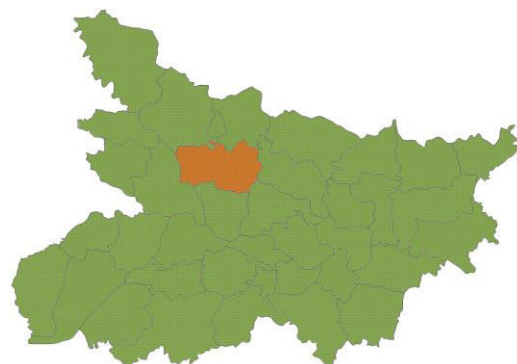
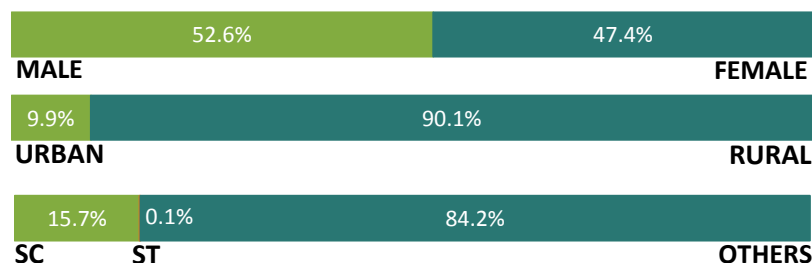


DISTRICT NUTRITION PROFILE

Muzaffarpur, Bihar

DISTRICT DEMOGRAPHIC PROFILE¹

Total Population **4,801,062**



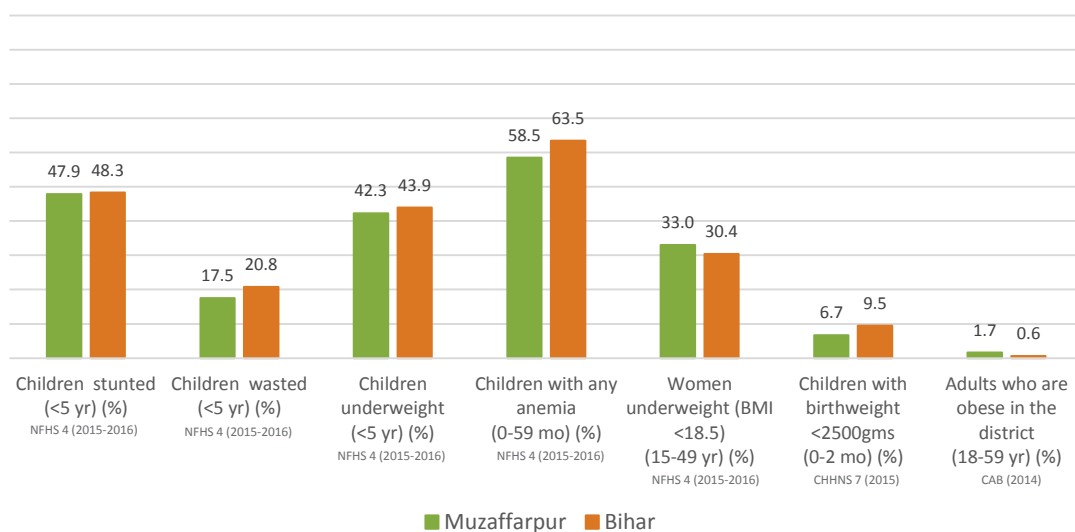
Muzaffarpur ranks 569th amongst 599 districts in India²
DISTRICT DEVELOPMENT INDEX (2015)

THE STATE OF NUTRITION IN MUZAFFARPUR^{3,4,5}

47,9%
CHILDREN
STUNTED

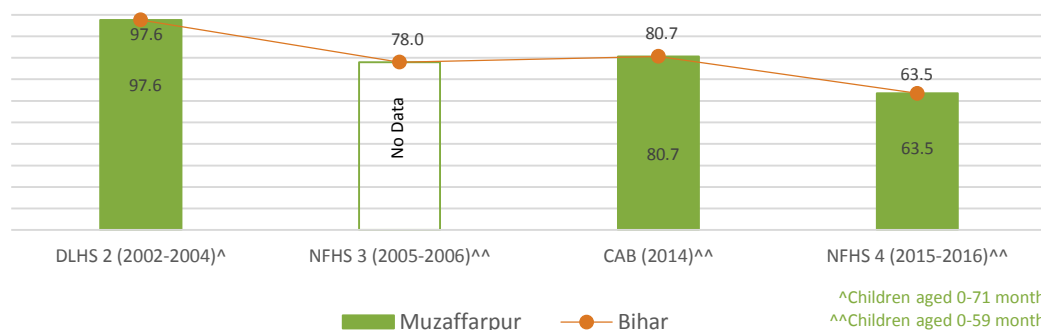
17,5%
CHILDREN
WASTED

42,3%
CHILDREN
UNDERWEIGHT



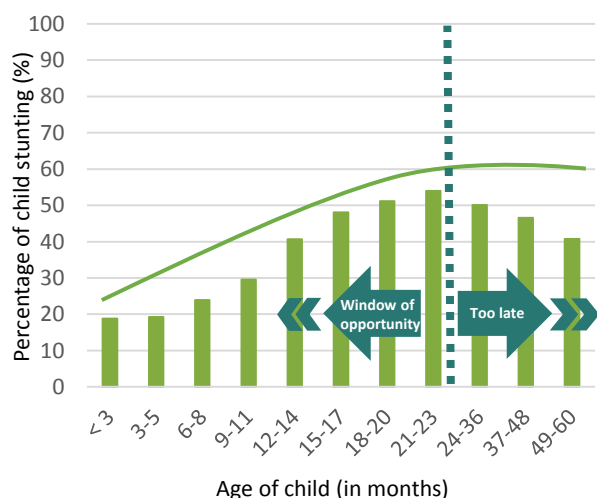
CHANGES OVER TIME IN ANEMIA^{3,5,6,7}

PREVALENCE OF ANEMIA AMONGST CHILDREN UNDER-SIX DECREASED IN THE DISTRICT BETWEEN 2002 AND 2016

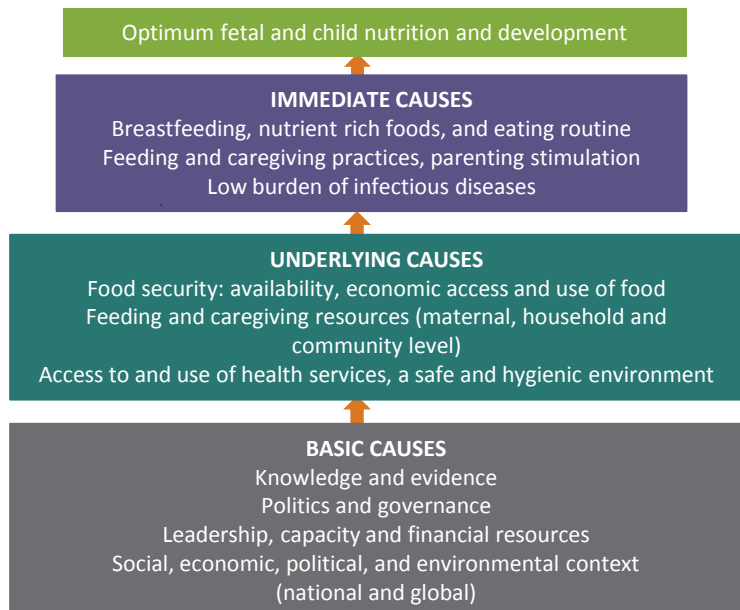


HOW CAN NUTRITION IMPROVE?

The most crucial period for child nutrition is from pre-pregnancy to the second year of life²

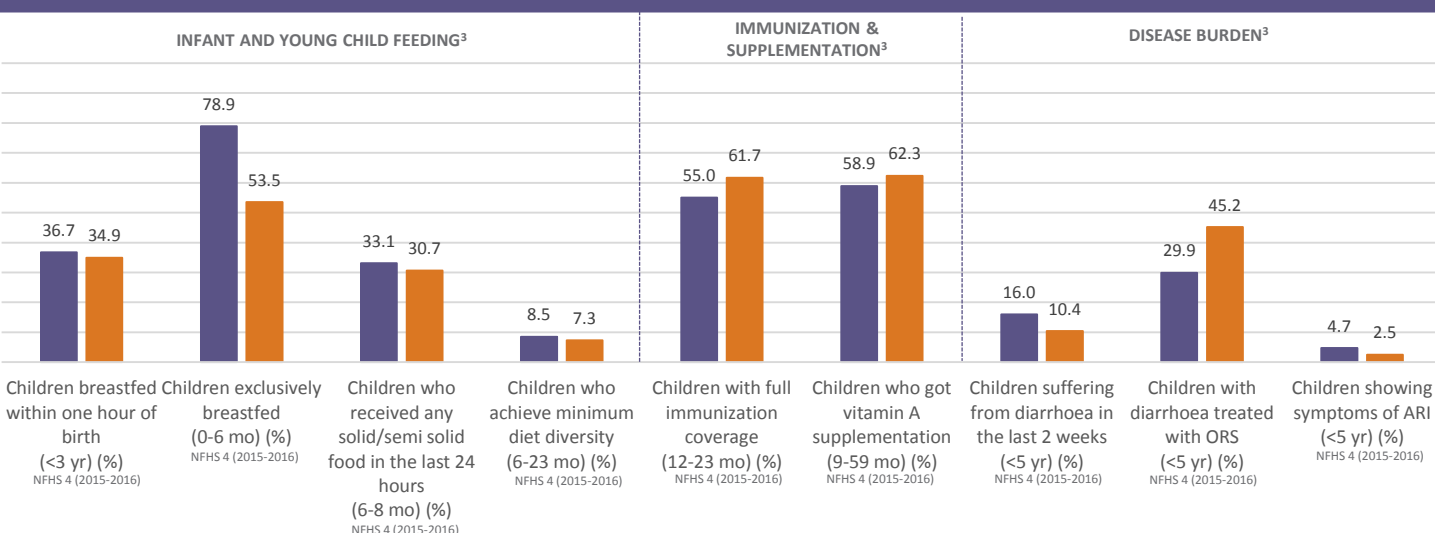


WHAT FACTORS CAUSE UNDERNUTRITION?¹³



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.

IMMEDIATE CAUSES OF UNDERNUTRITION



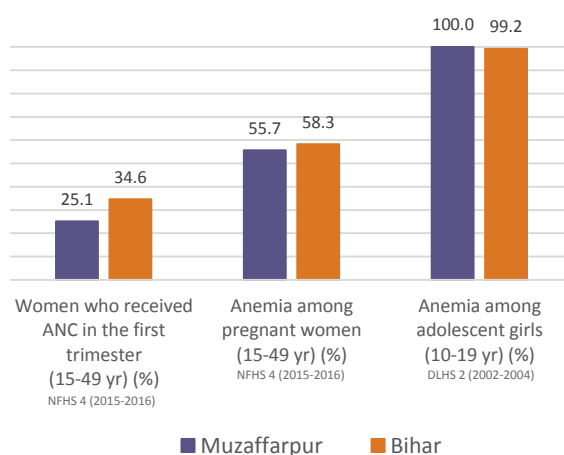
Areas for action:

- Poor state of infant and young child feeding: Very few infants are breastfed within on hour of birth, and diet diversity rates are poor
- Low rates of immunization and vitamin A supplementation, which needs urgent attention
- Less than half of women in the district, report having received ANC in the first trimester
- Alarming levels of anaemia among adolescent girls

Data challenges:

- Where data are available, indicator definitions are non-standardized and often differ from World Health Organisation recommendations

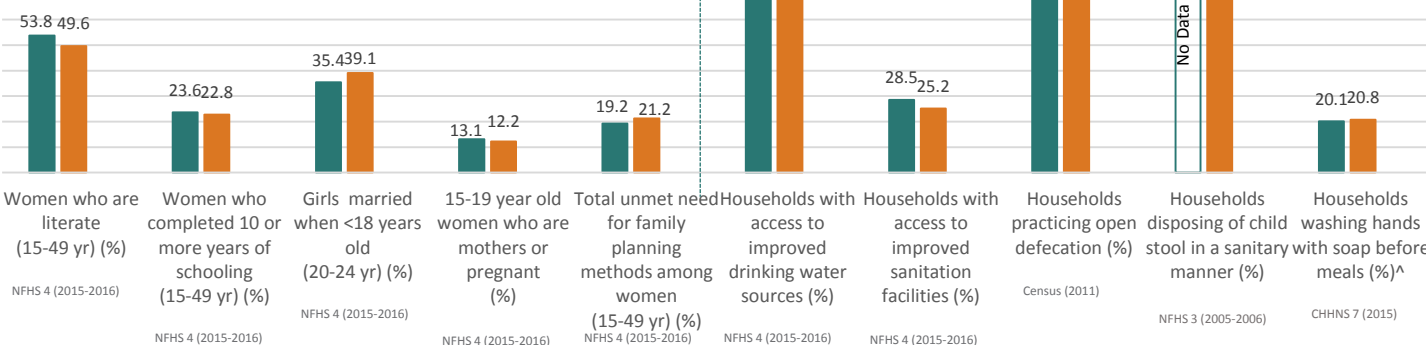
ADOLESCENT & MATERNAL HEALTH^{3,5}



UNDERLYING CAUSES OF UNDERNUTRITION

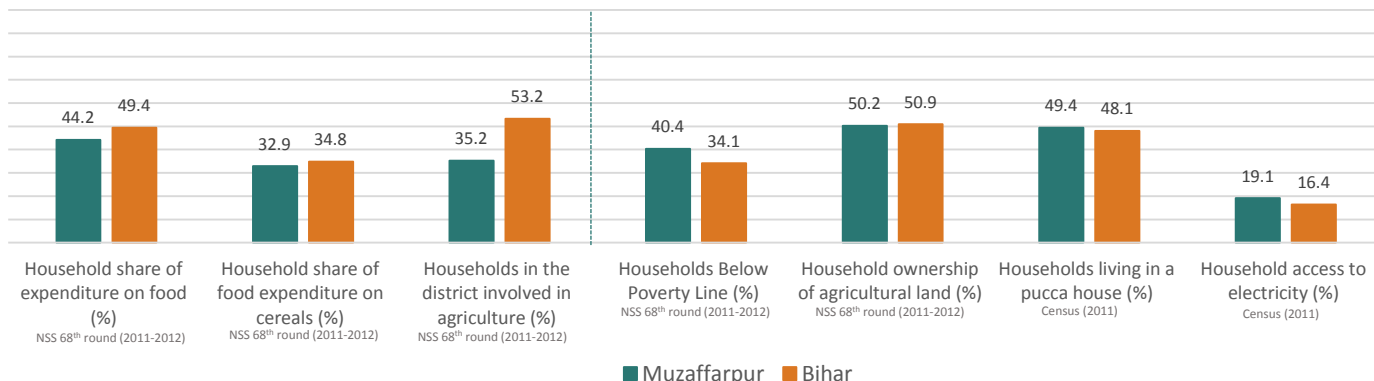
WOMEN'S STATUS³

WATER, SANITATION AND HYGIENE^{1,4,7}



FOOD SECURITY⁹

SOCIO ECONOMIC CONDITIONS^{1,9,14,15}



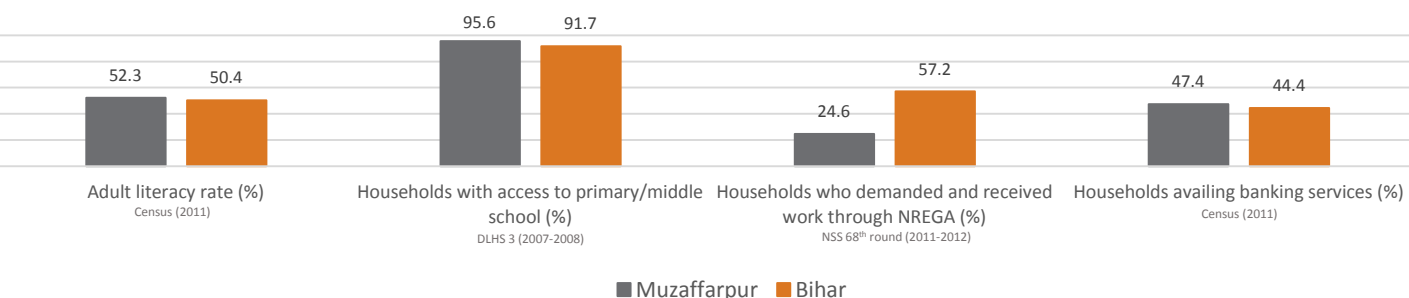
Areas for immediate action:

- Only 52.8% of women in the district are literate
- Very high rates of open defecation; critical need to increase awareness about washing hands with soap and ensuring access to improved sanitation facilities
- Food insecurity, especially diet quality, is a challenge that can hold back improvements in nutrition
- Very few households live in a 'pucca' house and have access to electricity

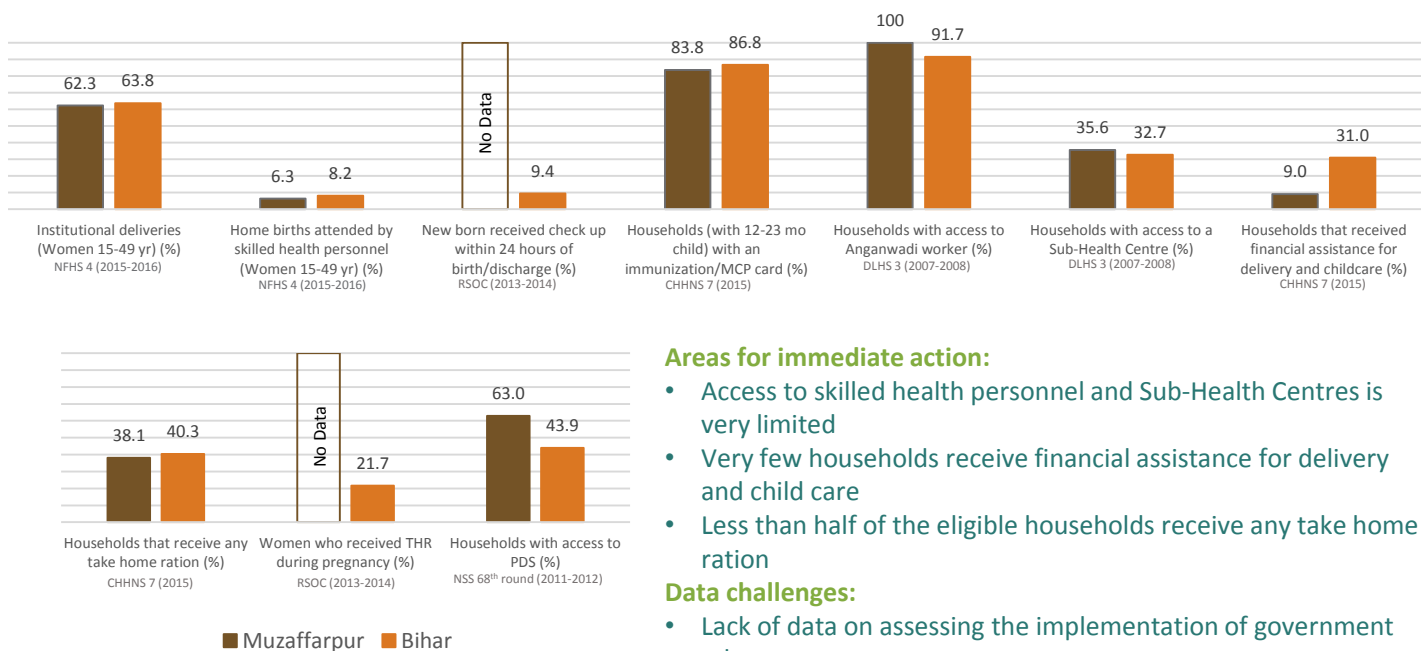
Data challenges:

- Outdated data on open defecation
- No district-level data on child stool disposal

BASIC CAUSES OF UNDERNUTRITION^{1,8,9}



- Per capita gross district domestic product of Muzaffarpur ranked 5th amongst 38 districts of Bihar in 2011-12¹⁵
- Bihar's per capita income ranked last amongst 32 major States/UTs in India in 2011-12¹⁶
- Action needs to be taken to improve adult literacy which is low
- No data available on indicators of governance and political will to address nutrition



Areas for immediate action:

- Access to skilled health personnel and Sub-Health Centres is very limited
- Very few households receive financial assistance for delivery and child care
- Less than half of the eligible households receive any take home ration

Data challenges:

- Lack of data on assessing the implementation of government schemes

FLW visits⁴

	Last Trimester ^Δ			Within 1 week of delivery [*]			Within 24 hours of delivery
	Less than recommended	Equal to recommended	More than recommended	Less than recommended	Equal to recommended	More than recommended	
Bihar	9,4%	9,4%	17,8%	29,1%	4,9%	5,2%	33,4%
Muzaffarpur	6,5%	6,5%	11,9%	22,1%	2,5%	2,2%	23,4%

^Δ2 recommended visits; ^{*}3 recommended visits



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