State Nutrition Profile: Meghalaya

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 here are based on data from the National Family Health Survey (NFHS) 3 (2005-2006), 4 (2015-2016), and 5 (2019-2020). In addition to standard prevalence-based analyses, this Data Note includes headcount-based analyses aligned to the POSHAN Abhiyaan monitoring framework and uses data from NFHS-5 to provide evidence that helps identify priority districts and number of districts in the state with public health concern as per the WHO guidelines.¹ The Data Note includes a color-coded dashboard to compare the coverage of nutrition interventions across all the districts in the state. It concludes with key takeaways for children, women, and men and identifies areas where the state has potential to improve.

Figure 1. Trends in undernutrition outcomes 2005-2006, 2015-2016, 2019-2020

Note: Adult nutrition outcomes are based on the woman dataset, while child nutrition outcomes are based on all child data.
²In NFHS-3, 59.7% of data was missing, while 35.1% of data was missing in NFHS-4.
³NA refers to the unavailability of data for a particular indicator in the specified NFHS round.
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 (2019-2020; all child data) and projected population for 2019 was estimated using Census 2011.

Note: Number in ‘000s in the above figure

Map 1. Stunting

Number of stunted children\(^2\) = 87,425

**Highest burden districts**

<table>
<thead>
<tr>
<th>Rank</th>
<th>District</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>East Khasi Hills</td>
<td>25,673</td>
</tr>
<tr>
<td>2</td>
<td>West Khasi Hills</td>
<td>21,612</td>
</tr>
<tr>
<td>3</td>
<td>West Garo Hills</td>
<td>18,036</td>
</tr>
<tr>
<td>4</td>
<td>East Garo Hills</td>
<td>9,336</td>
</tr>
<tr>
<td>5</td>
<td>Ri Bhoi</td>
<td>9,303</td>
</tr>
</tbody>
</table>

No. of districts with public health concern\(^1\): 11 of 11

Map 2. Anemia

Number of anemic children\(^2\) = 69,459

**Highest burden districts**

<table>
<thead>
<tr>
<th>Rank</th>
<th>District</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>East Khasi Hills</td>
<td>20,167</td>
</tr>
<tr>
<td>2</td>
<td>West Khasi Hills</td>
<td>18,493</td>
</tr>
<tr>
<td>3</td>
<td>West Garo Hills</td>
<td>12,387</td>
</tr>
<tr>
<td>4</td>
<td>Ri Bhoi</td>
<td>8,987</td>
</tr>
<tr>
<td>5</td>
<td>East Garo Hills</td>
<td>5,915</td>
</tr>
</tbody>
</table>

No. of districts with public health concern\(^1\): 5 of 11

Map 3 & 4. Number of wasted children <5y, 2019-2020

Map 3. Wasting

Number of wasted children\(^2\) = 26,953

**Highest burden districts**

<table>
<thead>
<tr>
<th>Rank</th>
<th>District</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>East Khasi Hills</td>
<td>25,673</td>
</tr>
<tr>
<td>2</td>
<td>West Khasi Hills</td>
<td>21,612</td>
</tr>
<tr>
<td>3</td>
<td>West Garo Hills</td>
<td>18,036</td>
</tr>
<tr>
<td>4</td>
<td>East Garo Hills</td>
<td>9,336</td>
</tr>
<tr>
<td>5</td>
<td>Ri Bhoi</td>
<td>9,303</td>
</tr>
</tbody>
</table>

No. of districts with public health concern\(^1\): 8 of 11

Map 4. Severe Wasting

Number of severely wasted children\(^2\) = 10,079

**Highest burden districts**

<table>
<thead>
<tr>
<th>Rank</th>
<th>District</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>East Khasi Hills</td>
<td>2,821</td>
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<tr>
<td>2</td>
<td>West Garo Hills</td>
<td>2,146</td>
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<tr>
<td>3</td>
<td>Ri Bhoi</td>
<td>1,642</td>
</tr>
<tr>
<td>4</td>
<td>East Garo Hills</td>
<td>1,458</td>
</tr>
<tr>
<td>5</td>
<td>South Garo Hills</td>
<td>1,023</td>
</tr>
</tbody>
</table>

No. of districts with public health concern\(^1\): 11 of 11

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 (2019-2020; all child data) and projected population for 2019 was estimated using Census 2011. Note: Gray area in Maps 1-4 indicates districts for which data are not available. \(^1\)Public health concern is defined as ≥20% for stunting, ≥40% for anemia, ≥10% for wasting, and ≥2% for severe wasting (WHO 2011). \(^2\)The total number of children <5 years is 235,352.
Map 5 & 6. Number of underweight children (<5y) & women (15-49y), 2019-2020

Map 5. Underweight children

Number of underweight children\(^2\) = 52,231

Note: Number in '000s in the above figure

Highest burden districts

1. East Khasi Hills 13,700
2. West Garo Hills 12,008
3. West Khasi Hills 11,392
4. Ri Bholi 6,480
5. East Garo Hills 6,232

No. of districts with public health concern\(^1\): 10 of 11

Map 6. Underweight women

Number of underweight women\(^2\) = 87,377

Note: Number in '000s in the above figure

Highest burden districts

1. East Khasi Hills 32,196
2. West Garo Hills 15,869
3. West Khasi Hills 15,821
4. Ri Bholi 11,995
5. East Garo Hills 8,664

No. of districts with public health concern\(^1\): 5 of 11

Map 7 & 8. Number of anemic women (15-49y), 2019-2020

Map 7. Anemia among non-pregnant women

Number of non-pregnant anemic women\(^2\) = 434,947

Note: Number in '000s in the above figure

Highest burden districts

1. East Khasi Hills 134,611
2. West Garo Hills 117,882
3. West Khasi Hills 56,458
4. East Garo Hills 53,102
5. Ri Bholi 48,136

No. of districts with public health concern\(^1\): 11 of 11

Map 8. Anemia among pregnant women

Number of pregnant anemic women\(^2\) = 53,016

Note: Number in '000s in the above figure

Highest burden districts

1. East Khasi Hills 26,368
2. West Garo Hills 6,713
3. Ri Bholi 5,641
4. West Garo Hills 4,483
5. South West Khasi Hills 2,563

No. of districts with public health concern\(^1\): 7 of 11

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 (2019-2020; all child/woman data) and projected population for 2019 was estimated using Census 2011. Note: Gray area in Maps 5-8 indicates districts for which data are not available. \(^1\)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). \(^2\)The total number of children <5 years is 235,352, pregnant women 15-49 years is 142,416, and non-pregnant women 15-49 years is 787,359.
Table 1. Overweight/obesity & NCDs\(^2\) at district-level 2015-2016, 2019-2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcomes</th>
<th>Worst performing districts (pp)(^d)</th>
<th>Best performing districts (pp)(^d)</th>
<th>Highest burden districts (thousands)(^s)</th>
<th>No of districts with public health concern(^s) (total=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children (&lt;5y)</strong></td>
<td>Overweight/obesity</td>
<td>East Khasi(^7): 0.7</td>
<td>Ribhoi: -2.0</td>
<td>East Khasi(^7): 2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Overweight/obesity</td>
<td>South Garo(^10): -0.7</td>
<td>South Garo(^10): -7.2</td>
<td>West Garo(^8): 14</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>East Khasi(^7): -1.0</td>
<td>East Khasi(^7): -1.0</td>
<td>West Garo(^8): 14</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ribhoi: -1.0</td>
<td>East Khasi(^7): -2.9</td>
<td>East Khasi(^7): 7</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Garo(^10): -1.6</td>
<td>West Garo(^8): 15</td>
<td></td>
<td>0</td>
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<td></td>
<td></td>
<td>East Garo(^9): -4</td>
<td>West Garo(^8): 122</td>
<td></td>
<td>0</td>
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<tr>
<td><strong>Women (15-49y)</strong></td>
<td>Overweight/obesity</td>
<td>Data not available at district-level</td>
<td></td>
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<td>0</td>
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<tr>
<td></td>
<td>High blood pressure</td>
<td>East Khasi(^7): +7.6</td>
<td>Ribhoi: -1.0</td>
<td>East Khasi(^7): 2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>High blood sugar</td>
<td>South Garo(^10): +5.4</td>
<td>East Khasi(^7): -2.9</td>
<td>West Garo(^8): 15</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ribhoi: +1.1</td>
<td>East Khasi(^7): -2.9</td>
<td>West Garo(^8): 15</td>
<td>0</td>
</tr>
<tr>
<td><strong>Men (15-54y)</strong></td>
<td>Overweight/obesity</td>
<td>Data not available at district-level</td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
<td>South Garo(^10): +6.0</td>
<td>East Khasi(^7): +5.0</td>
<td>East Khasi(^7): 54</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>High blood sugar</td>
<td>Not applicable(^3)</td>
<td>East Khasi(^7): +6.0</td>
<td>West Garo(^8): 44</td>
<td>0</td>
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<tr>
<td></td>
<td></td>
<td>South Garo(^10): +9.6</td>
<td>East Khasi(^7): -7.6</td>
<td>West Garo(^8): 34</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ribhoi: +0.4</td>
<td>East Khasi(^7): -7.6</td>
<td>West Garo(^8): 34</td>
<td>0</td>
</tr>
</tbody>
</table>


Note: Adult nutrition outcomes are based on the woman/man dataset, while child nutrition outcomes are based on all child data.

\(^1\)NA refers to the unavailability of data for a particular indicator in the specified NFHS round. \(^2\)NCDs: non-communicable diseases.

\(^3\)Prevalence did not increase or decrease in any of the districts.

\(^4\)The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2020. Only the South Garo Hills, Ribhoi, and East Khasi Hills districts in Meghalaya are comparable between the two time periods.

\(^5\)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 (2019-2020) and projected population for 2019 was estimated using Census 2011.

\(^6\)Public health concern is defined as prevalence ≥15% for overweight/obesity (children), ≥20% for overweight/obesity (women and men), ≥20% high blood pressure (women and men), and ≥20% high sugar (women and men). Source: WHO (2011).

District codes: East Khasi\(^7\): East Khasi Hills; West Garo\(^8\): West Garo Hills; East Garo\(^9\): East Garo Hills; South Garo\(^10\): East Garo Hills.
### Table 2. Immediate determinants at district-level 2015-2016, 2019-2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Immediate determinants</th>
<th>Worst performing districts (pp)²</th>
<th>Best performing districts (pp)²</th>
<th>Top coverage districts (%)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Difference between</strong></td>
<td><strong>Difference between</strong></td>
<td><strong>2019-2020</strong></td>
</tr>
<tr>
<td>IYCF practices</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>Not applicable³</td>
<td>East Khasi Hills: +32.2</td>
<td>West Jaintia⁴: 88.5</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>South Garo Hills: +21.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>East Khasi Hills: -9.3</td>
<td>Ribhoi: +2.7</td>
<td>SW Khasi⁵: 54.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ribhoi: -3.7</td>
<td>East Jaintia Hills: 50.5</td>
<td></td>
</tr>
<tr>
<td>Timely introduction of complementary foods⁰</td>
<td>South Garo Hills: -12.7</td>
<td>Ribhoi: +8.2</td>
<td>East Garo Hills: 43.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>East Khasi Hills: +7.1</td>
<td>Ribhoi: 37.3</td>
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<tr>
<td>Adequate diet⁰</td>
<td>South Garo Hills: +3.7</td>
<td>Ribhoi: -2.5</td>
<td>East Khasi Hills: -2.5</td>
<td>North Garo Hills: 7.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ribhoi: -2.1</td>
<td>West Garo Hills: 7.7</td>
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</tr>
<tr>
<td>Maternal determinants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women with BMI&lt;18.5 kg/m²⁰</td>
<td>South Garo Hills: +3.7</td>
<td>East Khasi Hills: -20.4</td>
<td>South Garo Hills: +21.4</td>
<td>SW Khasi⁵: 53.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ribhoi: +3.9</td>
<td>South Garo Hills: 51.6</td>
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<tr>
<td>Consumed IFA 100+ days</td>
<td>East Khasi Hills: -2.2</td>
<td>South Garo Hills: -21.5</td>
<td>South Garo Hills: 5.4</td>
<td>North Garo Hills: 6.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ribhoi: -6.2</td>
<td>North Garo Hills: 6.6</td>
<td></td>
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<tr>
<td>Diseases</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea in the last two weeks⁰</td>
<td>East Khasi Hills: +2.2</td>
<td>South Garo Hills: -12.1</td>
<td>South Garo Hills: 0.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ribhoi: -2.2</td>
<td>East Garo Hills: 1.6</td>
<td></td>
</tr>
<tr>
<td>ARI in the last two weeks⁰</td>
<td>East Khasi Hills: +2.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹: Immediate determinants are based on the last child data; data on continued breastfeeding at 2 years, egg and/or flesh foods consumption, sweet beverage consumption, and bottle feeding of infants not available in NFHS-5 factsheets (2019-20)/state report
³: Prevalence did not increase or decrease in any of the districts.
⁴: Immediate determinants are based on the last child data; data on continued breastfeeding at 2 years, egg and/or flesh foods consumption, sweet beverage consumption, and bottle feeding of infants not available in NFHS-5 factsheets (2019-20)/state report
⁵: The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2020. Only the South Garo Hills, Ribhoi, and East Khasi Hills districts in Meghalaya are comparable between the two time periods.
⁶: For all indicators, top coverage districts refer to the districts with the highest prevalence in immediate determinants, except for women with a BMI of 18.5 kg/m², diarrhea in the last two weeks, and ARI in the last two weeks, for which it refers to the districts with the lowest prevalence in coverage.
### Table 3. Underlying determinants at district-level 2015-2016, 2019-2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal determinants</td>
<td>Women who are literate</td>
<td>69</td>
<td>80</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>Women with ≥10 years education</td>
<td>14</td>
<td>24</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Girls 20-24 years married before age of 18 years</td>
<td>51</td>
<td>41</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Women 15-19 years with child or pregnant</td>
<td>9</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Household determinants</td>
<td>HHs with improved drinking water source</td>
<td>58</td>
<td>69</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>HHs with improved sanitation facility</td>
<td>32</td>
<td>57</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>HHs with hand washing facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Open defecation</td>
<td>39</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Safe disposal of feces</td>
<td>32</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HHs with BPL card</td>
<td>9</td>
<td>20</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>HHs with electricity</td>
<td>62</td>
<td>88</td>
<td>92</td>
</tr>
</tbody>
</table>

**Figure 4. Trends in underlying determinants (%) 2005-2006, 2015-2016, 2019-2020**

**Note:**
- Underlying determinants are based on the last child data; safe disposal of feces not available in NFHS-5 factsheets (2019-20)/state report and data on HHs with hand washing facility not available in NFHS-3 (2005-2006) and NFHS-5 factsheets (2019-20)/state report. Data on open defecation and HHs with BPL card for 2019-2020 are taken from NFHS-5 state reports.
- Indicator definition differs slightly between NFHS-4 and NFHS-5.
- For all indicators, top coverage districts refer to the districts with the highest prevalence in underlying determinants, except for girls 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.
- The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2020. Only the South Garo Hills, Ribhoi and East Khasi Hills districts in Meghalaya are comparable between the two time periods.
- Prevalence did not increase or decrease in any of the districts.
Figure 5. Trends in coverage of interventions across the first 1,000 days (%), 2005-2006, 2015-2016, 2019-2020

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Demand for FP satisfied</td>
<td>32</td>
<td>49</td>
<td>41</td>
</tr>
<tr>
<td>Iodized salt</td>
<td></td>
<td>97</td>
<td>99</td>
</tr>
<tr>
<td>Any ANC visits</td>
<td>68</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>ANC first trimester</td>
<td>33</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>≥ 4ANC</td>
<td>43</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td>Received MCP card</td>
<td>32</td>
<td>78</td>
<td>93</td>
</tr>
<tr>
<td>Received IFA tab/syrup</td>
<td>55</td>
<td>81</td>
<td>85</td>
</tr>
<tr>
<td>Tetanus injection</td>
<td>54</td>
<td>75</td>
<td>82</td>
</tr>
<tr>
<td>Deworming</td>
<td>3</td>
<td>4</td>
<td>8</td>
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<tr>
<td>Weighing</td>
<td>55</td>
<td>81</td>
<td>98</td>
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<tr>
<td>Birth preparedness counselling</td>
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<td>1</td>
</tr>
<tr>
<td>Breastfeeding counselling</td>
<td>12</td>
<td>41</td>
<td>88</td>
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<tr>
<td>Counselling on keeping baby warm</td>
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<td>85</td>
<td>89</td>
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<tr>
<td>Cord care counselling</td>
<td></td>
<td>32</td>
<td>72</td>
</tr>
<tr>
<td>Food supplementation</td>
<td>14</td>
<td>53</td>
<td>54</td>
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<tr>
<td>Health &amp; nutrition education</td>
<td>10</td>
<td>30</td>
<td>39</td>
</tr>
<tr>
<td>Malaria prevention- use of bed nets</td>
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<td>87</td>
<td></td>
</tr>
<tr>
<td>Institutional birth</td>
<td>32</td>
<td>55</td>
<td>58</td>
</tr>
<tr>
<td>Financial assistance (JSY)</td>
<td></td>
<td>15</td>
<td>23</td>
</tr>
<tr>
<td>Skilled birth attendant</td>
<td>34</td>
<td>57</td>
<td>64</td>
</tr>
<tr>
<td>Postnatal care for mothers</td>
<td>27</td>
<td>47</td>
<td>44</td>
</tr>
<tr>
<td>Postnatal care for babies</td>
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<td>Health &amp; nutrition education</td>
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<td>Full immunization</td>
<td>32</td>
<td>62</td>
<td>64</td>
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<tr>
<td>Vitamin A</td>
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<td>Pediatric IFA</td>
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<td>Deworming</td>
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<td>Care seeking for ARI</td>
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<td>ORS during diarrhea</td>
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<td>Zinc during diarrhea</td>
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<tr>
<td>Counselling on child growth</td>
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</tbody>
</table>


Note 1: Interventions’ coverage is based on the last child data.
Note 2: The following information is not available in the NFHS-5 factsheets and state reports (2019-20): receipt of at least one ANC visit, birth preparedness counselling, malaria prevention and food supplementation (6-35m). Information on use of bed nets during pregnancy is not available in NFHS-3 data (2006).
Note 3: Data on food supplementation and health and nutrition education during pregnancy and post-natal care, and weight measurement during childhood and counselling on child growth for 2019-2020 are taken from NFHS-5 state reports.
Note 4: Refer to district dashboard for the inter-district variability in the coverage of interventions.
Intervention coverage at district level, 2019-2020

Note 1: The following information is not available in the NFHS-5 factsheets and state reports (2019-20): (1) Information on preconception and pregnancy-related indicators including demand for FP satisfied, receipt of at least one ANC visit, weighing, birth preparedness and breastfeeding counselling, counselling on keeping baby warm, cord care counselling, food supplementation, health and nutrition education and malaria prevention; (2) Lactation-related indicators including, food supplementation and health and nutrition education; and (3) early childhood-related indicators including pediatric IFA, deworming, food supplementation (6-35m), weighing and counselling on child growth. Information on use of bed nets during pregnancy not available in NFHS-3 data (2005-2006).

Note 2: Food supplementation during early childhood is for children aged 6-35 months; counselling on child growth during early childhood is conducted after taking weight measurement.

### MEGHALAYA

<table>
<thead>
<tr>
<th>District name</th>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
<th>Delivery &amp; postnatal</th>
<th>Early childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demand for FP satisfied</td>
<td>Iodized salt</td>
<td>Any ANC visits</td>
<td>ANC first trimester</td>
</tr>
<tr>
<td>East Garo Hills</td>
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<td>West Garo Hills</td>
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<td>43.1</td>
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<td>West Khasi Hills</td>
<td>97.3</td>
<td>43.3</td>
<td>64.0</td>
<td>97.3</td>
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</table>

Source: NFHS-5 district factsheets and state reports (2019-20).

Note 1: The following information is not available in the NFHS-5 factsheets and state reports (2019-20): (1) Information on preconception and pregnancy-related indicators including demand for FP satisfied, receipt of at least one ANC visit, weighing, birth preparedness and breastfeeding counselling, counselling on keeping baby warm, cord care counselling, food supplementation, health and nutrition education and malaria prevention; (2) Lactation-related indicators including, food supplementation and health and nutrition education; and (3) early childhood-related indicators including pediatric IFA, deworming, food supplementation (6-35m), weighing and counselling on child growth. Information on use of bed nets during pregnancy not available in NFHS-3 data (2005-2006).

Note 2: Food supplementation during early childhood is for children aged 6-35 months; counselling on child growth during early childhood is conducted after taking weight measurement.
Overweight/obesity increased by 5pp between 2006 and 2016 and continued to increase by 3pp from 2016 to 2020. 

Hills: 87.7  
West Garo Hills: 70.9  
East Ribhoi  
East Khasi Hills: 89.6  
West Garo Hills: 89.5  
South Garo Hills: +12.1  
Ribhoi: +12.1  
Ribhoi: 20.2  
Ribhoi: +16  
East Khasi Hills: +9.7  
Ribhoi: +14.2  
East Khasi Hills: +0.5  
South Garo Hills: 88.3  
Ribhoi: +8.1  
South Garo Hills: 79.1  
Ribhoi: +1.5  
South Garo Hills: +28.8  
East Khasi Hills: +27.8  
South Garo Hills: 91.3  
East Jaintia Hills: 87.7  
South Garo Hills: 86.8  
South Garo Hills: 85.4  
South Garo Hills: 79.3  
South Garo Hills: 98.9  
South Garo Hills: 79.1  
East Garo Hills: 63.3  
South Garo Hills: 68.7  
SW Khasi: 63.4  
SW Garo: 99.0  
Sdestination: NFHS

<table>
<thead>
<tr>
<th>Category</th>
<th>Interventions</th>
<th>Worst performing districts (pp)</th>
<th>Best performing districts (pp)</th>
<th>Top coverage districts (%)</th>
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<tbody>
<tr>
<td><strong>Early childhood</strong></td>
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<tr>
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<td>≥4 ANC visits</td>
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<td>Tetanus injection</td>
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<td><strong>Delivery and post-natal</strong></td>
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<td><strong>Postnatal care for babies</strong></td>
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<tr>
<td><strong>Full immunization</strong></td>
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<tr>
<td></td>
<td>South Garo Hills: -6.4</td>
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<tr>
<td><strong>Care seeking for ARI</strong></td>
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<td>West Jaintia Hills: 79.1</td>
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</tr>
<tr>
<td></td>
<td>Ribhoi: -14.5</td>
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<td>West Garo Hills: 78.2</td>
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<tr>
<td><strong>ORS treatment during diarrhea</strong></td>
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<td>SW Garo: 89.5</td>
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<tr>
<td></td>
<td>Ribhoi: -10.5</td>
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<td>East Garo Hills: 79.1</td>
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<td><strong>Zinc treatment during diarrhea</strong></td>
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<td></td>
<td>Ribhoi: -4.9</td>
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<td>West Khasi Hills: 48.8</td>
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</table>

**Note:** Interventions’ coverage are based on the last child data. ³Indicator definition differs slightly between NFHS-4 and NFHS-5. Ⅰ The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2020. Only the South Garo Hills, Ribhoi, and East Khasi Hills districts in Meghalaya are comparable between the two time periods. ²Prevalence did not increase or decrease in any of the districts. District codes: SW Khasi: South West Khasi Hills; SW Garo: South West Garo Hills.

**Key takeaways:**

**Children:** Stunting and wasting prevalence declined by 6 percentage points (pp) and 22pp respectively, between 2006 and 2016; stunting increased by 3pp while wasting continued to decline by 4pp between 2016 and 2020. Underweight declined by 27pp between 2006 and 2016 and continued to decline by 3pp between 2016 and 2020. Anemia declined by 17pp between 2006 and 2016 but increased by 3pp between 2016 and 2020.

**Women:** Underweight declined by 2pp between 2006 and 2016 and continued to decline by 1pp between 2016 and 2020. Anemia increased by 11pp among non-pregnant women and decreased by 5pp among pregnant women, from 2006 to 2016, but decreased by 2pp and 7pp, respectively between 2016 and 2020. Overweight/obesity increased by 7pp between 2006 and 2016 and was constant at 12 percentage between 2016 and 2020.

**Men:** Overweight/obesity increased by 5pp between 2006 to 2016 and continued to increase by 3pp from 2016 to 2020.

**Attention is needed to improve (%)s in 2020:**

- **Outcomes:** Stunting (47%) and anemia in children (45%); anemia in non-pregnant (54%) and pregnant (45%) women
- **Immediate determinants:** Exclusive breastfeeding (43%); adequate diet (30%); 100+ IFA (43%)
- **Underlying determinants:** Women with ≥10 years education (35%)
- **Coverage of interventions:** Health and nutrition education for women (36-39%); postnatal care for mothers and children (44-45%); Zinc during diarrhea (41%); growth monitoring of children (49%)

<table>
<thead>
<tr>
<th>Nutrition outcomes</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>Percentage of live births in the five years preceding the survey with a reported birth weight less than 2.5 kg, based on either a written record or the mother’s recall</td>
</tr>
<tr>
<td>Stunting among children</td>
<td>Percentage of children aged 0-59 months who are stunted i.e., height-for-age z score &lt; -2SD</td>
</tr>
<tr>
<td>Wasting among children</td>
<td>Percentage of children aged 0-59 months who are wasted i.e., weight-for-height z score &lt; -2SD</td>
</tr>
<tr>
<td>Severe wasting among children</td>
<td>Percentage of children aged 0-59 months who are wasted i.e., weight-for-height z score &lt; -3SD</td>
</tr>
<tr>
<td>Underweight children</td>
<td>Percentage of children aged 0-59 months who are underweight i.e., weight-for-age z score &lt; -2SD</td>
</tr>
<tr>
<td>Anemia among children</td>
<td>Percentage of children aged 6-59 months who are anemic i.e., (HB &lt;11.0 g/dl)</td>
</tr>
<tr>
<td>Underweight women</td>
<td>Percentage of women aged 15-49 whose Body Mass Index (BMI) is below normal (BMI &lt;18.5 kg/m2)</td>
</tr>
<tr>
<td>Anemia among non-pregnant women</td>
<td>Percentage of non-pregnant women aged 15-49 who are anemic (&lt;12.0 g/dl)</td>
</tr>
<tr>
<td>Anemia among pregnant women</td>
<td>Percentage of pregnant women aged 15-49 who are anemic (&lt;11.0 g/dl)</td>
</tr>
<tr>
<td>Overweight/obesity - children</td>
<td>Percentage of men aged 0-59 months who are overweight i.e., weight-for-height z score &gt; 2SD</td>
</tr>
<tr>
<td>Overweight/obesity - women</td>
<td>Percentage of men aged 15-54 who are overweight or obese (BMI ≥25.0 kg/m2)</td>
</tr>
<tr>
<td>High blood pressure among women^</td>
<td>Percentage of men aged 15-54 who are overweight or obese (BMI ≥25.0 kg/m2)</td>
</tr>
<tr>
<td>High blood pressure among men^</td>
<td>Percentage of men aged 15-49 with elevated blood pressure (Systolic &gt;140 mm Hg or diastolic &gt;90 mm Hg)</td>
</tr>
<tr>
<td>High sugar level among women^</td>
<td>Percentage of men aged 15-49 with elevated blood pressure (Systolic &gt;140 mm Hg or diastolic &gt;90 mm Hg)</td>
</tr>
<tr>
<td>High sugar level among men^</td>
<td>Percentage of men aged 15-54 with high blood sugar levels (141-160 mg/dl)</td>
</tr>
</tbody>
</table>

**Immediate determinants**

| Early initiation of breastfeeding                                                  | Percentage of children under aged 3 years breastfeed within one hour of birth for the last child born in the 3 years before the survey                                                                                           |
| Exclusive breastfeeding                                                            | Percentage of youngest children under age 6 months living with mother who were exclusively breastfed                                                                                                                |
| Timely introduction of complementary foods^                                         | Percentage of youngest children aged 6-8 months living with mother who received solid or semi-solid food during the previous day; 2Percentage of youngest children aged 6-8 months living with mother who received solid or semi-solid food and breastmilk |
| Continued breastfeeding at 2 years§                                                 | Percentage of youngest children 12–23 months of age who were fed breast milk during the previous day                                                                                                              |
| Adequate diet                                                                      | Percentage of youngest children 6–23 months of age who consumed a minimum acceptable diet during the previous day                                                                                                 |
| Eggs and/or flesh foods consumption§                                                | Percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day                                                                                                             |
| Sweet beverage§                                                                    | Percentage of children aged 6–23 months of age who consumed a sweet beverage during the previous day                                                                                                          |
| Bottle feeding for infants§                                                        | Percentage of youngest children 0–23 months of age who were fed from a bottle with a nipple during the previous day                                                                                               |
| Women with body mass index <18.5 kg/m2                                               | Percentage of mothers aged 15-49 who consumed iron folic acid for 100 days or more during the last pregnancy in last five years preceding the survey                                                              |
| Consumed IFA 100+ days                                                            | Percentage of youngest children aged 5 under age five who had diarrhea in the two weeks preceding the survey; 2Percentage of children under age 5 who had diarrhea in the 2 weeks preceding the survey |
| Diarrhea in the last two weeks§                                                     | Percentage of youngest children under age five who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey; 2Percentage of children under age five who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey |
| ARI in the last two weeks§                                                         | 1Percentage of women aged 15-49 with a birth in five years preceding the survey who are literate i.e., those who completed standard 6 or higher and can read a whole sentence; 2Percentage of women aged 15-49 who are literate i.e., those who completed standard 9 or higher and can read a whole sentence or part of a sentence. |

**Underlying determinants**

| Women who are literate§                                                             | 1Percentage of women aged 15-49 with a birth in five years preceding the survey who are literate i.e., those who completed standard 6 or higher and can read a whole sentence; 2Percentage of women aged 15-49 who are literate i.e., those who completed standard 9 or higher and can read a whole sentence or part of a sentence. |
| Women with ≥10 years education§                                                     | 1Percentage of women aged 15-49 with a birth in five years preceding the survey with 10 or more years of schooling; 2Percentage of women aged 15-49 with 10 or more years of schooling |
| Girls 20-24 years married before age of 18 years§                                   | 1Percentage of women aged 15-49 with a birth in five years preceding the survey who were married before age 18 years; 2Percentage of women aged 20-24 years who were married before age 18 years |
| Women 15-19 years with child or pregnant                                            | Percentage of currently married women aged 15-49 who had their first birth before age 20 years and in the five years preceding the survey                                                                                       |
| HHSs with improved drinking water source§                                          | 1Percentage of youngest children under age 5 living in household that use an improved source of drinking water; 2Population living in households that use an improved sanitation facility |
| HHSs with improved sanitation facility§                                            | 1Percentage of youngest children under age 5 living in household that uses improved toilet facility; 2Population living in households that use an improved sanitation facility |
| HHSs with hand washing facility§                                                    | Percentage of youngest children under age 5 living in household that had soap and water for washing hands                                                                                                      |
| Open defecation§                                                                   | Percentage of youngest children under age 5 living in household that has no toilet facility/defecates in open households                                                                                           |
| Safe disposal of feces§                                                            | Percentage of youngest children living with mother whose stools were disposed of safely                                                                                                                      |
| HHSs with BPL card§                                                                | Percentage of youngest children under age 5 living in households with BPL card                                                                                                                              |
| HHSs with electricity§                                                              | 1Percentage of youngest children under age 5 living in household that has electricity; 2Population living in households with electricity                                                                          |

^Indicator not available in NFHS-3. 1 Indicator not available in NFHS-5 factsheets/state reports 2Indicator comparable between NFHS-3 and NFHS-4 but differs slightly from NFHS-5. 3Indicator not available in NFHS-5 factsheets but available in NFHS-5 states reports. 4Definition per NFHS-3/NFHS-4. 5Definition as per NFHS-5 factsheet.
<table>
<thead>
<tr>
<th><strong>Interventions</strong></th>
<th><strong>Definition</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for FP satisfied</td>
<td>Percentage of currently married women aged 15-49 with demand for family planning satisfied by modern methods</td>
</tr>
<tr>
<td>Iodized salt</td>
<td>1. Percentage of women aged 15-49 living in HHs that use iodized salt; 2. Percentage of households using iodized salt</td>
</tr>
<tr>
<td>Any ANC visits</td>
<td>Percentage of women aged 15-49 with a live birth in the five years who received at least one ANC for the last birth</td>
</tr>
<tr>
<td>ANC first trimester</td>
<td>Percentage of women (15-49 years of age) attended by any provider during the first trimester of pregnancy that led to the birth of the youngest child in the last 2 years</td>
</tr>
<tr>
<td>≥ 4ANC</td>
<td>Percentage of mothers aged 15-49 who had at least 4 antenatal care visits for last birth in the 5 years before the survey</td>
</tr>
<tr>
<td>Received MCP card</td>
<td>Percentage of mothers who registered last pregnancy in the 5 years preceding the survey for which she received a Mother and Child Protection (MCP) card</td>
</tr>
<tr>
<td>Received IFA tab/syrup</td>
<td>Percentage of women who received IFA (given or purchased) tablets during the pregnancy for their most recent live birth in the 5 years preceding the survey</td>
</tr>
<tr>
<td>Tetanus injection</td>
<td>Percentage of women whose last birth was protected against neonatal tetanus (for last birth in the 5 years preceding the survey)</td>
</tr>
<tr>
<td>Deworming - pregnancy</td>
<td>Percentage of women who took an intestinal parasite drug during the pregnancy for their most recent live birth in the 5 years preceding the survey</td>
</tr>
<tr>
<td>Weighing - pregnancy</td>
<td>Percentage of women aged 15-49 with a live birth in the five years preceding the survey who were weighed during ANC for the last birth</td>
</tr>
<tr>
<td>Birth preparedness counselling</td>
<td>Percentage of women who had at least one contact with a health worker in the three months preceding the survey and were counselled on birth preparedness; calculated among women aged 15-49 who gave birth in the five years preceding the survey</td>
</tr>
<tr>
<td>Breastfeeding counselling</td>
<td>Percentage of women who met with a community health worker in the last three months of pregnancy and received advice on breastfeeding (for the last pregnancy in the five years preceding the survey)</td>
</tr>
<tr>
<td>Counselling on keeping baby warm</td>
<td>Percentage of women who met with a community health worker in the last three months of pregnancy and received advice on keeping the baby warm for their most recent live birth in the five years preceding the survey</td>
</tr>
<tr>
<td>Cord care counselling</td>
<td>Percentage of women who met with a community health worker in the last three months of pregnancy and received advice on cord care for their most recent live birth in the five years preceding the survey</td>
</tr>
<tr>
<td>Food supplementation - pregnancy</td>
<td>1. Percentage of youngest children under age 5 whose mother received supplementary food from AWC during pregnancy; 2. Among children under 6 years, percentage whose mother received specific benefits from AWC during pregnancy: supplementary food</td>
</tr>
<tr>
<td>Health &amp; nutrition education – pregnancy</td>
<td>1. Percentage of mothers who received health and nutrition education from an Anganwadi Centre (AWC) during last pregnancy in the five years preceding the survey; 2. Among children under 6 years, percentage whose mother received specific benefits from AWC during pregnancy: health &amp; nutrition education</td>
</tr>
<tr>
<td>Malaria prevention - use of bed nets</td>
<td>Percentage of women who used mosquito net during the pregnancy for their most recent live birth in the 5 years preceding the survey</td>
</tr>
<tr>
<td>Institutional birth</td>
<td>1. Percentage of women aged 15-49 who gave birth in health/institutional facility for their most recent live birth in the 5 years preceding the survey; 2. Percentage of live births to women aged 15-49 in the five years preceding the survey that took place in a health/institutional facility</td>
</tr>
<tr>
<td>Financial assistance (JSY)</td>
<td>Percentage of women who received financial assistance under JSY for their most recent live birth that took place in institutional facility in the 5 years preceding the survey</td>
</tr>
<tr>
<td>Skilled birth attendant</td>
<td>1. Percentage of women whose last delivery was attended by a skilled health personnel for their most recent live birth in the 5 years preceding the survey; 2. Percentage of births attended by skilled health personnel for births in the 5 years before the survey</td>
</tr>
<tr>
<td>Postnatal care for mothers</td>
<td>Percentage of mothers who received postnatal care from a doctor/nurse/LHW/ANM/midwife/other health personnel within 2 days of delivery for their most recent live birth in the five years preceding the survey</td>
</tr>
<tr>
<td>Postnatal care for babies</td>
<td>Percentage of children who received postnatal care from a doctor/nurse/LHW/ANM/midwife/other health personnel within 2 days of delivery for their most recent live birth in the five years preceding the survey</td>
</tr>
<tr>
<td>Food supplementation – postnatal</td>
<td>1. Percentage of youngest children under age 5 whose mother received supplementary food from AWC while breastfeeding; 2. Among children under 6 years, percentage whose mother received specific benefits from AWC while breastfeeding: supplementary food</td>
</tr>
<tr>
<td>Health &amp; nutrition education – postnatal</td>
<td>1. Percentage of youngest children under age 5 whose mother received health check-ups from AWC while breastfeeding; 2. Among children under 6 years, percentage whose mother received specific benefits from AWC while breastfeeding: health and nutrition education</td>
</tr>
<tr>
<td>Full immunization</td>
<td>1. Percentage of youngest living children aged 12-23 months fully vaccinated based on information from either vaccination card or mother’s recall; 2. Percentage of children aged 12-23 months fully vaccinated based on information from either vaccination card or mother’s recall</td>
</tr>
<tr>
<td>Vitamin A – early childhood</td>
<td>1. Percentage of youngest children aged 6-59 months who received Vitamin A supplementation in the last 6 months preceding the survey; 2. Percentage of children aged 9-35 months who received a vitamin A dose in the last 6 months</td>
</tr>
<tr>
<td>Pediatric IFA</td>
<td>Percentage of youngest children aged 6-59 months who received iron supplements in the past 7 days preceding the survey</td>
</tr>
<tr>
<td>Deworming – early childhood</td>
<td>Percentage of youngest children aged 6-59 months who received deworming tablets in the last 6 months preceding the survey</td>
</tr>
<tr>
<td>Care seeking for ARIs</td>
<td>1. Percentage of youngest children under age 5 years with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider; 2. Percentage of children under age 5 years with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider</td>
</tr>
<tr>
<td>ORS during diarrhea</td>
<td>1. Percentage of youngest children under age 5 years with diarrhea in the 2 weeks preceding the survey who received oral rehydration salts (ORS); 2. Percentage of children under age 5 years with diarrhea in the 2 weeks preceding the survey who received ORS</td>
</tr>
<tr>
<td>Zinc during diarrhea</td>
<td>1. Percentage of youngest children under age 5 years with diarrhea in the 2 weeks preceding the survey who received zinc; 2. Percentage of children under age 5 years with diarrhea in the 2 weeks preceding the survey who received zinc</td>
</tr>
<tr>
<td>Food supplementation (children 6-35 months)</td>
<td>Percentage of youngest children aged 6-35 months who received food supplements from AWC in the 12 months preceding the survey</td>
</tr>
<tr>
<td>Weighing – early childhood</td>
<td>Percentage of youngest children under age 5 who were weighed at AWC in the 12 months preceding the survey</td>
</tr>
<tr>
<td>Counselling on child growth</td>
<td>Percentage of youngest children under age 5 whose mother received counselling from an AWC after child was weighed in the 12 months preceding the survey</td>
</tr>
</tbody>
</table>

1. Indicator not available in NFHS-3.
2. Indicator not available in NFHS-5 factsheets/state reports.
3. Indicator comparable between NFHS-3 and NFHS-4 but differs slightly from NFHS-5.
5. Definition as per NFHS-5 factsheet.
6. Definition as per NFHS-5 state reports.
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 publicly available data.

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SUGGESTED CITATION

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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.