CLINIC SOKHAPHEAP THMEY

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Program Report – School Health Program - 2013

The School Health program for Pichey Rangsey Primary School in Poul Ressey village was recommenced after receipt of funding with the following objectives;

- Increase the general health and well being of the children who attend the school
- Increase the capacity of the children to be attentive and learn at school
- To reduce the burden of ill health via a focused preventative health program.

The strategies as outlined in the funding documents were to;

- Determine the general status of the children who attend the school at six monthly intervals by rapid simple examination, vision and colour vision checks, height/weight determination.
- Give parasite eradication therapy six monthly to reduce the incidence of anemias and diarrhoeal illness
- Give vitamin A therapy six monthly to improve infection resistance and assist with dietary deficiencies of a village diet
- Give iron & multivitamin therapy to those children who require due to clinical anemia and/or being in the lowest 40% of height/weight/age groups
- Refer to appropriate centers those children requiring further assessment or treatment

The measurable outcomes to be elucidated were;

- Improvement in weight/height/age parameters
- Reduction in clinical anemia levels
- Reduction in school days lost to diarrhoea
- Increase in health awareness and knowledge of the children and staff of the school

Introduction;

Methodology for commencement of the program involved

a. Obtaining class lists for each class at the school (4 kindergarten classes, 13 primary classes) from the headmaster of the school and preparing numbered records for each child of the school after translating of all records received.
b. Submitting the numbered individually named forms with attached consent form to the headmaster for signing *in loco parentis* (as agreed to and approved by the district education office)
c. Checking of all documentation and purchasing of initial consumables
d. Planning meeting with headmaster and senior teachers of the school to ensure that visits did not coincide with important lessons, testing, school events, public or school special holidays etc.
e. Staff selection for school visits and attendances.

First Health Assessment: January 2011 (see separate data)

Second Health Assessment: December 2012

A Team of four staff from Clinic Sokhapheap Thmey attended the school for 6 half day sessions to undertake the second assessment.

What is very obvious from the data is;

a. The level of absenteeism is high – teachers do not know if the child is sick, absent for other reasons or indeed have left the school as the parents do not inform the school as to the reason for absence.
b. The numbers of children who are underweight for their height and age is very high but especially so in the younger age groups – older children can feed themselves whereas the youngest are reliant on others to do so(using CDC Atlanta children's BMI calculator)
c. Dental health is almost uniformly poor to very poor with few children having healthy teeth and only two children having what could be described as good teeth. Dental health improved when the program had fluoride supplements and dental hygiene supplies and education but the gap of one year showed a rapid deterioration in dental health.
d. Number of children with clinical anemia is high – given the gap in service for treatment of clinical anemia this is not surprising and again certain age groups are more affected than others.
e. Children with chronic or acute on chronic or acute conditions were at school when some should have been at home to protect the other children eg measles cases.

All children were given parasite therapy (Mebendazole 500mg as a single dose) and Vitamin A capsules at the first visit. (this was continued during the year when there was no funding for examination visits as well) Those with clinical anemia or severe underweight profiles were given iron/multivitamin tablets on a daily basis for three months.

Conclusion:
The benefits from a simple health intervention and education program are clear in the data obtained for this school. The gap in services due to funding loss shows as a deterioration in dental health, height/weight/age parameters and anemia profiles.

The interventions were acceptable to the children, staff of the school and parents and other issues relating to student health were raised to parent and staff group meetings as a corollary to the program at no cost.

The need for a dental program at this school is vital. The level of severe caries with necrosis is high and can only be addressed by dental interventions. Community awareness of the link between serious decay/necrosis of first or milk teeth and the second or permanent teeth is poor and needs to be addressed at parental level. Discussions have been held regarding the possibility of a free program being provided to the school by the provincial dental outreach program of one NGO who are specialising in dental care and these discussions are ongoing.

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