Programme: CDC IMMPaCt: Infant Young Child Nutrition (IYCN) / Micronutrient Powder (MNP)

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:
    - 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 quantity 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 quality of training held on the importance and use of Gulazik to the medical community and the village health committee (VHC) volunteers. 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)

Typical problems Solutions