

Towards Effective School Health: The FRESH Initiative

(Note received from Dr. Tara Gopaldas, Bangalore)

Q.1. WHAT DOES FRESH STAND FOR?

Ans. (i) FRESH stands for Focusing Resources on Effective School Health.

(ii) FRESH can be divided into 3 parts. Namely, Promotive or Health Education in the Classroom; Preventive or delivering both a Mid-Day-Meal (MDM) and a health package of "**Deworming + iron + vitamin A**" in the classroom; and Curative where a pediatrician or doctor can render services at the School or refer the schooler to the nearest Primary Health Centre/ hospital for further care.

Q.2. WHY IS THE SCHOOLER SO IMPORTANT FOR FRESH ?

Ans. (i) Approximately one fifth or 200 million Indians are of primary schoolage (6-14 years). Most of these schoolers come from poor and under-privileged homes and go to **free-schools**. The Partnership for Child Development analysed the anthropometric data of 5 countries namely, Ghana, Tanzania, Indonesia, Vietnam and India. India's schoolers in Guajrat, had the dubious distinction of having the **worst** height and weight profiles. They were stunted or short; and were skinny or underweight, inspite of being recipients of the mid-day-meal. This indicated the depth and width of deprivation at the house-hold level. The Baseline Survey was done by Tara Consultancy Services (TCS), Baroda in the **better-than-average districts of Baroda, Rajkot and Ahmedabad**. In short, the average Indian schooler is undernourished and underweight, suffers from iron deficiency anemia, and is vitamin A, riboflavin, vitamin C and iodine deficient. She/ he very often suffers from intestinal worms, upper respiratory infections, malaria, diarrhoea, skin infections like scabies and a host of other ailments that **negate** her/ him being an "**Actively Learning Child**". **A schooler has to have a minimal level of nutrition and health in order to imbibe what is taught to her/ him in school.**

(ii) In terms of management, economics, logistics and cost-effectiveness it makes good sense for the **school system** to take-over the responsibility of delivering the desperately needed Mid-Day-Meal; 'deworming + iron + vitamin A' with simple service-related-Nutrition and Health Education (NHE). The NHE should be for the community, the panchayat, the teacher and the schooler.

(iii) The Government of India (GOI) has made it a Basic and Fundamental Right that every child in our country should have atleast a primary level-education (Class I to V). The GOI should also make it mandatory that the primary-schooler receives, at the very least, what has been stated at (ii).

Q.3. HOW IS FRESH DOING IN GUJARAT?

Ans. Gujarat has had a very strong Mid-Day-Meal Programme (MDMP) since the seventies. The MDMP is administered by a Commissionerate with the Chief Minister as its Chair-person. **Inspite of the Mid-Day-Meal**, we found that the nutritional, health and intestinal parasitic status of the schoolers was poor. The greatest dietary gaps were with respect to Vitamin A and iron. Intestinal Helminths were seen to

seriously interfere with growth, and utilization of iron and vitamin A. Iron deficiency was negatively correlated with Physical Work Capacity, and certain areas of cognition; these areas improved significantly on supplementation. Vitamin A deficiency was associated with significantly more episodes of Upper Respiratory Infections; significant improvement was noticed on supplementation with 200,000 IU of vitamin-A, 2 times a year. **A clear beneficial synergism in delivering a package of an anthelmintic (400mg of albendazole or mebendazole 2 times a year) + iron (60mg elemental iron 2 times a week) + iodized salt (in the cooked lunch for about 200 school days) per year at a mere Rs.20 was clearly established.** The GOG was able to deliver the TCS mantra at an even cheaper rate of **Rs.11/ schooler/ annum.** The meal x 200 feeding days cost the MDMP Rs.300/ schooler/ annum. NHE was provided to the Collectors of 19 districts of Gujarat through a TCS booklet entitled "Educability Before Education". CHETNA, Ahmedabad also provided continuous NHE support at the grass roots level. Hence, both the **Promotive + Preventive** aspects relating to school health were covered.

Almost all the schools in rural and urban Gujarat had a minimum infrastructure of school-rooms, teachers, potable water, and a latrine.

This successful programme is in its 8th year of programme (continuing) covering nearly 3 million schoolers in the entire state of Gujarat. This comprehensive FRESH approach of Gujarat has been highly commended by the Department of Education, Ministry of HRD, Government of India.

Q.4. WHAT IS THE COST EFFECTIVENESS OF FRESH FOR KARNATAKA?

Ans. (i) At the present time (2002), at Rs. 20/ schooler/ annum, the health package of deworming, iron, vitamin A and iodine for approximately 10 million or one crore primary schoolers would cost the GOK Rs. 20 crores/ year. The MDM would cost Rs.2.50 x 200 feeding days x 1 crore schoolers = Rs. 500 crores. The obvious proposition would be to give the schooler both the **Hot meal + the Health Package in the classroom.**

Let us start with the DPEP schools that have won accolades globally.

Can we deny the schooler the Health Package for a mere Rs. 20 crores/ year when there have been such significant, highly cost-effective and sustainable improvement in growth rates, Hb levels, and decreases in the clinical signs of vitamin A deficiency. Above all, the functional areas of cognition and physical work capacity significantly improved.

Q.5. WHAT IS OUR VISION FOR FRESH OVER THE NEXT FIVE YEARS?

Ans. (i) To sensitize the top level Policy makers, the health professionals, the Voluntary Organizations, and the media of Karnataka as to what is possible regarding the FRESH initiative.

(ii) To see that we in Karnataka can come together and sponsor a symposium on FRESH at the International Asian Congress of Nutrition to be held in New Delhi in end February, 2003.

(iii) To join hands and work together towards the commissioning of a Centre for FRESH at Bangalore for South Asia from today.