SCHOOL HEALTH SERVICE IN NEPAL

by

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Introduction

School Health Service appears to be a recent development in an endeavour to provide medical service to a speci l group in the community, the students. However, one should recall that even in ancient times, in the *Gurukul* System, the 'guru' used to look after the education, health and welfare of the pupils. It has always been realised, that children of today are the future hopes of a country. Yet, more talking has been done than action.

Historical development in modern time

In 1800s after the publication of papers on school health, Frank gave food for thought regarding school health In 1812. James Weir submitted report on the state of eyes of students of Oxford university and London teaching institutes and threw light on the vital points. In France, by 1840, few doctors were appointed to look after the students' health in training colleges. In 1868, the municipality of Haarlemmermeer in the Netherlands appointed two school medical officers and were the first to start School Health Service. In the United Kingdom, the promulgation of the compulsory **Education Act** in 1901 made the Municipalities responsible for organising medical supervision in schools, but it was not until 1942 that the school health service really went in to swing. In USA. development seems to be haphazard and there seems to be great discrepancies in the method of providing health service to the students. In Chicago a school medical officer was appointed for the first time only in 1950. In USSR, however, the service was gradually expanded since 1895.

School health service in Asian countries

School health service is in different state of development in Asia. In Afganistan, in 1951, the service was organised under the Ministry of Education to provide facilities in

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Internal Medicine, General surgery, X'ray and Vaccination. In Burma, 25 teams consisting of doctors, nurses, dental surgeons, dental assistants and other workers provide facilities like medical check up, control of communicable diseases, nutrition, dental care, health education etc. and even advise on environmental sanitation in schools. In Ceylon, besides usual medical facilities free meal is provided to school children. A child guidance clinic has already been started in Colombo. In Hongkong as well, the school health service is well developed. In India, all the students are vaccinated and have medical inspection. In Iran, a team consisting of a physician, a dentist and an ophthalmologist perform routine medical inspection in all schools. The Maternal and Child Health Division takes active participation in the organisation of the service. In Japan; each school has, in its staff, a part-time doctor, dentist, pharmacist and a full time nurse to look after the children; There are facilities for school meal and child guidance clinic as well. In Korea, the health education teacher is made responsible to look after the health and nutrition need of the children in the primary schools. In Laos, two schools have their own small hospitals for emergency and minor ailments' treatment. In Pakistan, the Maternal and Child Health Division takes active role. In Phillipines, the student health service is run by over 93 doctors, 710 nurses and 415 dentists.

In Nepal, the first medical inspection at the local Durbar High School (now known as Bhanubhakta Madhyamik Vidyalaya) was done in 1937, but there was no follow-up. The first Student Health Clinic was started in 1950 and a medical officer was appointed. The financial burden to run the clinic is borne by the Ministry of Education and the technical personnels are provided by the Ministry of Health. About 2000 students received medical attention duing the initial stage; now over 16,000 students avail the facilities. Unfortunately, there has been no increase in the number of technical personnels, though this clinic is supposed to look after the health of all students of schools and colleges in the capital. Besides, the stress is more on curative side, when it should have been mainly on preventive aspect. There is also a clinic for the students of the College of Education, run by part-time doctor, again with more emphasis on curative aspect. Certain schools have part-time doctors attached for minor ailments treatment, but all these institutes woefully lack preventive service. This does not mean that there are no facilities for preventive service like immunisation, vaccination etc. Indeed, these are carried out by the different projects of the Ministry of Health. Unfortunately, there does not seem to be much co-ordination in the service provided by different agencies, as there is at yet no such organisation as School Health service.

Functions of School Health Service

At its inception, the primary function was to detect at the earliest possible stage physical defects which might prevent the child from benefitting from education. This limited objective has since been much widened and the functions, in general, include routine medical inspection with facilities for emergency and minor ailments treatment and referral to specialists as necessary, immunisation and vaccination, preventive dental

...education etc. It is worth while having mass miniature radiography of all the ...d staff members of the institution. Records and statitics are of such great ...that no time should be lost to maintain, right from the beginning. Research ...hould be available.

...one can see throughout there has been much emphasis in the preventive ...e disease. Way a separate school health service should be considered in

...pal's literacy rate is estimated at around 12 per cent. It is a low figure and more ...need to be provided to increase the literacy rate. Indeed, plans to have 100% ...y late 1990s are well under way. Fortunately, there has been a great response ...public in this respect and the thirst for education is growing as shown in the ...table.

...education	No. of institutes			No. of sutd ents			No. of teachers		
	1950	1960	1970	1950	1960	1970	1950	1950	1970
...ry	321	4001	7256	8505	182,533	449,141	—	—	18,250
...dary	11	156	1065	1680	21,115	102,704	—	—	5,407
...r	2	33	40	250	5,143	17,200	—	417	1,073

...The nationl budget available for health services of that whole country is under 5 ...t and an amount of just over Rs. 50 million is alotted. The allotment for education ...ut 68 per cent of the national budget. To achieve the goal of 100 per cent ...cent by 1990s. the money allotted has to be spent with great considreation and we ...be able to account for the expenditure of a single *paisa*. We have to make sure that ...dents take full advantage of the opportunities provided to them. In other words, ...should have healthy body to have healthy mind. How can this be guaranteed without ...special health service for them ?

...If we consider the drop outs in the educational institutions, many are found to do ...because of ill health, more than any other factors. In a country like ours with poor ...ation and poor nutritional state of the population, many preventable diseases put a ...e on the ambition and aspirations of the newly enrolled students. This makes a strong ...t in favour of a special service, dedicated to the improvement in the health of students ...thereby to help them to cherish their aspirations.

...It may be that only 6 8 per cent of the national budget is alloted for education. ...it does not take it to consideration the expenditure incurred by parents during the

period of their children's education and the loss of income during illness. If the child drops out, the whole investment is wasted. Thus it is noted that the wholy investment is wasted, Thus it is noted that a huge investment, much more than a portion of national budget is made for the education of the children. Does this not make sense for providing special health service to the students ?

Financial consideration in the organisation of the service

There is no doubt that one has to consider seriously the financial implication of having a new service in a poor country like ours. This is especially so in Nepal, because only about 5% of the national budget is supposed to provide for health services of the country and 6.8% for educational service. Both the education and health departments will have to be directly involved to provide this new service. Of course, the education department will have the administrative and financial obligation, with technical support from the health department including the Family Planning and Maternal and Child Health Project of His Majesty's Government of Nepal.

The amount allotted by the Education Department may not be enough to run the service efficiently and new venues of financial resources need to be explored. One way to raise money is by levying nomial monthly charges from students for the service. This will have psychological advantage in that the students will consider it as their own welfare programme and the tendency to ignore or misuse the service will be less. From time to time, this feeling has to be boosted from outside so that the students find encouragement to play active part in furthering the service.

The students should be encouraged and supported to raise fund by organising cultural shows, raffles, garden party, sports, events, etc. A national fund raising campaign may be started. It can also be expected to get assistance from international organisations like UNESCO, UNICEF, FAO, WFP, RED CROSS etc and national organisations like Nepal Children's Organisation, Nepal Women's Organisation etc. Funds from government for student's welfare may be diverted to this important service as well.

Organisation of the servics

As discussed above, both the Education and Health Departments have responsibilities for the service. It will be worth while to run the service by a Board, or rather governed by a body similar to business concern. An advisory committee should be formed to include students' and teachers' representation. This will stimulate the students to take active interest in the working of the service.

The service should run as a pilot project in a defined area initially and be gradually made nationwide. Evaluation is necessary before expanding the service. The medical staff should have a free hand in running the service.

In planning the service, the shortage of medical and paramedical manpower should not be overlooked. Thus it will be necessary to start the service in a small scale, that is, by instituting selective medical examination instead of compulsory routine medical examination, immunisation and vaccination, MMR, provision of minor ailments and emergency treatment clinics, and health education. It is important to maintain medical records and statistics from the beginning.

To solve the problem of shortage of medical manpower lay people should be involved in health service as much as possible. It is an excellent idea to train teachers of health education in the school to detect gross deviation from normal in students and they should refer all such cases to the health clinic. These teachers should have practical training in health education and try to be exemplary themselves in their personal habits and approach to health, for the students to copy. They can promote positive health in students by arranging Health shows, essay competition etc.

Facilities for teachers and other staff members of the institutions

To make the new health service really workable, one should not lose sight of the role of teachers and other staff members to create healthy environment in the institutions. Thus it is necessary that they also participate and get facilities from the service. Nevertheless, just as in case of students, they should also pay something towards the maintenance of service. It may not be too much to have 1% of their gross pay in monthly basis from them. If they don't want to pay, only immunisation, vaccination, MMR and emergency treatment service may be provided to them.

Conclusion

In a poor country like Nepal, where every paisa counts in national development, it is important to have a special Health Service for students, to enable them to gain maximum advantages of the opportunities provided to them. The investment made on their favour will reap rich dividend in future.

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