

PROGRESS REPORT - 2005



UNIVERSAL SALT IODIZATION IN KAZAKHSTAN: ELIMINATION OF IODINE DEFICIENCY

For Submission to USAID

UNICEF Country Office for Kazakhstan

Astana

2005

List of Acronyms

ADB	Asian Development Bank
APC	Anemia Prevention Control Programme
ARI	Acute Respiratory Infections
CARK	Central Asian Republics and Kazakhstan
CDC	Center for Disease Control
CNGOK	Confederation of NGO in Kazakhstan
DHS	Demographic and Health Survey
GDP	Gross Domestic Product
GoK	Government of Kazakhstan
IDA	Iron Deficiency Anemia
IDD	Iodine Deficiency Disorders
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IS	Iodized Salt
KAN	Kazakhstan Academy of Nutrition
KAP	Knowledge, Attitudes and Practices
KPC	Kazakhstan Press Club
MICS	Multiple Indicators Cluster Survey
MMR	Maternal Mortality Rate
MoH	Ministry of Health
MoES	Ministry of Education and Science
MoET	Ministry of Economic and Trade
MoI	Ministry of Information
NGO	Non Governmental Organization
NHLSC	National Healthy Life Style Center
OR	Other Resources
PR	Public Relations
PHC	Primary Health Care
SC	Steering Committee
SES	Sanitary and Epidemiological Service
TAIG	Technical Assistance and Implementation Group
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
USI	Universal Salt Iodization

ANNUAL DONOR PROGRESS REPORT

UNICEF Progress Report No.:	Final Report
Donor Country/Code:	USAID (G45602)
Assisted Country/Code:	KAZAKHSTAN (0324)
PBA Reference Number:	SC/2004/0580-1
P/L Reference Number:	I/ICEF/1999/P/L.15
Program/Project Description:	YI /401 Family and Community Empowerment, N 13/03 Prevention of Micronutrients Deficiency P 13/04 Project support
Total Contribution Pledged:	US\$ 143,637.00
Total Contribution (Programmable):	US\$ 143,637.00
Total Cumulative Funds Utilized to Date:	US\$ 117,683.78
Duration of Contribution:	October 2004 till September 2007
Period Covered by the Report:	November 2004 to December 2005
Date Prepared:	28 December 2005

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1. DONOR FUNDS UTILIZATION

UNICEF Progress Report No.: Final Report

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 Program/Project Description: YI /401 Family and Community Empowerment,
 N 13/03 Prevention of Micronutrients Deficiency
 P 13/04 Project support

Total Contribution Pledged: US\$ 143,637.00

Less % Recovery of General Operating
 Costs, if applicable:

Funds Available for Implementation: US\$ 143,637.00
 Total Funds Call-Forwarded to date: US\$ 114,734.56

Call Forward No.	Description	CF Amount
Supply Assistance:		
PGM/KAZA/2005/010:	Accessories to spectrophotometer IRLI Lab	US\$ 6,581.74
PGM/KAZA/2005/036:	IDD report printing (rus)	US\$2,996.75
PGM/KAZA/2005/036:	IDD report printing (engl)	US\$1200.00
PGM/KAZA/2005/037:	Printing IDD voblers	US\$ 7,755.26
PGM/KAZA/2005/040:	Printing Notepads for IDD Nat. Conference	US\$ 2,358.82
PGM/KAZA/2005/062:	Printing Calendars for IDD activities	US\$ 2,446.24
PGM/KAZA/2005/041:	Improved salt test kits	US\$ 9,108.00
PGM/KAZA/2005/057:	Gloves for MICS	US\$ 194.27
CRQ/KAZA/2005/194:	Custom clearance/spectrophotometer	US\$ 39.95
CRQ/KAZA/2005/407:	Custom clearance/MICS	US\$ 75.05
CRQ/KAZA/2005/494:	Custom clearance/IDD spot test	US\$ 374.53
Sub-Total for Supply Assistance		US\$ 33,130.53

Cash Assistance:		
CRQ/KAZA/2005/511: MICS /Nutrition related survey	IDD/IEC materials	US\$ 18,240.00
CRQ/KAZA/2005/334	Visit of Mr. Karpov/Comms activities	US\$ 2,170.00
CRQ/KAZA/2005/336:	Round Table prepar/ Tsoy /KAN	US\$ 430.85
CRQ/KAZA/2005/345:	Participants of Nat. Conf. IDD coms. activities	US\$ 5,934.27
CRQ/KAZA/2005/376:	Shipment of IDD coms. materials	US\$ 740.74
Sub-Total for Cash Assistance:		US\$ 27,515.86

Contracts

SSA/KAZA/2005/016	Contract Finalization IDD Rapid Assessment Report	US\$ 2,500.00
SSA/KAZA/2005/021	Contract Translation Draft IDD Rapid Ass Report	US\$ 620.00
SSA/KAZA/2005/029	Contract Translation Final IDD Rapid Ass Report	US\$ 552.00
SSA/KAZA/2005/055	Contract Design IDD Rapid Ass Report	US\$ 906.00
SSA/KAZA/2005/072	Contract editing IDD Rapid Ass Report/engl.	US\$ 550.00
SSA/KAZA/2005/036	Contract printing IDD Rapid Ass Report/rus.	US\$ 2997.75
SSA/KAZA/2005/060	Contract printing IDD Rapid Ass Report/engl.	US\$ 1200.00
SSA/KAZA/2005/042	Contract adoption IDD Coms. material	US\$ 6500.00
SSA/KAZA/2005/044	Press Conference/USI assess./advocacy	US\$ 936.00

SSA/KAZA/2005/056 Contract NatCon/Hotel etc.	.	US\$ 3,358.93
SSA/KAZA/2005/057 Round Table /IDD Assessment report	.	US\$ 4,451.59
SSA/KAZA/2005/061 Contract transportation RT participants	.	US\$ 419.33
SSA/KAZA/2005/088 Contract Annual Review– MND /IDD issues		US\$ 3,362.81

Sub-Total for Cash Assistance: US\$ 28,354.41

Travel related to Country Programme (Support of Government travel) :

TA/KAZA/2002/348: Support of CO in USI promotion US\$ 1,426.00

Sub-Total for travel related Country Programme US\$ 1,426.00

Programme/Project Support (Salary and travel of the Micronutrient's Project Assistant and CO staff related to MND):

CRQ/KAZA/2005/047: Salary of Micronutrients PA (IDD)		US\$ 25,559.13
TA/KAZA/2005/353 Zouev, Participation RT		US\$ 13.56
TA/KAZA/2005/354 Sialchonak, Participation RT		US\$ 6.79
TA/KAZA/2005/355 Sissemaliev, participation RT		US\$ 13.56
TA/KAZA/2005/356 Abdygalieva, Participation RT		US\$ 13.56
TA/KAZA/2005/357 Kosbayeva, Participation RT		US\$ 13.56
TA/KAZA/2005/358 preparation Karpov visits to Almaty		US\$ 1,097.16
TA/KAZA/2005/362 driving services to RT		US\$ 26.81
TA/KAZA/2005/364 driving services to RT		US\$ 26.81
TA/KAZA/2005/368 participation IDD press conference		US\$ 405.85

Sub-Total for Programme/Project Support US\$ 27,256.98

Total cumulative call to date: US\$ 114,734.56

2. EXECUTIVE SUMMARY

This donor report covers the progress made against the contribution of USAID funds for UNICEF (US\$143,637.00). The donation was to support the elimination of IDD through achievement of universal salt iodization; to ensure the rights of children and mothers to survival and development; and to sustain continuous access to iodized salt. The sub-project on Control of Micronutrients Deficiency addresses the concerns for the improvement of mother and child nutrition that encompass child survival, growth, psychosocial and cognitive development. The following achievements have been made within the scope of the project:

- **Results of IDD rapid assessment survey** indicated that currently 86% of households consume iodized salt. This considerable increase was possible due to a number of activities conducted during the last and current year, including a comprehensive communication campaign. This achievement was possible due to funds made available to UNICEF and the Government of Kazakhstan by USAID
- **Continue of public awareness to reach USI.** A well-balanced campaign for prevention of IDD through the use of iodized salt which started from 2002 according comprehensive communication strategy and have been continued to ensure sustained use of iodized salt. This year for continue social mobilization campaign for family with children the calendars and voblers in Russian and Kazakh with using 'healthy food logo' were developed, printed and distributed with support salt producers, NGO networks and within field works the MIC survey.
- **Advocacy to Policy Makers and Salt Producers on IDD prevention** was continued. Sustainable progress towards USI in Kazakhstan has been supported by a range of strategies. The year 2005 was marked by strong advocacy and a nation-wide communication campaign, the success of which can to a great extent be attributed to the participation of Anatoly Karpov, World Chess Champion and UNICEF Good Will Ambassador for USI. The Kazakhstan National Association of Salt Producers was officially launched in Almaty; the organization will lobby USI not only in Kazakhstan, but also in the Central Asian region as a whole.

- **SUMMARY SITUATION**



Map 1. Kazakhstan and its neighbor countries

Quick country profile:

A huge geographical area and a small and scattered population make the delivery of social services an immense challenge. In all about 6.6 million people live in rural settlements

The early neonatal period accounts for over 62 percent of infant deaths – 50 percent of these are considered preventable

Perinatal conditions, ARI and diarrhoea are the main causes of death among children 1-5 years

The situation of children in Kazakhstan is shaped by larger trends in the impact of UNICEF interventions. These may be summarised as follows:

The Republic of Kazakhstan has made a steady progress towards improving care, survival, protection and development of mothers and children. Achievements include 98 per cent coverage in infant vaccination and immunisation. The government reports on stable decline of IMR and MMR in the country. According to the official statistics the IMR decreased from 26.4 per 1,000 live births in 1990 down to 14.5 in 2004. MMR decreased from 75.8 per 100,000 live births in 1990 down to 36.9 in 2004. Official statistics assume that the figures demonstrate satisfactory progress of the Government towards achieving MDG goals on reduction of child mortality and improving maternal health. However, this progress has been questioned by the international community taking into consideration the levels of infant, child and maternal mortality provided by independent surveys, such as Demographic and Health Surveys conducted in Kazakhstan in 1995 and 1999. MMR is still high at 48.6 per 100,000, IMR much higher figure of 62 per 1,000 live births (DHS, 1999). The possible explanation for the high rate of maternal deaths are poor quality of antenatal care, insufficient management of emergency obstetrical care and the poor health and nutrition status of women.

The trend of IMR will be discovered by the next population based study (Multiple Indicators Cluster Survey) planned to be held in 2005.

There is evidence of wasting and stunting among young children

One out of three women is anemic

IDD and IDA are to be addressed by strengthened USI and APC measures

According to research, Vitamin A deficiency has been identified as a problem in Kazakhstan

Nutritional Status and Micronutrient Deficiencies: According to the World Bank, the percentage of the population that can not afford a minimum amount of food fell from 18% to 12% between 2001 and 2003 (mainly in urban areas) With respect to *nutritional status* of children under five years of age, the 1999 DHS found that 10 percent of children were moderately or severely stunted, 2 percent were moderately or severely wasted and 4 percent were moderately or severely underweight for age. Children aged 12-23 months and 36-47 months were less nourished than other children. Stunting was more common among girls than boys (11 percent vs. 9 percent) while boys were more likely to be wasted than girls. Rural children were

more stunted than urban children (12.3 percent vs. 5.8 percent). The lack of iodine and iron, usually accompany stunting. The rate of moderate to severe anaemia among children under age three has declined from 39 per cent in 1995 to 26 per cent in 1999 (DHS).

1999 DHS survey collected urinary samples to measure iodine excretion with urine. According to DHS the median level of iodine excretion with urine was 93 mcg/L. Overall in Kazakhstan in 1999 there were only 29 per cent of households that were consuming iodized salt.

In 2005 the IDD Rapid Assessment Report are finalized and revealed that currently 86 per cent of households consume iodized salt. Measuring the median level of iodine excretion with urine will be conducted within the MICS (Multiple Indicators Cluster Survey) planned during 2005. It is expected that MICS will demonstrate considerable increase of the median level of iodine excretion with urine in the country. This achievement is very significant and was possible due to enormous efforts made by various players and Government counterparts that were using funds made available by USAID.

4. IMPLEMENTATION ACHIEVEMENTS

In 2005 Kazakhstan made an important step towards achieving one of the major 2009 CPAP targets when all families are supposed to consume iodized salt. According to the latest research (IDD Rapid Assessment, December 2004, KAN), in 2005 already 86% of families were consuming adequately iodized salt.

4.1. Finalization of IDD Rapid Assessment Survey

The survey was conducted between August and December 2004 and encompassed data collection among selected samples of households in urban and rural settlements of 5 regions of Kazakhstan (north, east, south, west and center) and in Almaty city. KAN was the lead responsible organization for all aspects of the survey, including overall design, development of questionnaire and recording forms, household sampling approach, field worker training and supervision, travel of field teams for data collection, salt sampling and laboratory analysis, and data entry, analysis and report writing.

A draft report was made available to Emory University by UNICEF and KAN in April 2005 with the request to verify data analysis and provide an edit of the report with an executive summary. Emory received the SPSS database together with codes of responses and observations from KAN in May 2005. Emory University then made a re-analysis and used the results obtained from the re-analysis in producing the final version of the report. (See Annex 2 to the Donor Report)

The final version of the Report on Household Use and Adequacy of Iodized Salt: A Rapid Assessment in Republic of Kazakhstan, 2004 are printed in Russian and English and distributed as an advocacy tools within different UNICEF conducted meetings and conferences on micronutrients and child protection issues.

Summary of the Report .

Distinct patterns of household iodized salt adequacy and use existed in the different regions, related to the production sources and their proximity, and their wholesale/retail relations with markets in the regions. Salt purchased by weight and/or stored unpacked in the household was most prevalent overall and it dominated the household salt shares in the east and north regions, and interestingly, Almaty city. The AralTuz Company was the major domestic source and its salt dominated the markets in the south and central regions and in Almaty city. Salt from Pavlodarsol

Company was mainly present in the north and central regions, while in west region Russian salt was the major source.

Significant differences were observed in the adequacy of iodized household salt among regions, varying from 90% in Almaty city and the south and west regions, to approx. 80% in the center, 70% in the east and only 40% in the north. The share of household salt not iodized (0ppm) varied conversely, from around 1 - 3% in Almaty city and south region, via 7% in the west, 12% in central and 13% in east, to a high of 43% in the north region.

Differences in adequacy of iodized household salt between urban and rural households were comparatively small, except in the north region. The production origin and the habit of purchasing loose salt and/or storing it unpacked in the household were the two major factors that explained the variations in adequacy of iodized salt in households. Branded salt (i.e., salt purchased and stored in its package) generally appeared to be better and more frequently well iodized than unpackaged salt. Salt supplied from AralTuz Company and from Russia (Iletskaia) was mostly well iodized. Although branded salt supplied by Pavlodarsol Company was infrequent in the overall national scheme, it was a major source of inadequately and non-iodized salt in the north and, likely, central region.

The range of iodine concentrations in the 501 salt samples analyzed by titration varied from 15 to 53ppm, thus confirming that salt iodized below 15ppm was not classified by the field teams as “adequately iodized”.

Efforts to improve upon the use of adequately iodized salt in Kazakhstan should focus on ensuring that the Pavlodarsol Company improves its QA during salt processing, and on inspections with follow-up at the source in markets of the north, east and centre regions where the survey showed that a large share of unpacked salt is being sold that has not been iodized.

From a consumer viewpoint, AralTuz and Iletsksol in Russia are the most reliable supply sources for the purchase of iodized household salt, irrespective whether that salt has been packaged or is sold by weight.

4.2. Continue the IDD Prevention Communication Activities

A well-balanced campaign for prevention of IDD through the use of iodized salt has included a communication strategy to ensure sustained use of iodized salt. This strategy includes work with four target groups: policy makers, local authorities, salt producers and general population that aimed at teachers and schoolchildren, health workers and pregnant women, NGO sector and mass media.

IDD prevention communication campaign was launched on February 18, 2003 with participation of Mr. Anatoly Karpov, World Chess Champion and UNICEF Goodwill Ambassador. The campaign was launched by holding a Press Conference under leadership of the Ministry of Health with participation of UNICEF, Asian Development Bank and the Kazakh Academy of Nutrition focusing on creating awareness on IDD threat and its prevention through consumption of iodized salt.

This year the results of IDD Rapid Assessment were widely presented during the National Conference organized by UNICEF and Kazakh Academy of Nutrition (KAN) in September with participation of Anatoly Karpov, World Chess Champion and UNICEF Regional Goodwill Ambassador advocating for USI. His participation in the national information campaign allowed to attract more attention of policy makers, government officials, NGOs and the media to the

problem of elimination of iodine deficiency disorders, as well as to the fight against anaemia through flour fortification.

On 1 September the traditional Back-to-School ceremony in Astana school #17 was attended by Mr. A. Karpov. Most of the children have never heard of Mr. Karpov before, but with their parents they stood in awe and silence once the World Chess Champion congratulated them all and wished straight “A” and “B” marks.



On the same day the Ministry of Health of the Republic of Kazakhstan together with UNICEF and Kazakh Academy of Nutrition conducted the National Conference dedicated to assessment of the country’s progress towards Universal Salt Iodization for elimination of iodine deficiency disorders, as well as fight against anemia through iron fortification of flour in the Republic of Kazakhstan. The event chaired by the Minister of Environmental Protection/ Chairperson of the Commission on Family and Women Affairs gathered Deputies of both Chambers of the Parliament, representatives of involved ministries and agencies of the Republic of Kazakhstan, non-government and international organizations. UNICEF Regional Goodwill Ambassador appealed to the Conference participants with the opening speech on importance of salt iodization and his crusade for the noble cause of “health for every child”. The Conference was followed with a press conference by the Parliamentarian for all major mass media of the country.



On 2-3 September UNICEF conducted the Round Table for Parliamentarians and top-ranking government officials in Borovoye area of Akmola oblast (region). The major objective of the Round Table was to sensitize the Government and the Parliament of problems of micronutrient deficiencies in general, and to promote USI certification as well as IDD survey (2004, KAN) showed that 86 percent of all households in Kazakhstan consume iodized salt, and this figure needs to rise up to 90 before Kazakhstan attains the status of the USI country. Proved is the fact that iodine deficiency elimination is only possible once Universal Salt Iodization is ensured nationwide

The schedule of Mr. Karpov's stay in Almaty was also very busy: from an interview for the prime time TV show "Center of Attention" to registration of the National Salt Producers Association, from meetings with officials, chess fans and media, to students and teachers of the International School "MIRAS", across the entire country flew the message of importance of Universal Salt Iodization. "We are here to help children of Kazakhstan," – said Mr. Karpov about UNICEF operations and mission at the last press conference in Almaty. These words were cited in almost all media of the country proving once again what a significant role Goodwill Ambassadors play in tackling social problems under the UNICEF umbrella.



Additional IEC materials as a 100 000 voblers and 20 000 calendars on IDD prevention issues were developed for the families with children and distributed among general population through support the MICS field workers, salt producers and NGO networks at nationwide.

The communication campaign promotes 'healthy food logo' indicating that the salt has been iodized. This branding strategy is to make iodised salt recognizable and aimed at consumers so as to know whether the salt is iodized or not. The 'Healthy food logo' is being promoted through a mix of TV, printed materials and mass media across the country.

4.3. Support to establishing of a system of the surveillance and monitoring over the quality of iodized salt

Another problem revealed during the implementation of country programme is absence of effective collaboration between three key government agencies the responsible for quality control of iodized salt. These agencies are: *Sanitary and Epidemiological Service* under the Ministry of Health, *Standardization and Metrology Committee* under the Ministry of Industry and Trade and Customs Agency under the Ministry of Finance. In other words, the external surveillance and monitoring system are established but is not functioning effectively.

UNICEF has provided technical assistance to the Ministry of Health (MOH) in 2004 in developing the law enforcement mechanisms for establishing Surveillance and Monitoring systems and Quality Control over iodized salt. This year the MoH with the Committee on Standardization and Metrology agreed for additional steps to enforce of the IDD Prevention legislation as well as for development of best practices and quality assurance procedures at importation and production levels in terms with rules and procedures to entrance the Kazakhstan into WTO.

To address these problem the quality assurance and surveillance system have to be further strengthened in order to ensure that major salt producers and salt importers are following government standards for iodine content. Despite the presence of legal and institutional framework under Sanitary and Epidemiological Services (SES) system, the Government of Kazakhstan requires the further substantial assistance with respect to achieving USI, namely in:

- Establishing "Good manufacturing practices" at salt processing enterprises;
- Establishing quality assurance of iodized salt;
- Ensuring compliance with government standards for iodine content.

The Review of Progress towards Optimum Iodine Nutrition initiated according to the guidelines of the Network for Sustained Elimination of Iodine Deficiency within MICS framework at 2005 and results of the Survey should be used as an indicator of USI.

5. FUTURE WORKPLAN

A support to the process of achieving Universal Salt Iodization and ensuring IDD control will be continued during 2006-2007 and for this number of tasks are necessary to be completed to ensure sustainable achievement in the country and finalising steps towards achieving USI. As soon as USI has been achieved in Kazakhstan a careful monitoring should be conducted to track prevalence of goitre rate as well as iodine deficiency in the country.

In 2001 WHO, UNICEF and ICCIDD developed comprehensive Criteria for Sustainable Elimination of IDD. A prerequisite of the sustainable elimination of iodine deficiency as public health problem is normal iodine nutrition confirmed by urinary iodine determination when median urinary iodine level in the population is equal or above 100 mcg/L. The proportion of households consuming iodized salt must be more than 90 per cent. Currently, iodine nutrition in Kazakhstan is not fully adequate and proportion of households consuming effectively iodized salt is below 90 per cent.

To establish an effective system of surveillance and monitoring of the quality of iodized salt, the following activities are planned for the year of 2006-2008:

- Elaborate and introduce “Good manufacturing practices” (connected to QA) in salt processing enterprises, and assess the effectiveness
- To conduct the training sessions for the labs staff on two main and three small salt plants and main customs point staff.
- To support the Government of Kazakhstan for establishment of inspection system with power to ensure that standards are being met, and corrective actions taken when they are not.

The Review of Progress towards Optimum Iodine Nutrition should be initiated according to the guidelines of the Network for Sustained Elimination of Iodine Deficiency within MICS framework in 2005. MICS related field work will be completed by March and a report is planned to be ready and presented to the Government, civil society and donor community in July 2006. The Survey findings will be used for evidence based for USI findings and as an advocacy with the Government and Parliament aiming to achieve better child outcomes. MICS would provide figures on median level of iodine excretion in urine, prevalence of iodine deficiency in the population of the country as well as behavior change toward use of iodized salt for IDD prevention. The next population based survey should be conducted in four years to reveal the programmes impact and sustainability. It is planned that by 2006 Kazakhstan will achieve USI and in 2007 a USI certification is to be conducted

ANNEX A. Progress report matrix budget for 2005, Kazakhstan

Country	Kazakhstan
Total Population	14,82 mln
% of Total Population Consuming Iodized Salt	86%
USAID Funding 2005	Programmatic funds: \$ 205,000

Program Area	Major Activities	Milestones	Indicator		Budget
			Baseline	Target	
Commercial/Industry <ul style="list-style-type: none"> • Quality Assurance & Control 	Support the IRLI Labs – reference for CARK		Araltuz and have adequate control facilities and regular monitoring program, Pavlodar Salt had a problem with QA of IS.	Internal monitoring system Quality of iodized salt	6,623.08
Equipment & Supplies <ul style="list-style-type: none"> • Revolving Funds • Installation & Maintenance <p>Note: USAID funds cannot be used for the direct purchase of fortificant.</p>	1. Provide IDD spot tests for internal monitoring, government inspection system and health network.	To support the IS quality monitoring from production to households.		The internal and external surveillance & monitoring system is in place	9,483.00
Public Sector/ Government <ul style="list-style-type: none"> • Legislation • Regulations/Standards • Monitoring & Enforcement Procedures, Roles & Responsibilities, 	Advocacy for achieving of the USI attributed to the participation of Anatoly Karpov, World Chess Champion and UNICEF Good Will Ambassador for USI. The Kazakhstan National Association of Salt Producers was officially launched in Almaty;	To support the USI achievements by 2007	3 year Communication Campaign are continued	USI certification by 2007	24,848.18

Program Area	Major Activities	Milestones	Indicator		Budget
			Baseline	Target	
Penalties <ul style="list-style-type: none"> • Industry Tax/Duty Concessions • IEC/Social Marketing • Links to Other National Fortification Activities 					
PVO/NGO/Civil Society <ul style="list-style-type: none"> • Consumer Acceptance & Demand 	Additional IEC materials as a 100 000 voblers and 20 000 calendars on IDD prevention issues were developed for the families with children and distributed among general population through support the MICS field workers, salt producers and NGO networks at nationwide	Continue the IDD prevention communication activities.	86% of HH use of IS (IDD Rapid Assessment, KAN, 2004)	98% of HH use of IS median urinary iodine level in the population is equal or above	19,060.32
OR/M&E/Reporting <ul style="list-style-type: none"> • Operations Research 	2006 IDD Rapid Assessment & MICS – nutrition related issues	To prepare the USI certification and IDD communication campaign outcomes	86% of HH use of IS (IDD Rapid Assessment, KAN, 2004)	98% of HH use of IS, median urinary iodine level in the population is above 100 mcg/L. – to be provided by MICS – 2006	27834.32
USI Certification <ul style="list-style-type: none"> • Short-term Consultants 					
Personnel <ul style="list-style-type: none"> • Staff Positions 	Micronutrient Project Assistant				25,559.13
Total					113,408.03

Program Area	Major Activities	Milestones	Indicator		Budget
			Baseline	Target	