

ANDHRA PRADESH FACTSHEET 2020



Picture Courtesy: APMAS, Hyderabad, Telangana

DEVELOPED BY:



THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

BACKDROP

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

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

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

STATE AT A GLANCE

OVERALL POPULATION[¥]

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

ANDHRA PRADESH **84,580,777**
(7.0%)
OF INDIA POPULATION

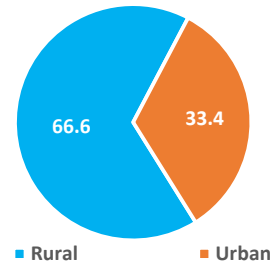
Source: Census 2011

STATE POPULATION BY SEX (%)[¥]



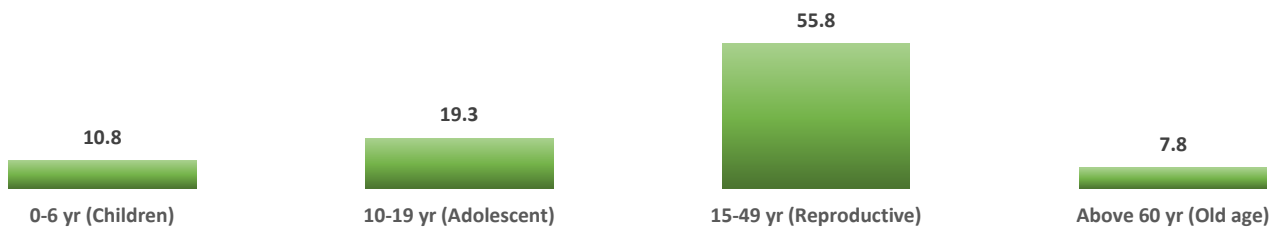
Source: Census 2011

STATE POPULATION BY LOCATION (%)[¥]



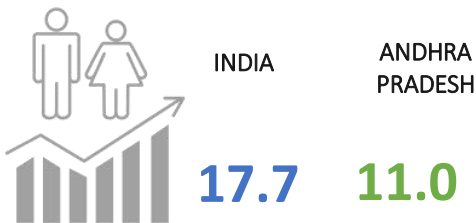
Source: Census 2011

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
993	State Total 939
996	Rural 941
987	Urban 935

Source: Census 2011

HEALTH INDEX (RANK)[¥]



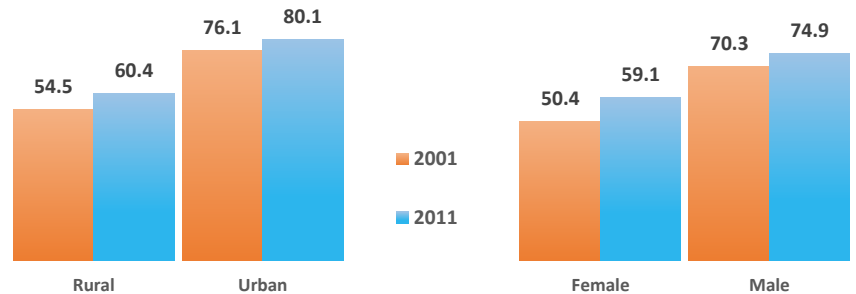
Source: Economic Survey 2020

OVERALL LITERACY RATE (%)[¥]

	2001	2011
INDIA	64.8	73.0
ANDHRA PRADESH	60.5	67.0

Source: Census

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



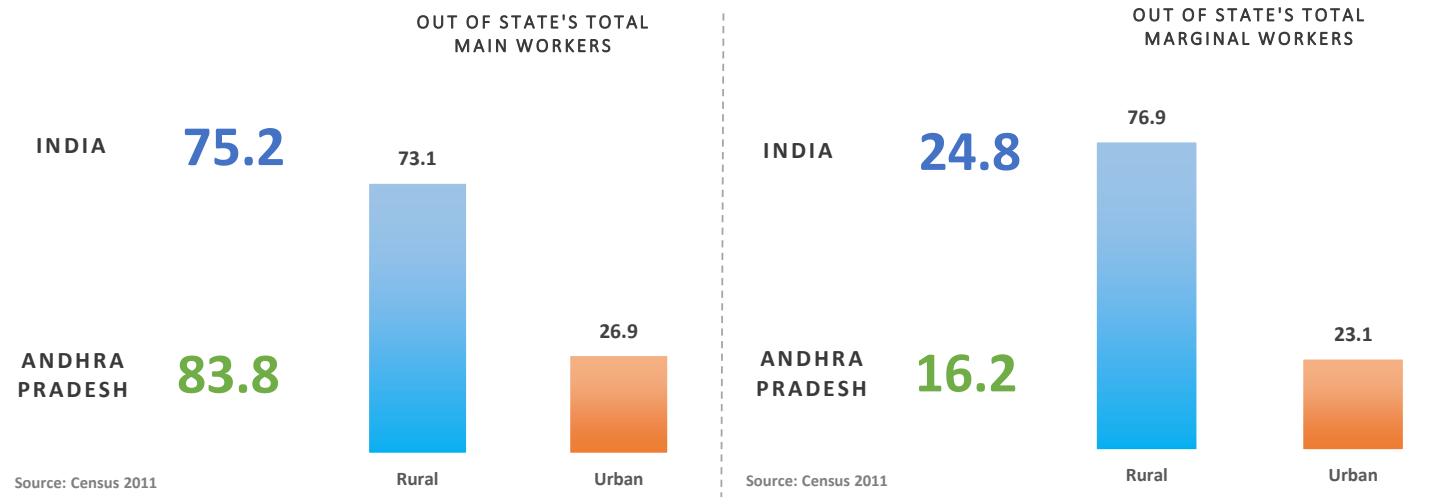
Source: Census

¥ Combined data for Andhra Pradesh and Telangana.

- Nearly 70% of Andhra Pradesh's population is rural.
- 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 sex ratio at birth.

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
Vizianagaram	1	23	14	1	17	48	39
Cuddapah	4	7	6	3	9	29	77
Visakhapatnam	13	18	23	5	8	36	68

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 workforce in A.P is from rural areas. This indicates deep divide of labours among the rural and urban are as.

PROPORTION OF VULNERABLE POPULATION

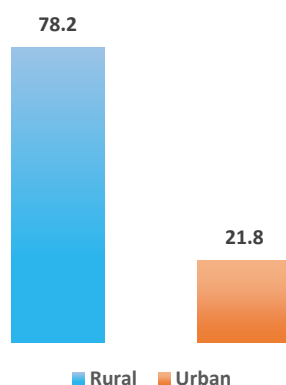
OVERALL SCHEDULE CASTE (SC) POPULATION[¥]

INDIA **201,378,372**

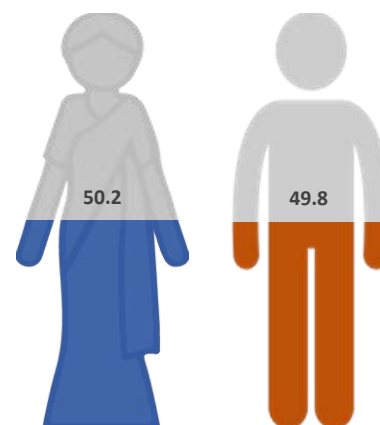
ANDHRA PRADESH **13,878,078**
(6.9%)

Out of India's SC population

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



Source: Census 2011

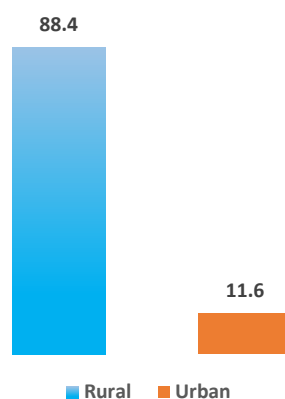
OVERALL SCHEDULE TRIBE (ST) POPULATION[¥]

INDIA **104,545,716**

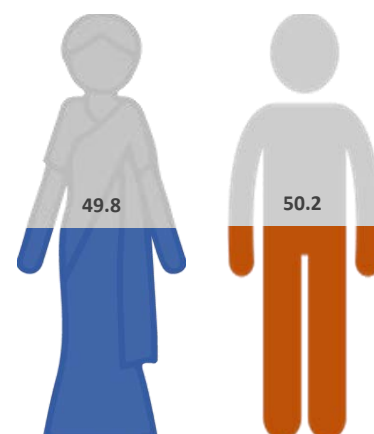
ANDHRA PRADESH **5,918,073**
(5.7%)

Out of India's ST population

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



Source: Census 2011

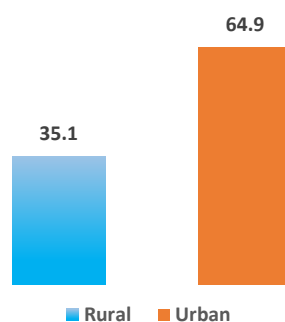
OVERALL MUSLIM POPULATION[¥]

INDIA **172,245,158**

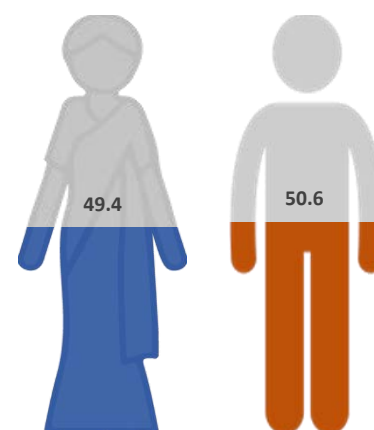
ANDHRA PRADESH **8,082,412**
(4.7%)

Out of India's Muslim population

MUSLIM POPULATION BY LOCATION (%)



MUSLIM POPULATION BY SEX (%)

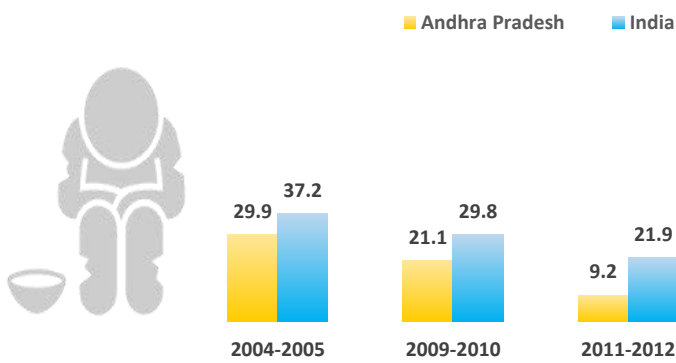


Source: Census 2011

[¥] Combined data for Andhra Pradesh and Telangana.

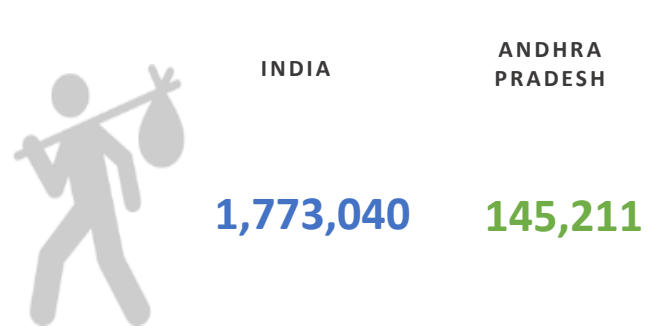
- While the Scheduled Tribe and Schedules caste population is concentrated primarily in the rural areas, the Muslim population has a comparatively better urban share.

POPULATION LIVING BELOW POVERTY LINE (%)[‡]



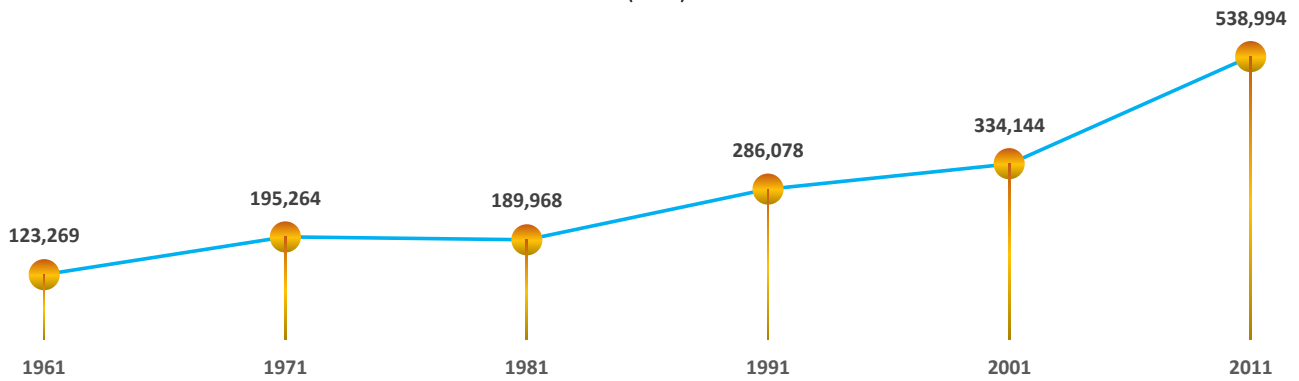
Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)[‡]



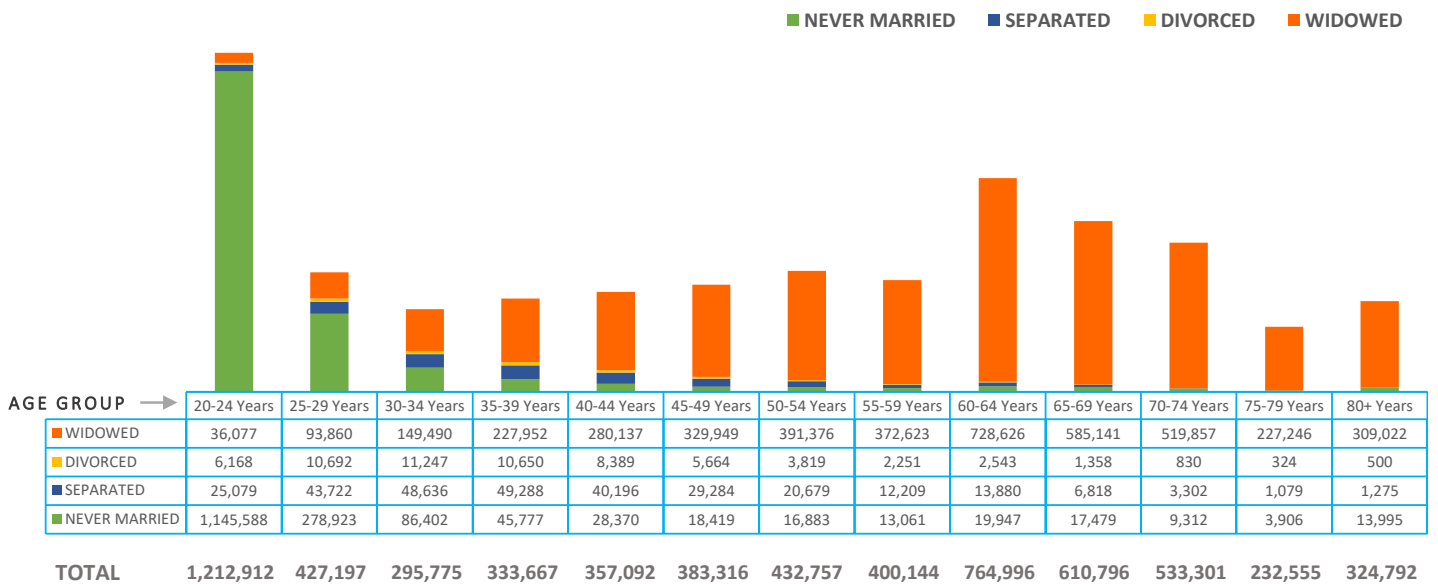
Source: Census 2011

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

[‡] Combined data for Andhra Pradesh and Telangana.

- The state has seen a reduction in BPL population of about 20.7% 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[¥]

INDIA'S TOTAL PERSON WITH DISABILITIES ANDHRA PRADESH'S TOTAL PERSON WITH DISABILITIES

26,814,994

2,266,607

(8.5%)

OUT OF WHICH

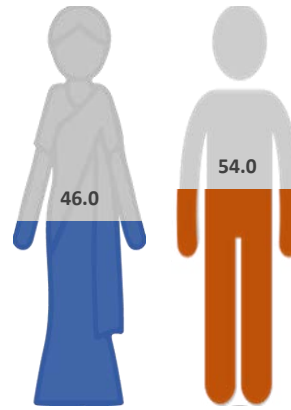
2,116,698

190,370

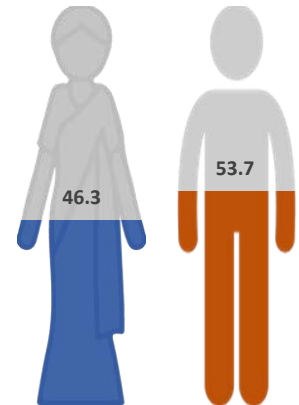
(9.0%)

REPORTED MULTIPLE DISABILITIES

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



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



Source: Census 2011

CHILDREN (0-4 YEARS) WITH DISABILITIES[¥]

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

1,291,637

78258

(6.1%)

OUT OF WHICH

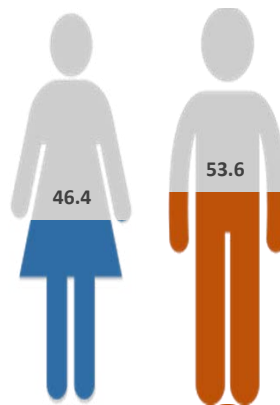
78,662

6630

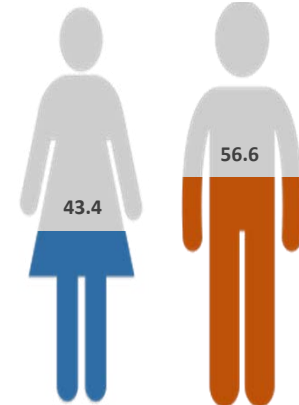
(8.4%)

REPORTED MULTIPLE DISABILITIES

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



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



Source: Census 2011

CHILDREN (5-9 YEARS) WITH DISABILITIES[¥]

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

1,955,926

133,968

(6.8%)

OUT OF WHICH

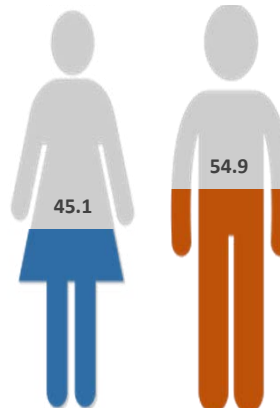
187,492

17,731

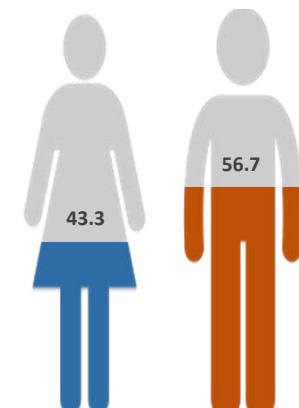
(9.5%)

REPORTED MULTIPLE DISABILITIES

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



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



Source: Census 2011

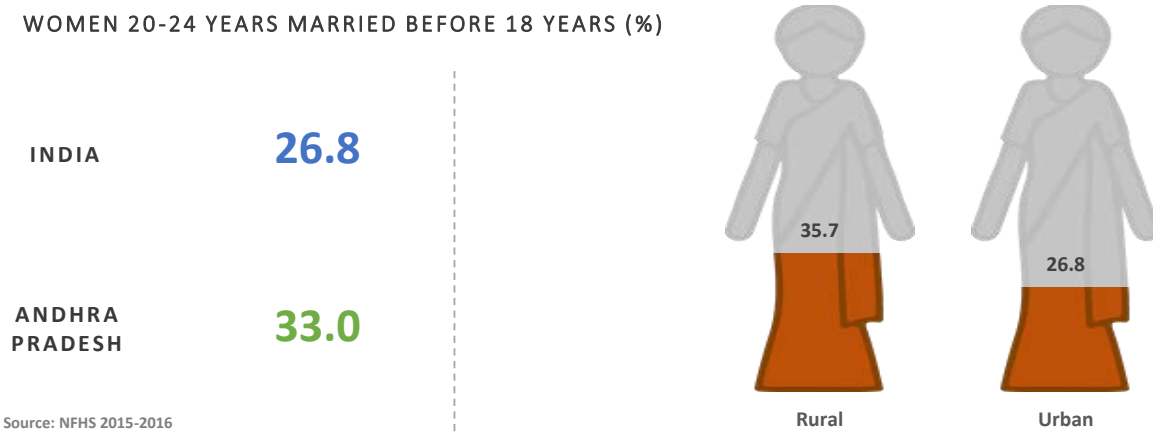
[¥] Combined data for Andhra Pradesh and Telangana.

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

HEALTH AND NUTRITION

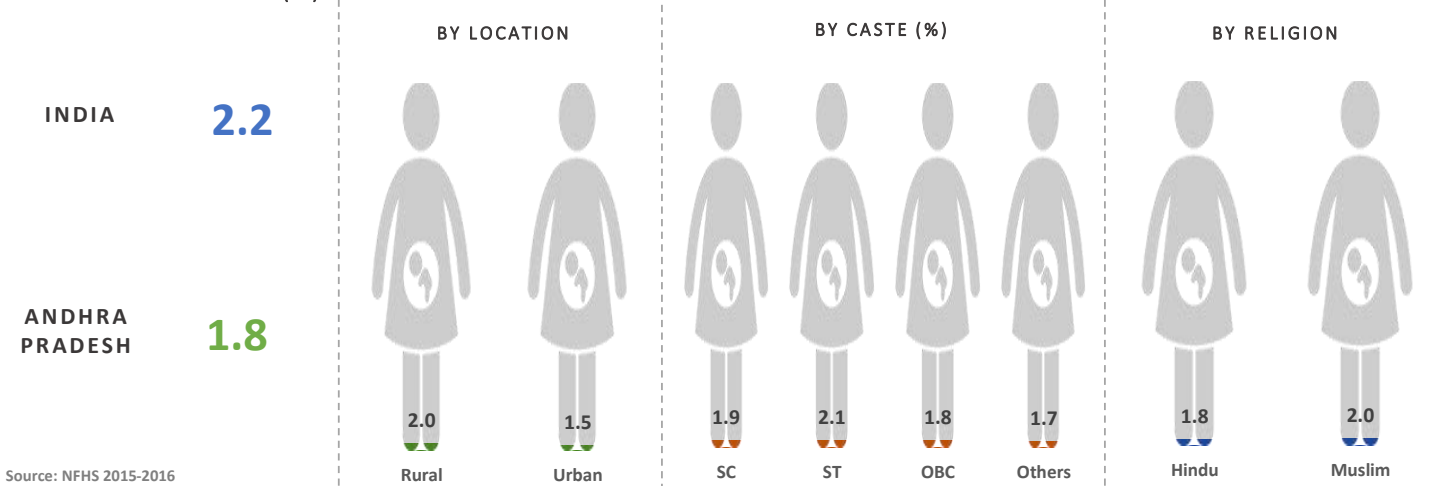
MARRIAGE AND FERTILITY

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



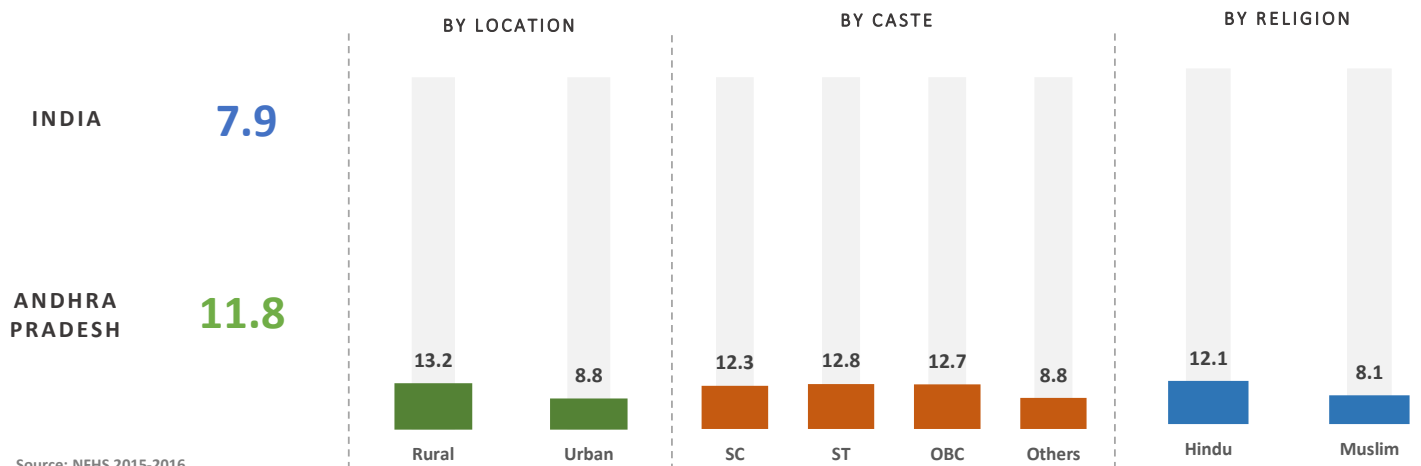
Source: NFHS 2015-2016

TOTAL FERTILITY RATE (%)



Source: NFHS 2015-2016

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

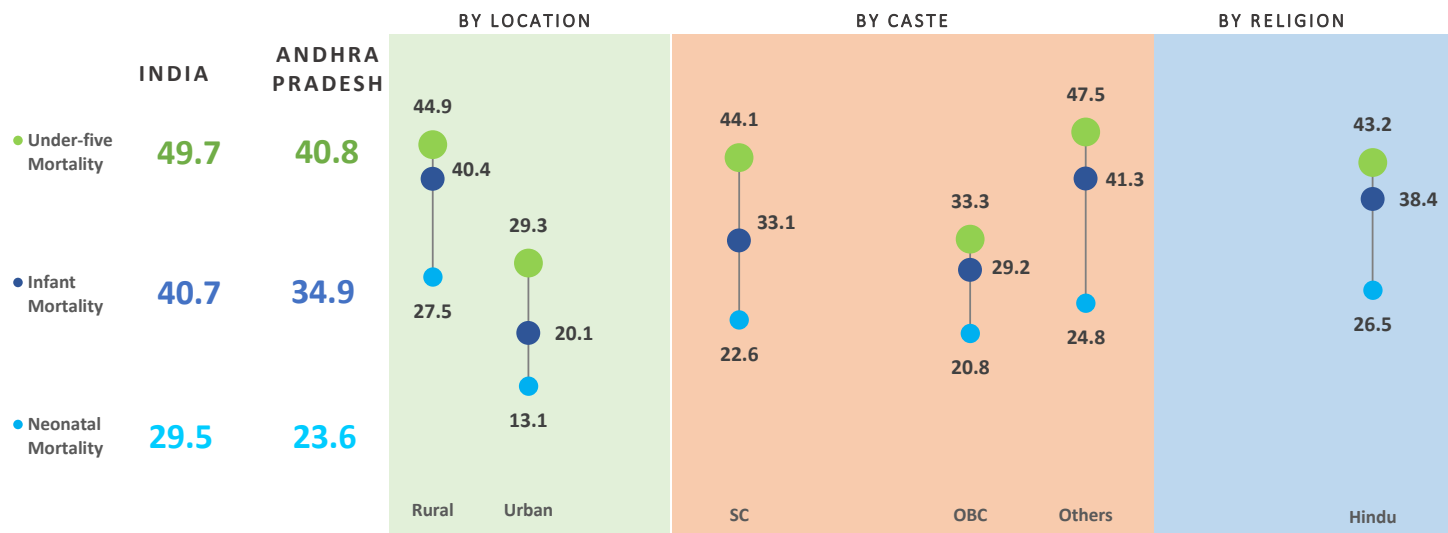


Source: NFHS 2015-2016

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

MORTALITY

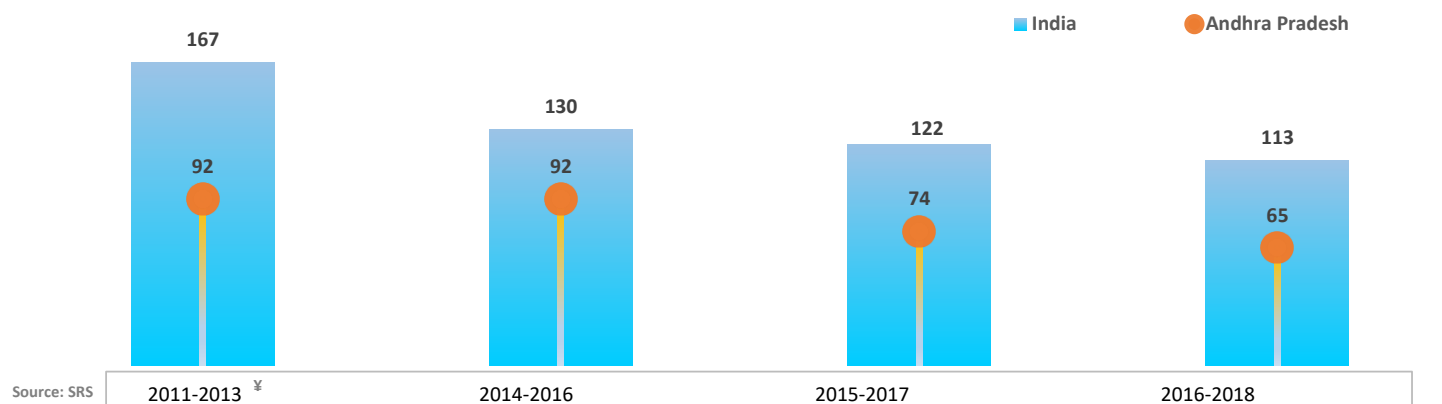
MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



Source: NFHS 2015-2016

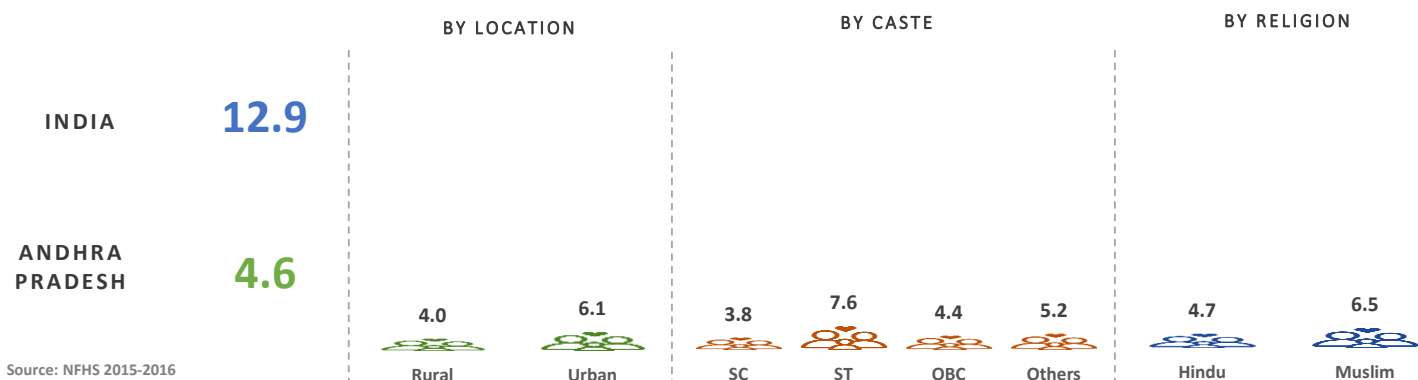
Note:- Comparable data for ST and Muslim are not available.

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

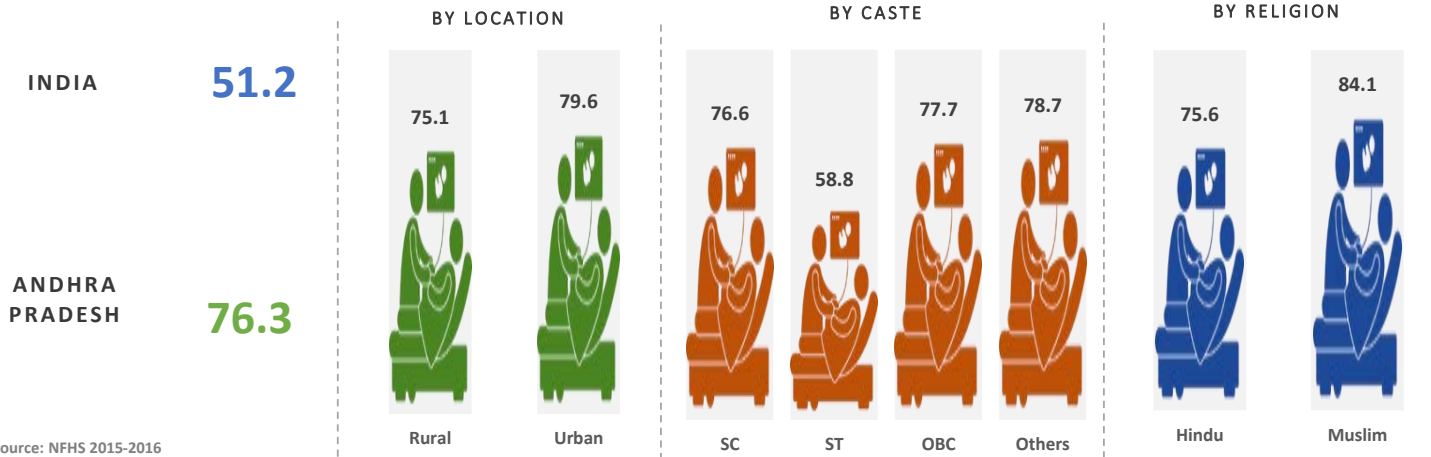
* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

‡ Combined data for Andhra Pradesh and Telangana.

- High Child mortality rates (neonatal, infant and under-5) in rural areas, and across social groups.
- Prevalence of high unmet need among Scheduled Tribe and Muslim women signifying poor access to contraceptive measures.

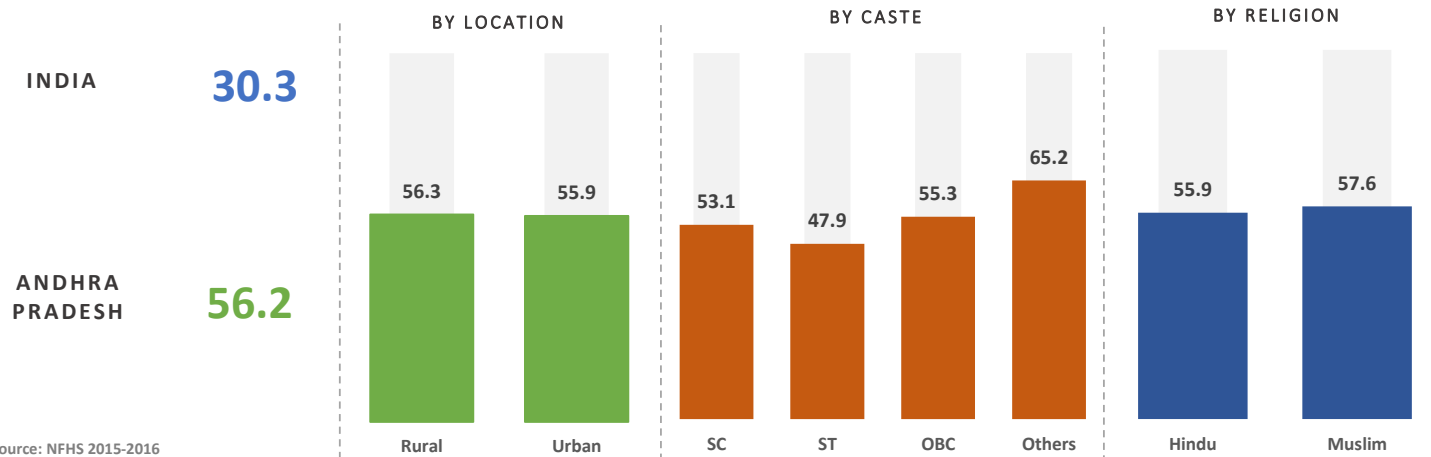
MATERNAL CARE

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



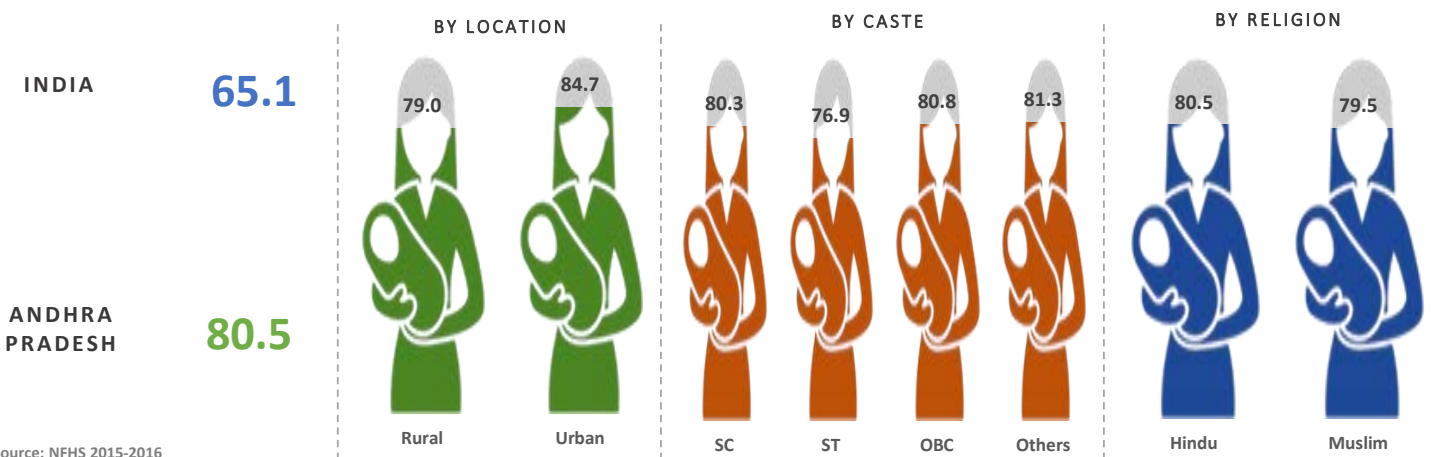
Source: NFHS 2015-2016

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



Source: NFHS 2015-2016

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

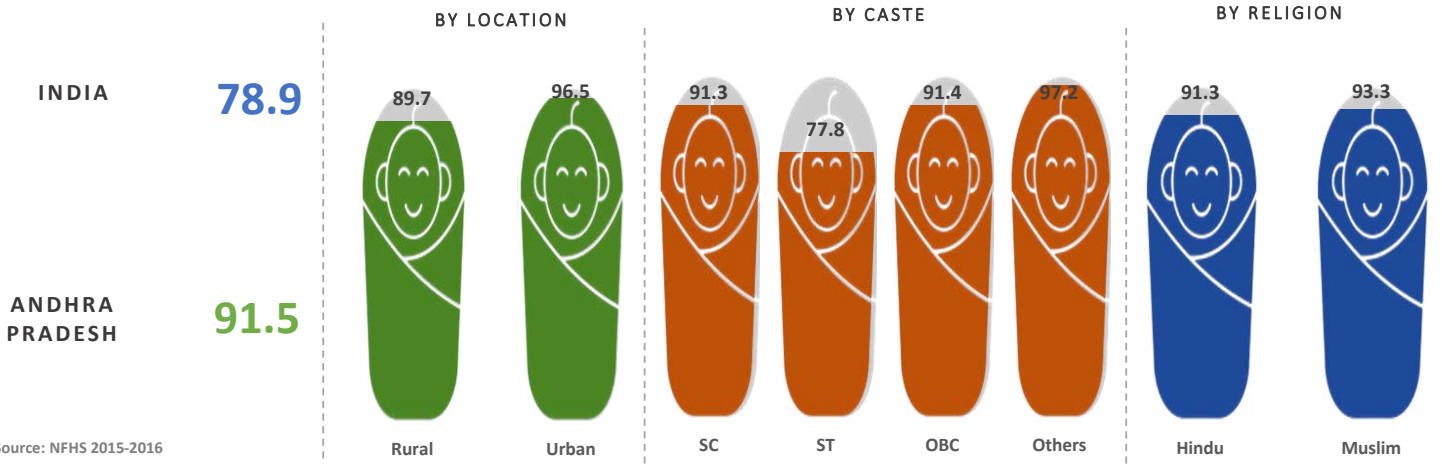


Source: NFHS 2015-2016

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

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA



17.2

ANDHRA PRADESH

40.1



CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)

INDIA

62.0

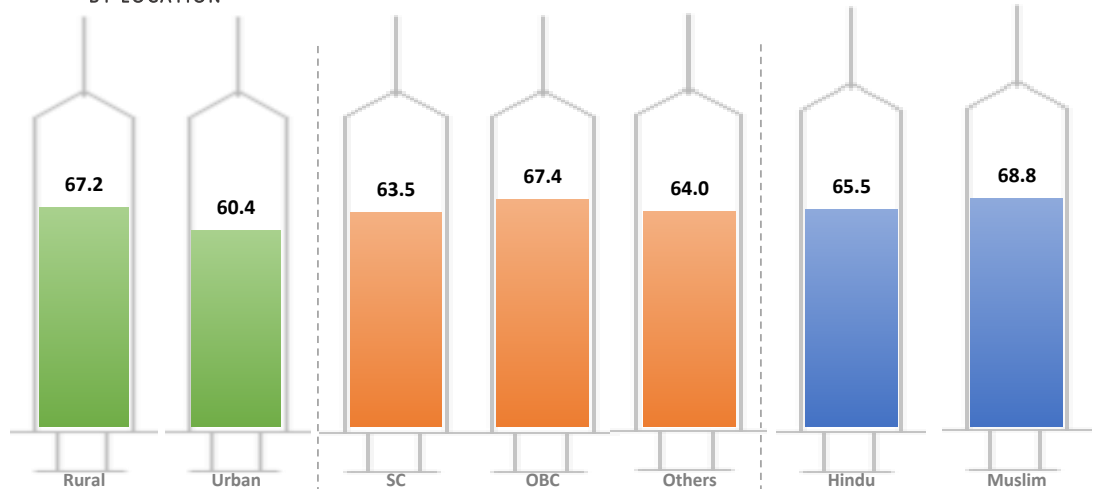
BY LOCATION

BY CASTE

BY RELIGION

ANDHRA PRADESH

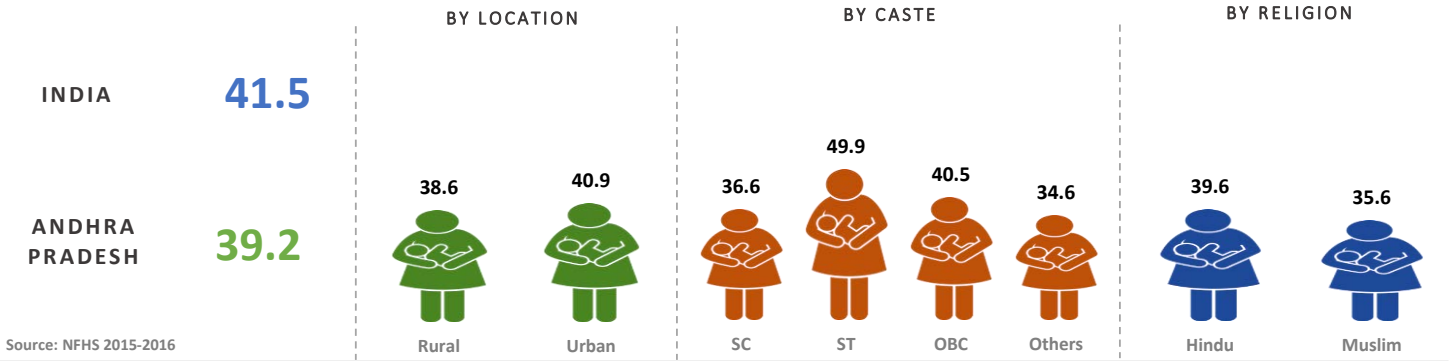
65.2



- While the state fares better than the country in its institutional delivery figures, however this rate among its Scheduled Tribe population is quite low.
- The rate of caesarean deliveries is also quite high both in urban and rural areas, overall state figure and higher even than the national figures.
- Immunization figures are a little better than national figures however, urban areas fare the poorest.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

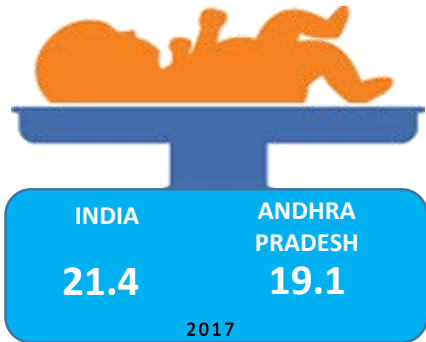
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



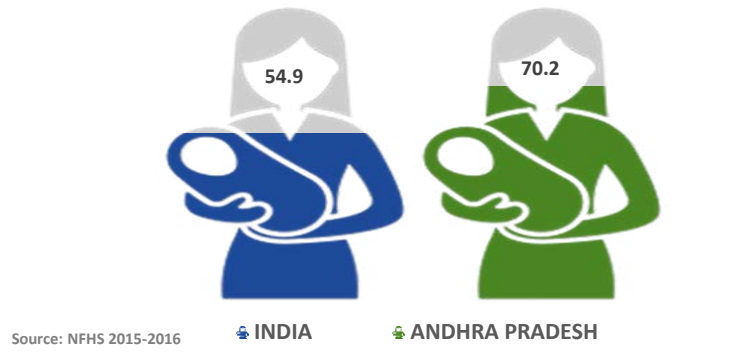
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



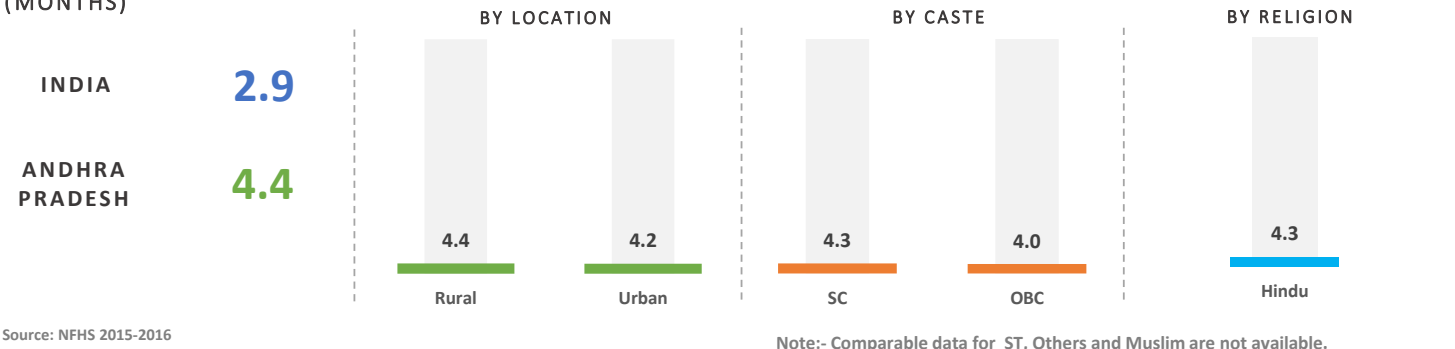
PREVALENCE OF LOW BIRTHWEIGHT (%)



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 Muslims.
- Though the median duration of breastfeeding of A.P is better than the country, however emphasis needs to be given to increase the state total to six months at least.

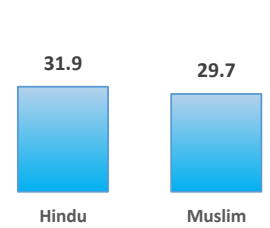
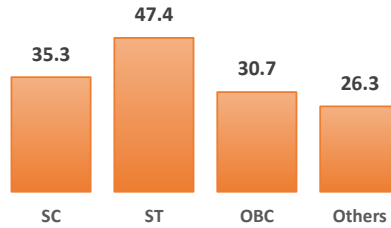
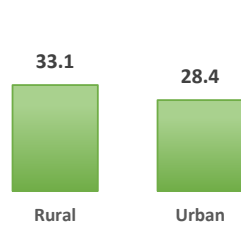
CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA **35.7**
ANDHRA PRADESH **31.9**



Source: NFHS 2015-2016

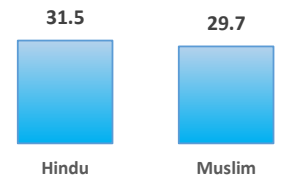
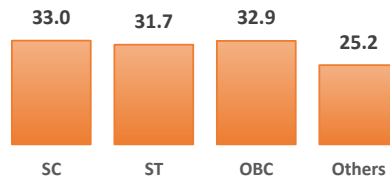
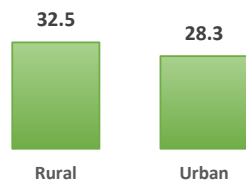
CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA **38.4**
ANDHRA PRADESH **31.4**



Source: NFHS 2015-2016

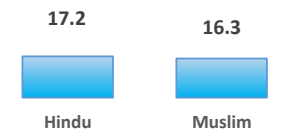
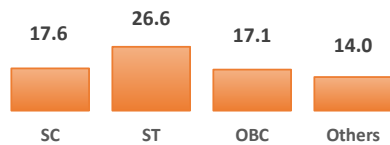
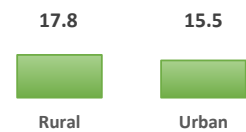
CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA **21.0**
ANDHRA PRADESH **17.2**



Source: NFHS 2015-2016

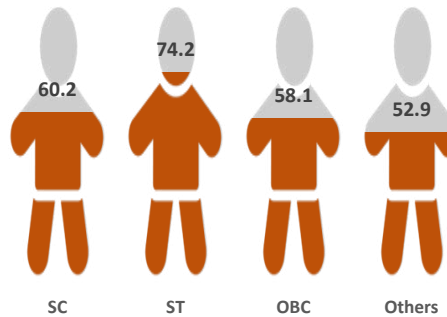
CHILDREN AGE 6-59 MONTHS WHO ARE ANAEMIC (<11.0 G/DL)(%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA **58.5**
ANDHRA PRADESH **58.6**

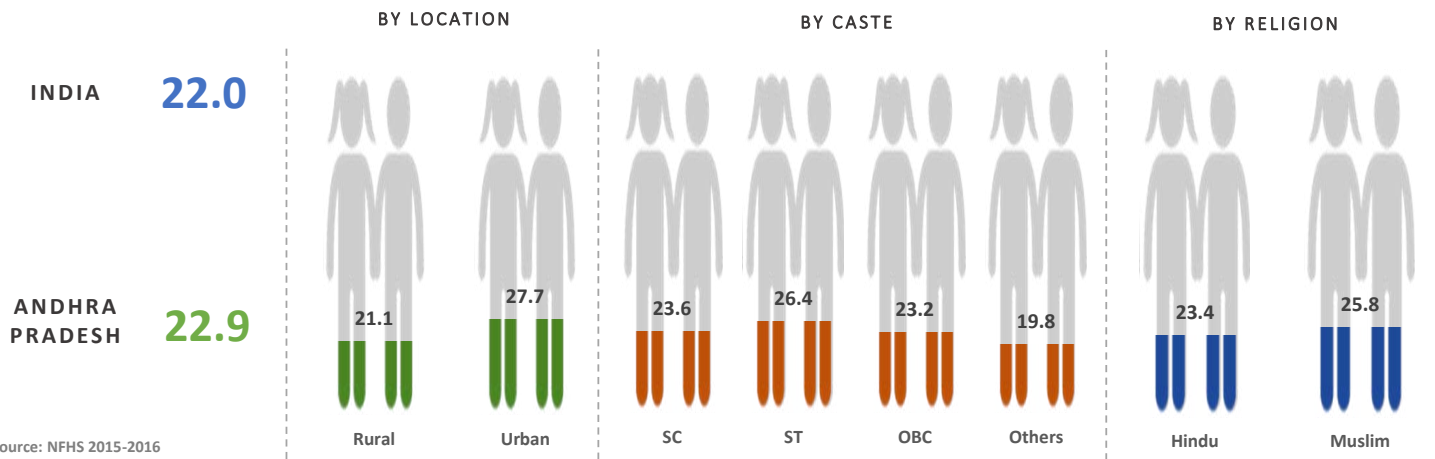


Source: NFHS 2015-2016

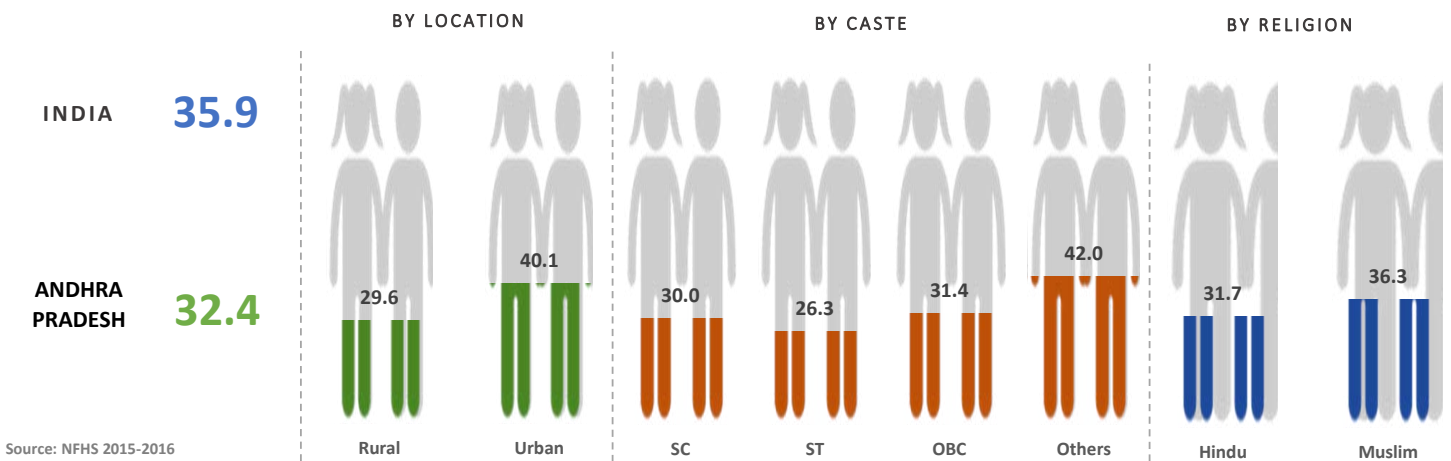
The nutritional status of the children remain a reason for concern for the state with stunting, wasting and underweight figures comparable with the country and Scheduled tribe children faring the worst. Anemia figures are also very high in the state with scheduled tribe children again faring the worst.

DIETARY DIVERSITY PATTERN

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



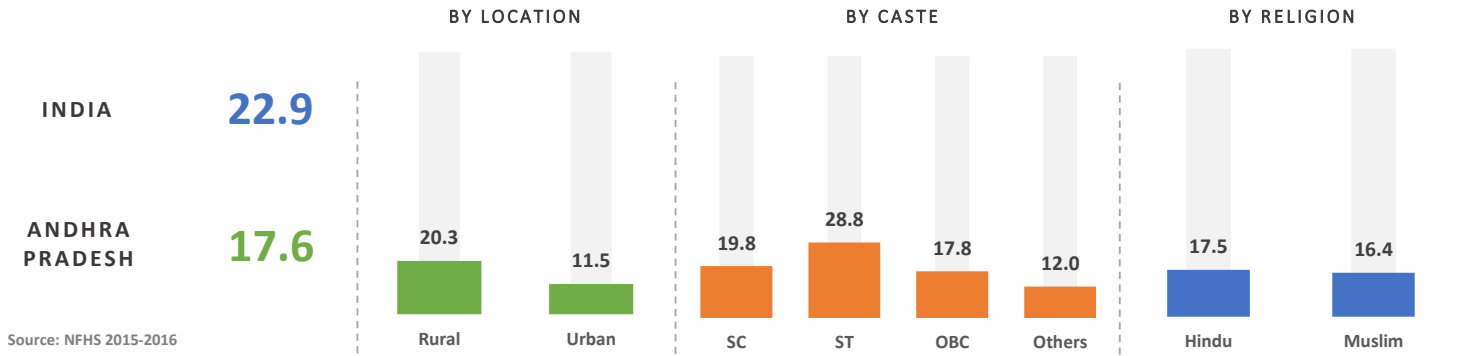
6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)



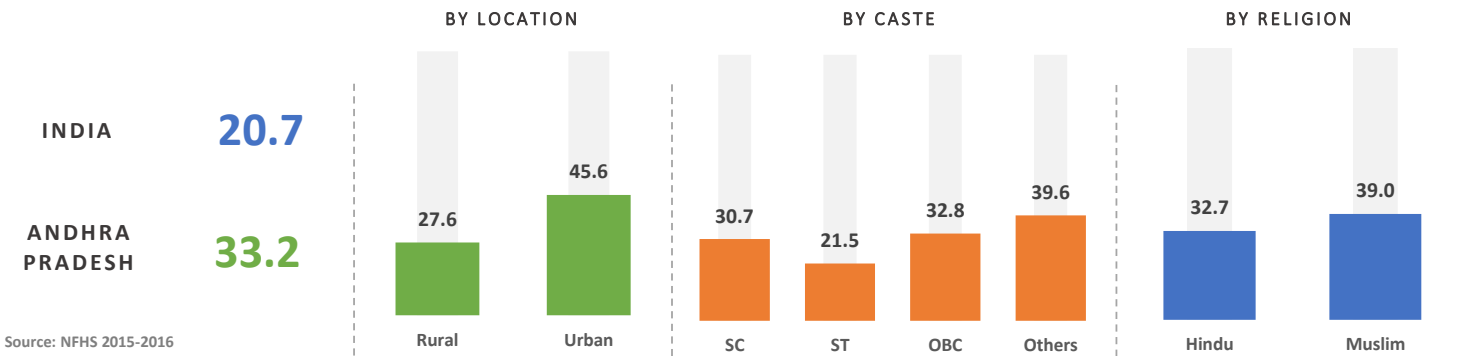
- Keeping in line with poor nutritional status, much less children in comparison with the country have a minimum meal frequency, with Scheduled tribe and Hindu children having the worst figures. Consumption of 4+ food groups are also quite low both in the country as well in the state.

NUTRITIONAL STATUS OF WOMEN AND MEN

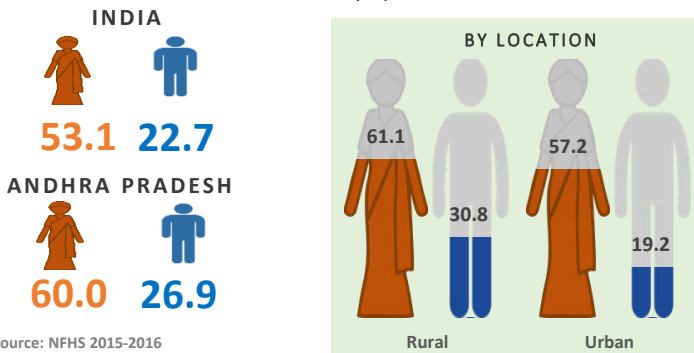
WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M²) (%)



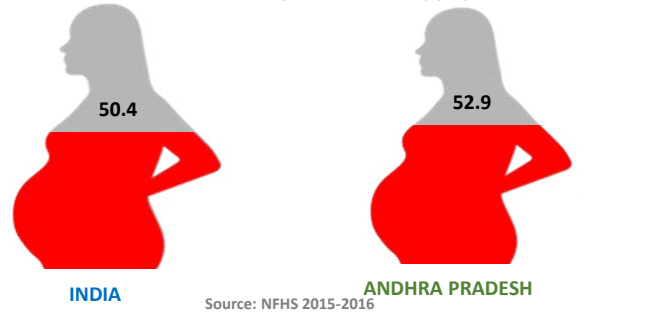
WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M²) (%)



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



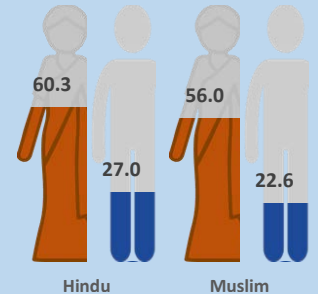
PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



BY CASTE



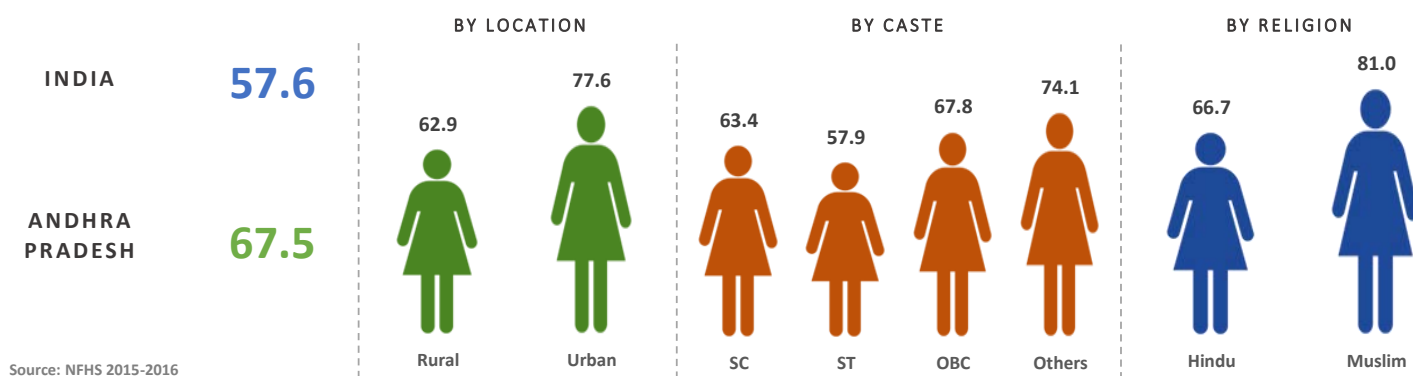
BY RELIGION



- 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.

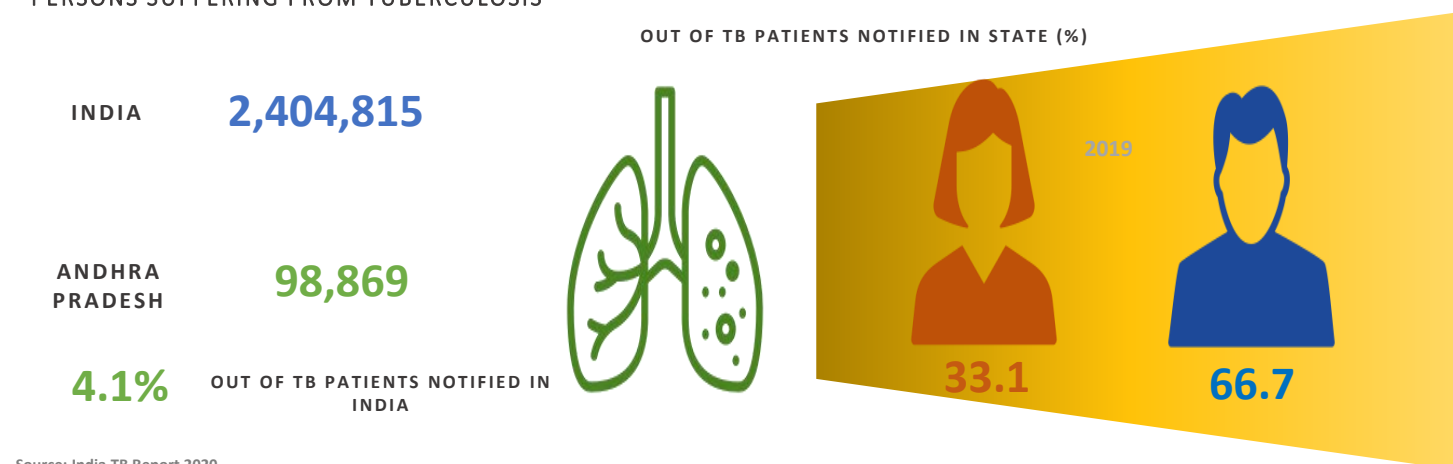
MENSTRUAL HYGIENE

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

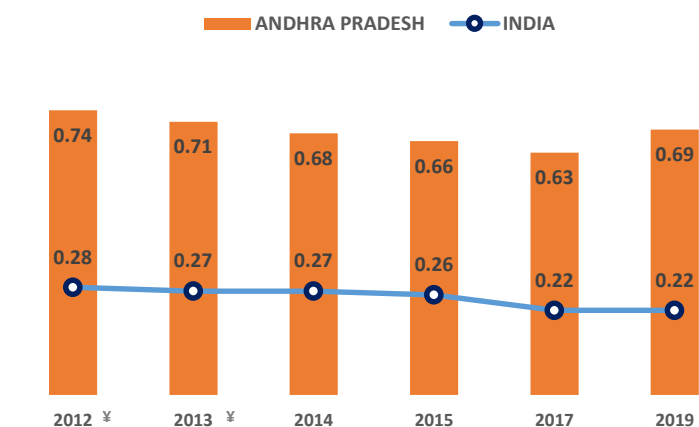


OTHER HEALTH ISSUES

PERSONS SUFFERING FROM TUBERCULOSIS

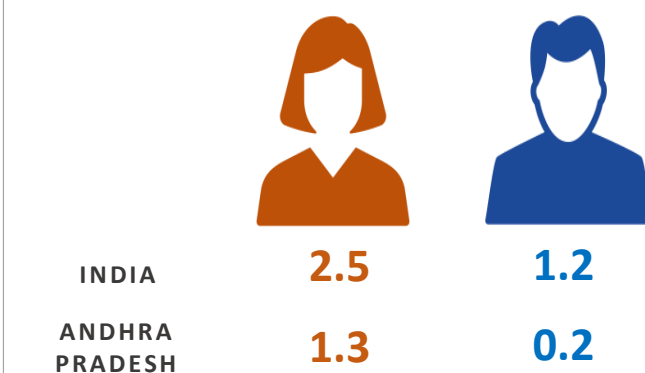


PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)



¥ Combined data for Andhra Pradesh and Telangana.

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



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

HEALTH EXPENDITURES

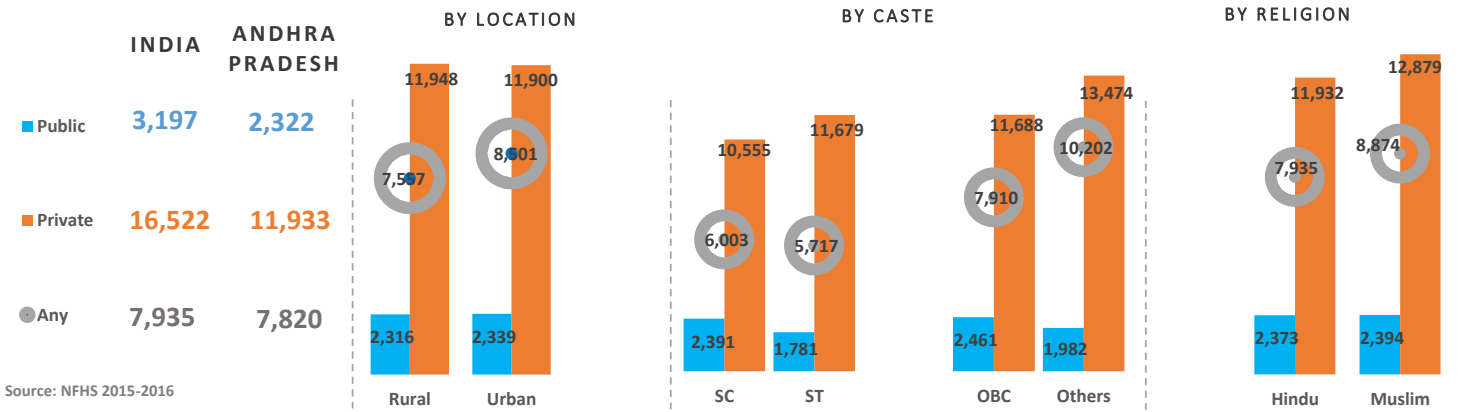
GOVERNMENT HEALTH EXPENDITURE (% OF TOTAL HEALTH EXPENDITURE)

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



Source: National Health Accounts Estimates for India 2016-17

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



Source: NFHS 2015-2016

- Government share in health expenditure is abysmal in both India and A.P, with the state faring worse than the country.
- With low government share in health expenditure, A.P shows high out of pocket expense (72%). 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	Andhra Pradesh
Sub Centres and HWC-SCs	23.0	Surplus
PHCs and HWC-PHCs	28.2	3.2
CHCs	36.9	52.5

Source: Rural Health Statistics 2019

SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

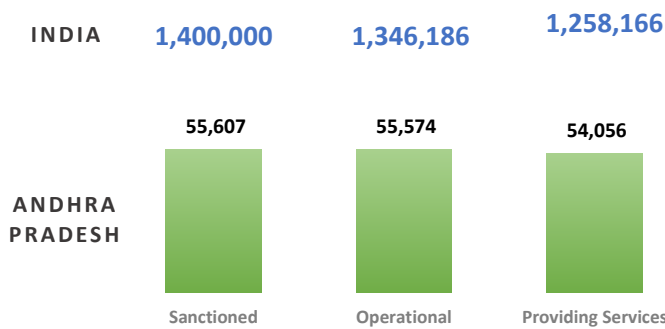
	India	Andhra Pradesh
Anganwadi Workers	4.7	3.7
ASHA	Surplus	Surplus
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	100.0
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	57.7

(as on 1st July 2019)

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

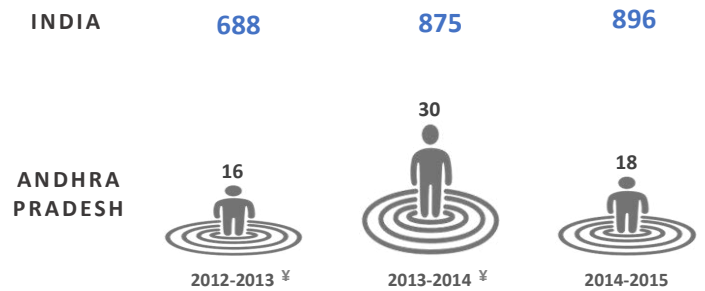
Source: Rural Health Statistics 2019

NUMBER OF AWCs



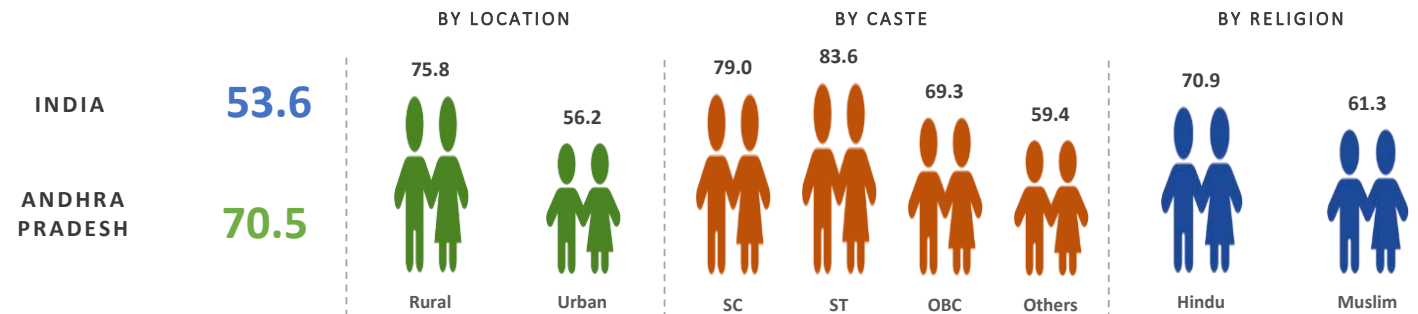
Source: Status report of ICDS as on 31st March 2015

NUMBER OF NUTRITIONAL REHABILITATION CENTRES



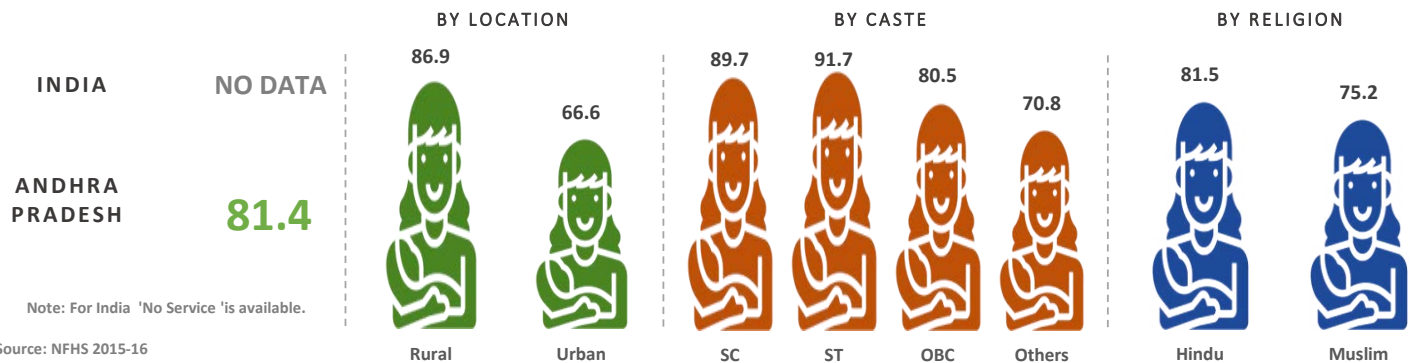
Source: PIB 2012-13 , 2013-14 & 2014-15

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



Source: NFHS 2015-16

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)



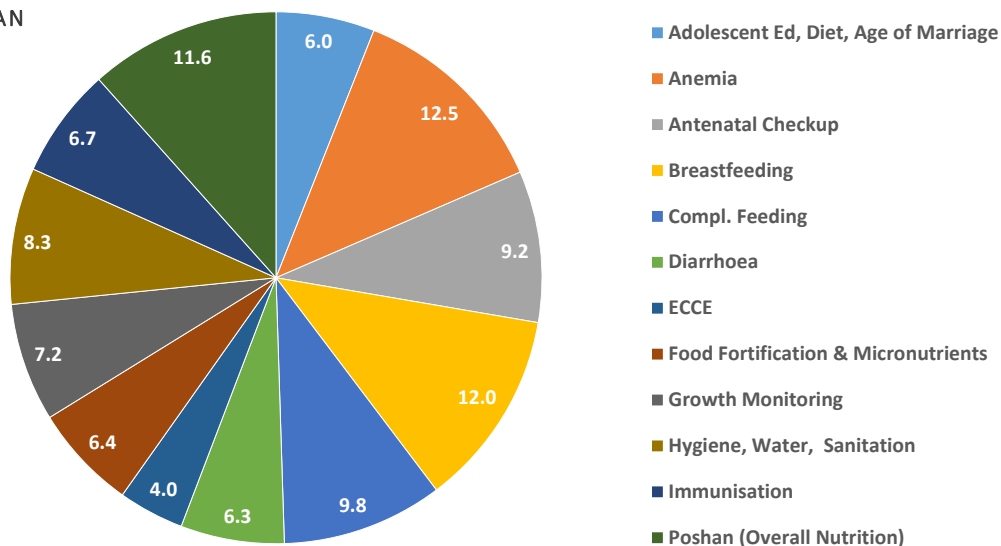
Note: For India 'No Service' is available.

Source: NFHS 2015-16

¥ Combined data for Andhra Pradesh and Telangana.

- The state has high shortfall of CHCs and health professionals.

THEMES-WISE ACTIVITIES IN POSHAN
MAAH (SEPTEMBER 2019)



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

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

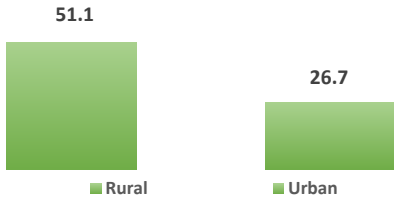
Activity type	State Value (%)	India Value (%)
Home Visits	39.7	14.4
Anemia Camp	6.1	1.5
CBE-Community Based Events (ICDS)	4.6	22.3
Community Radio Activities	3.2	0.3
Cooperative/Federation	2.1	0.2
Cycle Rally	2.4	0.3
DAY-NRLM SHG Meet	2.2	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	1.1	0.2
Haat Bazaar Activities	1.0	0.4
Harvest Festival	1.0	0.2
Local Leader Meeting	1.3	0.5
Nukkad natak/Folk Shows	0.6	0.4
Other Activities	4.6	34.7
Panchayat Meeting	1.6	1.0
Poshan Mela	8.7	8.2
Poshan Rally	3.2	2.6
Poshan Walk	2.1	1.5
Poshan Workshop/Seminar	2.8	4.1
Prabhat Faree	0.5	1.1
Providing Water to the Toilets	0.9	0.3
Safe Drinking Water in Anganwadi Centres	1.7	0.7
Safe Drinking Water in Schools	1.4	0.2
School Based Activities	3.0	2.9
VHSND	3.1	No Data
Youth Group Meeting	1.3	No Data

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

WOMEN EMPOWERMENT

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

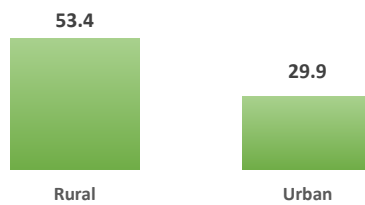
INDIA **25.0** ANDHRA PRADESH **42.5**



Source: Annual Report PLFS 2018-19

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

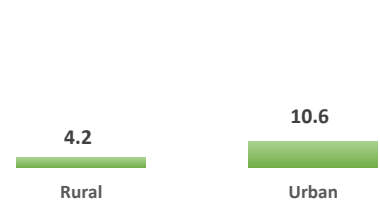
INDIA **26.5** ANDHRA PRADESH **45.1**



Source: Annual Report PLFS 2018-19

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

INDIA **5.5** ANDHRA PRADESH **5.7**



Source: Annual Report PLFS 2018-19

WOMEN HEADED ESTABLISHMENTS

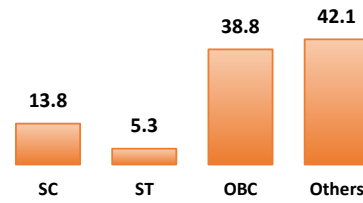
INDIA **8,050,819** ANDHRA PRADESH **849,912**

10.6% Out of India's Women Headed Establishments

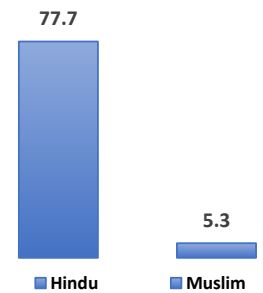
20.0% Out of State's Total Establishments- Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

BY CASTE



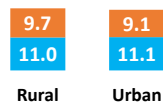
BY RELIGION



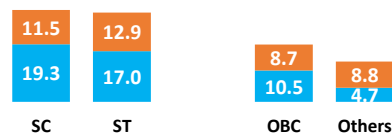
MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

INDIA **18.7** ANDHRA PRADESH **11.0**

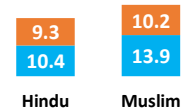
BY LOCATION



BY CASTE



BY RELIGION

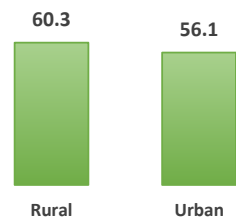


Source: NFHS 2015-2016

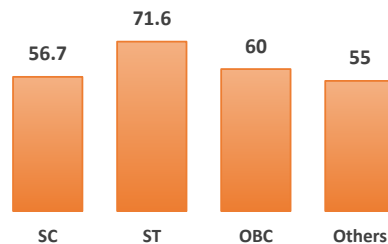
CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS* (%)

INDIA **63.0**

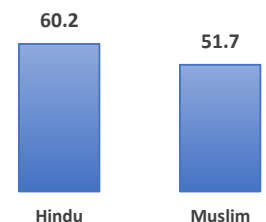
BY LOCATION



BY CASTE



BY RELIGION

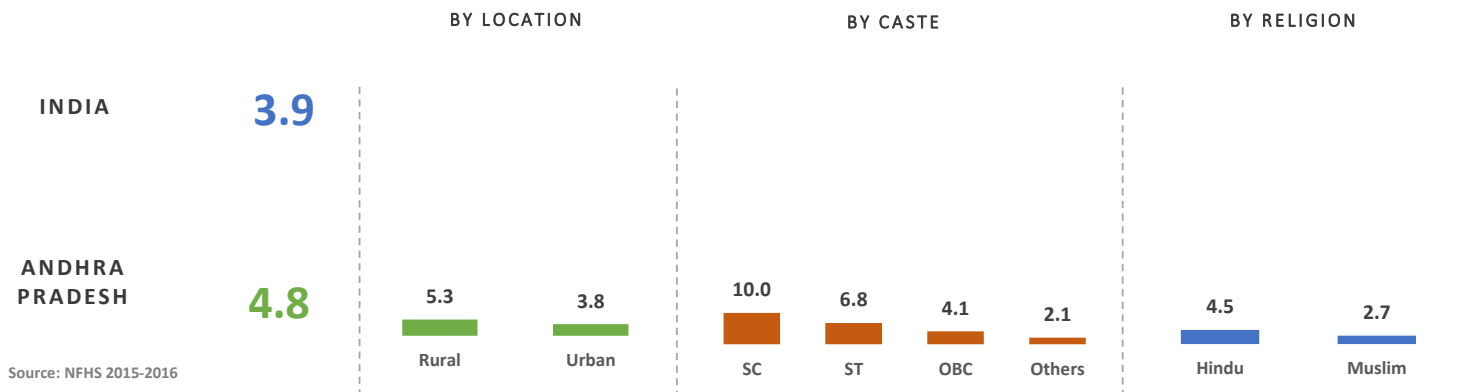


* Three Decisions
Own health care
Making major household purchases
Visits to her family or relatives

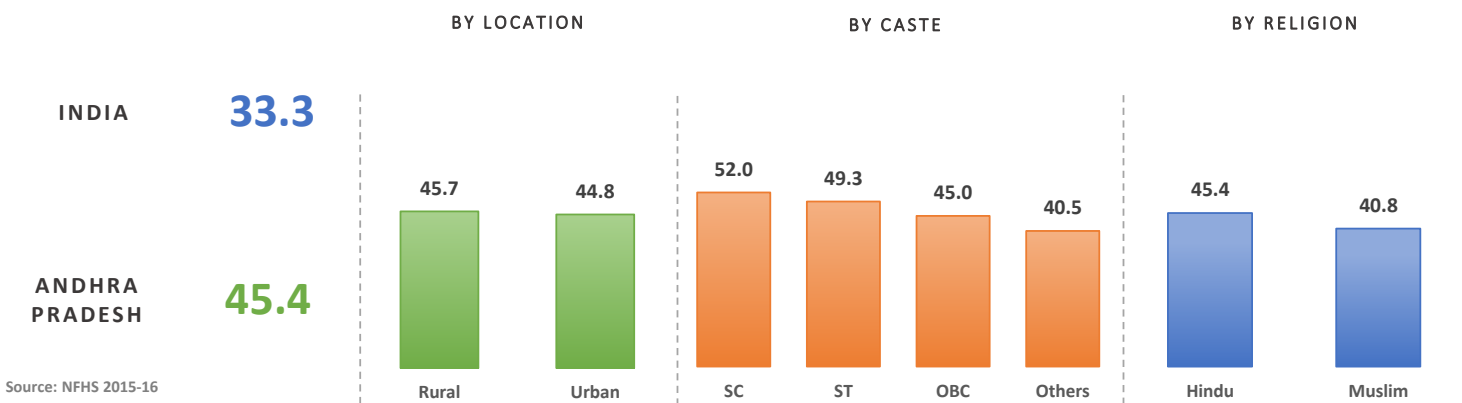
Source: NFHS 2015-16

- The state has around 45% 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.
- A.P has 10.6% of women headed establishments in the country, with SC, ST and Muslims contributing the least in this.

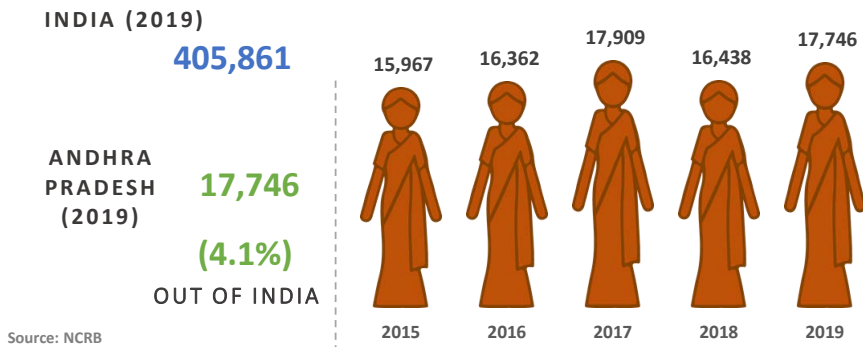
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



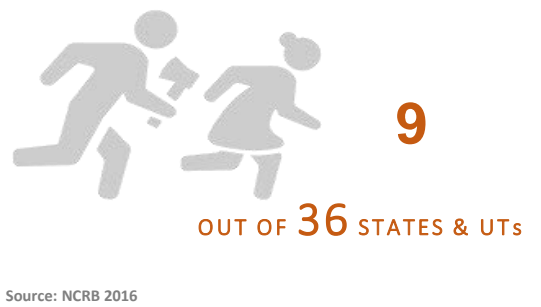
WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)



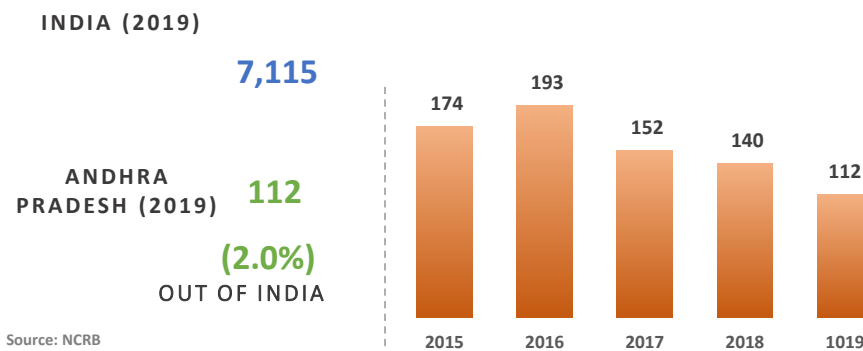
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



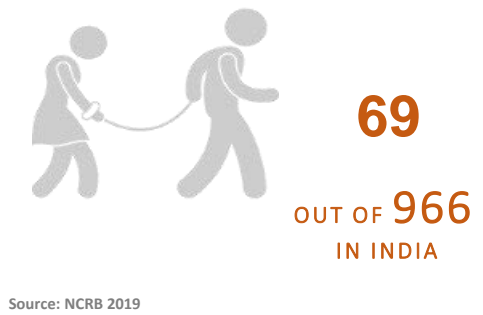
STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



DOWRY DEATHS REPORTED (No.)



WOMEN TRAFFICKING CASES REPORTED (No.)



FEMALE SUICIDE CASES (No.)

INDIA	41,493
ANDHRA PRADESH	1,725

Source: ADSI 2019

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	ANDHRA PRADESH
FOETICIDES	137	3
INFANTICIDES	73	10

Source: NCRB 2019

- 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 caste population.
- A.P ranks 11th in India regarding rate of crime against women which is definitely worrisome. However, there has been an increasing trend in the crime rate since 2018. However dowry deaths has decreased since 2018.

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



703,298

SHGs HAVING BANK ACCOUNT* (%)



79.4

SHGs HAVING CREDIT LINKED (%)



NO DATA

TOTAL VILLAGE ORGANIZATIONS FORMED



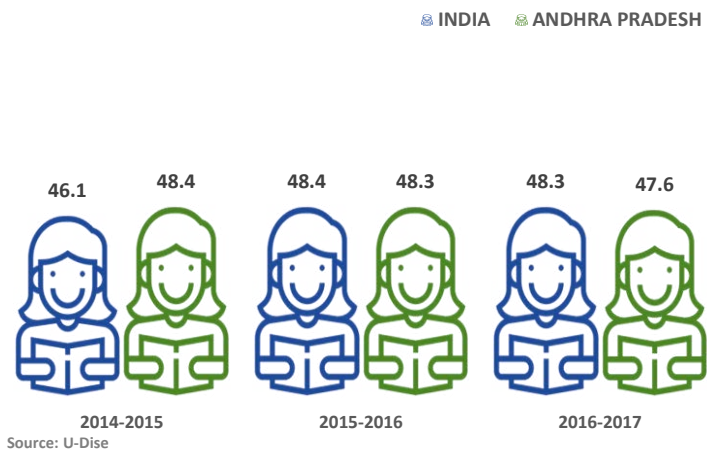
21,302

TOTAL CLUSTER LEVEL FEDERATIONS

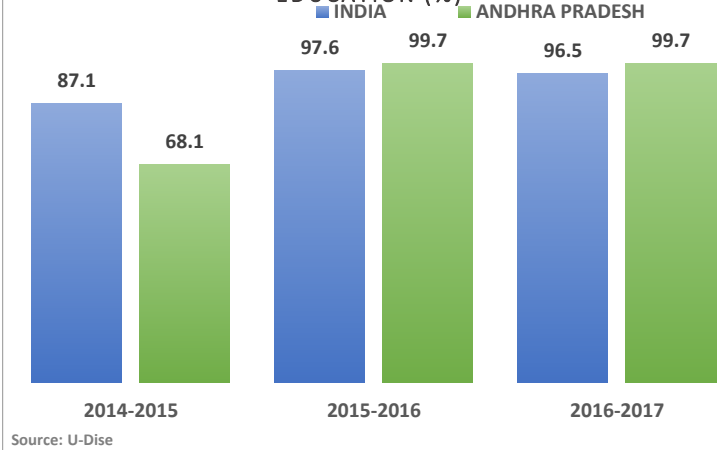


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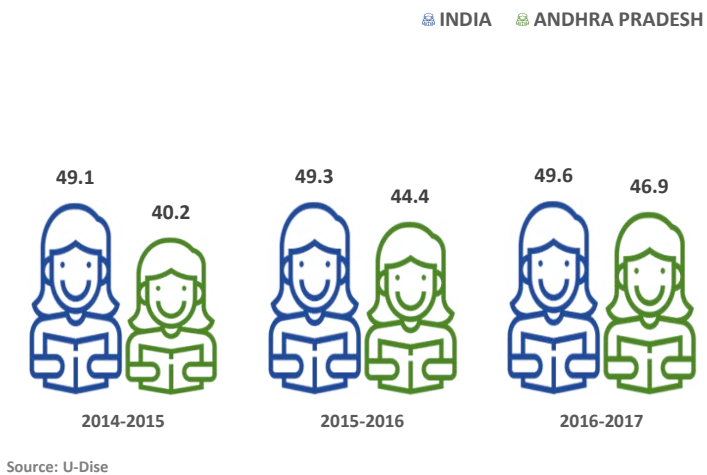
GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)



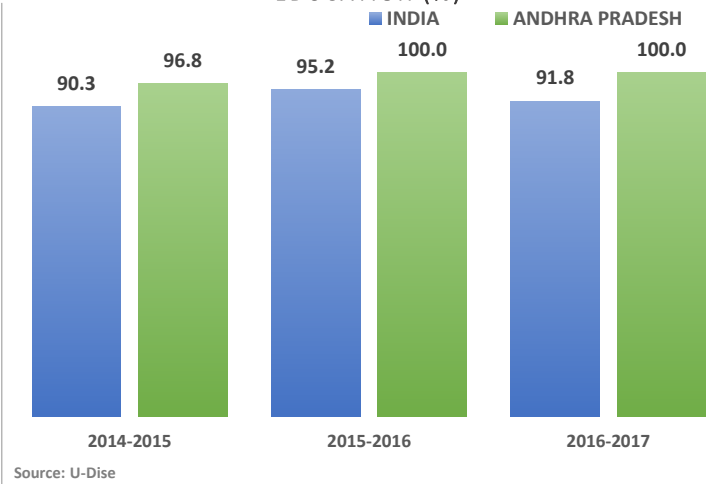
SCHOOLS HAVING GIRL'S TOILET IN ELEMENTARY EDUCATION (%)



GIRLS ENROLMENT IN SECONDARY EDUCATION (%)



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



- 79% of the SHGs in A.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 A.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.