

DISTRICT NUTRITION PROFILE

Led by IFPRI 🕅

BONGAIGAON | 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 Bongaigaon 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 in 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

Bongaigaon



941/1,000

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



227,195

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



15.378

Number of pregnant women



14,176

Number of live births



79,699

Total number of children under 5 vrs



13,595

Number of pregnant women

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

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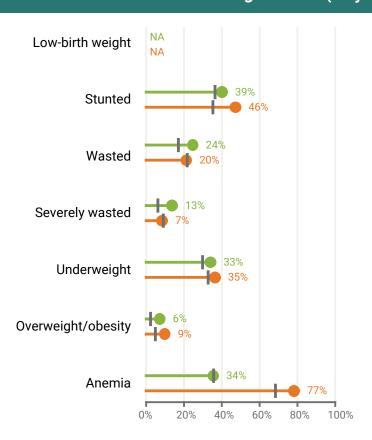












Assam

2016

2019

Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	36,821
Wasted	16,099
Severely wasted	5,914
Underweight	28,150
Overweight/obesity	7,021
Anemia	55,256
Total children	79,699

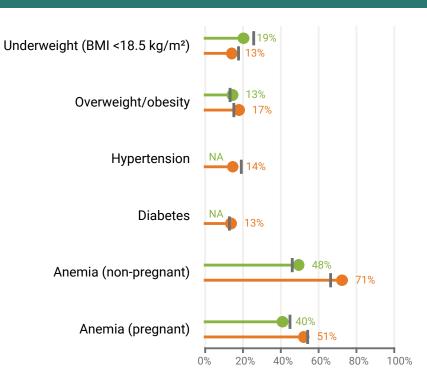
Note: NA refers to data is unavailable for a given round of NFHS data.

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)

Bongaigaon



Assam





Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	29,672
Overweight/obesity	38,464
Hypertension	30,899
Diabetes	28,672
Anemia (non-preg)	162,285
Anemia (preg)	7,866
Total women (preg)	15,378
Total women	227,195

Note: NA refers to data is 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?



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%

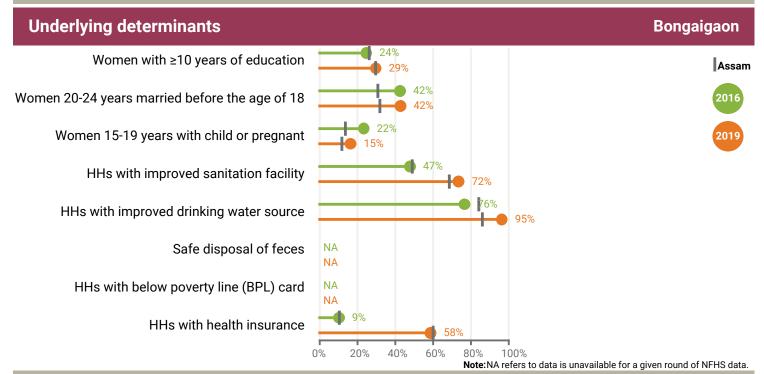
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• What are the trends in IFA consumption among pregnant women in the district? How can the consumption be improved?

20%

0%

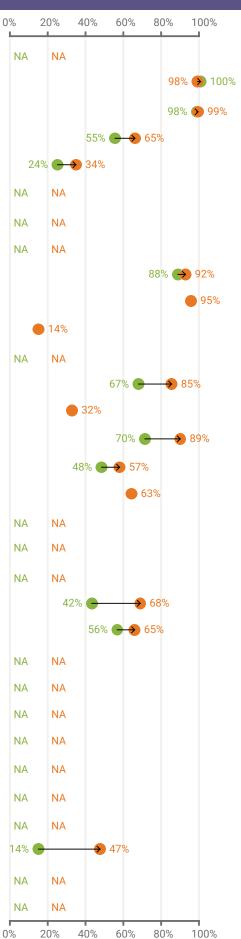
· What additional data are needed to understand diets and/or other determinants?



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?

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



Note: NA refers to data is 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?

Careseeking for ARI

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)?