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CARAVAN Study: Selected Findings & Recommendations for Future Programming

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GLOBAL HEALTH
RESEARCH CENTER
of CENTRAL ASIA

Performance Statistics

1208 randomly selected households visited (Osh and Kara-Balta, February-April, 2015)

957 households screened for eligibility



679 residents identified as external migrants



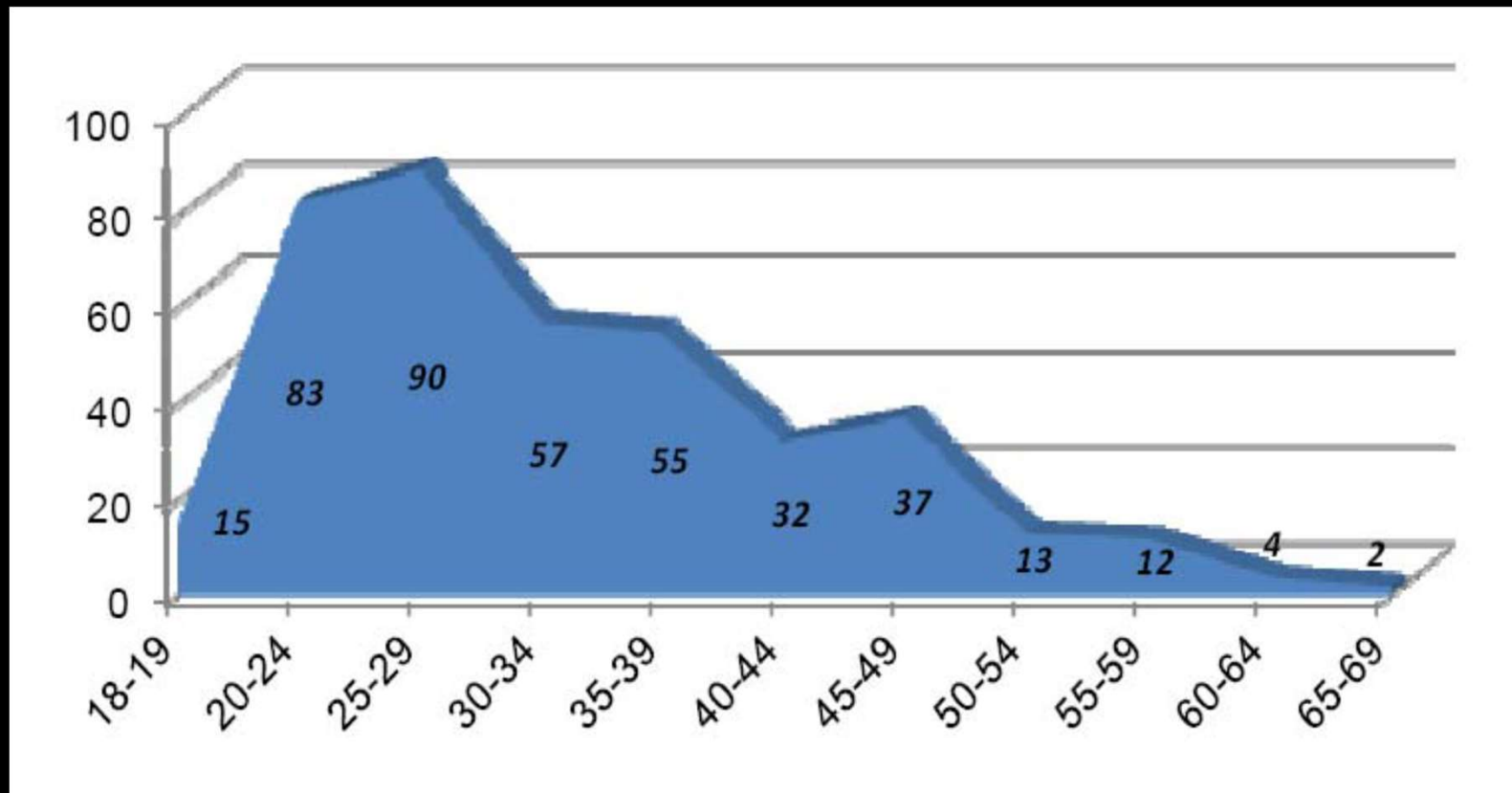
412 of the 679 screened for eligibility, 405 of the 412 identified as eligible

400 of the 405 consented, enrolled and surveyed



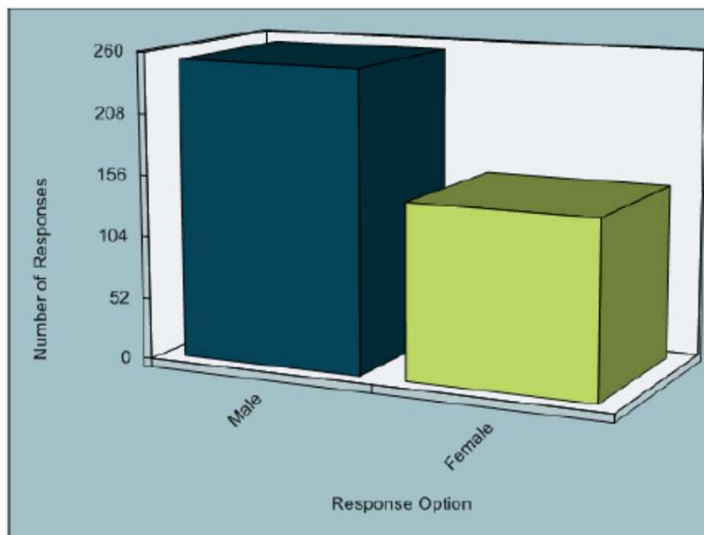
Subjects' Characteristics: Age Grouping

Respondents from 20 to 39 years old prevailed in the study sampling -- 71%,
n=285):



Subjects' Characteristics: Gender Composition

Males prevailed:

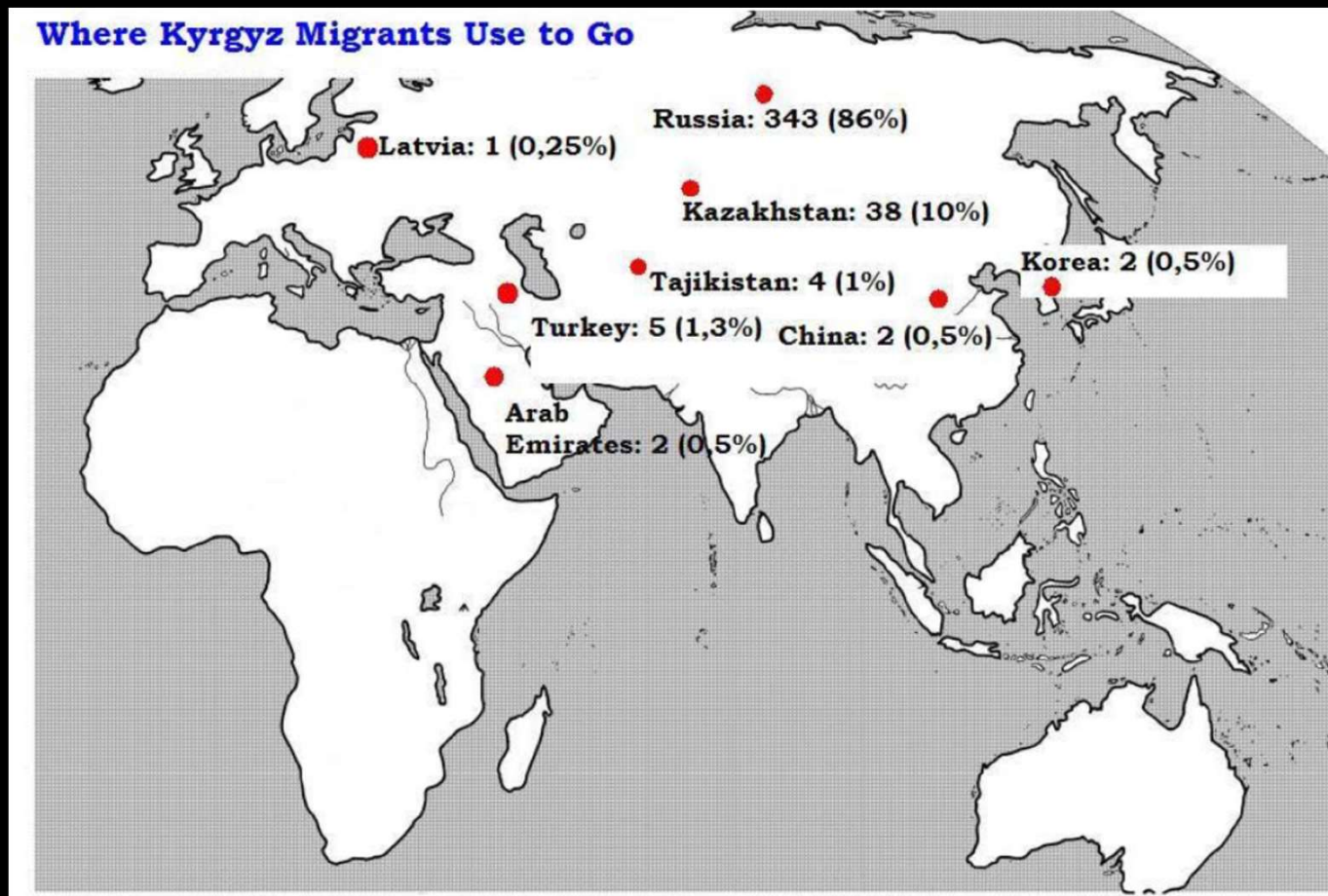


Value Label	Count	Pct
01 Male	253	63.25%
00 Female	147	36.75%

Count: 400 Mean: .6325
Min: 0 Median: 1.0000
Max: 1 Std Dev: .4827
Sum: 253 Variance: .2330

Subjects' Characteristics: Destination Directions

Russia and Kazakhstan are the most popular destination countries where the surveyed labor migrants went to work in the past 12 months and spent there no less than 3 months:



Subjects' Characteristics: Professional Engagement



	Value Label	Count	Pct
1	Construction	86	21.5%
2	Trade	83	20.75%
3	Agriculture	11	2.75%
4	Housekeeping	2	0.5%
5	Live farming	1	0.25%
6	Catering	75	18.75%
7	Transportation services	38	9.5%
8	Service (hairdressing, waitress, etc)	53	13.25%



Subjects' Characteristics: Professional Relationship

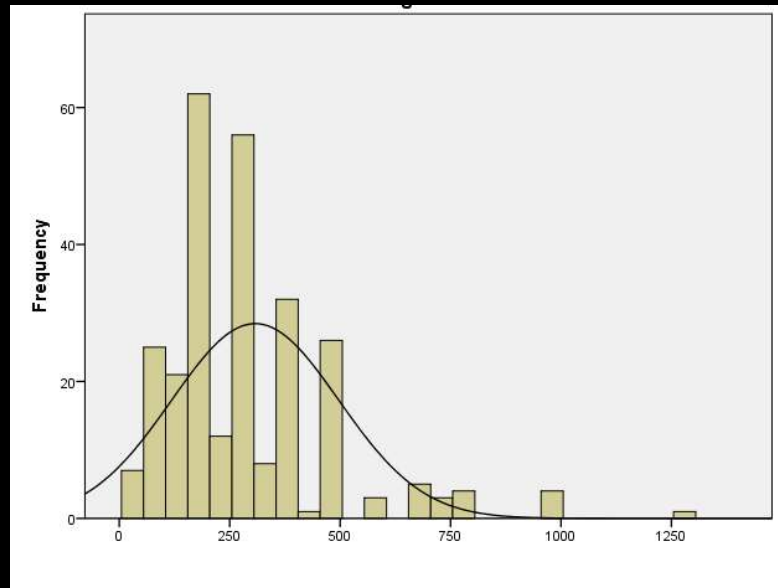
- Of 94% ($n=377$) respondents who had temporal registration in the destination country during their last visit there, 27% ($n=102$) didn't have a formal permit to work. Only 41% ($n=157$) had the permit to work as an individual; 29% ($n=109$) reported that their employer had such permit.
- Only 36% of the 400 respondents had a written contract with their employer ($n=143$); other subjects either had only an oral agreement (32%, $n=128$) or didn't have an agreement at all (31%, $n=125$)

Subjects' Characteristics: Finance Status

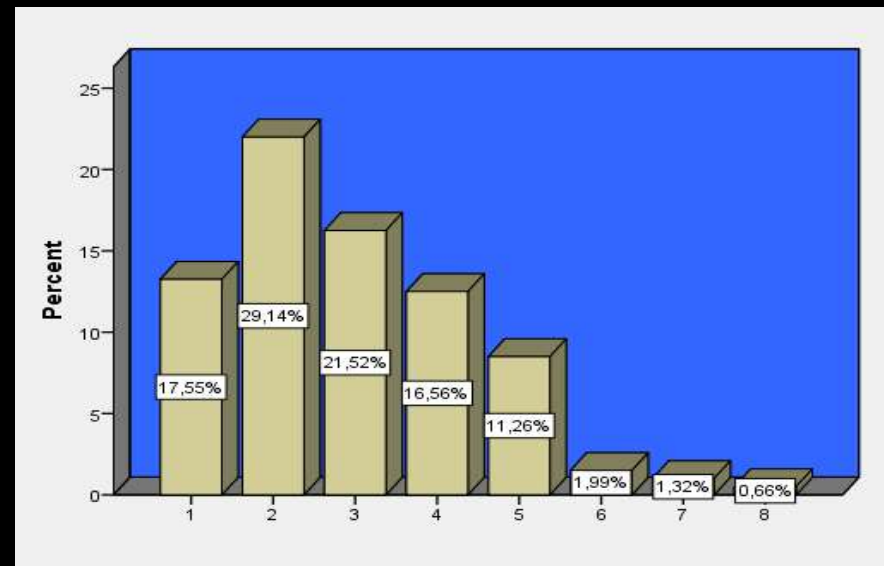
- The subjects' average wages in HOME country were \$213 and increased up to \$570 during their last visit in DESTINATION country.

Subjects' Characteristics: Sharing & Dependents

Subjects remit, on average, \$300 monthly to their families in home countries:



The number of dependents relying on the subjects' earnings, varies from 1 through 8:



Subjects' Characteristics: Religious Background

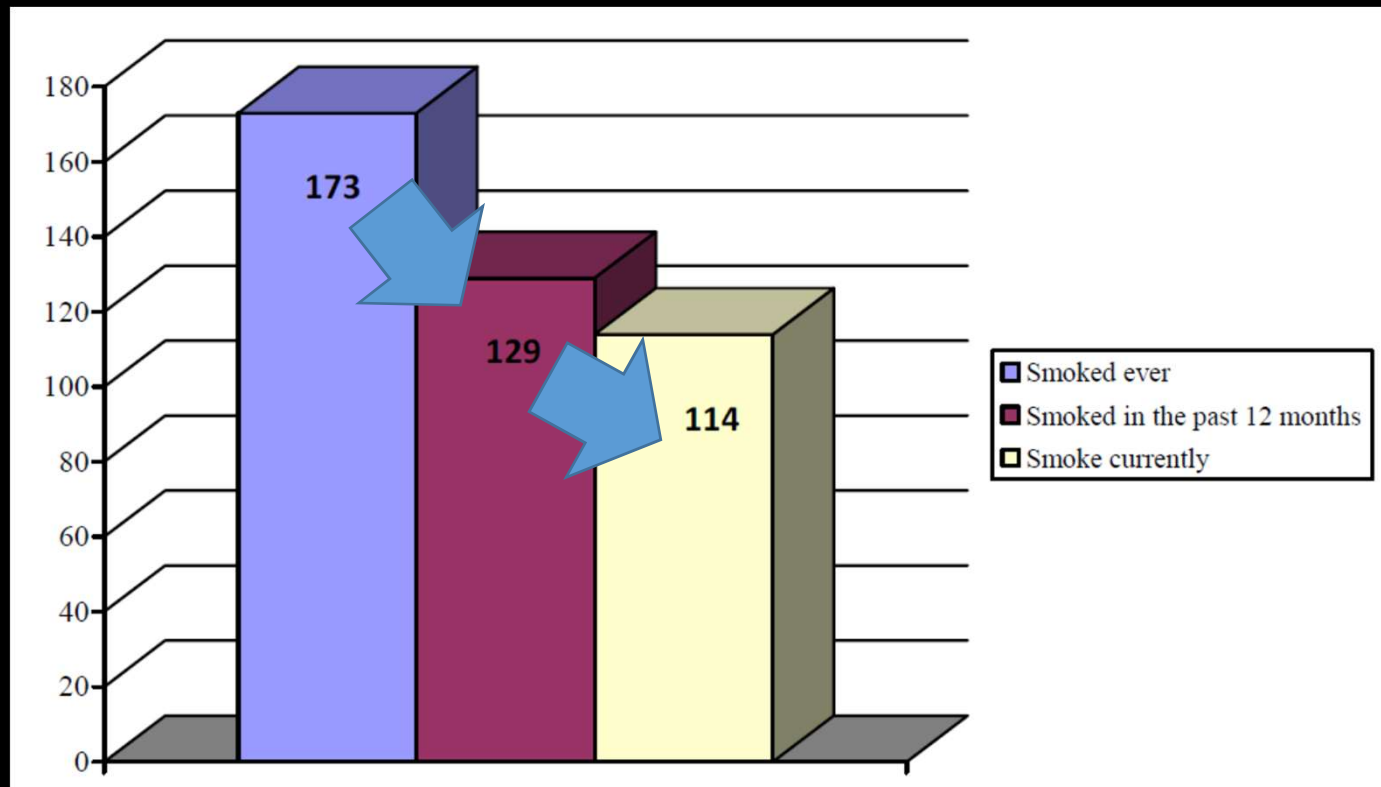
- Of the 400 surveyed migrants, 93% ($n=373$) identify themselves as Muslims, and 6% ($n=22$) are Christians.
- There are 70% of Muslims ($n=262$) and 18% of Christians ($n=4$) who confirm that religion plays significant role in their lives.
- 150 subjects (38%) reported having attended religious services in destination countries during their last visit:

Muslims: 20.07 times

Christians: 7.14 times

Exposure to TB Risk Factors: Imprisonment & Smoking

In addition to imprisonment history (3% $n=13$), respondents reported history of smoking -- The respondents who smoke currently ($n=114$) mentioned that they smoke from 2 to up to 40 cigarettes daily (the mean value is 10,54; the median value is 10,00):

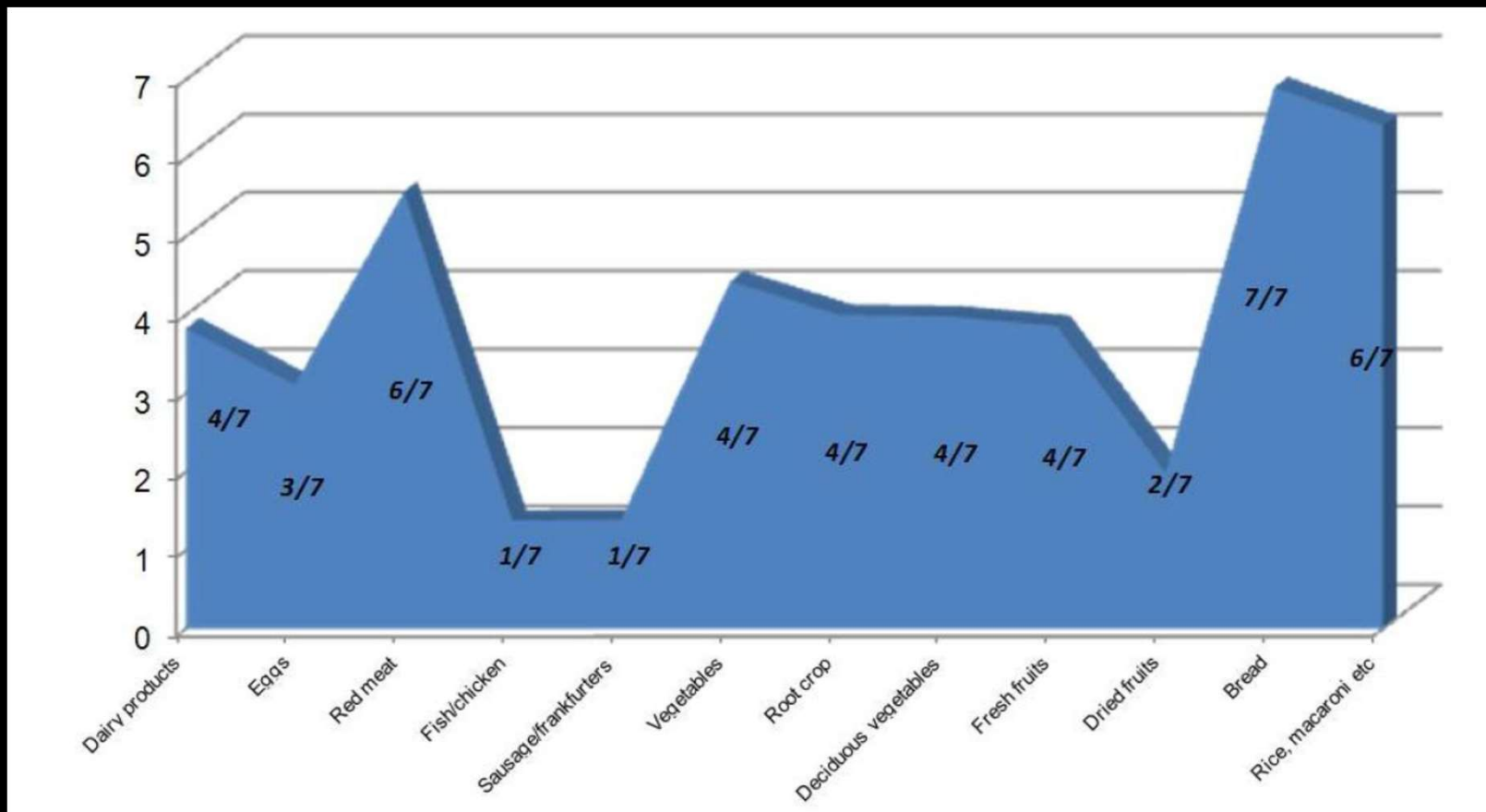


Exposure to TB Risk Factors: Malnutrition 01

- Misbalanced weekly diet reported by the respondents, should also be considered a risk factor. Only 65% ($n=261$) of the surveyed subjects confirmed eating daily no less than 400 g of vegetables and fruit, including those in stewed dishes, soups and salads.
- The subjects' menu should be further adjusted for strengthening immune system and avoiding protein, vitamin and iron deficiency.
- There were cases that respondents didn't have enough money to buy food for 1 day or more – 30 in destination country and 22 in Kyrgyzstan.

Exposure to TB Risk Factors: Malnutrition 02

After subjects answered *how many days in the past week* they had *dairy products, eggs, red meat, fish or chicken, cooked meat like sausage or frankfurters, vegetables, root crops, deciduous vegetables like celery, spinach, parsley etc, fresh and dried fruits, bread, and products made of wheat or white flour*, the diet profile was designed:

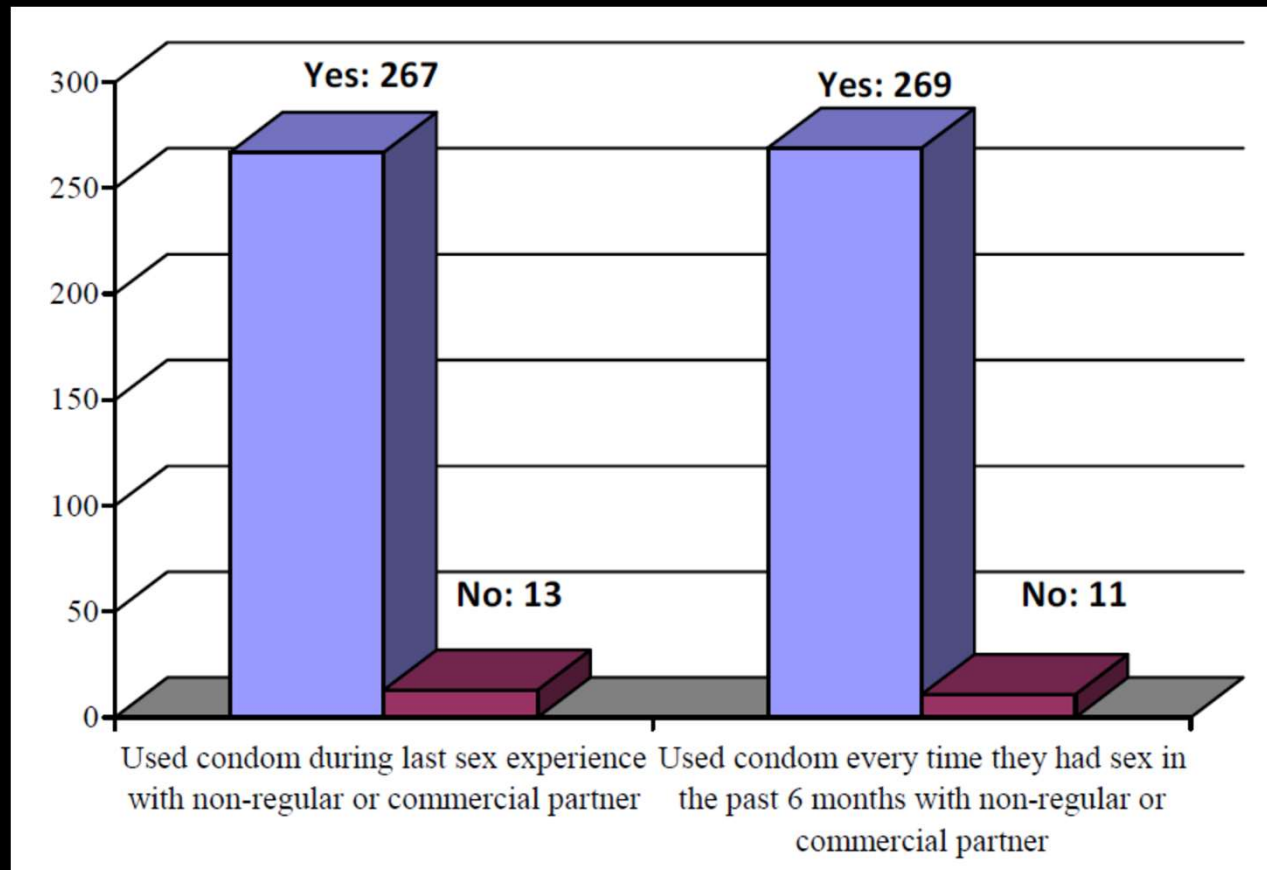


Exposure to TB Risk Factors: Irregular Physical Exercises & Drug Use

- 67% ($n=269$) of the 400 GLORI's respondents mentioned that they practice physical exercises rarer than every other day.
- There were 4 respondents (1%) who reported use of drugs (marijuana, spice and methamphetamine).

Exposure to TB Risk Factors: Unsafe Sex

Of 280 respondents who reported having sex in the past 6 months (201 males and 79 females), 4,6% ($n=13$) confirmed that they didn't use condom during their last sex experience with non-regular and commercial sex partner; 4% of the 280 respondents ($n=11$) mentioned that they didn't use condom every time they had sex with their non-regular and commercial sex partner during past 6 months:



Exposure to TB Risk Factors: Irregular Condom Use

- Of the respondents ($n=12$) who reported irregular use of condoms while having sex in the past 6 months with non-regular or commercial partner and when they practiced sex last time with non-regular or commercial partner, 67% ($n=8$, of them 6 males and 2 females) didn't use condom during their last sex with their regular partner and 83% ($n=10$, of them 7 males and 3 females) didn't use condom every time they had sex with their regular partner in the past 6 months.

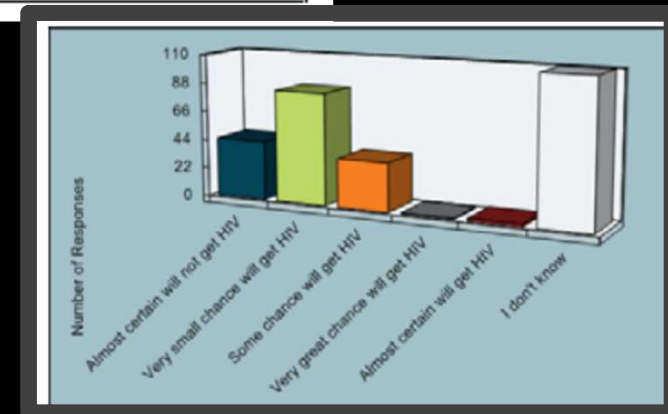
Exposure to TB Risk Factors: HCV & HIV Testing

- Of the 400 respondents, there were 2 ever diagnosed with HCV; also, there were 283 respondents who have been tested for HIV: 38% ($n=107$) during last 12 months, 58% ($n=163$) from 1 to 3 years ago, and 3,5% ($n=10$) more than 3 years ago, and 3 respondents didn't remember when they passed the HIV test.
- Out of the 285 (2 HCV+ and 283 ever tested for HIV), 280 (98%) appeared HIV-negative and 5 reported indeterminate test result.

Exposure to TB Risk Factors: Risk to Contract HIV

Out of the 280 subjects who reported negative HIV test result, 39% appeared uncertain about their chance to contract HIV, 30% assessed the probability as very small; 1% (n=3) think their chance to get HIV is great, and 16% (n=45) were almost certain they wouldn't get HIV:

Value Label	Count	Pct
01 Almost certain will not get HIV	45	16.07%
02 Very small chance will get HIV	85	30.36%
03 Some chance will get HIV	37	13.21%
04 Very great chance will get HIV	1	0.36%
05 Almost certain will get HIV	2	0.71%
06 I don't know	110	39.29%

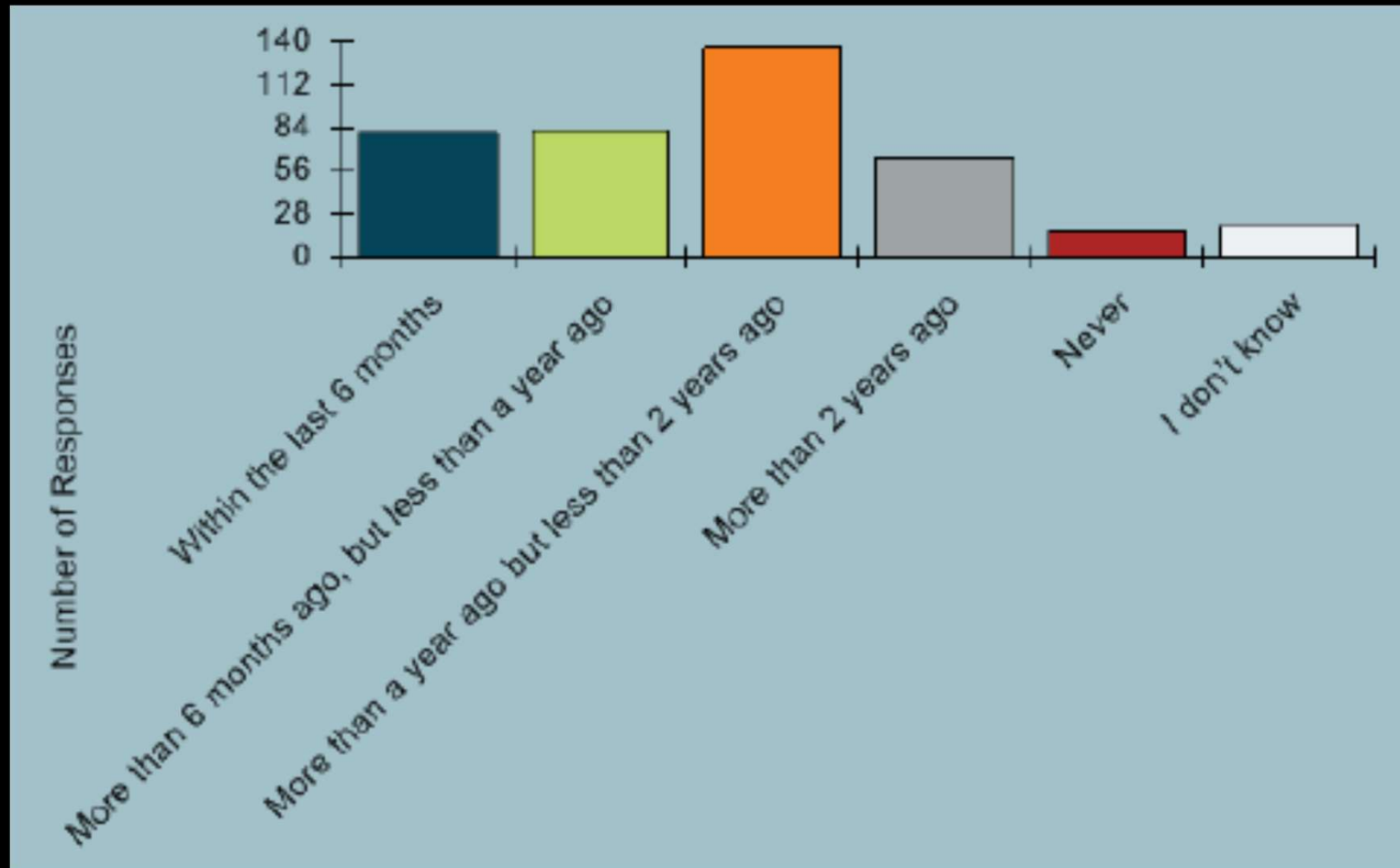


Exposure to TB Risk Factors: Risky Health Conditions

- Out of 400 respondents, 0,25% ($n=1$) reported having diabetes confirmed by a doctor more than 12 months ago, 0,75% ($n=3$) reported having asthma / respiratory problems, and 4,8% ($n=19$) reported having iron-deficiency anemia.
- Besides, 4,3% ($n=17$) of the surveyed respondents suffer from arthritis and 6 of them took anti-arthritis medication in the past 12 months.
- 26% ($n=105$) of the subjects complained that they didn't have enough sleep while their last visit to the destination country, and 8% ($n=30$) were not able to sleep for at least 8 hours in their home country in last month.
- 3% ($n=12$) of the respondents had depression or other psychiatric condition, and 4 of them experienced it during last 12 months.

TB Diagnosing: Practicing Chest X-Ray

There were 16 subjects (4%) who never passed through chest X-Ray but most (34%, $n=136$) did it more than 1 year and less than 2 years ago:

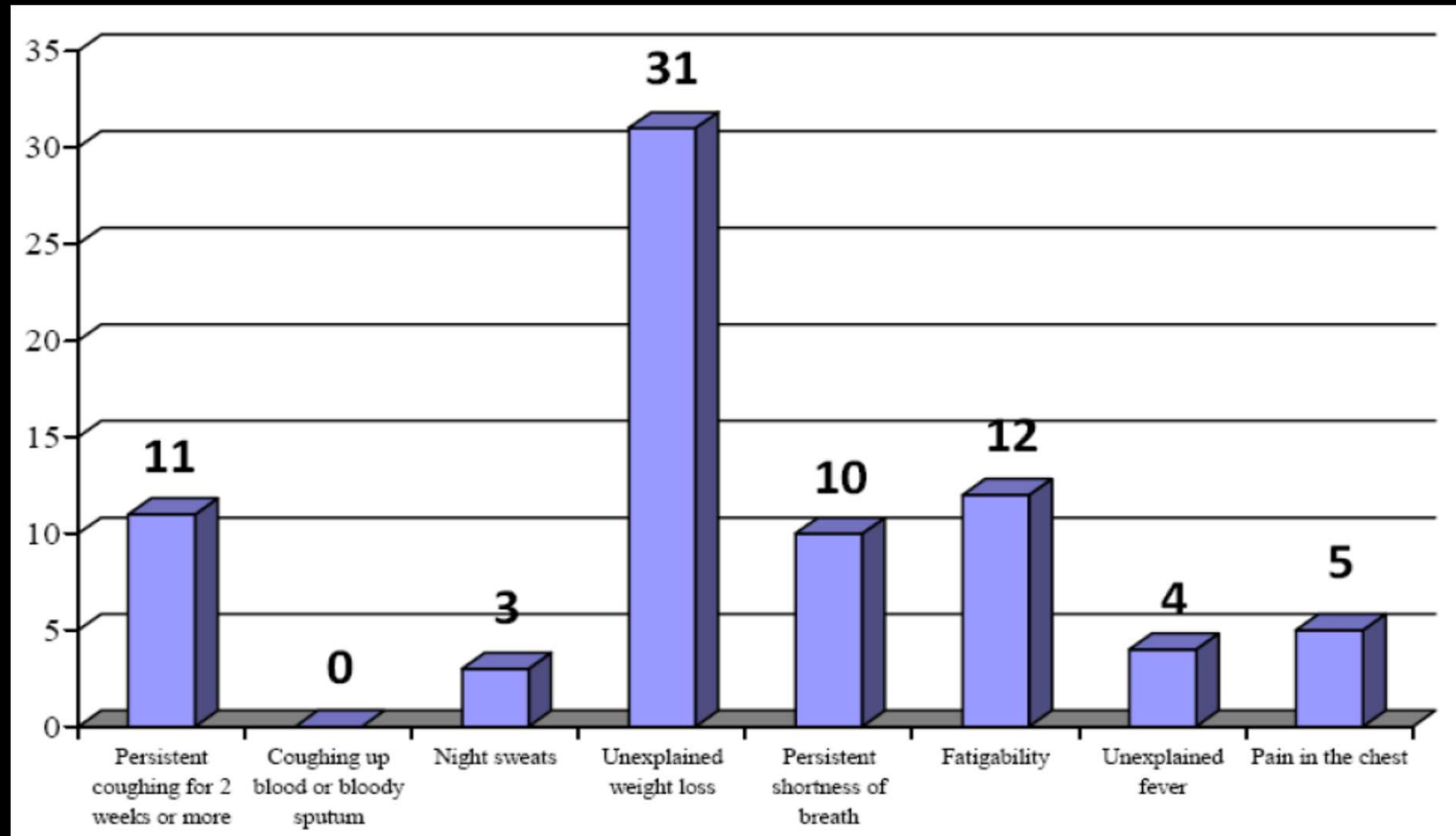


TB Diagnosing & Prevention: Chest X-Ray, Skin Test, BCG Vaccine etc

- 33% of the respondents ($n=133$) tested for TB in the past 12 months (i.e. a doctor examined their sputum taking a sample of the substance spit out from a deep cough and sending it to a laboratory for analysis).
- 4 respondents reported having chest X-Ray that showed signs of TB.
- 7 respondents (1,8%) confirmed having severe reaction to a skin TB test.
- 2% ($n=8$) of the 400 respondents said they didn't have BCG vaccine.

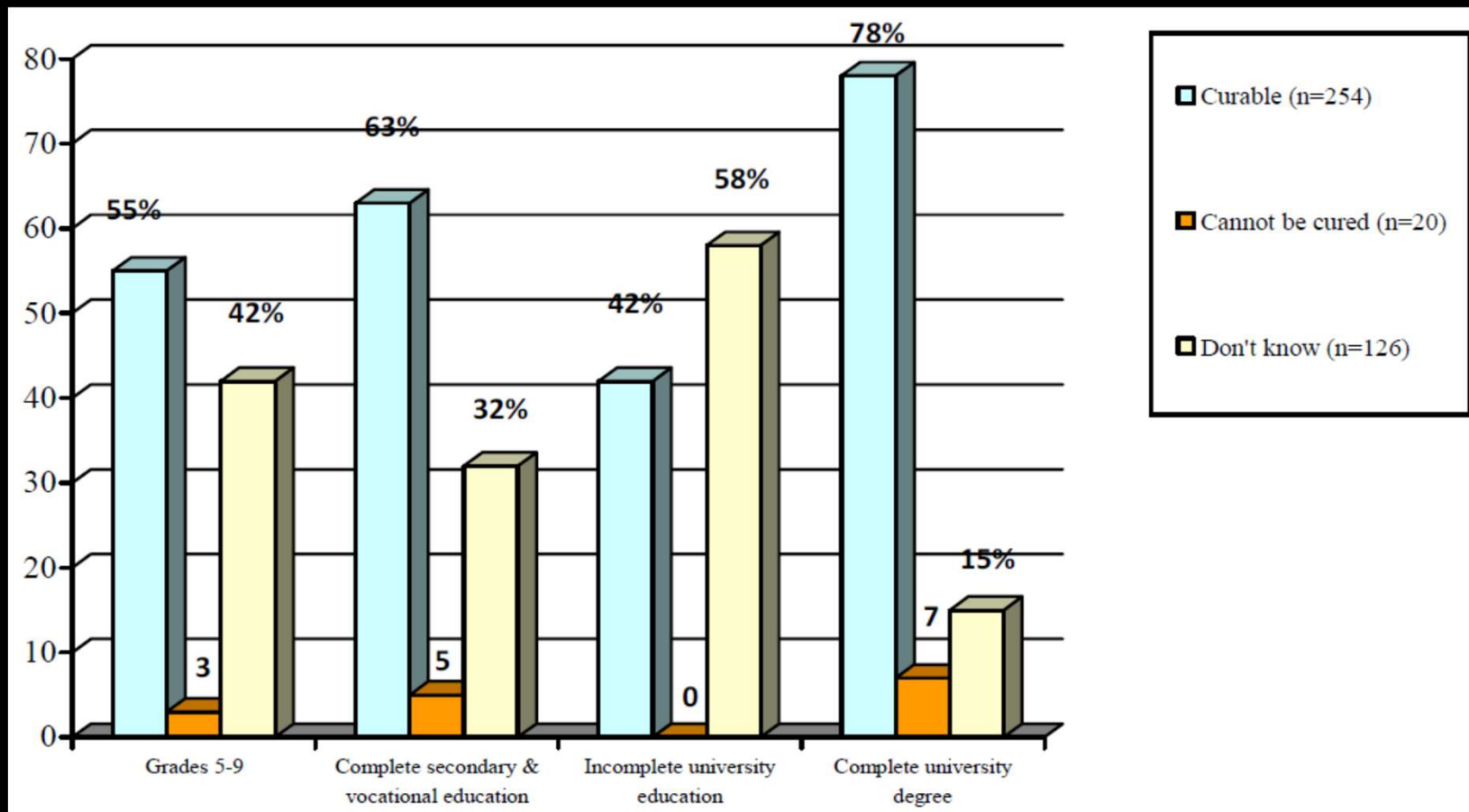
TB Symptoms Prevalence

Of the 400 respondents, none reported coughing up blood or bloody sputum. However, there were 8% ($n=31$) who mentioned unexplained weight loss in the past 12 months and other issues that could be associated with TB:



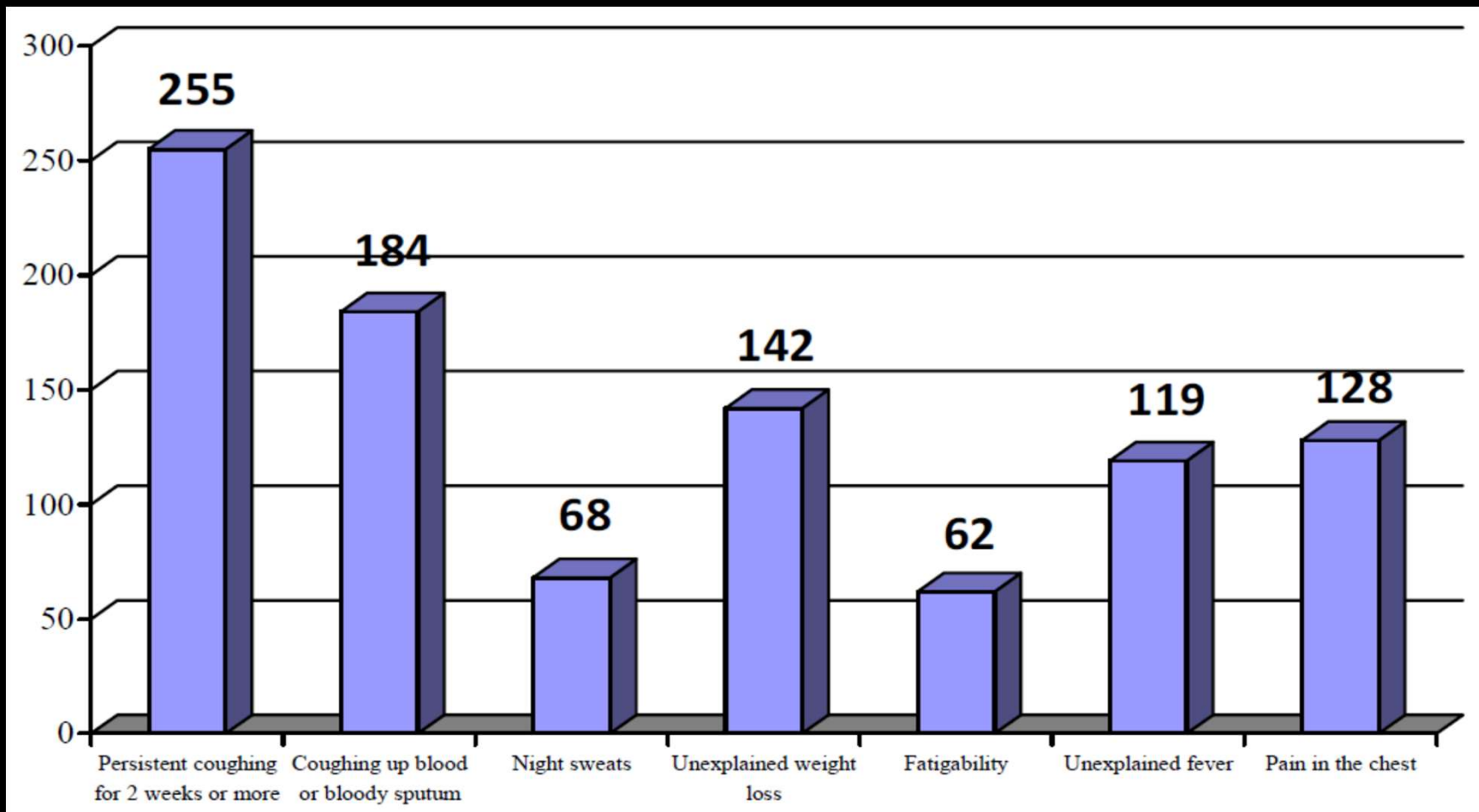
TB Symptoms Awareness & Education

Of the 400 respondents, 64% ($n=254$) think that TB is a curable disease. There are 5% ($n=20$) who think it cannot be cured, and 32% ($n=126$) don't know whether it is curable or not. Most of the 126 who don't know whether TB can be cured (58%) have incomplete university education, and there is none in this education category who would consider TB an incurable disease:



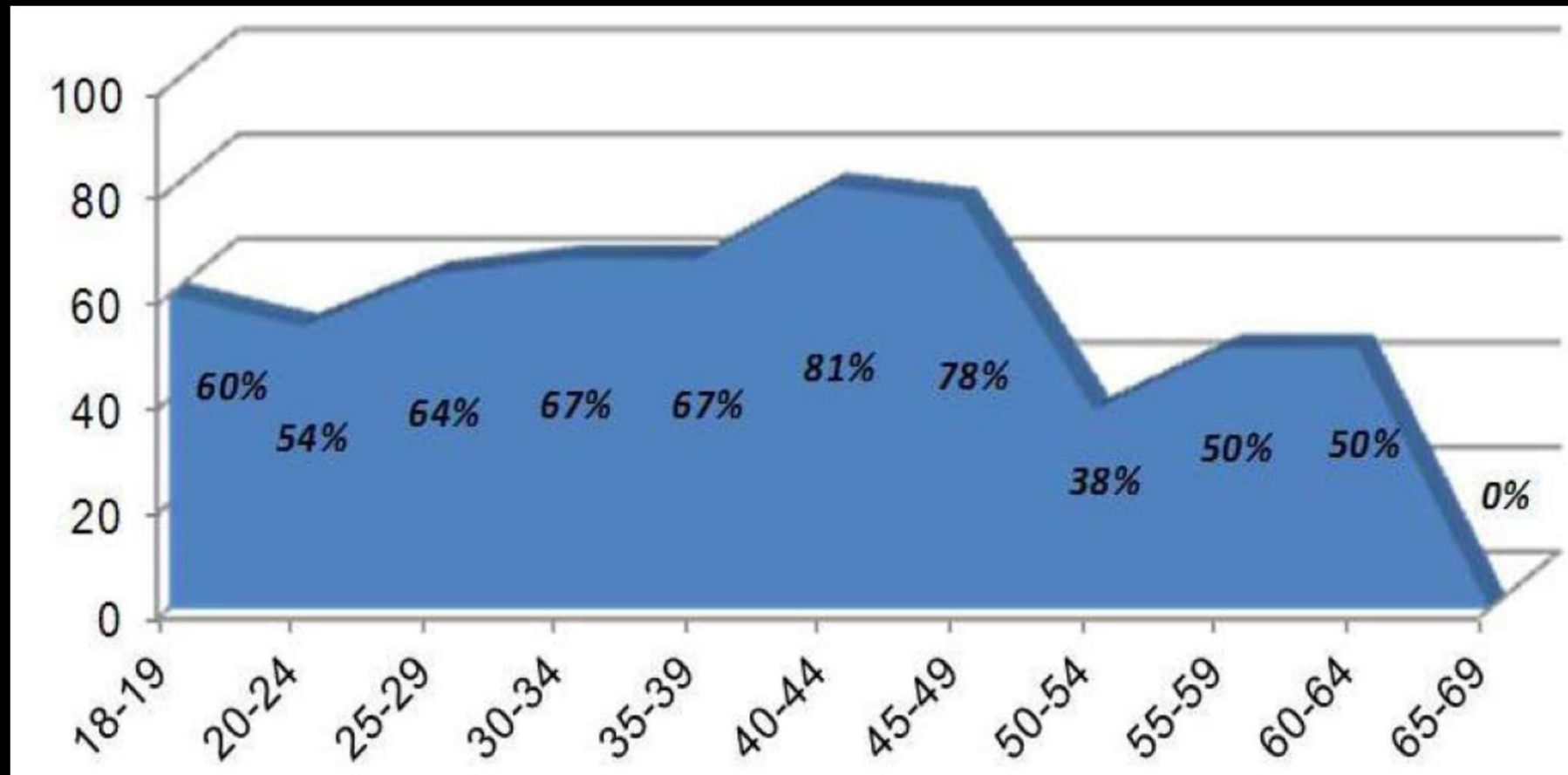
Uneven TB Symptoms Awareness

The 400 respondents demonstrated uneven awareness of the TB symptoms. Although 64% of them ($n=255$) identify coughing for two weeks or more as a leading TB symptom, only 16% ($n=62$) check fatigability as one of the symptoms, and only 17% ($n=68$) put night sweats in the list of TB symptoms:



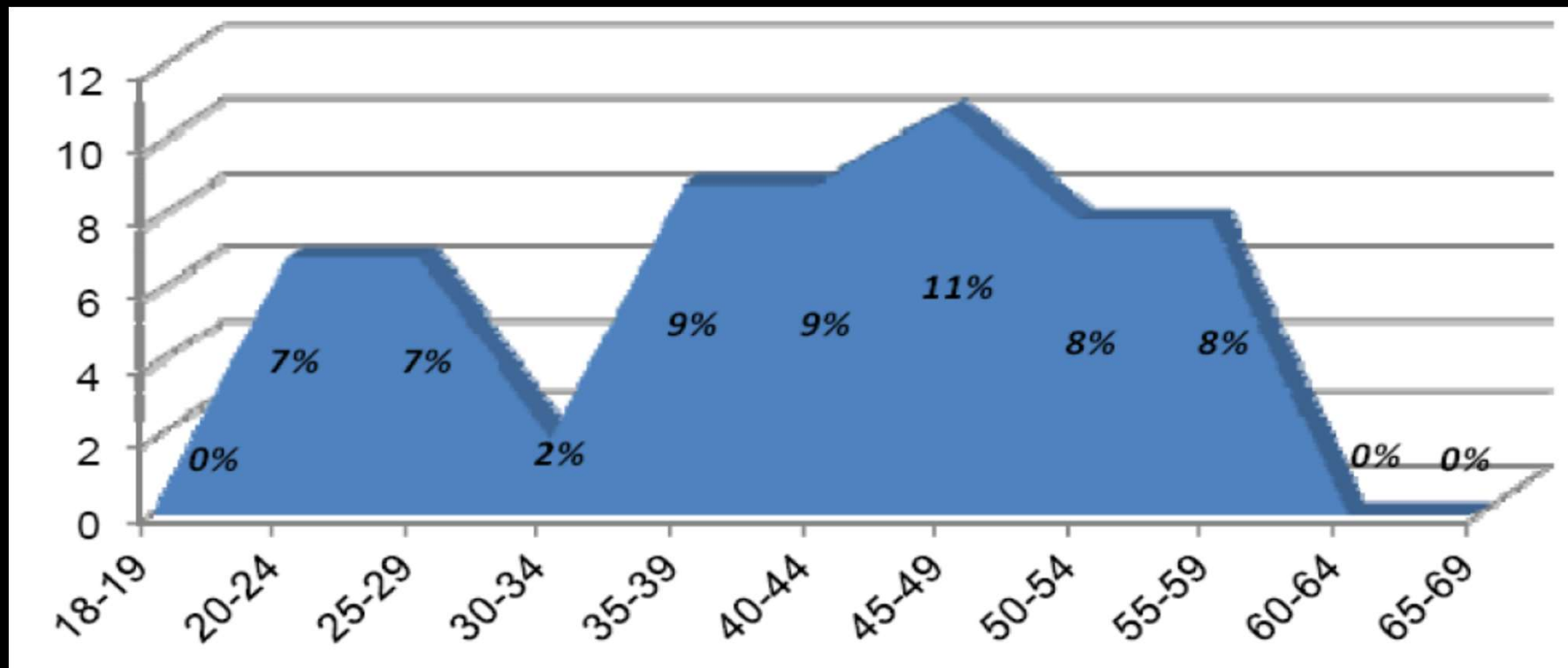
“coughing for two weeks or more” TB Symptom Awareness & Age

There is significant difference in awareness of TB symptoms depending on age. Proportion of respondents older than 50 appeared least aware of “coughing for two weeks or more” as of a leading TB symptom. Most respondents who are aware of this symptom, are 40 to 49 years old (81% of 40-44 yo and 78% of 45-49 yo subjects). None of the subjects 65-69 yo associated this symptom with TB:



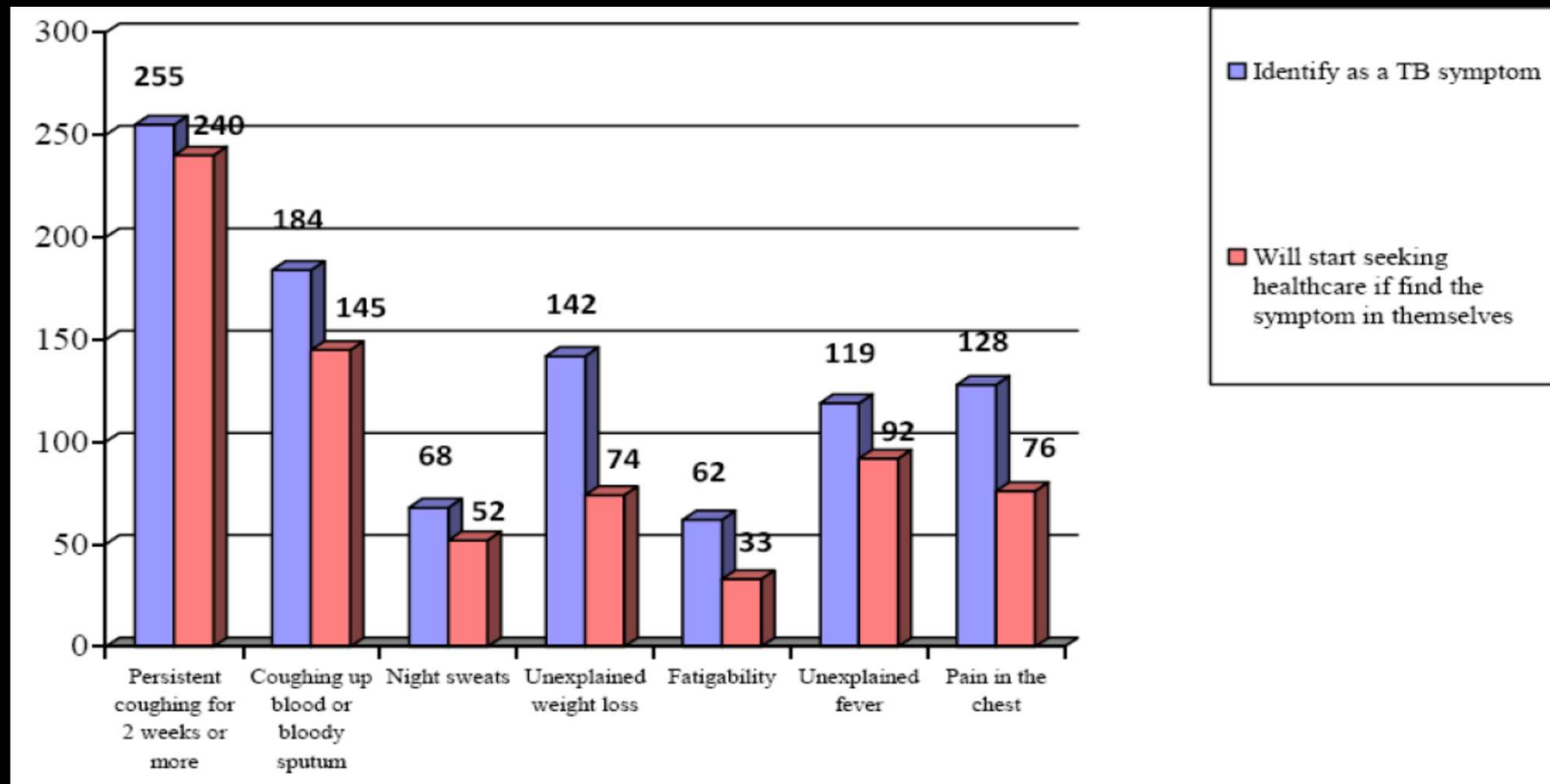
Three Symptoms Awareness & Age

There are much less subjects (only 27 of the 400 surveyed!!) who associate combination of at least 3 symptoms with TB: *coughing for two weeks or more, unexplained weight loss and night sweats*. The highest percentage (11%) of the respondents who identified the combination of the 3 symptoms as the one specific to TB, is in age group 45-49; the youngest (18-19 yo) and the oldest (60-69 yo) respondents demonstrated the lowest capacity to group these 3 symptoms as the ones that would alert an individual to think of TB:



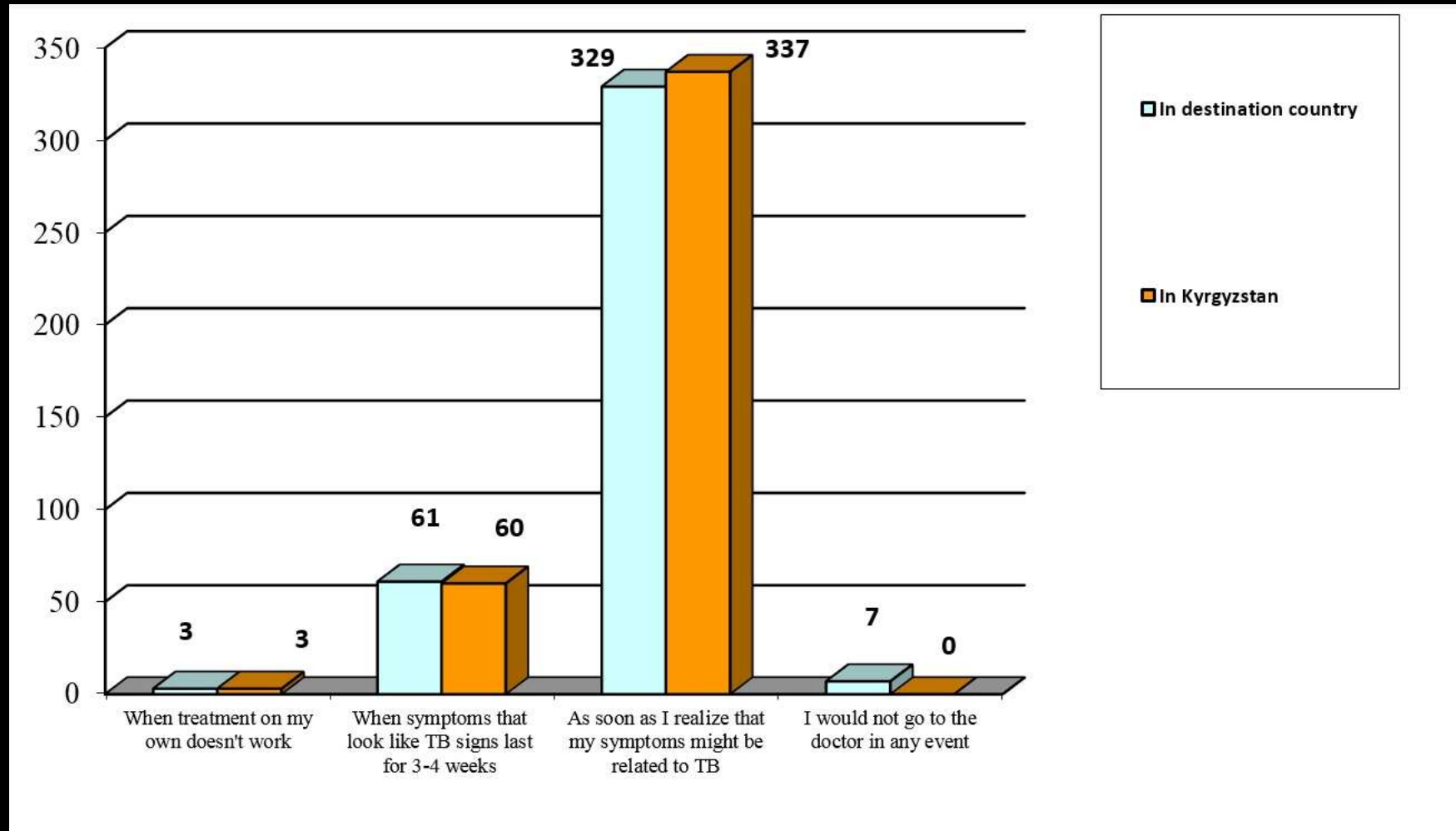
Applicability of Knowledge

There is significant difference between number of respondents who identify a particular TB symptom, and their preparedness to seek healthcare in case they observe this symptom in themselves. Thus, only 94% ($n=240$) of respondents who identify coughing for two weeks or more as a TB symptom, will start seeking healthcare after they find the symptom in themselves:



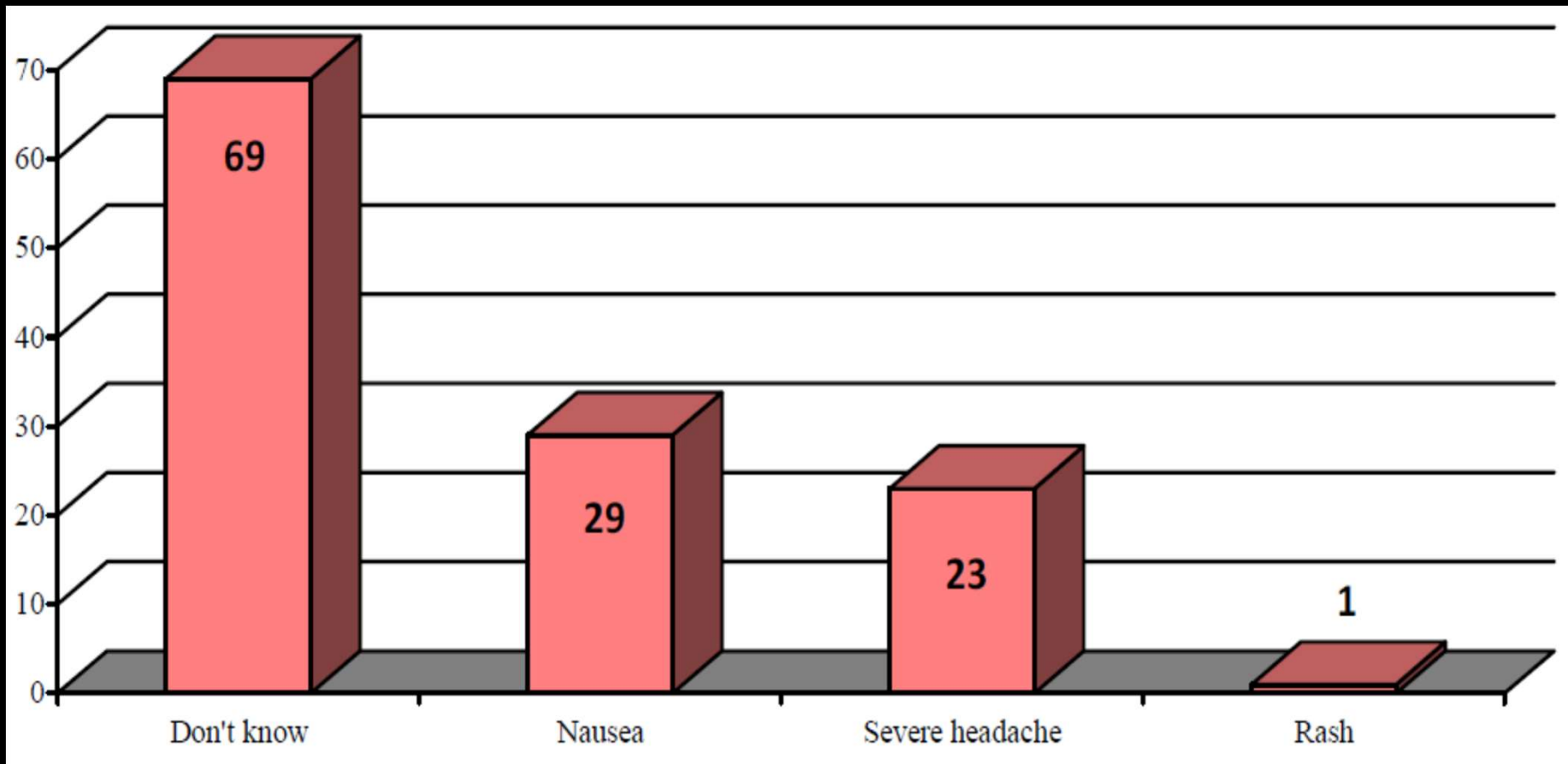
Clients' Preparedness to Apply for Medical Help

If you had symptoms of TB, at what point would you go to the health facility?



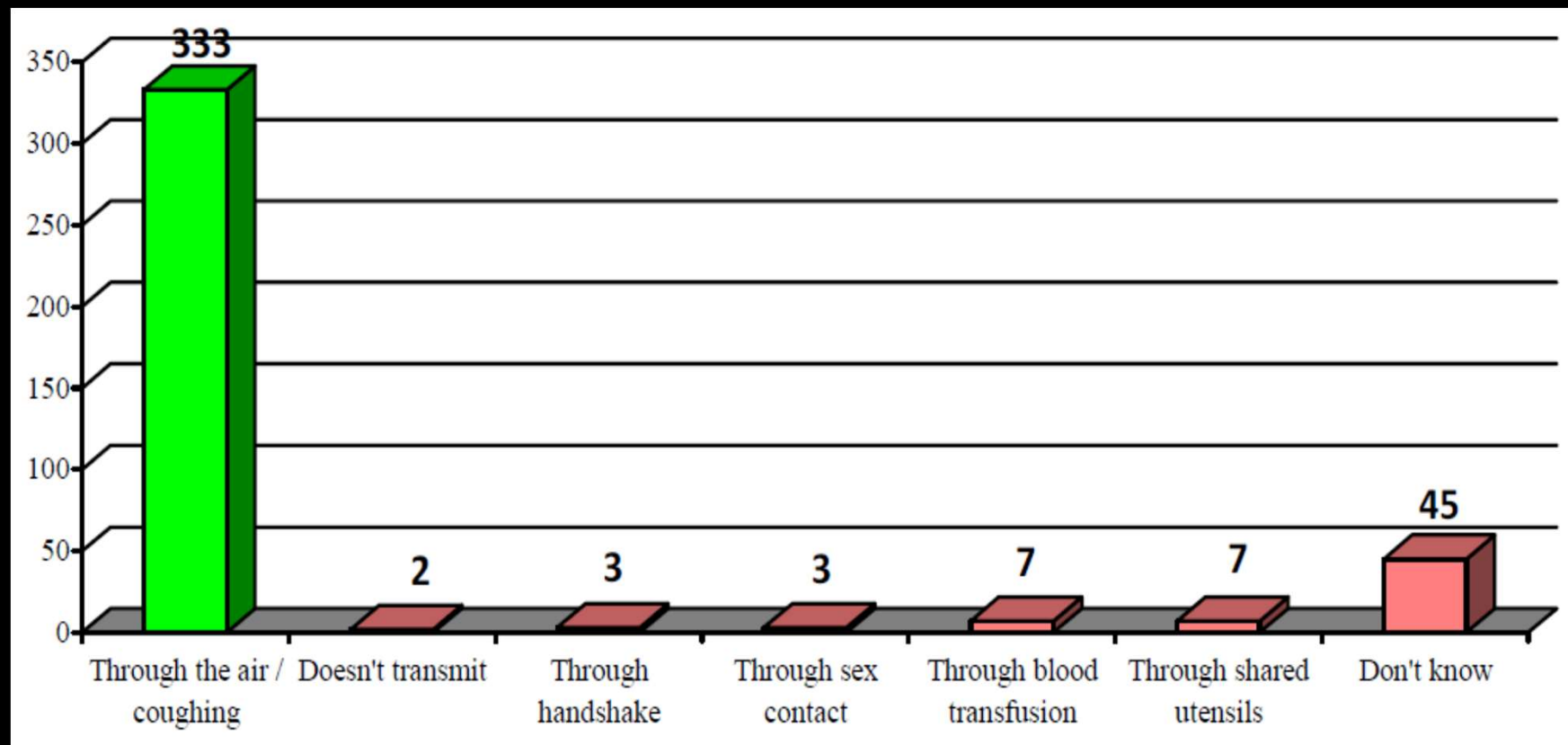
Symptoms Misinterpretation

Unfortunately, 17% ($n=69$) of the surveyed migrants do not know any single symptom that can be associated with TB; besides, 7% ($n=29$) erroneously associate TB with experiencing nausea, 6% ($n=23$) think that severe headache can be a symptom of TB, and 0,25% ($n=1$) believe that TB causes rash:



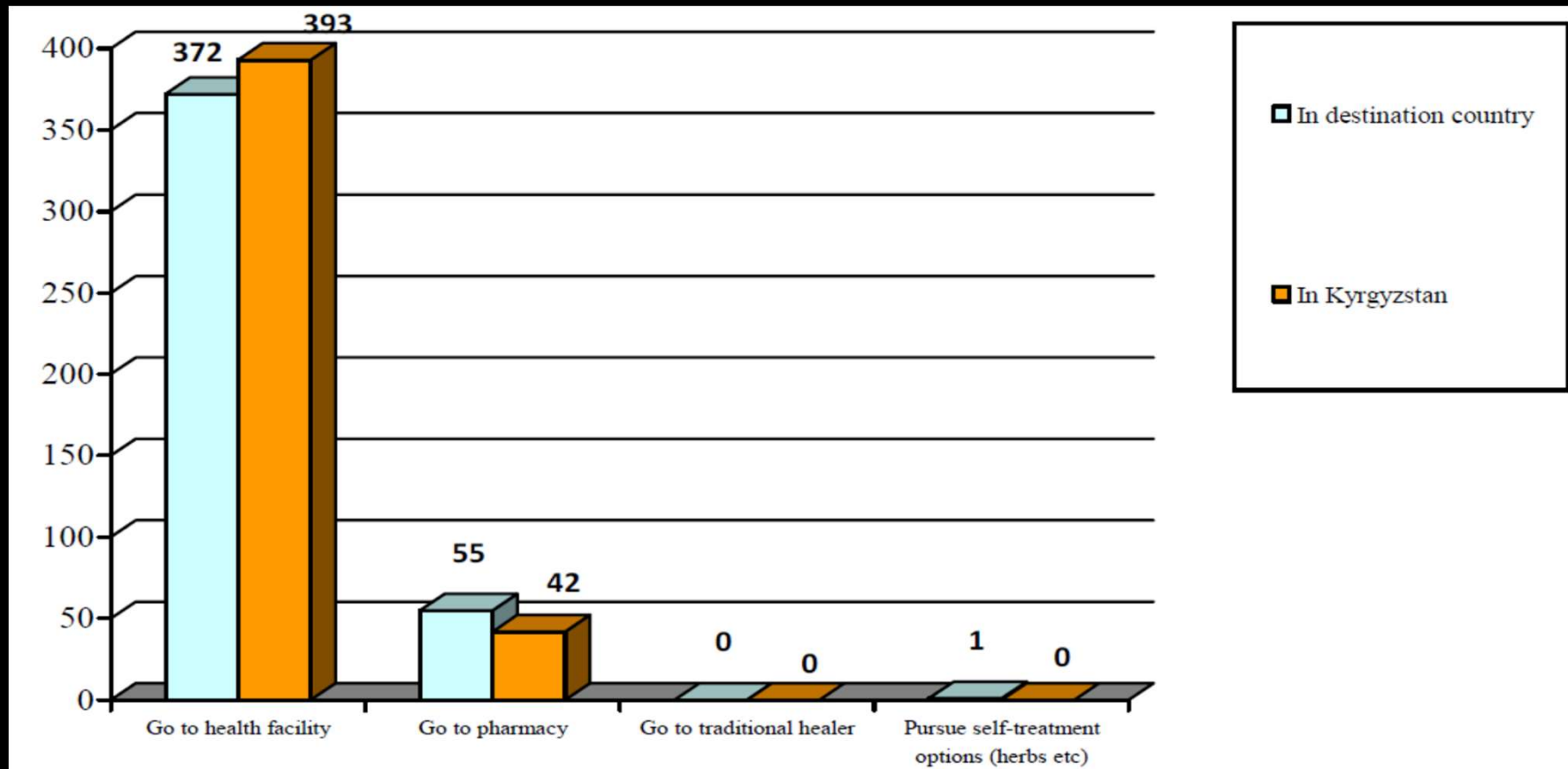
Ways of Transmission Misinterpretation

Although 83% ($n=333$) of the surveyed migrants correctly identify the air way of TB transmission, 11% ($n=45$) do not know anything about ways of TB spread, 0,5% ($n=2$) think it doesn't transmit, and others erroneously supposed it could be transmitted through handshake (0,75%), sex contact (0,75%), through blood transmission (1,75%) and shared utensils:



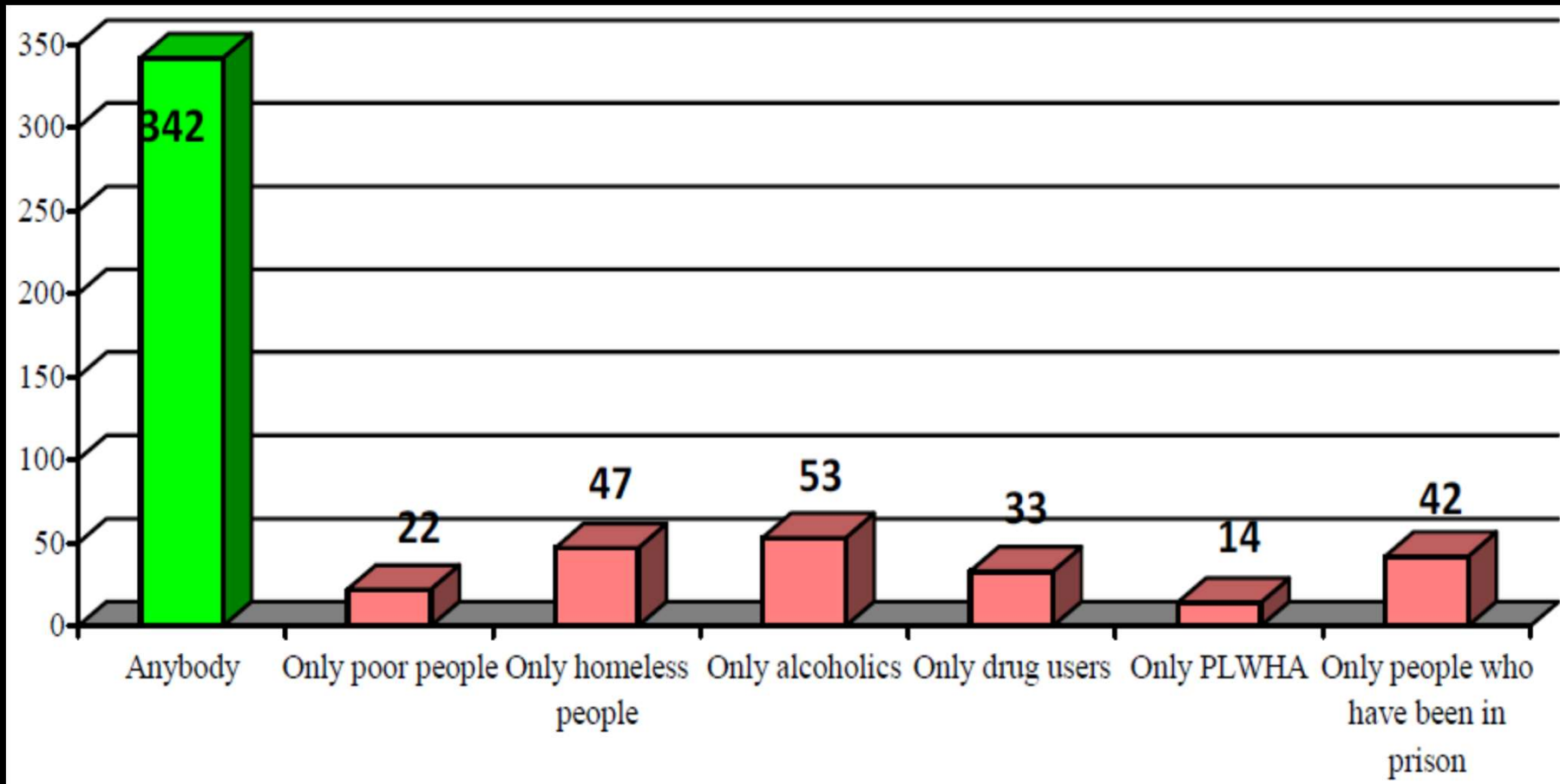
Service Choice

If respondents observe TB symptoms, none of them will apply for a traditional healer's help, neither in destination country nor in Kyrgyzstan. Some of them will go to pharmacy (14% in destination country and 10% in Kyrgyzstan) but most will contact a medical professional at a health facility (93% in destination country and 98% in Kyrgyzstan):



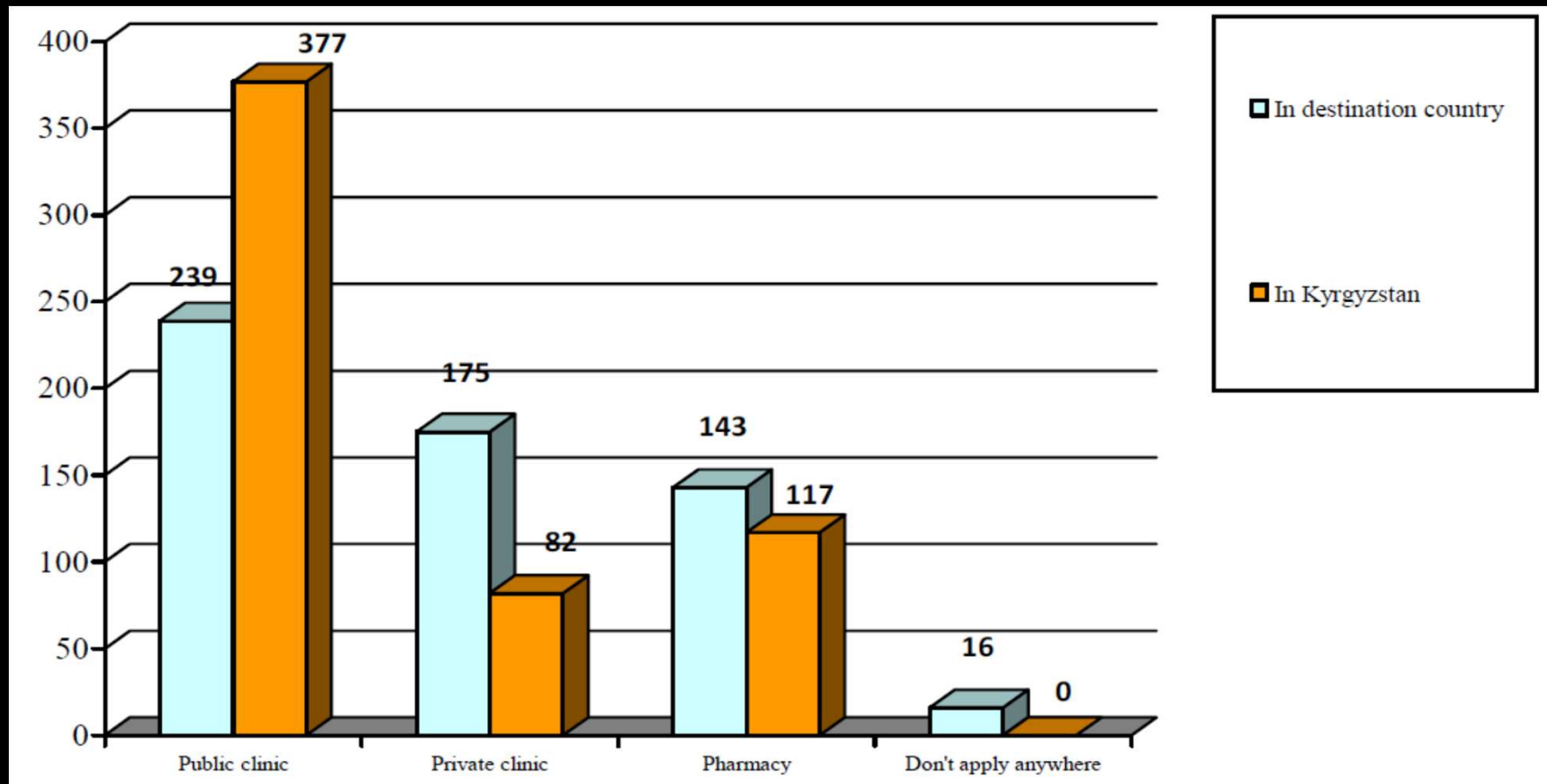
Misinterpretation of Populations' Exposure to TB

According to most of the respondents (86%, $n=342$), anybody can get infected with TB. However, 13% ($n=53$) associate TB with alcohol abuse, 12% ($n=47$) think that TB is specific to only homeless people, and 11% ($n=42$) link TB to people with history of imprisonment:



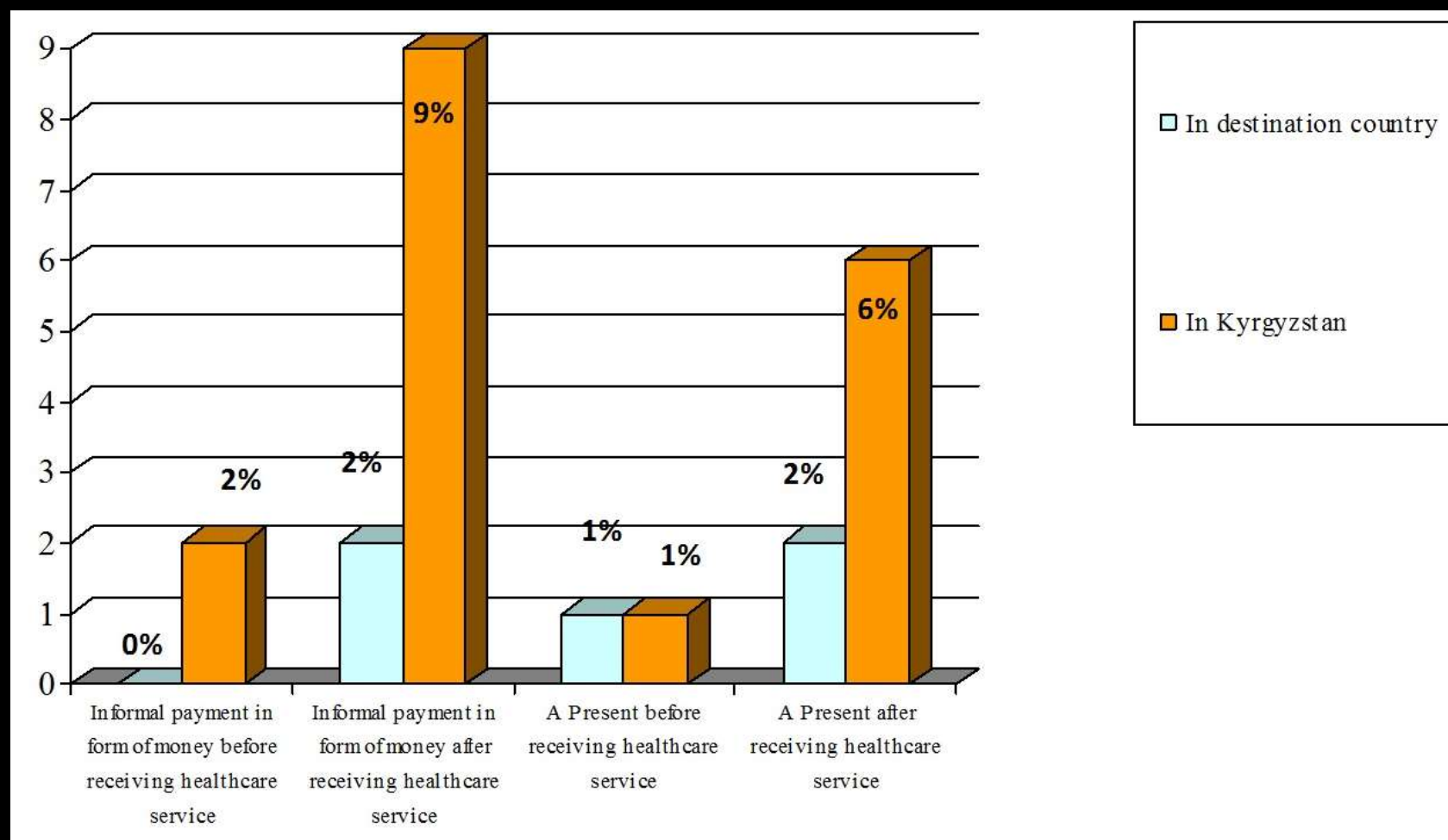
Choosing a Service Provider

It is a public clinic where most of the surveyed subjects use to apply for medical help in both destination country (60%, $n=239$) and in Kyrgyzstan (94%, $n=377$); the secondary choice would be a private clinic in destination country (44%, $n=175$) and a pharmacy in Kyrgyzstan (29%, $n=117$). There are 16 subjects (4%) who would prefer to not apply anywhere in case they experience a health issue in destination country:



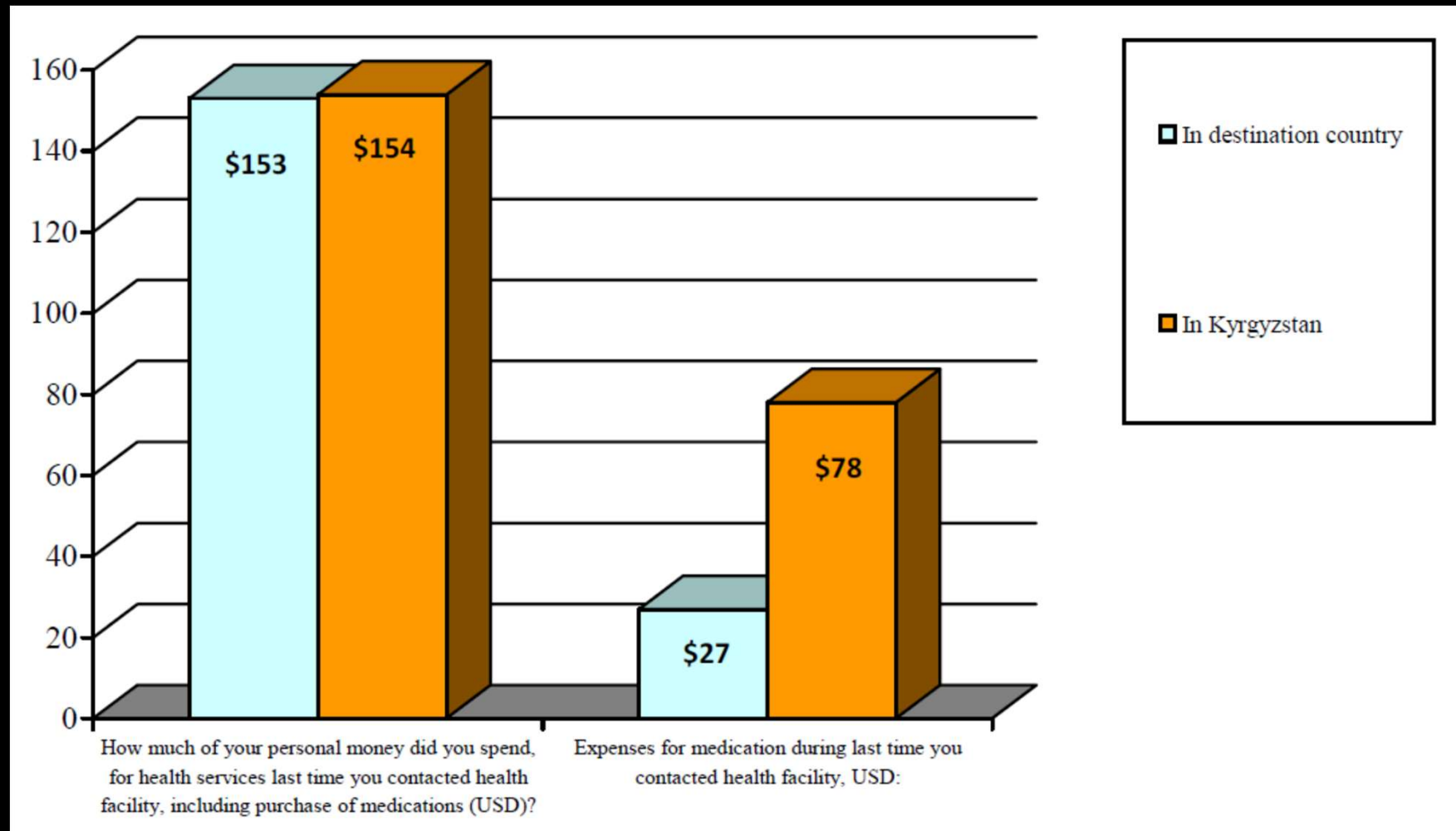
Informal Payments & Gifts

Some of the surveyed subjects who received healthcare services during last 12 months, reported providing informal payment or giving presents to the medical staff who serviced them; the 20 who received services in Kyrgyzstan, reported such cases more frequently (20 total) than the 5 subjects who seek healthcare help in destination country:



Money, money & ещё раз деньги

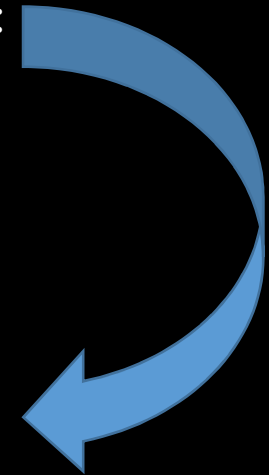
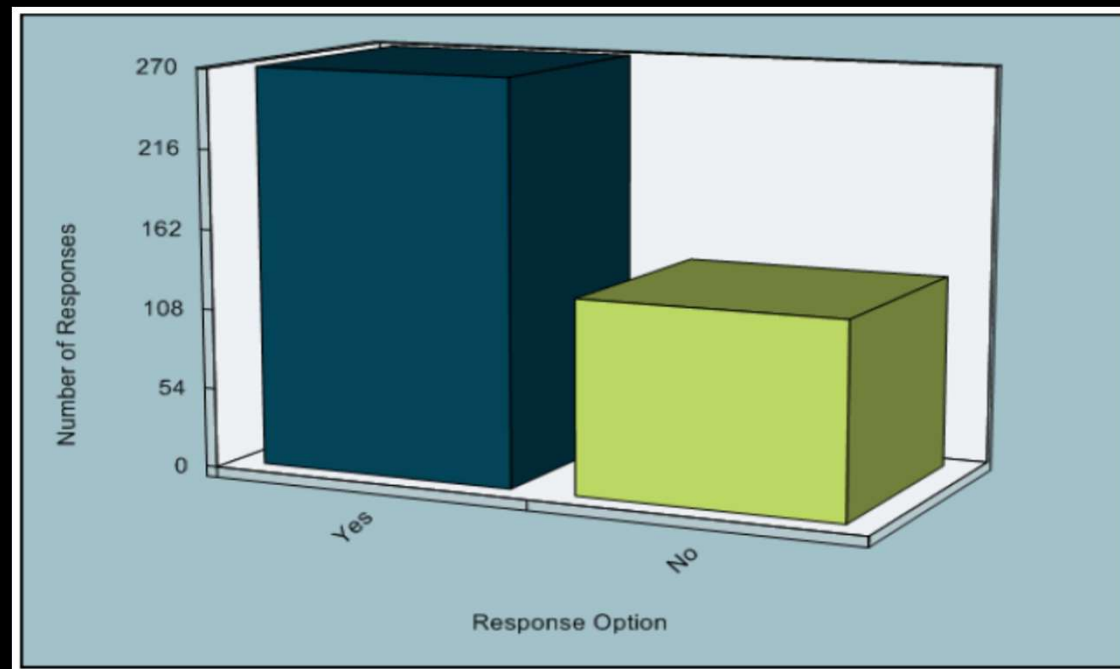
Although respondents reported almost identical amount spent when they last time contacted health facility (\$153 in destination country and \$154 in Kyrgyzstan), the amount spent for purchasing medication in Kyrgyzstan is significantly greater (\$78 vs. \$27 in destination country):



Subjects' Commitment

Of the 400 respondents, 390 (98%) think that TB should be treated in in-patient facility, one subject checked option “at home” and only 5 think that treatment should be initiated at an in-patient facility but continued at home.

At the same time, only 68% ($n=270$, of them 130 in Osh / Karasuu area and 140 in Kara-Balta / Jaiyl area) of the respondents confirmed their commitment to take their family member to their house to continue treatment after they complete treatment course at a hospital:



Recommendation: Clear Message about Service Cost

- The Ministry of Health should come up with a clear message about availability of TB diagnostic services and their cost, and either avoid disseminating information about their free status that is false since the clients are expected to pay, or make the services really free.

Recommendation: Engagement of Religious and Faith-based Organizations

- It makes sense to engage religious and faith-based organizations, both in Kyrgyzstan and destination countries, that would help disseminate important health-specific messages among migrants. According to the GLORI's findings, there are 70% of Muslims ($n=262$) and 18% of Christians ($n=4$) who confirm that religion plays significant role in their lives.
- Creating “treatment protocol” or “friendly guidelines” specific for Ramadan-observers can increase quality of the community dialogue -- administering medication with the fasting clients can become a problem if the guidelines are missing.

Recommendation: Promoting Public Support to Out-of-Patient Treatment Philosophy

- The local media together with MoH should develop a strategy of explaining people the core idea of the current in-country reform of TB services so that they start appreciating the idea of transferring TB treatment from in-patient units and dispensaries to the clients' houses – so far 98% ($n=390$) of the surveyed CARAVAN clients think that TB should be treated in in-patient facilities. Only 68% ($n=270$) of the respondents confirmed their commitment to take their family member to their house to continue treatment after s/he completed treatment course at a in-patient unit. The low commitment can become a barrier to practicing the out-of-patient treatment protocol that is being promoted by MoH and National TB Center.
- Can money award / fellowship be used as an incentive to the people who take their family member to their house to continue treatment after s/he completed treatment course at a in-patient unit?

Recommendation: Increase Number of TB Professionals

The Government should be encouraged to invest funds in expanding the number of TB medical professionals in non-capital areas. Unfortunately, current work load doesn't allow the doctors dedicate sufficient time to examining their patients – for instance, the rough calculations show that there should be at least five TB doctors in Kara-Balta whereas there is only one available in the public polyclinic.

Recommendation: Use of HIV-servicing Agencies' Capacity and Experience in Developing Clients' Retention and Adherence to Treatment

- HIV-servicing agencies should be encouraged to focus their educational and HIV-prevention activities on migrant population since almost 5% of the CARAVAN clients reported missing condom use while practicing sex with their non-regular and commercial partners.
- A working group should be established with involvement of HIV-servicing agencies' leadership who would share their experience of developing sustainable ARV treatment courses and retention models for their HIV+ clients whose low adherence to treatment is an obstacle similar to what clients with TB can be exposed to.

Recommendation: More Information about Resources in Both Destination Country and Kyrgyzstan

- The in-depth interviews respondents suggested that a brochure would be helpful with clear instructions on what to do when migrants in destination countries (Russia and Kazakhstan) experience health care issues. They suggested including contacts of NGOs or relevant employees at the Embassy of the Kyrgyz Republic who would provide feasible advice on how and where to seek medical assistance.
- Respondents think of certain privileges when they apply for services to designated TB service providers in Kyrgyzstan and are able to prove their migration / travel history by means of stamped passports.

Recommendation: Regular Surveys to Monitor the Project Teams' performance, Commitment and Satisfaction

- It makes sense to design surveys, similar to CARAVAN-specific anonymous *Staff Satisfaction Survey*, that can be conducted to monitor the project staff's satisfaction, their performance and commitment to the project goals, values, timeline etc.
- The data collected through the surveys can be used for informing team building and staff training efforts.

Recommendation: Study with Internal Migrants

- A study similar to CARAVAN should be initiated in Kyrgyzstan to investigate prevalence of TB symptoms in thousands of internal migrants who moved from rural areas to the cities of Osh and Bishkek and don't have access to mainstream medical services available to the registered residents of the towns.
- The study can build on methodology tested in CARAVAN and utilize the materials developed by GLORI as a part of the CARAVAN project – brochures, assessment scales, training modules, recruitment and referral protocols.

Thank You!!