

## District Nutrition Profile 2.0

# Design process & Style guide

Date: 21 March, 2022

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Designation: Independent researcher

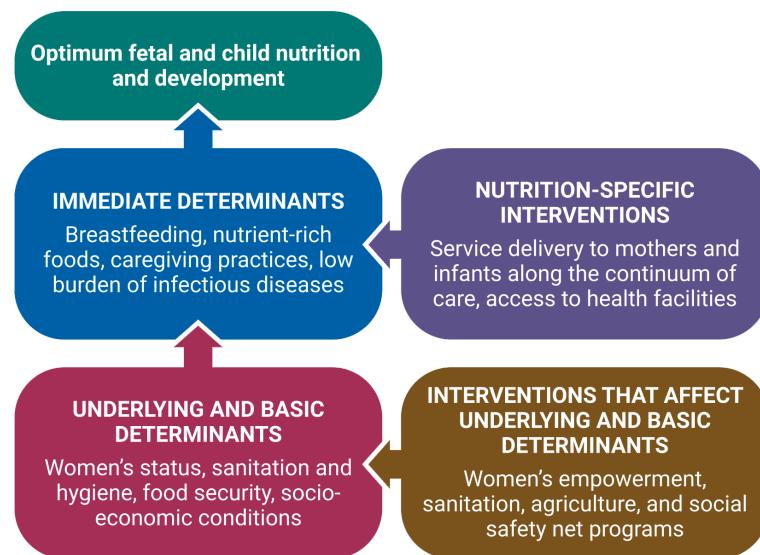
Email: amitjenaiitbm@gmail.com

<b>Introduction</b>	<b>3</b>
<b>Visualisation</b>	<b>3</b>
<b>Text used</b>	<b>3</b>
<b>Data Preparation</b>	<b>4</b>
<b>Points for discussion</b>	<b>5</b>
<b>List of indicators</b>	<b>6</b>
<b>Appendix</b>	
Style guide	
Previous design iterations	<b>9</b>

# Introduction

DNP 2.0 are created for 707 districts in India. Out of which, 575 are comparable and 132 are non-comparable districts. For comparable districts, we have NFHS data for the years 2016 and 2020 and for non-comparable districts we have NFHS data only for 2020. In addition to this, HMIS data is also used. The DNPs are generated in both English and Hindi.

The following framework is included in the DNP 2.0 (Source: Adapted from Black et al. (2008)).



The designs were created using Figma and developed using Python 3 and PyFPDF2. The program to generate the DNPs is available at [https://github.com/namastevis/dnp\\_2022](https://github.com/namastevis/dnp_2022).

## Visualisation



- Lollipop plots are used to visualise the district data.
- The grey vertical bars show the state average.
- The top green chart is for 2016 and the bottom orange chart is for 2020.
- The numbers on the right show the percentage value for the respective district. The values are rounded.

## Text used

The following descriptive texts are used in the DNPs.

1. About District Nutrition Profiles:

District Nutrition Profiles (DNPs) are available for 707 districts in India. They present trends for key nutrition and health outcomes and their cross-sectoral determinants in a district. The DNPs are based on data from the National Family Health Survey (NFHS)-4 (2015-2016) and NFHS-5 (2019-2020). They are aimed primarily at district administrators, state functionaries, local leaders, and development actors working at the district level.

2. What factors lead to child undernutrition?

Given the focus of India's national nutrition mission on child undernutrition, the DNPs focus on the determinants of child undernutrition (Figure on the left). Multiple determinants of suboptimal child nutrition and development contribute to the outcomes seen at the district level. Different types of interventions can influence these determinants. Immediate determinants include inadequacies in food, health, and care for infants and young children, especially in the first two years of life. Nutrition-specific interventions such as health service delivery at the right time during pregnancy and early childhood can affect immediate determinants. Underlying and basic determinants include women's status, household food security, hygiene, and socio-economic conditions. Nutrition-sensitive interventions such as social safety nets, sanitation programs, women's empowerment, and agriculture programs can affect underlying and basic determinants.

3. Source:

- a. IFPRI estimates - The headcount was calculated as the product of the undernutrition prevalence and the total eligible projected population for each district in 2019. Projected population for 2019 was estimated using Census 2011.
  - b. NFHS-4 (2015-16) & NFHS-5 district & state factsheets (2019-20).
  - c.
4. Citation: Singh. N., P.H. Nguyen, M. Jangid, S.K. Singh, R. Sarwal, N. Bhatia, R. Johnston, W. Joe, and P. Menon. 2022. District Nutrition Profile: [District Name], [State Name]. New Delhi, India: International Food Policy Research Institute.
5. Acknowledgement: Financial support was provided by the Bill & Melinda Gates Foundation through POSHAN, led by the International Food Policy Research Institute. We thank Amit Jena (Independent Researcher) for design and programming support.
6. Source: Adapted from Black et al. (2008)
7. Note: NA refers to data are unavailable for a given round of NFHS data.

## Data Preparation

1. Maps

- o Comparable maps are with .jpg extension.
- o Non-comparable maps are with .jpeg extension.
- o Maps are named as per district code.

- There are a total of 707 maps (575 comparable and 132 non-comparable districts).
2. CSV for district and state data
- All the 2016 and 2019 data are merged to create one CSV file each for
    - Comparable district
    - Comparable state
    - Non-comparable district
    - Non-comparable state
  - If an indicator has no data for all the districts then it is not included in the CSV file.
  - For missing values, the cell has an empty string in the CSV file.
  - HMIS data are missing for the following
    - Comparable districts
      - Mumbai (519)
      - Mumbai Suburban (518)
    - Non-comparable districts
      - Biswanath (665)
      - Charaideo (666)
      - Hojai (667)
      - Majuli (668)
      - South Samara Mancachar (669)
      - West Karbi Anglong (670)

## Points for discussion

- The state of nutrition outcomes among children (<5 years)
  - a. What are the trends in undernutrition among children under five years of age (stunting, wasting, underweight, and anemia)?
  - b. What are the trends in overweight/obesity among children under five years of age in the district?
- The state of nutrition outcomes among women (15-49 years)
  - a. What are the trends in underweight and anemia among women (15-49 yrs) in the district?
  - b. What are the trends in overweight/obesity and other nutrition-related non-communicable diseases in the district?
- Immediate determinants
  - a. What are the trends in infant and young child feeding (timely initiation of breastfeeding, exclusive breastfeeding, timely initiation of complementary feeding, and adequate diet)? What can be done to improve infant and young child feeding?
  - b. What are the trends in IFA consumption among pregnant women in the district? How can the consumption be improved?
  - c. What additional data are needed to understand diets and/or other determinants?

- Underlying determinants
  - a. How can the district increase women's literacy, and reduce early marriage, if needed?
  - b. How does the district perform on providing drinking water and sanitation to its residents? Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation be improved?
  - c. How can programs that address underlying and basic determinants (education, poverty, gender) be strengthened?
  - d. What additional data are needed on food systems, poverty or other underlying determinants?
- Trends in coverage of interventions across the first 1,000 days
  - a. How does the district perform on health and nutrition interventions along the continuum of care? Does it adequately provide both prenatal and postnatal services to women of reproductive age, pregnant women, new mothers and newborns?
  - b. How has access to health and ICDS services changed over time (food supplementation, health and nutrition education and health checkups)?

## List of indicators

S no	Indicator	label	Domain
1	Sex ratio of the total population (females per 1,000 males)- 2019	Sex ratio (females per 1,000 males) of the total population	Demographic
2	Number of women in reproductive age - 2019	Number of women in reproductive age (15-49 ys)	Demographic
3	Number of pregnant women (2019)	Number of pregnant women	Demographic
4	Number of births (2019)	Number of live births	Demographic
5	Number of children under 5 yrs	Total number of children under 5 yrs	Demographic
6	Children under age 5 years whose birth was registered with the civil authority	Children under age 5 years whose birth was registered	Demographic
7	Children < 5 years with low-birth weight (<2500g)	Low-birth weight	Nutrition Status
8	Children (<5 years) who are stunted	Stunted	Nutrition Status
9	Children (<5 years) who are wasted	Wasted	Nutrition Status
10	Children (<5 years) who are severely wasted	Severely wasted	Nutrition Status
11	Children (<5 years) who are underweight	Underweight	Nutrition Status
12	Children (<5 years) who are overweight	Overweight/obesity	Nutrition Status
13	Anemia among children < 5 years	Anemia	Nutrition Status
14	Women who are underweight i.e. (BMI) <18.5 kg/m <sup>2</sup>	Underweight (BMI<18.5 kg/m <sup>2</sup> )	Nutrition Status
15	Women who are overweight or obese	Overweight/obesity	Nutrition Status
16	94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	Hypertension	Nutrition Status

17	88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level	Diabetes	Nutrition Status
18	Anemia among non-pregnant women	Anemia (non-pregnant)	Nutrition Status
19	Anemia among pregnant women	Anemia (pregnant)	Nutrition Status
20	Women consumed IFA for 100+ days during last pregnancy	Consumed IFA 100+ days (pregnant women)	Immediate determinants
21	Women consumed IFA for 180+ days during last pregnancy	Consumed IFA 180+ days (pregnant women)	Immediate determinants
22	Early initiation of breastfeeding i.e. children under 2 yr/ 3yr who were breastfed within one hour of birth	Early initiation of breastfeeding	Immediate determinants
23	Exclusive breastfeeding of youngest child < 6 months	Exclusive breastfeeding	Immediate determinants
24	Continued breastfeeding of youngest child until 2 years	Continued breastfeeding at 2 years	Immediate determinants
25	Timely introduction of complementary feeding	Timely introduction of complementary foods	Immediate determinants
26	Minimum acceptable diet/ minimum adequate diet	Adequate diet (children)	Immediate determinants
27	Minimum dietary diversity - children under age 2 yrs	Dietary diversity (children)	Immediate determinants
28	Minimum meal frequency - children under age 2 yrs	Minimum meal frequency (children)	Immediate determinants
29	Children who were given eggs/fleshy food	Eggs and/or flesh foods consumption 6-23 m	Immediate determinants
30	Children sweet beverage consumption	Sweet beverage consumption, 6-23 m	Immediate determinants
31	Children who were bottle fed	Bottle feeding of infants, 6-23 m	Immediate determinants
32	Women with at least 10 years of education	Women with ≥10 years of education	Underlying determinants
33	Women age 20-24 years married before age 18 years	Women 20-24 years married before the age of 18	Underlying determinants
34	Women age 15-19 years with child or pregnant	Women 15-19 years with child or pregnant	Underlying determinants
35	HHs using of improved toilet facility	HHs using improved sanitation facility	Underlying determinants
36	Has access to improved source of drinking water	HHs with improved drinking water source	Underlying determinants
37	Practices safe disposal of feces	Safe disposal of feces	Underlying determinants
38	HHs with BPL cards (proxy of poverty)	HHs with BPL Card	Underlying determinants
39	HHs with health insurance	HHs with health insurance	
40	Demand for family planning satisfied by modern methods	Demand for FP satisfied	Intervention coverage
41	HHs that use iodized salt / Food fortification	Iodized salt	Intervention coverage
42	Pregnancy registered	Pregnancy registered	

43	Antenatal care (ANC) visit -first trimester	ANC first trimester	Intervention coverage
44	Received >- 4 ANC visits	> 4ANC	Intervention coverage
45	Weighed during pregnancy	Weighing	Intervention coverage
46	Received counselling on birth preparedness from any FLW	Birth preparedness counselling	Intervention coverage
47	Received counselling on breastfeeding from any FLW (during pregnancy)	Breast feeding counselling	Intervention coverage
48	Pregnancy protected against Tetanus / Neonatal tetanus protection	Tetanus injection	Intervention coverage
49	Received Iron Folic Acid (IFA) Supplementation during pregnancy	Received IFA tab /syrup	Intervention coverage
50	Deworming / Received deworming medicine during pregnancy	Deworming	Intervention coverage
51	Received food Supplementation during pregnancy - from ICDS	Food supplementation	Intervention coverage
52	Institutional delivery	Institutional birth	Intervention coverage
53	Received financial assistance under JSY (Janani) for delivering at institutional facility	Financial assistance (JSY)	Intervention coverage
54	Delivery attended by a skilled birth attendant	Skilled birth attendant	Intervention coverage
55	Postnatal care for women at home/facility	Postnatal care for mothers	Intervention coverage
56	Postnatal care for babies	Postnatal care for babies	Intervention coverage
57	Received food supplementation while breastfeeding	Food supplementation	Intervention coverage
58	Received health & nutrition education while breastfeeding	Health and nutrition education	Intervention coverage
59	Health checkup (ICDS) while breastfeeding	Health checkup (ICDS)	Intervention coverage
60	Full immunization of children age 12-23 months	Full immunization	Intervention coverage
61	Children age 9-35 months received Vitamin A supplementation in last 6 months / Vit A supplementation	Vitamin A	Intervention coverage
62	Children age 6-59 months received IFA supplementation in last 7 days / Pediatric IFA	Pediatric IFA	Intervention coverage
63	Children age 6-59 months received deworming medication in last 6 months	Deworming	Intervention coverage
64	Children under age 6 years received food supplementation (from ICDS for NFHS)	Food supplementation (6-35 months)	Intervention coverage
65	Growth of children monitored / Weighed ICDS	Weighing	Intervention coverage
66	Mother received counselling on nutritional status after child was weighed (ICDS)	Counselling on child growth	Intervention coverage
67	Children under age 5 years received ORS treatment for Diarrhea	ORS during diarrhea	Intervention coverage

68	Children under age 5 years received zinc treatment for Diarrhea (6-59 months)	Zinc during diarrhoea	Intervention coverage
69	Children under age 5 with fever/ARI symptoms who received treatment	Careseeking for ARI	Intervention coverage
70	Preschool at AWC	Preschool at AWC	Intervention coverage
71	Health checkup from AWC	Health checkup from AWC	Intervention coverage

## Appendix

- Style guide
- Previous design iterations - 8 versions



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[DISTRICT NAME] | [STATE NAME]

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District Map

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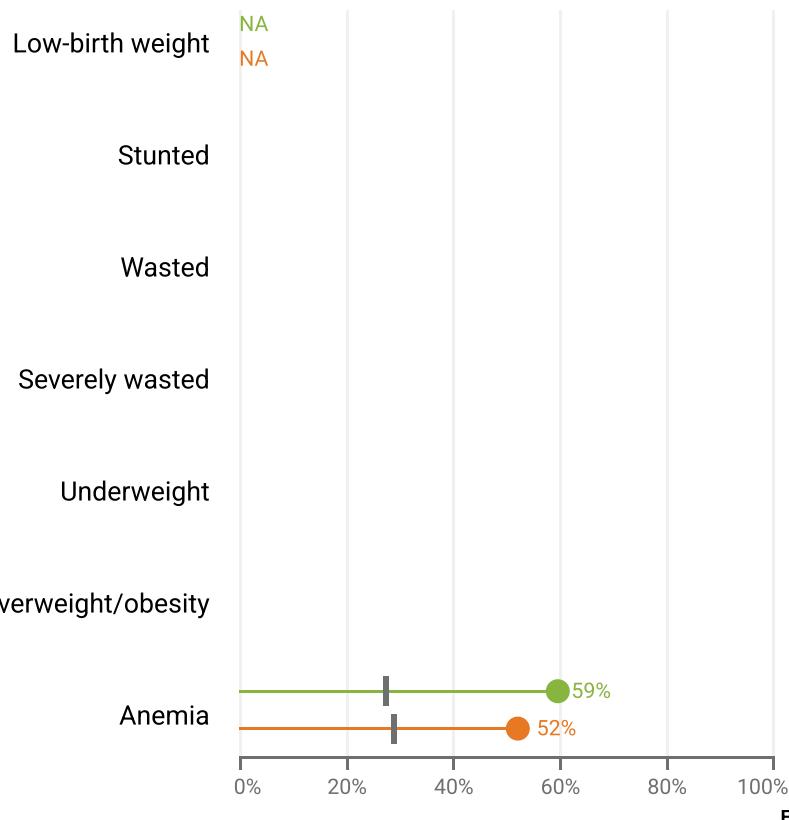
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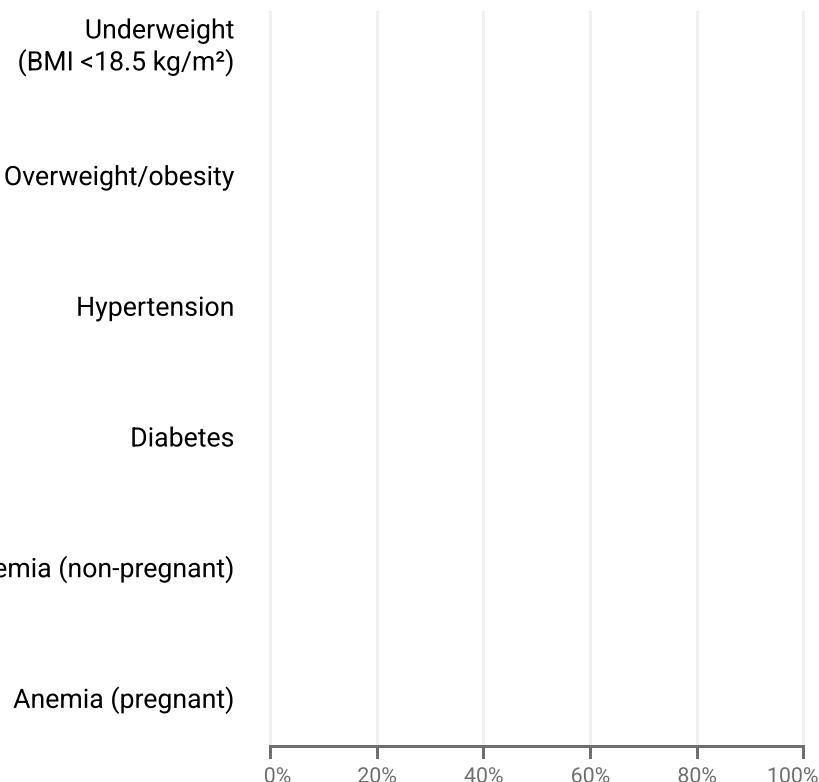
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Consumed IFA 100+ days (pregnant women)

Consumed IFA 180+ days (pregnant women)

Early initiation of breastfeeding (children < 3 yr)

Exclusive breastfeeding

Continued breastfeeding at 2 years

Timely introduction of complementary foods

Adequate diet (children)

Dietary diversity (children)

Minimum meal frequency (children)

Eggs and/or flesh foods consumption, 6-23 m

Sweet beverage consumption, 6-23 m

Bottle feeding of infants, 6-23 m

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Women with ≥10 years of education

Women 20-24 years married before the age of 18

Women 15-19 years with child or pregnant

HHs with improved sanitation facility

HHs with improved drinking water source

Safe disposal of feces

HHs with below poverty line (BPL) card

HHs with health insurance

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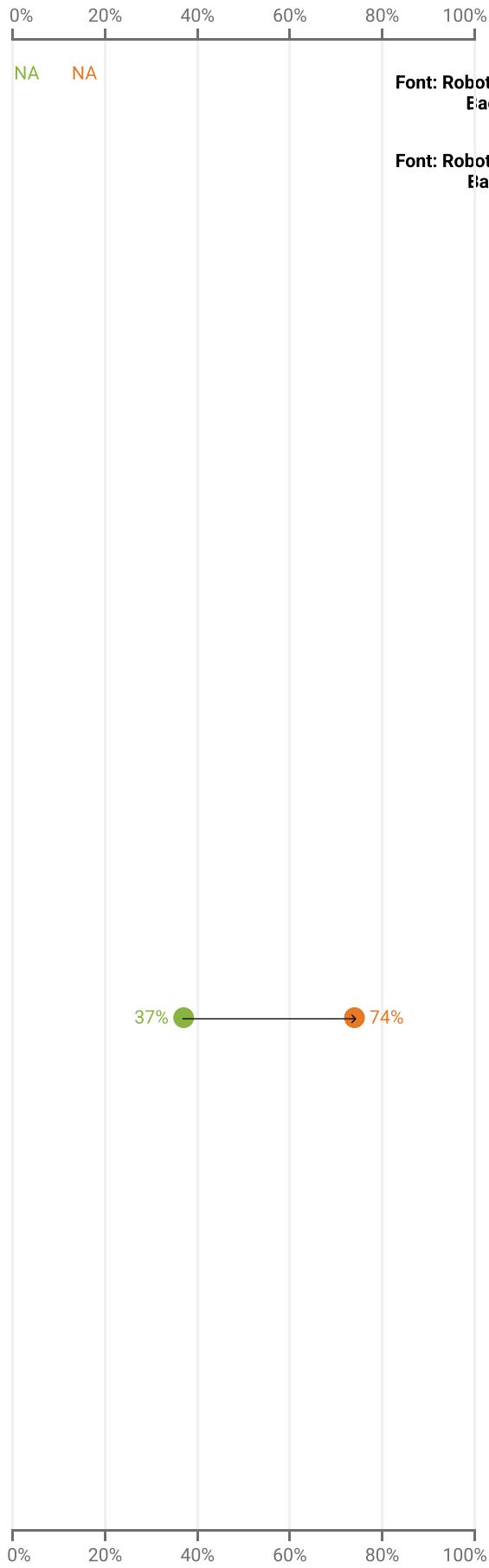
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## Comparable Districts

Demand for FP satisfied  
Iodized salt  
Pregnancy registered (MPC card)  
ANC first trimester  
> 4 ANC visits  
Weighing  
Birth preparedness counselling  
Breastfeeding counselling  
Tetanus injection  
Received IFA tab/syrup  
Deworming  
Food supplementation  
Institutional birth  
Financial assistance (JSY)  
Skilled birth attendant  
Postnatal care for mothers  
Postnatal care for babies  
Food supplementation  
Health & nutrition education  
Health checkup (ICDS)  
Full immunization  
Vitamin A  
Pediatric IFA  
Deworming  
Food supplementation (6-35 months)  
Weighing  
Counselling on child growth  
ORS during diarrhea  
Zinc during diarrhea  
Careseeking for ARI  
Preschool at AWC  
Health checkup from AWC



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# Version - 01

## Data Note

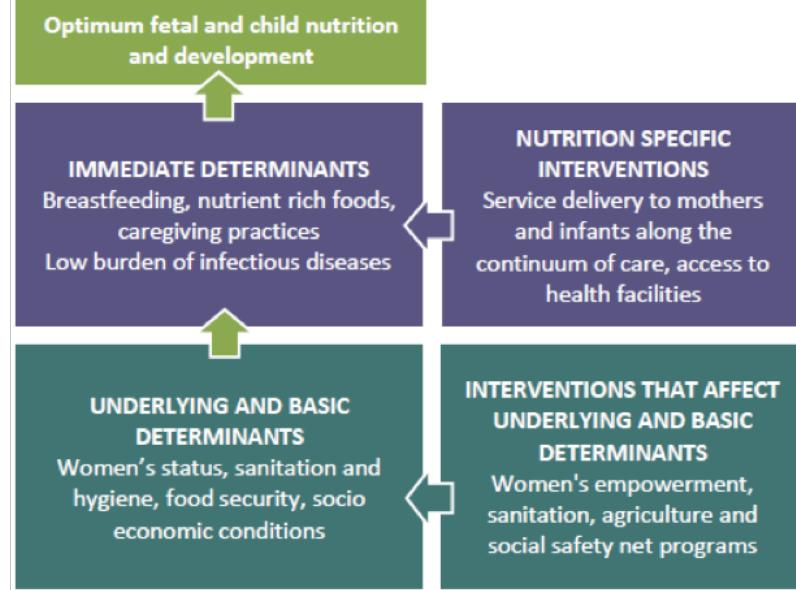
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BIHAR

### District Nutrition Profile Araria

#### 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 using data from NFHS- 5 to provide evidence that helps identify priority districts.



## DISTRICT DEMOGRAPHIC PROFILE

### Demographic information of Araria in

2016 and 2019

Sex ratio of the total population (females per 1,000 males) -Rural and Urban



Number of women in reproductive age



Number of pregnant women (2019)

Data not available

Children under age 5 years whose birth was registered with the civil authority - Rural and Urban (%)

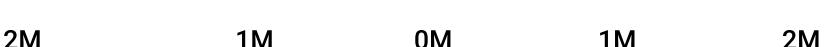


Number of children under 5 yrs



Number of births (2019)

Data not available



### For Bihar in

2016 and 2019

Neonatal mortality rate

36.71%      34.5%

Under-five child mortality

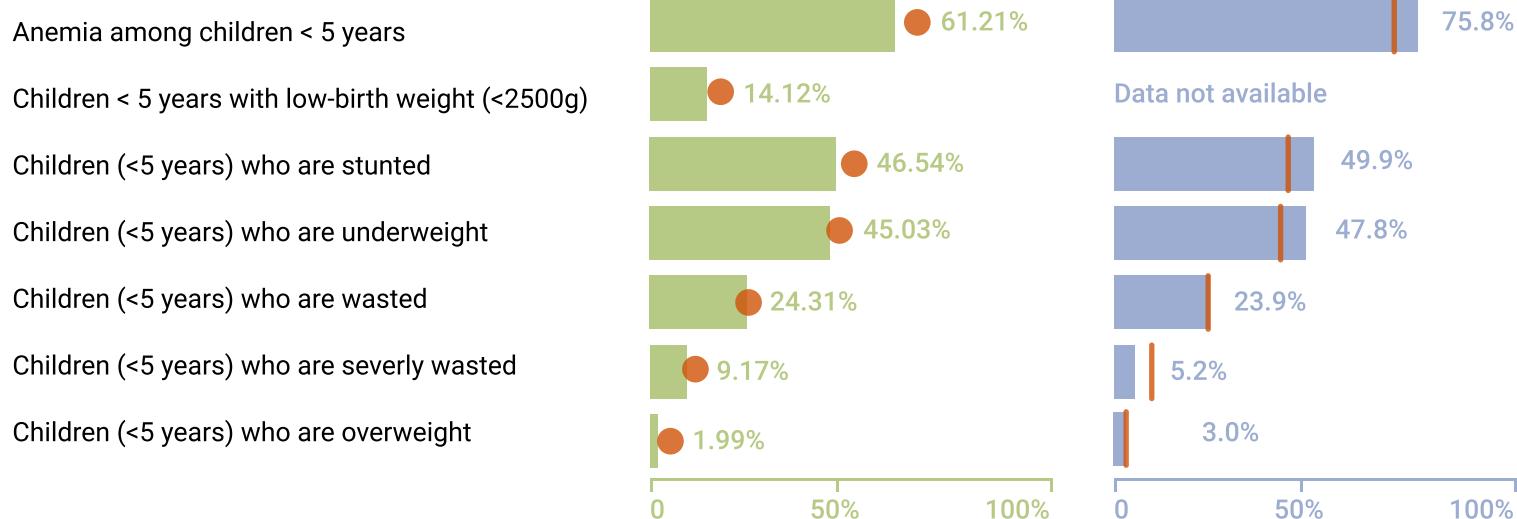
58.09%      56.4%



# DISTRICT NUTRITION STATUS

Nutrition status among Children (<5 years) of Araria in 2016 and 2019

 Bihar

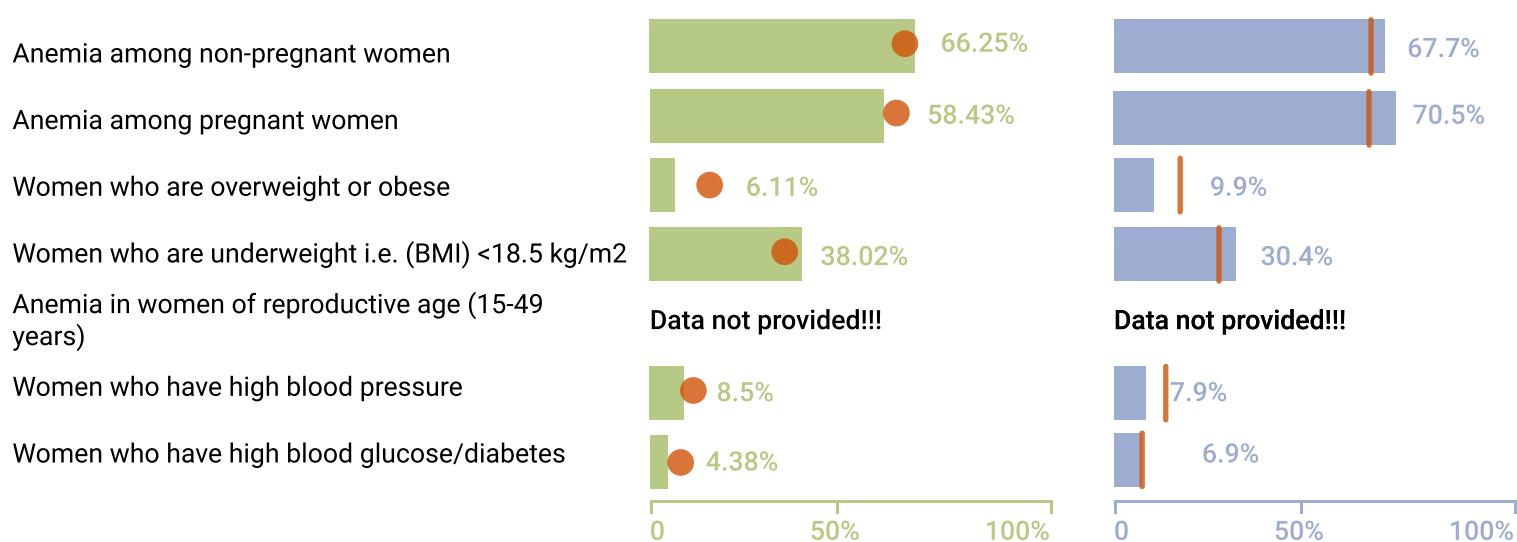


## POSSIBLE POINTS OF DISCUSSION (Copied from existing DNP)

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?
- How does the prevalence of diarrhea and ARI in the district compare to the state average? How can ORS use be improved?

Nutrition status among Women of Araria in 2016 and 2019

 Bihar



## POSSIBLE POINTS OF DISCUSSION (Copied from existing DNP)

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?
- How does the prevalence of diarrhea and ARI in the district compare to the state average? How can ORS use be improved?

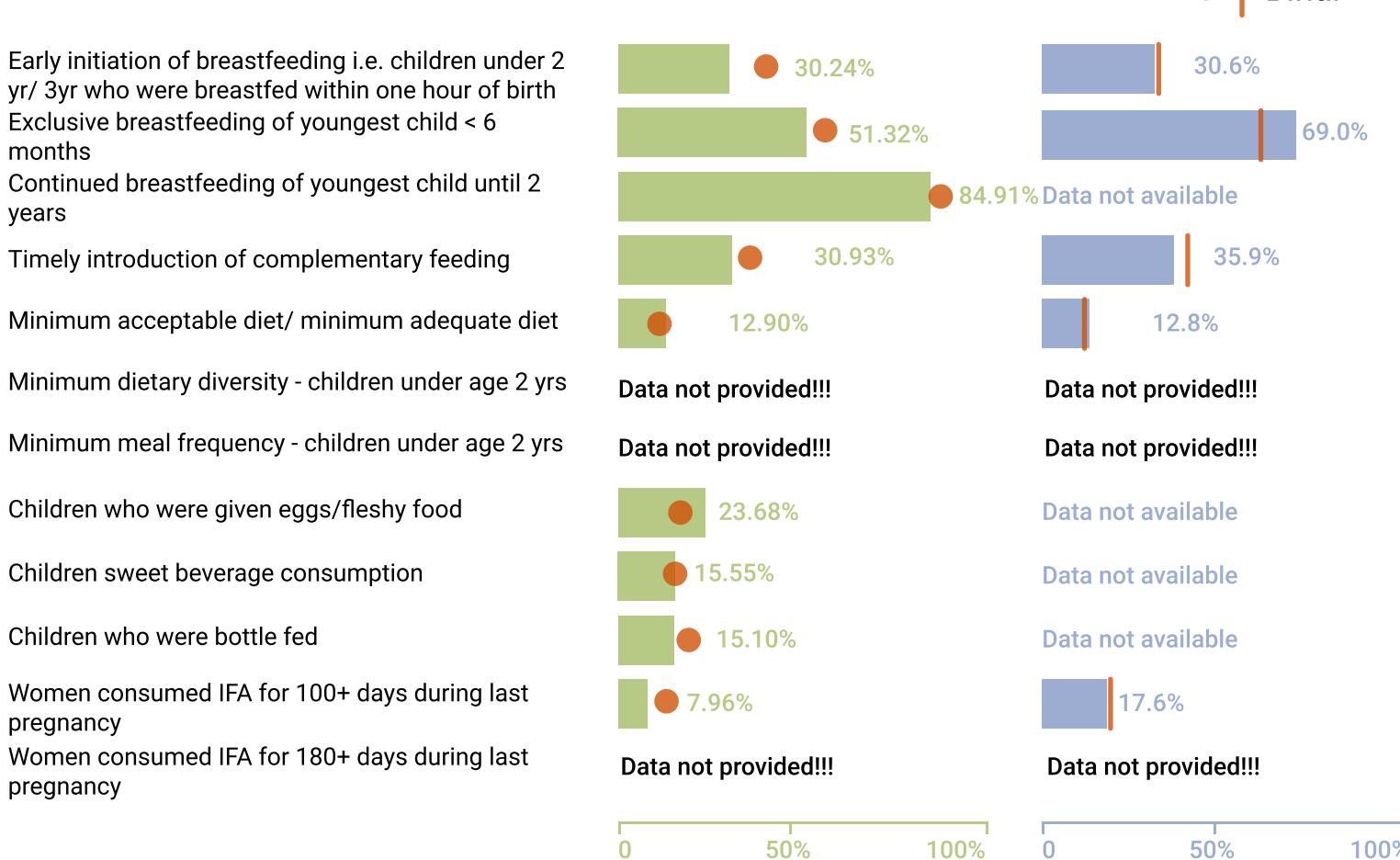
Source: NFHS-3 (2005-2006), NFHS-4 (2015-2016), & NFHS-5 state factsheets (2019-2020).

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

1NA refers to the unavailability of data for a particular indicator in the specified NFHS round.

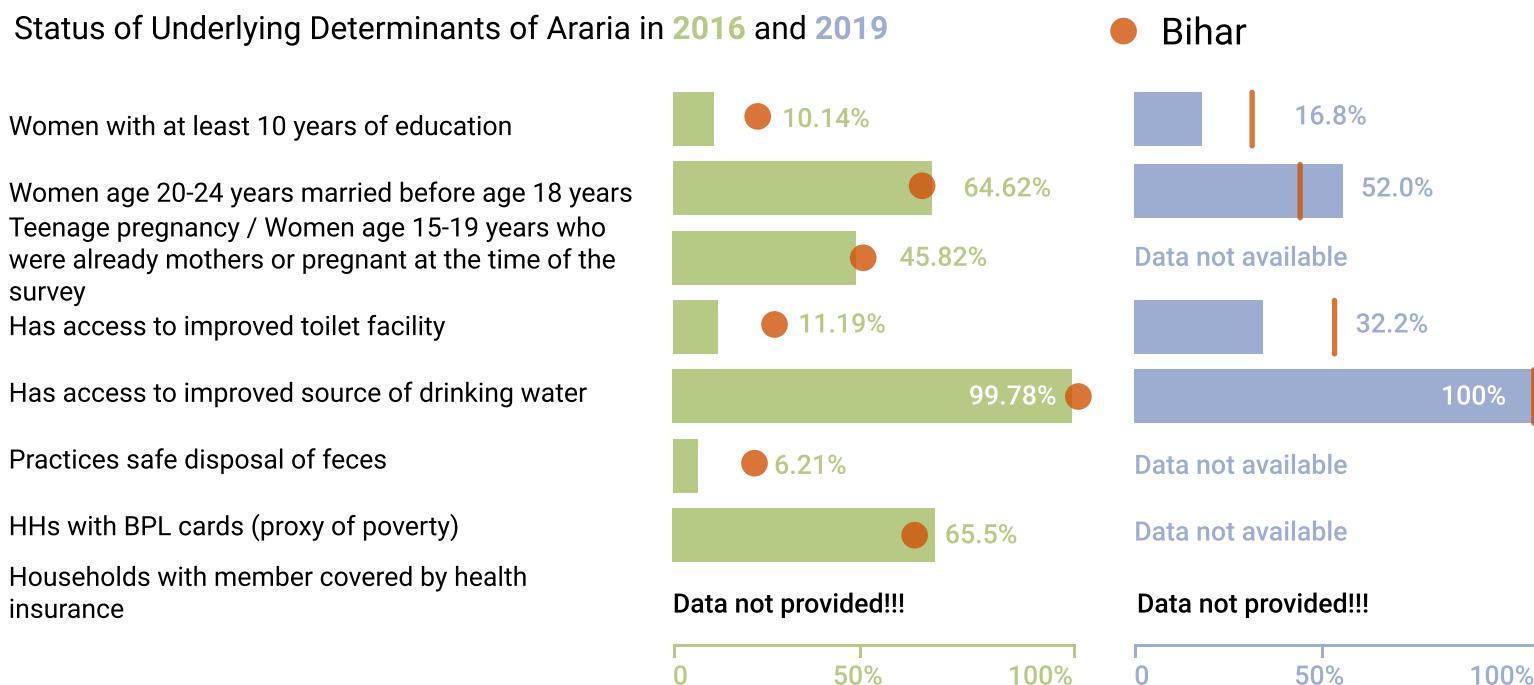
# IMMEDIATE DETERMINANTS

Status of Immediate Determinants of Araria in 2016 and 2019



# UNDERLYING DETERMINANTS

Status of Underlying Determinants of Araria in 2016 and 2019



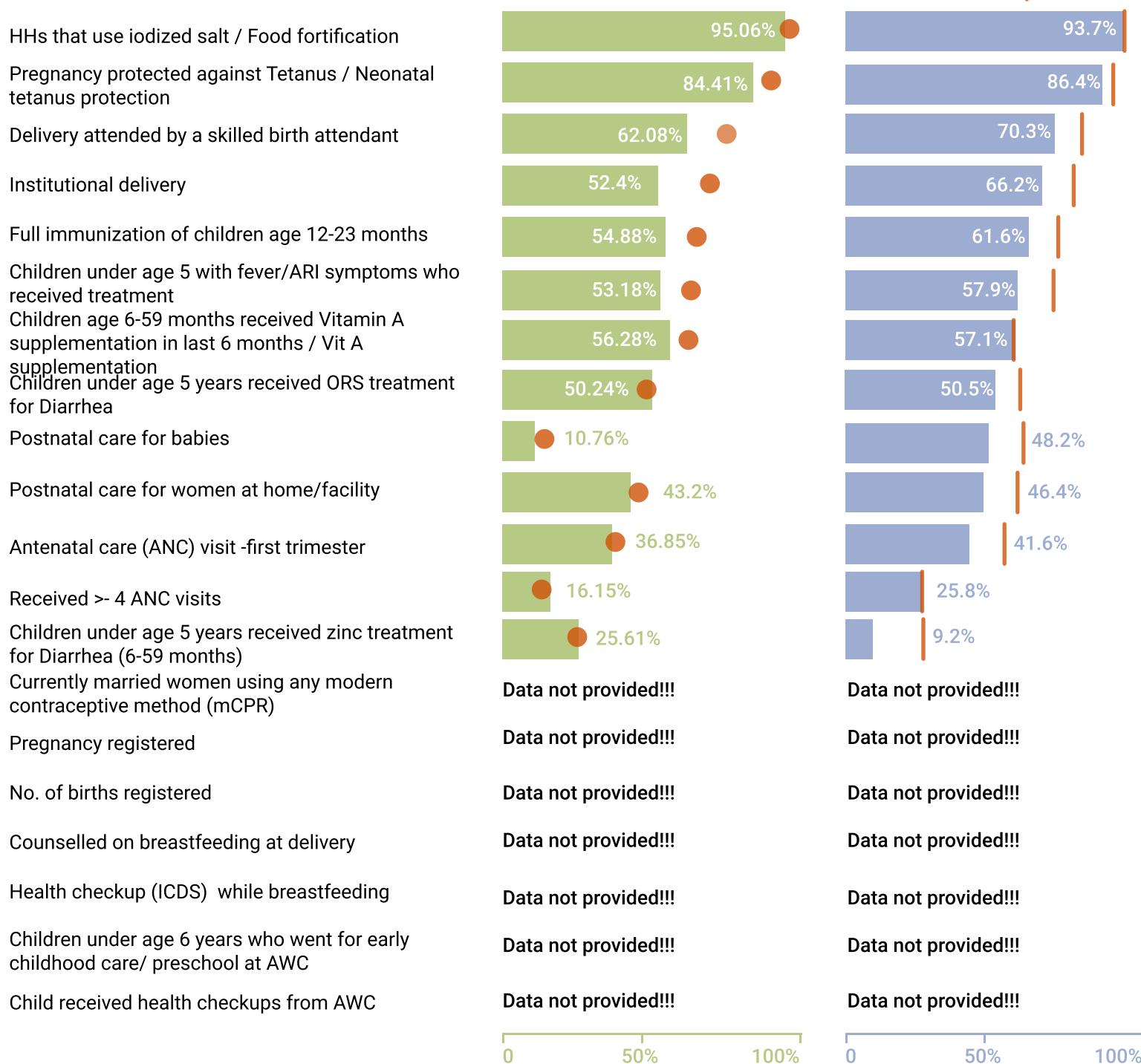
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Note: Adult nutrition outcomes are based on the woman dataset, while child nutrition outcomes are based on all child data.

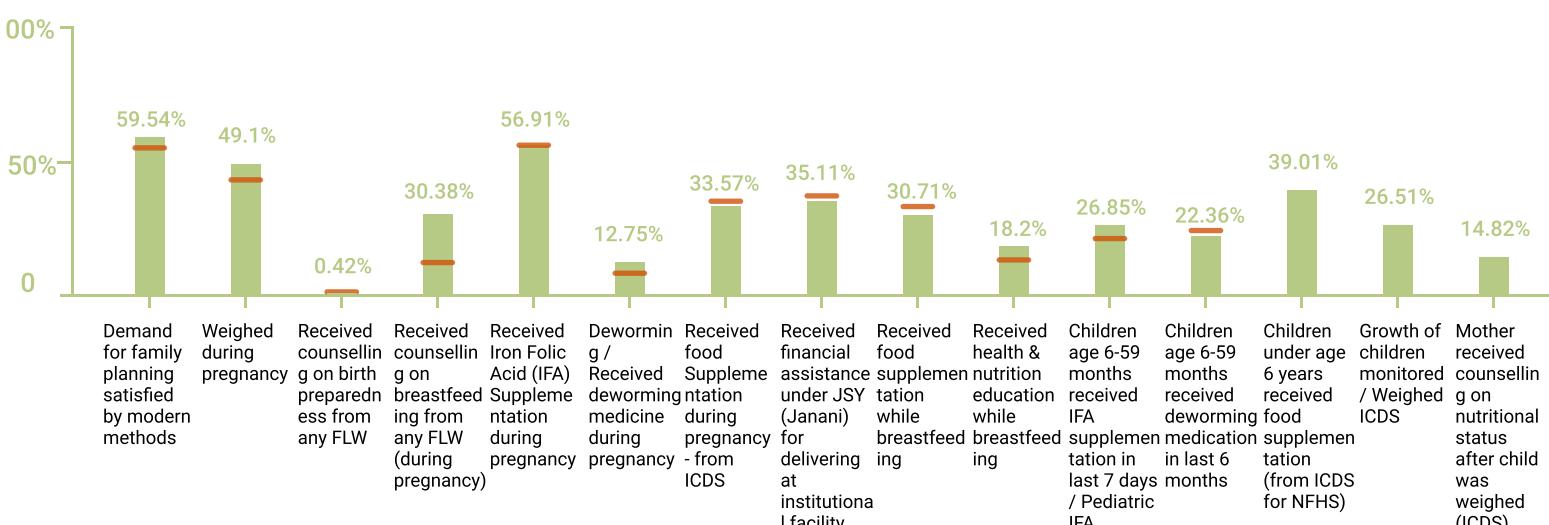
1NA refers to the unavailability of data for a particular indicator in the specified NFHS round.

# INTERVENTION COVERAGE

## Status of Immediate Determinants of Araria in 2016 and 2019



## Status of Immediate Determinants of Araria in 2016.



# Version - 02

## District Nutrition Profile

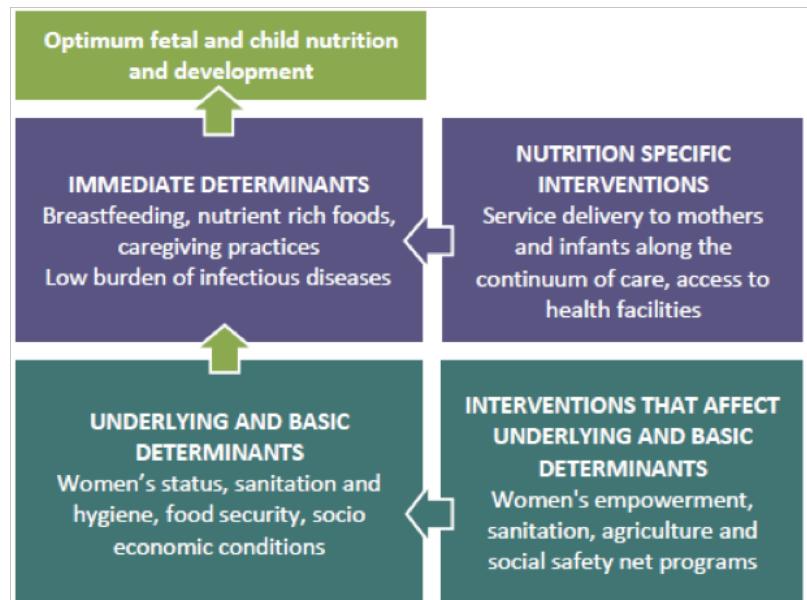
### Araria | Bihar

#### About DNP 2.0

POSHAN presents updated District Nutrition Profiles (DNPs) for 640 districts in India. These draw on diverse sources of data to compile a set of indicators on the state of nutrition and its cross-sectoral determinants.



For Bihar



#### District demographic profile - Araria

2019

Sex ratio of the total population (females per 1,000 males)

10,000 people

Number of women in reproductive age (15 - 49 years)

1,60,000

Number of pregnant women

1,40,000

Children under age 5 years whose birth was registered with the civil authority

60,000

Number of children under 5 yrs

1,20,000

Number of births

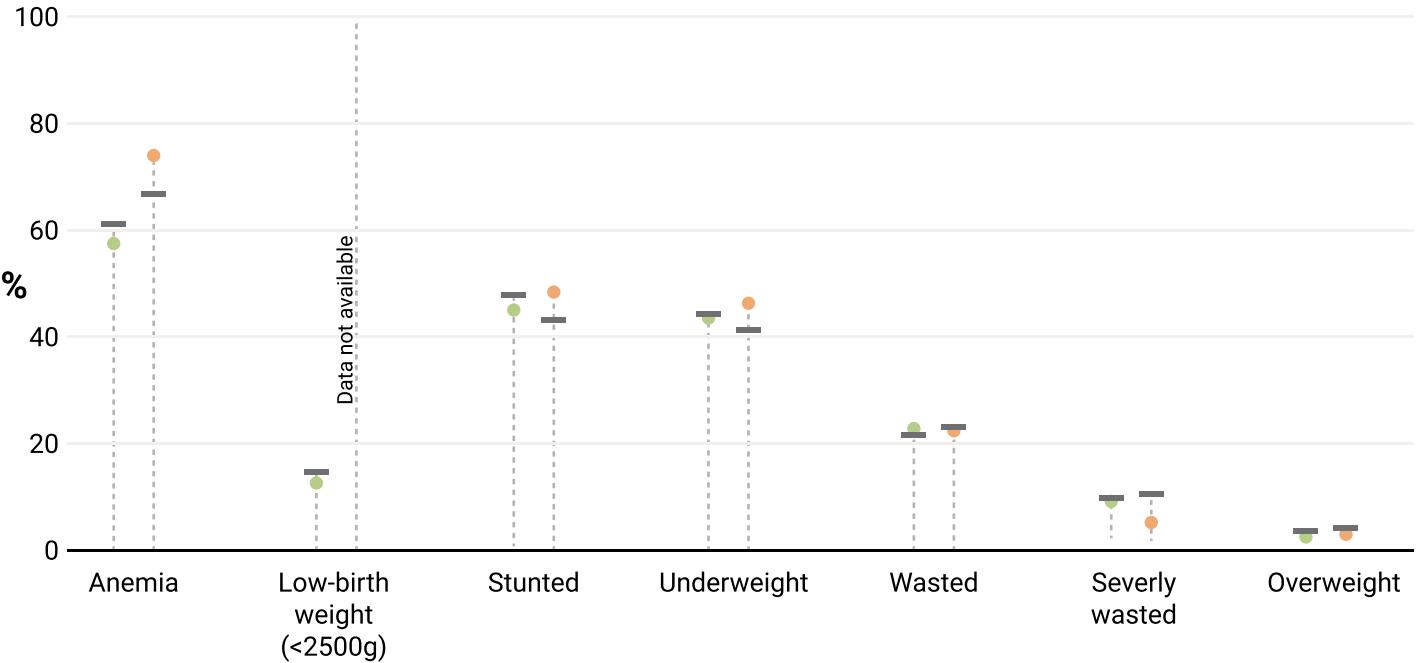
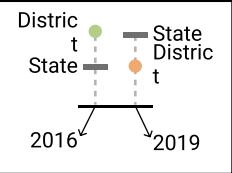
80,000

#### POSSIBLE POINTS OF DISCUSSION (Copied from existing DNP)

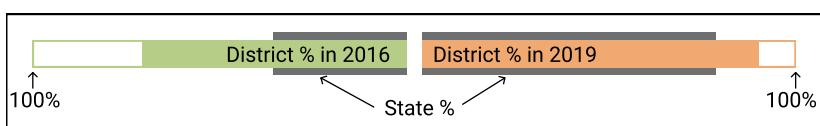
- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?

# The state of nutrition, Araria | Bihar

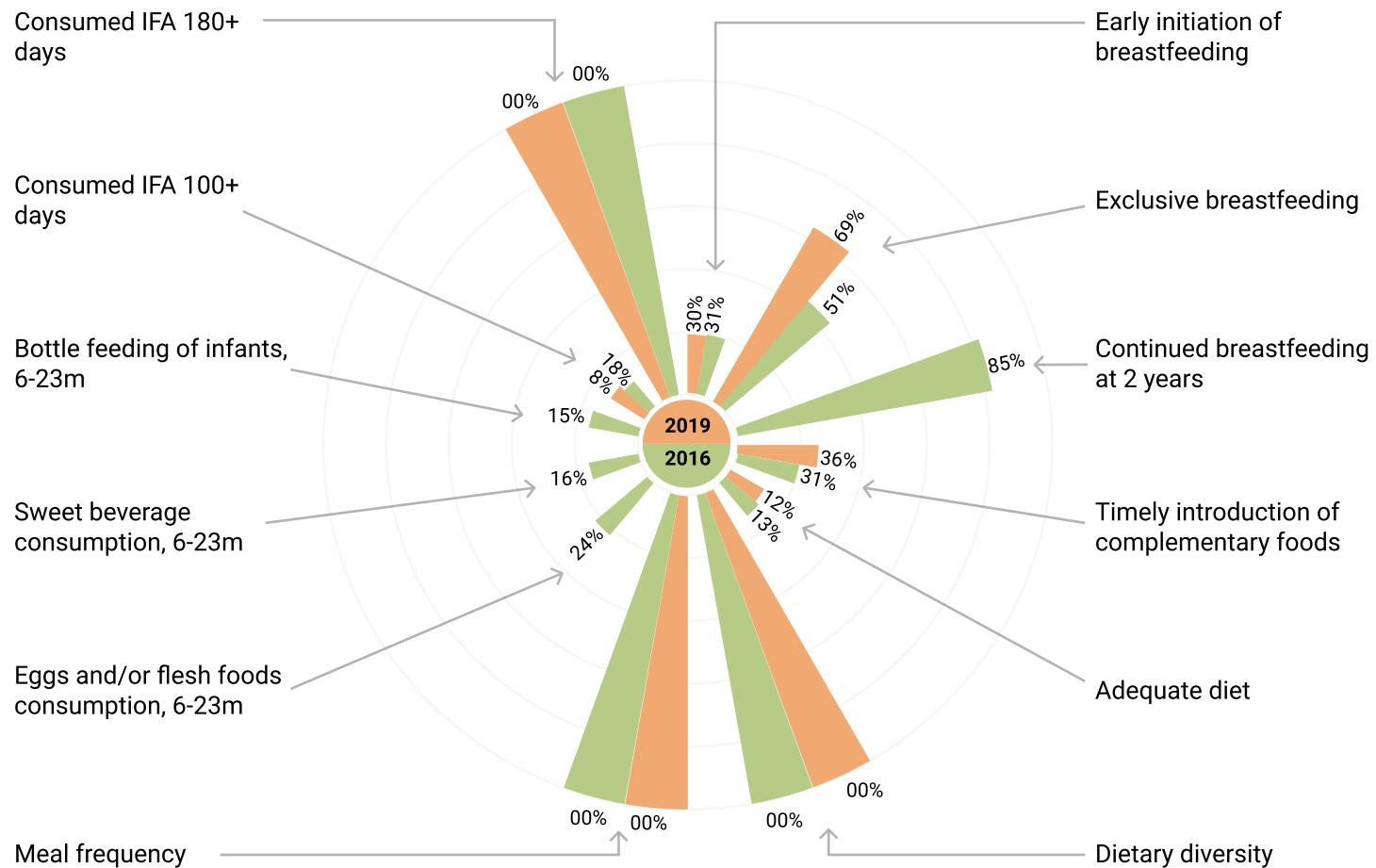
## Among children (<5 years)



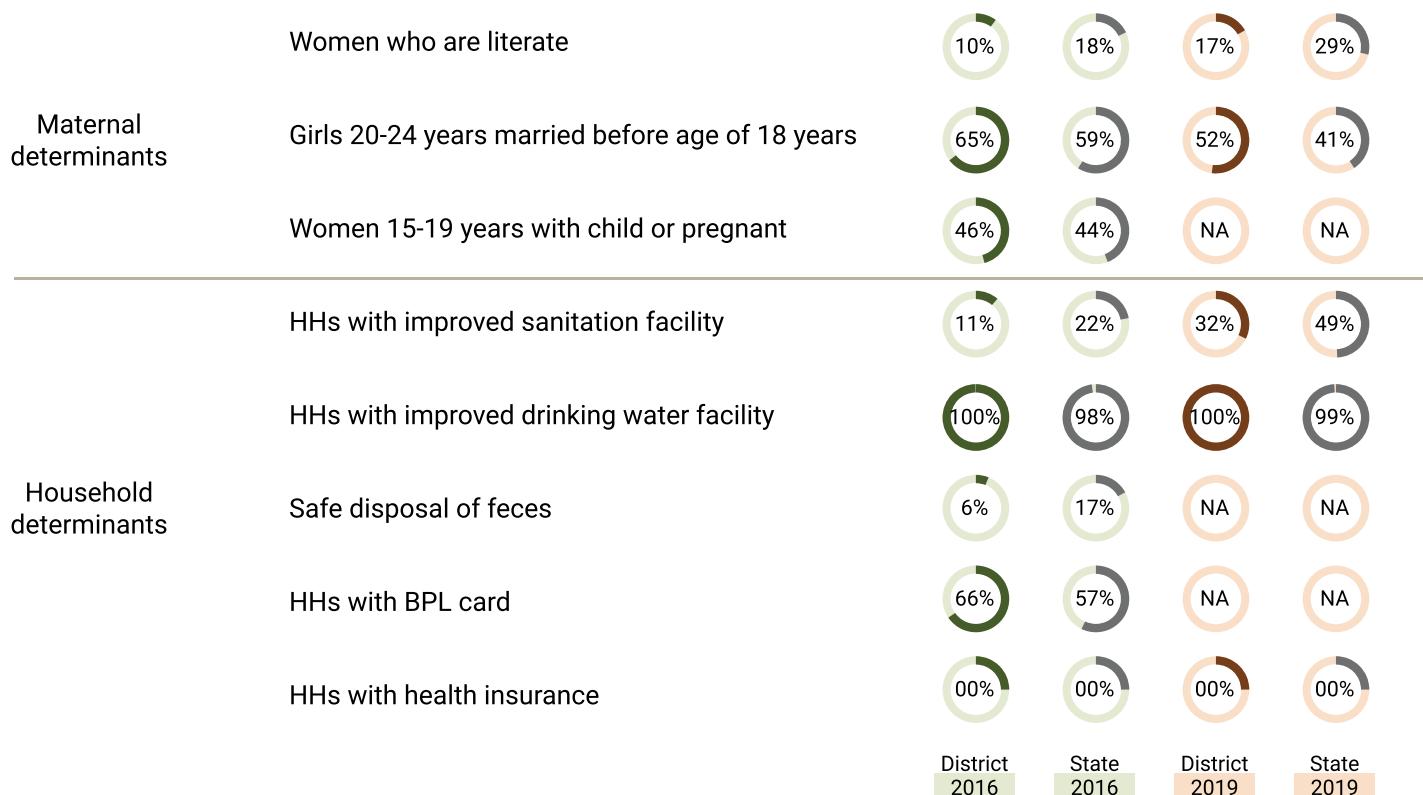
## Among women (15 - 49 years)



## Immediate determinants, Araria | Bihar



## Underlying determinants, Araria | Bihar

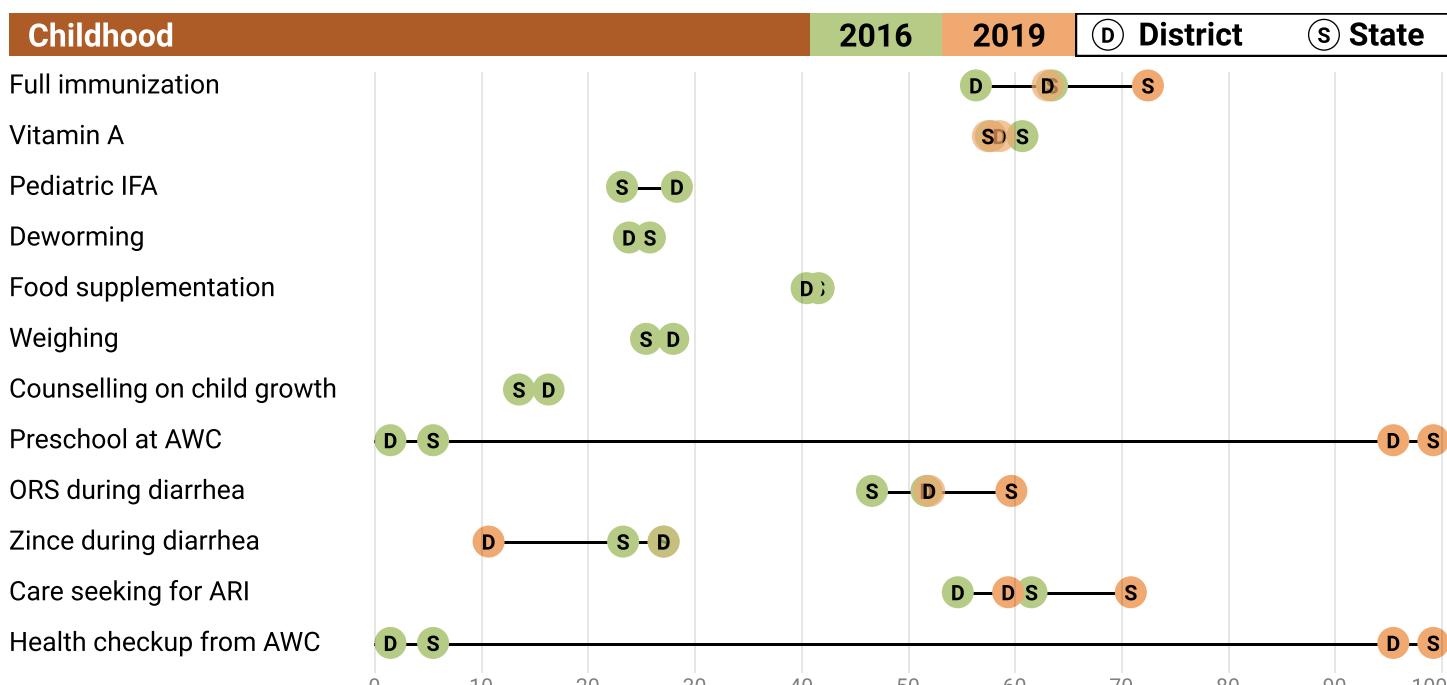
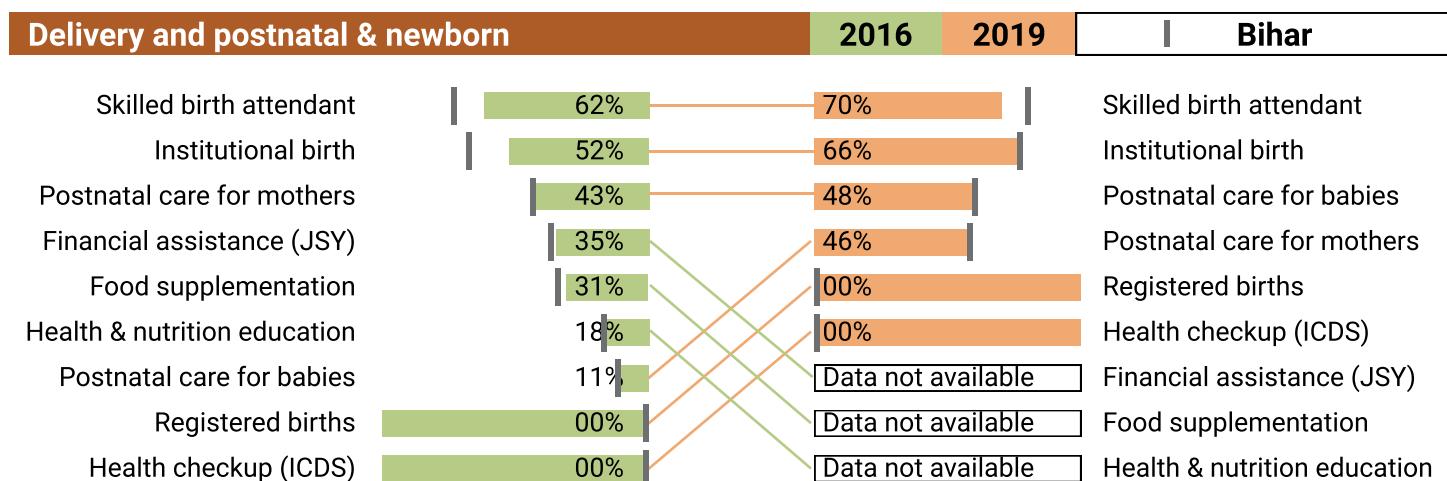
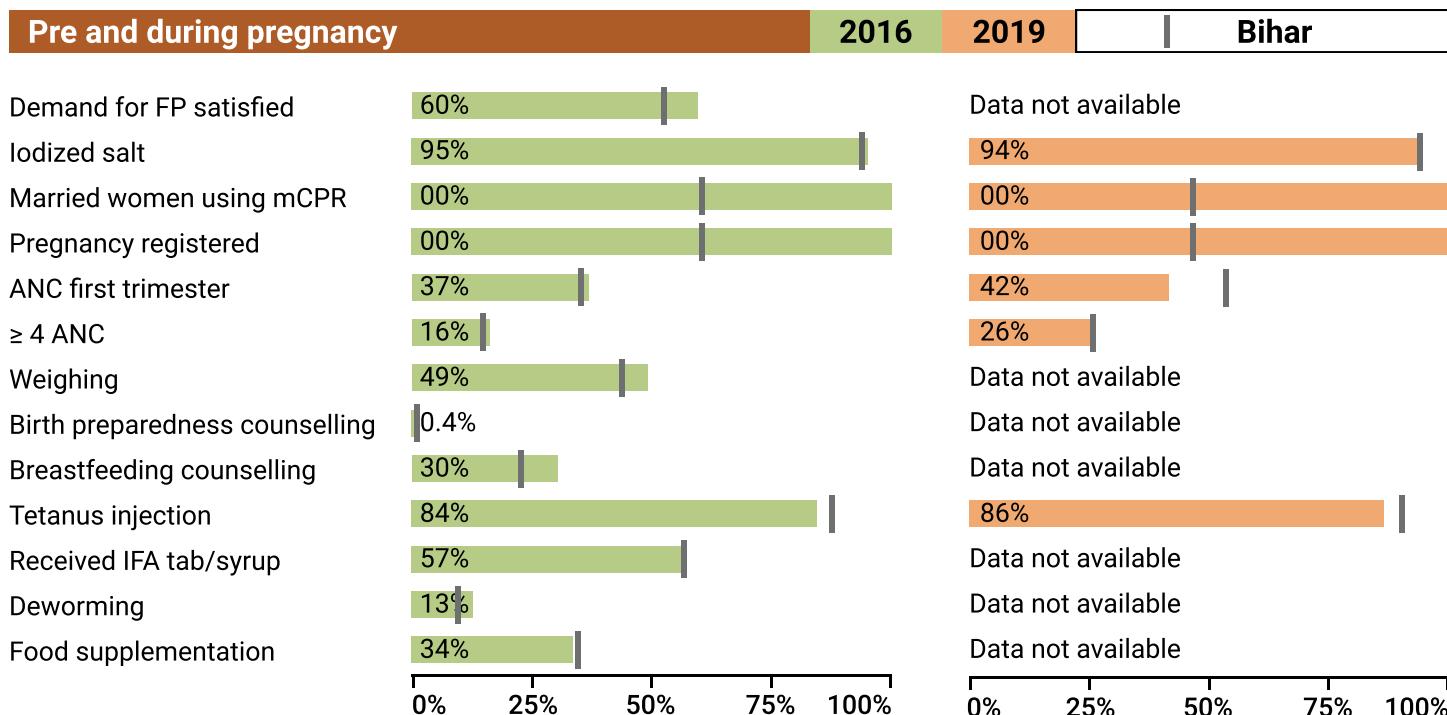


1. Census of India. 2011. Accessed June 6, 2015. [www.censusindia.gov.in/pca/default.aspx](http://www.censusindia.gov.in/pca/default.aspx)

2. US-India Policy Institute. 2015. District Development and Diversity Index. Accessed July 2, 2015.

<http://www.usindiapolicy.org/uploads/general-news/225-district-development-and-diversity-index-report>

## Trends in interventions across the first 1000 days (%) in Araria



**Acknowledgement:** Contrary to popular belief, Lorem Ipsum is not simply random text. It has roots in a piece of classical Latin literature from 45 BC, making it over 2000 years old. Richard McClintock, a Latin professor at Hampden-Sydney College in Virginia.

# Version - 03

## District Nutrition Profile

### Araria | Bihar

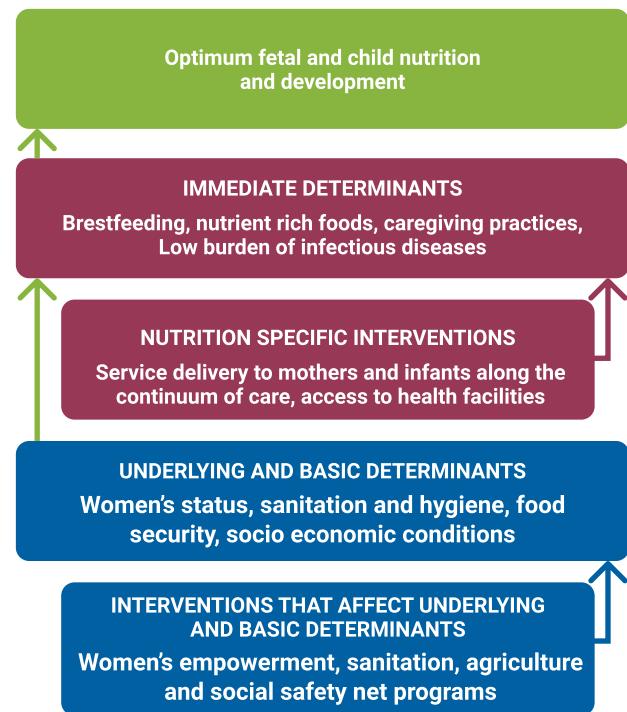
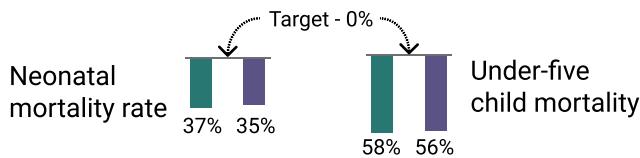
#### About DNP 2.0

POSHAN presents updated District Nutrition Profiles (DNPs) for 640 districts in India. These draw on diverse sources of data to compile a set of indicators on the state of nutrition and its cross-sectoral determinants.



For Bihar

2016      2019



#### District demographic profile, 2019

Araria

Sex ratio of the total population

839 females per 1,000 males



Number of women in reproductive age (15 - 49 years)



Number of pregnant women



Children under age 5 years whose birth was registered with the civil authority



Number of children under 5 yrs



Number of births

Each icon --> 10,000

#### POSSIBLE POINTS OF DISCUSSION (Copied from existing DNP)

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?

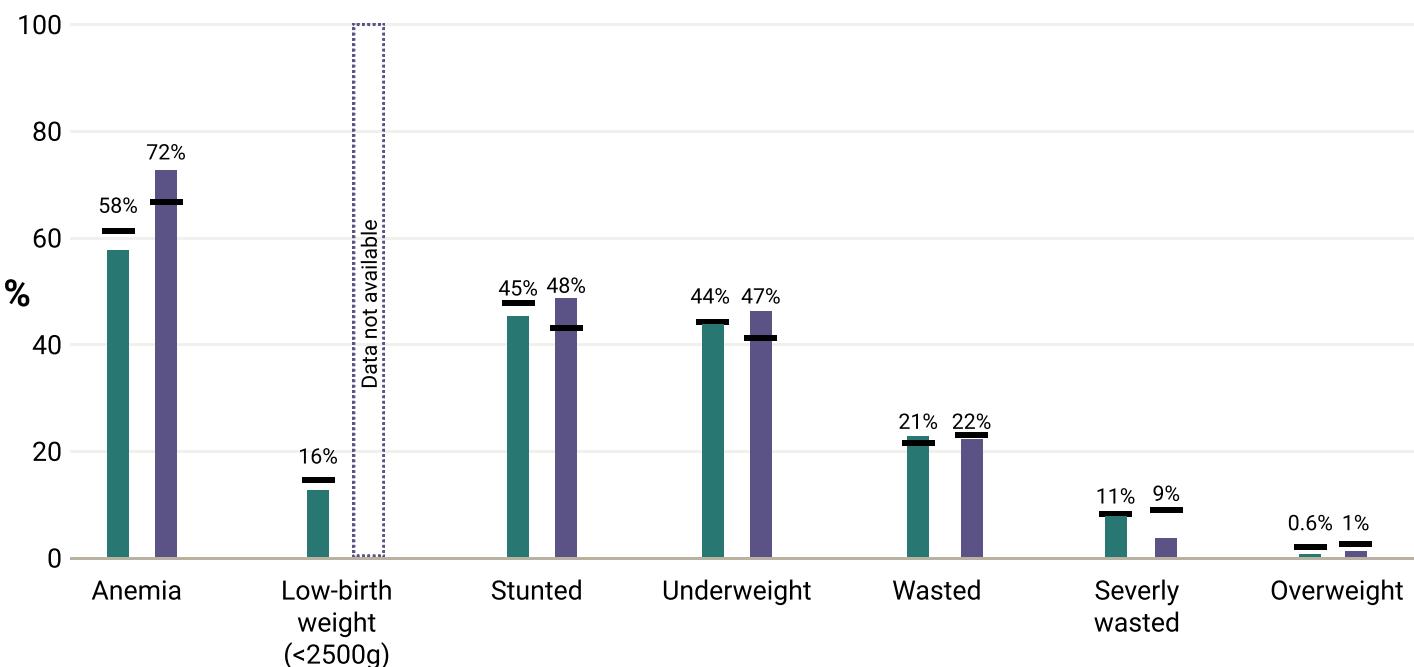
## The state of nutrition among children (<5 years)

Araria

2016

2019

Bihar



### POSSIBLE POINTS OF DISCUSSION (Copied from existing DNP)

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?

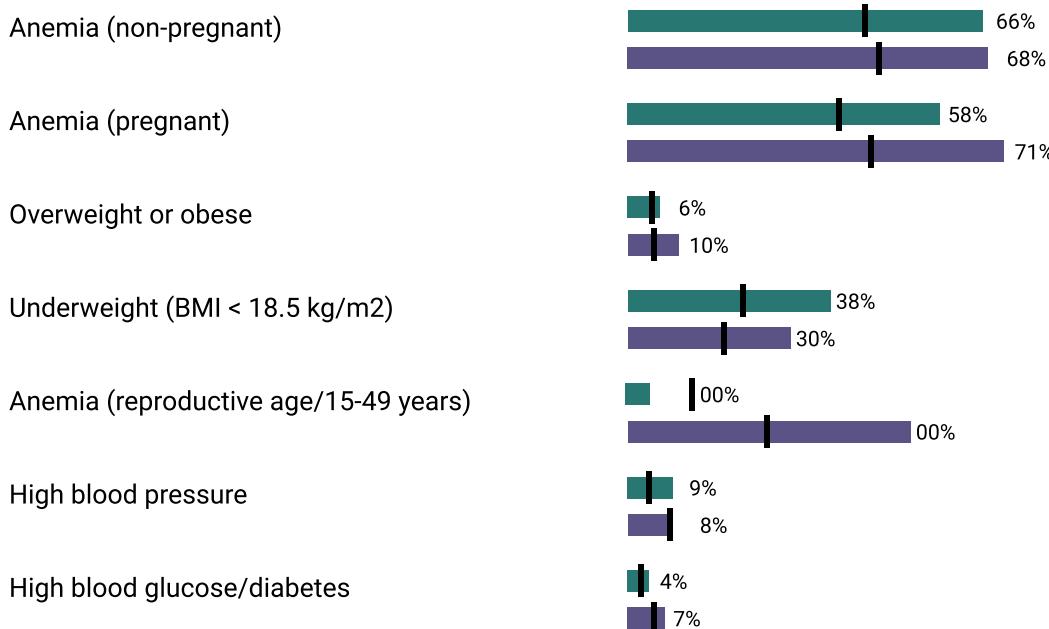
## The state of nutrition among women (15 - 49 years)

Araria

2016

2019

Bihar



### POSSIBLE POINTS OF DISCUSSION (Copied from existing DNP)

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?

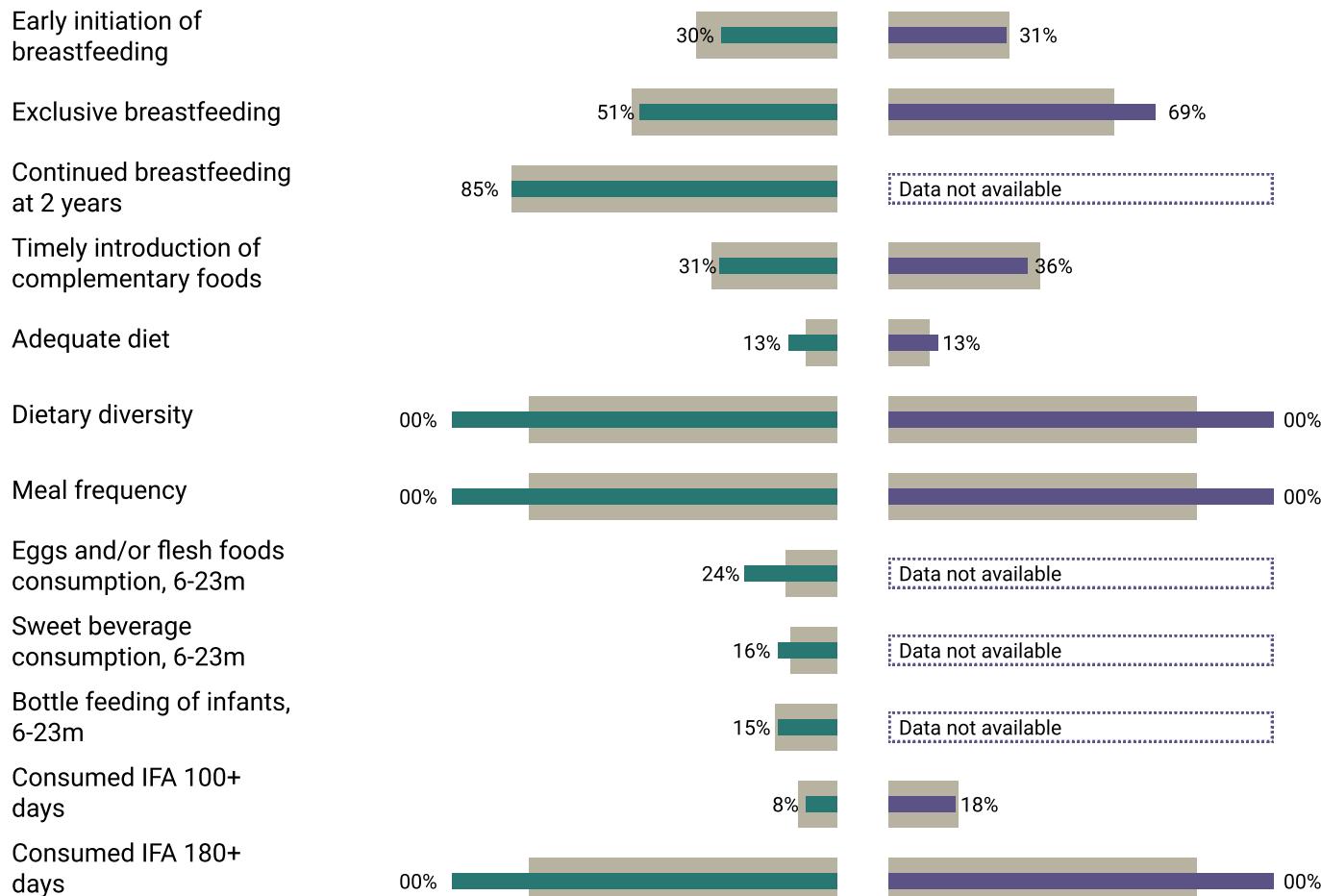
## Immediate determinants

Araria

2016

2019

Bihar



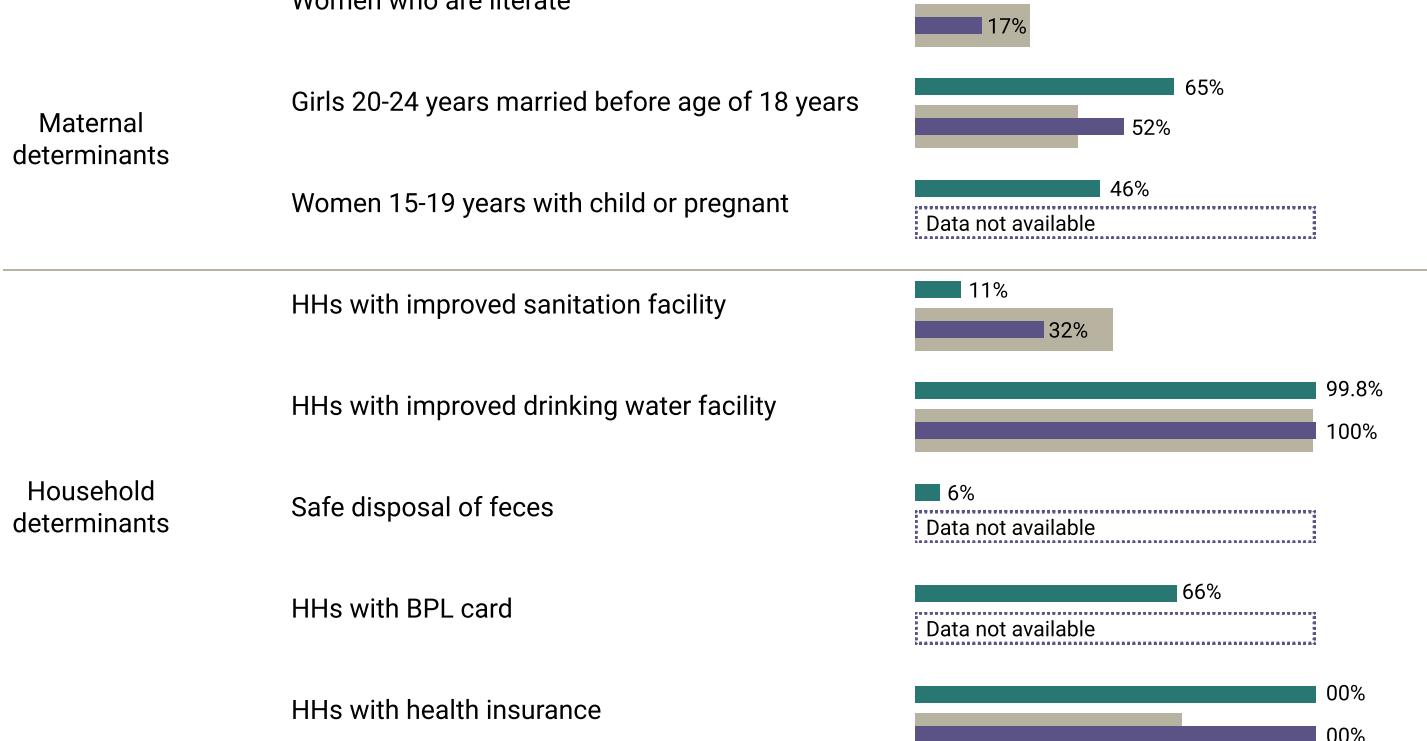
## Underlying determinants

Araria

2016

2019

Bihar



1. Census of India. 2011. Accessed June 6, 2015. [www.censusindia.gov.in/pca/default.aspx](http://www.censusindia.gov.in/pca/default.aspx)

2. US-India Policy Institute. 2015. District Development and Diversity Index. Accessed July 2, 2015.

<http://www.usindiapolicy.org/uploads/general-news/225-district-development-and-diversity-index-report>

# Trends in interventions across the first 1000 days (%)

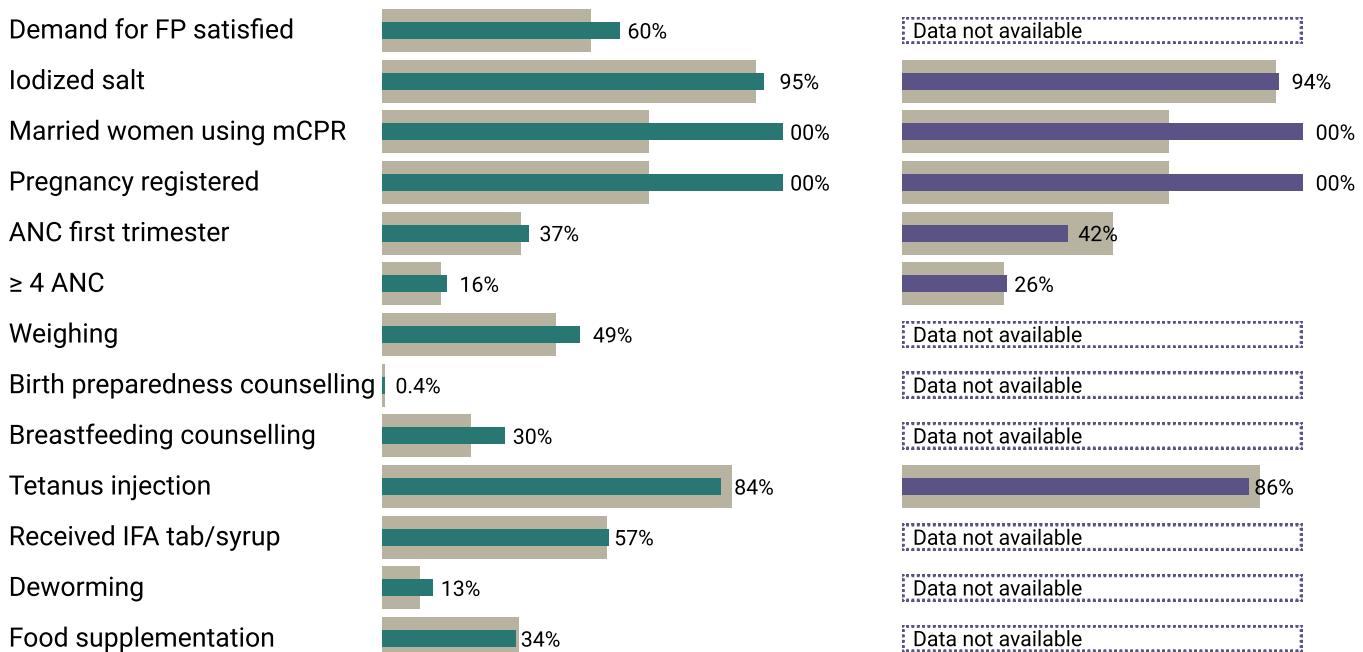
Araria

2016

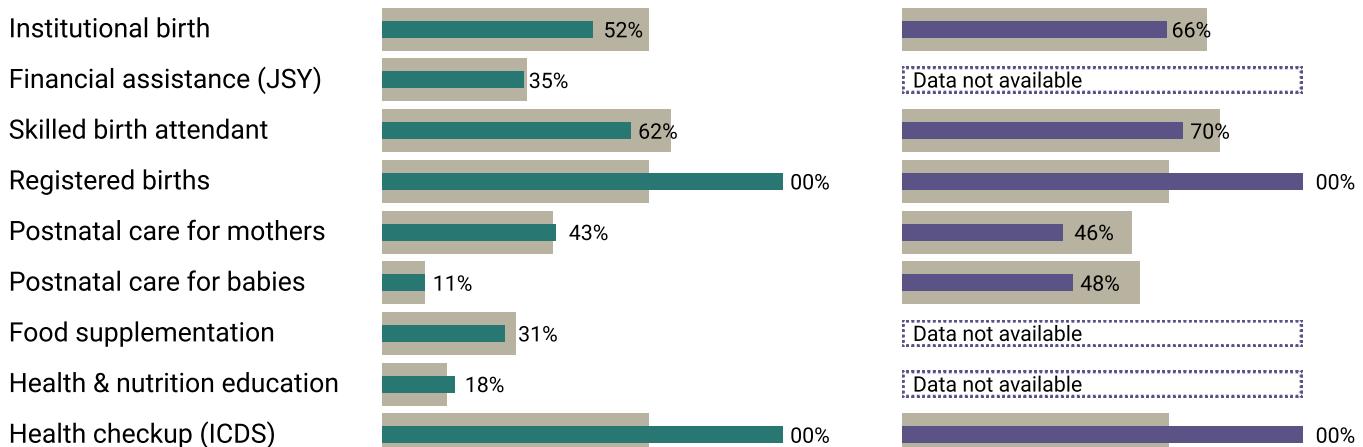
2019

Bihar

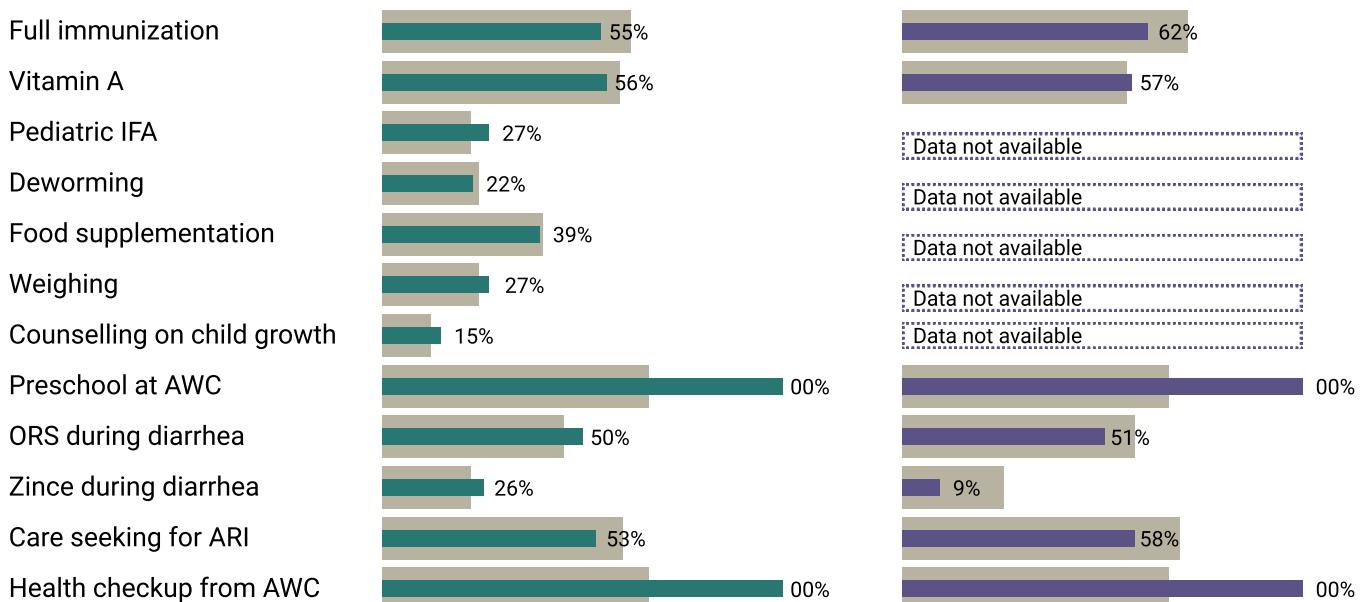
## Pre and during pregnancy



## Delivery and postnatal



## Childhood



**Acknowledgement:** Contrary to popular belief, Lorem Ipsum is not simply random text. It has roots in a piece of classical Latin literature from 45 BC, making it over 2000 years old. Richard McClintock, a Latin professor at Hampden-Sydney College in Virginia.

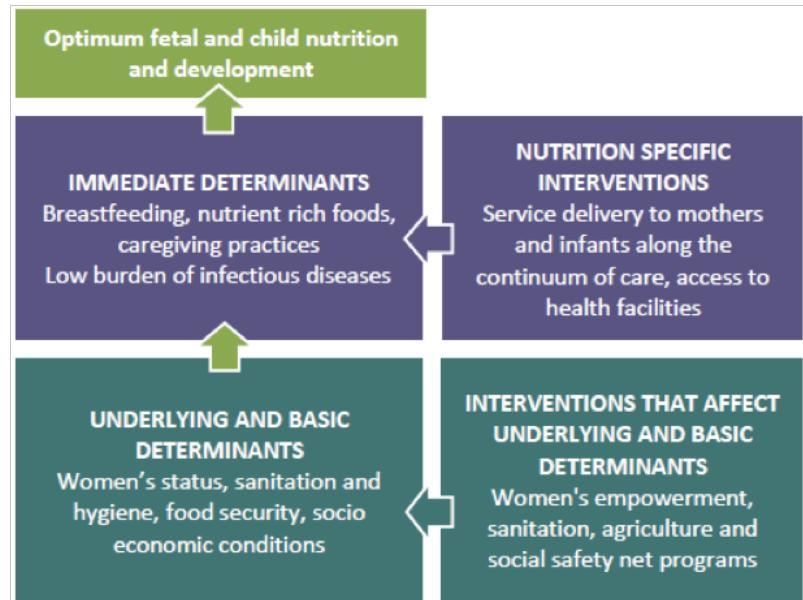
# Version - 04

## District Nutrition Profile

**Araria | Bihar**

### About DNP 2.0

POSHAN presents updated District Nutrition Profiles (DNPs) for 640 districts in India. These draw on diverse sources of data to compile a set of indicators on the state of nutrition and its cross-sectoral determinants. POSHAN presents updated District Nutrition Profiles (DNPs) for 640 districts in India. These draw on diverse sources of data to compile a set of indicators on the state of nutrition and its cross-sectoral determinants.



### District demographic profile, 2019

Araria

Sex ratio of the total population

839 females per 1,000 males

Number of women in reproductive age (15 - 49 years)

 1,60,000

Number of pregnant women

 1,40,000

Children under age 5 years whose birth was registered with the civil authority

 60,000

Number of children under 5 yrs

 1,20,000

Number of births

 80,000

Each icon --> 10,000

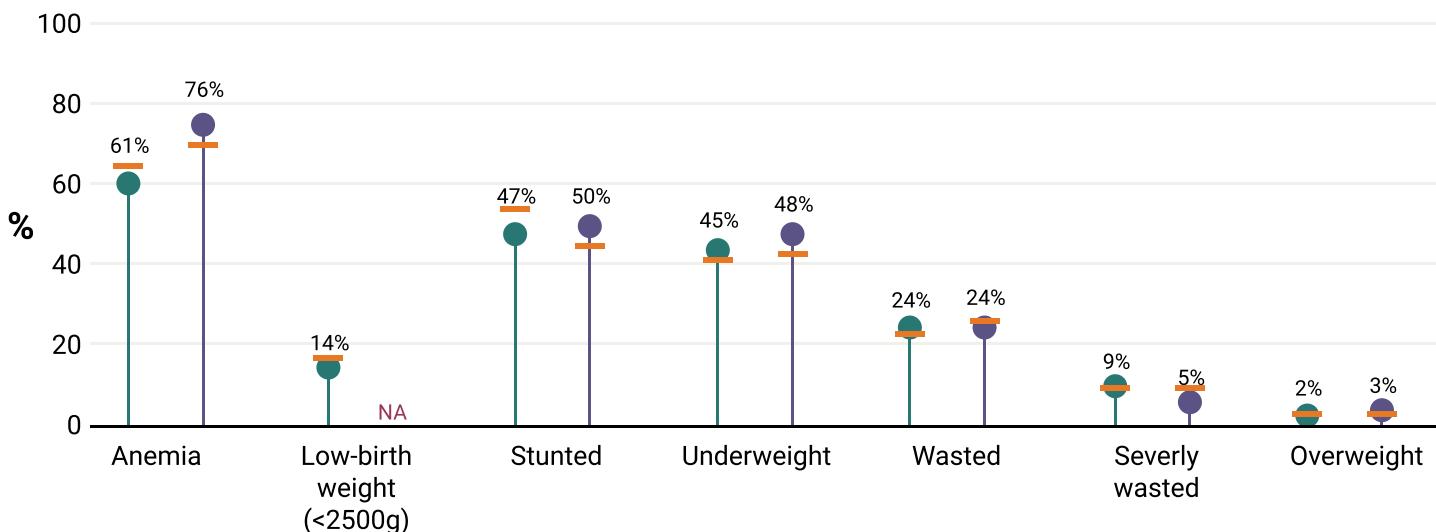
## The state of nutrition among children (<5 years)

Araria

2016

2019

Bihar



### POSSIBLE POINTS OF DISCUSSION (Copied from existing DNP)

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?

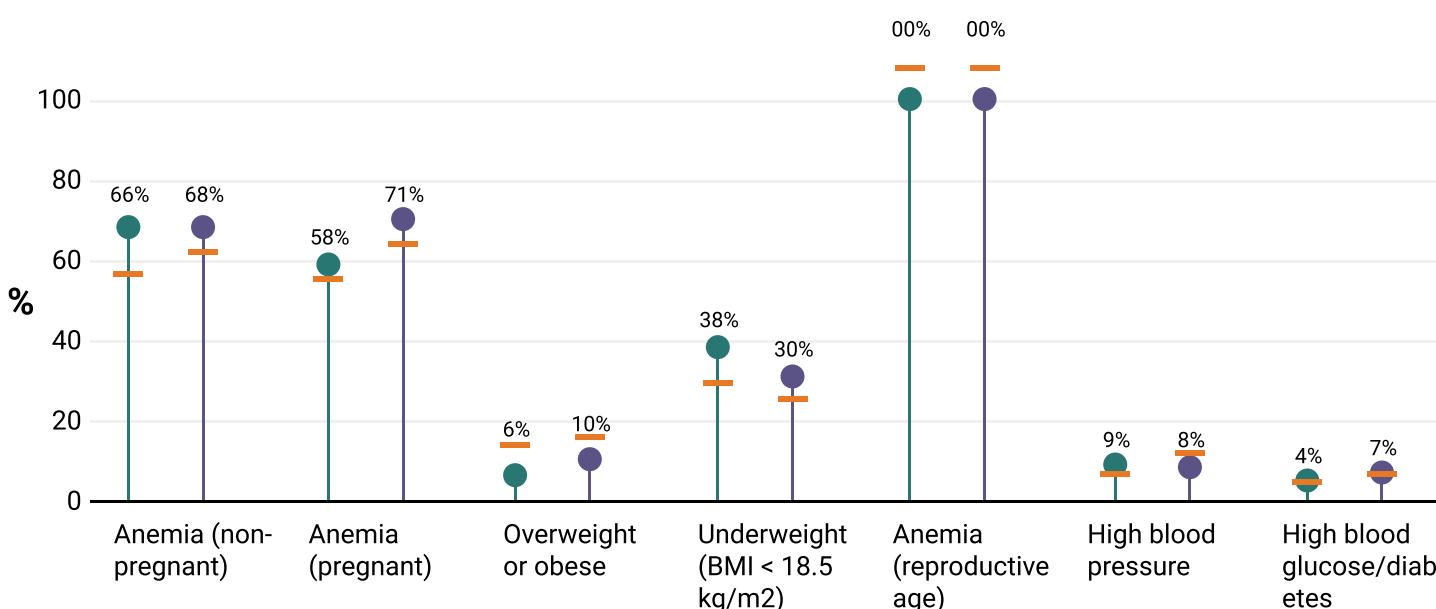
## The state of nutrition among women (15 - 49 years)

Araria

2016

2019

Bihar



### POSSIBLE POINTS OF DISCUSSION (Copied from existing DNP)

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?

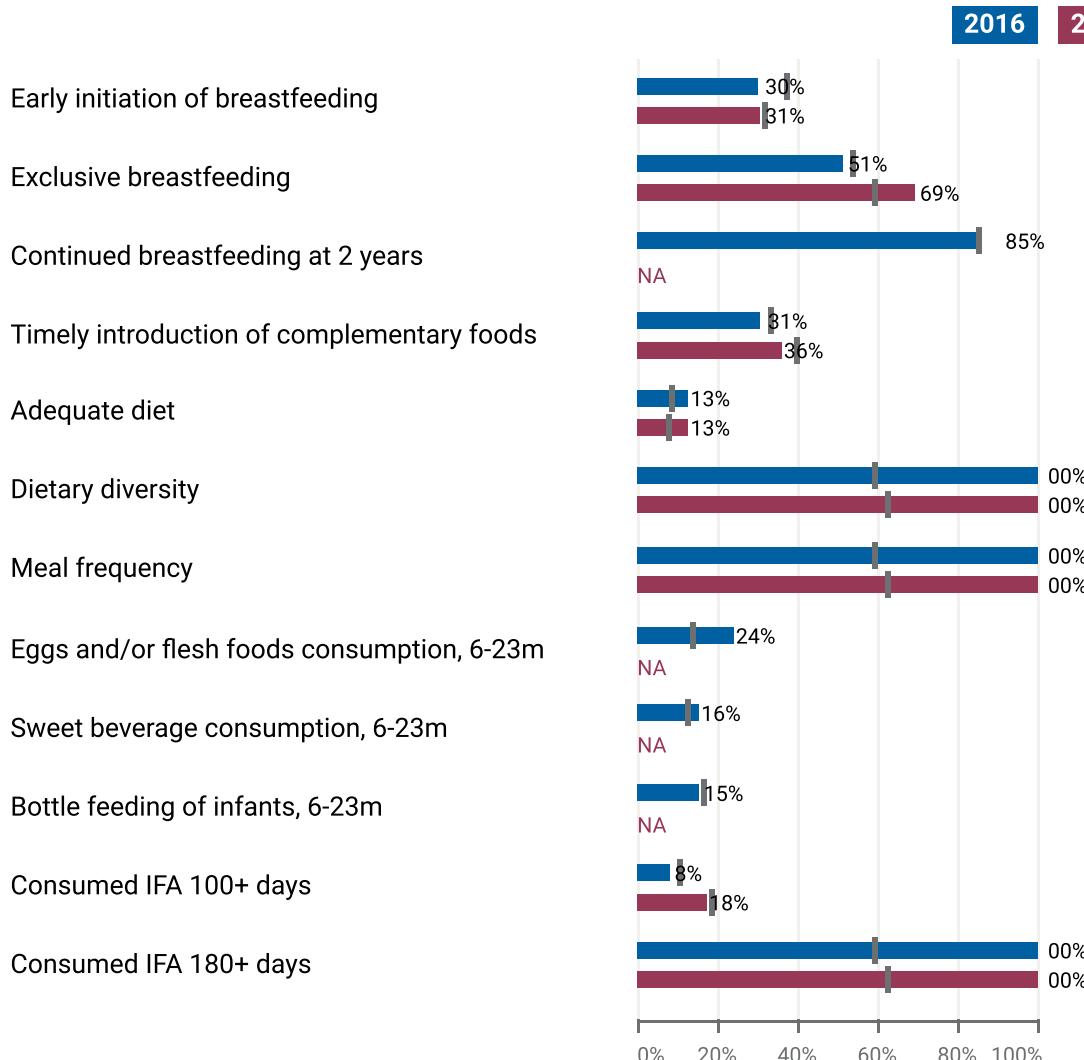
1. Census of India. 2011. Accessed June 6, 2015. [www.censusindia.gov.in/pca/default.aspx](http://www.censusindia.gov.in/pca/default.aspx)

2. US-India Policy Institute. 2015. District Development and Diversity Index. Accessed July 2, 2015.

<http://www.usindiapolicy.org/uploads/general-news/225-district-development-and-diversity-index-report>

## Immediate determinants

Araria



### POSSIBLE POINTS OF DISCUSSION

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?

## Underlying determinants

Araria

### Maternal determinants

Women who are literate	10%	17%
Girls 20-24 years married before age of 18 years	65%	52%
Women 15-19 years with child or pregnant	46%	NA

### Household determinants

HHs with improved sanitation facility	11%	32%
HHs with improved drinking water facility	100%	100%
Safe disposal of feces	6%	NA
HHs with BPL card	66%	NA
HHs with health insurance	100%	100%

### POSSIBLE POINTS OF DISCUSSION

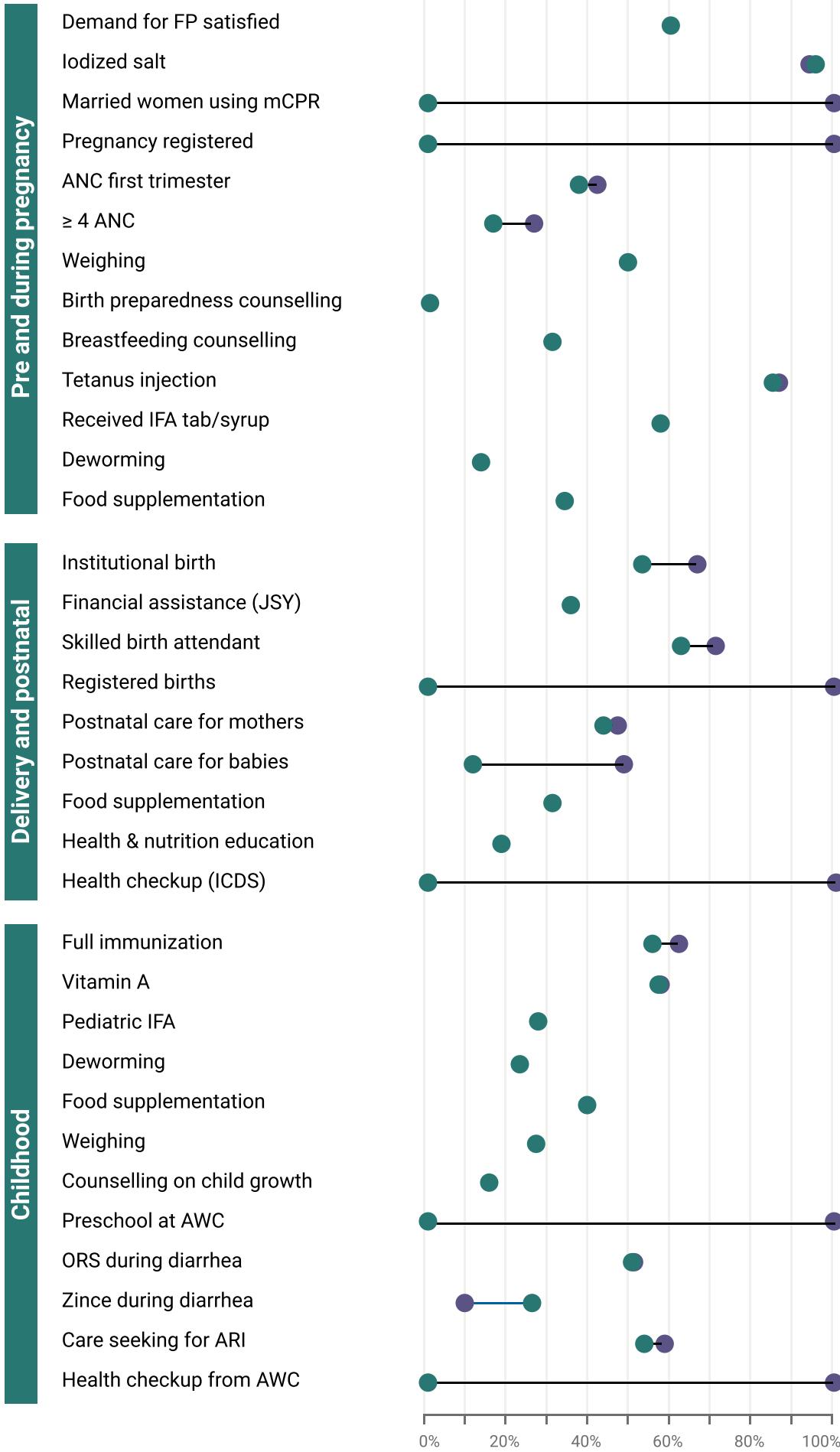
- What are the levels of timely initiation of breastfeeding (within one hour of birth)?

# Trends in interventions across the first 1000 days (%)

Araria

2016

2019



## POSSIBLE POINTS OF DISCUSSION

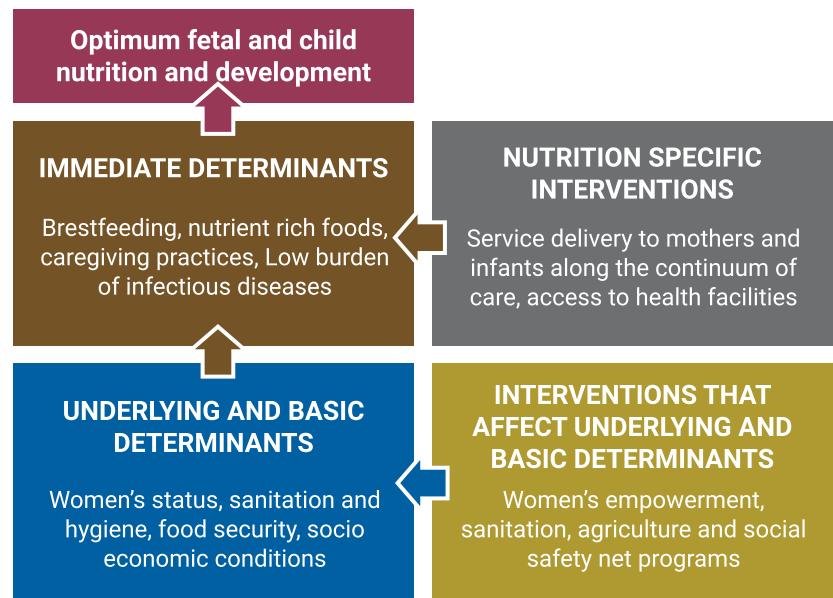
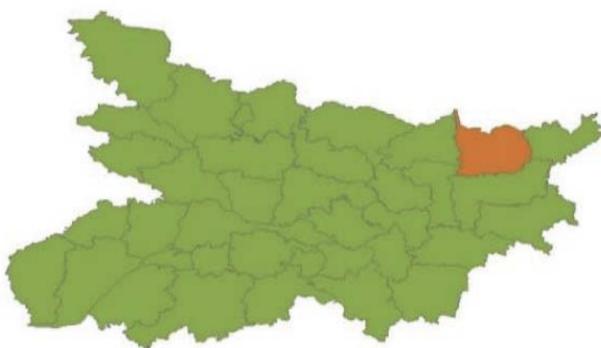
- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?

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# Version - 05

#### About DNPs

POSHAN presents updated District Nutrition Profiles (DNPs) for XXX districts in India. The DNP presents trends for key nutrition and health outcomes and determinants in a district, using data from the National Family Health Survey (NFHS) 4 (2015-2016) and 5 (2019-2020). The DNP was designed to be useful to district administrators, state functionaries, local leaders and development actors working at the district-level.



#### District demographic profile, 2019

Araria

Sex ratio of the total population **942** females per 1,000 males

Number of women in reproductive age (15 - 49 years)  7,28,634

Number of pregnant women  1,06,057

Number of children under 5 years  4,76,887

Number of live births  76,197

Children under age 5 years whose birth was registered with the civil authority  58,499

Each icon represents 50,000

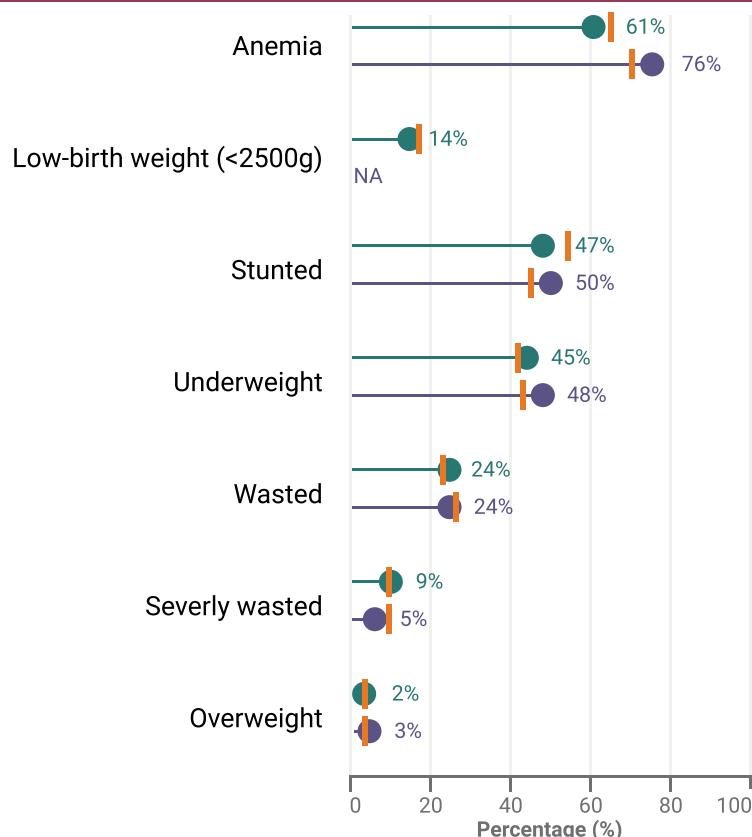
1. Icon made by Freepik from [www.flaticon.com](http://www.flaticon.com)

2. US-India Policy Institute. 2015. District Development and Diversity Index. Accessed July 2, 2015. <http://www.usindiapolicy.org/updates/general-news/225-district-development-and-diversity-index-report>

3. Icon made by Freepik from [www.flaticon.com](http://www.flaticon.com)

4. US-India Policy Institute. 2015. District Development and Diversity Index. Accessed July 2, 2015. <http://www.usindiapolicy.org/updates/general-news/225-district-development-and-diversity-index-report>

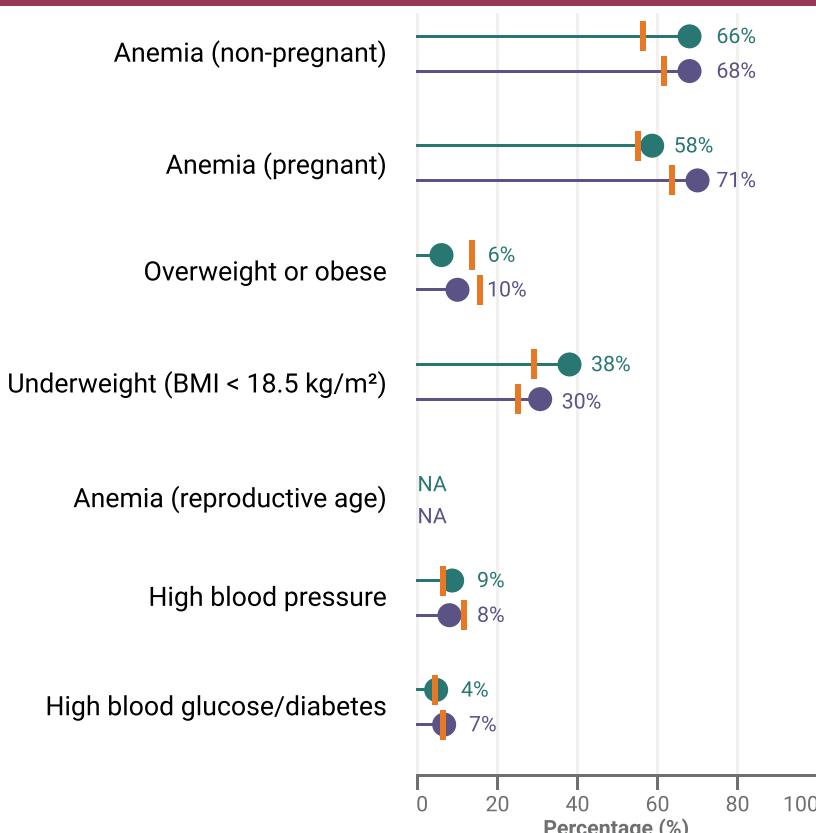
## The state of nutrition among children (<5 years)



### Points of discussion:

- How does the district perform on stunting, wasting, underweight and anemia among children under the age of 5?
- What are the trends of overweight/obesity and other nutrition-related non-communicable diseases in the district?

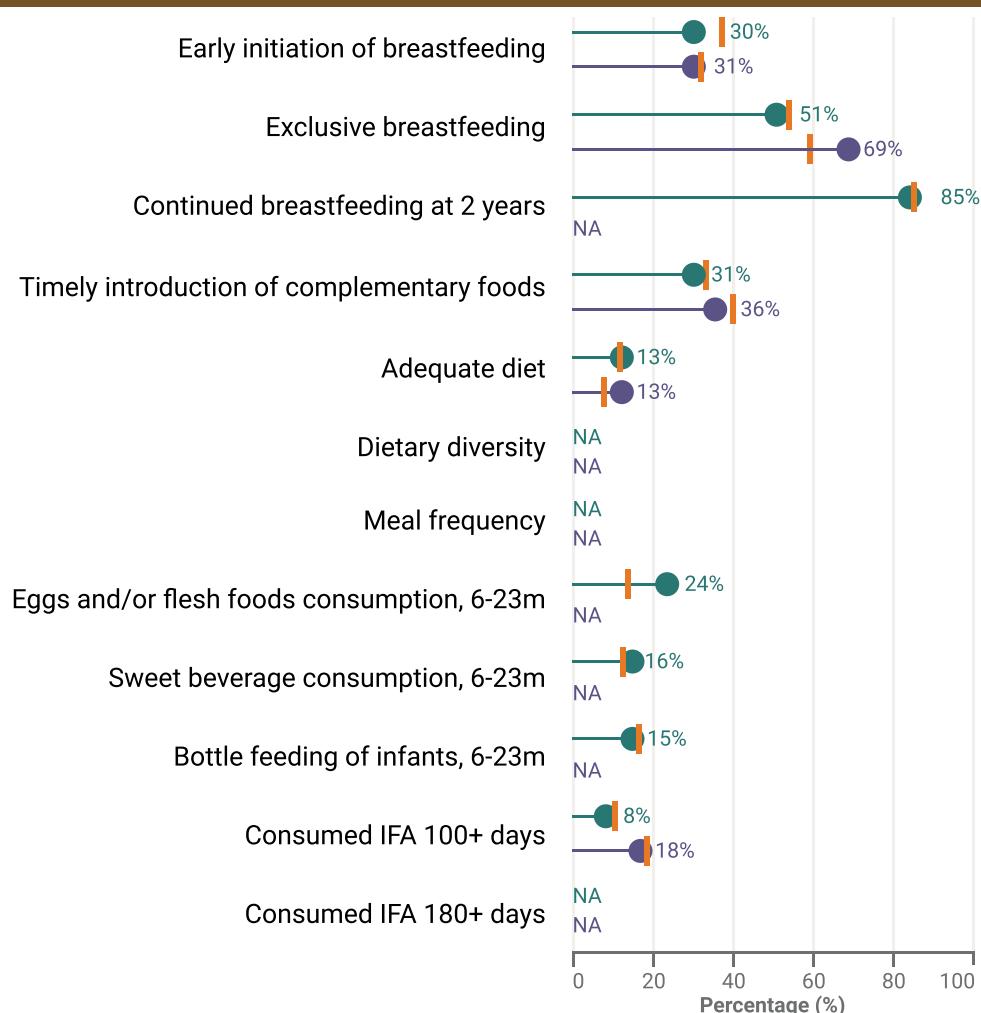
## The state of nutrition among women (15 - 49 years)



### Points of discussion:

- What are the trends of anemia and underweight among women?
- What are the trends of overweight/obesity and other nutrition-related non-communicable diseases in the district?

## Immediate determinants



### Points of discussion:

- What are the trends of timely initiation of breastfeeding, exclusive breastfeeding, timely initiation of complementary feeding and adequate diet?
- What can be done to improve breastfeeding and complementary feeding?
- What are the trends of 100+ IFA consumption among pregnant women in the district?
- How can the consumption be improved?

## Underlying determinants

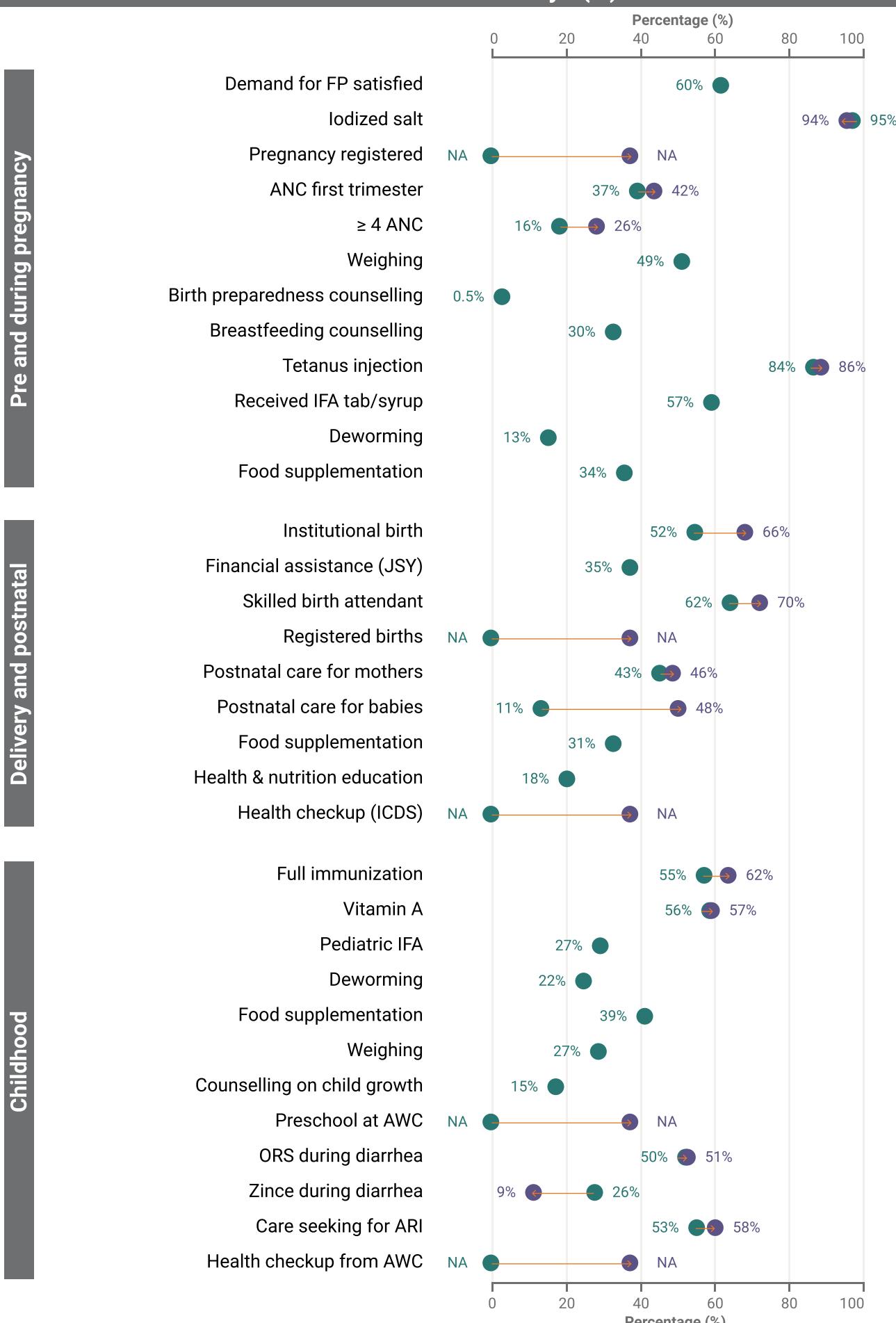
**Maternal determinants**

**Household determinants**

### Points of discussion:

- How can the district increase rates of women's literacy, and reduce early marriage?
- How does the district perform on providing drinking water and sanitation to its residents?
- Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation be improved?
- How can social programs that address underlying and basic determinants be strengthened?
- What are some of the major development challenges in the district?

## Trends in interventions across the first 1000 days (%)

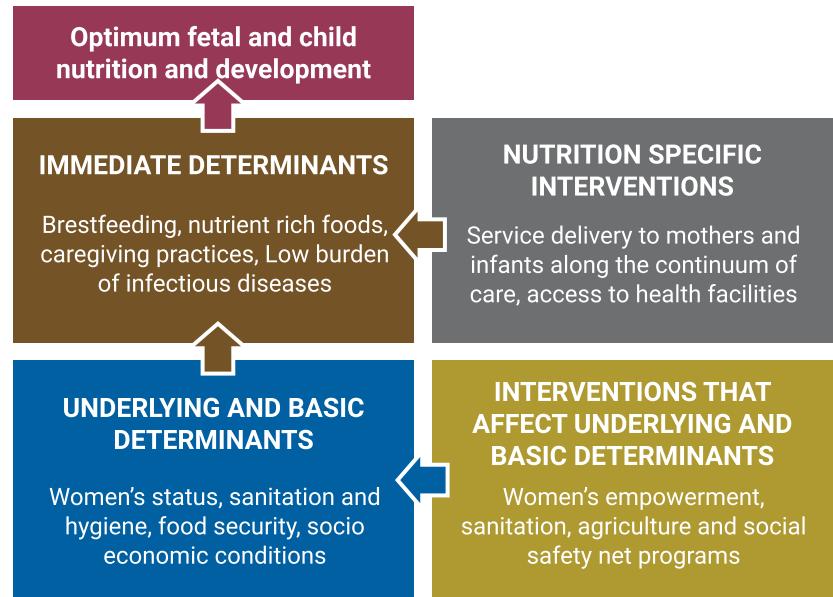
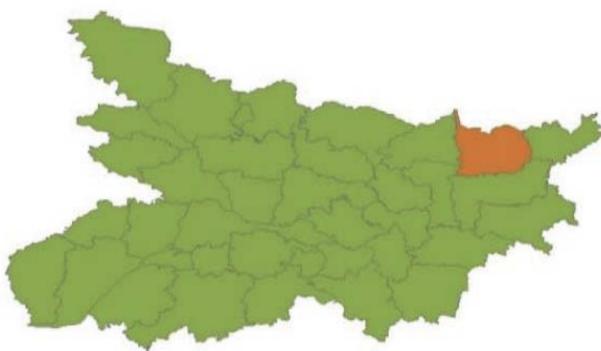
**Points of discussion:**

- How does the district perform on health and nutrition interventions along the continuum of care: does it adequately provide both prenatal and postnatal services to its women of reproductive age, pregnant women, new mothers and new borns?
- What are the trends of accessing to health and ICDS services (food supplementation, health and nutrition education and health check-ups)?

# Version - 06

#### About DNP 2.0

Child undernutrition is caused by inadequacies in food, health and care for infants and young children, especially in the first two years of life ( immediate determinants ). Mothers' and infants' access to nutrition specific interventions can influence these immediate determinants.



#### District demographic profile, 2019

Araria

Sex ratio of the total population **942** females per 1,000 males

Number of women in reproductive age (15 - 49 years)  **7,28,634**

Number of pregnant women  **1,06,057**

Number of children under 5 years  **4,76,887**

Number of live births  **76,197**

Children under age 5 years whose birth was registered with the civil authority  **58,499**

Each icon represents 50,000

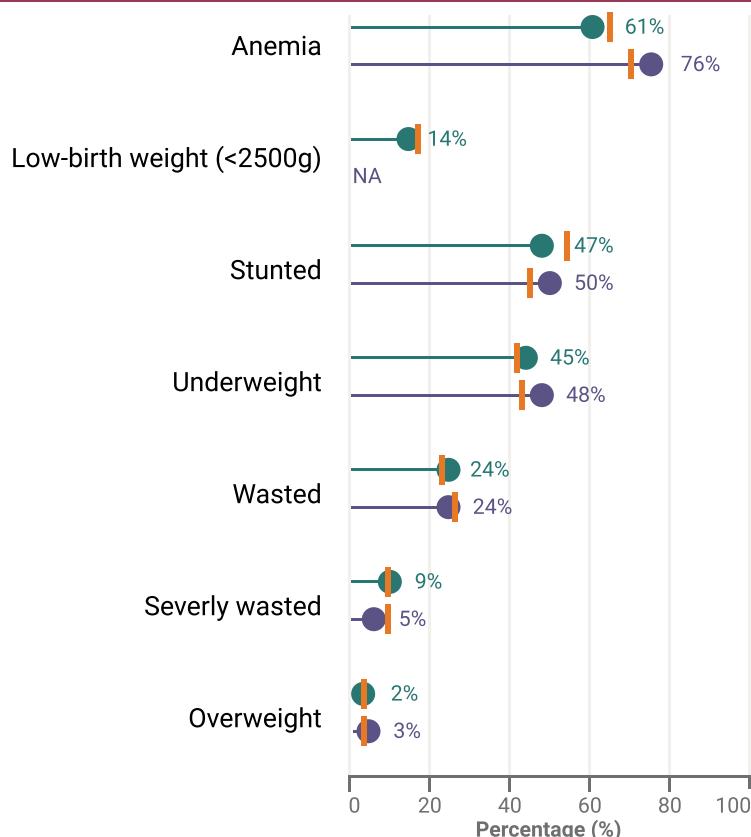
1. Icon made by Freepik from [www.flaticon.com](http://www.flaticon.com)

2. US-India Policy Institute. 2015. District Development and Diversity Index. Accessed July 2, 2015. <http://www.usindiapolicy.org/updates/general-news/225-district-development-and-diversity-index-report>

3. Icon made by Freepik from [www.flaticon.com](http://www.flaticon.com)

4. US-India Policy Institute. 2015. District Development and Diversity Index. Accessed July 2, 2015. <http://www.usindiapolicy.org/updates/general-news/225-district-development-and-diversity-index-report>

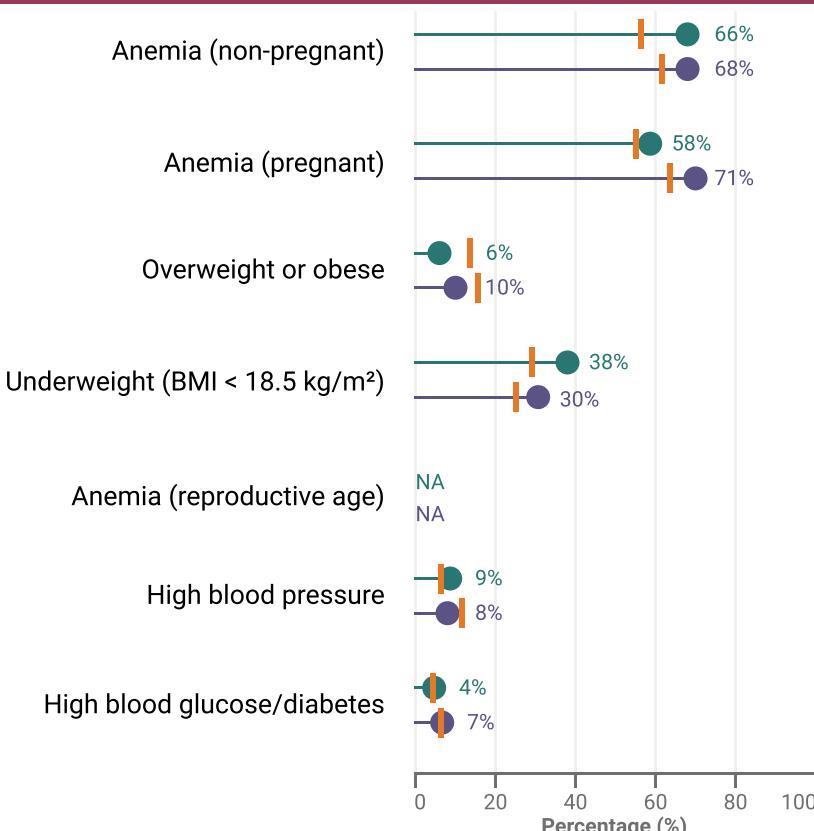
## The state of nutrition among children (<5 years)



### Points of discussion:

- How does the district perform on stunting, wasting, underweight and anemia among children under the age of 5?
- What are the trends of overweight/obesity and other nutrition-related non-communicable diseases in the district?

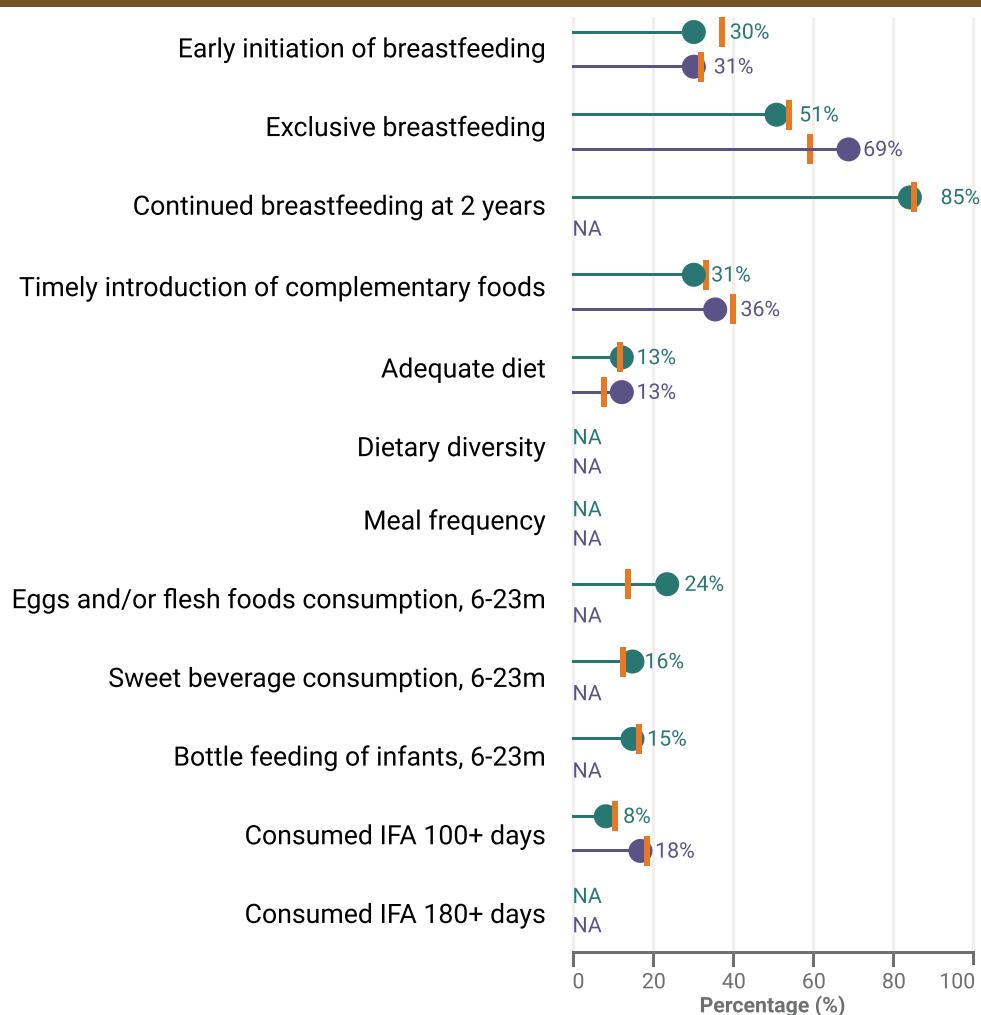
## The state of nutrition among women (15 - 49 years)



### Points of discussion:

- What are the trends of anemia and underweight among women?
- What are the trends of overweight/obesity and other nutrition-related non-communicable diseases in the district?

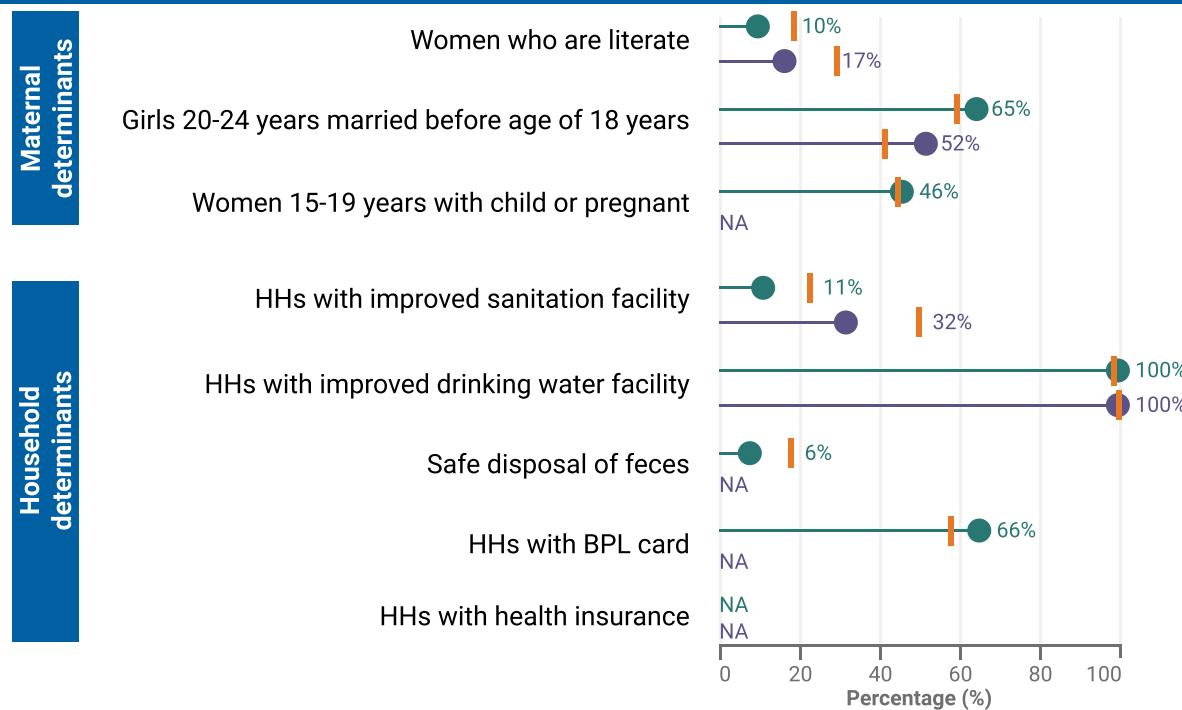
## Immediate determinants



### Points of discussion:

- What are the trends of timely initiation of breastfeeding, exclusive breastfeeding, timely initiation of complementary feeding and adequate diet?
- What can be done to improve breastfeeding and complementary feeding?
- What are the trends of 100+ IFA consumption among pregnant women in the district? How can the consumption be improved?

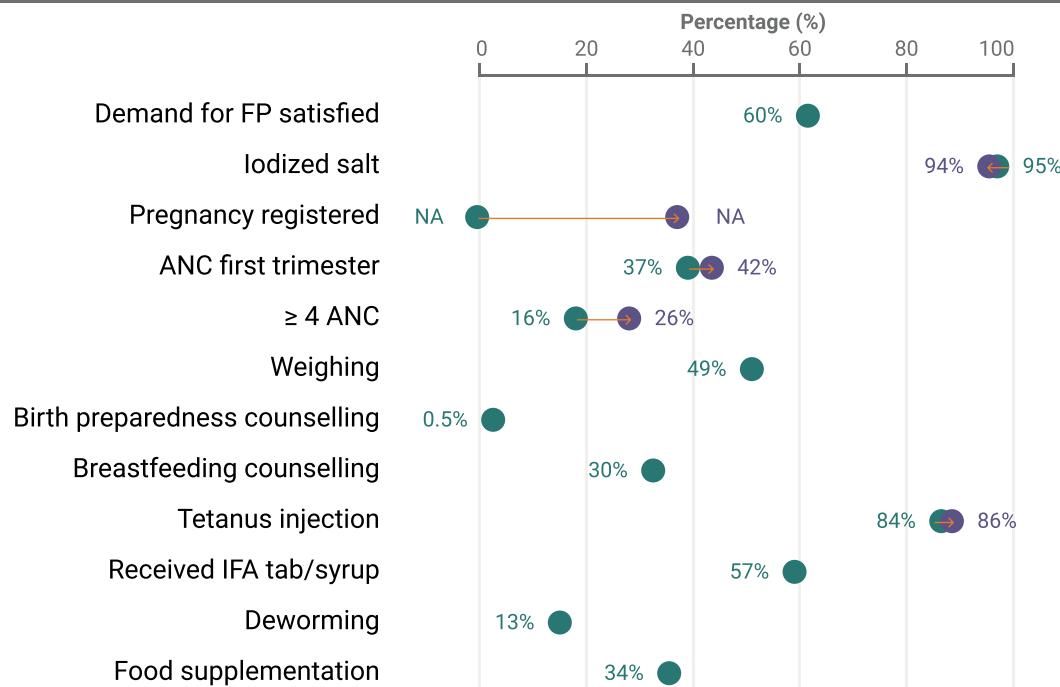
## Underlying determinants



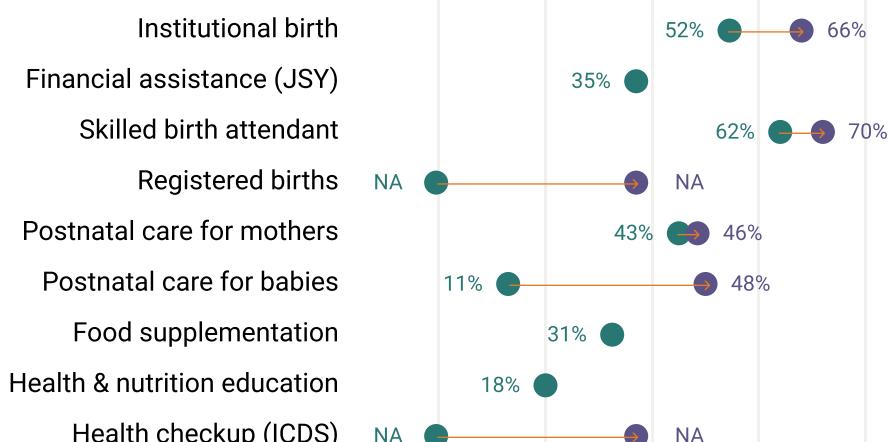
### Points of discussion:

- How can the district increase rates of women's literacy, and reduce early marriage?
- How does the district perform on providing drinking water and sanitation to its residents?
- Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation be improved?
- How can social programs that address underlying and basic determinants be strengthened?
- What are some of the major development challenges in the district?

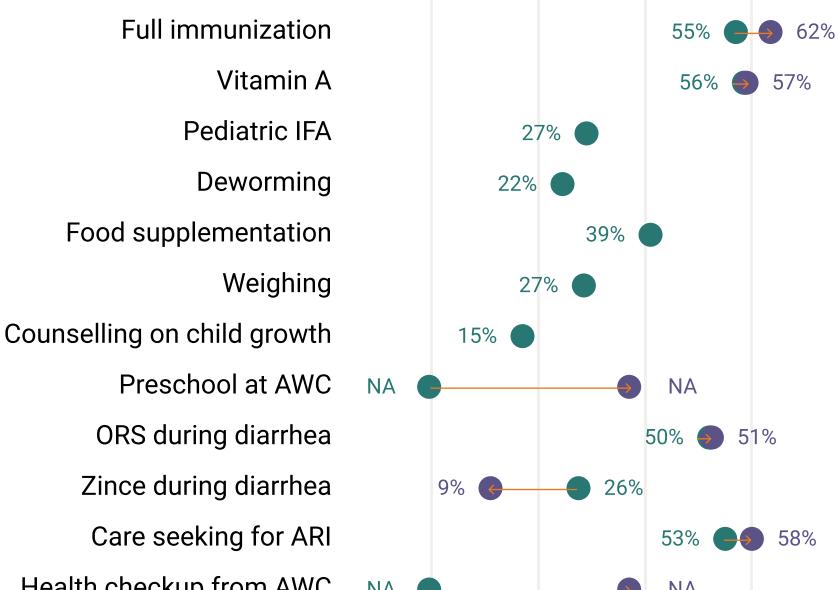
## Pre and during pregnancy



## Delivery and postnatal



## Childhood

**Points of discussion:**

- How does the district perform on health and nutrition interventions along the continuum of care: does it adequately provide both prenatal and postnatal services to its women of reproductive age, pregnant women, new mothers and new borns?
- What are the trends of accessing to health and ICDS services (food supplementation, health and nutrition education and health check-ups)?

# Version - 07

## DISTRICT NUTRITION PROFILE

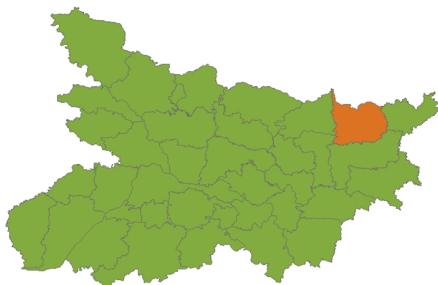


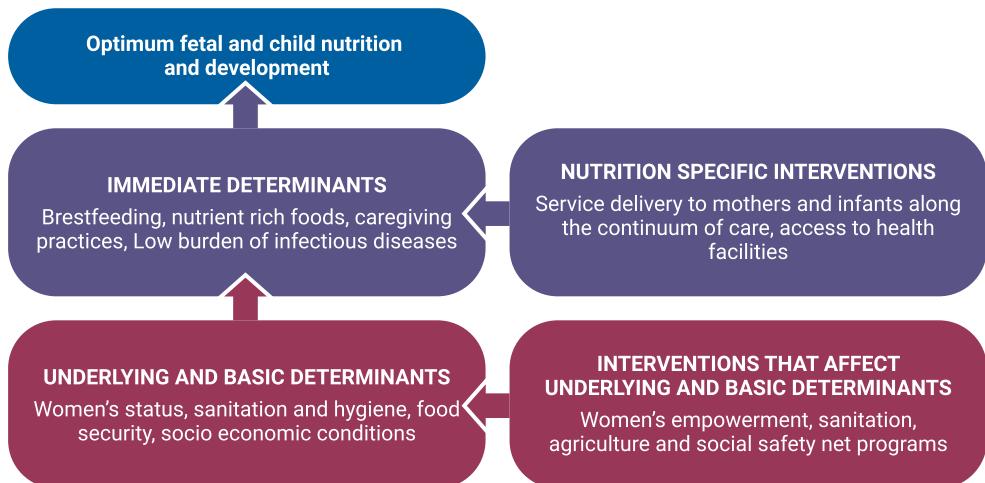
Figure: Map showing district <Araria> in the state of <Bihar>.

### About DNP 2.0

POSHAN presents updated District Nutrition Profiles (DNPs) for XXX districts in India. The DNPs presents the trends for a set of key nutrition and health outcomes and its cross-sectoral determinants in a district, based on data from the National Family Health Survey (NFHS) 4 (2015-2016) and 5 (2019-2020). It is geared primarily to district administrators, state functionaries, local leaders and development actors working at the district-level.

### What factors cause undernutrition?

There are multiple determinants of suboptimal child development and different types of interventions can influence these determinants. Immediate determinants include inadequacies in food, health and care for infants and young children, especially in the first two years of life. Nutrition specific interventions such as health service delivery at the right time during pregnancy and early childhood can affect immediate determinants. Underlying and basic determinants include women's status, household food security, hygiene and socio-economic conditions. Nutrition-sensitive interventions such as social safety nets, sanitation programs, women's empowerment and agriculture programs can affect underlying and basic determinants.



Source: Adapted from Black et al. (2008)

### District demographic profile, 2019

Araria

<b>942 females per 1,000 males</b> Sex ratio of the total population	<b>728,634</b> Number of women in reproductive age (15 – 49 yrs)	<b>106,057</b> Number of pregnant women
<b>476,887</b> Number of children under 5 yrs	<b>76,197</b> Number of live births	<b>58,499</b> Children under age 5 yrs whose birth was registered

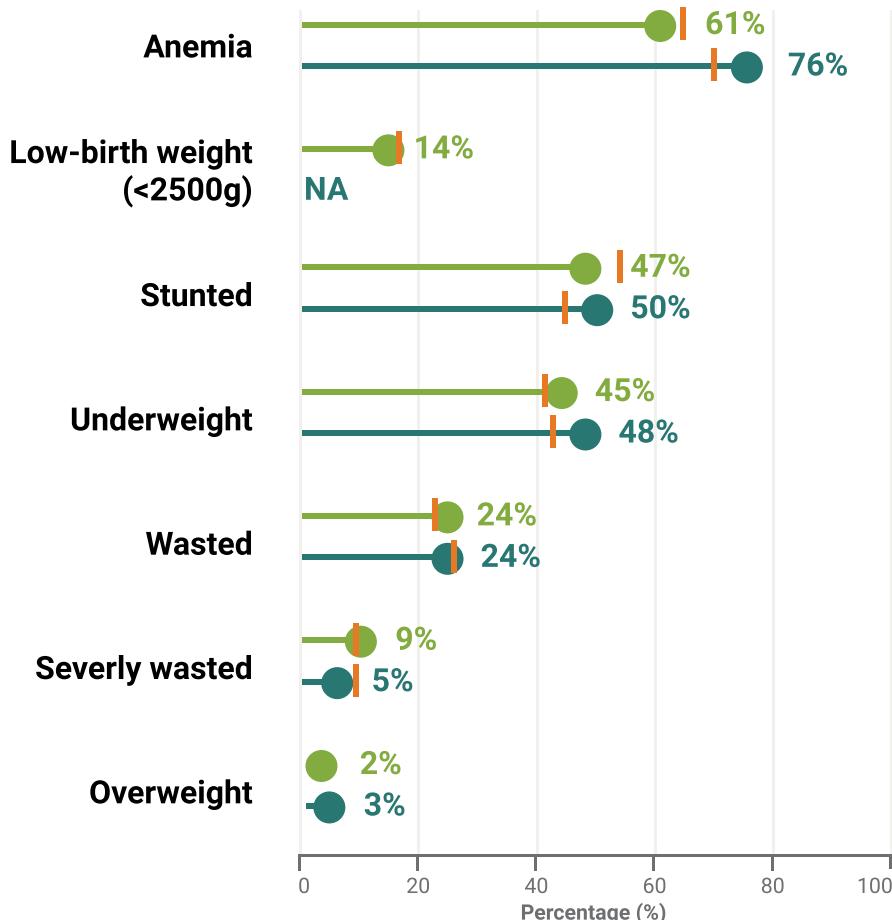
Source:

1. IFPRI estimates - The headcount was calculated as the product of the undernutrition prevalence and the total eligible projected population for each district in 2019. Projected population for 2019 was estimated using Census 2011
2. NFHS-4 (2015-16) & NFHS-5 district & state factsheets (2019-20)

This District Nutrition Profile was prepared by: Nitya R. George, Abhilasha Vaid, Phuong Hong Nguyen, Rasmi Avula and Purnima Menon. Technical support for production was provided by

## The state of nutrition among children (<5 years)

Araria

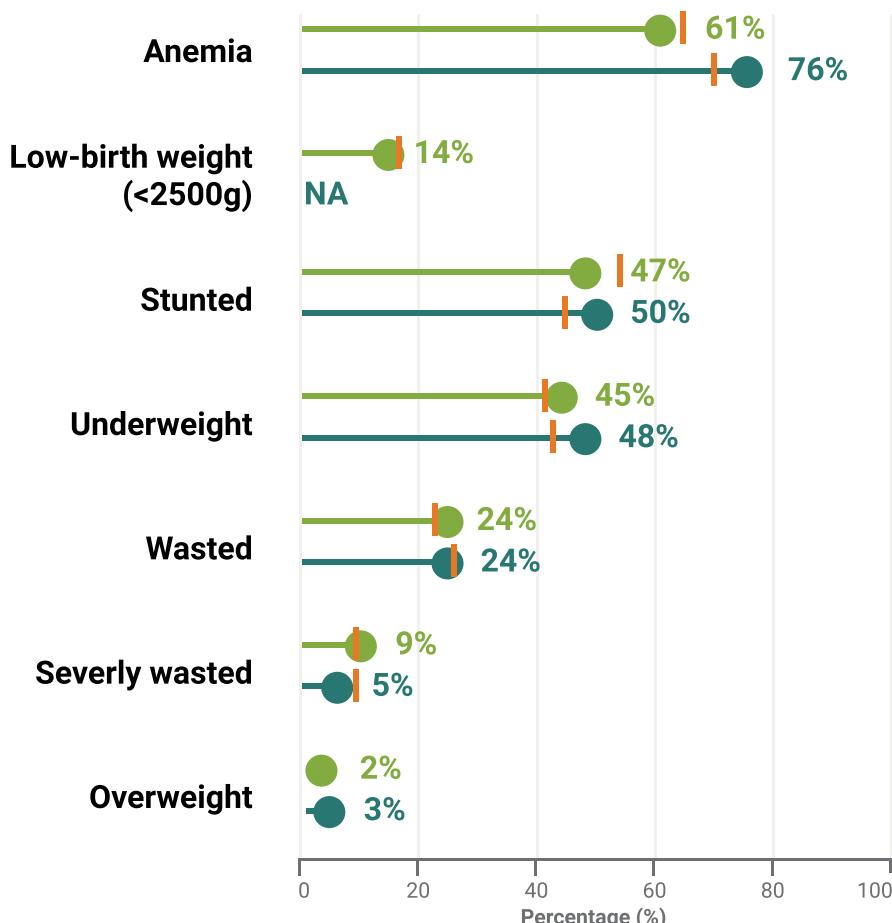


### Points of discussion:

- How does the district perform on stunting, wasting, underweight and anemia among children under the age of 5?
- What are the trends of overweight/obesity and other nutrition-related non-communicable diseases in the district?

## The state of nutrition among women (15 – 49 years)

Araria



### Points of discussion:

- What are the trends of anemia and underweight among women?
- What are the trends of overweight/obesity and other nutrition-related non-communicable diseases in the district?

# **Version - 08**

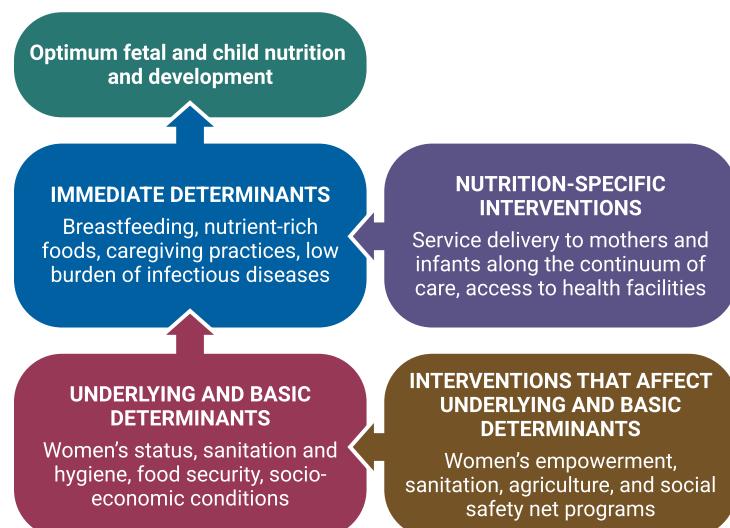
## **(Comparable)**

### About District Nutrition Profiles:

District Nutrition Profiles (DNPs) are available for 707 districts in India. They present trends for key nutrition and health outcomes and their cross-sectoral determinants in a district. The DNPs are based on data from the National Family Health Survey (NFHS)-4 (2015-2016) and NFHS-5 (2019-2020). They are aimed primarily at district administrators, state functionaries, local leaders, and development actors working at the district-level.



Figure 1: Map highlights district Lower Dibang Valley in the state/UT of Arunachal Pradesh.



Source: Adapted from Black et al. (2008)

### What factors lead to child undernutrition?

Given the focus of India's national nutrition mission on child undernutrition, the DNPs focus in on the determinants of child undernutrition (Figure on the left). Multiple determinants of suboptimal child nutrition and development contribute to the outcomes seen at the district-level. Different types of interventions can influence these determinants. Immediate determinants include inadequacies in food, health, and care for infants and young children, especially in the first two years of life. Nutrition-specific interventions such as health service delivery at the right time during pregnancy and early childhood can affect immediate determinants. Underlying and basic determinants include women's status, household food security, hygiene, and socio-economic conditions. Nutrition-sensitive interventions such as social safety nets, sanitation programs, women's empowerment, and agriculture programs can affect underlying and basic determinants.

### District demographic profile, 2019-20

Lower Dibang Valley

 <b>884/1,000</b> Sex ratio (females per 1,000 males) of the total population	 <b>17,741</b> Number of women of reproductive age (15–49 yrs)	 <b>1,069</b> Number of pregnant women
 <b>571</b> Number of live births	 <b>4,162</b> Total number of children under 5 yrs	 <b>504</b> Children under 5 yrs whose births were registered

Source:

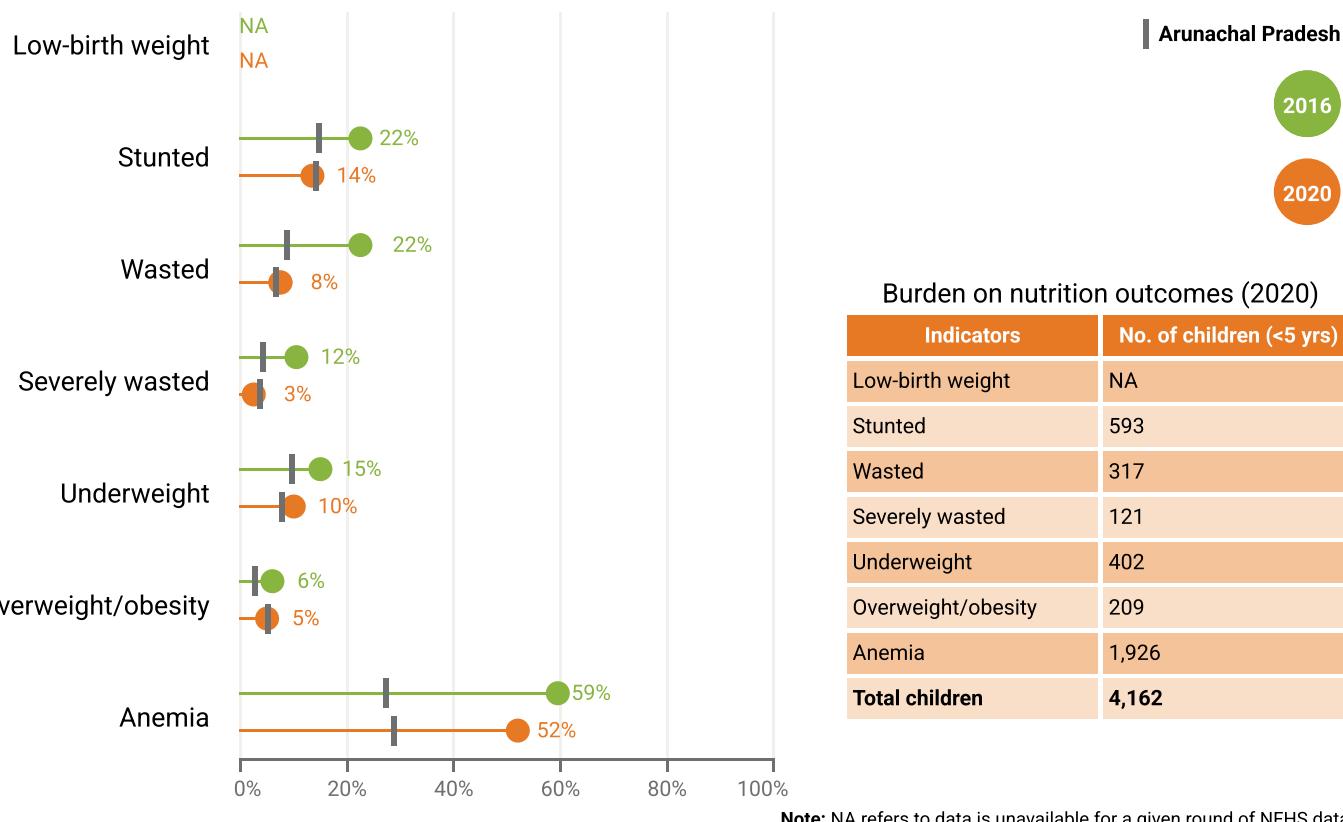
1. IFPRI estimates - The headcount was calculated as the product of the undernutrition prevalence and the total eligible projected population for each district in 2019. Projected population for 2019 was estimated using Census 2011.
2. NFHS-4 (2015-16) & NFHS-5 district & state factsheets (2019-20).

Citation: Singh, N., P.H. Nguyen, M. Jangid, S.K. Singh, R. Sarwal, N. Bhatia, R. Johnston, W. Joe, and P. Menon. 2022. District Nutrition Profile: Lower Dibang Valley, Arunachal Pradesh. New Delhi, India: International Food Policy Research Institute.

Acknowledgement: Financial support was provided by the Bill & Melinda Gates Foundation through POSHAN, led by the International Food Policy Research Institute. We thank Amit Jena (Independent Researcher) for design and programming support.

## The state of nutrition outcomes among children (<5 years)

Lower Dibang Valley



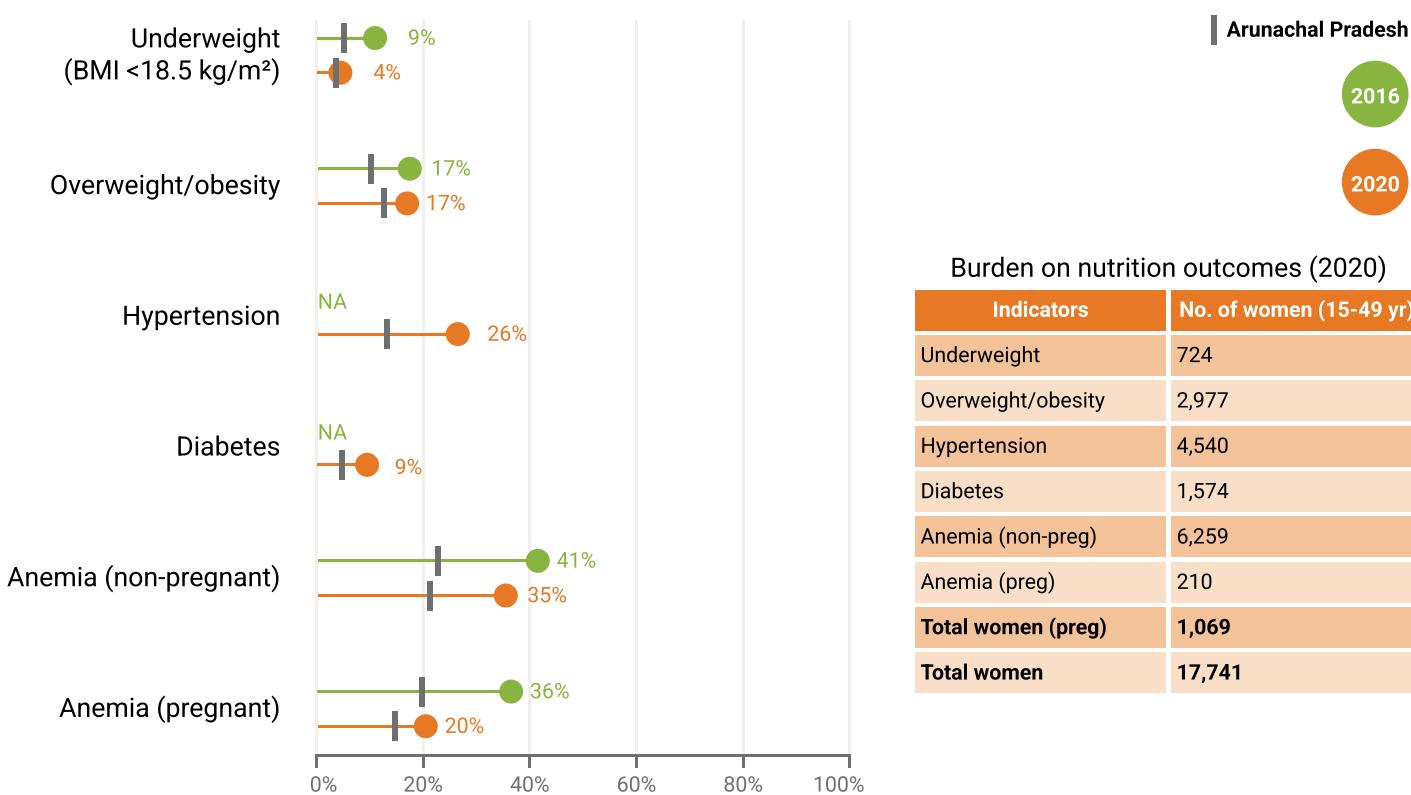
Note: NA refers to data is unavailable for a given round of NFHS data.

### Points for discussion:

- What are the trends in undernutrition among children under five years of age (stunting, wasting, underweight, and anemia)?
- What are the trends in overweight/obesity among children under five years of age in the district?

## The state of nutrition outcomes among women (15-49 years)

Lower Dibang Valley



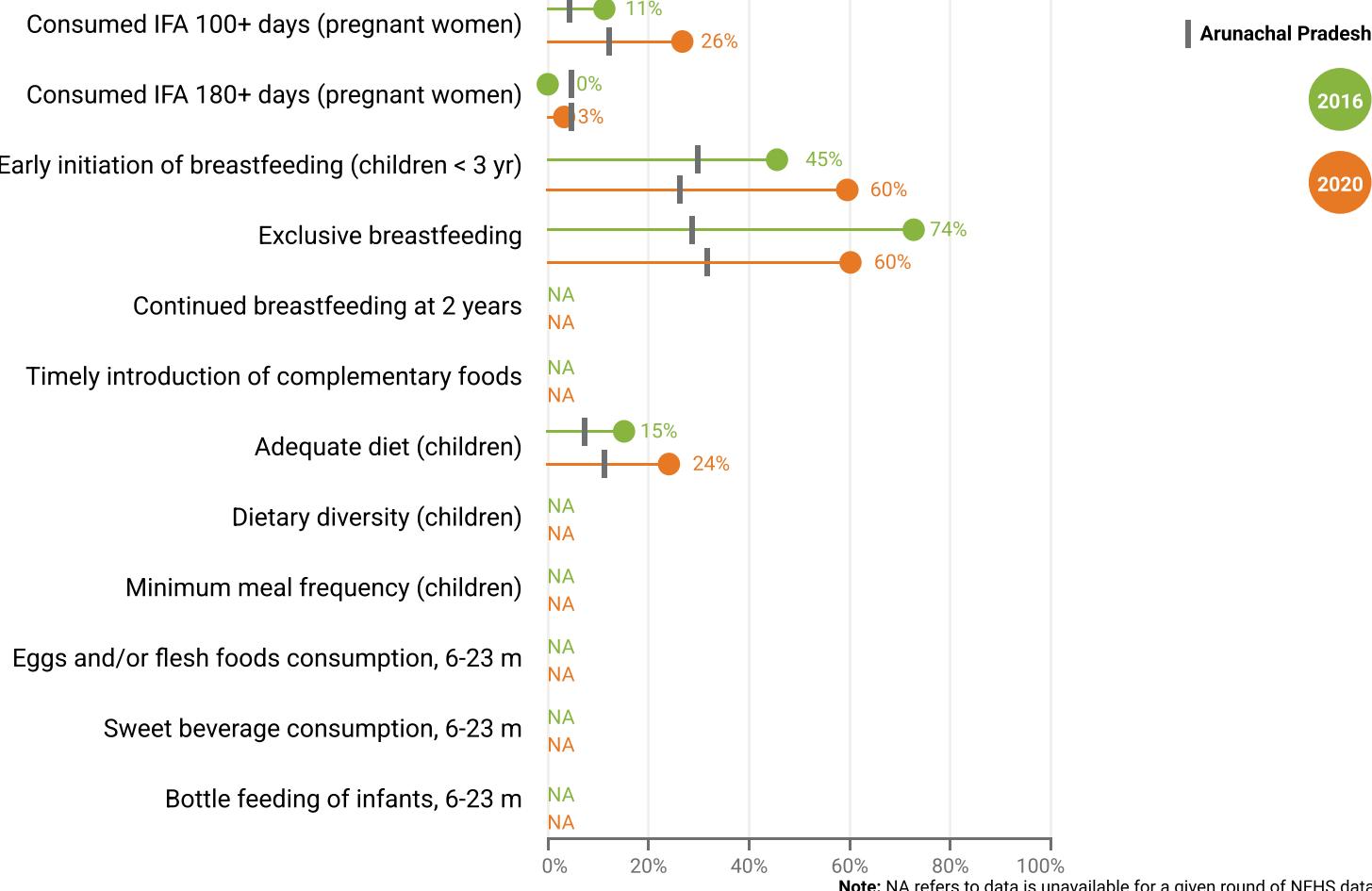
Note: NA refers to data is unavailable for a given round of NFHS data.

### Points for discussion:

- What are the trends in underweight and anemia among women (15-49 yrs) in the district?
- What are the trends in overweight/obesity and other nutrition-related non-communicable diseases in the district?

## Immediate determinants

Lower Dibang Valley



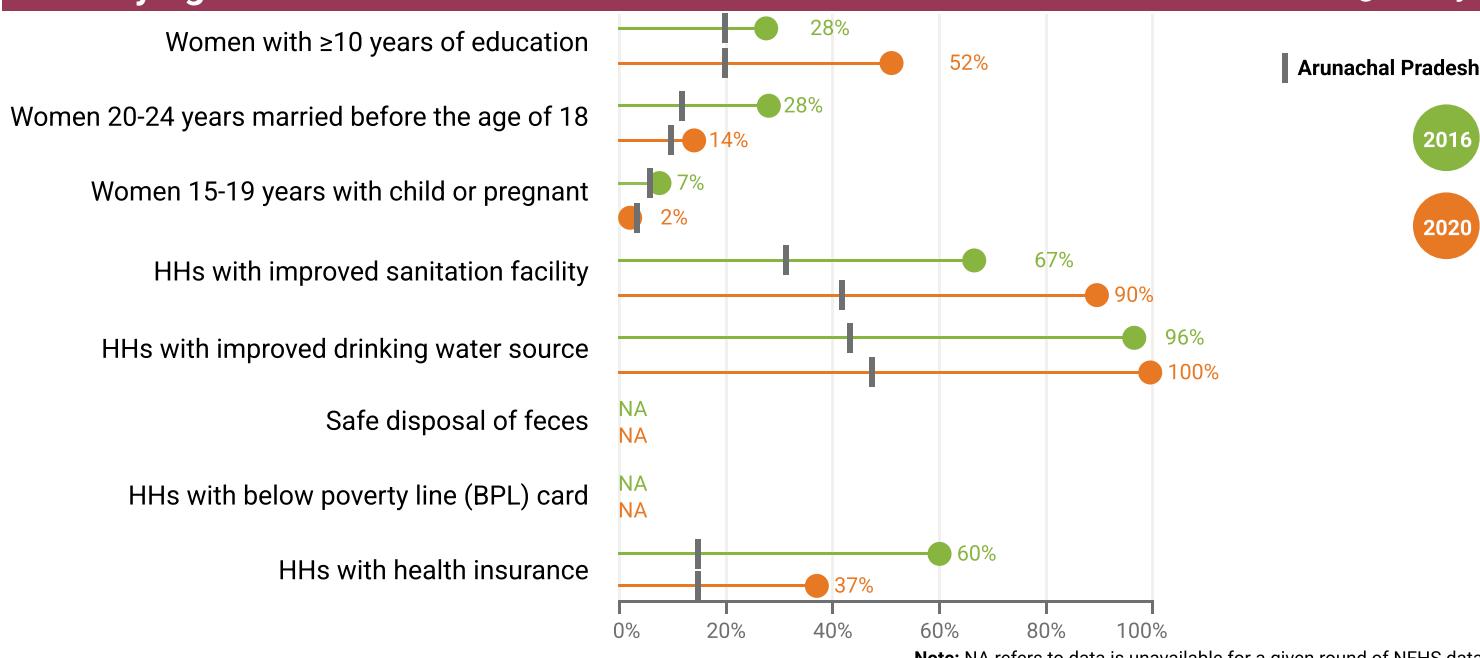
Note: NA refers to data is unavailable for a given round of NFHS data.

### Points for discussion:

- What are the trends in infant and young child feeding (timely initiation of breastfeeding, exclusive breastfeeding, timely initiation of complementary feeding, and adequate diet)? What can be done to improve infant and young child feeding?
- What are the trends in IFA consumption among pregnant women in the district? How can the consumption be improved?
- What additional data are needed to understand diets and/or other determinants?

## Underlying determinants

Lower Dibang Valley



Note: NA refers to data is unavailable for a given round of NFHS data.

### Points for discussion:

- How can the district increase women's literacy, and reduce early marriage, if needed?
- How does the district perform on providing drinking water and sanitation to its residents? Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation be improved?
- How can programs that address underlying and basic determinants (education, poverty, gender) be strengthened?
- What additional data are needed on food systems, poverty or other underlying determinants?

# Trends in coverage of interventions across the first 1,000 days

Lower Dibang Valley

Pre- and during pregnancy

Delivery and postnatal

Early childhood

2016

2020



Note: NA refers to data is unavailable for a given round of NFHS data.

## Points for discussion:

- How does the district perform on health and nutrition interventions along the continuum of care? Does it adequately provide both prenatal and postnatal services to women of reproductive age, pregnant women, new mothers and newborns?
- How has access to health and ICDS services changed over time (food supplementation, health and nutrition education and health checkups)?

# **Version - 08 (Final) (Non-comparable)**

## About District Nutrition Profiles:

District Nutrition Profiles (DNPs) are available for 707 districts in India. They present trends for key nutrition and health outcomes and their cross-sectoral determinants in a district. The DNPs are based on data from the National Family Health Survey (NFHS)-4 (2015-2016) and NFHS-5 (2019-2020). They are aimed primarily at district administrators, state functionaries, local leaders, and development actors working at the district-level.



Figure 1: Map highlights district Kurung Kumey in the state/UT of Arunachal Pradesh.



Source: Adapted from Black et al. (2008)

## What factors lead to child undernutrition?

Given the focus of India's national nutrition mission on child undernutrition, the DNPs focus in on the determinants of child undernutrition (Figure on the left). Multiple determinants of suboptimal child nutrition and development contribute to the outcomes seen at the district-level. Different types of interventions can influence these determinants. Immediate determinants include inadequacies in food, health, and care for infants and young children, especially in the first two years of life. Nutrition-specific interventions such as health service delivery at the right time during pregnancy and early childhood can affect immediate determinants. Underlying and basic determinants include women's status, household food security, hygiene, and socio-economic conditions. Nutrition-sensitive interventions such as social safety nets, sanitation programs, women's empowerment, and agriculture programs can affect underlying and basic determinants.

## District demographic profile, 2019-20

Kurung Kumey

 <b>688/1,000</b> Sex ratio (females per 1,000 males) of the total population	 <b>29,529</b> Number of women in reproductive age (15 – 49 yrs)	 <b>681</b> Number of pregnant women
 <b>243</b> Number of live births	 <b>8,671</b> Number of children under 5 yrs	 <b>197</b> Children under age 5 yrs whose birth was registered

### Source:

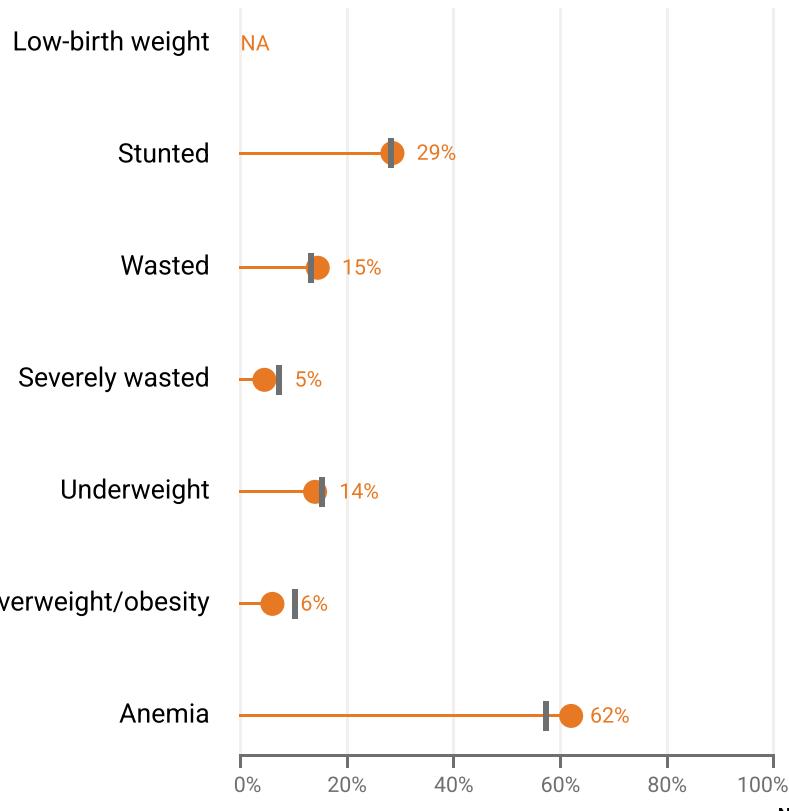
1. IFPRI estimates - The headcount was calculated as the product of the undernutrition prevalence and the total eligible projected population for each district in 2019. Projected population for 2019 was estimated using Census 2011
2. NFHS-4 (2015-16) & NFHS-5 district & state factsheets (2019-20)

**Citation:** Singh, N., P.H. Nguyen, M. Jangid, S.K. Singh, R. Sarwal, N. Bhatia, R. Johnston, W. Joe, and P. Menon. 2022. District Nutrition Profile: Kurung Kumey, Arunachal Pradesh. New Delhi, India: International Food Policy Research Institute.

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## The state of nutrition outcomes among children (<5 years)

Kurung Kumey



Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yr)
Low-birth weight	NA
Stunted	2,532
Wasted	1,306
Severely wasted	459
Underweight	1,201
Overweight/obesity	500
Anemia	4,860
<b>Total children</b>	<b>8671</b>

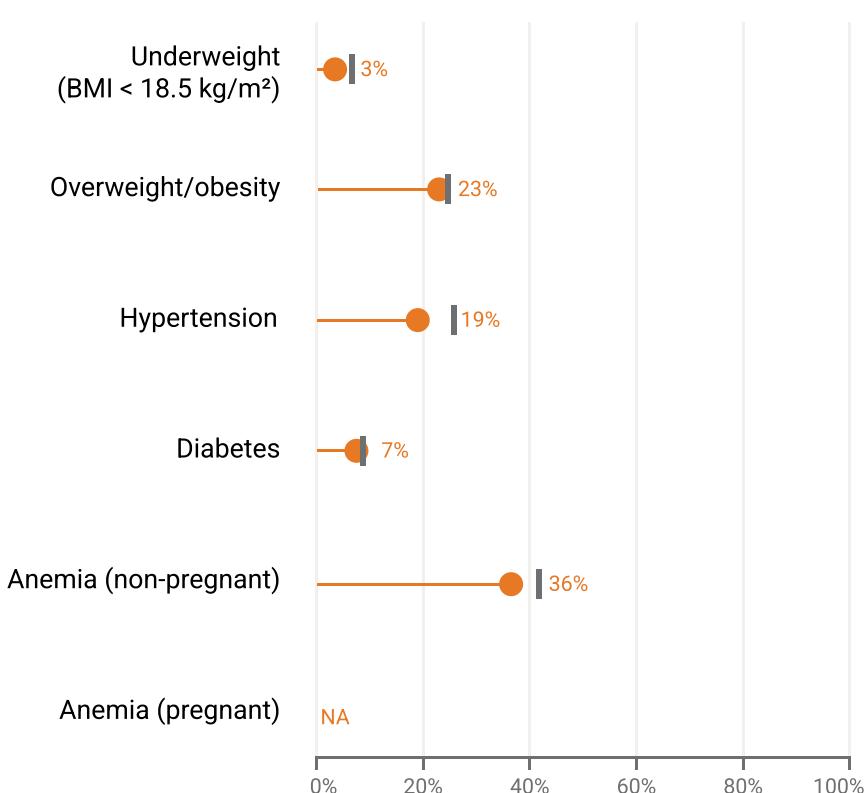
Note: NA refers to data is unavailable for a given round of NFHS data.

### Points for discussion:

- What are the trends in undernutrition among children under five years of age (stunting, wasting, underweight and anemia)?
- What are the trends of overweight/obesity among children in the district?

## The state of nutrition outcomes among women (15-49 years)

Kurung Kumey



Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yr)
Underweight	791
Overweight/obesity	6,871
Hypertension	5,675
Diabetes	2,032
Anemia (non-preg)	10,483
Anemia (preg)	NA
<b>Total women (preg)</b>	<b>681</b>
<b>Total women</b>	<b>29589</b>

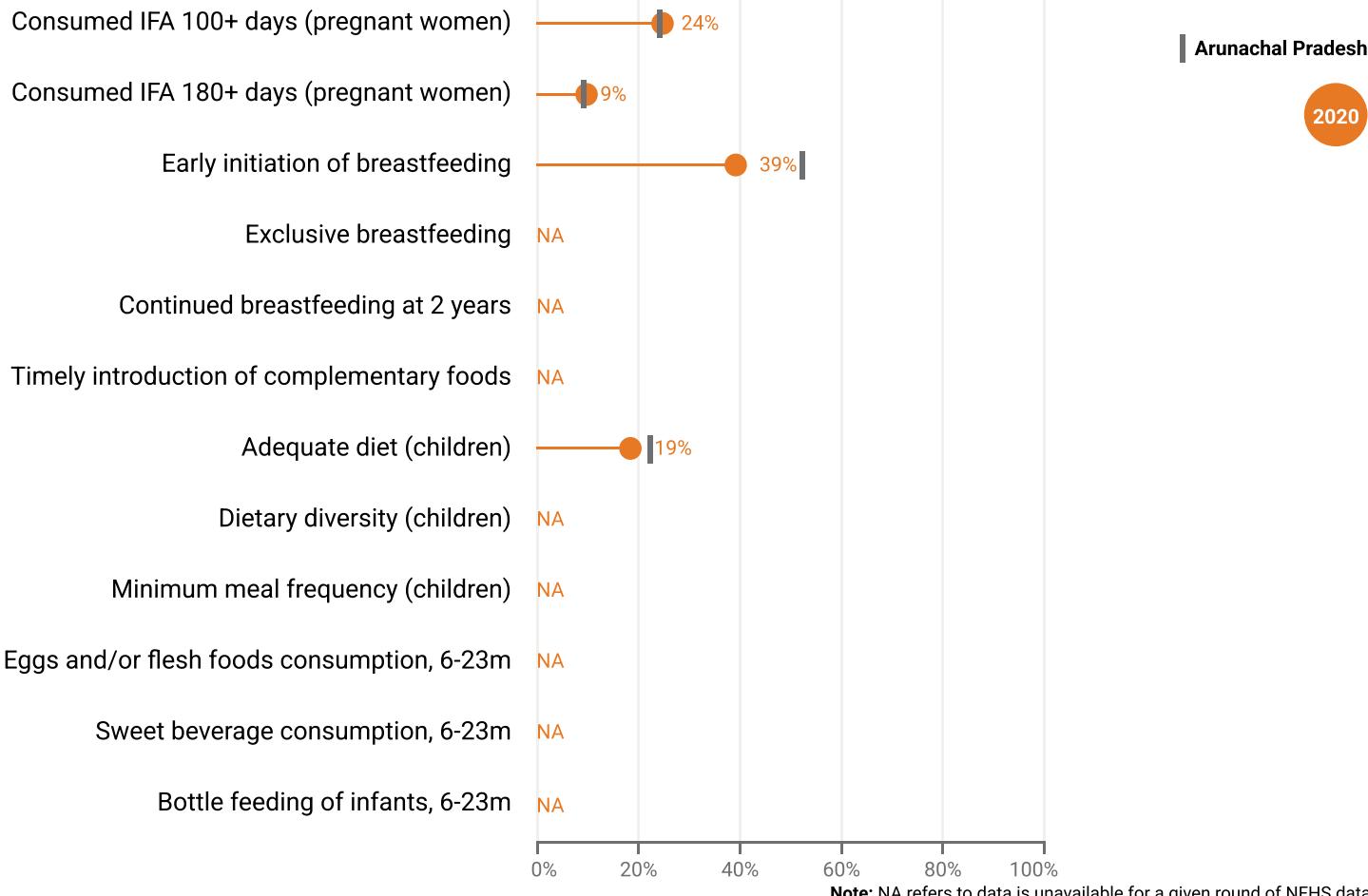
Note: NA refers to data is unavailable for a given round of NFHS data.

### Points for discussion:

- What are the trends in underweight and anemia women (15-49 yr) in the district?
- What are the trends of overweight/obesity and other nutrition-related non-communicable diseases in the district?

## Immediate determinants

Kurung Kumey



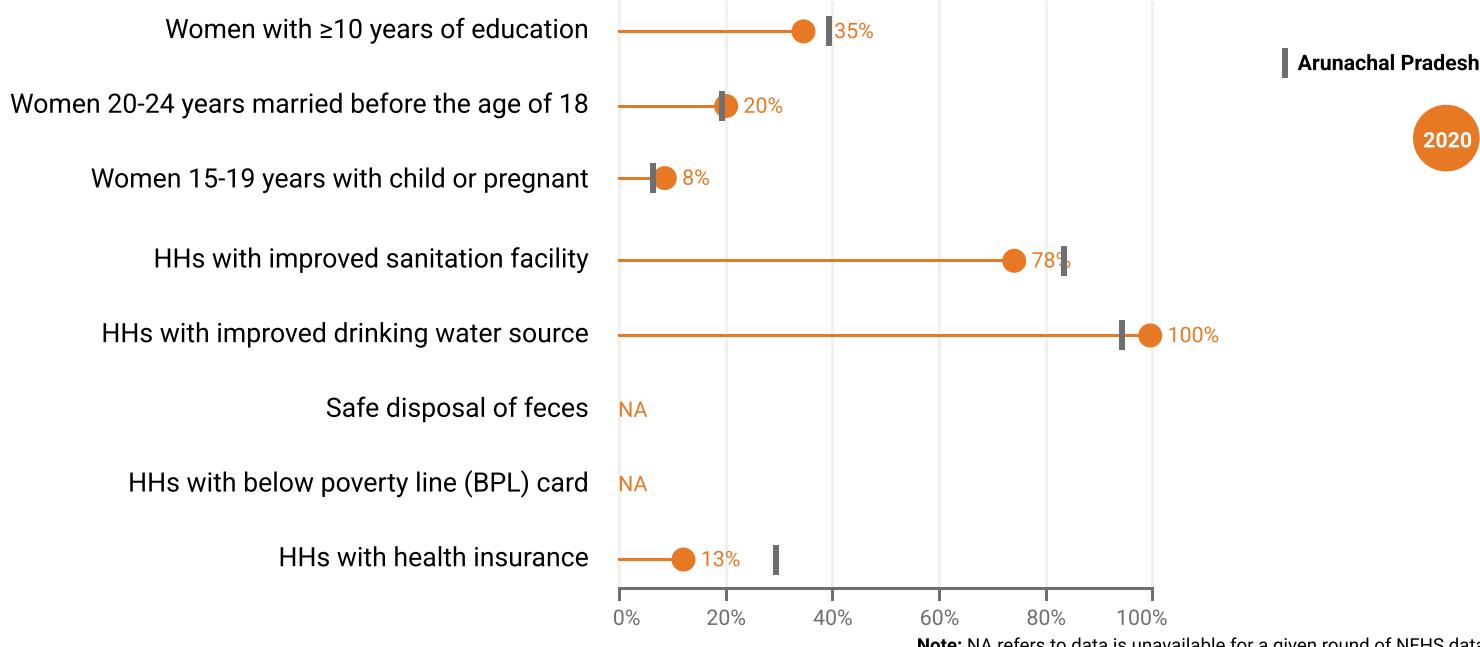
Note: NA refers to data is unavailable for a given round of NFHS data.

### Points for discussion:

- What are the trends in infant and young child feeding (timely initiation of breastfeeding, exclusive breastfeeding, timely initiation of complementary feeding and adequate diet)? What can be done to improve infant and young child feeding?
- What are the trends in IFA consumption among pregnant women in the district? How can the consumption be improved?
- What additional data is needed to understand diets and/or other determinants?

## Underlying determinants

Kurung Kumey



### Points for discussion:

- How can the district increase women's literacy, and reduce early marriage, if needed?
- How does the district perform on providing drinking water and sanitation to its residents? Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation be improved?
- How can programs that address underlying and basic determinants (education, poverty, gender) be strengthened?
- What additional data is needed on food systems, poverty or other underlying determinants?

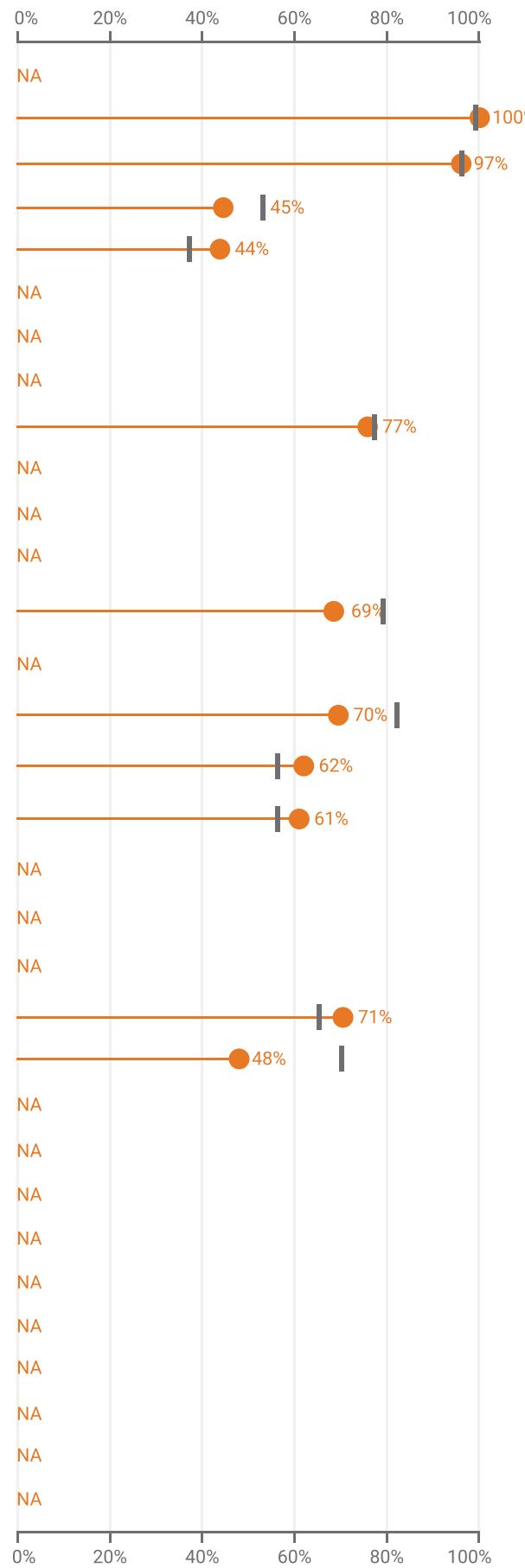
# Trends in coverage of interventions across the first 1,000 days (%)

Kurung Kumey

Pre and during pregnancy

Delivery and postnatal

Early childhood



Note: NA refers to data is unavailable for a given round of NFHS data.

## Points for discussion:

- How does the district perform on health and nutrition interventions along the continuum of care? Does it adequately provide both prenatal and postnatal services to its women of reproductive age, pregnant women, new mothers and new borns?
- How have access to health and ICDS services changed over time (food supplementation, health and nutrition education and health check-ups)?