

# MAHARASHTRA FACTSHEET 2020



DEVELOPED BY:



ऑक्सफैम इंडिया  
**OXFAM**  
India

THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

## BACKDROP

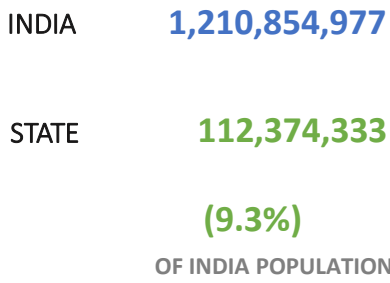
In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national 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.

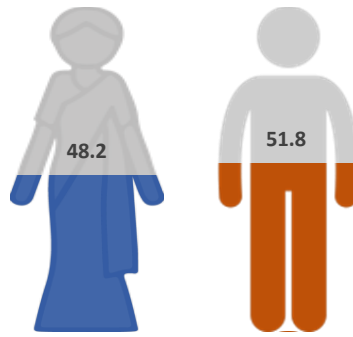
# STATE AT A GLANCE

## OVERALL POPULATION



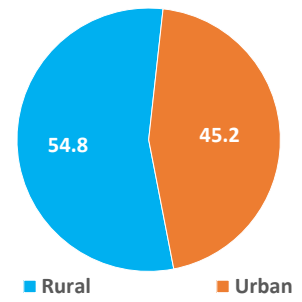
Source: Census 2011

## STATE POPULATION BY SEX (%)



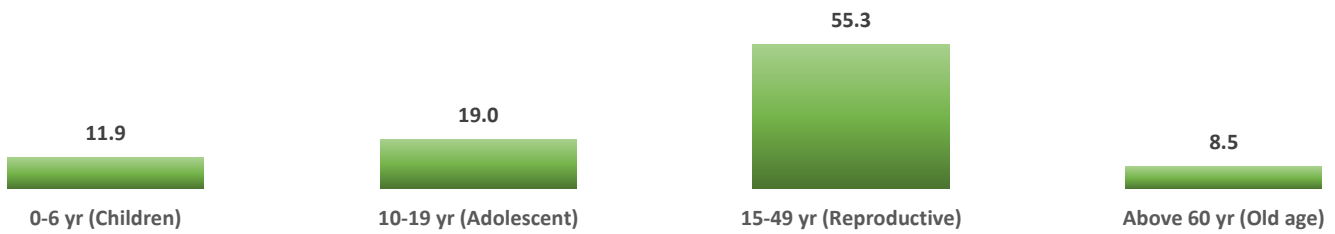
Source: Census 2011

## STATE POPULATION BY LOCATION (%)



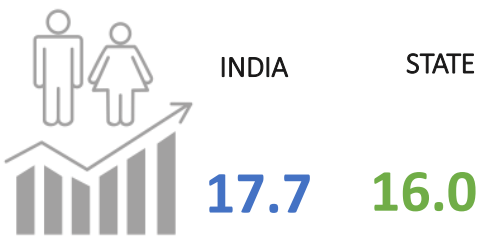
Source: Census 2011

## STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

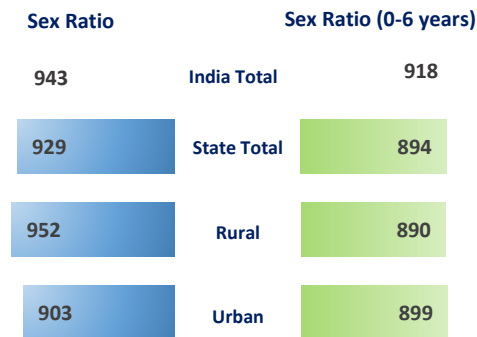
## \*DECADAL POPULATION GROWTH RATE (%)



\* Total population growth between 2001-2011

Source: Census 2011

## SEX RATIO (FEMALES PER 1000 MALES)



Source: Census 2011

## HEALTH INDEX (RANK)



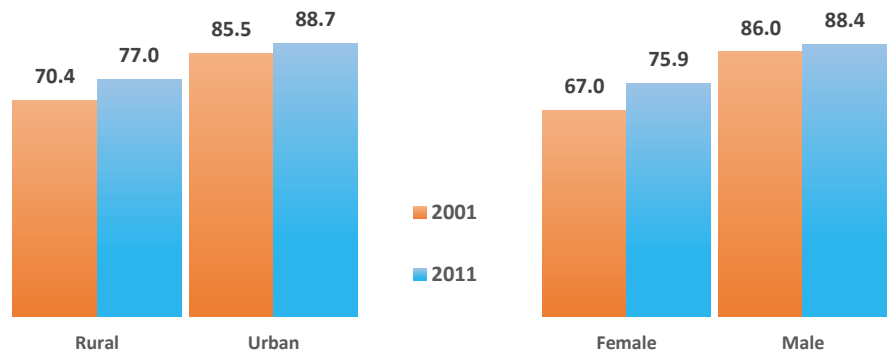
Source: Economic Survey 2019

## OVERALL LITERACY RATE (%)



Source: Census

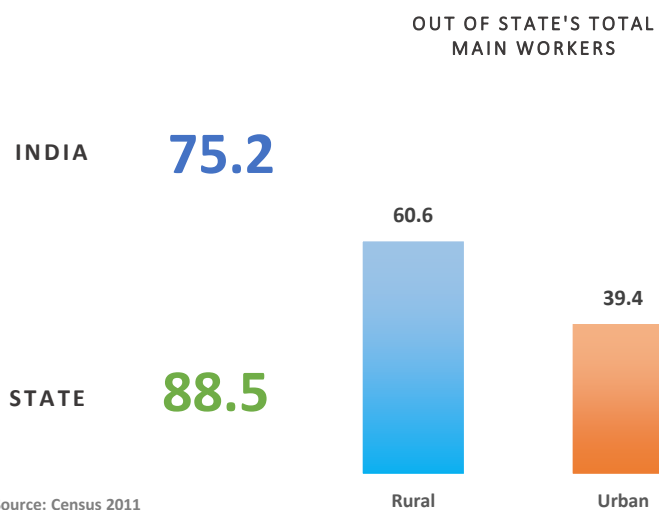
## LITERACY RATE BY LOCATION AND SEX OUT OF STATE'S TOTAL LITERACY (%)



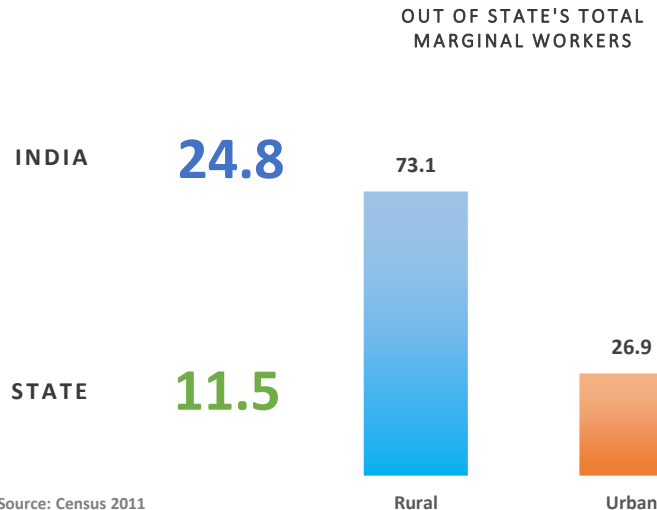
Source: Census

- Maharashtra fares poorly in its sex ratio indices, both in overall and sex ratio at birth. Urban areas require more emphasis.

## 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
Osmanabad	3	20	2	4	69	60	9
Washim	11	34	5	12	87	74	13
Gadchiroli	14	16	3	72	76	73	33
Nandurbar	39	95	10	69	88	56	20

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.

- Out of the 4 aspirational districts in the state, two of them fall in the bottom 20 category in financial inclusion.

## PROPORTION OF VULNERABLE POPULATION

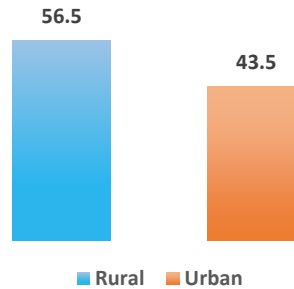
### OVERALL SCHEDULE CASTE (SC) POPULATION

INDIA **201,378,372**

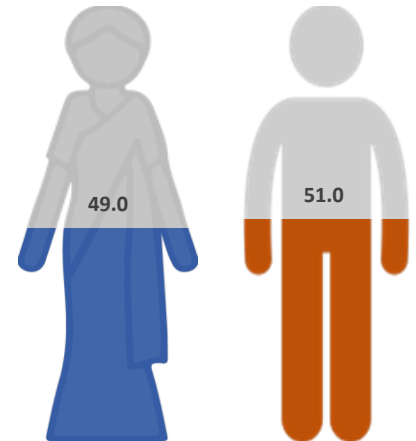
STATE **13,275,898**  
(6.6%)

Out of India's SC population

### SC POPULATION BY LOCATION (%)



### SC POPULATION BY SEX (%)



Source: Census 2011

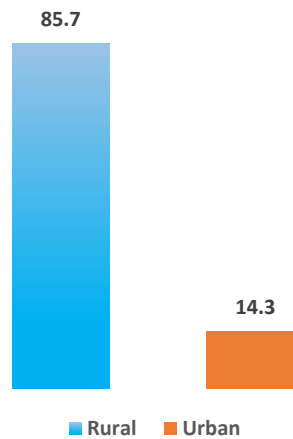
### OVERALL SCHEDULE TRIBE (ST) POPULATION

INDIA **104,545,716**

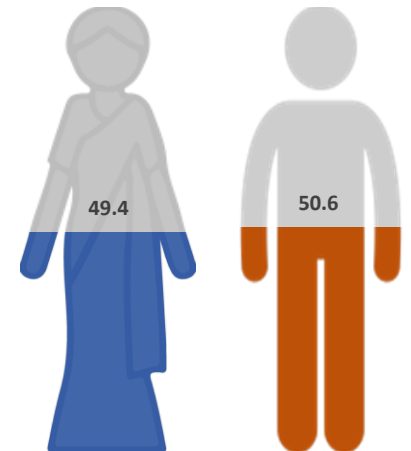
STATE **10,510,213**  
(10.1%)

Out of India's ST population

### ST POPULATION BY LOCATION (%)



### ST POPULATION BY SEX (%)



Source: Census 2011

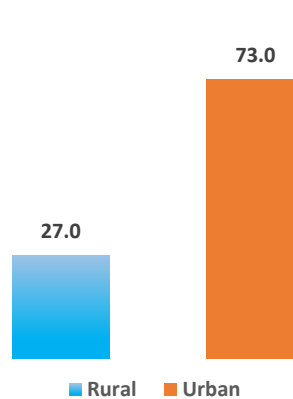
### OVERALL MUSLIM POPULATION

INDIA **172,245,158**

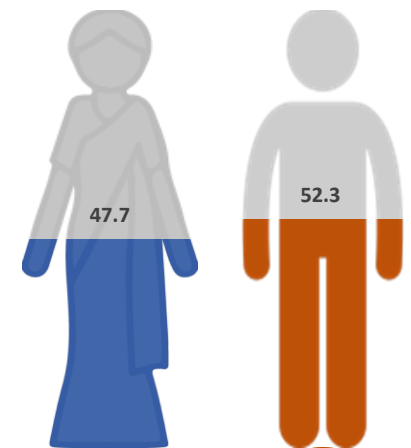
STATE **12,971,152**  
(7.5%)

Out of India's Muslim population

### MUSLIM POPULATION BY LOCATION (%)



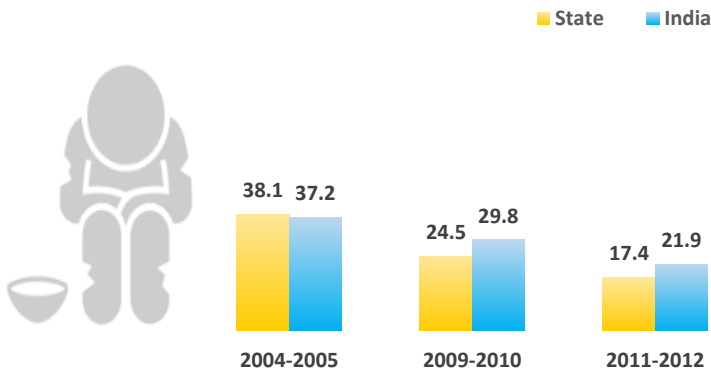
### MUSLIM POPULATION BY SEX (%)



Source: Census 2011

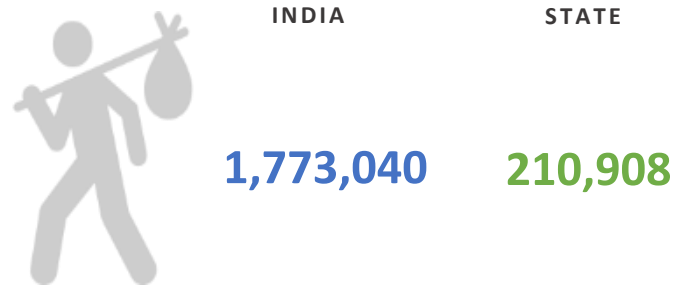
- The Scheduled caste and Scheduled tribe population of the state is primarily concentrated in the rural region with very little urban share.

POPULATION LIVING BELOW POVERTY LINE (%)



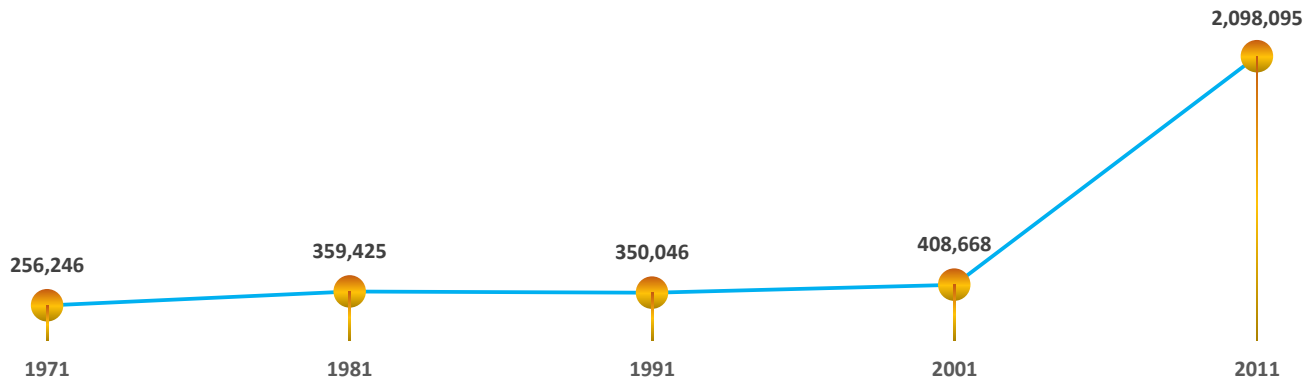
Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)



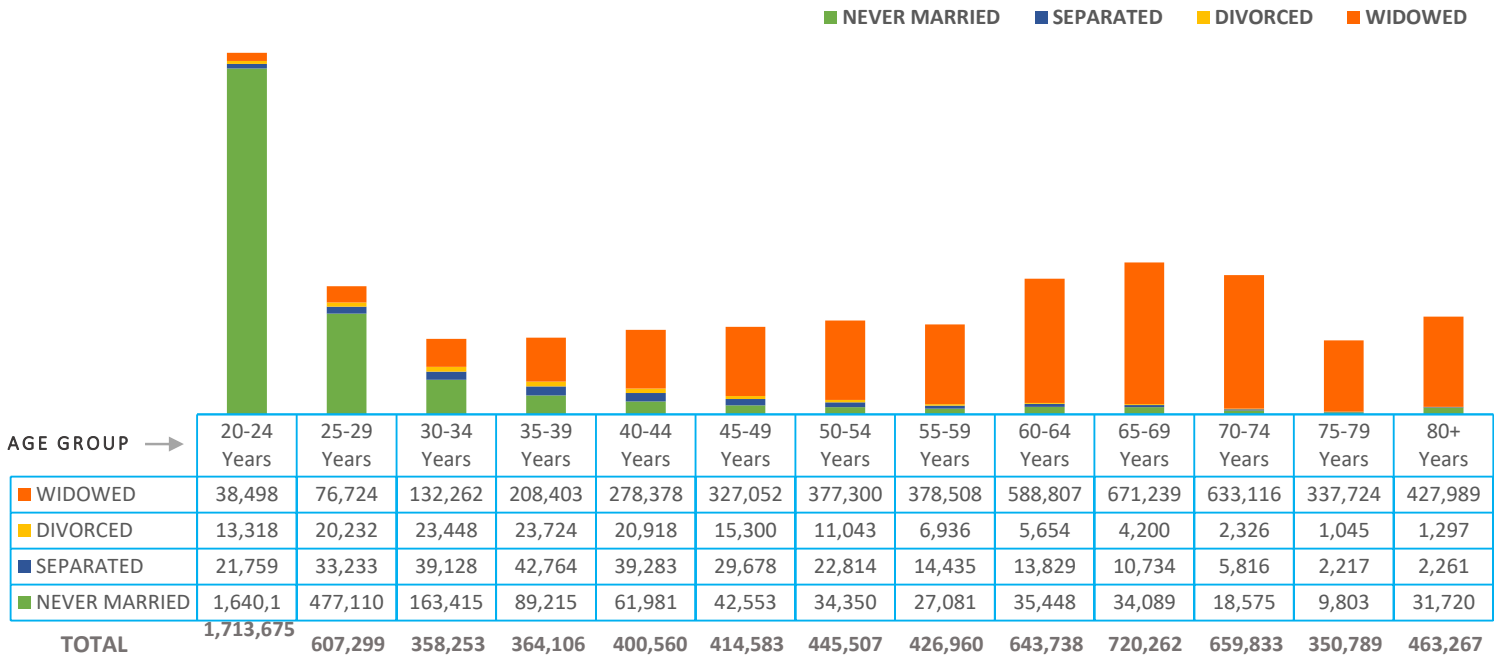
Source: Census 2011

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 halved its BPL population between 2005 and 2012.

**PERSONS WITH DISABILITIES IN ALL AGE GROUP**

INDIA'S TOTAL PERSON WITH DISABILITIES      STATE'S TOTAL PERSON WITH DISABILITIES

**26,814,994**      **2,963,392**  
(11.1%)

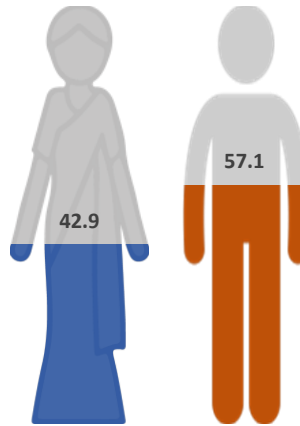
OUT OF WHICH

**2,116,698**      **164,343**  
(7.8%)

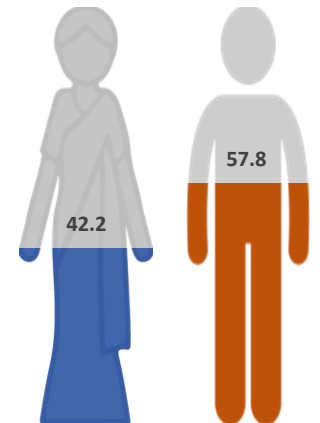
REPORTED MULTIPLE DISABILITIES

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

**1,291,637**      **141,926**  
(11.0%)

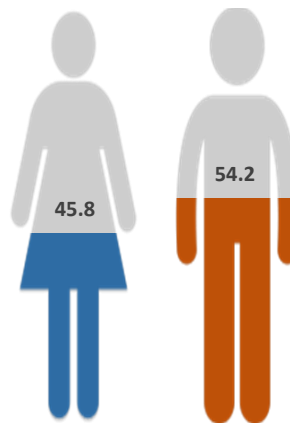
OUT OF WHICH

**78,662**      **7,133**  
(9.1%)

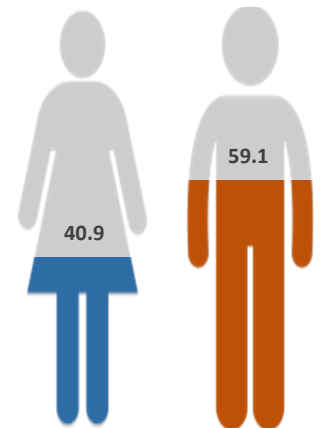
REPORTED MULTIPLE DISABILITIES

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

**1,955,926**      **199,445**  
(10.2%)

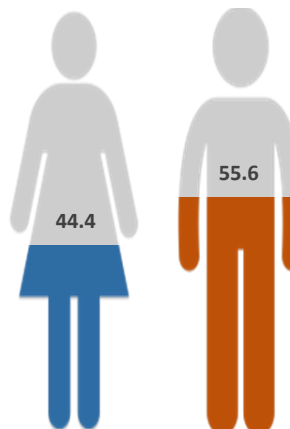
OUT OF WHICH

**187,492**      **16,810**  
(9.0%)

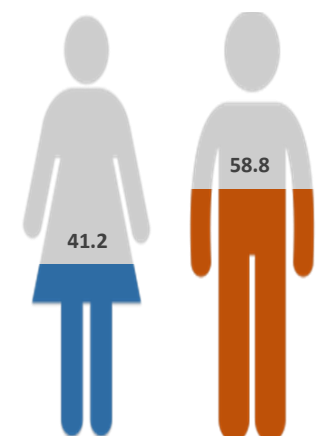
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



- Maharashtra has a high prevalence of disabilities than the country as a whole, both among the general population and among children.

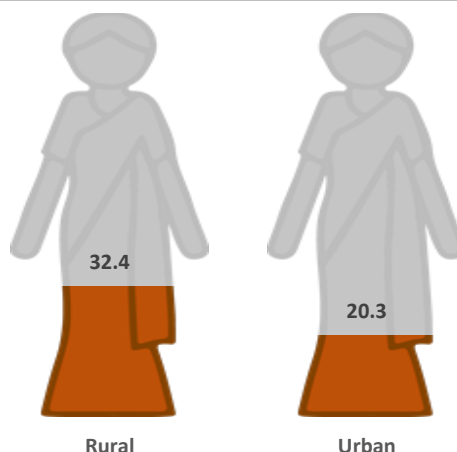
# HEALTH AND NUTRITION

## MARRIAGE AND FERTILITY

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

INDIA **26.8**

STATE **26.3**

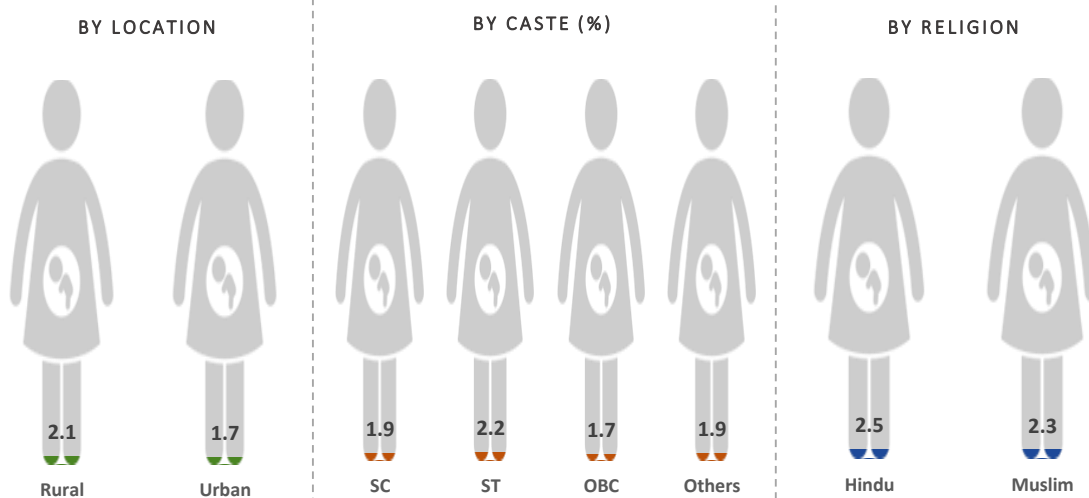


Source: NFHS 2015-2016

### TOTAL FERTILITY RATE (%)

INDIA **2.2**

STATE **1.9**

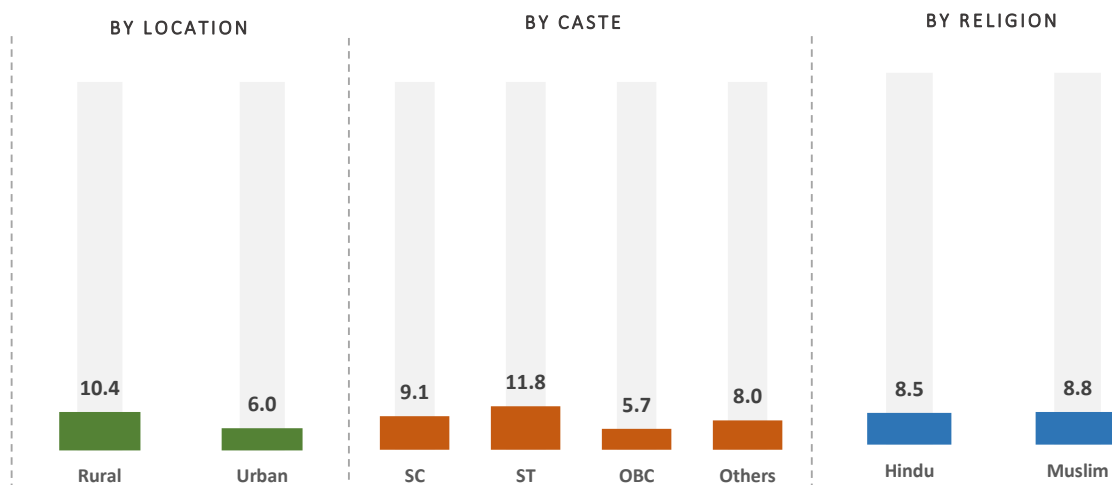


Source: NFHS 2015-2016

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

INDIA **7.9**

STATE **8.3**



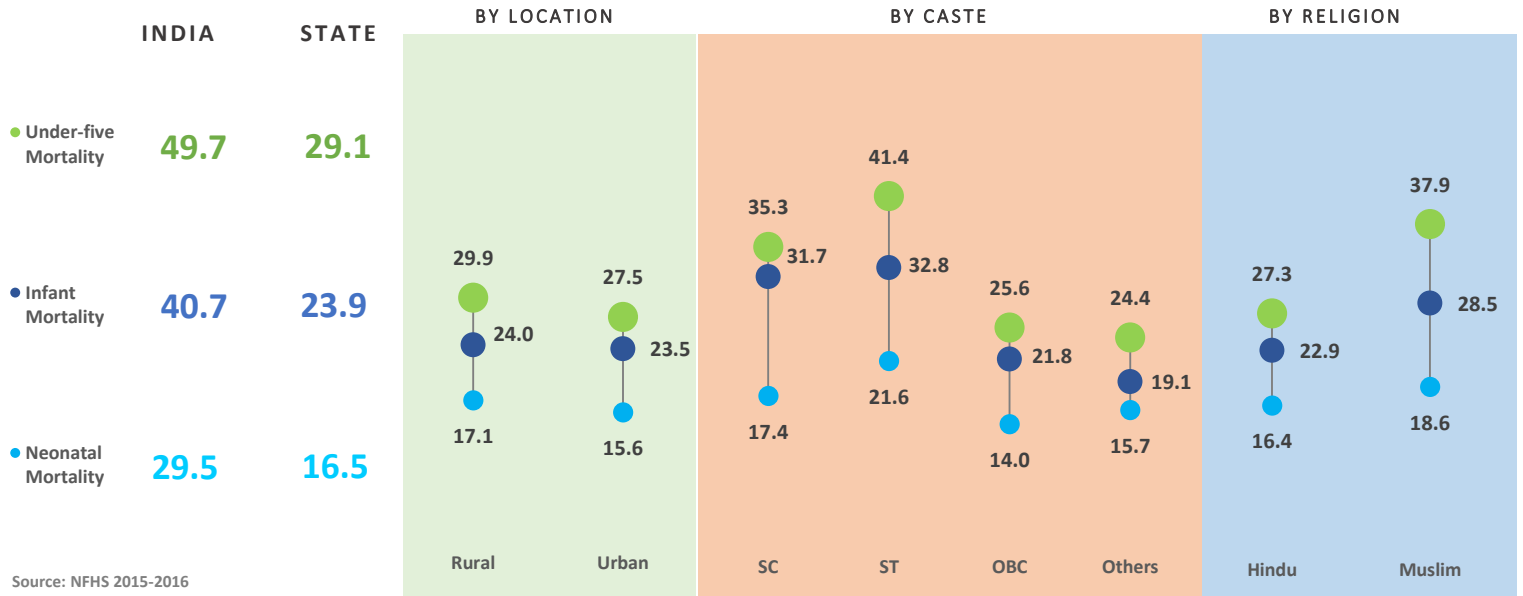
Source: NFHS 2015-2016

- While the state fares more or less comparable with the country, its rural areas see a higher prevalence of early marriage, teenage pregnancy and total fertility rate.
- Also, teenage pregnancy is highest in the state among the Scheduled Tribes.

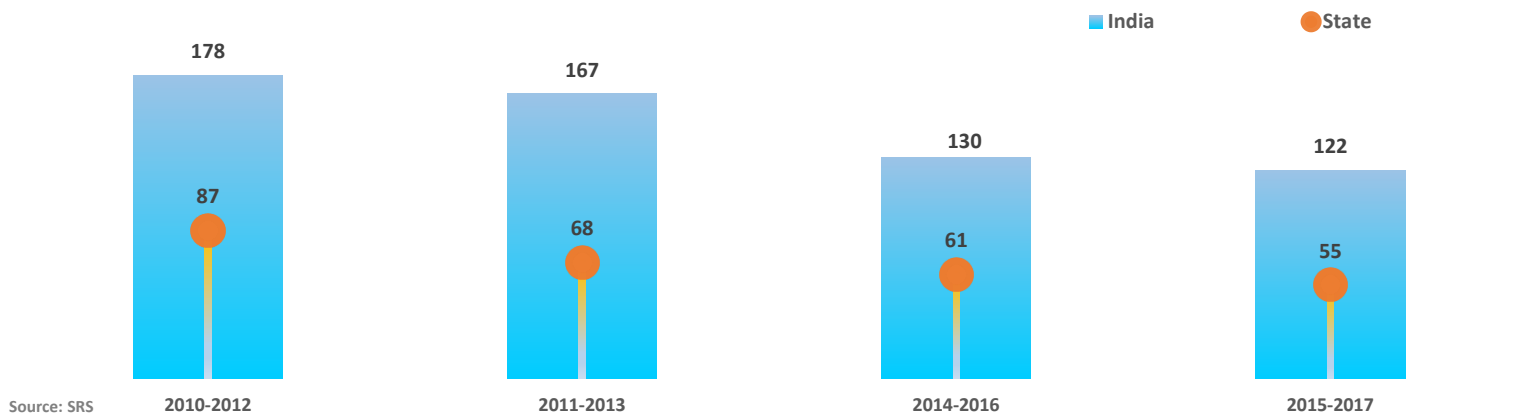


# MORTALITY

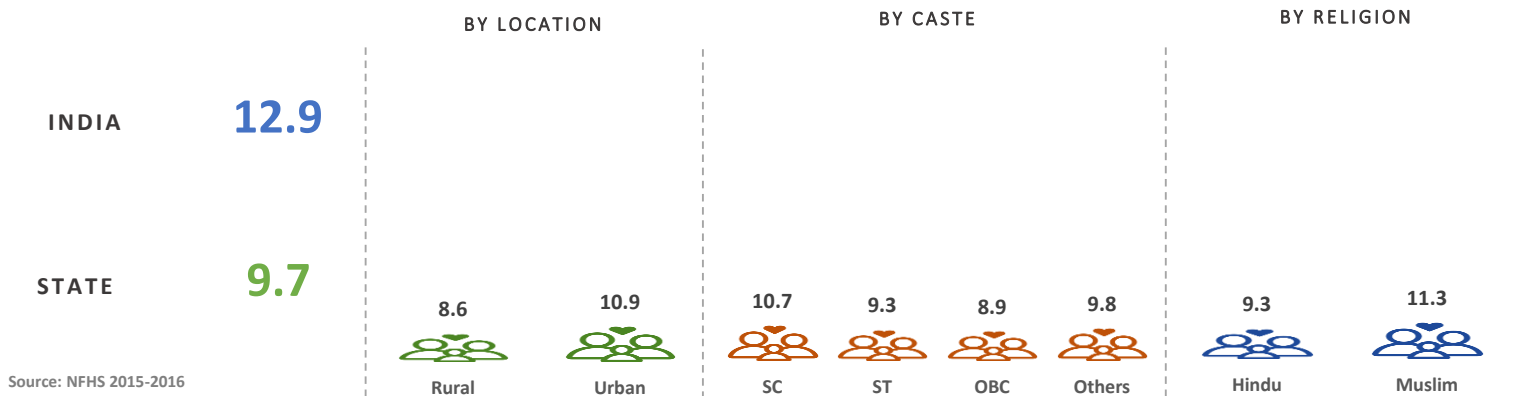
## MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



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



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

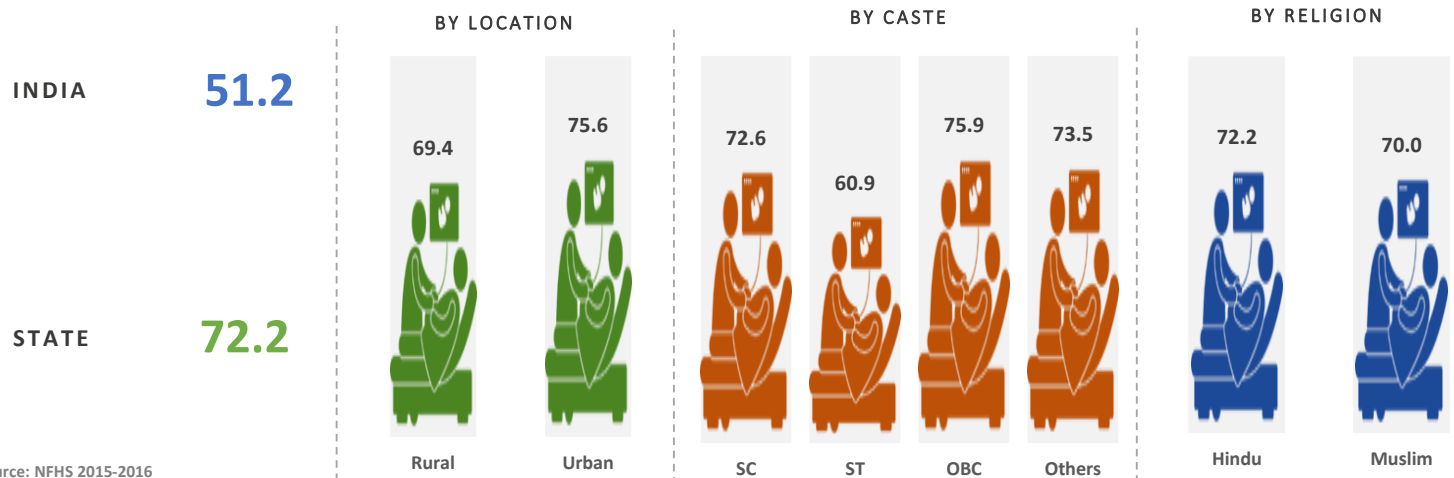


\* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

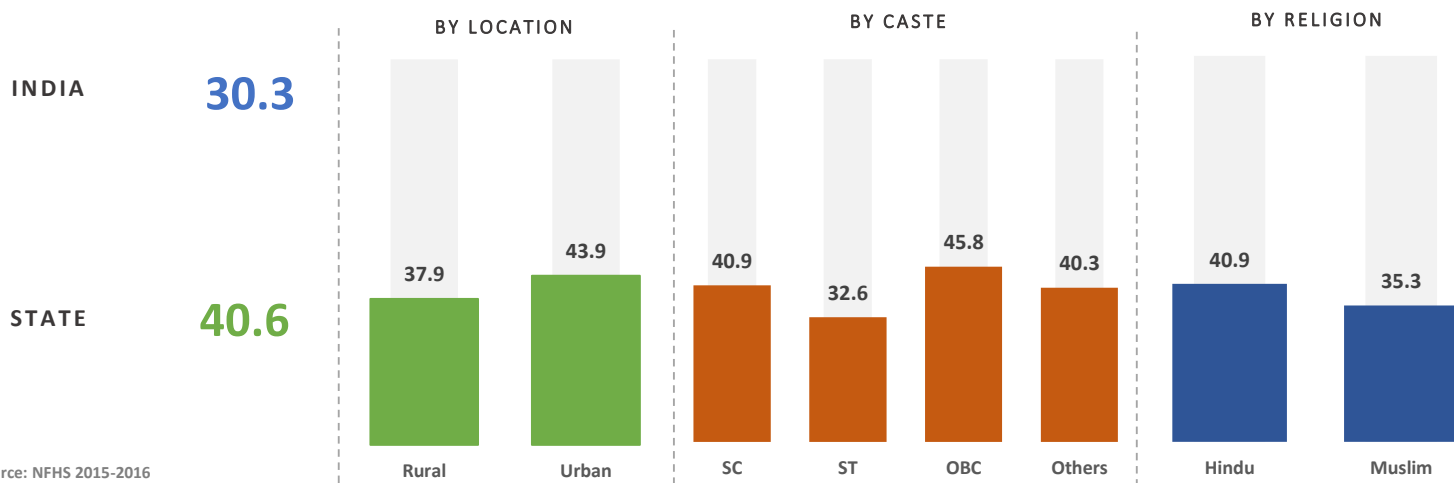
- High Child mortality rates (neonatal, infant and under-5) among the Scheduled Tribes and the Muslim population .

## MATERNAL CARE

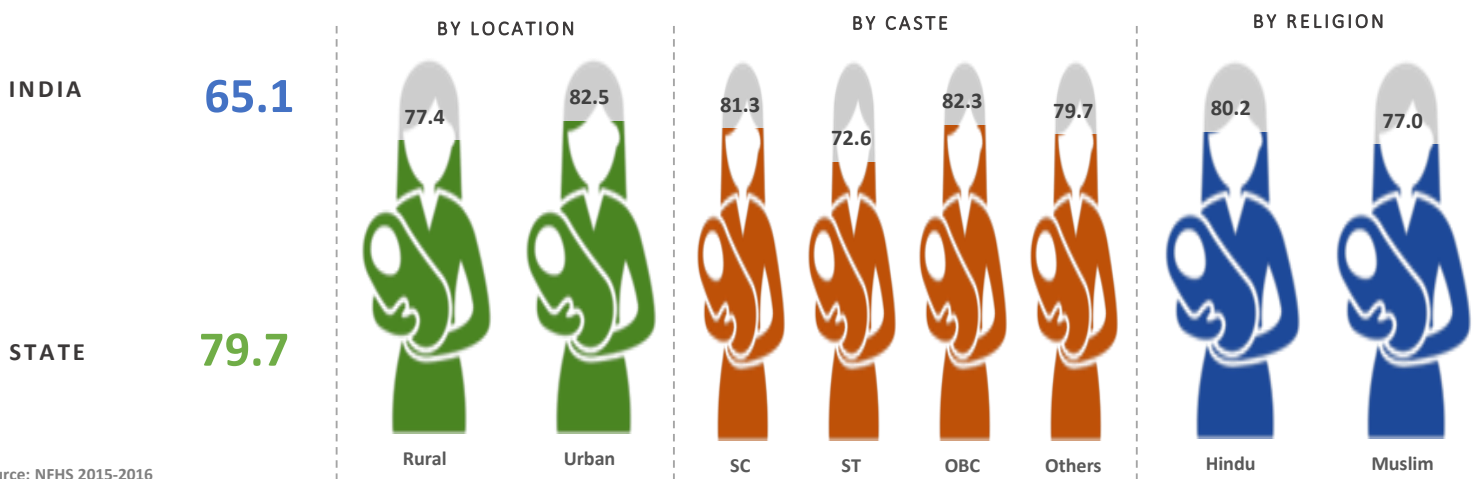
### MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



### 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 (ante-natal visits and consumption of IFA tablets) among Scheduled Tribe women.

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)

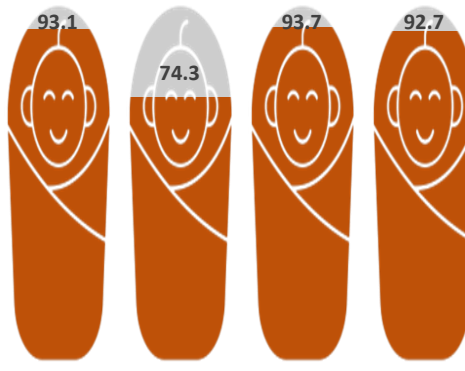
BY LOCATION

BY CASTE

BY RELIGION

INDIA

78.9



STATE

90.3

SC

ST

OBC

Others

Hindu

Muslim

Source: NFHS 2015-2016

BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA

17.2



STATE

20.1



Source: NFHS 2015-2016

CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)

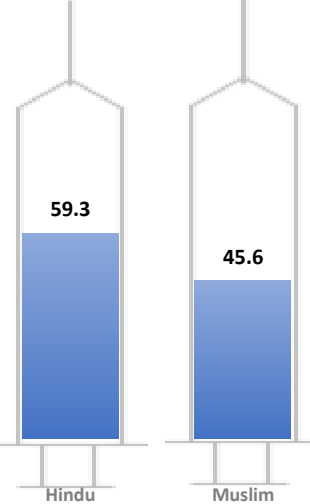
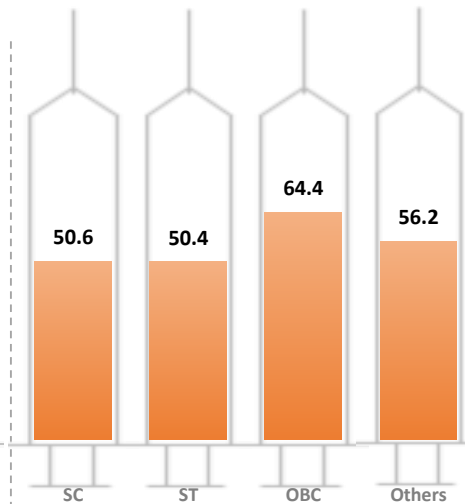
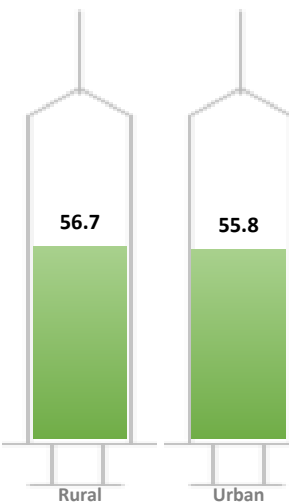
BY LOCATION

BY CASTE

BY RELIGION

INDIA

62.0



STATE

56.3

Rural

Urban

SC

ST

OBC

Others

Hindu

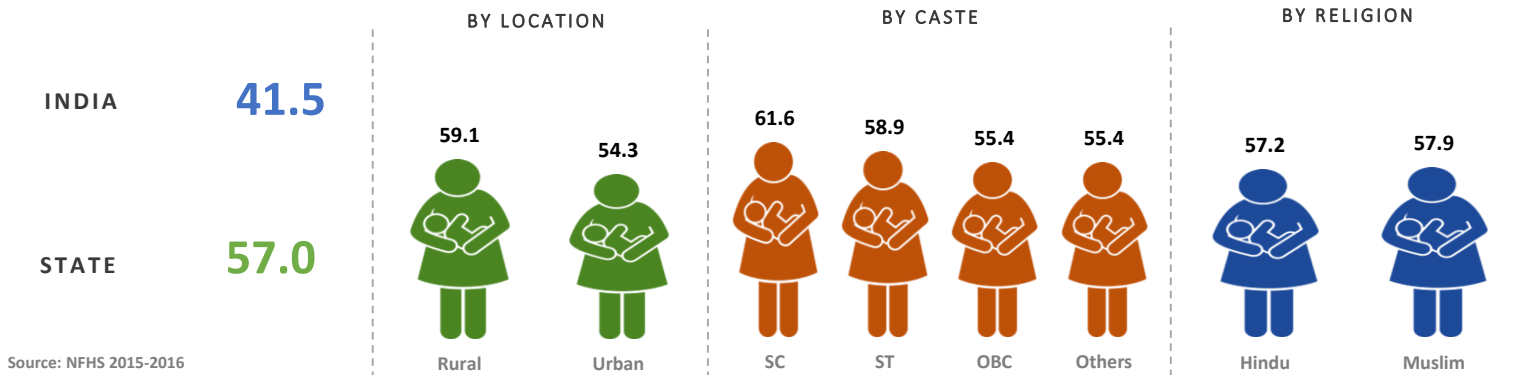
Muslim

Source: NFHS 2015-2016

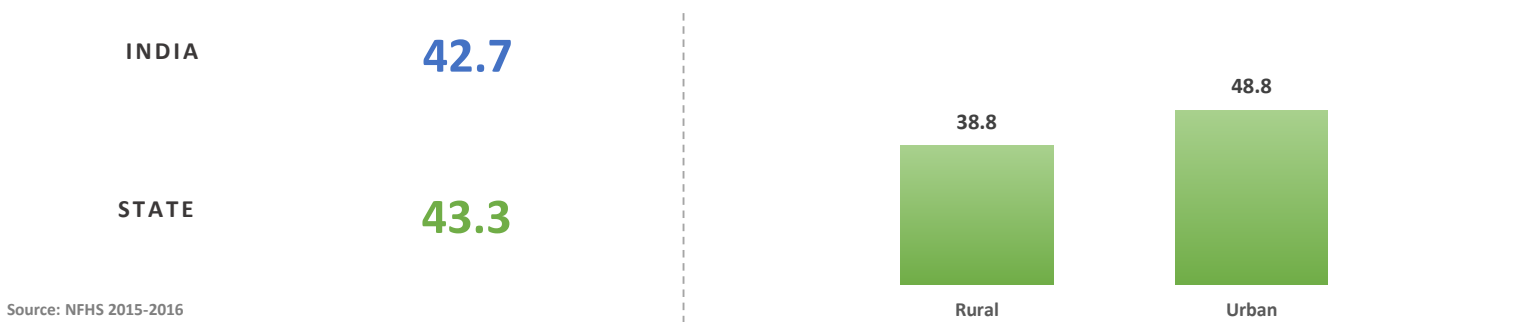
- High rate of caesarian deliveries in the state, higher than the national figure, and especially more so in the urban areas.
- Child Immunization is a concern area in the state, with scheduled tribes and Muslim being the least immunized.

## CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

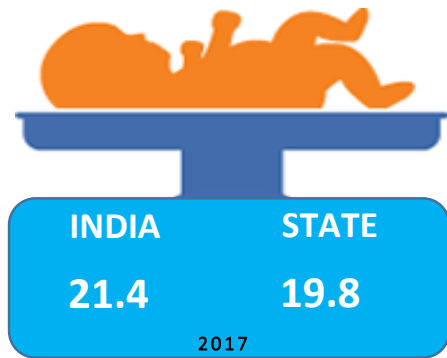
### CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



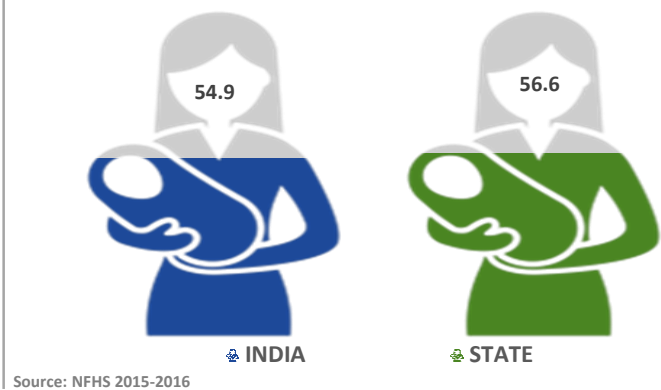
### CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



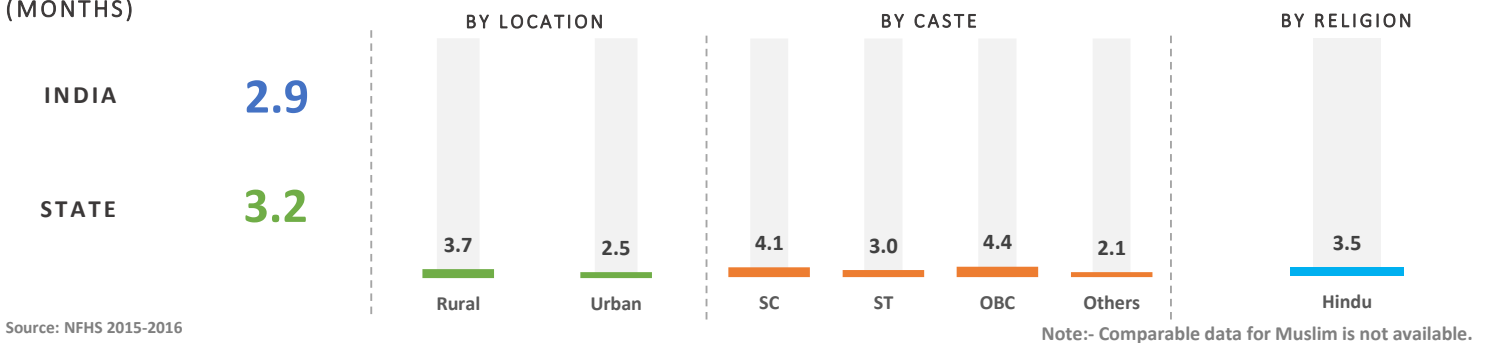
### PREVALENCE OF LOW BIRTHWEIGHT (%)



### 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 much better than the country in early initiation of breastfeeding and exclusive breastfeeding. However, in case of complementary feeding, the status of rural areas of the state is much poor than the country figure.
- Though the median duration of breastfeeding of Assam is better than the country, however this duration is less than the country total in the urban areas and the others group.

## CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

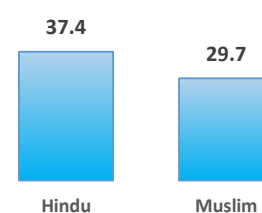
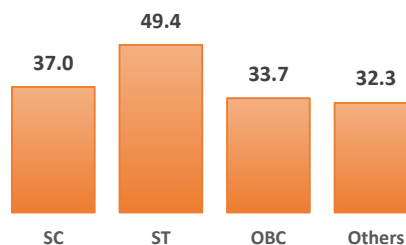
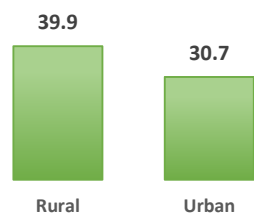
BY LOCATION

BY CASTE

BY RELIGION

INDIA **35.7**

STATE **36.0**



Source: NFHS 2015-2016

## CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

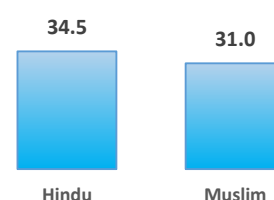
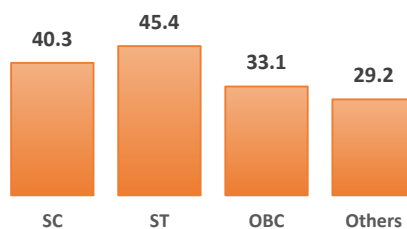
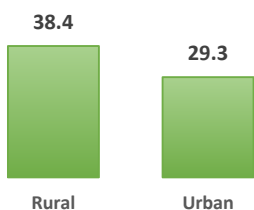
BY LOCATION

BY CASTE

BY RELIGION

INDIA **38.4**

STATE **34.4**



Source: NFHS 2015-2016

## CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

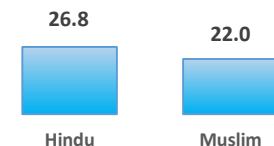
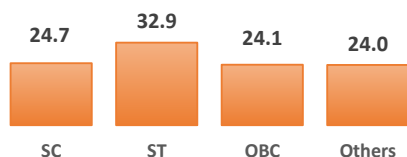
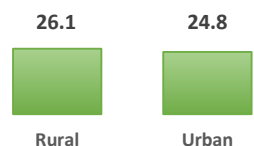
BY LOCATION

BY CASTE

BY RELIGION

INDIA **21.0**

STATE **25.6**



Source: NFHS 2015-2016

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

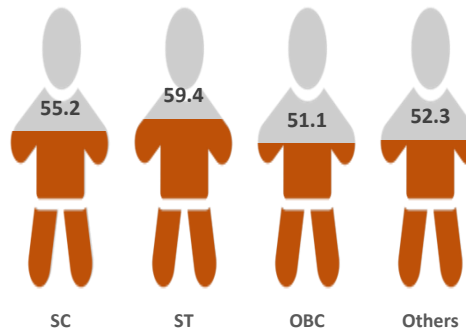
BY LOCATION

BY CASTE

BY RELIGION

INDIA **58.5**

STATE **53.8**

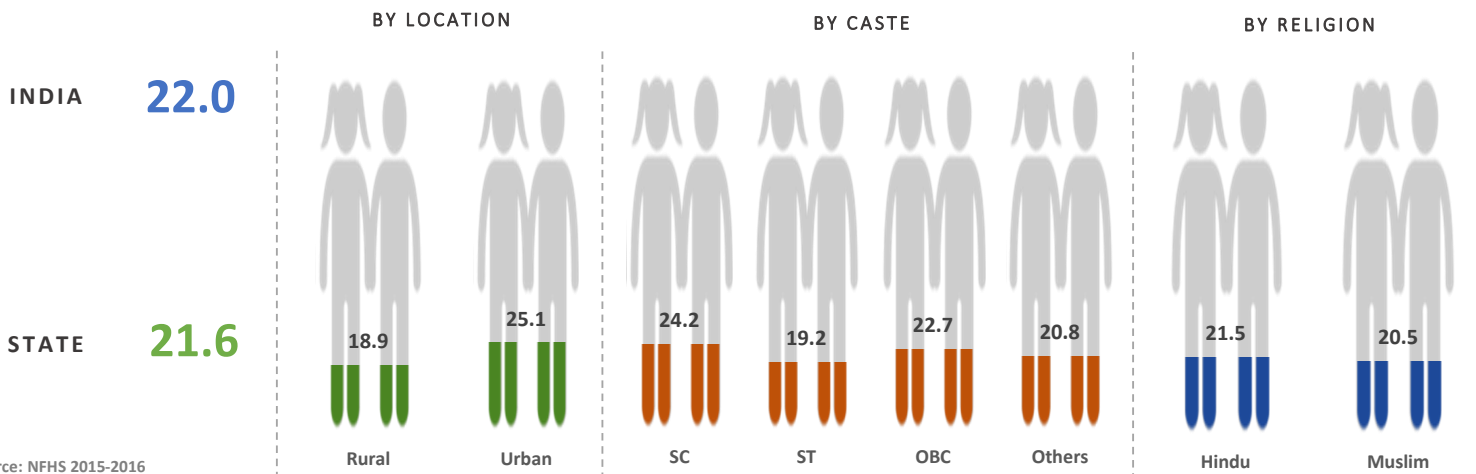


Source: NFHS 2015-2016

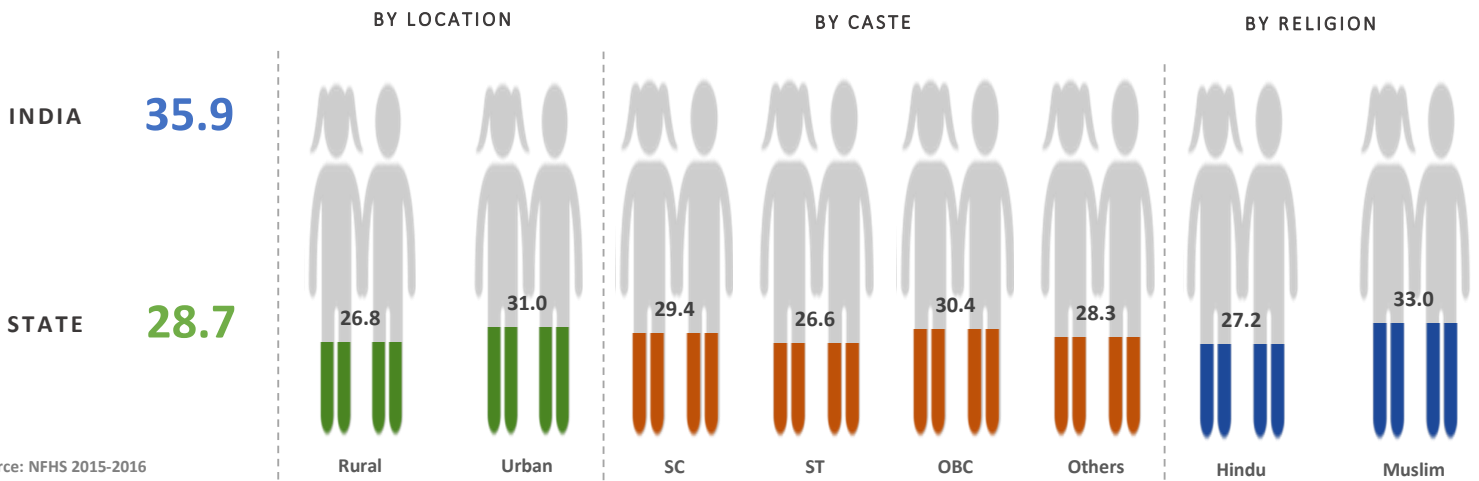
- In case of the nutritional status of children the condition of Scheduled Tribe children remain a cause of concern with high rates for underweight, stunting and wasting categories. Child anaemia is also high among the scheduled tribes.

## DIETARY DIVERSITY PATTERN

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



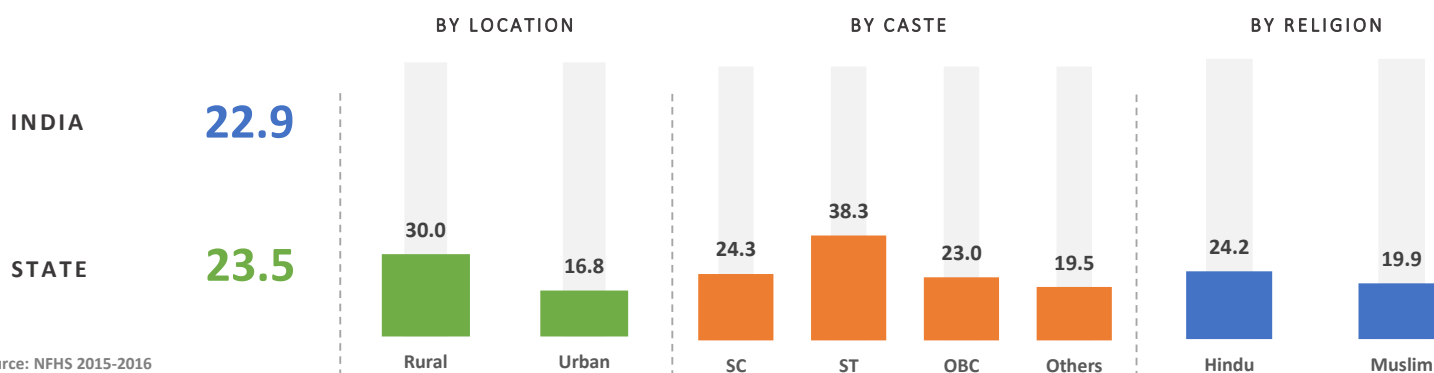
### 6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)



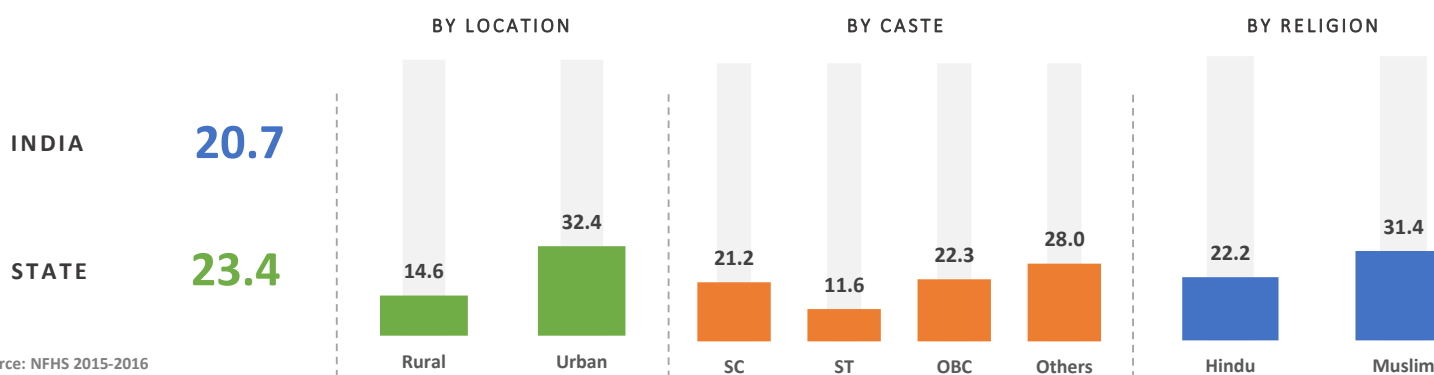
- Dietary diversity pattern among the children is extremely poor in the state with low proportions both for variety of food groups as well as minimum meal frequency. The situation is further poor in the rural areas and among the scheduled tribe children.

## NUTRITIONAL STATUS OF WOMEN AND MEN

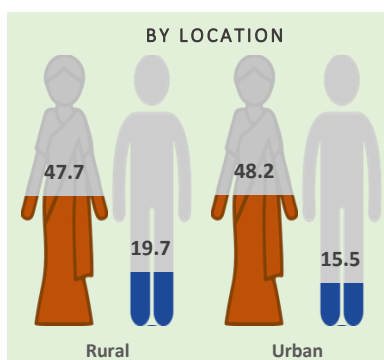
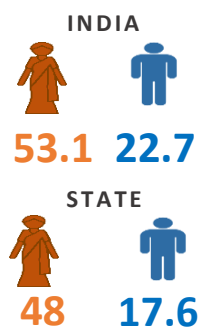
### WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M<sup>2</sup> ) (%)



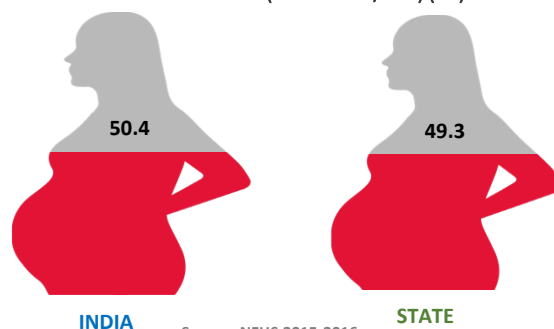
### WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M<sup>2</sup> ) (%)



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



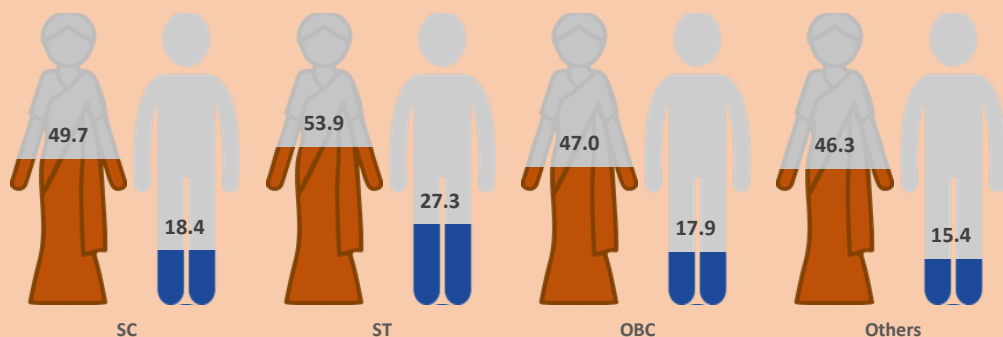
### PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



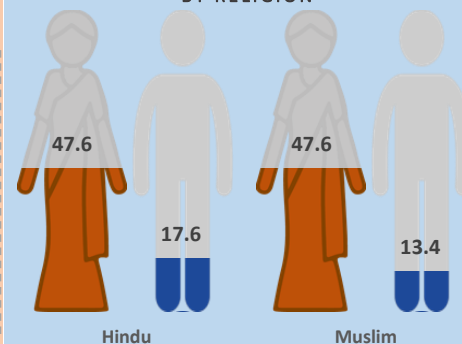
Source: NFHS 2015-2016

Source: NFHS 2015-2016

### BY CASTE



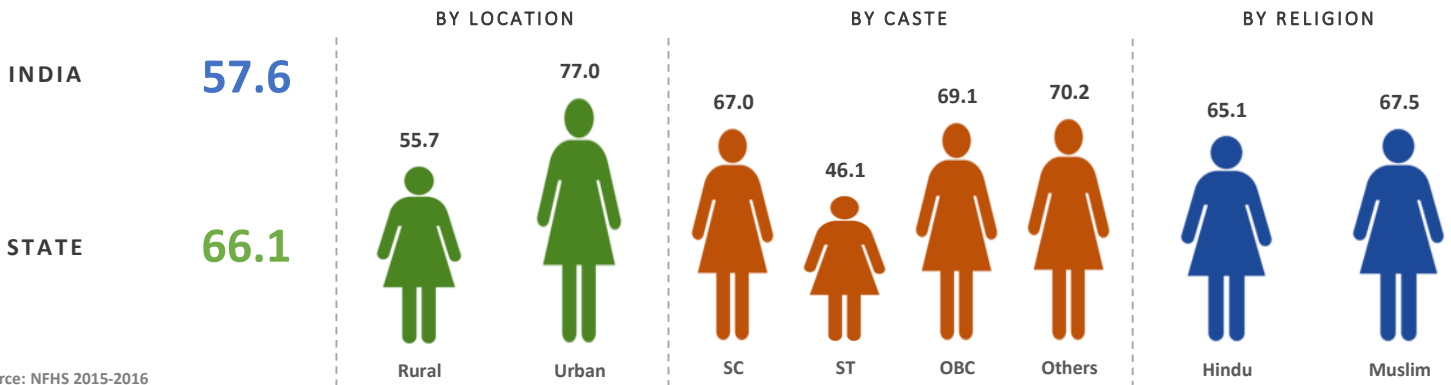
### BY RELIGION



- There is a higher proportion of women with below normal Body Mass Index (BMI) among the Scheduled Tribe population and in rural areas.
- Anaemia is a major concern both across the nation and state with around 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 (%)



Source: NFHS 2015-2016

## OTHER HEALTH ISSUES

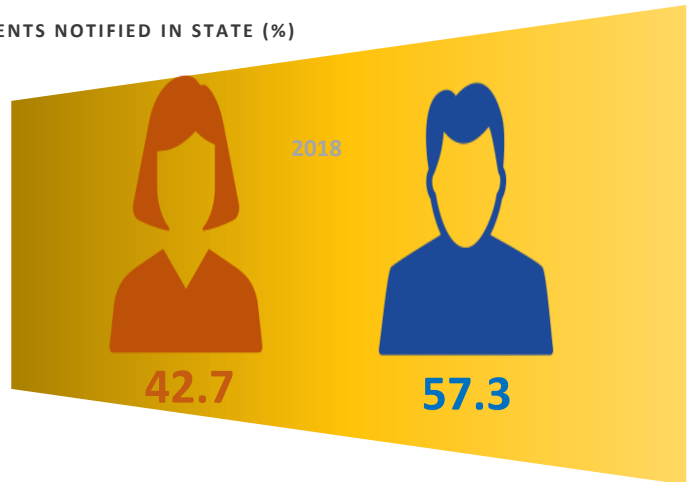
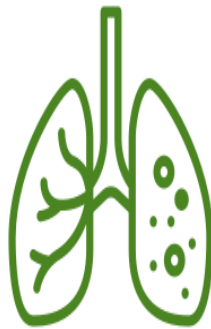
### PERSONS SUFFERING FROM TUBERCULOSIS

#### OUT OF TB PATIENTS NOTIFIED IN STATE (%)

INDIA **2,155,894**

STATE **209,642**

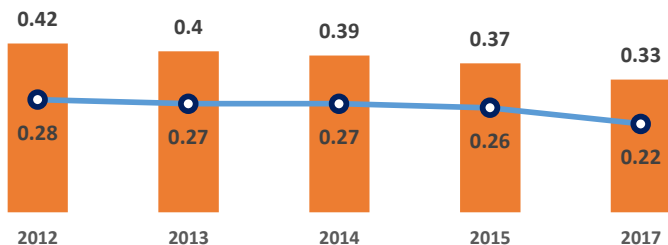
**9.7%** OUT OF TB PATIENTS NOTIFIED IN INDIA



Source: India TB Report 2019

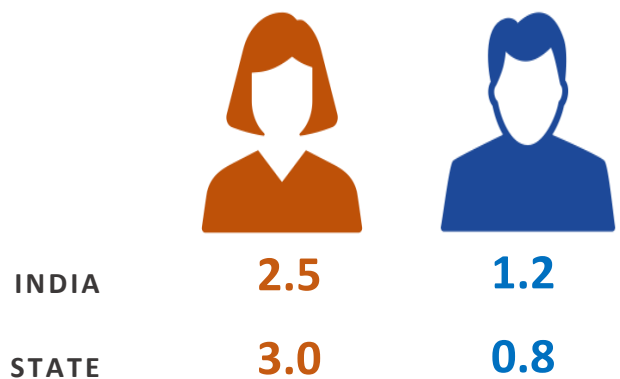
### PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

STATE (Bar) INDIA (Line)



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 again a major concern among the Scheduled Tribe population.
- 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

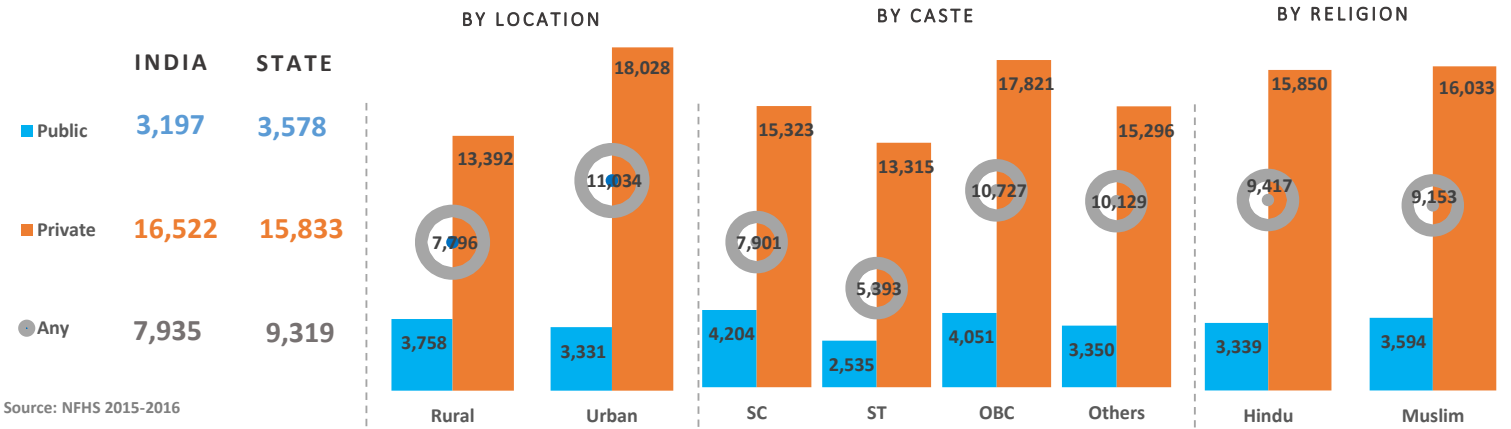
23.7

58.9



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 Maharashtra.
- Average out of pocket expenditure for delivery in public facilities is highest among the Scheduled Caste and the OBC population.

# 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	24.4
PHCs and HWC-PHCs	28.2	20.5
CHCs	36.9	36.6

Source: Rural Health Statistics 2019

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

India	State
4.7	3.1

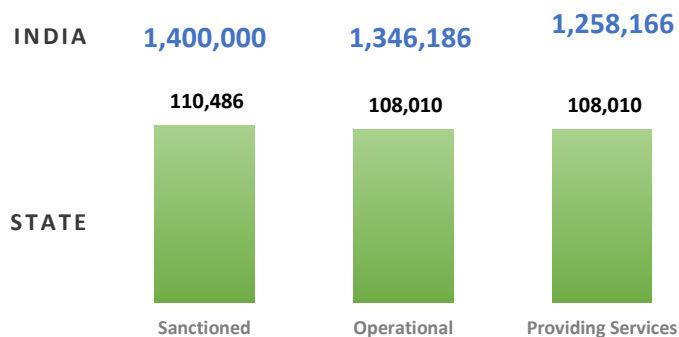
Source: Status report of ICDS as on 31st March 2015

(as on 1st July 2019)

	India	State
Anganwadi Workers	4.7	3.1
ASHA	Surplus	0.8
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	66.7

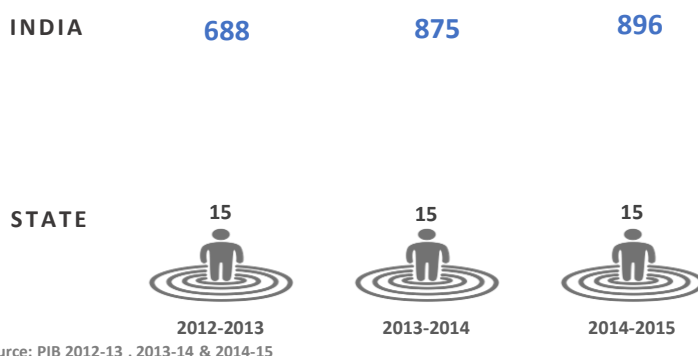
Source: Rural Health Statistics 2019

### NUMBER OF AWCs



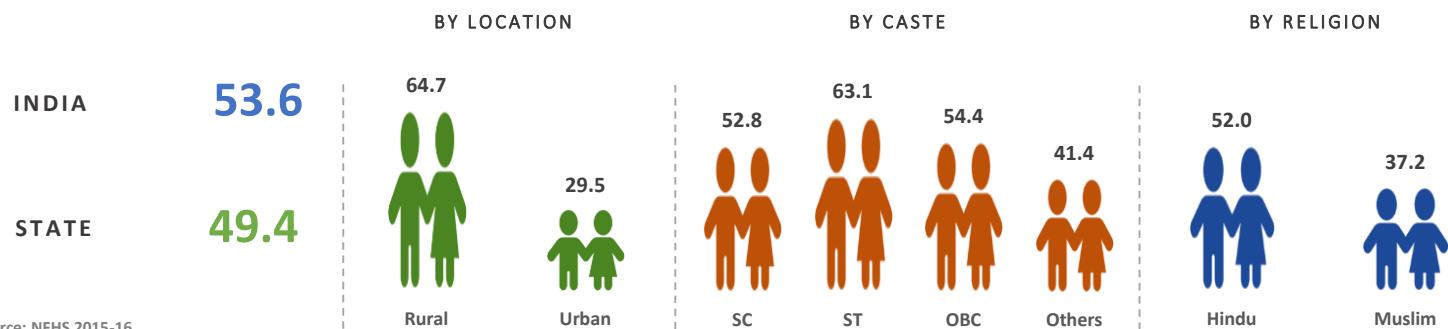
Source: Status report of ICDS as on 31st March 2015

### NUMBER OF NUTRITIONAL REHABILITATION CENTRES



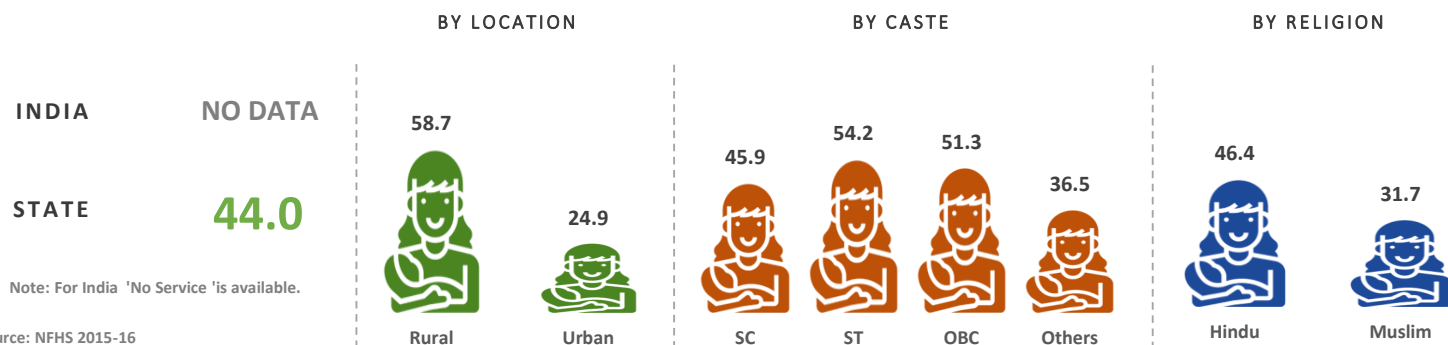
Source: PIB 2012-13, 2013-14 & 2014-15

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



Source: NFHS 2015-16

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

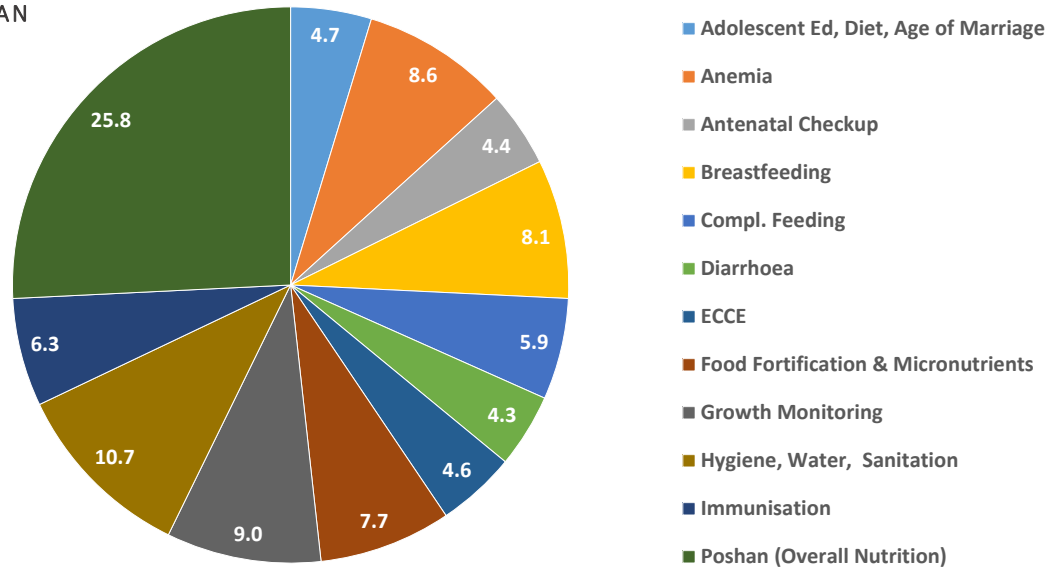


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state has shortage of health facilities – both primary and secondary level facilities.
- The shortfall of specialists at CHC is more than 80% for the state signifying that people might not be able to avail its benefit owing to lack of specialists.
- Less than 50% children and pregnant women in Maharashtra receive services from AWC, but this proportion is relatively less for the Muslim children and women.

THEMES-WISE ACTIVITIES IN POSHAN  
MAAH (SEPTEMBER 2019)



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

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

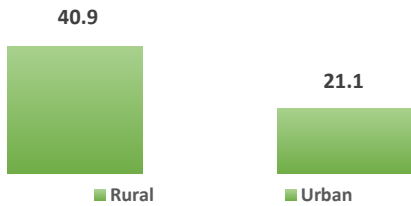
Activity type	State Value (%)	India Value (%)
Home Visits	58.2	14.4
Anemia Camp	2.1	1.5
CBE-Community Based Events (ICDS)	3.1	22.3
Community Radio Activities	1.0	0.3
Cooperative/Federation	0.8	0.2
Cycle Rally	2.5	0.3
DAY-NRLM SHG Meet	1.1	1.9
Defeat Diarrhoea Campaign (D2)	0.1	No Data
Farmer Club Meeting	0.7	0.2
Haat Bazaar Activities	1.1	0.4
Harvest Festival	0.8	0.2
Local Leader Meeting	0.7	0.5
Nukkad natak/Folk Shows	0.7	0.4
Other Activities	7.3	34.7
Panchayat Meeting	0.8	1.0
Poshan Mela	4.2	8.2
Poshan Rally	2.4	2.6
Poshan Walk	1.4	1.5
Poshan Workshop/Seminar	2.0	4.1
Prabhat Faree	1.4	1.1
Providing Water to the Toilets	0.5	0.3
Safe Drinking Water in Anganwadi Centres	0.9	0.7
Safe Drinking Water in Schools	0.7	0.2
School Based Activities	3.1	2.9
VHSND	1.5	No Data
Youth Group Meeting	1.1	No Data

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

# WOMEN EMPOWERMENT

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

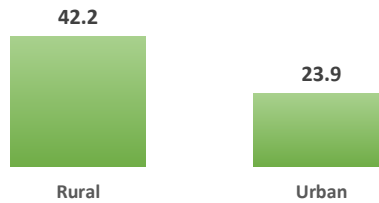
INDIA **23.8** STATE **32.1**



Source: Annual Report PLFS 2017-18

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

INDIA **25.3** STATE **34.1**



Source: Annual Report PLFS 2017-18

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

INDIA **6.0** STATE **5.7**



Source: Annual Report PLFS 2017-18

## WOMEN HEADED ESTABLISHMENTS

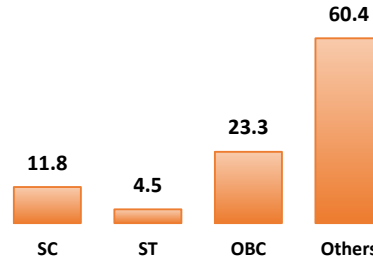
INDIA **8,050,819** STATE **664,300**

8.3% Out of India's Women Headed Establishments

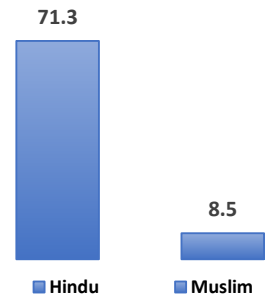
10.8% Out of State's Total Establishments - Agriculture & Non-Agriculture

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 (%)

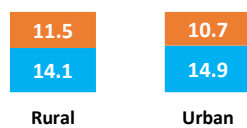
INDIA **18.7** STATE **14.5**

MALE

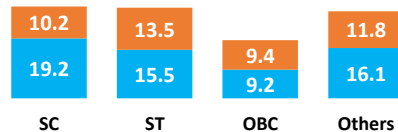
INDIA **18.8** STATE **11.1**

FEMALE

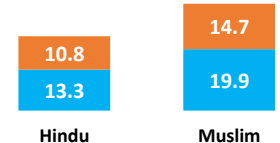
### BY LOCATION



### BY CASTE



### BY RELIGION

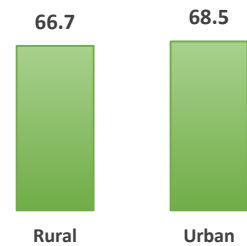


Source: NFHS 2015-2016

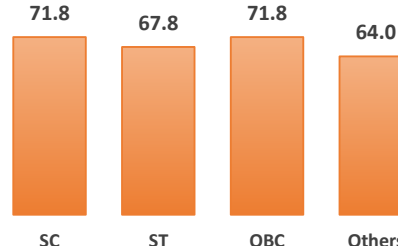
## CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS\* (%)

INDIA **63.0** STATE **67.6**

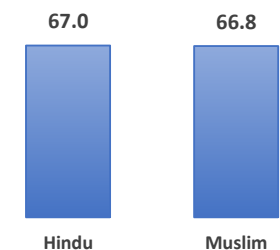
### BY LOCATION



### BY CASTE



### BY RELIGION



\* Three Decisions

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

Source: NFHS 2015-16

- Only around 11% of the state's establishments are headed by women with Scheduled tribes and Muslims contributing the least in this.

WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)

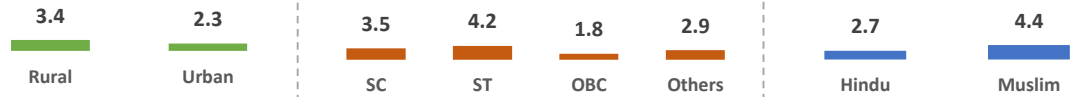
BY LOCATION

BY CASTE

BY RELIGION

INDIA **3.9**

STATE **2.9**



Source: NFHS 2015-2016

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

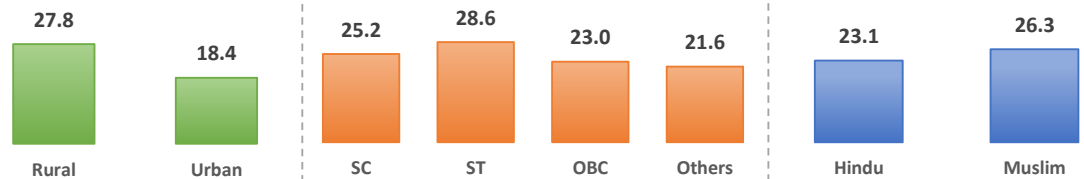
BY LOCATION

BY CASTE

BY RELIGION

INDIA **33.3**

STATE **23.2**



Source: NFHS 2015-16

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

INDIA (2018)

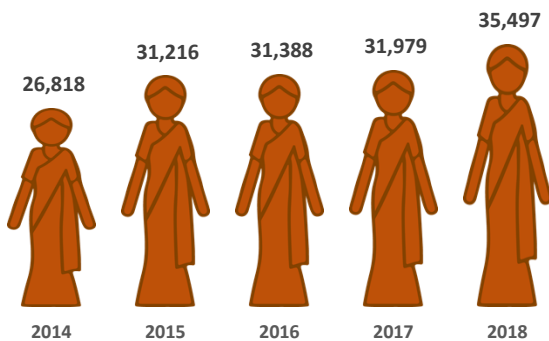
**378,277**

STATE (2018)

**35,497**

**(9.4%)**

OUT OF INDIA



Source: NCRB

STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



**13**

OUT OF **36** STATES & UTs

Source: NCRB 2016

DOWRY DEATHS REPORTED (No.)

INDIA (2018)

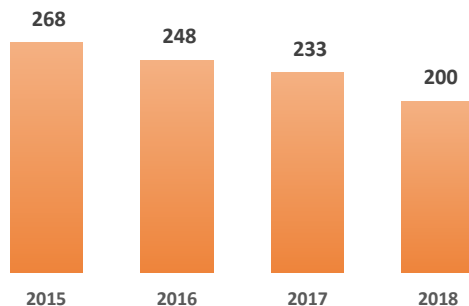
**7,166**

STATE (2018)

**200**

**(2.8%)**

OUT OF INDIA



Source: NCRB

WOMEN TRAFFICKING CASES REPORTED (No.)



**208**

OUT OF **854**  
IN INDIA

Source: NCRB 2018

## FEMALE SUICIDE CASES (No.)

INDIA **42,391**

STATE **4,474**

Source: ADSI 2018

## FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	STATE
FOETICIDES	<b>128</b>	<b>15</b>

INFANTICIDES	<b>56</b>	<b>8</b>
--------------	-----------	----------

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 and Muslim population.
- 24% of the reported women trafficking cases are from Maharashtra.

# 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



**453,992**

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



**80.0**

### SHGs HAVING CREDIT LINKED (%)



**NO DATA**

### TOTAL VILLAGE ORGANIZATIONS FORMED



**19,043**

### TOTAL CLUSTER LEVEL FEDERATIONS



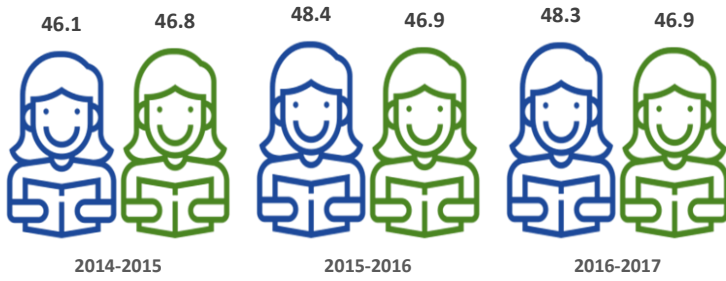
**795**

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



### GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

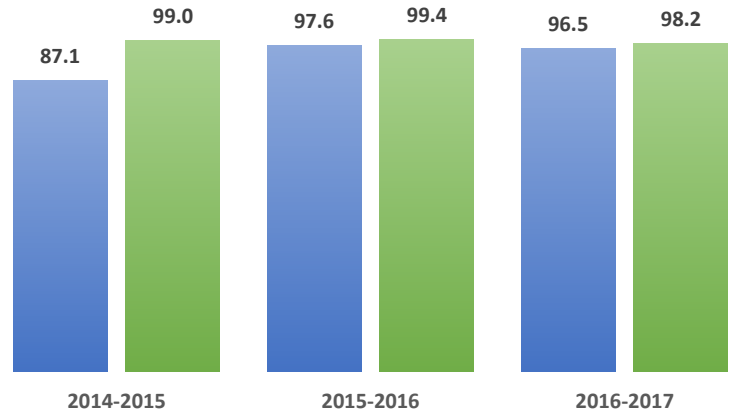
INDIA STATE



Source: U-Dise

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

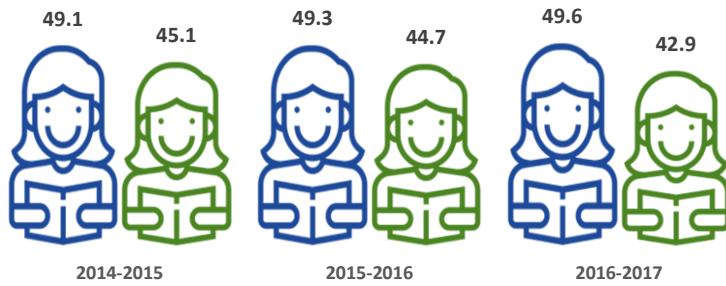
INDIA STATE



Source: U-Dise

### GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

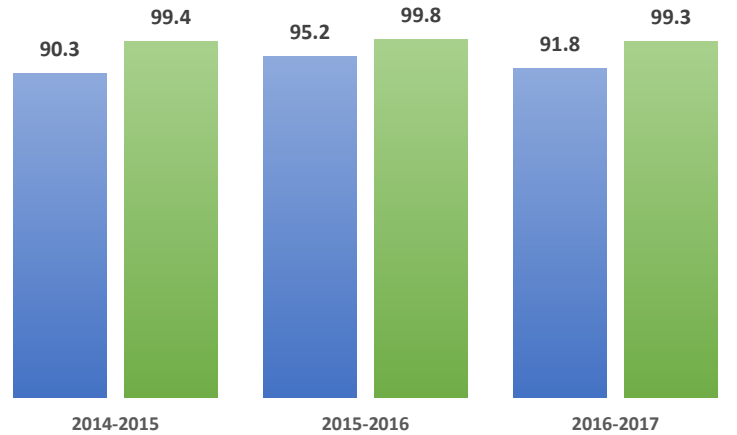
INDIA STATE



Source: U-Dise

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

INDIA STATE



Source: U-Dise

- There has been almost no improvement in girls' enrolment in both elementary and secondary level for Maharashtra as well as for the entire country since 2014 to 2017.