THE HEALTH-FACTOR IN THE CONCEPT OF AN S.O.S.
CHILDREN'S VILLAGE

by

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The SOS Children’s Villages which are spread all over the world are meant as examples of a new, more adequate type of care for orphaned or abandoned children. Wherever they are—either in highly prosperous countries or most needy ones; in rural settings or industrial ones—they are firmly founded on two elementary factors: Love and Health which provide the basis for the final goal—development of stable personalities and efficient vocational education. Love is given by the family like atmosphere in the individual cottages in which 8 children live with their permanent house-mother. Here we cannot go more in details about this far-reaching feature but have to talk about the health-factor only. The SOS Children’s Villages have experienced and proved that without proper health-care satisfying education can hardly be achieved. As a rule physically weak or undernourished children cannot concentrate well in school; frequent or prolonged illnesses cause serious drawbacks, pains and irks however little, jeopardize interest and activity.

So the SOS Children’s Villages have decided to do away with these hindrances of successful work and well-being as far as possible by a well planned health-care as follows:

1. DURING THE ADMISSION-PROCEDURES every child undergoes a thorough medical examination. It includes chest-x-ray, stool and eye-test as a routine. If other doubts arise, other tests like blood-urine skin-tests are ordered. The diagnosis is followed by treatment if needed. We have not admitted such children in Nepal until now, but in India we discovered frequently diseases which had to be treated sometimes for several months: intestinal parasites (roundworms, hookworms, amoebiasis), skin-diseases (ring-worm, scabies, intertrigo), chronic diarrhoea of different genres, stomach- and eye troubles (chronic conjunctivitis, trachoma), chronic bronchitis. TB of the chest and all kinds of nutritional deficiencies.

As long as a child is likely to transmit a disease to others, it is not given to its new
family but either treated in its former place, in a hospital or the sick-room of the SOS Children’s Village Clinic, depending on the kind and duration of the disease. Against diseases which do not need this special arrangement the child is treated in his new family.

2. PROPHYLAXIS: (a) Hygienic living-conditions and habits which cannot be discussed here but are guaranteed by modern facilities in the family-houses, the whole village and the training of house-mothers.

b) Balanced diet: The housemothers have been scrupulously trained in the right type of nutrition for everyday meals and for diets to improve health in case of food-deficiency.

c) Vaccinations according to the age and country a child belongs to.

Insistence in these precautions do out many diseases already at the roots.

3. THE FOLLOW UP: A routine check-up of every child in an interval of about 3 months is done to prevent diseases which might not show in the beginning in spite of diseases being serious like chest-kidney-blood-diseases. This includes dental care also.

4. QUICK AND EFFICIENT TREATMENT: in case of any illness or accident: no delays in getting medical advice, no neglecting in following treatments.

5. MEDICAL FACILITIES IN THE SOS CHILDREN’S VILLAGE, SANO THIMI: a clinic with 2 sickrooms (one completely separated with attached bath and ten-kitchen for contagious diseases). The clinic will be modestly equipped with all items necessary for the routine check-ups and treatments. The medicines partly come as donations from pharmaceutical industries and partly are bought from a local chemist.

6. STAFF: as soon as the intake-capacity of an SOS Children’s Village is reached, a full-time diploma-nurse will reside there. To support her in case of emergency and if the nurse is on leave another staff member will be trained as an assistant.

A paediatrician will be employed to come once a week to do the routine check-up and look after the casual ailment. He will be called for illnesses which might occur at odd days and which cannot be handled by the diploma-nurse.

With this type of health-programme the SOS Children’s Villages hope to bring up not only physically fit but also mentally active and capable individuals who instead of becoming a burden can act as promoters for the society and country to which they belong. Besides this main goal the example of the SOS Villages might create a better health-consciousness within the neighbourhood communities, particularly concerning prophylaxis as cleanliness, adequate food and vaccinations.