INTEGRATING CHILD VISION SCREENING PROGRAMMING INTO EXISTING SCHOOL FEEDING PROGRAMS IN LAOS

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International Relief and Development
Vision Screening in Schools in Laos

Vision screening activities introduced in schools benefiting from a Food for Education school feeding project

Food for Education activities:
- Provide mid-day snack and take-home rations for newly enrolled first grade students teachers and girls students with high attendance rates
- Unexploded ordinances (UXO) are cleared by a partner organization (UXO Lao)
- IRD and the community build or rehabilitate the schools
- Water and sanitation inputs
- School gardens
- Basic health education
- Livestock agricultural activities

Vision screening and eye health activities:
- Train teachers and village health workers to conduct vision screening at schools
- Raise awareness of eye health in the community
- Train provincial and district level health staff in eye health
- Improve facilities and availability of materials for basic eye health
Project Setting and Location

• Rural area - ranked as poorer / poorest
• Livelihoods - rain-fed rice farming
• Food insecure area
• Rate of Primary school completion 35%
• Mix of Lao and ethnic communities
• Limited improved water supply or sanitation
**Example of integration of sectors**

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<tr>
<th>“Integrated package of interventions”</th>
<th>“Delivering multiple services at one point of care”</th>
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<td>“Multiple services” in this case mean both educational and health-related services; “Point of care” is schools and the surrounding communities</td>
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<th>“Integrated policy and decision making”</th>
<th>Provincial education and health authorities convening to discuss implementation of screening and plans for institutionalization</th>
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| “Integrated infrastructure and information systems” | School center of nutrition and screening activities; Record of children screened shared with education and health authorities |
FFE project found that a reason for drop out was poor vision
IRD’s interest in expanding portfolio of health activities in Laos
Excellent relationships with communities, schools and provincial authorities to facilitate process
Process of integration

- Authorization of project at all levels of MoE:
  - Approved in March by provincial level health and education authorities
  - Approved in May by Department of Planning and Cooperation at the MoE
  - Memorandum of Understanding signed on June 1, 2010
  - Official commencement workshop held on June 2, 2010

- Staff of FFE project facilitated coordination with schools and communities during start-up phase
  - Village health chiefs and school teachers were already familiar with IRD and its work
IRT facilitated communication between schools and health centers:

- Health personnel accompanied IRD staff and village health volunteers during community awareness sessions.
- Teachers communicated screening results to parents and then facilitated referral of children found with problems to health providers.

Workshops on institutionalization of screening with participation of Education and Health.
Outcomes of integration

- Over 25,000 children screened
- 15 children have received eye surgery and 26 children have received eye glasses
- “Screening kit” developed and approved by MoE and MoH
- Eye health promotion materials developed and approved
Outcomes of integration (2)

- Improved coordination between National Ophthalmology Center and Provincial Health Department
- Improved coordination between villages and schools
- Improved coordination between MoE and MoH at district and provincial levels
- Planned institutionalization of screening activities
- Cost-effectiveness for IRD
- Increased opportunities for other health activities or involvement of other sectors
Considerations for Integration

- Example of integration of services/activities within same population at same place
- Simply “made sense”
- Sustainability without IRD acting as facilitator of process?
## Benefits and Challenges of Integration

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<th>Benefits</th>
<th>Challenges</th>
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<td>• IRD known and respected by the communities</td>
<td>• Extra layers of coordination within bureaucracy</td>
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<td>• School great point of entry for other health and development activities</td>
<td>• Sustainability of continued coordination without facilitator</td>
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<td>• Cost-effective operations</td>
<td>• Referral to a “weaker” system potentially undermines reputation of stronger one</td>
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<td>• School children and their families benefit from more activities</td>
<td>• Burden on lower level actors increases (i.e. village health volunteers)</td>
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Conclusions

• Communities already view activities as one single package
• Important to foster a culture of integration when activities are separated at the highest levels of government
• Integration begins at home: projects tend to be managed quite separately.