



HEALTH CARE SYSTEMS IN THE SCHOOL ENVIRONMENT - THE ALGERIAN EXPERIENCE AS A MODEL

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Received:20 /06/2024, Published: 28/08/2024

Abstract:

The création of détection and follow-up units is one of the pioneering experiments in promoting the right to health of educated children. As a result of the health-social service they provide, in particular the early detection of diseases and physical, mental and psychological disabilities. This makes it easier for the authorities to monitor and treat them. In a way, that ensures the safety of children in the school environment and through it the dissemination of health awareness.

Keywords: –Social service. Health care. Awareness. Protection. Treatment

1- INTRODUCTION:

The various international covenants and national legislation, both public and private, have strengthened her interest in the right of the child in health care, especially in the school environment, and at all times, whether in peace or war, so that it is among the first to enjoy protection and relief, and this increasing interest is due to weakness The child and his lack of physical and mental maturity.

To achieve this purpose, the International Human Rights Bill has paid general care to the child as a human being, and has arranged many obligations in the custody of the states that require the latter to perform their health duties towards their citizens and protect them from various diseases and epidemics, and everything that would harm physical, mental and psychological safety for their citizens. The various children's rights agreements have also taken place as this special protection, and an eloquent interest in his right to health care, which requires with it a number of preventive measures, and the provision of special care, within the framework of legal legislation or other means, and providing opportunities and methods to ensure physical and mental growth is normal Silver, so that this child is blessed with a happy and strong life that reflects positively on his health and the health and future of the society in which he lives.

In implementation of the provisions of the international agreements it ratified, especially the 1989 Convention on the Rights of the Child, Algeria hastened to establish basic national mechanisms to provide health care for students, which became known as detection and follow-up units (Unités de dépistage et de suivi), whose mission is to care for physical, mental and psychological health, and all related matters to achieving this goal.

The importance of the study:

This study is importance because:

- Provides those interested with a set of accurate and updated statistics that reflect the outcome of the work of detection and follow-up units at the national level.
- It concerns one of the fundamental rights, without which the child would not be able to enjoy the other rights, which is the right to health.
- Its field of interest focuses on a group that is as both crucial and fragile in society, as it represents the true nucleus of society's future and its economic, social and cultural development, in all aspects of life.

In order to treat the subject of our research with some seriousness, we felt it necessary to answer the following problem:

Is it enough for the child to be in good health at school if we can say that the detection and follow-up units have done their assigned role to the best of their ability?

We follow the analytical approach based on the research process in a series of colleges, represented by monitoring all the work carried out by these mechanisms and analyzing them in parts, so that we



can determine the level of health care provided at the preventive and therapeutic levels, addressing the various legal texts regulating school health on the one hand, and re-translating the available figures and statistics obtained, in order to evaluate the effectiveness of these mechanisms and answer the problem raised. On the other hand, by re-translating the available figures and statistics in order to evaluate the effectiveness of these mechanisms and to answer the problem raised.

In order to reach results and recommendations that reflect the true importance of this study, we decided to divide the study into two parts:

- The first part relates to the tasks of the detection and follow-up units from a therapeutic standpoint.
- The second relates to the tasks of detection and follow-up units from a preventive perspective.

2- The tasks of detection and follow-up units in the therapeutic field

Before delving into the tasks of school health mechanisms, which are (regular medical examinations and examinations, taking care of discovered cases and following them up, health education, vaccinations, and monitoring the cleanliness and safety of educational institutions), we must begin by taking note of the signs of the emergence of these mechanisms, and then look at the concerns of the detection and follow-up units at the therapeutic level at the As follows:

2-1: the emergence of detection and follow-up units

The concept of school health, according to the World Health Organization, means (WHO, 1988) “a specialized program related to public health programs that directs its attention to children and young people of school age, and has its components,” while some Arab research has addressed it as (Bani Khalaf, 2010) “a set of concepts, principles, systems, and services that are provided to enhance the health of school-age students and enhance Community health through schools”. School health is concerned with protecting and promoting student health through early detection of diseases and infections in order to take care of them, promoting health education and a healthy lifestyle, as well as participating in improving the environment conducive to health.

The real idea of establishing detection and follow-up units in school settings was born during the work of the Sidi Fradj Forum, where representatives of the Ministries of Education, Health and Social Protection met between April 20-22, 1991, and whose discussions centered on strengthening health services in educational institutions, and through the work of the National technical Committee for School and University Health, which brings together representatives of the three concerned sectors and representatives of student parents’ associations, with the aim of developing a new strategy to take care of the health of students within the school. Among its conclusions was the call for the establishment of basic health structures at the level of each educational institution (Ben Hamouda, 2006), which was achieved under Joint Ministerial Circular No. 01 issued by the Ministry of the Interior and Local Communities, the Ministry of National Education and the Ministry of Health and Population, dated 04/06/1994 relating to the school health reorganization plan, according to which detection and follow-up units were established:

2-1-1: The organizational structure of the detection and follow-up units

The detection and follow-up units include (MSP; MEN; 24 mars1997) the following spaces:

- 1- A treatment hall equipped with all supplies, 5 meters long, sufficient to measure the students’ vision level. It includes good lighting, and is furnished with secretariat and documentation equipment, with an area of 15 square meters.
- 2- The doctor’s office is equipped with all necessary means to carry out examination tasks, with an area of 12 square meters, air-conditioned, well-lit, and equipped with a hand wash.
- 3- The dental surgeon’s office is equipped with all necessary means for oral and dental treatment, with an area of 15 square meters, good lighting and air conditioning, equipped with a hand wash, and must contain sufficient electrical supply to operate the devices.
- 4- A waiting room equipped with comfort and safety amenities, with an area of 25 square meters, air-conditioned and well ventilated, with doors connecting to the doctor’s office, the treatment hall, the entry lobby, and the place designated for changing clothes.
- 5- Two adjacent sanitary suites, each containing two toilets and a hand sink, connected to the entrance hall.



6- An entry hall with an area of 6 square meters, connected by an entrance to the waiting hall. Depending on the number of children studying in the municipality in the three educational levels (primary, intermediate and secondary), at least one detection and follow-up unit shall be established and equipped at the level of each municipality for every 8,000-schooled children, covering one or several basic schools. However, if the number of students exceeds 8,000 students and ranges Between 10,000 and 16,000, another detection and follow-up unit may be proposed within the territory of the same municipality if the distance of schools justifies it. However, if the number of students within one municipality exceeds 16,000, then in addition to establishing a second detection and follow-up unit, a medical examination office must be established for every 800 students.

The headquarters of these units may be located within basic health units, or within an educational institution, provided that they are open to all students of other educational institutions all days of the week, for a period of 44 hours a week for the entire year, including school vacation periods. Or within a separate headquarters specially prepared for this purpose, or in a mobile clinic (MECL; MEN; MSN; 06 Avril 1994) that is under the technical responsibility of the physician directing the work there, and under the administrative responsibility of the director of the institution in which he is located.

2-1-2: The human resources of the detection and follow-up units

Each detection and follow-up unit covers at least one secondary school, one or two primary schools, and their associated departments. It is equipped with material and human resources according to the number of children to be educated, and the preventive, curative and health education services to be provided to the children and adolescents (MSP; MEN, 27/02/1995) to be educated. It works with detection and follow-up units, which deal, concerned with preparation, programming, detection and follow-up. The evaluation is one doctor for every 8,000 students working full time, and thus one or more doctors must be directed to each municipality to work full or part time, at a rate of one day a week for every 1,500 school children, from among the doctors working in hospital institutions, or by hiring doctors for this purpose (and it must The orientation decision must include the workplace, and determine the full or partial work time), according to the following table (MECL; MEN; MSN; 06 Avril 1994, p. 04):

Table 1: Distribution of the work of doctors according to the number of students studying

Number of Students	Number of Doctors Working Full-time	Number of Doctors Working part-time
Less than 1500 students	-	01 day a Week
From 1500 to 3000 students	-	02 days a week
From 3000 to 4500 students	-	03 days a week
From 4500 to 6000 students	-	04 days a week
From 6000 to 8000 students	01	-
From 8000 to 9500 students	01	01 day a week
From 9500 to 11000 students	+1	02 days a week
From 14000 to 16000 students	+2	-
From 16000 to 17500 students	+2	01 day a week

Source: The Algerian Ministry of Health and Population and Hospital Reform

In addition to doctors, one or two nurses are assigned to work in the detection and follow-up units for each doctor during his working hours. As for the nurses who are employed by the Ministry of Education, they only work in school health during the week, and do not work in hospital facilities, even if the doctor assigned to work with them works part-time.

Beside the nurses, a dental surgeon and a psychologist are directed to work in the detection and follow-up units, within specialized headquarters or offices whose standards are set in programs related to oral and dental health, and the protection of the mental and psychological health of school students.



2-1-3: Practical efforts achieved at the national level

In implementation of Joint Ministerial Circular No. 01 of April 6, 1994, which includes a plan to reorganize school health, and according to the latest statistics recorded at the national level, up to the end of the past academic year (2018/2019), 1,923 detection and follow-up units were created at the national level, distributed according to the following table (Ministere de la Sante Nationale, 04-05 aout2019).

Table 02: Distribution of detection and follow-up units according to their locations

Number of Detection and Follow-up Units	Place of Creation
1349	Within educational institutions
447	Within health institutions
127	In independent places prepared by local Communities

Source: National Forum for Evaluation of the National School Health Program, August 4, 2019, Algeria

At the end of 2019, these units registered a large number of human resources directed to work in them, distributed according to the following table (Ministere de la Sante Nationale, 04-05 aout2019, p. 06):

Table 03: Total human resources directed to full-time/part-time work in the detection and follow-up units

The Human Resources	Full-time	Part-time	Total
General Doctor	1533	700	2233
Dental surgeon	1177	798	1975
Clinical Psychologist	1422	375	1797
Paramedics	1847	729	2576

Source: National Forum for Evaluation of the National School Health Program, August 4, 2019, Algeria

These human resources ensure health care services for all students studying in the three educational levels at the national level, who are distributed across various educational institutions table (Ministere de la Sante Nationale, 04-05 aout2019, p. 07) according to the following table:

Table04: Total number of students and their distribution by level in the educational institutions

Number of educational institutions	26348
Preparatory students	513391
Primary School Students	4594423
Middle school students	2727660
Secondary school students	1225949
Total number of students	9330003

Source: National Forum for Evaluation of the National School Health Program, August 4, 2019, Algeria

2-2: The therapeutic interests of the detection and follow-up units

Therapeutic interests are embodied in a range of therapeutic services that are based on the initial examination of new students, granting and certifying leave, examining and treating patients, and



health supervision of students' sports (Al-Sarairah & Turki, 2012) and scouting activities, events, and gatherings. The detection and follow-up units provide physical and psychological health coverage for the therapeutic purpose by conducting continuous and regular medical examinations for all students at the national level, as well as students with special needs, who are in the integrated special departments, especially children with trisomy and myopathy (MSP; MEN;, 02/09/2014), for early detection of diseases and ailments, with the aim of isolating the affected cases, taking care of them and treating them within these units, and following them up externally. In coordination with various public health institutions, distributed as follows:

2-2-1: physical health care

Physical health means the safety of all body organs and complete compatibility between different bodily functions, with the ability to face the difficulties surrounding a person, and then feel strong, active and energetic. In this context, the interests of the detection and follow-up units are evident in the early and rapid detection of all diseases and physical ailments in order to contain and treat them within these units, or by following them up externally, through permanent coordination with various public health institutions, in addition to providing the necessary medicines to treat emergency cases, and this is achieved by subjecting all school children and adolescents, whether old or new, to regular medical examinations, especially the first, second and seventh sections of basic education, as well as the first year of secondary education (MSP; MEN;, 28 mai 2000) as well as subjecting workers and all teachers to examination in order to identify all chronic diseases that some teachers (MSP, 25 Mars 2002) from, In order to take care of it in coordination between the directorates of health, education and social security. The statistics recorded in this regard show that 90.55% of the total number of school children were examined, which as we mentioned previously amounts to 9,330,003 students (Ministere de la Sante Nationale, 04-05 aout2019, p. 07). 89.85% of the children registered in the preparatory departments were examined, 91.12% of the first-year students, and 90.36% of Second-year students, and 89.31% of secondary-year students. It resulted in the discovery of the following cases (Ministere de la Sante Nationale, 04-05 aout2019, p. 12):

Table 05: The Percentage of the detected and treated diseases compared to the total number of cases.

The detected diseases	Total number of cases	ratio	Identification and follow-up (%)
Lack of Vision	426157	05.04%	/
Urination	99495	01.17%	/
Heart Disease	60994	00.72%	59.00%
Jaundice	75306	00.89%	/
Lice	114574	01.35%	/
Pinworm Infection	45315	00.54%	/
Urinary System Defect	29915	00.35%	61.50%
Strabismus	43973	00.52%	/
Asthma	56762	00.67%	81.90%
Retractile Testicle	85372	01.01%	53.30%
Low Hearing	16436	00.19%	60.40%
Acute Articular Rheumatism RAA	16264	00.19%	81.60%
Malformation of the Spine	37946	00.16%	64.16%
Diabetes	12465	00.15%	89.40%
Thyroid Diseases	8944	0.11%	71.60%
Unbalanced Vision	7762	00.09%	/
Scabies	2483	00.03%	/
Arthrogryposis	11640	00.14%	/
Ophthalmia	3461	00.04%	78.70%



Source: National Forum for Evaluation of the National School Health Program, August 4, 2019, Algeria

It is clear that the prevailing diseases among students are lack of vision, urination, the disappearance of the testicle, Jaundice and lice, and it is noticeable that there are still some diseases known as diseases related to poverty such as lice and scabies.

2-2-2 Oral and dental care

Detection and follow-up units are also concerned with promoting oral and dental health, through early detection of oral and dental diseases, taking care of discovered cases of caries, and referring other cases to multi-service clinics affiliated with public neighborhood health institutions for follow-up. This justifies directing 1,975 dental surgeons to work in these units. At the national level.

During the 2017/2018 school year at the M’sila state level, the detection and follow-up units recorded, as a sample, the oral and dental health examination rate for students estimated at 81.31%, which is equivalent to 99,757 students who were examined by dental surgeons out of a general population targeted for examination estimated at 122,687 and among these numbers 20,234 cases were taken care of, while 44,844 cases were directed to various public health institutions. These statistics are distributed according to the following academic departments (DHP of M’Sila State, 2018):

Table 06: Distribution of students targeted for examination, indicating the cases detected and those dealt with, by academic level

Total number of student to be examined	122687
Examined preparatory stage students	14556
Examined first-year primary school students	23914
Examined second-year primary school students	21722
Examined fourth-year primary school students	19253
Second-year intermediate students examined	13760
First-year secondary school students examined	6552
Total number of students examined	99757
Total cases detected	65078
Number of cases dealt with	20234
Number of cases referred	44844

Source: Directorate of Health and Population of the Province of M’sila, School Health Office, Algeria.

However, what stands out in these figures is the registration of a large number of students who were not subject to the examination, estimated at around 22,930, or 18.69%. This is only at the level of the province of M’sila, not to mention the number registered at the national level.

Perhaps the most important factor that contributes to the lack of total coverage of oral and dental health examinations is the lack of dental chairs, which many detection and follow-up units lack at the national level.

2-2-3: Psychological and mental care - According to the World Health Organization, mental health is defined as (World Health Organization, 2005) "a state of well-being in which an individual can



achieve his or her potential, cope with the normal stresses of life, work productively and contribute to his or her community".

As for mental health, it means (Pūras, June 2015) emotional and social harmony, healthy, non-violent relationships between individuals and groups, mutual trust, tolerance and respect for the dignity of each person". This is one of the concerns of school health, with 1,797 clinical psychologists working in these units. Inspections of students have led to the registration of several medical cases, distributed as follows

Table 07: Percentage of detected cases treated

The detected Cases	Total number	Ratio	Identification and follow-up (%)
Learning difficulties	212244	02.50%	/
Pronunciation Difficulties	54017	00.63%	/
Behavioral problems	60863	00.72%	/
Epilepsy	13404	00.16%	86.20%

Source: National forum for evaluation of the national school health program, august 4, 2019, Algeria

From the information given in the table above, it is clear that learning difficulties are one of the most prevalent illnesses in the school environment that need to be monitored and followed up, because they are illnesses of a special nature that are difficult for parents to deal with, whether inside or outside the family environment.

From the therapeutic concerns of this mechanism, we can conclude that a rate of 15.51% of the total number of cases detected requiring follow-up was recorded within the detection and follow-up units, but the percentage actually followed up is 71.47% of those requiring this follow-up. In addition, a percentage of 44.85% of the detected cases were subject to external follow-up by specialized doctors, but only 55.42% of them were followed up, which raises the question of the fate of the remaining detected cases requiring follow-up or care, whether within these units or outside them, with the help of private doctors. It also raises many questions about the criteria used to determine those who will be treated alone?

3- The tasks of detection and follow-up units in the preventive field

Preventive medicine is the branch of science that deals with the prevention of microbial, organic and psychological diseases of the individual and society (Al-Sawy, 2012). Its goal is to prevent the occurrence of diseases, by following special procedures that basically begin with not being exposed to various sources of infection, and staying away from contaminated places. Health education and awareness development are among the Among the basic elements of disease prevention, vaccination, isolation and disinfection procedures constitute the most effective ways to limit the spread of diseases among students and prevent them from being transmitted to others who are directly or indirectly (Badah, Mazahra, & Badran, 2008) in contact with them.

To achieve this purpose, the detection and follow-up units are concerned with the following:

3-1 Immunization against diseases

Detection and follow-up units in the field of vaccination of children against diseases and infections in the school environment ensure the activation of school vaccination and the promotion of health education among children, with the support of teachers, educators and various workers in educational institutions. These interests are divided between vaccination, education and health education, as well as the practice of physical activities. And sport, as we shall see:

3-1-1 Vaccination

Vaccination is the main preventive measure to protect school children against certain bacterial and viral diseases. In this effort, the detection and follow-up units vaccinate school children with several types of vaccinations to prevent diseases and epidemics caused by germs and viruses related to these vaccinations, which are exclusively specified in Ministerial Instruction No. 03. For the year 1999, the



type of vaccination and the accompanying level of vaccination in the school environment were determined as follows (MSP; MEN; 24 mai1999):

Table 08: Determination of types of vaccinations for each level by three educational stages

Type of vaccination	The specific level of vaccination
Vaccinations against diphtheria, tetanus, polio, and against measles for children.	First-primary year
Vaccination against diphtheria and tetanus for adults, vaccination against .polio	Sixth primary year (currently first (intermediate year
Vaccination against diphtheria and tetanus for adults, vaccination against .polio	First year of secondary education

Source: Ministry of Health, Population and Hospital Reform - Algeria.

The same instruction also emphasized the vaccination of first-year primary school students, who do not show any effect, with the vaccination against tuberculosis (MSP; MEN; 24 mai1999, p. 03). The vaccination campaigns cases (Ministere de la Sante Nationale, 04-05 aout2019, p. 20) showed the following figures:

Table 09: Percentage of vaccination coverage by level in the three stages of education

Academic level	Type of vaccination	Coverage Rate
First year of primary school	Against polio, diphtheria and tetanus for children	80.71%
	Against measles	91.70%
	Against tuberculosis	67.83%
First year of middle school	Against polio, diphtheria and tetanus for adults	92.02%
First year of secondary education	Against polio, diphtheria and tetanus for adults	91.93%

Source: National forum for evaluation of the national school health program, august 4, 2019, Algeria

The remedial actions for various vaccinations in the second year of primary, middle and secondary school showed the following results (Ministere de la Sante Nationale, 04-05 aout2019, p. 24):

Table 10: Percentage of vaccination remediation by level in the three stages of education

Academic level	Percentage of vaccination remediation
Second year of primary education	55.29%
Second year of Intermediate education	35.78%
Second year of secondary education	35.03%

Source: National forum for evaluation of the national school health program, august 4, 2019, Algeria

3-1-2 Health education, health promotion and sport activities

The Detection and Follow-up Units provide awareness and education sessions aimed at raising the health awareness of students through the implementation of health education and social



communication campaigns, stressing the need to be very attentive to the problems related, according to their nature, to combating smoking and monitoring addiction, through the establishment of health clubs within educational institutions, in implementation of the content of the Ministerial Council Instruction for the year 2002 (MSPRH; MEN, 27 Octobre 2002), as well as the Ministerial Instruction No. 02 related to combating smoking within the school environment, through the commemoration of the World No Tobacco Day, which falls on 31 May each year. Encourage students to take part in physical education and limit the process of granting exemptions from taking part in physical education and sports, in accordance with the current legislation (MEN; MSP; MJS, 25 octobre 1997), which makes it compulsory for all students to take part in physical education and sports, and sets strict conditions for the exemption certificates granted to some students as a result of illness or disability that does not allow them to take part in these activities, and to provide health education at assembly centers, summer camps and holiday and picnic centers, in order to inform students about summer-related injuries and accidents, such as sunstroke, red eyes, drowning, stings by insects or poisonous insects, food poisoning and water-borne diseases (Ministère de La Santé et de la Population, 05 juin2004).

3-2 Care for the healthy development of the school child

On the one hand, the detection and follow-up units have been monitoring the cleanliness of students and educational establishments, and on the other hand, they have worked to monitor the balance of the meals served in the school canteens, without neglecting the cleanliness of these canteens and the safety of their workers, as we will see below:

3-2-1 Attention to school nutrition

The detection and follow-up units monitor the meals served to students, in terms of their nutritional balance, and in terms of the safety and cleanliness of the premises used for the preparation and preservation of food and food supplies, and in order to achieve a healthy school nutrition, as a social activity complementary to educational and pedagogical action, many school canteens have been set up at the level of many schools Educational institutions.

According to the text of article 2 of Decree No. 18-03, school canteens are structures that accompany the primary school and whose primary mission is the daily preparation, and during the school year, of balanced hot meals, or in the form of portions when necessary, and their distribution for the benefit of students studying in the same school or in other schools in the neighborhood of the primary school (Decree No. 18-03, 2018, p. 03). In order to develop students' skills for the proper conduct of their studies and to embody the principle of fairness and equal opportunities for all students to continue their studies, as well as to teach students the principles of proper nutrition and educate them about taste and accustom them to the rules of food hygiene, as well as to sensitize and educate students to combat food waste and to sort waste. In this context, a large number of school canteens have been established, estimated at 17,545 school canteens (Ministere de la Sante Nationale, 04-05 aout2019, p. 18) by the end of the 2018/2019 school year.

In order to integrate nutrition and health, circular no. 133-195 of 24 May 2009 on the management of school canteens stipulates the need to include the doctor of the detection and follow-up unit as a member of the management board. He is in charge of signing the supervision and notebook, which includes the weekly menu served in the school canteen, taking into account the nutritional and financial balance. He is also responsible for investigating all cases of food poisoning that may occur as a result of students consuming contaminated food, which requires those in charge of school canteens to keep weekly samples of the meals served as proof of their safety, or to use them if it becomes necessary to examine them in the event of accidents that lead to them Some students have been poisoned.

However, it is noticeable that not all educational institutions are covered by school canteens, if we compare the number of existing canteens with the number of educational institutions at the national level, estimated at 26,348 educational institutions, which shows that 8,803 educational institutions do not have such restaurants (Ministere de la Sante Nationale, 04-05 aout2019, p. 18), depriving a large number of students from studying. This means that a large number of students are deprived of meals, which undermines the principle of equality in the enjoyment of the highest level of health, as well as the equitable distribution of national resources among all the regions of the country, which



must remedy this deficiency by covering all educational institutions with school canteens, or at least by providing students in schools that do not have school canteens with meals brought from nearby school canteens, or by contracting with private restaurants located in the same remote areas, if any. Moreover, the estimated cost of a school meal at 55 Algerian dinars is an insufficient amount to provide a balanced meal sufficient to maintain the healthy growth of the schoolchild, especially in view of the high prices, which makes it necessary to reconsider the evaluation of the meals provided in school canteens in such a way as to preserve the health of the schoolchildren. And to protect them from diseases caused by malnutrition.

Giving the municipalities the responsibility of supervising school nutrition programs in primary schools has proved to be a failure due to poor management and waste of public funds, through the conclusion of catering contracts in an improper manner, possibly due to a lack of knowledge, which has had a negative impact on the quality of the meals provided to the students and has led to a waste of the funds allocated to this program, which has led the representatives of the students' parents to demand the creation of a National Office for School Nutrition and the monitoring of how the sums allocated for nutrition are spent. In most cases, the catering projects for all the primary schools in the same municipality are grouped together in a single contract, which on the one hand exposes the students to the risk of going without food if the supplier refuses to fulfil its obligations, and on the other hand has made this type of contract attractive to mayors or their relatives, which exposes the organization of these contracts to manipulation.

3-2-2 Attention to Cleanliness and Safety in School Facilities

Hygiene, as a general principle, is a set of practices related to the maintenance of health and healthy living, aimed at the prevention of physical illness and the maintenance of a clean and safe living and working environment. Because of the link between hygiene and public health, the detection and follow-up units continuously and seriously monitor school canteens to determine the extent to which they respect the health conditions and cleanliness of their employees and those who use their services, as well as their various structures, such as dining rooms, cooking equipment, floors, water tanks, food storage and cold rooms. Without neglecting the monitoring of catering staff responsible for preparing and serving meals, not to mention the absence of animals in school canteens, indoor accommodation, toilets and washbasins are also subject to the same rigorous health and safety monitoring processes.

The inspectors recorded a number of observations and achieved many results, including the monitoring of 24,806 educational institutions across the country out of 26,348 existing institutions, and the monitoring of 16,820 school canteens out of 17,547 existing canteens. Hygiene monitoring covered 231 out of 240 boarding houses. These percentages are 94.15%, 95.86% and 96.25% respectively (Ministere de la Sante Nationale, 04-05 aout2019, p. 24).

It should be noted that only 38 of the irregularities were observed by the health inspectors. 43% of these observations were dealt with and corrected, which puts these pupils at risk of contracting the disease and passing it on to their families and, through them, to the whole community, especially if the disease becomes epidemic. This is particularly true in relation to the lack of modern steam sterilizers (AUTOCLAVE) in school canteens, which are used to sterilize eating utensils such as spoons, forks, plates and other used utensils, which can contribute to the transmission of viruses that cannot be eliminated by normal sterilization methods.

4-CONCLUSION

In spite of the financial constraints required to implement the right to health, as enshrined in the various international and regional treaties and charters ratified by Algeria, the efforts made to enable citizens to enjoy the right to health care, as agreed in all national constitutions, are not insignificant, especially those related to through the establishment of detection and follow-up units whose mission is to take care of physical, mental and psychological health, within its therapeutic and preventive framework, and to pay attention to health education and work to monitor the cleanliness and safety of schoolchildren, as well as those working in educational institutions, the school environment and all its constituent parts, without neglecting them. To ensure the monitoring of the safety and balance



of school nutrition, to encourage the practice of physical education and sports, and the health supervision of various cultural and recreational events and summer trips, even during school holidays, with a kind of negligence in many stations, which led us to record the following results:

- School health programs do not cover all regions of the country, particularly remote and isolated rural areas, which require additional attention due to the difficult social conditions of students in these areas.
- The amount of money allocated for the provision of meals is insufficient to ensure a healthy and complete diet.
- Most screening and follow-up units lack dental chairs, which has a negative impact on the oral health of school children.
- All school canteens lack modern sterilization equipment, which is necessary to eliminate viruses that cause some diseases that cannot be eliminated by conventional sterilization methods.
- The follow-up activities carried out by the detection and follow-up units are ineffective and inadequate.

As a result of the above, we must make a number of recommendations:

- The need for an equitable distribution of the financial resources allocated to school health, so as to achieve equality among schoolchildren in all regions of the country.
- The need to reconsider the evaluation of the size of a child's meal, while working towards the establishment of a national office for school nutrition.
- The need to train doctors and nurses specializing in school health and to provide all the necessary equipment for detection and follow-up mechanisms.
- The need for the authorities, in coordination with public or private hospitals, to provide optimal care during school holidays for detected cases that require specialized doctors, and to stop leaving parents to follow up their children's cases, which prevents the detection and follow-up units from achieving the goals for which they were set up, and places additional burdens on parents that are not necessary. Everyone can do it, leaving a large number of detected cases without any real follow-up or care.

Finally, despite the efforts made by these units to maintain the health of children in the school environment, the statistics presented still indicate that these mechanisms are not fulfilling their role to the full and that their role must extend to community health education and health training. The other is not limited to ensuring the health of the schoolchild in the school environment, but also to ensuring the health of the community as a whole in the implementation of the school health concept.

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