POSHAN

Led by IFPRI

DISTRICT NUTRITION PROFILE

ROHTAK | HARYANA **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.

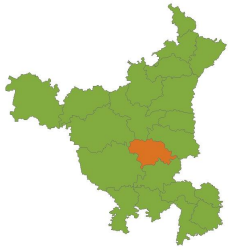
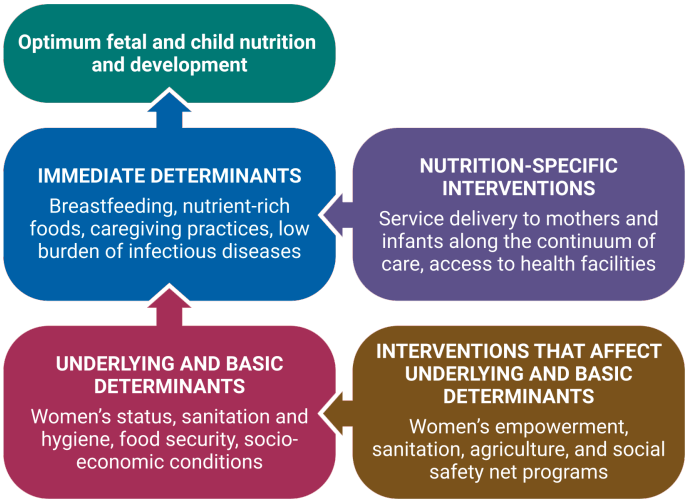


Figure 1: Map highlights district Rohtak in the state/UT of Haryana



Source: Adapted from Black et al. (2008)

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 — Rohtak

942/1,000
Sex ratio (females per 1,000 males) of the total population

352,169
Number of women of reproductive age (15–49 yrs)

18,146
Total number of pregnant women registered for ANC

26,768
Number of live births

NA
Number of institutional births

98,092
Total number of children under 5 yrs

Source:
IFPRI estimates - Headcount = Prevalence x Eligible projected population for each district in 2019. Prevalence estimates: NFHS-4 (2015-16) and NFHS-5 (2019-20) state/district factsheets and report. Projected population for 2019 (children <5yrs and women 15-49yrs) was estimated using Census 2011.
Data on number of pregnant women, live births, and institutional deliveries are from HMIS. NA: unavailable/implausible data

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: Rohtak, Haryana. New Delhi, I-ndia: International Food Policy Research Institute.

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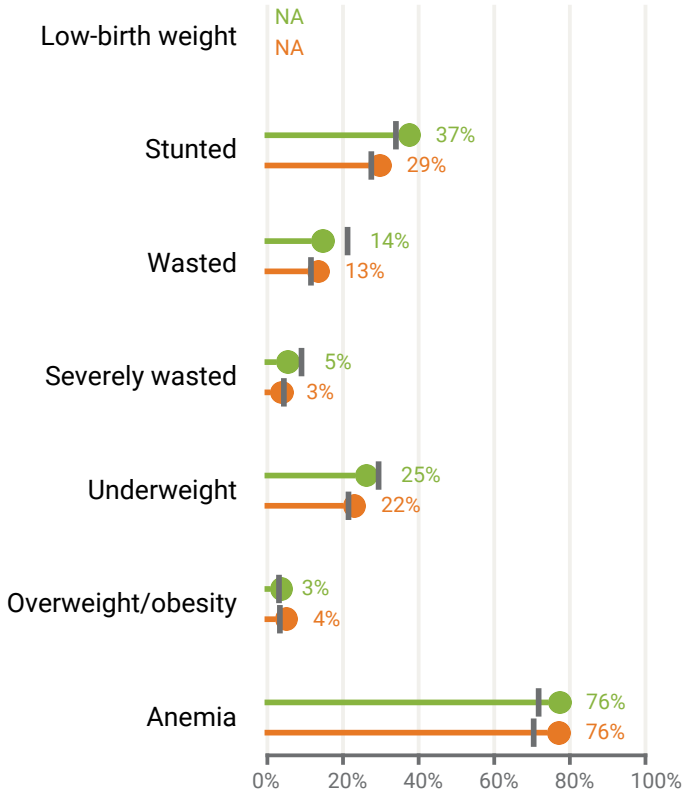
The state of nutrition outcomes among children (<5 years) — Rohtak



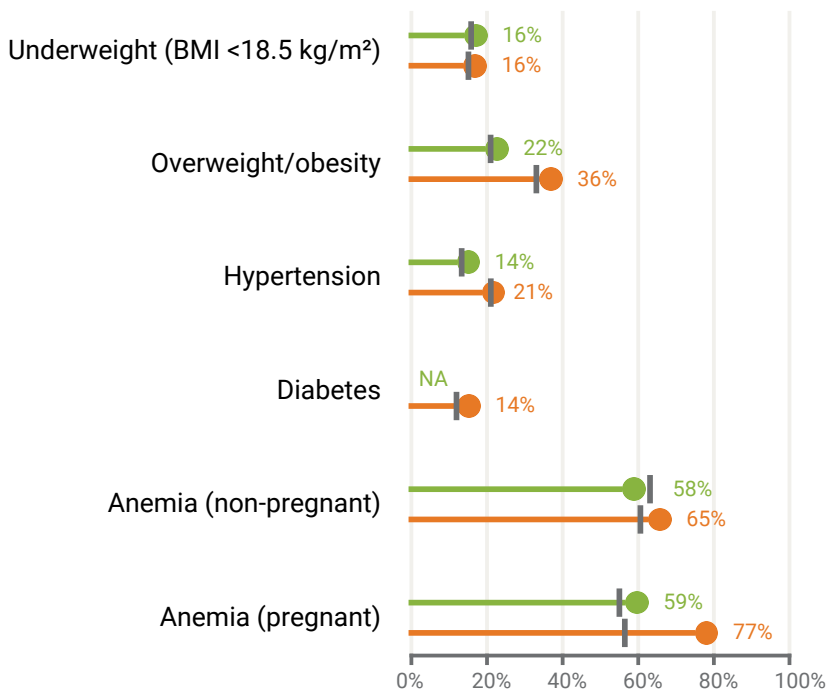
Burden of nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	28,309
Wasted	12,301
Severely wasted	2,815
Underweight	21,639
Overweight/obesity	3,983
Anemia	67,127
Total children	**98,092**

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

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) — Rohtak



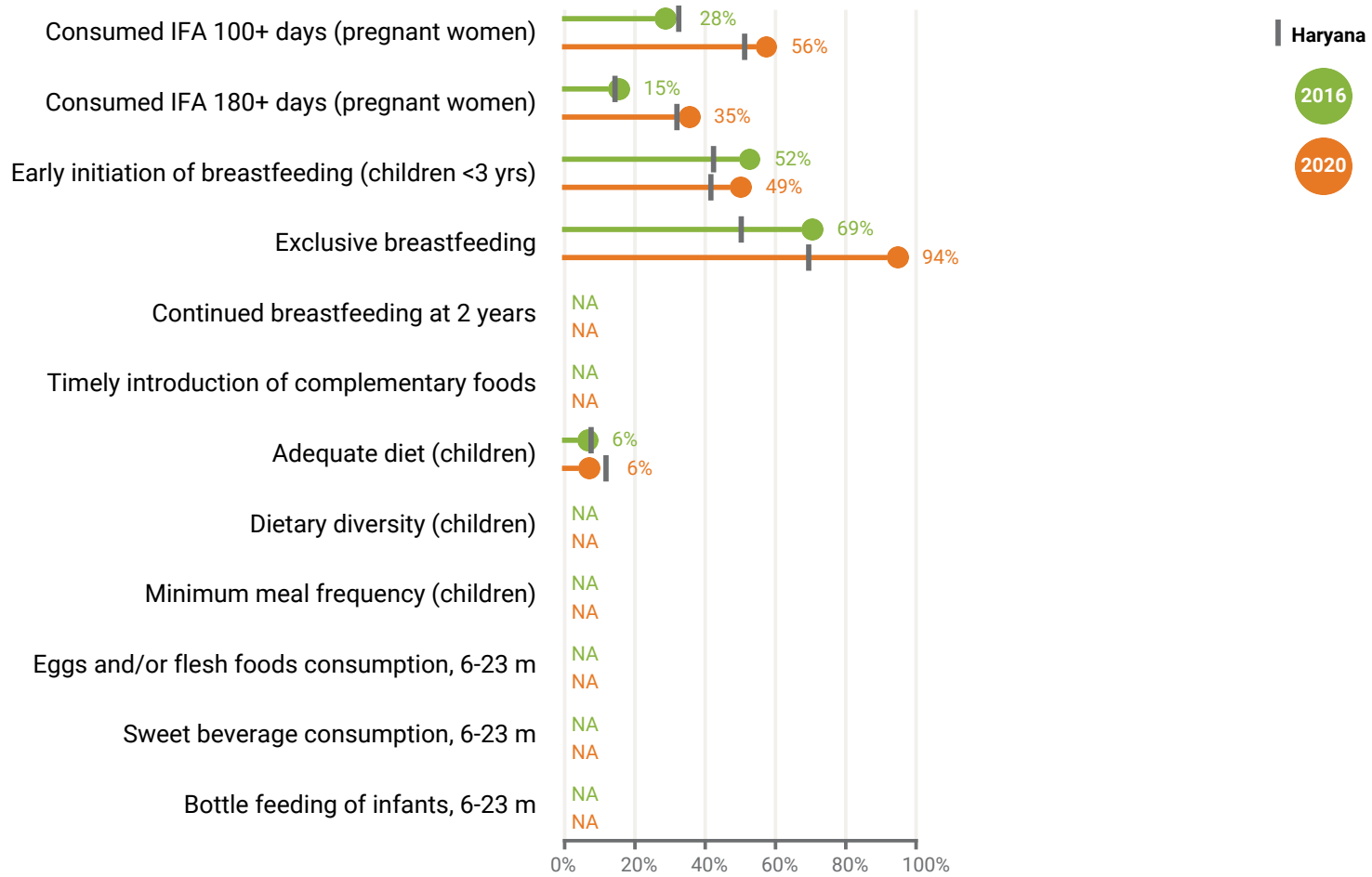
Burden of nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	55,995
Overweight/obesity	126,429
Hypertension	73,005
Diabetes	50,254
Anemia (non-preg)	228,205
Anemia (preg)	13,989
Total women (preg)	**18,146**
Total women	**352,169**

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

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 — Rohtak

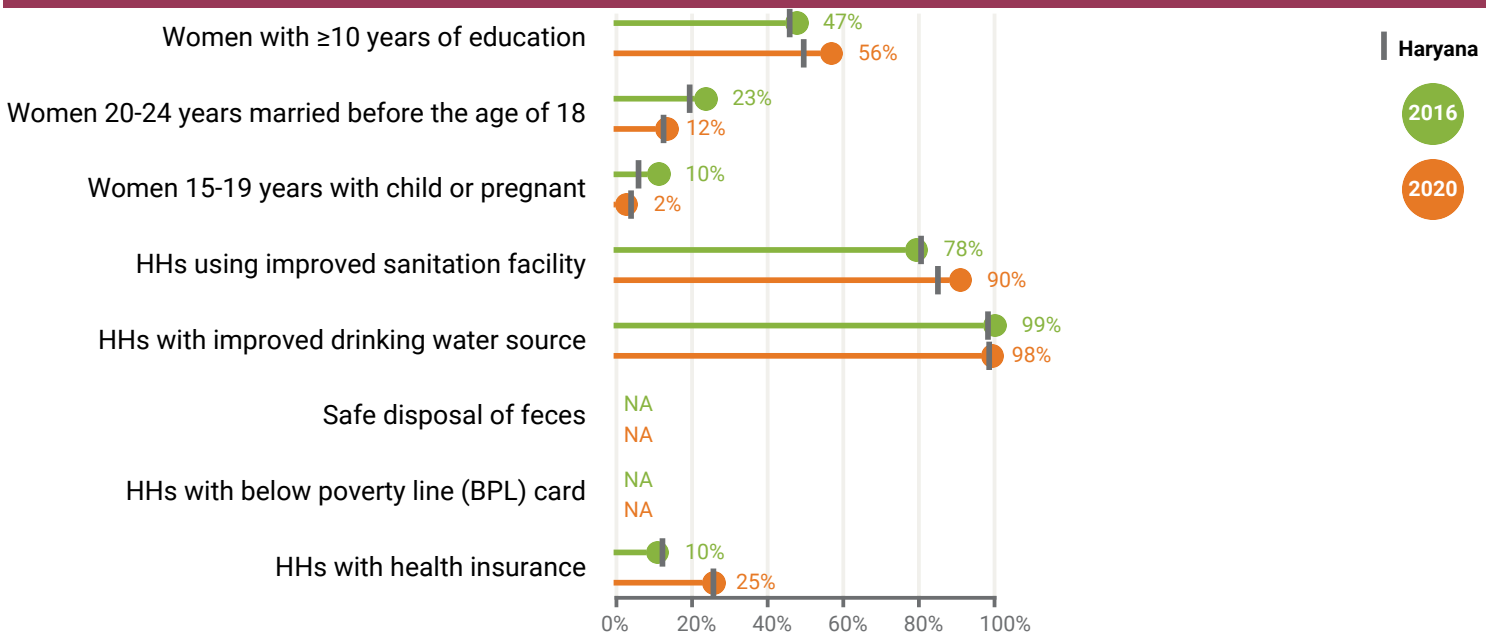


Note: NA refers to data unavailable for a given round of NFHS/Census.

Points of discussion:

- What are the trends in infant and young child feeding (early 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?

Underlying determinants — Rohtak



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

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?

Trends in coverage of interventions across the first 1,000 days

Rohtak

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

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)?