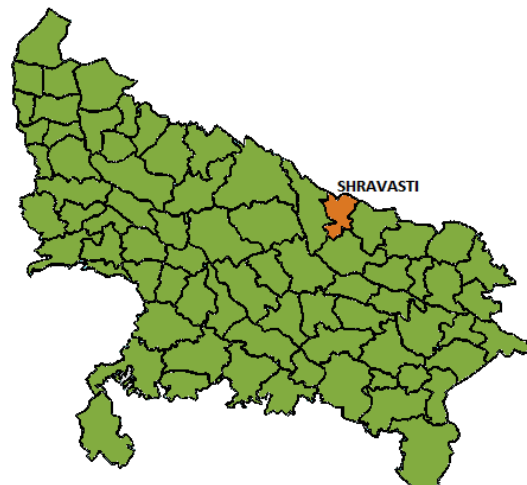
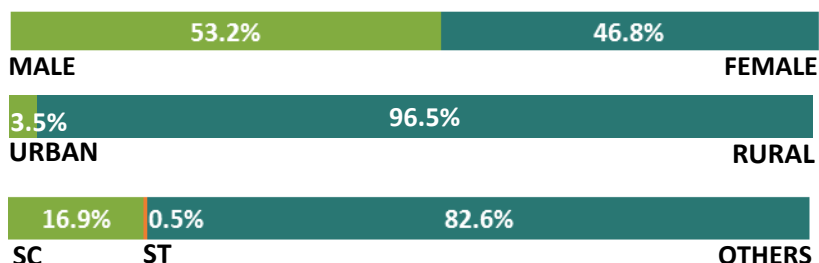


# Shravasti, Uttar Pradesh

### DISTRICT DEMOGRAPHIC PROFILE

Total Population **1117361**



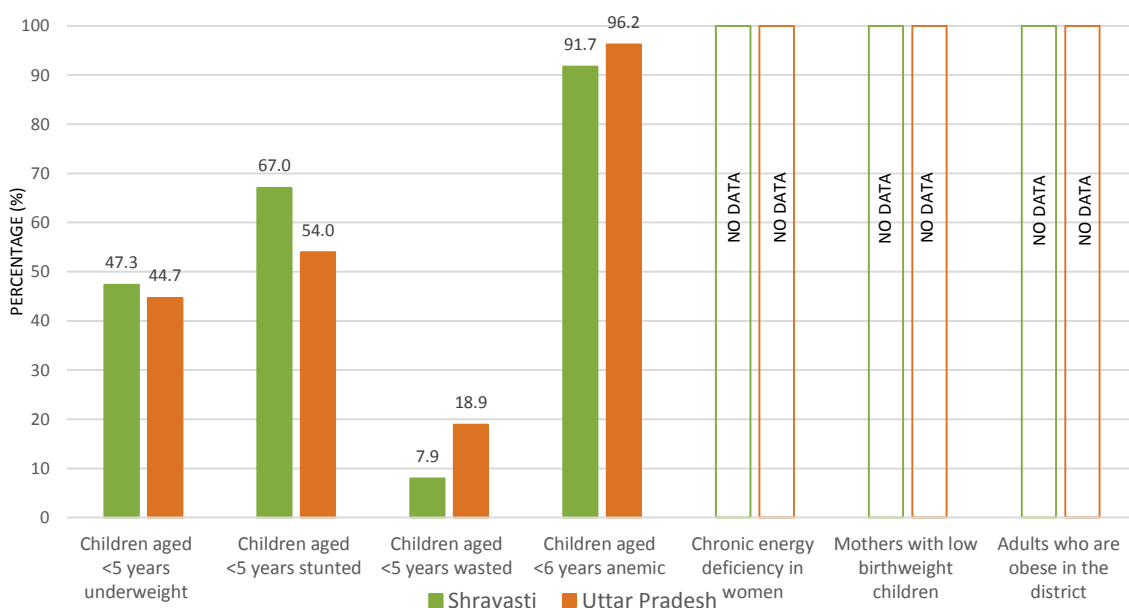
### THE STATE OF NUTRITION IN SHRAVASTI

**47.3%**  
CHILDREN UNDERWEIGHT<sup>1</sup>

**67.0%**  
CHILDREN STUNTED<sup>1</sup>

**7.9%**  
CHILDREN WASTED<sup>1</sup>

**NO DATA ON WOMEN'S NUTRITIONAL STATUS**



### CHANGES OVER TIME

THE PREVALENCE OF UNDERWEIGHT HAS INCREASED IN THE DISTRICT BETWEEN 2002 AND 2011<sup>+</sup>

	Uttar Pradesh (2002 to 2005-06)* (Children aged <5 years)		Shravasti (2002-2011)** (Children aged <5 years)	
	2002 <sup>+</sup>	2005-06 <sup>+</sup>	2002 <sup>+</sup>	2011 <sup>+</sup>
Underweight	53.05%	44.66%	45.91%	47.29%
Stunting	No data	53.96%	No data	67.02%
Wasting	No data	18.86%	No data	7.94%

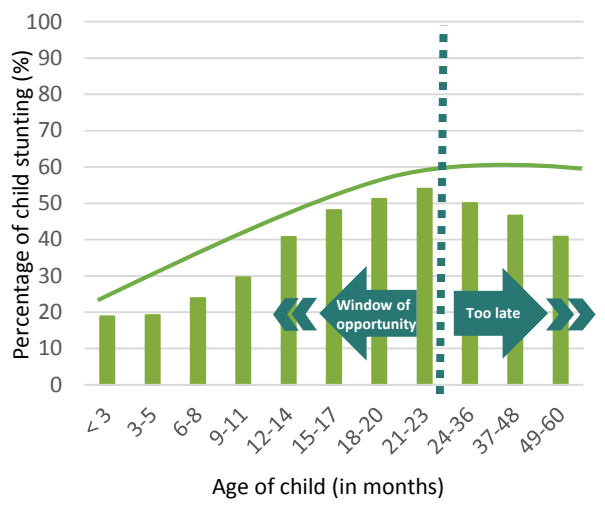
Sources: \*DLHS-2 (2002-04) and NFHS-3 (2005-06);

\*\* DLHS-2 (2002-04) and author's estimates based on HUNGaMA survey data(2011)

<sup>+</sup>Indicators reported are specific to rural areas as HUNGaMA survey data is based on rural population

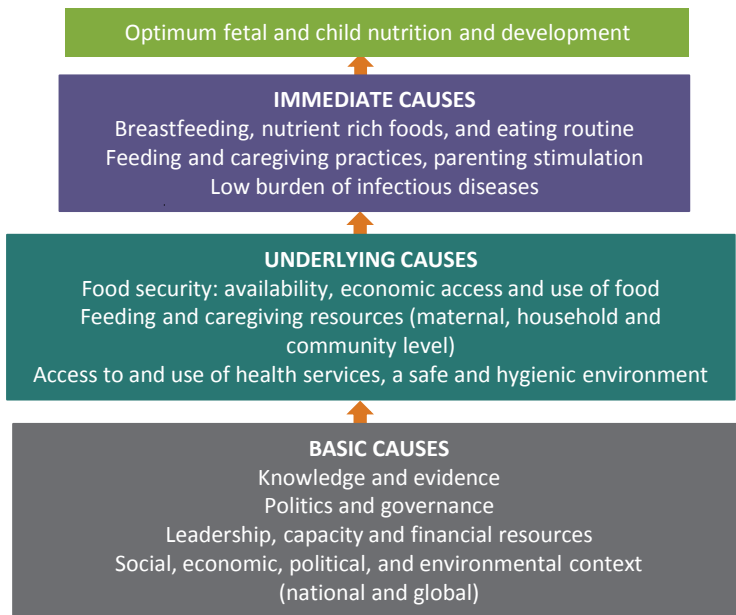
## WHEN TO INTERVENE TO IMPROVE NUTRITION?

The most crucial period for child nutrition is from pre-pregnancy to the second year of life<sup>2</sup>

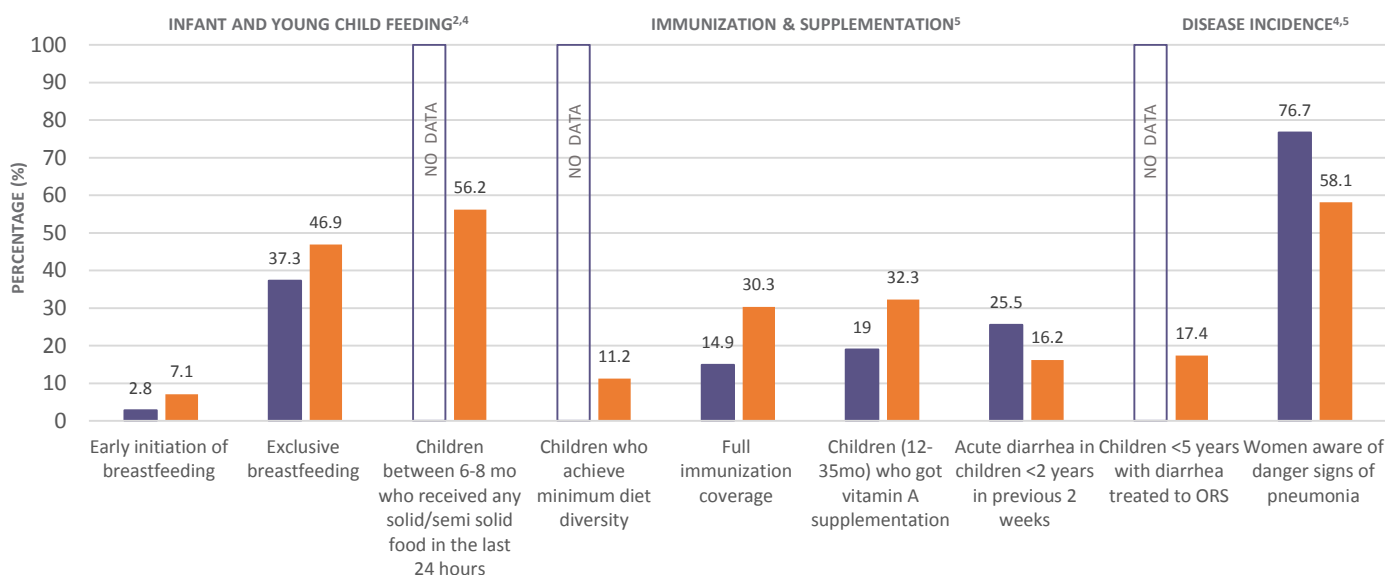


Child undernutrition is caused by inadequacies in **food, health and care** for infants and young children, especially in the first two years of life (**immediate causes**). Inadequate food, health and care arise from food insecurity, unsanitary living conditions, low status of women, and poor health care (**underlying causes**). These are, in turn, caused by social inequity, economic challenges, poor political will and leadership to address these causes (**basic causes**). Interventions to address undernutrition must address these multiple causes of undernutrition and do so in an equitable manner.

## WHAT FACTORS CAUSE UNDERNUTRITION? <sup>7</sup>



## IMMEDIATE CAUSES OF UNDERNUTRITION

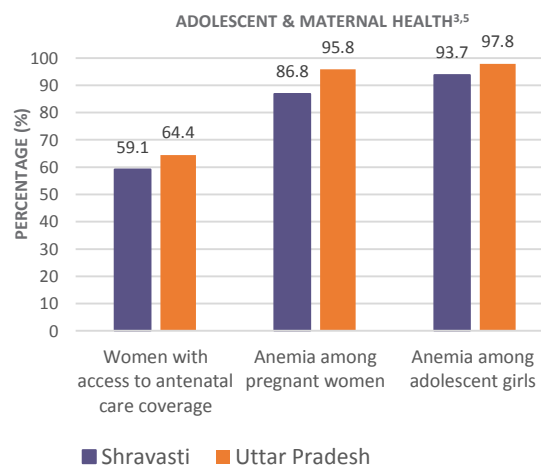


### Areas for immediate action:

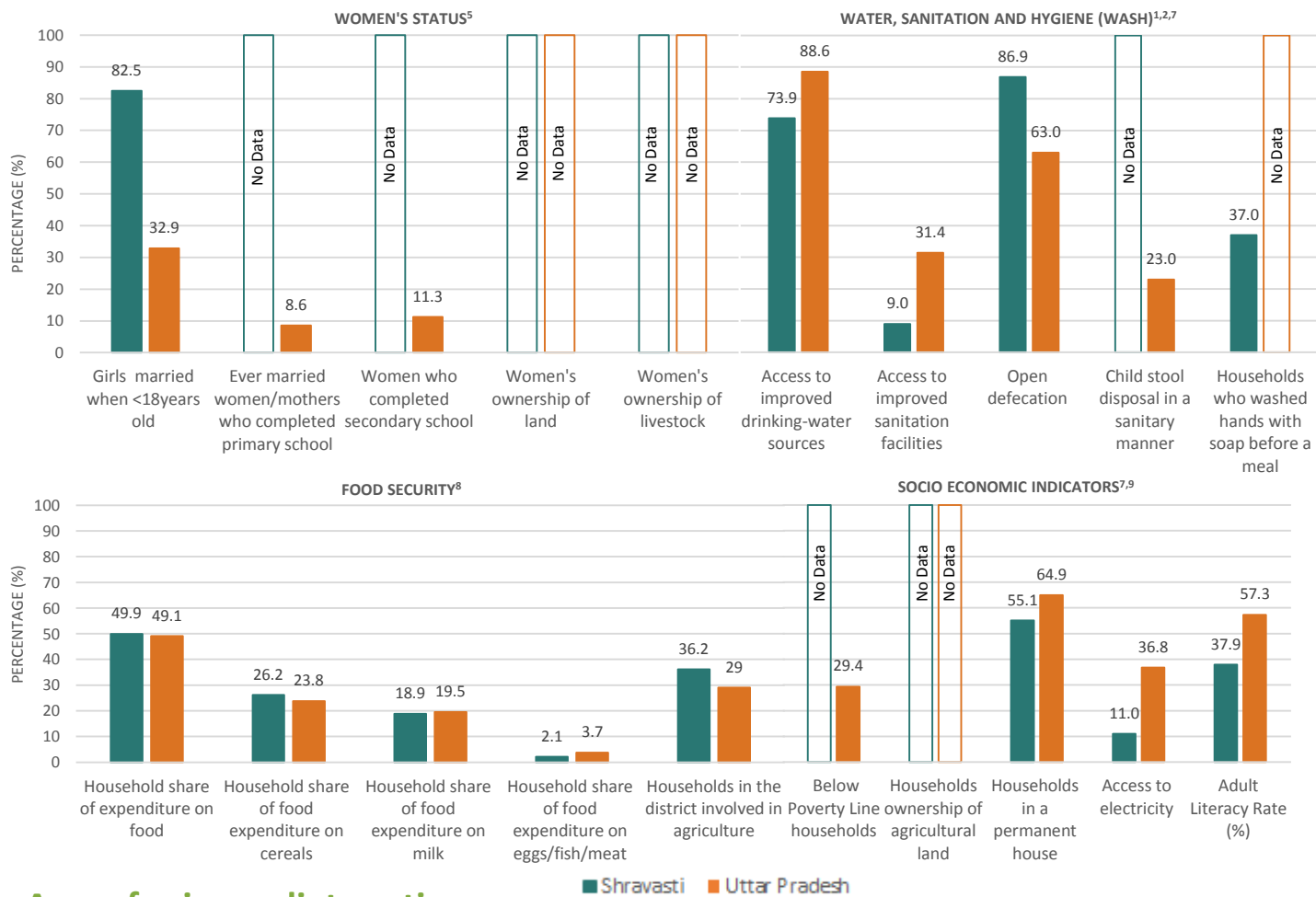
- Poor state of infant and young child feeding (IYCF): low rates of timely initiation breastfeeding and exclusive breastfeeding.
- Low immunization rates, which need urgent attention.
- Alarming levels of anemia among pregnant women and adolescent girls.

### Data challenges:

- Outdated data; poor availability of data on key immediate determinants of undernutrition.
- Where data are available, indicator definitions are non-standardized and often differ from World Health Organization recommendations.



# UNDERLYING CAUSES OF UNDERNUTRITION



## Areas for immediate action:

- Very high rates of open defecation; critical need to increase the number of households using improved sanitation facilities in the district.
- Early marriage of girls less than 18 years is highly prevalent in Shravasti; early marriage is related to poor health and nutrition outcomes for mothers and babies.
- Food insecurity, especially diet quality, is a challenge that can hold back improvements in nutrition.

## Data challenges:

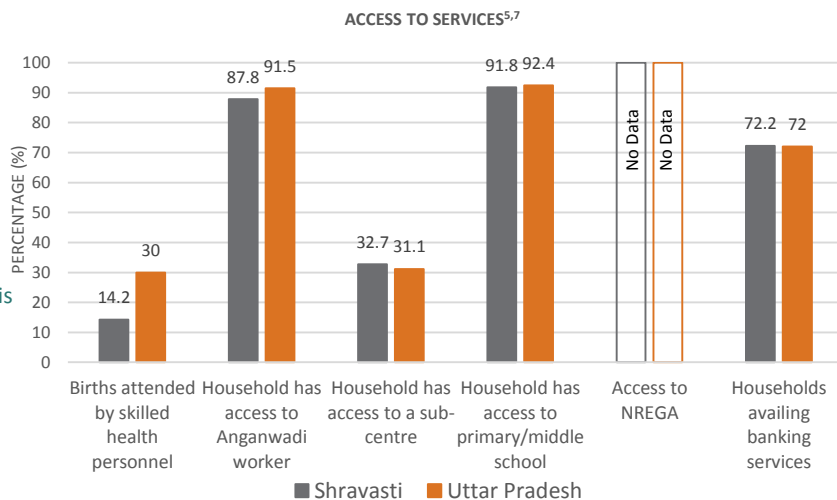
- No district level data available on land ownership, poverty levels.
- Difficult to compare indicators of water, sanitation and hygiene over time as census data do not provide data on child stool disposal or on hand washing.

# BASIC CAUSES OF UNDERNUTRITION

- Access to services can be improved but data on access are also poor and outdated.
- Per capita district domestic product of Shravasti in 2010-11 is **Rs. 12357.78**<sup>7,10</sup>

[Per capita district domestic product of Lucknow is Rs. 38967.58  
Per capita state domestic product of Uttar Pradesh is Rs. 21182.95].

- No data available on indicators of governance and political will to address nutrition.



## WHAT WILL IT TAKE TO IMPROVE NUTRITION IN SHRAVASTI?



Source: UNICEF India/2010/ Graham Crouch

### Possible district-level actions to support nutrition:

#### Data sources

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2. Author's estimates based on *National Family Health Survey (NFHS-3), 2005-06, India*. Mumbai: International Institute for Population Studies.
3. Author's estimates based on *District Level Household Survey on Reproductive and Child Health (DLHS-2), 2002-04, India*. International Institute for Population Studies. (IIPS). 2006. *District Level Household Survey on Reproductive and Child Health (DLHS-2), 2002-04, India: Nutritional Status of Children and Prevalence of Anemia among Children, Adolescent Girls and Pregnant Women*. Mumbai: IIPS. September 11, 2014, [www.rchiips.org/pdf/rch2/National\\_Nutrition\\_Report\\_RCH-II.pdf](http://www.rchiips.org/pdf/rch2/National_Nutrition_Report_RCH-II.pdf)
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This District Nutrition Profile was developed by Shruthi Cyriac for POSHAN. This version, dated September 11, 2014 is a draft intended for use in a district-level workshop in Shravasti, Uttar Pradesh, and will be revised following workshop discussions.