

**A REPORT**

**ON**

**HEALTH AND SANITATION PROGRAMME IN  
THE GOVT. SCHOOLS OF GWALIOR CITY**

**YEAR : 2007-08**

**IMPLEMENTING AGENCY:**

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# School Health & Sanitation Programme

## IMPLEMENTATION OF THE HEALTH, HYGIENE AND SANITATION PROGRAMME

The whole health, Hygiene and sanitation programme was bifurcated into different phases and different strategies were adopted for each of the phase. The programme was divided into following phases.

### Identification and selection of doctors and volunteers:

For the purpose of conducting the health check in the Government primary and middle schools of Gwalior city the first step taken was to select doctors and volunteers. Doctors were selected on the basis of their area of specialization and kind of work experience they had. The most important step in the programme was to appointment volunteers as they are one who was going to directly communicate with the students hence it required high level of understanding of the issues, maturity and good communication skill. After fixing such parameters totally 92 volunteers (53 Males & 39 Female Volunteers ) and 35 (28 Male and 7 Female doctors ) doctors were appointed to implement the whole programme in Gwalior city.

### Orientation and training of doctors and volunteers:

After the process of appointment a training of all the doctors and volunteers was scheduled in the month of October, 07. All the volunteers and the doctors were called off to orient them about the whole programme and to explain their roles and responsibilities. Doctors were explained about the health camps and the areas to be diagnosed during the check ups. All the books and the kits were explained to the volunteers and even the things and way they are supposed to explain at the time of orientation of materials and follow ups. After the completion of training volunteers were called to the office in groups and they were asked to give presentations on the books to be distributed in the schools. The presentations were organized to test their communication skill and to provide them a platform so that they can be better prepared for the orientation of health kit in the schools.

### Identification of Primary and Middle schools in all the "shankuls" in Gwalior city :

The third step was to identify the schools in which health camps have to be conducted. For this all the "Jan shikshak" responsible for each "shankul" were contacted and the number of primary and middle schools, along with the name of the schools, location of the schools, the timings of the schools, name of the headmaster of the school and the number of boys and girls studying in each school were taken from them.

At the same time all the schools were visited by our workers so that mapping could be done as to prepare our self for the second step. In Gwalior city there are 20 "shankul" and totally there are 407 schools.

#### Dispatching the materials to the identified schools and orientation of the teachers and the students about the books and the First Aid kit:

In this phase the first thing done was to assign "shankul" wise responsibility to dispatch the materials and to conduct health camps. And then shankul wise bundles of the materials to be dispatched were made and same were delivered at all the schools as per the number of the students. Once the materials were dispatched volunteers dispatching them explained each and every book to students and teachers of all the schools and oriented the teachers as how to use the First Aid box. While allotting the schools care has been taken that girl's middle schools should be allotted to the female volunteers as the programme requires explaining menstruation cycle and ways to use pads during the periods so girls might feel shy or hesitant in front of a male volunteers.

#### Instigating health camps:

Once the materials were dispatched health camps were started in the schools. A team of one doctor and two volunteers were constituted and schools to conduct the health camps were allotted to the teams. At the time of dispatching materials teachers were asked to prepare health card for each student. When the team of doctors and volunteers visited the schools the first thing was to make the students sit in a row and distribute them their respective health card. Each student was called with his or her card and weight and height was measured. After noting the weight and height in health card the student taken to doctor for check up. Parameters like oral cavity, vitamin A deficiency, scabies, skin infection etc. were looked for.

#### Follow ups by volunteers:

The last phase was to conduct follow ups in each school. At the time of follow up only one volunteer was supposed to visit one school. This phase was the most important one as this comprises communication between the students and the volunteers. During this phase students were explained about personal hygiene, healthy fooding, First Aid at the time of

emergencies, physical changes taking place in adolescent etc. The different books like Health and Hygiene, Food and Nutrition etc. were explained to all the pupils. Adolescent kits containing Sanitary Napkins, a book providing information about menstrual cycles etc. were also explained by female volunteers to the adolescent girls.

The Follow ups were two way processes in which queries from the pupils were also welcomed and many doubts were resolved by our volunteers. Volunteers made a point that during explanation teachers are also present so that an over all behavioral change can be expected out of students as well as teachers.

### CLINICAL OBSERVATION:

Out of the total 49309 student registered in 407 schools, health check up was done for 67.43% (33249) of the students who were present in the schools at the time of the health check up.

Among the students checked 2778 students are suffering from Malnutrition. Although provision of mid day meal has improved the situation but still such a high percentage of malnourished students calls for an immediate interference and an improvement in the meals provided. A more balanced and nutritive meal is the demand of the time.

Problem in eye sight also came out as a common ailment among 1131 students. They complained of headache and water dropping from their eyes.

Due to unawareness about the dental care, cavity was prevalence among 3975 students checked. They also grumbled about the ach in tooth.

During the check-up doctors also found some other ailments like fever, low I.Q. level and other general physical problems seen in 1557 students. The information of specific students with specific ailments has been mentioned in their respective Health Cards and the same has been conveyed to the respective teachers with request to inform to the parents of the students so that they can get treated. In some cases where student needs urgently to see doctor, a slip has also been given to the teacher specifying the problem with reference to the specialized doctor.

## SUGGESTIONS:

For too long the provision of schools has been seen as an issue. Certainly, new schools are required but a school environment is like living organism and there requires continuous substance. The construction of the school building should be seen as the birth of a "living school" rather than as end in itself. A living school has many components (children, parents, staff etc) and need (the supply of water, removal of waste). Again, like any living organism, its relationship with the outside world is highly important. If the school is seen as being apart from the community, rather than integral to it, it will soon become neglected. Before getting into the suggestions required to create a healthy environment in schools have a look to the proposals required for the successful implementation of such types of programmes.

There should be more time to implement and watch out behavioral changes in the students as well as teachers hence the programme should be started a bit early in the year.

The problems lie in attitude and practice and attitude of the students and teachers which takes time to change hence it requires follow up on regular basis. Change in the children's behavior sometimes brings changes in parent attitude also hence efforts should be made to bring a sustainable change in children.

Home and the surrounding is the first place from where children adopt their behavior and their habits. They do things they way they watch their parents and teachers doing. Hence if we want a sustainable behavior change in the students, along with them we must target their parents as well as their communities. Therefore either a separate programme for parents of the student going children or in the same programme it must be integrated so that the problems could be uprooted from the place it really germinates.

Health and hygiene is an issue which demands clarity of thoughts among the people explaining it hence the orientation and training of the volunteers must be an extensive and at least two days so that the concepts can be well understood by them.

At the time of conducting health camps resistance from the head masters and teaching staffs were faced.

This happened because proper information regarding the health camps was not imparted in advance to "Jan Shischak" and hence in turn the same could not be conveyed to the head master. Therefore in future care should be taken that information flows through right channels and in time to avoid unnecessary hindrances.

At the time of follow ups focused group discussion was the tool adopted by the volunteers to generate and create awareness among students about health and hygiene. There should be provisions of for other more effective tools of creating awareness such as dramas, folk dances etc.

A long list of detailed changes required for a healthy school environment could easily be drawn; indeed over the last 58 years numerous guidelines have been given yet many schools still remain unhealthy environment. What is needed, rather, is a change of thinking about what the physical environment of a school is what it depends on. In particular, we suggest, there should be a shift of focus in four respects towards:

Adequate services particularly water and sanitation.

Total school environment (Infrastructure etc.)

Operation and maintenance

Motivation and ownership

In each of these areas, the changes required are not so much technical rather social and attitudinal. If these aspects are looked into considerably a healthy and vibrant school can emerge in the most adverse of circumstances and without them even wealthy societies will have poor schools. Below are some of the measures which can be taken to improve school environment. But the people choosing and evaluating the technical option must be the people on the ground. These suggestions can not be seen as solutions rather they disseminate the range of alternatives available because for example a technical device for hand washing may work well in one community but be totally inappropriate in another.

Provide incentives for cleanliness (for example, a prize for the cleanest school)

Facilitate exchange of information between teachers (for example through news letter) on a broad range of issues but including practical experiences of school hygiene.

Emphasis on health education and also following up health education initiatives to find out why staff and children do not act on what they already know.

To conduct health camps on regular basis. Recognize that the priorities are fencing in the school compound and keeping it free from faecal material and waste, provision of toilets and urinals and keeping them scrupulously clean; the provision and use of hand washing facilities and the provision of safe drinking water.

#### Formation of an active parent teacher association:

Developing daily routines which involve children in health related activities for example bringing water to school, clearing waste from the school compound etc.

Organizing events to raise awareness of hygiene, water and sanitation issues and encourage the students to spread good hygiene behavior to their homes and streets.

Snaps of the health camp at different schools



