

MADHYA PRADESH FACTSHEET 2020



Picture Courtesy: SAMARTHAN, Bhopal, Madhya Pradesh

DEVELOPED BY:



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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

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

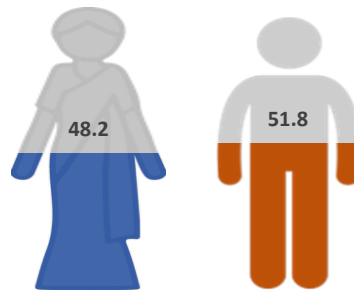
STATE **72,626,809**

(6.0%)

OF INDIA POPULATION

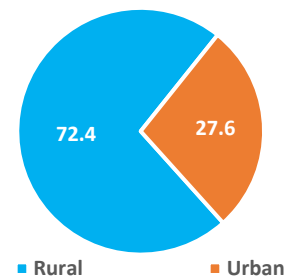
Source: Census 2011

STATE POPULATION BY SEX (%)



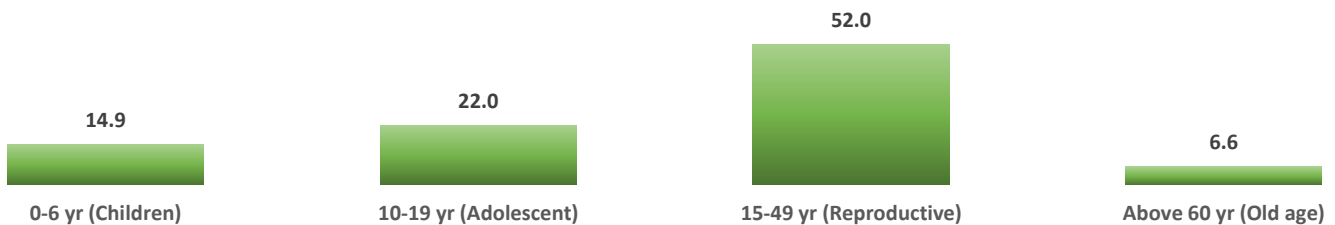
Source: Census 2011

STATE POPULATION BY LOCATION (%)



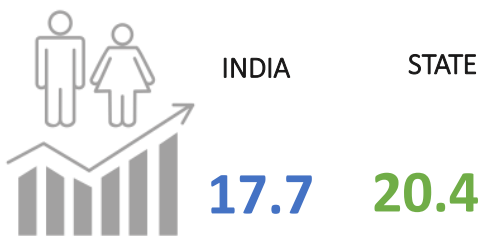
Source: Census 2011

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	
931	State Total	918	
936	Rural	923	
918	Urban	901	

Source: Census 2011

HEALTH INDEX (RANK)



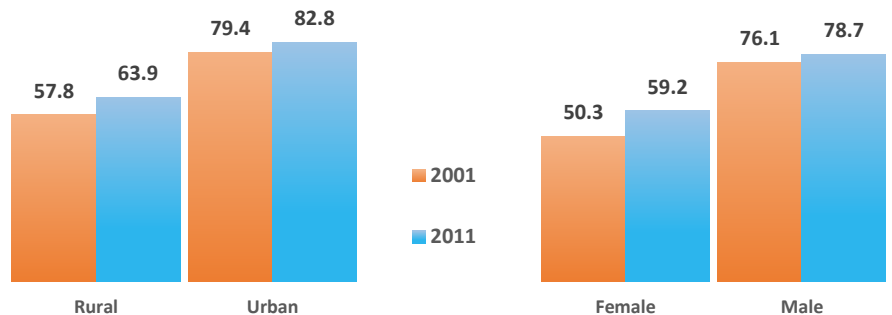
Source: Economic Survey 2019

OVERALL LITERACY RATE (%)

	2001	2011
INDIA	64.8	73.0
STATE	63.7	69.3

Source: Census

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



Source: Census

- Madhya Pradesh's decadal population growth rate has been more than the national figure.
- The state's sex ratio is quite poor with the urban areas faring worse than its rural counterparts.
- The state's health rank is quite worrisome with it ranking 18th among 21 states.

MAIN WORKERS (%)

INDIA

75.2

OUT OF STATE'S TOTAL
MAIN WORKERS

73.7

STATE

71.9

26.3

Rural

Urban

Source: Census 2011

MARGINAL WORKERS (%)

INDIA

24.8

OUT OF STATE'S TOTAL
MARGINAL WORKERS

90.0

STATE

28.1

10.0

Rural

Urban

Source: Census 2011

ASPIRATIONAL DISTRICTS OF STATE WITH THEIR RANKS AS PER BASELINE* CONDUCTED IN 2018

Name of the Districts	Composite Rank	Health Rank	Education Rank	Agriculture Rank	Financial Inclusion Rank	Skill Development Rank	Basic Infrastructure Rank
Rajgarh	15	22	42	25	14	21	4
Damoh	19	25	40	45	12	11	8
Chhatarpur	26	14	43	59	54	30	14
Khandwa	41	91	50	37	20	17	7
Vidisha	42	98	67	14	28	5	6
Guna	47	47	88	32	19	38	10
Barwani	67	54	89	49	46	86	16
Singrauli	99	93	97	81	89	14	45

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.

- The majority of the workforce in M.P is from rural areas, especially for marginal labours. This indicates deep divide of labours among the rural and urban areas.
- One district of M.P fall among the bottom 20 aspirational districts in the country in its composite rank while for health and education ranks, 3 districts each fall in the bottom tier.

PROPORTION OF VULNERABLE POPULATION

OVERALL SCHEDULE CASTE (SC) POPULATION

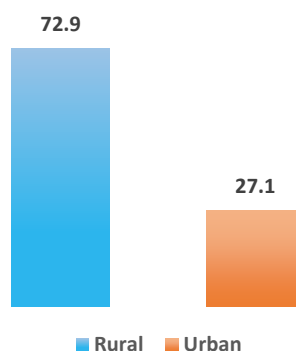
INDIA **201,378,372**

STATE **11,342,320**
(5.6%)

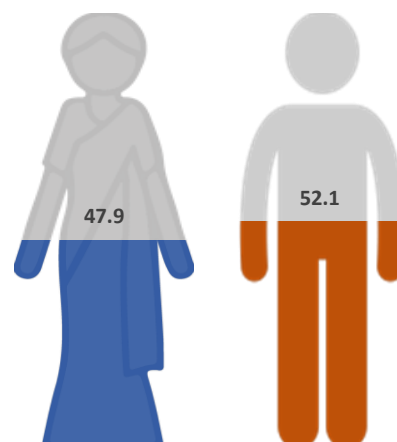
Out of India's SC population

Source: Census 2011

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



OVERALL SCHEDULE TRIBE (ST) POPULATION

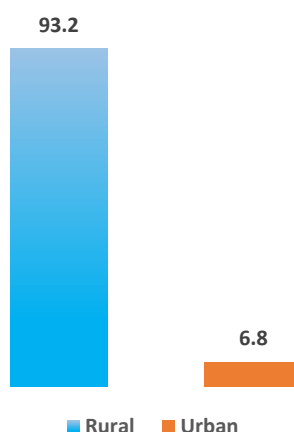
INDIA **104,545,716**

STATE **15,316,784**
(14.7%)

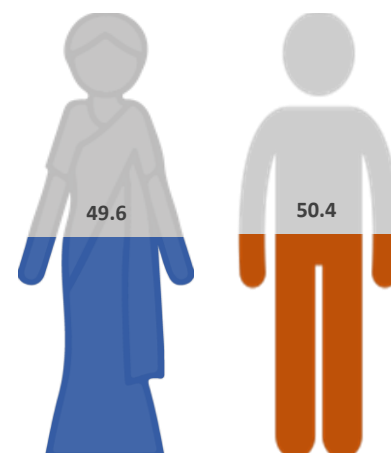
Out of India's ST population

Source: Census 2011

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



OVERALL MUSLIM POPULATION

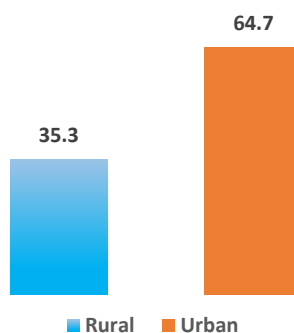
INDIA **172,245,158**

STATE **4,774,695**
(2.8%)

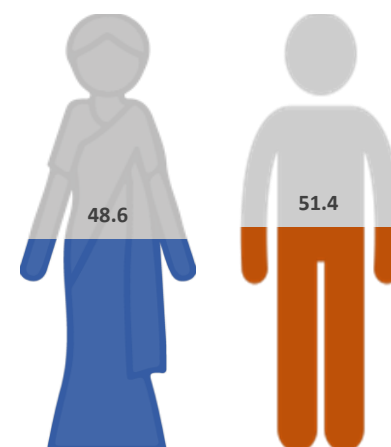
Out of India's Muslim population

Source: Census 2011

MUSLIM POPULATION BY LOCATION (%)

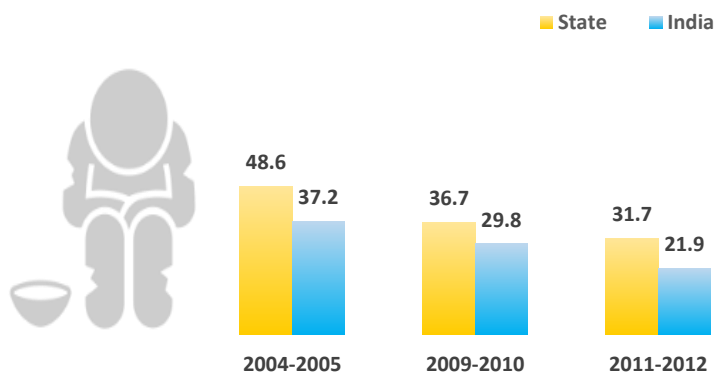


MUSLIM POPULATION BY SEX (%)



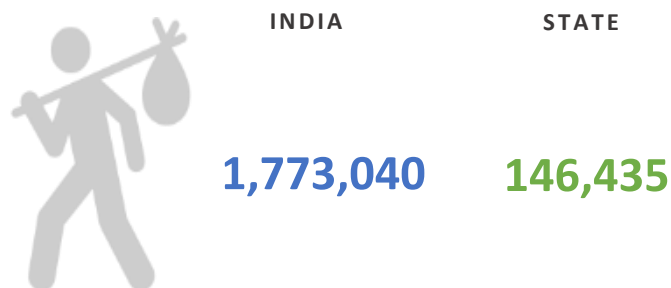
- While the Scheduled Tribe and Schedules caste population is concentrated primarily in the rural areas, the Muslim population has a comparatively better urban share.

POPULATION LIVING BELOW POVERTY LINE (%)



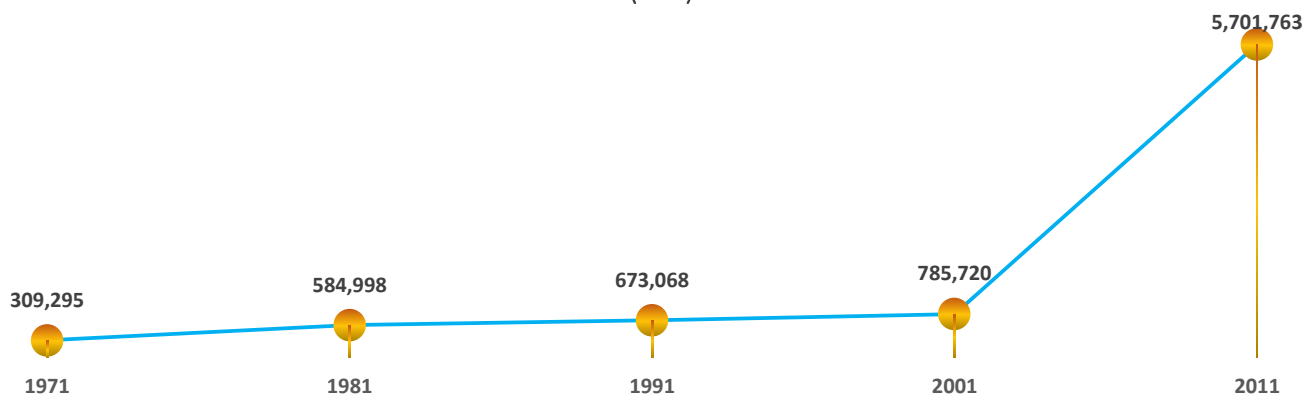
Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)



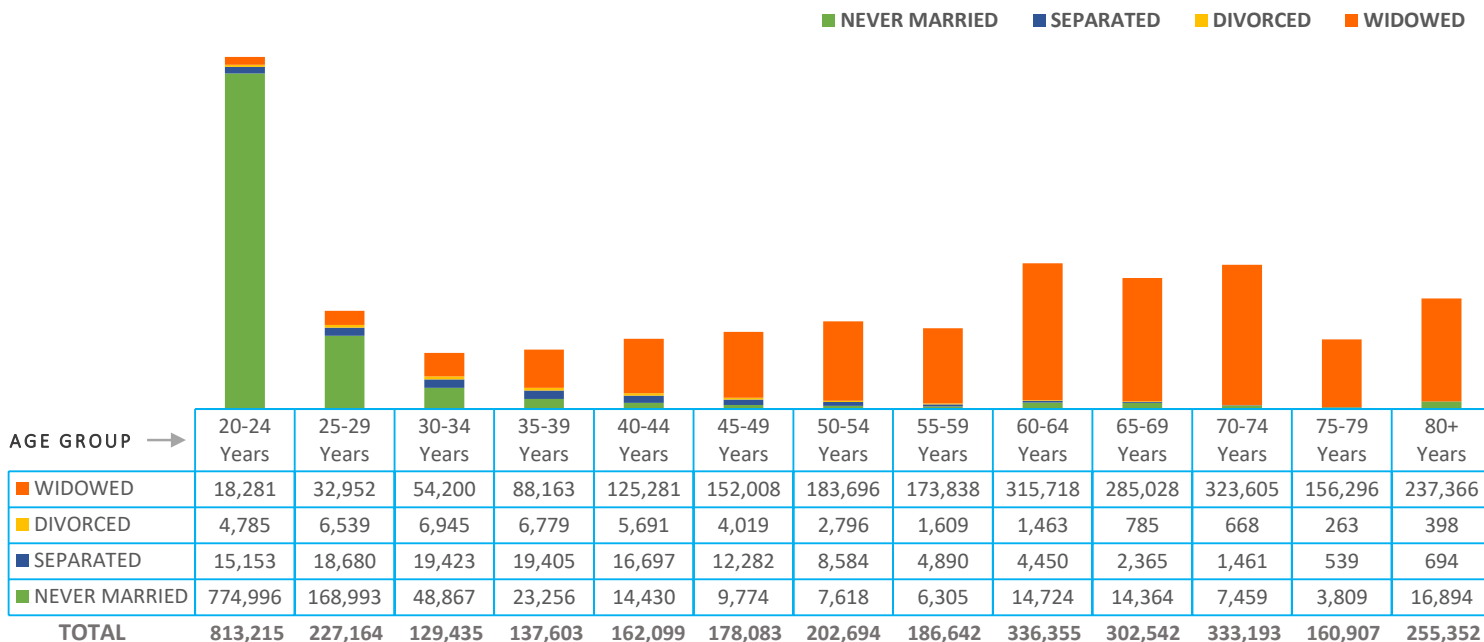
Source: Census 2011

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)



Source: Statistical Profile Of Scheduled Tribes In India 2013

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- The state has seen a reduction in BPL population however, it is still quite higher in comparison to national average (10.1 percentage points).
- Around 13 lakh women aged 60 years and above are single in the state which depicts their vulnerability in terms of both age and social security.

PERSONS WITH DISABILITIES IN ALL AGE GROUP

INDIA'S TOTAL PERSON WITH
DISABILITIES

26,814,994

STATE'S TOTAL PERSON WITH
DISABILITIES

1,551,931
(5.8%)

OUT OF WHICH

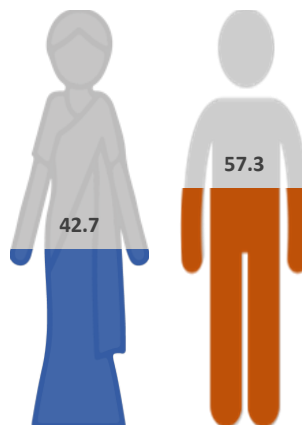
2,116,698

127,406
(6.0%)

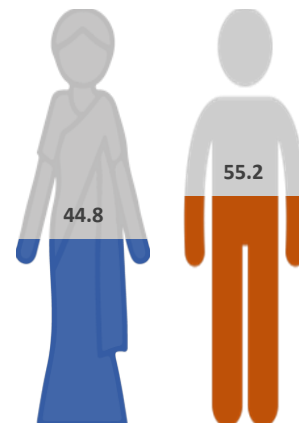
REPORTED MULTIPLE DISABILITIES

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

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

74,222
(5.7%)

OUT OF WHICH

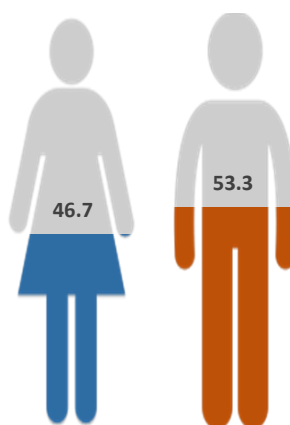
78,662

5,153
(6.6%)

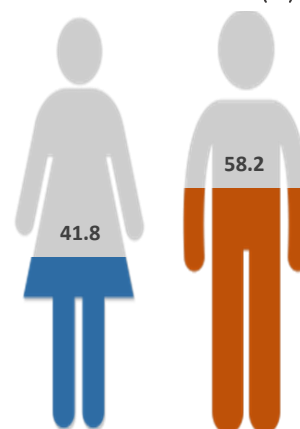
REPORTED MULTIPLE DISABILITIES

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

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

1,14,479
(5.9%)

OUT OF WHICH

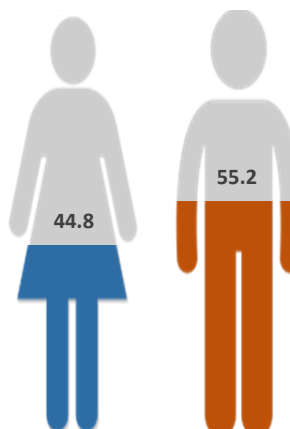
1,87,492

12,508
(6.7%)

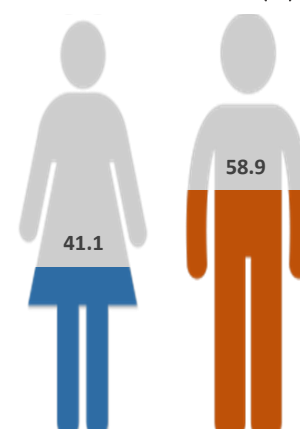
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



- M.P has a higher prevalence of disabilities than the country as a whole, both among the general population and among children.

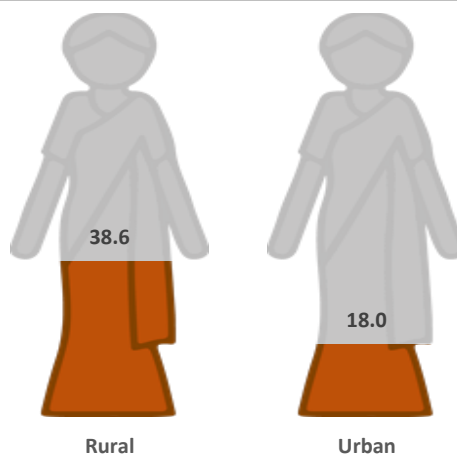
HEALTH AND NUTRITION

MARRIAGE AND FERTILITY

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

INDIA **26.8**

STATE **32.4**

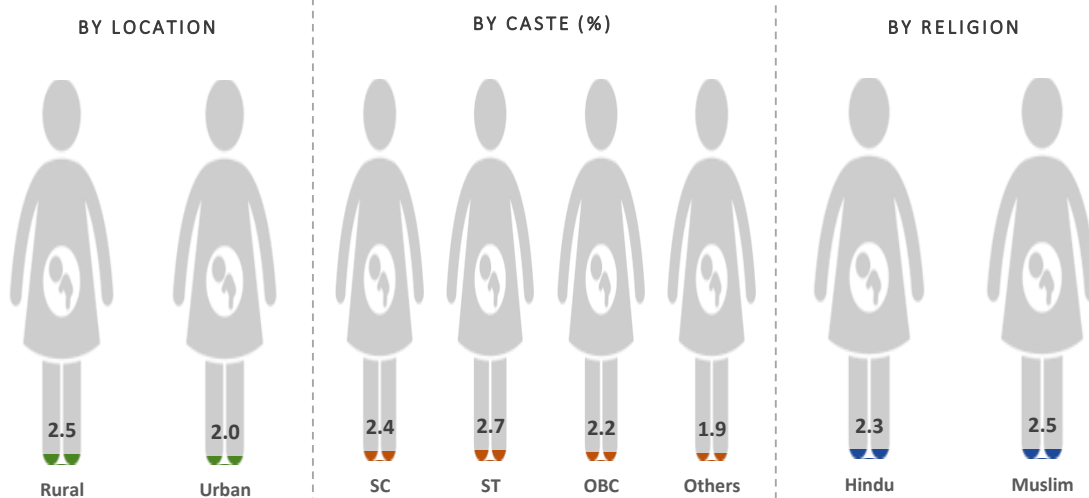


Source: NFHS 2015-2016

TOTAL FERTILITY RATE (%)

INDIA **2.2**

STATE **2.3**

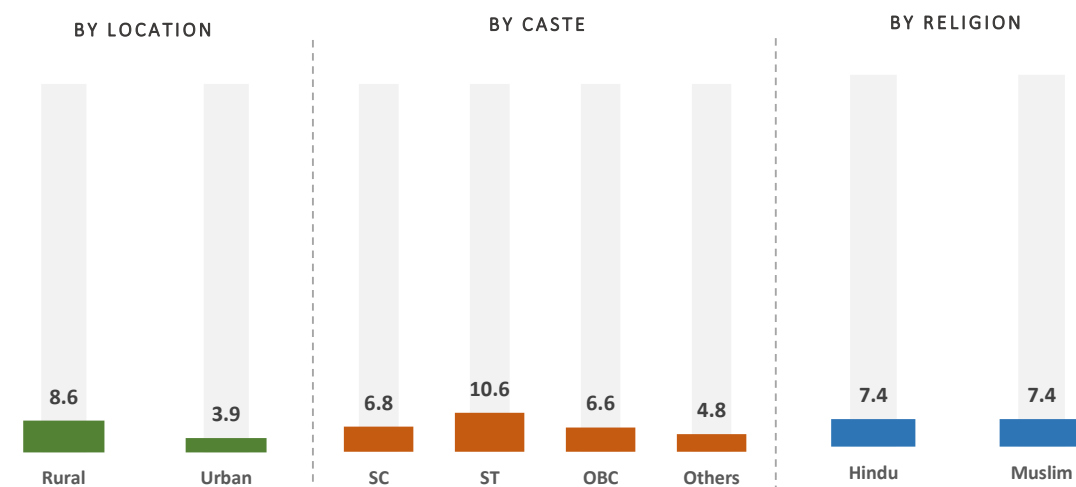


Source: NFHS 2015-2016

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

INDIA **7.9**

STATE **7.3**

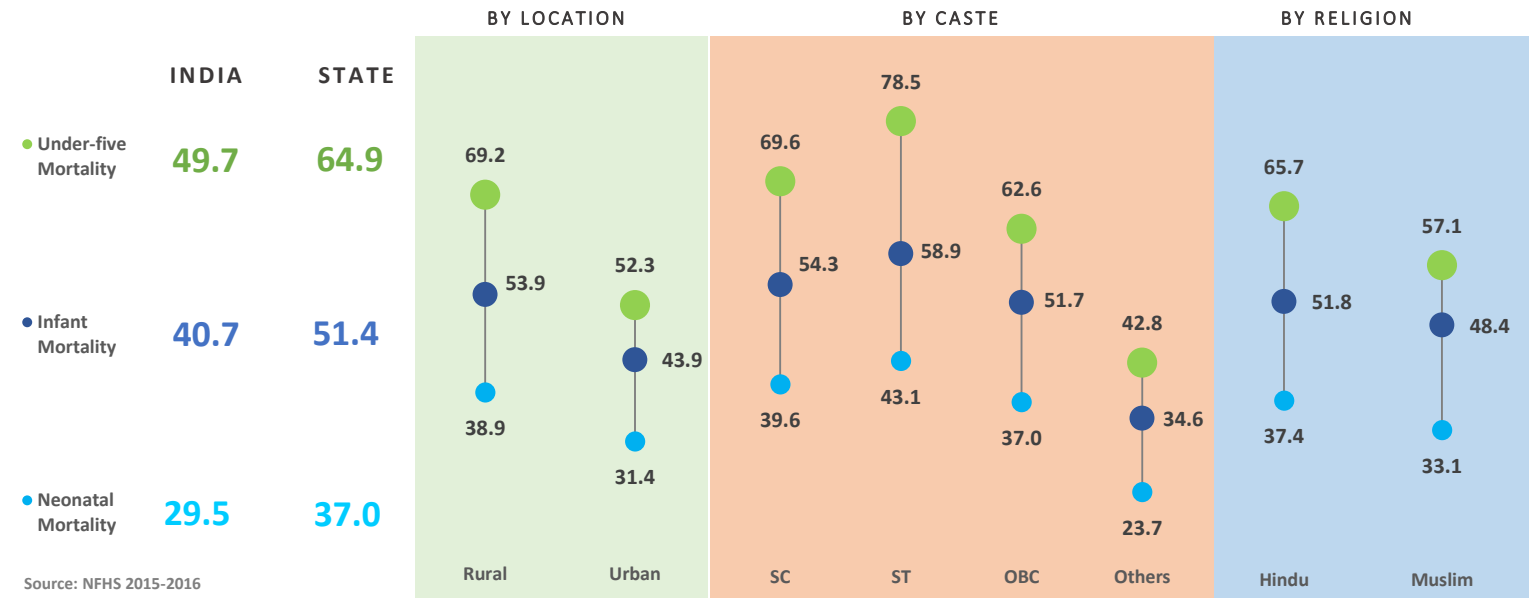


Source: NFHS 2015-2016

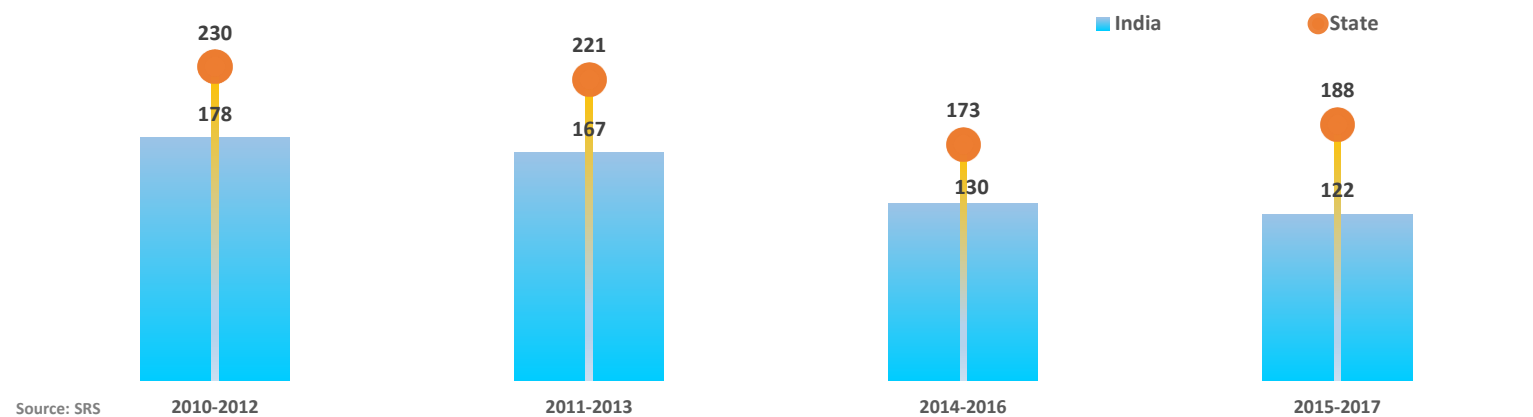
- Early marriage and teen age pregnancy are concern areas.
- Teenage pregnancy among Scheduled Tribes is higher than even the state figure.

MORTALITY

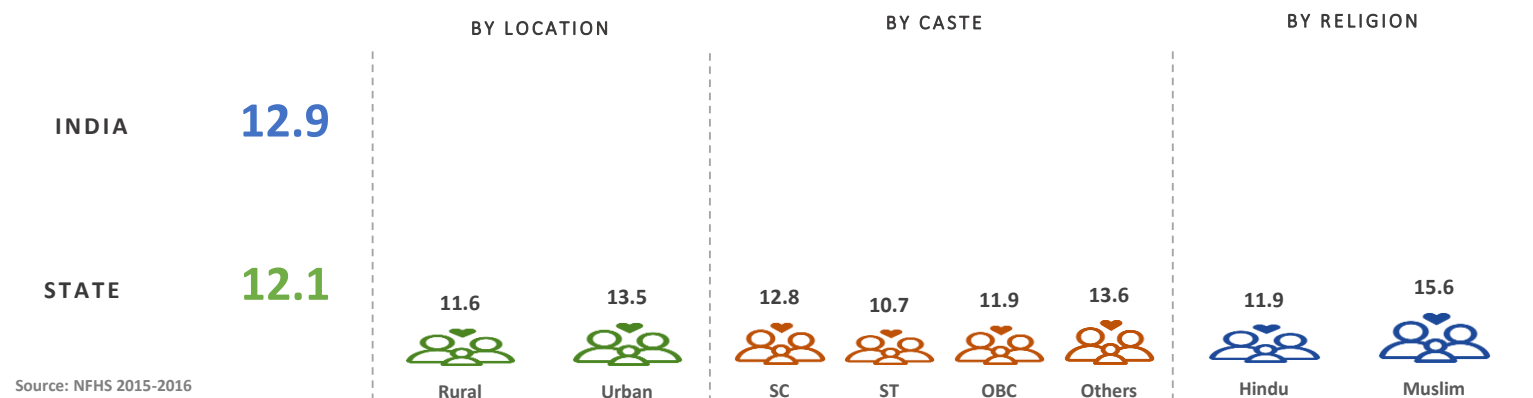
MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



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



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

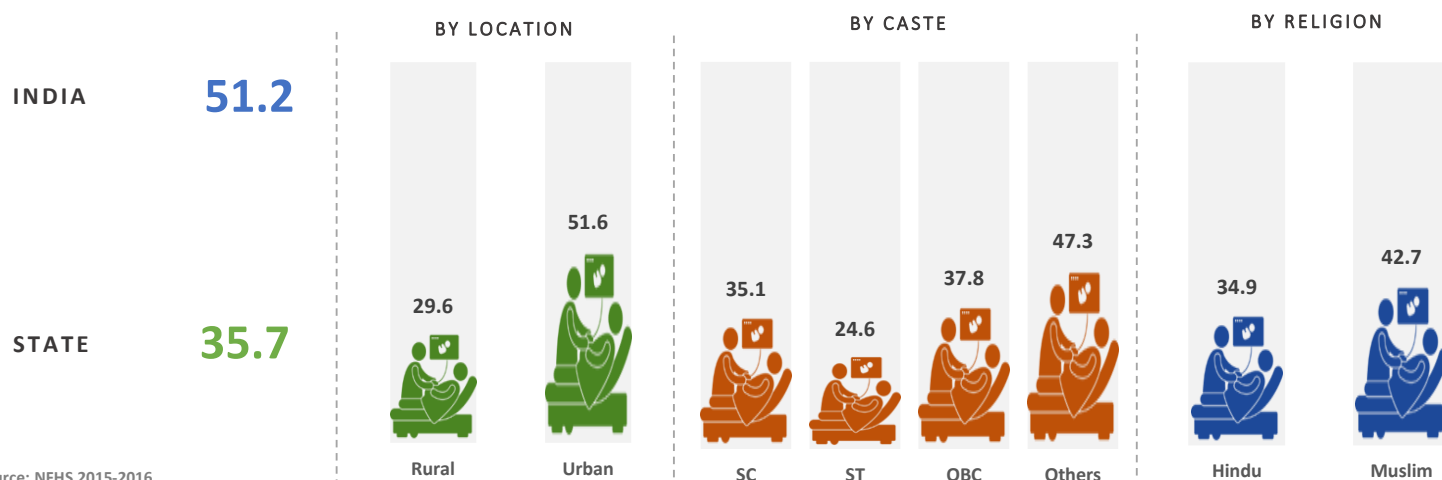


* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

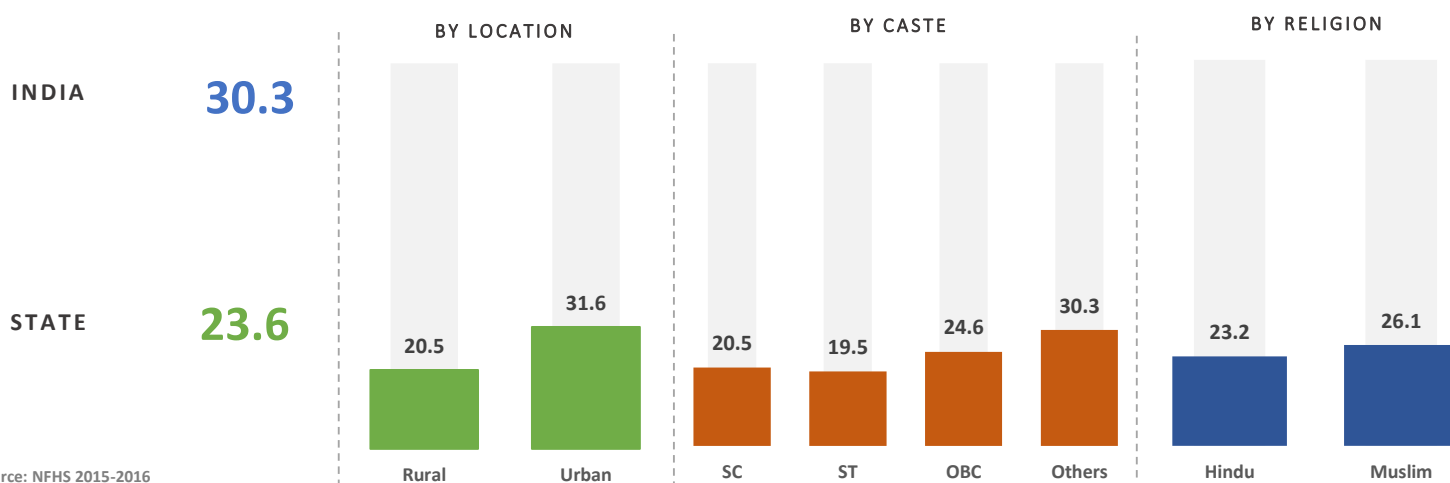
- High Child mortality rates (neonatal, infant and under-5) in rural areas, and especially among Scheduled Tribes.
- Mortality rates (both maternal and child) in M.P are much higher in comparison to country figures.
- Also, there has been a prevalence of high unmet need among Muslim women signifying poor access to contraceptive measures. Also need to remember that TFR is also a little high among Muslims in the state.

MATERNAL CARE

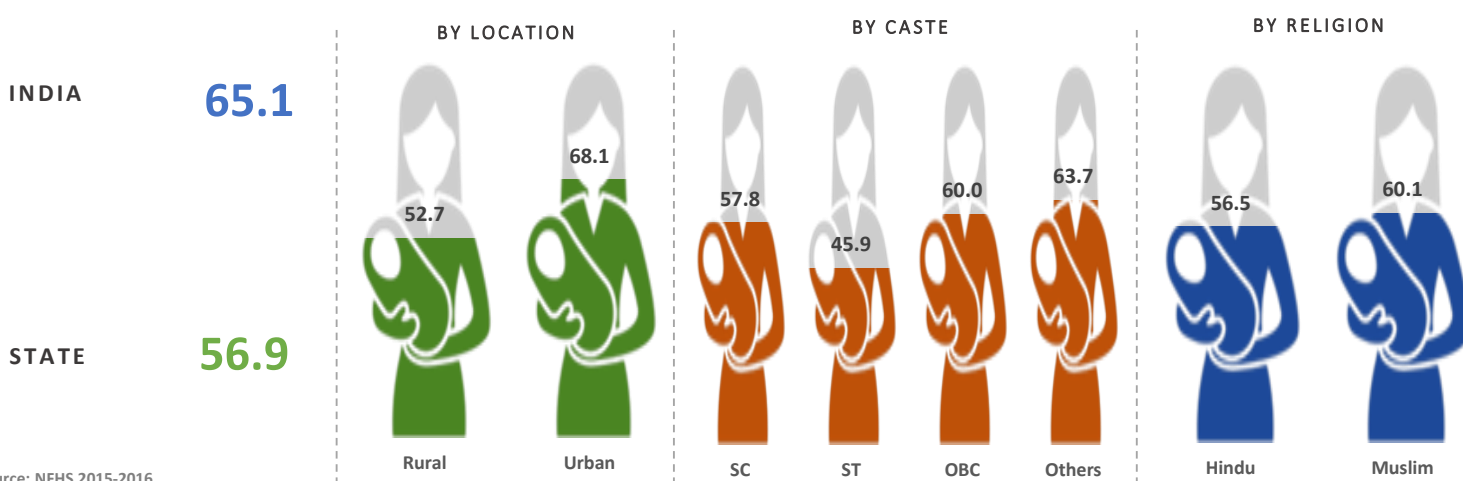
MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



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



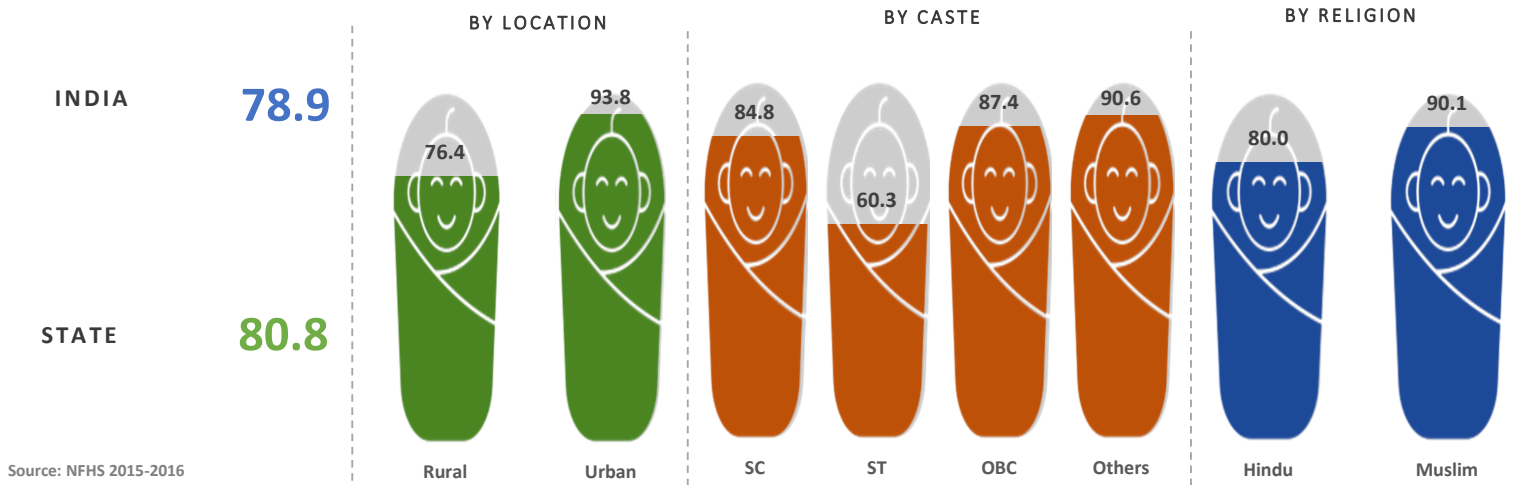
MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)



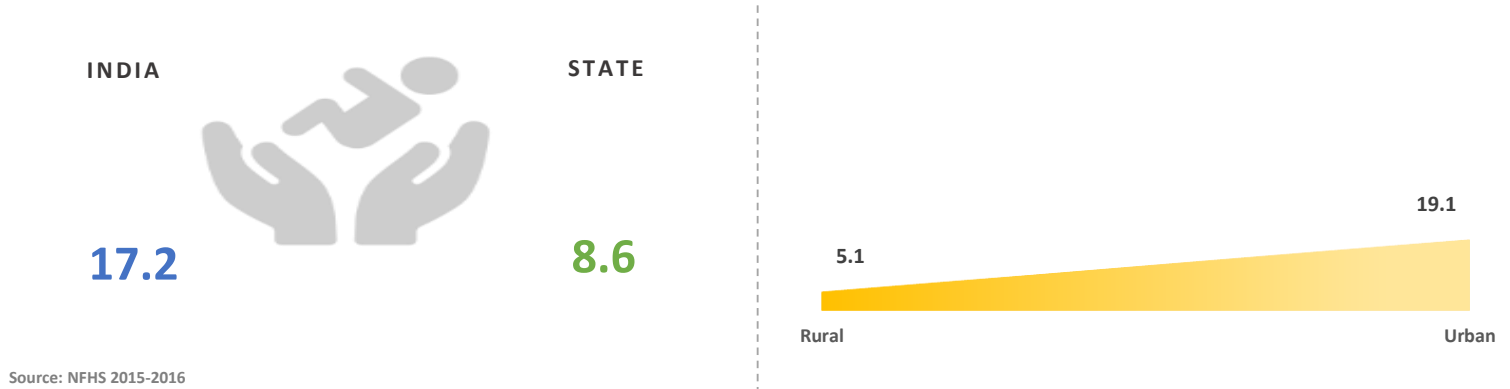
- The state shows low utilization of antenatal care services among all women and postnatal care services especially in rural areas and among Scheduled Tribes.

DELIVERY CARE

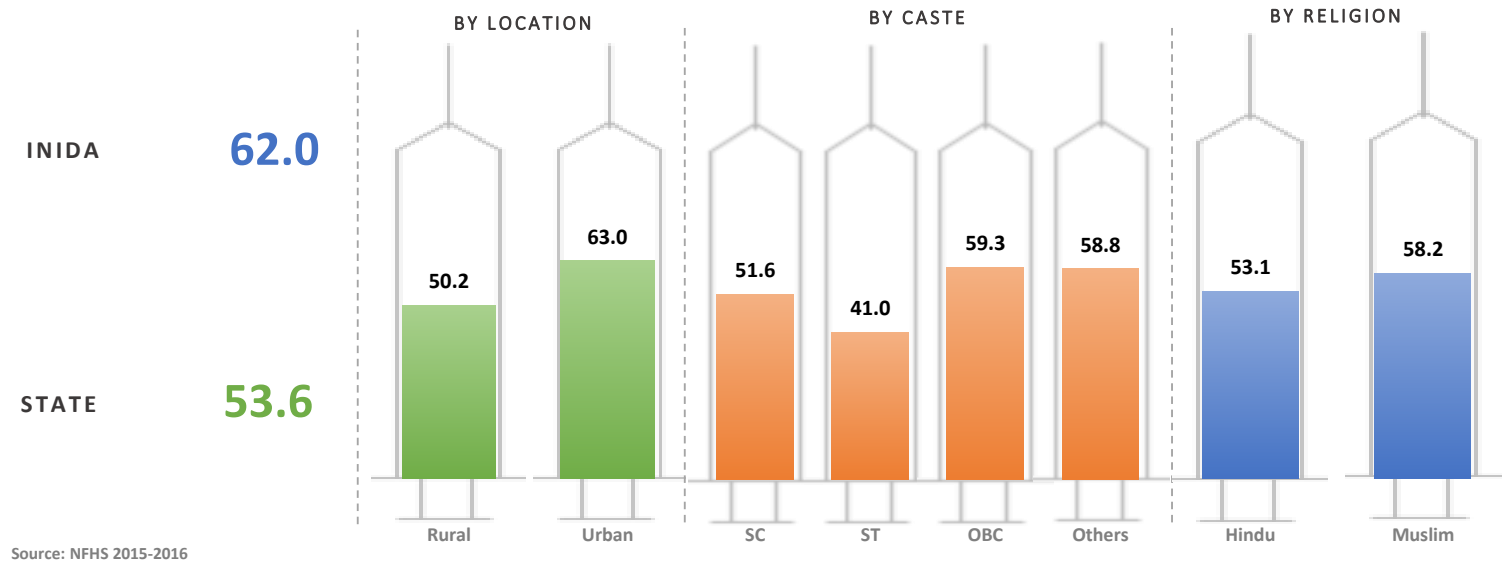
INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)



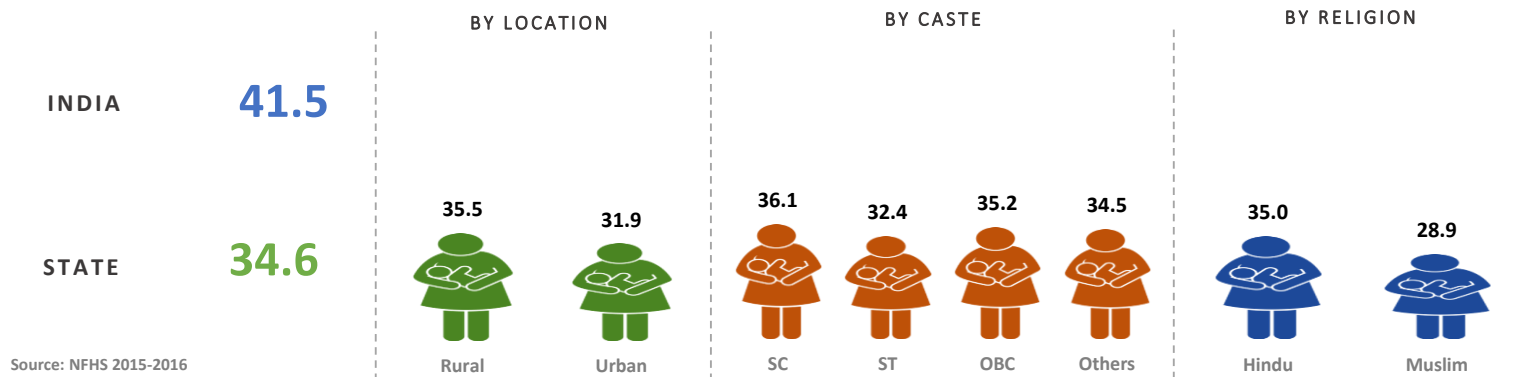
CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



- While the state fares better than the country in its institutional delivery figures, however this rate among its Scheduled Tribe population is exceedingly low.
- The rate of caesarian deliveries in urban areas is also quite high in comparison to the rural areas, overall state figure and higher even than the national figures.
- Immunization figures are overall low with rural areas and Scheduled Tribes faring the lowest.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

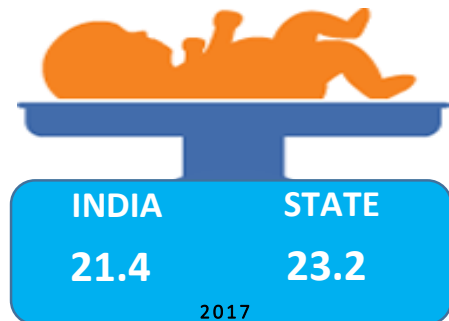
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



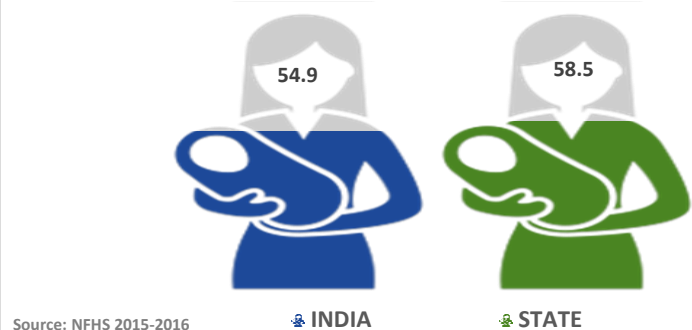
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



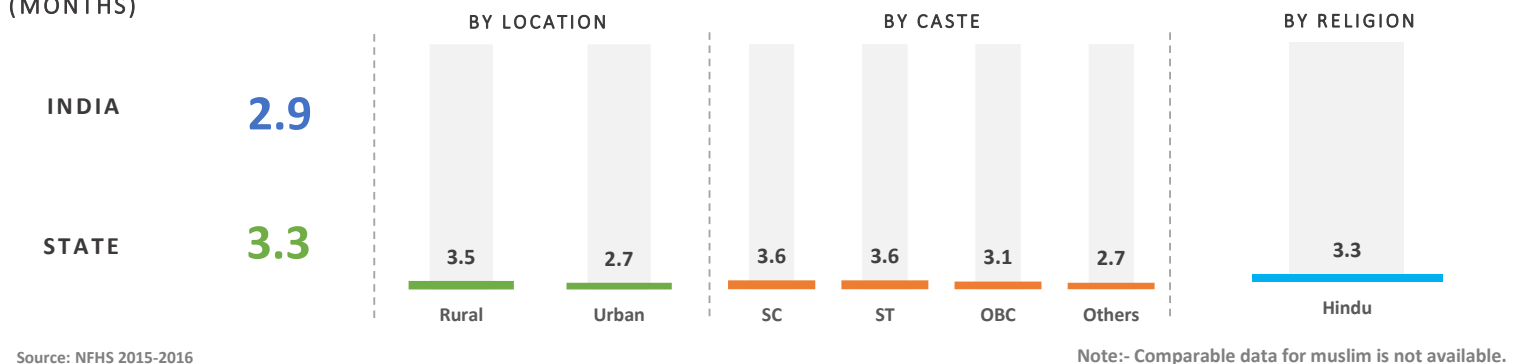
PREVALENCE OF LOW BIRTHWEIGHT (%)



CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



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



- The state fares poorly in early initiation of breastfeeding and complementary feeding. Also has higher proportion of low birth weight deliveries.
- Though the median duration of breastfeeding of M.P is better than the country, however in comparison to the state, this duration is quite less in the urban areas and among others. Moreover, emphasis needs to be given to increase the state total to six months at least.

CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

BY LOCATION

BY CASTE

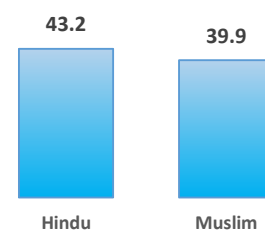
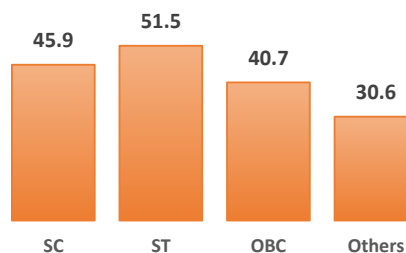
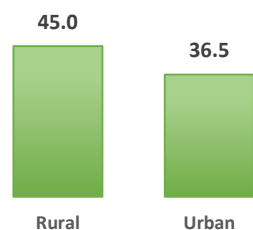
BY RELIGION

INDIA

35.7

STATE

42.8



Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

BY LOCATION

BY CASTE

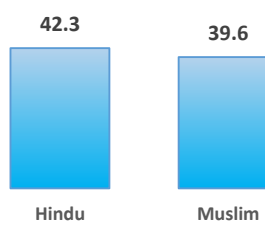
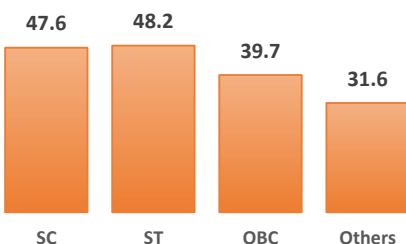
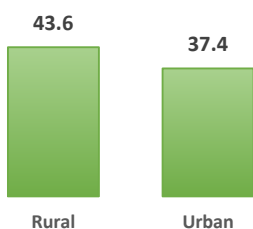
BY RELIGION

INDIA

38.4

STATE

42.0



Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

BY LOCATION

BY CASTE

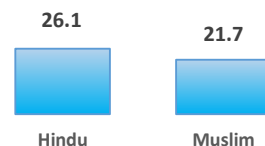
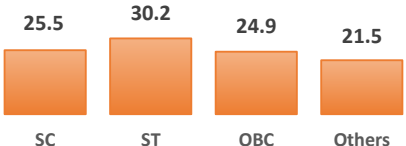
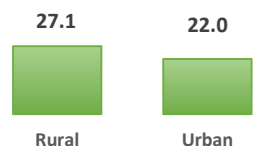
BY RELIGION

INDIA

21.0

STATE

25.8



Source: NFHS 2015-2016

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

BY LOCATION

BY CASTE

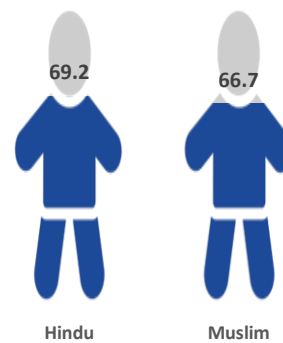
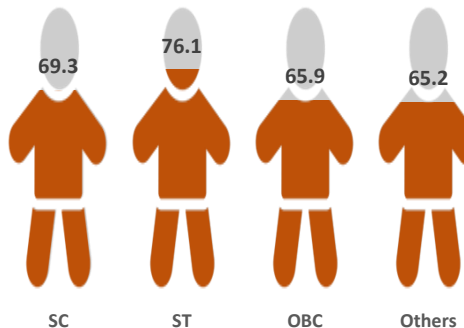
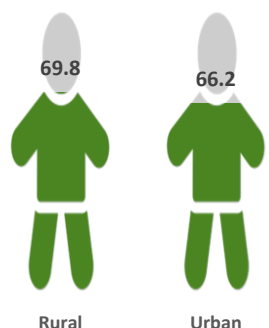
BY RELIGION

INDIA

58.5

STATE

68.9

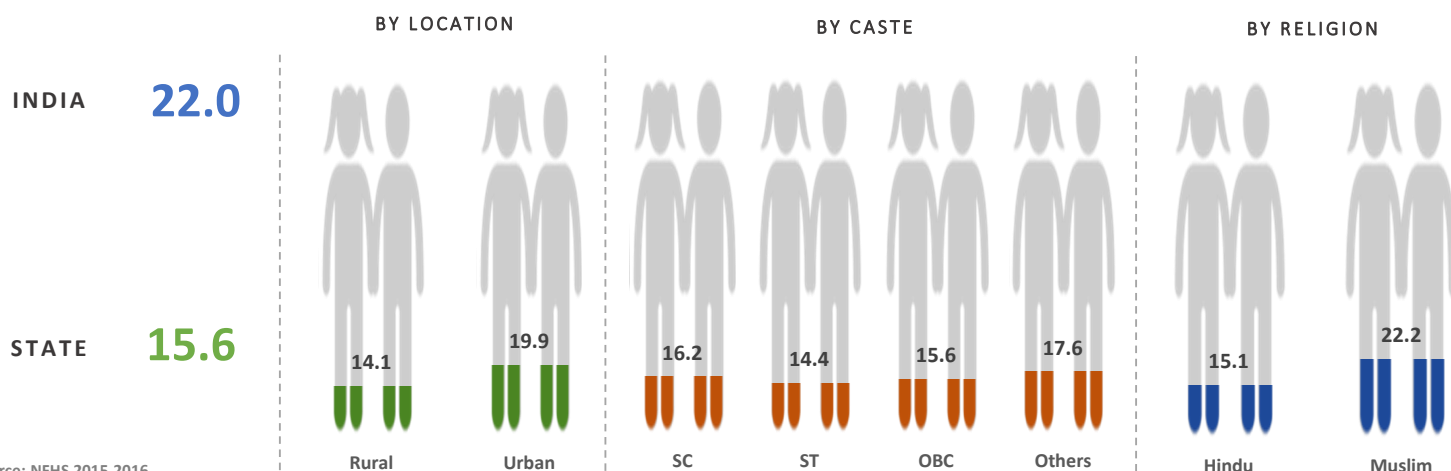


Source: NFHS 2015-2016

- The nutritional status of the children remain a reason for concern for the state with stunting, wasting and underweight figures higher than the country totals and Scheduled tribe and Hindu children faring the worst. Anemia figures are also very high in the state with these two groups again faring the worst.

DIETARY DIVERSITY PATTERN

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



Source: NFHS 2015-2016

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

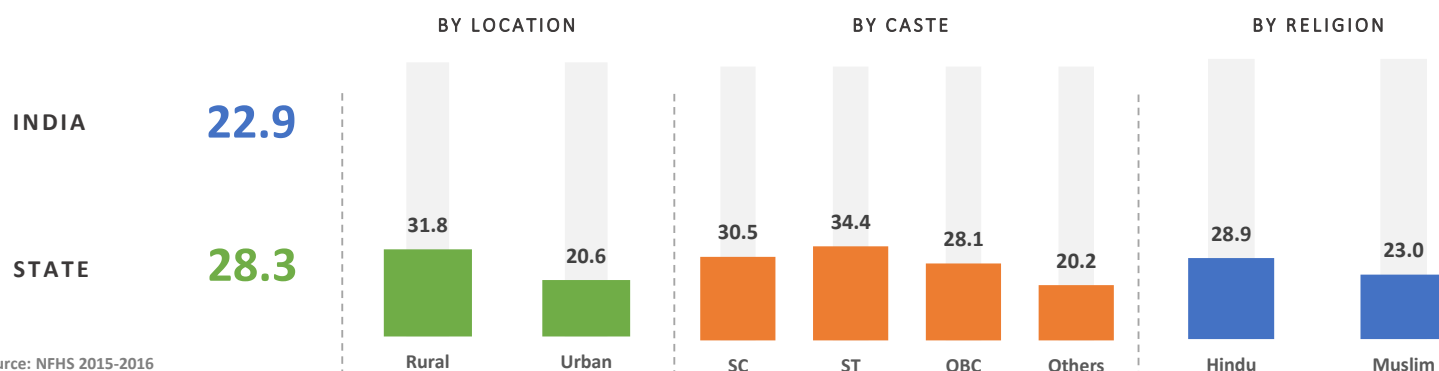


Source: NFHS 2015-2016

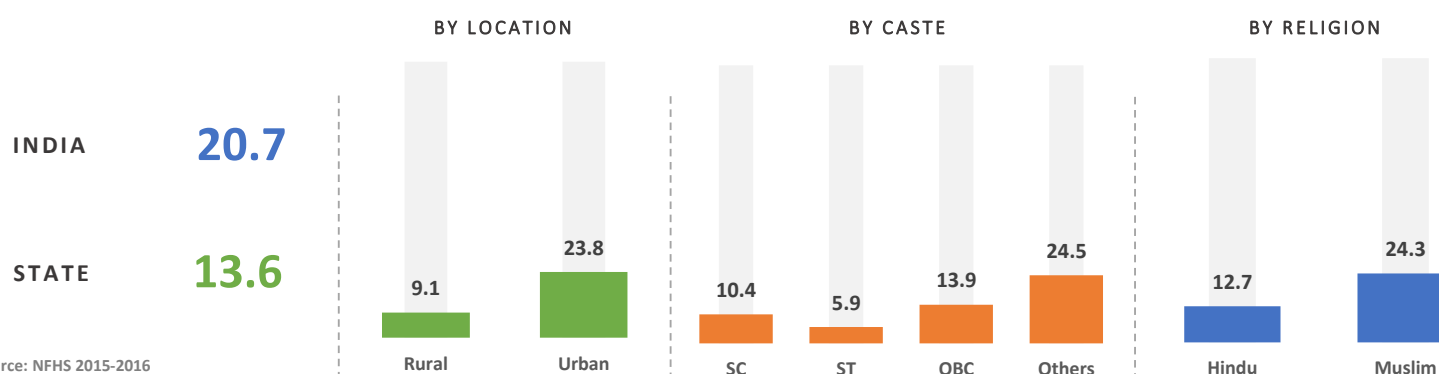
- Keeping in line with poor nutritional status, much less children in comparison with the country are fed with 4+ food groups. Minimum meal frequency remains low both in the country and for the state.

NUTRITIONAL STATUS OF WOMEN AND MEN

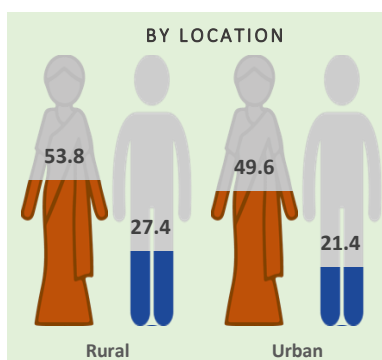
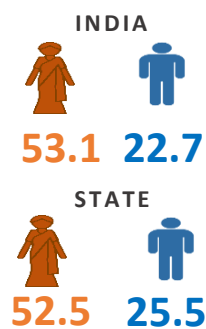
WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M²) (%)



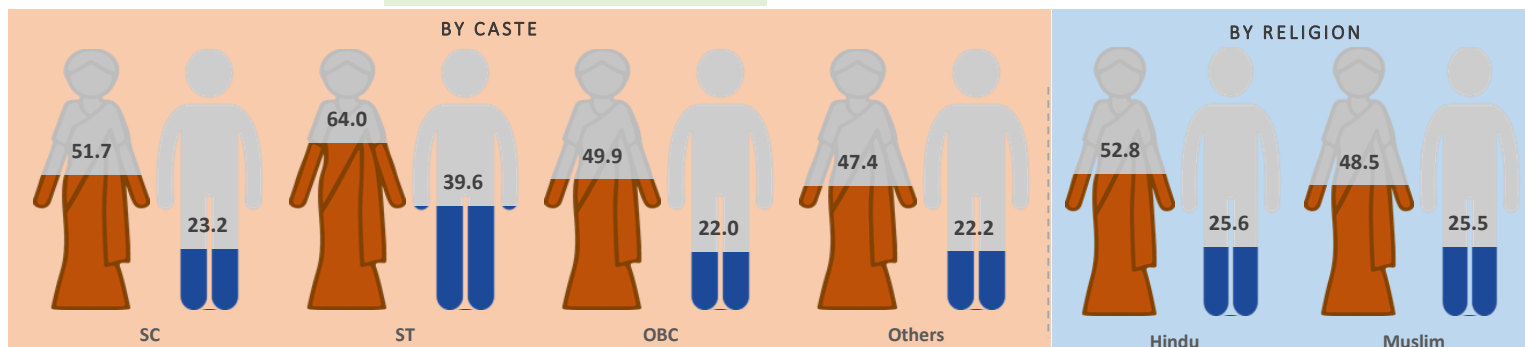
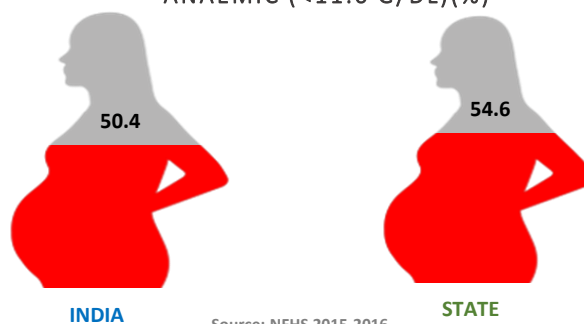
WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M²) (%)



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



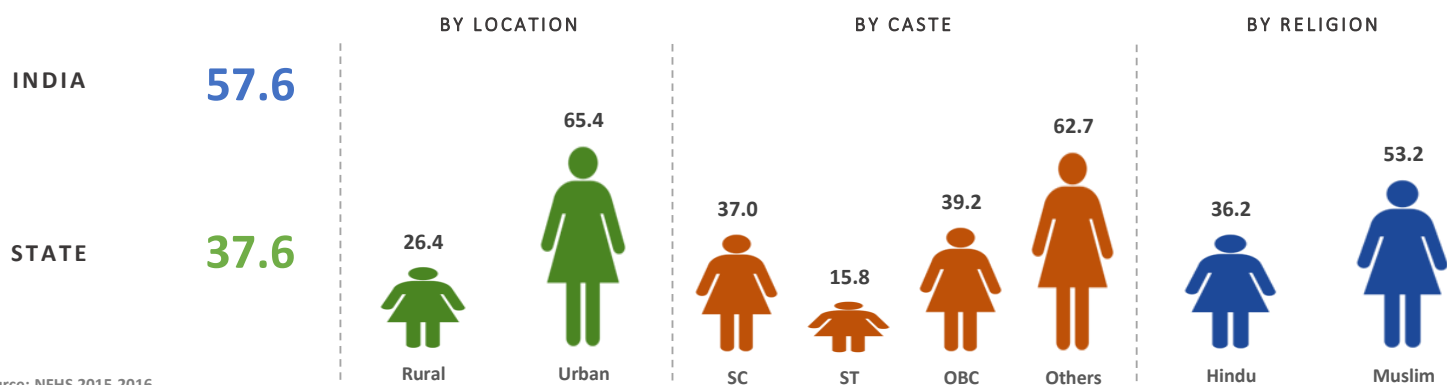
PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



- Malnutrition remains a persistent problem in the state with both maternal and child malnutrition at high levels. There is a higher proportion of women with below normal Body Mass Index (BMI) in rural areas and among the Scheduled Tribe population. On the other hand, obesity is a rising threat in the urban areas, being higher than both the state and country figures.
- Anaemia is a major concern both across the nation and state with more than 50% of the women (pregnant and non-pregnant) with low haemoglobin count.

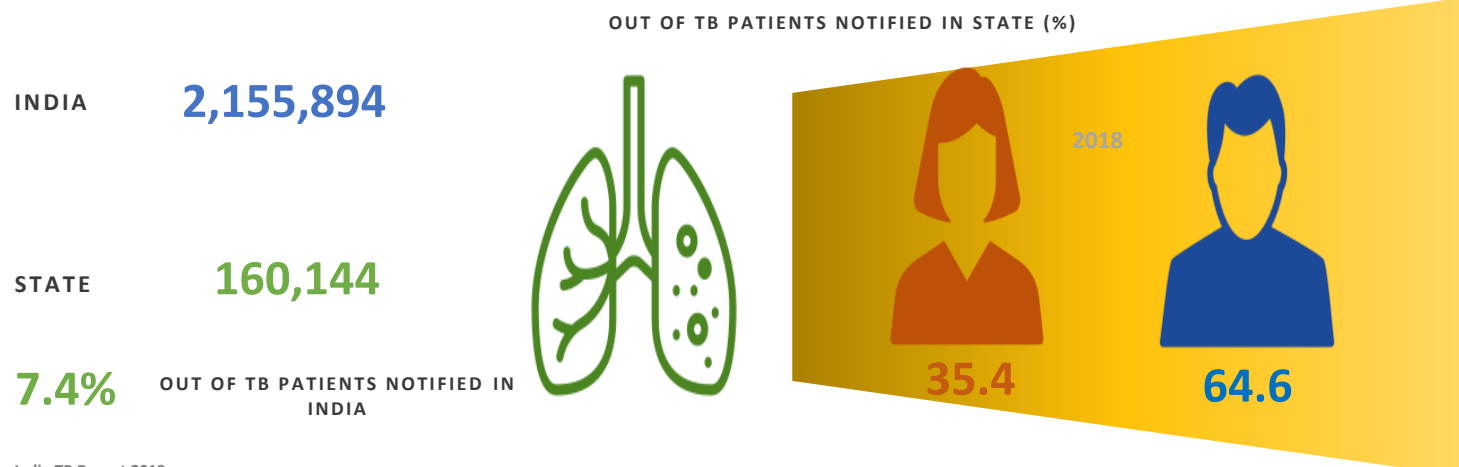
MENSTRUAL HYGIENE

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

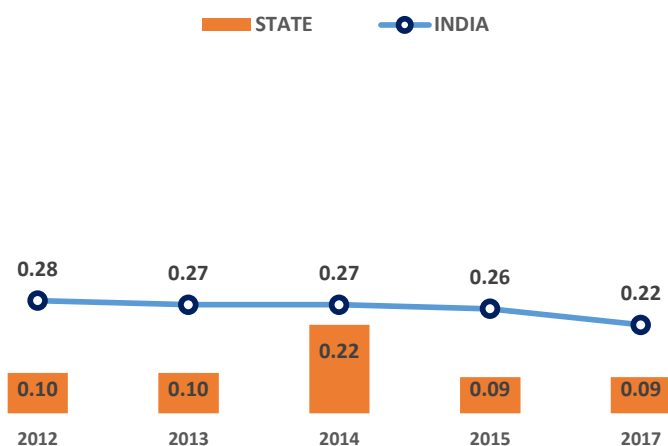


OTHER HEALTH ISSUES

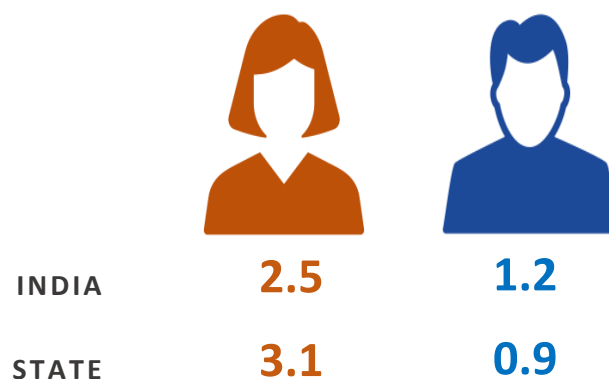
PERSONS SUFFERING FROM TUBERCULOSIS



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



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



- Practice of hygienic methods of menstruation is appallingly low in the state with nearly not existent for the Scheduled Tribe women.
- High prevalence of Tuberculosis among men is another concern.

HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE (%
OF TOTAL HEALTH EXPENDITURE)

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

INDIA

30.6

60.6

STATE

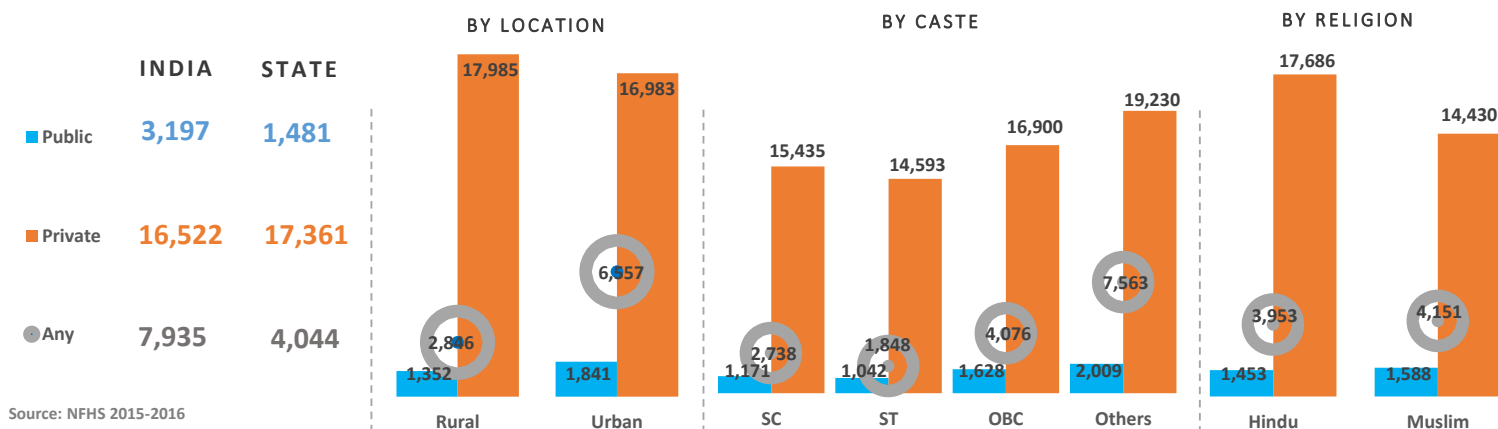
27.8

70.1



Source: National Health Accounts Estimates for India 2015-16

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



Source: NFHS 2015-2016

- Government share in health expenditure is abysmal in both India and M.P.
- With low government share in health expenditure, M.P shows high out of pocket expense (70%). Moreover, while average expenditure for delivery in private facilities is much higher than the country figure.

GOVERNMENT FLAGSHIP PROGRAMMES FOR HEALTH AND NUTRITION

NATIONAL HEALTH MISSION

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

NHM has six financing components:

- (i) NRHM-RCH Flexipool,
- (ii) NUHM Flexipool,
- (iii) Flexible pool for Communicable disease,
- (iv) Flexible pool for Non communicable disease including Injury and Trauma,
- (v) Infrastructure Maintenance and
- (vi) Family Welfare Central Sector component.

INTEGRATED CHILD DEVELOPMENT

Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development.

The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. Objectives of the Scheme are:

1. To improve the nutritional and health status of children in the age-group 0-6 years;
2. To lay the foundation for proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development;
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

POSHAN ABHIYAAN

The Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN) Abhiyaan or National Nutrition Mission is one of the India's flagship programmes to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers by leveraging technology, a targeted approach and convergence. It aims to build a people's movement (Jan Andolan) around malnutrition.

Key Strategies

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

1. Inter-sectoral convergence for better service delivery
 2. Use of technology (ICT) for real time growth monitoring and tracking of women and children
 3. Intensified health and nutrition services for the first 1000 days
- Jan Andolan

SHORTFALL IN HEALTH FACILITIES IN RURAL AREAS (%)

(as on 1st July 2019)

	India	State
Sub Centres and HWC-SCs	23.0	26.6
PHCs and HWC-PHCs	28.2	46.3
CHCs	36.9	44.6

Source: Rural Health Statistics 2019

SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

	India	State
Anganwadi Workers	4.7	2.0
ASHA	Surplus	4.5
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	12.2
Specialists at CHCs	81.8	91.6

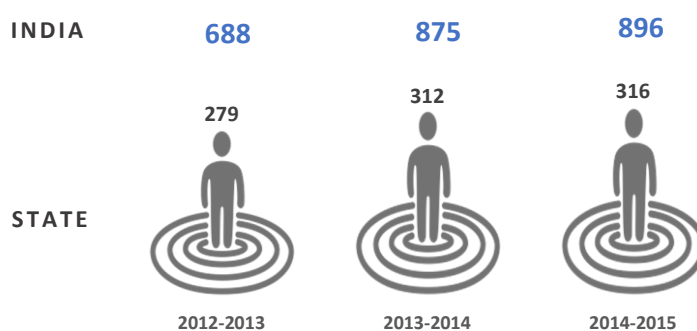
Source: Rural Health Statistics 2019

NUMBER OF AWCs



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

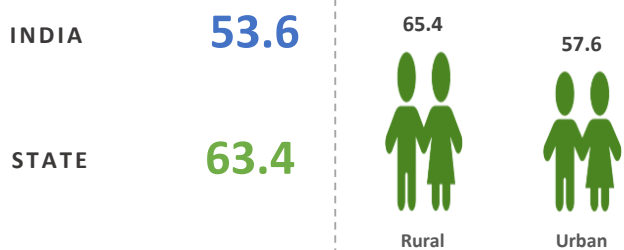
NUMBER OF NUTRITIONAL REHABILITATION CENTRES



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

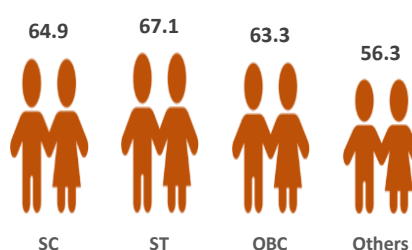
CHILDREN AGED 0-71 MONTHS WHO RECEIVED SERVICES FROM AN AWC (%)

BY LOCATION

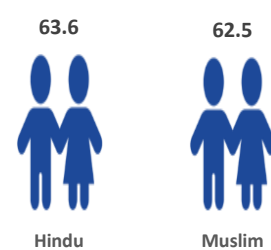


Source: NFHS 2015-16

BY CASTE

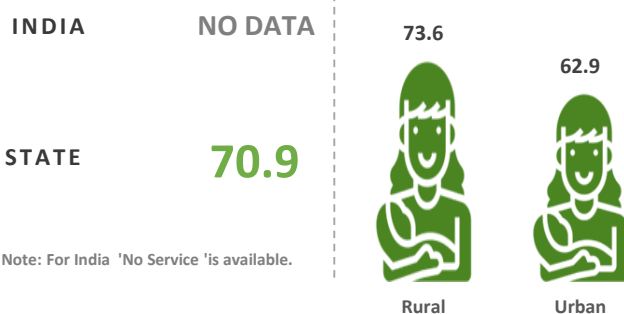


BY RELIGION



MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

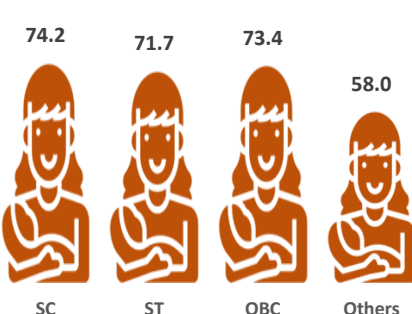
BY LOCATION



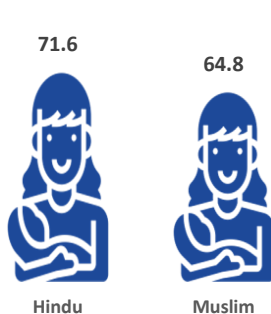
Note: For India 'No Service' is available.

Source: NFHS 2015-16

BY CASTE

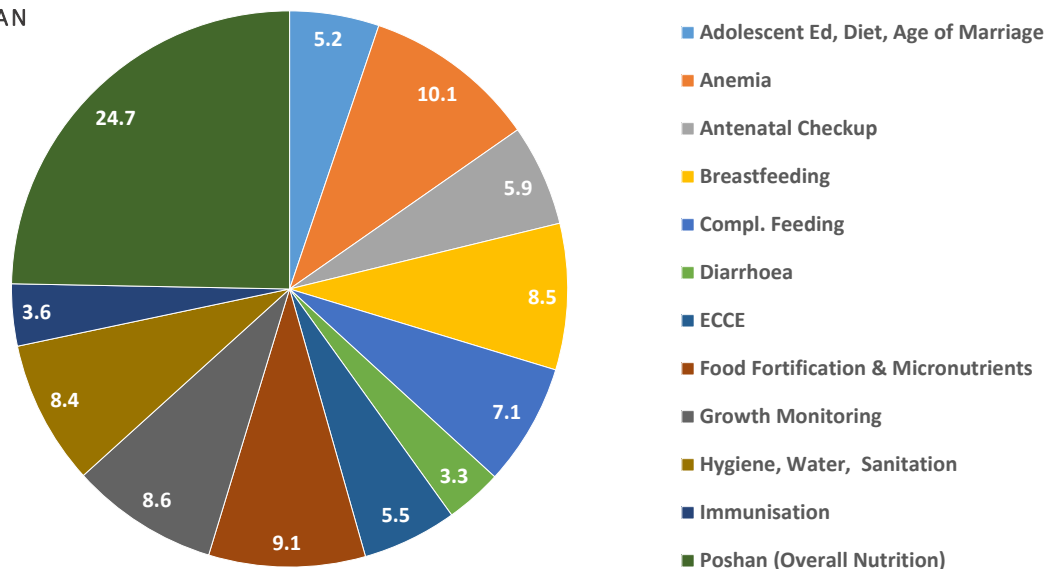


BY RELIGION



- The state has high shortfall of health facilities and health professionals.
- The shortfall of specialists at CHC is more than 90% for the state signifying that despite having health facilities, people might not be able to avail its benefit owing to lack of specialists.

THEMES-WISE ACTIVITIES IN POSHAN
MAAH (SEPTEMBER 2019)



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

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

Activity type	State Value (%)	India Value (%)
Home Visits	41.4	14.4
Anemia Camp	3.1	1.5
CBE-Community Based Events (ICDS)	4.9	22.3
Community Radio Activities	1.8	0.3
Cooperative/Federation	1.8	0.2
Cycle Rally	1.9	0.3
DAY-NRLM SHG Meet	3.6	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	1.0	0.2
Haat Bazaar Activities	1.9	0.4
Harvest Festival	1.0	0.2
Local Leader Meeting	1.3	0.5
Nukkad natak/Folk Shows	1.0	0.4
Other Activities	9.2	34.7
Panchayat Meeting	1.3	1.0
Poshan Mela	4.0	8.2
Poshan Rally	4.1	2.6
Poshan Walk	2.2	1.5
Poshan Workshop/Seminar	3.8	4.1
Prabhat Faree	1.9	1.1
Providing Water to the Toilets	0.6	0.3
Safe Drinking Water in Anganwadi Centres	1.3	0.7
Safe Drinking Water in Schools	0.6	0.2
School Based Activities	1.9	2.9
VHSND	2.2	No Data
Youth Group Meeting	1.8	No Data

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

WOMEN EMPOWERMENT

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

INDIA
23.8

STATE
33.1



Source: Annual Report PLFS 2017-18

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

INDIA
25.3

STATE
33.9



Source: Annual Report PLFS 2017-18

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

INDIA
6.0

STATE
2.2



Source: Annual Report PLFS 2017-18

WOMEN HEADED ESTABLISHMENTS

INDIA
8,050,819

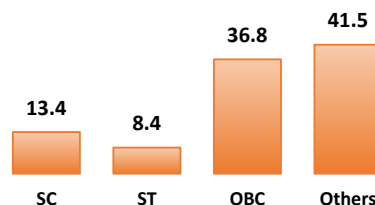
STATE
223,405

2.8% Out of India's Women Headed Establishments

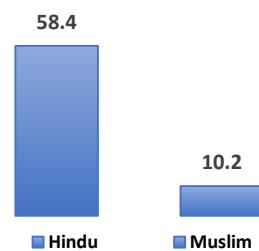
10.4% Out of State's Total Establishments-
Agriculture & Non-Agriculture

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

MALE
18.7

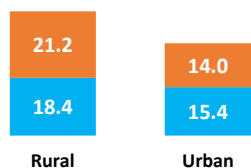
FEMALE
18.8

STATE

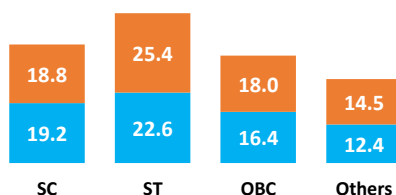
17.5

19.0

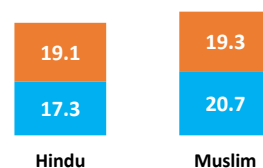
BY LOCATION



BY CASTE



BY RELIGION



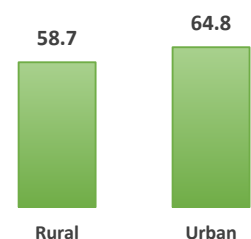
Source: NFHS 2015-2016

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

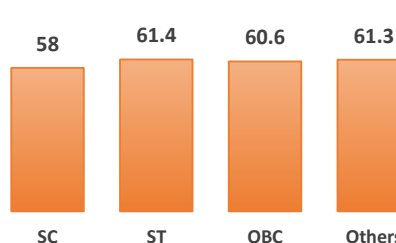
INDIA
63.0

STATE
60.5

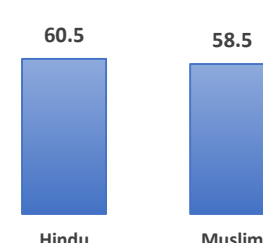
BY LOCATION



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 around 34% of women in its labour force. And this consists of both currently employed and unemployed women signifying the proportion of active employed women to be further less.
- M.P has only 2.8% of women headed establishments in the country, with SC, ST and Muslims contributing the least in this.

WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA

3.9

STATE

3.3

3.7

Rural

2.5

Urban

5.6

SC

3.9

ST

3.0

OBC

1.1

Others

3.2

Hindu

4.7

Muslim

Source: NFHS 2015-16

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

BY LOCATION

BY CASTE

BY RELIGION

INDIA

33.3

STATE

34.9

37.3

Rural

29.4

Urban

44.8

SC

40.8

ST

32.7

OBC

22.8

Others

34.9

Hindu

37.8

Muslim

Source: NFHS 2015-16

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

INDIA (2018)

378,277

STATE (2018)

28,942

(7.7%)

OUT OF INDIA

28,756



2014

24,231



2015

26,604



2016

29,788



2017

28,942



2018

Source: NCRB

STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



8

OUT OF 36 STATES & UTs

Source: NCRB 2016

DOWRY DEATHS REPORTED (No.)

INDIA (2018)

7,166

STATE (2018)

547

(7.6%)

OUT OF INDIA

664



2015

629



2016

632



2017

547



2018

Source: NCRB

WOMEN TRAFFICKING CASES REPORTED (No.)



33

OUT OF 854
IN INDIA

Source: NCRB 2018

FEMALE SUICIDE CASES (No.)

INDIA	42,391
STATE	4,348

Source: ADSI 2018

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	STATE
FOETICIDES	128	17
INFANTICIDES	56	3

Source: NCRB 2018

- The state has less incidence of violence against women than the country figure, however the rate is still in the rural areas and among the scheduled caste, tribe and Muslim population.
- M.P ranks 8th in India regarding rate of crime against women which is definitely praiseworthy. However, there has been an increasing trend in the crime rate since 2016. Similar trend regarding dowry deaths.

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



288,295

SHGs HAVING BANK ACCOUNT* (%)



75.2

SHGs HAVING CREDIT LINKED (%)



NO DATA

TOTAL VILLAGE ORGANIZATIONS FORMED



26,579

TOTAL CLUSTER LEVEL FEDERATIONS

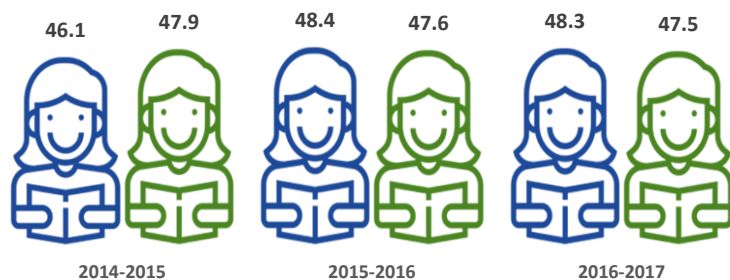


817

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

GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

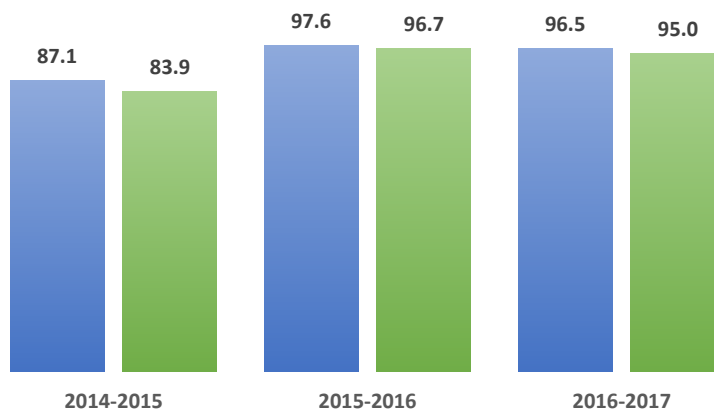
INDIA STATE



Source: U-Dise

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

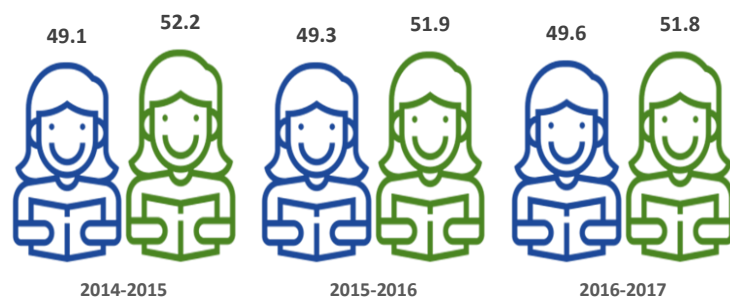
INDIA STATE



Source: U-Dise

GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

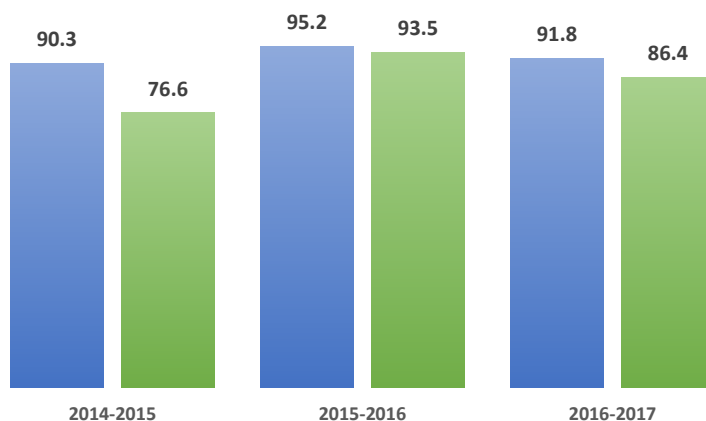
INDIA STATE



Source: U-Dise

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

INDIA STATE



Source: U-Dise

- 75% of the SHGs in M.P has been able to establish some kind of bank linkage.
- There has been almost no improvement in girls' enrolment in both elementary and secondary level for M.P as well as for the entire country since 2014 to 2017. However, toilets being one of the major contributors for improving girl's enrolment has also shown a decline for the state since 2016.