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SPRING
Strengthening Partnerships, Results
and Innovations in Nutrition Globally

Kyrgyz Republic: Final Country Report

Fiscal Years 2015-2018



July 2018

Kyrgyz Republic: Final Country Report

Fiscal Years 2015–2018

ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a seven-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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DISCLAIMER

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SPRING

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COVER PHOTOS: SPRING/Kyrgyz Republic

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Acronyms and Abbreviations

BFHI	Baby-friendly Hospital Initiative
FAO	Food and Agriculture Organization of the United Nations
FMC	family medicine center
FY	fiscal year
IFA	iron–folic acid
IYCF	infant and young child feeding
HPU	health promotion unit
KVHC	Kyrgyz Association of Village Health Committees
MOH	Ministry of Health
MSG	mother support group
RCHP	Republican Center for Health Promotion
SBCC	social and behavior change communication
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally project
SUN	Scaling Up Nutrition
SWAp	sector-wide approach
UNICEF	United Nations Children’s Fund
U.S.	United States
USAID	U.S. Agency for International Development
VHC	village health committee
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

From 2014 to 2018, the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project, funded by the U.S. Agency for International Development (USAID), worked in Jalalabad and Naryn oblasts, as well as Bishkek, the capital city of the Kyrgyz Republic. SPRING supported the Government of the Kyrgyz Republic's maternal and child health improvement efforts, particularly to reduce stunting and anemia. According to the 2012 Demographic and Health Survey in the Kyrgyz Republic, 18 percent of children under the age of 5 are stunted and 43 percent are anemic; 35 percent of women ages 15–49 are anemic.



A SPRING-trained health provider counsels a woman on the importance of taking iron–folic acid supplements during her pregnancy to prevent anemia.

SPRING promoted the uptake of 11 evidence-based practices to improve the nutritional status of women and children in the 1,000 day window of opportunity from pregnancy to a child's second birthday. Proper nutrition during this period is critical for children to grow up healthy and achieve their full potential. These practices span multiple sectors and progress requires working at various levels—at the national level, as well as in facilities and communities.

SPRING supported the revision of clinical guidelines and protocols for antenatal care and for the prevention and treatment of anemia and helminth infections. The project also enhanced the curriculum on nutrition in national medical education, ensuring students receive training on nutrition and anemia before they become doctors and nurses.

Since 2014, SPRING trained primary health care workers from 319 facilities in Jalalabad, Naryn, and Bishkek. These health workers provided more than 700,000 counseling sessions on nutrition and anemia. The project supported 20 facilities to achieve mother- and baby-friendly certification through the Baby-friendly Hospital Initiative.


To stimulate social change and improve nutrition practices in communities, SPRING mobilized over 3,200 community volunteers to deliver messages on family diet, maternal and infant health, and hygiene to approximately 40,000 households. To reach urban families, the project trained school teachers, health promotion units, and journalists, aired a series of videos on regional television and social media; and conducted urban campaign events to raise awareness and promote healthy nutrition and hygiene practices.

SPRING's major focus of work in the Kyrgyz Republic has been to promote a diverse diet for all seasons, where access to fresh fruits and vegetables is limited during the cold winter months. The project produced both a guidebook on best practices for home-based food preservation and storage techniques, and a cookbook with recipes to increase dietary diversity and enhance age-appropriate feeding practices for children. SPRING also trained faculty from the Kyrgyz National Agrarian University and other nutrition and agriculture projects on how to link agriculture and nutrition.

The project's 2017 endline survey revealed promising trends in behavior change in SPRING's communities, including increases in iron-folic acid supplementation, exclusive breastfeeding, and dietary diversity for both women and children, as well as a decline in the consumption of sugary and processed foods—junk food—among children. SPRING's work has shown how working across sectors, in partnership with communities—and through multiple communication channels—can bring about simple changes in behavior to ensure a healthy and diverse diet for families, laying the foundation for a healthy, productive, and prosperous Kyrgyz Republic.






SPRING/Kyrgyz Republic


Reducing malnutrition and anemia through a multichannel approach



Since 2014, SPRING has promoted the uptake of 11 evidence-based practices to improve the nutritional status of children under two and women of reproductive age in the Kyrgyz Republic. SPRING built strategic partnerships to support national nutrition initiatives, strengthen the capacity of health care workers to provide quality nutrition services, improve household nutrition practices, and increase agriculture's contribution to nutrition outcomes.

PROGRAM RESULTS

	BEFORE	AFTER
 Women's dietary diversity score increased from	4.1 food groups	5.4 food groups
 Women taking IFA tablets for at least 90 days during pregnancy increased from	22%	40%
 Exclusive breastfeeding increased from	29%	63%
 Consumption of sugary foods by children 0–11 months decreased from	34%	26%
 Children meeting minimum dietary diversity requirements increased from	42%	54%



SPRING worked in 11 *rayons* and townships of Jalalabad *oblast*, the entirety of Naryn *oblast*, and the capital city of Bishkek.

Evidence-Based Practices Promoted by SPRING

1. Consumption of iron supplements by pregnant women
2. Dietary diversity for women with emphasis on food sources of iron and foods that enhance iron absorption
3. Dietary diversity for children aged 6 to 23 months with emphasis on food sources of iron and vitamin A and foods that enhance iron absorption
4. Optimal meal frequency for children aged 6 to 23 months
5. Early initiation of breastfeeding
6. Exclusive breastfeeding from birth through the first six months
7. Timely introduction of appropriate complementary foods
8. Reduced consumption of foods of low nutrient value (junk food)
9. Presumptive treatment for helminths for pregnant women and young children
10. Handwashing at five critical times (after using the latrine, after changing a baby's diaper/cleaning a child, before preparing food, before feeding a child, and after handling animals)
11. Adoption of methods for safe and prolonged storage of nutrient-dense produce for the winter



www.spring-nutrition.org
USAID's multi-sectoral nutrition project



SPRING'S MULTICHANNEL APPROACH TO REDUCING MALNUTRITION



DEVELOPING NATIONAL PROTOCOLS AND GUIDELINES

Supported the Ministry of Health to update clinical guidelines on antenatal care and prevention and treatment of anemia and helminth infections



STRENGTHENING THE HEALTHCARE SYSTEM

Delivered about 7,000 health worker trainings in 300+ facilities on key nutrition topics and provided supportive supervision to ensure retention of knowledge and skills



PRIORITIZING NUTRITION IN PRE-SERVICE EDUCATION

Revised the nutrition curriculum for medical universities and colleges across the country



MAKING HOSPITALS MOTHER- AND BABY-FRIENDLY

Trained and supported 27 hospitals and family medicine centers in the Baby-Friendly Hospital Initiative certification process with 17 health facilities receiving certification and 8 more under review



ENGAGING COMMUNITY VOLUNTEERS

Mobilized more than 3,200 community volunteers to deliver key nutrition and hygiene messages to more than 120,500 caregivers and 20,000 children under two



USING TOOLS TO PROMOTE DIETARY DIVERSITY

Published a guidebook on home-based food preservation and a cookbook with healthy recipes to increase year-round dietary diversity



REACHING URBAN AREAS

Leveraged Facebook and regional TV channels to increase reach, aired 30 videos on nutritious recipes and positive nutrition and hygiene behaviors, and organized entertaining educational events to promote good nutrition among urban audiences



PARTNERING ACROSS SECTORS

Helped health, education, and agriculture projects integrate nutrition elements into their programming to address direct and underlying causes of malnutrition



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SPRING in the Kyrgyz Republic

Background

According to the 2012 Kyrgyz Demographic and Health Survey, 18 percent of children under the age of 5 are stunted. In addition, 43 percent of children under 5 and 35 percent of women age 15–49 have some degree of anemia. Just 7 percent of women are classified as undernourished, while 31 percent are overweight. Mothers classified as thin (BMI < 18.5 cm) are more likely to have a stunted child. No association has been found between stunting or anemia and wealth quintile, or stunting and mother's educational attainment; rates of stunting do not differ significantly between urban and rural inhabitants. Maternal and child undernutrition typically results from poor dietary intake or disease (Katona and Katona-Apte 2008). These determinants are usually driven by food insecurity; sub-optimal care practices, including an unhealthy household environment; or poor access to health services. The promotion of optimal infant and young child feeding practices is critical to preventing nutrition-related morbidity (such as stunting) and mortality (Bhutta et al. 2013).

Although the country has made significant progress in reducing stunting since 1990, the levels of both stunting and anemia among children and women of reproductive age remain high. This can be attributed to multiple factors, such as dietary practices, low emphasis on nutrition services within the broader health system, lack of provider knowledge and skills in nutrition counseling, and low awareness by the population.

Many factors make the context in the Kyrgyz Republic unique. Health services are widely covered, nearly 99 percent literacy is found among adult women, and the republic has almost universal coverage of improved sanitation facilities and electricity. The mountainous terrain and harsh winter climate, however, create challenges for food and water availability, and access for, nearly half the year. Also, there is a considerable gap in the standard of living between rural families and those living in the major urban centers of Osh and Bishkek. Emigration to seek seasonal or longer-term employment in Russia, Kazakhstan, and the Gulf countries is a growing trend among both men and young women, including many health professionals.

Project Overview

The U.S. Agency for International Development (USAID) in the Kyrgyz Republic asked the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project to support programming aimed at improving the nutritional status of women and children within its Feed the Future zone of influence. Since the Mission's buy-in late in fiscal year (FY) 2014, the project has addressed stunting and anemia among women and children in the country through the uptake of 11 evidence-based practices. These practices, tailored to the Kyrgyz context, relate to nutrition-specific optimal breastfeeding, appropriate complementary feeding of children,

dietary diversity throughout the year, reduced consumption of junk food, and improved handwashing and other household-level behaviors that target women and children during the 1,000 day window of opportunity.

These practices were promoted through direct communication, mass media, routine health services, and other appropriate channels, such as agriculture projects and relevant national platforms. These platforms include the active Scaling Up Nutrition (SUN) initiative, which brings together stakeholders from various sectors—including donors, United Nations agencies, and civil society—to discuss technical and programmatic issues that influence national nutrition. In Jalalabad and Naryn oblasts, SPRING/Kyrgyz Republic conducted national-level advocacy and provided policy and program support, in addition to focused program delivery.

Stunting and anemia remain at unacceptably high levels in the Kyrgyz Republic. To address the issues of chronic and persistent malnutrition, SPRING used a comprehensive approach that included increasing access to quality nutrition services in targeted areas, increasing demand for improved nutrition practices and services, and enhancing access to diverse diets. To achieve this end, SPRING worked through a myriad of strategic partnerships in health, agriculture, and education to (1) improve the nutritional capacity of health providers and households, (2) increase the nutritional sensitivity of agriculture programs, and (3) support national-level initiatives that are likely to impact nutrition outcomes.

Interventions and Coverage

Working in partnership with local governments, village health committees (VHCs), district health centers, and both local and international nongovernmental organizations, SPRING implemented activities to promote the uptake of 11 evidence-based practices:

1. Consumption of iron–folic acid (IFA) supplements by pregnant women.
2. Dietary diversity for women, with an emphasis on consumption of food sources of iron and foods that enhance iron absorption.
3. Dietary diversity for children 6–23 months, with an emphasis on consumption of food sources of iron and vitamin A, and foods that enhance iron absorption.
4. Optimal meal frequency for children 6–23 months of age.
5. Early initiation of breastfeeding.
6. Exclusive breastfeeding from birth through the first six months.
7. Timely introduction of appropriate complementary foods.
8. Reduced consumption of low-nutrient-value (junk) food.
9. Presumptive treatment of helminth infections for pregnant women and children.

10. Handwashing at five critical times: after using the latrine, after changing a baby's diaper/cleaning a child, after handling animals, before preparing food, and before feeding a child.
11. Adoption of methods for safe and prolonged storage of nutrient-dense produce for the winter.

SPRING actively worked to promote all 11 practices in program areas through improved health services and health worker capacity, as well as social behavior change activities at the community level to help reduce stunting and anemia. Access to quality nutrition services and increased demand for these services were essential to achieving uptake of the project's priority practices. To ensure uptake of practices related to consumption of a diverse diet, SPRING worked to enhance year-round access to a diverse diet by promoting household-level food storage and preservation practices.

SPRING's target areas included 11 *rayons* and townships in Jalalabad *oblast*, all six rayons and townships in Naryn *oblast*, and Bishkek. In FY16, SPRING expanded its program from one rayon to all six rayons and townships in Naryn *oblast*. Program areas were chosen in consultation with USAID and the Ministry of Health (MOH); they targeted traditionally underserved populations, including remote and mountainous regions within the Feed the Future zone of influence. In FY17, SPRING expanded training of health workers to Bishkek, at the request of the MOH, and abolished the mandate to work only in the Feed the Future zone of influence. Project implementation areas are shown in Figure 1 and Table 1.

Figure 1. SPRING Implementation Areas

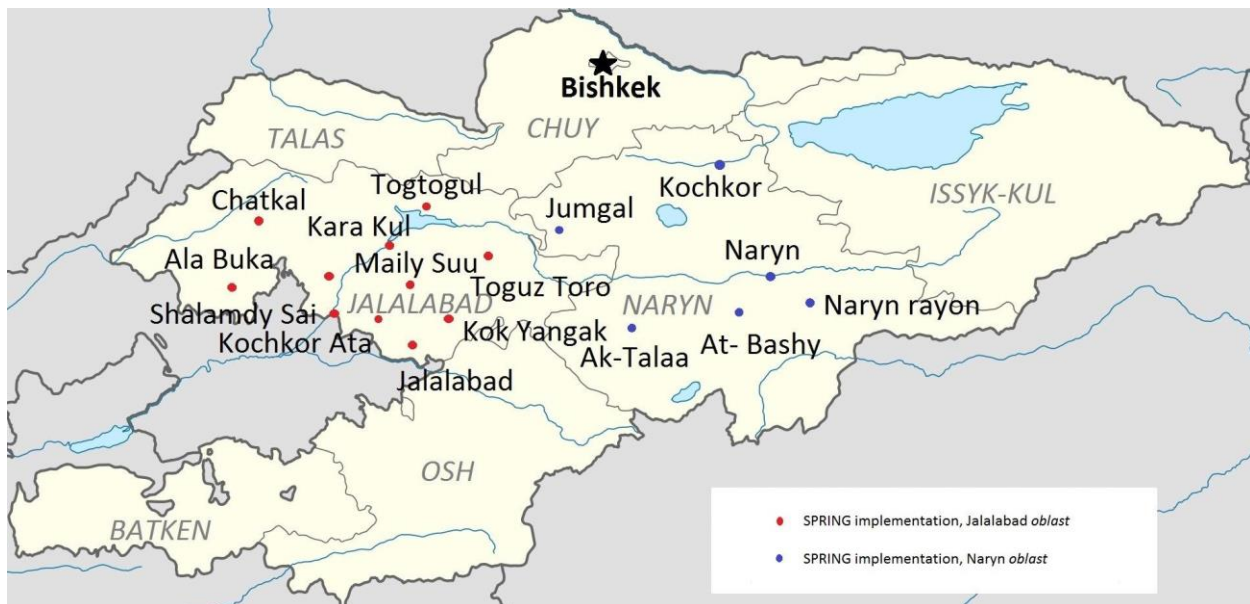


Table 1. SPRING Implementation Areas and Associated Demographics

Oblast	Jurisdiction or District	Total Population	Number of Women (14–49 Years)	Children under 5 Years
Jalalabad	Jalalabad township	108,300	33,113	13,521
	Kara-Kul township	24,300	6,209	3,204
	Kok-Jangak township	11,000	2,918	1,292
	Kochkor-Ata township	15,700	4,254	1,621
	Mailuu-Suu township	24,100	6,895	2,605
	Tash-Kumyr township	28,300	10,044	5,455
	Shamaldy-Sai township	10,600	2,918	1,280
	Ala-Buka rayon	96,800	25,514	11,817
	Toguz-Toro rayon	23,700	6,020	2,907
	Toktogul rayon	94,900	22,816	12,523
	Chatkal rayon	25,400	6,730	3,463
Naryn	Jumgal rayon	42,700	9,609	5,355
	Naryn township	37,700	9,594	5,271
	At-Bashy rayon	52,400	12,326	6,500
	Ak-Talaa rayon	31,900	7,721	3,739
	Kochkor rayon	62,900	14,422	7,865
	Naryn rayon	46,900	10,798	5,652
Chui	Bishkek city	696,400	284,700	111,800
TOTAL		1,434,000	476,601	205,870

Source: NSC 2009 Census

Major Accomplishments

SPRING's major accomplishments in the Kyrgyz Republic are divided into four categories:

1. Nutrition policies and guidelines
2. Health systems and nutrition education
3. Engaging communities for nutrition behavior change
4. Health and agriculture linkages for better nutrition.

Nutrition Policies and Guidelines

Anemia

SPRING supported the development and finalization of clinical guidelines and a clinical protocol on the prevention and treatment of anemia. The project provided technical assistance to a national working group, and the MOH approved the guideline and protocol in September 2015. This new guideline constitutes a policy change that—for the first time in the Kyrgyz Republic—recommends (1) providing IFA supplements to all women of reproductive age, and to all pregnant women throughout their pregnancy and for three months after the delivery of their baby, and (2) presumptive deworming for children and women (including during pregnancy). SPRING supported the rollout of the clinical guideline and protocol by distributing copies of the new clinical guideline for all health facilities in its implementation areas and supplying copies of the anemia protocol for distribution to all government health facilities nationally.

Helminth Infections

Historically, deworming campaigns in the Kyrgyz Republic have focused on distributing deworming medication through the school system, when specific donor funds are available. National deworming campaigns, held every couple of years, did not include communications materials to raise awareness of helminth infection prevention, and did not target family members other than children, such as pregnant women. These measures are recommended in the new national clinical guidelines on anemia. Outside mass deworming campaigns, children receive treatment for helminth infections only if a health provider confirms the diagnosis.

SPRING supported a national working group to develop a new clinical protocol for helminth infection prevention and treatment, which the MOH approved in February 2017. The protocol incorporates the latest global recommendations, international experience, and input from multiple stakeholders in the Kyrgyz Republic. The working group also revised the strategy and information, education, and communication materials on preventing helminth infections, based on the new clinical protocol. The working group stressed the importance of deworming

campaigns, national surveys, and assessments of disease burden; and supported the government in developing messages around the prevention of helminth infection, particularly for pregnant women and children under 2 years old. SPRING printed and disseminated the protocol nationally.

Antenatal Care

SPRING also supported a technical working group to ensure that new evidence-based recommendations—particularly for preventing and treating anemia and parasitic infections—were incorporated into the national antenatal care clinical protocol. The MOH approved the revised protocol in April 2018, and SPRING, subsequently, distributed copies to all primary health care facilities in the country. Trainings on this new protocol will take place under the government’s sector-wide approach (SWAp).

Health Systems and Nutrition Education

Preservice Nutrition Education

Although in-service training improves the capacity of active health workers in the project’s implementation areas, strengthening the nutrition preservice training will have a much greater impact on the content and quality of future nutrition services nationwide. This advocacy complemented ongoing efforts by the Food and Agriculture Organization of the United Nations (FAO) to incorporate a nutrition course in the National Agrarian University syllabus and previous work by the USAID-funded Quality Health Care Project to improve the antenatal care curriculum at medical colleges in the country. Using the platform of the SUN Academia subgroup, SPRING spearheaded efforts to strengthen the nutrition content in preservice medical training by hosting a high-level meeting for representatives from medical universities and colleges that train doctors and nurses. SPRING supported a working group, comprising academicians and health experts, to develop improved nutrition content for preservice education of doctors and nurses. In December 2016, the MOH and academic institutions approved this content, and subsequently, SPRING conducted trainings for faculty members from 18 medical colleges and universities across the country. The MOH’s *prikaz* (decree) No. 910 requires all 23 medical colleges and universities in the country to integrate the nutrition education content.

Infant and Young Child Feeding

During the past decade, the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) collaborated to create a training curriculum that has been used in more than 64 countries to improve the skills of health professionals in counseling caregivers on appropriate infant and young child feeding (IYCF). This training package has proved successful in enhancing the skills of facility-based providers around the world. Using this counseling



A health provider counsels a mother on IYCF topics.

package, SPRING trained 63 master trainers at the national level and provided cascade training to 1,731 health workers at all levels of the health system in Jalalabad, Naryn, and Bishkek. While training in the IYCF counseling package was intended to build the capacity of health workers to deliver high-quality nutrition services and counseling, it was also provided to select experts from the quality assurance department of the Mandatory Health Insurance Fund—who are responsible for auditing medical records in health facilities across the country—to encourage adoption and institutionalization of the approach. During the life of the project, SPRING-trained health providers from 319 facilities went on to provide 467,002 counseling sessions on IYCF to mothers with children under the age of 2 and they will continue to provide IYCF counseling sessions into the future.

As a result of our national-level IYCF training, key “first 1,000 days” nutrition messages have been included in a national health program of wellness checks for children 0–17 years of age. The government issued a prikaz to all health providers titled, “Supervision of Healthy Children in the First Stage of Life.” The prikaz focused on health services for children under 2, including promotion of and counseling on exclusive breastfeeding, continued breastfeeding for two years, appropriate timing for introducing complementary foods, dietary diversity, and meal frequency.

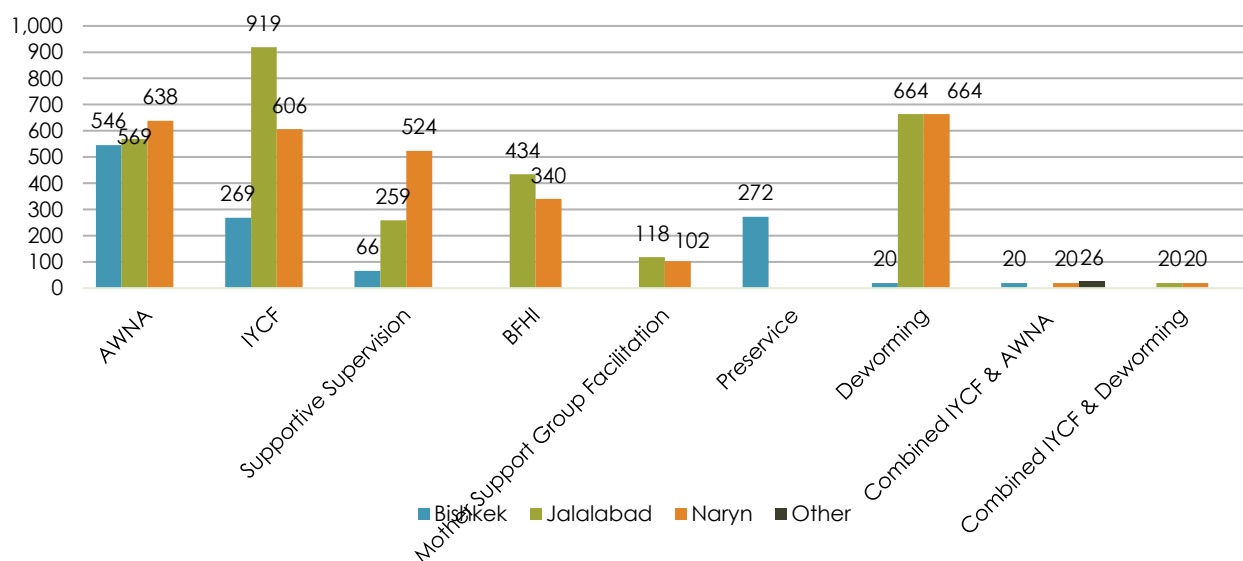
Adolescent and Women’s Nutrition and Anemia

In 2015, SPRING developed a training curriculum on adolescent and women’s nutrition and anemia (AWNA) that included nutrition guidance appropriate for women in different stages of the life cycle: adolescence and pre-pregnancy, pregnancy, and non-pregnant adulthood. The project included adolescents and non-pregnant adult women because nutrition in these groups is an important, but often overlooked, issue in maternal nutrition initiatives. This training also focused on the new national anemia guidelines for health care providers, which included new prevention and treatment protocols for various groups (i.e., children, women of reproductive age, pregnant women, and older people). SPRING conducted a national training-of-trainers for a pool of 28 trainers who can support cascade trainings in and beyond its implementation areas. Subsequently, the project rolled out cascade trainings to reach 1,753 primary health care providers—doctors, nurses, and feldshers (village-level health workers)—and pediatricians and ob-gyns across Bishkek, Jalalabad, and Naryn. SPRING-trained health care workers went on to provide 327,213 counseling sessions on anemia to pregnant women, adult men and women, and children under 5.

Prevention and Treatment of Helminth Infections

In January 2017, the MOH approved a new protocol for preventing and treating parasitic infections. SPRING provided technical assistance to a national working group to develop a curriculum for training health workers on the new protocol, which included external reviews by technical experts from the WHO Regional Office for Europe and the SPRING home office. The project conducted three training-of-trainers in Bishkek, Jalalabad, and Naryn, creating a national pool of 59 master trainers. Subsequently, SPRING trained 1,289 health care providers, including family doctors and nurses, laboratory technicians, parasitologists, and family medicine centers (FMC) administrative staff, during one-day cascade trainings in Jalalabad and Naryn (see Figure 2).

Figure 2. Health Care Trainings Provided by SPRING, by Location



Supportive Supervision

To strengthen nutrition services and counseling skills at the facility level, SPRING attempted to implement a supportive supervision system with regular mentoring and tools, including observation checklists on IYCF and anemia. The project adapted and rolled out trainings on supportive supervision to 849 health care workers in 319 health facilities across its implementation areas. This training gave health care workers the skills and tools to help them deliver high-quality IYCF services and counseling in their facilities. Our staff and trainers have since conducted 5,805 on-the-job supportive supervision visits with health workers, alongside facility managers, supervisors, and peer mentors.

Baby-friendly Hospital Initiative

The Baby-friendly Hospital Initiative (BFHI), initiated in 1991 by WHO and UNICEF, encourages and recognizes health facilities that offer optimal care for and support of optimal breastfeeding and mother-child bonding. Participating hospitals undergo a process of planning, training, and organizational and policy changes to achieve 10 steps. When they meet the 10 required steps, the hospital is certified “Baby-friendly.” The national BFHI committee has been operating in the Kyrgyz Republic for 20 years, but often relies on donor funding for the preparation and BFHI certification of facilities. In the Kyrgyz Republic, BFHI has been adjusted slightly, and the certification is called “Mother and Baby Friendly.” “Mother” was added to the title to make it more holistic, and the mothers’ group criterion (step 10) was redefined, replacing the peer support group with a hotline for mothers to call for advice.

Mother Support Groups

To strengthen BFHI certification, SPRING developed a training curriculum and trained 220 health providers on group facilitation and BFHI-consistent on-the-job skills building. The training culminated with functional demonstrations on appropriate facilitation of mother support groups (MSGs).

Health facilities faced challenges in implementing this peer-to-peer activity regularly because of the perception that health information should come from health providers rather than from mother-to-mother communication, and mothers did not like to travel to the health facility unnecessarily. SPRING undertook a series of monitoring visits to understand why certain facilities were more successful with MSGs than others.

In general, facilities with MSGs followed a similar model. The groups met only once a month, included 5–10 women (mostly pregnant women or women with children under 2) and were held in family group practices, typically on vaccination days or after 4 p.m. to accommodate working mothers. Time constraints, including family obligations and distance to the facility, were cited most frequently as barriers to participation. However, women stated that the information gained and the ability to share their experiences as reasons to continue attending the meetings.

While experience from other countries has shown that MSGs are an effective way to promote breastfeeding, there has been limited success in replicating this model in the Kyrgyz context. Additionally, in early 2018, UNICEF and WHO updated the BFHI criterion, eliminating the requirement for MSGs.

This adaptation might have resulted from the popular perception in post-Soviet countries that only medical professionals should provide health-related advice.

Earning BFHI certification is not easy for low-resource hospitals. Prior to this intervention, these hospitals lacked baby-friendly policies, staff were not trained in optimal breastfeeding practices, and it was not uncommon to find babies being fed breastmilk substitutes. SPRING conducted trainings on the BFHI package for 774 health providers and administrators across 10 hospitals, 11 FMCs, and 6 Centers for General Practice; these trainings reinforced BFHI principles to improve the quality of services provided at these facilities during antenatal and postpartum care. Although health care providers at FMCs do not perform deliveries, the national BFHI committee included primary health care facilities in the certification process to reinforce the importance of exclusive breastfeeding and to encourage breastfeeding promotion during antenatal care visits throughout the pregnancy.

Understanding the importance of certification, facilities welcome the BFHI training and self-assessment process, but they face serious challenges; including insufficient technical capacity among staff (including medical specialists), high staff turnover, and aggressive marketing of breastmilk substitutes. Lack of commitment by hospital administration and health service leadership also poses a barrier. SPRING worked to address this by meeting with facility heads to convey the importance of BFHI policies and improvements and by involving them in trainings to gain their commitment to achieving and sustaining baby-friendly certification.

SPRING performed quarterly monitoring of facilities aspiring to be certified to support progress in the areas necessary for BFHI certification, including assistance with the hospitals' self-driven improvement plans, as well as establishing and facilitating mother support groups (see side bar for more information). The project supported hospital staff in implementing a continuous monitoring plan to ensure that BFHI standards are maintained over the long term, and that funds are available for routine certification. Over the life of the project, the national BFHI committee certified 20 of 27 SPRING-supported facilities as mother- and baby-friendly.

Engaging Communities for Nutrition Behavior Change

Work in Rural Areas

In December 2014, SPRING convened stakeholders to build consensus around key national nutrition messages. After conferring, this group approved nutrition messages for use by SPRING and other nutrition-related initiatives. In collaboration with the MOH and the Republican Center for Health Promotion (RCHP), SPRING developed an initial social and behavior change communication (SBCC) strategy, based on results of a needs assessment, baseline survey data, and formative research. The project decided to use a pre-existing cadre of community volunteers—known as “activists”—instead of assembling separate teams of volunteers because activists come from a variety of backgrounds (e.g., teachers, housewives, retirees, local government representatives) and they have access to diverse community groups.

Activists became the primary vehicle for SPRING’s community-level awareness raising and the dissemination of key nutrition messages. SPRING built activist capacity to raise family and community awareness of nutrition during the first 1,000 days; promote improved nutrition, hygiene, and sanitation behaviors; and generate demand for nutrition and health services. The long-term social and behavior changes needed for improved nutrition require integrating SBCC into ongoing activities and the existing structures and systems, including health promotion units (HPUs) and VHCs.



SPRING activist conducts a household visit.

After receiving training from SPRING—typically every other month—on a particular topic, activists conducted household visits and community meetings in their catchment areas to raise awareness and promote simple key messages and behaviors. They also helped promote health care workers as an important source of information and services. Accompanying SBCC materials conveyed and reinforced the project’s key messages in memorable and compelling ways. They included an informational brochure for mothers; a cookbook with nutrient-dense recipes using locally available ingredients; and posters and leaflets on handwashing and clean latrines, dietary diversity, and anemia prevention. These materials complement activists’ messages and are also displayed in HPUs and health facilities.

The project engaged more than 3,200 activists to cover SPRING catchment areas. Through household visits, SPRING-trained activists reached 1,089,804 caregivers and 278,865 children under 2 years living in Jalalabad and Naryn oblasts¹. Activists reached an additional 722,815 adults through community meetings.

To continue building the capacity of community-level groups in nutrition and hygiene, SPRING trained 25 representatives from HPUs from all seven oblasts on its module toolkit for community volunteers. This toolkit combines all of SPRING’s training modules on various nutrition, hygiene, and social mobilization topics. Through this training, and distribution of the toolkit to partners, future projects and organizations can replicate and build off SPRING’s success engaging with community volunteers.

Reaching Urban Areas

Building a Brand for Nutrition

SPRING supported RCHP in developing an SBCC strategy on nutrition aimed at reaching urban audiences and developing a national campaign, including an official logo and brand for the 1,000 day window of opportunity. As part of the overall branding and tone of nutrition SBCC activities, support for best health and nutrition practices is described as a gift from husbands, grandmothers, and mothers to newborns—a gift that benefits the whole family now and in the future. Consistent marketing helps people associate various videos, events, and other SBCC materials with the 1,000 days brand. This brand reminds them how important it is to keep mothers healthy and to give



1,000 day window of opportunity logo

¹ Please note that reach is measured as contacts, as many households and individuals were reached on a routine basis and through various channels throughout the course of the project.

children an optimum start in life. The RCHP, MOH, and other partners can continue to use the logo and other brand elements for nutrition SBCC activities. The project also held a workshop for RCHP staff and other nutrition stakeholders to extend the original nutrition SBCC strategy through 2020; the strategy now covers both rural and urban areas, nationwide.

SPRING's nutrition and media experts used data, messages, and storytelling techniques to coach regional journalists, radio, and TV personalities on nutrition during the 1,000 day window. This was done through a series of "Media Messenger" trainings, in which SPRING trained 172 press and media members and HPU staff in Bishkek, Jalalabad, and Naryn. These trainings increased the visibility of nutrition and hygiene topics in local news outlets—the media members who were trained subsequently published stories and covered health and nutrition events.

Television and Social Media

SPRING used Facebook to establish an online presence for nutrition issues in the Kyrgyz Republic, to make nutrition issues relatable to Kyrgyz mothers and families through videos and success stories, and to complement mass media and community-based channels. The project selected Facebook as its platform after conducting a thorough landscape analysis of social media sites used in the country. The Facebook page registered over 3,000 "likes" (or followers) who had access to regularly published posts and videos that promoted healthy nutrition behaviors, highlighted program materials, and updated project activities. To ensure SPRING's video content continued to be a resource to these and other Internet users after the project's closure, SPRING also started a YouTube channel.

Over the life of the project, SPRING produced nine short videos on various nutrition and hygiene topics. These videos were aired on regional television stations in Jalalabad via Jalalabad Television and Radio (estimated viewership of 1,000,000 people), and Naryn TV (estimated viewership of 50,000). SPRING also produced a series of 15 cooking videos featuring a well-known chef demonstrating recipes from SPRING's cookbook and highlighting the importance of dietary diversity. All 9 video spots and 15 cooking videos were posted on Facebook, as well as distributed on DVDs through oblast HPUs to partners, local administrations, schools, and community members. The videos are also hosted on the global SPRING website, as well as the project's YouTube channel. SPRING also created a series of six videos—covering the 11 key behaviors promoted by the project—in partnership with RCHP. SPRING provided these videos to RCHP for distribution via their social media outlets and on AsiaTV, a national television station, where they have a standing health segment.

Organized ‘Edutainment’

Although our initial formative research showed similar types of community volunteers in both urban and rural areas, our supervision and monitoring data indicated that recruiting and retaining volunteer nutrition activists in urban areas was considerably more difficult than in rural areas. In part, this was due to the faster pace of urban life. Urban recruits didn’t have time for household visits or community meetings. Further, household visits weren’t as acceptable to urbanites, who were more skeptical about trusting nutrition advice from non-medical professionals. Similarly, the urban versions of HPUs were newly established and placed less emphasis on community outreach and more emphasis on institutional channels, like schools.

Among SPRING’s most high-profile urban activities were professionally produced celebrity concerts, which took place during two weeks, and were attended by 9,000 people, predominantly young 1,000 day families. These shows raised the profile of nutrition issues and were an entertaining, memorable way to deliver pro-nutrition messages to audiences.



Singers pose during a SPRING campaign event in Karak-kul town, Jalalabad oblast.

In addition to the concerts, SPRING conducted a series of 84 rural and urban community events, including fun runs and meetings with songs, competitions, quizzes, and dances. These events coincided with the activists' work in more rural areas, covering the 11 behaviors promoted by SPRING. Annually, SPRING also celebrated gender week. These events, hosted in partnership with health providers and facility staff, promoted nutritional awareness in a gender-sensitive way, focusing on the role of different family members (i.e., men, grandparents, etc.) to support better nutrition for babies and the family. Group discussions helped participants talk through ways different family members can participate in and support nutrition. The events considered intra-household dynamics and power balances that can influence the adoption of optimal nutrition practices.

The project also leveraged its partnership with HPUs to disseminate messages on the importance of handwashing, keeping clean latrines, and preventing helminth infections in schools and kindergartens throughout Jalalabad and Naryn. After supporting the training of 2,110 teachers through HPU staff, these teachers reached 70,178 school-age and kindergarten children during a weekly, hour-long session set aside for public, social, and civic issues.



A primary school student washes her hands during a lesson on hygiene.

Health and Agriculture Linkages for Better Nutrition

Access to quality nutrition services and increased demand are key to achieving uptake of the project’s priority practices and services, but they are not necessarily enough to ensure uptake of practices related to dietary diversity. Access to food may play an important role to ensure uptake of consumption-related practices. The majority of rural families produce most of their food, including staple crops of grains and potatoes. Home gardening is a strong custom, although production is not high because they use traditional techniques. Produce from home gardens and fruit trees is preserved or stored for the long winter months, but the stock is usually consumed before spring, leaving families without options for dietary diversity, particularly for foods rich in vitamin A, vitamin C, folate, and iron.

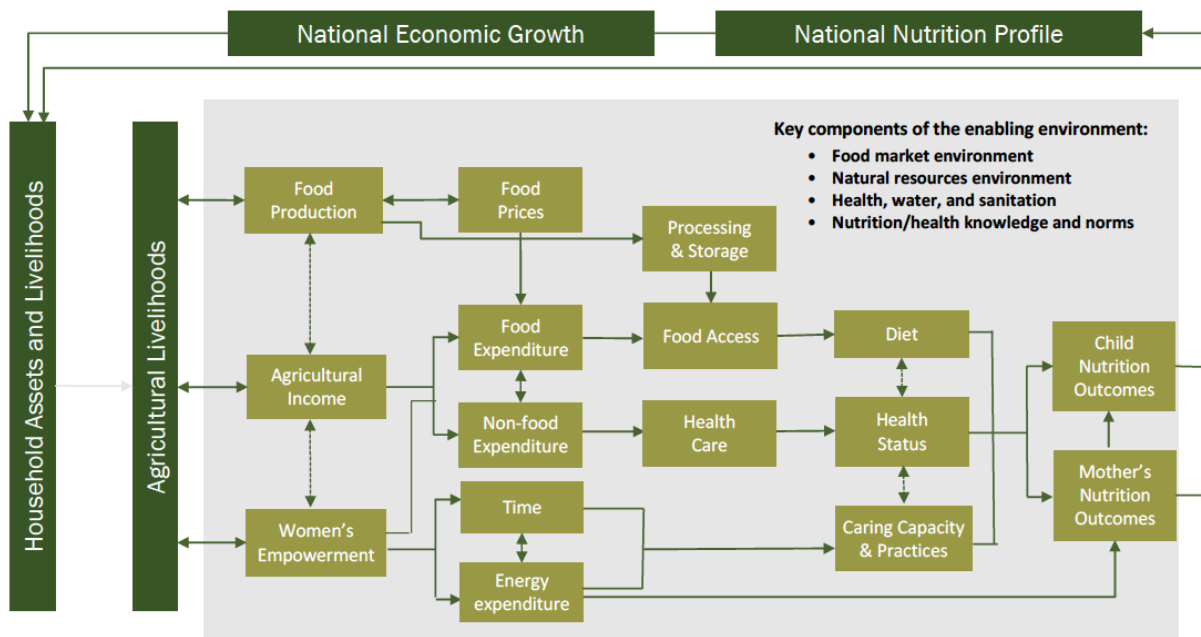
To improve year-round access to a diverse diet, SPRING drafted a report on storage and preservation techniques in the Kyrgyz Republic and global best practices. The report informed the development of *Storing Nutritious Foods at Home*, a guidebook on safe and accessible food storage and preservation techniques and methods, which community activists distributed in SPRING implementation area. These messages complemented the ones on household dietary diversity and linked the use of the storage guidebook to SPRING’s cookbook—which has been very popular with beneficiaries—to help families boost dietary diversity throughout the year.



A family uses the SPRING cookbook to prepare a healthy meal and enhance dietary diversity, Naryn oblast.

SPRING collaborated with the Feed the Future-funded Agro Horizon Project and other agriculture and horticulture programs to identify and promote effective, locally proven practices to extend the growing season, and to improve post-harvest processing and storage. SPRING provided trainings to the Agro Horizon Project on nutrition-sensitive agriculture, as well as food storage and preservation.

SPRING also conducted a two-day workshop, with the Kyrgyz National Agrarian University, on understanding the linkages between agriculture and nutrition in the Kyrgyz Republic. Twenty-five faculty members from the Kyrgyz State Agrarian University and other nutrition and agriculture stakeholders—including representatives from the World Food Programme (WFP), FAO, Agricultural Productivity and Nutrition Improvement Project, and USAID’s Agro Horizon Project—attended the workshop. It focused on “nutrition-sensitive agriculture,” an approach where agriculture initiatives and projects target nutritional outcomes, in addition to traditional agriculture results. Participants learned about essential nutrition concepts; discussed agricultural livelihoods, in relation to nutrition challenges and opportunities in the Kyrgyz Republic; and applied USAID SPRING’s practical tool, *Agriculture-Nutrition Pathways*.



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SPRING Agriculture-Nutrition Pathway

Best Practices, Challenges, and Recommendations

Best Practices

- 1. Building off the existing networks:** In collaboration with the MOH and RCHP, SPRING developed an initial SBCC strategy, based on results of a needs assessment, baseline survey data, and formative research. During field assessments, SPRING worked with HPUs—local representatives of the RCHP—and learned about a cadre of community volunteers (activists). SPRING decided to work with these activists, instead of separate teams of community volunteers, because activists come from a variety of backgrounds (e.g., teachers, housewives, retirees, local government representatives) and have access to diverse community groups.
- 2. Collaboration and partnership:** With the goal of supporting improved nutrition services nationally and in SPRING-targeted geographies, SPRING engaged with the MOH, academia, multilateral organizations, and other partners at the national level to address gaps in policies and clinical guidelines. By bringing together stakeholders around priority policy gaps, as well as providing technical assistance and administrative support, SPRING has moved policy forward for anemia prevention and treatment, deworming, antenatal care, and supportive supervision and quality improvement mechanisms within the health system. SPRING also participated in the national nutrition coordination and technical forums, including the SUN Movement and other health, food security, and nutrition forums—such as the Development Partners Coordination Council’s agriculture, food security, and rural development thematic group. These meetings were opportunities to share the project’s materials, data, and lessons learned. SPRING participated in the joint annual reviews of the health sector and thematic working group meetings on maternal and child health. The project also joined United Nations agencies and the World Bank in advocacy for the timely procurement of IFA supplements and micronutrient powder.
- 3. Using a multichannel approach:** The project used strategic partnerships and close involvement with the government to implement a multichannel program that had both nutrition-specific and nutrition-sensitive interventions. Using multiple channels with repeated messaging creates the greatest possibility of sustained practice and behavior change. SPRING’s work on in-service training of health facility staff to improve the quality of nutrition services and counseling helps program staff and activists feel confident recommending the facility-level workers as an important source of information and care for mothers and children up to 2 years of age. This is reinforced at each contact with activists, with the tone and content of modules and job aids reflecting this role of general awareness-raising, focused promotion of a few simple family behaviors, and generating demand for health and nutrition services. It is the health workers’ responsibility to provide in-depth, personalized counseling to mothers and their families about maternal and child nutrition;

therefore, activists were instructed to encourage mothers and families to seek regular information, preventive services, and care from health workers. This two-pronged approach also ensured that mothers and family members heard consistent messages at multiple contact points, which reinforced community-level and mass/social media.

Challenges

1. **Working multi-sectorally:** In the Kyrgyz Republic, nutrition is considered an issue for the MOH. Working with the agriculture sector can be challenging, and SPRING discovered hurdles when trying to introduce nutrition-related material into the curriculum at the agrarian university. To do this, the Ministry of Education requires credit hours and coursework to be formally adjusted. Other organizations—such as the World Food Programme and FAO—have developed useful trainings and books on similar topics, but they are largely unused because of this same constraint. SPRING’s training revealed that agriculture specialists are interested in the concept of nutrition-sensitive agriculture. They realize its importance and would like more exposure and information on best practices in this area.
2. **VHC capacity:** Because of the number of vertical programs and initiatives in the country, to make behavior change in the community, the VHC members lack the time and resources to deliver key messages on a particular topic, consistently and repeatedly. SPRING built a partnership with Kyrgyz Association of Village Health Committees (KVHC) to leverage their experience in working with communities and to build KVHC’s capacity on topics related to nutrition over the course of the project. However, the extent to which the KVHC will continue to use SPRING materials and experience in its work nationwide is constrained by funding shortfalls. It is, therefore, imperative that other donors step in to support KVHC in continuing to deliver key nutrition messages to communities across the country.
3. **Volunteer retention:** Because paying activists is not sustainable, SPRING did not compensate them for their time. SPRING encountered challenges to convening activists and maintaining their attendance. Working with volunteers also means varying levels of capacity, most critically for communication, facilitation, and reporting. The expansion of field presence with a sub-grant to KVHC increased personal communication with activists, increased participation, and supported their work in communities. SPRING tried to simplify the activists’ tasks by providing additional job aids and streamlined data collection. The project found low-cost ways to motivate, recognize, and reward excellent performance and ideas. SPRING worked to keep the content fresh and interesting for volunteers and beneficiaries, while reinforcing the nutrition messages.
4. **Government commitment without sustainable financing:** The sustainability and regularity of IFA and albendazole (used for deworming) procurement by the MOH is uncertain and

relies on donor funds. Affordability of IFA supplements, sold commercially at pharmacies, can be a significant barrier to adequate IFA consumption for anemia prevention.

Additionally, while the MOH and facility administrations are interested in sustaining the quality of services and counseling after training, it has been a challenge to integrate the practice of supportive supervision systematically across all trained facilities. A national-level directive from the MOH, as well as funds to cover recurring costs, are necessary for facilities to fully adopt and sustain a supportive supervision system.

5. **Enabling environment:** Although primary health care coverage and access to services is high, a number of barriers remain. Many villages are inaccessible in the winter due to harsh weather conditions, making it almost impossible for households to buy fresh produce. While many households, technically, have access to water, they do not have indoor plumbing. Changes in handwashing practices, as SPRING's research revealed, can be thwarted by the challenge of collecting water during these harsh conditions.

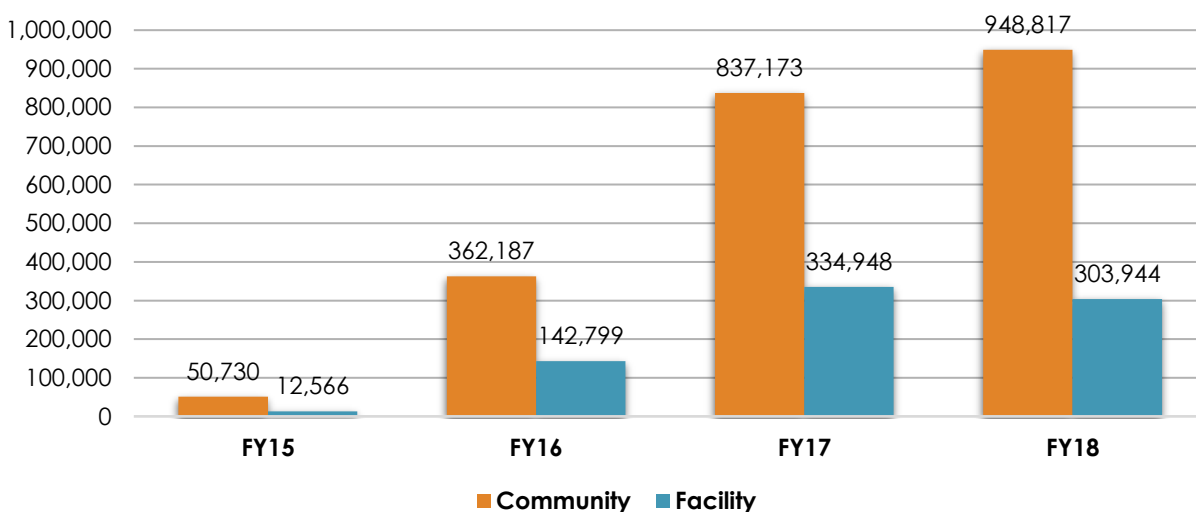
Recommendations

1. Continue to ensure quality counseling during routine health services around exclusive breastfeeding, IFA supplementation during pregnancy, and consumption of diverse foods.
2. Allocate adequate government funds to ensure a stable supply of IFA and multiple micronutrient powders through the health system.
3. Prioritize nutrition training and capacity building through in-service and preservice education for health care providers.
4. Ensure that future programs are multi-sectoral, including appropriate nutrition interventions and indicators, specifically ensuring agriculture projects are nutrition-sensitive.
5. Prioritize interventions aimed at improving handwashing behaviors in agriculture, health, and education programs; consider infrastructure development initiatives.
6. Expand nutrition communication to target fathers, grandmothers, and adolescents, as well as mothers.
7. Use, replicate, and build on SPRING's videos, materials, and tools, which were developed in collaboration with the MOH and are available for partners.

Conclusion

Availability and access to quality nutrition services are critical to the uptake of the project's 11 priority practices and services. To enhance the quality of nutrition-related services, SPRING built strategic partnerships to support national nutrition initiatives and protocols and to strengthen the capacity of health care workers to provide quality nutrition services. While access to quality nutrition services is necessary, it is not sufficient to improve nutrition outcomes. The population must also understand the importance of the promoted practices and services; they must embrace and be committed to adopting the promoted practices and services. To increase demand among the project's target population, SPRING engaged volunteers, social and traditional media, and local partners to reach communities in both rural and urban areas with key nutrition and hygiene messages (see Figure 3). To ensure the uptake of practices related to consumption of a diverse diet, SPRING worked to enhance year-round access to a diverse diet by promoting household-level food storage and preservation practices.

Figure 3. Contacts Made by SPRING, by Channel and Fiscal Year



SPRING's activities have led to positive behavior changes for many of the 11 priority practices in project implementation areas. The percentage of pregnant women taking IFA supplements for 90+ days almost doubled in areas, increasing from 22 percent at baseline to 40 percent at endline. Exclusive breastfeeding increased from 29 percent to 63 percent. Women's dietary diversity increased, with an average consumption of 5.4 food groups at endline, compared to 4.1 food groups at baseline. Children meeting the minimum dietary diversity requirements increased from 42 percent to 54 percent; the consumption of sugary foods by children 0–11



SPRING and KVHC staff at the project closeout event, Bishkek.

months decreased (34 percent at baseline, 26 percent at endline). In the endline survey, levels of reported handwashing were lower than at baseline, in all regions, for almost all the critical times when handwashing is recommended. For example, at baseline, 98 percent of Jalalabad residents, 95 percent in Uzgen, and 79 percent in Naryn reported washing hands after defecation. By the endline, these figures had fallen to 48 percent, 40 percent, and 37 percent, respectively. Through qualitative research, SPRING found that many reasons for why handwashing rates are lower in the winter—when the endline was conducted—were directly related to cold weather, including reduced access to water sources and cracking and drying of hands after washing.

SPRING’s work has shown how working across sectors, in partnership with communities and through multiple communication sectors, can bring about simple changes in behavior to ensure a healthy and diverse diet for families, laying the foundation for a healthy, productive, and prosperous Kyrgyz Republic. In addition to the MOH and KVHC, other stakeholders are replicating SPRING approaches and materials, including Mercy Corps, Good Neighbors, ACDI/VOCA, and the World Bank-funded Agricultural Productivity and Nutrition Improvement Project.

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Annex 1: Indicator Matrix

Note: The project conducted its baseline during autumn and its endline in winter. For further information and explanations of results, please see the project endline report.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	WDD1 2015	WDD2 2016	End of Project Results	End of Project Target	Comments
Goal: Improve nutritional status of children under 2 and women of reproductive age								
Overall Objective: Increased uptake of 11 evidence-based practices and services which have potential to reduce stunting and anemia among women and children								
1. Outcome	Prevalence of mothers of children <2 who took iron supplements for 90 days or more during their last pregnancy	Baseline & Endline Surveys	15.8%	20%	24%	31%	30%	Comparison group increased from 16% to 26%.
2. Outcome	Mean number of days on which iron tablets/syrup was taken by women (among those who took any during their most recent pregnancy)	Baseline & Endline Surveys	54	59	66	82	80	Comparison increased from 57 to 76 days.
3. Outcome	Diet Diversity–Women: Prevalence of mothers of children <2 who ate foods from five or more of nine food groups in the previous 24 hours	Baseline & Endline Surveys	35%	35%	64%	70%	65%	Comparison group increased from 31% to 68%.
4. Outcome	Prevalence of mothers of children <2 who ate iron-rich foods	Baseline & Endline Surveys	93%	94%	90%	94%	95%	Comparison group increased from 85% to 95%.
5. Outcome	Prevalence of mothers of children <2 who ate vitamin C-rich foods	Baseline & Endline Surveys	85%	NA	NA	NA	90%	Can't compare endline to baseline because foods were grouped differently in the data entry.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	WDD1 2015	WDD2 2016	End of Project Results	End of Project Target	Comments
6. Outcome	Early Initiation of Breastfeeding: Prevalence of children put to breast within one hour of birth	Baseline & Endline Surveys	80%	NA	NA	79%	80%	Comparison group declined from 65% to 58%.
7. Outcome	Exclusive Breastfeeding: Prevalence of exclusive breastfeeding of children under 6 months of age	Baseline & Endline Surveys	29%	NA	NA	63%	40%	Comparison group increased from 37% to 51%.
8. Outcome	Continued Breastfeeding: Percentage of children 6–23 months who are still breastfeeding	Baseline & Endline Surveys	76%	NA	NA	79%	80%	Comparison group increased from 81% to 82%.
9. Outcome	Introduction of Complementary Foods: Percentage of children 6–8 months who received semi-solid or solid food during the previous 24 hours	Baseline & Endline Surveys	85%	NA	NA	83%	90%	Comparison group declined from 91% to 88%.
10. Outcome	Minimum Feeding Frequency: Percentage of children 6–23 months with minimum feeding frequency	Baseline & Endline Surveys	62%	NA	NA	49%	55%	Comparison group declined from 52% to 48%.
11. Outcome	Diet Diversity – Children: Percentage of children 6–23 months with minimum dietary diversity in the previous 24 hours	Baseline & Endline Surveys	42%	NA	NA	54%	70%	Comparison group declined from 46% to 41%.
12. Outcome	Prevalence of children 6–23 months who ate iron-rich foods in the previous 24 hours	Baseline & Endline Surveys	81%	NA	NA	78%	85%	Comparison group increased from 72% to 76%.
13. Outcome	Percentage of children 6–23 months who ate vitamin A-source foods in the previous 24 hours	Baseline & Endline Surveys	53%	NA	NA	56%	60%	Comparison group declined from 62% to 53%.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	WDD1 2015	WDD2 2016	End of Project Results	End of Project Target	Comments
14. Outcome	Percentage of children 6–23 months who consumed tea in the previous 24 hours	Baseline & Endline Surveys	72%	NA	NA	66%	50%	Comparison group increased from 62% to 75%.
15. Outcome	Percentage of children <6 months who consumed sugary or processed food in the previous 24 hours	Baseline & Endline Surveys	15%	NA	NA	8%	10%	Comparison group increased from 6% to 10%.
16. Outcome	Percentage of children 6–23 months who consumed sugary or processed food during the previous 24 hours	Baseline & Endline Surveys	63%	NA	NA	62%	55%	Comparison group increased from 51% to 66%.
17. Outcome	Percentage of children 0–23 months who received deworming medicine	Baseline & Endline Surveys	15%	NA	NA	4.3%	20%	Comparison group declined from 18% to 3.7%.
18. Outcome	Percentage of women who received information about taking deworming medicine during pregnancy (Q12)	Baseline & Endline Surveys	10%	NA	NA	35%	20%	Comparison group increased from 5% to 23%.
19. Outcome	Prevalence of women who wash hands at three critical times	Baseline & Endline Surveys	70%	NA	NA	46%	80%	Comparison group declined from 89% to 37%.
20. Outcome	Percentage of households that preserve sufficient quantity and variety of fruits and vegetables for winter consumption (see PIRS for definition of “sufficient quantity and variety”)	Baseline & Endline Surveys	27%	NA	NA	32%	NA	Original indicator not measured (we did not estimate weight of foods stored in endline). A proxy indicator is shown at left = average % of HH storing nutrient-rich foods → average of five nutrient-rich foods at BL and EL. Comparison group increased from 35% to 39%.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
Objective 1. Increased access to quality nutrition services									
Activity 1.1. Support roll out of facility IYCF package in SPRING project areas									
23. Output	Number of individuals trained under Kyrgyz Republic Economic Growth (KREG) activities	Program records	0 by SPRING	7,000/ 6,544	14,500/ 13,734	14,765/ 18,724	9,000/ 14,818	45,265/ 53,820	
23A. Output	FTFMS Indicator HL.9-4: Number of individuals receiving nutrition-related professional training through United States Government-supported programs (unique people trained) Disaggregated by: Sex: Male, Female Training type: - Non-degree seeking trainees - Degree seeking trainees: New - Degree-seeking trainees: Continuing	Program records	0 by SPRING	NA	NA	14,765/ 18,724 F = 18,249 M = 475	8,980/ 5,113 F = 4,910 M = 203	23,745/ 23,837 F= 23,159 M= 678	This indicator counts unique people trained from FY18 going forward. In FY17, to be comparable with our target and our past reporting, we reported total trained, allowing for double-counting. FY18 is unique people trained, as was requested.
24. Output	Number of master trainers trained on IYCF at national and oblast levels	Program records	0 by SPRING	34/ 63	34/ 26	NA/ 0	NA/ 0	68/ 89	No targets set in FY17 and FY18.
25. Output	Number of health providers trained on IYCF	Program records	0 by SPRING	934/ 909	1,400/ 885	NA/ 66	NA/ 40	2,334/ 1,900	No targets set in FY17 and FY18; no figures specifically for IYCF.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
26. Output	Number of women reached (contacts) at health facilities with SPRING's nutrition messages by trained health providers	Program records	0 reached by SPRING	12,500/ 12,566	100,000/ 132,433	65,000/ 200,896	120,000/ 163,646	297,500/ 509,541	Nutrition includes anemia messages. This indicator counts all non-pregnant women (contacts) reached through visits to health facilities.
27. Output	Number of pregnant women reached (contacts) at health facilities with SPRING's nutrition messages by trained health providers	Program records	0 reached by SPRING	NA/ 0	NA/ 6,148	4,000/ 74,356	30,000/ 74,496	NA/ 155,000	Nutrition includes anemia messages delivered to pregnant women.
27A. Output	<p>FTF Indicator HL.9-3: Number of pregnant women reached with nutrition-specific interventions through United States Government-supported programs (unique women reached)</p> <p>Disaggregated by: Intervention:</p> <ul style="list-style-type: none"> - Number of women receiving IFA supplementation - Number of women receiving counseling on maternal and/or child nutrition - Number of women receiving calcium supplementation - Number of women receiving multiple micronutrient supplementation - Number of women receiving direct food assistance of 	Program records	0 reached by SPRING	NA/ 0	NA/ 1,060	NA/ 12,820	NA/ 20,275	NA/ 34,155	<p>The main difference between this and #27 it that this one counts unique women reached.</p> <p>The numbers at left are calculated from the figure for indicator #27, divided by 5.8, which is the mean number of ANC visits that women reported having during their pregnancy, according to SPRING's endline survey. Therefore, dividing the number of contacts by mean number of visits gives an estimate for the number of unique people reached.</p> <p>For disaggregation, all women receive anemia-related counseling. Most likely, that should be counted as "Number of women receiving counseling</p>

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
	fortified/specialized food products (if possible) Age: Number of women < 19 years of age; Number of women > or = 19 years of age								on maternal and/or child nutrition.”
Activity 1.2. Support the rollout and monitoring of the Baby Friendly Hospital Initiative (BFHI)									
28. Output	Number and percentage of SPRING-supported hospitals reached by BFHI training	Program records	0 by SPRING	9/ 11	17/ 17	17/ 6	0/ 2	27/ 36	Some facilities received training multiple times. Indicator has expanded to include FMCs and CGPs
29. Output	Number and percentage of staff trained by SPRING in hospitals that are in the BFHI certification process	Program records	0 by SPRING	170 (30%)/ 225 (40%)	340 (60%)/ 424 (75%)	NA/ 85	NA/ 40	565 (100%)/ 774 (137%)	Life of project target is FY16 achievement plus FY17 target to achieve 100% coverage. No targets set in FY17 and FY18, but training due to staff attrition and some refresher trainings for underachieving facilities.
30. Output	Number and percentage of health providers who are trained in counseling on the new protocol on iron supplementation and anemia	Program records	0	0	650/ 934	160/ 865	NA/ 20	810/ 1,819	No trainings were planned in FY18.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
31. Output	Number and percentage of facilities in SPRING's implementation areas that are providing IFA to pregnant women	Facility assessment	NA	0	193 (70%)/ 276 (100%)	193 (70%)/ 276 (100%)	263 (85%)/ 309 (100%)	235 (85%)/ 309 (131%)	This indicator only captures the number of health facilities (FMCs, FGPs, CGPs) in which ANC services are provided, which does not include hospitals. Through project supportive supervision visits, we verified that all supported facilities were counseling on anemia, which includes prescribing IFA for pregnant women.
32. Output	Number of master trainers trained on the national anemia protocol	Program records	0 by SPRING	0	50/ 28	NA/ 0	NA/ 0	50/ 28	Target was set too high; master trainers from Bishkek were often used in the cascade of oblast-level trainings.
Activity 1.4. Advocate for developing of a presumptive deworming policy at the national level									
33. Process	Number of stakeholders' meetings focused on discussions for deworming activities	Program records	0 by SPRING	0/ 0	3/ 2	3/ 3	1/ 1	7/ 7	
Activity 1.5. Advocate for inclusion of nutrition as subject matter in pre-service clinical training at the national level									
34. Output	Key pre-service nutrition training content developed for medical schools	Program records	No	0	Yes	Yes	Yes	Yes	In FY17, 19 medical colleges and 4 universities had adopted and integrated the nutrition-specific curriculum into their study program.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
35. Output	Number of medical school faculties trained on key nutrition content and pre-service training curriculum	Program records	0 by SPRING	NA/ 0	6/ 0	20/ 17	NA/ 0	26/ 17	Note that SPRING trained 293 faculty members at these 17 colleges and universities. In FY17 the MOH issued a prikaz instructing all medical colleges and universities to adopt and integrate the nutrition curriculum into their pre-service program. By the end of FY17, 6 additional institutions had done this, so all 23 institutions in KR were using the curriculum.
36. Output	FTF Indicator HL.9-5: A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs Disaggregated by: N/A	Project reports	No	No	No	No	Yes	Yes	Food Security and Nutrition Programme for Kyrgyzstan exists and is multi-sectoral, but does not include emergency nutrition planning, as that is not a priority in Kyrgyzstan.
Objective 2. Increased demand for priority nutrition practices and services									
37. Output	Number of children <2 years of age reached by SPRING (contacts)	Program forms	0	3,026/ 3,026	24,000/ 22,220	16,000/ 44,877	34,000/ 66,592	77,026/ 136,715	We collect data on the number of children <5 reached (contacted). To reach the number of children <2 contacted, we multiplied the number of children <5 by 0.4, because the number <2 can be (very roughly) assumed to be 2/5 of the number <5. Targets were adjusted in the same way from the targets for children <5.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
37A. Output	FTF Indicator HL.9-2: Number of children < 2 (0–23 months) reached with community-level nutrition interventions through United States Government-supported programs (unique children reached) Disaggregated by: Gender: Male and Female	Program forms	NA	N/A	N/A	18,762 F=8,896 M=9,866	22,582 F=10,842 M=11,740	41,344 F=19,738 M=21,606	The main difference between this and #37 it that this one counts unique children reached.
38. Output	Number of children <5 years of age reached by SPRING (contacts)	Program forms	0	7,565/ 7,565	60,000/ 55,500	40,000/ 166,034	85,000/ 166,479	192,565/ 395,628	

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
38A. Output	<p>FTF Indicator HL.9-1: Number of children <5 (0–59 months) reached with nutrition-specific interventions through United States Government-supported programs (unique children reached)</p> <p>Disaggregated by: Intervention:</p> <ul style="list-style-type: none"> - Number of children <5 whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors - Number of children 6–59 months who received vitamin A supplementation in the past 6 months - Number of children <5 who received zinc supplementation during episode of diarrhea - Number of children <5 who received multiple micronutrient powder (MNP) supplementation - Number of children <5 who were admitted for treatment of severe acute malnutrition - Number of children under 5 who were admitted for treatment of moderate acute malnutrition - Number of children under 5 who received direct food assistance <p>Note: only the first intervention applies to SPRING</p>	Program forms	N/A	N/A	N/A	N/A	70,066	70,066	<p>The main difference between this and #38 it that this one counts unique children reached.</p> <p>Data is given only for FY18. We didn't collect data for the previous years.</p>

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
Activity 2.1. Advocate for policies and actions at the national level, which will lead to greater visibility, understanding and dialogue around nutrition									
Activity 2.2. Carry out a regional and social media campaign to reach 1,000- day households									
39. Output	Number of informative videos produced and disseminated	Program records	0 by SPRING	0	0	7/ 7	NA/ 23	7/ 30	In FY17, 4 animated and 3 live videos were produced, and in FY18 SPRING produced 2 more video spots on junk food reduction and clean latrines. All 9 videos will be disseminated on regional TV and on SPRING's Facebook page. Also in FY18, we produced 15 cooking videos, and 6 videos in coordination with RCHP on the 11 evidence-based practices.
40. Output	Number of "Likes" of SPRING/KGZ Facebook page	Program records	0	0	0	2,000/ 3,001	3,500/ 3,122total (122 new in FY18)	3,500/ 3,123	Numbers are for life of project.
41. Output	Approximate number of people reached by SPRING-produced videos	Media firm reports	0	0	0	NA/ 183,703	NA/ 57,968	NA/ 241,671	Figures at left are unique views, as reported in FY17 AR and FY18 QRs. In addition to those figures, television spots were shown on channels with approximately 50,000 viewership in Naryn and approximately 1 million in Jalalabad.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
42. Output	Number of campaigns conducted in urban areas	Program records	0 by SPRING	0	6/ 4	10/ 15	6/ 27	22/ 46	SPRING also conducted some campaign events in rural or urban areas that this indicator does not capture.
43. Output	Number of people reached through urban campaigns/events	Program records	0 by SPRING	0	400/ 469	15,000/ 9,057	5,000/ 1,760	20,400/ 11,286	This indicator only captures reach through urban campaign events, and does not include people reached through rural events conducted in FY18.
Activity 2.3. Engage communities through nutrition and hygiene SBCC activities									
44. Output	Number of SBCC materials produced and distributed	Program records	0 by SPRING	150,000/ 134,000	550,000/ 600,000	220,000/ 418,120	100,000/ 323,200	1,020,000/ 1,475,320	
45. Output	Number of community activists (social behavior change channels) trained on key nutritional messages and use of job aids	Program records	0 by SPRING	2,300/ 5,400	9,000/ 9,092	14,400/ 12,878	9,000/ 13,066	34,700/ 40,436	All modules plus social behavior change.
46. Output	Number of people reached (contacts) by community activists through household visits	Program records (simple reporting forms)	0 by SPRING	10,000/ 28,597	200,000/ 226,701	315,000/ 495,860	220,000/ 642,260	745,000/ 1,393,418	The total number of people reached by "Group counseling (community-based)" and household visits.
47. Output	Number of people reached (contacts) by community activists through community meetings	Program records (simple reporting forms)	0 by SPRING	20,000/ 22,133	150,000/ 135,017	212,000/ 275,106	130,000/ 289,559	512,000/ 721,815	The total number of people reached by "Group counseling (community-based)" and community events.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
48. Output	Number of people reached with the message on handwashing and clean latrines	Program records	0 by SPRING	NA	100,000/ 83,583	125,000/ 128,463	60,000/ 195,731	285,000/ 407,777	FY17 and FY18 figures include school children reached with hygiene messages (that was not an activity in FY16).
49. Output	Baseline and endline surveys, formative research, winter dietary diversity and food storage, and preservation practices studies completed, with reports completed	Survey reports	No	Yes: Baseline and WDD1 Survey and study reports	Yes: WDD2 Survey and study reports	Yes: Endline survey report	Yes: Qualitative research report	Yes as described at left	
Objective 3. Enhanced access to a diversified diet									
Activity 3.1. Identify and promote the adoption of proven technologies for increased preservation and storage of foods rich in iron, vitamin A, vitamin C, and zinc									
50. Output	Stakeholders' event held to share lessons learned and promote dissemination of best practices	Program report	0 by SPRING	0	0	Yes	Yes	Yes	In FY18, SPRING presented on Storage and Preservation Guidebook at DPCC meeting.
51. Output	Materials developed and disseminated to promote improved food storage and preservation practices at the household level	Program records	0 by SPRING	0	Yes	Yes	Yes	Yes	In FY18, topic was covered in one of the videos produced with RCHP.

Outcome/ Output/ Process/ Input	Indicator	Data Sources	Baseline	2015 Target/ Achieved	2016 Target/ Achieved	2017 Target/ Achieved	2018 Target/ Achieved	Life of Project Total Achieved	Comments
Activity 3.2. Support the integration of nutrition into ongoing agriculture projects, particularly USAID's Agro Horizon Project (AHOP)									
52. Output	Number of instances SPRING provides technical support to AHOP in integration of nutrition into agriculture and horticulture projects.	Program reports	0	3/ 0	1/ 2	2/ 4	1/ 1	7/ 7	AHOP staff participated when we held a training through Agrarian University.

* Total (summation) not applicable as the same activists (among 2318 mobilized) will receive training in a different topic every month.

Annex 2: Success Stories

Fiscal Year	Success Story Title
FY16	Exclusive Breastfeeding in Rural Kyrgyzstan: One Mother’s Journey to Success
FY16	One Mother at a Time
FY17	From Salty Snacks to Fresh Food
FY17	Helping Hospitals Become “Baby-Friendly”
FY17	Soap to the Rescue! Kyrgyz Students Wash Away Germs for Better Nutrition
FY17	Supportive Supervision Brings Better Health Services to the Kyrgyz Republic
FY18	Kindling Best Nutrition Practices in Kindergarten
FY18	Be the Change You Want to See
FY18	Defeating Anemia: A Grandmother Takes Charge in Her Home and Community
FY18	Supportive Families Enable Healthy Mothers and Thriving Babies

Annex 3: Materials and Tools Developed or Adapted by the project

Date*	Title	Type of Publication
May 2015	Factors Affecting the Family Diet	Report
June 2015	Nutrition and Development of Children Under Two Years	Job Aid
October 2015	National Anemia Profile: Kyrgyz Republic (produced with funds from USAID/Washington)	Landscape Analysis
December 2015	Baseline Nutrition Survey in the Kyrgyz Republic	Report
September 2016	Clean Latrines and Handwashing Leaflet	Job Aid
September 2016	Dietary Diversity Handout	Job Aid
September 2016	Nutrition and Care of Infants and Young Children Facility Tools	Job Aid
September 2016	Healthy Nutrition for Children and the Whole Family Cookbook	Job Aid
December 2016	Kyrgyz Republic Country Achievements, Project Year 5	Infographic
January 2017	Baby-Friendly Hospital Initiative Posters	Job Aid
January 2017	Counseling Cards to Improve Infant and Young Child Feeding in the Kyrgyz Republic	Job Aid
March 2017	Two-Year Anemia Calendar	Job Aid
March 2017	Iron–Folic Acid Commitment Card	Job Aid
March 2017	Food Storage and Preservation Guidebook	Job Aid
March 2017	Adolescent and Women’s Nutrition and Anemia Facilitator Guide	Training Curriculum
March 2017	Kyrgyz Republic National Anemia Clinical Guideline and Protocol	Government Protocol and Guideline
April 2017	Healthy Nutrition for Mothers to Promote Growth and Development of Your Baby Booklet	Job Aid

May 2017	Deworming Leaflet for Families	Job Aid
May 2017	National Deworming Clinical Protocol	Government Protocol
May 2017	Training Supervisors to Mentor Health Workers Who Provide Counselling on Infant and Young Child Feeding	Training Curriculum
May 2017	Deworming School Ruler	Job Aid
May 2017	Deworming Facility Poster	Job Aid
July 2017	Gifts	Live-Action Video
July 2017	Dreams	Live-Action Video
July 2017	Diverse Diets	Live-Action Video
July 2017	Preventing Worm Infections	Animated Video
July 2017	The Importance of Exclusive Breastfeeding	Animated Video
July 2017	Handwashing and Hygiene	Animated Video
July 2017	Nutrition in the First 1,000 Days	Animated Video
August 2017	Mother Support Groups: Three-Day Training of Facilitators/Trainers - Facilitator Guide	Training Curriculum
November 2017 (revised May 2018)	Strengthening Nutrition within the Kyrgyz Republic Health System	Brief
December 2017 (revised June 2018)	SPRING in the Kyrgyz Republic: Evidence of Significant Improvement in Nutrition Practices	Brief
March 2018	Clean Latrines	Animated Video
March 2018	Reducing Junk Food Consumption	Animated Video
March 2018	Seeing the Forest and the Trees: Systems Thinking for Better Nutrition in the Kyrgyz Republic (produced with funding by USAID/Washington)	Brief
April 2018	Training Community Volunteers on Nutrition and Hygiene: Module Toolkit	Training Curriculum

May 2018	15 Recipes for Children and the Entire Family	Video series (15)
May 2018	Adapting Nutrition Social and Behavior Change Communication Interventions to Meet Audience and Partner Needs	Brief
June 2018	11-Evidence Based Practices for Better Nutrition	Video series (6)
June 2018	Reducing Malnutrition and Anemia through a Multichannel Approach	Infographic
June 2018	SPRING/Kyrgyz Republic: An Overview	Video
July 2018	Kyrgyz Republic Antenatal Care Protocol	Government Protocol
July 2018	Endline Nutrition Survey in the Kyrgyz Republic: Analytic Report	Report

*Date reflects when the material or tool was published to the SPRING website, rather than original publication date.

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