

Kazakhstan ACS Strategy

Country situation 2004

- Population 15 million
- DOTS since 1999
- 100 % DOTS coverage of the country
- State funding of TB control program
- CCM applied twice to GFATM and turned down
- USAID, WHO, Project Hope, AFEW, RNCV, Red Crescent Society active
- Strong state and MOH support for DOTS
- Some strong criticism of DOTS among older, prominent doctors/professors
- Morbidity in 2004: 154 per 100 000 (down 3.8 % from 2003)
- Considerable regional diversity: in one region morbidity is 300 per 100 000
- Mortality in 2004: 20.6 per 100 000 (down from 22.4 in 2003)
- Treatment free (hidden costs of some tests, food packages during in hospital treatment)
- Case detection 49
- Cure 82.5
- MDR 8.7 % of new cases, 26 % of relapses
- Prognosis that 10 % of TB-HIV cases will develop active TB
- Prison rate of TB is 30 times that of civilian population, mortality 9 times higher
- Drop out is 13-15 % in civilian sector; 47 % in prison population, including those released into civilian sector

TB Patients

- Men 55 % of cases; women 45 % of cases
- Slightly more cases in urban areas than rural
- Children-adolescents: 2.7 %
- People close to TB patient: 9 %
- Homeless: 1.8 %
- Unemployed: 54.8 % (people not registered as full-time employees)
- Drug users: 0.4 %
- Alcoholics: 2.9%
- Women after birth: 2.2 %

Contact populations (statistics unavailable):

- Service providers in TB institutions (middle- and low-level)
- Non-medical personal in prison system
- Police
- Family members, close friends of TB patients

Socio-Economic / Other Factors

- Treatment: 2-3 months in hospital; 4-8 months out patient
- Patient not allowed by law to work until full treatment is over

- State subsidy for patients at poverty minimum
- Doctors cite economic factors as main cause of drop-out (Project Hope study)
- Drop out rate for TB service providers: in Almaty 2004 20 out of 114 left service; 18 out of 199 nurses left
- TB service providers receive 30 % hardship pay; HIV-AIDS service providers receive 60 %
- Doctors not trained in counseling in medical school or post-degree refresher courses and re-licensing courses

NOTE: Although the lengthy in-hospital treatment and ban on employment during treatment is one factor contributing to the drop-out rate, the country team does not consider advocating for change in the treatment regime possible or advisable

Communication Capacity

- Little behavioral research
- No baseline KAP
- Healthy Lifestyle Center (health communication) with dedicated communication staff in the two major cities and in all 8 regions; staff of 1200
- Communication staff and doctors trained in BCC
- Some state funding for communication activities
- World TB activities held every year
- State TV provides free air time; commercial stations provide at discounted rate
- All TB clinics have state-paid Internet (limited time)
- IEC materials produced and distributed countrywide (in Project Hope research posters in public transportation frequently cited as why patients sought diagnosis and treatment)
- Communication activities described as “sporadic” with no overall strategy and not evidenced-based

ACS Strategy

WHAT

Increase case detection

Increase treatment adherence

Decrease infection among contact populations (prevention)

HOW

- Develop evidence-based strategic ACS strategy and implementation plan, national in scope with regional modifications to address specific issues
- Raise ACS capacity (in research, monitoring, evaluation and implementation)
- Mass media destigmatization and awareness campaign
- IEC segmented by audience:
 - health-seeking behavior among possible TB patients

- treatment adherence and prevention of infection among TB patients in treatment and families
- prevention among break out (contact) populations (police, service providers, prison staff, families of TB patients)
- Counseling training and implementation for doctors in civilian and prison sectors to contribute to increased treatment adherence
- Advocacy for better conditions for TB service providers (to decrease staff turnover, increase patient satisfaction and treatment adherence)
- Advocacy for increased subsidies to TB patients in treatment (to increase adherence)
- Mobilizing volunteers, community to provide support to patients in treatment

OBJECTIVE: Advocacy, Social Mobilization, Communication for TB Control, Treatment and Support

Service Delivery Areas:

1. Program Communication

Definition

Activities to create and improve awareness among general public about TB and TB control services, motivate patients to seek and adhere to full course of treatment and prevent transmission, and improve interpersonal communication between patients and program providers in order to contribute to behavior change.

Indicators

- % of population who know at least three symptoms of TB
- % of patients who adhere to treatment
- % increase in patient satisfaction
- % decrease of infections in contact populations

Activities

1.1 Patient-Service Provider Communication (civil and prison sectors)

Training of service providers

Indicators: # of service providers trained in IPC

of institutions with services providers trained in IPC

1.2 Patient satisfaction surveys

Indicator: # of institutions conducting patient satisfaction surveys

1.3 Mass media

Use of electronic and print media as learning tool

Indicators: # of PSAs produced

of media outlets where PSAs are placed

1.4 Enter-educate

Use of TV serials, theater as distance learning tool

Indicators: # of fictional pieces produced
of airings/showings

1.5 Information, Education and Communication

Print materials (posters, brochures, flyers, cards) for patients, risk groups

Indicators: # of materials produced
of print runs
of distribution points

1.6 Outreach to contact risk groups (police, medical staff, non-medical prison staff)

Indicators: # of institution-sites for outreach
of outreach sessions

1.7 Interactive web site

Indicators: # of hits

2. Advocacy

Definition

Activities to maintain high levels of political and institutional support for TB control programs, improve the legal and material status of TB patients and service providers in order to improve quality of services, patient satisfaction and adherence to treatment.

Indicators

increase in state subsidies for TB patients (Y/N)
social worker and psychologist position at TB centers included in MOH and penal system staff register (Y/N)
% decrease in TB service providers leaving TB control service

Activities

2.1 Civil Society Engagement (public forums and legislative initiatives)

Indicator: # of events
legislative and ministry initiatives submitted (Y/N)

2.2 Mass and Specialized Media (training of journalists, coverage in specialized medical journals and mass media)

Indicators: # of press conferences
articles/broadcast reports generated
of journalists trained

2.3 Information, Education and Communication (fact sheets, bulletins for policy makers, journalists)

Indicators: # of fact sheets
of bulletins

3. Social Mobilization

Definition

Activities to mobilize communities to fight stigma and support patients in treatment adherence to eliminate TB as a public health threat.

Indicators

% of population expressing accepting attitudes towards TB patients
of non-governmental organizations providing material or volunteer support to TB patients and families
of volunteers

Activities

3.1 Mass media destigmatization campaign (use of electronic and print media as a learning tool)

Indicators: # of PSAs produced
of media outlets where PSAs are placed

3.2 World TB Day events

Indicators: # of oblasts/cities conducting events
of events conducted

3.3 Community outreach (local events) in schools, businesses, community centers to raise funds and material support for TB patients and families

Indicators: # of oblasts/cities conducting local events
of funds/materials raised

3.4 Peer support groups (TB patients and families)

Indicators: # of groups formed
of oblasts/cities with support groups

3.5 Non-government volunteers and visiting nurses (NGOs, faith-based, commercial)

Indicators: # of trainings for volunteers
of organizations
of volunteers

3.6 Civil Society Engagement

Indicators: # of TB education meetings for local business, civil, NGO and religious leaders

4. Cross-cutting activities

Definition

Activities to provide a supportive environment for sustainable growth of advocacy, communication and social mobilization in TB control.

Indicators

- # of specialists trained in ACS
- # of oblasts with community task force
- # of oblasts with community action plan

Activities

4.2 Improved Institutional Capacity

4.2.1 Hiring of dedicated coordination staff

Indicator: staff hired (Y/N)

4.2.2 Advanced training of communication specialists at focal points

Indicators: # of trainings conducted

of staff trained

4.2.3 Technical assistance in communication strategy development

Indicator: # of TA visits

4.3 Needs Assessment and Research

4.3.1 Technical assistance in designing, conducting and analyzing KAP survey

Indicator: # of TA visits

4.3.2 KAP survey

Indicator: KAP survey conducted (Y/N)

of oblasts/cities using KAP survey results

4.3.3 Legislative/normative act analyses

Indicators: # of studies commissioned

4.3.4 Behavioral research

Indicator: # of studies commissioned

4.3.5 Media preference research

Indicator: # of studies commissioned

4.4 Monitoring and Evaluation

4.4.1 Technical assistance to design and implement ACS monitoring and evaluation plans

Indicator: # of TA visits

4.4.2 Implementation of ACS monitoring and evaluation plan

Indicators: # of institutions and focal points conducting monitoring and evaluation

4.5 Web site (for public and TB and other medical service providers)

Indicators: site active (Y/N)

of hits

4.5.1 Mass media campaign to promote site

Indicators: # of links to site

of promotional materials produced

of distribution points for promotional materials

4.6 Management

Indicators: creation of ACS National Steering Committee (Y/N)

of meetings of Steering Committee

of meetings of specialists in focal points