BACKGROUND

- Schools around the world provide education and have an opportunity to provide resources to improve health and safety for students and staff.
- The creation of a Global School Health Toolkit is in development with many national and international partners in the American Academy of Pediatrics.
- Collaborating with schools in under resourced sites, we adapted a simplified needs assessment to be used by health to guide partnership and drive interventions.

METHODS

- Informal interviews with administrators of three private schools focused on education of poor children in North India during a month-long elective for 3rd year pediatric residents.
- Questions included how schools measure health, immunization records, response to illness/injury, nutrition, wash facilities, mental health, environment, and recreation.
- Follow-up questions were utilized to gain insight and evaluate possible challenges for future collaboration with health partners.
- Data was compiled electronically, qualitatively analyzed, and final needs assessment was shared with all schools.

RESULTS

<table>
<thead>
<tr>
<th>School Information</th>
<th>Tibetan Children's Home (TCH)</th>
<th>Jagriti Vidyalaya (JV)</th>
<th>Johnson Secondary School (JSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Information</td>
<td>School with hostel Total 99 students, age 5 to 18 yrs (66 staying in school hostel)</td>
<td>Day school, all children living with families Total 102 students, age 3 to 13 yrs</td>
<td>Day school, all children living with families Total 650 students, age 3 to 18 yrs</td>
</tr>
<tr>
<td>General Health Information</td>
<td>No funds budgeted for student health No health information obtained upon enrollment Most common illnesses: diarrhea, headache, upper respiratory infection, fever No staff with medical training on site</td>
<td>No funds budgeted for student health Required health enrollment forms for each student Most common illnesses: abdominal pain/vomiting, fainting, leg aches No staff with medical training on site</td>
<td>No funds budgeted for student health No health information obtained upon enrollment Most common illnesses: fever, abdominal pain, upper respiratory infection, abrasions and minor injuries No staff with medical training on site</td>
</tr>
<tr>
<td>Current Health Practices at the School</td>
<td>School provides sick visits to two local clinics, and hostel staff dispenses prescribed medications No deworming medications No vaccines provided No written health policies</td>
<td>Child illness is responsibility of parent School provides limited funding if parents unable to afford care Deworming provided twice per year Vaccines through ASHA* worker No written health policies</td>
<td>Responsibility of parent to take child for evaluation when ill School unable to provide health funding No deworming medications No vaccines provided No written health policies</td>
</tr>
<tr>
<td>Nutrition and Physical Activity</td>
<td>Vegetarian food provided for 66 students living at hostel, varied and balanced diet Recreation time: 1 hour per day for day students, 2 hours per day for boarding students</td>
<td>Food brought from home by children Recreation time: 30 minutes per day</td>
<td>Food brought from home by children Recreation time: 15 minutes per day</td>
</tr>
<tr>
<td>Water and Sanitation</td>
<td>Reverse osmosis system Bathrooms and showers with indoor plumbing</td>
<td>Reverse osmosis system Bathrooms with indoor plumbing</td>
<td>No water filtering system Utilize government water supply Children can bring water from home Bathrooms with outdoor plumbing</td>
</tr>
<tr>
<td>Mental Health</td>
<td>No formal counseling or other mental health services</td>
<td>No formal counseling or other mental health services</td>
<td>No formal counseling or other mental health services</td>
</tr>
<tr>
<td>Injury Concerns</td>
<td>Monkey bites Transportation to school (motor bikes, scooters)</td>
<td>Mosquito borne illnesses Bruises/scraps on school grounds</td>
<td></td>
</tr>
<tr>
<td>Requested Areas for Improvement</td>
<td>General check-ups Medical personnel available to school as needed Vaccines provided</td>
<td>General check-ups Screening blood work</td>
<td>General check-ups Medical personnel available to school as needed Health education sessions</td>
</tr>
</tbody>
</table>

ADDITIONAL KEY INFORMATION

Simplified Needs Assessment for Global School Health: A Pilot Approach

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CONCLUSIONS

- Utilization of a needs assessment aids in a thorough evaluation of current practices, highlights areas to improve health outcomes, and can strengthen collaboration and future partnerships between health professionals and school administrators.

ADDITIONAL KEY INFORMATION

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Acknowledgements:
We would especially like to thank the wonderful hosts and school administrators at each of the schools. These individuals work to improve the health and education of all the children they provide schooling for on a daily basis.

- Tibetan Children’s Home (TCH) Sonam Singhal
- Johnson Secondary School (JSS) Choedon Tsering, MA/MEd
- Jagriti Vidyalaya (JV) Manju Singhal

Schools lacked formal health policies
All had safe drinking water and toilet/hand-washing facilities
No on-site medical staff
All schools interested in first-aid training and general check-ups