

DISTRICT NUTRITION PROFILE

Led by IFPRI 🕅

ANJAW | ARUNACHAL PRADESH

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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



Figure 1: Map highlights district Anjaw in the state/UT of Arunachal Pradesh

Optimum fetal and child nutrition and development

IMMEDIATE DETERMINANTS

Brestfeeding, 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

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

Anjaw



Sex ratio (females per 1.000 males) of the total population



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



pregnant women



Number of live births



Total number of children under 5 yrs



Number of pregnant women

- 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: Anjaw, Arunachal Pradesh. New-Delhi, India: International Food Policy Research Institute.

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

Anjaw

Low-birth weight

Stunted

Wasted

Severely wasted

Underweight

Overweight/obesity

Anemia

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)

Anjaw

Underweight (BMI <18.5 kg/m²)

Overweight/obesity

Hypertension

Diabetes

Anemia (non-pregnant)

Anemia (pregnant)

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?

Immediate determinants Anjaw

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

Points of discussion:

- What are the trends in infant and young child feeding (timely initiation of breastfeeding, exclusive breastfeeding, timely initiation of c omplementary 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

Anjaw

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

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?

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)?