

HUNGaMA Report

Hunger and Malnutrition – Survey 2011



State Institute of Health and Family Welfare
Jaipur

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- 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.

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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

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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

Nutrition	Weight, height, age, MUAC and oedema
General Household	Parents' education, caste, religion, type of home, access to services, food consumption
Mothers' Voice	Feeding practices, hygiene habits, decision-making power
Anganwadi Centre	About the Anganwadi Worker, infrastructure, growth monitoring
Village	Facilities & services available

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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
 - Prevalence of underweight in children born with a weight below 2.5 kg is 50% while
 - Children born with a weight above 2.5 kg is 34%;
 - Corresponding figures for stunting are 62% and 50% respectively.



- Presence of AWC in 96% of the villages
- Out of which:
 - 61% AWC in pucca buildings;
 - Largest AW service accessed by mothers is immunization(86%) ;
 - 61% of AWCs had dried rations available and 50% provided food
 - Only 19% of the mothers reported that the Anganwadi Centre provides nutrition counseling to parents.

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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

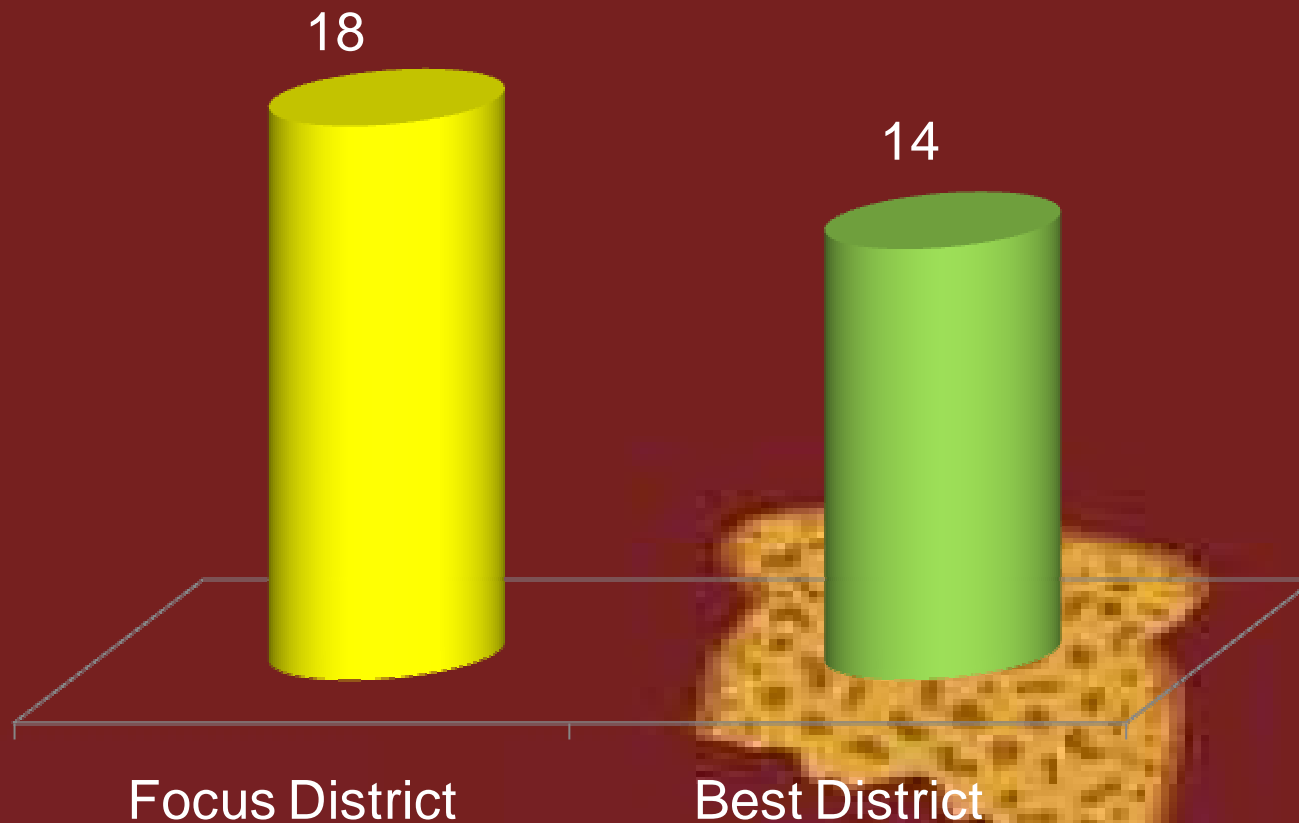
- Kota



Status of Severely Malnourished Children (MUAC Standards) (%)

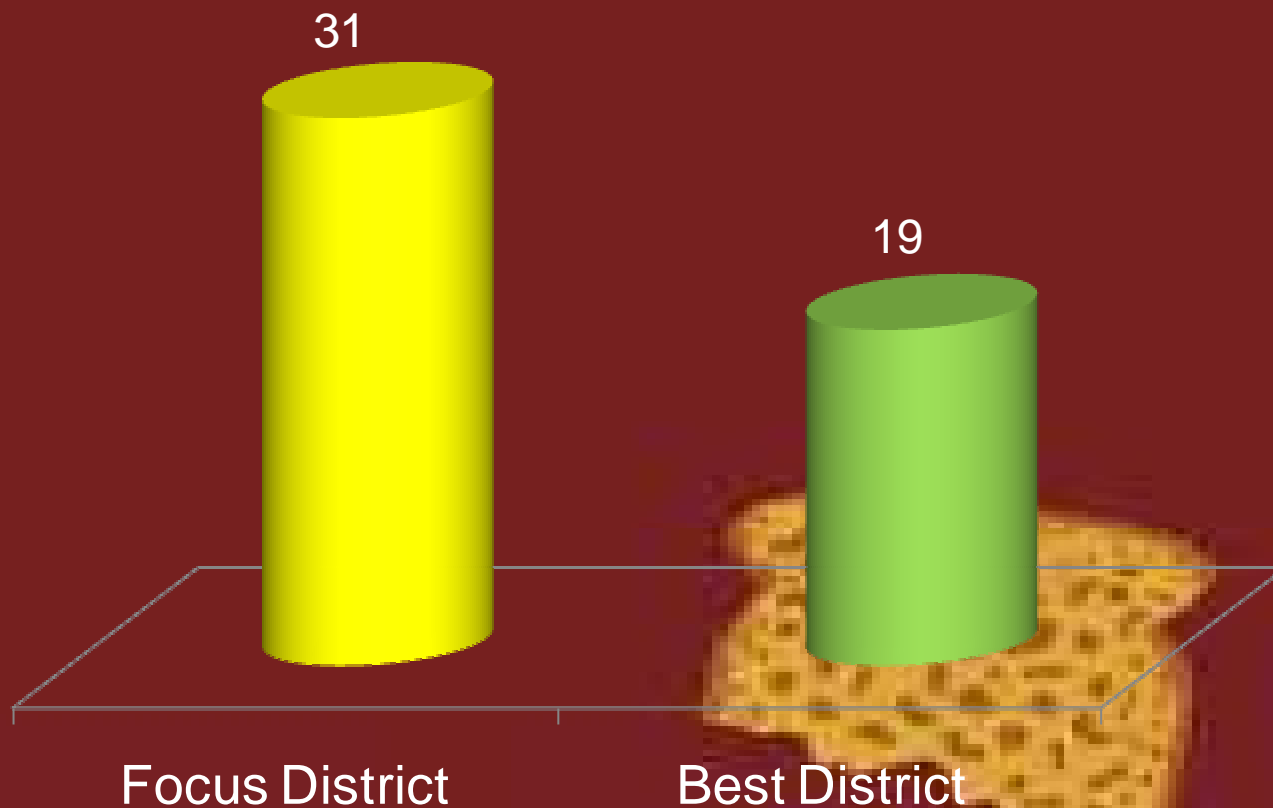


Severely Underweight Children (%)



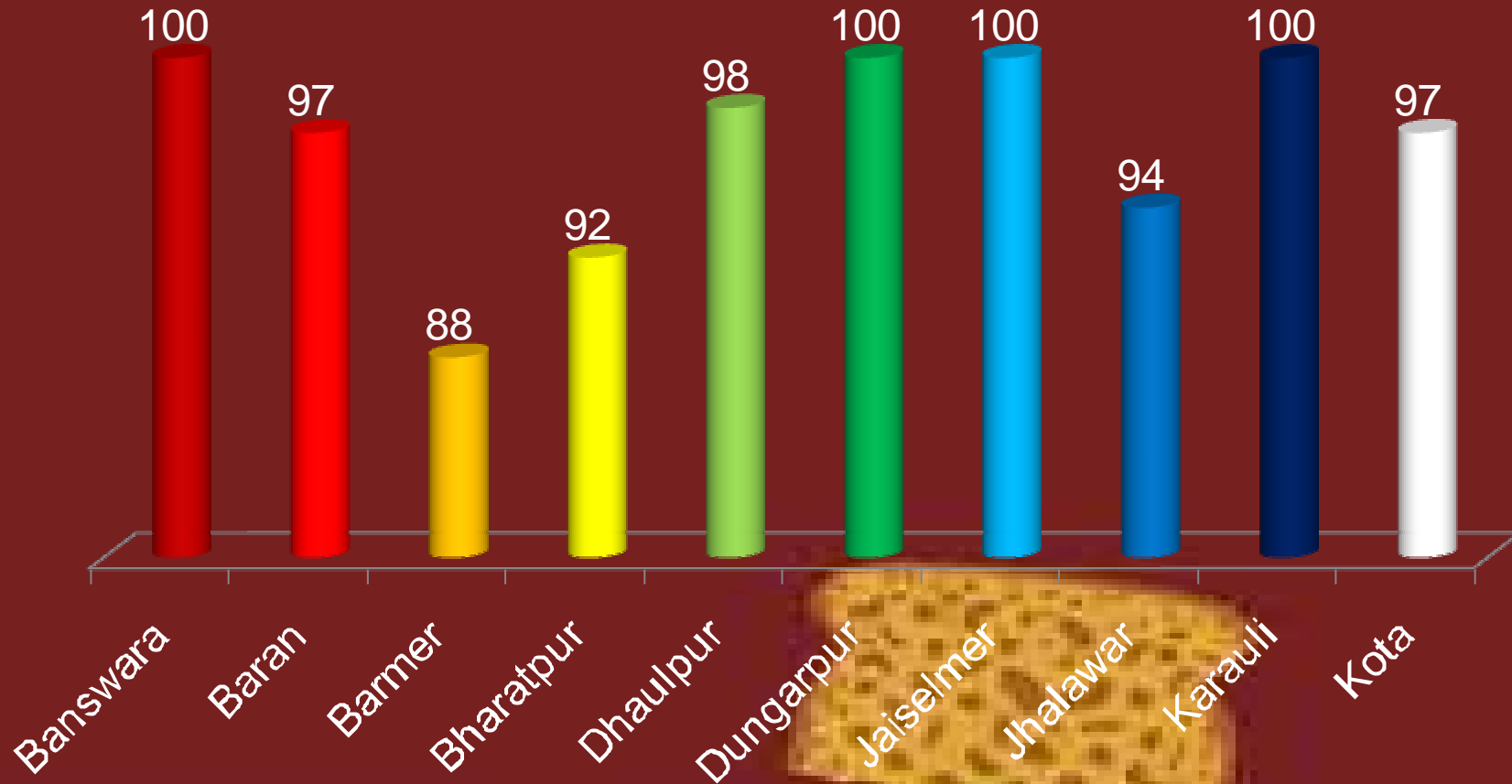
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Severely Stunted Children (%)



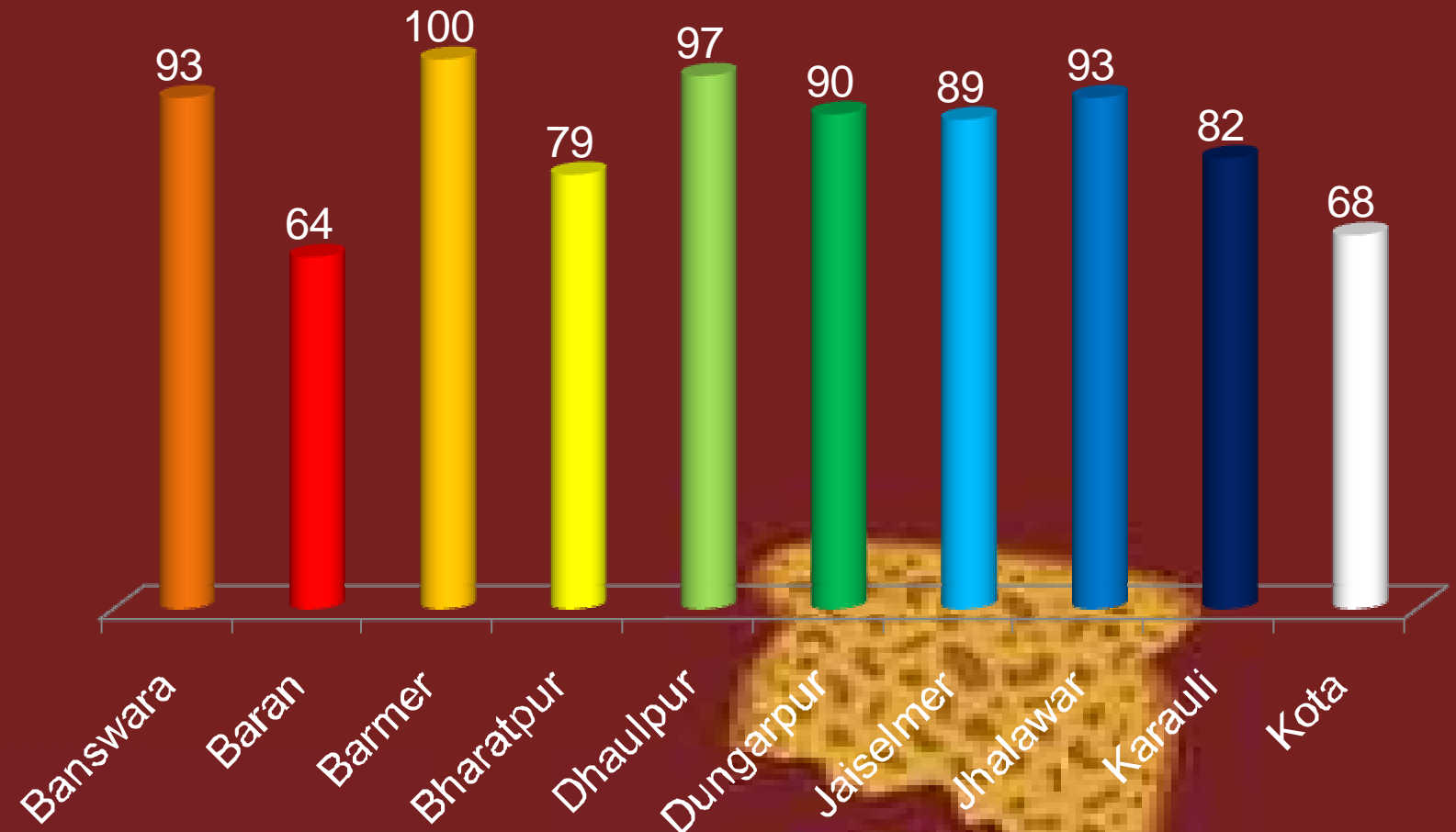
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Villages with AWC (%)



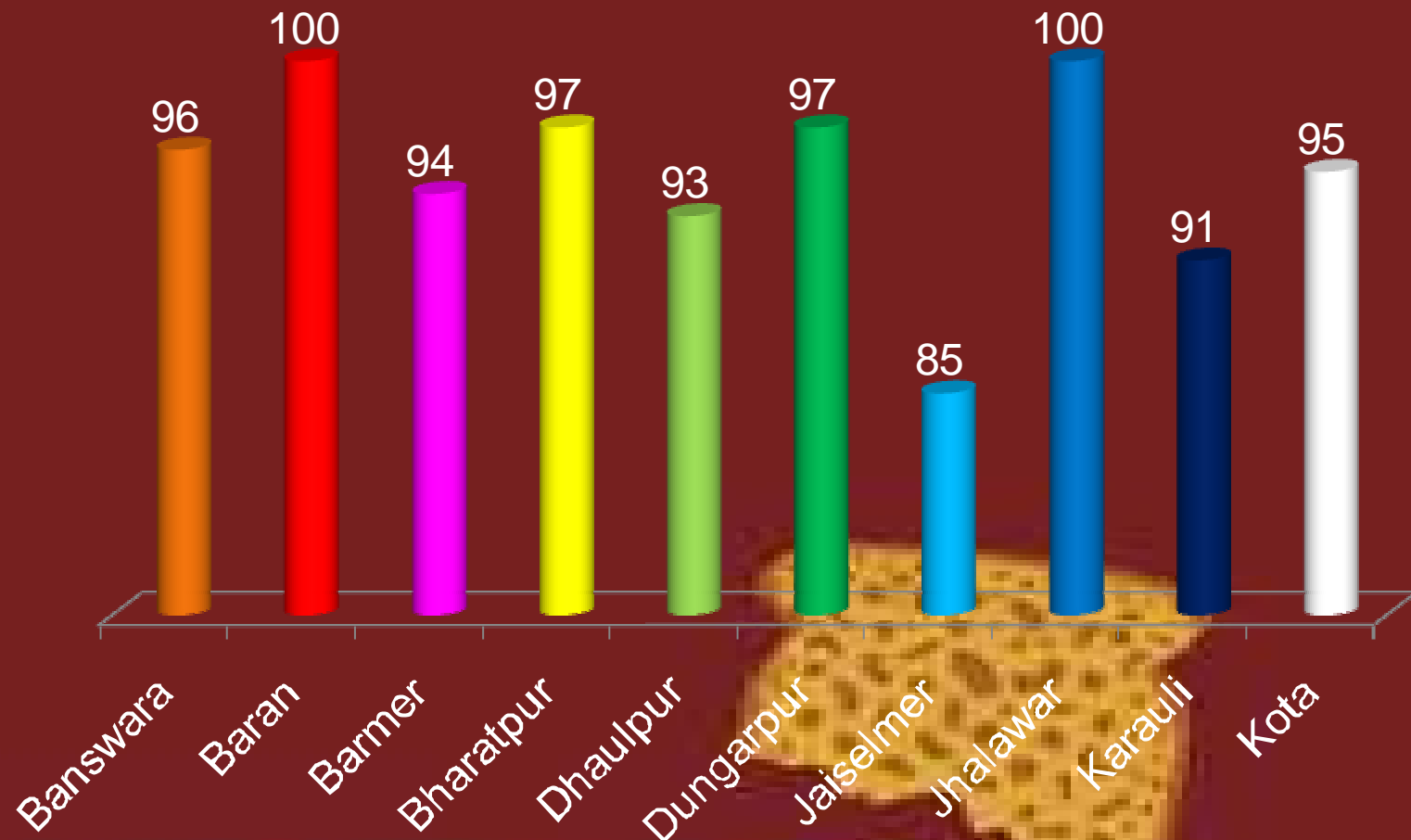


Villages with AWC Pucca Building (%)





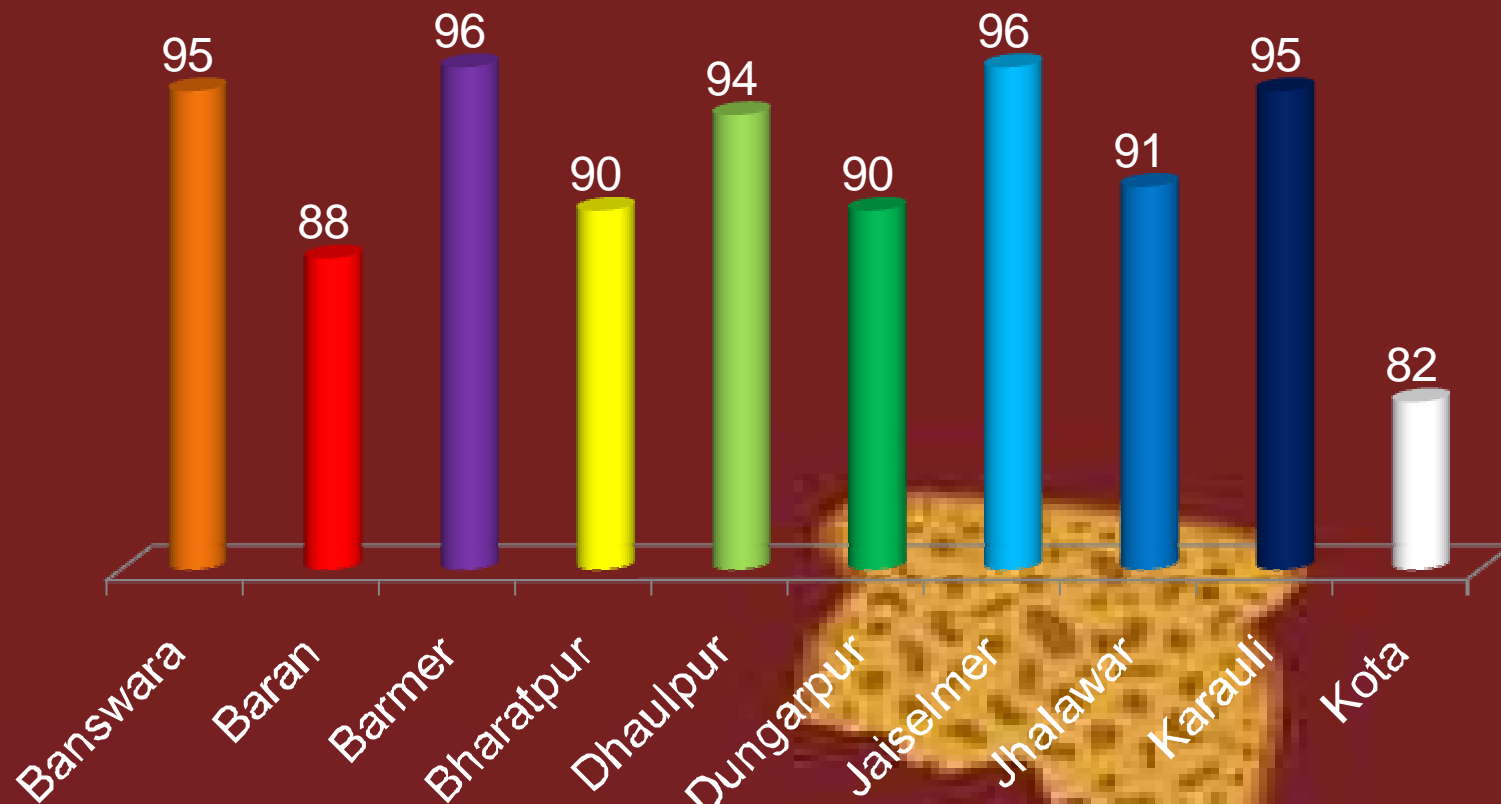
Villages with AWW who has heard of Malnutrition (%)



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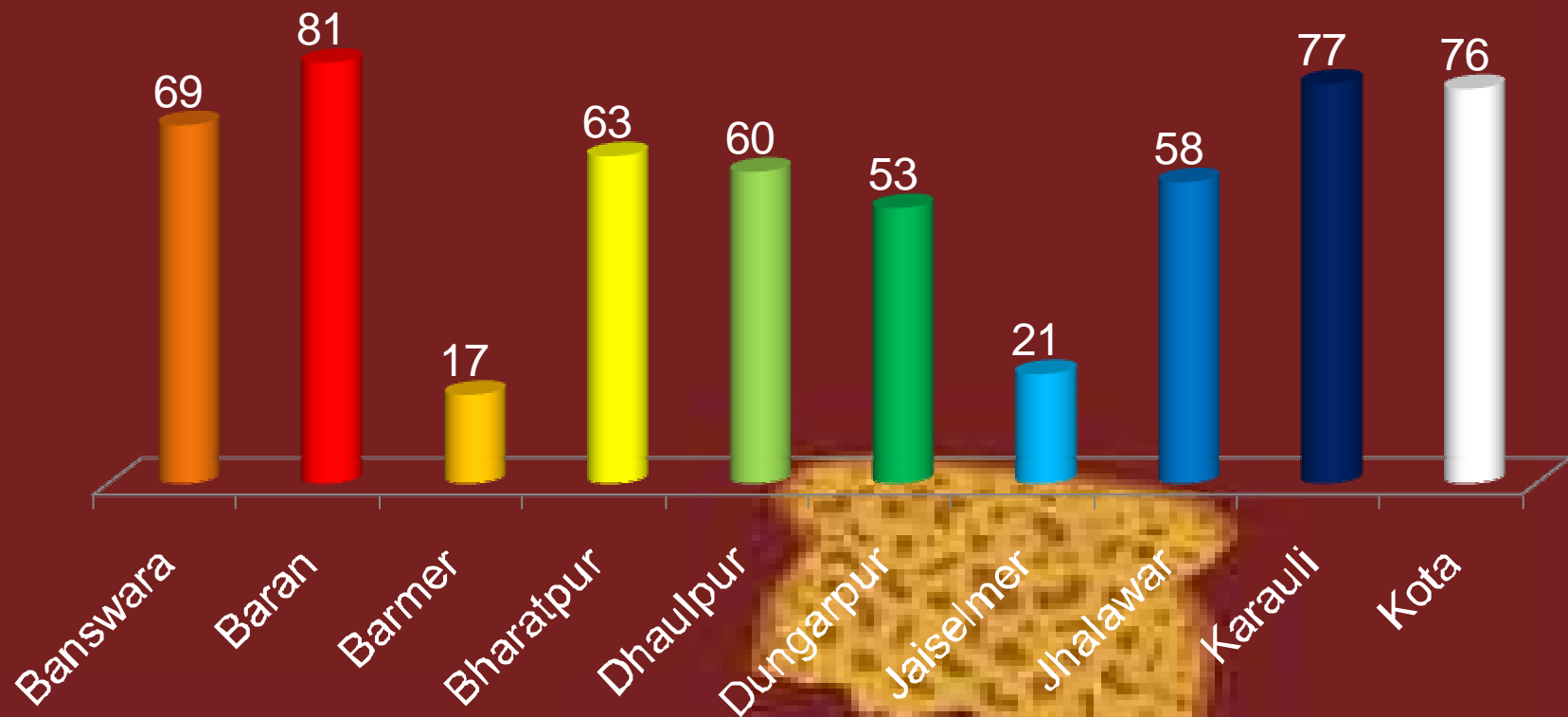
SIFW: an ISO9001:2008 certified institution

Mothers never heard the word Malnutrition (%)

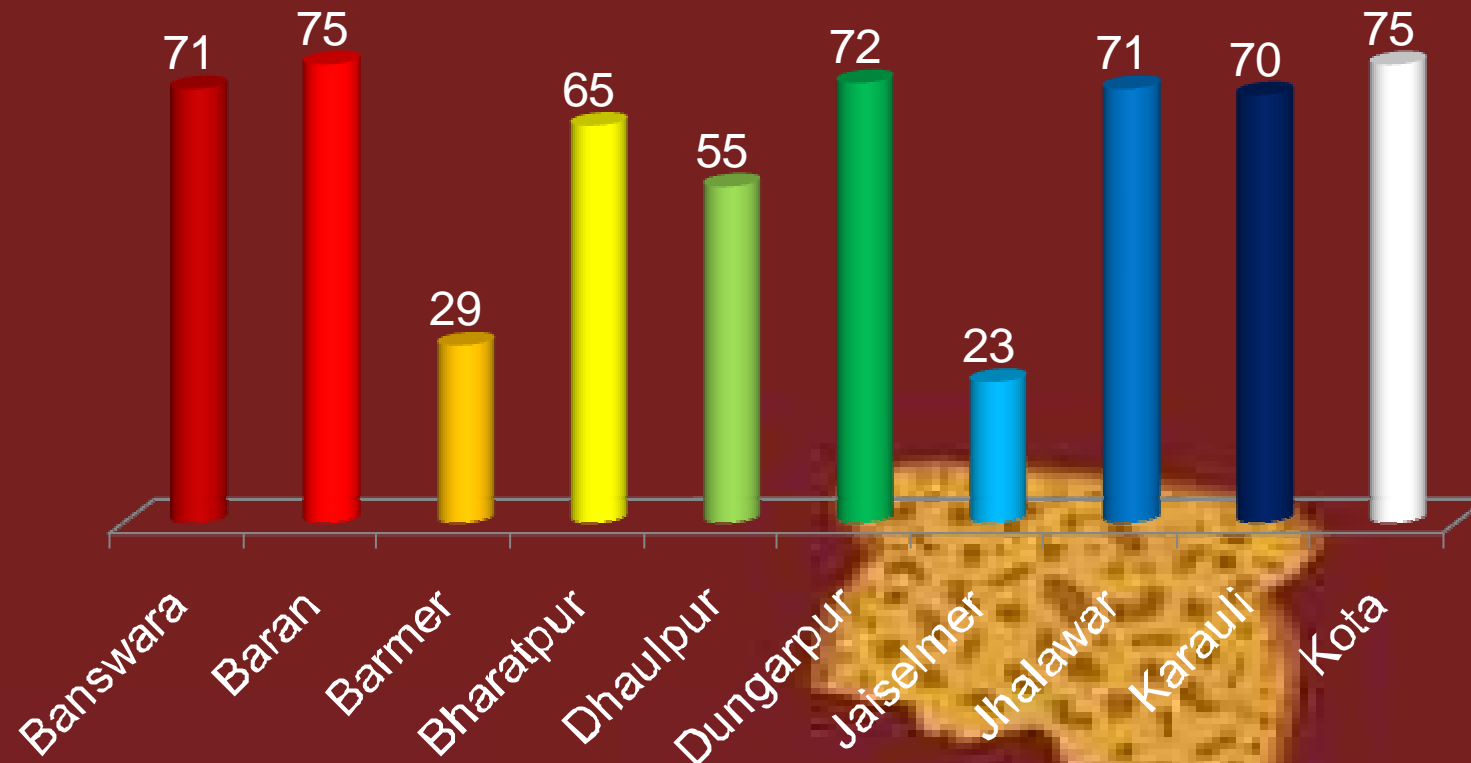


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Mothers with ID (%)

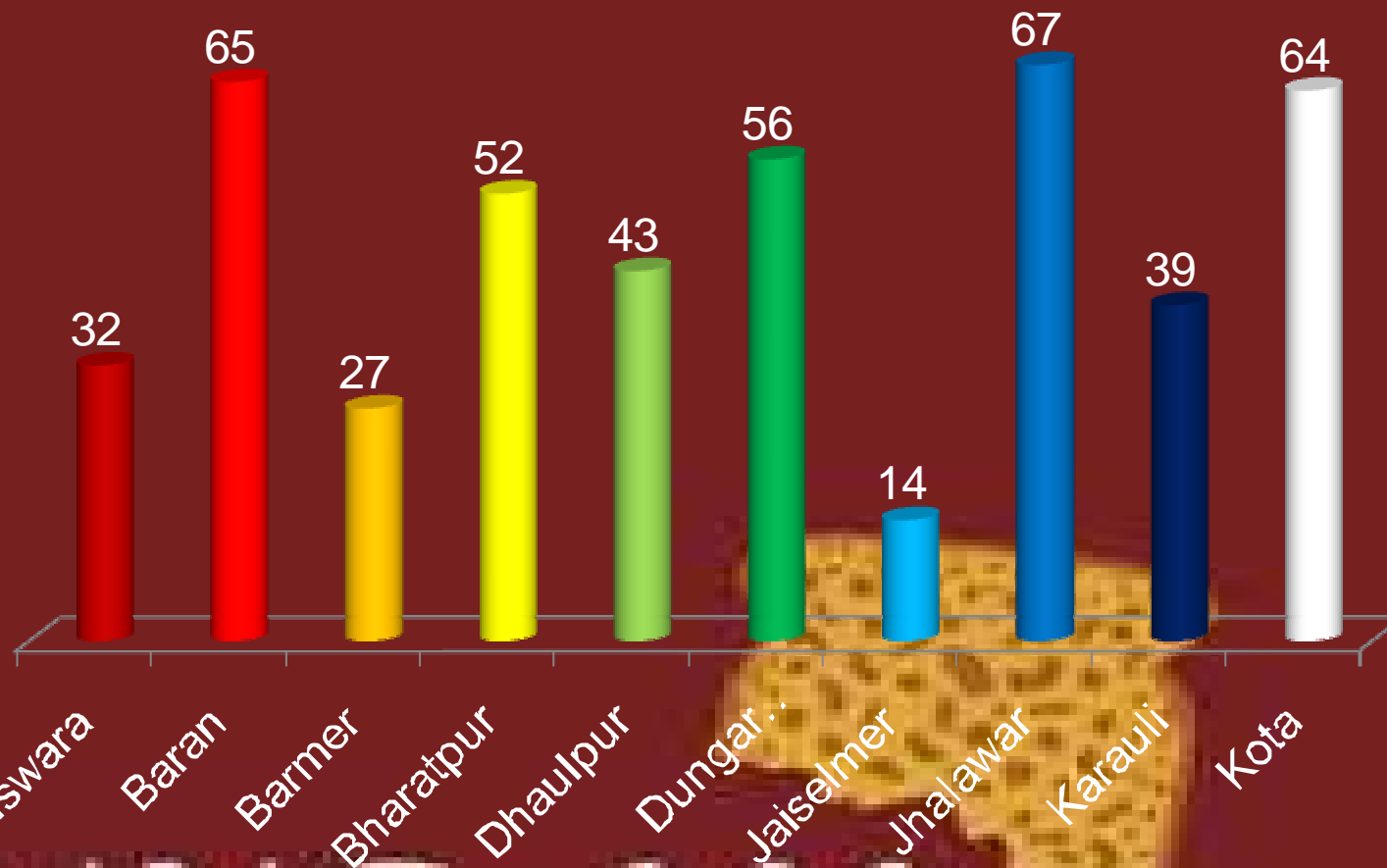


Mothers who gave Breast milk to Child as First Intake (%)



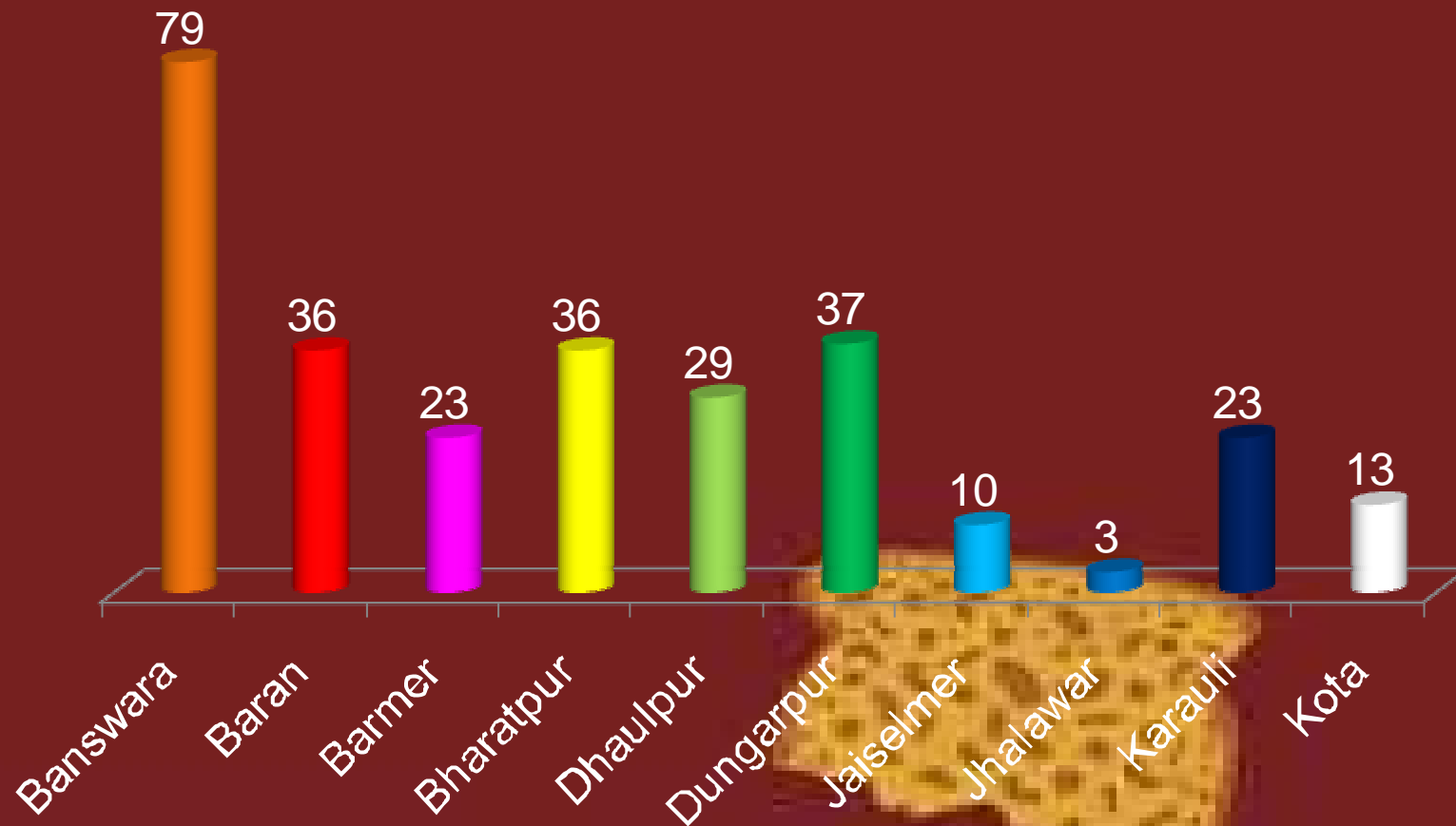


Mothers Breastfed Child Within 1hr of Delivery (%)



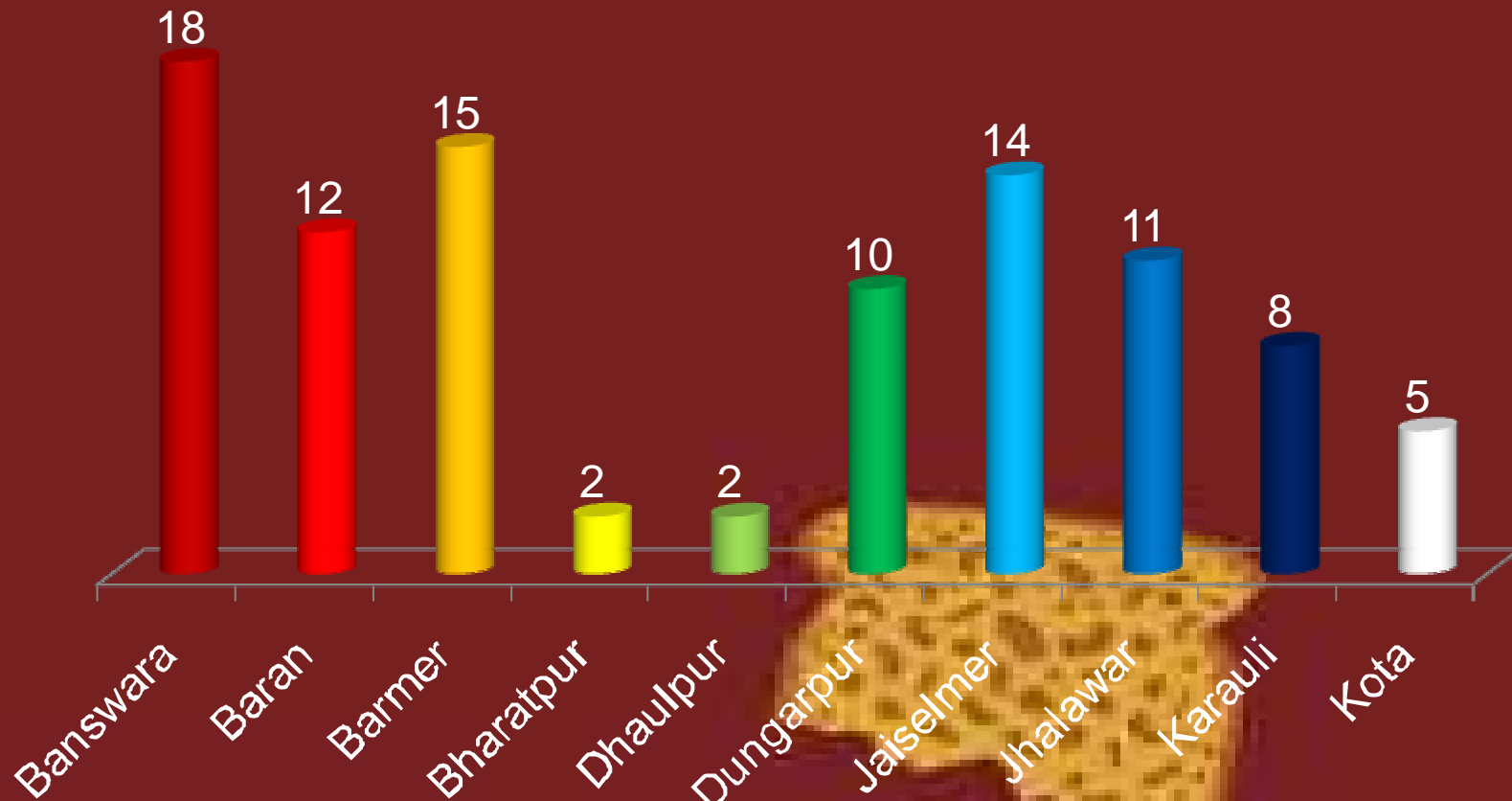
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Mothers with Decision Making Power about Children Welfare (%)



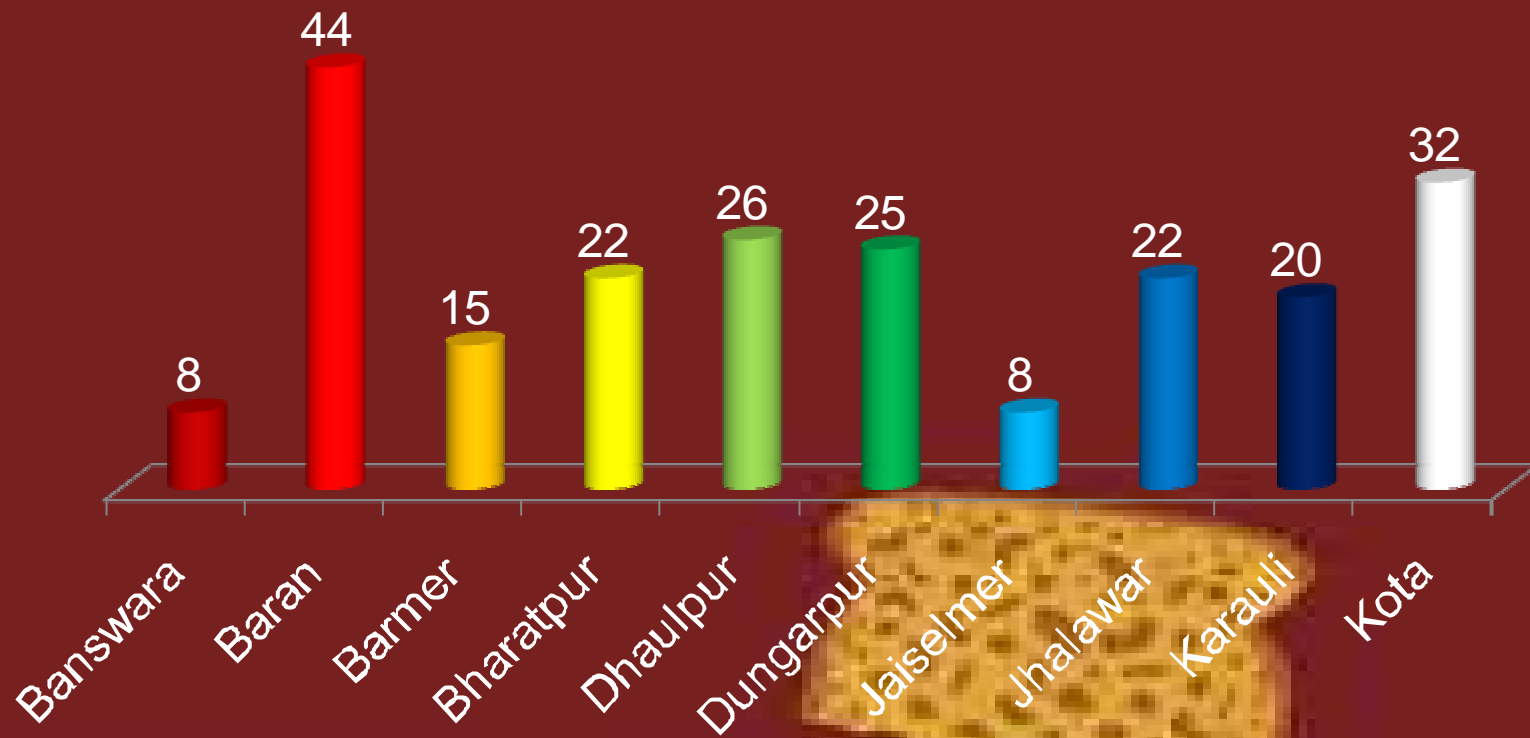


Families using soap for washing hands before meals(%)



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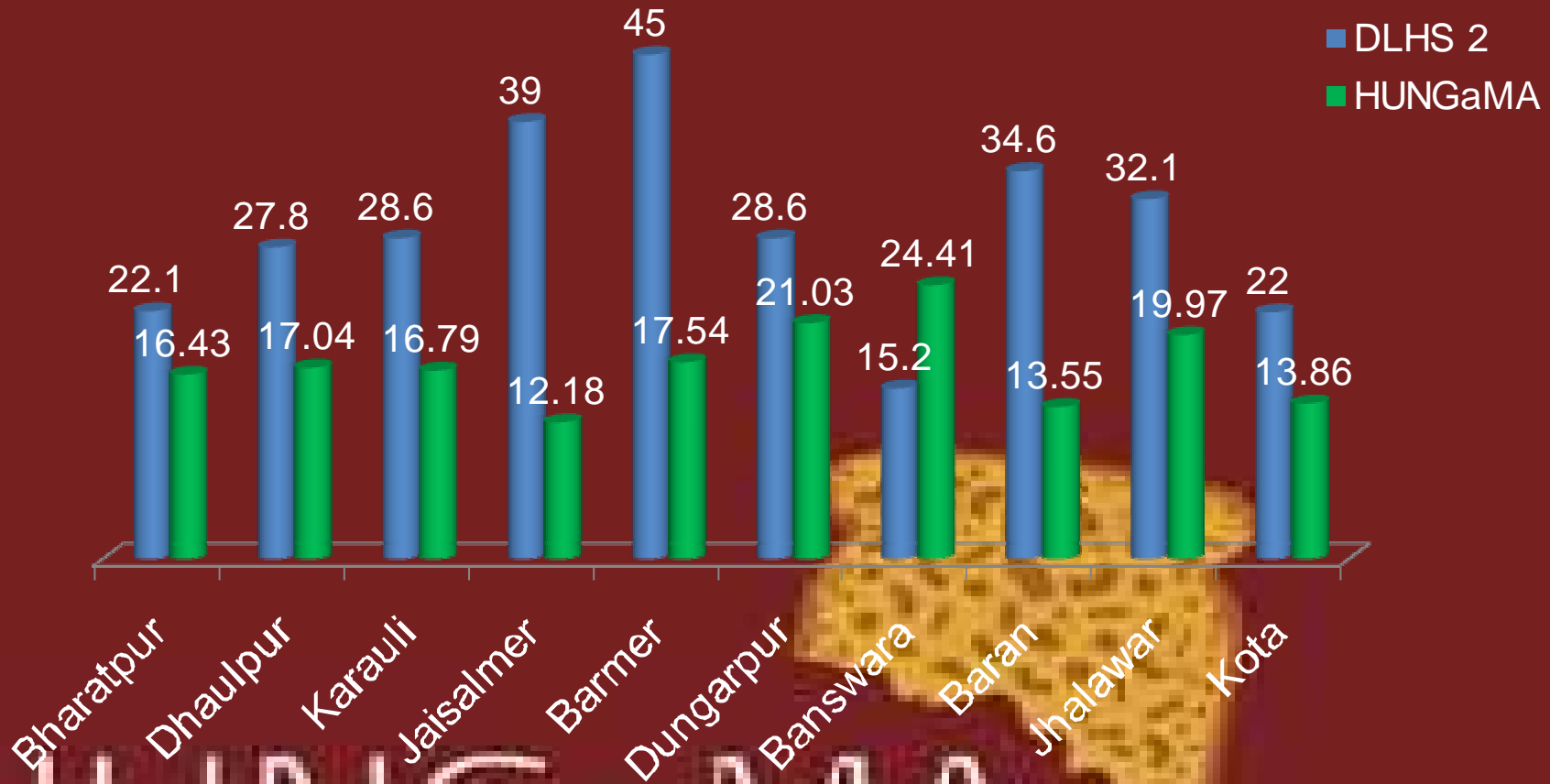
Families using Soap for Hand Washing after Visiting Toilet (%)





Underweight(%)

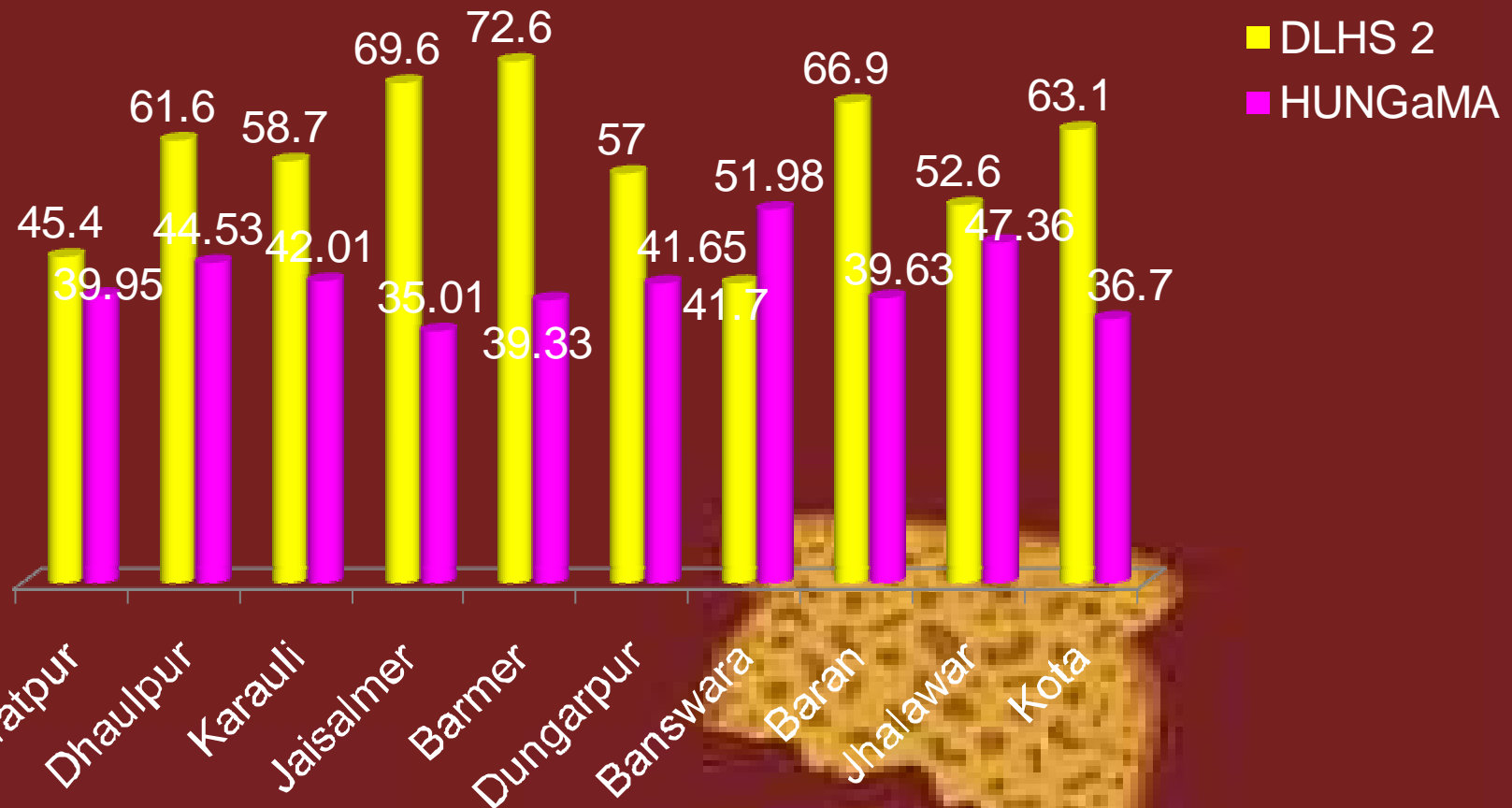
DLHS 2 v/s HUNGaMA Survey (-3SD)



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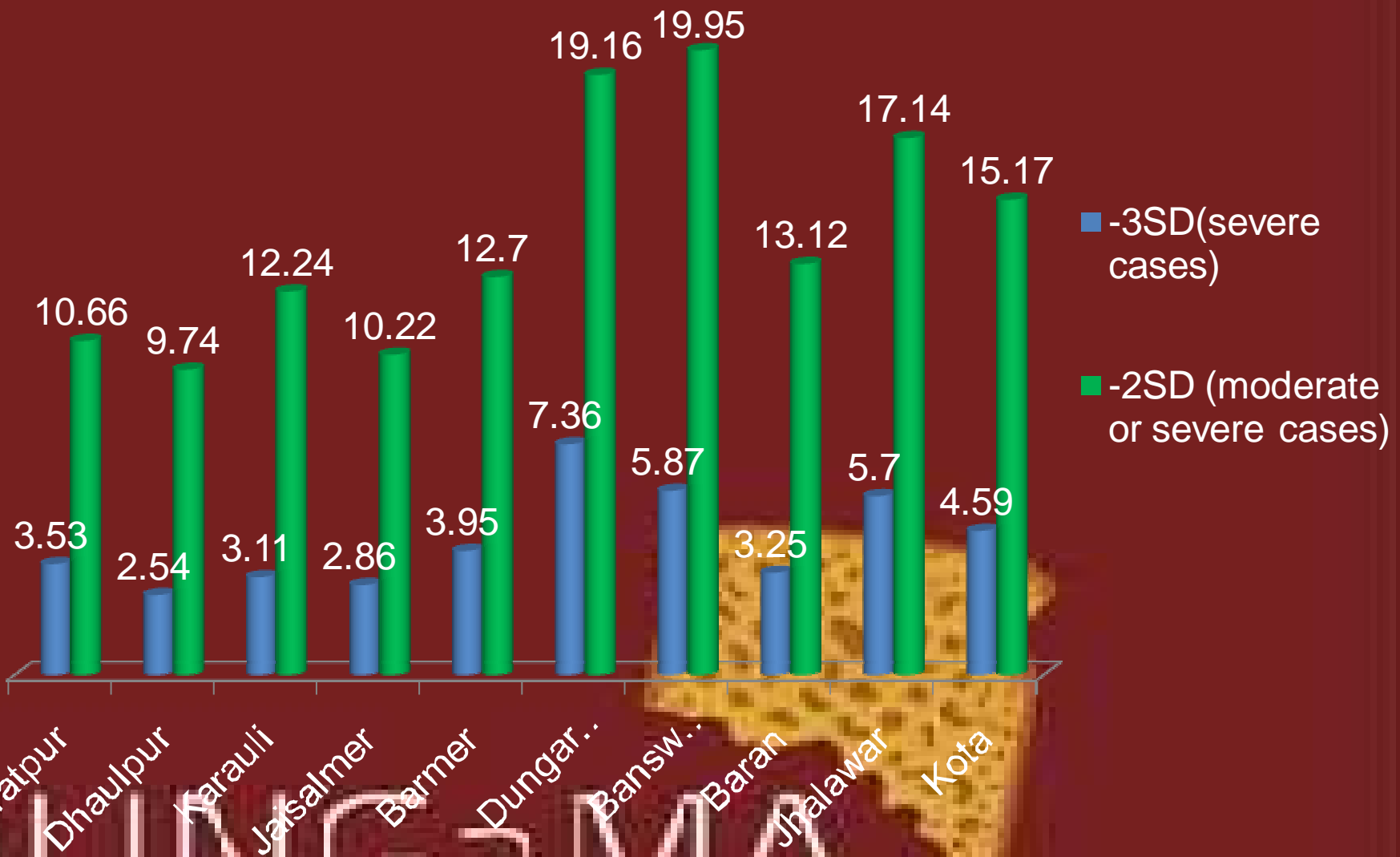


Underweight(%): DLHS 2 v/s HUNGaMA Survey (-2SD)



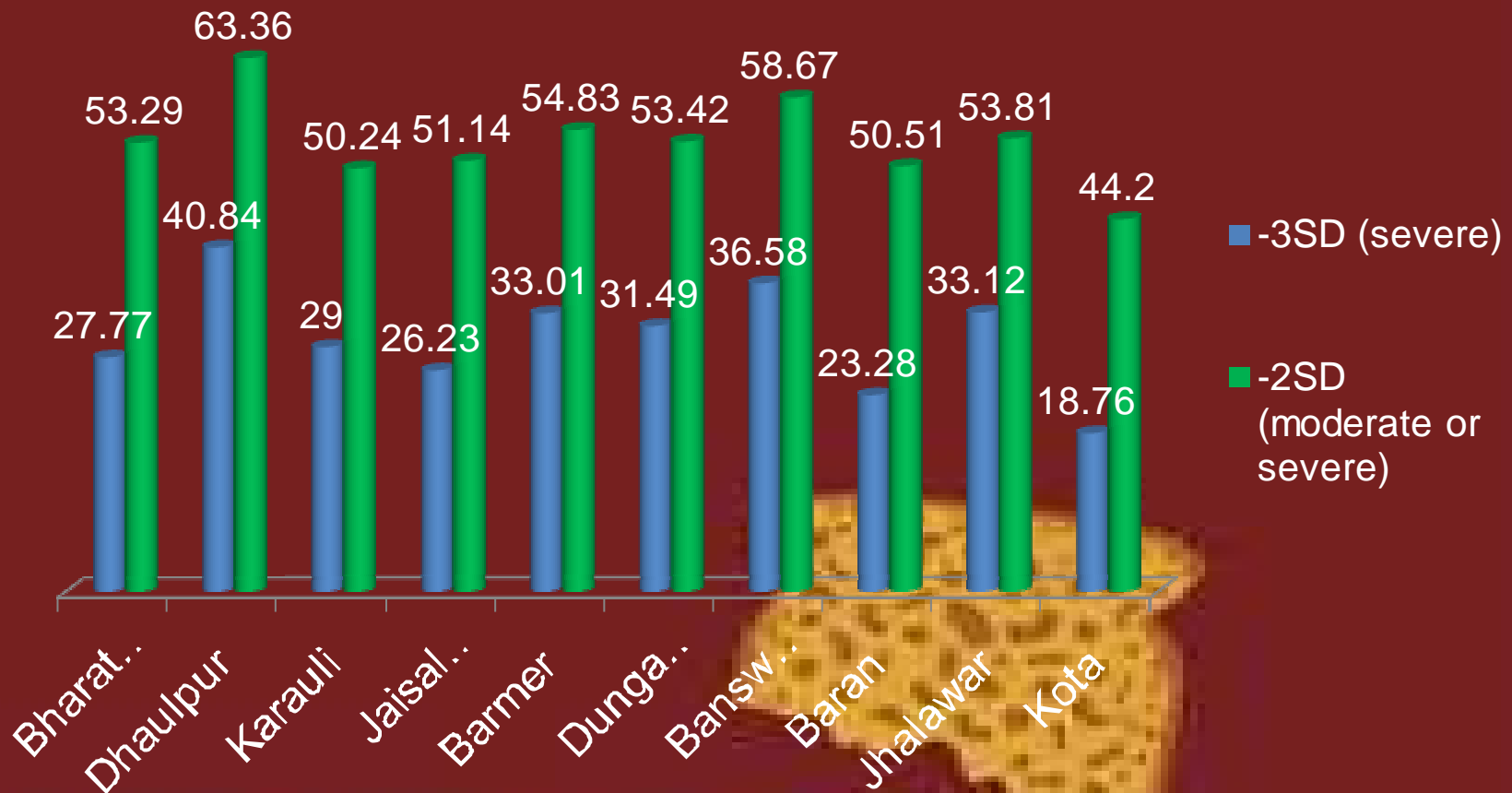
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Wasting in Children (0-59 mths) (%)



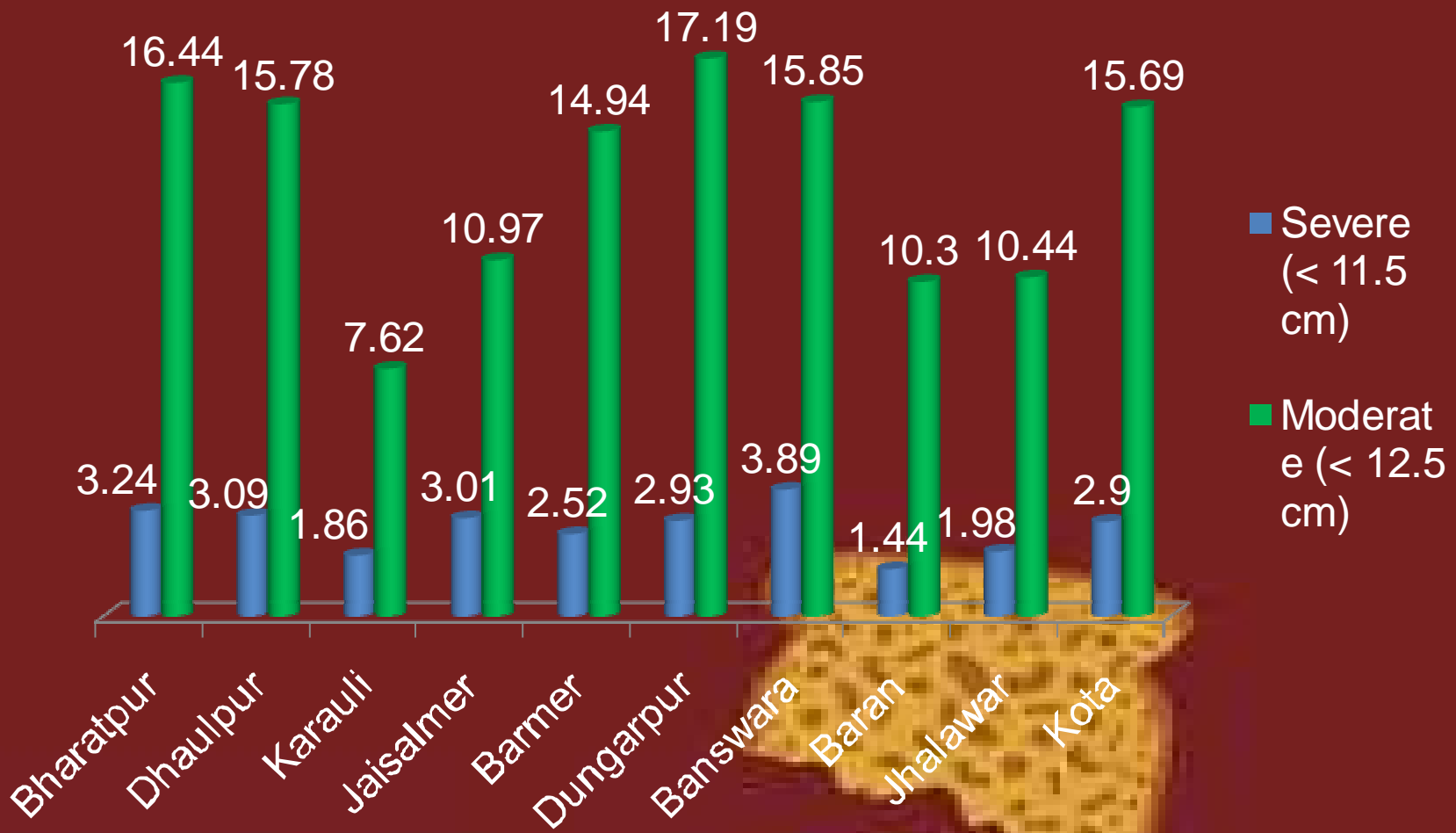
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Stunting in Children 0-59 mths(%)

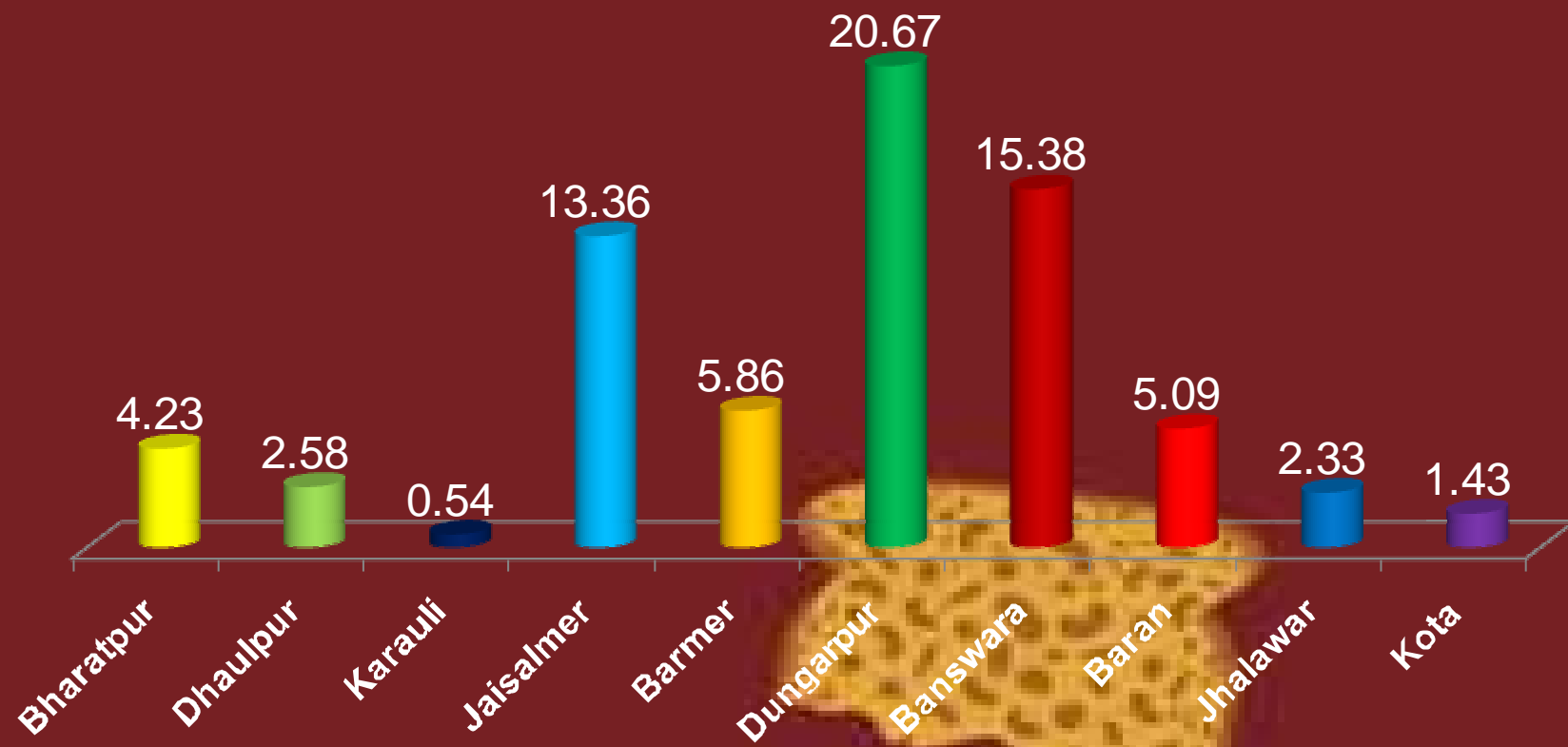




Malnutrition by (MUAC) in children 0-59 mths (%)



Oedema in Children(0-59mths) (%)

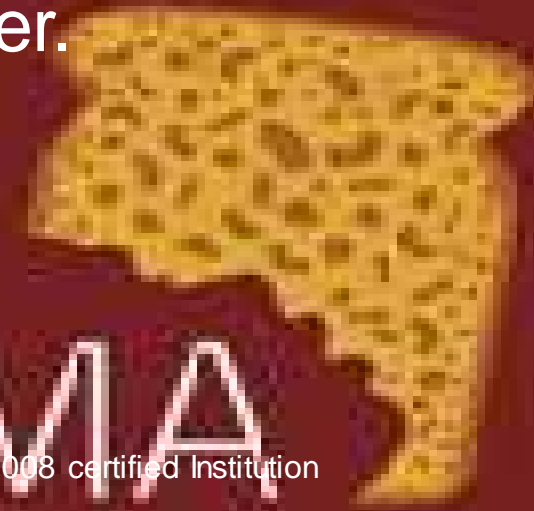


Problems Identified

- 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.

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- 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

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