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Challenges In School Health In India

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ABSTRACT

Early intervention is crucial in dealing with the rising frequency of communicable and non-communicable diseases (NCDs) throughout the globe. With the help of the WHO's Global School Health Initiative, the Government of India has directed several policies and programmes to include health more fully into education. Actions that are part of education Programs are being established across the world to promote school health. It has been shown to be beneficial to both individuals and society as a whole. A lesson that may be learned in a matter of the incidence of diarrhoea in children is reduced by more than half if proper hand hygiene is practised (a significant cause of death in children). A plan for health promotion in schools that can be replicated, sustained, and scalable has to be developed in India. Localised in order to fit local needs Multidisciplinary engagement is welcomed, despite the fact that current programmes have a few known issues. In order to overcome these problems, it is necessary to work with government organisations, educational boards, and the health sector in addition to the school. as well as establishing the HPS hypothesis as accepted fact As a result, several already-existing.

Introduction

At this time, when infectious and noninfectious diseases are becoming more prevalent across the globe, educating kids about the healthiest aspects of everyday life is a crucial intervention to break the cycle and reduce morbidity from these diseases. The time, money, and resources that students and parents put in schools might become the greatest return on investment, benefiting not just the families, but also the community and the nation as a whole if schools begin to instil a positive attitude in students' minds. [1]

Government of India directives have the Ministry of Health focused on improving child health via appropriate measures. As part of WCD's Integrated Child Development Program, the organisation also addresses child health issues. All GoI Ministries must work together more closely in order to ensure that a greater focus is placed on children's health, both via existing programmes and the creation of novel, all-encompassing therapies. [2] As a consequence, there is a pressing need for a long-term health promotion model that can be included into the school curriculum in order to improve the health of students. For many years, the World Health Organization (WHO) and its Global School Health Initiative (GSHI) have emphasised the significance of health promotion in schools, in addition to the GoI. 1 Primary health care in the country may also be improved if regular medical exams of students, in-service training programmes for teachers, and sufficient sanitary facilities are provided in schools. [3]

The following is some context:

The first medical examination of schoolchildren in India was conducted in the city of Baroda in 1909. India's school health services were essentially non-existent in 1946,

according to the Bhore committee, and where they did exist, they were substandard. In 1953, the secondary education committee emphasised the need of student medical exams and nutrition programmes. 1960 saw the creation of an Indian government commission to assess the health and nutritional requirements of students. The committee's report, released in 1961, had a number of insightful recommendations. Many states have incorporated school nutrition and health programmes in their five-year plans. It is important to note that, despite these efforts, school health services in India and other developing countries are essentially non-existent owing to a lack of funding and insufficient infrastructure.[4]

Children should be prioritised in UHC benefit packages

Investing in the health of children is a major priority of the 2017 National Health Policy. The GOI designed programmes and services for children and adolescents in order to ensure UHC. Adolescent health problems, including but not limited to sexual and reproductive health, nutrition, mental health, non-communicable diseases, gender inequities, drug addiction, injuries, and violence, are addressed by these programmes. Counseling, health checks, vaccinations, supplement distribution, referrals, and skill development are all part of these programs.[5]

Invest in health-care personnel' and teachers' education and training

Often, a cascade model of education is employed, in which national programme master trainers are educated before they pass their knowledge on to service providers at the state, district, and block level. The training's focus is chosen by the health program's main areas of focus. These sessions might run anywhere between two and six days. It is the mission of the National Tobacco Control Program (NTCP), which offers training and invites to tobacco control seminars to a wide range of stakeholders, including law enforcement and FDA officials. A lack of standardisation in training material and limited training time were among the issues raised by KII participants, according to a report published in the journal Pediatrics. RKSK's Saathiyas or Peer Educators (PEs) training varied significantly among Indian states. We may not have covered everything in this training period.[5] The Ministry of Health and Family Welfare (MoHFW) and the Ministry of Human Resource Development (MHRD) are providing national-level trainings under the Ayushman Bharat School Health Program. Health and Wellness Ambassadors from each school are trained by block-level trainers every week, and they share health promotion and disease prevention information with students via fun and educational activities. Training a large number of teachers, managing the school programme with just two instructors, and teachers' lack of time were the main challenges in putting the school health programme into action. It's a huge task to teach 8.6 million instructors, which is a lot.

Legal and policy provisions for health of children's

National AIDS Prevention and Control Policy 2002[6]; National Population Policy 2000[7]; and National Youth Policy 2014[8] are just a few examples of policies that place an emphasis on youth. Articles 15 and 39 of Part IV of the Indian Constitution, the Juvenile Justice (Care and Protection of Children) Act of 2015[9], the Child Labor (Prohibition and Regulation) Act of 1986[10], the Cigarette and other Tobacco Products Act of 2003[11], the Mines Act of 1952[12], and the Protection of Children from Sexual Offences Act of 2012 all protect the rights of children in India. [13]

Develop and implement National Quality Standards

Formed in 2014 as part of the RKSK facility-based strategy, Adolescent Friendly Health Clinic (AFHC) programmes were saved from the 2005 national policy on adolescent reproductive and sexual health. Core healthcare centres, community health centres, district hospitals, and medical colleges are all included

in the program's primary purpose of assuring privacy and confidentiality, educating current staff members and devoted counsellors, as well as supplying necessary supplies. Sexual and reproductive health (SRH), mental health, and gender-based violence (GBV) were among the cited shortcomings in the training of counsellors. The presence of AFHCs in hospitals deters teens from using these services because of the lack of privacy. A lack of enough space, qualified counsellors, and a lack of knowledge of AFHCs were all mentioned as obstacles. [13]

Increase efficiency by using novel ways

Participants saw RKSK as a complete programme. Some Indian states have outperformed the others in terms of programme implementation by using distinct techniques. Counselors' e-learning courses Data dashboards, scorecards, flip books, comic books, district saturation model implementation, hybrid trainings (virtual and offline), 'Hand Held Projectors' for counsellors, mobile applications to supplement data collection, and vending machine installation were among the reported innovative strategies. The use of dashboards (decision-making tools) and other innovative strategies were reported by the researchers. Counsellors in Uttarakhand are the first in the country to have access to "Hand Held Projectors." Counsellors have been witnessed downloading and projecting relevant information for teenage groups from YouTube and the internet. Even in low-resource environments, users may take use of audio-visual informatics using this gadget. [14]

Engage with and act outside of the health-care system

As a result, RKSK operational procedures enhance collaboration both inside and beyond the health department. An informal education programme for out-of-school teenagers must collaborate with the Ministry of Human Resources and Development (MHRD). The WCD and the Ministry of Health and Family Welfare (MoHFW) have some overlap in the reporting of health indicators. Other health initiatives, such as "Anaemia Mukt Bharat," employ these indicators as well (Anaemia free India). 13 Despite legislation, there has been little to no inter-sectoral convergence in implementation. RKSK implementation has been hindered by a lack of understanding and comprehension among state-level service providers and entities that are not health-related. [14]

Increase funding

A portion of the RKSK's budget is devoted to meeting the needs on the ground. Health services, including building of AFHCs; non-monetary incentives for PE; organisation of AHDs; and employment of human resources are all paid for by this funding (counsellors). Costs for "Information Education and Communication," "Behavior Change Communication," and new strategic interventions are all included in this budget. [14]

However, the usage of funds allocated to each state varies, and states are compelled to follow the plan and spend the allocated funds. An estimated $43 million (approximately INR300 crores) was RKSK's annual financial contribution in 2018-2019. Only Himachal Pradesh, Jammu and Kashmir and Uttarakhand have a utilisation rate of less than 60 percent in most Indian states.' These states' resources were used to 90 percent of their potential (Representative from Ministry of Health and Family Welfare(MoHFW)). A state-level effort to make RKSK a high priority was advocated by a CSO representative to address underutilization. It is also possible provide tiered funds in accordance with the programme and state needs. Anemia may not be a major public health issue in a given state, but mental health may be, for example. [15]

Ministry of Human Resource Development (MHRD) and MoHFW have co-chaired a national committee that is responsible for allocating funds in the implementation plans of the school health programme. Teachers' education and IEC programmes are two examples of what you may get funding for

under the National Health Mission. School health initiatives in India have been given a total of roughly US$100,000 (INR70 lakhs) each district by the Ministry of Health and Family Welfare (MoHFW). Women's and Children's Development (WCD) has established unique measures to meet the health needs of adolescent girls. The funding provided to the state via various programmes, such as SABLA, include provisions for adolescent girls' education, IEC materials, and service provision.[16]

Accountability, research, monitoring, and assessment are all important.

When it came to RKSK's strategy development, teens were actively involved, but not when it came to legislation, programme monitoring, or evaluation. Children's and adolescent health organisations were contacted throughout the planning phase. Among the organisations involved were the UN Population Fund, WHO, the UN Children's Fund, and TARSHI (Talking about Reproductive and Sexual Health Issues). According to the narrator, "There were agencies that dealt with youth, and their perspective was also taken into consideration when formulating the policy."

AHDs involve actions such as screening, counselling, and referral to AFHCs for children as well. In accordance with operational guidelines, AHDs are held quarterly throughout the year, [14] however the frequency of holding AHDs varies throughout India. "AHDs" are poorly organised and performed. Every year, some countries only perform it one time a year, while other countries do it every other year (CSO representative). In addition to the government's efforts, 16 CSOs and non-governmental organisations are undertaking various children's health programmes. 'Hygiene and sanitation, as well as hand washing, are among the issues we cover with the children.' Simple messages that people may embrace in their everyday lives and behaviours that people can change: how and when to do it, when not to do it.

Adolescents are participating in school health programmes as health and wellness advocates. Children in each class will help the Health and Wellness Ambassador in executing their class's health-related projects. [15] Other than that, the AHDs will include teens who will be deciding on subjects and organising theme-based school assemblies.

Children's health programmes are being monitored

The Health Management Information System (HMIS) of the National Rural Health Mission is a well-established monitoring tool (HMIS). The existing framework for monitoring and assessing RKSK was enhanced, however, due to the breadth of the areas it addresses. At the facility level, HMIS collects and analyses data (for example, the number of teenage visitors to AFHC). The use of HMIS data is encouraged by preparing standard ready-to-use reports on a regular basis (monthly, quarterly, and annually) that include important indicators at the national, state, district, and subdistrict levels. HMIS data quality may be improved by using scorecards and dashboards to identify areas of improvement. [17]

Reports on children's health indicators broken down by gender and age.

Age (10-14 years and 15-19 years) and sex (male and female) are separated in the reporting formats required in RKSK operational standards, as are schooling and gender. Adolescent body mass index screening and contraceptive use are only a few of the measures that may be used to gauge the success of the programme based on the data collected through PE referrals, AHD activities, and AFHC data. Reporting forms are included in the Ayushman Bharat school health initiative's functioning guidelines. A unique set of data exists for adolescents who take iron, folic acid, and deworming tablets, attend special sessions, are tested under the RBSK, and are referred to AFHCs. [14] The school component of the NTCP is under the direction of the Principal Secretary, who is responsible for frequent programme

monitoring and supervision. A 'Tobacco Control Committee' is formed at the school level to oversee tobacco control efforts. The number of schools and students serviced by the NTCP programmes are reported in a specific way. [16] When it comes to RKSK and School Health reporting, there is no correlation or convergence.

Conclusion

To summarise, children have been a high priority population in many government policies and health programmes. India's states and districts need to better implement these policies and programmes in order for the government's investments to give adequate opportunities for building collective national action toward universal health coverage. In order to meet the SDGs within a decade, we must work hard to maintain momentum and ensure that children's health and development are the foundations of an equitable and sustainable society.

References

1. Local Action Creating Health Promoting Schools, ed. WHO/ NMH/HPS/00.3 WHO/SCHOOL/00.2. Geneva: WHO; 2000.

2. mygov.in. Focus on Child Health. [Last accessed on 2019 Jun 13]. cited 2019 Jun. 13. Available from: 7https://www.mygov.in/group-issue/focus-child-health/?field_hashtags_tid=&sort_by=created&sort_order=DESC&page=0%2C1.

3. Kumar A. Nutrition Foundation of India 2006. New Delhi (India): Symposium proceedings; 2006. Nov 30-Dec, School health and primary care. Primary Healthcare – New Initiatives; pp. 149–53

4. Barua A, Watson K, Plesons M, et al.. Adolescent health programming in India: a rapid review. Reprod Health 2020;17:87. 10.1186/s12978-020-00929-4

5. Ministry of Youth Affairs and Sports Government of India . National youth policy, 2014. Available: http://www.rgniyd.gov.in/sites/default/files/pdfs/scheme/nyp_2014.pdf

6. Government of India . National AIDS prevention and control policy.

7. Government of India . National population policy, 2000. Available: http://nhm.gov.in/images/pdf/guidelines/nrhm-guidelines/national_population_policy_2000.pdf

8. Government of India . The prohibition of child marriage act, 2006. Available: https://legislative.gov.in/sites/default/files/A2007-06.pdf

9. Ministry of Law and Justice Government of India . The juvenile justice act (care and protection of children), 2015. Available: http://cara.nic.in/PDF/JJact2015.pdf

10. Ministry of Labour and Employment Government of India . Child labour (prohibition and regulation) act, 1986. Available: https://clc.gov.in/clc/acts-rules/child-labour-prohibition-and-regulation-act-1986

11. National Health Mission, Government of India. COTPA 2003 and rules made thereunder. Available: https://nhm.gov.in/index4.php?lang=1&level=0&linkid=459&lid=692

12. Government of India. The mines act, 1952. Available: http://www.dgms.gov.in/writereaddata/UploadFile/MinesAct,1952.pdf

13. Ministry of Women and Child Development, Government of India

. The protection of children from sexual offences act, 2012. Available: https://wcd.nic.in/sites/default/files/POCSO-ModelGuidelines.pdf

14. Adolescent Health Division - Ministry of Health and Family Welfare, Government of India . RKSK operational framework, translating strategies into programmes. New Delhi, 2014. Available: http://nhm.gov.in/images/pdf/programmes/RKSK/RKSK_Operational_Framework.pdf
15. Ministry of Health and Family Welfare and Ministry of Human Resource Development . School health programme under Ayushman Bharat, operational guidelines, New Delhi, 2018. Available: http://www.dnmurthy.com/go/opshp.pdf
16. Ministry of Health and Family Welfare, Government of India . National tobacco control programme: operational guidelines. New Delhi, 2015. Available: http://nhm.gov.in/NTCP/Manuals_Guidelines/Operational_Guidelines-NTCP.pdf
17. Ministry of Women and Child Development, Government of India . Rajiv Gandhi scheme for empowerment of adolescent girls - sabla, implementation guidelines, 2010. Available: https://wcd.nic.in/sites/default/files/2-sablaguidemar11.pdf
18. Kumar, S. (2022). A quest for sustainium (sustainability Premium): review of sustainable bonds. Academy of Accounting and Financial Studies Journal, Vol. 26, no.2, pp. 1-18
19. Allugunti V.R (2022). A machine learning model for skin disease classification using
20. convolution neural network. International Journal of Computing, Programming and Database Management 3(1), 141-147
21. Viswanatha KKRC, Reddy A, Elango N M (2019). Diabetes Kaggle Dataset Adequacy Scrutiny using Factor Exploration and Correlation, International Journal of Recent Technology and Engineering (IJRTE) Vol. 8.