

PPRC NEWSLETTER

ISSUE 6

FEATURE :

REALIZING UHC GOALS



Power and Participation Research Centre
Independent Policy Centre, Bangladesh

School Health Screening

A Healthy Bangladesh Priority

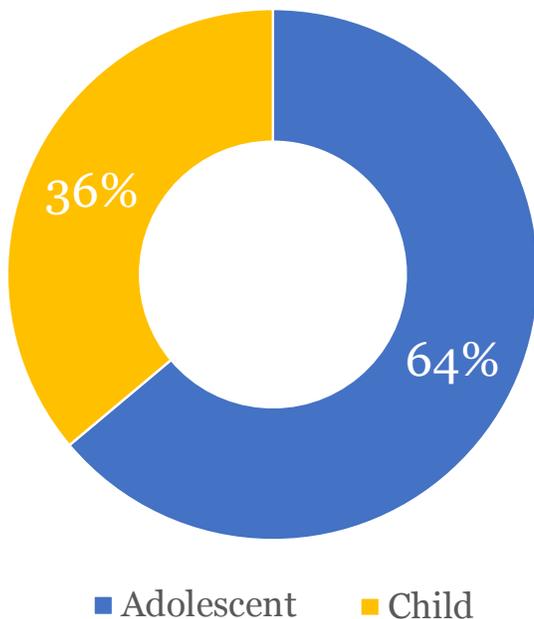
Dr. Tahmina Banu

The rapid rise of health problems and overall deterioration in general health in the population, especially in children is alarming. Early detection of health problems can save children from diseases and eventually their families from financial and psychological burden to some extent. Chittagong Research Institute for Children Surgery (CRICS) started its journey with child protection and welfare as its overarching theme. CRICS has been working on preventive and curative measures for child protection from diseases and for over-all child well-being.

Schools are a hub for large number of under-18 population. Screening for health problems at schools can aid in early detection of diseases among a large number of under-18 population. With this in mind CRICS had decided to undertake a School Health Screening Program. Being a promoter of school health 'Healthy Bangladesh' had kindly decided to support the endeavor.

Dr. Khastagir Government Girls' High School being one of the top schools of Chittagong was chosen to be the first school to initiate the screening program. A total of 1315 students from class five to class nine were screened. Also blood grouping of those students that didn't know their blood group (476) was done free of cost. The screening was done in two parts: Screening of Morning Shift and Screening of Day Shift students. Screening of the Morning Shift students was done from 31st March to 17th April 2018, a total of 10 days in between. The Screening date of Day Shift students was 1st September to 6th September 2018, a total of five days. The screening team consisted of doctors from CRICS, medical students and interns from Chittagong Medical College (CMC) and Chattagram Maa-O-Shishu Hospital and. Non medical personnel from CRICS aided in data collection along with the screening team. Blood grouping was done with the help of SANDHANI CMC Unit.

Demographics

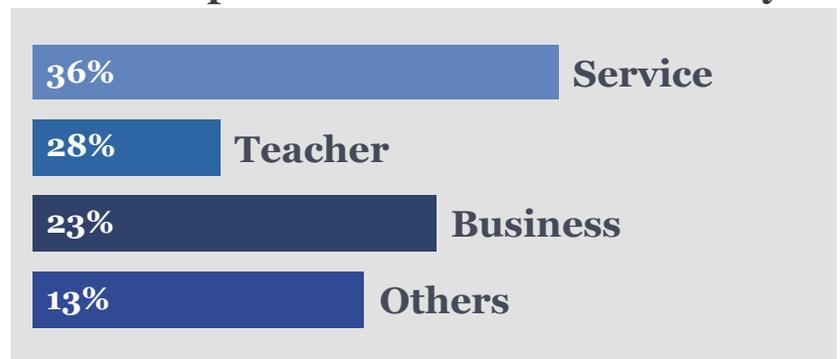


1315
students from
grades V to IX
were screened

30%
with monthly family
income above 50k BDT

3%
with monthly family
income less than 10k BDT

Main occupations of the students' family

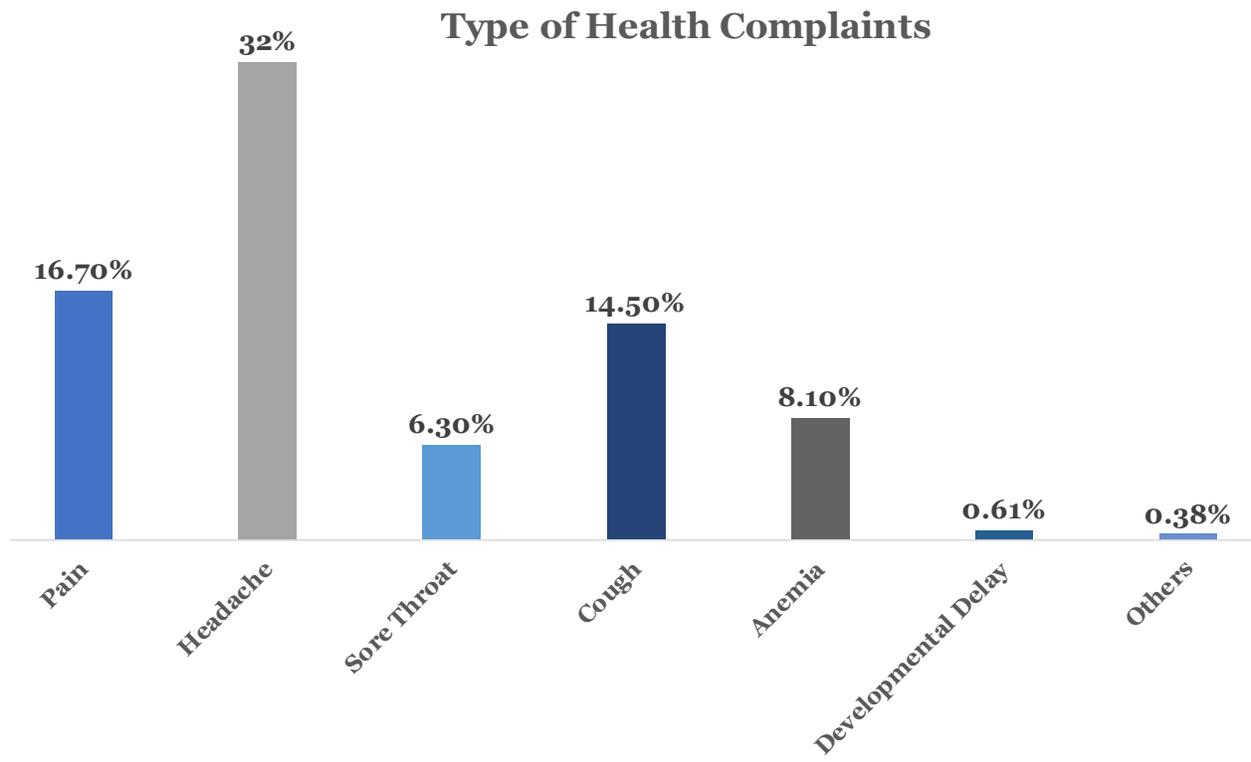


General Examination

	Average	Range
Weight	48 kg	22 kg - 94 kg
Height	152 cm	55 cm - 196 cm
Temperature	98.65 F	96 F – 103.32 F
SpO2	98%	97% - 99%
Pulse	95 b/m	65- 120 b/m
	In Children: 109 mmHg/ 70 mmHg	80-150mmHg / 50-100mmHg
Blood Pressure	In Adolescents: 115 mmHg/ 75 mmHg	80-190mmHg / 50-104mmHg



During the screening, students had various types of health complaints. The most common was headaches, with 32% of the students having this complaint. Other major complaints included general pain, cough and anemia. These health complaints were further investigated to diagnose students with different health problems.



947 (72%) of total 1315 students had various types of health problems. Among them 59 (4.5%) students had identifiable birth defects. The patient with congenital heart disease underwent open heart surgery. Of the 11 students (0.84%) that had ear problems, 4 had hearing difficulties, 1 had recurrent abscess around ear, and auricular developmental anomalies (Batear and microtia) were found on 2 students.

Type of Health Problems	%
Eye problem	46%
Allergy	37%
Menstruation problem	25%
Bowel problem	13%
Urinary problem	13%
Weakness	10 %
Tonsillitis	5%

Significant problems were identified with eye examination. 595 students, a baffling percentage of 46% among the students had eye problems. 19 students (1.44%) had limb problems, phocomelia of upper limb, hemiparesis left forearm, polydactyly of both hands, and dermatomyositis were noted. One student complained of pain in the right il-

iac fossa and was diagnosed with recurrent appendicitis on the examination of abdomen.

Intervention

On 5th September 2018, 87 important cases identified by the junior doctors were re-examined and treated by a team of Specialists. The team included Pediatric Surgeon Professor Dr. Tahmina Banu, Gynecologist Professor Dr. Rokeya Begum, Pediatrician Prof Dr. Rasheda Samad, Dermatologist Dr. Murshid Ara Begum, and Ophthalmologist Dr. Abdul Mannan Sikder. The students having surgical problems such as Hernia, lipoma, cysts etc. were advised for operative treatment. Others having menstrual problem, urinary complaints, occasional upper abdominal pain, headache, allergic problem, obesity; constipation and P/R bleeding etc. were given lifestyle changing advice or treatments and referred to appropriate facilities. Also leaflets containing guideline for general health conditions were distributed among the students and their guardians.

Despite certain limitations and setbacks the screening program gave an insight about the general health status of females of school going age. The success of this program has encouraged us to implement such programs country-wide and it is now one of our agendas.

Dr. Tahmina Banu is the Director of Chittagong Research Institute for Childrens Surgery (CRICS).



Into the Global Health Conversations

Professor Kokila Lakhoo
Paediatrics Surgery, Oxford University, UK
President GICS



GICS is a consortium of providers, institutions, and allies from around the globe and from a wide range of both LMICs and high-income countries (HICs). GICS is committed to addressing children's surgical needs by engaging with, and being guided by, the needs and insights of local care providers in resource-challenged areas around the globe. The aim of the GICS is to bring together providers and implementers of surgical services for children, along with health, advocacy, and policy experts to - Analyze the current state of surgical care for children

in LMICs; Develop global, regional, national and local priorities to improve the delivery of surgical care for children in LMICs; Identify and bring together resources to address those global, national, and regional priorities. Our optimal resource document - outlines optimal manpower and equipment resources for each subspecialty of children's surgery at each level of the health care system. Our hope is that these guidelines will serve as the benchmark for building surgical services through National Surgical, Obstetrics, and Anesthesia Plans (NSOAPs), and that they can serve as tools to advocate for more resources for children's surgery. Finally, by providing a list of Essential Children's Surgical Services for each hospital's at each level, we hope that surgical care for children will improve and become safer throughout the world.

Professor Kokila Lahoo was one of the external jury member for the Social Research Workshop held in Chittagong. Professor Kokila is a valued friend of the Healthy Bangladesh Network.