

CHHATTISGARH FACTSHEET 2020



DEVELOPED BY:



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OXFAM
India

THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

BACKDROP

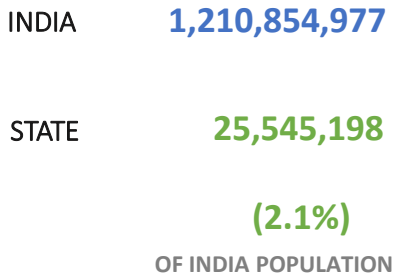
In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national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

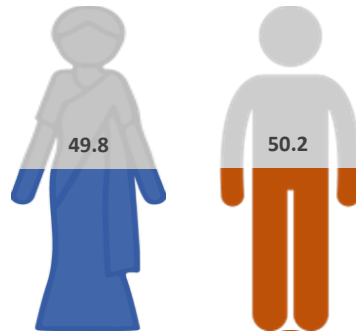
STATE AT A GLANCE

OVERALL POPULATION



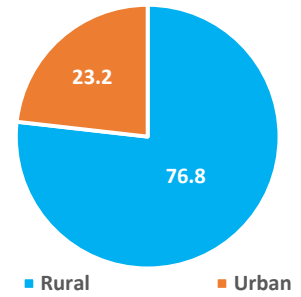
Source: Census 2011

STATE POPULATION BY SEX (%)



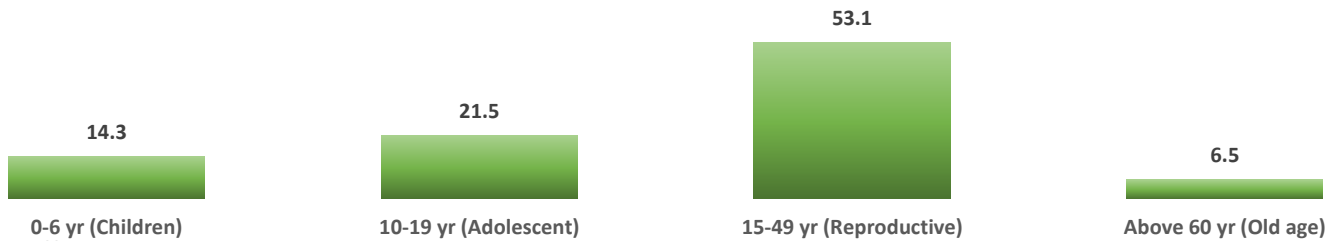
Source: Census 2011

STATE POPULATION BY LOCATION (%)



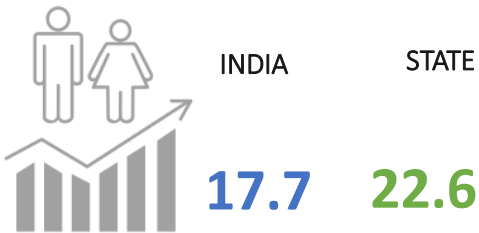
Source: Census 2011

STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

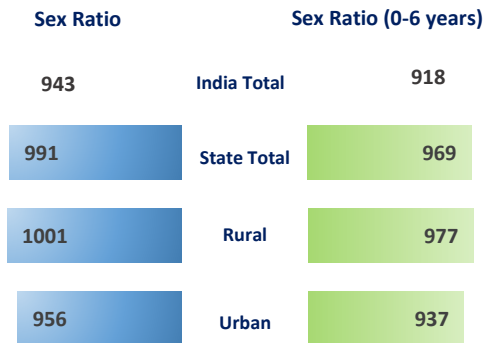
*DECADAL POPULATION GROWTH RATE (%)



* Total population growth between 2001-2011

Source: Census 2011

SEX RATIO (FEMALES PER 1000 MALES)



Source: Census 2011

HEALTH INDEX (RANK)



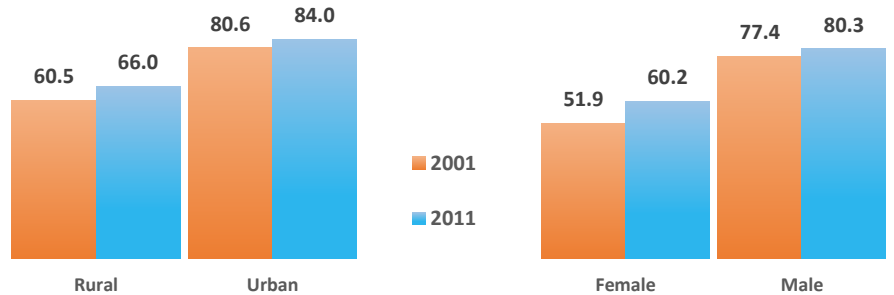
Source: Economic Survey 2019

OVERALL LITERACY RATE (%)



Source: Census

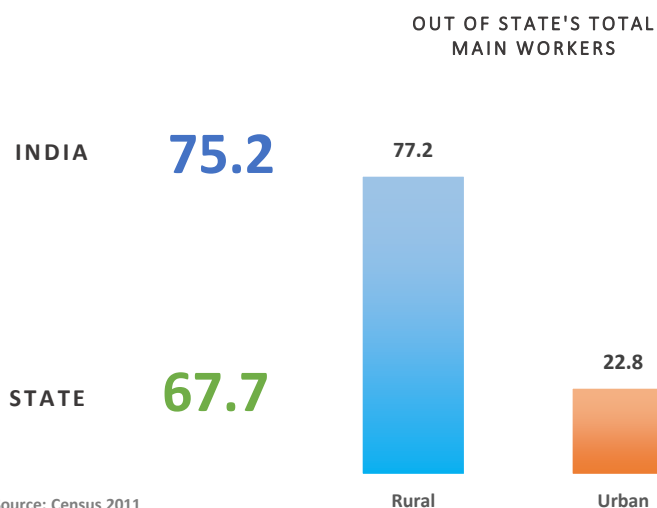
LITERACY RATE BY LOCATION AND SEX OUT OF STATE'S TOTAL LITERACY (%)



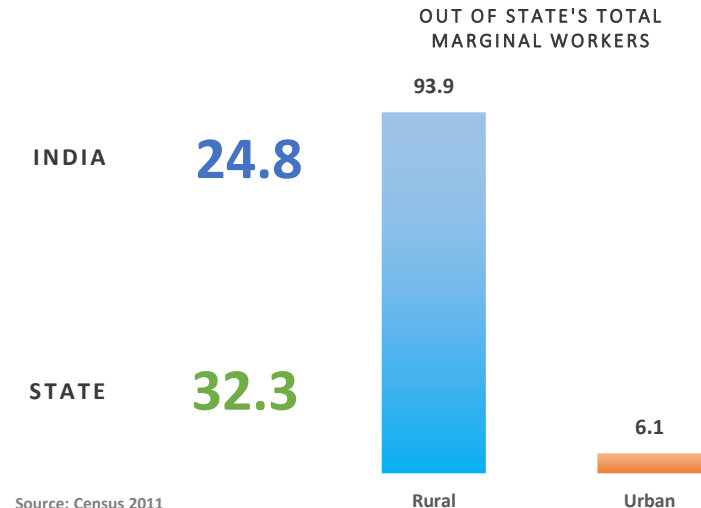
Source: Census

- Chhattisgarh has an excellent sex ratio with its rural sex ratio being more than 1000. But child sex ratio in urban areas is a matter of concern.
- The state is yet to show a good improvement in its literacy rate.
- The state's health rank is a little worrisome.

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 |
|-----------------------|----------------|-------------|----------------|------------------|--------------------------|------------------------|---------------------------|
| Rajnandgaon | 2 | 15 | 12 | 7 | 1 | 15 | 2 |
| Mahasamund | 7 | 8 | 39 | 16 | 2 | 87 | 1 |
| Korba | 9 | 3 | 36 | 50 | 6 | 19 | 3 |
| Kanker | 23 | 13 | 47 | 54 | 4 | 23 | 18 |
| Bastar | 38 | 28 | 55 | 53 | 33 | 64 | 30 |
| Bijapur | 45 | 17 | 75 | 63 | 3 | 88 | 67 |
| Kondagaon | 50 | 39 | 65 | 56 | 86 | 97 | 19 |
| Dantewada | 56 | 10 | 82 | 78 | 42 | 45 | 55 |
| Narayanpur | 71 | 74 | 74 | 67 | 32 | 49 | 52 |
| Sukma | 92 | 78 | 87 | 70 | 75 | 57 | 86 |

Source: Niti Aayog

TOP 20 IN INDIA BOTTOM 20 IN INDIA

*Total 115 districts have been identified as Aspirational Districts in India. But the ranks given in the table are based on the baseline conducted by NITI Aayog in 2018 for 101 Aspirational Districts only.

- The main work force in Chhattisgarh has declined from 72.9 percent in 2001 to 67.7 percent in 2011, hinting to growing work force migrating from the state in search of better jobs elsewhere in the country.
- 3 districts of the state rank among the top 20 in the country and only one district falls in the bottom rung.

PROPORTION OF VULNERABLE POPULATION

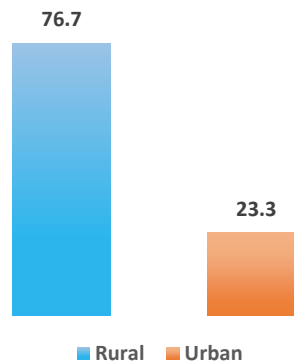
OVERALL SCHEDULE CASTE (SC) POPULATION

INDIA **201,378,372**

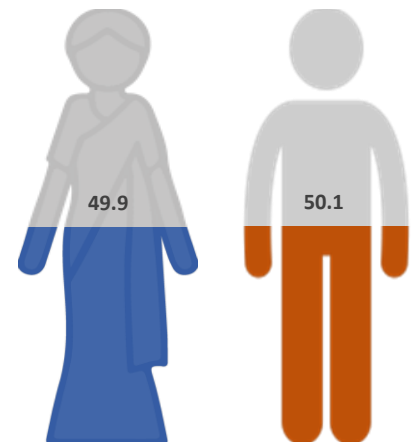
STATE **3,274,269**
(1.6%)

Out of India's SC population

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



Source: Census 2011

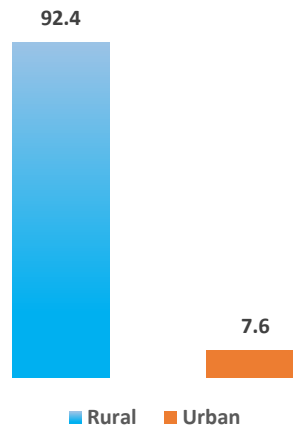
OVERALL SCHEDULE TRIBE (ST) POPULATION

INDIA **104,545,716**

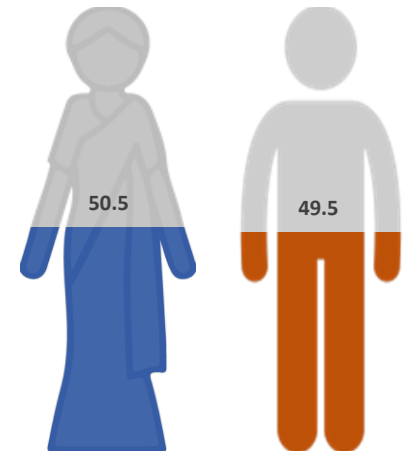
STATE **7,822,902**
(7.5%)

Out of India's ST population

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



Source: Census 2011

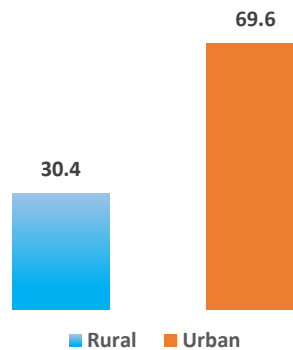
OVERALL MUSLIM POPULATION

INDIA **172,245,158**

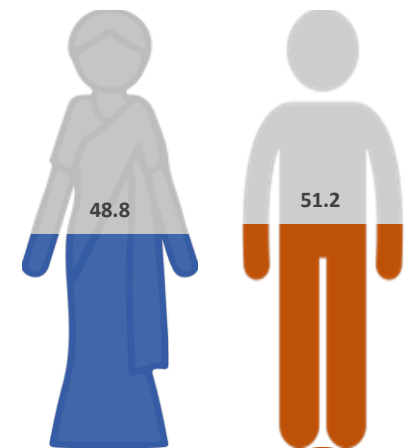
STATE **514,998**
(0.3%)

Out of India's Muslim population

MUSLIM POPULATION BY LOCATION (%)



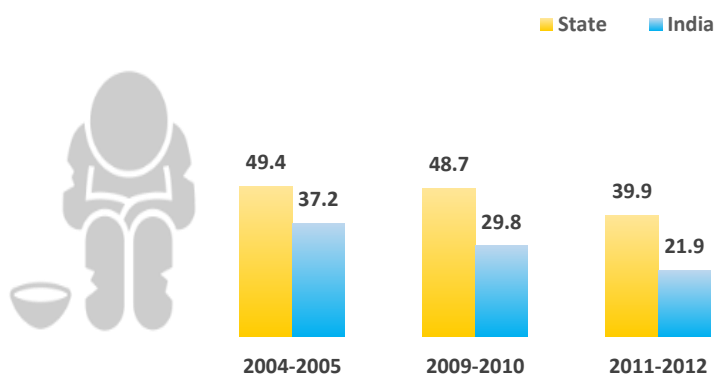
MUSLIM POPULATION BY SEX (%)



Source: Census 2011

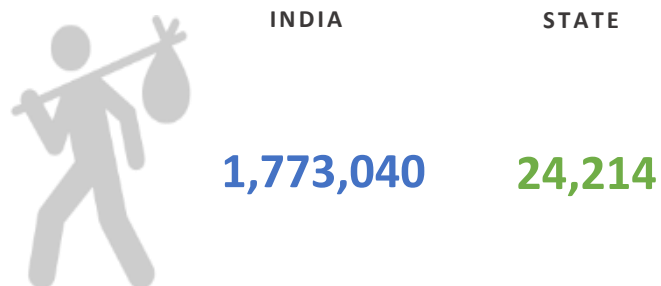
- The entire Scheduled tribe population and the scheduled caste population to some extent is primarily concentrated in the rural region with very little urban share.

POPULATION LIVING BELOW POVERTY LINE (%)



Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)

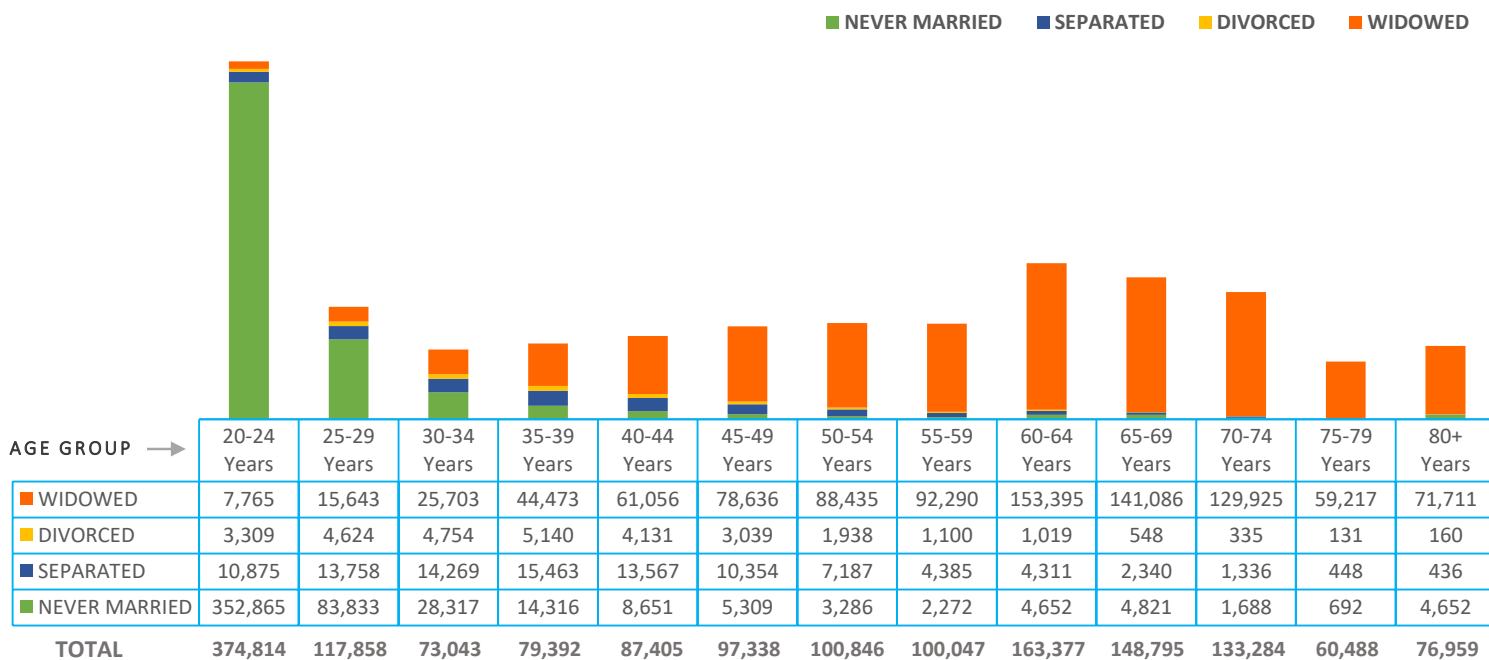


Source: Census 2011

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)

NO DTATA

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- The state has seen a reduction in BPL population since 2004-05 to 2011-12.

PERSONS WITH DISABILITIES IN ALL AGE GROUP

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

26,814,994

624,937

(2.3%)

OUT OF WHICH

2,116,698

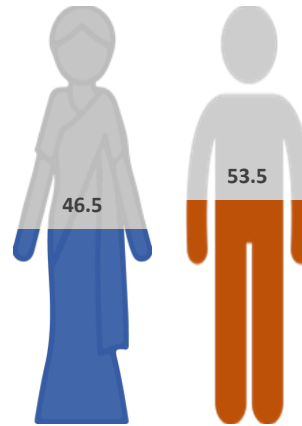
71,957

(3.4%)

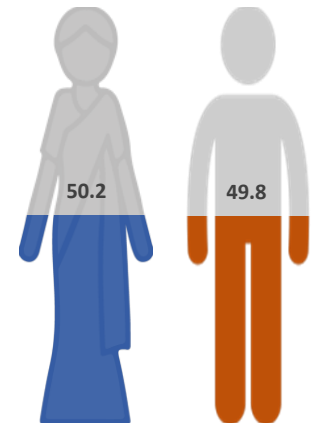
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



CHILDREN (0-4 YEARS) WITH DISABILITIES

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

1,291,637

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

21189

(1.6%)

OUT OF WHICH

78,662

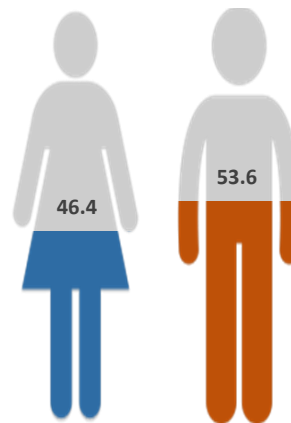
2550

(3.2%)

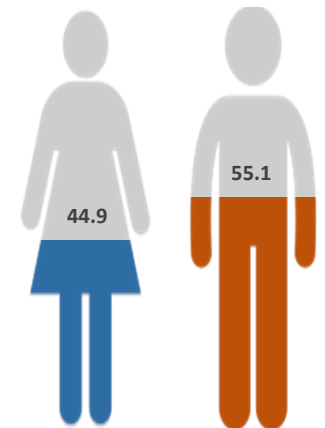
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



CHILDREN (5-9 YEARS) WITH DISABILITIES

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

1,955,926

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

37,296

(1.9%)

OUT OF WHICH

187,492

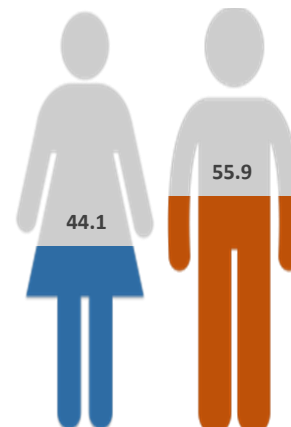
5,873

(3.1%)

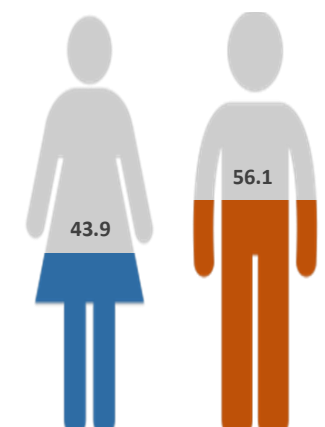
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

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



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



- While among children, more boys are affected with multiple disabilities, in case of adults it is found that women share the burden of multiple disabilities more.

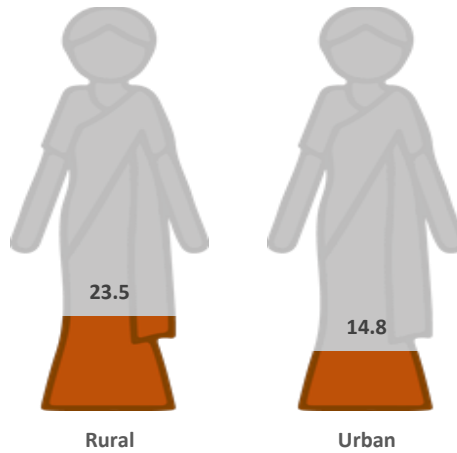
HEALTH AND NUTRITION

MARRIAGE AND FERTILITY

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

INDIA **26.8**

STATE **21.3**

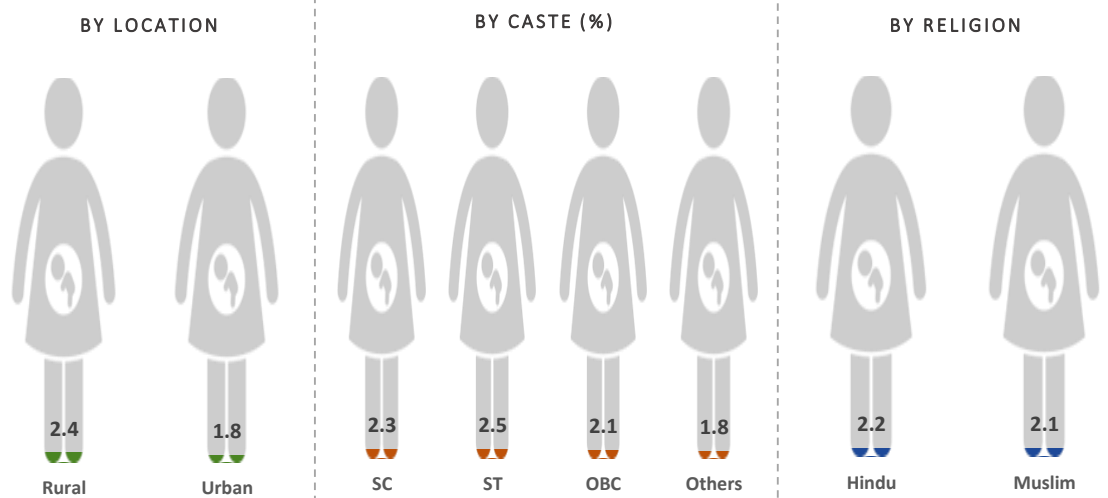


Source: NFHS 2015-2016

TOTAL FERTILITY RATE (%)

INDIA **2.2**

STATE **2.2**

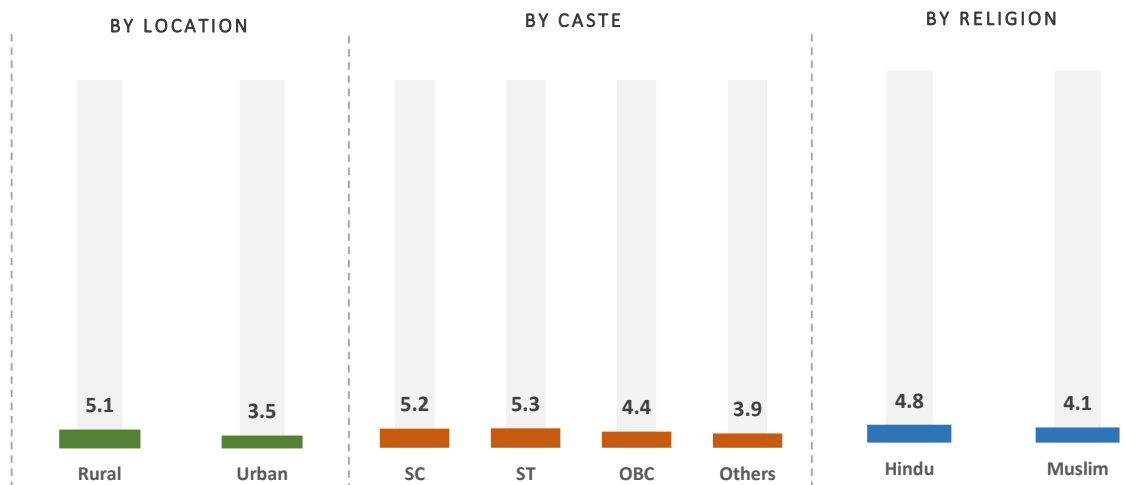


Source: NFHS 2015-2016

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

INDIA **7.9**

STATE **4.8**

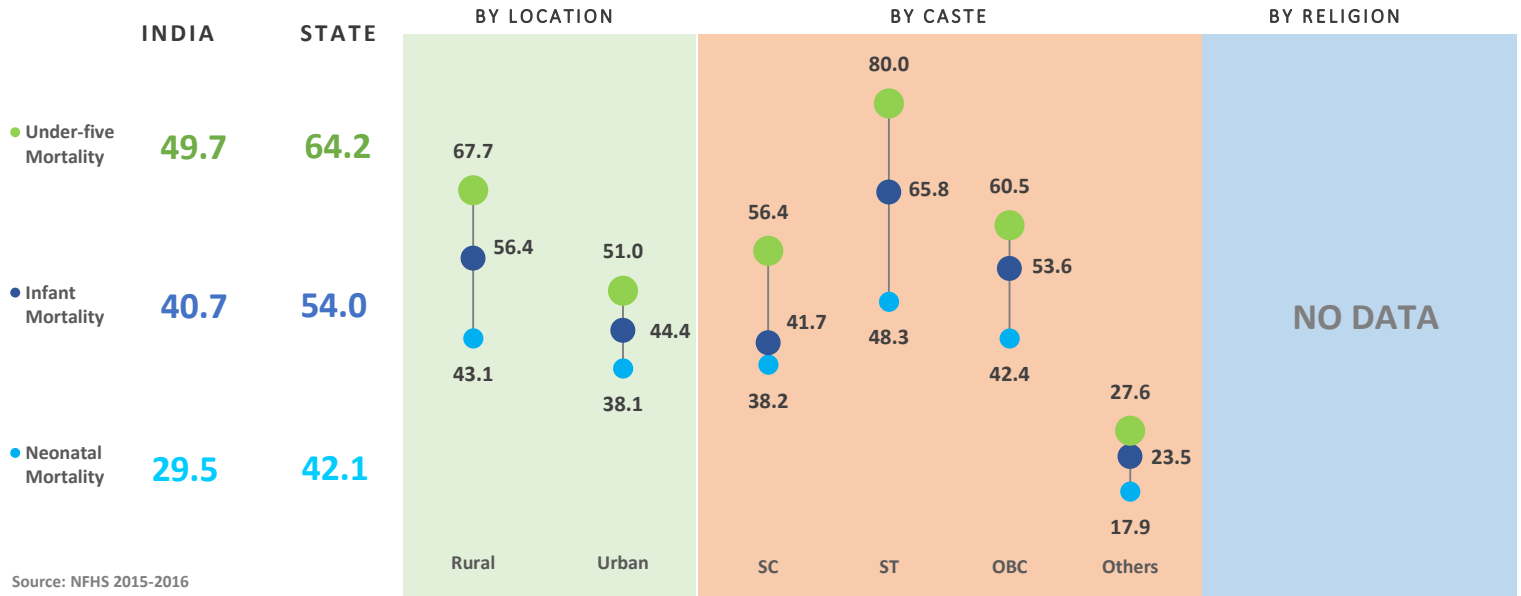


Source: NFHS 2015-2016

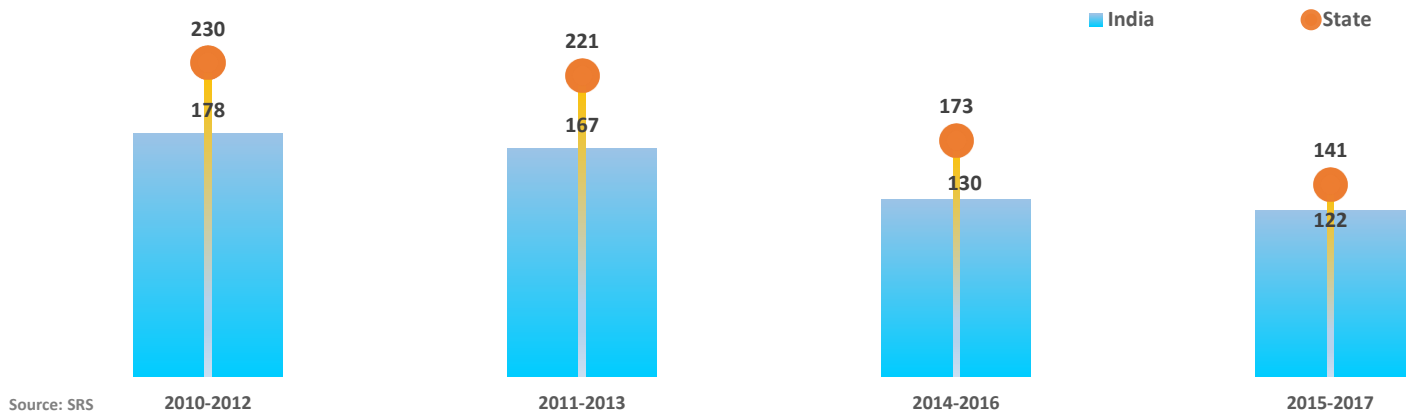
- Early marriage, though less than the national figure continues to happen, especially in the rural areas which is higher than the state figure.
- The TFR rate is yet to reach the replacement level and is highest among the Scheduled tribe population in Chhattisgarh

MORTALITY

MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



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



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

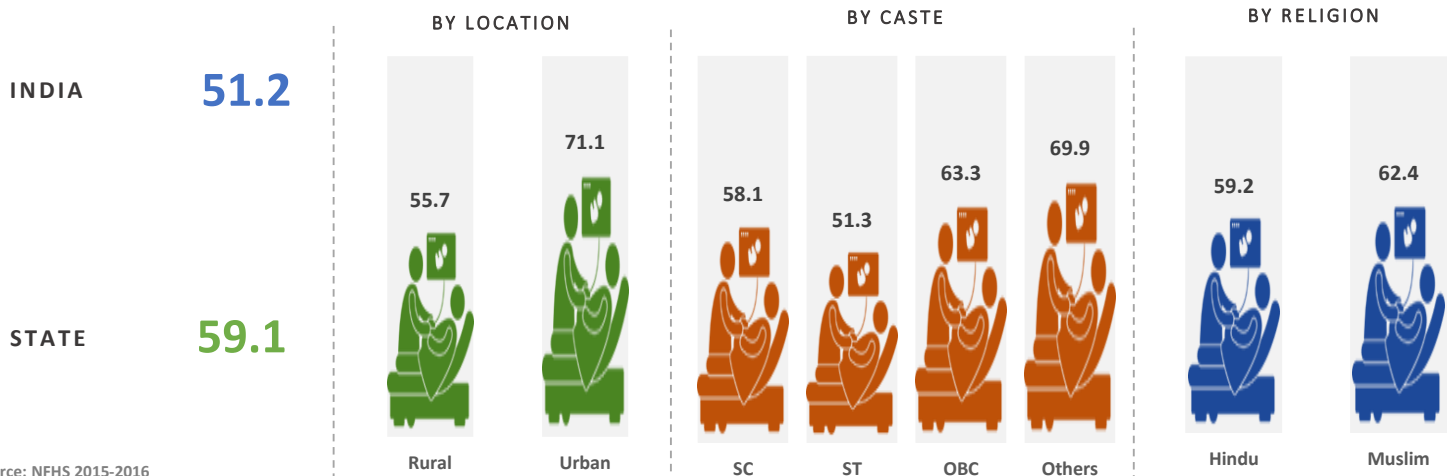


* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

- High Child mortality rates (neonatal, infant and under-5) in rural areas, and especially high rates among the scheduled tribe population.
- Maternal mortality rate has reduced substantially, though continues to be much higher than the country figure.
- Prevalence of high unmet need among Muslim women signifying poor access to contraceptive measures.

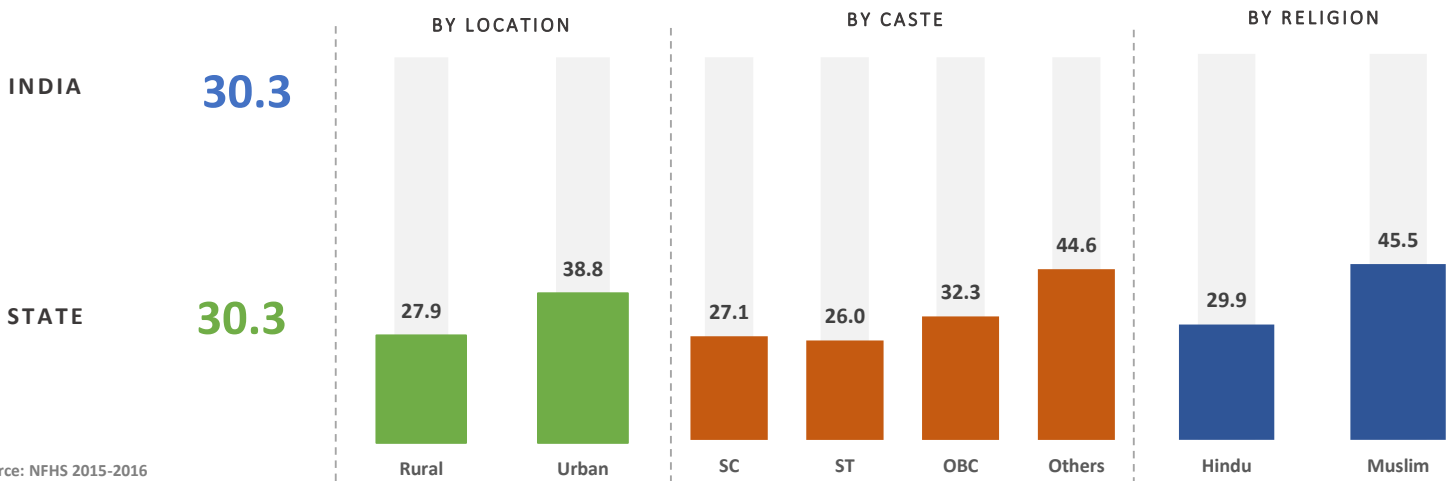
MATERNAL CARE

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



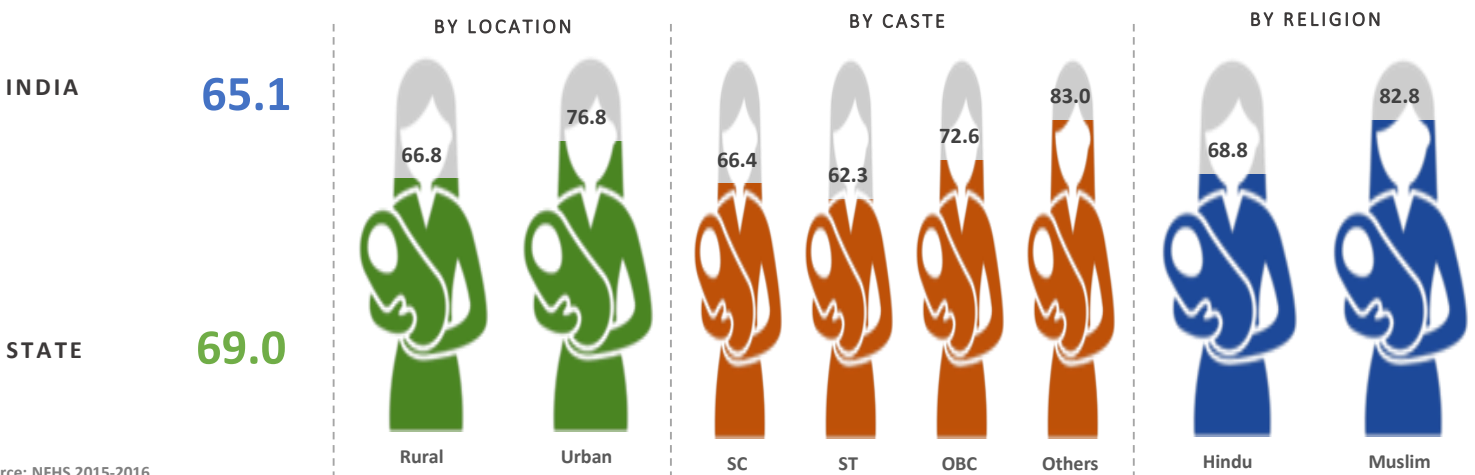
Source: NFHS 2015-2016

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 (%)

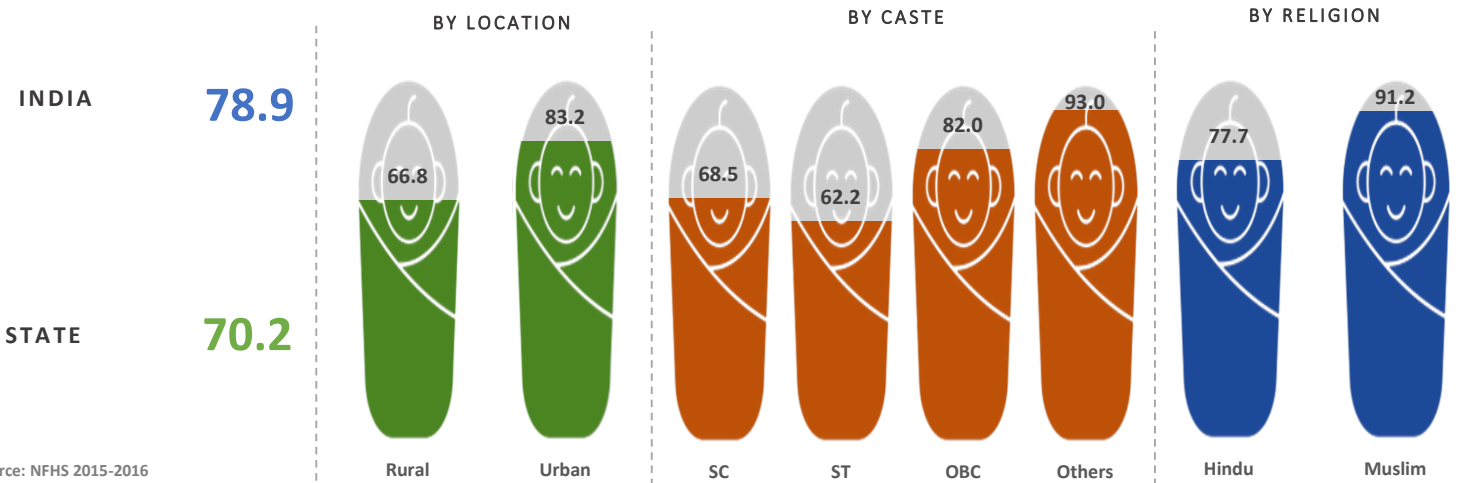


Source: NFHS 2015-2016

- Chhattisgarh shows low utilisation of ante-natal care services and low consumption of IFA tablets among its scheduled tribe population.

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA



17.2

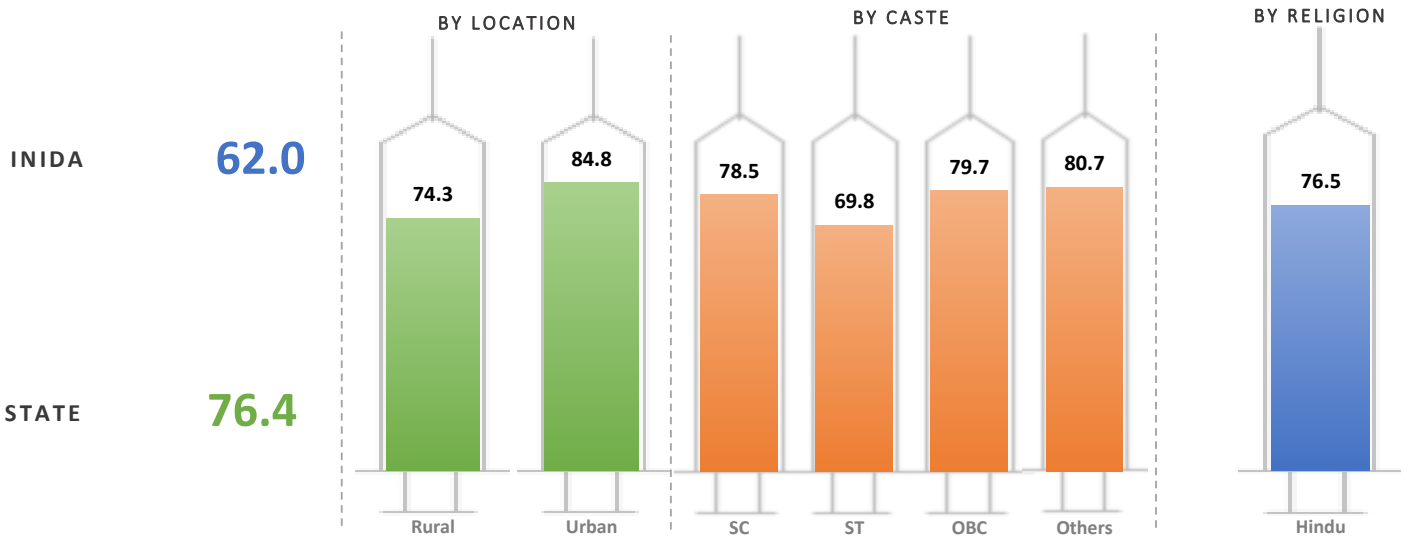
STATE

9.9



Source: NFHS 2015-2016

CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



Source: NFHS 2015-2016

Note:- Comparable data for Muslim is not available.

- Institutional delivery is a concern among the Scheduled Tribe population and also in rural areas.
- Even though immunisation figures of the state are higher than the national figures, it is quite low for the scheduled tribes and for the rural populace.

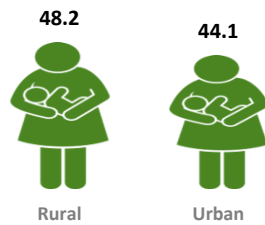
CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

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

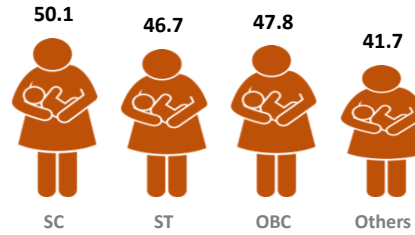
BY LOCATION

INDIA **41.5**

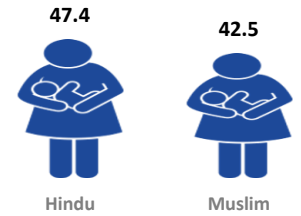
STATE **47.4**



BY CASTE



BY RELIGION

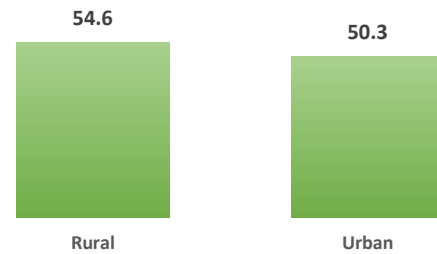


Source: NFHS 2015-2016

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

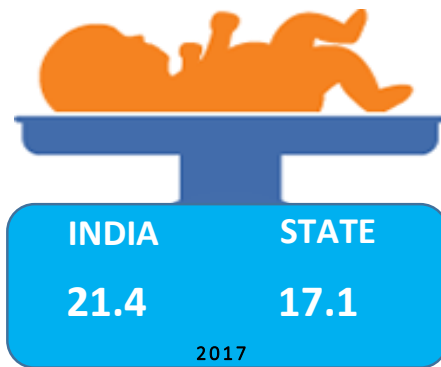
INDIA **42.7**

STATE **53.9**



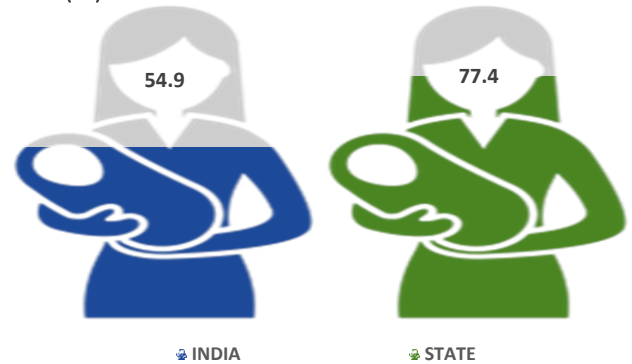
Source: NFHS 2015-2016

PREVALENCE OF LOW BIRTHWEIGHT (%)



Source: Lancet Global Burden of Disease 2019

CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



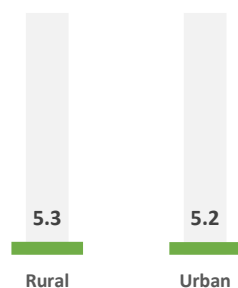
Source: NFHS 2015-2016

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

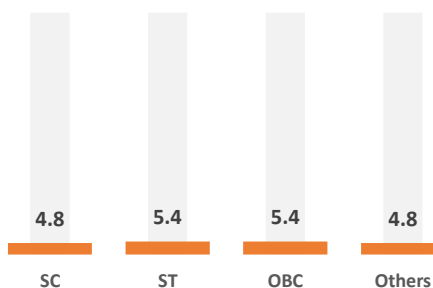
INDIA **2.9**

STATE **5.3**

BY LOCATION



BY CASTE



BY RELIGION



Source: NFHS 2015-2016

Note:- Comparable data for Muslim is not available.

- The state fares much better than the country in early initiation of breastfeeding, exclusive breastfeeding, and complementary feeding.
- However, early initiation of breast-feeding is a concern among the Muslims.

CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

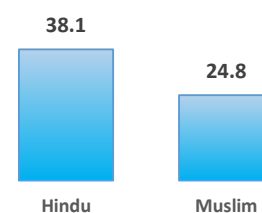
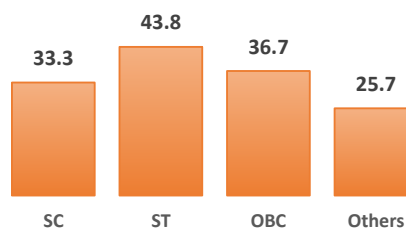
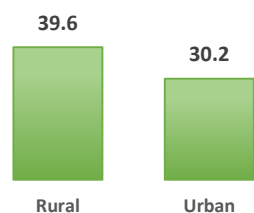
BY LOCATION

BY CASTE

BY RELIGION

INDIA **35.7**

STATE **37.7**



Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

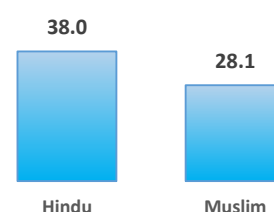
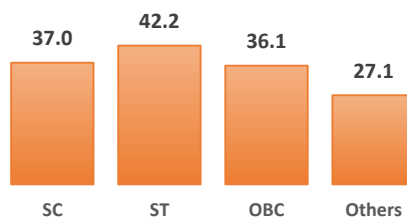
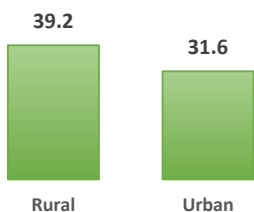
BY LOCATION

BY CASTE

BY RELIGION

INDIA **38.4**

STATE **37.6**



Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

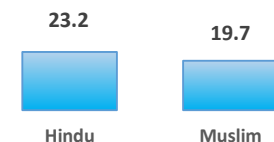
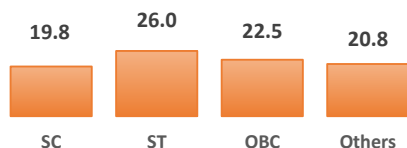
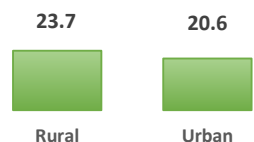
BY LOCATION

BY CASTE

BY RELIGION

INDIA **21.0**

STATE **23.1**



Source: NFHS 2015-2016

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

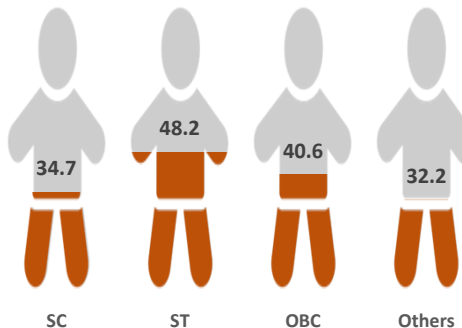
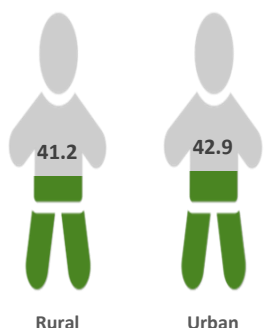
BY LOCATION

BY CASTE

BY RELIGION

INDIA **58.5**

STATE **41.6**

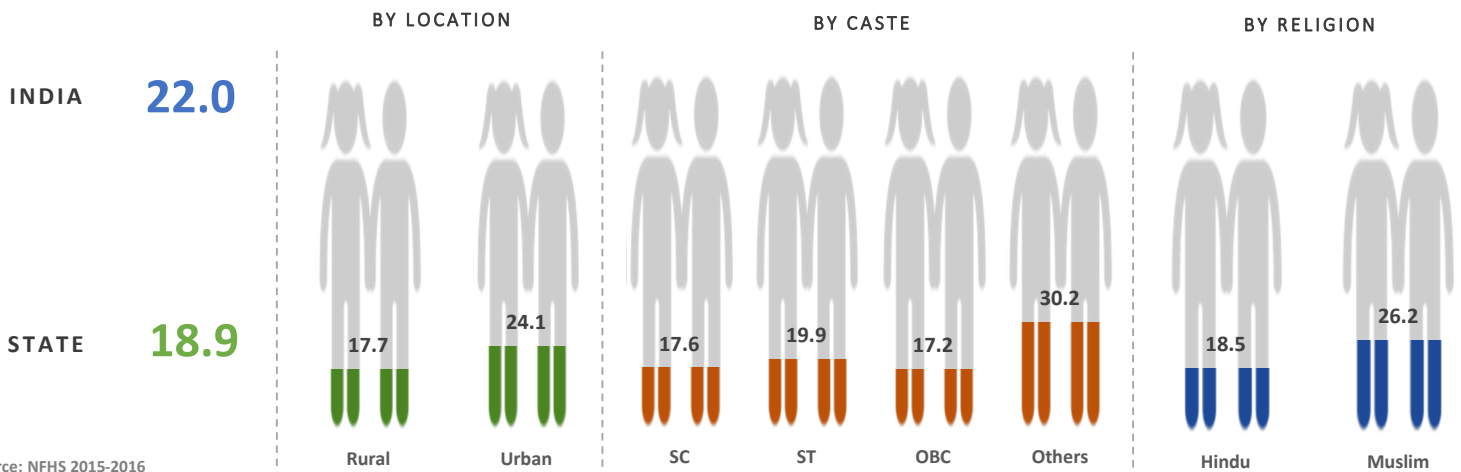


Source: NFHS 2015-2016

- The nutritional status of the state's children is more or less at par with the country's status but the situation is worrisome in the rural areas and especially among the scheduled tribes and the Hindu population. Similar is the status of the children's anemic condition.

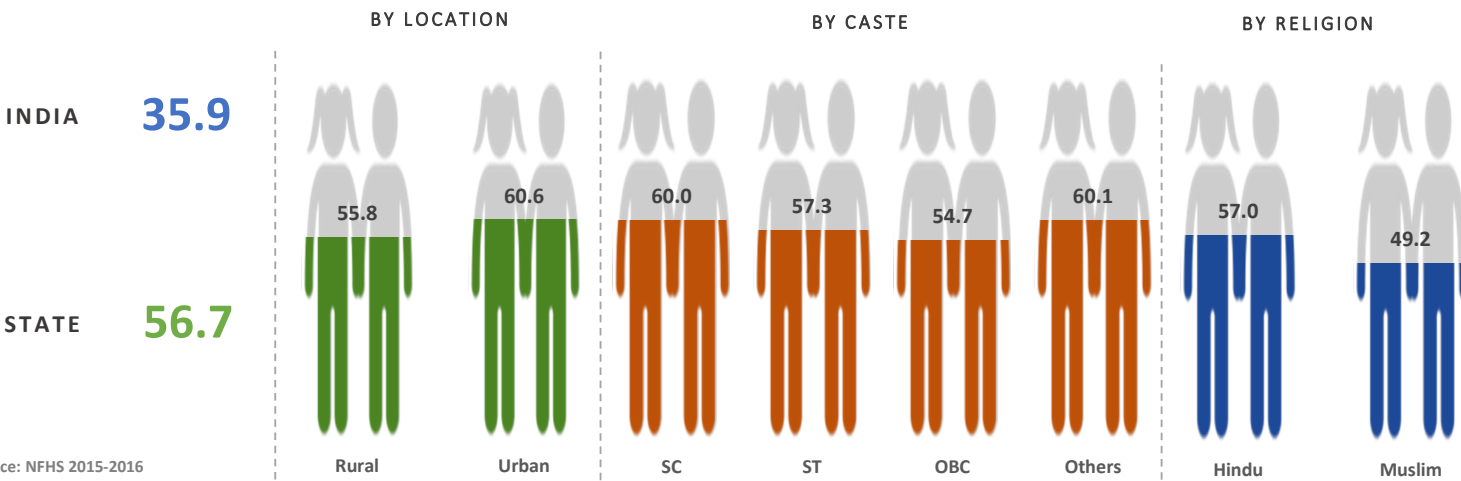
DIETARY DIVERSITY PATTERN

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 (%)

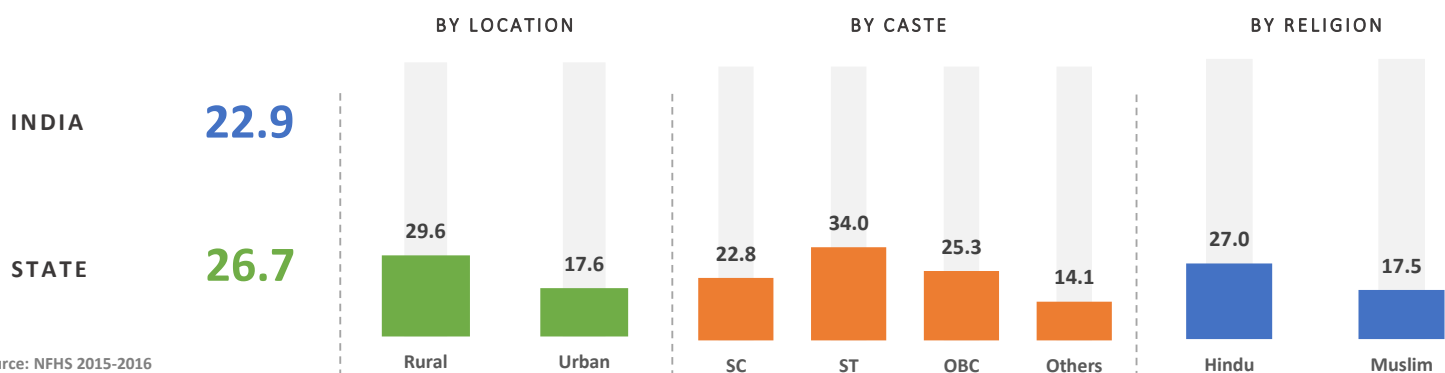


Source: NFHS 2015-2016

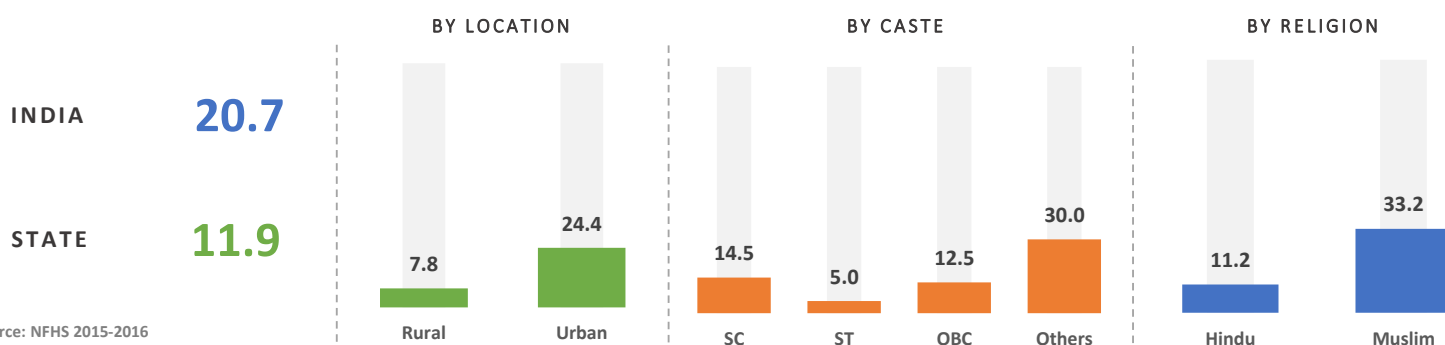
- While Chhattisgarh far outperforms the country with regard to minimum meal frequency, it is yet to focus on improving the food diversity among its children. Feeding of 4+ food groups is quite low and more so especially in the rural areas and among the OBC population.

NUTRITIONAL STATUS OF WOMEN AND MEN

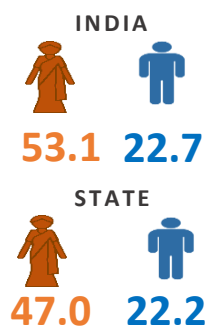
WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M²) (%)



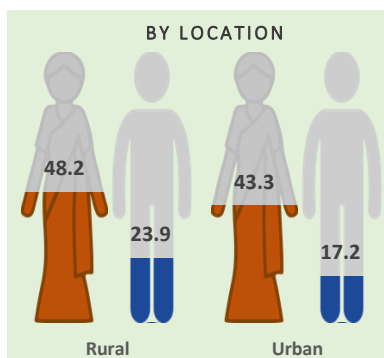
WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M²) (%)



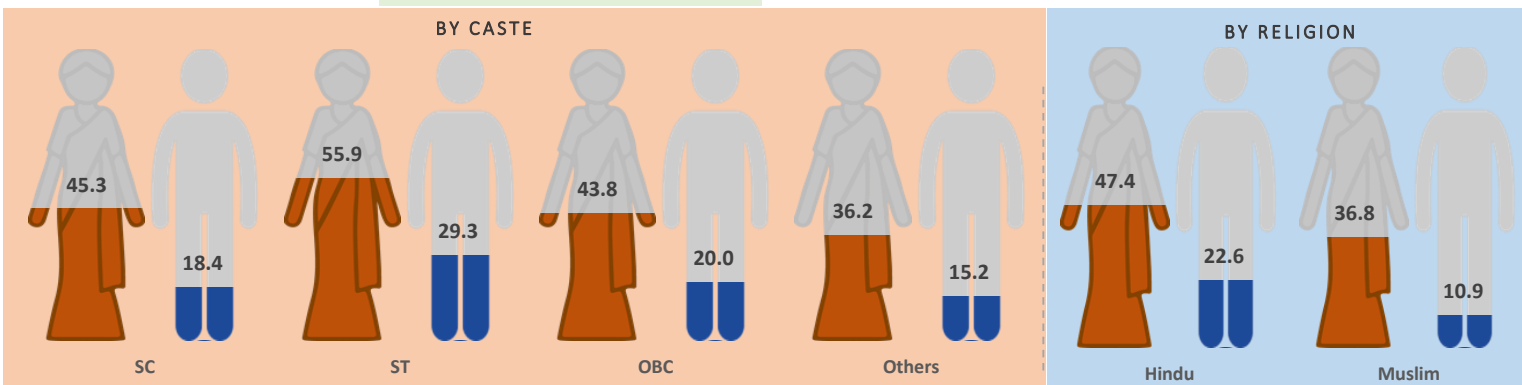
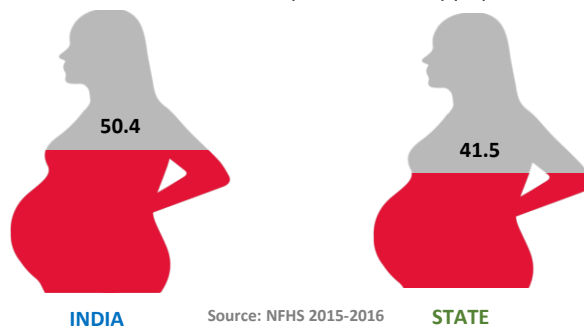
WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



Source: NFHS 2015-2016



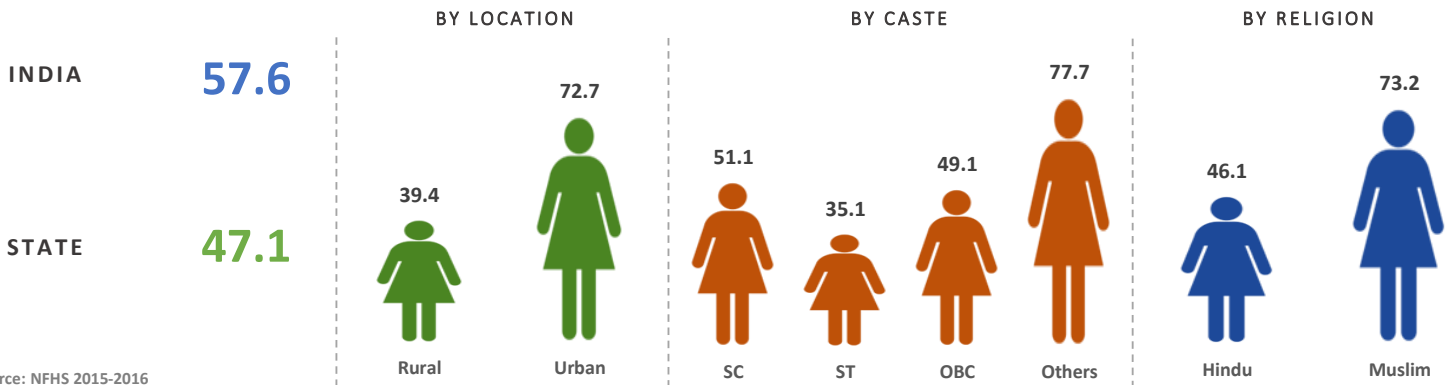
PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



- There is a higher proportion of women with below normal Body Mass Index (BMI) in rural areas and among the Scheduled Tribes and Hindu population. On the other hand, obesity is a rising threat in the urban areas, being higher than both the state and country figures. And also, among the Muslims.
- Around 60% of the Scheduled Tribe women are anaemic in the state which is a matter of deep concern.

MENSTRUAL HYGIENE

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



Source: NFHS 2015-2016

OTHER HEALTH ISSUES

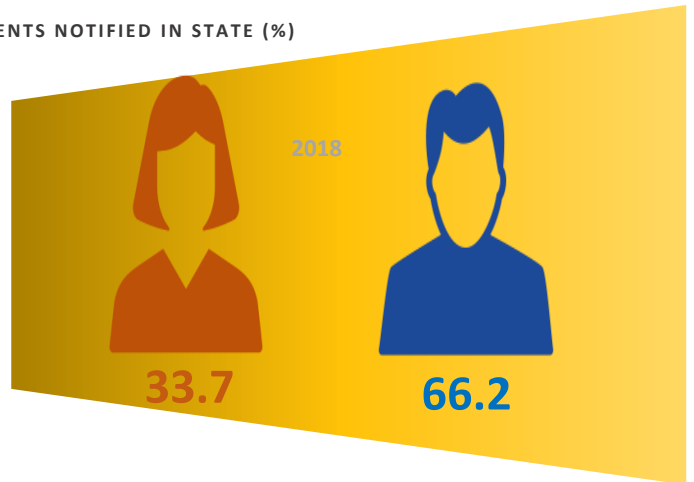
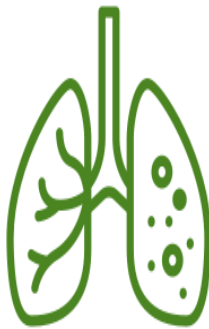
PERSONS SUFFERING FROM TUBERCULOSIS

OUT OF TB PATIENTS NOTIFIED IN STATE (%)

INDIA **2,155,894**

STATE **5,696**

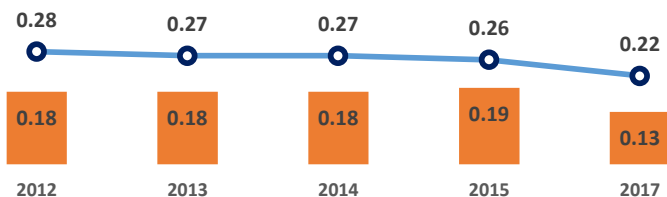
2.0% OUT OF TB PATIENTS NOTIFIED IN INDIA



Source: India TB Report 2019

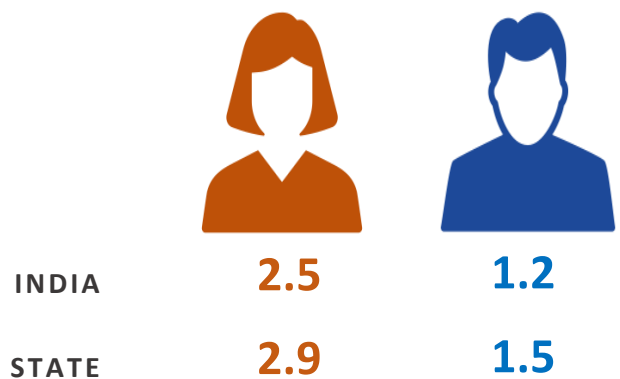
PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

STATE (orange square) INDIA (blue circle)



Source: India NACO-Report

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



Source: NFHS 2015-2016

- Prevalence of unsafe menstrual practices is a major concern in the state particularly in rural areas and among the Scheduled Tribes and Hindu population.
- High prevalence of Tuberculosis among men is another concern.

HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE (% OF TOTAL HEALTH EXPENDITURE)

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

INDIA

30.6

60.6

STATE

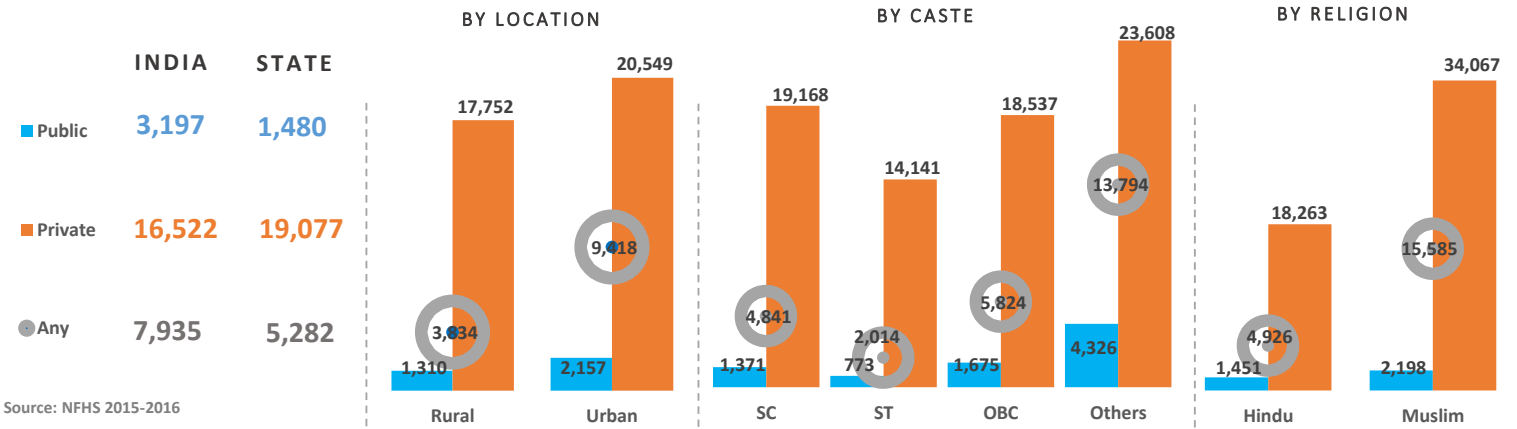
31.5

58.4



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

- Out of pocket expenditure in health amounts to about a massive 60% of total health expenditure.
- Average expenditure for delivery in private facilities is much higher than the country figure.

GOVERNMENT FLAGSHIP PROGRAMMES FOR HEALTH AND NUTRITION

NATIONAL HEALTH MISSION

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

NHM has six financing components:

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

INTEGRATED CHILD DEVELOPMENT

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

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

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

POSHAN ABHIYAAN

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

Key Strategies

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

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

SHORTFALL IN HEALTH FACILITIES IN RURAL AREAS (%)

(as on 1st July 2019)

| | India | State |
|-------------------------|-------|-------|
| Sub Centres and HWC-SCs | 23.0 | 2.2 |
| PHCs and HWC-PHCs | 28.2 | 6.0 |
| CHCs | 36.9 | 19.0 |

Source: Rural Health Statistics 2019

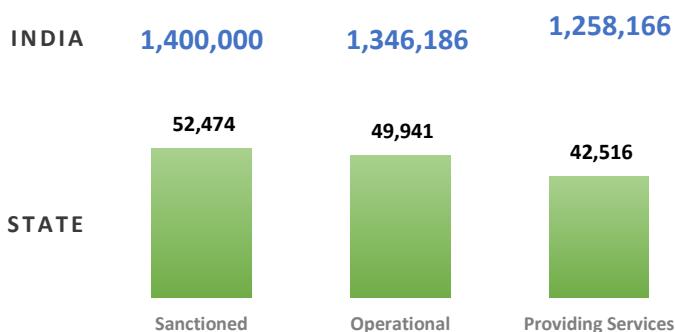
SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

India State

| | India | State |
|---------------------|---------|---------|
| Anganwadi Workers | 4.7 | 2.8 |
| ASHA | Surplus | 0.0 |
| ANM at Sub Centres | 2.8 | Surplus |
| ANM at PHCs | 26.1 | Surplus |
| Doctors+ at PHCs | 6.0 | 59.5 |
| Specialists at CHCs | 81.8 | 91.0 |

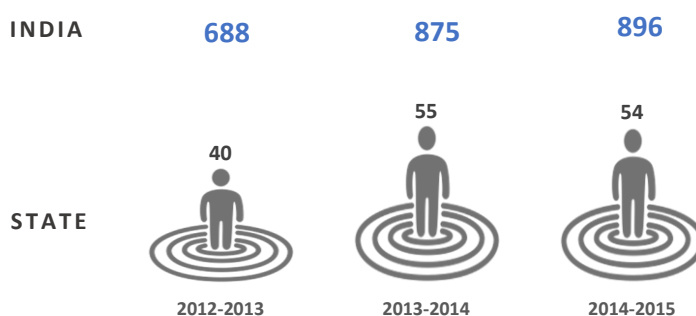
Source: Rural Health Statistics 2019

NUMBER OF AWCs



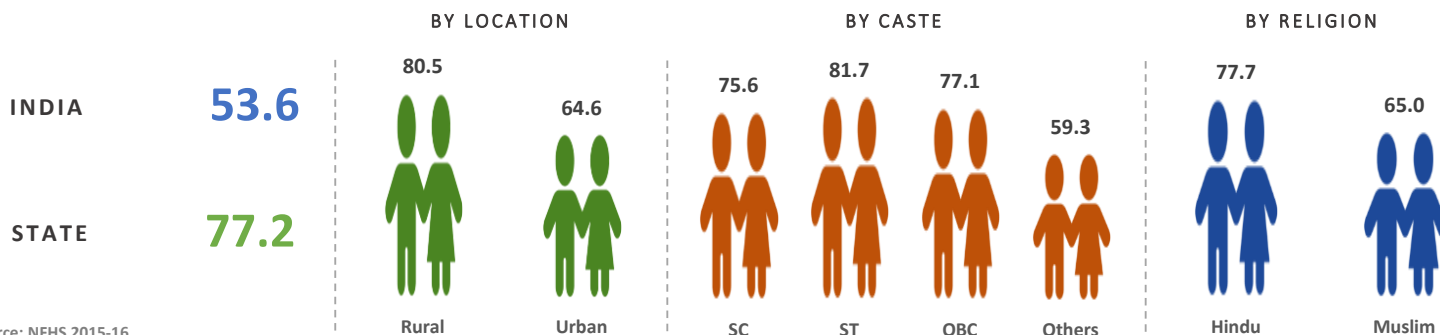
Source: Status report of ICDS as on 31st March 2015

NUMBER OF NUTRITIONAL REHABILITATION CENTRES



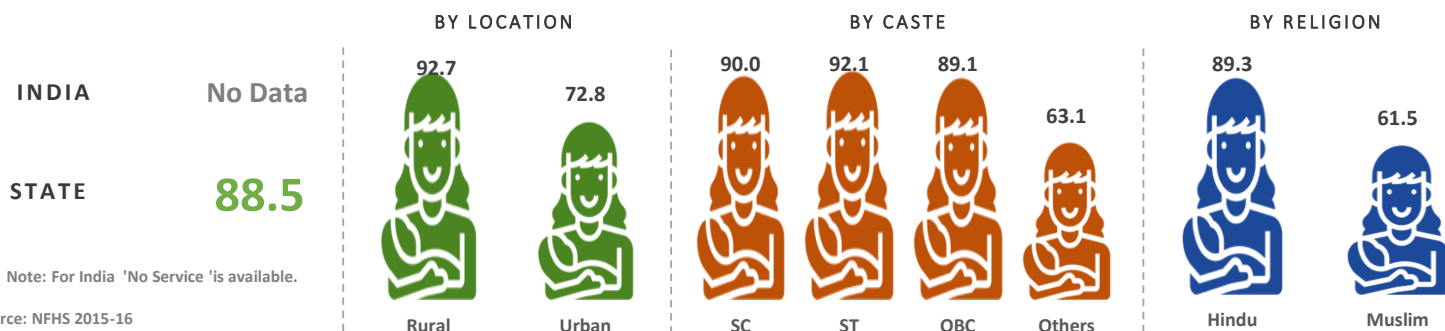
Source: PIB 2012-13 , 2013-14 & 2014-15

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



Source: NFHS 2015-16

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

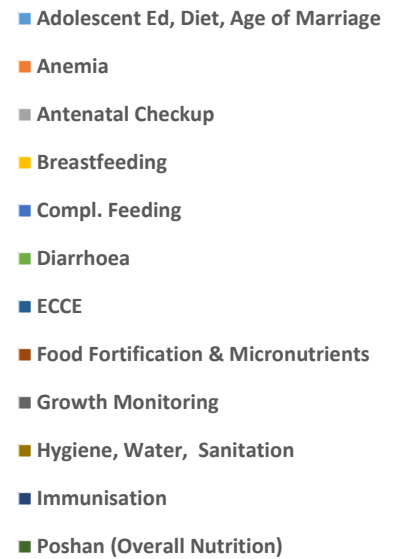
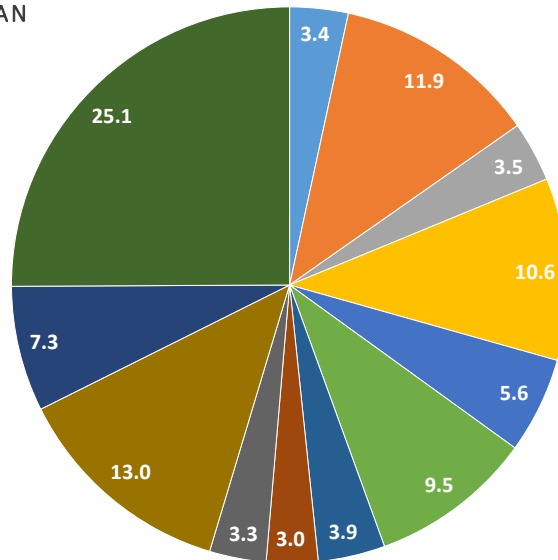


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state has comparatively a good health facility expanse with less shortfall recorded than the country. However, there the shortfall is relatively on the higher end for the CHCs which is usually the first point of contact for any specialized treatment for rural people.
- The state has a huge shortfall of doctors and specialists at PHC and CHC signifying that despite having health facilities, people might not be able to reap its benefits.
- While around 80 % of children and pregnant women in Chhattisgarh receive services from AWC, but this proportion is relatively less for the Muslim children and women.

THEMES-WISE ACTIVITIES IN POSHAN
MAAH (SEPTEMBER 2019)



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

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

| Activity type | State Value (%) | India Value (%) |
|--|-----------------|-----------------|
| Home Visits | 28.3 | 14.4 |
| Anemia Camp | 4.5 | 1.5 |
| CBE-Community Based Events (ICDS) | 6.3 | 22.3 |
| Community Radio Activities | 0.9 | 0.3 |
| Cooperative/Federation | 1.4 | 0.2 |
| Cycle Rally | 4.4 | 0.3 |
| DAY-NRLM SHG Meet | 3.6 | 1.9 |
| Defeat Diarrhoea Campaign (D2) | 0.0 | No Data |
| Farmer Club Meeting | 3.7 | 0.2 |
| Haat Bazaar Activities | 1.9 | 0.4 |
| Harvest Festival | 1.3 | 0.2 |
| Local Leader Meeting | 1.1 | 0.5 |
| Nukkad natak/Folk Shows | 0.7 | 0.4 |
| Other Activities | 8.7 | 34.7 |
| Panchayat Meeting | 3.0 | 1.0 |
| Poshan Mela | 5.5 | 8.2 |
| Poshan Rally | 3.8 | 2.6 |
| Poshan Walk | 3.0 | 1.5 |
| Poshan Workshop/Seminar | 3.4 | 4.1 |
| Prabhat Faree | 2.2 | 1.1 |
| Providing Water to the Toilets | 0.3 | 0.3 |
| Safe Drinking Water in Anganwadi Centres | 0.9 | 0.7 |
| Safe Drinking Water in Schools | 0.6 | 0.2 |
| School Based Activities | 3.8 | 2.9 |
| VHSND | 4.3 | No Data |
| Youth Group Meeting | 2.4 | No Data |

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

WOMEN EMPOWERMENT

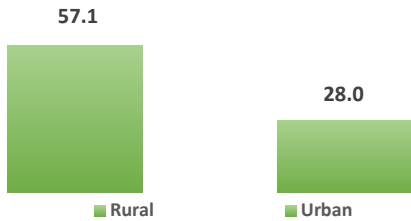
FEMALE WORKERS (15-59 YEARS) POPULATION RATIO (%)

INDIA

23.8

STATE

51.2



Source: Annual Report PLFS 2017-18

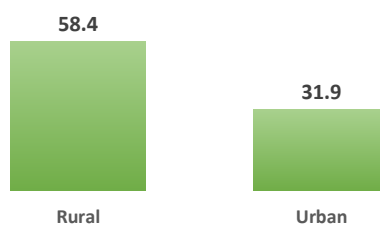
FEMALE (15-59 YEARS) LABOUR FORCE PARTICIPATION RATE (%)

INDIA

25.3

STATE

53.0



Source: Annual Report PLFS 2017-18

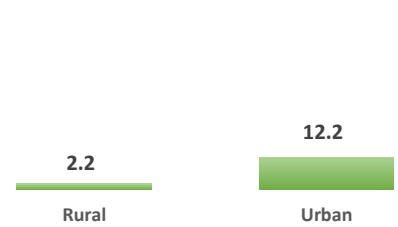
FEMALE (15-59 YEARS) UNEMPLOYMENT RATE (%)

INDIA

6.0

STATE

3.4



Source: Annual Report PLFS 2017-18

WOMEN HEADED ESTABLISHMENTS

INDIA

8,050,819

STATE

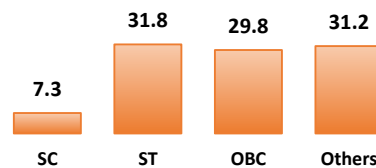
77,976

1.0% Out of India's Women Headed Establishments

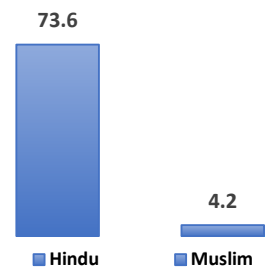
10.1% Out of State's Total Establishments - Agriculture & Non-Agriculture

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 (%)

INDIA

18.7

STATE

17.9

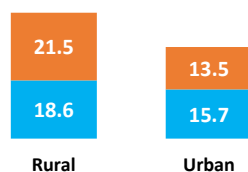
MALE

FEMALE

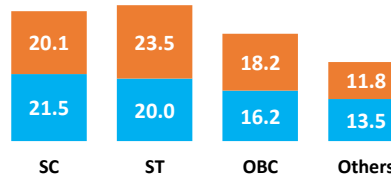
18.8

19.5

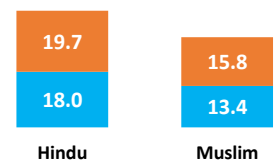
BY LOCATION



BY CASTE



BY RELIGION



Source: NFHS 2015-2016

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

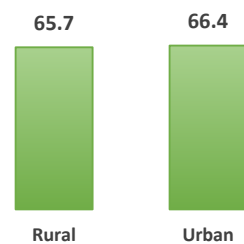
INDIA

63.0

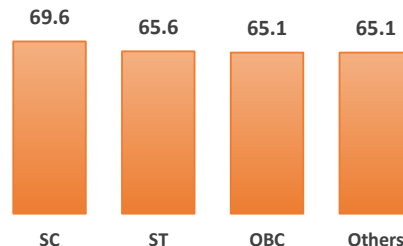
STATE

65.9

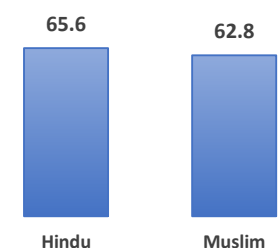
BY LOCATION



BY CASTE



BY RELIGION



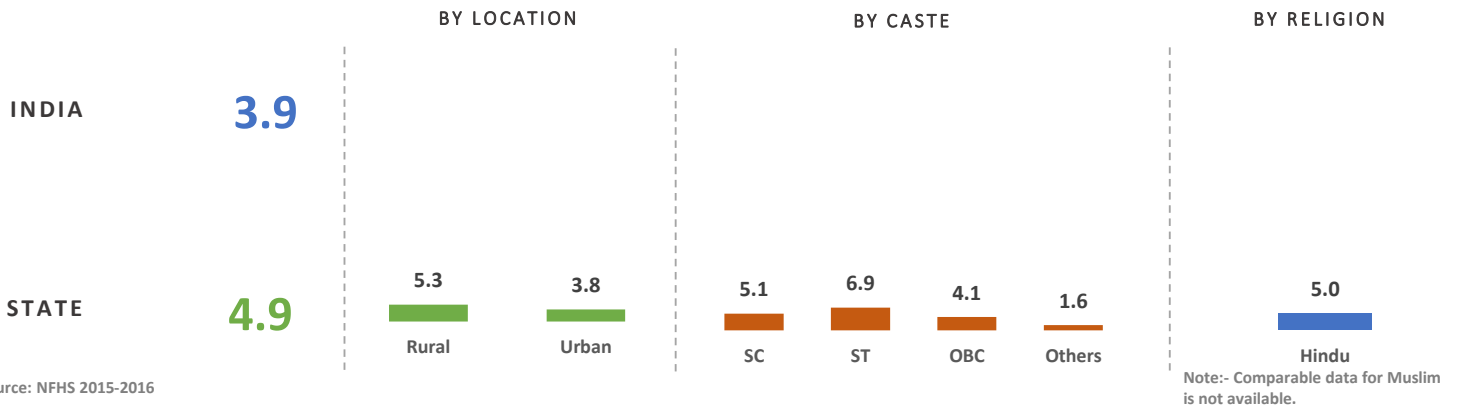
* Three Decisions

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

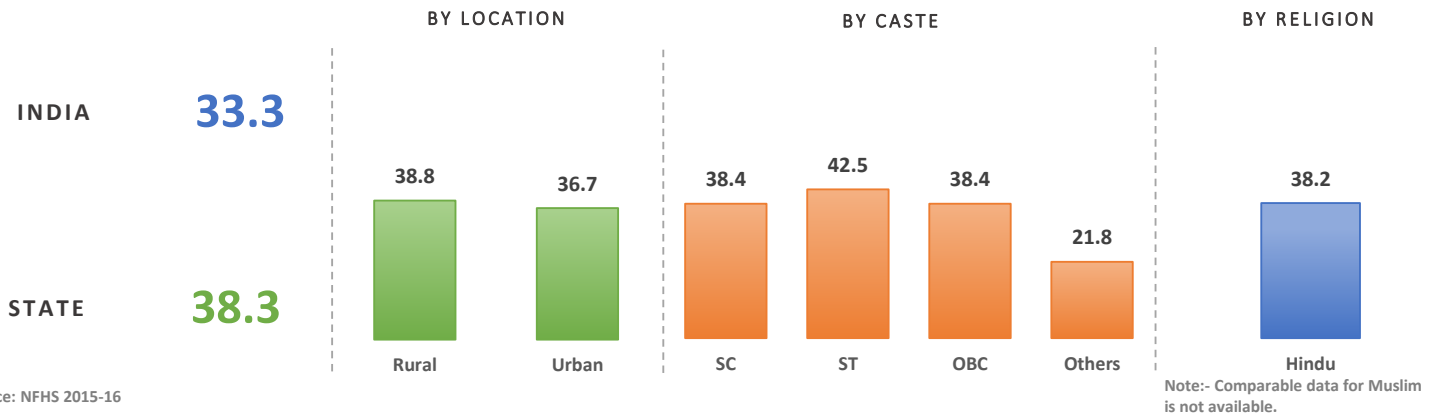
Source: NFHS 2015-16

- The state has more than 50% of women in its labour force. And comparatively a low unemployment rate in comparison to the country. However, this labour force takes into account both currently employed and non-employed women and so the actual proportion of unemployed women will be higher.
- Chhattisgarh has only 1% of women headed establishments in the country, with SC and Muslims contributing the least in this.
- Women were found to have more son preference than their male counterparts in Chhattisgarh.

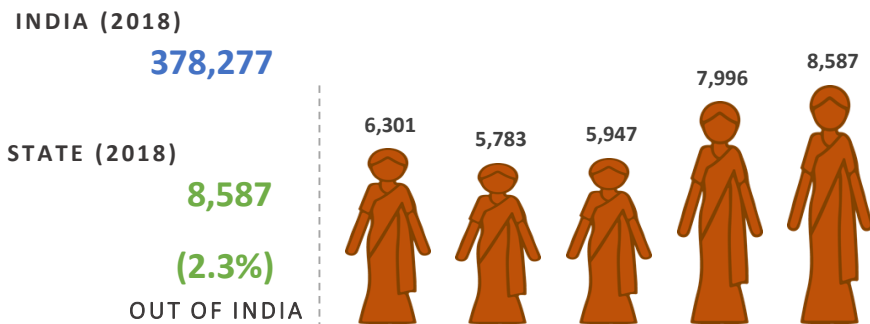
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



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



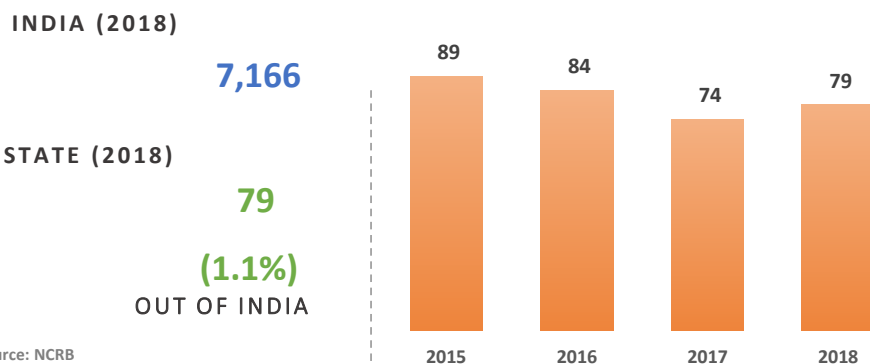
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



DOWRY DEATHS REPORTED (No.)



WOMEN TRAFFICKING CASES REPORTED (No.)



FEMALE SUICIDE CASES (No.)

INDIA **42,391**

STATE **2,067**

Source: ADSI 2018

FOETICIDES & INFANTICIDES REPORTED (No.)

| | INDIA | STATE |
|------------|------------|-----------|
| FOETICIDES | 128 | 10 |

| | | |
|--------------|-----------|----------|
| INFANTICIDES | 56 | 2 |
|--------------|-----------|----------|

Source: NCRB 2018

- The state has high incidence of violence against women and there has been a 36% increase in crimes against women from 2014 to 2018.
- The state ranks 18th with regard to crime against women which is a matter of urgent attention.

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



170,300

SHGs HAVING BANK ACCOUNT* (%)



NO DATA

SHGs HAVING CREDIT LINKED (%)



NO DATA

TOTAL VILLAGE ORGANIZATIONS FORMED



9,325

TOTAL CLUSTER LEVEL FEDERATIONS

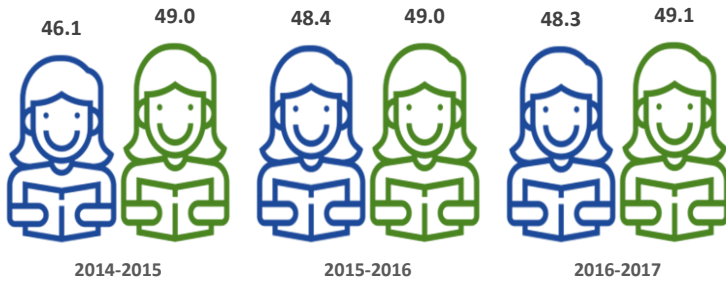


394

Source: Website of Chhattisgarh State Rural Livelihood Mission (Bihar) accessed on 19th Apr 2020

GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

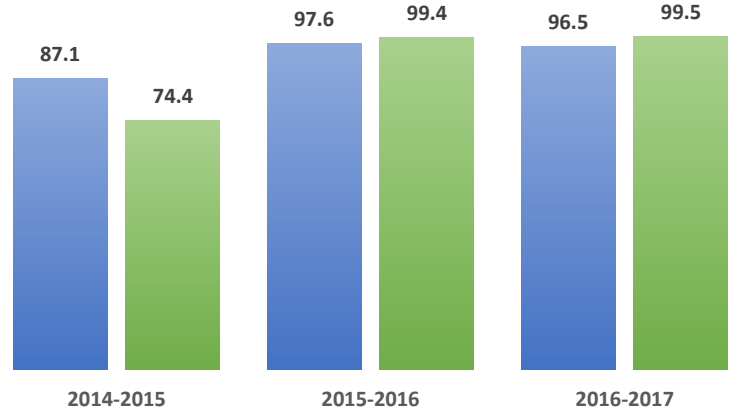
INDIA STATE



Source: U-Dise

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

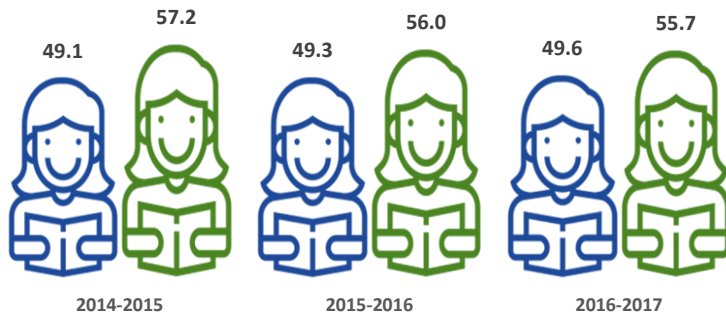
INDIA STATE



Source: U-Dise

GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

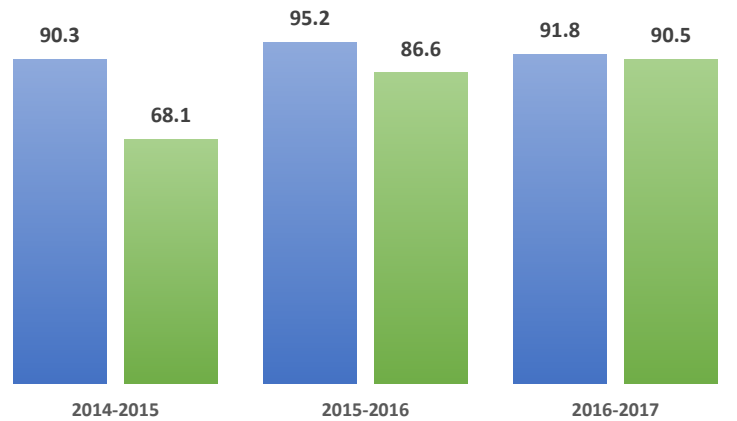
INDIA STATE



Source: U-Dise

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

INDIA STATE



Source: U-Dise

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