HUNGaMA Report

Hunger and Malnutrition – Survey 2011

State Institute of Health and Family Welfare
Jaipur
• 1 out of 3 malnourished children under the age of five is in India.

(source- UNICEF)

• 20 % of Indian children (0-59 months) are wasted (acutely malnourished) and 48 % are stunted (chronically malnourished) and 43% are underweight.

(source- NFHS 3)
Facts

• Nutrition crisis:
  – Attributable cause of 1/3-1/2 of child deaths,
  – Causes stunted physical growth and retarded cognitive development.
• Economic losses associated are estimated at 3 per cent of India’s GDP annually.
Need for the Survey

• Combating the problem of nutrition crisis and enormous consequences of malnutrition on child development; recent set of data required

• Latest District-level nutrition data generated through District Level Health Survey (DLHS II) conducted in 2002-04.
HUNGaMA (Hunger and Malnutrition, Survey)

• India’s first ever comprehensive survey on childhood hunger and malnutrition.
• Gives underweight, stunting and wasting data at the District level.
• Focused Children under 5 years of age.
• Covers nearly 20% of Indian Children.
• View of mother (practices, perceptions and perceived barriers to change) taken into account also.
Sample Selection

9 states,
Districts (rural): 112,
Villages: 3,360,
Mothers: 74,020,
Households: 73,670,
Children: 109,093

Data collection: Oct 2010 - Feb 2011
Sample Selection

• Used UNICEF’s Child Development District Index (CDI), 2009
• 112 districts divided into 3 categories:
  - 100 focus districts (from 6 states: Bihar, Jharkhand, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh)
  - 6 best districts from focus states
  - 6 best districts from 3 ‘best’ states (Himachal Pradesh, Kerala, and Tamil Nadu)
## Issues Addressed in Data Collection

<table>
<thead>
<tr>
<th>Category</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Weight, height, age, MUAC and oedema</td>
</tr>
<tr>
<td>General Household</td>
<td>Parents’ education, caste, religion, type of home, access to services, food consumption</td>
</tr>
<tr>
<td>Mothers’ Voice</td>
<td>Feeding practices, hygiene habits, decision-making power</td>
</tr>
<tr>
<td>Anganwadi Centre</td>
<td>About the Anganwadi Worker, infrastructure, growth monitoring</td>
</tr>
<tr>
<td>Village</td>
<td>Facilities &amp; services available</td>
</tr>
</tbody>
</table>
Focus Districts: Key Findings

• Prevalence of underweight decreased from 53 % (DLHS, 2004) to 42 % (HUNGaMA 2011); (average annual rate of reduction of 2.9 %)
• By age of 24 months, 42 % of children are underweight and 58 % are stunted.
• 92% mothers had never heard the word “malnutrition”.
• 11% mothers used soap to wash hands before a meal and 19% do so after a visit to the toilet.
• Girls have a nutrition advantage over boys in the 1st months of life; however this advantage is reversed over time.
• Rates of child underweight and stunting is proportional with mothers levels of education.
• 51 % mothers did not give colostrum to the newborn and 58 % mothers fed water to their infants before 6 months.
• Birth weight an important risk-factor
  o Prevalence of underweight in children born with a weight below 2.5 kg is 50% while
  o Children born with a weight above 2.5 kg is 34%;
  o Corresponding figures for stunting are 62% and 50% respectively.
• Presence of AWC in 96% of the villages
• Out of which:
  o 61% AWC in pucca buildings;
  o Largest AW service accessed by mothers is immunization (86%);
  o 61% of AWCs had dried rations available and 50% provided food
  o Only 19% of the mothers reported that the Anganwadi Centre provides nutrition counseling to parents.
Sample Size

- Total Districts: 10
- Children (under 5 yrs): 11,319
- Mothers interviewed: 7,683
- Households: 7,674
- Anganwadi Centers: 284
- Anganwadi Workers: 232
District Selected

Focus Districts
- Banswara
- Baran
- Barmer
- Bharatpur
- Dhaulpur
- Dungarpur
- Jaisalmer
- Jhalawar
- Karauli

Best District
- Kota
Status of Severely Malnourished Children (MUAC Standards) (%)
Severely Underweight Children (%)
Severely Stunted Children (%)
Villages with AWC (%)
Villages with AWC Pucca Building (%)
Villages with AWW who has heard of Malnutrition (%)
Mothers never heard the word Malnutrition (%)
Mothers with ID (%)
Mothers who gave Breast milk to Child as First Intake (%)
Mothers Breastfed Child Within 1hr of Delivery (%)
Mothers with Decision Making Power about Children Welfare (%)
Families using soap for washing hands before meals(%)
Families using Soap for Hand Washing after Visiting Toilet (%)
Underweight(%)  
DLHS 2 v/ s HUNGaMA Survey (- 3SD)

- DLHS 2
- HUNGaMA
<table>
<thead>
<tr>
<th>Location</th>
<th>DLHS 2</th>
<th>HUNGaMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bharatpur</td>
<td>45.4</td>
<td>39.95</td>
</tr>
<tr>
<td>Dhaulpur</td>
<td>61.6</td>
<td>44.53</td>
</tr>
<tr>
<td>Karauli</td>
<td>58.7</td>
<td>42.01</td>
</tr>
<tr>
<td>Jaisalmer</td>
<td>69.6</td>
<td>35.01</td>
</tr>
<tr>
<td>Barmer</td>
<td>72.6</td>
<td>39.33</td>
</tr>
<tr>
<td>Dungarpur</td>
<td>57</td>
<td>41.65</td>
</tr>
<tr>
<td>Banswara</td>
<td>51.98</td>
<td>41.7</td>
</tr>
<tr>
<td>Baran</td>
<td>66.9</td>
<td>39.63</td>
</tr>
<tr>
<td>Jhalawar</td>
<td>52.6</td>
<td>47.36</td>
</tr>
<tr>
<td>Kota</td>
<td>63.1</td>
<td>36.7</td>
</tr>
</tbody>
</table>

Underweight(%): DLHS 2 v/s HUNGaMA Survey (- 2SD)

SIHFW: An ISO:9001:2008 certified Institution
Wasting in Children (0-59 mths) (%)

-3SD (severe cases)
-2SD (moderate or severe cases)
Stunting in Children
0-59 mths(%)
Malnutrition by (MUAC) in children 0-59 mths (%)

<table>
<thead>
<tr>
<th>Place</th>
<th>Severe (&lt; 11.5 cm)</th>
<th>Moderate (&lt; 12.5 cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bharatpur</td>
<td>3.24</td>
<td>16.44</td>
</tr>
<tr>
<td>Dhaulpur</td>
<td>3.09</td>
<td>15.78</td>
</tr>
<tr>
<td>Karauli</td>
<td>1.86</td>
<td>7.62</td>
</tr>
<tr>
<td>Jaisalmer</td>
<td>3.01</td>
<td>10.97</td>
</tr>
<tr>
<td>Barmer</td>
<td>2.52</td>
<td>14.94</td>
</tr>
<tr>
<td>Dungarpur</td>
<td>2.93</td>
<td>17.19</td>
</tr>
<tr>
<td>Banswara</td>
<td>3.89</td>
<td>15.85</td>
</tr>
<tr>
<td>Baran</td>
<td>1.44</td>
<td>10.3</td>
</tr>
<tr>
<td>Jhalawar</td>
<td>1.98</td>
<td>10.44</td>
</tr>
<tr>
<td>Kota</td>
<td>2.9</td>
<td>15.69</td>
</tr>
</tbody>
</table>
Oedema in Children (0-59mths) (%)
Problems Identified

• Lack of awareness among mothers about what a malnourished child would look like.
• Colostrum (mother’s first milk) not being given to a newborn baby due to wide range of cultural reasons.
• In the unorganized sector, mother has to get back to work on the second or third day after the birth of her baby. Child is left in the care of a grandmother or some other caregiver.
• Emphasized the importance of AWCs with a need of getting a real-time data out of it (computerization of AWCs).

• In MNREGA, some intervention (flexible/reduced working hours) to ensure that lactating mother and child stays together.
Thank You

For more details log on to www.sihfwrajasthan.com or contact: Director-SIHFW on sihfwraj@yahoo.co.in