

Kyrgyz Republic doubled the number of women taking prenatal vitamins in 3 years

USAID SPRING project provided this success story.

Good nutrition is the foundation of a healthy pregnancy, but many women can't get all the nutrients they need from their diets alone. For example, as many as half of all pregnant women in low- and middle-income countries (LMICs) are anemic, a dangerous condition that most commonly develops when women don't consume enough iron and micronutrients. Pregnant women need especially high levels of iron to be healthy, but many iron-rich foods - especially meat and other animal-sourced foods - are expensive and often inaccessible. Despite being a preventable condition, anemia causes up to 20% of maternal deaths. Prenatal vitamins containing iron, folic acid, and other key nutrients save lives and lead to healthier pregnancies and better birth outcomes.

In the Kyrgyz Republic, 35% of women of reproductive age suffer from anemia, but USAID is working to change that. The USAID Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project almost doubled the proportion of women in project implementation areas taking prenatal vitamins for at least 90 days during pregnancy from 22% to 40% in 3 years.

From 2014 to 2018, SPRING worked to increase awareness about the seriousness of anemia and strategies for its reduction. The project trained 1,700 health care providers to counsel pregnant women on taking prenatal vitamins with iron and folic acid and how to mitigate any side effects. SPRING also worked with more

Key Stats - Prenatal Vitamins

- **Prenatal vitamins help support** healthy pregnancies, prevent anemia, promote fetal growth, and ensure that babies are born at a healthy birth weight
- **Only ~3% of pregnant women** in LMICs have access to prenatal vitamins that include the bundle of **15 recommended vitamins and minerals**
- **Prenatal vitamins are safe and highly cost-effective**, with production costs at less than **\$2 per 180-count bottle to cover a woman's pregnancy**



than 3,200 community volunteers to share information directly with about 40,000 households on eating a variety of iron-rich products with foods rich in vitamin C to aid iron absorption. SPRING also supported the Government of the Kyrgyz Republic in revising the national clinical protocol and guideline on the prevention and treatment of anemia.

Nurdana Korgoldoeva is a mother, a grandmother, and a SPRING community volunteer who has seen the negative effects of anemia in her village. As a volunteer, she received training on various nutrition and hygiene topics, and then shared this information with her neighbors during household visits and community meetings. She was also able to help her own daughter-in-law Nurzat when she became pregnant for a second time. During Nurzat's first pregnancy, she had declined to take prenatal supplements, and she delivered her baby prematurely. But now, following the recommendations provided by her mother-in-law, Nurzat avoided drinking tea with her meals and took prenatal vitamins regularly. She also tried to add more foods rich in iron to her diet, like leafy green vegetables and meat. In 2017, Nurzat gave birth to her son, Amir, and exclusively breastfed him for the first six months. When he reached 18 months old, Amir was healthy and achieving his developmental milestones.

Severe malnutrition stunts potential and wastes lives, but it doesn't have to. Scaling up proven interventions like prenatal vitamins - one of the Power 4 Nutrition Interventions - will allow children around the world to escape these preventable deaths.

Fighting Severe Malnutrition: The Power 4 Nutrition Interventions

Severe malnutrition occurs when a child reaches the most serious stage of any form of malnutrition and is at the greatest risk of death, disease, and long-term disability. High-risk forms of malnutrition include children who are too thin (wasted), too short (stunted), or too small (underweight). Risks increase when a child experiences a combination of these, when a child is sick, or when a baby is born malnourished.

Every year, millions of children worldwide are severely malnourished, and roughly 3 million children die because of severe malnutrition. Not only are severely malnourished children much more likely to die than their well-nourished

peers, but those who survive are also much more likely to suffer from lifelong illness and impaired cognitive development. Severe malnutrition is the number one killer of kids under 5, killing more kids every year than AIDS, malaria, and tuberculosis combined.

There are four essential actions we can take **now** to prevent children from dying of severe malnutrition. These interventions span the course of the critical 1,000-day period between a woman's pregnancy and a child's second birthday, when there is a unique window of opportunity to build healthier and more prosperous futures for mothers and their babies.

Supply all pregnant women with prenatal vitamins



Despite the proven benefits of supplying pregnant women with a full dosage of multiple-micronutrient supplements (MMS), the majority of women do not have access to these critical supplements. MMS not only prevents maternal death and still births, it also increases the chances a baby will be born at a healthy weight and survive to his or her second birthday.

Continue large-scale Vitamin A Supplementation



Supplying a child with two high doses of Vitamin A every year is one of the most cost-effective ways to protect children from blindness, diarrhea, and other fatal illnesses. Until recently, Vitamin A supplementation was routine and easily accessible because it had been paired with national polio vaccination efforts. However, now that polio has been mostly eradicated, these vaccination campaigns are being phased out. After years of increasing, the number of children who have access to Vitamin A coverage has started to drop alarmingly. Transitioning national Vitamin A supplementation efforts to a sustainable delivery platform is essential to ensuring children continue to receive this critical preventive regimen.

Support breastfeeding mothers



Babies get the best start at life when they drink nothing but breastmilk until they are 6 months old, and continue breastfeeding until they are 2 years old while also consuming other nutritious complementary foods. Even though breastfeeding is the best way to protect newborns from malnutrition, infections, and disease, only 41% of babies around the world are exclusively breastfed. Many mothers who would like to breastfeed cannot access the support and information they need to be successful. One-to-one and group breastfeeding counselling helps provide mothers with the support they need to reach their breastfeeding goals.

Expand coverage of specialized foods for treatment



The first priority of any nutrition program should be to make wasting treatment unnecessary by preventing children from ever becoming wasted. Unfortunately, millions of children every year still require wasting treatment. Ready-to-Use Therapeutic Food (RUTF) is an energy-dense, life-saving product that gives wasted children the nutrients they need to survive. Yet we are reaching less than a quarter of even the most severely malnourished children. Expanding coverage of services will help ensure no child dies because they don't have access to the fundamental treatment they need to stay alive.

As the development community responds to the global impact of COVID-19, we cannot allow the emerging and concurrent malnutrition pandemic to be overlooked. The stakes are too high. For the sake of the children whose lives are at risk today, and the entire generation that risks losing out on tomorrow, these interventions are of the utmost importance.