**DISTRICT NUTRITION PROFILE**

**Bishnupur | Manipur**

**DISTRICT DEMOGRAPHIC PROFILE**

<table>
<thead>
<tr>
<th>Total Population</th>
<th>2,37,399</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>50.0%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>50.0%</td>
</tr>
<tr>
<td><strong>Urban</strong></td>
<td>36.3%</td>
</tr>
<tr>
<td><strong>Rural</strong></td>
<td>63.1%</td>
</tr>
<tr>
<td><strong>SC</strong></td>
<td>9.3%</td>
</tr>
<tr>
<td><strong>ST</strong></td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>89.3%</td>
</tr>
</tbody>
</table>

**THE STATE OF NUTRITION IN BISHNUPUR**

**UNDERNUTRITION**

- **Stunting** (among children <5 years)
  - Bishnupur: 24.7
  - Manipur: 24.5
- **Wasting** (among children <5 years)
  - Bishnupur: 6.9
  - Manipur: 21.7
- **Underweight** (among children <5 years)
  - Bishnupur: 13.7
  - Manipur: 10.5
- **Anemia** (among children <5 years)
  - Bishnupur: 21.4
  - Manipur: 20.8
- **Low birth weight (<2500 g)**
  - Bishnupur: 6
  - Manipur: 6

**OVERWEIGHT/OBESITY & NON-COMMUNICABLE DISEASES (15-49 y)**

- **BMI >25 kg/m²**
  - Among women (15-49 years)
    - Bishnupur: 24.5
    - Manipur: 21.7
  - Among men (15-49 years)
    - Bishnupur: 10.6
    - Manipur: 20.8
- **High blood pressure**
  - Among women (15-49 years)
    - Bishnupur: 6
    - Manipur: 11.1
  - Among men (15-49 years)
    - Bishnupur: 11.1
    - Manipur: 11.1

**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?

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1 Data source 1 (see Page 2)
2 Data source 2 (see Page 2)
3 Data source 3, 4 (see Page 2)
4 Data source 3 (see Page 2)
The most crucial period for child nutrition is from pre-pregnancy to the second year of life. Nutrition interventions can improve child nutrition. Underlying and basic determinants include women’s status, hygiene, and socio-economic conditions. Immediate determinants include breastfeeding, child care practices, and low burden of infectious diseases. Optimum fetal and child nutrition and development are crucial for the nutrition of children. Child undernutrition is caused by inadequacies in food, health and care for infants and young children, especially in the first two years of life. 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. 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

   Only available for select districts
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?

POSSIBLE 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 its women of reproductive age, pregnant women, new mothers and new-borns?
- What percentage of households have access to health and ICDS services?

**IMMEDIATE DETERMINANTS OF UNDERNUTRITION**

**INFANT AND YOUNG CHILD FEEDING**

- Early initiation of breastfeeding
- Exclusive breastfeeding
- Timely introduction of complementary foods
- Adequate diet

**DISEASE BURDEN**

- Diarrhea in the last 2 weeks
- Oral Rehydration Salts during diarrhea
- Zinc during diarrhea
- Acute Respiratory Infection in the last 2 weeks

**COVERAGE OF NUTRITION-SPECIFIC INTERVENTIONS**

**PRENATAL AND DELIVERY CARE**

- Pregnancy registered
- Mother and Child Protection Card
- Antenatal Care (ANC) visit - first trimester
- ≥4 ANC visits
- ANC - Neonatal tetanus
- Consumed Iron Folic Acid (IFA) ≥100 days during pregnancy
- Supplementary food - pregnancy
- Institutional delivery
- Skilled birth attendant
- Birth registered

**POSTNATAL AND EARLY CHILDHOOD CARE**

- Newborn check-up
- Visited by Primary Health Worker
- Janani Suraksha Yojana availed
- Supplementary food - lactation
- Full immunization
- Vitamin A in the last 6 months
- Pediatric IFA
- Deworming
- Supplementary food - children

**POSSIBLE 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 its women of reproductive age, pregnant women, new mothers and new-borns?
- What percentage of households have access to health and ICDS services?

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1Data source 3 (see Page 2)
2Data source 3 (see Page 2)
3Data source 3,4 (see Page 2)
4Data source 3,4 (see Page 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?

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)