

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India

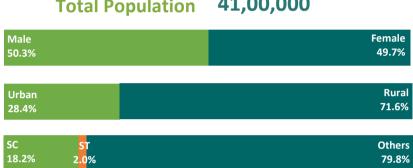
Led by IFPRI

DISTRICT NUTRITION PROFILE

Kurnool | Andhra Pradesh

DISTRICT DEMOGRAPHIC PROFILE¹

41,00,000 **Total Population**



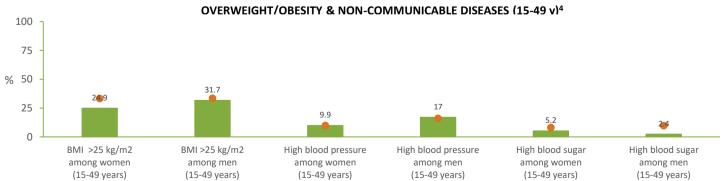


Kurnool ranks 371 amongst 599 districts in India²

THE STATE OF NUTRITION IN KURNOOL

UNDERNUTRITION3 ■ Kurnool • Andhra Pradesh 100 DISTRICT LEVEL DATA 75 44.1 % 50 37.5 21.6 18.8 25 0 Stunting Wasting Underweight Anemia Low birthweight Anemia among Body Mass Index (BMI) (among children <5 (among children <5 (among children <5 (among children <5 (<2500 g) women of <18.5 kg/m2 among years) years) years) years) reproductive age WRA POSSIBLE POINTS OF DISCUSSION (WRA)

- How does the district perform on stunting, wasting, underweight and anaemia among children under the age of 5?
- What are the levels of anemia prevalence and low body mass index among women?
- What are the levels of overweight/obesity and other nutrition-related non-communicable diseases in the district?



²Data source 2 (see Page 2)

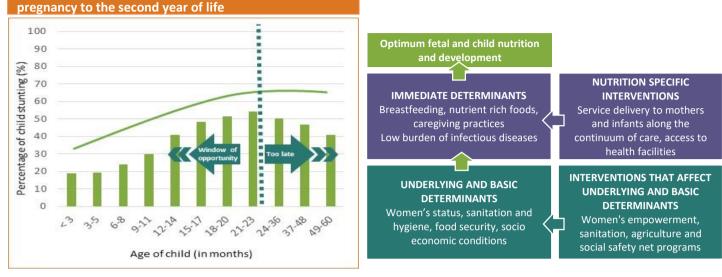
⁴Data source 3 (see Page 2)

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HOW CAN NUTRITION IMPROVE?

The most crucial period for child nutrition is from pre-

WHAT FACTORS CAUSE UNDERNUTRITION1?



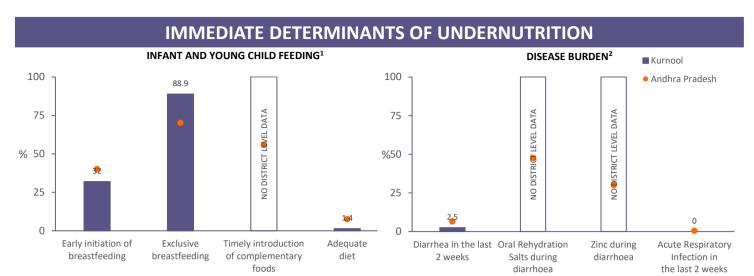
Child undernutrition is caused by inadequacies in food, health and care for infants and young children, especially in the first two years of life (*immediate determinants*). Mothers' and infants' access to **nutrition-specific** interventions can influence these immediate determinants.

At the household and community level, women's status, household food security, hygiene and socio economic conditions further contribute to children's nutrition outcomes (*underlying and basic determinants*). Interventions such as social safety nets, sanitation programs, women's empowerment and agriculture programs have the potential to improve nutrition by addressing underlying and basic determinants.

DATA SOURCES

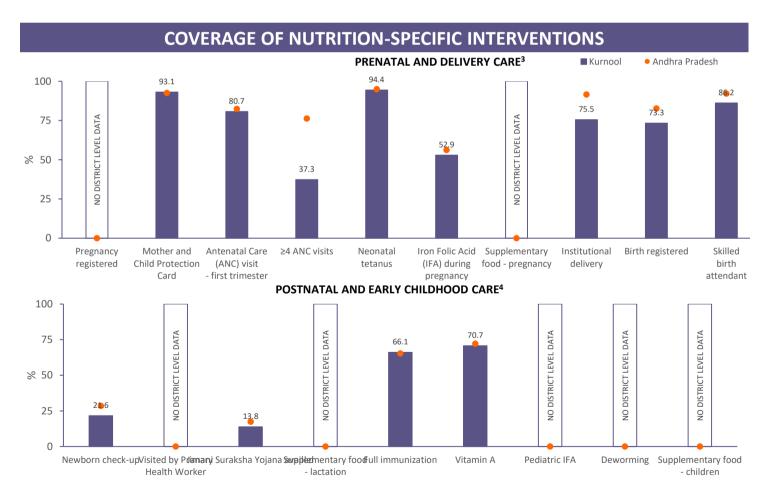
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POSSIBLE POINTS OF DISCUSSION

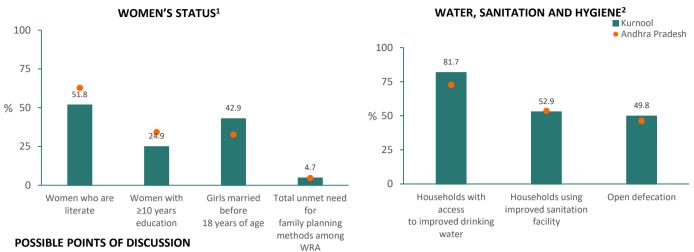
- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum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



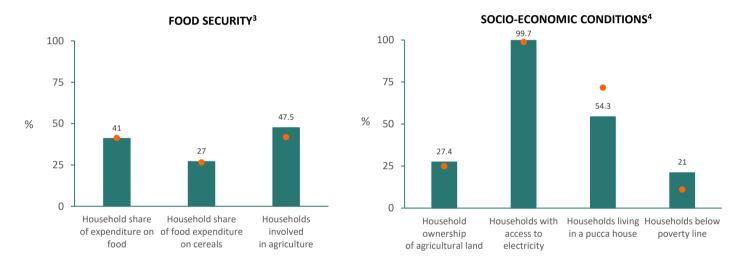
POSSIBLE POINTS OF DISCUSSION

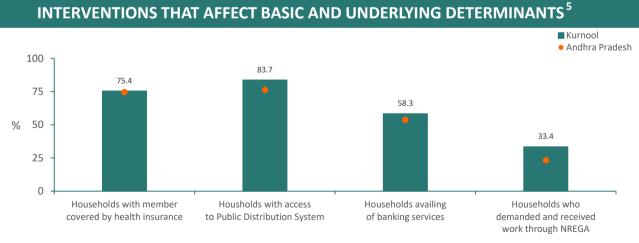
- How does the district perform on health and nutrition interventions along the continuum of care: does it adequately provide both prenatal and postnatal services to its women of reproductive age, pregnant women, new mothers and new-borns?
- What percentage of households have access to health and ICDS services?

UNDERLYING AND BASIC DETERMINANTS OF UNDERNUTRITION



- 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 does the district fare on food security?





POSSIBLE POINTS OF DISCUSSION

- How can social programs that address underlying and basic determinants be strengthened?
- What are some of the major development challenges in the district?

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 iTech Mission Private Limited (iTM)

