PRIMARY HEALTH CARE AMBASSADORS FOUNDATION
Presents
SCHOOL HEALTH AND SANITATION PACKAGE
AS PART OF THE CHE STRATEGY

Primary Health Care (PHC) Ambassadors Foundation is a non-profit, Christian service oriented NGO (nongovernment organization), whose main objective is to facilitate organizations involved in PHC activities to plan, implement and evaluate their Primary Health Care programs.

A prerequisite for implementing effective PHC programs is community participation. This is characterized by the bottoms-up planning approach where the community takes complete ownership of any work done which builds a sustainable cost-effective program.

Another prerequisite of effective PHC programs is the problem-based learning approach for adult education. Adults learn more effectively when they are solving a real life problem rather than when they are learning for the sake of acquiring new ideas to improve their general knowledge.

The School Health Screening Program is part of the Community Health Evangelism (CHE) strategy so effectively used throughout the world by our sister organization, Medical Ambassadors International.

CHE seeks to transform individual lives physically and spiritually in local communities by meeting people at their point of need. These transformed individuals are then involved in transforming their neighbors, thereby, transforming the community from the inside out. This is multiplied to other areas with the goal of assisting in the transformation of the country for Jesus Christ.

A Community Health Evangelism program is initiated in local communities by training CHEs (Community Health Evangelists) to do the following:

1. Recognize the signs and symptoms of key diseases found in their area.
2. Use simple, locally available methods for cure.
3. Prevent disease which involves teaching how to protect their water sources, build pit latrines, and to grow and use the right crops.
4. Put into practice in their home what they have learned.
5. Teach their neighbors what they have learned.
6. Know Jesus Christ as their personal Savior and to grow in their faith.
7. Share this good news with their neighbors.
8. Follow-up and disciple new believers.

The CHEs then begin to share these truths in their villages with their neighbors. They organize people in their communities to protect springs and build latrines, thereby, greatly reducing sickness and death. They also encourage vaccination programs and the planting vegetable gardens to improve the health of children.

COMMUNITY HEALTH TEACHING

OVERVIEW OF SCHOOL HEALTH SCREENING WITH CHE

To this end The School Health Screening Program (SHP) is used as an entry point into the community, fostering community ownership. A very effective way of entering a community is to take a CHE training team to a community school where health screening of all pupils is offered.

The children are screened in several health areas such as; height, weight, worms, hemoglobin, etc. After the tests have been completed, a parents' meeting is called in which each parent is given a written report on the health status of their child. In addition, the health team summarizes and discusses the underlying causes for the particular health problems they have found in the school.

The health team then asks "What are you going to do about these problems?" Which starts a dialogue among the parents that leads to the parents planning what they are going to do about a specific problem.

This approach creates a high degree of interest on the part of the parents and helps them to plan and put those plans into action, thereby giving them ownership and responsibility for the program. Once they have identified felt community problems, the community is offered training of CHEs to provide for their ongoing health care.

PARENTS' MEETING

STEPS IN THE ESTABLISHMENT OF PROGRAM

STEP 1: A meeting is held with the teaching staff of the school to discuss the possibilities and advantages of screening all children in their school in order to identify children with special health problems.

The head teacher is asked to introduce the team to the village government to discuss the issue in order to obtain their approval and support. A parents' meeting, to discuss the medical problems that will be found among the school children, is emphasized throughout this process.

STEP 2: The training team then begins the health screening with the help of teachers and local medical personnel. A clinician or a nurse is required for the clinical examination while a laboratory technician is needed for tests requiring a microscope.

Approximately 100 children can be screened in a day, a number which is controlled by the number of microscope slides that can be read. The training team screens:

- Urine for parasites (including Schistosomiasis)
- Stool for parasites
- Blood slides for malaria parasites (optional)
- Hemoglobin
- Weight, height, age and sex
- Short history including:
  Eating habits
  Episodes of diarrhea during the last seven days, etc.
- General clinical examinations are done for skin, intestinal, respiratory diseases, cardiovascular abnormalities and abdominal masses, etc.

It takes one day to finalize the individual student reports and to consolidate the findings in preparation for a parents' meeting.

STEP 3: A meeting is called of all parents to discuss the medical problems that are affecting their children. Each parent is given a personal report for his/her child(ren) with appropriate medical advice.

Using the problem-based learning approach, the parents identify underlying causes of the main health problems affecting their children. They come up with appropriate solutions for the problems, as well as a plan of action for implementing their solutions.

STEP 4: Two things happen simultaneously: The people organize themselves to plan and implement the solution to one identified problem agreed upon at the parents' meeting.

Secondly, a series of seven seminars is held in the community to create the awareness that the people can solve their own problems through the training of local people as Community Health Evangelists.

STEP 5: A committee is formed from people in the community to supervise a CHE program. The training team then trains committee members. The 18 hour committee training is spread over six days, of three hours each day.

Committee topics cover the workings of a CHE program, the jobs of the committee members and CHEs. The committee also writes its own constitution which specifies how they will govern themselves. By training the committee first, the members begin to take more responsibility and leadership, and choose better people to be CHEs.

STEP 6: The committee then chooses 20 to 25 local people to undergo CHE training. The CHEs are trained in topics which solve their identified health problems.

Group involvement is a key factor in training. The methods used are participatory teaching techniques including role plays, demonstrations, visuals, stories, songs, and group discussions.

Discussions takes place on what the CHEs saw; what the problem is; the cause of the problem and what they can do to correct it. A drama or picture is used to pose a problem and the CHEs compose songs and stories which help them to teach others.

The training is for 40-50 sessions, spread over three to six months. Each day the CHEs receive one physical and one spiritual topic. They then put into practice what they have learned as they visit in neighbors' homes. After the initial training, CHEs receive additional training of two to three days each month for the next twelve months.

STEP 7: The actions to be taken to solve additional identified problems through organized community work are discussed with the village committee. An agreement is reached on who is going to do what and when.

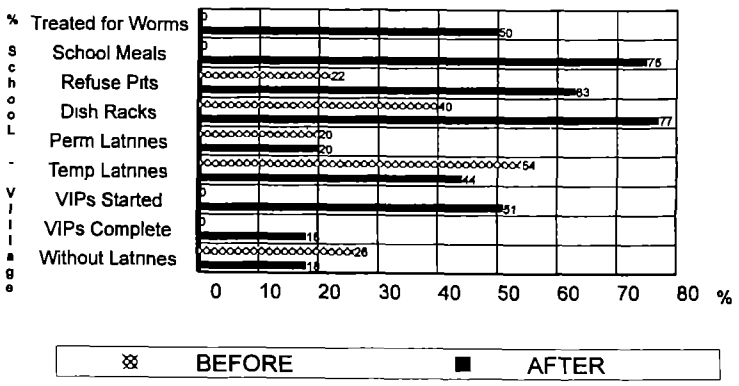
STEP 8: CHEs start to share what they learned with their neighbors. Work begins on agreed upon community projects. At the same time, health education and formation of school health clubs is begun in the village primary school to enable school children to become change agents in their village.

STEP 9: After one year, the first long-term evaluation of their progress is carried out. At the same time, new problems and weak areas of the implementation will be identified and discussed with the parents and village committee.

This leads to formulation of new objectives and a second plan of action. This process will be repeated every year until the villagers are satisfied that their health and sanitation problems have been reduced to an acceptable level.

SHP EFFECT ON VILLAGE ENVIRONMENTAL SANITATION

Bwanga Village - Biharamulo District



EXAMPLE OF SCHOOL HEALTH SCREENING

A school health screening and parents' meeting was undertaken in March of 1993 at the Bwanga village in the Biharamulo District (Kagera Region) of Tanzania. Three months later, an evaluation was done to see if any changes were present as a result of the health screening and parents' meeting. The following was found:

SCREENING RESULTS	TOTAL	%
Total number of children in school	642	100
# of children screened	555	86
Children with intestinal worms	246	44
Children with skin diseases, etc.	26	5
Children with anemia: Hbg 50-75% Hbg below 50%	 405 150	 73 27
Children with bilharzia	48	9
Children with diarrhea within four weeks	89	16
Children who had no breakfast	498	90%

EVALUATION RESULTS AFTER THREE MONTHS	BEFORE	%	AFTER	%
Total number of households	511	100	511	100
Demo latrines at schools	0	----	7	----
Quality of old latrines Good (Permanent) Poor (Temporary)	 101 276	 20 54	 101 223	 20 44
Total number of new latrines constructed or under construction	-----	----	305	----
Households without latrines	134	26	94	20
Households: With refuse pit(s) With dish rack(s)	 110 203	 22 40	 324 392	 63 77
Schools providing one good meal at school	0		9 out of 12	75
Estimate of children already treated through individuals	0	----	50	----

SCHOOL HEALTH SCREENING SHOWS RESULTS FOR HESAWA

Hesawa (Health through Sanitation and Water) is a Tanzania government/SIDA funded rural development program whose mission is the construction of clean water sources, pit latrines, refuse pits and dish racks Hesawa used the School Health Screening strategy for a year and wanted to see if it was more effective than their normal approach to mobilize villagers to participate in water and sanitation activities

An outside consultant evaluated the villagers' participation in construction of latrines, dish racks and refuse pits comparing the difference between villages using the School Health Screening strategy versus those using Hesawa's standard promotion strategy versus control villages where no interventions were undertaken

Three villages each were studied in three districts for a total of nine villages One village in each district used Health Screening, one village used Hesawa's standard approach and one was a control village. Hesawa did not use the Community Health Evangelism strategy, as they were only interested in the increased number of latrines, dish racks and refuse pits.

Between 1992 and 1993, they found that there were significantly more new latrines, refuse pits and dish racks built in those villages using the School Health Screening stragegy. Also, those villages using School Health Screening showed a greater rate of increase in the desired results than the other two groups of villages. In addition there was a greater understanding of the causes of health problems and the potential solutions in those villages that used School Health Screening.

The School Health Screening Program is an effective means to enter a community, thereby gaining the local people's interest, cooperation and commitment in taking more responsibility for their own health.

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