



Integrated Delivery of Child Health Services

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Purpose

Improved country and global understanding of integrated delivery of child health service package



Synthesis of Findings on Integrated Packages for Child Health Services:

A Position Paper

February 2020

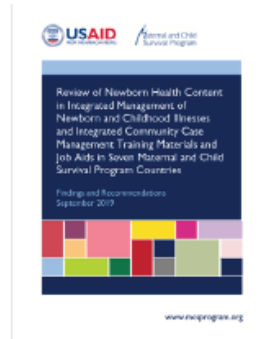


Based on Three Independent Papers

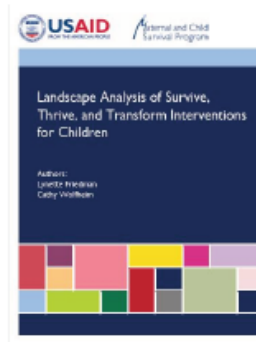
Review of Policies and Guidelines Related to the Nutrition of Ill and Undernourished Children at the Primary Health Care Level



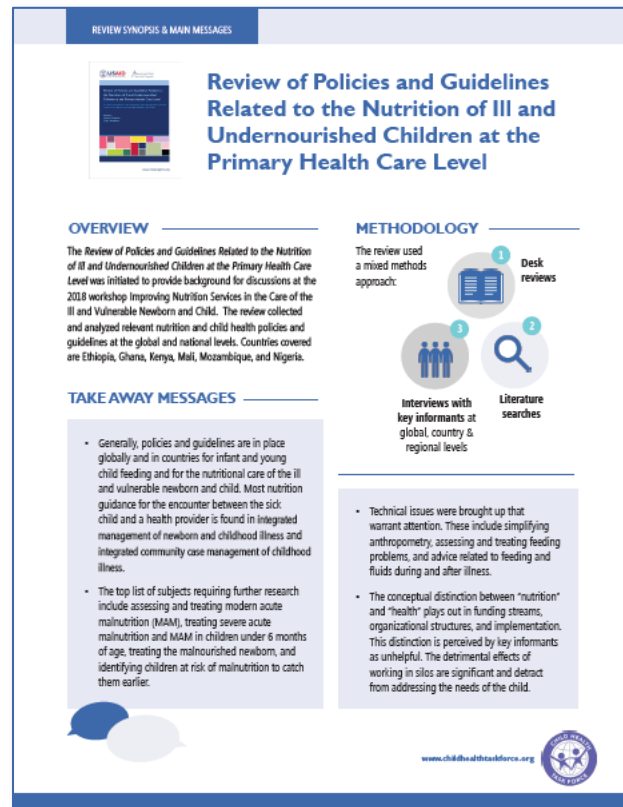
Review of Newborn Health Content of IMNCI and iCCM Training Materials and Job Aids in Seven MCSP Countries



Landscape Analysis of Survive, Thrive, and Transform Interventions for Children



Policies and Guidelines Related to the Nutrition



OVERVIEW

The Review of Policies and Guidelines Related to the Nutrition of Ill and Undernourished Children at the Primary Health Care Level was initiated to provide background for discussions at the 2018 workshop Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child. The review collected and analyzed relevant nutrition and child health policies and guidelines at the global and national levels. Countries covered are Ethiopia, Ghana, Kenya, Mali, Mozambique, and Nigeria.

TAKE AWAY MESSAGES

- Generally, policies and guidelines are in place globally and in countries for infant and young child feeding and for the nutritional care of the ill and vulnerable newborn and child. Most nutrition guidance for the encounter between the sick child and a health provider is found in integrated management of newborn and childhood illness and integrated community case management of childhood illness.
- The top list of subjects requiring further research include assessing and treating modern acute malnutrition (MAM), treating severe acute malnutrition and MAM in children under 6 months of age, treating the malnourished newborn, and identifying children at risk of malnutrition to catch them earlier.

METHODOLOGY

The review used a mixed methods approach:



- Technical issues were brought up that warrant attention. These include simplifying anthropometry, assessing and treating feeding problems, and advice related to feeding and fluids during and after illness.
- The conceptual distinction between "nutrition" and "health" plays out in funding streams, organizational structures, and implementation. This distinction is perceived by key informants as unhelpful. The detrimental effects of working in silos are significant and detract from addressing the needs of the child.

Newborn Health Content of IMNCI and iCCM

REVIEW SYNOPSIS & MAIN MESSAGES

Review of Newborn Health Content of IMNCI and iCCM Training Materials and Job Aids in Seven MCSP Countries

OVERVIEW

The Review of Newborn Health Content of IMNCI and iCCM Training Materials and Job Aids in Seven MCSP Countries compares the newborn content of global and country integrated management of newborn and childhood illness (IMNCI) and integrated community case management of childhood illness (iCCM) materials with broader global guidance focusing on essential newborn care, care for preterm and low-birth weight babies, postnatal care, and care for sick young infants with possible serious bacterial infection (PSBI). Countries covered in the review are Democratic Republic of the Congo, Ethiopia, Mozambique, Nepal, Nigeria, Rwanda, and Zambia.

METHODOLOGY

The review used a mixed methods approach:

- 1 Desk reviews
- 2 Literature searches
- 3 Interviews with key informants at global, country & regional levels

TAKE AWAY MESSAGES

- The newborn content of the IMNCI and iCCM materials of the countries reviewed largely mirrors global guidance. Most of this concerns care for sick young infants: management of PSBI and care during referral. It is important to reiterate that, because they are designed for outpatient settings, IMNCI and iCCM do not cover care for low birth weight and preterm infants.
- There are considerable variations, ranging from minor details to extensive differences, in the newborn content of IMNCI among countries.
- There is a gap in guidance on implementing kangaroo mother care/ skin-to-skin contact and counseling mothers.
- Key informants identified that the quality of training on IMNCI may have been compromised by the integration of newborn care. The duration of a training course on IMNCI is the same as for IMCI, thus some sessions have been shortened. In addition, the low caseload of sick young infants in outpatient facilities makes it difficult to do hands-on practice.

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OVERVIEW

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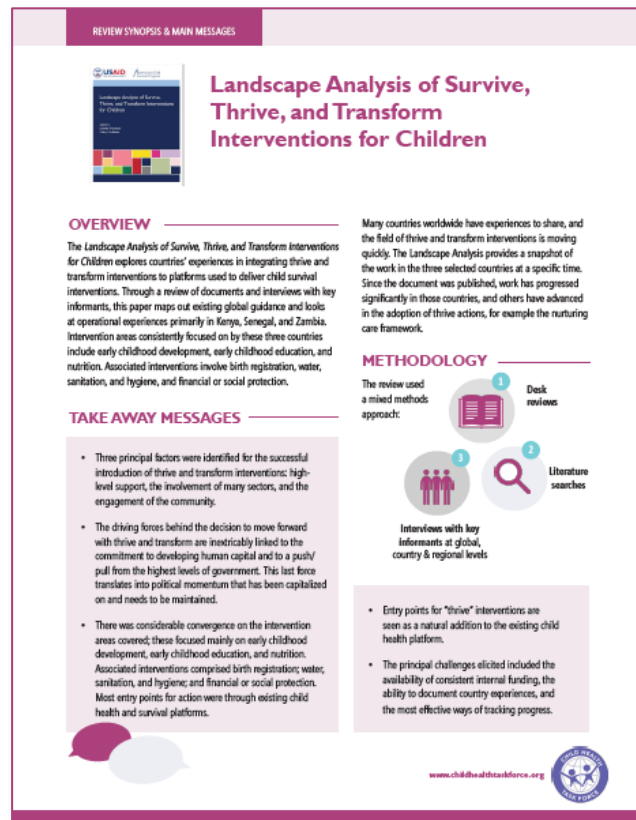
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Landscape Analysis of Survive, Thrive, and Transform Interventions



OVERVIEW

The *Landscape Analysis of Survive, Thrive, and Transform Interventions for Children* explores countries' experiences in integrating thrive and transform interventions to platforms used to deliver child survival interventions. Through a review of documents and interviews with key informants, this paper maps out existing global guidance and looks at operational experiences primarily in Kenya, Senegal, and Zambia. Intervention areas consistently focused on by these three countries include early childhood development, early childhood education, and nutrition. Associated interventions involve birth registration, water, sanitation, and hygiene, and financial or social protection.

TAKE AWAY MESSAGES

- Three principal factors were identified for the successful introduction of thrive and transform interventions: high-level support, the involvement of many sectors, and the engagement of the community.
- The driving forces behind the decision to move forward with thrive and transform are inextricably linked to the commitment to developing human capital and to a push/pull from the highest levels of government. This last force translates into political momentum that has been capitalized on and needs to be maintained.
- There was considerable convergence on the intervention areas covered; these focused mainly on early childhood development, early childhood education, and nutrition. Associated interventions comprised birth registration; water, sanitation, and hygiene; and financial or social protection. Most entry points for action were through existing child health and survival platforms.

Many countries worldwide have experiences to share, and the field of thrive and transform interventions is moving quickly. The Landscape Analysis provides a snapshot of the work in the three selected countries at a specific time. Since the document was published, work has progressed significantly in those countries, and others have advanced in the adoption of thrive actions, for example the nurturing care framework.

METHODOLOGY

The review used a mixed methods approach:



- Entry points for "thrive" interventions are seen as a natural addition to the existing child health platform.
- The principal challenges elicited included the availability of consistent internal funding, the ability to document country experiences, and the most effective ways of tracking progress.

Defining Integration

- Integration is the “extent, pattern, and rate of adoption and eventual assimilation of health interventions into each of the critical functions of a health system, which include governance, financing, planning, service delivery, monitoring and evaluation, and demand generation.”*

**Atun, R et al. 2010. “Integration of targeted health interventions into health systems: a conceptual framework for analysis.” Health Policy and Planning. 25, 104-111.*

Findings



Photo: Kate Holt/MCSP, Kenya

Three Types of Integration

1. Integration at the point of care
e.g. integrated is the first word in IMCI and iCCM
2. Systemic integration
3. Integration through multiple delivery platforms
 - of interventions within or across sectors



Photo credit: Kate Holt/MCSP, Ghana

Findings: Basics

- Quality and coverage of key interventions remain variable – integration perceived as an ‘additional burden’
- Gaps in technical guidance related to nutrition and newborns:
 - global guidance for treating MAM
 - detecting and managing SAM among children under 6 months
 - managing malnutrition in children less than 2 months (too young for MUAC)
 - care for small and LBW babies in the community/home
 - counseling for infection prevention among LBW and preterm babies (who do not need referral) is too generic

Findings: Survive, Thrive, Transform



Photo credit: Kate Holt/MCSP, Madagascar

- Multisectorality is central to the success of integration for child health development and wellbeing
 - A PHC pillar, multi-sectoral collaboration is a critical factor for success and a key challenge to overcome in supporting integration
- Integration of nutrition interventions needs strengthening
 - Good nutrition is fundamental to health and well-being
- Standardized indicators are needed to monitor integrated care across sectors

Findings: Three Unresolved Issues

1. How much can realistically be added to IMNCI and iCCM?
 - Work load, training duration and content, impact on quality
2. How often can countries update child health materials?
 - In light of time and financial resources, what are the alternatives?
3. How much can realistically be added to provider counseling guidelines?
 - All three intervention areas—nutrition, newborn care, and ECD—depend on influencing caregiver behaviors

Research Questions

- Provider skills and practices:
 - What are the gaps in using guidance among providers and why ?
 - Do providers go beyond the 'Assess and Classify the Sick Child' section in the chart booklets and use the 'Counsel the Mother' materials?
 - Is there any knowledge about how these sections are or are not used that would be useful for informing future instructional design to encourage greater provider use?

Research Questions: Technical Gaps

- Can nutrition messaging be simplified to increase ease of use without diluting the content? Will too much simplification lead to a decrease in individual applicability?
- Technical gaps in nutrition and newborn care:
 - Early and comprehensive assessment and treatment of malnutrition
 - Simplifying anthropometry for those too young for MUAC tape measure
 - Harmonizing age brackets

Research Questions: Multi-sectoral

- What are successful models for multi-sectoral collaboration?
- How can cross-sector coordination groups become more functional?
- What are successful models for nurturing care?



Photo credit: Kate Holt/MCSP, Mozambique

Recommendations (I)

1. Monitor, document, and publish implementation experiences to be shared across countries and agencies.
2. Support countries to institute and maintain mechanisms for sustainable multi-sectoral collaboration and coordination.
3. Revise internal structures in organizations to mitigate the effect of working in silos and create flexibility to enable funding to move between sectors.
4. Explore the barriers that prevent primary care providers and CHWs from recognizing and addressing malnutrition during the sick child encounter.

Recommendations (2)

5. Support the development and use of standardized global indicators.
6. Focus on addressing health system issues to improve coverage and quality of care for interventions being integrated.
7. Monitor and improve the counseling skills of health care workers.
8. Improve guidance for assessing and treating feeding problems.
9. Explore innovative approaches to training and re-training, and extend care and capacity at the community level.
10. Address gaps in technical guidance related to nutrition and newborn care.

Discussion

1. Should the Task Force adopt and promote a definition of integrated child health services?
2. How can Task Force members address the gaps in technical content?
3. What are the implications for advocating integrated service delivery under the Task Force?
4. How can the Task Force support research and learning?

Thank You!



Photo: Kate Holt/MCSP, Mozambique



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