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

Central Delhi | Delhi

DISTRICT DEMOGRAPHIC PROFILE¹

Total Population 5,82,320

Male 52.9%  Female 47.1%
Urban 100.0%  Rural 0.0%
SC 24.6%  ST 0.0%  Others 75.4%

THE STATE OF NUTRITION IN CENTRAL DELHI

UNDERNUTRITION²

- Stunting (among children <5 years) 36.6%
- Wasting (among children <5 years) 22.9%
- Underweight (among children <5 years) 34.7%
- Anemia (among children <5 years) 77.2%
- Low birth weight (<2500 g) 48.8%
- Anemia among women of reproductive age (WRA) 9.7%
- Women with body mass index <18.5 kg/m² 9.7%

OVERWEIGHT/OBESITY & NON-COMMUNICABLE DISEASES (15-49 y)³

- BMI >25 kg/m² among women (15-49 years) 35.6%
- BMI >25 kg/m² among men (15-49 years) 8.7%
- High blood pressure among women (15-49 years) 15.9%
- High blood pressure among men (15-49 years) 7.2%
- High blood sugar among women (15-49 years) 10.0%
- High blood sugar among men (15-49 years) 7.2%

- 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?

¹Data source 1 (see Page 2) ²Data source 2,3 (see Page 2)
The most crucial period for child nutrition is from pre-pregnancy to the second year of life.

HOW CAN NUTRITION IMPROVE?

WHAT FACTORS CAUSE UNDERNUTRITION?

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 Data source 4 (see Page 2)
### 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

### 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

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

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