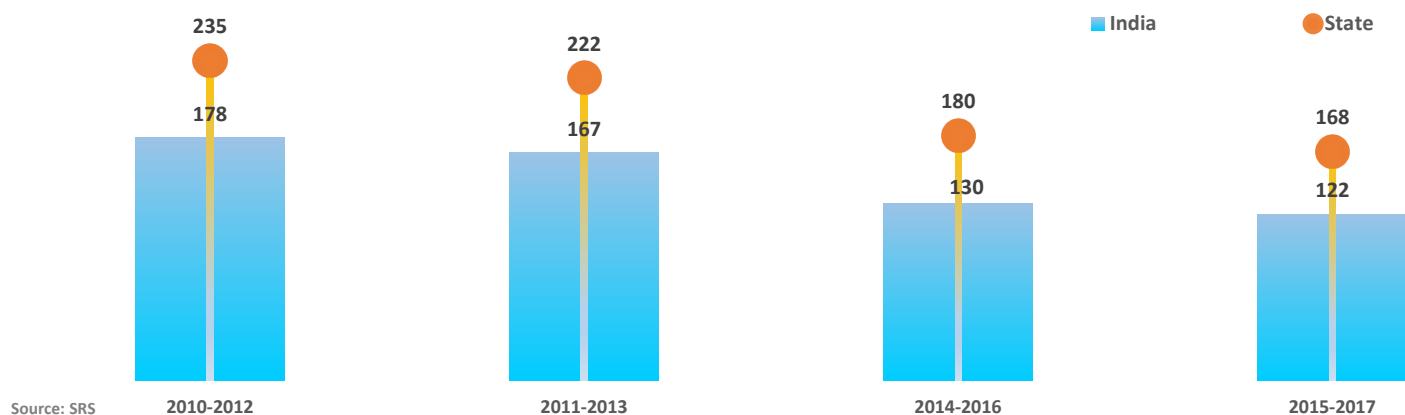
MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



Source: NFHS 2015-2016

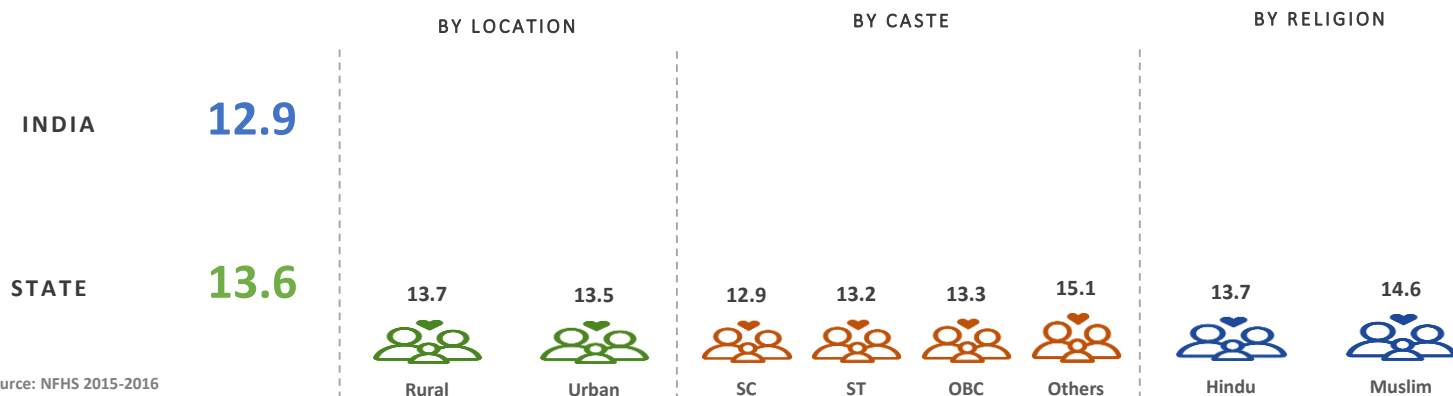
Note:- Comparable data for Muslim is not available.

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



Source: SRS

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



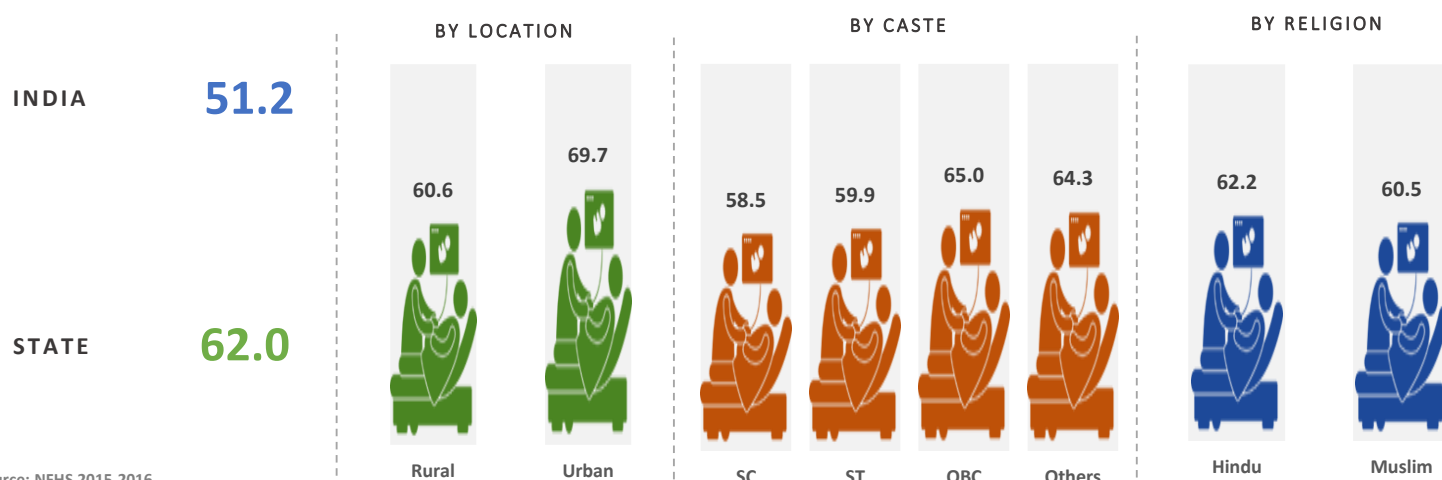
Source: NFHS 2015-2016

* 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.

- Though state's neo-national, infant and under-five mortality rate is slightly lower than national average, the proportion is quite higher among Scheduled Tribe population.
- The state's MMR has been steadily decreasing for past seven years, but it is still 46 points higher than national average.
- Prevalence of high unmet need among Muslim women signifying poor access to contraceptive measures.

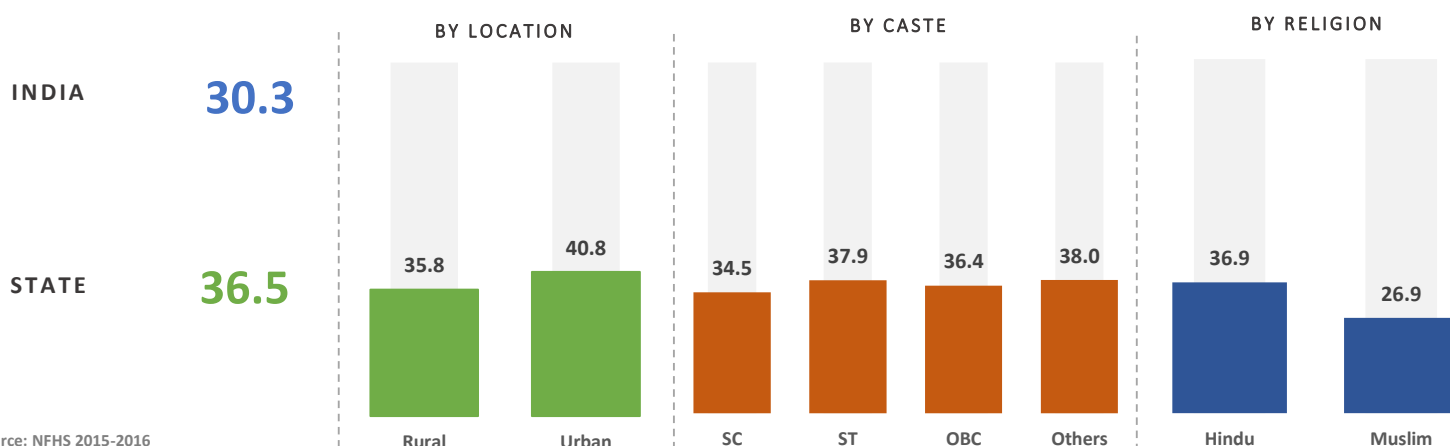
MATERNAL CARE

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



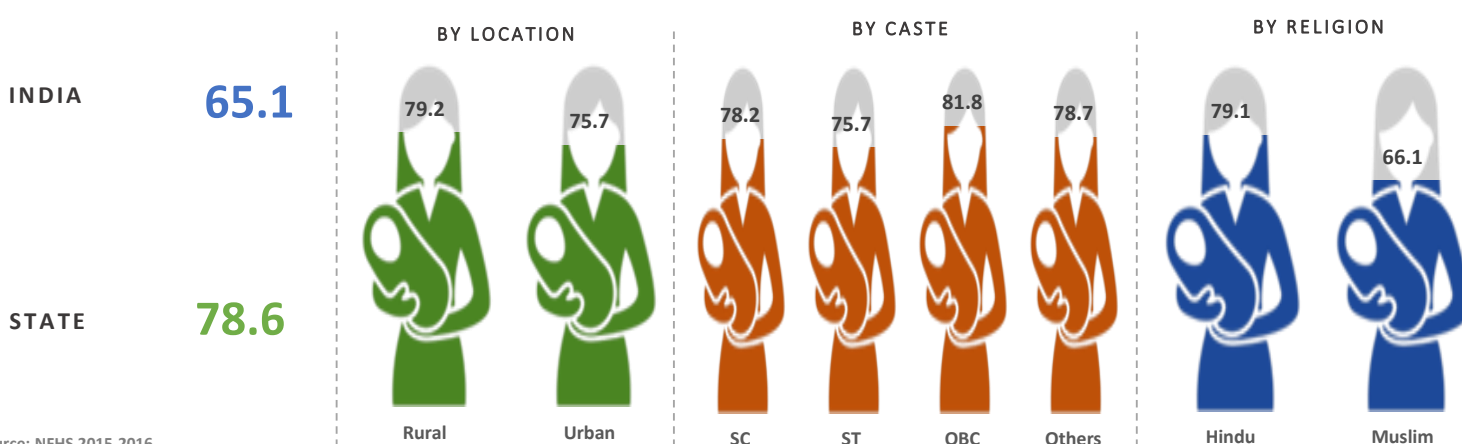
Source: NFHS 2015-2016

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 (%)

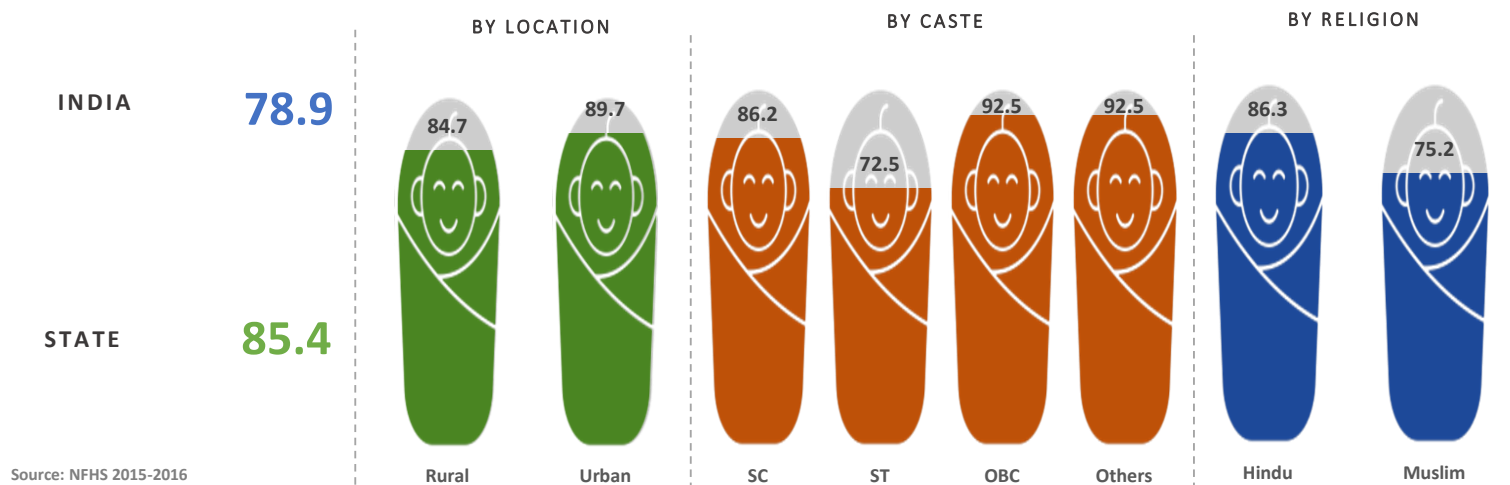


Source: NFHS 2015-2016

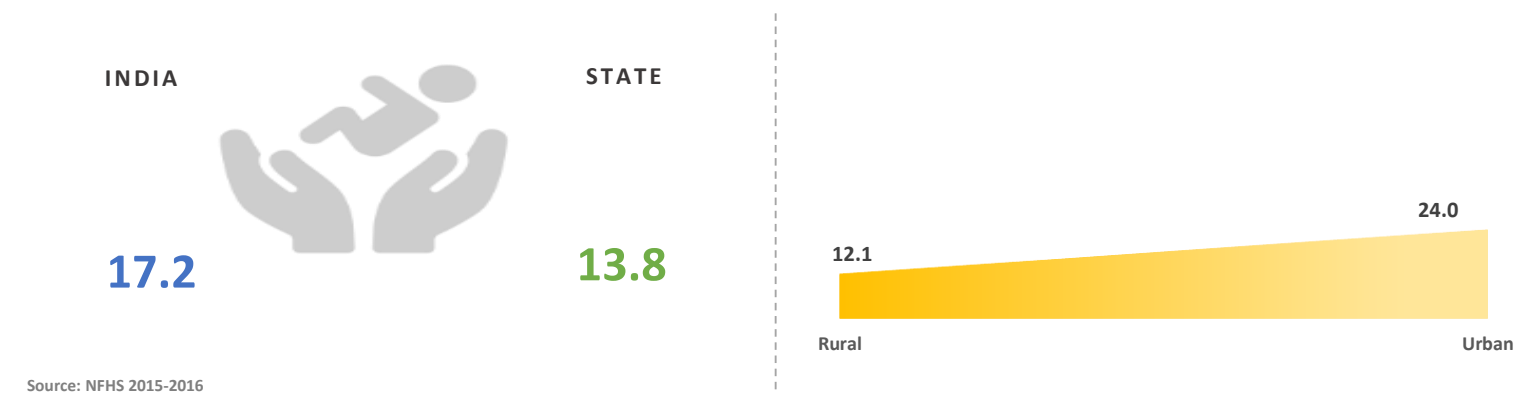
- The state shows better utilization of antenatal care services among all women compared to India, but rural women are less likely to have four or more antenatal care visits than urban women.
- State performs somewhat better performance in providing postnatal care services, as about 80% of mothers receive postnatal care from a skilled health professional within two days of delivery. But these services need to be strengthened with special focus to Muslim women, as above 30% of mothers belong to Muslim community in the state don't receive them.
- Low consumption rate of IFA tablets during pregnancy is observed across women belong to all social and religious categories with the state recording above 60% of women not consuming IFA tablets for recommended 100 days.

DELIVERY CARE

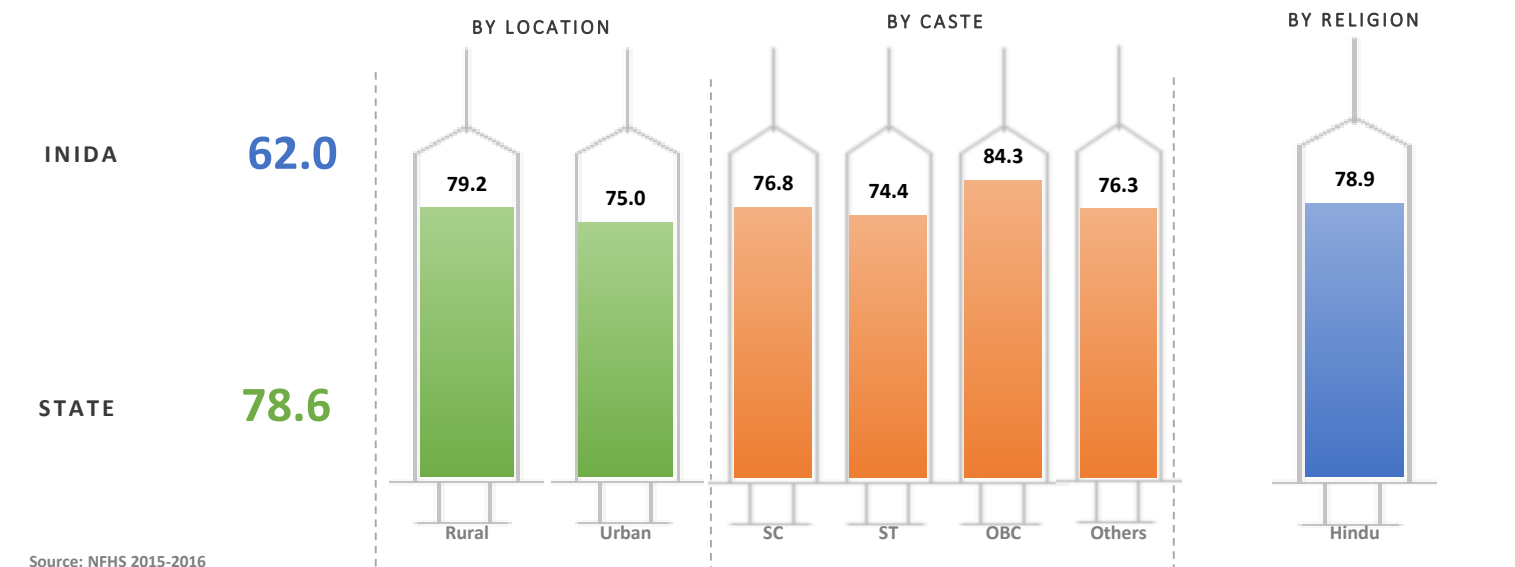
INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)



CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)

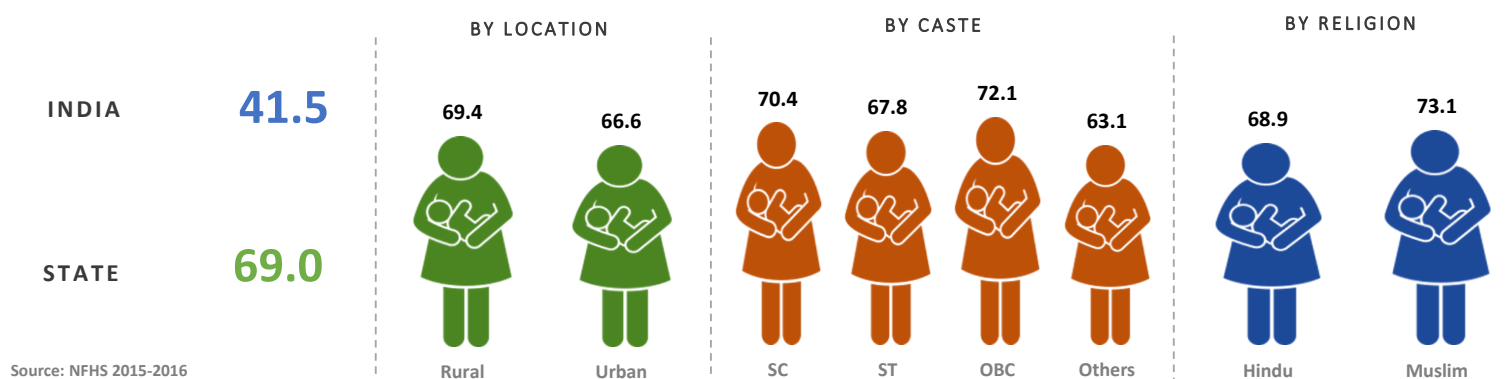


Note:- Comparable data for Muslim is not available.

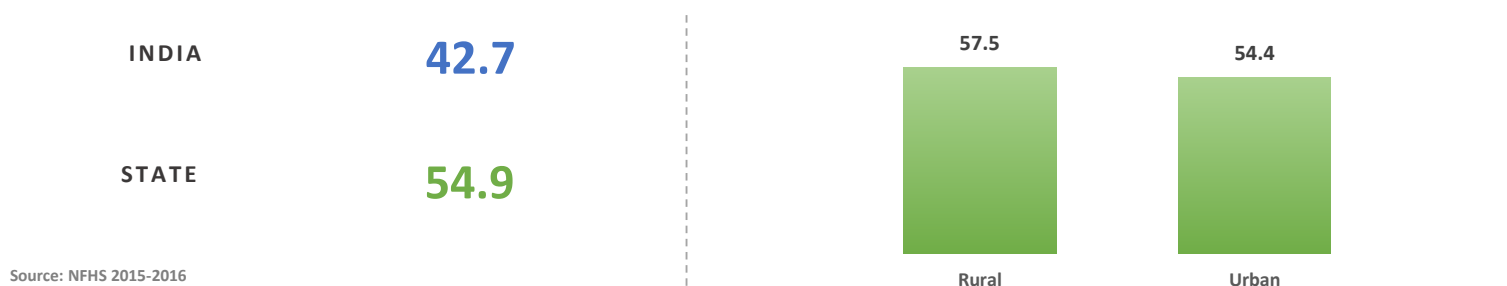
- Institutional delivery among Scheduled Tribe and Muslim population is a matter of concern in the state, while child immunization among Scheduled Tribe population needs special focus.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

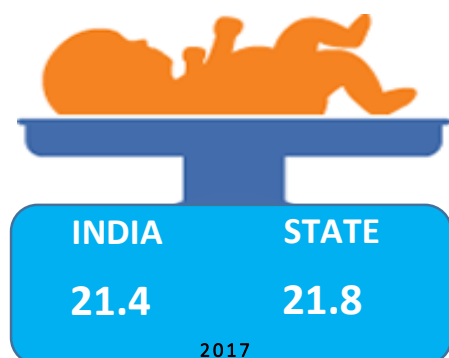
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



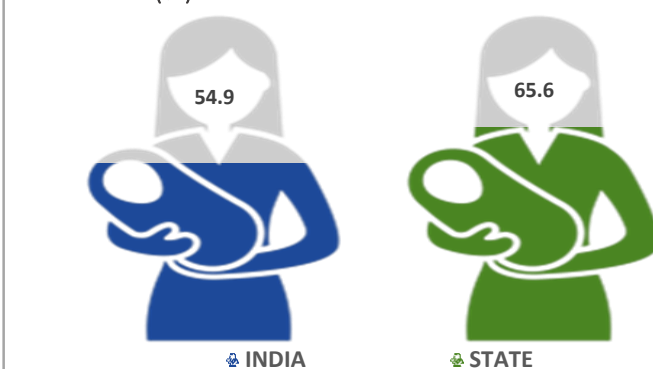
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



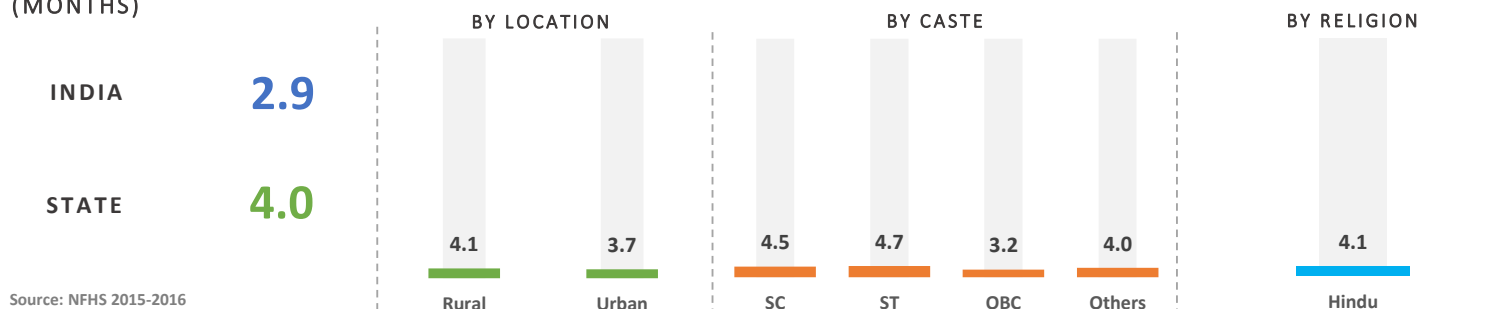
PREVALENCE OF LOW BIRTHWEIGHT (%)



CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



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



Note:- Comparable data for Muslim is not available.

- Above 30% of state's children are not breastfed within one hour of birth and proportion of these children is comparatively higher among STs.
- Only two-third of state's children under 6 months are exclusively breastfed, while 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 (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA

35.7

STATE

34.4

35.8



26.2

Rural Urban

35.3



48.5

29.7



34.6

19.4

Hindu Muslim

Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA

38.4

STATE

34.1

35.3



27.2

Rural Urban

37.3



45.5

29.9



34.2

31.7

Hindu Muslim

Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA

21.0

STATE

20.4

20.9



17.0

Rural Urban

20.1



27.8

18.6



20.5

12.5

Hindu Muslim

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

44.6

45.7



38.1

Rural Urban

46.5



58.4

40.8



44.6

28.0

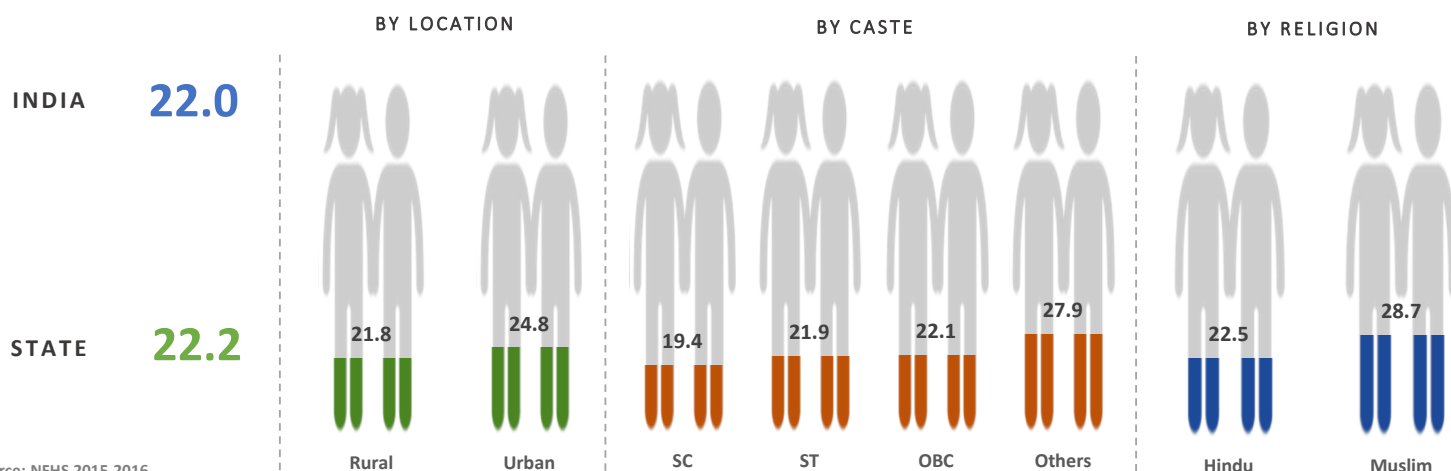
Hindu Muslim

Source: NFHS 2015-2016

- No much difference is observed between national and state figures of child wasting and underweight, while the difference of child stunting is nearly 4% lower in case of state. The prevalence of child undernutrition is more common among Scheduled Tribes. Similarly, anemia is also found to be a concern among children belong to ST community in the state.

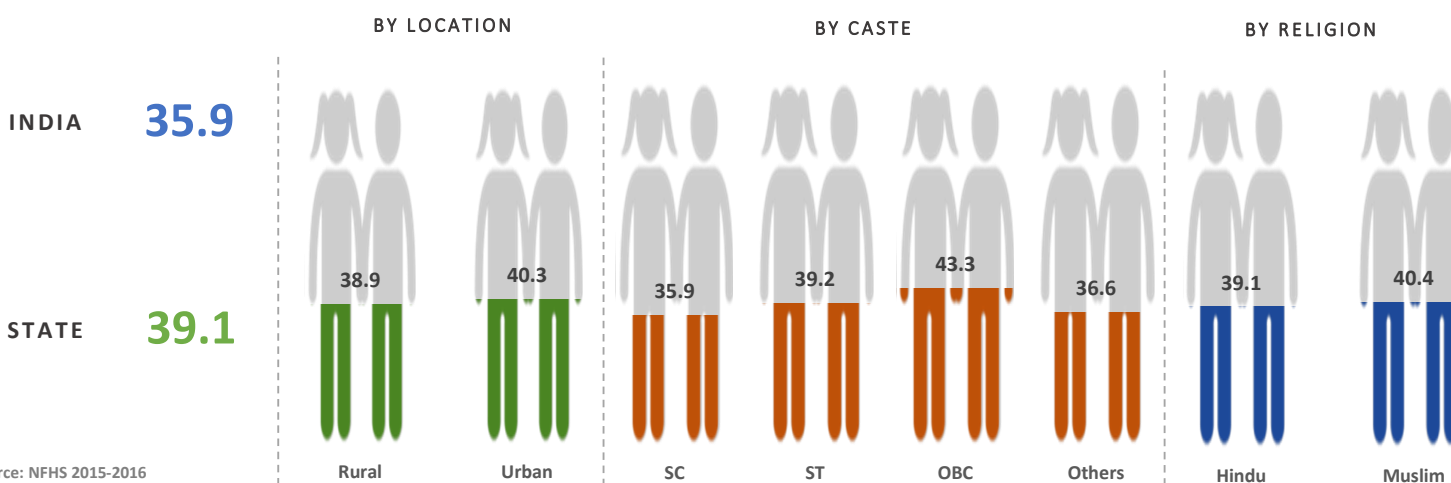
DIETARY DIVERSITY PATTERN

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 (%)

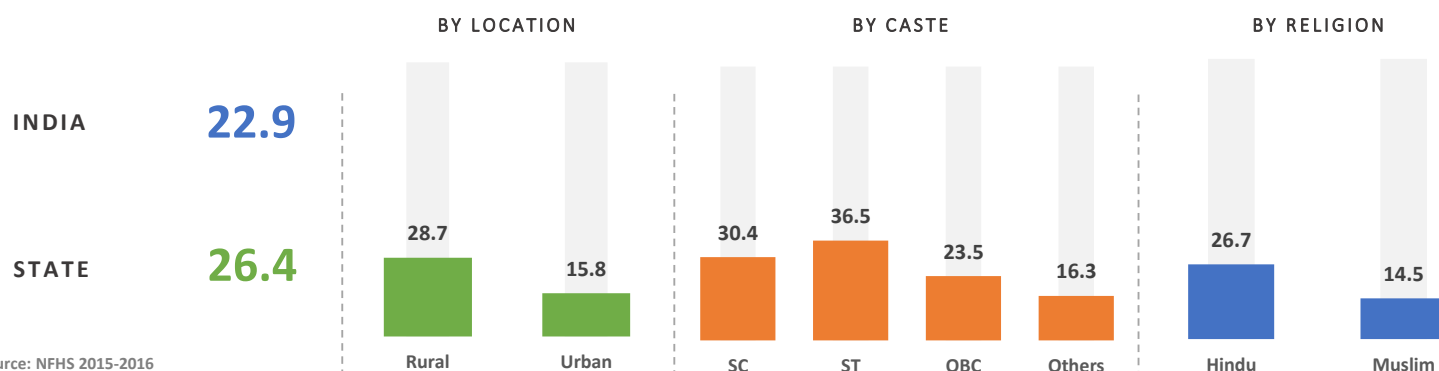


Source: NFHS 2015-2016

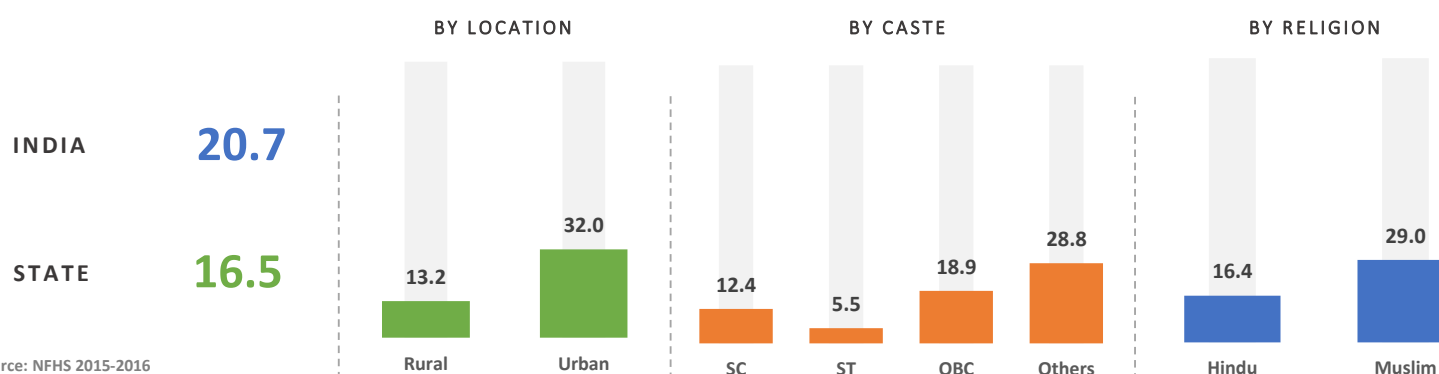
- Only about 20% of state's children consume meals having 4 or more food groups, whereas the percentage of these children is lower among Scheduled Castes, in rural areas and among Hindus. Similar pattern is also observed in case of consumption of minimum meal frequency.

NUTRITIONAL STATUS OF WOMEN AND MEN

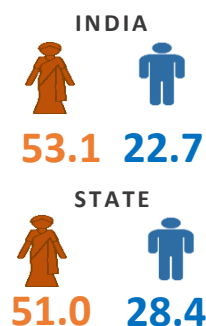
WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M²) (%)



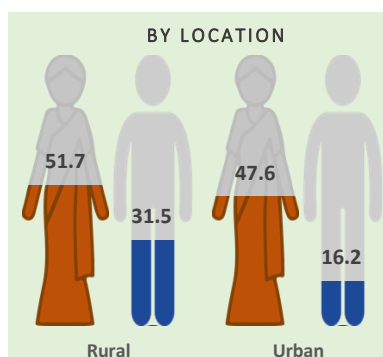
WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M²) (%)



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



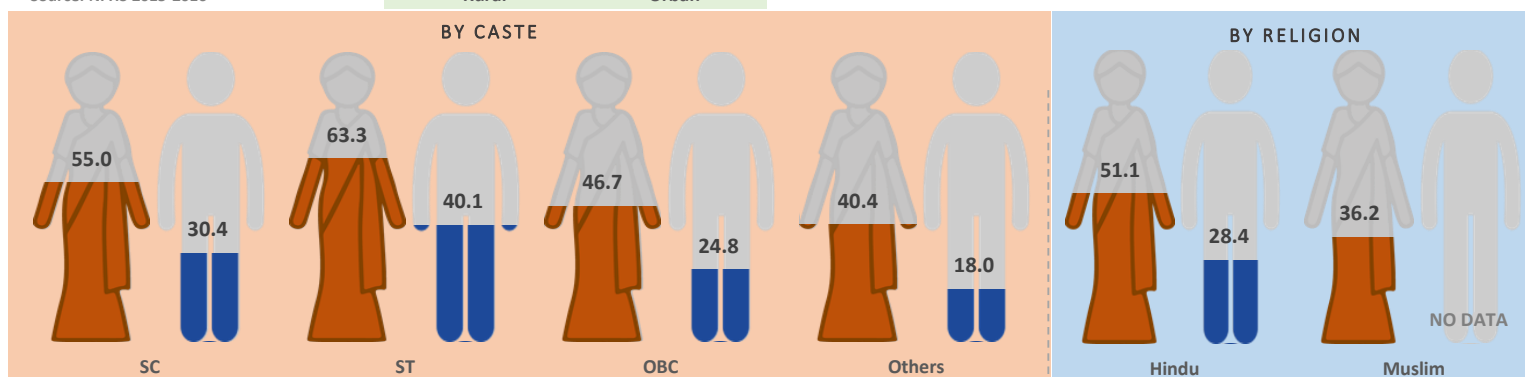
Source: NFHS 2015-2016



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



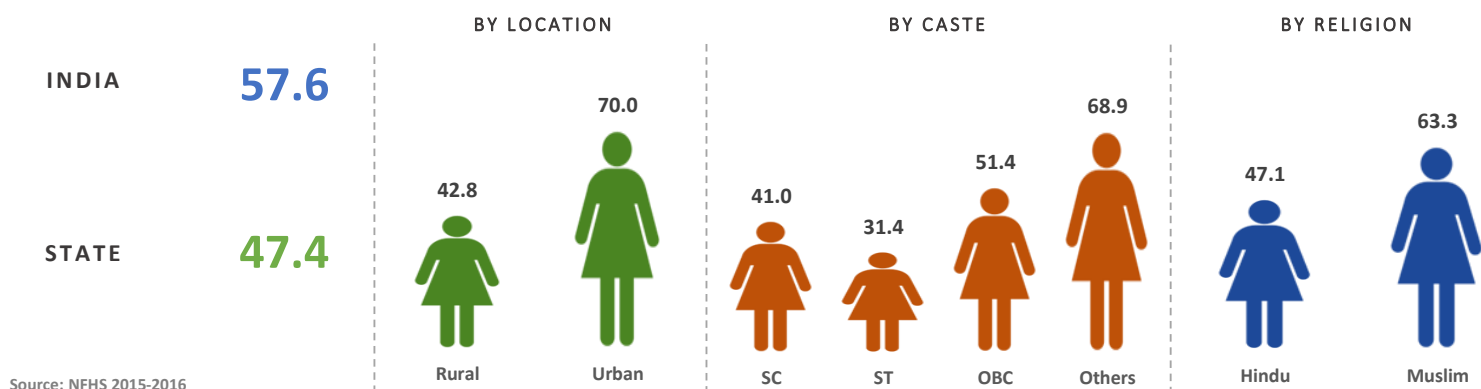
Source: NFHS 2015-2016



- There is a higher proportion of women with below normal Body Mass Index (BMI) among scheduled tribe communities, in rural areas and among Hindus.
- Anaemia is a major concern among women across all social and religious groups compared to men in the state. Above 50% of the women in the state are with low haemoglobin count, whereas the proportion is higher among schedule tribes.

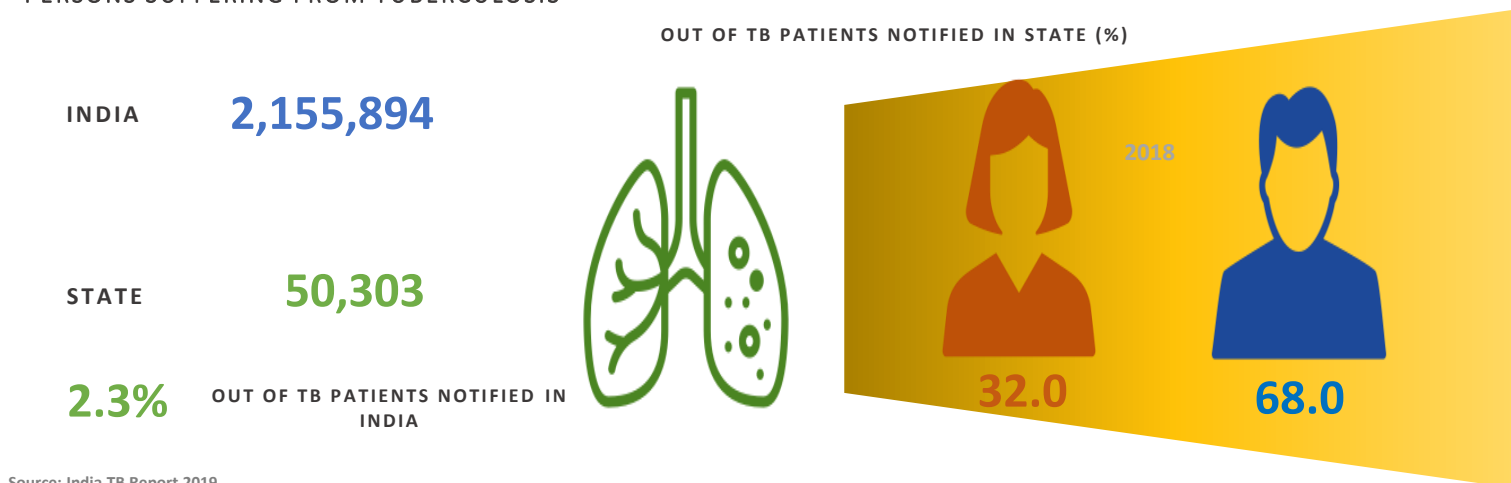
MENSTRUAL HYGIENE

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

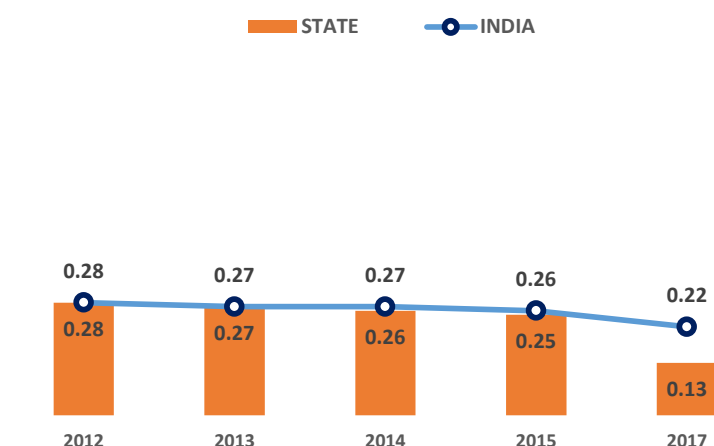


OTHER HEALTH ISSUES

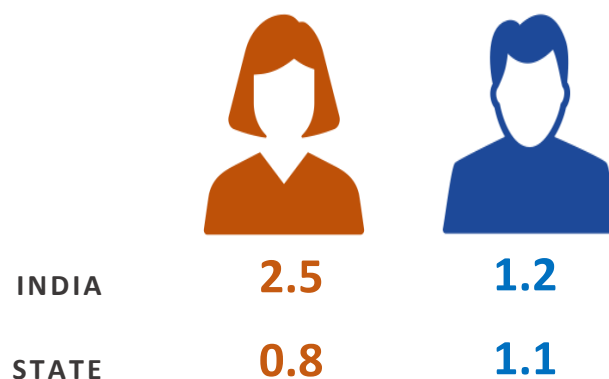
PERSONS SUFFERING FROM TUBERCULOSIS



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



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



- Prevalence of unsafe menstrual practices is a concern in the state, as more than half of the women aged 15-24 years do not use a hygienic menstrual protection. This difference is particularly high among the rural and urban agglomerations. Across the social groups, more women those who belong to ST and Hindu communities are found not to be using hygienic method of menstrual protection.
- Prevalence of Tuberculosis is more among men which is more than double of women suffering from Tuberculosis.
- Percentage of people living with HIV/AIDS has come down nearly 50% in the state between the period of 2015-17.

HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE (%
OF TOTAL HEALTH EXPENDITURE)

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

INDIA

30.6

60.6

STATE

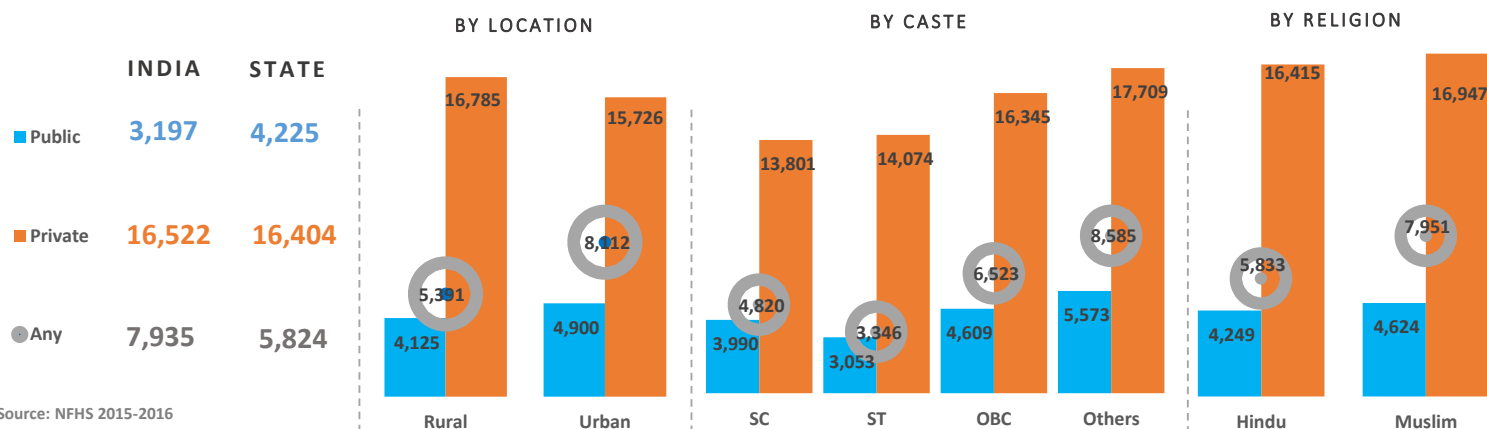
20.2

71.5



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 Odisha. However, Odisha stands at 10% lower compared to the country in case of government health expenditure.
- With low government share in health expenditure, the state shows higher out of pocket expense (72%). Moreover, while average out of pocket expenditure for delivery in public health facilities is around Rs. 4000/- in the state, it is approximately Rs. 5000/- in urban areas and for Muslims.

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	20.2
PHCs and HWC-PHCs	28.2	4.2
CHCs	36.9	Surplus

Source: Rural Health Statistics 2019

SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

India

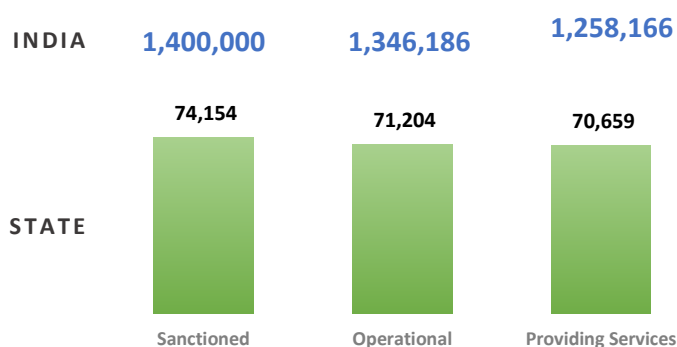
State

Anganwadi Workers	4.7	3.4
Source: Status report of ICDS as on 31st March 2015		
ASHA	Surplus	0.9
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	18.2
Doctors+ at PHCs	6.0	36.9
Specialists at CHCs	81.8	84.4

(as on 1st July 2019)

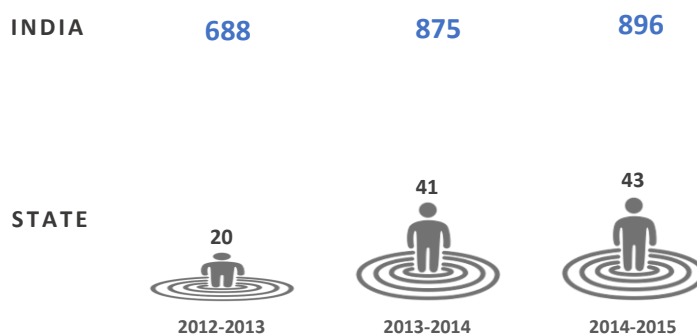
Source: Rural Health Statistics 2019

NUMBER OF AWCs



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

NUMBER OF NUTRITIONAL REHABILITATION CENTRES



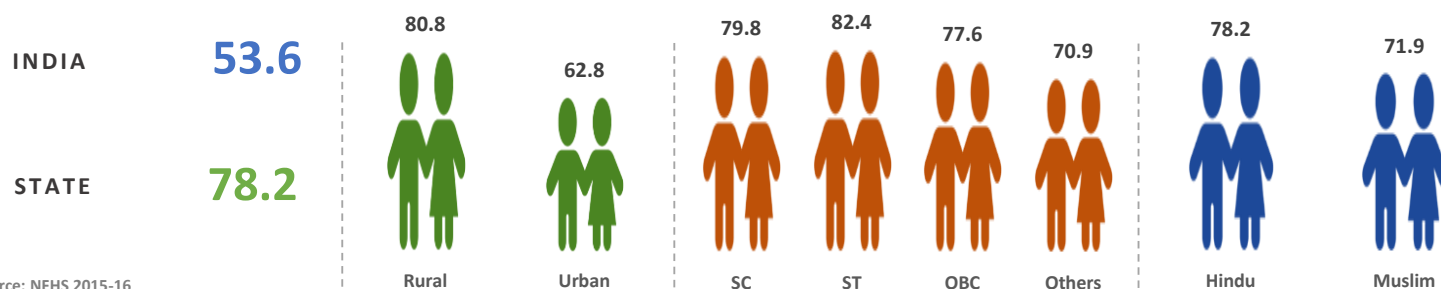
Source: PIB 2012-13, 2013-14 & 2014-15

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

BY LOCATION

BY CASTE

BY RELIGION



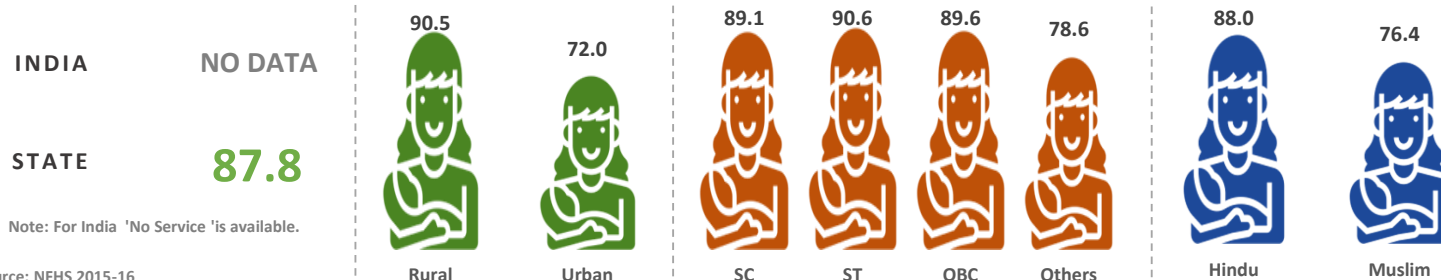
Source: NFHS 2015-16

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

BY LOCATION

BY CASTE

BY RELIGION

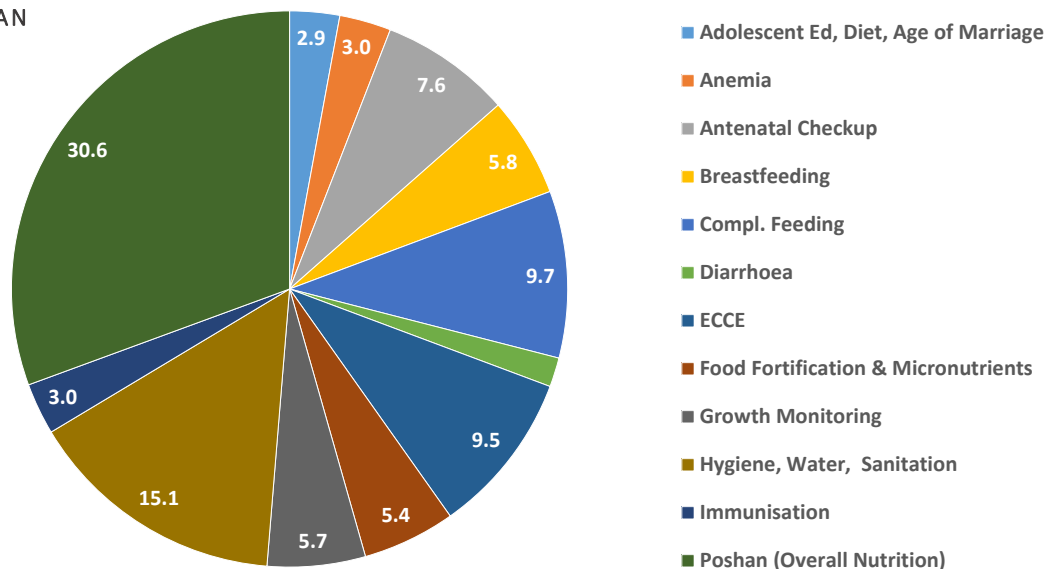


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state has CHCs as per requirement in rural areas, while there is some shortage of sub-centres and PHCs. But in contrast there is a huge shortfall of specialists in CHC level (84%). Similarly, there is a shortfall of nearly 40% and 20% of doctors and ANMs respectively at the PHC level.
- While around 3000 AWCs in the state are not operational, out of those operational another around 500 AWCs are not providing services.
- Access to anganwadi services for children and pregnant women is comparatively low in urban areas and among Muslims in the state.

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	2.3	14.4
Anemia Camp	0.8	1.5
CBE-Community Based Events (ICDS)	23.8	22.3
Community Radio Activities	1.7	0.3
Cooperative/Federation	0.4	0.2
Cycle Rally	0.5	0.3
DAY-NRLM SHG Meet	0.8	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	0.0	0.2
Haat Bazaar Activities	0.0	0.4
Harvest Festival	0.0	0.2
Local Leader Meeting	0.4	0.5
Nukkad natak/Folk Shows	0.2	0.4
Other Activities	8.2	34.7
Panchayat Meeting	1.3	1.0
Poshan Mela	34.1	8.2
Poshan Rally	3.0	2.6
Poshan Walk	0.7	1.5
Poshan Workshop/Seminar	4.5	4.1
Prabhat Faree	0.0	1.1
Providing Water to the Toilets	No Data	0.3
Safe Drinking Water in Anganwadi Centres	0.8	0.7
Safe Drinking Water in Schools	0.0	0.2
School Based Activities	1.7	2.9
VHSND	14.3	No Data
Youth Group Meeting	0.3	No Data

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

WOMEN EMPOWERMENT

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

INDIA
23.8

STATE
20.2



Source: Annual Report PLFS 2017-18

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

INDIA
25.3

STATE
21.6



Source: Annual Report PLFS 2017-18

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

INDIA
6.0

STATE
6.5



Source: Annual Report PLFS 2017-18

WOMEN HEADED ESTABLISHMENTS

INDIA
8,050,819

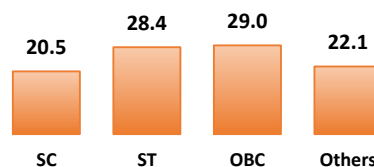
STATE
249,600

3.1% Out of India's Women Headed Establishments

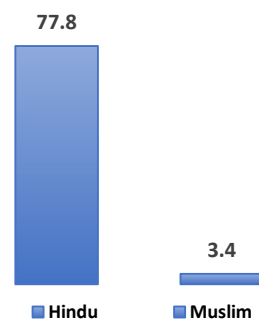
11.9% Out of State's Total Establishments -
Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

BY CASTE



BY RELIGION



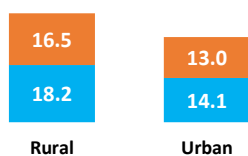
MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

INDIA STATE

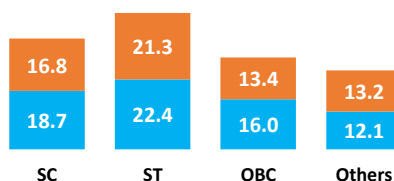
MALE
18.7 **17.3**

FEMALE
18.8 **15.9**

BY LOCATION



BY CASTE



BY RELIGION



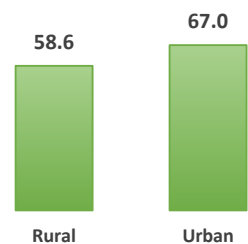
Source: NFHS 2015-2016

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

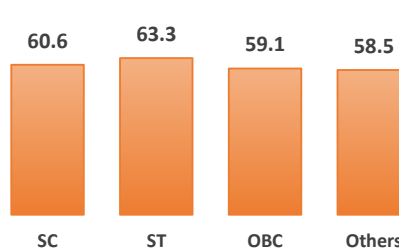
INDIA
63.0

STATE
60.3

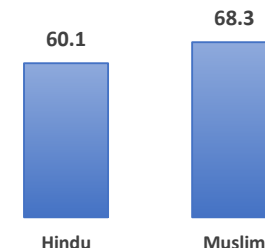
BY LOCATION



BY CASTE



BY RELIGION



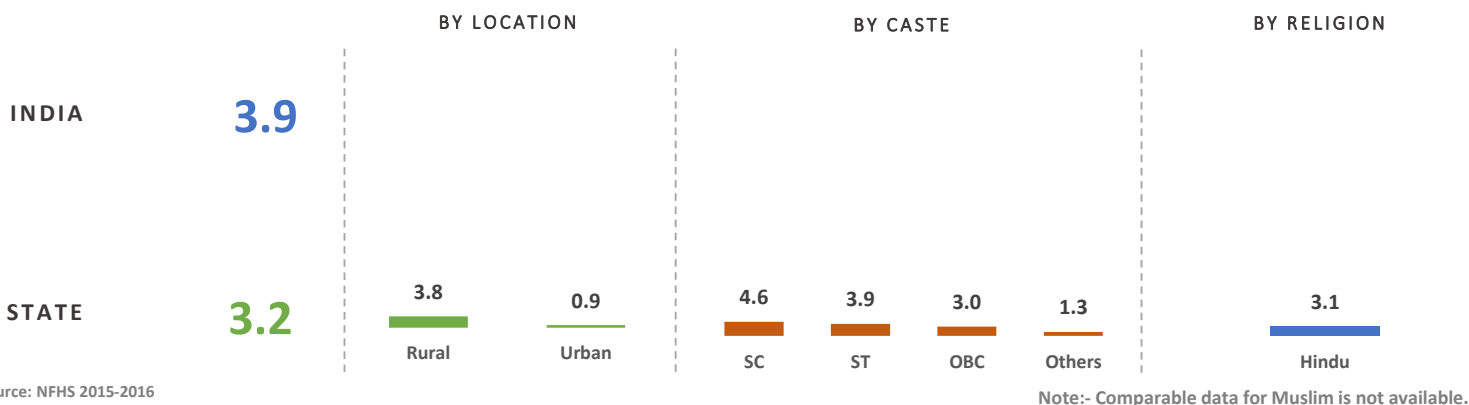
* Three Decisions

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

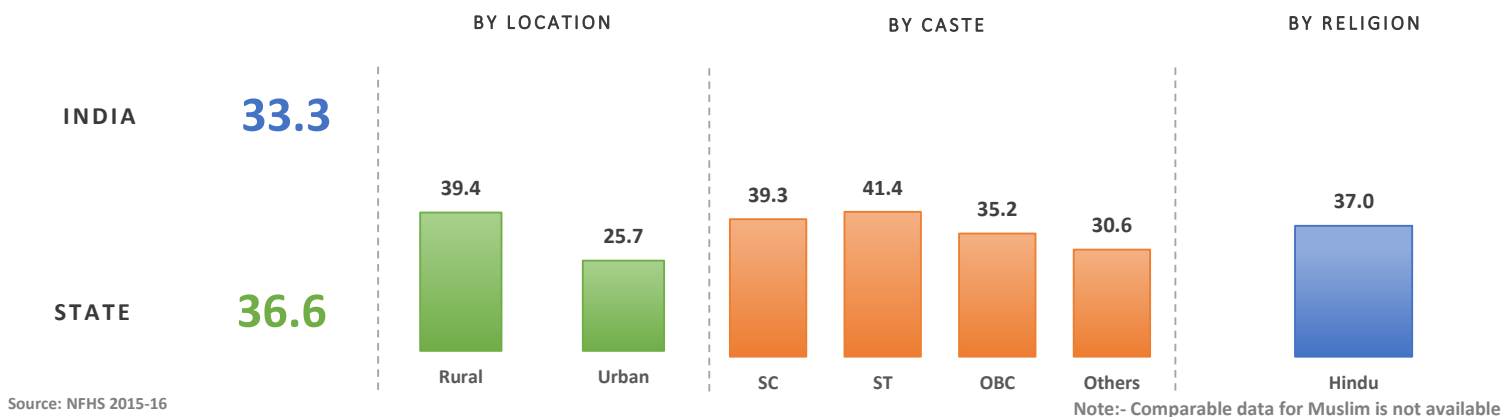
Source: NFHS 2015-16

- The female worker population ratio and female labour force participation rate is around only 20%, which signifies the limited work opportunities for women in the state.
- Only 12% state's establishments are women headed with SC, ST and Muslims contributing the least in it.

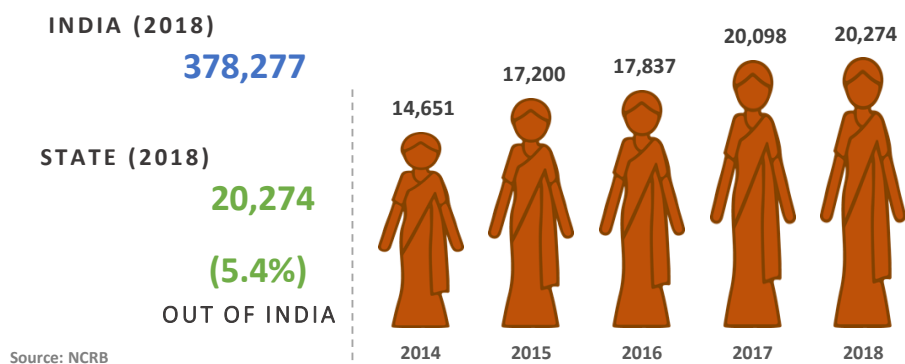
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



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



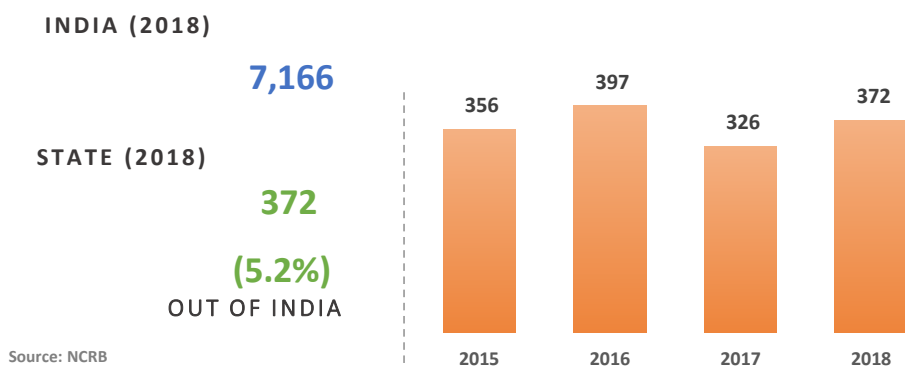
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



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	2,285

Source: ADSI 2018

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	STATE
FOETICIDES	128	0
INFANTICIDES	56	0

Source: NCRB 2018

- Near about 2 out of 5 women in the state face different types of spousal violence.
- There has been an increase of around 40% in crime against women since 2014, whereas there is no much increment in numbers of incidences of crime against women in last one year (2017-2018).
- The state stands at third position in the country while ranking the crime rate against women in 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



416,777

SHGs HAVING BANK ACCOUNT* (%)



95.3

SHGs HAVING CREDIT LINKED (%)



NO DATA

TOTAL VILLAGE ORGANIZATIONS FORMED



29,701

TOTAL CLUSTER LEVEL FEDERATIONS

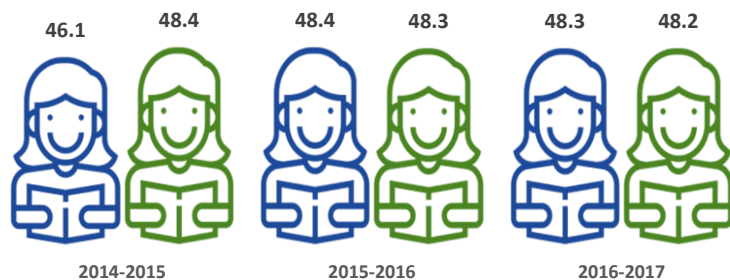


3,821

Source:- Website Of Deen Dayal Antyodaya Yojana - National Livelihoods Mission (NRLM), as on 29th April 2020

GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

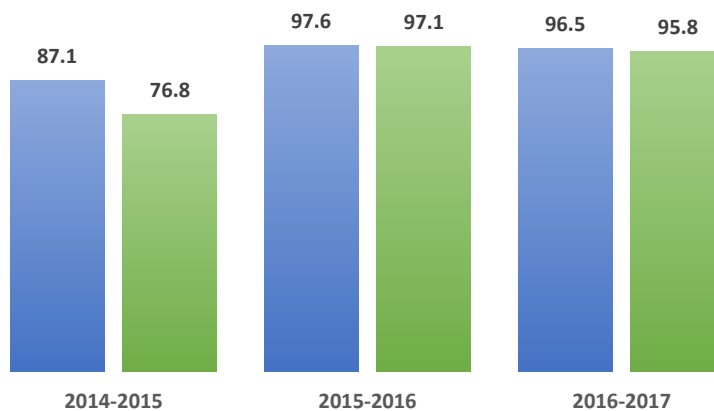
INDIA STATE



Source: U-Dise

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

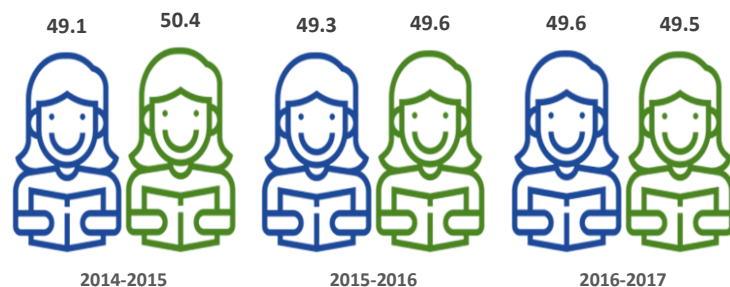
INDIA STATE



Source: U-Dise

GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

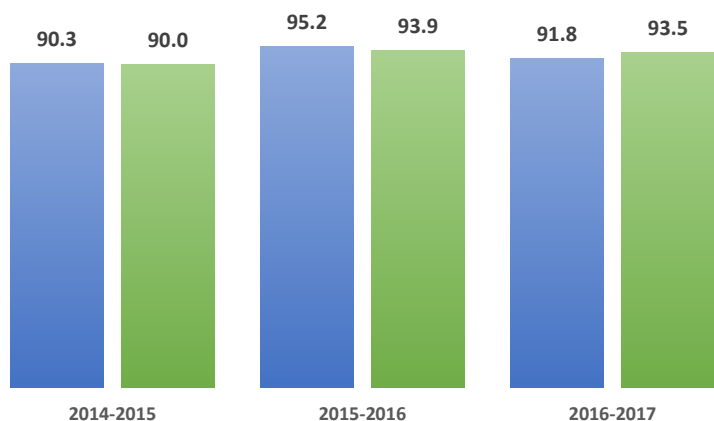
INDIA STATE



Source: U-Dise

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

INDIA STATE



Source: U-Dise

- More than 90% elementary and secondary schools in the state have girls' toilet. Though availability of separate girls' toilets in school is one of the major contributors for improving girl's enrolment, the state doesn't show any significant improvement in girl's enrolment since 2014.