Kazakhstan

«Kuan Sabi» Programme - Reinforcing the role of PHC workers and parents in care for young children
Address from the President to the people of Kazakhstan:

«Kazakhstan - 2030», 1997:
...mother and child’s health should be the focus of the attention of the state, health organisations and communities...

«New decade – new economic growth – new opportunities for Kazakhstan, 2010:
• ...by 2020 to reduce maternal and infant mortality twice, by 30% reduce overall mortality...
• ...this is the important goal and we need to achieve it!...

«building future together», 2011:
...In Kazakhstan a set of national programmes to observe the health status of target groups is needed. Primary attention should be given to children, adolescents, women of reproductive health...

• As a result of it, by 2015 the life expectancy will reach 70 years, by 2020 – 72 year.
Situation Analysis in 2003

- Poor health & nutrition indicators (WHO indicators): IMR 32/1000 live birth, U5MR 36/1000 live birth; anemia prevalence WRA – 40 %, (MoH data)
- 2/3 families do not have basic knowledge and skills to ensure proper growth and development of children and care seeking behavior (pure knowledge of warning signs)
- Ineffective home visiting patronage nurses system at PHC level
- PHC workers able to improve knowledge and skills to better counselling and care for children under 3
- High level of abandonment and placing children of 0-3 age in institutions (200 children per 100,000 of child population of 0-3 age)
# Stages of «Kuan Sabi» ECD programme

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1<sup>st</sup> stage
2004 – 2006
Better Parenting Programme

- Improvement of institutional framework Revision of Patronage nurse system (PS) and Healthy Child Room system (HCR)

- Building capacity of service providers (training of PHC workers: patronage nurses, feldshers, doctors and midwives)

- Communication for behaviour change - IECD – building capacity of caregivers
  (communication materials to support piloting of revised models HCR and PS and support to PHC workers counselling of parents/families (both: at PHC facilities and Home visits)
Empowering PHC medical workers

Updated Knowledge in ECD

Effective Communication Skills

Job description

From training to practice

Quality advice and Confidence of service providers
Empowering Caregivers

IEC materials for parents/families

Quality counselling at home and health facilities

Improved public awareness

Community support

Improved child care practices in the family
2nd stage
2007 – 2009
National scale up
Better Parenting/Care for Development & IMCI

• Adopted new/revised normative base and regulations for Patronage system (Care for Development of children under 3)
• Identification of violence, neglect and abuse of children in family
• Healthy Child Rooms established in each PHC facilities (funded from state budget)
• Promotion of proper nutrition, supplementation and fortification (Fe, vit A, D, Iodine) in patronage and healthy life style services
Ration of children 0-3 age in institutions per 100,000 population of this age group
IEC materials

Posters: Care for Development

- «Learning from birth (0-6 months)
- «Growing up » (6-12 мес)
- «Amazing world» (12-36 мес)
- «I need your care and love»
Training materials

✓ Package on Care for Development

✓ Module for counseling skills

✓ Facts for life
3rd stage - 2010 – 2012
Integrated approach for continuum of care

• Home visiting system: Antenatal care till Care for Development of children under 5.
• Nationwide Scaling up of IMCI and Care for Development - targeted interventions to family
• Introduction of the Child Growth and Development Monitoring tools to routine work of frontline health workers – early identification and referral form 112
• Empowering nurses at PHC level (1 GP and 3 nurses with special job description)
• Social workers included to the team of PHC workers and in maternities
Developing the PHC social model with Family Health Centers and social counseling units (training of youth and women of reproductive age preparing for motherhood)

- For promotion of healthy lifestyle, family planning and safe sexual behaviour, 44 Youth friendly services were established for provision of integrated medical and social services for teenagers and youth
- By 2015 25% of population in the age of 15-17 and older 18 will be covered by YFS
Mother and Child Health Improvement
(life cycle approach)

- Reproductive Health
- Neonatal care and postnatal care at family level
- Antenatal care and perinatal care
- Reproductive Health (15-49 лет)
- Adolescents and Youth Health

- Implementation of IMCI and Care for Development
- Monitoring and Audit
- National and regional coordinators of IMCI/C4D/EPC
- Realization of road maps for: Neonatal care and surgery; Child Health and Cardiosurgery; Child oncohematology; Prenatal screening
- Training and counseling of caregivers and parents
From Health to Social model
Care for children under 3

- Child Survival and Health is **important especially for vulnerable group of population**
- Early interventions is better outcomes for children with special needs
- New approaches for early identification and rehabilitation
- Inclusiveness at community level for children with special needs
- Promotion of best practices of care: nutrition, healthy lifestyle and special attention and care of vulnerable families
- Prevention of domestic violence and traumas at home
IEC materials 2012

- Booklet «Healthy family»
- Booklet “Reproductive Health”
- Booklet «Warning signs of pregnancy – antenatal care»
- Booklet and poster «Advises for future parents»
• Calendar of Care for Development (from antenatal care till Care for children under 5)
• Booklet for parents on Care for Development with Warning signs
Main outcomes

Health indicators (MICS)
- IMR 28 per 1000 live birth (LBD introduced in 2008)
- U5MR 31 per 1000 live birth
- Exclusive BF 31%
- Knowledge of warning signs – 48%

Policy
- ECD included to high level agenda
- Care for Mother and Children included to Basic Benefit Package
- Legislative base for medico-social service – Health Code
- Legislation base for IMCI/Care for Development
Targets: In state programme Salamatty Kazakhstan 2011-2015: by 2013 reducing the infant mortality rate by 14.1, and by 2015 - by 12.3 per 1000 live births

as per MDGs, Kazakhstan is to reduce U5MR from 34.0 to 11.9 per 1000 live births by 2015
U5MR и IMR

Госпрограмма 2005-2010 гг.

Внедрение критериев живо- и мертворождения, рекомендованных ВОЗ

Госпрограмма 2011-2015 гг. «Саламатты Қазақстан»
WAY FORWARD:

• Increase quality of health services to decrease children mortality and morbidity of early age children
• Children with special needs: improving the system of early identification and access to quality services
• Prevention of trauma, poisoning and mortality from accidents
• Prevention of child abandonment at birth (maternities)
• Improve nutrition status of mothers and children
Lessons learned

**Essential**
- Capacity building of frontline health workers
- Changing of family practice
- Institutional reforms with state funding
- Integrated approach to continuum of care for mothers and children (health and social welfare system at PHC level)

**Critical role of UNICEF**
- act as an initiator, promoter and advocate based on evidence and results of analysis
- Entry point for UNICEF to support the Government to achieve sustainable and significant improvement in child rights and welfare
Thank you