

# CHHATTISGARH FACTSHEET 2020



DEVELOPED BY:



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**OXFAM**  
India

THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

## BACKDROP

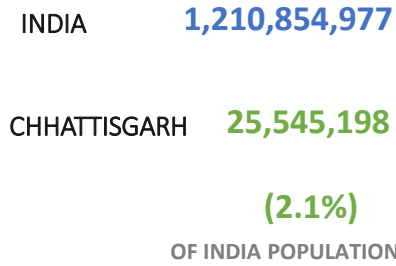
In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national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

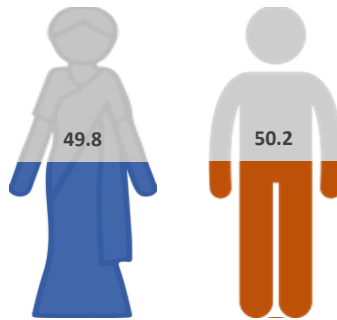
# STATE AT A GLANCE

## OVERALL POPULATION



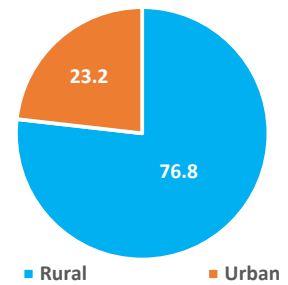
Source: Census 2011

## STATE POPULATION BY SEX (%)



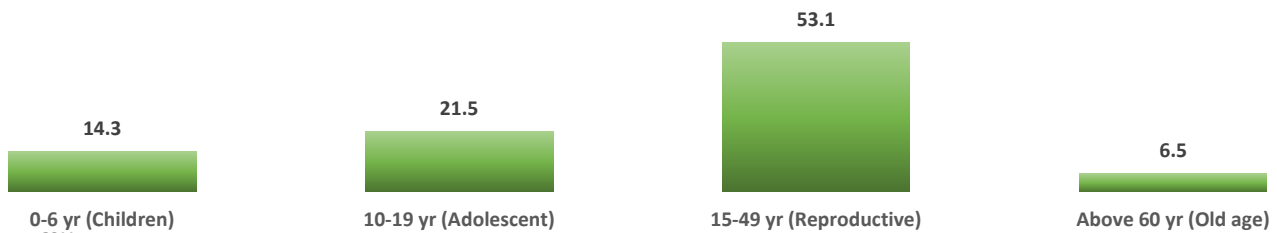
Source: Census 2011

## STATE POPULATION BY LOCATION (%)



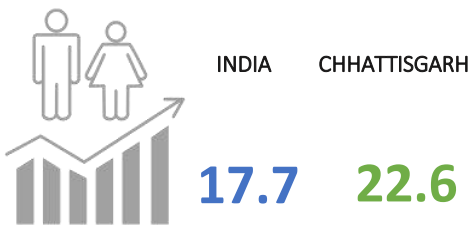
Source: Census 2011

## STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

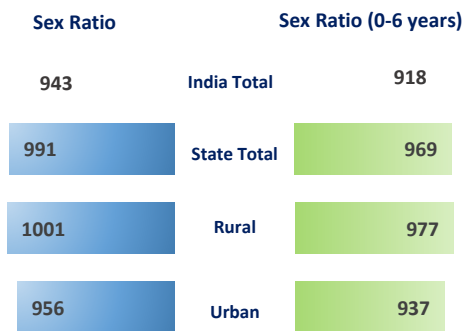
## \* DECADAL POPULATION GROWTH RATE (%)



\* Total population growth between 2001-2011

Source: Census 2011

## SEX RATIO (FEMALES PER 1000 MALES)



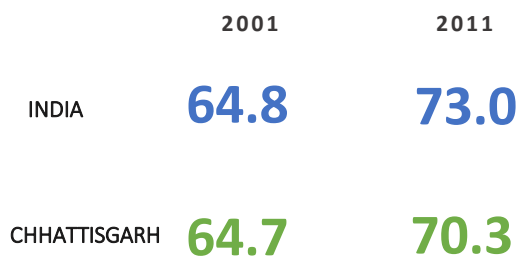
Source: Census 2011

## HEALTH INDEX (RANK)



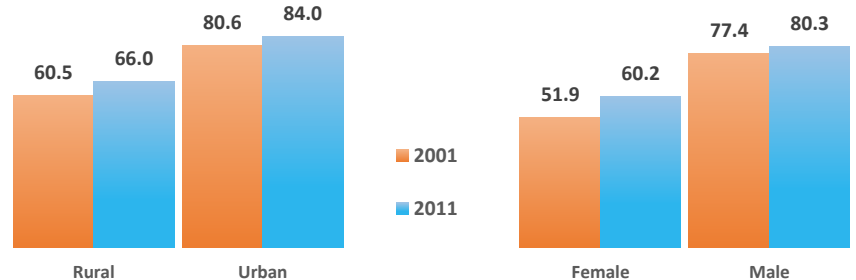
Source: Economic Survey 2020

## OVERALL LITERACY RATE (%)



Source: Census

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

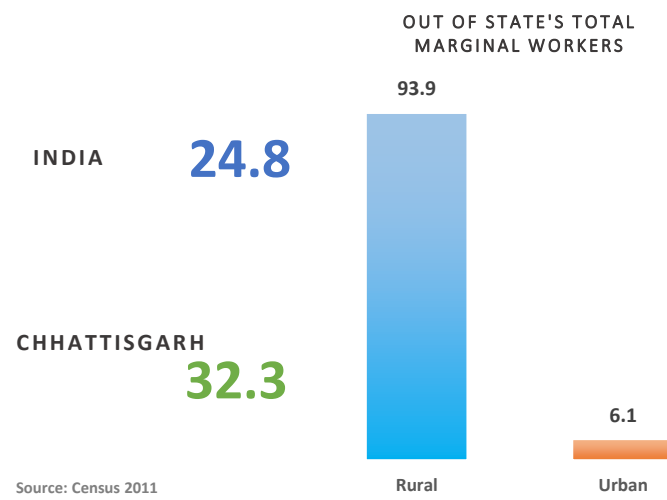
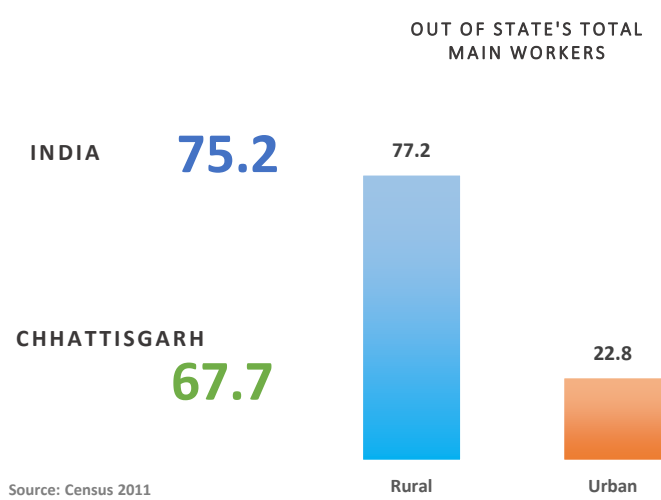


Source: Census

- 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 (%)



Source: Census 2011

Source: Census 2011

### ASPIRATIONAL DISTRICTS OF STATE WITH THEIR RANKS AS PER BASELINE\* CONDUCTED IN 2018

Name of the Districts	Composite Rank	Health Rank	Education Rank	Agriculture Rank	Financial Inclusion Rank	Skill Development Rank	Basic Infrastructure Rank
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

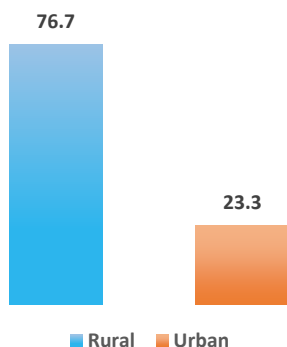
INDIA **201,378,372**

CHHATTISGARH **3,274,269**

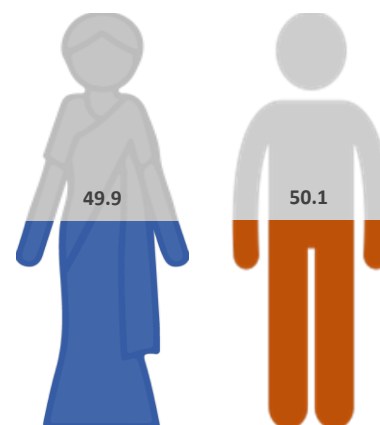
**(1.6%)**

Out of India's SC population

### SC POPULATION BY LOCATION (%)



### SC POPULATION BY SEX (%)



Source: Census 2011

### OVERALL SCHEDULE TRIBE (ST) POPULATION

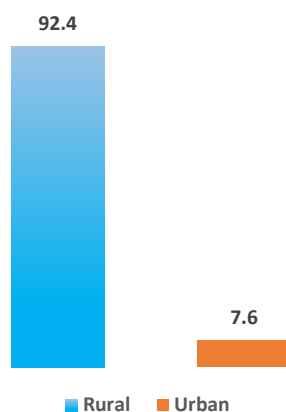
INDIA **104,545,716**

CHHATTISGARH **7,822,902**

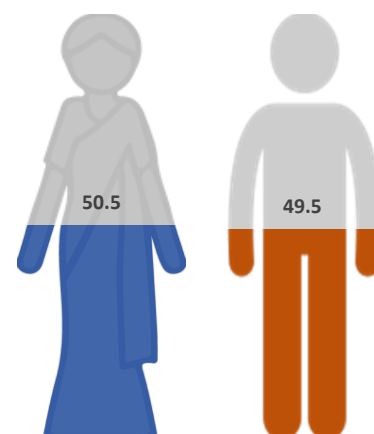
**(7.5%)**

Out of India's ST population

### ST POPULATION BY LOCATION (%)



### ST POPULATION BY SEX (%)



Source: Census 2011

### OVERALL MUSLIM POPULATION

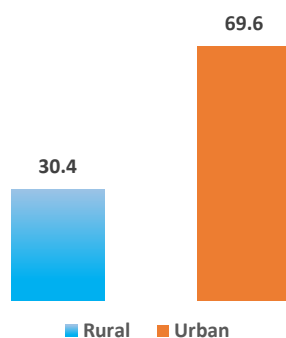
INDIA **172,245,158**

CHHATTISGARH **514,998**

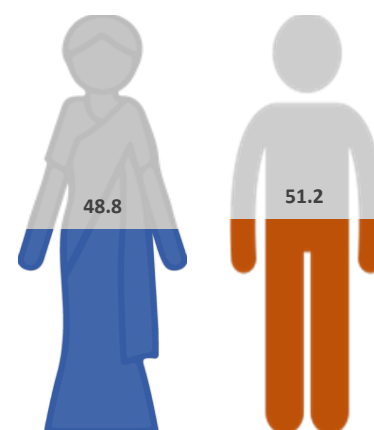
**(0.3%)**

Out of India's Muslim population

### MUSLIM POPULATION BY LOCATION (%)



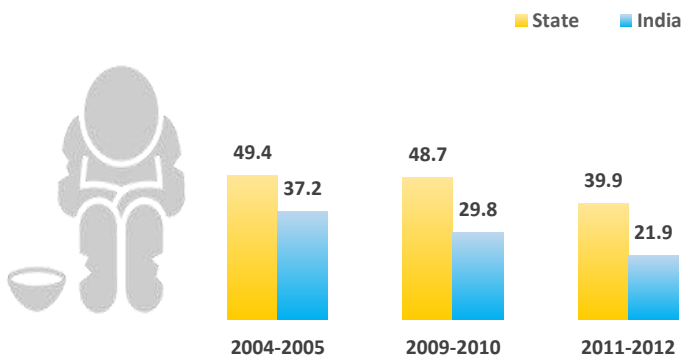
### MUSLIM POPULATION BY SEX (%)



Source: Census 2011

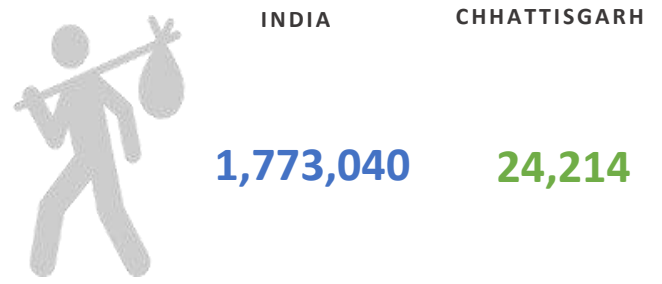
- The entire Scheduled tribe population and the scheduled caste population to some extent is primarily concentrated in the rural region with very little urban share.

POPULATION LIVING BELOW POVERTY LINE (%)



Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)

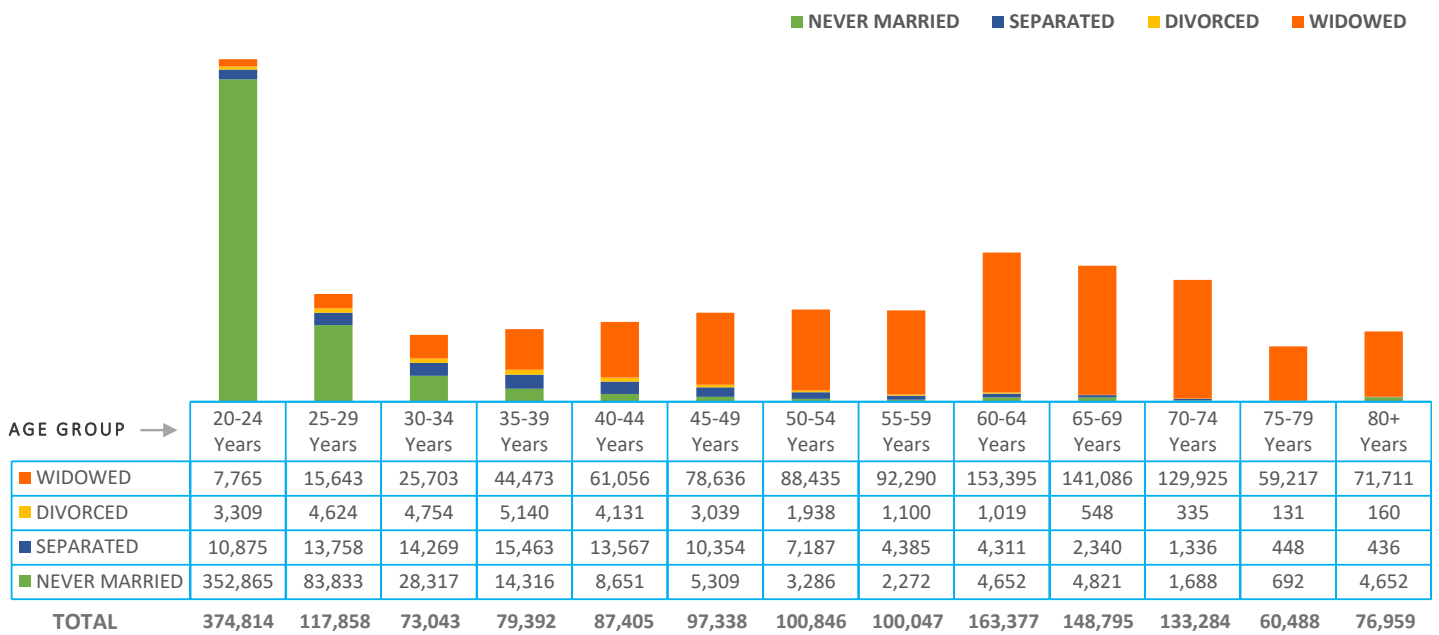


Source: Census 2011

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)

NO DATA

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

**26,814,994**

CHHATTISGARH'S TOTAL PERSON WITH DISABILITIES

**624,937**

(2.3%)

OUT OF WHICH

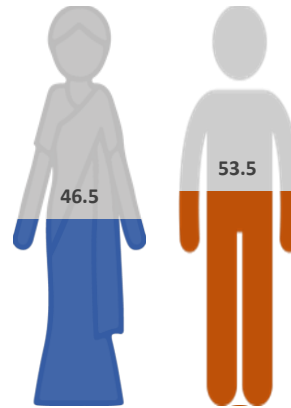
**2,116,698**

**71,957**

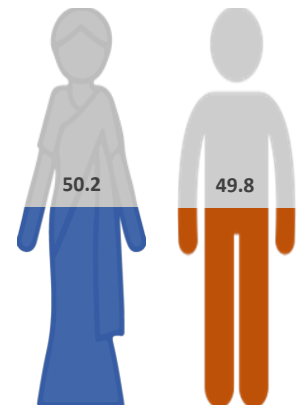
(3.4%)

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 (0-4 YEARS) WITH DISABILITIES

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

**1,291,637**

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

**21189**

(1.6%)

OUT OF WHICH

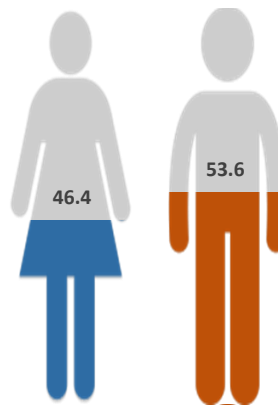
**78,662**

**2550**

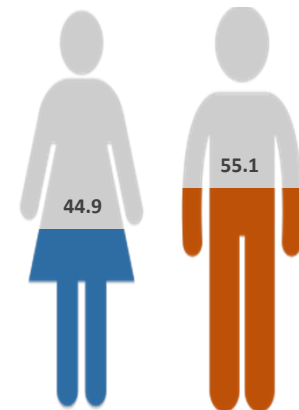
(3.2%)

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

**1,955,926**

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

**37,296**

(1.9%)

OUT OF WHICH

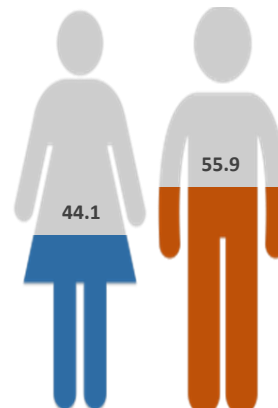
**187,492**

**5,873**

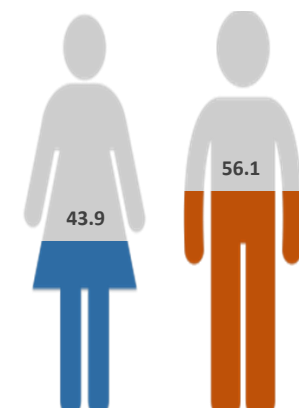
(3.1%)

REPORTED MULTIPLE DISABILITIES

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



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



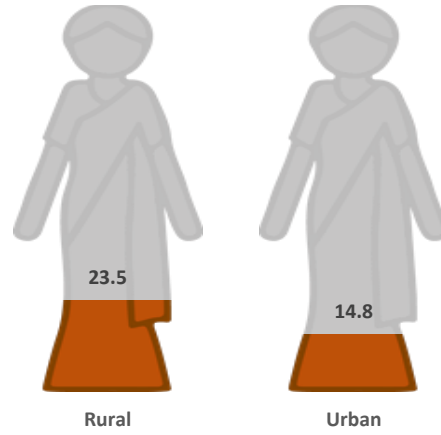
Source: Census 2011

- 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 (%)



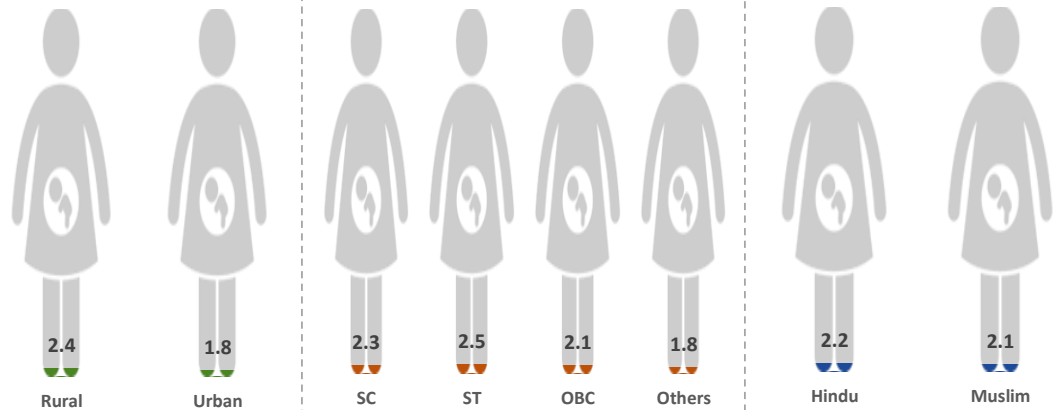
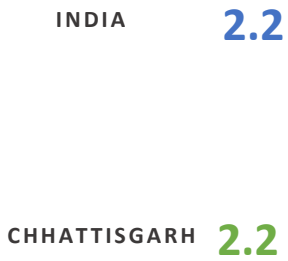
Source: NFHS 2015-2016

### TOTAL FERTILITY RATE (%)

#### BY LOCATION

#### BY CASTE (%)

#### BY RELIGION



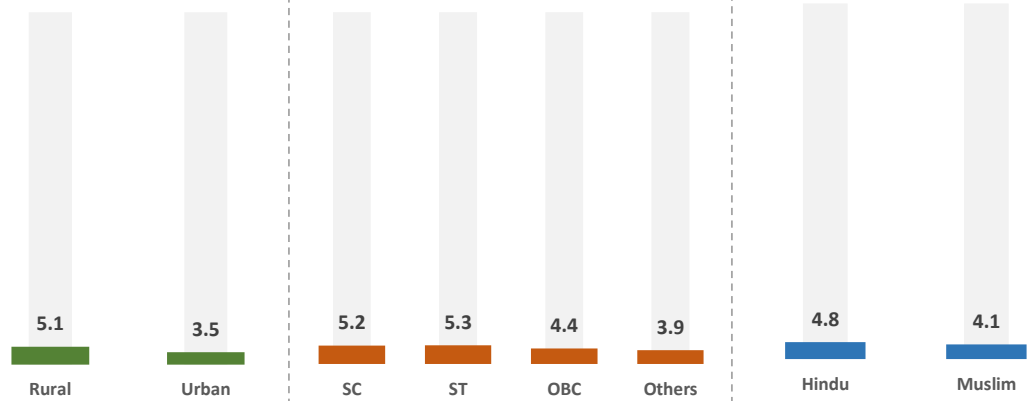
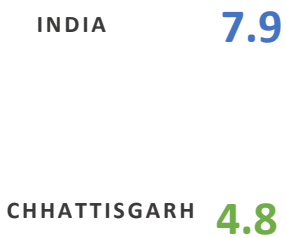
Source: NFHS 2015-2016

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

#### BY LOCATION

#### BY CASTE

#### BY RELIGION

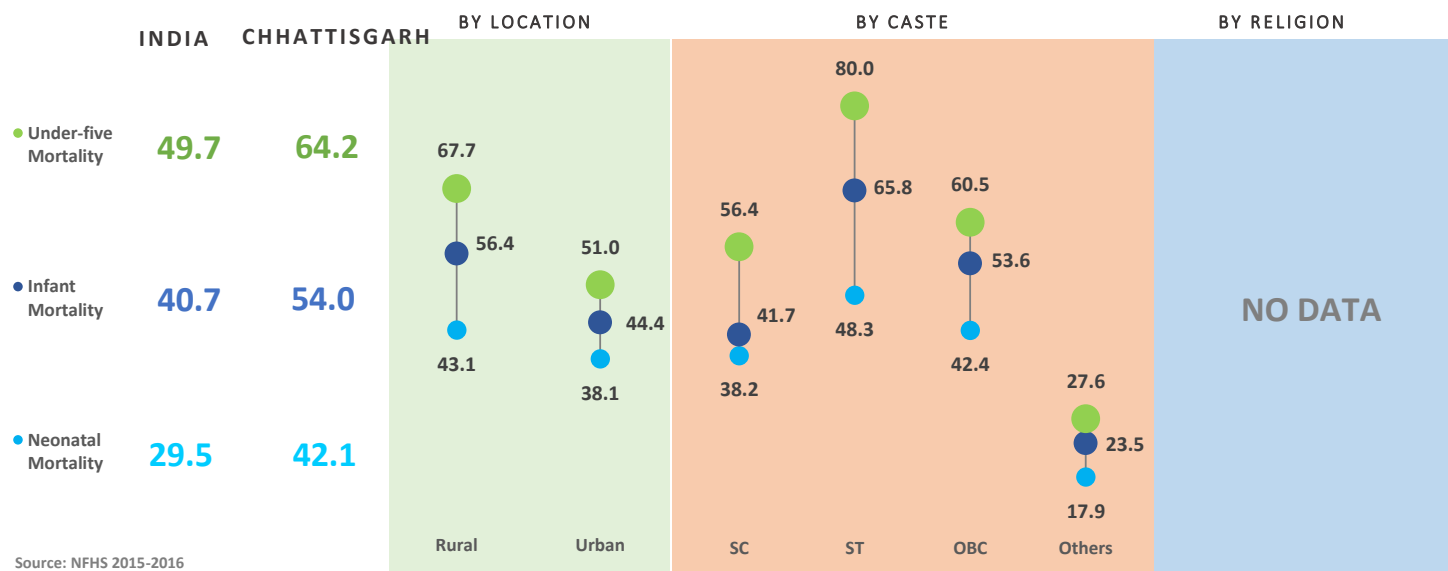


Source: NFHS 2015-2016

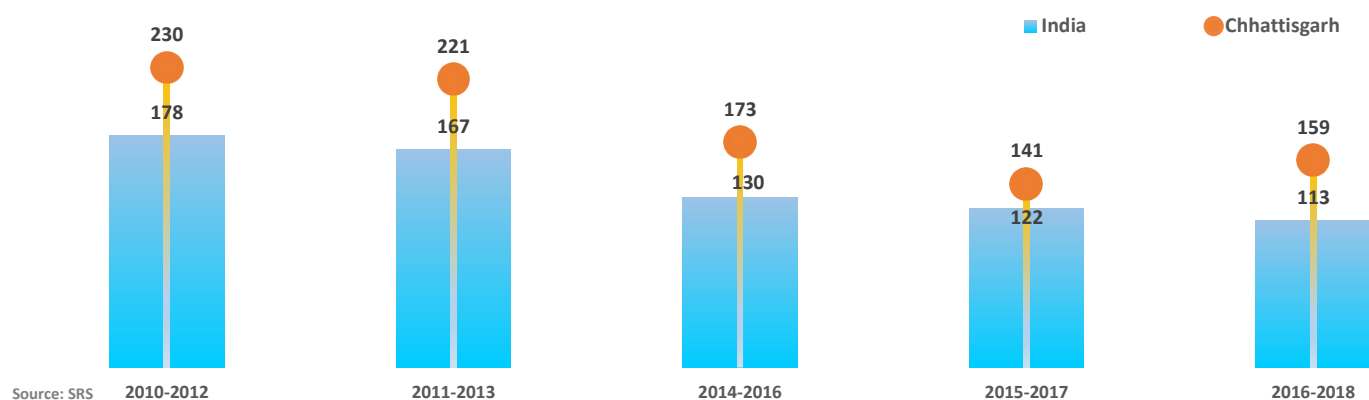
- Early marriage, though less than the national figure continues to happen, especially in the rural areas which is higher than the state figure.
- The TFR rate is yet to reach the replacement level and is highest among the Scheduled tribe population in Chhattisgarh

## MORTALITY

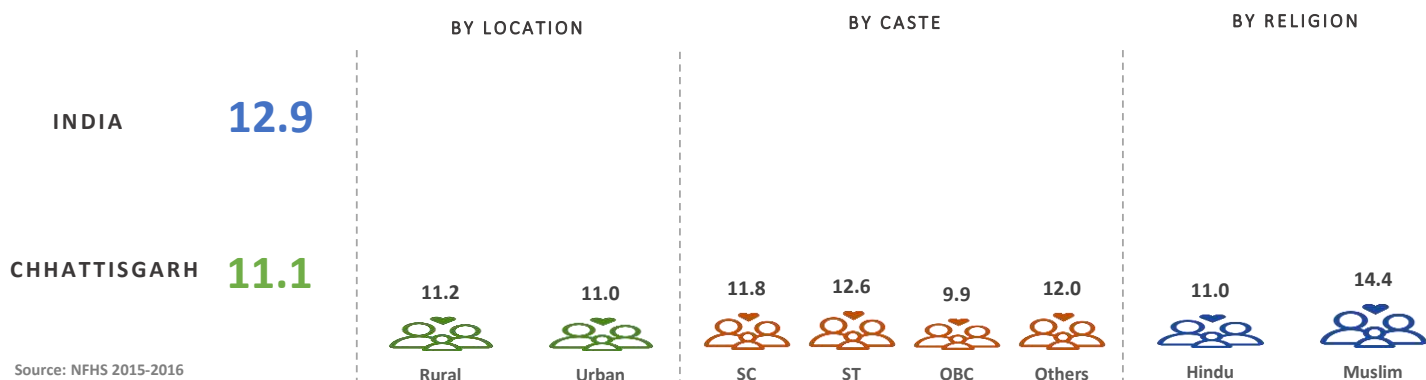
### MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



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



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

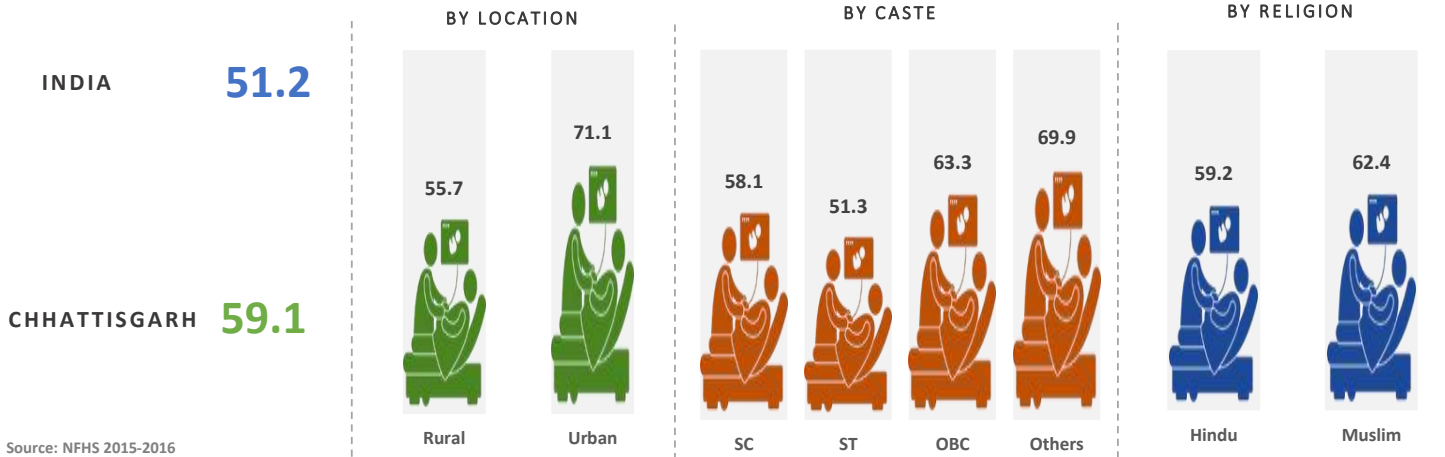


\* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

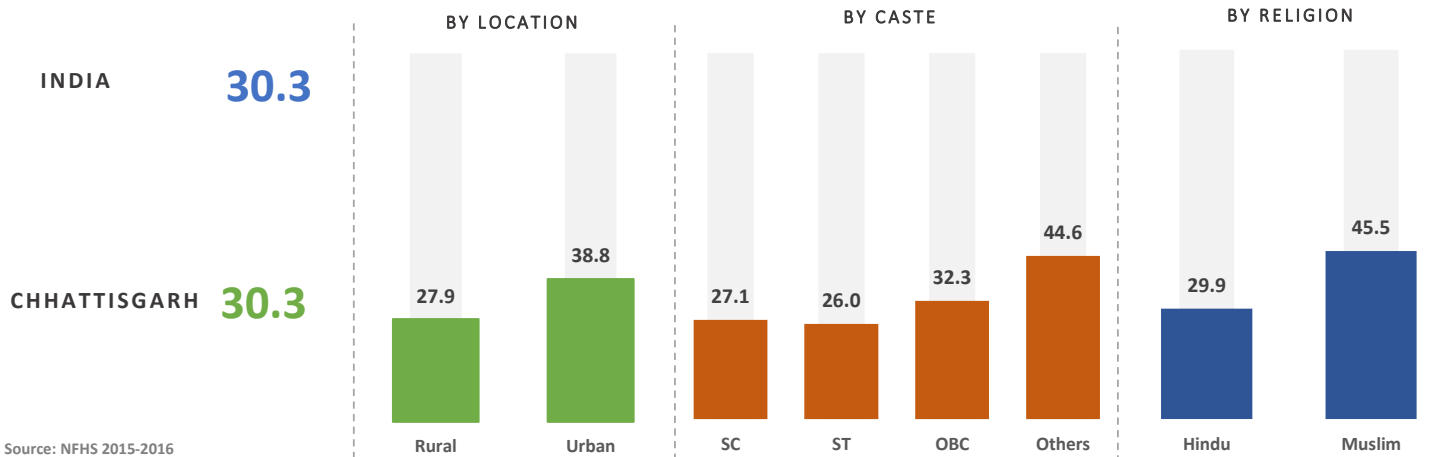
- High Child mortality rates (neonatal, infant and under-5) in rural areas, and especially high rates among the scheduled tribe population.
- Maternal mortality rate has reduced substantially, though continues to be much higher than the country figure.
- Prevalence of high unmet need among Muslim women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

MATERNAL CARE

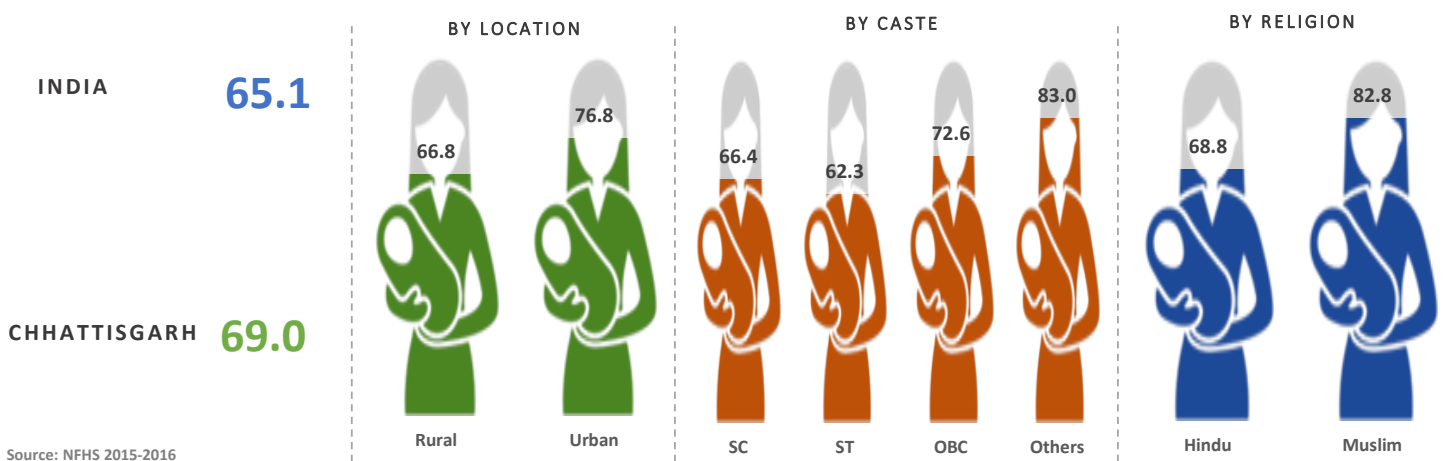
MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



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



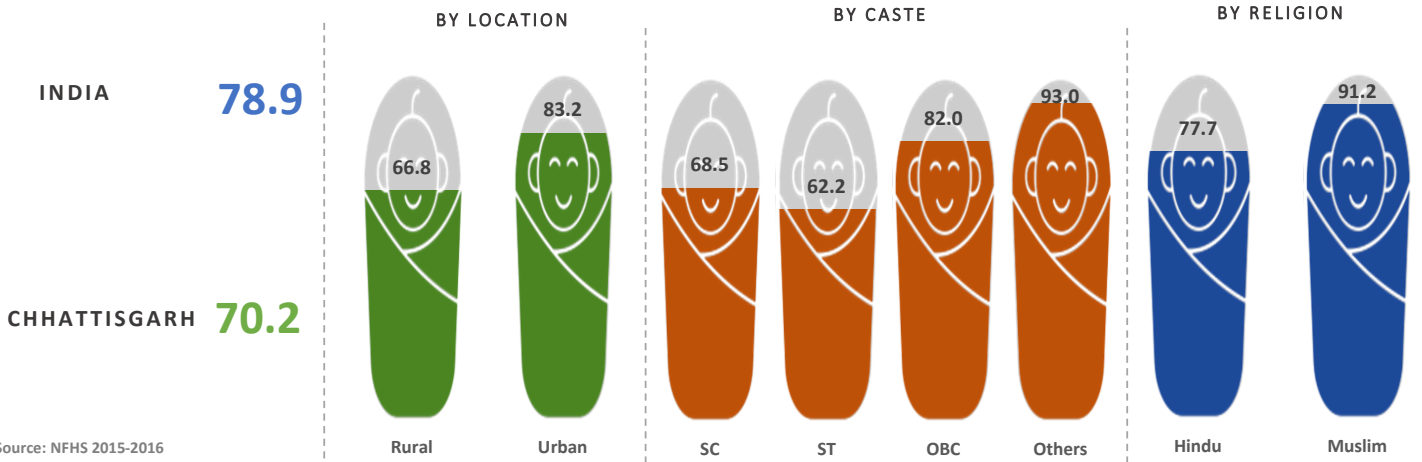
MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)



• 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



CHHATTISGARH

17.2

9.9



CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)

INDIA

62.0

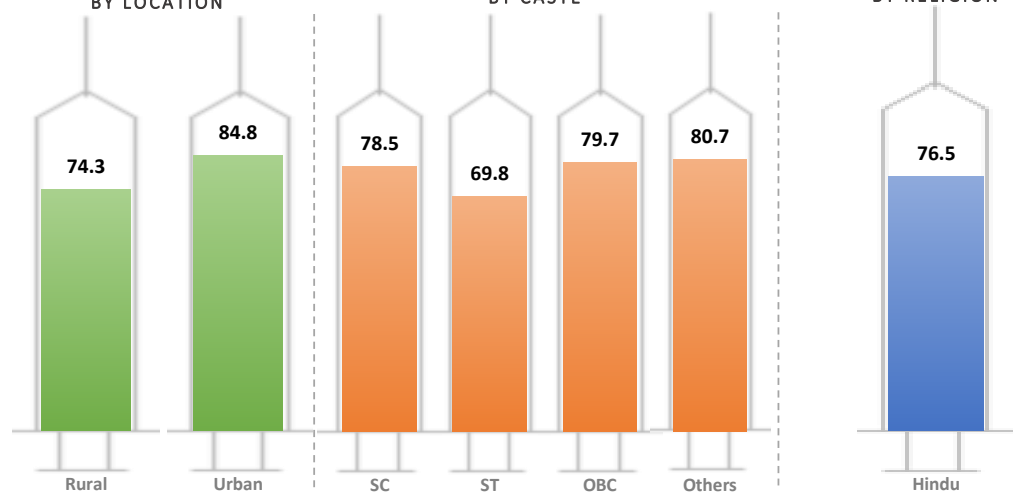
BY LOCATION

CHHATTISGARH

76.4

BY CASTE

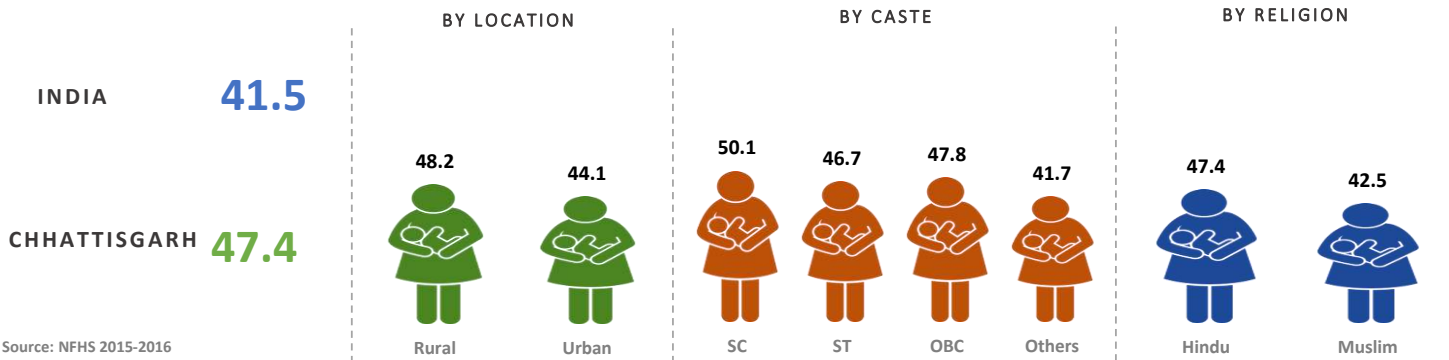
BY RELIGION



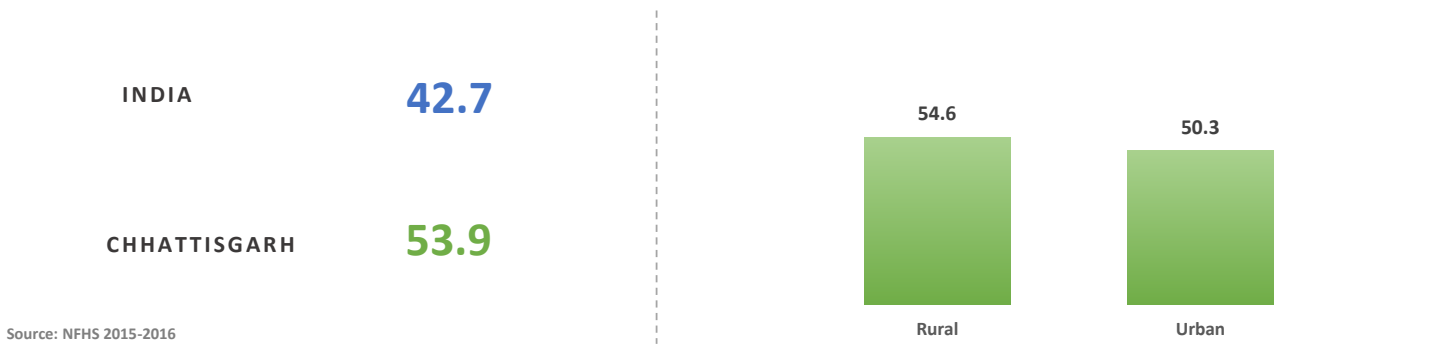
- Institutional delivery is a concern among the Scheduled Tribe population and also in rural areas.
- Even though immunisation figures of the state are higher than the national figures, it is quite low for the scheduled tribes and for the rural populace.

## CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

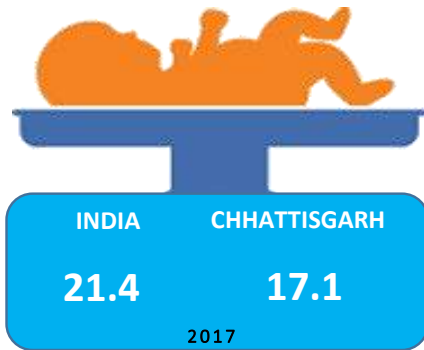
### CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



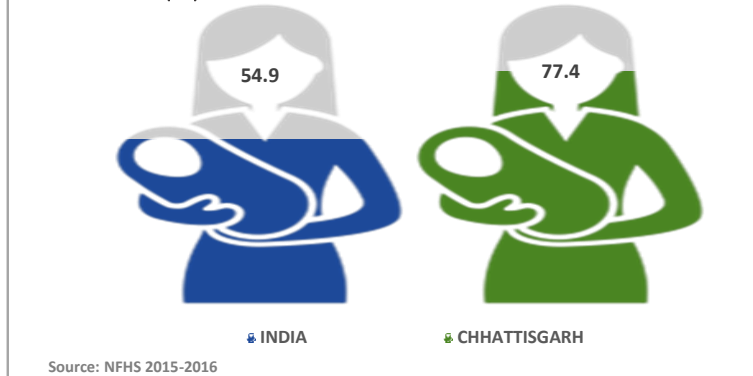
### CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



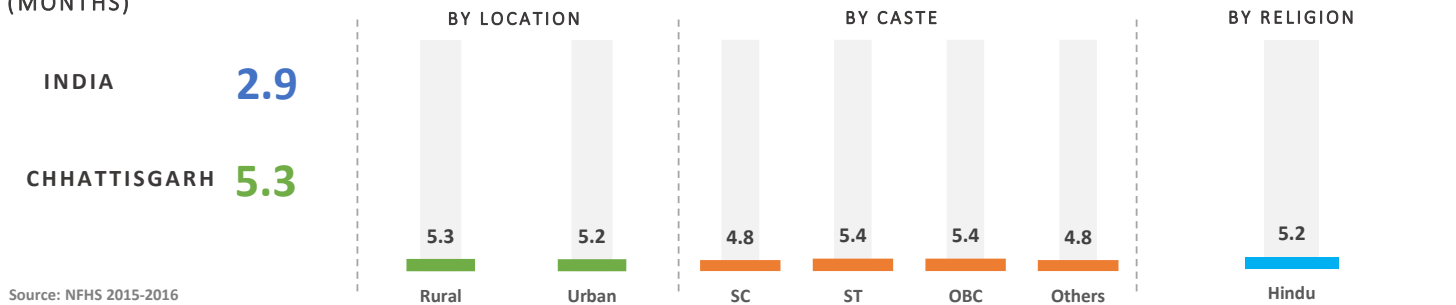
### PREVALENCE OF LOW BIRTHWEIGHT (%)



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



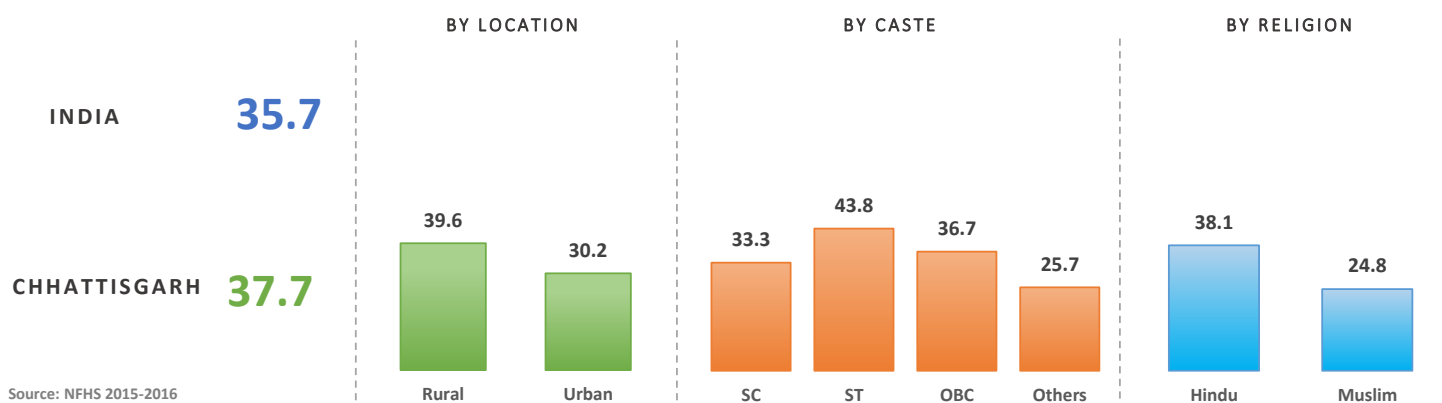
### MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING AMONG LAST-BORN CHILDREN BORN IN THE LAST THREE YEARS (MONTHS)



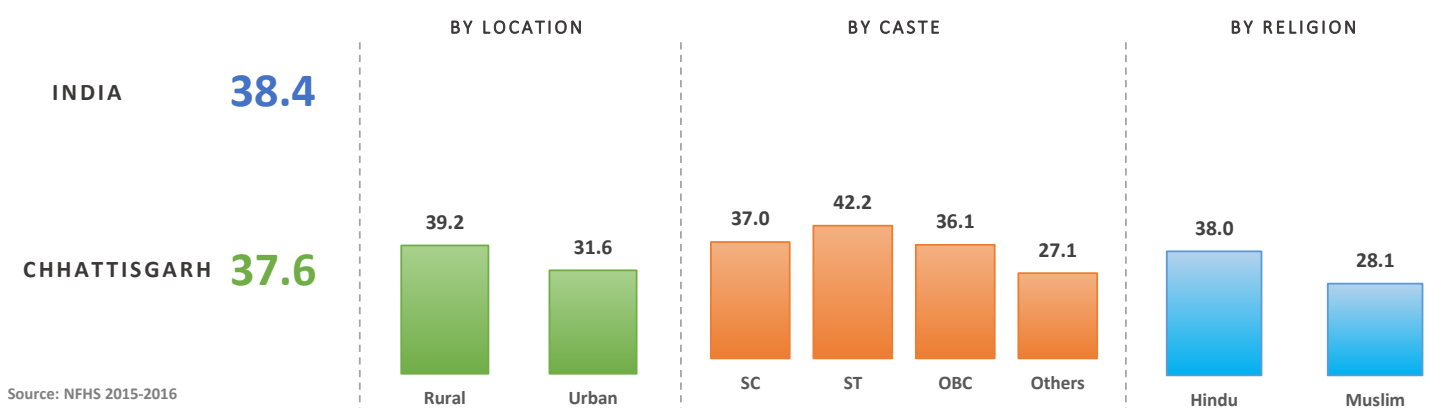
Note:- Comparable data for Muslim is not available.

- 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.

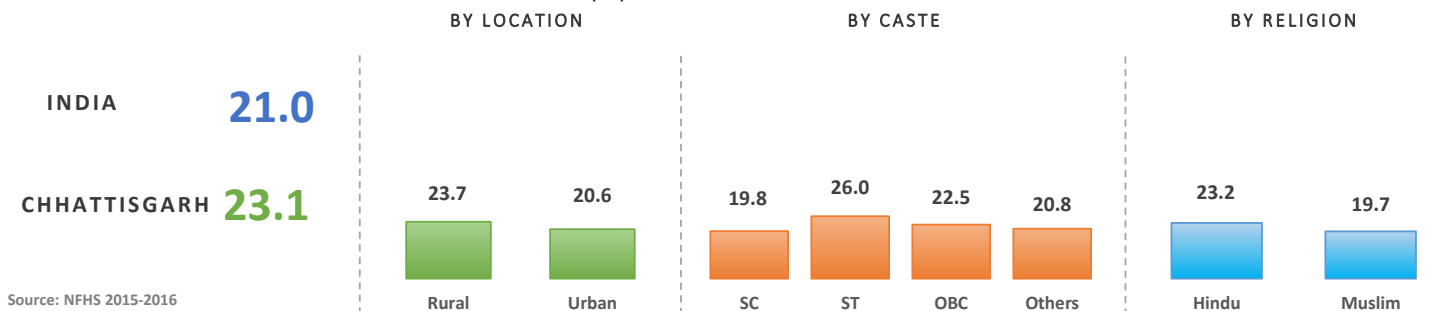
### CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)



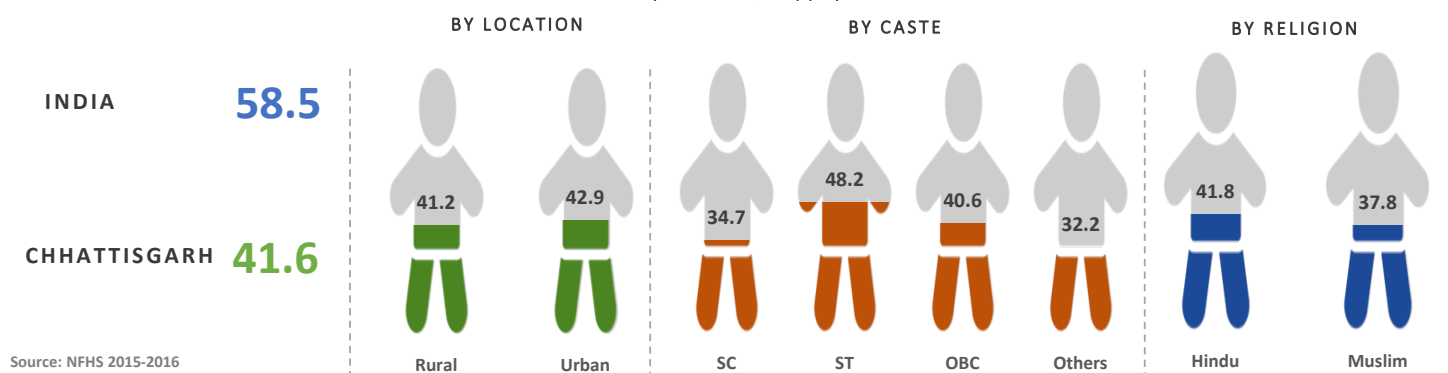
### CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)



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



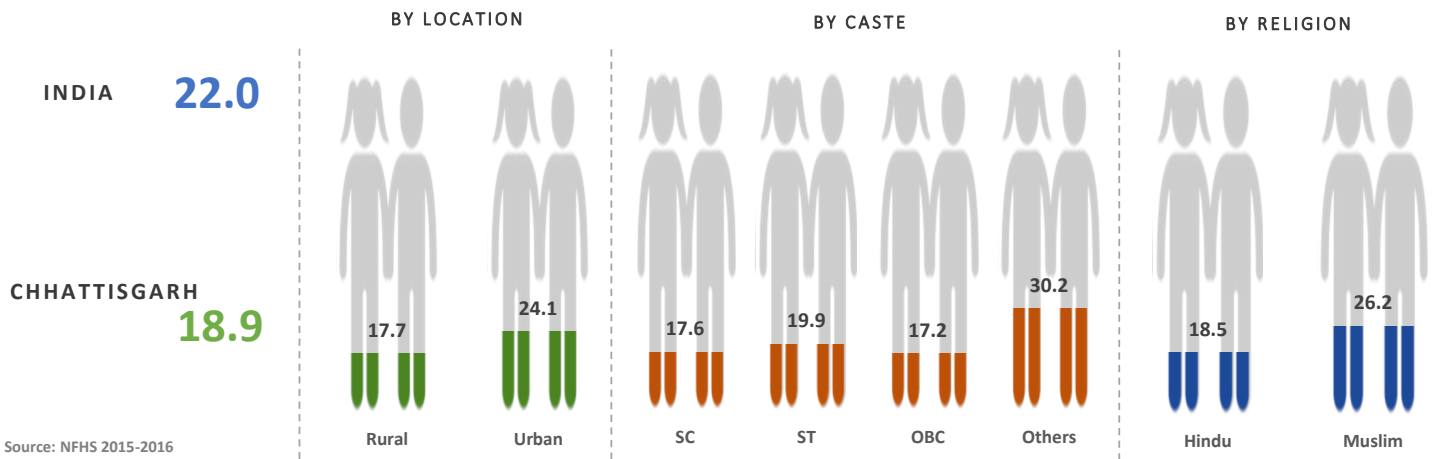
### CHILDREN AGE 6-59 MONTHS WHO ARE ANAEMIC (<11.0 G/DL)(%)



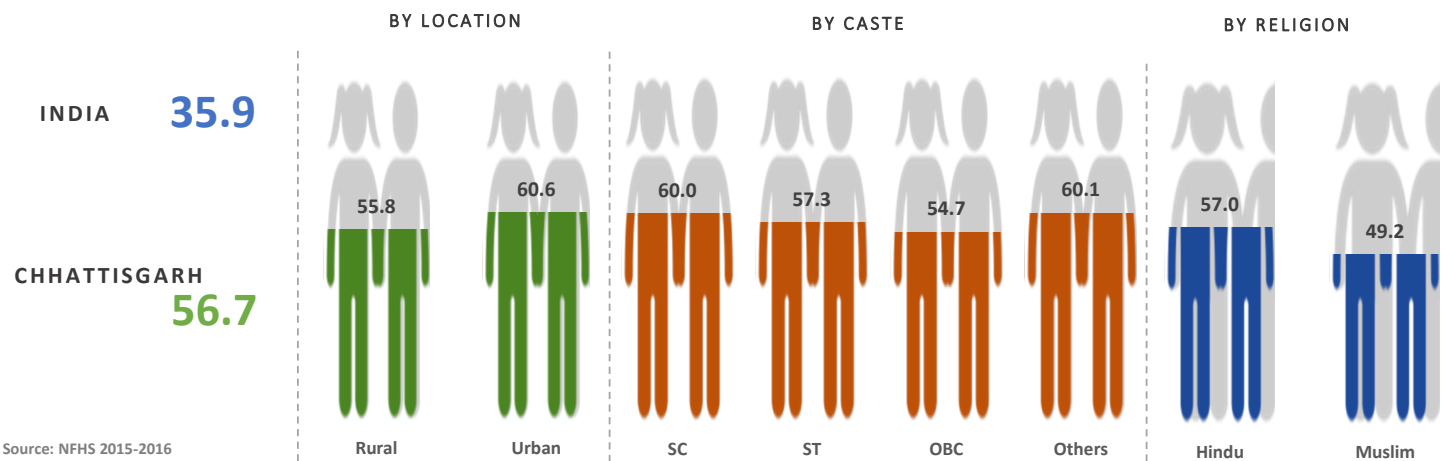
• The nutritional status of the state's children is more or less at par with the country's status but the situation is worrisome in the rural areas and especially among the scheduled tribes and the Hindu population. Similar is the status of the children's anemic condition.

## DIETARY DIVERSITY PATTERN

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



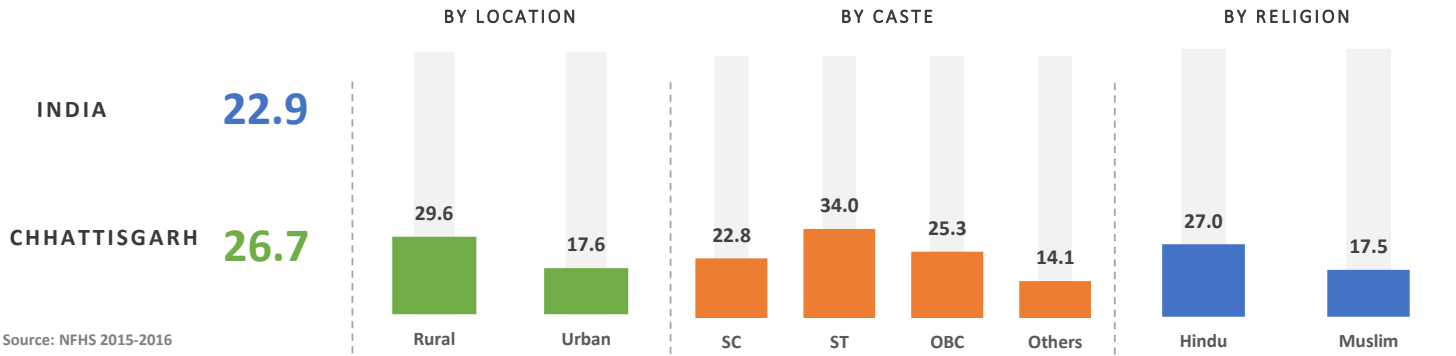
### 6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)



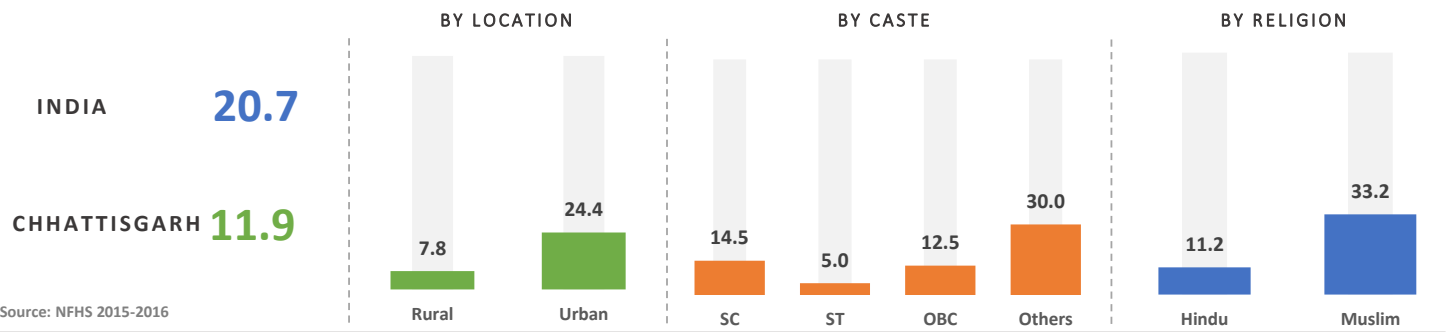
- While Chhattisgarh far outperforms the country with regard to minimum meal frequency, it is yet to focus on improving the food diversity among its children. Feeding of 4+ food groups is quite low and more so especially in the rural areas and among the OBC population.

## NUTRITIONAL STATUS OF WOMEN AND MEN

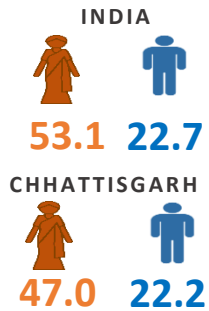
### WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M<sup>2</sup> ) (%)



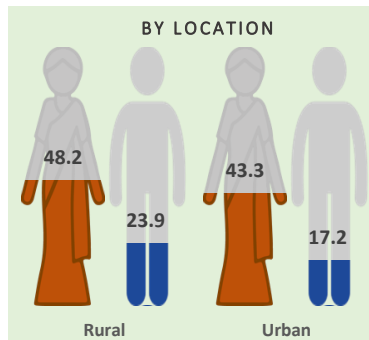
### WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M<sup>2</sup> ) (%)



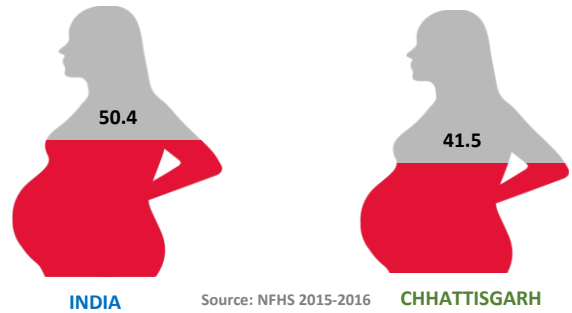
### WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



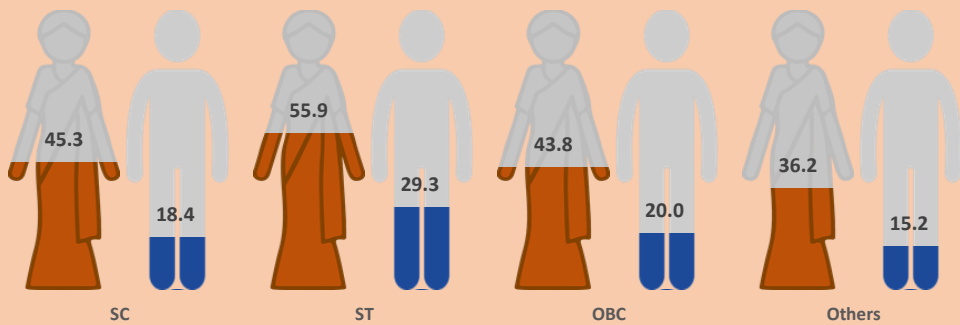
Source: NFHS 2015-2016



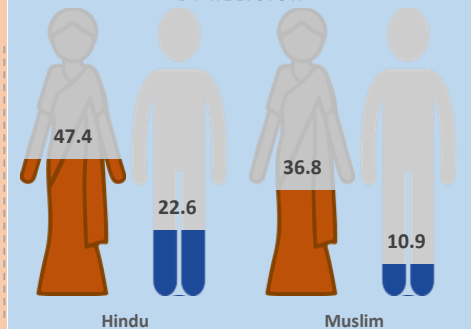
### PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



### BY CASTE



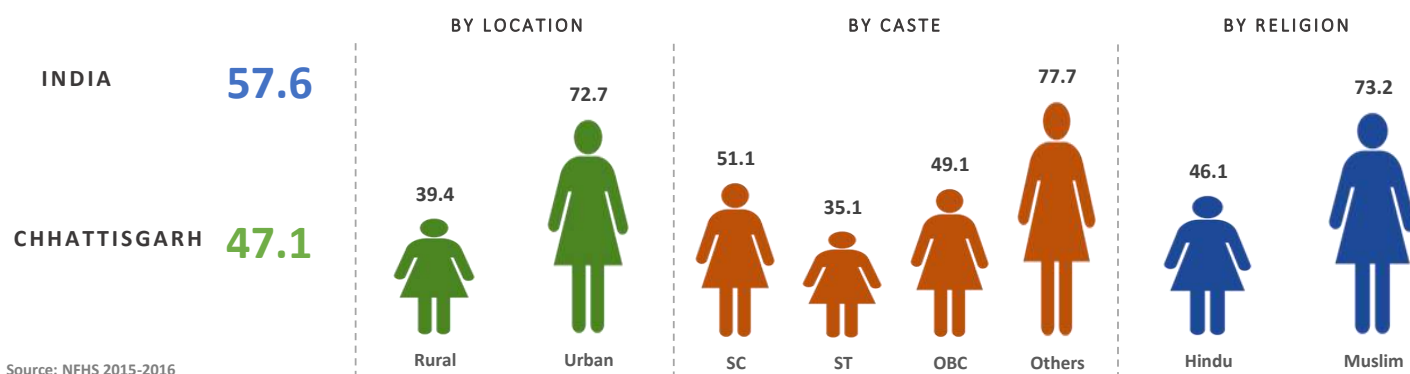
### BY RELIGION



- 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

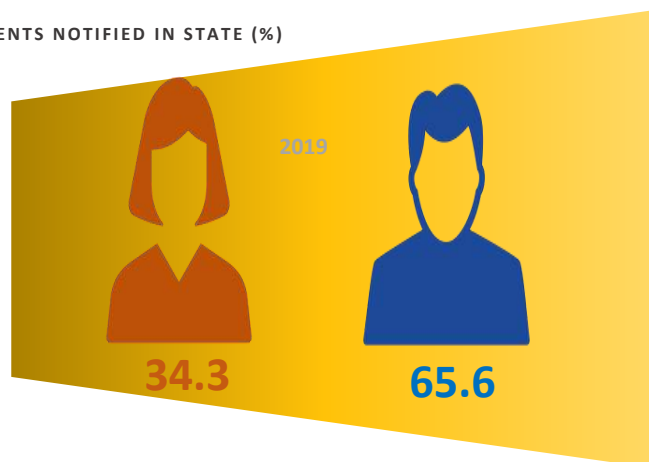
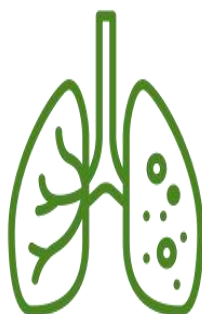
PERSONS SUFFERING FROM TUBERCULOSIS

OUT OF TB PATIENTS NOTIFIED IN STATE (%)

INDIA **2,404,815**

CHHATTISGARH **43,718**

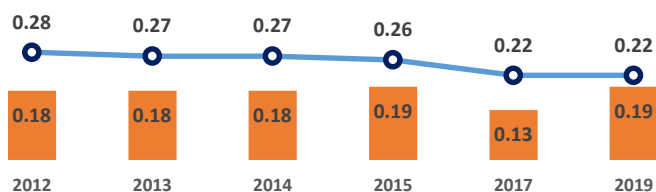
**1.8%** OUT OF TB PATIENTS NOTIFIED IN INDIA



Source: India TB Report 2020

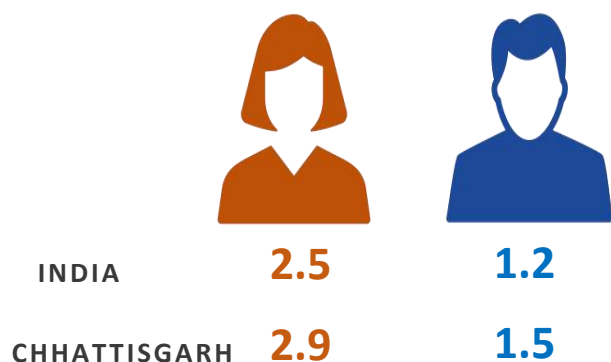
PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

CHHATTISGARH INDIA



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

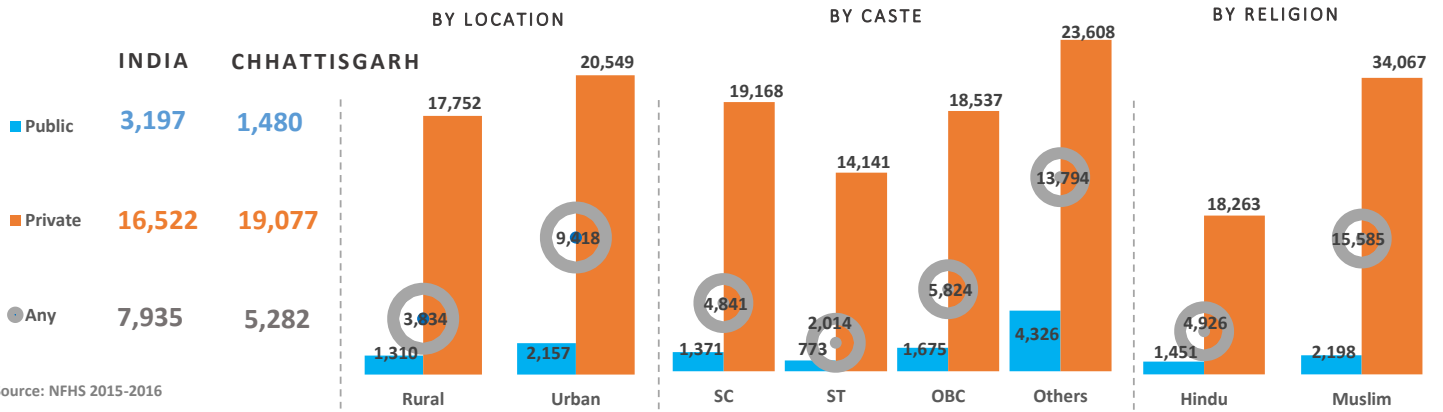
GOVERNMENT HEALTH EXPENDITURE (% OF TOTAL HEALTH EXPENDITURE)

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



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

- Out of pocket expenditure in health amounts to about a massive 56% 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	Chhattisgarh
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 (%)

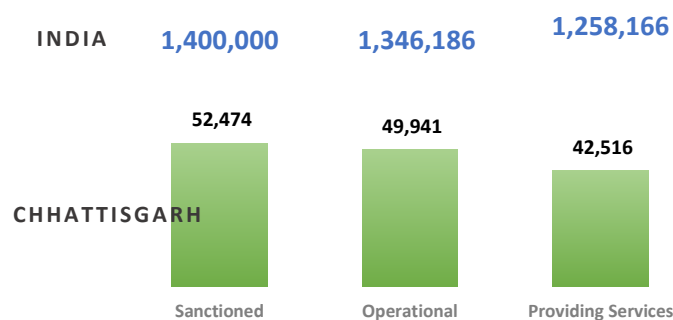
	India	Chhattisgarh
Anganwadi Workers	4.7	2.8
ASHA	Surplus	0.0
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	59.5
Specialists at CHCs	81.8	91.0

(as on 1st July 2019)

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

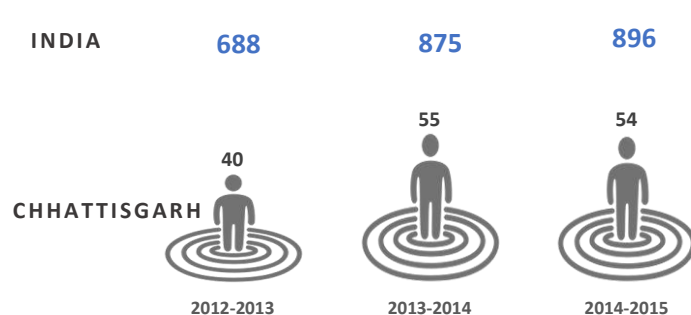
Source: Rural Health Statistics 2019

### NUMBER OF AWCs



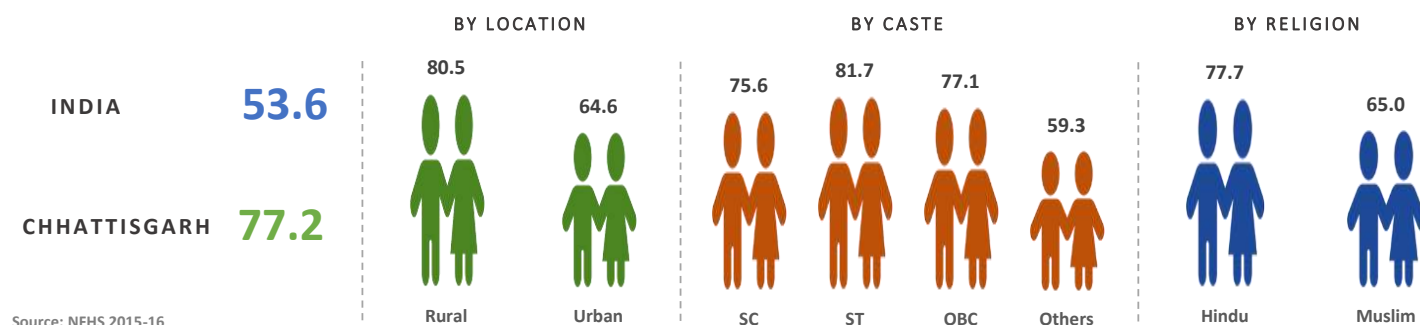
Source: Status report of ICDS as on 31st March 2015

### NUMBER OF NUTRITIONAL REHABILITATION CENTRES



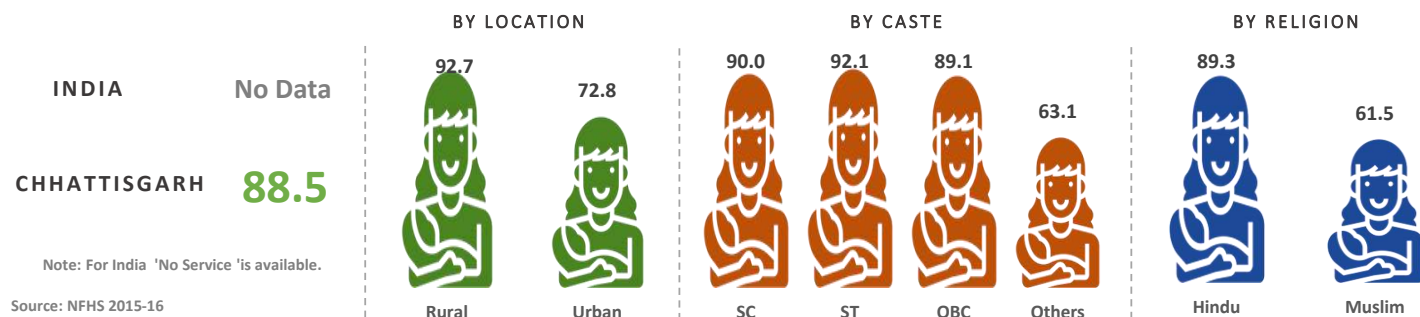
Source: PIB 2012-13, 2013-14 & 2014-15

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



Source: NFHS 2015-16

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

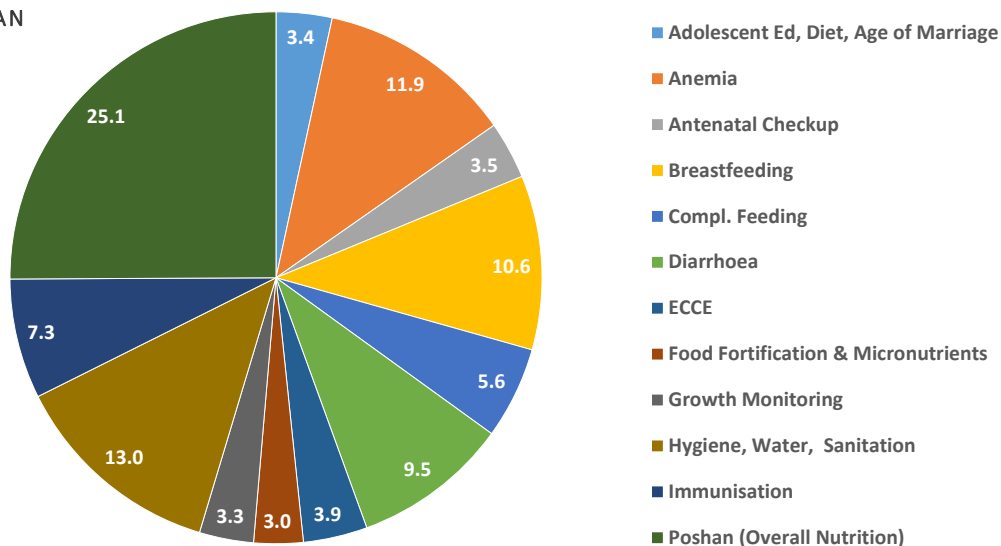


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state has comparatively a good health facility expense 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)

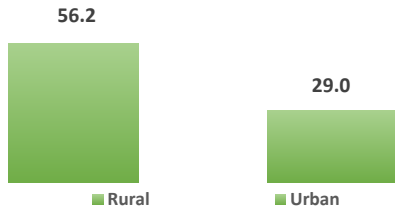
Activity type	State Value (%)	India Value (%)
Home Visits	28.3	14.4
Anemia Camp	4.5	1.5
CBE-Community Based Events (ICDS)	6.3	22.3
Community Radio Activities	0.9	0.3
Cooperative/Federation	1.4	0.2
Cycle Rally	4.4	0.3
DAY-NRLM SHG Meet	3.6	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	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 (%)

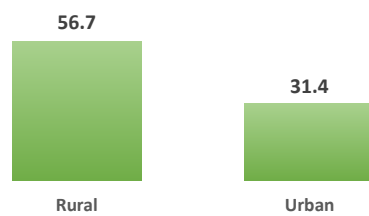
INDIA **25.0** CHHATTISGARH **50.9**



Source: Annual Report PLFS 2018-19

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

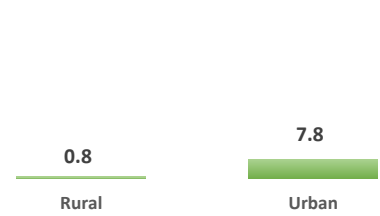
INDIA **26.5** CHHATTISGARH **51.7**



Source: Annual Report PLFS 2018-19

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

INDIA **5.5** CHHATTISGARH **1.6**



Source: Annual Report PLFS 2018-19

## WOMEN HEADED ESTABLISHMENTS

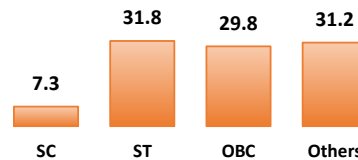
INDIA **8,050,819** CHHATTISGARH **77,976**

1.0% Out of India's Women Headed Establishments

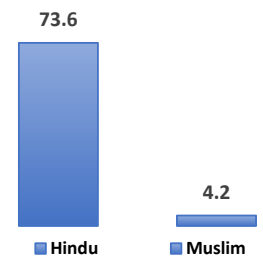
10.1% Out of State's Total Establishments - Agriculture & Non-Agriculture

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 (%)

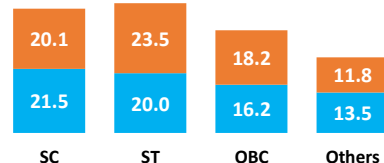
INDIA CHHATTISGARH

BY LOCATION

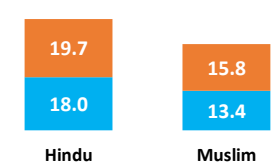
MALE **18.7** **17.9**  
FEMALE **18.8** **19.5**



BY CASTE



BY RELIGION

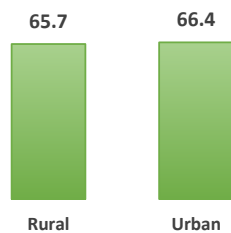


Source: NFHS 2015-2016

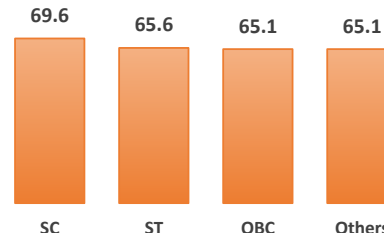
## CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS\* (%)

INDIA **63.0**  
CHHATTISGARH **65.9**

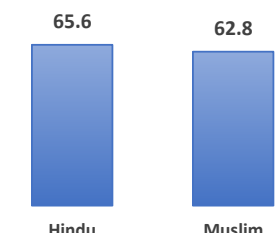
BY LOCATION



BY CASTE



BY RELIGION

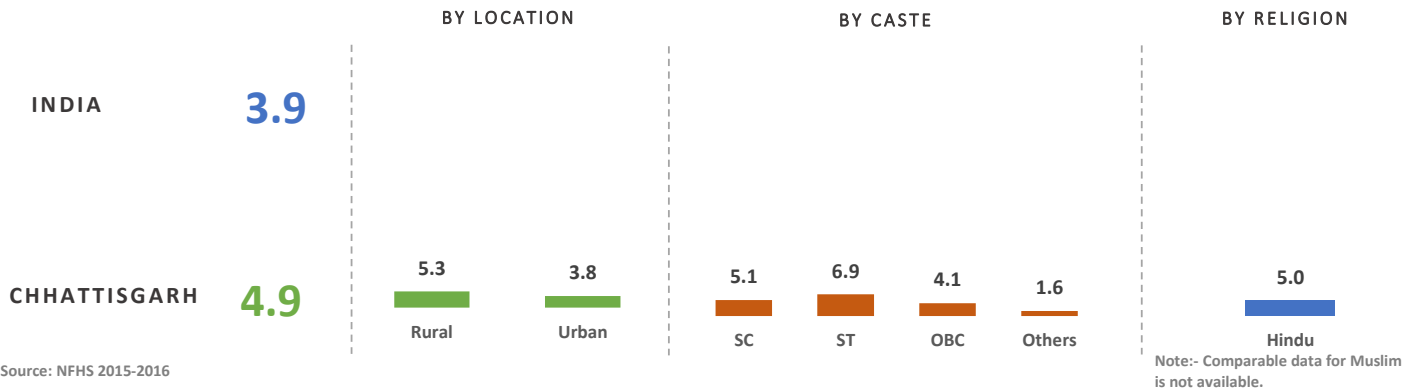


Source: NFHS 2015-16

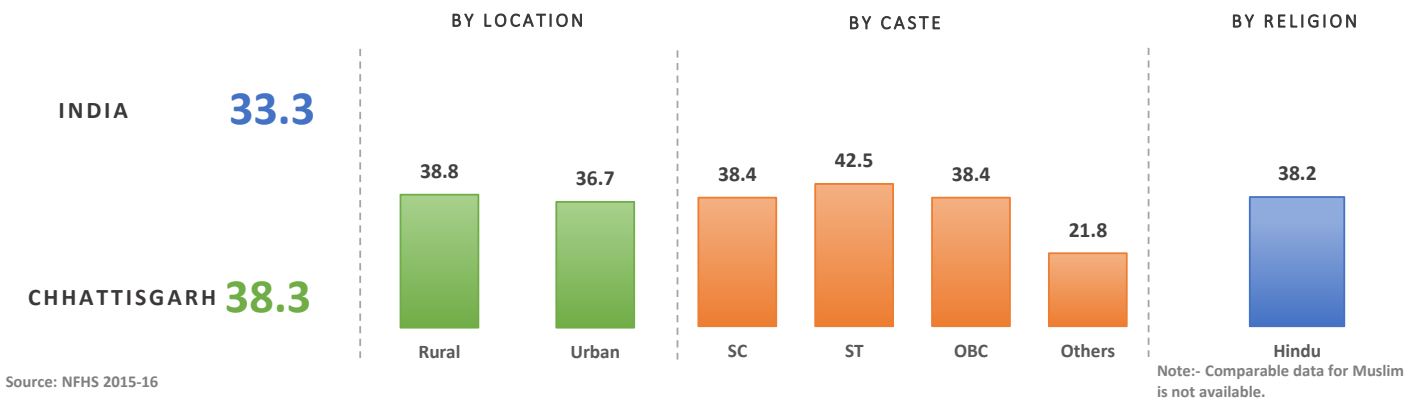
\* Three Decisions  
Own health care  
Making major household purchases  
Visits to her family or relatives

- 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.

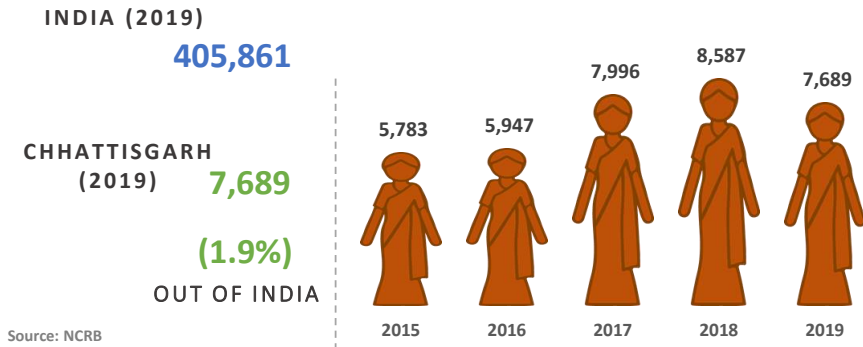
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



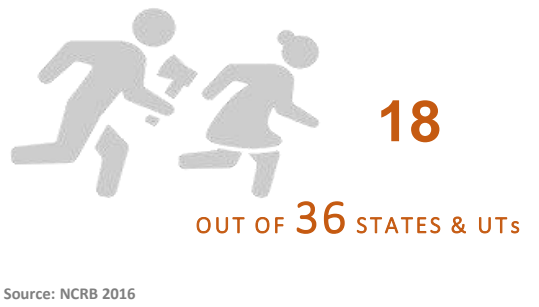
WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)



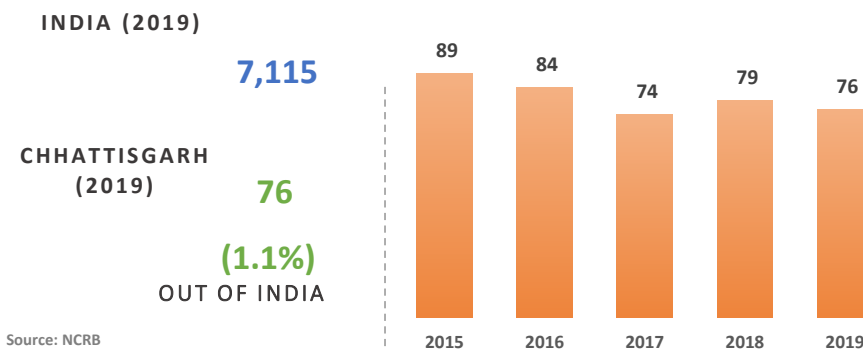
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



DOWRY DEATHS REPORTED (No.)



WOMEN TRAFFICKING CASES REPORTED (No.)



FEMALE SUICIDE CASES (No.)

INDIA	41,493
CHHATTISGARH	2,109

Source: ADSI 2019

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	CHHATTISGARH
FOETICIDES	173	15
INFANTICIDES	73	10

Source: NCRB 2019

- The state has high incidence of violence against women but there has been a decrease in crimes against women from 2018 to 2019.
- 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**

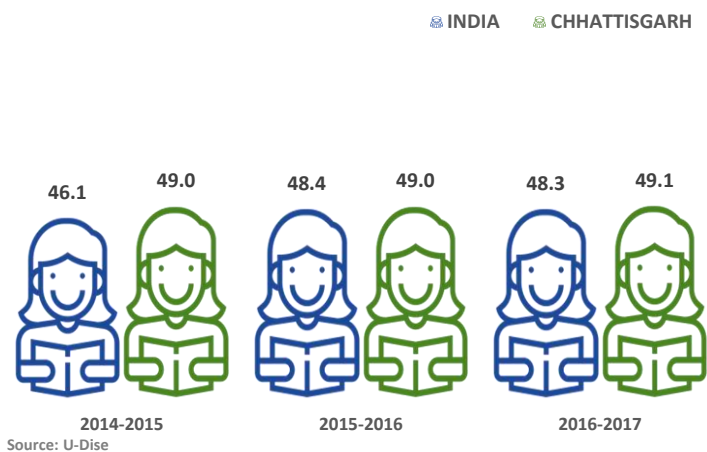
#### TOTAL CLUSTER LEVEL FEDERATIONS



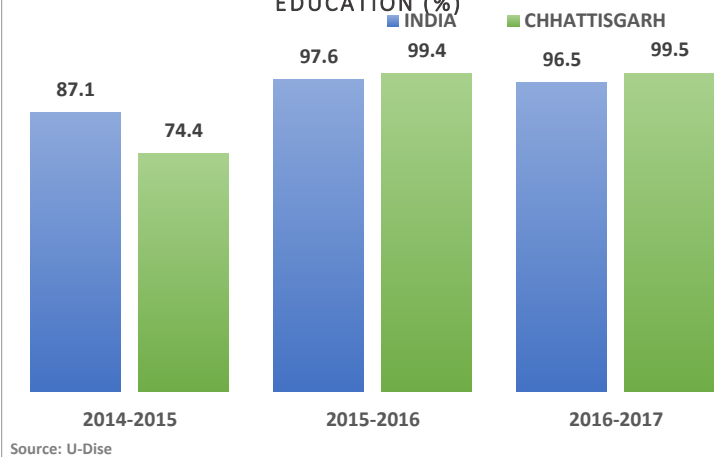
**394**

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

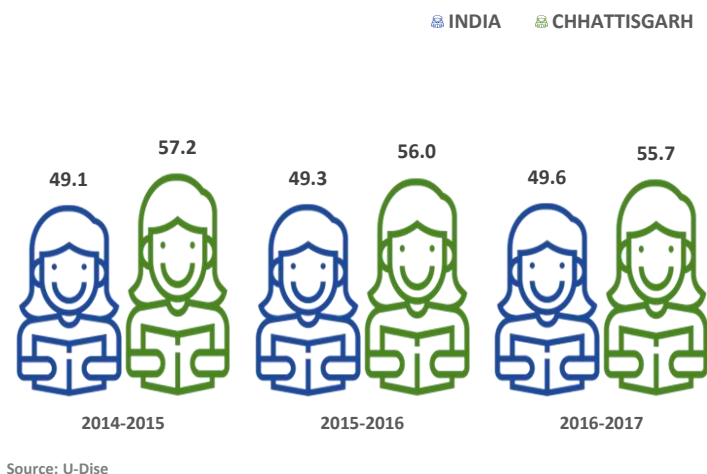
### GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)



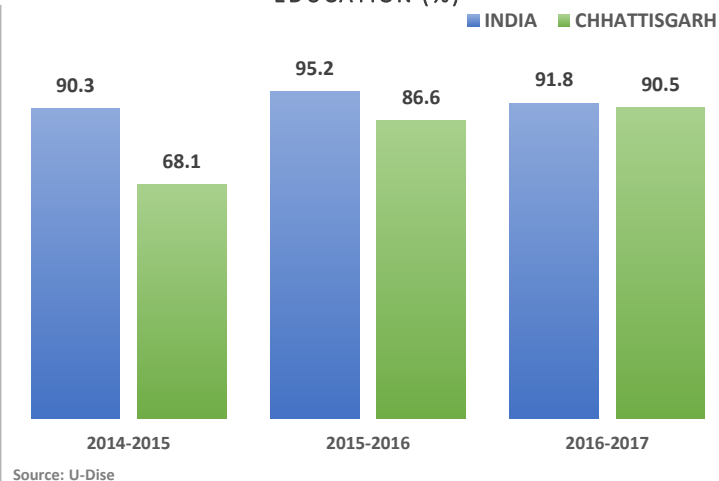
### SCHOOLS HAVING GIRL'S TOILET IN ELEMENTARY EDUCATION (%)



### GIRLS ENROLMENT IN SECONDARY EDUCATION (%)



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



- 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.