Revamping School Health Services

What is the issue?

- Children across India are back to school for in-person classes after prolonged closure in the wake of the COVID-19 pandemic.
- So, it is time for concrete policy measures and actions that target schoolchildren.

What is the concern now?

- One of the reasons school health services receive inadequate policy attention is because health-care needs are equated with medical care needs.
- Though school-age children have a relatively low sickness rate (and thus limited medical care needs), they do have a wide range and age-specific health needs.
- These health needs are linked to unhealthy dietary habits, irregular sleep, lack of physical activity, mental, dental and eye problems, sexual behaviour, and the use of tobacco and other substances, addiction, etc.
- Then, the health knowledge acquired, and lifestyle adopted in the school-going age are known to stay in adulthood and lay the foundations of healthy behavior for the rest of their life.

How did school health services evolve in India?

- The first documented record of school health services in India goes back to 1909 when the then presidency of Baroda began the medical examination of schoolchildren.
- The Sir Joseph Bhore committee, in 1946, observed that school health services in India were underdeveloped and practically non-existent.
- In 1953, the secondary education committee of the Government of India recommended comprehensive policy interventions dealing with school health and school feeding programmes.
- The result was programmatic interventions, led by a few selected States, that mostly focused on nutrition.
- However, school health has largely remained a token service.

In March 2022, the Delhi government began 20 school health clinics that are curative focused services.

This initiative recognises the importance of school health services in the post-pandemic period. It also recognises the importance of multi-stakeholder partnership for school health services.

What is the FRESH approach?

- One of the reasons for wrongly designed school health services is the **limited understanding and clarity** on what constitutes well-functioning and effective school health services.
- The UNESCO, UNICEF, the World Health Organization (WHO) and the World Bank have published an inter-agency framework called FRESH - Focusing Resources on Effective School Health.
- The FRESH framework and tools propose four core areas and three supporting strategies.
    1. The core areas suggest that school health services must focus on school health policies - water, sanitation and environment; skills-based health education, school-based health and nutrition services.
    2. The supporting strategies include effective partnerships between the education and health sectors, community partnership and student participation.

What are the other guidelines?

- **US CDC** - The guidelines by the U.S. Centers for Disease Control and Prevention advise that school health services should focus on 4 main areas.
- These four areas are acute and emergency care; family engagement; chronic disease management; and care coordination.
- **WHO** - According to the WHO, school health services should be designed based on local need assessment.
- It should have components of health promotion, health education, screening leading to care and/or referral and support as appropriate.
- The objective of school health services has to be
    1. Promotion of positive health,
    2. Prevention of disease,
    3. Early diagnosis, treatment and follow up,
    4. Raising health consciousness in children and
    5. Enabling the provision of a healthy school environment.
- Many countries have successfully implemented these approaches as part of the health-promoting schools (HPS) initiative.

What is the opportunity in reopening schools?

- As schools reopen to full capacity, there is a need an opportunity for a **proactive approach** for having expanded and strengthened school health services. The following are some suggestions.
- Every Indian State needs to review the status and then **draw up a road map to revamp and strengthen school health services**, along with a detailed timeline and dedicated budgetary allocation.
    - The Fifteenth Finance Commission grant for the health sector should and could be leveraged.
- Build upon the existing school **health infrastructure**; the renewed focus has to have comprehensive, preventive, promotive and curative services with a functioning referral linkage.

- **Health talks and lifestyle sessions** (by schoolteachers and invited medical and health experts) should be a part of teaching just as physical activity sessions are.
- School health clinics should be supplemented with online consultation for physical and mental health needs. This could be an important starting point to **destigmatise mental health services**.
- The role and the **participation of parents**, especially through parent-teacher meetings should be increased.
- The Government's school health services initiatives do not include private schools most of the time.
- School health services should be designed to take care of schoolchildren be they in both the **private or government-run schools**.
- Under the **Ayushman Bharat programme**, a school health initiative was launched in early 2020, but its implementation is sub-optimal.
- There is a need to review this initiative, increase dedicated financial allocation to bring sufficient human resources and monitor performance based on concrete outcome indicators.
- Elected representatives, professional associations of public health and paediatricians shoulder the responsibility to keep the children healthy and educated.
- Recently, the Prime Minister's Office (PMO) is said to have advised regular health check-ups and screening schoolchildren.

What is next?

- The onus is on health policy makers and programme managers in every Indian State to do everything in the best interests of children.
- Departments of Education and Health in every Indian State must work together to strengthen school health services.
- Children, parents, teachers, health and education sector specialists and Departments of Health and Education should be brought on a **common platform** to ensure better health and quality education for every child.
- A **convergence** of the National Health Policy, 2017 and National Education Policy, 2020 should result in the provision of comprehensive school health services in every Indian State.

Reference

https://www.thehindu.com/opinion/lead/revamp-indias-school-health-services/article65663002.ece

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