Naandi

The HUNGaMA Survey Report 2011

The HUNGaMA (Hunger and Malnutrition) Survey conducted across 112 rural districts of India in 2011 provides reliable estimates of child nutrition covering nearly 20% of Indian children. Its objective was to understand the current situation and provide a basis for focused action.

The idea of this survey was triggered by the Citizens' Alliance against Malnutrition - a group of young leaders, most of them young parliamentarians - in the context of a wide gap in current data and knowledge on child malnutrition in India.

Of the 112 districts surveyed, 100 are those with the poorest child development indicators, and referred to as the 100 Focus Districts in this report. These districts are located across six states - Bihar, Jharkhand, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. Having the largest sample size for a child nutrition survey since 2004, the HUNGaMA Survey captured nutrition status of 109,093 children under five years. Data collection took place between October 2010 and February 2011 in 3,360 villages across 9 states. Coordinated by the Naandi Foundation, the HUNGaMA Survey presents underweight, stunting and wasting data at the district level (last done in 2004 by DLHS-2, which reported only underweight estimates). It is also the first ever effort to make the voices of over 74,000 mothers heard.

HUNGaMA
Fighting Hunger & Malnutrition

Key findings of the survey in 100 Focus Districts are:

- A reduction in the prevalence of child malnutrition is observed: the prevalence of child underweight has decreased from 53 per cent to 42 per cent; this represents a 20.3% decrease over a 7 year period with an average annual rate of reduction of 2.9%.

- Child malnutrition is widespread across states and districts and starts early in life: 42 per cent of children under five are underweight and 59 per cent are stunted. Of the children suffering from stunting, about half are severely stunted; about half of all children are underweight or stunted by age 24 months

- Birth weight is an important risk-factor for child malnutrition: the prevalence of underweight in children born with a weight below 2.5 kg is 50 per cent while that among children born with a weight above 2.5 kg is 34 per cent;

- Household socio-economic status has a significant effect on children's nutrition status: The prevalence of malnutrition is significantly higher among children from low-income families. Children from Muslim or SC/ST households generally have worse nutrition indicators;

- Girls' nutrition advantage over boys fades away with time: The nutrition advantage girls have over boys in the first months of life seems to be reversed over time as they grow older, potentially indicating neglect vis-à-vis girls in early childhood;

- Mothers' education level determines children's nutrition: the prevalence of child underweight among mothers who cannot read is 45 per cent while that among mothers with 10 or more years of education is 27 per cent; 92 per cent mothers had never heard the word "malnutrition";

- Giving colostrum to the newborn and exclusive breastfeeding for first 6 months of a child's life are not commonly practiced: Half (51 per cent) the mothers did not give colostrum to the newborn soon after birth and 58 per cent mothers fed water to their infants before 6 months.

- Hand washing with soap is not a common practice: 11 per cent mothers said they used soap to wash hands before a meal and 19 per cent do so after a visit to the toilet;

- Anganwadi Centres are widespread but not always efficient: There is an Anganwadi Centre in 96 per cent of the villages, 61 per cent of them in pucca buildings; the Anganwadi service accessed by the largest proportion of mothers (86 per cent) is immunization; 61 per cent of Anganwadi Centres had dried rations available and 50 per cent provided food on the day of survey; only 19 per cent of the mothers reported that the Anganwadi Centre provides nutrition counseling to parents.

While the signs of progress in the data are promising, much more remains to be done. Special efforts would be vital for the most vulnerable children: the youngest (from conception to age two years), the poorest (children of families in the lowest wealth quintiles) and the excluded (those at the risk of exclusion on the basis of gender or social identity).