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USAID Advancing Nutrition Kyrgyz Republic Final Report

Fiscal Years 2019–2023

OCTOBER 2023

About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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Photo Credit: Mother, Akmat kyzy Jannat [Maxime Fossat]

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Acknowledgments

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Our deepest thanks go to the thousands of health workers, community volunteers (activists), and community members for their warm acceptance of the project and their cooperation and support in implementing the activities, especially the communities and local governments in the *oblasts* of Jalal-Abad, Batken, and Issyk-Kul. We acknowledge the community leadership, volunteers, groups, and other cadres in the respective communities for their openness and interest in collaborating with and leading their neighbors and households through the various program efforts to adopt the promoted nutrition and health behaviors. Finally, we thank the USAID Advancing Nutrition Country Support teams and all the project staff members for their valuable contributions to the project that produced the results and successes we proudly share in this report.

Acronyms

APNIP	Agriculture Productivity and Nutrition Improvement Project
AWNA	adolescent and women's nutrition and anemia
BFHI	Baby-Friendly Hospital Initiative
CS	capacity strengthening
CF	complementary feeding
CQI	continuous quality improvement
EBF	exclusive breastfeeding
ECD	early childhood development
FAP	Feldsher-Midwifery Point (village health point)
FGD	focus group discussion
FGP	Family Groups of Practitioners
FY	fiscal year
GPCs	general practice centers
HPU	health promotion unit
IYCF	infant and young child feeding
JSI	JSI Research & Training Institute, Inc.
KVHC	Kyrgyz Association of Village Health Committees
MAD	minimum acceptable diet
MHIF	Mandatory Health Insurance Fund
MMF	minimum meal frequency
MoA	Ministry of Agriculture
MoH	Ministry of Health
MSNP	Multi-Sectoral Nutrition Platform
M&E	monitoring and evaluation
NGOs	nongovernmental organizations
NIMAS	National Integrated Micronutrient and Anthropometric Survey
OCA	organizational capacity assessment
PHC	primary health care
PMP	Project Monitoring Plan
Q	quarter
RCEL	responsive care and early learning
RCHP	Republican Center for Health Promotion

SBC social and behavior change

SPRING Strengthening Partnerships, Results, and Innovations in Nutrition Globally

SUN Scaling Up Nutrition

ToT training of trainers

UNICEF United Nations Children's Fund

USAID U.S. Agency for International Development

VHC village health committee

WHO World Health Organization

Executive Summary

Background and Objectives

In the Kyrgyz Republic, chronic malnutrition remains a significant challenge, and micronutrient deficiencies play a role in exacerbating these problems. Anemia rates, especially among pregnant women, are alarmingly high. Meeting the daily nutritional needs for vitamin A, iron, and folic acid is a considerable challenge for women of reproductive age and children under five years old without the aid of supplementation and improved dietary habits. USAID Advancing Nutrition Kyrgyz Republic's goals are to enhance the capabilities of government entities and partners to tackle these pressing concerns, with the following objectives:

- improve nutrition-related behaviors through enhanced social behavior change at individual, household, and population levels
- improve the quality of nutritional services provided by the health system at the primary and secondary levels and advocate for improved policies and guidelines at the national level.

USAID Advancing Nutrition, funded by the U.S. Agency for International Development (USAID), was implemented in the Kyrgyz Republic from 2019 through2023 in Jalal-Abad, Batken, and Issyk-Kul oblasts as well as Bishkek City. The key partners of the project were the Ministry of Health (MoH) and Social Development of the Kyrgyz Republic, the Republican Center for Health Promotion (RCHP), and the Kyrgyz Association of Village Health Committees (KVHC).

Over the course of these years, the project has worked to promote the 11 evidence-based practices to improve the nutritional status of women of reproductive age (ages 15–49) and children under five, with a focus on the 1,000-day window of opportunity from pregnancy to a child's second birthday.

Major Accomplishments

Objective 1: Improve nutrition-related behaviors through enhanced social behavior change at individual, household, and population levels

USAID Advancing Nutrition's social and behavior change (SBC) activities aimed to improve household-level practices, shift social and gender norms, and strengthen linkages to health care. We used various platforms to reach populations in project areas with behavior change approaches, building knowledge and motivation for the promoted nutrition-related practices and increasing demand for nutrition services. Over the life of the project, we engaged and trained 4,859 community volunteers (activists) on nine nutrition- and hygiene-related modules aimed at improving nutrition knowledge, attitudes, and practices. Trained community activists reached 216,240 individuals from 43,000 households in 515 villages throughout the project's implementation areas. The project played an important role in the organization and dissemination of developed informational and educational materials and training aids for improved nutrition behaviors with the RCHP and other partners. The project also strengthened the capacity of health promotion units (HPUs), village health committees (VHCs), and activists on community mobilization, nutrition, hygiene, and responsive care and early learning (RCEL). By introducing the six-step counseling skills from the *RCEL Addendum*, we strengthened activists' counseling skills and ability to provide support to community members.

Objective 2: Improve the quality of nutrition services within the health system

USAID Advancing Nutrition built the capacity of health workers from three oblasts to provide quality nutrition services. Since 2019, we have conducted 351 trainings on infant and young child feeding (IYCF), adolescent and women's nutrition and anemia, Baby-Friendly Hospital Initiative (BFHI), and RCEL for

2,900 health care workers. Those trained, in turn, provided 142,620 counseling sessions to 19,900 pregnant women and 32,588 children under two years old. In addition, during pre-service training seminars, we trained 196 participants from 31 educational organizations on these topics. The project also provided complex support to the MoH, including guiding the revision of the national clinical guideline and clinical protocol for iron deficiency anemia, ensuring updated curricula were institutionalized in both pre-service training and continuing education for doctors and nurses, and supporting select medical institutions on continuous quality improvement (CQI) approach. With our advocacy efforts, we introduced nutrition indicators for women and children into the national health reporting system, and we also included a mentoring approach to supportive supervision into the job responsibilities of clinical managers in the two oblasts.

Key Evidence and Learning

USAID Advancing Nutrition Kyrgyz Republic generated a lot of key evidence and lessons learned, as summarized in the following list:

- The project's impact evaluation showed a significant 22 percentage-point increase in the prevalence of exclusive breastfeeding (EBF) among children under six months of age in the full-intervention areas, rising from 40% to 62% in the period between the midterm and endline surveys. There was also a significant reduction in the consumption of high-calorie, low-nutrient-density (junk) food in the same full-intervention areas, including a 9% and 12% decrease in the percentage of children zero to five months and 6–23 months, who consumed sugary or processed food in the previous 24 hours (from 18% to 9% and 79% to 67%, respectively) and a 7% and 15% decrease in the percentage of children zero to five months and 6–23 months, who consumed tea in the previous 24 hours (from 14% to 7% and 68% to 53%, respectively).
- Supportive supervision and mentorship efforts strengthened the counseling capacity of health providers, resulting in a 23 percentage-point improvement in IYCF knowledge and counseling skills, a 21 percentage-point improvement in anemia counseling skills, and an 18 percentage-point improvement in IYCF/RCEL counseling skills in Batken and Jalal-Abad oblasts.
- Endline implementation research findings highlighted that the implementation of the *RCEL Addendum* effectively led to significant enhancements in responsive care, early learning practices, and engagement opportunities, such as improved access to books and toys within households. Additionally, the study showed that these improvements did not come at the expense of IYCF practices. In other words, caregivers were able to enhance RCEL practices without negatively impacting nutrition interventions, thus demonstrating the successful integration of these initiatives.
- The practice of implementing complementary trainings at both the community and facility level has proven successful. Health workers helped implement activities under Objective 1, and many of these workers became project community activists, strengthening HPU work by repeating and disseminating key messages among communities. USAID Advancing Nutrition strengthened and reinforced this linkage among VHCs, HPUs, and health facilities.

Challenges

The COVID-19 pandemic coincided with the launch of our implementation in Batken and Jalal-Abad oblasts, leading to a delay of many activities and also presented limitations around travel, stakeholder meetings, and group trainings at both the community and facility levels. The MoH's response to the pandemic also took precedence, and it was difficult to get its attention for meetings and buy-in for our nutrition-focused work. Additionally, frequent changes in MoH personnel (especially in leading positions) and in national and regional governments caused delays, as they required additional meetings to

reintroduce and advocate for the project's activities with each turnover in personnel. Additionally, armed border conflicts in Batken oblast significantly impacted the project's work. Due to social mobilization, the project volunteers (activists) were busy not only with distributing important information on nutrition but also helping their communities overcome the challenges related to the armed conflict.

The Way Forward

Our work in the Kyrgyz Republic has set an example of how quality programming can impact the nutrition behaviors and strengthen the quality of nutrition services. We utilized and expanded on the implementation approach of the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project, documenting our success through an impact evaluation, even in the midst of a global pandemic. Working in lockstep with regional and national governments and strengthening the capacity of organizations we engaged with have ensured sustainability and integration, as well as built a solid foundation for continued nutrition gains in the Kyrgyz Republic. The following bullet points outline key recommendations for continued work in promoting best hygiene and nutrition practices, based on lessons learned by the project:

- The project has demonstrated that bringing together stakeholders from various sectors is crucial to harness this unity to effectively address and promote improved nutrition and food security throughout the country. We recommend that the stakeholders continue to drive the discussion on food security at both local and national levels. They can achieve this by further introducing and supporting Multi-Stakeholder Nutrition Platforms (MSNPs) focusing on nutrition and food security.
- To improve early childhood development (ECD) outcomes, we recommend expanding the practices promoted by the project, particularly by integrating RCEL into enhanced nutrition practices.
- Through nutrition counseling, trained providers facilitated tailored and interactive discussions, enabling individuals to make informed decisions and adopt optimal nutrition and nurturing care practices. In order to maintain the results obtained, we recommend that health managers institutionalize the practice of mentoring, as achieved in the project's implementation areas.
- Supportive supervision has proven to be an effective approach. We advise enhancing counseling capacity among health providers through effective supportive supervision and mentorship initiatives.
- Using visual and learning materials and promoting project messages and activities via social media platforms proved successful, as evidenced in the number of social media followers gained. Moreover, the high number of views allowed the project communities served by the project to receive important information related to health and nutrition, even from other regions of the country. We recommend that all generated materials we share with the project's partners utilize these resources to effectively disseminate essential information on best practices related to nutrition, hygiene, and RCEL to a broader audience.

Overview

1. Project Duration:

Four years

2. Starting Date:

October 1, 2019

3. Geographic Focus:

Bishkek City, Batken, Jalal-Abad, and Issyk-Kul regions

4. Project Objectives:

The overall goal of the USAID Advancing Nutrition program in the Kyrgyz Republic is to reduce malnutrition in women of reproductive age (ages 15–49) and children younger than five years, with a focus on the 1,000-day window of opportunity. We planned to achieve this goal by working toward two objectives:

1. improve nutrition-related behaviors through enhanced SBC at the individual, household, and population levels
2. improve the quality of nutrition services within the health system.

Working in partnership with national and local governments, village health committees (VHCs), oblasts, district-level health centers, and local and international nongovernmental organizations (NGOs), the project promotes the uptake of the following 11 evidence-based practices:

1. consumption of iron and folic acid 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 aged 6–23 months, with an emphasis on consumption of food sources of iron and vitamin A, as well as foods that enhance iron absorption
4. optimal meal frequency for children aged 6–23 months
5. early initiation of breastfeeding
6. exclusive breastfeeding (EBF) from birth through the first six months
7. timely introduction of appropriate complementary foods
8. reduced consumption of high-calorie, low-nutrient-density (i.e., 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.

Background

Country Context

The country has made progress in reducing child mortality and achieving Millennium Development Goal 4, but malnutrition reduction has been slow. The 2018 Multiple Indicator Cluster Survey showed a national child stunting rate of 12%, a slight decrease from 2014.[1] Anemia affects 43% of children under age five and 35% of women of reproductive age.[2] Poor hygiene, helminth infections, and high sodium/trans-fatty acids in street foods contribute to this stunting. Overweight and obesity in children and women are increasing concerns. Global guidelines recommend EBF for the first six months and continued breastfeeding up to two years. In 2018, only 46% of zero to six-month-old children were exclusively breastfed for an average of 2.2 months. For children under age two, 60% receive recommended food groups, 75% get suggested feedings, and 43% achieve a minimum acceptable diet (MAD[3]. Batken has the poorest dietary situation, with only 10% meeting the minimum diet requirements. The World Food Programme, in its integrated context analysis, highlighted Batken and Jalal-Abad oblasts as highly vulnerable to poor nutrition, food insecurity, and natural disasters.

The National Integrated Micronutrient and Anthropometric Survey (NIMAS 2021) in the Kyrgyz Republic provided updated data on the current micronutrient and nutritional status of specific subgroups of the Kyrgyz population. Household level data shows that food security is a notable issue in the Kyrgyz Republic, particularly in Issyk-Kul, Naryn, and Chui, where just about half of the households are reported to be food insecure, with about 1 in 10 households being severely food insecure due to poverty. Key findings of NIMAS include: only 26% of children from 6–59 months achieve minimal dietary diversity; stunting prevalence among children of 6–59 months in Batken is 12.3% compared to a 7% national average; more than 30% of children from 6–59 months in Talas, Issyk-Kul, and Naryn have anemia; national prevalence of anemia in pregnant women is about 49%; 47% of children 6–59 months, 47% of girls aged 10–18 years and 56% of women (ages 15–49) are iron deficient; 83.6% of adolescent girls aged 10–18 years and 83.2% of non-pregnant women (ages 15-49) are folate deficient; and vitamin A deficiency among children of 6–59 months is severe in Bishkek City with a prevalence just above 20%, nearly 20% in Batken, 27% in Osh City, and over 22% in Chui; and only 2% of households consume adequately fortified flour.[4]

These findings emphasize the need for a comprehensive approach, encompassing both nutrition-specific and nutrition-sensitive actions, to improve nutrition outcomes in the Kyrgyz Republic.

[1] National Statistical Committee of the Kyrgyz Republic (NSC) and UNICEF. 2019. *Kyrgyzstan Multiple Indicator Cluster Survey 2018, Survey Findings Report*. Bishkek, the Kyrgyz Republic: National Statistical Committee of the Kyrgyz Republic and UNICEF.
[2] NSC, Ministry of Health (MoH) [the Kyrgyz Republic], and ICF International. 2013. *Kyrgyz Republic Demographic and Health Survey 2012*. Bishkek, the Kyrgyz Republic, and Calverton, MD, USA: NSC, MOH, and ICF International.
[3] NSC and UNICEF. 2019. Cluster Survey
[4] Ministry of Health of the Kyrgyz Republic, UNICEF, FAO, WFP, WHO, USAID, USAID Advancing Nutrition, MercyCorps. National Integrated Micronutrient and Anthropometry Survey 2021. Snapshots of Key Findings. Bishkek, the Kyrgyz Republic.

Project Goal and Objectives

Map of Kyrgyzstan with highlighted regions where USAID Advancing Nutrition implemented activities.

The overall goal of USAID Advancing Nutrition is to reduce malnutrition in women of reproductive age (ages 15–49) and children under five, with a focus on the 1,000-day window of opportunity. We achieved this goal by completing two objectives:

Objective 1: Improve nutrition-related behaviors through enhanced social behavior change at individual, household, and population levels

Access to quality nutrition services is necessary, but not sufficient by itself, to ensure uptake of the project's 11 promoted practices. USAID Advancing Nutrition works through various platforms to reach populations in project implementation regions with behavior change approaches, building knowledge and motivation around the promoted nutrition-related practices and increasing demand for nutrition services. Approaches under Objective 1 include strengthening the capacity of VHCs and health promotion units (HPUs); and developing nutrition and hygiene modules, including the content for television and social media and delivery through household visits and community meetings, as well as shifting social and gender norms and strengthening linkages to health care.

Objective 2: Improve the quality of nutrition services within the health system

Availability and access to quality nutrition services are critical to the uptake of the project's 11 promoted practices. USAID Advancing Nutrition works to improve the quality of nutrition services that the health system provides at the primary and secondary levels and advocates for improving policies and guidelines at the national level.

Accomplishments

Objective 1: Improved nutrition-related behaviors through enhanced social behavior change at individual, household, and population levels

Improved knowledge, attitudes, and motivation for healthy nutrition practices in target communities

At the national level, USAID Advancing Nutrition established itself as a key leader alongside the Republican Center for Health Promotion (RCHP) in the development, organization, and dissemination of social and behavior change (SBC) materials to improve nutrition behaviors. To inform activity development and implementation, the project conducted a formative assessment and gender analysis in Jalal-Abad and Batken oblasts and integrated the findings into its comprehensive project SBC strategy. When the project expanded to Issyk-Kul oblast, it again conducted another formative assessment to ensure its implementation approach was appropriate for this region.

Building off of the success of the USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project, USAID Advancing Nutrition developed a series of educational that were later used for the training modules for the community volunteers (known as 'activists'). We developed all materials for nutrition and hygiene in collaboration with RCHP and co-branded with the logo of the Ministry of Health (MOH).

Throughout its four years of implementation, USAID Advancing Nutrition maintained strong relations with HPUs within its implementation areas. HPUs comprising 30 people are involved in all of USAID Advancing Nutrition's community outreach activities. This includes participating in project trainings and online training of trainers (ToTs) for activists, which helps them support their communities. Engagement of VHC members in the SBC work allowed the project to strengthen 155 functioning VHCs, rehabilitate 25 defunct VHCs, and create 43 new VHCs.

USAID Advancing Nutrition works through various platforms—interpersonal, mass media, social media, and governmental partnerships—to reach populations in project areas with behavior change approaches, building knowledge of and motivation to practice the promoted nutrition-related behaviors and increase demand for nutrition services. With its subcontracted partner, the Kyrgyz Association of Village Health Committees (KVHC), the project recruited and trained 4,859 community volunteers (called activists) on nine nutrition, hygiene, and early learning modules. Using the knowledge and counseling skills gleaned in these sessions, the activists then reached 216,240 individuals from Jalal-Abad, Batken, and Issyk-Kul oblasts through 198 community meetings and 702,864 household visits.

Due to the high rate of television viewership in the Kyrgyz Republic in both urban and rural households, USAID Advancing Nutrition worked with local, regional, and national TV channels to ensure nutrition remained highlighted in its programming. This included airing TV spots developed under SPRING and USAID Advancing Nutrition, and arranging for project staff, activists, and local health professionals to be interviewed for various talk show segments, which highlighted global awareness days, local health campaigns, and the work of the project. The project also created Facebook and YouTube pages to respond to national and regional audiences' preference for receiving information, which gave community activists the opportunity to share knowledge about best nutrition and hygiene practices with a larger audience. With these activities, the project reached the audience of 3,163 followers on Facebook and 222 subscribers on YouTube channel.

Moreover, USAID Advancing Nutrition, in collaboration with local administrations across all regions, has been actively engaged in organizing a series of public urban activities and campaigns aimed at promoting nutrition, supporting maternal and child health, and addressing anemia. These initiatives have successfully

garnered substantial community participation, with over 100 community members attending each event. The diverse range of activities included cooking contests, photo exhibitions, running competitions, and concerts featuring renowned local artists. These events not only engaged the local population but also raised awareness about the project's objectives.

For instance, running competitions witnessed the enthusiastic participation of 300 men and women in Batken, covering a wide age range (18–70 years) and over 400 participants in Karakol. Meanwhile, a cooking contest and campaign in Jalal-Abad oblast brought together families from Kara-Darya village, with around 150 visitors actively involved. The "Night at the Museum" event held at the Kyrgyz Republic National History Museum attracted 5,000 visitors. The "Unexplored Potential" photo exhibition, by documentary photographer Maxime Fossat, showcased the nutrition and agriculture potentials of the Kyrgyz Republic and remained open to the public for two weeks in National History Museum and National Museum of Fine Arts named after Gapar Aitiev. Over the course of four years, renowned local artists, such as Syimyk Beishekeev and Guljigit Kalykov, held concerts in Batken and Jalal-Abad oblasts, with each performance attracting more than 150 viewers. The project has also maintained a consistent presence during the "World Breastfeeding Week," fostering a long-term commitment to improving nutrition and health across the Kyrgyz Republic.

Throughout the project's duration, these initiatives have continued to inspire and educate communities, bringing health and nutrition to the forefront through engaging events and informative campaigns.

Activists gathering in Batken oblast, Leilek region. Photo credit: Maxime Fossat for USAID Advancing Nutrition.

Increased the use of facility-based nutrition services

Under this strategy, the project harmonized community-based care with its efforts under Objective 2. The project held trainings on EBF and complementary feeding that paralleled with trainings for health care providers. These trainings increased community demand for more qualified nutrition counseling on infant and young child feeding (IYCF) messages at ToTs and taught community members to refer to activists first and turn to health providers for complicated challenges with breastfeeding and questions

about complementary feeding. The training also allowed health workers to reinforce and apply their new knowledge.

USAID Advancing Nutrition was a recognized partner among national- and regional-level stakeholders in the Kyrgyz Republic. The project continuously participated in national nutrition coordination and technical forums (such as the Scaling Up Nutrition [SUN] Movement), where they shared best practices and participated in nutrition-related dialogue with the Kyrgyzstani Government. USAID Advancing Nutrition worked with RCHP on a regular basis and provided technical support based on their capacity-strengthening needs for extending SBC approaches in community-based work. Moreover, the project provided capacity-strengthening training for RCHP on gender integration principles and practices. The project supported RCHP to develop an SBC communication strategy on nutrition, focused on the first 1,000 days to improve maternal and child nutrition.

Issyk-Kul oblast, Ornok village, Activist Beishenalieva Aida and Imakeeva Janara with son. Photo credit: Vlad Ushakov for USAID Advancing Nutrition.

Improved household demand for a variety of nutritious foods

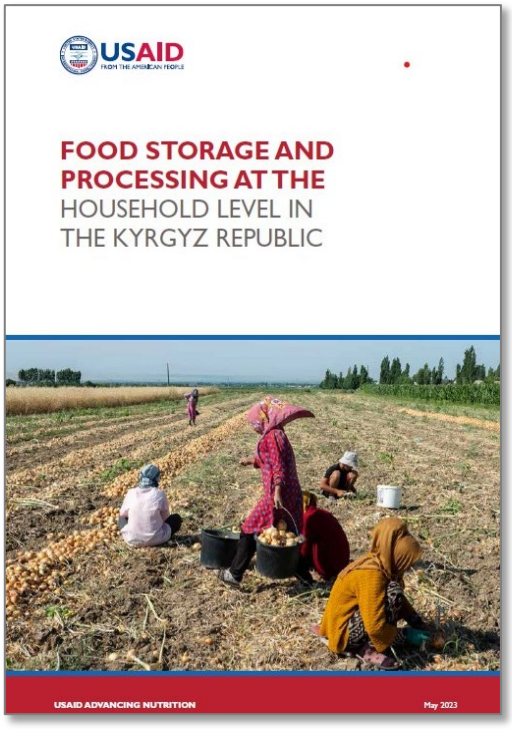
USAID Advancing Nutrition worked to increase the demand for nutritious foods among individuals, households, and communities by circulating knowledge about vitamin A-, vitamin C-, iron-, and zinc-rich products. In addition, the project explored various platforms and strengthened the capacity of HPUs, VHCs, and activists around their knowledge of nutrition and hygiene SBC. The project trained and oriented regional journalists on USAID Advancing Nutrition's activities and the importance of optimal nutrition and hygiene practices, and it promoted these through various platforms (e.g., TV, radio, newspapers, and Facebook and YouTube social media pages). The project also engaged and trained key actors and stakeholders, such as local administrative authorities (aiyl bashchy) and village government representatives (aiyl okmotu), as champions who promoted through various platforms the consumption of nutritious foods. The project provided resources to them to enhance their advocacy efforts. Our partnership with the USAID Окуу керемет project inspired the development of 16 textbooks for primary grade students on the importance of diversified diets and handwashing practices and the harm of junk food consumption. The Ministry of Education approved and circulated these textbooks nationwide.

Batken oblast, mother feeding her child. Photo credit: Maxime Fossat for USAID Advancing Nutrition.

Increased access to nutritious food throughout the year

To ensure the inclusion of the best global practices and evidence, the project rolled out the revised version of the guidebook, *Food Storage and Processing at the Household Level in Kyrgyz Republic,* via the SBC modules to all households in all implementation project areas. As part of our dissemination efforts, we presented the final version of the guidebook in three languages (Russian, Kyrgyz, and English) to other nutrition stakeholders, in the hopes that they would adopt the guide and integrate it into their programming to promote the safe storage practices for fruit, vegetables, nuts, grain, milk, meat, and other foods.

The project actively engaged in close coordination with the World Bank-funded Agriculture Productivity and Nutrition Improvement Project (APNIP), extending the learning of save and accessible household storage techniques among APNIP project implementation areas as well.



A family shares a nutritious meal. Photo credit: Maxime Fossat for USAID Advancing Nutrition.

Objective 2: Improved the quality of nutrition services within the health system

Improved the capacity of the health system and institutions to plan, deliver, and monitor nutrition services

Under Objective 2, the project implemented key strategies for improving the capacity of the health system and the institutions that deliver nutrition services and advocated for improved policies and resource allocation for nutrition services to enhance nutrition services in the country. These strategies focused on bolstering the health system's capabilities in planning, delivering, and monitoring nutrition services. Trained health workers from Batken, Jalal-Abad, and Issyk-Kul oblasts played a crucial role, providing structured and high-quality counseling on IYCF, adolescent and women's nutrition and anemia (AWNA), and responsive care and early learning (RCEL).

Since 2019, 351 training seminars have been conducted, which have trained a total of 3,275 health care workers. These trained health care workers then provided 142,620 counseling sessions to 19,900 pregnant women, 32,588 caregivers of children under two years old, and 11,621 adolescent girls and women of reproductive age on nutrition and anemia.

Infant and Young Child Feeding (IYCF)

USAID Advancing Nutrition started its work in the Kyrgyz Republic in 2019 and began implementing activities through a life of project memorandum of understanding between USAID Advancing Nutrition and the MoH of the Kyrgyz Republic. This agreement provided a blanket approval for our project approach and outlined activities. Despite the global COVID-19 pandemic challenging the project start, it successfully completed its capacity-strengthening activities on IYCF, including online ToTs carried out via Zoom. We conducted all cascade trainings via Zoom and had 15–20 participants who engaged with the content for three hours per day, for three days. Prior to each session, participants received printed reading assignments, including IYCF counseling cards and the Kyrgyz Republic's adaptation of the *IYCF Counseling Package* during COVID-19.

In light of the successful adaptations to virtual platforms during the COVID-19 pandemic, the chief of party presented project successes in two external-facing webinars. Despite the pandemic challenges, the project successfully completed its planned clinical nutrition trainings for health workers. In total, the project trained 1,961 primary health care workers from Batken, Jalal-Abad, and Issyk-Kul oblasts on IYCF.

Adolescent and Women's Nutrition and Anemia (AWNA)

With technical support from USAID Advancing Nutrition, the National Anemia Clinical Guideline and Anemia Clinical Protocol were updated and became available at hospital and primary health care (PHC) levels, whereas before it was only used for primary care. Updates included revised laboratory criteria and diagnostics for the treatment of severe anemia. The MoH working group accepted and approved the recommendations with the decree no. 121, dated January 21, 2021. AWNA training participants received printed copies of the guideline. In total 1,823 health workers received 106 training sessions on the AWNA program.

Baby-Friendly Hospital Initiative (BFHI)

The project also trained health workers at 16 in-patient general practice centers (GPCs) and 156 outpatient health facilities across our implementation areas. Training focused on the protection, promotion, and support of breastfeeding. These trainings are based on the updated World Health Organization/United Nations Children's Fund (WHO/UNICEF) BFHI training package. USAID Advancing Nutrition supported the update of BFHI monitoring tools, in accordance with the global guidelines. We also provided support to monitor the introduction of the 10 steps of breastfeeding at 16 GPCs by observing clinical practice and interviewing employees, pregnant women, and mothers. In partnership with the Kreditanstalt für Wiederaufbau-supported project, USAID Advancing Nutrition provided training for health workers from the national and Bishkek City maternity hospitals, which serve as a tertiary level of care in the country.

Responsive Care and Early Learning (RCEL)

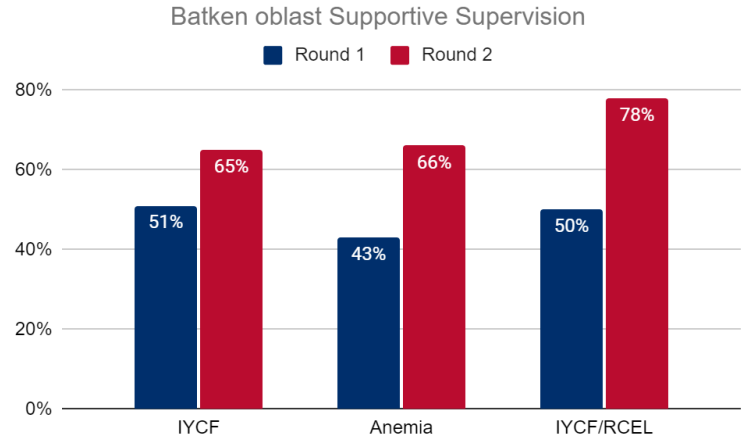
The project successfully implemented *RCEL Addendum* testing activities, which aimed to highlight the benefit of integrating RCEL behaviors with nutrition services to improve early childhood development (ECD) outcomes (see Core-Funded Activity Accomplishments section for more details). The project conducted 44 two-day RCEL trainings for 690 health workers in Batken and Jalal-Abad oblasts and 16 trainings for 367 health workers in Issyk-Kul oblast.

Built the capacity of local institutions that deliver nutrition services

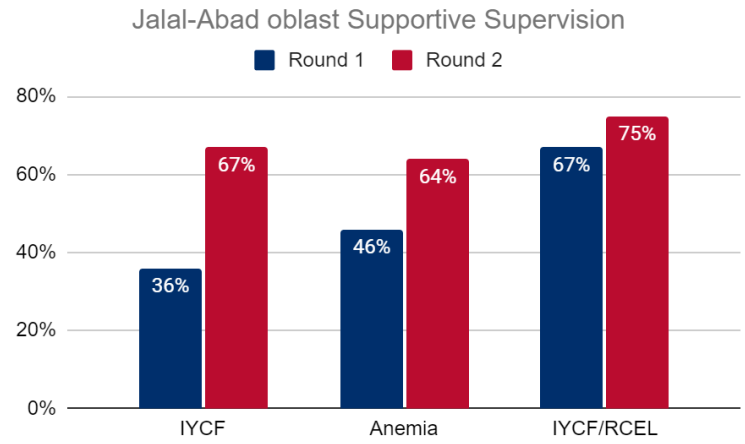
The project conducted an organizational capacity assessment of its key partner KVHC to identify strengths and priority areas to support. These included developing KVHC's three-year strategic plan, training and mentoring on setting up the monitoring and evaluation system, and developing the organizational communication strategy. The developed capacity-strengthening plan included priority areas for support, capacity-strengthening activities, and individuals' roles and responsibilities. The results of the final assessment of KVHC, compared with the initial assessment in 2021, showed the development progress of the association. The results of the final KVHC assessment showed progress in organizational management (by 0.7 points) and organizational performance (by 0.6 points). However, KVHC needs to continue to improve the delivery and quality of services to its members and communities (final score of 3.1 points out of 5) and build relationships and networks with external communities (final score of 3.0 points out of 5). Based on the recommendations of the initial organizational capacity assessment (OCA), the executive body of KVHC revised existing internal policies and developed new ones, taking into account changes in the country's legislation and the association's organizational processes. These improved policies create conditions for the progressive development of the organization.

Within this strategy, the project developed supportive supervision, another effective approach , which aimed to improve the proficiency, confidence, and effectiveness of counselors through mentor-counselor relationships. The project trained 77 regional mentors from among those initially trained, who demonstrated interest and willingness to mentor their colleagues. These mentors provided approximately 1,500 mentoring sessions, showcasing promising results (see figure 1). Rounds of supportive mentoring in IYCF and anemia revealed notable enhancements in counseling skills: a 31% improvement in IYCF counseling in Jalal-Abad (from 36% to 67%) and a 14% improvement in Batken (from 51% to 65%), in addition to a 23% improvement in anemia counseling in Batken (from 43% to 66%) and an 18% improvement in Jalal-Abad (from 46% to 64%). Rounds of supportive mentoring on IYCF and RCEL also revealed improvement in counseling skills: a 28% improvement in Batken (from 50% to 78%) and an 8% improvement in Jalal-Abad (from 67% to 75%). The project helped to adapt and institutionalize nutrition mentoring through supportive supervision at the local level and include it in the responsibilities of experienced health workers as mentors at the regional level in Batken and Jalal-Abad oblasts.

Figure 1. Improving Counseling Skills in Supportive Supervision for IYCF, RCEL, and AWNA.



Graph 1. The improvement of counseling skills between rounds on topics of IYCF, anemia, and IYCF/RCEL in Batken.



Graph 2. The improvement of counseling skills between rounds on topics of IYCF, anemia, and IYCF/RCEL in Jalal-Abad.

Under this strategy, the project aimed to bolster the capacity of local institutions delivering nutrition services. USAID Advancing Nutrition introduced the continuous quality improvement (CQI) approach, allowing Family Groups of Practitioners (FGPs) and Feldsher-Midwifery Point (village health point) (FAPs) interested in enhancing their work quality to choose CQI standards and indicator assessment methods. This process enabled them to identify areas needing improvement and set priorities. The project then established indicators to monitor progress toward the team's defined goals. USAID Advancing Nutrition consistently applied the CQI approach in 10 selected FGPs in the Batken and Jalal-Abad regions, leading to substantial improvements. As a result of this initiative, health workers significantly enhanced their nutrition counseling skills for children aged 0–24 months. They subsequently extended this approach to improve anemia counseling for both women of reproductive age and children, marking a positive step toward better nutrition services in the targeted regions.

Supportive Supervision session of the nutrition counseling in Issyk-Kul oblast. Photo credit: Vlad Ushakov for USAID Advancing Nutrition.

Advocated for improved policies and resource allocation for nutrition services

To ensure the sustainability of strengthened nutrition and counseling services across the health system, the project advocated for solutions and policies that increased resources for improved nutrition and counseling services across the country and in project target areas. The project has established itself as a technical partner for key stakeholders in advancing nutrition practices. USAID Advancing Nutrition has joined stakeholder platforms to participate in discussions, support important initiatives, and pursue opportunities for strategic engagement about nutrition.

USAID Advancing Nutrition has made progress toward its advocacy efforts. Some of the significant achievements under this strategy is the establishment of a Multi-Sectoral Nutrition Platform (MSNP) on nutrition and food security in Batken and Jalal-Abad oblasts and the project's support of MSP activities in Issyk-Kul oblast prior to the project's interventions there. MSNPs brought together the regional government and other stakeholders from a wide range of sectors to address nutrition and hygiene issues through joint efforts. These groups discussed resource mobilization to address nutrition and food

security issues in selected areas of the oblast. Stakeholders signed a memorandum of understanding, which established the MSNP and participating stakeholders' commitments.

The project applied one of the most important and sustainable approaches to improving nutrition services nationwide—the institutionalization of nutrition programs in the pre-service health education system. Ten trainings were held for 196 trainers in 31 pre-service medical institutions, including medical colleges and universities (27 medical colleges and four universities). The participants ensured that in the future, updates will be made to the curricula. The MoH has established a working group for this purpose. The project provided technical support to the working group.

USAID Advancing Nutrition provided technical support to update the *National Clinical Protocol,* based on the anemia guideline, which is now available at hospital and PHC levels, whereas previously it was only used for primary care. Updates included revised laboratory criteria and diagnostic methods for the management of severe anemia.

Another significant achievement of the USAID Advancing Nutrition and MoH collaboration is the incorporation of nutrition indicators for women and children into the national health reporting system. Now primary health care workers across the country are reporting on rates of EBF, timely and adequate complementary feeding, and a minimum acceptable diet (which comprises minimum meal frequency and minimum dietary diversity to measure dietary intake for breastfeeding children and other essential nutrition indicators).

The project, in close cooperation with the food security department of the Ministry of Agriculture (MoA), supported the development of the draft Food Security and Nutrition Program of the Kyrgyz Republic for 2023–2027, with a logical framework (matrix of indicators, taking into account the Sustainable Development Goals and World Health Assembly health indicators) and an action plan for its implementation. The draft Food Security and Nutrition Program is at the stage of coordination with the ministries and relevant departments of the republic. In the draft Food Security and Nutrition Program of the Kyrgyz Republic for 2023–2027, efforts have been made to make it more effective by identifying sources of funding and responsibilities of the agencies concerned.

With support from the project, the updated WHO/UNICEF breastfeeding principles within the framework of the BFHI program have been introduced into the accreditation system of health care organizations of the Kyrgyz Republic, thereby making this system one of the important components of improving the quality of health care for children.

The project carried out advocacy work with the Mandatory Health Insurance Fund (MHIF) to include BFHI indicators in a tool for monitoring and assessing the quality of medical services in health care organizations. This now uses a scorecard that includes performance indicators of health care organizations, including patient satisfaction, staff training, hygiene and infection control, medical waste disposal, surgery, emergency care, newborn care, etc. The project also partnered with MoH, MHIF, and other partners to contribute to the initiation of classifiers of health care provided at the PHC level for newborns and children under six years of age. This initiative will be continued by MoH with support from a World Bank-funded project.

USAID Advancing Nutrition initiated discussions with stakeholders on urging country response to fight anemia among women of reproductive age and children under five. This inspired the MoH to issue the Call for Action to fight anemia, as well as consolidated government and international partners to develop a plan that was approved by the MoH decree. Our contribution, through implementation of the project's activities under Objectives 1 and 2, received high recognition and became part of the MoH's decree that will be implemented in 2023–2026.

In addition, through our project's support, MOH developed or updated numerous training materials on IYCF, detection, prevention and treatment of anemia in women and children under five years old, and

RCEL. Health institutions now have the necessary tools to improve their capacity to address anemia and improve nutrition by training health care workers and providing them with the latest recommendations.

The list of materials developed with USAID Advancing Nutrition support includes—

- clinical protocols and guidelines on iron-deficiency anemia
- materials for trainers and trainees on IYCF, AWNA, and BFHI
- guidelines for supportive supervision on IYCF and AWNA
- IYCF and BFHI posters
- booklet on IYCF during COVID-19
- brochures on EBF, RCEL, IYCF, hygiene, mothers' nutrition (pregnant and lactating women)
- counseling cards for medical workers on IYCF and RCEL
- reminder cards for iron supplements
- food pyramid to facilitate counseling.

Gulchehra Shamsutdinova, a head nurse of FGP 12, Kyzyl-Kiya City, Batken. Photo credit: Maxime Fossat for USAID Advancing Nutrition.

Core-Funded Activity Accomplishments

BFHI Case Study

The 2018 Baby-Friendly Hospital Initiative (BFHI) implementation guidance recommends institutionalizing the Ten Steps through nine national responsibilities to achieve universal coverage and sustainability. As countries adapt BFHI programs, in a paradigm shift away from traditional designation, documenting and sharing program experiences are critical and lacking. We conducted a two-country qualitative case study of the Kyrgyz Republic and Malawi that included desk reviews of published and gray literature, national plans and policy documents, and key informant interviews. In the Kyrgyz Republic, the case study explored national responsibility 3 that requires governments to ensure the competency of health professionals and managers to implement the Ten Steps and national responsibility 5 that requires governments to develop and implement incentives for compliance and/or sanctions for noncompliance with the Ten Steps. We interviewed 38 respondents in the health system. The study found that although the country has a new policy reflecting BFHI global guidance, the policy had not been disseminated nationally and lacked guidance on competency monitoring and verification.

To achieve universal coverage for health professional competencies, the Kyrgyz Republic uses pre-service, in-service, and refresher training. However, there is a lack of pre-service breastfeeding-specific curricula, experienced trainers, and sufficient time and funding to dedicate to practical skills development. Conducted during the COVID-19 pandemic, this study confirmed disruptions to BFHI training and service delivery but also documents the Kyrgyz Republic's resilient strides to mitigate impacts on breastfeeding support through facility-level champions and adjustments to training using online platforms.

At the time of the study, incentives included BFHI designation plaques. Performance-based financing and financial sanctions were no longer in use. As a result of the study, the USAID Advancing Nutrition country team worked with the national government to review and update the monitoring of BFHI indicators and use of financial incentives and sanctions.

We shared case study results in various mediums, including two journal publications (*Maternal & Child Nutrition*, September 2022 https://doi.org/10.1111/mcn.13422 and *Maternal & Child Nutrition*, July 2023 https://doi.org/10.1111/mcn.13506); a poster at the IUNS/ICN Conference, Tokyo, Japan, December 2022; a poster and oral presentation at the International Lactation Consultants Association (ILCA) Conference, Las Vegas, Nevada, USA, August 2023; and a video on incentives and sanctions on the webpage.

ECD Landscape

Significant evidence indicates that providing integrated interventions to promote RCEL and nutrition results in better outcomes for young children than stand-alone interventions (WHO 2020). Though attention to ECD has increased globally with the launch of the Nurturing Care Framework, countries are at different stages in terms of integrated policies and programming. In FY21, we developed light-touch landscape analyses on ECD, including one for the Kyrgyz Republic. The landscape, available in English and Russian, presents secondary data on child development, including four of five domains of nurturing care (nutrition, health, safety and security, early learning) as well as national policies (health, education, social welfare, and other relevant ministries) that focus on children in the first 1,000 days. The landscape also summarizes current major programs that aim to improve nutrition and ECD outcomes.

Manuscript on Women's Dietary Diversity in Kyrgyz Republic

Diet quality influences maternal health and nutrition from preconception through pregnancy and lactation, as well as infant health and nutrition. Women are vulnerable to poor nutrition, given their increased nutrient requirements during this period. Minimum diet diversity among women, a good predictor of adequate micronutrient intake, is often used as a proxy for diet quality. Given that the Kyrgyz Republic is experiencing a triple burden of malnutrition—stunting in children, overweight and obesity in women, and micronutrient deficiencies and anemia in both women and children, we conducted a study to assess factors associated with the quality of maternal diets in winter (when micronutrient-rich foods may be more difficult to access due to scarcity and price). Using a secondary data analysis of the SPRING endline data, we found that women who had preserved food remaining at the time of the original survey, who stored more than four different types of food in the fall, and who lived in Jalal-Abad oblast were more likely to have consumed a minimally diverse diet. Therefore, we concluded that where seasonality affects food availability, promoting culturally appropriate home processing of a variety of foods in the fall and increasing market access may improve diet diversity in winter. We shared the study as a poster at the Micronutrient Forum in November 2020 and published a manuscript in the Journal of Global Health Science and Practice in December 2022 https://doi.org/10.9745/GHSP-D-21-00720.

Testing the RCEL Addendum

Global evidence shows the benefits of integrating RCEL with nutrition services to improve ECD outcomes. In 2020–2021, USAID Advancing Nutrition developed the *RCEL Addendum*, which links with standard nutrition counseling packages to promote holistic nurturing care for children from birth to age two. The *RCEL Addendum* package included key messages, counseling cards, training materials, and an implementation and adaptation guide that were ready for testing prior to widespread use. In FY22, we conducted mixed-methods implementation research to better understand the feasibility, acceptability, and effectiveness of the *RCEL Addendum* to promote optimal ECD outcomes when combined with existing facility and community-based health and nutrition services in the Kyrgyz Republic. The intervention used the *RCEL Addendum* to counsel caregivers of children 0–23 months of age via two modalities: 1) individual counseling by health workers (i.e., family doctors and nurses) at PHC facilities during routine well-child visits; and 2) home visits by community-based activists (volunteers) who shared and discussed with caregivers content using brochures that were adapted from the *RCEL Addendum* counseling cards.

Before delivery of the intervention, we adapted the *RCEL Addendum* to the Kyrgyz context, then translated and pre-tested the materials. Next, we conducted cascade training for both cadres of counselors. We held three-day trainings for health workers and a modified training course (shortened and simplified) and approach (2-hour sessions every four to six weeks for a total of four training sessions) for activists in order to align with the existing approach USAID Advancing Nutrition used to train on nutrition counseling. We trained a total of 690 health workers and approximately 1,600 activists in Batken and Jalal-Abad. Implementation of RCEL counseling occurred for approximately 10 months between June 2022 and April 2023. This activity was conducted in coordination with USAID Advancing Nutrition's current work in the Kyrgyz Republic to improve key nutrition-related behaviors and social and gender norms, and strengthen the quality of nutrition services in Jalal-Abad and Batken oblasts.

To assess the feasibility and the acceptability of the *RCEL Addendum* in the Kyrgyz Republic, we conducted training evaluations (n=40) and pre-post training competency assessments with health workers (n=671) and held focus group discussions (FGDs) (n=11) and individual interviews (n=50) with supervisors, health workers, activists, and caregivers. Results show that implementing the *RCEL Addendum* within the existing facility and community-based health and nutrition platforms in the Kyrgyz Republic was both feasible and acceptable. Training, supervision, and qualitative data show improvements in health worker knowledge, skills, and confidence to provide RCEL counseling and that

counselors, their supervisors, and caregivers found the RCEL information to be relevant, useful, and important. A summary of those findings can be found here.

To assess the efficacy of the intervention, we used a pre-post quasi-experimental design (n=220) to assess changes in RCEL practices among caregivers of children 0–23 months of age (at baseline) prior to and after receiving counseling and educational materials on RCEL. The assessment included a household survey and observations to measure changes in RCEL practices. A local research firm collected baseline and endline data from May to July 2022 and from March to April 2023, respectively. Overall, our findings show that delivery of RCEL counseling through existing facility and community-based health and nutrition platforms in the Kyrgyz Republic was associated with improvements in responsive caregiving practices and early learning opportunities. These changes in caregiver RCEL practices are important, as improvements are associated with positive infant cognitive, language, motor, and development outcomes. Furthermore, this integration did not appear to disrupt nutrition service delivery or have a negative impact on complementary feeding outcomes, instead suggesting synergistic benefits. However, potential benefits may be amplified with intensification of the intervention and support with complementary activities. Given the importance of providing holistic care to support optimal ECD, these findings provide new evidence on how to strengthen the delivery of nurturing care services in the Kyrgyz Republic.

Following completion of the research, we began to disseminate the results within the Kyrgyz Republic at regional- and national-level dissemination meetings in July and September, respectively. To reach global audiences, we shared our findings during a Child Health Task Force webinar on August 8, 2023, with nearly 100 participants. We also documented the results in two briefs and a manuscript submission to the *Journal of Public Health Nutrition* at the end of September. Lastly, we updated the *RCEL Addendum* with the learnings from the implementation research and translated the new package into both Russian and Kyrgyz. We handed over this updated package, including new counseling videos and posters, to the government for use in their pre-service curriculum for health providers and the Kyrgyz Republic State Medical Institute post-graduate training program.

In FY23, we also expanded this activity to include training, implementation, and supportive supervision in Issyk-Kul oblast under USAID Mission funds. Despite the short implementation period in Issyk-Kul, the program content was well received and seamlessly integrated with existing nutrition programs.

Landscape Analysis of Nutrition-Related Pre-Service Training

This year, we finalized a report of a landscape analysis of nutrition-related pre-service education that we conducted in five countries: Frontline Nutrition Services: Roles, Responsibilities, and Pre-Service Training. We shared key findings from the Kyrgyz Republic and the other four countries (Bangladesh, Democratic Republic of Congo, Ghana, and Malawi) during the global call-to-action event described below. In addition, on June 6, 2023, the project held a global virtual event to disseminate the Tool and Guide for Reviewing the Nutrition Content of Pre-Service Training Curricula that was updated, based on experiences using an earlier version of the tool during the landscape analysis. Speakers from Ghana, the Kyrgyz Republic, and Malawi shared their experiences with developing, reviewing, and revising curricula. A total of 192 people from 54 countries participated. Finally, to raise awareness about the importance of reviewing and revising the nutrition content of pre-service training and to further disseminate our tool, we published an article on LinkedIn.

Call to Action to Strengthen Nutrition Content of Pre-Service Training

In FY23, we held a virtual meeting with stakeholders from Bangladesh, the Democratic Republic of Congo, Ghana, the Kyrgyz Republic, Malawi, and Mozambique to share experiences and identify opportunities to strengthen the nutrition content in the pre-service education curricula of frontline health workers. We had 30 participants from the Kyrgyz Republic representing various sectors, including the USAID Mission, government, education, NGOs/implementing partners, and professional associations. During facilitated country-specific breakout room discussions, participants discussed the challenges each country is facing updating the nutrition content of pre-service education, the opportunities that exist, and the recommendations to national and global actors to improve nutrition integration into pre-service education of frontline health workers. By the end of the meeting, participants from across the six countries prioritized five recommendations. Next, we held focus groups with participants from five of the six countries, including participants from the Kyrgyz Republic. The FGDs aimed to discuss the recommendations from the virtual meeting with a smaller subset of participants to operationalize those recommendations.

Finally, we wrote a brief describing the five recommendations to strengthen the nutrition content included in pre-service training, and we issued a call to action to the Ministry of Health, the Ministry of Education, universities and training institutions, professional associations, donors, implementing partners, and international organizations, in which we described ways to better integrate nutrition into pre-service education. We will disseminate the brief at both a global and country level, including within the Kyrgyz Republic, and it will be shared in Russian.

Key Evidence and Other Learning

We conducted several studies over the life of the project to learn whether we were achieving our objectives and what factors we could focus on to improve nutrition outcomes. One of the main studies was an impact evaluation consisting of baseline, midterm, and endline surveys, which we used to assess the effects of project interventions in the areas where we worked. We conducted the surveys in FY21, FY22, and FY23 among women with children under two years of age in Batken and Jalal-Abad oblasts using computer-assisted telephone interviewing. The survey questionnaires collected information on 20 different outcome indicators, including women's and children's nutrition, hygiene, food storage, and decision-making. In the first year of the study (between baseline and midterm surveys), approximately half of the rayons in the survey received a full set of project interventions, while the other half (comparison areas) received only mass media messaging. In the second year (between midterm and endline surveys), the initial intervention areas continued receiving project support, but it was scaled back substantially and termed "light touch." Conversely, in the second year, the rayons that had initially been comparison areas began receiving a full set of project interventions. In each year, we measured the change in indicator levels between surveys in intervention areas, the change in comparison/light touch areas, and the "difference in differences," which showed whether the changes in the intervention areas were greater in comparison/light touch areas and whether the differences were statistically significant.

The evaluation yielded mostly positive results, indicating that the project successfully influenced several nutrition outcomes. The impact on IYCF indicators was especially positive. A summary of IYCF results is shown in table 1 below. In the first year of the study, 11 out of 12 IYCF indicators improved in intervention areas, versus only 4 out of 12 in the comparison areas. In the second year, 8 out of 12 indicators improved in full intervention areas, while only 5 out of 12 improved in the light touch areas.

The project appeared to have the biggest impact on these outcome areas: EBF, minimum meal frequency (MMF), and consumption of high-calorie/low-nutrient density (junk) food. The prevalence of EBF among children under six months of age increased by 4 percentage points in year 1 in intervention areas and by

22 percentage points in year 2, going from 40% to 62% in the year 2 period between the midterm and endline surveys. In both cases, results in the intervention areas were significantly better than in comparison/light touch areas.

Similarly, MMF increased by 2.5 percentage points in year 1 and by over 8 percentage points in year 2. In year 2, the change observed in the full intervention areas was significantly greater than in light touch areas. Because MMF is one component in a MAD, results for MAD showed similar patterns to MMF.

Both survey findings also showed a significant reduction in the consumption of junk food in the full intervention areas. The percentage of children zero to five months and 6–23 months who consumed sugary or processed food in the previous 24 hours decreased significantly in year 2, from 18% to 9% and 79% to 67%, respectively. Similarly, there was a 7% and 15% decrease in year 2 in the percentage of children zero to five months and 6–23 months who consumed tea in the previous 24 hours (from 14% to 7% and 68% to 53%, respectively). Complete results for IYCF indicators are found in the table 1 below.

Table 1. Impact Evaluation Results

Indicator	Initial Intervention Areas					Initial Comparison Areas					Difference in Differences	
	Full Intervention	Light Touch		BL to MT Difference	MT to EL Difference	Comparison Areas	Full Intervention		BL to MT Difference	MT to EL Difference	BL to MT	MT to EL
	Baseline	Midterm	Endline			Baseline	Midterm	Endline				
Percent of children 0-23 months who were put to breast within one hour of birth	63.25%	70.77%	67.72%	7.52%	-3.05%	62.38%	69.06%	67.04%	6.68%	-2.02%	0.84%	1.03%
Prevalence of exclusive breastfeeding of children under 6 months of age	51.06%	55.40%	54.71%	4.33%	-0.69%	48.15%	39.69%	61.88%	-8.46%	22.19%	12.79%*	22.88%**
Percent of children 6-23 months who ate foods from 5 or more of 8 food groups in the previous 24 hours	64.82%	64.74%	57.40%	-0.08%	-7.35%	66.67%	63.17%	56.65%	-3.50%	-6.53%	3.41%	0.82%
Percent of children 6-23 months who received food the minimum acceptable number of times for their age and breastfeeding status	24.31%	25.83%	27.00%	1.52%	1.17%	23.12%	20.50%	28.94%	-2.62%	8.44%	4.13%	7.27%
Percent of children 6-23 months receiving a minimum acceptable diet	17.72%	18.78%	16.38%	1.06%	-2.41%	16.31%	14.80%	19.76%	-1.51%	4.95%	2.57%	7.36%
Percent of children 6-23 months who ate iron-rich foods in the previous 24 hours	62.69%	66.15	57.89%	3.47%	-8.27%	64.80%	62.92%	57.91%	-1.88%	-5.00%	5.35%	3.26%
Percent of children 6-23 months who ate vitamin A rich foods in the previous 24 hours	58.29%	61.79%	55.12%	3.50%	-6.67%	61.33%	57.29%	53.48%	-4.04%	-3.81%	7.55%*	2.86%
Percent of children 6-23 months who are breastfeeding	81.31%	83.66%	85.43%	2.34%	1.78%	83.47%	82.56%	86.03%	-0.90%	3.47%	3.24%	1.69%
Percent of children 0-5 months who consumed sugary or processed food in the previous 24 hours	14.89%	11.65%	11.47%	-3.25%	-0.18%	14.35%	17.81%	9.38%	3.46%	-8.43%	-6.71%	-8.25%

Indicator	Initial Intervention Areas					Initial Comparison Areas					Difference in Differences	
	Full Intervention	Light Touch		BL to MT Difference	MT to EL Difference	Comparison Areas	Full Intervention		BL to MT Difference	MT to EL Difference	BL to MT	MT to EL
	Baseline	Midterm	End line			Baseline	Midterm	End line				
Percent of children 6-23 months who consumed sugary or processed food in the previous 24 hours	85.18%	78.33%	71.54%	-6.84%	-6.79%	86.53%	79.41%	66.93%	-7.12	-12.48%	0.28%	-5.69%
Percent of children 0-5 months who consumed tea in the previous 24 hours	12.46%	8.52%	9.41%	-3.94%	0.89%	13.89%	13.75%	7.33%	-0.14%	-6.42%	-3.80%	-7.31%*
Percent of children 6-23 months who consumed tea in the previous 24 hours	73.37%	64.36%	57.56%	-9.01%	-6.80%	72.67%	68.03%	53.48%	-4.64%	-14.55%	-4.37%	-7.75%*

*Statistically significant difference between (full) intervention and comparison or light touch ($p < 0.05$)
**Statistically significant difference between (full) intervention and comparison or light touch ($p < 0.01$)
Light blue shading indicates that the change between surveys, or the DiD, were in the desired direction.
Light gray indicates that the change between surveys, or the DiD, were not in the desired direction.

In addition to the impact evaluation study, the project conducted various qualitative and quantitative research and assessments as part of the project activities over the course of three years. Highlights are briefly described below.

Follow-Up to Impact Evaluation: FGDs with Health Workers, Activists, and Caregivers

Following the impact evaluation described above, we carried out a qualitative study to learn more about *why* certain indicators did not improve as much as desired, specifically looking at children's dietary diversity. The following are selected factors that participants said adversely affected dietary diversity and other nutrition practices:

- Gender and generational traditions continue to disempower young, newly married women, with older household members frequently guiding household decisions on diet toward less varied and less nutritious foods.
- Taste habits of the whole household or individual members did not always welcome change.
- Household members are not willing or able to shift meal times; not everyone has the ability to cook fresh hot meals daily and eat home-cooked meals three times a day (due to domestic chores, work, etc.).
- Traditions, such as drinking tea after meals, are hard to change.
- Women give all their attention to family, children, and work, which takes the focus away from their own health.
- There is a lack of staff and time for counseling at health facilities.
- There is a lack of information on the subject beyond what USAID Advancing Nutrition provides.
- There are financial constraints in consuming nutritious foods and taking iron-containing medicines.
- COVID-19 pandemic and the border conflict in Batken reduced access to markets and contributed to food shortages.

Study on Gender Roles and Norms Related to Nutrition Practices, Including Husbands' Engagement and Women's Empowerment

This qualitative study collected evidence on gender roles and norms, analyzed possible effects of project activities, and made recommendations on ways to improve programs through promotion of gender equity. The study focused on how gender affects nutrition through six thematic areas: IYCF, anemia, hygiene and sanitation, food storage, household budgeting, and SBC messaging. The main findings were the following:

- Respondents identified all themes except household budgeting as the women's responsibility. Accordingly, women, particularly daughters-in-law, carry the main responsibility for feeding all household members, creating hygienic conditions, and storing/preserving food.
- Joint decision-making is a social process that is negotiated between different (gendered) interests to arrive at some form of compromise. These compromises mostly favor male preferences, which reflects the continuing dominance of the patriarchal system. However, there is also evidence that the Kyrgyz patriarchal system allows for some pragmatic, exceptional adjustments. For example, women were said to be able to influence purchases of food items and introduce new, healthier dishes and ingredients to the household's diet plan.

- Basic knowledge of feeding, dietary diversity, hygiene and sanitation, and food storage was widespread among all respondents. Women, particularly daughters-in-law, were more knowledgeable than husbands and fathers-in-law. When daughters-in-law shared new knowledge with other household members, they were often said to be positively recognized and appreciated.
- The everyday modus operandi of the gender-nutrition nexus can be characterized as "pragmatic conservatism," e.g., mothers-in-law and fathers, even if temporarily, taking over household and nutrition tasks when daughters-in-law are occupied with other chores.
- Respondents expressed a degree of interest in "trying out new things" and being open to change. However, this acceptance was limited. It did not go so far, for example, as embracing fundamental changes to the established labor division or a gender role-reversal. In practice, the degree or extent of implemented change is limited and did not appear to match participants' proclaimed open attitude. For example, despite minor adjustments required to prepare a new dish, there has been no significant change in the preference for Kyrgyz traditional dishes, which often are fried and are high in fat and carbohydrates.

Client Satisfaction Study

In this study, we used client exit interviews in health facilities supported by the project to gain a sense of how satisfied clients were with nutrition services at those services and which aspects of services could be improved. The study identified the following areas as having the highest levels of satisfaction (fewer than 2% of respondents disagreed with the statement):

- A health care provider communicated simply and clearly during counseling.
- In the case of a child's illness, the health care provider gives recommendations on nutrition.
- Electronic/mechanical scales, stadiometer, weight/age table (Aktan and Akylai) are always available in the health care provider's office/health care facility, as needed.
- A health care provider was gentle while doing the examination.
- During the visit, the health care provider ensured confidentiality and comfort.
- A health care provider was responsive, thoughtful, respectful, and involved during counseling.

The following were identified as areas needing improvement (more than 6% of respondents disagreed with the statement):

- It was always possible to take blood tests and other diagnostic tests in the health care facility itself or nearby.
- The health care worker used a measuring cup, spoon, and cup to illustrate the amount of complementary food (for nursing mothers).
- During counseling, a health care provider mentioned the importance of a husband's and other family members' participation in nutrition and/or feeding the children.
- Waiting time to see a health worker was in the range of 15–30 minutes.
- If necessary, the health care provider wrote a prescription for iron and folic acid preparations.
- A health care provider always praised me if I followed the recommended nutrition and care practices (EBF, CF).

- A health care provider did not use a commanding tone or judgmental words during counseling.

The areas for improvement were different depending on the size of the facility. The ones related to infrastructure, such as taking blood and offering diagnostic tests, were more negative at smaller facilities that did not have that capacity.

OCA of KVHC

We used the participatory, qualitative OCA tool to carry out an initial capacity assessment, assist with development of a strategic plan, and perform a final assessment for KVHC. We successfully developed a strategic plan and noted a number of capacity improvements in the final assessment. The results of the final KVHC assessment showed progress in organizational management (by 0.7 points) and organizational performance (by 0.6 points). However, KVHC needs to continue to improve the delivery and quality of services to its members and communities (final score of 3.1 points out of 5) and build relationships and networks with external communities (final score of 3.0 points out of 5).

Formative Assessment in Issyk-Kul Oblast

Before beginning work in Issyk-Kul oblast in the final year of the project, we carried out FGDs with caregivers to determine the nutritional practices of households with parent(s) in the labor migration. Issyk-Kul had been subject to substantial migration by workers, so the focus groups were designed for households with a parent in current or recent labor migration. The findings of the study helped the project team know and understand the main entities influencing nutrition outcomes, as well as specific local barriers and facilitators of key behaviors. Migration durations varied widely from three to six months to 17 years, with parents, including both mothers and fathers, often leaving when children were very young, even immediately after birth. Grandparents predominantly cared for these children and emphasized that both parents were abroad in most cases. Households mainly used remittances for everyday expenses, especially quality food for the children, with little emphasis on long-term investments. Decision-making power rested with caregivers in Kyrgyz Republic, indicating autonomy in spending funds. Labor migration poses complex challenges for families, leading to emotional and practical challenges, particularly for mothers separated from young children during crucial breastfeeding periods. Parents abroad often resort to indulging children with junk food and toys to compensate for their absence, highlighting the need for emotional connection.

RCEL Addendum Implementation Research

See section on Testing the RCEL Addendum under Core-Funded Activities.

All of the special monitoring, evaluation, and learning-supported studies provided the project with rich recommendations to help the project improve the implementation of activities and achieve improved nutrition outcomes.

Challenges

The COVID-19 pandemic coincided with the beginning of implementation in Jalal-Abad and Batken oblasts, presenting the largest challenge for the project throughout its four years. This resulted in the delay of many activities, presenting limitations around travel, stakeholder meetings, and group trainings. Despite these setbacks, the project pivoted their implementation approach by utilizing virtual platforms to continue disseminating nutrition and hygiene information to families at the household and community levels. In collaboration with KVHC, USAID Advancing Nutrition virtually recruited a network of activists in the project's implementation areas within Batken oblast and conducted trainings on social mobilization, nutrition, and hygiene topics using group calls and WhatsApp texts. After being trained, activists began making virtual visits to community members through WhatsApp calls to provide counseling and disseminate information. To transition from an in-person to a virtual program, the project also adapted its training modules and visual materials to online, digital formats. By quickly moving its training program and community engagement online, USAID Advancing Nutrition reached its priority audiences and worked toward improving nutrition and hygiene practices despite the setbacks the pandemic posed.

Not an unfamiliar challenge, employee turnover within the national and regional governments, particularly the MoH, posed a challenge as changes in personnel required project staff to establish new relationships with government representatives to advance project activities. This occasionally resulted in the necessity to initiate fresh engagements with government officials to advocate for project initiatives and remedy delays in obtaining approvals from relevant authorities for the implementation of specific project activities.

The USAID Advancing Nutrition initiative targeted specific communities, particularly those residing in remote border areas of the country, to impart crucial knowledge related to nutrition, health, and hygiene. However, the project encountered various challenges during the process. Armed border conflicts in Batken oblast with Tajikistan made a significant impact on the work of the project. Due to social mobilization, the project volunteers (activists) were busy not only with distributing important information on nutrition but also helping their communities to overcome the challenges related to the unrest and displacement of community members. Even in stable conditions, inadequate Internet connectivity in certain areas, a lack of phone access among women (especially young mothers), and COVID-19 restrictions for travel and gathering posed significant challenges in effectively reaching these communities. Despite these obstacles, the project successfully overcame the challenges. Some dedicated activists took the initiative to facilitate getting Internet access in remote regions of the country and played an instrumental role in disseminating vital information.

The Way Forward

Our work in the Kyrgyz Republic has set an example of how quality programming can impact the nutrition behaviors and strengthen the quality of nutrition services. We utilized and expanded on the implementation approach of the SPRING project, documenting our success through an impact evaluation even in the midst of a global pandemic. Working in lockstep with regional and national governments and strengthening the capacity of organizations, we ensured sustainability and integration, while also building a solid foundation for continued nutrition gains in the Kyrgyz Republic.

Lessons Learned

Throughout the life of the project, USAID Advancing Nutrition Kyrgyz Republic learned many key lessons:

- It is important to ensure that the trainings for health workers and community volunteers (as well as any community outreach activities or mass media campaigns) complement and link among each other because doing so ensures individuals hear the same messages consistently and helps reinforce referrals to health care providers for higher level counseling. We even had instances of trained medical providers helping to implement the project's SBC work or becoming activists themselves. Strengthening and reinforcing the linkage among VHCs, HPUs, and health facilities is critical because of their shared goal to promote health, nutrition, and hygiene messages; this collaboration is important to maintain sustainability for activities under these objectives.
- Due to global and national pandemic restrictions, most Objective 1 and Objective 2 activities moved to online platforms. Community activists created short video stories on nutrition and hygiene topics, adapting to the digital format. Health workers received online trainings, where they were given reading assignments via email or WhatsApp before each session. While these changes presented challenges, they also offered opportunities, enabling training through online platforms like Zoom, although issues with Internet and electricity availability in remote areas remained.
- Dissemination of a community module on food storage proved that the vast majority of rural households store food. Community members appreciated the information they received and, at the same time, noted that practical demonstrations or videos would be helpful.
- USAID Advancing Nutrition works with key nutrition stakeholders and actors, including local authorities and community leaders, so that it can consider nutrition and hygiene issues from the community development perspective. We hope that aiyl okmotu (village government) will take ownership and support nutrition-related activities in their communities to ensure the sustainability of this project.

Best Practices and Recommendations

Based on key lessons learned throughout the project, USAID Advancing Nutrition Kyrgyz Republic has the following recommendations for continued work in this area:

- The project has demonstrated that bringing together stakeholders from various sectors is crucial to harness this unity to effectively address and promote improved nutrition and food security throughout the country. We recommend that the stakeholders continue to drive the discussion on food security at both local and national levels. They can achieve this by further introducing and supporting MSNPs focusing on nutrition and food security.
- To improve ECD outcomes, we recommend expanding the practices promoted by the project, particularly by integrating RCEL into enhanced nutrition practices.

- Through nutrition counseling, trained providers facilitated tailored and interactive discussions, enabling individuals to make informed decisions and adopt optimal nutrition and nurturing care practices. In order to maintain the results obtained, we recommend that health managers institutionalize the practice of mentoring, as achieved in the project's implementation areas.
- Supportive supervision has proven to be an effective approach. We advise enhancing counseling capacity among health providers through effective supportive supervision and mentorship initiatives.
- Using visual and learning materials and promoting project messages and activities via social media platforms proved successful, as evidenced in the number of social media followers gained. Moreover, the high number of views allowed the communities served by the project to receive important information related to health and nutrition, even from other regions of the country. We recommend that all generated materials we share with the project's partners utilize these resources to effectively disseminate essential information on best practices related to nutrition, hygiene, and RCEL to a broader audience.

Sustainability

USAID Advancing Nutrition Kyrgyzstan interventions proposed to strengthen the capacity of government and project partners for improved nutrition services within the health system and the societal behavioral change for better nutrition practices. Examples of how the project's work will be continued through the work of others are as follows:

- The project video and handout materials; technical guidelines, protocols and briefs; BFHI posters and cookbook; food storage guide and other materials USAID Advancing Nutrition helped develop have been shared with our government and project partners via USB key and a shared link to the USAID Advancing Nutrition website. Hard copies will be printed according to partners' interest and availability of funds.
- The community activists and KVHC members know the latest recommendations for healthy nutrition for mothers and children, as well as the ways of prevention and treatment of anemia. These activists also have experience in sharing knowledge with their communities and mobilizing these communities, so the project will be sustainable in the long run through their continued efforts.
- On the policy level, the country has taken into consideration the issues related to malnutrition, food security, and hygiene. Project partners will continue to implement governmental programs on improving nutrition behaviors, providing access to better health care and behavior practices, engaging in policy discussions, and pursuing opportunities for strategic engagement related to nutrition.
- After the implementation of the innovative Supportive Supervision program, the country's health care workers are able to monitor and provide supportive supervision/peer-mentoring training to build provider capacity and strengthen health systems. Supportive supervision, provided after training of health workers, is an effective tool to strengthen their counseling skills on IYCF and anemia.
- Nutritional indicators for women and children were included in the institutionalization of nutrition programs and the updating of educational programs as part of pre-graduate training for specialists. The project also included these indicators in the health care system.

Annex 1. Performance Indicators

The project has successfully reached a total of over 216,240 community members and more than 26,000 children under two with nutrition messages. The project trained 4,859 community activists on nutrition, anemia, hygiene, and RCEL, benefiting over 43,000 households in the project areas. Over 3,000 health workers were trained on IYCF, anemia, RCEL, and BFHI. The project trained 3,275 health workers in the specified number of health facilities. The project also engaged 77 mentors, resulting in 314 trainings and 142,620 consultations, impacting 32,588 children under two and 19,900 pregnant women.

The project supported a total of 469 health facilities in Batken, Jalal-Abad, and Issyk-Kul oblasts. In Jalal-Abad, the project covered 76 FGPs and 120 FAPs; in Batken, 90 FGPs and 101 FAPs; and in Issyk-Kul, 33 FGPs and 49 FAPs in all implementation areas. During the implementation, USAID Advancing Nutrition covered local self-government entities of aiyl okmotu, including 38 in Batken, 36 in Jalal-Abad, and 48 in Issyk-Kul oblasts.

The project has held 10 evidence-sharing events over the past four years, with a total of 430 participants. In quarter 2 (Q2) of FY21, the project held a virtual project reflection-and-launch meeting, during which we presented the baseline survey results and achievements from the project's first year. In FY23, we presented the results of the project's impact evaluation and qualitative and quantitative studies. In Q3 of FY22, the project held trainings on nutrition-sensitive agriculture in Batken, Jalal-Abad, and Issyk-Kul oblasts and hosted a round table for government representatives as part of that month's campaign of "supporting nutrition in Issyk-Kul region, preventing anemia in women and children."

Life of Project Performance Indicators

Part 1: Outcome Indicators

Indicator	Baseline		Mid term		Endline	
	Intervention	Comparison	Intervention	Comparison	Light Touch*	Full Intervention **
1. Percent of mothers of children <2 who took iron supplements for 90 days or more during their last pregnancy (Custom)	48% n: 394 d: 822	46% n: 372 d: 803	58% n: 486 d: 838	57% n: 483 d: 851	55% n: 399 d: 728	59% n: 423 d: 714
2. Mean number of days on which iron tablets/syrup was taken by women (among those who took any during their most recent pregnancy) (Custom)	118	116	133	131	125	132
3, Percent of mothers of children <2 who ate foods from 5 or more of 10 food groups in the previous 24 hours	91% n: 744 d: 822	86% n: 690 d: 803	88% n: 738 d: 837	88% n: 748 d: 850	86% n: 622 d: 727	86% n: 612 d: 713
4. Percent of children 6–23 months who ate foods from 5 or more of 8 food groups in the previous 24 hours	65% n: 516 d: 796	67% n: 500 d: 750	65% n: 505 d: 780	63% n: 494 d: 782	57% n: 358 d: 632	57% n: 353 d: 615
5. Percent of children 6–23 months receiving a minimum acceptable diet	18% n: 129 d: 728	16% n: 115 d: 705	19% n: 136 d: 724	15% n: 106 d: 716	20% n: 114 d: 577	16% n: 94 d: 574
6. Percent of children 6–23 months who ate iron-rich foods in the previous 24 hours (Custom)	63% n: 499 d: 796	65% n: 486 d: 750	66% n: 516 d: 780	63% n: 492 d: 782	58% n: 366 d: 632	58% n: 356 d: 615
7. Percent of children 6–23 months who ate vitamin A rich foods in the previous 24 hours (Custom)	58% n: 464 d: 796	61% n: 460 d: 750	62% n: 482 d: 780	57% n: 448 d: 782	54% n: 338 d: 632	55% n: 339 d: 615
8. Percent of children 6–23 months who received food the minimum acceptable number of times for their age and breastfeeding status	24% n: 177 d: 728	23% n: 163 d: 705	26% n: 187 d: 724	21% n: 147 d: 717	28% n: 167 d: 577	27% n: 155 d: 574

9. Percent of children 0–23 months who were put to breast within one hour of birth (Custom)	63% n: 709 d: 1121	62% n: 602 d: 965	71% n: 799 d: 1129	69% n: 759 d: 1099	67% n: 651 d: 971	68% n: 644 d: 951
10. Prevalence of exclusive breastfeeding of children under six months of age	51% n: 168 d: 329	48% n: 104 d: 216	55% n: 195 d: 352	40% n: 127 d: 320	62% n: 211 d: 341	55% n: 186 d: 340
11. Percent of children 6–8 months who received semi-solid or solid food during the previous 24 hours (Custom)***	44% n: 53 d: 120	42% n: 47 d: 112	89% n: 148 d: 167	83% n: 140 d:169	83% n: 171 d: 206	86% n: 145 d: 167
12. Percent of children 6–23 months who are still breastfed (Custom)	81% n: 644 d: 792	83% n: 626 d: 750	84% n: 650 d: 777	83% n: 644 d: 780	86% n: 542 d: 630	85% n: 522 d: 611
13. Percent of children 0–5 months and 6–23 months who consumed sugary or processed food in the previous 24 hours (Custom)	0–5: 15% n: 49 d: 329 6–23: 85% n: 678 d: 796	0–5: 14% n: 31 d: 216 6–23: 87% n: 649 d: 750	0-5: 12% n: 41 d: 352 6–23: 78% n: 611 d: 780	0–5: 18% n: 57 d: 320 6–23: 79% n: 621 d: 782	0–5: 9% n: 32 d: 341 6–23: 67% n: 423 d: 632	0-5: 11% n: 39 d: 340 6–23: 72% n: 440 d: 615
14. Average number of times per day children 0–5 months and 6–23 months consumed sugary or processed food (Custom)	0–5: 2.64 6–23: 5.70	0–5: 3.21 6–23: 5.33	0–5: 4.52 6–23: 5.46	0–5: 4.52 6–23: 5.36	0–5: 3.61 6–23: 5.05	0–5: 4.83 6–23: 5.05
15. Percent of children 0-5 months and 6–23 months who consumed tea in the previous 24 hours (Custom)	0–5: 12% n: 41 d: 329 6–23: 73% n: 584 d: 796	0–5: 14% n: 30 d: 216 6–23: 73% n: 545 d: 750	0–5: 9% n: 30 d: 352 6–23: 64% n: 502 d: 7800	0–5: 14% n: 44 d: 320 6–23: 68% n: 532 d: 782	0–5: 7% n: 25 d: 341 6–23: 54% n: 338 d: 632	0–5: 9% n: 32 d: 340 6–23: 58% n: 354 d: 615
16. Percent of women who received advice to take deworming medicine during pregnancy (Custom)	20% n: 168 d: 822	19% n: 155 d: 803	20% n: 165 d: 842	15% n: 121 d: 821	16% n: 120 d: 748	19% n: 142 d: 733

17. Percent of women who practice handwashing at least three out five critical times (Custom)	36% n: 295 d: 822	31% n: 245 d: 803	40% n: 336 d: 846	31% n: 259 d: 823	32% n: 231 d: 750	32% n: 236 d: 737
18. Percent of households with soap and water at a handwashing station on premises (HL.8.2-5)****	100% n: 818 d: 822	100% n: 799 d: 803	100% n: 844 d: 846	99% n: 817 d: 823	99% n: 744 d: 750	100% n: 733 d: 737
19. Percent of women who stored and preserved nutrient-dense products for consumption during the last winter (Custom)	94% n: 774 d: 822	95% n: 762 d: 803	94% n: 823 d: 874	94% n: 781 d: 830	91% n: 667 d: 737	89% n: 638 d: 715
20. Percent of women reporting increased decision-making power with husband and/or family *****	N/A	N/A	14%	16%	20%	20%

* "Light Touch" areas in the endline survey were Intervention areas in the baseline and midterm surveys

** Full Intervention areas in the endline survey were comparison areas in the baseline and midterm surveys

*** This indicator was measured differently in the baseline survey; the measure was corrected in the midterm and endline surveys. The correct formula produces a higher number. The mid-term and endline results are therefore substantially higher than the baseline results.

**** Self-reported. Could not be observed due to the phone survey methodology

***** Added in the midterm and endline surveys; not asked in the baseline

Part 2: Performance Monitoring Indicators

#	Indicator	FY20			FY21			FY22			FY23		
		Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
21	Number of children under 5 years (0–59 months) reached with nutrition-specific interventions through U.S. Government–supported nutrition programs (HL.9-1)	1,800	5,978	332%	11,300	16,619	147%	11,600	13,374	115%	8,800	9,138	104%
	Number of male children under 5 years reached by U.S. Government–supported nutrition programs	No target	3,249	-	-	8,088	-	5,645	6,668	118%	4,783	4,497	94%
	Number of female children under 5 years reached by U.S. Government–supported nutrition programs	No target	2,729	-	-	8,531	-	5,955	6,706	113%	4,017	4,641	116%
22	Number of children under 2 years (0–23 months) reached with community-level nutrition interventions through U.S. Government–supported nutrition programs (HL.9-2)	4,800	5,978	125%	11,300	10,354	92%	8,000	7,525	94%	7,300	6,600	90%

#	Indicator	FY20			FY21			FY22			FY23		
		Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
	Number of male children under 2 years reached with community-level nutrition interventions through U.S. Government–supported nutrition programs	No target	3,249	-	-	5,445	-	4,207	3,914	93%	3,967	3,457	87%
	Number of female children under 2 years reached with community-level nutrition interventions through U.S. Government–supported nutrition programs	No target	2,729	-	-	4,909	-	3,793	3,611	95%	3,333	3,143	94%
23	Number of pregnant women reached with nutrition-specific interventions through U.S. Government–supported programs (HL.9-3)	-	-	-	9,000	9,495	106%	9,300	9,436	101%	6,300	7,258	115%
	Number of women <19 years of age	-	-	-	-	1,403	-	1,374	850	62%	855	1,080	113%
	Number of women ≥19 years of age	-	-	-	-	8,092	-	7,926	8,586	108%	4,845	6,178	106%
24	Number of individuals receiving nutrition-related professional training through U.S. Government–supported programs	384	433	113%	900	1,061	118%	790	861	109%	350	920	263%

#	Indicator	FY20			FY21			FY22			FY23		
		Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
	(HL.9-4)												
	Number of non degree-seeking trainees (HL.9-4a)	No target	433	-	-	1,061	-	790	861	109%	350	920	263%
	Number of males (HL.9-4e)	No target	40	-	-	98	-	73	56	77%	32	53	166%
	Number of females (HL.9-4f)	No target	393	-	-	963	-	717	805	112%	318	867	273%
25	A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs (Yes = 1, No = 0) (HL.9-5)	1	1	100%	1	1	100%	1	1	100%	1	1	100%
26	Number of HPUs, VHCs, groups of activists, and community mobilizers trained in nutrition and hygiene SBC (custom)	# of entities: 137	129	94%	213	211	99%	175	199	114%	70	132	189%
		# of individuals: 942	1,205	128%	2,030	2,336	115%	1,640	1,735	106%	858	938	109%

#	Indicator	FY20			FY21			FY22			FY23		
		Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
27	Number of activist individuals and VHC members (trained by USAID Advancing Nutrition) who carry out community-level outreach activities on at least three topics during the year (Custom)	0	-	-	1,200	1,885	157%	950	1,532	161%	510	753	148%
28	Number of trainings and training sessions in nutrition and hygiene SBC (Custom)	396 training sessions	363	92%	822	1,174	143%	1,580	1,544	98%	1,270	1,578	124%
		5 trainings	4	80%	9	13	144%	24	19	79%	15	15	100%
29	Number of individuals reached by activists with nutrition and hygiene SBC messages (community members) (Custom)	21,000	36,807	175%	89,000	93,198	105%	106,000	121,972	115%	172,000	168,609	98%
30	Number of household visits and community meetings made by activists to convey messages about nutrition and hygiene (Custom)	42,000 household visits	17,430	42%	122,000	209,063	171%	313,000	262,143	84%	165,000	214,228	130%
		0 community meetings	-	-	0	-	-	193	198	103%	0	-	-

#	Indicator	FY20			FY21			FY22			FY23		
		Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
32	Number of consultations on IYCF and AWNA for WRA age (15–49) provided by health care providers (Custom)	1,200	2,386	199%	63,500	66,509	105%	45,200	34,923	77%	29,300	38,802	132%
33	Percentage of health providers with improved clinical and counseling practices on IYCF and AWNA (Custom)	0	-	-	30%	22%	73%	30%	27%	90%	30%	19%	N/A
34	Percentage of U.S. Government–assisted organizations with improved performance (CBLD-9)	0	-	-	0	-	-	0	-	-	100%	100%	100%
35	Progress toward policy development (three stages, per policy) (Custom)	1 policy, stage 1	1 policy, 3 stage	100%	Policy 1: stage 3. Policy 2: stage 3. Policy 3: stage 2.	Policy 1: stage 3. Policy 2: stage 1. Policy 3: stage 2	Policy 1: 100. Policy 2: 33. Policy 3:100.	2 policies with completed 2 stages	Policy1: stage 2. Policy 2: stage 2. Policy 3: stage 2	100%	Policy 2: stage 3. Policy 3: stage 3.	Policy 2: stage 2. Policy 3: stage 3.	Policy 2: stage 2. Policy 3: stage 3.
36	Number of followers on the project's social media platforms (Facebook)	500	810	162%	2,000	2,129	106%	1,000 new followers and 2,000 continuing	303 new, 2,433 followers	81%	2,953 followers (2,453 continuing, 500 new)	3149 followers (2,453 continuing, 696 new followers)	107%
37	Number of individuals participating in USG Food Security programs (EG.3-2)	-	-	-	-	-	-	199,790	122,833	61%	172,350	169,529	98%

#	Indicator	FY20			FY21			FY22			FY23		
		Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
38	Number of established or strengthened multi-sectoral coordination mechanisms related to nutrition	-	-	-	-	-	-	2	1	50%	2	2	100%

USAID
FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION

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