UTTAR PRADESH FACTSHEET 2020



DEVELOPED BY:



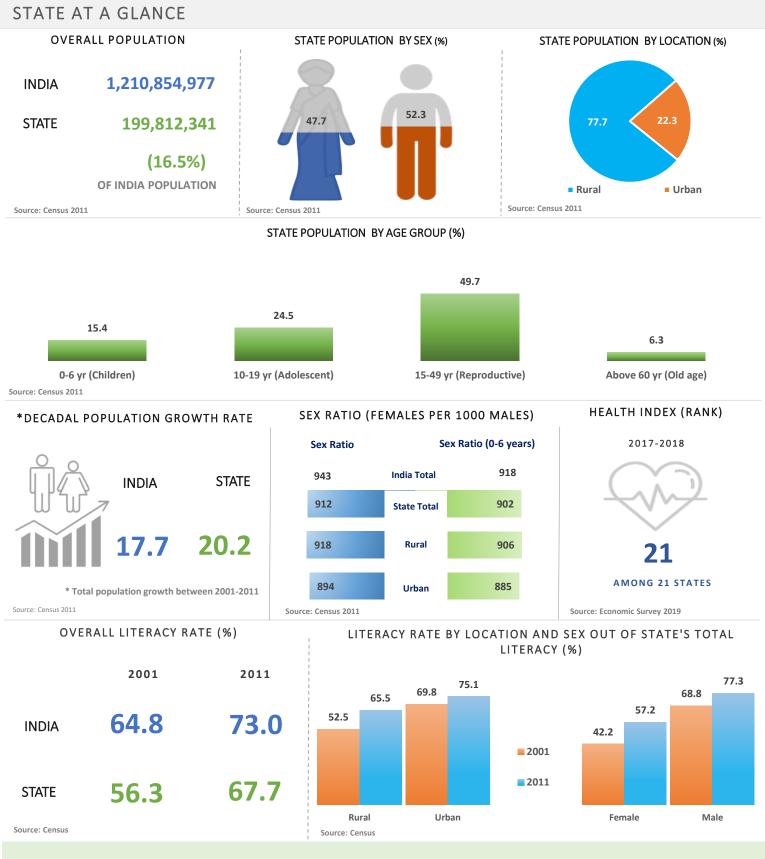
THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

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.

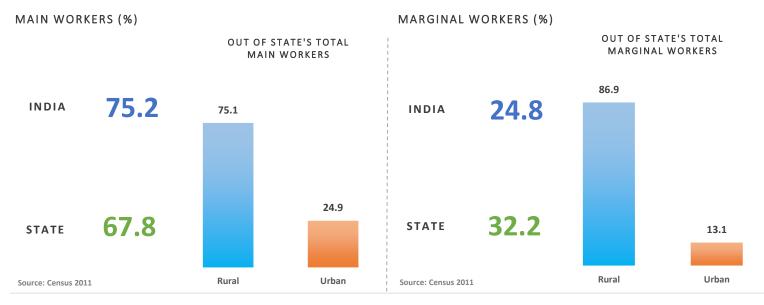


• More than three-fourth of state's population lives in rural areas.

• Sex ratio in urban areas is a matter of concern - both overall and for children.

• The state stands at the last position in health index rank in the country.

• Female literacy rate has improved more than male literacy rate between 2001 to 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
Fatehpur	35	44	59	8	50	33	34
Chandauli	44	65	57	9	57	27	56
Chitrakoot	75	68	86	15	78	71	60
Sonebhadra	83	82	91	21	47	43	65
balrampur	94	87	96	26	91	67	54
Siddharthnagar	95	88	98	20	93	65	40
Bahraich	96	89	100	6	85	54	35
Shrawasti	97	81	101	31	63	28	23

Source: Niti Aayog

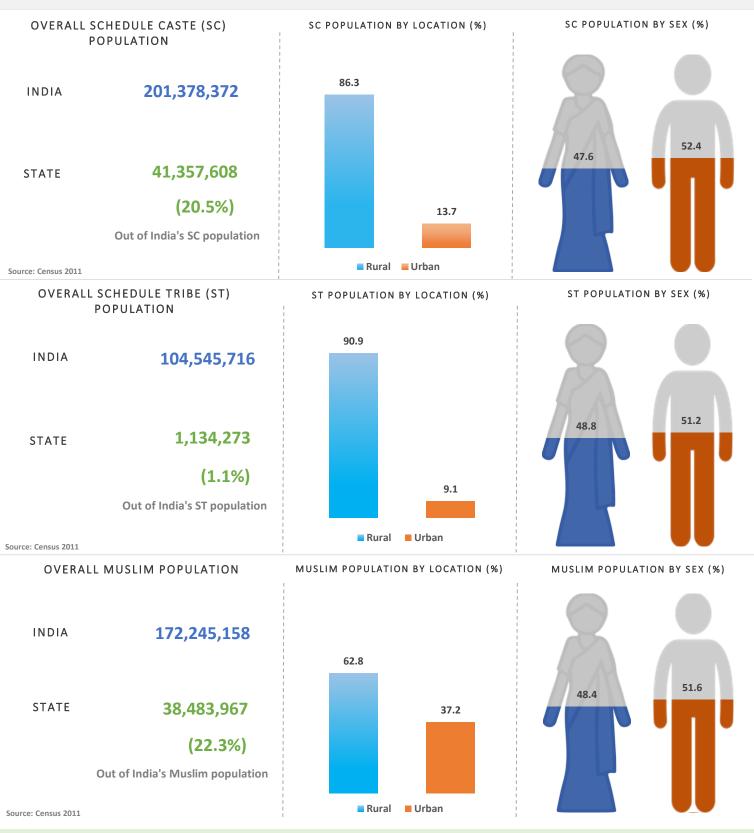
TOP 20 IN INDIA BOTTOM 20 IN INDIA

*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.

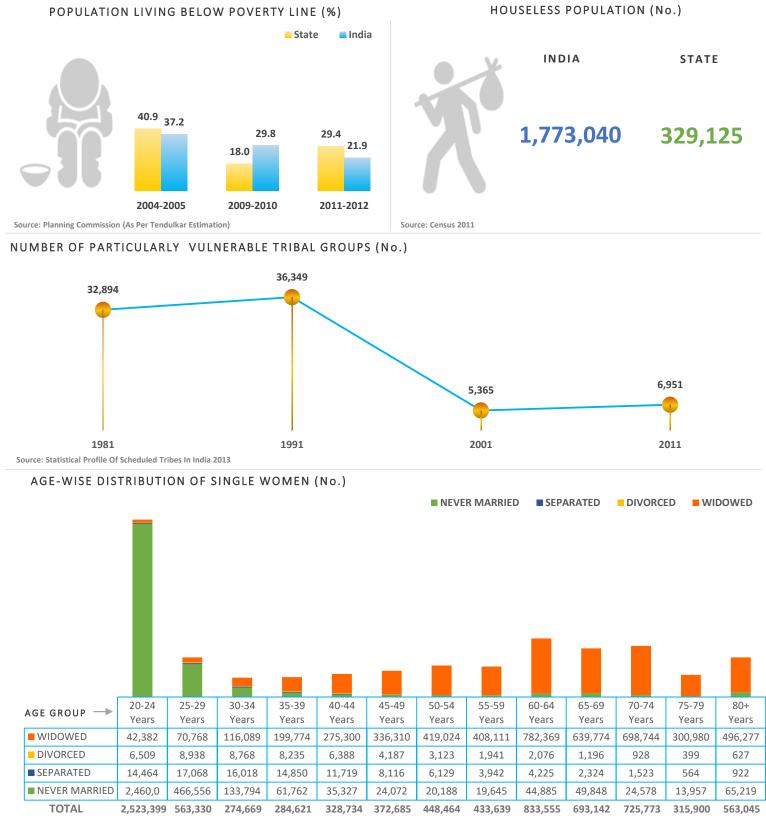
• Uttar Pradesh has less main workers and more marginal workers in comparison to national average.

• Five districts in the state fall in the bottom 20 aspirational districts of India, when scored for composite ranking. On segregation, it is found that 4 districts fall in the bottom 20 while scoring for health ranking whereas 3 fall in same category while scoring for financial inclusion ranking. However, the state fares somewhat well in agriculture.

PROPORTION OF VULNERABLE POPULATION



Scheduled castes and Muslims contribute to 20.7% and 19.2% respectively of the total state population, whereas the scheduled tribe population is not even 1% of the state's population.

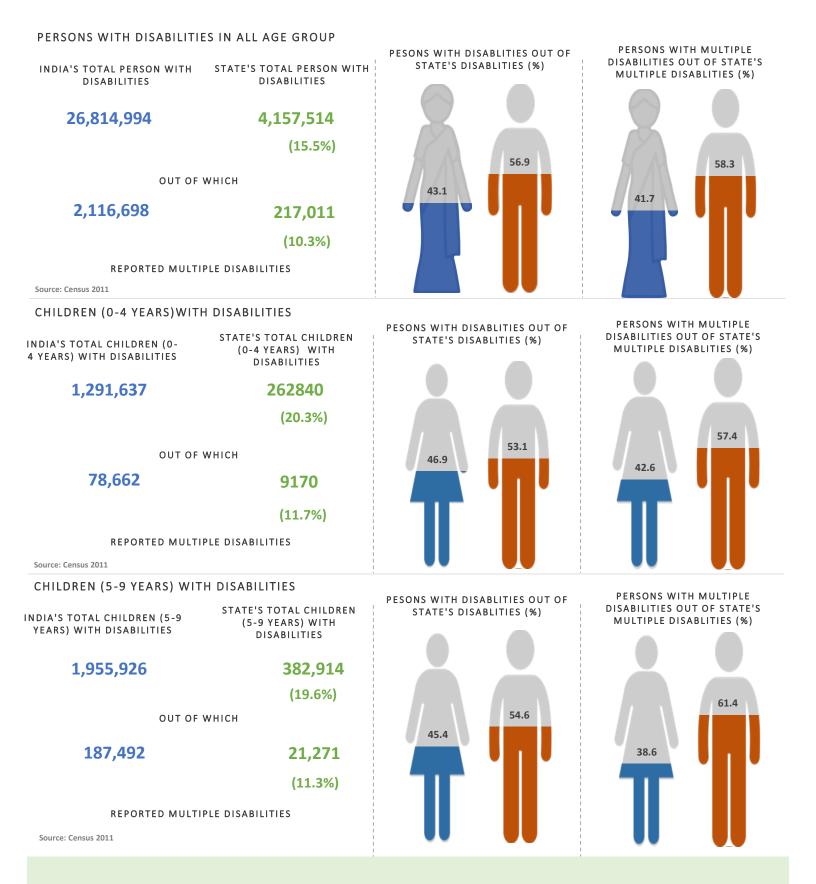


Source: Census 2011

There is an increase of 11 percentile points in the state's BPL population between 2009-10 and 2011-12.

 In the last three decades, there has been a severe depletion in the state's PVTG population, coming down from around 36 thousand to as low as around 7 thousand in 2011. However, there is a slight increase in the PVTG population in the last 10 years.

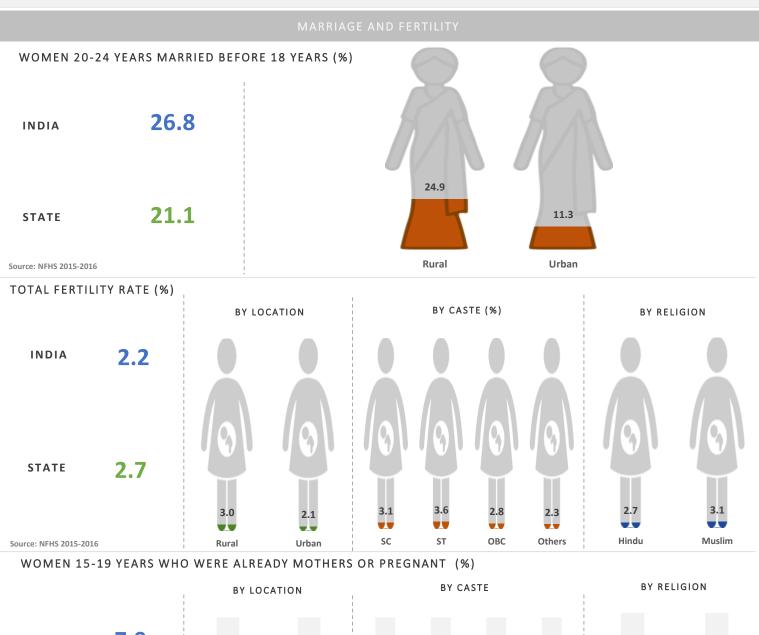
More than 30 lakh women aged 60 years and above are single in the state which depicts their vulnerability in terms of both age and social security.

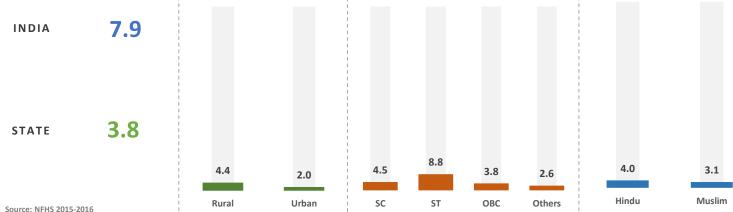


• Out of total disabilities, nearly 16% of the children aged 0-9 years are living with disabilities in the state.

Across age-groups, more males are found to be living with disabilities than their female counterparts.

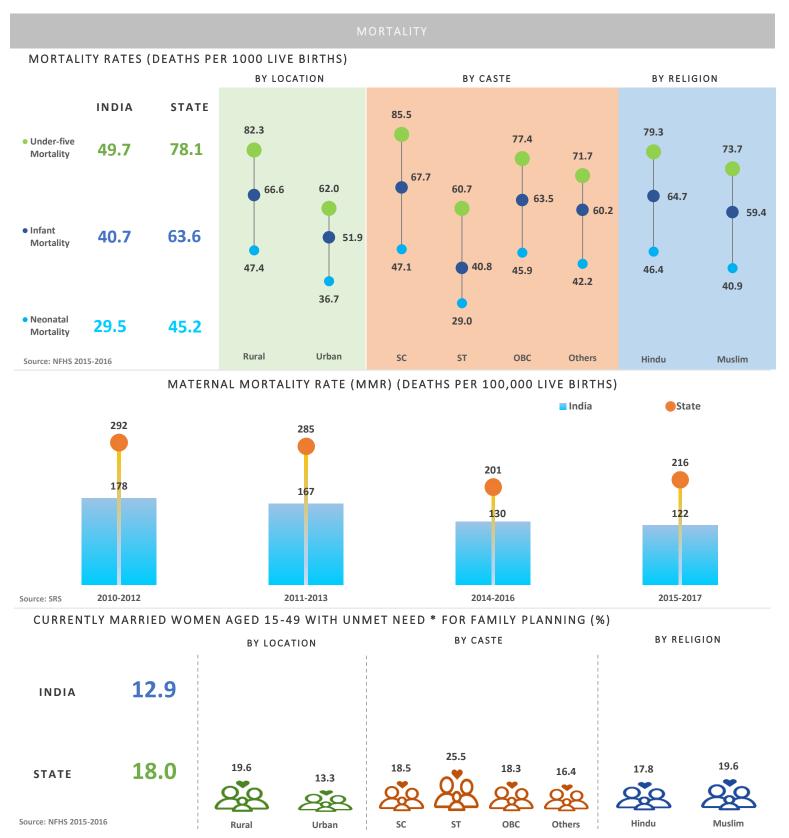
HEALTH AND NUTRITION





More than 20% girls living in the state get married before they turn 18.

The state records a higher rate of TFR in comparison to the national total.

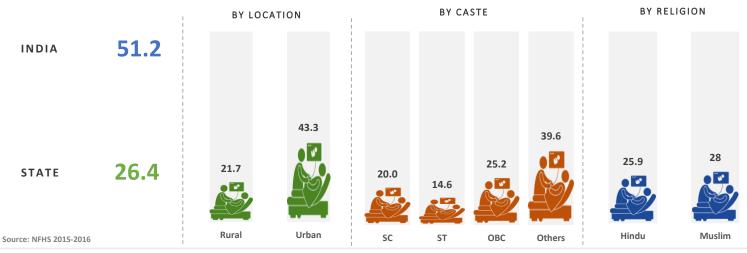


* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

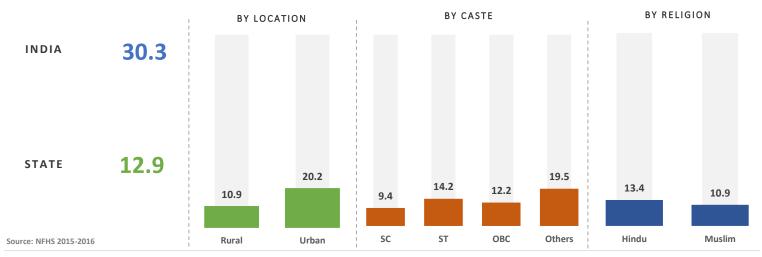
- The state has much higher child mortality rates (neonatal, infant and under-5) compared to India's figure. The rates are highest among Scheduled Caste communities compared to other social and religious groups.
- Maternal mortality rate in Uttar Pradesh is 94 point higher than country figure. The rate has increased 15 points between 2014-2017 in the state, which is really worrisome.
- Prevalence of high unmet need among Scheduled Tribe women signifying poor access to contraceptive measures.

MATERNAL CARE

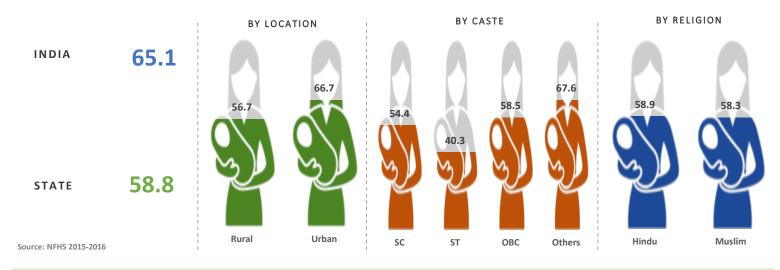
MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



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

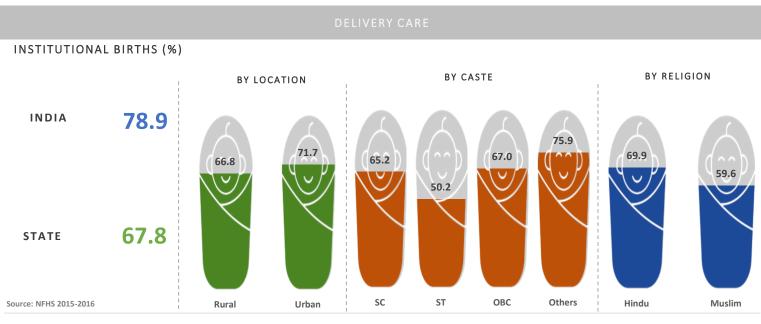


MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)



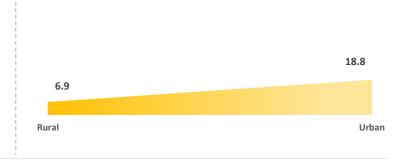
The state shows low utilization of antenatal care services among all women and postnatal care services especially among STs.

Extreme low consumption rate of IFA tablets during pregnancy, with the state recording a meagre 13% in comparison to a national total of 30%.



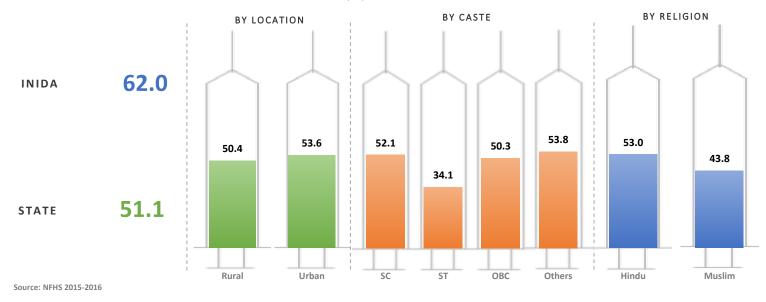
BIRTHS DELIVERED BY CAESAREAN SECTION (%)





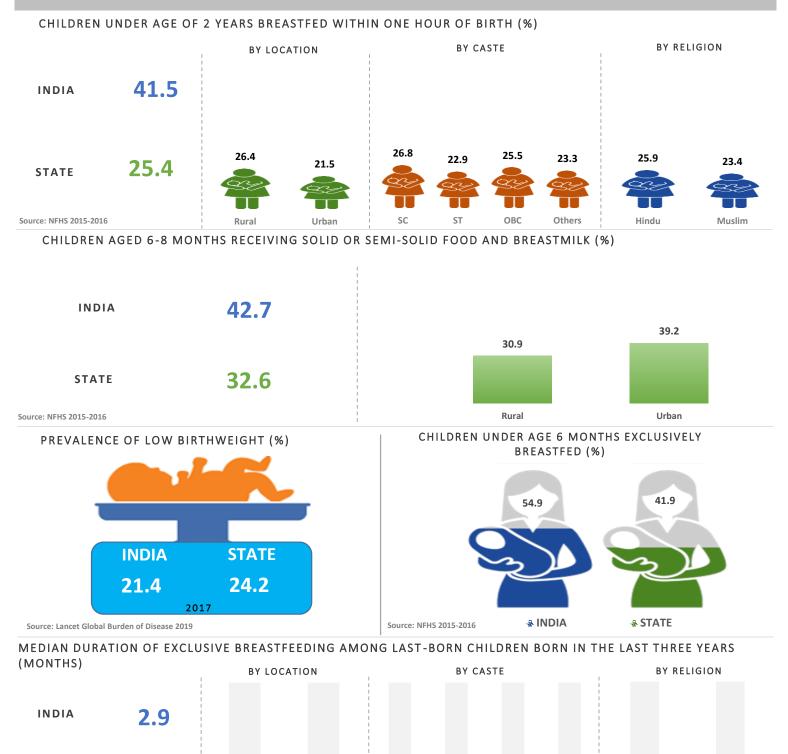
Source: NFHS 2015-2016

CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



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

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS



Source: NFHS 2015-2016

STATE

1.6

1.7

Rural

1.1

Urban

Note:- Comparable data for muslim is not available.

0.9

Muslim

1.8

Hindu

 The state shows very low rate in early initiation of breastfeeding, with only 25% of the mothers in the state, breast-feeding their babies within one hour of birth.

1.8

SC

3.3

ST

1.6

OBC

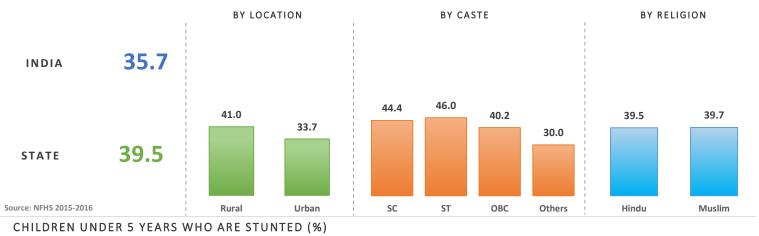
1.0

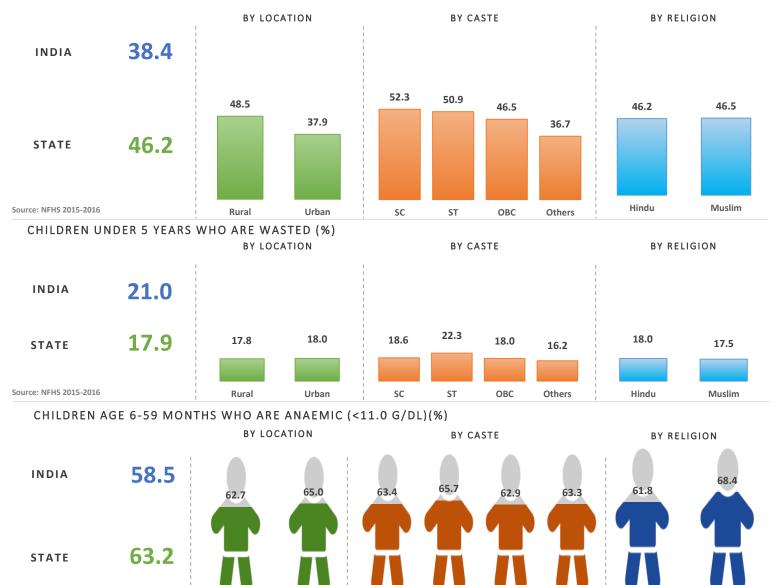
Others

• While 60% of the state's children are not exclusively breastfed, data for median duration of exclusive breastfeeding comes to only around 2 months for each child instead of the stipulated 6 months of compulsory exclusive feeding.

CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

Source: NFHS 2015-2016





 While the state fares badly in child stunting and underweight figures (46.2% & 39.5% respectively), the prevalence of this is further high among the Scheduled Caste and Scheduled Tribe communities.

SC

Urban

Rural

ST

овс

Others

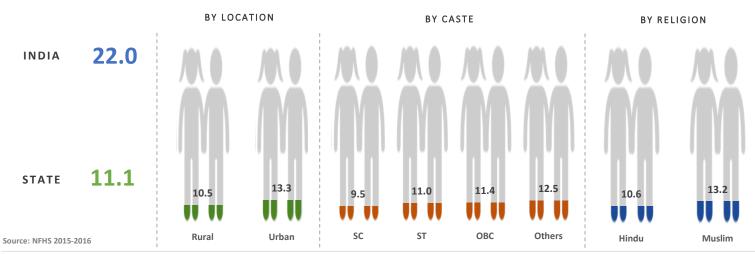
Hindu

Muslim

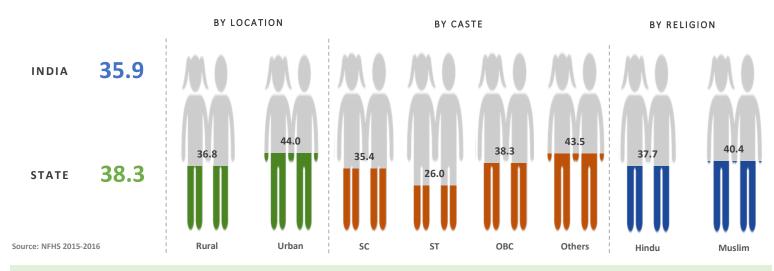
Percentage of anemic children is more in the state compared to national average. The figure is highest among Muslims in the state in comparison to
other social and religious categories.

DIETARY DIVERSITY PATTERN

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



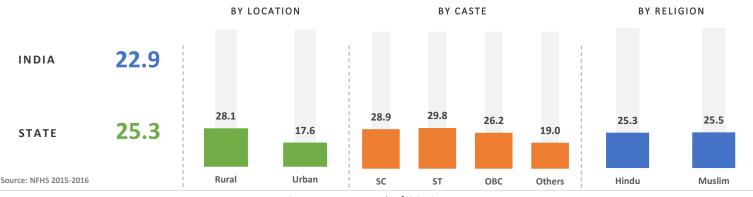
6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)



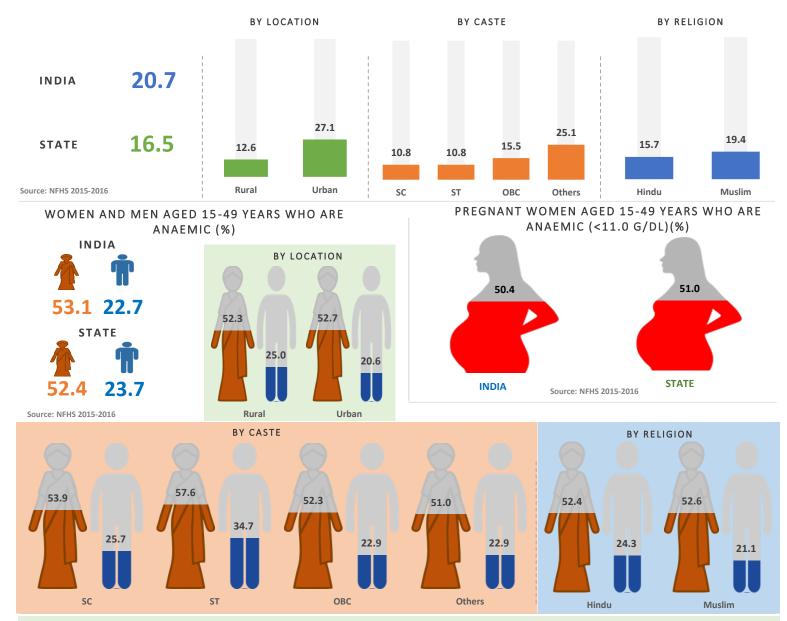
 Only around 10% of children in the state consume meals having 4 or more food groups. This can also be linked with the appalling level of malnutrition and anemia prevalent among the children in the state.

NUTRITIONAL STATUS OF WOMEN AND MEN



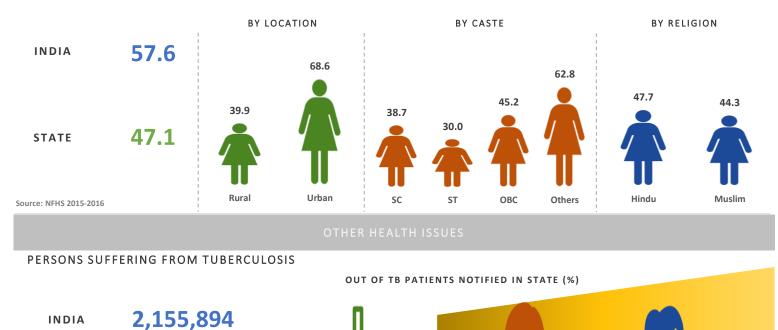


WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI $\geq 25.0 \text{ KG/M}^2$)(%)



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 both across the nation and state with above 50% of the women (pregnant and non-pregnant) with low haemoglobin count.





61.5

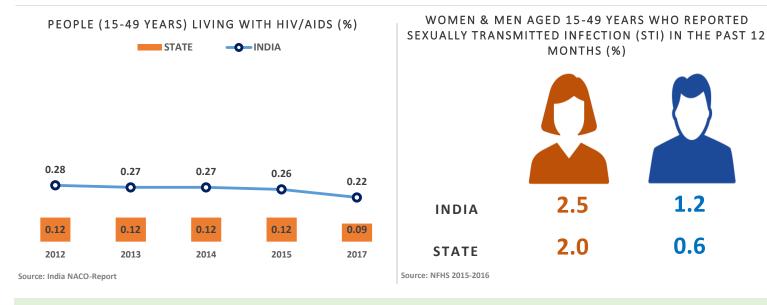
1.2

0.6

Source: India TB Report 2019

19.5%

STATE



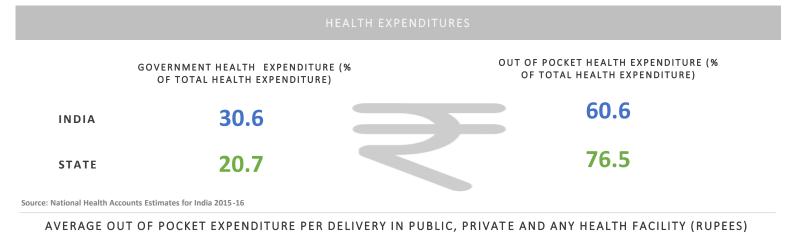
Prevalence of unsafe menstrual practices is a major concern in the state with around 60% having poor menstrual hygiene. This difference is particularly high among the rural and urban agglomerations.

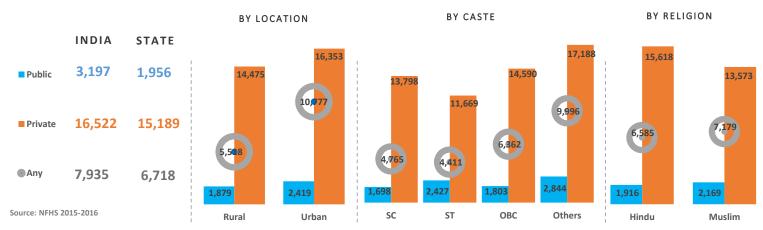
High prevalence of Tuberculosis among men is a concern.

420,434

OUT OF TB PATIENTS NOTIFIED IN

INDIA





• Government share in health expenditure is only around 20% in the state, whereas out of pocket health expenditure is more than 75%.

• While average expenditure for delivery in public health facilities is around Rs. 2000/- in the state, the expenditure goes up to average of 15000/- in case of private health facilities.

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.

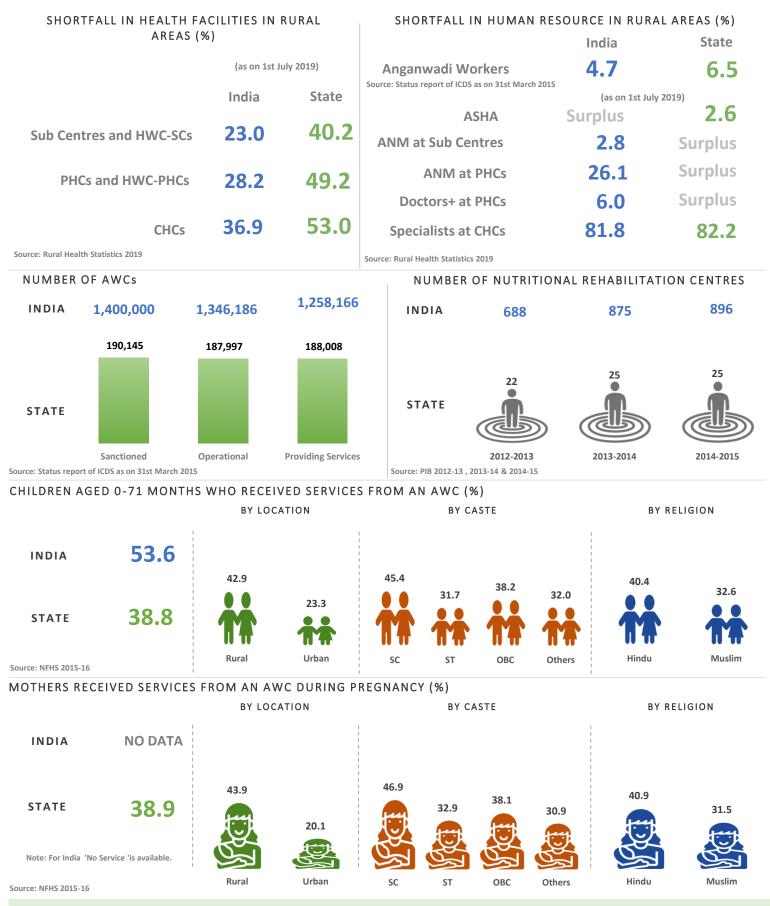
Key Strategies

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

1. Inter-sectoral convergence for better service delivery

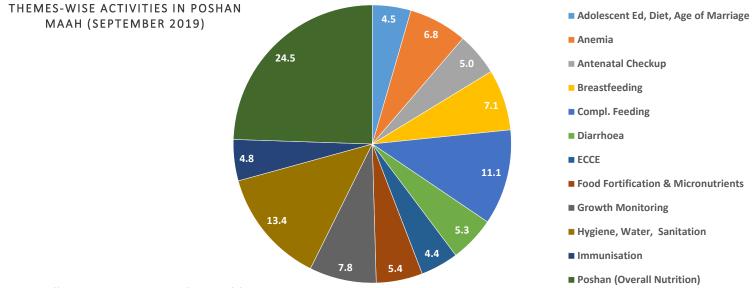
 Use of technology (ICT) for real time growth monitoring and tracking of women and children
 Intensified health and nutrition services for the first 1000 days

Jan Andolan



The state has a huge shortfall of primary health-care facilities, with a shortfall of more than 50% of CHCs which is the first point of contact for the
people with any health specialist. Consequently, there is also a shortfall of more than 80% specialists at the CHC level.

More than 60% of the state's children and pregnant women do not receive their entitled services like nutritious food etc. from AWC.

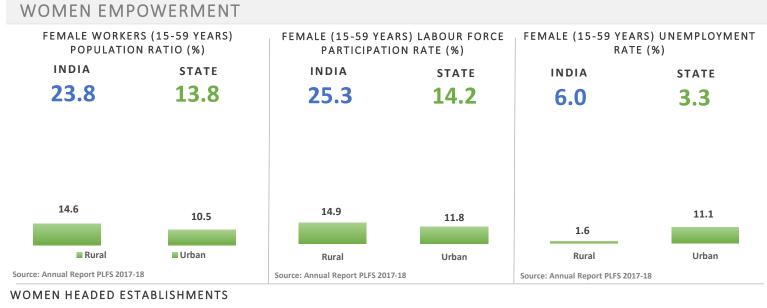


Source: http://dashboard.poshanabhiyaan.gov.in/janandolan/#/

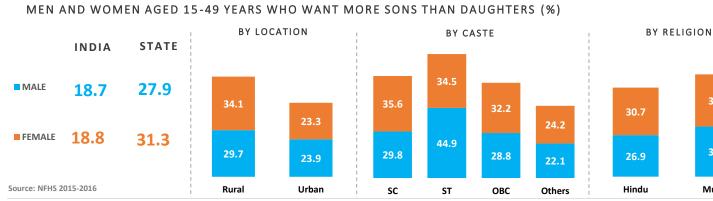
CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

Activity type	State Value (%)	India Value (%)
Home Visits	55.3	14.4
Anemia Camp	2.1	1.5
CBE-Community Based Events (ICDS)	7.9	22.3
Community Radio Activities	0.6	0.3
Cooperative/Federation	0.4	0.2
Cycle Rally	1.5	0.3
DAY-NRLM SHG Meet	2.2	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	0.6	0.2
Haat Bazaar Activities	0.2	0.4
Harvest Festival	0.2	0.2
Local Leader Meeting	0.4	0.5
Nukkad natak/Folk Shows	0.1	0.4
Other Activities	6.4	34.7
Panchayat Meeting	1.5	1.0
Poshan Mela	2.8	8.2
Poshan Rally	2.3	2.6
Poshan Walk	1.2	1.5
Poshan Workshop/Seminar	1.9	4.1
Prabhat Faree	1.9	1.1
Providing Water to the Toilets	0.1	0.3
Safe Drinking Water in Anganwadi Centres	0.5	0.7
Safe Drinking Water in Schools	0.3	0.2
School Based Activities	1.5	2.9
VHSND	7.6	No Data
Youth Group Meeting	0.4	No Data

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







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



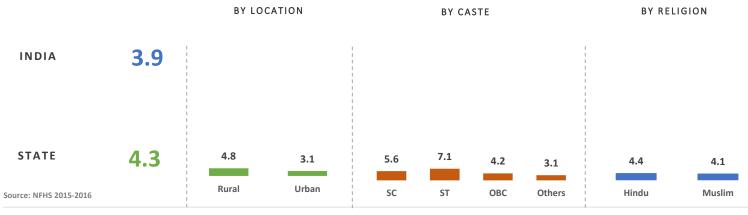
32.4

Muslim

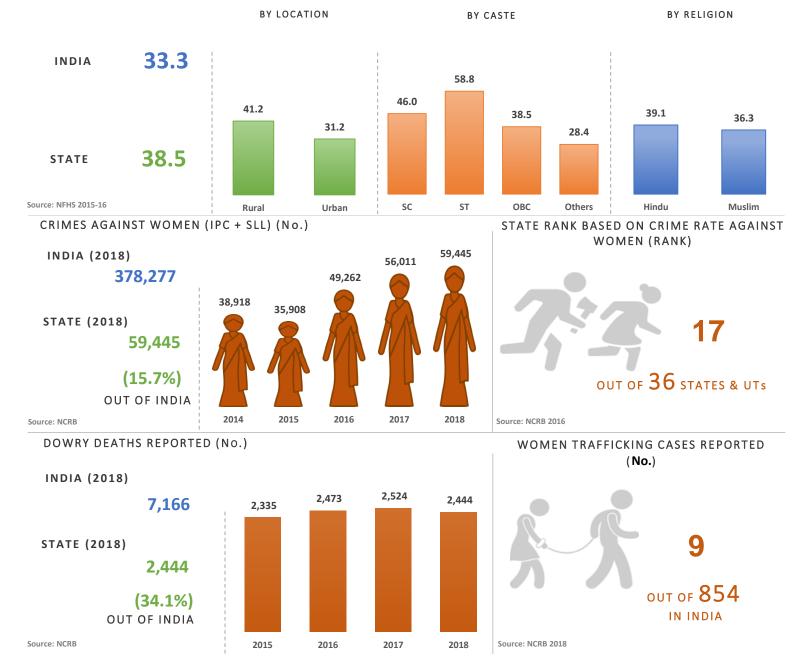
• Both female workers population ratio and female labour participation rate is very low in the state.

• Uttar Pradesh has only 7% of women headed business establishments, with SC, ST and Muslims contributing the least in this.

WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



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



INDIA	42,391		INDIA	STATE	
		FOETICIDES	128	22	
STATE	1,958	INFANTICIDES	56	6	
Source: ADSI 2018		Source: NCRB 2018			
Every two out of five women in the state are having an abusive history.					

- There has been an increase of 66% in crime against women since 2015. •
- In the total dowry deaths in the country, Uttar Pradesh shares 34% alone.

GOVERNMENT FLAGSHIP PROGRAMMES FOR WOMEN EMPOWERMENT

NATIONAL RURA	L LIVELIHOOD MISSION			BETI BACHAO BETI P/	ADHAO	
 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: Mobilizing all rural, poor households into effective self-help groups (SHGs) and their federations; Enhancing access of the rural poor to credit and other financial, technical and marketing services; Building capacities and skills of the poor for gainful and sustainable livelihoods; and Improving the delivery of social and economic support services to the poor. 			 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: To prevent gender biased sex selective elimination To ensure survival and protection of the girl child To ensure education and participation of the girl child Strategies employed to successfully carry out the scheme are: Implement a sustained social mobilization and communication campaign to create equal value for the girl child and promote her education. 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. Focus on gender critical districts and cities. 			
TOTAL SHGS FORMED			VING CREDIT KED (%)	TOTAL VILLAGE ORGANIZATIONS FORMED	TOTAL CLUSTER LEVEL FEDERATIONS	

360,023

72.8



NO DATA

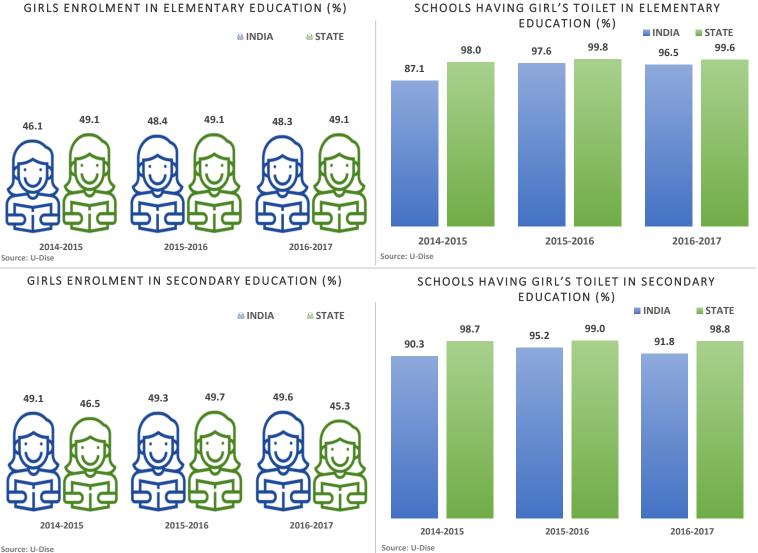
15,552



742

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





Source: U-Dise

There has been almost no improvement in girls' enrolment in elementary level since 2014 to 2017, whereas there is a decrease in percentage of girls' enrolment in secondary level between 2015-2017 in spite of having separate girls' toilet in of almost all schools.