

MICS

Kyrgyz Republic 1995

Multiple Indicator Cluster Survey



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Ministry of Health, Kyrgyz Republic
UNICEF Area Office for the Central Asian Republics and Kazakhstan

MICS

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KYRGYZ REPUBLIC
1995

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EXECUTIVE SUMMARY

Following two training workshops in Ashgabat, Turkmenistan, in July 1995 and in Bishkek in October 1995 to introduce the methodology, a national Multiple Indicator Cluster Survey (MICS) was conducted in November 1995 in the Kyrgyz Republic. The major objective was to evaluate the situation at mid-decade and draw recommendations for programme implementation, taking into account the decline in standards due to the economic depression and social deterioration. Detailed objectives can be summarized as follows:

1. To evaluate the national situation in child immunization, diarrhoeal diseases, acute respiratory infections, water and sanitation, and basic education in the year 1995
2. To define areas for improved service
3. To define practical implications for improving country programmes
4. To define areas where stronger communication work is needed to better empower families and lower level health workers.
5. To introduce an appropriate, easy-to-use methodology to health and education officials, technicians, and local researchers (mainly universities) for monitoring purposes.

The UNICEF Area Office for the Central Asian Republics and Kazakhstan (CARK AO), in collaboration with the Ministry of Health and Ministry of Education, supported the survey as part of the Country Programme of Cooperation.

The Kyrgyz Republic gained its independence in 1991. Independence brought a variety of unprecedented economic problems that have had tremendous impact on the living condition of the population, especially in the remote areas of the country, such as Naryn and Talas. Unprepared for the consequences of political and economic independence, the new independent Republic and its people have become recipients of emergency and development assistance provided by multilateral and bilateral donors and international NGOs. Severe economic crisis resulting from the disintegration of the former Soviet Union (FSU) has led to the erosion or discontinuation of most services previously provided by the state. Due to the lack of social benefits that formerly existed, many individuals and families are finding themselves without a functioning social safety net. Economic transition difficulties have trickled down to all levels of society. However, the most vulnerable groups, including children living in remote areas, suffered the most from lack of medicine, malnutrition, iodine and iron deficiency, acute respiratory infections, diarrhoeal diseases, anemia, etc. The financial status of families in the Republic has also sharply declined. Family incomes are usually 8-10 times less than the amount needed to support one person, and this minimal income must often feed 5-7 family members.

UNICEF intervened in the Kyrgyz Republic in 1993, with the aim of reducing the falls from previous accomplishments and to help compensate for the losses that did occur. UNICEF cooperation combines direct assistance with essential supplies, training and consultations on alternative means for basic services, activities aimed at empowering families and parents, and advocacy to the government for children and women. Upon starting work in the CARK area, UNICEF has, as a priority, related programme activities to maintaining indicators regarding the mid-decade goals and addressing the countries with the most urgent needs for children. The MICS survey in the Kyrgyz Republic was conducted in the context of this cooperation.

Summary of Findings

Compulsory Education

The Kyrgyz Republic Compulsory Education System continues to serve all children, both boys and girls, throughout the country. Enrolment and retention should be monitored carefully in some provinces.

Over 85% of children of school age are attending compulsory schools nationwide. Over 99% of the children who begin school remain in school, and 99% of the children who attend first grade reach fifth grade.

Drinking Water

Safe drinking water is not available to 29% of the population. In Naryn Province, especially, there is a great problem with access to safe drinking water, with almost half of the population lacking it.

71% of the national population has access to safe water sources that include *piped water supply in the dwelling, tube well or borehole, and protected dugwells or springs*.

Access in all provinces is over 72%, except for Naryn (55%), Jalal-Abad (61%) and Osh (64%). The public tap is the most common water source (38.4%), followed by piped-in dwellings (37.8%). Use of pond, river, or stream water, which is considered unsafe, has increased to 22% in Naryn.

Sanitation

95% of the population have access to safe sanitation facilities. In all areas except Bishkek, the most common type of latrines is the "non-flush private" latrine (this type of latrine can also be called "covered dry pit" latrine). "Non-flush private" latrine is considered "safe" in the sanitation category; however, our observation in the course of more than two years shows that most of them cannot be considered as "safe" due to uncleanness. The survey measures only the "quantitative" part of the facilities, and not the "qualitative" part.

Almost 90% of the homes have soap for washing.

Safe sanitary facilities in use include flush-to-sewage latrines and non-flush private latrines.

In Chui Province, 12.7% of the population have access to non-flush public latrines, while 10.2% in Osh Province do.

Acute Respiratory Infections

75% of the mothers do not know the most important signs of acute respiratory infections in children. Without the parental understanding of these signs, the severity of the illness and the need to seek proper medical care may not come to attention.

Fever is found to be a sign most mothers know (82.3%), whereas fast breathing is known by only 12.6% of the mothers.

Diarrhoeal Diseases

Due to seasonal reasons, only 336 diarrhoeal cases were found in the two weeks prior to the survey. Almost all children with diarrhoea are given some form of ORT (98%). ORS is used in 30.7% of diarrhoeal cases. However, the children who do receive a form of ORT do not receive continued feeding at the same. Using the up-to-date definition of ORT that includes feeding, only 19% of the children who have diarrhoea are treated with ORT.

The national incidence rate of children who have had diarrhoea in the first 10 months of 1995 is 6.8 per 100. Osh Province has the highest incidence rate (9.4 per 100). The survey was conducted in November

and lower incidence rate had been expected due to the cold season. Survey findings show that most of the children with diarrhoea were not taken to the health facilities, but treated at home by their mothers.

Breast-feeding

Mothers usually breast-feed their babies in the Kyrgyz Republic, and they do so for longer than the minimum recommended period. However, only 38% of the mothers do not supplement breast milk with other substances. The practice of exclusive breast-feeding varies greatly among provinces (24% in Chui and 59% in Talas).

93% of all children under one year of age have been breast-fed one time or another. 72% of them are still on breast-feeding. 38% of the infants under 4 months of age are exclusively breast-fed.

Immunization

Immunization coverage of children 0-11 months of age is above 65% nationally for all antigens. Measles has the lowest coverage with 65%. Coverage rates for BCG, DPT3 and OPV3 are 83%, 74% and 67%, respectively. Over 65% of the children are vaccinated at intervals longer than recommended.

Valid immunization coverage rates	BCG	83%
	DPT3	74%
	OPV3	67%
	Measles	65%

Research Communication Planning

Based on the objectives noted above, a set of "audiences" or users of MICS data was projected and defined prior to the survey. An effort was made to identify all those who could benefit from the information as well as from its analysis and interpretation. On the basis of the identified audiences and their presumed use of MICS information, an initial research communication plan was developed. This "plan" was then revised after a data analysis and an initial interpretation, and prior to a Survey Results Presentation workshop in the Kyrgyz Republic in April 1996.

MICS Communication Plan

Initial implementation of the MICS Communication Plan was carried out in Bishkek with the leaders and supervisors of the MICS. The group worked on setting priorities for work with the various audiences/users and finalized the modes of communication and time-frame for effective presentation, discussion and uses of the national survey. A draft of the "audience segmentation" table is given in the recommendations' part.

Summary of Method and Samples

The target population was considered all households of the Kyrgyz Republic, which numbered 756,166 according to the last population census of 1995 (to 4.5 million population).

The questionnaire and data collection method used were proposed by the Planning Office and the Evaluation and Research Office of UNICEF (monitoring progress towards the goals of the World Summit for Children and A Practical Handbook for Multiple Indicator Surveys). A total of six modules were used to design the questionnaire (Household Module, Water and Sanitation Module, Education Module, ARI Module, Diarrhoea Module, Breast-feeding Module, and Immunization Module). The questionnaire was adapted, translated into Russian, and pre-tested, before being used in Turkmenistan MICS survey. The same questionnaire was translated into Kyrgyz and widely discussed with supervisors during the Bishkek workshop. Several modules were adjusted to fit the local circumstances.

A separate sampling frame was used for each oblast (province) and the capital city, in order to reflect situations in all territories and to allow valid comparison among them. 1,020 households in 34 clusters were selected from each oblast and Bishkek as study samples. They added up to a total of 7,140 households in 238 clusters nationally. No stratification for rural and urban differences was used in the sample design.

The field survey was conducted from 6 to 30 November 1995, by a specially trained team of 56 interviewers and 22 supervisors (8 interviewers and 3 supervisors per oblast) under the supervision of Dr. Sabircan Abdykerimov, Head of the Sanitary and Epidemiological Department at the Ministry of Health, and Dr. Kubanichbek Monalbaev, Deputy Director of the Republican Centre for Immunoprophylaxis. Team supervisors oversaw the survey in all the oblasts. Central headquarters was established in the UNICEF CARK Kyrgyz Republic country office, and daily telephone contacts were made with the field supervisors. The UNICEF CARK Kyrgyz Republic country office staff also supported the supervisors and carried out field trips to oblasts during the data collection period. When the 34 clusters in all the oblasts were completed, the questionnaires were taken back to the supervisors in Bishkek. Local headquarters were established in each oblast centre. They served as the operational centres for oblast activities and storage for questionnaires.

Supervisors traveled to their respective oblasts immediately after the training and worked on the actual location of clusters and compiling the lists of households for each cluster. Interviewers traveled to oblasts two days prior to data collection period and were met by oblast supervisors. Data collection was completed in one week starting on 13 November 1995. One nurse for each identified cluster area polyclinic was appointed by local authorities to accompany the interviewer during the study in order to eliminate suspicion from the households. A total of 7,170 households were visited.

A "data entry room" was arranged in the Republican Centre for Immunoprophylaxis in Bishkek. Five data clerks were trained on data entry using EPI.INFO-6. Data entry was supervised by Dr. Kubanichbek Monalbaev, the Deputy Head of the Centre. Statistical analysis was done by **Dr. Nicolae Beldescu**, a UNICEF consultant for Turkmenistan and Kyrgyzstan MICS surveys. The overall survey was supervised, and the initial interpretation was made by UNICEF CARK Area Health Officer **Dr. Ümit Kartoğlu**. Country operations were coordinated by **Mr. Rudy Rodrigues**, CARK AO RPO in the Kyrgyz Republic.

1. INTRODUCTION

Following two training workshops in Ashgabat, Turkmenistan, in July 1995 and in Bishkek in October 1995 to introduce the methodology, a national Multiple Indicator Cluster Survey (MICS) was conducted in November 1995 in the Kyrgyz Republic. The major objective was to evaluate the situation at mid-decade and draw recommendations for programme implementation, taking into account the decline in standards due to the economic depression and social deterioration.

UNICEF Central Asian Republics and Kazakhstan (CARK) Area Office, in collaboration with the Ministry of Health and the Ministry of Education agreed to sponsor the survey.

1.1. Background of the study

The Kyrgyz Republic gained its independence in 1991. Independence brought a variety of unprecedented economic problems that have had tremendous impact on the living condition of the population, especially in the remote areas of the country, such as Naryn and Talas. Unprepared for the consequences of political and economic independence, the new independent Republic and its people have become recipients of emergency and development assistance provided by multilateral and bilateral donors and international NGOs.

Severe economic crisis resulting from the disintegration of the former Soviet Union (FSU) has led to the erosion or discontinuation of most services previously provided by the state. Due to the lack of social benefits that formerly existed, many individuals and families are finding themselves without a functioning social safety net. Economic transition difficulties have trickled down to all levels of society. However, the most vulnerable groups, including children living in the remote areas, suffered the most from lack of medicine, malnutrition, iodine and iron deficiency, acute respiratory infections, diarrhoeal diseases, anemia, etc. The financial status of families in the Republic has also sharply declined. Family incomes are usually 8-10 times less than the amount needed to support one person, and this minimal income must often feed 5-7 family members.

UNICEF intervened in the Kyrgyz Republic in 1993, with the aim of reducing the falls from previous accomplishments and to help compensate for the losses that did occur. UNICEF cooperation combines direct assistance with essential supplies, training and consultations on alternative means for basic services, activities aimed at empowering families and parents, and advocacy to the government for children and women. Upon starting work in the CARK area, UNICEF has, as a priority, related programme activities to maintaining indicators regarding the mid-decade goals and addressing the countries with the most urgent needs for children. The MICS survey in the Kyrgyz Republic was conducted in the context of this cooperation.

The national MICS was planned in order to evaluate the situation at mid-decade and draw recommendations for programmes.

1.2. Organization of the survey

Organizational activities for the national MICS were carried out by the UNICEF CARK Area Office. A training activity was held in Ashgabat from 12 to 19 July 1995 on MICS, epidemiology and vaccinology with assistance of International Children's Centre in Paris. This workshop was held for the entire area, and participants from Kyrgyzstan, Tajikistan, and Turkmenistan were in attendance. The training activity included theoretical and practical sessions on survey methodology, epidemiology and vaccinology. A two-day field exercise was organized in Ashgabat city in order to test the questionnaires to be used in the national survey. All the Kyrgyz attendees at the Ashgabat workshop participated as supervisors for the Kyrgyzstan National survey.

A second workshop was held in Bishkek 17-24 October 1995 to train supervisors and finalize the questionnaires for the survey. Ms. Patricia H. David and Mr. Mark Hereward from UNICEF NYHQ Planning Office facilitated the workshop. Finalization of survey plans and sampling were also done at the workshop.

Interviewers were selected through the Ministry of Health and Ministry of Education from vocational schools in

Bishkek. All interviewers were capable of communicating in Kyrgyz in order to prevent non-communication at household level (the Kyrgyz version of the questionnaires were used at household level). Interviewers and supervisors were trained for two days prior to the data collection as described in the Guide by Dr. Ümit Kartoğlu, the UNICEF CARK Area Office Health Officer.

1.3. The target population

The target population was considered all households of the Kyrgyz Republic which numbered 756,166 according to the last population census of 1995 (with 4.5 million population).

The elementary sampling unit was the "household", i.e. the group of people living in the same dwelling and sharing a common household economy (residing together, connected by one budget). In the case of the Kyrgyz Republic, a household is a distinct socioeconomic unit where several couples (families) may reside (e.g. married children and even married grandchildren may live together with the parents).

The country is divided into seven administrative regions (six oblast and Bishkek city). Separate sampling was carried out for each region to represent each oblast and to compare results.

1.4. The questionnaire and data collection method

The questionnaire and data collection followed the method proposed by the Planning Office, Evaluation and Research Office, and the Programme Division of UNICEF (monitoring progress toward the goals of the World Summit for Children and A Practical Handbook for Multiple Indicator Surveys). A total of six modules were used in questionnaire (Household Module, Water and Sanitation Module, Education Module, ARI Module, Diarrhoea Module, Breast-feeding Module, Immunization Module). At the same time, as the Guide permitted adaptation to the local conditions for each country, some questions were added, revised and/or excluded (see Annex I). The questionnaire was translated into Kyrgyz from Russian (tested during July 1995 MICS workshop in Ashgabat and used in Turkmenistan MICS) and revised during the Bishkek October workshop.

Interviewers were given a list of houses with family names and addresses by the supervisors on a daily basis at the field. In each household, interviewers carried out the interview with all mothers or principal caretakers of children under 11 years. Household module and water and sanitation module were completed for all household disregarding the number of children they had. Education module was given to mothers with children between the age of 6-11 (age composition for the education module is revised based on the education system in the Kyrgyz Republic). Care of Acute Respiratory Infections Module was given to all mothers with children under five years of age. Breast-feeding Module was used for mothers with children under two years of age. Immunization Module was used for children between 12 and 24 months of age, because of the measles schedule in Kyrgyzstan. All modules were completed at household level except for the Immunization Module. Main task of the interviewers with the Immunization Module at the household level was to identify the name of the child, identify the polyclinic where immunization takes place and check whether the child had any BCG scar. Immunization dates were filled in from polyclinic records by the interviewer on the same day.

1.5. Sample size and design

A separate sampling frame was used for each oblast (including the capital city) in order to represent all territories and allow comparison among them. Ten percent margin error was used for sub-national sampling. The other basic assumptions used in the calculation of required number of households for each oblast were as follows: (a) design effect 2, (b) persons per household 6, (c) percentage of population under 5 years of age 0.15, and (d) prevalence of diarrhoea 15 days 0.2. As for the indicators, 70% was used as an estimated prevalence for DPT3, OPV3 and Measles coverage, 80% for BCG coverage, 70% for ORT use, 90% for school enrollment, 44% for safe water and 16% for sanitation facilities. Based on these assumptions and estimated prevalence, 933 households were needed in each oblast. Finally, a sample of 1,020 households in 34 clusters were selected as study sample from each oblast and Bishkek city, which added up to a total of 7,140 households in 238 clusters nationally. No stratification for rural and urban difference was used in sampling design.

A detailed list of the smallest administrative units (selsoviet) with population for each oblast was obtained from the Goskomstat, the State Statistical Committee. From each oblast frame, 34 clusters were selected with PPS (Probability Proportional to Size). The actual location of clusters in relatively big administrative units (i.e. city centres) was defined at the oblast level by supervisors with random selection among the zones in the city. The final stage of household selection was completed by the supervisors assigned to each oblast. Supervisors compiled the most recent census lists provided by village and/or city polyclinics (each dwelling unit re-enumerated and a list of occupants updated every year). This list of occupied dwellings was numbered and 30 households were selected randomly from each, allowing for a reserve list of households in case of the need for replacement.

1.6. Implementation of field survey

The field survey was conducted from 6 to 30 November 1995, by a specially trained team of 56 interviewers and 22 supervisors (8 interviewers and 3 supervisors per oblast) under the supervision of Dr. Sabircan Abdykerimov, the Head of the Sanitary and Epidemiological Department at the Ministry of Health, and Dr. Kubanichbek Monolbaev, the Deputy Director of the Republican Centre for Immunoprophylaxis. Team supervisors controlled the survey in all the oblasts.

Central headquarters, was established in UNICEF Kyrgyz Republic office, and daily telephone contacts were made with the field supervisors. UNICEF Kyrgyz Republic office staff also supported the supervisors and made field trips to oblasts during the data collection period.

Local headquarters were established in each oblast centre. These offices served as the operational centre for oblast activities and storage for questionnaires.

An explanatory letter was circulated by the Ministry of Health to all local authorities for their coordination.

Supervisors made travels to their respective oblasts immediately after the training and worked in the actual locations of clusters to compile the lists of households for each cluster. Interviewers traveled to the oblasts two days prior to data collection and were met by oblast supervisors. Data collection was completed in one week starting on 13 November 1995. One nurse for each identified cluster area polyclinic was appointed by local authorities to accompany the interviewer during the study in order to eliminate suspicion from the households.

1.7. Data entry, processing and statistical analysis

Data entry room was set up in the Republican Centre for Immunoprophylaxis in Bishkek. Five data clerks were trained on EPI.INFO6, and carried out the data entry under the supervision of Dr. Kubanichbek Monolbaev, the Deputy Head of the Centre. Data entry started with completed clusters from Bishkek and Chui in November and continued with other oblasts. Statistical analysis was carried out by Dr. Nicolae Beldescu, a UNICEF consultant for Turkmenistan and Kyrgyzstan MICS surveys.

2. DESCRIPTION OF THE SAMPLE POPULATION

2.1. Characteristics of sample population

Households and number of persons per household

A total of 7,170 households were visited (actual number of samples were 7,140, but in Naryn oblast interviewers visited a total of 1,050--including the reserve samples--instead of the original 1020). Distribution of households visited in each oblast is shown in Table 1.

Table 1. Distribution of households visited, by oblast, MICS 1995, The Kyrgyz Republic

Oblast	Number of Households visited	Percent
Bishkek	1,020	100.0
Chui	1,020	100.0
Talas	1,020	100.0
Issyk-kul	1,020	100.0
Naryn	1,050	103.0
Jalal-Abad	1,020	100.0
Osh	1,020	100.0
TOTAL	7,170	100.0

According to the survey, the mean size of a household was 5.0 persons (95% confidence limits 5.9-6.2), in comparison with the assumptions made prior to the sample design, which was 6.0 persons. The smallest households were found in Bishkek (3.3) and Chui (4.0). Osh had the highest number of persons per household with 5.9. Modal household size varied between 4 to 6 among oblasts.

Number of rooms

The national average number of rooms per household was three. The average was the lowest in Bishkek (2.6 rooms) and highest in Talas and Osh (3.5 rooms). About 30% of the families were living in houses with fewer than three rooms.

Number of children and sex distribution

There were 16,424 children under 11 years of age in 7,170 houses visited. 65% were girls, and 35%, boys. Sex distribution of children under 11 years of age was similar in all oblasts. Sex distribution of all children up to 11 years of age by oblast is shown in Table 2.

Table 2. Sex distribution of children under 11 years of age, by oblast, MICS 1995, The Kyrgyz Republic

Sex	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Male	336	589	1,058	766	1,015	948	1,020	5,732
Female	726	1,184	1,883	1,508	1,783	1,699	1,909	10,692
Total	1,062	1,773	2,941	2,274	2,798	2,647	2,929	16,424

Age distribution of children by oblast is shown in Table 3.

Table 3. Age distribution of children, by oblast, MICS 1995, The Kyrgyz Republic

Age group	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
unknown	450	646	924	765	902	858	927	5,472
0	50	115	205	161	181	211	215	1,138
1	35	107	206	123	139	172	200	982
2	36	100	181	130	198	174	198	1,017
3	56	106	198	138	195	164	191	1,048
4	56	103	176	147	173	172	181	1,008
5	57	96	186	141	146	138	189	953
6	55	103	178	153	189	162	176	1,016
7	57	109	180	143	184	153	178	1,004
8	59	88	175	147	190	168	170	997
9	62	93	173	121	170	155	171	945
10	89	107	159	105	131	120	133	844
Total	1,062	1,773	2,941	2,274	2,798	2,647	2,929	16,424

2.2. Water and Sanitation

The questions in this survey focused on identifying the following with regard to water and sanitation:

- * the main sources of drinking water, and as applicable, their relative distances to the dwellings
- * the various toilet facilities used, also in relation to distance to the dwellings
- * the availability of soap as a yardstick for personal hygiene practices.

Water Sources and Distance

Nationally, 71% of all respondents (weighted by household size) indicated the availability of safe water sources, i.e piped water supply in the dwelling, tube well, borehole, protected dugwells, or protected springs. Unprotected dugwells or springs, ponds, rivers or streams, and any other sources is considered unsafe in this regard.

Figures from the various regions show that almost the total population of the capital Bishkek has access to piped water supply (99%). Naryn is the oblast with the lowest percentage of the population with access to safe water sources.

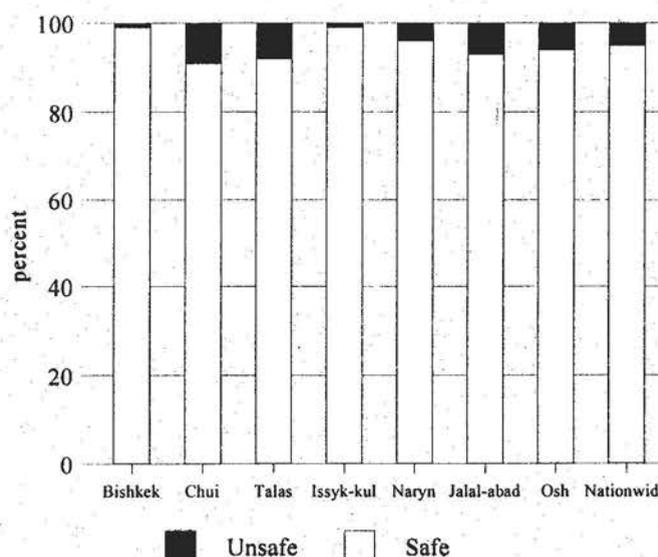


Figure 1. Access to safe water sources, by oblast, the Kyrgyz Republic

The majority of the respondents, or 80.5 %, indicated that an average distance between the source and their dwellings was less than 100 meters (including on premises 37.8%). Naryn oblast had the lowest number of people with access to water sources within 100 meters (64.1%), including on the premises through house connections, standpipes in the yard or street standpipes. This figure was close to the national average of 80.5% in other oblasts.

Sanitation facilities

Various types of latrines are seen in the country such as flush-to-sewerage systems, flush-to-septic tanks, pour flush latrines, and covered dry pit latrines, which are all regarded as safe sanitary facilities, uncovered latrines, which are characterized as unsafe.

The outcome of the survey is presented in the figure 2.

91.3% of the respondents nationwide have access to either flush or non-flush private latrines (covered dry pit latrines). The figures in the following table show that except in Bishkek, most people in the other areas use non-flush private latrines.

Table 4. Safe toilet facilities by type and oblast, MICS 1995, The Kyrgyz Republic (in percent)

Latrine type	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Flush	62.6	26.6	2.4	11.1	8.8	14.6	10.7	19.5
Non-flush private (covered dry pit latrine)	36.1	60.3	95.3	88.0	83.6	80.8	79.1	74.8

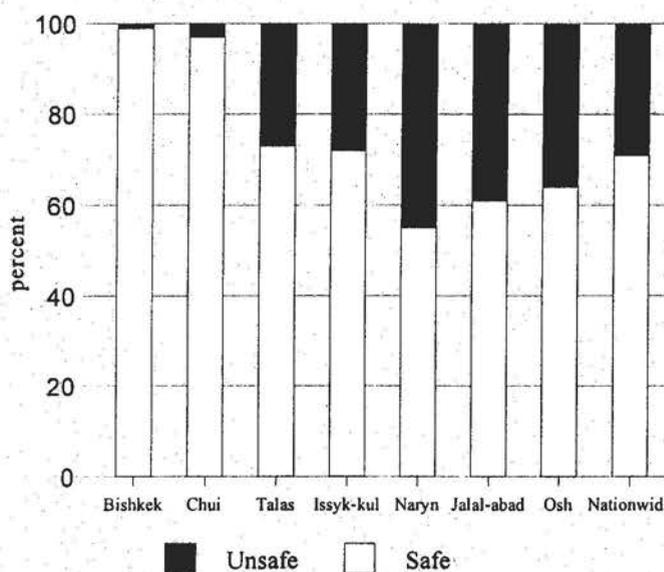


Figure 2. Access to safe sanitary facilities, by oblasts, the Kyrgyz Republic

Many of the facilities were located within 50 meters from the dwelling except in Osh, where 8.3% of the toilet facilities are located at further distances. Nationally, 19.5% of the toilets were located within the dwellings, with figures for other areas varying from 62.6% for Bishkek, 2.5 % in Talas, and 10.7% in Osh.

Availability of Soap

Soap is widely available in the country, with an average use of 89%. Whether soap is used for purposes such as washing hands after defecation, etc. is not clear.

Questions have been raised in the past concerning the affordability of soap. The outcome of this exercise shows that only 11% of the population have difficulties obtaining soap.

2.3. Education

Education Module was used for all children in the household aged 6-11 years. The questions focused on identifying the following:

- * Whether the children have ever attended school
- * Current attendance
- * Attendance in the past year

Out of 4,715 respondents, 4,072 (86.3%) were found to have attended school at one time or another. 99.7% of them were currently attending school at the time of the survey. There were only 10 children who had attended school in the past but were currently not in school.

The indicator 12.1 (percentage of children entering 1st grade of primary school who eventually reach grade 5) was 99% nationally. The lowest percentage was found in the females in Bishkek (93%). All the other areas had high percentages (over 98%). Indicator status by oblast is shown in Table 5.

Table 5. Indicator status 12.1 by oblast and by gender: Percentage of children entering 1st grade of primary school who eventually reach grade 5 (n=4,728), MICS 1995, the Kyrgyz Republic

Oblast	Male	Female	TOTAL
Bishkek	100	93	96
Chui	100	100	100
Talas	100	100	100
Issyk-kul	98	100	99
Naryn	99	98	98
Jalal-Abad	100	100	100
Osh	100	100	100
TOTAL	100	99	99

The indicator 12.2 (proportion of children of primary-school age actually enrolled in primary school) was 86.2% nationally. The lowest proportion was found in Issyk-kul (81.3%). However, it should be noted that a great majority of children who are not attending school was at 6 years of age. Although school entry age is 6 in the Kyrgyz Republic, most parents prefer to enter their children in school when they reach 7. Nationally, out of 4,715 school age children, 652 were not enrolled in school, and 80% of these children were at the age of 6. Table 6 shows the age distribution of school attendance in the national scale by gender.

Table 6. School attendance: distribution of school age children by age and gender, MICS, the Kyrgyz Republic, 4,715 children

Age in years	Male		Female		Total		TOTAL
	No	Yes	No	Yes	No	Yes	
6	303	187	261	195	564	382	946
7	21	463	30	484	51	947	998
8	5	481	2	509	7	990	997
9	7	473	7	453	14	926	940
10	1	384	1	376	2	760	762
11	3	44	2	23	5	67	72
TOTAL	340	2,032	303	643	643	4,072	4,715

Indicator status 12.2 by oblast and by gender is shown in Table 7.

Table 7. Indicator status 12.2 by oblast and gender: Proportion of children of primary school age enrolled in primary school this year (n=4,715), MICS 1995, the Kyrgyz Republic

Oblast	Male	Female	TOTAL
Bishkek	89	87	88
Chui	89	89	89
Talas	81	86	83
Issyk-kul	81	83	79
Naryn	87	91	89
Jalal-Abad	81	84	83
Osh	92	92	92
TOTAL	86	87	86

The indicator 12.3 (proportion of children entering school at entry age) was 40.4% nationally. This is also due to the aforementioned reasons. Oblast figures range from 29.2% in Talas to 64.6% in Osh. The indicator status by oblast and gender is shown in Table 8.

Table 8. Indicator status 12.3 by oblast and gender: Proportion of children entering school at entry age, MICS 1995, the Kyrgyz Republic

Oblast	Male		Female		TOTAL	
	Total children aged 6 years	Attending school	Total children aged 6 years	Attending school	Total children aged 6 years	Attending school
Bishkek	29	13 (44.8%)	23	5 (21.7%)	52	18 (34.6%)
Chui	40	17 (42.5%)	53	29 (54.7%)	93	46 (49.5%)
Talas	100	25 (25%)	71	25 (35.2%)	171	50 (29.2%)
Issyk-kul	75	25 (33.3%)	71	13 (18.3%)	146	38 (26%)
Naryn	95	31 (32.6%)	89	32 (36%)	184	63 (34.2%)
Jalal-Abad	83	33 (39.8%)	70	39 (55.7%)	153	72 (47.1%)
Osh	68	43 (63.2%)	79	52 (65.8%)	147	95 (64.6%)
TOTAL	490	187 (38.2%)	456	195 (42.8%)	946	382 (40.4%)

If the school entry age is regarded as 7, 94.7% of this age group was found in school (60.6% attending Grade 1 and 34.2% attending Grade 2).

2.4. Care of acute respiratory infections (CARI)

CARI Module was directed to all mothers of children aged under five in the households. The questionnaire focused on learning what symptoms and signs would lead the mother to take the child to a health worker/doctor. Mothers were asked, when their children were ill with a cough and/or cold what signs or symptoms would lead them to take them to a clinic.

The indicator shows the proportion of mothers of children under five years of age who know the signs of ARI at 25%.

Table 9. ARI Indicator status by oblast (percent of mothers who know the signs of ARI), MICS 1995, the Kyrgyz Republic

Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
16	41	20	38	18	30	11	25

In general, fever was the most mentioned sign of ARI (82.3% of the mothers nationally). Blocked nose was the second (39.7%). 321 out of 3,715 mothers (8.6%) did not know any signs or symptoms of ARI.

Table 10. Signs and symptoms mentioned by mothers for ARI, MICS 1995, the Kyrgyz Republic

Sign/symptom	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Fever	78.	75.3	83.5	90.6	83.2	91.5	71.1	82.3
Blocked nose	43.1	53.8	29.7	51.9	29.5	58.5	22.8	39.7
Trouble sleeping/eating	13.2	22.3	7.7	24.2	12.2	27.2	14.4	17.1
Difficult breathing	12.3	28.6	16.7	30.1	16.8	22.3	7.1	18.8
Being ill for a long time	11.8	28.6	6.8	19.6	22.5	25.8	4.7	16.7
Fast breathing	4.9	15.3	5.3	25.5	7.0	24.4	5.0	12.6
Don't know	6.9	6.3	10.5	2.6	5.4	3.7	21.0	8.6

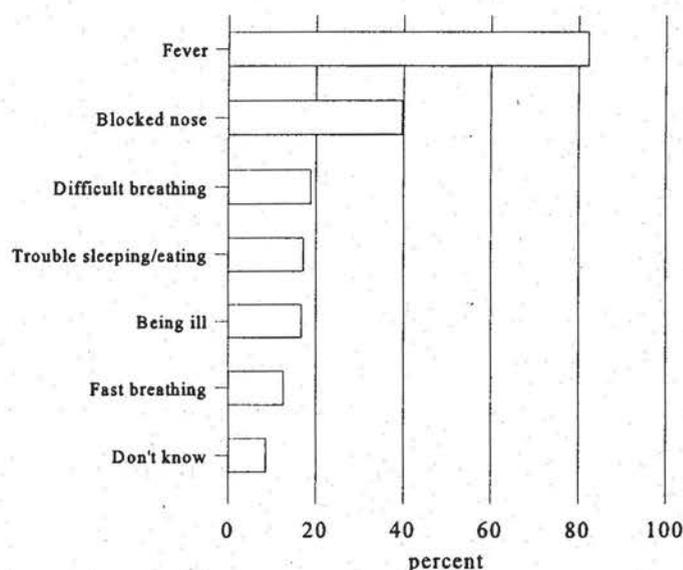


Figure 3. Signs and symptoms mentioned by mothers for ARI, national percentage, the Kyrgyz Republic

The major indicator for pneumonia (fast breathing) was known by only 12.6% of the mothers. The lowest percentage was observed in Bishkek (4.9%) while the highest was in Issyk-kul (25.5%).

2.5. Diarrhoea

Diarrhoea Module was directed to mothers of all children under five years of age in the household. The questions focused on three major points:

- * Whether the children had diarrhoea during the previous two weeks
- * Food and fluids children received during the last episode
- * Changes in the amount of fluids and food given to children

Due to the season at the time of data collection, fewer diarrhoeal cases were found than estimated. The incidence rate for diarrhoea in the two weeks preceding the survey was found the highest in Osh (9.4%) and Bishkek (7.8%) and the lowest in Talas (5.3%).

Table 11. Diarrhoea incidence rates in children under five years of age in the two weeks preceding the survey, MICS 1995, the Kyrgyz Republic

Definition	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Number of cases	18	28	49	39	57	60	85	336
Incidence rate (percentage)	7.8	5.4	5.3	5.7	6.7	7.3	9.4	6.8

The indicator of use of ORT (old and new definition) is shown in Table 12. When the old definition is used the Kyrgyz Republic has very high percentage of use of ORT (percentage of diarrhoea cases among children under five in the two weeks preceding the survey who received ORT and/or recommended home fluid). However, when the new definition is used--it covers continued eating--all figures decrease dramatically. The lowest figure is found in Osh (14%), while the highest is in Naryn (28%).

Table 12. Percentage of diarrhoea cases that are given ORT, MICS 1995 the Kyrgyz Republic

Definition	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
OLD	100	100	96	97	96	98	100	98
NEW	22	21	16	23	28	15	14	19

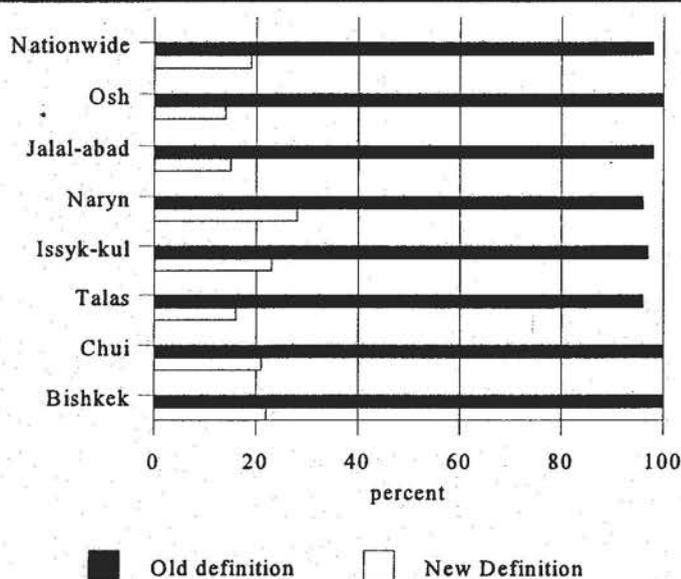


Figure 3. Indicator status, ORT use (old and new definition) by oblasts, the Kyrgyz Republic

Table 13. Type of fluids and food the children received during the last episode of diarrhoea (in percentage), MICS 1995, the Kyrgyz Republic

Description	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Breast-milk	50.0	34.4	38.0	20.5	35.0	47.5	47.0	39.8
Gruels	66.6	51.7	36.7	38.4	32.2	45.0	32.9	39.5
Local home fluids	50.0	41.3	24.4	33.3	30.5	55.0	41.1	38.9
ORS	33.3	34.4	28.5	28.2	22.0	44.0	28.2	30.7
Milk/infant formula	72.2	48.2	48.9	30.7	67.7	58.3	48.2	52.8
Water w/feeding	44.4	75.8	59.1	43.5	67.7	65.0	63.5	62.1
Water alone	-	-	-	-	-	-	-	-
Unacceptable fluids	61.1	75.8	38.7	30.7	35.0	41.6	34.1	40.1

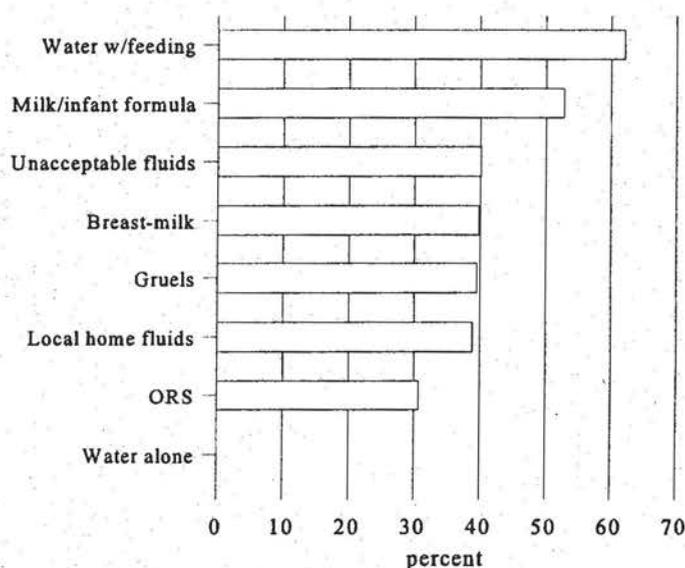


Figure 4. Type of fluid and food the children received during the last episode of diarrhoea (in percentage), the Kyrgyz Republic

Carbonated soft drinks and sweetened juices were considered unacceptable fluids. ORS was given to 30.7% of children with diarrhoea. The highest rates were observed in Jalal-abad (44.0%) and in Chui (34.4%). Naryn had the lowest figure (22%). Nationally, breast-feeding was continued for about 40% of the children with diarrhoea. However, unacceptable fluids were given to children with diarrhoea in about 40% of the cases.

In terms of changes in the amount of fluids given to the children with diarrhoea, most of the children received about the same or more amounts of fluids (75% together). However, only about 41% of the children were given about the same or more food during the last diarrhoea episode.

Table 14. *Changes in the amount of fluids given to children with diarrhoea (percentage), MICS 1995, the Kyrgyz Republic*

Drinking status	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Much less or none	22.3	25.0	20.4	18.0	21.0	20.0	18.8	20.2
About the same	33.3	42.9	51.0	48.7	31.6	31.6	29.4	36.9
More	33.3	28.6	24.5	28.2	47.4	41.7	48.3	38.7
Don't know	11.1	3.5	4.1	5.1	-	6.7	3.5	4.2

Table 15. *Changes in the amount of food given to children with diarrhoea (percentage), MICS 1995, the Kyrgyz Republic*

Eating status	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
None	5.6	7.1	4.1	2.6	8.8	6.7	14.1	8.0
Much less	44.4	14.3	24.5	20.5	36.8	40.0	23.5	28.9
Somewhat less	27.7	14.3	26.5	12.8	12.3	15.0	5.9	14.3
About the same	16.7	64.3	34.7	53.9	38.6	33.3	30.6	37.8
More	5.6	-	4.1	5.1	3.5	1.7	4.7	3.6
Don't know	-	-	6.1	5.1	-	3.3	21.2	7.4

2.6. Breast-feeding

Breast-feeding Module was directed to the mothers of all children under two years of age. The questions focused mainly on two points:

- * Ever and still breast-feeding rates
- * 24-hour recall on what babies received

93.2% of all children under two years of age was breast-fed at one time or another, and 72.4% of them were still on breast-feeding.

Table 16. *Ever and still breast-feeding rates in children under two years of age, MICS 1995, the Kyrgyz Republic*

Status	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Ever breast-fed	78.5	91.7	93.5	96.0	93.9	96.7	90.9	93.2
Currently on breast-feeding	69.4	72.6	68.6	66.2	68.9	76.7	80.5	72.4

Although the breast-feeding rates were high, exclusive breast-feeding rates for children under four months of age were relatively low. Chui had the lowest exclusive breast-feeding rate by 24%, while the rate was the highest in Talas (59%).

Table 17. Exclusive breast-feeding in children under four months of age, MICS 1995, the Kyrgyz Republic

Bishkek (12)	Chui (25)	Talas (63)	Issyk-kul (47)	Naryn (51)	Jalal-abad (54)	Osh (56)	Nationwide (308)
25	24	59	49	35	28	27	38

Table 18. Type of fluid and food given to children under 11 months of age during the previous 24 hours (percentage), MICS 1995 the Kyrgyz Republic

Received	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Vitamin, mineral supplements or medicine	25.6	32.5	12.8	6.3	8.4	16.1	12.8	14.5
Plain water	72.1	73.3	39.1	60.9	56.4	52.0	59.8	55.6
Sweetened, flavored water or fruit juice or tea or infusion	69.8	78.6	59.7	46.0	47.0	71.8	58.7	60.6
ORS	2.3	11.0	4.7	2.9	5.4	11.0	5.0	6.5
Tinned, powdered or fresh milk or infant formula	58.1	53.2	44.6	31.6	53.5	41.8	37.4	43.7
Other liquids	27.9	50.6	5.4	8.0	16.3	21.6	20.3	19.3
Solid, semi-solid food	55.8	57.1	46.1	26.4	46.0	45.8	46.2	45.3
Only breast-milk	11.6	5.8	25.6	27.0	15.8	11.4	12.8	16.4

Plain water and sweetened/flavored water/fruit juice and tea were given to more than 60% of the children.

Bottle-feeding rates for children under 12 months of age were: Bishkek (55%), Chui (43%), Osh (41%), Jalal-abad (34%), Naryn (31%), Talas (29%) and Issyk-kul (18%).

2.7. Immunization

Immunization Module was used for children aged 12-24 months. (24th month was included due to measles schedule in the Kyrgyz Republic). There were mainly three focuses in the questionnaire:

- * Immunization coverage
- * Intervals between doses, and
- * BCG scar.

BCG scar was checked by interviewers at home, and all other information was collected at the polyclinic level where the children received their vaccination.

In all oblasts except Chui, the percentage of positive BCG scar (checked at home) was higher than the BCG coverage rates, and this may be due to the fact that some children who received BCG vaccine had no records at the polyclinic level. For example, in Bishkek, positive BCG scar was found in 100% of the children aged 12-23 months while the immunization coverage at the time of the survey for BCG was 94%. Similar discrepancies were observed in all other oblasts except Chui.

Table 19. Immunization coverage for children aged 12-23 months receiving vaccination before their first birthday (valid immunization coverage) n=981, MICS 1995, the Kyrgyz Republic (12-24 months for measles)

Antigen	Bishkek (35)	Chui (107)	Talas (206)	Issyk-kul (122)	Naryn (139)	Jalal-abad (172)	Osh (200)	Nationwide (981)
BCG	86	76	85	87	85	85	80	83
DPT3	66	68	76	74	81	77	70	74
OPV3	60	61	73	57	74	72	63	67
Measles	51	50	70	73	62	65	68	65

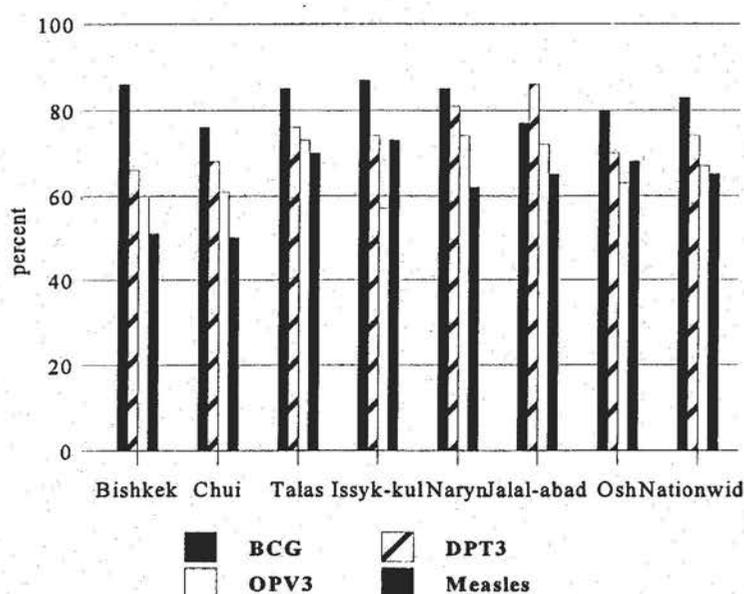


Figure 5. Immunization coverage for children aged 12-23 months receiving vaccination before their first birthday, MICS 1995, the Kyrgyz Republic (12-24 months for measles)

When the coverage rates were analyzed for the same children, higher rates were found. This coverage over a period of two years can be used to interpret the extension of backlog coverage. For example, valid BCG coverage rate was 83% nationally, with the remaining 17% backlog, and the coverage at the time of the survey was 90%, with the remaining 10% backlog for the third year cycle. This means only one third of the backlog was cleared in the second 12-month cycle. Similarly, backlog clearance was 31% in DPT3, and 42% in OPV3.

Table 20. Immunization coverage for children aged 12-23 months receiving vaccination at the time of the survey n=981, MICS 1995, the Kyrgyz Republic

Antigen	Bishkek (35)	Chui (107)	Talas (206)	Issyk-kul (122)	Naryn (139)	Jalal-abad (172)	Osh (200)	Nationwide (981)
BCG	94	91	92	93	89	91	87	90
DPT3	74	77	83	86	86	85	79	82
OPV3	71	76	82	84	86	86	74	81

The analysis of intervals between doses showed that more than 45% of children received their 2nd and 3rd dose of DPT at an interval of over 60 days.

Table 21. *The interval in days between DPT2-DPT1 (n=1226) and DPT3-DPT2 doses (n=1124), MICS 1995, the Kyrgyz Republic*

Interval	DPT2-DPT1		DPT3-DPT2	
	Frequency	Percentage	Frequency	Percentage
under 30 days	21	2.3	15	1.7
30-39	19	2.1	15	1.7
40-49	227	25.2	239	27.1
50-59	208	23.1	204	23.2
60 days and over	427	47.3	408	26.3
Total	902	100.0	881	100.0

Longer intervals between doses indicate false contra-indications and missed opportunities. Although the Ministry of Health revised the immunization schedule and contra-indications in 1994, old practices still exist at the field level.

Children's age at the date of immunization is shown in Table 22.

Table 22. *Average and modal children's age (in months) at the date of immunization, MICS 1995, the Kyrgyz Republic*

Vaccine	Bishkek		Chui		Talas		Issyk-kul		Naryn		Jalal-abad		Osh		Nationwide	
	A	M	A	M	A	M	A	M	A	M	A	M	A	M	A	M
BCG	5	4	4	4	5	4	5	4	5	3	5	4	6	5	5	4
DPT1	3	3	3	2	3	2	3	2	3	2	4	2	3	2	3	2
DPT2	7	5	6	4	6	4	6	4	5	4	6	4	6	4	6	4
DPT3	9	6	8	6	8	6	8	6	7	6	8	6	8	6	9	6
OPV1	4	3	4	2	3	2	4	2	4	2	4	2	4	2	4	2
OPV2	7	5	7	4	6	4	7	4	6	4	6	4	6	4	6	4
OPV3	9	7	9	6	8	6	9	6	8	6	8	6	8	6	9	6
Measles	13	12	13	12	13	12	14	12	13	12	13	12	13	12	13	12

(A = Average, M = Mode, Age for BCG is in days)

BCG scar*Table 23. BCG scar by oblast, percent found (checked at home by interviewers), MICS 1995, the Kyrgyz Republic*

Scar	Bishkek	Chui	Talas	Issyk-kul	Naryn	Jalal-abad	Osh	Nationwide
Positive	100.0	86.4	96.2	94.0	96.9	97.1	90.9	93.9
Negative	-	12.1	3.8	3.0	1.6	1.7	8.7	5.0
Not examined	-	1.5	-	3.0	1.5	1.2	0.6	1.1

BCG scar rate was found much higher compared to reported BCG vaccination coverage.

3. CONCLUSIONS

1. This was the first nationwide survey conducted with the MICS methodology in the Kyrgyz Republic. The survey design was new to the epidemiologists, and international expertise was needed at all stages of the survey. The survey methodology was introduced first in an eight-day training in Ashgabat which included two days of field work and introduction of EPI INFO computer software for data entry and analysis (two persons from Kyrgyzstan participated in the training workshop). The second training workshop took place in Bishkek and involved all supervisors. The participants of this workshop took the role of supervision during the survey and were trained for two additional days on how to use and control the questionnaires. Students and teachers from vocational schools and medical faculties were trained as interviewers. Workers from the State Statistics Committee and the Republican Centre for Immunoprophylaxis were trained and used. Data clearance and analysis were done by the UNICEF consultant.
2. A total of 56 interviewers and 22 supervisors actively participated in data collection. Data collection lasted one full week. Serious logistic planning had to be carried out, due to the large number of interviewers, in order to complete the field work in a relatively short period of time. All participants of the survey were enthusiastic about the work and were very cooperative. However, in terms of capacity of organizing and conducting such surveys, more technical support is needed in the country.
3. Mid-Decade Goals:

3.1. Immunization

National immunization coverage rates were lower than expected: BCG 83%, DPT3 74%, OPV3 67% and measles 65%. In BCG, all oblasts had coverage rates of over 80% except for Chui (76%). For DPT3, the highest coverage was found in Naryn (81%), while the lowest was in Bishkek (66%). As for OPV3, the highest coverage was again found in Naryn (74%) and the lowest in Issyk-kul (57%). Measles had the lowest coverage figures among all antigens. The lowest among oblasts was Chui (50%) and the highest, Issyk-kul (73%). Backlog clearance, which was interpreted from the immunization coverage rates at the time of the survey was noted as an area for attention. By the time of the survey, coverage rates for BCG, DPT3 and OPV3 had increased to at least 80%. The interval between DPT2-DPT1 and DPT3-DPT2 showed that over 45% of the children are vaccinated at a 60-day or longer intervals. It was also found that 25% of the children did not receive their DPT3, although they had reached 9 months of age. Similarly for OPV3, 25% of the children did not receive the third dose, although they had reached 10 months of age. BCG scar examination had a higher positive percentage in comparison to the records at the health facilities. Positive scars were found in 93.9% of the children nationwide, while only 90% coverage was recorded at health facilities.

The MOH reported over 90% coverage rates for all antigens in 1994. Although the coverage rates from the MICS survey did not cover the full calendar year of 1994, the discrepancies were found to great. It was also reported that no vaccine shortages were observed during 1994 and 1995 in the Kyrgyz Republic. Therefore, in terms of vaccination coverages for BCG, DPT and OPV, Mid-Decade Goal status can be concluded as achieved.

3.2. Use of ORT

ORS was widely used. Around two thirds of the mothers continued to give about the same or more amounts of fluids to their children during diarrhoea. However, the use of the new definition of ORT was very low in all the oblasts. This is mainly due to continued feeding. Unacceptable home fluids were also found to be highly in use (40%).

In the Kyrgyz Republic, there is no study that shows the use of ORT and continued feeding as part of the programme to control diarrhoeal diseases in the country. In practice, ORS is available in all health centres in the country, and mothers with children under 5 years of age receive several packages of ORS in the beginning of the diarrhoeal season (100% accessibility). On the other hand, continued feeding is a problem and needs more attention.

3.3. Education

The rate of children who have attended school at one time or another in their lifetime was 86.3% nationally. However, the majority of children not attending school was 6-year-olds. Proportion of children of primary school age enrolled in primary school was 40.4% due to the same reason. It was found out that most children do not enter school until they reach 7 years of age. No difference was observed between boys and girls in terms of enrollment and retention rates.

Official data indicates that more than 95% of all primary school age population are enrolled in primary school, and 95% of all school children entering first grade of primary school reach grade 5. Lower figures were found in MICS for primary school enrollment (which means the cut-off point for school entry age is taken differently by the government), but higher figures were found (99%) in all primary school children entering first grade who eventually reach grade 5.

3.4. Water and Sanitation

In general, access to safe water sources and safe sanitary facilities was high. However, considerably low figures were observed in Naryn for safe water sources. Soap was found available in 89% of households nationwide. However, based on this figure, no further interpretation could be done in terms of the use of soap.

Access to safe water sources and safe sanitation facilities were reported officially at 53% and 31%, respectively, in the Kyrgyz Republic (1993). The figures found in the MICS were higher than official reports (71% for safe water sources and 91% for safe sanitation facilities). Safe sanitation facilities include flush and non-flush private latrines (covered dry pit latrines). MICS results showed that except in Bishkek, most people in other areas were using non-flush private latrines. However, field visits in various regions in the Kyrgyz Republic since 1994 showed that most of the dry pit latrines were not kept clean and could not be considered as "safe". In that case, such high figures are not a surprise since the water and sanitation module is only focused the availability of sanitation facilities by types and not their "quality".

3.5. Breast-feeding

Very high breast-feeding rates were observed among the oblasts. However, exclusive breast-feeding rates for children under 4 months of age were relatively low. National average was 38% while Talas had the highest (59%) and Bishkek the lowest rate (25%). More than 60% of the children under 12 months of age had received plain/sweetened water and juices during the 24 hours preceding the survey. 16.4% of the children under 12 months of age had received only breast-milk.

The only data available on breast-feeding practices was provided by the UNICEF Situation Analysis of November 1994, which revealed that periods of exclusive breast-feeding have declined considerably, and which also quoted the 1993 official figures of 57.2% children receiving breast-feeding at birth and 38.5% at the age of four months.

3.6. Acute Respiratory Infections

The indicator showed that the proportion of mothers of children under 5 years of age who knew the signs of ARI was very low (25%). Among all ARI signs and symptoms, fever and blocked nose were the most frequently mentioned signs. Very low percentage of responded mothers mentioned "fast breathing" as a sign of ARI.

There is no other study concerning the knowledge of mothers regarding the danger signs of ARI in the Kyrgyz Republic. However, an analysis of routine reporting on ARI shows that most of the children with ARI receive care from health workers and institutions relatively late, which may be due to the lack of knowledge at the family level about the danger signs of ARI.

4. RECOMMENDATIONS

A meeting was held in Bishkek on 18 April 1996 with the supervisors and leaders of the MICS to review the results, draw recommendations and to finalize communication plan of the survey. The supervisors and MOH officials showed their concern especially on the low vaccination coverage rates. In the meeting, the following illustrated communication plan which was developed in the initial stages of the survey was presented and discussed:

MICS Communication Planning, The Kyrgyz Republic

Segmenting audiences and planning for communication of MICS methodology and results

Audiences (Users of data) Not listed by priority	MICS communication goals	Planned mode for effective communication	Planned supporting techniques and materials	Planned equipment and materials needed for communication	Additional budget for communication	Timing of activities
LEADERS and SUPERVISORS OF THE SURVEY	Feed-back, planning for effective communication	presentation of report and communication plan and brainstorming	Written presentation, transparencies, blank chart for discussion	Report copies, flip chart, blank transparencies, overhead projector, permanent and non-permanent pens, board-markers	Translation of report (US\$500) Materials production (US\$100) Support for travel (US\$100)	National gathering 19 March 1996
COMMUNITY FAMILIES INDIVIDUALS	Individual, group behavior change, project participation	community level visits, group discussions of findings and implications	Printed hand-outs with results, blank chart for discussion	Printed hand-outs copies, blank flip charts	Translation of hand-outs (US\$100) Materials production (US\$100)	Community level visits Health programme evaluation
PERIPHERAL LEVEL HEALTH WORKERS (FAP)	Improved service delivery, effective communication with families in immunization, breast-feeding, diarrhoeal diseases and ARI	presentation of report, discussion of implications and action	Summary report blank chart for discussion	Summary report copies, blank flip charts	Translation of report (US\$250) Materials production (US\$100)	Regional meetings at oblast/rayon level
MID-LEVEL EPI MANAGERS	Improved service delivery	Group discussions of findings and implications, information circular from the MOH	Summary report blank chart for discussion	Summary report copies, blank flip charts	Materials production (see above)	Mid-level EPI managers meeting
COMMUNITY TEACHERS	Better support to preventive health education on immunization, diarrhoeal diseases and ARI	Group discussions of findings and implications for schools	Printed hand-outs showing results, blank chart for discussion	Printed hand-out copies, blank flip chart	Materials production (see above)	Primary school teachers meetings as part of CDD/ARI training at regional level
OBLAST KHOKIMS, HEALTH and EDUCATION OFFICIALS	Better planning and monitoring	Formal presentation of report followed by discussion	Written presentation, transparencies, blank charts for discussion	Report copies, flip chart, blank transparencies, overhead projector, permanent and non-permanent pens, board-markers	Materials production (see above) Support for travel (US\$300)	National gathering with MOH and MOE (one day meeting)

Audiences (Users of data) Not listed by priority	MICS communication goals	Planned mode for effective communication	Planned supporting techniques and materials	Planned equipment and materials needed for communication	Additional budget for communication	Timing of activities
LOCAL RESEARCH COMMUNITY and UNIVERSITIES	Greater participation, better research agenda	Presentation of methodology and summary results	Written presentation, MICS presentation, transparencies	Report copies, Copies of MICS methodology, EPI.INFO handbooks and diskettes	Materials production (see above)	One day meeting (following national gathering for MDH and MOE)
PEDIATRICIANS OTHER CARK COUNTRIES	Better research agenda	Oral presentation	Summary article, Original article, Transparencies	Will be available at conference facilities	Participation in Conference (one) US\$ 1,000	Presentation at III. Pediatric Conference in Almaty, September 1996
INTERNATIONAL AGENCIES	Increased resources, help with advocacy	Presentation of report at meetings	Written report Transparencies	Copies of report	Personnel cost (US\$?)	Presentation matched to policy/decision cycle
OTHER UNICEF OFFICES	Better communication planning, effective use of survey results	e-mail, fax	discussions	computer, e-mail	Minimal	As long as it is needed

In the meeting "audience prioritization" was done as follows:

1. Oblast khokims, health and education officials
2. Mid-level EPI managers and Peripheral Health Level Workers (FAP)
3. Community teachers
4. Community, families and individuals
5. Local research community and universities
6. International agencies
7. Pediatricians from other CARK countries

The following recommendations were drawn during the meeting:

Immunization

Three major areas of intervention were identified by the participants:

1. To increase coverage rates for all antigens and especially for OPV and measles
2. To supervise field staff in order to prevent false contraindications
3. To improve reporting system.

The low coverage of OPV and measles was the major concern. It is recommended that the MOH prepare a special plan of action to increase measles coverage to the level of 80% by the end of 1997. It is also recommended that MOH take the opportunity of all training activities related to EPI to present the EPI results of MICS and stress the importance of increasing the coverage rates and reduce false contraindications. As for the reporting system, it is recommended that the MOH introduce the "immunization monitor follow-up" charts into the system for monthly monitoring. EPI mid-level training workshops could be used for this opportunity.

Use of ORT and Mothers' knowledge on danger signs of ARI

ORS was found to be widely known and used. However, new definition of ORT use, which includes continued feeding, was very low. As for ARI, danger signs of ARI were not known by most of the mothers. It is recommended that the ARI analysis in Naryn be evaluated seriously and recommendations be drawn based on the Naryn evaluation and MICS together. It is also recommended that the communication skills of health personnel be improved through workshops (special workshops should be designed to improve communication and managerial skills of health personnel).

Basic Education

The proportion of children over seven years of age not attending school was found to be very low. However, it is strongly recommended that the Ministry of Education focus on the issue as a potential problem and identify the reasons of non-attendance.

Water and Sanitation

Naryn, Jalal-abad and Osh oblasts were identified as priority areas for intervention. It is recommended that international support be focused on these three oblasts, especially in upgrading the water sources.

Survey results showed a very high coverage of safe sanitation facilities, however, this figures included "covered dry pit latrines". From the field observations, it is well known that almost all of the pit latrines are not kept hygienically and cannot be considered as "safe". A special programme is recommended to improve sanitation situation throughout the country, focusing at sub-national level (starting with Naryn and Talas which have the lowest figures). The "School Hygiene and Sanitation Package" which was developed by UNICEF CARK can serve as an entry point to address the problem.

Breast-feeding

Breast-feeding is a common tradition in the Kyrgyz Republic. Exclusive breast-feeding in infants under 4 months of age was found to be 38%. Although the MOH abandoned the famous FSU decree on breast-feeding and issued a new one, it is not fully in line with WHO/UNICEF recommendations. The breast-feeding which was developed by the MOH, needs more attention and support from the international side.

Acute Respiratory Infections

Mothers' knowledge on the danger signs of ARI was found to be very little. The findings of MICS should be combined with the qualitative evaluation of ARI programme which is planned to be carried out in April 1996 in Naryn. Specific recommendations will be drawn based on this ARI evaluation.

- Annex I. Map of The Kyrgyz Republic*
- Annex II. Location of clusters by oblast*
- Annex III. List of interviewers and supervisors*
- Annex IV. List of participants (MICS evaluation meeting, 18 April 1996)*
- Annex V. Questionnaires*



Map No. 3770 Rev.1 UNITED NATIONS July 1995

Department of Public Information Cartographic Section

ANNEX I. Map of Kyrgyz Republic

Annex II. Location of clusters by oblast

OBLAST	Cluster number	Village/city	Rayon	Population
OSH	001	Gulcha	Alaiskiy	15,581
	002	Toguz-Bulak	"	1,104
	003	Aravan	Arananskiy	18,681
	004	Djeke-Miste	"	1,687
	005	Kara-Bak	Batkenskiy	4,568
	006	Aktash	Kara-Suiski	2,245
	007	Bek-Djar	"	759
	008	Besh-Kene	"	2,858
	009	Nariman	"	6,256
	010	Savai	"	2,098
	011	Furkat	"	3,783
	012	Bolshevik	Lyailyakski	2,096
	013	Lenina	"	2,183
	014	Baglan	Naukatskiy	851
	015	Borko	"	1,831
	016	Borbish	"	2,255
	017	Chapaeva	"	9,983
	018	Kara-Kuldja	Kara-Kuldja	9,377
	019	Ak-Djar	Uzgenskiy	1,590
	020	Kysyl-Dyikan	"	2,048
	021	Kainar	"	399
	022	Kyzyl-Charba	"	681
	023	Ak-Kiay	Kadamjaiskiy	178
	024	Kalacha	"	2,200
	025	Osh-city		1 408,500
	026	"		
	027	"		
	028	"		
	029	"		
	030	"		

OSH	031	"		
	032	"		
	033	Sulukta-city		21,000
	034	Uzgen-city		45,000

OBLAST	Cluster number	Village/city	Rayon	Population
<i>JALAL ABAD</i>	035	Ak-Korgon	Ala-Buka	4,454
	036	Baimak	"	1,276
	037	Sovet-Sai	"	622
	038	Bazar-Korgon	Bazar-Kogon	21,408
	039	International	Batkenskyi	1,646
	040	Charbak	"	2,925
	041	Ist May	"	2,675
	042	Djani-Djol	Aksyiskyi	1,818
	043	Karavan	"	11,648
	044	Chie	"	767
	045	Naryn	"	4,943
	046	Besh-Djigach	Nookenskyi	348
	047	Rahmandjan	"	1,516
	048	Birdik	"	1,638
	049	Cheke-Debe	Suzakskyi	1,947
	050	Ak-Gook	"	1,989
	051	Spasovka	"	2,414
	052	Safarobkaja	"	1,740
	053	Mundus	"	828
	054	Gulstan	"	2,122
	055	Totia	"	1,466
	056	Lenina	Toguz-Toroiskyi	1,771
	057	Ai-Arik	Togtogulskyi	642
	058	Kyzyl-Uran	"	1,948
	059	Jalal-Abad city		77,500
	060	"		
	061	"		

JALAL- ABAD	062	“		
	063	Kara-Kul city		22,900
	064	Kok-Yangak city		16,100
	065	“		
	066	“		
	067	Mailu-Suu city		28,300
	068	Tash-Kumir city		39,800

OBLAST	Cluster number	Village/city	Rayon	Population
CHUI	069	Kara-Djigach	Alamedin	4,484
	070	Dachnoe	“	1,471
	071	Ala-Archa	“	10,078
	072	Prigorodnoe	“	5,546
	073	Hydrostroitel	Issyk-Atinskyi	1,277
	074	Urevka	“	3,394
	075	Kalininskoe	Kalininskyi	3,891
	076	Iri-Suu	“	633
	077	Internatsionalnoe	Kantskyi	3,192
	078	Kirshelk	“	1,942
	079	Nooruz	“	762
	080	Piket	Keminskyi	855
	081	Aleksandrovka	Moscovskyi	10,664
	082	Belovodskoe	“	22,871
	083	Petrovka	“	9,109
	084	Voznesenovka	Panfilovskyi	4,091
	085	Djailma	“	1,060
	086	Lesnoe	Sokulukskyi	823
	087	Djani-Djer	“	4,536
	088	Sokuluk	“	10,924
	089	Nizhnee	“	2,184
	090	Djal	“	2,079
091	Komsomolskoe	“	2,507	
092	Lenina	“	332	

CHUI	093	Chui	Chuiskyi	13,568
	094	Tokmok-city		106,000
	095	"		
	096	"		
	097	Kara-Balta city		40,000
	098	"		
	099	Kant city		20,000
	100	Ak-Tuz city		7,000
	101	Shopokov city		8,000
	102	"		

OBLAST	Cluster number	Village/city	Rayon	Population
<i>Issyk-Kul</i>	103	Djani-Aryk	Ak-Suiskyi	1,531
	104	Shapak	"	802
	105	Teplokluhenka	"	10,282
	106	Ai-Osten	Djeti-Oguzskiyi	1,126
	107	Darkan	"	4,134
	108	Chirak	"	1,456
	109	Podgornoe	"	996
	110	Pokrovka	"	13,495
	111	Tamga	Djeti-Oguzskiyi	3,855
	112	Ananevo	Issyk-Kulskiyi	8,954
	113	Grigorevka	"	5,405
	114	Semenovka	"	2,651
	115	Temirovka	"	2,729
	116	Chon-Sari-Oi	"	1,987
	117	Ak-Olen	Tonskiy	1,898
	118	Bokonbaevo	"	11,890
	119	Kara-Tala	"	1,542
	120	Kuturga	Tupskiy	1,690
	121	Kurmenti	"	2,382
	122	Toktoyan	"	1,089
	123	Tup	"	12,065

Issyk-kul	124	Tup	“	12,065
	125	Korumdi	“	1,238
	126	Djalu-Bulak	Tupskiyi	1,009
	127	Karakol - city		66,900
	128	“		
	129	“		
	130	“		
	131	“		
	132	Balikchi city		46,700
	133	“		
	134	“		
	135	Cholpon-Ata city		25,000
	136	Djani-Arik	Aksuiskiyi	1,531

OBLAST	Cluster number	Village/city	Rayon	Population
NARYN	137	Uguk	Ak-Talinskyyi	754
	138	Baetovo	“	10,386
	139	Kara-Burgen	“	1,731
	140	Djani-Talap	“	1,668
	141	Birdik	“	883
	142	At-Bashi	At-Bashinskyyi	13,979
	143	At-Bashi	At-Bashinskyyi	13,979
	144	Acha-Kaindi	“	3,144
	145	Kalibek	“	2,904
	146	Taldy-Suu	“	1,377
	147	Djungal	Djungal	1,439
	148	Kairma	“	4,455
	149	Tugel-Sai	“	1,383
	150	Chaek	“	9,481
	151	Chaek	“	9,481
	152	Kara-Suu	Kochkorskyyi	1,967
	153	Ortok	“	836
154	Kochkor	“	10,872	

Naryn	155	Kochkor	“	10,872
	156	Kum-Dube	“	2,582
	157	Sari-Bulak	“	403
	158	Cholpon	“	3,188
	159	8th March	Narynskyi	1,834
	160	Djerge-Tal	“	2,418
	161	Emgekchil	“	2,527
	162	Ottuk	“	1,194
	163	Orto-saz	“	478
	164	Naryn city		47,200
	165	“		“
	167	“		“
	168	“		“
	169	“		“
170	“		“	

OBLAST	Cluster number	Village/city	Rayon	Population
TALAS	171	Djyide	Kara-Burinskyi	1,038
	172	Amanbaev	“	5,492
	173	Bakair	“	2,126
	174	Kirov	“	11,719
	175	Kirov	“	11,719
	176	Kainar	“	968
	177	Chimkent	“	4,029
	178	Kalinin	Bakai-Atinskyi	2,276
	179	Bakiyan	“	2,043
	180	Kluchevka	“	4,476
	181	Pervomaiskoe	“	1,344
	182	Madaniyat	“	1,237
	183	Leninpol	“	8,505
	184	“	“	
	185	“	“	
	186	Ozgorush	“	3,805

Talas	187	Orlovka	“	4,463
	188	Talas	Manasskyi	3,209
	189	Manas	“	511
	190	Pokrovka	“	6,833
	191	Kyzyl-Jyldyz	“	2,708
	192	Aral	Talasskyi	3,395
	193	Ataya	“	2,627
	194	Ak-Djar	“	1,282
	195	Ivanovo-Alexeevka	“	6,332
	196	Sasik-Bulak	“	1,551
	197	Kepure-Bazar	“	4,429
	198	Kum-Arik	“	2,041
	199	Ak-Sai	“	2,983
	200	Talas city		30,100
	201	“		“
	202	“		“
203	“		“	
204	“		“	

BISHKEK - city

Clusters from No205 to No238, total population of Bishkek - 593,600

OBLAST	Cluster number	Name of the streets and No of the houses	Rayon	Population
BISHKEK city policlinic No 1	205	str.Sverdlov 101-117; Shevchenko 92-100, 99-111; Turusbekov 94-100,89; Kievskay 166-200, 155-165; Chui avenue 170-178, 257-261 Pushkin 148-152, 127-149 Riskulov 20-38 Krupskaya 72	Leninskyi	2,178
	206	Belinskaya 2-10 Krupskaya 2-22, 1-17 Shevchenko 5-27,2-12 Sverdlov 1-9 Engels 185,181,232-246 Tutusbekov 5-11 Chuikov 143-157	“	1,956

OBLAST	Cluster number	Name of the streets and No of the houses	Rayon	Population
BISHKEK city policlinic No 1	207	Ala-Archinskaya 8 Akiev 36-54,43-53 Kalinin 290-302,245-275 Moskovskaya 209-223 Molodaya Gvardia 14-22,23-27 Togtogula 226-244 Timeryazev 42 Engels 228-302	"	1,527
	208	Street No 22 p/s 118-208 Arzamasskaya 60-144,75-149 Messarosh 2-64 Abdraev 62-140 pereulok (lane) "Pochtovyi" all houses Djamgerchinov 97-105 pereulok "Selsovetskiy" all houses Srednya 102-210, 101-161 pereulok Chuguevskiy 56-92,53-99	"	1,534
	209	Astrahanskaya 14- 45; Primorskaya 2-32; Pereulok Krasnovodskiy, Stadionnyi, Kamchatskiy, Krasnodarskiy - all houses	"	1,330
polyclinic NO 2	210	Dizelnaya 1-72, Dushanbinskaya 6, 6-a, 6-b, 6-c,8,10,16,18,20,22,24,26,28,38,44,45	Pervomaiskiy	2,458
is served by ambulatory	211	village "Chon-Arik" (belongs to city)	"	4,090
policlinic NO 2	212	Prospect Mira (Peace avenue) 53, 47-a 50 let Oktyabrya (50 years of October revolution) 142-148, 187-189 (including 187-a - 189-a) Ordzhonikidze 72-82 Shota Rustaveli 48, 54-a, 52-60, 101-113, 103-a - 109-a	"	2,553
"	213	Kupyanskaya 30 Akiev 1-a Bronorovannaya 1-82 Gagarin -1-15 Griboedov - all houses Pereulok Vologodskiy 1-36 9 - lineya (9th line) -1-68 Prospect Mira 5-9 Novaya 1-25 Ordzhonikidze 1-85 pereulok Ostrovsryi 1-13 pereulok Ohotskiy - all houses Remeslennaya 96- 126, 131 - to to the end of the street Sevostopolskaya 1-6 Furmanov 1-6 Chapaev 2-58 Rustaveli 1-33	"	2,194

OBLAST	Cluster number	Name of the streets and No of the houses	Rayon	Population
"	214	Repin 114-255 Krivonosov 95-103, 190-208 Tsiolkovskiy 69-73, 76-96 69-73, 76-96 Aini 201, 209, 219 pereulok Dragobichevskiy -all houses " Muromskiy 2-40 " Dagestanskiy 3-33 Kosmicheskaya 120-139 Hoperskaya 1-10-a, 2-58 pereulok Lutskiy -all houses " Mozirskiy - all houses " Ternopolskiy 3-22 Gagarin 135-171, 200-270 Sibirskiy tupik 36-38	"	2,782
"	215	microdistrict "Djal" - all houses 50 let Oktyabrya - 20-21, 24- 26,29,31,33,35,77,78,79,74,81-84,86087,90- 92,94,96,98,103	"	3,537
policlinic No 4	216	Gogol 116,179 Frunze 282, 300, 423-425, 425-4, 425-1 Ivanitsin 64, 64-1,64-2	Sverdlovskiy	1,850
"	217	Baetov 1-57 Frunze 240-280 Osmonkul 65-131 Karpinskiy 166-204	"	1,773
policlinic No 5	218	microdistrict "Bakai-Ata" all houses	"	2,000
"	219	microdistrict "Alamedin"	"	2,141
"	220	microdistrict "Tunguch"	"	25,27,36,37, 39, 34-a, 51,55, 56,58,59,60, 61,62, 63
policlinic No 6	221	Elebaev 65-71, Scryabin 76-80, 37-43 Sovetskaya 5,5-a,b,c; 9, 9-a, 13,13-a,b; Topograficheskiy pereulok -all houses; Kommunisticheskaya 101-149	Oktyabrskiy	1,657
"	222	Maldibaev 36,36-a,38,38/1,40,40-a,42,42-a,44,46 Donetskaya 10 microdistrict No 10-13-15	Oktyabrskiy	1,841
"	223	microdistrict No8 - 3-8, 8/1 Sovetskaya 3/4, 11,3-g Chardovarskaya 91-b,c	"	1,787
"	224	microdistrict No 7- 17-27	"	1,838

OBLAST	Cluster number	Name of the streets and No of the houses	Rayon	Population
"	225	Marx 56-127, Djantoshev 1-47 Kropotkin 2-104 Beporusskaya 34-111, 18 pereulok Anarchinskyi - all houses Zhugulevskaya 1-47	"	1,678
"	226	microdistrict No6 - 23-28	"	1,671
"	227	microdistrict No 12 -16,19,20, 56-59, 62,64,65,69	"	1,995
"	228	microdistrict No 6- 1-5, 5-a,6-7, 7-a, 8, 9/1, 8-a	"	1,927
polyclinic No 7	229	Belinskaya 5,7 pereulok Belinskogo 1-27 Bokonbaev 152-172, 149 Karasuiskaya 1-15, 26,27 Moscovakaya 156-164 Isanov 1-20	Sverdlovskiy	1,962
"	230	microdistrict "Ug - 2" (south) -1-9	"	1,607
"	231	Kalinin 75,77, 106-112 Moscovskaya 49-53, 64,69 Pravda 40,61,63 Usenbaev 44-68 Shopokov 35	"	2,113
policlinic No 8	232	microdistrict "Vostok-5"-1-11	"	2,093
"	233	microdistrict "Vostok-5"-12-18, 23-25	"	2,059
polyclinic No 9	234	Frunze 10-42, 49-81 Kantemirovskaya 2-16 Voronezhskaya 59-105 prospect Chui 39-79	Leninskyi	2,367
"	235	microdistrict "Kok-djar"	"	5,002
polyclinic No 3	236	pereulok Botkenskyy -all houses pereulok Batira - "	"	1,815
"	237	Belinskaya 64-70, 89-113 Ivanitsin 174-229 Kirov 247-328 Karasuiskaya 78-105 50 let Kyrgyzii 378-424 Riskulov 15-61 40 let October 108-134 Frunze 403-434, 533-565 Shevchenko 114-147	"	2, 784

OBLAST	Cluster number	Name of the streets and No of the houses	Rayon	Population
“	238	pereulok Ak-Tala - all houses “ Belinskyi - 163-234 “ Kokchetavskiyi - 1 - 27 “ Karavanskyi - all houses Kokchetavskaya street -206-232, 235-343 Kisilkyiskaya - 1-25 Molodaya Gvardia -158, 181 - 231 Kuliev - all houses Tuleberdiev -1- 86 pereulok Talasskyi - all houses pereulok Tihvinskyi - “	“	1,538

ANNEX III. List of supervisors and interviewers

Osh oblast	
<i>Supervisors</i>	<i>Interviewers</i>
1. Kozhevnikov-head of epidemiological department Osh oblast SES	01. Turdubaev
2. Jemuratov-head of the branch of the Center for Immunoprophylaxis in Osh oblast	02. Tilenchiev
3. Saidova-head of statistical unit, Osh oblast Health Department	03. Berdishev
4. Shamshiev-deputy head of the department of high schools, MoEducation	04. Janibekov
	05. Omorova
	06. Kanaeva
	07. Niyazbaeva
	08. Nurakunov

Djalal-Abad oblast	
<i>Supervisors</i>	<i>Interviewers</i>
1. Denislamova -head of department of clinical and social prophylaxis, Research Institute on Ecology	09. Kadirkulov
2. Tolonova -head of medical statistics bureau, Djalal- Abad oblast health department	10. Niyazaliev
3. Abdrazakova-epidemiologist, Djalal-Abad oblast health department	11. Dosaliev
	12. Kiyazov
	13. Imanaliev
	14. Jumadilova
	15. Kokumova
	16. Karimshakova

Issyk-Kul oblast	
<i>Supervisors</i>	<i>Interviewers</i>
1. Zadorozhniy -head of epidemiological department, Republican SES	17. Kirbashev
2. Toropova -researcher, Department of sociology, Institute of Ecology	18. Kulahunov
3. Djumanalieva -epidemiologist, Djalal-Abad oblast health department	19. Chungulov
	20. Kadirov
	21. Mukaramov
	22. Alamuradov
	23. Mambetova
	24. Babaeva

Naryn oblast	
<i>Supervisors</i>	<i>Interviewers</i>
1. Adjibaeva -deputy chief physician of Naryn oblast Health Department	25. Omuraliev
2. Sharshenbaeva - epidemiologist, Naryn oblast SES	26. Gaparov
3. Eshenalieva -researcher, Institute of Ecology	27. Bolot Jumali
	28. Baijanova
	29. Bajjumanova
	30. Karmisheva
	31. Kulova
	32. Dootalieva

Talas oblast	
<i>Supervisors</i>	<i>Interviewers</i>
1. Oskonaliev -head of epidemiological department, Talas oblast SES	33. Omursakov
2. Denisova - officer in administrative - methodological section, Talas oblast Health Department	34. Chingishbaev
3. Bashneva -chief of Water/Sanitation Department, Republican SES	35. Ajimatov
	36. Jusuev
	37. Boshkoeva
	38. Tashirbek kisi
	39. Japarova
	40. Ashiraliev

Chui oblast	
<i>Supervisors</i>	<i>Interviewers</i>
1. Bobrovskiy -deputy chief-physician Chui oblast Health Department	41. Asanbekova
2. Burlutskiy - head of epidemiological department, Chui oblast SES	42. Abdrahmanova
3. Omurzakova - officer in Research Institute of Ecology	43. Umetova
	44. Bikieva
	45. Jumasheva
	46. Kudimova
	47. Moldalieva
	48. Kabilova

Bishkek city	
<i>Supervisors</i>	<i>Interviewers</i>
1. Mirzakarimova -head of bureau of statistics, MoH	49. Piskulbekova
2. Sokurenko - officer in Research Institute of Ecology	50. Toktobolotova
3. Monolbaev - deputy head of Republican Center for Immunoprophylaxis	51. Dnepr kisi
	52. Konokbaeva
	53. Mamiralieva
	54. Muhambetjanova
	55. Kulevtsova
	56. Toktotonova

LIST OF PARTICIPANTS
MICS RESULTS REVIEW MEETING
Thursday, 18 April 1996, BISHKEK, The Kyrgyz Republic

MINISTRY OF HEALTH

S. Abdikerimov	Head of SANEPID Department, MOH, Bishkek
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B. Israilov	Deputy Head of CIP, Bishkek
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I. Zadorozhniy	Head, Department of edidemiological surveillance, Republican SES, Bishkek
I. Burluckiy	Head, Department of Epidemiological Surveillance, Chui oblast
A. Kushbakeeva	Chief Pediatrician, National coordinator of CDD/ARI and BF programmes
I. Jalilov	Chief doctor, SES, Sulukta city
S. Berdiev	Chief doctor of Rayon SES, Kara-Kuldja
M. Turdaliev	Chief doctor of Tup Rayon SES, Issyk-kul oblast
B. Guinazarov	Chief doctor of Uch-Terek Rayon SES, Jalal-abad oblast
A. Ramankulov	Chief doctor of Panfilov Rayon SES, Chui oblast
U. Kulchibaev	Chief doctor of Kemin Rayon SES, Chui oblast
M. Aliev	Deputy Chief doctor of Naryn oblast SES
N. Serkebaev	Chief doctor of SES kara Balta city, Chui oblast
G. Borunchiev	Chief doctor of Ak-Tala Rayon SES, Naryn oblast
G. Askarbekov	Chief doctor of Talasskiy Rayon SES, Talas oblast
M. Mambetov	Chief doctor of Cholphan-Ata Rayon SES, Issyk-Kul oblast

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U. Kartoglu	Health Officer, UNICEF CARK AO
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ANNEX V. QUESTIONNAIRES

Q1
For all households

QUESTIONNAIRE 1. HOUSEHOLD MODULE

Interviewer no:

INTERVIEWER: Begin by introducing yourself, explain to the interviewee that you would like some information that will help government improve the health and well-being of children. Tell that the questions will take only a few minutes.

Household Information Panel

Cluster number:	Household number:	Date of interview (date/month):
Name of head of household:	Number of persons in the household:	Number of rooms in dwelling:

INTERVIEWER: I WOULD LIKE TO ASK ALL MOTHERS OR OTHERS WHO CARE FOR CHILDREN SOME QUESTIONS ABOUT THE HEALTH AND WELL-BEING OF THE CHILDREN IN THIS HOUSEHOLD. If there are more than one mother/caretaker living in this household, ask to speak to each mother/caretaker, listing the mother's name in the line 0-1. Ask mother to list the names and birth dates of the children for whom she is responsible who live in the household, starting with the youngest child, who is listed on the line number 1-1. Stop listing when you reach a child over age 11. If there is another mother living in the same household, go on to the next woman, listing her name first on the line 0-2, and the children for whom she is responsible who are living in the same household, starting with the youngest child with line number 2-1.

Mother and Child Listing Form

Line no	1. Name	2. Sex 1 = male 2 = female	3. Date of Birth			4. Respondent 1 = mother 2 = caretaker
			day	month	year	
0-1 (mother)						
1-1						
1-2						
1-3						

QUESTIONNAIRE 2. WATER AND SANITATION MODULE

Cluster no:Household no:

Ask the questions in this module once for each house visited. Circle the number for only one answer in the space at right. If a respondent gives more than one answer, enter the most usual source/facility.

1. What is the main source of drinking water for members of your household?

Piped-in dwelling	1	Unprotected dug well or spring	5
Public tap	2	Pond, river or stream	6
Tube well or borehole	3	Tanker-truck, vendor	7
Protected dug well or protected spring	4	Other	9

2. How far is the source from your dwelling?

On premises	1	500 m - 1 km	4
Less than 100 meters	2	More than 1 km	5
100 m - less than 500 meters	3	Don't know	9

3. How long does it take to get there, get water and come back?

No. of minutes
Water on premises	888
Don't know	999

4. Do you have soap to wash hands? (Ask to see the soap and circle appropriate number)

YES 1
NO 2

5. What kind of toilet facility does your household use?

Flush	1	Non-flush public	3
Non-flush private	2	No toilet	9

6. How far is the facility from your dwelling?

In dwelling	1	50m or more away	4
Less than 50 m away	2	Don't know	9

GO TO NEXT MODULE →

Q3

For all children between 6-11 years of age

QUESTIONNAIRE 3: EDUCATION MODULE

Cluster no:Household no:

The questions in this module should be asked for all children in the household between 6-11 years of age.

Questions	Line no:..... Name:.....	Line no:..... Name:.....	Line no:..... Name:.....	Line no:..... Name:.....
1. Has [NAME] ever attended school? Yes 1 No 0 → GO ON TO NEXT CHILD Don't know 9 → GO ON TO NEXT CHILD	1 0 9	1 0 9	1 0 9	1 0 9
IF THERE ARE NO OTHER CHILDREN BETWEEN 6-11 YEARS GO TO NEXT MODULE →				
2. Is he/she currently at school this year? Yes 1 No 0 → GO TO QUESTION 4 Don't know 9 → GO TO QUESTION 4	1 0 9	1 0 9	1 0 9	1 0 9
3. Which grade is he/she currently attending?				
4. Was he/she attending school last year? Yes 1 No 0 → GO ON TO NEXT CHILD Don't know 9 → GO ON TO NEXT CHILD	1 0 9	1 0 9	1 0 9	1 0 9
IF NO OTHER CHILD IS BETWEEN 6-11 YEARS OF AGE GO TO NEXT MODULE →				
5. Which grade did [NAME] attend last year?				

GO TO NEXT MODULE →

For all mothers/caretakers who has children under 5 years of age

QUESTIONNAIRE 4. CARE OF ACUTE RESPIRATORY ILLNESS

This module is directed to the mothers or caretakers of all children under 5 years of age in the household.

Fill in the cluster and household numbers first and then the name and the line number of the mother. If there are more than one mother in the household, go on to the second column and start with copying her line number and the name from the Household Questionnaire (Q1). Circle the number corresponding to the mother's response where indicated.

Cluster no:Household no:

Questions	Line no:..... Name:.....	Line no:..... Name:.....	Line no:..... Name:.....	Line no:..... Name:.....
<p>1. COUGH AND COLD ARE COMMON ILLNESSES. WHEN YOUR CHILD IS ILL WITH A COUGH AND/OR COLD, WHAT SIGNS OR SYMPTOMS WOULD YOU LEAD TO TAKE HIM/HER TO A HEALTH PROVIDER?</p> <p>Do not prompt! Circle the number for each answer mentioned. More than one answer can be circled.</p> <p>When he/she:</p> <p>1A. has a blocked nose 1 1A 1</p> <p>1B. has trouble sleeping/eating 2 1B 2</p> <p>1C. has a fever 3 1C 3</p> <p>1D. is breathing fast 4 1D 4</p> <p>1E. has difficulty breathing 5 1E 5</p> <p>1F. is ill for a long time 6 1F 6</p> <p>1G. other:..... 7 1G 7</p> <p>1H. don't know 9 1H 9</p>				

Q5
For all children under 5 years of age

QUESTIONNAIRE 5. DIARRHOEA

This module is directed to the mothers or caretakers of all children under 5 years of age in the household.

A spare form should be filled in for each child under 5 years listed in the HOUSEHOLD MODULE (Q1). Fill in the name and line number of each child along with the cluster and household numbers in the space at the top of each questionnaire. Circle the number corresponding to the mother's response where indicated. Make sure all identifying information is filled in correctly, until all children under age 5 have been covered.

DIARRHOEA MODULE

Cluster no:Household no:Child no:

QUESTIONS	Response
1. Has [NAME] had diarrhoea in the last 2 weeks? (Diarrhoea is determined as perceived by the mother, or as three or more loose or watery stools/day or blood in stool) Yes 1 No 0 → GO TO NEXT MODULE Don't know 9 → GO TO NEXT MODULE	
2. During this last episode of diarrhoea, did [NAME] drink any of the following? (Prompt and circle code for all items mentioned) 1=Yes 2=No 9=Don't know(DK)	Y N DK
2A. breast milk?.....	2A 1 0 9
2B. cereal-based gruel or gruel made from roots or soup?.....	2B 1 0 9
2C. yoghurt, rice water?.....	2C 1 0 9
2D. ORS/regidron package solution?.....	2D 1 0 9
2E. other milk or infant formula?.....	2E 1 0 9
2F. water with feeding during some part of the day?.....	2F 1 0 9
2G. water alone?.....	2G 1 0 9
2H. Coca-cola, sweet tea, sweet drinks or juices	2H 1 0 9
3. During [NAME]'s diarrhoea, did he/she drink much less, about the same, or more than usual? Much less or none 1 About the same 2 More 3 Don't know 4	
4. During [NAME]'s diarrhoea, did he/she eat less, about the same, or more food than usual? (If less, probe: MUCH LESS OR A LITTLE LESS THAN USUAL?) None 1 Much less 2 Somewhat less 3 About the same 4 More 5 Don't know 9	

For all children under 25 months of age

QUESTIONNAIRE 6. BREASTFEEDING MODULE

This module is directed to the mothers or caretakers of all children under 1 year of age in the household.

A spare form should be filled in for each child under 1 year listed in the HOUSEHOLD MODULE (Q1). Fill in the name and line number of each child along with the cluster and household numbers in the space at the top of each questionnaire. Circle the number corresponding to the mother's response where indicated. Make sure all identifying information is filled in correctly, until all children under age 1 have been covered.

BREASTFEEDING MODULE

Cluster no:Household no:Child no:

QUESTIONS	Response
1. Has [NAME] ever been breastfed? Yes 1 No 0 → GO TO QUESTION 4 Don't know 9 → GO TO QUESTION 4	
2. Is he/she still being breastfed? Yes 1 No 0 → GO TO QUESTION 5 Don't know 9 → GO TO QUESTION 5	
2. Since this time yesterday, did he/she received any of the following? <i>Prompt and circle code for all items mentioned. 1=Yes 2=No 9=Don't know (DK)</i>	
	Y N DK
2A. vitamin, mineral supplements or medicine?	2A 1 0 9
2B. plain water.....	2B 1 0 9
2C. sweetened, flavoured water or fruit juice or tea or infusion.....	2C 1 0 9
2D. ORS/regidron.....	2D 1 0 9
2E. tinned, powdered or fresh milk or infant formula.....	2E 1 0 9
2F. any other liquids (specify:	2F 1 0 9
2G. solid or semi-solid (mushy) food.....	2G 1 0 9
2H. received ONLY breastmilk.....	2H 1 0 9

For all children between 1-2 years of age

QUESTIONNAIRE 7. IMMUNIZATION MODULE

A spare form should be filled in for each child between 1-2 years of age listed in the HOUSEHOLD MODULE (Q1). This module (except question number 1) should be filled at the polyclinic from the vaccination records.

Cluster no:Household no:Child no:

Before you leave the house:

Fill in the name and line number of each child along with the cluster and household numbers in the space at the top of each questionnaire. Before you leave the house check the BCG scar for each child between 1-2 years of age and circle appropriate number.

1. BCG scar (Check for scar)

Yes 1
 No 2
 Not examined 9

Thank the mother/caretaker for her cooperation.

When you go to polyclinic:

Find the child's vaccination records. Make sure all identifying information is filled in correctly, until all children between age 1-2 have been covered.

Question	Record exists 1 = Yes 2 = No	Date of Immunization					
		DAY	MONTH	YEAR			
BCG							
DPT1							
DPT2							
DPT3							
OPV0							
OPV1							
OPV2							
OPV3							
MEASLES							

Thank the health workers who helped you for polyclinic based records.