

POSHAN

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Partnerships and Opportunities to Strengthen  
and Harmonize Actions for Nutrition in India

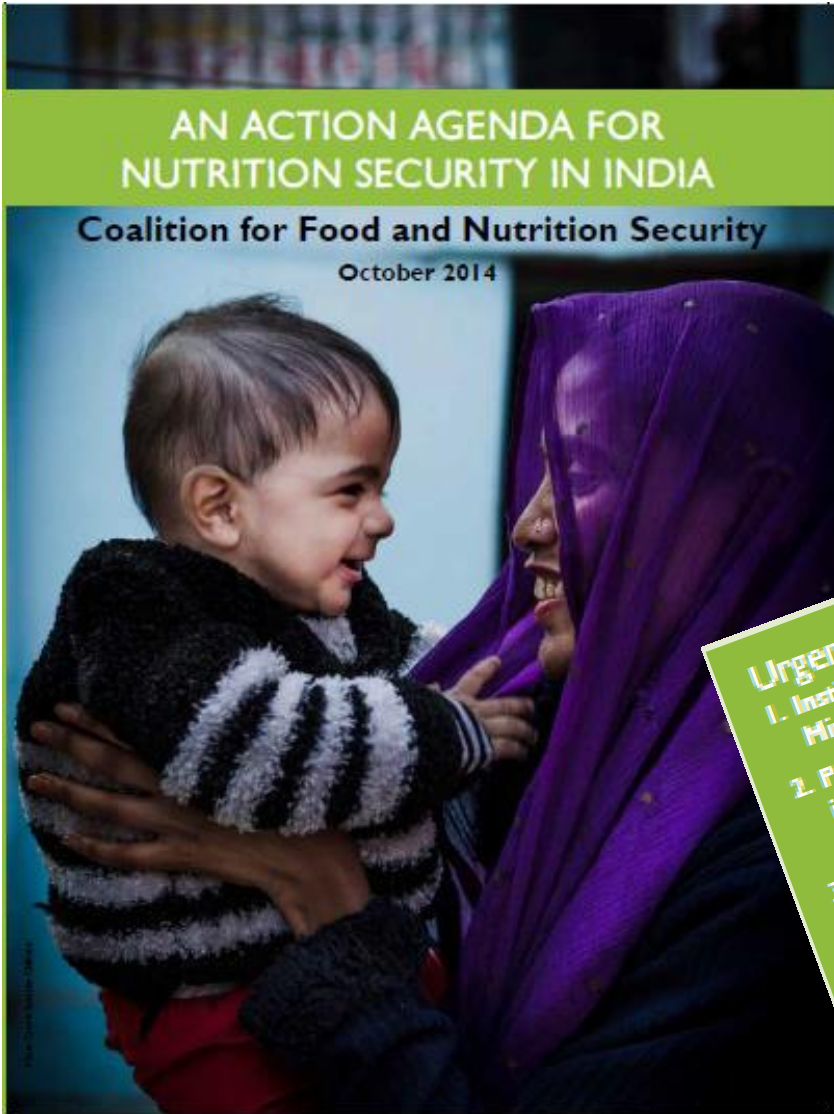


# A review of data on nutrition in India: Preliminary findings

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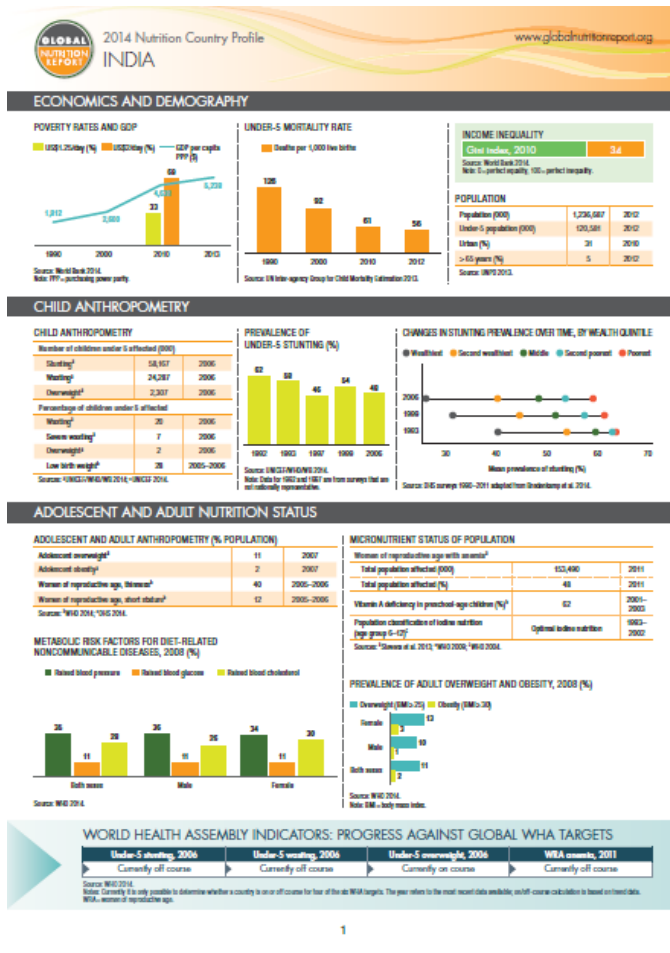


**Urgent Areas of Action**

1. Institutionalize leadership for nutrition within the Prime Ministerial and Chief Ministerial Offices.
2. Prioritize universal coverage of selected evidence-informed essential nutrition interventions (ENIs), with a special focus on children under two years of age, pregnant women and adolescent girls (See Box 1 for ENIs).
3. Finance and deliver at scale the ENIs with active attention to equity.
4. Ensure equitable access to food security, including dietary diversity, primary health care, safe drinking water, environmental and household sanitation and address gender issues pertaining to women's education and delaying age of conception.
5. Position nutrition as a development indicator and establish a reliable system for periodic data-driven updates on the state of nutrition in India.

**5. Prioritize nutrition as a development indicator and establish a reliable system for periodic data-driven updates on the state of nutrition in India**

# Global Nutrition Report India Country Profile highlights significant data gaps



## CHILD ANTHROPOMETRY

Number of children under 5 affected (000)

Stunting <sup>a</sup>	58,167	2006
Wasting <sup>a</sup>	24,287	2006
Overweight <sup>a</sup>	2,307	2006

Percentage of children under 5 affected

Wasting <sup>a</sup>	20	2006
Severe wasting <sup>a</sup>	7	2006
Overweight <sup>a</sup>	2	2006
Low birth weight <sup>b</sup>	28	2005–2006

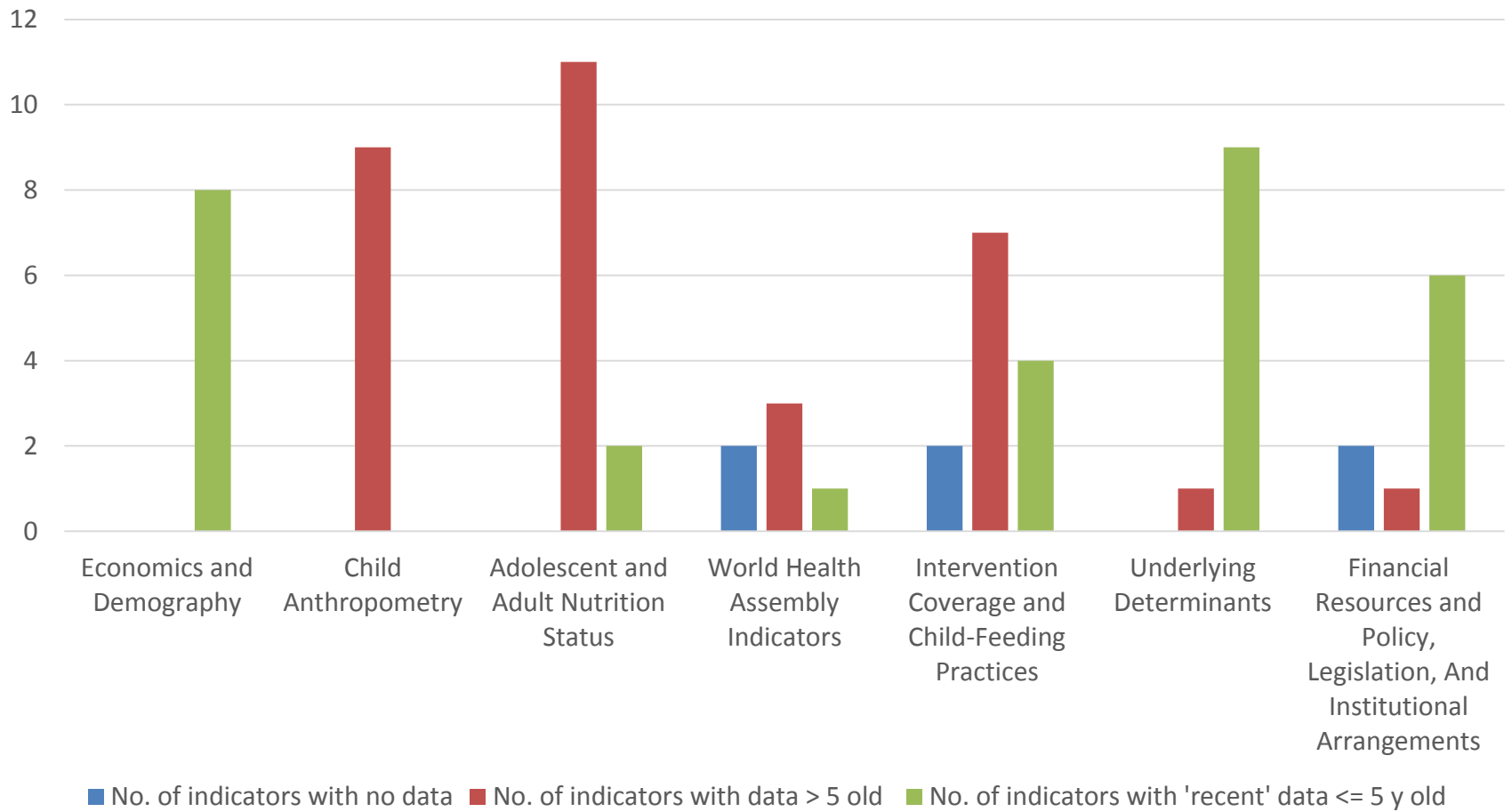
Sources: <sup>a</sup>UNICEF/WHO/WB 2014; <sup>b</sup>UNICEF 2014.

## ADOLESCENT AND ADULT ANTHROPOMETRY (% POPULATION)

Adolescent overweight <sup>a</sup>	11	2007
Adolescent obesity <sup>a</sup>	2	2007
Women of reproductive age, thinness <sup>b</sup>	40	2005–2006
Women of reproductive age, short stature <sup>b</sup>	12	2005–2006

Sources: <sup>a</sup>WHO 2014; <sup>b</sup>DHS 2014.

# GNR 2014: Distribution of India indicators, by data availability



**Overall: Of 68 indicators, no data for 6, > 5 y old data for 32 and <5 year old data for 30**

# Why are data gaps an issue?

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- Development of national- and state-level missions for nutrition means there is a need to
  1. Benchmark progress to date
  2. Set realistic goals and targets for nutrition outcomes based on prior trends and potential to accelerate trends
  3. Identify key intervention/policy areas to accelerate action
- Devolution of planning to districts means there is a great need for districts to understand the state of nutrition and its drivers to inform various action plans

# Framework for data review

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- I. **Geographic coverage:** can national estimates be derived? At what levels is the data representative?
- II. **Content:** does the data source cover the state of nutrition and its causes at multiple levels?
- III. **Comparability:** can indicators be compared over time? Or across surveys?
- IV. **Frequency/temporality:** how often are surveys done?
- V. **Ownership and financing:** Who owns the data? Who finances it? Does this have implications for data access?
- VI. **Availability:** is the data set available in the public domain, or via a simple data access request?

# Summary of surveys reviewed

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- National Family Health Survey (NFHS)
- District-level Household Survey (DLHS)
- Annual Health Survey (AHS):
- India Human Development Survey (IHDS)
- HuNGaMA Survey
- Rapid Survey on Children (RSOC)

Results presented here are illustrative and not comprehensive

# Geographic coverage

Survey	Rounds	Coverage
NFHS	NFHS 1, 2 & 3	All India
DLHS <sup>†</sup>	DLHS 1, 2 & 3	All India
	DLHS 4	20 states (i.e., 336 districts, UTs excluding those covered under AHS)
AHS <sup>††</sup>	AHS 1, 2 & 3	9 states (i.e., Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan, and Assam)
RSOC*	2013	All-India + 29? States

<sup>†</sup>DLHS 4 (2012—13) state fact sheets are only available for 18 states and 3 union territories

<sup>††</sup>AHS 3 latest round was released in 2013.

\*RSOC national estimates shared for GHI and GNR



# Representativeness: core nutrition outcomes

CORE NUTRITION OUTCOMES FOR CHILDREN AND MOTHERS	NFHS 3	DLHS 4	AHS	RSOC
Child stunting, underweight & wasting(%)	S	D <sup>†</sup>	D <sup>††</sup>	S
Percentage of women with chronic energy deficiency (Body Mass Index <18.5) (%)	S	D <sup>†</sup>	D <sup>††</sup>	S

<sup>†</sup>DLHS 4 state fact sheets are only available for 18 states and 3 union territories

<sup>††</sup>AHS recently completed a Clinical, Anthropometric and Biomedical (CAB) survey for a selected sub-sample of the main AHS sample

# Content: Core nutrition indicators

CORE NUTRITION INDICATORS	NFHS 3 (2005—06)	DLHS 3 (2007— 08)	DLHS 4 (2013— 14)
Children <5yrs stunted, underweight & wasted (%)	YES	NO	YES <sup>†</sup>
Children (6-59 months) having anaemia (%)	YES	NO	YES <sup>†</sup>
Percentage of women with chronic energy deficiency (Body Mass Index <18.5) (%)	YES	NO	NO
Children who achieve minimum diet diversity (%)	YES	NO	NO

<sup>†</sup>DLHS 4 state fact sheets are only available for 18 states and 3 union territories  
*DLHS 4 website, accessed on 02.02.2015*

# Comparability: Reference group inconsistencies in child anthropometry *within surveys*

Child anthropometry <sup>†</sup>	
NFHS	
Survey rounds	Reference group
NFHS 1	<4 years
NFHS 2	<3 years
NFHS 3	<5 years

Child anthropometry <sup>†</sup>	
DLHS	
Survey rounds	Reference group
DLHS 1	NO DATA
DLHS 2	<6 years <sup>††</sup>
DLHS 3	NO DATA
DLHS 4	< 5 years

<sup>†</sup>stunting, underweight and wasting

<sup>††</sup> only underweight

# Comparability: Target respondents

Survey	Rounds	Women sample
NFHS	NFHS 1	<b>Ever-married</b> women of age <b>13—49</b>
	NFHS 2	Ever-married women of age 15—49
	NFHS 3	All women of age 15—49
DLHS	DLHS 1	<b>Currently married</b> women of age <b>15—44</b>
	DLHS 2	Currently married women of age 15—44
	DLHS 3	<b>Ever-married women of age 15—49</b> & Never-married women of age 15—24
	DLHS 4	Ever-married women of age 15—49
AHS	AHS 1, 2 & 3	No woman-specific sampling

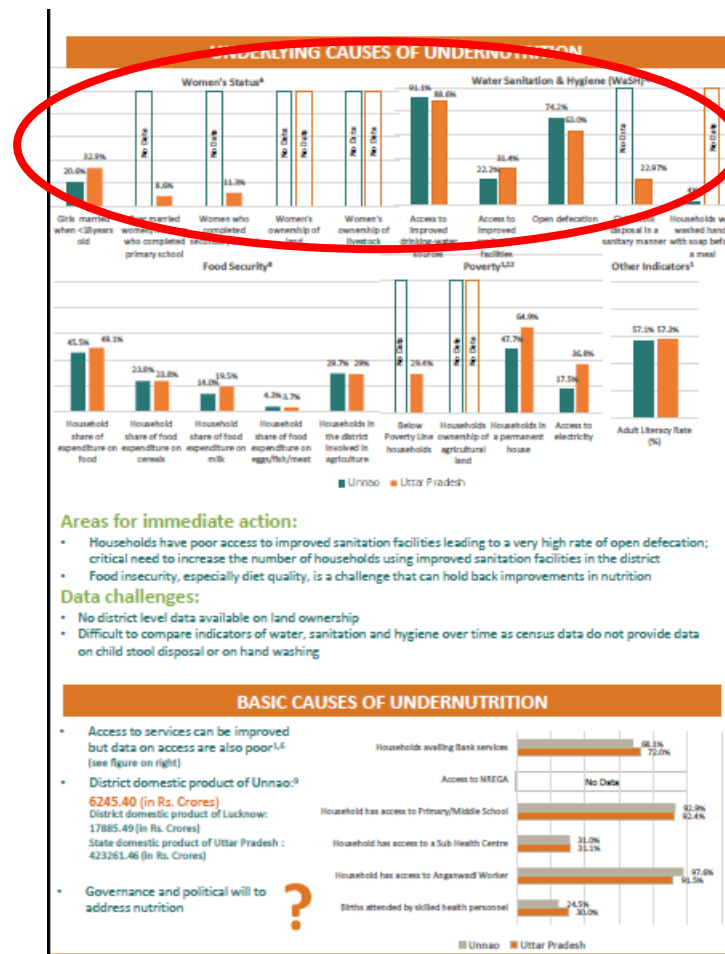
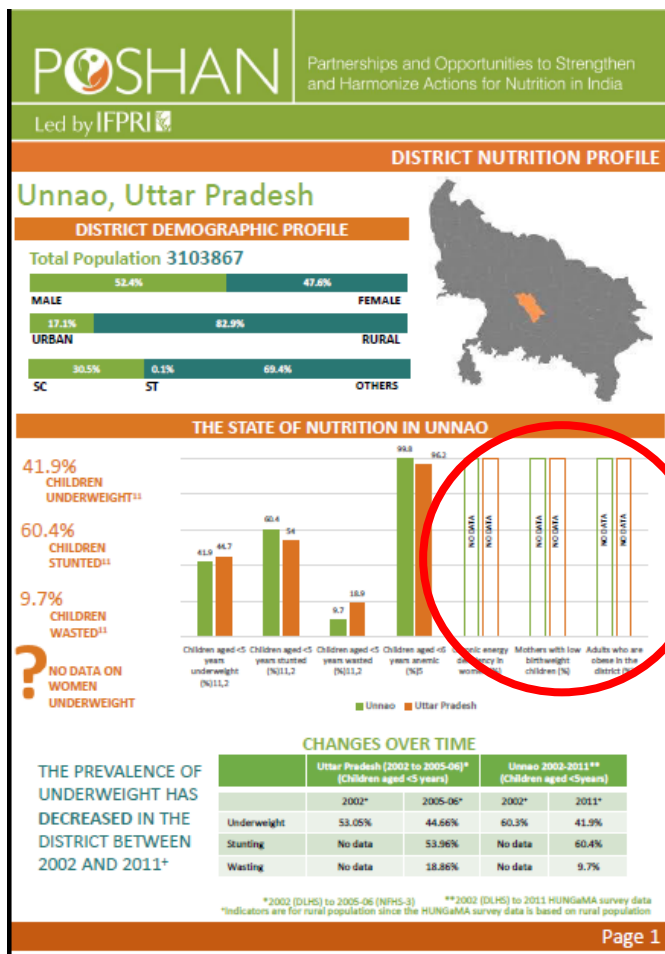
# Frequency: Data collection

Survey	Rounds	Time gap between surveys
NFHS	NFHS 1 (1992–93) to NFHS 2 (1998–99)	6 years
	NFHS 2 (1998–99) to NFHS 3 (2005–06)	7 years
	NFHS 3 (2005–06) to NFHS 4 (2014–?)	9 years +
DLHS	DLHS 1 (1998–99) to DLHS 2 (2002–04)	5 years
	DLHS 2 (2002–04) to DLHS 3 (2007–08)	4 years
	DLHS 3 (2007–08) to DLHS 4 (2012–13)	5 years (report yet unreleased)
AHS	AHS 1 (2010–11), 2 (2011–12) & 3 (2012–13)	1 year

# Ownership, financing & access

Data	Ownership	Financing	Data access
NFHS	Ministry of Health and Family Welfare (MoHFW), conducted by IIPS	USAID provided major funding in round 1 & 2 with supplemental support from UNICEF. Round 3 was supported by USAID, BMGF, DFID, UNFPA & GoI. Round 4 funded by USAID and MoHFW	Public (Measure-DHS website)
DLHS	MoHFW, conducted by IIPS	MoHFW, UNFPA, UNICEF (for third round)	On request
AHS	MoHFW, conducted by RGI	?	On request?
RSOC	MWCD	MWCD, UNICEF	TBD
IHDS	University of Maryland and National Council of Applied Economic Research (NCAER)	National Institutes of Health, Ford Foundation, <i>NCAER, University of Maryland</i>	Public
Hungama	Naandi Foundation	Funding: Avantha Foundation, Soma Enterprise Ltd. and Mahindra & Mahindra	On request

# Significant data challenges at district level: POSHAN District Nutrition Profiles



# Take-aways

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1. The nutrition data situation in India is not simply one of a lack of timely data
2. Issues abound: content, comparability, representativeness, availability, and more (quality?)
3. Imperative to hone in on a set of core indicators for which comparable data is available at national, state and district level and over time

