Programme Data

Programme Description

Based on the success of the pilot program, the IYCN/MNP program is now being scaled up to the entire country and CDC is now assisting the Kyrgyz Republic with establishing a long term M & E plan. Recent Achievements and/or key findings: In Talas Oblast, a pre-post survey design was used to measure change in biochemical and anthropometric indicators before and after implementation of the IYCN/MNP program. The 2010 survey report is being prepared. Statistically significant declines were observed from baseline to follow-up for prevalence of anemia (50.6% to 43.8%) and iron deficiency anemia (45.5% to 33.4%). Among children without inflammation, a similar magnitude of decline was observed for anemia, but only the decline in iron deficiency anemia reached statistical significance. Wasting (weight for length <- 2.0 Z) was similar in 2008 and 2010 (=1%), but stunting (length for age <-2.0 Z) increased from 10.7% to 17.0%. 2) In Talas Oblast, two surveys were conducted 6 months and one year after the launch of the MNP program in order to obtain information on knowledge, attitudes and practices. (The 12/2009 survey report is complete). A nationally representative micronutrient survey was conducted in 2009 and has been analyzed in-country and is now undergoing reanalysis.

Program type

Pilot/research

Cost

$400,000 for 3 years (this figure includes all programme costs, MNP procurement costs as well as the two big surveys that CDC conducted, pre- and post to measure the change in anemia and iron deficiency prevalence)

References


Implementing organisations

- UN agencies
  - United Nations Children's Fund (UNICEF)
    - Details:
      - more
        - Kyrgyzstan Country Office and Micronutrient Unit - HQ of UNICEF

Action data

- Start date: August 2008
- Country(ies): Kyrgyzstan
- Status: On-going
- Area: Urban
- Place: Started in Talas Oblast and is now being scaled up nationally
- Topic: Multiple micronutrient powder (point-of-use fortification)
Target group: Infants and young children

Delivery: Community-based
Primary health care center

Implementation details: one sachet per day, 3-4 days per week for children 6-24 months; in the Talas district, 100% of target age-group children were covered. 99% received the Gulazyk (MNP), and 70% took it as directed.

Outcome indicator(s): Breastfeeding, complementary feeding practices, micronutrient status (iron deficiency, anemia), stunting, wasting

M&E system: In progress: Develop a country-wide monitoring system (using clinic-based information) modelled on the system currently operating in the Talas developed for the pilot oblast measuring supply, coverage, and compliance.Talas M&E components: Document the supply of Gulazik at all administrative levels in the Kyrgyz Republic; Document the coverage of Gulazik to the target population; Document the compliance of the population to the recommended consumption of Gulazik; Document the quality of training held on the importance and use of Gulazik to the medical community, the village health committee (VHC) volunteers, and the population; Estimate the ability of the educational campaign to educate the population; Document the supply of the mass media campaign; Estimate the coverage of the mass media campaign; Estimate the quality of the mass media campaign.

Baseline: 2008: anemia 50.6%, iron deficiency anemia 45.5%, Wasting =1%, stunting 10.7%
Post-intervention: 2010: Anemia 48.3%, IDA 33.4%, wasting =1%, stunting 17.0% (increase)

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