REVIEW

School Health Education Programme

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Introduction :

Ensuring that children are healthy and able to learn is an essential component of an effective education system. Good health reduces absenteeism and drop outs and increases scholastic performance. Effective school health programmes are one of the most cost effective approaches in improving community health. school health activities contribute to desirable health related activities and practices resulting in healthy lifestyle, thus leading to a healthy future generation. school children also communicate the health related information gained in the school to their families and neighbourhood, thus contributing to improved family and community health. Thus school health programme is a very useful and effective public health activity.

School health services were first introduced in India in 1909,when health check up was carried out for the school children in Baroda city(Gujarat).school health services also formed one of the functions of primary health centers, as recommended by Bhore committee. 1government of India constituted a school health committee in 1960 under the chairpersonship of Smt. Renuka Ray. The committee reviewed the school health services in the country and patterns in various other countries and provided the school health services in the country and patterns in various other countries and provided comprehensive recommendations in 1961. These recommendations define the functions of school health services as school, health promotion including provision of school meals to improve nutritional status of children and health education .Health education was to be imparted through classroom teaching as well as through practice of hygiene. The recommendations also call for involvement of parents at the time of medical examination and involvement of community in school meal programme. Because of limited resources, first priority for health care was accorded to children in primary schools and medical check up was recommended at the time of school entry and thereafter.[2]

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However in most states with the exception of few, either the school health services were not organized or were confined to a few elements like health check-ups, mid-day meals, immunization campaigns or limited attempts at increasing health awareness.

Components of the School Health Programme[3]

It is recommended to be carried out twice in a year. However, in view of limited health manpower and large number of students to be screened,it may be carried out at least one a year.

Organisation : States have different models for school health services. Tamil nadu has dedicated health manpower for school health services .Gujarat provides it through routine health services.in west Bengal two nurses are posted in each community development block, solely for this purpose.in Andhra Pradesh a mobile health unit consisting of six ANMs provide once a month fixed day health service at rural habitations covering about 3000 population each day.it also provides school health services in the area besides general health services. some of the states have also proposed training of school teachers to help in screening and provide simple and immediate treatment of common illnesses.

Screened

Apart from this common skin problems and certain disabilities like visual,hearing,locomotor are also included in school health program.

Learning Disorders, Problem Behaviours, Stress, Anxiety - Teachers need to be sensitized to identify children with such problems at an early stage and send them to appropriate referral centers. These conditions may not be detected through screening, but a trained teacher can detect these during regular course of school.

The findings of screening for each child are to be maintained in a school register and child health card.The latter would be given to the student and

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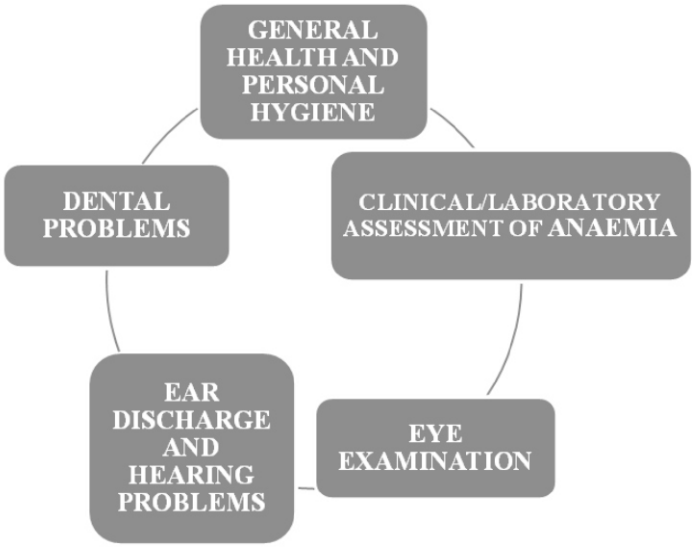
HEALTH CONDITIONS TO BE



would have record of height,weight,immunization and sickness episodes of the individual child.Kerala has introduced a child health card called "from minus two to plus two".

After screening or as a part of routine medical care,either the students are managed at the school itself or if required referred to predesignated centers.

Remedial Action at the School

Minor injuries and common illnesses can be treated at the school, using first aid kit. provision of spectacles ,hearing aids or supporting equipment for children with disabilities are initiatives that many states have built into their programmes.

Corrections of anaemia,vitamin A deficiency or linkage with mid-day meal programme for undernutrition are other examples of action at the school.

Counselling of children with chronic health problems or children with disabilities should also be done at the school.

The school nurse(if available) or nodal teacher would be responsible for administering the first aid and coordinating all such remedial actions with the health personnel identified for this purpose. The nodal teacher would also be responsible for follow on referrals.

Immunisation - School children are to be given DPT at 6 and tetanus toxoid at 10 and 16 years as per national immunization schedule.

Nutrition Interventions

Mid-day meal programme-mid day meal programme has proven to improve school enrollment, retention in schools and levels of learning achieved.it is also one of the important sources of access to balanced diet for the poor child.however,to get its full benefit,it needs to be ensured that it is taken as a supplement to food at home and not as substitute for it.

Mass deworming - a large number of student have hidden of worm infestation leading to anaemia and growth failure burden of worm infestation leading to anaemia and growth failure.therefore,mass deworming of children with a single dose of albendazole(400mg tablet) every six months has been recommended for districts with high worm load.siblings of the students are also to be removed.

Iron and folic acid tablets-students are given weekly or daily IFA supplementation.students from class 1 to 5 are given small IFA tablet (30 mg of elemental iron+500 microgram folic acid).some states are distributing IFA tablets as a pack pack of 60 during six monthly check up for consumption during next 60 days.

Vitamin A-vitamin A to be administered in children with deficiency.

Iodised salt-mid day meal preparation should use iodised salt.encouraging students to bring salt they use at home to school and get it tested for iodisation serves a valuable means for health education.

Health and Nutrition Education

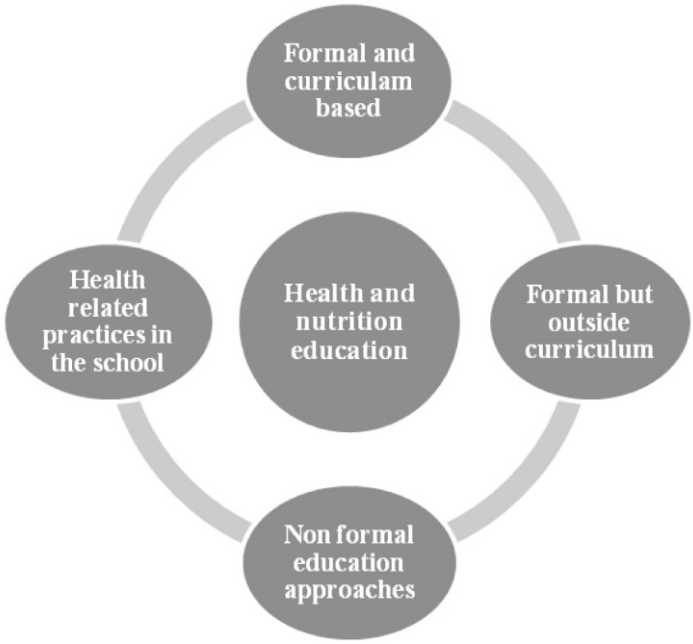
It is one of the most important component of the school health programme. Its aim is to provide health, hygiene and nutrition to students and also help develop skills to put such knowledge into their day to day practice. There are four parallel ways in which health education would be implemented.

Safe And Supportive Environment

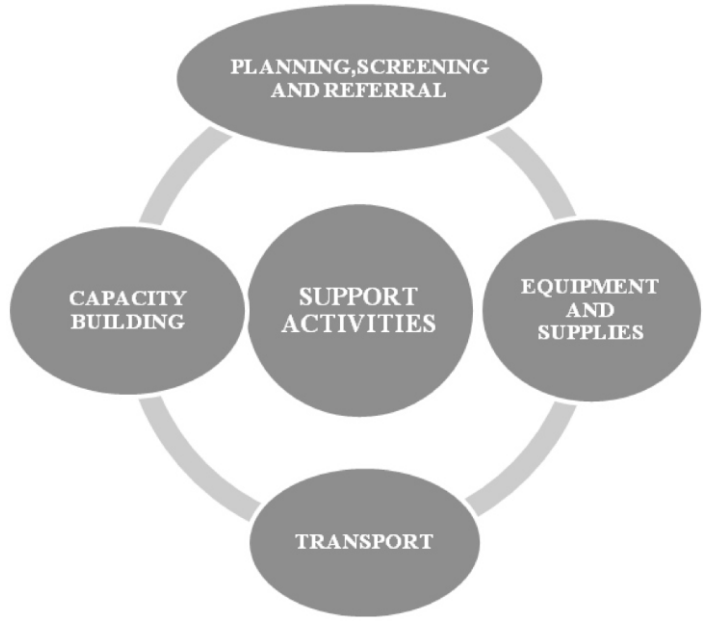
School would need to make arrangements to ensure that environment is safe from injuries, e.g, grills in the windows, furniture should not have sharp edges, provision of protective gear while participating in sports etc.The school should be clean with sufficient toilets separate for boys and girls, should have potable and hand washing facilities and have canteen that provides healthy foods.The schools should have first aid rooms/corners or clinics.

As health promoting schools they should provide for counseling services, regular, practice of yoga, physical education. There can be a system of peer leaders as health educators and health clubs, health cabinets. The schools must have a policy to exclude

Health and Nutrition Education



Programme Implementation



corporal punishment and be able to protect the students from abuse. A supportive environment provides opportunity to teachers and students as well.Also the supportive environment provides opportunity to teachers and students to be heard and participate in management policies.

Planning, screening and referral

- ✓ Regular visit of health professional
- ✓ Proper communication to the authorities, parents and local government bodies
- ✓ Referral to the designated health facilities

Equipment and supplies

- ✓ Supply of equipments like weighing scales, height measurement equipment, snellen"s chart
- ✓ First Aid kits to school, one each for 250 students per year.

Transport

- ✓ Funds for providing transport/hiring of vehicles for visit of health staff to schools and to take children for referrals.

Capacity building

- ✓ Training of nodal teachers, medical and paramedical professionals
- ✓ Follow up for referrals
- ✓ Remedial action at school level and health education activities

The school health programme intends to cover 12, 88750 government and private aided schools covering around 22 crore students all over India.[4]Based on the cost estimates, it has been proposed that the programme may be taken up in a phased manner covering 20% schools in the implementation so phased can then be met out of RCH 2 flexible pool/NRHM flexible pool. For those states which have not yet started the programme,it is proposed that ANM may be spared once a week for school health if she has either MPW(male) or second ANM to support her at subcenter.The multi-purpose worker(male) will be appropriate for exclusive senior boys basic schools.[4]

Under the school health programme in 2011,705.9 lacs students in 4.93 lacs schools were covered with an expenditure of rs.4618.93 lacs.allocation in 2011-12 for the programme was in the tune of Rs.13, 650.83 lacs for 33 states. Establishment and maintenance of safe potable water health educators and counseling services (ARSH and/or ICTC) are being promoted. capacity building for master trainers, teacher is towards sustaining the intuitive within the school system.[5]

Monitoring and evaluation

Health register and follow up record: teachers would maintain a health register that would record findings of periodic health screening, remedial activities, referrals and sickness record for each student .These will be kept in safe custody or maintain confidentiality such registers will help in tracking coverage of screening in each class as well as provide data on nutrition and morbidity profile.it will also help in monitoring he quality of screening programme in terms of

abnormalities picked, ensuring referrals and complete of follow up treatment.

Student health card: This will help track growth and illness of child. It will have provision for recording weight, height, immunization, details of episodes of illness and any aspect that require follow up. It would also have health messages printed on it. This will be given to students who will keep it safe and bring it for subsequent annual with referral slip during referral and follow up. Health staff would record entries on this card.

Reporting: Quarterly report of periodic health screening, referral and follow up treatment would be prepared by school principals and sent to district education officer and district education officer and district CMO, who would get it compiled and transmit it to state directorate of Health , which would share it with the state education directorate. States would compile an annual report based on quarterly reports and transmit to ministry of health and family welfare at the national level.

Evaluation: Baseline and periodic rapid assessments to be carried out to evaluate the impact of school health programme in terms of improvement in knowledge of students about hygiene and nutrition, scholastic performance and school absenteeism

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