POSHAN

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

Led by IFPRI

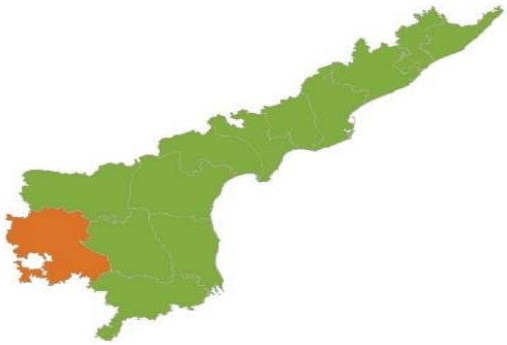
DISTRICT NUTRITION PROFILE

Anantapur | Andhra Pradesh

DISTRICT DEMOGRAPHIC PROFILE[1]

Total Population **41,00,000**

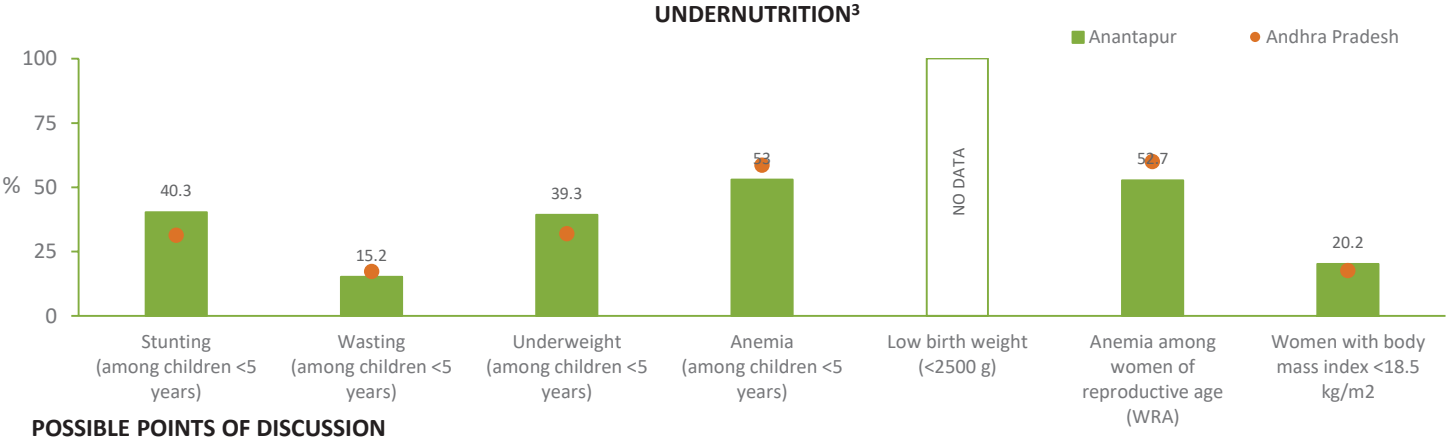




Anantapur ranks 331 amongst 599 districts in India[2]

THE STATE OF NUTRITION IN ANANTAPUR

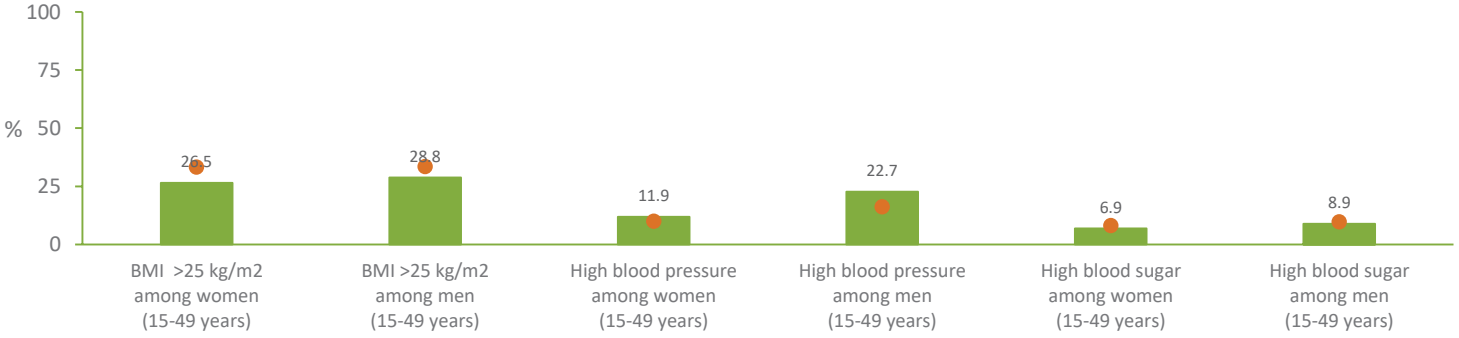
UNDERNUTRITION[3]



POSSIBLE POINTS OF DISCUSSION

- How does the district perform on stunting, wasting, underweight and anemia 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?

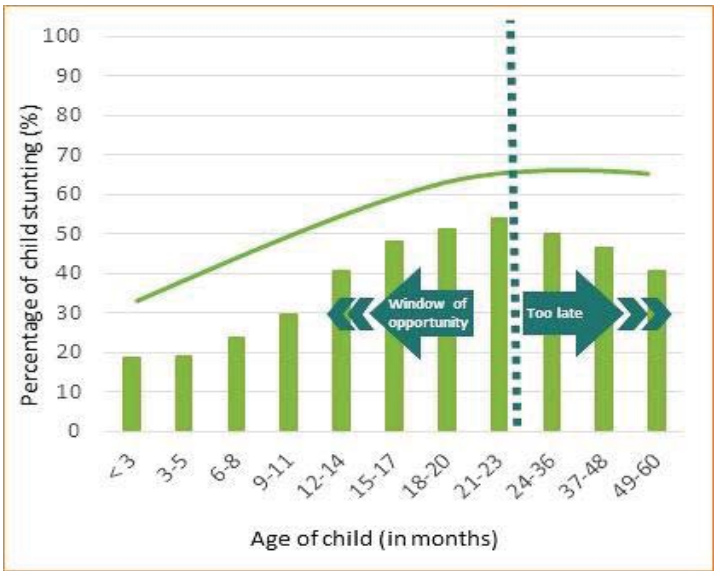
OVERWEIGHT/OBESITY & NON-COMMUNICABLE DISEASES (15-49 y)[4]



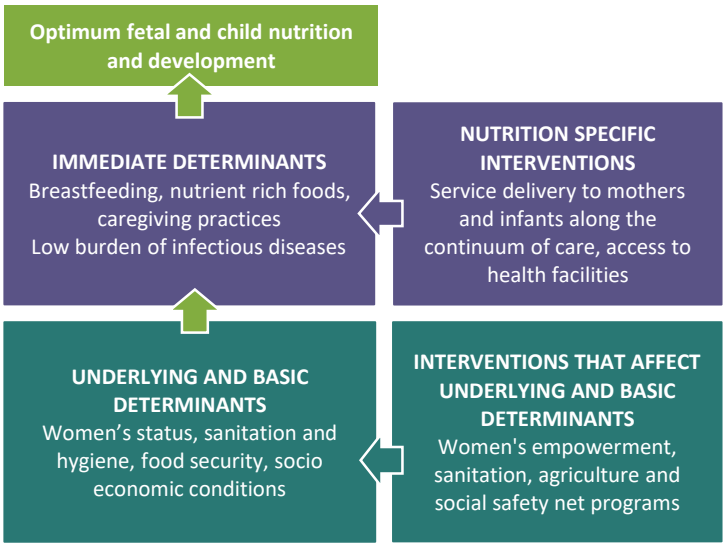
[1]Data source 1 (see Page 2)
[2]Data source 2 (see Page 2)
[3]Data source 3 (see Page 2)
[4]Data source 3 (see Page 2)

HOW CAN NUTRITION IMPROVE?

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



WHAT FACTORS CAUSE UNDERNUTRITION[1]?



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

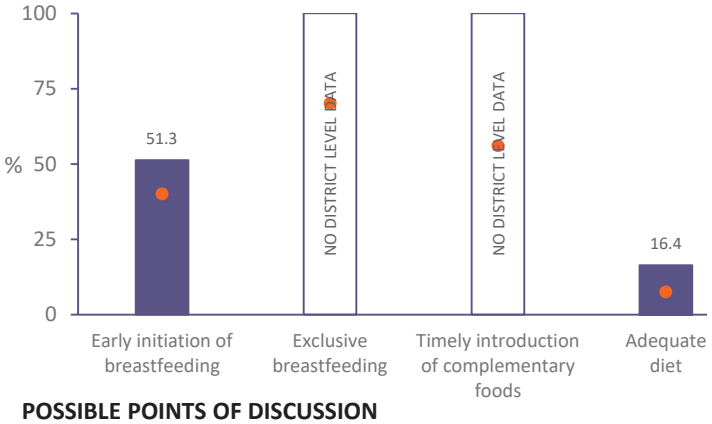
1. Census of India. 2011. Accessed June 6, 2015. www.censusindia.gov.in/pca/default.aspx
2. US-India Policy Institute. 2015. District Development and Diversity Index. Accessed July 2, 2015. http://www.usindiapolicy.org/updates/general-news/225-district-development-and-diversity-index-report
3. International Institute for Population Studies. 2015-2016. *National Family Health Survey (NFHS-4); Key Findings from NFHS-4. Andhra Pradesh.* Accessed May 1, 2016. http://rchiips.org/NFHS/AP.shtml
4. Black et al. 2013. "Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries". The Lancet 382 (9890), 427-451
5. Ministry of Statistics and Program Implementation, Government of India. 2011-2012. *Household Consumption Expenditure, National Sample Survey Office (NSSO) 68th Round*. Accessed January 30, 2016. . http://mospi.nic.in/sites/default/files/publication_reports/Report_no558_rou68_30june14.pdf
   Ministry of Statistics and Program Implementation, Government of India. 2011-2012. *Employment and Unemployment Survey, National Sample Survey Office (NSSO) 68th Round*. Accessed January 30, 2016. http://mospi.nic.in/sites/default/files/publication_reports/nss_report_554_31jan14.pdf


Stephan Rebernik, 2012.

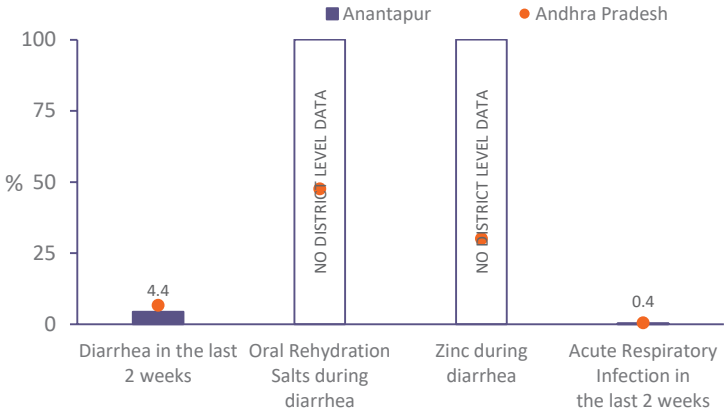
[1] Data source 4 (see Page 2)

IMMEDIATE DETERMINANTS OF UNDERNUTRITION

INFANT AND YOUNG CHILD FEEDING[1]



DISEASE BURDEN[2]

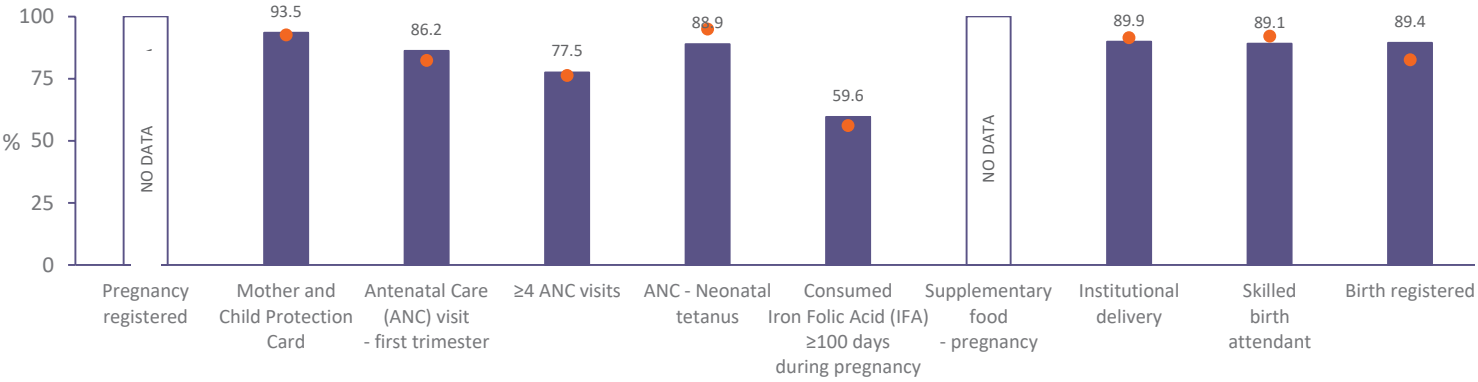


POSSIBLE POINTS OF DISCUSSION

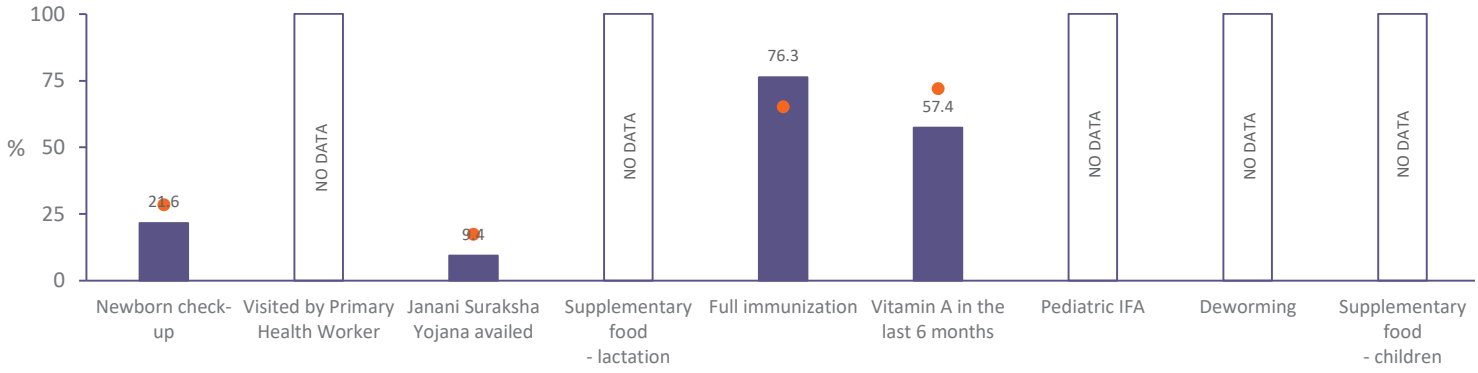
- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum 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?

COVERAGE OF NUTRITION-SPECIFIC INTERVENTIONS

PRENATAL AND DELIVERY CARE[3]



POSTNATAL AND EARLY CHILDHOOD CARE[4]



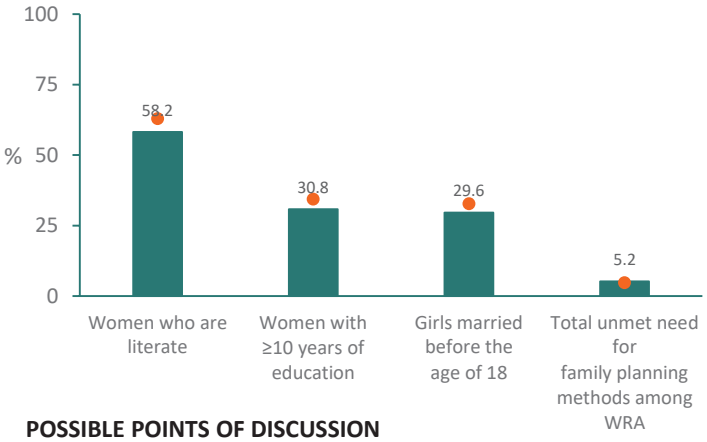
POSSIBLE POINTS OF DISCUSSION

- How does the district perform on health and nutrition interventions along the continuum of care: does it adequately provide b oth 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?

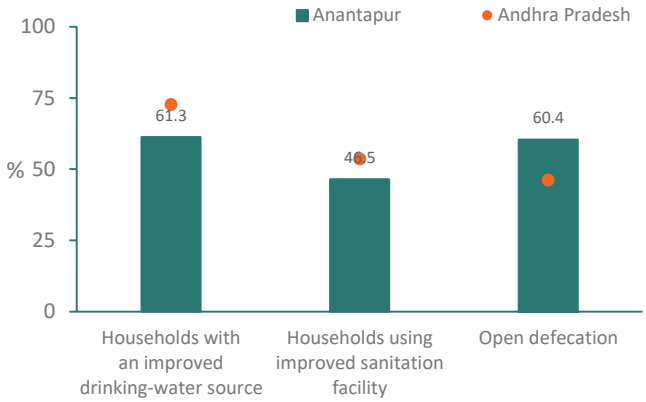
[1]Data source 3 (see Page 2)
[2]Data source 3 (see Page 2)
[3]Data source 3 (see Page 2)
[4]Data source 3 (see Page 2)

UNDERLYING AND BASIC DETERMINANTS OF UNDERNUTRITION

WOMEN'S STATUS[1]



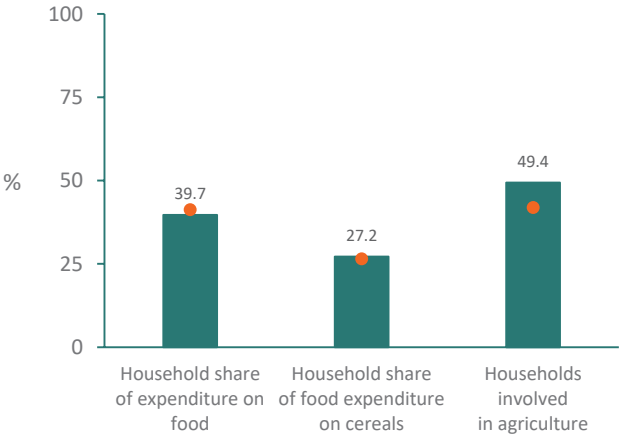
WATER, SANITATION AND HYGIENE[2]



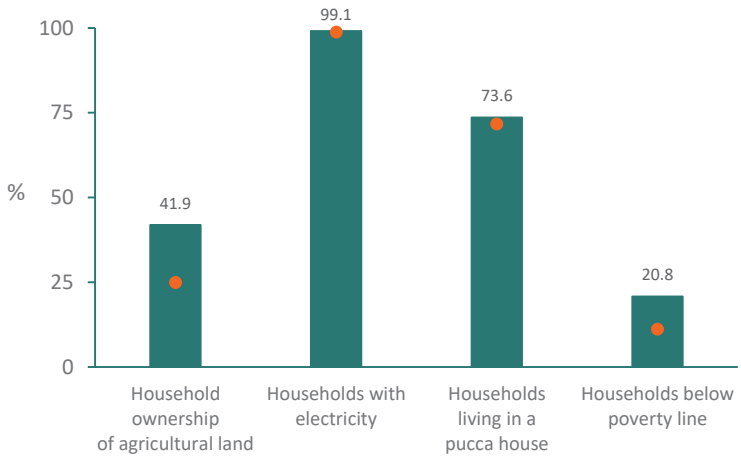
POSSIBLE POINTS OF DISCUSSION

- 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?

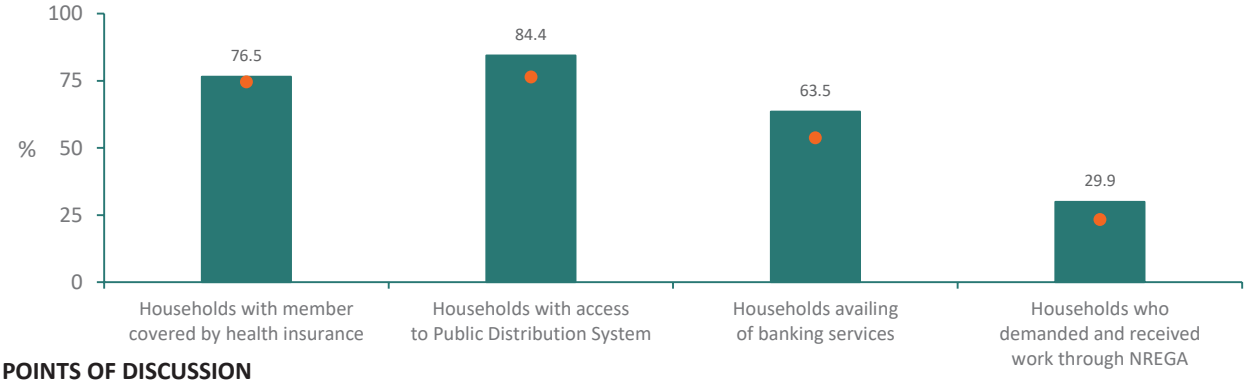
FOOD SECURITY[3]



SOCIO-ECONOMIC CONDITIONS[4]



INTERVENTIONS THAT AFFECT BASIC AND UNDERLYING DETERMINANTS[5]



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)

[1]Data source 3 (see Page 2) [3]Data source 5 (see Page 2) [5]Data source 1,3,5 (see Page 2)
[2]Data source 1, 3 (see Page 2) [4]Data source 1, 5 (see Page 2)