Integration of the School Health and the Mother and Child Health Programmes can Enhance Access to Health Care in Malawi

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Policy Brief

Introduction

The global policy environment supports service integration at the point of health care delivery in order to provide affordable, accessible, equitable and quality community based care [1,2]. For this, brief the term "service integration" refers to the packaging of services to deliver them together as comprehensive package in order to make them more accessible and more responsive to the needs of individuals, families and communities [2]. Service integration is important because it removes fragmentation, strengthens linkages and co-ordination between the services, promotes universal access to a broad range of services, and improves service management and delivery for an efficient and high quality service, which leads to improved outputs of healthcare delivery [1, 2]. In addition, service integration leads to greater public access, including more equitable access for people from different communities and socio-economic backgrounds, a more convenient and satisfying service, and better health overall [1,3].

Why service integration?

The importance of service integration has been emphasised in literature. World Health Organization (WHO) states that, integration is the most logical way to organise a health system today, a critical way that does not compromise universal access to a broad range of services [2]. According to a systematic review conducted by Dudley and Garner (2011), which involved nine studies on evaluation of integrated care or linkages in care, 'adding on' services (or linkages) may improve the utilisation and outputs of healthcare delivery [1]. In addition literature further indicates that, integration leads to organised delivery of quality services to the population and that joint provision of services or linking activities to others leads to easy access by users [4,5]. Furthermore, an integration initiative research project conducted in Malawi showed that integrating HIV and sexual and reproductive health (SRH) services had the potential to: increase uptake of health services, increase range of services available, improve quality of services, enhance efficiency in use of resources, enable health systems to respond to client needs and improve overall client satisfaction [6].

Examples of successful service integration models for a number of health care related programmes including in Malawi, exist. A comparative study by Aantjes and others (2014) conducted in Ethiopia, Malawi, South-Africa and Zambia found that community home-based care (CHBC) can be effectively integrated within national primary health care [7]. Furthermore, Howard and El-Sadr (2010) demonstrated that integration of HIV and TB services in sub-Saharan Africa is possible [8].

Likewise, the Family Planning Association of Malawi (FPAM) implemented a research project in Lilongwe, Dowa and Ntcheu, which illustrated that HIV can be integrated with SRH services such as family planning, maternal and child health services, HIV testing, HIV care, STI services, cervical cancer screening, and services for youth [6]. A 2015 case study by MEASURE evaluation group on integration of essential health service delivery in Malawi demonstrated that there is some level of integration of family planning services into pre- anti-retroviral therapy (Pre-ART) and ART settings, HIV testing and counselling (HTC), and ART into ante-natal care (ANC) services, HIV services into SRH services, HIV testing and TB testing, and nutrition services into MCH services [9].

Key Messages

- The school health programme in Malawi is currently dormant due to lack of resources to facilitate its implementation.
- Integrating the school health and the Mother and Child Health programme is an efficient and cost-effective way to reach more school-going children and improve health outcomes among this subset of the population in Malawi. The Mother and Child Health programme in the country is better funded and therefore provides a platform on which inadequately funded programmes like the school health programme could benefit from.

Methodology

This policy brief is based on a comprehensive review of existing literature. The literature reviewed included scientific papers, research reports and government policy documents.

Discussion of Policy Options

This brief proposes integration in delivery of School Health and MCH services, because it was observed during routine supervision and monitoring visits to the districts that delivery of MCH and school health services in most districts (27 out of 29 health districts) is not integrated and services are delivered as vertical programmes [10]. As a result, the school health programme is dormant and yet it can benefit school-going children if it is integrated with the MCH service delivery. But, there is scarce evidence on integrating delivery of MCH and school health services in existing literature. No study was found describing the feasibility of integrating these services. Indeed, much of the integration described in the literature focused on integrating delivery of interventions at school level and integration of school health policies [4,5].

However, this policy brief draws upon local experiences in Malawi, which have shown that two districts (Thyolo and Lilongwe districts) have integrated the delivery of community-based nursing activities, including MCH and school health services. Although the report is not officially published, it has illustrated that integration of these programmes might be possible and that integration of MCH and school health services in these districts has increased a number of school-aged children reached with school health interventions. This has helped to draw attention to the change required in providing integrated outreach services for MCH and school health services in Malawi [10].

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Why integrate delivery of school health and maternal and child health services?

The school health programme faces significant challenges with regard to service delivery. To begin with, there is usually no transportation for school health providers to get to schools while the MCH programme is regularly supported with transport to provide outreach services. So this brief proposes collective implementation of the school health and MCH services to address the problem of inadequate resources for the school health programme. Since providers can use the same transport and split into teams at service delivery points, it is possible to implement these programmes together because they share common approach; they are community-based, they are provided by community-based providers (community, nurses and HSAs) and they can use the same transportation.

Therefore, integrating MCH and school health programmes in Malawi presents an effective way to improve delivery of school health services in the face of scarce and unbalanced resources. If integration is not done, the school health programme will remain dormant; school-going children will not access the required services, which in will turn jeopardises the health status of school-aged children and ultimately impact their learning experiences and outcomes negatively.

Framework for integrating delivery of School Health and MCH services

This brief proposes that integration of delivery of school health and MCH be undertaken using the adapted PATH's approach to integration of health services [11]. PATH's approach considers integration of health services at four levels of health delivery: client-centred, health operations, health system, and inter-sectoral initiatives across level sectors as shown in Figure 1 below. According to this approach, successful integration at each level requires nine essential elements namely: planning and budgeting, organisation of health services, staffing, training, supervision, logistics, community outreach, referral services, monitoring, evaluation and research.

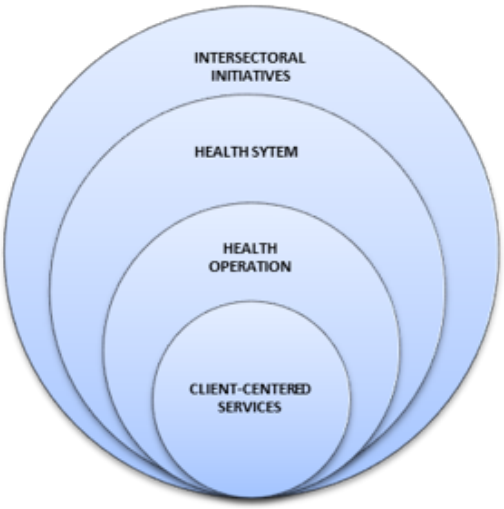

Figure 1: The adapted PATH's Framework to introduction of Integrated Health Services (PATH 2011)

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This brief proposes integration of SH and community MCH at operation level. As such the integration process will involve the following:

Planning and budgeting

At this level, the process starts with advocating and lobby with district managers for integration of school health into MCH delivery at their institution, which will result in consensus building with managers and providers about the proposed integration. Then capacity assessment is done to inform about institutional readiness, the feasibility and possible sustainability of the integration efforts. That is, the collected data informs on the unique needs, availability, strength, and organisation of existing services, staff perspectives on activities and areas to be coordinated, gaps that require support both before and during integration (e.g. resources, provider skill levels). Then goals, objectives, benefits, targets, functions/tasks are identified. Budgeting is done and efforts are focused on use of available financial resources and policies to plan for implementation of integrated services in a coordinated way. Establishment of a monitoring and mentorship mechanism should be done at this level.

Organisation of health services

This level involves organising strategy, guidelines and reallocating resources (transport, supplies, staff (school health and MCH providers), and lunch allowances to support implementation of coordinated services. This requires organisation of services in order to address issues of patient volume, human capacity, work flow, and infrastructure in delivery of school health and MCH services, such that school health and MCH providers use the same transport and split into teams at service delivery point so that some provide MCH at an outreach clinic while others provide school health services at nearby schools in the same catchment area.

Staffing

This level requires clarifying or codifying staff numbers, roles, and responsibilities to reflect new responsibilities and interventions that will be incorporated into delivery of school health and MCH. There is need to include opinion of providers in implementing the integration changes. All this helps to motivate all providers to deliver integrated services and have a solid understanding of how they work together to achieve health outcomes linked to school health and MCH programme goals and objectives.

Training

This level comprises of training of all staff working in the integrated programmes on integration to provide them with information, to build their skills and to support their efforts in delivery of multiple services while minimising their chance of becoming overwhelmed by increased client volumes or different work flows. This also ensures that they are prepared and can competently perform new functions and improve their skills. Districts should bench mark on how others have integrated service provision (Thyolo & Lilongwe), that is, how they developed action plans for integration, mobilised integration resources and implementation of services in an integrated manner.

Supervision

All staff working in the integrated programmes are supervised regularly in order to support change, and help them adopt new behaviours. Facilitative supervision is conducted to empower staff to effectively identify and solve integration problems that may emerge, to communicate more effectively, and leverage resources by clearly articulating what is needed to maintain high-quality services. Mentoring, joint problem-solving and strong communication between supervisor and employees should be part of the process as necessary to promote and support the change.

Logistics integration

Integration of logistics will be done at this level to ensure supply of critical products and commodities to be used for the integration to reduce redundancies that may occur in vertical supply chains while still meeting the requirements. There should be proper coordination of supplies for school health and MCH provision during the integration processes. The two services may require similar resources, such as transport, information systems, drugs and material supplies. There is therefore need to reconcile various logistics systems to ensure coordinated acquisition, distribution, and recording to ensure reliable supplies.

Community outreach

Efforts should be put in creating demand for school health and MCH services through effective communication and education of communities and schools about the integration and the times when services are provided in their community. This can be done through sensitisation activities by community leaders and Health Surveillance Assistants (HRAs), among others.

Referral services

This level involves establishment of effective referral mechanisms to ensure that clients who cannot be handled at school or MCH outreach clinic receive the recommended or requested services and are tracked through a reliable health information system, rather than being lost to follow-up. It is important to also provide clients with information on the location of referred services, their hours of operation, fees, and contact information. This information should be provided to clients in written or visual form. In addition, information such as the anticipated duration of the visit and the waiting time for results or services can be helpful.

Monitoring and evaluation (M&E)

This level encompasses collection of accurate and actionable data to improve the performance of integrated services and measuring their effectiveness. Ensuring that the measurement terms, identification codes, and forms for monitoring performance are compatible. Data collection, recording, and reporting tools should be modified to capture the required information as necessary. Conducting special research studies or operations research to measure the effectiveness of integrated interventions if also part of M&E.

Recommendations

i. Develop and implement a policy guideline for the integration of integrating school health and MCH services. Research evidence shows that this is an efficient and cost-effective way to reach more school-going children and improve their health outcomes.

ii. Efforts to integrate school health and MCH should involve all key players (district managers, school health and MCH providers, among others) to make a significant difference in delivery of school health services and thereby respond to Malawi's national aspiration to provide care to mothers, under-five children, and school-going children with essential health services in the Essential Health Package (EHP) and the international Sustainable Development Goal number 3 (SDG3) that seeks to ensure healthy lives and promote well-being for all.

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