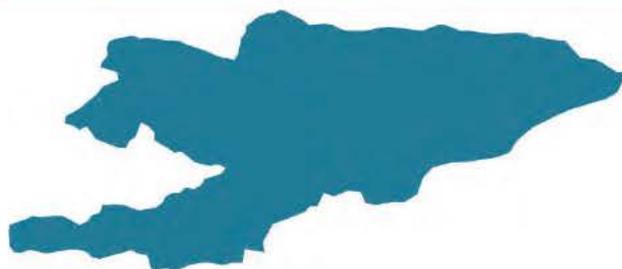


MCHIP Country Brief: Kyrgyzstan



Selected Health and Demographic Data for Kyrgyzstan	
Maternal mortality ratio (deaths/100,000 live births)	75
Neonatal mortality rate (deaths/1,000 live births)	14
Under-5 mortality rate (deaths/1,000 live births)	31
Infant mortality rate (deaths/1,000 live births)	27
Contraceptive prevalence rate	36.3
Total fertility rate	3.6
Skilled birth attendant coverage	99.1%
Antenatal care, 4+ visits	3.6%
Sources: *WHO; **UNICEF. (2012)	
†UNICEF <5 mortality ranking (1 = highest mortality rate)	

Health Area:

- Immunization



Program Dates	July 2011–March 2014					
Total Mission Funding	Redacted					
Geographic Coverage	No. (%) of provinces	National TA	No. of districts	N/A	No. of facilities	N/A
Country and HQ Contacts	Azamat Imakeev, MCHIP/Kyrgyzstan National Technical Officer; Kelli Cappelier, MCHIP Immunization Technical Manager					

INTRODUCTION

After a 2010 polio outbreak in Tajikistan, which resulted in the largest number of laboratory-confirmed cases in the world (458), the United States Agency for International Development (USAID) Central Asia Bureau requested technical assistance from the Maternal and Child Health Integrated Program (MCHIP) to assist with routine immunization (RI) system strengthening in Kyrgyzstan and Tajikistan. The goal of the MCHIP/Kyrgyzstan program was to ensure the eradication of polio and prevent future outbreaks of vaccine preventable diseases (VPDs) by: 1) improving Ministry of Health's (MoH) capacity for identifying risk factors and risk groups contributing to inadequate immunization coverage; and 2) promoting an integrated, public health approach for maintaining optimal immunization coverage at the Rayon (district) and community levels. The program provided national-level support to the MoH Republican Center for Immunoprophylaxis (RCI) and the Sokuluk rayon health authorities from July 2011 to March 2014. MCHIP/Kyrgyzstan achieved its goal by working within the existing health system at national, Oblast (region) Rayon, and health facility levels to better and more reliably monitor immunization services by identifying high-risk groups and by working more effectively with local community resources. MCHIP's impact was achieved in close partnership with the MoH, RCI, Sokuluk Rayon Center for Disease Prevention and Sanitary Epidemiological Surveillance (CDSES), Family Medical Center (FMC), Family Group Practices (FGPs), local nongovernmental organizations (NGOs), and the United States Peace Corps.

KEY ACHIEVEMENTS

Strengthened Community-Based Partnerships

MCHIP/Kyrgyzstan initiated a community-based, bottom up, quality improvement approach to more effectively work with communities and marginalized populations for increasing the uptake and use of vaccination services. MCHIP's simple and effective interventions resulted in strengthened partnerships between the health system and communities, which improved the quality of services provided. This was achieved by bringing together the curative sector and community partners with the Rayon SES by establishing an Initiative Group (IG) that was composed of 10 members from all levels of the health system, including representatives from the MoH/RCI, Health Promotion Unit (HPU), Village Health Committees (VHCs), and a United States Peace Corps Volunteer. The IG was established near Bishkek, in the Sokuluk rayon, one of the largest Rayons, with a population of about 160,000 people and the largest number of migrants.

MCHIP's approach emphasized better monitoring and utilization of data for evidence-based decision making to improve immunization coverage and timeliness of vaccination. With technical support and training from MCHIP, IG members worked with local Rayon health officials to apply epidemiologic skills to better define the status of immunization and resources in their Rayon. This effort included collecting data from all levels of the Rayon health structures, identifying gaps in immunization services, and then developing an action plan to address barriers tousing resources at little or no cost. This strengthened active monitoring and promoted evidenced-based decision making and planning for improved immunization services at Rayon and service delivery levels.



Improved Monitoring and Use of Data for Decision Making

Linking IG capacity building activities with the health facility level, MCHIP observed notable gaps in the monitoring and reporting of immunization data. Health workers use Form N°5 to report immunization data, which is supported with the “Manual on Recording, Reporting, and Monitoring Immunization,” otherwise known as “KR MOH Decree N°36.” This manual had been used to guide health workers in the reporting and monitoring of immunization data since 2011. Upon further review, MCHIP and its RCI counterpart identified areas where the manual could be improved to address issues that were contributing to unreliable practices in the monitoring, recording, and reporting of immunization data. As the most sustainable and cost-effective solution to address the issue on improving data reporting and monitoring nationally, MCHIP worked with the RCI to update this manual, which was published by the Ministry of Health under Decree N°112 titled “Guidelines to the Manual on reporting, recording, and monitoring of immunization service.” Manuals were printed and distributed to all vaccination points nationally. All Oblast-level managers were trained on the implementation and use of the manual, and the RCI has committed to supporting trainings at the Rayon level.

Computerized Information System for Immunization (CISI) Pilot



MCHIP piloted the CISI software in two Family Medical Centers (FMCs) (Bishkek FMC N°11 and Issyk-Ata Rayon FMC) and at the Issyk-Ata Rayon SES to refine its utility in the monitoring and use of immunization data, and to identifying what systems would be needed to roll out CISI nationally. MCHIP’s pilot of CISI was instrumental in understanding practical use of the software, in addition to identifying weaknesses in its utility for the end user and its functionality for improved monitoring and use of data for decision making. The software was significantly improved under the MCHIP pilot, and the MoH recommended expansion of CISI nationally after

conducting an external evaluation. While CISI has the potential to strengthen immunization data management, there are a number of considerations that should be addressed before full scale-up of the software is realized. Currently, the health system structure will need substantial investment to support the use of CISI nationally in all health points, including the procurement of computers, servers, availability of internet and investment human resource capacity to operate the software. To optimize use of the system, CISI should improve efficiency of health worker performance without increasing workload, and it should not only improve the reporting of data, but also its use for decision making.

WAY FORWARD

A key component to MCHIP's approach was harnessing mutual respect that cultivated information sharing and learning between different levels of the health system and community-based organizations (e.g. NTOs and VHCs), increasing transparency and leading to improved service delivery while expanding access to services for high-risk populations.

While there is political will and support for immunization programs through the MoH and RCI at national level, efforts need to continue to build on and maximize past investments in the RI system.

Such investments could further develop the quality of RI services at the local level and thereby sustain the absence of polio and other VPDs, rather than reactive investments in a crisis and retrospective manner based on outbreaks of polio or other VPDs. An integral component that determined the success of this model was active participation and engagement by all members of the IG, most notably national-level RCI support and empowerment of VHCs through training on immunization and bringing them together with the health systems, which resulted in strengthened partnerships with communities.

I think this model is an ideal model. As a member of the VHC and IG, I have increased my knowledge on immunization, but more importantly through this work I have strengthened my knowledge to disseminate information and mobilize my communities. I have also helped my health worker friends increase their knowledge. VHCs should continue to be engaged in this kind of work. MCHIP taught us how to work properly, how to work with our medical staff, understand how to access information, and the importance of monitoring and use of data.

– VHC and IG member

Kyrgyzstan has been experiencing a major exodus of qualified health workers owing to poor salaries and depressing working conditions. More than 20 years after independence from the Soviet Union, the human resource capacity and infrastructure developed during the Soviet era is no longer sustainable. Unless there is substantive change, both by the government and donors, the International Crisis Group (ICG) forecasts that in less than 20 years, Kyrgyzstan will have no medical practitioners to treat patients or provide immunizations. Consequently, it could be argued that human factors, not technical, present the greatest obstacle against strengthening immunization programs in Kyrgyzstan. However, the GAVI Alliance has committed Redacted Health System Strengthening (HSS) funds over the next five years. This funding is an opportunity to address neglected gaps in the system and prepare for the introduction of new vaccines. In addition to addressing the need for skilled health workers, the MoH needs to ensure that vaccinators are adequately trained, which has not happened in recent years. Providing Immunization in Practice (IIP) and Mid-Level Manager (MLM) trainings will be a good start toward equipping health workers and managers with basic skills that are needed for managing and delivering vaccination programs. Addressing these gaps will be essential as the MoH prepares to introduce new and expensive vaccines. Kyrgyzstan has been approved for support from GAVI to introduce the pneumococcal conjugate vaccine (PCV), and hopes to introduce rotavirus vaccine (RV), inactivated polio vaccine, and *human papillomavirus* (HPV) vaccines in the next five years.

Kyrgyzstan has experienced an increased number of vaccine refusals due to religious and other reasons. While a national immunization communication strategy was developed in 2012 under UNICEF's leadership, it has not yet received allocated funds to support its rollout. Implementation of this strategy will be a first step to counter anti-vaccination rumors circulating over the Internet and television. The MoH should also increase its engagement with religious and community leaders to promote vaccination services. The Deputy Minister of Health reported that there are 8,000 to 10,000 volunteers who are officially promoting religious messages house-to-house, primarily in the southern part of Kyrgyzstan. These volunteers are

also spreading health messages within the context of Islam that are frequently incorrect. These volunteers are an “untapped” resource that could be trained and engaged in disseminating health messages and IEC materials, and could help mitigate vaccine refusals based on religious reasons.

Using MCHIP’s experience and recent initiatives implemented by the Health Insurance Fund, strategies to register internal and external migrants need to be expanded to ensure that all populations have access to health services, including vaccination.

The IG model implemented under MCHIP specifically addressed immunization; however, this model should be considered for national scale-up to address ongoing weaknesses in the health system. The Sokuluk Rayon IG made great strides in forming a sustainable and effective working relationships and gained recognition from FAPs, FGPs, the Rayon-level health and education, and most notably with their communities. The United States Peace Corps was a strong partner, dedicating a volunteer to work with the IG, and has committed two more to work with the IG to train other volunteers on implementation of the model, so it can be spread where volunteers are working. The IG Sokuluk PCV will continue to work with members of the group to strengthen their skills in grant writing and serve as a resource for identifying opportunities for funding sources that will support their work beyond immunization. This model could support implementation of a Decree issued in 2013 mandating FMCs and VHCs to strengthen their link with communities and bring them in more regular contact with the health system, as part of the Den Solook Health Reform Strategy.

Before health workers just controlled, but through MCHIP they now have increased partnership through VHCs and increased awareness within communities. We have a literate population that has the capacity to understand information, which is why our medical staff should be competent to communicate with the population on the information they want to know and are capable of understanding. Thank you, MCHIP, for strengthening partnerships with our communities and improving communication through a simple way they can understand. We had high expectations for MCHIP in Sokuluk to be a model for other rayons. We will continue in Sokuluk because we have a well trained staff. This has provided a good opportunity for me to work better with my staff. We are moving forward stronger and at the primary health level. It is hard work, but we are better equipped now.

– Sokuluk rayon manager