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Baseline Nutrition and Food Security Survey

Summary and Key Findings

Tirana, 2012

Background

Over the past decade, the nutrition situation has improved greatly for many Albanians. As demonstrated by a number of national surveys carried out between 2000 and 2009, there has been an overall improvement in the nutritional status of children, with rates of stunting (low height for age) and wasting (low weight for height) among children under five decreasing significantly (from 34% to 19% and from 11% to 7% respectively). According to the 2007Albania Poverty Assessment, the number of poor and extremely poor households has also significantly decreased.

Despite this progress, however, the nutritional status of the population, especially in certain areas of the country, remains a public health concern. Poverty still affects a large proportion of the population, particularly in rural areas and among the newly urbanized, creating problems of access to health care and other basic services and to adequate food and healthy diets. Many people living in these areas continue to be particularly vulnerable to food and nutrition insecurity, putting them at risk of poor health and nutritional status. The double burden of malnutrition in the country is clearly indicated by the co-existence of stunting among children and increasingly higher rates of overweight among both children and adults.

Efforts to improve food and nutrition security, defined as having physical, social and economic access year round to safe and nutritionally adequate food, must address all of the many conditions necessary to ensure that people have the food they need for a healthy and active life. Poverty, inequality, poor living conditions, inadequate access to food, inadequate sanitation and health services, and lack of resources, knowledge, skills and opportunities all affect people's ability to achieve food and nutrition security for themselves and their families and thus affect their health, productivity and enjoyment of life. There are still important key challenges to be addressed to ensure food and nutrition security and good health and nutritional status for all Albanians.

Purpose and objectives of the survey

The 2010 Baseline Nutrition and Food Security survey (BNFS) was carried out in the context of the Spanish Millennium Development Goals Achievement Fund for Children, Nutrition and Food Security. The Joint Programme on Nutrition "Albania - Reducing Malnutrition in Children" implemented by the Ministry of Health and the Ministry of Agriculture Food and Consumer Protection, with support from UNICEF, WHO and FAO, aims to prevent and address malnutrition and food insecurity among poor, high-risk rural and peri-urban communities in Albania, with a particular focus on women and children.

The purpose of the survey was to provide a baseline of information on the current food and nutrition situation in the Programme target areas which can be used to plan food and nutrition interventions under the Joint Programme on Nutrition, and to create a knowledge base for the preparation of the new Food and Nutrition Action Plan for Albania. The overall objectives of the BFNS survey were to:

- assess food and nutrition security, dietary diversity and food management practices in resource-poor households in order to plan and implement activities aimed at improving household food security and diets;
- identify the main determinants of anaemia in high prevalence areas in order to plan and implement targeted interventions to reduce and prevent anaemia; and
- create a baseline of knowledge, attitudes and practices on infant and young child feeding and care practices in order to help families and communities improve their nutrition practices.

The survey was conducted by the Albanian National Institute of Statistics (ISTAT), and the Institute of Public Health (IPH), under the lead of the Ministry of Health and in close collaboration with the WHO Country office Albania, the UNICEF country office Albania, the FAO Nutrition and Consumer Protection Division, Rome, the FAO Regional Office for Europe and Central Asia, Budapest and the National Research Institute on Food and Nutrition (INRAN), Rome, Italy.

This summary presents an overview of the survey purpose and design and highlights some of the key survey findings. More detailed information and analyses, including technical annexes, tables and the questionnaires, are provided in the full survey report.

Survey design

The survey was designed to provide information on a representative sample of households in the target intervention areas of the Nutrition Programme. The target areas are six districts of Northern Albania - Kukes and Shkodra Prefectures - and 2 peri-urban municipalities of Tirana - Kamez and Paskuqan. These areas have been selected as they are known to have high rates of child malnutrition, especially stunting, and are considered to be vulnerable to food and nutrition insecurity because they have high proportions of poor households, high rates of unemployment or large Roma populations.

A stratified two-stage cluster sample was designed, selecting 1, 584 households with women between the ages of 15-49, school children aged 5-14 years, and infants and young children under the age of five. The overall response rate was high, with virtually all selected respondents completing the interviews (96 - 99%).

Completed interviews were collected for:

- 1, 357 households;
- 1,710 women of reproductive age;
- 1,428 school-aged children; and
- 829 infants and young children.

The survey fieldwork was carried out between October and December 2010. The data were collected through personal, face-to face interviews using four questionnaires: one for the household, collecting general socio-economic and demographic characteristics and food and nutrition security indicators; and one for each of the three target age groups, collecting individual information. Mothers or self-identified care-givers responded for the child interviews in both age groups. In addition, blood samples were collected from a sub-sample of the selected women and children to test for iron deficiency anaemia.

Survey content

The following major areas of information were collected:

At the level of the household

- general characteristics of the family, including the age, sex and education level of all household members and identifying the head of household and socio-economic and demographic characteristics, including living conditions, land cultivation, sources of income and perceived economic levels;
- economic indicators of food and nutrition security, such as proportion of income spent on food, changes in income over the preceding 12 months, adequacy of household income to cover basic needs and difficulties experienced in purchasing adequate food for the family;
- home production and consumption of fruits and vegetables and livestock and times of inadequate food for the family;
- an assessment of household food security using an international scale tested and adapted for Albania; and
- the division of household activities and responsibilities, with a special focus on gender roles in decision- making in the context of food security.

For women ages 15-49

- food consumption over the preceding week, with a special emphasis on the diversity of the diet and the consumption of iron-rich foods;
- knowledge, attitudes and practices about iron, iron-rich foods and folic acid supplements; and
- blood samples for testing for iron deficiency anaemia.

For school-age children 5-14

- food consumption over the preceding week, with a special emphasis on dietary diversity and the consumption of iron-rich foods; and
- blood samples for testing for iron deficiency anaemia.

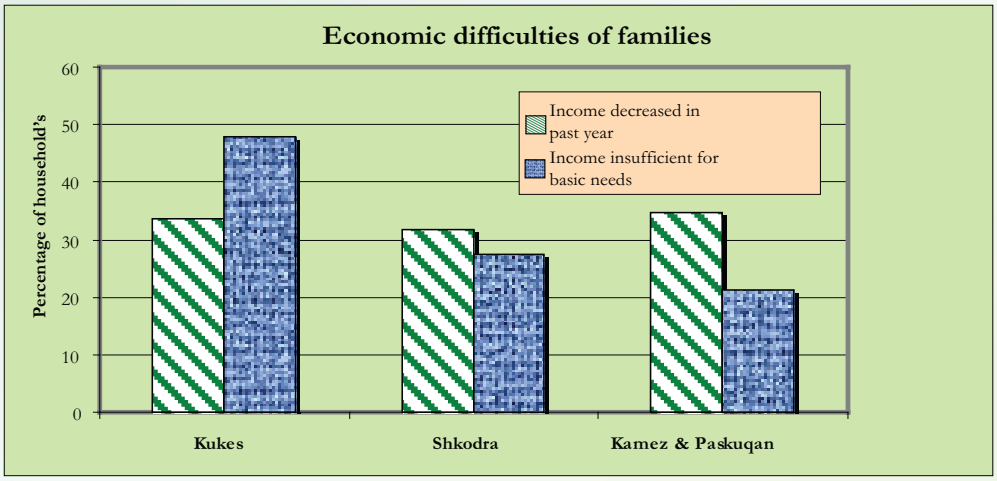
For infants and children under 5 years of age

- infant feeding knowledge, attitudes and practices of mothers or caregivers, with emphasis on breastfeeding, complementary feeding and feeding during illness (children 0-24 months);
- knowledge, attitudes and practices of mothers or caregivers on iron and folic acid supplementation (children 6-59 months);
- food consumption and dietary diversity, with a special emphasis on the consumption of iron-rich foods (children 6-59 months); and
- blood samples for testing for iron deficiency anaemia.

Key findings household food security

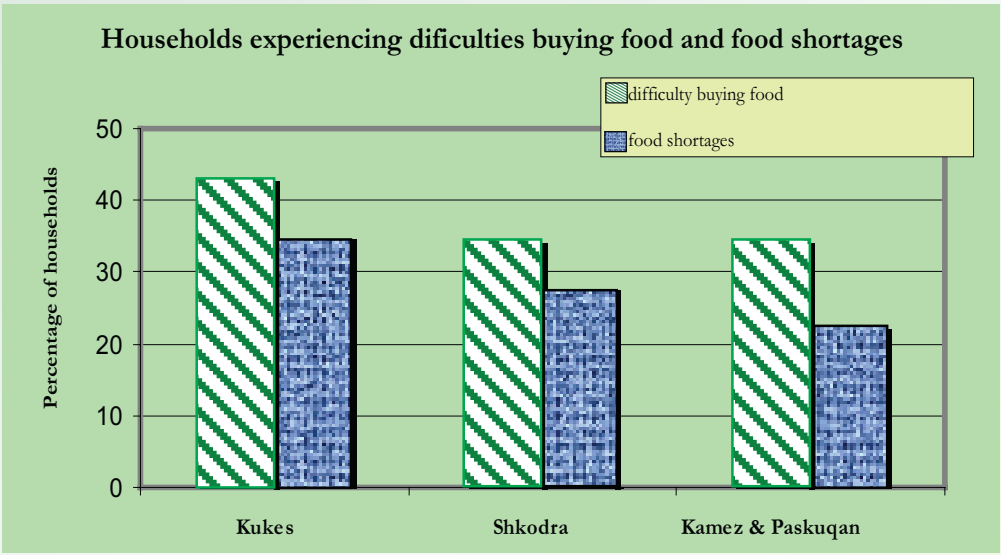
A series of questions explored important indicators of household food security, including: self-classification of household economic status; proportion of income spent on food; adequacy of income in the past year to cover basic household needs; and changes in household income in the previous year. Other questions inquired about difficulties in obtaining food in general and specific food groups, home production of foods for consumption, and household experience with not having enough food to meet the family's needs. Gender-specific tasks and intra-household decision-making for the household budget and food allocation were explored to understand the gender dimension of food security in the target areas. Information on the diversity of the diets of the women surveyed was collected and used as an indicator of women's diet quality as well as the household's access to a variety of foods.

The economic conditions of many families in the target areas are difficult. Although the majority of households surveyed classified their economic level as "middle" or "high", roughly one-third to one-half (30-50%) of families say that during the 12 months prior to the survey their income was not sufficient to cover basic needs for the family, such as food, medicines, clothes and shelter. The highest proportion of families reporting difficulties in meeting basic needs is in Kukes (50%). About one-third of families in all of the target areas report a decrease in their household income during this period of time. The majority report no change in their income and very few (11% in Kukes and 6% in Shkodra) say their income has increased.



Families have to spend a high proportion of their household income on food, leaving them with limited resources to spend on other basic necessities for the family. In Kamez and Paskuqan just under half (45%) of households report that they have had to spend the major part of their income (three-quarters) on food purchases for the family and another 20% say that they spend all of their income on food. In both Kukes and Shkodra, more than half of all families say they spend almost all of their income on feeding the family.

Many households are experiencing difficulties in providing food for their families year-round. More than two-fifths of families in Kukes (43%) and one-third of families in Shkodra and Kamez and Paskuqan (34% each) say that they had difficulty in buying food for their families in the six months prior to the survey. Moreover, in Kukes, more than one-third (35%) of families report having experienced food shortages in the 12 months prior to the survey, while slightly more than one-quarter of families in Shkodra (27%) and one-fifth of families in Kamez and Paskuqan (22%) have had food shortages. Although the proportion of households experiencing food shortages was lower in the Shkodra and Kamez and Paskuqan, compared to Kukes, the number of months in a year that they experienced the shortages was greater (4.5 months in Kamez and Paskuqan and 3.6 in Shkodra compared to 2.7 in Kukes.)



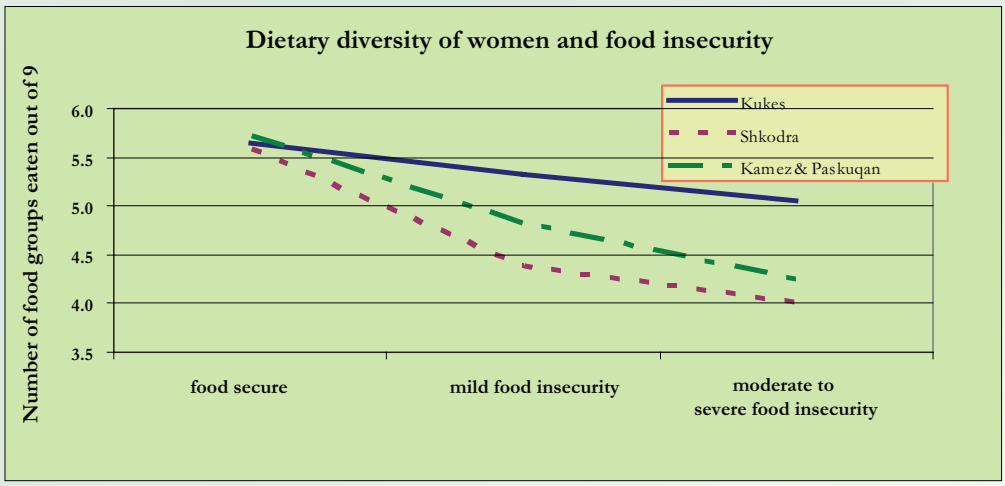
Home production is an important source of food for some families in the more rural areas. In Kukes, half of all surveyed families say that they grew vegetables and fruits in the six months prior to the survey (51% and 49% respectively), almost all of which was for consumption by the family and 45% say they keep livestock for their own consumption of animal products. In Shkodra, about two-fifths of families are producing vegetables (44%) and fruits (42%) for their own consumption and about one-third (34%) keep livestock for consumption of animal products. In peri-urban Tirana (Kamez and Paskuqan), very few families grow fruits and vegetables (15%) or keep livestock (5%), but those that do use the food for their own consumption rather than for sale.

In Kukes, while households are on average more food insecure than in the other study areas, they have higher percentages of home production for family consumption, less severe problems with food procurement throughout the year and the women maintain constant dietary diversity regardless of food security status. In peri-urban Tirana, where the more food insecure households rely on daily work in a competitive market and only a small number of households produce food for their own consumption, respondents experience longer periods of food shortages than in the other studies areas. This in combination with lack of access to markets with affordable fresh foods and in some cases, lack of refrigeration, makes it difficult for families to preserve foods for future use and leaves people more vulnerable to food shortages.

Adequate dietary diversity is a problem for many women, indicating difficulties in the consumption of a healthy diet for themselves and their families. Overall, more than one-quarter of women in the survey do not have an adequate diet, as they consume foods from fewer than 5 out of 9 food groups in a day (29% each in Kukes and Shkodra and 27% in Kamez and Paskuqan). Dietary diversity is lower among women in lower income families and in families that spend a high proportion of their income on food. Using women's dietary diversity to reflect household diet, this suggests that one-quarter of families in the target areas have poor access to the variety of foods needed for a good diet.

While most of the survey households can be classified as food secure, a large percent of families are food insecure. Food insecurity is highest in Kukes, where 43% of households are food insecure; one-third of these families are moderately or severely food insecure. In Kamez and Paskuqan 29% of house-

holds are food insecure, as are 24% in Shkodra. Food insecurity is more common in the rural than in the urban areas of both Kukes and Shkodra. In Kamez and Paskuqan and in both urban and rural Shkodra, the more severe the food security in the household, the less varied the women's diets are. In Kukes, however, women in food insecure families maintain a level of dietary diversity similar to that of food secure women.



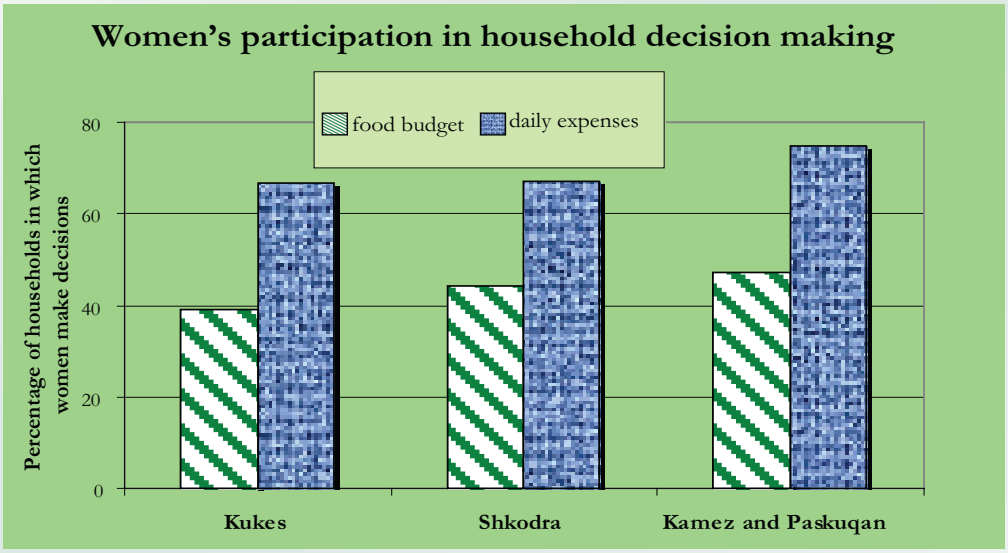
Key findings gender roles and food security

Women respondents were asked a series of questions about the roles and responsibilities of men, women, boys and girls in various household activities, including child care, food preparation, caring for animals, family agriculture work, work outside the home and household cleaning and maintenance work. Additional questions inquired about the management of the household food budget and day-to-day decision-making for other basic household expenditures in order to assess the degree to which women participate in household budgetary decisions, and in particular, the influence they have on family expenditures on food.

Household activities and responsibilities generally follow traditional gender lines. In all study areas, women are more likely to take care of animals, take care of children, cook, and clean, while males are more likely to sell in the market, work outside the home, and do home maintenance. In households that carry out agricultural work, both males and females are engaged in these activities. Of particular note is that in Kamez and Paskuqan, family agriculture seems to be primarily women's work, with more than twice as many women as men (84% versus 36%, respectively) responsible for this activity.

Women are not full partners in household budgetary decisions. In all study areas, women are less likely to be involved in managing the family food budget than in deciding about daily household expenditures. In Kamez and Paskuqan, slightly less than half of women (48%) say that they are involved in decisions about the family food budget, while only about two-fifths of women in Kukes and Shkodra (40% and 43% respectively) report participating in these decisions. In all study areas, women's role in decisions on the food budget was greater in urban centres than in the rural areas.

When it comes to decisions about daily non-food household budgetary decisions, women in all areas report having greater involvement. Two-thirds of women in Kukes and Shkodra (65% each) and three-quarters of women (78%) in Kamez and Paskuqan report having a say in household daily expenditures.



Women in food secure households are somewhat more likely than women in food insecure households to have a say in household budgetary decisions, with the exception of Kamez and Paskuqan, where food secure and food insecure women are equally likely to have a say in household spending.

Key findings prevalence and levels of anaemia

Iron deficiency anaemia, a serious health and nutritional problem caused by lack of iron in the diet or poor absorption of iron, affects particularly women of reproductive age and young children. Iron deficiency anaemia can result in poor growth and development, low resistance to disease, poor reproductive functions, increased illness and it contributes to deaths in pregnancy and childbirth.

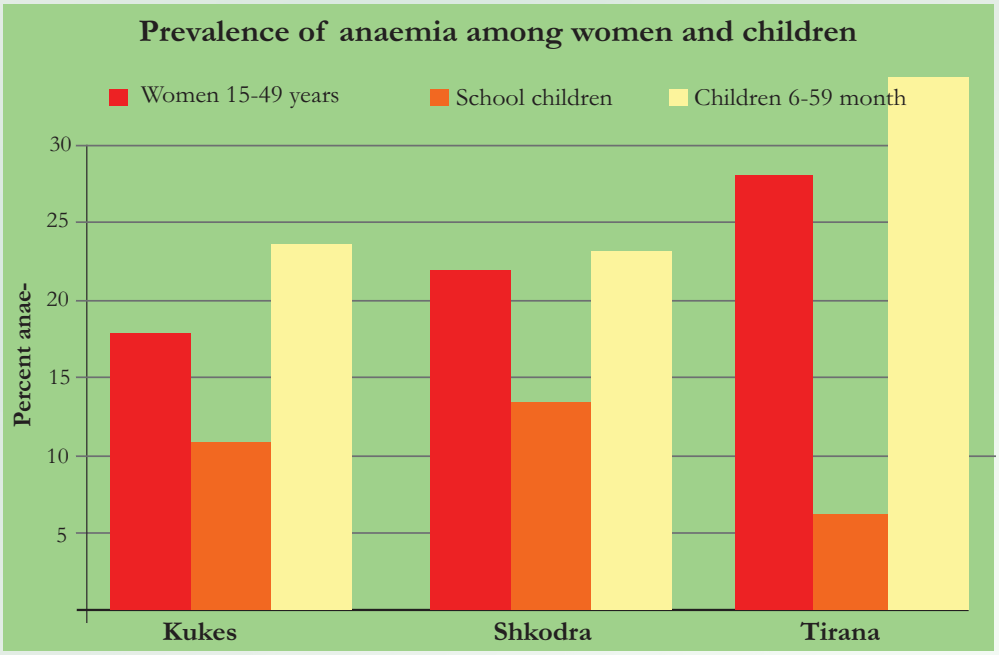
To assess the prevalence of anaemia and iron deficiency anaemia among children ages 6-59 months, school children ages 5-15 years and women between the ages of 15-49 in the target areas, blood samples were collected and analysed. Anaemia and iron deficiency were identified through a combination of biochemical iron markers (haemoglobin, serum ferritin and serum transferritin receptor) and several red blood cell parameters. Any respondents suffering from thalassemia or diseases of the digestive apparatus, which would affect the body's absorption and use of iron, were excluded from the blood collection.

One out of five young children in the target areas suffers from anaemia, with the greatest burden of anaemia among children under two years of age. The rate of anaemia (as defined by low haemoglobin count) among children 6-59 months in the study areas is somewhat higher than the national rate for this age group (20% compared with 17% in the 2008 ADHS). In both the ADHS and this survey, children under the age of two are the most affected by anaemia. Iron deficiency is the cause of anaemia for about 40% of children 6-59 months of age found to be anaemic.

The highest rate of anaemia, as well as the highest proportion of anaemia due to iron deficiency is seen in Kamez and Paskuqan, where one-quarter (27%) of children under five are anaemic, more than half of whom suffer from iron deficiency anaemia (54%).

School-age children have the lowest rates of anaemia, but girls are far more likely to be anaemic than boys in this age group. Overall, among children 5-15 years old, 9 % suffer from anaemia, with approximately 40% of these caused by iron deficiency. Most of those who are anaemic are girls (71%). The prelevance of anaemia is higher among school-age girls than boys in all target areas. In Kukes 87% of anaemic school children are girls; in Shkodra 64% and in peri-urban Tirana (Kamez and Paskuqan) 80% are girls.

Among women of reproductive age, somewhat fewer than one out of five is anaemic (18%), but a large proportion of anaemia is caused by iron deficiency (40%). The highest rate of anaemia is found in Kamez and Paskuqan, where 22% of women in this age group are anaemic. However, anaemia among women in this area is less likely to be caused by iron deficiency (25% of women with anaemia are iron deficient, compared with 45% in the other two study areas).



Women and young children in the target areas in peri-urban Tirana are far more likely to be anaemic than women and children living in urban Tirana, as reported in the 2008 ADHS. In Kamez and Paskuqan, women of reproductive age are twice as likely to be anaemic than women in urban Tirana (22% compared with 12%) and young children under the age of five are nearly four times as likely to be anaemic (27% compared with 7%).

Iron deficiency is the cause of anaemia for many women and children and iron deficiency is present even among those who are not anaemic. Approximately 40% of all anaemia cases across all age groups are due to iron deficiency. Even among those not classified as anaemic, iron deficiency is present in some form (as measured by low serum ferritin or high sTfR levels). Approximately 20% of young children, 15 % of school-age children and 12% of women of reproductive age in the study have some form of iron deficiency without being anaemic, suggesting possible health problems and a potential precondition for developing anaemia.

Key findings anaemia and iron deficiency knowledge, attitudes and practices

Women were asked a series of questions to evaluate their knowledge of anaemia and iron deficiency, including knowledge of the causes, signs and symptoms, and measures to prevent anaemia. They were also asked about iron supplementation, knowledge of foods rich in iron, the role of a good diet in preventing anaemia and the consumption of foods rich in iron by women and children. Additional questions inquired about taking iron and folic acid supplements during pregnancy. Folic acid during pregnancy is very important for the prevention of serious birth defects.

Most women in the target areas have heard about anaemia and can recognize some of its most common symptoms and the health problems it causes. Overall, three-quarters of women (77%) say they have heard about anaemia. The lowest percentage is found in Kukes, where two-thirds of women (65%) have heard about anaemia; equal percentages of women in the other areas report knowing about anaemia (78% in Shkodra and 76% in peri-urban Tirana). When asked about symptoms of anaemia and the health problems it causes, the majority of women across all areas recognize anaemia's main symptoms of weakness, pallor and tiredness.

Most women who have heard about anaemia recognize insufficient dietary intake as one of the principal causes and identify having a good diet as an important measure for preventing anaemia. At least three out of four women say they have heard about the importance of iron in the diet (ranging from 75% in Kukes to 83% in Shkodra and 84% in Kamez and Paskuqan). Moreover, a good diet is by far the most frequently mentioned measure to prevent anaemia (named by 80% of women). Women in Kukes are the least likely to know about the importance of iron in the diet (75%) and the least likely to name a good diet as a measure to prevent anaemia (67%).

Knowledge of folic acid and iron supplements is very low among women in the target areas. Overall, only one-quarter of women (27%) have ever heard of folic acid and only 5% name iron supplements as a measure to prevent anaemia. Women in Kukes are less likely to have heard of folic acid than women in the other target areas (21%, compared with 33% in Shkodra and 29% in Kamez and Paskuqan) but more likely to name iron supplements as a measure to prevent anae-

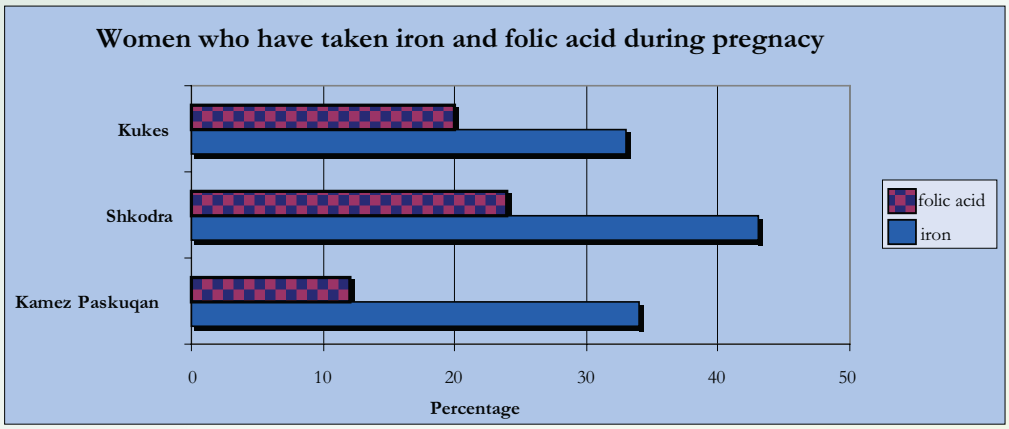
mia (10%, compared with 7% in Shkodra and only 3 % in Kamez and Paskuqan).

Women's knowledge of anaemia, folic acid and iron in the diet

Percent of women who have ever heard about anaemia, folic acid and the importance of iron in the diet

	Kukes	Shkodra	Kamez and Paskuqan	Average
Anaemia	65	78	76	77
Folic acid	21	32	29	27
Importance of iron in diet	75	83	84	81

Taking iron pills, vitamins or folic acid supplements during pregnancy is not a common practice in the target areas. About two-fifths of women (39%) say they have taken iron pills or vitamins during pregnancy and only one-fifth (21%) have taken folic acid supplements. Women in Shkodra are more likely to have taken iron while they were pregnant than women in the other areas (43%, compared with 33% in Kukes and 34% in peri-urban Tirana). Women in Kamez and Paskuqan are the least likely to have taken folic acid supplements in pregnancy (12%, compared with 20% in Kukes and 24% in Shkodra).



While most women have some knowledge of food sources of iron, their knowledge is not adequate and many women do not know which foods are good sources of iron. When asked to name some foods that contain iron, overall one-quarter of women (26%) in the target areas were not able to name any. Of those who

could, by far the most commonly named iron-containing food was green vegetables (73%), while other foods, such as organ meats, eggs, fish, or legumes were named only by one in three women.

Women's knowledge of iron-rich foods

Percent of women who name these foods as being rich in iron

	Kukes	Shkodra	Kamez and Paskuqan	Average
Organ Meat	22	21	30	30
Fish	19	34	32	28
Eggs	35	31	34	33
Beans	32	34	39	35
Green vegetable	59	79	80	73
Don't know	30	24	24	26

It may be difficult for women to put their knowledge into practice or to improve their consumption of iron-rich foods. While most women know that poor diet is a major contributor to anaemia and understand the importance of dietary iron in preventing anaemia, many families in the target areas may not have the economic means to eat a good diet. An important percentage of families are food insecure and are experiencing difficulties in affording food year-round. Having a diet that is diverse enough to meet all micronutrient needs is a problem for about one-quarter of women, which may also suggest that it is a problem for other family members.

Key findings infant and child feeding and diets

Mothers or self-identified care givers were asked about their knowledge and practices for the proper feeding of children in the family. Breast-feeding practices were explored, including initiation of breast feeding, duration, exclusivity and additional liquids or foods given during breast feeding. Questions were also asked about feeding children during illnesses and about the most common sources of information and advice on how to feed infants and children. For children between the ages of 6-59 months and 5-15 years, information was gathered on the foods they are consuming, in order to assess the adequacy of their diets.

Knowledge and practices for breastfeeding infants are not adequate and do not follow standard recommendations. While breastfeeding is commonly practiced in the target areas, with almost all mothers (93%) breastfeeding their infants at birth, only 42% of infants under six months of age are being given breast milk exclusively. Both the median length of time infants are given any breast milk (9 months) and the duration of exclusive breastfeeding (2.7 months) are well below the WHO/UNICEF recommendations. Only one-fifth of mothers and caregivers in Kamez and Paskuqan (20%) and one-third in Kukes and Shkodra (34%) with children 0-23 months old are able to correctly identify the recommended length of time for exclusive breastfeeding of infants.

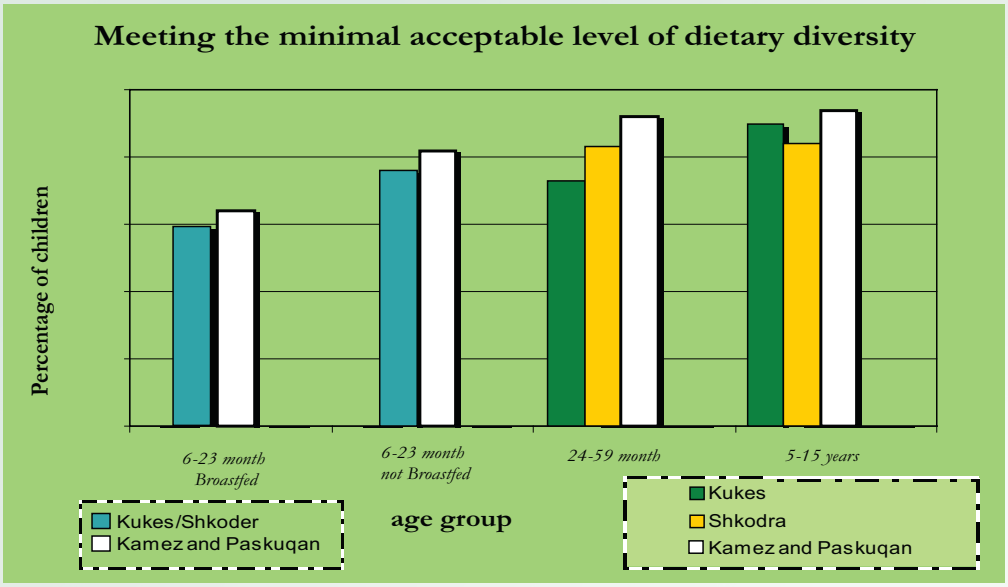
Most young children aged 6 to 23 months in the target areas have less than a minimum acceptable diet. Only 40% of breastfed children in this age group have an adequate diet, consuming foods from four or more food groups and feeding the minimum number of times a day. This is also true for non-breastfed children, with only 36% of children in this group being fed the minimum acceptable diet that includes the combination of food groups they need and the adequate number of meals a day.

Half of infants 6-11 months old are not being fed the variety of foods they need for proper growth and health. Using the dietary diversity score, 51% of infants in the survey are not being fed the minimum acceptable number of food groups in a day (at least four out of seven food groups).

Among children 24-59 months old, dietary diversity is less of problem than it is for infants. Overall, 84% of children surveyed in this age group are consum-

ing foods from at least four out of seven food groups, indicating that they are getting at least the minimum, or greater, variety of foods they need for an adequately varied diet. Children in Kamez and Paskuqan are much more likely to have a diversified diet than children in Kukes and Shkodra (92% compared with 81%).

Most children 5-15 years have a diet that meets the minimum acceptable level of dietary diversity. Overall, 88% of children in this age group are consuming foods from four or more food groups in a day. Across the target areas, children in Kamez and Paskuqan are most likely to meet the minimum dietary diversity (94%), followed by children in Kukes (90%) and Shkodra (84%).



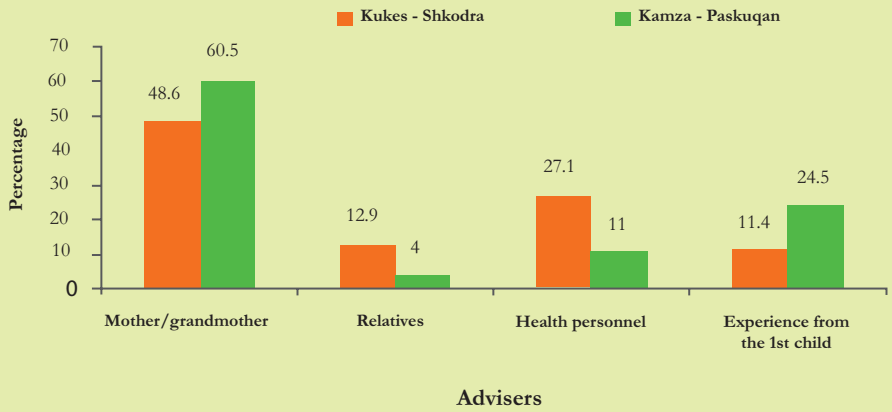
Only slightly more than half of mothers and caregivers of young children 0-23 months old feel they have enough information to feed their children properly. In Kukes and Shkodra, mothers and caregivers who feel they do not have enough information are most likely to say that they would like to know more about ways of feeding their children, whereas in Kamez and Paskuqan, they most frequently mention wanting to know more about introducing complementary foods. In both areas, mothers and caregivers are least likely to say they need information on breastfeeding or frequency of feeding.

Mothers and caregivers rely more on information about feeding practices from family and relatives or from their own experience than on advice from health personnel. About two-thirds of mothers and caregivers in the target ar-

eas say they get their advice on the best way to feed children from their mothers, grandmothers and other relatives. Mothers in Kukes and Shkodra are more than twice as likely as mothers in Kamez and Paskuqan to get advice on child feeding from health personnel (27%, compared with 11%).

Sources of information on child feeding practices

Percent of women who say they get advice from each source



Implications of survey findings

The findings of the survey indicate a number of areas for action to improve the food and nutrition security of the study population and other similarly disadvantaged population groups in the country.

- An integrated strategy that includes a variety of interventions, policies and safety nets needs to be developed and put in place to help improve the food and nutrition security of many poor and at-risk households in the study areas.
- Given the economic difficulties that many families are experiencing in providing for their basic food needs, immediate, short-term interventions in the target areas are needed to improve their economic access to a nutritionally adequate diet year round.
- Home production of fruits, vegetables and livestock, combined with traditional practices of preserving and storing foods to last through the winter, is important for improving the diets of food insecure households. In urban and suburban areas, there could be opportunities for promoting small scale farming for producing fruits and vegetables or animal products for home consumption, including processing and preservation, as well as sales for income. In rural areas, support could be given to encourage greater and better home production and improve current practices. These actions would contribute to greater food security for families, poverty reduction, the empowerment of individuals and communities, and greater availability of fresh and nutritious foods in local food systems.
- Opportunities should be created for sensitizing both men and women on the importance of equal participation of women in decisions and activities affecting the welfare of the family. Increasing women's voice in household budgetary decisions, particularly for food purchases, is important for food and nutrition security, as women's control over food decisions is known to contribute to better nutrition for the entire family. In addition, it is important to work with women in both urban and rural areas to increase their employment opportunities and strengthen their status within the household.

- The 1000 days from pregnancy to the end of the second year of child's life represent a period of vulnerability but also a window of opportunity for interventions. Interventions should be implemented early in child's life in order to yield the highest returns in terms of reduced child mortality, improved child health, physical growth and mental development and longer term gains in adult life and national productivity.
- Increasing access to credit and extension services to both men and women in rural and agricultural areas, along with improved access of smallholder farmers to markets, could assist in boosting commercial production of food for home consumption and for sale. This would also improve women's social and economic status.
- An integrated anaemia control and prevention strategy should be implemented to address iron deficiency anaemia, which poses a borderline moderate public health problem in all three target areas, particularly among women and children under two years of age. Input and resources are needed from a wide range of sectors, including agriculture, health, commerce, industry, education and communication. Prevention of iron deficiency anaema requires a combination strategies of including increased consumption and bioavailability of dietary iron, food fortification and targeted iron supplemenation. These interventions should be linked to ongoing related health and nutrition programs in Albania.
- Education, information and advocacy campaigns and activities are needed at all levels to address the gaps in knowledge, attitudes and practices on appropriate infant feeding practices and the consumption of foods that are rich in iron. Capacity building of health professionals in appropriate counselling techniques for infant and young child feeding, including feeding of pregnant women, will contribute to closing this gap. Health education and promotion initiatives tailored to the particular needs of the target audience and based on a clear communication for behaviour change strategy would include information on breastfeeding, adequate complementary feeding, increased consumption of iron-rich foods, food preparation techniques, dietary diversification, and tips for healthy lifestyles.

- The assessment of food security, dietary diversity and infant and young child feeding practices are important tools for identifying areas for improving diets and preventing health conditions related to poor nutrition and inadequate diets. Along with periodic screening for iron deficiency anaema, it would be very useful to continue to monitor household food security and the dietary diversity of women and children. Data collected and analyzed at frequent intervals will assist in targeting populations at risk, identifying specific interventions and evaluating their effectiveness to improve food security and diet quality.