



State of Nutrition among Children

in Parliamentary Constituencies
of India



- Stunting
- Underweight
- Wasting
- Low Birth Weight
- Anaemia

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Preface

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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About Poshan Abhiyaan

The National Nutrition Mission

POSHAN Abhiyaan

PM's Overarching Scheme for Holistic Nourishment



सही पोषण – देश रोशन

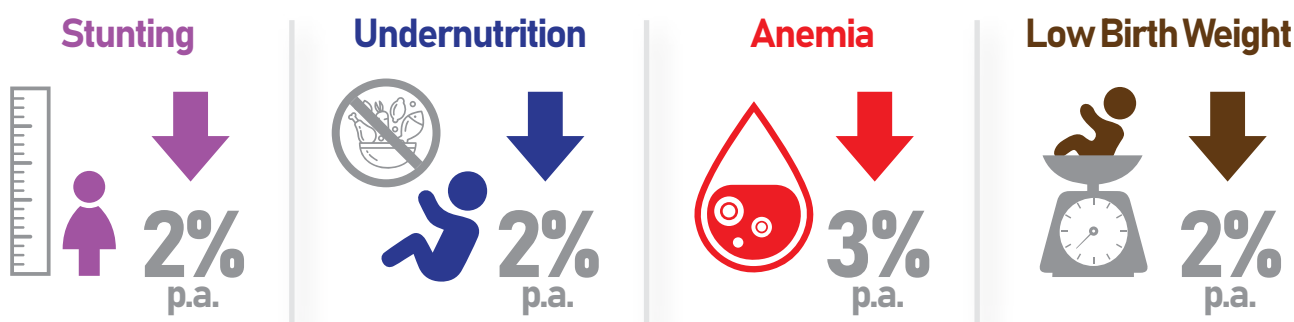
POSHAN Abhiyaan is India's flagship programme to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers by leveraging technology, a targeted approach and convergence.

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



- 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.

Enabling data and evidence for discussions and collaborations among political leaders, policymakers and developmental stakeholders.

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:

Swaminathan A, Kim R, Xu Y, Blossom J.C., Joe W, Venkataramanan R, Kumar A, & Subramanian S.V. Burden of Child Malnutrition in India: A View from Parliamentary Constituencies. Economic & Political Weekly. 2018; In press.

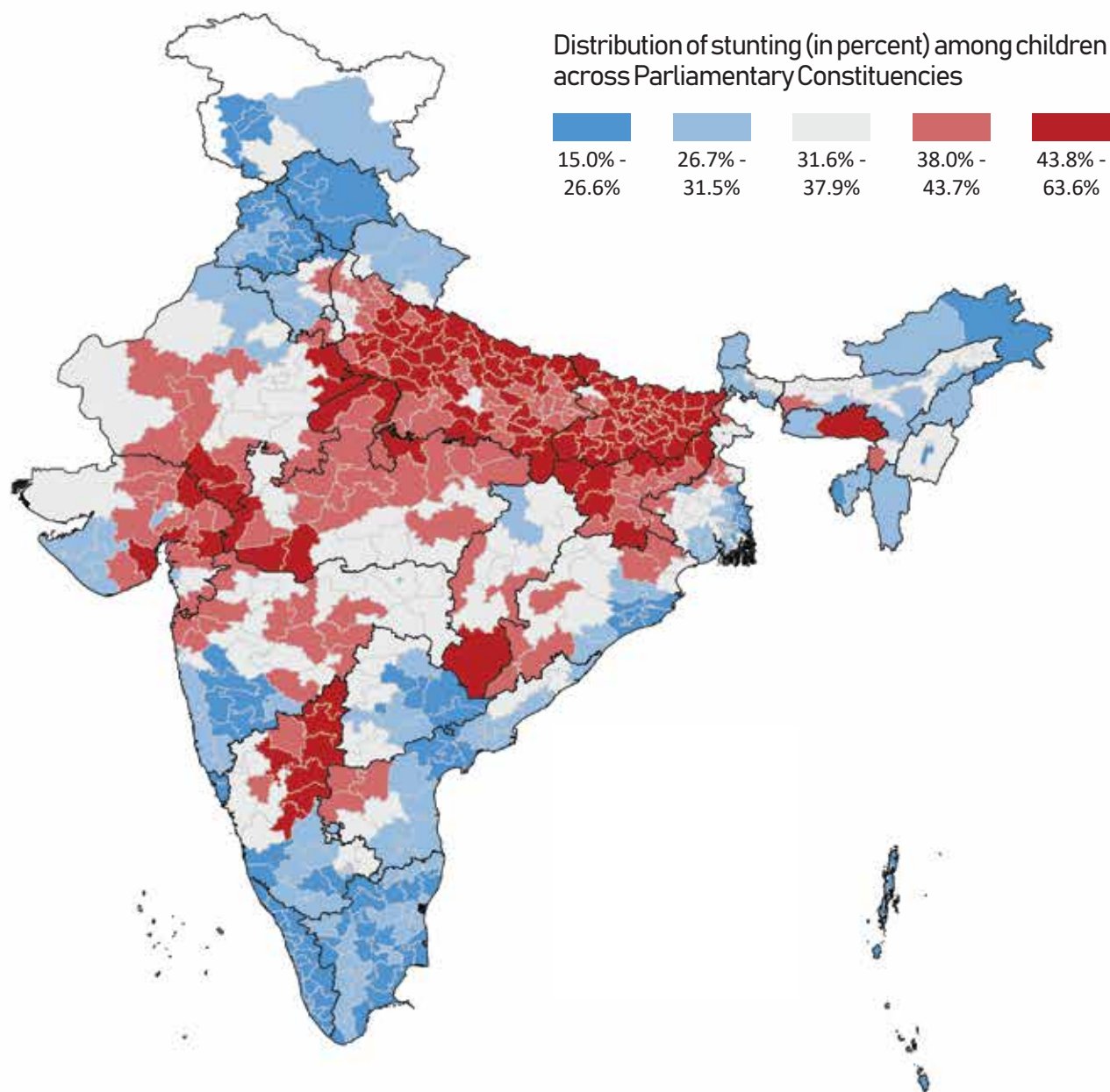
Kim R, Xu Y, Joe W, & Subramanian S.V. Estimates of Child Malnutrition Indicators for 543 Parliamentary Constituencies in India, 2016: A Visual and Tabular Representation. 2018; Harvard Center for Population and Development Studies Working paper, 18(2).

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

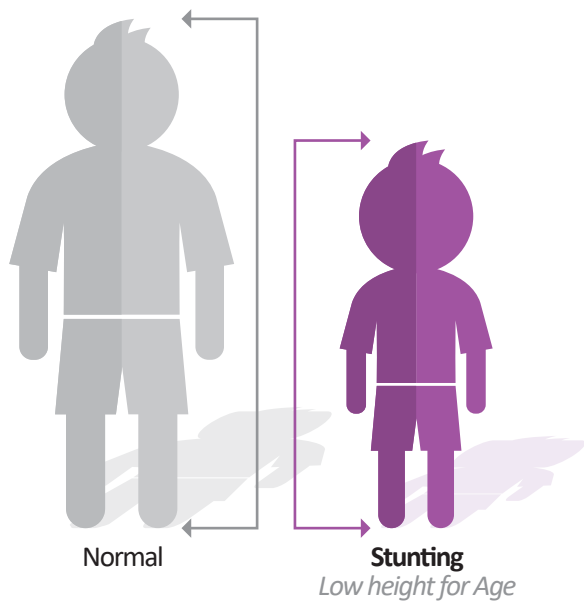


20 Parliamentary Constituencies with the lowest stunting prevalence

- | | |
|------------------------|-------------------|
| 1. Kollam | 11. Kottayam |
| 2. Alappuzha | 12. Kasaragod |
| 3. Mavelikkara | 13. Thrissur |
| 4. Ernakulam | 14. Attingal |
| 5. Idukki | 15. Secunderabad |
| 6. Pathanamthitta | 16. Kanniyakumari |
| 7. Chalakudy | 17. Alathur |
| 8. Kozhikode | 18. Palakkad |
| 9. South Goa | 19. Tripura West |
| 10. Thiruvananthapuram | 20. Jagatsinghpur |

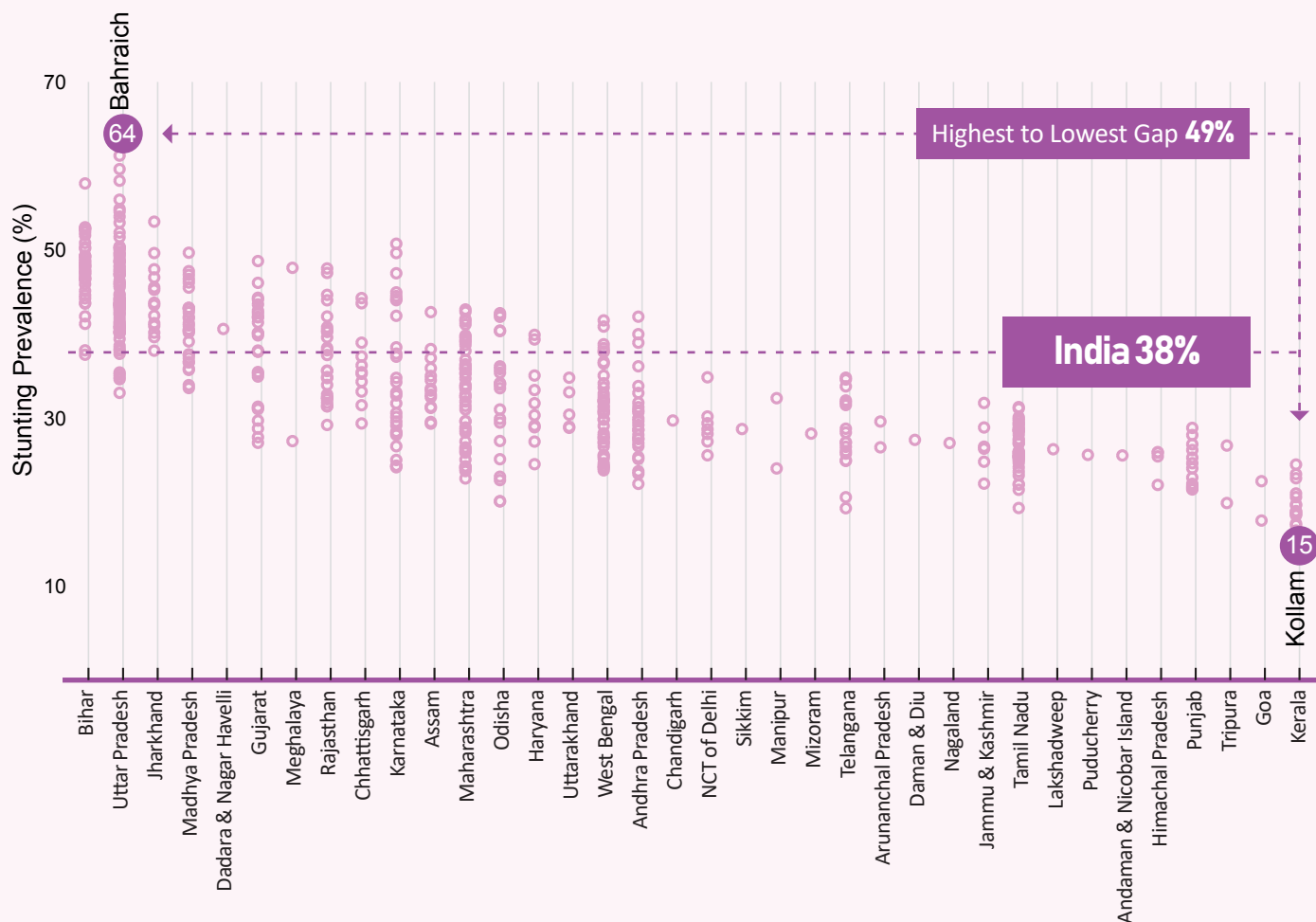
20 Parliamentary Constituencies with the highest stunting prevalence

- | | |
|---------------|-----------------|
| 1. Bahraich | 11. Maharajganj |
| 2. Shrawasti | 12. Nalanda |
| 3. Kaisarganj | 13. Sheohar |
| 4. Gonda | 14. Hajipur |
| 5. Sitamarhi | 15. Jhanjharpur |
| 6. Domriaganj | 16. Sasaram |
| 7. Dhaurahra | 17. Kheri |
| 8. Sitapur | 18. Purnia |
| 9. Budaun | 19. Fatehpur |
| 10. Singhbhum | 20. Aurangabad |



What is Stunting

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.

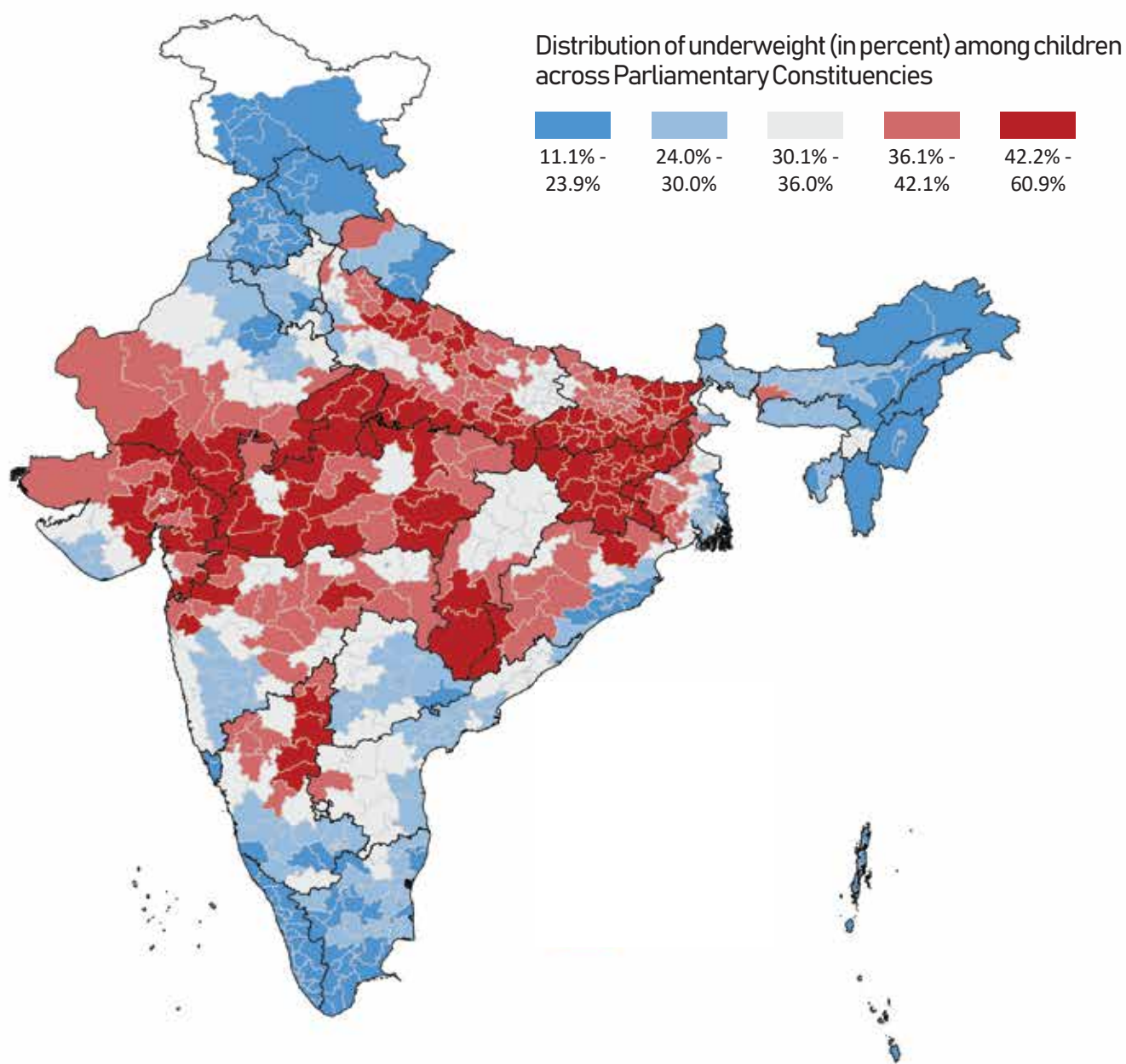


Stunting prevalence in India is **38%**

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



Underweight

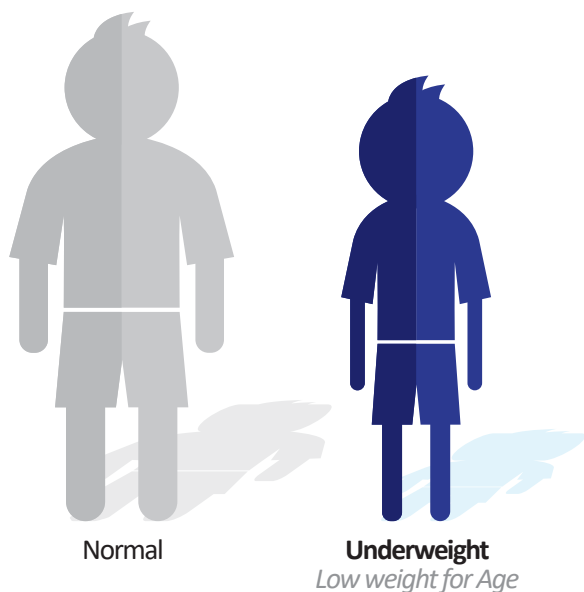


20 Parliamentary Constituencies with the lowest underweight prevalence

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

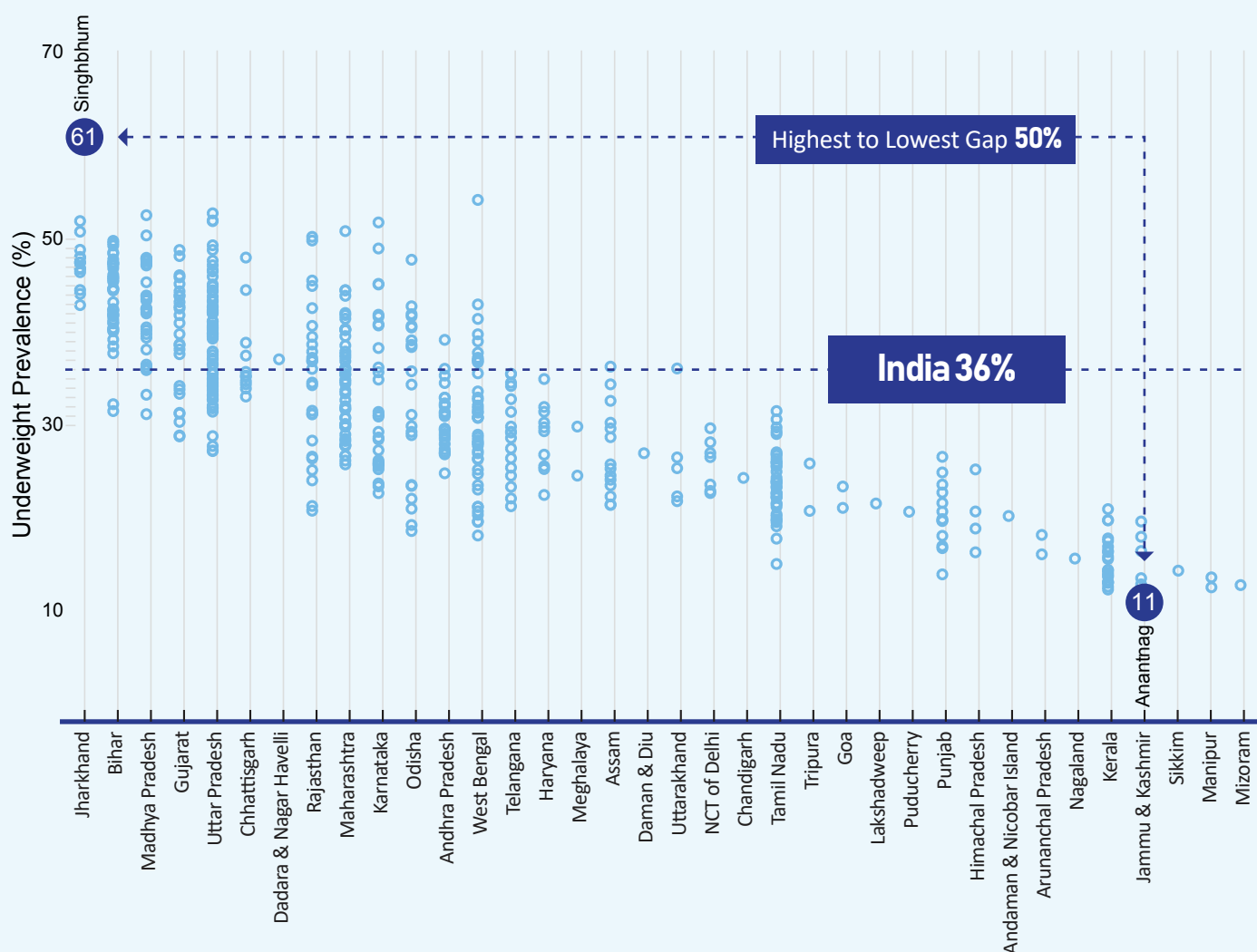
20 Parliamentary Constituencies with the highest underweight prevalence

- | | |
|-----------------|------------------|
| 1. Singhbhum | 11. Khargone |
| 2. Puruliya | 12. Banswara |
| 3. Budaun | 13. Udaipur |
| 4. Morena | 14. Aurangabad |
| 5. Shahjahanpur | 15. Jahanabad |
| 6. Khunti | 16. Machhlishahr |
| 7. Jaunpur | 17. Gaya |
| 8. Gulbarga | 18. Bellary |
| 9. Nandurbar | 19. Dumka |
| 10. Jamshedpur | 20. Kaushambi |



What is Underweight

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.

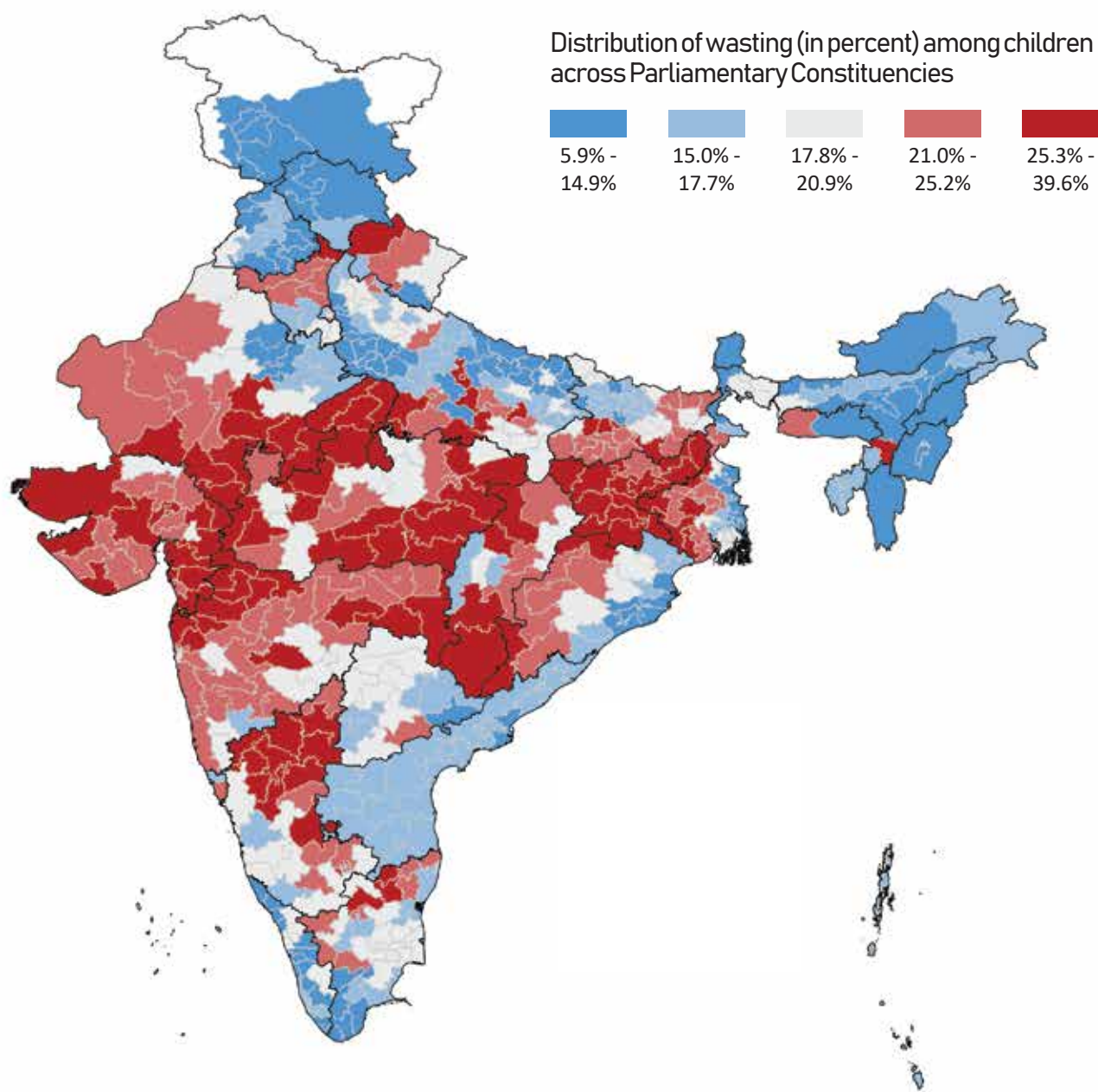


Underweight prevalence in India is **36%**

The absolute gap between the highest and the lowest underweight prevalence across Parliamentary Constituencies is **50%**



Wasting

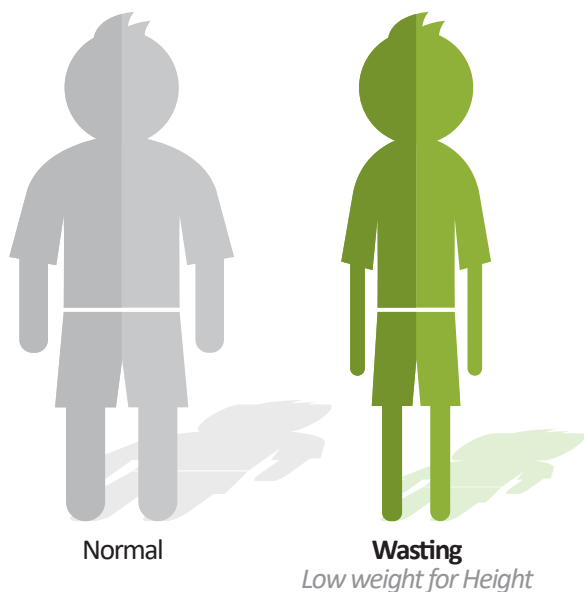


20 Parliamentary Constituencies with the lowest wasting prevalence

- | | |
|------------------|-------------------|
| 1. Inner Manipur | 11. Kaisarganj |
| 2. Outer Manipur | 12. Chandigarh |
| 3. Mizoram | 13. Firozabad |
| 4. Anantnag | 14. Nagaland |
| 5. Baramula | 15. Kanniyakumari |
| 6. Farrukhabad | 16. Kasaragod |
| 7. Lakhimpur | 17. Mainpuri |
| 8. Leh (Ladakh) | 18. Nainital- |
| 9. Gonda | Udhamsingh Nagar |
| 10. Shrawasti | 19. Jorhat |
| | 20. Jammu |

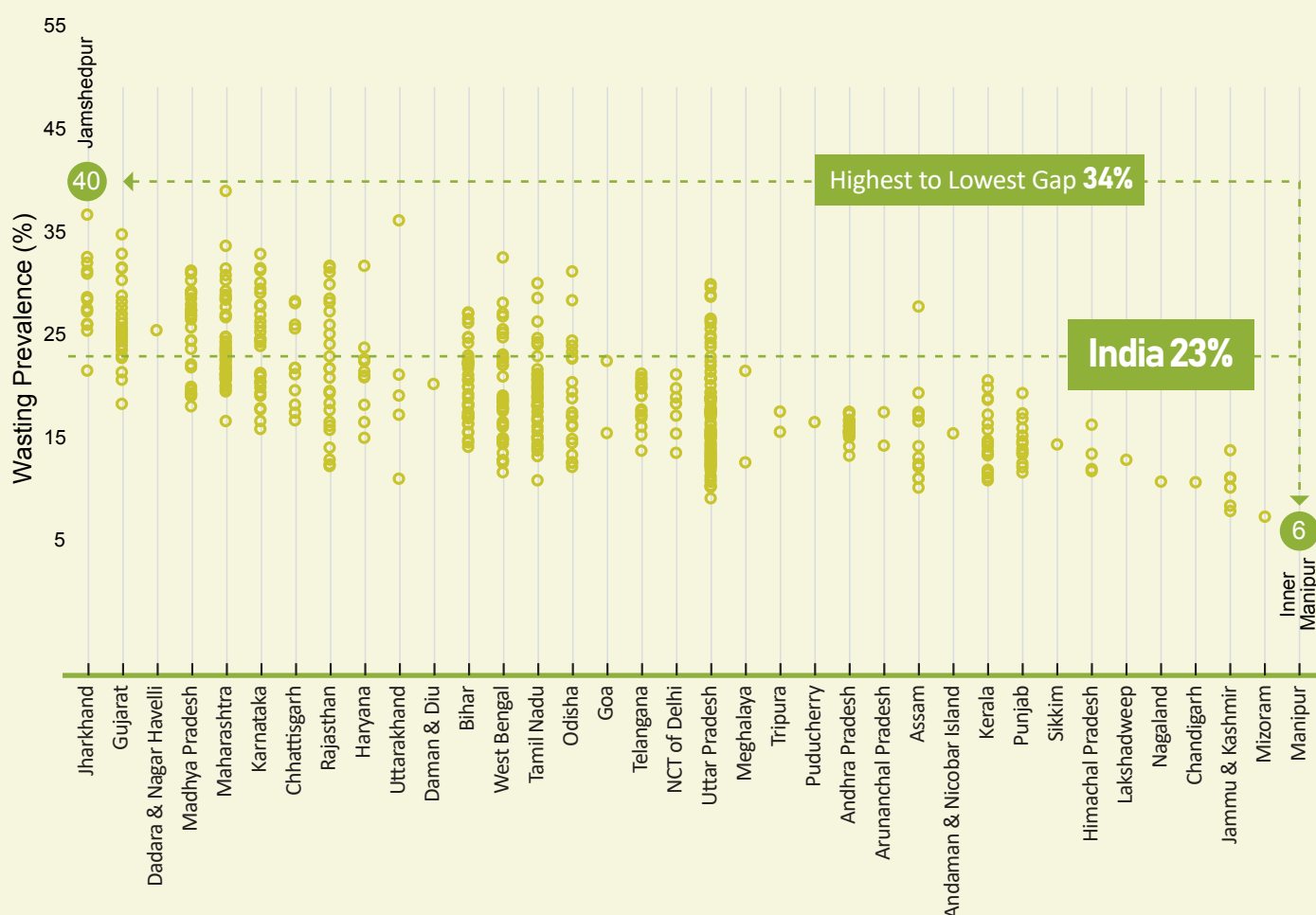
20 Parliamentary Constituencies with the highest wasting prevalence

- | | |
|------------------------|------------------|
| 1. Jamshedpur | 11. Singhbhum |
| 2. Garhchiroli- Chimur | 12. Banswara |
| 3. Khunti | 13. Ambala |
| 4. Tehri Garhwal | 14. Panch Mahals |
| 5. Valsad | 15. Bhilwara |
| 6. Nandurbar | 16. Gulbarga |
| 7. Bardoli | 17. Kachchh |
| 8. Raichur | 18. Jalgaon |
| 9. Giridih | 19. Dharwad |
| 10. Puruliya | 20. Balaghat |



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.

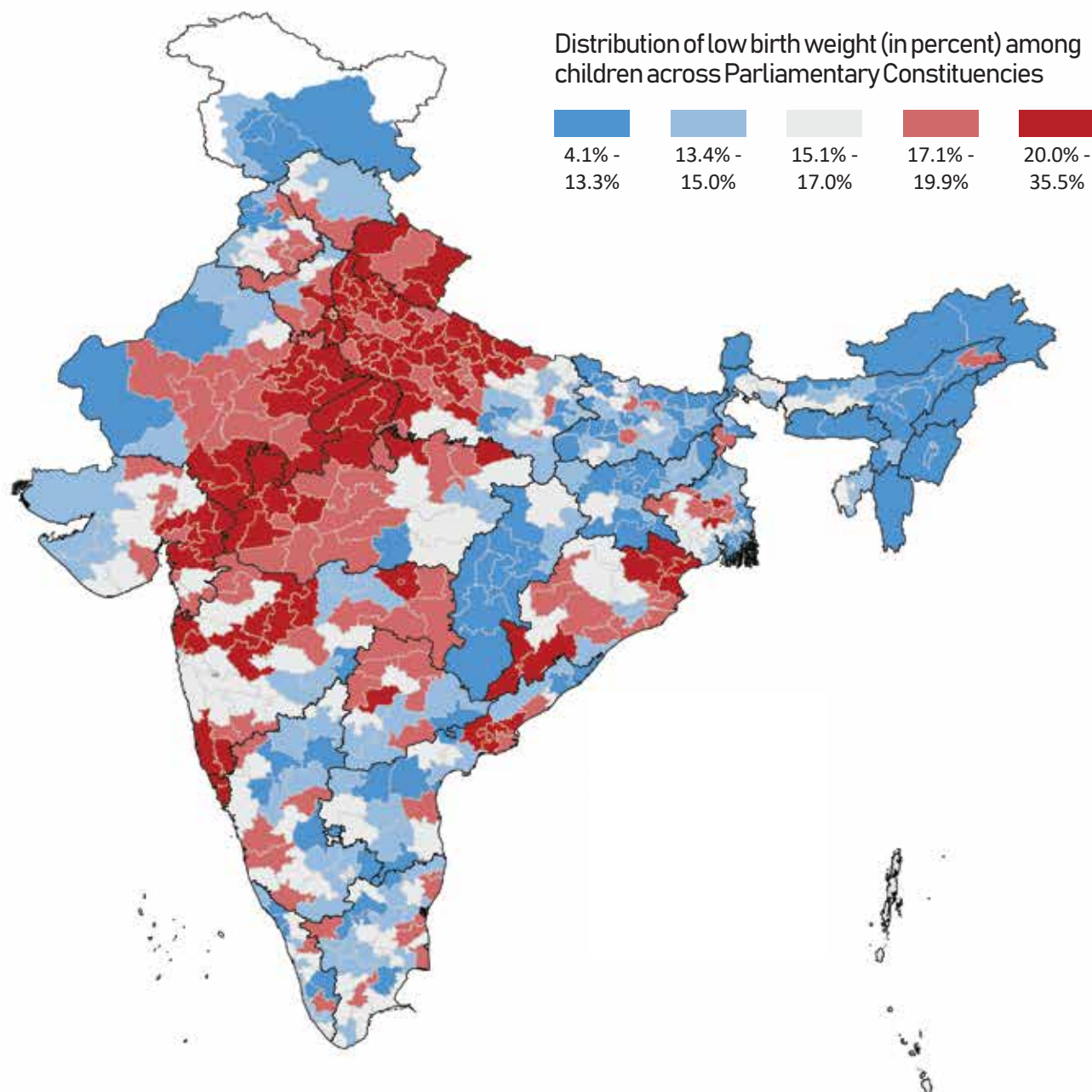


Underweight prevalence in India is **23%**

The absolute gap between the highest and the lowest wasting prevalence across Parliamentary Constituencies is **34%**



Low Birth Weight

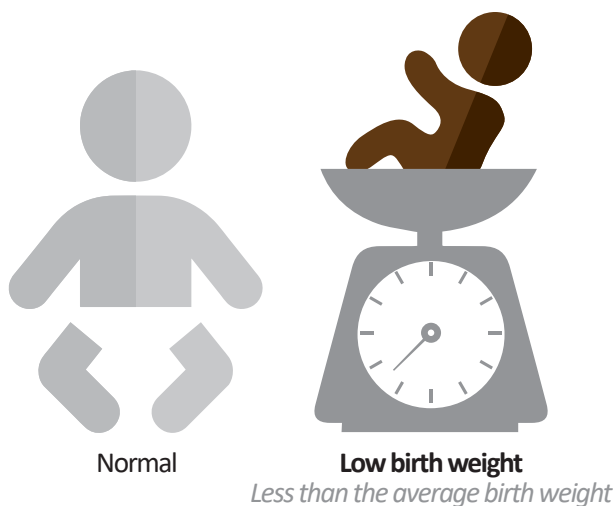


20 Parliamentary Constituencies with the lowest low birth weight prevalence

- | | |
|------------------|-------------------------|
| 1. Mizoram | 11. Leh (Ladakh) |
| 2. Nagaland | 12. Arunachal West |
| 3. Sikkim | 13. Banka |
| 4. Outer Manipur | 14. Autonomous District |
| 5. Inner Manipur | 15. Arunachal East |
| 6. Arrah | 16. Shillong |
| 7. Rajnandgaon | 17. Bastar |
| 8. Raipur | 18. Valmiki Nagar |
| 9. Bilaspur | 19. Janjgir-Champa |
| 10. Bhagalpur | 20. Korba |

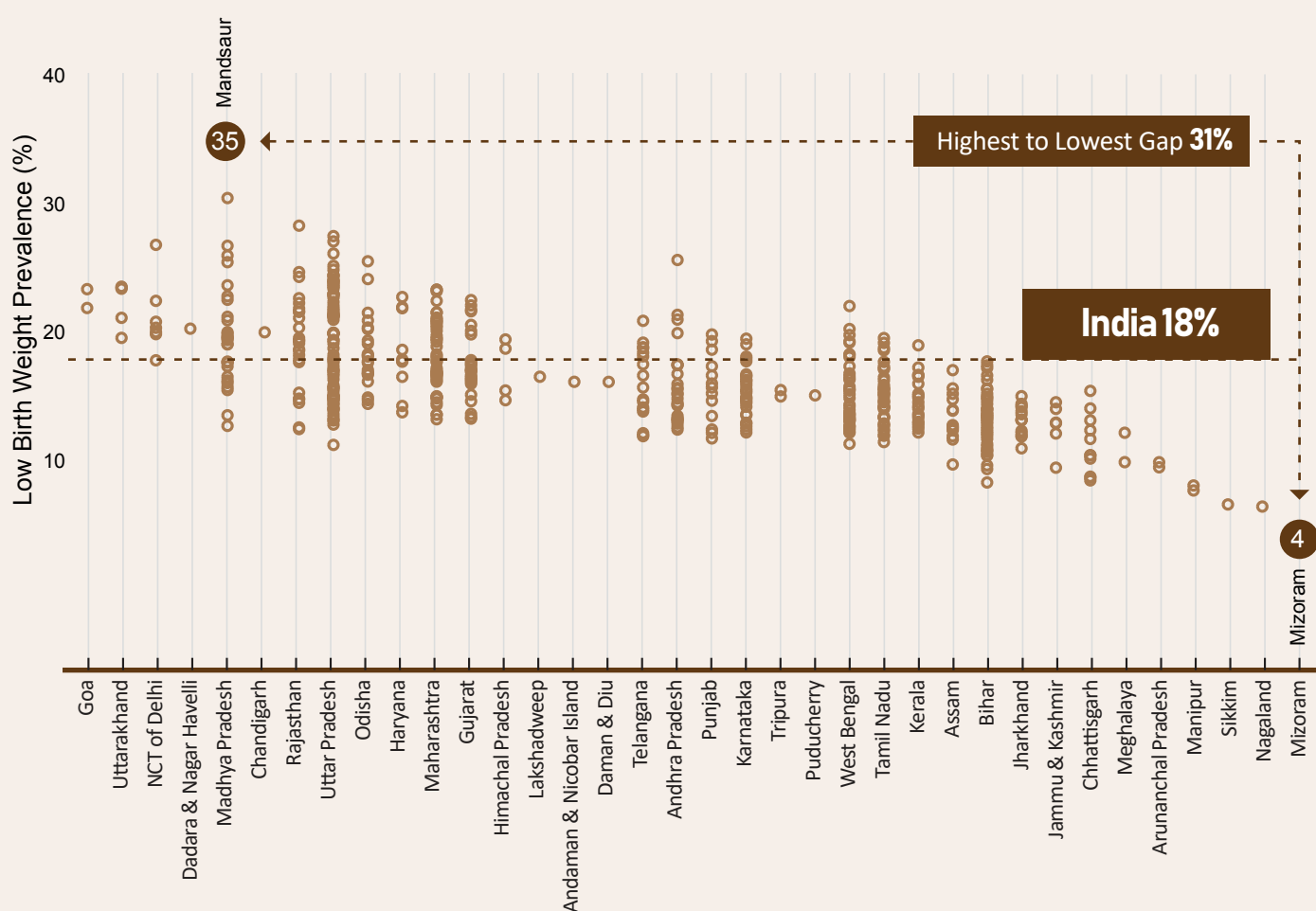
20 Parliamentary Constituencies with the highest low birth weight prevalence

- | | |
|-----------------------|---------------------------|
| 1. Mandsaur | 11. Mayurbhanj |
| 2. Ratlam | 12. Morena |
| 3. Karauli - Dhaulpur | 13. Bahraich |
| 4. Rampur | 14. Moradabad |
| 5. Sambhal | 15. Tonk - Sawai Madhopur |
| 6. North West Delhi | 16. Muzaffarnagar |
| 7. Ujjain | 17. Firozabad |
| 8. Sitapur | 18. Kheri |
| 9. Gwalior | 19. Dausa |
| 10. Narsapuram | 20. Nabarangapur |



What is low birth weight

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.

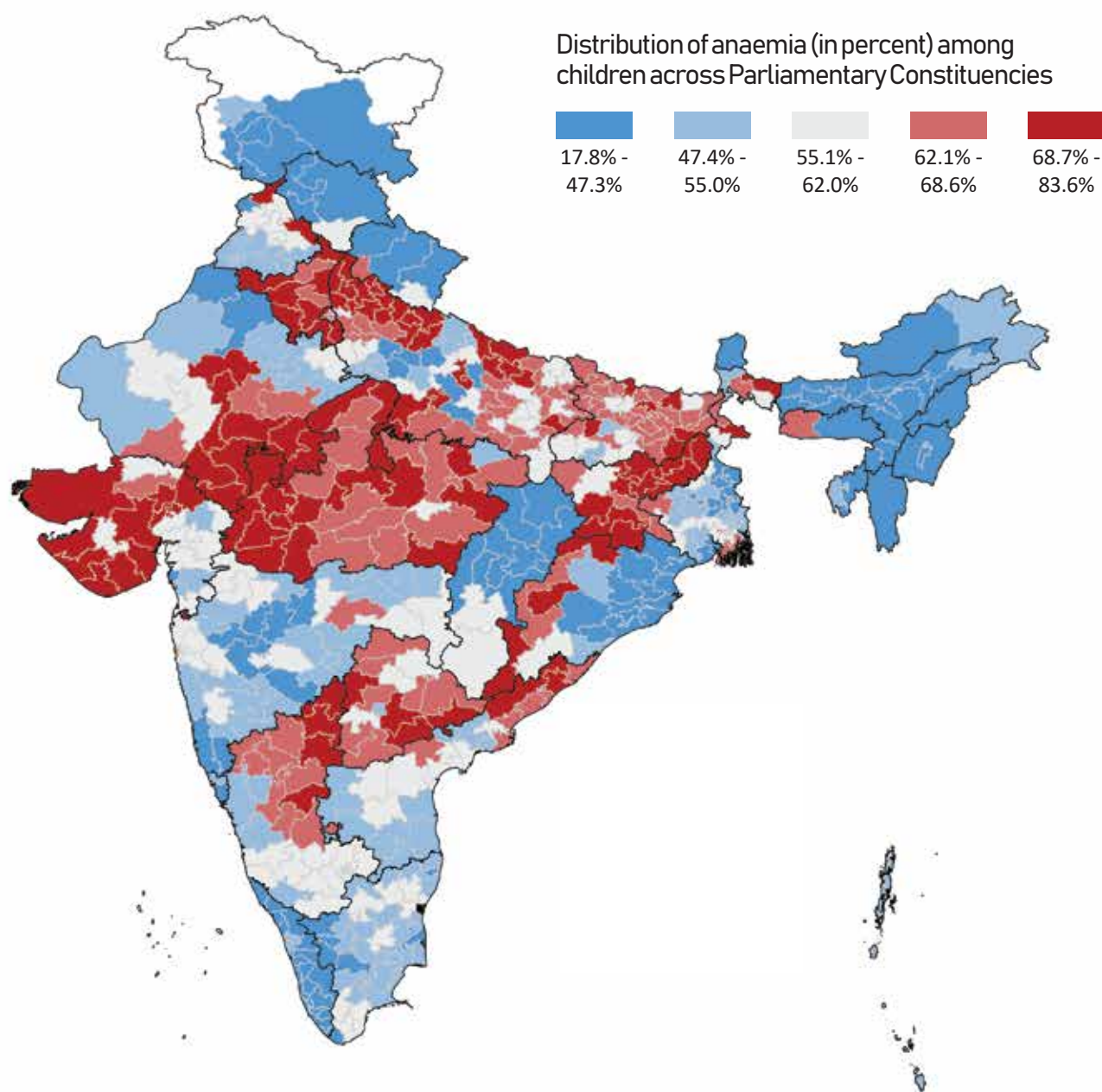


Low Birth Weight prevalence in India is **18%**

The absolute gap between the highest and the lowest low birth weight prevalence across Parliamentary Constituencies is **31%**



Anaemia

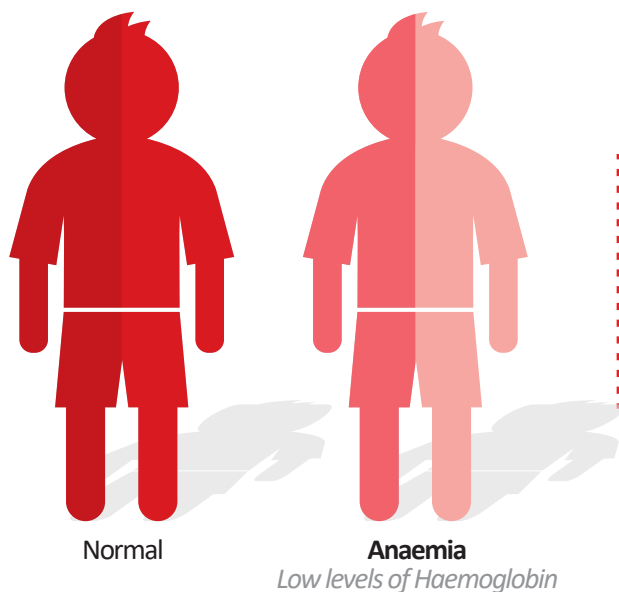


20 Parliamentary Constituencies with the lowest anaemia prevalence

- | | |
|-----------------------|-------------------------|
| 1. Kollam | 11. Mavelikkara |
| 2. Bhubaneswar | 12. Bhadrak |
| 3. Nagaland | 13. Puri |
| 4. Mizoram | 14. Jagatsinghpur |
| 5. Outer Manipur | 15. Alappuzha |
| 6. Cuttack | 16. Autonomous District |
| 7. Thiruvananthapuram | 17. Karimganj |
| 8. Attingal | 18. Ernakulam |
| 9. Pathanamthitta | 19. Kendrapara |
| 10. Inner Manipur | 20. Baleshwar |

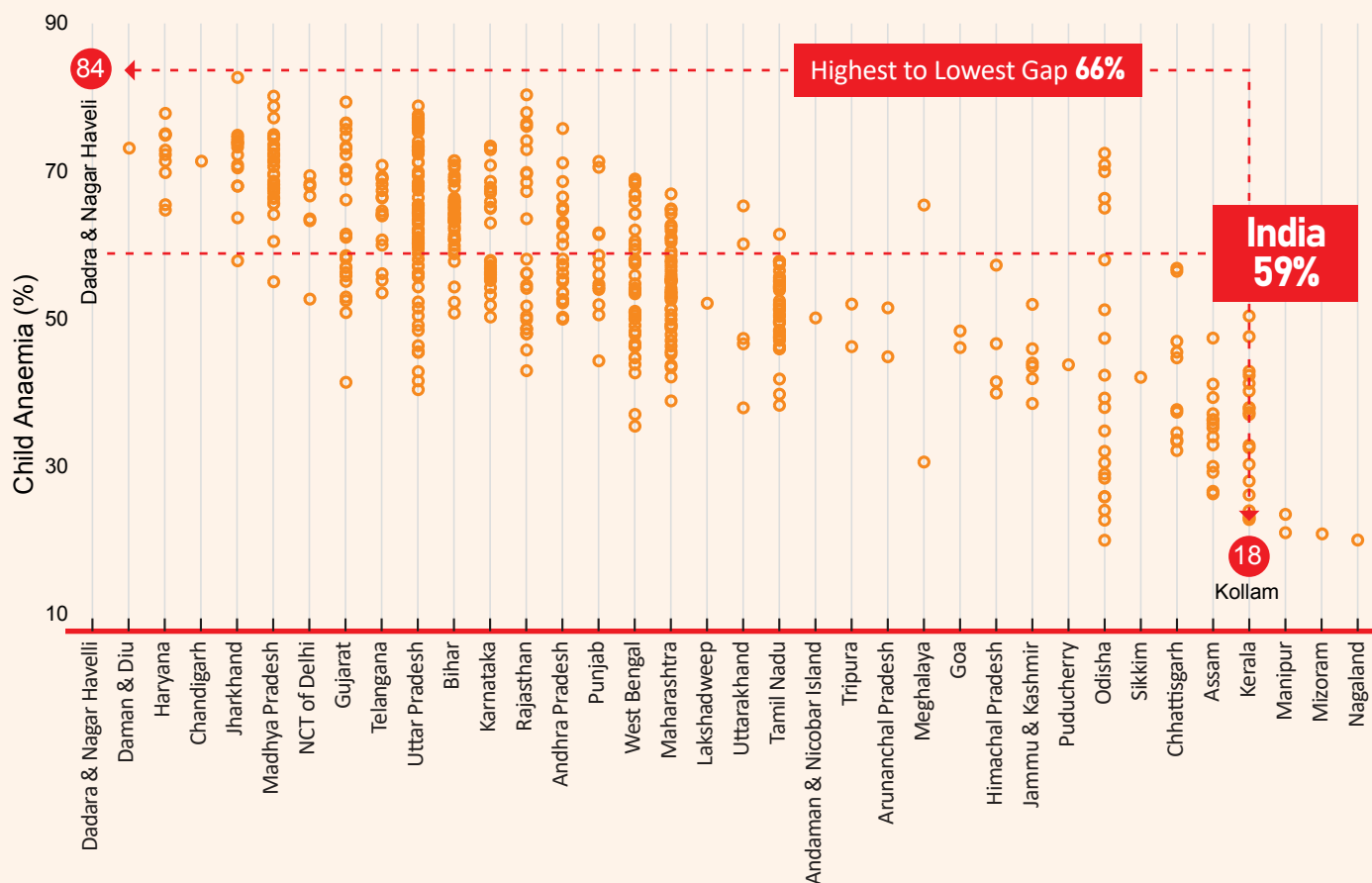
20 Parliamentary Constituencies with the highest anaemia prevalence

- | | |
|-------------------------|------------------|
| 1. Dadra & Nagar Haveli | 11. Dhar |
| 2. Singhbhum | 12. Shahjahanpur |
| 3. Banswara | 13. Rampur |
| 4. Khargone | 14. Pilibhit |
| 5. Kachchh | 15. Saharanpur |
| 6. Jalaun | 16. Jamnagar |
| 7. Khandwa | 17. Junagadh |
| 8. Udaipur | 18. Kota |
| 9. Gurgaon | 19. Mahesana |
| 10. Muzaffarnagar | 20. Sambhal |



What is Anaemia

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.



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

Andaman & Nicobar Islands

25.6% #458
20.2% #490
15.4% #421
16.2% #266
50.1% #402

Andhra Pradesh

Amlapuram

26.7% #433
27.3% #375
13.2% #484
17.5% #196
64.7% #174

Anakapalli

30.9% #341
32.0% #287
15.6% #408
17.5% #197
65.1% #166

Anantapur

39.0% #200
39.1% #170
15.6% #410
16.0% #274
50.2% #401

Araku

31.9% #318
32.2% #282
17.3% #346
14.4% #370
71.1% #78

Bapatla

25.2% #470
29.3% #339
15.4% #418
14.5% #361
57.3% #280

Chittoor

30.7% #343
31.3% #303
16.7% #372
13.2% #440
49.9% #406

Eluru

27.1% #427
29.0% #346
15.6% #409
20.0% #106
52.6% #362

Guntur

22.2% #510
27.0% #380
17.3% #347
15.2% #314
60.1% #245

Hindupur

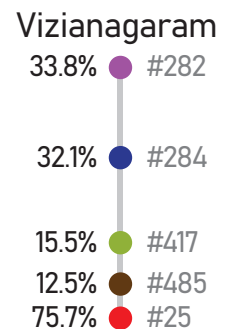
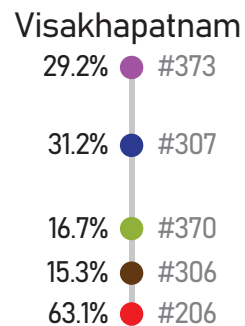
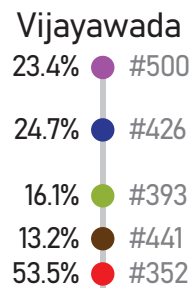
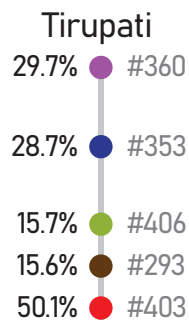
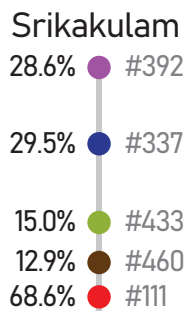
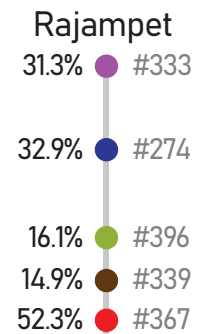
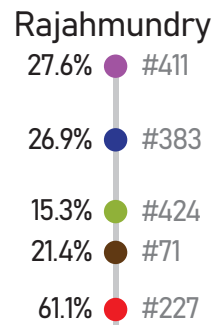
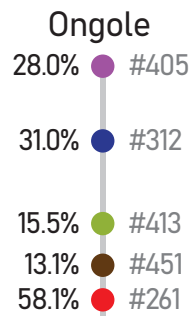
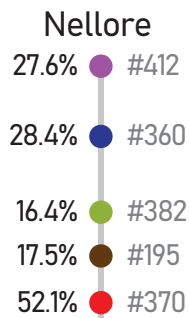
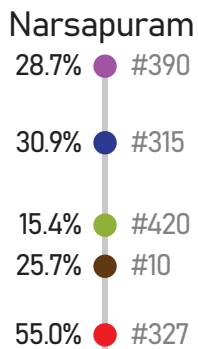
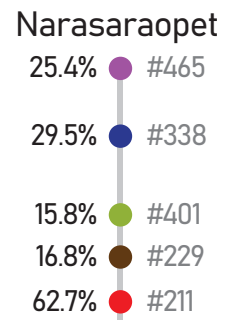
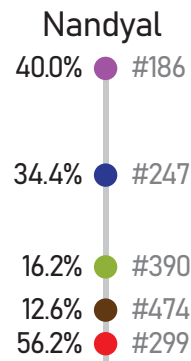
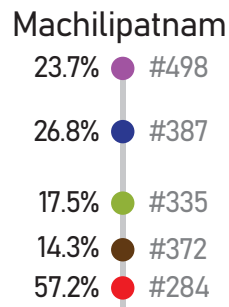
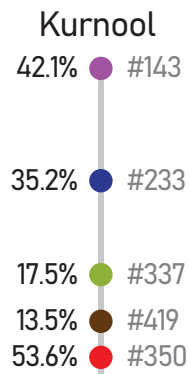
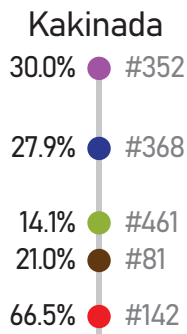
36.2% #237
36.0% #218
15.1% #430
15.7% #285
52.5% #364

Kadapa

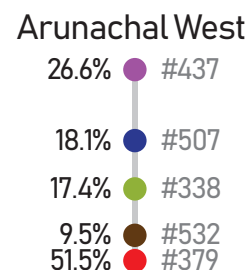
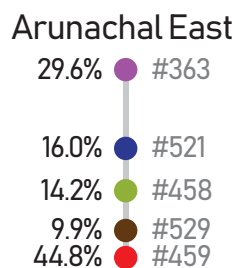
33.0% #296
32.9% #273
16.7% #369
13.3% #433
55.4% #317

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

■ Stunting ■ Underweight ■ Wasting ■ Low Birth Weight ■ Anaemia



Arunachal Pradesh



Assam

Autonomous District

31.2% #334
21.4% #472
12.4% #502
9.7% #530
26.3% #528

Barpeta

37.2% #228
28.6% #355
16.6% #374
14.8% #342
32.9% #514

Dhubri

42.6% #132
36.2% #210
19.3% #267
15.2% #310
39.3% #489

Dibrugarh

32.8% #300
30.2% #325
17.2% #352
17.1% #216
47.4% #433

Guwahati

29.4% #370
24.5% #428
14.1% #460
15.7% #287
35.8% #506

Jorhat

31.4% #330
21.3% #473
11.0% #525
12.4% #487
35.3% #508

Kaliabor

33.3% #291
23.4% #444
13.0% #488
12.6% #476
34.0% #511

Karimganj

38.2% #208
32.5% #281
17.5% #336
11.7% #513
26.6% #527

Kokrajhar

33.5% #288
24.0% #433
12.1% #508
12.8% #464
36.3% #505

Lakhimpur

32.5% #305
22.3% #460
10.1% #537
12.5% #479
37.1% #501

Mangaldoi

36.0% #239
29.6% #336
16.6% #377
14.0% #395
41.1% #484

Nagaon

35.0% #259
25.7% #409
11.0% #523
12.7% #472
36.3% #504

Silchar

34.5% #271
34.3% #251
27.7% #63
13.9% #398
30.0% #522

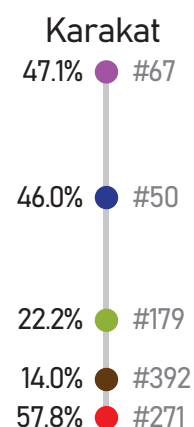
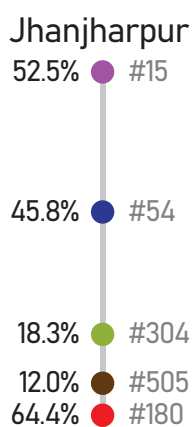
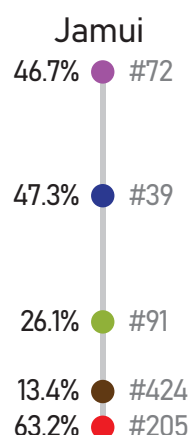
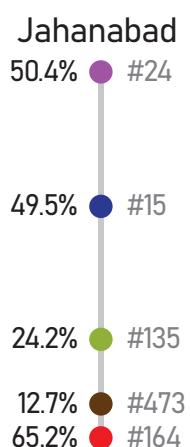
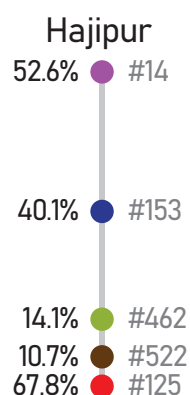
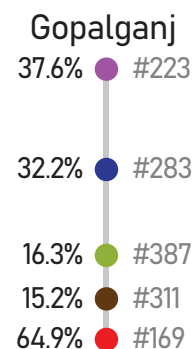
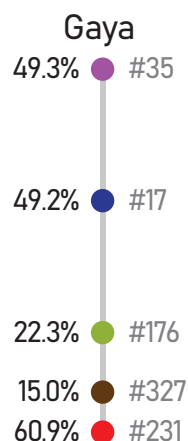
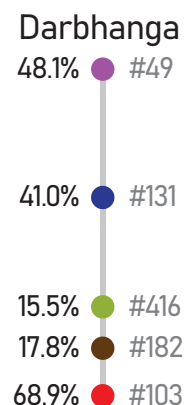
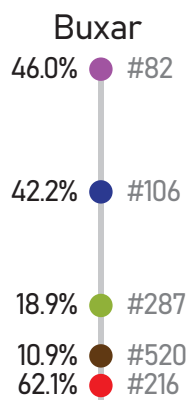
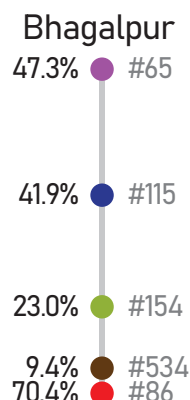
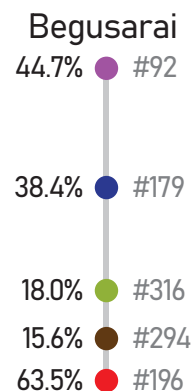
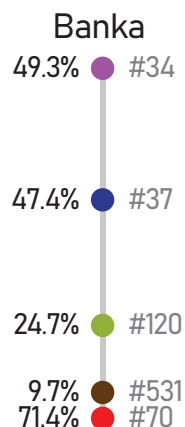
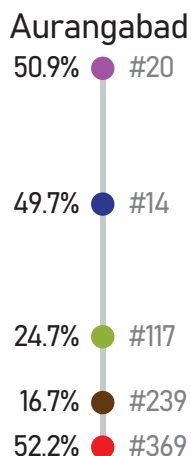
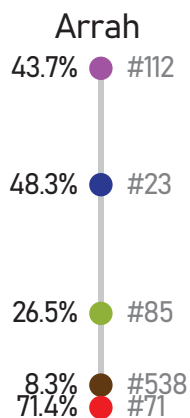
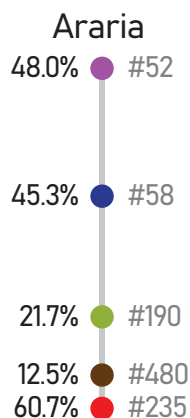
Tezpur

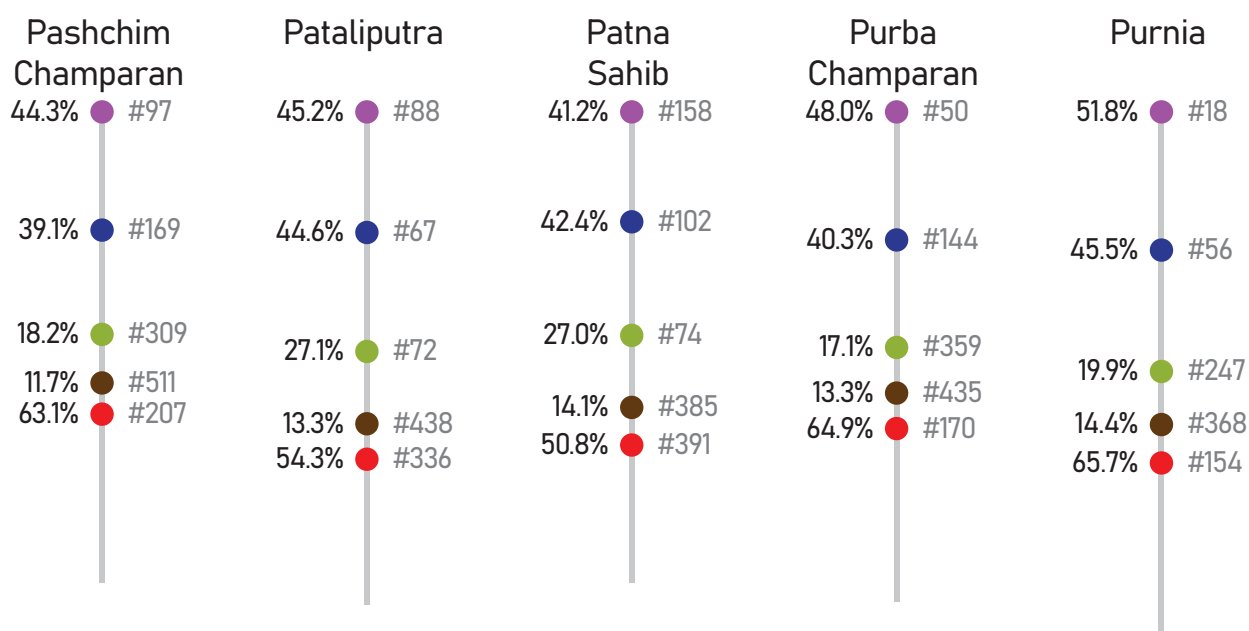
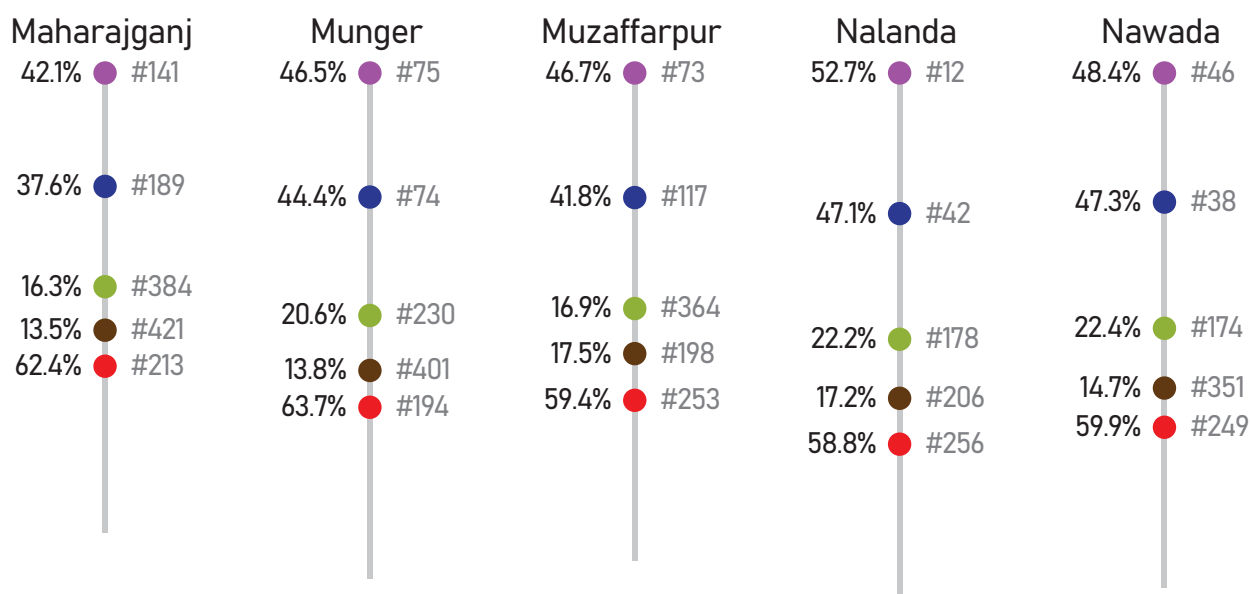
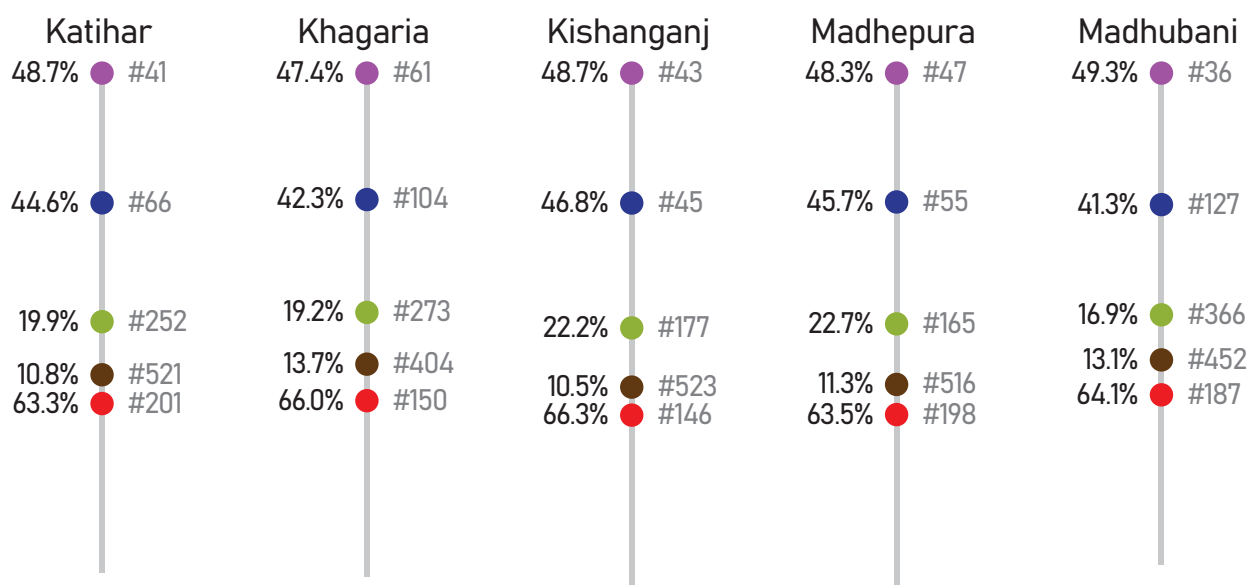
29.6% #365
25.2% #418
17.1% #355
11.9% #508
29.2% #523

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

■ Stunting ■ Underweight ■ Wasting ■ Low Birth Weight ■ Anaemia

Bihar

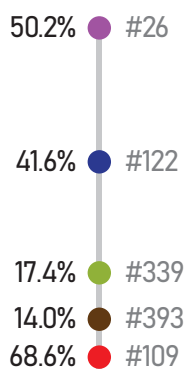




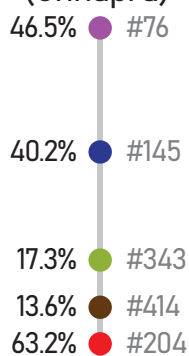
#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

■ Stunting ■ Underweight ■ Wasting ■ Low Birth Weight ■ Anaemia

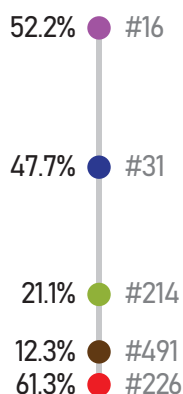
Samastipur



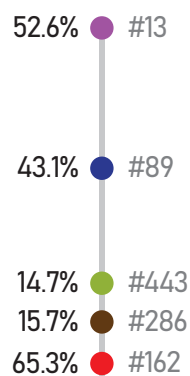
Saran (Chhapra)



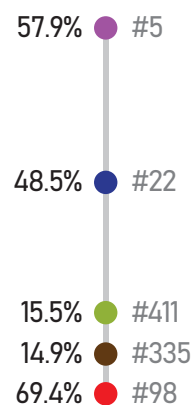
Sasaram



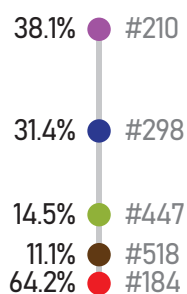
Sheohar



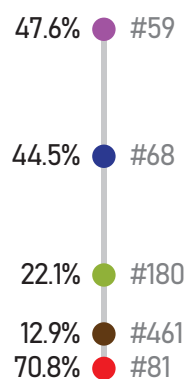
Sitamarhi



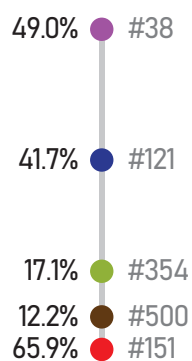
Siwan



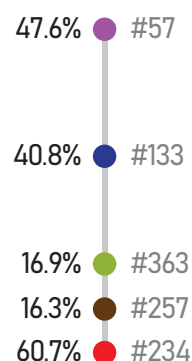
Supaul



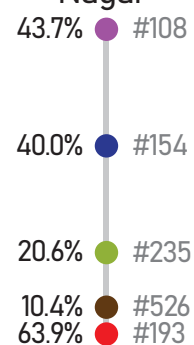
Ujiapur



Vaishali

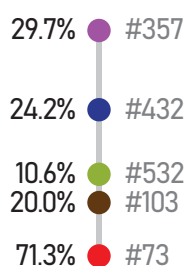


Valmiki Nagar

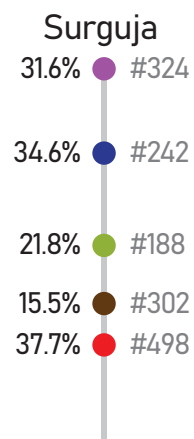
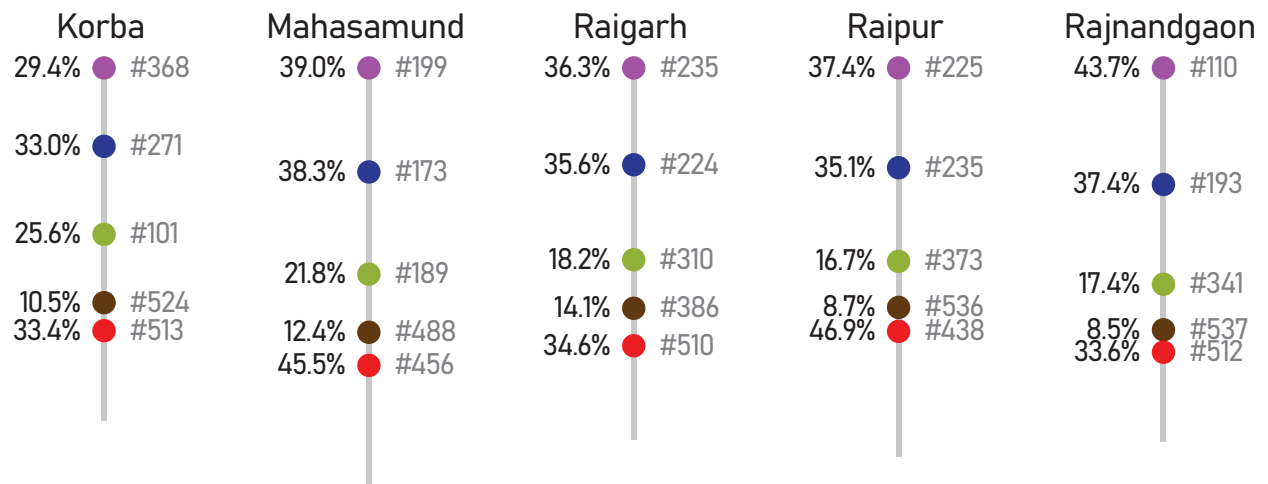
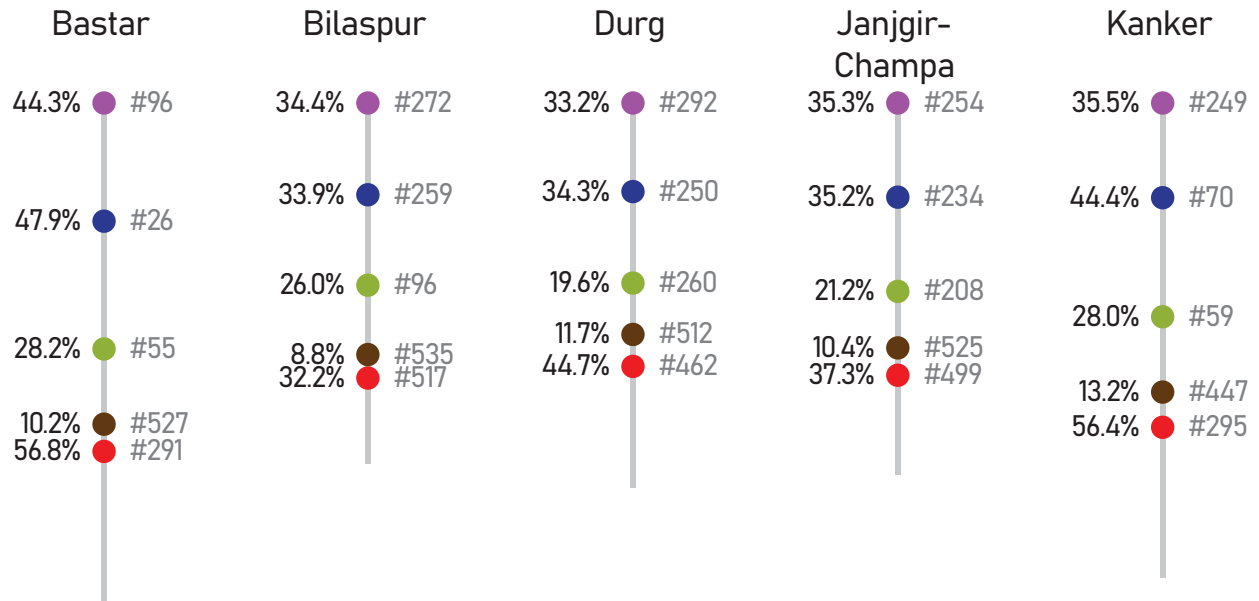


Chandigarh

Chandigarh

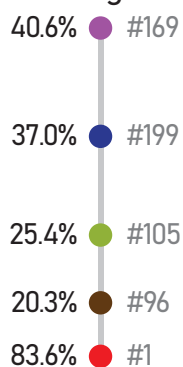


Chhattisgarh



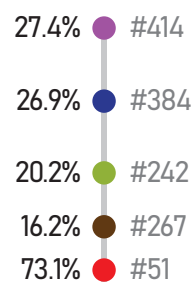
Dadra & Nagar Haveli

Dadra & Nagar Haveli



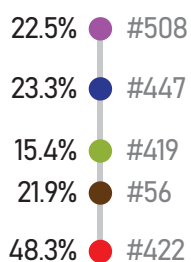
Daman & Diu

Daman & Diu

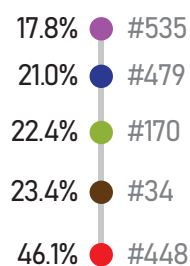


Goa

North Goa

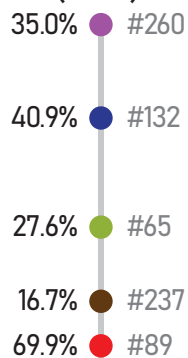


South Goa

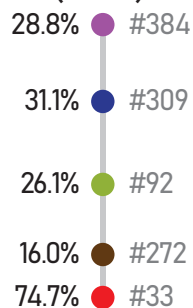


Gujarat

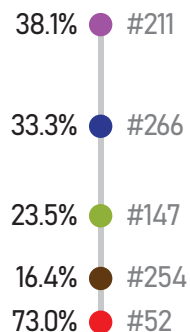
Ahmadabad (East)



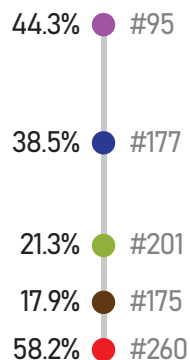
Ahmadabad (West)



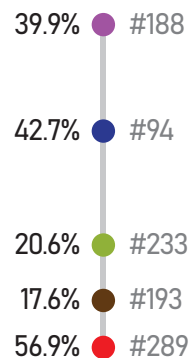
Amreli

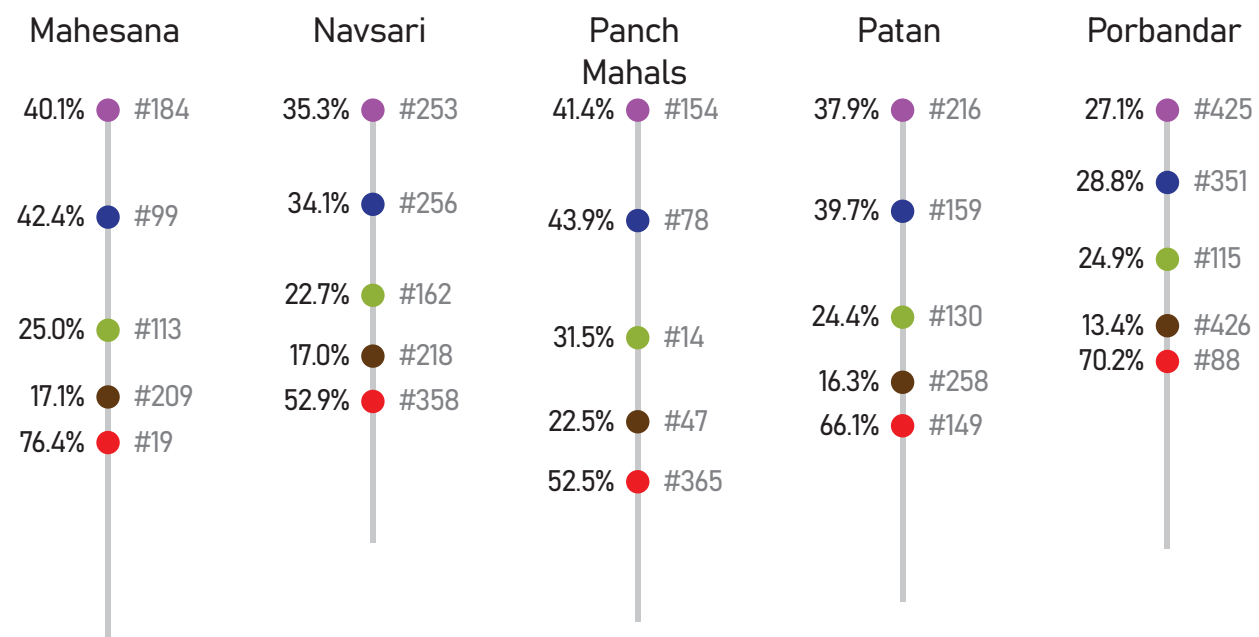
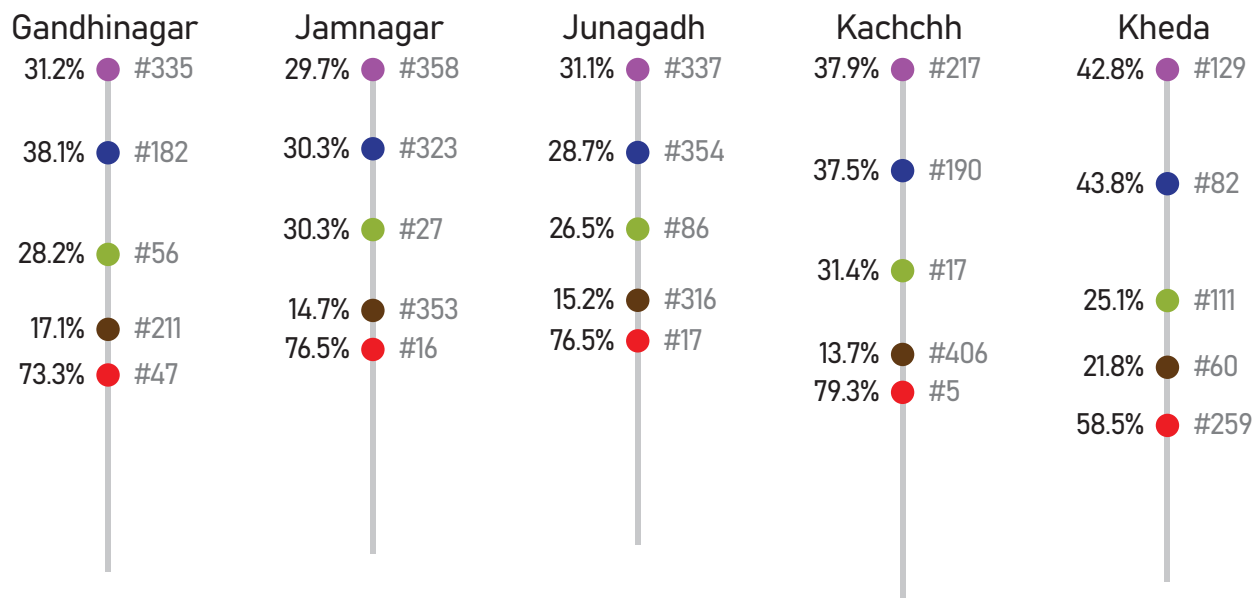
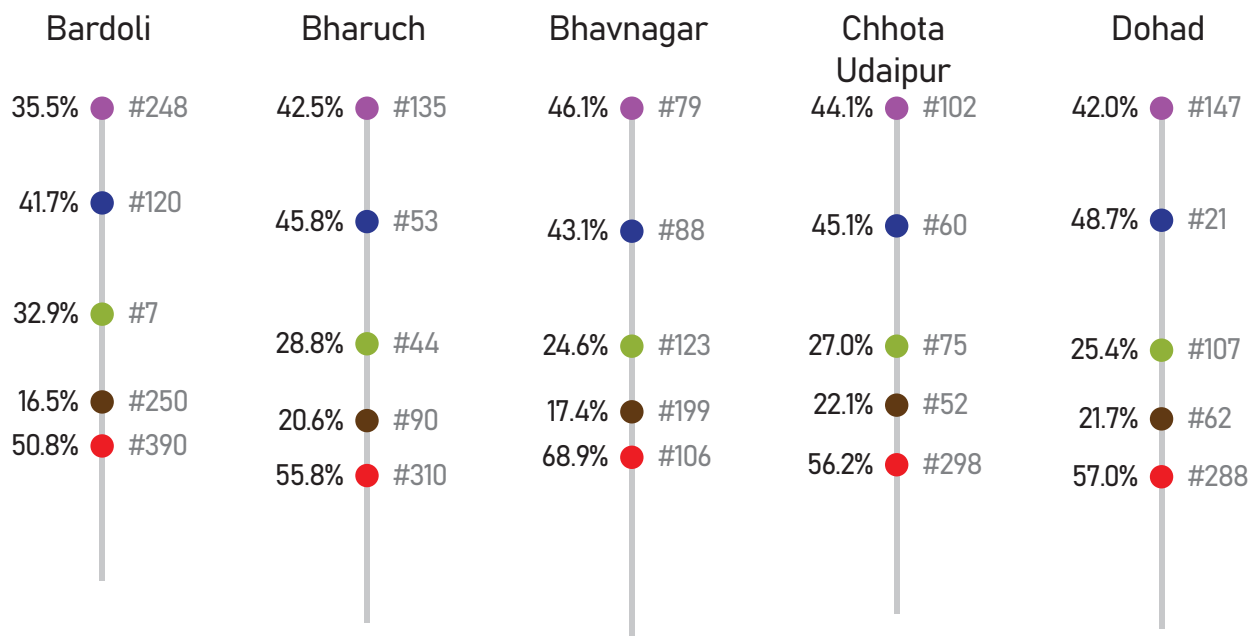


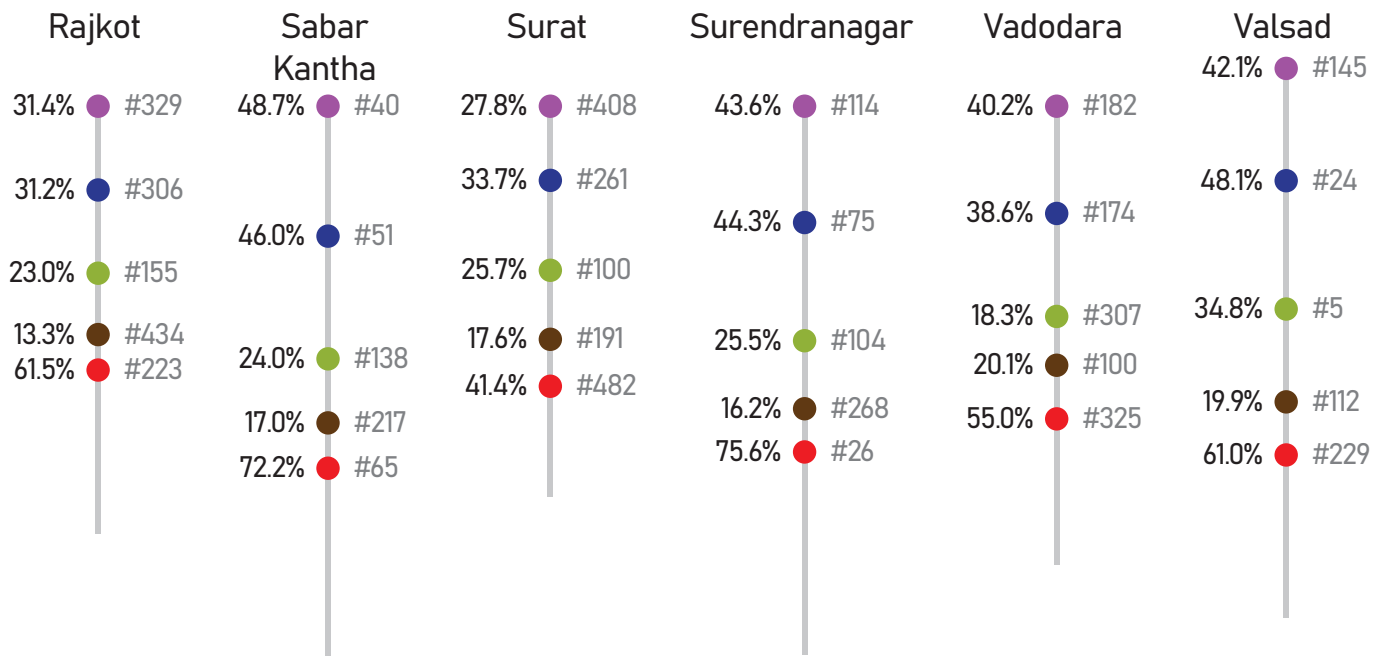
Anand



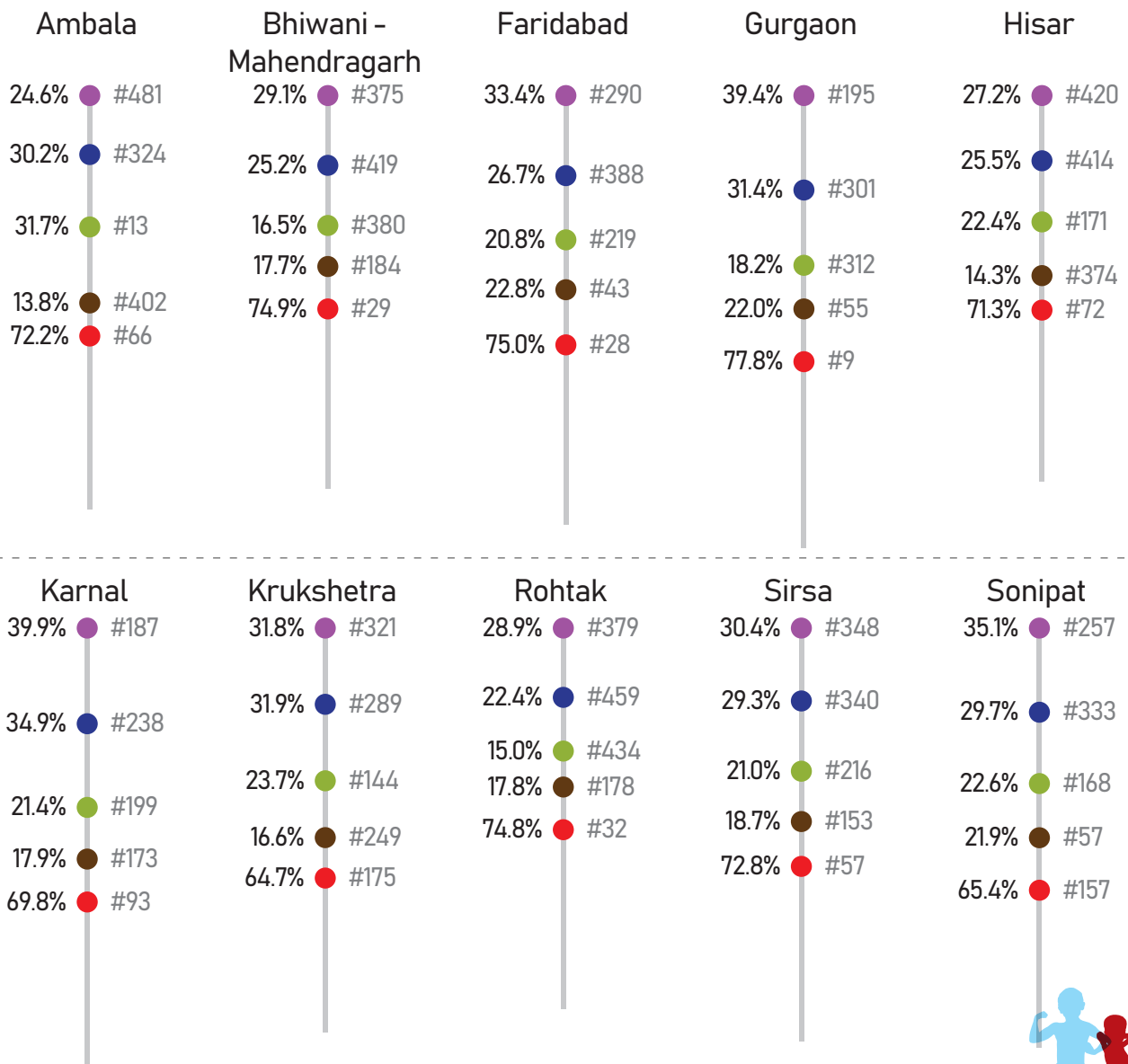
Banas Kantha



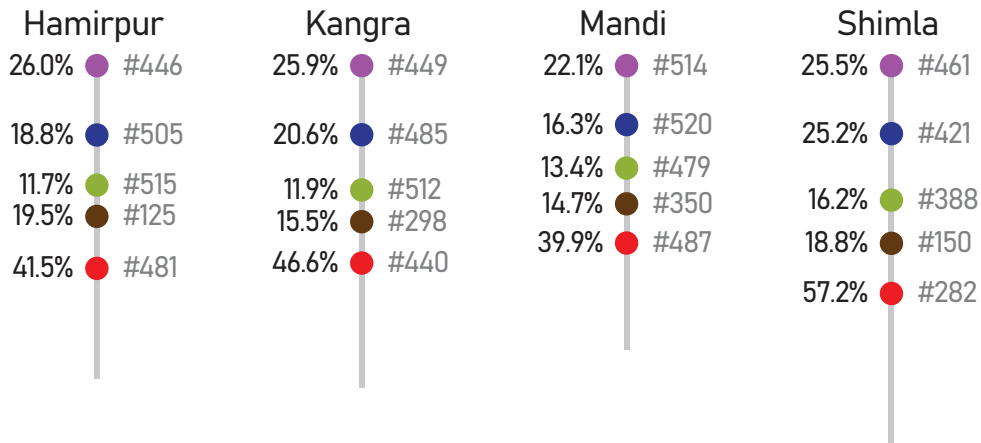




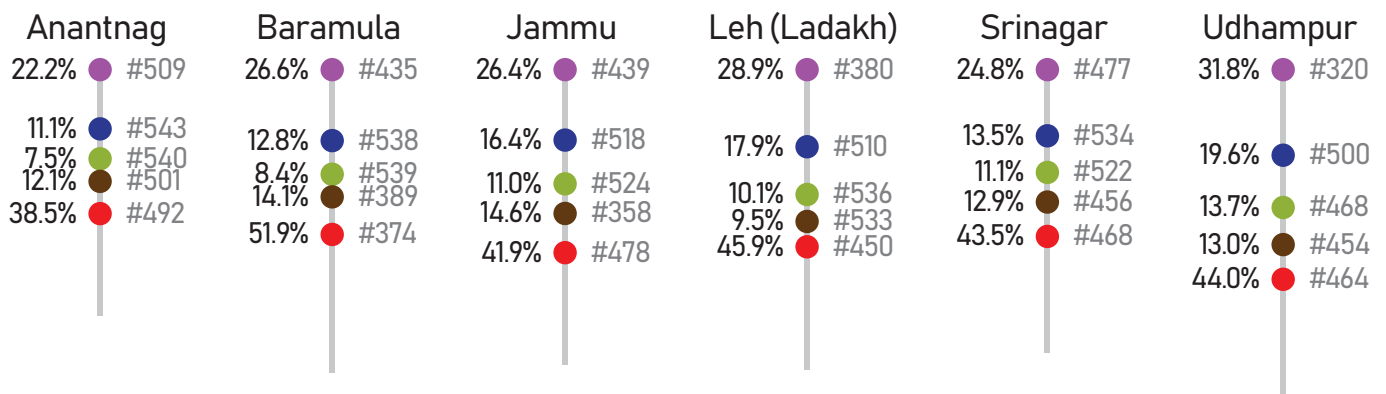
Haryana



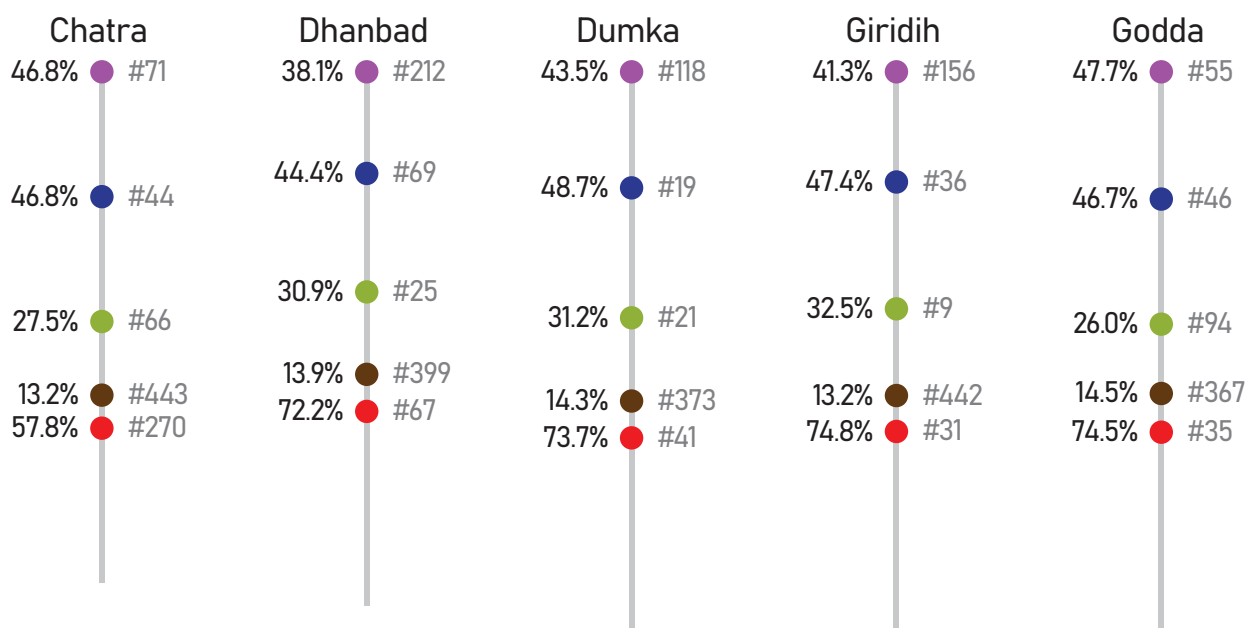
Himachal Pradesh



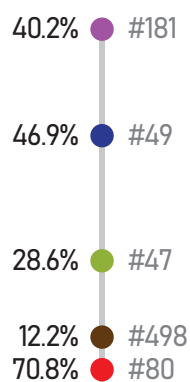
Jammu & Kashmir



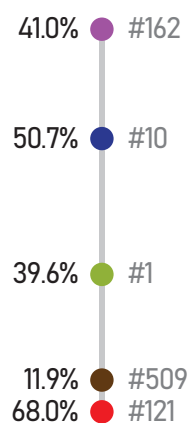
Jharkhand



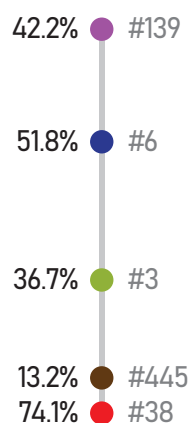
Hazaribagh



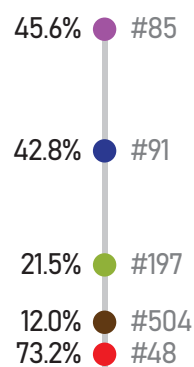
Jamshedpur



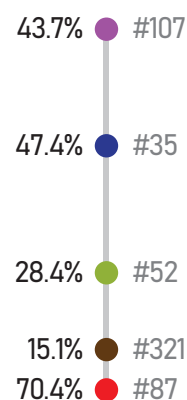
Khunti



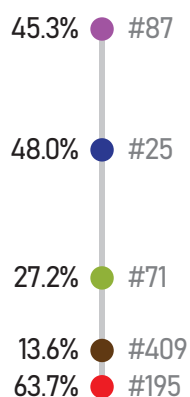
Kodarma



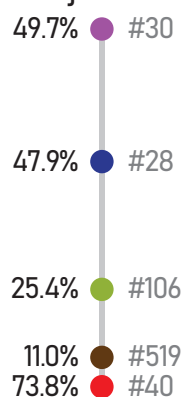
Lohardaga



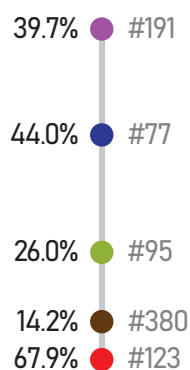
Palamu



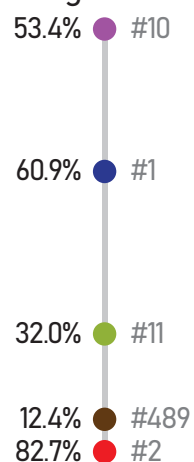
Rajmahal



Ranchi

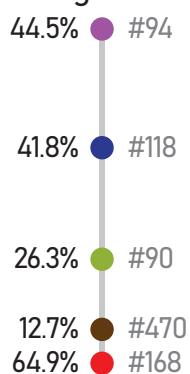


Singhbhum

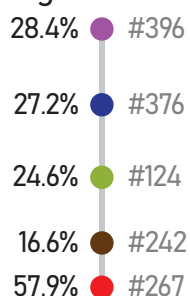


Karnataka

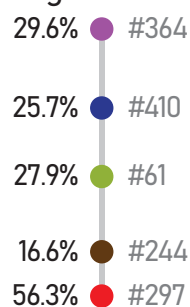
Bagalkot



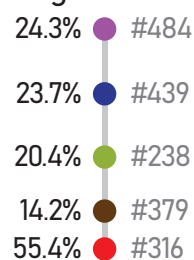
Bangalore Central



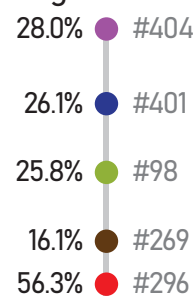
Bangalore North

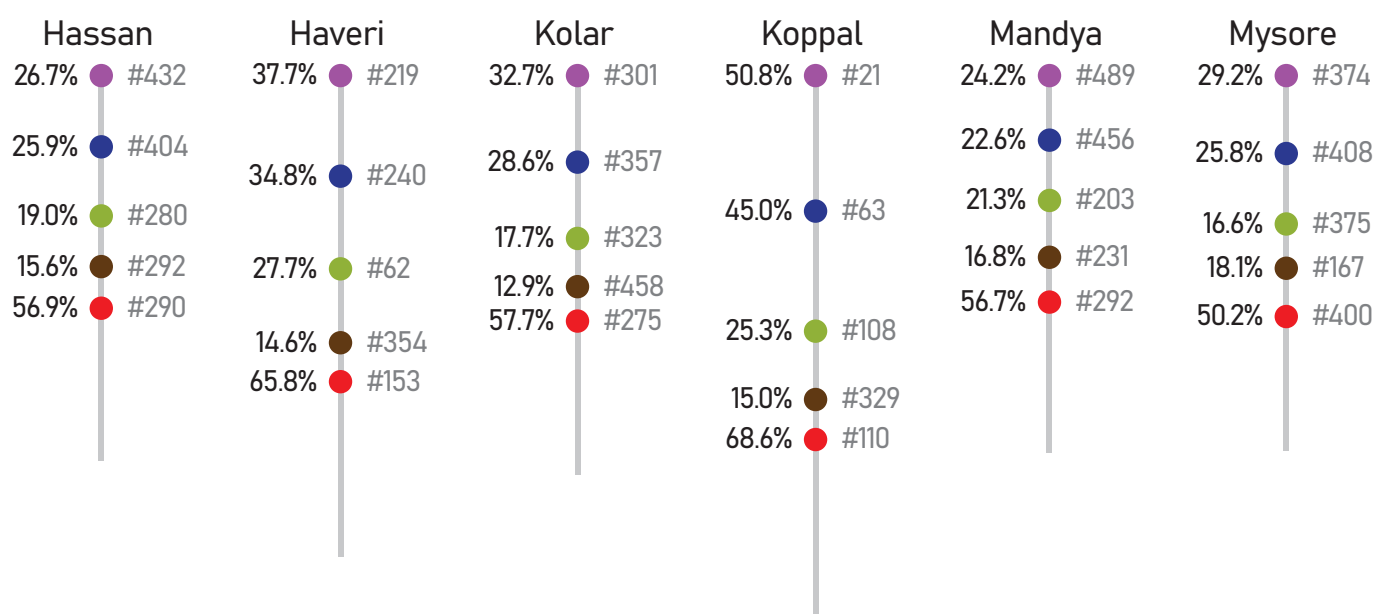
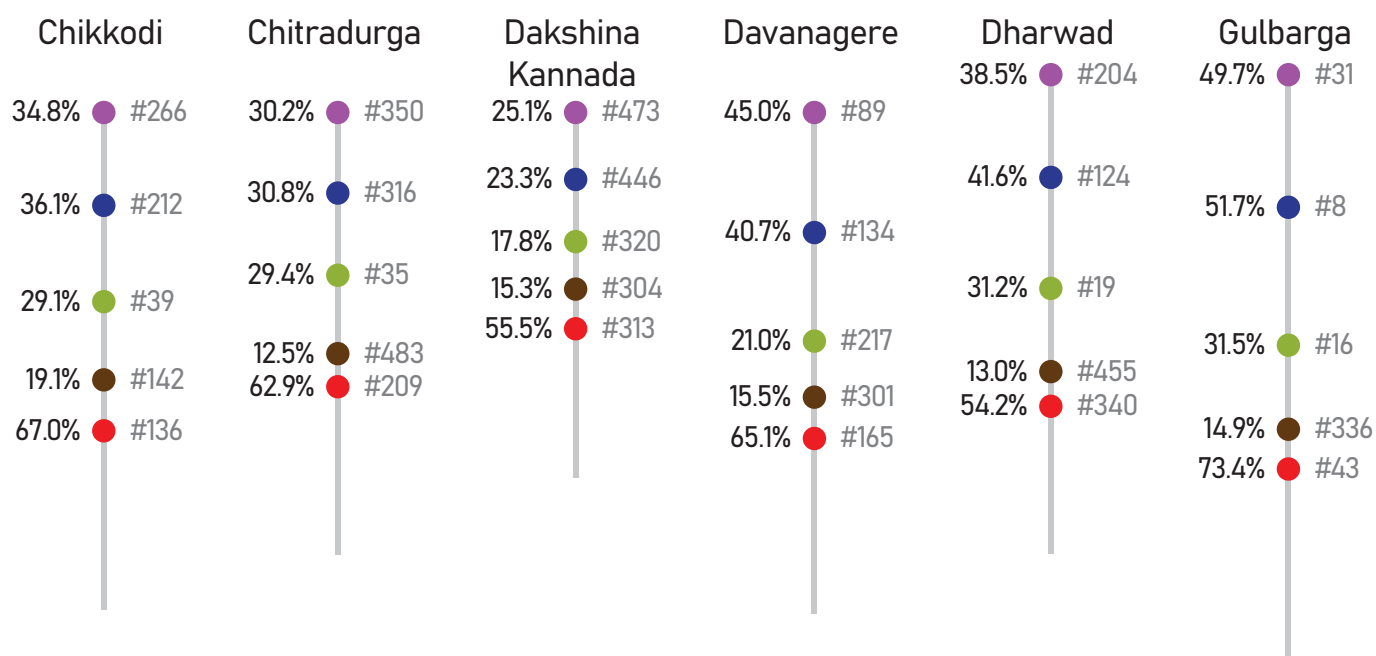
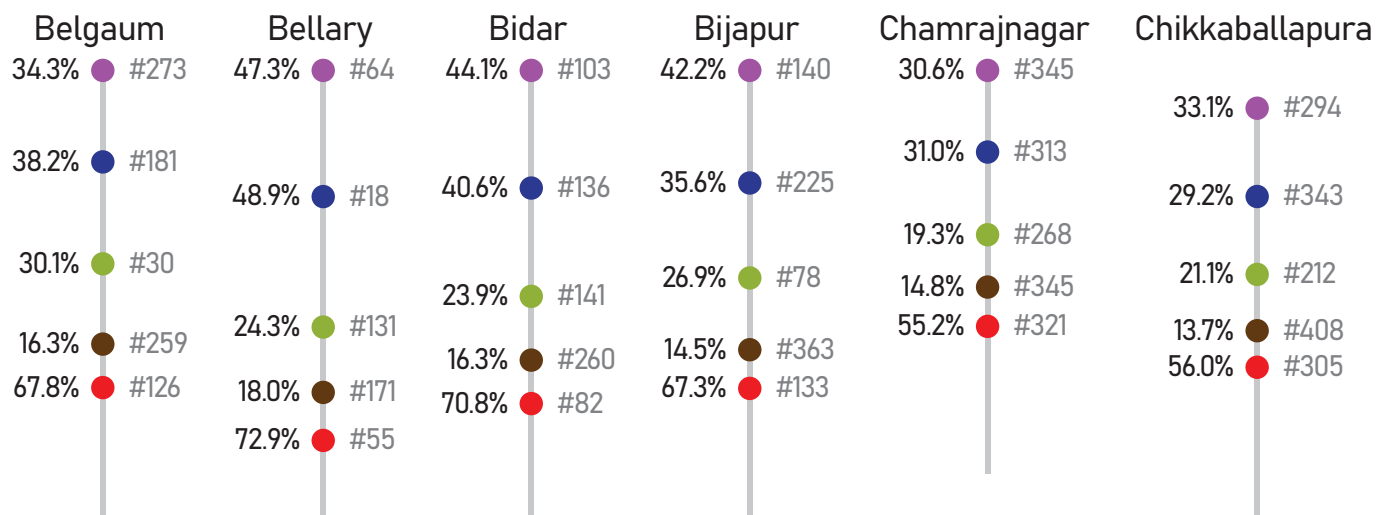


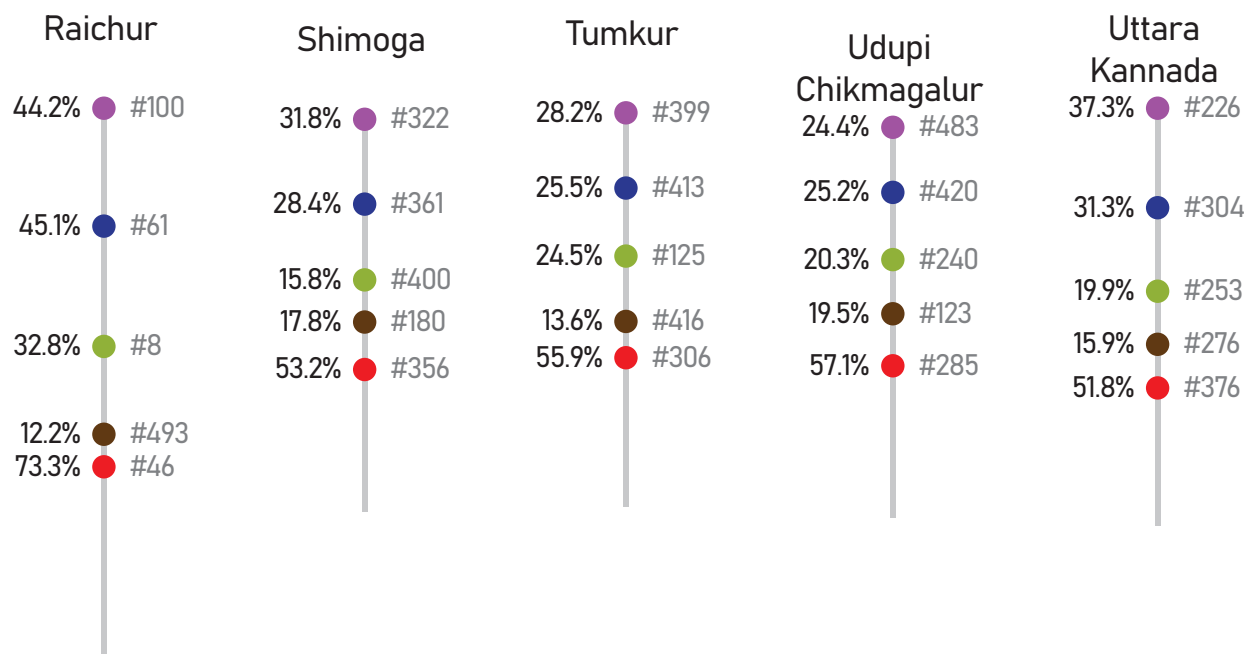
Bangalore Rural



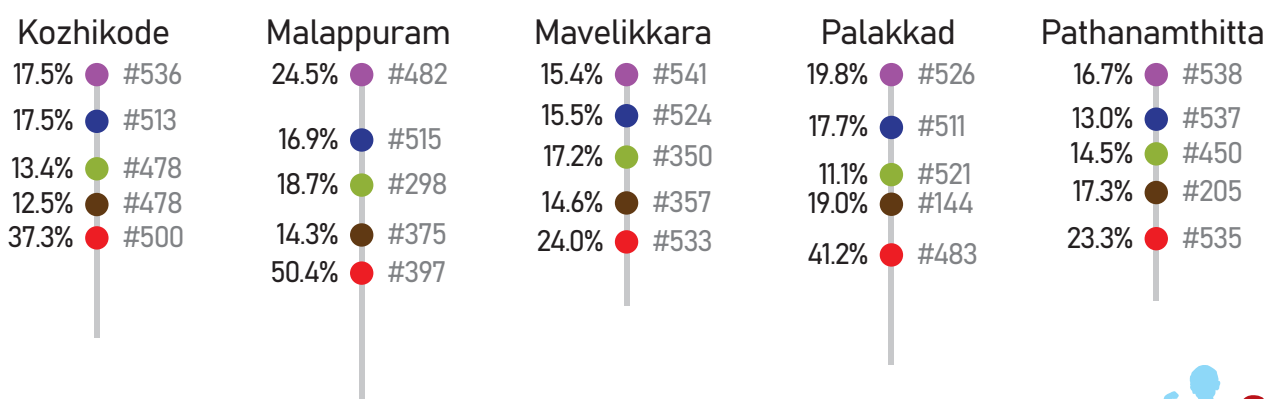
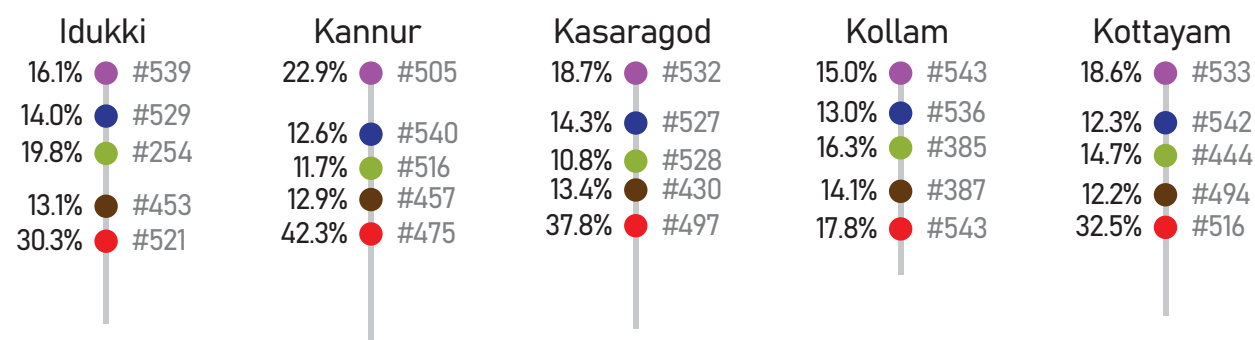
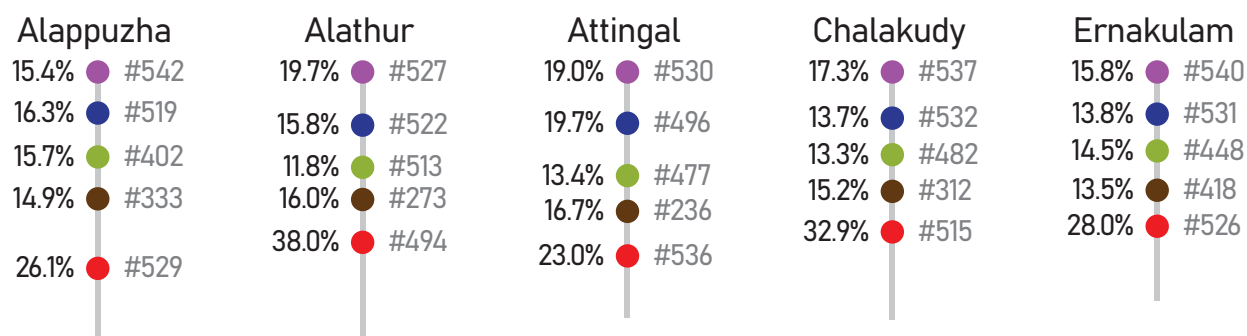
Bangalore South

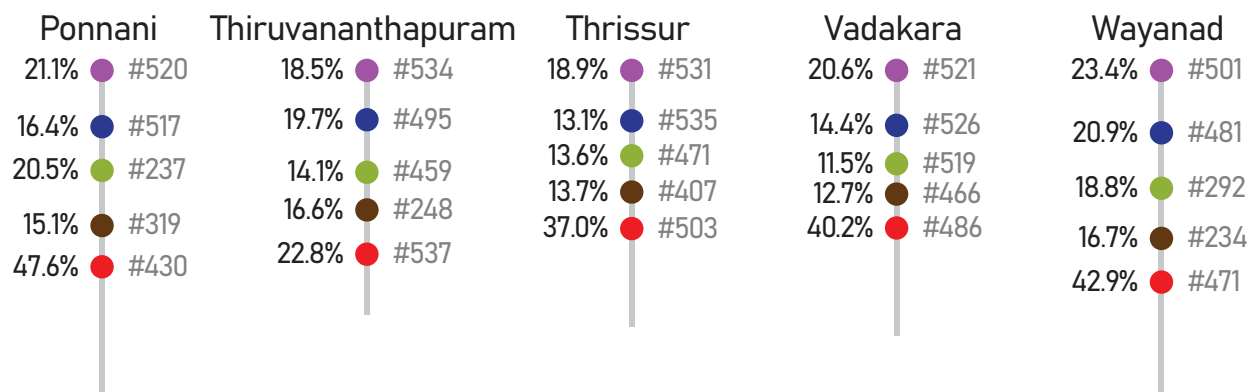






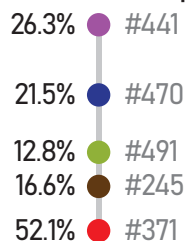
Kerala



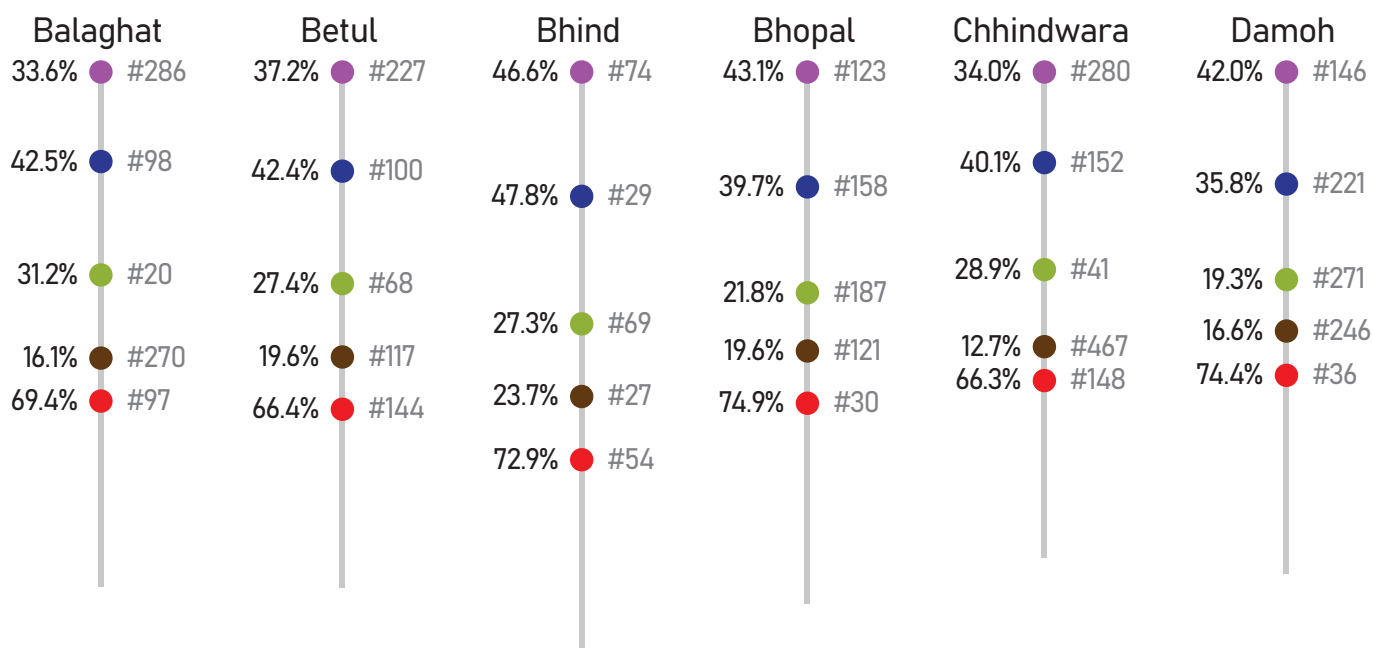


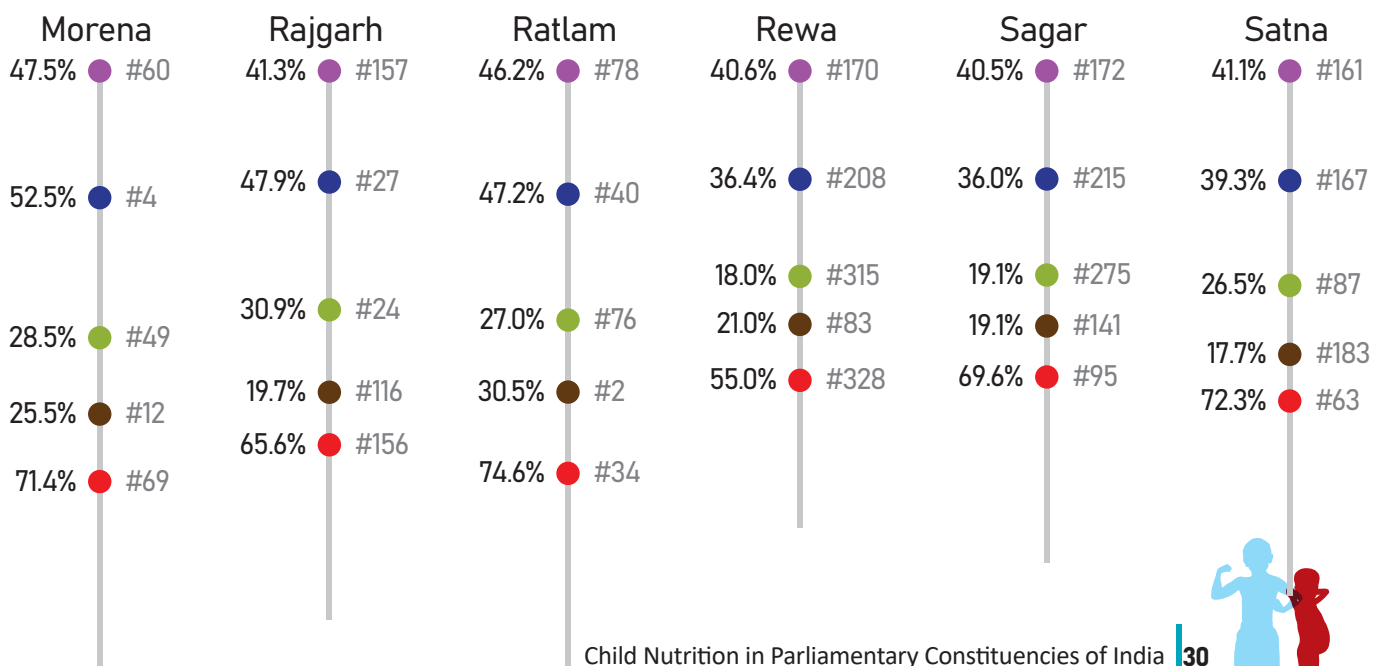
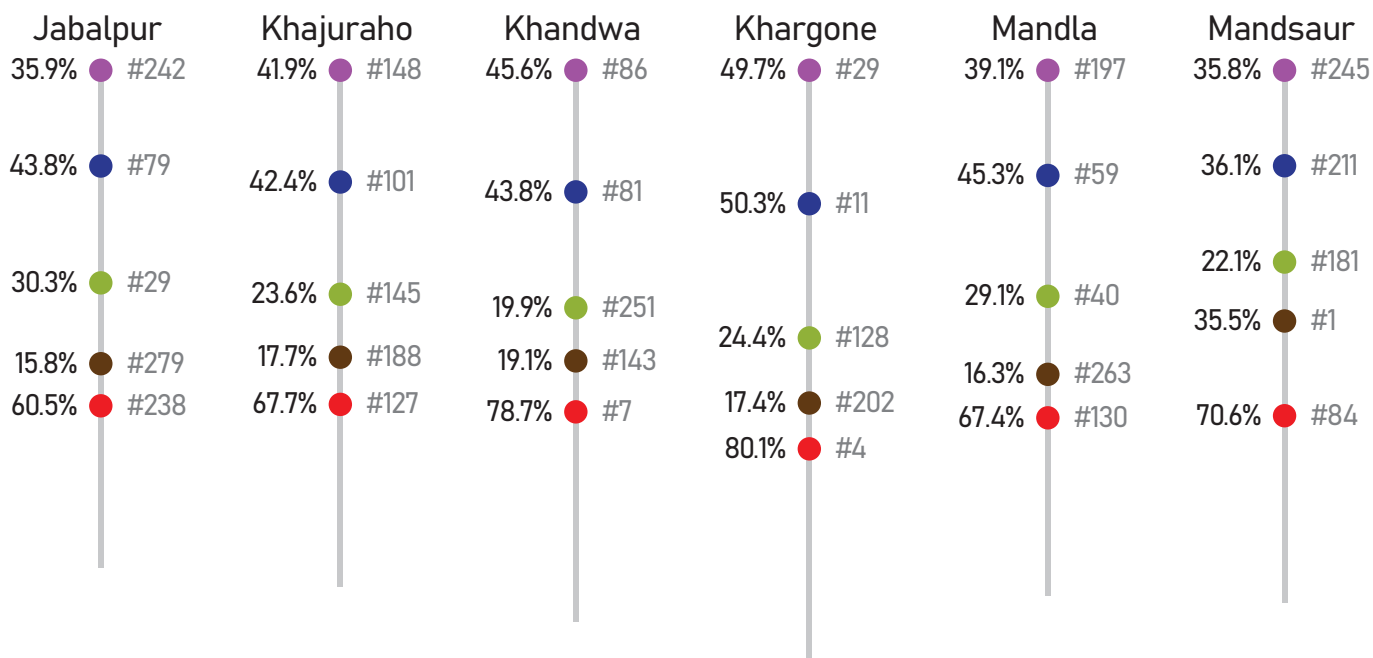
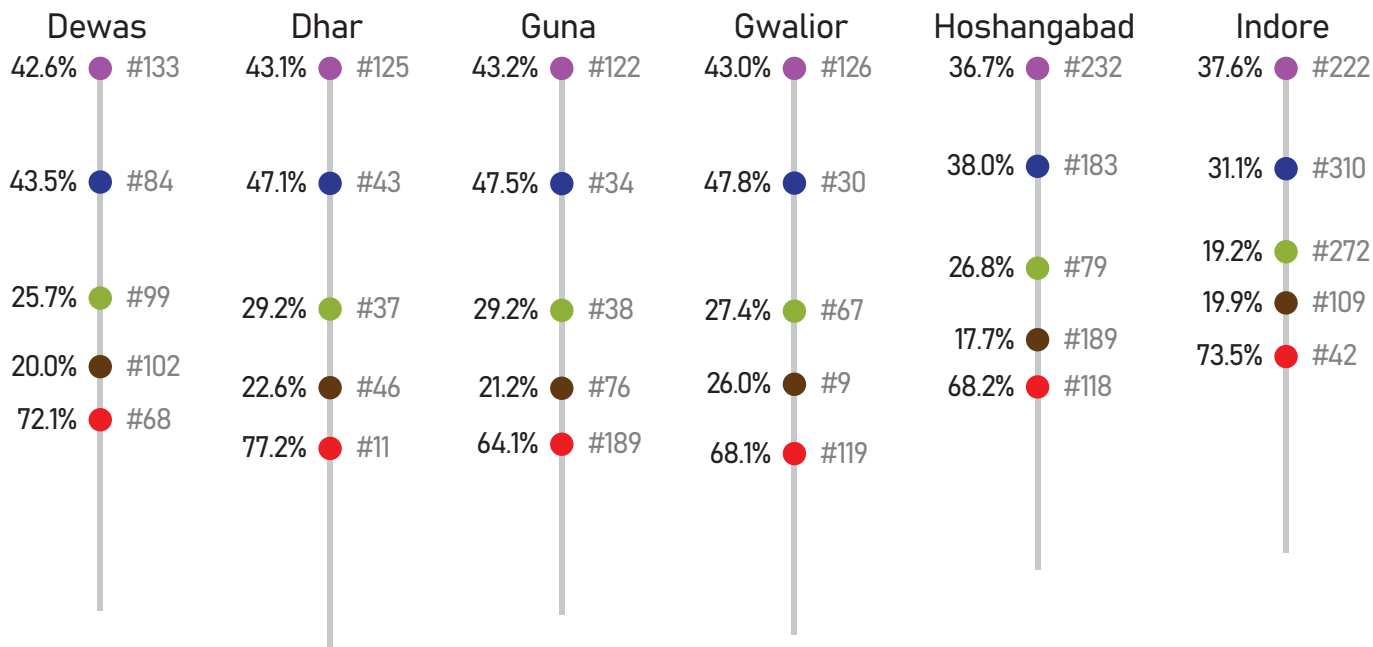
Lakshadweep

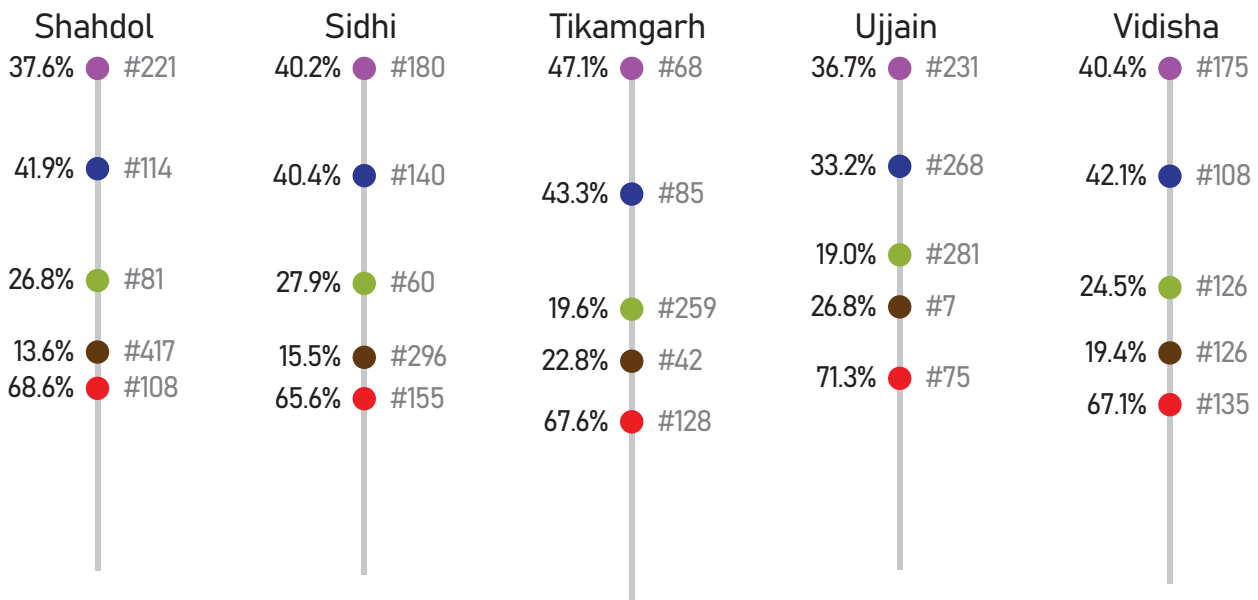
Lakshadweep



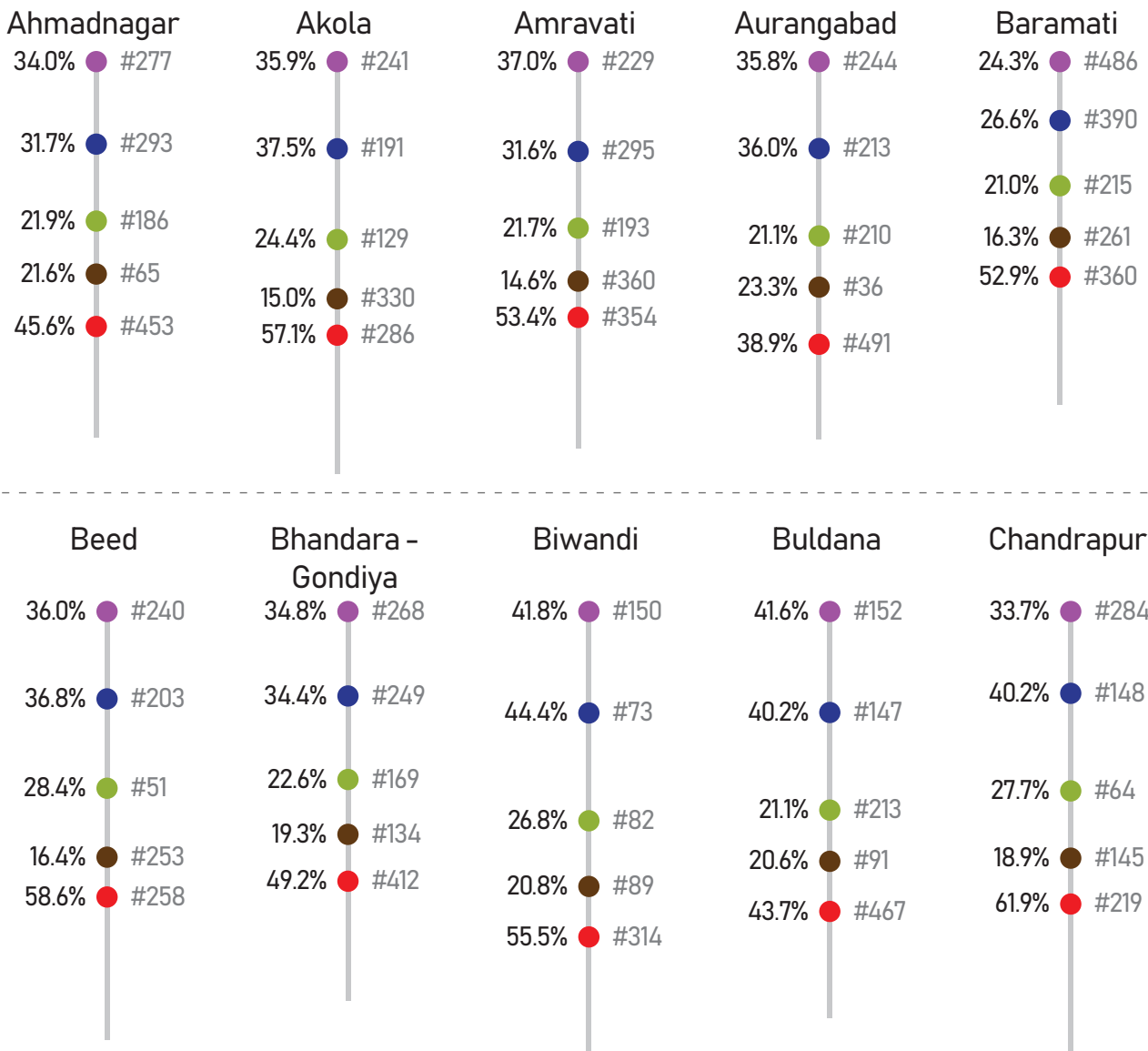
Madhya Pradesh





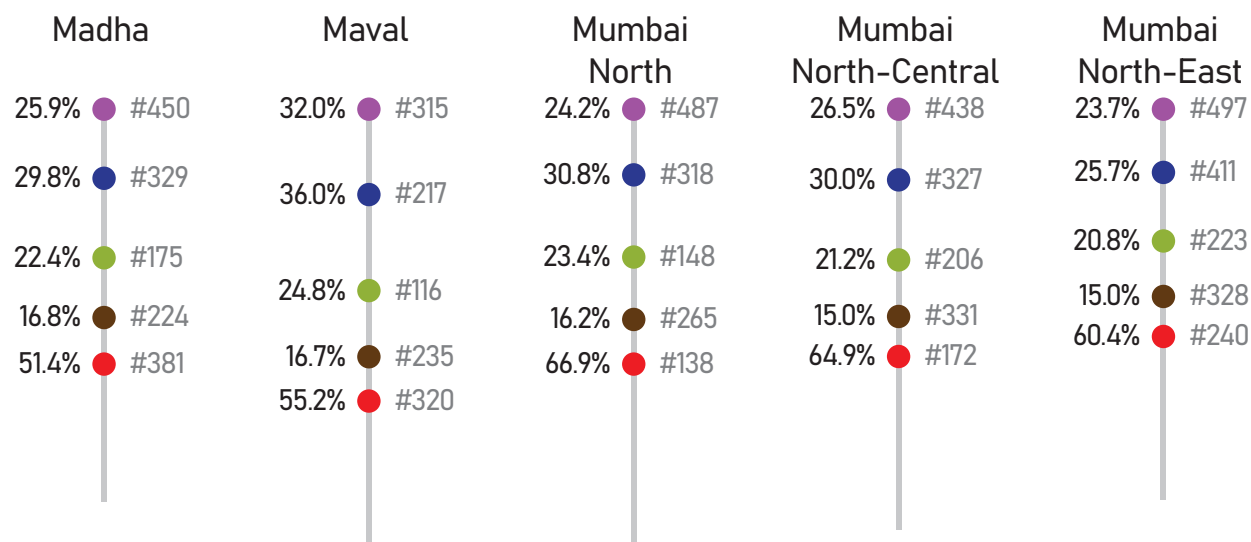
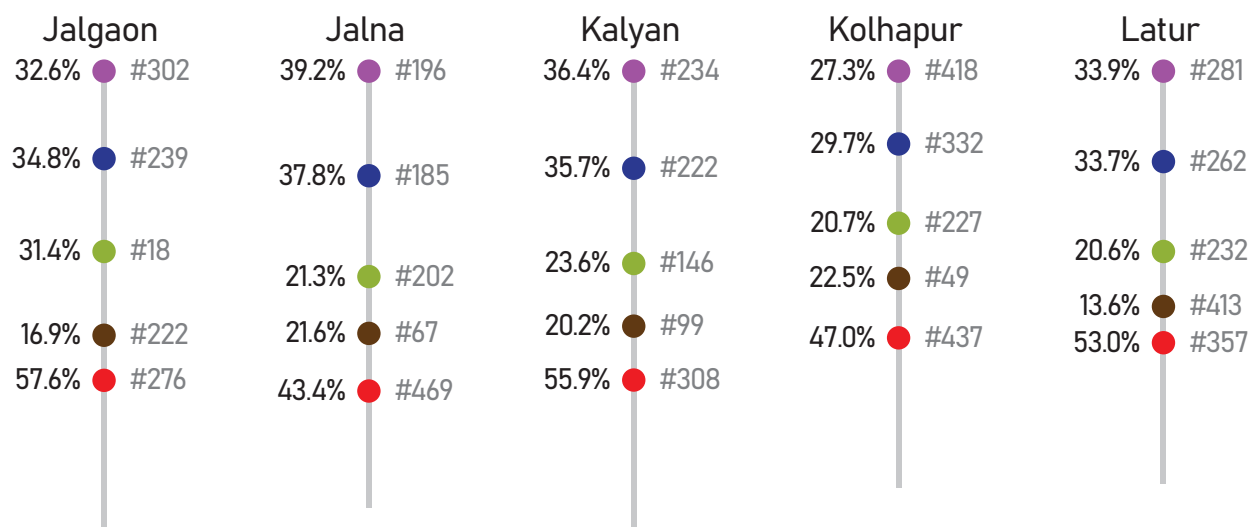
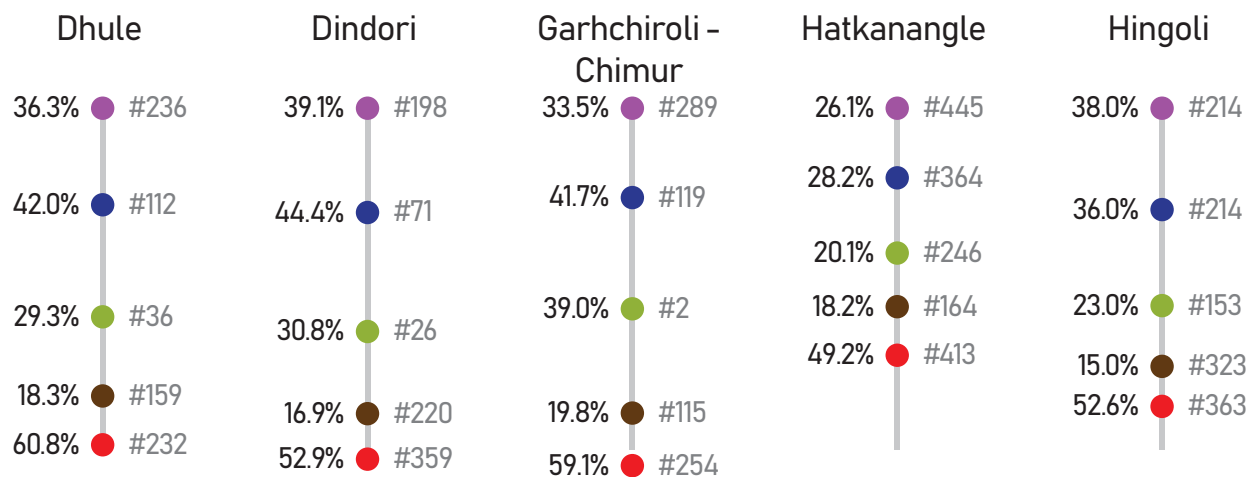


Maharashtra



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

■ Stunting ■ Underweight ■ Wasting ■ Low Birth Weight ■ Anaemia



Mumbai North-West
 22.9% #506
 27.7% #371
 26.9% #77
 13.6% #411
 64.7% #173

Mumbai South
 28.9% #381
 27.7% #372
 24.7% #118
 20.4% #92
 62.4% #214

Mumbai South-Central
 29.7% #361
 30.0% #326
 23.3% #151
 17.2% #207
 64.2% #185

Nagpur
 28.3% #398
 28.9% #348
 22.0% #184
 20.8% #88
 47.8% #428

Nanded
 39.7% #190
 34.6% #243
 19.9% #248
 13.3% #437
 53.7% #348

Nandurbar
 42.7% #130
 50.7% #9
 33.6% #6
 18.0% #169
 61.0% #230

Nashik
 39.9% #189
 39.5% #163
 28.4% #53
 16.8% #230
 53.5% #351

Osmanabad
 38.7% #202
 40.1% #151
 20.6% #229
 14.9% #338
 42.1% #476

Palghar
 39.5% #193
 41.3% #125
 30.3% #28
 21.0% #84
 57.9% #266

Parbhani
 43.0% #128
 40.2% #149
 19.7% #258
 17.8% #179
 50.5% #393

Pune
 24.1% #491
 27.8% #369
 23.7% #143
 19.5% #122
 55.3% #318

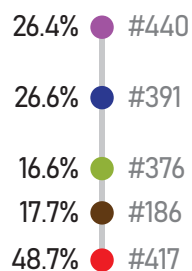
Raigarh
 31.1% #338
 35.4% #231
 23.4% #149
 16.8% #228
 54.1% #344

Ramtek
 31.5% #325
 33.3% #265
 23.9% #140
 23.4% #35
 49.9% #408

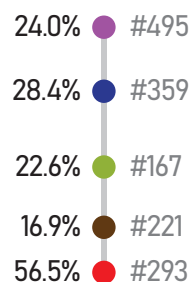
Ratnagiri - Sindhudurg
 29.7% #362
 30.7% #321
 21.7% #194
 21.2% #77
 45.2% #458

Raver
 32.6% #303
 35.3% #232
 28.6% #46
 21.0% #80
 54.9% #329

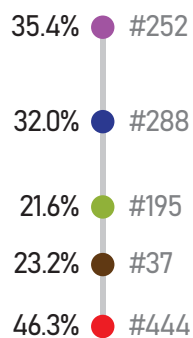
Sangli



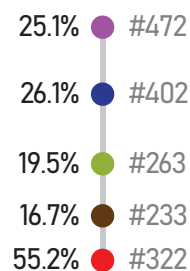
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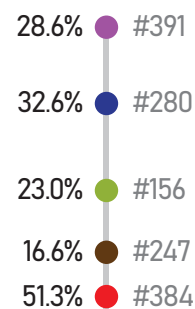
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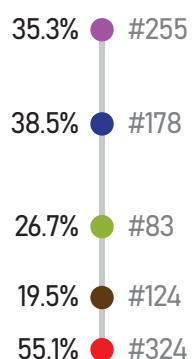
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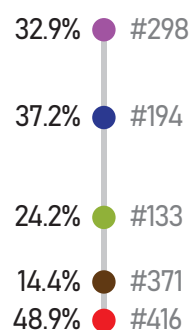
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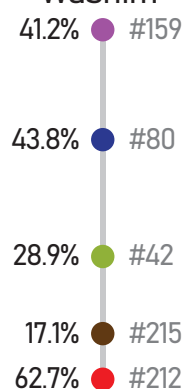
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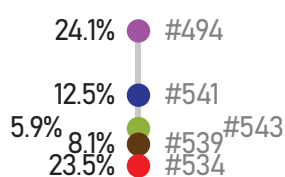


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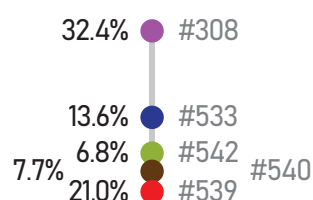


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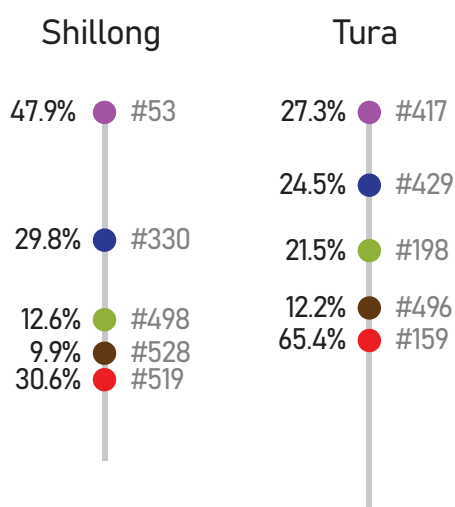
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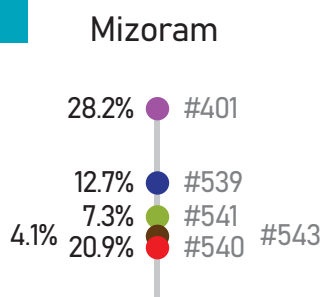
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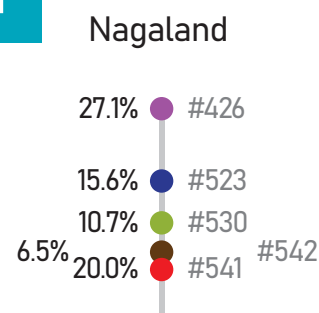
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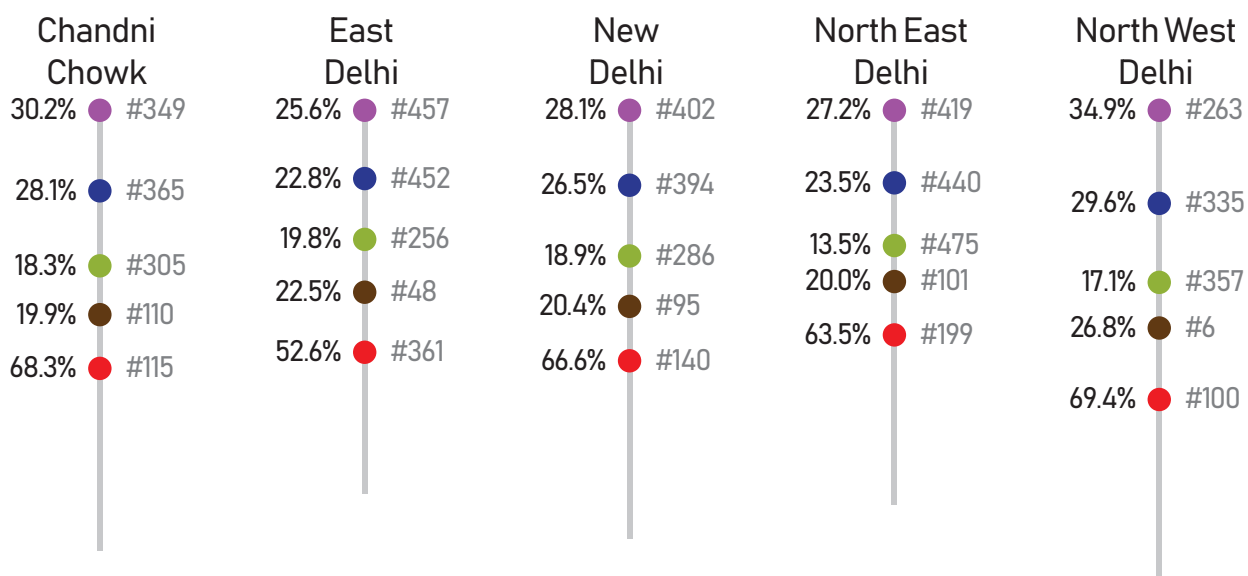
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Nagaland

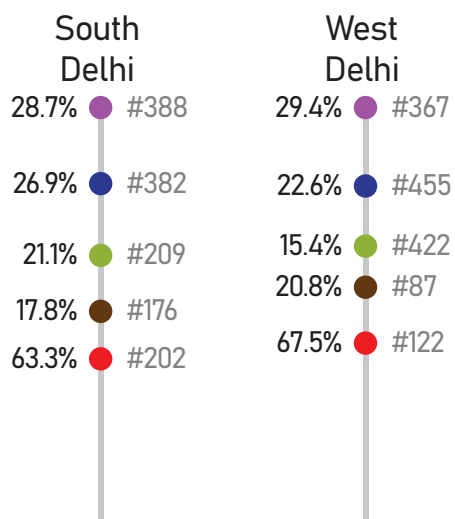


NCT of Delhi



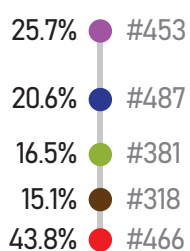
#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

■ Stunting ■ Underweight ■ Wasting ■ Low Birth Weight ■ Anaemia

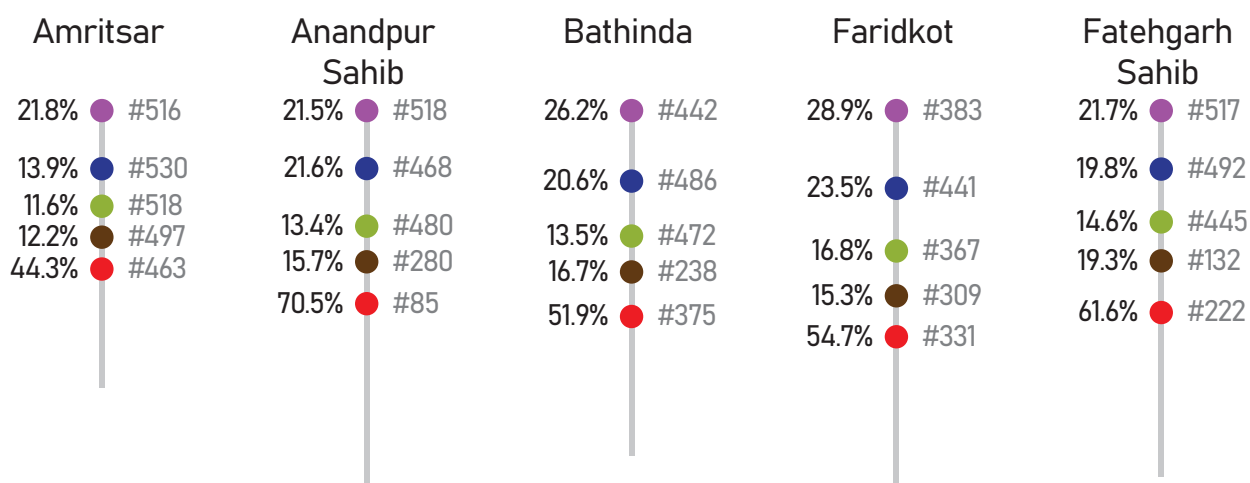


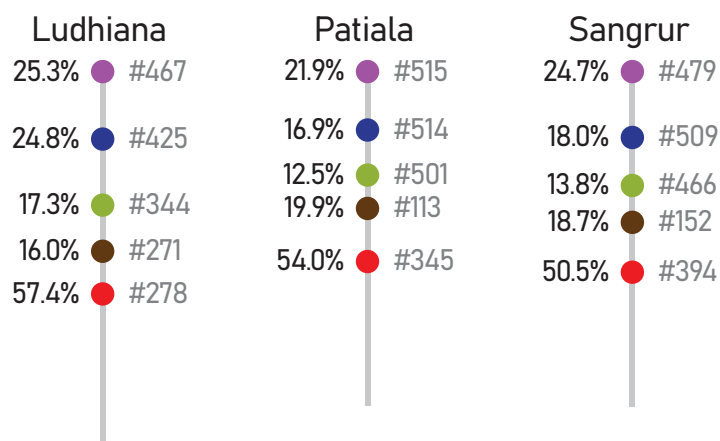
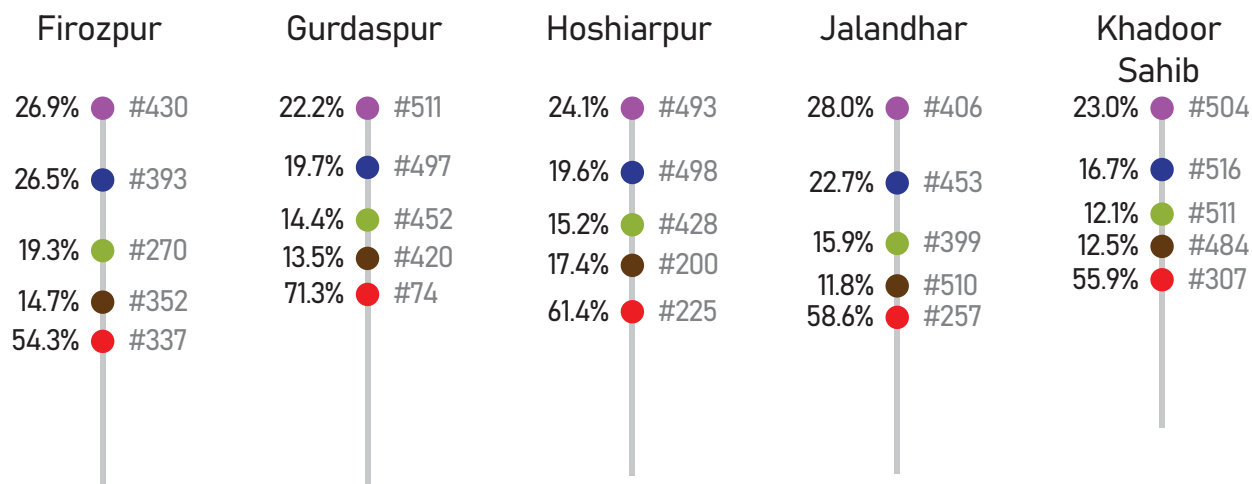
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Puducherry

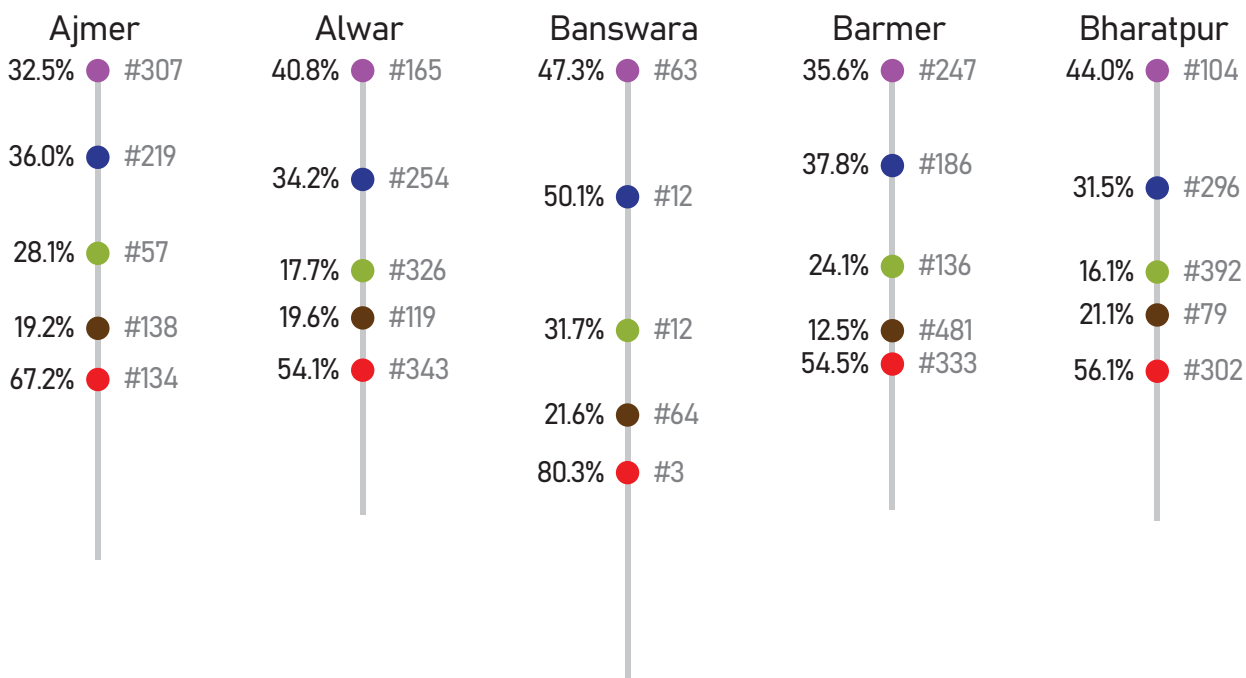


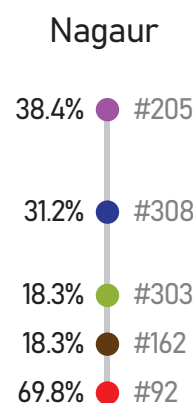
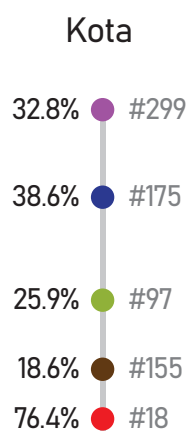
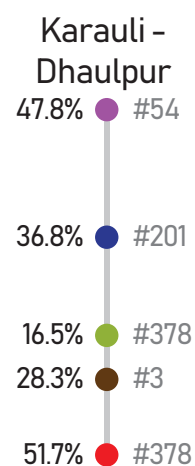
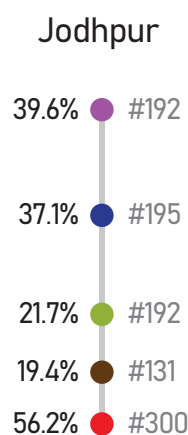
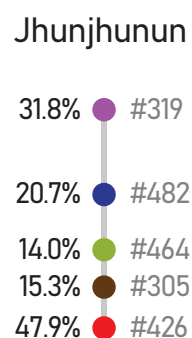
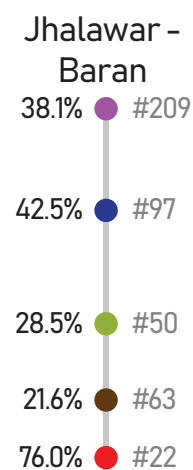
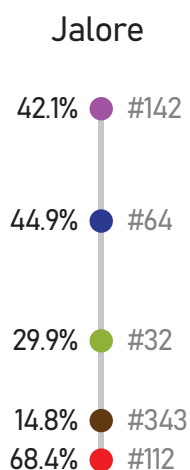
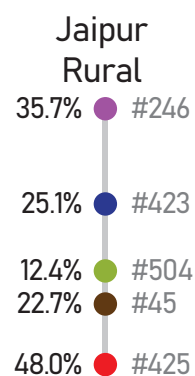
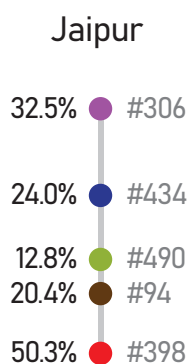
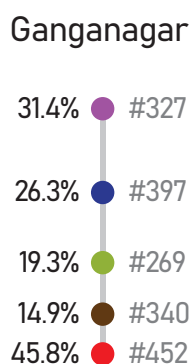
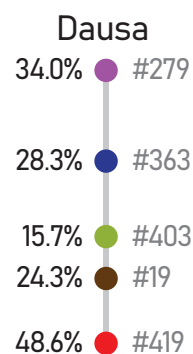
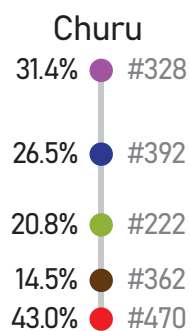
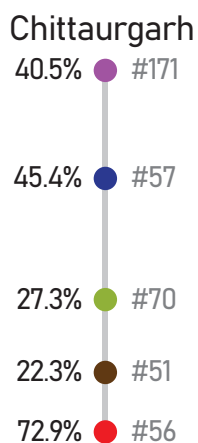
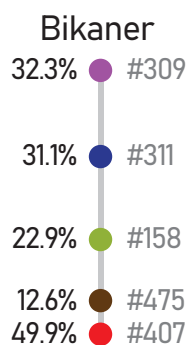
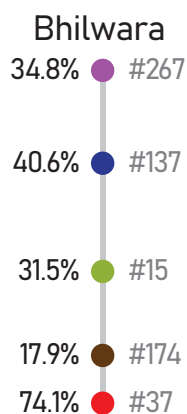
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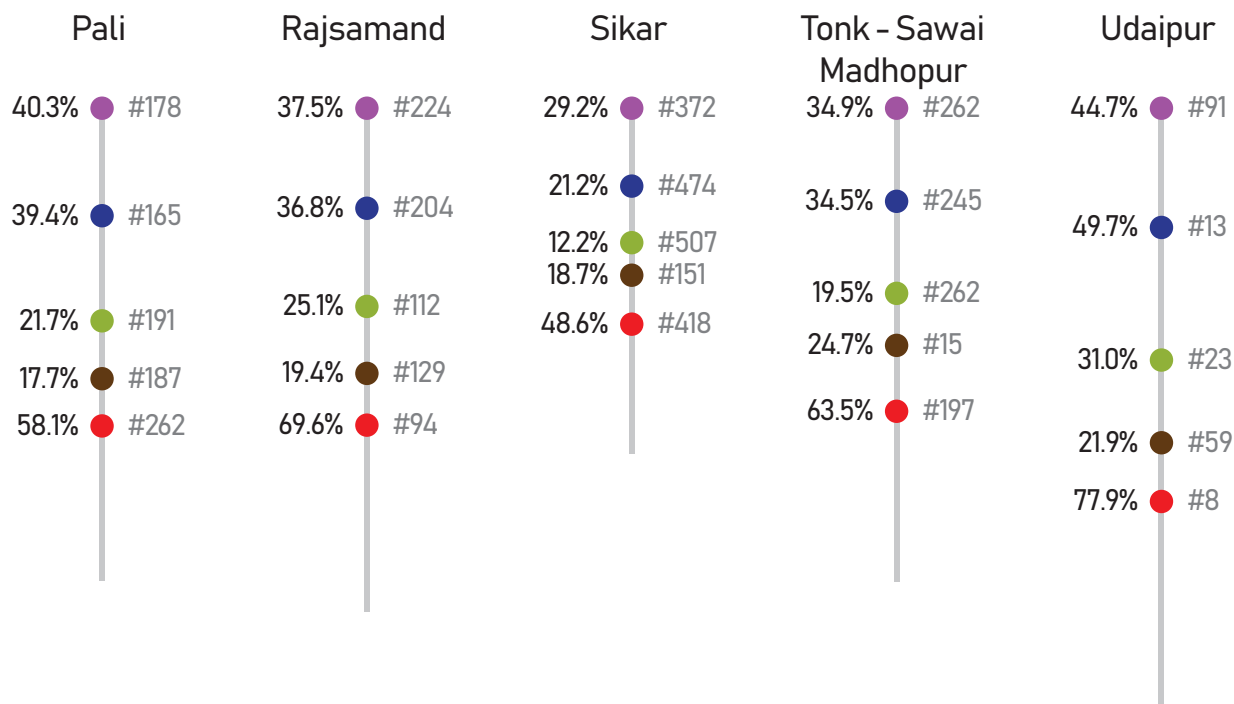




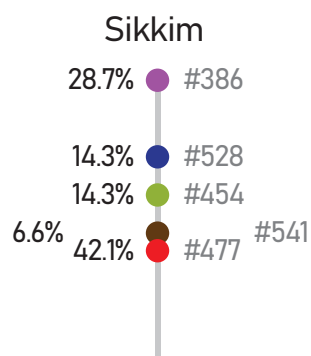
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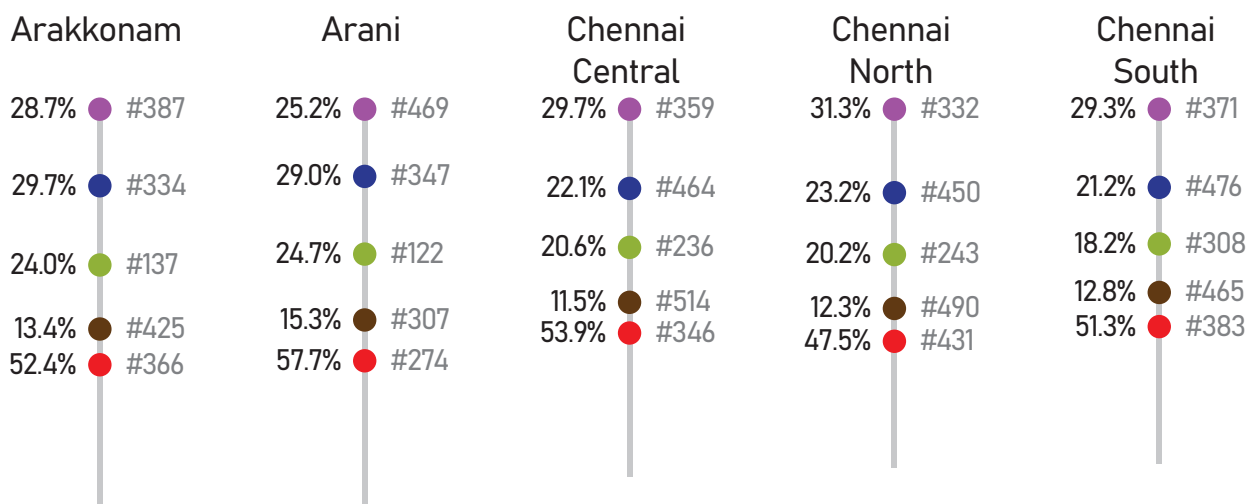




Sikkim



Tamil Nadu



Chidambaram

29.9% #354
25.5% #415
18.2% #311
18.6% #154
52.0% #373

Coimbatore

25.9% #448
23.9% #436
20.8% #220
14.8% #347
45.9% #451

Cuddalore

29.0% #378
25.6% #412
17.0% #362
17.2% #208
54.4% #334

Dharmapuri

24.7% #478
26.0% #403
28.6% #48
12.0% #502
57.8% #272

Dindigul

28.7% #389
26.8% #386
22.9% #157
13.5% #423
41.8% #479

Erode

28.1% #403
20.1% #491
16.7% #371
13.4% #427
54.2% #338

Kallakurichi

27.4% #415
24.9% #424
19.5% #261
14.6% #359
51.8% #377

Kancheepuram

25.3% #466
17.7% #512
15.0% #432
19.6% #120
47.4% #432

Kanniyakumari

19.3% #528
15.0% #525
10.8% #529
15.7% #284
38.3% #493

Karur

26.0% #447
26.3% #399
20.6% #234
13.4% #431
50.3% #399

Krishnagiri

23.2% #502
21.5% #469
18.9% #285
15.0% #322
54.6% #332

Madurai

22.2% #512
19.5% #502
14.0% #463
17.1% #210
50.6% #392

Mayiladuthurai

24.2% #490
22.6% #457
18.0% #313
15.3% #308
47.1% #436

Nagappattinam

25.5% #462
25.9% #406
19.8% #255
17.4% #204
48.2% #424

Namakkal

25.9% #451
19.8% #493
15.6% #407
15.9% #275
49.5% #410

Nilgiris

29.4% #369
25.9% #405
24.3% #132
17.7% #185
39.8% #488

Perambalur

26.1% #444
23.9% #435
18.9% #284
16.5% #251
57.7% #273

Pollachi

25.0% #474
22.7% #454
21.2% #205
14.2% #384
46.0% #449

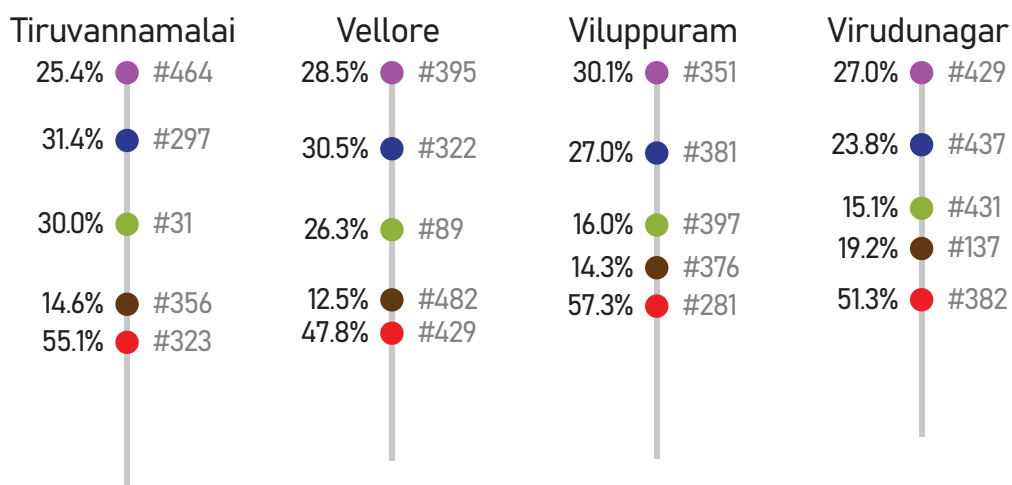
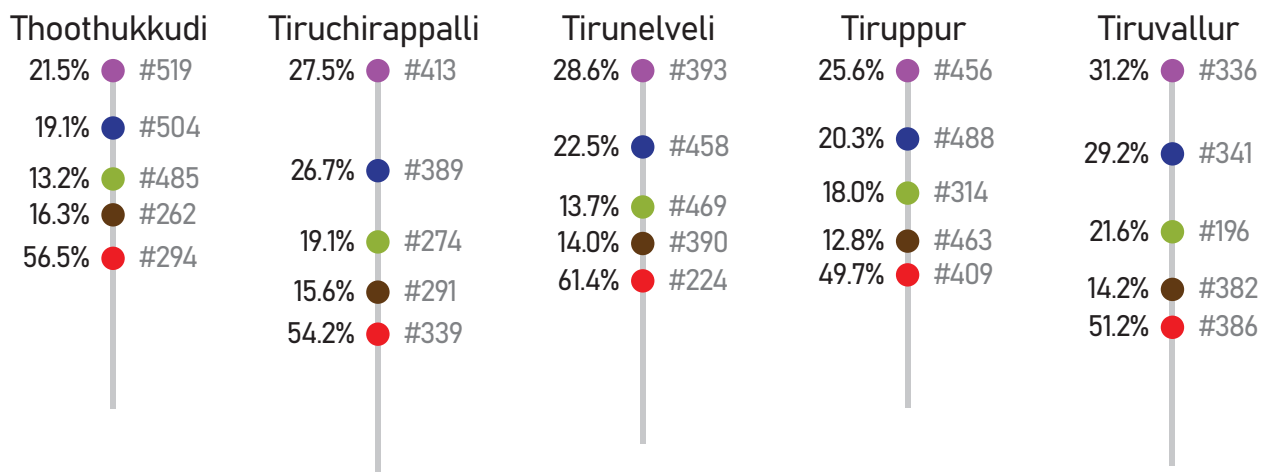
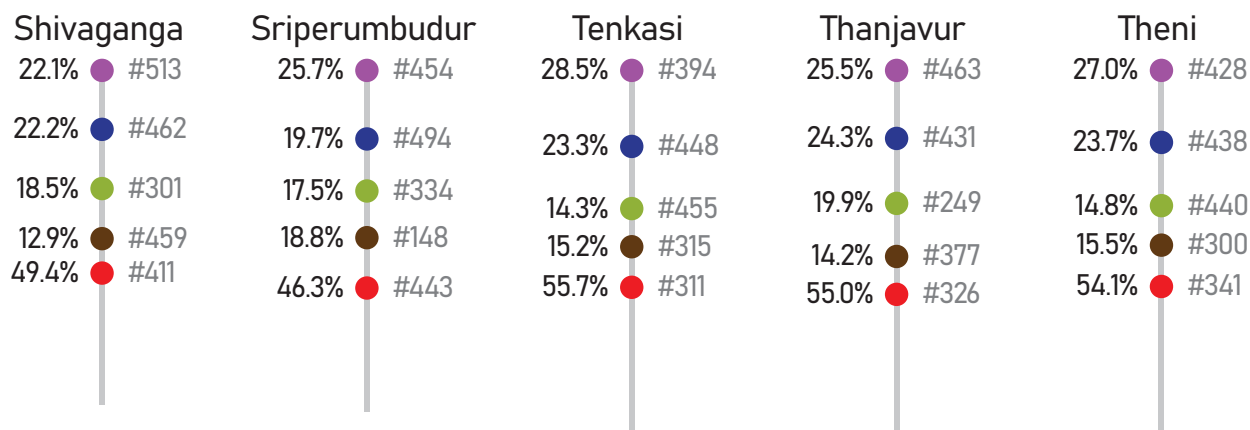
Ramanathapuram

23.7% #499
22.2% #463
16.7% #368
15.6% #288
48.4% #420

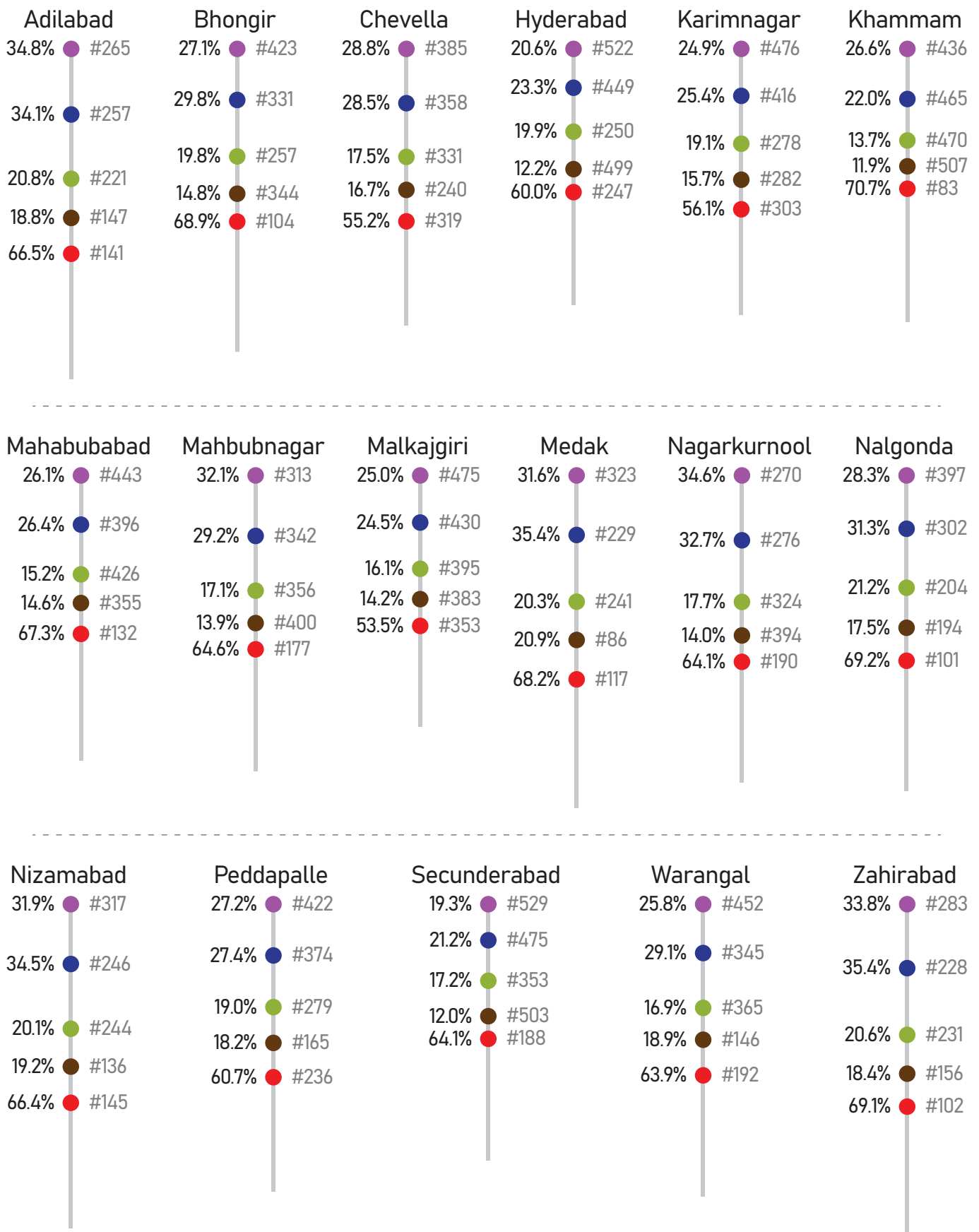
Salem

25.5% #460
21.4% #471
21.1% #207
12.0% #506
55.4% #315





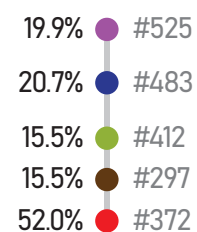
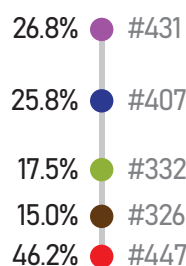
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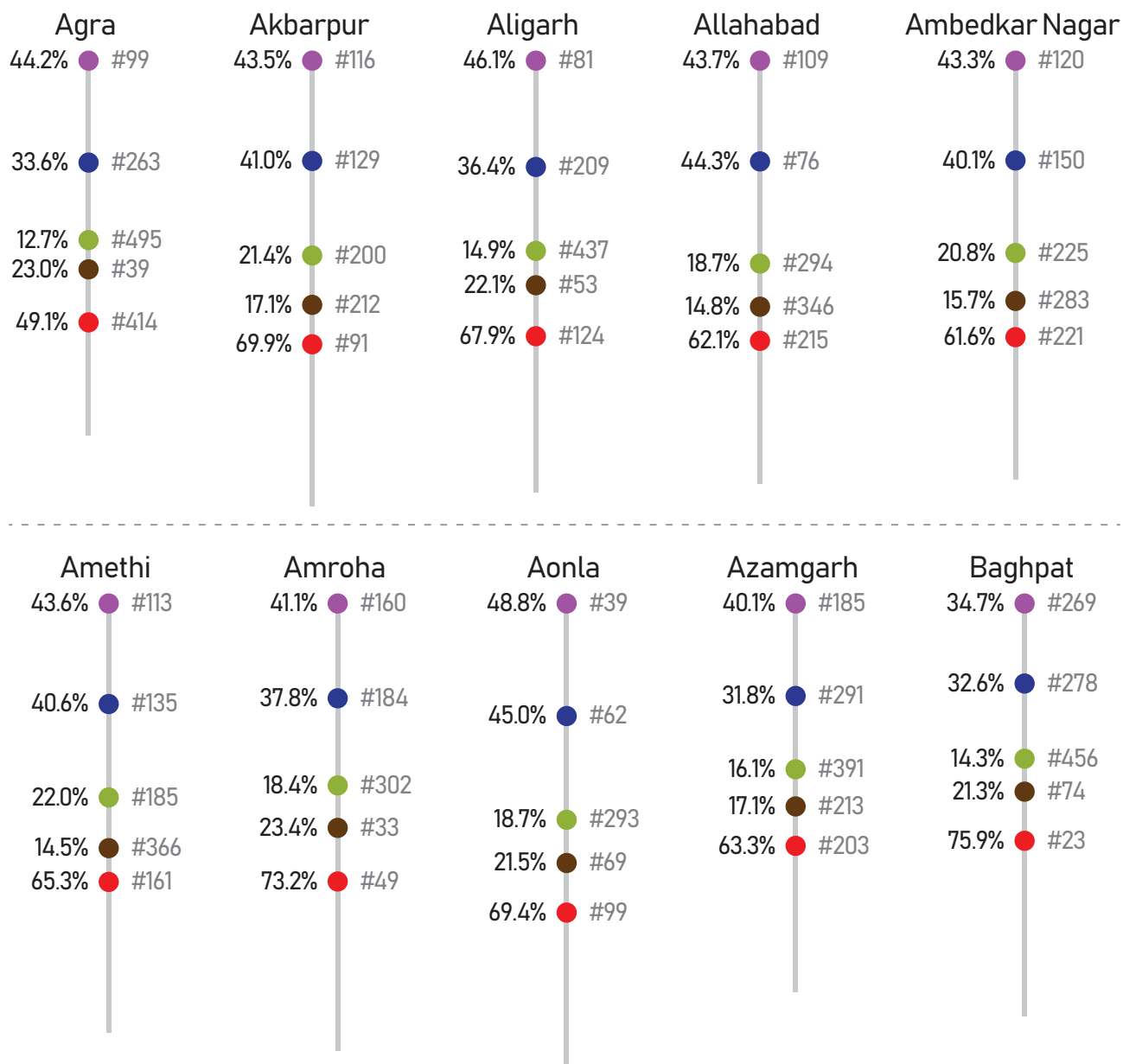
Tripura

Tripura East

Tripura West

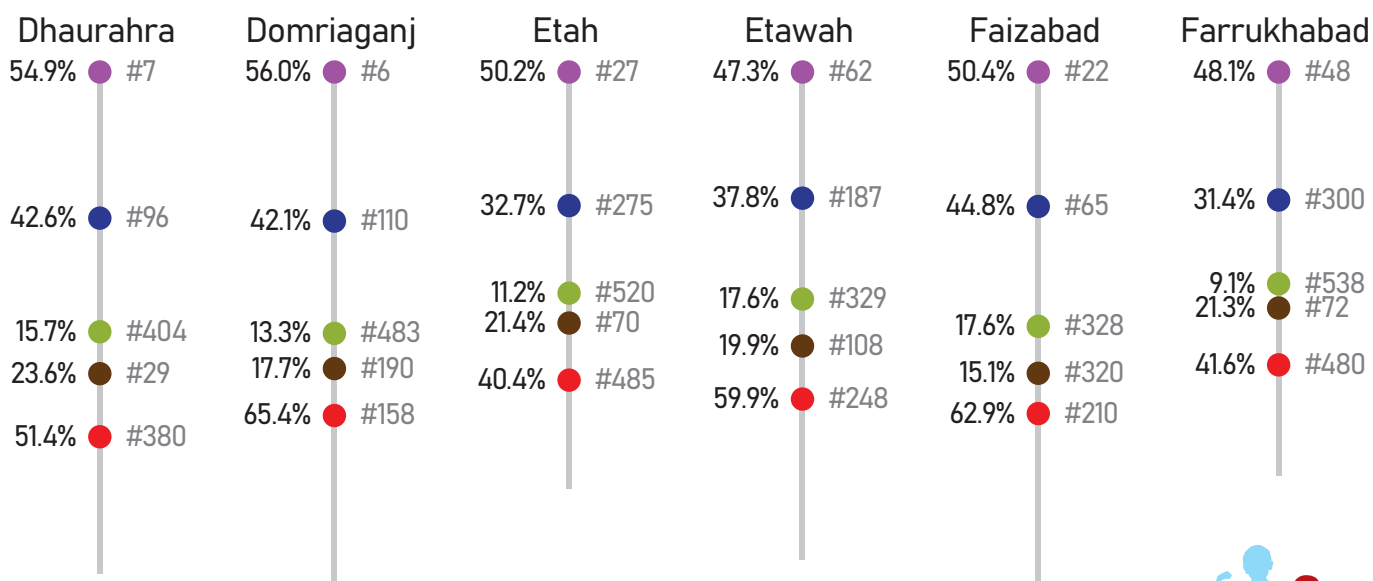
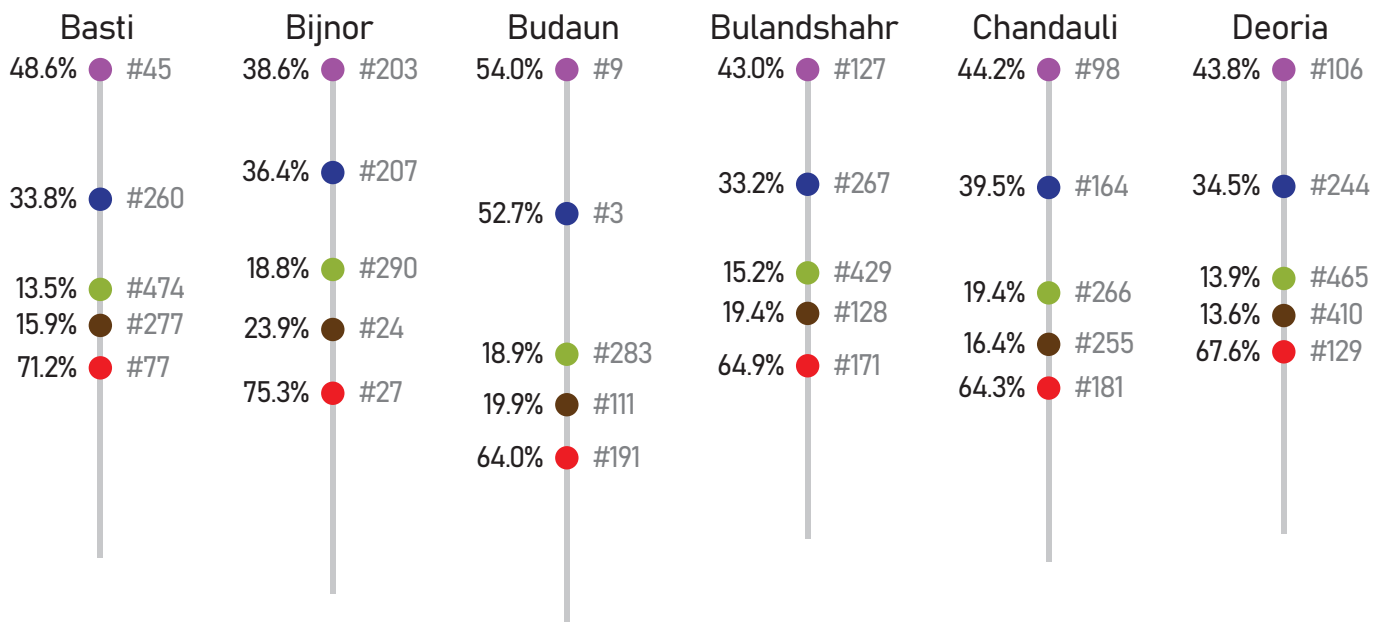
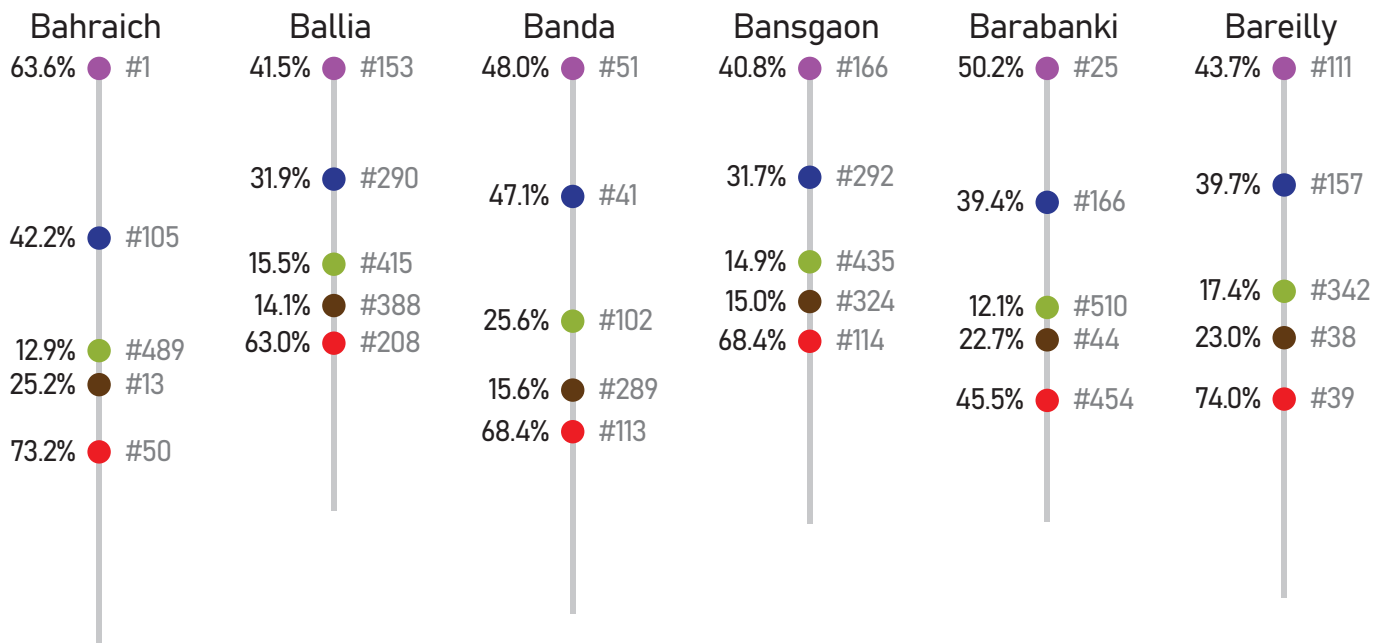


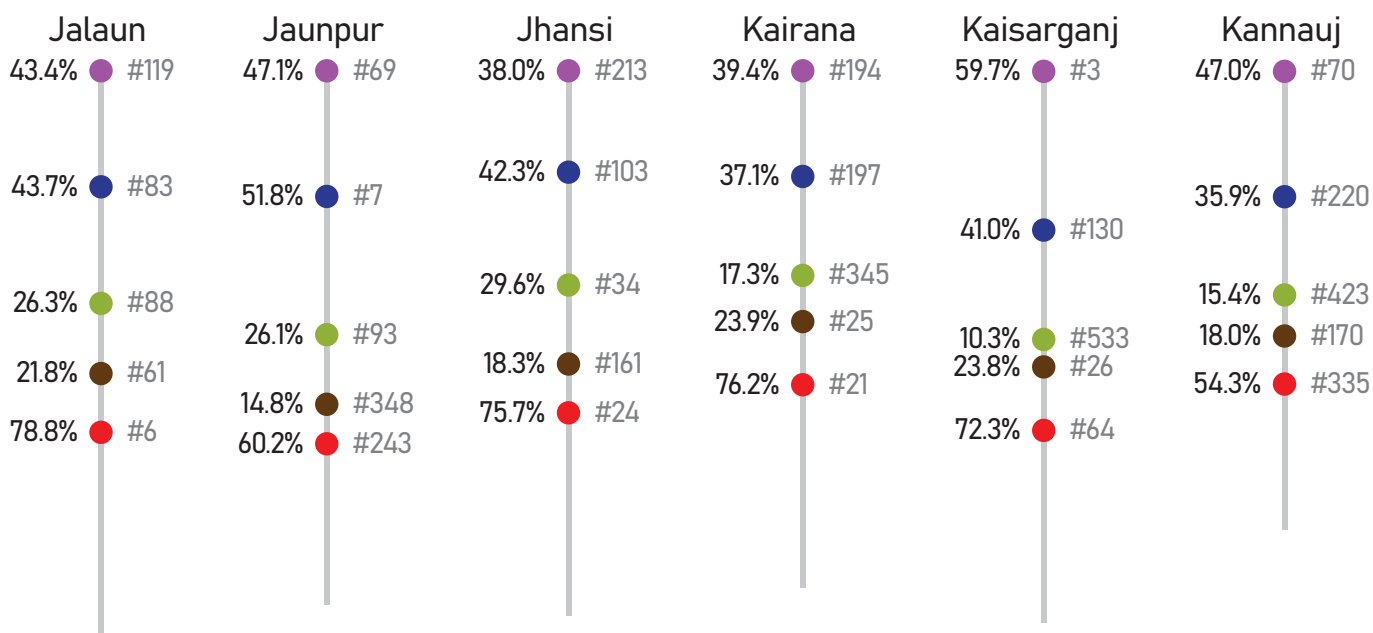
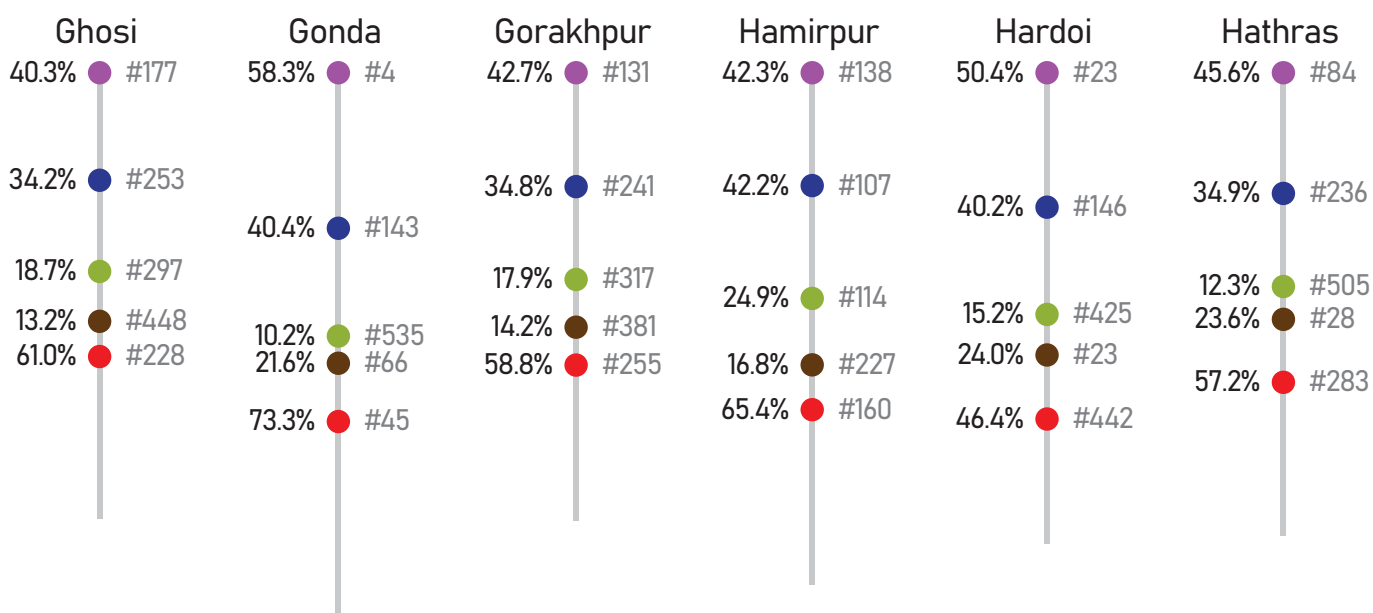
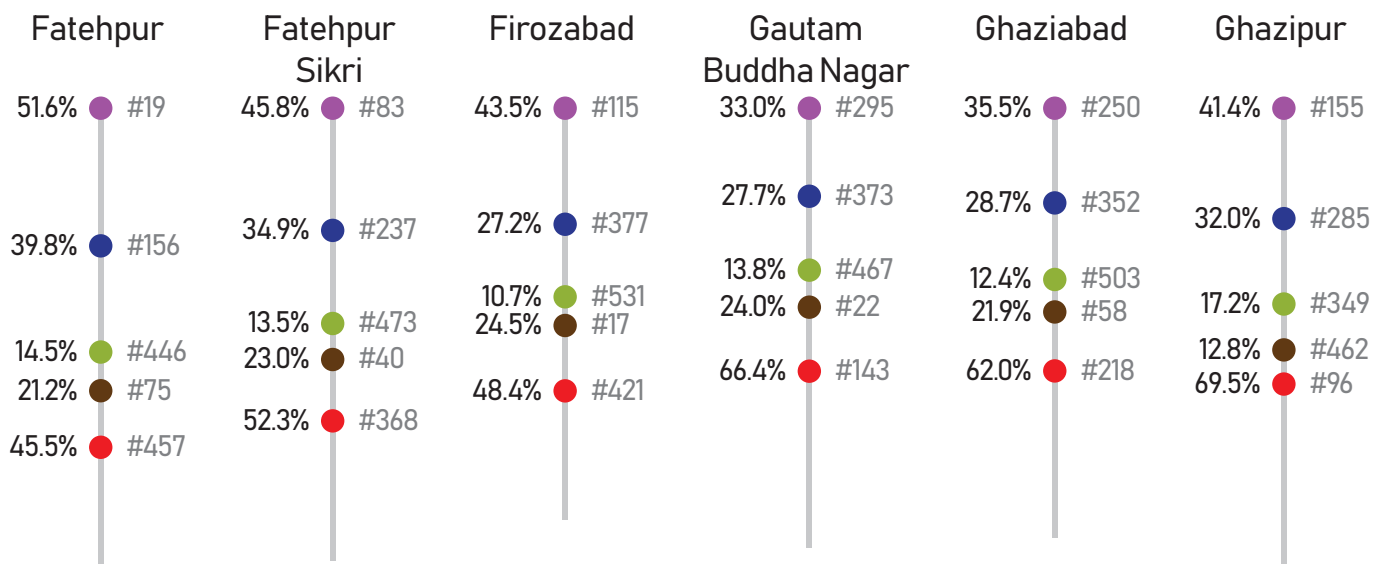
Uttar Pradesh

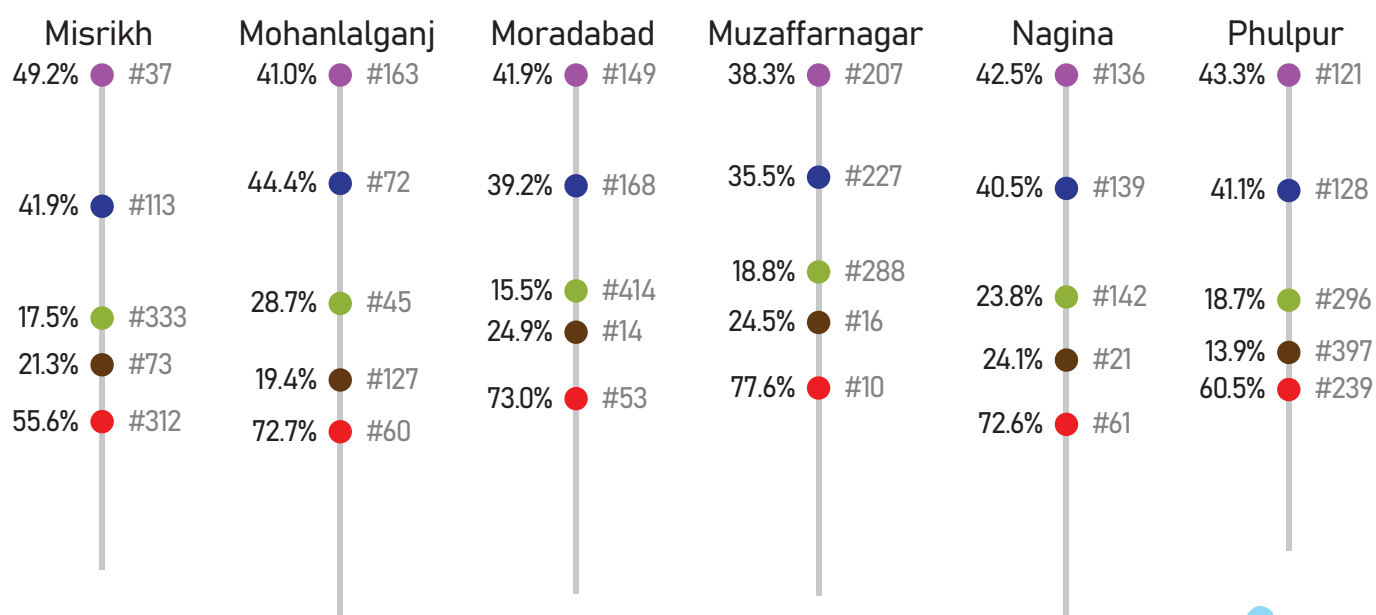
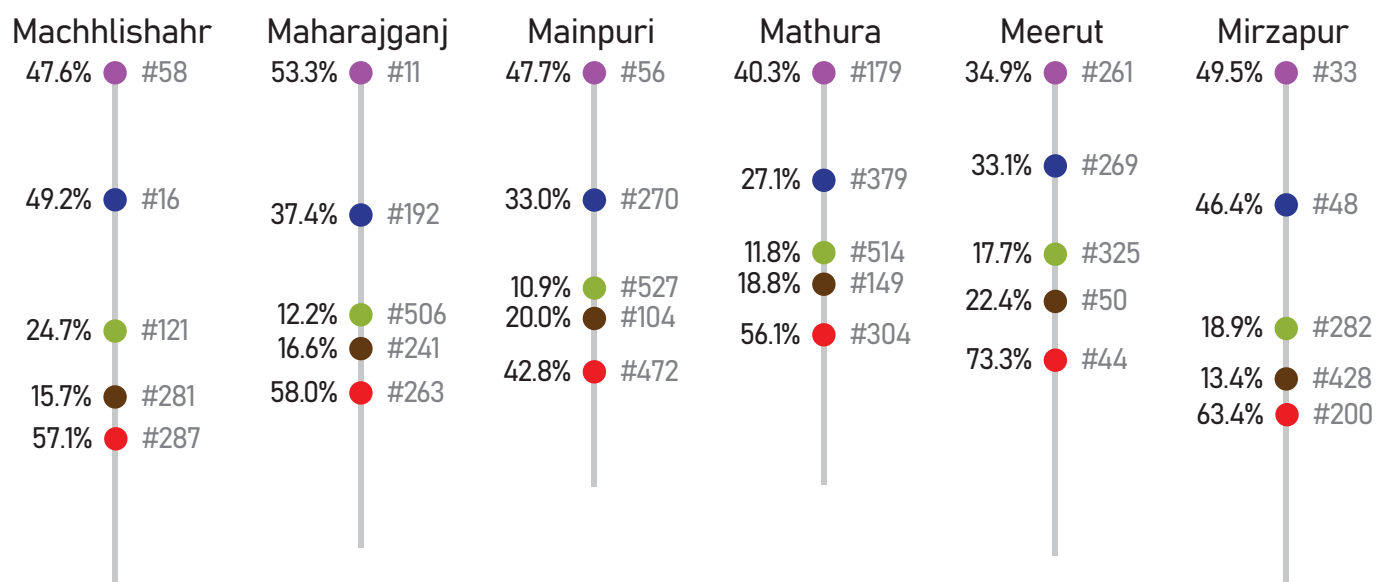
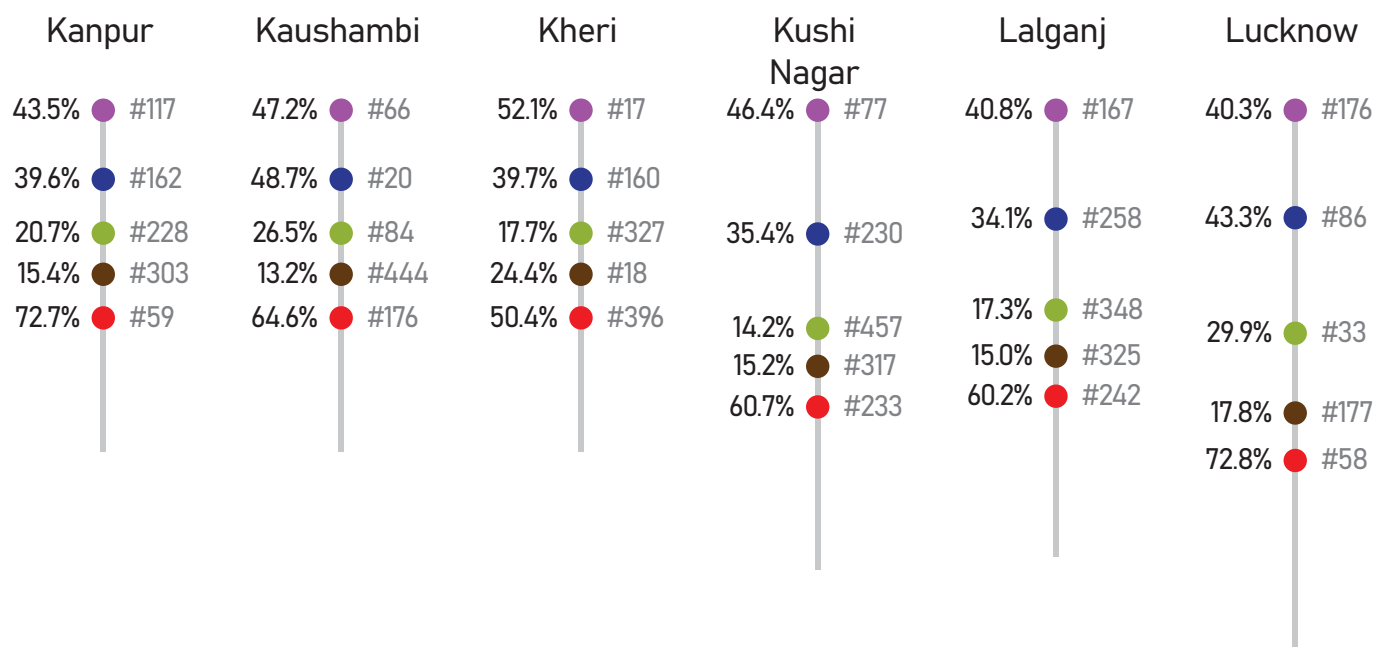


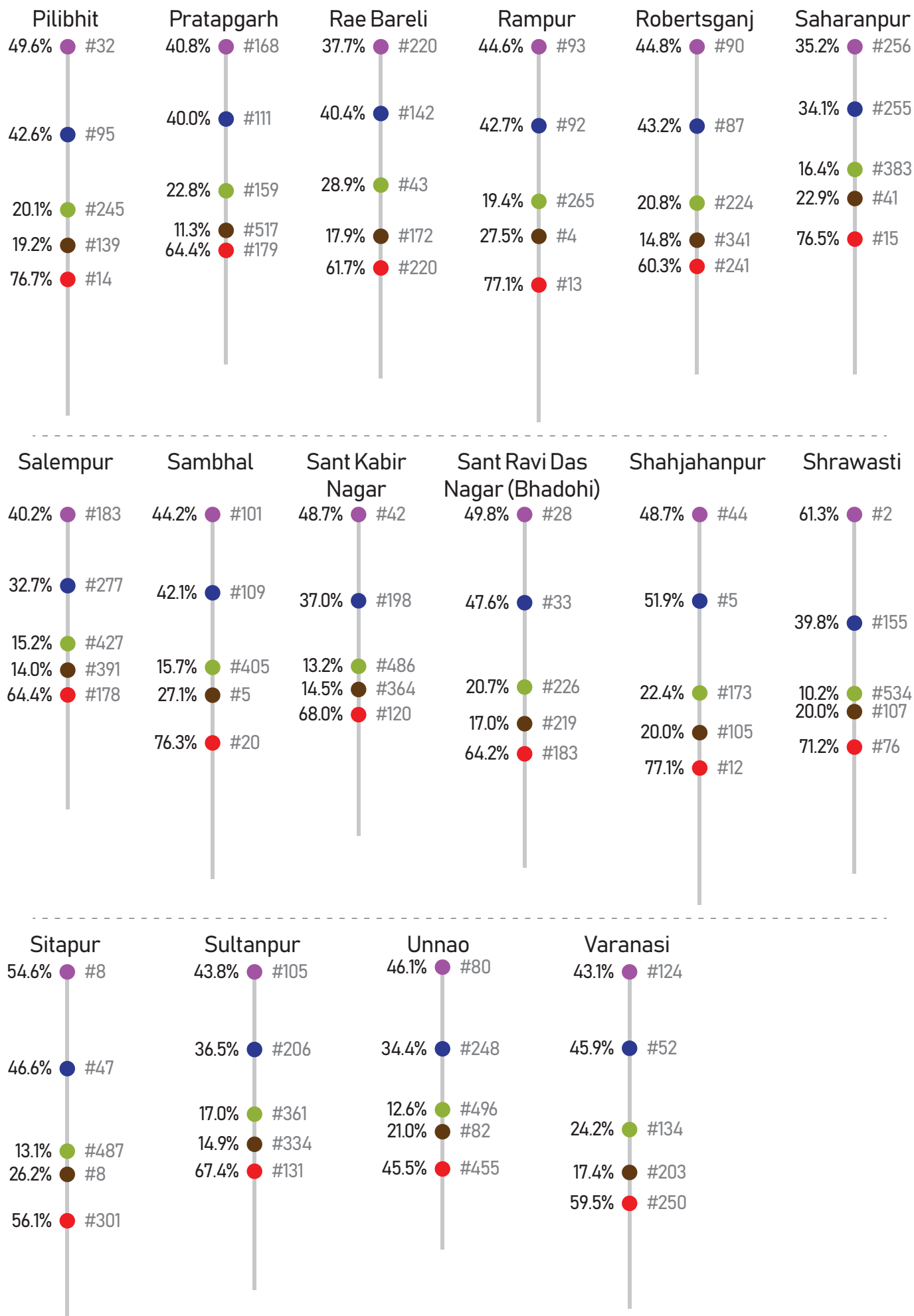
#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

■ Stunting ■ Underweight ■ Wasting ■ Low Birth Weight ■ Anaemia





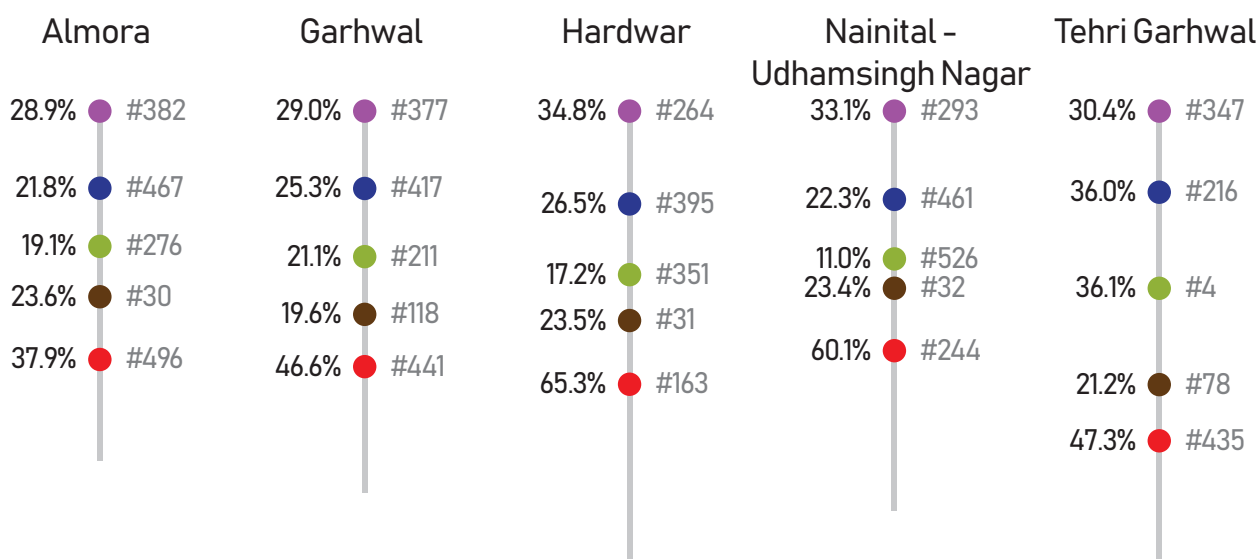




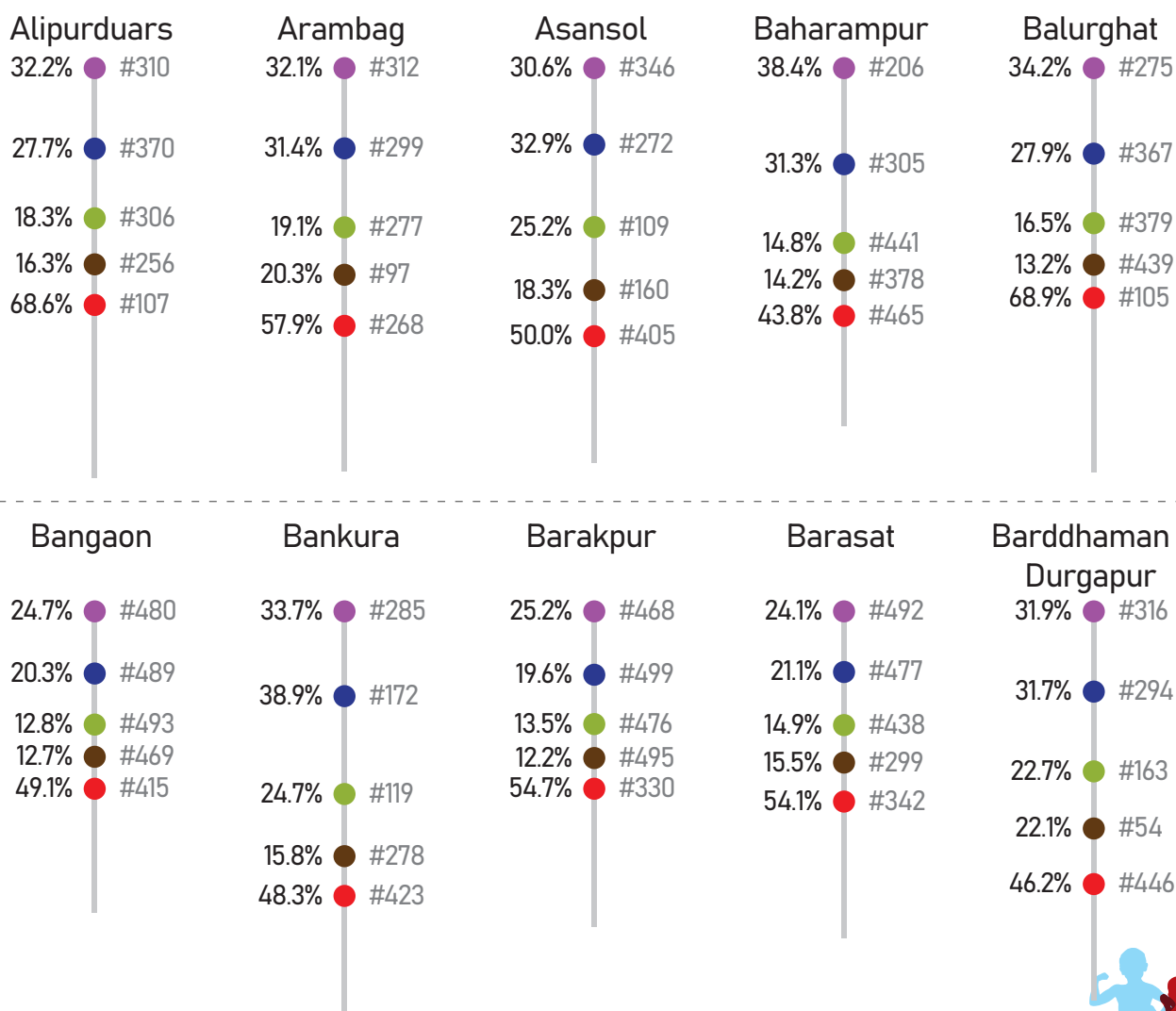
#Rank: National rank ordering by % (1 indicating highest prevalence and 543 indicating lowest prevalence)

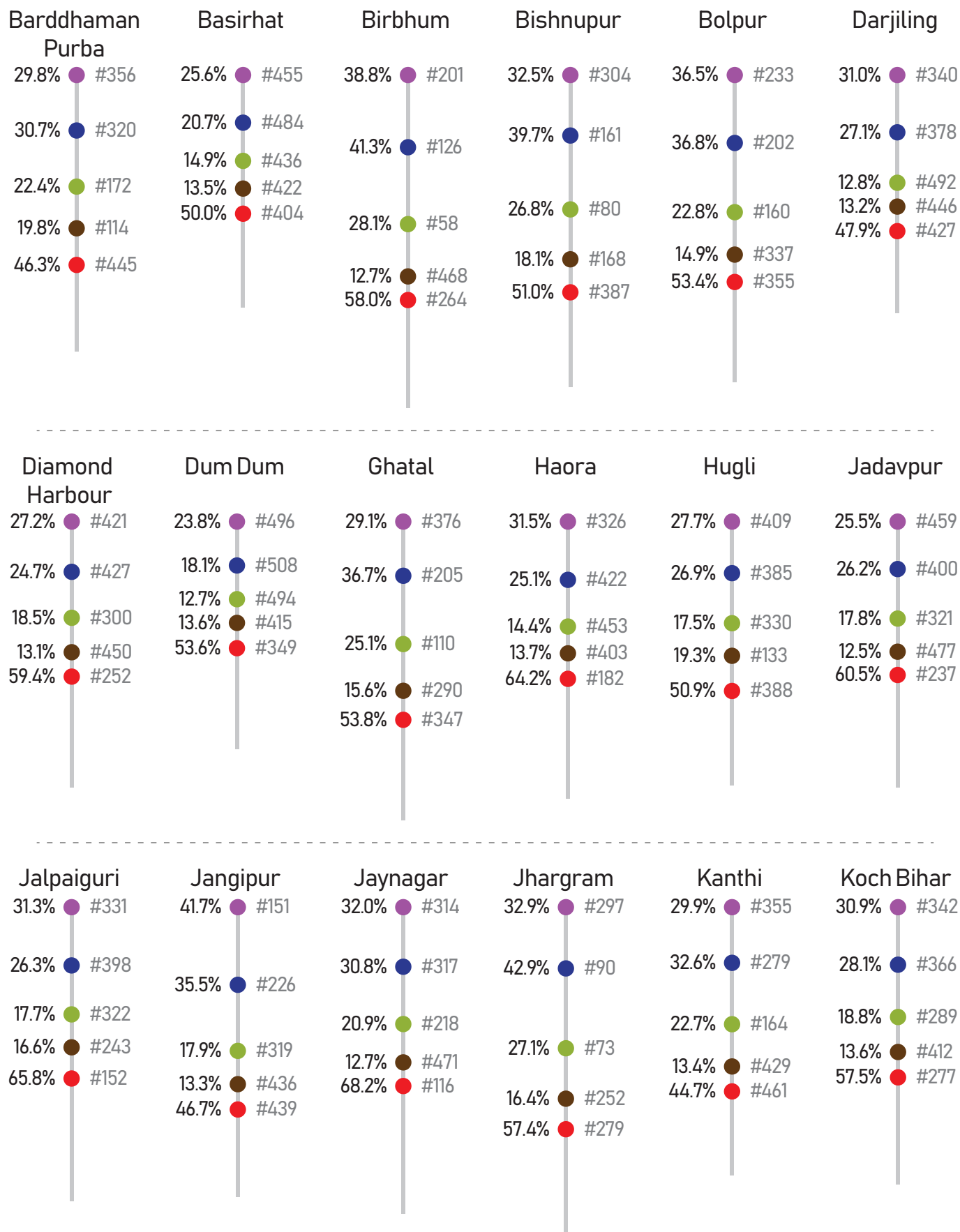
Stunting Underweight Wasting Low Birth Weight Anaemia

Uttarakhand

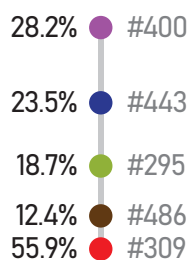


West Bengal

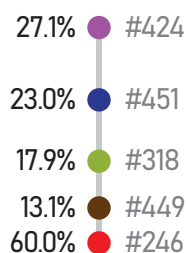




Kolkata Dakshin

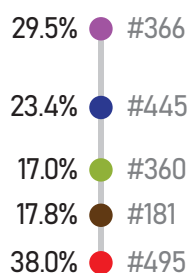


Kolkata Uttar

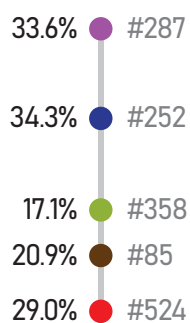


Odisha

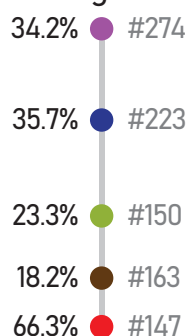
Aska



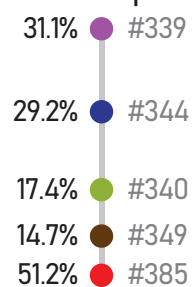
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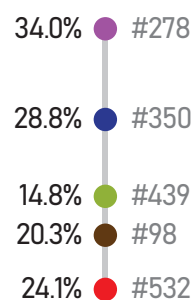
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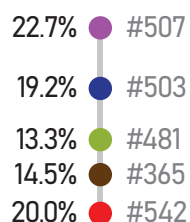
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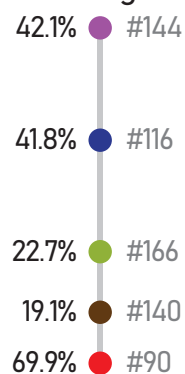
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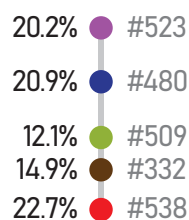
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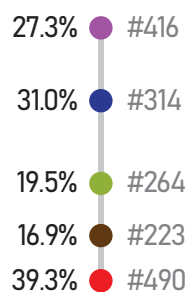
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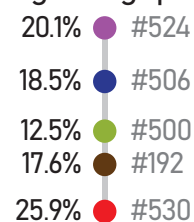
Cuttack

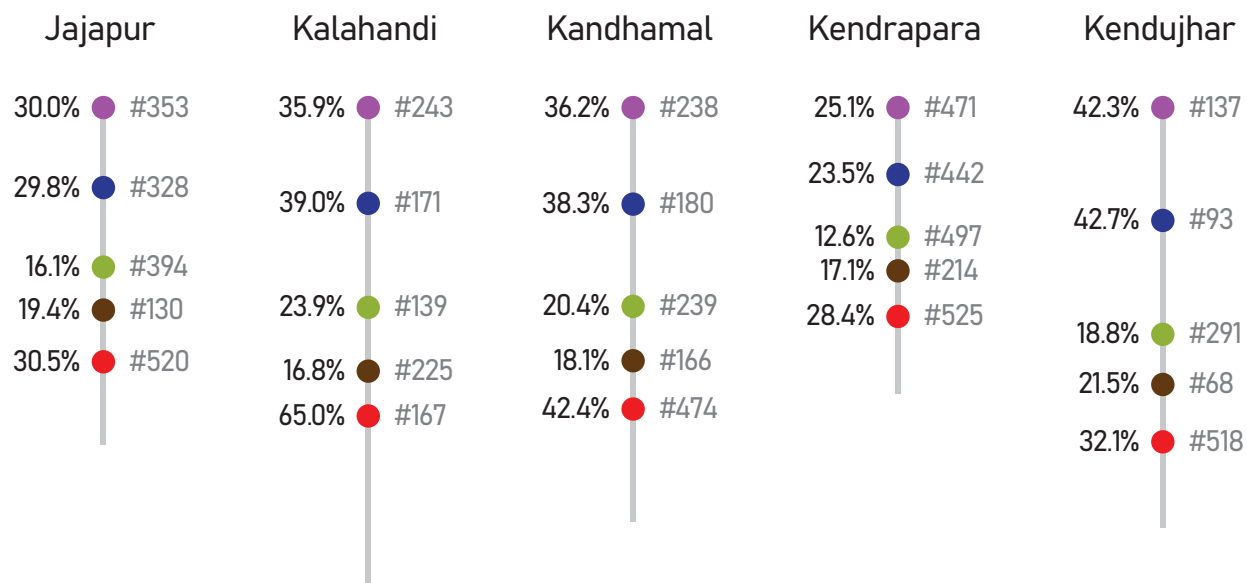


Dhenkanal



Jagatsinghpur





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.





