

# TELANGANA FACTSHEET 2020



Picture Courtesy: APMAS, Hyderabad, Telangana

DEVELOPED BY:



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**OXFAM**  
India

THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

## BACKDROP

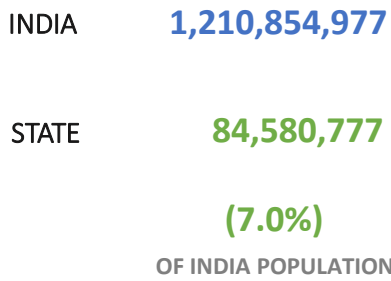
In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national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

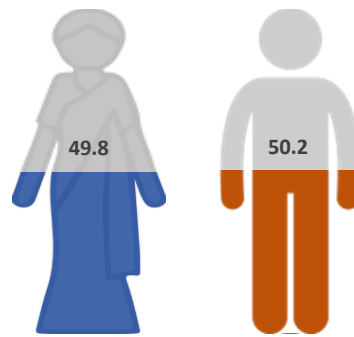
## STATE AT A GLANCE

### OVERALL POPULATION<sup>¥</sup>



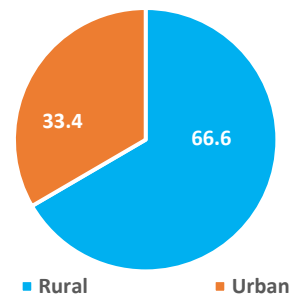
Source: Census 2011

### STATE POPULATION BY SEX (%)<sup>¥</sup>



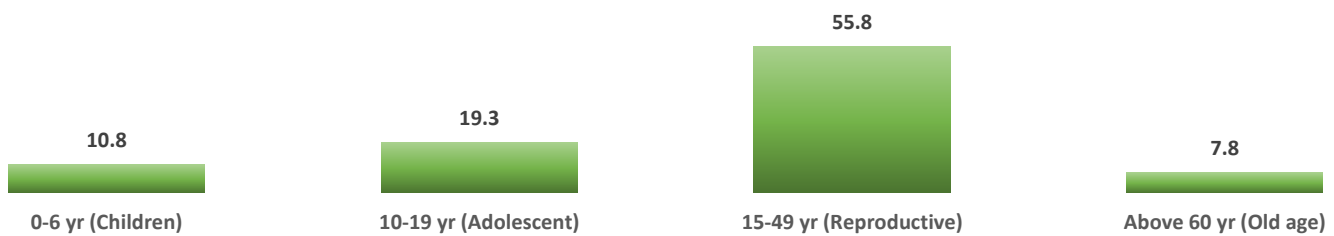
Source: Census 2011

### STATE POPULATION BY LOCATION (%)<sup>¥</sup>



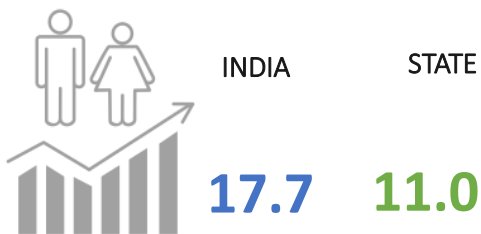
Source: Census 2011

### STATE POPULATION BY AGE GROUP (%)<sup>¥</sup>



Source: Census 2011

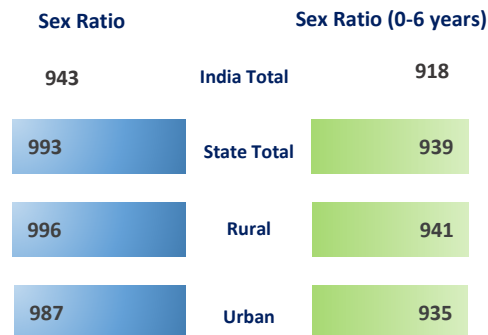
### \*DECADAL POPULATION GROWTH RATE (%)<sup>¥</sup>



\* Total population growth between 2001-2011

Source: Census 2011

### SEX RATIO (FEMALES PER 1000 MALES)<sup>¥</sup>



Source: Census 2011

### HEALTH INDEX (RANK)<sup>¥</sup>

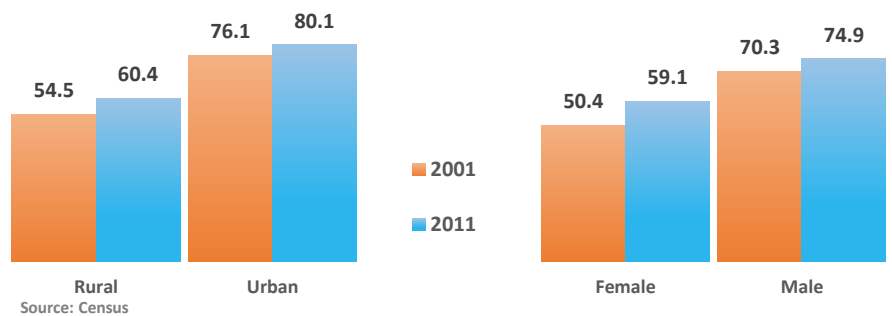
NO DATA

### OVERALL LITERACY RATE (%)<sup>¥</sup>



Source: Census

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



Source: Census

<sup>¥</sup> Combined data for Andhra Pradesh and Telangana.

- More than 60% of state's population lives in rural areas.
- The state's sex ratio is much above the country figure, however urban areas continue to be a concern for both the overall sex ratio and child sex ratio.
- Though the overall literacy rate has improved since 2001, the difference between male and female literacy still continues.

## MAIN WORKERS (%)<sup>¥</sup>

INDIA

75.2

OUT OF STATE'S TOTAL  
MAIN WORKERS

73.1

STATE

83.8

26.9

Rural

Urban

Source: Census 2011

## MARGINAL WORKERS (%)<sup>¥</sup>

INDIA

24.8

OUT OF STATE'S TOTAL  
MARGINAL WORKERS

76.9

STATE

16.2

23.1

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
Khammam	10	6	13	30	15	18	22
Warangal (Bhoopalpalli)	20	100	1	100	16	46	82
Adilabad (Asifabad)	100	101	80	90	10	32	75

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.

¥ Combined data for Andhra Pradesh and Telangana.

- The majority of the main and marginal workers in the state is from rural areas. This indicates deep divide of labours among the rural and urban areas.
- Two out of three aspirational districts of the state fall under bottom 20 in the country while scoring for health rank.

## PROPORTION OF VULNERABLE POPULATION

### OVERALL SCHEDULE CASTE (SC) POPULATION<sup>¥</sup>

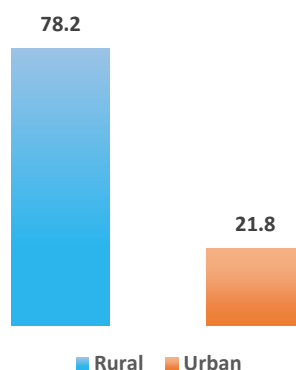
INDIA **201,378,372**

STATE **13,878,078**  
(6.9%)

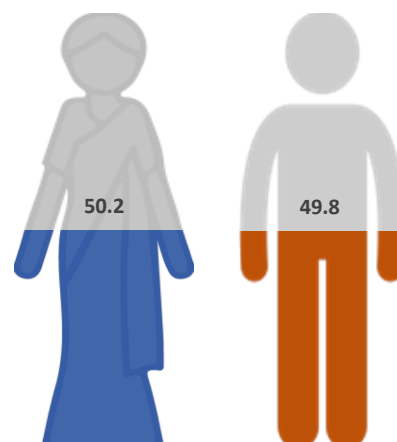
Out of India's SC population

Source: Census 2011

### SC POPULATION BY LOCATION (%)



### SC POPULATION BY SEX (%)



### OVERALL SCHEDULE TRIBE (ST) POPULATION<sup>¥</sup>

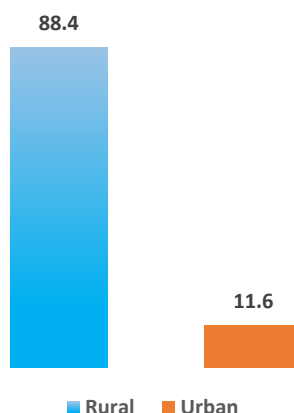
INDIA **104,545,716**

STATE **5,918,073**  
(5.7%)

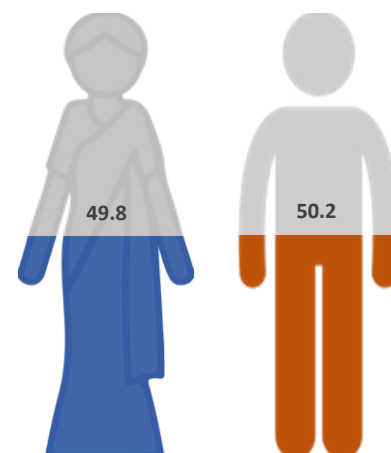
Out of India's ST population

Source: Census 2011

### ST POPULATION BY LOCATION (%)



### ST POPULATION BY SEX (%)



### OVERALL MUSLIM POPULATION<sup>¥</sup>

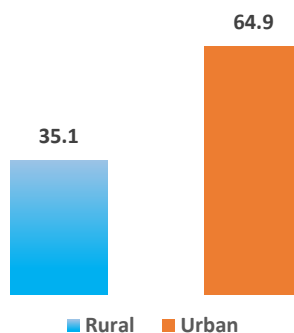
INDIA **172,245,158**

STATE **8,082,412**  
(4.7%)

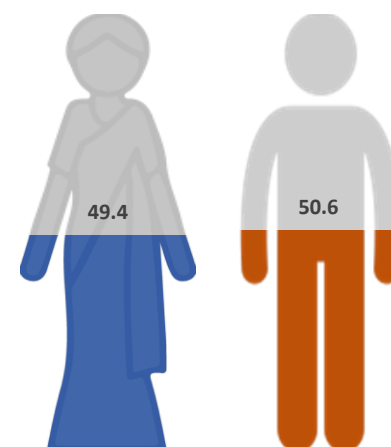
Out of India's Muslim population

Source: Census 2011

### MUSLIM POPULATION BY LOCATION (%)



### MUSLIM POPULATION BY SEX (%)

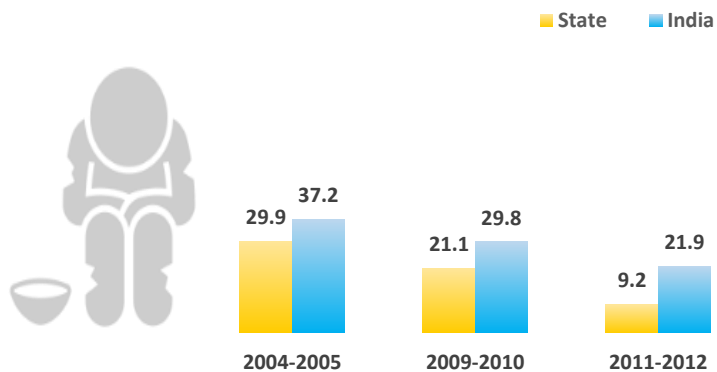


<sup>¥</sup> Combined data for Andhra Pradesh and Telangana.

- While the Scheduled Tribe and Schedules caste population is concentrated primarily in the rural areas, the majority of the Muslim population is found in urban areas.



## POPULATION LIVING BELOW POVERTY LINE (%)¥



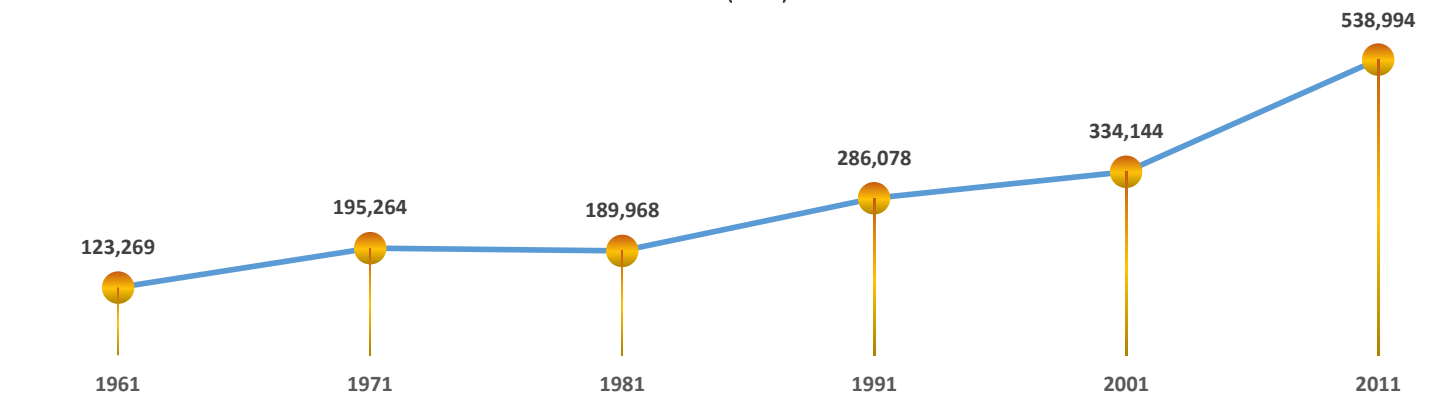
Source: Planning Commission (As Per Tendulkar Estimation)

## HOUSELESS POPULATION (No.)¥



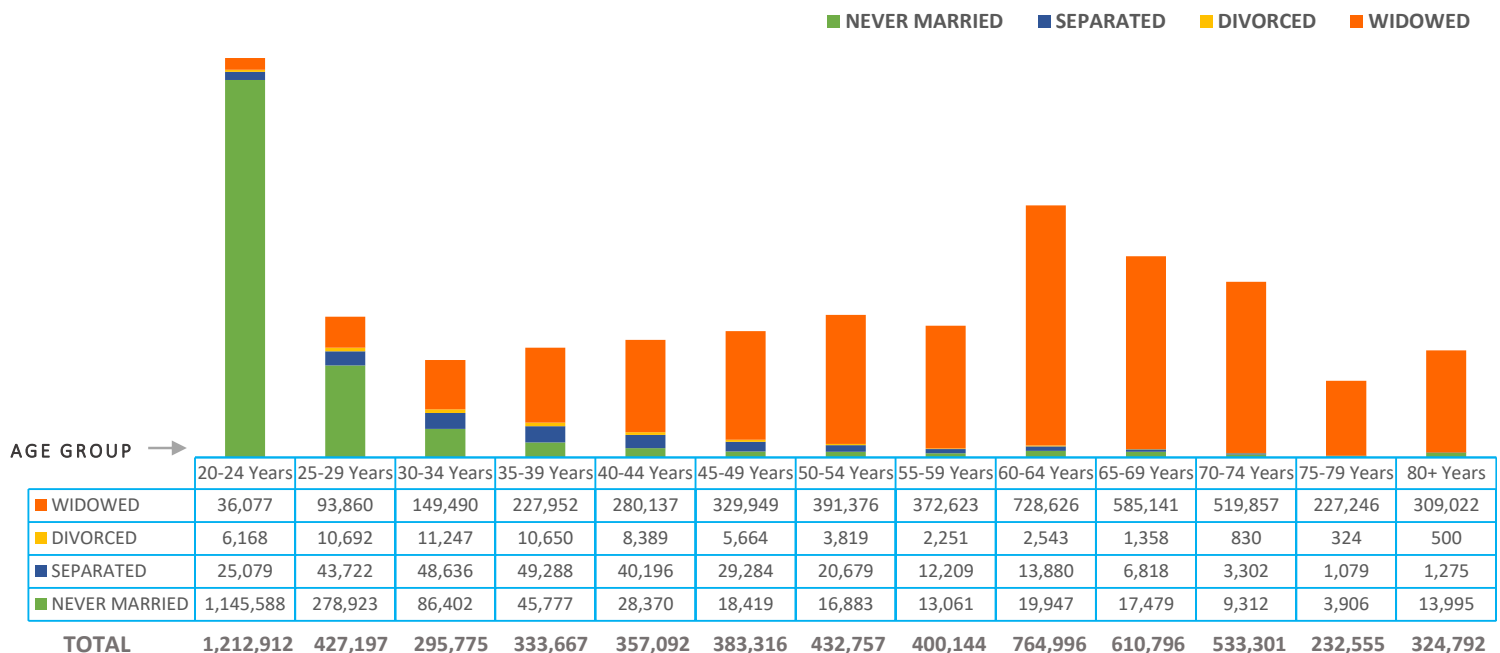
Source: Census 2011

## 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

¥ Combined data for Andhra Pradesh and Telangana.

- The state has seen a reduction in BPL population of about 20.7 percentile points from 2004 to 2011.
- Around 24 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<sup>¥</sup>

INDIA'S TOTAL PERSON WITH  
DISABILITIES

**26,814,994**

STATE'S TOTAL PERSON WITH  
DISABILITIES

**2,266,607**  
(8.5%)

OUT OF WHICH

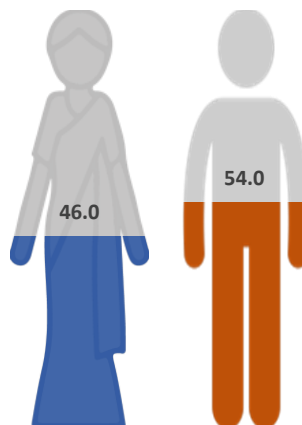
**2,116,698**

**190,370**  
(9.0%)

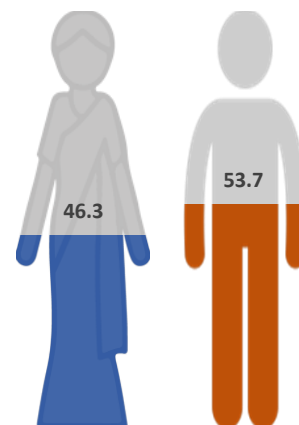
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



## CHILDREN (0-4 YEARS) WITH DISABILITIES<sup>¥</sup>

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

**1,291,637**

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

**78258**  
(6.1%)

OUT OF WHICH

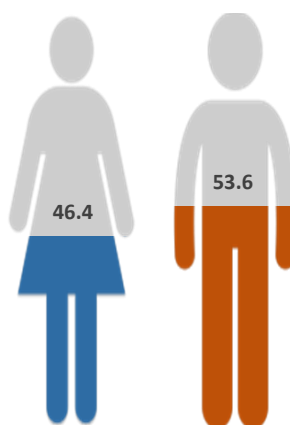
**78,662**

**6630**  
(8.4%)

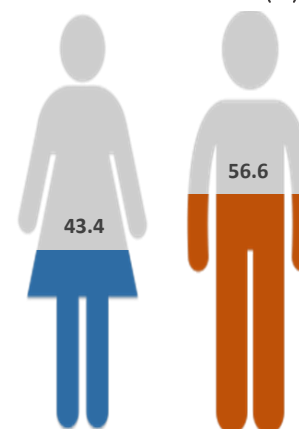
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



## CHILDREN (5-9 YEARS) WITH DISABILITIES<sup>¥</sup>

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

**1,955,926**

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

**133,968**  
(6.8%)

OUT OF WHICH

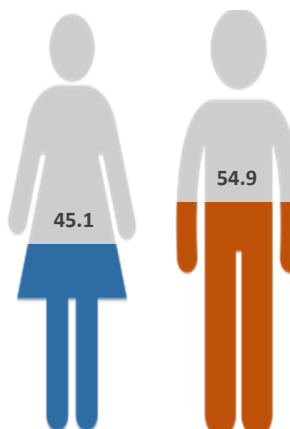
**187,492**

**17,731**  
(9.5%)

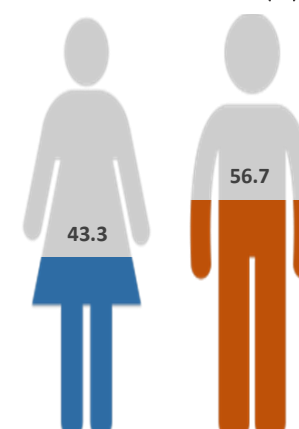
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



<sup>¥</sup> Combined data for Andhra Pradesh and Telangana.

- Out of total disabilities, nearly 10% of the children aged 0-9 years are living with disabilities in the state.
- Across age-groups, more males are found to be living with disabilities than their female counterparts.

## HEALTH AND NUTRITION

### MARRIAGE AND FERTILITY

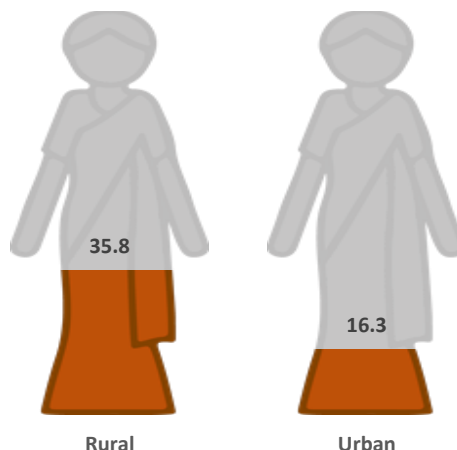
#### WOMEN 20-24 YEARS MARRIED BEFORE 18 YEARS (%)

INDIA

26.8

STATE

26.2



Rural

Urban

Source: NFHS 2015-2016

#### TOTAL FERTILITY RATE (%)

INDIA

2.2

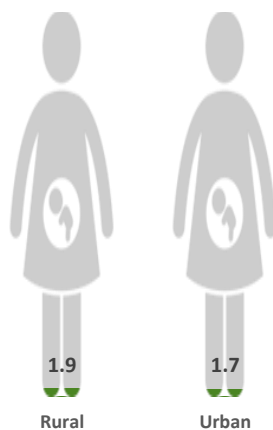
STATE

1.8

##### BY LOCATION

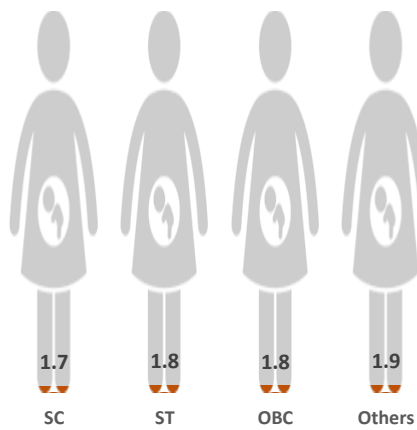
##### BY CASTE (%)

##### BY RELIGION



Rural

Urban



SC

ST

OBC

Others



Hindu

Muslim

Source: NFHS 2015-2016

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

INDIA

7.9

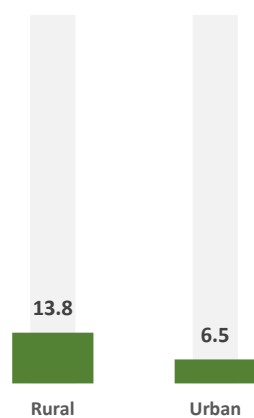
STATE

10.6

##### BY LOCATION

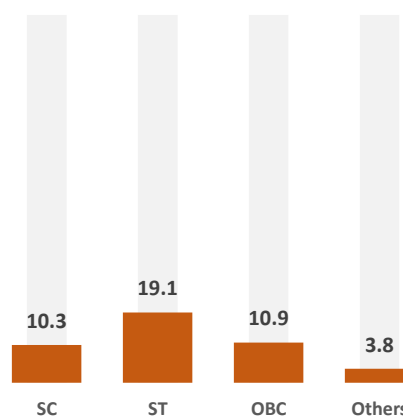
##### BY CASTE

##### BY RELIGION



Rural

Urban

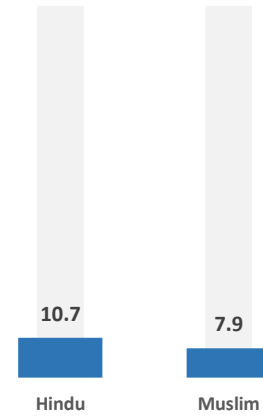


SC

ST

OBC

Others



Hindu

Muslim

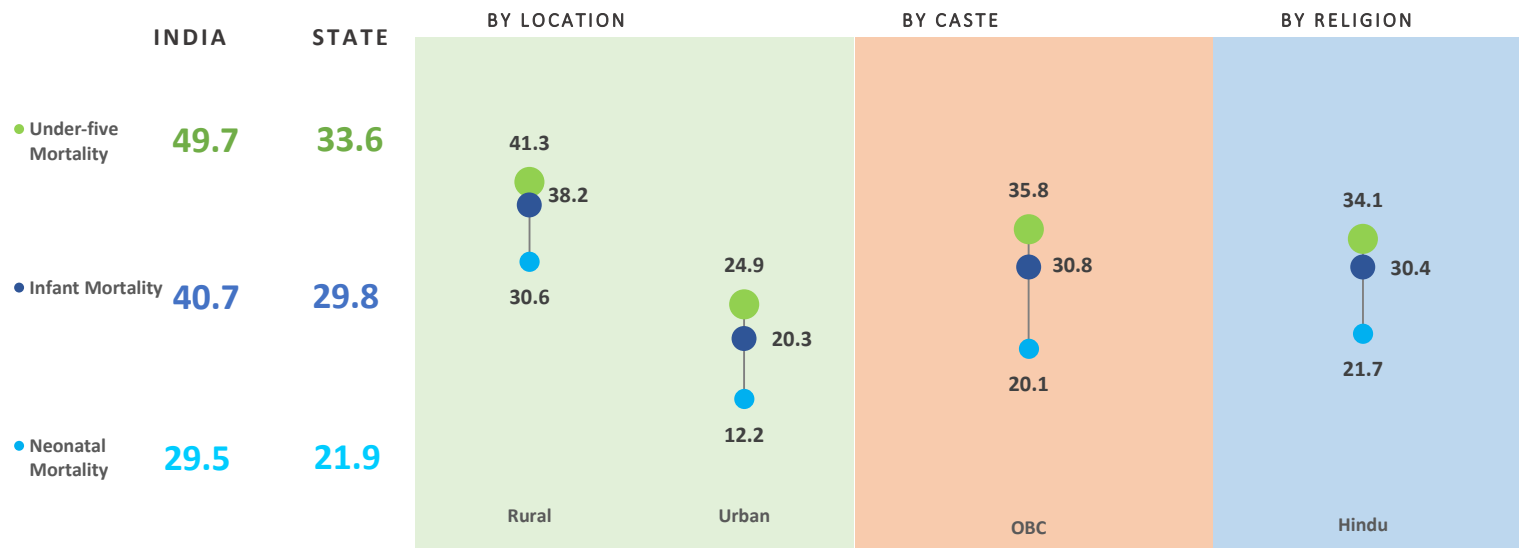
Source: NFHS 2015-2016

- Every fourth girl in the state gets married before she turns 18.
- Teenage pregnancy among Scheduled Tribes and in rural areas is a matter of concern.



## MORTALITY

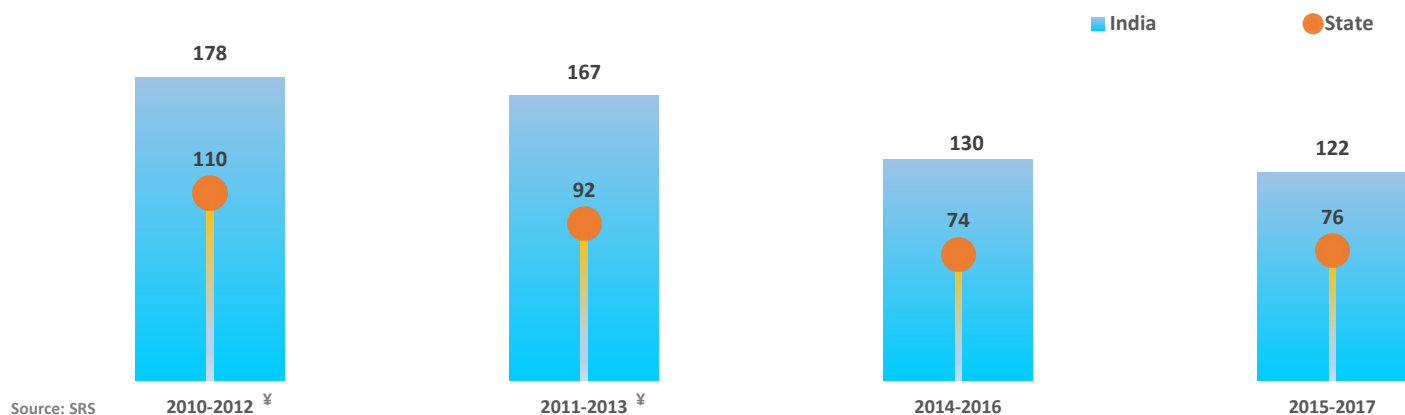
### MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



Source: NFHS 2015-2016

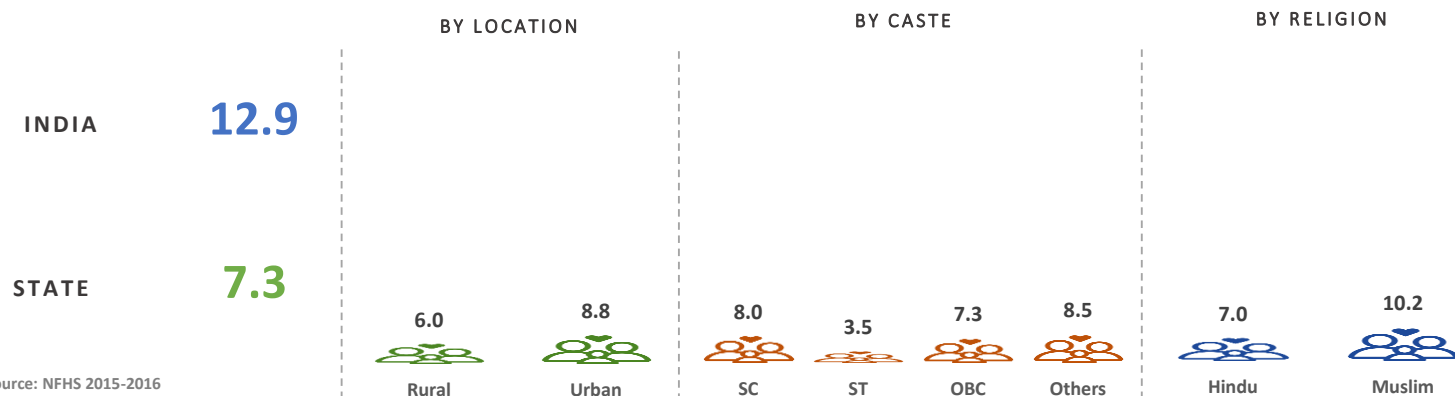
Note:- Comparable data for SC, ST, Others and Muslim are not available.

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



Source: SRS

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



Source: NFHS 2015-2016

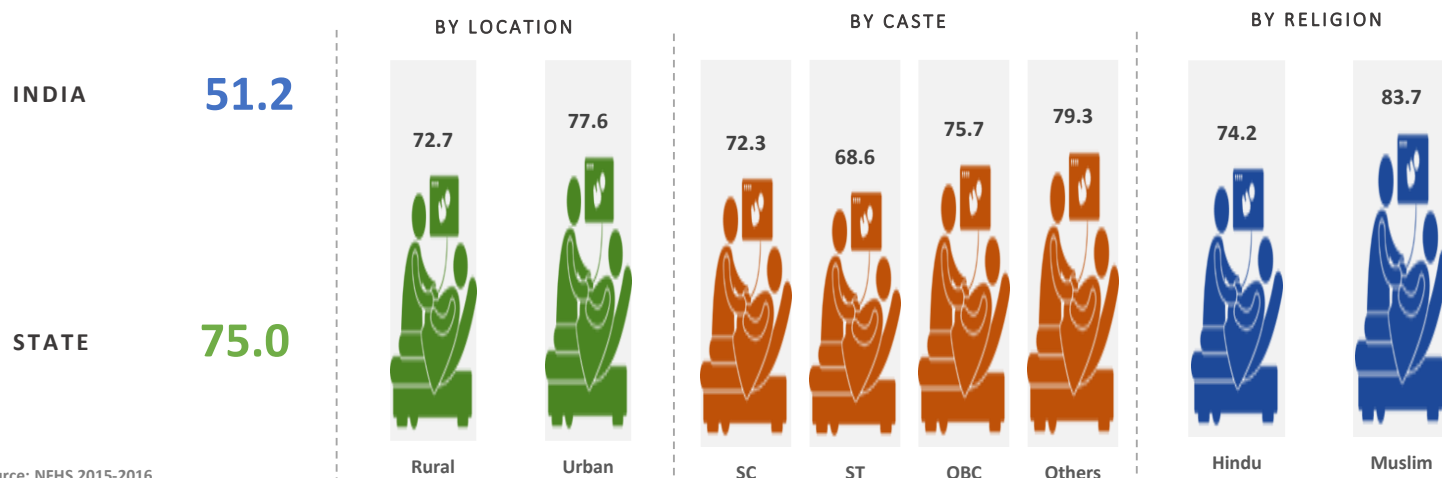
\* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

¥ Combined data for Andhra Pradesh and Telangana.

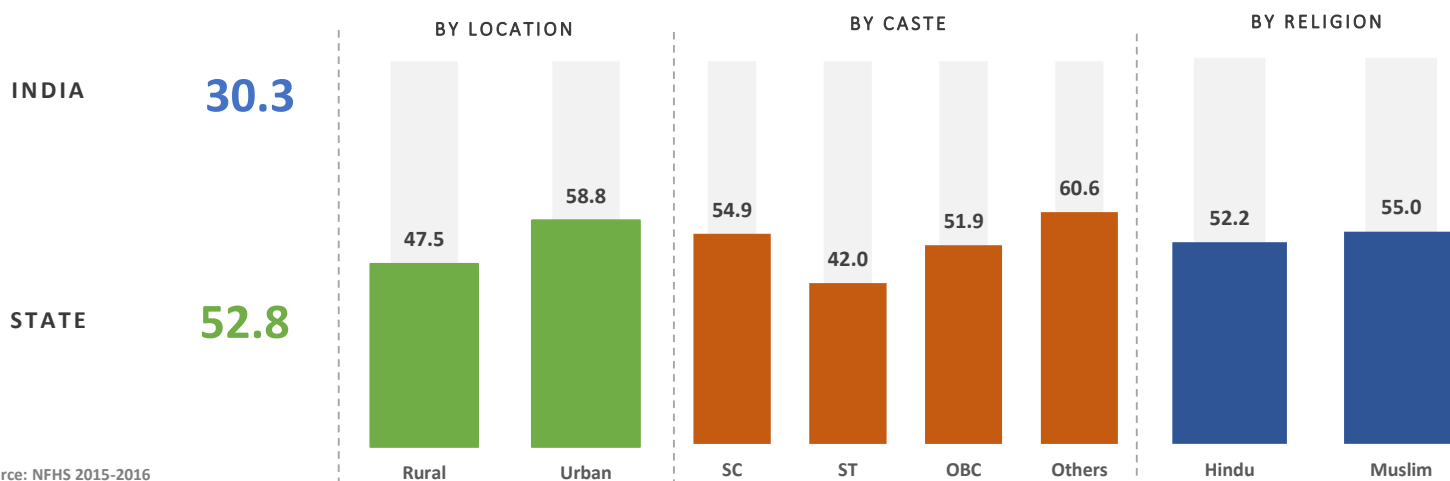
- Child mortality rates (neonatal, infant and under-5) are higher in rural areas. However, the state's figures are lower than the national average.
- Prevalence of high unmet need among Scheduled Caste and Muslim women signifying poor access to contraceptive measures.

## MATERNAL CARE

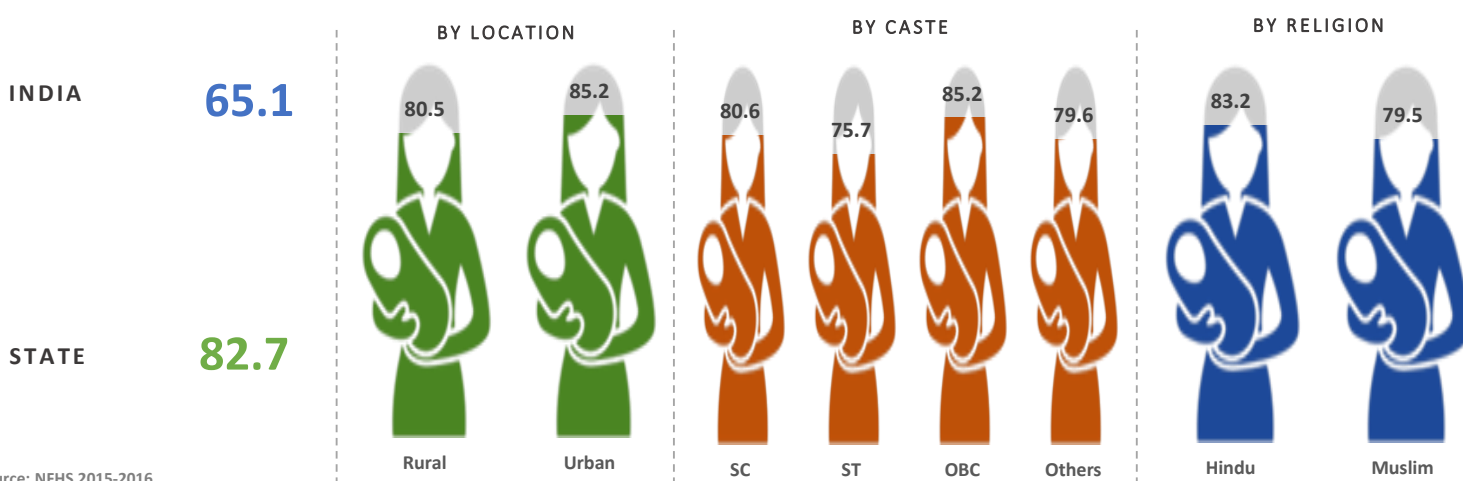
### MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



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



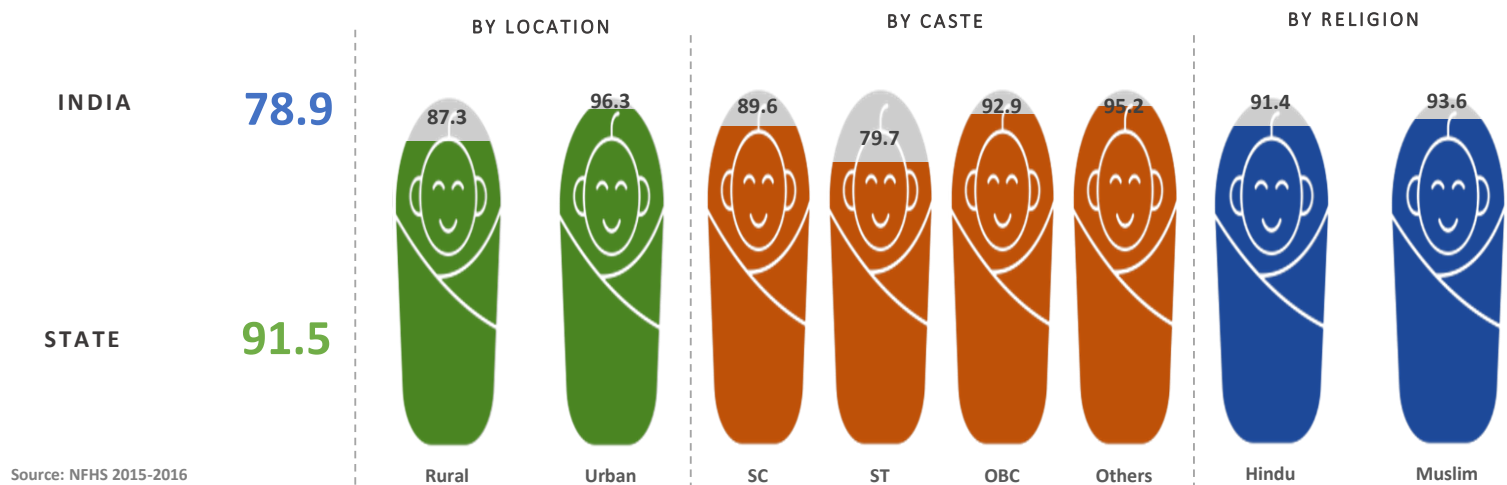
### MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)



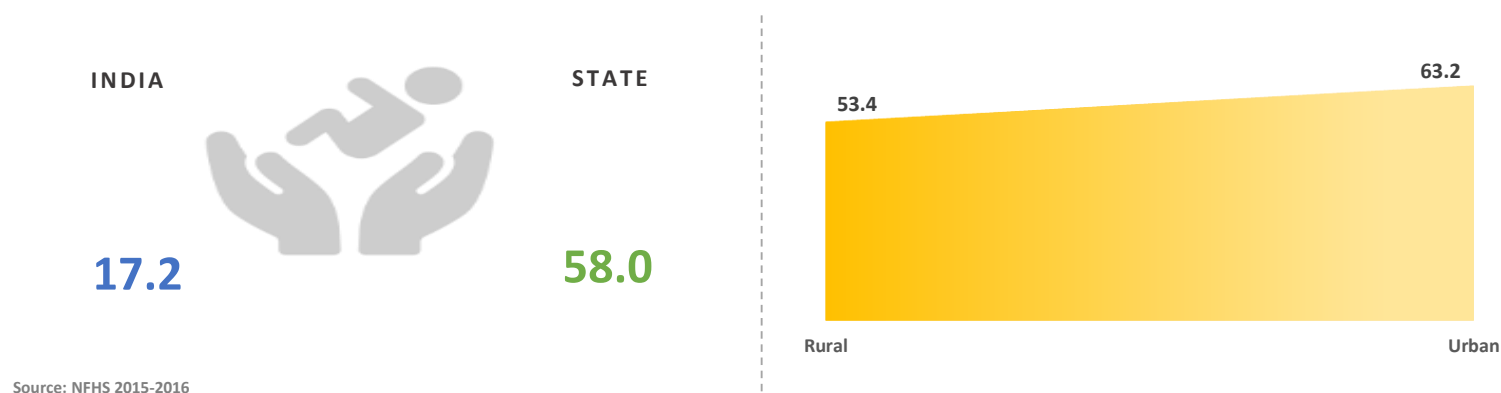
- The state shows low utilization of antenatal and post-natal care services among Scheduled Tribe women.

## DELIVERY CARE

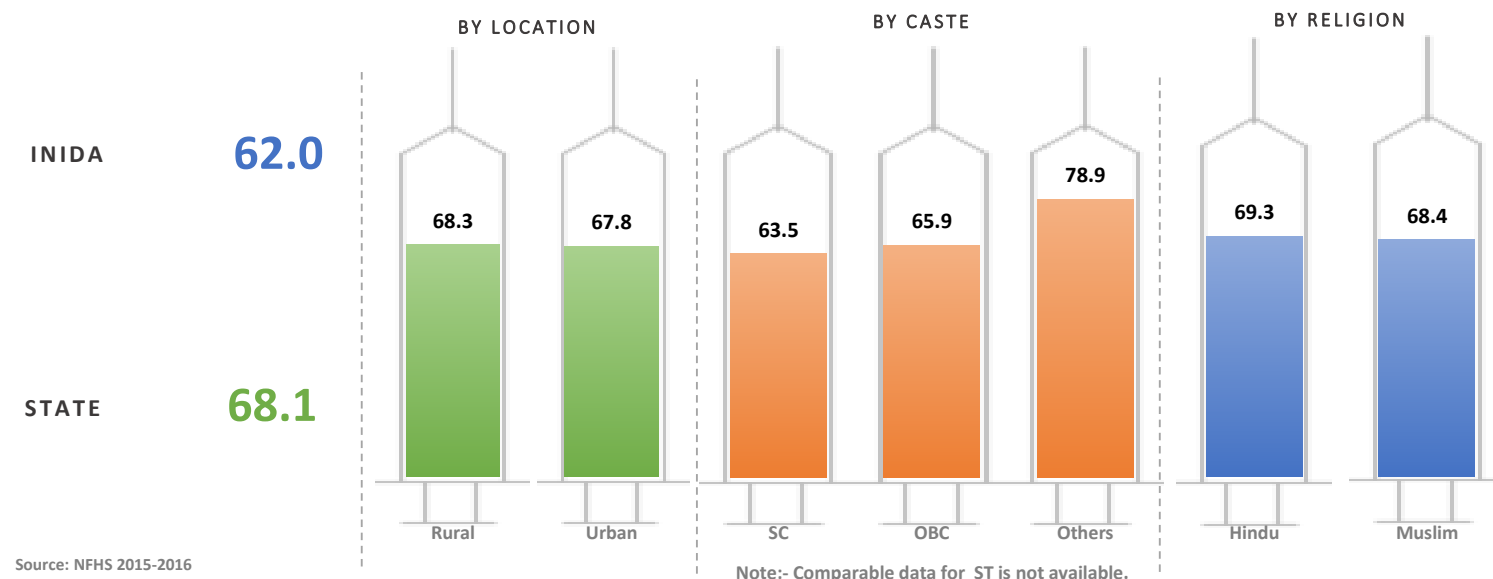
### INSTITUTIONAL BIRTHS (%)



### BIRTHS DELIVERED BY CAESAREAN SECTION (%)



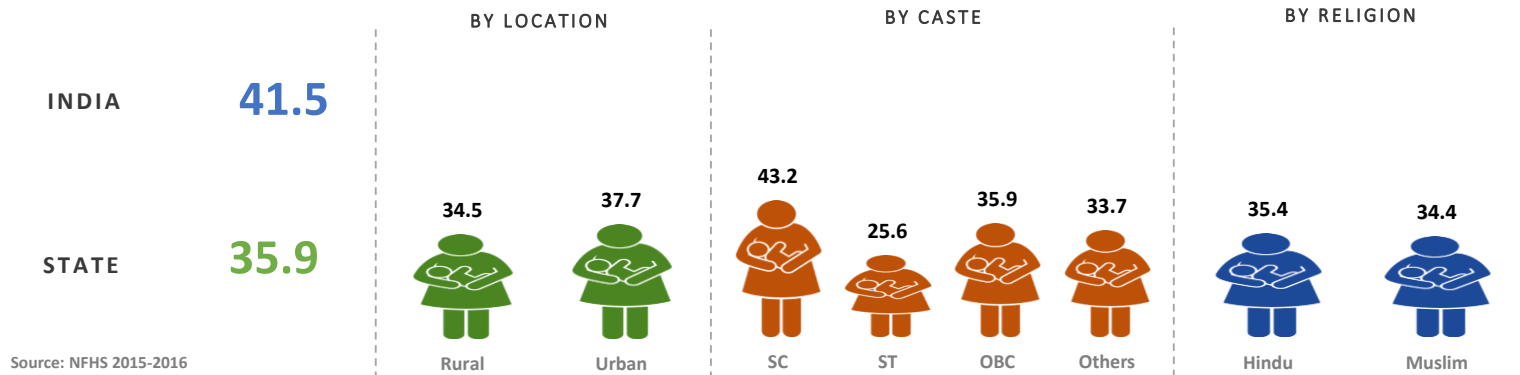
### CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



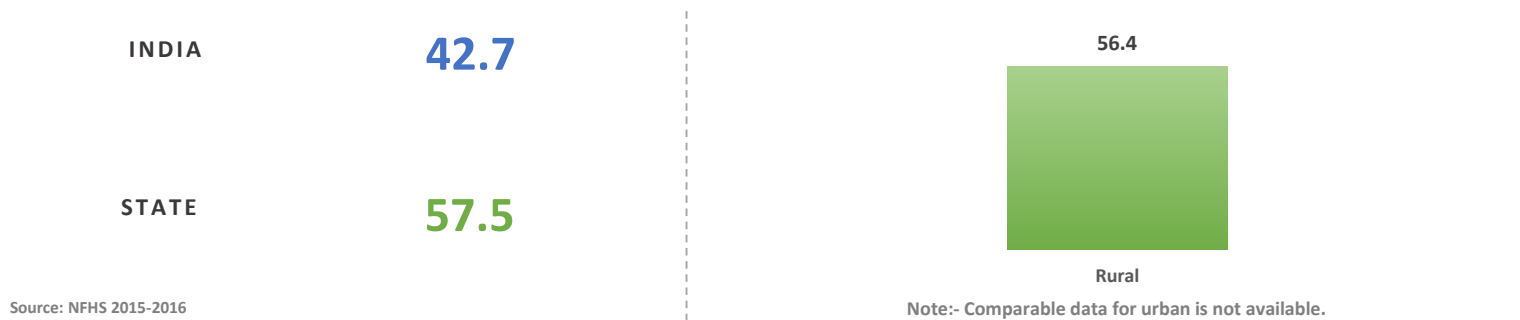
- While the state fares better than the country in its institutional delivery figures, however this rate among its Scheduled Tribe population is comparatively low.
- The rate of caesarian deliveries is also quite high in both in urban and rural areas. The overall state figure is much higher than the national figure.
- Immunization figures are a slightly better than national figures however, the condition is poor among Scheduled Caste population.

## CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

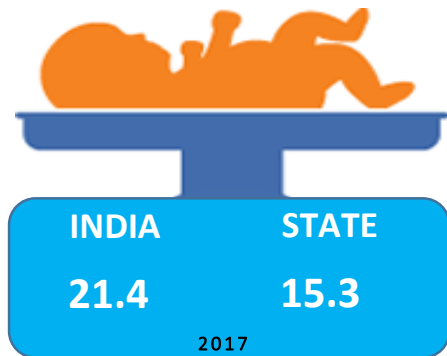
### CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



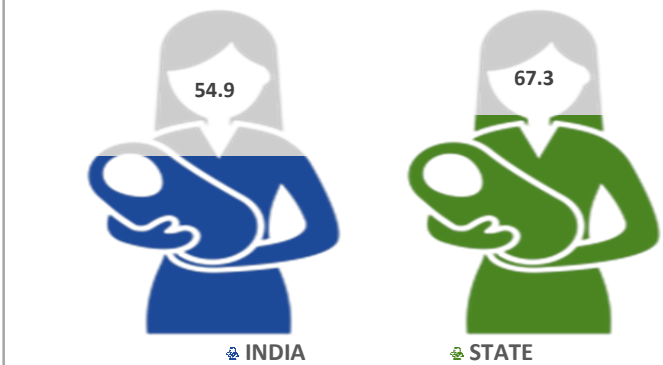
### CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



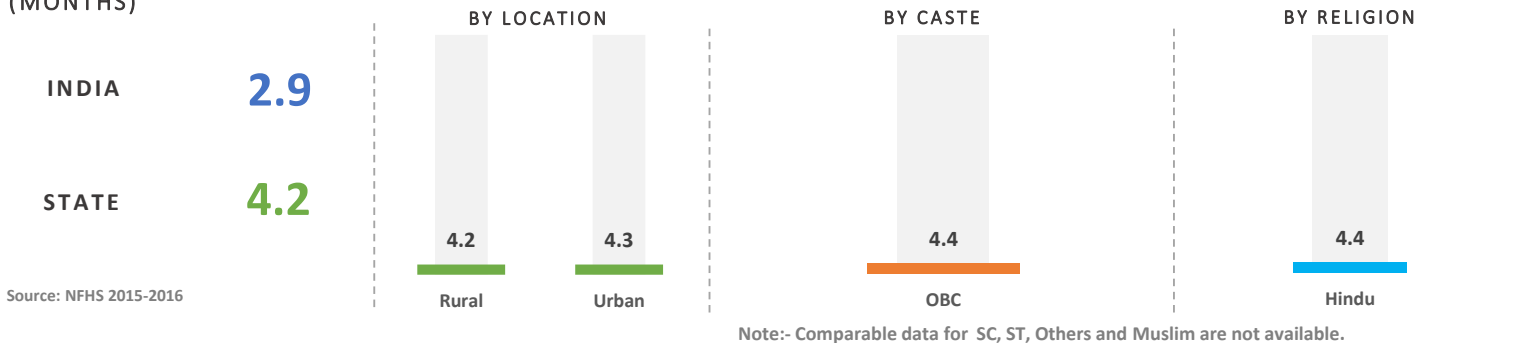
### PREVALENCE OF LOW BIRTHWEIGHT (%)



### CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



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



- The state does not do much well in early initiation of breastfeeding, especially among Schedule Tribes.
- Though the median duration of breastfeeding of Telangana is better than the country, however 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

28.5

33.1



22.2



Rural

Urban

37.2



35.4



27.1



18.3



SC

ST

OBC

Others

28.4



24.2



Hindu

Muslim

Source: NFHS 2015-2016

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

### BY LOCATION

### BY CASTE

### BY RELIGION

INDIA

38.4

STATE

28.1

33.3



20.9



Rural

Urban

33.2



34.7



27.7



18.5



SC

ST

OBC

Others

28.5



23.7



Hindu

Muslim

Source: NFHS 2015-2016

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

### BY LOCATION

### BY CASTE

### BY RELIGION

INDIA

21.0

STATE

18.0

20.4



14.6



Rural

Urban

20.8



20.2



17.9



12.6



SC

ST

OBC

Others

18.0



15.1



Hindu

Muslim

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

60.7

67.5



51.6



Rural

Urban

72.3



66.5



58.2



51.8



SC

ST

OBC

Others

61.3



56.3



Hindu

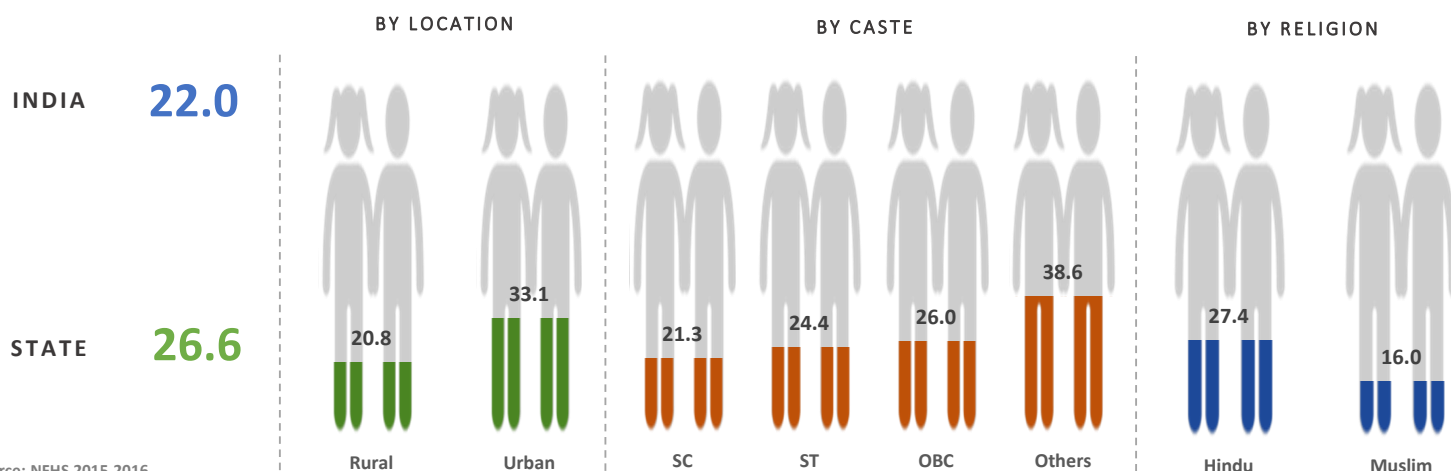
Muslim

Source: NFHS 2015-2016

- The nutritional status of the children remains a reason for concern for the state with stunting, wasting and underweight figures among Scheduled Caste and Scheduled Tribe children.
- Anemia figures are also very high in the state with highest among Scheduled Caste children.

## 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 (%)



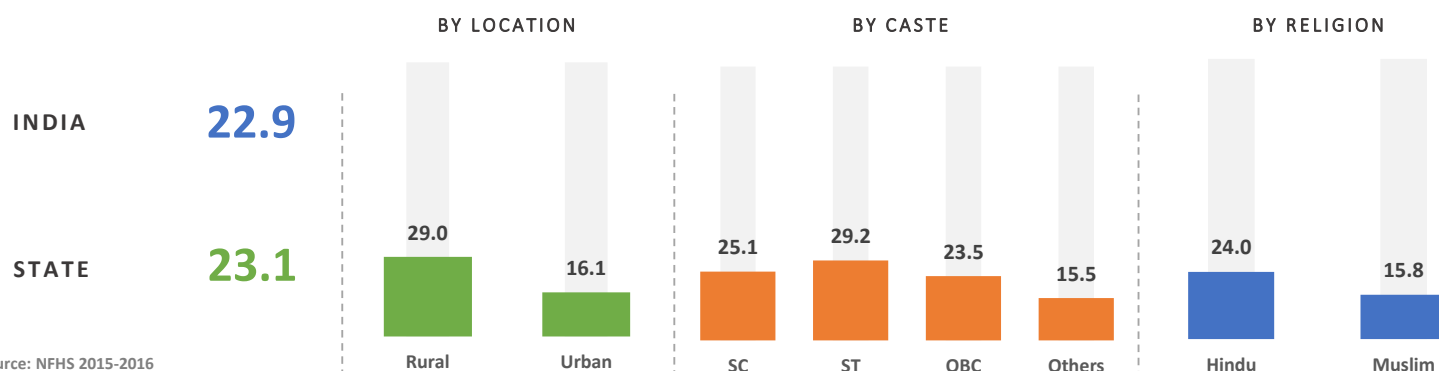
Source: NFHS 2015-2016

- Only around one-fourth children in the state consume meals having 4 or more food groups. Similar concern is with feeding minimum meal frequency to the children.

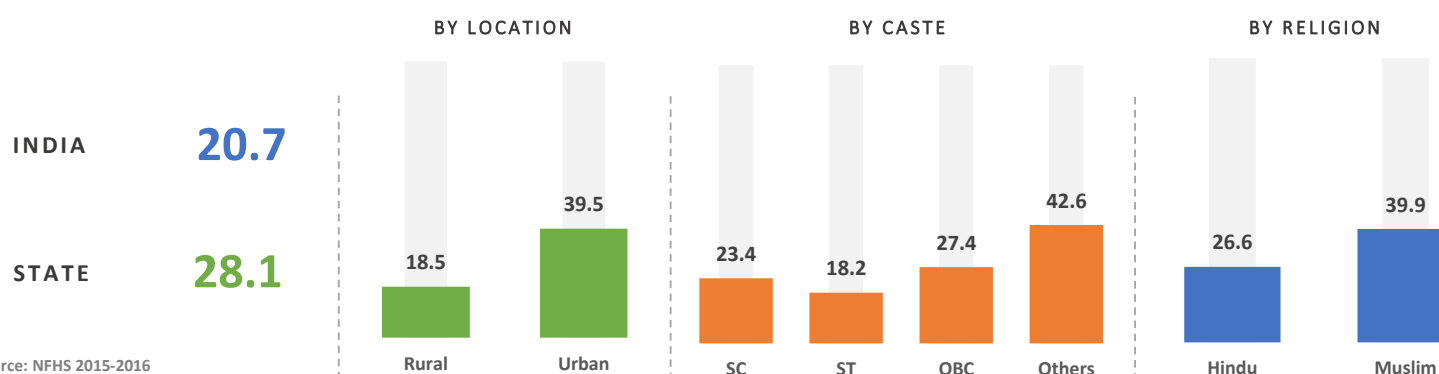


## NUTRITIONAL STATUS OF WOMEN AND MEN

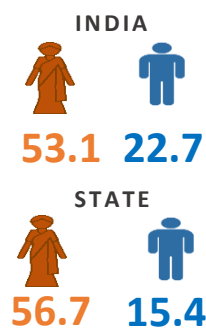
### WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M<sup>2</sup> ) (%)



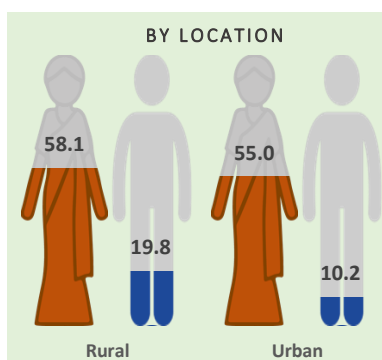
### WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M<sup>2</sup> ) (%)



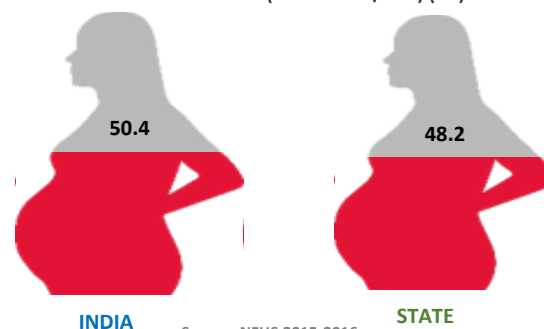
### WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



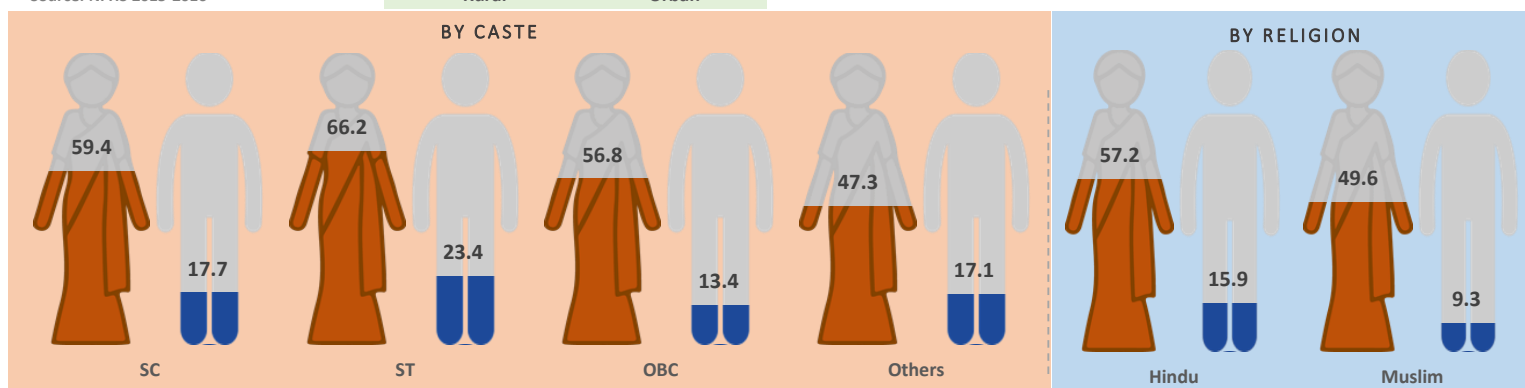
Source: NFHS 2015-2016



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



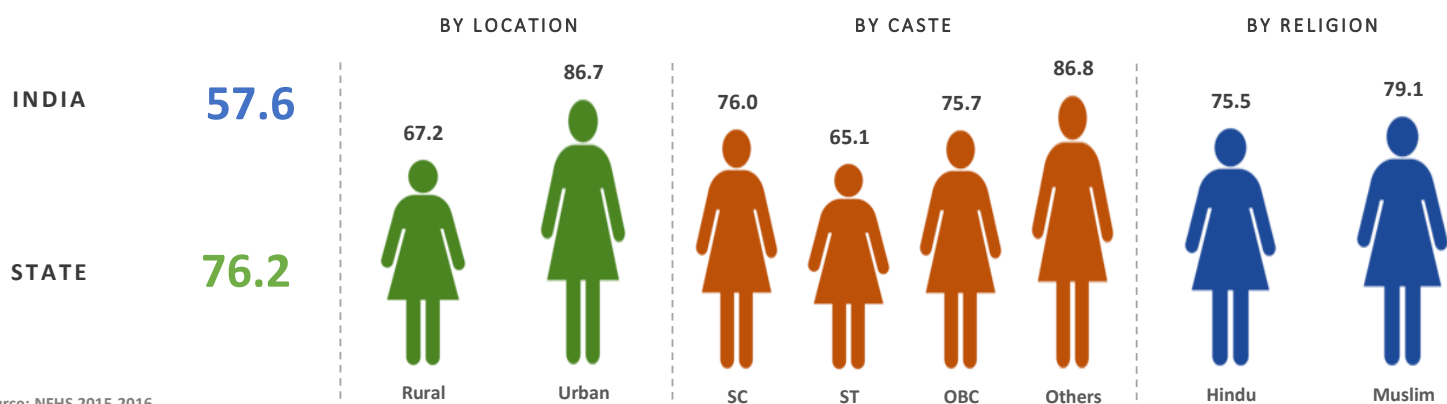
Source: NFHS 2015-2016



- There is a higher proportion of women with below normal Body Mass Index (BMI) in rural areas and among 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 with low haemoglobin count.

## MENSTRUAL HYGIENE

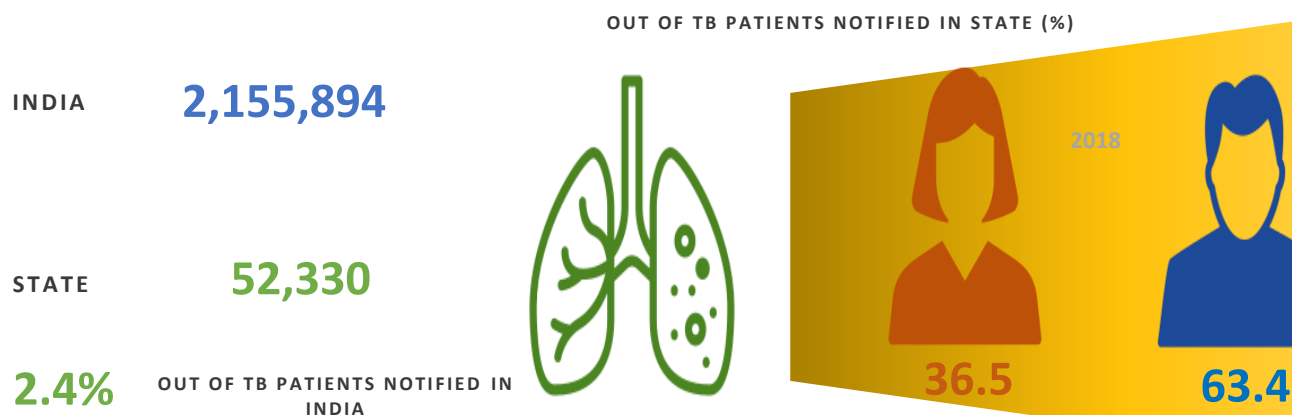
### WOMEN AGED 15-24 WHO USED HYGIENIC METHOD OF PROTECTION DURING MENSTRUATION (%)



Source: NFHS 2015-2016

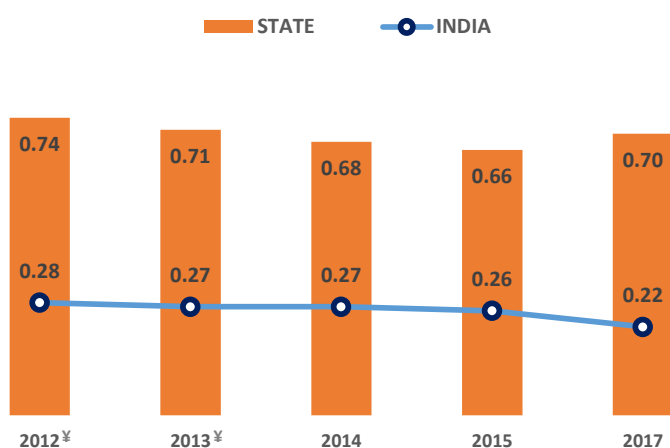
## OTHER HEALTH ISSUES

### PERSONS SUFFERING FROM TUBERCULOSIS



Source: India TB Report 2019

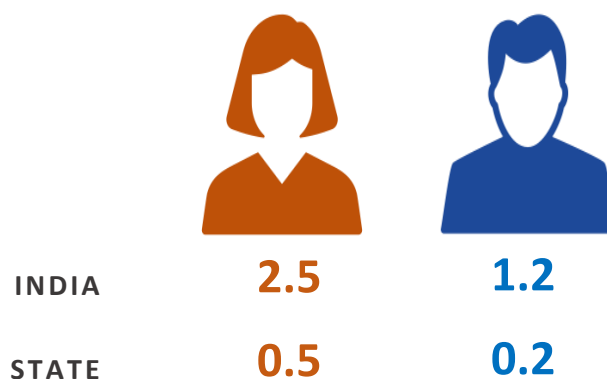
### PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)



Source: India NACO-Report

¥ Combined data for Andhra Pradesh and Telangana.

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



Source: NFHS 2015-2016

- Practice of hygienic methods of menstruation is comparatively better in the state with Scheduled Tribe women having the least protection.
- High prevalence of Tuberculosis among men is a concern.

## HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE (%  
OF TOTAL HEALTH EXPENDITURE)

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

INDIA

30.6

60.6

STATE

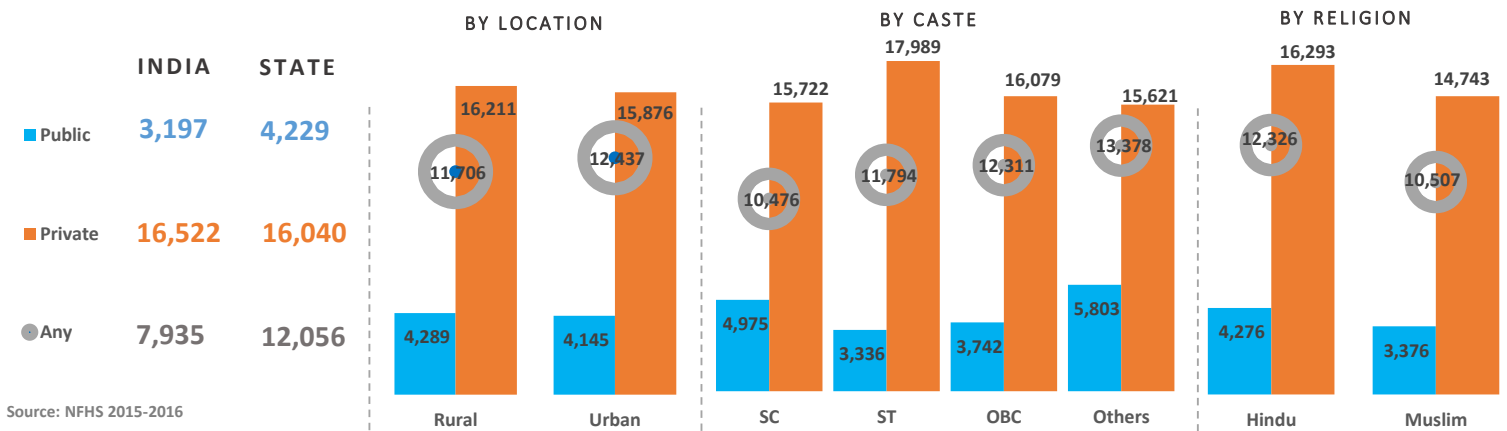
37.5

57.9



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

- With low government share in health expenditure, the state shows high out of pocket expense (58%).
- While the average expenditure for delivery in public health facilities is around INR 4000, the expenditure in private facilities is nearly 4 times more.

## 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	Surplus
PHCs and HWC-PHCs	28.2	13.0
CHCs	36.9	53.3

Source: Rural Health Statistics 2019

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

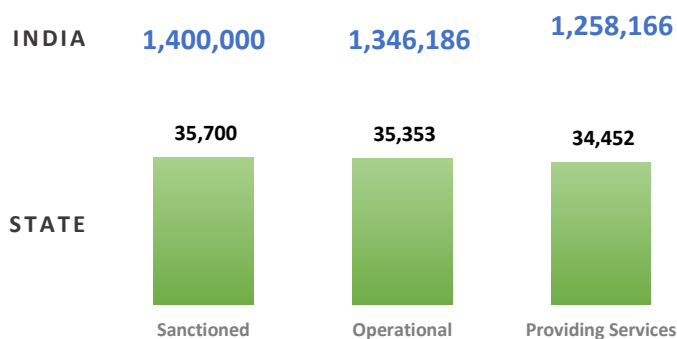
India State

Anganwadi Workers	4.7	6.1
Source: Status report of ICDS as on 31st March 2015		
ASHA	Surplus	2.5
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	100.0
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	24.1

(as on 1st July 2019)

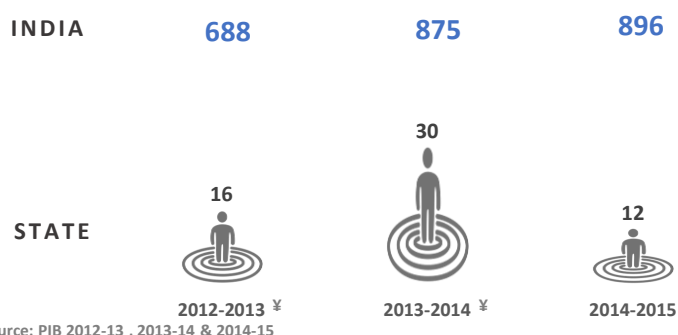
Source: Rural Health Statistics 2019

## NUMBER OF AWCs



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

## NUMBER OF NUTRITIONAL REHABILITATION CENTRES



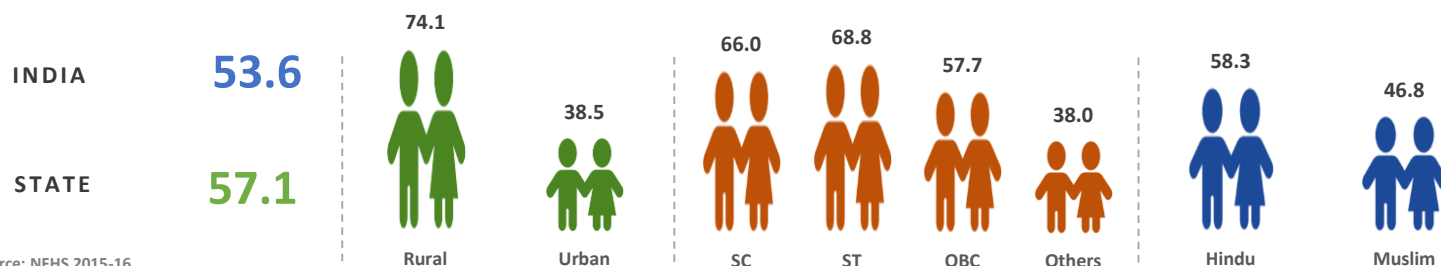
Source: PIB 2012-13, 2013-14 & 2014-15

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

### BY LOCATION

### BY CASTE

### BY RELIGION



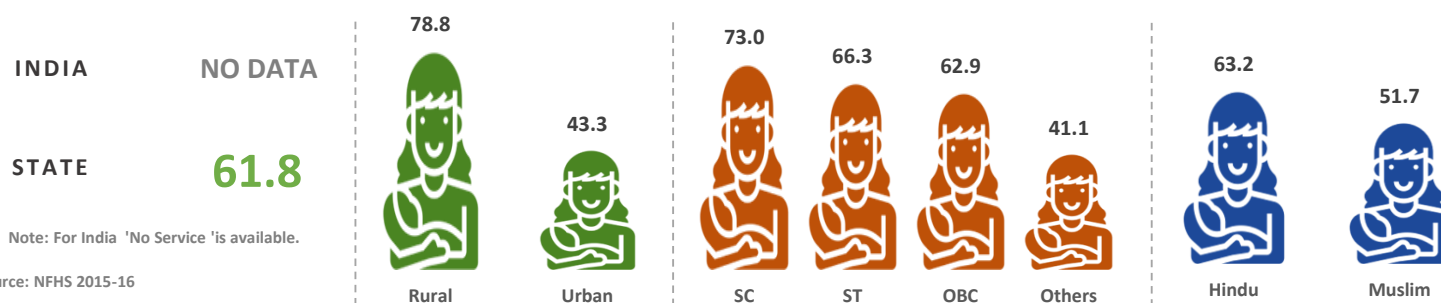
Source: NFHS 2015-16

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

### BY LOCATION

### BY CASTE

### BY RELIGION



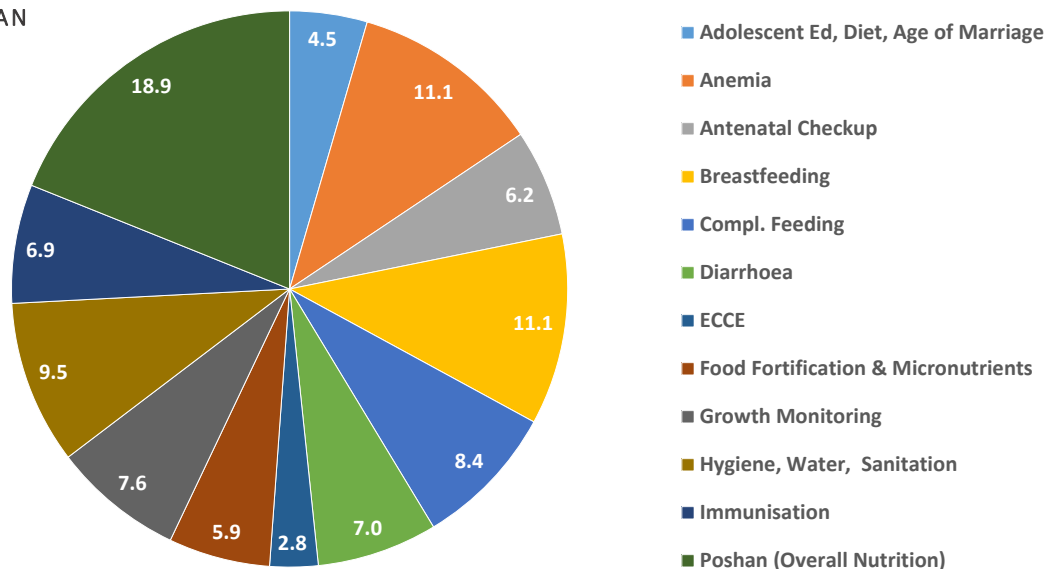
Note: For India 'No Service' is available.

Source: NFHS 2015-16

¥ Combined data for Andhra Pradesh and Telangana.

- The state has high shortfall of CHCs as per the requirement.
- Not a single PHC in the state has an ANM.
- Nearly 40% of the state's children and pregnant women do not receive their entitled services like nutritious food etc. from AWC. The proportion is much higher in urban areas in this regard.

THEMES-WISE ACTIVITIES IN POSHAN  
MAAH (SEPTEMBER 2019)



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

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

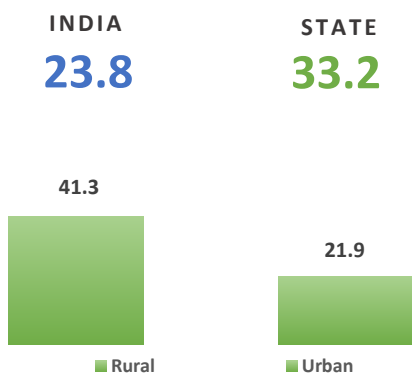
Activity type	State Value (%)	India Value (%)
Home Visits	81.0	14.4
Anemia Camp	0.9	1.5
CBE-Community Based Events (ICDS)	1.6	22.3
Community Radio Activities	0.2	0.3
Cooperative/Federation	0.3	0.2
Cycle Rally	0.6	0.3
DAY-NRLM SHG Meet	0.7	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	0.4	0.2
Haat Bazaar Activities	0.2	0.4
Harvest Festival	0.2	0.2
Local Leader Meeting	0.6	0.5
Nukkad natak/Folk Shows	0.1	0.4
Other Activities	0.4	34.7
Panchayat Meeting	0.9	1.0
Poshan Mela	3.1	8.2
Poshan Rally	1.2	2.6
Poshan Walk	1.0	1.5
Poshan Workshop/Seminar	0.7	4.1
Prabhat Faree	0.2	1.1
Providing Water to the Toilets	0.2	0.3
Safe Drinking Water in Anganwadi Centres	0.4	0.7
Safe Drinking Water in Schools	0.3	0.2
School Based Activities	1.7	2.9
VHSND	2.7	No Data
Youth Group Meeting	0.4	No Data

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



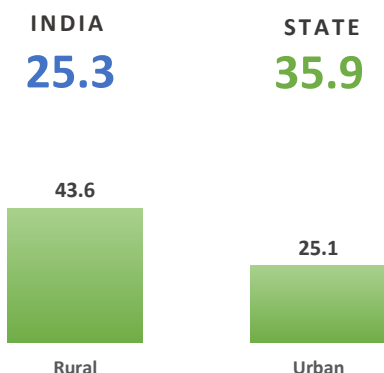
## WOMEN EMPOWERMENT

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



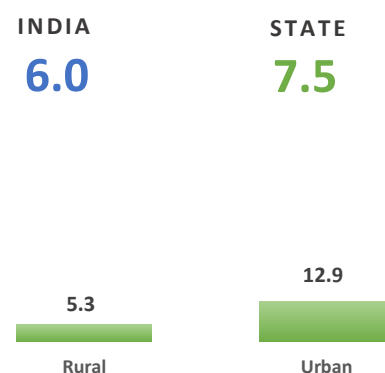
Source: Annual Report PLFS 2017-18

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



Source: Annual Report PLFS 2017-18

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



Source: Annual Report PLFS 2017-18

## WOMEN HEADED ESTABLISHMENTS

INDIA  
**8,050,819**

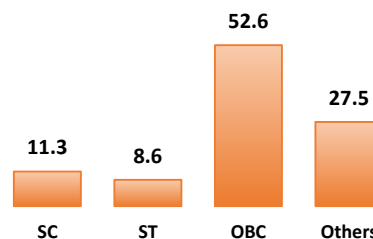
STATE  
**356,486**

4.4% Out of India's Women Headed Establishments

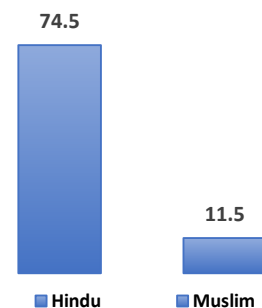
17.1% Out of State's Total Establishments -  
Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

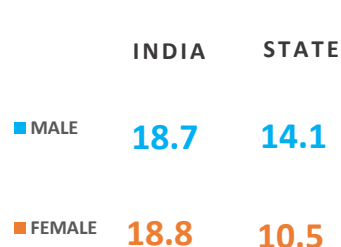
BY CASTE



BY RELIGION



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

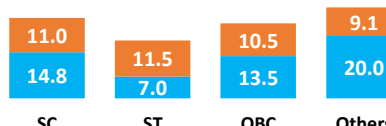


Source: NFHS 2015-2016

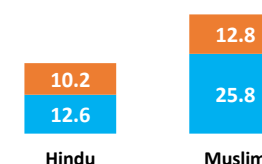
BY LOCATION



BY CASTE



BY RELIGION

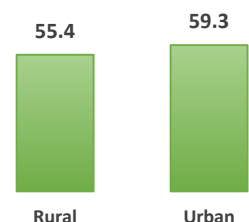


## CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS\* (%)

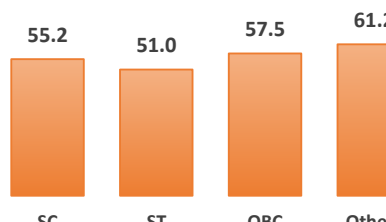
INDIA  
**63.0**

STATE  
**57.1**

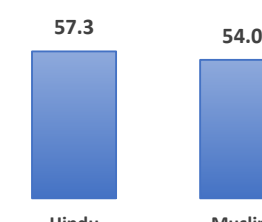
BY LOCATION



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 only around 30% of women in its labour force.
- Telangana has only 4% 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

5.9

Source: NFHS 2015-16

7.0

Rural

4.4

Urban

14.2

SC

7.1

ST

4.4

OBC

0.9

Others

6.2

Hindu

3.5

Muslim

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

BY LOCATION

BY CASTE

BY RELIGION

INDIA

33.3

STATE

46.0

Source: NFHS 2015-16

50.7

Rural

39.8

Urban

60.8

SC

61.6

ST

42.0

OBC

36.7

Others

47.3

Hindu

25.1

Muslim

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

INDIA (2018)

378,277

STATE (2018)

16,027

(4.2%)

OUT OF INDIA

Source: NCRB



14,147

2014



15,425

2015



15,374

2016



17,521

2017



16,027

2018

## STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



4

OUT OF 36 STATES & UTs

Source: NCRB 2016

## DOWRY DEATHS REPORTED (No.)

INDIA (2018)

7,166

STATE (2018)

186

(2.6%)

OUT OF INDIA

Source: NCRB

262

2015

254

2016

251

2017

186

2018

## WOMEN TRAFFICKING CASES REPORTED (No.)



73

OUT OF 854  
IN INDIA

Source: NCRB 2018

FEMALE SUICIDE CASES (No.)

INDIA	42,391
STATE	2,233

Source: ADSI 2018

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	STATE
FOETICIDES	128	8
INFANTICIDES	56	2

Source: NCRB 2018

- The state has high incidence of violence against women than the country figure, with the rate being high in the rural areas and among Scheduled Tribe and Scheduled Caste population.
- Telangana ranks 4th in India regarding rate of crime against women which is definitely not praiseworthy. However, there has been an increasing trend in the crime rate since 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



**415,466**

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



**69.1**

### SHGs HAVING CREDIT LINKED (%)



**69.1**

### TOTAL VILLAGE ORGANIZATIONS FORMED



**17,710**

### TOTAL CLUSTER LEVEL FEDERATIONS



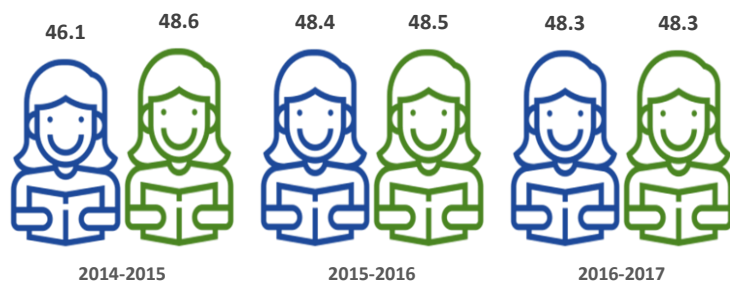
**547**

\* Data on number of SHGs having bank account is not available. So, it is considered that number of SHGs having bank account and number of SHGs having credit linked with banks are same.

Source: Website of Society for Elimination of Rural Poverty (SERP), Dept. of Rural Development, Govt. of Telangana on as 19-April-2020

## GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

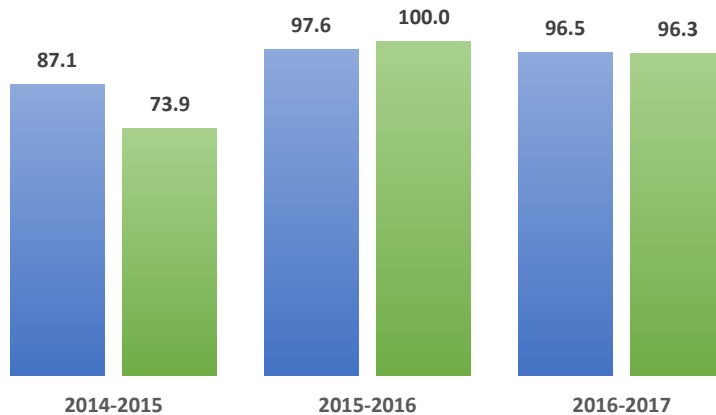
INDIA STATE



Source: U-Dise

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

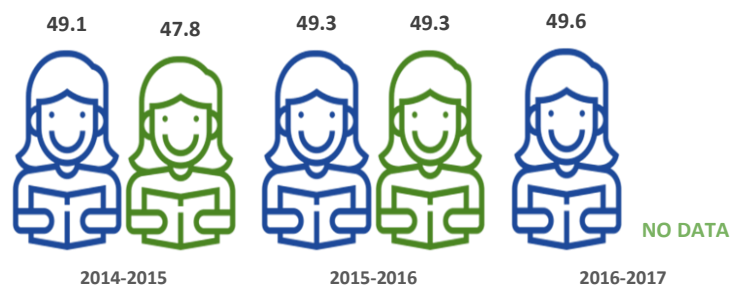
INDIA STATE



Source: U-Dise

## GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

INDIA STATE

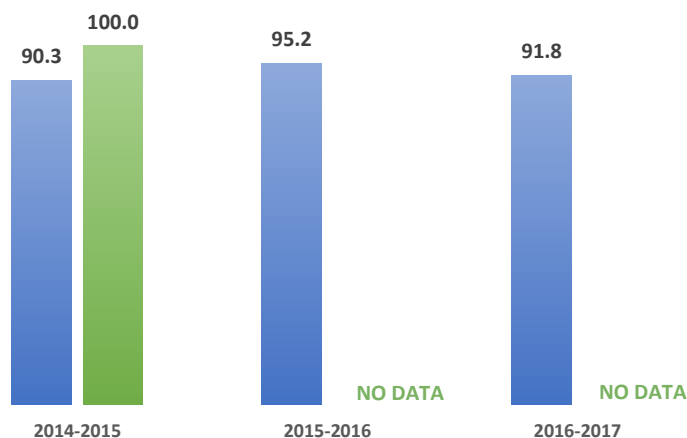


Source: U-Dise

Note:- State data for 2016-2017 is not available.

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

INDIA STATE



Source: U-Dise

Note:- State data for 2015-2016 and 2016-2017 are not available.

- Nearly 70% of the SHGs in the state has been able to establish some kind of bank linkage.
- There has been almost no improvement in girls' enrolment in elementary level for Telangana as since 2014 to 2017.
- Percentage of elementary schools having girls' toilet has slightly declined in the state since 2015.
- As U-DISE doesn't provide current data on girl's enrolment and toilets in secondary level, it is difficult to assess the progress of the state in this regard.