DISTRICT NUTRITION PROFILE

Led by IFPRI

SEPAHIJALA | TRIPURA

MARCH 2022

About District Nutrition Profiles:

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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 Sepahijala in the state/UT of Tripura

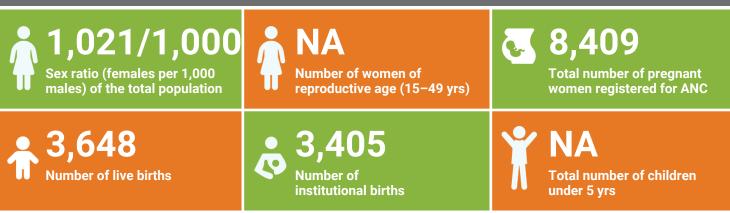
What factors lead to child undernutrition?

Optimum fetal and child nutrition Given the focus of India's national nutrition mission on child and development NUTRITION-SPECIFIC **IMMEDIATE DETERMINANTS INTERVENTIONS** Breastfeeding, nutrient-rich Service delivery to mothers and foods, caregiving practices, low infants along the continuum of burden of infectious diseases care, access to health facilities INTERVENTIONS THAT AFFECT UNDERLYING AND BASIC UNDERLYING AND BASIC DETERMINANTS DETERMINANTS Women's status, sanitation and 🔇 Women's empowerment, hygiene, food security, sociosanitation, agriculture, and social economic conditions safety net programs Source: Adapted from Black et al. (2008)

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

Sepahijala



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: Sepahijala, Tripura. New Delhi, India: International Food Policy Research Institute.

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

Low-birth weight NA Stunted 35% 15% Wasted Severely wasted Underweight 21% Overweight/obesity 12% Anemia 72% 20% 0% 40% 60% 80% 100%

Burden of nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	NA
Wasted	NA
Severely wasted	NA
Underweight	NA
Overweight/obesity	NA
Anemia	NA
Total children	NA

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

Sepahijala

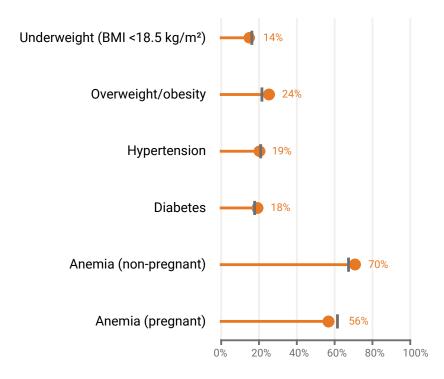
Tripura

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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)



Burden of nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	NA
Overweight/obesity	NA
Hypertension	NA
Diabetes	NA
Anemia (non-preg)	NA
Anemia (preg)	4,692
Total women (preg)	8,409
Total women	NA

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

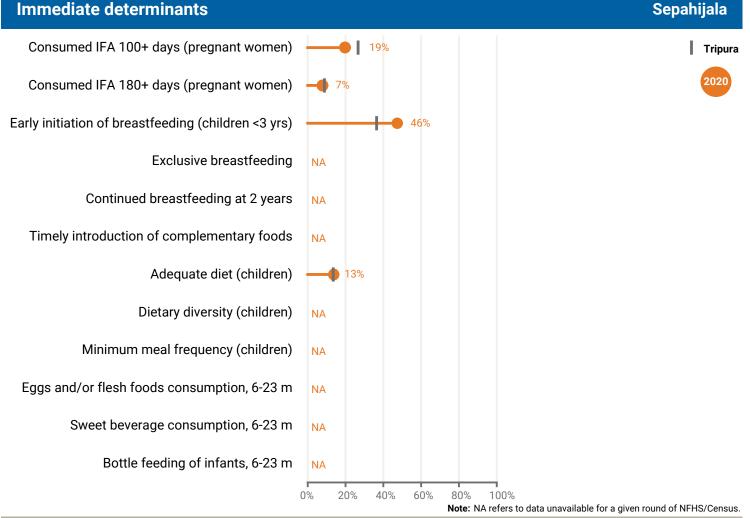
Points of discussion:

- 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?

Sepahijala

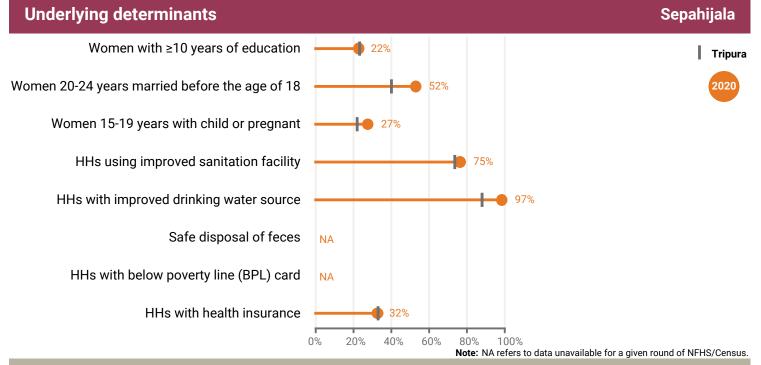


Tripura



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?



Points of discussion:

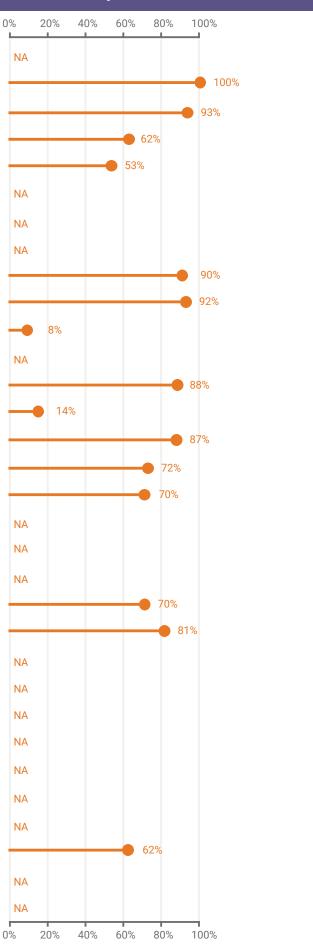
- · How can the district increase women's literacy, and reduce early marriage, if needed?
- How does the district perform on providing drinking water and sanitation to its residents? Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation 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?

Sepahijala

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

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Pregnancy registered (MCP 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

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)?

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