

POLICY TO PRACTICE: EVIDENCE FROM MALAWI

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Outline

- Integra initiative
- Rapid Assessment
- The cycle
- Lessons

Integra initiative

- A five year multi - country operations research initiative undertaken in Kenya, Malawi and Swaziland (2008 - 2012)
- Three main components:
 - Strengthening integrated services delivery
 - Providing evidence on socio-economic benefits of integration
 - Informing policy

Rapid Assessment

- Integra implementation identified gaps in SRH & HIV linkages hence the rapid assessment
- Key findings of rapid assessment
 - Policy level - HIV policy not explicit on integration
 - Programmes - vertical planning, implementation & monitoring (gaps in supportive supervision - duplication of resources)
 - Human resources for health - human resource constraint encouraged non systematic integration e.g. 24.5% and 67.5% vacant positions for clinical officers and nurses respectively
 - Vertical financing - “the colour of funds”
 - Training curricular not responding to capacity needs for integration

The cycle

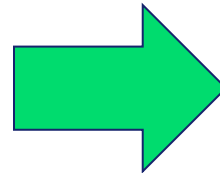
Integra

- HIV services into SRH/FP service
- Expanding range of services
- Skills & space
- commodities



Policy

- Review of SRH strategy – supportive to integration
- Guidelines and training modules



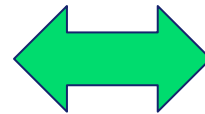
RAT

- Harmonization of SRH & HIV policies
- Improved coordination & joint planning
- Capacity building



Leveraging & scale up

- Multisectoral approach
- MOH takes leadership
- New donors & development partner – support
- Systems strengthening



Key lessons

- Integration is possible in a resource constrained setting
- Provider attitudes are critical in ensuring successful integration
- Community sensitization for demand creation is extremely important

Acknowledgement

- MOH - RHU&HIV dept; NAC, OPC, Min of Gender
- UNFPA, UNAIDS, WHO
- FPAM, College of Medicine
- Thandiwe Mijoya, Fannie Kachale, Mathias Chatuluka, Alejandro Trossero, Kevin Osborne

ZIKOMO KWAMBIRI