

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.

STATE AT A GLANCE

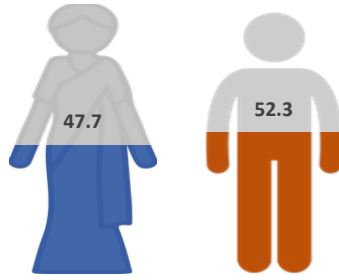
OVERALL POPULATION

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

UTTAR PRADESH **199,812,341**
(16.5%)
OF INDIA POPULATION

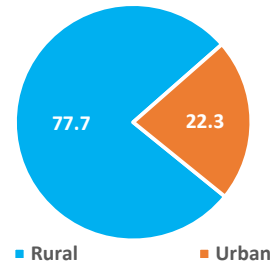
Source: Census 2011

STATE POPULATION BY SEX (%)



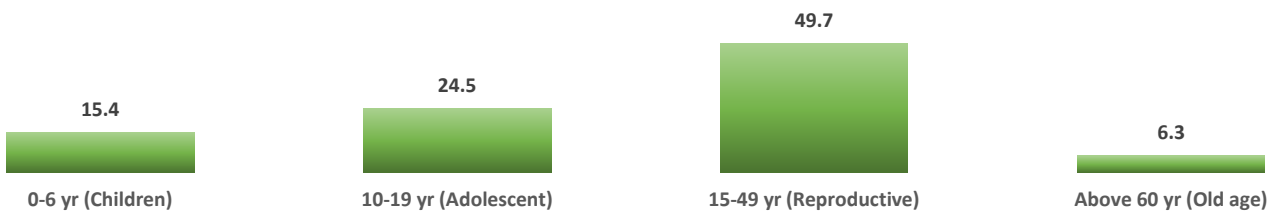
Source: Census 2011

STATE POPULATION BY LOCATION (%)



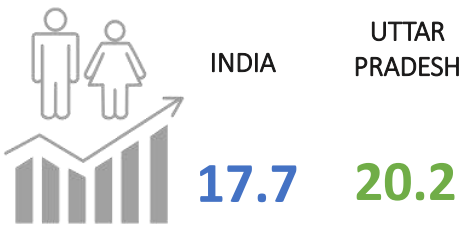
Source: Census 2011

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)

Sex Ratio	Sex Ratio (0-6 years)
943	India Total 918
912	State Total 902
918	Rural 906
894	Urban 885

Source: Census 2011

HEALTH INDEX (RANK)



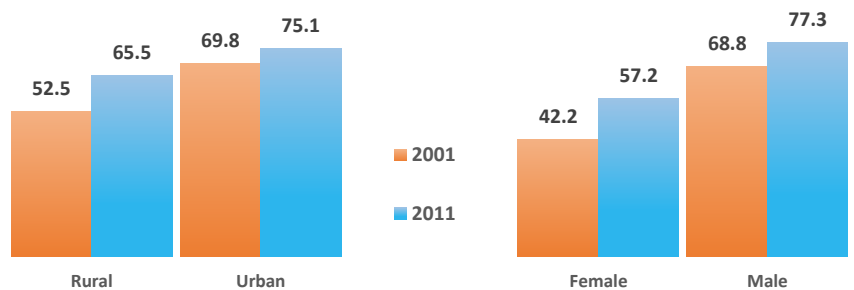
Source: Economic Survey 2020

OVERALL LITERACY RATE (%)

	2001	2011
INDIA	64.8	73.0
UTTAR PRADESH	56.3	67.7

Source: Census

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

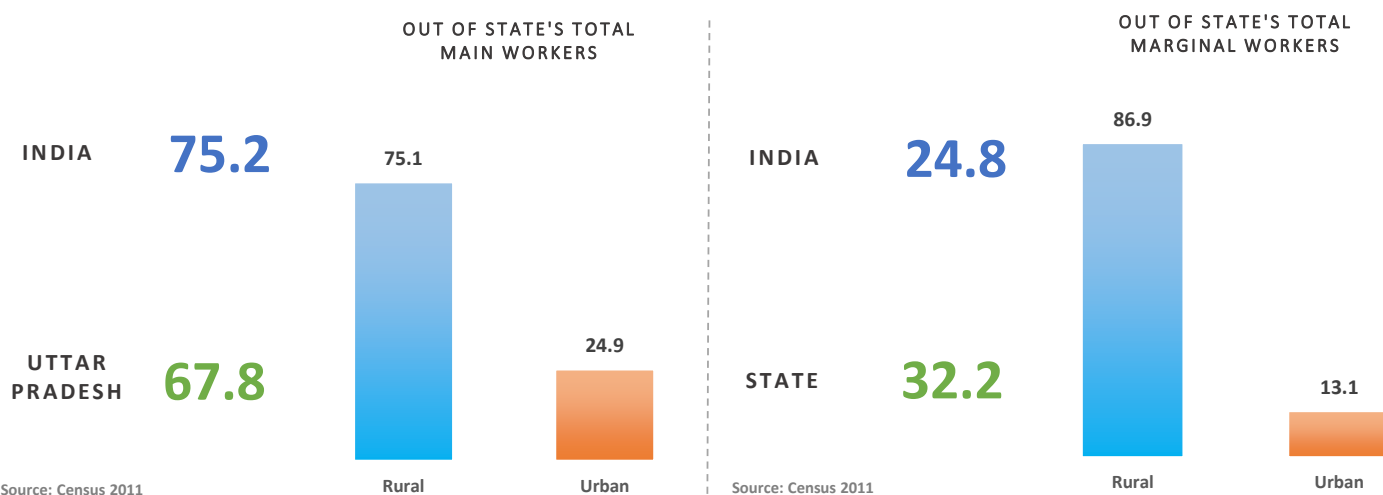


Source: Census

- 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.

MAIN WORKERS (%)

MARGINAL WORKERS (%)



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

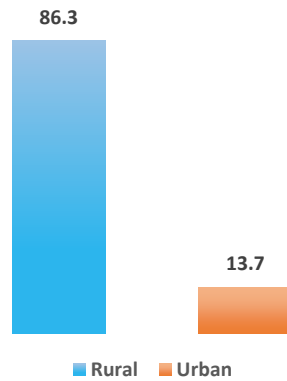
OVERALL SCHEDULE CASTE (SC) POPULATION

INDIA **201,378,372**

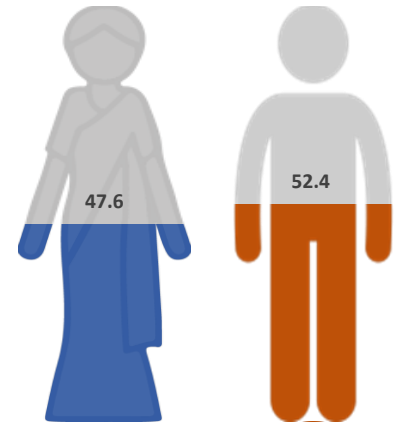
UTTAR PRADEHS **41,357,608**
(20.5%)

Out of India's SC population

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



Source: Census 2011

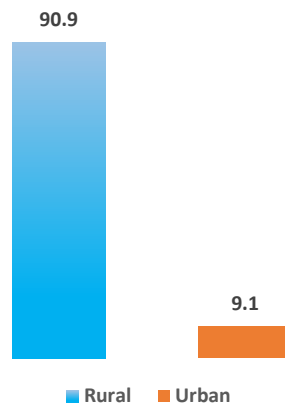
OVERALL SCHEDULE TRIBE (ST) POPULATION

INDIA **104,545,716**

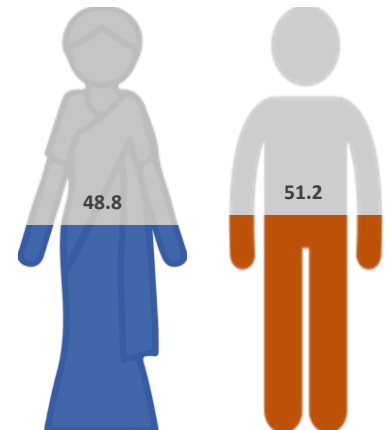
UTTAR PRADESH **1,134,273**
(1.1%)

Out of India's ST population

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



Source: Census 2011

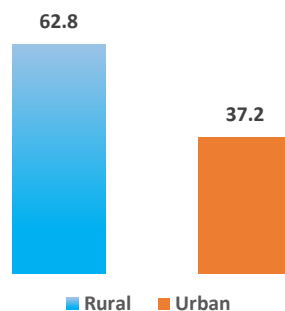
OVERALL MUSLIM POPULATION

INDIA **172,245,158**

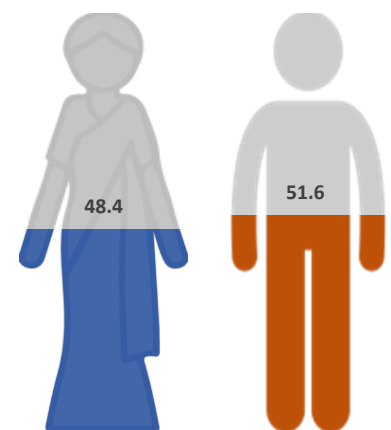
UTTAR PRADESH **38,483,967**
(22.3%)

Out of India's Muslim population

MUSLIM POPULATION BY LOCATION (%)



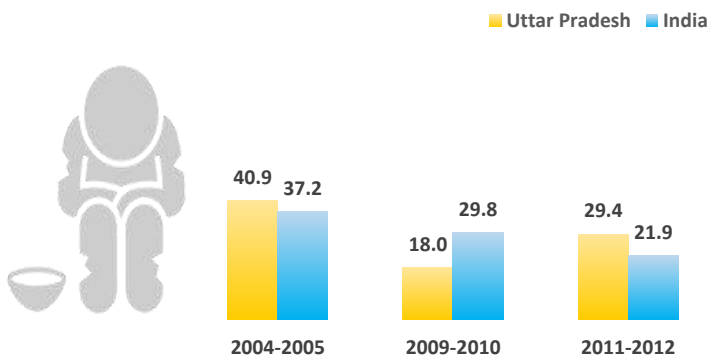
MUSLIM POPULATION BY SEX (%)



Source: Census 2011

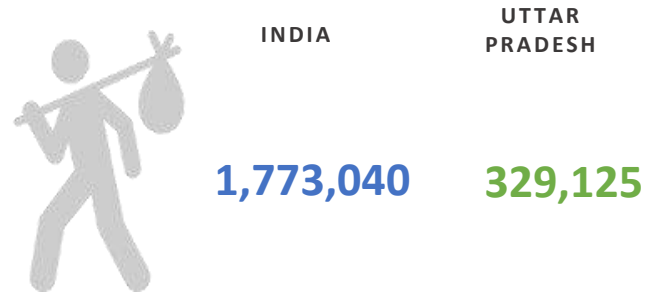
- Scheduled castes and Muslims contribute to 20.7% and 19.2% respectively of the total state population, whereas the scheduled tribe population is not even 1% of the state's population.

POPULATION LIVING BELOW POVERTY LINE (%)



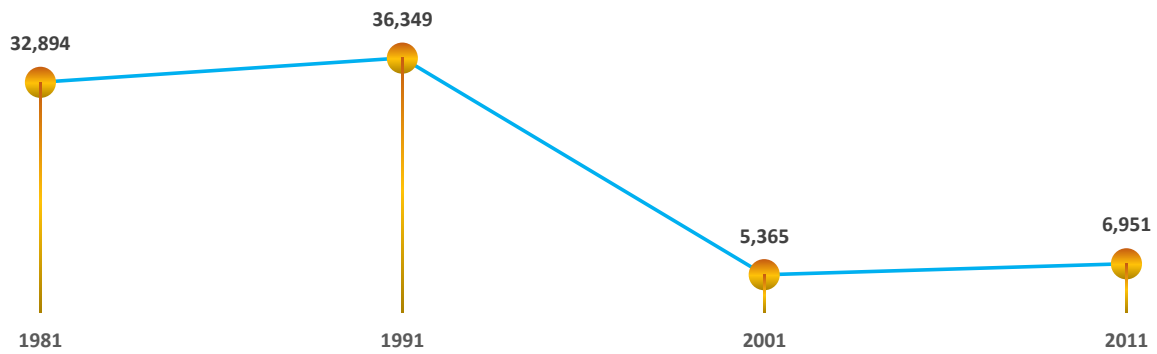
Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)



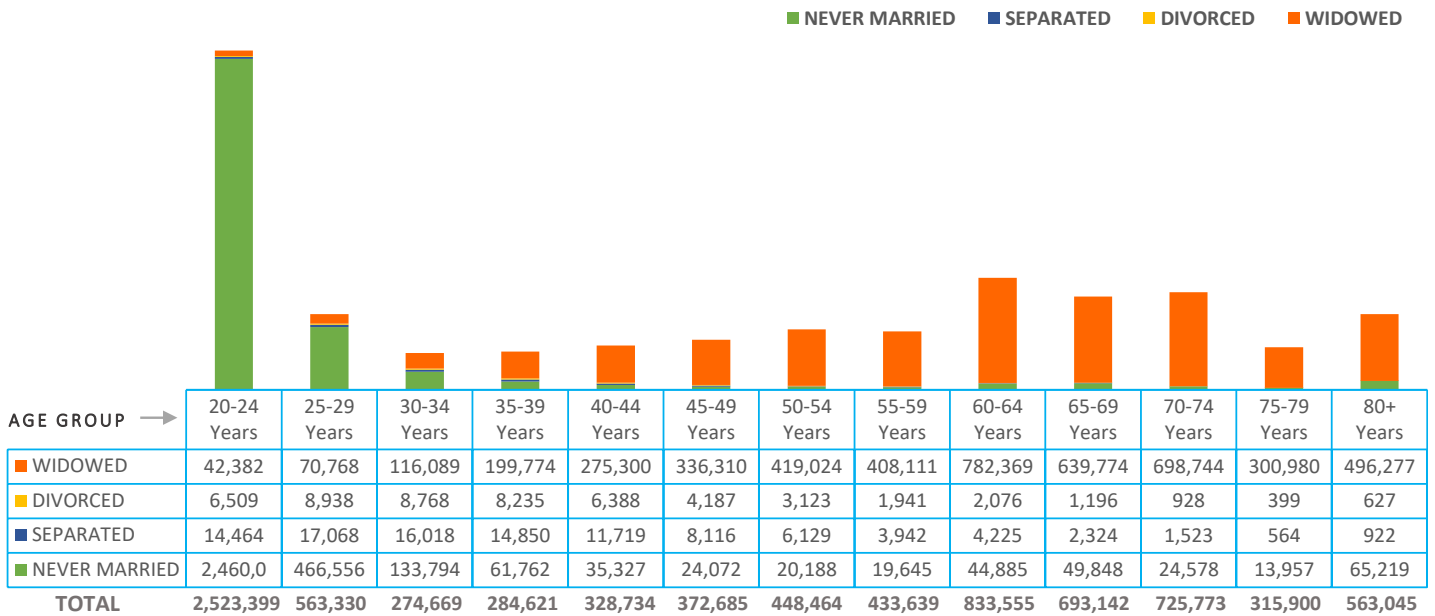
Source: Census 2011

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)



Source: Statistical Profile Of Scheduled Tribes In India 2013

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- There is 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.

PERSONS WITH DISABILITIES IN ALL AGE GROUP

INDIA'S TOTAL PERSON WITH DISABILITIES

26,814,994

UTTAR PRADESH'S TOTAL PERSON WITH DISABILITIES

4,157,514

(15.5%)

OUT OF WHICH

2,116,698

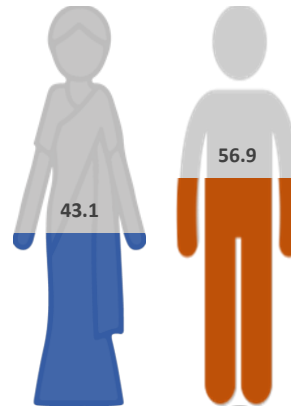
217,011

(10.3%)

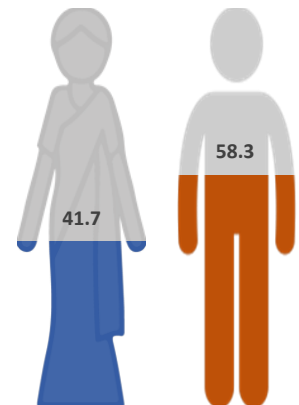
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



CHILDREN (0-4 YEARS) WITH DISABILITIES

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

1,291,637

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

262,840

(20.3%)

OUT OF WHICH

78,662

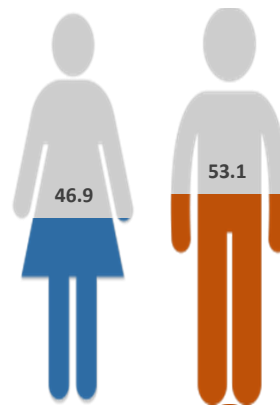
9,170

(11.7%)

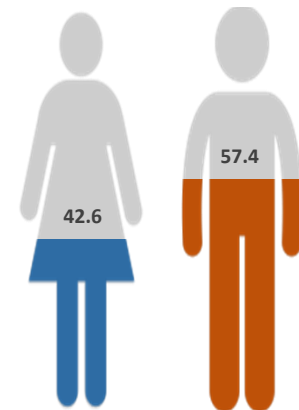
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



CHILDREN (5-9 YEARS) WITH DISABILITIES

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

1,955,926

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

382,914

(19.6%)

OUT OF WHICH

187,492

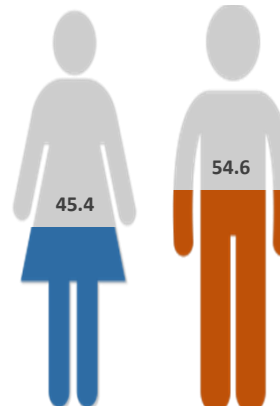
21,271

(11.3%)

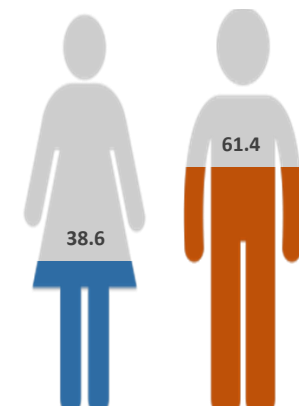
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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

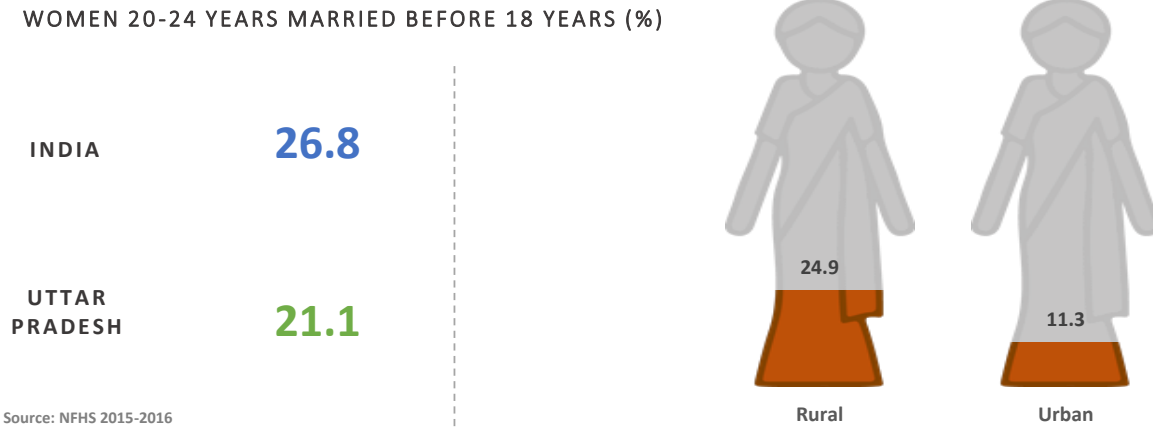


- Out of total disabilities, nearly 16% of the children aged 0-9 years are living with disabilities in the state.
- Across age-groups, more males are found to be living with disabilities than their female counterparts.

HEALTH AND NUTRITION

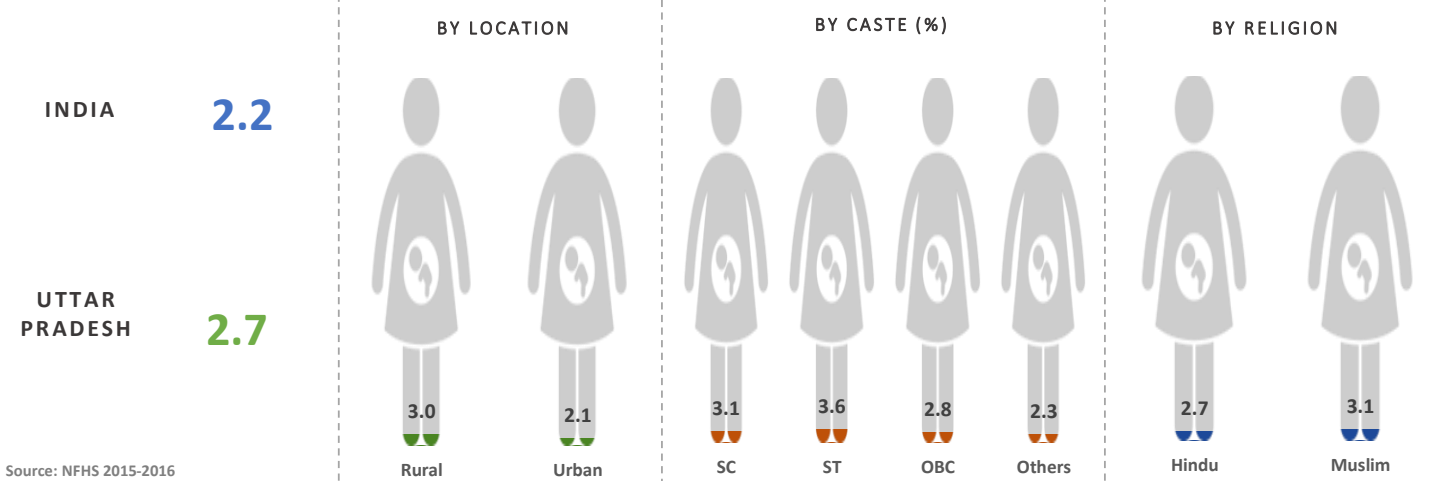
MARRIAGE AND FERTILITY

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



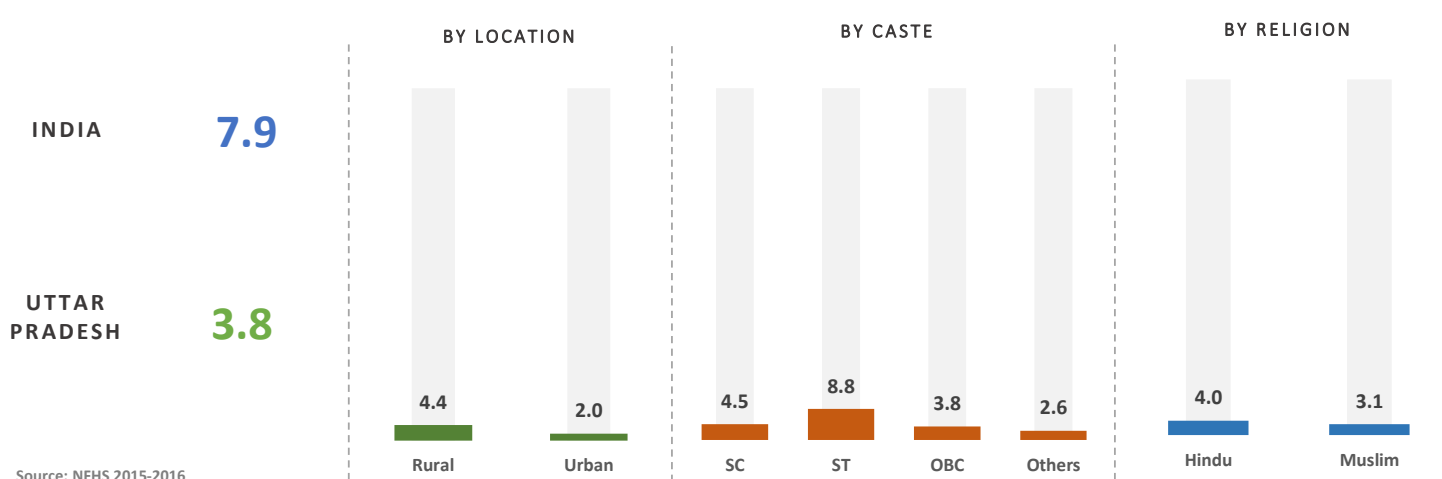
Source: NFHS 2015-2016

TOTAL FERTILITY RATE (%)



Source: NFHS 2015-2016

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

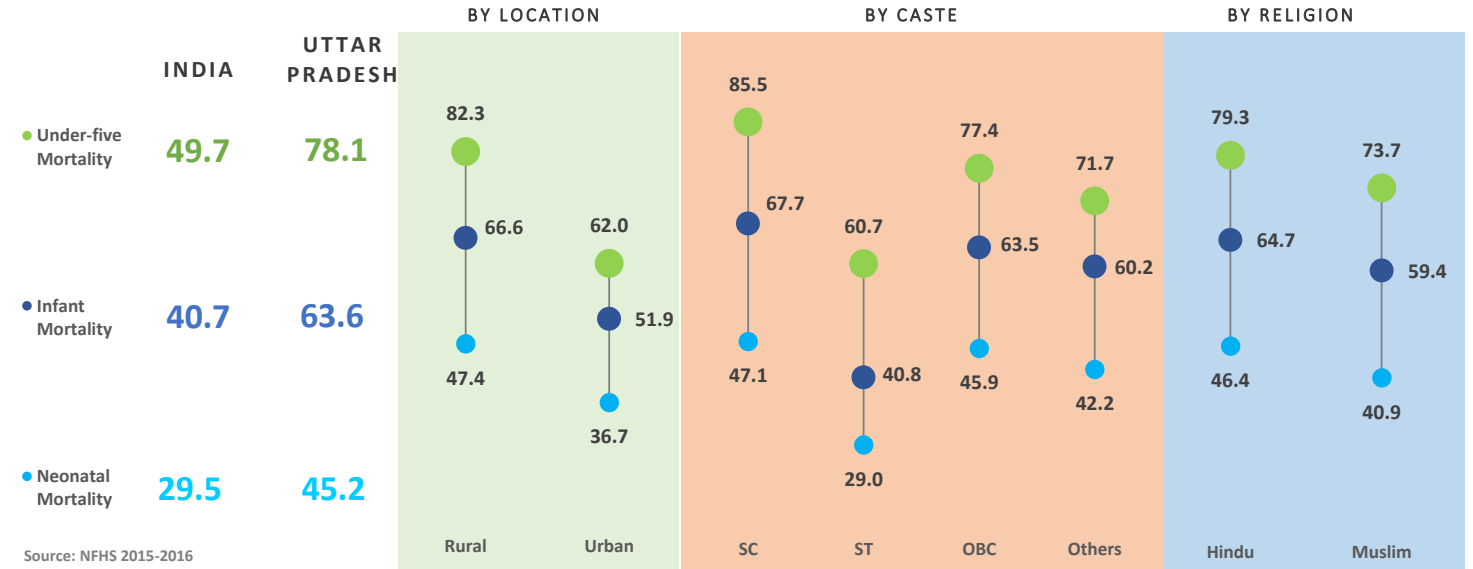


Source: NFHS 2015-2016

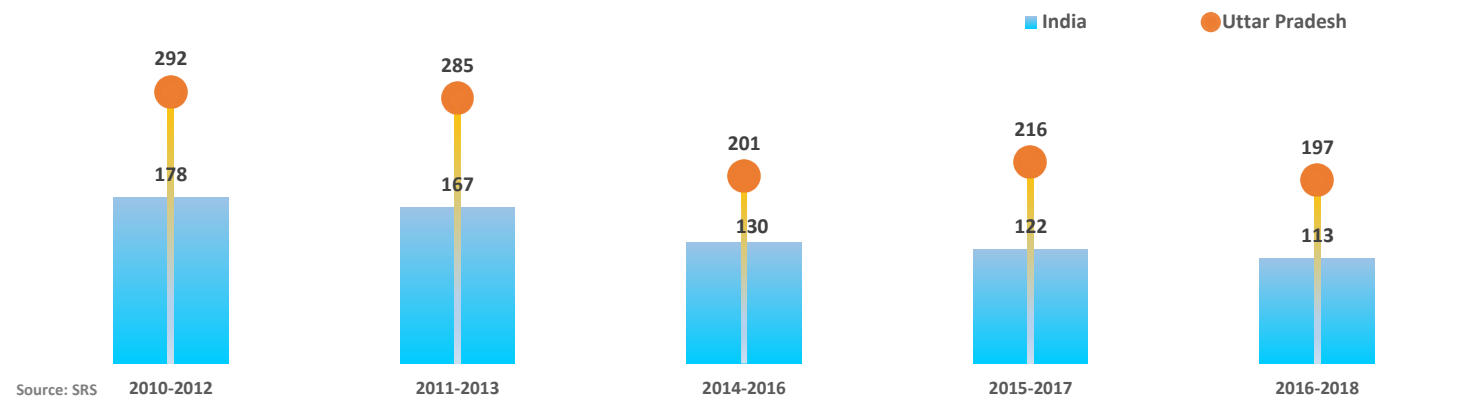
- More than 20% girls living in the state get married before they turn 18.
- The state records a higher rate of TFR in comparison to the national total.

MORTALITY

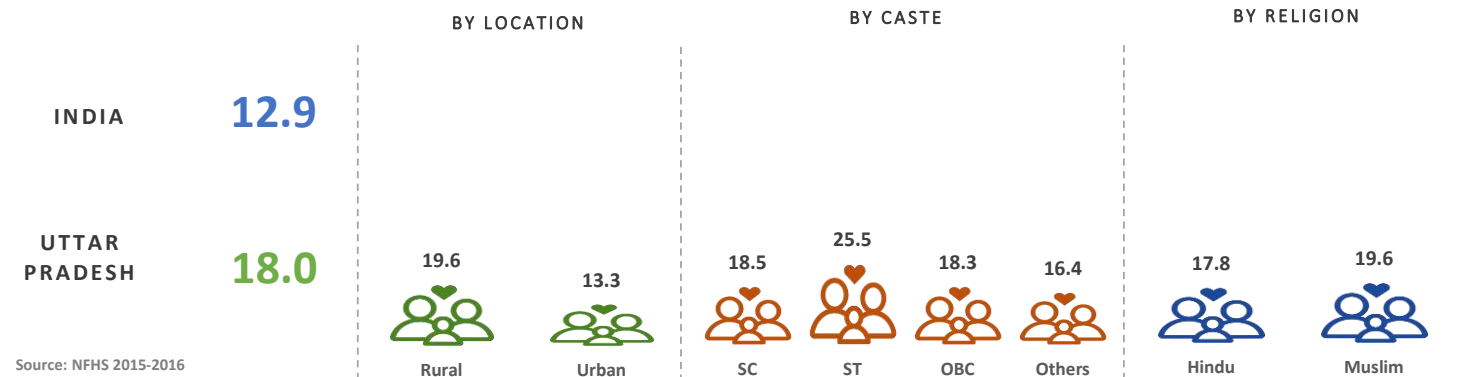
MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



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



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

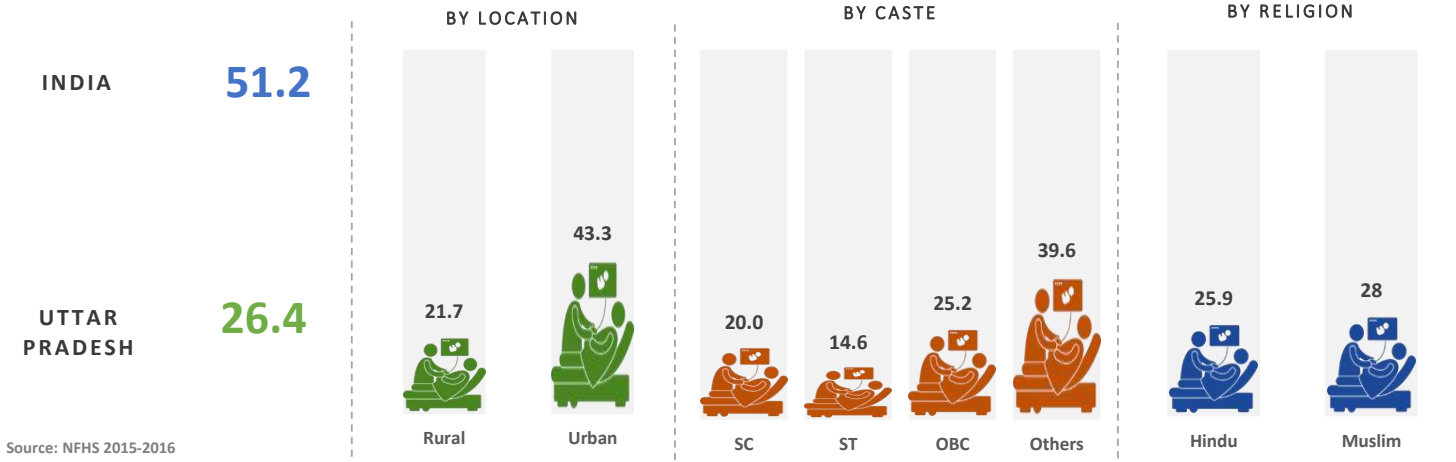


* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

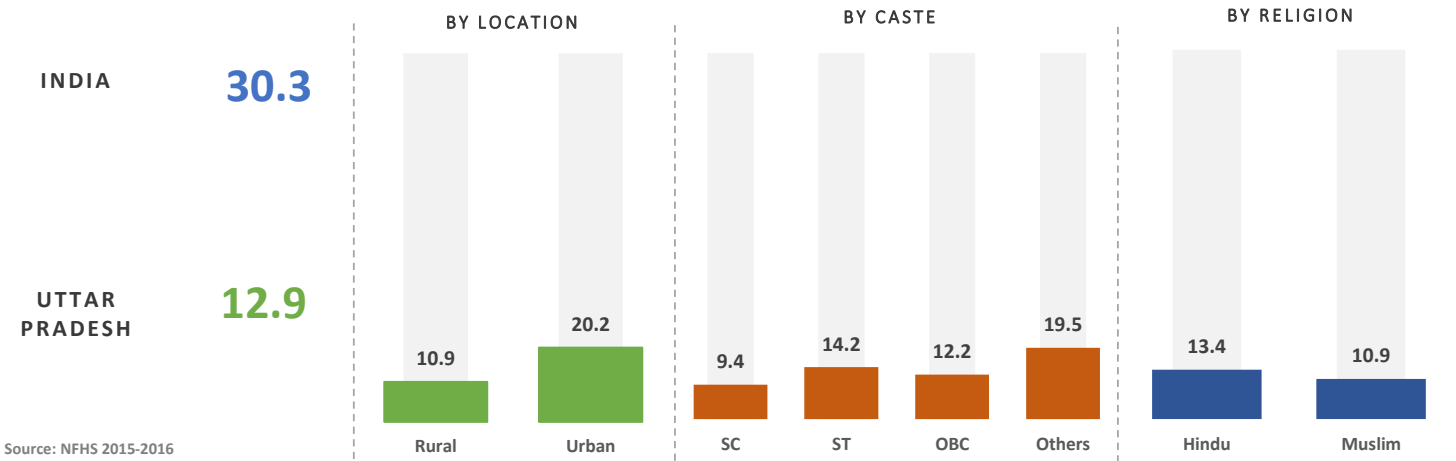
- The state has much higher child mortality rates (neonatal, infant and under-5) compared to India's figure. The rates are highest among Scheduled Caste communities compared to other social and religious groups.
- Maternal mortality rate in Uttar Pradesh is 84 point higher than country figure. However, the rate has decreased 19 points in last one year.
- Prevalence of high unmet need among Scheduled Tribe women signifying poor access to contraceptive measures.

MATERNAL CARE

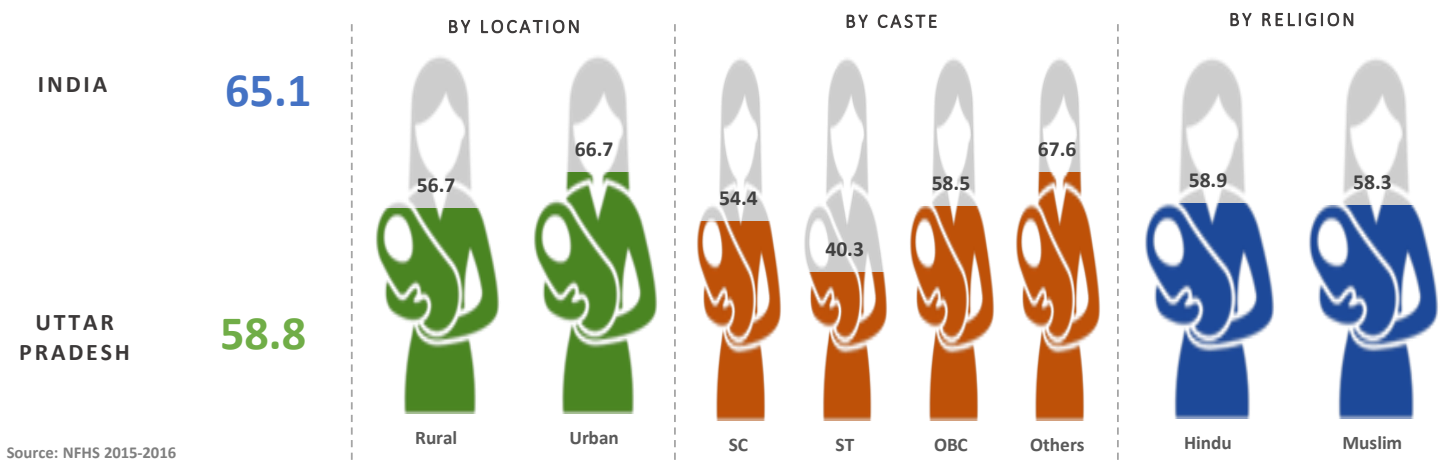
MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



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



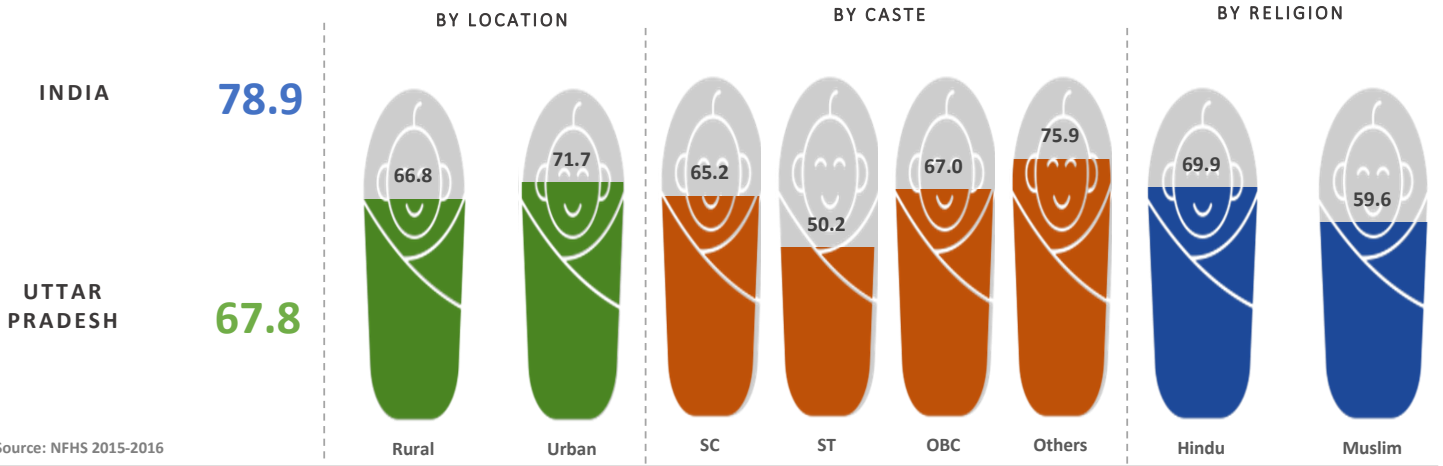
MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)



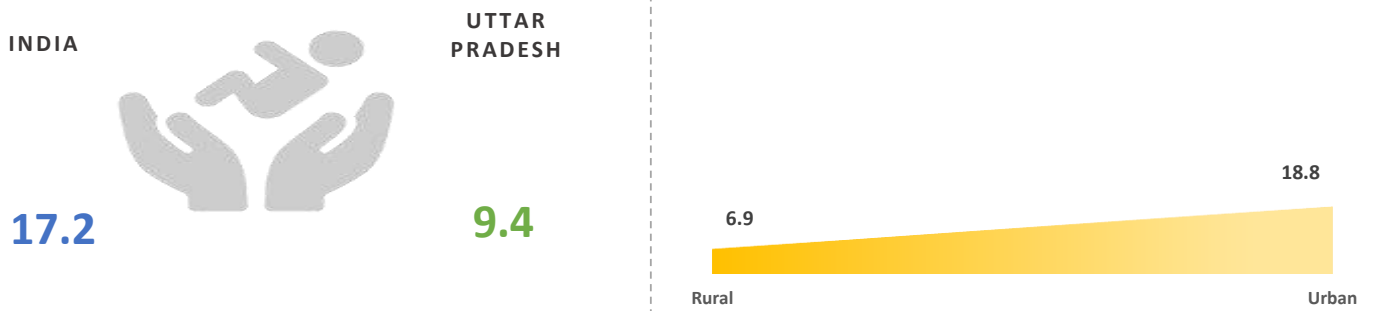
- The state shows low utilization of antenatal care services among all women and postnatal care services especially among STs.
- Extreme low consumption rate of IFA tablets during pregnancy, with the state recording a meagre 13% in comparison to a national total of 30%.

DELIVERY CARE

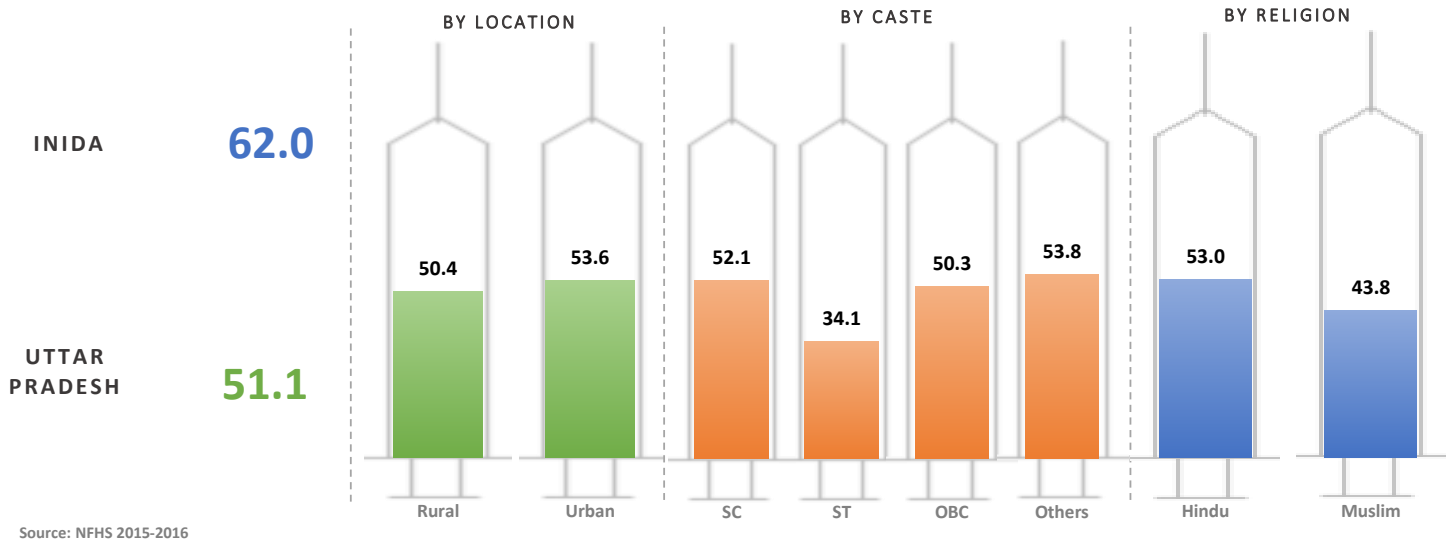
INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)



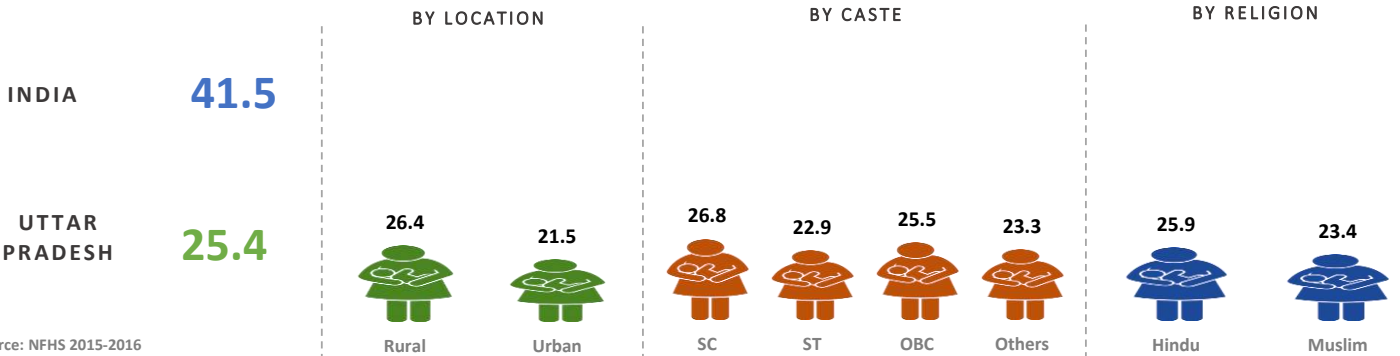
CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



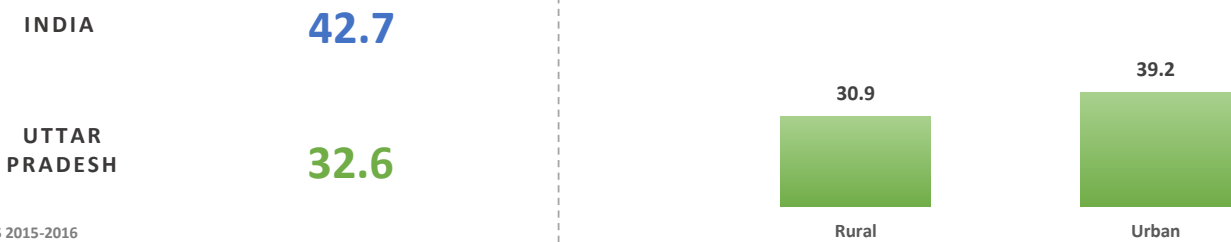
- Both institutional delivery and immunization is a concern among Scheduled Tribe population.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

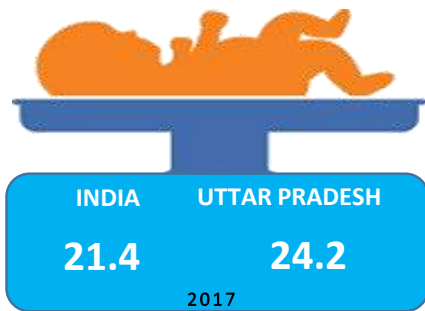
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



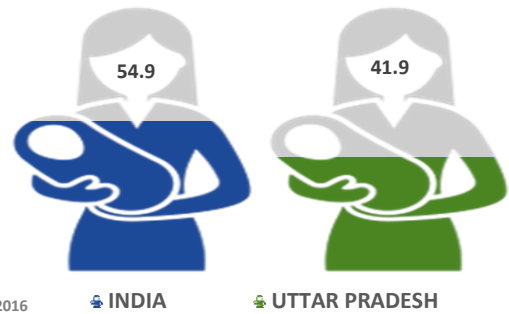
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



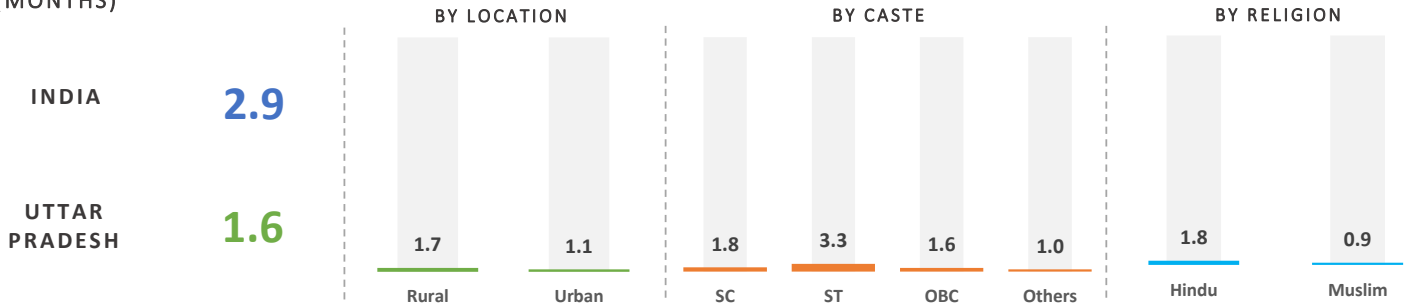
PREVALENCE OF LOW BIRTHWEIGHT (%)



CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



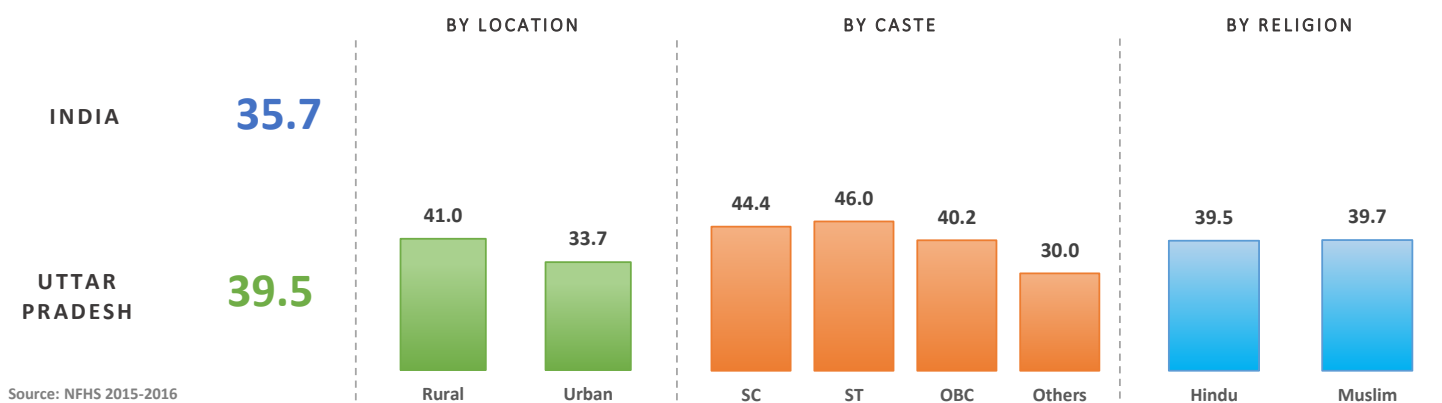
MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING AMONG LAST-BORN CHILDREN BORN IN THE LAST THREE YEARS (MONTHS)



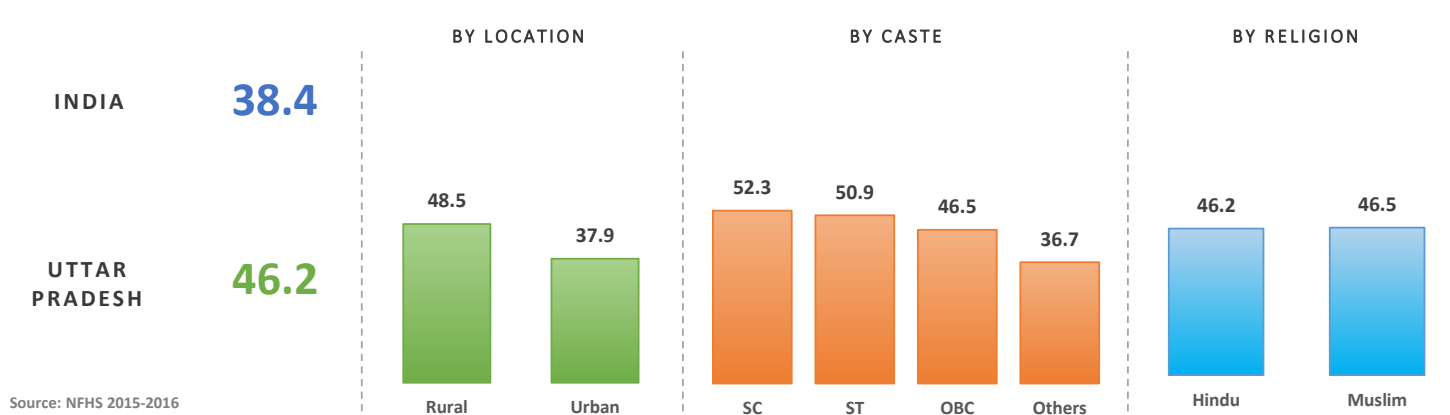
Note:- Comparable data for muslim is not available.

- 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.
- 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.

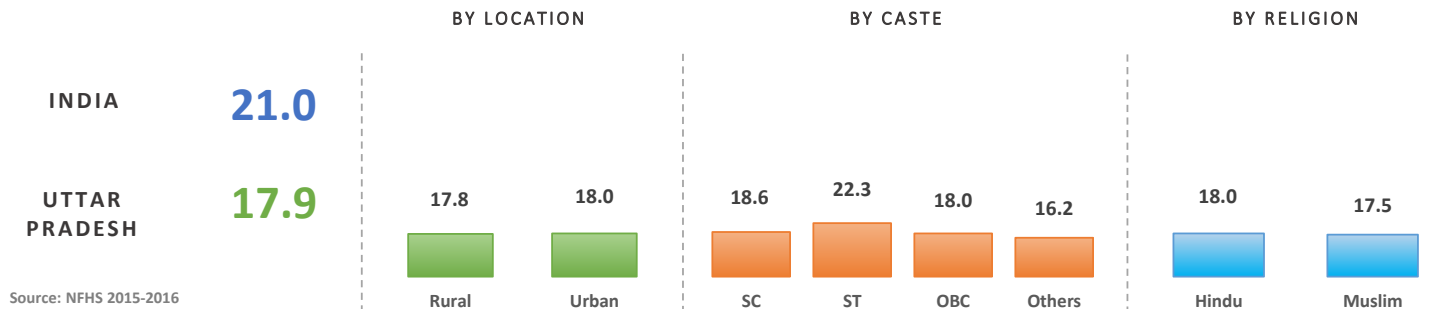
CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)



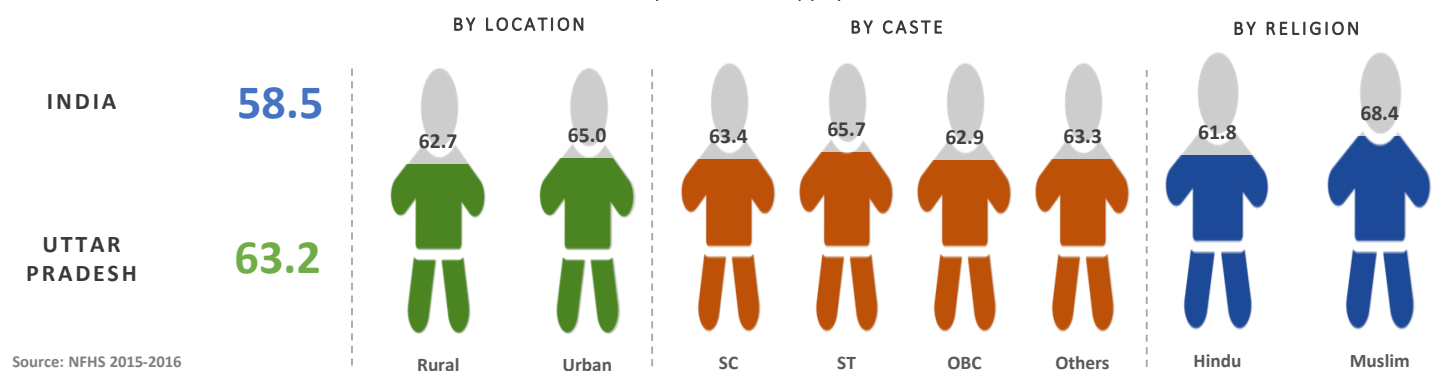
CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)



CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)



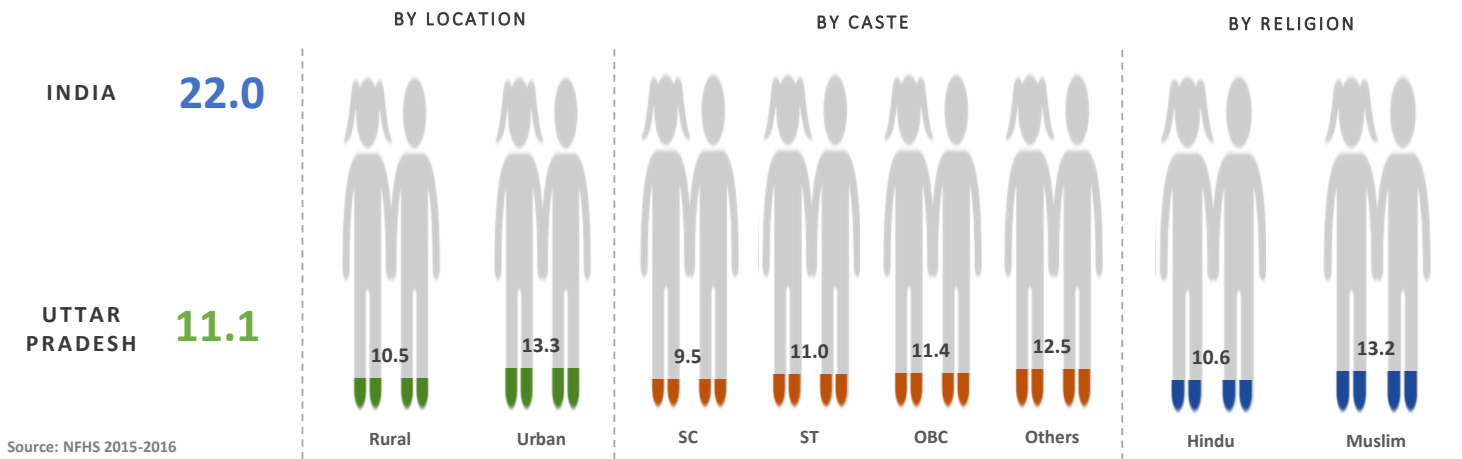
CHILDREN AGE 6-59 MONTHS WHO ARE ANAEMIC (<11.0 G/DL)(%)



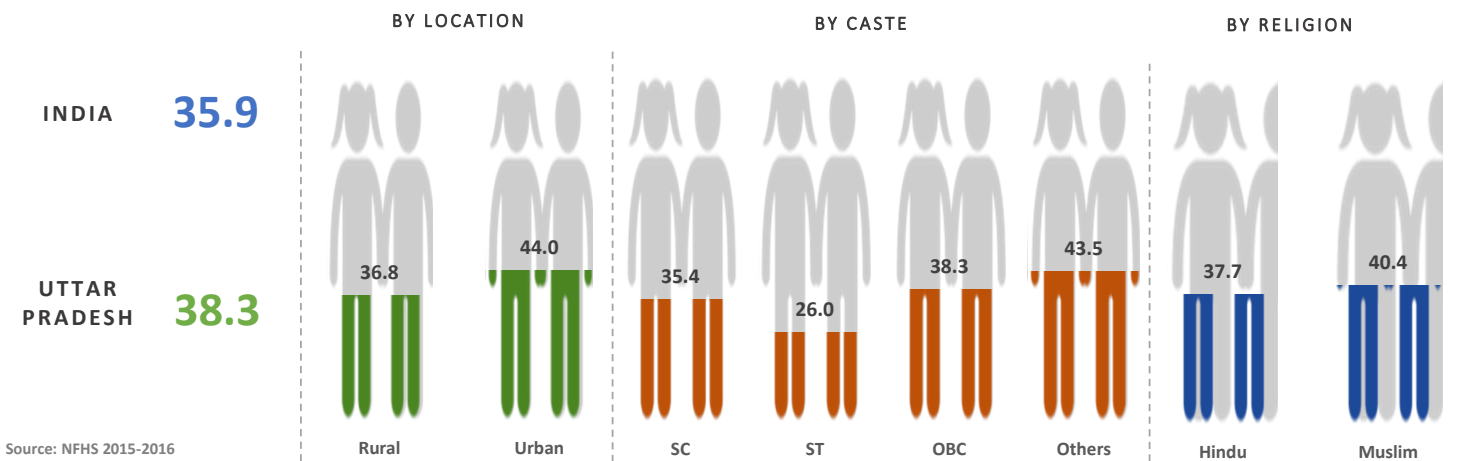
- While the state fares badly in child stunting and underweight figures (46.2% & 39.5% respectively), the prevalence of this is further high among the Scheduled Caste and Scheduled Tribe communities.
- Percentage of anemic children is more in the state compared to national average. The figure is highest 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 (%)



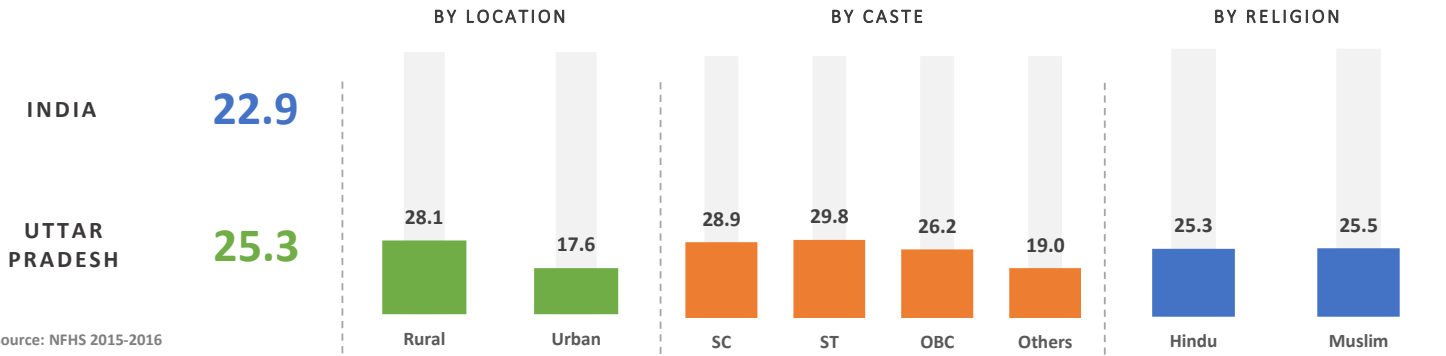
6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)



- 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.

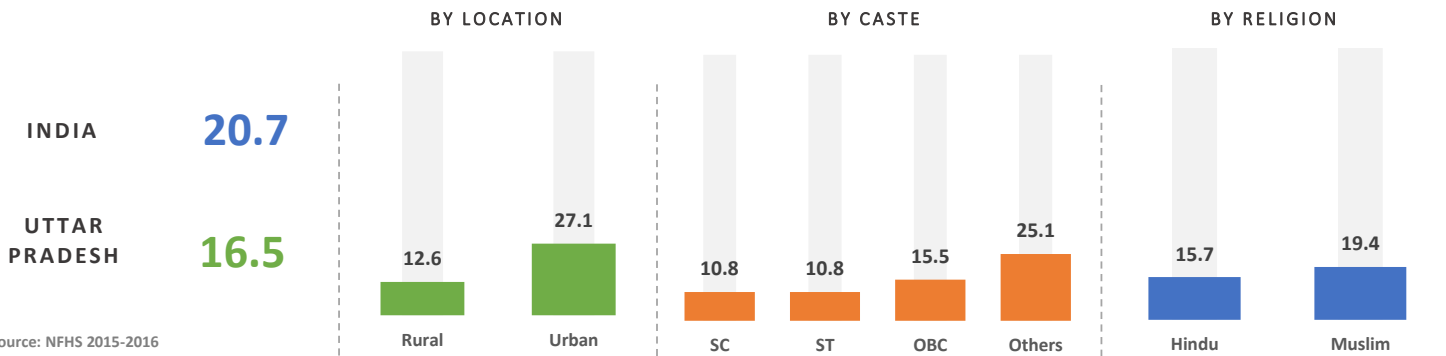
NUTRITIONAL STATUS OF WOMEN AND MEN

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



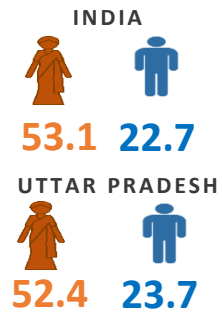
Source: NFHS 2015-2016

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



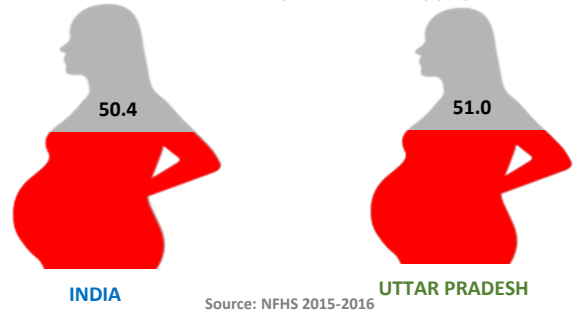
Source: NFHS 2015-2016

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

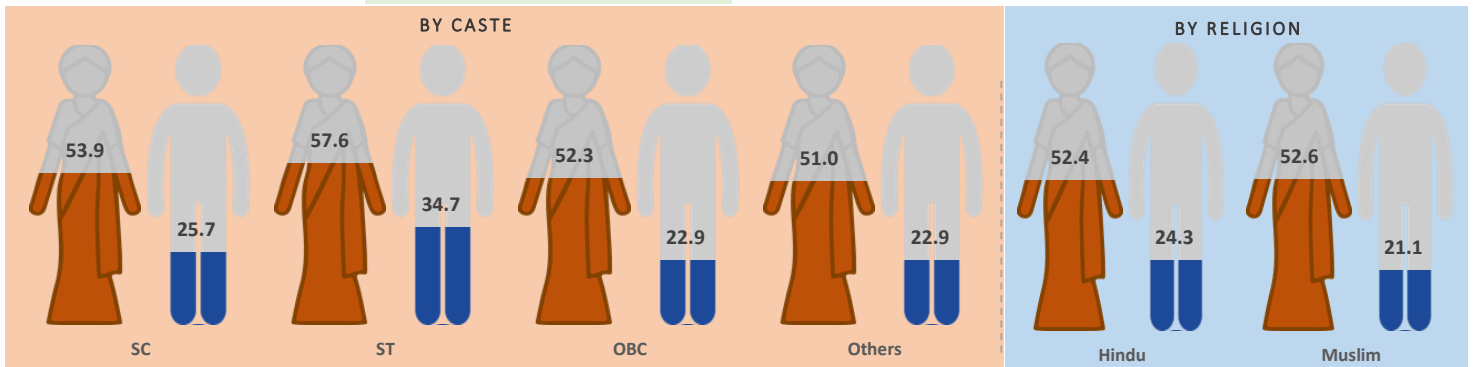
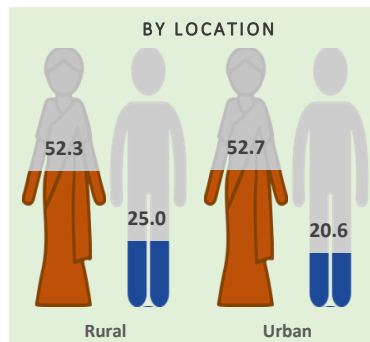


Source: NFHS 2015-2016

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



Source: NFHS 2015-2016



- 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.

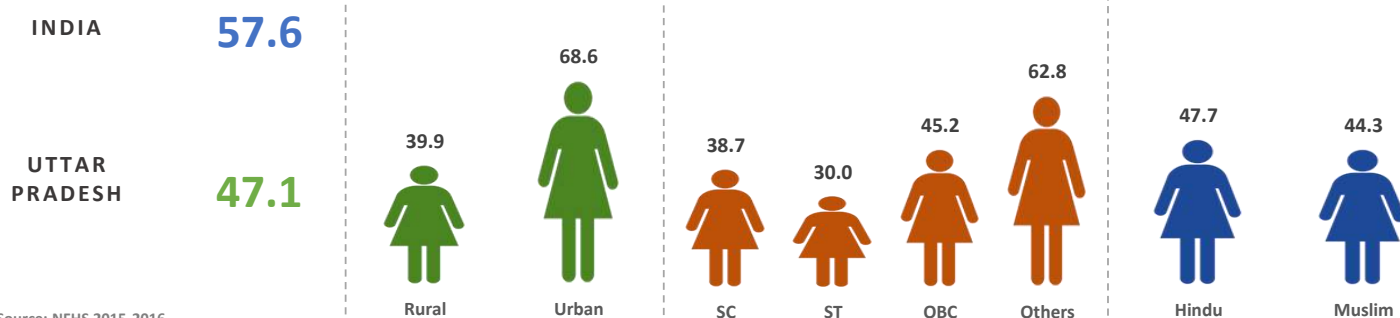
MENSTRUAL HYGIENE

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

BY LOCATION

BY CASTE

BY RELIGION



Source: NFHS 2015-2016

OTHER HEALTH ISSUES

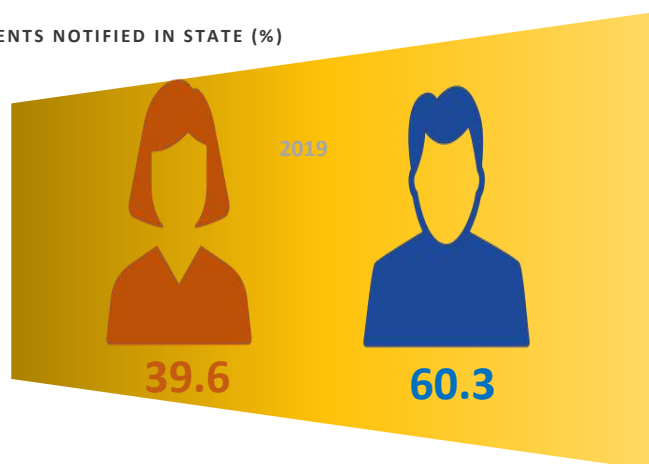
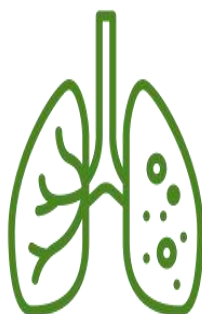
PERSONS SUFFERING FROM TUBERCULOSIS

OUT OF TB PATIENTS NOTIFIED IN STATE (%)

INDIA 2,404,815

UTTAR PRADESH 486,385

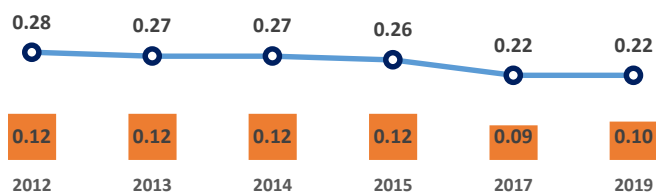
20.2% OUT OF TB PATIENTS NOTIFIED IN INDIA



Source: India TB Report 2020

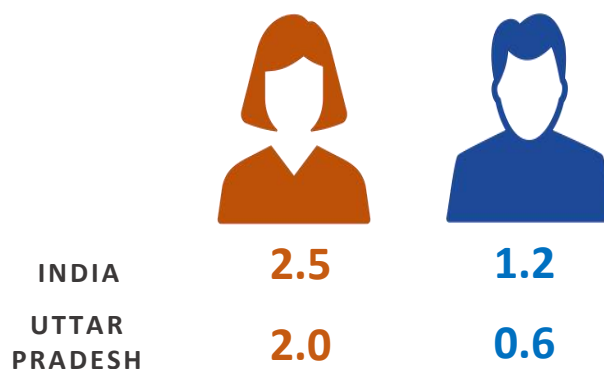
PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

UTTAR PRADESH INDIA



Source: India NACO-Report

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



Source: NFHS 2015-2016

- Prevalence of unsafe menstrual practices is a major concern in the state with around 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.

HEALTH EXPENDITURES

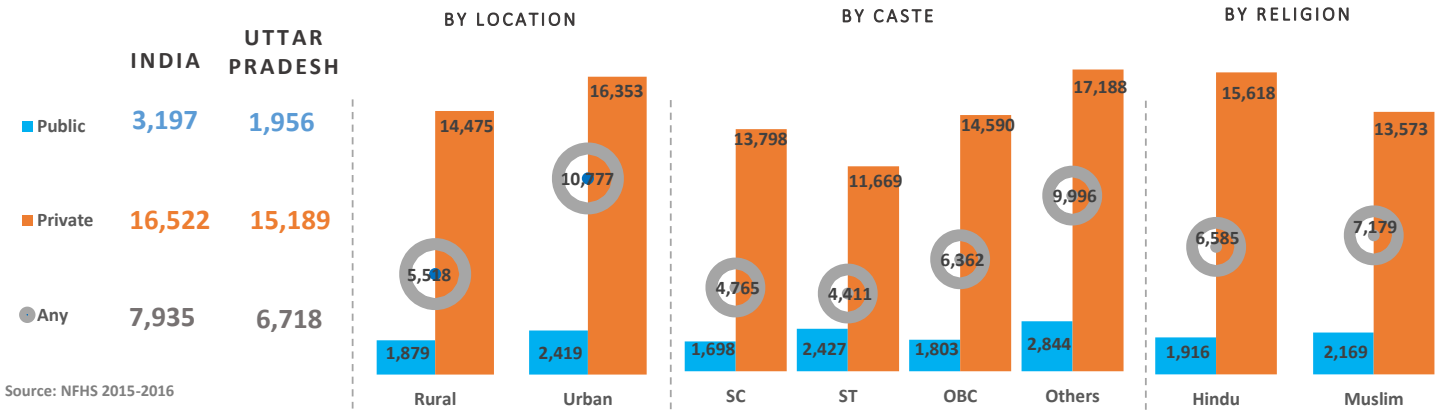
GOVERNMENT HEALTH EXPENDITURE (%
OF TOTAL HEALTH EXPENDITURE)

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



Source: National Health Accounts Estimates for India 2016-17

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 only around 20% in the state, whereas out of pocket health expenditure is around 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
 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	Uttar Pradesh
Sub Centres and HWC-SCs	23.0	40.2
PHCs and HWC-PHCs	28.2	49.2
CHCs	36.9	53.0

Source: Rural Health Statistics 2019

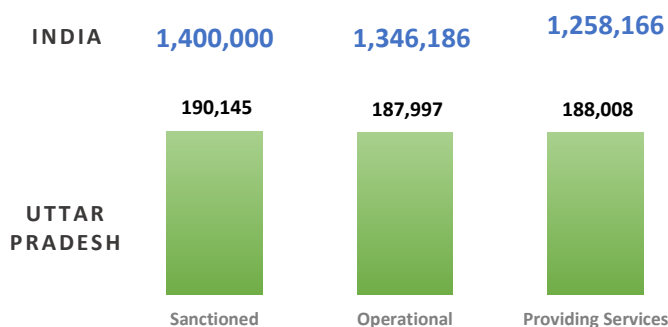
SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

India Uttar Pradesh

	India	Uttar Pradesh
Anganwadi Workers	4.7	6.5
ASHA	Surplus	2.6
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	82.2

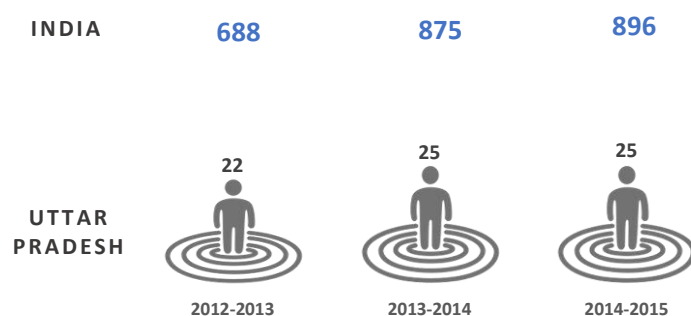
Source: Rural Health Statistics 2019

NUMBER OF AWCs



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

NUMBER OF NUTRITIONAL REHABILITATION CENTRES



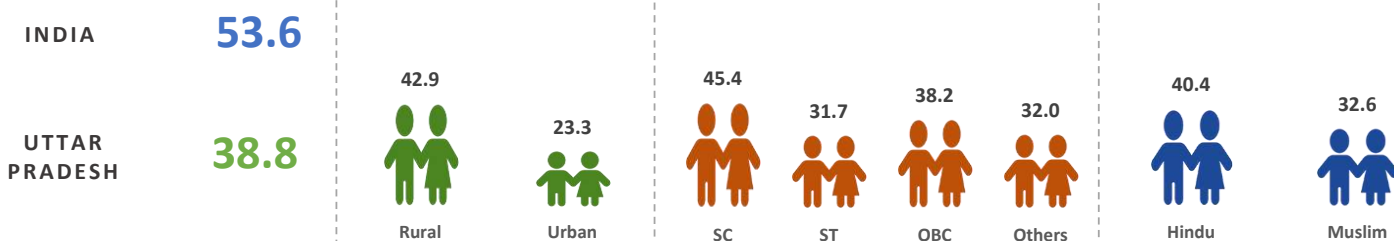
Source: PIB 2012-13, 2013-14 & 2014-15

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

BY LOCATION

BY CASTE

BY RELIGION



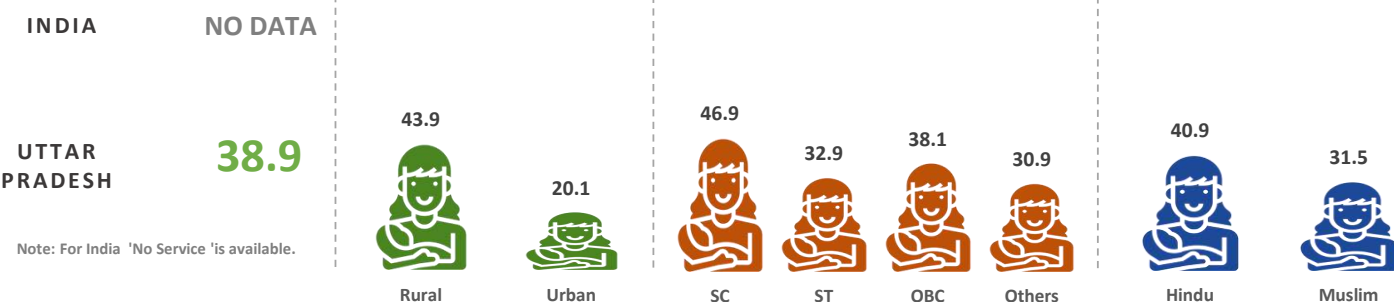
Source: NFHS 2015-16

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

BY LOCATION

BY CASTE

BY RELIGION

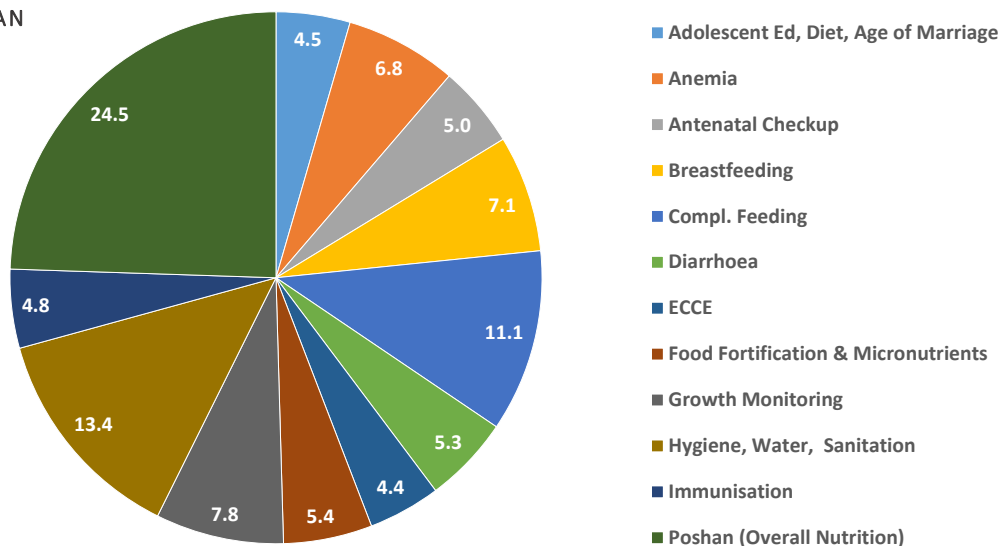


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state has 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.

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	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/#/>

WOMEN EMPOWERMENT

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

INDIA **25.0** UTTAR PRADESH **13.7**



Source: Annual Report PLFS 2018-19

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

INDIA **26.5** UTTAR PRADESH **14.1**



Source: Annual Report PLFS 2018-19

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

INDIA **5.5** UTTAR PRADESH **2.7**



Source: Annual Report PLFS 2018-19

WOMEN HEADED ESTABLISHMENTS

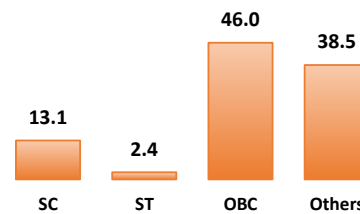
INDIA **8,050,819** UTTAR PRADESH **482,379**

6.0% Out of India's Women Headed Establishments

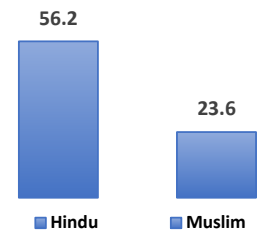
7.2% Out of State's Total Establishments- Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

BY CASTE



BY RELIGION



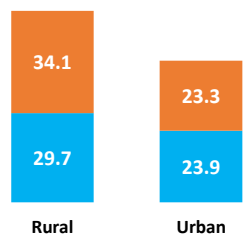
MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

INDIA **18.7** UTTAR PRADESH **27.9**

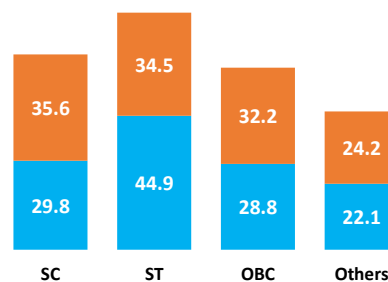
MALE **18.7** FEMALE **18.8**

UTTAR PRADESH **27.9** **31.3**

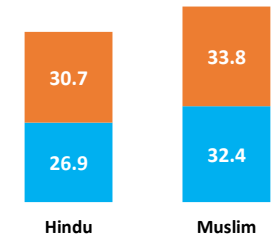
BY LOCATION



BY CASTE



BY RELIGION

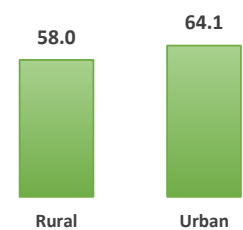


Source: NFHS 2015-2016

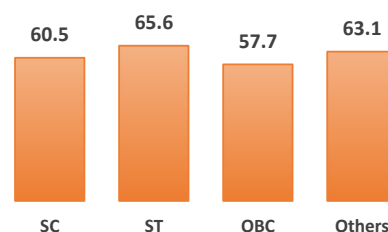
CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS* (%)

INDIA **63.0** UTTAR PRADESH **59.6**

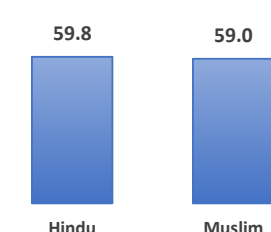
BY LOCATION



BY CASTE



BY RELIGION



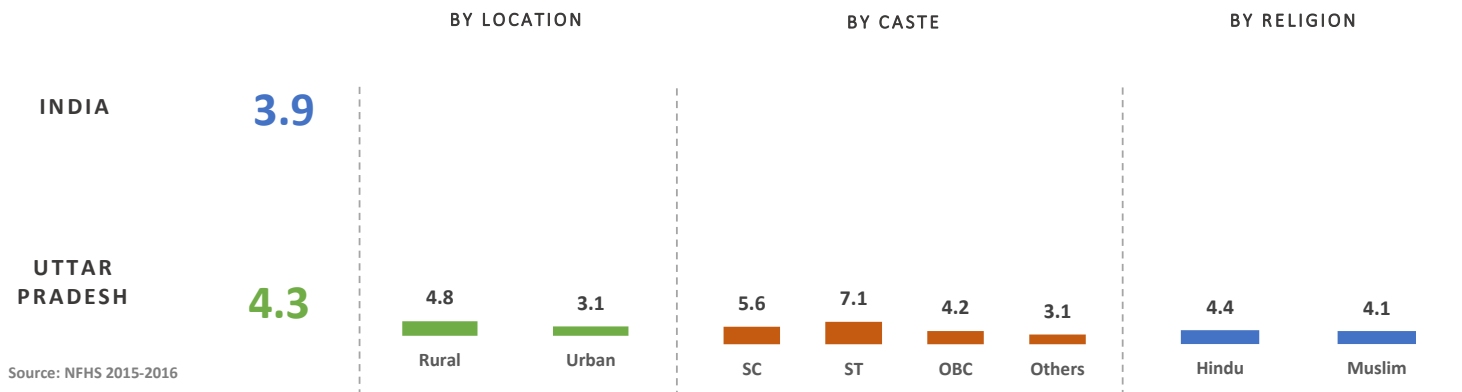
* Three Decisions

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

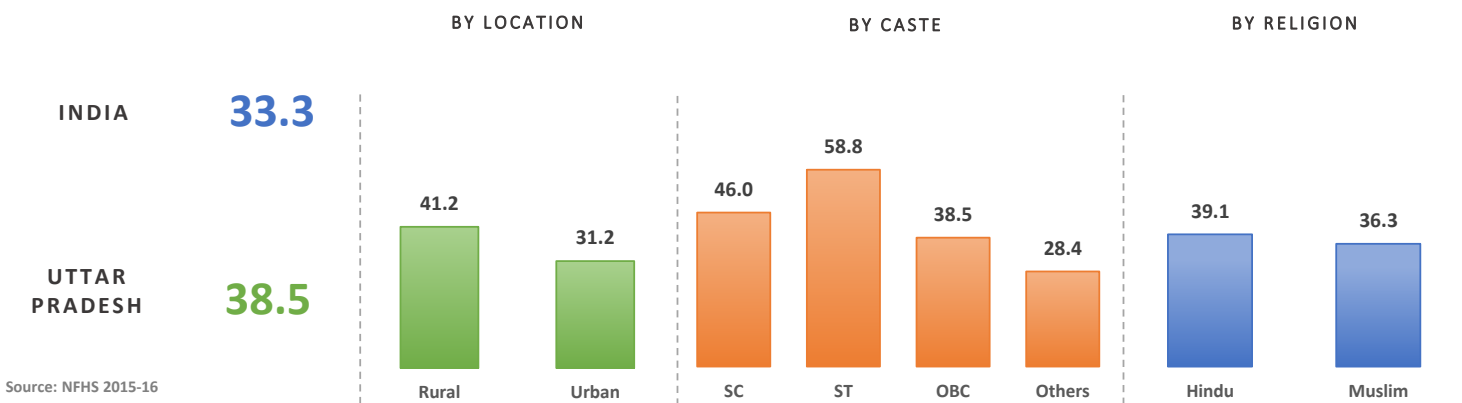
Source: NFHS 2015-16

- 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.

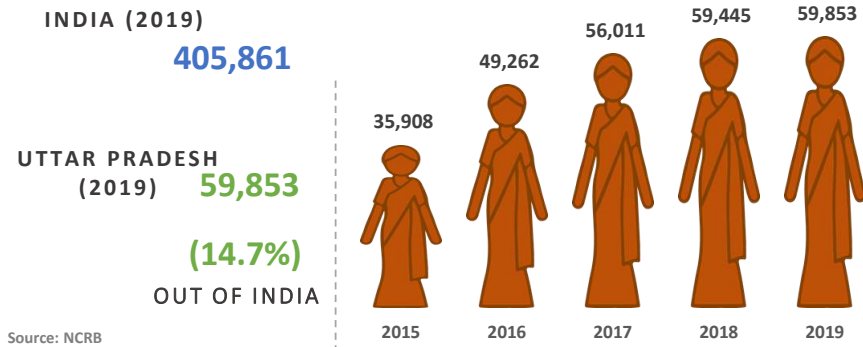
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



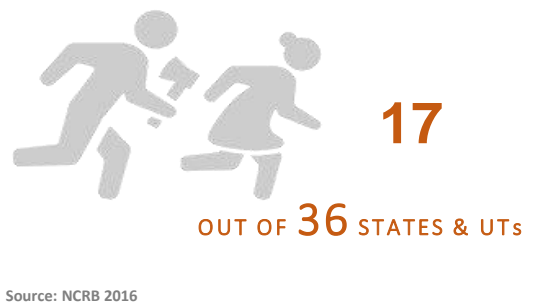
WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)



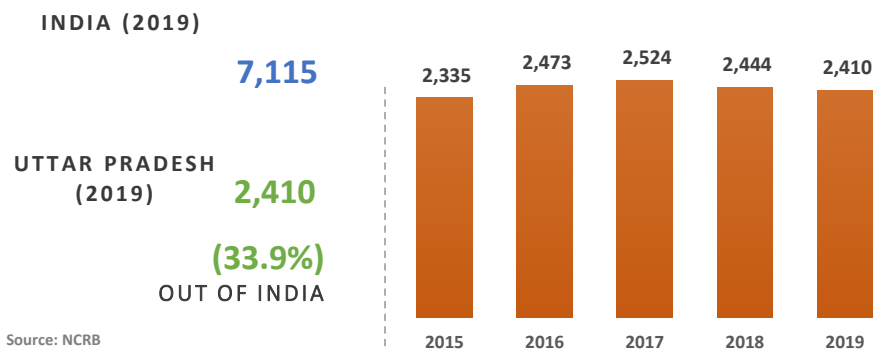
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



DOWRY DEATHS REPORTED (No.)



WOMEN TRAFFICKING CASES REPORTED (No.)



FEMALE SUICIDE CASES (No.)

INDIA	41,493
UTTAR PRADESH	2,231

Source: ADSI 2019

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	UTTAR PRADESH
FOETICIDES	137	4
INFANTICIDES	73	3

Source: NCRB 2019

- Every two out of five women in the state are having an abusive history.
- There has been an increase of 67% 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 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



360,023

SHGs HAVING BANK ACCOUNT* (%)



72.8

SHGs HAVING CREDIT LINKED (%)



NO DATA

TOTAL VILLAGE ORGANIZATIONS FORMED



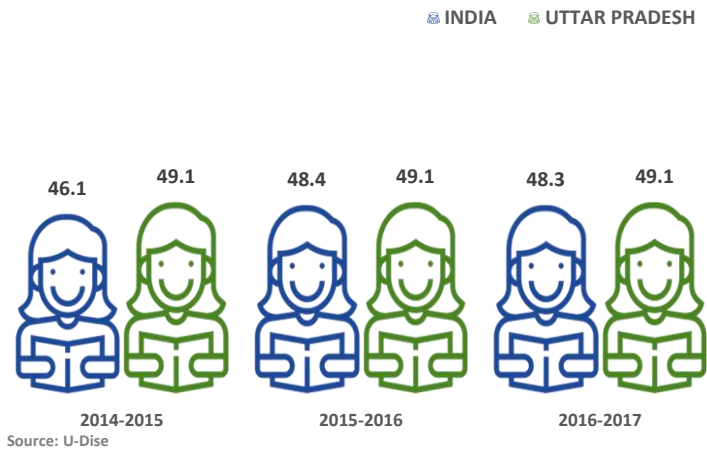
15,552

TOTAL CLUSTER LEVEL FEDERATIONS

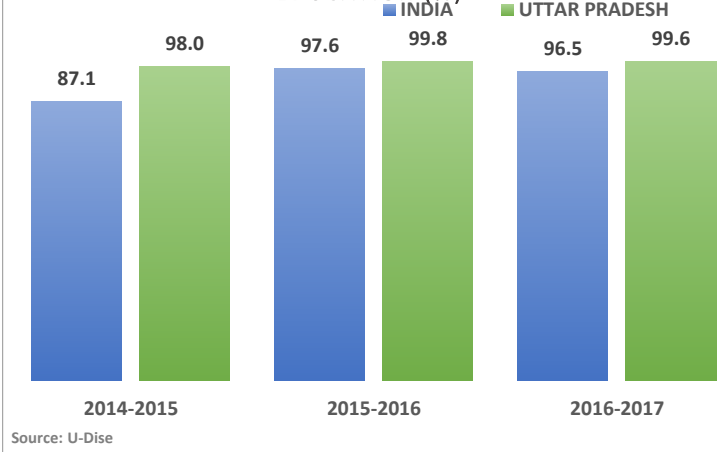


742

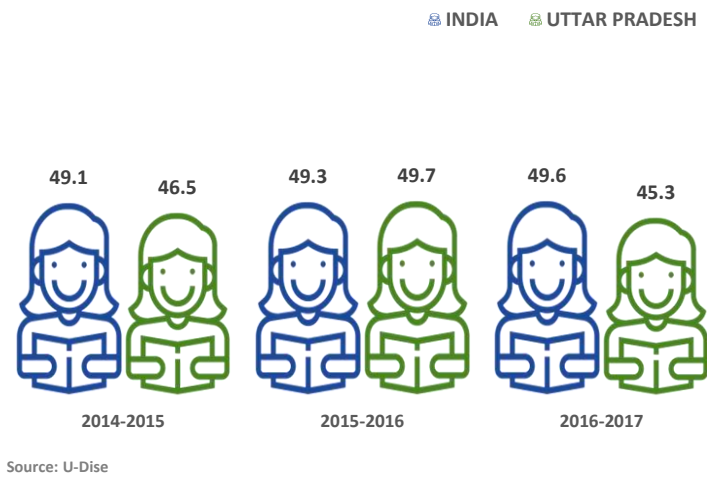
GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)



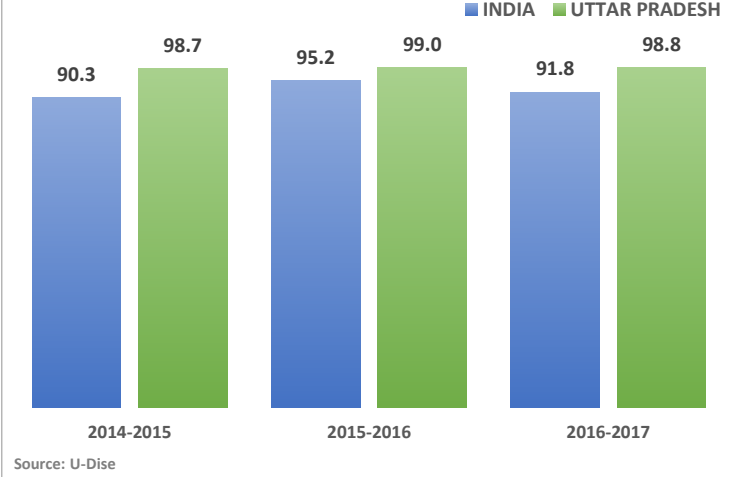
SCHOOLS HAVING GIRL'S TOILET IN ELEMENTARY EDUCATION (%)



GIRLS ENROLMENT IN SECONDARY EDUCATION (%)



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



- 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.