

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

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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 girl 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

<i>“Integrated package of interventions”</i>	
<i>“Delivering multiple services at one point of care”</i>	“Multiple services” in this case mean both educational and health-related services; “Point of care” is schools and the surrounding communities
<i>“Integrated policy and decision making”</i>	Provincial education and health authorities convening to discuss implementation of screening and plans for institutionalization
<i>“Integrated infrastructure and information systems”</i>	School center of nutrition and screening activities; Record of children screened shared with education and health authorities

Rationale for integration

- 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



Process of integration (2)



- IRD 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

<i>Benefits</i>	<i>Challenges</i>
<ul style="list-style-type: none">• IRD known and respected by the communities	<ul style="list-style-type: none">• Extra layers of coordination within bureaucracy
<ul style="list-style-type: none">• School great point of entry for other health and development activities	<ul style="list-style-type: none">• Sustainability of continued coordination within bureaucracy without facilitator
<ul style="list-style-type: none">• Cost-effective operations	<ul style="list-style-type: none">• Referral to a “weaker” system potentially undermines reputation of stronger one
<ul style="list-style-type: none">• School children and their families benefit from more activities	<ul style="list-style-type: none">• Burden on lower level actors increases (i.e. village health volunteers)

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.

