

# CHAPTER 9

## School Health Programme

Healthy children are an asset to a nation, and needless to say, their well-being is of paramount importance. Sri Lanka has around 10,000 schools in which a total of around 4 million children seek their education. The Department of Health Services runs a special school health programme, coordinated by the Family Health Bureau.

### 9.1 Short history of School Health in Sri Lanka

Medical inspection of school children in the country commenced in 1919, following a motion which was carried in the Legislative Council. At the beginning only one Medical Officer was functioning to carry out school health work, based in Colombo. By 1927 a total of five medical officers were functioning, based in Colombo, Northern division, Central division and Southern division.

In the earliest days common diseases among school children had been oral diseases, hookworm, inflammation of tonsils and adenoids, malnutrition, pediculosis, eye defects, and scabies. Control of communicable diseases has been a priority issue, and for convenience the diseases were classified into 5 groups, as follows:-

- 1) Common acute infectious diseases: chickenpox, measles, German measles, whooping cough, mumps, diphtheria, influenza, smallpox, typhoid, dysentery
- 2) Helminthic intestinal infections: hookworm, roundworm, whipworm, threadworm
- 3) Infectious skin diseases: scabies, impetigo, taenia, pediculosis
- 4) Infectious eye diseases: conjunctivitis, trachoma
- 5) Special diseases: malaria, tuberculosis

Following the creation of the Health Unit system in 1926, the subject of school health came under the purview of the Medical Officers of Health. At present a limited number School Medical officers who are engaged exclusively in the promotion of school health, have been appointed, and are based in Colombo, Kandy, Jaffna, Galle and Matara.

In 1980, the Family Health Bureau was vested with the responsibility of acting as the focal point to the programme. In 1931 the first school dental clinic was started in Colombo. By late thirties the school children were subjected to three routine medical inspections, at school entry, mid-way in the school carrier and again at the end of the school carrier.

Even in the early stages of the school health programme, the significant degree of malnutrition among the school children was noticed, and the school medical officer recommended a free mid-day meal for affected schools. However, it was following the unprecedented degree of malnutrition suffered by school children in affected areas, during the 1934/35 malaria epidemic, that provision of the free mid-day meal by the government, covering selected areas was introduced.

## **9.2 The Present Programme**

### ***Goals:***

- To ensure that school children are healthy, capable of self-promoting their own health and also promoting the health of the family members and of the community
  - To enable school children to derive optimal benefit from the educational opportunities provided to them
1. Engage health and education officials, teachers, teachers' union, students, parents, health providers and community leaders in efforts to make the school a healthy place.
  2. Strive to provide a healthy environment. It is difficult to teach a child the value of health if the school environment is not conducive to healthy behaviour and if there are no resources with which to practice health skills.
  3. Implement policies and practices that respect the well being of school children and staff.
  4. Health Education provided through the curriculum and by special programmes to develop life skills among school children.
  5. Provision of school health services including medical inspection of school children, treatment, immunization, referral to specialist clinics, follow up for correction of defects and counseling services to needy children.
  6. Involvement of the school in activities aimed at improving the health of surrounding communities. Parents and community leaders are represented in the health advisory committee of the schools. Teachers are expected to disseminate health messages in the community through the students, and students also carryout health projects in the village through the School Health Clubs.

## **Responsibility of the district Health Officers on the School Health Promotion Programme**

The Medical Officers of Health, School Medical Officers and their staff, MO/MCH and other district staff (RDHS, RE, , MO/MH, MO/NCD, MO/Planning, D/SPHI and HEO) should all provide necessary technical guidance to the school community, at all stages of planning, implementation, monitoring and evaluation of the school health programmes.

### **9.3 Role of the Public Health Inspector in School Health Programme**

The Public Health Inspector is the officer at the grass root level who is responsible directly to the MOH, for school health activities.

#### **1. PHI should collect data to plan school health activities for the forthcoming year**

E.g.:-

- Information about school medical inspections which were conducted during the current year, and also not conducted during the current year
- Data about the health problems of school children which were identified during the year ( both corrected and not corrected)
- Analysis of common health problems encountered during correction, in order of magnitude of the problems
- Problems and short comings identified during the School Sanitary Survey, which have to be communicated to the Education authorities
- Special information on health programmes needed by the schools
- Information on parental education needs
- Details on the areas in which school participation needs to be strengthened

#### **2. Preparation of the Annual advance programme**

PHI should discuss with all school principals in the area, and decide on the tentative dates for the School Medical Inspection in their respective schools and prepare the annual advance programme accordingly. The annual programme (in two copies) should be forwarded to the MOH, for approval, before 25<sup>th</sup> of October of the preceding year. One of the approved copies should be filed in the office of the PHI.

#### **3. Preparation of the Quarterly School Health Advance Programme (H1016)**

All School Medical inspections (SMIs) to be conducted during the forthcoming quarter should be planned and the quarterly advance programme should be prepared in consultation with the school principals and other field health staff participating in the SMIs (PHNSs, PHMM, MOOH and other Medical Officers). It should be prepared in two copies and submitted to MOH for approval, before the 20<sup>th</sup> of the last month of the preceding quarter. The copy approved by the MOH should be displayed in the PHI's office.

#### **4. School Sanitary Survey**

All PHII should complete the School Sanitary Survey in all the schools in their respective areas, during the first quarter of the year. Reporting on the following areas are very important;

- i. **Sanitation facilities** - not available / inadequate / no mechanism for cleaning-no water supply to toilet
- ii. **Availability of drinking water / water for washing** - not available / no water for washing
- iii. **Unprotected wells**
- iv. **Sale of unhealthy foods and drinks within school premises** (refer school canteen circular)
- v. **Mosquito breeding places**
- vi. **Garbage disposal and waste management**
- vii. **Condition of school buildings**

PHI should inspect the school canteen and food selling outlets within / around school premises and take necessary action if not up to appropriate standards (according to H 800 specifications).

PHI prepares the school sanitation survey forms (H 1015) in triplicate and hand them over to the MOH, with his recommendations, before the end of the 1<sup>st</sup> quarter of the year. MOH too, should give his final recommendations before the end of the first quarter for the year, with one copy being handed over to the school principal. One copy is filed in the MOH Office, and the other copy filed in the PHI's office. The PHI should discuss the findings and the recommendations with the school principal and guide him in the implementation of the corrective actions towards improving sanitary facilities within the school premises.

The findings of the school sanitation survey should be analyzed by the PHI, and should be subsequently submitted to the MOH for discussion at the meetings of school principals and at the meetings of Zonal / Provincial school health committees.

#### **9.4 School Medical Inspection (SMI)**

- PHI should meet the school principals two weeks before the appointed date of the SMIs in the quarterly advance programme (H 1016) and confirm the date.
- Should always try to conduct the SMI as planned in the quarterly advance programme . Should it be impossible due to unavoidable circumstances, the PHI should inform the principal in advance, and fix a new date suitable to both parties, after discussing with the principal.
- During the SMI, all the children should be annually examined in schools with less than 200 children and in schools with 200 or more children, annual examination is conducted on children in grades 1, 4, 7 and 10. Additionally, children even from other grades who have been suspected / identified by teachers or parents, as having a health problem, should be examined. It is very important to conduct medical examination on the teachers as well, during the SMI.

SMI is done in two stages:

### **Stage 1**

Screening has to be completed by the PHI, 2 - 3 days before the SMI, during which the following are done:-

- Identification of visual, hearing and other health problems
- Assessment of nutritional status
- Provision of treatment for scabies and helminthiasis
- Treatment for vitamin deficiencies

On the day/days of screening for nutritional assessment (using Growth Charts), vision should be examined by the PHI and the necessary entries should be made at the relevant section in H 457.

### **Important**

Children in whom learning difficulties and behavioral problems have been identified by teachers, should be seen, and their examination to be carried out by the medical officers, arranged for the day of the SMI.

### **Stage 2**

#### **Actions to be taken in advance**

- Keep all parents informed about the SMI and immunizations to be carried out.
- Inform parents of children in Grade 1 to attend the SMI.
- Children in Grade 1, 7 and 8, and any other children needing immunization should be informed to bring the CHDR on the day of the SMI.
- Request school principal to arrange for the active participation of all class teachers at the SMI, to assist the medical officer/s.
- Arrange with the Dental Therapist to conduct a dental clinic on the same day.
- Health Education programmes targeting parents to be organized on the day of SMI.
- Organize involvement of the School Health Clubs / School Community, in activities to assist the medical staff to conduct the SMI.

#### **School Medical Inspection – some important considerations**

- Should always be conducted by the Medical Officer of Health / School Medical Officer / Hospital Medical Officer / Registered or Assistant Medical Officer, who has been identified for this purpose when preparing the quarterly advanced programme.
- All children in the designated classes should be examined by the medical officers and special attention should be paid to the defects identified by the PHI, for confirmation of the diagnosis and referral to specialist clinics if so required.
- Children identified by teachers as having learning and behavioral problems, should be examined and referred to relevant specialist clinics whenever required.
- PHI should assist the Medical Officer to complete the H 606 Referral Card of children who are referred to specialist clinics, and advise such children and their

parents, explaining the reason for referral and the importance of following the medical advice given.

- PHI should immunize all the children in Grade 1, who have not been previously immunized, with DT/OPV. The assistance of the other field health staff (PHNSs, PHMM) could be obtained for conducting immunization.
  
- All children in Grade 8 should be given Rubella.

**It is essential that the PHI obtains a proper history from child/parents to find out whether the child has had any adverse reactions to prior immunizations, or whether the child has any allergic tendencies. If so, the decision whether or not to give the immunization, and whether immunization has to be conducted in a medical institution with emergency facilities, to treat any unforeseen conditions following immunization, should be taken by the Medical Officer.**

- All children in Grade 7 to be given a Tetanus Toxoid immunization.
- Entries of re- immunizations should be made in the CHDR.
- Worm treatment, vitamins and iron folate supplementation should be provided to the children.
- Health Education and other promotional activities on prevailing health problems should be conducted on the same day.

#### **Follow up activities**

- PHI should conduct follow-up home visits to children with special problems (e.g. heart disease). Assistance of the PHM could be obtained under special circumstances. Class teacher would assist the PHI during the follow-up process, to ensure correction of defects.
  
- For children with financial difficulties, the school principal and PHI can assist in the process of the students obtaining spectacles and hearing aides, by referring such children to the Director / Special Education at the Zonal Education Office.
  
- The PHI can discuss with MOH and organize special programmes (out reach programmes) in circumstances where such services are needed.

#### **Healthy School Environment – Role of the PHI**

A safe, clean, and well-maintained school with a positive psychosocial climate and culture can boost health of the student and the staff as well as students' educational achievement.

PHI should adhere to the following steps, to help school authorities to maintain a healthy and safe school environment:

- Should guide and assist education authorities to provide sanitation facilities according to the norms identified by the Ministry of Education. An adequate supply of water for drinking, toilet purposes and for washing is essential.

- Should assist the school to develop and implement health promoting policies for the prevention of mental and physical abuse, bullying against children and prevention of trauma.
- Should help the development of a caring, peaceful, and loving environment in the school, which would be conducive to learning.
- Should promote the development of life skills among school children, which would lead to the reduction of risk behavior (tobacco, alcohol, drug use and sexual abuse) and prevention of non communicable diseases.
- Provide guidance to the school community to ensure safety of children from abuse and accidents.
- Should guide school authorities regarding the provision of adequate physical activity to all school children.
- When School Mid Day Meal is provided (see Circular on School Mid Day Meal), the mid day meal programme should be supervised, including inspecting the food preparation sites and the preparation procedures, to ensure hygienic conditions and good quality of food.
- If the school has a student hostel, sanitary conditions within the hostel including the kitchen and meal rooms should be supervised.
- Make recommendations re- granting of approval to food handlers, school canteen, and to other food sales outlets, with view to provide healthy and safe food for school children.
- School premises should be inspected to make sure that there are no unprotected wells, pits etc. posing a danger to students.
- Ensure that there are no mosquito breeding sites within or around the school premises.
- Ensure availability of adequate supply of water for drinking and washing.
- Advise and guide the school authorities on acquiring adequate sanitation facilities to their schools, if not already available.
- Advise on proper garbage disposal.
- Advise on maintenance of a well kept school garden, with cultivation of vegetables, fruits and flowers.

### **9.5 Establishment of Health Promoting Schools**

*A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working- WHO*

The PHI should make the school community aware of the health promoting school concept and its advantages. He should assist the school principals/ health clubs to identify the prevailing health issues among the school community.

PHI shall

- provide guidance for the preparation of the School Health Action Plan and assist and guide in its implementation.
- be the focal point representing the health sector, in the School Health Advisory Committee, and attend its meetings to provide assistance and guidance. He shall get guidance from the MOH for solving problems, whenever required.
- monitor the implementation of the School Health Action Plan.
- assist in the preparation and implementation of healthy school policies.
- organize and implement special programmes for adolescent children, on Reproductive Health, and Life Skills, to reduce chances of their adopting a high-risk behavior (e.g. occurrence of teenage pregnancies, STD/HIV, smoking, and substance use).
- organize training programmes for school teachers, to be conducted by the MOH, and other relevant medical officers.
- implement special programmes to promote health in general, and to reduce the prevalence of communicable and non-communicable diseases.
- maintain a Monthly Calendar for the inspection of Dengue breeding sites in and around school premises.
- maintain a Monthly Calendar for the inspection of food outlets.
- assist and guide the School Health Clubs, in organizing “special health activities “ (e.g. debates, exhibitions, dramas, nutrition programmes).

### **Community Involvement**

- assist in the establishment and continued functioning of the School Health Clubs.
- assist the school principals to establish School Health Advisory Committees. (PHI is the focal point from the Health Ministry)
- conduct programmes to educate parents on health matters and organize programmes to get community participation in school health activities.

### **Counseling**

- assist school teachers and counselors to refer children, through MOH to medical clinics/hospitals ,whenever necessary.
- organize community support for children-in-need.
- provide counseling whenever required.

### **Attending meetings relevant to school health**

The PHI shall attend the following meetings:-

- i. Monthly meeting of the MOH, with data regarding SMI and school environment
- ii. Local conferences at which school health matters are discussed
- iii. Meetings of School Health Clubs

- iv. Meetings of School Health Advisory Committees (PHI is the focal point from the Ministry of Health)

### **Attending training programmes relevant to school health**

The PHI should attend the training programmes conducted by the RDHS/ MOMCH or by the FHB, with the objective of improving the knowledge and skills.

### **Preparation of Programmes**

#### **a) Annual Advance Programme (H 1016)**

Annual School Health Advance Programme for the following year should be prepared in two copies and submitted one copy to MOH before the 25<sup>th</sup> of October of the current year.

#### **b) Quarterly Advance Programme**

Quarterly Advance Programme for the next quarter should be prepared in two copies and one copy submitted to MOH for approval, before the 25<sup>th</sup> of the last month of preceding quarter. One copy is filed in the MOH office (with SPHI) and the other in the PHI's office.

## **9.6 Record Keeping**

### **School Sanitation Survey/ Summary of Data (H 1016)**

On completion of the quarterly advance programme of the second quarter, this summary should be forwarded to MOH with a copy to MOMCH.

### **School Sanitation Survey (H 1015)**

To be completed for all schools in the PHI area, before the end of the first quarter of the year. Three copies of the report should be prepared and submitted for comments and recommendation by the MOH. With the comments and the recommendation of the MOH, one copy covering each school is handed over to the relevant school principal, one copy kept in the MOH office (with SPHI) and the third copy filed in the PHI's office.

MOH should prepare a summary report and hand it over to the zonal director and discuss the report at the Zonal Health and Nutrition Committee. The report is to be compared with the previous quarter's report, and emphasis paid on any uncorrected defects.

### **Student Health Record (H 457 revised in 2006)**

A card should be maintained for each schoolchild, kept with the school in a safe manner. In schools which have less than 200 children in each, the card will be endorsed annually at the SMI. In schools with 200 or more children in each, the card will be endorsed at the SMI conducted at Grades 1, 4, 7 and 10.

### **Referral Card (H 606)**

This card (blue in colour) is maintained for all children referred to specialist clinics. As mentioned in the card, children who have been issued with this card can report directly

to the relevant specialist clinics in the hospital. It is stated on the top of the card the child should be examined at the clinic, **on a priority basis**. The PHI shall make the student, parents and the teachers, knowledgeable on this issue. After the completion of the necessary treatment, the card should be handed over to the class teacher, and it is important that the student, parents and the class teacher be made knowledgeable about this by the PHI.

PHI can make use of this card to obtain necessary information for him to fill the "correction of defects" column in his report.

### **Adolescent School Health Record**

This card is completed for all children at the SMI conducted when they are in Grade 10.

This card has 3 sections, which are to be filled as follows:-

Section 1 – by the student

Section 2 – by the PHI / health staff, on interviewing the child

Section 3 – by the Medical Officer who examines the child

### **Record of Health Problems (H 456)**

This form is used for the purpose of following up the children who have health problems and to ensure necessary corrective action.

At the end of the School Medical Inspection this form should be completed for each class, in two copies. One copy should be in the relevant file of the PHI and the other copy in the relevant file of the class teacher, to enable them to follow up the student's progress with treatment. The PHI should make at least 3 follow-up visits per child (to the school) at 2 weeks, 6 weeks and 12 weeks, respectively.

### **Students having dental problems**

A list of names of children who are detected with dental problems should be submitted to the School Dental Therapist (SDT).

### **Monthly statement of school health activities (H 1014)**

Summary of all school health activities conducted during the month has to be recorded by the PHI in this format. At the end of every month this form has to be submitted to SPHI, for completion of the master sheet. Once the data has been entered in the master sheet, the PHI should collect his form and file it in the PHI office file.

### **Quarterly School Health Return**

The SPHI should complete this form, in three copies, at the end of each quarter, using the data on the master sheet. This data should be duly completed for quality and coverage of all school health activities before completing the quarterly return. The 3 copies of H 797 should be submitted to MOH at the end of the quarter.

The MOH shall carefully analyze and study the data and sign the 3 copies after making observations. One copy is kept in MOH office, one copy is sent to the MOMCH and the other copy is sent to the School Health Unit of the Family Health Bureau (before the 25<sup>th</sup> of the first month after completion of the quarter). This data is used in the planning of the school health programme.