

Behavioural Risk Factor Surveillance Study of children eating habits-the starting point for surveillance to prevent Noncommunicable Chronic Diseases (NCD)

NCD risk factor surveillance is one of the proposed activities for the implementation of the European Strategy for the Prevention and Control of NCD. At the same time it is very difficult to obtain required substantial resources for data collection and maintenance, especially in the low- and lower-middle-income countries where, in addition, the funding from international donors for programs that focus on NCD is quite limited as opposed to the programs for infectious diseases, maternal and peri-natal conditions, and nutritional deficiencies. It seems that it is imperative that advocates for mentioned programs and NCD cooperate in their efforts rather than promote competition for funding. On this background the idea to use the data collected within the framework of Child Survival and Health Program (CSHP) funded by the United State Agency for International Development (USAID) traditionally focused on undernutrition and infectious diseases to develop a data base for surveillance of children eating habits was promoted by Private Voluntary Organization ACTS International and its affiliate ACTS Georgia implementing the project under CSHP in Georgia. In 2005 the Knowledge, Practice and Coverage (KPC) baseline survey was conducted within the project framework. KPC data collection included the data on eating habits (with special attention on breastfeeding) of children aged 0-2 years in the region of Kvemo Kartli and two cities of Imereti region. The KPC survey results demonstrated that the exclusive breastfeeding rate in the region is very low (16.1%). Immediate Breastfeeding is neglected. Percent of children, aged 0-23 months who were breastfed within the first hour after birth is less than 40%. The data for analysis and development of interventions aimed at improving children's nutrition were used for subsequent monitoring and surveillance. As a result regional capacity to monitor children's eating habits is increasing.

**G. Tsilosani, P. Blair,
R. Tataradze, E. Suladze,
L. Baramidze, T. Lobzhanidze,
T. Lomidze, M. Klibadze, K.
Sharangia. R. Urushadze**