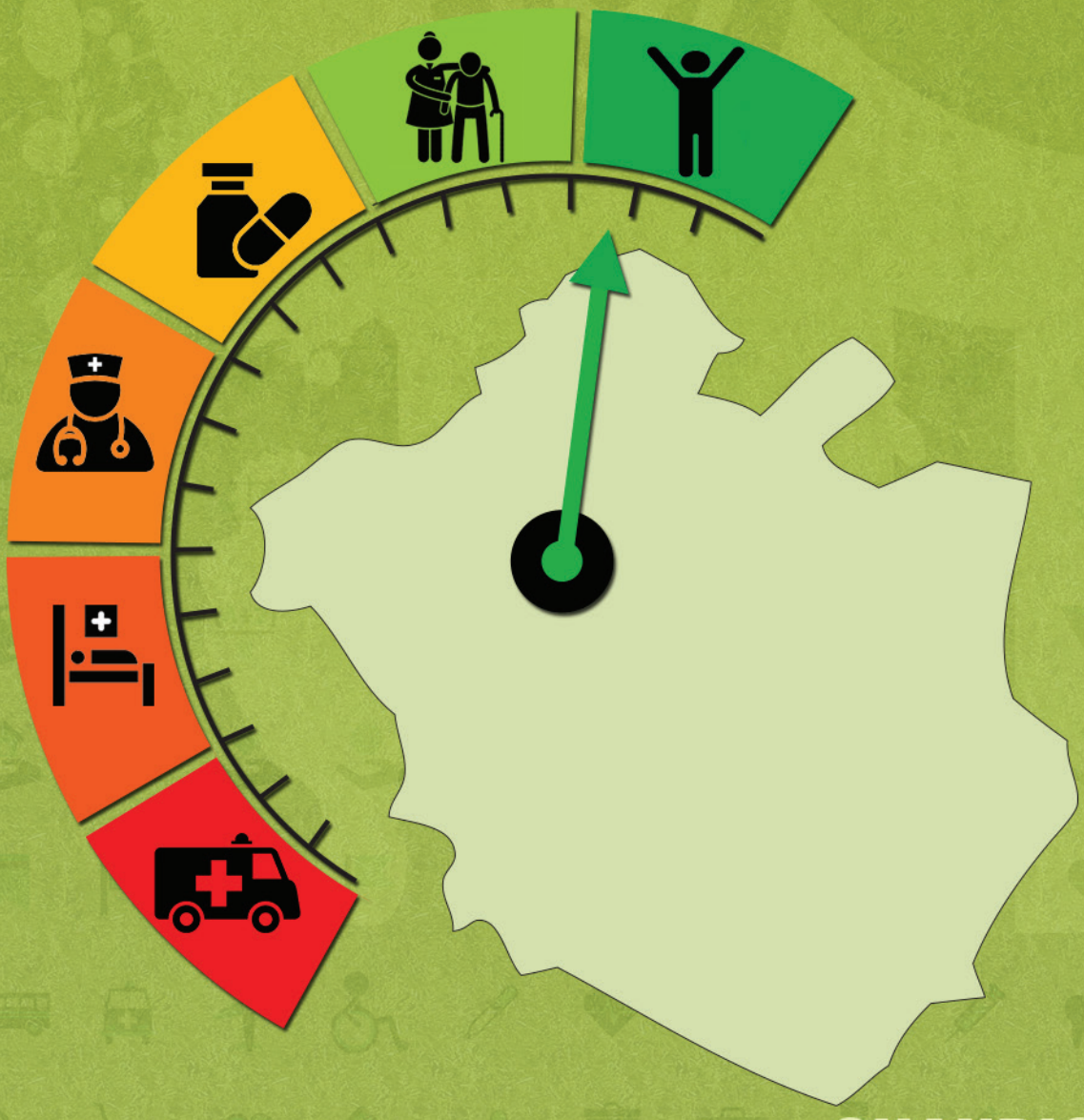
HEALTH DOSSIER 2021

Reflections on Key Health Indicators



CHANDIGARH

Till date three visits have been undertaken to Chandigarh under 4TH, 8TH and 10TH COMMON REVIEW MISSION

CHANDIGARH

1. BACKGROUND

1.1 State Profile

Chandigarh has a geographical spread[a] of 114 km^2 and is estimated to have a population of over 0.1 crores[b]. It is projected that the population would reach around 0.12 crores by 2021[c]. As per Census 2011, the Scheduled Caste (SC) population is 1.99 lakh (18.86%). In Chandigarh, only 2.70% of the population reside in rural areas, while 97.30% constitute the urban population. The total length of roads[d] in the UT is 2,821 km (0.06%[e]) in which the length of the national highways is 15 km.

A detail report on the key indicators has been attached as Annexure 1.

1.2 Demography

The UT's Sex ratio at birth is 838 females for every 1000 males (NFHS 5). The crude birth rate and the crude death rate have declined from 17.3 & 4.5 in 2005 to 13 & 4 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 81.9% in 2001 to 86.0% in 2011, with male & female literacy rates being 90.0% and 81.2%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrolment Rate (GER)[f] is 57.6% for higher education, 83.28% for senior secondary education, 87.19% for secondary education, 86.68% for elementary education, and 81.44% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. In Chandigarh, 23.0% of elderly females and 88.0% elderly males living in rural areas and 71.0% of elderly females and 23.0% elderly males in urban areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 19% for men and 36% for women, as opposed to the national average of 31% for both (Elderly in India 2016).

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[a] RHS 2020

[b] Census 2011

[c] Census Population Projection Report 2019

[d] Basic Road Statistics 2019, MoRTH

[e] Percentage of total length of roads in Chandigarh

[f] Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The UT has been able to provide RMNCHA+N[g] services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)[h], institutional deliveries, C sections, distribution of IFA[i] tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined[j] from 160 (2007-09) to 85 (2016-18). In Chandigarh, 105.6% of women received 4 ANC check-ups (Annexure 1.4). As reported in HMIS 2019-20, around 99.9% of the deliveries took place in institutions, out of which 100.0% took place in public health facilities. Total percentage of C-sections (33.8%) is higher than the WHO's standard (10-15%). Around 15.1% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 75.9% (NFHS-4) to 60.3% (NFHS-5). Anaemia in females of reproductive age group is seven times more than in men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the UT has shown a significant decline in IMR from 19 (2005) to 13 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Full vaccination[k] coverage for children between 12 – 23 months of age declined from 93.2% (NFHS 4) to 82.8% (NFHS 5). An increase in childhood anaemia from 73.1% to 54.6% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 3). The burden of under-5 years stunting declined from 28.7% (NFHS 4) to 25.3% (NFHS 5). For under-5 years wasting, the burden declined from 10.9% (NFHS 4) to 8.4% (NFHS 5).

2.3 Family Planning

As per NFHS 5 report, the total unmet need in the UT is 6.9% and unmet need for spacing is 2.5%. Approximately 55.6% of married women reported to avail any modern method of family planning in the UT; with sterilization acceptance among females being 19.0% and 0.3% for males (NFHS 5).

2.4 Communicable Diseases

The UT has 1 functional IDSP unit in place[l]. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 19.67%[m] of total disease burden (Annexure 1.4). For TB, the annualized total case notification rate is 511% and NSP[n] success rate is 84%, as opposed to the national averages of 163% and 79%, respectively. For NLEP[o], the reported prevalence rate of 1.03 per 10,000

[g] Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition
[h] Antenatal Check up
[i] Iron Folic Acid Tablets
[j] SRS MMR Bulletins; for ther smaller states & UTs, inclusive of Delhi
[k] NFHS 5 State/UT Factsheet, based on information from vaccination card only
[l] QPR NHM MIS Reports (status as on 01.03.2020)
[m] Includes all UTs except Delhi
[n] New Smear Positive
[o] National Leprosy Eradication Programme

population is more than the national average of 0.61. In FY 2019-20, no deaths due to Dengue, Malaria, and Kala Azar are reported in the UT.

2.5 Non-Communicable Diseases (NCDs) and Injuries

NCDs contribute to 67.90% of DALYs and injuries contribute to 12.42% of DALYs in the UT[12][p]. The UT is positioned 29th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 0.6% of women and 12.1% of men used any kind of tobacco, while 0.3% of women and 18.6% of men consumed alcohol.

2.6 Health Care Financing

The UT's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 37,571 crores. The UT is positioned 4th out of 32 states in terms of per capita[q] of ₹ 3,20,300.

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 4). Currently there are 48 UPHCs in place against the required 24. The UT has 2 DHs, 1 SDHs and 1 government medical college. Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 29 HWCs (2 PHCs and 27 UPHCs) are operationalized in Chandigarh as of 22nd December 2021[r].

The doctor to staff nurse ratio in place is 1:1, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1.5). Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 6051.95 availed (events) OPD services and 199.06 availed (events) IPD services.

[p] Includes all UTs except Delhi

[q] Directorate of Economics & Statistics

[r] AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile[s]

Indicator	Chandigarh 2011[1]	India
Total Population (In Crore)	0.1	121.08
Rural (%)	2.75	68.85
Urban (%)	97.25	31.14
Scheduled Caste population (SC) (in crore)	0.019 (18.86%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0	10.45 (8.63%)
Total Literacy Rate (%)	86	72.99
Male Literacy Rate (%)	90	80.89
Female Literacy Rate (%)	81.2	64.64
Number of Districts in the Chandigarh[2]	1	
Number of districts per lakh population in **Chandigarh** (Census 2011)	**Population[1]**	**Districts[1] (Numbers)**
	≥ 10 Lakhs - <15 Lakhs	1

1.2 Key Health Status & Impact Indicators

Indicators	Chandigarh	India
Infant Mortality Rate (IMR)[3]	13	30
Crude Death Rate (CDR)[3]	4	6
Crude Birth Rate (CBR)[3]	13	19.7
Maternal Mortality Ratio (MMR)[3]	N/A	113
Neo Natal Mortality Rate (NNMR)[4]	N/A	23
Under Five Mortality Rate (U5MR)[4]	N/A	36
Still Birth Rate[4]	N/A	4
Total Fertility Rate (TFR)[4]	N/A	2.2
Life expectancy at birth[5]	N/A	69.4
Sex Ratio at Birth[4]	N/A	899

[s] Sources are mentioned at the end of Annexure 1.

1.3 Key Health Infrastructure Indicators[t]

Indicators	Numbers (Total)
Number of District Hospitals[2]	2
Number of Sub District Hospital[2]	1
Number of Government (Central + State) Medical College[6]	1
Number of Private (Society + Trust) Medical Colleges[6]	0

Number of AB-HWCs functional as of 22nd December 2021[16]	Status (Total)	Target FY (2020-21)	Target FY (2021-22)	Target FY (2022-23)
SHC-HWC	N/A	6	12	15
PHC-HWC	2	0	0	0
UPHC-HWC	27	3	3	3
Total-HWC	**29**	**9**	**15**	**18**

Rural[2]	Required (R)	In place (P)	Shortfall (S) (%)
Number of Community Health Centres (CHC)	N/A	N/A	N/A
Number of Primary Health Centres (PHC)	N/A	N/A	N/A
Number of Sub Centres (SC)	N/A	N/A	N/A
Number of functional First Referral Units (FRUs)	**DH**	**SDH**	**CHC**
	2	1	2

Urban[2]	Required (R)	In place (P)	Shortfall (S) (%)
Number of PHC	24	48	-100.00

Tribal[2]	Required (R)	In place (P)	Shortfall (S)%
Number of CHC	N/A	N/A	N/A
Number of PHC	N/A	N/A	N/A
Number of SC	N/A	N/A	N/A

Patient Service[9]	Chandigarh	India
IPD per 1000 population	199.06	62.6
OPD per 1000 population	6051.95	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population	630.07	36.4

[t] Sources are mentioned at the end of Annexure 1

1.4 Major Health Indicator[u]

% Share of DALYs to Total Disease Burden (GBD 2019)[7]	Chandigarh[v]	India
% DALY[w] accountable for CMNNDs[x]	19.67	27.46
% DALY accountable for NCDs	67.90	61.43
% DALY accountable for Injuries	12.42	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator[8]	**Chandigarh**	**India**
Level of Birth Registration (%)	100	92.7
Level of Death Registration (%)	100	92
Percentage of medically certified deaths to total registered deaths (%)	74.4	20.7
RMNCHA+N		
Maternal Health[9]	**Chandigarh**	**India**
% 1st Trimester registration to Total ANC Registrations	73.2	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	105.6	79.4
Total Reported Deliveries	28143	21410780
% Institutional deliveries to Total Reported Deliveries	99.9	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	100	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	0	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	33.8	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	33.8	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	N/A	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	15.1	53.4
Neonatal[9]	**Chandigarh**	**India**
% live birth to Reported Birth	97.8	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	24	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	86.8	89.9

[u] Sources are mentioned at the end of Annexure 1
[v] For other UTs including Chandigarh except Delhi
[w] Disability Adjusted Life Years
[x] Communicable, Maternal, Neonatal, and Nutritional Diseases

New Born Care Units Established[11y]	Chandigarh	India
Sick New Born Care Unit (SNCU)	3	895
New Born Stabilization Unit (NBSU)	3	2418
New Born Care Corner (NBCC)	7	20337
Child Health & Nutrition[10]	**Chandigarh (NFHS 5)**	**India (NFHS 5)**
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	4.3	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	N/A	60.6
Children under 5 years who are underweight (weight-for-age) (%)	20.6	32.1
Child Immunization[10]	**Chandigarh (NFHS 5)**	**India (NFHS 5)**
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	82.8	83.8
Children age 12-23 months who have received BCG (%)	96.8	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	87.9	87.9
Family Planning[10]	**Chandigarh (NFHS 5)**	**India (NFHS 5)**
Unmet need for spacing (%)	2.5	4
Communicable Diseases		
Integrated Disease Surveillance Programme (IDSP)[11]	**Chandigarh**	**India**
Number of districts with functional IDSP unit	1	720
Revised National Tuberculosis Control Programme (RNTCP)[11]	**Chandigarh**	**India**
Annualized total case notification rate (%)	511	163
New Smear Positive (NSP) Success rate (in %)	84	79
National Leprosy Eradication Programme (NLEP)[11]	**Chandigarh**	**India**
Prevalence Rate/10,000 population	1.03	0.61
Number of new cases detected	134	1,14,359
Malaria, Kala Azar, Dengue[11]	**Chandigarh**	**India**
Deaths due to Malaria[11]	0	79
Deaths due to Kala azar reported[11]	0	0
Deaths due to Dengue reported[11]	0	168
Number of Kala Azar Cases reported[11]	0	3,706

HIV[10]	Chandigarh (NFHS 5)	India (NFHS 5)
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)[10]	20.3	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%)[10]	53.6	30.7
Non-Communicable Disease		
Diabeties and Hypertension[10]	**Chandigarh (NFHS 5)**	**India (NFHS 5)**
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.7	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	6	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	7.1	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above)[10]	**Chandigarh (NFHS 5)**	**India (NFHS 5)**
Women who use any kind of tobacco (%)	0.6	8.9
Men who use any kind of tobacco (%)	12.1	38
Women who consume alcohol (%)	0.3	1.3
Men who consume alcohol (%)	18.6	18.8
Injuries		
Road Traffic Accident[12]	**Chandigarh**	**India**
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	29	N/A
Total number of fatal Road Accidents	100	1,37,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	34.1	33.7
Number of persons killed in Road Accidents	104	115113

1.5 Access to Care

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU)[11]	**Chandigarh**	**India**
Number of Districts equipped with MMU under NRHM	0	506
Number of Districts equipped with MMU/Health Units under NUHM	1	31

Number of ERS vehicles operational in the States/UTs Under NHM	Chandigarh	India
102 Type	0	9955
104 Type	0	605
108 Type	6	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	0	11070
Key Domain Indicators[aa]		
ASHA[13]	**Chandigarh**	**India**
Total number of ASHA targeted under NRHM	N/A	946563
Total number of ASHA in position under NRHM	N/A	904211
% of ASHA in position under NRHM	N/A	96
Total number of ASHA targeted under NUHM	N/A	75597
Total number of ASHA in position under NUHM	N/A	64272
% of ASHA in position under NUHM	N/A	85
Community Process[11]	**Chandigarh**	**India**
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	0	554847
Number of Mahila Arogya Samitis (MAS) formed	0	81134
Number of Rogi Kalyan Samitis (RKS) registered (Total)[11]	**Chandigarh**	**India**
DH	1	796
CHC	0	6036
PHC	0	20273
UCHC	2	126
UPHC	0	3229
Human Resource for Health[14]		
HRH Governance	**Chandigarh**	
Specialist Cadre Available in the state (Y/N)	Yes	
HR Policy available (Y/N)	No	
Implementation of HRIS (Y/N)	No	
HR Integration initiated (Y/N)	No	
Public Health Cadre available (Y/N)	No	

Overall Vacancies (Regular + contractual)	Specialists + MO MBBS (%)	8
	Dentists (%)	28
	Nurse (%)	14
	LT (%)	3
	ANM (%)	10

HRH Distribution	Sanctioned	In Place
Doctors (MO & specialists) to staff nurse[14]	1:1	1:1
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system[14]	4 per 10,000	4 per 10,000
Regular to contractual service delivery staff ratio[14]	1:1	1:1

Ranking: Human Resource Index of Chandigarh[15]

Category	Total (Regular + NHM)					
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	Ranking: HR Gap Index
MPW[y]	46	208	192	16	0	92.7
Staff Nurse	553	239	335	-96	218	
Lab Technician	108	70	98	-28	10	
Pharmacists	66	92	111	-19	0	
MO MBBS[z]	103	230	167	63	0	
Specialist[aa]	104	119	111	8	0	

1.6 Healthcare Financing[bb]

National Health Accounts (NHA) (2017-18)	Chandigarh	India
Per Capita Government Health Expenditure (in ₹)	N/A	1753
Government Health expenditure as % of Gross Domestic Product (GSDP)	N/A	1.35
Government Health Expenditure as % of General Government Expenditure (GGE)	N/A	5.12
OOPE as a Share of Total Health Expenditure (THE) %	N/A	48.8

[y] MPW – Multi Purpose Health Worker (Female + Male)
[z] MO MBBS (Full Time)
[aa] Specialist (All Specialist)
[bb] Sources are mentioned at the end of Annexure 1

National Sample Survey Office (NSSO) (2017-2018)	Chandigarh		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	N/A		33	26
IPD - % of hospitalized cases using public facility	N/A		46	35
Out of Pocket Expenditure (OOPE) (NSSO)*	**Rural**	**Urban**	**Rural**	**Urban**
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public	N/A		472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	N/A		845	915
IPD - Per hospitalized case (in INR) - Public	N/A		5,729	5,939
IPD - Per hospitalized case (in INR) - Private	N/A		28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	N/A		18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	N/A		53	43
Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO)	N/A		2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	N/A		20,692	26,701
State Health Expenditure	**Chandigarh**		**All India Average**	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	N/A		5[cc]	

Sources used for Annexure 1

1 Census 2011
2 Rural Health Statistic (RHS) 2019-20
3 Sample Registration Survey (SRS) Bulletin 2018 & 2019
4 Registrar General of India (RGI) Statistical Report (SRS) 2018
5 SRS Based Abridged Life Tables 2014-18
6 National Health Profile 2020
7 Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
8 Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
9 HMIS (2019-20)
10 NFHS 4 & 5
11 QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
12 Ministry of Road Transport & Highways (MoRTH) - Road Accidents in India 2019
13 Update on ASHA Programme July 2019 (NHSRC Publication)
14 Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
15 HRH Division NHSRC
16 As per HWC Portal

[cc] Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)
* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement
** RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

Figure 1: IMR Trend

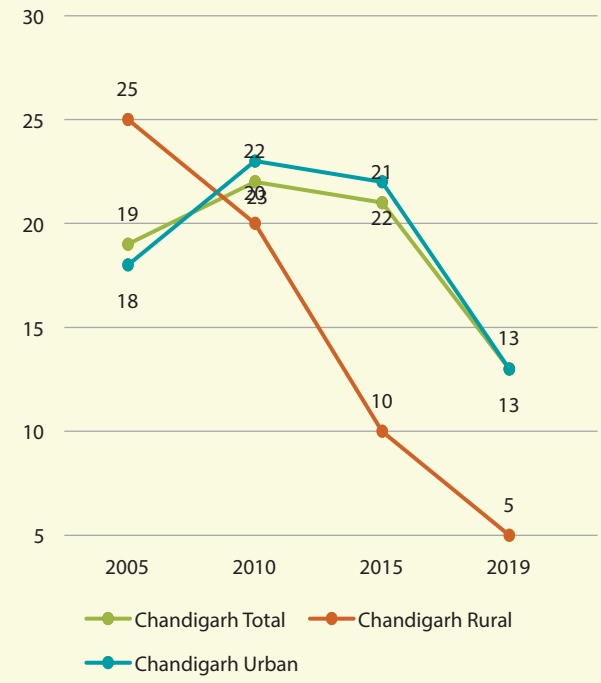


Figure 2: CBR & CDR Trend

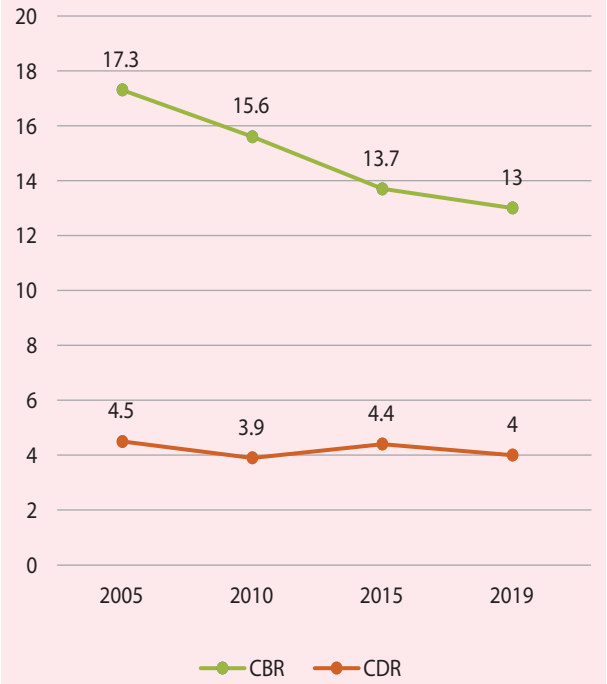


Figure 3: Comparison of Key NFHS 5 & 4 Indicators

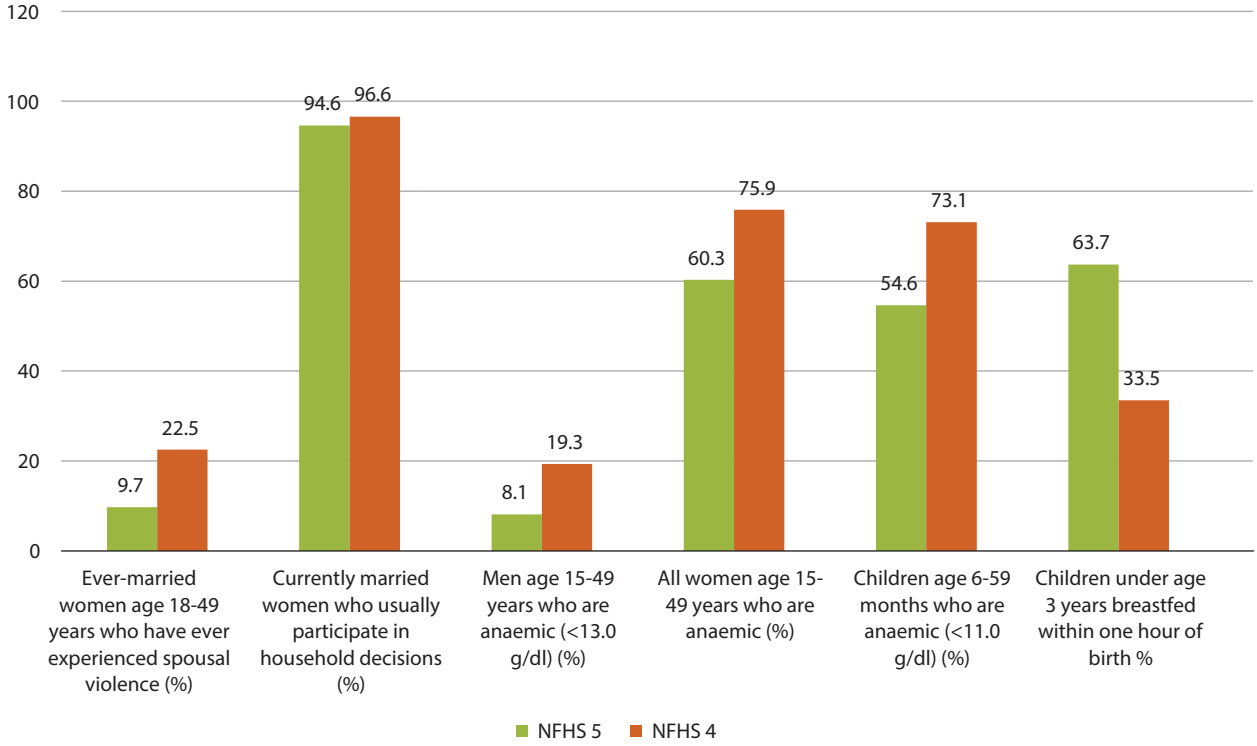


Figure 4: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

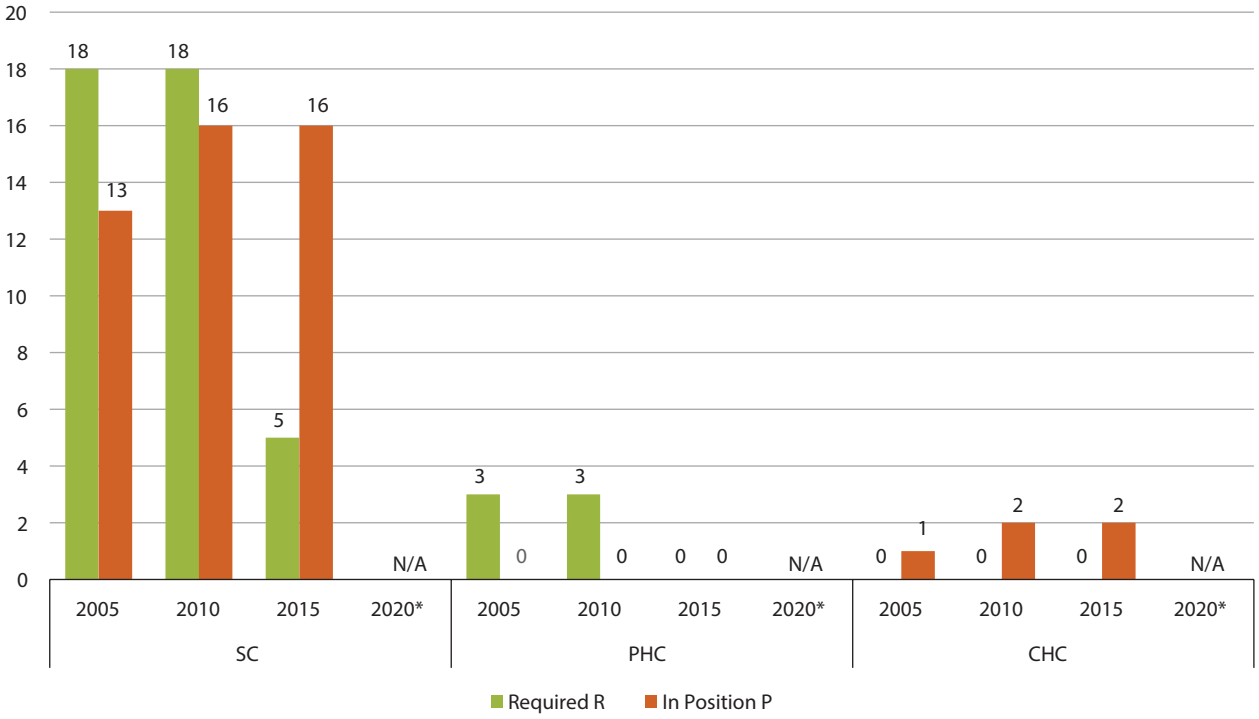
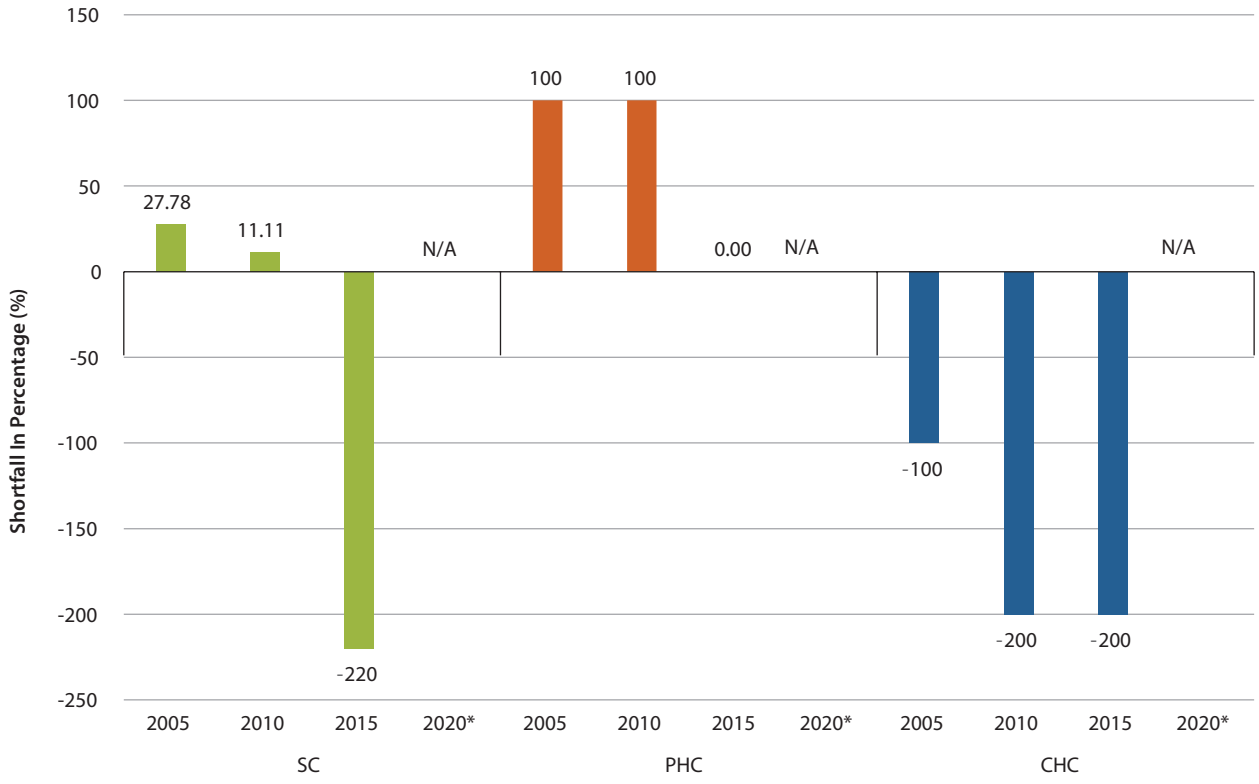
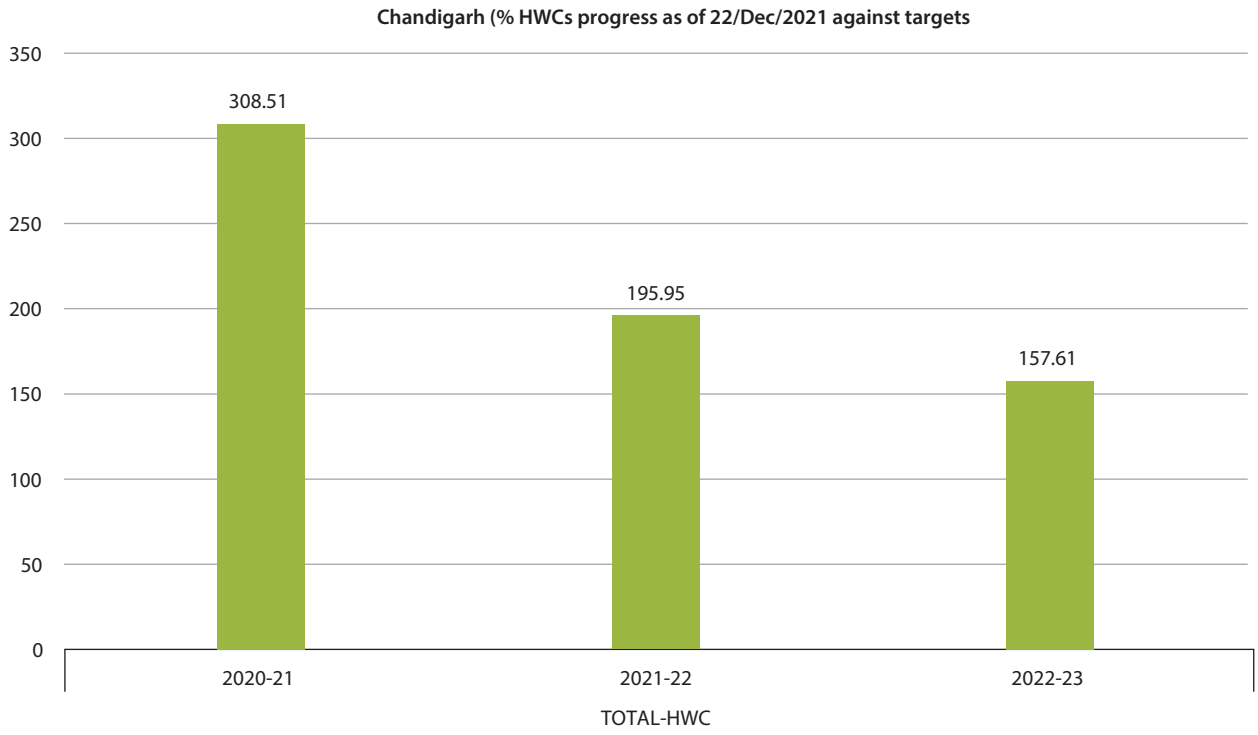


Figure 5: Year Wise Health Infrastructure Shortfall (%)



* Not Applicable as per RHS (Rural) 2020

Figure 6: Percentage HWCs progress against target - FY wise (%)



ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

(Green – Good Performance, Red – Poor Performance)
(District Wise Rural Urban Stats Not Available)

S. No.	States/Districts	Data Source	Sex Ratio At Birth (Females/1000 Males)	Households with any usual member covered under a health insurance/ financing scheme (%)	Women Literate 15-49 Age (%)	Women Age 20-24 Years Married Before 18 (%)	Any Method Used For Family Planning By Currently Married Women Age 15-49 years (%)	IUD/PPIUD (%)	Condom Use (%)	Total Unmet Need (%)	Mother Who Had At Least 4 Antenatal Care Visits (%)	Institutional Births (%)	Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%)	Total Children Age 6-23 Months Receiving Adequate Diet**, # (%)	Children Under 5 Years - Stunted^ (Height For Age) (%)	Children Under 5 Years - Wasted^ (Weight For Height) (%)
1	Chandigarh	NFHS 4 Total	981	21.3	NA	12.7	74	5.4	27.3	6.3	64.5	91.6	93.2	0	28.7	10.9
2	Chandigarh	NFHS 5 Total	838	32.2	78.7	9.7	77.4	4.2	31.1	6.9	78.7	96.9	82.8	19	25.3	8.4
3	Chandigarh	NFHS 5 Rural	NA	NA	57.7	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	Chandigarh	NFHS 5 Urban	820	32.3	78.9	9.8	77.5	4.3	31.2	7	79.1	97	83.6	19.1	25.2	8.3

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated', Out of two Indicators with 'either vaccination card or mother's recall' & 'vaccination card only' 'vaccination card only' indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

B. ** Based on the youngest child living with the mother

C. # Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

D. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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