A study on the state of school level health and sanitation programmes in rural Ranchi

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Additional Information:
- This is a conference paper.

Metadata Record: https://dspace.lboro.ac.uk/2134/28558

Version: Published

Publisher: © WEDC, Loughborough University

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A Study on the State of School Level Health and Sanitation Programmes in Rural Ranchi (Jharkhand)

The School Health Sanitation Programme is conceived to bring about perceptible antinodal changes in school students, their immediate family members and their teachers. It is a part of the global strategy of UNICEF, which has set the goal to access for the clean water and safe sanitation to all communities by the year 2000. The broad objectives of the programme are to inculcate sanitary habits among school children and at the doors of family, neighborhood and the community, generating the awareness for improvement in provisions in the rural areas, and thereby bringing about a sea change in the quality of life of the people.

An attempt has been made to present a case study of four blocks (Ormanjhi, Angara, Khunti, Torpa) of the Ranchi district in newly formed Jharkhand state, which comprises of four panchayats consisting of 64 revenue villages. The geographical area of the district is 7593 sq km, holding human population of 22,05,034 heads of which 68% people belong to the rural sector.

Due to plateau and hilly terrain, there is acute problem of availability of drinking water, especially during the summer months. Again, due to the absence of big river system, the varied sources of wells, channals, ponds and hand pumps drawing underground water are the alternative water sources. As it is well known that if the quality of the drinking water is not within safe limits, the poor water quality becomes the source of waterborne diseases.

The most troubling inequality in India is in the state of water quality and sanitation management. The comprehensive survey (1991-94) undertaken for the Rajiv Gandhi National Drinking Water Mission estimated 1.41 lakh non-covered villages/habitats and 4.3 lakh partially covered villages/habitats and 1.43 lakh villages/habitats with acute water quality problems. Similarly, as per the 1991 census, there are 113.5 million people in rural areas. This means that 75.7 million people in urban areas and 568.6 million people in rural areas do not have access to toilets of any type. It is a well-established fact that human excreta and urine contaminated water and not the chemical pollution load of other origin is one of the biggest killers. World wide lack of adequate drinking water, sanitation and hygiene is responsible for an estimated 7% of all death and diseases. Globally diarrhoea alone claims the lives of 2.5 million children every year (World resources, 1998-99).

The present program is aimed at transforming school into information centre for all concerned. The school itself has served as laboratory and was turned for implementing the programmes. The campus was cleaned and trees were planted all around. For cleaning up class rooms students were involved to participate. A sort of competitive zeal was inoculated among the pupil to maintain the status of well cleaned class rooms. The present position and facilities available in schools is presented in Table 1.

The school activities carried out in the present programme have many facets and the activities were designed in a planned and systematic manner. The wall is

<table>
<thead>
<tr>
<th>Implementing agency</th>
<th>SAD (ORMANJHI)</th>
<th>FPE (KHUNTI)</th>
<th>KAHILA (TORPA)</th>
<th>KENDRA (ANGARA)</th>
<th>P.H.E.D. DEPT RANCHI EAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOCK (RANCHI)</td>
<td>OMANJHI</td>
<td>KHUNTI</td>
<td>TORPA</td>
<td>ANGARA</td>
<td></td>
</tr>
<tr>
<td>Number of teachers</td>
<td>25</td>
<td>24</td>
<td>35</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Number of students</td>
<td>1670</td>
<td>954</td>
<td>1597</td>
<td>1160</td>
<td></td>
</tr>
<tr>
<td>Teachers:student</td>
<td>66.8:1</td>
<td>39.7:1</td>
<td>45.6:1</td>
<td>50.4:1</td>
<td></td>
</tr>
<tr>
<td>Number of Scouts &amp; Guides</td>
<td>45</td>
<td>40</td>
<td>45</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Facilities available in schools</td>
<td>Hand pump</td>
<td>5/5</td>
<td>5/3</td>
<td>5/5</td>
<td>4/4</td>
</tr>
<tr>
<td>Latrine: total/working order</td>
<td>7/5</td>
<td>5/4</td>
<td>7/5</td>
<td>4/1</td>
<td></td>
</tr>
<tr>
<td>GRS: Packet in school</td>
<td>54</td>
<td>41</td>
<td>54</td>
<td>00</td>
<td></td>
</tr>
</tbody>
</table>
decorated with maps and charts made by the students and teachers to serve as information source both for the students and parents. In schools the toilets were in functional state. The students were found to have understood the importance of this facility, especially the girls.

The use of school sanitation kit, especially the nail cutter is very high. When the students assemble for prayer, scouts and guides inspect the finger nails of all students. They also help the students in cutting their nails. Most of the students find this new “apparatus” very fascinating.

Many diseases spread due to improper water handling and storage. The contamination generally comes from the germs found adhered to hands or hidden inside the finger nails. The vessels in which potable water is kept, too, requires regular cleaning up, and it should always be kept above the ground levels. Out of the 409 house holds surveyed 306 household kept water on a raised platform 242 households exclusively used hand pumps drawn water for drinking purpose.

Slogans on health and sanitation in different schools were followed and different approaches have been adopted for spreading the message of needs of personal hygiene and proper handling of water resources and safe sanitary practices. In schools the slogan were painted on the boundary wall of the schools. Some of the schools had charts displayed in the class-rooms, Principal’s room and at other strategic locations. These wall paintings and charts were instrumental in reminding the teachers and scouts and guides of their responsibility towards the process of this programme. Most of the charts were found to be artistically decorated. The teachers periodically briefed the students the contents of the charts. This programme has been able to unify the concept of sanitation and health into the frame work. The teachers and the implementing agencies did organize competitions in the schools for the students so as to crystallize the theoretical concept into more explicit forms.

As a linkage with services delivery centres, schools essentially cater to the need of students and the needs of the students can be summarized as i) education ii) psychological iii) physical. This school ideally has to have linkages with the health centre and “Anganwadi” centres (where pre-school children undergo psychological priming for attending formal school).
The student selected for visits to primary health centre undergo five days scout-guide training by the Public Health Centre. They were especially briefed on the role of water in maintenance of good health, types of water borne diseases, ORS, immunization, vitamin deficiency diseases, and also on endemic diseases like malaria and goiter. An establishment of a linkage between school students and medical practitioners as well as para-medical staff becomes also a part of endeavour.

During the present study detailed analysis was carried out in 409 houses. The data generated reveals that around 70% of households have adopted safe hygienic practices. The families of scouts and guides were found first to undergo changes. Some people were found to appreciate relevance but did not adopt due to "learned helplessness" or due to ignorance.

Any programme involving resources like, water, air, forest etc. require community participation for its success. The school health sanitation programme envisage the needs of active community participation. The agents of changes here are children who are supposed to understand the values easily because of their fertile brain. The attitudinal change in students will not only help them but also be a firm insurance policy for the country in the coming years.

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