

# UTTARAKHAND FACTSHEET 2020



Picture Courtesy: AMAN, Almora, Uttarakhand

DEVELOPED BY:



ऑक्सफैम इंडिया  
**OXFAM**  
India

THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

## BACKDROP

In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national coalition for civil society organizations from 15 states in the country to bring certain macro-level changes that can help to achieve the envisaged health, nutrition and women's economic empowerment outcomes through a common platform. It is believed that this platform will give a collective voice to the people and has the capacity to negotiate and influence the state for the necessary integration of health, nutrition and gender under the government flagship programmes like NRLM, NHM, ICDS and others. Oxfam India acts as an interim Secretariat for this coalition at the national level to provide necessary support for its effective functioning. As the thematic areas of work of this coalition are being looked through the lens of gender discrimination and social inclusion, emphasis is being given on Dalits, Adivasis and Muslims communities.

As evidence generation is one of the key strategies for functioning of this coalition, Oxfam India intended to develop a state factsheet for each of the target states to highlight health, nutrition and women empowerment related issues of the state.

Only the important indicators related to health, nutrition and women empowerment have been included in this factsheet and presentation of segregated data is limited to only locations (rural & urban), caste categories (SC, ST, OBC & Others) and religious groups (Hindus & Muslims). As data for other religious categories are not available for all indicators for all sources, only two religious groups have been considered for the present analysis.

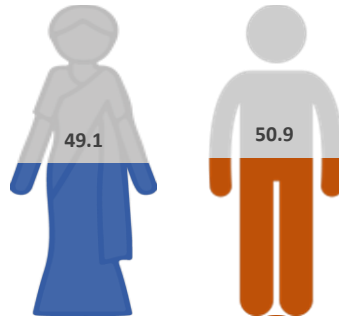
# STATE AT A GLANCE

## OVERALL POPULATION



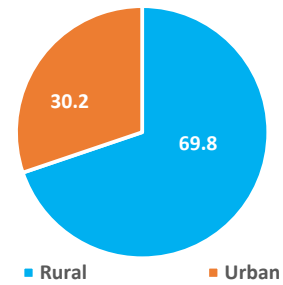
Source: Census 2011

## STATE POPULATION BY SEX (%)



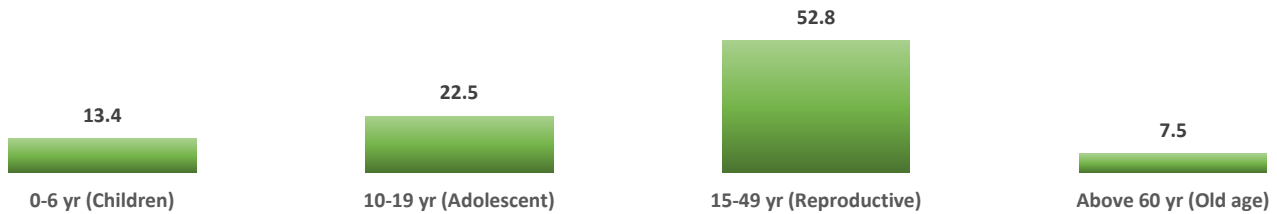
Source: Census 2011

## STATE POPULATION BY LOCATION (%)



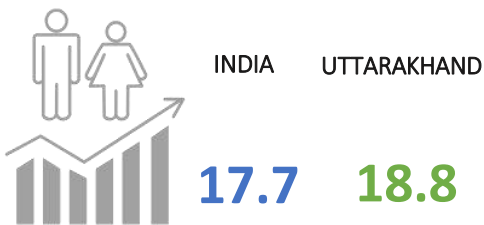
Source: Census 2011

## STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

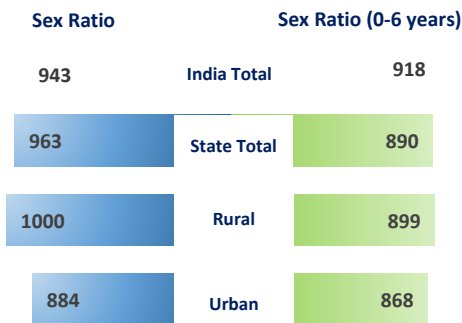
## \*DECADAL POPULATION GROWTH RATE (%)



\* Total population growth between 2001-2011

Source: Census 2011

## SEX RATIO (FEMALES PER 1000 MALES)



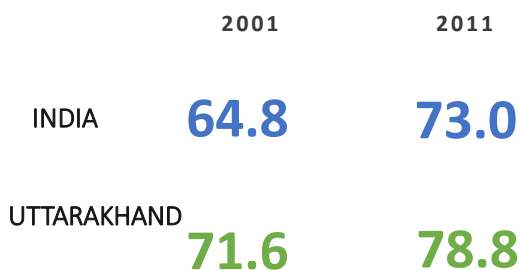
Source: Census 2011

## HEALTH INDEX (RANK)



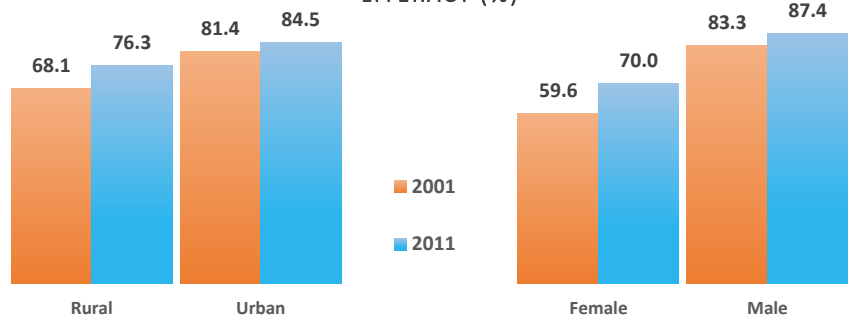
Source: Economic Survey 2020

## OVERALL LITERACY RATE (%)



Source: Census

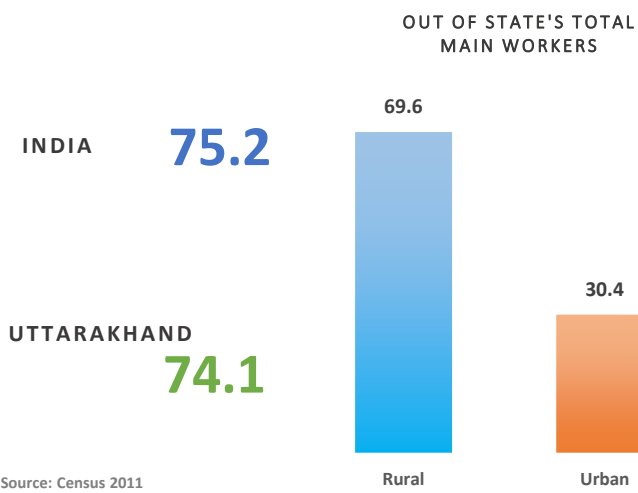
## LITERACY RATE BY LOCATION AND SEX OUT OF STATE'S TOTAL LITERACY (%)



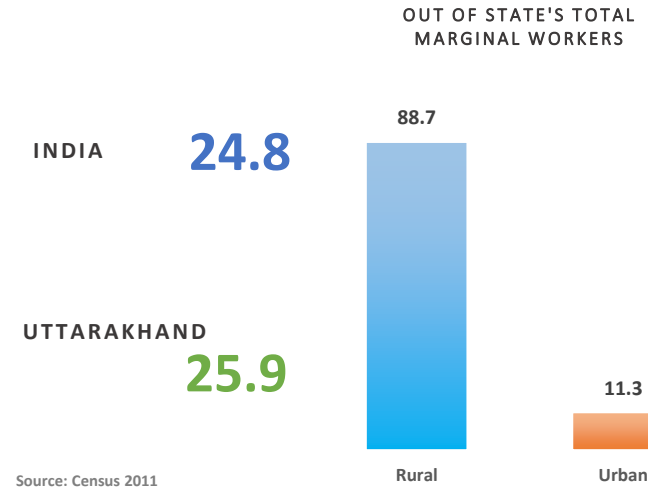
Source: Census

- 70% of the state's population lives in rural areas.
- Uttarakhand's decadal population growth rate only 1 point more than India.
- Sex ratio in urban area and child sex ratio in both rural and urban areas are matters of concern in the state.
- The state stands at fifth position from bottom in health index rank.
- State has low female literacy rate compared to male literacy with 30% of its women not knowing how to read and write.

### 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
Udham Singh Nagar	6	69	27	2	5	2	5
Haridwar	24	64	29	41	13	6	29

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.

- Above a quarter of the workers of the state don't get work for six months in a year, which suggests to improve the employment opportunities in the state.
- The state has two aspirational districts which score well in financial inclusion and skill development, as they fall in the top 20 in India while ranking for both of these sectors.

## PROPORTION OF VULNERABLE POPULATION

### OVERALL SCHEDULE CASTE (SC) POPULATION

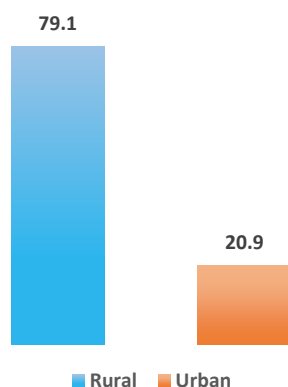
INDIA **201,378,372**

UTTARAKHAND **1,892,516**

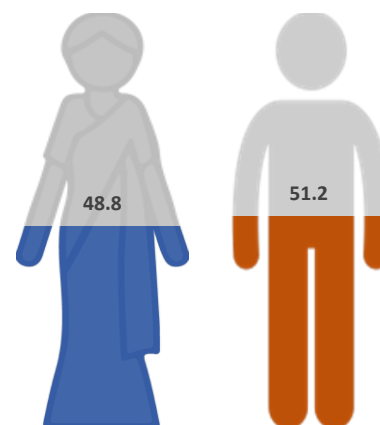
**(0.9%)**

Out of India's SC population

### SC POPULATION BY LOCATION (%)



### SC POPULATION BY SEX (%)



Source: Census 2011

### OVERALL SCHEDULE TRIBE (ST) POPULATION

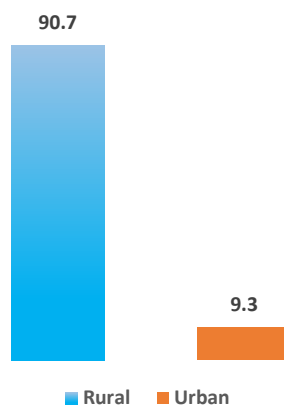
INDIA **104,545,716**

UTTARAKHAND **291,903**

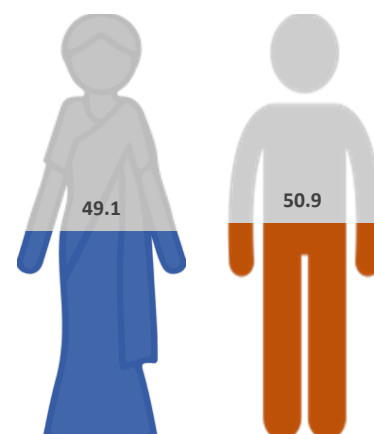
**(0.3%)**

Out of India's ST population

### ST POPULATION BY LOCATION (%)



### ST POPULATION BY SEX (%)



Source: Census 2011

### OVERALL MUSLIM POPULATION

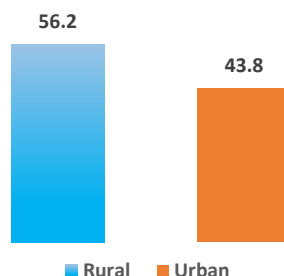
INDIA **172,245,158**

UTTARAKHAND **1,406,825**

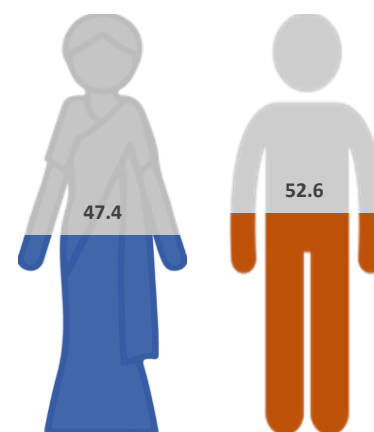
**(0.8%)**

Out of India's Muslim population

### MUSLIM POPULATION BY LOCATION (%)



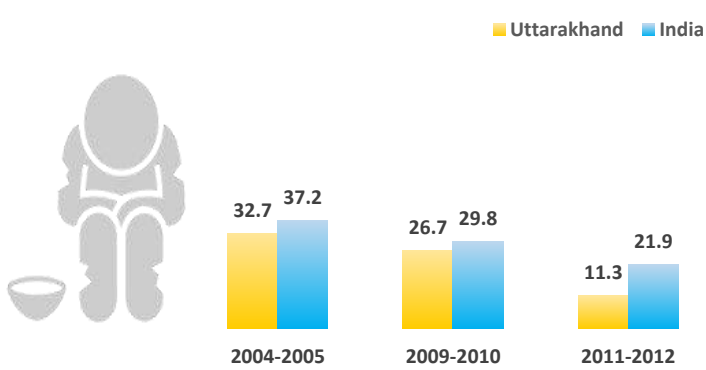
### MUSLIM POPULATION BY SEX (%)



Source: Census 2011

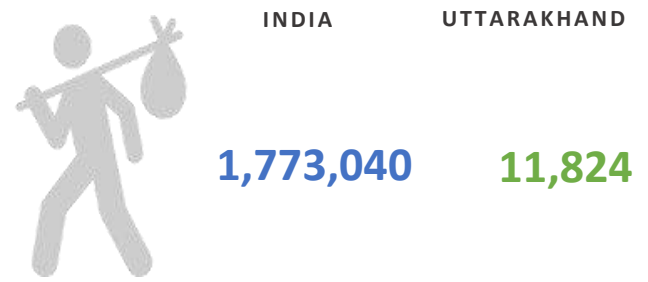
- Scheduled castes, Scheduled Tribes and Muslims contribute to 18.8%, 3.0% and 13.9% respectively of the total state population, reflecting the lowest contribution of ST population.

### POPULATION LIVING BELOW POVERTY LINE (%)



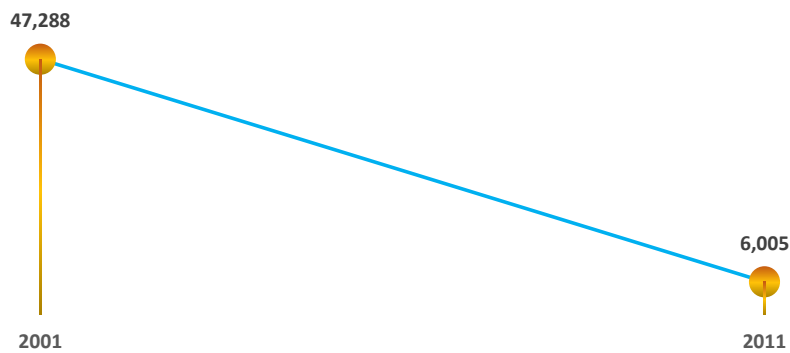
Source: Planning Commission (As Per Tendulkar Estimation)

### HOUSELESS POPULATION (No.)



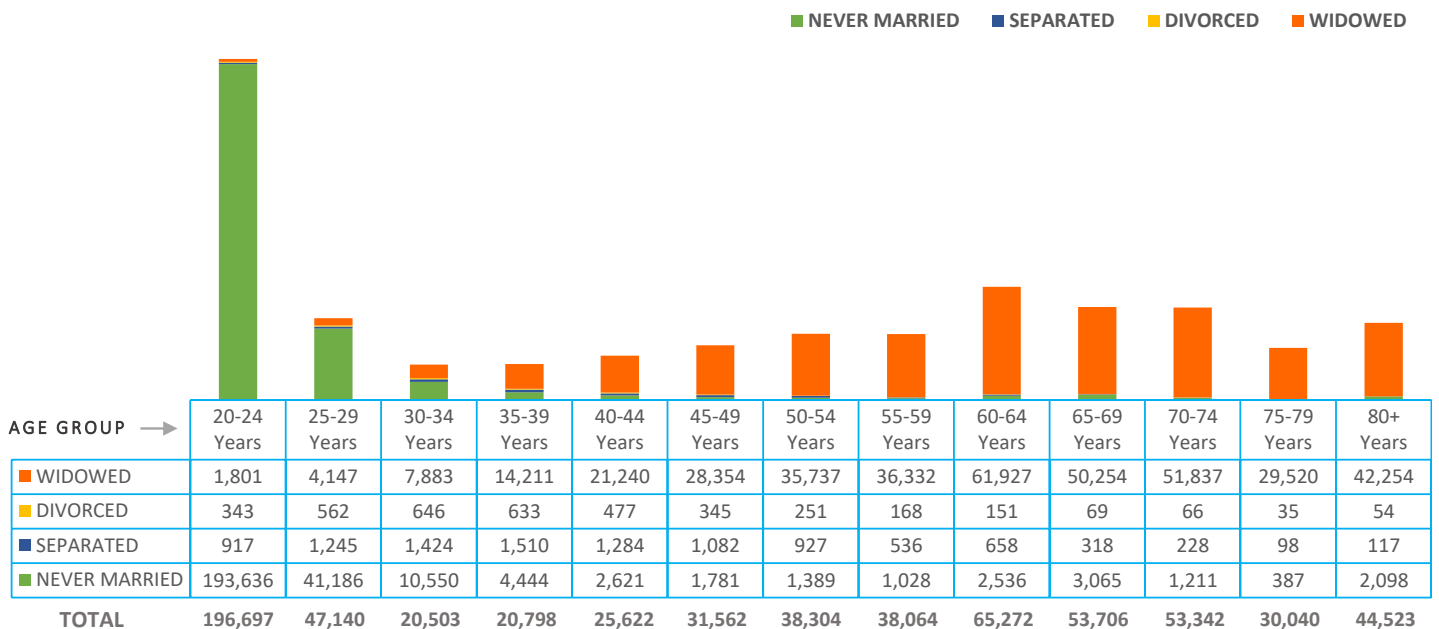
Source: Census 2011

### NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)



Source: Statistical Profile Of Scheduled Tribes In India 2013

### AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- There is a reduction of 21 percentile points in the state's BPL population between 2004-05 and 2011-12.
- There is a severe depletion in the state's PVTG population. The PVTG population of the state has come down from around 47000 to nearly 6000 in last 10 years (2001-2011).
- Nearly 2.5 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**

UTTARAKHAND'S TOTAL PERSON WITH DISABILITIES

**185,272**

(0.7%)

OUT OF WHICH

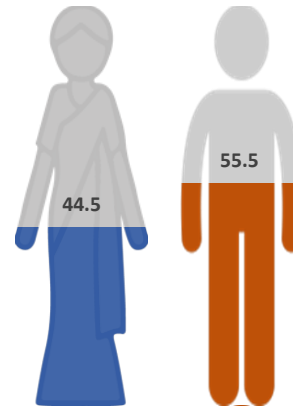
**2,116,698**

**20,524**

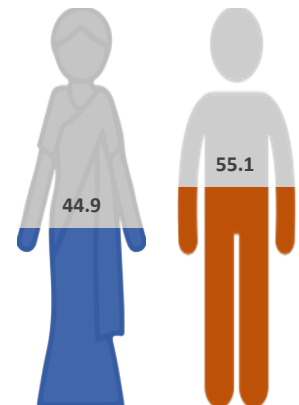
(1.0%)

REPORTED MULTIPLE DISABILITIES

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



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



Source: Census 2011

## CHILDREN (0-4 YEARS) WITH DISABILITIES

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

**1,291,637**

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

**7385**

(0.6%)

OUT OF WHICH

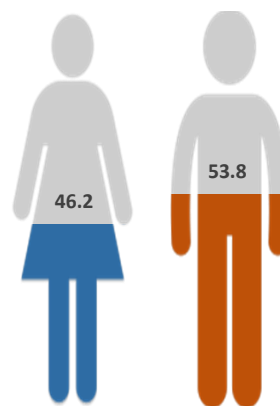
**78,662**

**733**

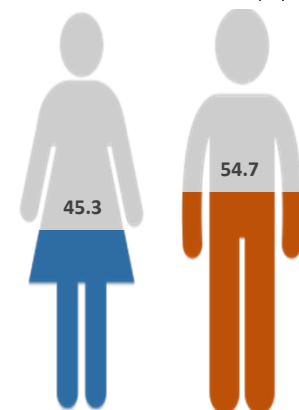
(0.9%)

REPORTED MULTIPLE DISABILITIES

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



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



Source: Census 2011

## CHILDREN (5-9 YEARS) WITH DISABILITIES

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

**1,955,926**

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

**12,343**

(0.6%)

OUT OF WHICH

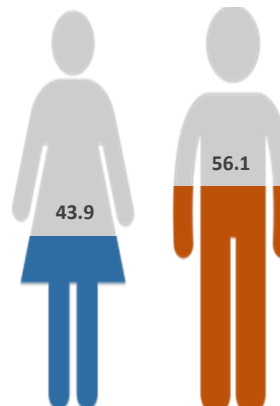
**187,492**

**1,695**

(0.9%)

REPORTED MULTIPLE DISABILITIES

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



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



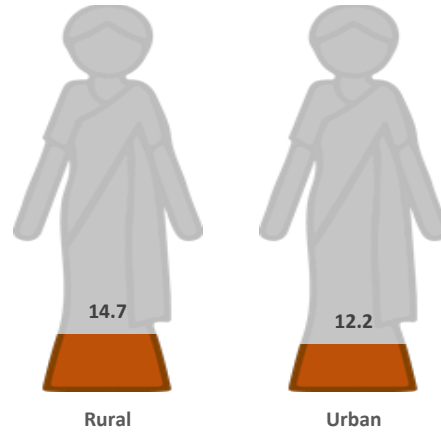
Source: Census 2011

- Nearly 2% of the state's population lives with different disabilities, out of which above 10% are with multiple disabilities.
- Out of total disabilities, above 10% of the children aged 0-9 years are living with disabilities in the state, whereas the proportion is more among children aged 5-9 years.
- More men and boys are found to be living with disabilities than women and girls across all age groups.

# HEALTH AND NUTRITION

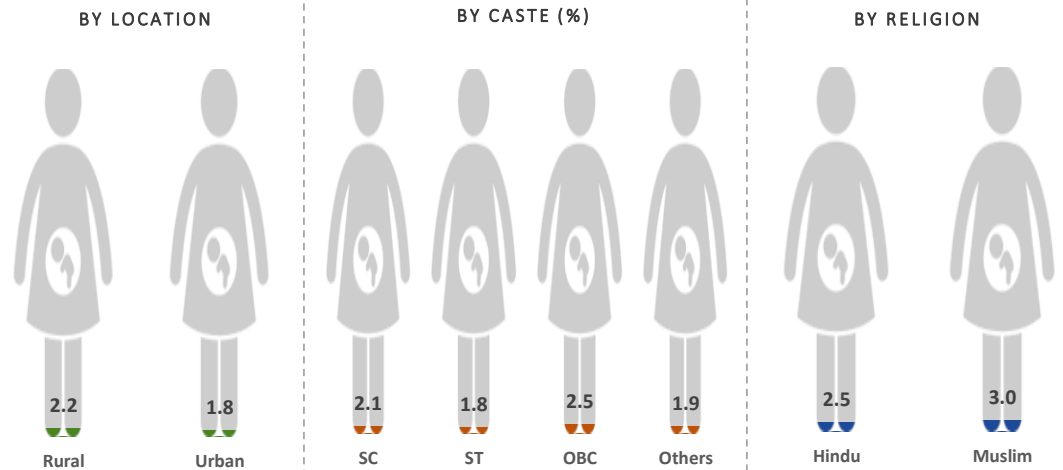
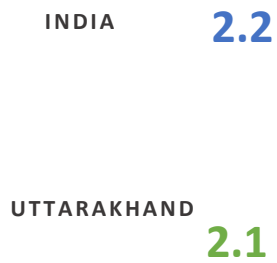
## MARRIAGE AND FERTILITY

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



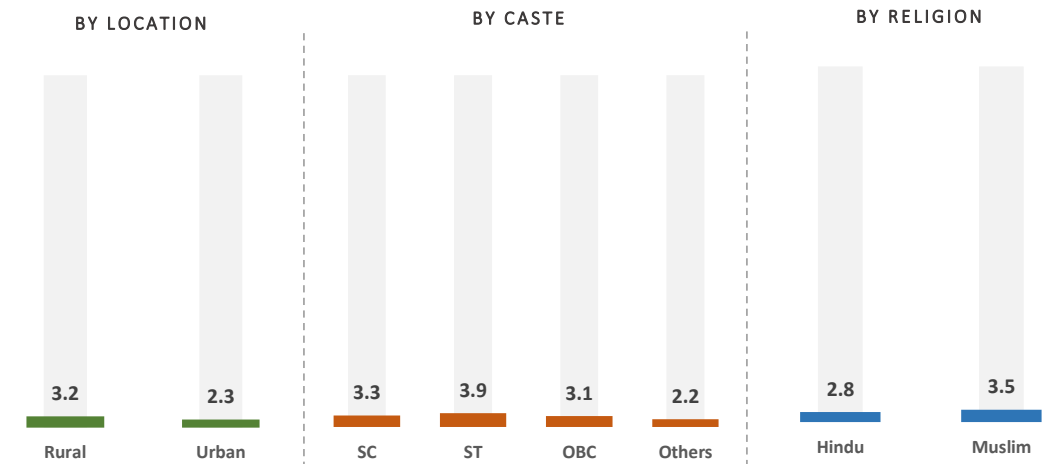
Source: NFHS 2015-2016

### TOTAL FERTILITY RATE (%)



Source: NFHS 2015-2016

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

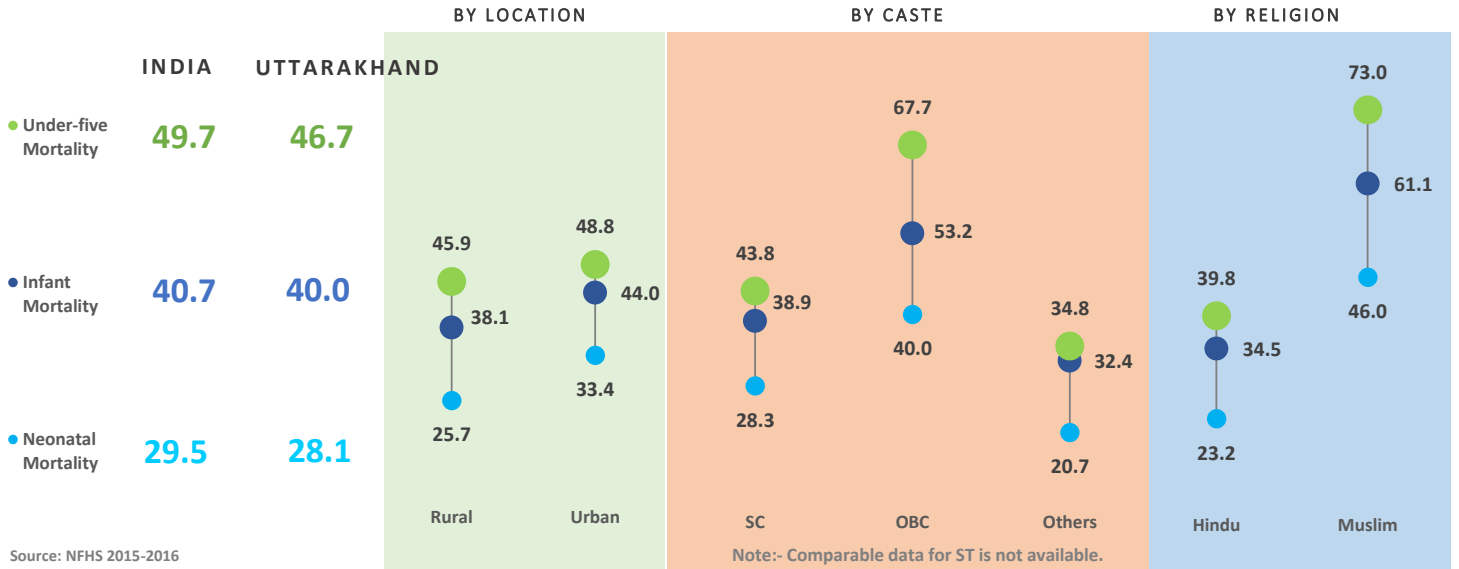


Source: NFHS 2015-2016

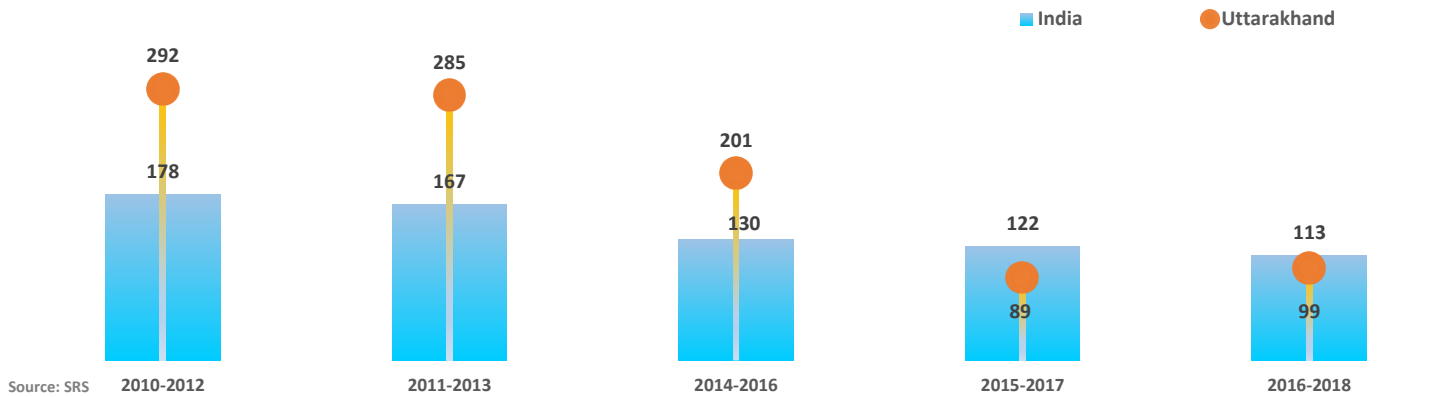
- Prevalence of early marriage and teenage pregnancy is somewhat less in the state when it is compared with national figure.
- The state records almost same rate of TFR in comparison to the national total with Muslims recording the maximum (3%).

## MORTALITY

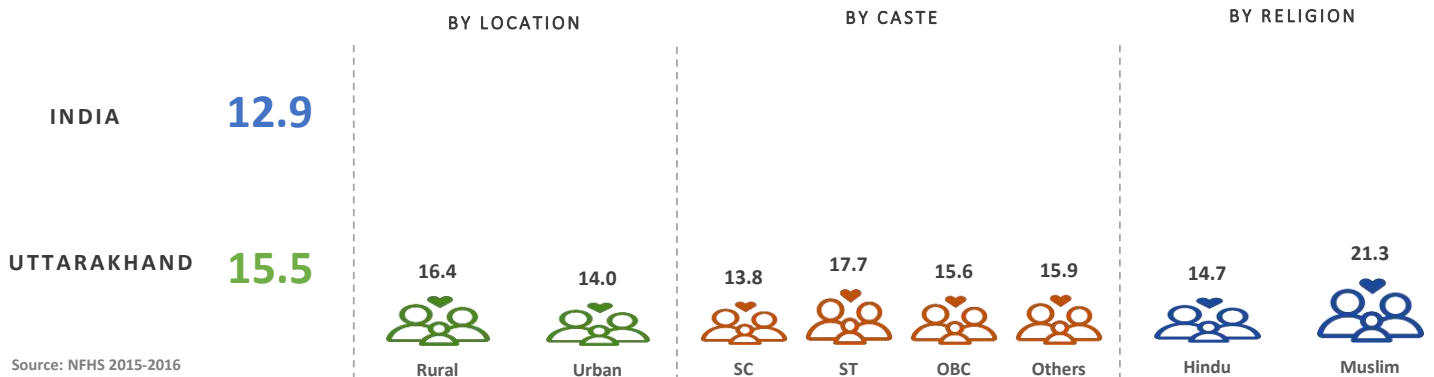
### MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



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



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

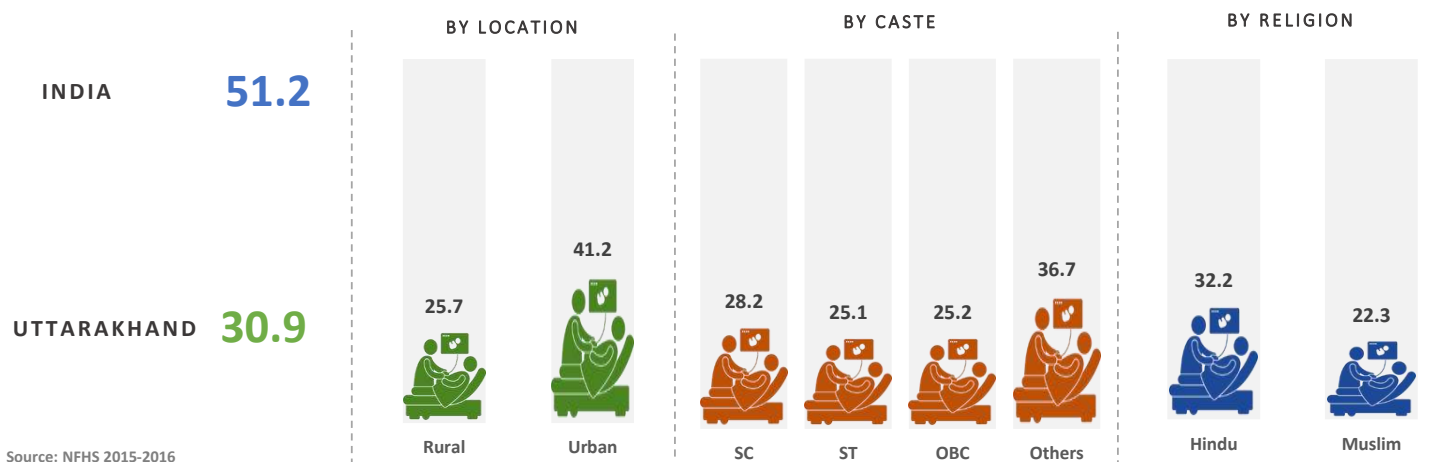


\* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

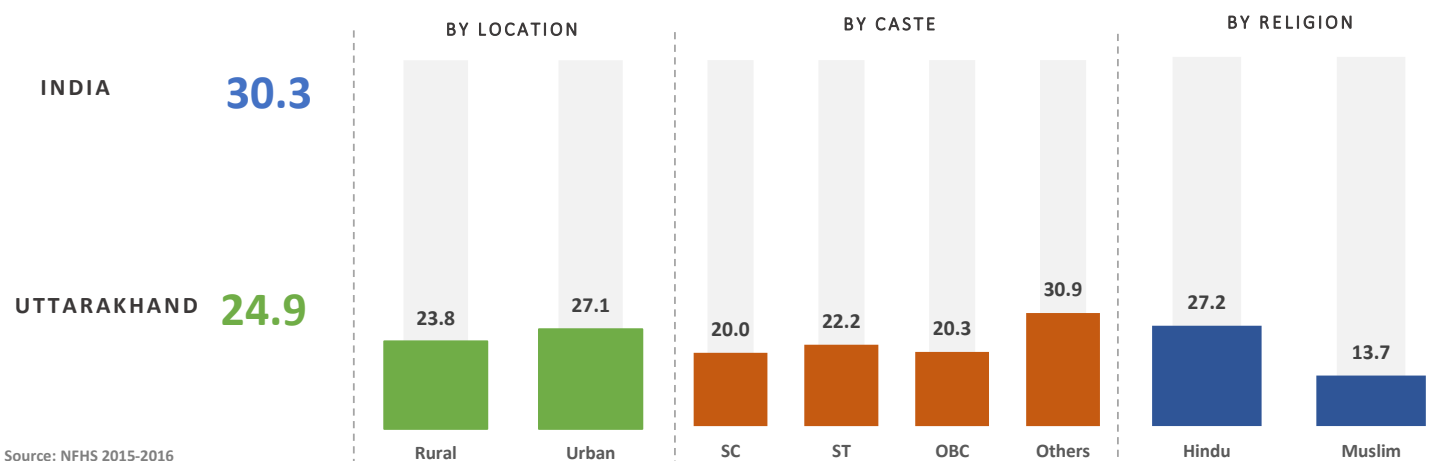
- While there is no much difference between state and national figures of different child mortality rates, the proportion is quite higher among Muslims and OBC communities.
- Maternal mortality rates in Uttarakhand is much lower in comparison to national average. There is a sharp decline in maternal mortality rate of the state since 2014-16.
- Prevalence of high unmet need among Muslim women in the state signifies the poor access to contraceptive measures.

## MATERNAL CARE

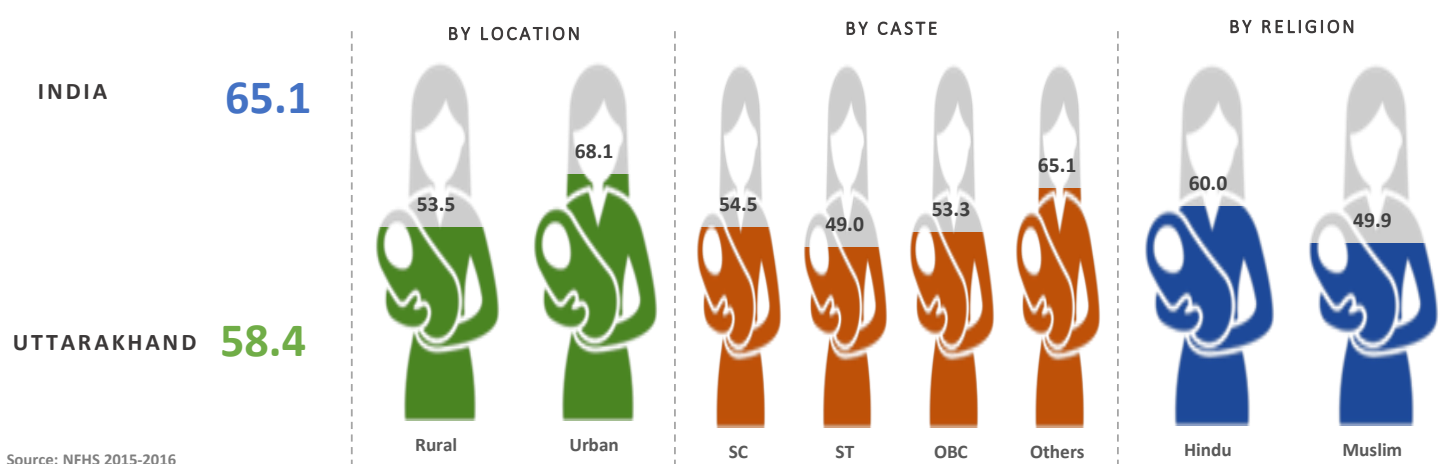
### MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



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



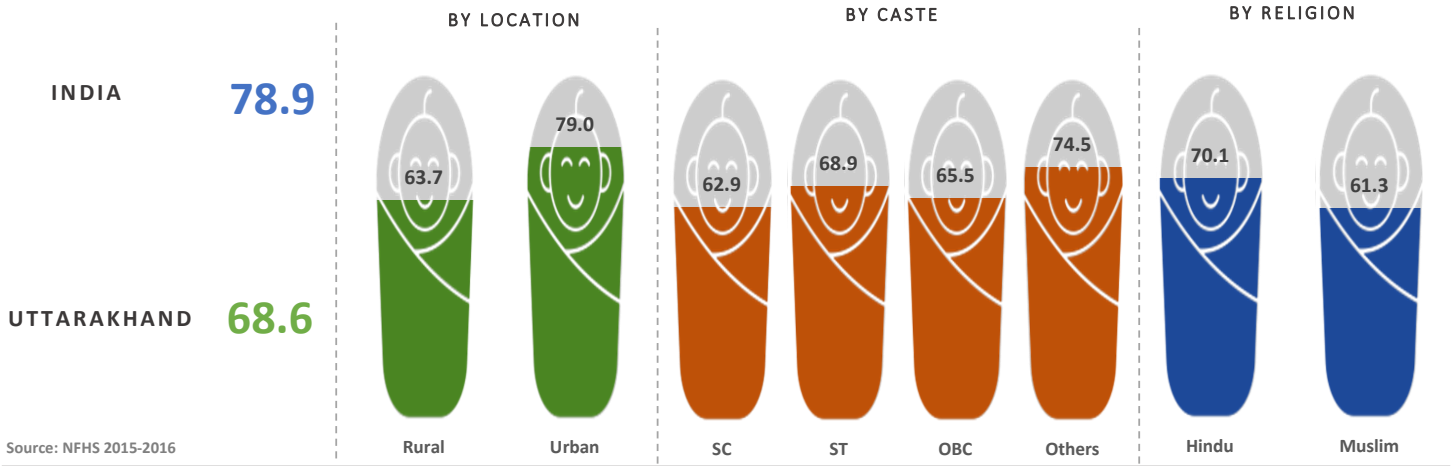
### MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)



- The state shows low utilization of both antenatal and postnatal care services among all women with lower proportion of women belong to Scheduled Tribe and Muslim communities.
- The state records extreme low consumption rate of IFA tablets during pregnancy, with lowest among Muslims (14%) compared to other social and religious communities.

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA



UTTARAKHAND

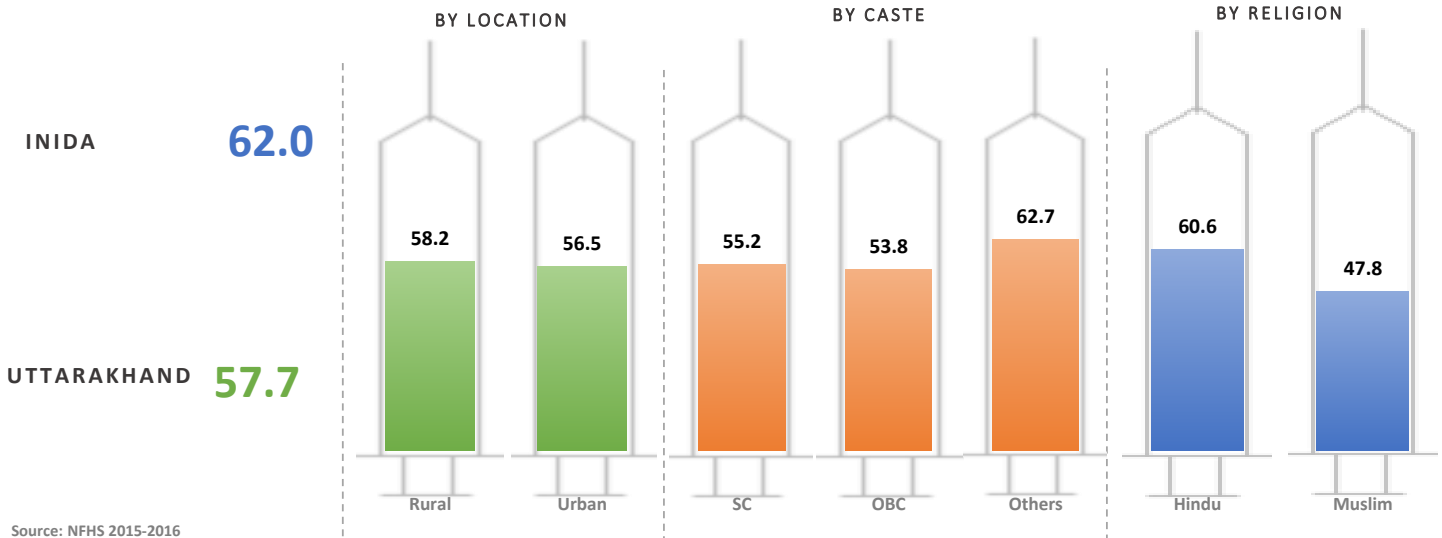
17.2

13.1



Source: NFHS 2015-2016

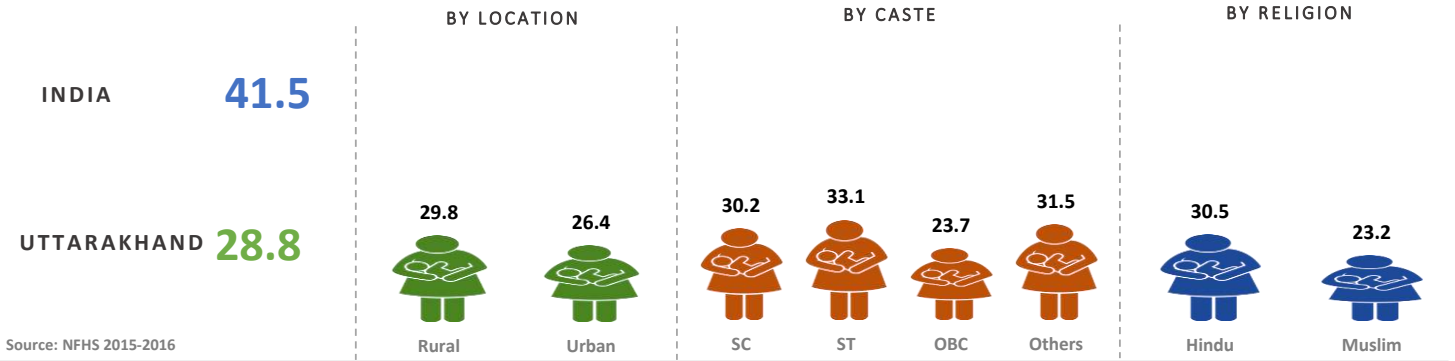
CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



- Both institutional delivery and child immunization are matters of concern among Muslim population in the state.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

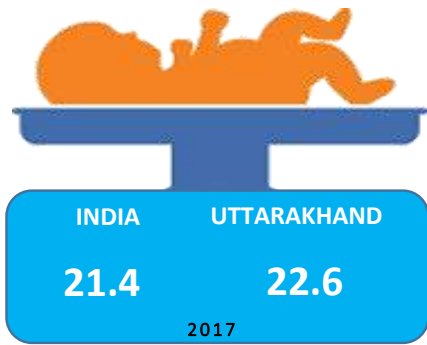
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



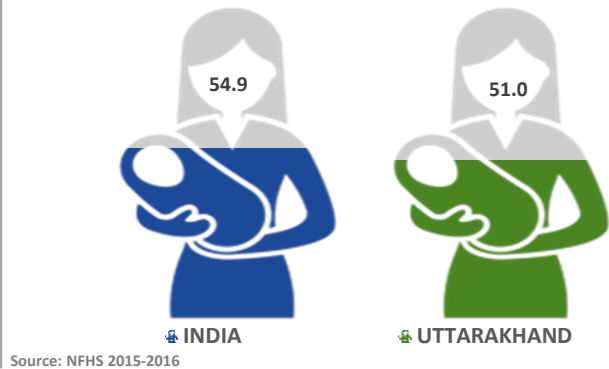
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



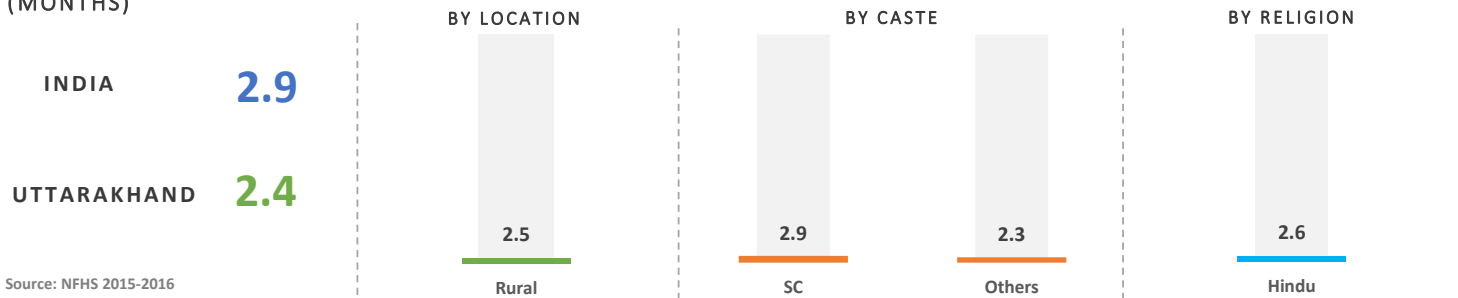
PREVALENCE OF LOW BIRTHWEIGHT (%)



CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



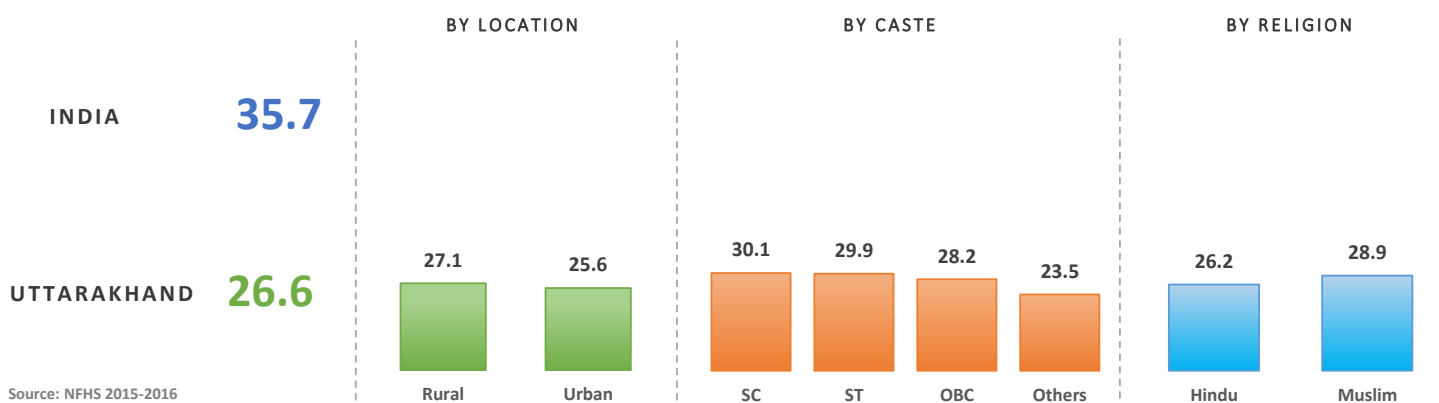
MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING AMONG LAST-BORN CHILDREN BORN IN THE LAST THREE YEARS (MONTHS)



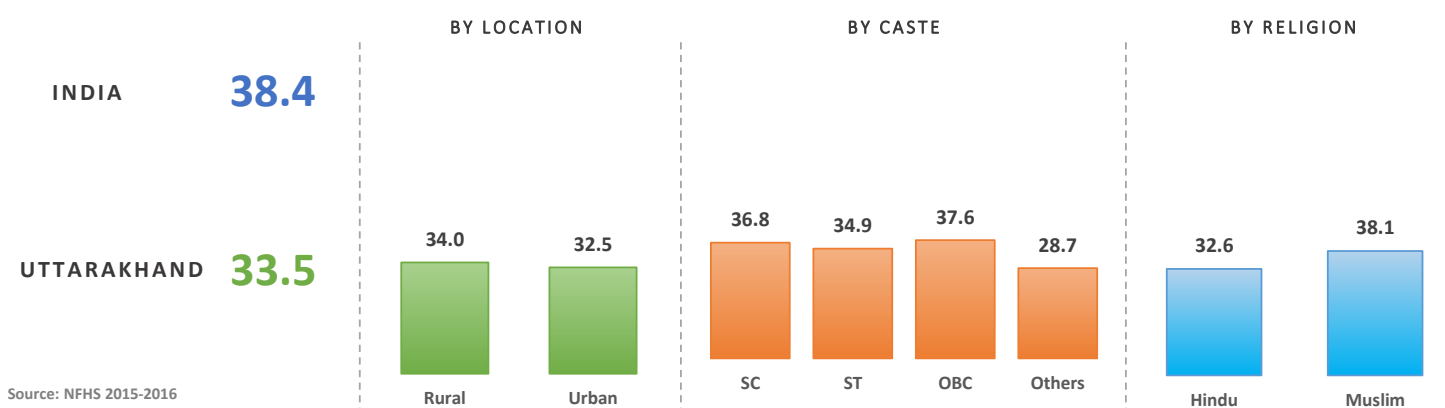
Note:- Comparable data for Urban, ST, OBC and Muslim are not available.

- Approximately 50% kids in the state are not exclusively breastfed for six months as recommended and 70% of the kids are not breastfed within one hour of the birth.
- Median duration of exclusive breastfeeding is only around 2 months for each child instead of the stipulated 6 months of compulsory exclusive feeding.

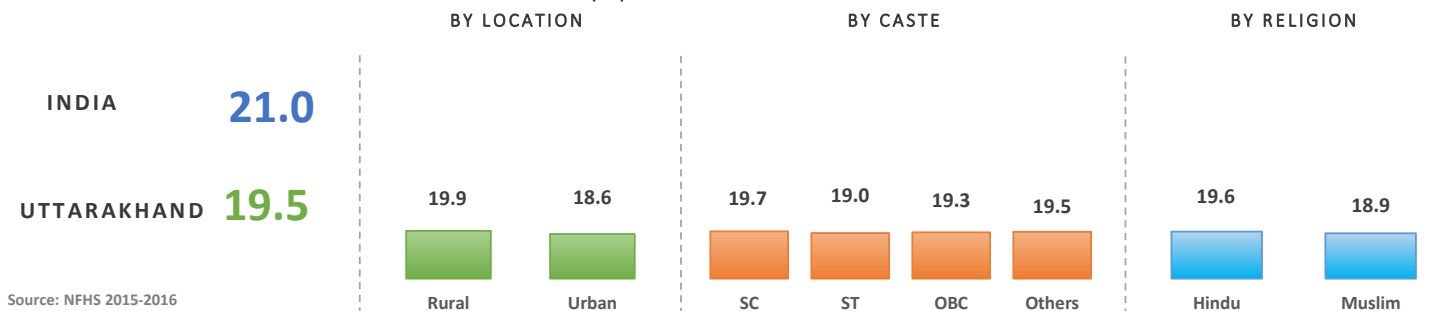
CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)



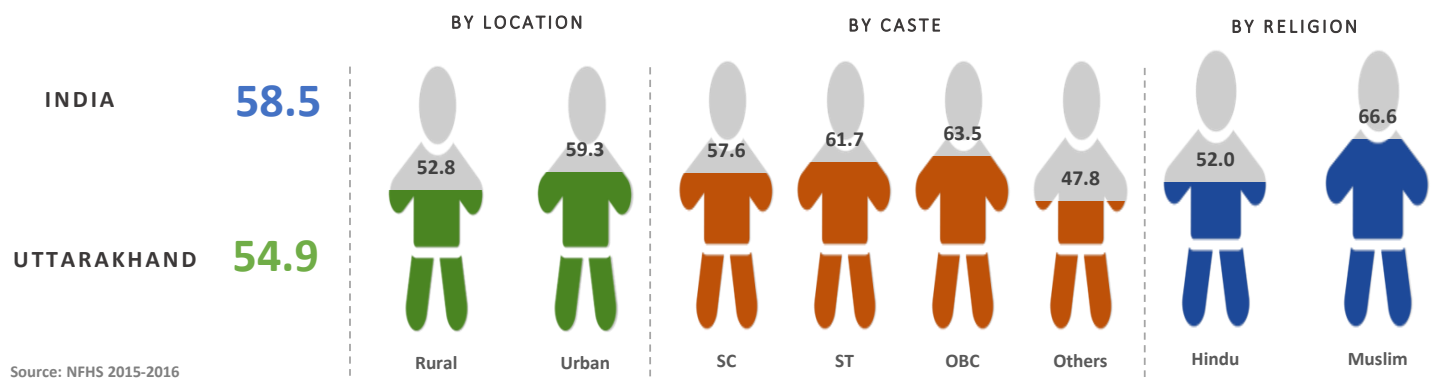
CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)



CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)



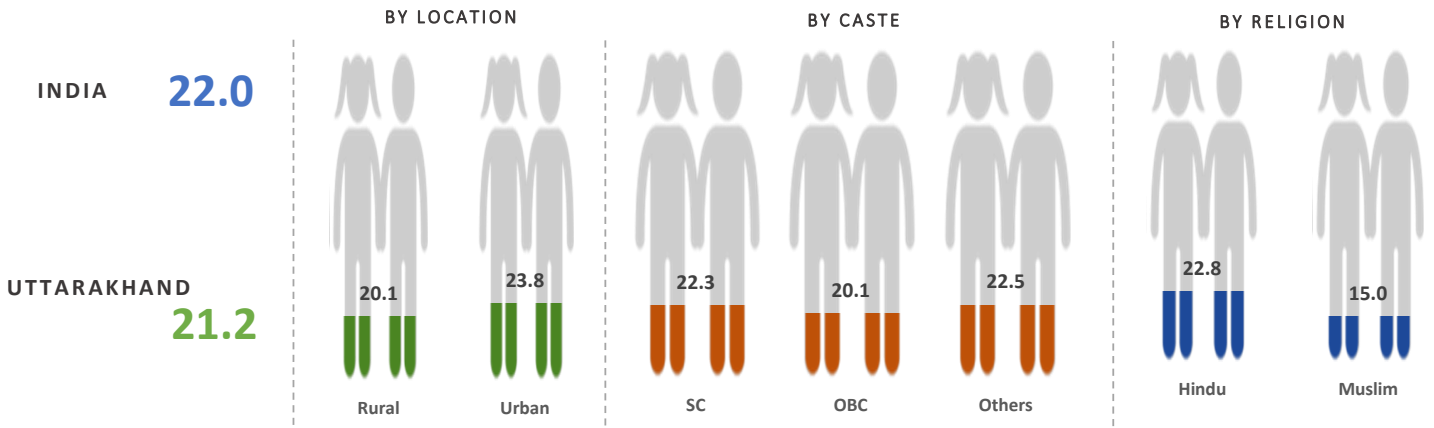
CHILDREN AGE 6-59 MONTHS WHO ARE ANAEMIC (<11.0 G/DL)(%)



• The percentage of underweight, stunted and wasted children in the state is slightly lower than the national average. No much difference is observed between the population belong to different social and religious categories in this case.

DIETARY DIVERSITY PATTERN

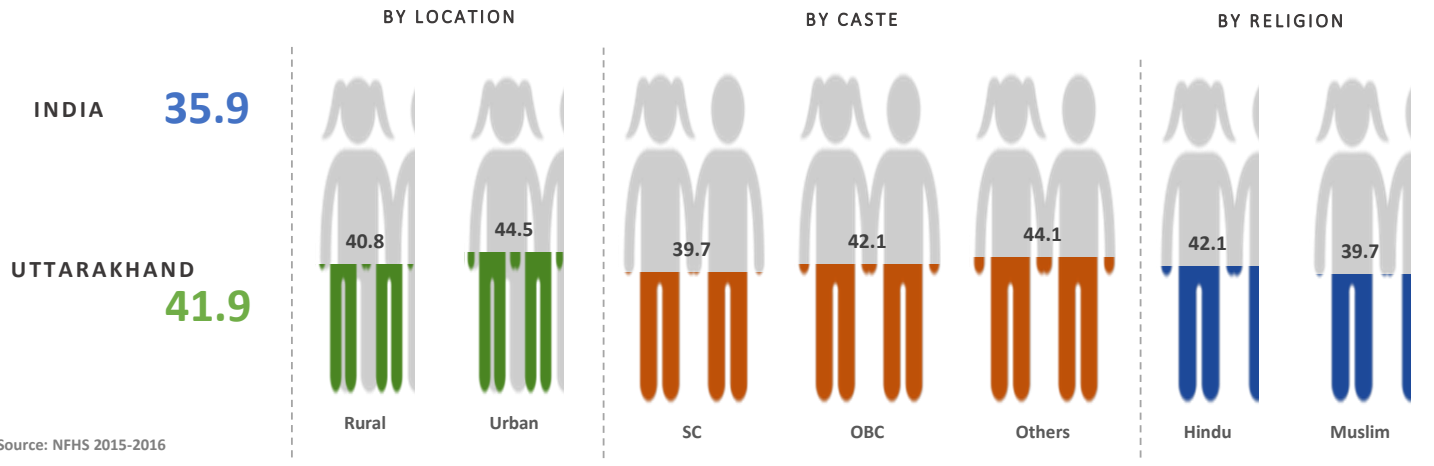
6-23 MONTHS CHILDREN FED 4+ FOOD GROUPS IN PAST 24 HOURS (%)



Source: NFHS 2015-2016

Note:- Comparable data for ST is not available.

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



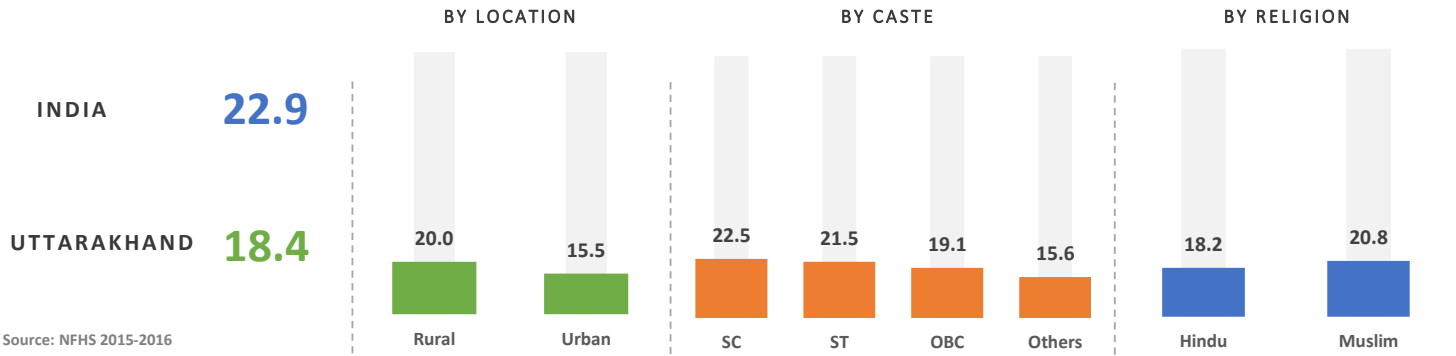
Source: NFHS 2015-2016

Note:- Comparable data for ST is not available.

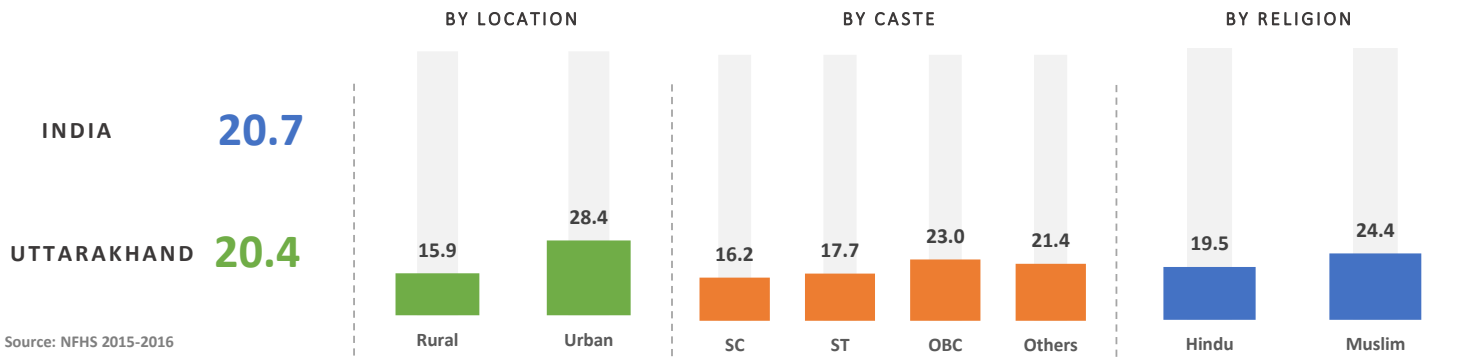
- Only around 20% and 40% of state's children consume meals having 4 or more food groups and minimum meal frequency respectively. The proportion of these children is lower among Muslims in comparison to other social and religious categories.

## NUTRITIONAL STATUS OF WOMEN AND MEN

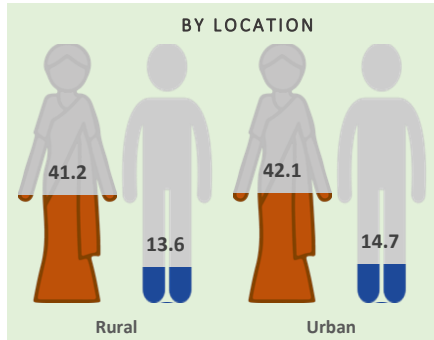
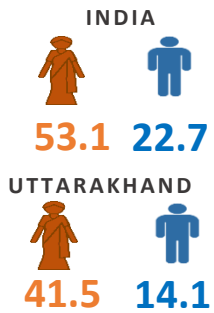
### WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M<sup>2</sup> ) (%)



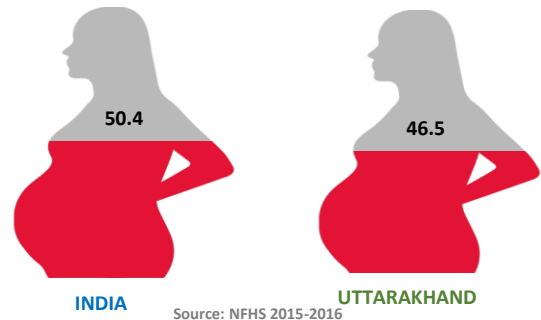
### WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M<sup>2</sup> ) (%)



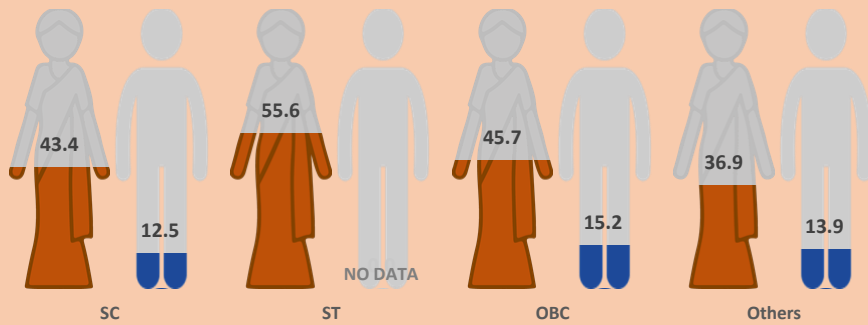
### WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



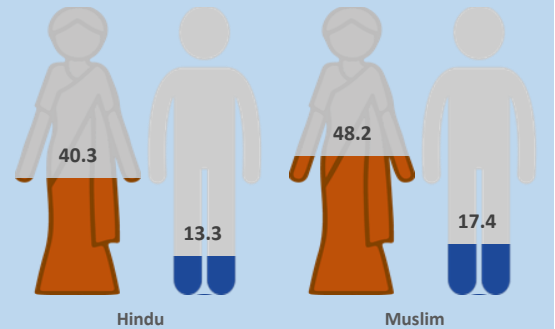
### PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



### BY CASTE



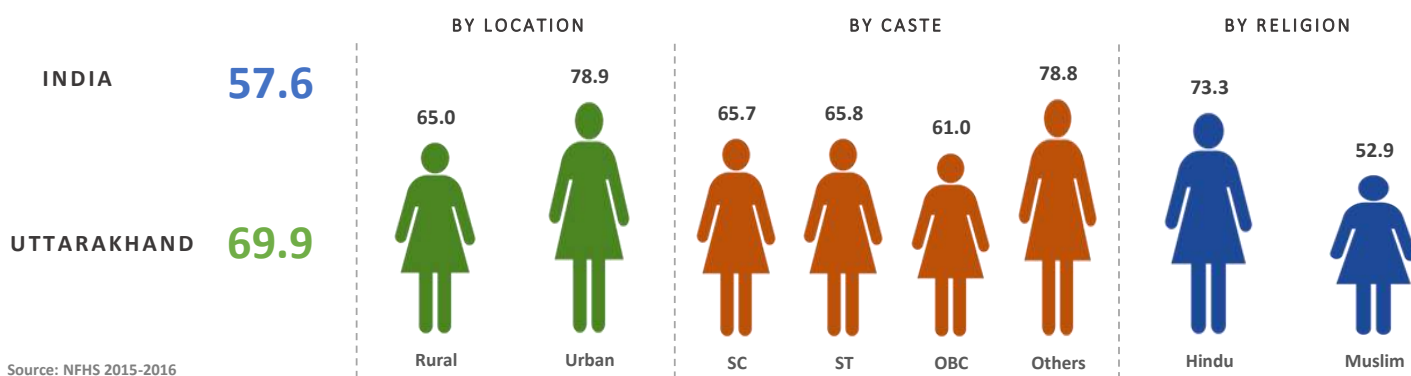
### BY RELIGION



- Comparatively higher proportion of women with below normal Body Mass Index (BMI) are noticed in rural areas and among scheduled caste communities.
- Anaemia is a concern among both pregnant and non-pregnant women in state, however the percentage is lower than the national figure.

## MENSTRUAL HYGIENE

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

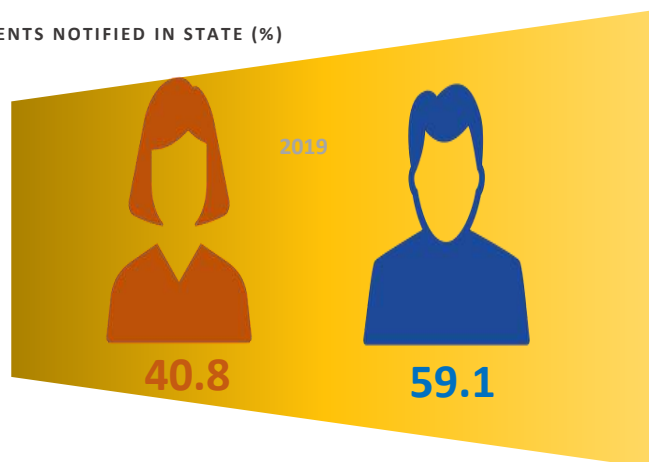
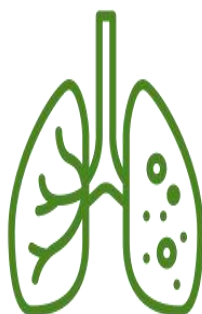
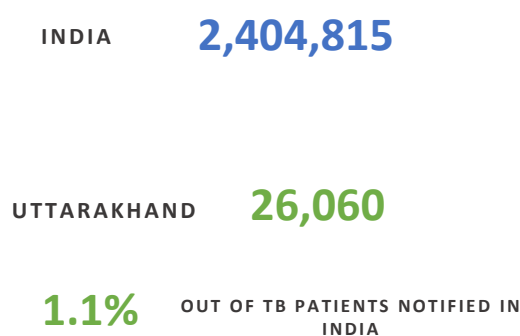


Source: NFHS 2015-2016

## OTHER HEALTH ISSUES

PERSONS SUFFERING FROM TUBERCULOSIS

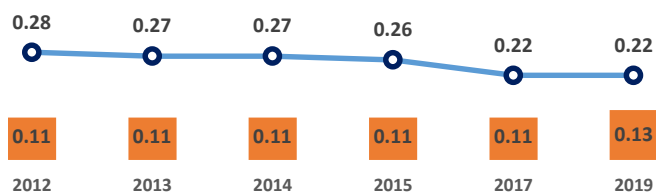
OUT OF TB PATIENTS NOTIFIED IN STATE (%)



Source: India TB Report 2020

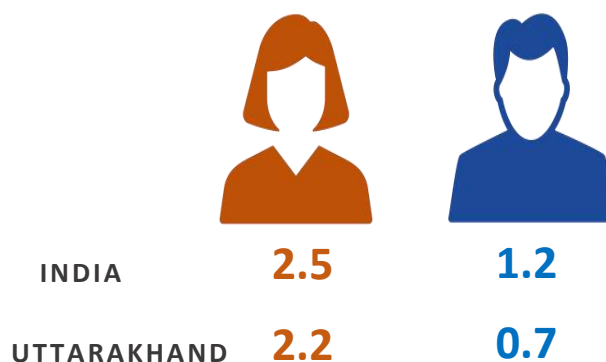
PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

UTTARAKHAND 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 concern in the state with around 30% having poor menstrual hygiene. The condition is further worrying in the rural areas and among Muslim communities.
- Prevalence of Tuberculosis is more among men and there is a slightly increase in the percentage of people living with HIV/AIDS in last two years.

## HEALTH EXPENDITURES

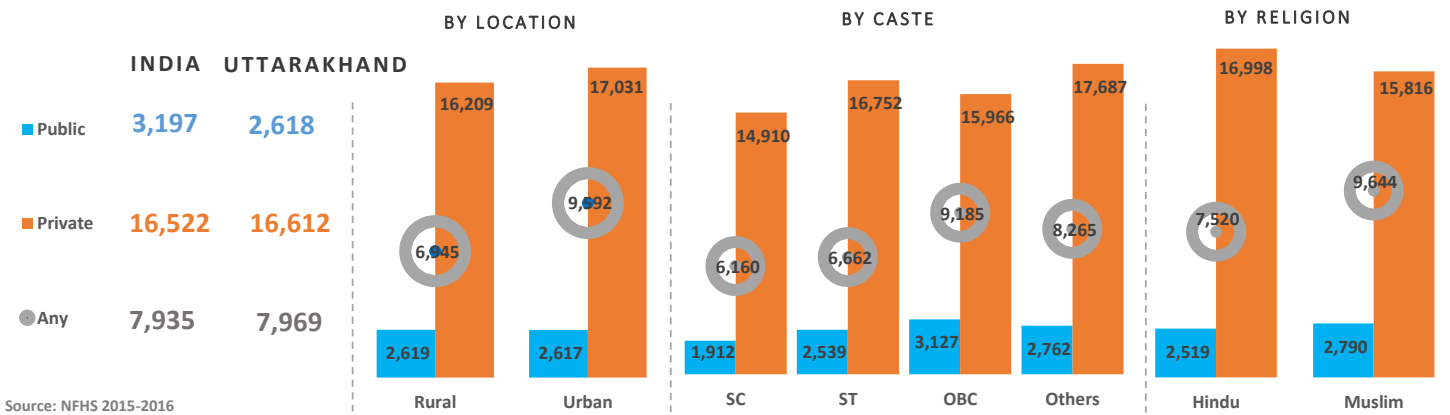
GOVERNMENT HEALTH EXPENDITURE (%  
OF TOTAL HEALTH EXPENDITURE)

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 36% in the state, however it is higher than the percentage at national level.
- With low government share in health expenditure, the state shows higher out of pocket expenditure (62%) for health care. More over, while average out of pocket expenditure for delivery in public health facilities is above Rs. 2500/- in the state, it is approximately Rs. 3000/- for Muslims and people belong to other backward castes.

## 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	Uttarakhand
Sub Centres and HWC-SCs	23.0	Surplus
PHCs and HWC-PHCs	28.2	Surplus
CHCs	36.9	Surplus

Source: Rural Health Statistics 2019

### SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

India Uttarakhand

	India	Uttarakhand
Anganwadi Workers	4.7	3.5
ASHA	Surplus	0.7
ANM at Sub Centres	2.8	8.5
ANM at PHCs	26.1	47.5
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	89.9

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

(as on 1st July 2019)

Source: Rural Health Statistics 2019

### NUMBER OF AWCs

INDIA 1,400,000 1,346,186 1,258,166

### UTTARAKHAND



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

### NUMBER OF NUTRITIONAL REHABILITATION CENTRES

INDIA 688 875 896

### UTTARAKHAND

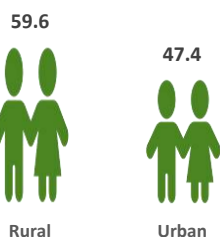


Source: PIB 2012-13, 2013-14 & 2014-15

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

#### BY LOCATION

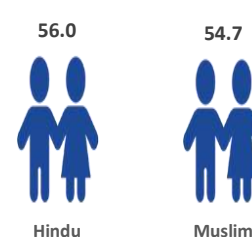
INDIA 53.6



#### BY CASTE



#### BY RELIGION



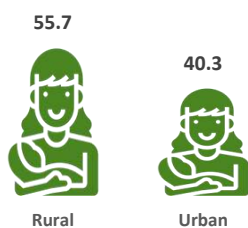
UTTARAKHAND 55.6

Source: NFHS 2015-16

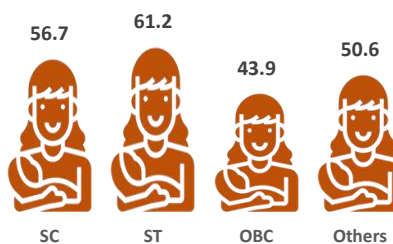
### MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

#### BY LOCATION

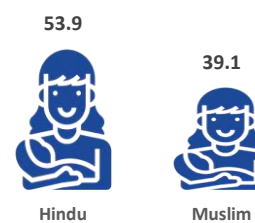
INDIA NO DATA



#### BY CASTE



#### BY RELIGION



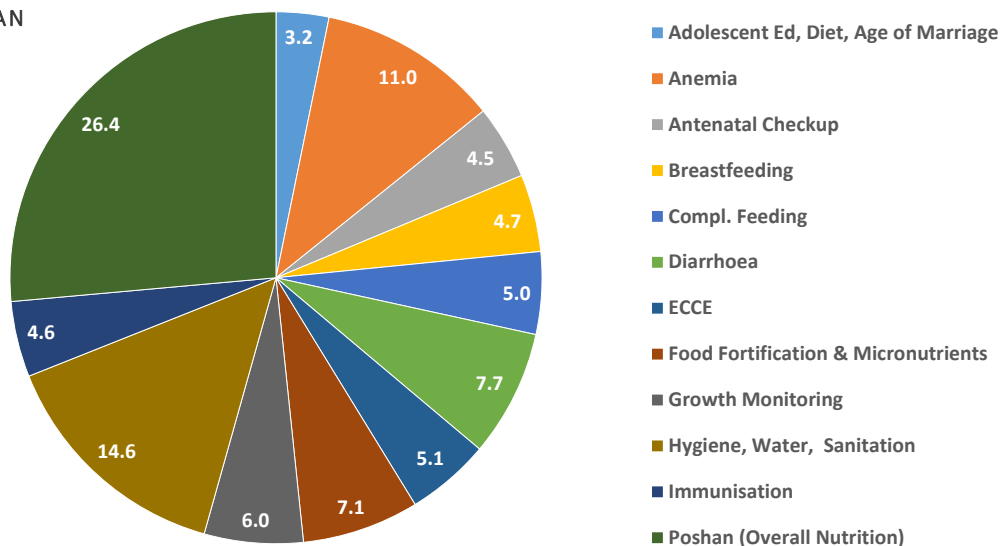
UTTARAKHAND 50.7

Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state performs well in establishing rural health infrastructure, as there is no shortage in health care facilities in rural areas at any level. But in contrast, there is a huge shortfall in some healthcare human resources, particularly specialists at the CHC level and ANMs at PHC level.
- Out of total operational AWCs, above 2000 AWCs are not currently providing services. There are only 2 nutritional rehabilitation centres (NRCs) in the state as per data available.
- Near about half of the women and children of the state children 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	4.3	14.4
Anemia Camp	4.5	1.5
CBE-Community Based Events (ICDS)	8.9	22.3
Community Radio Activities	0.3	0.3
Cooperative/Federation	0.2	0.2
Cycle Rally	0.1	0.3
DAY-NRLM SHG Meet	0.5	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	0.1	0.2
Haat Bazaar Activities	0.1	0.4
Harvest Festival	0.0	0.2
Local Leader Meeting	0.2	0.5
Nukkad natak/Folk Shows	0.2	0.4
Other Activities	36.3	34.7
Panchayat Meeting	2.9	1.0
Poshan Mela	5.6	8.2
Poshan Rally	12.6	2.6
Poshan Walk	2.1	1.5
Poshan Workshop/Seminar	2.8	4.1
Prabhat Faree	0.3	1.1
Providing Water to the Toilets	0.1	0.3
Safe Drinking Water in Anganwadi Centres	1.8	0.7
Safe Drinking Water in Schools	0.5	0.2
School Based Activities	9.0	2.9
VHSND	6.0	No Data
Youth Group Meeting	0.6	No Data

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

## WOMEN EMPOWERMENT

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

INDIA **25.0**      UTTARAKHAND **17.8**



Source: Annual Report PLFS 2018-19

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

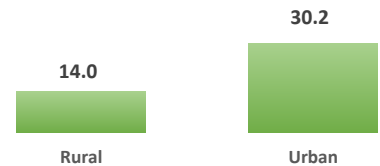
INDIA **26.5**      UTTARAKHAND **21.6**



Source: Annual Report PLFS 2018-19

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

INDIA **5.5**      UTTARAKHAND **17.5**



Source: Annual Report PLFS 2018-19

## WOMEN HEADED ESTABLISHMENTS

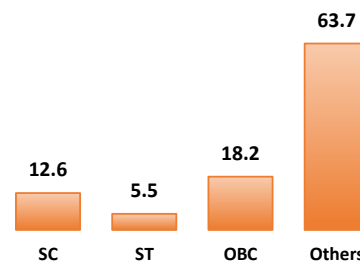
INDIA **8,050,819**      UTTARAKHAND **31,419**

0.4% Out of India's Women Headed Establishments

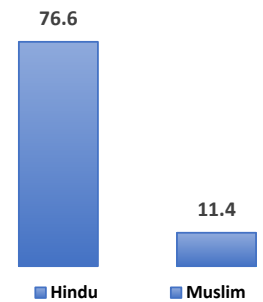
8.0% Out of State's Total Establishments-Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

### BY CASTE



### BY RELIGION

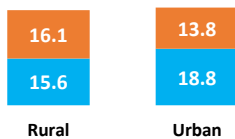


## MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

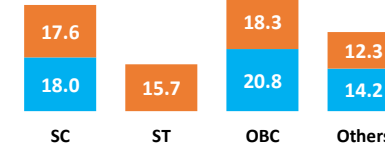
INDIA **18.7**      UTTARAKHAND **16.9**

MALE **18.8**      FEMALE **15.2**

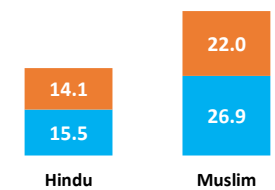
### BY LOCATION



### BY CASTE



### BY RELIGION



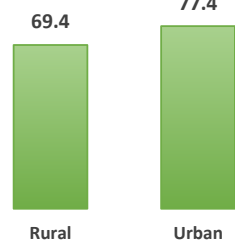
Source: NFHS 2015-2016

Note:- Comparable data for Male ST is not available.

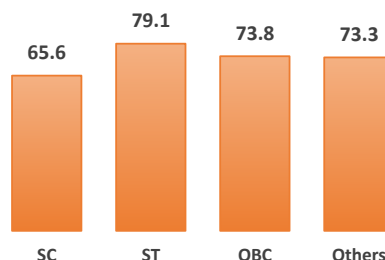
## CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS\* (%)

INDIA **63.0**      UTTARAKHAND **72.3**

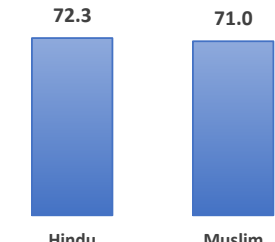
### BY LOCATION



### BY CASTE



### BY RELIGION



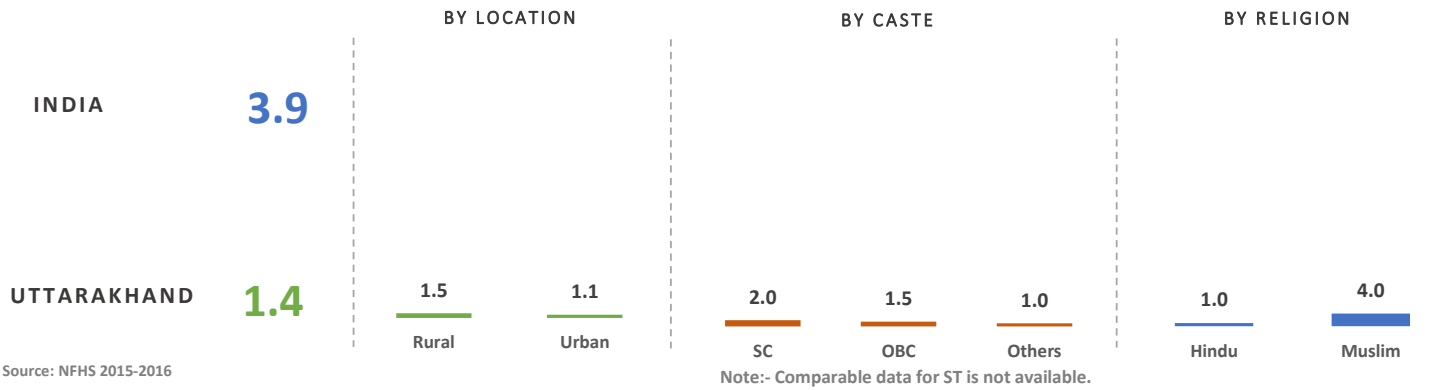
\* Three Decisions

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

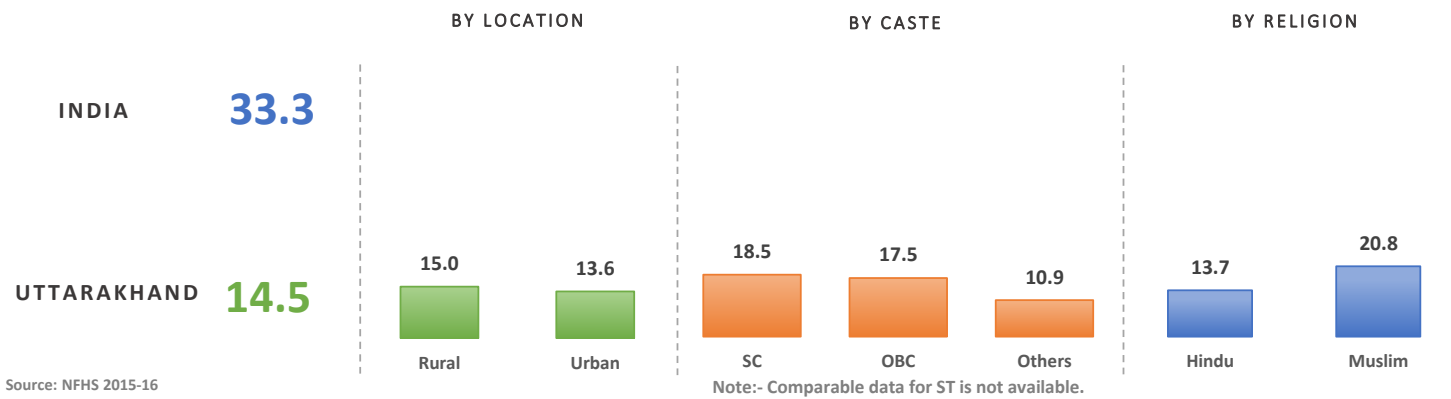
Source: NFHS 2015-16

- The state has lower female worker population ratio and female labour force participation rate in comparison to national average which suggests that state should focus on creating more employment opportunities for its women.
- Only 8% state's establishments are women headed with SC, ST and Muslims contributing the least in this.

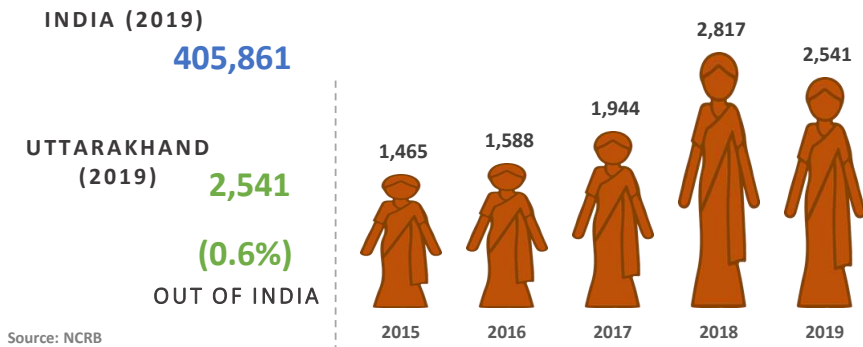
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



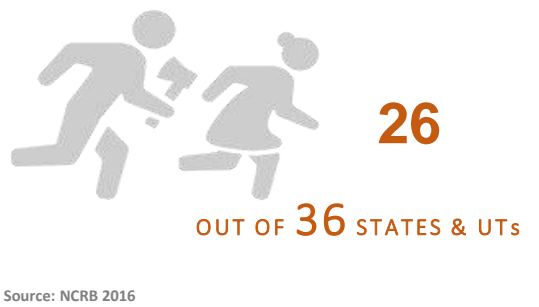
WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)



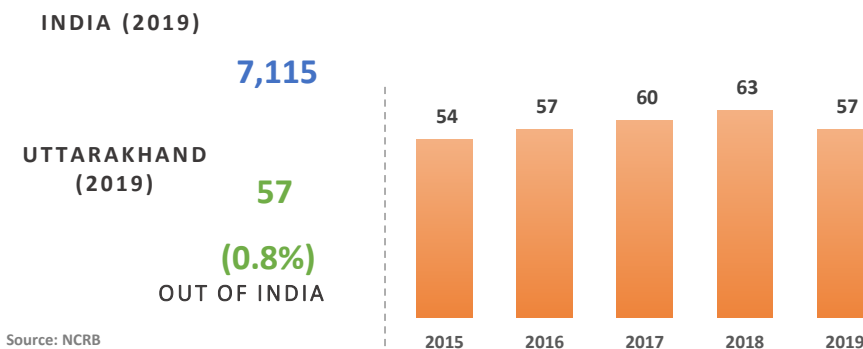
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



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
UTTARAKHAND	181

Source: ADSI 2019

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	UTTARAKHAND
FOETICIDES	137	0
INFANTICIDES	73	0

Source: NCRB 2019

- There has been an increase of more than 1000 reported cases of crime against women in the state since 2014. But the state stands at the 11th position from the bottom 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



**149,827**

#### SHGs HAVING BANK ACCOUNT\* (%)



**89.0**

#### SHGs HAVING CREDIT LINKED (%)



NO DATA

#### TOTAL VILLAGE ORGANIZATIONS FORMED



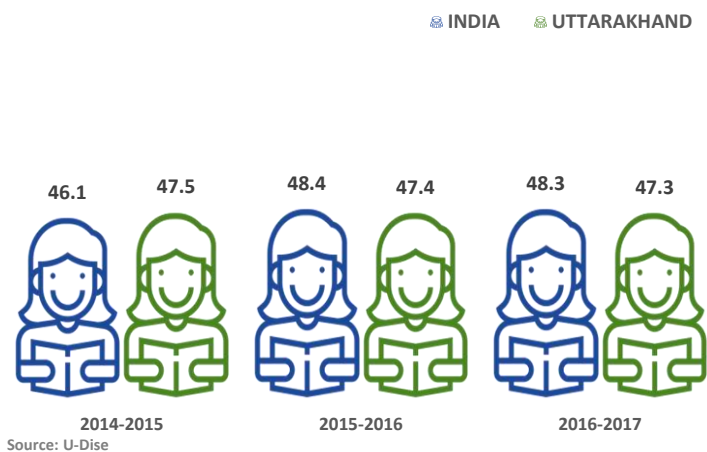
**2,074**

#### TOTAL CLUSTER LEVEL FEDERATIONS

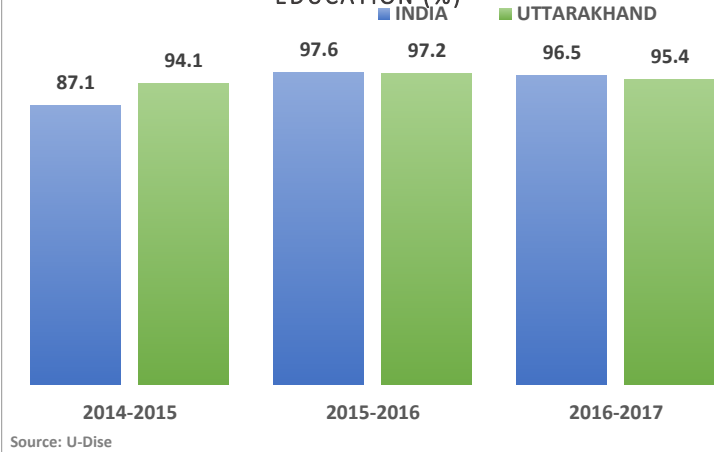


**95**

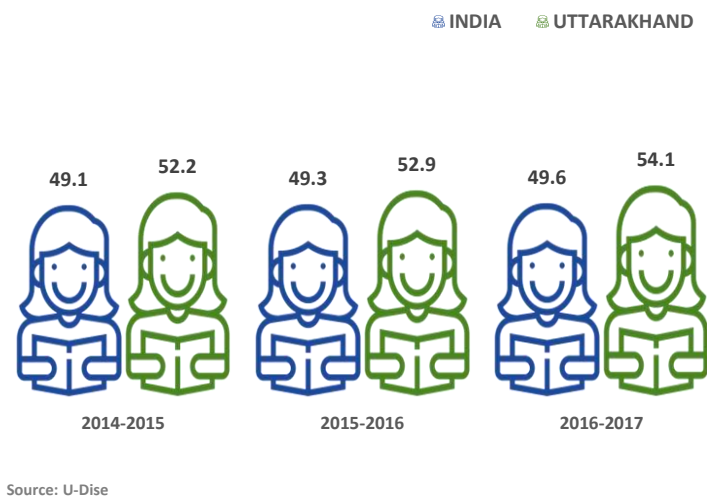
### GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)



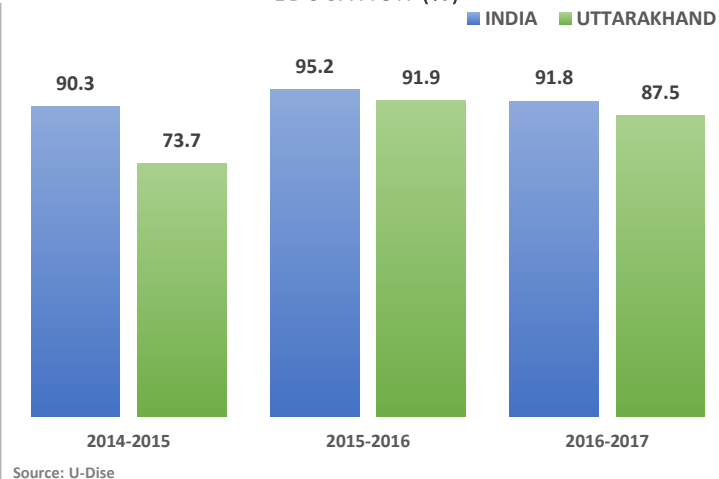
### SCHOOLS HAVING GIRL'S TOILET IN ELEMENTARY EDUCATION (%)



### GIRLS ENROLMENT IN SECONDARY EDUCATION (%)



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



- There has been slight decline in girls' enrolment in both elementary and secondary levels for Uttarakhand since 2015 to 2017. Similar pattern can be observed in case of availability of girls' toilet in both elementary and secondary schools.