



Ahmedabad Visit Report
on
School Health Programme(SHP)
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INTRODUCTION

City Visited	Ahmedabad
Date of Visit	21.12.2010
Purpose	<ul style="list-style-type: none">▸ To observe the efficacy and practicability of School Health Programme (SHP) run by Gujarat State Government.▸ WHETHER this MODEL can be recommended to other states.
Number of places visited	<ul style="list-style-type: none">• H.P. Kapadia Primary School• Municipal School – Gummat, Shahi Bagh• UN Mehta Institute of Cardiology and Research Centre
Informing authority	Dr. Shailesh Sutariya, State Nodal Officer, SHP.

BACKGROUND

School Health Programme is a program for school health service under National Rural Health Mission, which has been necessitated and launched in fulfilling the vision of NRHM to provide effective health care to population throughout the country. It also focuses on effective integration of health concerns through decentralized management at district and village level while taking care of determinants of health like sanitation, hygiene, nutrition, safe drinking water, gender and social concern.

Developing the human capital of nations especially the intellectual, social, mental and physical abilities of children and adolescents is fundamental to the improvement of the quality of life of the citizens. Developing human capital is also critical for nations to enjoy political stability and economic growth. Nations that have invested in health and education have tended to experience corresponding economic development.

In Gujarat to ensure good health for school children the Department of Health and Family Welfare conducts School Health Programme every year. This is the single, largest, health programme operating in the state of Gujarat.

OBJECTIVES OF SCHOOL HEALTH PROGRAMME

- Improving the general health status of school going children.
- Growth monitoring of school children.
- Screening of children for any disease or infirmity.
- Early diagnosis and correction of physical deformities.
- Early diagnosis of learning disabilities.
- Early diagnosis and treatment of communicable diseases.
- Health Education.
- Environmental sensitization.
- Administration of routine medication : iron, folic acid, de-worming, etc.
- Follow-up arrangements for detailed checkup of referral cases and their treatment.

AIMS AND STRUCTURE OF SHP IN GUJARAT

1. To cover and screen about 1.2 crores children in approx. 40000 schools of Gujarat.
2. It is Pulse Intensive Programme and lasting for 2 months in a year.
3. In each school programme lasts for 5 days :
 - Day 1: Environmental and Sanitation Education;
 - Day 2: Basic Health Check Ups and Growth Monitoring;

- Day 3: Nutrition Day and group discussions, seminars and debates on Health issues;
 - Day 4: Health screening by medical professional;
 - Day 5: Activities on Health Education and “ Arogya Gram Sabha”.
4. Micro planning for each school in the state is done in advance.
 5. Team comprising of school teachers, MPW, medical professionals, and block officer are assigned the designated number of schools to be visited along with the dates.
 6. First screening of children is being done by Multi Purpose Health Worker and teachers and any child they suspect is not well is sent for examination by the doctors.
 7. The selected/screened children are examined by the doctors.
 8. Common medicines are distributed including iron and calcium and de-worming treatment and common ailments are also dealt with.
 9. Data Entry into the Health Card is done at the school level.
 10. Cards are then sent to Panchayat/Block level for computerized entry.
 11. Children suspected of having SOME DISEASE are referred to higher centre for further evaluation along with the teacher.
 12. The Referral Units have designated counter for team/SHP.
 13. The tertiary level treatment is provided in the Referral Hospitals free of cost.
 14. **Medical manpower** consists of the following:-
 - Anganwadi workers;
 - MPHWS;
 - Doctors from State Health Services;
 - Doctors, interns, resident doctors from the state and private medical colleges;
 - Doctors from Indian medical association;
 - Voluntary medical professional.

FINDINGS DURING THE VISIT

i. At H.P. Kapadia Primary School

- ◆ The school teacher and MPW were monitoring the weight & height of children and filling the data form in presence of block officer;
- ◆ A small tented camp full of posters on health education was placed in front of the school to sensitize the passer-by regarding health issues.

ii. At Municipal School – Gummat, Shahi Bagh

- ◆ A Medical Officer was examining the children sorted out by the MPW and dispensing regular medication;
- ◆ The difference in nutritional and health status in children of both the schools was quite obvious.

iii. UN Mehta Institute of Cardiology and Research Centre

- ◆ I met 12 children who were either recovering after heart surgery or were due for their treatment. Most of them were in the age group of 6-10 years and belonging to the village areas;
- ◆ 3 of them confirmed that the detection of heart ailments and further referral is through SHP;
- ◆ All of them confirmed that no charges have been paid for their treatment.

OBSERVATIONS AND CONCLUSIONS

- It is a well planned and reasonably executed SHP;
- It has easily accessible wide communication network between the peripheral health providers and the state through emails etc.;
- Basic health screening is through trained teacher and MPW;

- Dedicated Specialist/Super-specialist at the referral centre for SHP;
- Children with refractory errors are being provided with spectacles;
- On further screening if any of the cardiac or renal or ineligibility is detected they are being treated at the referral hospitals without any charges;
- Recently Government has provided identification number to all the children screened and the data is available on its site thereby offering easy access to see the medical records of the children;
- With unique health ID for each child, tracking of child and his health maintenance is done easily;
- Grand parents and parents of the child are also involved in the programmes.
- Appreciation and Rewards for the best aanganwadi worker and healthy child is given at each level at regular interval to motivate the Peripheral Health Provider.

RECOMMENDATIONS

- SHP should be a Continuity Program rather than a pulse intensive nature;
- Instead of screening on “**High Index of Suspicion of a disease/infirmity**”, the programme should be more comprehensive;
- At least one check up of all school children through a qualified Medical Practitioner in one academic year should be done;
- School health data should include immunization status of the children;
- The Left Out Vaccination should be provided at the time of contact;
- State specific illness should be more elaborately screened in SHP;

- Correction of the correctible physical deformities should gain priority over treatment of chronic ailments;
- Screening for learning disabilities should be done so that children with different abilities can be mainstreamed in later age;
- On the whole SHP run by Gujarat Govt. is a project to be followed-up with some additions **and the basic strength of the project is :**
 1. Widely accessible communication network;
 2. Easily retrievable health data;
 3. Thorough micro-planning for the entire project;
 4. Appreciation & reward system for the Peripheral Health Provider;
 5. Dedicated team for the programme;
 6. Designated referral centers for the screened out children;
 7. The beneficial results obtained so-far.
- The similar programmes can be recommended to other states with some variations.

On the whole the tour was highly successful and meaningful.

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