DISTRICT NUTRITION PROFILE

Led by IFPRI 🕅

Optimum fetal and child nutrition

and development

IMMEDIATE DETERMINANTS

Breastfeeding, nutrient-rich

foods, caregiving practices, low

burden of infectious diseases

UNDERLYING AND BASIC

DETERMINANTS

hygiene, food security, socio-

economic conditions

Source: Adapted from Black et al. (2008)

Women's status, sanitation and 🔇

THANE | MAHARASHTRA

MARCH 2022

About District Nutrition Profiles:

PØSHAN

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.

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



Figure 1: Map highlights district Thane in the state/UT of Maharashtra

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

Thane



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

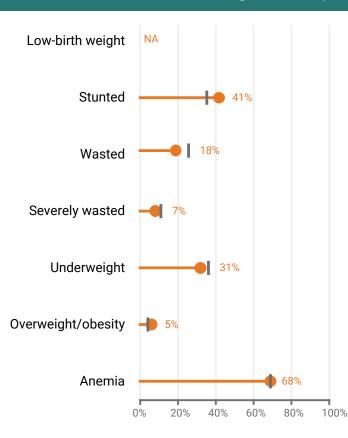
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The state of nutrition outcomes among children (<5 years)



Burden of nutrition outcomes (2020)IndicatorsNo. of children (<5 yrs)</th>

Thane

Maharashtra

Thane

Maharashtra

2020

2020

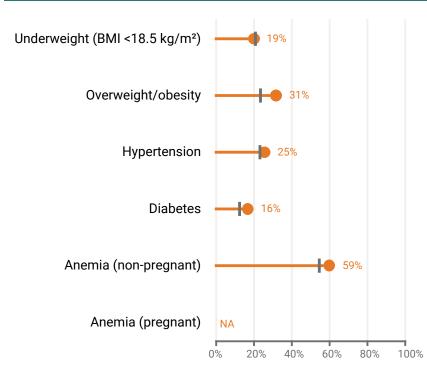
indicatoro	
Low-birth weight	NA
Stunted	359,615
Wasted	156,891
Severely wasted	61,699
Underweight	271,474
Overweight/obesity	43,630
Anemia	537,615
Total children	881,410

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)



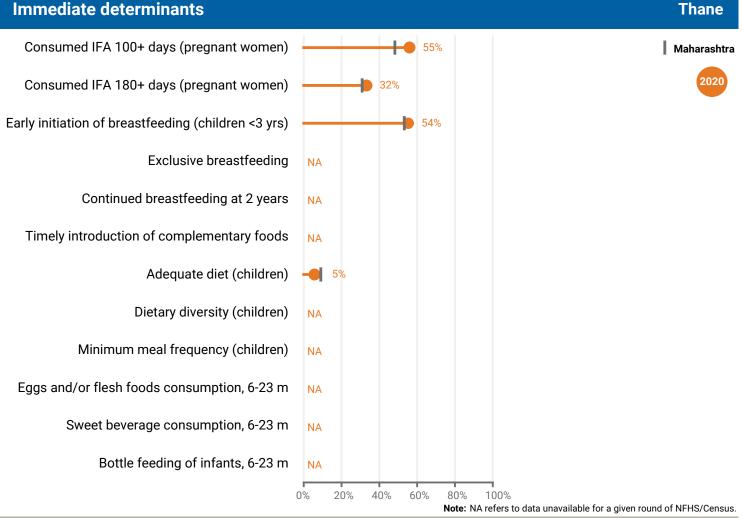
Burden of nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	683,614
Overweight/obesity	1,111,144
Hypertension	886,528
Diabetes	567,508
Anemia (non-preg)	2,126,799
Anemia (preg)	NA
Total women (preg)	170,239
Total women	3,617,006

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

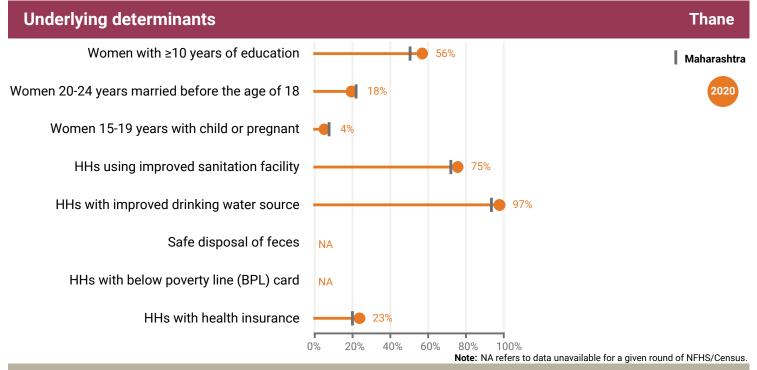
Points of discussion:

- 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?



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?



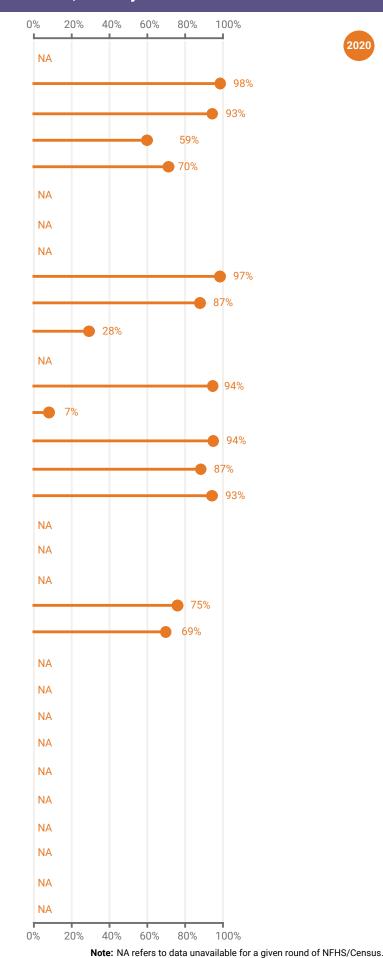
Points of discussion:

- · 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?

Thane

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

Demand for FP satisfied



lodized salt 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

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?

Preschool at AWC

Health checkup from AWC

 How has access to health and ICDS services changed over time (food supplementation, health and nutrition education and health checkups)?