India Health Report on Nutrition
Synopsis

Above
Reena with her son Shivam, one, Sanjay Colony, New Delhi, India.

The past two decades in India have seen significant improvements in household incomes, agricultural productivity and child survival. Between 1990 and 2014, as the income of the average Indian rose by an average annual rate of 4.7 percent. Child undernutrition rates have been declining, first at a slow rate between 1992 and 2006, and at an accelerated pace since 2006 but India is still home to over 40 million stunted children and 17 million wasted children under five.

If India is to continue its economic growth trajectory, the problem of nutrition as a developmental imperative has to be tackled with urgency. The India Health Report on Nutrition 2015 surveys the trends in maternal and child undernutrition in India. It looks at trends and disparities in these outcomes across geographical regions, socio-economic classes, and demographic groups.

The report's ultimate goal is to deepen and focus the policy dialogue in India, raise awareness about the multisectoral nature of undernutrition, highlight areas for action, especially at the state-level, and lead to actions that can accelerate improvement in the nutritional status and development of India's children.

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Key Messages

1 Stunting, wasting and underweight rates of India's children have declined, especially during the last decade, but still exceed levels observed in countries at similar income levels.

Despite India's commitment to improving the lives of its people and gains made in economic growth, agricultural production and child survival, the country lags behind the world and its neighbours on the nutritional status of children.

See Figure 1 below.

2 The rate of improvement in nutritional status has not kept pace with India's significant gains in economic prosperity and agricultural productivity during recent decades. Stunting rates are likely to decline with economic progress, but economic growth cannot, by itself, reduce undernutrition and may contribute to overweight and obesity.

Improvements in economic and agricultural performance have not directly translated into improved nutrition because of other factors that include inappropriate feeding and care practices, disease burdens, traditions, biases against girl children and cultural norms and preferences. Improvements in healthcare services, women's empowerment, social protection and water and sanitation infrastructure alongside economic growth are needed to improve nutrition in India.

3 Nutritional status and progress on reducing stunting vary markedly across India's states indicating that state-specific approaches are necessary to achieve further gains in reducing stunting.

See Figure 2 on page 3

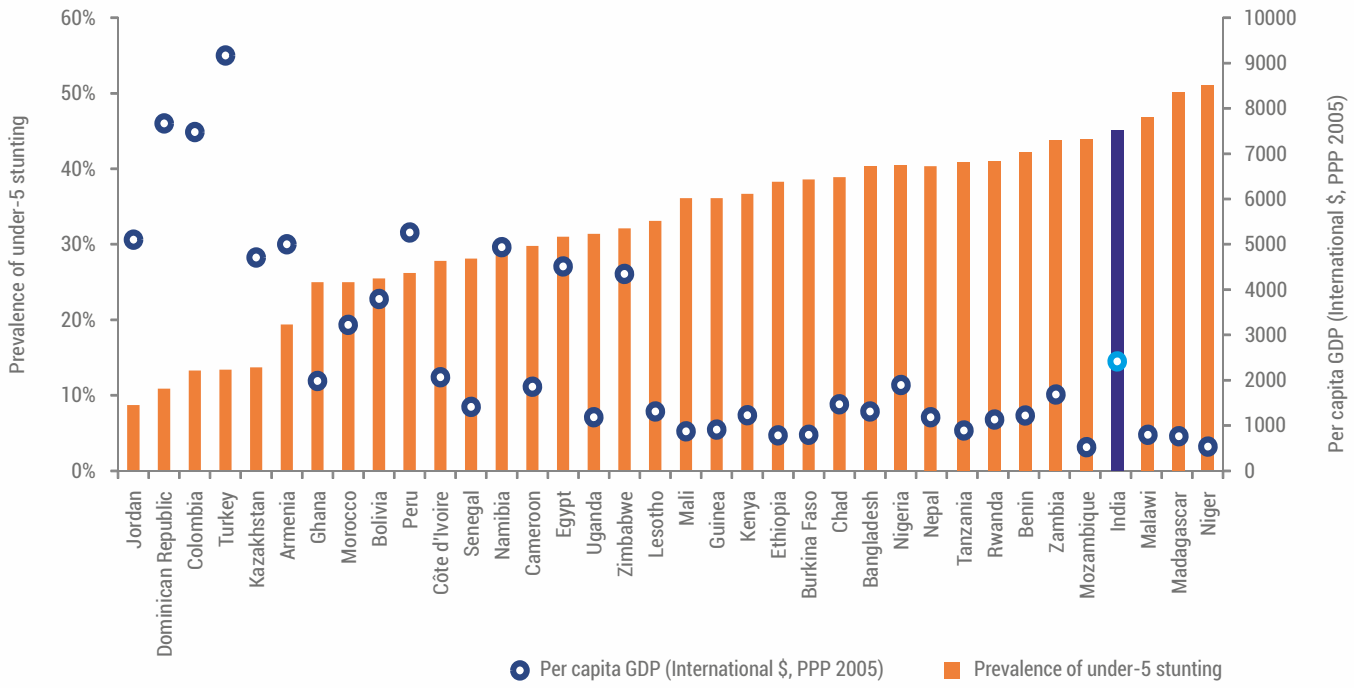
4 The underlying reasons for India's high rates of stunting and variability in progress are complex and intertwined

Some of the most important immediate and underlying drivers of poor nutrition in India are:

- Breastfeeding and complementary feeding
- Child health
- Income inequality
- Food security and diet quality
- Caste and class
- Water, sanitation and hygiene, including open defecation
- Health and status of women

Although these drivers vary substantially by state, we must concentrate our efforts to close the gap in access to health services, to improve implementation of key services within the ICDS and to improve the social factors that create enabling conditions for better child growth. This can be done by reducing income inequality, improving the health and social status of women, scaling up water and sanitation services and addressing food insecurity.

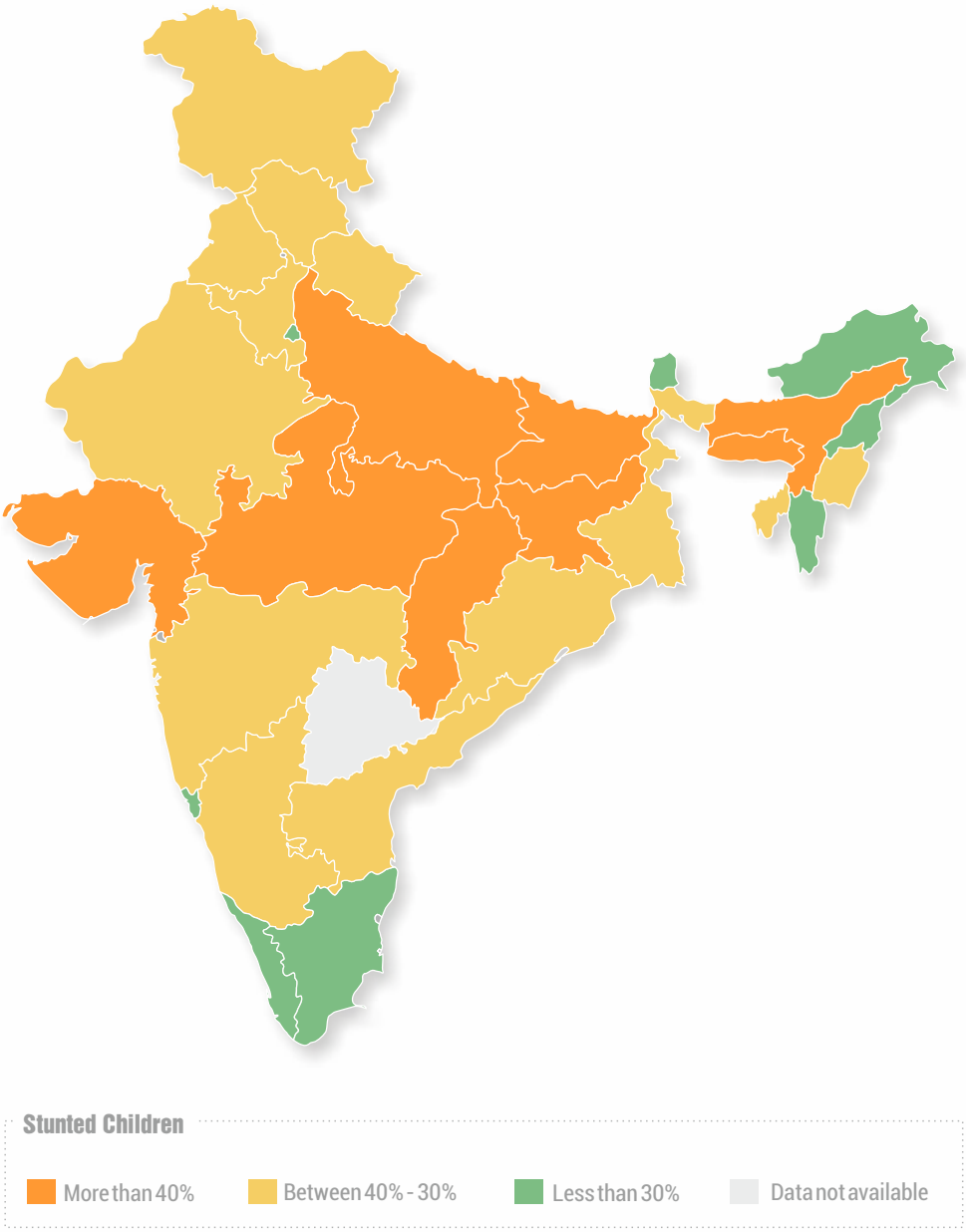
FIGURE 1 PREVALENCE OF UNDER-5 STUNTING AND LEVEL OF ECONOMIC DEVELOPMENT, BY COUNTRY



Source: Authors' compilation from most recent Demographic Health Surveys and Penn World Tables 8.0 [17]

FIGURE 2 PREVALENCE OF STUNTING IN UNDER-5 CHILDREN, BY STATE

(RSoC, 2014)



States	Numbers in Percentage
Uttar Pradesh	50.4
Bihar	49.4
Jharkhand	47.4
Chhattisgarh	43.0
Meghalaya	42.9
Gujarat	41.6
Madhya Pradesh	41.5
Assam	40.6
India	38.7
Odisha	38.2
Haryana	36.5
Rajasthan	36.4
Maharashtra	35.4
Andhra Pradesh	35.4
West Bengal	34.7
Karnataka	34.2
Himachal Pradesh	34.2
Uttarakhand	34.0
Manipur	33.2
Jammu & Kashmir	31.7
Tripura	31.0
Punjab	30.5
Delhi	29.1
Nagaland	29.1
Arunachal Pradesh	28.4
Sikkim	28.0
Mizoram	26.9
Tamil Nadu	23.3
Goa	21.3
Kerala	19.4

5 India ignores the problem of undernutrition and its impact on child development at its peril and risks large economic, health and social consequences for future generations.

Policies that promote income redistribution and reduce inequality can have a positive impact on undernutrition. While inequality and instability exacerbate undernutrition it's also true that a well-nourished, healthy workforce is a pre-condition for sustainable development. Investments in nutrition and child development are central to achieving better health and better economic and social wellbeing for India.

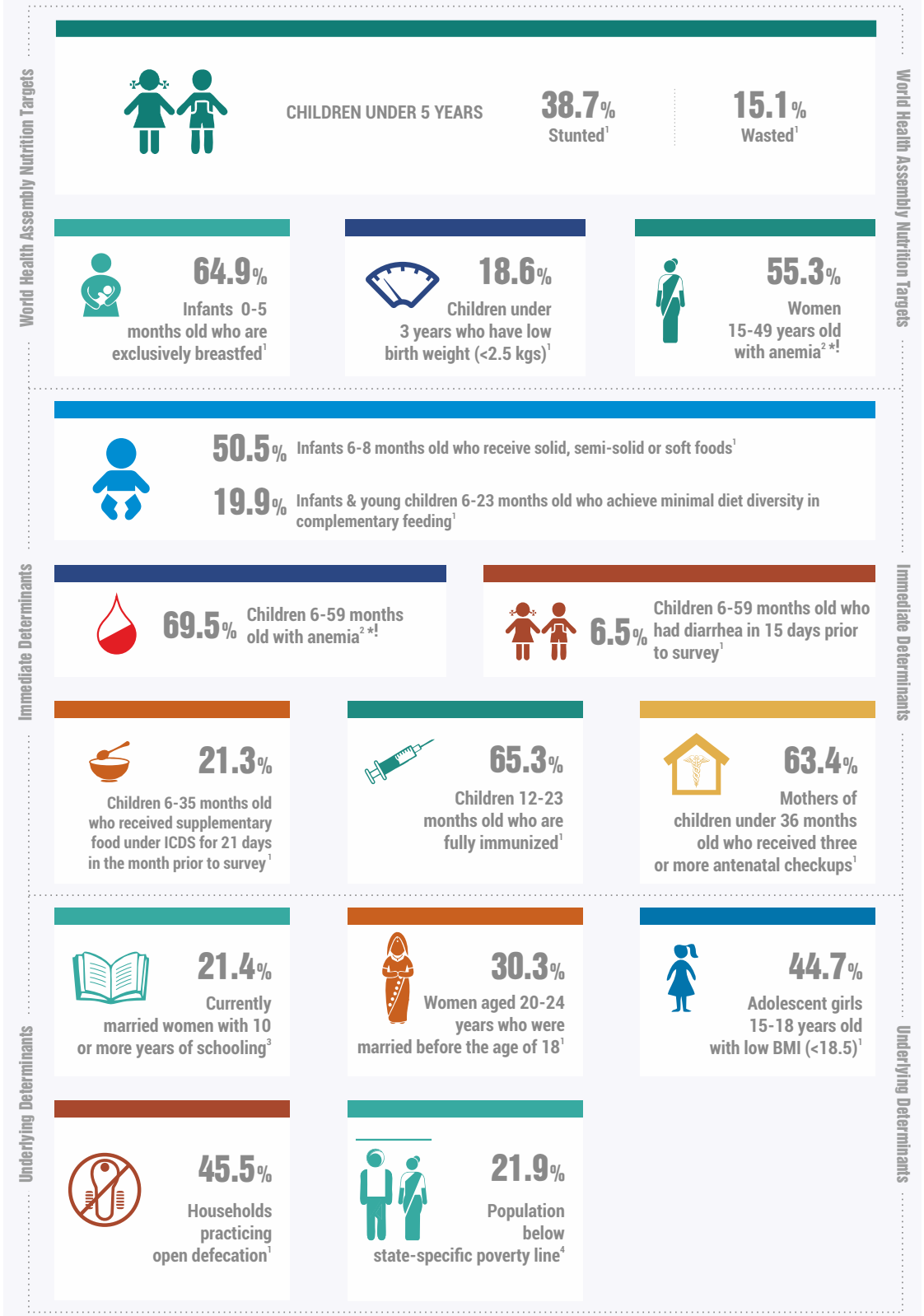
6 India's Undernutrition Problem is a Serious Threat to Child Development. Accelerating Action at the State-level is Essential to Change the Course of the Future for India's Children.

The India Health Report on Nutrition identifies state-level action, with leadership, financial and policy support from the national and state government, as the key step in improving the development of children in India. The 26 million Indian babies born each year deserve better.

HOW SHOULD YOU USE THIS REPORT?

The India Health Report on Nutrition is intended to **support the development** of contextually-relevant and data-driven **multisectoral nutrition strategies at the state level**, taking into consideration the multiple drivers of nutritional outcomes.

FIGURE 3 FAST FACTS ON NURITION AND ITS DETERMINANTS IN INDIA



Further reading

This synopsis is based on the India Health Report: Nutrition 2015 by Neha Raykar (Public Health Foundation of India), Moutushi Majumder (PHFI), Ramanan Laxminarayan (PHFI) and Purnima Menon (IFPRI)

Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition. International Food Policy Research Institute. Washington, DC, 2014.

Acknowledgements

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