

# INTEGRATING PMTCT INTO MCWH

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# DEFINITION

- Integration is the strategic alignment of programmes
- To increase the effectiveness and efficiency of implementation without compromising the integrity of each programme objectives.

# Why Integration?

- Improving maternal and child health outcomes
  - MDG Goals 4 & 5
- Maximizes mutual benefits and opportunities through strategic alignment and co-ordination of resources
- Vertical programme implementation
- To harmonize programme implementation at all levels

# SWOT ANALYSIS

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"><li>•NSP</li><li>•Policies , Guidelines &amp; Protocols</li><li>•Good coverage</li><li>•Structures in place</li><li>•Trained staff</li></ul>	<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"><li>•Willing Donors &amp; Partners</li><li>•Provision of comprehensive care</li></ul>
<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"><li>•Vertical program implementation</li><li>•Poor supervision</li><li>•Staffing norms not adhered to</li></ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"><li>•Resource allocation</li><li>•Funding specific to HIV</li></ul>

# Policy & Implementation

Bottlenecks	Interventions	Responsibility	Stakeholders
<p>Conflicting Policies: Policy formulation is problem specific and not patient oriented</p>	<p>Coordinated policy review across programs to eliminate conflicts</p> <p>District to test new policies</p>	<p>DoH Policy &amp; Planning Relevant Cluster</p>	<p>DoH Research Universities NGOs, CBOs Partners</p>
<p>Implementation problems despite training and supervision.</p>	<p>Appoint or train QI mentors to be placed at facilities</p> <p>Train Clinic Supervisors trained in QI</p> <p>Mentoring and observation of clinical practice</p> <p>Structures to ensure reliable care &amp; enforce</p>	<p>DoH (all levels)</p>	<p>DoH NGOs SANAC</p>

# Linkages with Related Services

Bottlenecks	Interventions	Responsibility	Stakeholders
<p>Poor information transfer across vertical programs</p>	<p>Records follow the patient</p> <p>Integration indicators for M&amp;E</p>	<p>DoH</p>	
<p>Lost opportunity in patient visit</p>	<p>Supermarket approach</p> <p>Benchmark integrations</p>	<p>DoH</p>	

# Planning

Bottlenecks	Interventions	Responsibility	Stakeholders
<p>Access to some services (e.g. HAART)</p>	<p>HAART offered at point of entry</p> <p>Down-referral model with roving teams or</p> <p>Down refer to Private Partners</p>	<p>DoH – Resourcing and Staff</p>	<p>DoH Partners</p>
<p>Staff turn over - skilled personnel not available in some deep rural areas</p>	<p>Maximise available resource skills through training: CHW, TBA</p> <p>Increase facilities providing maternity services</p>	<p>DoH</p>	<p>DoH</p>

# HR and Organizational Structure

<b>Bottlenecks</b>	<b>Interventions</b>	<b>Responsibility</b>	<b>Stakeholders</b>
Inadequate staffing due lack human resources	NDoH to create a standing organogram for HR outlining program management & implementation staffing norms (province, district, facility levels)	DoH (all levels)	DoH

# Funding

<b>Bottlenecks</b>	<b>Interventions</b>	<b>Responsibility</b>	<b>Stakeholders</b>
MCWH a priority program, but funding not adequate	NDoH to reassess budget for MCWH	NDoH	DoH Partners
Conditional Grant Fund specific to HIV programs (PMTCT address MCH)	Reconsider funding mechanism – Increase budget? Conditional Grant?	NDoH	DoH
Partners funding specific to HIV/AIDS interventions	NDoH to negotiate service-level agreement to encourage integration and maximize resources	NDoH	DoH

# Partner Coordination

<b>Bottlenecks</b>	<b>Interventions</b>	<b>Responsibility</b>	<b>Stakeholders</b>
HIV Partners enter with a mandate (ARVs)	NDoH to negotiate service-level agreement to assist integration	DoH	DoH NGOs
Partner suggestions conflict with DoH protocols	DoH outlines policy guidelines , monitors compliance & performance	DoH Partners	DoH NGOs
Partners not coordinated to maximize resources	DoH creates coordination plan between partners and district	DoH Partners	DoH NGOs