Reducing malnutrition in children - Albania
Spanish MDG achievement Fund for Children, Nutrition and Food Security

A Joint Programme, part of the “One UN” programme in Albania,

implemented by: the Albanian Government,

financed by: the Government of Spain,

supported by: the United Nations Children Fund UNICEF, the World Health Organization WHO, and the Food and Agriculture Organization FAO

Programme Duration: January 2010- December 2012

Total estimated budget: $4,000,000
The Facts

Poverty is a root cause, but not the only cause of hunger, malnutrition and food insecurity. Social inequity, lack of education, inadequate health services, and inadequate knowledge and skills in basic food and nutrition practices are important factors directly affecting nutritional status especially of pregnant women and young children. Investments in each of these areas are critical to breaking the cycle of poverty and malnutrition.

Undernutrition in infants and young children is a key underlying determinant not only of infant and child mortality, but also of permanent physical and mental disability at a very young age. When children are undernourished before their 2nd birthday, they can suffer irreversible cognitive and physical damage, thus affecting their prospects for future health, welfare and economic wellbeing.

Undernourished pregnant women are at higher risk of miscarriage or delivering a newborn with low birth weight (LBW).

Marked reductions in child undernutrition can be achieved through improvements in
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Women’s nutrition before and during pregnancy, early and exclusive breastfeeding, and good-quality complementary feeding for infants and young children, with appropriate micronutrient interventions.

Breastfeeding Status Under 6 Months

- Breast milk plus other milk: 9%
- Breast milk plus complementary foods: 21%
- Breast milk plus non-milk liquids/juice: 8%
- Breast milk plus water: 19%
- Breast milk plus other milk: 4%

Breastfeeding Status Under 6 Months

<table>
<thead>
<tr>
<th>Breastfeeding Status</th>
<th>Under 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively breastfed</td>
<td>39%</td>
</tr>
<tr>
<td>Not breastfed</td>
<td>11%</td>
</tr>
<tr>
<td>Breast milk plus water</td>
<td>19%</td>
</tr>
<tr>
<td>Breast milk plus other milk</td>
<td>21%</td>
</tr>
<tr>
<td>Breast milk plus non-milk liquids/juice</td>
<td>9%</td>
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Nutrition status of children under five, Albania 2000, 2005, and 2008-09

Based on NCHS/WHO reference for 2000 and 2005 and WHO standard for 2008-09

- Stunted:
  - 2000: 32%
  - 2005: 19%
  - 2008-09: 19%
- Wasted:
  - 2000: 11%
  - 2005: 7%
  - 2008-09: 8%
- Underweight:
  - 2000: 14%
  - 2005: 8%
  - 2008-09: 5%
Prevalence of Anaemia among Children

Percent of children age 6-59 months with any anaemia

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>17</td>
<td>13</td>
<td>20</td>
</tr>
</tbody>
</table>

Prevalence of Anaemia among Women

Percent of women age 15-49 months with any anaemia

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>19</td>
<td>15</td>
<td>23</td>
</tr>
</tbody>
</table>

IYCF Practices

Percent of children 6-23 months

- Fed with all 3 IYCF practices
- Not fed with all IYCF practices

<table>
<thead>
<tr>
<th></th>
<th>Breastfed</th>
<th>Nonbreastfed</th>
<th>All 6-23 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fed with all 3 IYCF practices</td>
<td>75</td>
<td>89</td>
<td>81</td>
</tr>
<tr>
<td>Not fed with all IYCF practices</td>
<td>25</td>
<td>11</td>
<td>19</td>
</tr>
</tbody>
</table>
Albanian Demographic Health Survey (ADHS) 2008-9 indicated that the nutritional status of children has improved over the last five years. However, 19 percent of children under age five are stunted. Stunting indicates chronic malnutrition and is more common in the Mountain region (28 percent) than in Urban Tirana, Coastal and Central regions.

Children in the lowest wealth quintile are two times more likely to be stunted (27 percent) than those in highest quintiles (13 percent). Wasting (too thin for height) which is a sign of acute malnutrition is 9 percent. Five percent of children under age five were underweight for their age. Twenty-two percent
of children under five were overweight – double burden of malnutrition. In Albania, 96 percent of children are breastfeed and 39 percent of children 0-6 months are exclusively breastfeed. Overall 25 percent of breastfed children 6-23 months are fed according to all recommended Infant and Young Child-feeding (IYCF) practices compared to 11 percent of non-breastfed children.

The interventions focused at improvement of nutrition status of children 0-3 years old will take place in five districts of Northern Albania (in Kukës and Shkodra prefectures) and in two per-urban municipalities of Tirana. Capacities of health personnel in these districts will be strengthened to deliver services and advise on child care, nutrition and development.

Purpose of Joint Programme on Nutrition

Three main outcomes of the Joint Programme address mother and child malnutrition at national and local levels:

a) Strengthened national capacities to incorporate nutritional objectives into sectoral policies and programmes
b) Cross sectoral interventions (health, agriculture, education) addressing malnutrition are developed, tested and implemented in target areas;
c) National capacities strengthened in health, agriculture and education sectors to provide nutrition services to the public;

The Nutrition Joint Programme is aligned with the One UN programme in Albania and will be supported by UNICEF, WHO, FAO for the achievement of the MDGs.

It promotes progress particularly towards MDG1 (eradication of poverty and halving malnutrition), MDG4 (reducing child mortality) and MDG5 (improving maternal health).
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The Programme aims to implement successful multi-sectoral interventions in high risk rural and peri-urban communities, in combination with strengthening of national policy development, building of partnerships, systematic capacity building mainly of health sector staff and frontline health workers but also food and agriculture experts in issues related to household food security.

Better nutrition among women, coupled with improved food and nutrition-related knowledge, attitudes and practices by women, girls and other community members, can contribute to women’s empowerment and gender equality, significantly reduce child mortality and morbidity, improve maternal health and play a crucial role in the prevention of both communicable and non-communicable diseases.

The Joint Programme supports the following priorities of the government of Albania:

1. Agriculture priorities
   - Increase financial support to farms, agricultural and agro-industrial businesses with special emphasis on fruit trees, vineyards, vegetables and animal farming, as well as on the industrial processing of fruit, grapes, vegetables, milk and meat, on the basis of the advantages in different areas of the country
   - Increase the quality and safety of agricultural and agro-processing products.

2. Health priorities:
   - Increase the capacity of health professionals to efficiently manage services and facilities with special focus on primary health care services
• Increase access to effective health services with specific measures to improve access by people who are poor or live in rural areas.

3. Social protection:
- Reduce absolute poverty to 10% by 2013 according to the results of household surveys.

4. Social inclusion:
- Assist vulnerable groups –in particular women and children in rural areas.

The Joint Programme will be implemented by the Ministry of Health, Ministry of Agriculture, INSTAT, specialised institutions, regional authorities, and civil society organizations, with support from UNICEF, WHO and FAO. The Ministry of Health will be responsible for overall achievement of the programme objectives and coordination of its implementation with the Ministry of Food, Agriculture and Consumer Protection and other key stakeholders.

Based on its recent experience of managing the universal salt iodization strategy, the MOH is well placed to assume leadership of this multi-sector coalition. The encouraging progress toward universal salt iodization demonstrates how public health programmes can be managed when other actors, including the private sector, have essential roles to fulfill.

The interventions will take place in five districts of Northern Albania (in Kukes and Shkodra Prefectures) and in 2 peri-urban municipalities of Tirana. These areas are highly affected (especially by stunting), have large numbers of Roma population, and are either poor (rural) or highly affected by unemployment (urban).

The selected areas in Northern Albania are already receiving support from the One UN programme (Gender), are featured in the thematic window on Youth Employment and Migration of the UNDP-Spain MDG Achievement Fund, and are the target of the WHO programme on Maternal and Child Health supported by the Spanish government. The interventions will also link with previous work.
supported by UNIFEM in Kukes and Shkodra. Communities in the selected target areas will be proposed by technical staff of the Ministries and local government based on socio economic indicators, geographic access, remoteness, engagement of local authorities and receptiveness for intervention.

Resource-poor communities will be provided with a comprehensive package of interventions including: cash transfers, nutrition education, improved quality of health services and establishing a surveillance system that will flag problems related to nutrition and food security.

Main interventions of the Joint Programme include:

- Development and implementation of advocacy and awareness raising programme to address malnutrition and food security,

The Ministry of Health and Ministry of Food, Agriculture and Consumer Protection will be leading the policy formulation process and WHO, FAO and UNICEF will support this process.
• Design and implementation of a national food and nutrition surveillance system that will provide data on nutritional status and food security of population and especially deprived population groups for policy formulation and for prompting quick interventions to address malnutrition.
• Develop, test and implement community based intervention models to address malnutrition and household food insecurity. Local authorities and communities in target areas, with support of UNICEF will coordinate interventions in this component. UNICEF will help to fine tune existing models and design new ones in close cooperation with FAO for promoting household food security and WHO for technical expertise and best practices related to reduction of malnutrition.
• At least 50% of the 75,000 at-risk under-three-year-old children in selected programme areas will receive proven nutrition interventions (GMP, IMCI, micronutrients) through frontline healthcare aimed at promoting their healthy growth and development.

• Capacity building of service providers at national and in target areas to conduct growth monitoring and promotion (GMP) and deliver nutrition counseling. UNICEF will support capacity building activities in target areas with technical and normative guidance from WHO on new growth monitoring charts and the design of integrated training modules. FAO will provide technical inputs in assessing knowledge gaps and design components of the training package related to food security and consumer education.

• Develop, test and promote inclusion in pre-service training of curricula for public health nutrition. The Ministry of Health will lead the development of public health nutrition curricula together with the national center for continuous medical education, and the faculty of medicine and the nursing academy. WHO will support this process, FAO will provide technical assistance and UNICEF will assist with capacity building and procurement of supplies.

• Development of communication materials for improved care and feeding practices targeting mothers, families and communities. UNICEF will lead the communication for behavior change component of the communication strategy for this Joint Programme. Messages will be tailored by target audience identifying best communication channels and dissemination. WHO and FAO will provide inputs in designing the communication
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The health promotion units at the MOH and IPH will lead the communication initiative in close cooperation with Ministry of Agriculture and civil society.

Expected results of the Joint Programme

- A National Coordination mechanism based on multi-disciplinary and multi-sector participation, established / strengthened under high–level Government leadership.
- A carefully designed advocacy strategy will contribute to raising awareness on food insecurity and malnutrition among key stakeholders.
- Development of the 3rd Food and Nutrition Action Plan
- Specific data collection activities will provide information related to gender-specific determinants of the nutritional status of the family.
- Additional data collection activities will produce data on the impact of high food prices on food security of vulnerable population groups and on the causes of and potential solutions to major micronutrient deficiencies.
- The development of National Food and Nutrition Surveillance system will help to ensure ongoing monitoring and early warning of food insecurity and malnutrition.
- Development of practical intervention models based on previous experiences and community needs assessment. Community based interventions will include community Integrated Management of Childhood Illnesses (IMCI), gardens of mothers and children, and breastfeeding
support groups for improved infant and young child feeding practices.

- Improved access to and consumption of micronutrient rich foods will be achieved through establishment of school and community gardens. These will link small-scale food production with learning about nutrition and health. The intervention will help establish nutrition-friendly school and community environment with an emphasis on clean water and sanitation, and will provide increased access to nutritionally adequate and safe food.

- The gardens will add nutritional value (micronutrients) and variety to local diets; they will help promote healthy eating habits, and will improve the basic agricultural skills and nutrition knowledge of the local community. Depending on the local conditions, support will be provided to establish vegetable gardens, fruit trees and small animal production.

- Prevention of malnutrition and micronutrient deficiencies in high risk areas will be addressed by providing sprinkles with MOH approved supplements as an immediate relief action. This will be supported and sustained in longer term by food and nutrition education for improved dietary habits and diet diversification.

- Development of a public health nutrition curriculum for inclusion in the health related pre-service education and an advanced post-graduate certificate programme.

- The JP will develop the capacity of health providers in target areas to conduct growth monitoring and nutrition counseling.
Additional information about this Joint Programme may be obtained by:

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