

DISTRICT NUTRITION PROFILE

Led by IFPRI 🕅

JALNA | MAHARASHTRA

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 Jalna in the state/UT of Maharashtra

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

Jalna



914/1.000

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



565,584

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



underlying and basic determinants.

42,121

Number of pregnant women



33,952

Number of live births



192,900

Total number of children under 5 vrs



34.016

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: Jalna, Maharashtra. New Delhi, India: International Food Policy Research Institute.

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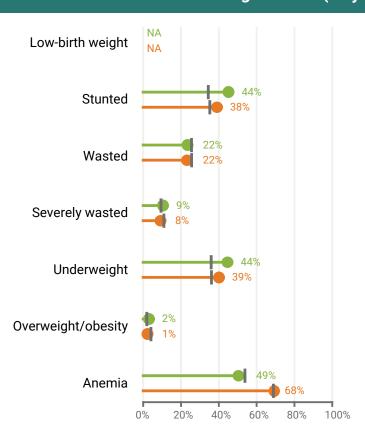












Maharashtra





Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	73,244
Wasted	42,766
Severely wasted	15,760
Underweight	75,289
Overweight/obesity	2,469
Anemia	118,369
Total children	192,900

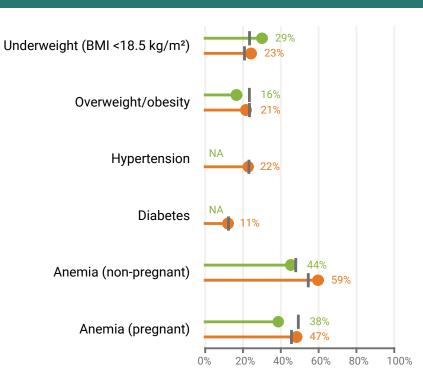
Note: NA refers to data are unavailable for a given round of NFHS data.

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)

Jalna



Maharashtra





Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	131,838
Overweight/obesity	116,397
Hypertension	123,241
Diabetes	62,101
Anemia (non-preg)	331,715
Anemia (preg)	19,919
Total women (preg)	42,121
Total women	565,584

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 Jalna Consumed IFA 100+ days (pregnant women) Maharashtra Consumed IFA 180+ days (pregnant women) Early initiation of breastfeeding (children <3 yrs) Exclusive breastfeeding NA NA Continued breastfeeding at 2 years NA NA Timely introduction of complementary foods NA Adequate diet (children) NA 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

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?

40%

60%

80%

100%

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

· What are the trends in IFA consumption among pregnant women in the district? How can the consumption be improved?

20%

NA NA

NA

0%

· What additional data are needed to understand diets and/or other determinants?

Bottle feeding of infants, 6-23 m

Underlying determinants **Jalna** Women with ≥10 years of education Maharashtra 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 NA Safe disposal of feces NA NA HHs with below poverty line (BPL) card 11% HHs with health insurance 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



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)?



Counselling on child growth

ORS during diarrhea

Zinc during diarrhea

Careseeking for ARI

Preschool at AWC

Health checkup from AWC