

DISTRICT NUTRITION PROFILE

Led by IFPRI 🕅

NARMADA | GUJARAT

MARCH 2022

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 Narmada in the state/UT of Guiarat

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

What factors lead to child undernutrition?

Optimum fetal and child nutrition and development

IMMEDIATE DETERMINANTS

Breastfeeding, nutrient-rich foods, caregiving practices, low burden of infectious diseases

UNDERLYING AND BASIC DETERMINANTS

Women's status, sanitation and hygiene, food security, socioeconomic conditions

Source: Adapted from Black et al. (2008)

NUTRITION-SPECIFIC INTERVENTIONS

Service delivery to mothers and infants along the continuum of care, access to health facilities

INTERVENTIONS THAT AFFECT UNDERLYING AND BASIC DETERMINANTS

Women's empowerment, sanitation, agriculture, and social safety net programs

District demographic profile, 2019-20

Narmada



926/1,000

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



188,964

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



underlying and basic determinants.

10.173

Number of pregnant women



8,266

Number of live births



61,171

Total number of children under 5 vrs



8,034

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: Narmada, Gujarat. New Delhi, - India: International Food Policy Research Institute.

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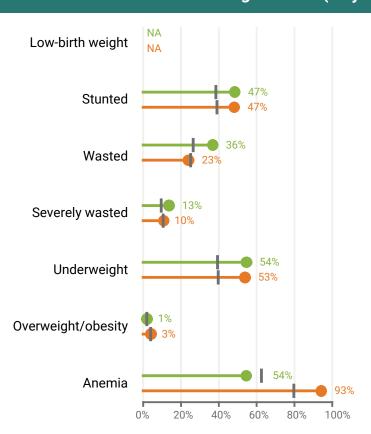












Gujarat

2016

2020

Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	28,861
Wasted	14,057
Severely wasted	6,031
Underweight	32,311
Overweight/obesity	1,884
Anemia	51,219
Total children	61,171

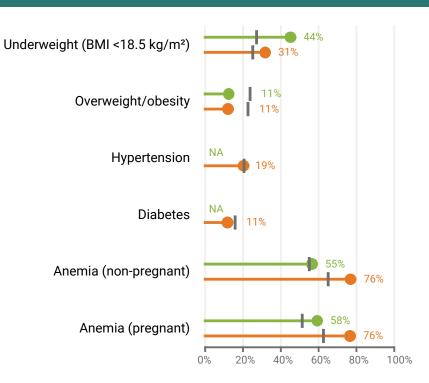
Note: NA refers to data are unavailable for a given round of NFHS data.

Points of 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)

Narmada



Gujarat





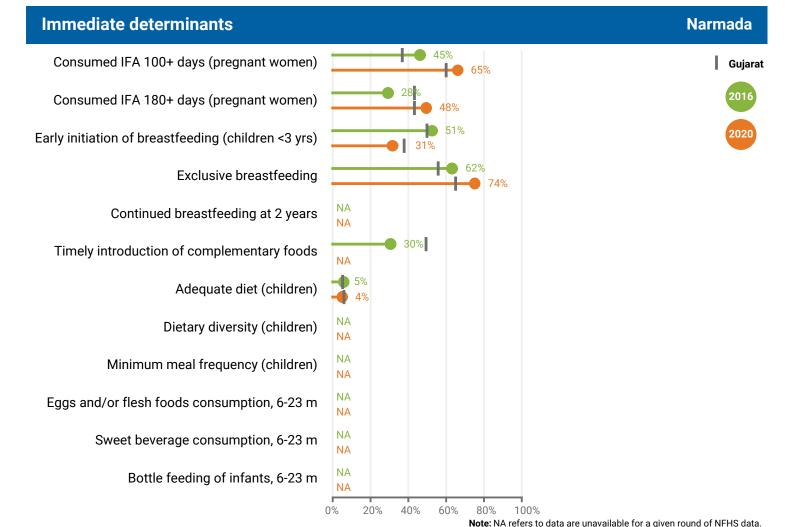
Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	58,069
Overweight/obesity	20,956
Hypertension	36,262
Diabetes	20,427
Anemia (non-preg)	143,461
Anemia (preg)	7,693
Total women (preg)	10,173
Total women	188,964

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

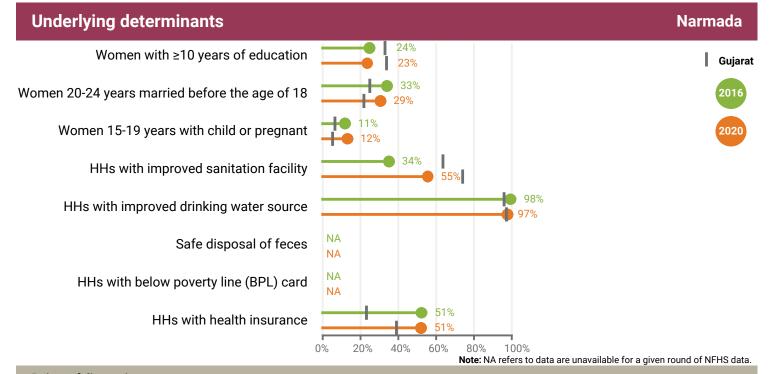
Points of discussion:

- 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?



Points of 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?



Points of discussion:

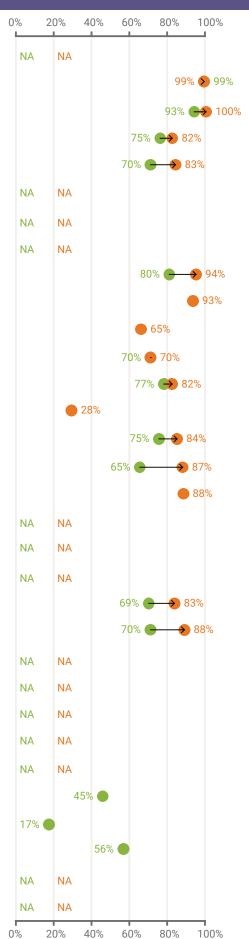
- · How can the district increase women's literacy, and reduce early marriage, if needed?
- How does the district perform on providing drinking water and sanitation to its residents? Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation 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?

Demand for FP satisfied lodized 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







 $\textbf{Note:} \ \mathsf{NA} \ \mathsf{refers} \ \mathsf{to} \ \mathsf{data} \ \mathsf{are} \ \mathsf{unavailable} \ \mathsf{for} \ \mathsf{a} \ \mathsf{given} \ \mathsf{round} \ \mathsf{of} \ \mathsf{NFHS} \ \mathsf{data}.$

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 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)?