

DISTRICT NUTRITION PROFILE

Led by IFPRI 🕅

CHIRANG | 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 Chirang in the state/UT of Assam

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

What factors lead to child undernutrition?

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

District demographic profile, 2019-20

Chirang



918/1,000

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



151,333

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



underlying and basic determinants.

9.843

Number of pregnant women



7,415

Number of live births



49,168

Total number of children under 5 vrs



6,081

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

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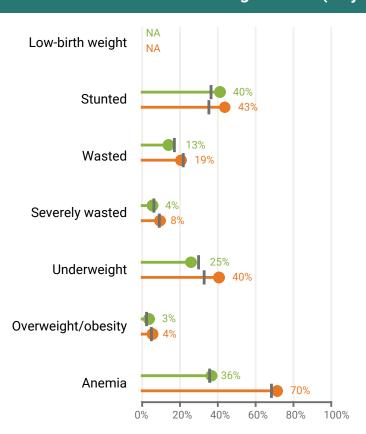












2016

Assam



Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	20,995
Wasted	9,568
Severely wasted	4,155
Underweight	19,515
Overweight/obesity	2,213
Anemia	31,103
Total children	49,168

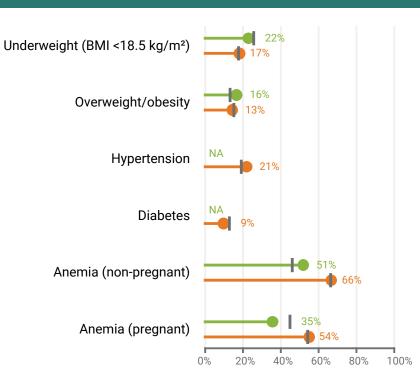
Note: NA refers to data are unavailable for a given round of NFHS data.

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)

Chirang



Assam





Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	25,999
Overweight/obesity	20,173
Hypertension	31,477
Diabetes	13,272
Anemia (non-preg)	99,380
Anemia (preg)	5,320
Total women (preg)	9,843
Total women	151,333

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 Chirang Consumed IFA 100+ days (pregnant women) Assam 2016 Consumed IFA 180+ days (pregnant women) Early initiation of breastfeeding (children <3 yrs) Exclusive breastfeeding NA Continued breastfeeding at 2 years NA NA Timely introduction of complementary foods NA Adequate diet (children) NA Dietary diversity (children) NA NA Minimum meal frequency (children) NA NA Eggs and/or flesh foods consumption, 6-23 m NA NA Sweet beverage consumption, 6-23 m NA

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%

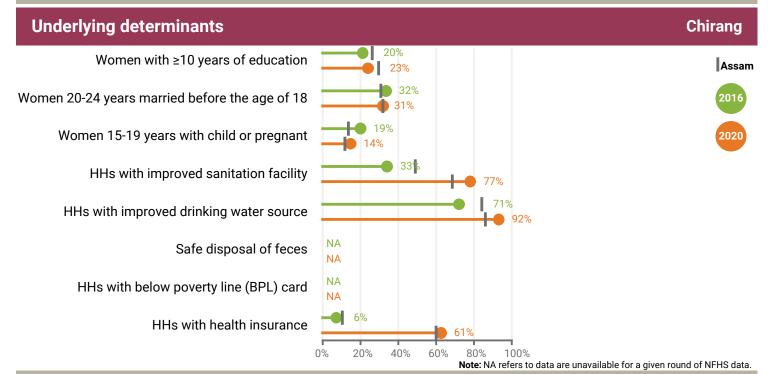
NA

NA

0%

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

Bottle feeding of infants, 6-23 m



Points of discussion:

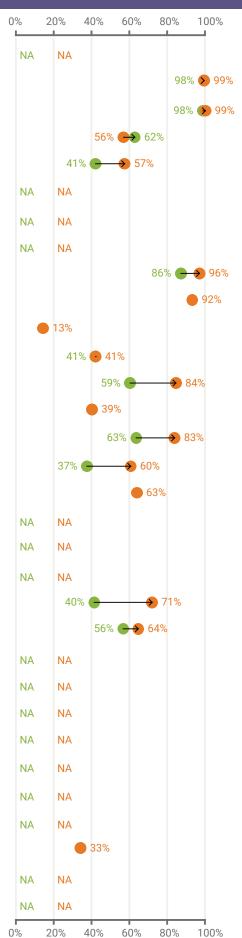
- · How can the district increase women's literacy, and reduce early marriage, if needed?
- How does the district perform on providing drinking water and sanitation to its residents? Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation 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)

Food supplementation (6-35 months)

Full immunization Vitamin A Pediatric IFA Deworming Weighing Counselling on child growth ORS during diarrhea Zinc during diarrhea Careseeking for ARI Preschool at AWC Health checkup from AWC





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?
- · How has access to health and ICDS services changed over time (food supplementation, health and nutrition education and health checkups)?