POSHAN
Led by IFPRI
Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India
Data Note
No. 59 | DECEMBER 2022
ARUNACHAL PRADESH

State Nutrition Profile: Arunachal Pradesh

ABOUT THIS DATA NOTE

This *Data Note* describes the trends for a set of key nutrition and health outcomes, determinants, and coverage of interventions. The findings are based on data from multiple rounds of the National Family Health Surveys using estimates from reports, factsheets, or unit level data. In addition to standard prevalence-based analyses, this *Data Note* includes headcount-based analyses aligned to the POSHAN Abhiyaan monitoring framework to provide evidence that helps identify priority districts and the number of districts where public health concerns exist as per the WHO guidelines[1]. This *Data Note* also includes a color-coded dashboard to compare the coverage of nutrition interventions by district. It concludes with key takeaways for children, women, and men, and identifies areas for improvement.

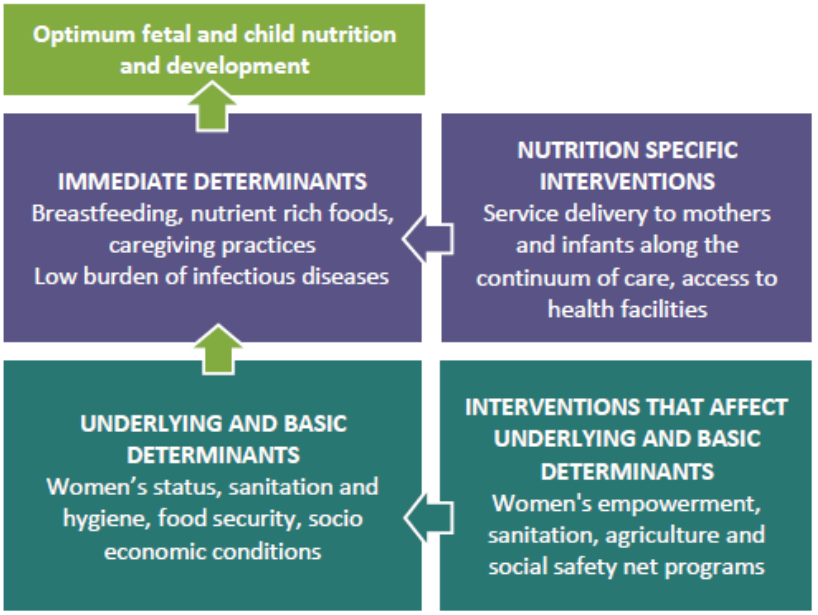
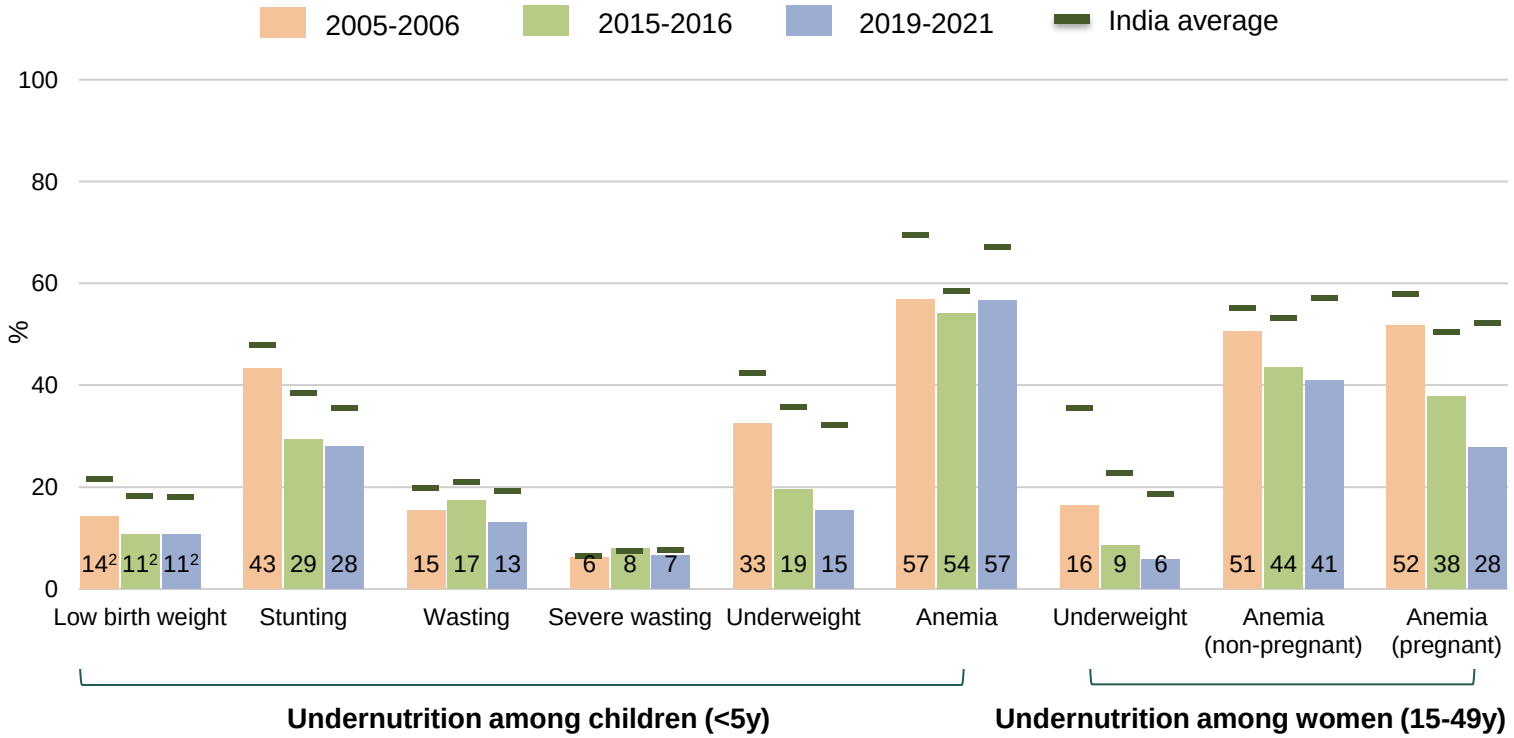


Figure 1. Trends in undernutrition outcomes 2005-2006, 2015-2016, 2019-2021



Source: NFHS-3 (2005-2006) national report and data [IFPRI estimates], NFHS-4 (2015-2016) national report, and NFHS-5 (2019-2021) national and state factsheets. Anemia among non-pregnant and pregnant women for 2005-2006 are IFPRI estimates using woman dataset.

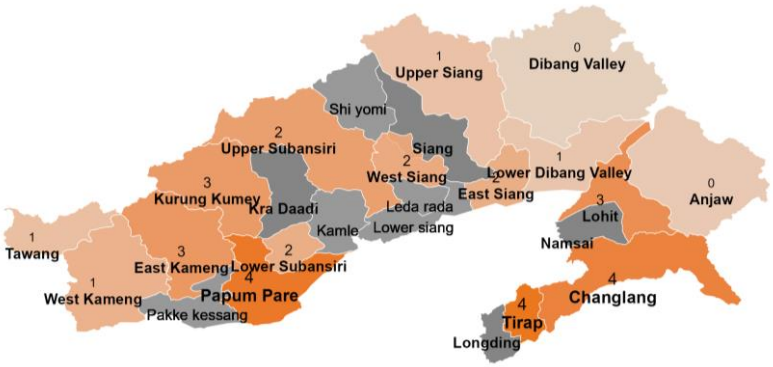
[1]WHO. Nutrition Landscape Information System (NLiS). Help Topic: Malnutrition in children. Stunting, wasting, overweight, and underweight. (https://apps.who.int/nutrition/landscape/help.aspx?menu=0&helpid=391&lang=EN).

[2]In NFHS-3, NFHS-4, and NFHS-5, 70.9%, 51.1%, and 18.4% of data were missing, respectively.

Map 1 & 2. Number of stunted & anemic children <5y, 2019-2021

Map 1. Stunting

Number of stunted children[1] = 31,463



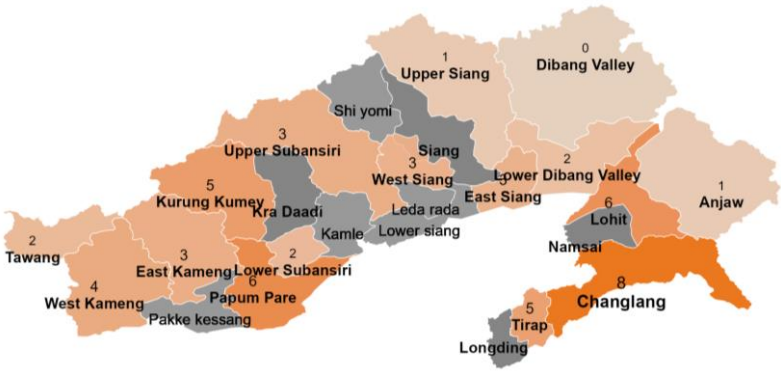
Note: Number in '000s in the above figure

	Highest burden districts	
1	Tirap	4,040
2	Papum Pare	3,930
3	Changlang	3,580
4	Lohit	3,046
5	East Kameng	2,651

No. of districts with public health concern[2]: 17 out of 20

Map 2. Anemia

Number of anemic children[1] = 55,665



Note: Number in '000s in the above figure

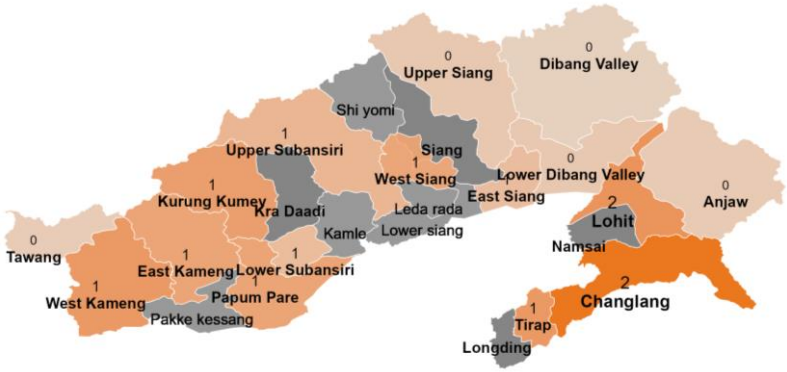
	Highest burden districts	
1	Changlang	7,988
2	Papum Pare	6,341
3	Lohit	5,870
4	Kurung Kumey	4,860
5	Tirap	4,547

No. of districts with public health concern[2]: 18 out of 20

Map 3 & 4. Number of wasted children <5y, 2019-2021

Map 3. Wasting

Number of wasted children[1] = 14,614



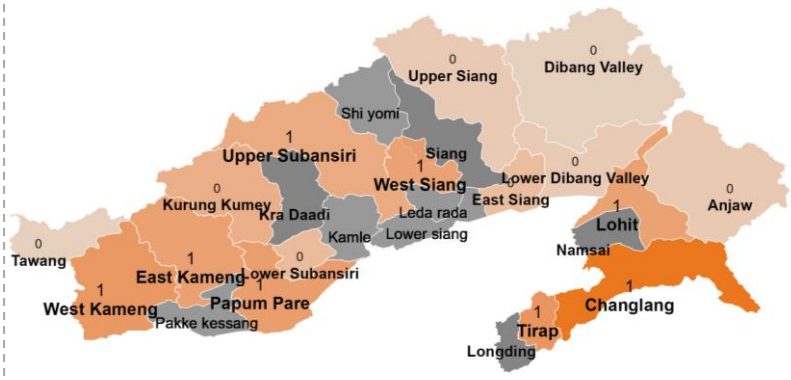
Note: Number in '000s in the above figure

	Highest burden districts	
1	Changlang	2,220
2	Lohit	1,583
3	Tirap	1,440
4	West Kameng	1,428
5	Kurung Kumey	1,306

No. of districts with public health concern[2]: 15 out of 20

Map 4. Severe Wasting

Number of severely wasted children[1] = 7,172



Note: Number in '000s in the above figure

	Highest burden districts	
1	Changlang	1,123
2	Tirap	765
3	West Kameng	735
4	Papum Pare	660
5	East Kameng	628

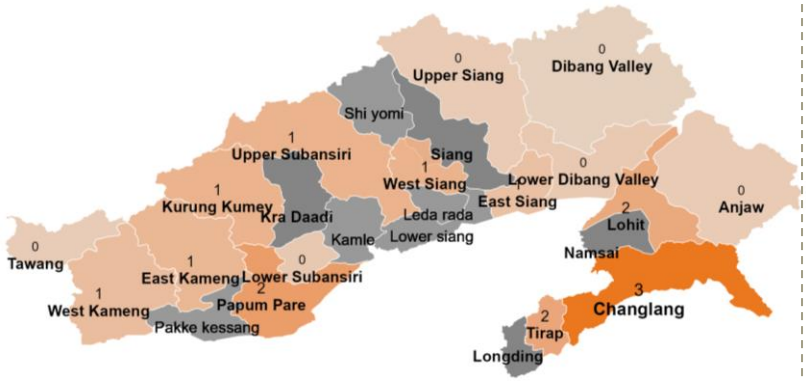
No. of districts with public health concern[2]: 19 out of 20

Source: IFPRI estimates - The headcount was calculated as the product of the undernutrition prevalence, and the total eligible projected population for each district in 2019. Prevalence estimates were obtained from NFHS-5 (2019-2021) district factsheet, and the projected population for 2019 was estimated using Census 2011. [1]The total number of children <5 years is 109,792. [2]Public health concern is defined as ≥20% for stunting, ≥40% for anemia, ≥10% for wasting, and ≥2% for severe wasting (WHO 2011). Note: Gray areas in maps indicate districts for which data are not available.

Map 5 & 6. Number of underweight children (<5y) & women (15-49y), 2019-2021

Map 5. Underweight children

Number of underweight children[1] = 16,733



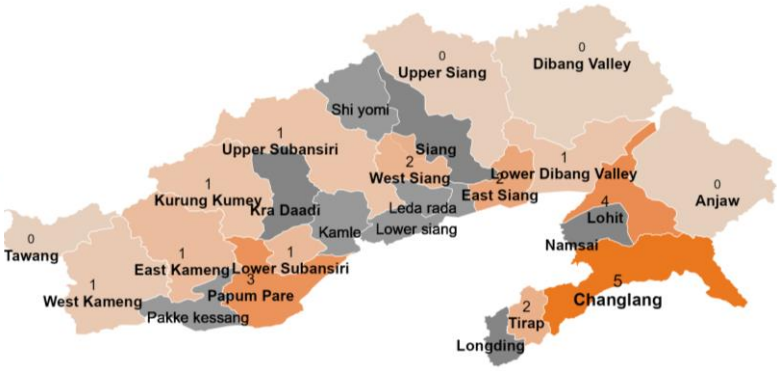
Note: Number in '000s in the above figure

	Highest burden districts	
1	Changlang	3,407
2	Papum Pare	2,065
3	Tirap	1,677
4	Lohit	1,607
5	West Siang	1,227

No. of districts with public health concern[2]: 1 out of 20

Map 6. Underweight women

Number of underweight women[1] = 23,334



Note: Number in '000s in the above figure

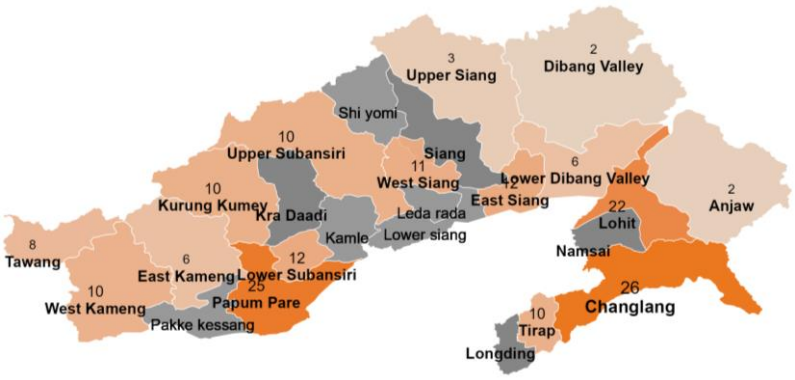
	Highest burden districts	
1	Changlang	4,735
2	Lohit	3,638
3	Papum Pare	3,379
4	East Siang	2,319
5	Tirap	1,782

No. of districts with public health concern[2]: 2 out of 20

Map 7 & 8. Number of anemic women (15-49y), 2019-2021

Map 7. Anemia among non-pregnant women

Number of non-pregnant anemic women[1] = 177,190



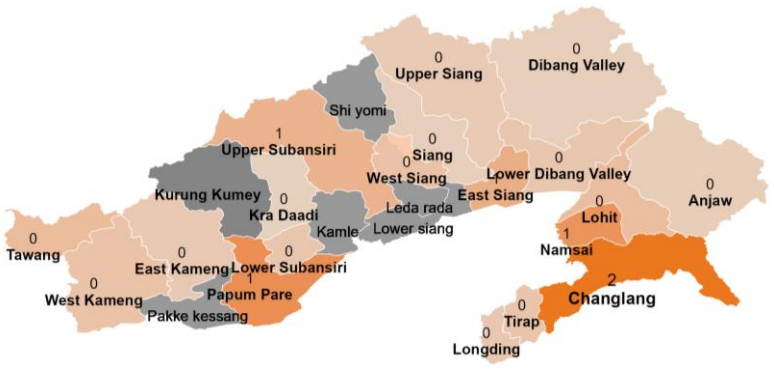
Note: Number in '000s in the above figure

	Highest burden districts	
1	Changlang	25,850
2	Papum Pare	25,090
3	Lohit	21,658
4	Lower Subansiri	12,308
5	East Siang	12,050

No. of districts with public health concern[2]: 6 out of 20

Map 8. Anemia among pregnant women

Number of pregnant anemic women[1] = 8,894



Note: Number in '000s in the above figure

	Highest burden districts	
1	Changlang	1,906
2	Papum Pare	1,426
3	Namsai	1,326
4	East Siang	739
5	Upper Subansiri	645

No. of districts with public health concern[2]: 3 out of 19

Source: IFPRI estimates - The headcount was calculated as the product of the undernutrition prevalence, and the total eligible projected population for each district in 2019. Prevalence estimates were obtained from NFHS-5 (2019-2021) district factsheet, and the projected population for 2019 was estimated using Census 2011. [1]The total number of children <5 years is 109,792, pregnant women 15-49 years is 30,662, and non-pregnant women 15-49 years is 414,388. [2]Public health concern is defined as ≥20% for underweight (children), ≥10% for underweight (women), ≥40% for anemia among non-pregnant women, and ≥40% for anemia among pregnant women (WHO 2011). Note: Gray areas in maps indicate districts for which data are not available.

Figure 2. Trends in overweight/obesity & NCDs[1] 2005-2006, 2015-2016, 2019-2021

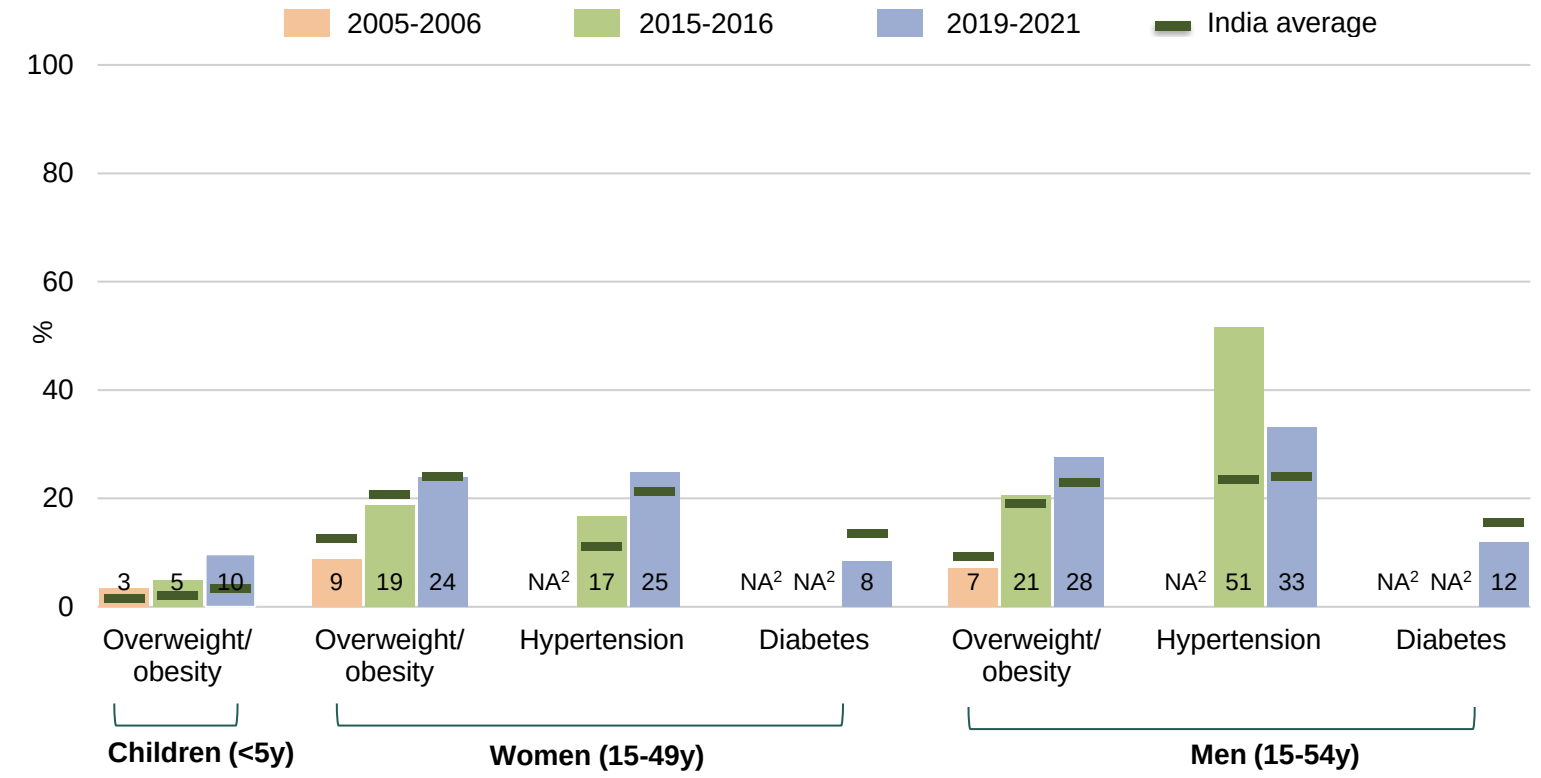


Table 1. Overweight/obesity & NCDs[1] at district-level 2015-2016, 2019-2021

Category	Outcomes	Worst performing districts (pp)[7]	Best performing districts (pp)[7]	Highest burden districts (thousands)[3]	No of districts with public health concern[4] (total=20)
		Difference between (2019-2021) & (2015-2016)	*Difference between (2019-2021) & (2015-2016)*	*2019-2021*	*2019-2021*
Children <5 years	Overweight/ obesity	West Kameng: +10.8 Tawang: +9.2	Dibang Valley: -3.1 Anjaw: -2.0	Tirap: 1 Papum Pare: 1	3
Women (15-49 years)	Overweight/ obesity	Upper Subansiri: +9.3 Upper Siang: +8.3	West Kameng: -7.4 Dibang Valley: -6.5	Papum Pare: 20 Lohit: 14	14
	Hypertension	L. Dibang Valley[5]: +6.3 Changlang: +5.3	West Kameng: -8.5 Dibang Valley: -7.4	Papum Pare: 13 West Siang: 12	16
	Diabetes	*Not Available[2]*		Papum Pare: 6 Lohit: 4	0
Men (15-54 years)	Overweight /obesity	*Not Available[2]*			
	Hypertension	*Not Applicable[6]*	Upper Subansiri: -40.4 Lower Subansiri: -32.1	Papum Pare: 20 West Siang: 15	20
	Diabetes	*Not Available[2]*		Papum Pare: 8 Changlang: 6	0

pp: percentage points. Source: NFHS-3 (2005-2006) national report, NFHS-4 (2015-16) national report and data [IFPRI estimates], and NFHS-5 (2019-2021) national and state factsheets. [1]NCDs: non-communicable diseases. [2]Indicates unavailability of data for a particular indicator in the specified NFHS round. Diabetes data for NFHS-4 are not included in the NFHS-5 factsheet because definition of diabetes is not comparable between NFHS-4 and 5. [3]Burden: The headcount was calculated as the product of the overweight/obesity and NCDs prevalence and the total eligible projected population for each district in 2019. Prevalence estimates were obtained from NFHS-5 (2019-2021) district factsheet and projected population for 2019 was estimated using Census 2011. [4]Public health concern is defined as prevalence ≥15% for overweight/obesity (children), ≥20% for overweight/obesity (women and men), ≥ 20% hypertension (women and men), and ≥20% diabetes (women and men) (WHO 2011). [5]District codes: L. Dibang Valley: Lower Dibang Valley. [6]No increase observed in any district. [7]The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2021. Only 11 districts are comparable across the time periods.

Figure 3. Trends in immediate determinants (%) 2005-2006, 2015-2016, 2019-2021

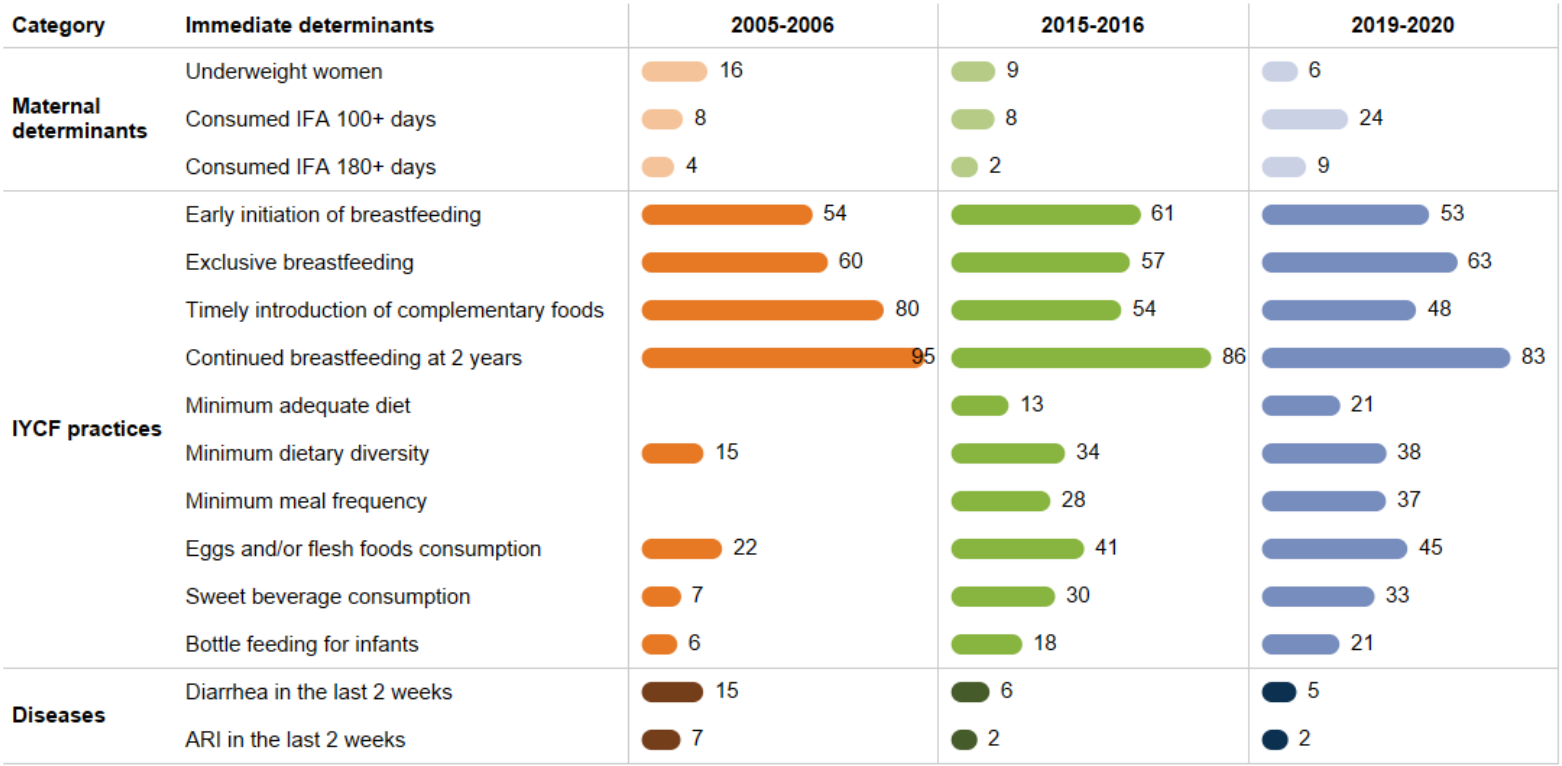


Table 2. Immediate determinants at district-level 2015-2016, 2019-2021

Category	Immediate determinants	Worst performing districts (pp)[3]	Best performing districts (pp)[3]	Top coverage districts (%)[1]
		Difference between (2019-2021) & (2015-2016)	*Difference between (2019-2021) & (2015-2016)*	*2019-2021*
Maternal determinants	Underweight women	Changlang: +1.2	Upper Subansiri: -7.7 Upper Siang: -5.8	Tawang: 1.2 West Kameng: 1.9
	Consumed IFA 100+ days	*Not Applicable*[4]	Changlang: +26.2 Upper Subansiri: +22.0	Changlang: 37.3 Lohit: 34.1
IYCF practices	Early initiation of breastfeeding	West Kameng: -30.6 Upper Siang: -28.4	Anjaw: +17.8 Papum Pare: +14.3	Tirap: 72.4 Dibang Valley: 67.6
	Exclusive breastfeeding	L. Dibang Valley[2]: -14.0 Changlang: -1.9	Papum Pare: +23.9	Papum Pare: 75.8 Changlang: 71.2
	Timely introduction of complementary foods	*Not Available*[5]		
	Minimum adequate diet	Upper Subansiri: -13.0 West Kameng: -5.9	Changlang: +22.2 Upper Siang: +17.7	Changlang: 29.3 L. Subansiri[2]: 29.1
Diseases	Diarrhea in the last 2 weeks	Tawang: +9.1 West Kameng: +2.5	Papum Pare: -5.5 Upper Subansiri: -5.4	Longding: 0.5 Changlang: 1.3
	ARI in the last 2 weeks	Tawang: +5.4 Anjaw: +5.0	Changlang: -3.4 Upper Subansiri: -2.1	Namsai: 0.2 Dibang Valley: 0.7

pp: percentage points. Source: NFHS-3 (2005-2006) national and state reports and data [IFPRI estimates], NFHS-4 (2015-2016) state report and data [IFPRI estimates], and NFHS-5 (2019-21) national and state reports, factsheets, and data [IFPRI estimates].
Note: Definitions of IYCF indicators are based on WHO guidelines. [1]For all indicators, top coverage districts refer to the districts with the highest prevalence in immediate determinants, except for underweight women, diarrhea in the last 2 weeks, and ARI in the last 2 weeks, for which it refers to the districts with the lowest prevalence in coverage. [2]District codes: L. Dibang Valley: Lower Dibang Valley; L. Subansiri: Lower Subansiri. [3]The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2021. Only 11 districts are comparable across the two time periods. [4]Prevalence did not decrease for any district. [5]Indicates unavailability of data for a particular indicator in the specified NFHS round.

Figure 4. Trends in underlying determinants (%) 2005-2006, 2015-2016, 2019-2021

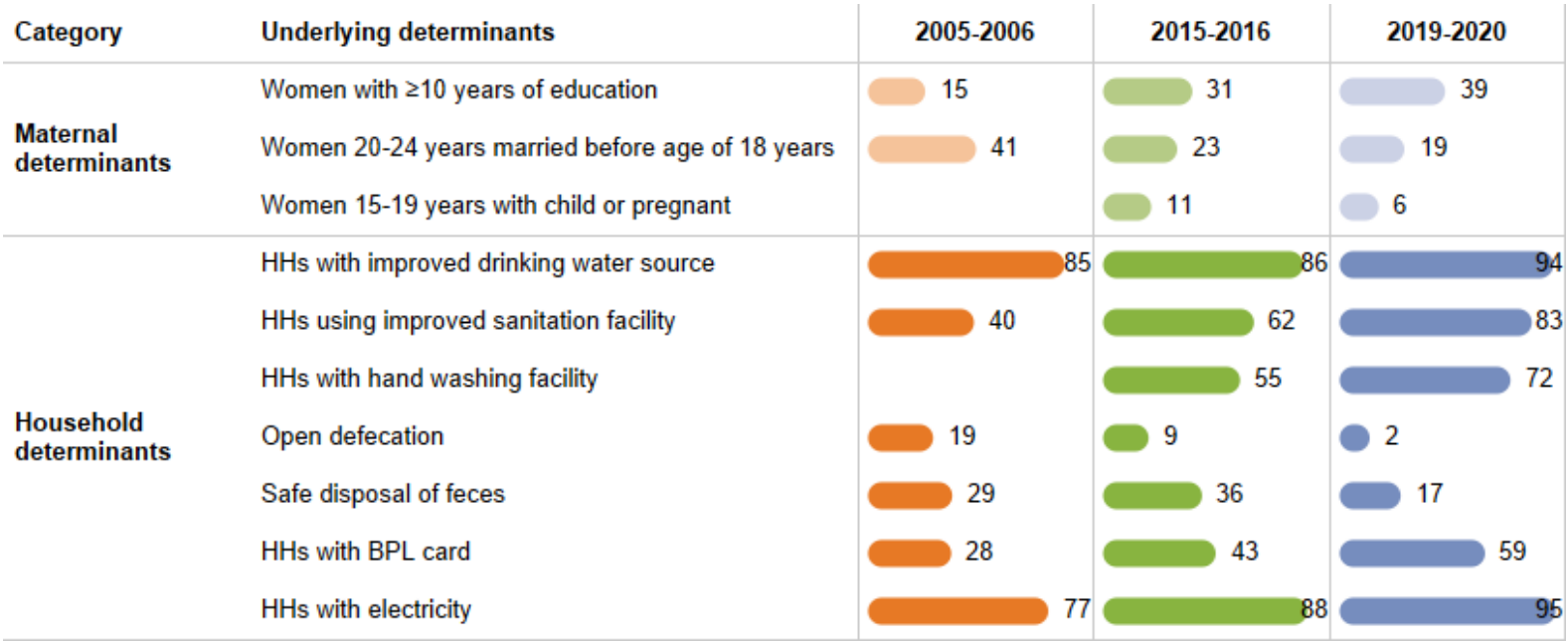


Table 3. Underlying determinants at district-level 2015-2016, 2019-2021

Category	Underlying determinants	Worst performing districts (pp)[3]	Best performing districts (pp)[3]	Top coverage districts (%)[1]
		Difference between (2019-2021) & (2015-2016)	*Difference between (2019-2021) & (2015-2016)*	*2019-2021*
Maternal determinants	Women with ≥10 years education	Upper Siang: -3.9	L. Dibang Valley[4]: +24.1 Tawang: +20.8	East Siang: 55.6 L. Dibang Valley[4]: 51.9
	Women 20-24 years married before age of 18 years	Tawang: +4.9 Lower Subansiri: +2.3	L. Dibang Valley[4]: -14.3 West Kameng: -13.4	Longding: 7.9 Siang: 10.0
	Women 15-19 years with child or pregnant	Upper Siang: +4.7 Upper Subansiri: +2.5	West Kameng: -17.5 East Kameng: -8.5	Siang: 0.5 Dibang Valley: 0.7
Household determinants	HHs with improved drinking water source	*Not Applicable*[2]	Changlang: +13.5 East Kameng: +13.1	Dibang Valley: 100.0 Kra Daadi: 99.8
	HHs using improved sanitation facility	*Not Applicable*[2]	Anjaw: +43.0 East Kameng: +35.7	Dibang Valley: 95.0 Upper Siang: 91.8
	HHs with electricity	Dibang Valley: -12.7 Upper Subansiri: -1.3	East Kameng: +33.7 Changlang: +17.9	Tawang: 99.7 Kra Daadi: 99.7

pp: percentage points. Source: NFHS-3 (2005-2006) national and state reports and data [IFPRI estimates], NFHS-4 (2015-2016) national and state reports and data [IFPRI estimates], and NFHS-5 (2019-2021) state and district factsheets, state report, and data [IFPRI estimates].

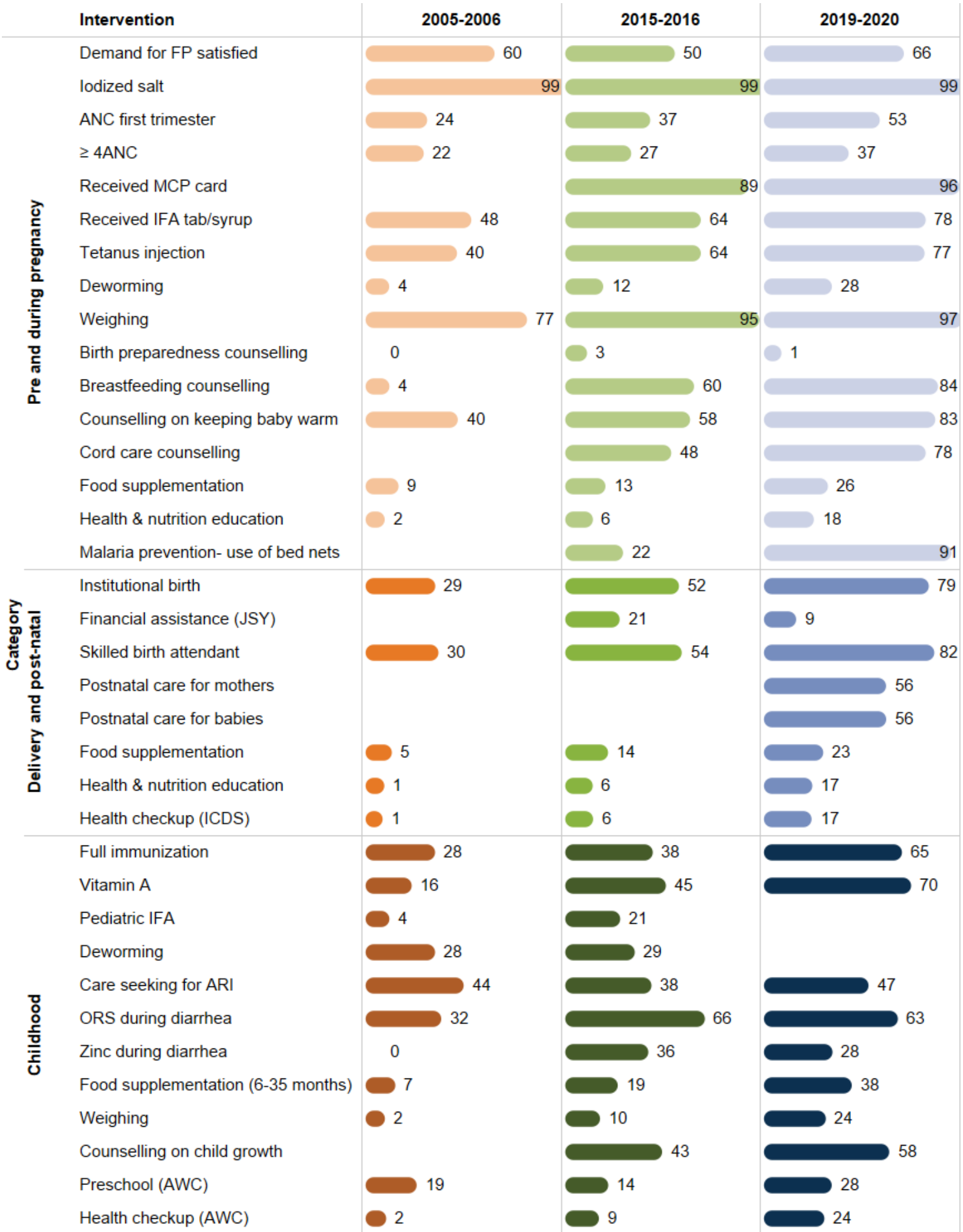
[1]For all indicators, top coverage districts refer to the districts with the highest prevalence in underlying determinants, except for women 20-24 years married before age of 18 years and women 15-19 years with child or pregnant for which it refers to the districts with the lowest prevalence in coverage.

[2]Prevalence did not decrease in any of the districts.

[3]The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2021. Only 11 districts are comparable across the two time periods.

[4]District codes: L. Dibang Valley: Lower Dibang Valley

Figure 5. Trends in coverage of interventions across the first 1,000 days (%), 2005-2006, 2015-2016, 2019-2021



Source: NFHS-3 (2005-2006) national and state reports and data [IFPRI estimates], NFHS-4 (2015-2016) national and state reports and data [IFPRI estimates] and NFHS-5 (2019-2021) state factsheet, state and national report, and data [IFPRI estimates].
Note 1: Refer to district dashboard for the inter-district variability in the coverage of interventions.

<20%	20-<40%	40-<60%	60-<80%	>=80%	Not Available

District name	Pre-pregnancy		Pregnancy													Delivery & postnatal								Early childhood									
	Demand for FP satisfied	Iodized salt	ANC first trimester	≥4 ANC	Received MCP card	Received IFA tab/syrup	Tetanus injection	Deworming	Weighing	Birth preparedness counselling	Breastfeeding counselling	Counselling on keeping baby warm	Cord care counselling	Food supplementation	Health & nutrition education	Malaria prevention- use of bed nets	Institutional birth	Financial assistance (JSY)	Skilled birth attendant	Postnatal care for mothers	Postnatal care for babies	Food supplementation	Health & nutrition education	Health checkup	Full immunization	Vitamin A	Paediatric IFA	Deworming	Care seeking for ARI	ORS during diarrhea	Zinc during diarrhea	Food supplementation (6-35 months)	Weighing	Counselling on child growth	Preschool at AWC	Health checkup
Arunachal Pradesh	65.9	99.2	53.1	36.5	95.6	77.5	76.9	27.6	96.8	0.8	84.1	82.6	77.5	25.5	18.0	91.2	79.2	8.6	82.1	56.4	56.5	23.0	17.2	16.8	64.9	69.7	22.1	24.7	47.1	62.7	27.9	38.2	24.4	58.1	27.5	23.6
Anjaw	71.0	99.6	52.0	32.3	97.9	76.1	80.2	26.1	99.4	0.5	90.8	95.0	88.7	16.2	10.2	96.7	78.0	4.8	79.0	55.8	57.3	11.7	9.3	7.2	93.0	58.6	26.8	23.2				29.4	16.1	43.1	18.3	18.1
Changlang	59.3	99.2	65.0	46.9	99.3	81.3	88.1	26.4	99.5	0.4	90.1	90.1	88.5	52.8	42.5	99.5	75.1	10.7	81.3	69.7	67.4	52.5	43.4	43.4	70.9	77.9	27.1	29.2				64.0	51.3	61.1	50.1	48.5
Dibang Valley	67.3	99.6	60.7	40.4	95.8	77.8	85.2	40.6	98.7	0.0	93.0	94.3	87.0	25.3	17.9	97.8	85.5	6.3	88.1	66.2	58.3	22.2	16.6	18.4	90.7	58.0	19.2	21.6				36.1	24.2	76.7	26.9	28.2
East Kameng	77.0	98.9	41.7	29.1	93.0	65.9	73.1	30.7	95.6	1.5	78.8	72.4	64.9	18.7	12.7	90.0	76.0	11.1	80.3	53.6	54.6	15.4	12.5	10.8	60.8	67.9	18.1	19.8	29.5	74.4	24.0	30.4	16.2	54.3	19.4	14.1
East Siang	62.4	99.4	39.9	34.3	94.4	78.1	75.2	19.4	97.7	1.2	79.0	83.7	65.5	8.6	5.5	90.7	90.8	3.3	89.2	55.7	58.8	5.8	4.9	4.9	48.8	67.3	15.9	21.7	58.0			15.8	5.5	63.2	9.2	7.8
Kra Daadi	63.5	99.2	62.5	18.3	97.7	77.4	55.1	24.1	90.4	0.4	61.2	55.4	64.0	24.5	18.0	95.6	73.5	3.8	81.0	34.9	37.3	20.5	18.7	15.2	63.6	88.1	40.0	33.3				32.9	23.6	70.4	27.5	22.6
Kurung Kumey	67.9	99.7	45.2	44.1	97.0	70.8	77.0	38.1	98.4	0.5	86.4	90.1	84.4	21.4	13.0	88.7	69.2	11.8	69.7	62.3	61.1	18.5	11.5	9.2	71.4	47.9	15.0	22.6				29.2	18.7	51.2	33.6	17.6
Lohit	60.7	97.9	66.9	39.6	96.9	80.6	74.6	22.9	98.7	1.0	91.7	90.5	87.6	20.5	17.0	96.5	90.2	23.7	92.3	66.2	66.2	20.8	16.7	19.6	74.0	73.0	22.1	17.6				31.9	23.5	70.5	19.6	24.9
Longding	64.6	99.3	65.8	39.6	97.0	70.7	78.4	25.6	96.9	1.1	95.4	97.2	92.6	43.6	28.1	97.8	64.5	9.8	65.0	57.1	55.5	44.3	27.5	26.1	52.7	54.2	20.5	22.4				55.3	36.4	56.3	36.4	33.2
Lower Dibang Valley	70.2	98.7	56.3	48.6	97.2	84.8	87.5	46.4	98.7	0.3	87.2	88.5	84.9	32.5	16.0	96.2	90.1	6.9	93.7	58.6	58.4	25.8	14.8	13.1	73.8	67.1	26.7	29.5				41.1	28.5	63.0	40.5	29.9
Lower Subansiri	77.8	99.5	53.4	39.1	92.3	84.9	82.3	31.2	98.4	0.6	86.2	80.5	78.0	26.1	20.2	92.5	89.8	13.4	92.6	67.7	65.5	21.0	18.2	19.2	66.5	70.1	21.2	24.0	40.9			46.3	22.4	57.1	21.7	21.1
Namsai	61.5	99.1	61.6	35.4	94.6	76.9	76.7	26.3	99.0	0.5	86.5	85.2	84.7	39.6	29.6	97.2	63.6	15.5	68.8	51.2	52.0	35.3	27.0	29.2	67.2	72.4	22.5	26.3	50.1			47.0	38.5	54.0	36.8	37.8
Papum Pare	60.4	100.0	38.4	39.3	91.4	80.9	74.0	16.1	96.2	0.3	73.6	77.0	54.9	12.8	7.8	92.7	88.0	4.4	86.5	53.2	58.1	7.7	4.5	5.2	60.7	75.5	14.4	17.9	44.0			24.9	9.1	39.3	19.6	7.1
Siang	77.5	98.9	50.8	31.1	97.1	79.9	78.7	39.1	99.4	0.9	86.6	84.4	83.4	30.4	18.2	95.0	81.1	1.2	82.7	56.0	55.4	23.0	16.8	15.2	60.3	68.1	25.1	28.6				48.6	27.8	49.6	24.5	28.0
Tawang	73.4	99.9	79.9	37.6	99.6	85.2	85.3	26.7	97.6	1.2	93.8	87.5	87.8	33.1	27.2	64.4	84.2	12.2	89.9	49.6	48.8	29.3	25.5	21.3	67.5	84.4	26.8	31.1	57.5	73.3	59.1	57.6	34.6	61.5	33.9	31.6
Tirap	59.0	98.3	59.3	35.7	97.6	77.0	73.9	33.4	93.7	0.0	68.2	63.7	65.0	37.6	26.4	99.1	70.2	5.9	73.9	49.8	51.6	35.9	27.0	30.3	66.3	72.8	34.5	37.8				56.9	52.4	61.6	45.7	45.3
Upper Siang	73.2	99.1	54.5	34.0	97.1	69.6	73.5	25.4	93.2	3.2	71.1	74.8	67.6	17.9	7.9	91.9	76.0	2.0	78.8	56.4	52.9	12.2	7.6	8.3	61.4	66.8	20.3	22.3				26.8	11.1	52.4	10.6	9.7
Upper Subansiri	68.8	99.8	34.6	32.1	98.6	76.7	79.1	29.6	89.7	0.6	79.6	69.6	63.6	16.8	5.8	85.6	77.0	4.5	81.3	56.7	56.7	15.6	4.3	4.0	68.5	58.9	19.1	21.7	55.5			34.6	8.9	47.5	27.2	12.9
West Kameng	67.5	98.9	45.1	27.6	90.1	63.6	64.4	28.3	98.7	0.7	73.5	69.7	70.7	21.7	20.5	70.9	93.6	8.1	92.0	38.9	33.8	21.1	20.0	17.0	56.2	79.9	22.7	26.3	45.8			34.7	25.1	58.6	30.2	23.9
West Siang	62.7	99.5	49.5	30.4	92.1	79.3	72.0	25.4	95.1	1.6	84.4	83.4	69.4	6.4	3.6	83.3	84.6	3.2	87.6	61.4	60.6	4.3	3.0	2.5	55.4	64.5	18.0	22.5	19.5			11.6	3.7	43.2	10.3	5.5

Source: NFHS-5 district factsheets and state reports (2019-21) and data [IFPRI estimates].

Note 1: In NFHS-5 district factsheets, estimate for indicators with sample size <25 is not reported.

Table 4. Intervention coverage at district-level 2015-2016, 2019-2021

Category	Interventions	Worst performing districts (pp)[3] *Difference between (2019-2021) & (2015-2016)*	Best performing districts (pp)[3] *Difference between (2019-2021) & (2015-2016)*	Top coverage districts (%) *2019-2021*
Pregnancy	ANC first trimester	West Kameng: -13.5	Tawang: +50.6 East Kameng: +37.6	Tawang: 79.9 Lohit: 66.9
	≥4 ANC visits	West Kameng: -5.7	East Kameng: +28.3 L. Dibang Valley[1]: +25.1	L. Dibang Valley[1]: 48.6 Changlang: 46.9
	Received MCP Card	*Not Applicable*[2]	East Kameng: +26.5 Tawang: +25.8	Tawang: 99.6 Changlang: 99.3
	Tetanus injection	*Not Applicable*[2]	Tawang: +46.2 East Kameng: +39.9	Changlang: 88.1 L. Dibang Valley[1]: 87.5
Delivery and post-natal	Institutional birth	*Not Applicable*[2]	Tawang: +54.0 East Kameng: +42.4	West Kameng: 93.6 East Siang: 90.8
	Skilled birth attendant	*Not Applicable*[2]	Tawang: +56.8 East Kameng: +44.5	L. Dibang Valley[1]: 93.7 Lower Subansiri: 92.6
	Postnatal care for mothers	*Not Applicable*[4]	*Not Applicable*[4]	Changlang: 69.7 Lower Subansiri: 67.7
	Postnatal care for babies	*Not Applicable*[4]	*Not Applicable*[4]	Changlang: 67.4 Lohit: 66.2
Early childhood	Full immunization	Changlang: -8.6	Anjaw: +57.1 Dibang Valley: +52.4	Anjaw: 93.0 Dibang Valley: 90.7
	Vitamin A supplementation	*Not Applicable*[2]	Changlang: +50.7 East Kameng: +48.2	Kra Daadi: 88.1 Tawang: 84.4
	Care seeking for ARI	Papum Pare: -14.4	East Kameng: +20.0 Upper Subansiri: +9.5	East Siang: 58.0 Tawang: 57.5
	ORS treatment during diarrhea	*Not Applicable*[2]	East Kameng: +3.4	East Kameng: 74.4 Tawang: 73.3
	Zinc treatment during diarrhea	*Not Applicable*[2]	East Kameng: +0.4	Tawang: 59.1 East Kameng: 24.0

Key takeaways

Children: Stunting prevalence declined by 14 percentage points (pp) from 2006 to 2016 and further declined by 1pp in 2021. Wasting increased by 2pp from 2006 to 2016 and decreased by 4pp between 2016 and 2021. Underweight prevalence declined by 14pp between 2006 to 2016 and by 4pp between 2016 and 2021. Anemia prevalence declined by 3pp from 2006 to 2016 but increased by 3pp from 2016 to 2021.

Women: Underweight prevalence declined by 7pp from 2006 to 2016 and by 3pp from 2016 to 2021. Anemia prevalence among non-pregnant and pregnant women declined by 7pp and 14pp from 2006 to 2016, respectively. Anemia decreased by 3pp among non-pregnant women and by 10pp among pregnant women between 2016 and 2021. Overweight/obesity prevalence increased by 10pp between 2006 and 2016 and by 5pp between 2016 and 2021.

Men: Overweight/obesity increased by 14pp from 2006 to 2016 and by 7pp from 2016 to 2021.

Attention is needed to improve (%s in 2021):

- ***Outcomes***: Anemia in children (57%), non-pregnant women (41%), and pregnant (28%) women
- ***Immediate determinants:*** Consumed IFA 100+ days (24%); minimum adequate diet (21%)
- ***Underlying determinants:*** Women with ≥10 years education (39%); safe disposal of feces (17%)
- ***Coverage of interventions:*** Deworming during pregnancy (28%); food supplementation (23-26%) and health and nutrition education (17-18%) during pregnancy and lactation; financial assistance (JSY) (9%); health checkup during lactation and childhood (17-24%); Zinc during diarrhea (28%) and weighing (24%) among children

pp: percentage points. Source: NFHS-3 state and national reports and data [IFPRI estimates], NFHS-4 (2015-2016) state and national reports and data [IFPRI estimates], and NFHS-5 (2019-2021) state and national reports/factsheets and data [IFPRI estimates]. Note: Interventions' coverage are based on the last child data. [1]District codes: L. Dibang Valley: Lower Dibang Valley. [2]Prevalence did not decrease in any of the districts. [3]The difference is calculated only between districts that are comparable between 2015-2016 and 2018-2019. Only 11 districts are comparable across both time periods. [4]Indicators postnatal care for women and babies are not comparable between NFHS-4 and 5.

Indicator definition

Nutrition outcomes	Definition
Low birth weight[3,5]	% live births in 5 years (y) preceding the survey with a reported birth weight <2.5 kilograms (kg), based on either a written record or the mother's recall
Stunting	% children 0-59 months (m) whose height-for-age z score < -2 standard deviations (SD)
Wasting	% children 0-59 m whose weight-for-height z score < -2SD
Severe wasting	% children 0-59 m whose weight-for-height z score < -3SD
Underweight children	% children 0-59 m whose weight-for-age z score < -2SD
Anemia among children	% children 6-59 m whose haemoglobin (Hb) <11.0 g/dl
Underweight women	% women 15-49 y whose Body Mass Index (BMI)<18.5 kg/m^2; sample excluded pregnant women and women with a birth in the preceding 2 m
Anemia among non-pregnant women[1]	% non-pregnant women 15-49 y whose Hb<12.0 g/dl
Anemia among pregnant women[1]	% pregnant women 15-49 y whose Hb<11.0 g/dl
Overweight/obesity – children	% children 0-59 m whose weight-for-height z score > 2SD
Overweight/obesity – women	% women 15-49 y whose BMI ≥25.0 kg/m2; sample excluded pregnant women and women with a birth in the preceding 2 m
Overweight/obesity – men	% men 15-49 y whose BMI ≥25.0 kg/m^2
Hypertension among women[2,3,10]	% women 15-49 y with elevated blood pressure (systolic ≥140 mm Hg or diastolic ≥90 mm Hg) or are currently taking medication to control blood pressure
Hypertension among men[2,3,10]	% men 15-54 y with elevated blood pressure (systolic ≥140 mm Hg or diastolic ≥90 mm Hg) or are currently taking medication to control blood pressure
Diabetes among women[10]	% women 15-49 y with high (>140 mg/dl) or very high (>160 mg/dl) blood sugar or are currently taking medication to control blood sugar
Diabetes among men[10]	% men 15-54 y with high (>140 mg/dl) or very high (>160 mg/dl) blood sugar or are currently taking medication to control blood sugar
Immediate determinants	**Definition**
Underweight women	% women 15-49 y whose BMI<18.5 kg/m^2; sample excluded pregnant women and women with a birth in the preceding 2 m
Consumed IFA 100+ days[1]	% women 15-49 y who consumed iron folic acid (IFA) for 100 days or more during pregnancy for the most recent live birth in the 5 y preceding the survey
Consumed IFA 180+ days[1]	% women 15-49 y who consumed IFA for 180 days or more during pregnancy for the most recent live birth in the 5 y preceding the survey
Early initiation of breastfeeding[1,2,3,8,9]	% youngest children <2 y who started breastfeeding <1 hour of birth
Exclusive breastfeeding	% youngest children 0-5 m who were fed exclusively with breastmilk the previous day
Timely introduction of complementary foods	% youngest children 6-8 m living with their mother who received solid or semi-solid food and breastmilk
Continued breastfeeding at 2 years[1,3,4,5,6]	% youngest children 12-23 m living with their mother who were fed breastmilk during the previous day
Minimum adequate diet[2,3,4,5,9,10]	% youngest children 6-23 m who consumed a minimum acceptable diet during the previous day
Minimum dietary diversity[1,2,3,4,5,9]	% youngest children 6-23 m who consumed foods and beverages from at least 5 out of 8 defined food groups during the previous day
Minimum meal frequency[2,3,4,5,9,10]	% youngest children 6-23 m who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) at least the minimum number of times during the previous day
Eggs and/or flesh foods consumption[1,2,3,4,5,9]	% youngest children 6-23 m who consumed egg and/or flesh food during the previous day
Sweet beverage consumption[1,2,3,4,5,9]	% youngest children 6-23 m who consumed a sweet beverage during the previous day
Bottle feeding for infants[1,2,3,4,5,9]	% youngest children 0-23 m who were fed from a bottle with a nipple during the previous day
Diarrhea in the last 2 weeks	% children <5 y who had diarrhea in the 2 weeks preceding the survey
ARI in the last 2 weeks	% children <5 y who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey
Underlying determinants	**Definition**
Women with ≥10 years of education	% women 15-49 y with ≥10 y of schooling
Women 20-24 years married before age of 18 years[1]	% women 20-24 y who were married when <18 y
Women 15-19 years with child or pregnant[10]	% women 15-19 y who were mothers or pregnant at the time of the survey
HHs with improved drinking water source	% population living in households whose source of drinking water is piped into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, or community RO plant
HHs using improved sanitation facility	% population living in households using flush to pipe sewer system, flush to septic tank, flush to pit latrine, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab or twin pit/composting toilet, which is not shared with any other household
HHs with hand washing facility[2,4,10]	% households where a place for washing hands with water and soap was present
Open defecation[6,7]	% households that have no toilet facility/defecate in open space or field
Safe disposal of feces[3,4,5]	% youngest children <5 y living with their mother whose stools were disposed of safely
HHs with BPL card[3,5,6,7]	% households possessing a BPL card
HHs with electricity	% population living in households with electricity

Note: Unless specified, state and district estimates taken from NFHS-3 national/state report for NFHS-3, NFHS-4 national/state report or NFHS-5 factsheet for NFHS-4, and NFHS-5 national/state report or factsheet for NFHS-5.

[1]Indicator estimated using NFHS-3 unit-level data (state level)
[2]Indicator estimated using NFHS-4 unit-level data (state level)
[3]Indicator estimated using NFHS-4 unit-level data (district level)
[4]Indicator estimated using NFHS-5 unit-level data state level
[5]Indicator estimated using NFHS-5 unit-level data (district level)
[6]Indicator estimated using NFHS-4 unit-level data for union territories as their summary reports are not available (state level)
[7]Indicator estimated using NFHS-5 unit-level data for union territories as their summary reports are not available (state level)
[8]Indicator estimated using NFHS-5 unit-level data for union territories as their summary reports are not available (district level)
[9]Indicator constructed following WHO guidelines
[10]Indicator not available in NFHS-3 and/or 4 tool or not comparable between NFHS-3/4 and 5

Indicator definition

Interventions	Definition
Demand for FP satisfied[1,3,5]	% currently married women 15-49 years (y) with demand for family planning (FP) satisfied by modern methods
Iodized salt	% households using iodized salt
ANC first trimester	% women 15-49 y who received antenatal care (ANC) during the first trimester for the most recent live birth in the 5 y preceding the survey
≥ 4ANC[1]	% women 15-49 y who received ≥4 ANC visits for the most recent live birth in the 5 y preceding the survey
Received MCP card[10]	% women 15-49 y who received a mother and child protection (MCP) card during pregnancy for the most recent live birth in the 5 y preceding the survey
Received IFA tab/syrup[3,8]	% women 15-49 y who received IFA (given or purchased) during pregnancy for the most recent live birth in the 5 y preceding the survey
Tetanus injection[1]	% women 15-49 y whose most recent live birth in the 5 y preceding the survey was protected against neonatal tetanus
Deworming- pregnancy[3,8]	% women 15-49 y who took deworming medication during pregnancy for the most recent live birth in the 5 y preceding the survey
Weighing- pregnancy[3,5,6,7]	% women 15-49 y who were weighed during ANC for the most recent live birth in the 5 y preceding the survey
Birth preparedness counselling[1,2,3,4,5]	% women 15-49 y with a child 0-60 months (m) who had ≥1 contacts with a community health worker in the 3 m preceding the survey and were advised on birth preparedness
Breastfeeding counselling[1,3,5,6,7]	% women 15-49 y who met with a community health worker in the last 3 m of pregnancy for the most recent live birth in the 5 y preceding the survey and were advised on breastfeeding
Counselling on keeping baby warm[1,5,6,7]	% women 15-49 y who met with a community health worker in the last 3 m of pregnancy for the most recent live birth in the 5 y preceding the survey and were advised on keeping the baby warm
Cord care counselling[5,6,7,10]	% women 15-49 y who met with a community health worker in the last 3 m of pregnancy for the most recent live birth in the 5 y preceding the survey and were advised on cord care
Food supplementation – pregnancy[3,5]	% women 15-49 y with a child <6 y who received food supplements from ICDS during pregnancy
Health & nutrition education – pregnancy[5]	% women 15-49 y with a child <6 y who received health and nutrition education from ICDS during pregnancy
Malaria prevention- use of bed nets[2,4,5,10]	% women 15-49 y who slept under a treated bed net during pregnancy of the most recent live birth in the 5 y preceding the survey
Institutional birth	% live births in the 5 y preceding the survey to women 15-49 y delivered in a health facility
Financial assistance (JSY)[6,7,8,10]	% women 15-49 y who received financial assistance under Janani Suraksha Yojana (JSY) for the most recent live birth that took place in a health facility in the 5 y preceding the survey
Skilled birth attendant	% live births in the 5 y preceding the survey to women 15-49 y that were assisted by a skilled provider
Postnatal care for mothers[10]	% women 15-49 y who received postnatal care from a doctor/nurse/LHV/auxiliary nurse midwife (ANM)/midwife/other health personnel <2 days of delivery for the most recent live birth in the 5 y preceding the survey
Postnatal care for babies[10]	% most recent live births in the 5 y preceding the survey to women 15-49 y with a postnatal check for the newborn from a doctor/nurse/LHV/ANM/midwife/other health personnel <2 days of delivery
Food supplementation – postnatal[3,5]	% women 15-49 y with a child <6 y who received food supplements from ICDS during breastfeeding
Health & nutrition education – postnatal[3,5]	% women 15-49 y with a child <6 y who received health and nutrition education from ICDS during breastfeeding
Health checkup (ICDS)[3,5]	% women 15-49 y with a child <6 y who received a health check-up from ICDS during breastfeeding
Full immunization	% children 12-23 m fully vaccinated based on information from either vaccination card or mother's recall
Vitamin A – early childhood[1]	% children 9-35 m who received a vitamin A dose in the 6 m preceding the survey
Pediatric IFA[3,4,5,10]	[11]% children 6-59 m who were given iron supplements in the 7 days preceding the survey [12]% children 6-36 m who were given iron supplements in the 7 days preceding the survey
Deworming – early childhood[3,4,5,10]	[11]% children 6-59 m who received deworming medication in the 6 m preceding the survey [12]% children 6-36 m who received deworming medication in the 6 m preceding the survey
Care seeking for ARI	% children <5 y with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider
ORS during diarrhea	% children <5 y with diarrhea in the 2 weeks preceding the survey who received Oral Rehydration Solutions (ORS)
Zinc during diarrhea	% children <5 y with diarrhea in the 2 weeks preceding the survey who received zinc
Food supplementation (children 6-35 months)[1,2,3,4,5]	% youngest children 6-35 m who received food supplements from ICDS in the 12 m preceding the survey
Weighing – early childhood[3,5]	% children <5 y who were weighed at an anganwadi centre (AWC) or ICDS centre in the 12 m preceding the survey
Counselling on child growth[3,5,10]	% mothers with a child <5 y who received counselling from an ICDS/anganwadi worker or ANM after they were weighed at an AWC in the 12 m preceding the survey
Preschool (AWC)[3,5]	% children 36-71 m who went for early childhood care/preschool at an AWC in the 12 m preceding the survey
Health checkup (AWC)[3,5]	% children <6 y who received health checkups from an AWC in the 12 m preceding the survey

Note: Unless specified, state and districts estimates taken from NFHS-3 national/state report for NFHS-3, NFHS-4 national/state report or NFHS-5 factsheet for NFHS-4, and NFHS-5 national/state report or factsheet for NFHS-5.

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[10]Indicator not available in NFHS-3 and/or 4 tool or not comparable between NFHS-3/4 and 5

[11]Definition as per NFHS-3 and 4 construction

[12]Definition as per NFHS-5 construction

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Disclaimer: The maps used in this Data Note are based on the districts in NFHS-5 factsheets/reports . The boundaries shown do not imply any official endorsement or acceptance by IFPRI.

ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a multi-year initiative that aims to support the use of data and evidence in decision-making for nutrition in India. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.
http://poshan.ifpri.info/

ABOUT DATA NOTES

POSHAN Data Notes focus on data visualization to highlight geographic and/or thematic issues related to nutrition in India. They draw on multiple sources of publically available data.

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