Scotland Chikwawa Health Initiative

Health Promoting School Orientation

+Health Services+
“The World Health Organisation (WHO) asserts that schools are “one of the most organised and powerful systems in society to influence the health and well being of those who come into contact with it”
Why do we need to establish Health Promoting Schools?

Who will do this?
Remember the Purpose of HPS

- To enhance educational outcomes
- To facilitate action for health by building health knowledge and skills in the cognitive, social and behavioural domains
Objectives of this new session

- Set up a school based health services section
- Know essential elements of school health services in Malawi
- Know steps to set up health services at our school
- Know how health services will contribute to the other HPS elements by other teams
- How we will know its working (M&E)
- Record Keeping and Success
What are Essential Health Services in an HPS setting?

These are the local and regional school-based or school-linked services, which have a responsibility for child and adolescent health care and promotion, through the provision of direct services to students (including those with special needs).

School children should be provided with comprehensive school health services which are both school and community based to ensure that their diverse needs and those of their families are met.
Can you be able to list some health services currently available in your school?
School Health and Nutrition Guidelines on Health Services

The guidelines say that every school which seeks to provide health services should include the following essentials:

• Community assessment
• Physical assessment
• Emergency care
• Sexual Reproductive Health Services
• Administering drugs by teachers
• Promoting, preventive and control school health services
• Diagnosis and treatment of minor ailments
1. Community Assessment

- Can a child's health and education be affected outside the school setting?
- Community members should reflect on health issues, identify problems, plan interventions, identify resources, implement action plan and evaluate activities carried out to promote optimal health status and optimum learning of the child through community mobilization and involvement.
2. Physical Assessment

• Identifies health problems and disabilities that might be affecting children’s learning
• Teachers are more likely to observe some physical irregularities in kids such as:
  • Hearing
  • Vision
  • Dental problems
  • Nutritional status and determine their nutritional needs.
  • Growth and achievement developmental milestones according to age and sex.
How will the teachers do this?

- Periodically recording SHN Learner’s Booklet

- Linking with health authorities on health services based on problems identified

- Training in basic clinical diagnosis and observations by health workers.
3. Diagnosis and treatment of minor ailments

- It prevents complications that may lead to absenteeism and disease spread at schools
- Some common ailments in schools
  - Fever
  - Headache
  - Eye infections
  - Minor injuries
  - Diarrhea
  - Minor burns
  - Abdominal pains
- This can not be done without proper training and availability of medication.
4. Emergency Care

- We all know what first aid is, don`\'t we?
- When are injuries faced?
  - The learner having convulsions
  - Seizures
  - Fainting
  - Difficulties in breathing
  - Losing blood
  - In severe acute pain, uncontrollable diarrhoea and has sustained burns or injury
- Teachers are not doctors!!
5. Sexual Reproductive Health

Facts about SRH in Malawi (Malawi youth data sheet, 2014)

• Most young people start sexual activity before age 12.
• Boys are more likely than girls to have sex before age 15. About 26% of adolescent boys compared to 12% adolescent girls have sex before the age of 15.
• Adolescent girls ages 15 to 19 are 10 times more likely to be married than adolescent boys. Putting girls at a greater risk of early childbearing, birth complications etc.
• More than 1 in 5 adolescent girls have begun bearing children by age 17.
• Contraceptive use among adolescents is very low; for example in married girls, unmarried girls and all boys the rate is 25%, 30% and 40% respectively.
• About 4% of youth aged 15-24 are HIV positive and prevalence is higher among young women (5 %)and 2% among young men.(MDHS report, 2010).
5. Sexual Reproductive Health

Why schools should do this?

• 1.7 billion people are youth and most of them are in Africa and in schools.
• Effects of sexual reproductive health issues are long term and go beyond an individual
• Most parents visualize
  • A child completing school
  • Daughter NOT getting pregnant very young
  • Child NOT getting HIV and STI Infection

What happens if schools don’t do this theme

Schools will miss out opportunity to positively affect
• Learners education
• Quality of life
• Economy
• Productivity of the nation.
SRH impact adolescents in multiple ways...

• Equipping school age children with knowledge and skills to deal with
  – negative peer pressure
  – early sexual activities
  – teenage and unwanted pregnancy
  – unwanted pregnancies
  – unsafe abortions,
  – HIV and AIDS and STIs
  – sexual assault, rape and defilement
  – incest
SRH involves...

• Formation of social clubs such as Edzi Toto Clubs in which learners may encourage each other to delay sexual activity to avoid some of these problems.

• Encouraging use of youth friendly health services available at their nearest health facility.

• Developing a relationship with the nearest health facility to ensure easy access by the learners.
What SRH Services can a school provide?

- Information on HIV and AIDS including HTC
- Counseling on dangers of early sexual activity
- Referral for screening for STIs and HIV
- Referral of victims of rape and defilement to Victim Support Unit (VSU)
- Reproductive health and Life skills education

How many of these do students and teachers access in your school?
6. Promotive, preventive and control school health services

- An HPS school is about better health and educational outcomes
- How can we possibly achieve this?
- Should we wait for health problems to arise and then act or should we be ready and cautious?

Prevention is better than cure
Basic school preventive health services

• Vaccination
• Disease surveillance
• Communicable disease control

• De-worming
• Referral and Follow up
• Infection prevention and control
So let's set up our Health Service section

- What are our objectives
- Activities to meet objectives
- Indicators of progress

DISCUSS
How does Health services activities connect with other HPS elements?

- School health policy
- School physical environment
- School social environment
- Health Services
- Individual skills/trainings
- Community links
How are we going to check progress in Health services section

- Lets think of deadlines, indicators and means of seeing progress

- This involves creating a check box for each success, recording the process of activity and overall outcome of action
How others have done it across Malawi

- What Health services do you provide in your school?
- What Health services do other schools you know provide?
- What’s the difference?