



Journey into Community Health

Health-Promoting Schools in Hanur, Karnataka

Dr Sr Aquinas

Thirty years have gone by since the Alma Ata Declaration in 1978 which set the goal for “Health for All” by the year 2000, to be realized through comprehensive primary health care approach. Much before, the Bore Committee (1946) had laid the foundation of primary health care in India, drawing upon the experience of early health work with its emphasis on prevention and promotion. The Millennium Development Goals (MDGs) set by the UN constitute the most ambitious commitment that world governments have ever made to improve the quality of life of the world’s poorest by 2015. The 8 MDGs focus on reduction of poverty as well as the causes and consequences of poverty. This includes reducing child mortality and improving maternal health, combating HIV/AIDS, malaria, tuberculosis and other diseases and bringing sustainable access to clean drinking water, and developing a global partnership for development.

Ground reality

We all know what is the ground reality today despite all these glorious attempts, visions and goals set by the world bodies. Alma Ata declared “health is a fundamental human right” whose attainment requires a multi-pronged attack on the social determinants of ill health and disease. The gross inequality in the health status of the people that we see today is politically, socially and economically

unacceptable. Health care is getting more and more commercialized – it is a profitable business, patients are now the “clients” and clinical services are the “product lines”. The rights of the pharmaceutical firms to their intellectual property precede the “fundamental right to health care”. Where then are we headed to? If disease is the product of social and economic inequality, then ill health of our people cannot be solved by merely provision of health care but by bringing about better conditions of work, housing, sanitation, nutrition, education etc.

Light a candle, not curse darkness

Instead of cursing darkness, it is always better to light a candle. Holy Cross Comprehensive Rural Health Project (CRHP) in Hanur, Chamarajanagar District, Karnataka, India, is one such attempt to address the issue of poor health status of the rural poor in Chamarajanagar district. It was born out of the sincere search of a physician into the grass-root realities (how the poor are being deprived of today’s health care system due to illiteracy, ignorance and economic poverty) existing in rural areas. Holy Cross CRHP adopted an integrated approach to health from its very beginning in 1997. It accessed the remote villages through mobile clinics, trained many village women as village health workers, trained TBAs, organized and empowered adolescent girls, farmers, formed youth clubs and village development committees, economic empowerment of women through self-help groups, and facilitated non-formal education of working children. One of its novel strategies is ‘Health action through health promoting schools’.

Health-promoting schools

“Good health supports successful learning. Successful learning supports health. Education and health are inseparable. Worldwide, as we promote health, we can see our significant investments in education yields the greatest benefits” (WHO).



Discussion with the School Health committee

Disadvantages of rural schools:

- Child-friendly environment and high educational standards are rather difficult to achieve in poor rural schools
- Lack of facilities, space, essentials, teaching aids, transport or conveyance, ill-motivated teachers, lack of parental support and encouragement due to poverty
- In order to reach an equivalent standard of achievement, the average cost per student is higher for rural schools than for urban schools.

How do the health problems affect school performance?

- Vitamin A deficiency - 8.5 million school children are at risk of respiratory tract infections and blindness as a result of Vit. A deficiency.
- Almost 3 million children below 15 yrs are HIV infected. More than 13 million children above 15 yrs age have lost one or both parents due to AIDS. This number is expected to double in 10 yrs.
- Diarrhoeal diseases and respiratory tract infections are common among young children. Girls often miss school because they are expected to help take care of their preschool brothers and sisters or an older relative.

What is a health-promoting school (HPS)?

- **A health-promoting school (HPS) views "health" as physical, social and emotional well-being. It strives to build health into all aspects of life at school and in the community.**
- *HPS is all for health*, fostering it with every means at its disposal
- *HPS involves all school and community members* in efforts to promote health
- *HPS strives to set an example* through environment, nutrition, safety, sports and recreations as well as by the way it educates children and spreads activities beyond the classroom and into the community
- *HPS takes action* to improve the health, mental and emotional as well as physical, of the whole school community.
- *HPS develops Life skills* in children and promotes ways of giving them responsibility, raising their self-esteem and recognizing their efforts and achievements.

Key features of health-promoting schools:

- Engages Health and Education officials, teachers and their representative organizations, students, parents, and community leaders in efforts to promote health.
- Strives to provide safe, healthy environment
- Provides skills-based health education
- Provides access to health services

- Implements health-promoting policies and practices
- Strives to improve the health of the community by focus on community health concerns and participating in community health projects

How does a HPS improve health and education of children?

Our investments in education pay off only if children attend school. Schools can do their job only if children who attend school are capable of learning. Investments in education are more likely to pay off if the school uses its potential as an organization to promote and protect health. Everyone gains when schools promote health. Educated and healthy people are an asset to the community as a whole and they contribute to the development of the nation better.

Components of Health-Promoting Schools Programme

- Basic health instruction
- Health ideas and skills reinforced across the curriculum
- Good health practiced in and around school
- Health knowledge and skills are spread to the community
- School health services

The Holy Cross Health Promoting School Programme

This programme was initiated in 25 Government Primary schools (Upper and Lower) in Kollegal Taluk with an idea to cover later all the Government schools in the Taluk, where the poor and poorest children attend.

The goal of Health Action through HPS:

To help schools become places where good health is practised and from where good health is promoted for the benefit of the communities they serve. Health is defined as involving all aspects of physical, mental, emotional and environmental well-being, with the first emphasis on prevention.

Objectives- General:

- To improve the health of children in the selected schools, their families and their community.
- To nurture close links with teachers, health team of Holy Cross CRHP, Govt health facilities, and undertake health promotion activities by spreading health messages and good health practices from school to home and to community.
- To involve parents more closely as partners in school/family health activities.
- To use active teaching methods which develop life skills.

Getting started, building local support

A health-promoting school is a chance to join a

worldwide health movement. Creating a health-promoting school requires broad support and there is a role for everyone for building support for a Health-promoting school.

Some of the Activities:

- School Health Committee is formed in each school after orientation and discussion with the school and the Grama Sabha. The committee consists of representatives of children from each class, representative of teachers, of parents, of school development & management committee in the village, and project staff. The committee meets and prepares action plan for short terms and for one year.
- Each school plans activities for the school and also plans activities to be achieved together in collaboration with all the schools involved in the programme.
- The action plan includes child-to-child activities to impart the knowledge children gain on health, child-to-adult activities to impart the knowledge to family members and collective efforts in the school and in the village.
- The findings of School Health Check-up are presented to the Parents Committee and remedial actions were taken together.



School children on a rally to promote awareness

- School register is maintained to know the reasons of absenteeism due to health.
 - Networking with other health-promoting schools through newsletters for exchange of ideas.
- Fundamentally, we see a **health-promoting school as a process to promote health among students, staff, families and community members.** It is one of the ways the Holy Cross CRHP is reaching out to touch the lives of common people and the society in a holistic way and bring out their hidden potentials and ability to find solutions to their problems and misery. ■

(The author is Head, Holy Cross Congregation for South India, and member, Executive Committee of SOCHARA)

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relevant information and in preparing village level health plan as a logical continuation of the monitoring activities.

Dr. Binayak Sen release-campaign

Dr. Binayak Sen, health rights activist, who has been working with the poor and marginalized in Chhattisgarh State was arrested by the state government accusing him of having links with the naxalites. World-wide protests were launched by many groups to release him. As a part of that, MNI along with other groups, organized protest meetings and demonstrations, press conferences, public meetings and a cultural evening to protest his arrest. In addition, medical camps for the poor and marginalized as a symbolic way of continuing his work was facilitated. This campaign will continue till he is released from the prison.

Protecting public vaccine production units and strengthening rural health services

Recently, MNI initiated two campaigns: one was to restore vaccination at the village level and the other to reopen and restore production of national institutes of vaccine production. The TamilNadu government ordered

vaccination only at the PHC level in response to the death of 4 children following immunization, in April'08. Reflecting on the opposition to this move which will mean long travel at personal cost as well as large indirect costs, a state level campaign against this government order was launched in partnership with various groups.

The second campaign is against the central government order of closing three public vaccine production units from January'08. The three units are BCG Lab in Chennai, Pasteur Institute in Cunnor, the Nilgris, and Central Research Institute in Himachal Pradesh. A state-level campaign was initiated to demand the central government to restart the production of vaccines in the above three public units.

Through these two above campaigns, MNI reached many new groups and people to make them aware of their health rights and bring them into organized action to achieve these health rights. As part of these campaigns, MNI along with other groups motivated people to send more than 50,000 postcards each to Prime minister of India and Chief Minister of Tamil Nadu. ■

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