REPUBLIC OF RWANDA





SCHOOL HEALTH MINIMUM PACKAGE





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LIST OF ABBREVIAITION

AIDS : Acquired ImmunoDeficieny Syndrome

GBV : Gender Based Violance

HIV : Human Immunodeficiency Virus

IEC/BCC : Information Educationm Communication/

Behaviour Change Communication

ORS : Oral Rehydration Solution

OVC : Orphans and Vulnerable Children

STIs : Sexually Transmitted Infections

VPD : Vaccine Preventable Disease

1. INTRODUCTION

A comprehensive, holistic approach encourages each school to look at its whole school community and develop an environment and culture that promote healthy ways of living. A Comprehensive School Health framework combines four main elements: Health Education, Health and Support Services, Social Support and the Physical Environment. It involves the active participation of all members of the school community in creating action plans that make their school a healthier place.

The school health minimum package provides the context for effective implementation of access to health services within school health programs. School-based health services, such as micronutrient supplementation and deworming, are likely to be most effective where they are supported by other strategies such as safe and secure environment, provision of safe water and sanitation, effective referral to external health service providers and links with the community.

These core components of the school health minimum package require school-community partnerships as the supporting strategies for the success of school health programmes. These include effective partnerships between the health and education sectors, teachers, parents and health workers, schools and community groups and between the pupils and those responsible for implementing school health programmes.

2. TYPES OF SCHOOLS

2.1. Boarding schools

Boarding schools cater for children who, for various reasons, are unable to return home each day. In boarding schools, all means, sleeping accommodation and washing facilities are provided. It is therefore of critical importance that water, sanitation and hygiene enabling facilities are adequate. Risks of transmission of communicable diseases are raised because of the communal eating, sleeping, and sanitation and hygiene arrangements in boarding schools. Nevertheless, it is possible to provide adequate water, sanitation and hygiene conditions for all children.

2.2. Day schools

Day schools catering for children of ages 6 to 16 provide academic and, in many cases, recreational activities for children who return home every day, but who may often eat at or near the school. Problems faced by schoolchildren and teachers in this kind of school often include lack of basic water supplies, sanitation and hygiene-enabling facilities; inadequate or hazardous outdoor space; and overcrowded classrooms where there is noise, poor lighting, poor seating, excessive heat or cold, damp and poor indoor-air quality. Funding for improved conditions in schools may be lacking, but there may also be a strong desire and capacity for change among staff, schoolchildren and parents.

3. TARGET

These guidelines are written for use by education managers and planners, architects, urban planners, water and sanitation technicians, teaching staff, school board, village education committees, local authorities and similar bodies. These groups are encouraged to work together to set relevant, achievable and sustainable targets for water, sanitation and hygiene in schools.

4. AIM

This school health minimum package document offers a guide for creating the minimum conditions required for providing schooling in a healthy environment for schoolchildren, teachers and other staff.

In the area of school health programs, it should be used to:

- develop specific national standards that are relevant to various types of school in different contexts;
- support national standards for School Health &Nutrition and set specific targets at local level;
- plan and carry out any improvements required;
- ensure that the construction of new schools is of acceptable quality; and
- prepare and implement comprehensive and realistic

action plans, so that acceptable conditions are maintained

5. OBJECTIVE

To promote School Health programs and services at school level.

6. BENEFITS OF THE MINIMUM PACKAGE

6.1. Highly cost effective

The package helps link the resources of the health, education, nutrition, and sanitation sectors in an existing infrastructure, the school. The school system coverage is generally superior to health systems and there is an extensive skilled workforce (teachers and administrators) that already works with the local community.

6.2. Increases the efficacy of other investments in child development

The package is the essential extension and complement to early child care and development programmes. Continuing good health at school age is essential if children are to sustain the advantages of a healthy early childhood and take full advantage of what may be their only opportunity for formal learning.

6.3. Ensures better educational outcomes

Ensuring good health at school age can boost school enrollment and attendance, reduce the need for repetition, and increase educational attainment. Good health practices can promote responsible behavior that enhances sexual and reproductive health and help avoid HIV and AIDS infections. It is estimated that the burden of disease for school-age children 5 to 14 years old is 11% of the total global burden of disease.

6.4. Improvement of social equity

As a result of universal basic education strategies, some of the most disadvantaged children - girls, poor rural children and children with disabilities - have access to school for the first time. But their ability to attend school and to learn sometimes is compromised by poor health. These are the children who will benefit most from health interventions, since they are likely to show the greatest improvements in attendance and learning.

7. THE SCHOOL HEALTH PACKAGE

The school health minimum package is divided in four main areas:

- (1) Health Education;
- (2) Health and support services;
- (3) Social support;
- (4) Physical environment.

Areas	Interventions	Details
1. Health	Capacity building	At least two teachers per school are
Education		trained in school health, with the
		following modules:
		- Causes and prevention of common
		diseases
		- HIV, AIDS and other STIs
		- Sexual and Reproductive Health and Rights
		- School health and hygiene
		- Nutrition and school gardening
		- Physical education
		- Psychosocial care and counseling
	Health clubs	School health clubs will have the
		knowledge on the following items:
		- Environmental health and hygiene;
		- Gender-based violence;
		- Sexual and Reproductive Health and
		Rights;
		- Nutrition;
		- Malaria;
		- Tuberculosis;
		- Mental health;
		- Non-communicable diseases;
		- Children under five;
		- Immunization and VPD
		surveillance;
		- HIV, STIs and blood borne
		infections;
		- Other communicable diseases
		[infectious diseases]

Areas	Interventions	Details
	IEC/BCC material	IEC/BCC materials will be disseminated
		in schools:
		- HIV, AIDS and other STIs;
		- Sexual and Reproductive Health and
		Rights;
		- Alcohol and tobacco abuse (substance
		abuse)
	Intergenerational	Sexuality, STIs, pregnancies, GBV
	dialogue	should be discussed in existing
		channels such as parents meetings
2. Health	GBV referral	Every school shall have a GBV referral
and support	system	system, with support to victims, fast
service		referral to health centers (for HIV and
		STIs prophylaxis and psychosocial
		care), record of cases, and inclusion
		of GBV in teachers' code of conduct.
	First aid kit	A first aid kit should be available in
		all schools
3. Social	Counseling	Trained teachers and peer educators
Support		providing counseling services and
		psychosocial care
	OVCs, Pregnancy	Data collection about OVCs ,
	and GBV	pregnancies and GBV
	Follow-up	Follow-up if above mentioned girls
		are coming back to school.

4. Physical		
4. Pilysical	Water	Safe drinking water
Environment		Rain harvesting
	Sanitation	Separate toilets for girls and boys
		Separate toilets for female and male
		staff
		Girls' rooms (sanitary pads, water,
		soap)
	Hygiene	Hand-washing points
		Minimum cleaning materials
		(detergent, soap, broom, etc.) Elimination of breeding places of
		mosquitoes
	Physical	Playground
	Education	Sports facilities (Toys,)
	Environment	Compost system
		Trees
		Greening
		Mosquito nets for boarding schools
	Infrastructure	Well-ventilated classrooms
		Structure for disabled children
	School nutrition	Kitchens
		Store rooms
		Improved stoves
		School gardens Fruit trees
		Kitchen items (pots, pans, plates, etc.)
	Alternative	Eco-toilets
	energy ¹	Biogas
		Solar energy

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¹These interventions are highly recommended, but are not mandatory, since they depend on the availability of resources.

8. FIRST-AID MEDICAL KIT



Recommended items in the first aid kit

Every school should have a first-aid kit, with the following recommended items:

- 1. Eosine %
- 2. Dakin
- 3. 2 Thermometers
- 4. Paracetamol syrup
- 5. Paracetamol tablets
- 6. Acetyl salicylic acid tablets
- 7. Cotrimoxazole syrop and tablets for throat irritation

- 8. Some sterile gauzes
- 9. Lots of non-sterile gauzes
- 10. 5 cotton and stretch bandages
- 11. 5 Adhesive tapes or safety pins
- 12. 5 adhesive plasters, different sizes
- 13. 5 adhesive plasters, small
- 14. 5 triangular bandages
- 15. 5 soap
- 16. Re-usable or disposable gloves
- 17. Scissors
- 18. Matches, candles
- 19. Torch with battery cells
- 20. A small container
- 21. Pen, paper, and notebook
- 22. 50 ORS packets
- 23. Sanitation pads
- 24. Small disposal towels

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