



MINISTRY OF HEALTH  
OF THE REPUBLIC OF KAZAKHSTAN

**DEVELOPMENT STRATEGY  
YOUTH REPRODUCTIVE HEALTH  
CENTER IN ALMATY  
FOR 2020 – 2022**



This strategy was developed with the technical assistance of the United Nations Population Fund (UNFPA) Country Office as part of measures to protect the reproductive health of adolescents and youth of the Republic of Kazakhstan. The document is a strategic vision for further development of Youth Health Centers for the period of 2020 to 2022. This strategy is being prepared for the development of the Youth Center, created at the Almaty City Center for Human Reproduction as an organization of best practice for disseminating experience among 17 regions of the country.

*The views expressed in this publication are those of the authors, and do not necessarily represent the views of UNFPA, the United Nations or any of its affiliated organizations.*

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## Abbreviations

WHO	World Health Organization
UNFPA	United Nations Population Fund
UNICEF	UN Children's Fund
MoH RK	Ministry of Health of the Republic of Kazakhstan
CSHI	Compulsory Social Health Insurance
YFC	Youth-Friendly Centre
CCHR	City Centre of Human Reproduction
PEST	Analysis of political, economic, social and technological risk factors
SWOT	Analysis of strengths and weaknesses, opportunities and risks
CRM	Customer Relations Management
GAFHC	Guaranteed amount of free health care
PHC	Primary Health Care
CDA	Consultative and Diagnostic Assistance
CPCN	Comprehensive per capita norm
STI	Sexually transmitted infection
HIV	Human Immunodeficiency Virus
Y-PEER	Youth Peer Education Network
SOP	Standard Operating Procedures

## Introduction

In the process of growing up adolescents and young people encounter many challenges and limitations that impede the formation of a full-fledged personality.

In 1995 the Joint Research Group of the World Health Organization (hereinafter – WHO, the United Nations Population Fund (hereinafter – UNFPA and the United Nations Children’s Fund (hereinafter – UNICEF) formulated key statements characterizing adolescence that must be taken account when developing strategies and health programmes targeted at this age group.

Adolescence is a period of rapid development of young people in which they face new and previously unfamiliar life situations and they need to quickly master new life skills. The acquisition of a new life experience involves a risk to their health and well-being.

Rapid urbanization, the development of communication means, transport and technological progress open up new opportunities for adolescents and at the same time serious risks to their health. Lack of conscious, healthy and safe behavior in adolescents exacerbates these risks.

Adolescence is the period of formation of worldview and behavioral norms. The development of a responsible attitude to health in adolescents will become a guide throughout their life. The natural curiosity and interest of adolescents in new experiences and new sensations is a good support for the development of responsible behavior.

Many factors underlying the unsafe behavior of young people are determined by social causes - poverty, unemployment, social discrimination.

Youth is a period free from diseases; young people as a rule do not feel sick and do not have the need, knowledge and skills to seek medical help. The absence of chronic diseases at a young age highlights:

- Reproductive health problems, which are the main signs of worsening in the health of a rapidly developing young organism;
- Problems of a psychological nature affecting mental health, which is a consequence of the “encounter” of a young man or woman with new life situations in adulthood;
- Sexually transmitted infections, as a result of stereotypes in young people or adherence to safe behavior.

Accordingly, they perceive traditional health organizations as an unfriendly place of “illness and suffering”, while the “closeness” or “taboo” of reproductive and sexual health subject only contributes to the late recourse of young people for medical help.

In Kazakhstan, since 2006, the Ministry of Health, with the support of international organizations, has been introducing youth friendly services. Initially, youth health centers (hereinafter - YHC) were opened within the structure of various health facilities – those of primary health care, consultative and diagnostic assistance, or in the premises of organizations promoting healthy lifestyle and subsequently, YHC were not included in the list of health facilities as a separate institutional unit.

In 2013, UNICEF, together with the Ministry of Health, conducted a survey to document the YHC experience. Reliable studies of the effectiveness of health facilities in providing youth-friendly services throughout the country have not been conducted. However, it can be assumed that the current situation is not satisfactory enough. International experience proves that youth reproductive health goals are best achieved when a special environment is created for providing youth friendly services. WHO publications (for example, the Amor youth clinic network in Estonia, 2011) clearly demonstrate that such an environment complies with the following principles:

- 1) anonymity, confidentiality and trust - adolescents and young people must be sure that their secrets are kept and they themselves can never be part of the general flow of patients;
- 2) counseling - services in the field of sexual and reproductive health are provided taking into account the socio-psychological situation of a particular patient, health care is accompanied by socio-psychological one;
- 3) educational and methodological support of young people in the issues of sexual and reproductive behavior.

It should be noted that in the current Kazakhstan legislation, in particular, in the Order of the Minister of Health of the Republic of Kazakhstan dated October 19, 2006 No. 491, these services are stipulated, but their description is rather a conceptual one. Although the National Public Health Center is responsible for collecting reports and monitoring the activities of youth centers, the data available on its official website are very limited and do not adequately describe the dynamics and structure of the YHC development<sup>1</sup>. Reforms of the health sector infrastructure have led to curtailing the YHC activity, as well as to reducing their financing.

Socio-psychological services, in contrast to health services, are not standardized so far. In the course of the survey performed in the Almaty Youth Health Center on April 15-16, 2019, an illustrative case was revealed. A female visitor of a gynaecologist at the age of 18 years could not begin sexual activity with her husband because of fear of the first contact and concern about her body's development. A female gynaecologist helped the patient by talking to her and sharing her personal experience of sexual life initiation. As a result, the patient managed to overcome her problems.

It is obvious that it is impossible to ensure such an approach to solving not only medical, but also socio-psychological youth problems within the framework of the general flow of patients. Adolescents and young people often require more time than adult patients, therefore services for them should be provided by specifically trained health workers with a special psychological mindset.

Thus, the next stage in the strategic development of youth friendly services in the field of sexual and reproductive health in Kazakhstan will be:

Set up of an appropriate friendly environment;

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<sup>1</sup> <https://hls.kz/молодежный-центр-здоровья> (youth-center-health) – only statistics of YHC visits can be found there, but neither the structure nor dynamics of such visits is available. Performance indicators are missing as well.

standardization of the YHC activity;  
search of sustainable financing sources;  
formation and development of sustainable human resources.

All positive findings in the activity of the Almaty Youth Health Center are taken into account and the best international experience is used to the extent possible within the Framework of the Almaty Youth Health Center development Strategy (hereinafter – the Strategy), funded by the UNFPA Country office in Kazakhstan.

The Strategy is based on the assumption of the Almaty Youth Health Center development as a center of best practices and competencies in youth health related issues and is built with a view to make it a model for the development of similar YHC strategies in other regions of the country.

## Analysis of the Almaty Youth Health Center Current activity

To develop the Strategy, the review of the Almaty Health Center activity has been performed.

The external activity environment was analyzed using the PEST methodology (Political factors - Economic factors - Social factors - Technological factors).

The internal environment (current status) was analyzed with the participation of the YHC staff members.

### 1. PEST-analysis

#### 1.1 Political factors

The analysis of political factors revealed two interrelated problems:

- YHC is not among the priorities of healthcare development in reality, regardless the political declaration of the importance of health promotion of adolescents and youth, and the need to ensure access to quality health information and services;

- There are significant gaps in the routine regulation of the YHC activity.

The activity of the YHC as a health facility is generally regulated by the legislation covering healthcare of the people. Youth Health Center development is not mentioned in the State Health Development Programme of the Republic of Kazakhstan “Densaulyk” for 2016-2019, approved by the Decree of the Government of the Republic of Kazakhstan dated October 15, 2018 No. 634<sup>2</sup>.

The first document regulating the YHC activity is the Order of the Minister of Health of the Republic of Kazakhstan dated October 19, 2006 No.491 (hereinafter – the Order), which defines the conceptual nature of youth friendly services.

According to the Order, youth-friendly services are services provided in the form of comprehensive diagnostics and treatment, preventive and psychosocial care for adolescents and youth, determined by the specifics of this population age category, with the involvement of lawyers, psychologists and social workers.

However, the given document has not been registered by the state justice bodies and therefore can be considered as a single-use legal act.

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<sup>2</sup> It should be noted that in the previous State Program of the Health Development in the Republic of Kazakhstan «Salamatty Kazakhstan» for 2011-2015 much attention was paid to this issue.

Subsequently, on June 9, 2011, the Order of the acting Minister of Health of the Republic of Kazakhstan No. 381 approved the Regulation on the activity of health organizations engaged in the healthy lifestyle development, where the YHC is mentioned, its standard structure is determined and more than 30 functions are described.

The most important point of the document is the definition of the task of the YHC in promoting sexual and reproductive health of young people:

- 1) treatment and prevention (STI treatment, providing anthropological and gynecological care to specific patients, educational and informational work on promotion of healthy behavior in sexual relations of young people);
- 2) psychological (counseling on psychological problems, relieving stress and shock conditions of specific patients);
- 3) social (provision of social, legal and other assistance to young people who find themselves in difficult life situations).

Review of the YHC related legislation and its practical activity shows that the current state regulation creates three debatable barriers for the YHC development.

*The first barrier. The Specifics of the YHC activity.*

According to the Ministry of Health, 118 YHC functioned in 2018 in Kazakhstan, with over 350 thousand registered visits. At the same time, the legislation has not answered the question whether the YHC activity is directly related to the provision of health care services, which are included into the guaranteed amount of free health care (hereinafter - the guaranteed volume of free health care):

- according to the above Order No. 381, the YHC is considered to be the organization related to the formation of a healthy lifestyle;
- lack of the YHC mentioning in the list of the guaranteed volume of free health care services related to the formation of a healthy lifestyle;
- the absence of a detailed (by analogy with PHC or CDHC) list of YHC health services in the legislation.

– YHC activity was mentioned within the structure of PHC only in 2011

in the Regulation on the activity of healthcare organizations providing outpatient care, approved by the Order of the Acting Minister of Health of the Republic of Kazakhstan dated January 5, 2011 No. 7.

The privatization of organizations dealing with healthy lifestyles, which took place in recent years, has led to the curtailment of those YHC that existed within the structure of privatized organizations. In turn, the formal arrangement of the YHC activity under the umbrella of the PHC structure created only an additional workload and financial burden on primary care organizations.

The upcoming since January 1, 2020 provision of healthcare services at the expense of compulsory social health insurance fund requires standardization of the YHC services for the purposes of further identification of the source of financing.

*The second barrier. Age of consent to receive health care services.*

According to the health legislation, the age of consent for informed receipt of health care services and decision-making regarding one's own health is 18 years.



The given norm contradicts one of the principles of youth health centers - anonymity, confidentiality and trust. In order to receive health care service, for example, for a sexually transmitted disease, a teenager will have to confess to parents or other legal guardians, which in itself is a significant psychosocial problem. There is a huge risk that this young man will remain silent, will resort to the assistance of incompetent specialists or try self-medication

Decreasing the age when consent is required is an acute social and ethical problem and it is necessary to solve it with due regard to respect for the rights of both the child and his parents, it is important to find a reasonable balance.

It seems reasonable to reduce the age of obtaining consent to 16 years, given that according to the Criminal Law of the country, children can engage in sexual and other intimate relations with adults starting with the age of 16 years. The relevant proposals are included in the draft new version of the Code "On the Health of the People and the Health System".

There is a clear contradiction in the law – a child has the right to expose himself to the risk of sexually transmitted diseases, but he cannot receive treatment on his own.

For example, children in the UK from 16 years old can independently agree to receive health care services and visit a doctor on their own<sup>3</sup>. At that, in case if refusal of help can cause substantial harm to the health or lead to the death of the patient, doctors can overcome the refusal of the child by contacting parents or in court. Such a liberal norm on the age of consent from 16 years old was adopted not only in overseas countries but also in the countries culturally close to Kazakhstan: Uzbekistan, Ukraine, Moldova and Russia<sup>4</sup>.

*The third barrier. Determination of the age limits and categories of the YHC patients.*

– according to the Order, youth health centers provide friendly services to adolescents and youth aged 10 to 24 years;

The Law "On the State Youth Policy" under the term "youth" refers to persons from 14 to 29 years old;

– The Law on Compulsory Social Health Insurance" stipulates 15 preferential categories of persons (including children, school students and full-time tertiary school students, etc.), the contributions for which will be paid by the state, which gives them the right to receive free health services.

This situation limits the financial base for the YHC since the category of patients receiving free care certainly includes those patients who are able to pay for the services.

At the same time it is important not to create financial barriers for those young people who are unable to pay for the services themselves.

One of the solutions may be the differentiation of services according to the free of charge criterion. For example, a counseling appointment is always free for patients under 24 years of age, and certain services are only paid for patients over 19 years

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<sup>3</sup> <https://www.nhs.uk/conditions/consent-to-treatment/children/>

<sup>4</sup> The UNFPA study, Justification of reduction of age of adolescents for independent voluntary informed consent to medical intervention, Kulikov AM, 2010

of age (one of these services may be therapeutic abortion or medical termination of pregnancy).

## 1.2 Economic factors

The current practice of the YHC financing is unsustainable.

The main regulatory document on the payment for medical services included in the guaranteed volume of health care services at the expense of budgetary funds is the Payment Rules for the Services of Healthcare Subjects, approved by Order of the Acting Minister of Health of the Republic of Kazakhstan dated March 29, 2018 No. 138 (hereinafter - the Payment Rules). This document has two significant weaknesses regarding youth friendly services financing.

The first one. The initial uncertainty of the level, type, form of health care provided by the YHC is the reason for the lack of the unified policy in determining the payment method for the YHC services and hence, the tariff size for the YHC services .

Due to the fact that a number of YHC function under the umbrella of the PHC facilities youth friendly services are funded within the limits of the comprehensive per capita norm (hereinafter – CPCN). This leads to an increase in the cost and a significant decrease in the income base of the primary health care facilities.

Such financing system does not encourage the YHC development but, on the contrary, stimulates the chief physicians to restrain their development, limit the provision of the YHC services and avoid increase in the flow of patients.

The financing system should be changed in such a way that increase in the flow of patients in the youth health center would allow the public health facilities to receive additional income (the principle “money follows the patient”).

Secondly, the Payment Rules are intended only to regulate the issues of payment for the health services and do not provide for the mechanism of financing the YHC functions related to its educational, social and psychological mission. Meanwhile, the provision of health services does not solve all the problems of STI epidemic control and social isolation of young people in issues concerning sex relations.

On the contrary, STI treatment without adequate psychological and educational counseling will not correct the behavior of a young person; it will create the feeling that “mistakes” can be remediated (once cured will cure again) and will contribute to relapse of risky behavior.

The development of paid services among the YHC target group is hardly promising, since, as a rule, adolescents and young people, addressing the YHC for help are in a difficult life situation and are not ready to pay for medical expenses.

At the same time, paid services can be an additional source of financing for the YHC, as they can be provided to patients outside the target group.

### 1.3 Social factors

Adolescents and young people in Kazakhstan are adherent to risky sexual behavior that threatens their sexual and reproductive health<sup>5</sup>:

- the share of young people aged 15-19 years with sexual experience is 29,4%, the average age of the sexual activity onset is 16,5 years<sup>6</sup>;
- over 44% of young people aged 15-19 years who started sexual activity have more than one partner;
- the average number of sexual partners over the past 12 months made up 4.1 at the time of the survey (some respondents indicate up to 40 sexual partner).

Active sex life of young people aged 15-19 years is associated with the low awareness level regarding sexual and reproductive health:

- only 34.4% of respondents demonstrated correct knowledge about condom use;
- Over 60% of respondents said that if the symptoms of STIs disappeared without treatment, it means that you have recovered;
- 14.8% of respondents (190 people) noted at the time of the survey the appearance of at least one of the symptoms of STIs in the last 12 months.

The most dramatic finding of the given sociological survey within the context of the YHC development strategy is the knowledge of youth about the existence of the YHC. The overwhelming majority (90.8%) of young people aged 15-19 did not refer to youth health centers, the majority (62.6%) of young people of 15-19 years of age with STI symptoms did not seek help for the STI treatment in health facilities.

The most common reasons for not seeking health care services in the presence of STI symptoms are:

- fear of information disclosure (27% said that there is no confidentiality);
- 26% are shy;
- 24% said they were afraid of leakage of confidential information;
- 18% are afraid of ridicule and condemning attitudes of medical personnel);
- 21% - no money to pay for treatment or examination;
- 17% - no money to buy drugs

The cited statistics on reasons of not seeking medical care is an indirect assessment of the effectiveness of youth friendly services. When young people and adolescents find themselves in a difficult life situation, they either don't know about youth centers or don't trust them and other health facilities as well.

A separate factor affecting sexual and reproductive health of adolescents and young people is the spread of HIV infection.

Thus, Almaty city is one of the leading regions of HIV infection spread. Given the fact that the sexual way of infection transmission is prevailing in Kazakhstan (68.4%), the activity of the YHC in Almaty is critical for the youth health improvement.

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<sup>5</sup> A sociological survey on reproductive health of adolescents and young people aged 15-19 years, their sexual behavior and access to services and information regarding reproductive health, POR Commissioned by the Ministry of Health of the Republic of Kazakhstan with the support of UNFPA (2018)

[http://www.ciom.kz/ru/page/publikacii\\_249](http://www.ciom.kz/ru/page/publikacii_249) - The given survey was performed in 17 regions of Kazakhstan, no separate survey took place in Almaty. It seems appropriate to extrapolate the country results to the Almaty city situation.

<sup>6</sup> It should be noted that these data once again draw attention to the need to reduce the age of consent for health care self-seeking.

*According to the data of the National AIDS Prevention and Control Center for 2018, the national HIV prevalence rate per 100 thousand people is 126.8. Excess of the national HIV prevalence rate was registered in Pavlodar (244.9) and Karaganda (234.8) regions, Almaty city (228.1), East Kazakhstan (197.9), North Kazakhstan (190.31), Kostanay (175.1) regions and the city of Astana (Nur Sultan) (128.2).*

*Comprehensive sexuality education of young people is an effective way to foster safe and responsible behavior.*

The dominant tenet among the population of Kazakhstan is that sex education is the family obligation, so 83.9% of the survey participants believe that it is the family that bears the main responsibility for sex education of children<sup>7</sup>. Only a small proportion of respondents believe that the responsibility for sex education should be that of educational and medical institutions and their employees - 9.3% and 6.1% respectively. At the same time the young people spoke critically about parents, believing that they cannot cope with the function of sex education. The main complaints against the parents were: lack of attention to the child, lack of awareness of the parents themselves, lack of trust relations with the child, silencing or ignoring the topic of sexual relations in child-rearing.

The three most frequently discussed reproductive health issues in families are:

- the issues of hygiene and care of the genitals: in 48% of families, this matter is often discussed;
- puberty related physiological changes (28% - "often»)
- responsibility for sexual behavior and its consequences (25% - "often").

Less often, compared to other topics, the families discuss the preferred number of children (17%- "single case"), methods of contraception (17% - "single case") and STI prevention (16% - "single case").

These findings suggest the need for a comprehensive approach to parent involvement, including:

- raising parents' awareness of sex education matter;
- creation the YHC positive image;
- advancement of the knowledge of health and pedagogical workers in reproductive health issues.

## 1.4 Technological factors

Digital medicine worldwide remains a fast-growing market, and investments in this industry are increasing. Compared to 2010 they increased more than tenfold, amounting to \$14.6 billion by the end of 2018. Last year the investors most often preferred to invest - in the development and advancement of solutions for patients, including telemedicine (as of now this segment accounted for 23% of all investments).

The YHC digitization will be in line with the general development trends of the global and Kazakhstan health care. It should be emphasized that young people prefer to

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<sup>7</sup> Hereinafter: Results of the sociological survey «Awareness about contraceptive methods and family planning among adolescents and young people in Kazakhstan» performed by the SF "Strategy" at the UNFPA commission in 2019.

receive any services in a digital format, which imposes increased demands on YHC as far as digitalization is concerned. Tools for digital interaction with young people may include the website, YHC representations in social networks, targeted and contextual promotion.

However, digital technologies themselves will not be effective without the development of social and marketing technologies that take into account the specifics of the use of information by young people about sexual relations, preferred information channels to get information from and other media preferences.

Firstly, Internet is not a panacea. According to the UNFPA survey, about 30% of respondents in each age and socio-demographic group do not use the Internet as a source of information about sexual relations, contraception, reproductive health, etc.; they prefer to consult with health professionals, relatives, friends, acquaintances rather than study medical literature and other channels

Secondly, about 30% of respondents in each of the age and socio-demographic groups are not interested in STI problems, infertility, time for the start of sexual life, early pregnancy in adolescents. This suggests that the use of any technology to disseminate information, including digital one, requires a very aggressive and skillful tactics in order to reach a wide disinterested audience.

Thirdly, it should be borne in mind that young people have ceased to trust the family as an institution of socialization on issues of sexual relations. This is due to the fact that:

1) parents are late to inform; they start talking about sex too late (very often after 18 years);

2) parents give limited information: parents pay attention to the hygiene of the genitals, contraception, but do not talk about sex, as well as about what to do if there is a crisis situation (unwanted pregnancy, infection, etc.);

3) low awareness level of parents in matters of sexual-reproductive and mental health.

These informational needs are the key to the application of any technology of interaction with the YHC target group.

The results of the PEST analysis show that political and economic factors affecting the YHC sustainability are beyond the reach of the YHC themselves and require regulatory decisions at the national level.

Social factors can be subject to change, but this requires constant and consistent information sharing with parent community and education of the parents themselves, active interaction with other sectors provided that local executive bodies are supportive enough. Work with technical factors can be carried out at the YHC level provided there is a significant increase in human resources. At the same time, efforts should be made on the part of all the health structures, for example, the healthy lifestyle service, and other agencies interested in the health and development of the country youth (authorized bodies in education, social protection and youth policy domains).

The existence of such a gap between the current situation and expectations of the YHC high-performance work, as a key organization for the promotion of reproduc-

tive health of young people, requires the formulation of realistic goals and development of a balanced intervention portfolio.

## 2. SWOT-analysis

Table 1

STRENGTHS	OPPORTUNITIES
<ol style="list-style-type: none"> <li>1. The possibility to use the brand of the City Human Reproduction Center for (CHRC), in which the YHC is located</li> <li>2. Robust human resources (highly motivated)</li> <li>3. Availability of its own premises and part of the equipment</li> <li>4. Convenient location for patients</li> <li>5. Accommodation in the hospital premises, patient access to inpatient care, the ability to work 24/7</li> <li>6. Effective communication with other medical organizations through the current CHRC Director</li> <li>7. Strategic partnership with Y-Peer youth organization, youth communication channel</li> <li>8. UNFPA support</li> <li>9. Functioning under the auspices of the state organization (CHRC) – sustainable funding</li> </ol>	<ol style="list-style-type: none"> <li>1. Acquire partners</li> <li>2. Search for additional sources of financing, provision of paid services</li> <li>3. High demand for gynecological and urological services</li> <li>4. Rendering paid training services to other health organizations</li> </ol>
WEAKNESSES	THREATS
<ol style="list-style-type: none"> <li>1. Low level of remuneration</li> <li>2. There is no mechanism for the YHC financing in the current system public health financing</li> <li>3. Outdated infrastructure, few premises</li> <li>4. There is no either online counseling or 24/7 phone line counseling</li> <li>5. There is shortage of staff and equipment</li> <li>6. No either own brand or marketing materials</li> <li>7. No materials of its own</li> <li>8. Lack of license for educational activity</li> </ol>	<ol style="list-style-type: none"> <li>1. The CHRC will not be able to finance the YHC permanently</li> <li>2. Change of the loyal leadership in CHRC, in the Almaty Health Department</li> <li>3. Change of the UNFPA priorities in sexual and reproductive health, reducing the amount of support</li> <li>4. Cultural society specifics, tabooing sex issues and sexual education</li> <li>5. Competition with private health organizations</li> </ol>

# Development of the Almaty Youth Reproductive Health Center for 2020 – 2022

## Mission

Promotion of sexual and reproductive health of young people aged 10 to 24 years in Almaty

## Vision

Teenagers and young people of Almaty aged 10 to 24 years trust the Almaty YHC as a service for obtaining health, educational and advisory services on sexual and reproductive health in a safe and confidential environment from competent professionals in an offline and online format.

## Strategic goals in the field of sexual and reproductive health of Almaty youth aged 10 to 24 years

1. Reducing the incidence of sexually transmitted infections
2. Reducing the number of unwanted pregnancies
3. Reducing the HIV infection spread

## Strategic directions of the Almaty YHC development

1. Formation and promotion of the Almaty YHC brand as a center of competence and trust-based service on the youth sexual and reproductive health
2. Quality assurance of the YHC health, educational and advisory services
3. Ensuring the YHC financial sustainability

## 1. Formation and promotion of the Almaty YHC brand as a center of competence and trust-based service on the youth sexual and reproductive health

Timely access to information or health care can significantly improve sexual and reproductive health of young people.

However, parents, young people and teachers in Kazakhstan either do not know about youth-friendly services or do not trust the providers of these services. The YHC brand should be perceived by young people in the same way as the phone number 103. This means that in all difficult life situations related to sexual and reproductive health, young people should contact the YHC. In other words, adolescents and young people should understand that the YHC can be useful to them and the appeal to its specialists is not something out-of-the-way or shameful.

At the same time, parents or educators should understand that the YHC is a competent and qualified organization providing health services to young people and referral of young people in the YHC deserves trust, confidentiality and respect.

To achieve the development of such clear associative and behavioral attitudes in people it is necessary to establish effective PR-communications with various society



segments and to form a trustworthy YHC brand among adults and popular among young people.

## Objective 1.1.

### Advertising campaign to promote the YHC brand

Brand – is a set of ideas, opinions, associations, emotions, value characteristics of a product or service in the consumer mind.

In this case the consumers are:

- teenagers and young people who are potential YHC service users and
- adults (parents, educators, decision makers, etc.) among whom the YHC should be promoted as a safe and trustworthy place where young people are protected and do not experience any negative influence.

To launch a promotion campaign you need to develop two main documents:

- a brandbook – description and philosophy of the brand, the brand image, guidelines for the application in various informational contexts;
- promotion campaign strategy, which will clearly regulate the goals, principles and tools of the brand promotion among different target groups.

It is important to apply such promotion methods that are relevant to the information use patterns of the target groups, i.e. promotion in the places and via those information channels that are used by young people or adults.

The campaign may include promotion with the use of the following channels:

- traditional commercials on television channels for potential parents, grandparents (about 75-92% of respondents aged 40 years and older regularly watch television programs);
- digital channels (social networks, contextual promotion in search engines) for promotion among young people, as well as their potential parents.

*Digital channels have the greatest potential for promotion:*

*34.6% of respondents, mostly aged 15 - 19 years and rural residents use Youtube.com;*

*32.8% of respondents (young and middle-aged) use Google;*

*47.9% of respondents use the social network Instagram (in the group of 15-19 years - 61.8%);*

*social network "Vkontakte/VK" has a constant audience share of 46.8%, usually aged 15-29 years;*

*the most popular messenger is WhatsApp (78.4% of respondents use this messenger)*

It should also be noted that in digital media, the most preferred format for the YHC brand promotion is videos (90% of respondents with varying frequency watch videos on the Internet) viewed through the mobile Internet (68% of respondents use it to go online);

- offline channels (billboards along the roads, airports and railway stations, poster panels in educational institutions and other crowded places).

Given the need to efficiently use very limited resources to finance the promotion campaign, it is desirable to use print media and radio only on a free basis, since the majority of respondents do not read newspapers (83.9%) and do not listen to the radio (76.1%).

The promotion of the YHC brand will face a number of challenges (see paragraph 1.4 of the PEST analysis):



- 1) the majority of young people still are not concerned about sexual and reproductive health and therefore are not interested in the problems associated with it;
- 2) the majority of young people will not listen to the YHC calls to lead a healthy lifestyle, as it is of no interest to young people. They are told about these issues by their parents, who have obviously lost their authority;
- 3) one of the main preferred sources of information for young people is communication with acquaintances and friends, i.e. "peers";
- 4) much higher interest is caused by practical advice on the peculiarities of the body development, the STI symptoms, the specifics of HIV transmission, the means and methods of modern contraception, eutrophy and etc.,

These challenges at this stage are the real need of young people for information. Once a wide range of young people increase their awareness of basic issues, the campaign can be complicated by more comprehensive content

It should be emphasized that the promotion campaign success will depend not only on the young people's interest. Parents and social activists (bloggers, journalists and politicians) are equally important promotion targets for the YHC. Opposition on the part of these groups can have a very negative impact on the effectiveness of the YHC efforts.

The UNFPA research shows that a significant part of the older generation has a very conservative, rigid, intolerant attitude to sex education issues (for example, some parents plan to talk about sex to their children after they are 25 years old).

In this regard, the YHC may face a major risk for its promotion campaign – being interesting to young people may mean being an occasion for the anger of the older generation, the object of accusations in corrupting young people and promoting unhealthy western values.

The balance of interests of different generations when developing a promotion campaign is the main challenge for the YHC marketing specialists.

#### *Major activities:*

No	Activity	2020	2021	2022
1	Development of the YHC brand book and marketing strategy	✓		
2	Launching a promotion campaign		✓	✓
3	Preparation of analytical reports on the promotion campaign effectiveness with the selection of the most effective channels of information dissemination and involvement		✓	✓

## Objective 1.2.

### Set up and development of the front office service

The positive YHC image in the perception of young people will depend a lot on how quickly and effectively the YHC will be able to process requests from adolescents and young people. An effective promotion campaign will "work" to attract patients (youth), and in this situation the YHC front office service should function, which is currently absent.

The peculiarity of the YHC front-office service is the combination of two objectives:

- social objective related to the maximum coverage of young people with reproductive health services;
- commercial objective is to convert the flow of patients into real visits and consultations

The YHC front office service should perform the following functions:

- prompt reception of phone calls and referrals through other communication channels (website, mail, messengers, social networks, etc.) in order to make an appointment with the YHC specialists;-
- counseling over the phone or other means of communication on sexual and reproductive health issues (for example, what to do if there has been unprotected sexual contact or in case of sexual violence).

The work of the YHC front office should be based on the CRM (customer relations management) system, which ensures automatic interaction with customers according to the principle "nobody left behind" – no one is missed. Such a system makes it possible for the managers to track the way the operators process customer requests in terms of efficiency and speed.

CRM technologies are especially effective for interaction with the users of social networks and a website – both platforms allow introducing bots that can process many requests in a unit of time and transmit the "hottest" requests to live operators, screening out the "cold" ones (of low interest).

The set up of the YHC front-office service will require the development of a package of standardized algorithms and scripts for interaction of "live" operators with different key groups, especially with young people and their parents, as well as for intensive training to perfect the skills of communication with customers.

#### Major activities:

No	Activities	2020	2021	2022
1	Purchase, installation of equipment for the front office service	✓		
2	Development of methodical documentation for operators and scenarios (scripts) of talks with the patients, incentives system for operators and evaluation of their performance	✓		
3	Operator training	✓	✓	✓

No	Activities	2020	2021	2022
4	Development of innovative digital platforms for interaction with young people (chatbots for messengers, mobile offer, etc.)			✓

### Objective 1.3.

#### Competence center development

YHC should play a key role in the Almaty community in disseminating reliable and practical knowledge on sexual and reproductive health of young people.

The Almaty YHC as a center of competence in issues of sexual and reproductive health will be able:

- to ensure the wider dissemination of reliable and practical knowledge about sexual and reproductive health of young people through the involvement of various participants of the youth socialization process (educational institutions, media, etc.) and their methodological support;
- provide training and informational and methodological support to youth leaders;
- generate creative, non-standard content to promote the brand and support the front office service as well as the YHC specialists.
- to replicate the YHC experience and knowledge at the national level and to ensure the transfer of technologies on sexual and reproductive health of young people to the regions.

The status of a competence centre for the YHC can be a "lever of strength" to engage institutional social partners and their resources in order to advance the goals of strengthening the young people's sexual and reproductive health. It is necessary to develop five anchor projects for the development of competencies on the basis of full-time and distance learning.

*Introductory (on board) training for the YHC staff.* Currently, in Kazakhstan there are no necessary standardized training programmes on the youth psycho-physiological development. Health workers at the beginning of their professional activity perceive a young person as a "big child" or "almost adult". Taking into account the main functions of the YHC these training programs should be oriented at health, psychological, social workers, as well as at lawyers and should cover the following principal domains:

- adolescence psychology;
- physical development of adolescents;
- puberty of boys and girls;
- endocrine disorders of boys and girls;
- peculiarities of the course of mental and behavioral disorders in adolescence;
- psychotherapy in adolescence;
- sexually transmitted infections, including HIV infection;
- specifics of the course of pregnancy in adolescence;
- modern methods of contraception;
- specifics of assistance in case of gender (sexual) violence;

- peculiarities of providing social services to adolescents and young people;
- specifics of the legal status of adolescents, legal assistance to adolescents and young people.

*A training course for practitioners of other health care facilities on management of young patients with reproductive or sexual health problems, taking into account their age and social features.*

*Responsible parent school.* The YHC can develop a training course and a set of guidelines for parents, which would prepare them for the correct comprehensive sexuality education of their children given the peculiarities of psychology, physiology and hygiene of adolescence. Such a course will be most popular if it is available in social networks as an online course.

*Summer school for journalists and youth leaders.* Such schools are very popular among journalists and community leaders, as they make it possible in a short time to acquire the necessary knowledge and skills in order to cover a whole group of new domains that are of professional interest. It is especially effective if this summer school ends up with a competition of works on the coverage of certain sexual or reproductive health issues with their publication in the relevant media

*Optional course on training representatives of educational institutions (teachers and psychologists) in specifics of adolescents and youth psycho-physiological development and specifics of their reproductive health.* The YHC could develop a training course with the provision of teaching materials on the basis of which educators could teach their students the basics of safe and responsible reproductive behavior. Local education authorities have the authority to introduce such a course.

### Major activities:

No	Activity	2020	2021	2022
1	Development of educational and methodical packages, purchase of training models/dummies	✓	✓	✓
2	Training the YHC staff	✓	✓	✓
3	The training for journalists, youth and community leaders and experts in issues of work with youth		✓	✓
4	Training for colleagues from the regional YHCs, including visits to the regions			✓
5	Development of information and analytical publications on sexual and reproductive health of young people			✓
6	Development and launch of a programme of paid training of trainers in sexual and reproductive health of young people with the issuance of certificates recognized by the state			✓

## 2. Quality assurance of the YHC health, educational and advisory services

The YHC is a unique in its own way organization for Kazakhstan, as there is no accumulated and systematized institutionalized practice in the field of youth-friendly services in the country. Hence, it is extremely difficult to establish quality criteria for such services.

One of the promising solutions of this problem could be the development of a separate programme within the framework of the national accreditation as and when the country accumulates experience in providing youth-friendly services.

### Objective 2.1.

#### Standardization of the YHC health, educational, consulting services and basic business processes

The health system is one of the most regulated areas of activity in Kazakhstan. However, in this respect the YHC remains one of the "white spots": national standards do not regulate the activities of the YHC specialists in full.

Standardization of the YHC health, educational, consulting services and core business processes will allow systematic management of the YHC operational quality, will reduce the risks to the safety of patients and staff, will help to record and summarize the YHC experience in order to transfer it to the regions.

In practice, the standardization of ICZ activities should cover the following stages.

*Stage 1. Regulation of business processes:*

- General (administrative) business processes taking into account the logic of national standards of accreditation of medical organizations;
- front office service processes;
- delivery of health care processes;
- the process of psychological counseling;
- the processes of social services;
- the processes of educational services;
- legal aid processes.

*Stage 2. Identification and formation of the list of services* (for example, medical, psychological, social, etc.). Given the complexity of the YHC services, priority areas for standardization should be:

- emergency response protocols (detection of attempted or threatened suicide, appeals of the violence victims, detection of HIV infection, etc.);
- safety protocols to protect patients from psychological, physical or sexual abuse on the part of the YHC staff (appeals against staff actions, patient feedback);
- algorithms and guidelines for psychological counseling;
- algorithms (scripts) for the front-office service specialists;
- information management and confidential data maintenance;
- process of development and quality assessment of educational and methodical packages.

*Stage 3. Building a comprehensive system of care for the patients.* The integrated system should implement the command principle of assistance. The team will at least include a doctor of the appropriate profile, a psychologist, a volunteer (preferably from among the former YHC patients).

At the beginning of the work with a patient, the team sets joint goals of care and clear indicators of their achievement; in the process of care it constantly checks the compliance with the original goals, discusses the progress of each team member and the overall progress of the patient. The ideal end up of the team work is the feedback the patient gives to the team members.

For example, this method can be used in the care of women who have survived an abortion. In this case, the goal of the team is to restore reproductive health, psychological balance, provide the necessary knowledge on sexual and reproductive health. Moreover, each team member will have his or her own specific goals: a psychologist - to provide post-traumatic counseling and avoid suicide, a doctor - to provide medical assistance, restoring the work of organs and protecting against infectious risks, a volunteer - to train and help them to socialize again.

*Stage 4. Development of a monitoring and evaluation system* that includes at least:

- internal and external expert examination, self-assessment for health and psychological services provided;
- indicators for YHC performance assessment;
- development of templates of reporting forms.

*Stage 5. Development of methodological formulation of tasks for the process automation.*

**Major activities:**

No	Activity	2020	2021	2022
1	The YHC business process mapping	✓	✓	✓
2	Development of standard operating procedures	✓	✓	✓
3	Establishment of internal and external clinical and non-clinical audit service			✓
4	Development of incident reports		✓	✓
5	Set up of a Board of Trustees including authoritative and separate from the YHC persons to oversee the YHC activity	✓		

**Objective 2.2.**

**Effective YHC personnel management**

The most effective approach to personnel management, recommended among other things by the British Psychological Association is a competency based approach.

Competence is the personal ability of a specialist (employee) to solve a certain class of professional tasks, a set of competencies, knowledge and experience necessary for effective activity in a given subject area.

Competence-based approach is applied at all stages of personnel management - selection, evaluation, training and promotion.

Thus, when selecting among candidates with the help of competency interviews, their behavior at the previous places of work is reviewed, since most likely it will be repeated in a new place. The task of recruiters is to assess whether their traditional behavior in the former workplaces meets the goals and objectives of the position under consideration.

Training of employees is based on the principle of make up for the missing competencies or development of the new ones.

The personnel performance evaluation is based on the assessment of progress (regress) of the actual staff member competencies and their impact on personal or team results.

The career advancement is based on providing benefits to the most competent employees.

The basis of the competence-based approach is the competence framework for a particular organization, for the purposes of this strategy - for the YHC. The competency framework is a list of core competencies (behavioral models) that employees need to achieve desirable results in the YHC.

The competence framework development is a priority for the set up of the YHC effective personnel management system.

The YHC staff basic competencies may include:

- 1) processing of non-numeric (text) information;
- 2) oral communication;
- 3) teamwork;
- 4) ability to cope with stress/ stress resistance;
- 5) ability to be patient-oriented;
- 6) ethical behavior;
- 7) ability to be result oriented.

Each competency should be described, and evaluation indicators should be established for each one.

Professional development of the YHC employees is a necessary prerequisite for effective quality management.

Professional development should be ensured for employees:

- inside the YHC based on its capacity;
- in Kazakhstan with the "industry leaders" support in the relevant areas;
- abroad, in leading youth-friendly centers providing services of sexual and reproductive health, taking into account the lack of national experience.

It should be emphasized that establishment of effective personnel management system requires the introduction of adequate remuneration and a system of non-material personnel motivation.

### Major activities:

No	Activity	2020	2021	2022
1	Development of competence framework	✓		
2	Implementation of competence-based approach in all the processes of personnel management	✓	✓	✓
3	In-house training	✓	✓	✓
4	Training in Kazakhstan		✓	✓
5	Training abroad			✓

### Objective 2.3.

#### Furnishing with necessary medical and non-medical equipment

Furnishing with necessary medical equipment has 2 goals:

- improvement of the quality of services;
- increase of the opportunities for the activity commercialization.

This furnishing can be carried out in 3 stages whereby selection of medical and non-medical equipment is based on the results of business process mapping (see Objective 2.1):

1) at the first stage, providing priority equipment for the provision of youth-friendly services:

- videocolposcope (for the diagnostics of inflammatory and oncological diseases in gynecological practice);
- lamp (light source for vulva and vaginal examination);
- automated telephone exchange, headphones for the front-office operators (for the organization of front-office service);
- vacuum-aspirator (to expel the remnants of the fetus in medical abortion procedure);
- portable ultrasound device (for diagnostics of genitourinary system diseases and medical abortion);

2) at the second stage - provision of equipment for surgical manipulations, both within the framework of the youth friendly services and within the framework of paid services:

- electrocoagulator/ electrodesiccator (for circumcisions, biopsy sampling from the surface of the vulva or penis, removal of warts, condylomas, etc.);

3) at the third stage - provision of equipment for treatment procedures within the framework of paid services:

- uroflowmetry (for diagnostics of prostatitis, disorders of the urinary tract);
- a urologist matrix (physiotherapy for erectile dysfunction and prostatitis);
- a device for cavitations (ENTUSI therapy for inflammatory diseases in gynecological practice).

This roadmap of medical equipment supply ensures a comprehensive arrangement of gynecological and urological offices. The list of equipment is determined taking



into account the fact that urological and gynecological patients will be concentrated in the YHC and the organization must be responsive to all the challenges of outpatient practice of this profile.

*Major activities:*

No	Activity	2020	2021	2022
1	The first stage of equipping with facilities	✓		
2	The second stage of equipping with facilities		✓	
3	The third stage of equipping with facilities			✓

### 3. Ensuring financial sustainability

The YHC financial sustainability should be based on the principle of differentiation of funding sources.

Funding sources should include:

- state order (payment for youth-friendly services);
- paid services (investments in the YHC development, staff motivation);
- sponsor support (financing additional services for the target group, for example, free contraceptives).

This will ensure maximum financial self-sufficiency of the YHC.

Obtaining funding within the framework of the state order depends on the reform related to introduction of compulsory social health insurance and settlement of the issues raised in the PEST-analysis.

Paid health services should be developed according to the strategy of guerrilla marketing. YHC is not a commercial organization in the full sense of the word and has no profitability goals; paid services are an additional source that allows co-financing running costs and development costs. This approach will make it possible to set prices for paid services below the market one, and to “intercept” patients in “guerilla-like” way in a highly competitive Almaty market.

Paid educational services. The YHC development as a youth health competence center will make it possible to provide paid services aimed to upgrade professional skills of health workers and pedagogues.

Sponsor support can be provided by international organizations, charitable foundations, individuals and crowd funding mechanisms can also be used.

*Major activities:*

No	Activities	2020	2021	2022
1	Obtaining a state order within the MSHI framework	✓	✓	✓
2	Launch of paid services		✓	✓
3	Set up of a Supervisory Board to monitor the use of sponsor support		✓	

#### 4. Indicators to assess the achievement of the YHC Development Strategy goals and objectives for 2020-2022

Indicator	Measurement unit	Indicator description	2020	2021	2022
<b>Direction 1: Brand development</b>					
<b>Objective 1. Promotion campaign</b>					
Popularization of the YHC brand	%	Increase in the share of correct answers of respondents about the YHC activity according to the results of the youth survey in comparison with the previous period	20%	40%	60%
Increase in the level of confidence in the YHC among young people	%	Increase in the proportion of responses confirming the YHC credibility among respondents according to the results of the youth survey in comparison with the previous period	20%	25%	30%
Median number of calls to the YHC contact center per day	abs	Median average number of calls received by the YHC, including out-of-hour calls and calls missed due to line congestion or operator occupancy, per day	20	50	100
Median number of the YHC referrals via website, per day	abs	Median average number of referrals received on the YHC electronic portal, per day	5	20	50
Median number of appointments/receptions of patients, per day	abs	Median average number of patient visits to specialized specialists, psychologist, trainings, workshops and other services and activities on the YHC territory, per day	5	15	45
Median number of social media page visits, per day	abs	Median average number of the YHC social media page visits, per day	500	2000	10000

Indicator	Measurement unit	Indicator description	2020	2021	2022
Median number of phone counseling sessions, per day	abs	Median average number of the YHS phone counseling sessions in social networks, per day	5	10	30
<b>Objective 2. Development of the front office offline and online services</b>					
Share of the YHC missed calls	%	Ratio of the number of received calls and the number of calls to the YHC line except for calls during non-working hours and missed calls due to line congestion	50	20	3
The share of the YHC unanswered web portal and social media referrals excluding spam and advertising messages	%	Ratio of the unanswered YHC referrals excluding spam and advertising messages	75	50	20
Share of referrals received via Internet and social networks	%	Ratio of referrals received via web portals and social networks and the total number of referrals including phone calls, visits to profile specialists, etc.	10	25	50
<b>Objective 3. Educational activities</b>					
The number of activities performed	abs	The number of activities performed to disseminate information and training on STI prevention as well as other reproductive health issues	30	50	100
The number of trained trainers	abs	The number of persons trained in how to carry out educational activity on reproductive health issues	10	30	60

Indicator	Measurement unit	Indicator description	2020	2021	2022
The number of issued training materials	%	The number of issued training manuals and materials	10	20	30
<b>Direction 2: Quality of services</b>					
<b>Objective 1. Standardization of business processes</b>					
The share of business processes covered by standard operating procedure standards (SOP)	%	Ratio of the number of business processes and clinical processes fully covered by standard operating procedures and the total number of business and clinical processes	10	30	50
The number of incidents associated with the lack of SOP	abs	The number of incidents, which according to the results of analyses were due to the lack of SOPs or their inefficiency during the reporting period	100	50	20
The number of incidents associated with the SOP violation	abs	The number of incidents, which according to the results of analyses were due to the violation of SOPs by the employee during the reporting period (human error)	100	50	20
Share of repeated visits/receptions	abs	Share of patients who have referred repeatedly outto the YHC, of the total number of referrals	10%	20%	30%
<b>Objective 2. The YHC Material and technical facilities</b>					
The YHC actual facilities compared to those of financial plan.	%	The share of assimilated funds in the current period of the total amount of funds planned for equipment in the current period	100	100	100

Indicator	Measurement unit	Indicator description	2020	2021	2022
Workload of medical equipment	%	Share of idle hours out of the total number of hours of the YHC normative working schedule	30	50	75
Condition of medical equipment	%	Share of faulty equipment out of the total number of equipment	0	10	20
<b>Direction 3: Financial sustainability of the organization</b>					
<b>Objective 1. Ensuring financial sustainability</b>					
Share of revenues of paid services within the revenue structure of core activities	%		10	20	30
Share of sponsor support receipts within the total revenue structure	%		5	7	10





