



REVIEW ONE SCHOOL ONE NURSE PROGRAM IN NEPAL

BY

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Abstract

Here highlights the literature that is available in concerned subject as to my knowledge and relevant study on this article: Review of journals and article, newspapers, annual reports, internets, and review of work. The literature review provides the students the knowledge of the status of their field of research. Thus previous studies cannot be ignored as they provide the foundation of the present study

Keywords: (Population, School, Teachers, Nurse, adolescents, Health, Education, Policy)

1. Context

The school Health refers to a state of complete physical, mental, social, attitudinal, and spiritual well-being and not merely the absence of disease among pupils, students, teachers, and others related personal. The important role that Medicaid plays in expanding access to healthcare for underserved populations through school-based health centers (SBHCs). The article highlights how SBHCs are especially critical for those who face barriers to healthcare access, such as cost, transportation, and language barriers. By providing comprehensive healthcare services, mental health services, and health education programs, SBHCs can improve the health outcomes and academic performance of children and adolescents. The article emphasizes the crucial role of Medicaid in financing SBHCs and ensuring that all students, regardless of their backgrounds or insurance status, have access to high-quality healthcare services. Overall, the article underscores the potential of SBHCs and Medicaid to address health disparities and promote health equity for underserved populations (Rosenbaum, 2017).

Society and School health services refer to the health care delivery system that is operational within a school or college. School Health Services is the key of wellbeing of the school student as well as society. The status of children can be determined by the health facilities provided to them. So there is mutual relationship between school health service and good achievement. Different formal and informal organization (NGO, INGO, Governmental) has published various articles, reports, text book, research reports, which are reviewed for the purpose of this study. Some of the reviews are as follow.

The primary purpose of the school health program is to promote the physical and emotional health of the student and staff by maximizing the educational process. School health services are intended to play an integral part in support of health care provided by parents. Indeed the school nurse serves as the student vital link to medical and other community resources (American Academy of Pediatrics, 1993).

Julia E. Painter and Kristin L. Reiter (2015) is a research article that examines the effectiveness of school-based health centers (SBHCs). Through a systematic review of various studies on SBHCs, the authors found that these centers have a positive impact on students' overall health and academic outcomes. SBHCs were found to increase immunization rates, decrease absenteeism, and provide a safe and supportive environment for students to receive healthcare services. The article also highlights the importance of collaboration between healthcare providers, school administrators, and policymakers in implementing effective SBHCs. Overall, the systematic review provides evidence that SBHCs can improve student health outcomes and contributes to the success of students in school.

These patterns of socioeconomic disparities are often the same for disparities in academic achievement. It may be unrealistic to expect to close the achievement gap for disadvantaged youth without addressing wellness, readiness to learn, and the conditions affecting the health of the community. There are many proven interventions that have a positive impact on student's health and academic achievement. This report examines how delivering supportive health policies,



instruction, and services comprehensively may be more effective than offering single health interventions. School leaders are offered six key ingredients for success that are supported by research and are consistent with the Coordinated School Health approach from the Centers for Disease Control and Prevention (Diley, 2009).

Robert W. Blum and Tia E. Taylor (2003) explores the benefits of school-based health centers in promoting accessibility to healthcare for adolescents. The authors discuss how school-based health centers can improve the health and academic outcomes of students by providing access to preventive health services, mental health counseling, and other essential healthcare services. In addition, the article emphasizes the importance of accountability and collaboration between schools, healthcare providers, and policymakers in ensuring the success of school-based health centers. Overall, the article highlights the potential for school-based health centers to address health disparities and improve the overall health of adolescents.

The health and nutritional standards of school children in this study were found to be unsatisfactory among different morbidity pediculosis is found more in girls. The present study put more emphasis on the need for initiation of school health program in the school with more on improving personal hygiene, prevention of disease like parasitic infection/infestation, and improvement of their nutritional status. The situation in Nepal is extremely dire with more than 60% of the population are or below poverty level Malnutrition is widespread and 1 in every 5 children dies before the age of 5. The development of a country depends upon the development of children thus; if we help these children today the nation will get civilized citizen tomorrow. (Journal of College of Medical Sciences-Nepal, 2012, Vol-8, No-2, 12-16)

1. Objectives

The key objective of this study to review of one school one Nurse Programmed in Nepal.

2. Methods and used and Result analyzed

National Health Education Information and Communication Centre (NHEICC) has developed and provided different training for the betterment of SHP including School Health Services. The mostly health problem people live in rural area and they are under poverty. Data reviewed from different sources indicate that there are several health problems in the students and their families. The government is also not able to find out their health problems and solved their problem. So the effective SHP including school health services only can be the effective measures to control the health problems of our country Nepal. The systematic gap is related to the proper facilities provided by government. The status of health of school children in Nepal is not well understood. So health services can create an enabling environment to ensure better learning achievement and improved health of school children. School health program and services can be cost-effective and easiest way to improve dent's health and academic

performance not only to the students and school personnel but also to the family, community, and nation. Promoting health through school is financially, socially, economically, and politically desirable. Investing in school health services has far-reaching results and school can serve as an entry point for health promotion. Therefore SHP and its component must be a key point to achieve the twin goal "Education for All" and "Health For All". Health should than be a high focus in the agenda of the education sector at Local, Federal, and Central all levels.

The rationale for initiating SHN programmed is to prevent NCD by promoting health from early stage of life and to raising awareness in the community level.

In this program given the quality of health services provide to the students: Policy, planning, and leadership. Help and be ready for organizing policies, planning, and procedure regarding school health and also assist in planning of environmental safety and emergency services as well as in disaster management. Assist in making plan regarding school food policies. Assist in mitigation of violence-related activities. Health promotional services. Conduct various program in school related to advocacy and promotion of children's physical, mental, and social health. Take initiation on controlling of alcohol, tobacco use, and other drugs. Conducting and organizing exhibition, drama, and counseling program related to health. Teach useful life skills. Play major role in prevention of junk food. Conduct program for the awareness of nutritious food and also organizing drama and exhibition regarding its importance. Provide knowledge and awareness on adolescent-friendly reproductive and sexual health, sexual abuse, and child abuse. Provide Knowledge on Personal hygiene, environmental sanitation and also assisting and coordinating in its management. Conduct program regarding menstrual hygiene management. Provide orientation to teachers and other staff of school about health-related issues. Provide related services and facilities to the students in terms of diseases prevention and also participating in vaccination programs. Detection of any communicable diseases in schools should be informed to local level committee and should play major role in its management. School nurse should assist in developing children-friendly and healthy environment in schools in terms of physical and psychosocial aspects. Conduct Vitamin A supplementation, deforming, IFA (Iron and Folic Acid) for girls, and WASH activities. Health examination and first aid treatment. Regular monitoring of health status of students. Examinee height, weight (BMI), eyes, hearing, and dental problems. Examine nutrition status of children through anthropometric measurement. Examine and identify eyes, nose, ear, throat, teeth, and skin problems of students by coordinating with local health center and other health center. Identify and manage emergency health problems like common cold, diarrhea, vomiting, and other injuries. Manage different problems related to menstruation. Make action plan for the care of chronically ill children by involving related teachers, staffs, and families. Provide counseling related to physical, mental, reproductive, sexual, and menstrual health. Assist

and encourage handicapped children in capacity building and also providing counseling to teachers, students and guardian regarding this. Identify children with chronic illness and providing counseling to guardian and teachers regarding his/her illness.

Provide counseling related to healthy lifestyle, safe drinking water, personal hygiene, environmental sanitation, and waste management. Coordinate with primary, secondary, and tertiary health facilities in order to refer students, teachers, and other staff if they need added treatment. School nurse should take consent from parents. In case of emergency situation where she should provide first aid treatment and immediately refer them to health center. After referral, school nurse should follow up and monitor about the health status of students and other staffs and write a report. Health service programs related to contemporary issues. Prevention of adolescence pregnancy and awareness about family planning. Regular exercise and yoga, nutrition, dental health. Knowledge on sexually transmitted diseases and its prevention. Awareness on prevention of junk food, tobacco use, alcohol, and drugs use. Menstrual hygiene management and other life skills. There is no sanction post for School health nurse by province government so, there is difficulty in retaining manpower. Some of the local levels and schools seem to have passive role in facilitating this service. School Health Nurse is a new concept in the context of Nepal so, it is difficult to make people realize about it.

School health and nutrition services are services provided through the school system to improve the health and wellbeing of children and in some case whole families and the broader community.” (WHO) The expert committee on school health services around 1950s highlighted a connection between health and education that to learn effectively children need good health. (WHO, 1950) In the late 1950, definition of school health program changed as societies changed, where the first and most effective component of SHP can be school health services. (Allenworth.D Kolbe 7 L.eds, 1987). WHO forwarded the definition of health-promoting school in 1996? IT evolved as a strategy of helping school to build and use their entire organizational capacity to improve health among the student, school personnel, families, and communities. The world community, including united nation and international agencies has appreciated the need of an effective SHP in order to achieve all or some of the Millennium Development Goals (MDGs) by 2015. The EFA goals MDGs goals cannot be achieved without urgent attention to SHP. The EFA goals of Dakar forum for the year 2015 clearly envisaged the need for effective SHP.

The Convention on the Rights of Persons with Disabilities recognizes the right of all individuals, including those with disabilities, to the highest attainable standard of health without discrimination. This includes access to healthcare services, information, and education that is necessary to achieve and maintain good health. Additionally, the World Health Organization (WHO) has developed a series of conventions and guidelines related to health, including the International Health Regulations (IHR) and the Global

Strategy for Women's, Children's, and Adolescents' Health. These documents outline the importance of ensuring universal access to healthcare services and promoting health equity, as well as the need to address social determinants of health that can negatively impact health outcomes. The WHO also promotes the use of evidence-based interventions to prevent and manage common health conditions, such as vaccination programs, family planning services, and treatment for communicable diseases. They emphasize the importance of strong health systems and workforce development, as well as the need to prioritize research and innovation in the field of health (WHO, 2020).

Local governments play a critical role in ensuring access to health services and promoting public health within their communities. In many countries, local governments have established health departments or agencies responsible for overseeing a range of health-related programs and services. One example is the United States, where local health departments are responsible for providing a range of public health services, such as disease control and prevention, immunization programs, and environmental health services. These departments also work to promote healthy behaviors and lifestyles, such as through community-based programs to increase physical activity and healthy eating. In addition to providing health services and programs, local governments can also play a key role in advocating for policies that support public health. For example, they may work to create smoke-free environments, promote access to healthy food options, or support active transportation options like biking and walking. The World Health Organization (WHO) recognizes the important role of local governments in promoting health and has developed guidelines to support their efforts. These guidelines emphasize the importance of promoting health equity, involving communities in health planning and decision-making, and collaborating with other sectors to address social determinants of health (LHD, 2021).

School Health Services is the component of SHP which aim is to improve the health status of school family and learning experience of the student. There is lack of School Health Services in rural area so the health status of the student is decreasing day by day. School Health Services is an important program for the achievement of national goal of proper health and quality education defined by health and Population Ministry and ministry of education. The school health and nutrition programs are meant to accurately analyze the health and nutritional status of the student from 5-17 years of age group and give suggestion for their proper hygiene. Since inception, CCD Nepal has been focusing primarily on the school health and nutritional program in different school area (CCD NEPAL ANNUAL REPORT 2015).

The One School One Nurse program is a healthcare initiative implemented in several countries around the world with the aim of providing healthcare services to students in public schools. The program primarily involves assigning a nurse to each school, which is responsible for the health and well-being of the students, including administering first aid, monitoring illnesses, and providing health education. The facilities and practices of health services provided under the

program have been the subject of various studies and theoretical reviews. These studies have highlighted the importance of the program in improving the health outcomes of students in government schools. One key theoretical review highlights the importance of access to healthcare services for children, particularly in low-income areas. A lack of access to healthcare services can result in long-term health problems and can negatively impact academic performance. With the One School One Nurse program, students are provided with a direct link to healthcare services, which can reduce the impact of health issues on their academic performance. Another theoretical review focuses on the need for healthcare services to be provided in a culturally sensitive and appropriate manner. Schools are often diverse environments, and healthcare providers must be able to provide services that are respectful and sensitive to different cultural backgrounds. This can improve the effectiveness of healthcare services and increase the likelihood of students utilizing these services. Overall, the One School One Nurse program has been shown to be an effective way to provide healthcare services to students in public schools. The program can improve health outcomes, reduce the impact of health issues on academic performance, and provide a direct link to healthcare services for students in low-income areas.

Ministry of health and Population and Ministry of Education, The government of Nepal, and Japan international cooperation Agency (JICA) entered into an agreement on technical cooperation for the school health and nutrition project in Sindhupalchowk and Syanga two district in Nepal to improve health and nutrition status of school aged children at primary level based on the National School and Nutrition strategy. The project started from June 2008 and is for 4 years, till May 2012. Which aim was to support National school health nutrition strategy as well as to plan and develop the cost effective school health and nutritional services model which can be replicated by the government to other parts of Nepal. The major activities of the project was physical checkup, De-worming program, first aid services, school check list, child club mobilization, blood and stool test. The health status of the school children was not well, as well as there was far distance between theory and practices of School Health Services and program. The school health facilities are not adorned. The project has played vital role for the development of health status of children in those two districts.

Health instruction in schools is shaped, in large part, by the health education curriculum. Research has identified the following characteristics of effective health education curricula (4 17): focuses on clear health goals and related behavioral outcomes; is research-based and theory driven; addresses individual values, attitudes, and beliefs; addresses individual and group norms that support health enhancing behaviors; focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors; addresses social pressures and influences; builds personal competence, social competence, and self efficacy by addressing skills; provided functional health knowledge that is

basic, accurate, and directly contributes to health-promoting decisions and behaviors; uses strategies designed to personalize information and engage students; provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials; incorporates learning strategies, teaching methods, and materials that are culturally inclusive; provides adequate time for instruction and learning; provides opportunities to reinforce skills and positive health behaviors; provides opportunities to make positive connections with influential others; and includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning. CDC has developed the Health Education Curriculum Analysis Tool (HECAT) to help schools identify curricula that feature these characteristics of effective health education curricula (18). In addition, the Registries of Programs Effective in Reducing Youth Risk Behavior identify specific interventions and curricula determined to be worthy of recommendation on the basis of expert opinion or a review of design and research evidence (CDC, 2012).

School Health has been regarded as a high priority intervention in developing countries. However it has not been prioritized in Nepal for many years. The objectives of the study are to find out the nutritional status and morbidity pattern in school age children. This cross-sectional study was administered in two schools located in Boldephedeche and Mahure of Kavrepalanchowk. From the selected schools, a total number of 160 students studying from Grade 1 to 5 were enumerated in the study using census survey method. Among 160 students, the most important three problems were pediculosis 42 (26.2 %), dental caries 29(18.1%), and waxy ear 27(17.1 %). Thus the school health education should put more emphasis on oral care, nutrition, personal hygiene and others. The health and nutritional standards of school children in this study were found to be unsatisfactory. Among different morbidity pediculosis is found more in girls. The present study put more emphasis on the need for initiation of school health program in the school with more on improving personal hygiene, prevention of disease like parasitic infection/infestation and improvement of their nutritional status. (Journal of College of Medical Sciences-Nepal, 2012, Vol-8, No-2, 12-16)

The Conducted a research on the health status of school children of Pokhara valley, Nepal. The cross sectional study to assess the health and nutritional status of school children in the age group of 4-15 years was carried out in 6 government primary schools of Pokhara valley by health team of the department of Social & Preventive Medicine (SPM), Manupal College of Medical Science, Pokhara, Nepal. A total of 750 students of sex, 368 boys and 382 girls were examined. The prevalence of wasting and stunting in these children were low (10.3% & 15.7% respectively) with boys suffering more than girls in both aspects. The 6-10 years old children were affected most. Pediculosis, Dental caries and Worm infestation were three most common diseases suffered by students. The study highlighted the need for continuation of

school health services aimed at improvement of their health & nutritional status (Shrestha et al 2003).

Examines the status of school health services in Nepal and the challenges that hinder their effective implementation. The article highlights the importance of school health services in promoting health and education outcomes for children and adolescents. Pokharel discusses the various components of school health services, including health screening, health education, and treatment and referral services. The article also identifies some of the key challenges in implementing school health services in Nepal, such as inadequate financing, lack of trained health personnel, and limited infrastructure. Finally, the article suggests several strategies to overcome these challenges and maximize the potential of school health services to improve health outcomes and academic performance in Nepal. Overall, Pokharel's article provides valuable insights into the current state of school health services in Nepal and the opportunities for progress and improvement in the future (Pokharel, 2017).

Shrestha et al (2016) conducted project program on the situation of school health and nutrition program in Dolakha and Tanahu. They found that the school in the project group had significantly better access to school health services, health and sanitary facilities and more child club activities. Student in this group were more likely to have better hygiene practices and health outcomes. These result are 10 encouraging and indicating the potential of school health service and nutritional project to improve student health outcomes even one year after the project completion. Thus the result activities should be scaled up the other parts of the country. Also, longitudinal studies should be conducted on school health projects in Nepal to confirm the casualty. Provides an overview of school health programs in Nepal and their potential to improve the health and well-being of children and adolescents in the country. The article discusses the various components of school health programs, including health education, health promotion, and health services. Yadav also highlights the importance of community participation and collaboration in the successful implementation of school health programs. The article identifies some of the key challenges in implementing these programs in Nepal, such as inadequate funding, lack of trained health personnel, and limited infrastructure. Finally, the article suggests several strategies to overcome these challenges and improve the effectiveness of school health programs in Nepal. Overall, Yadav's article provides a comprehensive overview of school health programs in Nepal and their potential to promote health and well-being among children and adolescents in the country (Yadav, 2018).

Background in nursing and public health and has worked on numerous public health projects in Nepal focusing on child and maternal health, HIV/AIDS, and health systems strengthening. In his article, Gurung examines the current status of school-based health promotion activities in Nepal and provides recommendations for future directions to improve their effectiveness.

Gurung's research highlights the importance of incorporating

evidence-based interventions into school health promotion programs and involving communities in the design and implementation of these activities. He also emphasizes the need for targeted interventions to address the specific health needs of different age groups and populations within schools. Gurung's work has contributed to a greater understanding of school health in Nepal and has helped inform policies and programs aimed at improving the health and well-being of children and adolescents in the country. His research highlights the importance of school-based health promotion activities as a key strategy to promote health and prevent disease among young people in Nepal (Gurung, 2018). The research utilized a nationally representative survey to examine the prevalence of NCDs among Nepalese adults aged 60 years and above. The study found that the prevalence of NCDs was high among older adults in Nepal, with hypertension being the most commonly reported NCD. The research also identified several factors associated with NCDs, including age, gender, education level, and physical activity levels. The findings of this study have important implications for public health policy and interventions in Nepal. The high prevalence of NCDs among older adults underscores the need for targeted interventions to prevent and manage these conditions. The identification of factors associated with NCDs can help inform the development of effective prevention and management strategies. The research also highlights the need for further research to better understand the burden of NCDs in the Nepalese population and to develop appropriate policies and programs to address this growing public health concern. Overall, this study provides valuable insights into the prevalence and factors associated with NCDs among older adults in Nepal and the need for targeted interventions to prevent and manage these conditions (Subedi & Rana, 2018).

The research utilized a nationwide population-based cross-sectional study to examine the prevalence of hypertension and its associated factors in Nepal. The study found that the prevalence of hypertension was high among Nepalese adults, with older age, male gender, urban residence, overweight/obesity, alcohol consumption, and family history of hypertension being significant risk factors for hypertension. The findings of this study have important implications for public health policy and interventions in Nepal. The high prevalence of hypertension among Nepalese adults underscores the need for effective prevention and management strategies. The identification of risk factors associated with hypertension can help inform the development of targeted interventions to prevent and manage hypertension in the Nepalese population. The research also highlights the need for further research to better understand the burden of hypertension in Nepal and to develop appropriate policies and programs to address this growing public health concern. Overall, this study provides valuable insights into the prevalence and factors associated with hypertension among Nepalese adults and the need for targeted interventions to prevent and manage this condition. The research contributes to a better understanding of the burden of hypertension in Nepal and can inform the development of evidence-based policies and programs to address this growing public health

concern (Subedi&Paudel, 2015).

Education is a prime source of knowledge for positive change. However, a significant number (34.1%) of the population in Nepal are still illiterate (Central Bureau of Statistics, 2012b) and people who have no or low education are starting farming as an occupation which makes them more vulnerable to zoonoses. Globalization, industrialization, and commercialization paradigm have been shifting in farming communities (Bagale&Adhikari, 2019). In the context of Nepal, many traditional livestock farmers are shifting to commercial farming, which might contribute to the elimination of hunger and poverty. But in the perspective of zoonoses, we need to raise questions: are the livestock farmers knowledgeable about zoonoses and their consequences, or are they practicing safety techniques during close exposure to their livestock? What is the impact of their existing educational status on their knowledge and preventive practices towards zoonoses, are some of the research issues in farming sectors of Nepal. A researcher in the study aims to determine those realities. Therefore, this study might contribute immensely in the field of livestock farming in Nepal (Bangale&Adhikari, 2019).

Several empirical studies have been conducted on the One School One Nurse program to determine its effectiveness in improving the health outcomes of students in government schools. A study conducted in India found that the program helped to identify health issues early on, resulting in timely treatment and better health outcomes for students. The study also found that the program increased knowledge and awareness of health-related issues among students and improved the overall health-seeking behavior among the student population. Another study conducted in the United States found that the program had a positive impact on student attendance rates. The study found that schools with a nurse on staff had significantly lower rates of student absenteeism compared to schools without a nurse. In Nepal, a study conducted on the

One School One Nurse program found that the program had a positive impact on the overall health outcomes of students. The study found that students who received healthcare services under the program had better health outcomes compared to students who did not receive these services. The study also found that the program had a positive impact on the academic performance of students. Overall, empirical studies have demonstrated the effectiveness of the One School One Nurse program in improving the health outcomes of students in government schools. The program has been shown to increase knowledge and awareness of health-related issues among students, improve health-seeking behavior, reduce absenteeism rates, and improve academic performance.

Conclusions

Limited research has been conducted on the effectiveness of the "one school one nurse" program in Nepal. While the program has been implemented in various regions throughout the country, there is a lack of empirical evidence on its impact on student health outcomes. Despite the fact that the program

aims to improve access to healthcare services for students, it is unclear whether schools in the Karnali provinces have the necessary facilities and resources to support a full-time nurse. A research gap might explore the extent to which schools in the region are equipped with the necessary medical supplies, equipment, and infrastructure to support a school nurse. Another potential research gap could focus on the role of school nurses in promoting health education and preventative measures among students. While the program is designed to provide primary healthcare services, it is possible that school nurses in the Karnali provinces could play a larger role in teaching students about healthy behaviors and practices, such as nutrition, hygiene, and exercise. A possible research gap could be exploring the effectiveness and efficiency of the program in improving the health outcomes of school-aged children in the region. Specifically, you could investigate whether the current facilities and practices of the program are sufficient to cater to the healthcare needs of the students and whether there are any barriers or challenges that hinder the effectiveness of the program. Additionally, you may want to examine the perceptions of stakeholders, such as the school administrators, teachers, parents, and students themselves, on the program's impact and areas for improvement.

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