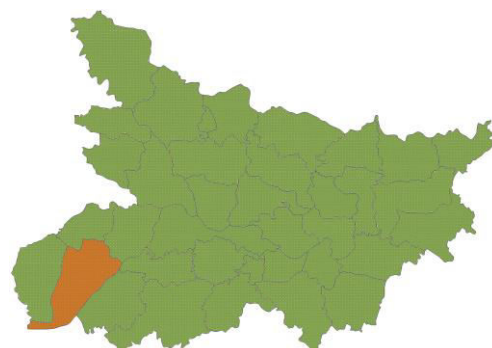
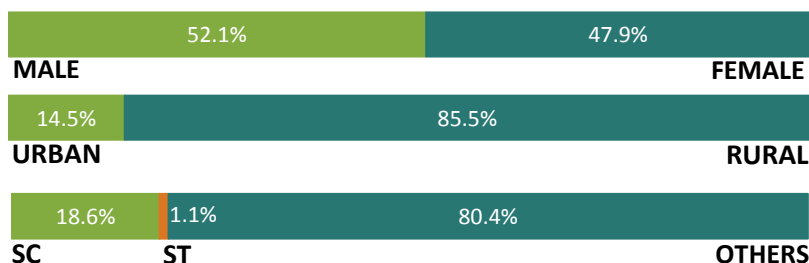


DISTRICT NUTRITION PROFILE

Rohtas, Bihar

DISTRICT DEMOGRAPHIC PROFILE¹

Total Population **2,959,918**



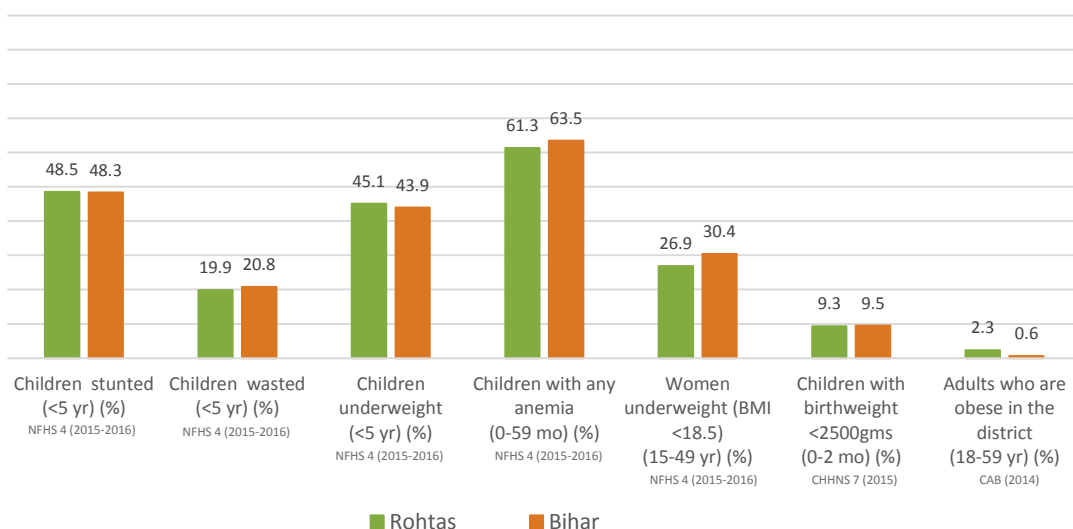
Rohtas ranks 533rd amongst 599 districts in India²
DISTRICT DEVELOPMENT INDEX (2015)

THE STATE OF NUTRITION IN ROHTAS^{3,4,5}

48,5%
CHILDREN STUNTED

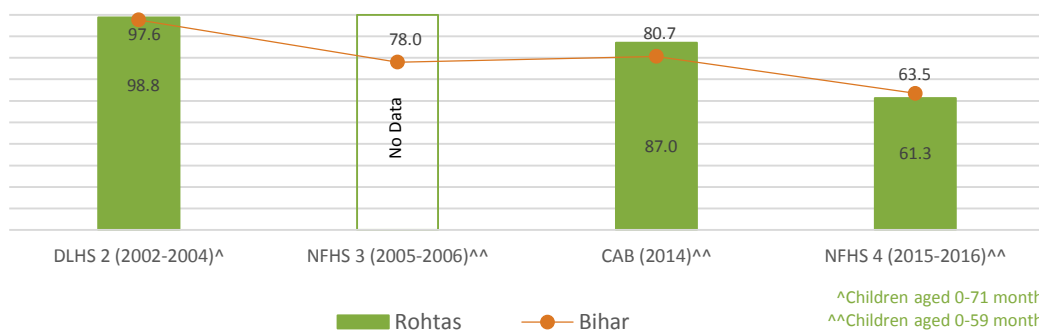
19,9%
CHILDREN WASTED

45,1%
CHILDREN UNDERWEIGHT



CHANGES OVER TIME IN ANEMIA^{3,5,6,7}

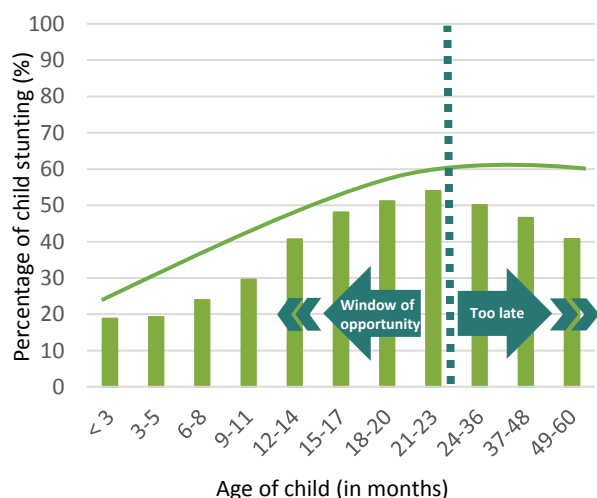
PREVALENCE OF ANEMIA AMONGST CHILDREN UNDER-SIX DECREASED IN THE DISTRICT BETWEEN 2002 AND 2016



[^]Children aged 0-71 months
^{^^}Children aged 0-59 months

HOW CAN NUTRITION IMPROVE?

The most crucial period for child nutrition is from pre-pregnancy to the second year of life²



WHAT FACTORS CAUSE UNDERNUTRITION?¹³

Optimum fetal and child nutrition and development

IMMEDIATE CAUSES

Breastfeeding, nutrient rich foods, and eating routine
Feeding and caregiving practices, parenting stimulation
Low burden of infectious diseases

UNDERLYING CAUSES

Food security: availability, economic access and use of food
Feeding and caregiving resources (maternal, household and community level)
Access to and use of health services, a safe and hygienic environment

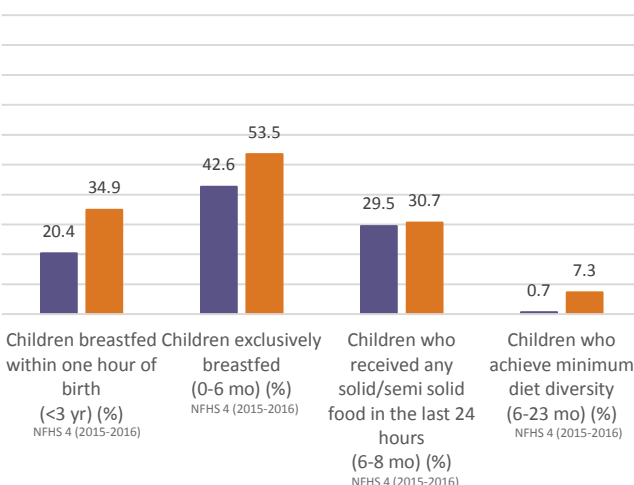
BASIC CAUSES

Knowledge and evidence
Politics and governance
Leadership, capacity and financial resources
Social, economic, political, and environmental context (national and global)

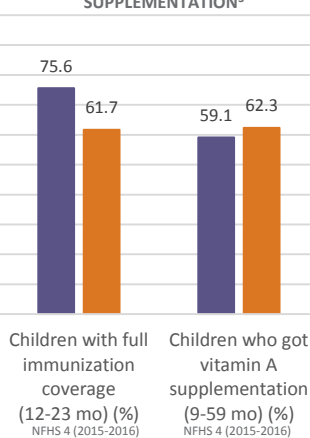
Child undernutrition is caused by inadequacies in **food, health and care** for infants and young children, especially in the first two years of life (**immediate causes**). Inadequate food, health and care arise from food insecurity, unsanitary living conditions, low status of women, and poor health care (**underlying causes**). These are, in turn, caused by social inequity, economic challenges, poor political will and leadership to address these causes (**basic causes**). Interventions to address undernutrition must address these multiple causes of undernutrition and do so in an equitable manner.

IMMEDIATE CAUSES OF UNDERNUTRITION

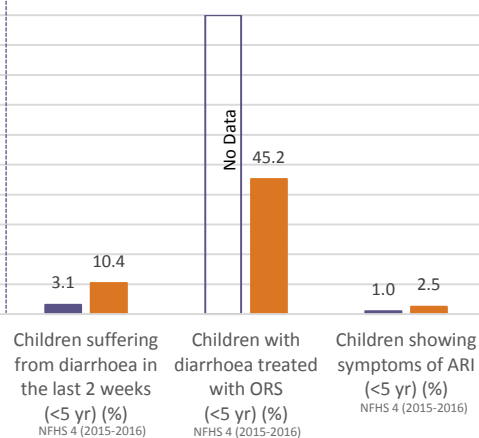
INFANT AND YOUNG CHILD FEEDING³



IMMUNIZATION & SUPPLEMENTATION³



DISEASE BURDEN³



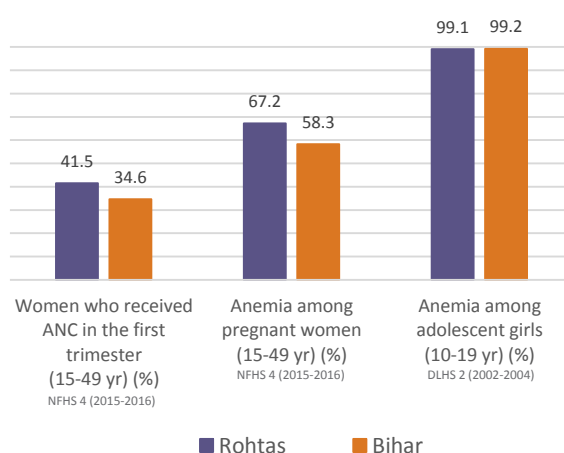
Areas for action:

- Poor state of infant and young child feeding: Very few infants are breastfed within on hour of birth, few are exclusively breastfed for six months and diet diversity rates are poor
- Less than half of women in the district, report having received ANC in the first trimester
- Alarming levels of anaemia among adolescent girls

Data challenges:

- Where data are available, indicator definitions are non-standardized and often differ from World Health Organisation recommendations

ADOLESCENT & MATERNAL HEALTH^{3,5}



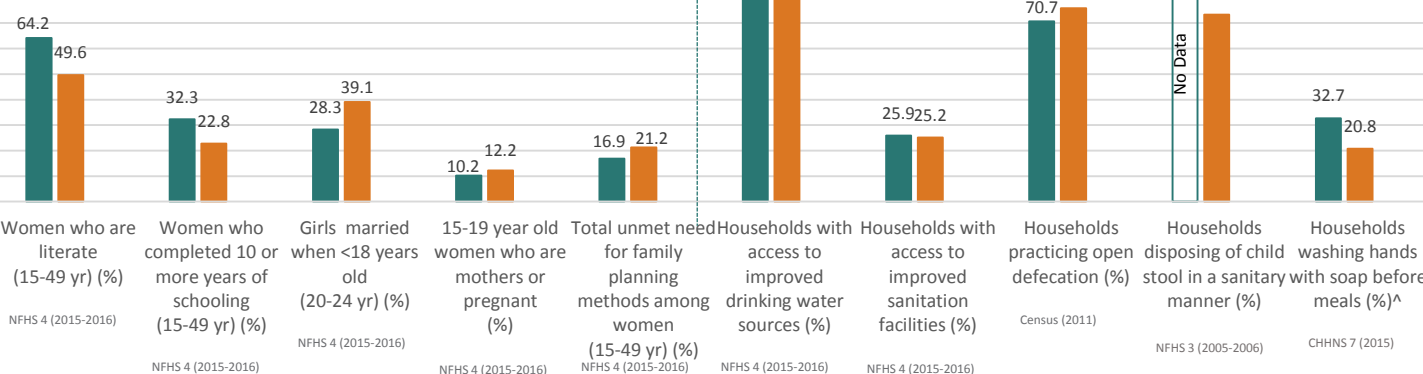
■ Rohtas

■ Bihar

UNDERLYING CAUSES OF UNDERNUTRITION

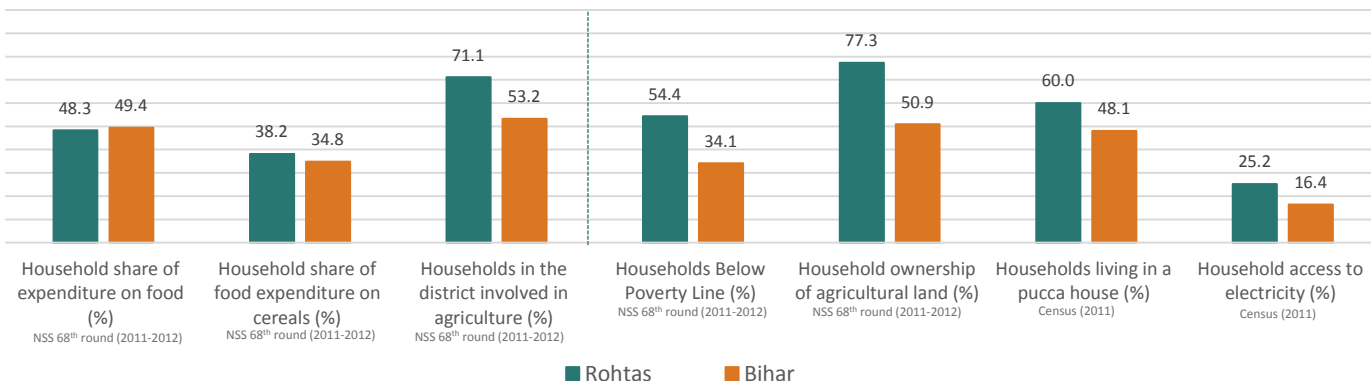
WOMEN'S STATUS³

WATER, SANITATION AND HYGIENE^{1,4,7}



FOOD SECURITY⁹

SOCIO ECONOMIC CONDITIONS^{1,9,14,15}



■ Rohtas ■ Bihar

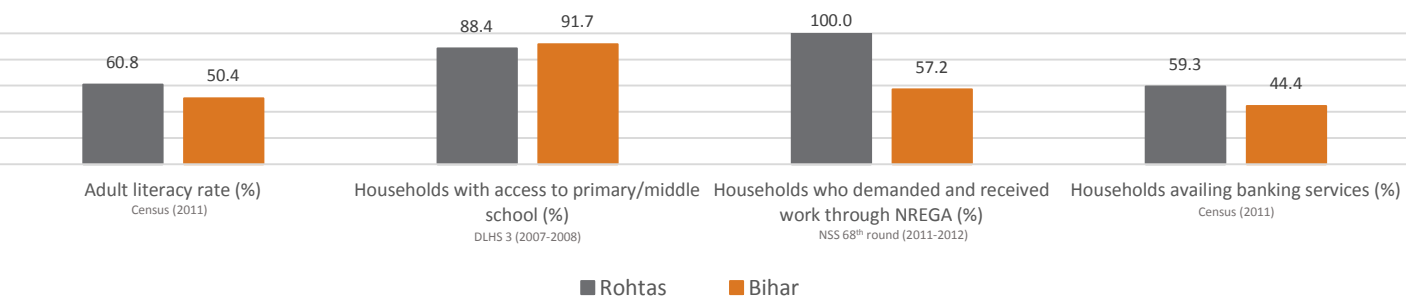
Areas for immediate action:

- Women's literacy rate can be further improved
- Very high rates of open defecation; critical need to increase awareness about washing hands with soap and ensuring access to improved sanitation facilities
- Food insecurity, especially diet quality, is a challenge that can hold back improvements in nutrition
- Very few households live in a 'pucca' house and have access to electricity

Data challenges:

- Outdated data on open defecation
- No district-level data on child stool disposal

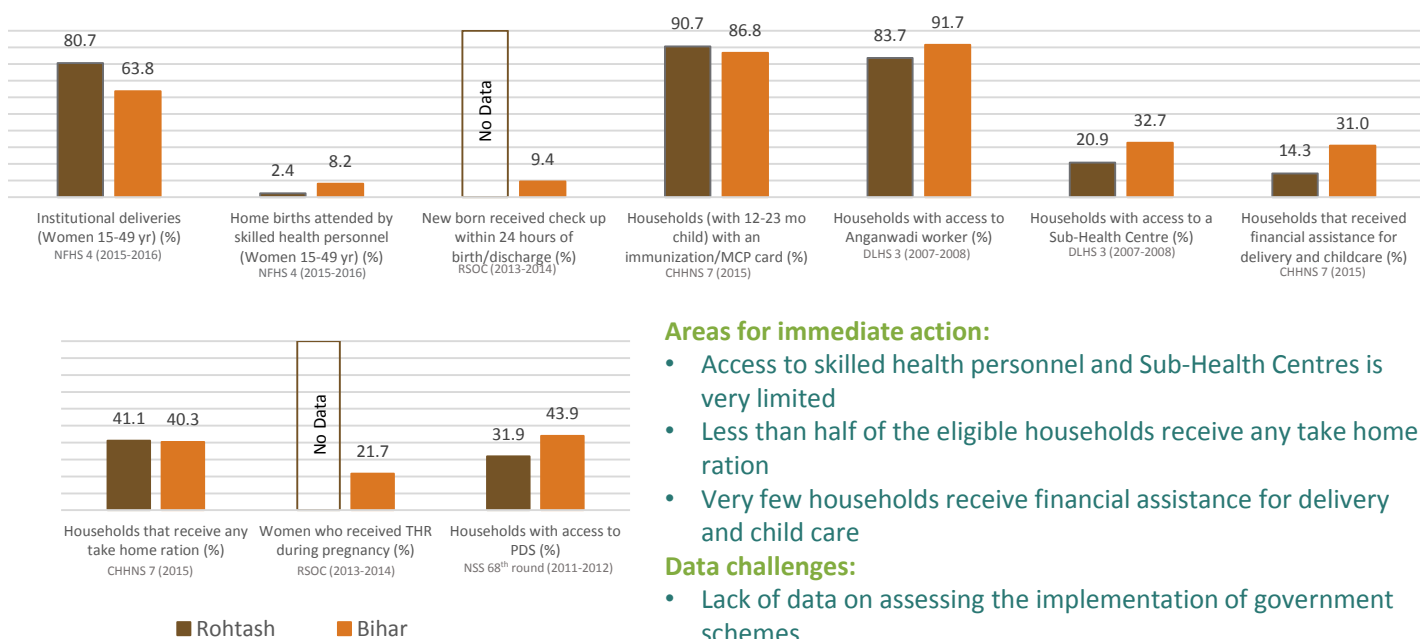
BASIC CAUSES OF UNDERNUTRITION^{1,8,9}



■ Rohtas ■ Bihar

- Per capita gross district domestic product of Rohtas ranked **6th** amongst 38 districts of Bihar in 2011-12¹⁵
- Bihar's per capita income ranked **last** amongst 32 major States/UTs in India in 2011-12¹⁶
- Action needs to be taken to improve adult literacy which is low
- No data available on indicators of governance and political will to address nutrition

EVALUATION OF HEALTH AND NUTRITION SCHEMES^{3,4,8,9,12}



Areas for immediate action:

- Access to skilled health personnel and Sub-Health Centres is very limited
- Less than half of the eligible households receive any take home ration
- Very few households receive financial assistance for delivery and child care

Data challenges:

- Lack of data on assessing the implementation of government schemes

FLW visits⁴

	Last Trimester [^]			Within 1 week of delivery [*]			Within 24 hours of delivery
	Less than recommended	Equal to recommended	More than recommended	Less than recommended	Equal to recommended	More than recommended	
Bihar	9,4%	9,4%	17,8%	29,1%	4,9%	5,2%	33,4%
Rohtas	5,4%	11,4%	21,3%	34,6%	5,6%	6,5%	35,7%

[^]2 recommended visits; ^{*}3 recommended visits



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