GUJARAT FACTSHEET 2020



DEVELOPED BY:



THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

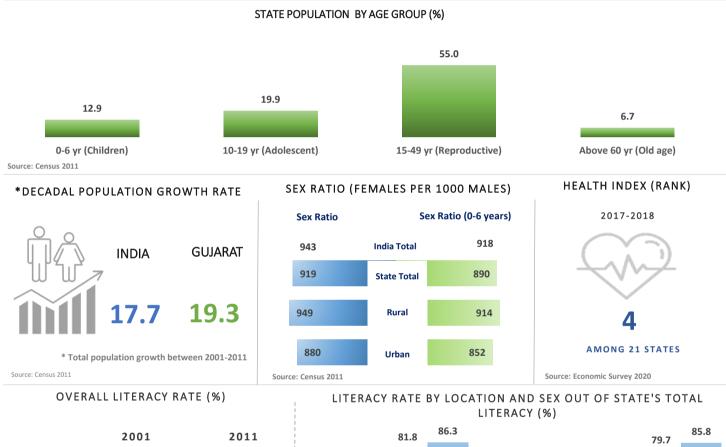
BACKDROP

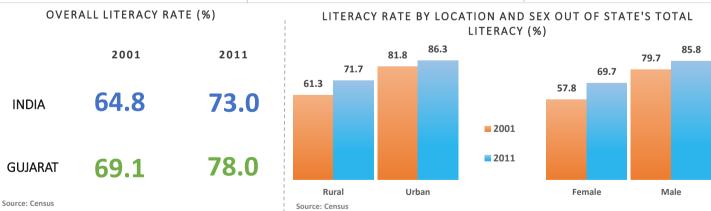
In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national coalition for civil society organizations from 15 states in the country to bring certain macrolevel 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.

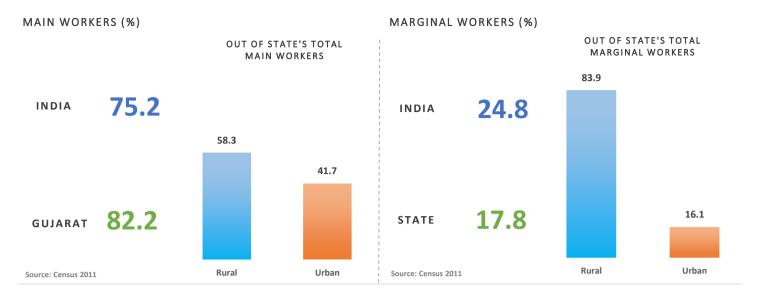
Only the important indicators related to health, nutrition and women empowerment have been included in this factsheet and presentation of segregated data is limited to only locations (rural & urban), caste categories (SC, ST, OBC & Others) and religious groups (Hindus & Muslims). As data for other religious 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 STATE POPULATION BY SEX (%) STATE POPULATION BY LOCATION (%) INDIA 1,210,854,977 52.1 47.9 57.4 60,439,692 **GUJARAT** (5.0%)OF INDIA POPULATION Rural Urban Source: Census 2011 Source: Census 2011 Source: Census 2011





- Nearly 60% of Gujarat's population lives in rural areas.
- More than half of the state's population falls in the reproductive age-group.
- Gujarat's sex ratio and sex ratio at birth both fare poorly in comparison to national figures, with the urban areas being most critical.



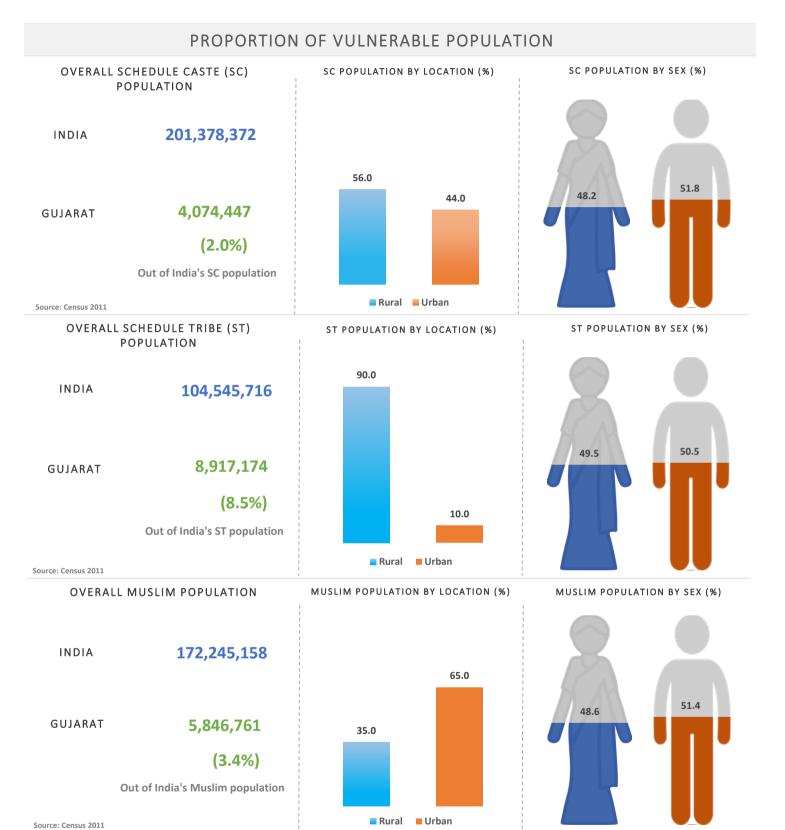
ASPIRATIONAL DISTRICTS OF STATE WITH THEIR RANKS AS PER BASELINE* CONDUCTED IN 2018

Name of the Districts	Composite Rank	Health Rank	Education Rank	Agriculture Rank	Financial Inclusion Rank		Basic Infrastructure Rank
Dohad	17	42	8	40	79	58	11
Narmada	18	33	16	36	27	82	12

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.

While the main work force in Gujarat is more or less equally distributed in rural and urban areas, 84% of the marginal workers hail from rural
agglomerations.



[•] The Scheduled tribe population is completely concentrated in the rural areas while Scheduled caste and Muslim population have an urban presence.

POPULATION LIVING BELOW POVERTY LINE (%) Gujarat India 31.8 37.2 29.8 21.9

HOUSELESS POPULATION (No.)

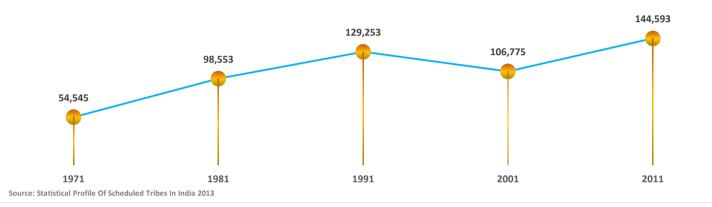
1,773,040 GUJARAT

Source: Planning Commission (As Per Tendulkar Estimation)

2004-2005

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)

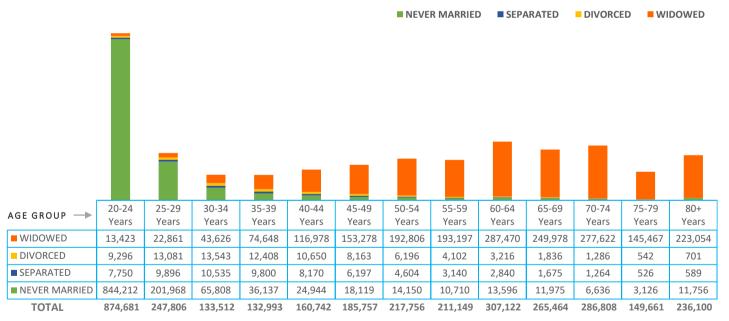
2009-2010



Source: Census 2011

2011-2012

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- The state has nearly halved its BPL population between 2005 to 2012
- Around 4% of the state's population is houseless.

PERSONS WITH DISABILITIES IN ALL AGE GROUP

INDIA'S TOTAL PERSON WITH **GUJARAT'S TOTAL PERSON** WITH DISABILITIES DISABILITIES 26,814,994 1,092,302 (4.1%)

OUT OF WHICH

2,116,698 75,111

(3.5%)

REPORTED MULTIPLE DISABILITIES

Source: Census 2011

CHILDREN (0-4 YEARS) WITH DISABILITIES

GUJARAT'S TOTAL CHILDREN INDIA'S TOTAL CHILDREN (0-(0-4 YEARS) WITH 4 YEARS) WITH DISABILITIES DISABILITIES 1,291,637 49920 (3.9%)OUT OF WHICH

> 78,662 2810

> > (3.6%)

REPORTED MULTIPLE DISABILITIES

Source: Census 2011

CHILDREN (5-9 YEARS) WITH DISABILITIES

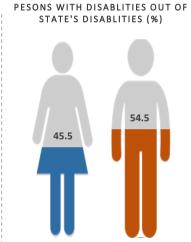
GUJARAT'S TOTAL CHILDREN INDIA'S TOTAL CHILDREN (5-9 (5-9 YEARS) WITH YEARS) WITH DISABILITIES DISABILITIES 1,955,926 77,504 (4.0%)OUT OF WHICH 187,492 8,483 (4.5%)

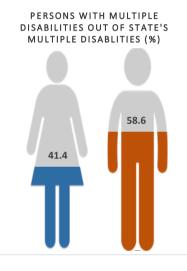
REPORTED MULTIPLE DISABILITIES

Source: Census 2011



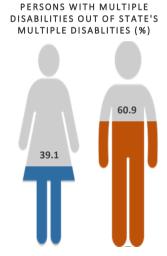












Gujarat has a higher prevalence of disabilities among its children.

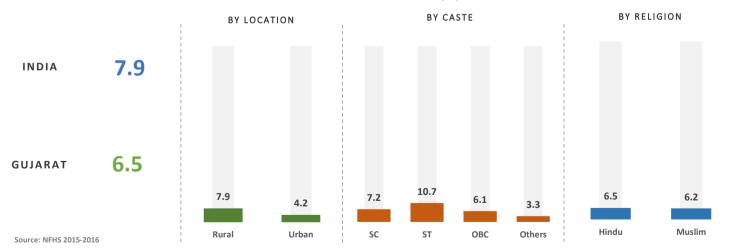
HEALTH AND NUTRITION

MARRIAGE AND FERTILITY



TOTAL FERTILITY RATE (%) BY CASTE (%) BY LOCATION BY RELIGION INDIA 2.2 **GUJARAT** 2.0 Hindu Muslim ОВС Source: NFHS 2015-2016 Rural Urban SC Others

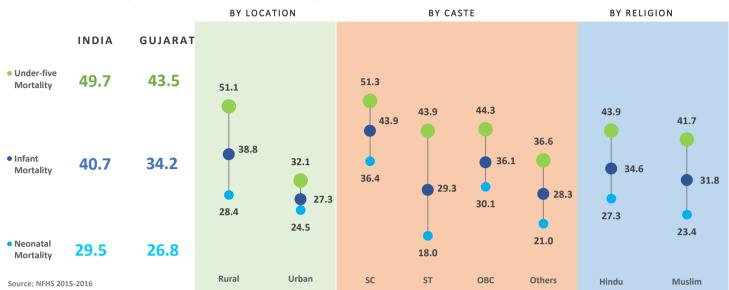
WOMEN 15-19 YEARS WHO WERE ALREADY MOTHERS OR PREGNANT (%)

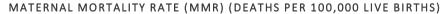


· Early marriage in rural areas and teen age pregnancy among the Scheduled Tribe population are two major concern areas of Gujarat.

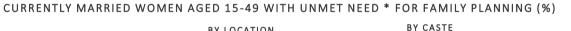
MORTALITY

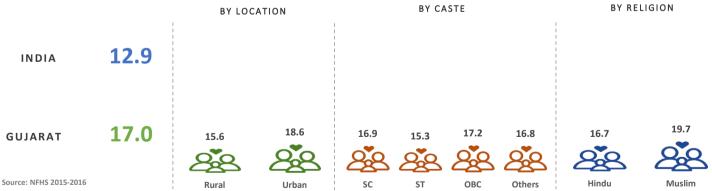










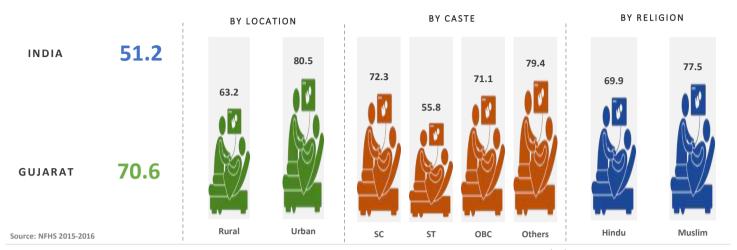


^{*} Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

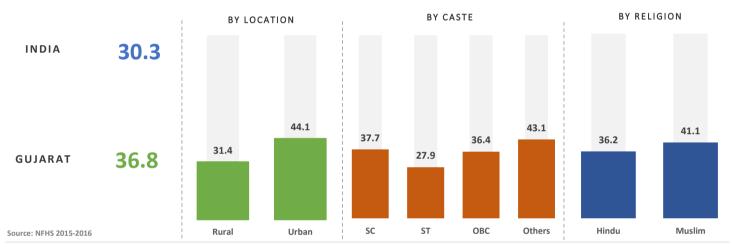
- Under 5 morality rate is more of a cause of concern especially in rural areas and among Scheduled Caste population. However, neonatal and infant
 mortality rates are also high.
- Prevalence of high unmet need among Muslim women signifying poor access to contraceptive measures. Also need to remember that TFR is also high
 among Muslims in the state.

MATERNAL CARE

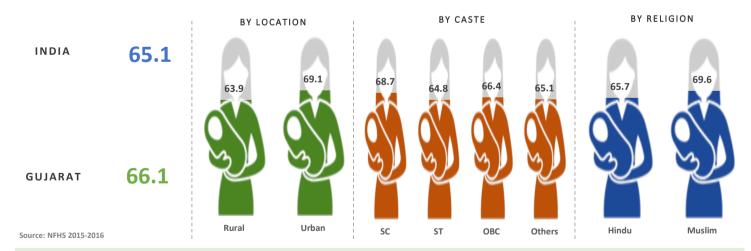
MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



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



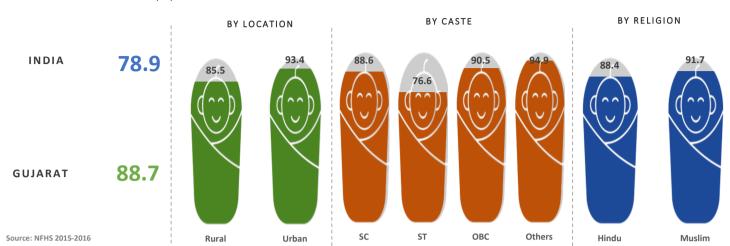
MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)



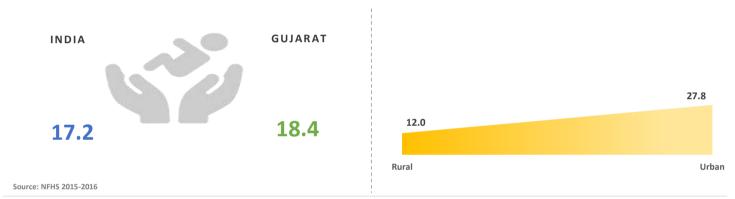
· The state shows low utilization of antenatal care services among Scheduled Tribe women and in rural areas.

DELIVERY CARE

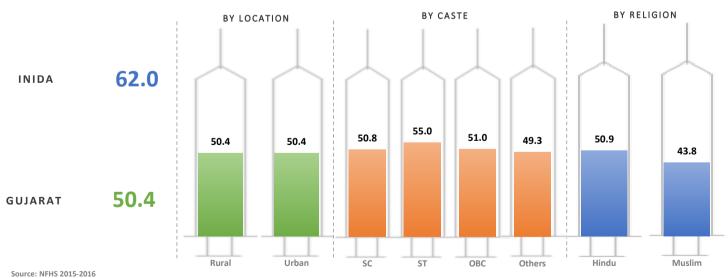
INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)



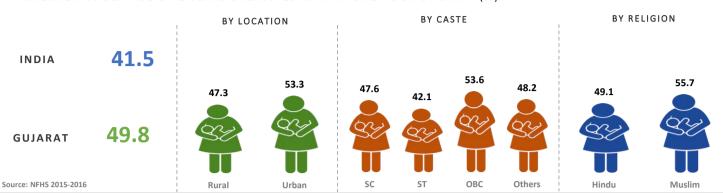
CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



- Immunization remains an area of concern, especially among the OBCs and the Muslim population.
- Also, its urban areas see a high surge in caesarian section deliveries.

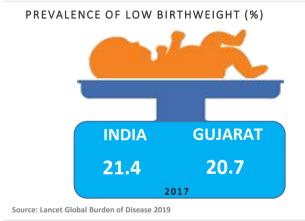
CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

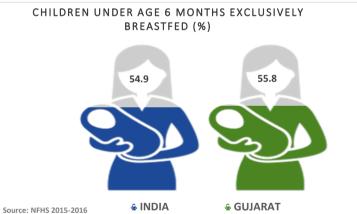
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



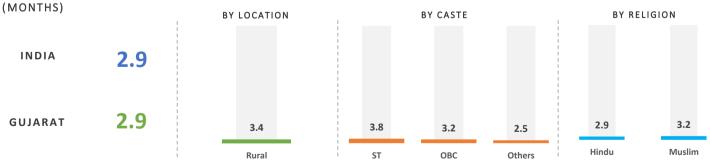
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)





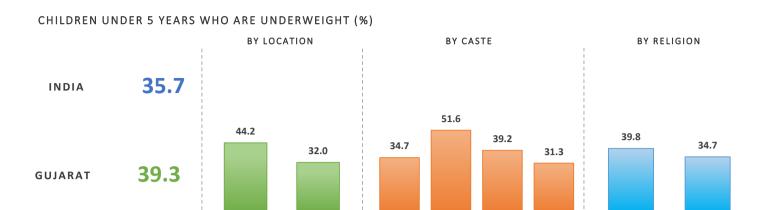


MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING AMONG LAST-BORN CHILDREN BORN IN THE LAST THREE YEARS



Note:- Comparable data for urban and SC are not available.

• Early initiation of breastfeeding is poor among the tribal population.



SC

ST

ОВС

Others

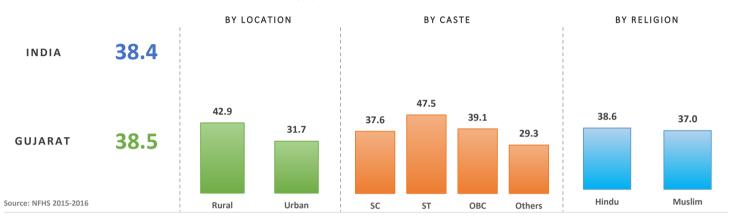
Hindu

Muslim

Urban

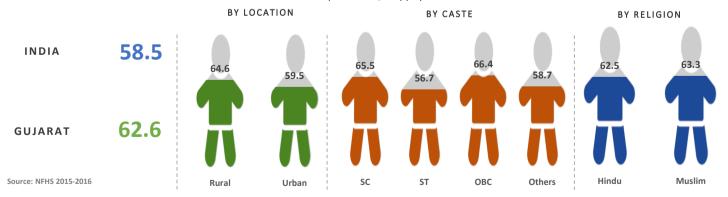


Source: NFHS 2015-2016





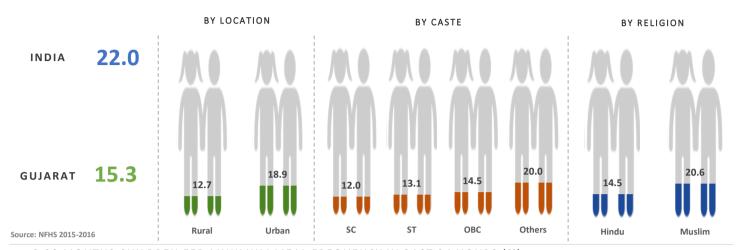




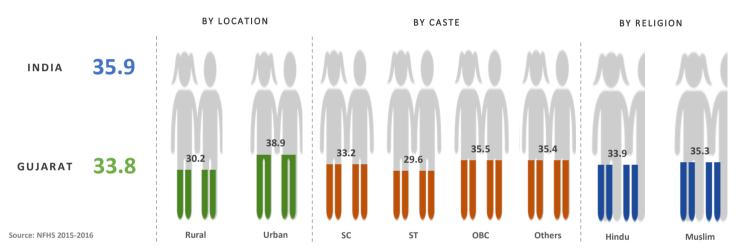
- High child malnutrition rates in the state, especially among is tribal population.
- Child anemia status is extremely worrisome.

DIETARY DIVERSITY PATTERN

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



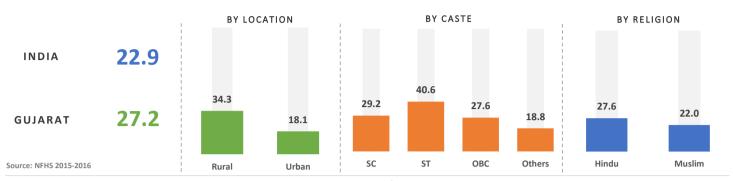
6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)



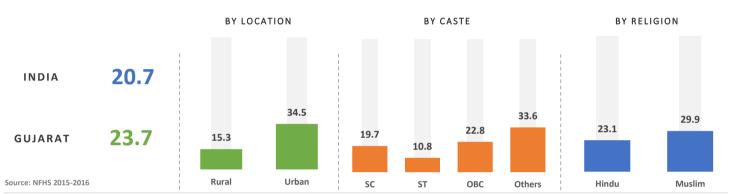
[•] The poor nutritional status of the children can be reconfirmed by the fact that their dietary diversity pattern is appallingly low, more so among its tribal population.

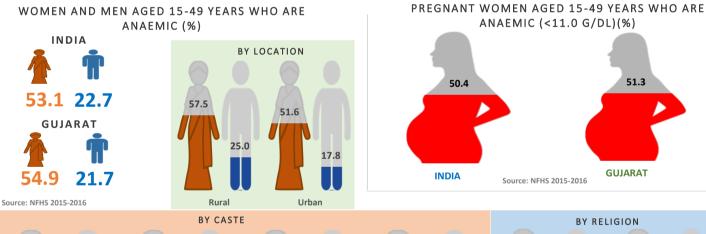
NUTRITIONAL STATUS OF WOMEN AND MEN

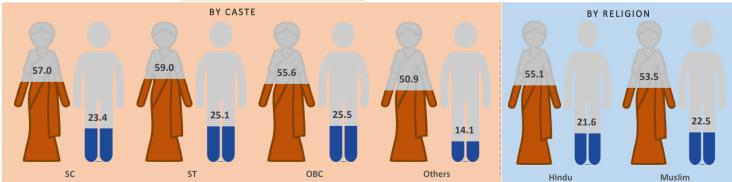
WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M²)(%)



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



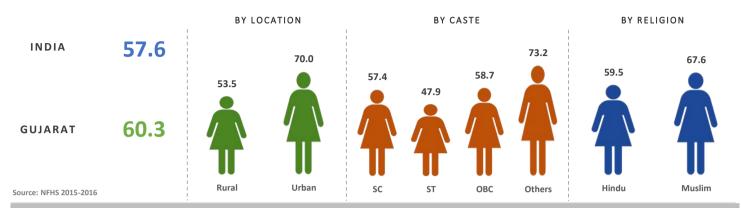




- Nutritional status is a matter of concern in the state, both among its children and adults. Gujarat has around 30% of women whose BMI is below
 normal, with Scheduled tribe and those in rural areas being more critical. On the other hand, obesity is a rising threat in the urban areas, being higher
 than both the state and country figures.
- Anaemia is a major concern both across the nation and state with around 50% of the women (pregnant and non-pregnant) with low haemoglobin count.

MENSTRUAL HYGIENE

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



OTHER HEALTH ISSUES

PERSONS SUFFERING FROM TUBERCULOSIS

1NDIA 2,404,815

GUJARAT 159,158

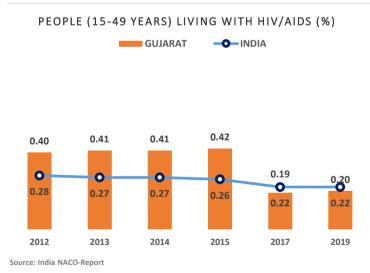
6.6% OUT OF TB PATIENTS NOTIFIED IN INDIA

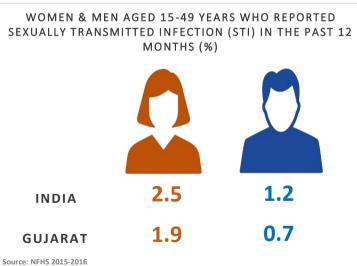
OUT OF TB PATIENTS NOTIFIED IN STATE (%)

2019

65.2

Source: India TB Report 2020





- Prevalence of unsafe menstrual practices is a major concern in the state with 40% having poor menstrual hygiene. This difference is particularly high among the tribal population.
- High prevalence of Tuberculosis among men is another concern.

HEALTH EXPENDITURES



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

INDIA 32.4

58.7

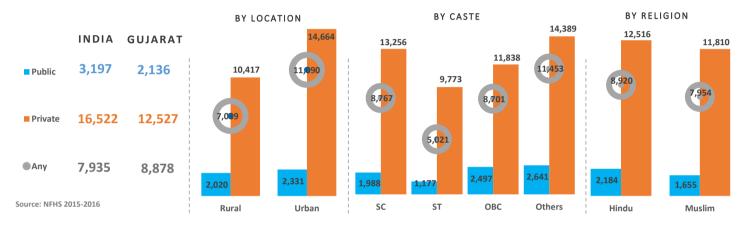
GUJARAT

38.6

48.1

Source: National Health Accounts Estimates for India 2016-17

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



- Government share in health expenditure is abysmal in both India and Gujarat, although Gujarat fares a little better than the country.
- With low government share in health expenditure, Gujarat shows high out of pocket expense (48%).

GOVERNMENT FLAGSHIP PROGRAMMES FOR HEALTH AND NUTRITION

NATIONAL HEALTH MISSION

INTEGRATED CHILD DEVELOPMENT

POSHAN ABHIYAAN

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 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.

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 children3. 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 Gujarat
23.0 Surplus

Surplus

PHCs and HWC-PHCs 28.2 Surplus

CHCs

36.9

Source: Rural Health Statistics 2019

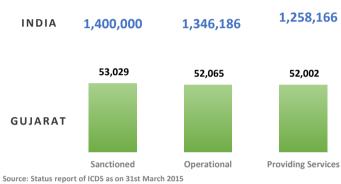
Sub Centres and HWC-SCs

Source: Rural Health Statistics 2019

Doctors+ at PHCs

Specialists at CHCs

NUMBER OF AWCs



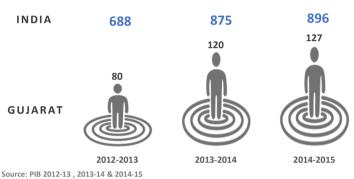
NUMBER OF NUTRITIONAL REHABILITATION CENTRES

6.0

81.8

Surplus

91.9



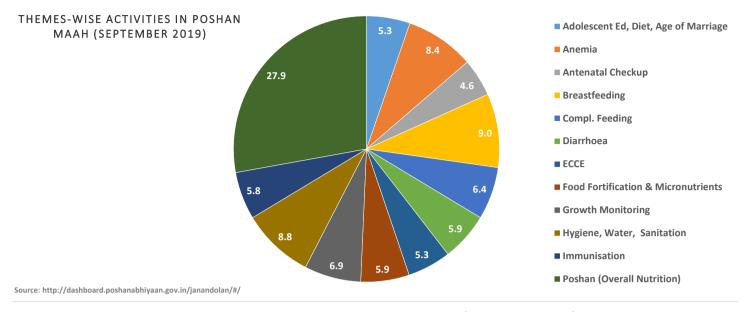
CHILDREN AGED 0-71 MONTHS WHO RECEIVED SERVICES FROM AN AWC (%)

BY RELIGION BY LOCATION BY CASTE 71.5 69.1 53.6 66.9 INDIA 62.5 47.3 60.7 **GUJARAT** Urban Hindu Muslim ОВС SC ST Others Source: NFHS 2015-16

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

		BY LOCATION			BY CASTE			BY RELIGION	
INDIA	NO DATA	68.3		63.8	64.8	59.1		57.4	53.4
GUJARAT	56.9		40.3				42.7		33.4
Note: For India 'No s	Service 'is available.		OS I						
Source: NFHS 2015-16		Rural	Urban	SC	ST	ОВС	Others	Hindu	Muslim

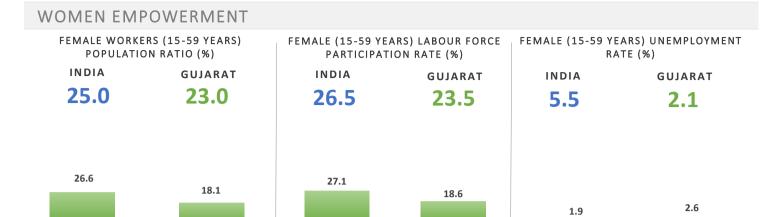
• There is huge shortfall of health workers in the state with the shortfall for specialists at CHCs as high as 92%.



CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

Activity type	State Value (%)	India Value (%)
Home Visits	87.9	14.4
Anemia Camp	0.8	1.5
CBE-Community Based Events (ICDS)	1.3	22.3
Community Radio Activities	0.2	0.3
Cooperative/Federation	0.2	0.2
Cycle Rally	0.8	0.3
DAY-NRLM SHG Meet	0.2	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	0.2	0.2
Haat Bazaar Activities	0.3	0.4
Harvest Festival	0.1	0.2
Local Leader Meeting	0.2	0.5
Nukkad natak/Folk Shows	0.1	0.4
Other Activities	1.8	34.7
Panchayat Meeting	0.3	1.0
Poshan Mela	1.3	8.2
Poshan Rally	0.8	2.6
Poshan Walk	0.4	1.5
Poshan Workshop/Seminar	0.6	4.1
Prabhat Faree	0.3	1.1
Providing Water to the Toilets	0.1	0.3
Safe Drinking Water in Anganwadi Centres	0.3	0.7
Safe Drinking Water in Schools	0.1	0.2
School Based Activities	0.5	2.9
VHSND	0.7	No Data
Youth Group Meeting	0.4	No Data

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



Urban

Rural

Source: Annual Report PLFS 2018-19

Urban

WOMEN HEADED ESTABLISHMENTS

Urban

Rural

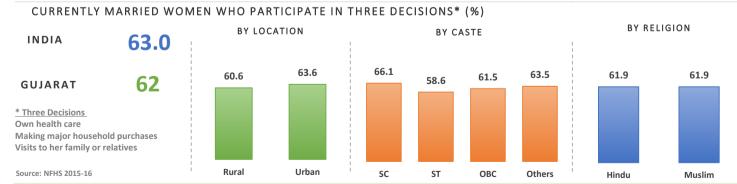
Source: Annual Report PLFS 2018-19



Rural

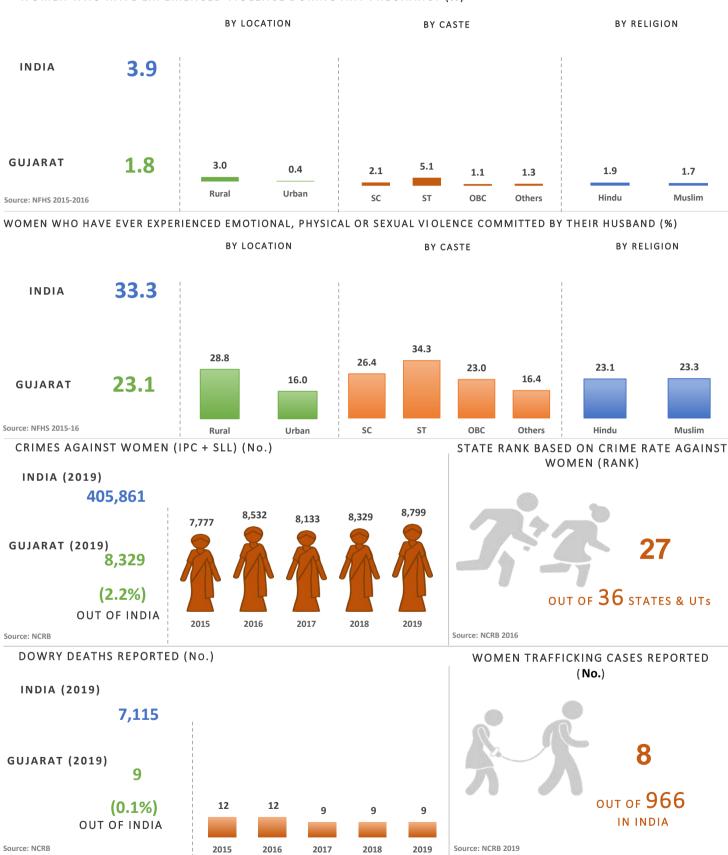
Source: Annual Report PLFS 2018-19

MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%) BY LOCATION BY RELIGION BY CASTE INDIA **GUJARAT** MALE 15.0 18.7 12.4 **FEMALE** 18.8 12.2 20.8 18.9 15.9 13.9 15.4 14.8 17.7 Source: NFHS 2015-2016 Rural Urban Hindu Muslim Others



- The state has around 21% of women in its labour force. And this consists of both currently employed and unemployed women signifying the
 proportion of active employed women to be further less.
- Gujarat has 17% of women headed establishments in the country, but contribution of SC, ST and Muslim women were found to be least in this.

WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



FEMALE SUICIDE CAS	ES (No.)	FOETICIDES &	FOETICIDES & INFANTICIDES REPORTED (No.)			
INDIA	41,493		INDIA	GUJARAT		
		FOETICIDES	137	15		
GUJARAT	2,486	INFANTICIDES	73	5		
Source: ADSI 2019		Source: NCRB 2019				

The state has less incidence of violence against women than the country figure, however the rate is high in the rural areas and among the scheduled tribe population.

[•] Crime against women has slighly increased in the state in past one year.

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.

RETURACHAO RETURADHAO

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



247,719

SHGs HAVING BANK ACCOUNT* (%)



98.7

SHGs HAVING CREDIT LINKED (%)



NO DATA

TOTAL VILLAGE ORGANIZATIONS FORMED



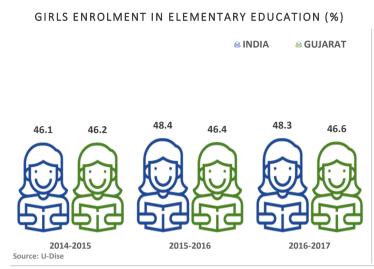
5.033

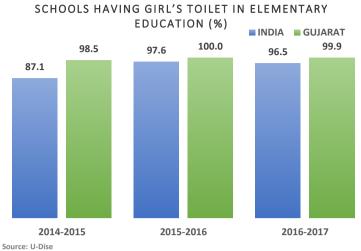
TOTAL CLUSTER LEVEL FEDERATIONS

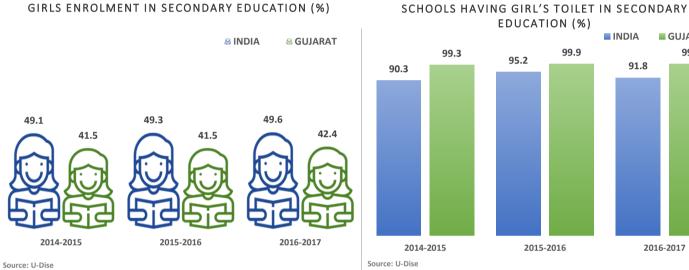


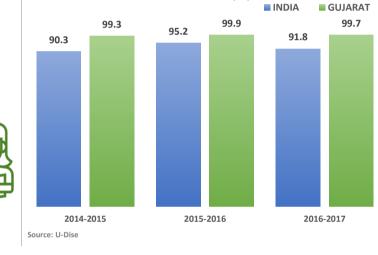
12

Source:- Website Of Deen Dayal Antyodaya Yojana - National Livelihoods Mission (NRLM), as on 4th May 2020









There has been almost no improvement in girls' enrolment in both elementary and secondary level for Gujarat as well as for the entire country since 2014 to 2017. However, toilets being one of the major contributors for improving girl's enrolment has also shown a decline for the state since 2016.