POSHAN
Led by IFPRI

DISTRICT NUTRITION PROFILE

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.
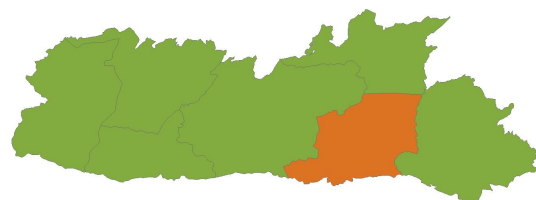
Figure 1: Map highlights district East Khasi Hills in the state/UT of Meghalaya

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

NUTRITION-SPECIFIC INTERVENTIONS
Service delivery to mothers and infants along the continuum of care, access to health facilities

UNDERLYING AND BASIC DETERMINANTS
Women's status, sanitation and hygiene, food security, socio-economic conditions

INTERVENTIONS THAT AFFECT UNDERLYING AND BASIC DETERMINANTS
Women's empowerment, sanitation, agriculture, and social safety net programs

Source: Adapted from Black et al. (2008)

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.

District demographic profile, 2019-20 — East Khasi Hills

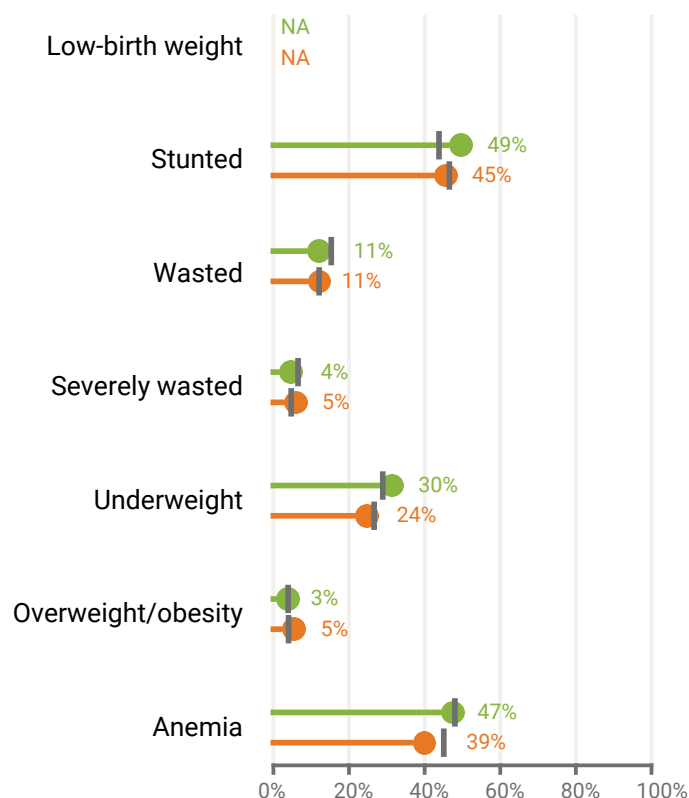|		
936/1,000 Sex ratio (females per 1,000 males) of the total population	**277,547** Number of women in reproductive age (15–49 yrs)	**60,339** Number of pregnant women
26,574 Number of live births	**57,563** Total number of children under 5 yrs	**21,213** Children under 5 yrs whose births were registered

NITI Aayog   IIPS   unicef for every child   सत्यमेव परमो धर्मः   Data DENT

Meghalaya

2016

2020

Low-birth weight — NA / NA

Stunted — 49% / 45%

Wasted — 11% / 11%

Severely wasted — 4% / 5%

Underweight — 30% / 24%

Overweight/obesity — 3% / 5%

Anemia — 47% / 39%

0% 20% 40% 60% 80% 100%

Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	25,696
Wasted	6,436
Severely wasted	2,832
Underweight	13,711
Overweight/obesity	2,608
Anemia	20,151
Total children	**57,563**

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)   **East Khasi Hills**

Meghalaya

2016

2020

Underweight (BMI <18.5 kg/m²) — 13% / 12%

Overweight/obesity — 17% / 16%

Hypertension — NA / 25%

Diabetes — NA / 9%

Anemia (non-pregnant) — 47% / 48%

Anemia (pregnant) — 48% / 44%

0% 20% 40% 60% 80% 100%

Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	32,140
Overweight/obesity	43,242
Hypertension	68,082
Diabetes	25,118
Anemia (non-preg)	134,611
Anemia (preg)	26,392
Total women (preg)	**60,339**
Total women	**277,547**

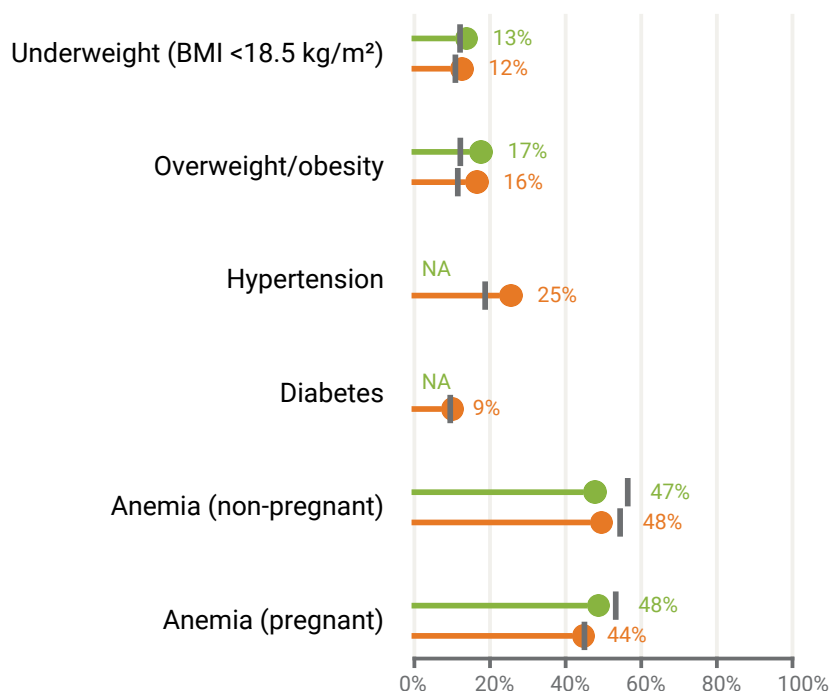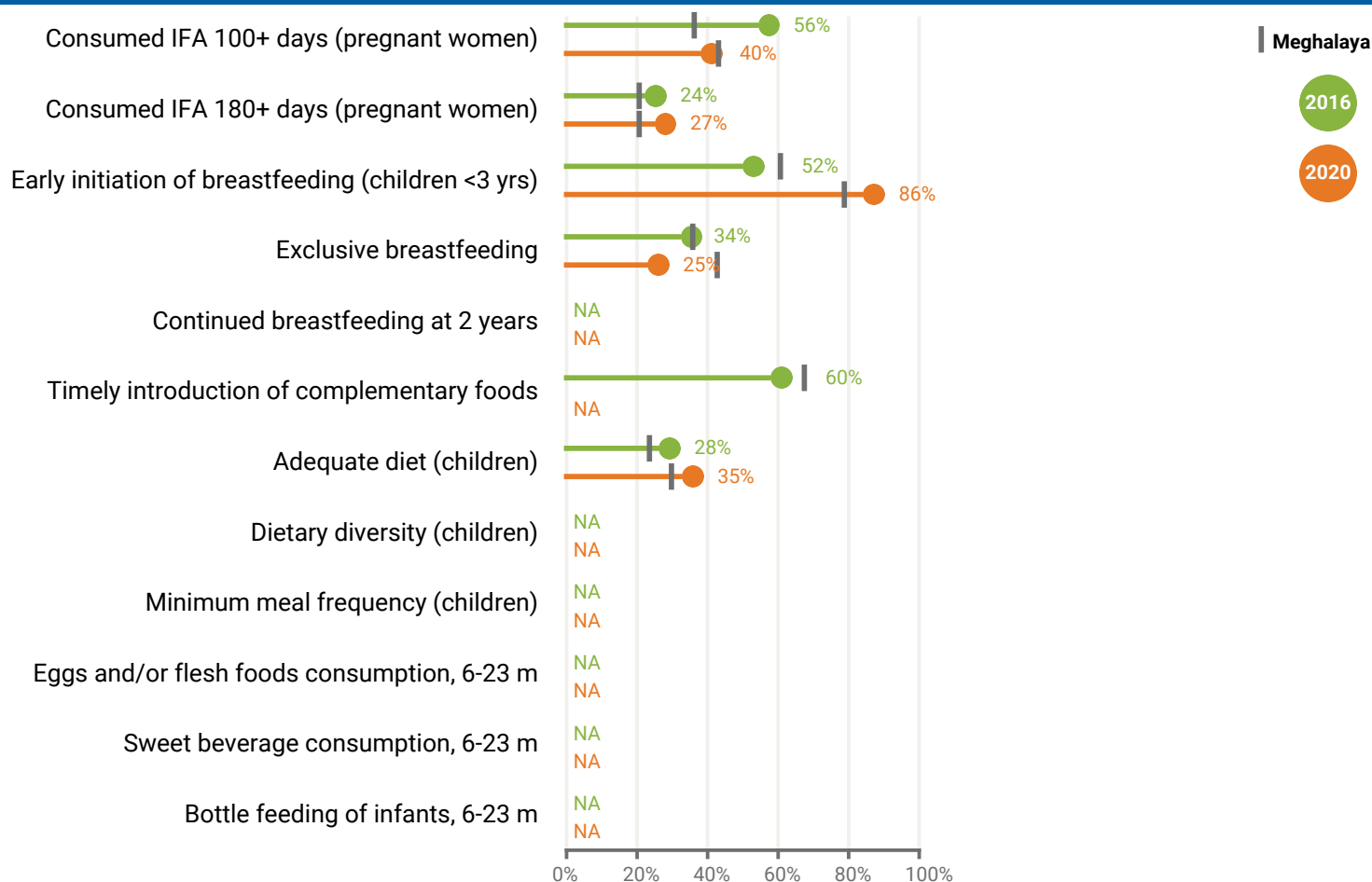**Note:** NA refers to data are unavailable for a given round of NFHS data.

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?

Immediate determinants

East Khasi Hills

Metric	2016	2020
Consumed IFA 100+ days (pregnant women)	56%	40%
Consumed IFA 180+ days (pregnant women)	24%	27%
Early initiation of breastfeeding (children <3 yrs)	52%	86%
Exclusive breastfeeding	34%	25%
Continued breastfeeding at 2 years	NA	NA
Timely introduction of complementary foods	60%	NA
Adequate diet (children)	28%	35%
Dietary diversity (children)	NA	NA
Minimum meal frequency (children)	NA	NA
Eggs and/or flesh foods consumption, 6-23 m	NA	NA
Sweet beverage consumption, 6-23 m	NA	NA
Bottle feeding of infants, 6-23 m	NA	NA

Legend: | Meghalaya · ● 2016 · ● 2020

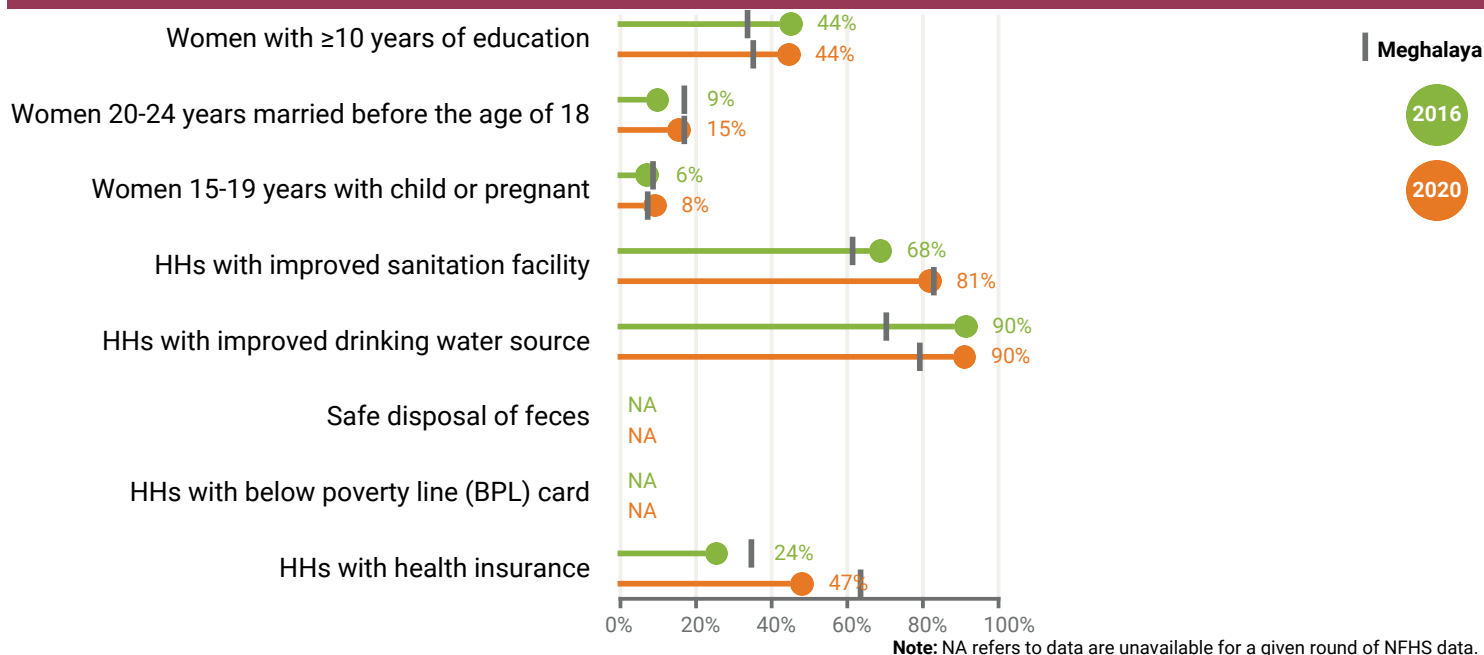**Note:** NA refers to data are unavailable for a given round of NFHS data.

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?

Underlying determinants

East Khasi Hills

Metric	2016	2020
Women with ≥10 years of education	44%	44%
Women 20-24 years married before the age of 18	9%	15%
Women 15-19 years with child or pregnant	6%	8%
HHs with improved sanitation facility	68%	81%
HHs with improved drinking water source	90%	90%
Safe disposal of feces	NA	NA
HHs with below poverty line (BPL) card	NA	NA
HHs with health insurance	24%	47%

Legend: | Meghalaya · ● 2016 · ● 2020

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

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?

Trends in coverage of interventions across the first 1,000 days — East Khasi Hills

Legend:
- 2016
- 2020

Pre and during pregnancy

Intervention	2020	2016
Demand for FP satisfied	NA	NA
Iodized salt	93%	99%
Pregnancy registered (MPC card)	88%	89%
ANC first trimester	57%	72%
> 4 ANC visits	57%	73%
Weighing	NA	NA
Birth preparedness counselling	NA	NA
Breastfeeding counselling	NA	NA
Tetanus injection	80%	84%
Received IFA tab/syrup	82%	
Deworming	7%	
Food supplementation	73%	73%

Delivery and postnatal

Intervention	2020	2016
Institutional birth	63%	67%
Financial assistance (JSY)	21%	
Skilled birth attendant	69%	70%
Postnatal care for mothers	34%	65%
Postnatal care for babies	42%	
Food supplementation	NA	NA
Health & nutrition education	NA	NA
Health checkup (ICDS)	NA	NA

Early childhood

Intervention	2020	2016
Full immunization	49%	69%
Vitamin A	54%	64%
Pediatric IFA	NA	NA
Deworming	NA	NA
Food supplementation (6-35 months)	NA	NA
Weighing	NA	NA
Counselling on child growth	NA	NA
ORS during diarrhea	74%	82%
Zinc during diarrhea	31%	53%
Careseeking for ARI	73%	88%
Preschool at AWC	NA	NA
Health checkup from AWC	NA	NA

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