



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

dates	Key interventions
2004 – 2006	Better Parenting Programme - piloting in South Kazakhstan Oblast
2007 - 2009	National scaling up Better Parenting/Care for Development & IMCI
2009 - 2012	Integrated approach for continuum of care

1st 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**

**Improved
public
awareness**

**Quality
counselling at
home and health
facilities**

**Community
support**

**Improved
child care
practices
in the family.**



2nd stage

2007 – 2009

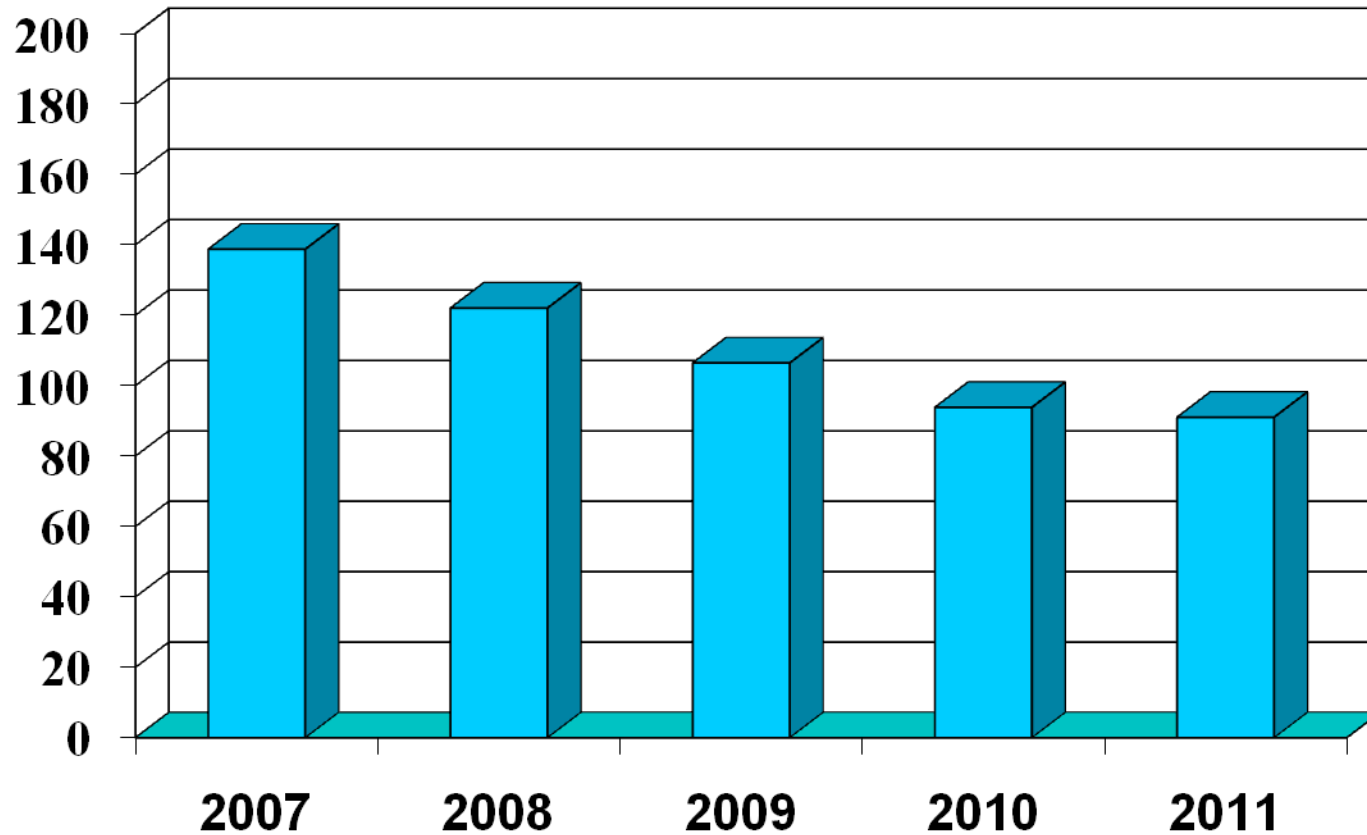
National scale up

**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

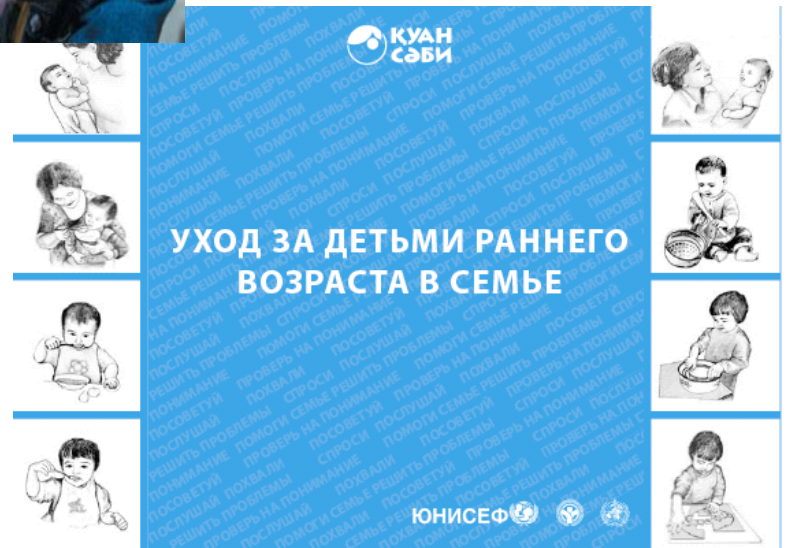


Ration of children 0-3 age in institutions per 100,000 population of this age group



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



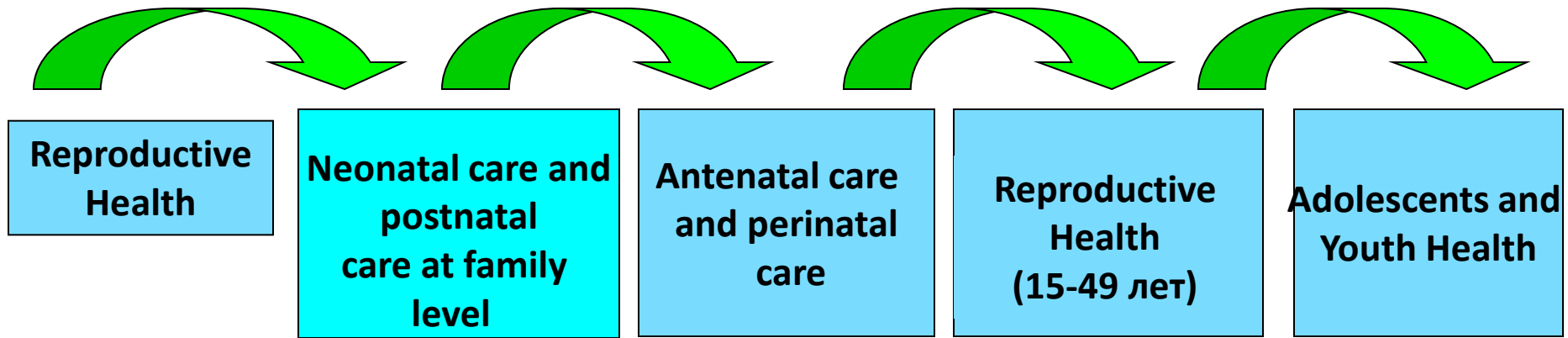
Salamatty Kazakhstan Programme activities 2011-2015

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)



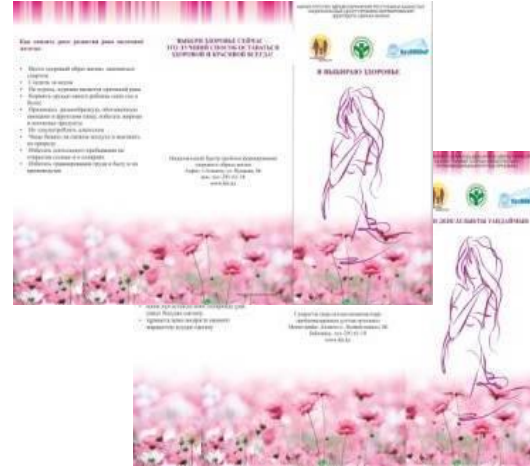
- Implementation of IMCI and Care for Development
- Monitoring and Audit
- National and regional coordinators of IMCI/C4D/EPC
- Realization of road maps for:
 - Neonatal care and surgery;
 - Child Health and Cardiosurgery;
 - Child oncohematology;
 - Prenatal screening
- Training and counseling of caregivers 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 life style 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»

IEC materials 2012



- 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 %

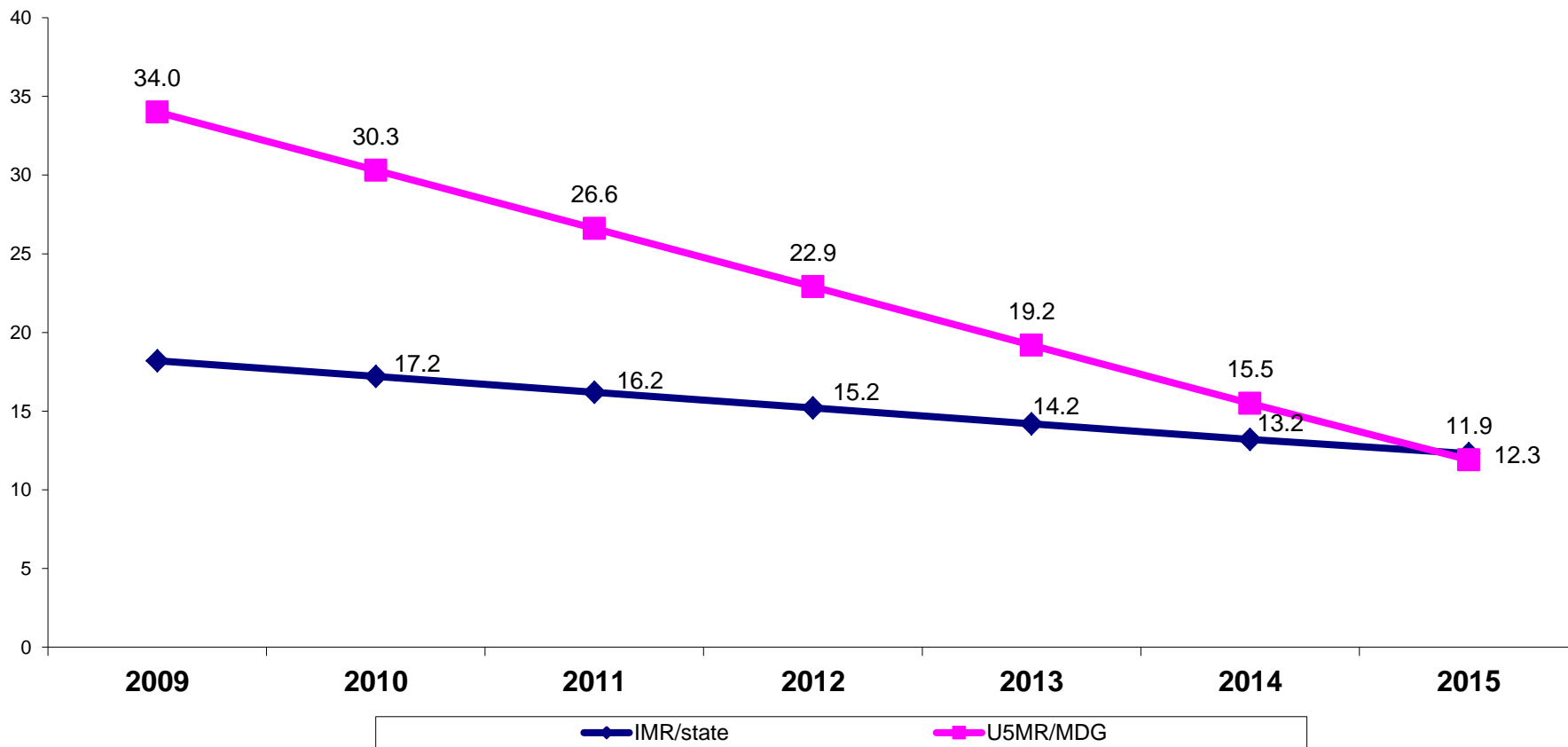
Policy

- 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

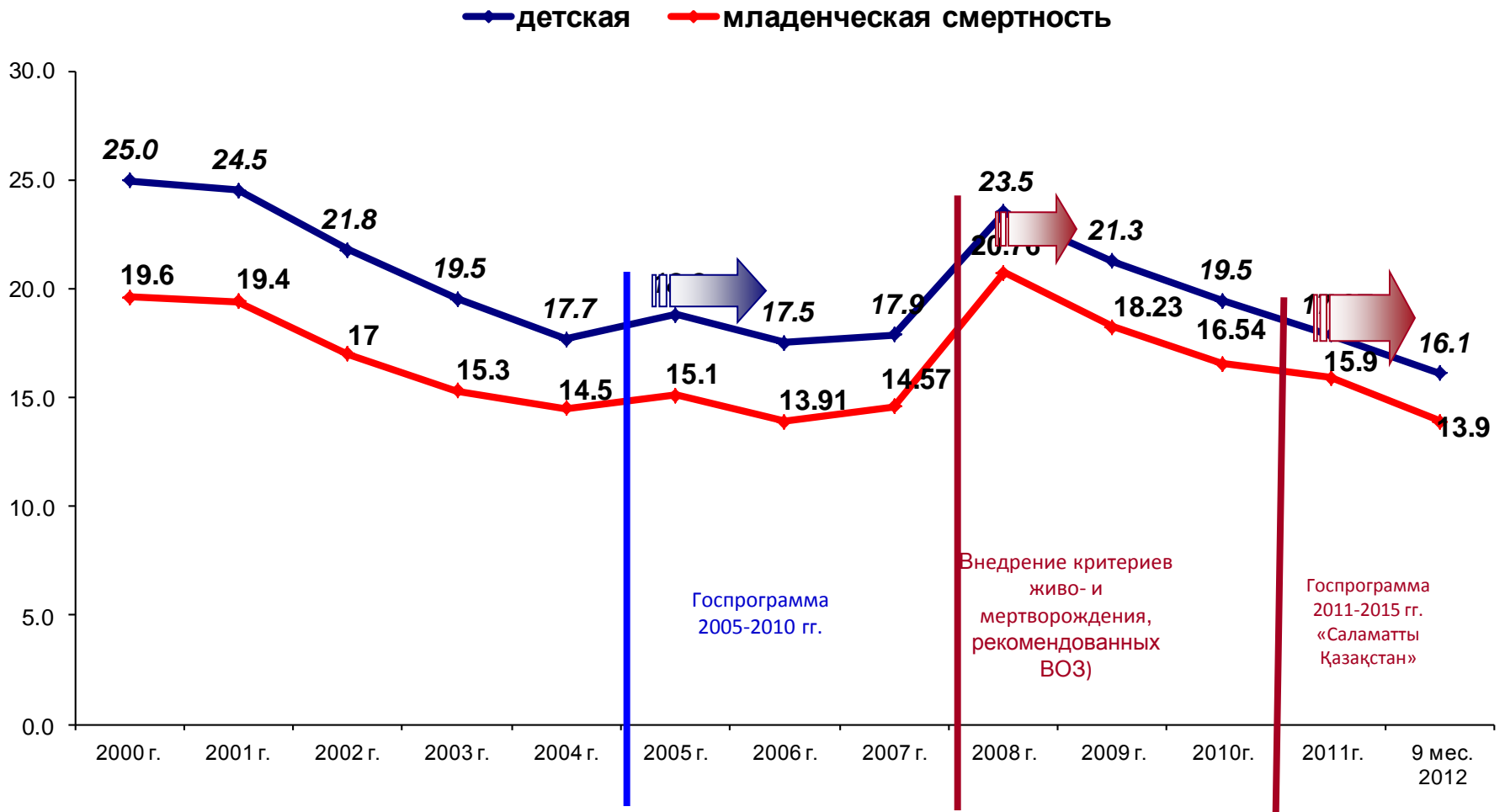


Targets: In state programme Salamatty Kazakhstan 2011-2015: by 2013 reducing the infant mortality rate by **14,1**, and by 2015 - by **12,3** per 1000 live births

as per MDGs, Kazakhstan is to reduce U5MR from **34,0** to **11,9** per 1000 live births by 2015



U5MR and IMR



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

