

DISTRICT NUTRITION PROFILE

Led by IFPRI 🕅

LAKHIMPUR | ASSAM

MARCH 2022

About District Nutrition Profiles:

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 Lakhimpur in the state/UT of Assam

Optimum fetal and child nutrition and development

IMMEDIATE DETERMINANTS

Breastfeeding, nutrient-rich foods, caregiving practices, low burden of infectious diseases

UNDERLYING AND BASIC DETERMINANTS

Women's status, sanitation and hygiene, food security, socioeconomic conditions

Source: Adapted from Black et al. (2008)

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

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, 2019-20

Lakhimpur



952/1,000

Sex ratio (females per 1,000 males) of the total population



329,179

Number of women in reproductive age (15-49 yrs)



21,977

Number of pregnant women



18,449

Number of live births



105,760

Total number of children under 5 vrs



18,490

Children under 5 yrs whose births were registered

Source:

- 1. IFPRI estimates The headcount was calculated as the product of the undernutrition prevalence and the total eligible projected population for each district in 2019. Projected population for 2019 was estimated using Census 2011.
- 2. NFHS-4 (2015-16) & NFHS-5 district & state factsheets (2019-20).

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: Lakhimpur, Assam. New Delhi, - India: International Food Policy Research Institute.

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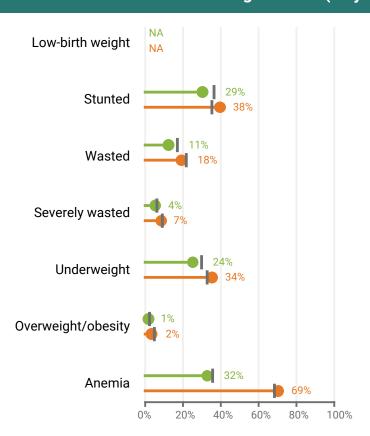












Assam





Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	40,718
Wasted	19,280
Severely wasted	7,900
Underweight	36,339
Overweight/obesity	2,411
Anemia	65,876
Total children	105,760

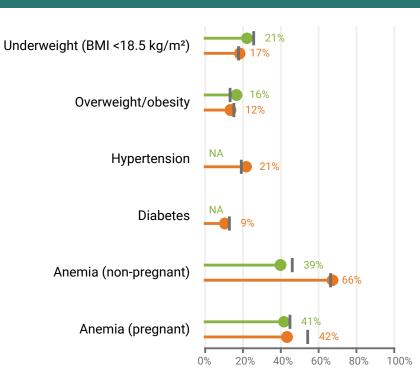
Note: NA refers to data are unavailable for a given round of NFHS data.

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)

Lakhimpur



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Assam



Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	56,915
Overweight/obesity	40,818
Hypertension	68,305
Diabetes	30,647
Anemia (non-preg)	218,311
Anemia (preg)	9,287
Total women (preg)	21,977
Total women	329,179

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

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?

Immediate determinants Lakhimpur Consumed IFA 100+ days (pregnant women) Assam Consumed IFA 180+ days (pregnant women) Early initiation of breastfeeding (children <3 yrs) Exclusive breastfeeding 81% NA Continued breastfeeding at 2 years NA NA Timely introduction of complementary foods NA 12% Adequate diet (children) NA Dietary diversity (children) NA NA Minimum meal frequency (children) NA NA Eggs and/or flesh foods consumption, 6-23 m

Points of discussion:

• What are the trends in infant and young child feeding (timely initiation of breastfeeding, exclusive breastfeeding, timely initiation of complementary feeding, and adequate diet)? What can be done to improve infant and young child feeding?

40%

60%

80%

100%

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

· What are the trends in IFA consumption among pregnant women in the district? How can the consumption be improved?

20%

NA NA

NA NA

NA

0%

· What additional data are needed to understand diets and/or other determinants?

Sweet beverage consumption, 6-23 m

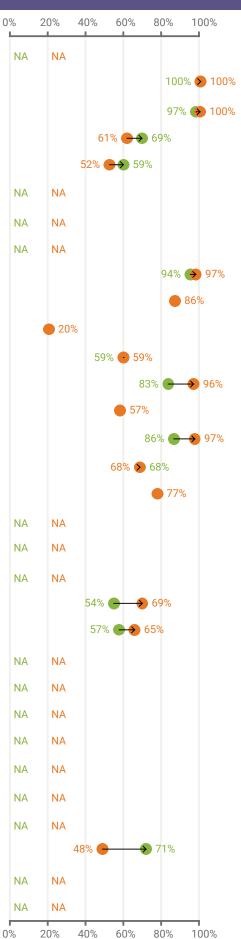
Bottle feeding of infants, 6-23 m

Lakhimpur Underlying determinants Women with ≥10 years of education Assam Women 20-24 years married before the age of 18 Women 15-19 years with child or pregnant HHs with improved sanitation facility 74% HHs with improved drinking water source NA Safe disposal of feces NA NA HHs with below poverty line (BPL) card NA 10% HHs with health insurance 20% 40% 60% 80% 100% Note: NA refers to data are unavailable for a given round of NFHS data.

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?

Demand for FP satisfied lodized salt Pregnancy registered (MPC 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



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

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)?