

“People are the real wealth of nations, and human development focuses on enlarging people’s choices”

**Human Development Report, 2015, UNDP.**

Human development is the expansion of people’s freedom to live long, healthy and creative lives. The construction of Human Development Index combines three dimensions of development - viz., (i) per capita income, (ii) longevity and health standards, (iii) literacy and education. The Centre for Economic and Social Studies (CESS), prepared a pioneering study report on “HDI of different Districts in Telangana State”, computing HDI indices for the ten districts of Telangana for the years 2004-05 and 2011-12 and projected the same for the year 2015-16.

### I. HDI: A Comparative Analysis

Table 6.1 presents the values of HDI along with their relative rankings. The indices clearly indicate that there has been significant improvement in the HDI across all the States. However the relative rankings of the States changed in the seven years between 2004-05 and 2011-12. In both the years, Kerala, Tamil Nadu, Himachal Pradesh and Punjab rank at the top four positions, while Bihar, Madhya Pradesh, Chhatisgarh and Odisha appear in the bottom four. The rank of Telangana improved from 13 to 10.

**Table 6.1: HDI and its Rankings across Major States of India**

States	HDI		Rank	
	2004-05	2011-12	2004-05	2011-12
Bihar	0.241	0.376	20	21
Chhattisgarh	0.273	0.379	18	20
Madhya Pradesh	0.268	0.388	19	19
Odisha	0.221	0.393	21	18
Uttar Pradesh	0.299	0.401	16	17
Jharkhand	0.296	0.403	17	16
Assam	0.341	0.407	14	15
Rajasthan	0.317	0.452	15	14
West Bengal	0.388	0.485	9	13
Gujarat	0.386	0.497	11	12
Karnataka	0.388	0.507	10	11

<b>Telangana</b>	<b>0.343</b>	<b>0.513</b>	<b>13</b>	<b>10</b>
Andhra Pradesh	0.378	0.513	12	9
J & K	0.432	0.522	5	8
Uttarakhand	0.406	0.536	8	7
Haryana	0.426	0.556	6	6
Maharashtra	0.419	0.559	7	5
Punjab	0.474	0.578	2	4
Himachal Pradesh	0.463	0.580	3	3
Tamil Nadu	0.450	0.591	4	2
Kerala	0.579	0.662	1	1
<b>India</b>	<b>0.361</b>	<b>0.480</b>		

Source: CESS report on “HDI of different Districts in Telangana State”,2015.

### HDI Across Districts

Table 6.2 presents the values of HDI for the 10 districts of Telangana State with their relative rankings. The indices indicate that there has been a significant improvement in the HDI across all the districts. However, the relative rankings of some of the districts changed between 2004-05 and 2011-12. In both the years, Hyderabad, Rangareddy, Warangal and Karimnagar retained their (top 4) ranks respectively. Nizamabad, Medak and Mahabubnagar ranked at the bottom in the two periods. The rank of Khammam improved from 7 to 5, while the rank of Nalgonda slipped from 5 to 7. Adilabad remained at the 6th position in both the years.

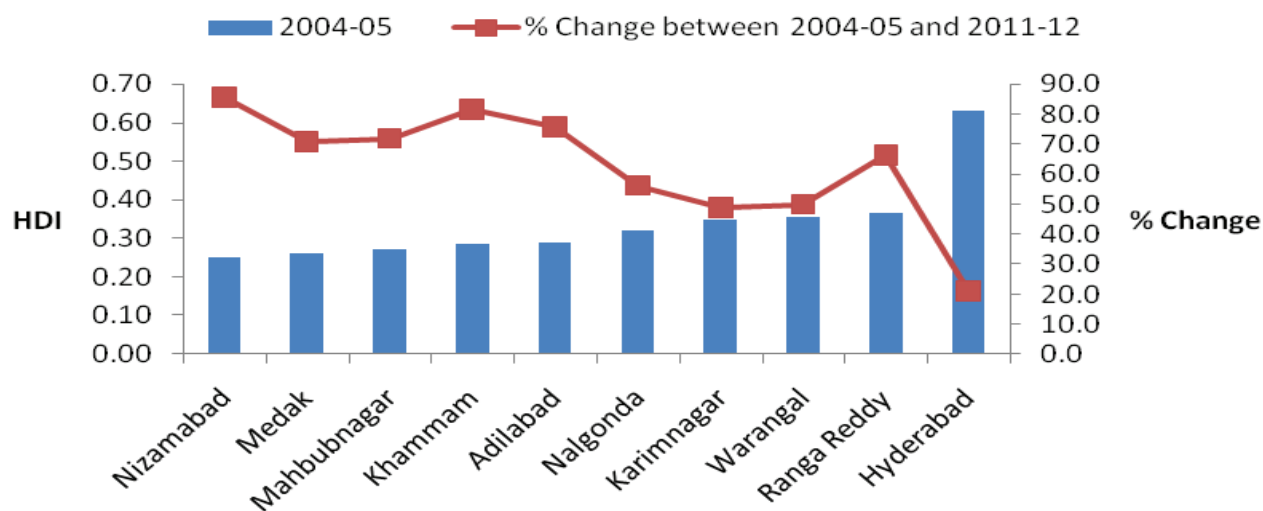
**Table 6.2: HDI and its Rankings across Districts of Telangana**

District	HDI		Rank	
	2004-05	2011-12	2004-05	2011-12
Adilabad	0.289	0.508	6	6
Hyderabad	0.631	0.764	1	1
Karimnagar	0.350	0.521	4	4
Khammam	0.286	0.519	7	5
Mahabubnagar	0.270	0.464	8	9
Medak	0.261	0.446	9	10
Nalgonda	0.320	0.500	5	7
Nizamabad	0.251	0.466	10	8
Rangareddy	0.364	0.605	2	2
Warangal	0.356	0.534	3	3
<b>Telangana</b>	<b>0.322</b>	<b>0.510</b>	<b>--</b>	<b>--</b>

Source: CESS report on “HDI of different Districts in Telangana State”,2015.

Figure 6.1 presents the values of HDI in 2004-05 and percentage change in HDI between 2004-05 and 2011-12. It shows the districts with a low value of HDI in 2004-05 have improved their HDI value faster in comparison to the districts with higher value of HDI. This reflects the declining inequalities and convergence of HDI across the districts.

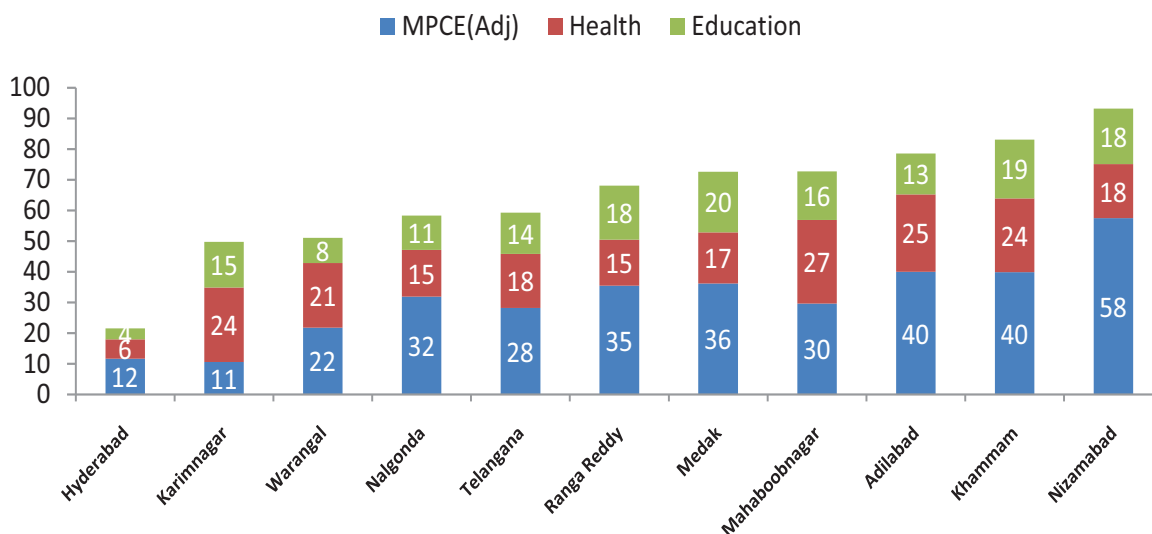
**Figure 6.1: HDI of Districts in 2004-05 and Change in HDI between 2004-05 and 2011-12**



Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

It is interesting to know the contribution of each component to the change in HDI between 2004-05 and 2011-12. The decomposition of changes in HDI across the districts reveals that the share of standard of living in the total change is higher for most of the districts. While the share of health in total change is higher for Karimnagar, health and education occupied second and third places in most of the districts. However in case of Medak and Rangareddy districts, share of health is least (Figure 6.2).

**Figure 6.2: Decomposition of Changes in HDI across Districts of Telangana**



Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

## Projections of HDI and its Components for 2015-16

The value of the human development index at the State level grew at the rate of 8.3 percent per annum between 2004-05 and 2011-12 (Table 6.3). Nizamabad and Khammam achieved the highest growth rate of 12 percent during this period. Adilabad, Mahabubnagar, Medak and Rangareddy achieved a growth rate of 9 to 11 percent. The growth rate was below the State average in Hyderabad, Karimnagar and Warangal as their base year HDI is higher for these districts compared to other districts.

**Table 6.3: Projected HDI and its Rankings across Districts of Telangana State**

District	Growth of HDI 2004-2011	HDI 2015-16 (Projected)	Rank in 2015-16
Adilabad	10.8	0.700	4
Hyderabad	3.0	0.853	1
Karimnagar	7.0	0.654	7
Khammam	11.6	0.728	3
Mahabubnagar	10.3	0.632	9
Medak	10.1	0.606	10
Nalgonda	8.0	0.646	8
Nizamabad	12.3	0.665	6
Rangareddy	9.4	0.808	2
Warangal	7.1	0.673	5
Telangana	8.3	0.663	--

Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

Further, the values of each component of HDI have been projected for 2015-16. Ranks have been allotted to districts on the basis of these projected HDI values. Hyderabad and Rangareddy retained their positions as the first and second highest districts in the State. Medak and Mahabubnagar remained as the bottom two districts. There were changes in rankings at the middle level. Khammam, Adilabad and Nizamabad improved their positions while the ranks of Warangal, Karimnagar and Nalgonda slipped. Thus, the top five districts in 2015-16 would be Hyderabad, Rangareddy, Khammam, Adilabad and Warangal districts. This is despite of the fact that Khammam, Adilabad and Warangal consist of high percentage of Scheduled Caste and Scheduled Tribe population. Besides this Adilabad and Warangal are highly urbanized with 28 percent of population live in urban areas. Urbanisation may be a lead factor for achieving a high value of HDI.

The projected values for each component are given in Table 6.4. Hyderabad and Rangareddy are the top three districts for all the three components. Adilabad in case of standard of living index, Karimnagar in health index and Khammam in education index fall in the bracket of top 3 districts.

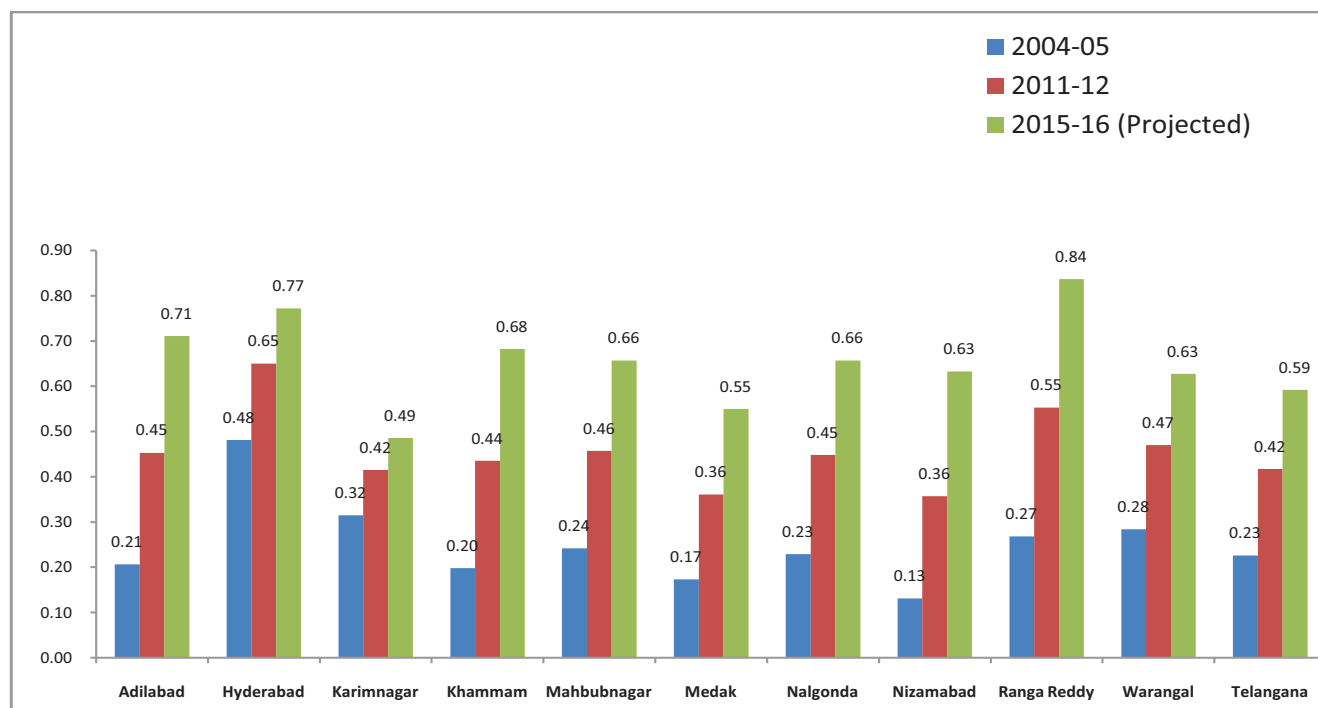
**Table 6.4: Projected Indices of Components of HDI and Rankings across Districts of Telangana State**

District	Growth of MPCE 2004-2011	MPCE 2015-16	Rank in 2015-16	Growth of Health: 2004-2011	Health 2015-16	Rank in 2015-16	Growth of Education: 2004-2011	Education 2015-16	Rank in 2015-16
Adilabad	119.9	0.711	3	75.9	0.784	6	39.8	0.616	5
Hyderabad	35.1	0.772	2	18.9	0.980	1	10.6	0.820	1
Karimnagar	31.7	0.486	10	72.7	0.935	2	44.6	0.616	5
Khammam	119.7	0.682	4	72.0	0.814	5	57.5	0.696	2
Mahabubnagar	88.8	0.657	5	81.8	0.704	9	47.6	0.546	10
Medak	108.7	0.550	9	50.0	0.703	10	59.2	0.575	7
Nalgonda	95.6	0.657	5	46.0	0.717	8	33.3	0.570	8
Nizamabad	172.5	0.633	7	52.7	0.723	7	54.3	0.641	4
Rangareddy	106.3	0.837	1	45.1	0.907	3	52.9	0.696	2
Warangal	65.5	0.627	8	63.0	0.879	4	24.9	0.553	9
<b>Telangana</b>	<b>84.5</b>	<b>0.592</b>		<b>52.9</b>	<b>0.807</b>		<b>40.6</b>	<b>0.610</b>	

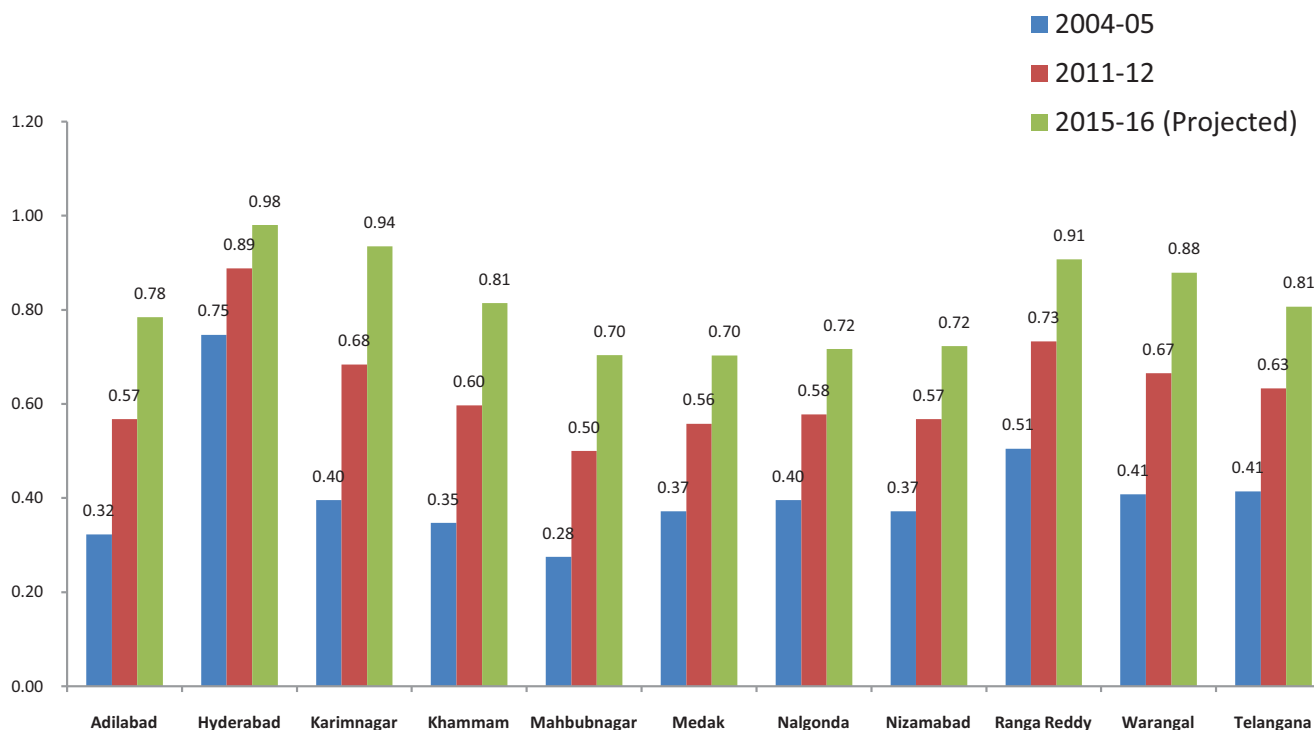
Source: CESS report on “HDI of different Districts in Telangana State”,2015.

The comparative analysis of 3 broad human development indices pertaining to MPCE, Health and education are presented in figures 6.3,6.4,6.5 respectively.

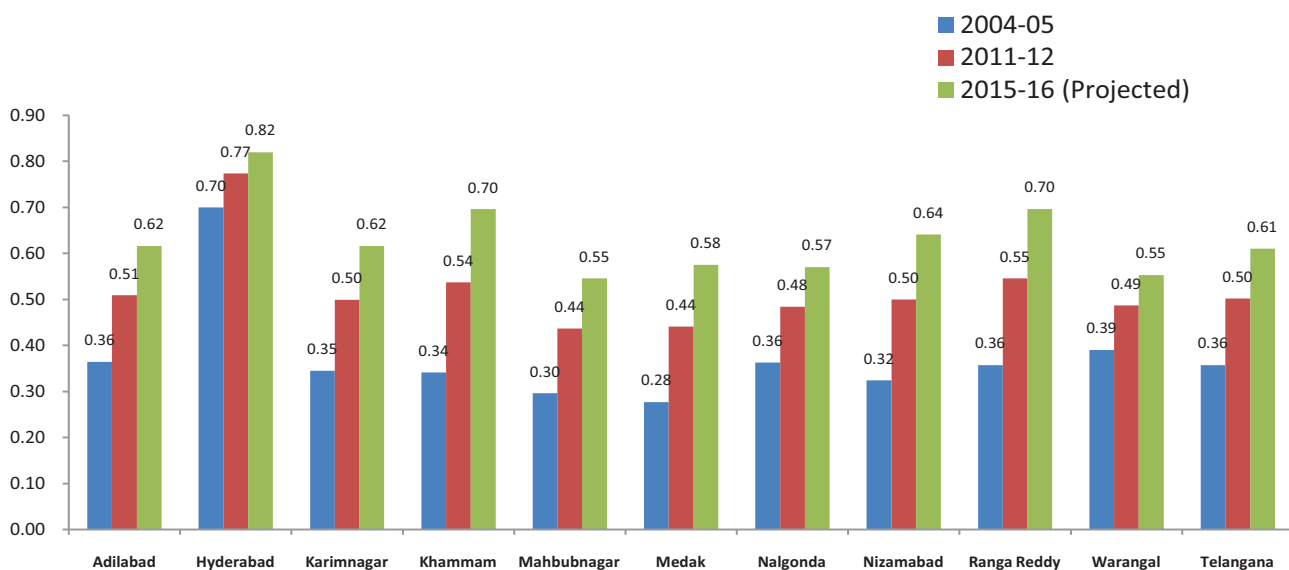
**Figure 6.3: HDI - Monthly Percapita Consumption Expenditure (MPCE)**



**Figure 6.4: HDI - Health**



**Figure 6.5: HDI - Education**



The analysis presented in the following paragraphs is based on the comparison of 2004-05 and 2011-12 data on Human Development Indices as per the disaggregated data pertaining to Telangana. In respect of 2015-16, projection of indices are made based on the past trends. However, such projections could not be made for the indicators, analysis of which is presented in figs. 6.6,6.7,6.8,6.9,6.10,6.11, for want of relevant data from the authorised agencies concerned.

## II. Economic Dimension of Human Development in Telangana

Table 6.5 provides growth rates of the GDDP and broad sectors for the districts of Telangana State. Medak, Rangareddy and Hyderabad attained a higher growth of Gross District Domestic Product (GDDP) than that of the State during 2004-2011. Except Medak the other two districts have shown higher level of HDI values with ranks 2nd and 1st respectively. Despite the achievement of the highest growth in GDDP, Medak was ranked the lowest in human development in 2011-12. This may be because the higher growth in Medak may not have resulted in improvements in household consumption. The growth of GDDP in Nalgonda, Nizamabad and Karimnagar districts was slightly lower than that of State. Out of these three districts, only Karimnagar had achieved a higher level of HDI with a rank of 3 in 2011-12. Mahabubnagar, Khammam, Warangal and Adilabad achieved growth rates of GDDP ranging from 8 to 10 percent, lower than that of the State. These districts, except Mahabubnagar, achieved a middle level of human development. Thus, economic growth has not shown any significant impact on the level of human development across the districts of Telangana State.

The growth of industry and services sectors contributed to the growth of the economy in 7 out of ten districts. The growth rate of agriculture was higher than that of other sectors in Karimnagar, Nizamabad and Mahabubnagar districts.

Sectoral shares in total employment were not matching their shares in output. Though the contribution of agriculture to the GDDP is declining, its share in employment has not declined in most of the districts. More than 60 percent of the workforce depends on agriculture for livelihood in seven out of nine districts in the State. Industry contributed more than one-third of the GDDP in Adilabad, Karimnagar, Khammam, Medak and Rangareddy districts. Employment in the industry sector exceeded 20 percent only in Karimnagar, Rangareddy and Hyderabad districts. Around half of the GDDP was contributed by the services sector in eight districts of the State. The contribution of the services sector was 38 percent in Medak and 84 percent in Hyderabad, the bottom and top districts respectively. It was only in Hyderabad that 73 percent of the workforce depended on services. Around 22 to 25 percent of employment was generated in services in Warangal, Khammam and Rangareddy districts. In all the remaining 6 districts, the share of services in employment was below 20 percent during 2013-14 (Table 6.6).

**Table 6.5: Average Annual Growth Rate of GDDP and Sectors across the Districts of Telangana: 2004-05 to 2011-12**

District	GDDP	Agriculture	Industry	Services
Adilabad	8.0	4.7	7.9	9.9
Hyderabad	13.0	NA	12.2	13.7
Karimnagar	11.0	18.1	8.1	11.9
Khammam	8.4	4.3	8.3	10.6
Mahabubnagar	9.7	11.9	6.7	10.9
Medak	16.8	15.1	20.3	15.6
Nalgonda	11.6	7.5	13.4	13.5
Nizamabad	11.2	15.9	8.0	11.4
Rangareddy	16.3	6.1	17.0	17.9
Warangal	8.2	4.8	7.4	10.4
<b>Telangana</b>	<b>12.0</b>	<b>8.6</b>	<b>12.0</b>	<b>13.2</b>

NA: Not applicable since the share of agriculture in GDDP is not even one percent for this district

Source: CESS report on "HDI of different Districts in Telangana State", 2015.

**Table 6.6: Sectoral Shares in Output and Employment across the Districts of Telangana State**

District	Agriculture				Industry				Services			
	Share in GDP		Share in Workforce		Share in GDP		Share in Workforce		Share in GDP		Share in Workforce	
	TE 2004-05	TE 2011-12	2001	2013-14	TE 2004-05	TE 2011-12	2001	2013-14	TE 2004-05	TE 2011-12	2001	2013-14
Adilabad	22.6	16.4	60.3	62.6	28.3	31.3	22.5	18.9	49.1	52.3	17.1	18.5
Hyderabad	3.5	0.9	1.8	1.0	18.4	15.1	24.8	25.9	78.1	84.0	73.5	73.1
Karimnagar	22.0	18.2	59.8	59.6	31.4	31.2	24.4	23.9	46.6	50.6	15.8	16.5
Khammam	22.2	20.5	71.4	66.7	32.0	30.3	11.7	9.8	45.8	49.2	16.9	23.5
Mahabubnagar	28.8	25.2	72.5	71.2	23.1	23.3	12.6	12	48.1	51.5	14.9	16.8
Medak	22.3	17.3	67.5	69.1	36.6	44.3	16.6	16.1	41.0	38.3	15.9	14.8
Nalgonda	25.5	23.0	67.9	65.7	28.1	28.6	14.6	16.9	46.4	48.4	17.5	17.4
Nizamabad	22.2	25.0	56.9	55.1	27.5	19.3	25.9	25.0	50.3	55.7	17.2	19.9
Rangareddy	13.5	7.1	40.1	54.5	35.6	38.3	24.4	20.5	50.9	54.6	35.5	25
Warangal	27.2	21.0	67.4	68.7	21.0	20.6	13.8	9.8	51.8	58.4	18.8	21.5
Telangana	18.6	14.1	57.3	55.7	28.0	28.7	18.9	17.9	53.4	57.2	23.8	26.4

Source: CESS report on “HDI of different Districts in Telangana State”,2015.

### III. Health Dimension of Human Development in Telangana

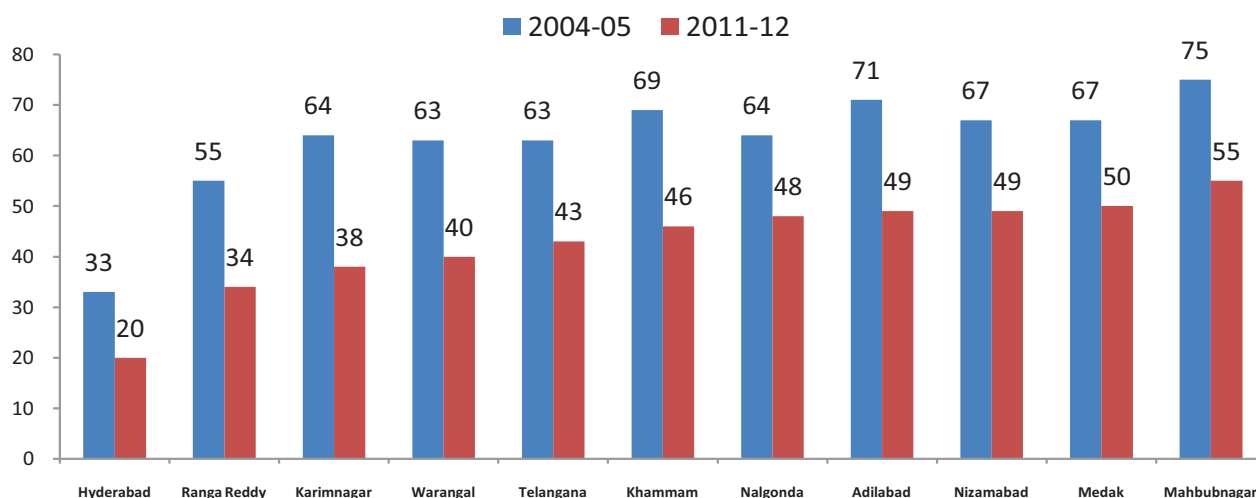
Improving maternal and child health and their survival are central to the achievement of national health goals as well as the Millennium Development Goals (MDG) 4 and 5.

#### Infant Mortality Rate

The Infant Mortality Rate (IMR) is an important component of mortality indicating the health status of the newborn. The Infant Mortality Rate at the State level was 43 in 2011 (Figure 6.6). The IMR was lower than the State average in Hyderabad (20), Rangareddy (34) Karimnagar (38) and Warangal (40). IMR among girl babies was lower than among boy babies, except in Hyderabad. The difference between male and female IMR was 4 points at the State level in 2011 (Figure 6.7). The gender gap was higher in Nizamabad (10), Adilabad (8) and Medak (8). IMR declined by 2.86 percentage points per year between 2004-05 and 2011-12. Achievement of the MDG of reducing IMR to 25 by 2015 would require further acceleration of this rate of decline, especially in Mahabubnagar, Medak, Nizamabad, Adilabad and Nalgonda districts. Though under five mortality in Telangana State (46) was lower than that of all-India (49), there was a huge gap between TS and Kerala (12).

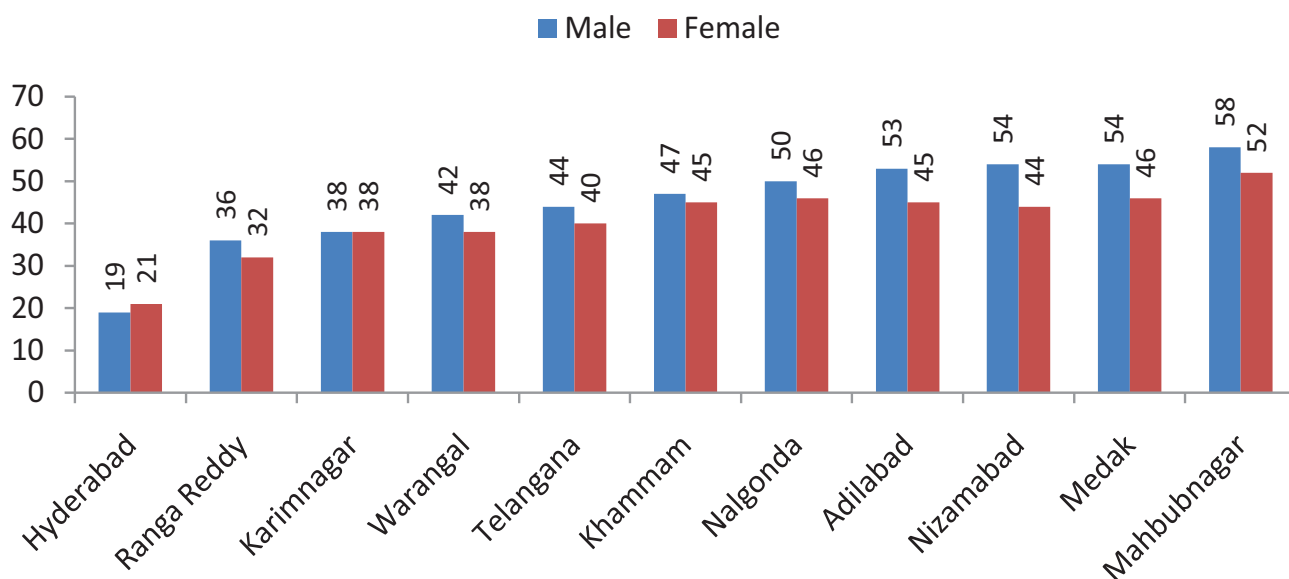


**Figure 6.6: Infant Mortality Rate across Districts of Telangana State**



Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

**Figure 6.7: Infant Mortality Rates: 2011-12**



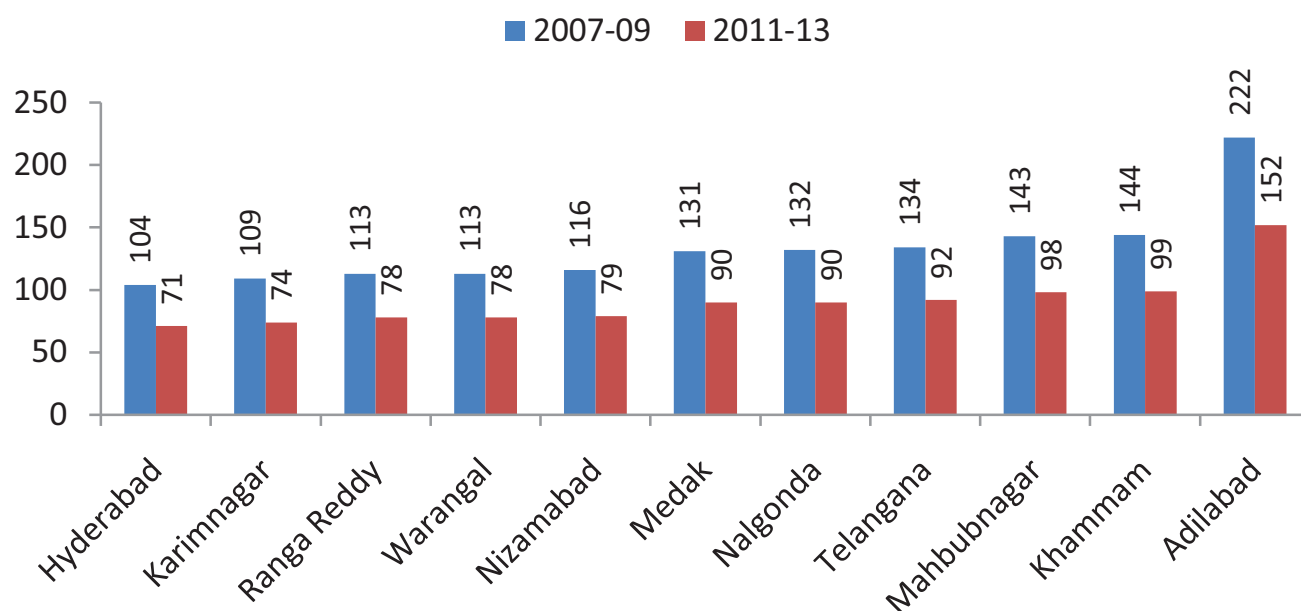
Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

### Maternal Mortality Rate

The Maternal Mortality Rate (MMR) is a sensitive indicator reflecting the availability of health care facilities and the prevailing socio-economic scenario. The Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths during pregnancy or within 42 days after the termination of pregnancy per one lakh live births during a year. The estimates of maternal mortality are required not only to capture the reproductive health status of women but also to get an idea of the adequacy of maternal services provided to women. One of the major goals of MDG (2000) and national goals has been to bring down the MMR to 100 per lakh births by 2012.

According to the data released by the Ministry of Health and Family Welfare, the MMR in Telangana was 92 per lakh births in 2011-13. The MDG goal has been achieved in all the districts except in Adilabad. Nationwide, the MMR has dropped by 34 points from 212 in 2007-09 to 178 in 2010-12 and to 167 per lakh live births in 2011-13. Telangana becomes the fourth best State in the country with the lowest MMR rate after Kerala (66), Tamil Nadu (90) and Maharashtra (87). Across the districts Adilabad (152), Khammam (99) and Mahabubnagar (98) recorded MMR above the State aggregate during 2011-2013 (Figure 6.8). On the basis of the present rate of decline of 11 points per annum, the projected MMR for Telangana will be 56 by 2013-15 and 38 after 2016. Delaying the first pregnancy after marriage, identification of high risk pregnant women in primigravida and complete post-partum care to every mother and new born child will reduce maternal deaths.

**Figure 6.8 : Maternal Mortality Rate across the Districts of Telangana State**



Source: CESS report on “HDI of different Districts in Telangana State”,2015.

### Total Fertility Rate

The pace of decline in fertility was slower till the first half of the 1980s but thereafter there has been a rapid decline in fertility in Telangana. The decline in fertility was achieved primarily through contraceptive use almost solely through female sterilization. District-wise total fertility rate projections indicated that a woman in Telangana State, on an average, had 1.8 children in her lifetime. The districts which reported fertility rates over and above replacement level were Medak (2.2) and Mahabubnagar (2.4) in 2013. It is to be noted that fertility differences have narrowed down considerably among women with a higher level of education and women across locations and social groups.

### Contraceptive Prevalence Rate

The contraceptive prevalence rate among currently married women of 15-49 years was 62 percent in 2012-13. The highest contraceptive prevalence rate (CPR) for any modern method was reported in Warangal (70%) district and the lowest in Medak district (53%).

## Age at Marriage

Age at marriage of the women occupies a prominent place in demography as it is one of the proximate determinants of fertility. For a variety of social, cultural and economic reasons, girls get married at a young age in India. A low female age at marriage is linked to a low age at which the first child is born. Young women are not physically and mentally prepared for motherhood, and this may lead to complications for both mother and child.

The mean age at marriage in the State for girls increased to 19.8 years (DLHS-4, 2012-13) as compared to 19.2 years (DLHS-3, 2007-08). The districts that reported higher than the State average of the mean age at marriage for girls were Adilabad (20.7%), Nizamabad and Hyderabad (20.5%) followed by Khammam (20.3%).

More than a quarter (28%) of the currently married women aged 20-24 were married before the legal age of 18 years in 2012-13. The percentage of girls marrying before legal age (18 years for girls) was above the State average in Mahabubnagar (35%), Khammam (33%) and Nalgonda (30%).

## Maternal Health Care

Between the two DLHS surveys i.e. 2007-08 and 2012-13, the coverage of three or more ANC visits and registration in first trimester by pregnant women declined from 93% and 74.5% in 2007-08 to 79.9% and 70.3% respectively during 2012-13. The highest proportion of early check-ups under ANC was recorded in Nalgonda (87%) and the lowest in Rangareddy district, where 58% women reported receiving an ANC check-up in their first trimester. However, more women with 10 or more years of schooling, belonging to other backward caste (OBCs) group and living in an urban area, received ANC checkup in their first trimester as compared to women with low education, from scheduled communities and rural areas.

## Breast Feeding

Eighty-eight percent of children under age 3 years were given colostrum during 2012-13. This percentage was lower than that of the State in Warangal (78.3), Medak (80.2), Khammam (82.6) and Rangareddy (84.8). Data from DLHS-3 (2007-08) show that 37.8% of children were breast-fed by mothers within one hour of birth in Telangana State which increased to 54% by 2012-13. Among the districts, Karimnagar had the lowest percentage in the initiation of breastfeeding within one hour of birth (44%); it was widely practiced in Rangareddy (64%) followed by Mahabubnagar district (60%). Studies reported that women with a low education and low standard of living and those from scheduled caste and tribes were more likely to have breastfed their children within an hour of birth highlighting the positive trend of early breastfeeding practice among SC and ST groups.

## Nutritional Status

Nutritional status is a major determinant of the health and well-being of children. Inadequate or unbalanced diets and chronic illness are associated with poor nutrition among children. Table 6.7 represents percentage of children below age five classified as malnourished according to three anthropometric indices of nutritional status (height for age, weight for height and weight for age).

According to DLHS-4 (2012-13), The lowest rate stunting was reported in Warangal district (12%) followed by Nalgonda (18%). However, the highest rate of stunting was recorded in Mahabubnagar (34%), followed by Nizamabad (33%), and Hyderabad (29%).

**Table 6.7: Nutritional Status of Children in the Age Group of 0-5: 2012-13**

District	Stunting	Wasting	Underweight
Adilabad	20.6	31.6	22.4
Nizamabad	33.2	20.7	45.1
Karimnagar	23.0	36.8	32.8
Medak	20.5	37.3	36.8
Hyderabad	29.4	12.9	19.1
Rangareddy	26.6	27.3	31.4
Mahabubnagar	33.6	17.5	25.7
Nalgonda	18.0	31.5	29.4
Warangal	11.7	42.1	27.0
Khammam	21.7	35.2	29.3
<b>Telangana</b>	<b>23.8</b>	<b>29.5</b>	<b>29.5</b>

Source: CESS report on “HDI of different Districts in Telangana State”,2015.

Wasting was the lowest in Hyderabad (12.9%) followed by Mahabubnagar (33.6%) and the highest rate was reported in Warangal (42.1%), followed by Karimnagar (36.8%) and Khammam (35.2%).

Around 30 percent of children were reported to be underweight at the State level. Hyderabad had the lowest percentage of underweight children (19.1 %) followed by Adilabad (22.4%). The highest percentage of underweight children were in Nizamabad (45.1%) followed by Medak (36.8%).

### Prevalence of Anaemia

Anaemia is a major health problem in Telangana, especially among women and children. Among children between the ages 6 and 59 months in Telangana State, the majority (71%) were found to be anaemic. The anaemia rate was higher than the State average in the following districts: Khammam (80%), Warangal (79.5%), Nizamabad (75%) and Karimnagar (72%). About half of the persons (above 20 years of age) and adolescents (6-19 years) have anaemia. Districts reporting anemia among adolescents (6-19 age group) above the State average of 54% were Khammam (66%), Rangareddy (58%) and Mahabubnagar (54%).

### Non-Communicable diseases

The International Diabetes Federation (IDF) observes that nearly 52% of Indians are not aware that they are suffering from high blood sugar. DLHS-4 (2012-13) data showed that 4% of men and 3% of women in the age of 18 years and above suffered from diabetes (160 mg/dl or higher) in Telangana. Three districts namely Medak, Adilabad and Warangal recorded levels below the State average.

According to DLHS-4 (2012-13), 22% men and 16% of women in the age group of 18 years and above have hypertension and require medical attention on a priority basis. The prevalence of hypertension among men ranges from a minimum in Adilabad (18%) to a high in Warangal (28%) and Hyderabad (24%). The prevalence of hypertension among women ranges from a minimum in Nalgonda (14%), Adilabad (14.2%) to the highest in Warangal (18.2%) and Medak (18.4%).

### Summing up of Health-Indicators

Based on the data from DLHS IV pertaining to the period 2012-13, districts in the first and second position performed relatively better with reference to some of the health indicators. And, at the same time, the same districts showed a poor performance (and were in the worst two ranks) with reference to some other indicators. Hence, here all the districts are tabulated in terms of their performance (Table 6.8).

Overall, the study included 23 indicators related to fertility, mortality, maternal, child nutrition and general health. The status of the total ten districts was identified as to the position of each indicator – top/bottom. For instance, out of the total 23 indicators, Adilabad stands top (1 or 2) in 6 indicators. Thus it performed well in terms of 6 out of 23 indicators. On the other hand, Adilabad stands bottom (10 or 9) in terms of 3 indicators. None of the districts are found with better performance in terms of at least 11 indicators. However, Hyderabad was found to be relatively better due to its 9 better performing indicators and with only 2 least performing indicators.

Thus, it may be noted based on the analysis through 23 indicators that the common areas of concern are maternal care, child nutrition and general health with respect to all the districts of Telangana.

**Table 6.8: Performance of Health-Indicators and Areas of Concern**

District	Number of Better Performance Indicators	Number of Least Performance Indicators	Areas of Concern
Adilabad	6	3	Mortality, Maternal Care
Hyderabad	9	2	Maternal care and General Health
Karimnagar	7	3	Child Nutrition and General Health
Khammam	2	8	Fertility, Mortality, Maternal Care, Child Nutrition and General Health
Mahabubnagar	3	6	Fertility, Mortality, Maternal Care, Child Nutrition and General Health
Medak	5	8	Fertility, Mortality, Maternal Care, Child Nutrition and General Health
Nalgonda	6	0	Mortality
Nizamabad	3	4	Maternal Care, Child Nutrition and General Health
Rangareddy	3	5	Fertility, Maternal Care and Child Nutrition
Warangal	5	7	Fertility, Child Nutrition and General Health

Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

## Health Infrastructure and Health Support Facilities

All health related aspects are influenced by the availability of and access to health services. To protect and promote general health, the public health infrastructure must be strong. The achievement of Public Health Centres per 30,000 persons (WHO norm) was 55.2 percent in the State during 2013. The achievement of Sub Centres per 5000 persons was 73.4 percent, while the achievement of required beds per lakh persons (Kerala achievement - 330 per lakh persons) was 17.7 percent and doctors per 1000 persons was 13.2 percent. The achievement levels of beds and doctors were higher in Hyderabad, Nizamabad and Warangal districts.

At the State level, according to the 2011 Census, 91.4 percent of households have safe drinking water facility (tap water, hand-pump and tube wells). In a few districts namely, Adilabad, Karimnagar, Nalgonda and Warangal, this percentage was below the average. In 2011, around 50 percent of the households had sanitation facilities at the State level. This proportion of households was below the State average in all the districts except in Hyderabad (98.5%) and Rangareddy (81.4%).

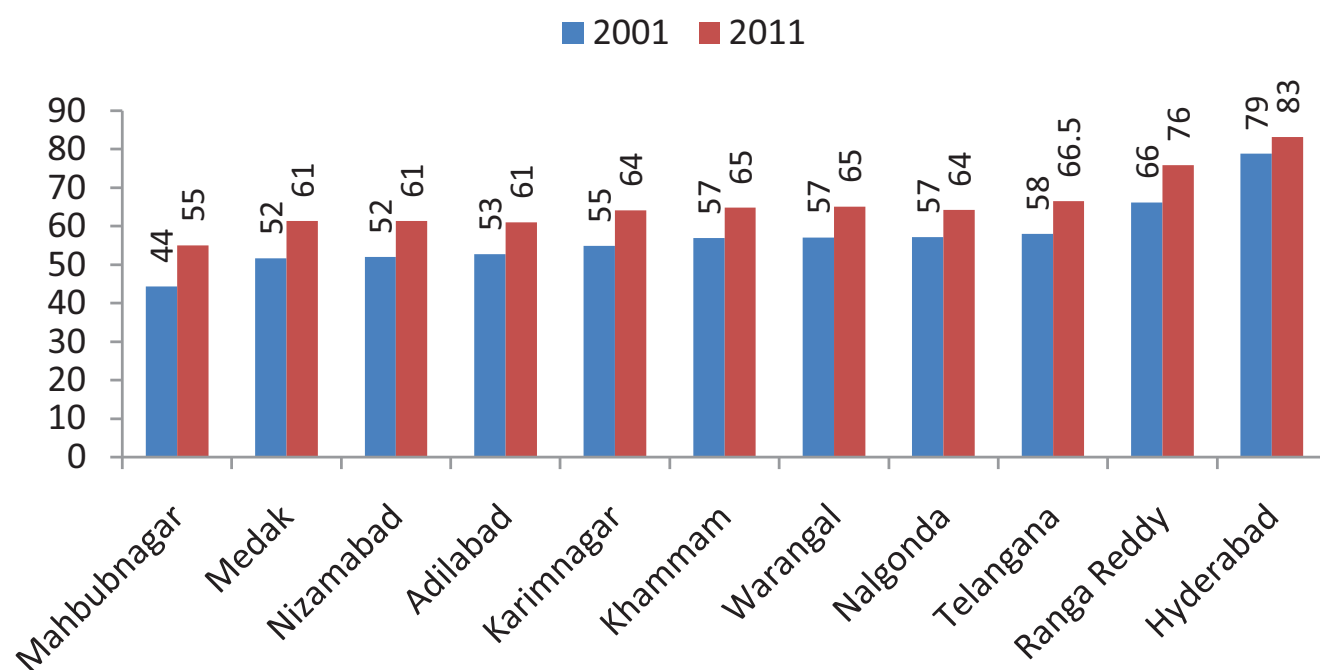
## IV. Education Dimension of Human Development

The education dimension of human development has been analysed on the basis of the quantitative indicators namely, literacy rates by gender, location and caste, literacy among younger age (15-24 years) population, primary completion rate among the children in the age of 12 years and drop-out rate at the primary level. The indicators on literacy are analysed for two time points – 2001 and 2011 based on data from Census.

### Status of Literacy across Districts of Telangana State

The literacy rate in the State is not very encouraging. Only 66.5 percent of the population were literates during 2011 and the State was categorised as a middle level of literacy State (Figure 6.9). Hyderabad and Rangareddy stood in the first and second positions with 83.2 and 75.9 percent literacy respectively and Mahbunagar with 55 percent ranked 10th. Improvement in literacy between 2001 and 2011 was 8.5 percentage points.

Figure 6.9: Literacy Rates across Districts of Telangana State

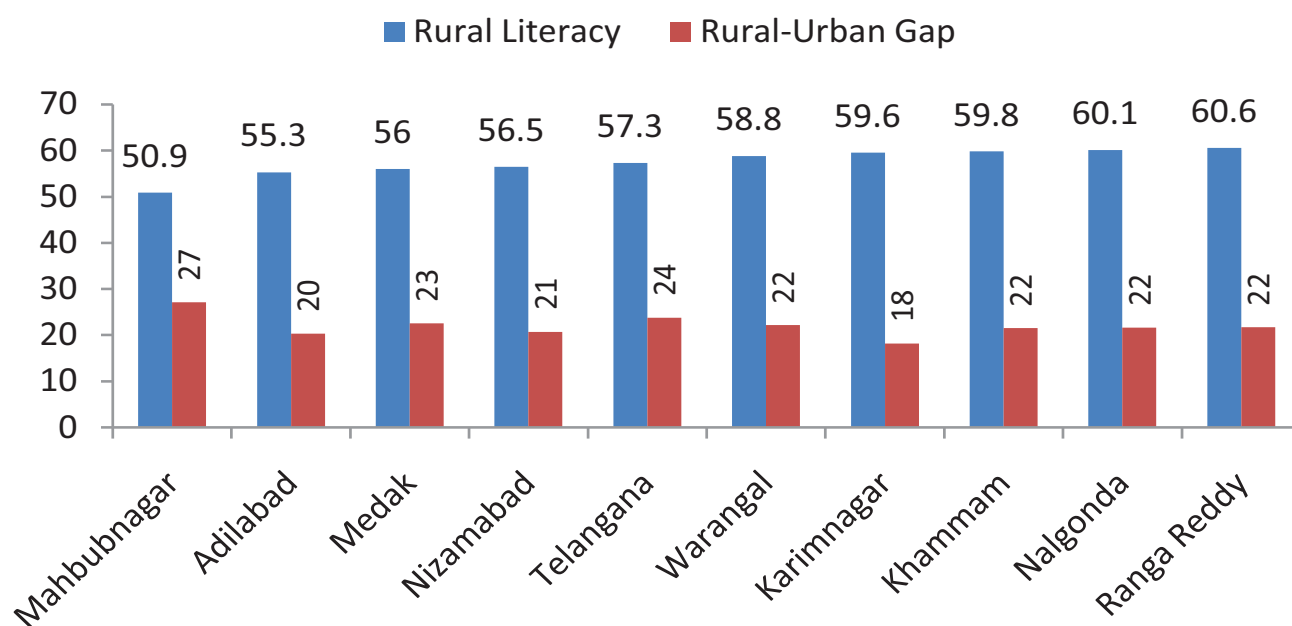


Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

## Rural – Urban Variations in Literacy Rates

Literacy rates differed significantly between rural and urban areas. The rural literacy rate was only 57.3 per cent as against 81.1 per cent in urban areas. Thus, there was a gap of 23.8 points between rural and urban areas. Telangana State had the highest level of rural-urban gap with 23.8 points as against the national average of 16.3 percentage points. When rural literacy rate is considered, the State was at the bottom and even Bihar showed a better performance than Telangana – 57.3 per cent in Telangana as against 59.8 per cent in Bihar. However, rural areas made higher progress than urban areas – 8.4 points in rural areas and 4.1 points in urban areas. If this performance is continued, it will take more than three decades to bridge the gap between rural and urban areas. The highest gap in literacy between rural and urban areas (27 percentage points) was found in Mahabubnagar (Figure 6.10), indicating that emphasis should be laid on rural areas in this district.

**Figure 6.10: Rural Literacy and Rural-Urban Gap in Literacy: 2011**



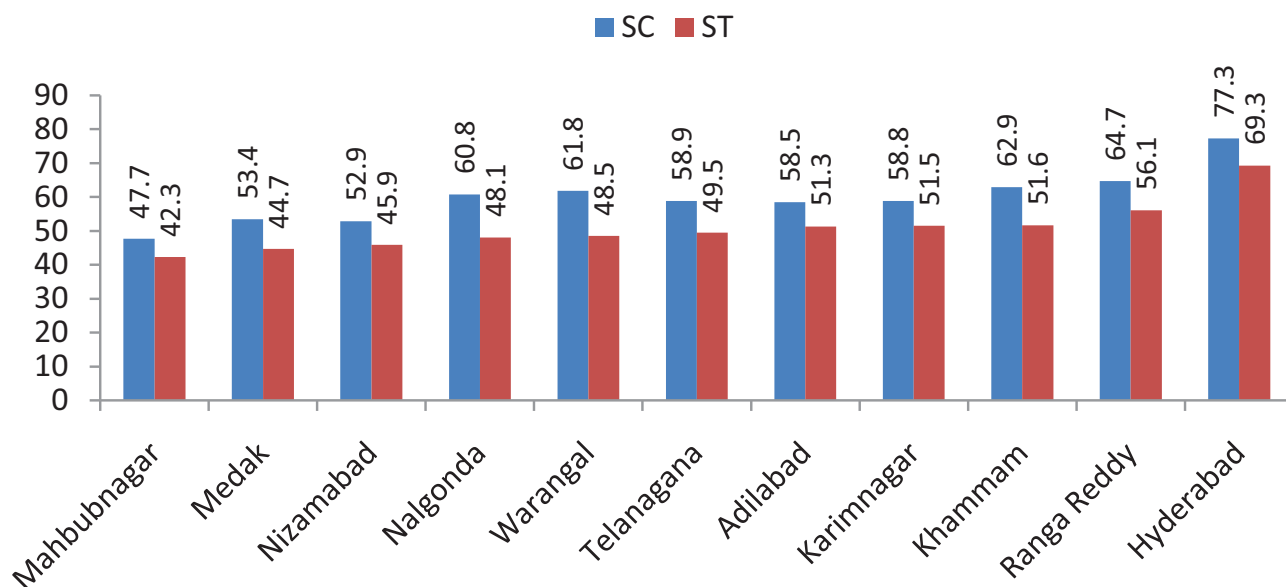
Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

## Caste and Literacy

Literacy rates were lower among SC and ST communities as compared to other communities. While the overall literacy rate was 66.5 per cent, the corresponding rates among SC and ST communities were 58.9 per cent and 49.5 per cent respectively in 2011. Thus, there was a gap of about 7.6 percentage points for SCs and 17 percentage points for STs. Literacy rates among SC and ST communities rose at a faster rate than for those in the general population. While the overall literacy rate went up by 8.5 percentage points between 2001 and 2011, the literacy rate among SCs rose by 11.4 percentage points and among STs rose by 14.4 percentage points.

The performance of SCs was higher than of STs in all the districts. This gap was very high and more than 10 points in Nalgonda, Warangal and Khammam (Figure 6.11). The proportion of ST population in these districts is higher than the State average. There was a lesser gap ranging between 5 -7 points in Mahabubnagar, Adilabad, Nizamabad and Karimnagar. Among these districts, Adilabad has a higher proportion of both SC and ST population of about 18 percent each.

Figure 6.11: Literacy among SCs and STs: 2011



Source: CESS report on “HDI of different Districts in Telangana State”, 2015.

### Gender Gap in Literacy Rates

The gender gap is the main contributor to low literacy. At the State level, the female literacy rate was only 57.9 per cent as against 75.0 per cent among males in 2011, indicating a gap of 17.1 percentage points. Mahbubnagar, Nalgonda, Adilabad, Nizamabad and Medak have shown a higher gender disparity of 20 percentage points.

The gender gap in literacy was more in rural areas at 20.4 points than in urban areas at 11 points at the State level. The gender gap in rural literacy was the lowest in Khammam at 15.8 percentage points and the gender gap in urban literacy was the lowest in Hyderabad at 7.7 percentage points. Districts with low literacy rates such as Mahabubnagar, Medak and Nizamabad had a higher gender gap. Thus, the overall literacy rate can be improved by improving female literacy.

The gender gap among SCs was 18.1 and among STs it was 20.1 percentage points at the State level in the year 2011 as against 17.1 percentage points among all caste groups. The gender gap in literacy did not vary much across the caste groups in the State. The same pattern can be observed across the districts except in Hyderabad and Rangareddy where the gender gap among all caste groups was lower than that of SCs and STs.

### Literates with Primary and above level

Around 79 percent of males and 78 percent of females were literates with primary and above level schooling in the State during 2011. There was not much difference between males and females. The gap between rural



and urban areas was 7 percentage points. The percentage of literates with primary and above level of education exceeded 80 percent in Hyderabad, Rangareddy, Karimnagar and Warangal districts. With respect to women, this percentage was higher than 80 percent only in Hyderabad and Rangareddy.

### **Literacy among 15-24 age Population**

Around 87 percent of persons in the age group of 15-24 were literates at the State level in 2011. The proportion among males was 91.1 percent and among females it was 87 percent. The gender gap was 4.1 percentage points at the State level. However, it was more than 10 percentage points in Mahabubnagar, Nalgonda, Medak and Adilabad districts. The same districts have also shown a higher rural-urban gap in the literacy rates of persons in this age group.

### **Primary Completion among children of 12 years old**

The proportion of children of 12 years completing primary education was 67 percent according to 2011 Census. The percentage of boys was 68 and that of girls was 66 percent with reference to the completion of primary education. The proportion of children both boys and girls who had completed primary education was the lowest in Hyderabad with 57 percent.

The percentage of children who had completed primary was higher in rural than in urban areas. However, the percentage was higher in urban areas in Adilabad, Khammam and Mahabubnagar districts.

### **Drop-out rates at the Primary level**

The drop-out rate at the primary level in the State was 23.1 percent during 2011-12. The drop-out rate among STs was 35.8 percent, higher than that of SCs and all social groups. The drop-out rates were lower among SCs as compared to all social groups and STs. This is the case among boys and girls. For all social groups, the drop-out rates for both male and female were higher than the State average in Adilabad, Mahabubnagar, Medak, Nalgonda and Warangal. The same is the case with STs also.

### **Education Infrastructure**

There has been an improvement in the education infrastructure indicators in the State. Around 87 percent of the schools had drinking water facility and 75 percent of schools had separate toilets for girls during 2011-12. But wide variations were observed across the districts. For instance, in Adilabad, Mahabubnagar, Medak, Nalgonda and Warangal districts a lower percentage of schools had drinking water facility than the State average. A lower percentage of schools had toilets for girls in Adilabad, Mahabubnagar, Medak, Rangareddy and Warangal, which was lower than the State average. There had been a decline in the student classroom ratio from 28.6 in 2004-05 to 21.2 in 2011-12 in the State. It was slightly higher in Adilabad, Medak and Nizamabad. The pupil-teacher ratio declined from 23.5 in 2004-05 to 16.4 in 2011-12 in the State. Except in Adilabad, and Mahabubnagar, the pupil-teacher ratio was higher than the State average.

## V. Outlook

HDI and its components have improved over a period of time across all the districts of Telangana. This analysis reflects declining inequalities and exhibits convergence of HDI across the districts. However, it is indicated that economic growth has no direct linkages with the level of human development. Districts with a high rate of economic growth have shown low value of HDI. Economic growth in those districts has not necessarily benefitted the local population and thus not resulted in improving their living standards. However, growth in Monthly Per capita Consumption Expenditure (MPCE) has strong linkages with the level of human development. It is also evident that the level of public expenditure and its efficient utilisation along with other factors influences the human development.



Malavath Purna and S. Anand Kumar on Mt. Everest



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