State of Nutrition among Children in Parliamentary Constituencies of India

- Stunting
- Underweight
- Wasting
- Low Birth Weight
- Anaemia
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Rockli Kim is a Research Associate at the Harvard Center for Population and Development Studies. She received her ScD from the Department of Social and Behavioral Sciences and SM from the Department of Global Health and Population at the Harvard T.H. Chan School of Public Health. Her current research work focuses on investigating variations in individual and population health and well-being using multilevel statistical modelling, and assessing social determinants of child undernutrition and early childhood development in low- and middle-income countries.
To accelerate the rate of improvement in population health and well-being, representatives with the most direct interactions with, and accountability over, its constituents should have access to the most accurate and up-to-date evidence to develop policies that can efficiently and effectively serve its people. In India, Parliamentary Constituency is an important unit at which political discourse and action takes place.

In this informational booklet, using state-of-the-art methodologies and the 2016 National Family Health Survey, we present the first robust estimates on five indicators of child malnutrition (i.e., stunting, underweight, wasting, low birth weight, anaemia) for the 543 Parliamentary Constituencies for each state in India. These indicators are commonly used as markers of child malnutrition and are also identified for monitoring the progress under the POSHAN Abhiyaan – India’s flagship programme to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers by leveraging technology, a targeted approach and convergence.

The POSHAN Abhiyaan was launched on 8th March 2018 by Prime Minister Shri Narendra Modi in Jhunjhunu, Rajasthan. The POSHAN Abhiyaan targets to reduce stunting, undernutrition, anaemia (among young children, women and adolescent girls) and low birth weight by 2%, 2%, 3% and 2% per annum respectively. As the Government of India attempts to realize the goals outlined in the POSHAN Abhiyaan to improve the nutritional status of children in India, the information generated in this report should go long way in enabling Parliamentarians to understand the extent of the undernutrition problem in their respective constituencies, and to find meaningful ways to collaborate with, and learn from, each other to find effective strategies to realizing the full health and human capital potentials of India’s children.

We hope that future efforts on monitoring and surveillance of indicators of health, development and well-being will be routinely done at the Parliamentary Constituencies level.
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POSHAN Abhiyaan is India’s flagship programme to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers by leveraging technology, a targeted approach and convergence.

In 2017, the Union Cabinet chaired by Prime Minister Shri Narendra Modi approved setting up of National Nutrition Mission (NNM) with a three year budget of Rs.9046.17 crore commencing from 2017-18.

More than 10 crore people will be benefitted by this programme. All the States and districts will be covered in a phased manner i.e. 315 districts in 2017-18, 235 districts in 2018-19 and remaining districts in 2019-20.

POSHAN Abhiyaan was launched on 8th March 2018 by the Prime Minister in Jhunjhunu, Rajasthan.

**National Nutrition Mission targets to reduce**

- **Stunting**
  - 2% p.a.

- **Undernutrition**
  - 2% p.a.

- **Anemia**
  - 3% p.a.

- **Low Birth Weight**
  - 2% p.a.

- Although the target to reduce Stunting is at least 2% per annum, Mission would strive to achieve reduction in Stunting from 38.4% to 25% by 2022.

Introduction

The Motivation

The Members of the Parliament help connect and shape the health and developmental priorities of the nation. Notwithstanding the dedication and efforts, the Members of the Parliament are often constrained by data inadequacy that disallows any systematic understanding of the magnitude and distribution of the problem among the constituents.

Availability of such data is critical not only to help understand how the various Parliamentary Constituencies are performing, but also to foster comparisons and conversations among the Members of the Parliaments to promote governance and action on dismantling barriers to health and health equity.

The Need

The policy discourse around nutritional issues is increasingly being driven by data, in part due to the availability as well as the perceived necessity to collect data, at the district level. At the same time, for real impact and action, political will and support is critical to the success of any public policy. Yet, data pertaining to key developmental indicators do not exist at the level of the Parliamentary Constituencies - the unit for significant political discourse and action.

The Content

In this informational booklet, we use the state-of-the-art methodologies and the most recent National Family Health Survey 2015-16 to present the first robust estimates on five indicators of child malnutrition (i.e., stunting, underweight, wasting, low birth weight, and anaemia) by Parliamentary Constituencies for each state in India. These indicators are priority targets under the POSHAN Abhiyaan.

For further details related to the data and methods, please see:


The Purpose

The Parliamentary Constituency-level estimates and their ranking are intended to help support discussions and collaborations among Parliamentarians, NITI leadership and relevant ministries at the national and state level to promote nutritional health in India.
Stunting

Distribution of stunting (in percent) among children across Parliamentary Constituencies

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Parliamentary Constituencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>43.8% - 63.6%</td>
<td>41. Bahraich, 42. Shrawasti, 43. Kaisarganj, 44. Gonda, 45. Sitamarhi, 46. Domriaganj, 47. Dhaourahra, 48. Sitapur, 49. Budaun, 50. Singhbhum</td>
</tr>
</tbody>
</table>

20 Parliamentary Constituencies with the lowest stunting prevalence

20 Parliamentary Constituencies with the highest stunting prevalence
Height-for-age is a measure of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted), or chronically undernourished.

What is Stunting

Stunting prevalence in India is 38%

The absolute gap between the highest and the lowest stunting prevalence across Parliamentary Constituencies is 49%

Child Nutrition in Parliamentary Constituencies of India
Distribution of underweight (in percent) among children across Parliamentary Constituencies

11.1% - 23.9%
24.0% - 30.0%
30.1% - 36.0%
36.1% - 42.1%
42.2% - 60.9%

20 Parliamentary Constituencies with the **lowest underweight prevalence**

1. Anantnag
2. Kottayam
3. Inner Manipur
4. Kannur
5. Mizoram
6. Baramula
7. Pathanamthitta
8. Kollam
9. Thrissur
10. Srinagar
11. Outer Manipur
12. Chalakudy
13. Ernakulam
14. Amritsar
15. Idukki
16. Sikkim
17. Kasaragod
18. Vadakara
19. Kanniyakumari
20. Mavelikkara

20 Parliamentary Constituencies with the **highest underweight prevalence**

1. Singhbhum
2. Puruliya
3. Budaun
4. Morena
5. Shahjahanpur
6. Khunti
7. Jaunpur
8. Gulbarga
9. Nandurbar
10. Jamshedpur
11. Khargone
12. Banswara
13. Udaipur
14. Aurangabad
15. Jahanabad
16. Machhlishahr
17. Gaya
18. Bellary
19. Dumka
20. Kaushambi
Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic undernutrition. Children whose weight-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight.

Underweight prevalence in India is **36%**

The absolute gap between the highest and the lowest underweight prevalence across Parliamentary Constituencies is **50%**
20 Parliamentary Constituencies with the lowest wasting prevalence
1. Inner Manipur
2. Outer Manipur
3. Mizoram
4. Anantnag
5. Baramula
6. Farrukhabad
7. Lakhimpur
8. Leh (Ladakh)
9. Gonda
10. Shrawasti

20 Parliamentary Constituencies with the highest wasting prevalence
1. Jamshedpur
2. Garhchiroli-Chimur
3. Khunti
4. Tehri Garhwal
5. Valsad
6. Nandurbar
7. Bardoli
8. Raichur
9. Giridih
10. Puruliya
11. Jorhat
12. Jammu

Distribution of wasting (in percent) among children across Parliamentary Constituencies
- 5.9% - 14.9%
- 15.0% - 17.7%
- 17.8% - 20.9%
- 21.0% - 25.2%
- 25.3% - 39.6%
### What is wasting

Weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted), or acutely undernourished.

#### Underweight prevalence in India is 23%

The absolute gap between the highest and the lowest wasting prevalence across Parliamentary Constituencies is 34%
Distribution of low birth weight (in percent) among children across Parliamentary Constituencies

- 4.1% - 13.3%
- 13.4% - 15.0%
- 15.1% - 17.0%
- 17.1% - 19.9%
- 20.0% - 35.5%

20 Parliamentary Constituencies with the lowest low birth weight prevalence
1. Mizoram
2. Nagaland
3. Sikkim
4. Outer Manipur
5. Inner Manipur
6. Arrah
7. Rajnandgaon
8. Raipur
9. Bilaspur
10. Bhagalpur

11. Leh (Ladakh)
12. Arunachal West
13. Banka
14. Autonomous District
15. Arunachal East
16. Shillong
17. Bastar
18. Valmiki Nagar
19. Janjir-Champa
20. Korba

20 Parliamentary Constituencies with the highest low birth weight prevalence
1. Mandsaur
2. Ratlam
3. Karauli - Dhaulpur
4. Rampur
5. Sambhal
6. North West Delhi
7. Ujjain
8. Sitapur
9. Gwalior
10. Narsapuram

11. Mayurbhanj
12. Morena
13. Bahraich
14. Moradabad
15. Tonk - Sawai Madhopur
16. Muzaffarnagar
17. Firozabad
18. Kheri
19. Dausa
20. Nabarangapur
Low birth weight is a term used to describe babies who are born weighing less than 5 pounds, 8 ounces (2,500 grams). An average newborn usually weighs about 8 pounds. A low-birth-weight baby may be healthy even though he or she is small. But a low-birth-weight baby can also have many serious health problems.

What is low birth weight

Low Birth Weight prevalence in India is **18%**

The absolute gap between the highest and the lowest low birth weight prevalence across Parliamentary Constituencies is **31%**
Distribution of anaemia (in percent) among children across Parliamentary Constituencies

17.8% - 47.3%
47.4% - 55.0%
55.1% - 62.0%
62.1% - 68.6%
68.7% - 83.6%

20 Parliamentary Constituencies with the lowest anaemia prevalence
1. Kollam
2. Bhubaneswar
3. Nagaland
4. Mizoram
5. Outer Manipur
6. Cuttack
7. Thiruvananthapuram
8. Attingal
9. Pathanamthitta
10. Inner Manipur
11. Mavelikara
12. Bhadrak
13. Puri
14. Jagatsinghpur
15. Alappuzha
16. Autonomous District
17. Karimganj
18. Ernakulam
19. Kendrapara
20. Baleshwar

20 Parliamentary Constituencies with the highest anaemia prevalence
1. Dadra & Nagar Haveli
2. Singhbhum
3. Banswara
4. Khargone
5. Kachchh
6. Jalaun
7. Khandwa
8. Udaipur
9. Gurgaon
10. Muzaffarnagar
11. Dhar
12. Shahjahanpur
13. Rampur
14. Pilibhit
15. Saharanpur
16. Jamnagar
17. Junagadh
18. Kota
19. Mahesana
20. Sambhal
Anaemia is a condition that is marked by low levels of haemoglobin in the blood. Children with haemoglobin levels below 11.0 g/dl were considered to be anaemic.

What is Anaemia

Anaemia prevalence in India is 59%

The absolute gap between the highest and the lowest anaemia prevalence across Parliamentary Constituencies is 66%
Parliamentary Constituency Estimates and Ranks by States

Andaman & Nicobar Island

Andhra Pradesh

- Amlapuram
- Anakapalli
- Anantapur
- Araku
- Bapatla
- Chittoor
- Eluru
- Guntur
- Hindupur
- Kadapa

#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

- Stunting
- Underweight
- Wasting
- Low Birth Weight
- Anaemia
<table>
<thead>
<tr>
<th>Parliamentary Constituency</th>
<th>Child Nutrition Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Araria</td>
<td>48.0%</td>
</tr>
<tr>
<td>Arrah</td>
<td>43.7%</td>
</tr>
<tr>
<td>Aurangabad</td>
<td>50.9%</td>
</tr>
<tr>
<td>Banka</td>
<td>49.3%</td>
</tr>
<tr>
<td>Begusarai</td>
<td>44.7%</td>
</tr>
<tr>
<td>Bhagalpur</td>
<td>47.3%</td>
</tr>
<tr>
<td>Buxar</td>
<td>46.0%</td>
</tr>
<tr>
<td>Darbhanga</td>
<td>48.1%</td>
</tr>
<tr>
<td>Gaya</td>
<td>49.3%</td>
</tr>
<tr>
<td>Gopalganj</td>
<td>37.6%</td>
</tr>
<tr>
<td>Hajipur</td>
<td>52.6%</td>
</tr>
<tr>
<td>Jahanabad</td>
<td>50.4%</td>
</tr>
<tr>
<td>Jamui</td>
<td>46.7%</td>
</tr>
<tr>
<td>Jhanjharpur</td>
<td>52.5%</td>
</tr>
<tr>
<td>Karakat</td>
<td>47.1%</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

Stunting Underweight Wasting Low Birth Weight Anaemia
Child Nutrition in Parliamentary Constituencies of India
### Gandhinagar
- Stunting: 31.2%
- Underweight: 38.1%
- Wasting: 28.2%
- Low Birth Weight: 17.1%
- Anaemia: 73.3%

### Jamnagar
- Stunting: 29.7%
- Underweight: 30.3%
- Wasting: 30.3%
- Low Birth Weight: 14.7%
- Anaemia: 76.5%

### Junagadh
- Stunting: 31.1%
- Underweight: 28.7%
- Wasting: 26.5%
- Low Birth Weight: 15.2%
- Anaemia: 76.5%

### Kachchh
- Stunting: 37.9%
- Underweight: 37.5%
- Wasting: 31.4%
- Low Birth Weight: 13.7%
- Anaemia: 79.3%

### Kheda
- Stunting: 42.8%
- Underweight: 43.8%
- Wasting: 25.1%
- Low Birth Weight: 21.8%
- Anaemia: 58.5%

### Mahesana
- Stunting: 40.1%
- Underweight: 42.4%
- Wasting: 25.0%
- Low Birth Weight: 17.1%
- Anaemia: 76.4%

### Navsari
- Stunting: 35.3%
- Underweight: 34.1%
- Wasting: 22.7%
- Low Birth Weight: 17.0%
- Anaemia: 52.9%

### Panch Mahals
- Stunting: 41.4%
- Underweight: 43.9%
- Wasting: 31.5%
- Low Birth Weight: 22.5%
- Anaemia: 52.5%

### Patan
- Stunting: 37.9%
- Underweight: 39.7%
- Wasting: 24.4%
- Low Birth Weight: 16.3%
- Anaemia: 66.1%

### Porbandar
- Stunting: 27.1%
- Underweight: 28.8%
- Wasting: 24.9%
- Low Birth Weight: 13.4%
- Anaemia: 70.2%

#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

- Stunting
- Underweight
- Wasting
- Low Birth Weight
- Anaemia
<table>
<thead>
<tr>
<th>Constituency</th>
<th>Child Nutrition (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karnal</td>
<td>39.9%</td>
</tr>
<tr>
<td>Krukshetra</td>
<td>31.8%</td>
</tr>
<tr>
<td>Rohtak</td>
<td>28.9%</td>
</tr>
<tr>
<td>Sirsa</td>
<td>30.4%</td>
</tr>
<tr>
<td>Sonipat</td>
<td>35.1%</td>
</tr>
<tr>
<td>Karnal</td>
<td>34.9%</td>
</tr>
<tr>
<td>Krukshetra</td>
<td>31.9%</td>
</tr>
<tr>
<td>Rohtak</td>
<td>22.4%</td>
</tr>
<tr>
<td>Sirsa</td>
<td>29.3%</td>
</tr>
<tr>
<td>Sonipat</td>
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<td>15.0%</td>
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<tr>
<td>Sirsa</td>
<td>21.0%</td>
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<tr>
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<tr>
<td>Ambala</td>
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<tr>
<td>Bhiwani - Mahendragarh</td>
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<tr>
<td>Faridabad</td>
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<td>Gurgaon</td>
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<tr>
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<td>27.2%</td>
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<tr>
<td>Ambala</td>
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<tr>
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Child Nutrition in Parliamentary Constituencies of India
### Himachal Pradesh

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<tr>
<th>District</th>
<th>#Rank</th>
<th>#Stunting</th>
<th>#Underweight</th>
<th>#Wasting</th>
<th>#Low Birth Weight</th>
<th>#Anaemia</th>
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<tbody>
<tr>
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<tr>
<td>Mandi</td>
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<td>13.4%</td>
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<tr>
<td>Shimla</td>
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<td>25.2%</td>
<td>16.2%</td>
<td>18.8%</td>
<td>57.2%</td>
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### Jammu & Kashmir

<table>
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<th>#Rank</th>
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<th>#Underweight</th>
<th>#Wasting</th>
<th>#Low Birth Weight</th>
<th>#Anaemia</th>
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<tbody>
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<td>7.5%</td>
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<tr>
<td>Jammu</td>
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<td>16.4%</td>
<td>11.0%</td>
<td>14.6%</td>
<td>41.9%</td>
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<td>45.9%</td>
</tr>
<tr>
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<td>24.8%</td>
<td>13.5%</td>
<td>11.1%</td>
<td>12.9%</td>
<td>43.5%</td>
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<tr>
<td>Udhampur</td>
<td>#320</td>
<td>31.8%</td>
<td>19.6%</td>
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### Jharkhand

<table>
<thead>
<tr>
<th>District</th>
<th>#Rank</th>
<th>#Stunting</th>
<th>#Underweight</th>
<th>#Wasting</th>
<th>#Low Birth Weight</th>
<th>#Anaemia</th>
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#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

- Purple: Stunting
- Blue: Underweight
- Green: Wasting
- Brown: Low Birth Weight
- Red: Anaemia
<table>
<thead>
<tr>
<th>Raichur</th>
<th>Shimoga</th>
<th>Tumkur</th>
<th>Udupi Chikmagalur</th>
<th>Uttara Kannada</th>
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<tr>
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<td>#483</td>
<td>#226</td>
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<td>#413</td>
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<td>#304</td>
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<td>15.9%</td>
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<td>#493</td>
<td>#180</td>
<td>#416</td>
<td>#123</td>
<td>#276</td>
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<td>#306</td>
<td>#285</td>
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**Kerala**

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<th>Attingal</th>
<th>Chalakudy</th>
<th>Ernakulam</th>
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<td>#482</td>
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<tr>
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<td>#494</td>
<td>#536</td>
<td>#515</td>
<td>#526</td>
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<table>
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<tr>
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<th>Kasaragod</th>
<th>Kollam</th>
<th>Kottayam</th>
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<td>18.6%</td>
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<tr>
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<td>#505</td>
<td>#532</td>
<td>#543</td>
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<td>12.3%</td>
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<td>#536</td>
<td>#542</td>
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<td>19.8%</td>
<td>11.7%</td>
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<td>#385</td>
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<td>#457</td>
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<tr>
<td>#521</td>
<td>#475</td>
<td>#497</td>
<td>#543</td>
<td>#516</td>
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<table>
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<tr>
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<th>Mavelikkara</th>
<th>Palakkad</th>
<th>Pathanamthitta</th>
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<td>16.7%</td>
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<td>#526</td>
<td>#538</td>
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<td>17.5%</td>
<td>16.9%</td>
<td>15.5%</td>
<td>17.7%</td>
<td>13.0%</td>
</tr>
<tr>
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<td>#524</td>
<td>#511</td>
<td>#537</td>
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<td>13.4%</td>
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<td>11.1%</td>
<td>14.5%</td>
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<td>#298</td>
<td>#350</td>
<td>#521</td>
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<td>12.5%</td>
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<tr>
<td>#500</td>
<td>#397</td>
<td>#533</td>
<td>#483</td>
<td>#535</td>
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Maharashtra

Ahmadnagar 34.0% #277
31.7% #293
21.9% #186
21.6% #65
45.6% #453

Akola 35.9% #241
37.5% #191
24.4% #129
15.0% #330
57.1% #286

Amravati 37.0% #229
31.6% #295
21.7% #193
14.6% #360
53.4% #354

Aurangabad 35.8% #244
36.0% #213
21.1% #210
23.3% #36
38.9% #491

Baramati 24.3% #486
26.6% #390
21.0% #215
16.3% #261
52.9% #360

Beed 36.0% #240
36.8% #203
28.4% #51
16.4% #253
58.6% #258

Bhandara - Gondiya 34.8% #268
34.4% #249
22.6% #169
19.3% #134
49.2% #412

Biwandi 41.8% #150
44.4% #73
26.8% #82
20.8% #89
55.5% #314

Buldana 41.6% #152
40.2% #147
21.1% #213
20.6% #91
43.7% #467

Chandrapur 33.7% #284
40.2% #148
27.7% #64
18.9% #145
61.9% #219

#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)
Child Nutrition in Parliamentary Constituencies of India

Dhule

- 36.3% #236
- 42.0% #112
- 29.3% #36
- 18.3% #159
- 60.8% #232

Dindori

- 39.1% #198
- 44.4% #71
- 30.8% #26
- 16.9% #220
- 52.9% #359

Garhchiroli - Chimur

- 33.5% #289
- 41.7% #119
- 39.0% #2
- 19.8% #115
- 59.1% #254

Hatkanangle

- 26.1% #445
- 28.2% #364
- 20.1% #246
- 18.2% #164
- 49.2% #413

Hingoli

- 38.0% #214
- 36.0% #214
- 23.0% #153
- 15.0% #323
- 52.6% #363

Jalgaon

- 32.6% #302
- 34.8% #239
- 31.4% #18
- 16.9% #222
- 57.6% #276

Jalna

- 39.2% #196
- 37.8% #185
- 21.3% #202
- 21.6% #67
- 43.4% #469

Kalyan

- 36.4% #234
- 35.7% #222
- 23.6% #146
- 20.2% #99
- 55.9% #308

Kolhapur

- 27.3% #418
- 29.7% #332
- 20.7% #227
- 22.5% #49
- 47.0% #437

Latur

- 33.9% #281
- 33.7% #262
- 20.6% #232
- 13.6% #413
- 53.0% #357

Madha

- 25.9% #450
- 29.8% #329
- 22.4% #175
- 16.8% #224
- 51.4% #381

Maval

- 32.0% #315
- 36.0% #217
- 24.8% #116
- 16.7% #235
- 55.2% #320

Mumbai North

- 24.2% #487
- 30.8% #318
- 23.4% #148
- 16.2% #265
- 66.9% #138

Mumbai North-Central

- 26.5% #438
- 30.0% #327
- 21.2% #206
- 15.0% #331
- 64.9% #172

Mumbai North-East

- 23.7% #497
- 25.7% #411
- 20.8% #223
- 15.0% #328
- 60.4% #240
Stunting
Underweight
Wasting
Low Birth Weight
Anaemia

#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)
### Meghalaya

- **Shillong**: 47.9% (Rank #53)
- **Tura**: 27.3% (Rank #417)

### Mizoram

- **Mizoram**: 28.2% (Rank #401)

### Nagaland

- **Nagaland**: 27.1% (Rank #426)

### NCT of Delhi

- **Chandni Chowk**: 30.2% (Rank #349)
- **East Delhi**: 25.6% (Rank #457)
- **New Delhi**: 28.1% (Rank #402)
- **North East Delhi**: 27.2% (Rank #419)
- **North West Delhi**: 34.9% (Rank #263)

#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

- Stunting
- Underweight
- Wasting
- Low Birth Weight
- Anaemia
Child Nutrition in Parliamentary Constituencies of India

South Delhi
- 28.7% #388
- 26.9% #382
- 21.1% #209
- 17.8% #176
- 63.3% #202

West Delhi
- 29.4% #367
- 22.6% #455
- 15.4% #422
- 20.8% #87
- 67.5% #122

Puducherry
- 25.7% #453
- 20.6% #487
- 16.5% #381
- 15.1% #318
- 43.8% #466

Punjab
- Amritsar
  - 21.8% #516
  - 13.9% #530
  - 11.6% #518
  - 12.2% #497
  - 44.3% #463
- Anandpur Sahib
  - 21.5% #518
  - 21.6% #468
  - 13.4% #480
  - 15.7% #280
  - 70.5% #85
- Bathinda
  - 26.2% #442
  - 20.6% #486
  - 13.5% #472
  - 16.7% #238
  - 51.9% #375
- Faridkot
  - 28.9% #383
  - 20.6% #486
  - 13.5% #472
  - 15.3% #309
  - 54.7% #331
- Fatehgarh Sahib
  - 21.7% #517
  - 19.8% #492
  - 14.6% #445
  - 14.6% #132
  - 61.6% #222
# Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

**Firozpur**
- Stunting: 26.9% #430
- Underweight: 26.5% #393
- Wasting: 19.3% #270
- Low Birth Weight: 14.7% #352
- Anaemia: 54.3% #337

**Gurdaspur**
- Stunting: 22.2% #511
- Underweight: 19.7% #497
- Wasting: 14.4% #452
- Low Birth Weight: 13.5% #420
- Anaemia: 71.3% #74

**Hoshiarpur**
- Stunting: 24.1% #493
- Underweight: 19.6% #498
- Wasting: 15.2% #428
- Low Birth Weight: 17.4% #200
- Anaemia: 61.4% #225

**Jalandhar**
- Stunting: 28.0% #406
- Underweight: 22.7% #453
- Wasting: 15.9% #399
- Low Birth Weight: 11.8% #510
- Anaemia: 58.6% #257

**Khadoor Sahib**
- Stunting: 23.0% #504
- Underweight: 16.7% #516
- Wasting: 12.1% #511
- Low Birth Weight: 12.5% #484
- Anaemia: 55.9% #307

**Ludhiana**
- Stunting: 25.3% #467
- Underweight: 24.8% #425
- Wasting: 17.3% #344
- Low Birth Weight: 16.0% #271
- Anaemia: 57.4% #278

**Patiala**
- Stunting: 21.9% #515
- Underweight: 16.9% #514
- Wasting: 12.5% #501
- Low Birth Weight: 19.9% #113
- Anaemia: 54.0% #345

**Sangrur**
- Stunting: 24.7% #479
- Underweight: 18.0% #509
- Wasting: 13.8% #466
- Low Birth Weight: 18.7% #152
- Anaemia: 50.5% #394

**Jalandhar**

**Rajasthan**

**Ajmer**
- Stunting: 32.5% #307
- Underweight: 36.0% #219
- Wasting: 28.1% #57
- Low Birth Weight: 19.2% #138
- Anaemia: 67.2% #134

**Alwar**
- Stunting: 40.8% #165
- Underweight: 34.2% #254
- Wasting: 17.7% #326
- Low Birth Weight: 19.6% #119
- Anaemia: 54.1% #343

**Banswara**
- Stunting: 47.3% #63
- Underweight: 50.1% #12
- Wasting: 31.7% #12
- Low Birth Weight: 21.6% #64
- Anaemia: 80.3% #3

**Barmer**
- Stunting: 35.6% #247
- Underweight: 37.8% #186
- Wasting: 24.1% #136
- Low Birth Weight: 12.5% #481
- Anaemia: 54.5% #333

**Bharatpur**
- Stunting: 44.0% #104
- Underweight: 31.5% #296
- Wasting: 16.1% #392
- Low Birth Weight: 21.1% #79
- Anaemia: 56.1% #302
<table>
<thead>
<tr>
<th>Parliamentary Constituency</th>
<th>Child Nutrition (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhilwara</td>
<td>34.8%</td>
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<tr>
<td>Bikaner</td>
<td>32.3%</td>
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<tr>
<td>Chittaurgarh</td>
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<tr>
<td>Churu</td>
<td>31.4%</td>
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<tr>
<td>Dausa</td>
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<td>Ganganagar</td>
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<tr>
<td>Jaipur</td>
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<tr>
<td>Jaipur Rural</td>
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<td>Jalore</td>
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<tr>
<td>Jhalawar - Baran</td>
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<td>Jhunjhunun</td>
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<td>Jodhpur</td>
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<td>Karauli - Dhaulpur</td>
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<tr>
<td>Kota</td>
<td>32.8%</td>
</tr>
<tr>
<td>Nagaur</td>
<td>38.4%</td>
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<tr>
<td>District</td>
<td>Pali</td>
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<tr>
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<tr>
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<tr>
<td>Underweight</td>
<td>39.4%</td>
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<td>Wasting</td>
<td>21.7%</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>17.7%</td>
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<tr>
<td>Anaemia</td>
<td>58.1%</td>
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**Sikkim**

<table>
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<tr>
<th>District</th>
<th>Pali</th>
<th>Rajsamand</th>
<th>Sikar</th>
<th>Tonk - Sawai Madhopur</th>
<th>Udaipur</th>
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<tr>
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</tr>
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</tr>
<tr>
<td>Wasting</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight</td>
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</tr>
<tr>
<td>Anaemia</td>
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</table>

**Tamil Nadu**

<table>
<thead>
<tr>
<th>District</th>
<th>Arakkonam</th>
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<th>Chennai Central</th>
<th>Chennai North</th>
<th>Chennai South</th>
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<tbody>
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<td>25.2%</td>
<td>29.7%</td>
<td>31.3%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Underweight</td>
<td>29.7%</td>
<td>29.0%</td>
<td>22.1%</td>
<td>23.2%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Wasting</td>
<td>24.0%</td>
<td>24.7%</td>
<td>20.6%</td>
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<tr>
<td>Low Birth Weight</td>
<td>13.4%</td>
<td>15.3%</td>
<td>11.5%</td>
<td>12.8%</td>
<td>12.8%</td>
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<tr>
<td>Anaemia</td>
<td>52.4%</td>
<td>57.7%</td>
<td>53.9%</td>
<td>47.5%</td>
<td>51.3%</td>
</tr>
</tbody>
</table>
Stunting | Underweight | Wasting | Low Birth Weight | Anaemia

Shivaganga: 22.1% (Rank 513), 22.2% (Rank 462), 18.5% (Rank 301), 12.9% (Rank 459), 49.4% (Rank 411)

Sriperumbudur: 25.7% (Rank 454), 19.7% (Rank 494), 17.5% (Rank 334), 18.8% (Rank 148), 46.3% (Rank 443)

Tenkasi: 28.5% (Rank 394), 23.3% (Rank 448), 14.3% (Rank 455), 15.2% (Rank 315), 55.7% (Rank 311)

Thanjavur: 25.5% (Rank 463), 24.3% (Rank 431), 19.9% (Rank 249), 14.2% (Rank 377), 55.0% (Rank 326)

Theni: 27.0% (Rank 428), 23.7% (Rank 438), 14.8% (Rank 440), 15.5% (Rank 300), 54.1% (Rank 341)

Thoothukkudi: 21.5% (Rank 519), 19.1% (Rank 504), 13.2% (Rank 485), 16.3% (Rank 262), 56.5% (Rank 294)

Tiruchirappalli: 27.5% (Rank 413), 26.7% (Rank 389), 22.5% (Rank 458), 13.7% (Rank 469), 19.1% (Rank 274), 14.0% (Rank 390), 54.2% (Rank 339)

Tirunelveli: 28.6% (Rank 393), 22.5% (Rank 458), 13.7% (Rank 469), 14.0% (Rank 390), 61.4% (Rank 224)

Tiruppur: 25.6% (Rank 456), 20.3% (Rank 488), 18.0% (Rank 314), 12.8% (Rank 463), 49.7% (Rank 409)

Tiruvallur: 31.2% (Rank 336), 29.2% (Rank 341), 21.6% (Rank 196), 14.2% (Rank 382), 51.2% (Rank 386)

Tiruvannamalai: 25.4% (Rank 464), 31.4% (Rank 297), 30.0% (Rank 31), 14.6% (Rank 356), 55.1% (Rank 323)

Vellore: 28.5% (Rank 395), 30.5% (Rank 322), 26.3% (Rank 89), 12.5% (Rank 482), 47.8% (Rank 429)

Viluppuram: 30.1% (Rank 351), 27.0% (Rank 381), 16.0% (Rank 397), 14.3% (Rank 376), 57.3% (Rank 281)

Virudunagar: 27.0% (Rank 429), 23.8% (Rank 437), 15.1% (Rank 431), 19.2% (Rank 137), 51.3% (Rank 382)

#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

- Stunting
- Underweight
- Wasting
- Low Birth Weight
- Anaemia
<table>
<thead>
<tr>
<th>District</th>
<th>Rank</th>
<th>Stunting</th>
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<th>Wasting</th>
<th>Low Birth Weight</th>
<th>Anaemia</th>
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<tbody>
<tr>
<td>Fatehpur</td>
<td>#19</td>
<td>51.6%</td>
<td>39.8%</td>
<td>14.5%</td>
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<td>Sikri</td>
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# Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

- **Stunting**
- **Underweight**
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<tr>
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<td>Rae Bareli</td>
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<tr>
<td>Saharanpur</td>
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</tbody>
</table>

#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)
- Stunting
- Underweight
- Wasting
- Low Birth Weight
- Anaemia
### Uttarakhand

<table>
<thead>
<tr>
<th>Parliamentary Constituency</th>
<th>Uttarakhand Percentage</th>
<th>#</th>
<th>West Bengal Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almora</td>
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<td>Garhwal</td>
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<td>Tehri Garhwal</td>
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### West Bengal

<table>
<thead>
<tr>
<th>Parliamentary Constituency</th>
<th>Uttarakhand Percentage</th>
<th>#</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Alipurduars</td>
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<td>Asansol</td>
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<td>Baharampur</td>
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<td>Balurghat</td>
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<td>Barddhaman - Durgapur</td>
<td>31.9%</td>
<td>#316</td>
<td>31.7%</td>
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</tbody>
</table>

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Child Nutrition in Parliamentary Constituencies of India
**Stunting**

- Barddhaman Purba
  - 29.8%
- Basirhat
  - 25.6%
- Birbhum
  - 38.8%
- Bishnupur
  - 32.5%
- Bolpur
  - 36.5%
- Darjiling
  - 31.0%

**Underweight**

- Barddhaman Purba
  - 30.7%
- Basirhat
  - 20.7%
- Birbhum
  - 41.3%
- Bishnupur
  - 39.7%
- Bolpur
  - 36.8%
- Darjiling
  - 27.1%

**Wasting**

- Barddhaman Purba
  - 22.4%
- Basirhat
  - 14.9%
- Birbhum
  - 28.1%
- Bishnupur
  - 26.8%
- Bolpur
  - 22.8%
- Darjiling
  - 12.8%

**Low Birth Weight**

- Barddhaman Purba
  - 19.8%
- Basirhat
  - 13.5%
- Birbhum
  - 12.7%
- Bishnupur
  - 18.1%
- Bolpur
  - 14.9%
- Darjiling
  - 47.9%

**Anaemia**

- Barddhaman Purba
  - 50.0%
- Basirhat
  - 58.0%
- Birbhum
  - 51.0%
- Bishnupur
  - 46.3%
- Bolpur
  - 53.4%
- Darjiling
  - 44.6%
<table>
<thead>
<tr>
<th>Place</th>
<th>Rank</th>
<th>#</th>
<th>Stunting</th>
<th>Underweight</th>
<th>Wasting</th>
<th>Low Birth Weight</th>
<th>Anaemia</th>
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#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)
Summary of the findings

- Wide inequalities in child malnutrition indicators were observed across Parliamentary Constituencies in India.
  - The variation across Parliamentary Constituencies was the largest for anaemia, followed by underweight, stunting, wasting, and low birth weight.

- There is a strong regional spatial pattern in child malnutrition indicators that transcends across states.
  - Large patches of spatially contiguous Parliamentary Constituencies from the states of Uttar Pradesh, Rajasthan, Madhya Pradesh, Bihar, Jharkhand, and Gujarat were observed to have very high burden of almost all child malnutrition indicators.
  - At the same time, a co-occurrence of spatially contiguous high and low burden clusters of Parliamentary Constituencies was observed in the states of Gujarat and Andhra Pradesh for stunting, and in the states of Maharashtra, Karnataka, Rajasthan, and Odisha for underweight and low birth weight.

- The observed spatial distribution of Parliamentary Constituencies in child malnutrition indicators offers a unique opportunity for:
  - Parliamentarians to collaborate and form alliances to pool resources together and generate synergistic effects in achieving the common goals outlined in the National Nutrition Mission.
  - Local investigations to understand the relative importance of different determinants of child malnutrition given that two contiguous Parliamentary Constituencies sharing a similar level of child malnutrition may be driven by distinct causes.
  - Well-performing Parliamentary Constituencies within high burden states to serve as exemplary model cases from which contiguous Parliamentary Constituencies can learn from and adapt appropriate interventions.

Conclusion

There is an immediate need to routinely collect, report, and analyse data by Parliamentary Constituencies. Such an effort can integrate the policy and academic discourse around issues of population health, nutrition, and development with the actual political discourse. To ensure governance driven by data and evidence, there is an urgent need to establish infrastructure to provide a timely monitoring and surveillance of data on the key developmental indicators to the Parliamentarians. In this endeavour, meaningful collaborations should be explored between parliamentary offices and academic/research institutions.