

# **DISTRICT NUTRITION PROFILE**

Led by IFPRI 🖔

# KRISHNA | ANDHRA PRADESH

**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



Figure 1: Map highlights district Krishna in the state/UT of Andhra Pradesh

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

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.

District demographic profile, 2019-20

Krishna



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



,401,557

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



70,626

Number of pregnant women



Number of live births



310,517

Total number of children under 5 vrs



Children under 5 yrs whose births were registered

- 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: Krishna, Andhra Pradesh. New -Delhi, India: International Food Policy Research Institute.

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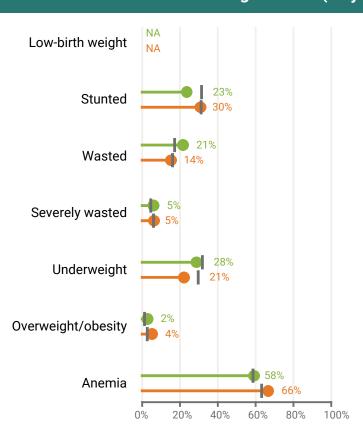












Andhra Pradesh

2016

2020

# Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	92,658
Wasted	44,249
Severely wasted	16,178
Underweight	65,612
Overweight/obesity	13,135
Anemia	183,263
Total children	310,517

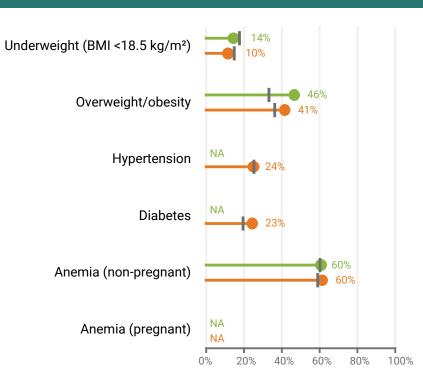
Note: NA refers to data are unavailable for a given round of NFHS data.

# 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)

Krishna



Andhra Pradesh





# Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	146,743
Overweight/obesity	568,472
Hypertension	336,654
Diabetes	326,843
Anemia (non-preg)	846,961
Anemia (preg)	NA
Total women (preg)	70,626
Total women	1,401,557

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 Krishna Consumed IFA 100+ days (pregnant women) Andhra Pradesh Consumed IFA 180+ days (pregnant women) 38% Early initiation of breastfeeding (children <3 yrs) 29% NA Exclusive breastfeeding NA NA Continued breastfeeding at 2 years NA NA Timely introduction of complementary foods NA

23%

NA

NA NA

NA NA

NA NA

NA NA

NA

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

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?

Adequate diet (children)

Dietary diversity (children)

Minimum meal frequency (children)

Sweet beverage consumption, 6-23 m

Bottle feeding of infants, 6-23 m

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

# Underlying determinants Krishna Women with ≥10 years of education Andhra Pradesh Women 20-24 years married before the age of 18 Women 15-19 years with child or pregnant HHs with improved sanitation facility 93% HHs with improved drinking water source NA Safe disposal of feces NA NA HHs with below poverty line (BPL) card NA 72% HHs with health insurance 68% 20% 40% 60% 80% 100% 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?

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

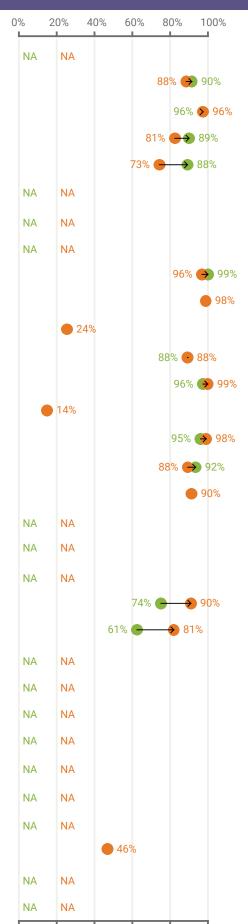
ORS during diarrhea

Zinc during diarrhea

Careseeking for ARI

Preschool at AWC

Health checkup from AWC



100% Note: NA refers to data are unavailable for a given round of NFHS data.

80%

### 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?

0%

20%

40%

· How has access to health and ICDS services changed over time (food supplementation, health and nutrition education and health checkups)?