

Executive Summary

Research Project: An evaluation of a program promoting access to school health services in the context of local authorities' primary schools

1. Background, Objectives, and Methods

From May 2016 to April 2017, the National Health Security Office (NHSO) implemented a program promoting access to school health services in conjunction with local authorities. School health capacity building workshops to be organized in four selected provinces were planned, coordinated, and implemented between June and August 2016 through collaboration with the Faculty of Medicine, Ramathibodi Hospital, local authorities, and the Department of Health (DoH), Ministry of Public Health (MoPH). The implementation of the NHSO's program aimed to encourage the efficient use of the Promotion and Prevention Area-based Fund (PPA), which is co-funded by the NHSO and local authority offices. The fund is available for use to promote the health of the population at the catchment area. Therefore, additional activities or services to support school health services provision are considered eligible for receiving support from this fund. Meanwhile, the NHSO assigned the Health Intervention and Technology Assessment Program (HITAP) to evaluate the program's performance. This formative evaluation was designed to provide feedback for the improvement of school health services provision in the local authorities' primary schools that participated in this program. Both qualitative and quantitative approaches were used for data collection; these included in-depth interviews with school directors and health professionals, focus group discussions with teachers, observations during workshops, reviews of secondary health data from schools, and analyses of students' health data from the School Health database, which was jointly developed by the Faculty of Medicine, Ramathibodi Hospital and the DoH.

2. Results

This study found that students in the local authorities' primary schools that participated in this study received services such as growth monitoring, provision of iron tablets, and dental screening prior to the introduction of the NHSO's program. This was due to the large-scale implementation of school health services by the MoPH which began decades ago. Furthermore, in 2016, visual screening was added into the school health services package in response to a government policy called "Dek Thai Sai Taa Dee" (Thai children with good eyesight); the NHSO's program was considered a stimulating factor for the implementation of the aforementioned policy. In addition, the evaluators found that the implementation of school health services provisions

were obstructed by several factors including resource shortages, problems related to the management and services provision processes, and coordination between agencies responsible for services provision. Particularly, problems regarding the development and agreement upon a collective services provisions plan, data management, and referral system to take care of those in need were and remain major structural concerns, not only for school health services in this study area but throughout the country. The NHSO's program helped tackle the problem of collaborative networking and coordination among agencies responsible for services provision. This resulted in an initial discussion on problems found in certain areas and plausible solutions to address them.

When considering the NHSO's interventions, particularly the capacity building workshops for teachers and school health managers, we found that the workshop was unable to accomplish its goal of enhancing teachers' capacities and encouraging active participation in providing health services to students. This might be because of the short period of time due to the initial stage of the intervention's implementation. Consequently, teachers in this study still require support from public health professionals to help them during the first phase. Limitations related to the student health data system, which is a structural problem, remains unsolved and needs to be addressed at the national level. Moreover, a new online-based Student Health Program - introduced in this program - was developed with the intention of addressing data recording in a non-systematic manner at the school level, as well as supporting the sufficient use of student health data at the household, school, and local authority levels. This study, however, illustrated that the Student Health software was unable to meet its objectives due to several reasons including users' limited computer skills, program instability, a non-user friendly design, and the need for a stable internet connection.

Although informants at the local levels expressed that the NHSO's school health services strengthening program was useful and important, changes in policy or management were not observed in practice. School directors did not have a clear understanding about the role of the education unit in providing school health services to students as they believed that school health services provision should have been under the health sector's responsibility. Teachers noted that they needed resources, supportive policies, as well as basic and technical support from health professionals to act according to the school health services policy set by the school director and local authority. Meanwhile, health professionals from primary care units and general hospitals

who were responsible for referring students who required it showed low levels of participation and attention to school health services provision. The limited awareness of health professionals on health promotion and prevention results in an inequity in resource allocation - as shown in the case of iron tablets shortages for the prevention of anaemia.

3. Policy Recommendations

Policy recommendations for school health services provision at the country level

- (1) The Ministry of Public Health (MOPH), the Ministry of Education (MOE), and the Ministry of the Interior (MOI) should jointly invest in the development of a national school health database to tackle the longstanding issue of non-systematic data recording and to promote the collaborative use of student health data - with the shared aim of equitably enhancing student health.
- (2) Agencies responsible for school health services provision should advocate beneficiaries, including school health managers, to learn about their rights to health promotion and prevention services, and to encourage them to demand for such services as well as to monitor the quality of services provided by the NHSO's contracting units. Such a collaborative monitoring initiative could enhance the monitoring of the NHSO's contracting units and improve access to the basic benefits package including the provision of iron tablets for the prevention of anaemia, anaemia screening, and the provision of glasses for beneficiaries.
- (3) Agencies responsible for school health services provision should work together to raise awareness and advocate for the importance of school health services at the national level. The school health issue could either be advocated through the National Health Assembly or through the initiation of a Thailand National Health Board that focuses on strengthening school children's health.

Policy recommendations for scaling up the School Health Services Strengthening Program

- (1) The program manager should consider coordinating with all stakeholders, particularly the DOH and the Department of Local Administration (DLA) (or the Office of the Basic Education Commission if the program's scaling up covers schools under the MOE's supervision) to encourage them to play major roles in developing, implementing, and monitoring school health policies.
- (2) The program manager should work in collaboration with the DOH, which is the key organization commissioned to strengthen school health services provision, to reduce redundancy and increase efficiency of work processes. For example, if the DOH plans to organize workshops to build capacity for teachers in anaemia screening or visual screening, the program manager can consider integrating those workshops into their capacity building plans.
- (3) The program manager should consider linking health policies at the local level to those at the regional level so that school health policies can be consistently implemented in the same direction.
- (4) The program manager should communicate with school health managers, teachers, and health professionals to encourage them to acknowledge and understand the linkages between school health-related programs and projects that were introduced by various agencies. This would help practitioners at the school level see the connection, understand the importance of school health, and reduce workload in areas that might overlap between those programs and projects.
- (5) The program manager should reconsider the definition of "school health manager" as the original definition was too broad and resulted in confusion amongst stakeholders about their roles. A clearer definition of the term "school health manager" will also affect the design of capacity building workshops and work manuals for school health managers.

The program manager should consider which interventions initiated by this program can truly contribute to the improvement of school health services in local authorities' primary schools in the long run. Moreover, the program manager should consider transferring capacity building interventions and monitoring and evaluation (M&E) tasks to the DOH, regional health centres, and/or the Faculty of Medicine, Ramathibodi Hospital. Meanwhile, the NHSO should provide support by educating stakeholders about the use of the PPA and monitoring its contracting care units to determine whether the allocated budget was used according to the contract, as illustrated in the example of the iron tablets.

For more information: <http://www.hitap.net/documents/169278>