SCHOOL HEALTH ASSESSMENT

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Acknowledgments

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We acknowledge the following organisations for their participation in the review and development of this toolkit:

- Health Promotion Department at the Ministry of Health and Child Welfare
- Howard Hospital
- Seke Rural Home Based Care
- Child Protection Society (CPS)
- Harare City Health Department
- Umzingwane AIDS Network (UAN)
- Chiedza Child Care Centre
- Mavambo Trust
- Silundika

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Background

Access to health remains difficult for orphans and vulnerable children (OVC) in Zimbabwe and is further complicated by challenges within the health sector in the past decade. The Government of Zimbabwe adopted primary health care in 1980 to improve community access to health services. These interventions included **School Health Assessments (SHAs)** meant to assess the general health of students. However, in 2000 as most service delivery systems declined due to various factors, the Government was unable to continue with the programme due to a shortage of health equipment, medication, personnel and financial resources.

According to the UNICEF Situational Analysis on the Status of Women's and Children's Rights in Zimbabwe, 2005-2010, the economic challenges limited health care budgets and resources, creating a "shortage of skilled professionals, eroded infrastructure, and lack of essential drugs and commodities." Furthermore, long distances to clinics, unstandardized user fees and inability of households to afford the cost of transport and medications contributed to a widening health coverage gap.

Despite government efforts to improve access to health for vulnerable children with programmes such as Assisted Medical Treatment Order (AMTO), the government is still limited by lack of human and financial resources.

As a result, many vulnerable children in need of assistance fail to access primary healthcare and either suffer silently or seek help in traditional and alternative providers such as traditional healers and prophets. However, doing so also leaves them highly vulnerable to abuse in some cases. Children's poor state of health also means that they can miss significant amounts of school and fail to participate in other beneficial programmes.

In light of this, World Education Incorporated through the Bantwana Initiative (WEI/Bantwana) revitalized the SHA initiative in specific schools and ECD centers.

ACRONYMS

AMTO	Assisted Medical Treatment Order
CBO	Community Based Organisation
CF	Children First
ECD	Early Childhood Development
MoESAC	Ministry of Education Sports and Culture
MoH	Ministry of Health
MoH&CW	Ministry of Health and Child Welfare
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable children
PSS	Psycho Social Services
SDC	School Development Committee
SHM	School Health Master
SHA	School Health Assessment
SDA/SDC	School Development Association/ Committee
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
WEI	World Education Inc.

Contents

1. Implementation Guide

The SHA Implementation Guide can be used for NGOs, CBOs, SDAs/SDCs, and School Health Masters implementing their own SHA programme.

WHO ARE THE GUIDELINES FOR?

The guidelines in this toolkit are written for Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs), School Development Committees (SDCs), and School Development Associations (SDAs) who intend to carry out in-school or primary health assessments in collaboration with local school and clinic staff.

PARTNERS, KEY STAKEHOLDERS AND THEIR ROLES

WEI/Bantwana's main implementing partners are Mavambo Orphan Care, Seke Rural Hospice, Children Protection Society, Howard Hospital, Chiedza Child Care Centre and Umzingwane AIDS Network. The role of the partners is to coordinate with the school heads and School Development Committees/Associations (SDCs/SDAs) and the health institutions that take part in SHAs. The other role is to follow up referred cases through the community volunteers or case workers to complete the referral cycle. Partners also analyse data and share disease trends with health authorities, the schools and the community. Local authorities like Harare City Council and District Councils own and run the local health facilities that conduct the health screenings. The Government of Zimbabwe through the Ministry of Health and Child Welfare is the overall custodian of health programmes in Zimbabwe.

WEI/BANTWANA AND ITS ROLE

WEI/Bantwana provided funding to conduct the school health assessments as well as to offset user fees charged at clinics. WEI/Bantwana also provided technical support to partners to negotiate clinic block grants, analyze the disease trends and develop follow up programmes or activities to address the disease trends.

PROGRAMME DESCRIPTION

WEI/Bantwana supports community-based partner organisations and SDCs/SDAs to partner with local clinics or hospitals to conduct in-school health assessments. Nurses from the local clinic conduct head-to-toe screenings on all children for common, as well as life threatening illnesses that include HIV and AIDS related infections. They also offer clinical counseling and psychosocial support. For several areas, outreach pharmacy team accompanies the nurses and gives medicines for the children to the school health masters (SHMs). The children's caregivers can then collect the drugs from the SHMs. Children with conditions that require additional drugs or treatment are referred to local clinics where they receive free treatment under a clinic block grant arrangement between the community based partner and the clinic.

The block grant provides local clinics with a lump sum of money for clinic consumables such as gloves, disinfectants, etc. In exchange, children who cannot afford the user fees and other associated costs of medication are referred to the clinics from the school health assessment exercise to receive free treatment.

Data from the health screenings of children informs what is needed as follow up on health education topics and advocacy to address disease trends in the local communities.

KEY OUTCOMES:

- **Children are more knowledgeable about good personal hygiene** as evidenced by an informal survey carried out by a matron at one of the selected primary schools and a linear impact monitoring evaluation assessment that was conducted at the end of the Children First Project.
- Teachers noted that **the process complemented formal school topics in** subjects such as social studies, environmental science, guidance and counseling.
- SHA helps strengthen working relationships between partners, schools and community thus ensuring **active participation by each stakeholder in ensuring children's right to health care is realised.**
- **Nutrition/herbal gardens within the schools** assist with the treatment of minor common health conditions, such as ring worms and scabies, which were observed in the assessments.

LESSON LEARNT

- Community volunteers play an important role in following up of referrals to ensure completion of referral cycle. For example, one partner successfully worked with twelve (12) trained community volunteers to increase the rate of case completion.
- Involvement of community leaders leads to community buy-in and ownership of the programme. Local community leaders, such as chiefs or Village Leaders were advocating and promoting children's access to health care services for their community.
- The pre-sensitization meetings and the presence of primary caregivers throughout the SHA process had an impact on improving the health seeking behaviors of the guardians and caregivers themselves. This was evidenced by the large turnout of children who were referred to the hospital accompanied by their guardians and caregivers.
- The SHA programme is helping to strengthen the relationship between the schools (including SDCs and SDAs), hospitals and communities thus ensuring active participation by each stakeholder in child protection, especially with regard to provision of health services.
- The presence of different health cadres during the programme, for example, dental personnel had a positive impact on bringing substantial change in delivering oral health care to children and identifying extreme cases that required referrals.
- PSS teachers noted that the primary health care programme complemented the CD Rights listening programme in that children would have a better understanding of their right to health and health care services.

COSTING

The following components of SHA should be considered when implementing the programme:

- Nurses stipends
- Nurses transport
- Refreshments
- Stationary
- Medical Supplies

PROPOSED NEXT STEPS

Share the toolkit with the MoH&CW and other stake holders working to improve the health of children throughout Zimbabwe.

Targets include:

- Health Departments of Local Governments Structures
- Ministry of Education, Sports, Art and Culture (MoESAC)
- Ministry of Health and Child Welfare (MoH&CW)

SUSTAINABILITY

For the SHA to be sustainable, the MoH&CW and MoESAC need to resuscitate the School Health Programme. The local authorities can continue conducting SHAs for ECDs, Grades one, three and seven using their budgeting resources.

Tools Developed And Available For Model Implementation

SHA Implementation Guide – For CBOs, SDCs and School Health Masters

An overview and a step-by-step guide used for CBOs, NGOs and other organisations who would like to begin a SHA programme.

SHA Check list Form -- For CBOs and SDCs

This form helps CBOs, schools and health institutions put in place all what is needed for a SHA exercise.

SHA Bio-Data Form – For CBOs and SDCs

This form is used to record the child's bio-data, including their name, age, sex, home address and status of whether the child is an orphan or not and the name of the caregiver/guardian.

SHA Referral Form – For CBOs and SDCs

In the case where a child is recommended for further treatment at a clinic or hospital, this form is given to the parents/caregiver while they are present during the SHA or is left for collection by parents to take the child for further treatment.

Tally Sheet – For CBOs and SDCs

This form is for nurses to indicate all the conditions seen during SHA. It is used to analyze all the medical conditions present at the schools.

PSS Counseling and Referral Form – For CBOs and SDCs

This form is used for children referred for non-medical conditions (e.g. behavioral conditions).

Photo Consent Form – For CBOs and SDCs

This form is used when a CBO/NGO is required to take a photograph. For example, a CBO may want to take a photograph to demonstrate what happens during a physical examination of a child and this information can be used during report writing. The law stipulates that written permission should be given by the parent or SHM for the photographs to be taken. These are some of the issues discussed with SDCs/SDAs and parents/caregivers at sensitization meetings.

Hearing Test – For CBOs and SDCs

The SHA also includes children with disabilities, including those with hearing challenges. A simple tool of testing for hearing is also included in the tool kit.

***Health Education Information** – For Schools, School Health Masters, Children and the Community

Based on the common conditions prevailing in most schools, selected topics, such as personal hygiene, Bilharzia and intestinal worms, Typhoid and Cholera are included in the toolkit to be left at the schools or to be displayed at strategic points in the community for public awareness.

Additional posters on prevailing conditions (e.g. malaria) during the rainy season can be sourced from Ministry of Health offices.

*Health education information included in this Toolkit will be complimented by three modules produced by MOH&CW with support from UNICEF to be used for learners in School Health Clubs.

Step By Step Guide On Conducting School Health Assessments (SHA)

OBJECTIVES:

1. To promote primary health seeking behavior in children and their caregivers
2. To increase knowledge of children and communities on common communicable diseases and their prevention
3. To increase the number of caregivers who are aware of children's rights and protection

1. NGO/CBO seeks approval from the Ministry of Health and Child Welfare (MoH&CW) to implement a SHA programme in their catchment area.

The MoH&CW is the custodian of all health issues in the country. Any organisation intending to conduct SHA needs to inform and seek written permission from the local offices of the MoH&CW in their catchment area. The CBO negotiates with the health authorities on the terms and conditions of a clinic block grant and the two parties can then sign a Memorandum of Understanding (MOU).

2. NGO/CBO meet with local chiefs/leaders to sensitize them on the SHA programme and gain their support in the implementation of the programme.

The local leaders, in particular the chiefs, are very influential people within their communities. All activities to be undertaken within their catchment area should be reported to them and they have the power to mobilize and convince their community to participate actively in the proposed activities.

3. NGO/CBO meets with the local SDC/SDA to orient and sensitize them on the SHA process.

The SDC/SDA is an integral part of the school system and is responsible for giving guidance on how the school is run. Hence, engaging the SDC/SDA and getting their buy-in ensures that they appreciate the importance of preventing communicable diseases within the schools and they run cost-effective interventions such as nutrition gardens to keep their students healthy.

4. NGO/CBO meet with parents and school to orient and sensitize them on the SHA process.

To raise awareness of the significance of primary health care for children, the CBO/NGO should meet with parents and caregivers to sensitize them on how it positively affects their children's academic, physical and emotional wellbeing. Parents/guardians will be encouraged to participate in the assessments and collect drugs and medication on their children's behalf as well as bring their children to the hospital for complicated cases that require further management at the hospital. To maximize impact of the sensitization sessions, the SHAs and the sensitization sessions should be conducted during periods when parents and caregivers are not busy with other chores e.g. farming (this is one of the lessons learnt during WEI's implementation of SHA).

5. NGO/CBO meets with the local health service providers to orient and sensitize schools on the SHA process.

A point person, usually the matron or community nurse, is identified at the clinic or hospital to lead the SHA process. To keep the health institution or school running normally, the point person can work with nurses who are off duty to carry out the SHA process.

The project staff, the selected team of nurses, the SHM, the Psycho Social Services (PSS) teacher and a representative of the SDC/SDA can hold a briefing meeting with parents and community members to provide a general overview on how the exercise will be conducted in the primary schools and background information on SHA. The team is also familiarized on the SHA forms (screening/medical record and referral forms).

In subsequent cycles the briefing meeting can act as a platform for the SHA team to reflect on the findings from the previous SHA exercises. The SHA focal person liaises with the pharmacy department responsible for ordering and providing drugs in the form of a mobile pharmacy during the SHA.

6. If medicine or drugs are not available, the NGO/CBO should notify relevant authorities and stakeholders supplying the drugs (such as UNICEF or Red Cross) to see if they can help obtain the drugs.

If drugs are not available, the NGO/CBO notifies relevant authorities about the drug status at the clinic. It is important for the clinic to be well stocked with relevant drugs so that referred children are not turned away without treatment as this will reverse the efforts of the SHA exercise and discourage caregivers and children.

7. SDC/SDA selects SHA coordinator, community sister and at least one other critical person (PSS teacher or SHM) to be trained for SHA.

The appointed SHA coordinator and the PSS teacher or SHM will be the point people responsible for the smooth running of the SHA exercise since they are key people within the school in charge of children's health and child protection issues and will interface with parents during and after SHA for continued care. This is why it is important that they understand the planning, implementation, data collection, analysis, referrals and follow-up of children who will be referred by SHA to local clinics. Nurses will leave the referral forms with the SHM or PSS teacher for collection by parents to take the child for further care.

8. NGO/CBO, in collaboration with the MoHCW, proposes dates for SHA and selects the best clinic to receive a clinical block grant.

Based on the prior assessment of drug availability and quality of services as assessed by the NGO/CBO, the best clinic will be selected to receive a clinic block grant. On the day of the assessments, children with minor ailments, e.g., ring worms, will be treated on the spot which is why the clinic chosen for a block grant should have adequate supplies as well as offer quality services.

9. SHA Coordinator and community sister meet with the SHM and PSS teacher to finalize dates for the assessment and plan for the SHA logistics.

The meeting will finalize dates and logistical arrangements which may include:

- Rearrangement of the school calendar to accommodate the health assessment.
- Notice to parents about the SHA.
- Budget-allowances, meals, nurse's transport, etc.

Ideally, the MoH should provide assessment equipment, e.g. scales, but if not, the NGO/CBO can purchase this equipment and coordinate usage among other SDCs. In the event that the health institution requires additional equipment, the NGO/CBO can assist with the purchase of scales, cotton wool, sanitizers, gloves etc. for use during SHA.

10. NGO/CBO sends data forms to the schools to be completed before the SHA takes place.

The forms need to be sent to the school to be completed before the SHA. This activity is done under the supervision of the PSS or SHM. Prior completion of the bio-data forms speeds up the process on the assessment day. Ideally, the NGO/CBO and community sister should check that the forms have been completed accurately.

11. On the day of SHA at the school, nurses give a brief and general health education presentation on prevailing diseases and ways of addressing them before assessments.

On the day of the assessment, nurses or the health promotion team from the local clinic give health education on any prevailing diseases and ways of addressing them before conducting a head to toe examination for each child.

Posters on prevailing conditions (e.g. malaria) during the rainy season can be sourced from Ministry of Health offices – Health Promotion Department and District Offices.

12. The SHA Coordinator collects all information forms (filled in or blank) and forwards them to the NGO/CBO for further analysis. The clinic will advise on where best to keep the forms (at the clinic or school) under safe storage (confidentiality should be observed at all stages).

The information needs to be analyzed to ascertain disease trends and shared with relevant authorities including the school, community and health Ministries. The forms completed constitute a health record for the child and the information has to be kept in a locked place for confidentiality.

13. NGO/CBO analyzes data and provides feedback to SDC/SDA and other stakeholders.

The analysed data is given to the NGO/CBO, SDC/SDA, the school and the community. The results inform what type of health education is important in the community during feedback sessions, e.g. if ring worms were prevalent, health education on personal hygiene will be emphasized.

14. SHA Team (SHM, PSS Teachers, nurses and partner programme officers) collects all information for referrals and follows up with the clinic within one month of the assessment to check if follow-up services were received by children.

The SHA coordinator works closely with the SHM and the PSS teacher to facilitate collection of referrals by parents and checking with the clinic if the children received services they were referred for.

15. CBO finalises value of clinic block grant.

After one month, CBO finalizes the value of the clinic block grant after figures for referrals have been submitted by the clinic and settles the bill according to the specifications of the MOU.

16. Continued review of the SHA process by all participants to find ways for improvement.

2. Forms

The forms can be used by NGOs, CBOs, SDAs/SDCs, and School Health Masters to collect data during the SHA programme.

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School Health Assessment Preparation Checklist

Item	Tick (yes/no)	Comment
School notification: **a.** Headmaster **b.** School Health Master **c.** Counseling & Guidance Teacher/PSS Teacher **d.** District Officer		
Clinic Block Grant		
Clinic Stock Up		
Height Boards		
Scales		
MUAC Tapes		
Paperwork to be photo-copied: **a.** Bio-Data Forms **b.** SHA Referral Sheets **c.** Psycho Social Counseling and Referral Forms **d.** Photo Consent Forms **e.** Tally Sheets **f.** Hearing Test		

Item	Tick (yes/no)	Comment
Vehicle		
Other logistics: **a.** Nurses stipends **b.** Nurses transport **c.** Refreshments **d.** Stationary **e.** Medical Supplies		
Medicine/Drugs		
Other:		

Primary School Health Bio Data Form

Name of School _____ Date _____

Surname: _____ Grade _____

First Name _____

Date of Birth _____ Age _____ Sex _____

Home Address _____

STATUS OF THE CHILD (PLEASE TICK √)

Single Orphan	Double Orphan	Vulnerable Child	Maternal Orphan	Paternal Orphan

Name of Care Giver _____

Overall	Condition/Comments
1. Cleanliness	
2. Vaccination Scar	
3. Height	
4. Skin	
5. Scalp	
6. Teeth	
7. Tonsils	
8. Cervical Glands	
9. Nose	
10. Mouth Breather	
11. Ears	
12. Speech	
13. Hearing	
14. Deformity	
15. Blood in urine	

Sight	Condition/Comments
16. External eye	
17. Squint	
18. Vision 6/R 6/L	
19. Glasses	
Nutrition	**Condition/Comments**
20. Mass	
21. Overall nutrition	
22. Mid-Arm circumference	

OBSERVATIONS AND RECOMMENDATIONS

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____

SHA Referral Form

A. CHILD'S INFORMATION (OVC) / MEMBER OF FAMILY:

Name of Client: _____ Date: _____

Sex (M/F): _____ Age: _____

Address: _____

Area/Suburb: _____ City: _____

Name of Care Giver/Guardian/Parent: _____

Referred By (Name): _____ Title: _____

Referral sent to: _____

(Dispensary, Health Centre, Voluntary Counseling and Testing, Clinic, Peer groups, Counseling, Other)

B. REASON FOR REFERRAL (PLEASE TICK √)

Medical	Educational	Counseling	Legal	Other

_____

_____

_____

_____

_____

_____

_____

_____

Responsible Referring Signature _____

School Health Master _____

Date & Stamp

C. FOR CLINIC:

Action taken _____

_____

_____

_____

_____

Recommendations _____

_____

_____

_____

Psycho Social Counseling and Referral Form

Please complete entire form

Name of Assessor: _____ Cell# _____

Date: _____ Client Personal Detail: _____

Name & Surname: _____

Date of Birth: _____ Sex: _____

Grade/Form: _____ Order of Birth: _____

School: _____

Number of siblings under 18 years _____

CHILD STATUS (PLEASE TICK √)

Single Orphan	Double Orphan	Vulnerable

CLIENT HISTORY

Drug Abuse

_____

_____

_____

_____

Appetite

_____

_____

_____

_____

Sleeping Patterns

Isolation/Withdrawal

Suicidal Ideation/Attempt

Memory & Concentration

Visual/Auditory Hallucinations

Cleanliness

Medication/Treatment

PROBLEM TYPE (PLEASE TICK √)

Behavioral Difficulties		Anger Management	
Anxiety		Attachment & Bonding	
Child Development		Conflict Resolution	
Divorce/Changing Families		Emotional Issues	
Grief & Loss		Life Skills	
Relationship Struggles		School Difficulties	
Social Skills		Depression	
Abuse & Trauma		Other	

Client Information & History:

_____

_____

_____

_____

Treatment Plan:

_____

_____

_____

_____

Referral:

_____

_____

_____

_____

FOR OFFICE USE ONLY:

Checked for completion by: _____

Date: _____

Photo Consent Form

I, the undersigned, caregiver/Mister/Madam/Headmaster/Headmistress

_____

ID/Passport/Driver's License_____

hereby permit World Education/Children First Project to take and use photos of

_____ (name of learner)

for their project reporting purposes to the Government of Zimbabwe, implementing partners, funding donors and other project relevant stakeholders.

Signature_____ Date _____

Witness _____ Date _____

Tally Sheet

Conditions seen during School Health Assessment

Name of Centre: _____

Condition	Boys	Girls
Scalp Ring worm		
Tinia Corporis/ Ring worm of the body		
Skin Sore		
Scabies		
Skin Rashes		
Dental Caries Inclusions		
Cervical Glands		
Conjunctivitis		
Spring Catarrh		
Visual Problems		
Common Colds		
Tonsillitis		
Blood in urine		
Epistaxis\ Nose bleeding		
Ear infections		
Burns		
Mid arm circumference		
Injury		
Other		

Conducting Hearing Tests as part of SHA

A Guide for Simple Tests of Hearing in the Absence of Audiometers

CHECKING A CHILD'S HEARING AT HOME

It can be hard to check a young child's hearing, but even if you plan to have your child's hearing tested by a professional, it is helpful if you can check your child's hearing first. This way, you can give important information to the professional and you will gain a better understanding of what the professional is doing.

Checking hearing at home is free and you can use materials that are easy to find. Also, it is a good way for friends and family members to become involved in the child's development.

Keep in mind that your child may respond to:

- What she/he sees, not what she/he hears
- The vibration (shaking) that a loud sound makes
- The expression on your face, or to your gesture

And your child may not respond if:

- She is busy doing something
- She is sick or has an ear infection
- She is tired, bored, or in a bad mood

HOW TO CHECK YOUR CHILD'S HEARING

Try to notice the sounds your child responds to in everyday settings. This is a good, general way to learn about your child's hearing.

Next, you can check to see what kinds of sounds your child may or may not hear. You can first check to see what sounds she hears that different objects make, and then what 'speech' sounds she hears.

To do this, you need:

- To be in a quiet place without other sounds or noise
- Some simple equipment
- Two people to help you

First try to check the hearing of a child who is the same age as your child and whose hearing is normal. Practice until you see how a young child responds to hearing a sound.

- Keep the activity relaxed and enjoyable.
- Use a variety of small toys to keep the child from getting bored.
- Keep the sessions short. You can check hearing in more than one session.

You will need:

- 3 cans
- Piece of wood
- Handful of dry beans
- Handful of uncooked rice
- A small toy

One **HELPER** sits in front of a parent and child. She/He will get the child's attention by showing him/her a small toy. The other person stays 1 meter (3 feet) behind the parent, out of sight of the child. This person is the **TESTER**. She/He will make the sounds to each side of the child, for the child to hear. If the child turns to look at the tester, the tester should not interact with the child by smiling or looking at him/her.

Check for loudness and pitch of sounds

In this test you will use simple sound makers made from 3 identical empty tin cans.

1. Place a piece of wood in the first tin can (low-pitch sound)
2. Place a handful of large uncooked dry beans in the second tin can (middle-pitch sound)
3. Place a handful of uncooked rice in the third tin can (high-pitch sound)

Shake the can gently for a **quiet** sound. Shake it harder for a **medium** sound. Shake it very hard for a **loud** sound. The tester should practice shaking each of the cans until she/he can control the loudness.

HOW TO RECORD SOUNDS THE CHILD HEARS

Here is one way to make a chart to record what sounds the child can hear.

The chart has one section for each ear.

Each section has boxes for low, middle, and high pitches. You will mark each box to record if the child heard each sound when it was quiet (1 circle), medium (2 circles), or loud (3 circles). If the child could not hear the sound at all, no matter how hard you shook the can, there will be no circle.

low		
medium		
high		
	left ear	right ear

TESTING THE CHILD

Helper: Calmly get the child's attention with the toy. When the child is paying attention to the toy, gently cover the toy with your other hand.

Tester: Use the can to make the low-pitch sound. Cover the top of the tin can and shake the container for 3 to 4 seconds behind each of the child's ears. Start with a quiet sound.

Helper and Parent: Notice if the child responds to the sound.

Helper: If the child responds, nod your head slightly to show the tester that the child responded.

WHAT CAN THE CHILD HEAR?

TESTER: If the child responds to the quiet sound, mark the chart with 1 circle and stop testing that ear with the low pitch sound. If the child does not respond to the quiet sound, shake the can a little harder to make a medium sound, also for about 3 to 4 seconds. Wait to see if the child responds. If the child does respond, mark the chart with 2 circles and stop testing that ear with that sound. If the child does not respond to the medium sound, shake the can harder to make a loud sound for 3 to 4 seconds. If the child responds to the loud sound, put 3 circles in the correct box on the chart. There will be no circle if the child did not hear the sound.

Be sure to check both ears with all three sounds:

- The low-pitch sound (the can with wood)
- The middle-pitch sound (the can with beans)
- The high-pitch sound (the can with rice)

To get the best results the **PARENTS** should:

- Hold the child steady on her lap, but freely enough that the child can turn around.
- Not react to any of the sounds made by the tester.

The **TESTER** should:

- Stay behind the child.
- Make the sounds at the same height as the child's ears.
- Make the sounds 1 meter (3 feet) from the child.
- Do not let the child see him/her and do not let the child see his/her own shadow.
- Make the sounds on the left and right side of the child.

The **HELPER** should:

- Keep the child's attention on the toy.
- Be calm and quiet.
- Not look at the tester.
- Not react to any of the sounds made by the tester.

3. Health Information Pamphlets

Health education information included in this Toolkit will be complimented by three modules produced by MOH&CW with support from UNICEF to be used for learners in School Health Clubs.

PART 1:

General Hygiene and Well Being

- Public Health Appraisal
- Personal Hygiene
- Skin Problems
- Sight and Eyes
- Hearing and Ear Problems
- Oral Hygiene and Conditions
- Respiratory System and Conditions
- Childhood Diseases Prevented by Immunisation
- Physical Ability
- Accidents and First Aid

PART 2:

Environmental Hygiene and Sanitation

- Water Sources
- Water Usage
- The Built Environment
- Sanitation
- Food Hygiene
- Diarrheal Diseases
- Intestinal Worms
- Bilharzia
- Animal Borne Diseases
- Malaria

PART 3:

Life Choices and Health

- Good Nutrition
- Food Security
- Malnutrition
- Mental Ability
- Sexual Reproductive
- Substance Abuse
- Sexual Transmitted Infections
- HIV&AIDS
- Non Communicable Diseases

Bilharzia

What You Need To Know

Bilharzia is a human disease caused by parasitic worms called Schistosomes.

In Zimbabwe, bilharzia is an increasing public health problem affecting many people especially school age children.

This disease causes serious health and learning problems if it is not treated early.

There are two types of bilharzia: urinary and intestinal bilharzias.

How does bilharzia spread?

- Bilharzia is spread through contact with water that is contaminated by the Bilharzia parasite.

Signs and symptoms of bilharzia

- Blood in urine or stool depending on type
- Passing of urine painfully and more frequently
- Lack of concentration and poor performance in class
- Feeling of general tiredness and weakness
- Lower abdominal and back pain

Preventive measures for bilharzia:

- Avoid urinating in or near water bodies such as rivers, streams, ponds and dams. Always use toilets when urinating and defecating.
- Avoid swimming or bathing in open water sources e.g. rivers, streams, ponds or dams
- Avoid washing clothes in unprotected water sources
- Apply chemicals to kill snails in water sources used for recreation
- Irrigation canals have to be lined with cement
- Drain the water storage ponds in irrigation to dry the snails periodically
- Flush the water ponds with running water
- Remove weeds from canals
- Seek treatment immediately at your nearest health facility if suspicion occurs

Bilharzia can be prevented.
Let's join hands to fight this disease!

Intestinal Worm Diseases

What You Need To Know

In Zimbabwe, **intestinal worm** diseases are an increasing public health problem affecting many people especially children of school going age.

This disease causes serious health and learning problems if it is not treated early.

Intestinal worm diseases include hookworms, roundworms and whipworms.

Intestinal worms occur through oral ingestion of the eggs of parasite such as round worms and whipworms and in hookworms, through penetration of the larvae.

Signs and symptoms of intestinal worms

- Loss of blood leading to anaemia
- Pain in the abdomen and diarrhoea
- Not feeling full after eating
- Stunted growth i.e. failure to grow
- Big abdomen (pot belly)
- Impaired memory in childhood
- General tiredness or weakness
- Itchiness and scratching of the anal area
- Increased school absenteeism
- Lack of concentration leading to poor performance in school

Preventive measures for intestinal worms

- Always wear shoes to avoid hookworm infection
- Always wash hands with soap or ash under safe running water after using the toilet
- Always wash fruits and vegetables with safe running water before consumption
- Always defecate in the toilets instead of the ground (bush toilets) to avoid contamination of the environment (land, water, air and food)
- Every homestead should have a clean usable toilet
- Always seek treatment if you suspect intestinal worm infestation

Intestinal worm diseases can be prevented.
Let's join hands to fight these diseases!

Cholera Alert

Cholera: an infection of the small intestine that causes a large amount of watery diarrhea.

Signs and symptoms of cholera

- Muscle cramps.
- Vomiting.
- Stool that has a characteristic "rice-water" appearance -- grey, slightly cloudy with flecks of mucus, and a slightly sweaty odor
- Sudden onset and large amounts of watery diarrhea. Diarrhea is usually painless.

As fluid is lost, other cholera signs and symptoms can occur, including:

- Weakness
- Thirst
- Reduced urine production
- Increased heart rate

Prevent cholera

- Drink water from a safe source or disinfected water (boiled or chlorinated) only.
- Avoid eating uncooked food unless it can be peeled or shelled.
- Cook food or reheat it thoroughly, and eat it while still hot.
- Wash your hands thoroughly with soap or ash under safe running water after using the toilet and before handling, preparing or eating food.
- Dispose of human excreta in a recommended toilet
- Prevent fly breeding by disposing refuse in a refuse pit and covering it well with soil.
- Wash fruits and vegetables using safe water before eating.

Personal Hygiene

- Personal hygiene involves keeping our bodies clean from head to toe and wearing clean clothes.
- Personal cleanliness protects us from germs and bacteria which can cause diseases such as ringworms.
- It also helps us not to spread germs to other people.

Hair

- Wash hair with soap and clean water daily.
- Comb hair and keep it clean, ideally keep it as short as possible.

Face

- Wash face regularly with clean water. As you wash, pay close attention to the eyes, nose, ears and mouth where germs spread.
- Keep the mouth clean by brushing with a tooth-brush or chewing stick in the morning, evening and after every meal.

Hands

- Wash hands before and after every meal.
- Wash hands whenever they are dirty.
- Wash hands after using the toilet.
- Wash hands before and after changing nappies.
- Keep finger nails short and clean.
- Wash hands using running water.

Feet

- Keep feet clean and toe nails short.
- Keep feet dry especially in between toes.

Body

- Wash the whole body, everyday paying attention to armpits and privates parts to avoid bad smells, lice, dirt and scabies (mhezi).

Clothes

- Wash clothes with soap and clean water.
- Iron all clothes when necessary.
- Always mend torn clothes and replace buttons.
- Wash underwear and socks daily and dry them in the sun.
- Keep shoes clean and aerated and avoid sharing them with others.

Typhoid is a disease caused by a germ called salmonnella Typhi.

Typhoid has occurred in the country. People who visit the affected areas and do not take preventive measures against the disease are likely to suffer from typhoid and spread the disease to other areas where there is no typhoid .This is to remind you of the need to practice personal and environmental hygiene at all times.

WHAT IS TYPHOID

Typhoid is a disease caused by a bacteria called salmonella Typhi.

People contract typhoid through drinking water or eating food that is contaminated with salmonella typhi. Flies can contribute to the spread of typhoid.

Incubation period 1- 3 weeks

COMMON SIGNS AND SYMPTOMS OF TYPHOID.

* Very high fever (39-40)
* Sweating
* General aches and pains
* Headaches
* Diarrhoea
* Stomach pains (gastroenteritis)
* Poor appetite
* Rash
* Weakness

WHAT TO DO WHEN TYPHOID OCCURS

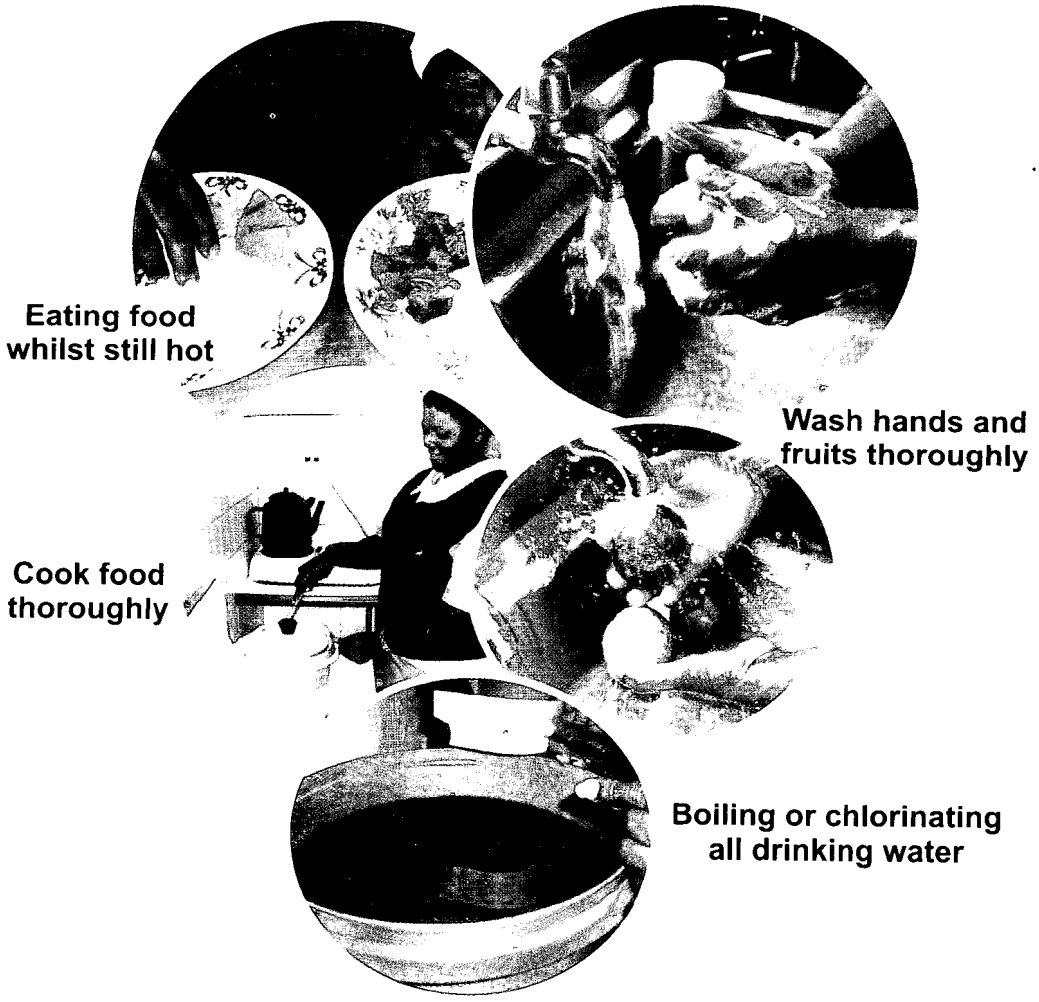
If you suspect typhoid in your area advice health workers at your nearest Health facility immediately

Talk to your health worker about how to deal with the patient's discharges and soiled clothes because they are potential source of infection and further spread of the disease.

LETS WORK TOGETHER IN PREVENTING TYPHOID

PRODUCED BY HEALTH PROMOTION SECTION, CITY HEALTH DEPARTMENT, HARARE, ZIMBABWE

Typhoid is a disease caused by a germ called salmonnella Typhi.



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